

QIBA Vol-CT Weekly Update WebEx
October 20, 2008, 11am CDT
Call Overview

In attendance:

Andrew Buckler, BSEE, MSCS (Co-Chair)
P. David Mozley, MD (Co-Chair)
Alaaddin Akkaya, MD
Rick Avila, MS
Martin Barth, PhD
Robert Ford, MD
David Gustafson, PhD
Louis Marzella, MD, PhD

Michael McNitt-Gray, PhD
James Mulshine, MD
Kevin O'Donnell
Daniel Sullivan, MD
Binsheng Zhao, PhD
Fiona Miller (RSNA)
Joe Koudelik (RSNA)

Dr. McNitt-Gray began with a brief status report of 1B activities. At its first call on 10/15, the group discussed what patient image datasets were to be analyzed, and what resources were needed. Currently available RIDER data contains mostly 5mm thick sections, deemed too thick for this study. Drs. Ford and Clunie were to inventory the RadPharm database for thin- section data.

General Discussion

What is necessary and sufficient to the pharmaceutical industry vs. image processing?

- Many content-specific issues arise, depending on need
- Resolution depends on specific use - i.e., High resolution images not always necessary
 - Drug exposure trials with smaller lesions may require high resolution imaging

Where QIBA could help promote the movement

- Instrument manufacturers are interested in a business case to continue
- Pharmaceutical industry needs to address all questions based on manufacturers' interest, even at the expense of supporting pharma needs
- Focusing on small nodules, diagnostic settings, drivers of manufacturer business case

Need for Broader Landscape

- Landscape to show what QIBA is attempting to accomplish, healthcare-wide
- Value of efforts needs to be illustrated
- Need to demonstrate value for all stakeholders
 - Decreasing patient enrolment numbers for clinical trials
 - Decreasing the time of clinical trials with faster go, no-go decisions

Develop business case

- Let all stakeholders see the benefits
- Dr. Mozley to send out a preliminary business case for all to review and comment
 - Map out concrete business plan
 - Value for all stakeholders
 - Time, effort, funding and how do efforts lead to financial gain for each stakeholder
 - Rigorous set of what is needed to accomplish - what we need to get out of these validation phantoms
 - Dr Mozley's business case will help tie all efforts together into a coherent body/mission

Track progress and set expectations

- How do we determine progress?
- Identify specific end goal
- Rationalizations needed

Kevin O'Donnell gave brief overview of what Dr. Dorfman's UPICT (Clinical Trials) group was doing

- Might be beneficial to coordinate with the VOL-CT Technical Committee efforts
- Details for protocols being developed
- Primarily lung nodule data
- 3rd partner - (DICOM side) O'Donnell to get standards in place soon
- Could use 1 or 2 VOL-CT subgroup teams to flesh out more details

Next Steps:

- Dr. Mulshine to articulate what can be done with thick slice data - next call
- Dr. Zhao could articulate into a broad analysis for the group how accurate VOL-CT must be to surpass RECIST
- O'Donnell to be on next call to present a UPICT status report
 - Needs 1-2 VOL-CT subgroup teams to flesh out more details
- Next 2 weeks:
 - Discussions needed to elaborate the following:
 - How accurate does VOL-CT need to be to improve RECIST?
 - Degree of accuracy needed