

# GE Healthcare Radiology Forum 2019

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## RADIATION PROTECTION IN MEDICINE ALARA PROCESS

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## INTRODUCTION



## ELEMENTS



## ALARA



## IN MEDICINE

# INTRODUCTION: RADIATION PROTECTION

- PROTECTION AGAINST RADIATION
- EFFECTS OF RADIATION
  - TISSUE REACTIONS (DETERMINISTIC EFFECTS)
  - STOCHASTIC (LNT MODEL)



introduction

# INTRODUCTION: PROTECTION AGAINST RADIATION



time



distance



shielding

# INTRODUCTION: EFFECTS OF RADIATION



tissue reactions



stochastic

# INTRODUCTION: EFFECTS OF RADIATION



tissue reactions



Fig. 8. Necrosis of skin and underlying tissue from overexposure during a cardiac catheterization procedure.

*O. Holmberg et al. / European Journal of Radiology 76 (2010) 6–10*

# INTRODUCTION: EFFECTS OF RADIATION

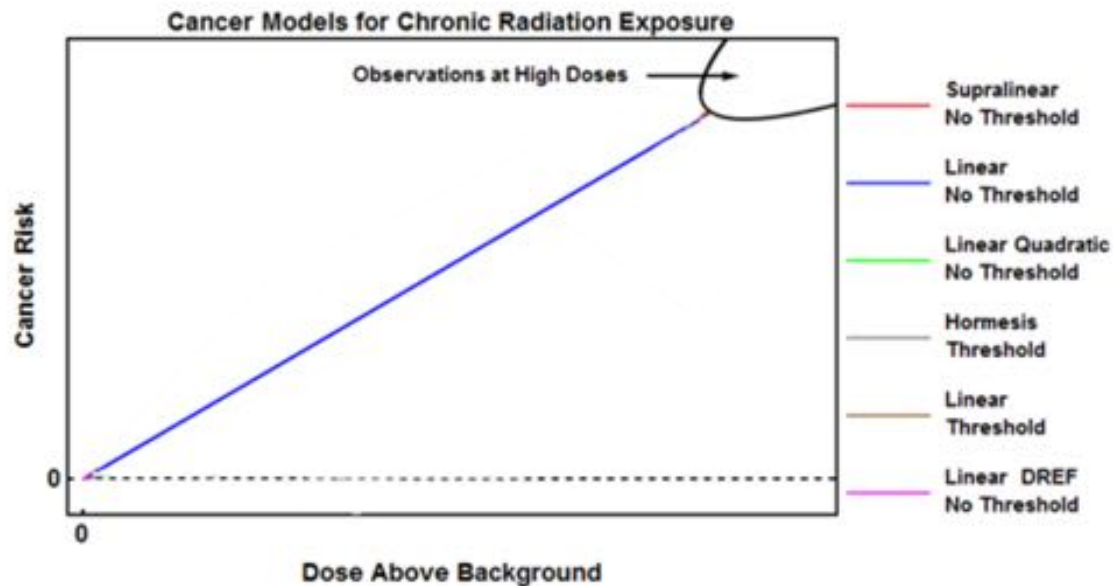


tissue reactions



stochastic

# INTRODUCTION: EFFECTS OF RADIATION



stochastic

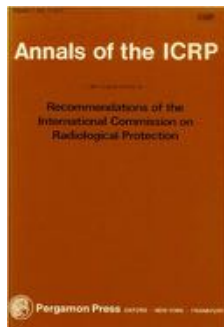


# RADIATION PROTECTION ELEMENTS

- JUSTIFICATION
- OPTIMIZATION
- DOSE LIMITS

International Commission of  
Radiation Protection (ICRP)

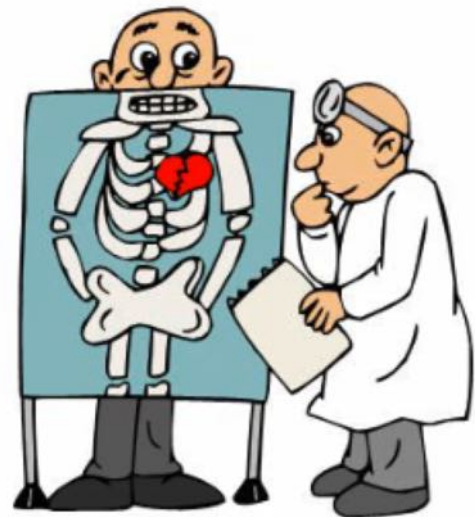
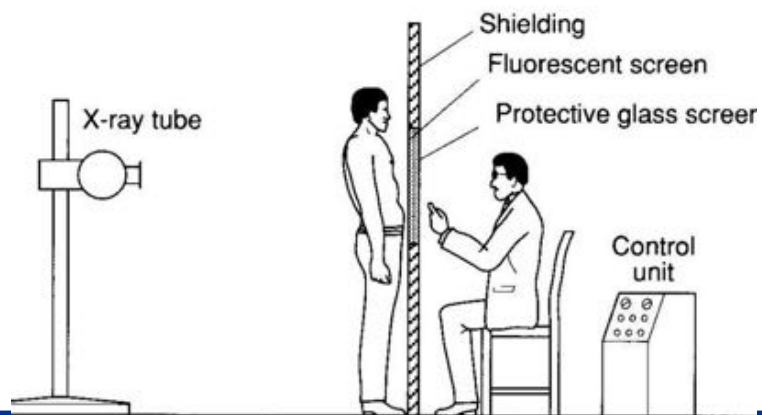
Publication n°26 of 1977



elements

# ELEMENTS: JUSTIFICATION

- JUSTIFICATION
  - PRACTICES
    - NOT SET IN STONE
    - EXAMPLE: DIRECT FLUROSCOPY



justification

# ELEMENTS: JUSTIFICATION

- JUSTIFICATION
  - PRACTICES
    - NOT SET IN STONE
    - EXAMPLE: DIRECT FLUROSCOPY
  - MEDICINE: PATIENT / PROCEDURE
    - Justification means that the procedure must be medically indicated and useful



justification

# ELEMENTS: DOSE LIMITS

- DOSE LIMITS for WORKERS AND PUBLIC
  - AVOID TISSUE REACTIONS (DETERMINISTIC)
  - NOT SET IN STONE
    - EXAMPLE: LENS OF THE EYE



dose limits

# ELEMENTS: DOSE LIMITS

- DOSE LIMITS for WORKERS AND PUBLIC
  - AVOID TISSUE REACTIONS (DETERMINISTIC)
  - NOT SET IN STONE
    - EXAMPLE: LENS OF THE EYE
- IN MEDICAL EXPOSURES: NOT APPLICABLE (ICRP)
  - DIAGNOSIS REFERENCE LEVELS



dose limits

# ELEMENTS: OPTIMIZATION (ALARA)

## HISTORY

- In 1954, the National Committee on Radiation Protection, Report 17, “radiation exposure should be kept at the lowest practical level”
- In 1959 the International Commission on Radiological Protection (ICRP), Publication 1 “all doses be kept as low as practicable, and that any unnecessary exposure be avoided.”



optimization

# ELEMENTS: OPTIMIZATION (ALARA)

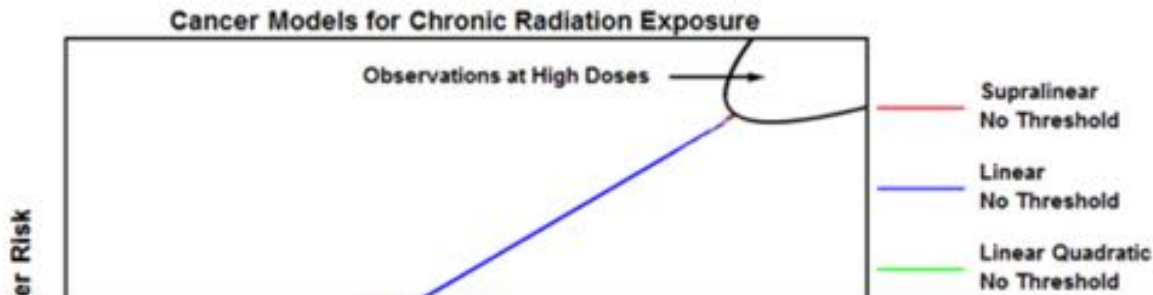
## HISTORY

- “the likelihood of incurring exposures, the number of people exposed, and the magnitude of their individual doses should all be kept AS LOW AS REASONABLY ACHIEVABLE, taking into account economic and societal factors” (ICRP 103, 2007)
- “The optimisation of radiological protection means keeping the doses AS LOW AS REASONABLY ACHIEVABLE, economic and societal factors being taken into account, and is best described as management of the radiation dose to the patient to be commensurate with the medical purpose.” (ICRP 105)



**optimization**

# ELEMENTS: OPTIMIZATION (ALARA)



**DIAGNOSTIC REFERENCE LEVELS: TOOLS FOR OPTIMIZATION**



optimization



# ALARA PROCESS AND TOOLS

## ALARA PROCESS



“methodology for identifying, evaluating and selecting protection actions, in order to reduce

- the magnitude of individual doses,
  - the number of people exposed and the
  - likelihood of potential exposure of workers, public and patients
- to a level that is as low as reasonably achievable (ALARA)”

# ALARA PROCESS AND TOOLS

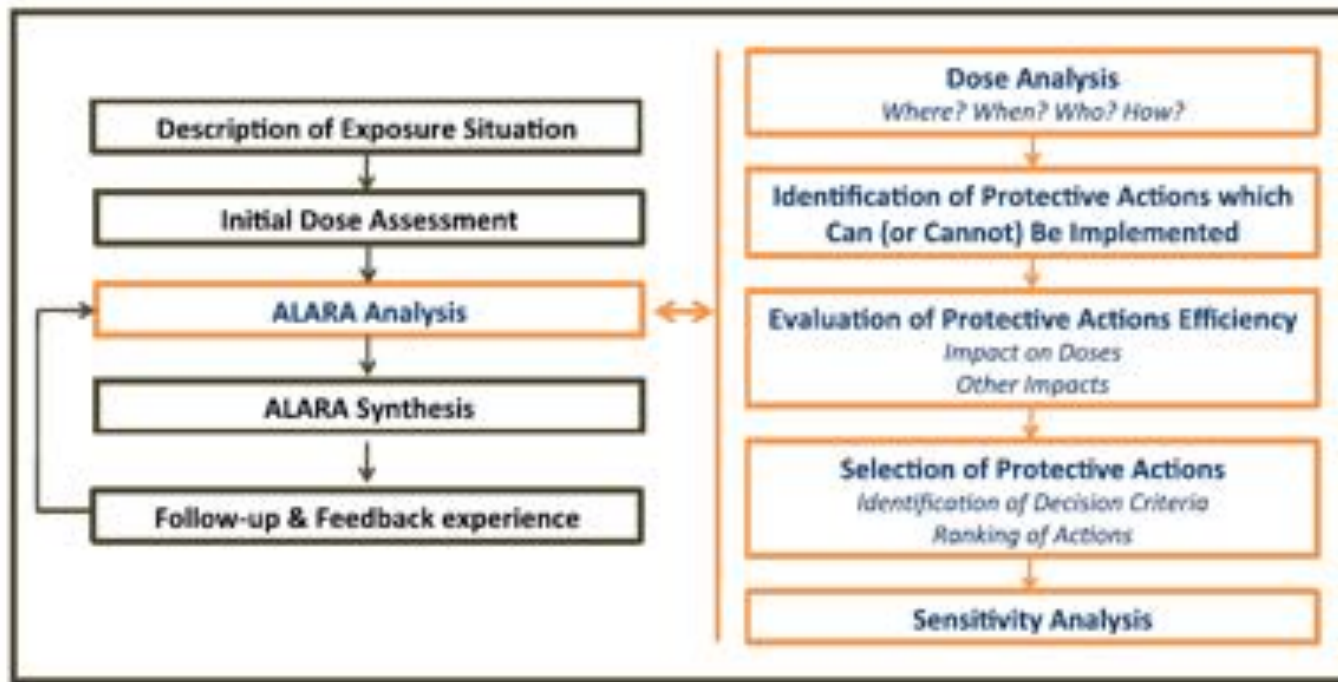
## ALARA PROCESS



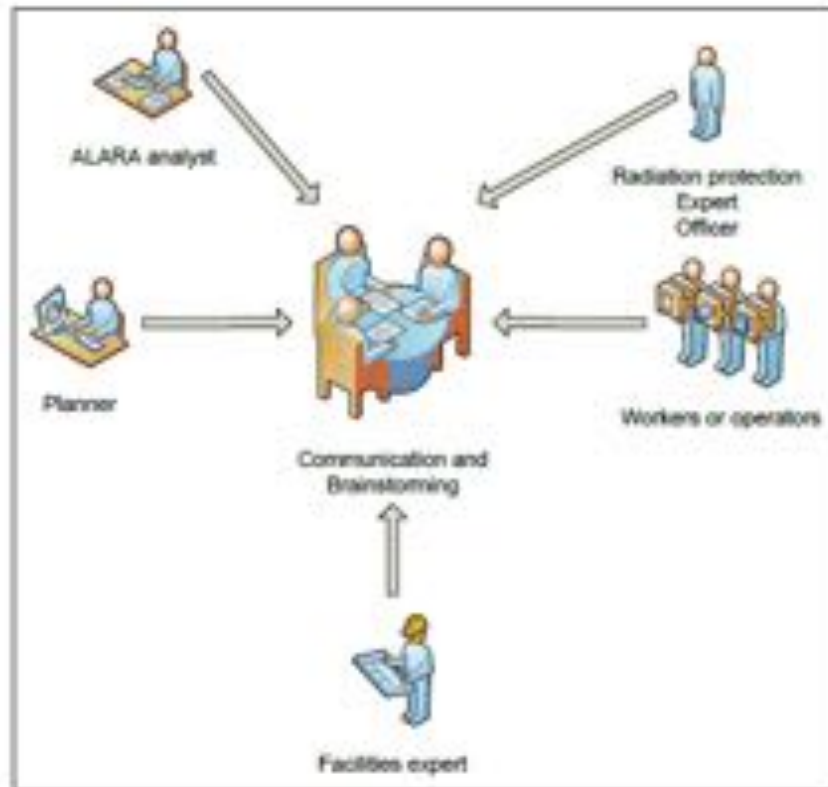
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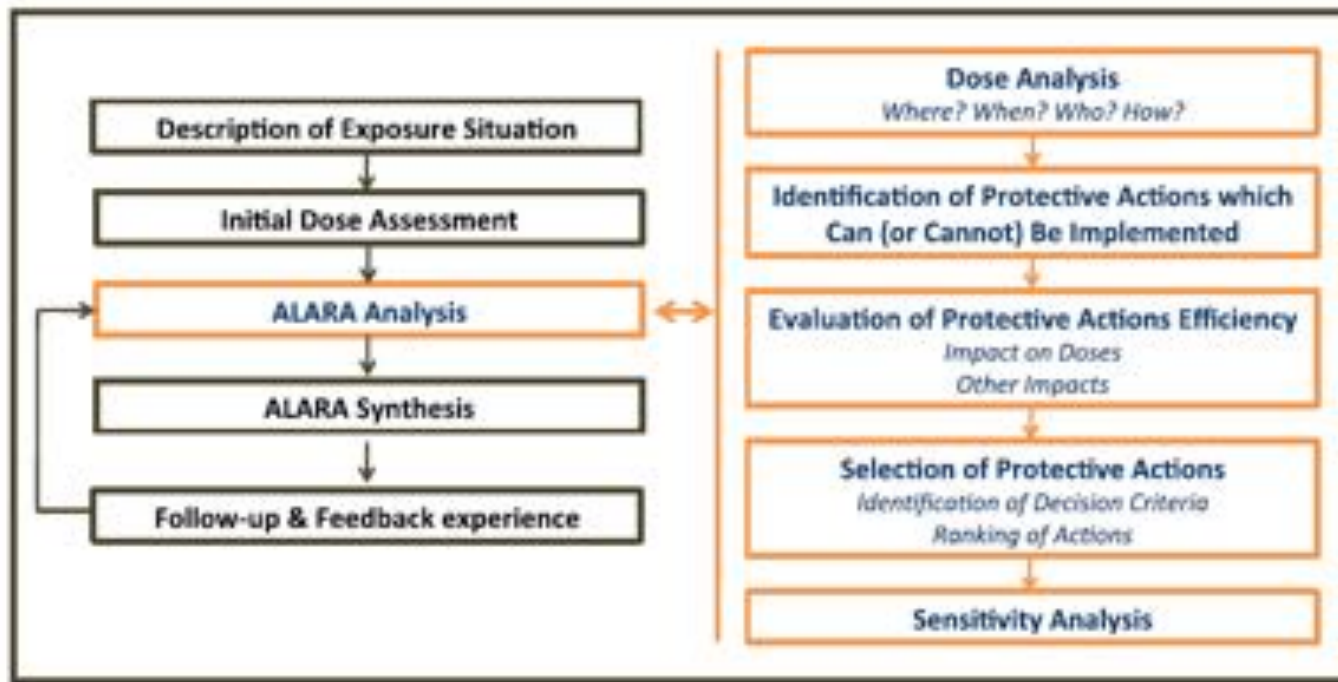
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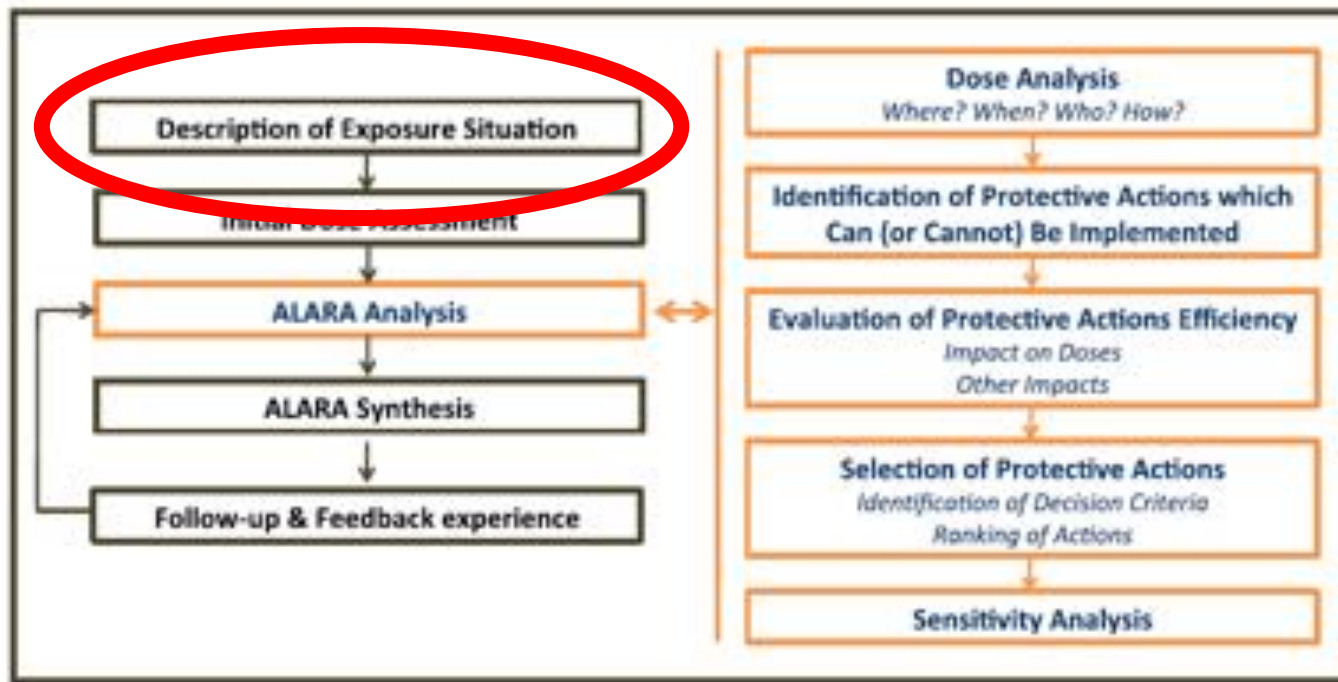
# ALARA PROCESS AND TOOLS



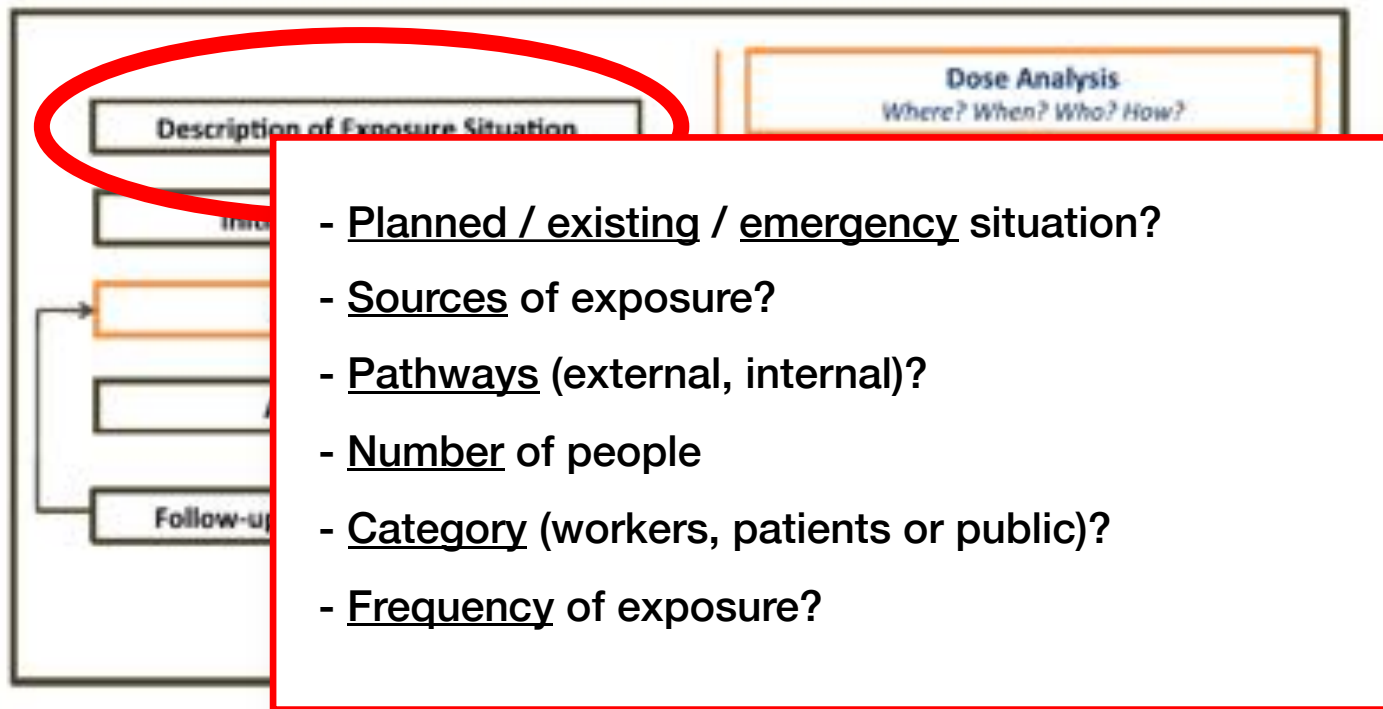
# ALARA PROCESS AND TOOLS



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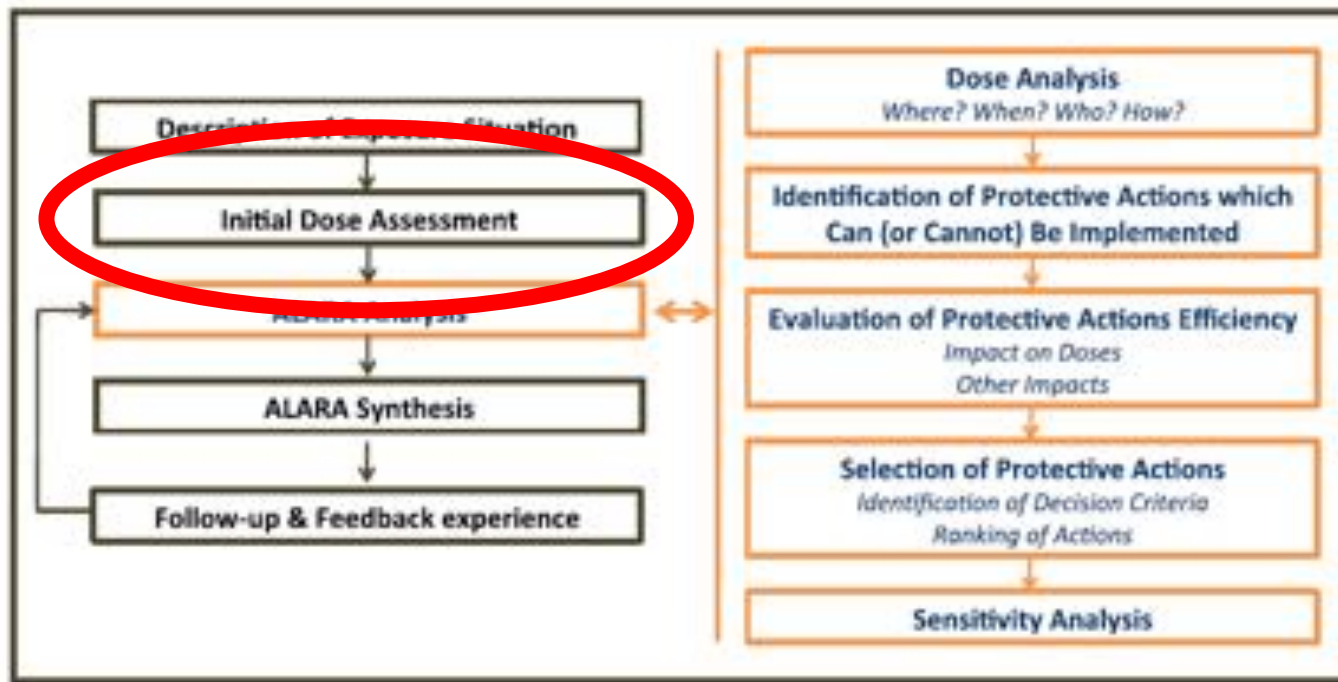


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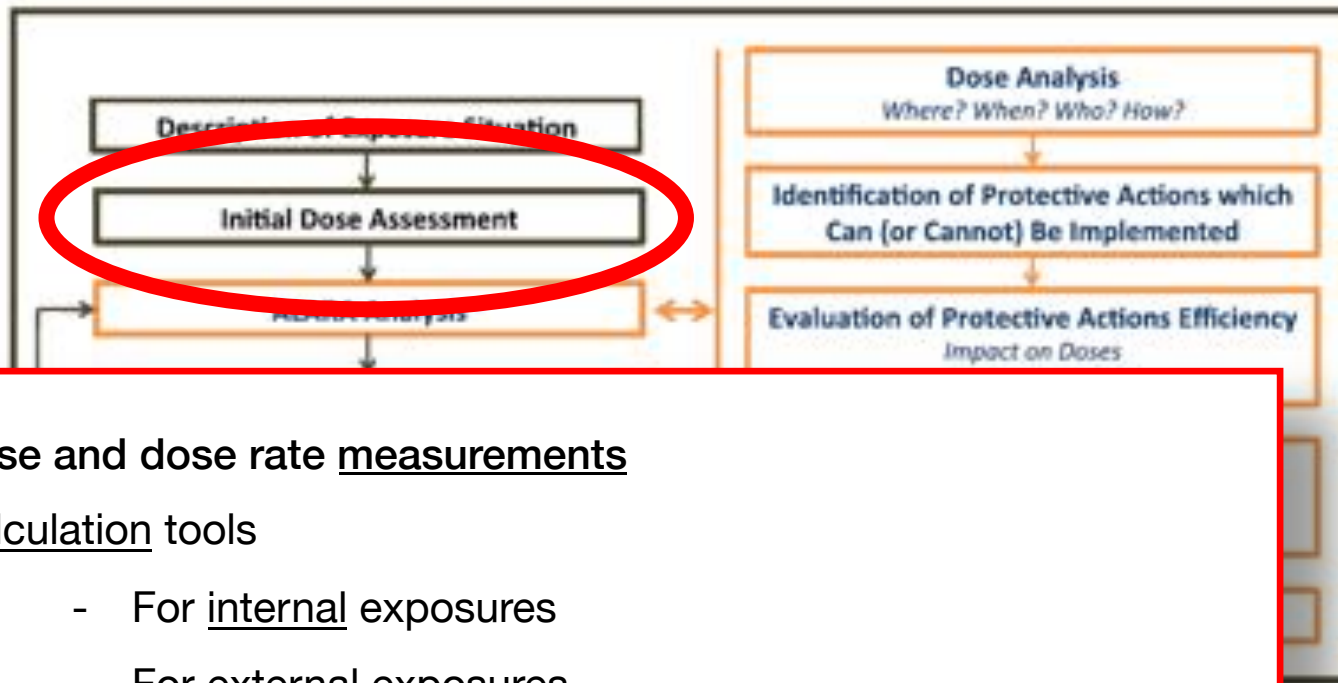


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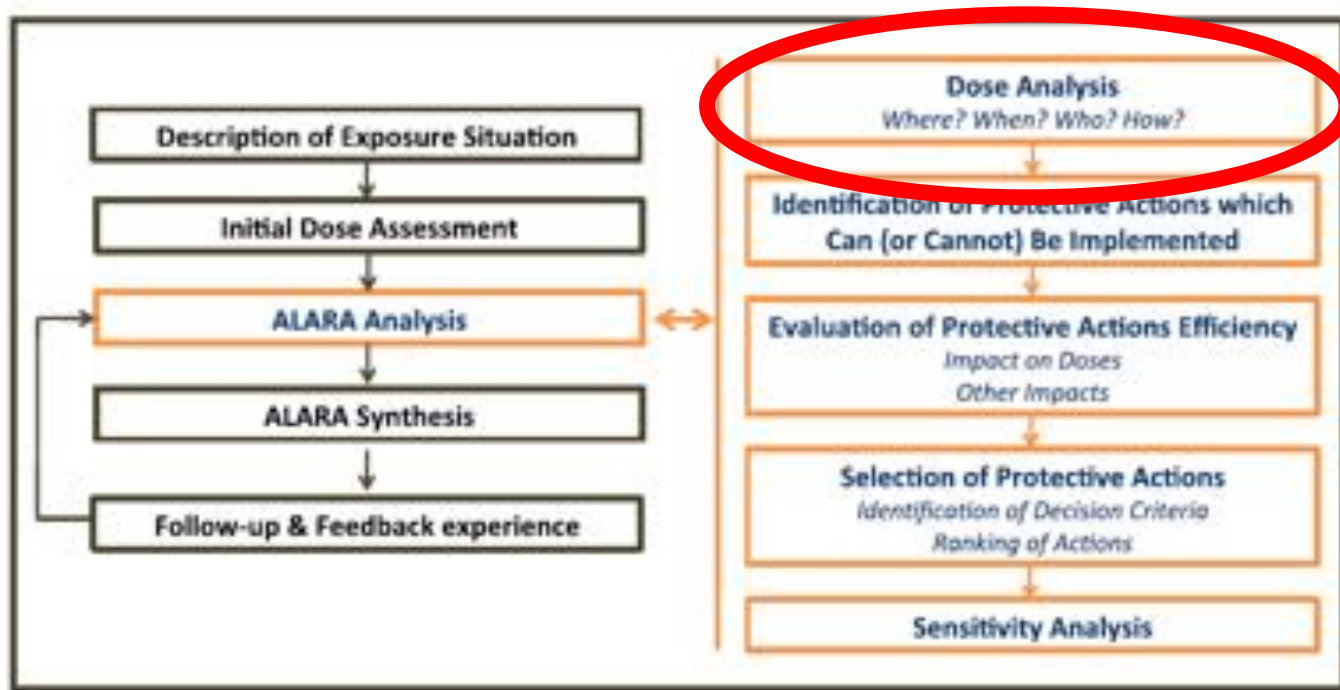


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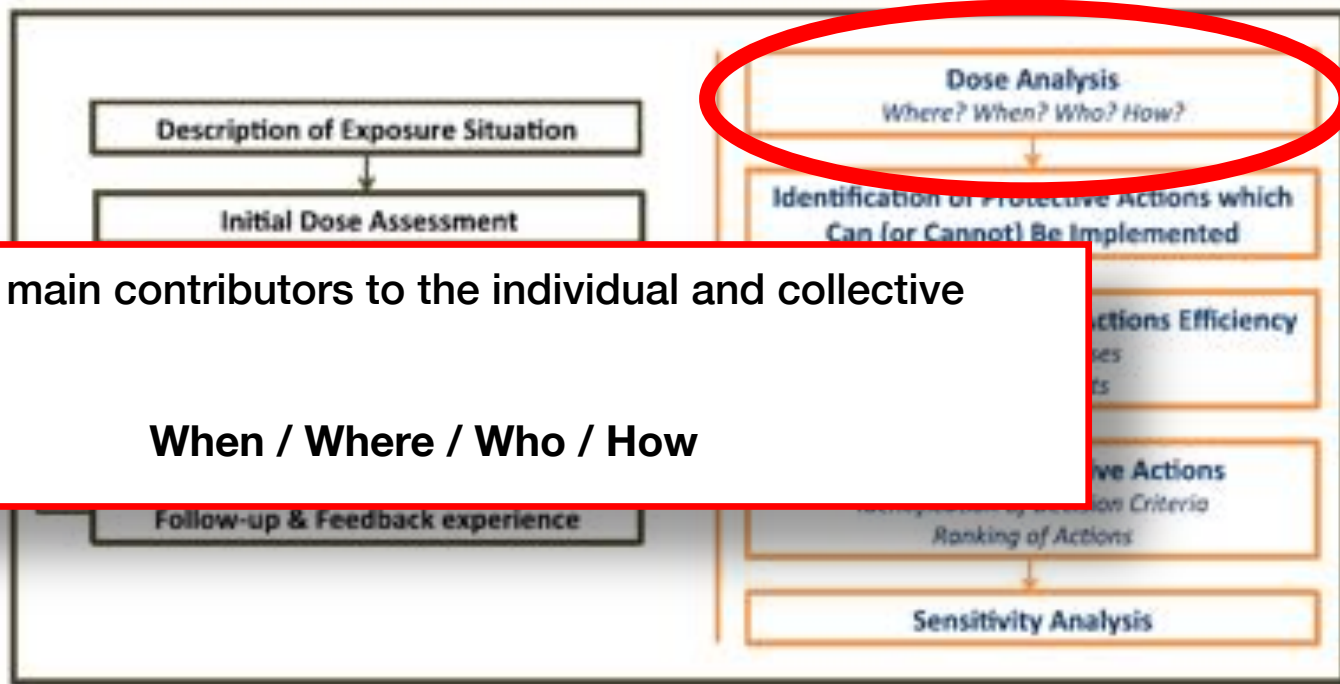
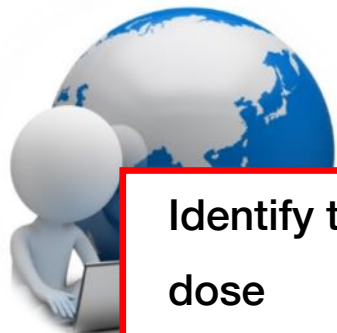


- Dose and dose rate measurements
- Calculation tools
  - For internal exposures
  - For external exposures

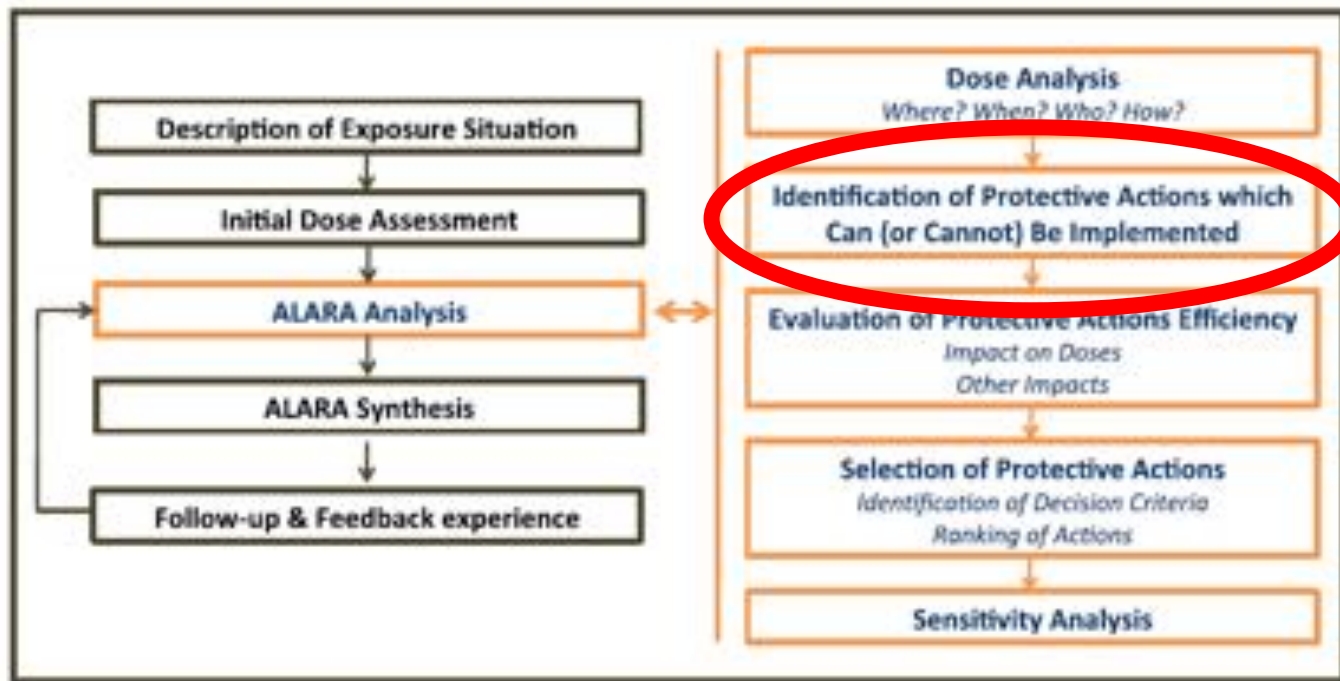
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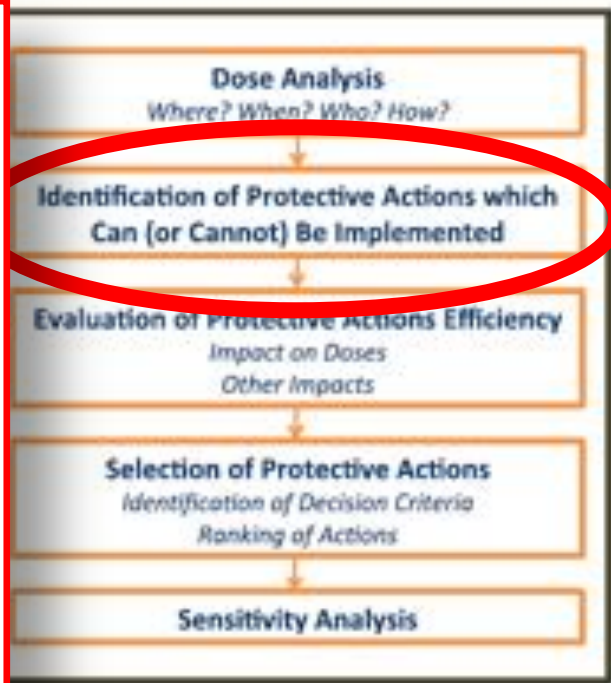
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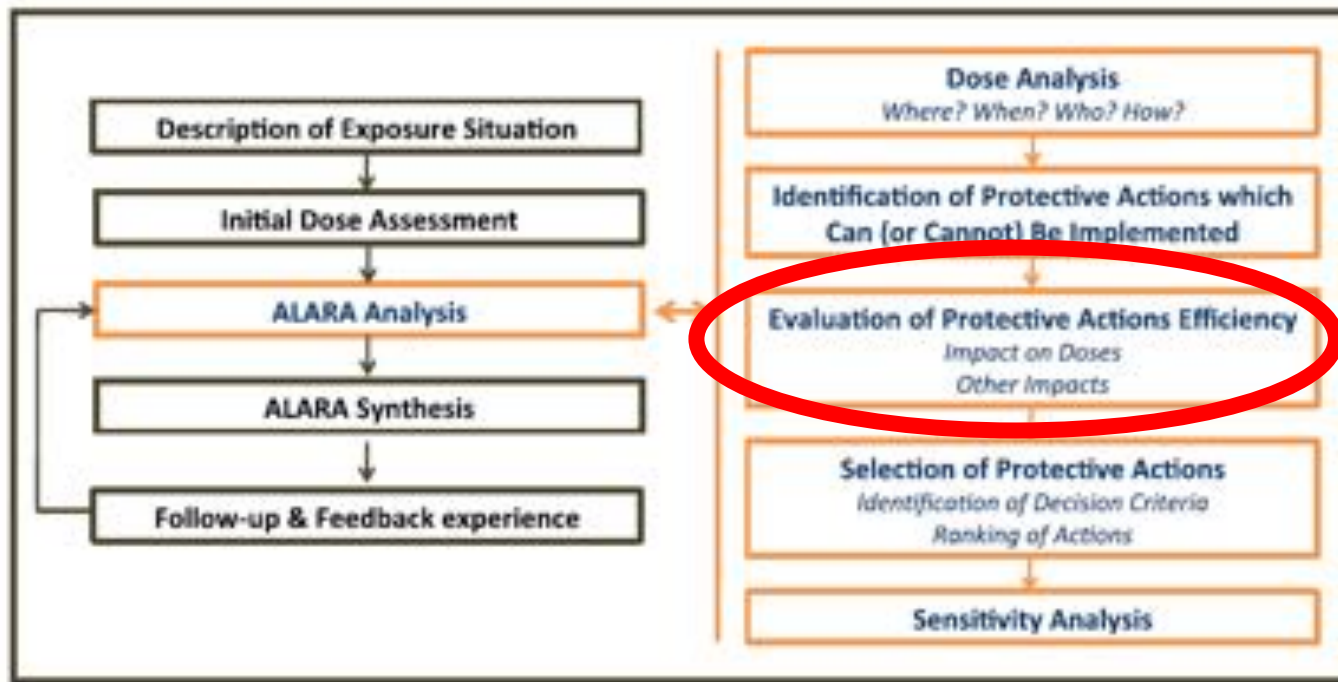
# ALARA PROCESS AND TOOLS

Use as a guide...

- Reduction of the source
- Increased distance to the source
- Use of shielding
- Use of personal protective equipment
- Reduction of the exposure time
- Reduction of number of persons exposed



# ALARA PROCESS AND TOOLS





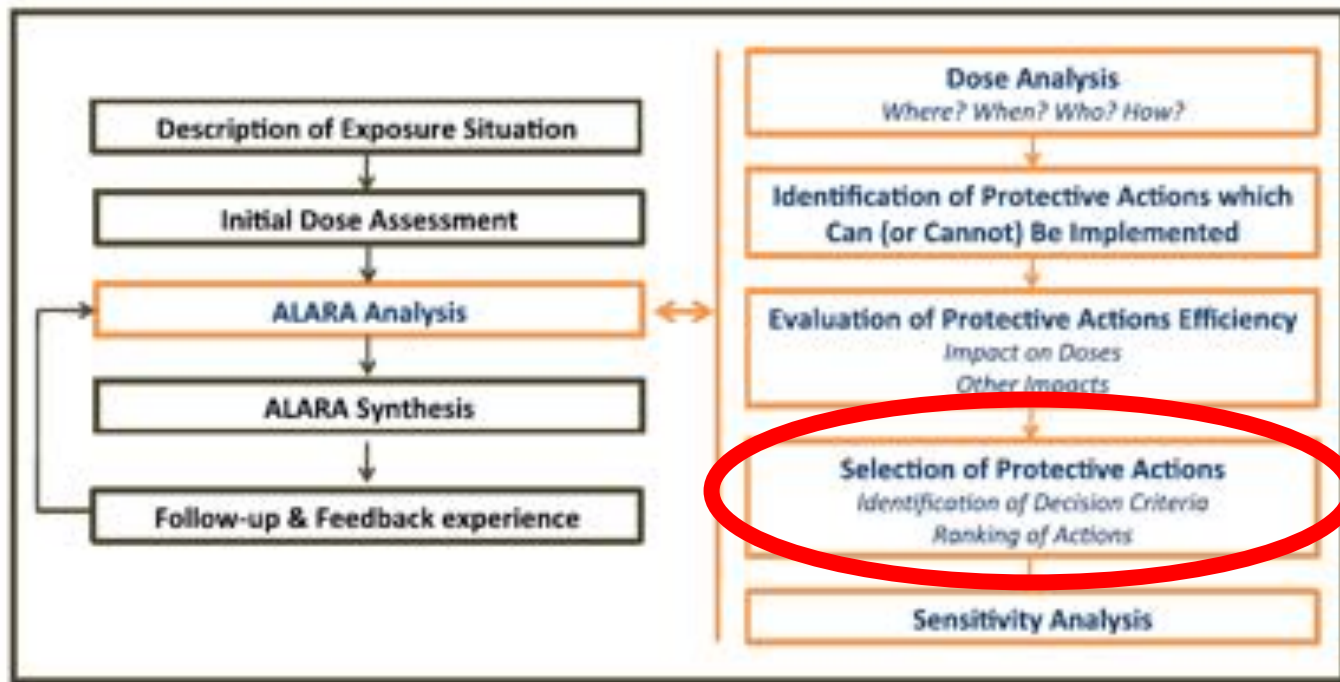
# ALARA PROCESS AND TOOLS

Consider...

- The dosimetric impact
- The cost of the protective action
- Other impacts: feasibility, human factors, safety, education and training, environment, production of waste, etc.



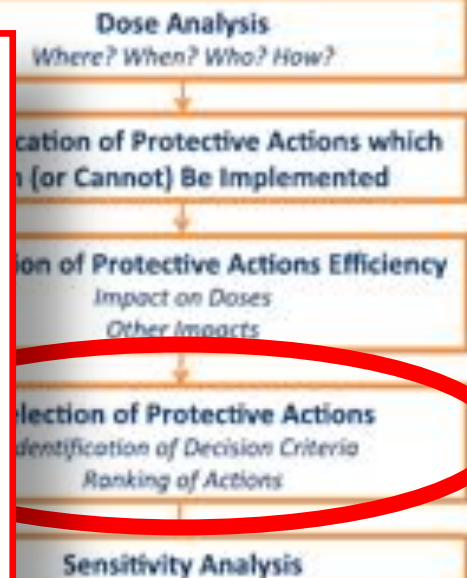
# ALARA PROCESS AND TOOLS



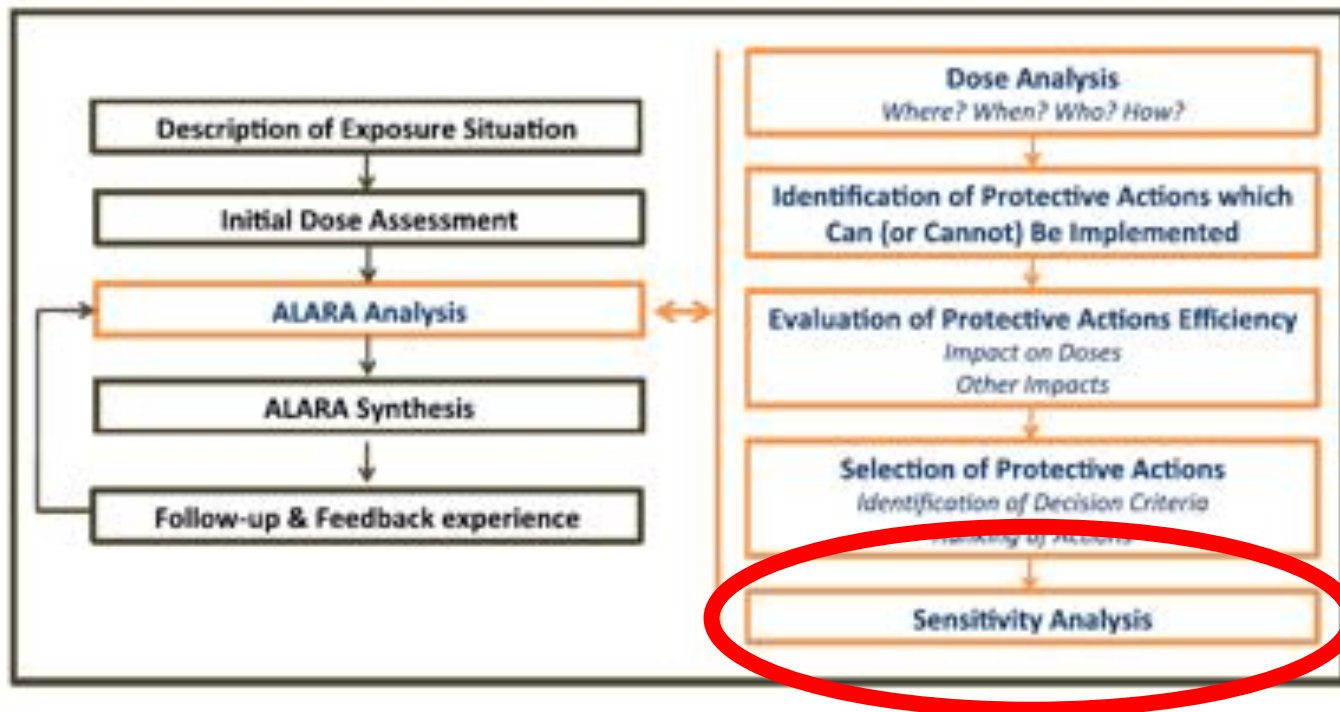


# ALARA PROCESS AND TOOLS

- Balance between the benefits in terms of radiation protection and all the constraints
- Clearly defined selection criteria
- Simple efficiency and feasibility criteria...
- ...or very complex multi-criteria analysis



# ALARA PROCESS AND TOOLS



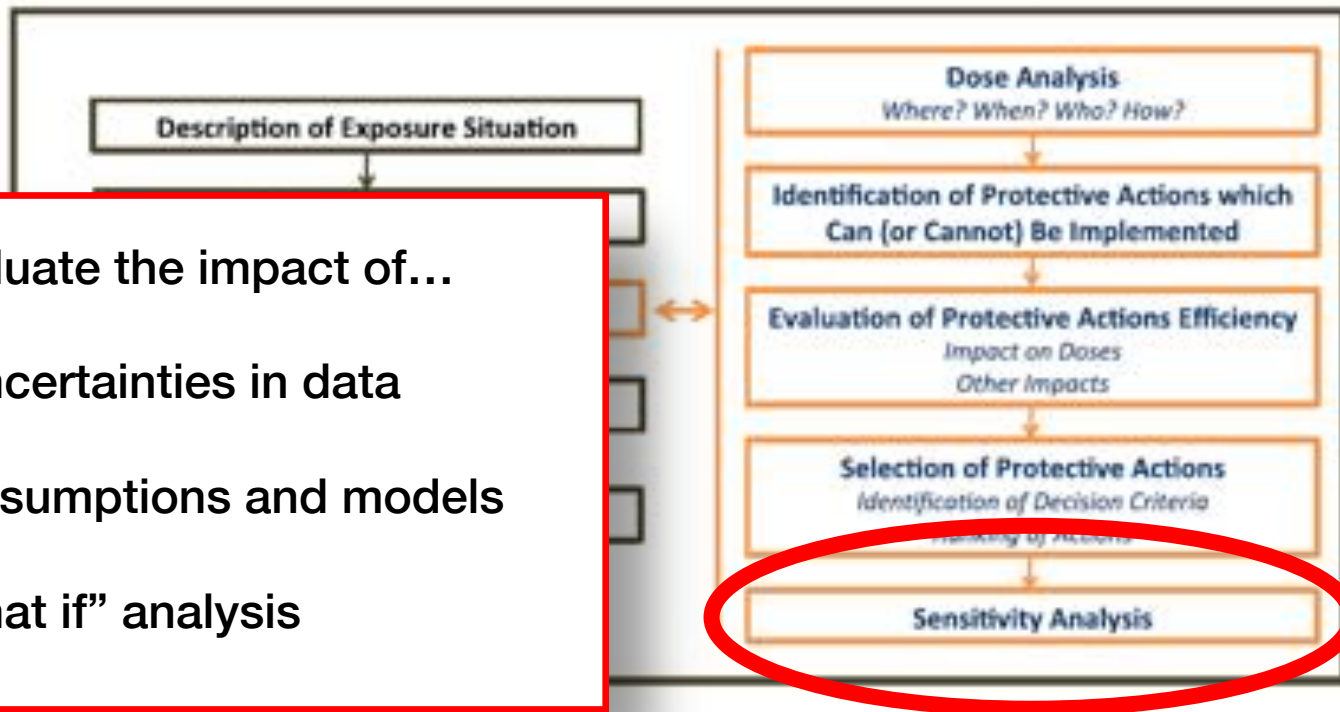
# ALARA PROCESS AND TOOLS



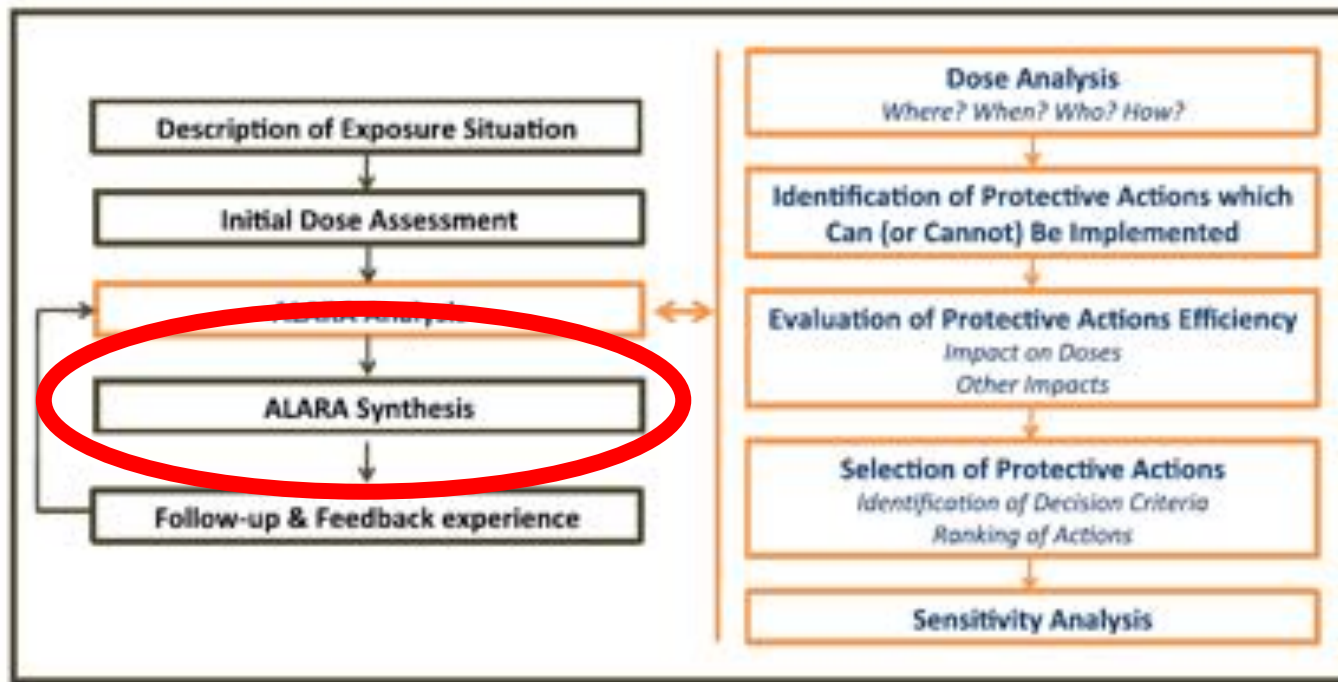
Evaluate the impact of...

- Uncertainties in data
- Assumptions and models

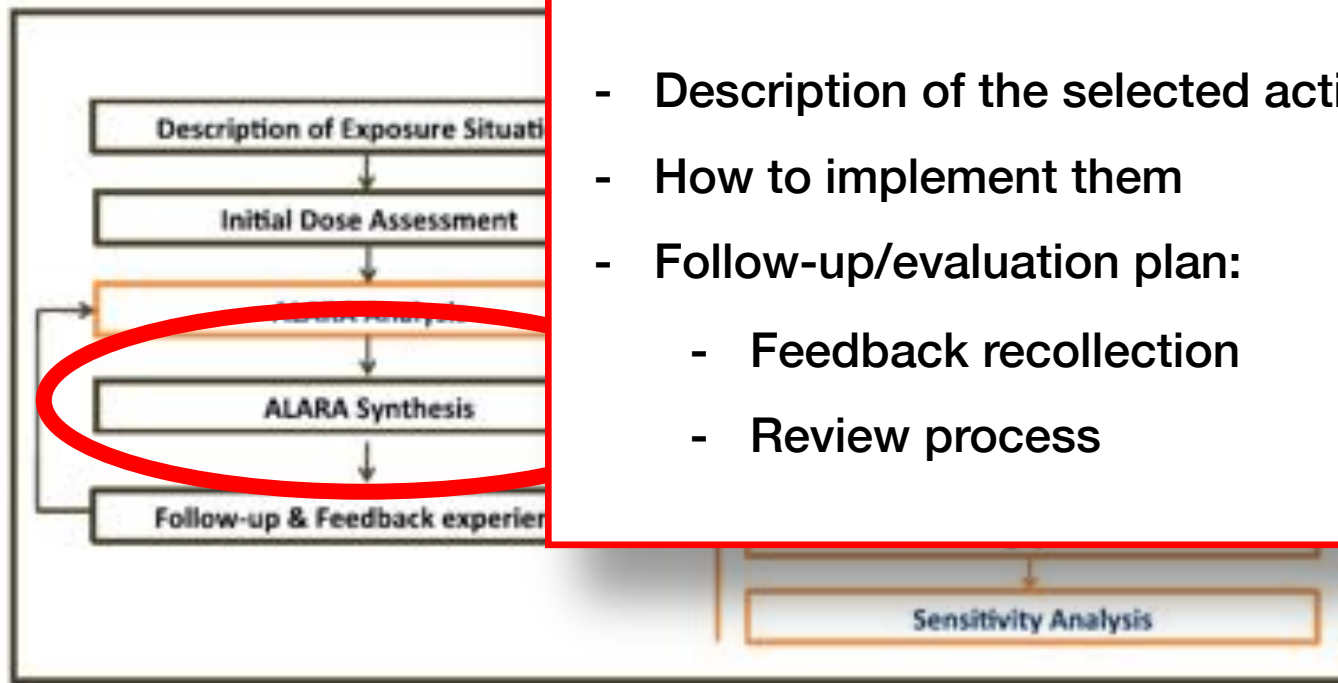
“What if” analysis



# ALARA PROCESS AND TOOLS



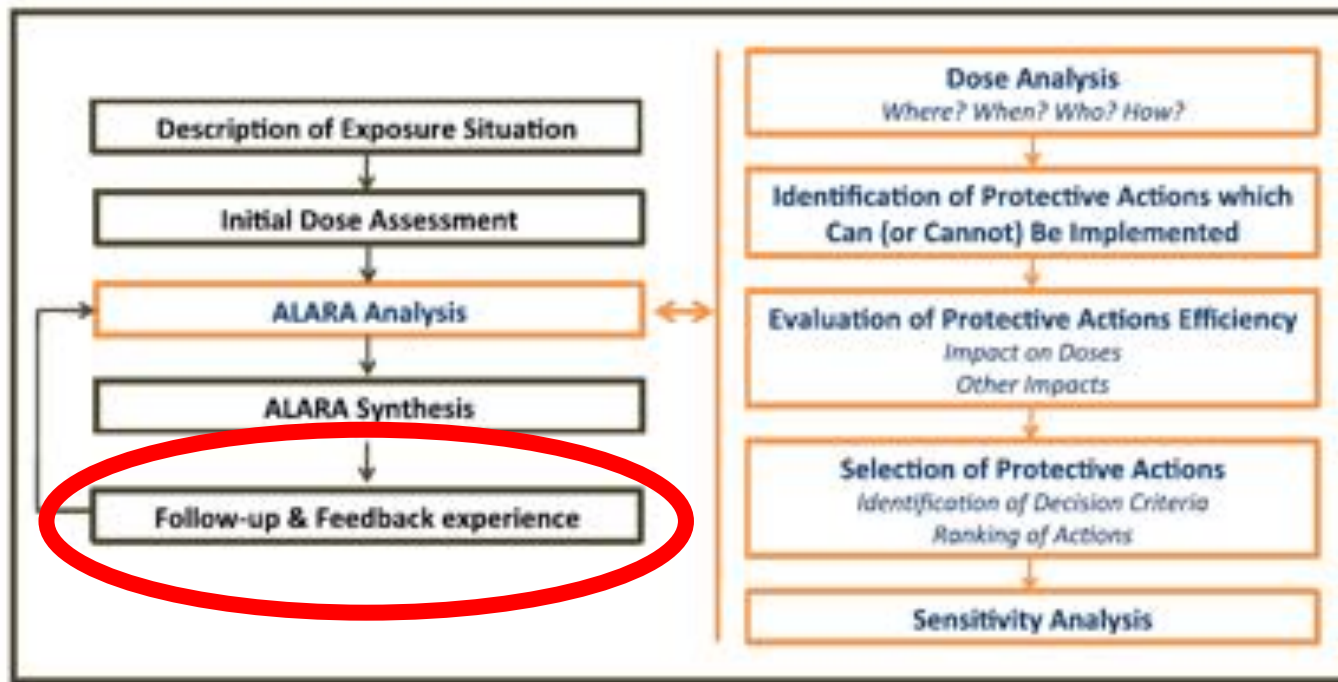
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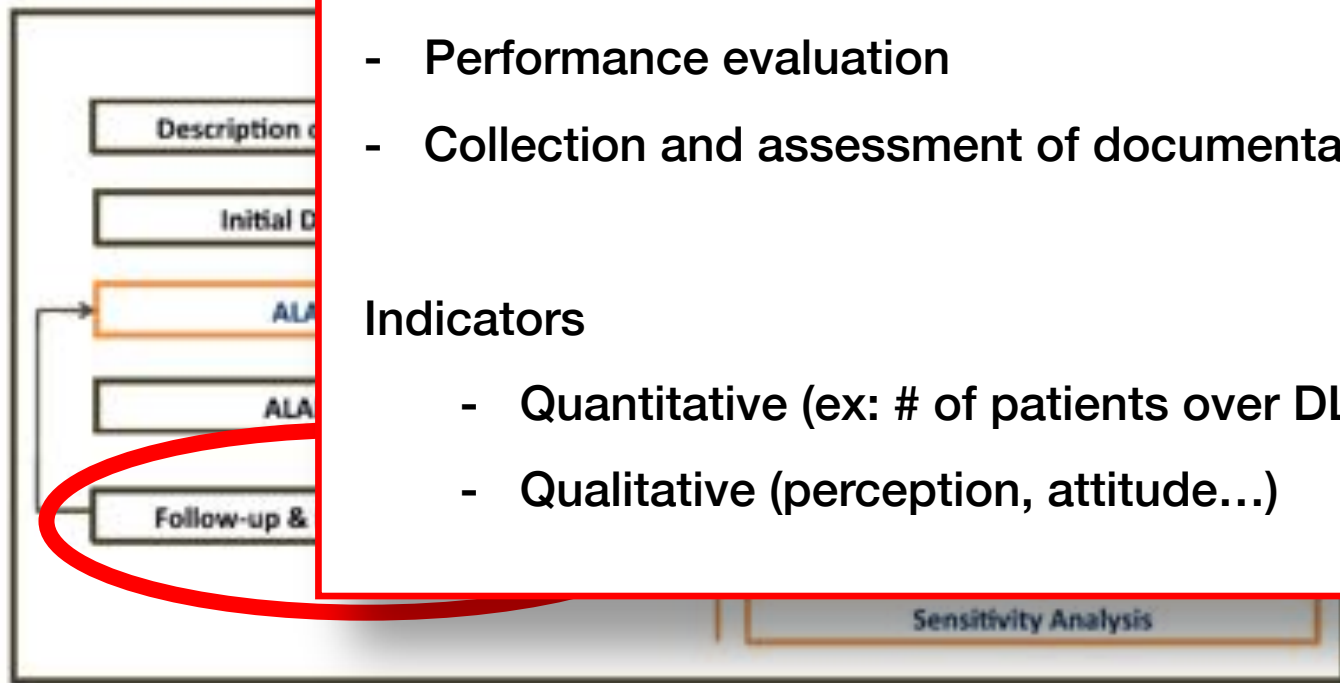
Document, including:

- Description of the selected actions
- How to implement them
- Follow-up/evaluation plan:
  - Feedback recollection
  - Review process

# ALARA PROCESS AND TOOLS



# ALARA PROCESS AND TO



Follow-up – evaluation of actual effectiveness

- Dose monitoring
- Performance evaluation
- Collection and assessment of documentation

Indicators

- Quantitative (ex: # of patients over DLR)
- Qualitative (perception, attitude...)



# ALARA PROCESS AND TOOLS



## COMMON CULTURE SHARED BY THE DIFFERENT STAKEHOLDERS

- Based on risk awareness and on attitudes...
  - questioning,
  - openness and transparency
  - commitment to dose reduction

## ALARA CULTURE



# ALARA IN MEDICINE

## STAKEHOLDERS IN MEDICINE



- Medical doctors (training)
- Medical physicists (supervision and evaluation)
- Radiographers (training, questioning attitude)
- Hospital/Facility directors (awareness and resources)
- Manufacturers (design and protocols)
- Well aware patients (social pressure)
- Legislators and regulators (provisions and supervision)

# ALARA IN MEDICINE

## STAKEHOLDERS IN MEDICINE

- Medical doctors (training)
- Medical physicists (supervision and evaluation)

**IAEA's Radiation Protection of Patients (RPOP)  
website:**

<https://www.iaea.org/resources/rpop>

- Information for patients and public
- Training for health professionals



# ALARA IN MEDICINE - PROFESSIONALS

## RADIOLOGY



- DESIGN of facilities and imaging equipment
- DESIGNATION of controlled and supervised areas,
- Individual radiation MONITORING,
- APPROPRIATE of personal protective devices (+screens)
- Optimized PROCEDURES during medical examinations

# ALARA IN MEDICINE - PROFESSIONALS



## INTERVENTIONAL RADIOLOGY / CARDIOLOGY (1/2)

- MINIMIZATION of FLUOROSCOPY time
- HANDS out of beam
- Individual radiation MONITORING
- APPROPRIATE of personal protective devices AND SHIELDING

# ALARA IN MEDICINE - PROFESSIONALS

## INTERVENTIONAL RADIOLOGY / RADIOLOGY (2/2)



- Use of COLLIMATION
- Awareness of body POSITION relative to beam
- TUBE FAR from patient, detector close
- Staying in LOW SCATTER AREA (far from equipment)
  - Horizontal beam: staff by the detector
  - Vertical beam: detector above the table

# ALARA IN MEDICINE - PATIENTS

## CT EXAMINATIONS



Techniques for dose reduction during CT scans (ICRP 105, EMAN, ICRP 121) include:

- Improved detector technology
- Adaptive collimation to reduce over-ranging
- Dose modulation and automated exposure control
- Adaptive filtering of raw data
- Iterative reconstruction of raw data, etc.

Optimization of scan PROTOCOLS with parameters and settings to compensate for patient body variations

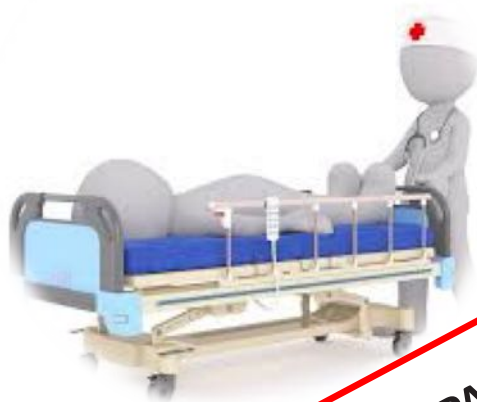
# ALARA IN MEDICINE - PATIENTS

## INTERVENTIONAL RADIOLOGY / CARDIOLOGY (1/2)



- Appropriate imaging EQUIPMENT
- PLAN the procedure using all INFORMATION
- MINIMIZATION of fluoroscopy time
- Maximization of the DISTANCE between X-ray tube and the patient

# ALARA IN MEDICINE - PATIENTS



## INTERVENTIONAL RADIOLOGY (2/2)

- Continuously monitoring of patient doses
- Collimation to the area of interest
- Use of STEEP oblique and lateral positions
- Keep unnecessary body parts out of the X-ray beam.

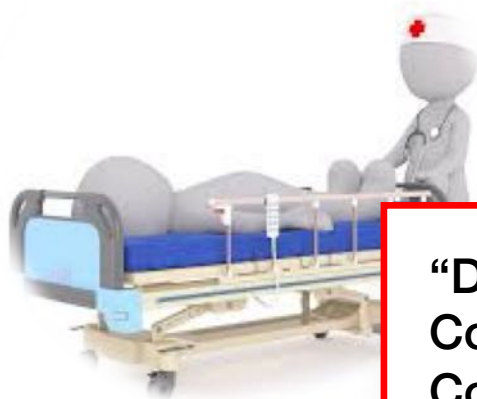
**LOW DOSES FOR PATIENTS PROVIDE LOW DOSES FOR PROFESSIONALS**



# ALARA IN MEDICINE - PATIENTS

## FOLLOW-UP OF PATIENT EXPOSURES

- Patient doses from the diagnostic or therapeutic procedures must be **RECORDED** and **EVALUATED**



**“Diagnostic Reference Levels in Thirty-Six European Countries, Radiation Protection Report 180, European Commission, Directorate General for Energy and Transport, Radiation Protection, 2014”**

**Dose Datamed 2**

# THE EUROPEAN ALARA NETWORK

- Objectives are to promote implementation of ALARA in all ES and provide mechanism for exchange/dissemination of ALARA (notably through workshops)
- 18 Members (organizations) in Europe
- + working groups
- + active sub-networks (ERPAN, EANNORM, ...)
- + in relation with other organisations ... Including ICRP



WHO

# THE EUROPEAN ALARA NETWORK

- ACTIVITIES / OUTPUT

- EAN Workshops
- Support to European Surveys
- EAN subnetworks
- ALARA Newsletter
- EAN Website: <https://www.eu-alara.net/>



WHO

# THE EUROPEAN ALARA NETWORK

OPTIMISATION OF RADIATION PROTECTION  
**ALARA: A PRACTICAL GUIDEBOOK**



- Sylvain ANDRESZ (CEPN, France)
- Sotiris ECONOMIDES (EEAE, Greece)
- Frank HARDEMAN (SCK•CEN, Belgium)
- Cristina NUC CETELLI (ISS, Italy)
- Serena RISICA (retired from ISS, Italy)
- Caroline SCHIEBER (CEPN, France)
- Annemarie SCHMITT-HANNIG (BfS, Germany)
- Fernand VERMEERSCH (SCK•CEN, Belgium)

## WHO



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