

Japan QIBA (breast)

–MRI phantom for standardization–

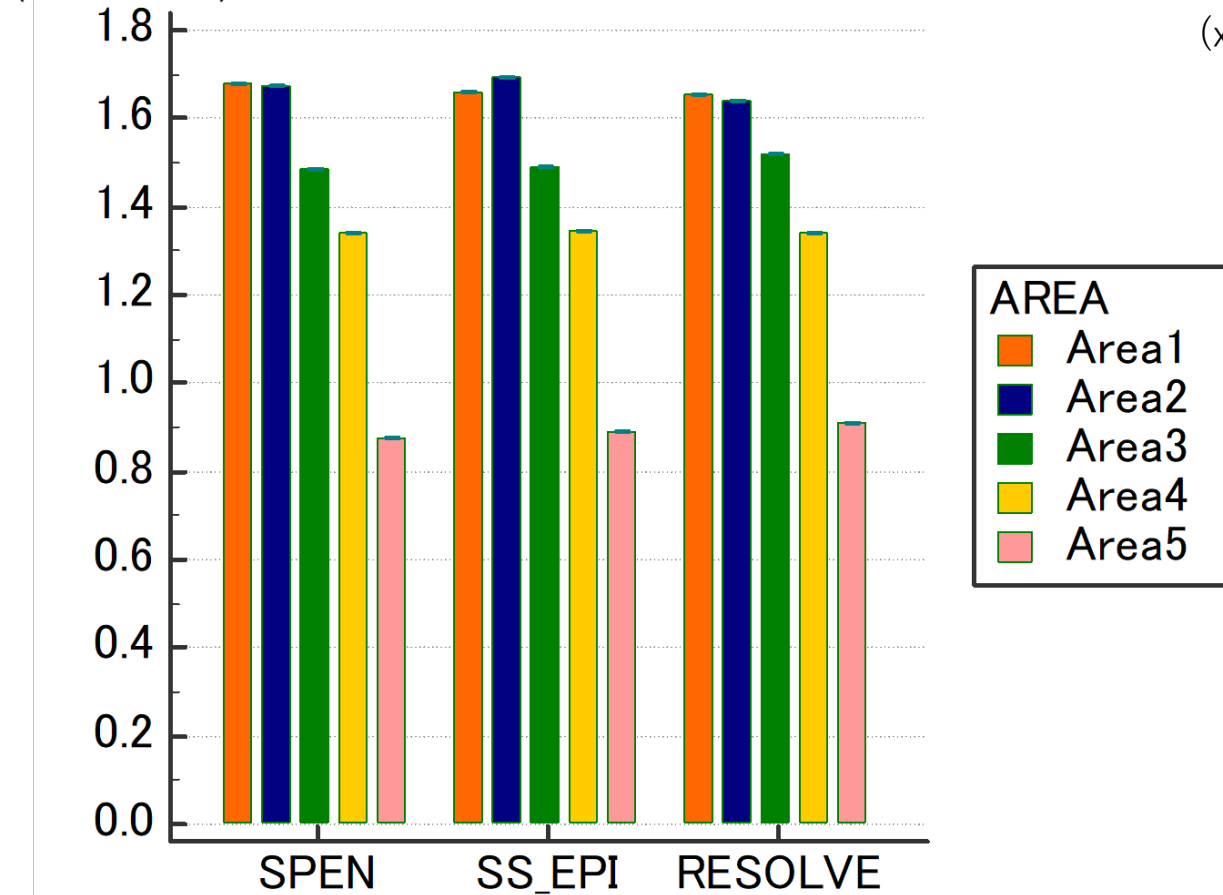
- Universal phantom
- In harmonization/collaboration with QIBA
- Harmonization of acquisition parameters, including DWI (e.g. TE/TR, b values, diffusion times, spatial resolution) and processing pipelines (direct ADC calculation or monoexponential fitting, Noise Correction Factor could be recommended as a QIBA guideline)
- "DWI readiness quality labels" (like for energy and environment) to MRI scanners (A=excellent, E= poor) : accuracy, precision, repeatability of ADC values
- Temperature corrected
- Issues: non-EPI sequences, different fat-suppression methods

How the differences arise?



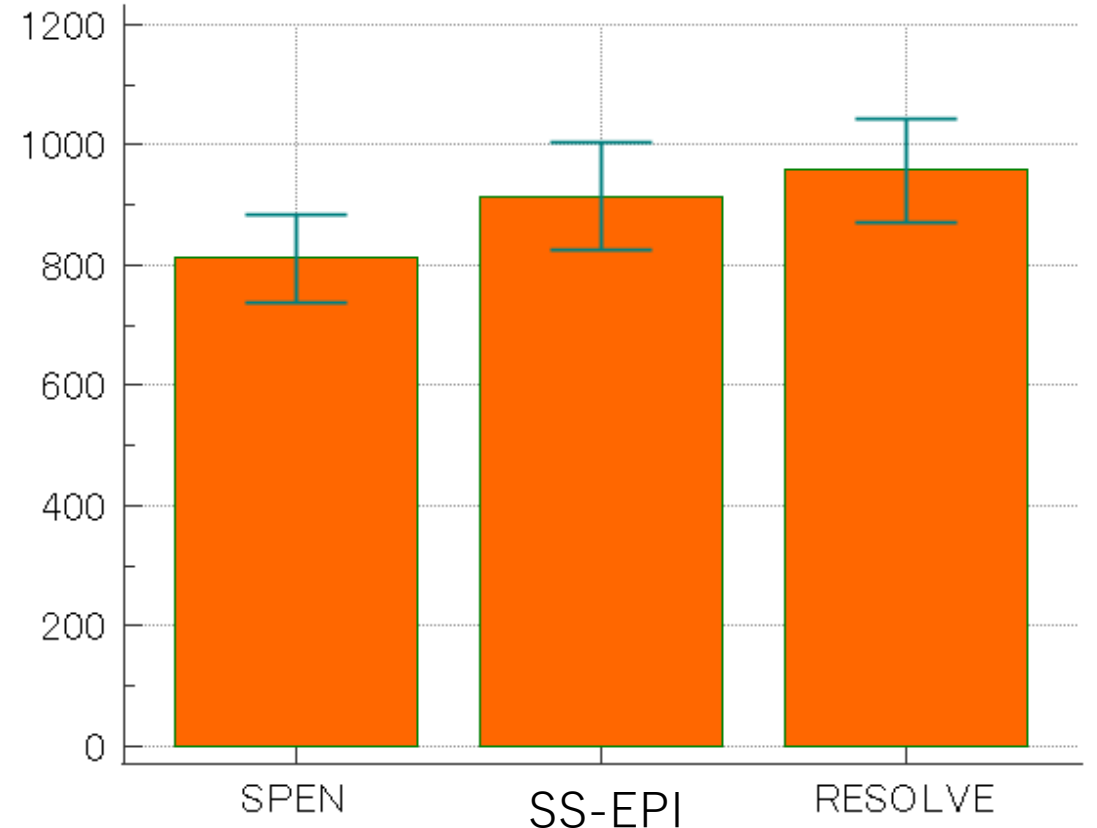
ADC in phantom

($\times 10^{-3} \text{mm}^2/\text{s}$)



ADC difference in lesions (due to low SNR? sensitivity to residual fat? Voxel heterogeneities? etc)

($\times 10^{-6} \text{mm}^2/\text{s}$)



Quantitative Diffusion (ADC) may allow to evaluate response to chemotherapy within the first day of treatment
→ accurate diffusion measurements are required

NIST/RSNA/NCI diffusion phantom

NIST/UCSF/NCI system phantom

NIST/ISMRM system phantom

