American College of Radiology

Dose Index Registry (DIR)

Measures

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Measures

Normalized Volume Computed Tomography Dose Index (CTDI _{vol})		
Data Elements	Clinical Performance measure	
Per <u>scan</u> Mean CTDI_{vol} (TID 10013) 	Measures: Median, 25 th , and 75 th percentile values of Normalized CTDI _{vol} per scan for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W IVCON).	
 CTDI_w Phantom Type (TID10013) 	<u>Normalized CTDI_{vol} per scan</u>	
 Study Description (0008,1030) 	Mean CTDI _{vol} for the highest-dose irradiation event across all irradiation events for an exam excluding the timing runs, ^a normalized for	
 Acquisition Protocol (TID 10013) 	phantom size ^b .	
Per <u>exam</u>	Measures: Median, 25 th , and 75 th percentile	
 Mean CTDI_{vol} (TID 10013) 	values of Normalized CTDI _{vol} per exam for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W	
 CTDI_w Phantom Type (TID10013) 	IVCON).	
Study Description (0008,1030)	<u>Normalized CTDI_{vol} per exam</u> Sum of the mean CTDI _{vol} across all irradiation	
 Acquisition Protocol (TID 10013) 	events for an exam excluding the timing runs, ^a normalized for phantom size ^b .	

Normalized CT Dose Length Product (DLP)			
Data Elements	Clinical Performance measure		
Per <u>scan</u> DLP (TID 10013) CTDI_w Phantom Type (TID10013) Study Description 	Measures: Median, 25 th , and 75 th percentile values of Normalized CT DLP per scan for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W IVCON). <u>Normalized CT DLP per scan</u> DLP for the highest-dose irradiation event across all		
 (0008,1030) Acquisition Protocol (TID 10013) 	irradiation events in a single exam, excluding timing runs, ^a normalized for phantom size ^b .		
 Per <u>exam</u> DLP (TID 10013) CTDI_w Phantom Type (TID10013) 	Measures: Median, 25 th , and 75 th percentile values of Normalized CT DLP per exam for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W IVCON). <u>Normalized CT DLP per exam</u>		
 Study Description (0008,1030) Acquisition Protocol (TID 10013) 	Sum of DLP across all irradiation events for an exam excluding the timing runs, ^a normalized for phantom size ^b .		

Normalized Size Specific Dose Estimate (SSDE)		
Per <u>scan</u> , Body exams only		Measures: Median, 25 th , and 75 th percentile values
	 Normalized CTDI_{vol} of each scan 	of SSDE per scan for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W IVCON).
	• Effective Diameter ^c	<u>SSDE per scan</u>
OR	 Patient thickness and orientation calculated from localizer images 	SSDE that corresponds to CTDI _{vol} per scan, or highest dose scan for an exam excluding the timing runs, ^a normalized for phantom size, ^b and applying the correction factor ^c (CF) appropriate for 32cm phantom per AAPM TG 204.
Per <u>exam</u> , Body exams only		Measures: Median, 25th, and 75th percentile
	 Normalized CTDI_{vol} of each scan 	values of SSDE per exam for each exam name (for example, CT HEAD BRAIN WO IVCON, CT ABDOMEN PELVIS W IVCON)
	• Effective Diameter ^c	<u>SSDE per exam</u>
OR	 Patient thickness and orientation calculated from localizer images 	Sum of SSDE across all irradiation events for an exam excluding the timing runs, ^a normalized for phantom size ^b and applying the correction factor ^c (CF) appropriate for 32cm phantom per AAPM TG 204.

^a An irradiation event is identified as a *timing run* IF:

- Acquistion Protocol contains one of the following:
 - Monitoring
 - PreMonitoring
 - o **TestBolus**
- If mean CTDI_{vol} > DLP AND either of the following are true:
 - Shortname contains ("W IVCON" or "WO & W IVCON" or "ANGIO" or "PERFUS")

^bDose indices for head exams are normalized to a 16cm phantom, and dose indices for body exams are normalized to a 32cm phantom for comparison.

For exams involving head region, using a phantom size 32 the normalized $CTDI_{vol}$ is obtained by multiplying the mean $CTDI_{vol}$ and normalized DLP is obtained by multiplying the DLP by

the conversion factor of 2.3. For head exams using a 16cm phantom, the normalized $CTDI_{vol}$ and DLP are the same as the original $CTDI_{vol}$ and DLP.

For body exams excluding with a phantom size 16, normalized CTDI_{vol} and DLP are calculated by dividing the mean CTDI_{vol} and DLP by a conversion factor of 2.3. For body exams using a 32cm phantom, the normalized CTDI_{vol} and DLP are the same as the original CTDI_{vol} and DLP.

^c From AAPM Report 204: If AP thickness (AP) and Lateral thickness (Lat) both provided, *effective diameter (ED)* is calculated as ED = $a+b^*(AP_+Lat)$, where a= -.203128, b= .4958912

If AP is provided but Lat is not provided then ED is calculated as $ED = a+b^*AP+c^*(AP)^2$, where a= -3.744858, b= 1.671734, and c= -.01338955

If AP is not provided but Lat is provided then the ED is calculated as $ED = a+b^*Lat+c^*(Lat)^2$, where a= 5.899298, b=.3270494, and c=.009978896

Correction Factor (CF)= $x^{exp}(-y^{ED})$, where x= 3.704369 and y= .03671937

(CF calculated only for body exams)

Appendix. List of exam names for which detailed reports were generated for the July-December 2013 period

CT ABDOMEN CT ABDOMEN PELVIS CT ABDOMEN PELVIS KIDNEY CALC WO IVCON CT ABDOMEN PELVIS W IVCON CT ABDOMEN PELVIS WO IVCON CT ABDOMEN PELVIS WO THEN W IVCON CT ABDOMEN W IVCON CT C SPINE W IVCON (No SSDE) CT C SPINE WO IVCON (No SSDE) CT CHEST CT CHEST ABDOMEN PELVIS W IVCON CT CHEST ANGIO W IVCON CT CHEST ANGIO WO THEN W IVCON CT CHEST PULMONARY ARTERIES W IVCON CT CHEST W IVCON CT CHEST WO IVCON CT HEAD (No SSDE) CT HEAD BRAIN WO IVCON (No SSDE) CT HEAD MAXILLOFACIAL WO IVCON (No SSDE) CT HEAD PARANASAL SINUSES WO IVCON (No SSDE) CT HEAD WO IVCON (No SSDE) CT L SPINE WO IVCON CT NECK W IVCON (No SSDE)

References:

AAPM. Size-Specific Dose Estimates (SSDE) in Pediatric and Adult Body CT Examinations. American Association of Physicists in Medicine Report No. 204, 2011. <u>http://www.aapm.org/pubs/reports/rpt_204.pdf</u>

AAPM. The measurement, reporting, and management of radiation dose in CT. American Association of Physicists in Medicine Report No. 96, 2008. <u>http://www.aapm.org/pubs/reports/rpt_96.pdf</u>

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