



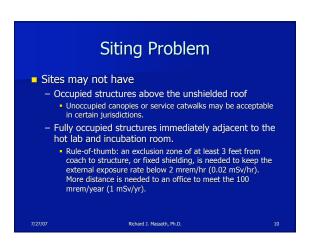
Shielding Design Considerations for Mobiles Target injected activity. - Unless otherwise stated, all calculations herein use 555 MBq (15 mCi). Weight is limited by US-DOT and state DOT regulations pertaining to length, height and weight per axle. - Increasing weight has regulatory ramifications. Mobile PET/CT units with "standard" shielding - Gross Vehicle Weight approaches 80,000 pounds. - Are mainly shielded to protect the staff. - Limited floor shielding is provided. - No ceiling shielding (pure sky-shine conditions). - Distance and Occupancy Time MUST be used to protect the public in the surrounding environment

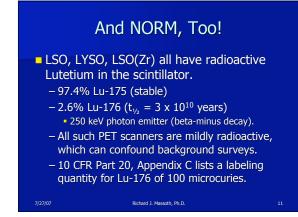
Special Challenges in Mobile PET/CT

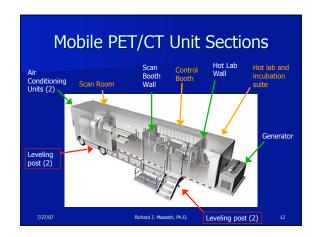
- GVW per axle cannot exceed DOT regulations
 - Physicist may not be able to place as much shielding into coach as desired.
 - Increased number of axles to carry more shielding raises road tolls and taxes for the mobile unit.
 - Increased weight limits routing options as bridges and road surface may have weight restrictions.
- Siting (operating location relative to the surrounding occupied spaces) becomes a part of the time-distance-shielding considerations.

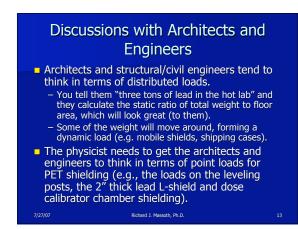
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More Special Challenges in Mobile PET/CT • Mobile units do not carry an on-board restroom (hot toilet). • Patients must enter the facility to void after the incubation period. • Facility may provide a dedicated (locked) patient "temporary" hot toilet. • If not, some jurisdictions require survey for contamination after each patient. • Hot toilet end-of-week surveys will be required at each site. • Every Licensing agency wants an assurance that there is no shielded or unshielded toilet aboard a mobile facility. • May need to evaluate occupancy around off-coach (site) toilets.









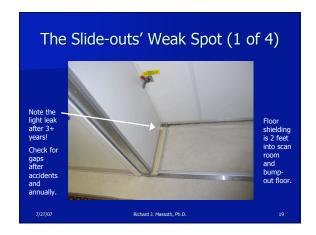








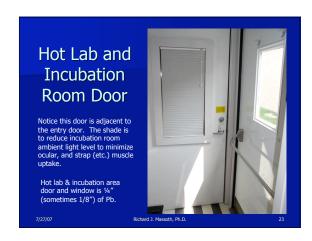


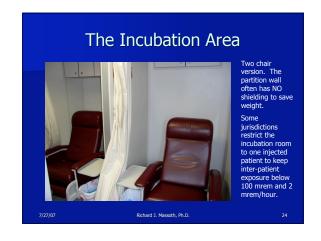


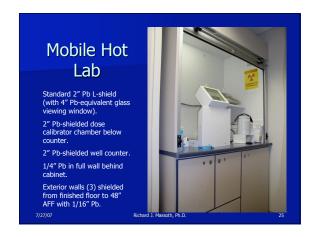






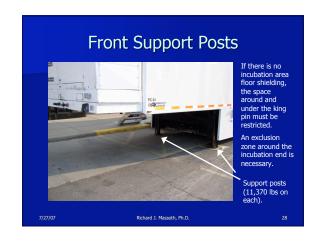






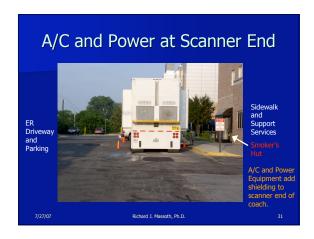


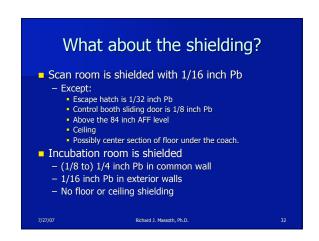


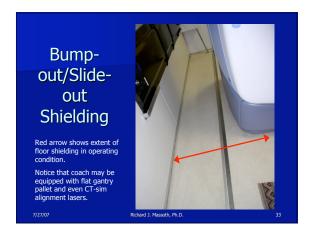


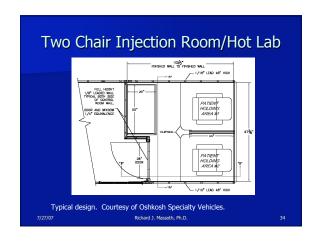


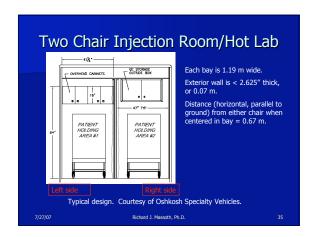


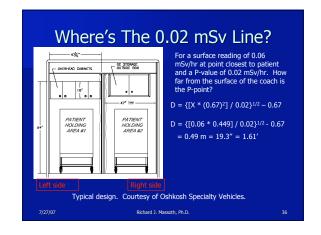


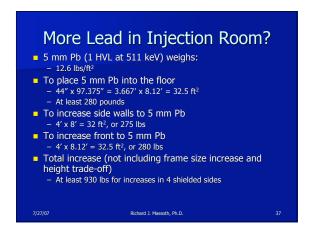


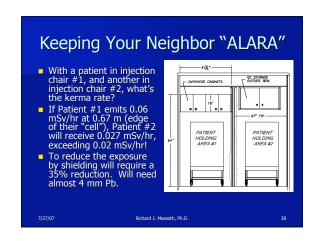




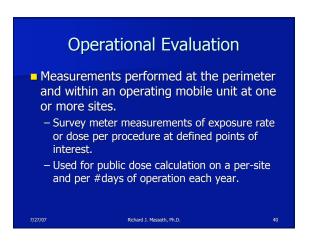


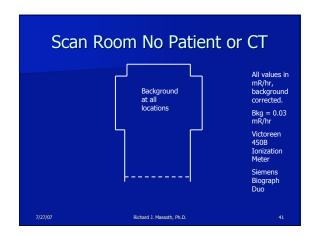


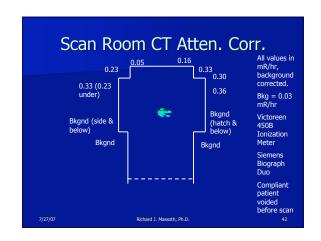


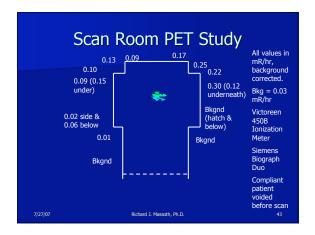


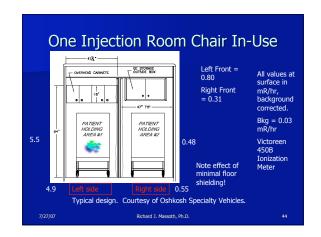
Methods for Shielding Evaluation Pre-delivery physical inspection (during construction). Delivery acceptance testing Non-destructive transmission testing with positron-emitting source Good approximation of broad-beam and dynamic emissions. Requires availability of F18, Ge68, Na22 or other positron emitter. Non-destructive transmission testing with other photon emitting sealed sources (e.g., Cs137). Operational Evaluation (in-operation monitoring) Area and Technologist Occupational Dose Monitoring

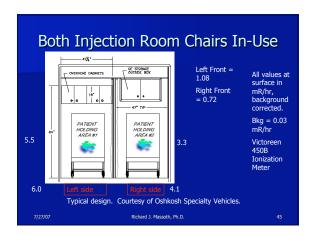


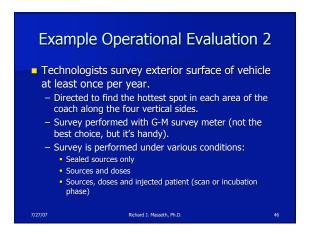


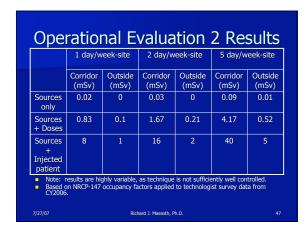












Use of area monitoring devices within, and at points of interest at operating sites, to continuously monitor the dose delivered to specific locations. Performed continuously with area monitoring permanent dosimeters, changed monthly, bimonthly or quarterly. Used for public dose verification on a per-site and per #days of operation each year. If a scan-room monitor is placed without shielding (e.g., 1/16" Pb), it will record CTAC and patient bremsstrahlung as well as 511 keV photons.

Area Monitoring Results

- Area Monitor DDE in mSv for CY2006 (N=18)
 - Changed monthly
 - 555 MBq average injected dose.
 - Covers every site and all patients.

	# transits	Annual	Monthly Average	Monthly Maximum	Monthly Minimum
Control Booth	2	1.4	0.13	0.66	0.01
Scan Room	1	27.0	2.5	4.7	0.75
Injection	1	22.0	2.1	3.9	0.49

Public Dose Budget Per Site Limits in 11Sv per 8-hour day, assuming 260 operating days/year.							
# Weekly Visits per month	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week		
1	83.3	41.7	27.8	20.8	16.7		
2	41.7	20.8	13.9	10.4	8.3		
3	27.8	13.9	9.3	6.9	5.6		
4 = stationary	20.8	10.4	6.9	5.2	3.8		
Each site must average to not more than 1 mSv dose to public in any year.							
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Per-Procedure Dosimetry

- For 555 MBq average injection.
- 60 minute incubation and 20 minute scan times.
- Technologist and patient care tech share transport duties. (N = 66)
- Average 8 patients per day.
- Based upon 6 month Data, 2nd Half CY2006

	Average	Std. Dev.	Min.	Max.
DDE (mSv/case)	0.02	0.04	0.0	0.24
SDE-ring (mSv/case)	0.08	0.15	0.0	0.81

Recommendations

- Annually survey exterior exposure rates or evaluate shielding integrity.
 - Look for damage to shielding in sliding areas and at corners.
- Survey or evaluate shielding integrity after all vehicular accidents – even parking lot collisions (especially if they involve the sliding walls).

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Recommendations (2)

- Establish an area monitoring program inside of the mobile coach
 - Potentially also install area monitors at critical points of sites with poor siting distances from occupied areas.
- Verify that all site-based workers on the coach who might receive more than 1 mSv per year receive radiation worker training and film badge or calibrated electronic personnel dosimeters. (E.g., patient care tech, transporter, registering clerk).
- Watch sites for "smoker's break usages" around PET/CT coach.

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Conclusions

- Mobile PET/CT coaches may be operated safely below the public dose level of 1 mSv/year with proper siting, occupancy factors and exclusion zones.
- Mobiles used as fixed sites can use a chain-link fence to enforce the exclusion zone around the incubation area.
- Concrete walls (or ferricrete retaining block walls) may be used to form an "igloo" for the incubation area if adjacent or overhanging occupied space needs shielding.
- Distance is as much your friend as shielding.
- Patient self-shielding, site usage and occupancy factors must be considered in calculation of public dose.

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