

# OPTIONS to AIRPORT

---

- **ALI'S TOWNCAR: 206-459-7903**
  - \$28 for 1-2 Riders; \$5 ea add'l up to 4 total
  - Call 2 hours ahead
  - Direct to Airport
- **SHUTTLE EXPRESS VAN 800-487-7433**
  - \$23.50 for 1<sup>st</sup>; \$8 for 2<sup>nd</sup>; \$5 ea add'l up to 6
  - May stop elsewhere if not full
  - Call 2 hours ahead
- **SHUTTLE EXPRESS TOWNCAR (same #)**
  - \$50 for up to 4 riders (Direct to Airport)
  - Call 2 days ahead

# **Use of the R/F Accreditation Phantom for Fluoroscopic System Evaluation**

Beth A. Schueler, Ph.D.  
Mayo Clinic

Robert L. Dixon, Ph.D.  
Wake Forest University

Charles R. Wilson, Ph.D.  
Medical College of Wisconsin

# Overview

---

- ACR R/F Phantom
- Fluoroscopic System Evaluation Instructions
- Sample Results
- Corrective Actions for System Optimization
- Additional Phantom Characterization
  - Backscatter
  - Equivalent water attenuation
- ACR Vascular-Interventional Accreditation Program

# Introduction

---

- ACR R/F Accreditation Program includes evaluation of:
  - equipment performance
  - personnel qualifications
  - quality control
  - clinical image quality

# Introduction

---

- Equipment performance is assessed with a standard phantom and image quality test tool
- Sites submit the following:
  - radiographic images from each x-ray system
    - table
    - upright bucky
  - spot films from each fluoroscopic system
  - fluoroscopic system evaluation performed by a medical physicist

# ACR R/F Phantom

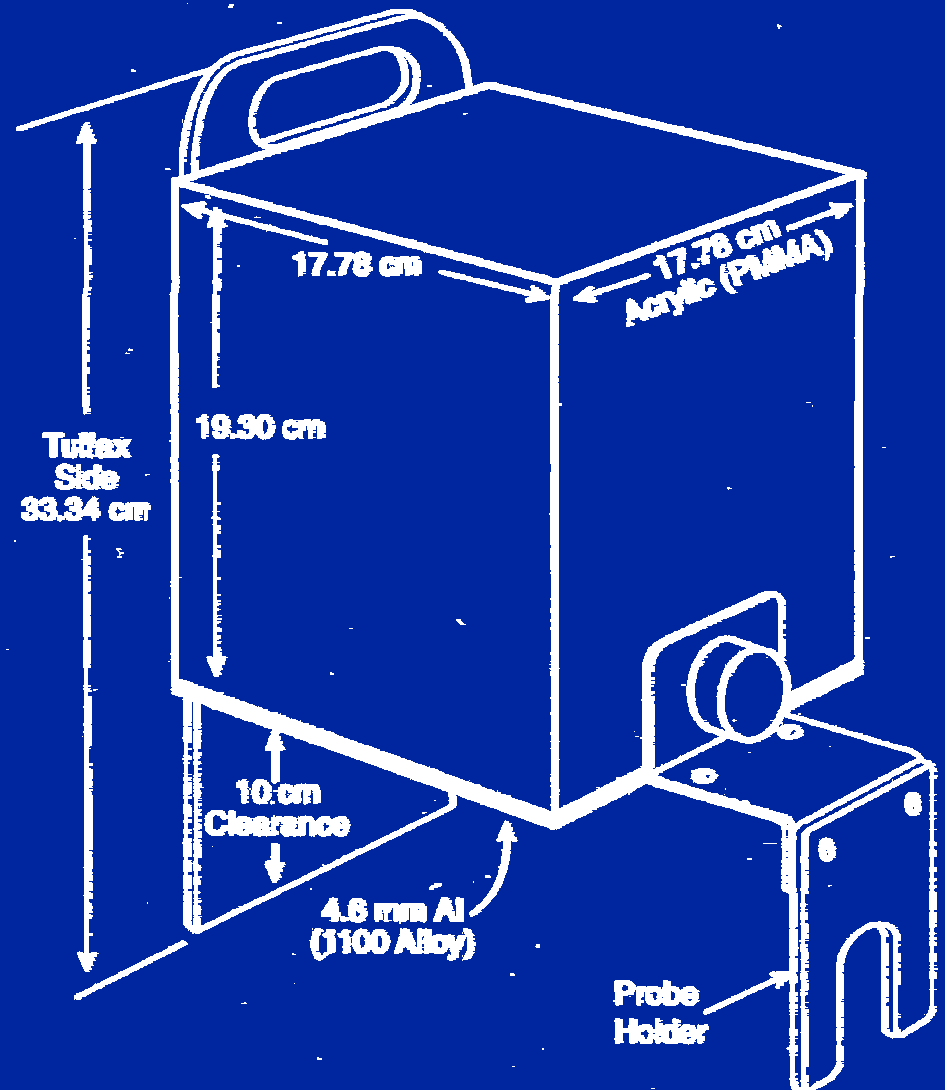
---

- Design is based on the CDRH fluoroscopic phantom
  - Patient-equivalent acrylic and aluminum phantom
  - Image quality test tool



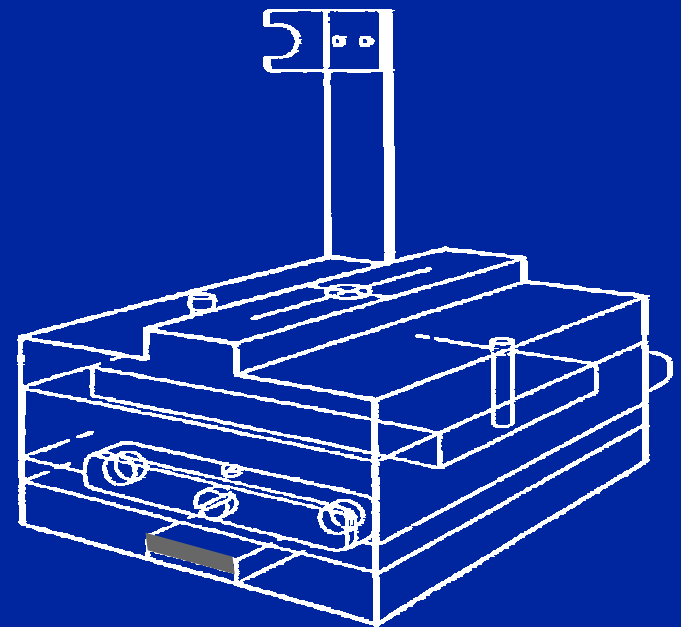
# CDRH Fluoroscopic Phantom

- Dimensions:
  - 7.6" (19.3 cm) acrylic  
+ 0.18" (4.6 mm) Al
  - Leg supports to raise  
phantom 3.9" (10 cm)



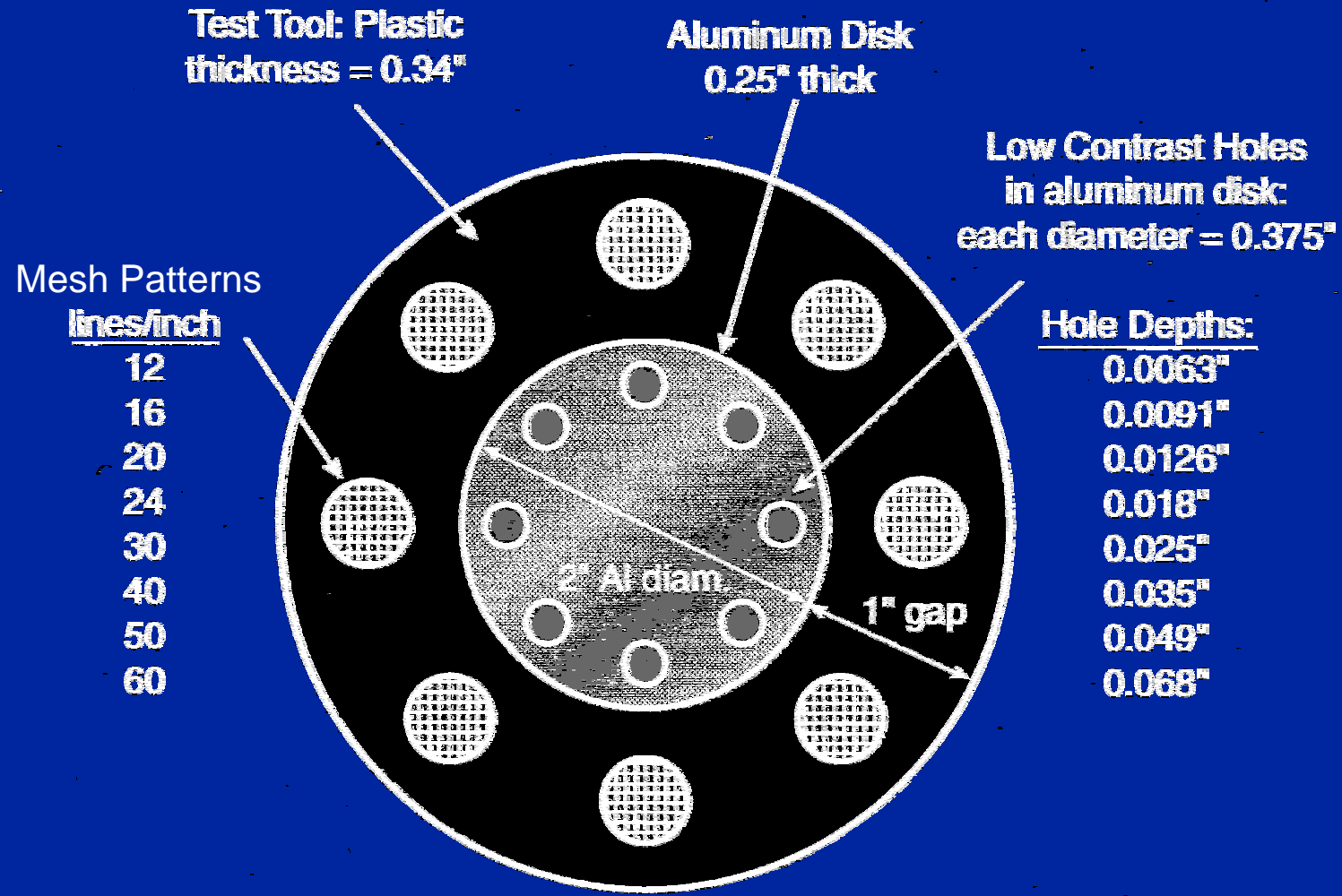
# CDRH Abdomen/Spine Phantom

- Fluoroscopic phantom design is derived from the LucAl phantom
  - Simulates a 21.5 cm AP abdomen thickness in absolute and spectral transmission
  - Aluminum spine strip is included
- For the CDRH fluoroscopy phantom, the Al spine strip is extended over entire thickness



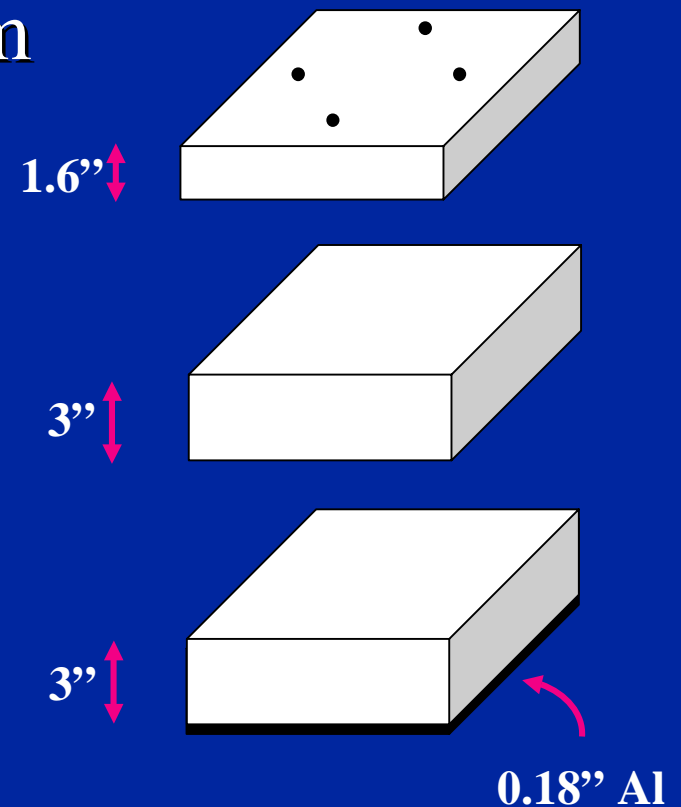


# CDRH Fluoroscopic Phantom



# ACR R/F Phantom

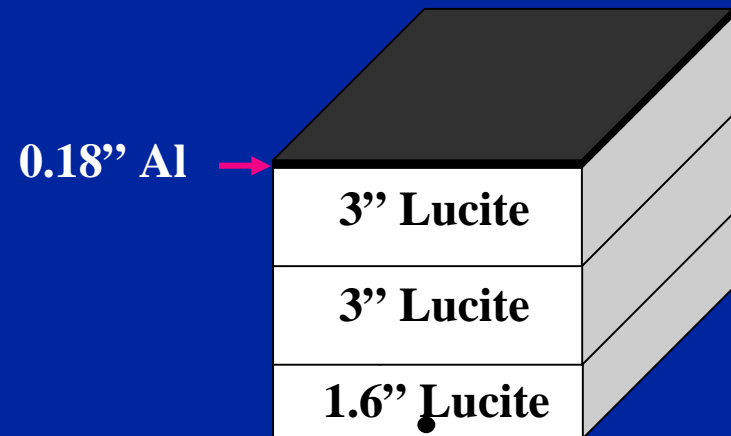
- Same acrylic and aluminum thickness as the CDRH phantom
- Cut into slabs
- Increase size to 10" by 10" (25.4 by 25.4 cm)
- Lead markers included as a reference for repeatable collimation



# ACR R/F Phantom

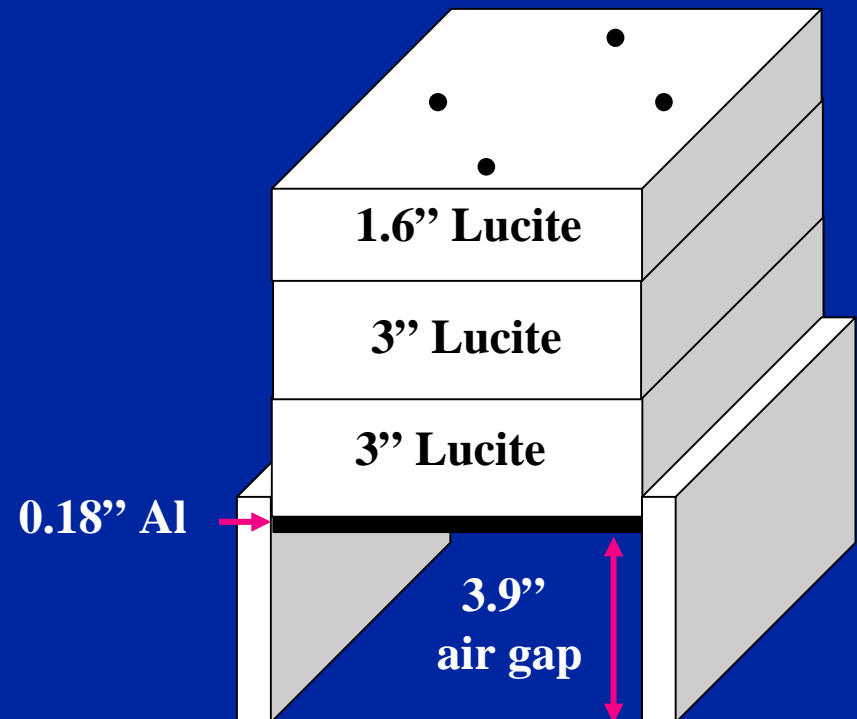
---

- Overtable x-ray tube configuration (radiography or fluoroscopy)
  - Al plate is placed toward the x-ray tube

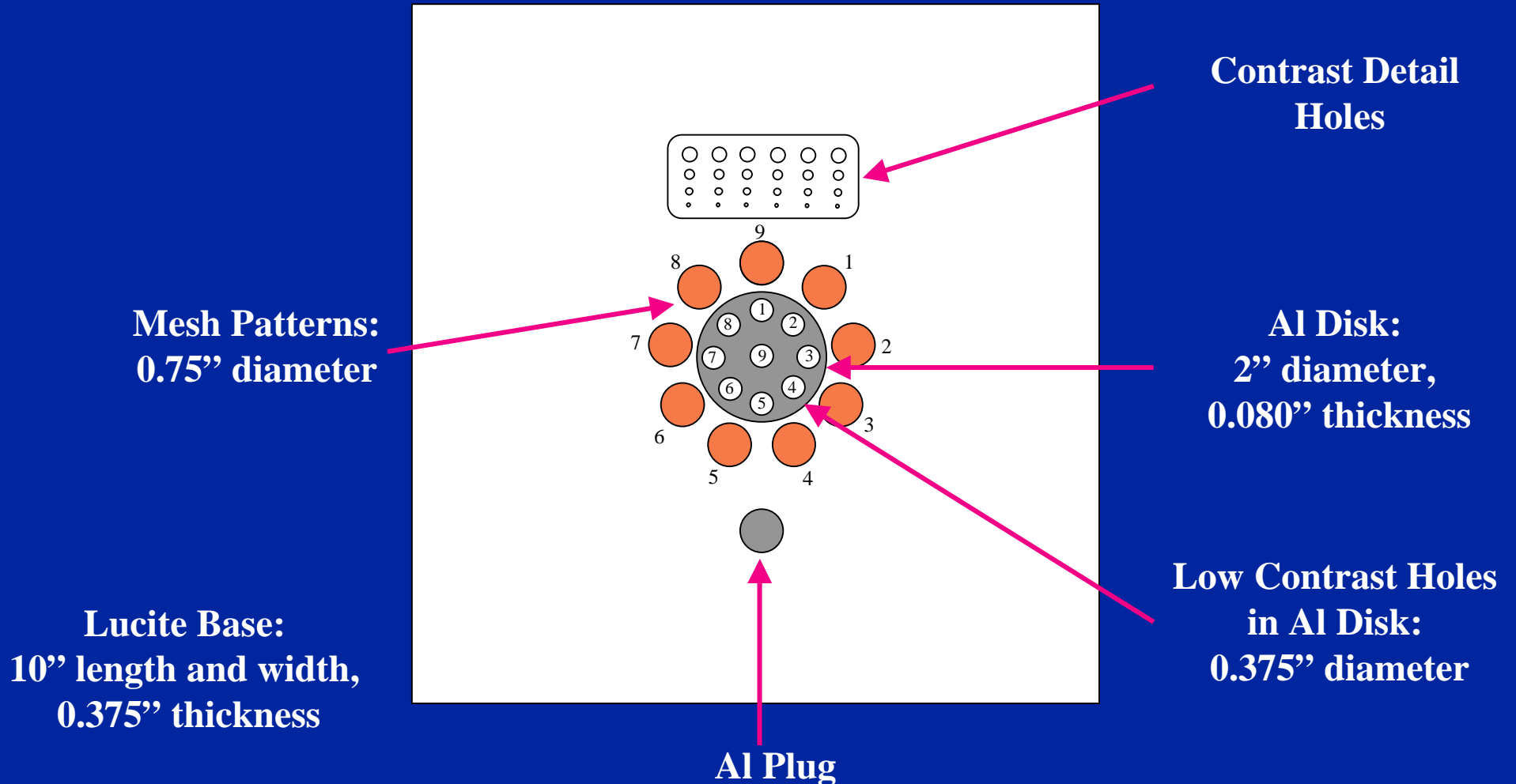


# ACR R/F Phantom

- Undertable x-ray tube configuration
  - Legs raise phantom 3.9” (10 cm) above the tabletop
  - Exposure measurements made at the tabletop are approximately free-in-air



# Image Quality Test Tool



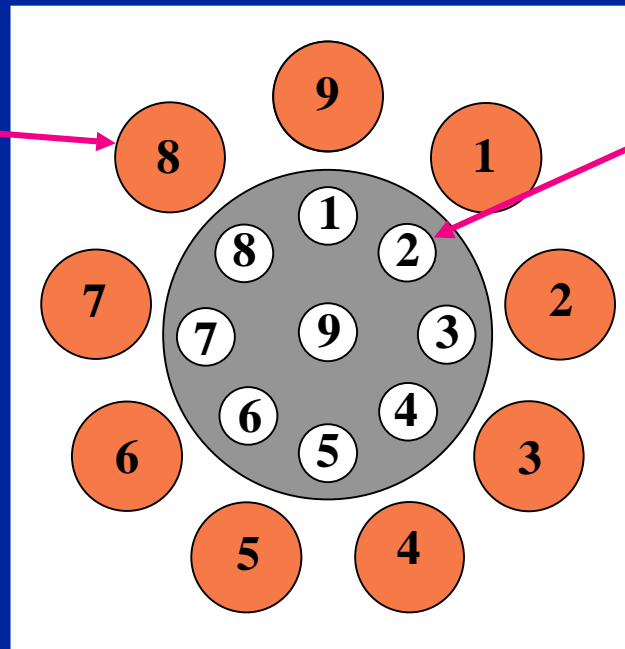
# Image Quality Test Tool

- For fluoroscopic and spot imaging, only the central portion of the test tool is used

Mesh Patterns:

| <u>Mesh #</u> | <u>Lines/in</u> |
|---------------|-----------------|
|---------------|-----------------|

|   |    |
|---|----|
| 1 | 12 |
| 2 | 16 |
| 3 | 20 |
| 4 | 24 |
| 5 | 30 |
| 6 | 40 |
| 7 | 50 |
| 8 | 60 |
| 9 | 80 |

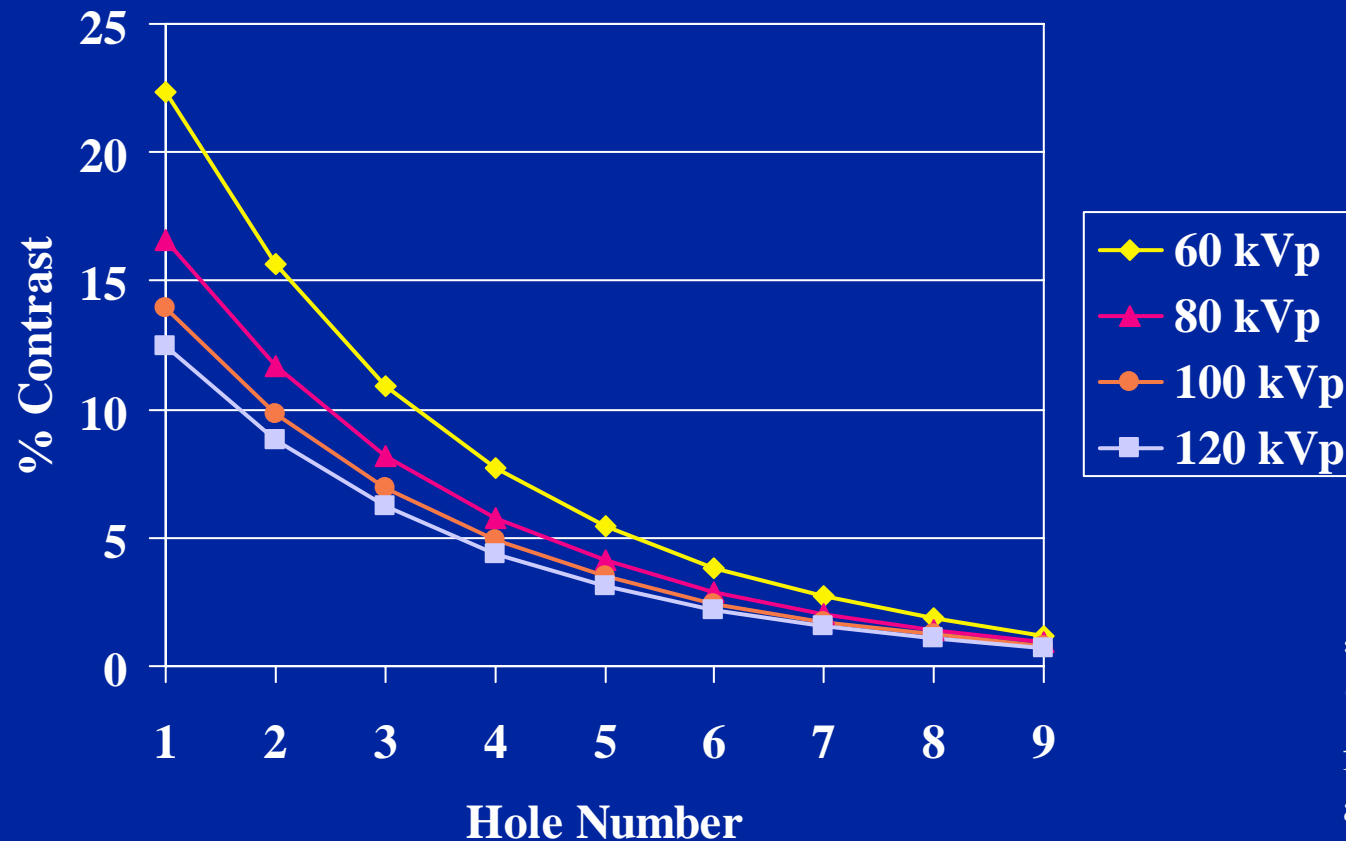


Low Contrast Holes  
in Al Disk:

| <u>Hole #</u> | <u>Depth</u> |
|---------------|--------------|
| 1             | 0.068''      |
| 2             | 0.049''      |
| 3             | 0.035''      |
| 4             | 0.025''      |
| 5             | 0.018''      |
| 6             | 0.0126''     |
| 7             | 0.0091''     |
| 8             | 0.0063''     |
| 9             | 0.0040''     |

# Low Contrast Holes

- Percentage contrast of the low contrast holes has been calculated using numerically generated spectra\*



\* Suleiman OH, *et al* (1997).  
"Nationwide survey of fluoroscopy: Radiation dose and image quality." *Radiology* 203:471-476.

# Fluoroscopic System Evaluation

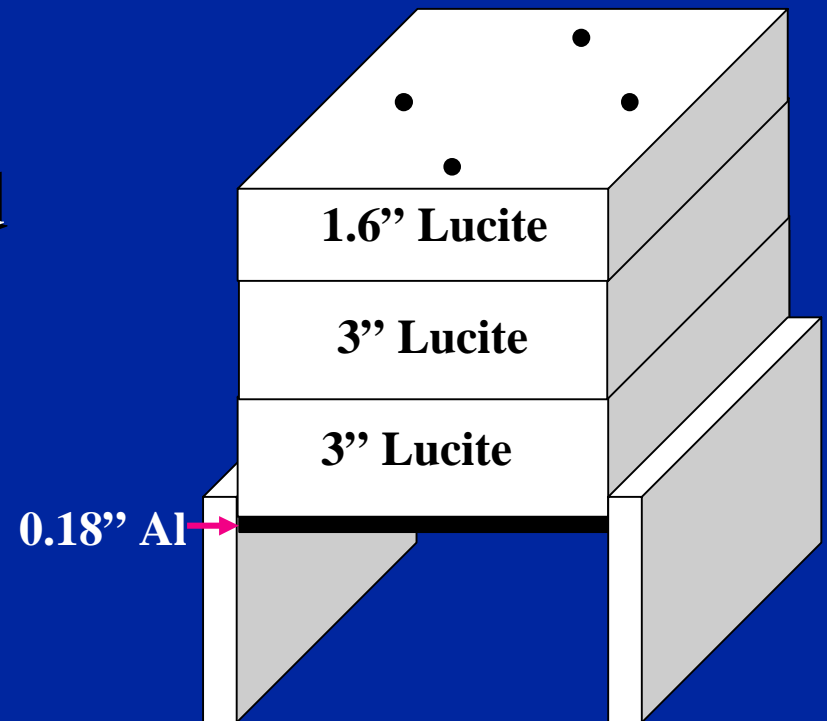
- Equipment Set-up
  - Undertable x-ray tube system
  - Overtable x-ray tube system





# Equipment Set-up: Undertable Tube

1. Assemble the phantom with the leg supports so that the Al plate is toward the x-ray tube and the lead markers are toward the image receptor.



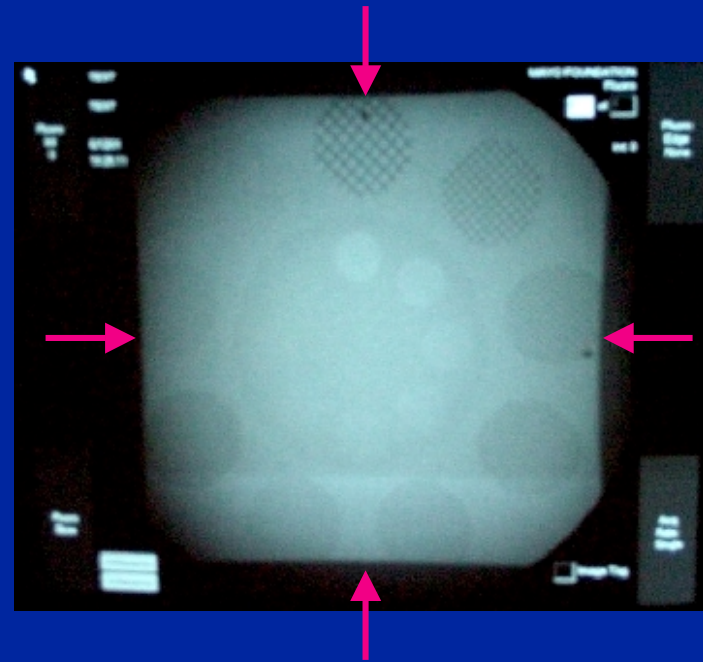
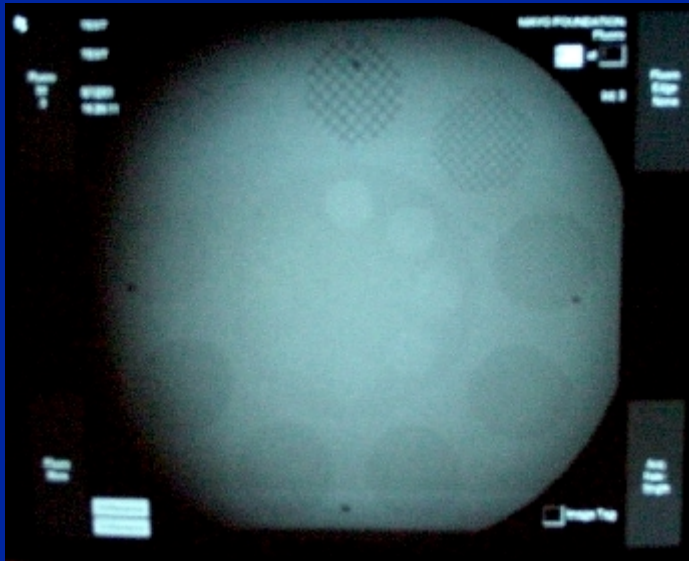
# Equipment Set-up: Undertable Tube

2. Center the image quality test tool on the table top underneath the phantom.
3. Center the phantom in the FOV under fluoroscopy.
4. Position the II tower so that it rests on top of the phantom.



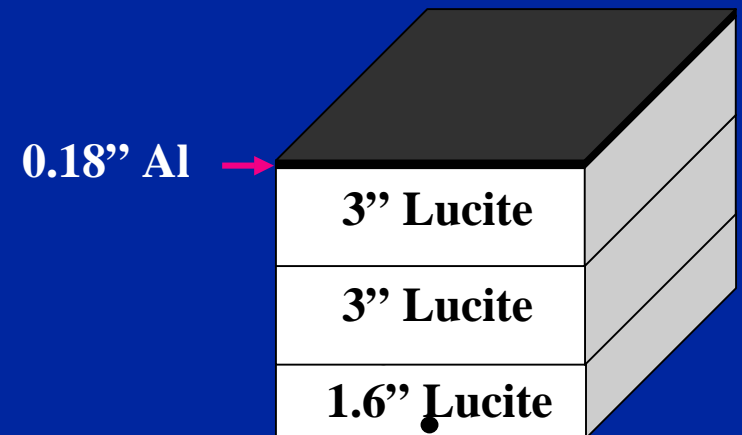
# Equipment Set-up: Undertable Tube

5. Set the II FOV to mode closest to 9" (23 cm).
6. Collimate to the lead markers.



# Equipment Set-up: Overtable Tube

1. Assemble the phantom so that the lead markers are toward the image receptor on the table top and the Al plate is toward the x-ray tube.



# Equipment Set-up: Overtable Tube

2. Center the image quality test tool on top of the phantom.
3. Center the phantom in the FOV under fluoroscopy.





# Image Quality Evaluation

---

1. Adjust the fluoroscopic imaging settings to those routinely used for a barium enema exam.

Dose mode, continuous or pulsed exposure, selectable filtration, grid position, selectable kVp setting, ...

For digital systems, window/level or other image processing settings.

2. Dim the room lights.
3. View the live fluoroscopic image.

# Image Quality Evaluation

---

4. Count mesh patterns visible.
5. Count low contrast holes visible. Adjust monitor brightness and contrast to optimize image.
6. Note actual kVp and calculate % contrast.



# Entrance Exposure Rate

---

1. Remove the image quality test tool.
2. For undertable tube systems, position an ion chamber under the phantom on the table top.





# Entrance Exposure Rate

3. For overtable tube systems, position an ion chamber 30 cm above the table top.
4. Center the ion chamber in the FOV.
5. Using same fluoroscopic imaging settings as used to evaluate image quality, measure exposure rate.



# Entrance Exposure Rate

6. Place a lead attenuator (at least 0.25" thick) on phantom and measure the maximum exposure rate.



# Spot-film Device Image Acquisition

---

- For fluoroscopic systems capable of multiple types of spot imaging, the site selects the most commonly used mode for image submission
  - film-screen cassette
  - photospot camera
  - digital photospot
- Entrance exposure is measured with a Luxel dosimeter
- Same equipment set-up as for fluoroscopy

# Film-screen Spot Image Acquisition

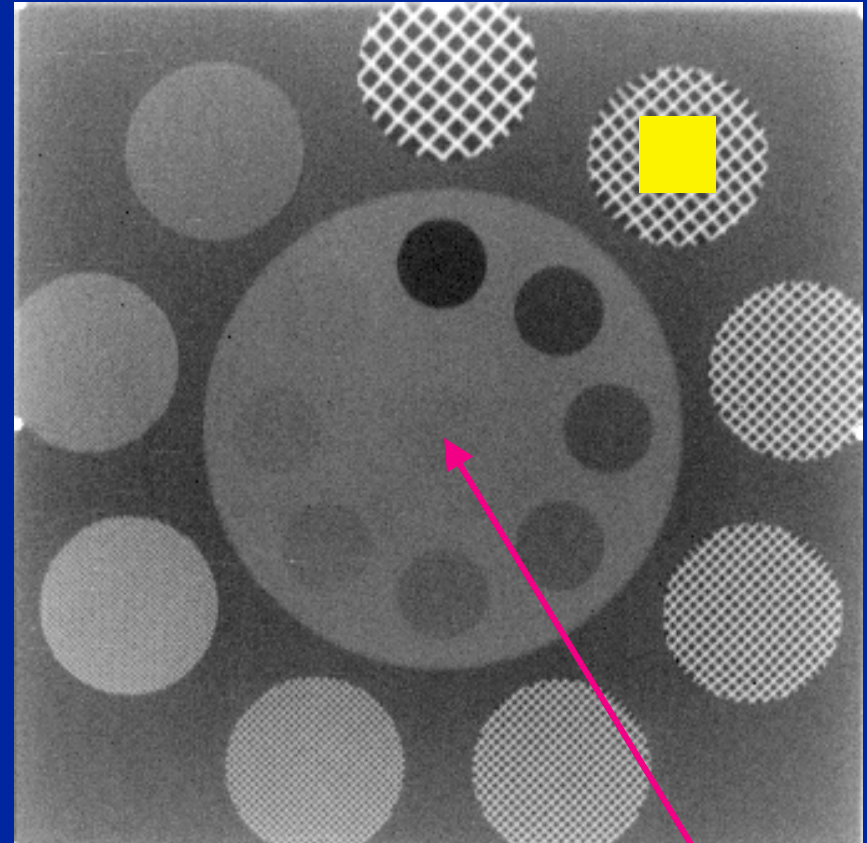
1. Load a 10x12" (24x30 cm) or 9.5x9.5" (24x24 cm) cassette into the spot-film device.
2. Select the 1 on 1 format.





# Film-screen Spot Image Acquisition

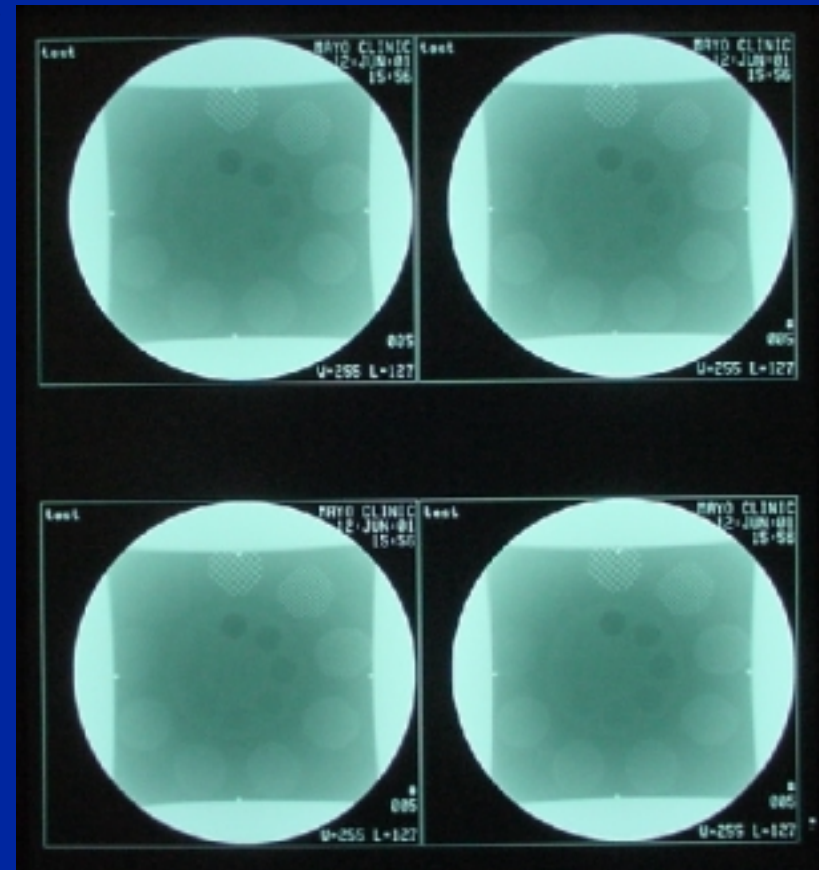
3. Expose and process the film.
4. Measure the OD in the center of the test tool image. OD should be between 1.0 and 1.8.
5. Repeat the exposure with the dosimeter covering a mesh pattern.



OD

# Digital Photospot Image Acquisition

1. Select the image processing options routinely used for clinical imaging and expose.
2. Print a hardcopy in the most commonly used film format and size. (No OD criteria.)
3. Repeat the exposure with the dosimeter covering a mesh pattern.



# Sample Results

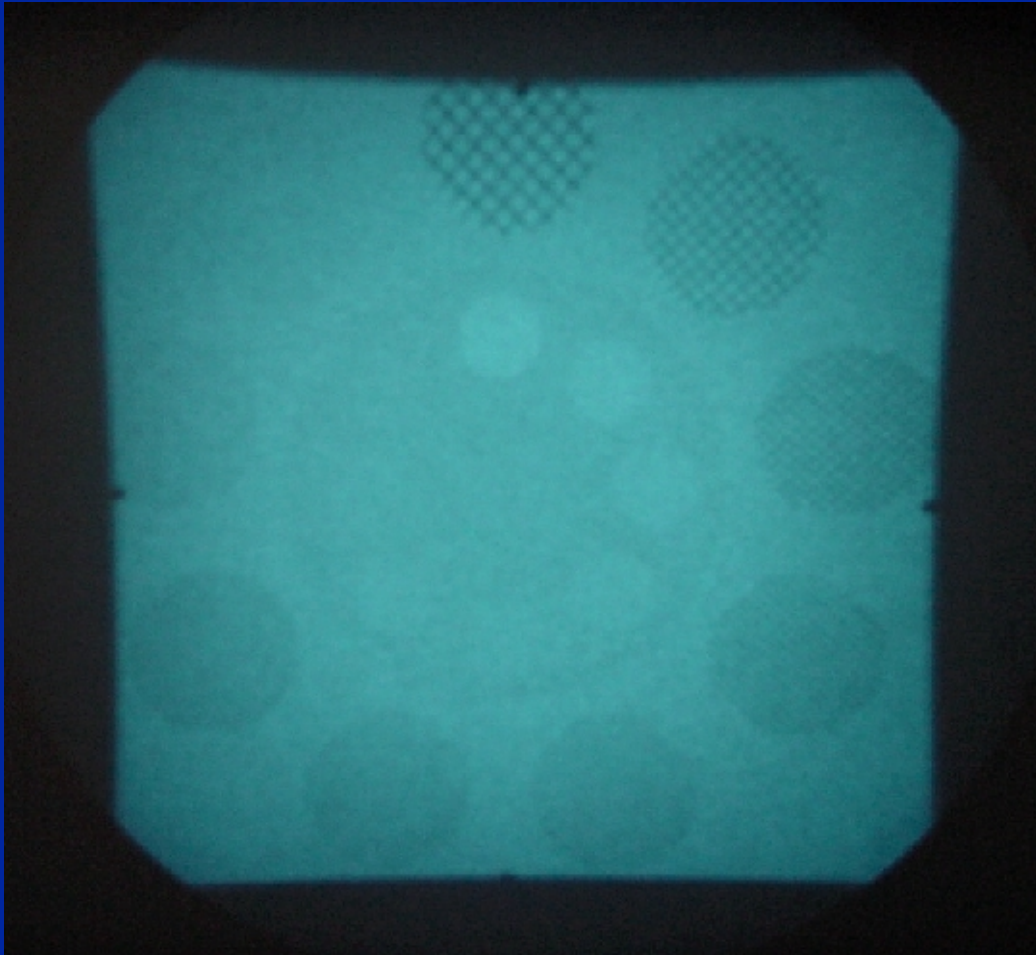
---

- Fluoroscopy
  - Example ACR R/F Phantom images
  - 1991 Upper GI Fluoroscopy NEXT (Nationwide Evaluation of X-ray Trends) survey results obtained with the CDRH fluoroscopic phantom\*
- Spot images
  - Example ACR R/F Phantom images

\* Suleiman OH, *et al* (1997). "Nationwide survey of fluoroscopy: Radiation dose and image quality." *Radiology* 203:471-476.

# Fluoroscopy Example 1

---



Continuous fluoro

Grid in

110 kVp / 2.4 mA

5 mesh patterns (30 lines/in)

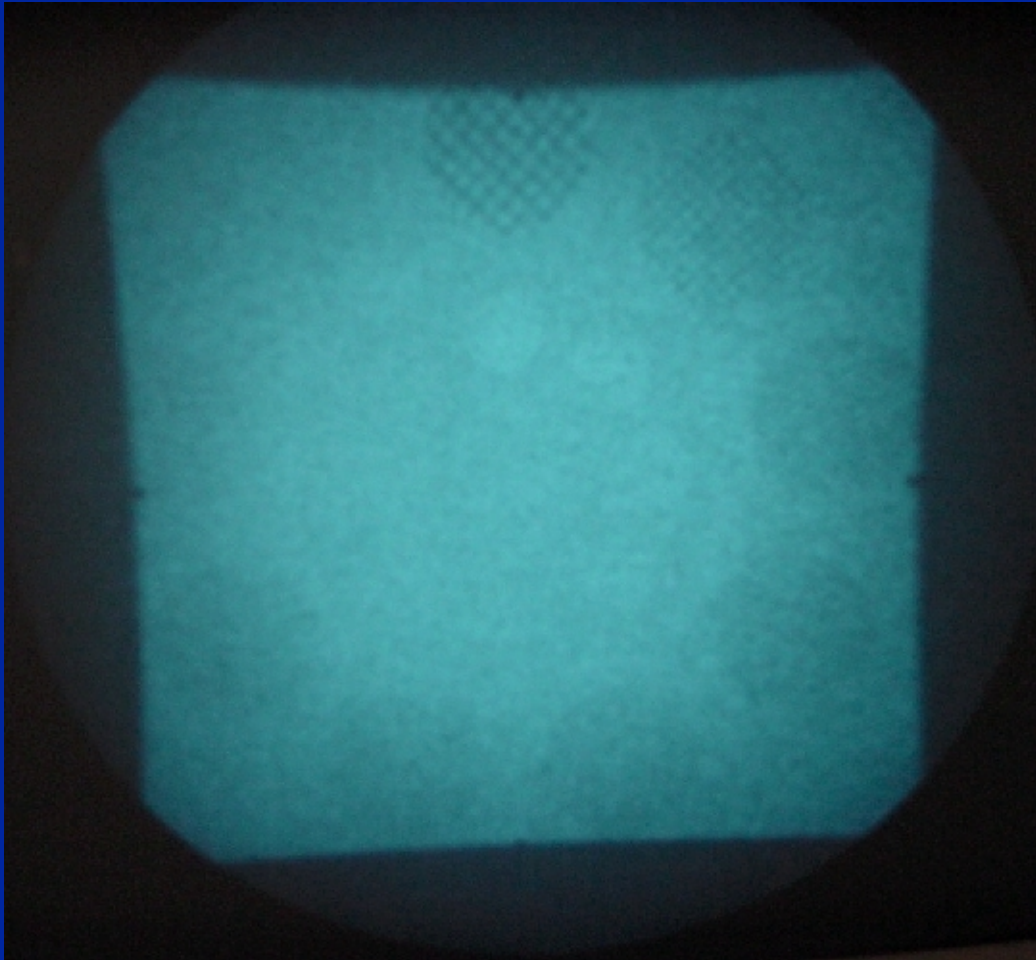
7 holes (1.6% contrast)

8 R/min



# Fluoroscopy Example 2

---



Pulsed fluoro (15 pps)

Grid out

90 kVp / 4 mA

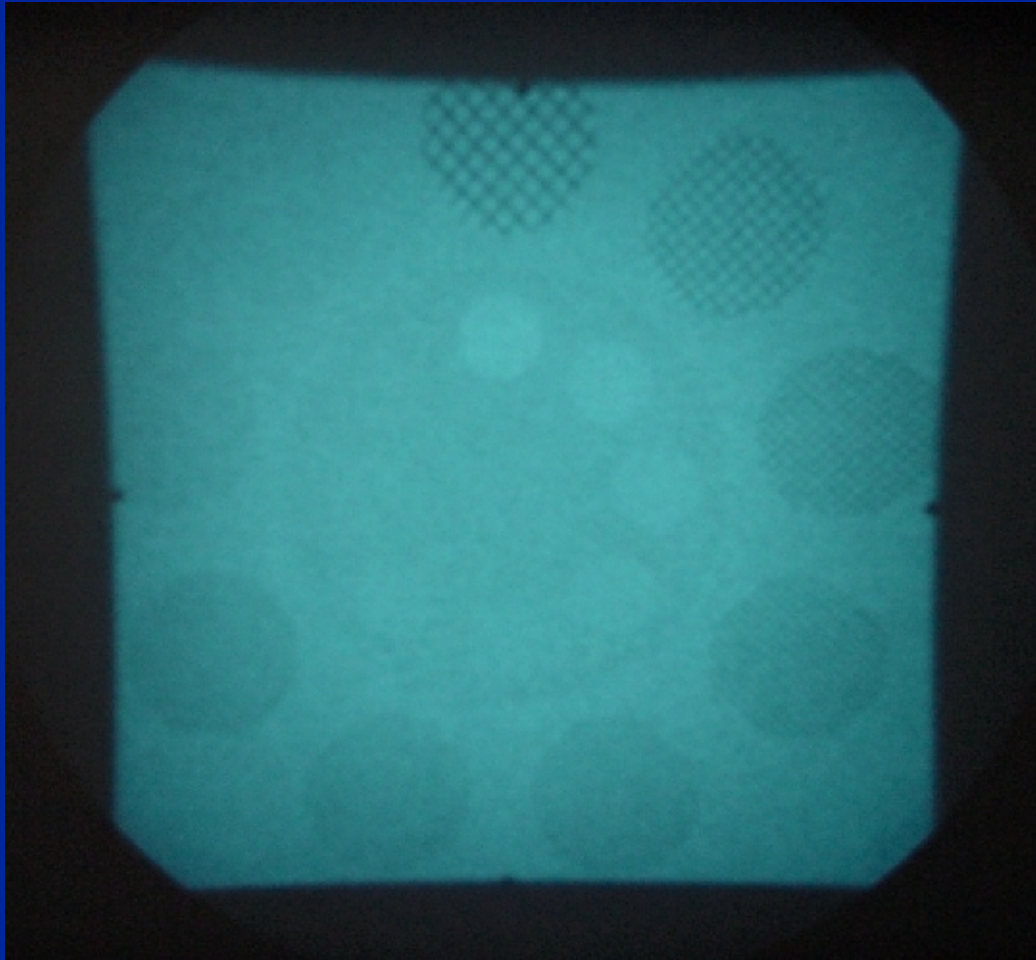
5 mesh patterns (30 lines/in)

6 holes (2.6% contrast)

1 R/min

# Fluoroscopy Example 3

---



Continuous fluoro

Grid out

80 kVp / 2.6 mA

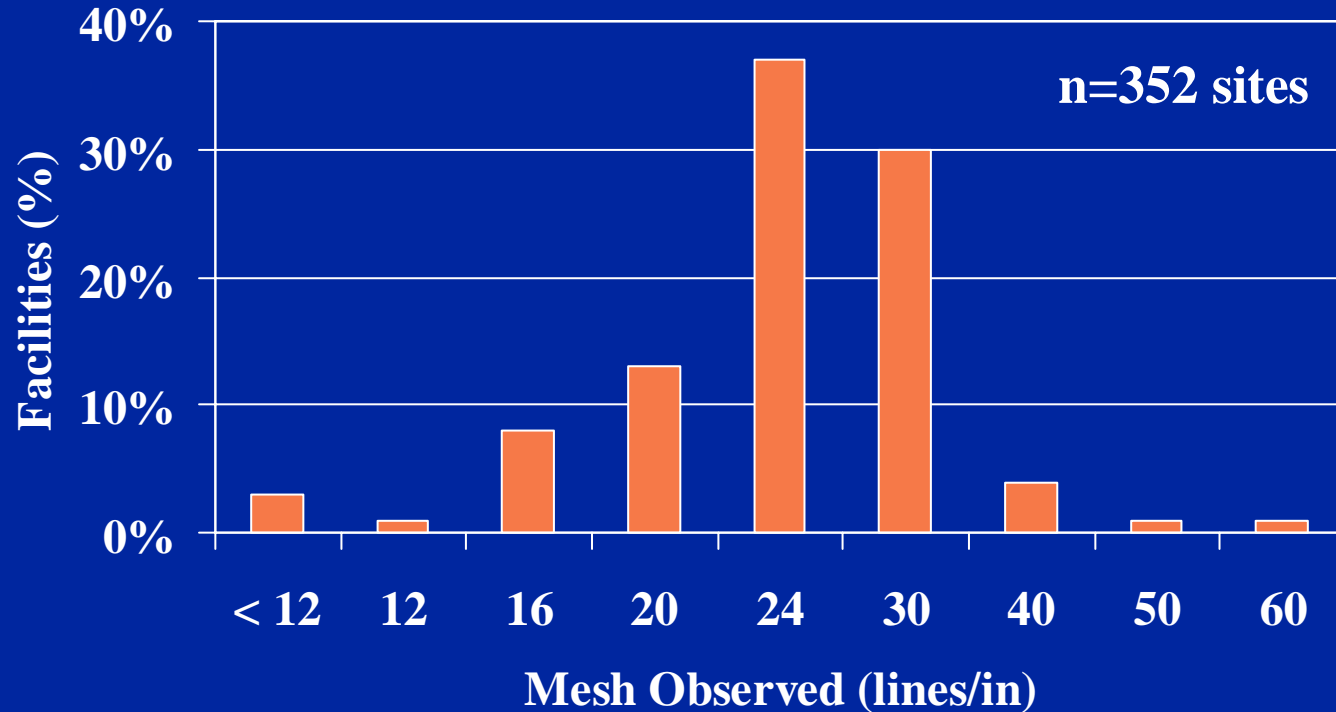
5 mesh patterns (30 lines/in)

7 holes (2.1% contrast)

3 R/min

# NEXT Survey Results

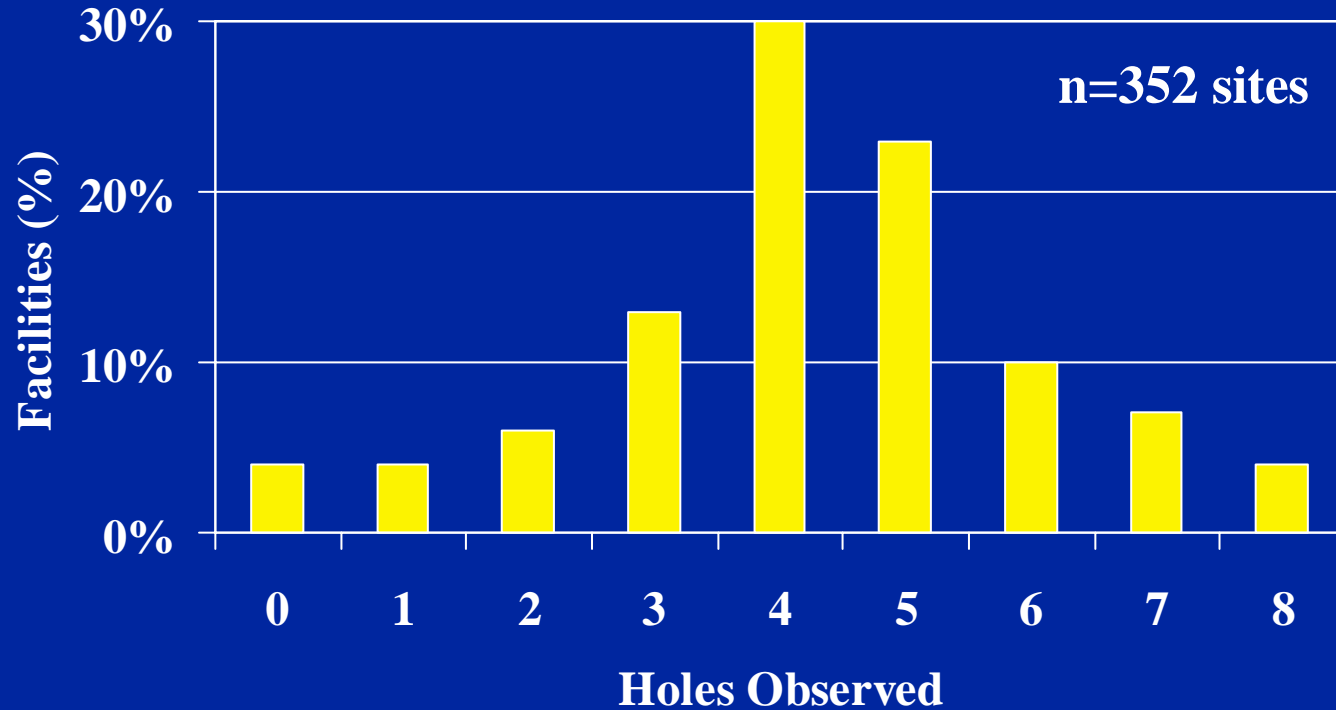
## Fluoroscopy: Mesh Visibility



**Mean:  
24 lines/in  
(4 mesh  
patterns)**

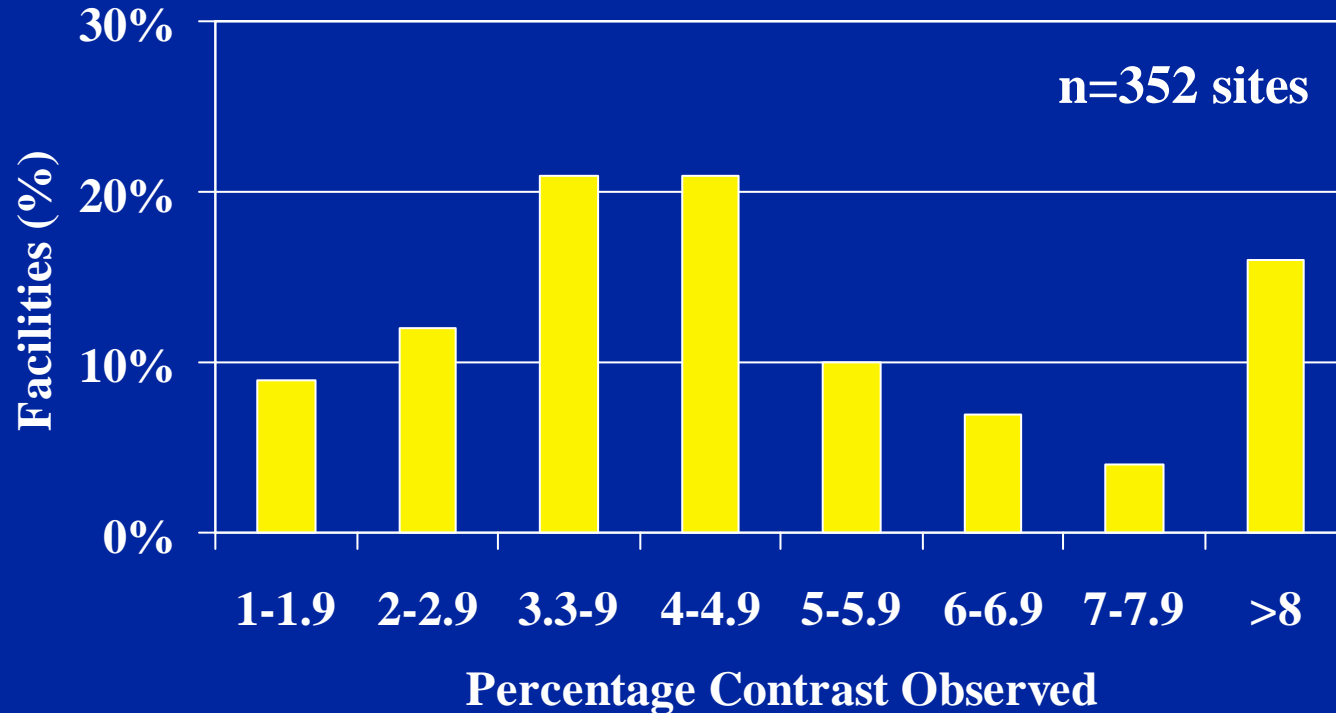
# NEXT Survey Results

## Fluoroscopy: Low Contrast Holes



# NEXT Survey Results

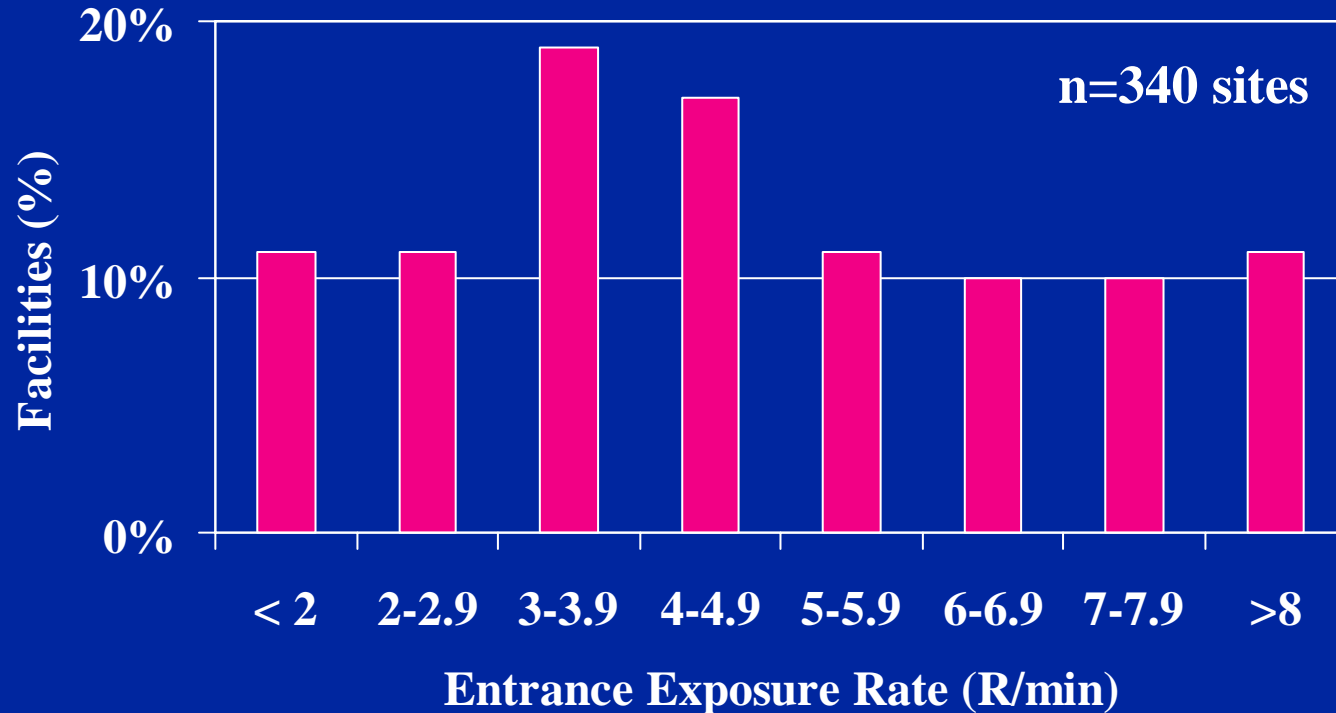
## Fluoroscopy: Low Contrast Visibility



**Mean:  
4.9%**

# NEXT Survey Results

## Fluoroscopy Exposure Rate

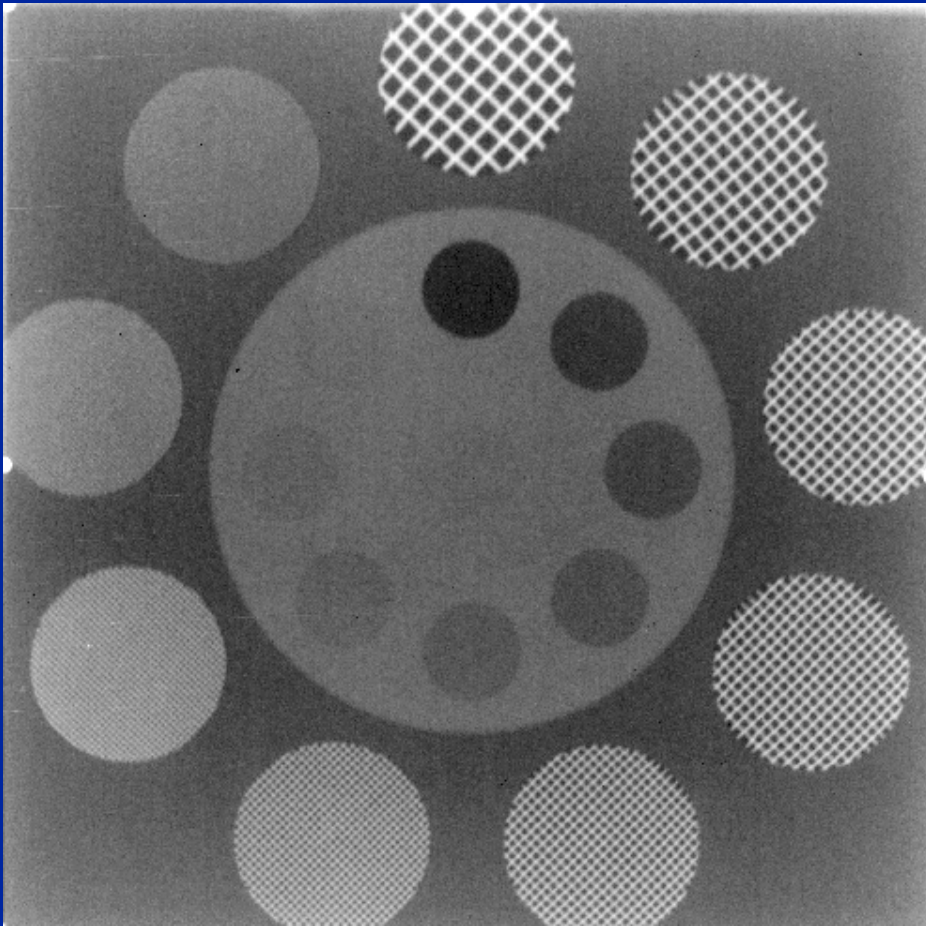


**Mean:  
5.0 R/min**

**Mean kVp:  
102**

# Spot Image Example 1

---



Film-screen

85 kVp / 17 mAs

Small focal spot

8 mesh patterns (60 lines/in)

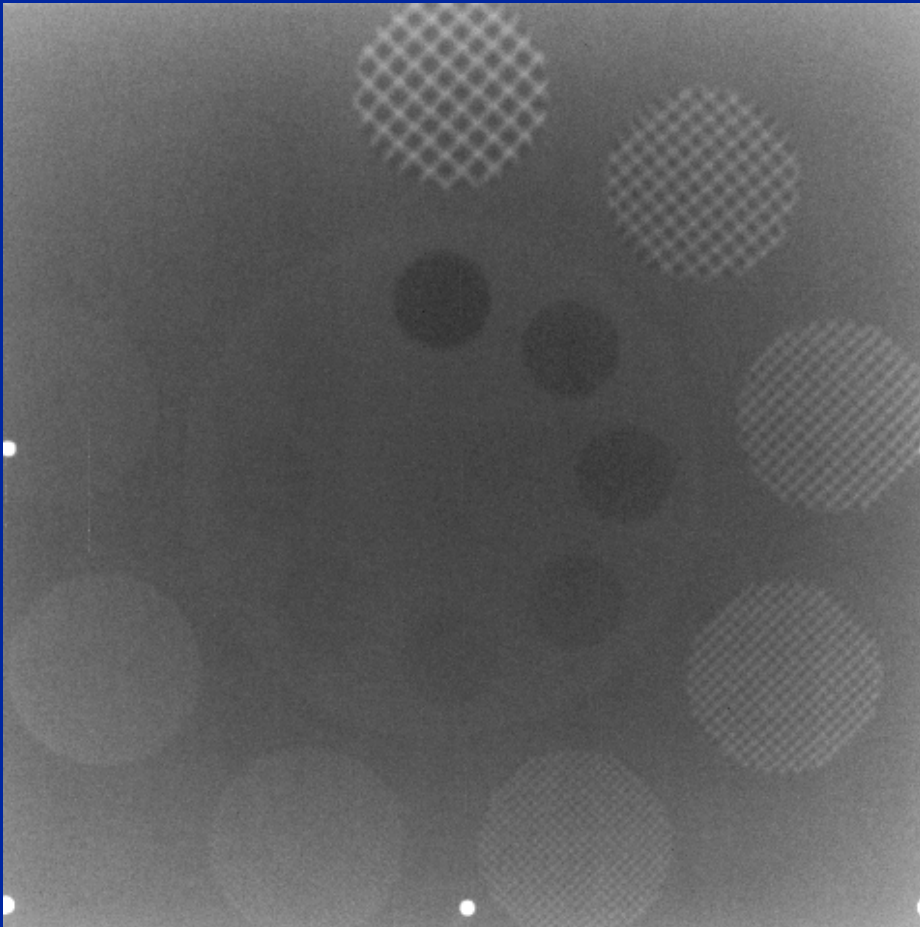
9 holes

300 mR



# Spot Image Example 2

---



Film-screen

120 kVp / 4 mAs

Large focal spot

6 mesh patterns (40 lines/in)

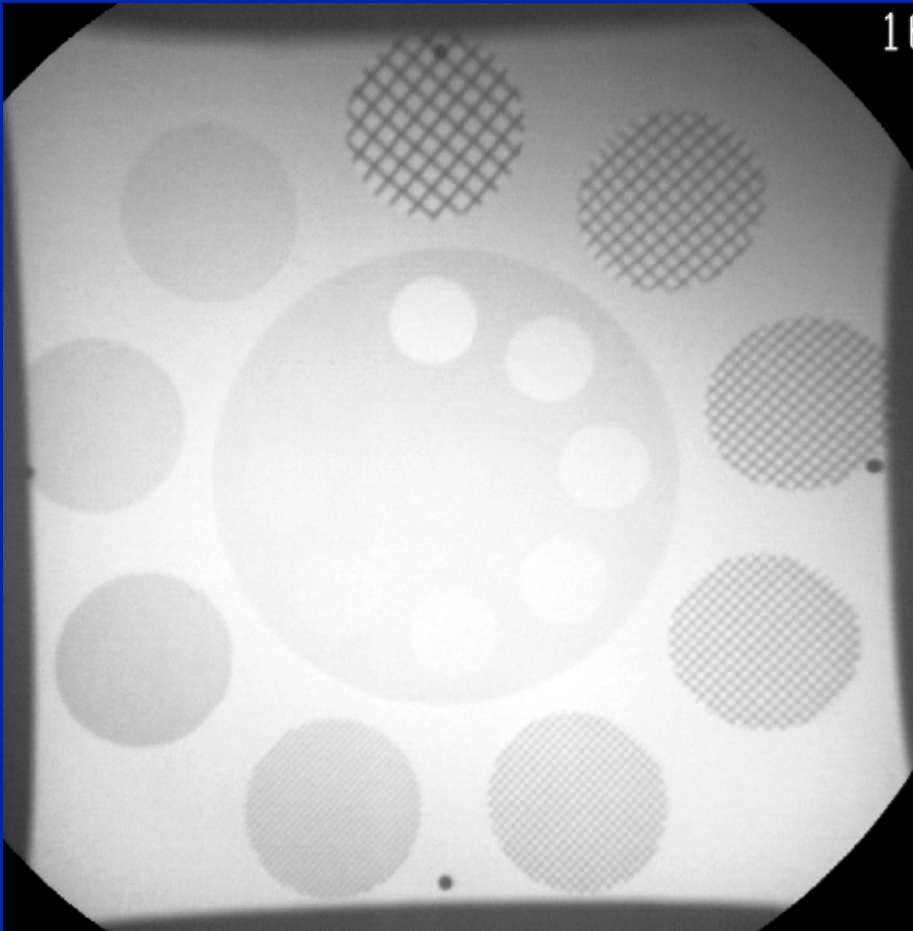
7 holes

200 mR



# Spot Image Example 3

---



Digital Photospot

60 kVp / 50 mAs

Small focal spot

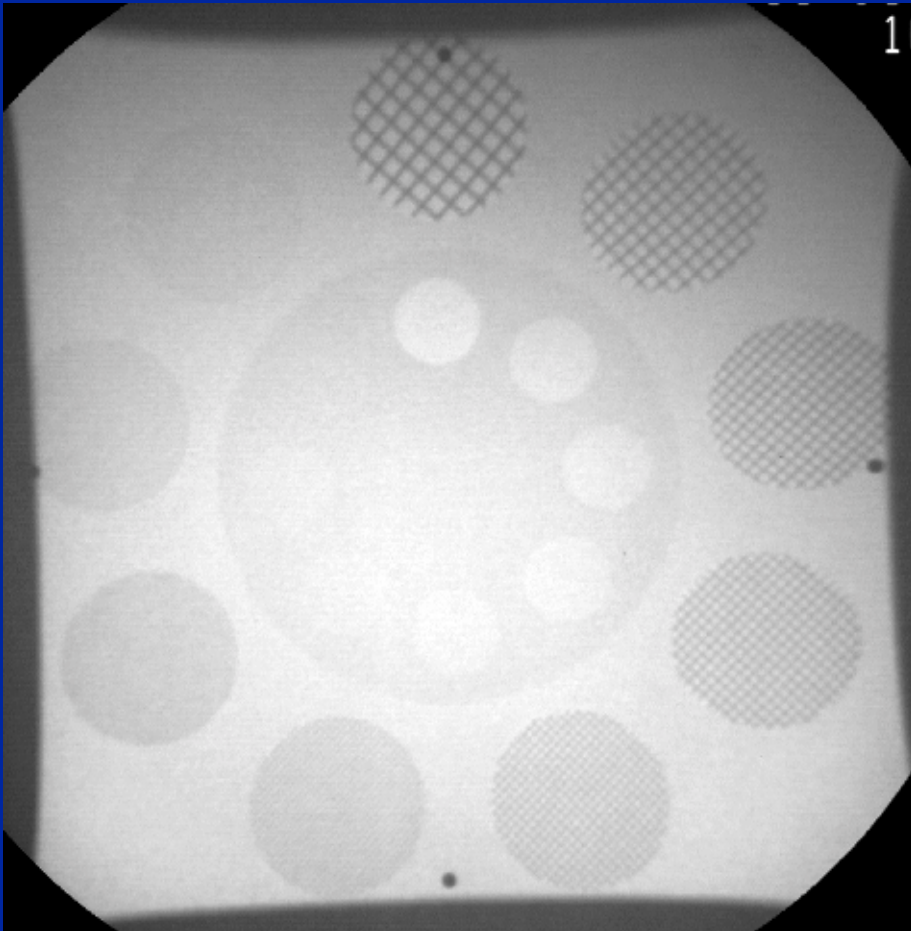
6 mesh patterns (40 lines/in)

9 holes

400 mR

# Spot Image Example 4

---



Digital Photospot

80 kVp / 3 mAs

Small focal spot

6 mesh patterns (40 lines/in)

8 holes

55 mR

# Spot Image Example 5

---



Digital Photospot

120 kVp / 1 mAs

Small focal spot

6 mesh patterns (40 lines/in)

7 holes

60 mR

# Suggested Corrective Actions

- If phantom image quality or dose does not meet minimum pass/fail criteria, the medical physicist may be called on to suggest corrective action



# Corrective Actions

---

- Phantom entrance exposure rate too high
  - Image intensifier exposure rate is set too high
    - 1-3  $\mu\text{R}/\text{frame}$  in the 9" (23 cm) FOV recommended
  - Increase filtration
    - 3-3.5 mm Al at 80 kVp recommended
  - Remove grid during fluoroscopy

# Corrective Actions

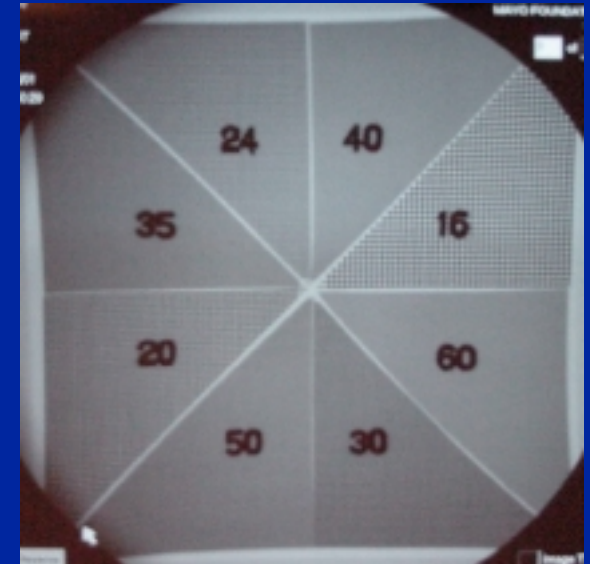
---

- Number of mesh patterns observed is too low
  - Image intensifier focus is poor



# Corrective Actions

- High contrast spatial resolution measurement
  - Measure at center and edge of image
  - 1.25 lp/mm (line bar pattern) or 30 wires/in (mesh pattern) in the 9" FOV recommended



# Corrective Actions

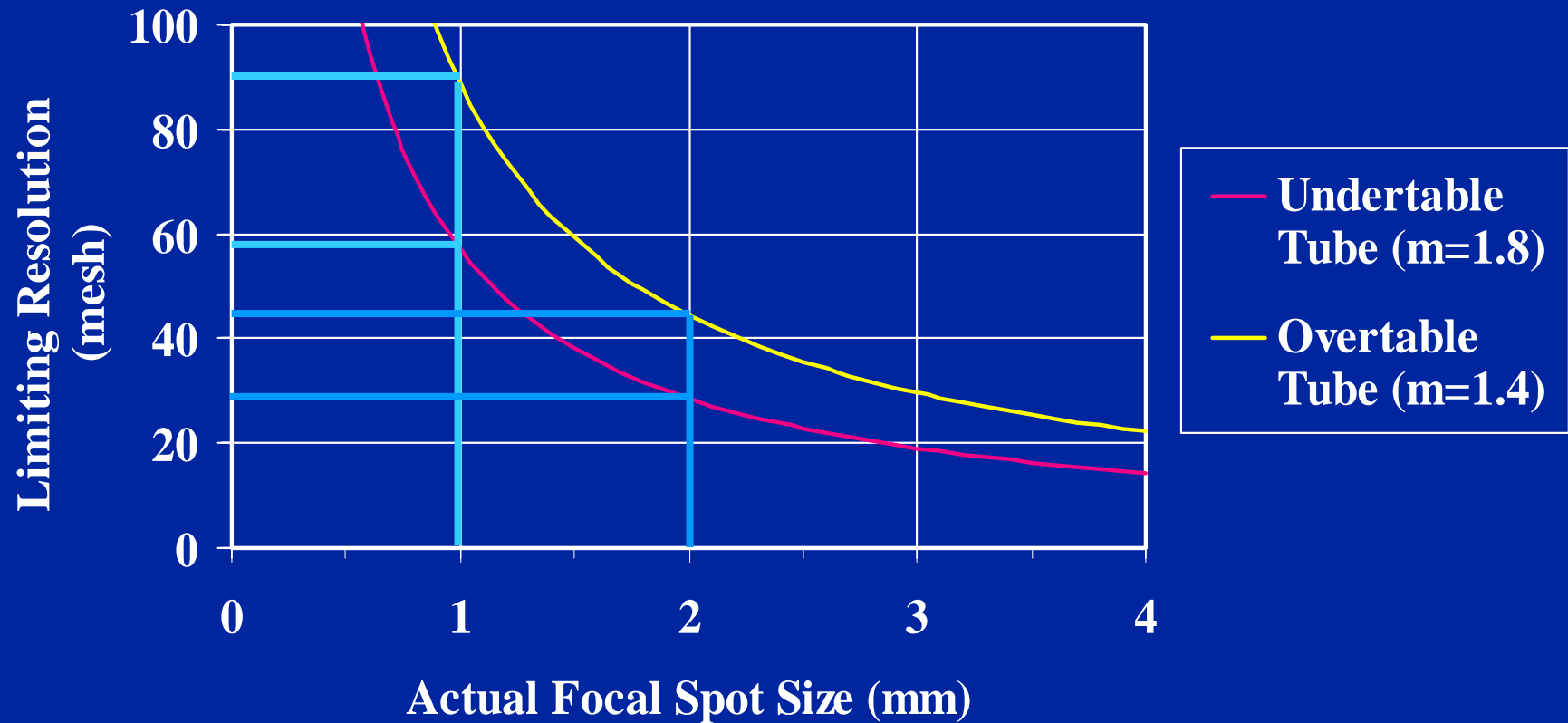
---

- Number of mesh patterns observed is too low
  - Image intensifier focus is poor
  - Focal spot size is too large



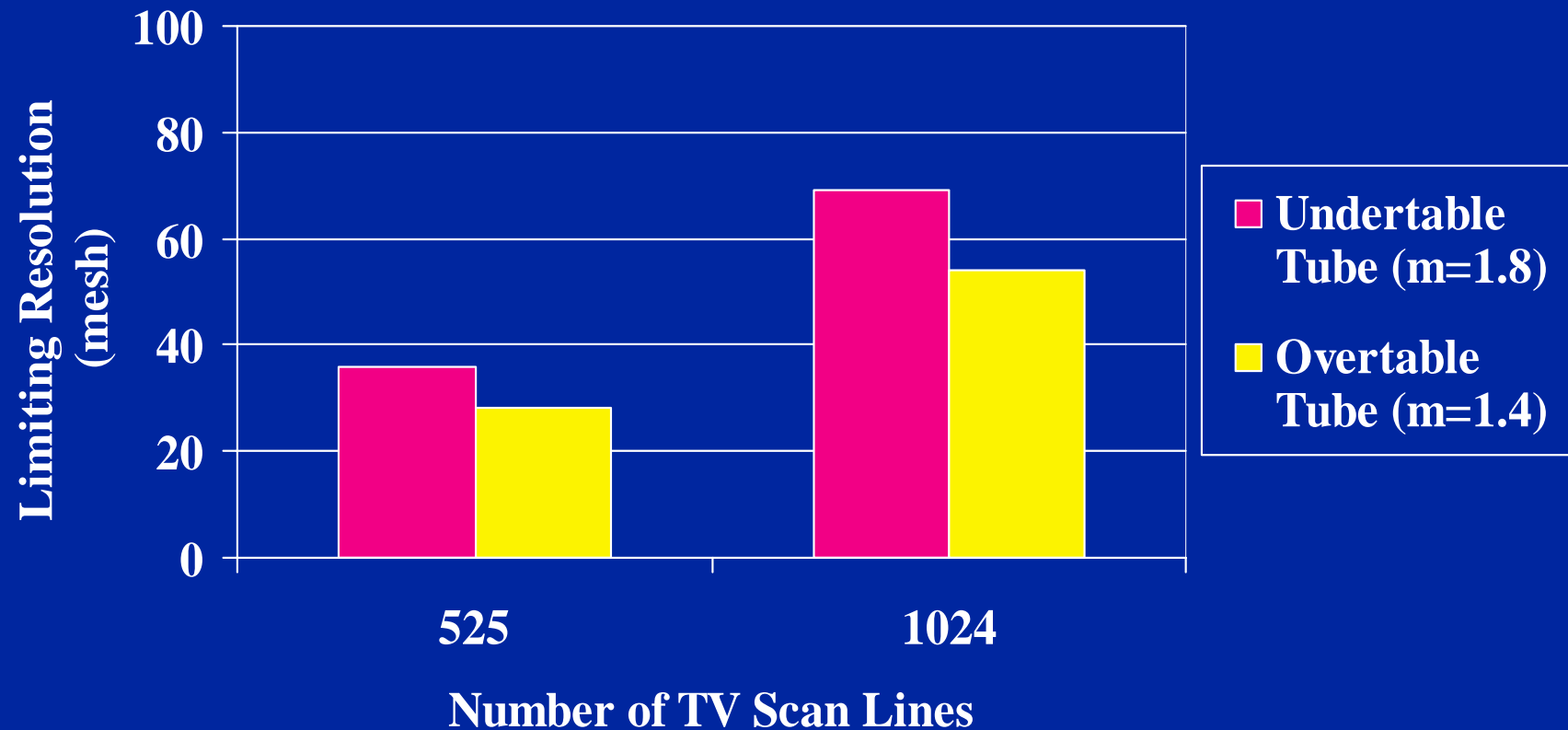
# Corrective Actions

## Focal Spot Blur



# Corrective Actions

## TV Chain Resolution



# Corrective Actions

---

- Number of mesh patterns observed is too low
  - Image intensifier focus is poor
  - Focal spot size is too large
  - Poor monitor performance
  - Excessive image noise
  - Poor contrast

# Corrective Actions

---

- Percentage contrast detectability is too high
  - Image intensifier exposure rate is set too low
    - 1-3  $\mu\text{R}/\text{frame}$  in the 9" (23 cm) FOV recommended
  - Consider a replacement II or replacement monitor

# Additional Phantom Characterization

---

## 1. Backscatter:

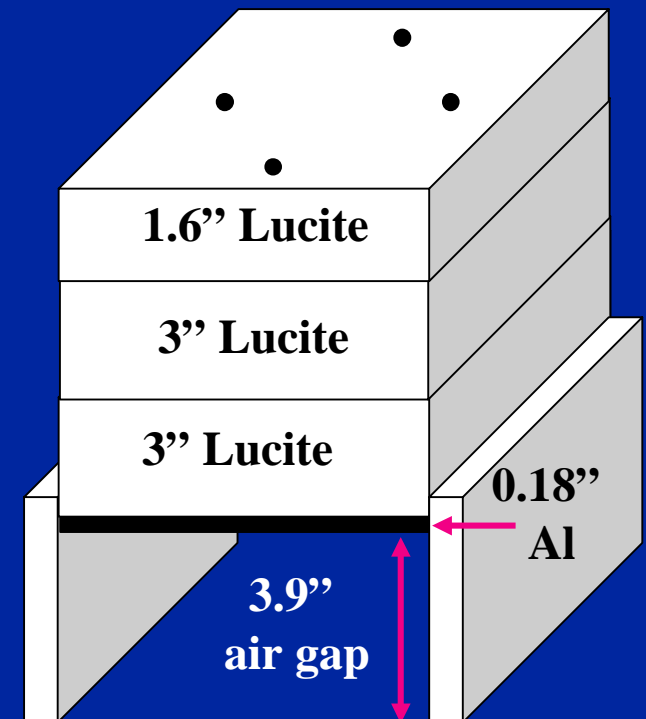
Measurement of the amount of backscatter produced by the ACR R/F phantom at the exposure measurement location

## 2. Equivalent Water Attenuation:

Comparison of the ACR R/F phantom transmission with other common phantoms

# ACR R/F Phantom: Backscatter

- The CDRH fluoroscopy phantom design allows for measurement of the entrance exposure with minimal contribution from backscatter
  - Leg supports raise the phantom 3.9'' (10 cm) from the tabletop
  - The Al plate is positioned on the entrance side of the phantom

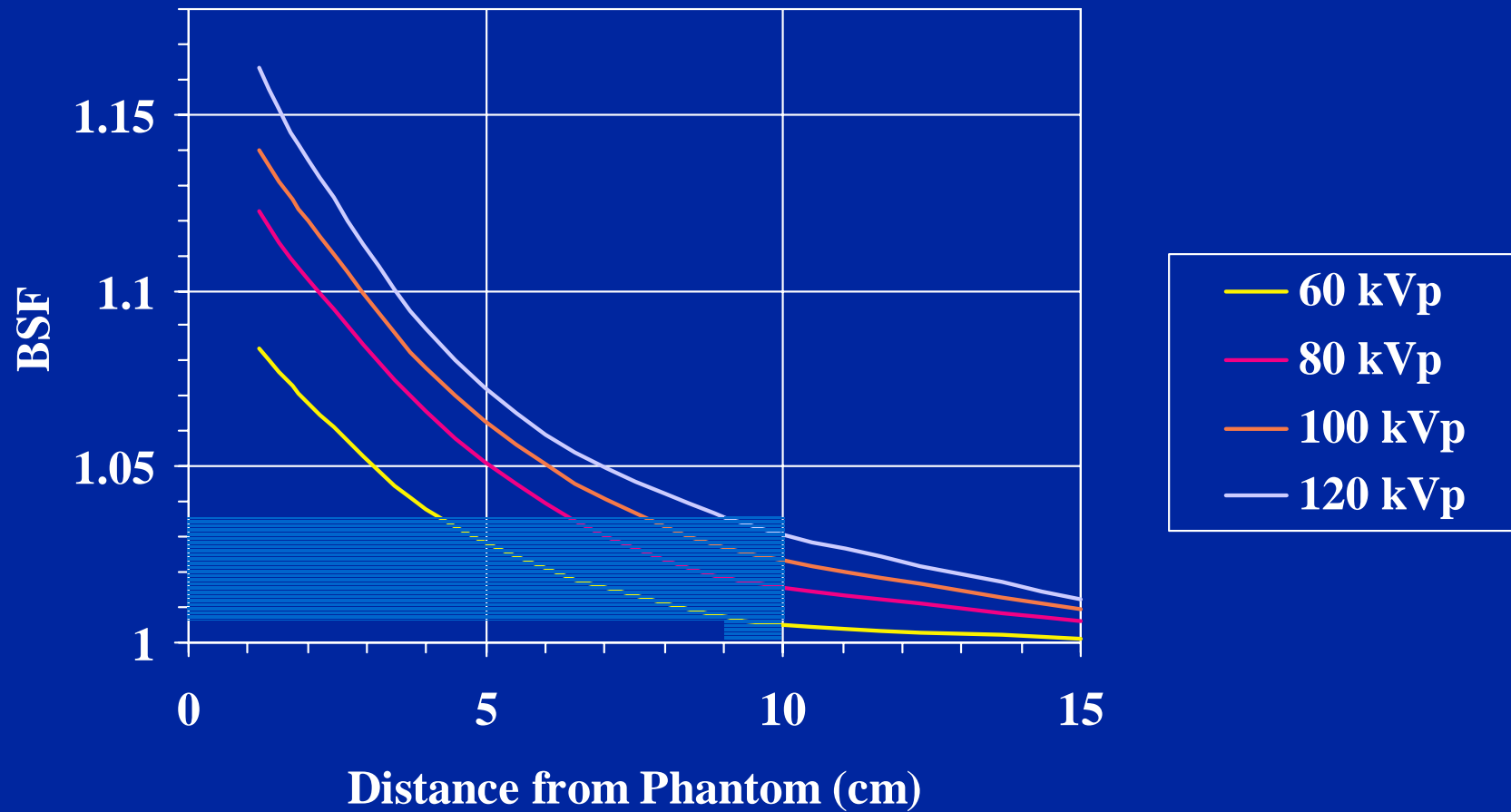


# Backscatter: Methods

---

- For validation, the backscatter factor (BSF) was measured as a function of distance from the phantom
  - $BSF = \text{Exposure with phantom in place} \div \text{Exposure without phantom}$
  - FOV was collimated to the lead markers
  - Measurements made at 60, 80, 100 and 120 kVp

# Backscatter: Results





# Attenuation: Methods

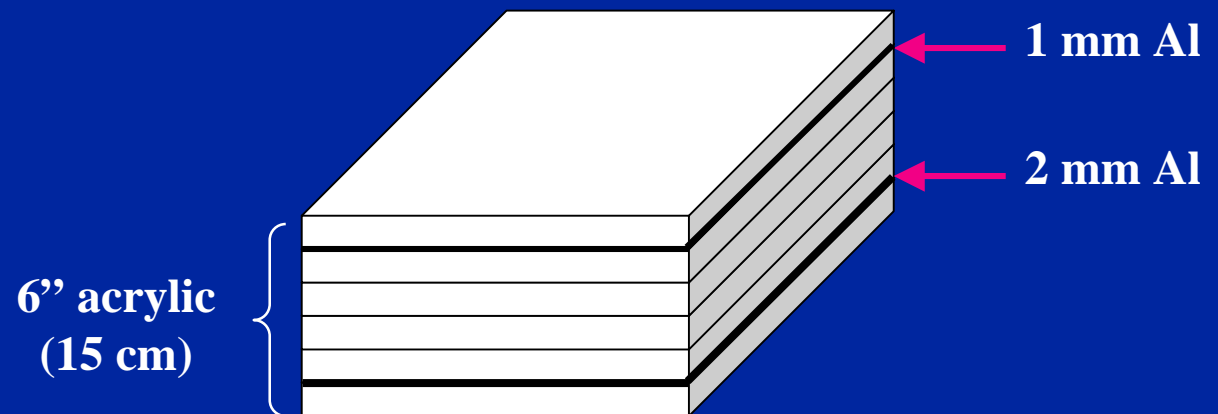
---

- Measure the equivalent water thickness of the ACR R/F Phantom
  - Matching exposures determined by matching radiographic screen-film optical densities (to within 0.02 OD)
  - FOV was collimated to the lead markers
  - Measurements made at 60 and 100 kVp
  - Repeat for an ANSI abdomen phantom

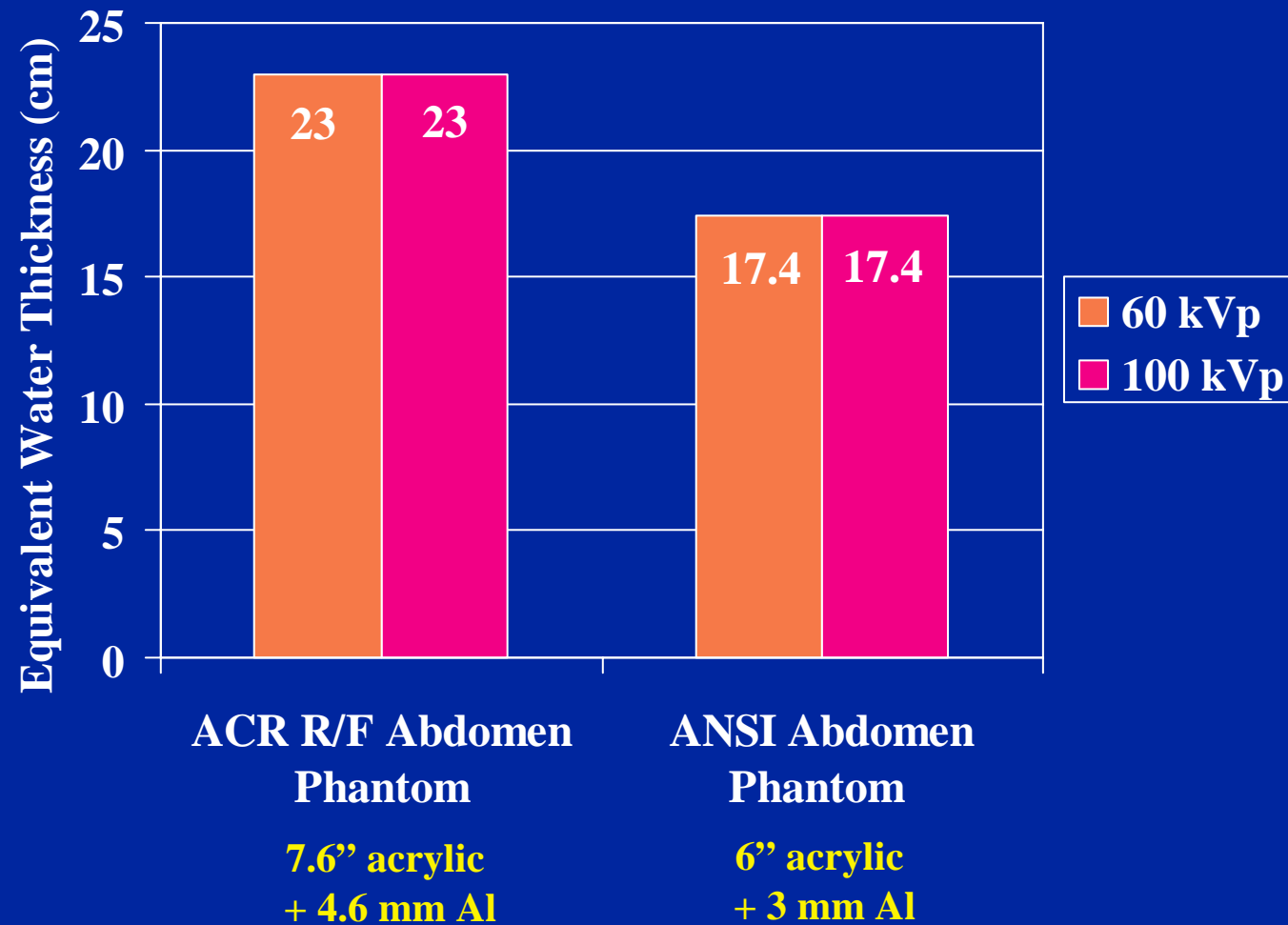
# ANSI Abdomen Phantom

---

- Acrylic and aluminum (type 1100 alloy) phantom
  - Patient-equivalent in absolute and spectral transmission



# Attenuation: Results



# ACR V-I Accreditation Program

---

- Vascular, interventional, neurovascular procedures
- Accreditation Program includes evaluation of
  - equipment performance
  - personnel qualifications (physician, RT, MP, nurse)
  - quality control
  - clinical image quality

# ACR V-I Accreditation Program

---

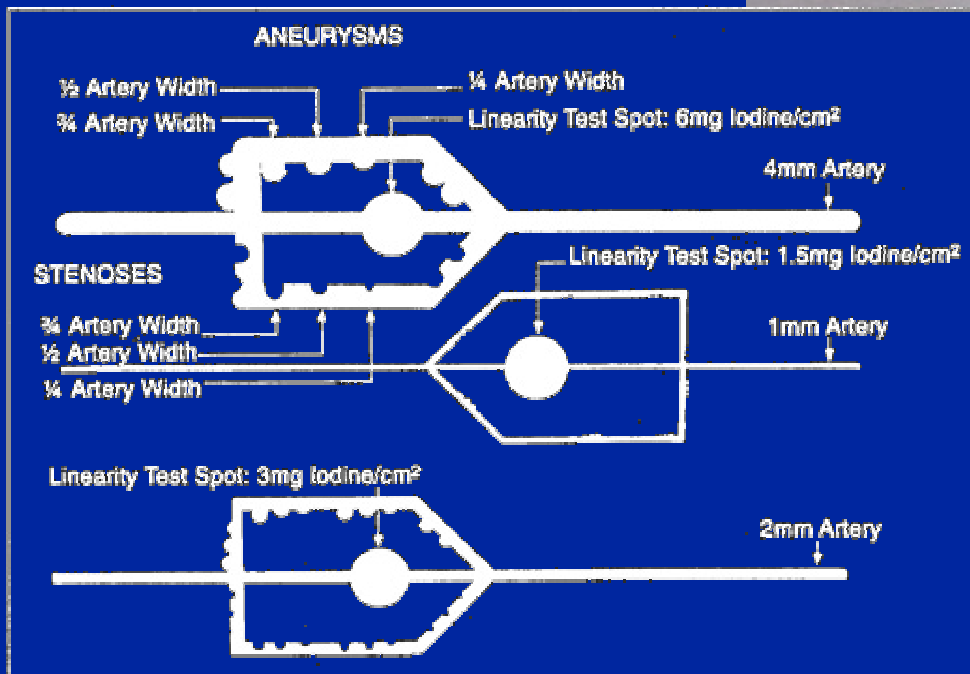
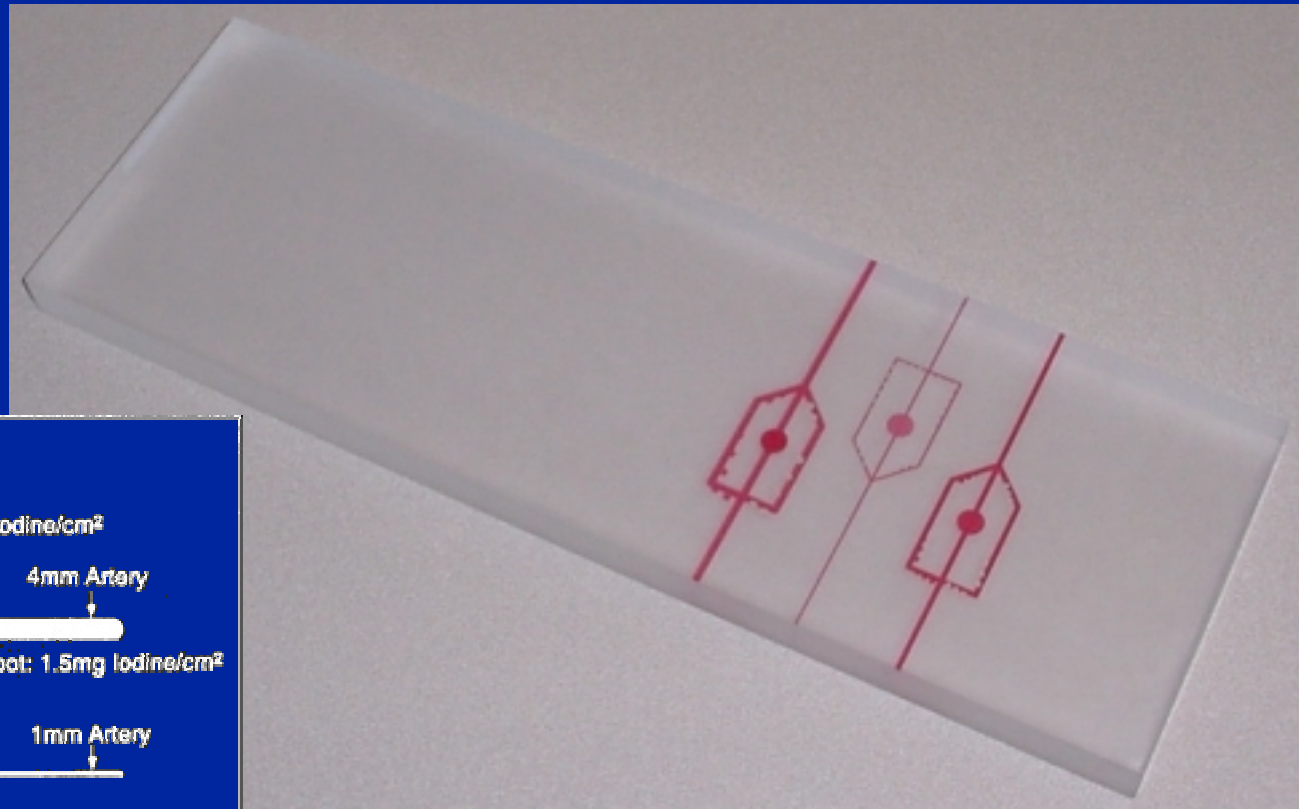
- Quality control
  - Initial and annual medical physics tests
  - More frequent technologist tests
- Patient dose monitoring recommended
  - dose-area product meter
  - skin dose monitor
  - entrance skin dose calculation
  - estimation from fluoroscopy time and number of images

# ACR V-I Phantom

---

- Same as the R/F phantom, with the addition of an artery block
- Artery block includes iodine-filled simulated arteries of various diameters with stenoses and aneurysms

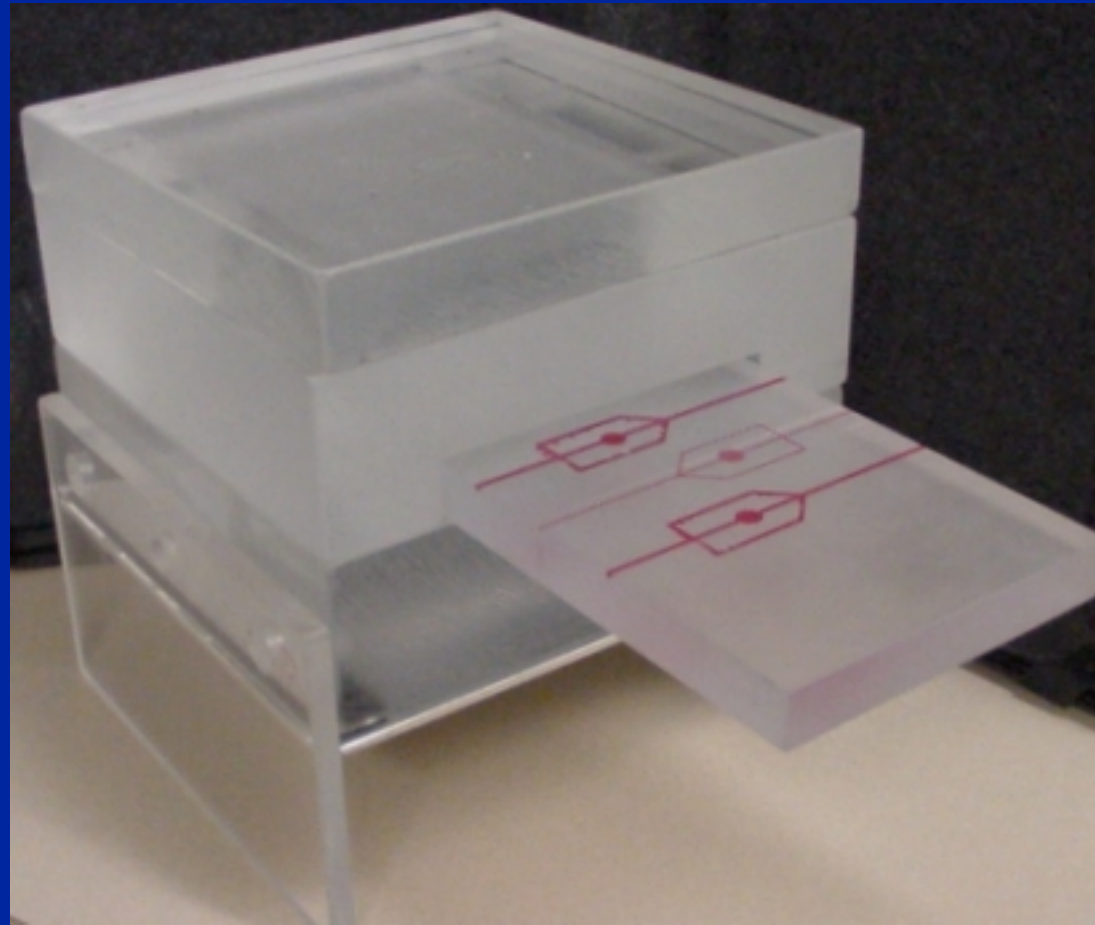
# Artery Block





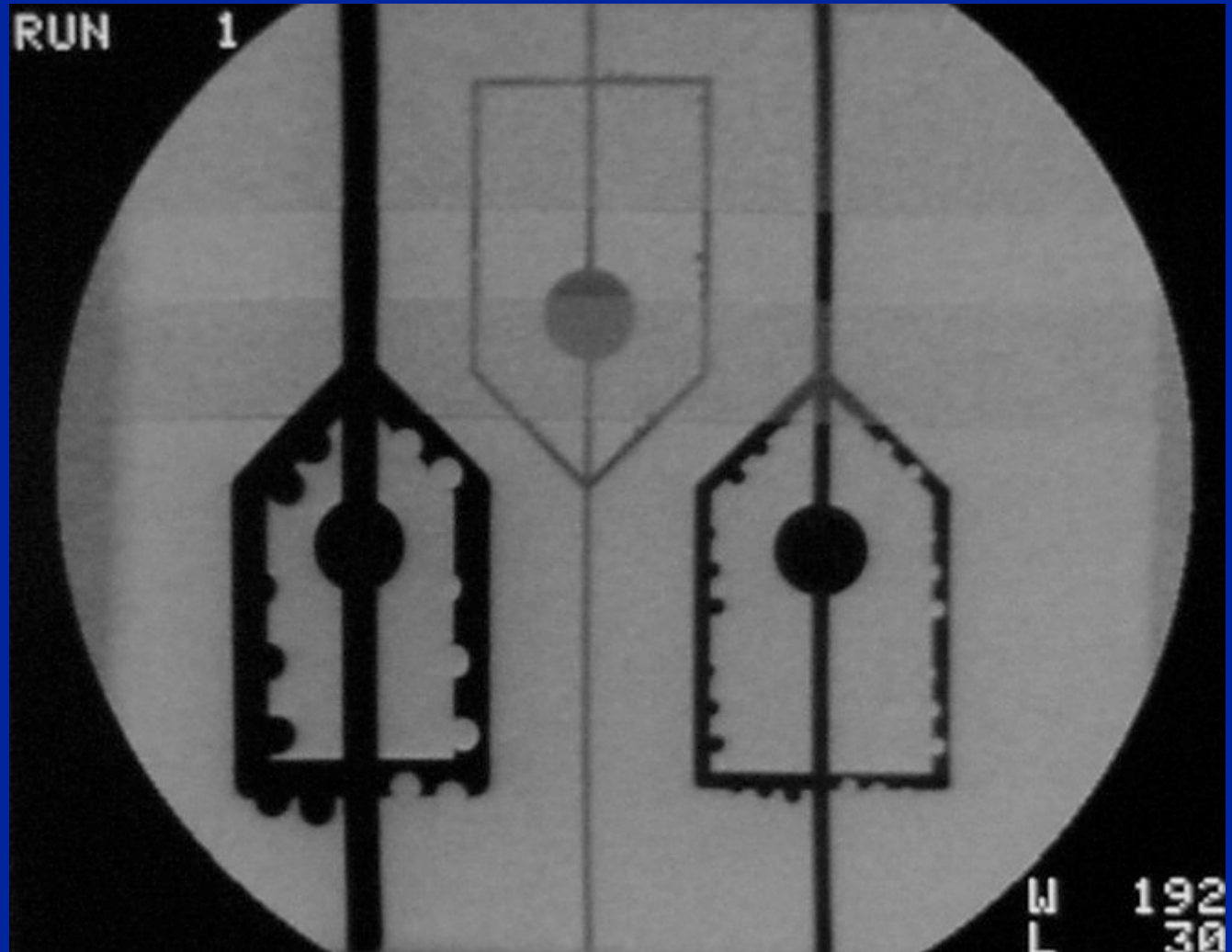
# ACR V-I Phantom

- Subtraction imaging of the artery block
  - One 3” section of the phantom is replaced with a slot block
  - Artery block is passed through the slot: blank side for mask, artery side for live image



# ACR V-I Phantom

- DSA image of the artery block



# **Use of the R/F Accreditation Phantom for Fluoroscopic System Evaluation**

Beth A. Schueler, Ph.D.  
Mayo Clinic

Robert L. Dixon, Ph.D.  
Wake Forest University

Charles R. Wilson, Ph.D.  
Medical College of Wisconsin