## Patient Radiation Doses from Radiographic Examinations in Korea

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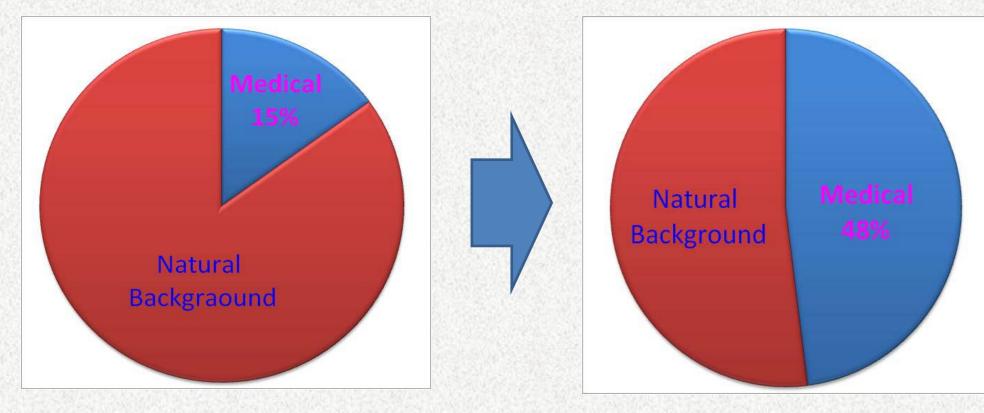
#### Background

#### Radiation Exposure from Medical Imaging:

Medical imaging results in radiation exposure and thus potentially negative health effects such as cancer.

#### \*Rapid Increase of Medical Exposure:

According to a recent NCRP report, increasing use of medical radiation contributed to half of total to exposure to the US population.



3.6 mSv/capita (1980s) 6.2 mSv/capita (2006)

Figure 1. Percent contribution to effective dose per individual in the US population (Source: NCRP report 160)

# ❖Justification and Optimization of Medical Exposure: By adjusting technical parameters of x-ray machine, radiation dose to patients can be minimized without detriment to the clinical purpose.

#### \*DRL (Diagnostic Reference Level):

There are significant variations in national practice with medical imaging and radiation dose. → DRL to indicate whether patient exposure is unusually high. → DRL can effectively minimize radiation exposure to patients.

#### Objectives

- ❖ To measure radiation doses to patients from radiographic examinations
- To collect information associated with patient dose

#### Materials and Methods

Number of Hospitals: 320 Hospitals in 3 Provinces

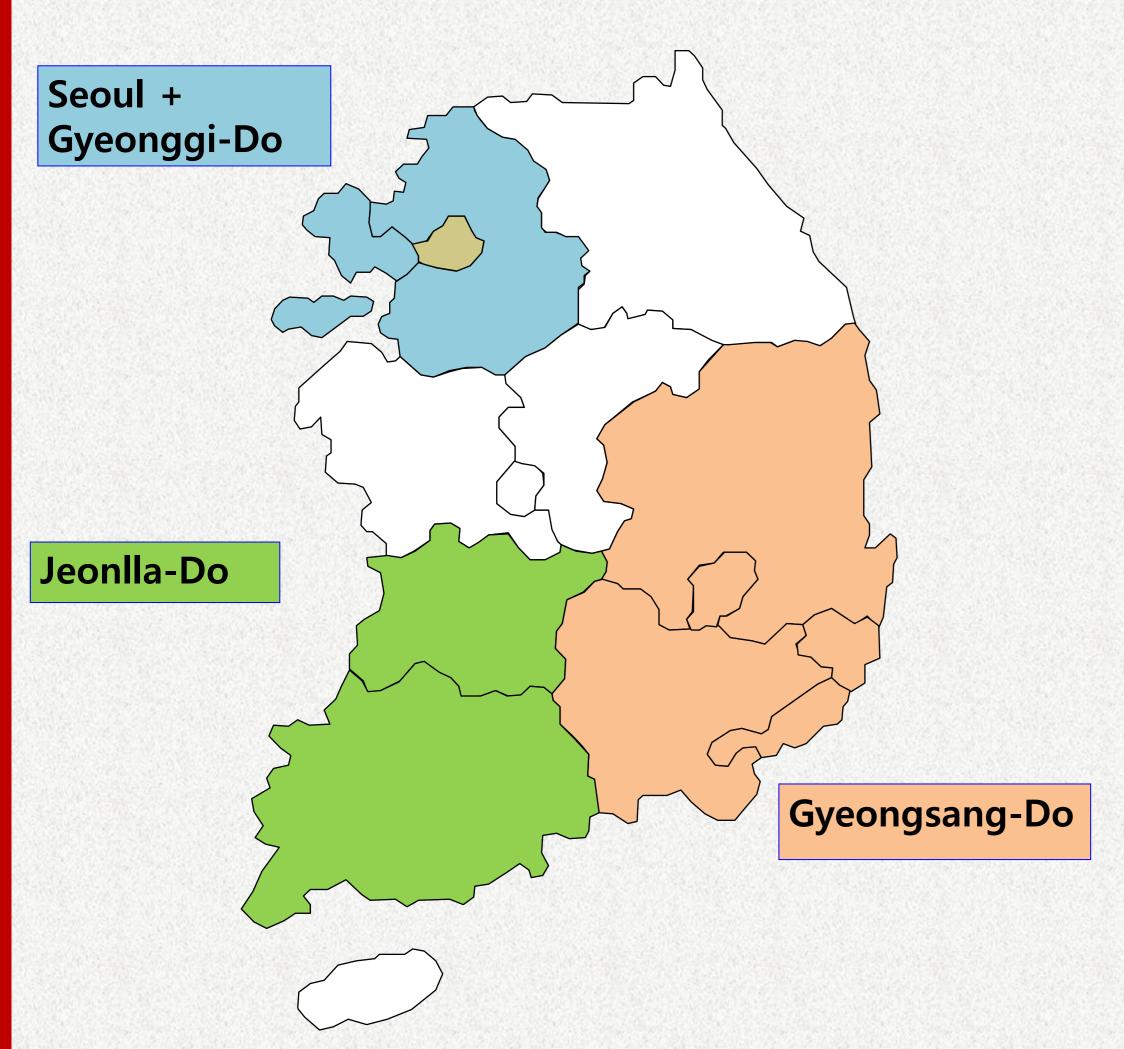


Figure 2. Survey areas

#### Examination Types

Conventional Radiography								
(1) Skull AP	(12) L-spine AP							
(2) Skull LAT	(13) L-spine LAT							
(3) Chest PA	(14) L-spine OB							
(4) Chest AP	(15) Clavicles AP							
(5) Chest LAT	(16) Shoulder AP							
(6) Abdomen AP	(17) Humerus AP							
(7) Pelvis AP	(18) Elbow AP							
(8) C-spine AP	(19) Wrist AP							
(9) C-spine LAT	(20) Hip AP							
(10) T-spine AP	(21) Knee AP							
(11) T-spine LAT	(21) Knee AP (22) Ankle AP							

#### Dose Measurements

- Rando and PMMA phantoms were exposed under typical x-ray technical settings (e.g., kVp, mAs, etc.).
- Entrance surface dose (ESD) was measured using glass dosimeters placed on the phantom.



Figure 3. Radiation dose measurements

### Collection of Information Associated with Patient Dose

- Checklist was developed to collect the information.
- Information on x-ray equipments, operation settings, dose reduction techniques.

☐ X-Ray E																		-
Manufacturer			Model		Yea	Year of purchase			Inherent filtration				Image type		Generator wave form			
								Al:(mm) Cu		ım) Cu	r(mm)		⊙DR ຜCR ©sfilm		⊙Three Phase ⊘ Single Phase ⊙inverter ⊗ etc			
□ Examinat	ion an	d Dose	Data															
Examination Type			AEC*	Те	Fechnical Settings			Filtration	FFD*	Grid	Screen size			Dose	Griass Dosimete			
			⊕ Yes No	<u>kVp</u>	mA	msec	mAs	Al (mm) (	CU  /	(cm)	ratio □/1		n @inch	DAP (mGy-cm²)	µGу	Number		
Wrist	AP	2+4												****	E-T-S-			
Elbow	AP	1														$\vdash$		
Ankle	AP	1+3																
Humerus	AP	1+2																
Knee	AP	1+1																
Skul	ΑP	3																
C-Spine	ΑP	9*														$\vdash$		
B)Clavicle	AP	11														$\vdash$		
Shoulder	AP	12														$\vdash$		
T-Spine	ΑP	15																
Chest	ΑP	16														$\vdash$		
Abdomen	AP	23																
L-Spine	ΑP	25														$\vdash$		
Pelvis	ΑP	29																
Hip	AP	32																
L-Spine	OBL	25																
Skul	LAT	3																
T-Spine	LAT	15																
Chest	LAT	16																
L-Spine	LAT	25																
C-Spine	LAT	7*																
Chest	PA	16											+					

Figure 4. Checklist to dose survey

#### **Results and Discussion**

## Information associated with patient dose

- Tube Voltage
- Relatively less variation among hospitals
- Mean kVp: 51 (Wrist) 100 (Chest PA) kVp, Mostly 80 kVp

#### - Current-time product

- Wide variation among hospitals for the same type of examination.
- Mean mAs: 5.7 (Wrist) 51 (L-spine LAT) mAs

**Table 1.** Technical settings and radiation doses from radiographic examinations

Examination Type	Voltage (kVp)	Current·time (mAs)	ESD (mGy			
Skull (AP)	74 (±6)	23 (±10)	2.3 (0.2-8.6)			
Skull (LAT)	74 (±7)	23 (±13)	2.5 (0.1-11)			
Chest (PA)	100 (±19)	10 (±9)	0.5 (0.1-2.6)			
Chest (AP)	86 (±17)	10 (±8)	1.4 (0.1-6.2)			
Chest (LAT)	97 (±18)	25 (±21)	2.6 (0.1-23)			
Abdomen(AP)	77 (±7)	28 (±15)	3.1 (0.3-14)			
Pelvis (AP)	76 (±7)	28 (±13)	3.1 (0.3-10)			
T-Spine (AP)	76 (±7)	29 (±16)	3.2 (0.3-12)			
T-Spine (LAT)	83 (±11)	41 (±23)	6.8 (0.3-34)			
L-Spine (AP)	79 (±7)	32 (±16)	3.8 (0.3-18)			
L-Spine (LAT)	86 (±8)	51 (±31)	8.8 (0.1-50)			
L-Spine (OBL)	83 (±8)	51 (±20)	5.2 (0.1-24)			

#### Mean radiation dose varied with exam types

- ESD: 0.2 (Wrist AP) ~ 8.8 (L-spine LAT) mGy
- High dose group : L-spine, T-spine
- Median dose group : pelvis, abdomen, hip, skull, cervical spine, clavicle, shoulder, and chest
- Low dose group: extremity

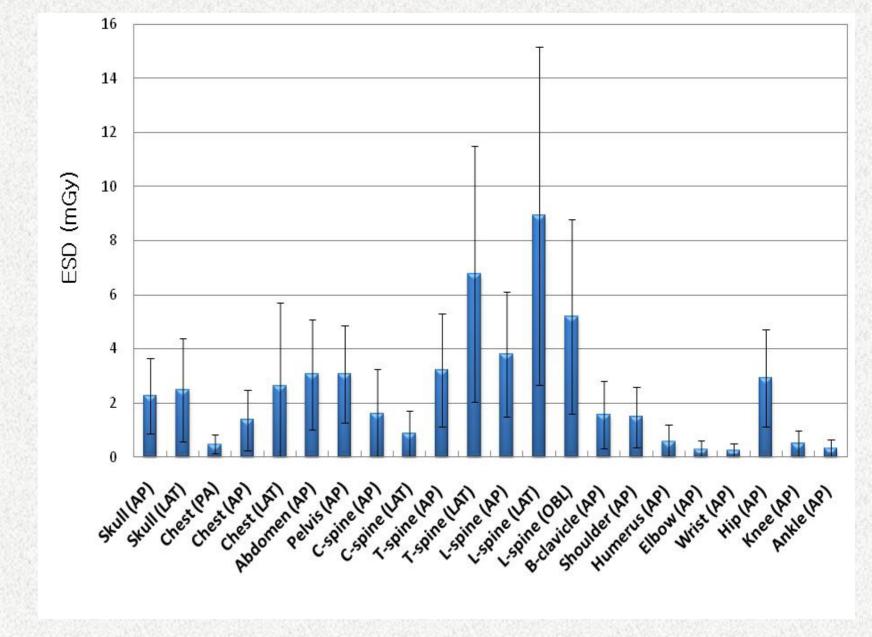


Figure 5. Entrance surface dose

#### Summary

- A nationwide investigation of patient exposure from radiography was performed in Korea.
- Exposure condition and radiation dose varied with hospital.
- It can be precluded that level of radiation safety of medical imaging in Korea is not different from that in the developed countries based on the collected database.
- Development of DRL based on the survey data is necessary to reduce patient exposure.
- The developed DRLs will effectively contribute to minimize radiation exposure to patients without detriment to the clinical purpose.