

Standardized Training For HR-pQCT Scan Positioning Reduces Inter-Operator Precision Errors: The MrOS Multicenter Study Experience

Serena Bonaretti¹
Nicolas Vilayphiou²
Andrew Yu¹
Margaret Holets³
Kyle Nishiyama⁴
Danmei Liu⁵
Stephanie Boutroy⁶
Ali Ghasem-Zadeh⁷
Steven K. Boyd⁸
Roland Chapurlat⁶
Heather McKay⁵
Elizabeth Shane⁴
Mary L. Bouxsein⁹
Thomas F. Lang¹
Sundeep Khosla³
Peggy M. Cawthon¹⁰
Dennis M. Black¹¹
Sharmila Majumdar¹
Eric S. Orwoll¹²
Andrew J. Burghardt¹

¹Department of Radiology & Biomedical Imaging, University of California, San Francisco, CA, USA

²Scanco Medical AG, Brüttisellen, Switzerland

³Division of Endocrinology, Metabolism and Nutrition, Department of Internal Medicine, College of Medicine, Mayo Clinic, Rochester, MN, USA

⁴Division of Endocrinology, Department of Medicine, Columbia University Medical Center, New York, NY, USA

⁵University of British Columbia, Vancouver, BC, Canada

⁶INSERM UMR 1033, Université de Lyon, France

⁷Department of Medicine, Austin Health, University of Melbourne, Melbourne, Australia

⁸Department of Radiology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada

⁹Center for Advanced Orthopaedic Studies, Beth Israel Deaconess Medical Center, Boston, MA, USA

¹⁰San Francisco Coordinating Center, California Pacific Medical Center Research Institute, San Francisco, CA, USA

¹¹Department of Epidemiology and Biostatistics, University of California, San Francisco, CA, USA

¹²Division of Endocrinology, Bone and Mineral Unit, Oregon Health & Science University, Portland, OR, USA

Categories for submission:

Abstract review categories: Osteoporosis Assessment

Poster cluster: Osteoporosis – Assessment: Bone Quality

Grants:

The Bone Quality study is supported by NIH/NIAMS 5R01AR060700.

The Osteoporotic Fractures in Men (MrOS) Study is supported by National Institutes of Health funding. The following institutes provide support: the National Institute on Aging (NIA), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the National Center for Advancing Translational Sciences (NCATS), and NIH Roadmap for Medical Research under the following grant numbers: U01 AG027810, U01 AG042124, U01 AG042139, U01 AG042140, U01 AG042143, U01 AG042145, U01 AG042168, U01 AR066160, and UL1 TR000128.

(max 2500 characters including spaces)

The role of high-resolution peripheral quantitative tomography (HR-pQCT) in musculoskeletal research is rapidly expanding through its inclusion into multicenter clinical trials and observational cohort studies, such as the Osteoporotic Fractures in Men Study (MrOS, an observational study being conducted at 6 clinical sites). Previously¹, we found that positioning variability is an important source of imprecision. In this study, we aimed to reduce inter-operator positioning precision errors through standardized training.

The training procedure included theoretical and practical demonstrations led by a vendor representative and MrOS investigator, followed by simulated scan positioning exercises using software developed at UCSF. The software reproduced the graphical user interface of the XtremeCT (Scanco Medical AG) and provided the user with a series of scout images of the radius and tibia to perform simulated scan positioning. In this study, we enrolled 6 new operators with various background and no previous HR-pQCT experience, who required certification to perform HR-pQCT exams for MrOS. After successful completion of the software training and evaluation, operators performed a blinded positioning exercise to test intra- and inter-operator reproducibility. In these exercises, we measured positioning precision and the corresponding precision error in cortical and trabecular bone measurements. Results from the MrOS trainees were compared to previously acquired data from experienced operators with a heterogeneous training history¹.

Intra-operator precision errors of the trainees were not significantly different compared to the experienced operators (e.g. Ct.Th: 3.2% vs. 3.5%), indicating that new operators achieved equivalent reliability to experienced operators (Table 1). Inter-operator precision errors of trainees in this study were half than errors of the experienced operators (e.g. Ct.Th: 4.9% vs. 8.4%, $p < 0.001$) and approached the level of intra-operator precision. Thus the training regimen led to the new operators achieving a superior level of multicenter reproducibility.

In conclusion, we found that inter-operator variability in scan positioning can be significantly reduced with standardized training procedures in a controlled environment. With the purpose of making our training platform available to the community, we are developing a version of the training and evaluation tool that will be openly disseminated as a web application.

¹Bonaretti S. et al. ASBMR 2014

Table 1. Precision errors of reference line positioning and corresponding errors in bone and mechanical parameter measurements for radius and tibia for intra- and inter-operator reproducibility. “Experienced” refers to the operators involved in our previous study¹, who participated in the experiments without common training. “New” refers to MrOS operators enrolled in the present study, who participated in the experiments after common training. Details of the precision experiment were described in our previous study¹.

RADIUS	Positioning	BMD	Ct.Th	Tb.N	L_{failure}
	Precision				
	<i>SD_{RMS} [mm]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>
<i>Intra-operator*</i>					
<i>Experienced</i>	0.24 ± 0.05 ^a	1.39 ± 0.32 ^{a,c}	3.17 ± 0.65 ^{a,c}	0.47 ± 0.14 ^a	0.42 ± 0.12 ^{a,c}
<i>New</i>	0.28 ± 0.08 ^c	1.50 ± 0.25 ^{a,c}	3.46 ± 1.24 ^{a,c}	0.69 ± 0.56	0.41 ± 0.11 ^c
<i>Inter-operator</i>					
<i>Experienced</i>	0.68 ^{a,b,c}	3.69 ^{a,b,c}	8.40 ^{a,b,c}	2.12 ^{a,b}	1.17 ^{a,b,c}
<i>New</i>	0.34 ^{b,c}	2.09 ^{a,b,c}	4.90 ^{a,b,c}	1.32 ^b	0.72 ^{a,b,c}

(a)

TIBIA	Positioning	BMD	Ct.Th	Tb.N	L_{failure}
	Precision				
	<i>SD_{RMS} [mm]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>	<i>CV_{RMS} [%]</i>
<i>Intra-operator*</i>					
<i>Experienced</i>	0.13 ± 0.07 ^a	0.26 ± 0.15 ^{a,c}	0.94 ± 0.50 ^{a,c}	0.31 ± 0.18 ^a	0.07 ± 0.03 ^{a,c}
<i>New</i>	0.11 ± 0.03 ^{a,c}	0.31 ± 0.06 ^c	0.52 ± 0.29 ^{a,c}	0.31 ± 0.05	0.06 ± 0.01 ^{a,c}
<i>Inter-operator</i>					
<i>Experienced</i>	0.30 ^{a,b,c}	0.61 ^{a,b,c}	1.97 ^{a,b,c}	0.85 ^{a,b}	0.20 ^{a,b,c}
<i>New</i>	0.16 ^{a,b,c}	0.30 ^{b,c}	1.02 ^{a,b,c}	0.41 ^b	0.08 ^{a,b,c}

(b)

^a Intra-operator vs. inter-operator comparison; p<0.001.

^b Experienced vs. new operator comparison; p<0.001.

^c Radius vs. tibia; p<0.001.

* For intra-operator precision and corresponding bone parameters, values refer to mean ± standard deviation.

SD_{RMS} [mm] = Root mean square of standard deviations.

CV_{RMS} [%] = Root mean square of percentage coefficient of variations.

BMD = bone mineral density; Ct.Th = cortical thickness; Tb.N = trabecular number;

L_{failure} = failure load.