

## **COST Action CA16103**

Magnetic Resonance Imaging Biomarkers for Chronic Kidney Disease (PARENCHIMA)

### **Minutes**

Task force 1.2 meeting

Technical recommendations on clinical renal MRI

Aarhus 2019-03-19

### **Process**

- **Aim**
  - The basic focus is on multiparametric protocols, i.e. we are developing recommendations for sequences that are short enough to be part of a multiparametric scan with a reasonable scan time.
- **Methodology**
  - Use Delphi as a guideline not a hard prescription
  - One reply per investigator (but replies must be independent)
  - Include chair/co-chair responses
  - Max 3 iterations
  - Rephrase questions at each iteration as needed based on responses
  - Second iteration – OK to approach more people beyond those that answered 1<sup>st</sup> iteration
  - Questions that already reached consensus after 1<sup>st</sup>: do not include in 2<sup>nd</sup> iteration but summarise results in preamble and leave an open comments box where contributors can signal disagreement.
  - Phrasing of questions (2<sup>nd</sup> iteration)
    - “What do you recommend”-type question instead of “what do you currently use”
    - Possible answers (one must be chosen).
      - ✓ I agree
      - ✓ I disagree
      - ✓ I have insufficient experience to make a recommendation
    - Include open “comments” field with each question
    - All questions at 2<sup>nd</sup> iteration have only those 3 possible answers
      - I.e. questions with multiple answers such as slice thickness are split up into several individual questions listing the possible options.
      - It is possible to provide a range (ie. we recommend a slice thickness between 1-5mm).
  - Threshold for agreement (traffic light system):
    - Green light (consensus, closed issues) > 75%
    - Orange light (expert recommendation, clear opinions but split across experts)
    - Red light (open issue, no recommendation possible, more info needed, no clear views either way)
- **Joint questions for the 2<sup>nd</sup> iteration:**
  - Background of the responder(s)

- ✓ Physicist
- ✓ Radiologist
- ✓ Nephrologist
- ✓ Other: .....
- Patient preparation section
  - Diet needs to be controlled before the scan
    - ✓ I agree
    - ✓ I disagree
    - ✓ I have insufficient experience to make a recommendation
  - Subject should be scanned in a normal hydration status when clinically appropriate.
    - ✓ I agree
    - ✓ I disagree
    - ✓ I have insufficient experience to make a recommendation
  - Subjects are required to follow a controlled and standardized salt intake before the scan
    - ✓ I agree
    - ✓ I disagree
    - ✓ I have insufficient experience to make a recommendation

### **Authorship principles**

- All must adhere to ICMJE criteria
- Based on actual rather than intended contribution
- 4 modality papers (order of authors 2 ... N-1)
  - At the discretion of the senior authors to suggest an order that reflects the level of contribution. Principles:
    - Co-chair = 1<sup>st</sup> author, Chair = last author
    - Filled in the survey only: middle authors
    - Filled in the survey and helped develop the process or organise the material: outer authors (junior at the front, senior at the end)
- Covering paper
  - Substantial contributions to process, including:
    - All participants of Aarhus meeting
    - Other contributions (eg. provided substantial input on Prague meeting, or at other stages of the process).
  - Led by S. Sourbron

### **Covering paper content**

- General background and motivation
- Setup of the initiative, aims and approach
- Methodology for consensus formation
- Summary/overview of key results and implications
- Future steps – what is left to do

### **4 modality papers content**

- All 4 papers will work to standard structured template (Steven will work with chairs to draft and circulate).
- Papers must provide some justification for recommendations that were made, not just state them, so readers can interpret and decide relevance for their particular study.

### **Supplementary material (protocols and reference data)**



We will not require this to be made available along with the papers. Will prioritise publication and revisit afterwards.

ASL panel will provide excel tables with detailed sequence parameters as supplementary material to the journal

If other panels want to do the same – need to synchronise formatting of the tables

### **Sustainability**

No clear proposal for a body that can take the recommendations forward post 2019.

Sean will speak to Ed for suggestions via QIBA

Possibility of ISMRM renal study group can be considered but may not be appropriate considering current drive to reduce the nr of study groups