# Necessity to Update Radiation Dose Calculation Programs of **Computed Tomography**

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### Background

#### Concern of Radiation Exposure from CT scans

- Rapid increase of CT use
- High dose per scan: ~ hundreds times of that from chest x-ray
- Risk projection studies

#### Dose comparison by sex and age - CT EXPO

- Only program applicable to pediatrics

#### Calculation of Radiation Doses

- CT scanners: Scanners more than 16 Slices from GE, Siemens, Philips, and Toshiba
- Scan type: head, chest, abdomen/pelvis, whole body

#### Radiation Doses by Sex and Age:

- Dose (Female) > Dose (Male): About 5% due to small body size
- Dose (pediatric) > Dose (Adult): 40% higher for 7-year child and 70% higher for 2month baby





Effective dose per capital in the US (NCRP report Figure . 160)

#### CT Dosimetry Programs

- **Programs:** CTDosimetry, CT-Expo, etc.  $\rightarrow$ Used without consideration of the their difference and their limitations
- User friendly programs: easy to use
- Data source: NRPB or GSF databases → Old data generated in late 1980s

#### Time to Update under ICRP 103 and **Improved Dosimetry technology**

- More organs and tissues in **ICRP 103**
- Recommend to use of image based male and female phantoms



- Technical settings: 120 kVp, 100 mAs, Collimator width = 10 mm, Pitch = 1

#### **Scan Regions** \*\*

- Head scan: Top of head to CV 2
- Chest scan: Shoulder to mid of liver
- Abd/pel scan: Top of liver to end of pelvis
- Whole body scan: Shoulder to end of pelvis



- Necessary Future Studies for CT Dosimetry and (+ Limitations of CT dosimetry programs)
  - Generation of dose database by sex (← Radiation dose to hermaphrodite phantom)
  - Dose database by patient age ( Radiation dose to adult or few pediatrics)
  - Dose to individual with different height and weight
  - Dose database based on realistic anatomy  $(\leftarrow$  Database based on stylized phantom)

- Pediatric phantoms
- Heterogeneous bone structure

## **Objectives**

- To compare radiation doses calculated by different CT dosimetry program
- To review limitations of the current CT dosimetry programs
- To suggest necessary future studies for CT dosimetry improvement

**Material and Methods** 



#### **Results and Discussion**

#### Organ dose by scan region

- Organs in scan region: ~ > 10 mGy/100 mAs
- Organs partially within or close to scan region
  - : 1 10 mGy/ 100 mAs
- Organs far from scan region: < 1 mGy/100 mAs

#### Radiation dose by CT Dosimetry Program

- Generally similar, but relative large difference in some organs
- 40% higher dose in CT EXPO for Siemens scanners
- Due to higher  $CTDI_{w}$ : Value = 8.8 mGy for CTExpo but 6.8 mGy for the others



- Inclusion of doses to organs in ICRP 103 ( $\leftarrow$  organs in ICRP 60)
- Improved bone marrow dosimetry considering heterogeneous skeletal tissue
- Application to various CT scanners
- Implementation of recent CT scan technologies (e.g., mA modulation, dual sources)

#### Conclusion

- Radiation doses from CT scans were calculated using different CT dosimetry programs.
- Radiation doses generally were comparable but large differences were observed for some specific organs or tissues.

- **Dosimetry Programs** \*\*
  - CTDosimetry, CT-Expo, ImpactDose



#### Dose comparison by computer programs

- By scan type
- By scanner type

(A) Chest scan by LightSpeed VCT Figure . (B) Abdomen/Pelvis scan by Aquilion (C) whole body scan by Sensation 64

- Relatively big difference was observed in Sensation CT scanners.
- There are a number of limitations of current CT dosimetry computer programs.
- It is necessary to use the programs with consideration of the potential dose difference and the limitations.
- Therefore, further studies are necessary to overcome the limitations and to improve CT dosimetry.