

Digital Reference Object for DCE-MRI Analysis Software Verification Software report for T1-mapping Update 9/3/2013



Daniel Barboriak, MD Department of Radiology Duke University Medical Center September 3, 2013





Coming to consensus

- Clear that the evaluation of a large area of parameter space has limitations
 - If data is so noisy that one software has estimate of R1 that gives an overestimate by 300%, how is this "superior" to software that gives an overestimate by 1000%?
- Can we come to consensus about which areas of parameter space are relevant to our use cases?



Use cases

- We identified two use cases:
 - 1. Use of software to evaluate the phantom
 - 2. Use of software to calculate R1 as an intermediate value for Ktrans, IAUGC
- Importance:
 - Give manufacturers / software groups goals, insight on how to "tune" software
 - Acceptance criteria and certification



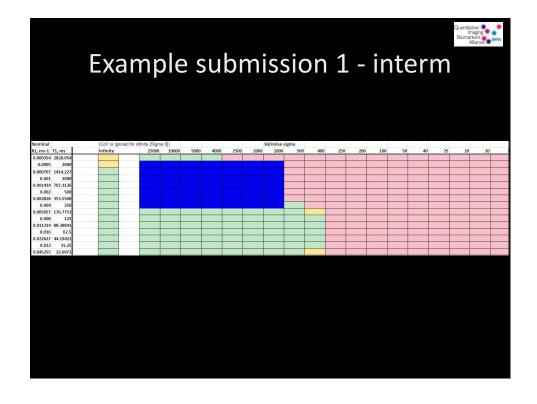
Results were mixed

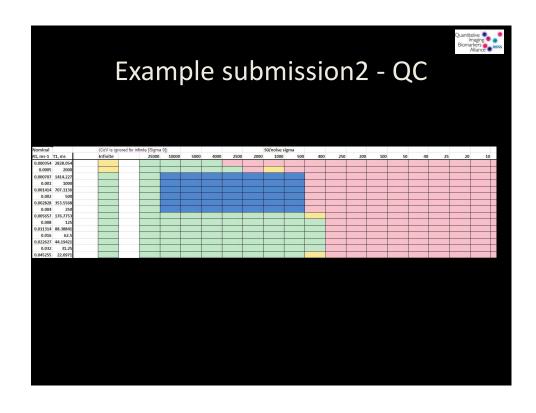
- Disagreement on signal and noise metrics
- Disagreement on philosophy
 - Shouldn't the areas of parameter space be the same for both applications?
 - Should we look only in clinically realistic areas? Why look in areas where data is "better" than we can really get?

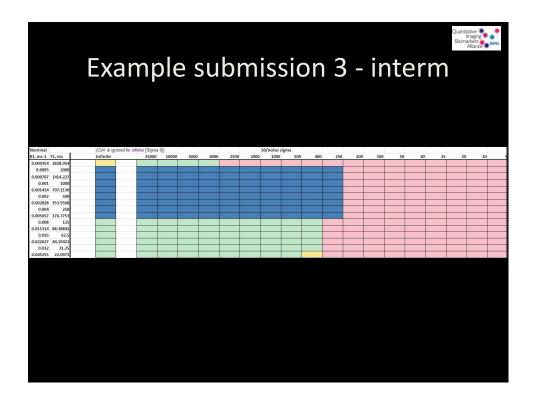
Sample submissions – areas of parameter interest in blue

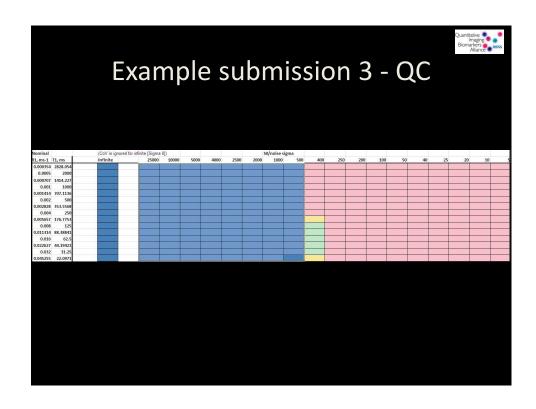


- Interm use case as intermediate calculation
- QC use case as QC from phantom











Directions forward

- What are clinically relevant areas of R1?
- $R_1 = R_{1,0} + r_1 [Gd]$
- Peak [Gd] is likely 6mM
- Are we interested in R₁ < 0.0005 ms⁻¹ (T1 > 2000 ms)?
- Would we anticipate peak R₁ > 0.0035 ms⁻¹ (T1 < 285 ms)? (This is the R₁ we would expect to see if vertebral marrow or pancreas had superimposed peak [Gd] at 1.5T)



Directions forward

- What are clinically relevant areas of noise and signal max?
- Would we anticipate noise sigma > 10?
- Would we anticipate equilibrium magnetization < 1000?



Directions forward

- Do we anticipate phantom S0 < 5000?
- Do we want to test noise levels on phantom > 10 ?

