AAPM Computed Tomography Radiation Dose Education Slides

GE Healthcare Version

Many of the terms used in these slides can be found in the CT Terminology Lexicon

http://www.aapm.org/pubs/CTProtocols/documents/CTTerminologyLexicon.pdf

Last updated: 18 November 2013

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Disclaimer

- Screen captures are examples of a common (or latest) software version only and all software versions are not represented
- The information contained herein is current as of the date shown on the title slide
- The master version of these slides is located at:
  - http://www.aapm.org/pubs/CTProtocols/documents/EducationSlides.pptx
- Modification of the content of these slides is not allowed.

Vendor Specific Slide Details

- The presence of a vendor name in the footer of the slide indicates that the slide is vendor specific slide
- White text is used throughout to indicate vendor specific language
- An example of a vendor specific slide follows

Generic Parameter/Topic Name

Vendor Specific Name

Vendor screen capture of how the acquisition parameter is set or how information on the topic is displayed

Text describing acquisition parameter or topic

Motivation

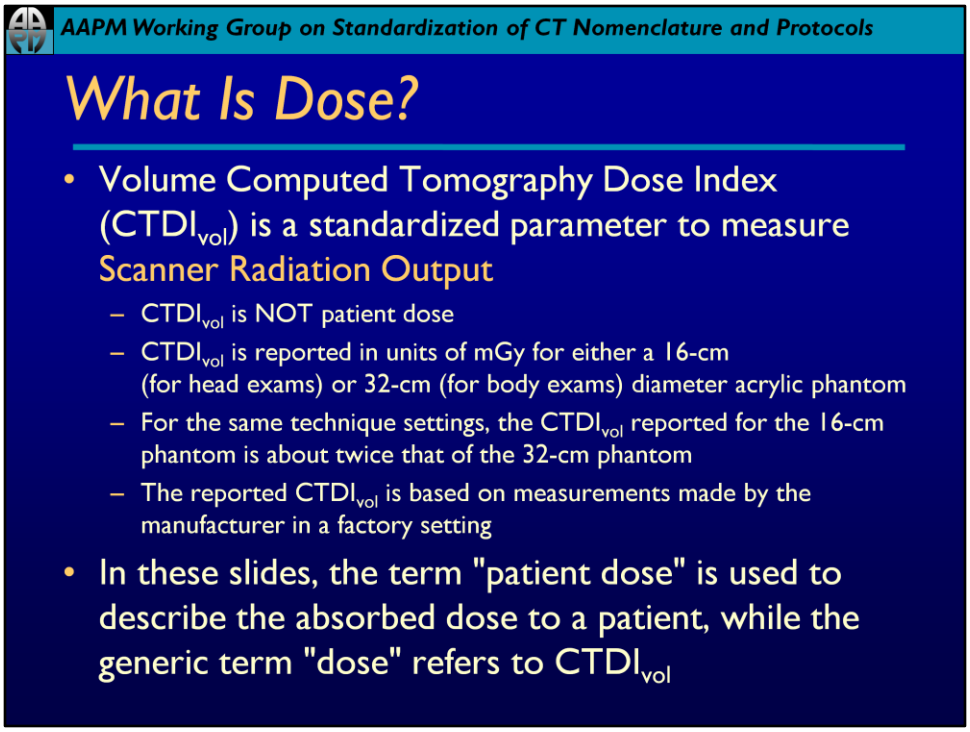
- These slides are provided to aid in understanding the factors that affect radiation dose in CT studies
- Image patients wisely and gently
  - A CT study should use as little radiation as possible, while still meeting the image quality needs of the exam
  - A CT study that is non-diagnostic because the radiation dose is too low may require rescanning the patient – increasing the total patient dose

imagegently.org

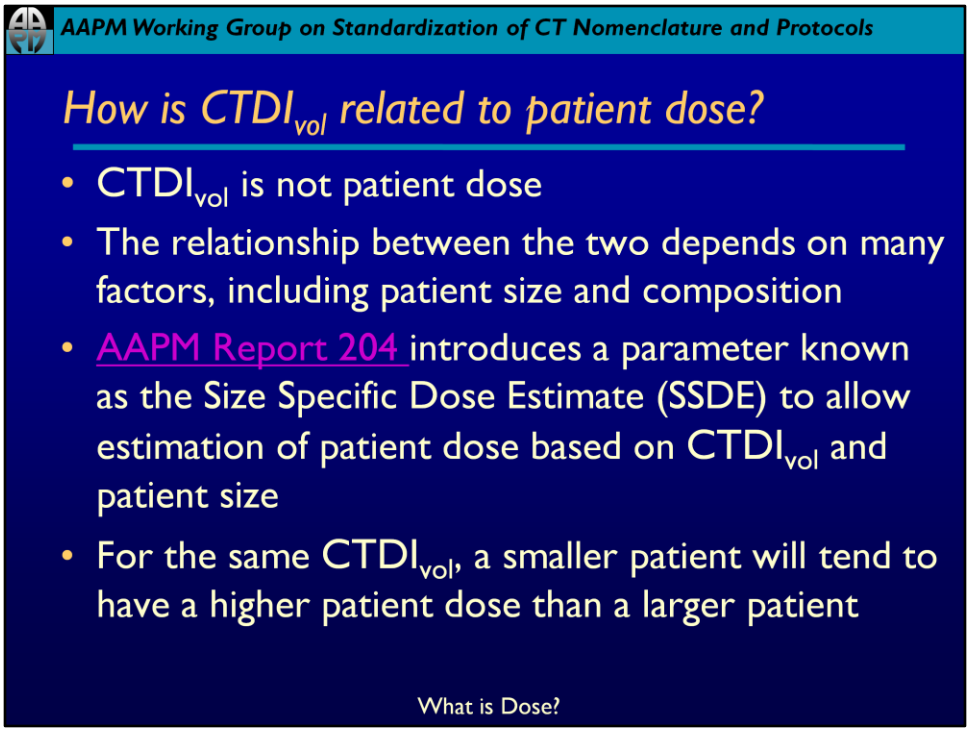
imagewisely.org

Outline

- What is Dose?
- Acquisition Parameter Settings
- Dose Modulation and Reduction
- Dose Display

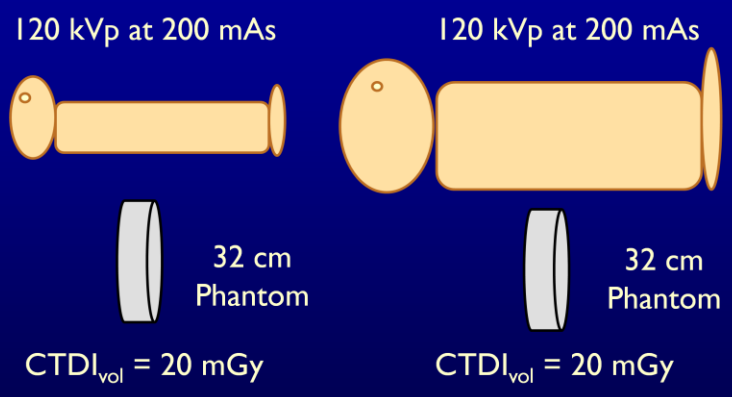


1. Bauhs, J. A., Vrieze, T. J., Primak, A. N., Bruesewitz, M. R., & McCollough, C. H. (2008). CT Dosimetry: Comparison of Measurement Techniques and Devices1. *Radiographics*, *28*(1), 245-253. doi:10.1148/rg.281075024
2. McCollough, C. H., Primak, A. N., Braun, N., Kofler, J., Yu, L., & Christner, J. (2009). Strategies for reducing radiation dose in CT. *Radiologic clinics of North America*, *47*(1), 27-40.
3. International Electrotechnical Commission. *Medical Electrical Equipment. Part 2–44: Particular requirements for the safety of x-ray equipment for computed tomography.* 2.1. International Electrotechnical Commission (IEC) Central Office; Geneva, Switzerland: 2002. IEC publication No. 60601–2–44.



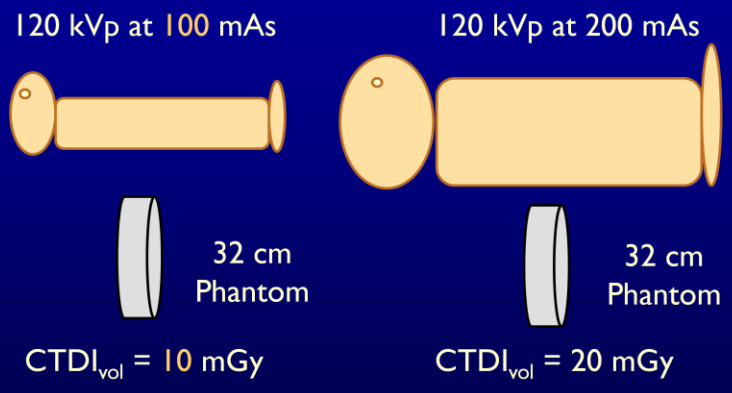
http://www.aapm.org/pubs/reports/RPT_204.pdf

How is $CTDI_{vol}$ related to patient dose?



Both patients scanned with the same $CTDI_{vol}$
Patient dose will be higher for the smaller patient

How is $CTDI_{vol}$ related to patient dose?

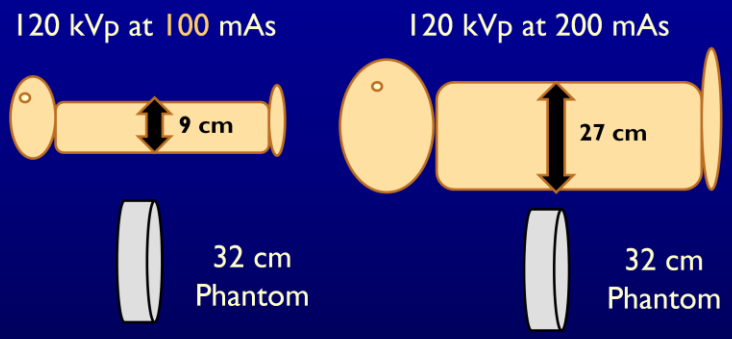


Smaller patient scanned with a lower $CTDI_{vol}$
Patient doses will be approximately equal

Size Specific Dose Estimate (SSDE)

- AAPM report 204 describes a method to calculate SSDE using $CTDI_{vol}$
- Conversion factors based on patient size (e.g., AP or lateral width, effective diameter) are provided to estimate patient dose for a patient of that size
- However, SSDE is still not the exact patient dose, as factors such as scan length and patient composition may differ from the assumptions used to calculate SSDE
- SSDE is not dose to any specific organ, but rather the mean dose in the center of the scanned volume

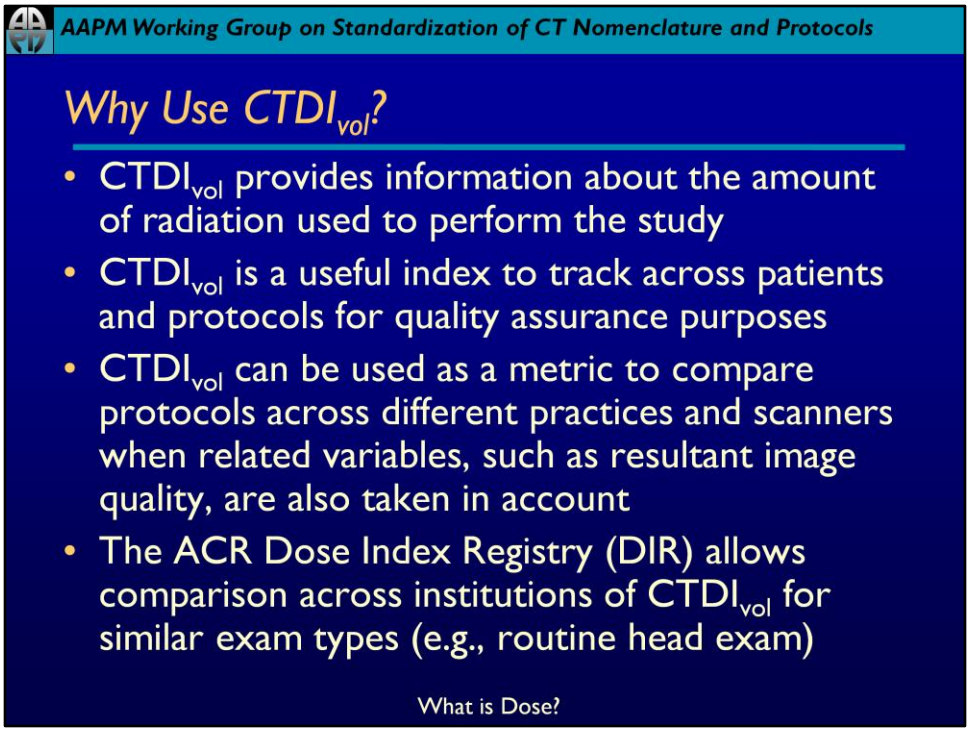
How is $CTDI_{vol}$ related to patient dose?



$CTDI_{vol}$ = 10 mGy
SSDE = 13.2 mGy

$CTDI_{vol}$ = 20 mGy
SSDE = 13.2 mGy

Patients have equivalent SSDE



1. McCollough, C. H., Leng, S., Yu, L., Cody, D. D., Boone, J. M., & McNitt-Gray, M. F. (2011). CT Dose Index and Patient Dose: They are Not the Same Thing, EDITORIAL, Radiology *259*(2), 311-316.

Dose Length Product

- The Dose Length Product (DLP) is also calculated by the scanner
- DLP is the product of the length of the irradiated scan volume and the average $CTDI_{vol}$ over that distance
- DLP has units of mGy*cm

Useful Concepts/Terms

- The relationships between acquisition parameters and $CTDI_{vol}$ described in the following slides assume all other parameters are held constant
- The relationship between a parameter and $CTDI_{vol}$ is often described as **proportional** in some way
  - The symbol $\propto$ is used to indicate "proportional to"
- Directly proportional means that a change in the parameter results in the same change in $CTDI_{vol}$
  - Example: Doubling the rotation time from 0.5 to 1.0 seconds will double the $CTDI_{vol}$
- Inversely proportional means that a change in a parameter has the opposite effect on $CTDI_{vol}$
  - Example: Doubling the pitch from 1 to 2 will reduce the $CTDI_{vol}$ by half

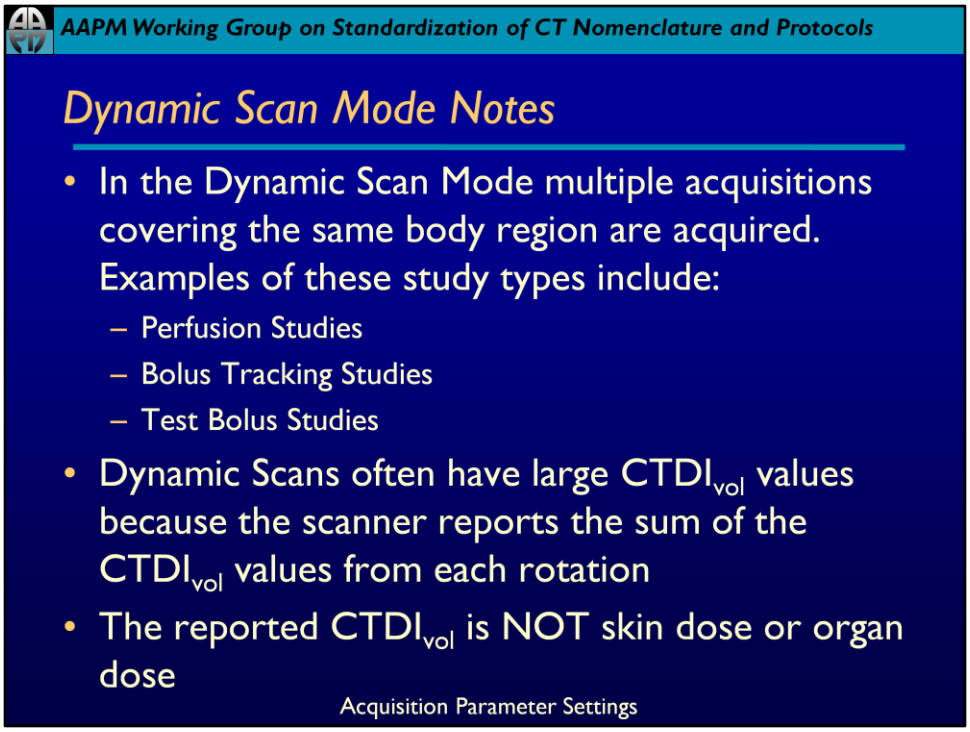
Acquisition Parameter Settings

- Acquisition Parameters define the technique that will be used and how the scan will proceed
- Acquisition Parameters are set in the user interface where scans are prescribed
- Changing a single Acquisition Parameter while holding everything else constant will typically affect the $CTDI_{vol}$ for that scan
- The following slides describe what that affect is for each parameter

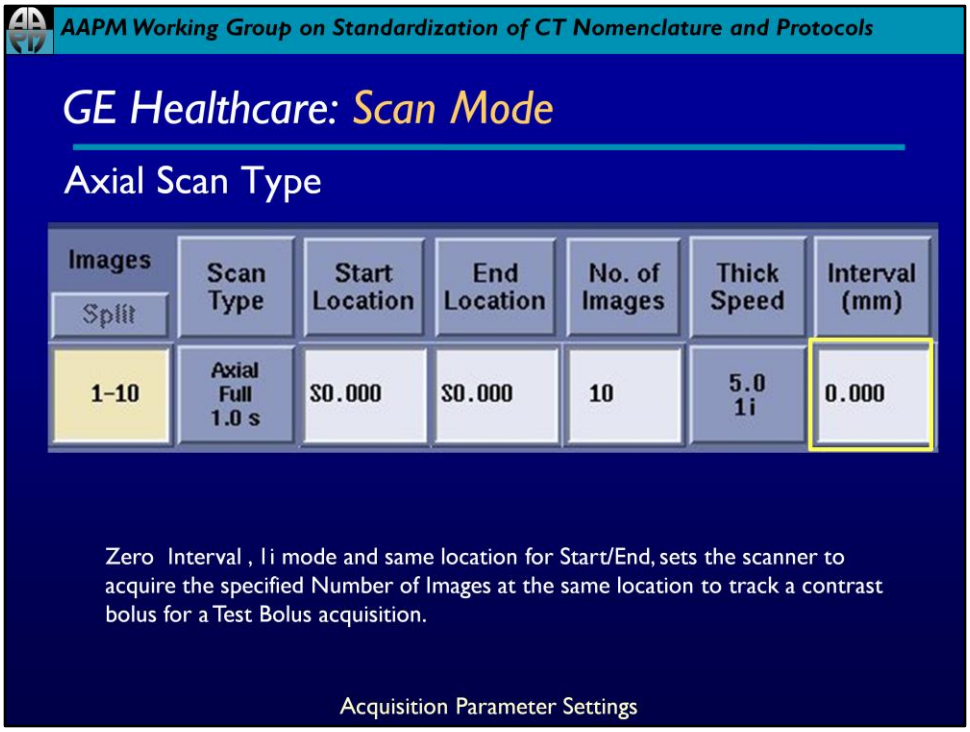
Scan Mode

- CT Scanners offer a variety of Scan Modes which describe how the table moves during an exam
- Scan Modes include
  - Axial
  - Helical or Spiral
  - Dynamic

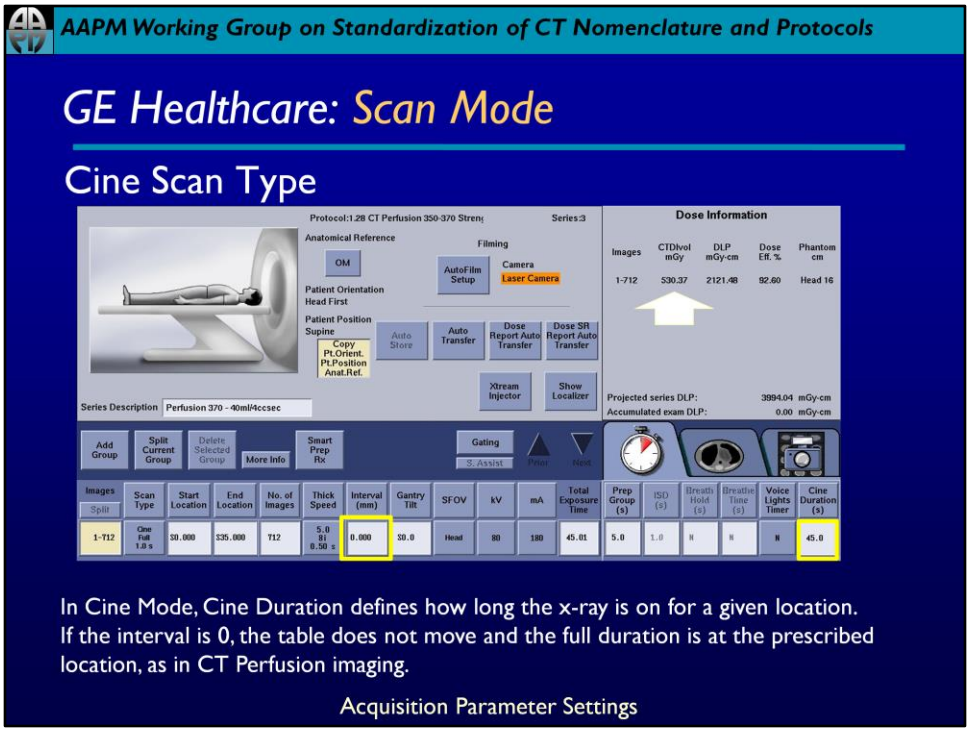
The Acquisition Parameters that affect CTDIvol may change amongst different Scan Modes



1. Bauhs, J. A., Vrieze, T. J., Primak, A. N., Bruesewitz, M. R., & Mccollough, C. H. (2008). CT Dosimetry : Comparison of Measurement Techniques and Devices. *Radiographics*, *28*(1), 245-254.
2. Zhang, D., Cagnon, C. H., Villablanca, J. P., McCollough, C. H., Cody, D. D., Stevens, D. M., Zankl, M., et al. (2012). Peak Skin and Eye Lens Radiation Dose From Brain Perfusion CT Based on Monte Carlo Simulation. *American Journal of Roentgenology*, *198*(2), 412-417.



In Axial mode, zero interval provides ability to acquire No. of Images at the same table location to provide data with time sensitive information.

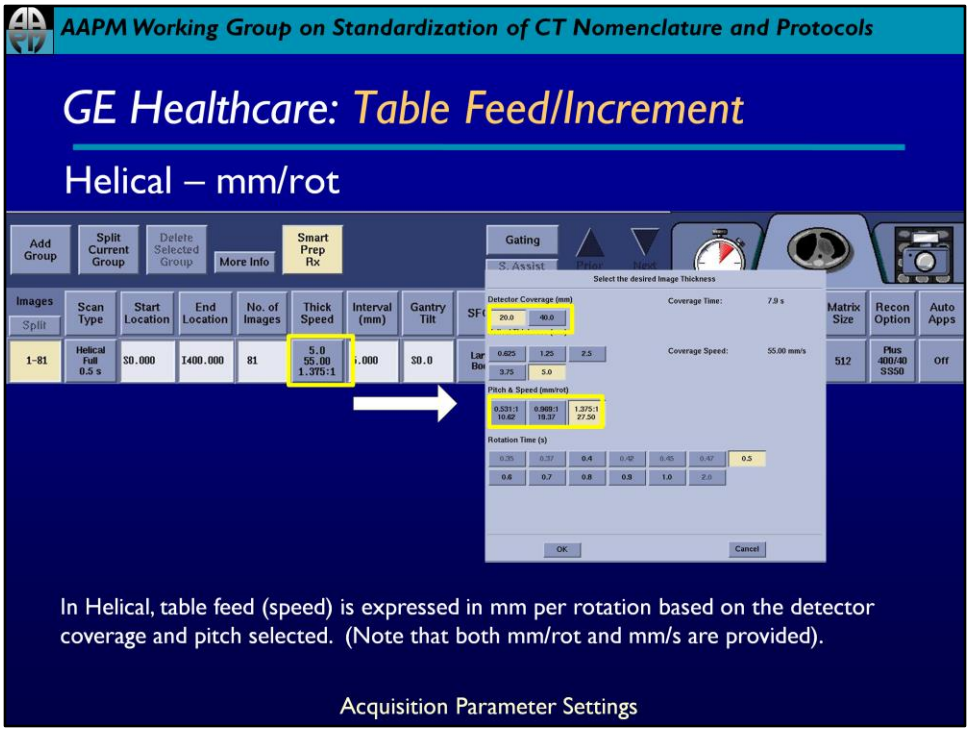


In Cine mode, Cine Durations defines the period of time that x-ray is on for a given location. The interval can be zero such as in CT Perfusion image or be equal to the detector coverage such as in retrospective respiratory gating acquisitions.

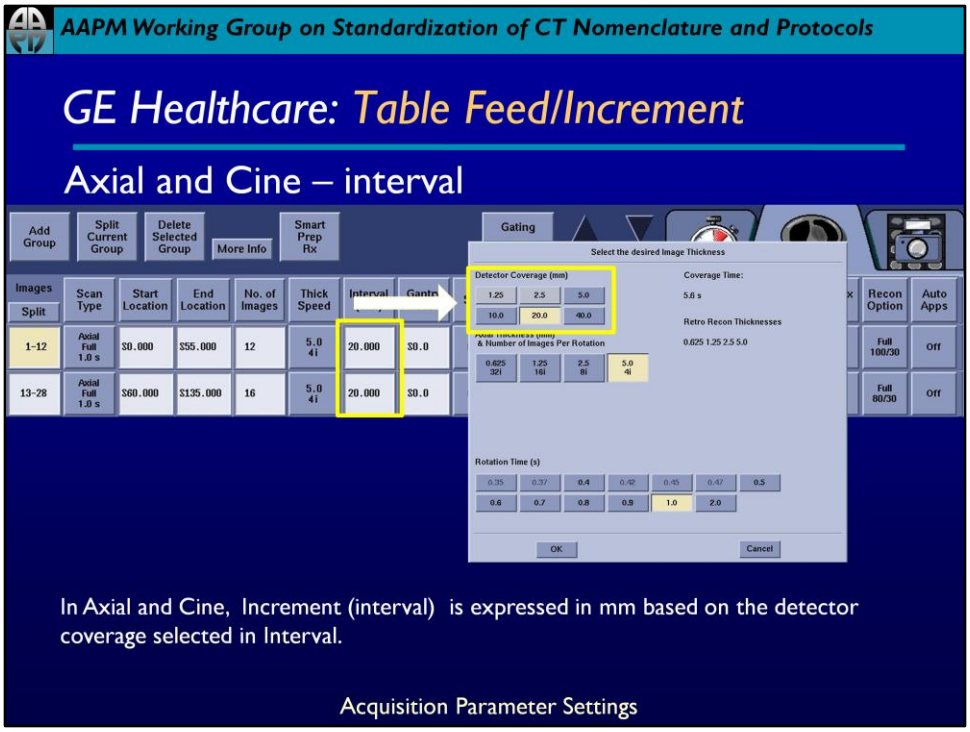
Table Feed/Increment

- Is the movement of the table through the bore of the scanner over a full 360 degree rotation
- Units: millimeters/rotation or millimeters/second
- The parameter is known both as Table Feed (helical/spiral acquisition) & Table Increment (axial acquisition)

Table Feed may affect $CTDI_{vol}$ through its inclusion in Pitch (discussed later)



In Helical Table Feed (Speed) is expressed in mm per rotation based on the Detector Coverage and Pitch selected and the Thickness Speed screen.



In Axial and Cine, Increment (interval) is expressed in mm based on the Detector Coverage selected in the Thickness Speed screen. In Axial and Cine, the Increment (Interval) is equal to Detector Coverage.

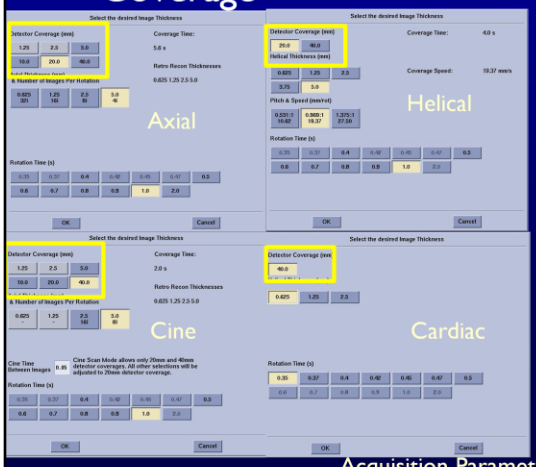
Detector Configuration

- Is the combination of the number of data channels and the width of the detector associated with each data channel
- The Detector Configuration determines the Beam Width or Beam Collimation (nT), which is the number of channels (n) times the detector width associated with each data channel (T)
- For a selected detector width per data channel, a smaller total Beam Collimation usually has a higher $CTDI_{vol}$ than a larger Beam Collimation
  - Example: On a 16 slice scanner with a detector width per channel of 1.25 mm, a collimation of 4x1.25mm is generally less dose efficient than a collimation of 16x1.25mm

Users should monitor $CTDI_{vol}$ values when changing detector configuration

GE Healthcare: Detector Configuration

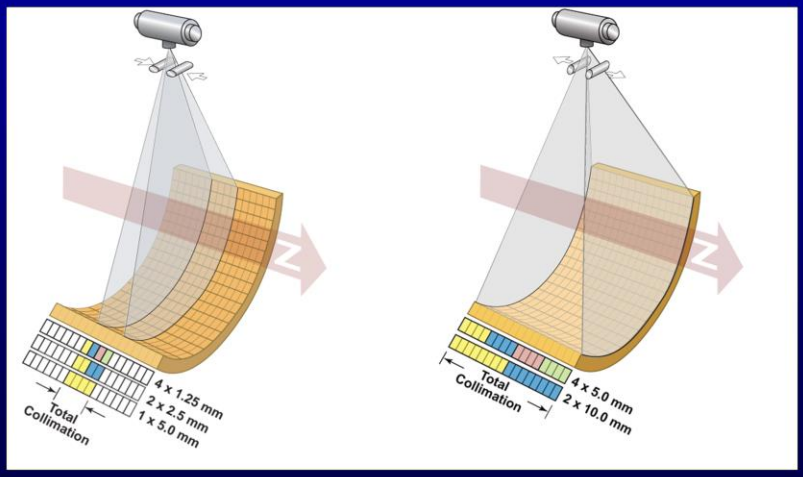
Axial, Cine, Helical, Cardiac Scan Type - Detector Coverage



Acquisition Parameter Settings

Detector Configuration for 64 slice systems always acquires using 0.625 mm elements. Detector Coverage defines how much of the configuration is used for the acquisition.

Detector Configuration



Acquisition Parameter Settings

Pitch

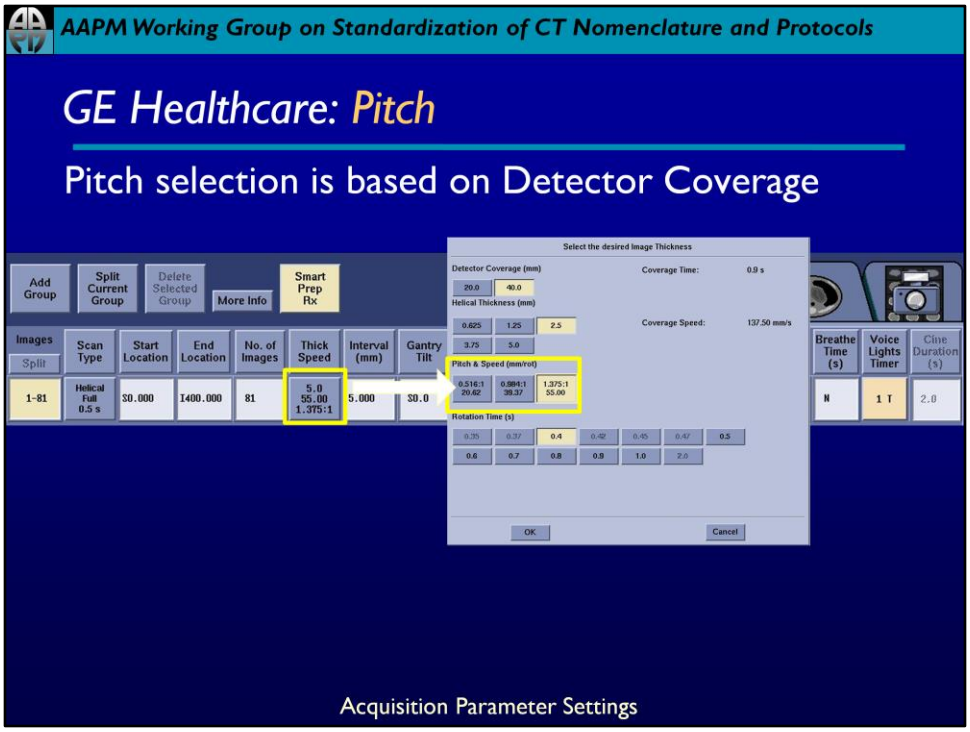
- Is the Table Feed per gantry rotation divided by the beam width/collimation
- Pitch is the ratio of two distances and therefore has no units
- Users should monitor other parameters when changing Pitch. The scanner may or may not automatically compensate for changes in Pitch (for example, by changing the tube current) to maintain the planned $CTDI_{vol}$.

$CTDI_{vol} \propto 1/Pitch$:
Hitachi, Toshiba (no AEC)

$CTDI_{vol}$ independent of Pitch:
GE, Siemens, Philips, Neusoft, Toshiba (AEC)

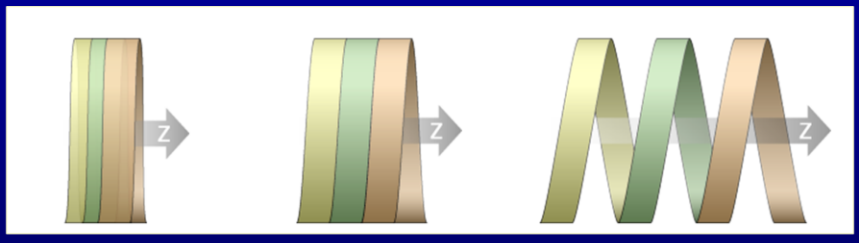
Pitch

- $CTDI_{vol}$ may not change in the expected manner if the scanner automatically adjust other parameters when the pitch is changed
- The relationships between CTDIvol and pitch for the different vendors are described below
  - $CTDI_{vol}$ inversely proportional to change in pitch: Hitachi, NeuroLogica
  - $CTDI_{vol}$ constant when pitch is changed due to changes to other parameters: GE, Neusoft, Philips and Siemens
  - The relationship between $CTDI_{vol}$ and pitch depends on scan mode or Software version: Toshiba



Pitch selection is based on Detector Coverage.

Pitch



Pitch < 1
Beam Width has some overlap at each view angle from rotation to rotation

Pitch = 1
No overlap of Beam Width at each view angle and no view angles not covered at certain table positions

Pitch > 1
Some view angles are not covered by the beam width at certain table positions

Exposure Time per Rotation

- Is the length of time, in seconds, that the X-ray beam is "on" during a gantry rotation
  - It takes into account the gantry rotation time and angular acquisition range
- Units: seconds
- Users should monitor other parameters when changing Exposure Time per Rotation. The scanner may or may not automatically compensate for changes in Exposure Time per Rotation(for example, by changing the tube current)

$CTDI_{vol} \propto$ Exposure Time per Rotation

Hitachi, NeuroLogica, Toshiba (no AEC)

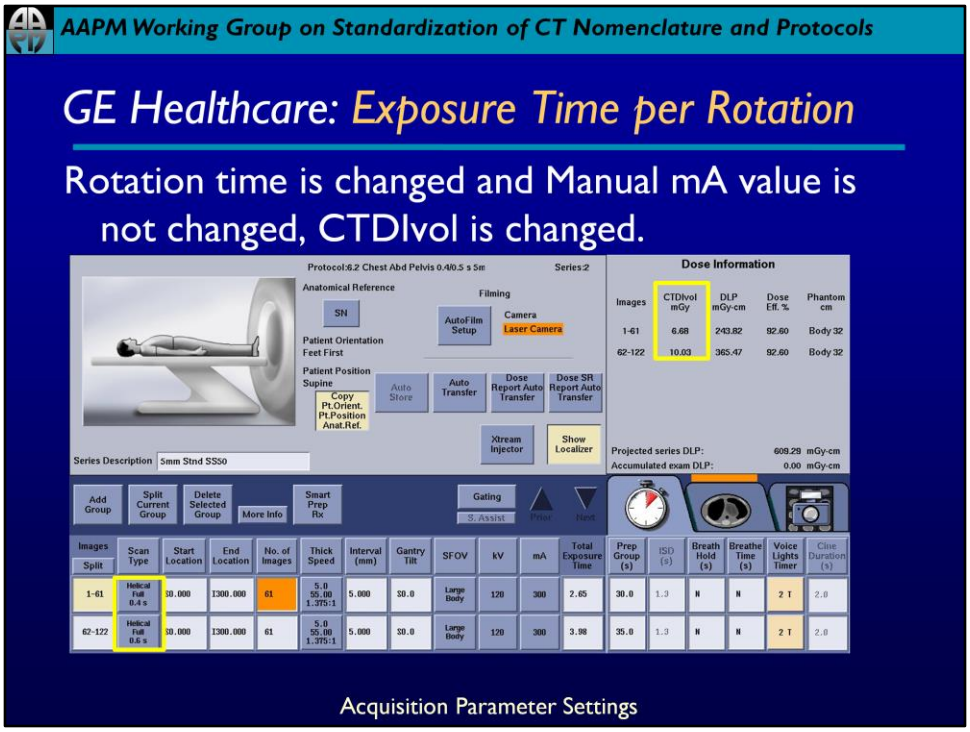
$CTDI_{vol}$ independent of Exposure Time per Rotation:

GE, Siemens, Philips, Neusoft, Toshiba (AEC)

Acquisition Parameter Settings

Exposure Time per Rotation

- $CTDI_{vol}$ may not change in the expected manner if the scanner automatically adjust other parameters when the exposure time per rotation is changed
- The relationships between CTDIvol and exposure time per rotation for the different vendors are described below
  - $CTDI_{vol}$ proportional to change in parameter: Hitachi and NeuroLogica
  - $CTDI_{vol}$ constant when the parameter is changed due to changes to other parameters: GE, Neusoft, Philips and Siemens
  - The relationship between $CTDI_{vol}$ and the parameter depends on scan mode or Software version: Toshiba

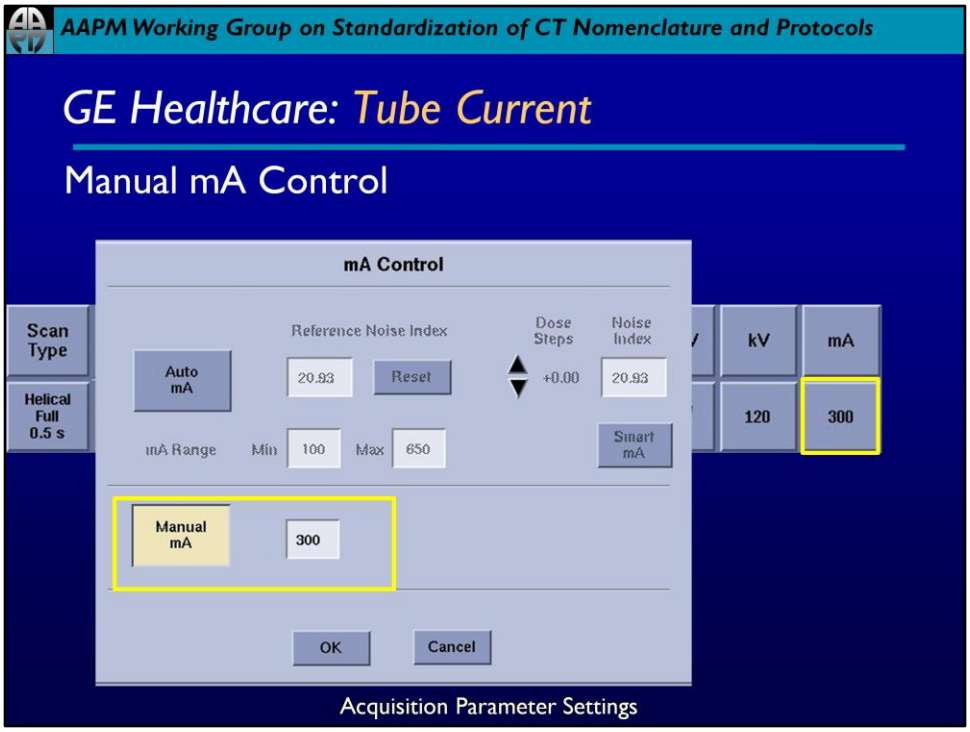


If the Rotation Time is changed and the Manual mA value is not changed, the CTDIvol will be changed.

Tube Current

- Determines the number of electrons accelerated across the x-ray tube per unit time
- Units: milliAmperes (mA)
- $CTDI_{vol}$ is directly proportional to Tube Current

$CTDI_{vol} \propto$ Tube Current



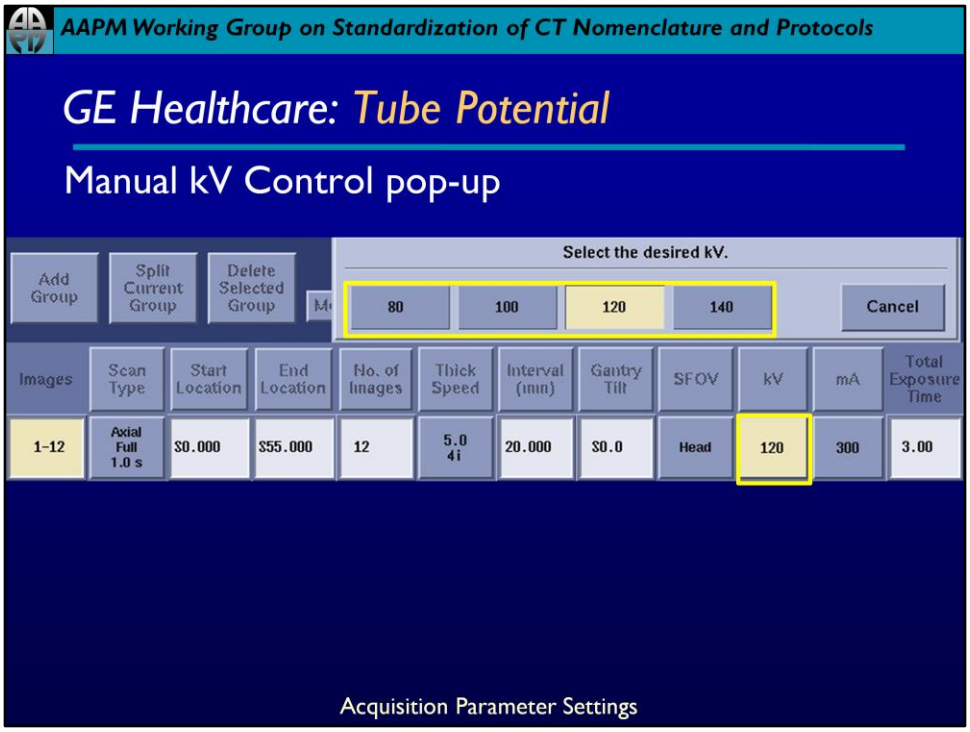
Manual mA Control allows entry of explicit mA value with in the valid mA range of 10 to 835mA depending on X-Ray tube and generator type.

Tube Potential

- Is the electrical potential applied across the x-ray tube to accelerate electrons toward the target material
- Units: kiloVolts (kV or kVp)
- $CTDI_{vol}$ is **approximately** proportional to the square of the percentage change in Tube Potential

$$CTDI_{vol} \propto \left(\frac{kV_{new}}{kV_{old}} \right)^{n}$$

n ≈ 2 to 3



Using Manual kV control, kV is selected from pop-up menu for selection of 80, 100, 120, 140 kV.

Tube Current Time Product

- Is the product of Tube Current and the Exposure Time per Rotation
- Units: milliAmpere-seconds (mAs)
- $CTDI_{vol}$ is directly proportional to Tube Current Time Product

$CTDI_{vol} \propto$ Tube Current Time Product

GE Healthcare: Tube Current Time Product

mAs is manual calculation of mA x rotation time

Group 1 – 200mA x 1s = 200mAs at 140kV

Group 2 – 320mA x 1s = 320mAs at 120kV

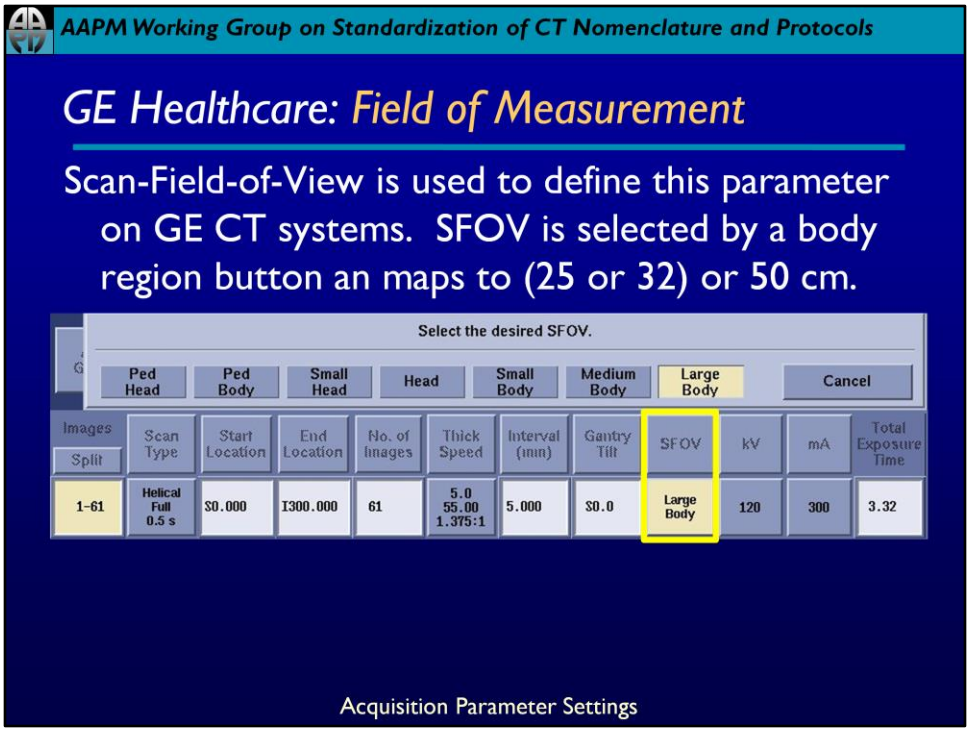
Images / Split	Scan Type	Start Location	End Location	No. of Images	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kV	mA	Total Exposure Time	Prep Group (s)	ISD (s)	Breath Hold (s)	Breathe Time (s)	Voice Lights Timer	Cine Duration (s)
1-12	Axial Full 1.0 s	S0.000	S55.000	12	5.0 4i	20.000	S0.0	Head	140	200	3.00	0.0	1.3	N	N	N	2.0
13-28	Axial Full 1.0 s	S60.000	S135.000	16	5.0 4i	20.000	S0.0	Head	120	320	4.00	1.0	1.3	N	N	N	2.0

Acquisition Parameter Settings

Field Of Measurement

- Is the diameter of the primary beam in the axial plane at the gantry iso-center
- Units: millimeters (mm)
- $CTDI_{vol}$ may decrease with a decrease in the Field of Measurement
  - The relationship is vendor specific

Users should monitor the $CTDI_{vol}$ values when changing the Field of Measurement

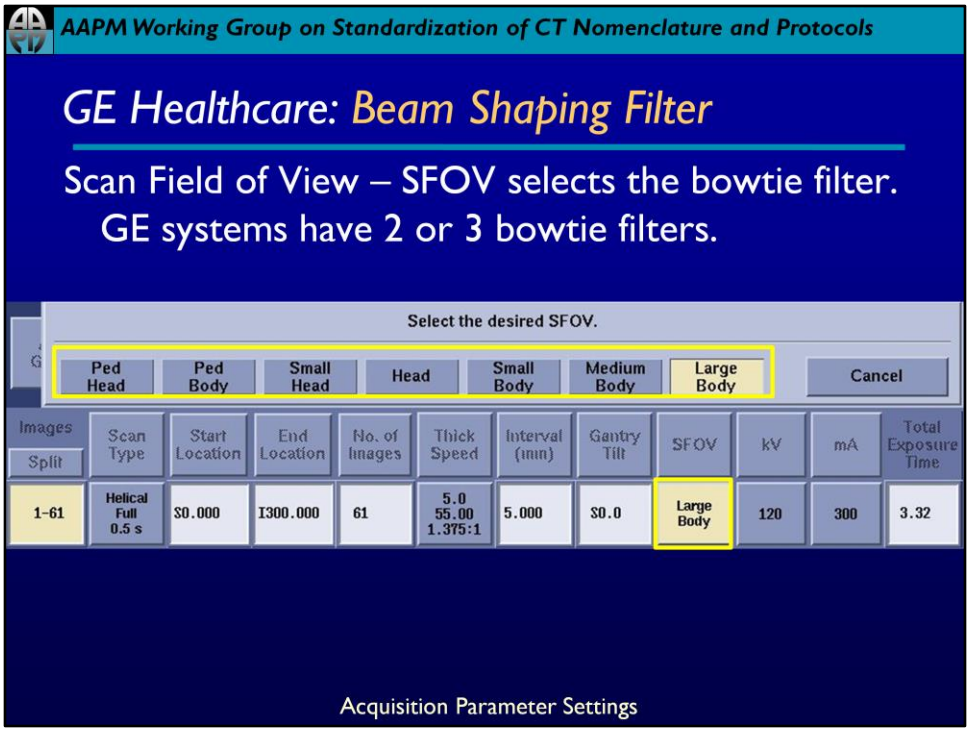


Scan-Field-of-View is used to define this parameter. Scan-Field-of-View is 32 or 50cm depending on mode selected. Some model maybe 25 or 50cm.

Beam Shaping Filter

- Is the scanner component that modifies the energy spectrum and spatial distribution of the primary beam
- Beam Shaping may include a bow tie filter and/or flat filters
- $CTDI_{vol}$ is affected by a change in Beam Shaping Filters
  - The relationship is vendor and filter specific

Users should monitor $CTDI_{vol}$ values when changing the Beam Shaping Filter



SFOV selects the bowtie or which there can be 3 depending on system – small, medium large.
Small – Ped Head, Ped Body, Small Head, Small Body, Cardiac Small
Medium – Head, Medium Body, Cardiac Medium
Large – Large Body, Cardiac Large
Some systems may only have 2 bowtie.
Small – Ped Head, Ped Body, Head, Small Body, Cardiac Small
Large – Large Body, Cardiac Large

Acquisition Parameter Settings Summary

Parameter	Relationship to $CTDI_{vol}$
Scan Mode	Changes in the Scan Mode may affect $CTDI_{vol}$
Table Feed/Increment	Table Feed affects $CTDI_{vol}$ through its inclusion in Pitch
Detector Configuration	Decreasing the Beam Collimation typically, but not always, increases the $CTDI_{vol}$
Pitch	$CTDI_{vol}$ relationship to pitch is vendor dependent
Exposure Time Per Rotation	$CTDI_{vol}$ relationship to exposure time per rotation is vendor dependent
Tube Current	$CTDI_{vol} \propto$ Tube Current
Tube Potential	$CTDI_{vol} \propto (kVp_1/kVp_2)^n$ n ~ 2 to 3
Tube Current Time Product	$CTDI_{vol} \propto$ Tube Current Time Product
Effective Tube Current Time Product	$CTDI_{vol} \propto$ Effective Tube Current Time Product
Field of Measurement	Changes in the Field of Measurement may affect $CTDI_{vol}$
Beam Shaping Filter	Changes in the Beam Shaping Filter may affect $CTDI_{vol}$

Dose Modulation and Reduction

- Many CT scanners automatically adjust the technique parameters (and as a result the $CTDI_{vol}$) to achieve a desired level of image quality and/or to reduce dose
- Dose Modulation and Reduction techniques vary by scanner manufacturer, model and software version

Automatic Exposure Control (AEC)

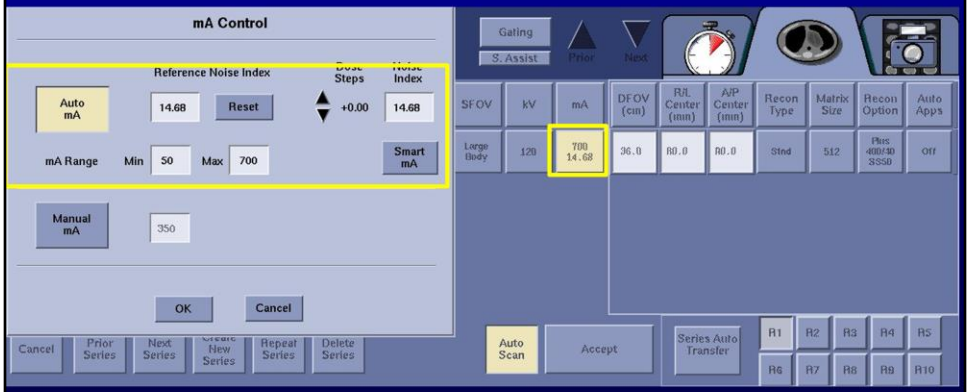
- Automatically adapts the Tube Current or Tube Potential according to patient attenuation to achieve a specified image quality
  - Automatic adjustment of Tube Current may not occur when Tube Potential is changed
  - **Centering the patient in the gantry is VITAL for most AEC systems**
- AEC aims to deliver a specified image quality across a range of patient sizes. It tends to increase $CTDI_{vol}$ for large patients and decrease it for small patients relative to a reference patient size

The use of Automatic Exposure Control may decrease or increase $CTDI_{vol}$ depending on the patient size and body area imaged and image quality requested

Dose Modulation and Reduction

GE Healthcare: Automatic Exposure Control (AEC)

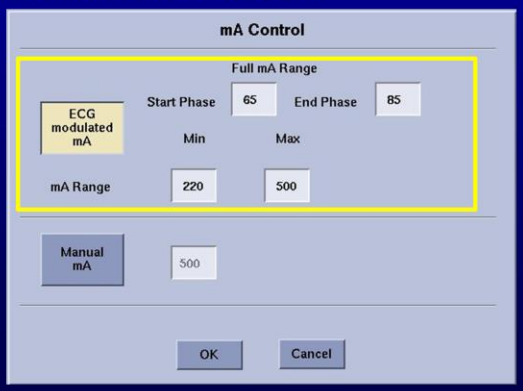
AutomA/Smart mA are AEC modes for non-gated modes.



Dose Modulation and Reduction

GE Healthcare: Automatic Exposure Control (AEC)

ECG Modulation is AEC modes for retrospective gated cardiac helical mode.

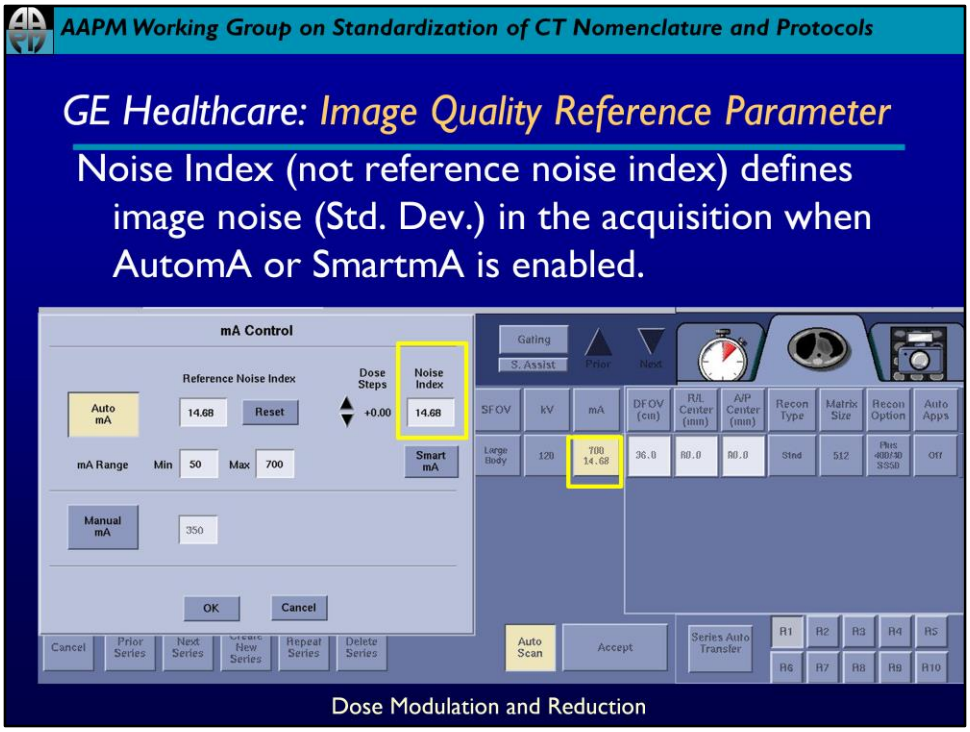


Dose Modulation and Reduction

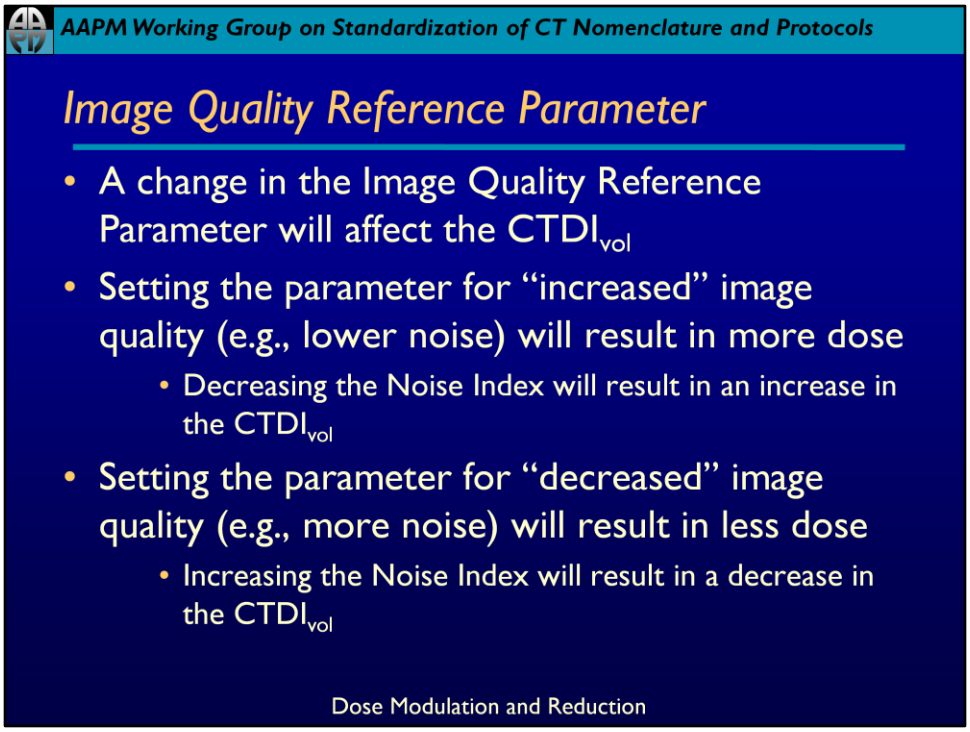
Image Quality Reference Parameter

- Is the AEC parameter that is set by the user to define the desired level of image quality
- Changing the Image Quality Reference Parameter will affect the $CTDI_{vol}$

The effect on $CTDI_{vol}$ when changing the Image Quality Reference Parameter is vendor dependent



Noise Index is Image Quality Parameter which sets the image noise in the image. Scout is used to determine patient attenuation characteristics and size and along with Noise Index the mA per rotation for the acquisition is determined.



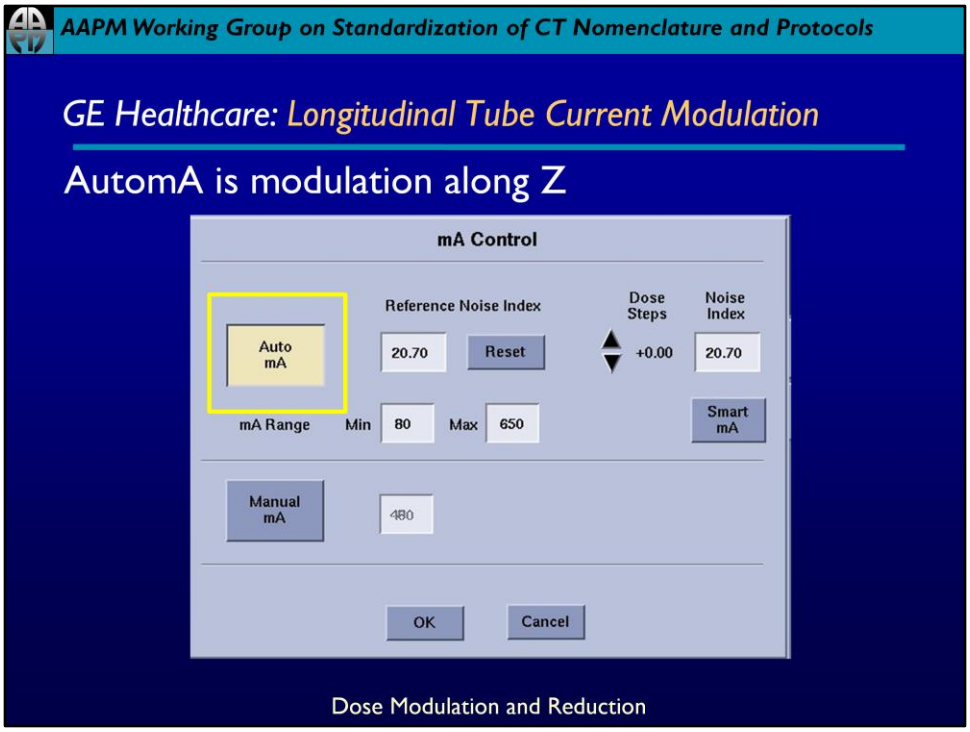
Decreasing the Noise Index means lower noise in the image which means increase mA resulting in increased CTDIvol.
Increasing the Noise Index (NI) means higher noise in the image which means decreasing mA resulting in decreased CTDIvol.
Noise Index will vary based on the slice thickness selected due to the difference in image noise relative to slice thickness. The same NI should never be used across all slice thicknesses.

Longitudinal Tube Current Modulation

- Is an AEC feature that adjusts the Tube Current as patient attenuation changes in the longitudinal direction
- The CT Localizer Radiograph is used to estimate patient attenuation

The use of Longitudinal Tube Current Modulation may decrease or increase $CTDI_{vol}$ depending on the patient size and body area imaged and image quality requested

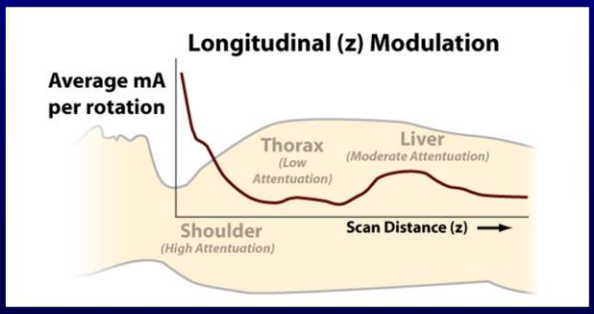
Dose Modulation and Reduction



AutomA modulates the mA along Z for each rotation.

Longitudinal Tube Current Modulation

- Longitudinal Tube Current Modulation (AutomA) uses information from
  - One view localizer scans (uses the last localizer taken).



Dose Modulation and Reduction

Angular and Longitudinal Tube Current Modulation

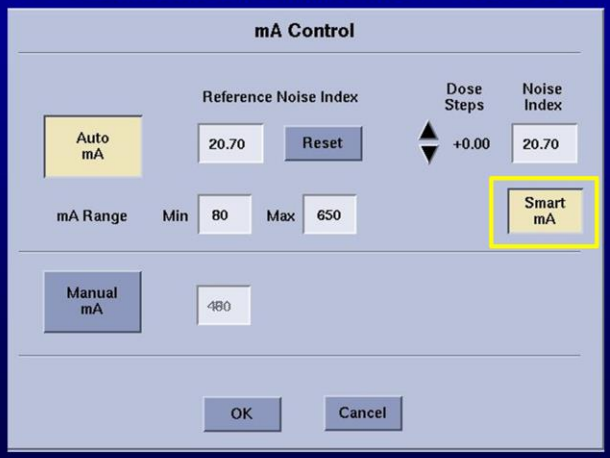
- Is an AEC feature that incorporates the properties of both Angular and Longitudinal Tube Current Modulation to
  - Adjust the Tube Current based on the patient's overall attenuation
  - Modulate the Tube Current in the angular (X-Y) and longitudinal (Z) dimensions to adapt to the patient's shape

The use of Angular and Longitudinal Tube Current Modulation may decrease or increase $CTDI_{vol}$ depending on the patient size and body area imaged and image quality requested

Dose Modulation and Reduction

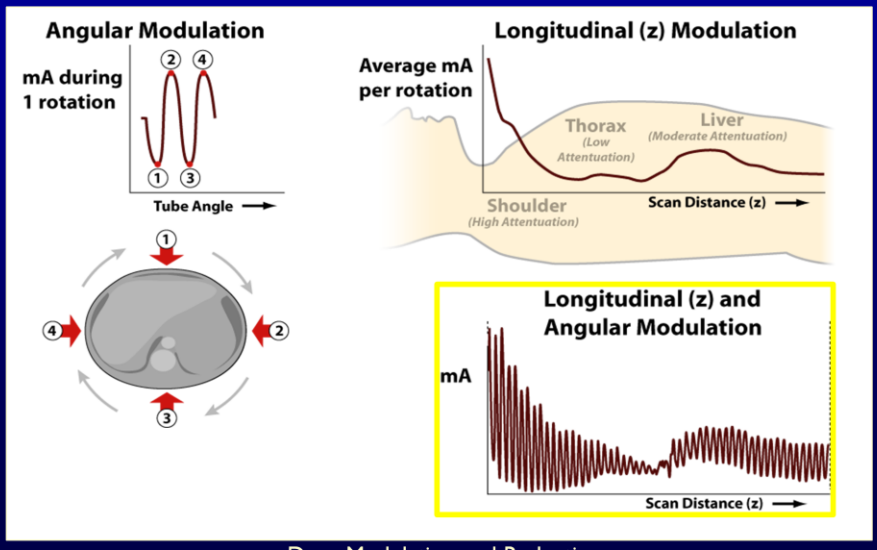
GE Healthcare: Angular and Longitudinal Tube Current Modulation

SmartmA modulates the mA in X, Y and Z



Dose Modulation and Reduction

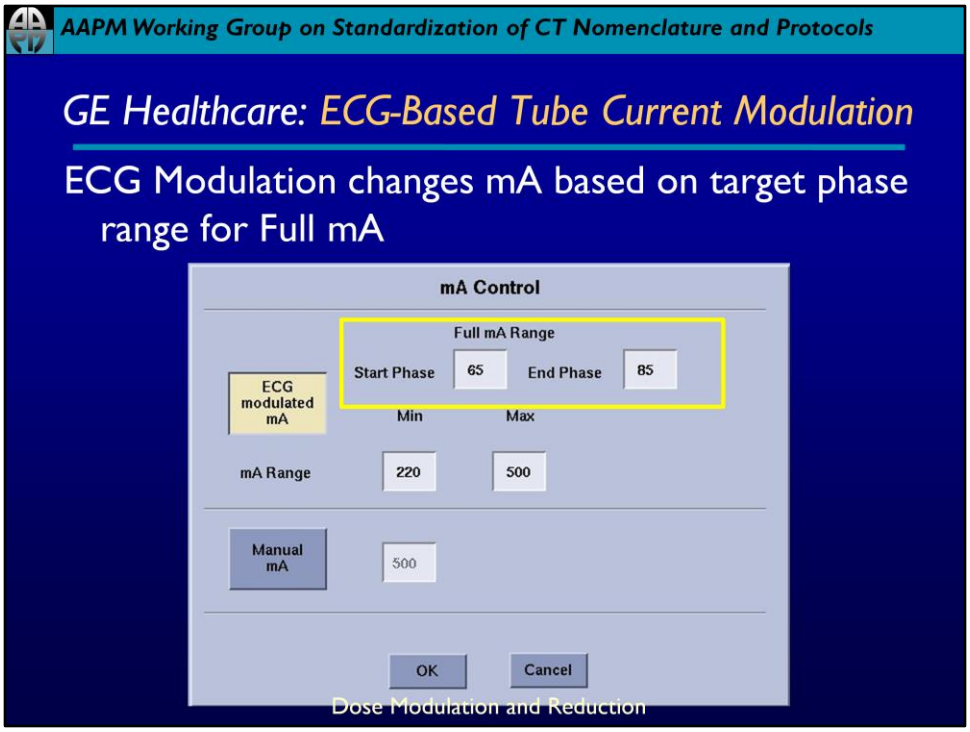
Angular and Longitudinal Tube Current Modulation



ECG-Based Tube Current Modulation

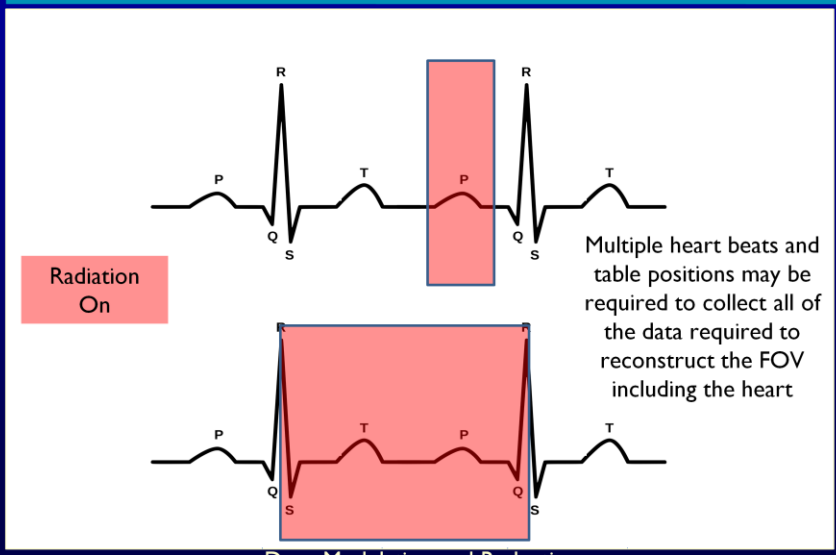
- Is an AEC feature used with prospectively gated cardiac imaging that adjusts the Tube Current based on the phase within the cardiac cycle
- There are important heart rate considerations to take into account when using prospective gating

The use of ECG-Based Tube Current Modulation with prospective gating will decrease $CTDI_{vol}$ compared to retrospective gating



ECG Modulation modulates the mA over the R-R interval providing full/max mA for specified phase range and modulates mA lower for rest of the phases. ECG Modulation is most beneficial in providing a dose savings when low heart rates are encountered.

ECG-Based Tube Current Modulation



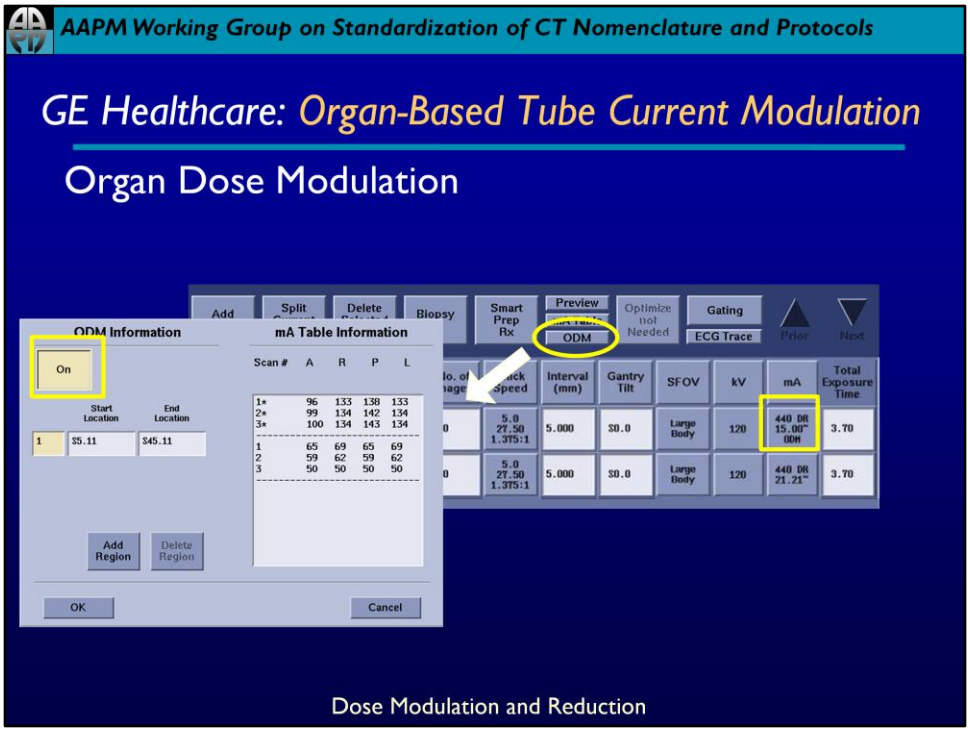
Dose Modulation and Reduction

Organ-Based Tube Current Modulation

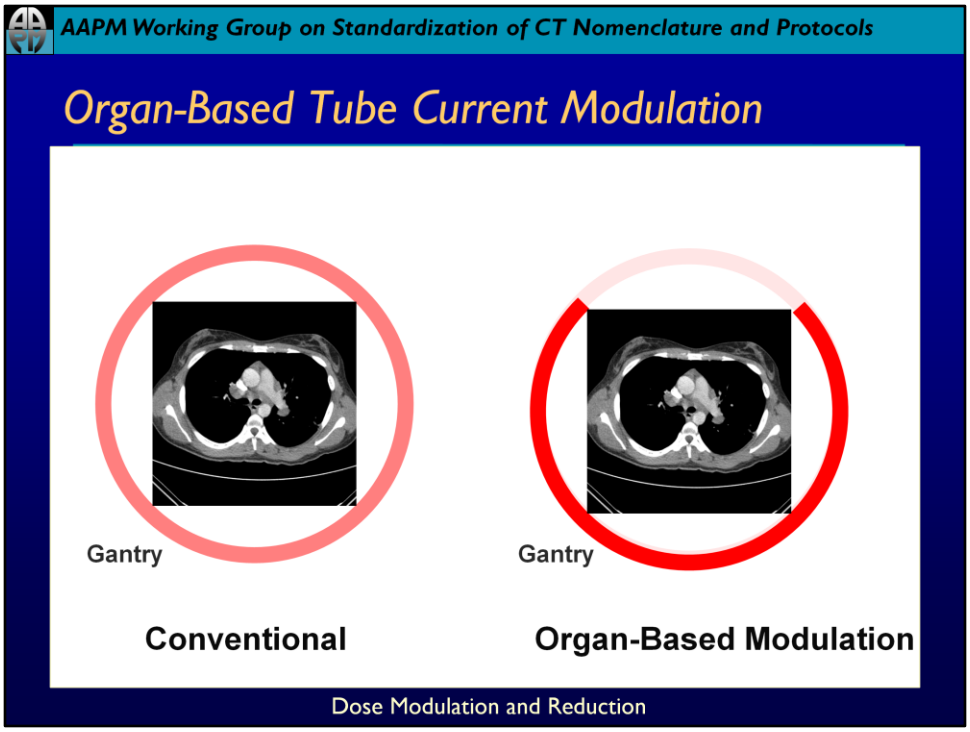
- Is an AEC feature that allows for the tube current to be decreased or turned off over radiosensitive organs on the patient periphery, such as the breasts or eye lenses
- To maintain image quality, tube current may need to be increased at other view angles

The use of Organ-Based Tube Current Modulation may reduce the absorbed dose to organs at the surface of the body but may increase the absorbed dose to other organs

Dose Modulation and Reduction



Organ Dose Modulation allows for modulation of mA in dose sensitive areas such as the orbit and anterior chest.

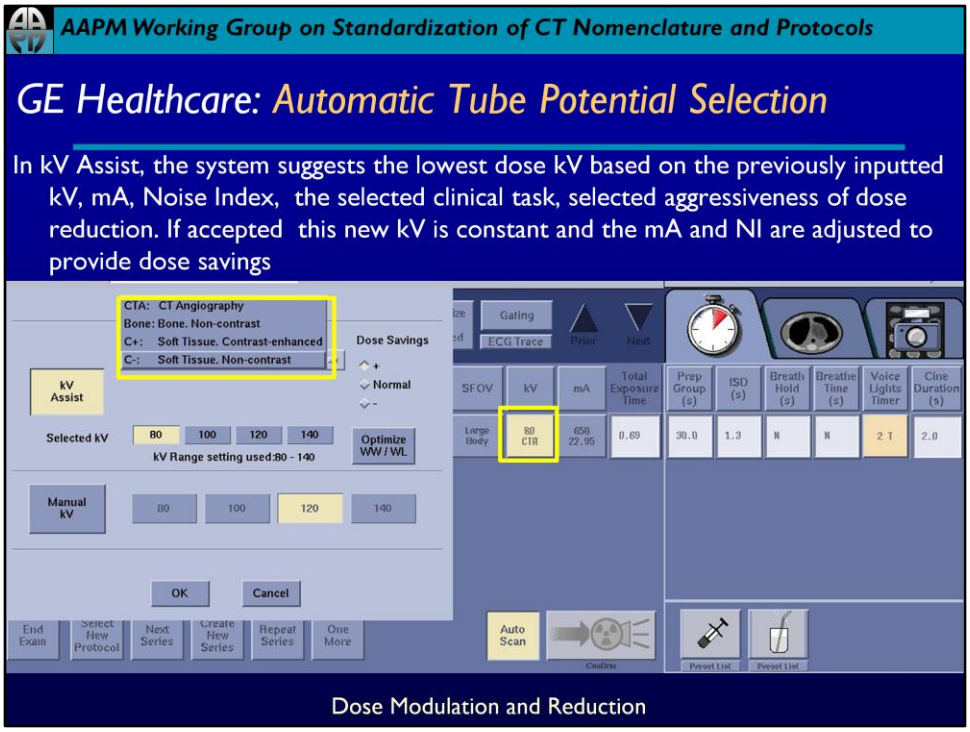


De-Identified Image used with IRB approval

Automatic Tube Potential Selection

- Is an AEC feature that selects the tube potential according to the diagnostic task and patient size in order to achieve the desired image quality at a lower $CTDI_{vol}$

The use of Automatic Tube Potential Selection is intended to decrease $CTDI_{vol}$ while achieving the image quality required for a specific diagnostic task and patient attenuation



kV Assist provides capability to select the kV with lowest dose for the clinical task prescribed using the patient attenuation characteristics obtained from the scout image to determine patient size.

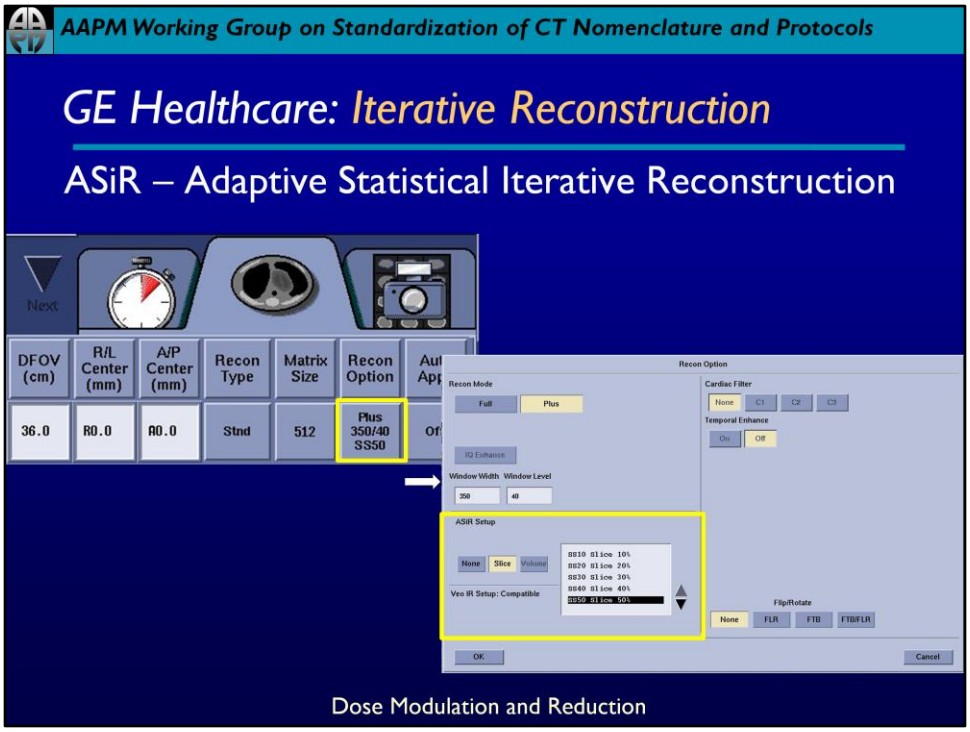
Automatic Tube Potential Selection

- Tube Potential is not modulated in the same fashion as Tube Current
- It does not change with different tube positions (view angles) around the patient
- The Tube Potential for a specific patient, anatomic region and diagnostic tasks is selected and held constant for that acquisition, though it may be changed to a different tube potential for a different diagnostic task

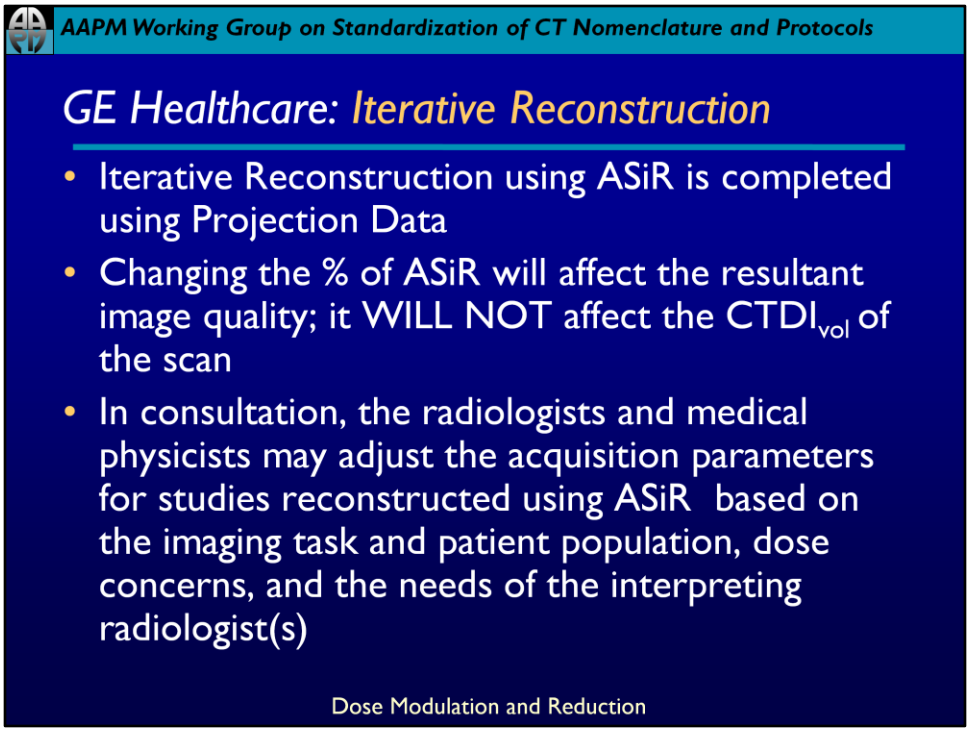
Iterative Reconstruction

- Is a feature that uses the information acquired during the scan and repeated reconstruction steps to produce an image with less "noise" or better image quality (e.g., higher spatial resolution or decreased artifacts) than is achievable using standard reconstruction techniques

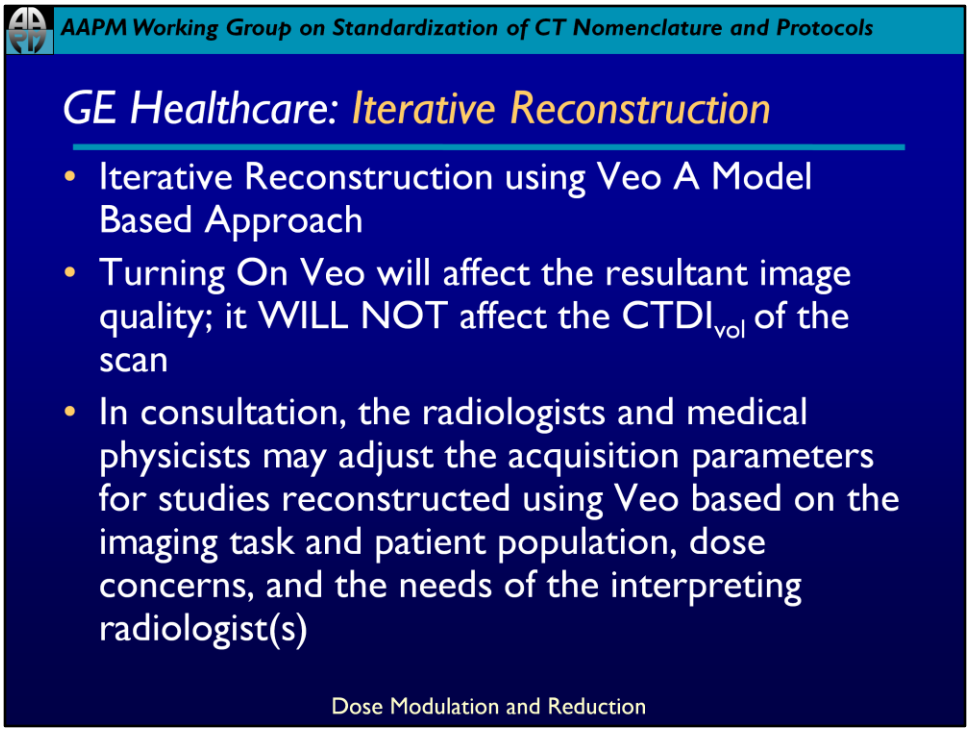
The use of Iterative Reconstruction by itself may not decrease $CTDI_{vol}$; with use of Iterative Reconstruction, image quality will change and this may allow a reduction in the $CTDI_{vol}$ by adjusting the acquisition parameters used for the exam



ASiR is a image noise (std. dev.) reduction tool which allows user to reduce image noise for existing parameters to improve image quality or increase image noise through reduction in dose and then use ASiR to reduce image noise to return to similar image quality.



ASiR is an iterative reconstruction mode which use scan date to create a model and then blend the noise reduced image model and original image model to create images with lower image noise.



Veo is a model based iterative reconstruction which can provide high quality image at low doses.

Dose Display

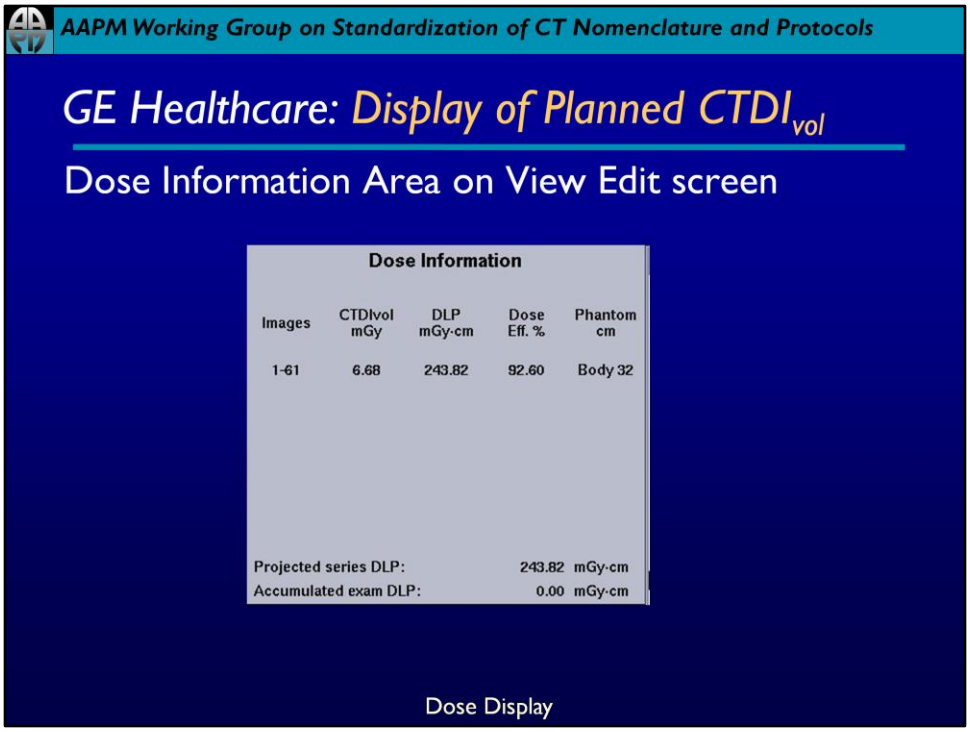
- Information about the $CTDI_{vol}$ planned for each scan is typically displayed before the exam on the user console
- Information about the $CTDI_{vol}$ delivered by each scan is typically reported in a data page or DICOM structured dose report
- Dose information provided after the exam typically also includes the DLP and the CTDI phantom size. These may also be included in information displayed before the scan.

Display of Planned $CTDI_{vol}$

- $CTDI_{vol}$ is displayed before a study is performed based on the selected technique parameters
- It is important to check $CTDI_{vol}$ before a study is performed to ensure that the output of the scanner is appropriate for the specific patient and diagnostic task

$CTDI_{vol}$ is displayed for each planned acquisition

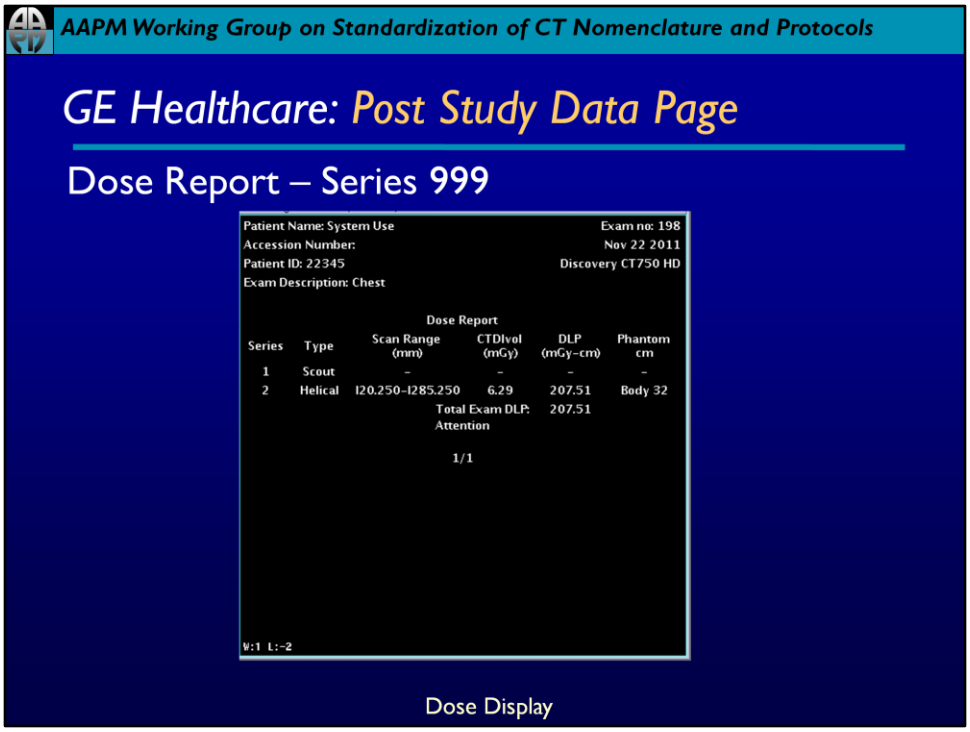
Dose Display



Dose Information area is always available on the View Edit screen to review dose information for the current proposed acquisition and the Accumulated exam DLP if additions series have already been acquired.

Post Study Data Page

- Following the completion of a study, a Post Study Data Page is created that includes information on the delivered $CTDI_{vol}$ and DLP and the phantom size used to calculate these values
- Information is displayed for each series



Dose Report provides CTDIvol, DLP, Phantom Size along with the Scan Type, Scan Range for each series/group and Total Exam DLP.

Post Study Data Page - $CTDI_{vol}$

- $CTDI_{vol}$ is displayed for each series after a study is performed and is calculated based on the technique factors used to acquire the data
- It is useful to check $CTDI_{vol}$ after a study is performed to ensure that the output of the scanner was as expected

$CTDI_{vol}$ is displayed for each completed acquisition

Post Study Data Page - DLP

- DLP is displayed for each series after a study is performed and is calculated based on the technique factors and scan length used

DLP is displayed for each completed acquisition and is typically summed for all of the acquisitions

Post Study Data Page – CTDI Phantom

- The CTDI Phantom used for each acquisition in the study is typically displayed
- Different phantoms may be used to calculate the $CTDI_{vol}$ for different acquisitions in the same study (and may vary by vendor)
  - Head and C-Spine Example
    - Body Phantom used to report $CTDI_{vol}$ for C-Spine portion of exam
    - Head Phantom used to report $CTDI_{vol}$ for Head portion of exam

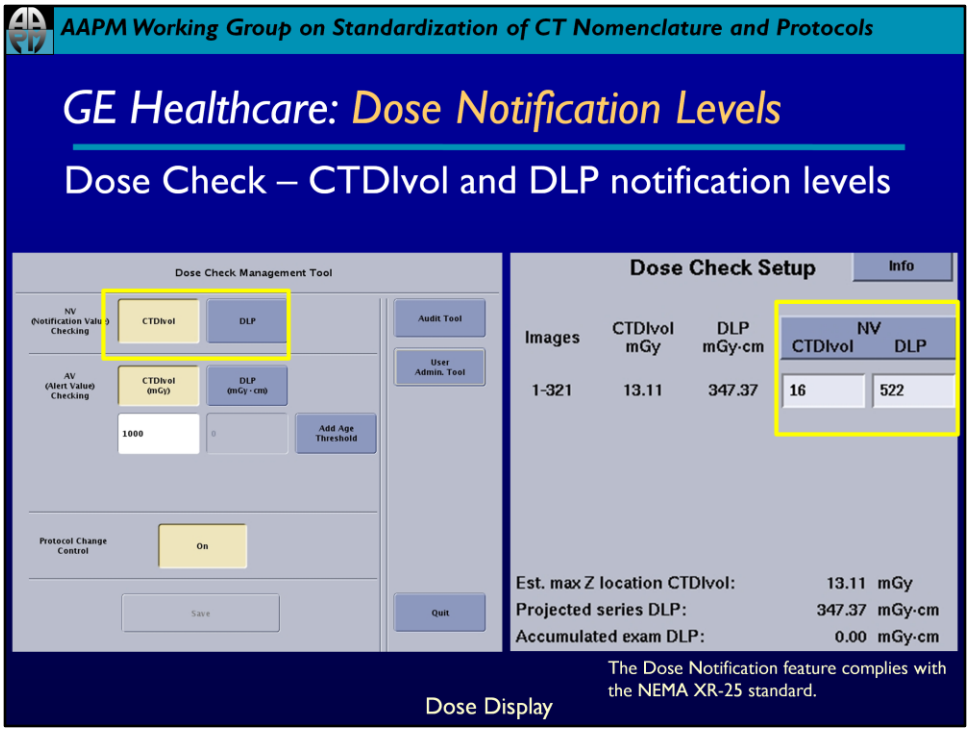
Summing Dose Report Values

- $CTDI_{vol}$ values for separate series are NOT to be summed to give a "total" $CTDI_{vol}$ for a study
  - This is especially true if the series cover different anatomic regions
- DLP is typically summed over all series in the Post Study Data Page to provide an estimate of the total patient exposure
  - Extreme care should be taken when considering summed DLPs because different phantoms may have been used to calculate the $CTDI_{vol}$ values used to determine DLP
- A medical physicist should be contacted if patient specific dose estimates are required

Dose Notification Levels

- Notification Levels may be set on a CT scanner for each series within an exam protocol
- If the planned $CTDI_{vol}$ is above the Notification Level and triggers the notification, the user has the opportunity to edit or confirm the technique settings
- Notification Levels may be exceeded when appropriate for a specific patient or diagnostic task (e.g., in very large patients or contrast bolus monitoring scans)

Dose Display

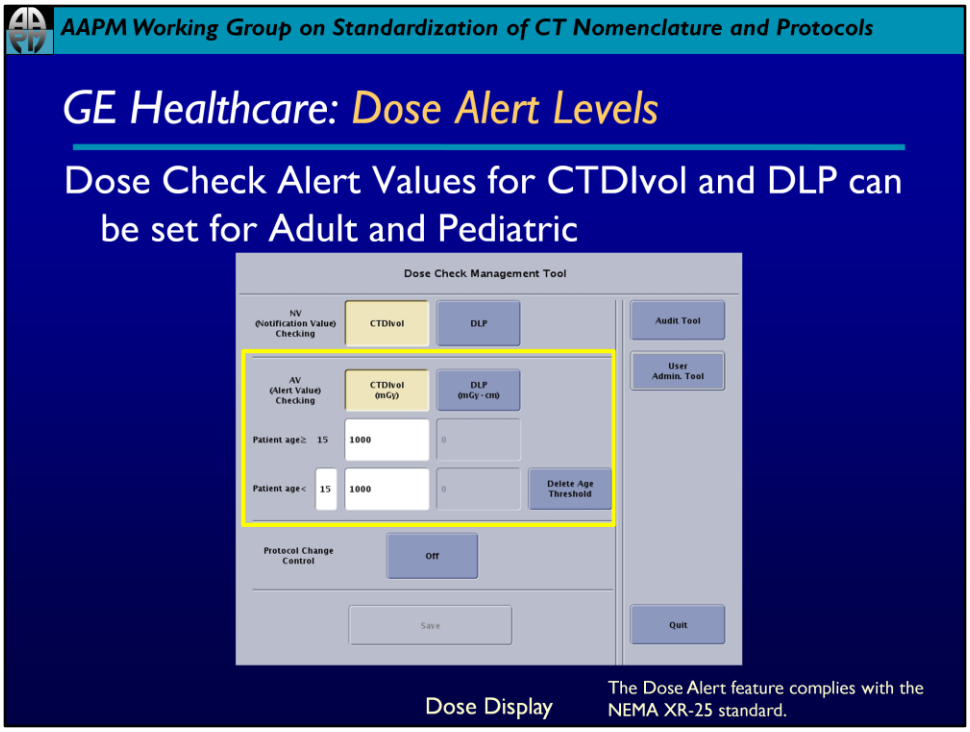


Dose Check Management allows user to enable Notification Value checking. In each protocol, the user can define a Notification Value for CTDIvol and DLP based on the clinical goal of the protocol.

Dose Alert Levels

- Dose Alert Levels require specific action by the operator to continue scanning
- Dose Alert Levels are typically much higher than Notification Levels and take into account all series within the exam
- Triggering a Dose Alert requires that the operator confirm the protocol and settings are correct by entering in his or her name. Optionally, sites may require that the operator provide a brief explanation in the provided field

Dose Display



Dose Check Alert Values can be set for CTDIvol and DLP for Adult and Pediatrics in the Dose Check Management screen.

Radiation Dose Structured Reports

- Radiation Dose Structured Reports (RDSRs) are provided in newer software versions in a defined DICOM format
- They provide the most complete set of information regarding the irradiating events
- The reports are very detailed and require an RDSR viewer for easy visualization of relevant information

Questions

- Please contact the medical physicist providing support for your CT practice, your lead technologist, supervising radiologist or manufacturer's application specialist with questions regarding these important topics and concepts.

A special thank you to Dr. Mark Supanich for his considerable efforts in leading the working group in developing these slides.

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