

## QIBA FDG-PET Biomarker Committee (BC) Call

05 April 2019 at 9 AM CT

Call Summary

### In attendance:

*John Sunderland, PhD (Co-Chair)*  
Miguel Ochoa Figueroa, MD, PhD  
Howard Higley, PhD

Martin Lodge, PhD  
Nancy Obuchowski, PhD  
Mitsuaki Tatsumi, MD

Timothy Turkington, PhD  
Richard Wahl, MD  
Jeffrey Yap, PhD

### RSNA

Joe Koudelik  
Julie Lisiecki

**Moderator:** Dr. Sunderland

### Logistics planning for a Clinical Trial:

- Drs. Sunderland and Perlman had discussed logistics for a clinical trial on April 3<sup>rd</sup>
- FDG-PET BC leadership want to move forward with a test-retest prospective multi-center clinical trial; Dr. Sunderland outlined proposed next steps
- FDG-PET BC Leadership are trying to determine ways to obtain external funding, but are also making plans to crowd-source the trial, relying upon QIBA volunteer sites
- Help from stakeholders will also be explored:
  - Dr. Sunderland to follow up with Mr. Tervé at Keosys to ask for in-kind support of infrastructure and clinical trial software
    - Keosys is an imaging CRO with a clinical trial suite and is a supporter of QIBA conformance
  - Dr. Wahl to follow up with Dr. Pisano at the American College of Radiology (ACR) regarding trial infrastructure support that might be available through a partnership with ACR's Imaging Core Lab
  - Dr. Yap to follow up with Dr. Knopp regarding available Imaging and Radiation Oncology Core ([IROC](#)) - related resources and access to sites that may be willing to participate in the proposed clinical trial
  - Dr. Higley suggested contacting the NCI / CIP funded network with QIN ties with the idea of piggy-backing onto an existing clinical trial that is validating software tools
    - Nuclear medicine QIN members that are also QIBA members might be helpful liaisons
  - MIM Software is also a QIBA supporter, but does not have all of the clinical trial infrastructure support that would be needed as a partner

### What is needed:

- An official request letter describing the prospective test/retest study will be sent to selected sites
- 8 - 10 sites will be needed that can follow the QIBA FDG-PET/CT Profile and checklist and enroll at least 10 - 12 subjects
- The first baseline scan would be paid for by insurance as standard-of-care; the second scan could be regarded as "research" and covered by the participating sites (this is the bulk of funding requested for the entire study)
- Dr. Yap noted the challenges faced regarding subject enrollment and follow-up scanning, and recommended that only research scanners be used
  - Standard-of-care (clinical use) scanners may not provide the desired results (more difficult to change protocols, i.e., follow the QIBA FDG Profile and protocol)
- The study would be labeled as a clinical trial and require IRB approval, data de-identification, etc.
- It might be possible to obtain funding from industry sponsors for the second scan
- Dr. Obuchowski confirmed that a smaller sample size (e.g., 50 vs. 100+) would provide sufficient data for a comprehensive statistical analysis

### Self-attestation:

- Although checking QIBA conformance may be challenging, it would be an opportunity to test methodologies and hypotheses
- It would be ideal to perform site audits if resources were available, but site self-attestation statements were deemed acceptable for this study
- This self-attestation would be accomplished using checklists, possibly formatted as a Google document

### Next Steps:

- RSNA staff to send out the draft letter to those on the call, along with the FDG-PET BC co-chairs and scientific liaison and any other contacts provided by Dr. Sunderland
- This letter would outline the proposed trial and ask for support, in order to make certain that suitable resources are in place to collect the necessary data
- Once finalized, the letter would then be sent to targeted QIBA-related institutions
- Dr. Sunderland to contact Dr. Jackson regarding proposed trial infrastructure support that might be available from partnership with ACR's Imaging Core Lab
  - Dr. Wahl to discuss this possibility with Dr. Etta Pisano at ACR and report back to the group
- Dr. Higley suggested that Dr. Sunderland send the letter to Dr. Robert Nordstrom at ACR/QIN to target QIN interested members
  - QIN network has many tools undergoing validation and may be willing to financially support or provide volunteer site resources to this test/retest trial
- Dr. Wahl to look into possible international affiliates who might aid the effort, such as QIBA colleagues in Korea
- Finalize a detailed trial design with a checklist for Profile conformance
- Dr. Yap to follow up with Dr. Knopp regarding available Imaging and Radiation Oncology Core ([IROC](#)) related resources
- Develop case report forms ([RedCap](#)) and reader manual
- Dr. Sunderland, along with Drs. Subramaniam and Wollenweber, intends to draft a ½ page proposal for the QIBA letter to pharma, asking for the necessary monetary support for the proposed clinical trial

### Nuclear Medicine Schedule:

The next scheduled QIBA calls will be as follows at **9 am CT** unless otherwise noted:

<b>4/9</b>	SPECT BC: TC <sup>99m</sup> @ 2pm CT
<b>4/12</b>	PET Amyloid BC
4/19	I-123 BC - TBD by co-chairs
<b>4/26</b>	<b>NM Coordinating Committee @ 9 am CT</b>
<b>5/3</b>	FDG-PET BC
<b>5/14</b>	SPECT BC: TC <sup>99m</sup> @ 2pm CT
<b>5/10</b>	PET Amyloid BC
5/17	I-123 BC - TBD by co-chairs
<b>5/31</b>	NM Leadership - <b>TBD</b>

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RSNA Staff attempt to identify and capture all committee members participating on WebEx calls. However, if multiple callers join simultaneously or call in without logging on to the WebEx, identification is not possible. Call participants are welcome to contact RSNA staff at [QIBA@RSNA.org](mailto:QIBA@RSNA.org) if their attendance is not reflected on the call summaries.