



Development of a methodology for dose optimization in abdominal exams using two computed radiography (CR) systems

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1. Introduction

When acquiring images, regarding ALARA principle, the patient dose is controlled by the X ray (XR) spectrum system settings, control of scattered radiation and detector efficiency to acquire the digital image. The acquisition techniques (AT) settings result in the XR beam spectrum. This spectrum is adjusted by the operator who can select the kilovoltage (kV) of the XR tube, the product of tube current and exposure time (mAs), the XR tube filtration and, the geometric parameters as beam collimation and source-to-image distance (SID) (Seibert, 2008; Bushong, 2020).

The replacement of the screen-film system by digital image systems, as computed radiography (CR), the visual ability to distinguish underexposed or overexposed images was reduced (Oh et al., 2021; Seibert, 2008). In computerized radiography, as the CR used in this study, the contrast-to-noise ratio (CNR) and noise levels (N) as AT function can be metrics parameter to analyze image quality (IQ) and its low and high resolution results. Therefore, this metric can promote the optimization of the doses (Young et al., 2006; Hess and Neitzel, 2012).

The goal of this study is to propose a methodology to optimize the Abd_R entrance skin kerma (ESK), performed by different ATs using polymethyl methacrylate (PMMA) phantom, two combinations of CR and XR equipment, CNR and N metrics and IQ resolution tools.

2. Methodology

The study took place at Universidade Federal de São Paulo (UNIFESP), within the Department of Diagnostic Image of its Medical Hospital School - Hospital São Paulo (HSP).

The images were performed in two systems, referred as A and B: Different CRs manufacturers CR-A and CR-B and two different XR equipment, Siemens®, Axion Iconos MD, with additional filter of 1.0 mmAl and the Philips®, Compact Plus, with additional filter of 1.55

mmAl, respectively. All systems under institutional Quality Control Program. The characteristic of the system combination and image plates (IP) of the CR's and image matrix (rows and columns) can be seen on Table 1.

2.1. Methodology steps

• Step 1: Optimization

To both systems (A and B), different AT were adjusted and modified by the experience of a radiologic technologist. To simulate a typical adult abdominal, ten PMMA phantom of the $30 \times 30 \text{ cm}^2$ and 2 cm thickness, with 0.5 mm Al in the middle of the PMMA (Hariyati et al., 2019). Each ATs was repeated three times to promote statistical analysis, totalizing 396 images in raw data.

The kV and mAs used in the study are in Fig. 1. The SID was 1.2 m, distance usually applied in Abd_R and collimation field of $30 \times 30 \text{ cm}^2$.

The 396 images CNR was used as indicator of image quality. CNR was evaluated by two regions of interest (ROI) with $\sim 5 \text{ cm}^2$ placed in the image, one at projected aluminum contrast object and one beside it (in PMMA). An example of this method is in Fig. 2.

To estimate the ESK, a calibrated detector Radcal®, model 10X6-06 and an electrometer model 2068 were used on the PMMA phantom. To estimate ESK, 396 exposures were performed.

The CNR was calculated by equation (1) (Young et al., 2006; Hess and Neitzel, 2012):

$$CNR = \frac{\overline{PV}_1 + \overline{PV}_2}{\sqrt{\frac{1}{2} (SD_1^2 + SD_2^2)}} \quad (1)$$

where, \overline{PV}_1 is the average of the pixel value of the PMMA, \overline{PV}_2 is the average of the pixel value of the Al, SD_1 is the standard deviation of the

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Table 1

Characteristic of system combination: XR equipment and IPs of the CR's with image matrix (rows and columns).

| System | | A | B |
|--------------|-------------|---------------------------|-----------------------------|
| CR | IP Material | BaSr + FBr: Eu | BaF(Br,I): Eu ²⁺ |
| | Rows | 4280 | 4240 |
| | Columns | 3520 | 3480 |
| XR equipment | | Siemens®, Axion Iconos MD | Philips®, Compact Plus |

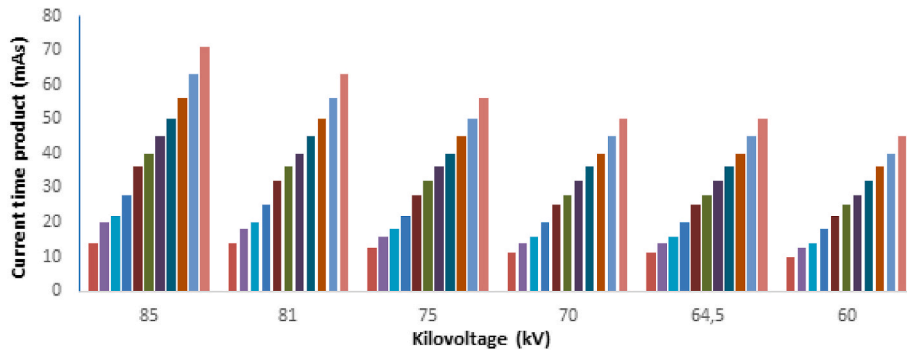


Fig. 1. ATs applied (kV and mAs) for the both systems, A and B.

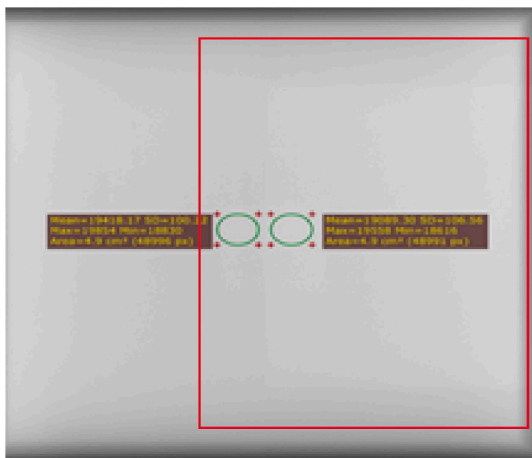


Fig. 2. Inside the red line, there is a typical image for CNR evaluation using two ROI, one on the image of aluminum and another one on PMMA.

pixel mean of the PMMA and SD_2 is the standard deviation of the pixel mean of the Al.

In this study, the SD_1 was the N on the background (PMMA) (Young et al., 2006).

• Step 2: Evaluation of resolution

The optimized AT (OAT) from the step 1 results, were defined by intersection between plotted CNR and N as an ESK function. To each OAT three images were performed, totalizing 36 images of 20 cm of PMMA (Fig. 3 A) to evaluate the spatial resolution of the images.

The evaluation of a high and low-contrast spatial resolution, was done with a Shimadzu® tools (Fig. 3B and C) sit in the middle of the PMMA thickness and exposed by OATs.

Two radiologic technologists and two medical physicists analyzed the images using a 3 MP LG display, model 21HK512D.

✓ Step 2.1: Evaluation of high contrast resolution

The results of high contrast resolution from the OATs images (Fig. 3A

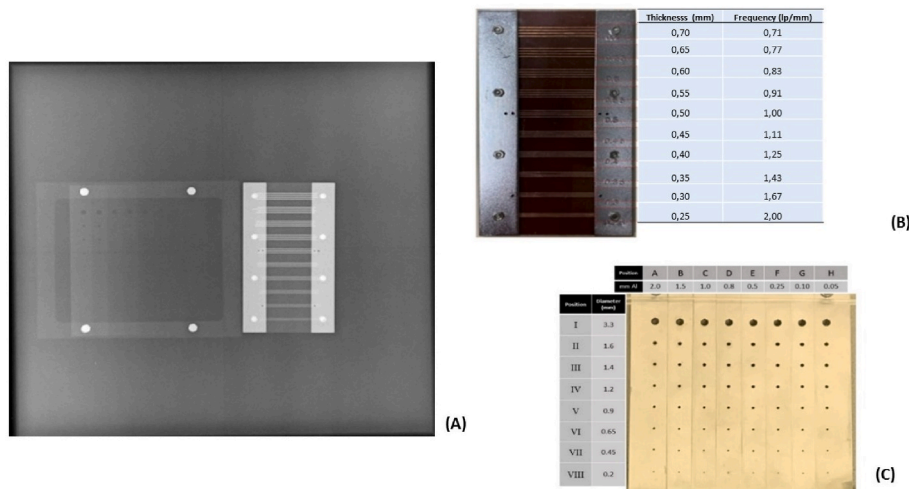


Fig. 3. A. Abdr images acquired according to the methodology described in step 2, using the high and low contrast resolution tools. B. Image of high-contrast resolution tool. C. Image of low-contrast resolution tool.

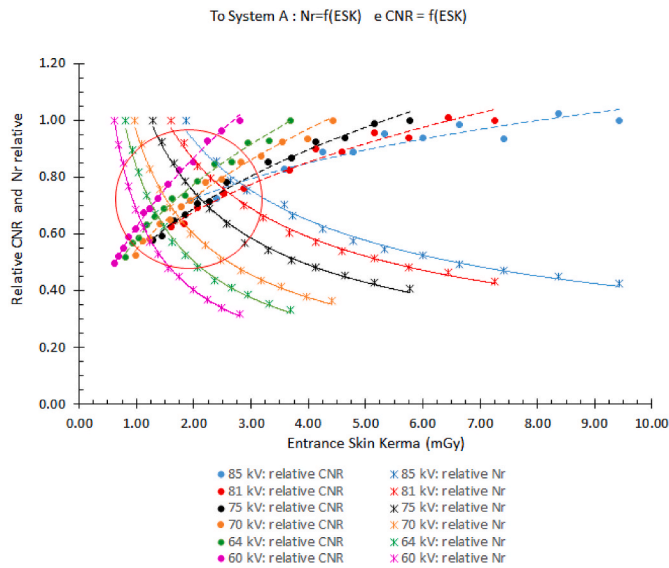


Fig. 4. System A - Intersection between CNR and Nr as function of ESK. The red circle shows the OATs. The error bars in these figures are smaller than 5%.

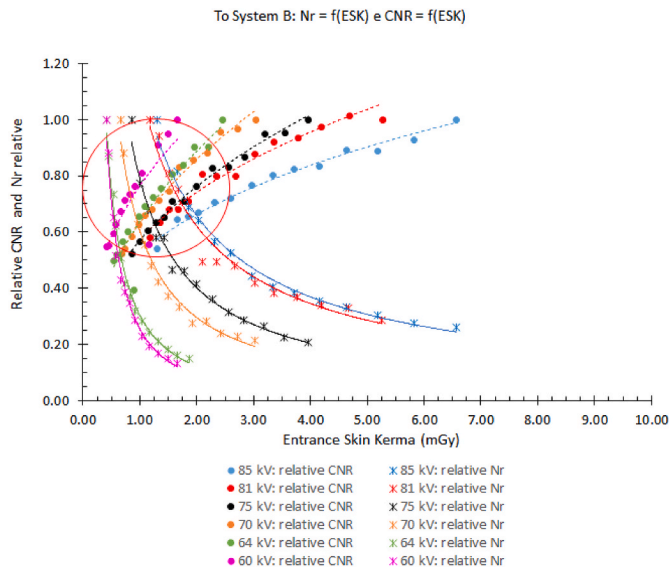


Fig. 5. System B - Intersection between CNR and N as function of ESK. The red circle shows the OATs. The error bars in these figures are smaller than 5%.

Table 2
Detail of the OATs from Fig. 4, to systems A.

| OAT | Kilovoltage (kV) | Current x time (mAs) | EKS (mGy) | Curve fit CNR_r^a | | Curve fit N_r^b | |
|-----|------------------|----------------------|-----------|------------------------|-------|------------------------|-------|
| | | | | equation | R^2 | equation | R^2 |
| 1 | 60 | 18 | 1.12 | $y = 0.6239x^{0.4759}$ | 0.99 | $y = 0.6839x^{-0.772}$ | 0.99 |
| 2 | 64 | 18 | 1.33 | $y = 0.5796x^{0.4154}$ | 0.99 | $y = 0.8348x^{-0.732}$ | 0.99 |
| 3 | 70 | 18 | 1.59 | $y = 0.5449x^{0.4151}$ | 0.99 | $y = 0.9579x^{-0.678}$ | 0.99 |
| 4 | 75 | 22 | 2.27 | $y = 0.5285x^{0.3804}$ | 0.99 | $y = 1.1412x^{-0.610}$ | 0.99 |
| 5 | 81 | 23 | 2.53 | $y = 0.5362x^{0.3333}$ | 0.97 | $y = 1.1412x^{-0.549}$ | 0.99 |
| 6 | 85 | 21 | 2.63 | $y = 0.6132x^{0.2344}$ | 0.89 | $y = 1.3349x^{-0.522}$ | 0.99 |

^a CNR_r , relative CNR.

^b N_r , relative N.

and B) were compared from Brazilian regulation that is 2.5 pl/mm (Brasil. Ministério da Saúde, 2021). Only to OATs with results near of the 2.5 pl/mm were evaluated by low contrast resolution (step 2.2).

✓ Step 2.2: Evaluation of low contrast resolution

To evaluate low-contrast resolution from the OATs images (Fig. 3A and C) was defined the image quality figure (IQF), calculated by the sum of the products of Al thickness and diameter for the just visible objects in the phantom image (equation (2)), a lower IQF indicates better image quality. Then, the OAT with lower ESK and IQF was considering the final optimized OAT (Tung et al., 2007).

$$IQF = \sum_{i=1}^n C_i D_{i, th} \tag{2}$$

where I is the column number, C_i is Al thickness, and $D_{i, th}$ the threshold diameter (detail) in the column i (Tung et al., 2007)

3. Results and discussion

• Results of Step 1: Optimization

In Figs. 4 and 5 to systems A and B, respectively, the red circle are the OATs results. The error bars in these figures are smaller than 5%. In Table 2 and Table 3, there are the details of the OATs, ESK and curves fit from Fig. 4 e 5.

• Results of step 2.1: Evaluation of high contrast resolution

The results of the relative high contrast resolution from OATs images to system A and B are shown in the Fig. 6 and Fig. 7, respectively.

In the Fig. 6, it is seen that OATs 4, 5 and 6 (with higher kV performed), produce a better image quality in terms of the high contrast resolution. The relative high contrast resolution are less than 0.5 because the images are in raw data.

In the Fig. 7, it is seen that all OATs (with any kV performed), produce the same image quality in terms of the high contrast resolution. As system A, the relative high contrast resolution are less than 0.5 because the images are in raw data.

Due the worst results to high contrast from OAT 1, 2 and 3, only to OATs 4 to 12, were evaluated in terms of low contrast resolution (step 3).

• Results of step 2.2: Evaluation of low contrast resolution

The results of relative IQF (RIQF), to OATs of systems A and B, are in Figs. 8 and 9, respectively. The values were normalized to lower IQF, so

Table 3
Detail of the OATs from Fig. 5, to systems B.

| OAT | Kilovoltage (kV) | Current x time (mAs) | EKS (mGy) | Curve fit CNR _r ^a | | Curve fit N _r ^b | |
|-----|------------------|----------------------|-----------|---|----------------|---------------------------------------|----------------|
| | | | | equation | R ² | equation | R ² |
| 7 | 60 | 15 | 0.62 | $y = 0.7644x^{0.3889}$ | 0,69 | $y = 0,2548x^{-1.474}$ | 0.99 |
| 8 | 64 | 16 | 0.78 | $y = 0.6379x^{0.4774}$ | 0,78 | $y = 0,3038x^{-1.304}$ | 0.99 |
| 9 | 70 | 16 | 0.97 | $y = 0.6318x^{0.4425}$ | 0,99 | $y = 0,6052x^{-1.035}$ | 0.98 |
| 10 | 75 | 18 | 1.20 | $y = 0.5701x^{0.4184}$ | 0,99 | $y = 0,7899x^{-0.975}$ | 0.98 |
| 11 | 81 | 22 | 1.87 | $y = 0.5751x^{0.366}$ | 0,97 | $y = 1,1177x^{-0.848}$ | 0.97 |
| 12 | 85 | 22 | 2.03 | $y = 0.5246x^{0.3371}$ | 0,98 | $y = 1,1718x^{-0.833}$ | 0.99 |

^a CNR_r, relative CNR.

^b N_r, relative N.

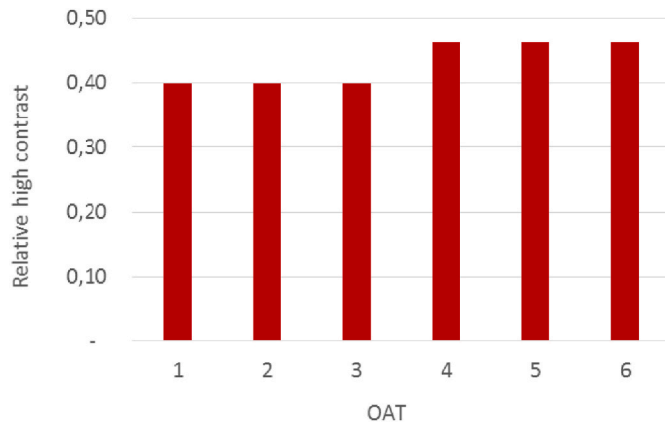


Fig. 6. System A - results of the relative high contrast resolution from OATs images. The error bars are smaller than 2%.

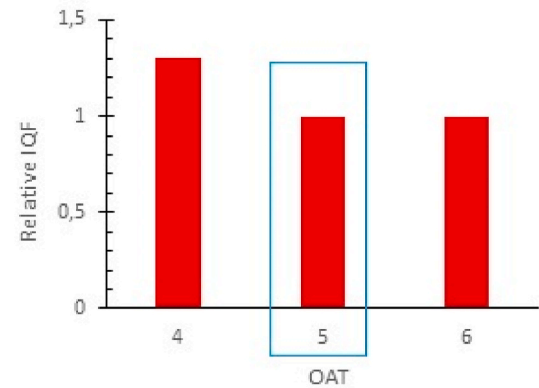


Fig. 8. To system A, results of relative low contrast resolution based on IQF to OATs. The blue line rectangle indicated the best results (low dose with low RIQF).

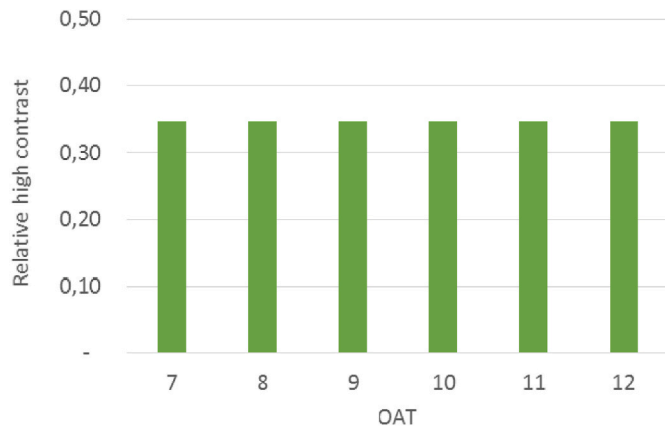


Fig. 7. System B - results of the relative high contrast resolution from OATs images. The error bars are smaller than 2%.

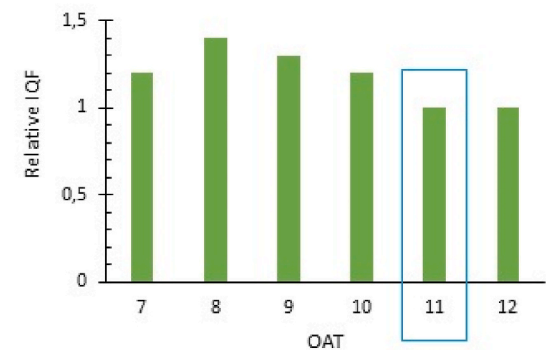


Fig. 9. To system B, results of relative low contrast resolution based on IQF to OATs. The blue line rectangle indicated the best results (low dose with low RIQF).

the better result is near to 1. To system A, Fig. 8, the OAT 5 and 6 presented the best RIQF results. To system B, the best RIQF results were OATs 11 and 12, Fig. 9. The best OAT was defined by lower ESK, Table 4.

In Table 4, there are a summarized data to RIQF to each OAT for both systems (A and B).

4. Conclusion

The methodology was suited to both CR systems. For System A the optimal technique is 81 kV and 23 mAs (ESK = 2.53 mGy). For System B the optimal technique is 81 kV and 22 mAs (ESK = 1.87 mGy). The

Table 4

Summarized data to RIQF to each OAT exposure parameters. In gray, the indication of selected OAT.

| | OAT | Kilovoltage (kV) | Current x time (mAs) | EKS (mGy) | Relative IQF |
|----------|-----|------------------|----------------------|-----------|--------------|
| System A | 4 | 75 | 22 | 2.27 | 1.3 |
| | 5 | 81 | 23 | 2.53 | 1.0 |
| | 6 | 85 | 21 | 2.63 | 0.9 |
| System B | 7 | 60 | 15 | 0.62 | 1.2 |
| | 8 | 64 | 16 | 0.78 | 1.4 |
| | 9 | 70 | 16 | 0.97 | 1.3 |
| | 10 | 75 | 18 | 1.20 | 1.2 |
| | 11 | 81 | 22 | 1.87 | 1.0 |
| | 12 | 85 | 22 | 2.03 | 1.0 |

optimized doses from System A and System B represent 20% and 18%, respectively, of the maximum reference limit value of the Brazilian regulation (10 mGy).

Considering that the System A is the system used at HSP to clinical application and the ESK average for a typical adult abdominal radiography is 3.5 ± 1.2 mGy (values obtained by the institutional quality assurance program), this study can provide a reduction of 27% on ESK abdominal radiographs.

Author statement

ALVES, M. P. S.: Methodology, Validation, Investigation, Writing original draft.

MOTA B. P.: Data curation.

POLICARPO E. M.: Data Curation.

JORNADA T. S.: Conceptualization.

ASSEMANY, L.P.F.: Formal analysis, Writing - Reviewing and Editing.

DAROS, K. A. C.: Supervision, Funding acquisition, Visualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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