

New workflow could improve imaging assessment in research

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(HealthDay)—Institutional imaging cores may help provide unbiased

and reproducible measurements and enable a leaner workflow in assessing tumor measurements for patients participating in clinical trials, according to a study published in the December issue of the *Journal of the National Comprehensive Cancer Network*.

Katherine E. Hersberger, Ph.D., from the University of Michigan Medical School in Ann Arbor, and colleagues identified 47 patients previously enrolled in 10 [lung cancer clinical trials](#) (from 2005 through 2015). Prospectively collected quantitative response assessments by medical oncologists were compared with retrospective analysis of the same dataset by a [radiologist](#) and the University of Michigan's tumor response assessment core (TRAC).

The researchers found that a linearly weighted kappa test for concordance for TRAC versus radiologist was substantially in agreement at 0.65, but the kappa value was moderate for agreement at 0.42 for TRAC versus oncologists and only fair for agreement at 0.34 for oncologists versus radiologist. Additionally, the turnaround time for tumor measurements decreased from 33 days to three days with use of the TRAC.

"The mission of TRAC was to create independent, unbiased, and verifiable measurements of our patients' response during clinical [trials](#), and the results of our study show that this approach lives up to that goal," a coauthor said in a statement. "We published a detailed explanation of the workflow and the software we created in hopes of being a model for other cancer centers, and thus to help improve the accuracy of clinical trial results for patients everywhere."

More information: [Abstract/Full Text](#)

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