**VI PMT meeting on the EADC-ADNI Harmonization of Protocols for Hippocampal Segmentation**

Wednesday, February 1, 2012

Participants:

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| Giovanni B. Frisoni | (GBF) | – IRCCS S. Giovanni di Dio - Fatebenefratelli, BS, Italy |
| Marina Boccardi | (MB) | – IRCCS S. Giovanni di Dio - Fatebenefratelli, BS, Italy |
| Martina Bocchetta | (MBocch) | – IRCCS S. Giovanni di Dio - Fatebenefratelli, BS, Italy |
| Clifford R. Jack | (CJ) | – Mayo Clinic, Rochester, MN, USA |
| Simon Duchesne | (SD) | – Laval University, Québec City, Canada |
| Gunnar Krueger | (GK) | – Siemens |

Communication Policy:

GBF described the issues of the policy, as not related to competition for papers publication, but to the delivery of a very final version of the Harmonized Protocol with the detailed description of how to segment the hippocampus and its validation data.

CJ expressed his concerns about the embargo proposed in the first release of the Communication Policy, that would create a delay between the availability of the data and their possibility to be used.

GBF proposed the general strategy for papers publication: the next one regarding the "Operationalization" (almost ready) is to be submitted to Alzheimer's & Dementia. The others will concern the "Delphi consensus", the "Master tracers' practice and reliability", the "Development of certification platform" and the "final Validation data and Protocol definition". The last one regarding the "Validation vs pathology" might be included (or not) into the final Validation one.
This final Validation paper, which hopefully will be ready by the end of 2012, would be the one allowing the public to use the Protocol.

CJ: The Harmonized Protocol is supposed to be the one approved by the AA and ISTAART.

SD: People would start segmenting according to the Harmonized Protocol on their own after the publication of what the Delphi consensus has defined. GBF noted that this would happen before the availability of the final Validation data.

CJ wondered if the Validation could change substantially the definition of the Harmonized Protocol: people could trace "on their own risk" following the "Delphi Consensus" and without the availability of Validation data.
CJ claimed that the system should be ready and available for public use as soon as possible. Possibly, when the certification system is available.

SD: the problem exists that anyway, if a method begins being used as a standard, that *becomes* the standard.

GBF suggested an intermediate point of view: between the Delphi consensus paper and the Validation one we can let people use the system and the Harmonized Protocol based on "*ad hoc*" cooperation agreement (they will become "Beta-users"), asking them to give us feedbacks, suggestions, feelings to improve the system.

GK suggests to limit the number of Beta-users, to avoid confusion, and to set a specific set of questions for which we are asking to receive feedback.

SD will develop a form to Beta-users to be included in the Communication Policy.
We can invite people from the 20 laboratories involved in our project, while "others" should apply to become Beta-users.
The criteria for admitting Beta-users may be:
1- people from Neuroimaging laboratories in the AD field
2- teams of automated algorithms

As soon as SD will let us know that that the system is up and running, we will be ready to seek for Beta-users. This depends also on the availability of the benchmark images, which are not yet existing.

GBF described the history of the Italian ADNI project (submission and funding requests, unrestricted grants by Lilly and Wyeth for SOPs; funds from Italian Ministry of Health for a project using SOPs, but not to develop SOPs). Actually in the contest of this project around 400 hippocampi were traced according to a prototype of the Harmonized Protocol.

Both SD and CJ agreed that the terms "Harmonized Protocol" is not correct and appropriate in the contest of the Italian ADNI project: the tracings were made before the completion of the Delphi Consensus, when the Harmonized Protocol had not existed yet.

CJ notes that it would not be fair that results about the Harmonized Protocol would be given first to an agency (Italian Ministry of Health in this case) that did not pay for its developing (Lilly and Wyeth also gave *unrestricted* grants). He says that the project is good, and anticipating results in this way would be spoiling the achievements of the project itself.

SD informed that the C5R, the Consortium of Canadian AD Centres, is preparing a draft about recommendations on the medial temporal atrophy measurement in AD, which will include the use of the Harmonized Protocol.

The next TC is scheduled for February, 29 2012 from 4 pm to 5 pm CET.