The IAEA BSS and development of an international dosimetry protocol

MetroMRT 3rd Workshop

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International Atomic Energy Agency Dosimetry and Medical Radiation Physics section





Outline

- IAEA support to Nuclear Medicine Medical Physics
- The International Basic Safety Standard
- Human Health Report n. 9 on Quantitative Nuclear Medicine Imaging
- Coordinated Research Project on Quantitative Nuclear Medicine Imaging
- Need for an international dosimetry protocol

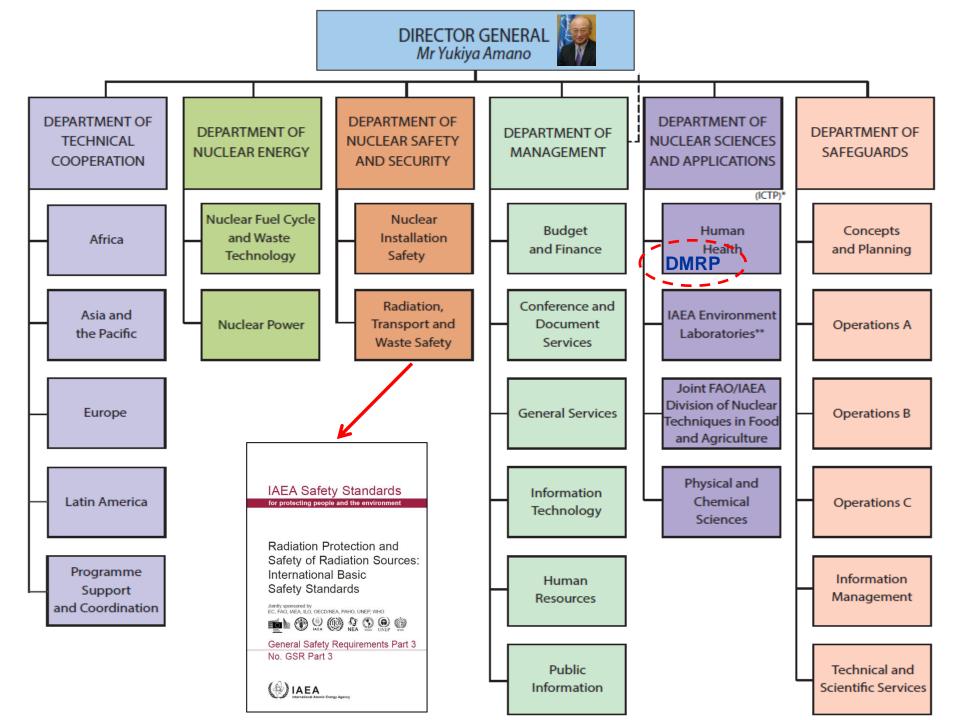


The IAEA is an independent organization within the United Nations serving as the global focal point for nuclear cooperation worldwide

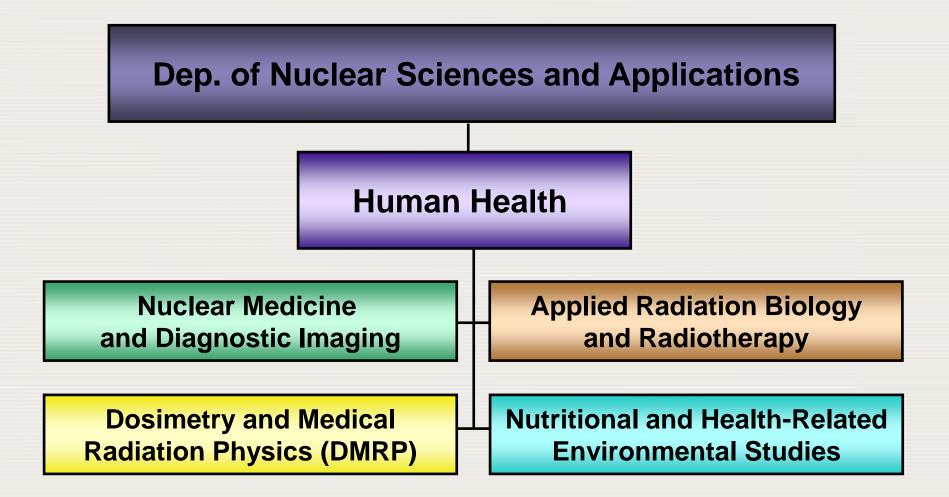
The IAEA works with its 164 Member States and multiple partners worldwide

to promote safe, secure and peaceful use of nuclear technologies

Three main areas of work: Safeguards and Verification Safety and Security Nuclear Sciences and Applications



IAEA Human Health Division





Development of guidelines



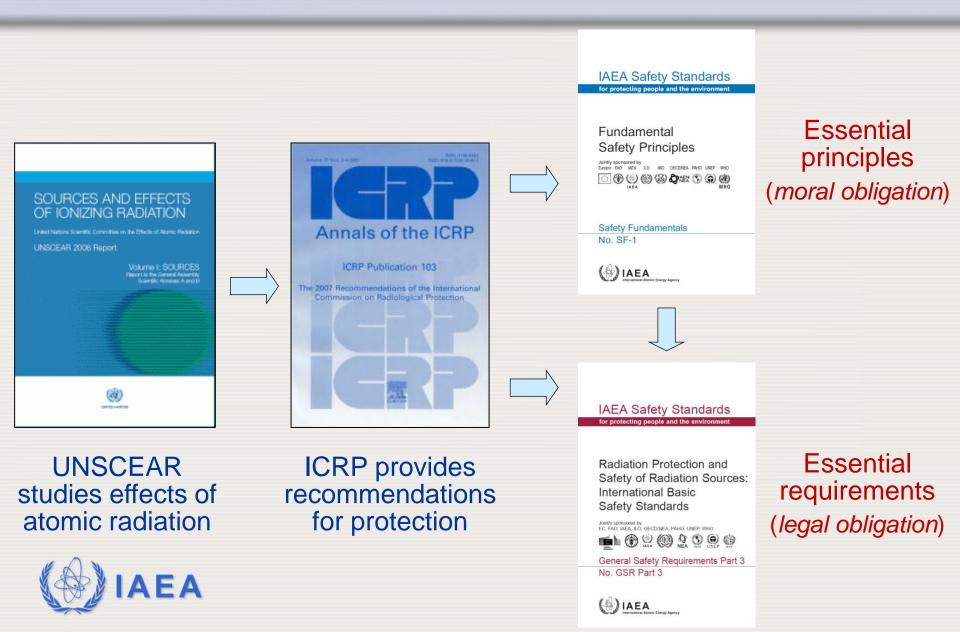
Education & Training



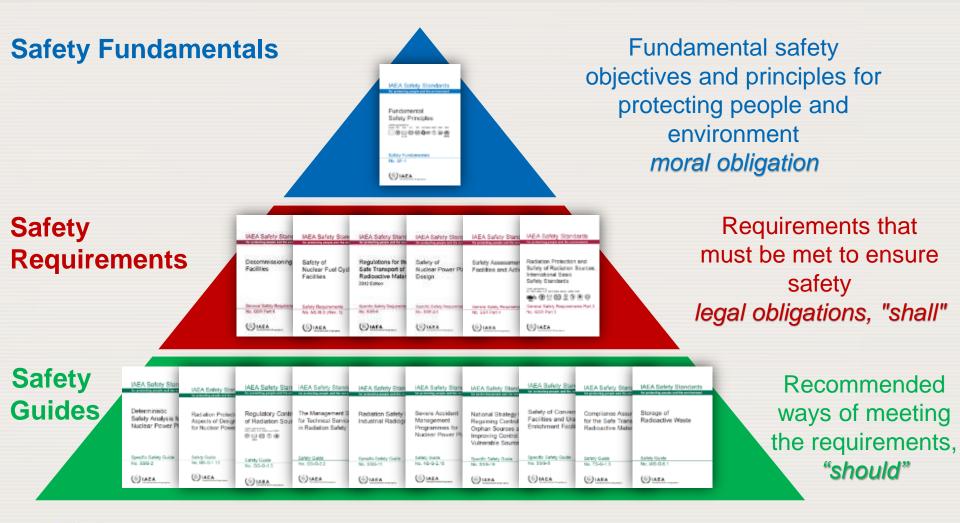
Technical Cooperation

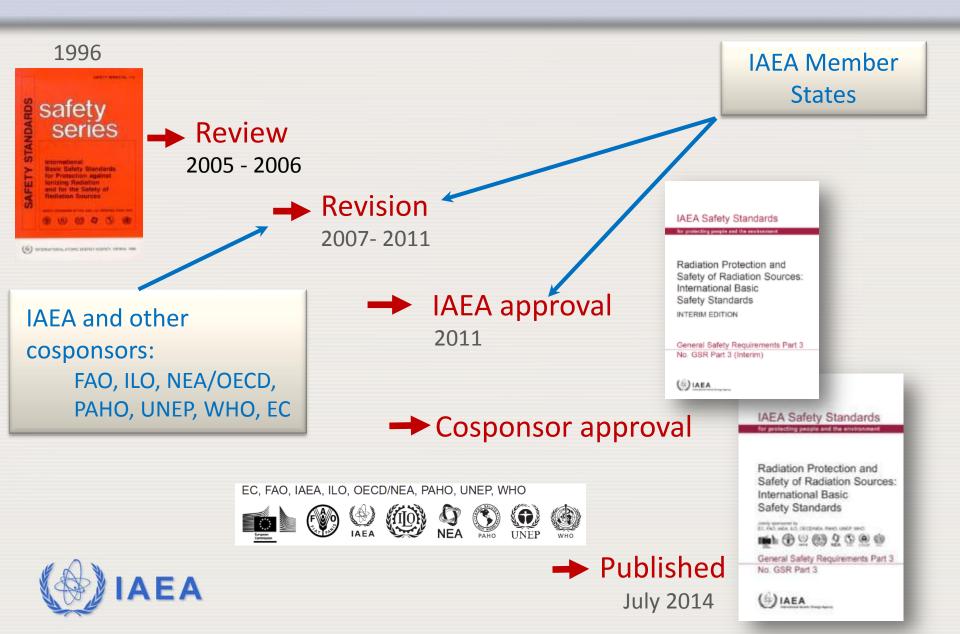


The International Basic Safety Standard



IAEA Safety Standards hierarchy





IAEA Safety Standards for protecting people and the environment

Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards

Jointly sponsored by EC, FAO, IAEA, ILO, OECDINEA, PAHO, UNEP, WHO Intel Image Image

General Safety Requirements Part 3 No. GSR Part 3







Not mandatory

- No obligation for States to bring legislation into conformity, etc.
- However
 - Used as a template for many national regulations
 - Mandatory for Member States receiving technical assistance from IAEA
 - The IAEA must use the Standards in its own operations

3.165 - For therapeutic radiological procedures in which radiopharmaceuticals are administered, the radiological medical practitioner, in cooperation with the medical physicist and the medical radiation technologist, and if appropriate with the radiopharmacist or radiochemist, shall ensure that for each patient the appropriate radiopharmaceutical with the appropriate activity is selected and administered so that the radioactivity is primarily localized in the organ(s) of interest, while the radioactivity in the rest of the body is kept as low as reasonably achievable.



Dosimetry of patients

3.167. Registrants and licensees shall ensure that dosimetry of patients is performed and documented by or under the supervision of a medical physicist, using calibrated dosimeters and following internationally accepted or nationally accepted protocols, including dosimetry to determine the following:



Dosimetry of patients

. . .



(c) For therapeutic medical exposures, <u>absorbed doses to the tissues or organs for individual patients</u>, as determined to be relevant by the radiological medical practitioner.



Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards

() IAEA

IAEA Safety Standards

July 2014

(c) For therapeutic radiological procedures, absorbed doses to the planning target volume for each patient treated with external beam therapy and/or brachytherapy and absorbed doses to relevant tissues or organs as determined by the radiological medical practitioner;

(d) For therapeutic radiological procedures with unsealed sources, typical absorbed doses to patients.

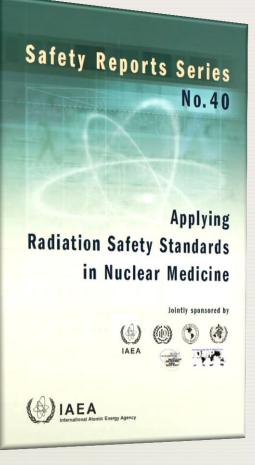
Safety Guides

- Recommended ways of meeting the requirements
- "should" statements

EA



Safety Reports



Safety Reports Series No.58

> Radiation Protection in Newer Medical Imaging Techniques: PET/CT

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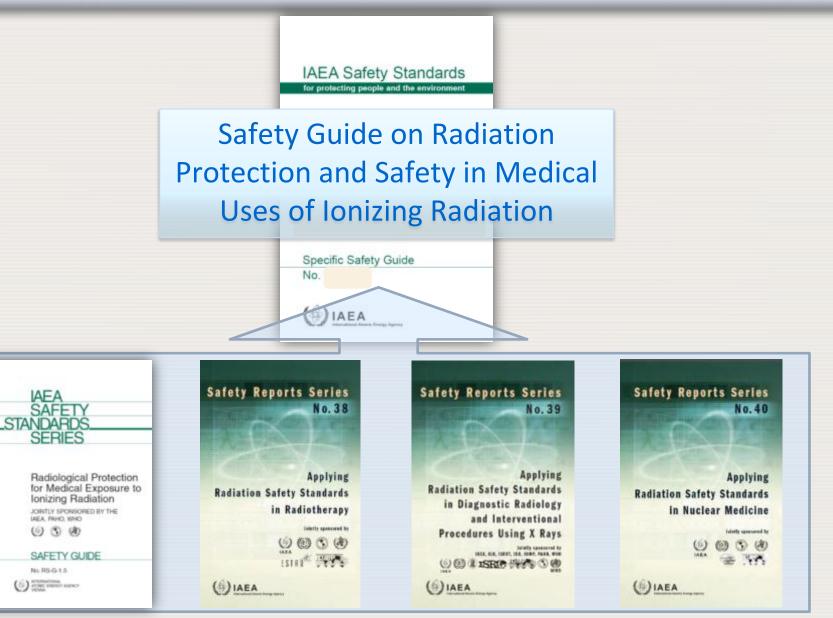
Safety Reports Series No.63

> Release of Patients After Radionuclide Therapy With contributions from the



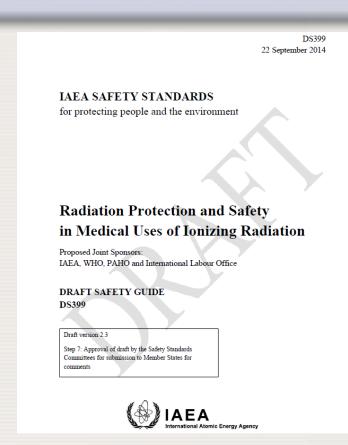
nergy Agency

Safety Guide on Medical Uses



Safety Guide on Medical Uses

- Medical exposure
 Occupational exposure
 Public exposure
- Radiation therapy
 Diagnostic radiology and image guided interventional procedures
 Nuclear medicine



Dosimetry of patients – radiopharmaceutical therapy procedures

4.209. The BSS paragraph 3.168 requires nuclear medicine facilities to determine typical absorbed doses to patients for their therapeutic radiological procedures. As in para. 4.208, methodologies for the determination of doses from therapy radiopharmaceuticals are explained in detail in Refs [249, 251, 257, 258, 272 - 278].

Quantitative Nuclear Medicine Imaging

Procedures for quantification of nuclear medicine images and for internal dosimetry

I. Buvat E. Frey A. Green M. Ljungberg



AEA HUMAN HEALTH REPORTS No. 9

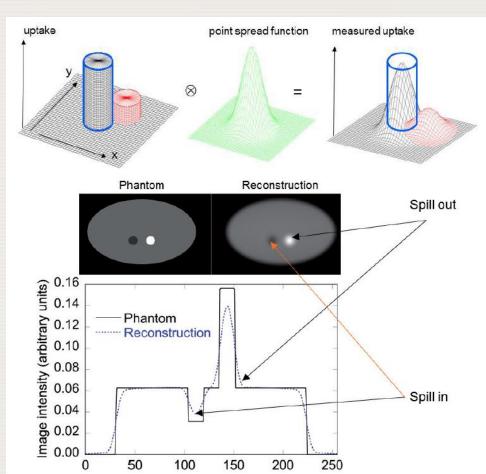
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Quantitative Nuclear Medicine Imaging: Concepts, Requirements and Methods



Quantitative Nuclear Medicine Imaging

- Physical effects that degrade image quality and affect the accuracy of quantification
- Methods to compensate for them in
 - ✓ Planar✓ SPECT✓ PET





Coordinated Research Projects

Involve participants from different countries into state of the art scientific research and create scientific networks

Coordinated Research Projects

CRP "Development of Quantitative Nuclear Medicine Imaging for Patient Specific Dosimetry"

Purpose:

✓ investigate image quantification capabilities
 ✓ assess the need for training
 ✓ assess the need for standardisation
 ✓ assess the typical accuracy



Participants

- Bangladesh
- Brazil
- Croatia
- Cuba
- ➢ Germany
- South Africa
- Sweden
- Thailand
- United Kingdom
- > USA
- Uruguay



Trained medical physicist with experience in quantitative imaging

Scanners:

Siemens E.Cam (1)
Mediso Nucline (2)
SPECT

✓ Siemens Symbia (5)
✓ GE Infinia Hawkeye-4 (1)

✓ GE Discovery 670 (2)

SPECT/CT

¹³³Ba intercomparison

✓ Guidance document ✓¹³³Ba sources production Image sources in filled Jaszczak phantom > Trial 1: determine activity with local protocol Analyse results of Trial 1 New guidelines and harmonized protocol Trial 2: use new guidelines and protocol Comparison of Trial 1 vs Trial 2 > Centralized data analysis

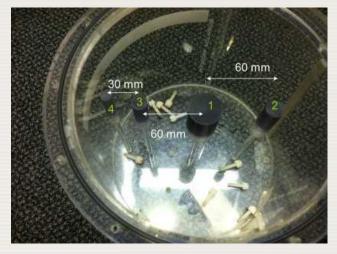


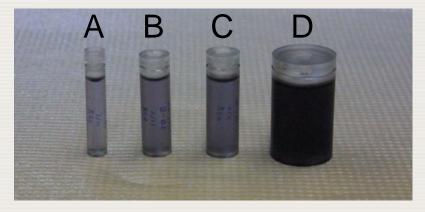
¹³³Ba sources

Sources produced by NIST:

- ¹³³Ba (356 keV) as a surrogate for ¹³¹I
- Standard uncertainty <1.7%
- Height: 4 cm

Source	φ _{internal} (cm)	V (cm ³)
А	0.794	2
В	1.27	4
С	1.43	6
D	2.86	23







Common errors and critical aspects

- TEW energy windows settings
- PLANAR
- Methods that would not translate well clinically (e.g., used known phantom geometry)
- ROI definition
- Attenuation coefficient
- Transmission study
- SPECT w/Chang-AC
- Boundaries definition in Chang's AC method
- Apply Chang



Conclusions

- Planar: good results with a simple geometry
- Chang's method for attenuation correction is critical
- SPECT/CT is more standardized and less subject to errors
- Reliable quantification of activity is feasible but requires attention to details
- Need for training
- Need for harmonized protocols



Technical Reports



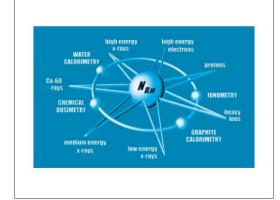
Quality Assurance for Radioactivity Measurement in Nuclear Medicine



TECHNICAL REPORTS SERIES NO. 457

Dosimetry in Diagnostic Radiology: An International Code of Practice

AEA



TECHNICAL REPORTS SERIES No. 398

Absorbed Dose Determination in External Beam Radiotherapy An International Code of Practice for Dosimetry Based on Standards of Absorbed Dose to Water

Sponsored by the IAEA, WHO, PAHO and ESTRO

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INTERNATIONAL ATOMIC ENERGY AGENCY, VIENNA, 2000



Thank you

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