

Guidelines for Writing and Reviewing AAPM Task Group Reports

Reviewing: A Critical Part of TG Report Development

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Reviewing: A Critical Part of TG Report Development

- Introduction
- Task Group Report review - current process
- Task Group Report review - upcoming changes



Task Group Reports: Introduction

- AAPM Task Group reports are valued throughout the world for authoritative clinical and research guidance in medical physics
- TG Reports cover all aspects of medical physics
- TG Reports are one of the principal “deliverables” of the AAPM

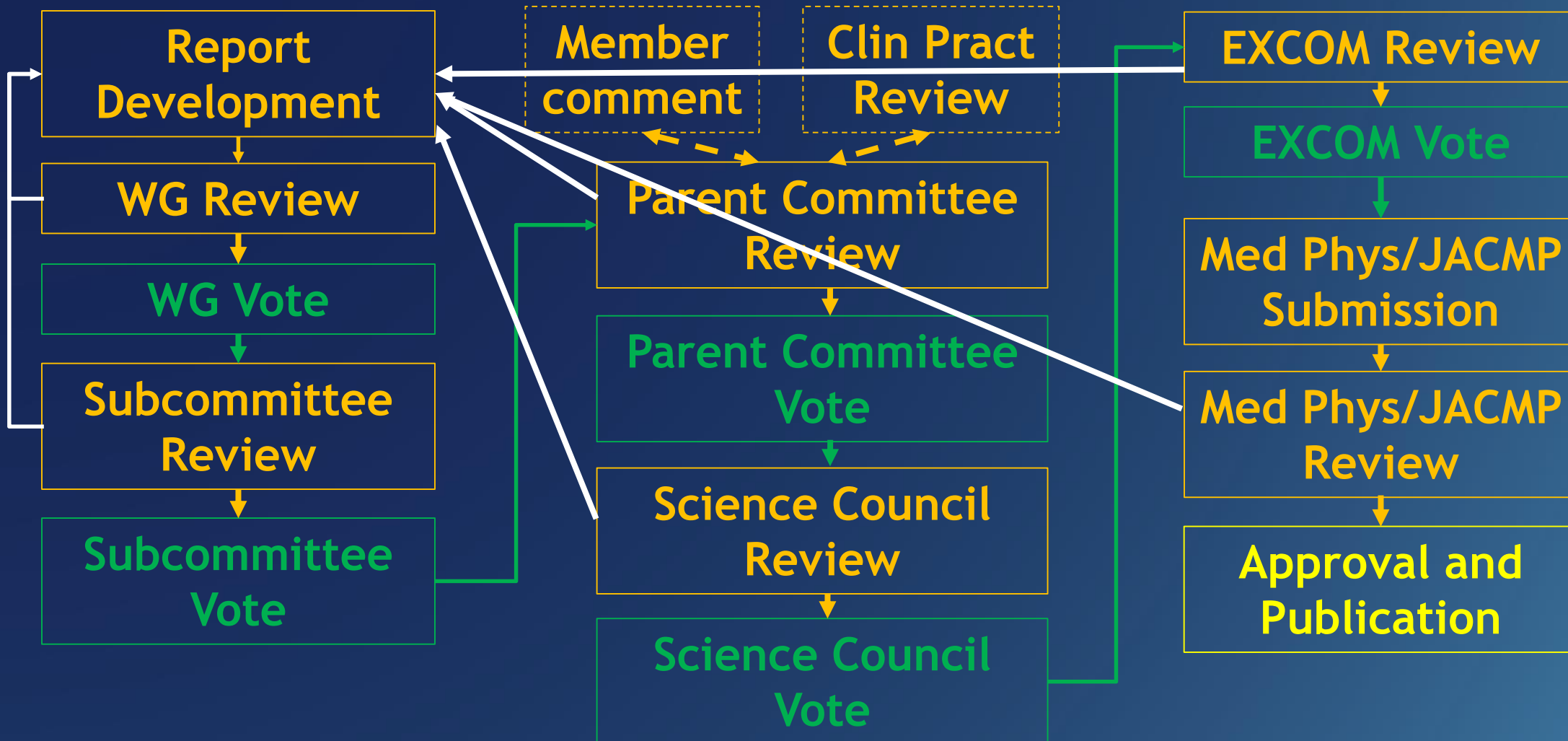


Reviewing Task Group reports

- Reviewing TG reports is different than reviewing a journal article manuscript
- Review should focus on whether the group has achieved their “charges”
- Reviews should not ask for things that are “out of scope”
- Reviews should make sure that the report includes Key Recommendations and/or Risk Assessment (if appropriate)



TG Report Review: the way it was



TG Report Review: the way it was

Issues to fix:

- Review takes way too long
- Reports get hung up in too many places
- Reviews are serial - individual opinions cause changes, then change back in next review step
- Who has final say? EXCOM or Med Phys/JACMP?
 - Both have good reasons
- Should include AAPM member + Clinical Practice reviews
- Make reviews more rigorous + complete



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Review of support,
progress at 1 year

TG defines interim
recommendations.
TG vote: OK to
distribute for
feedback

- Review by WG, SubC and/or Comm Chairs

- Distrib Key Recommendations to WG, SubC, Comm, Clin Practice, Council, EXCOM.
- Review charge + interim recommendations.
- Document and rein in scope creep.
- Flag controversies for discussion + resolution



The New TG Review Process

Write Report

TG Vote

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WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Review of support,
progress at 1 year

TG defines interim
recommendations.
TG vote: OK to
distribute for
feedback

TG completes
report.
Votes approval

- Review by WG, SubC and/or Comm Chairs

- Distrib Key Recommendations to WG, SubC, Comm, Clin Practice, Council, EXCOM.
- Review charge + interim recommendations.
- Document and rein in scope creep.
- Flag controversies for discussion + resolution

- Important to capture minority opinions, document reasons for votes against approval



The New TG Review Process

Write Report

TG Vote

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WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

WG+SubC
Concurrent
Review

- WG+SubC do concurrent review. TG then does revision to fix all review issues.
- Review must document any inadequately resolved major comments from the review in both the cumulative Excel file review and the cover sheet



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

WG+SubC
Concurrent
Review

- WG+SubC do concurrent review. TG then does revision to fix all review issues.
- Review must document any inadequately resolved major comments from the review in both the cumulative Excel file review and the cover sheet

WG+SubC
concurrent vote

- Provide cover sheet & cumulative Excel file with review, including unresolved major comments



E11 Discussion about pixel pitch and megapixels - does that assume viewing of large format images (CR, DR, mammograms, etc)?

1

2 **Task Group Number = 270**

3 **MAJOR COMMENTS**

3 **TG authors required to respond**

4

Please do not continue a comment on new row. If the text is too long, please select wrap text.

4

5 **First Name Last Name Page # Line # Comments TG Authors' Response**

6	Katie	Hulme	34, 70	2 (p34), Table X (p70)	The authors state "internal photometers may report luminance values that differ significantly from those measured by a calibrated, external luminance meter" and recommend verifying the accuracy of the built-in photometer on an annual basis - but do not give any guidance as to what would qualify as a "significant" difference. It would be very helpful to have some sort of guideline as to what % deviation should warrant either re-calibrating the internal photometer, or measuring compliance with the GDSF curve using an external meter to verify that it is still compliant if internal photometer cannot be re-calibrated. This criteria is something they may additionally want to consider adding to Table X on page 70	
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7	Katie	Hulme	34	2	We have occasionally had instances where one or both built-in photometers on a pair of diagnostic monitors have been +/-15% off from measurements with a calibrated luminance meter... resulting in two displays with very different white points (on the order of ~30%) even though the calibration software believes them to be calibrated to the same whitepoint... in addition to specifying the minimum accuracy of the built-in photometer, the authors may also want to consider specifying how well a pair of monitors need (or need not) match each other?	
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					When compensating for L_{amb} - and the lighting conditions are expected to fluctuate to some degree, should the user assume the maximum expected illuminance value to calculate L_{amb} ? The	
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Major Comments Minor Comments Optional Comments

The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Concurrent reviews by
Parent Committee(s),
Clin Practice (if
needed), AAPM
member review

- Parent committee(s) review, with lead reviewer acting like Assoc Editor
- If clinical, parallel review by Clinical Practice
- AAPM member comment period

- Lead Reviewer compiles, digests, and flags major comments from all reviewers to guide TG authors in how to address them

- Iterate revision + review until lead reviewer “accepts” draft (ie, all major issues solved)
- Acceptance leads to vote



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

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- Acceptance leads to vote

Committee(s) vote

- Vote to move on to final review



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Concurrent final high-level review by Council, EXCOM, Clin Prac, Journal

- Final review led by Lead Reviewer
- Parent comm reviewers take part in the final review (to avoid back + forth reviews)
- Review by Council, EXCOM, Clinical Practice
- If TG report will go to Med Phys or JACMP, lead reviewer will be Assoc. Editor, journal reviewers join final concurrent review
- Journal reviewers anonymous to other reviewers
- All reviewers (including Journal reviewers) will receive all review comments
- Controversial points are resolved by lead reviewer, chairs of Parent committee(s), Council, + TG.



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Concurrent Vote
for final approval

- Final concurrent vote by Council, EXCOM, Clinical Practice (if included), Journal (Med Phys or JACMP).



The New TG Review Process

Write Report

TG Vote

WG/SubC Review

WG+SubC Vote

Committee Review

Committee Vote

Final Review

Final Vote

Publication

Publication after
approval

•Publication on AAPM Web Site and/or
Journal



Further Improvements in the Review Process

- Lead Reviewer: take responsibility for managing review, like Assoc Editor. Give TG guidance on response to contradictory or controversial comments
- Continue to improve separating Major and Minor comments. “Major” comments are critical to acceptability of the report.
- Continue use of small group calls to negotiate solutions to controversial or problematic major comments.
- In early reviews (especially the year 1 review), determine if a change in charge is being requested. If so, parent committee(s) should vote any revisions to the charges
- Use early review of key recommendations to avoid controversies late in review process.
- Implement the new system for reports currently in the review process.



Further Improvements in the Review Process

Co-Parenting for multi-disciplinary groups, to avoid silos: 3 levels:

- 1. Dual voting by both parents - “Full co-parenting” relationship
 - Applies to proposals and TG reports
- 2. Representation from secondary specialty recommended on the committee
 - Proposals and TG reports undergo review from at least one expert from the secondary group
- 3. Courtesy review of the proposal
 - Opportunity to provide information



Summary

- Science Council has been working for several years on improving our TG report processes, including reviewing
- New process has been condensed and improved (we believe) and made more efficient
 - Better reviewed TG reports, published faster
- Reviewing a TG report is not the same as reviewing a journal article
- Thanks to many who contributed, but especially **Jean Moran** and **Dick Fraass**

