022/7/14 10:04	RQS - Radiomics.world
•	documented image protocols (for example, contrast, slice usage of public image protocols allow
public protocol used	
physicians/algorithms/software	ible actions are: segmentation by different e, perturbing segmentations by (random) noise, othing cycles. Analyse feature robustness to segmentation
	s - detect inter-scanner differences and vendor-dependent stness to these sources of variability
	ts - collect images of individuals at additional time points. temporal variabilities (for example, organ movement, organ
	9
•	radiomics features (for example, EGFR mutation) - is plistic model. Permits correlating/inferencing between
	correlates - demonstration of phenotypic differences orlying gene–protein expression patterns) deepens and biology
○ no	

Cut-off analyses - determine risk groups by either the median, a previously published cutoff or report a continuous risk variable. Reduces the risk of reporting overly optimistic results

yes

Discrimination statistics - report discrimination statistics (for example, C-statistic, ROC curve, AUC) and their statistical significance (for example, p-values, confidence intervals). One can also apply resampling method (for example, bootstrapping, cross-validation)  a discrimination statistic and its statistical significance are reported
☑ a resampling method technique is also applied
none Calibration statistics - report calibration statistics (for example, Calibration-in-the-large/slope, calibration plots) and their statistical significance (for example, P-values, confidence intervals). One can also apply resampling method (for example, bootstrapping cross-validation)
✓ a calibration statistic and its statistical significance are reported
✓ a resampling method technique is applied
<ul> <li>□ none</li> <li>Prospective study registered in a trial database - provides the highest level of evidence supporting the clinical validity and usefulness of the radiomics biomarker</li> <li>○ yes</li> </ul>
<ul> <li>no</li> <li>Validation - the validation is performed without retraining and without adaptation of the cut-off value, provides crucial information with regard to credible clinical performance</li> <li>No validation</li> </ul>
$\ \square$ validation is based on a dataset from the same institute
$\ \square$ validation is based on a dataset from another institute
$\ \square$ validation is based on two datasets from two distinct institutes
$\ \square$ the study validates a previously published signature
□ validation is based on three or more datasets from distinct institutes Comparison to 'gold standard' - assess the extent to which the model agrees with/is superior to the current 'gold standard' method (for example, TNM-staging for survival prediction). This comparison shows the added value of radiomics  • yes
<ul> <li>no</li> <li>Potential clinical utility - report on the current and potential application of the model in a clinical setting (for example, decision curve analysis).</li> <li>yes</li> </ul>
<ul> <li>no</li> <li>Cost-effectiveness analysis - report on the cost-effectiveness of the clinical application (fo example, QALYs generated)</li> </ul>

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○ yes
<ul> <li>no</li> <li>Open science and data - make code and data publicly available. Open science facilitates knowledge transfer and reproducibility of the study</li> <li>scans are open source</li> </ul>
✓ region of interest segmentations are open source
✓ the code is open sourced
☑ radiomics features are calculated on a set of representative ROIs and the calculated features and representative ROIs are open source

Total score

20 (55.56%)