**MR Imaging Teleconference Minutes 06/15/2020**

1. Minutes of last meeting (below)

Approved

1. Update on MRI Analysis Processing Report

Dr. Harvey gave a brief update of where things stand.

Still waiting for everything to be updated

MCH and fMRI have been submitted to ATRI and available on LONI

HRH Subfield – ATRI, but not on LONI

TBM/SYN  – ATRI, but not on LONI

UCSF – ASL and Freesurfer, ATRI, but not on LONI

Dr. Thompson – sent TBM data, question about the file

Mike Donahue, has sent Karen a message following up.

Karen reconfirmed that ATRI does a validation check before provided to LONI for posting

Confirmed that Mayo/LONI/ATRI are still meeting regularly to find missing/problem data.

1. Defacing
	1. Task force created to examine: is this an important issue?, How should ADNI respond?
	2. Results of survey at May steering committee meeting?
		1. Do your consent forms mention face deidentification? 60 no/3 yes
		2. Is this an important issue? 46 yes/17 no
		3. Is this an important issue that needs to be dealt with soon? 41 yes/22 no
		4. Should ADNI consent form be modified? 52 yes/ 6 no

Reviewed responses from members of the ADNI Steering Committee

Discussed the creation of the Defacing task force (several members of ADNI MRI Core)

Dr. Tosun - Recruiting members outside of MRI Core

Documents and Surveys are being created for the Task Force.

Will discuss updates monthly on the ADNI MRI Core

Dr. DeCarli – Task force wants to confirm that they address the questions at hand. -- Should it be implemented, how, timeframe?

Results will be giving to Steering Committee, PPSB and NIA as they will be defining what ADNI4 will look like.

Dr. Yushkevich – Any members who haven’t been receiving Defacing Task force emails please contact him. Questions -- What is the right way, what is the immediate way?

Dr. Jack – 2 subject populations.   Subjects who have data sitting in public domain for some time, but coming in for rescans vs. New enrolled subjects.

1. ADNI 4 planning:
	1. Cohort: Emphasis on non-white recruitment. Fewer CVD enrollment restrictions.
	2. MR - greater emphasis on CVD assessment. Eliminate redundancy in anatomic assessment of neurodegenerative atrophy.
	3. What MR sequences should be included in ADNI 4?

Dr. Jack -- Dr. Weiner has solicited suggestions from lots of different investigators.  PPSB, Study PI’s, NIA.  The plan is to put a great deal of emphasis on non-white recruitment. And to decrease cerebral vascular disease exclusions.

In response to the change in the demographics of the ADNI cohort for ADNI 4, the MRI Core should put a greater emphasis on CVD assessment. (Expanding analysis on FLAIR, ASL, etc – add sequences – High Res T2 SPACE/CUBE for example).

In addition we should consider eliminating redundancy in anatomic assessment of neurodegenerative atrophy. Currently 5 different labs are producing anatomic measures from the T1 scans. 15 years ago Anatomic MRI was viewed as a very important outcome biomarker in clinical trials, but that interest has dwindled.  Measures like ASL, DTI, fMRI have not gained traction.  When Dr. Jack mentioned this at the steering committee meeting -- Pharma pushed back somewhat.

David Scott (Bioclinica) – Pharma has created a survey for the PPSB about how to proceed for ADNI4 – 15 different companies has replied thus far.  **Will review results in detail on next month’s call.**  100% of respondents indicated 3D T1 is a must have.  Primary role of ADNI core in ADNI4 should continue to develop, standardization,  optimization of imaging biomarkers including ASL, QSM, DTI etc.

PPSB is still very interested in MRI Core leading the work on multicenter imaging trials.

Dr. Weiner – very strong interest in harmonization.

Alessandro Palombit (ixico) It is hard to justify endpoints of research sequences, but anatomical is always useful and is necessary support of research sequences.

Dr. Jack – we have looked at fMRI, ASL, DTI as indicators of underlying neuro-generative diseases.  For ADNI4 we need to look at these measures in a dualistic way – both as indicators of neurodegenerative disease and also vascular brain injury.  (DTI/ASL -- Paul/Duygu)

Dr. Thompson – As a pilot effort before grant, try to say which diffusion measures best differentiate these processes.

Dr. Tosun – maybe consider how to look at white matter perfusion vs. brain perfusion.

Dr. DeCarl – take a look the interaction between and the pathology and neurodegeneration and vascular neurodegeneration.

Dr. Jack – may need to consider changing the battery for clinical variables that allows the collections of information about CVD, so that it can be compared to the MRI data.

Dr. Weiner – Please share Mark VCID information with MRI Core.  <https://markvcid.partners.org/>

1. Next call July 21.