

Protocol Development and Quality Assurance Steps to Ensure Data Integrity

Susanna I Lee MD, PhD



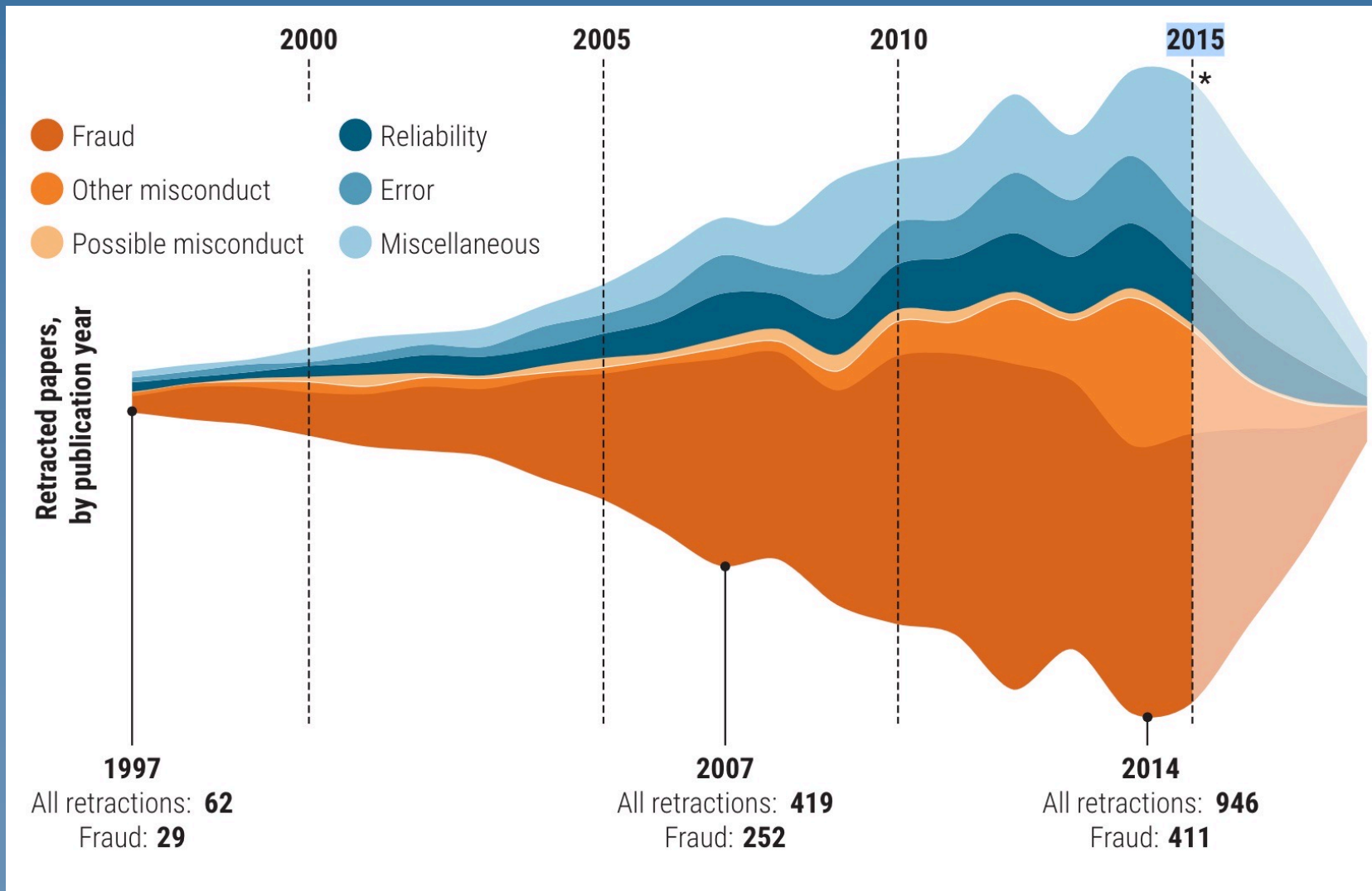
Disclosures

- **Relevant: None**
- **Other: Royalties Wolters Kluwer, Springer, RSNA**

Learning Objective

- ◆ Anticipate and manage sources of data imprecision
- ◆ Collect databases structured for ongoing QA, interim and final analysis, and retrieval for future use

Retracted Scientific Publications



<https://www.science.org/content/article/what-massive-database-retracted-papers-reveals-about-science-publishing-s-death-penalty>

Imaging Chain: Patient → Data

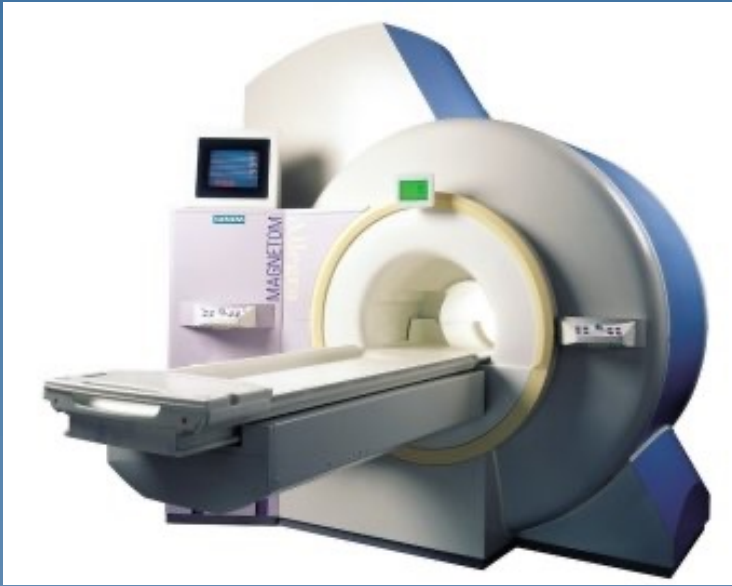


Image reconstruction

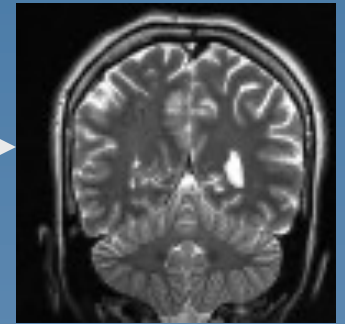


Image processing

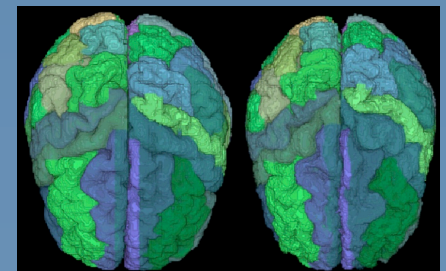


Image analysis



Data output

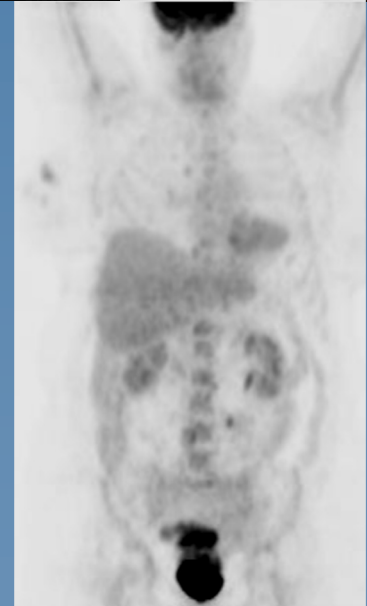
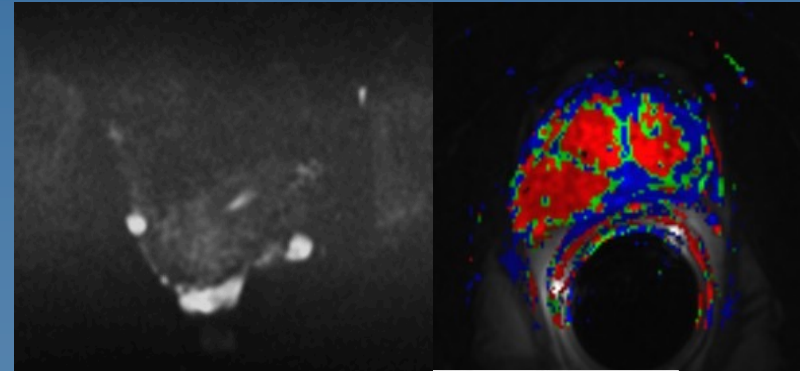


Data analysis

Clinical Trials: Imaging is an “Assay”

What is a good assay?

- ◆ Stable technology
- ◆ Available widely
- ◆ Standardized image acquisition
- ◆ Reproducible
- ◆ Range of normal defined



Balance “state of the art” with
“generalizability”

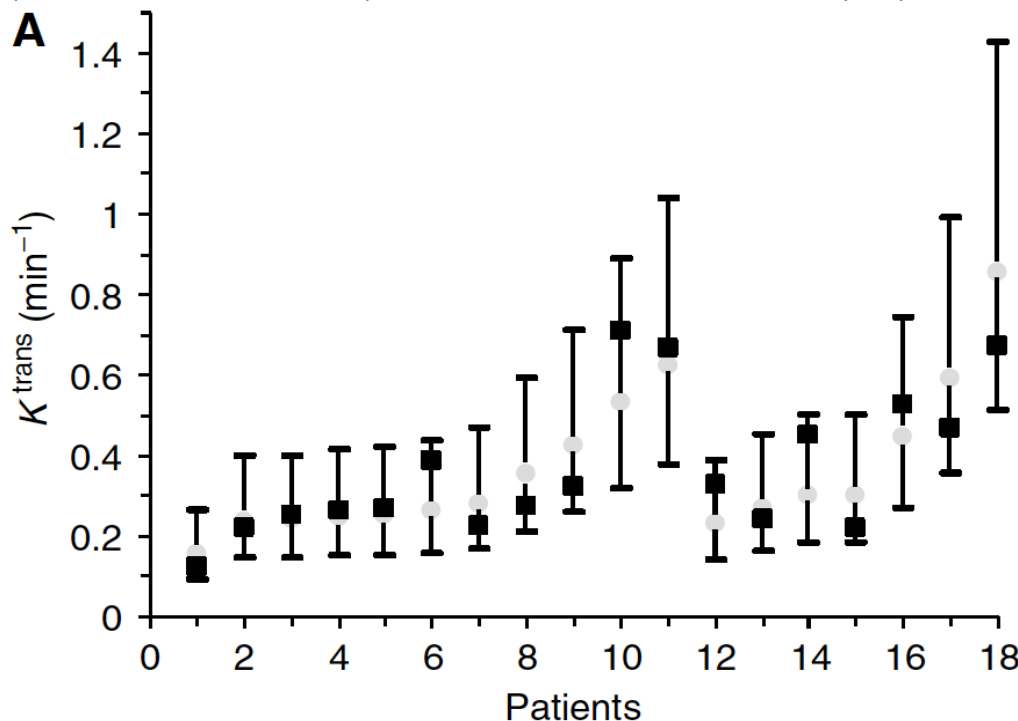
Signal Requires Data Quality



Variability: Test – Retest

Same patient, day, scanning protocol but separate imaging sessions

Effects of platinum/taxane based chemotherapy on acute perfusion in human pelvic tumours measured by dynamic MRI



- Pre-treatment
- Post-treatment
- I Range of test-retest

Conclusion

Index test variability precludes detecting pre- vs. post-treatment change.

Imaging Chain: Patient → Data

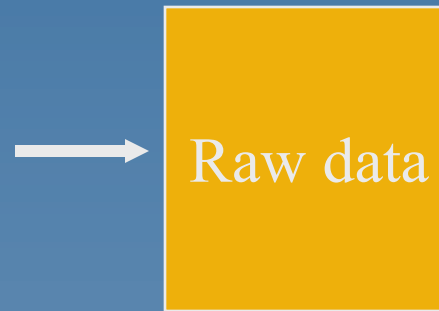
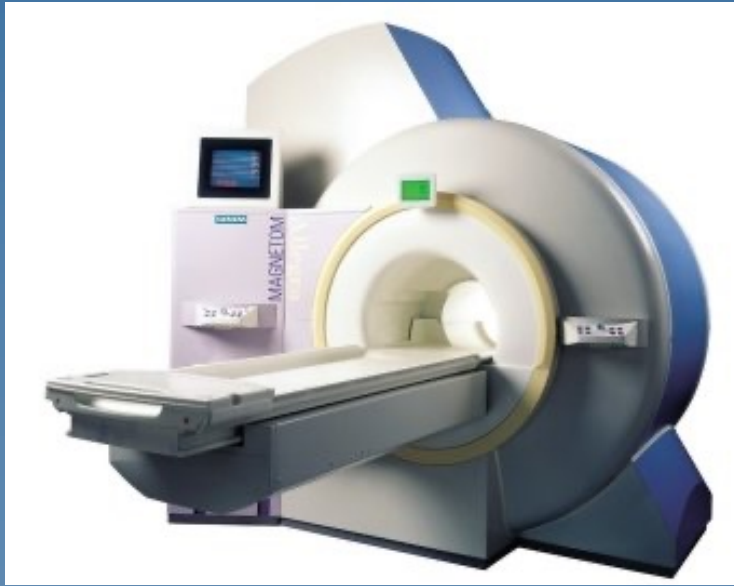


Image reconstruction

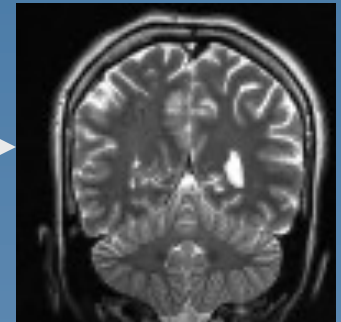


Image processing

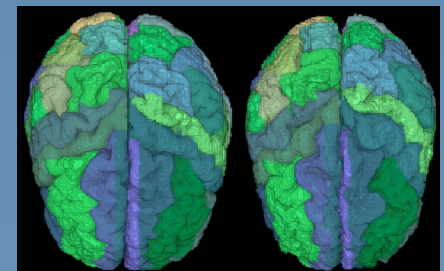
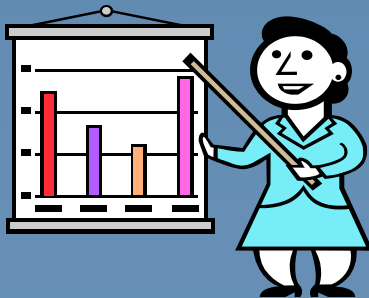


Image analysis

123.....
2346.....
65789.....
6578.....

Data output



Data analysis

Imaging Manual

- ◆ Hardware and software
- ◆ Scanner calibration
- ◆ Patient preparation
- ◆ Scanning protocol
- ◆ Post-processing



Imaging manual with a series of step by step SOP's (standard operating procedures) for image acquisition

CTMW Template: Imaging/Device Manual

13 | APPENDIX III: NOVEL IMAGING OR NOVEL DEVICE MANUAL

No text needed here

13.1 IMAGING MANUAL

Imaging manual is intended to be used as a step-by-step description of the hardware, image acquisition, reader study and quality assurance for novel imaging. Content varies with the novel imaging to be performed but possible applicable content includes:

- *Scanner specifications*
- *Scanner qualification procedures*
- *Novel tracer – preparation, dose*
- *Image acquisition protocol for each scanner type*
 - *Radiation dose*
 - *Contrast dose*
- *Ongoing site quality control procedures (dose monitoring, calibration, etc.)*
- *Reader study description – number of readers, images reviewed, blinding, etc.*
- *Reader forms*

In general, standard-of-care clinical imaging for participant followup does not need to be described in the Imaging Manual.

<Insert text>

13.2 DEVICE MANUAL

Medical Device is defined, in part, as any health care product that does not achieve its primary intended purpose by chemical action or by being metabolized.

Provide the following Device Information:

- *Device Name*
 - *Intended Use*
 - *Sponsor*
 - *Name*

Sources of Variability

- ◆ Patient preparation (e.g. fasting, serum lab values, tracer/contrast administration)
- ◆ Sampling (e.g. matrix, detector size, slice thickness)
- ◆ Reconstruction (e.g. filtering)



Ongoing QA of Incoming Data

- ◆ Data forms
 - Missing fields
 - Misinterpretation
- ◆ Images
 - Scanner performance
 - Acquisition protocol
- ◆ Regularly "clean" your data
- ◆ Consider building in interim analysis up front



Imaging Chain: Patient → Data

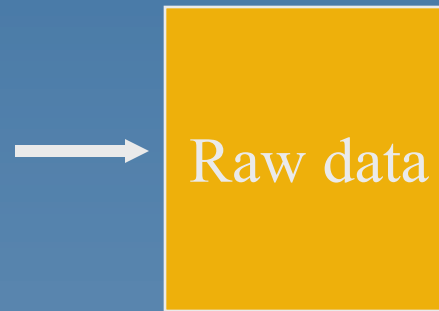
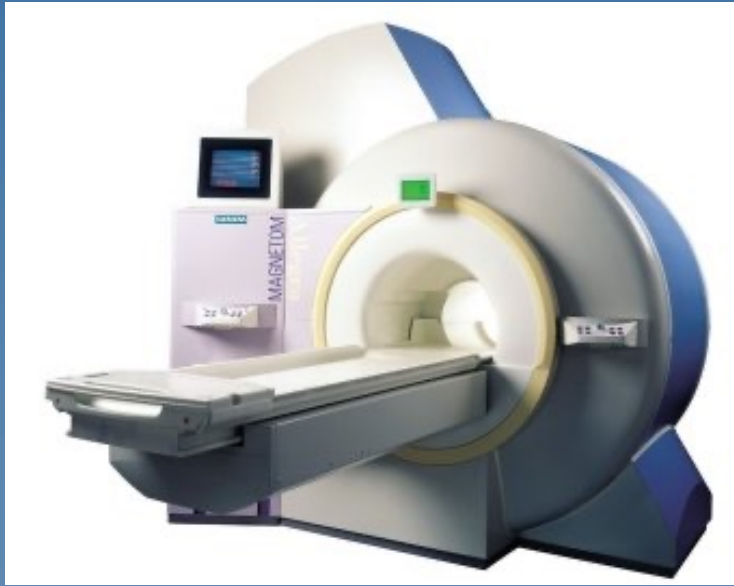


Image reconstruction

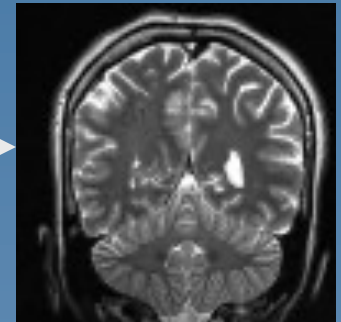


Image processing

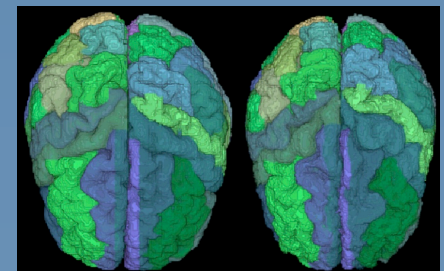


Image analysis



Data output



Data analysis

Image analysis: Turning image into data

- ◆ Reader extracted features
- ◆ Semi automated
- ◆ Fully automated

Feature 1

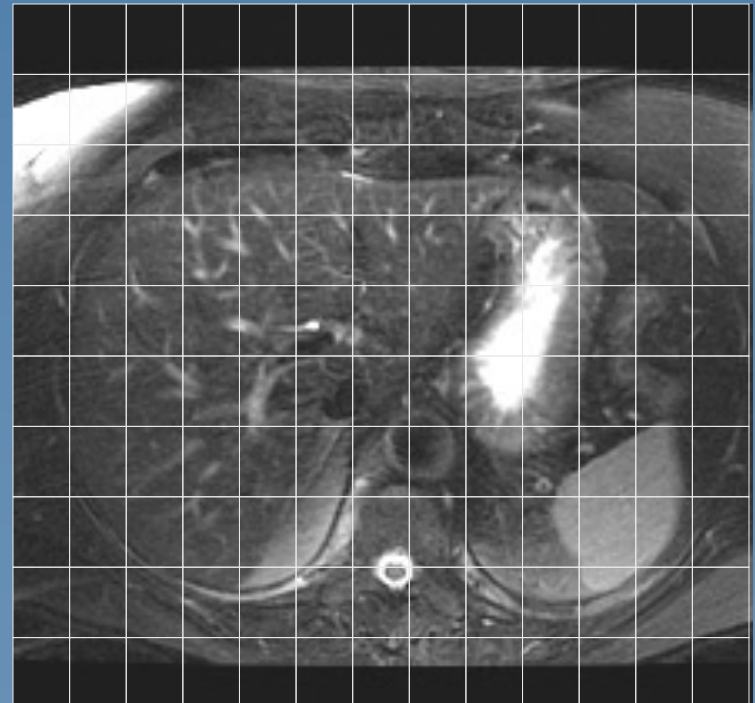
Feature 2

Feature 3

.

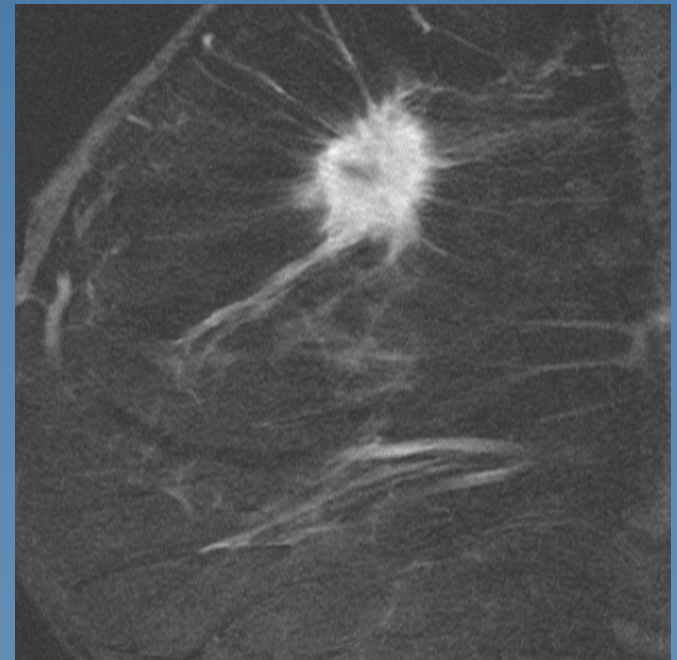
.

.



Reader Extracted Features

- Location
- Number
- Density/intensity/tracer uptake
- Shape (e.g. round, oval)
- Size (2D vs. 3D)
- Margin
- Enhancement kinetics/pattern
- Summary assessment
“RADS”



Data Collection, Archiving & Sharing

- ◆ Will I need to collect this ?
 - Primary and secondary analyses
 - Planning the next phase trial
 - Compliance – IRB, HIPAA, FDA, sponsor, ICJME
- ◆ Is it essential that I collect this? – cost, time, and incomplete datasets
- ◆ Reports and retrieval
 - Database structure, search engine, image saves, etc.
- ◆ Policies on data sharing (ICJME requirement)

Cloud-Based Data Forms: REDCap



Institutions **2597** Countries **116** Projects **478k** Users **632k** Articles **4227**

ABOUT PARTNERS RESOURCES SOFTWARE

Record Status Dashboard
Add / Edit Records
Study ID 13 Doe, J. **Set up repeating forms** Study ID 13 Doe, John* (Arm: Drug A)

Applications

- Calendar
- Data Exports, Reports, and Stats
- Data Import Tool
- Data Comparison Tool
- Logging
- Field Comment Log
- File Repository
- User Rights and DAGs
- Record Locking Customization
- E-signature and Locking Mgmt
- Randomization
- Data Quality
- API and API Playground
- REDCap Mobile App

Data Collection Instrument	Enrollment	Visit 1	Dose 1	Visit 2	Visit 3	Final visit
Demographics (survey)	<input checked="" type="radio"/>					
Contact Info (survey)	<input type="radio"/>					
Baseline Data	<input type="radio"/>					
Visit Lab Data		<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Patient Morale Questionnaire		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit Blood Workup		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit Observed Behavior		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion Data						<input type="radio"/>
Completion Project Questionnaire						<input type="radio"/>

Lock forms across all Events
Unlock all forms across all Events

REDCap is a secure web application for building and managing online surveys and databases. While REDCap can be used to collect virtually any type of data (including 21 CFR Part 11, FISMA, and HIPAA-compliant environments), it is specifically geared to support online or offline data capture for research studies and operations. The REDCap Consortium, a vast support network of collaborators, is composed of thousands of active institutional partners in over one hundred countries who utilize and support REDCap in various ways.

OsiriX

<https://projectredcap.org/>

REDCap Quality Module

REDCap Test Project

Data Quality

This module will allow you execute data quality rules upon your project data to check for discrepancies in your data. Listed below are some pre-defined data rules that you may utilize and run. You may also create your own rules or edit, delete, or reorder the rules you have already created. To find discrepancies for a given rule, simply click the Execute button next to it, or click the Execute All Rules button to fire all the rules at once. It will provide you with a total number of discrepancies found for each rule and will allow you to view the details of those discrepancies by clicking the View link next to each. [Read more detailed instructions.](#)

Data Quality Rules		 Processing Complete!	Execute All Rules	Clear	
Rule #	Rule Name	Rule Logic (Show discrepancy only if...)	Total Discrepancies	Site 2	Site 1
a	Missing values*	-	10,000+ view	1191	0
b	Missing values* (required fields only)	-	563 view	55	0
c	Field validation errors (incorrect data type)	-	26 view	6	0
d	Field validation errors (out of range)	-	18 view	2	0
e	Outliers for numerical fields (numbers, integers, sliders, calc fields)	-	25 view	1	0
f	Hidden fields that contain values**	-	28 view	4	0
g	Multiple choice fields with invalid values	-	17 view	6	0

Archiving Image Databases

📁 The Cancer Genome Atlas - Lung Adenocarcinoma PUBLIC

CT

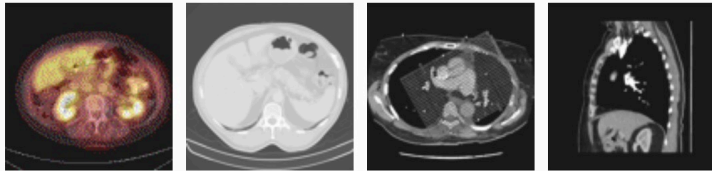
PET

Chest

From The Cancer Imaging Archive (TCIA): the Cancer Genome Atlas Lung Adenocarcinoma data collection is part of a larger effort to build a research community focused on connecting cancer phenotypes to genotypes by providing clinical images matched to subjects from The Cancer Genome Atlas (TCGA). Clinical, genetic, and pathological data resides in the Genomic Data Commons (GDC) Data Portal while the radiological data is stored on The Cancer Imaging Archive.

DATASET	DATASET TYPE	# STUDIES	# SERIES	# IMAGES
Dataset	DICOM	152	625	48,931

SERIES THUMBNAILS



+ 621 more...

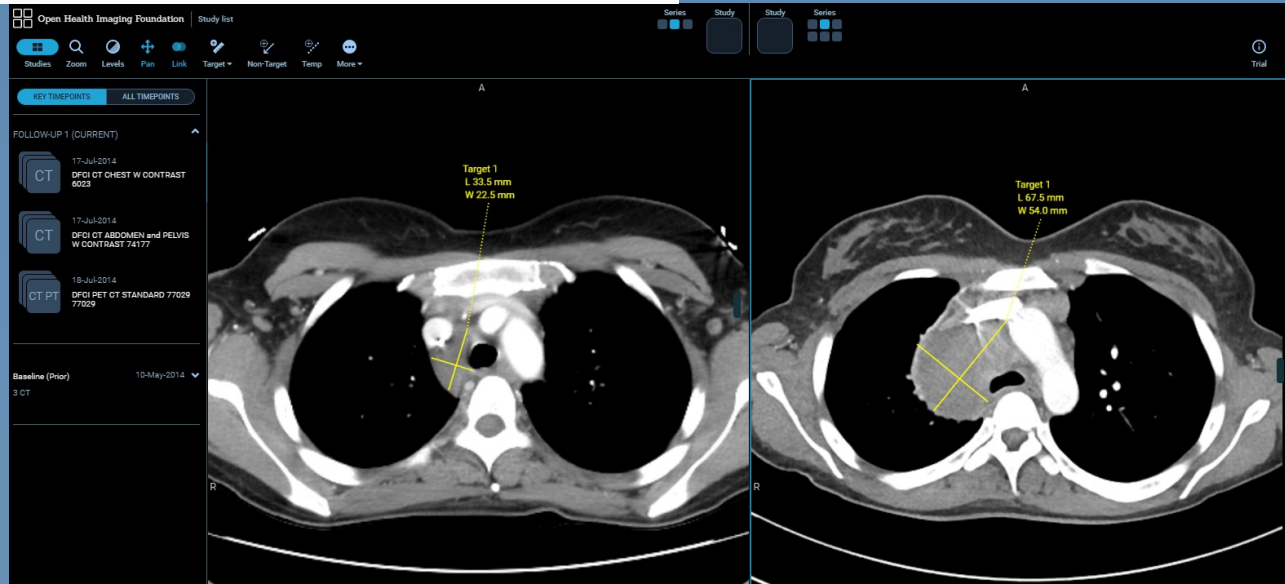
Users



Labels

Nodule

Emphysema



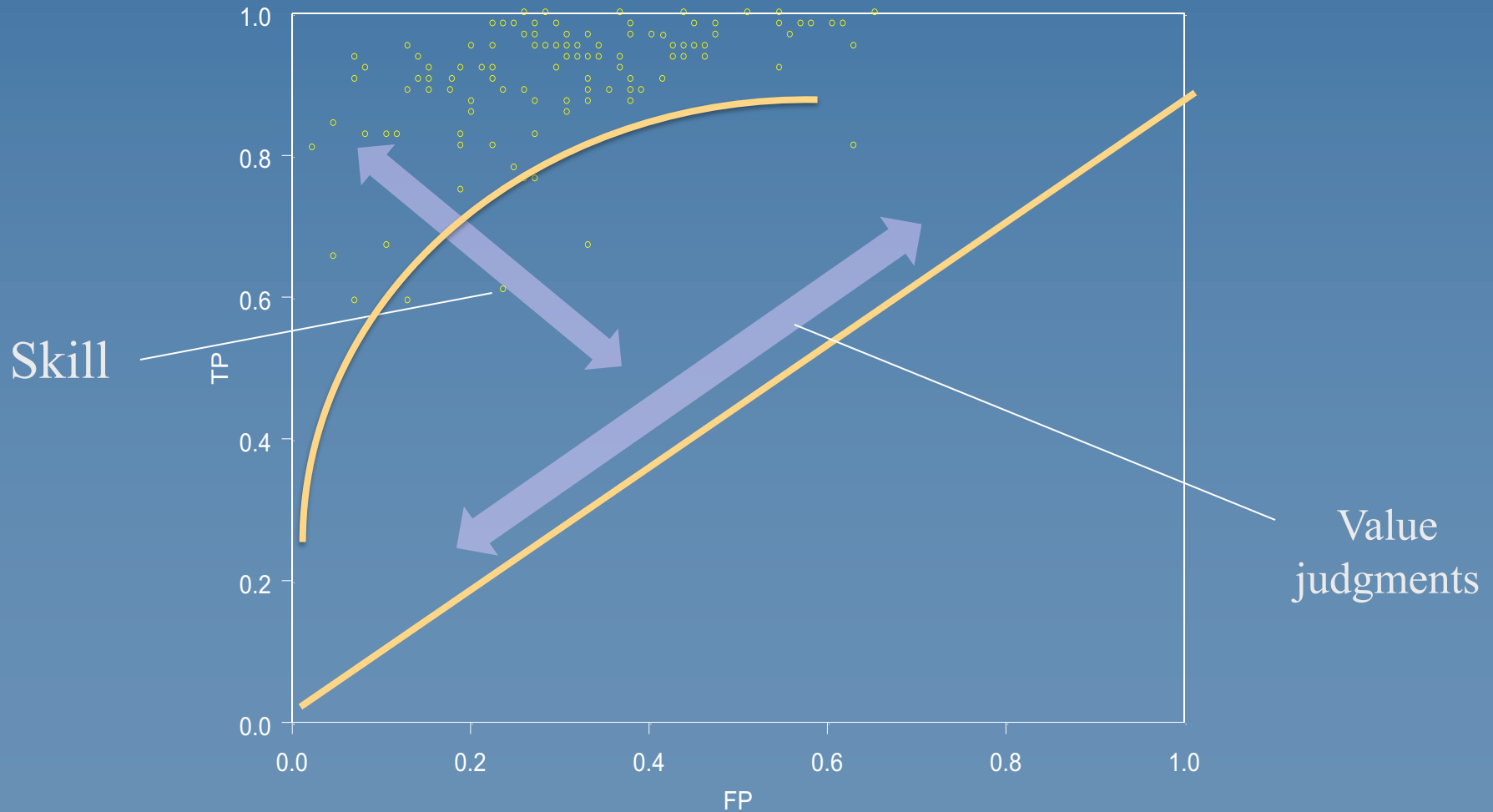
Reader Study

- ◆ Multiple independent readers
- ◆ Rules for image interpretation
 - Information available to reader
 - Image selection, windowing, order, etc.
 - Choosing index lesions
 - Selecting region of interest (ROI)
 - Definition of positive vs. negative test
- ◆ Reader training
- ◆ Digital data forms and time stamps for signoff

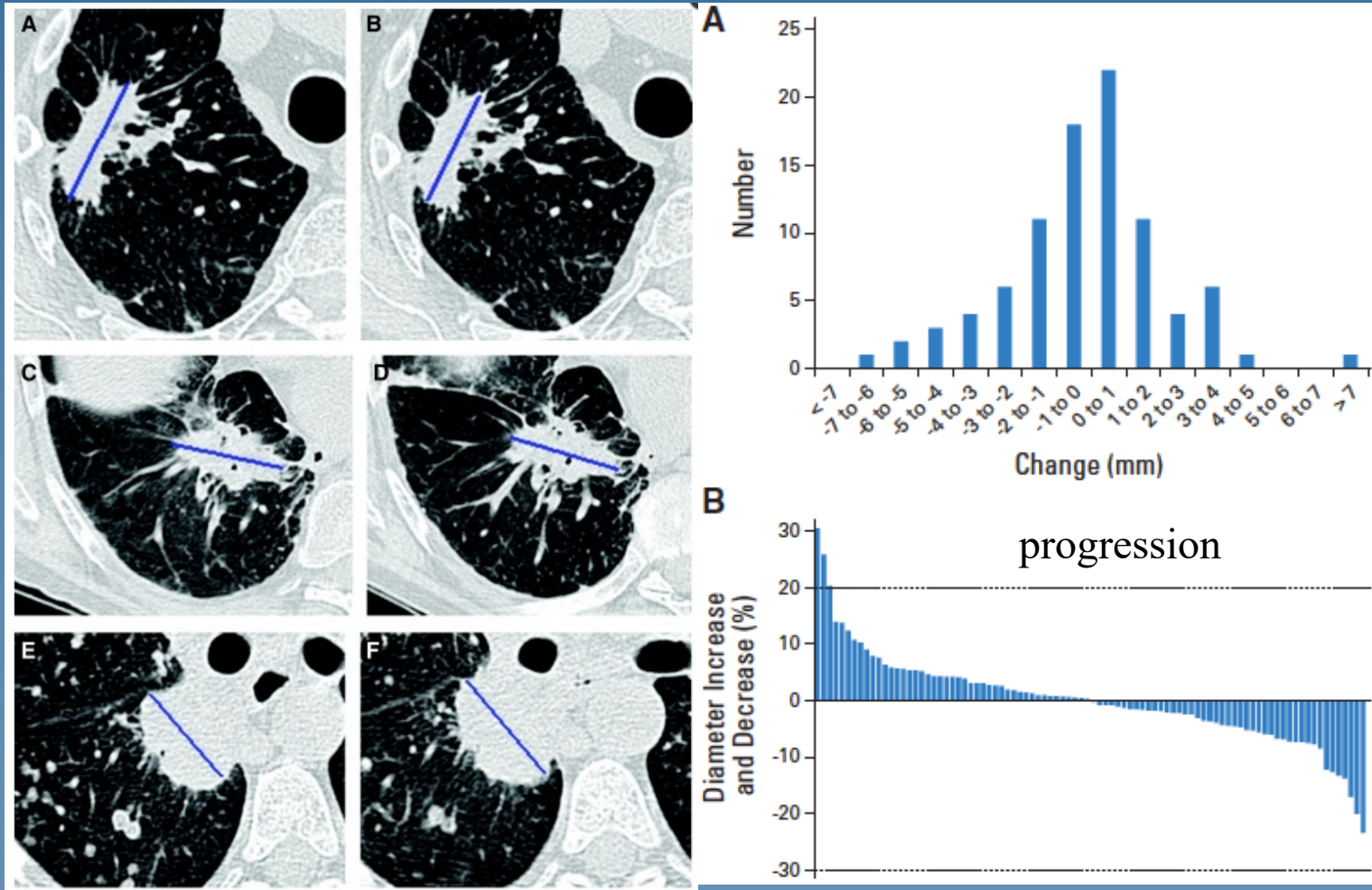


A manual defining reader rules and training cases are part of any prospective study design.

ROC operating points of 108 radiologists reading same mammograms

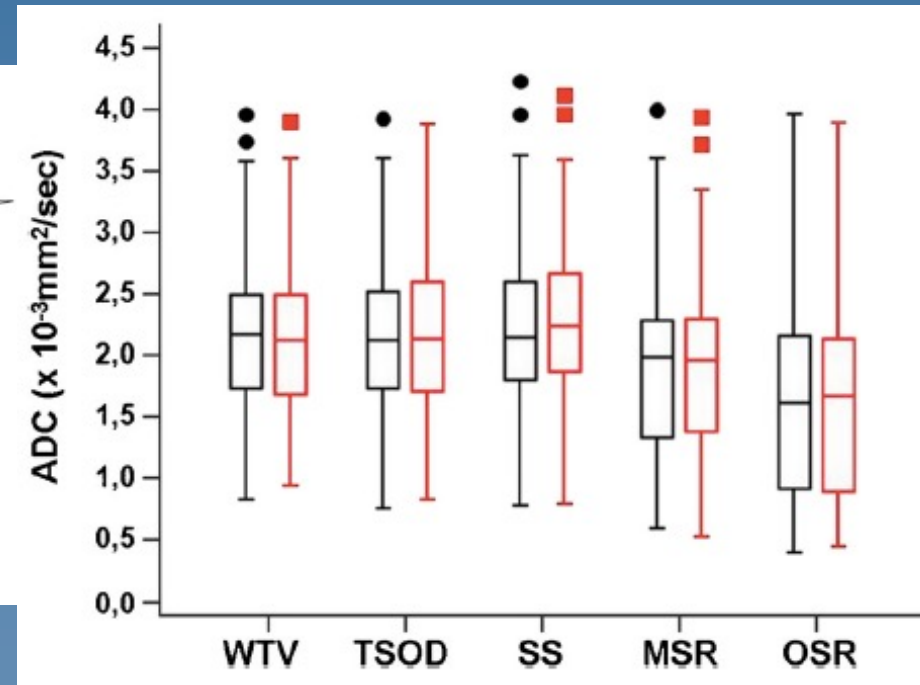
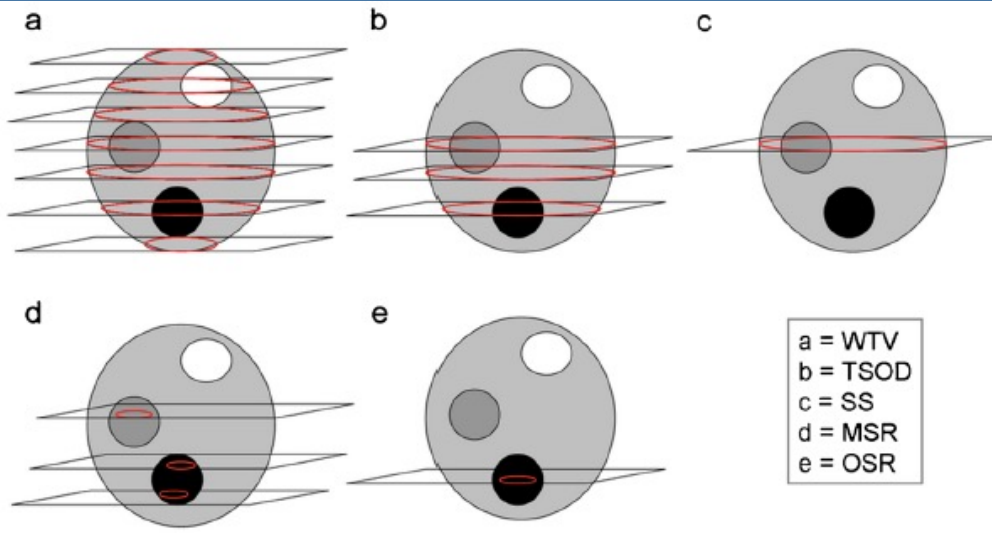


Reader Variability: Size



- Increases and decreases of $<10\%$ can be a result of inherent variability.

Variability Introduced by ROI Selection



- All ROI protocols show excellent inter-observer agreement (ICC 0.94)
- Different ROI protocols yield different ADC values

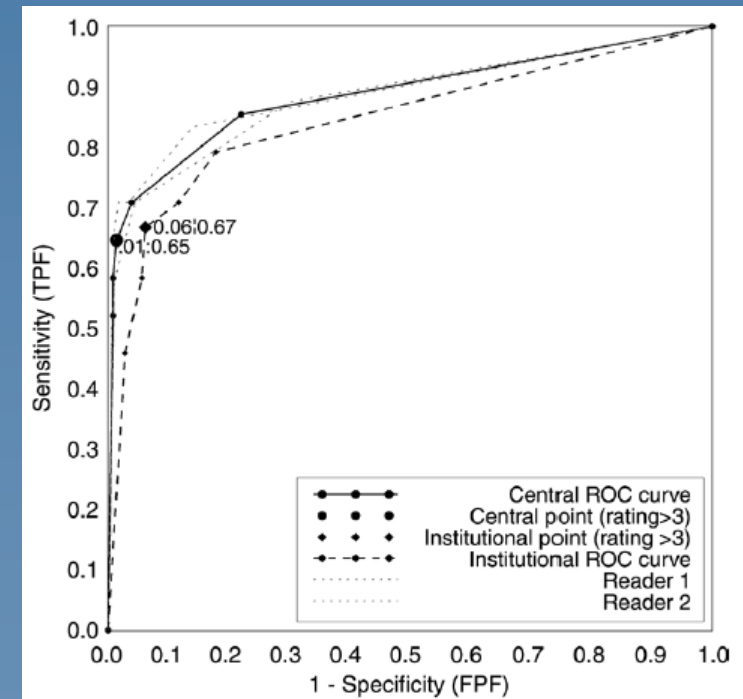
Site vs Central Reader

ACRIN 6671: FDG-PET/CT

Endometrial Cancer

Detection of Stage IV disease

	Central	Site
Sensitivity (95% CI)	65%(48, 79)	67% (45, 85)
Specificity (95% CI)	98% (97, 99)	94% (90, 97)



AI-Assisted Readers

Radiology

ORIGINAL RESEARCH • MUSCULOSKELETAL IMAGING

Improving Radiographic Fracture Recognition Performance and Efficiency Using Artificial Intelligence

Ali Guermazi, MD, PhD • Chadi Tannoury, MD • Andrew J. Kompel, MD • Akira M. Murakami, MD • Alexis Ducarouge, MSc • André Gillibert, MD, MSc • Xinning Li, MD • Antoine Tournier, MSc • Youmna Laboud, MD • Mohamed Jarraya, MD • Elise Lacave, MSc • Hamza Rahimi, MD • Aloïs Pourcbot, MSc • Robert L. Parisien, MD • Alexander C. Merritt, MD • Douglas Comeau, DO • Nor-Eddine Regnard, MD, MSc • Daichi Hayashi, MD, PhD

Radiology

ORIGINAL RESEARCH • THORACIC IMAGING

Content-based Image Retrieval by Using Deep Learning for Interstitial Lung Disease Diagnosis with Chest CT

Jooae Choe, MD, PhD • Hye Jeon Hwang, MD, PhD • Joon Beom Seo, MD, PhD • Sang Min Lee, MD, PhD • Jihye Yun, PhD • Min-Ju Kim, MSc • Jewon Jeong, MD • Youngsoo Lee, MD • Kiok Jin, MD • Rohee Park, MD • Jihoon Kim, MD • Howook Jeon, MD • Namkug Kim, PhD • Jaeyoun Yi, PhD • Donghoon Yu, MSc • Byeongsoo Kim, BSc

ORIGINAL RESEARCH • PEDIATRIC IMAGING

Radiology

Artificial Intelligence Algorithm Improves Radiologist Performance in Skeletal Age Assessment: A Prospective Multicenter Randomized Controlled Trial

David K. Eng, MS • Nishiith B. Khandwala, MS • Jin Long, PhD • Nancy R. Fefferman, MD • Shailee V. Lala, MD • Naomi A. Strubel, MD • Sarah S. Milla, MD • Ross W. Filice, MD • Susan E. Sharp, MD • Alexander J. Towbin, MD • Michael L. Francavilla, MD • Summer L. Kaplan, MD • Kirsten Ecklund, MD • Sanjay P. Prabhu, MD • Brian J. Dillon, MD • Brian M. Everist, MD • Christopher G. Anton, MD • Mark E. Bittman, MD • Rebecca Dennis, DO • David B. Larson, MD, MBA • Jayne M. Seekins, DO • Cicero T. Silva, MD • Arash R. Zandieh, MD • Curtis P. Langlotz, MD, PhD • Matthew P. Lungren, MD, MPH • Sefwan S. Halabi, MD

Fully Automated AI Readers

Radiology

ORIGINAL RESEARCH • GASTROINTESTINAL IMAGING

Population-Scale CT-based Body Composition Analysis of a Large Outpatient Population Using Deep Learning to Derive Age-, Sex-, and Race-specific Reference Curves

Kirti Magudia, MD, PhD • Christopher P. Bridge, DPhil • Camden P. Bay, PhD • Ana Babic, PhD • Florian J. Fintelmann, MD • Fabian M. Troschel, MD • Nityanand Miskin, MD • William C. Wrobel, MD • Lauren K. Brats, MPH • Katherine P. Andriole, MD, PhD • Brian M. Wolpin, MD, MPH • Michael H. Rosenthal, MD, PhD

Radiology

ORIGINAL RESEARCH • BREAST IMAGING

Fully Automated Volumetric Breast Density Estimation from Digital Breast Tomosynthesis

Aimilia Gastouniotti, PhD • Lauren Pantalone, MPH • Christopher G. Scott, MS • Eric A. Cohen, MS • Fang F. Wu, BS • Stacey J. Winham, PhD • Matthew R. Jensen, BS • Andrew D. A. Maidment, PhD • Celine M. Vachon, PhD • Emily F. Conant, MD • Despina Kontos, PhD

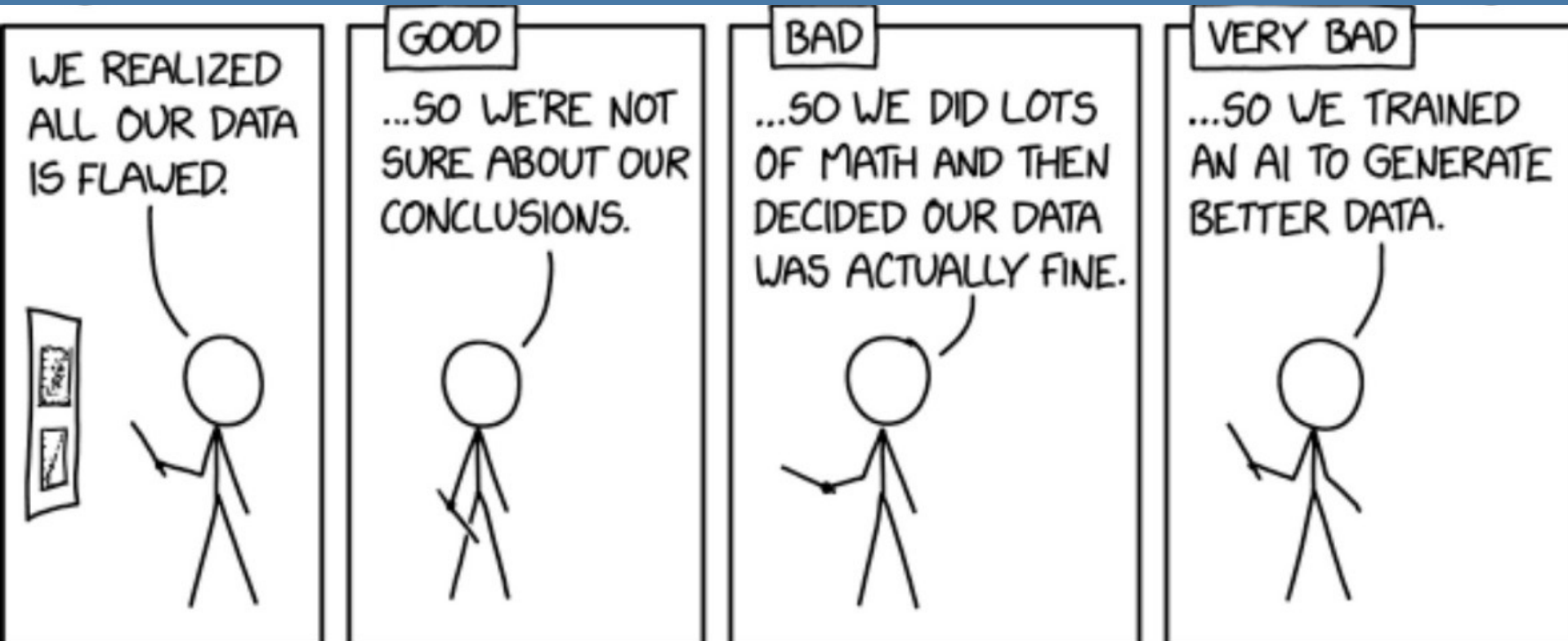
ORIGINAL RESEARCH • GASTROINTESTINAL IMAGING

Radiology

Opportunistic Osteoporosis Screening at Routine Abdominal and Thoracic CT: Normative L1 Trabecular Attenuation Values in More than 20000 Adults

Samuel Jang, MD • Peter M. Graffy, BA, MPH • Timothy J. Ziemlewicz, MD • Scott J. Lee, MD • Ronald M. Summers, MD, PhD • Perry J. Pickhardt, MD

Inevitably we arrive back at AI...



AI Database Landmines --- to date

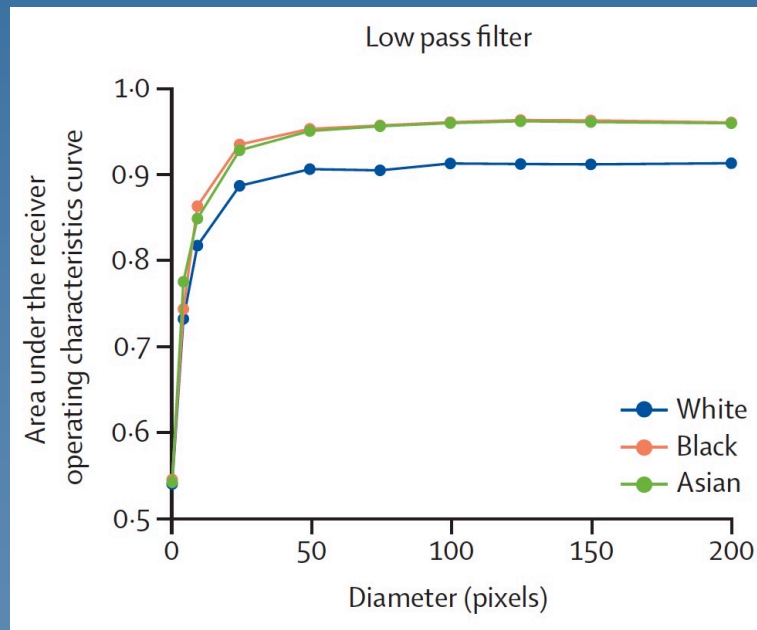


Privacy: MRI & Facial Recognition



Schwarz CG. . . Jack CR . N Engl J Med. 2019;381:1684-1686.

Privacy: CXR & Race



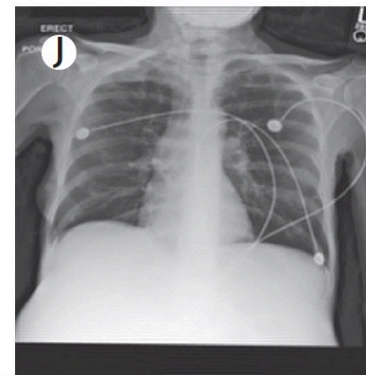
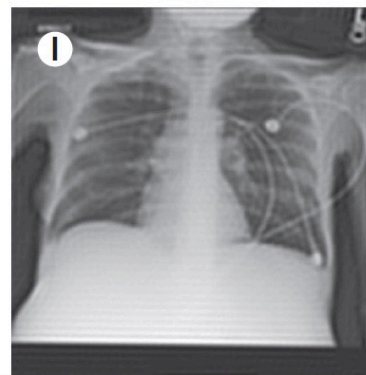
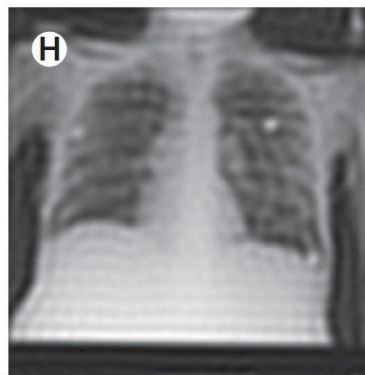
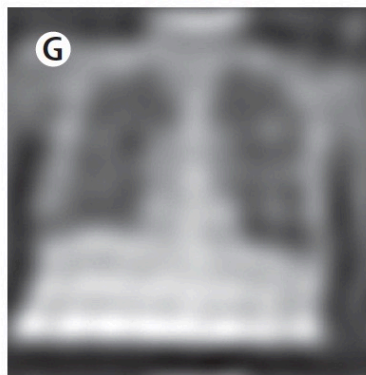
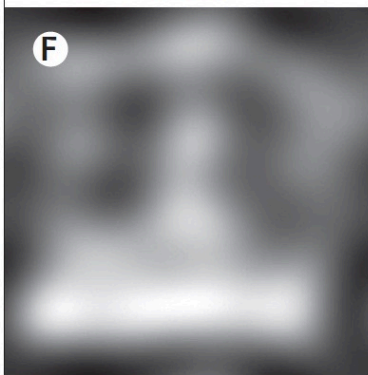
LPF 5

LPF 10

LPF 25

LPF 50

LPF 100

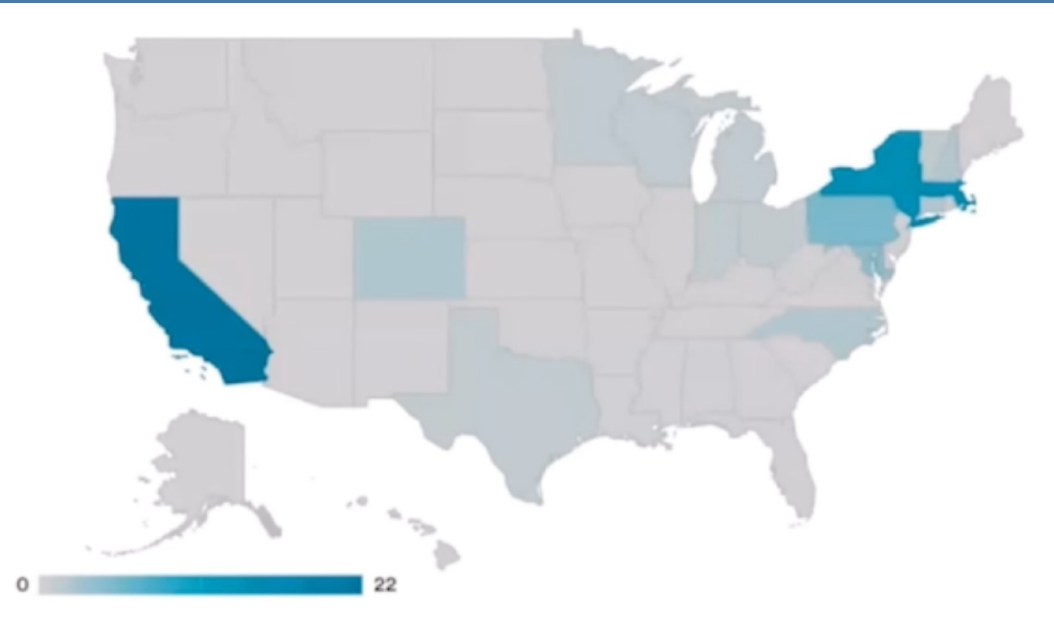


Gichoya JW, Banerjee I, Bhimireddy AR, Burns JL, Celi LA . . . Trivedi H, Wang R, Zaiman Z, Zhang H. *Lancet Digit Health*. 2022;4(6):e406-e414.

Diversity and Bias: Cohorts Used to Train Deep Learning Algorithms

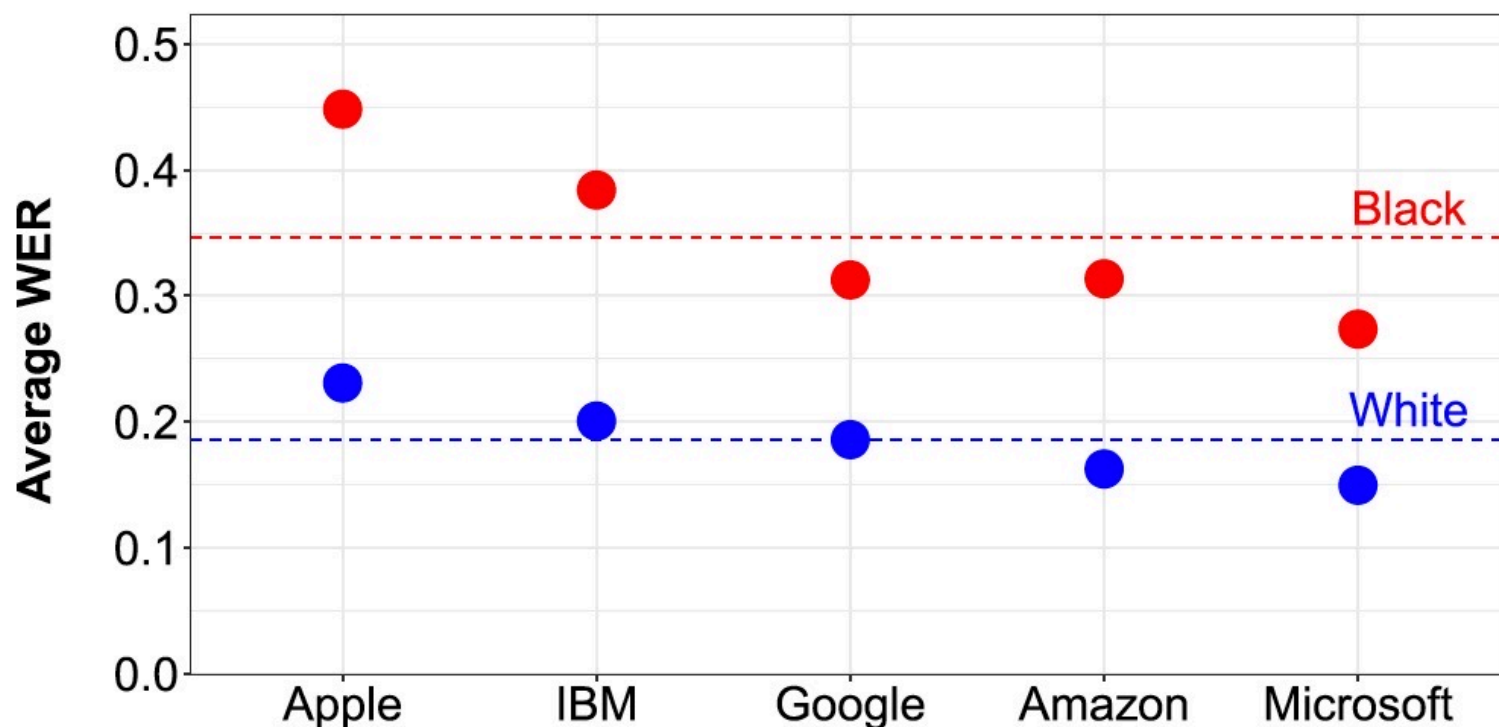
Table. US Patient Cohorts Used for Training Clinical Machine Learning Algorithms, by State^a

States	No. of studies
California	22
Massachusetts	15
New York	14
Pennsylvania	5
Maryland	4
Colorado	2
Connecticut	2
New Hampshire	2
North Carolina	2
Indiana	1
Michigan	1
Minnesota	1
Ohio	1
Texas	1
Vermont	1
Wisconsin	1



Kaushal A, Altman R, Langlotz C. JAMA 2020;324:1212-1213.

Diversity and Bias: Racism Speech Recognition



Koenecke A, Nam A, Lake E, Nudell J, Quartey M, Mengesha Z, Toups C, Rickford JR, Jurafsky D, Goel S. Proc Natl Acad Sci U S A. 2020;117(14):7684-7689.

Steps toward data integrity:

- ◆ Image acquisition procedures
 - Balance “state of the art” with “generalizability”
 - Imaging manual
- ◆ Image analysis procedures
 - Read rules, training and testing, reader form
- ◆ Build in procedures for ongoing QA
- ◆ Database elements, architecture, and sharing policy --- with ethics in mind

