

QIBA Q-CT Committee Update
Sept 27, 2010 at 11 am CDT

Call Summary

In attendance	Kevin O'Donnell
Andrew Bucker, MS (Co-chair)	Nicholas Petrick, PhD
P. David Mozley, MD (Co-chair)	Anthony P. Reeves, PhD
Maria Athelougou, MD	Ying Tang, PhD
Hubert Beaumont	Hiro Yoshida, PhD
Sung Chang, PhD	Binsheng Zhao, DSc
Kavita Garg, MD	
Philip F. Judy, PhD	RSNA
Hyun Grace Kim, PhD	Joe Koudelik
Michael McNitt-Gray, PhD	Madeleine McCoy
James Mulshine, MD	

Corporate Visit Update (Mr. Buckler)

- One original focus of QIBA was to engage the equipment supplier community on the value of quantitative imaging to and invite their participation in optimizing it
- Goal was to ask vendors for products that comply with standards and that ultimately improve quantitative performance:
 - Compliant: Need for quantitative performance to be a standardized interpretation of results; a degree of standardization; compliant products – Profile document defines and makes specific what is needed to meet compliance
 - Products: Tools to be utilized by practitioners to achieve level of quantitative performance; current product not here yet
- Many vendors participating in QIBA now
- Need to better engage device manufactures; some big vendors already lending support, but others are generally watching; need more active participation; corporate visits planned to engage
- Time to formalize QIBA activities such as methodology and results into something actionable and specific so vendors want to participate (to get higher on vendor priority interests)
- Need to provide motivation to comply; inducement for manufacturers to be involved is needed (that is, it should not only be a cost)

IHE Process Model – (Mr. O'Donnell)

- As a case study, System interoperability not deemed a vendor concern ten years ago; no need to work together
- Favorable proposition needed for a collaborative activity to succeed:
 - What is the product? Profile leading to a complaint device
 - Revenue potential – better customer value overall
 - Potential loss mitigated via promoting advantages
- Need community to move beyond present status to some kind of “new” status
- IHE model trouble-shot integration interfaces issues; allowed vendors to converge to a single interface thus reducing costs and increasing customer satisfaction
- “IHE seal” status recognized as a good effort to useful integration
- QIBA trying to build momentum and present opportunities to vendors
- PET committee discussing these corporate visits for some time

Targeted Management Level Approach

- Need to target materials appropriately to multiple levels of management at the companies so as to provide the most help to them
 1. Top/senior management, i.e., CEO of Imaging, Chief Medical Officer, Chief Marketing Officer, and CTO. The primary interest is the strategic value proposition and how to participate at a high level.
 2. Business unit management, i.e., GM, Marketing VP, and R&D VP. The primary interest is the specifics for their modality, how it effects their product line, as well as how to what is being asked of their people to participate.

3. Line management of engineering and marketing within business units. Primary interest is how to participate.
 4. Engineers, with an interest in imaging science and system engineering approach to variance and more granular information on how Profiles are written and groundwork is conducted.
- 4 Modules to fine-tune; slide sets to engage specific level of company management; need to demonstrate how each one could contribute and benefit
 - Structure value proposal
 - How to participate
 - Individual modalities – 1 for each committee
 - Engineering approach
 - Strategic message presentations must be based on a “Win-Win” concept for all vendors
 - High-level ideas needed; context where personalized medicine is a scientific undertaking
 - Mega-trends all point toward quantitative imaging needs
 - Regulatory challenges to be included
 - MITA white paper has been published in support
 - Benefits of cooperation
 - Alignment with therapy (beyond research use) strategy – longitudinal quantitation allows, for example, response monitoring and adaptive therapy using imaging tools
 - Costs; being able to share data collected
 - Clinical case impact is focus of manufacturers
 - Mitigated source of variance
 - How QIBA structured to meet these needs – actionable process proposal needed
 - General message and modality-specific details
 - Both Oncology image analysis and COPD to be included in the “CT specifics” slide set

Marketplace Demand

- Vendors will fall in place once convinced the customer (marketplace) will demand this, and cheaper if they join the QIBA approach by sharing-the-work-load
- Personalized needs go beyond genotype and phenotype, can help map therapy to patients as well-to work together
- Quantitation is important and standardized measurements are valuable; need use cases (examples) demonstrating why vendors should be trying to address for sure future use
- QIBA not static, but active, doing groundwork, pushing towards goals, diverse participation, writing Profiles, etc

Value added to software companies also welcome

Dr Maria Athelougou (Definiens) to assist the QIBA Q-CT Committee in engaging software vendors as well

- Short slide deck proposed (<13 slides)
- Beginning – “Why we do this”
- Middle – “Why we do this”
- Conclusion – Why do this with QIBA

Next steps:

- Revisit these topics next week
- Mr Buckler asks for feedback on slides to better format team’s message
- Next call: Oct 4, 2010 at 11 am CDT