UF Herbert Wertheim College of Engineering UNIVERSITY of FLORIDA

Development of Age-Dependent Computational Phantoms

Wesley Bolch, University of Florida Member, ICRP Committee 2 Chair, TG 96 – Computational Phantoms and Radiation Transport

POWERING THE NEW ENGINEER TO TRANSFORM THE FUTURE



Presentation Objectives

1. Review current work flow of ICRP Committee 2 and its Task Groups

- A. Dose coefficients for adults
- B. Dose coefficients for infants, children, and adolescents

2. Review the historical lineage of models that have become the ICRP pediatric phantom series

3. Review specific dosimetry models associated with these pediatric phantoms

- A. Blood distribution model
- B. Skeletal tissue model
- C. SAFs for internally emitted radiations

4. Review the development and two specific applications of a derived pediatric phantom library

- A. Radiation epidemiology of the medical imaging of children
- B. Radiation epidemiology of the Japanese atomic bomb survivors

Following the development of the ICRP Publication 110 Reference Adult Phantoms, ICRP Committee 2 has developed, and continues to develop, dose coefficients for use in the radiological protection community:

<u>External Exposures</u> **ICRP Publication 116** - Provides DCs for occupational external exposures (2010)

Internal Exposures – The Occupational Intakes of Radionuclides (OIR) Series ICRP Publication 130 – OIR Part 1 – Supporting Framework (2015) ICRP Publication 133 – Supporting SAFs for the reference adults (2016) ICRP Publication 134 – OIR Part 2 (2016) ICRP Publication 137 – OIR Part 3 (2017)



OIR Part 2 – ICRP Publication 134

Hydrogen (H), Carbon (C), Phosphorus (P), Sulphur (S), Calcium (Ca), Iron (Fe), Cobalt (Co), Zinc (Zn), Strontium (Sr), Yttrium (Y), Zirconium (Zr), Niobium (Nb), Molybdenum (Mo) and Technetium (Tc).

OIR Part 3 – ICRP Publication 137

Ruthenium (Ru), Antimony (Sb), Tellurium (Te), Iodine (I), Caesium (Cs), Barium (Ba), Iridium (Ir), Lead (Pb), Bismuth (Bi), Polonium (Po), Radon (Rn), Radium (Ra), Thorium (Th) and Uranium (U).

OIR Part 4

Lanthanides series, actinium (Ac), protactinium (Pa) and transuranic elements

OIR Part 5

Fluorine (F), Sodium (Na), Magnesium (Mg), Potassium (K), Manganese (Mn), Nickel (Ni), Selenium (Se), Molybdenum (Mo), Technetium (Tc) and Silver (Ag) and most of the others

Other needed guidance for both external and internal dose coefficients involves exposures to members of the general public

External Exposures

ICRP C2 Task Group 90 – To provide DCs for environmental sources of radionuclides

Internal Exposures – The Environmental Intakes of Radionuclides (EIR) Series ICRP C2 Task Group 95

EIR Part 1 – Every element currently described in OIR P2 to P4 plus Ag, Ni, and Se

EIR Part 2 – Remaining elements

EIR Part 3 – Breast-feeding infant internal dose coefficients for maternal intakes **EIR Part 4** – In utero internal dose coefficients for maternal intakes

<u>Computational Phantoms of the non-Adult ICPR Reference Individuals</u> ICRP C2 Task Group 96 – To provide reference phantoms and SAFs for internally emitted photons, electrons, and alpha particles



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Terbert Wertheim Conege of Engineering

ICRP Publication 89 defines 10 pediatric reference individuals with the following total body characteristics

	Height (cm)		Mass (kg)		Surface area (m ²)	
Age	Male	Female	Male	Female	Male	Female
Newborn	51	51	3.5	3.5	0.24	0.24
1 year	76	76	10	10	0.48	0.48
5 years	109	109	19	19	0.78	0.78
10 years	138	138	32	32	1.12	1.12
15 years	167	161	56	53	1.62	1.55
Adult	176	163	73	60	1.90	1.66

 Table 2.9. Reference values for height, mass, and surface area of the total body (Sections 4.2.1 and 4.2.2)

Age-dependent dose coefficients in the past, based upon ICRP 26 and ICRP 60 radiation and tissue weighting factors, have employed organ doses computed using the ORNL stylized series of pediatric computational phantoms.



ORNL-DWG 82-12112R

Origins of the new ICRP Pediatric Reference Phantoms

• UF newborn voxel phantom

UF

- UF Series A pediatric voxel phantoms
- UF Series B pediatric voxel phantoms
- UF/NCI series of hybrid-NURBS and hybrid-voxel reference phantoms
- Subsequent revisions to the UF/NCI series within TG 96

Release of new ICRP Pediatric Reference Phantoms

- ICRP Publication on pediatric phantoms expected Fall 2018
- ICRP Publication on pediatric SAFs expected Spring 2019 (with internal ICRP use in Spring/Summer 2018)

UF Newborn Voxel Phantom



Figure 1. Frontal (top row) and right lateral (bottom row) views of the UF newborn tomographic model. Shown are the external skin (A and D), skeleton (B and E) and internal organs (C and F). In panel C, the liver and intestines have been removed for viewing the kidneys and other abdominal organs. These organs are shown in the right lateral view (panel F).

Phys. Med. Biol. 47 (2002) 3143-3164

Creation of two tomographic voxel models of paediatric patients in the first year of life

J C Nipper¹, J L Williams² and W E Bolch^{1,3}

¹ Biomedical Engineering Program, University of Florida, Gainesville, FL 32611-8300, USA ² Department of Radiology, University of Florida, Gainesville, FL 32611-8300, USA ³ Department of Nuclear and Radiological Engineering, University of Florida, Gainesville, FL 32611-8300, USA

Segmentation of a whole-body CT of a 6-day newborn female following unsuccessful cardiac surgery (512 x 512 x 485 array)

UF Series A Voxel Phantoms



FIG. 2. Frontal views of the UF series of pediatric computational phantoms. Each of the three rows gives views of the phantom exterior, the skeletal system, and the internal organ structure, respectively. Image columns correspond to the 9-mo male, the 4-year female, the 8-year female, the 11-year male, and the 14-year male, respectively.

Med. Phys. 32 (12), December 2005

The UF series of tomographic computational phantoms of pediatric patients

Choonik Lee Department of Nuclear and Radiological Engineering, University of Florida, Gainesville, Florida 32611

Jonathan L. Williams Department of Radiology, University of Florida, Gainesville, Florida 32610

Choonsik Lee Department of Nuclear and Radiological Engineering, University of Florida, Gainesville, Florida 32611

Wesley E. Bolch^a) Departments of Nuclear and Radiological and Biomedical Engineering, University of Florida, Gainesville, Florida 32611

TABLE I. Computed tomography image sources for the development of the UF pediatric phantom series.

		Image source		Fused body image		
Phantom	Gender	Head series CAI	P series	Voxel dimensions (mm)	Array size	
F 9 month	М	9 month male patient		$0.43 \times 0.43 \times 3.00$	512×512×156	
UF 4 year	F	4 year female patien	t	$0.45 \times 0.45 \times 5.00$	$512\!\times\!512\!\times\!120$	
UF 8 year	F	8 year female patient 8 year fe	male patient	$0.58 \times 0.58 \times 6.00$	$512 \times 512 \times 121$	
JF 11 year	Μ	12 year male patient 11 year	male patient	$0.47 \times 0.47 \times 6.00$	$512 \times 512 \times 125$	
JF 14 year	Μ	14 year male patient 14 year	male patient	$0.625 \times 0.625 \times 6.00$	$512\!\times\!512\!\times\!133$	



UF Series B Voxel Phantoms



Figure 2. Frontal views of the UF Series B of paediatric computational phantoms. The phantoms include the 9-month male, the 4-year female, the 8-year female, the 11-year male and the 14-year male, respectively, from left to right. The phantom images are shown in a uniform relative scale across the phantom ages.

Phys. Med. Biol. 51 (2006) 4649-4661

Whole-body voxel phantoms of paediatric patients—UF Series B

Choonik Lee $^{\rm l},$ Choonsik Lee $^{\rm l},$ Jonathan L Williams $^{\rm 2}$ and Wesley E Bolch $^{\rm 1.3}$

¹ Department of Nuclear and Radiological Engineering, University of Florida, Gainesville, FL 32611, USA ² Department of Radiology, University of Florida, Gainesville, FL 32610, USA ³ Department of Biomedical Engineering, University of Florida, Gainesville, FL 32611, USA

 Table 1. Computed tomography image sources for the development of the UF Series B paediatric phantoms.

		Image sources			Fused body image		
Phantom	Gender	Head series	CAP series	Arms and legs	Voxel dimensions (mm)	Array size	
UF 9-month	М	9-month m	ale patient		$0.86 \times 0.86 \times 3.00$	$289 \times 180 \times 241$	
UF 4-year	F	4-year fem	ale patient		0.90 imes 0.90 imes 5.00	$351 \times 207 \times 211$	
UF 8-year	F	8-year female patient	8-year female patient	Adult volunteer	$1.16\times1.16\times6.00$	322 × 171 × 220	
UF 11-year	М	12-year male patient	11-year male patient		$0.94 \times 0.94 \times 6.00$	398 × 242 × 252	
UF 14-year	М	14-year male patient	14-year male patient		$1.18\times1.18\times6.72$	349 × 193 × 252	

UF/NCI Family of Hybrid Phantoms



Figure 7. 3D frontal views of the entire series of UF hybrid pediatric and adult phantoms. The body contours were made semi-transparent for better viewing of internal anatomy.

Phys. Med. Biol. 55 (2010) 339-363

The UF family of reference hybrid phantoms for computational radiation dosimetry

Choonsik Lee¹, Daniel Lodwick², Jorge Hurtado², Deanna Pafundi², Jonathan L Williams³ and Wesley E Bolch^{4,5}

Table 1. CT image sources employed in the development of the UF hybrid phantom series.

	Head	Torso	C-Vertebrae	Arms and legs
UFH00MF		6 0	lay F	
		0.586×0.5	$586 \times 1 \text{ mm}^3$	
UFH01MF	2 year F	1 year F		
	$0.379\times0.379\times4.5~mm^3$	$0.406\times0.406\times3\ mm^3$		
UFH05MF	4 ye	ar F		
	0.451×0.43	$51 \times 5 \text{ mm}^3$		
UFH10MF	12 year M	11 year M		
	$0.469 \times 0.469 \times 6 \text{ mm}^3$	$0.469\times0.469\times6~mm^3$		
UFH15M	18 year M ^a	14 year M	15 year F	18 year M ^c
	1 mm	$0.625\times0.625\times6~mm^3$	$0.21\times0.21\times0.75~mm^3$	1 mm
UFH15F	15 year F	14 year F	(all ages except newborn)	(all ages except newborn)
	$0.449\times0.449\times4.5~mm^3$	$0.742\times0.742\times6~mm^3$		
UFHADM	18 year M	36 year M		
	1 mm	$1.97\times1.97\times3~mm^3$		
UFHADF	15 year F ^b	25 year F		
	$0.449\times0.449\times4.5~mm^3$	$0.66\times0.66\times5\ mm^3$		

^a Head model of UFHADM was downscaled to create the UFH15M head model.

^b Head model of UFH15F was upscaled to create the UFHADF head model.

^c High resolution (1 mm slice thickness) CT images of arms and legs were obtained from an 18 year male cadaver.

ICRP Modifications of the UF/NCI Hybrid Phantoms

- Additional organs and tissues to match those in the ICRP 110 adult phantom
 - Breast tissues, blood vessels in the lungs, ureters, etc.
- Generation of a lymphatic node model
- Construction of new models of adipose tissue and skeletal muscle
- *Re-tagging tissue regions to again match ICRP 110 tag list*

	Voxel Resolution (cm)			Number of Voxels			Total Matrix
Phantom	X-direction	Y-direction	Z-direction	X-direction	Y-direction	Z-direction	Size (x 10 ⁶)
UFH00MF	0.0663	0.0663	0.0663	350	215	720	54.18
UFH01MF	0.0663	0.0663	0.1400	396	253	550	55.10
UFH05MF	0.0850	0.0850	0.1928	416	235	576	56.31
UFH10MF	0.0990	0.0990	0.2425	428	226	580	56.10
UFH15M	0.1250	0.1250	0.2832	414	226	590	55.20
UFH15F	0.1200	0.1200	0.2828	410	238	574	56.01
ICRP AF	0.1775	0.1775	0.484	299	137	348	14.26
ICRP AM	0.2137	0.2137	0.8000	254	127	222	7.16



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Pediatric Blood Distribution Model

Table 1.	Reference val	ues for tota	l blood volume	(cm^3) .
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Age	Male	Female
Newborn	270	270
1-year	500	500
5-year	1400	1400
10-year	2400	2400
15-year	4500	3300
Adult	5300	3900

Source: ICRP Publication 89, Section 7.4

	Blood Content (% Total Blood Volume)		
Organ or Tissue	Adult Male	Adult Female	
Fat	5.00	8.50	
Brain	1.20	1.20	
Stomach & Esophagus Wall	1.00	1.00	
Small Intestine Wall	3.80	3.80	
Large Intestine Wall	2.20	2.20	
Right Heart Contents	4.5	4.50	
Left Heart Contents	4.5	4.50	
Coronary Tissues	1.00	1.00	
Kidneys	2.00	2.00	
Liver	10.00	10.00	
Pulmonary Tissues	10.50	10.50	
Bronchial Tissues	2.00	2.00	
Skeletal Muscle	14.00	10.50	
Pancreas	0.60	0.60	
Skeletal Tissues			
Active Marrow	4.00	4.00	
Trabecular Bone	1.20	1.20	
Cortical Bone	0.80	0.80	
Miscellaneous Skeletal Tissues	1.00	1.00	
Skin	3.00	3.00	
Spleen	1.40	1.40	
Thyroid	0.06	0.06	
Lymphatic Nodes	0.20	0.20	
Testes or Ovaries	0.04	0.02	
Adrenal Glands	0.06	0.06	
Urinary Bladder Wall	0.02	0.02	
All Other Tissues	1.92	1.92	
Aorta and Large Arteries	6.00	6.00	
Large Veins	18.00	18.00	
	100.00	99.98	

Source: ICRP Publication 89, Section 7.7.2

Table 2. Reference values for relative regional blood volumes in the reference adults.

Pediatric Blood Distribution Model

Table 3. Vascular scaling factors for tissues with changing rates of blood vessel growth.

			Trabecular	Cortical
Age	Brain	Kidneys	Bone	Bone
Newborn	1.04	0.67	4.70	2.60
1-year-old	1.16	0.67	4.70	2.60
5-year-old	1.39	1.00	4.40	2.40
10-year-old	1.33	1.00	4.00	2.20
15-year-old	1.13	1.00	3.70	1.90
Adult	1.00	1.00	1.00	1.00

$$f_{blood}^{organ}(a,s) = \frac{V_{blood}^{organ}(adult,s)}{\sum V_{blood}^{organ}(adult,s)}$$

$$V_{blood}^{organ}(a,s) = R_{vas}^{organ}(a,s) \times V_{blood}^{organ}(adult,s) \times \left[\frac{V_{parenc\ hyma}^{organ}(a,s)}{V_{parenc\ hyma}^{organ}(adult,s)}\right]$$

Pediatric Skeletal Tissue Models

UF



Figure 4. Spongiosa sections of 3D-rendered image threshold marrow and trabecular bone for (A) 4 day old L_3 , (B) 4 day old sternum, (C) 5 day old fourth rib and (D) 5 day old iliac crests.

Phys. Med. Biol. 54 (2009) 4497-4531

An image-based skeletal tissue model for the ICRP reference newborn

Deanna Pafundi¹, Choonsik Lee¹, Christopher Watchman², Vincent Bourke², John Aris³, Natalia Shagina⁴, John Harrison⁵, Tim Fell⁵ and Wesley Bolch^{1,6}



Figure 3. (A) Segmented transverse slice of 4 day old L_3 using 3D-Doctor and (B) 3D rendering of segmented 4 day old L_3 using 3D-Doctor.

Pediatric Skeletal Electron and Photon Dosimetry Models



Phys. Med. Biol. 55 (2010) 1785–1814 An image-based skeletal dosimetry model for the ICRP reference newborn—internal electron sources

Deanna Pafundi¹, Didier Rajon², Derek Jokisch³, Choonsik Lee¹ and Wesley Bolch^{1,4,5}



Figure 1. Rendered images of the original polygon mesh and segmented voxelized newborn skeletal models: (A) polygon mesh model of the femur, (B) voxelized model of the femur, (C) polygon mesh model of the lumbar vertebrae and (D) voxelized model of the lumbar vertebrae.

Pediatric SAFs – Photons, Electrons, Alpha Particles, Fission Neutrons





Phys. Med. Biol. 57 (2012) 1433–1457

Internal photon and electron dosimetry of the newborn patient—a hybrid computational phantom study

Michael Wayson¹, Choonsik Lee², George Sgouros³, S Ted Treves⁴, Eric Frey³ and Wesley E Bolch^{1,5}



The UF family of hybrid phantoms of the developing

Matthew R Maynard¹, John W Geyer¹, John P Aris², Roger Y Shifrin³

human fetus for computational radiation dosimetry

Phys. Med. Biol. 56 (2011) 4839-4879

and Wesley Bolch^{1,4,5}

UF/NCI Phantom Library – Pregnant Females





Matthew R Maynard¹, Nelia S Long¹, Nash S Moawad¹ Roger Y Shifrin³, Amy M Geyer¹, Grant Fong⁴ and Wesley E Bolch^{1,5}



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UF/NCI Phantom Library - Children







Phantom for each height/weight combination further matching average values of body circumference from CDC survey data

85 pediatric males 73 pediatric females

The UF family of reference hybrid phantoms for computational radiation dosimetry

Phys. Med. Biol. 55 (2010) 339-363

Choonsik Lee¹, Daniel Lodwick², Jorge Hurtado², Deanna Pafundi², Jonathan L Williams³ and Wesley E Bolch^{4,5}

The UF/NCI family of hybrid computational phantoms representing the current US population of male and female children, adolescents, and adults—application to CT dosimetry Phys. Med. Biol. 59 (2014) 5225–5242

Amy M Geyer¹, Shannon O'Reilly¹, Choonsik Lee², Daniel J Long¹ and Wesley E Bolch¹

UF/NCI Phantom Library - Children

Table 1. Mapping of reference phantoms and direction of height scaling performed to create the initial set of anchor phantoms by height for the various four patient-dependent libraries.

Phantom	Pediatric		Phantom	Adult	
height (cm)	Males	Females	height (cm)	Males	Females
185	UFHADM 🕇		190	UFHADM 🕇	
175	UFHADM 🖶	UFHADF 🕇	185	UFHADM 🕇	
165	UFH15M 🖶	UFHADF 🕇	180	UFHADM 🕇	
155	UFH15M ₽	UFH15F ↓	175	UFHADM 🖶	UFHADF 🕇
145	UFH10M 🕇	UFH10F 🕇	170	UFH15M 🕇	UFHADF 🕇
135	UFH10M ↓	UFH10F ↓	165	UFH15M ₽	UFHADF 🕇
125	UFH10M ↓	UFH10F 🖶	160	UFH15M ↓	UFH15F 🖊
115	UFH05M 🕇	UFH05F 🕇	155		UFH15F ₽
105	UFH05M ↓	UFH05F 🖶	150		UFH15F 🖶
95	UFH05M ₽	UFH05F ₽			
85	UFH01M 🕇	UFH01F 🕇			

The naming convention for the UF phantom series begins with the identifier UFH (University of Florida Hybrid), followed by the reference phantom age in years (00, 01, 05, 10, 15 and AD for adult) and then the phantom gender (M for male and F for female).

The UF/NCI family of hybrid computational phantoms representing the current US population of male and female children, adolescents, and adults—application to CT dosimetry Phys. Med. Biol. 59 (2014) 5225–5242

Amy M Geyer¹, Shannon O'Reilly¹, Choonsik Lee², Daniel J Long¹ and Wesley E Bolch¹

Risk of Pediatric and Adolescent Cancer Associated with Medical Imaging R01 CA185687

The use of medical imaging that delivers ionizing radiation is high in the United States. The potential harmful effects of this imaging must be understood so they can be weighed against its diagnostic benefits, and this is especially critical for our vulnerable populations of children and pregnant women. The proposed study will comprehensively evaluate patterns of medical imaging, cumulative exposure to radiation, and subsequent risk of pediatric cancers in four integrated health care delivery systems comprising over 7 million enrolled patients enrolled from 1996-2017.

Project Management

University of California, San Francisco (UCSF)

<u>Biostatistics and Epidemiology</u> University of California, Davis (UCD)

<u>Organ Dose Assessment</u> University of Florida (UF)

Patient Enrollment Sites

Kaiser Permanente Northern California (KPNC) Kaiser Permanente North West (KPNW) Kaiser Permanente Hawaii (KPHI) Kaiser Permanente Washington (KPWA) Marshfield Clinic Research Institute (MCRI) Pediatric Oncology Group of Ontario (POGO) Geisinger Health Systems (GE) Harvard Pilgrim Health Plan (HP) **Risk of Pediatric and Adolescent Cancer Associated with Medical Imaging** R01 CA185687

Aim 1: Imaging Utilization Patterns

Aim 1A – Patterns of imaging utilization in <u>pregnant women</u> Aim 1B – Patterns of imaging utilization in <u>children</u> Aim 1C – Patterns of imaging utilization in <u>adults and children</u>

Aim 2: Organ Dose and Association with Cancer Outcomes

Aim 2A – Imaging in <u>pregnant women</u> and <u>childhood cancer risk</u> Aim 2B – Imaging in <u>children</u> and <u>childhood leukemia risk</u> Aim 2C – Imaging in <u>pregnant women and children</u> and <u>childhood cancer risk</u>



1. Organ Dose Reconstruction in Computed Tomography

Data Collection – 2006 to 2017 Data Collection – 1996 to 2006 Radimetrics Data Abstraction

Patient Data

Study ID Age Gender Height Weight Effective diameter at center slice (cm)

Pregnant Females

Gestational age

CT Procedure Details

Year of scan Scan # in current year Series # in current scan Body part imaged Medical facility CT scanner manufacturer CT scanner model

CT Technique Factors

Scan length (cm) Beam collimation (mm) Beam energy (kVp) Pitch CTDIvol (mGy) DLP (mGy-cm) Fixed or modulated mA Exam Averaged mAs Boxplots comparing all organ dose percent differences for each of the six matching parameters. The vertical lines extend at most 1.5 times the interquartile.

UF



Boxplots comparing organ dose percent difference for each of the six matching parameters based on CDC BMI classifications for pediatric patients. The vertical lines extend at most 1.5 times the interquartile range.





2. Organ Dose Reconstruction in Diagnostic Fluoroscopy

Data Collection – 2006 to 2017 Data Collection – 1996 to 2006 Radimetrics Data Abstraction

Patient Data
Study ID
Age
Gender
Height
Weight

Fluoroscopy Procedure Details Procedure type (1 to 6) Cumulative fluoroscopy time Cumulative reference air kerma Cumulative kerma-area product

<u>Reference Fluoroscopy Exams</u>

- 1. Upper Gastrointestinal Series (UGI)
- 2. Upper Gastrointestinal Series with Follow-Through (UGI-FT)
- 3. Voiding Cystourethrogram (VCUG)
- 4. Rehabilitation Swallow (RS)
- 5. Lower Gastrointestinal Series / Barium Enema (LGI)
- 6. Gastrostomy Tube Placement (G-Tube)

Problem – nearly all diagnostic fluoroscopy systems cannot generate RDSRs **Solution** – create "reference" diagnostic exams and scale doses by FT, RAK, KAP



3. Organ Dose Reconstruction in Diagnostic Nuclear Medicine

Data Collection – 2006 to 2017 Data Collection – 1996 to 2006 Data Abstraction

Radimetrics

Patient Da	<u>ta</u>
Study ID	
Age	
Gender	
Height	
Weight	

NM Procedure Details *Procedure type (1 to 6)* Administered Activity

Reference NM Procedures 1. Tc-99m DMSA 2. Tc-99m MDP 3. Tc-99m MAG3 4. F-18 FDG 5. TBD 6. TBD

Problem – Injected activity might not be available

Solution – Use current guidelines or period-specific weight-based dosing schemes

Biokinetics – Assume ICRP TG36 reference models **Radionuclide S values** – Assume values from the UF reference phantoms

Radiation Effects Research Foundation (RERF) Pilot Study

Reassess the Organ Dosimetry of the Atomic Bomb Survivors in Hiroshima and Nagasaki

Major Dosimetry Systems from RERF:

TD65 – Mostly experimentally based DS86 – Monte Carlo based DS02 – Update to DS86





Radiation Effects Research Foundation (RERF) Pilot Study

Reassess the Organ Dosimetry of the Atomic Bomb Survivors in Hiroshima and Nagasaki

Organs		Male		Fenale			
	Japanese			Jap			
	Tanaka (1979)	Aimi (1952)	ICRP (1975)	Tanaka (1979)	Afmi (1952)	ICRP (1975	
Adrenal glands	14.7g	11.1g	13.8g	13.2g	10.5g	12.7	
Brain	1,440	1,424	1,355	1,308	1,256	1,220	
leart	352	309	330	284	249	240	
Cidneys	327	269	310	280	235	275	
Liver	1,600	1,431	1,831	1,363	1,269	1,477	
Lungs	1,162		1,169	893			
Pancreas	135		96.1	111		84.8	
Pituitary gland	0.56	0.66	0.55	0.63	0.75	0.63	
Spleen	127	109	192	122	106	153	
Testes	35.3		34.7				
Thymus	31.7	24.9	19.7	25,6	21.7	19.7	
Thyroid	19.1	18.8	17.6	16.8	17.2	14.5	

Radiation Effects Research Foundation (RERF) Pilot Study

Reassess the Organ Dosimetry of the Atomic Bomb Survivors in Hiroshima and Nagasaki

Age	0	1	5	10	15	20	
						Male	Female
Height (cm)	49	74	102	126	150	162	152
Weight (kg)	2.8	8.5	16	25.5	44	54	50
Circumference of the chest	32	46	54	61	63	83	81
Length of trunk, neck and head	32	46	59	70	82	88	84

New RERF phantom series will include newborn to adults (male and female) and pregnant female phantoms at 3-5 stages of gestation (standing, lying, kneeling)



Thank you for your attention!







