



- > Aquilion Family of CT Scanners
- > Dose Safeguards
- > Dose Management
- > Dose Reduction
- > Dose Measurement
- > Dose Reporting

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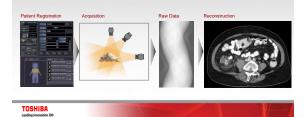
> Where to get more info...

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SURE Exposure: Integrated Dose Reduction

- > Dose Safeguards
- > Dose Management
- > Dose Reduction



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Scan Planning and Dose Safeguards

- > NEMA Standard XR25 "Dose Check"
- The dose check standard contains two main components:
 Dose Notification Feature
 - > Dose Alert Feature

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- > Different dose levels can be set for pediatric patients
- Includes audit logs to more efficiently monitor patient dose management



Dose Safeguards

> DICOM SR - IHE Dose Report

- > Dose information can be exported to PACS or a Dose Management System
- > Better monitor patient dose over repeat examinations and across multimodalities
- \blacktriangleright Build and share data bases of doses used for routine clinical examinations that could be compared locally, nationally or internationally

> Protocol Password Protection

> System protocols can only be changed by specific individuals

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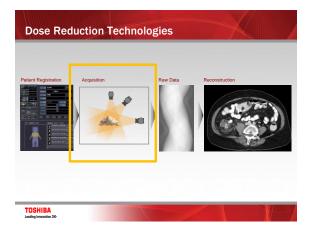
Scan Planning and Dose Safeguards

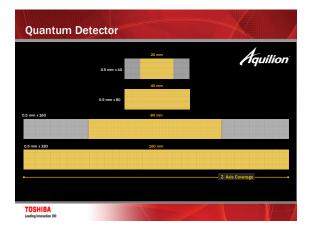
> NEMA Standard XR29 Smart Dose compliant

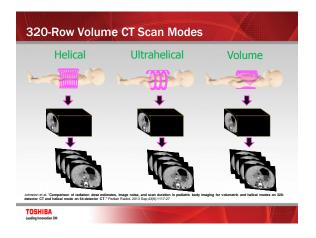
- 1. DICOM Radiation Dose Structured Reporting (DICOM P53.3-2011)
- 2. NEMA XR-25 Dose Check
- 3. Automatic Exposure Control
- 4. Reference Preloaded Adult & Pediatric Protocols













Dynamic Volume CT: Lower Dose Volume Scanning

> Why is volume acquisition lower dose than helical?

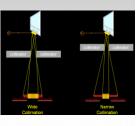
- > No helical overranging
- > Only one rotation of overbeam/penumbra > No low pitch overlap for gated studies



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Overbeaming

- > Overbeaming is the excess radiation exposure beyond the collimated beam in z-direction > "penumbra"
- > Wider collimation decreases relative penumbra
- > Decrease # of gantry rotations inherently decreases this effect





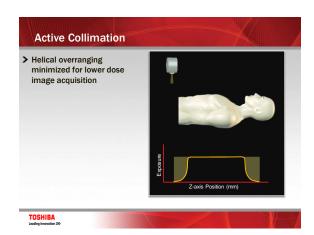
Overranging

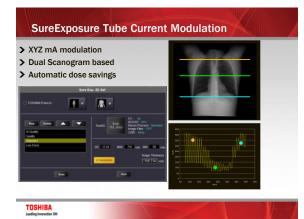
- > Helical scanning requires raw data on either end of planned scan length for reconstruction
- > Unnecessary radiation exposure to tissue beyond desired view
- Accounts for higher percentage of total exposure with smaller scan lengths (cardiac, neuro, pediatric)
- > Active collimation reduces
- > Does not occur with true axial volume scanning
- > It's just a really thick axial slice

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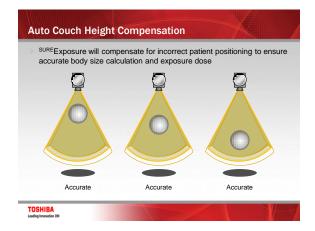
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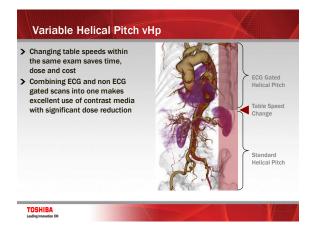
- Assist reunitologist in Positioning, Moving Patient
 Center Patient in CT Bore, Improved mA Modulation (Dose) and Image Quality
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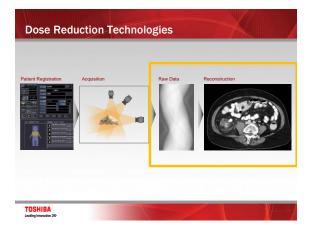


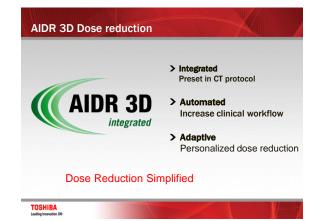


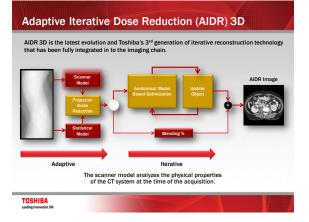


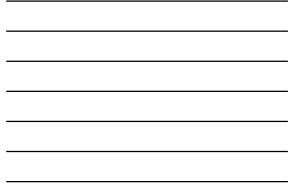




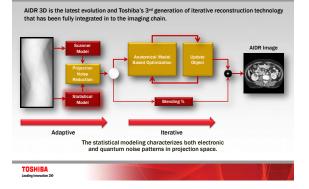




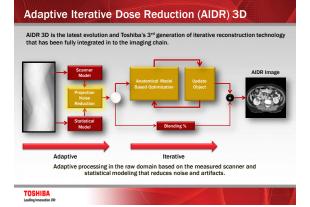


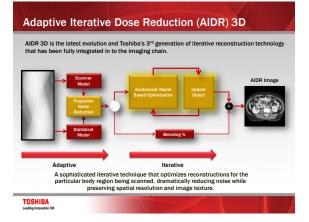


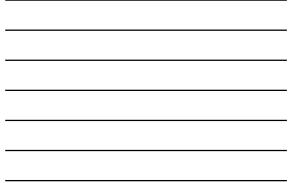
Adaptive Iterative Dose Reduction (AIDR) 3D





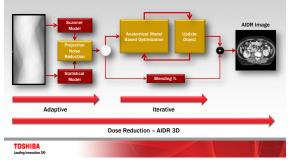






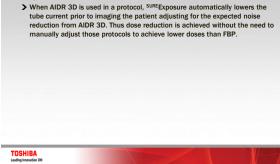
Adaptive Iterative Dose Reduction (AIDR) 3D

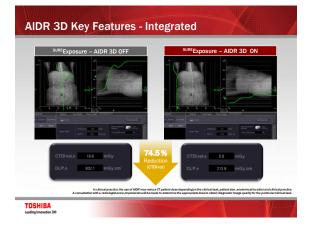
AIDR 3D is the latest evolution and Toshiba's 3rd generation of iterative reconstruction technology that has been fully integrated in to the imaging chain.



AIDR 3D Key Features - Integrated

> Integrated





AIDR 3D Key Features - Automated

> Automated

- > AIDR 3D is pre-set in the protocol
- > No need for an extra post processing step
- > No extra steps
- Implementing AIDR 3D on-site is virtually invisible to the technologists with exception of lower doses and/or improved IQ. No additional training necessary.

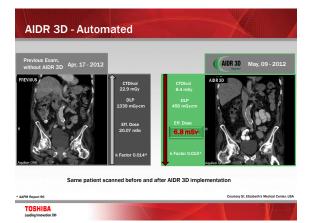
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AIDR 3D Key Features - Adaptive

> Adaptive

- > No need to select levels
- > AIDR 3D adapts to the body region/imaging category
- > Several parameters within AIDR 3D are automatically adapted such as:
 - > Blending level
 - > Number of iterations,
 - > Considers edge detail and noise sensitivity
 - > Strength of signal at detectors
- > A note on adaptive
 - > Although AIDR 3D is fully adaptive, it is equipped with three strengths ("mild", "standard", and "strong") primarily for research
 - > The "standard" setting is used for majority of protocols. The "strong" setting is used for the less texture-sensitive task of body perfusion.

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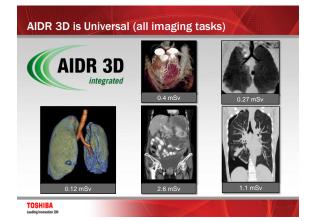
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* AAPM R ort 96



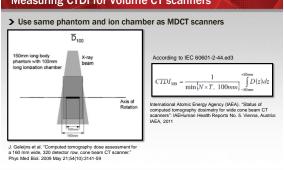
Courtesy St. Elizabeth's Medical Center, USA









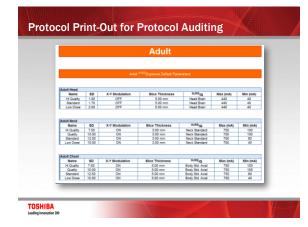


Measuring CTDI for Volume CT scanners

Dose Rep	orting		
Toke Current (mA)	60 60 60 60 60 60 60 60 60 60 60 60 60 6	max mA (EC 2) ave mA (EC 3)	
Software Version	CTDI _{vol}	DLP	
3.0 - 4.62	Based on maximum mA	Based on average mA	
4.63 and later	Based on average mA	Based on average mA	
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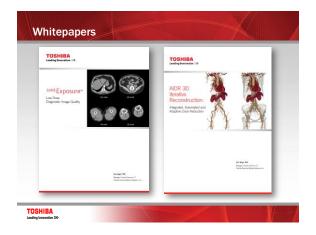


More info for Medical Physicists...

- > Toshiba Assist Line: 1-800-521-1968
- > ToshibaLearningCenter.com

> Toshiba local team (sales, service, and applications)

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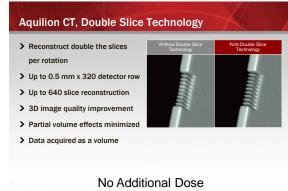










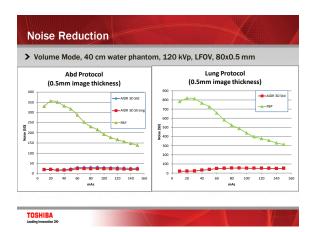


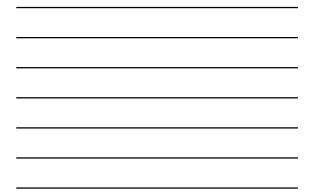
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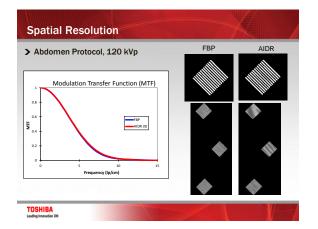
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Texture Preservation

Abdomen protocol, 250 mAs for FBP and 75 mAs for AIDR 3D (70% dose difference)

