

Working Group Topics

WG 1&2 – What are the challenges for the optimisation of patients <u>and</u> workers in interventional radiology?

What are the ALARA tools available? Usages and suitability

WG 3 – What are the elements of a good ALARA culture in (nuclear) medicine?

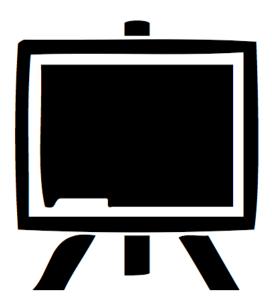
WG 4 – Technical developments in nuclear medicine: how to instil RP from the outset?



Report back

Feedback from the working groups

+ discussions





20th EAN Workshop

Conclusions & Recommendations

"ALARA for interventional radiology & nuclear medicine"

AGES, Vienna 02-04 October 2023

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Julie Morgan, UK Health Security Agency, EAN Secretary



Objectives

Re-visiting some topics from the 13th EAN workshop

Objectives:

- To examine the challenges faced when applying the ALARA principle in interventional radiology and nuclear medicine (new radiopharmaceuticals)
- To consider how the ALARA principle can be better implemented for
 - Patient and staff exposures
 - Diagnostic and therapeutic uses



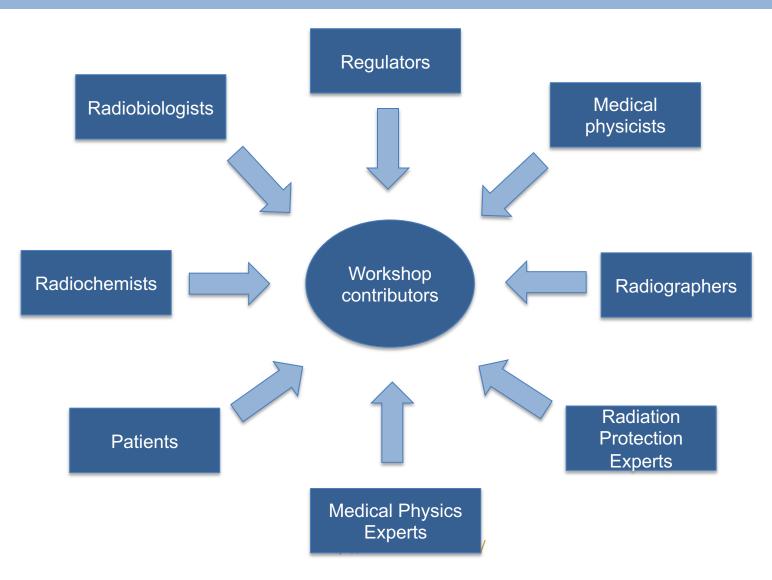
Objectives

To bring together relevant stakeholders to:

- discuss emerging issues and discuss progress with existing ones
- exchange practical ideas and experience
- identify issues for further investigation and research to improve ALARA in IR and NM
- Provide conclusions and recommendations



Stakeholders contributions





Stakeholders

- 40 participants, 10 countries
- Representation sufficient?
- Who is missing….?
 - Manufacturers
 - Clinicians/doctors/nurses



Summary of session presentations



Session 1: setting the scene

- Significant increase in number, type and complexity of interventional procedures
- Development and use of new radionuclides for diagnostic and therapeutic procedures
- Optimisation of exposure to:
 - Patient radiation injuries possible (up to 200 mSv/procedure and potential for multiple procedures)
 - Staff classification, potential to breach eye dose and whole body limits >20mSv/year
 - Comforters and carers dose constraints
 - Public dose constraints
 - Environment



Session 1: continued

- Responsibility of RPE / MPE
- Availability and visibility of MPEs
- Harmonisation of protocols and practice across Europe
- Guidelines for manufacturers of equipment
- Appropriate selection of equipment
- Quality assurance
- Evaluation of dose / administered activity



Session 1: continued

- Incidents:
 - Contamination incidents resulting in high skin doses (~2 Sv)
 - Tissue injuries in interventional radiology (patients and physicians)
 - Failure to follow procedures, lack of supervision
 - Safety in Radiological Procedures (SAFRAD)
 system voluntary reporting of adverse events
 - Trigger dose indicators
 - 319 events logged



Session 2: Tools for ALARA

- Dosimetry (dose to body, eye, brain, extremities)
 ... with potential changes with new dose quantities
- Active vs passive
- Computational "dosimeter-free" dosimetry the role of modelling
- Feedback of doses to drive optimisation
- Time, distance, shielding can be utilized
- RP measures for IR are well known (positioning, access, shielding, collimation, beam 'on' time)
- Shielding room based (shields, screens, drapes)



Session 2: Tools for ALARA

- Shielding person (PPE) fit and comfort is key, personalized PPE
- Image processing (ability to see more with less dose)
- Optimizing and individualizing therapeutic NM procedures
 - Need to know activity delivered (supplier issues)
 - Treatment planning
 - Sv vs Bq
 - Solid quality assurance framework



Factors affecting patient and worker doses (IR)





Session 3: Focus on new radiopharmaceuticals

- Many new radionuclides under investigation, including theragnostic pairs (Terbium/Yttrium/Copper)
- Internal vs external exposure / risk
 - alpha vs beta emitters vs gamma emitters
 - RP considerations for each stage from production to administration (ideally)
- Working practices
 - assessment of risk and dose (routine and accidental)
 - make decisions around how to manage work from RP perspective e.g. designation of areas and workers,
 - the special case of ²²³Ra



Session 3: Focus on new radiopharmaceuticals

- Dosimetry: extremity doses in NM
 - use of correction factors to convert finger ring (6x) and wrist doses (20x) to fingertip doses
 - practical measures to reduce finger dose
 - need to consider dose from skin contamination

- Manufacturing considerations:
 - half-life, volatility, decay profile, ...
 - impurities (chemical and radioactive)
 - chelator



Session 4: Education and training, culture

- Harmonization of training and recognition of RPEs and RPOs across member states
- Training of MPEs
- Content and delivery of suitable training (and receptivity)
- Examples of good practice from EUTEMPE
- Radiation protection culture "What people do when no-one is looking"
- IRPA Guiding Principle on RP Culture
- Key features of a good culture are E&T and effective communication



Key themes and topics



- Optimisation of staff dose and patient dose are interlinked
- ALARA is a continual process:
 - suitable risk assessment and dose estimates, control measures, systems of work supervision, monitoring of arrangements (DRLs),
 - dose assessments, incident/near miss investigations
- Communication and dissemination of information, training and dose results to promote ALARA culture



- Role and responsibilities of the RPE and MPE
 - Degree of involvement in IR and NM practices
 - Training of practitioners and ongoing audit/support
 - More resources needed (money + staff)
- Importance of regulation
 - EU BSS Directive
 - National regulation
 - Inspection (and prosecution)



- Education and training (professionals)
 - Guidance and protocols: the better the E&T, the lower the dose (learning curve)
 - Networks (HERCA, IRPA, EFOMP-EUTEMPE, EUTERP)
 - Resources for new radiopharmaceuticals
 - Attitudes vary by generation
 - essential for cultivating a radiation safety culture
 - Explaining the impact of new ICRU report: a challenge in E&T
- Patient information
 - Informed consent, restrictions
- Deceased patients
 - autopsy, cremation, scattering of ashes



Incidents

- reporting and sharing of lessons learned
 - further education and training
 - review of procedures/processes
 - Implement additional controls
 - databases to enable sharing across Europe
- importance of hearing the "bad news"
- culture of candour
- rehearsals of contingency plans



- Manufacturers (all)
 - Rapid pace of technology developments
 - Provision of information and training to end users
 - ALARA by design (hardware and software)
 - Quality assurance tools/objects/data collection
 - Supply of activity
 - Supplier instructions regarding risk (HERCA template)



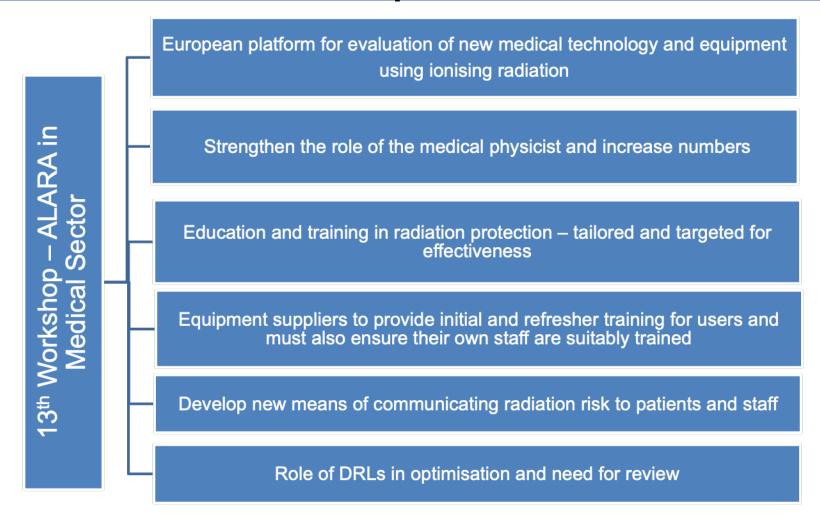
- Cutting edge developments that could impact ALARA:
 - Computational dosimetry
 - Simulations and modelling
 - Dose-response modelling for new (and existing) radiopharmaceuticals
 - Possible reduction of administered dose when combined with chemotherapeutic drugs (same tumour response for lower activity)
 - Total body PET



What are the recommendations?



Previous Workshop recommendations





20th Workshop – recommendations

- WG 1 & 2: X recommendations
- WG 3: 3 recommendations
- WG 4: 7 recommendations

X recommendations in total!



The way forward

- Synthesis of conclusions and recommendations will be formulated based on the feedback from the presentations, WG's and discussions and dialogues.
- Published on the EAN website and in the newsletter
- Synthesis to be published in Journal of Radiological Protection (JoRP)
- Report back to ICRP as Special Liaison Organization



Thanks to the Programme Committee

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Coming soon...

EAN 21st (mini) Workshop "ALARA for NORM exposures"

in collaboration with European NORM Association (ENA)

Planned for May 2024, Rome



Thanks to AGES

A big Thank You to the team at AGES for being wonderful hosts for this EAN Workshop

Philipp Hofer Franz Kabrt



Thank you for your participation

(.ppt will be on-line (soon) eu-alara.net)