EUROPEAN COMMISSION
DIRECTORATE GENERAL
JOINT RESEARCH CENTRE
Directorate F – Health, Consumers and Reference Materials
Unit F1 Health in Society

European Commission Initiative on Breast Cancer (ECIBC)

Testing subgroup - Imaging

18 September 2017: 14:00 – 15:45

Minutes

Document history			
Version	**Date**	**Drafted by**	**Comments**
0	23/10/2017	Colin MACKAY	Initial draft version proposed by MOSTRA
1	31/10/2017	Silvia DEANDREA	JRC version for subgroup approval
2	20/11/2017	Grazia FEDERICO	Approved and published version

Presentations are available on the ECIBC web hub and/or on the CIRCABC dedicated space

List of Participants in Annex I

The Agenda is available at http://ecibc.jrc.ec.europa.eu/-/gdg-working-meeting.

Testing (imaging) subgroup meeting

18 September 2017: 14:45 – 15:45

This session was opened by a JRC Healthcare Quality Team member who gave a presentation on Reference Documents, explaining their scope within the ECIBC and the methodology for deciding on eligibility of documents to become Reference Documents. She explained that general eligibility criteria may be related to language, publication year, etc. There was some discussion over whether application of reference documents should be mandatory. Although this was seen as desirable in view of enhanced consistency, in reality it would be difficult to achieve also due to absence of a legal framework.

Two Testing subgroup members then presented a draft list of specific criteria for Reference Documents to be used by medical physicist's working for a breast cancer service applying for the *European Breast QA scheme*. This task was agreed at the previous meeting not only as starting point but also to provide an example on how to proceed for other ECIBC topics. For Medical Physics domain, they noted that US and European models for dosimetry differs, therefore an important criterion would be using for ECIBC European Reference Documents. They stressed the importance of including justification for actions and practices prescribed or suggested by Reference Documents. In medical physics, the speed of technological progress made it important to know the philosophy behind any guidance in order to be able to implement it, as best practice may have moved on.

Discussion continued on determining the acceptable criteria for Reference Documents. The group agreed that the DG SANTE criteria for best practices would be applicable, once they are translated in concepts meaningful for medical physics and other ECIBC topics. In particular, the following terms used in the DG SANTE criteria should be changed in order to keep the original meaning, but with a more appropriate focus for the topic:

- Authority → Original authoritative evidence-base
- Accuracy → Prevalence
- Reliability → Philosophy / Consistency
- Format and presentation → Available in English

"Original authoritative evidence-base" means that:

a) reference documents originating in Europe are preferred over non-European documents and the standard European model for breast dose should be used;

b) performance measurements should be referenced to an original evidence base in the scientific/clinical literature or professional consensus groups and reports (eg. AAPM TG18 for medical image display).

"Prevalence" means that Reference Documents should have some level of acceptance, successful and Europe-wide use in practice for quality assurance of breast imaging

"Philosophy / Consistency" means that:

a) reference documents should provide explanation of the philosophy for measurements, tolerances and limiting values;

b) performance measures should be internally consistent and linked for dependent KPIs, particularly dose and image quality.

"Special features" and "purpose" will not be considered separately.

These criteria are ment to cover only technical quality of breast imaging; the two Testing subgroup members proposing the criteria confirmed that radiographers and radiologists should also contribute in defining criteria from their own prespective. It was agreed to check the criteria with other relevant disciplines within GDG and QASDG before releasing them and eventually start the outsourcing of Reference Documents compliant with the agreed criteria.

On the issue of more complex Reference Documents such as complete protocols, the group stressed that in order to ensure consistency, it would be important that Reference Documents retrieved based on the agreed criteria, would be then assessed also by individuals with expertise in the subject. A consultant present at the meeting explained that in the UK, the various techniques used by radiographers were supported by various Reference Documents, rather than by a single protocol. She also pointed out that radiologists often had access to/used supplementary information over and above the protocols. The obligation was to justify the technique chosen with suitable Reference Documents.

There was some debate over whether to launch a Call for potential Reference Documents or outsource a systematic search. The group felt that a systematic search might prove more effective as there would be no way to be sure that people would proactively submit their own protocols to become, if eligible, ECIBC Reference Documents. The JRC suggested that a way forward would be to propose a flowchart for completing the list of Reference Documents needs and a protocol for their assessment by experts in the respective field. The group reiterated the importance of good level expertise for those assessing the retrieved Reference Documents.

Action points

Task	**Who is responsible**	**Deadline**
Amend the reference document general file with the decisions taken by the Testing subgroup on imaging	JRC	End 2017
Extend the scope of criteria of reference documents developed for medical physics to radiological quality	Testing subgroup members, supported by the JRC	End 2018

Task	Who is responsible	Deadline
Plan a search for additional reference documents for imaging	JRC	After November 2017 meeting
Make a proposal for assessing the quality of reference documents retrieved according to the criteria defined	JRC	November 2017

ANNEX I: Participating GDG-QASDG contributors (members, associated members and external experts)

Jane BEAUMONT, Solveig HOFVIND, Miranda LANGENDAM, Elsa PEREZ, Niall PHELAN, Aliki STATHOPOULOU, Alberto TORRESIN, Francisco TRESSERRA, Ruben VAN ENGEN.

Absent GDG-QASDG contributors (members, associated members and external experts)

Cecily QUINN, Cary VAN LANDSVELD-VERHOEVEN, Ken YOUNG.

Participating ECIBC contractors and JRC staff:

Contractors: Jane BEAUMONT,

JRC staff: Grazia FEDERICO, Silvia DEANDREA