

QIBA CT Angiography Biomarker Committee (BC) Call

16 June 2020 at 11 AM CT

Call Summary

In Attendance

Andrew Buckler, MS (Co-Chair)

Uwe Joseph Schoepf, MD (Co-Chair)

James Kevin DeMarco, MD

Maros Ferencik, MD, PhD

Ichiro Ikuta, MD, MMSc

Márton Kolossváry, PhD

Nancy Obuchowski, PhD

Kevin O'Donnell, MASc

Ehsan Samei, PhD

Robert Shih, MD

Edwin van Beek, MD, PhD

Akos Varga-Szemes, MD, PhD

Michelle Williams, MBChB, PhD

Motjaba Zarei

RSNA Staff

Joe Koudelik

Julie Lisiecki

Moderator: Andrew Buckler, MS

Updates and Feasibility Testing:

- The Profile has been voted on by both BC and CT Coordinating Committee members and has been approved at Consensus Stage
- The next [Profile Stage](#) is Technically Confirmed, and to reach this stage, help is needed from the BC to do some feasibility testing of the Profile to demonstrate that it is implementable in a real-world setting
- These checklists are essentially a compilation of the Profile requirements tables tailored to each actor, simplifying the response process
- Responses may include:
 - Yes, routinely performed
 - Feasible, will do to conform
 - Feasible, but not going to do it (please explain why)
 - Not feasible (please explain why)
- All are asked to work with their sites to answer the actor checklists and return response to the co-chairs: [Mr. Buckler](#) and Drs. [Saba](#) and [Schoepf](#).
- Some volunteers who might be likely candidates were:
 - Dr. Schoepf
 - Dr. Samei
 - Dr. DeMarco
 - Dr. Williams
 - Dr. van Beek
- The value in performing the feasibility testing is in demonstrating that the standards are practical
 - Testing can also help to determine if something may be missing, i.e., the Profile is too easy, or too difficult, i.e., not practical to implement
 - The goal is to make improvements for the field
 - For example, QA testing is done when new equipment is installed, but there are no specific requirements for routine QA relative to cardiovascular procedures
 - Dr. Samei offered to help with reviewing some of the curated guidelines existing today (by other accreditation organizations), but noted that guidelines are voluntary, not seen as standards to be followed
 - In addition, image analysis tools are important, because individual sites may not have histology info
 - If needed, more details can be found in the Assessment Procedures section of the Profile
- Mr. Buckler thanked Dr. Michelle Williams (Scot-Heart Study) for her feedback indicating that a shorter Profile might be better utilized and have more impact in the community

- As a result of this feedback, Mr. Buckler and Drs. Saba and Schoepf have shortened the [CTA Profile](#)

Links for more information:

- [Profile Stages](#)
- [CTA Profile](#)
- [Public Comment Resolution Page](#)
- http://qibawiki.rsna.org/index.php/CT_Angiography_Biomarker_Ctte

COVID-19 Discussion as it relates to CTA:

- Mr. Buckler asked the BC to consider whether there are opportunities to aid atherosclerosis-related implications for COVID-19, because there are heightened risk factors for some CTA patients for COVID-19
- Data are needed with more calcium scoring, as not many images for study have been compiled yet

Action items:

- CTA Profile feasibility checklist feedback to be sent to co-chairs: [Mr. Buckler](#) and Drs. [Saba](#) and [Schoepf](#).

Next call: TBD

QIBA Wiki CT Angiography BC page: http://qibawiki.rsna.org/index.php/CT_Angiography_Biomarker_Ctte