

Patient absorbed dose estimation due to internal emitters requires two separate computations prior to using the $D = S \cdot \tilde{A}$ formula. Here, D is the desired vector of target organ doses, S is a rectangular matrix of dose per radiodecay and \tilde{A} is a vector of cumulated activity curves for the various source organs in the patient. While S may be accessed from tabulations such as the OLINDA program from Vanderbilt University, \tilde{A} may be computed only by integrating activity curves $A(t)$ out to sufficiently long times. Several methods are available to determine the activity in a given source organ. One may have tissues or lesions near the surface so as to use inverse square computations. At depth, the observer can use gamma cameras and a geometric mean image (GM), CT assisted matrix inversion (CAMI) or quantitative SPECT imaging. In the latter two cases, hybrid imaging devices such as SPECT/CT make the computations easier since image registration is greatly facilitated. There is also a possibility of PET/CT hybrid images being implemented with the SUV value being used to find the activity at-depth. Lack of suitable positron labels makes PET studies problematic in the case of a general radiopharmaceutical, however. Errors in activity quantitation are typically on the order of $\pm 30\%$, although they can be much larger in geometrically complicated cases. Two types of S values are commonly used. In type I computations, S refers to a phantom of appropriate size; e.g., adult male or female. Such dose estimates are included in applications to regulatory agencies (e.g. FDA). Additionally, type I results may be used to compare similar radiopharmaceuticals with regard to absorbed dose levels. Both diagnostic and therapeutic radiopharmaceuticals may be of interest. Type II calculations usually refer to a specific patient undergoing internal emitter therapy. Generally, alpha or beta emitters are used in this context. One may use Monte Carlo (MC) methods to find the S or correct tabulated phantom S elements to those approximating the patient. Since therapy involves short-range emitters, S becomes diagonal and the correction is done via; $S(\text{patient}) = S(\text{phantom}) \cdot \text{organ mass (phantom)} / \text{organ mass (patient)}$. Such corrections can be very large – on the order of factors of two- or three-fold. Finally, the uncertainty in the dose values may be estimated by combining errors in both S and \tilde{A} .

Educational Objectives:

1. Understand the matrix equation $D = S \cdot \tilde{A}$ for estimating internal emitter radiation doses to target organs.
2. Know the various methods to estimate source organ activity.
3. Realize that there are two types of calculations for dose; standard phantom or patient-specific.
4. Know how to estimate uncertainties in the dose calculation.