

QIBA Lung Nodule Assessment in CT Screening Writing Group

25 January 2013 at 10 AM CST

Call Summary

In attendance:

David S. Gierada, MD (Co-Chair)
James L. Mulshine, MD (Co-Chair)
Andrew J. Buckler, MS
Kavita Garg, MD
Philip F. Judy, PhD

Michael McNitt-Gray, PhD
Jenifer Siegelman, MD, MPH
Daniel C. Sullivan, MD

RSNA:
Joe Koudelik
Madeleine McCoy

Discussion Topics

- Momentum to develop the technical-based Profile expected as a result of the recent ACS lung screening guideline release.
- Scope of current mission statement discussed and wordsmithed:

“Define evidence-based consensus standards and processes for CT imaging to allow for reproducible nodule characterization and quantification of biologically meaningful longitudinal volume changes with acceptable range of variance across vendor platforms.”

- Specifying the context as ‘lung cancer screening’ and eliminating reference to ‘characterization’ suggested and agreed on.
- Initial detection and screening management deemed beyond the Profile scope.
- The group agreed on the following revised mission statement:

“Define evidence-based consensus standards and processes for CT imaging in the setting of lung cancer screening, to allow for quantification of biologically meaningful longitudinal volume changes, with acceptable range of variance across vendor platforms”

- Definition of screening discussed as related to technical aspects of quantitation. Drafts of claims presented with explanation that blanks need to be filled in and highlighted statements may need to be revised pending literature review and group discussion.
- Claim to address volume of solid nodules only; executive summary could address items beyond current scope, i.e., part-solid nodules.
- Reiterated that claims do not have to be entirely evidence-based, but may represent a consensus on what is reasonably expected to be achievable given current knowledge.
- Recent dialogue on expressing claims at Metrology workshop recommends consideration of the components of uncertainty inherent at each step of the measurement process (e.g. patient factors, scanner resolution, segmentation, measured volume at each time point, volume difference between time points).

Next steps

- Continue reviewing and editing the Profile document on the next call
- Next call scheduled for Friday, February 8th at 10 AM (CST)