

2013 Annual Report Research Development Committee

The Research Development Committee (RDC), chaired by Carolyn Meltzer, MD, continues to pursue its initiatives to improve the quality and quantity of radiology research, enhance participation of radiologists in research, and to advise the RSNA Board of Directors about priorities for and RSNA programs in imaging science and research. Following is a summary of its activities in 2013.

2013 Research Development Courses

The RDC organized the following research development and grant-writing workshops:

PROGRAM	STUDENT # (2013)	Program Duration and Location
<i>Clinical Trials Methodology Workshop</i>	25	6½-day workshop in Scottsdale, AZ, January 2013
<i>Writing a Competitive Grant Proposal</i>	24	1½-day workshop at RSNA Headquarters, February 2013
<i>Advanced Course in Grant Writing</i>	15	Four-weekend course September 2013 - April 2014 at RSNA Headquarters
<i>Creating and Optimizing the Research Enterprise (CORE) Workshop</i>	40	1½-day workshop at RSNA Headquarters, October 2013
<i>Introduction to Academic Radiology</i>	42	4½- day seminar at RSNA Annual Meeting
<i>NIH Grantsmanship Workshop</i>	25*	½-day workshop at RSNA Annual Meeting
<i>RSNA/ARR Study Section Reviewers Workshop</i>	10*	½-day workshop at RSNA Annual Meeting

*anticipated numbers, based on past years' registration data

Additional RDC Activities:

Vice Chairs of Research

The Vice Chairs of Research will hold a face-to-face meeting at RSNA Headquarters on October 24, 2013. The subgroups are working on writing and publishing three White Papers on faculty development and mentoring, core facilities, and financial infrastructure. It is anticipated they will be suitable for publication in *RadioGraphics* and/or *Academic Radiology*. Dr. Schnall is currently leading the Vice Chairs group, but is preparing to transition leadership over the next year.

Workshop on Integrated Diagnostics

The RDC is working collaboratively with the American Society for Clinical Pathologists (ASCP) to develop a 1.5-day workshop to explore the role of integrated diagnostics in the era of precision medicine, how clinicians visualize the future of diagnostics and what would be needed to provide infrastructure support for an integrated diagnostic/theranostics service. The workshop will be held in April 2014.

Quantitative Imaging Biomarker Alliance (QIBA)

The first contract awarded by NIBIB ended in March 2013, after a six-month no-cost extension. This contract funded the conduct of 26 groundwork projects and offset some expenses for QIBA-related meetings, including the fifth QIBA Annual Meeting in Chicago, and two QIBA Metrology Workshops. It is anticipated that the work from these projects will provide valuable imaging biomarker data necessary to support the claims made in the technical Profiles, three of which have gone through or are going through a Public Comment process and are being prepared for field testing.

In late September RSNA was awarded a second contract by NIBIB in support of QIBA efforts. There are plans in place to fund an additional thirteen projects from the funds received.

Metrology

Following the two QIBA Metrology Workshops held in April and October of 2012, subgroups have been working on sections of a suite of five papers for submission to the journal *Statistical Methods in Medical Research*.

Imaging scientists, government agency representatives, biostatisticians and industry stakeholders are working to address identified issues in the areas of Algorithm Comparison, Technical Performance and Terminology. The articles have been reviewed, and, at time of writing, reviewer comments are being addressed. Plans are in place to develop an overview paper to be submitted to *Radiology*

Open Image Data Warehouse

The QIBA-RIC task force completed pilot work evaluating the feasibility and user-friendliness of the process of uploading and accessing eight datasets contributed by QIBA subcommittees. Expansion of the QIDW to accept clinical data brings with it increased need for data curation to ensure that proper anonymization has occurred.

The Board approved a scaled implementation of expanded use of the QIDW for clinical data generated by QIBA. A small oversight committee was formed and is tasked with developing policies and procedures for uploading and accessing data.

The RDC is grateful to all its members and many volunteers who have contributed to the success of its programs.

Respectfully submitted,

Carolyn C. Meltzer, MD
Chair