STUDY DETAILS

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Pilot Study

- Download the QIBA 3A Volumetric CT Study Experiment Description from the public QIBA 3A Study site
- Download the QIBA 3A Volumetric CT Pilot Data and use the indicated lesions as desired for algorithm optimization (training)
- 3. Run volumetric algorithm or CAD tool clinic on the remaining Pilot Data lesions

Pilot Study (cont'd)

- Send a signed facsimile copy of the Participation
 Agreement in PDF (Portable Document Format) to
 RSNA
- The RSNA will send back an anonymized ID for sending in results
- Anonymize results using the RSNA-provided ID to replace your organization's name where appropriate
- Send your anonymized Pilot volume results to the RSNA

Pivotal Study

- Upon notification, download the QIBA 3A
 Pivotal Data from the private QIBA 3A Study site
- 2. Run volumetric algorithm or CAD tool the Pivotal Data
- 3. Report your anonymized volume results using your ID to the RSNA

Participant Anonymization

- The RSNA will keep the participant's identity in confidence from the QIBA 3A Group and directly communicate individual results back to the participants
- RSNA will generate an anonymized ID for each participant
- Participants are responsible for anonymization of their submissions

Algorithm Optimization

- Use Pilot Data only
- During Pilot Study
 - Use one identified lesion per series with provided truth value
 - Remaining lesions used for analysis of variability to setup Pivotal Study
 - After Pilot Study
 - Truth will be provided for all Pilot lesions
 - All Pilot lesions can be used for optimization prior to Pivotal

Information Participant Must Provide

- CAD tool/algorithm workflow name and description
- CAD tool developer, the algorithm used, and version number (if applicable)
- References to available publications
- Character and degree of user interaction with software
 - Use the VOLCANO'09 categories
 - (http://www.via.cornell.edu/challenge/)
- Documented procedure used so that results are reproducible by trained users

What the QIBA 3A Group Will Do

- Analyze reported results by comparison to ground truth and other participating methods
- Provide participants with a study report within 3 months of the participant submission deadline
- Consult with individual participants on their results
- Report results at an open meeting
- Publish results
 - In an archival journal or conference proceeding
 - Without identifying participant scores

STUDY RESULTS

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Analysis Strategy

- Assess performance of each participant method with respect to selected descriptive statistics
- 2. Determine group values for descriptive statistics
- Compose radar plots for group values and plot methods against it
- As new methods become available, they can be evaluated with same reference data and compared to group values



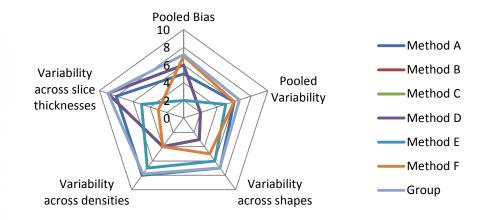
Performance Assessment

Volumetric Technique	Pooled Bias	Pooled Variability	Variability Across Shapes	Variability Across Densities	Variability Across Slice Thicknesses
Method A	5	6	7	8	8
Method B	6	2	3	4	9
Method C	6	2	3	4	9
Method D	6	2	3	4	9
Method E	2	5	6	7	5
Method F	7	6	5	4	3

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Visualizing Method Performance Results



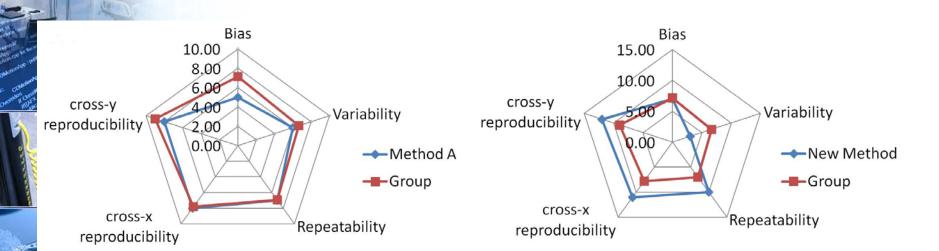
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Compliance with a Claim

Method A is considered compliant with a claim based on the group value

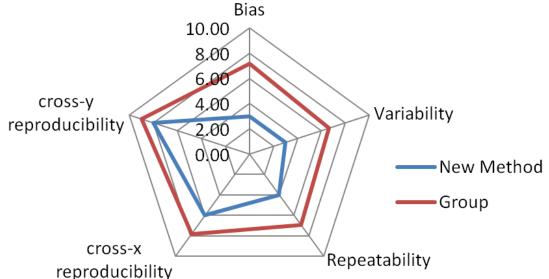
The new method is not a valid method since it falls outside the group values



This new method could be evaluated in the future against the reference data



Improving the Claim



In the future, a new method may perform very well and help pave the way for an improved claim

FINAL DETAILS

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Pilot Data is at QI-Bench Website



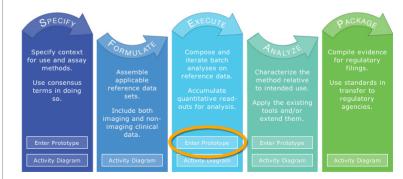
Flexible, free and open source software tooling to develop and optimize quantitative medical imaging.

Home

Quantitative imaging applications such as imaging biomarkers advance the utility of medical imaging. They may detect and characterize disease, before, during or after a course of therapy. They may also predict the course of disease, with or without therapy.

A precondition for use is the demonstration of performance according to recognized descriptive statistics:

- In a defined patient population,
- · For a specific biological phenomenon associated with a known disease state,
- With evidence in large patient populations,
- Externally validated.



Open-source informatics tooling used to characterize the performance of quantitative medical imaging as needed to advance the field. These tools may be deployed internal to an organization or used for collaborative work across organizations. The data on which they work may be accessible only to identified individuals, or more broadly in an open archive, to suit the specific project purpose.

VOV

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http://www.qi-bench.org

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About QI-Bench Why QI-Bench

The Project Acknowledgements Contact Us

QI-Bench Wiki

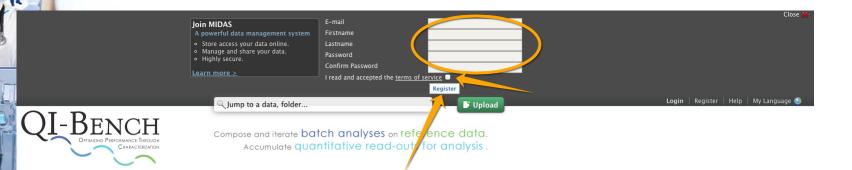
Resources Download For Users For Developers Issue Tracking Lab Protocol References Licensing

Register as a User

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😤 Users 🏖 My profile 剷 Batchmake	Patrick Reynolds registered	10 hours ago 11 hours ago	The server follows open standards for data storage, access and harvesting.	
	Andrew Buckler registered	12 hours ago 20 hours ago	STATS 5 users 3 communities 15 items	
	Michael Grauer added the community QIBA	20 hours ago 20 hours ago		
	Michael Grauer registered	20 hours ago		
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Creating Account



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Download Data

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MIDAS 3.1.3 by Kitware © 2011 - Generated in 0.145 s - Report bug

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Important URLs

- For registering and sending anonymized results:
 - <u>qibachallenge@rsna.org</u>
- For downloading Pilot Data:
 - <u>http://www.qi-bench.org/</u>
- Data Download instructions:
 - <u>http://www.qi-bench.org/wiki/index.php?title=Manually_access_data</u>
 - or
 - <u>http://tinyurl.com/QIBA3APilotData</u>

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Schedule

- Participants
 - Send Participation Agreement to RSNA by December 6th, 2011
 - Receive anonymized ID and download Pilot data
 - Report Pilot data results to the RSNA within one week of receiving the anonymized ID
 - Download Pivotal Data and report results by April 15th, 2012
- QIBA 3A Group
 - Make CT Pivotal Data set available by January 10th, 2012

Note

- RSNA will not begin sending IDs until after
 December 6th
- Requests or data that that sent to the RSNA between 12/22/11 and 1/2/12 will not be processed until January 3rd