

QIBA Executive Committee (EC) Conference-Call Meeting

Thursday, May 21, 2020

10:00 am CT

Draft Call Summary

Participants:

Daniel Sullivan, MD (QIBA Chair)
Alex Guimaraes, MD, PhD (QIBA Vice-chair)
Tim Hall, PhD (QIBA Vice-chair)
Michael Boss, PhD
J. Brian Fowlkes, PhD
Rudresh Jarecha, MBBS
P. David Mozley, MD
Kevin O'Donnell, MASc
Nancy Obuchowski, PhD
Robert Nordstrom, PhD
Gudrun Zahlmann, PhD

RSNA Staff:

Angela Colmone, PhD
Fiona Miller
Joe Koudelik
Tori Peoples

Review of 2/20/20 EC Call Summary

The call summary was approved as distributed; later edits should be submitted to RSNA staff at QIBA@rsna.org

Draft Survey of Membership Satisfaction

The SC is interested in what QIBA volunteers find satisfying and the possible challenges they face. It was suggested to have two surveys, staggered in release. The first survey would focus on participant satisfaction and the second on media usage. Dr. Sullivan asked for feedback on questions and wording. Mr. O'Donnell suggested recasting Q2 and Q4 of the satisfaction survey on the value-add to the clinical community, e.g., what is the primary benefit of QIBA Profiles and quantitative imaging in your sphere and how best to communicate this to the community? Dr. Zahlmann suggested that identifying what leadership wanted to learn from the surveys and focusing on how to make the QIBA experience more rewarding vs the value of QIBA to the various stakeholders. It was suggested that the term "remunerative" be replaced with more specific examples.

Dr. Boss suggested querying member interest in exploring the possibility of a special journal issue (e.g., in *Radiology*) based on QIBA efforts/work, perhaps on a semi-regular basis, which may contribute to improved member satisfaction. Dr. Nordstrom noted that QIN was invited to publish since projects were federally funded and publishing was an expected outcome, which is not the same situation in QIBA, although publications are encouraged.

For the media survey, Mr. O'Donnell suggested revising Q2 to ask how the Wiki can be improved to make it more user friendly. Dr. Zahlmann suggested a revision to Q5 to have more specificity re social media platforms to pursue, e.g., Twitter and LinkedIn.

Dr. Sullivan indicated that some modifications will be made and be shared with the SC and RSNA survey staff before release.

Company Identification Policy for Publication Purposes:

Dr. Hall provided some background and an example of the SWS discussions that were attended by a number of companies. Ten companies who participated in the SWS studies were anonymized, per an earlier agreement to respect the pre-competitive space. When the manuscript was reviewed, the *Radiology* Editors objected that

the participating companies were not identified, nor the company's individual performance reported. A similar situation is arising in the new PEQUS BC. Signal attenuation can be reported in many ways and companies would either have to agree to identify and report their (good or bad) performance or modify their processes (to improve performance) in order to report parameters. Dr. Boss referenced a NIST experience where every effort was made to anonymize the vendor participants, especially in the early stages, noting that anonymization is sometimes the only way to assure vendor participation.

It was noted that front-line clinical journals had greater focus on commercial product performance in publications. It was agreed that "under-development" situations should honor the anonymization. From a company's perspective, issues in the pre-market sphere are often different than after a product is FDA-approved and marketed. Therefore Mr. O'Donnell suggested involving MITA in this discussion.

Dr. Fowlkes notes that a recent VBF manuscript had been accepted by *Radiology* without asking for vendor identification, perhaps as a result of a better understanding that this was a pre-market product situation. Since anti-competitive issues may also come into play, Dr. Boss advised against issuing a blanket policy.

Dr. Sullivan referenced the past CT algorithm challenge, where the study paper was published in *Academic Radiology* with vendor participants anonymized, despite the fact that some of algorithm products were commercially available. This indicated that each situation can be journal- and/or topic-dependent. It was agreed that all BCs should discuss/consider this issue but that no blanket QIBA policy statement will be developed.

Request for input on choosing next Vice-chair

In preparation for the end of Dr. Sullivan's term in early December, leadership is looking for a new Vice-chair. Noted was that there is no voting process for these leadership positions because RSNA selects leaders based on specific criteria. The existing criteria for this role include bandwidth, QIBA experience, leadership skills, diplomacy, and inclusivity. It was confirmed that diversity of background among the three QIBA leaders is important. A more detailed Vice-chair role description will be made available in the near future.

Dr. Sullivan asked that input on criteria, process and timeline, or specific nominations should be sent to Fiona Miller fmiller@rsna.org

Future EC/SC Call & Meeting Schedule

June 18: SC Call (90-minute): QIBA value proposition of QIBA to clinical trials, cooperative groups, CROs

July 16: EC Call and/or August 20: EC Call

September 17: SC Call (90-minute): QIBA value proposition to industry

September 29-20: Virtual QIBA Meeting - considering three of four 90-minutes plenary sessions

October 15: EC Call

November 19: EC Call

December 17: SC Call

3-year Term Limits with Rotation Letters

Dr. Sullivan welcomes SC feedback re the three-year BC leadership rotation letter.

Next QIBA EC T-con Meeting:

Thursday, July 16, 2020 @ 10:00 AM (CT)