



ESTeSC
COIMBRA
HEALTH SCHOOL

Infoday – IAEA + EURATOM

MEDI RAD

HORIZON 2020 RIA, WP2016-17

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Gabinete de Promoção do Programa Quadro ID&I



Fundação para a Ciência e a Tecnologia



AGÊNCIA NACIONAL
DE INOVAÇÃO



HORIZONTE
2020



60 Years

IAEA Atoms for Peace and Development

MEDI RAD

- » Aims to enhance the scientific bases and clinical practice of Radiation Protection in the medical field;
- » Better understand and evaluate the health effects of low-dose ionising radiation exposure from diagnostic and therapeutic imaging and from off-target effects in radiotherapy.

Implications of **Medical Low Dose Radiation Exposure**

'FOR A BETTER
UNDERSTANDING
OF LOW DOSE
RADIATION RISKS'

Partners

PORTUGAL



Instituto Politécnico de Coimbra (IPC)



Associação para Investigação e Desenvolvimento da Faculdade de Medicina (CCUL)



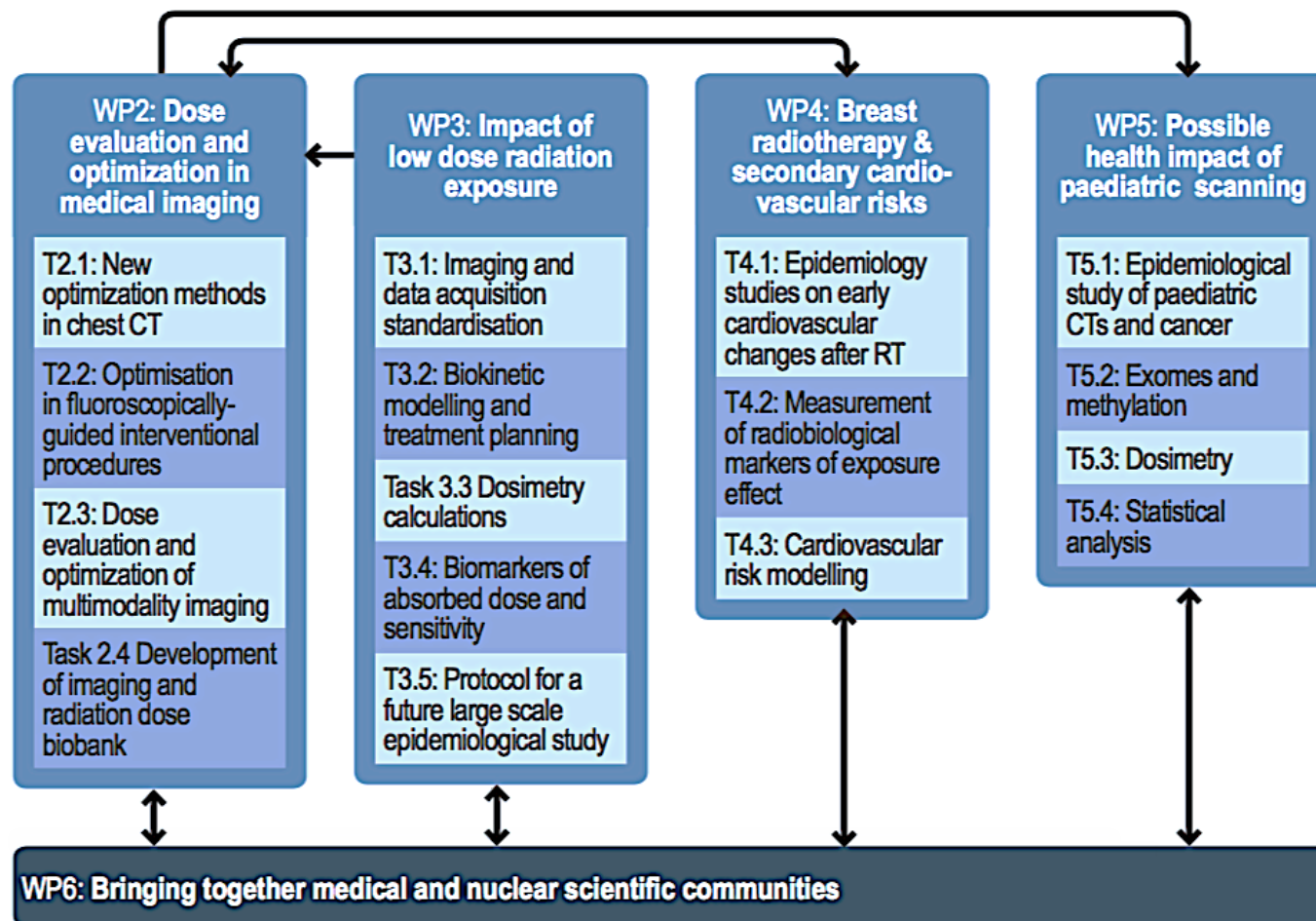
INSTITUTO POLITÉCNICO DE COIMBRA (IPC)

The Polytechnic of Coimbra (IPC) is a public higher education institution created in 1979, which encompasses six schools. Coimbra Health School (ESTeSC), founded in 1980, is one of IPC's schools and one of the pioneering health technology schools in Portugal. The school is committed to a strong connection to the community through the promotion of various scientific and cultural initiatives and the establishment of protocols and partnerships with national and international institutions, in education, health and research. In the last 10 years, the Medical Imaging & Radiotherapy Department of the Coimbra Health School has dedicated part of its research to developing radiology optimization programs in clinical practice, including image quality assessment, at several hospitals in Portugal, in plain imaging, computed tomography and fluoroscopy-guided procedures.

For more information go to www.ipc.pt.

MEDIRAD work plan

WP1: Project management and dissemination



MEDIRAD work plan

WP1: Project management and dissemination

WP2: Dose evaluation and optimization in medical imaging

T2.1: New optimization methods in chest CT

T2.2: Optimisation in fluoroscopically-guided interventional procedures

T2.3: Dose evaluation and optimization of multimodality imaging

Task 2.4 Development of imaging and radiation dose biobank

Task 1. Development of novel optimization methods in chest CT

Subtask 2.1.1 Combined objective and subjective image quality assessment in chest CT

Subtask 2.1.2 Development of a novel method to estimate patient organ dose from chest CT

Subtask 2.1.3 Development of an innovative software tool on image quality and radiation dose

Task 2.2 Optimization in fluoroscopically-guided interventional procedures

Subtask 2.2.1 Patient dose estimation in fluoroscopically-guided procedures

Subtask 2.2.2 Real-time patient dose monitoring in fluoroscopically-guided interventional procedures

Subtask 2.2.3 Evaluation of efficiency and effectiveness of staff RP tools for interventional procedures

Task 2.3 Dose evaluation and optimization of multimodality imaging

Subtask 2.3.1 European study and establishment of DRLs for specific applications of CT in multi-modality systems

Subtask 2.3.2 Patient organ dose estimation and optimization of chest multi-modality protocols

Subtask 2.3.2.1 Estimation of patient organ doses from chest CT used in multi-modality systems

Subtask 2.3.2.2 Estimation of patient organ doses from two commonly used PET and SPECT tracers

Subtask 2.3.2.3 A study on optimization of multi-modality imaging

Task 2.4 Development of imaging and radiation dose biobank, harmonised coding and structured reporting tool

Subtask 2.4.1 Imaging and Radiation Dose Biobank

Subtask 2.4.2 Development of catalogue of codes

Subtask 2.4.3 Development of templates and pilot system for Structured Reporting

WP6: Bringing together medical and nuclear scientific communities

MEDIRAD work plan

WP1: Project management and dissemination

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WP3: Impact of low dose radiation exposure

T3.1: Imaging and data acquisition standardisation

T3.2: Biokinetic modelling and treatment planning

Task 3.3 Dosimetry calculations

T3.4: Biomarkers of absorbed dose and sensitivity

T3.5: Protocol for a future large scale epidemiological study

WP4: Breast radiotherapy & secondary cardiovascular risks

T4.1: Epidemiology studies on early cardiovascular changes after RT

T4.2: Measurement of radiobiological markers of exposure effect

T4.3: Cardiovascular risk modelling

WP5: Possible health impact of paediatric scanning

T5.1: Epidemiological study of paediatric CTs and cancer

T5.2: Exomes and methylation

T5.3: Dosimetry

T5.4: Statistical analysis

WP6: Bringing together medical and nuclear scientific communities



Partners to task WP2



Experience with simulation, dosimetry especially in the medical context, image quality descriptors and general RP

OvGU is involved in Task 2.1, with expertise in clinical chest CT investigations and high quality equipment standards but also in terms of medical technology staff and measurements and simulation of image quality parameters.



Expertise in developing radiology optimisation programs in clinical practice.

IPC main task focuses on building the currently lacking relevant tools for dosimetry optimisation, image quality, image biobanking and dose exposure repositories, in WP2.



Experienced in medical imaging science and thoracic radiology and improving and optimizing image quality of thoracic images

VGR participates in WP2 by adjusting and optimizing ViewDEX for chest CT applications, creation of clinical criteria of image quality for chest CT, providing clinical chest CT cases and performing subjective image quality assessment on patient studies.



Medical physics, with specific expertise in medical dosimetry and RP research and data analysis.

UoC covers innovative CT dosimetry, including: establish cohort of thorax CT examinations, develop 3D dose distributions, estimate organ doses, develop software package (for calculation of organ doses and radiogenic risks) and a CT dose repository pilot.



Expertise in RP research, in particular with the clinical approach of optimisation and justification, as well as biobanks.

UPDescartes as the clinical coordinator of the project, ensures that the research undertaken in the project has a significant clinical impact in term of practice quality enhancement, transferring the main results into practical recommendations to the EC. Partner in WP1, WP2 (clinical aspects of image quality) and WP4 (clinical studies)

Purpose

Task 2.1

» Development of novel optimisation methods in chest CT

Subtask 2.1.1 Combined objective and subjective image quality assessment in chest CT

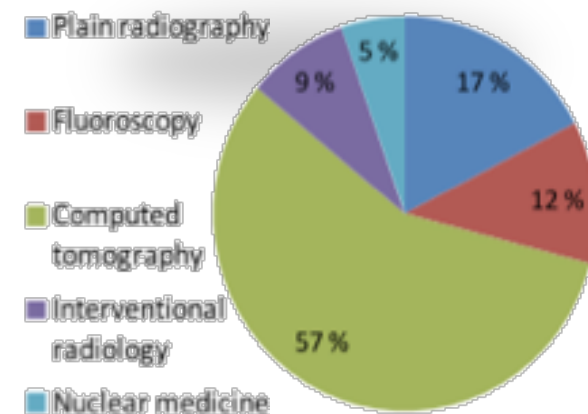
Subtask 2.1.2 Development of a novel method to estimate patient organ dose from chest CT

Subtask 2.1.3 Development of an innovative software tool on image quality and radiation dose

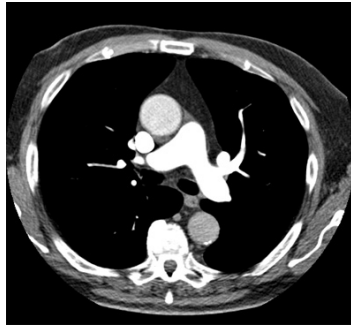
**Combined objective and subjective
image quality assessment in chest CT**

Chest CT

- » Chest CT is the 2nd most frequent imaging modality for lung diseases diagnosis;
- » HRCT improve interstitial lung disease diagnosis acuity;
- » CT can also be use for virtual bronchoscopy, angio-CT and in guiding procedures;

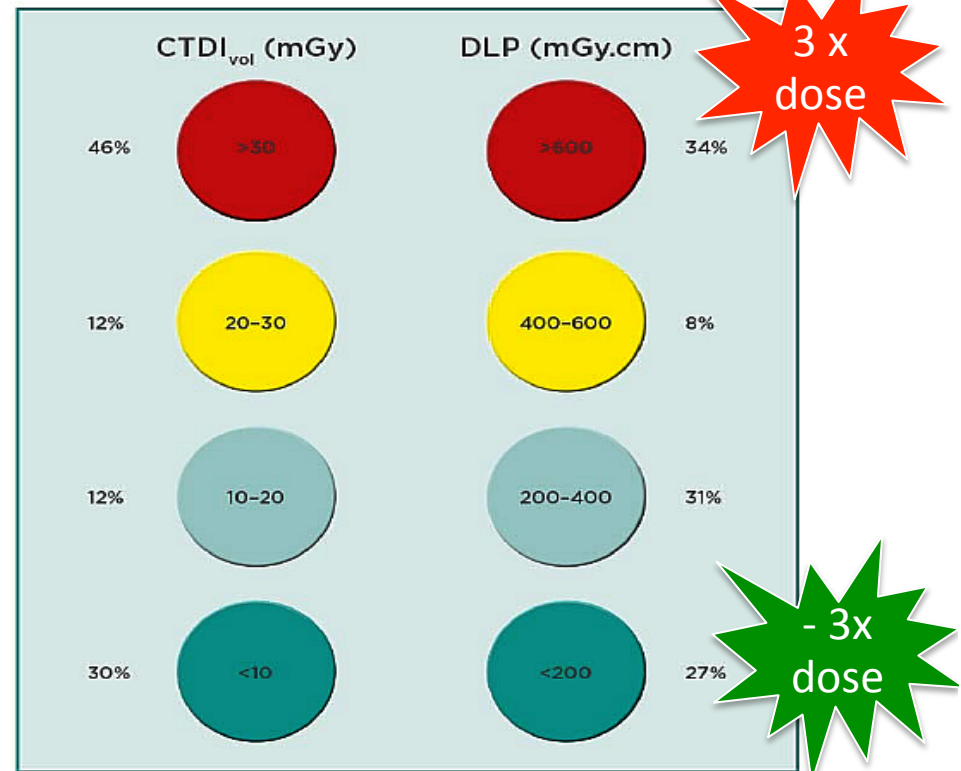


CT dose values



Chest CT - Pulmonary embolism

Body Region	CTDIvol (mGy) DLP (mGy.cm)		EU RP 180 2014	UK 2014
	EU DLP 1999 CTDI 2004	NCRP 2012		
Chest	10 650	21 -	10 500	12 610



EUR CT 1999, 2004
RP 180, 2014

PHE UK survey, 2014

EuroSafe Imaging 2016 / ESI-0034 - DRL's based on clinical indications

Adequate dose values

HIGH RISK

MISS DIAGNOSIS

INCORRECT

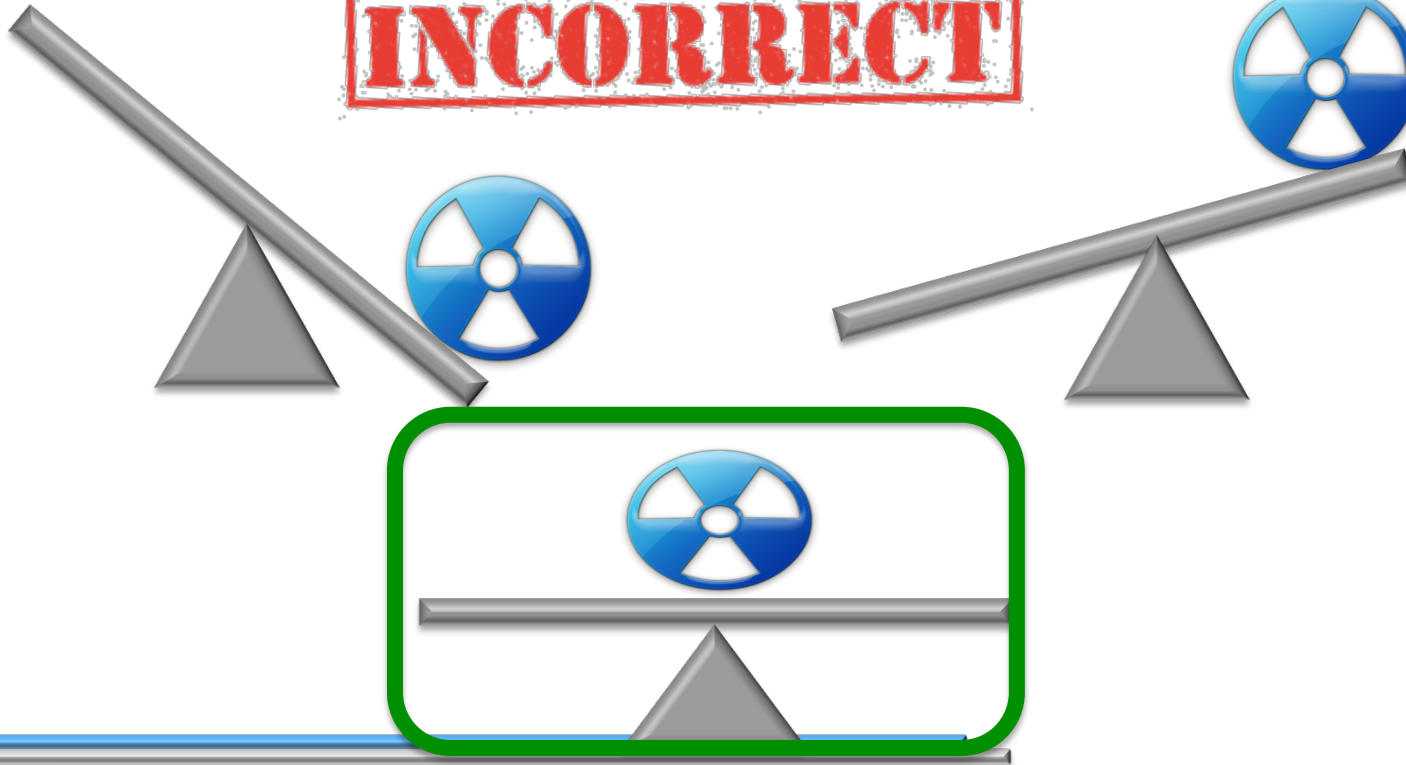
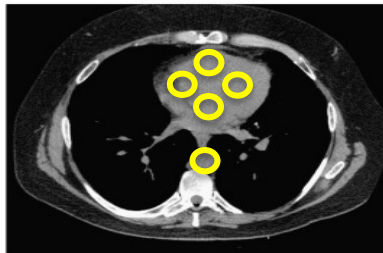
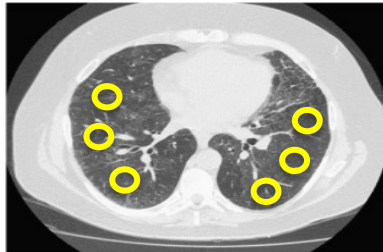


Image quality



General assessment:
 Acceptable noise
 Acceptable spatial resolution
 Diagnostic acceptability

Image quality criteria	
Visualization of	1. Entire field of lung parenchyma
Critical reproduction	1. Visually sharp reproduction of the lung parenchyma
	2. Visually sharp reproduction of pulmonary fissures
	3. Visually sharp reproduction of secondary pulmonary lobular structures such as interlobular arteries
	4. Visually sharp reproduction of large and medium sized pulmonary vessels
	5. Visually sharp reproduction of small pulmonary vessels
	6. Visually sharp reproduction of large and medium sized bronchi
	7. Visually sharp reproduction of small bronchi
	8. Visually sharp reproduction of the pleuromediastinal border
	9. Visually sharp reproduction of the border between the pleura and the thoracic wall



- Noise
- CNR
- SNR
- Spatial Resolution
- Low Contrast
- Uniformity
- Artefact Index
- Geometric Accuracy

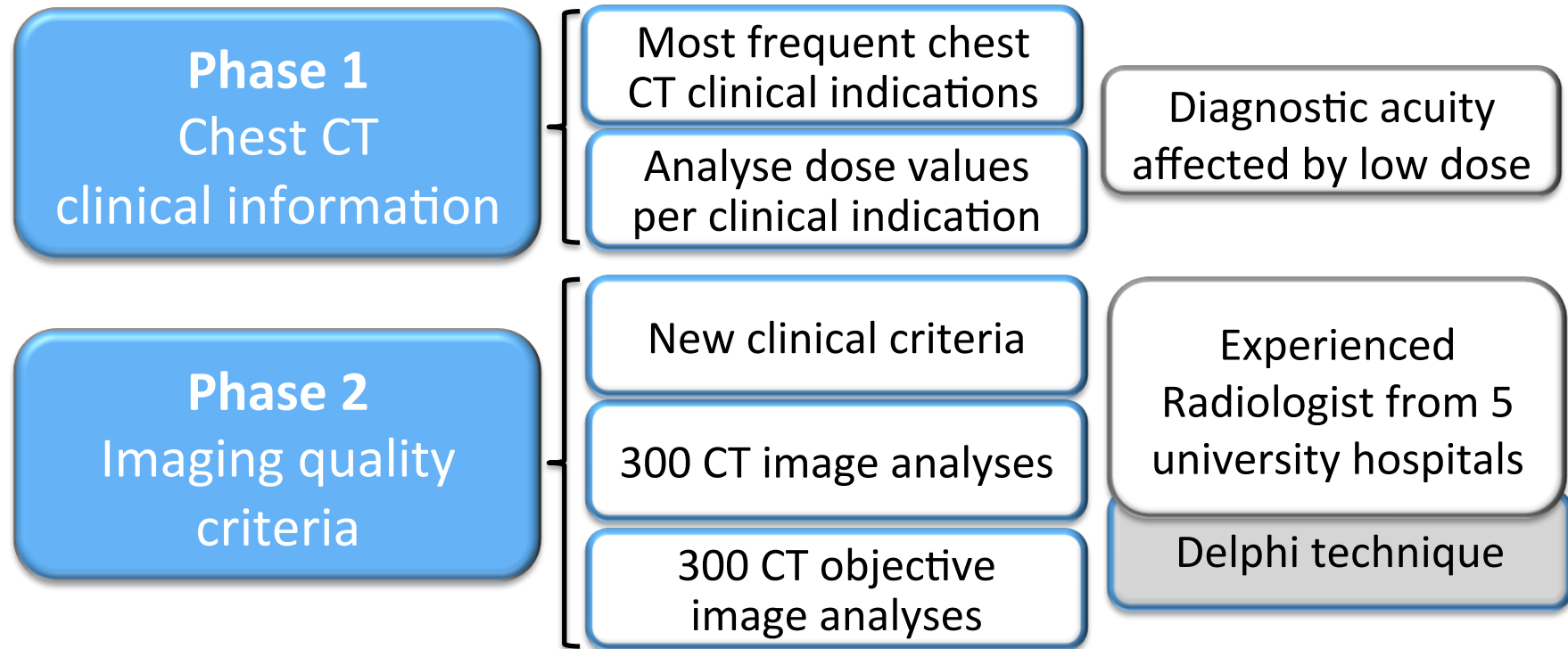
Scale
1. Confident that the criterion is not fulfilled;
2. Somewhat confident that the criterion is not fulfilled;
3. Indecisive whether the criterion is fulfilled or not;
4. Somewhat confident that the criterion is fulfilled;
5. Confident that the criterion is fulfilled.

Actual problems

- Radiologist low interest in objective image analyses;
- Subjective image criteria is time consuming – anatomical;
- Results are not combined;
- No direct relation with CT dose values.



Subtask 2.1.1 - work plan



Method

Phase 3
Image quality levels

Assess image quality levels

Combined subjective and objective

Chest CT protocols for defined indications

Phase 4 - Optimisation

Patient image
Noise, noise structure,
contrast and sharpness

Exposure parameters
tube potential, current,
modulation, noise suppression,
filtering and reconstruction

Dose + Image
Per clinical
information

Conclusion

- ✓ **Determine image quality:**
combining objective and subjective image analysis
- ✓ Maximising **optimisation**
- ✓ Without compromising **diagnosis**.



Radiation saves lives

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WHO Collaborating Centre
for Radiation Protection and Health

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Thank you for your attention!

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