

QIBA CT Angiography Biomarker Committee (BC) Call

24 April 2020 at 11 AM CT

Call Summary

In Attendance

Andrew Buckler, MS (Co-Chair)

Matthew Budoff, MD

James Kevin DeMarco, MD

Ichiro Ikuta, MD, MMSc

James Mulshine, MD

Nancy Obuchowski, PhD

RSNA Staff

Joe Koudelik

Julie Lisiecki

Moderator: Andrew Buckler, MS

Feedback from Public Comment resolution discussed:

- Mr. Buckler mentioned that feedback had been received from Dr. Michelle Williams (Scot-Heart Study) indicating that a shorter Profile might be better utilized and have more impact in the community
- As a result of this feedback, Mr. Buckler and Drs. Saba and Schoepf have shortened the [CTA Profile](#)
- The Profile has been voted on by the BC members and approved for Consensus
- There is now an open vote with the [CT Coordinating Committee \(CC\)](#) scheduled to close May 1st.
- Mr. Buckler provided a brief overview regarding the [QIBA organizational structure](#); more details can be found on the [QIBA wiki](#)
- RSNA Staff to remind CC voters to submit their votes

Links for more information:

- [Profile Stages](#)
- [CTA Profile](#)
- [Public Comment Resolution Page](#)
- http://qibawiki.rsna.org/index.php/CT_Angiography_Biomarker_Ctte

Next steps:

- In order to achieve the next Profile stage, Technical Confirmation (Stage 3), sites must complete feasibility testing of the Profile to demonstrate that it is implementable in a real-world setting
- Mr. Buckler would like at least 6 sites to volunteer and proposed the following:
 - Two neurovascular sites
 - Two coronary sites
 - Two carotid artery sites
- Due to current difficulties with pursuing testing related to COVID-19, the co-chairs will not be pursuing technical confirmation for at least two months, but would appreciate identifying volunteers
- Interested volunteers are asked to contact the co-chairs: [Mr. Buckler](#) and Drs. [Saba](#) and [Schoepf](#).

COVID-19 Discussion as it relates to CTA:

- Mr. Buckler and Dr. Brajesh Lal are reviewing VA patient data and have discovered that there are heightened risk factors for some CTA patients for COVID-19
- They are reviewing chest CT for assessment of lung disease with a focus on CTA
- Dr. Budoff concurred that CTA should be used more frequently as it is less invasive, there is less interaction between the patient and provider, and there is a lower exposure risk for COVID-19
- Dr. Budoff has written an editorial on this topic, which will be distributed to the BC members

Related Updates from Dr. Mulshine:

- There are new tools under consideration for treatment, including an integration with Siemens (API), an AI detection tool that prepopulates tools in the VA system
- The collection of COVID-19 data can contribute image resources for tool development and more robust analysis
- There is potential harmonization being discussed for the QIBA CT Lung Density and Small Lung Nodule Profiles to optimize lung density analysis for both screening and diagnostics
 - The screening and diagnostics contexts will be different, but complementary

The Dutch-Belgian Randomized Lung Cancer Screening Trial (NELSON study) (Dr. Mulshine):

- The NELSON study is simultaneously being implemented in the Netherlands and China with the following categories being screened:
 - Coronary calcium
 - Lung density
 - Small lung nodules

COVID-19 Efforts (Dr. Mulshine):

- Rick Avila is leading a group that is writing a specific abbreviated CT Profile for COVID-19 Quantitative Imaging
- It will include parameters for density, specific kernel selection, pulmonary vasculature, and resolution
- Some characterization will be different, and there will be multiple acquisitions and reconstructions due to the different CT doses required

Action items:

- Feedback welcome regarding the CTA Profile to co-chairs: [Mr. Buckler](#) and Drs. [Saba](#) and [Schoepf](#).
- Volunteers interested in feasibility testing should also contact the co-chairs.

Next call: TBD

QIBA Wiki CT Angiography BC page: http://qibawiki.rsna.org/index.php/CT_Angiography_Biomarker_Ctte