

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

Call Summary

In attendance	Daniel R. Nicolson
P. David Mozley, MD (Co-chair, moderator)	Nicholas Petrick, PhD
Lawrence Schwartz, MD (Co-chair)	Yuaxin Rong, MD, MPH
Kevin O'Donnell (co-moderator)	Ganesh Saiprasad, PhD
Maria Athelougou, MD	Ying Tang, PhD
David A. Clunie, MBBS	Hiro Yoshida, PhD
Patricia E. Cole, PhD, MD	Binsheng Zhao, DSc
Charles Fenimore, PhD	
Kavita Garg, MD	RSNA
Philip F. Judy, PhD	Fiona Miller
Hyun Grace Kim, PhD	Joe Koudelik
Michael McNitt-Gray, PhD	

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
- 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 authorizes "trial implementation" as part of its review process; QIBA review and approval process is being determined but the IHE concept of trial implementation is reasonable here as a way to gain experience both for this specific protocol as well as for development of the review methodology in QIBA
- To move beyond "trial implementation", 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
- Having evidence to support values in the protocol is desirable. 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