IMAGING WORKING GROUP RECOMMENDATIONS

July 9, 2018 Early Detection Initiative meeting

Overall goal: show a stage-shift in diagnosis of pancreatic ductal adenocarcinoma (PDAC)

Detect Stage 1 tumor (<2cm) at 75% sensitivity

Working Group charge: Guidance for Early Detection Initiative (EDI) protocol on:

- o Imaging modality (CT vs MRI)
 - Specific instrument parameters
- Criteria for repeat imaging (baseline/serial)
- Clinical workup (EUS, etc)
- o Follow-up on ambiguous findings in the pancreas
- o Follow-up on ambiguous findings outside the pancreas

Imaging modality: Various modalities were discussed with pro's and con's relevant to the EDI study design. Research CT was identified as the most favorable initial imaging approach, followed by clinical standard-of-care, which in most cases will be by endoscopic ultrasound (EUS). MRI can be performed if CT contrast is contraindicated.

Imaging approach	Pro	Con	Relative Rank
Research CT, if	Easiest to obtain	Negative CT may miss	High
positive clinical EUS	Least expensive	lesions	
Research MRI, if	No radiation	Cost (with equivalent	Low
positive, clinical EUS	Superior resolution	sensitivity)	
	More heterogeneity	Lesser availability	
	More pancreatic	More heterogeneity	
	incidental findings	More pancreatic	
		incidental findings	
Research CT &	Most exhaustive	Greater risk	High
Research EUS	sensitivity	Greater cost	
	More diagnostic yield	Potential accrual	
	Enables comparison	problem	
Research CT &	Potentially higher	May still need clinical	Low
Research MRI	sensitivity	EUS	
	Non-invasive	More incidental findings	
	Enables comparison		
Research CT &	Highest sensitivity	Highest cost	Medium
Research MRI &	Highest diagnostic	Potential accrual	
Research EUS	performance	problem	

Instrument parameters: Multidetector CT

Slice: 8 slice scanner as minimum

Imaging phases:

Pre-contrast phase (optional) Pancreatic protocol phase PV phase (required) Delayed phase (optional)

IV contrast: 3-5 cc (with 5 cc preferred)

Slice thickness: 2.5 mm (minimum), 1 mm (preferred)

Coronal and sagittal reformations

Repeat imaging: at 6 months if first is negative

Ambiguous findings in pancreas:

Cysts
Calcifications
Other masses
Main duct dilation
Fatt pancreas
Pancreatitis
atrophy

Ambiguous findings outside pancreas:

ERADS E0-E4 grading Standard of care follow-up



NCI/PanCAN Early Detection Initiative for Pancreatic Cancer Kick-Off Meeting Agenda July 9, 2018

NCI Shady Grove Campus | 2E 908

8:30am – 8:45am	Welcome from Steering Committee	Lowy, Matrisian and Chari		
8:45am – 9:45am	Overview of New Onset Diabetes cohort study and vision for EDI	Suresh Chari		
9:45am – 10:00am	Charge to the Committees	Lynn Matrisian		
10:00am – 10:30am	Break Discussion			
10:30am – 12:30pm	Breakout Sessions around specific topics All participants			
12:30pm - 1:00pm	Lunch (on your own)			
1:00pm – 2:00pm	Additional break-out time around topics not covered			
2:00pm – 2:30pm	Committee Chairs Meet Networking for Members			
2:30pm – 4:30pm	Report-out of Committees – 20 mins each (10 min presentation, 10 min discussion)			
Design Committee				
Imaging WG		Walter Park		
Biomarkers				
Modeling WG				
Recruitment and Retention Committee				
4:30pm – 5:00pm Wrap-up and Closing Remarks		Steering Committee		

Committees and Break-Out Topics:

Members	Meeting Objectives/Topics			
Steering Committee				
Douglas Lowy, Deputy Director, NCI Suresh Chari, Project PI, Mayo Clinic Lynn Matrisian, CSO, PanCAN				
Design Com	amittee Room 2E 034			
Ziding Feng, MDA, Chair Steven Piantadosi, Harvard U Philip Prorok, NCI Yingqu Zhao, Fred Hutchinson William Hoos, PanCAN support	 Overall biostatistical design For model validation/use For biomarker validation For stage shift 			
Sieves Committee/Imaging WG Room 2E 904				
Walter Park, Stanford, Chair Eric Tamm, MDA Avinash Kambadakone, MGH Eugene Koay, MDA Elliot Fishman, Johns Hopkins David Weinberg, Fox Chase, ACRIN Guillermo Marquez, NCI Cassadie Moravek, PanCAN support	 Elements of EDI protocol CT vs MRI, protocol Triggers for clinical work-up and repeat imaging Ambiguous finding in pancreas Incidental findings in and outside of the pancreas How to detect a <2cm tumor for stage shift 			
Sieves Committee/Biomarkers WG Room 2E 032				
Anirban Maitra, MDA, Chair of WG and Sieves Committee Rosalie Sears, OHSU Brian Wolpin, Harvard U Eithne Costello-Goldring, Liverpool Mike Goggins, Johns Hopkins Sudhir Srivastava, NCI Maya Bader, PanCAN support	 Criteria for use of retrospective samples Parameters of success for a validated biomarker Criteria for eventual incorporation into a prospective study Criteria for incorporation of additional sample collection 			

Members	Meeting Objectives/Topics			
Sieves Committee/Modeling WG Room 2W 904				
Bechien Wu, KPSC, Chair Yu-Xiao Yang, U Penn Stephen van den Eeden, KPNC Ayush Sharma, Mayo Clinic Kevin Dodd, NCI Amy Westermann, PanCAN support	 Criteria to determine if a model is ready to be incorporated up-front into study Elements of EDI protocol Follow up of H, M, L risk groups Modeling beyond baseline – reapplying at different time points Specimen collection for low risk group 			
Recruiting and Retention Committee Room 2E 908				
Barbara Kenner, KFRF, Chair Eva Lustigova, KPSC Allison McElvaine, ADA Richard Frank, Western Conn Gwendolyn Parker, VCU (NCORP) Worta McCaskill-Stevens, NCI Kieran Mather, IU Ashok Saluja, U Miami Donna Manross, PanCAN Support	 Develop a strategic plan that will clarify and manage barriers of recruitment for each site and facilitate timely recruitment Process for contacting individuals identified by eligibility algorithm Process for contacting individuals identified by clinical model Barriers and potential solutions to recruiting – physician & staff barriers Recruitment enhancements 			
Core Team				
Lola Rahib, PanCAN Jo Ann Rinaudo, DCP, NCI Jackie Dahlgren, Fred Hutchinson Valerie Holzherr, PanCAN Support Emily Lyons, PanCAN operations Support	Suresh Chari (see above) Anirban Maitra (see above) Lynn Matrisian (see above) Barbara Kenner (see above) Sudhir Srivastava (see above) William Hoos (see above)			
Special Guests				
Stephen James, NIDDK Steve Pandol, Cedars-Sinai Bernard Parker, NCI, NCORP Robert Martin, U Louisville				

GREY – unable to attend July 9th meeting