



*AAPM Computed Tomography Radiation  
Dose Education Slides  
Siemens Healthcare*

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

[http://www.aapm.org/pubs/CTProtocols/docu  
ments/CTTerminologyLexicon.pdf](http://www.aapm.org/pubs/CTProtocols/documents/CTTerminologyLexicon.pdf)

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## *Disclaimer*

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## Disclaimer

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- 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*

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- The presence of a vendor name in the title 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



## Vendor: *Generic Parameter/Topic Name*

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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](http://imagegently.org)

[imagewisely.org](http://imagewisely.org)





## Outline

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



## What Is Dose?

- Volume Computed Tomography Dose Index ( $CTDI_{vol}$ ) is a standardized parameter to measure **Scanner Radiation Output**
  - $CTDI_{vol}$  is NOT patient dose
  - $CTDI_{vol}$  is reported in units of mGy for either a 16-cm (for head exams) or 32-cm (for body exams) diameter acrylic phantom
  - For the same technique settings, the  $CTDI_{vol}$  reported for the 16-cm phantom is about twice that of the 32-cm phantom
  - The reported  $CTDI_{vol}$  is based on measurements made by the manufacturer in a factory setting
- In these slides, the term "patient dose" is used to describe the absorbed dose to a patient, while the generic term "dose" refers to  $CTDI_{vol}$

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.



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

- $CTDI_{vol}$  is not patient dose
- The relationship between the two depends on many factors, including patient size and composition
- [AAPM Report 204](#) introduces a parameter known as the Size Specific Dose Estimate (SSDE) to allow estimation of patient dose based on  $CTDI_{vol}$  and patient size
- For the same  $CTDI_{vol}$ , a smaller patient will tend to have a higher patient dose than a larger patient

What is Dose?

[http://www.aapm.org/pubs/reports/RPT\\_204.pdf](http://www.aapm.org/pubs/reports/RPT_204.pdf)



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

120 kVp at 200 mAs



32 cm  
Phantom

$CTDI_{vol} = 20 \text{ mGy}$

120 kVp at 200 mAs



32 cm  
Phantom

$CTDI_{vol} = 20 \text{ mGy}$

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

What is Dose?



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

120 kVp at 100 mAs



32 cm  
Phantom

$CTDI_{vol} = 10 \text{ mGy}$

120 kVp at 200 mAs



32 cm  
Phantom

$CTDI_{vol} = 20 \text{ mGy}$

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

What is Dose?



## 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

What is Dose?



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

120 kVp at 100 mAs



32 cm  
Phantom

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

120 kVp at 200 mAs



32 cm  
Phantom

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

**Patients have equivalent SSDE**

What is Dose?



## Why Use $CTDI_{vol}$ ?

- $CTDI_{vol}$  provides information about the amount of radiation used to perform the study
- $CTDI_{vol}$  is a useful index to track across patients and protocols for quality assurance purposes
- $CTDI_{vol}$  can be used as a metric to compare protocols across different practices and scanners when related variables, such as resultant image quality, are also taken in account
- The ACR Dose Index Registry (DIR) allows comparison across institutions of  $CTDI_{vol}$  for similar exam types (e.g., routine head exam)

What is Dose?

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*

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- 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  $mGy \cdot cm$

What is Dose?



## 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

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- 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

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

**The Acquisition Parameters that affect CTDI<sub>vol</sub> may change amongst different Scan Modes**

Acquisition Parameter Settings



## Siemens: Scan Mode – Spiral & Sequential

Eff. mAs 126 CARE Dose4D  
kV 70 CTDIvol (32cm) 1.48 mGy DLP 32.9 mGy\*cm  
Scan time 3.68 s  
Delay 2 s  
Slice 5.0 mm Acq. 192 x 0.6 mm  
No. of images 41  
Comments  
Range: Begin End Table Position Height  
-51.0 -251.0 -166.0 144.5  
Craniocaudal

Routine Scan Recon Auto Tasking

The interface shows a 3D model of a patient lying on a table with a spiral scan path overlaid. A red circle highlights the spiral scan path.

Spiral

Sequential

mAs CARE Dose4D  
kV CTDIvol (32cm) mGy DLP: mGy\*cm  
Scan time 0.5 s Exam time 8.75 s  
Delay 2 s  
Slice 5.0 mm Acq. 192 x 0.6 mm  
No. of scans 4  
No. of images 38  
Comments  
Range: Begin End Table Position Height  
-50.9 -238.2 -166.0 144.5  
Craniocaudal

Routine Scan Recon Auto Tasking

The interface shows a 3D model of a patient lying on a table with a sequential scan path overlaid. A red circle highlights the sequential scan path.



## Dynamic Scan Mode Notes

- In the Dynamic Scan Mode multiple acquisitions covering the same body region are acquired. Examples of these study types include:
  - Perfusion Studies
  - Bolus Tracking Studies
  - Test Bolus Studies
- Dynamic Scans often have large  $CTDI_{vol}$  values because the scanner reports the sum of the  $CTDI_{vol}$  values from each rotation
- The reported  $CTDI_{vol}$  is NOT skin dose or organ dose

Acquisition Parameter Settings

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.



## Siemens: *Dynamic Scan Mode*

### DynMulti4D, DynMulti, DynSerio



- Dynamic scan modes are clearly labeled in the scan list of the Examination card

Acquisition Parameter Settings



## **Table Feed/Increment**

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- 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 does not affect  $CTDI_{vol}$  through its inclusion in Pitch (discussed later)**



## Siemens: *Table Feed/Increment*

Slice 5.0 mm | Acq. 32 x 1.2 mm  
Feed 34.5 mm  
Direction Craniocaudal  
No. of images 41  
No. of scans 6

Slice 5.0 mm | Acq. 128 x 0.6 mm  
Pitch 0.6  
Direction Craniocaudal

- In sequence modes, table increment is expressed in mm per rotation
- In spiral modes, pitch is displayed. Table feed can then be accordingly calculated (see slide on pitch).

Scan subtask card of the Examination task card.

Acquisition Parameter Settings



## Detector Configuration

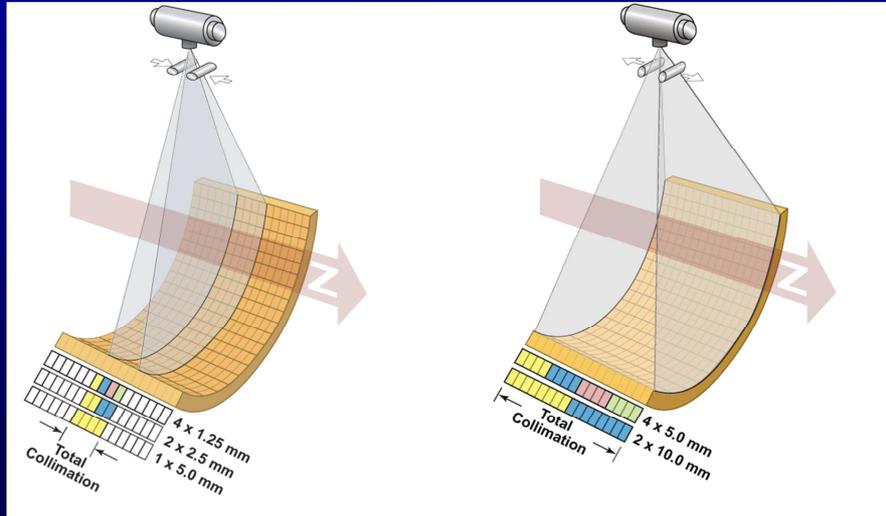
- Is the combination of the number of data channels and the width of the detector associated with each data channel
- The **Detector Configuration** determines the Beam Width or Beam Collimation ( $nT$ ), which is the number of channels ( $n$ ) times the detector width associated with each data channel ( $T$ )
- 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  $4 \times 1.25\text{mm}$  is generally less dose efficient than a collimation of  $16 \times 1.25\text{mm}$

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

Acquisition Parameter Settings



## Detector Configuration



Acquisition Parameter Settings

# of slices vary with the use of FFS (i.e. 64 slices + FFS = 128 slices)



## Siemens: *Detector Configuration*



Acquisition settings are displayed on the Routine subtask card, next to the (reconstructed) Slice thickness.

Acquisition Parameter Settings



## Pitch

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- 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  $CTDI_{vol}$ .

**$CTDI_{vol} \propto 1/Pitch$ :**

**GE, Hitachi, Toshiba (no AEC)**

**$CTDI_{vol}$  independent of Pitch:**

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

Acquisition Parameter Settings



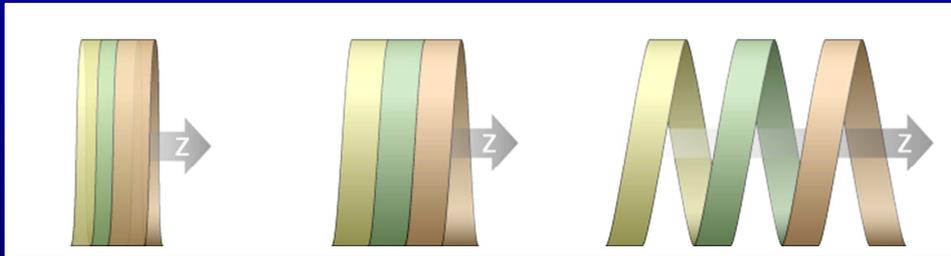
## Pitch

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



## 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

Acquisition Parameter Settings



## Siemens: *Pitch*

### Pitch



Scan subtask card of the Examination task card.

- Pitch can be changed in increments of 0.05 to set total scan time
- System parameters are automatically adapted such as to keep dose and image quality constant

Acquisition Parameter Settings



## **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**

**GE, Hitachi, Neurologica, Toshiba (no AEC)**

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

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

Acquisition Parameter Settings



## *Exposure Time per Rotation*

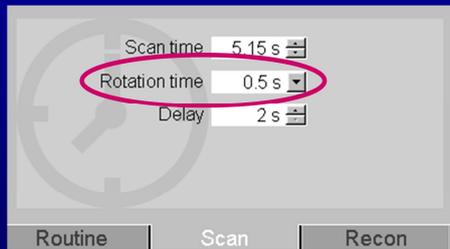
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- $CTDI_{vol}$  may not change in the expected manner if the scanner automatically adjust other parameters when the exposure time per rotation is changed
- The relationships between  $CTDI_{vol}$  and exposure time per rotation for the different vendors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



## Siemens: *Exposure Time per Rotation*

### Rotation time



Scan subtask card of the Examination task card.

- In the drop down menu, available rotation times for the selected protocol are displayed
- Rotation time will determine total scan time but does not affect dose

Acquisition Parameter Settings



## 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**

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

$n \approx 2 \text{ to } 3$

Acquisition Parameter Settings



## Siemens: *Tube Potential*

kV

A screenshot of the Siemens CT Acquisition Parameter Settings interface. The parameters are as follows:

Eff. mAs	108	CARE Dose4D
kV	100	CTDIvol (32cm): 4.46
Scan time	5.39 s	
Delay	2 s	
Slice	5.0 mm	Acq. 128 x 0.6 mm

The 'kV' field is circled in red in the original image.

- Tube potential is displayed in kV and can be selected from a dropdown list between 70 and 150 kV, depending on scanner model

Routine subtask card of the Examination task card.

Acquisition Parameter Settings



## *Effective Tube Current Time Product*

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

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

Acquisition Parameter Settings



## Siemens: *Effective Tube Current Time Product*

### Eff. mAs

Eff. mAs	108	CARE Dose4D
kV	100	CTDIvol (32cm): 4.46
Scan time	5.39 s	
Delay	2 s	
Slice	5.0 mm	Acq. 128 x 0.6 mm

- Effective mAs is displayed in mAs

Routine subtask card of the Examination task card.

Acquisition Parameter Settings



## 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	$CTDI_{vol} \propto (kVp_1/kVp_2)^n$ $n \sim 2$ 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*

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- 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

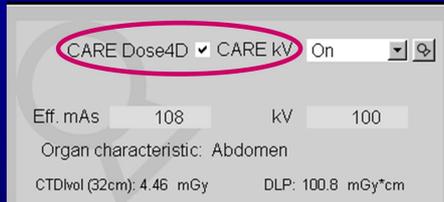
**The use of Automatic Exposure Control may decrease or increase  $CTDI_{vol}$  depending on the patient size and body area imaged and image quality requested**

Dose Modulation and Reduction



## Siemens: *Automatic Exposure Control (AEC)*

### CARE Dose4D



Scan subtask card of the Examination task card.

- CARE Dose4D (**angular + longitudinal**) is activated by checking the corresponding box on the Scan subtask card
- One topogram is required to calculate patient specific mAs-value

Dose Modulation and Reduction

The exact type of dose modulation used is preset by the selected protocol.

The user cannot change the type of modulation.

The most commonly used mode is XYZ modulation, meaning tube current is modulated in **angular** as well as **longitudinal** directions.

If the protocol calls for two topograms, the lateral should be acquired before the PA.

If 2 topograms are acquired (same plane), CareDose4D will use the 2<sup>nd</sup> Topogram.



## *Image Quality Reference Parameter*

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- 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**

Dose Modulation and Reduction



## *Image Quality Reference Parameter*

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- A change in the Image Quality Reference Parameter will affect the  $CTDI_{vol}$
- Setting the parameter for “increased” image quality (e.g., lower noise) will result in more dose
  - Increasing the Quality ref. mAs will result in an increase in the  $CTDI_{vol}$
- Setting the parameter for “decreased” image quality (e.g., more noise) will result in less dose
  - Decreasing the Quality ref. mAs will result in a decrease in the  $CTDI_{vol}$

Dose Modulation and Reduction



## Siemens: *Image Quality Reference Parameter*

### Quality ref. mAs

Quality ref. mAs 210 Ref. kV 120

Eff. mAs 108 CARE Dose4D  
kV 100 CTDIvol (32cm): 4.46

Scan time 5.39 s  
Delay 2 s

Slice 5.0 mm Acq. 128 x 0.6 mm

Routine subtask card of the Examination task card.

- Quality ref. mAs and kV settings are set for a normal sized patient (75 kg) to achieve a specified image quality
- Patient adapted Eff. mAs for the next exam are displayed after the topogram acquisition

Dose Modulation and Reduction



## *ECG-Based Tube Current Modulation*

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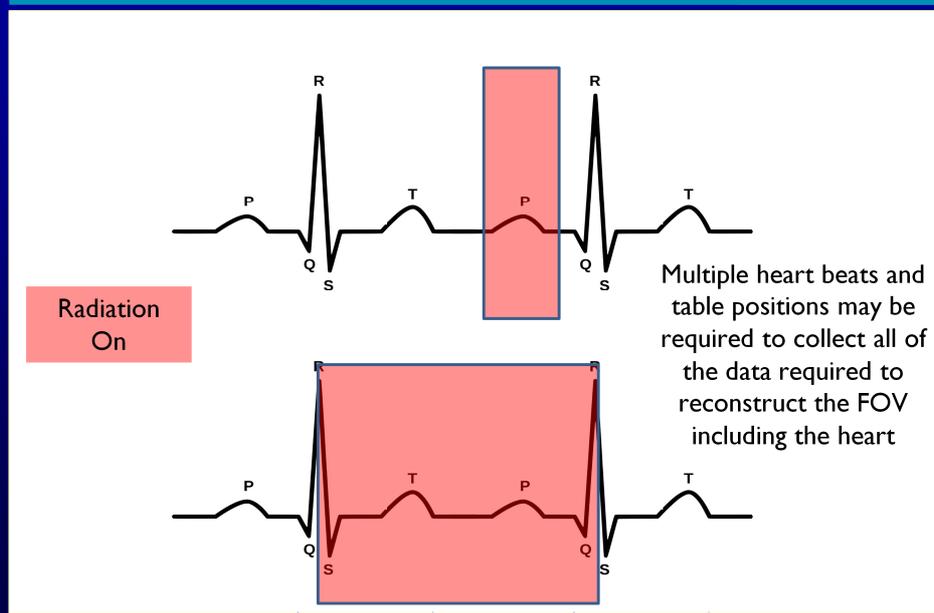
- Is an AEC feature used with prospectively gated cardiac imaging that adjusts the Tube Current based on the phase within the cardiac cycle
- There are important heart rate considerations to take into account when using prospective gating

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

Dose Modulation and Reduction



## ECG-Based Tube Current Modulation



Dose Modulation and Reduction



## Siemens: *ECG-Based Tube Current Modulation*

### ECG Pulsing



- When selecting a cardiac protocol, the Trigger subtask card contains all relevant settings for ECG tube current modulation

Trigger subtask card of the Examination task card.

Dose Modulation and Reduction

The ECG shows clearly when 100% or 4% of the tube current is applied according to user specified phase interval.



## *Organ-Based Tube Current Modulation*

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- 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

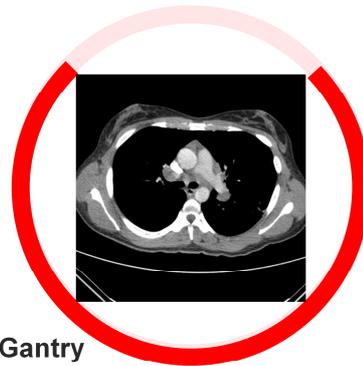


## Organ-Based Tube Current Modulation



Gantry

**Conventional**



Gantry

**Organ-Based Modulation**

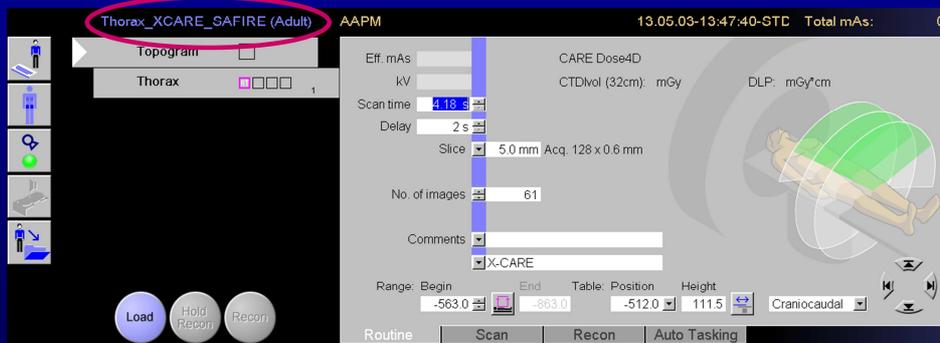
Dose Modulation and Reduction

De-Identified Image used with IRB approval



## Siemens: *Organ-Based Tube Current Modulation*

### X-CARE



- When selecting a protocol labeled \_XCARE, an organ based tube current modulation is automatically applied

Dose Modulation and Reduction

On the Examination card is clearly indicated by a green segment on the scan illustration if X-CARE is applied.



## *Automatic Tube Potential Selection*

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- 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**

Dose Modulation and Reduction



## *Automatic Tube Potential Selection*

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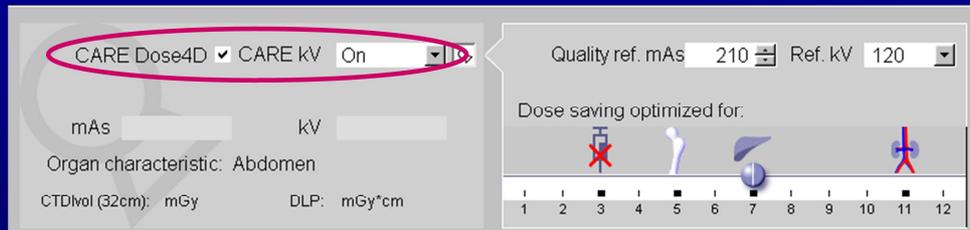
- Tube Potential is not modulated in the same fashion as Tube Current
- It does not change with different tube positions (view angles) around the patient
- The Tube Potential for a specific patient, anatomic region and diagnostic tasks is selected and held constant for that acquisition, though it may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

Dose Modulation and Reduction



## Siemens: *Automatic Tube Potential Selection*

### CARE kV



Scan subtask card of the Examination task card.

By clicking on the tube icon, the settings for CARE kV can be accessed.

- Siemens default protocols are preset to use CARE kV

Dose Modulation and Reduction

CARE kV only works in combination with CARE Dose4D.

CarekV Slider Symbols – from left to right (non-contrast, bone, soft tissue, vascular)

Please refer to the manual for detailed information on setting up CARE kV.



## *Iterative Reconstruction*

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- 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

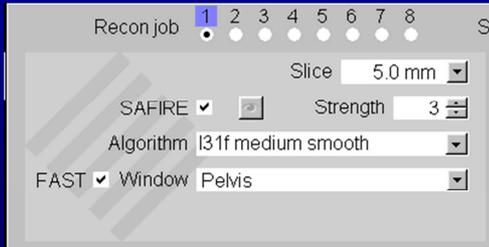
**The use of Iterative Reconstruction by itself may not decrease  $CTDI_{vol}$ ; with use of Iterative Reconstruction, image quality will change and this may allow a reduction in the  $CTDI_{vol}$  by adjusting the acquisition parameters used for the exam**

Dose Modulation and Reduction



## Siemens: *Iterative Reconstruction*

### IRIS or SAFIRE or ADMIRE



Recon subtask card of the Examination task card.

- Is an option in image reconstruction, activated by clicking the box
- Using IR will change the image quality but will not retrospectively affect dose

Dose Modulation and Reduction

Siemens default protocols that use iterative reconstruction are delivered with dose presets reduced accordingly.

Please refer to the manual for more detailed information on the settings.



## Siemens: *Iterative Reconstruction*

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- Iterative Reconstruction using IRIS performs noise reduction iteratively in image space.
- Iterative Reconstruction using SAFIRE utilizes both projection space (raw) data and image space data.
- Iterative Reconstruction using ADMIRE utilizes raw data statistical modeling, model based noise cancellation in image space and advanced system modeling to eliminate artifacts

Dose Modulation and Reduction



## Siemens: *Iterative Reconstruction*

- Changing the Strength of SAFIRE or ADMIRE will affect the resultant image quality; it WILL NOT affect the  $CTDI_{vol}$  of the scan
- In consultation, the radiologists and medical physicists may adjust the acquisition parameters for studies reconstructed using IRIS, SAFIRE or ADMIRE based on the imaging task and patient population, dose concerns, and the needs of the interpreting radiologist(s)

Dose Modulation and Reduction



## *Dose Display*

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- 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



## Siemens: *Display of Planned CTDI<sub>vol</sub> & DLP*

The screenshot displays the Siemens CT console interface. At the top, two boxes labeled 'CTDIvol' and 'DLP' have arrows pointing to their respective values in the software. The 'CTDIvol' value is 'CTDIvol (32cm): 4.46 mGy' and the 'DLP' value is 'DLP: 100.8 mGy\*cm'. Both values are circled in red. The interface also shows various scan parameters: Eff. mAs (108), kV (100), Scan time (5.39 s), Delay (2 s), Slice (5.0 mm), Acq. (128 x 0.6 mm), No. of images (43), and Range (Begin: -236.5, End: -447.5, Table: -512.0, Position: 111.5, Height: 111.5). The scan is labeled 'Abdomen' and 'CARE Dose4D'. A patient diagram is visible on the right side of the console.

- An estimated mean CTDI<sub>vol</sub> and DLP for the scanned volume is displayed prior to the scan

Dose Display



## *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 Display



## Siemens: *Post Study Data Page*

### Patient Protocol

AAPM 13.09.03-13:47:49-S1D-1.3.12.Z... Hospital SOMATOM Definition Flash CT 2012B  
\*S/C/1979, F, 34Y

03-May-2013 13:47

Ward:  
Physician:  
Operator:

Total mAs 1023 Total DLP 113 mGycm

Scan	KV	mAs / ref.	CTDIvol* mGy	DLP mGycm	TI s	cSL mm
Patient Position H-SP						
Topogram	1	120 80 mA	0.24 L	12	5.3	0.6
Pelvis	2	100 105 / 256	4.45 L	101	0.5	1.2

\*: L = 32cm, S = 16cm

- Available as series 501 of the Patient image series in the Patient Browser
- The actual CTDIvol and DLP for the scanned volume

Dose Display



## *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**

Dose Display



## Siemens: Post Study Data Page - $CTDI_{vol}$

AAPM 13.05.03-13:47:40-STD-1.3.12.2.... 5/3/1979, F, 34Y				Hospital SOMATOM Definition Flash CT 2012B			
03-May-2013 13:47							
Ward: Physician: Operator:							
Total mAs 1023		Total DLP 113 mGycm					
	Scan	kV	mAs / ref.	$CTDI_{vol}$ mGy	DLP mGycm	TI s	cSL mm
Patient Position	H-SP						
Topogram	1	120	60 mA	0.24 L	12	5.3	0.6
Pelvis	2	100	105 / 256	4.45 L	101	0.5	1.2

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

Dose Display



## *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**

Dose Display



## Siemens: Post Study Data Page - DLP

AAPM		Hospital					
13.05.03-13:47:40-STD-1.3.12.2....		SOMATOM Definition Flash					
5/3/1979, F, 34Y		CT 2012B					
03-May-2013 13:47							
Ward:							
Physician:							
Operator:							
Total mAs 1023	Total DLP 113 mGycm						
Scan	kV	mAs / ref.	CTDIvol* mGy	DLP mGycm	TI s	cSL mm	
Patient Position H-SP							
Topogram	1	120	60 mA	0.24 L	12	5.3	0.6
Pelvis	2	100	105 / 256	4.45 L	101	0.5	1.2

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

Dose Display



## *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

Dose Display



## Siemens: Post Study Data Page – CTDI Phantom

AAPM  
13.05.03-13:47:40-STD-1.3.12.2....  
\*5/3/1979, F, 34Y

Hospital  
SOMATOM Definition Flash  
CT 2012B

03-May-2013 13:47  
Ward:  
Physician:  
Operator:

Total mAs 1023    Total DLP 113 mGycm

	Scan	kV	mAs / ref.	CTDIvol* mGy	DLP mGycm	TI s	cSL mm
Patient Position H-SP							
Topogram	1	120	60 mA	0.24 L	12	5.3	0.6
Pelvis	2	100	105 / 256	4.45 L	101	0.5	1.2

\*: L = 32cm, S = 16cm

**Body  
Phantom  
32 cm**

**Head  
Phantom  
16cm**



## *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 Display



## *Dose Notification Levels*

---

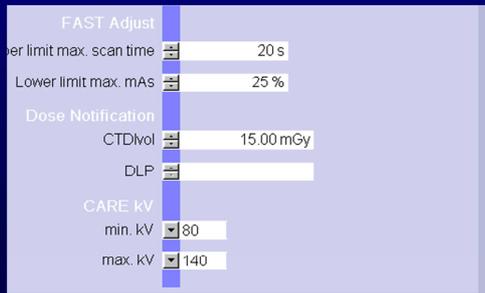
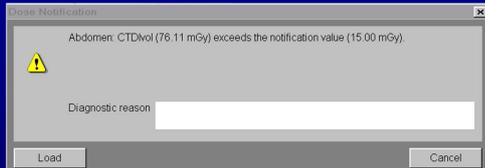
- **Notification Levels** may be set on a CT scanner for each series within an exam protocol
- If the planned  $CTDI_{vol}$  is above the **Notification Level** and triggers the notification, the user has the opportunity to edit or confirm the technique settings
- **Notification Levels** may be exceeded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

Dose Display



## Siemens: *Dose Notification Levels*

### Dose Notification



Dose Display

- Dose Notification pop-up. Diagnostic reason can be entered
- Dose Notification values can be configured in the Scan Protocol Assistant

The Dose Notification feature complies with the NEMA XR-25 standard.

All Dose Notification events are stored on the system (H:\\SiteData\\DoseLogs) and can be exported when further investigation is necessary.

Entering 0 will shut off the Dose Alert.



## *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



## Siemens: *Dose Alert Levels*

### Dose Alert

Examination Configuration

Patient | **Dose** | Workflow

Display Options

Dose notification  CARE Profile

Exposed range

Dose Report

Activate Dose Report  Auto transfer

Additional transfer: None

Dose Alert

	Adult	Child
CTDIvol	1000 mGy	1000 mGy
DLP	0 mGy*cm	0 mGy*cm

Dose Alert can be configured in the Examination Configuration

The Dose Alert feature complies with the NEMA XR-25 standard.

Dose Display

All Dose Alert events are stored on the system (H:\SiteData\DoseLogs) and can be exported when further investigation is necessary.



## *Radiation Dose Structured Reports*

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- Radiation Dose Structured Reports (RDSRs) are provided 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

Dose Display



## Siemens: Radiation Dose Structured Reports

### DICOM Structured Report

AAPM - X-Ray Radiation Dose Report

File Edit Help

Note: Some parts of this DICOM SR Document cannot be displayed with the current stylesheet. They will not be lost or modified while editing, saving or exporting the DICOM SR Document.

#### X-Ray Radiation Dose Report

Procedure reported: Computed Tomography (X-Ray), Intest: Diagnostic Intest.

Patient's Name: AAPM  
Patient ID: 12.06.09.12.47.49.GTD.1.3.12.2.1107.6.1.4.73001  
Day of Birth: 09/1979  
Sex: F  
Patient Height:  
Patient Weight:  
Referring Physicians Name:  
Content Date: 5/3/2013  
Content Time: 2:10:57 PM

Completion Flag: COMPLETE  
Verification Flag: VERIFIED

Observer Type  
Device

Device Observer UID  
78001

Device Observer Name  
AZNAV

Device Observer Manufacturer  
SIEMENS

Device Observer Model Name  
SOMATOM Definition Flash

Device Observer Serial Number  
78001

Device Observer Physical Location during observation  
Hospital

Template="GenericReport" Study description="Pelvic Pelvic SAFFE (A.5.4)"

- DICOM Dose SR (Structured Report) on X-Ray Radiation according to DICOM standard

Dose Display



## Questions

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- 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.



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