QIBA Process Committee Call

Tuesday, September 1, 2020 at 2 pm (CT) Call Summary

Attendees:

Kevin O'Donnell, MASc (Chair) Michael Boss, PhD (Vice Chair) Nancy Obuchowski, PhD Nicholas Petrick, PhD Dan Sullivan, MD Joe Ko

Joe Koudelik Susan Stanfa

RSNA Staff:

Profile Versions

- Profile naming conventions were discussed, with reference to the QIBA Wiki Profile Editions Page
- Suggestion to utilize a combination of year and version number, e.g., Stage 1 v2.0 (2021)
 - When a Profile advances through several stages within one year, the need for numbering vs. using the year is crucial
- Concern that the QIBA Wiki Profile Editions page focuses on only Stage 3: Technically confirmed and Stage 4: Claim confirmed; the majority of QIBA Profiles are in Stage 1: Public Comment or Stage 2: Consensus
- The DWI Profile contains multiple Claims/disease sites or organs, and would need to eventually advance to Stage 4: Claim Confirmation for each separate Claim/disease sites or organ
 - It was noted that studies needed to achieve Claim-Confirmed would vary among disease sites, e.g., measurement scenario, different scanners, different readers, etc.
 - o The CT Volumetry Profile was referenced as an example
- When a newer version of a Profile becomes available, suggestion to indicate this on older versions
- A list of different versions of a Profile that have been officially released, i.e., formally approved via ballot, was requested
- It was noted that working drafts continue to be posted to the Wiki <u>Committee pages</u>
- Suggestion to denote major vs. minor revisions, e.g., v1.0 → v2.0 would imply substantial change and v1.0 = public comment version, v1.1 = consensus version, v1.2 = technical confirmation version, etc.

Coordinating Committee (CC) Membership Structure

- Staff emailed guidelines to CC leadership on behalf of Dr. Sullivan; this topic was also on CC meeting agendas
- The <u>Committee organization QIBA Wiki page</u> was reviewed to ensure that it reflects current QIBA practices
- In the past, all BC Co-chairs have been designated as CC voting members regardless of meeting participation
 - Recommendation that voting privileges be temporarily withdrawn when CC meeting attendance is low
 - Missing meetings over a six-month period or failure to attend two or three consecutive CC meetings were suggested thresholds
 - This proposal will be brought to the QIBA Steering Cmte
- Due to a three-BC Co-chair model in some QIBA groups, as well as the sheer number of BCs across the modalities, CT, MR and US CCs each contain more than 15 voting members; NM is the exception
 - Recommendation that the CC voting member limit be discontinued
 - Suggestion to include a QIBA Metrology representative, Dr. Obuchowski, as a voting member on all CCs and allow four more at-large voting members chosen by BC Co-chairs for their specific expertise
 - Criteria to include demonstrating leadership, instrumental in Profile development, frequent meeting participant, etc.
- Discussion re: the distinction between a "Chair, Co-chair" and "Vice chair" CC leadership structure
 - At the Steering Cmte level, Chair and Vice chair roles are practical to spread the load of responsibilities and maintain an external "QIBA Face"

- In CCs, Co-chairs lead meetings and if neither of the two Co-chairs are available to moderate, the Vice Chair would do so
- There is a proposal (for SC approval) to discontinue the Vice chair role at the CC and BC levels; those currently in a Vice chair role would simply adopt Co-chair title and overall number of leaders would remain the same
- It was noted that the role of the Scientific Liaison had been to coordinate funded groundwork projects; the need for this function disappeared when the NIBIB contracts ended
 - Mr. O'Donnell noted that any of the four at-large voting members could take-on the role of managing future groundwork studies
- Proposed QIBA Wiki revisions to be added to the Process Cmte page of the QIBA Wiki until approved by the SC
- It was agreed that voting privileges for Process Cmte representatives on CC calls were currently unnecessary, though these reps serve an important role of providing Process-related updates, education to BC Co-chairs, and respond to Process-related questions and concerns

Stakeholder Contacts

- Dr. Boss reached out to the <u>American Society of Radiologic Technologists (ASRT)</u> for names and contact information to add to the <u>Stakeholder Contacts page</u> of the QIBA Wiki
 - The purpose of this page is to facilitate outreach during any Profile Stage but especially during Public Comment
 - \circ $\;$ He has not received a response and will make another attempt
- The recommendation is to target specific societies during public comment vs. broad societies within RSNA or ACR, as each Profile is specialized
- In re: to regulatory stakeholders, the FDA has provided public comments on some Profiles in the past, but there was uncertainty re: whether there is a formal channel for this
 - Dr. Petrick to email the Director of the Division of Radiological Health; he will also try to locate a department email address, which would be less likely to change than that of an individual contact person
 - Dr. Jana Delfino (FDA) was identified as a strong proponent of QIBA efforts and her engagement/feedback was deemed most useful

Action Items

- The following proposals will be brought to the Steering Cmte:
 - \circ $\;$ Profile naming convention based on stage, version, and year $\;$
 - Discontinuation of CC voting member limit
 - Temporary withdrawal of CC voting privileges when a member has not attended two or three consecutive CC meetings
- SC to determine whether to discontinue the Vice chair role at the CC and BC levels
- Proposed QIBA Wiki revisions will be added to the QIBA Wiki Process Cmte page until SC approval is obtained
- Dr. Boss to reach out to the <u>American Society of Radiologic Technologists (ASRT)</u> once more
- Dr. Petrick to email the FDA Director of the Division of Radiological Health and try to locate a department email address

Next Process Cmte Call: Tuesday, September 15, 2020 at 2 pm CT (1st & 3rd weeks of each month)