QIBA Dynamic Contrast-Enhanced (DCE) MRI Biomarker Committee (BC) Call

Monday, March 8, 2021 at 11 a.m. (CT) Call Summary

In attendance			RSNA staff
Caroline Chung, MD (Co-Ch	air) Nancy Obuchowski, PhD	Steven Sourbron, PhD	Joe Koudelik
Hendrik Laue, PhD (Co-Chai	r) James O'Connor, MBBS, PhD	Rianne van der Heijden, MD, PhD	Susan Stanfa
Michael Boss, PhD	Russell Rockne, PhD	Divya Yadav, MD	
Cristina Lavini. PhD			

Discussion of public comments on DCE-MRI Profile

- The <u>Public Comment Resolutions Sheet</u> was referenced to address comments in rows 16 21; details on resolutions reached through committee discussion and consensus are included
- DCE-MRI BC members are welcome to work on edits to the Profile
- Discussion continued from the March 8 meeting re: the choice of VIF approach in the "Spatial resolution and coverage" subsection in Section 3.6
 - o If an individual VIF is used, spatial resolution should be sufficient for the lumen of the feeding vessel
 - Acquired voxels are smaller than the vessel lumen
 - Sagittal sinus to be used to correct max concentration (in brain); iliac artery to be considered: 14 mm
 (men) / 11 mm (women)
 - A one or two-sentence comment to be added, specifying the correct vessel for different organs;
 recommendations to be reviewed, then cited in the Profile
- Discussion re: whether protocols for prostate and breast need to be modified (e.g., FOV, matrix, etc.) to fit the
 head-sized phantom; Dr. Russek to be consulted regarding plans for new specific phantoms since the current
 NIST phantom is not optimal for the DCE Profile
- T2* and signal non-linearity are not the same effect (more importantly, do not have the same solution)
 - Recommendations regarding echo time to be included
 - In/out phase to be considered
 - Publications to be searched
 - FA as high as SAR allows
 - Lower dose
 - To be determined whether to recommend population averaged VIF and include them in tables
 - The issue will be described for non-physicist Profile user
- The problem with a long Repetition Time (TR) relates more to temporal resolution and not so much T1
 weighting
 - Vendor specific (option in Siemens for changing Flip Angle (FA) or TR, no such option on Philips)
- Vendors to be consulted to determine whether TR sequence (0018, 0080) works for all scanners; echospacing/flash sequencing may be needed on Siemens equipment
 - o Dr. Chung to follow up with Siemens contact re: which DICOM tags are used for TR

Next call: Monday, March 22, 2021 at 11 a.m. (CT) [2nd & 4th Mondays of each month]