AAPM Science Council Meeting

Memorial Sloan Kettering Cancer Center

## New York City ● December 12-13, 2011

# Agenda:

*Note: “enclosures” are file attachments, “appendices” are part of this document*

**Monday Morning 8:00 am ● December 12, 2011**

1. Introductions and Greetings
2. Reports from Committees
   1. Therapy Physics Committee (Yorke)
   2. Imaging Physics Committee (Shepard)
      1. TG: Dosimetry in Tomosynthesis (***Appendix C***)
   3. Research Committee (Fahrig / Fraass)
   4. Technology Assessment Committee (Hendee)
      1. TAC Progress and Issues ***(Enclosure)***
      2. Cancer Deaths and Radiation Issues
      3. Should there be a Science Council action?
3. Bismuth Shielding Position Paper ***(Appendix A)*** (McCollough)
   1. **Text:** Bismuth shields are easy to use and have been shown to reduce dose to anterior organs in CT scanning. However, there are several disadvantages associated with the use of bismuth shields, especially when used with automatic exposure control or tube current modulation. Other techniques exist that can provide the same level of anterior dose reduction at equivalent or superior image quality that do not have these disadvantages. The AAPM recommends that these alternatives to bismuth shielding be carefully considered and implemented when possible.
4. **AAPM Positions / Policies / Comments on Issues of Public Interest:** (Enclosure)
5. **Are there other science based policies that need SC’s attention?**
6. Executive Issues with **President Seibert** and **President-Select John Hazel**
   1. Educational pathways for improving “science and research” in Medical Physics
   2. Residencies in Diagnostic Medical Physics
      1. With Hendee and McCollough
      2. Should the Dx requirements be different than Rx requirements?
      3. Assuring Post Doc Research Training in Dx Medical Physics
   3. Residencies in Therapeutic Medical Physics
   4. Other issues from EXECOM

**Monday Afternoon 1:00 pm ● December 12, 2011**

1. Quick Tour of Memorial Sloan Kettering Medical Physics Department (Deasy)
2. Science Council Budget ***(Enclosure)***
3. Forem (Focused Research Meetings)
   1. Need to promote and expand
   2. Change funding and/or scope of program?
4. Other Issues from the floor
5. Strategic Plan Issues (***Enclosure*** and ***Appendix B-excerpts***)

**Tuesday Morning 8:00 am ● December 13, 2011**

1. Brief Discussion of Laughlin Symposium / Laughlin Award (Hunter)
2. Continuation of Strategic Plan Discussion (?)
3. Science Council Retreat Times and Locations: 2012-2015
   1. **History:** In the last several years (under Boone), Science Council has met in a retreat format because the time available at RSNA or AAPM was insufficient to actually have a meaningful discussion in regards to the science activities of the AAPM. We instituted a University- sponsored retreat format, and have met at Stanford, Wash U, University of Chicago, MD Anderson, UW-Madison, and now Memorial Sloan Kettering in NYC. Future Sites?

# APPENDIX A: Bismuth Position Paper

**AAPM Position Statement on the Use of Bismuth Shielding for the Purpose of Dose Reduction in CT scanning**

**Policy Text:** Bismuth shields are easy to use and have been shown to reduce dose to anterior organs in CT scanning. However, there are several disadvantages associated with the use of bismuth shields, especially when used with automatic exposure control or tube current modulation. Other techniques exist that can provide the same level of anterior dose reduction at equivalent or superior image quality that do not have these disadvantages. The AAPM recommends that these alternatives to bismuth shielding be carefully considered and implemented when possible.

**Policy Source:** Board Meeting Minutes \_\_\_\_\_, 2011

**Rationale for policy:**

Bismuth shielding has been used to reduce the dose from CT to anterior radiosensitive organs, such as the breast, lens of the eye, and thyroid [[1](#_ENREF_1)]. These bismuth-impregnated latex shields are placed over the organ of interest to attenuate the x-ray beam entering the patient. While bismuth shielding appears easy to use and studies confirm a reduction in anterior surface dose [[2-5](#_ENREF_2)], there are several disadvantages associated with their use that could result in increased patient dose and/or degraded image quality. Other methods for reducing anterior dose exist that do not suffer from these drawbacks. These methods may additionally offer improved image quality and/or additional dose reduction relative to the use of bismuth shielding, and should be carefully considered by users seeking to reduce dose to the lens of the eye, thyroid and breast.

**Disadvantages associated with the use of bismuth shields:**

1. **Applying bismuth shielding together with automatic exposure controls (AEC) systems, such as tube current modulation (TCM), leads to unpredictable and potentially undesirable levels of dose and image quality.**

AEC systems adjust scanner output based on patient attenuation to deliver a user-specified level of image noise. They take into account system characteristics, patient anatomy and user-specified requirements for image quality [[10](#_ENREF_10)]. Localizer CT radiographs (e.g. anterior-posterior and/or lateral) are used to estimate patient attenuation, and system behavior is programmed according to the measured attenuation. However, when bismuth shielding is used, the dose delivered to the patient and the image quality achieved depends on whether the shield was placed before or after acquisition of the CT radiograph.

Placing a bismuth shield on the patient prior to acquiring the CT radiograph will lead to measuring higher “patient” attenuation and the tube current will be increased accordingly [[4](#_ENREF_4), [11](#_ENREF_11)]. The effect of dose reduction to the anterior surface by bismuth shielding will be countered, and dose to other surfaces will be increased, which is clearly undesirable.

Placing a bismuth shield on the patient after the CT radiograph has been acquired avoids having the AEC algorithm increase the tube current [[4](#_ENREF_4), [11](#_ENREF_11)] on some systems. However, the image quality delivered will not be what the user prescribed due to the additional attenuation of the shield, which the system did not anticipate (as it was placed after the CT radiograph was acquired).

On other systems, the AEC algorithm responds to increases in patient attenuation that occur after the CT radiograph has been acquired, resulting in differences in both image quality and dose relative to what was planned using the CT radiograph.

1. **The shields can degrade image quality and accuracy.**

The shields can cause streak and beam hardening artifacts. They artifactually increase CT numbers below the shield [[8](#_ENREF_8)] and adversely affect the accuracy of CT numbers. Because these would affect the accuracy of coronary calcification measurements, the Society of Cardiac CT clearly states that breast shields are not recommended in cardiovascular CT [[9](#_ENREF_9)]. Additionally, if the inferior aspect of the shield lies over the upper portion of the liver, unacceptable image quality in the liver can occur.

1. **The shields waste some of the patient’s radiation exposure.**

In CT scanning, the x-ray tube rotates 360 degrees around the patient and irradiates the patient from all directions. When the x-ray tube is above the patient, the shield absorbs x-rays before they strike the patient and reduces the dose to peripheral organs. However, when the x-ray tube is beneath the patient, the shield does not reduce dose to the patient, but rather absorbs many of the photons exiting the patient before they can reach the CT detector. Those photons would have contributed to forming the CT image. Similarly, photons from lateral directions are partially attenuated by the shield upon exiting the patient. Therefore, during more than half of each 360-degree rotation of the x-ray tube, the shield attenuates useful photons, thus wasting radiation dose. This leads to a noise increase across the entire image, not just in the region near the shield [[4](#_ENREF_4), [6-8](#_ENREF_6)].

**Alternative methods for reducing dose to peripheral organs in CT scanning:**

For equivalent levels of image noise, the percent dose reduction to the anterior surface from bismuth shielding can be achieved by reducing the x-ray tube current by that same percentage [[6](#_ENREF_6), [7](#_ENREF_7), [12](#_ENREF_12), [13](#_ENREF_13)]. This has the added benefit of reducing dose to the lateral and posterior surfaces. No additional materials (i.e. the shields) or special scanner features are required, and technologists do not need to spend additional time positioning the shields on patients or disinfecting the shields between patients. Furthermore, streak and beam hardening artifacts are avoided and CT number accuracy is maintained. Other methods for reducing dose to specific peripheral organs include adjusting AEC parameters to more aggressively decrease the tube current in regions of lower attenuation (e.g. in the thorax) and use of organ-based tube current modulation techniques. Since AEC systems on CT scanners can be complex and involve adjustments of several parameters, users are urged to consult with a Medical Physicist and/or applications specialist when making changes to the AEC parameters.

**References**

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# APPENDIX B: The AAPM Strategic Plan

The Mission of the AAPM is to advance the science, education and professional practice of medical physics.

*The goals of the AAPM to carry out this mission are:*

1. Promote the highest quality medical physics services for patients.
2. Encourage research and development to advance the discipline.
3. Disseminate scientific and technical information in the discipline.
4. Foster the education and professional development of medical physicists.

* Support the medical physics education of physicians and other medical professionals.
* Promote guidance for the practice of medical physics.
* Govern and manage the Association in an effective, efficient, and fiscally responsible manner

**Goal 2: Encourage research and development to advance the discipline.**

**Objective 1: Increase activity of AAPM in Technology Assessment (TA)**

**Strategy 1:** Define structure, identify experts and infrastructure for TA to cooperate with (e.g.) FDA in providing guidance for pre marketing approval and post marketing monitoring,

*Deliverables:*

*Formal relationship between AAPM and, presumably, Morgridge for creation of IAMD. Institute will provide guidance to FDA in premarket approval and post market monitoring process.*

Assigned – Institute for the Assessment of Medical Devices with Technology Assessment, Science Council

**Strategy 2**: Create a mechanism to have AAPM oversight of medical physics activities for clinical ACRIN trials.

*Deliverables:*

* *AAPM position statement regarding need for nationwide diagnostic imaging quality assurance oversight.*
* *Grant proposal though external organization for funding to support body similar to RPC to support diagnostic imaging trials.*
* *Creation of such a body.*

Assigned –Technology Assessment and Imaging Physics, Science Council

**Strategy 3:** Fortify technology assessment efforts through encouraging external research funding (e.g. NIH Funding for technical comparative effectiveness) as well as persistent operational revenue streams. Make AAPM Technology Assessment Institute (TAI) a focus for doing research and obtaining funding on behalf of AAPM goals.

* *Deliverables: IAMD will be self-sustaining through external funding.*

Assigned – Monitored and guided by Technology Assessment, Science Council

# APPENDIX C: Task Group on Dosimetry in Tomosynthsis