

QIBA Q-CT Committee Update  
Sept 13, 2010 at 11 am CDT

Draft Call Summary

In attendance  
P. David Mozley, MD (Co-chair, moderator)  
Lawrence Schwartz, MD (Co-chair)  
Kevin O'Donnell (co-moderator)  
Maria Athelougou, MD  
David A. Clunie, MBBS  
Patricia E. Cole, PhD, MD  
Charles Fenimore, PhD  
Kavita Garg, MD  
Philip F. Judy, PhD  
Hyun Grace Kim, PhD  
Michael McNitt-Gray, PhD

Daniel R. Nicolson  
Nicholas Petrick, PhD  
Yuaxin Rong, MD, MPH  
Ganesh Saiprasad, PhD  
Ying Tang, PhD  
Hiro Yoshida, PhD  
Binsheng Zhao, DSc  
  
RSNA  
Fiona Miller  
Joe Koudelik

**QIBA Profile Development Update (Dr Mozley)**

- Dr Mozley provided an overview of the latest revision made to the QIBA v-CT Chest V1.4 protocol adapted from Mr O'Donnell's previous version found on Google docs <https://docs.google.com/Doc?docid=0ASSwlnzdbPEGZHJyc2pxcF8zcHFkdnhqY3A&hl=en>
- Word version needed for distribution with current date (09.13.2010) for identification
- Action required to create next version (V1.5) in time for the QIBA Working Meeting at the RSNA 2010 Annual Meeting
- Protocol formatted based on the UPICT Template [http://upictwiki.ctsa-imaging.org/index.php?title=UPICT\\_Template](http://upictwiki.ctsa-imaging.org/index.php?title=UPICT_Template)
- Mr O'Donnell described concern over placeholder values and proposed protocol authorship be handed-over to a content expert such as Dr McNitt-Gray to help build robustness
- Multiple protocol versions needed based on specific use, with a public comment stage similar to the IHE process; draft/version numbering is critical, e.g. V1.0, 1.1, 1.2, 1.3...
- Need to reach consensus and determine "good-enough-to-go" under the QIBA name release point; protocol must spell-out all limitations
- Definitions from DIA added to appendix by Dr Mozley (source needs to be cited)
- Caution concerning use of "draft" version; draft not truly implementable until reviewed by industry and academia for official consensus; QIBA hasn't approved for use; QIBA review and approval process needed
- Line-by-line review needed (as with Profile review); face-to-face meeting considered best scenario, followed by t-cons, depending on level of material for review
- Goal setting language needed; what do we want to achieve and what has been achieved
- Need evidence to support numbers in protocol, list references-to-date in support and determine what isn't supported by current data
- Audience – potential for release
  - Pharma seen as major audience; launching numerous drug trials now
  - QIBA v-CT Chest V1.4 considered the best protocol available
- Sections X and XI
  - Could be replaced with boilerplate text in UPICT template
  - Rules for lesion boundary definition important
  - Standard performance for data management needs to be addressed
  - Replace values with XX, unless values confirmed
- Adherence to parameters needs to be emphasized

**Response Criteria**

- Response criteria for volumetric based measurements deemed beyond current scope of QIBA; different content experience needed to deal with this topic; no response criteria in V1.4 noted
- Group consensus was to keep master protocol copy in **Google docs** for ease of editing; download to MS-WORD or PDF possible with line numbers

**Next Steps:**

- Writing assignments to be implemented; domain experts needed to define specific contexts
- Dr Mozley to email group once his current edits were re-introduced/combined with the Google doc
- Next call scheduled for: Monday, Sept 27, 2010 at 11 am CDT