QIBA Executive Committee (EC) Conference-Call Meeting
Thursday, July 16, 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
Rudresh Jarecha, MBBS
P. David Mozley, MD
Kevin O'Donnell, MASc
Nancy Obuchowski, PhD
Gudrun Zahlmann, PhD

RSNA Staff:
Angela Colmone, PhD
Fiona Miller
Joe Koudelik
Tori Peoples

Review of 5/21/20 EC Call Summary
The call summary was approved as distributed; later edits should be submitted to RSNA staff at QIBA@rsna.org

Review of agendas
Dr. Sullivan provided an overview of the upcoming Steering Committee and Annual Meeting agendas and asked for committee input.

Sept 17th SC Meeting Agenda:
The original plan was to focus on the value of quantitative imaging (QI) to the manufacturers with a modality-focused approach. After due consideration, it was decided to include speakers who could provide multiple perspectives, e.g., Dr. Gregory Sorenson, past CEO of Siemens Healthcare North America. Dr. Zahlmann suggested that Patrick Hope, MITA Executive Director, might be a suitable speaker. Mr. Peter Weems, MITA Senior Director, Strategic Operations & Policy at Medical Imaging & Technology Alliance (MITA) was suggested as an alternate. Mr. O'Donnell recommended Dr. Todd Erpelding for the Ultrasound speaker due to his MITA, vendor and science background (CEUS BC Co-chair).

Dr. Mozley suggested that the Pharma perspective could also be valuable since QI is of growing importance to the Pharma community. However, Dr. Sullivan pointed out that the June 18 SC call included some pharma perspective.

It was agreed that CDER/CDRH representatives could also be considered, but that it may be too early for FDA and CMS input.

Dr. Hall noted the competition between imaging modalities was a growing concern and could be addressed. What drives purchase decisions and clarifying the market for QI were suggested as topics of a future discussion.

Dr. Sullivan agreed to follow up on the comments, pursue MITA participants and ask Dr. Sorenson for additional presenter recommendations.

Sept 29-30th QIBA (virtual) Annual Meeting
Based on earlier prioritization by the SC, the draft agenda was created with the following overarching topics:

- Day 1 (AM): Participant Satisfaction and Process Improvements
  - Member satisfaction survey results
  - How to expedite Profile development
- Day 1 (PM): Visibility and Relevance

- Dr. Zahlmann suggested a discussion on what can be done to address the lack of education among imaging sites and Pharma re: the value of image quality

- Day 2 (AM): Sustainability
  - SIG update and the conformance process overview

Dr. Sullivan invited EC feedback.

Role of QIBA in issuing guidance/consensus documents, e.g., COVID, Metrology
Following release of the manuscript developed on guidance for quantitative CT imaging for COVID-19, the concept of "QIBA guidance" was questioned, as it may suggest a more formal review and approval process. As a result, the authors were asked to remove the term from their title. In terms of precedents, the QIBA Metrology Group published papers in the past that could be considered as guidance, although not titled as such. Dr. Mozley noted that QIBA Profiles themselves are guidance documents, although implicit in nature; he and Dr. Boss suggested "QIBA Guidance" be re-inserted into the COVID-19 paper. Dr. Sullivan agreed to communicate this update to Mr. Avila.
Mr. O'Donnell suggested that "QIBA guidance" is akin to publishing Profile Claims and "Shall" language, and that therefore an internal, semi-formal discussion and approval process is still necessary. This role could be fulfilled by the respective CCs, except for the metrology, cross-modality, and Radiomics documents which are not modality specific. These documents could be reviewed by an ad hoc review committee (task force) of CC or SC members, convened as needed by the EC.

Dr. Mozley pointed out that the COVID-19 manuscript was an exception because of its time-sensitive nature. Dr. Sullivan recommended sending the COVID guidance document to the CT CC for a brief review pending resubmission to *Radiology AI*.

Role of QIBA/BC's beyond Technically Confirmed – That is: Do we need a formal process for responding to feedback from conformance implementation?
Dr. Zahlmann noted that the Stage 3 (Technically Confirmed) criteria indicate that all Profile procedures and requirements have been performed on at least two vendor platforms across at least two sites. Although the Profiles were written with the best science and process in mind, user feedback has proven difficult to address. A formal BC process was suggested to respond to implementation feedback and modify the Profile as needed, e.g., the FDG-PET BC used a site feasibility questionnaire to adjust their Profile accordingly, and the DWI BC made analysis software modifications based on feedback. Dr. Zahlmann plans to discuss this issue with those BCs who are at a suitable stage.

- For clinical trials and clinical care usage, the Profiles and checklist language must be aligned and suitable for a site qualification survey
- Language needs to be modified to ensure they are easy to understand for the end-user
- User documentation required to prove conformance needs to be determined
- The concept of a graded conformance scale (i.e., less than 100%) to be considered
- A practical solution is needed for updating Profiles based on Stage 3 feedback that is not overwhelming to the BCs / Profile authors
- Mr. O'Donnell requested that the Process Cmte be part of the discussion
- EC consensus was that this topic should be included both on the August 20th EC call and the September 29-30 Annual Mtg

Proposal to form a Task Force to focus on clinical needs from prospective users
Dr. Guimaraes noted that Profiles are presently not being widely utilized at sites either for clinical trials or clinical use. The need exists for greater Profile utilization beyond radiologists and CROs. He raised the concept of creating a subcommittee that could be charged with outreach to entities such as IROC and ECOG-ACRIN to assess the possibility of using QIBA Profiles in NCI clinical trials.

The subcommittee would identify point of contacts in other clinical organizations that use QIBs and establish collaborations to increase Profile utilization. Preliminary discussions have been held with Dr. Mark Rosen who has expressed an interest should this move forward.

Dr. Sullivan suggested that follow-up will be made via e-mail, and additional discussion will be held during the August 20th EC call.

Next QIBA EC T-con Meeting:
Thursday, August 20, 2020 @ 10:00 AM (CT)