QIBA PET Amyloid BC June 10, 2016 - Agenda

- Claim update and discussion
 - Specifically need feedback from <u>PET Amyloid</u> <u>tracer vendors</u>
 - <u>Please make this call if possible!</u>
- Image Analysis Workstation Conformance update
- Round 5 Project Updates (if time and PI's present and willing)

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Claim 1: A measured change in SUVR of Δ % indicates that a true change has occurred if Δ > 5-8%, with 95% confidence, where the percent change in SUVR (Δ) is defined as [(SUVR at Time Point 2 minus SUVR at Time Point 1) / SUVR at Time Point 1] x 100.

Note: we need to have a group consensus of which number to pick between 5-8%, unless we want to leave this as a range? I believe we wanted to go with the low end, so 5%.

 Claim 2: If Y1 and Y2 are the SUVR measurements at the two time point, then the 95 % confidence interval for the true change is (Y2-Y1) ± 1.96 × V([Y_1 × 0.043]^2+[Y_2 × 0.043]^2).

Latest version of Claim

- Radiopharmaceutical vendors in accordance with this version, specifically 5-8% RC?
- Note, due to normal and abnormal groups having similar RCs per Rathan's analysis, we will NOT have separate claims for these groups
- Rathan: any update re test-retest studies, re discussions with Lilly?
- ADNI: any follow-up for using these data for test-retest analysis?

Image Analysis Conformance Update

- Dawn, Nancy, Eric, Rachid and Anne met this week
 - Metrology's (Nancy's) <u>Framework</u>
 - <u>Problem statement</u> from Dawn
 - Regarding the actors to show conformance:
 - "Conformance" is defined by the Profile
 - Image Analysis vendors must show conformance for their software
 - Readers/users must show conformance for their roles/protocols
 - For Image Analysis Software, two types of conformance
 - Reproducibility
 - Most relevant for Longitudinal claims (what our first version of Profile Claim is)
 - Can take a single patient dataset and transform in various ways
 - » Would test the registration to standard atlas space part of the analysis
 - Can take a single high statistic subject dataset and add various levels of noise
 - » Could choose standard patient datasets of HCs and varying levels of amyloid positivity
 - » SUVRs should be reproducible in each case until noise level is too high
 - *Dawn took action item to investigate using ADNI and Centiloid datasets (Centiloid paper)
 - Linearity
 - Most relevant for Longitudinal claims (what our first version of Profile Claim is)
 - Usually best to use a DRO or Phantom where true activity and amyloid positivity are known
 - Is Hoffman Brain phantom a reasonable choice for this?
 - *Anne took action item to see if Paul's DRO could possibly be ready in the time frame we have for version 1 of Profile
 - » Assume that John's mechanical phantom WILL NOT be ready
 - Fixed bias
 - Most relevant for <u>Cross-sectional claims</u> (will not address in Version 1.0 of Profile)
 - Will schedule another meeting next week with this group, to keep progress happening
 - Anyone with good ideas is welcome to join!

- Needs to finalize Profile for Public Review
 - CT BC: had a single day multi-hour review via WebEx
 - Agenda would be clear such that members could join at specific times

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- Thoughts on this?
- Multiple separate sessions
- DEFINITELY need a "Physics" session
 - Believe Eric has a list of open physics issues

Round 5 Project Update

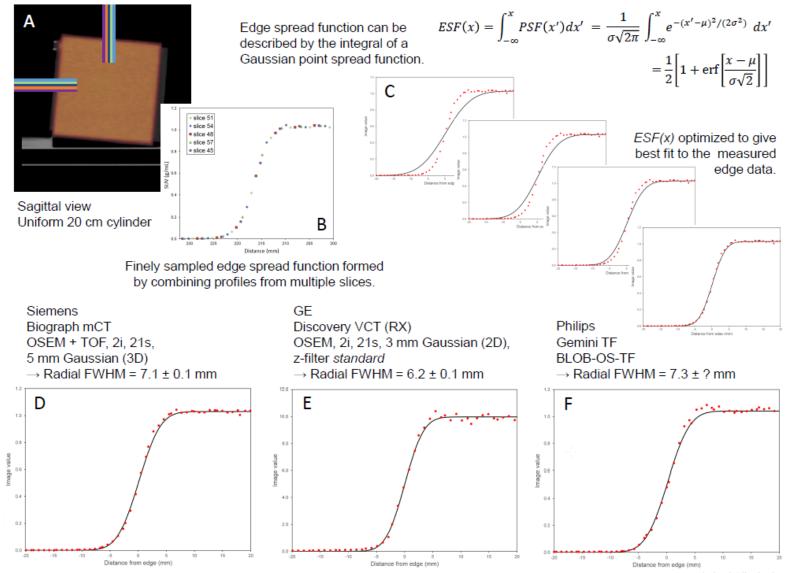
- Head motion project
 - Anne
 - 56 simulated head transformations between CT and PET scan completed for the 3 subjects: HC, aMCI, eAD
 - Maximum transformers were 10 mm translations in all directions, and 10 deg rotations about all axes
 - 171 DICOM image volumes transferred to Dawn for image analysis
 - Dawn
 - All images aligned to the originally positioned scan for all subjects
 - Comparing two SPM methods for registration
 - Alignment parameters calculated by SPM compared to original applied translational and rotational misalignment
 - A set of ROIs and Reference Regions have been transformed to the native space of each subject for measurement
 - ROI measurements are in progress

 Tilted cylinder resolution measurement – Martin

Amyloid Phantom (will do on a later call)
– DRO - Paul

– Mechanical – John

Martin's Update Slide



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