

Requirements for Reporting Radiation Dose – The ACR Perspective

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Outline

- Overview of registries
- Description of ACR Dose Index Registry
- Sample reports
- Plans

Why quality registries?

To **empower** facilities and physicians to monitor and improve quality, and to do so easily and correctly.

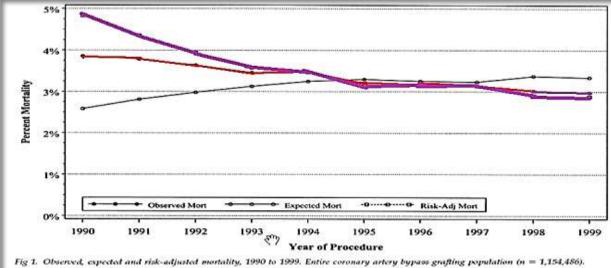
Guiding principle behind registries



Do registries work?

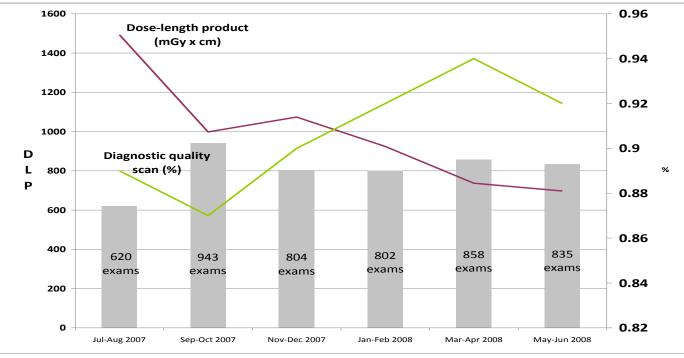
- There is evidence of data-driven improvement in performance from:
 - Medicine in general, outside radiology
 - Recent ACR registries

Evidence on CABG mortality from the Society of Thoracic Surgeons National Adult Cardiac Database



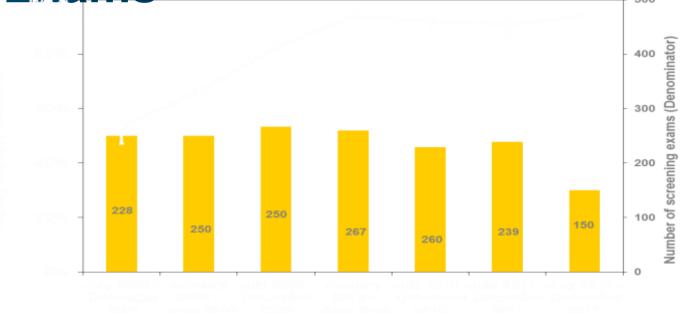
Ferguson TB Jr, Hammill BG, Peterson ED, DeLong ER, Grover FL; STS National Database Committee. A decade of change--risk profiles and outcomes for isolated coronary artery bypass grafting procedures, 1990-1999: a report from the STS National Database Committee and the Duke Clinical Research Institute. Society of Thoracic Surgeons. *Annals of Thoracic Surgery* 2002 February;73(2):480-9.

Evidence on CCTA From Michigan Registry



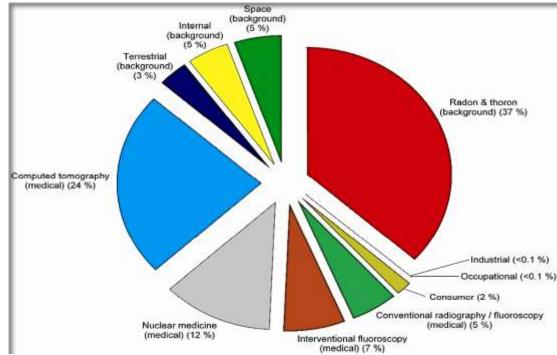
Raff GL, Chinnaiyan KM, Share DA, et al., "Radiation Dose From Cardiac Computed Tomography Before and After Implementation of Radiation Dose-Reduction Techniques," Journal of the American Medical Association, June 2009, Vol. 301, No. 22, pp. 2340-2348. 7

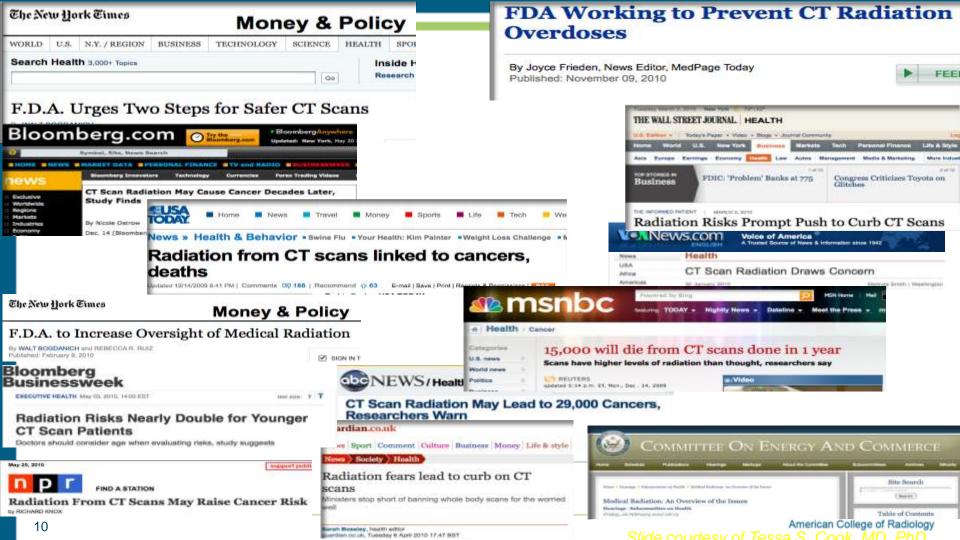
Evidence from ACR registries: Adequacy of Screening CTC Exams



Why a Dose Index Registry?

CT scans contribute 25% of radiation dose in the US.





What is the national average level of radiation administered by imaging facilities for a CT of the head?

WE DON'T KNOW

What is the Dose Index Registry? A tool to enable facilities to optimize protocols, implement standards and contribute to the development of reference levels.

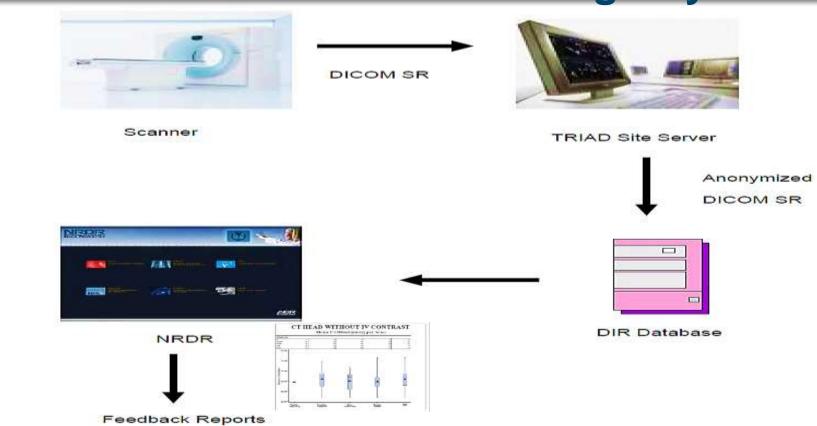
ACR Dose Index Registry

- Component of the National Radiology Data Registry
- Launched in May 2011
- Collects and compares dose index information across facilities
- Fully automated; Uses standard methods of data collection and processing (DICOM SR, IHE REM Profile, RadLex)
- Establishes national benchmarks and practice patterns in dose indices

DIR supports all aspects of the quality monitoring process

- Standardization: Use of
 - industry standards
 - clearly specified data dictionaries
- Automation: Data collection from a variety of platforms
 - with minimal effort for facilities
 - high accuracy
- Feedback and benchmarks:
 - Easy to understand customizable reports

How does the Dose Index Registry work?



Challenges and Solutions

• Comparability

- Procedure name standardization
- Patient size adjustment
- Ability to capture data from new and old scanners
 - DICOM structured report for new scanners
 - OCR on dose screen for old scanners

Mapping Exam Names

Procedure Name Standardization

- Exam names mapped to Radlex Playbook
 - http://playbook.radlex.org
- ACR used external vendor, RadMapps, to map all exam names currently in the registry
 - ~ 21,000 unique exam names
- New facilities may choose to use third party tool or may use mapping tool on website. Suggested tags are provided if an exam name is already in the database.

DIR Exam Name Mapping

Home Logout

At a Glance: Not Tagged : 1 / Tagging in Process : 0 / Tagging Suggested : 0 / Tagging Completed : 2 / RPID Requested : 2 / Invalid Tag : 0 / Guidance : 0

S	ear	ch	Ex	ar	n	1

Exam:	Status: 🖌 Show Everything	-	RPID:
	A B C D E F G H I J K	LMN	NOPQRSTUVWX

Select All	Exams	RPID or Predicate values	<u>Status</u>	Change Status	
	Cardiac^FLASH_COR_CTA_100KV (Adult)	ANATOMIC_FOCUS:CORONARY ARTERIES BODY_REGION:CHEST	RPID Requested	(Mark as Not Tagged)	1
	CT ANGIO CHEST	RPID360 RAD ORDER CT CHST ANGIO W IVCON	Tagging Completed	Mark as Not Tagged	1
	CT CHEST WITH CONTRAST	BODY_REGION:CHEST CONTRAST_ENHANCEMENT:WITH IV CONTRAST POPULATION:PREGNANT	RPID Requested	Mark as Not Tagged	1
	DAILY QA	RPID88 RAD ORDER CT	Tagging Completed	Mark as Not Tagged	1
	тс тх		Not Tagged		1

Note: You can tag the selected exams by :

1)assigning an RPID using the 'Search RPID' button or

2) building your own mapping using the 'Build your own mapping' button

Search RPID

Build your own mapping multiple

Size-Specific Dose Estimate (SSDE)

- DIR allows sites to submit localizer images along with Dose Report
- Algorithm developed by Duke physicists will measure patient thickness from localizer

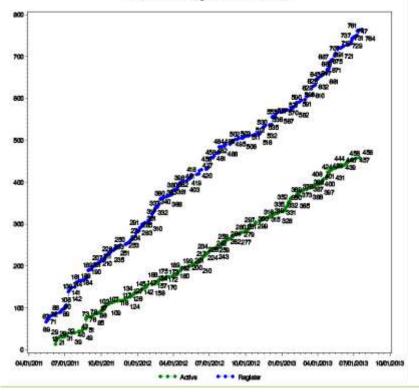


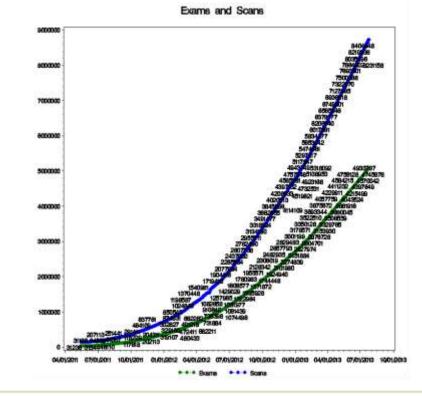
Size Specific Dose Estimate (SSDE) Patient Size Adjustment

- Measure patient thickness (from AP or lateral image or average of the two)
- Calculate effective diameter
- Determine normalized dose conversion factor using effective diameter and phantom size (AAPM TG204)
- Apply conversion factor to CTDIvol to get SSDE

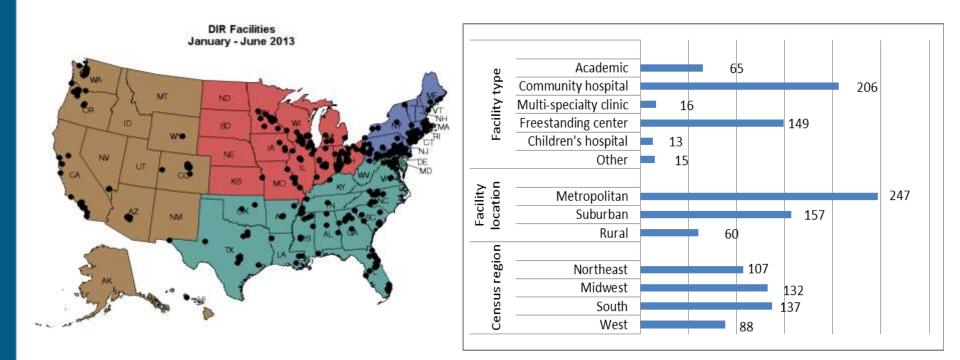
July 2013: Over 750 facilities 458 of which are fully active; 4.8 million exams and 8.5 million scans

Facilities - Registered and active





Representation by a variety of facilities nationwide



Sample feedback report

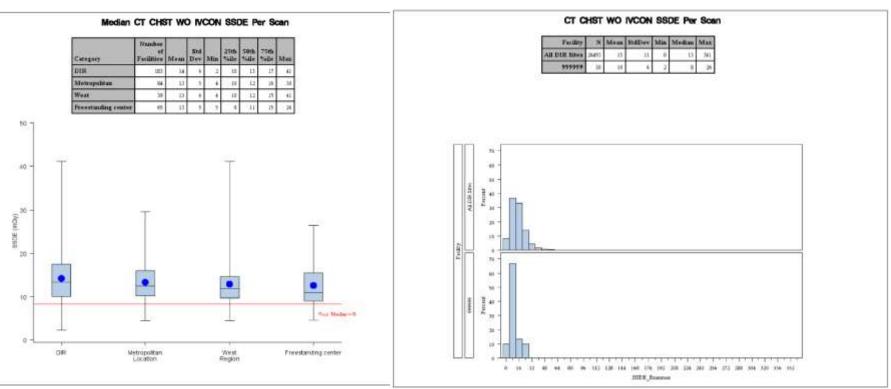
- Uploaded to registry website every six months
- Available to all facility users

Executive Summary: Facility 999999 CTDIvol Per Scan (mGy)

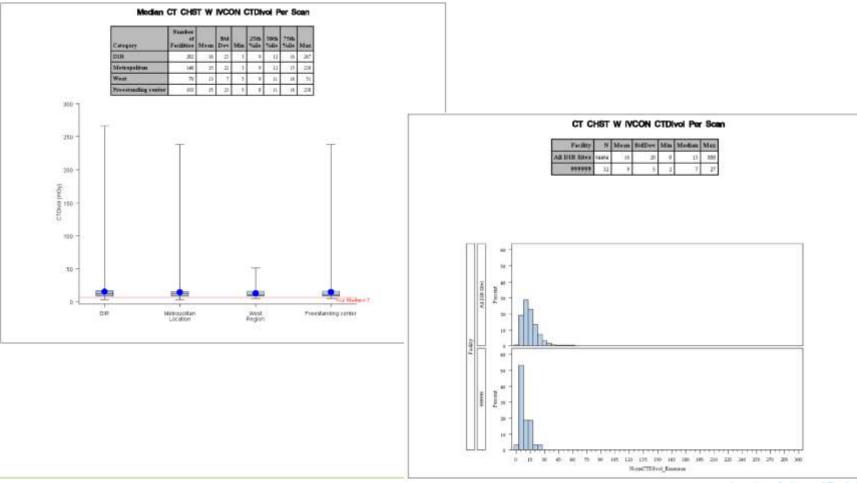
	1: Site 999999		2: All DIR sites		3: s in location etropolitan	5	4: Sites in the South	5: Sites of type Community hospital
RPID Shortname	(25th-Med-75th)		(25th-Med-75th)	(25	th-Med-75th)		(25th-Med-75th)	(25th-Med-75th)
CT ABD	(14/18/21)	-	(13/17/24)		(12/16/21)	-	(12/17/22) .	(13/17/22)
CT ABD PELVIS KIDNEY CALC	(10/14/18)	-	(9/13/19)		(10/14/18)	-	(11/15/19) .	(10/14/20)
CT ABD PELVIS W IVCON	(10/15/21)	-	(11/16/22)		(11/16/22)		(11/16/22) .	(11/16/22)
CT ABD PELVIS WO & W IVCO	(11/17/28)	-	(13/19/25)		(14/19/26)	•	(14/20/27) .	(13/20/26)
CT ABD PELVIS WO IVCON	(10/15/23)	-	(10/16/22)		(10/15/21)		(11/17/23) .	(11/16/23)
CT C SPINE WO IVCON	(26/40/69)	-	(20/30/49)		(21/31/49)		(22/34/52) .	(20/31/56)
CT CHST	(13/16/24)	-	(8/12/16)		(8/11/15)		(9/12/16) .	(9/12/17)
CT CHST ABD PELVIS W IVCO	(12/17/24)	-	(12/16/22)		(12/15/22)	•	(13/17/24) .	(11/16/22)
CT CHST ANGIO W IVCON	(13/14/18)	-	(13/18/27)		(13/17/23)		(13/16/24) .	(13/17/26)
CT CHST PULM ARTS EMBO W	(17/25/36)	-	(13/21/33)		(14/22/33)	•	(14/23/36) .	(13/22/35)
CT CHST W IVCON	(9/14/17)	-	(9/13/20)		(8/13/19)		(9/13/18) .	(10/14/20)
CT CHST WO IVCON	(7/11/15)		(7/11/16)		(7/11/16)		(8/12/18) .	(7/11/17)
CT HEAD BRN WO IVCON	(43/53/71)	-	(47/56/66)		(45/55/62)		(46/54/65) .	(48/58/68)
CT HEAD SINUSES WO IVCON	(13/26/47)		(13/20/36)		(14/20/33)	•	(19/33/44) .	(14/19/28)
CT L SPINE WO IVCON	(17/29/47)	-	(20/31/45)		(18/27/43)		(22/34/51) .	(20/29/43)
CT NECK W IVCON	(14/19/48)		(14/20/36)		(14/21/41)		(13/22/48) .	(14/19/33)

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For each exam, facility data are compared to that of similar facilities.



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Facility's own data available at all times

- Web-based reports
- Displays exam details and comparisons of scanners

Results of Dose Information by Exam

Ø	Dose Inform	matio	on By Exam	n Report fo	r facility #100001	- Winde	ows Internet Explorer				
2	http://192.168.1.118/Portal/Parts/DIR/Reports/ShowReport.aspx?Report=DoseInformationByExamReport&FacilityId=100001&DateFrom=6/1/2010&DateTo=										
c i	Export to Excel 97-2000										
						Dos	e Information by Exa 06/01/2010 - 07/31/2010	m			_
	Facility ID Study Institution Total CTDIvol (mGy) Total DLP (mGycm) Study Date										
	1000	01	Abdomen'	01_ABD_	PEL_WO (Adult)		МЈН	25	1966	20100618	-

MH CT P

248 20100617

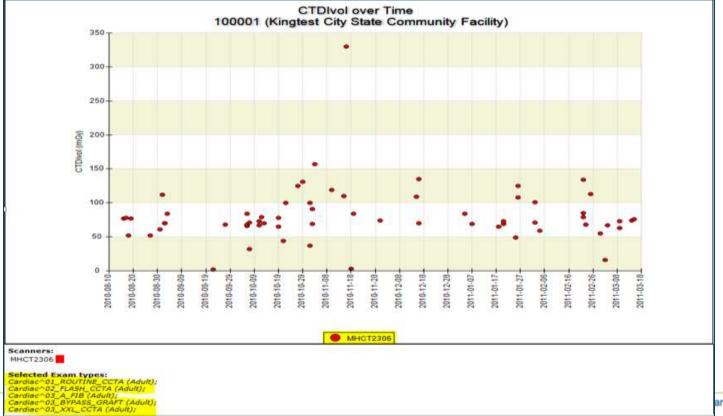
14

100001

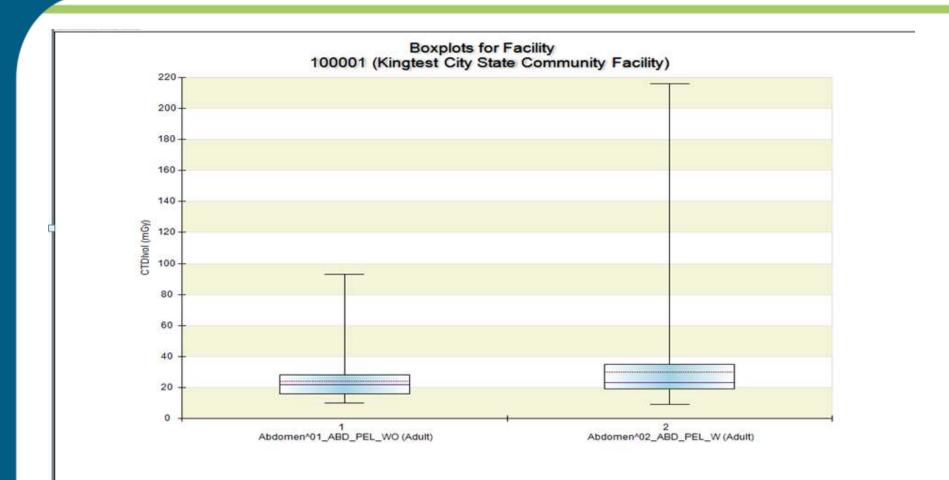
Abdomen^01_ABD_PEL_WO (Adult)

28

Results of scanner & Exam search



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Additional Benefits of DIR to facilities

In addition to size-adjusted standardized comparisons to enable meaningful protocol review, participation in DIR supports quality initiatives.

- Certified as PQI project for ABR MOC
- Supports PQRS measure for 2014 on participation in national dose index registry
- Endorsed by the National Quality Forum

Summary of Data: January-June 2013

To be released mid-August

- 424 facilities to receive feedback reports on adult exams, and 398 on pediatric
- Reports on over 2 million adult CT exams and 1 million pediatric CT exams with standardized names,
- Results reported on exams where SSDE and CTDIvol were available

Exam	N	Mean	Std Dev	1 st %ile	25 th %ile	Median	75 th %ile	99 th %ile	Range
		SSDE				SSDE			
CT Abdomen/Pelvis Without IV Contrast									
	41,065	20	11	6	13	19	24	58	202
CT Abdomen/Pelvis With IV Contrast									
	95,076	19	10	5	13	17	23	55	225
CT Chest Without IV Contrast									
	30,980	14	10	1	8	12	18	48	184
CT Chest With IV Contrast									
	30,136	17	10	3	10	15	21	52	239



	Abdomen Pelvis Without Contrast	Abdomen Pelvis With Contrast	Chest Without Contrast	Chest With Contrast		
50						
mary Stat	istics					
	131 131	167 167	160 160	150 150		
n	18 20	18 19	14 15	15 17		
ian	18 20	17 19	13 15	15 16		
mum	8 12	5 12	4 9	4 11		
	35 24	46 27	33 27	31 24		

Abdomen Pelvis Abdomen Pelvis Without Contrast Without Contrast Unadjusted Adjusted

Abdomen Pelvis With Contrast Unadjusted

Abdomen Pelvis With Contrast Without Contrast Adjusted Unadjusted

Chest

Chest Chest With Without Contrast Contrast Adjusted Unadjusted

Coming soon to DIR

- CR/DR later this year
 - RDSRs
 - Pilot in summer, anticipated launch in Fall
- New report format for online reports
- Identifiable data available to facilities, with transmission of anonymized data to registry

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