

QIBA – IMI QuIC-ConCePT planned collaboration as discussed 27 February 2013

Collaboration Level	Scope	Planned activities and deliverables 2013	Next steps
<p style="text-align: center;">1</p> <p>DWI profile and imaging protocol collaboration; Phantom groundwork</p>	<ul style="list-style-type: none"> • QuIC-ConCePT and QIBA exchange information and plans. • Mutual advice. • Duplication avoided. • QuIC-ConCePT trials either (a) use QIBA protocols or (b) document deviations with reasons 	<p><u>Phantom Groundwork</u> Both groups work on advanced versions of the ice water phantom as introduced by Tome Chenevert. It is intended to cross validate both phantoms with the goal of having aligned phantom activities for both groups as part of site qualification for clinical trials.</p> <p><u>Phantom Analysis Groundwork</u> Phantom data analysis for site qualification needs to be developed to a level where e.g. cut points for phantom data acceptance are mutually agreed, implemented and tested. The analysis software shall provide an end user with a straightforward summary of scanner performance utilising all information from the phantom acquisitions.</p> <p><u>DWI Profile contributions, review, implementation and testing</u> QIBA started profile writing with a variety of organ systems investigated. So far there is no lung contribution. It is intended to join forces to provide input by QIBA to liver organ system in the QIBA profile while QuIC-ConCePT could contribute lung related paragraphs. There are already ongoing QuIC-ConCePT clinical trials and it needs to be outlined in detail when QIBA profile as joint initiative would be available for implementation and testing in QuIC-ConCePT trials.</p>	<ul style="list-style-type: none"> • Face-to-face meeting at ISMRM annual conference (organized via QIBA workgroup) to discuss details on phantom and phantom analysis groundwork as well as profile contributions by both groups for lung (QuIC-ConCePT) and liver (QIBA). • Regular calls every 4-6 months (to be organized by RSNA and EORTC staff) • Single point of contact for both groups: Gudrun Zahlmann

		<p>Imaging protocols available on both groups so far should be jointly discussed and aligned. It is intended to use trial data and outcome for QIBA profile refinement and claim validation for lung and liver organ systems.</p> <p><u>Shared data resources</u> It is intended to share phantom and selected clinical data for joint investigations. The data sharing environment needs to be decided based on an assessment of available solutions.</p> <p><u>Deliverable 2013:</u> Joint publication submitted to ISMRM on phantom and phantom analysis</p>	
<p>2</p> <p>Engagement with regulatory bodies</p>	<ul style="list-style-type: none"> • QuIC-ConCePT data contribute to QIBA FDA submission. • QIBA data support QuIC-ConCePT engagement with EMA 	<p>Start with level 1 and revise end of 2013 potential activities on level 2</p>	<p>To be reviewed end of 2013</p>
<p>3</p> <p>Joint new research projects</p>	<ul style="list-style-type: none"> • Joint funding (e.g. industry, US; EU, or 3rd-country) secured for additional projects 	<p>Several of the QuIC-ConCePT participants (e.g. Sinkus, Jackson, Waterton) are interested in image heterogeneity (ADC or DWI) and have introduced different strategies and algorithms. However these have not been systematically compared or evaluated. There is initiative in QIBA to work on phantom and DRO data as well as clinical data for reference databases and analysis algorithm development to</p>	<p>To discuss potential joint research topics in June/July 2013</p>

support profile compliance assessments. This is new development and would benefit from joint activities.

This summary is based on contributions from the following attendees of the conference call:

Group	Name	Company / Institution
IMI QuIC-ConCePT	John Waterton Nandita Desouza Alan Jackson Yan Liu	AstraZeneca Cancer Research UK University of Manchester EORTC
QIBA PDF Committee	Daniel Sullivan Edward Jackson Tom Chenevert Michael Boss Gudrun Zahlmann	Duke University MDACC University of Michigan NIST Roche