#### **OPTIONS** to AIRPORT

#### • ALI'S TOWNCAR: 206-459-7903

- \$28 for 1-2 Riders; \$5 ea add'l up to 4 total
- Call 2 hours ahead
- Direct to Airport

#### • SHUTTLE EXPRESS VAN 800-487-7433

- \$23.50 for 1<sup>st</sup>; \$8 for 2<sup>nd</sup>; \$5 ea add'l up to 6
- May stop elsewhere if not full
- Call 2 hours ahead

#### • SHUTTLE EXPRESS TOWNCAR (same #)

- \$50 for up to 4 riders (Direct to Airport)
- Call 2 days ahead

# Use of the R/F Accreditation Phantom for Fluoroscopic System Evaluation

Beth A. Schueler, Ph.D. Mayo Clinic

Robert L. Dixon, Ph.D. Wake Forest University

Charles R. Wilson, Ph.D. Medical College of Wisconsin

#### Overview

- ACR R/F Phantom
- Fluoroscopic System Evaluation Instructions
- Sample Results
- Corrective Actions for System Optimization
- Additional Phantom Characterization
  - -Backscatter
  - -Equivalent water attenuation
- ACR Vascular-Interventional Accreditation Program

#### Introduction

- ACR R/F Accreditation Program includes evaluation of:
  - -equipment performance
  - -personnel qualifications
  - –quality control
  - -clinical image quality

#### Introduction

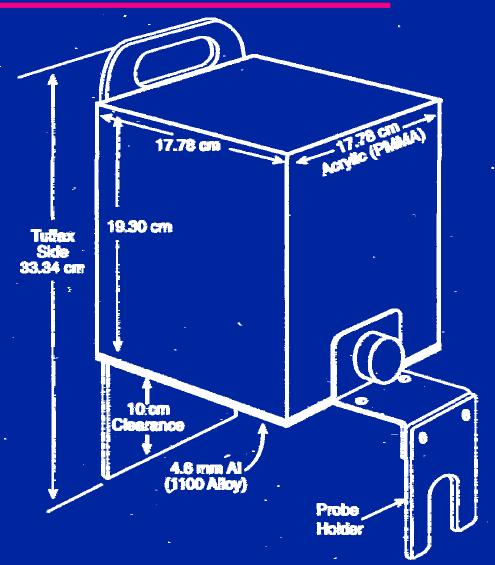
- Equipment performance is assessed with a standard phantom and image quality test tool
- Sites submit the following:
  - -radiographic images from each x-ray system
    - table
    - upright bucky
  - -spot films from each fluoroscopic system
  - -fluoroscopic system evaluation performed by a medical physicist

- Design is based on the CDRH fluoroscopic phantom
  - Patient-equivalent acrylic and aluminum phantom
  - –Image quality test tool



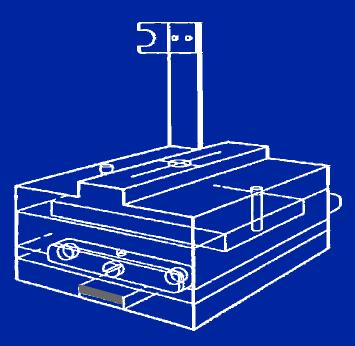
## CDRH Fluoroscopic Phantom

- Dimensions:
  - -7.6" (19.3 cm) acrylic + 0.18" (4.6 mm) Al
  - -Leg supports to raise phantom 3.9" (10 cm)

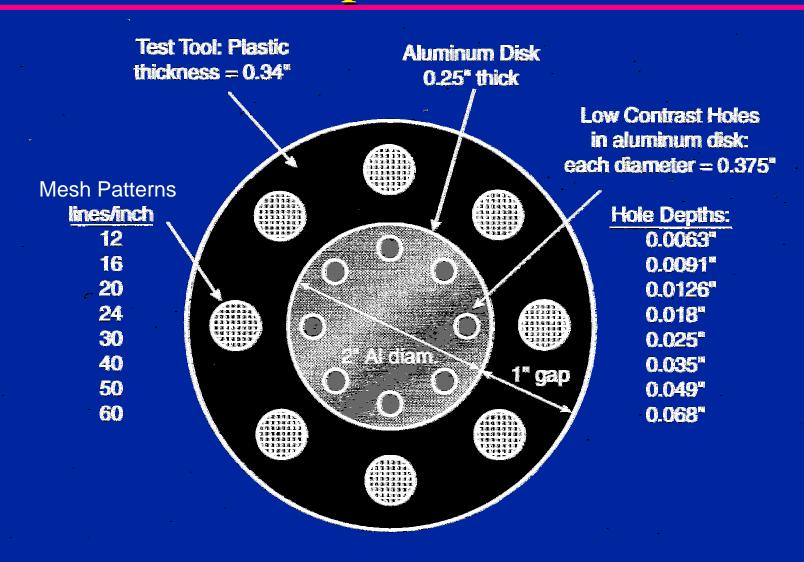


#### CDRH Abdomen/Spine Phantom

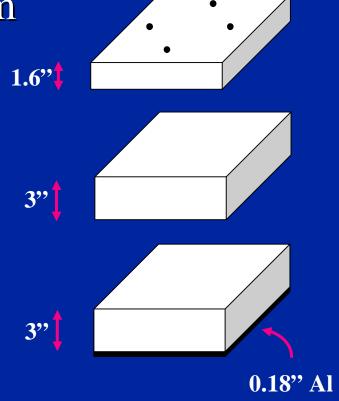
- Fluoroscopic phantom design is derived from the LucAl phantom
  - -Simulates a 21.5 cm AP abdomen thickness in absolute and spectral transmission
  - -Aluminum spine strip is included
- For the CDRH fluoroscopy phantom, the Al spine strip is extended over entire thickness



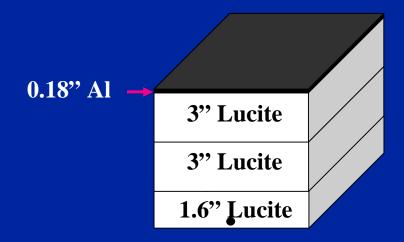
## CDRH Fluoroscopic Phantom



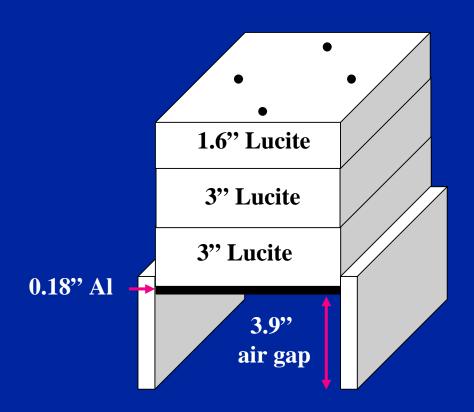
- Same acrylic and aluminum thickness as the CDRH phantom
- Cut into slabs
- Increase size to 10" by 10" (25.4 by 25.4 cm)
- Lead markers included as a reference for repeatable collimation



- Overtable x-ray tube configuration (radiography or fluoroscopy)
  - Al plate is placed toward the x-ray tube



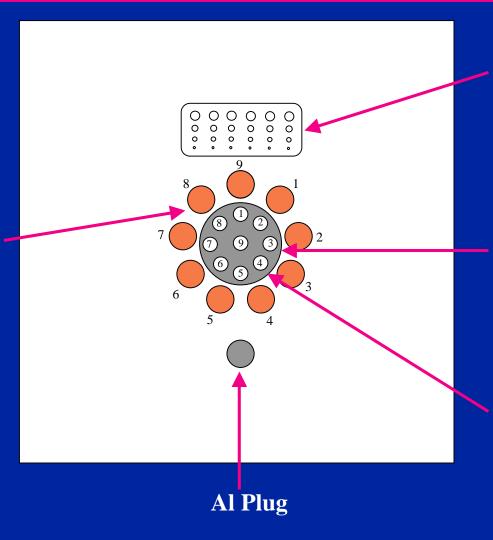
- Undertable x-ray tube configuration
  - -Legs raise phantom 3.9" (10 cm) above the tabletop
  - -Exposure measurements made at the tabletop are approximately free-in-air



#### **Image Quality Test Tool**

Mesh Patterns: 0.75" diameter

Lucite Base: 10" length and width, 0.375" thickness



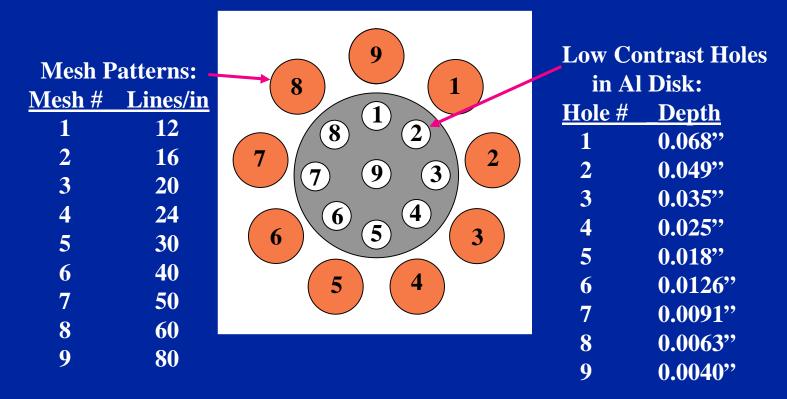
Contrast Detail Holes

Al Disk: 2" diameter, 0.080" thickness

Low Contrast Holes in Al Disk: 0.375" diameter

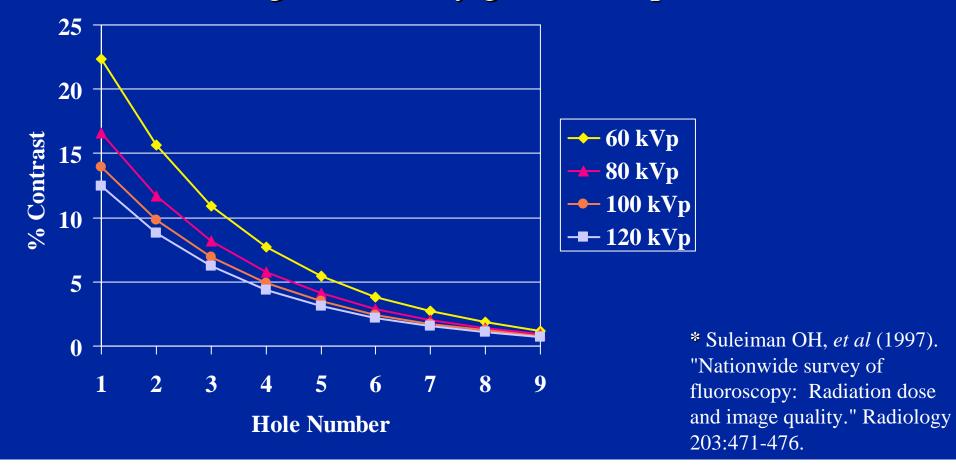
#### **Image Quality Test Tool**

• For fluoroscopic and spot imaging, only the central portion of the test tool is used



#### Low Contrast Holes

 Percentage contrast of the low contrast holes has been calculated using numerically generated spectra\*



## Fluoroscopic System Evaluation

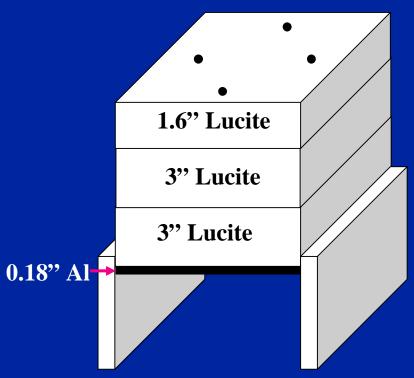
- Equipment Set-up
  - Undertable x-ray tube system
  - Overtable x-ray tube system





# Equipment Set-up: Undertable Tube

1. Assemble the phantom with the leg supports so that the Al plate is toward the x-ray tube and the lead markers are toward the image receptor.



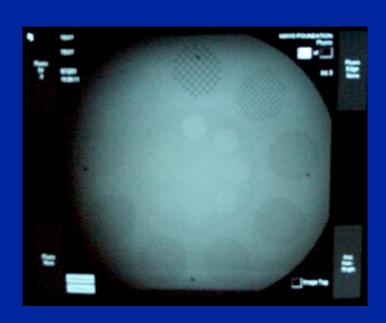
#### Equipment Set-up: Undertable Tube

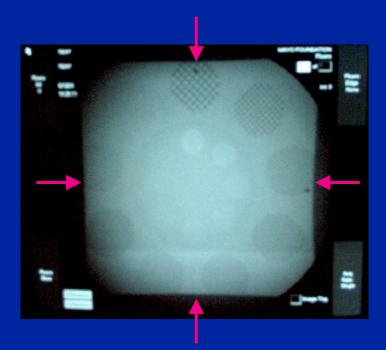
- 2. Center the image quality test tool on the table top underneath the phantom.
- 3. Center the phantom in the FOV under fluoroscopy.
- 4. Position the II tower so that it rests on top of the phantom.



# Equipment Set-up: Undertable Tube

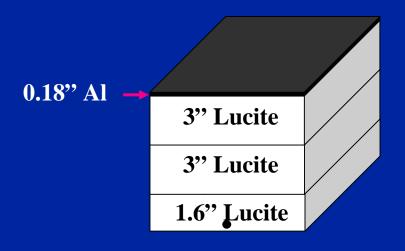
- 5. Set the II FOV to mode closest to 9" (23 cm).
- 6. Collimate to the lead markers.





# Equipment Set-up: Overtable Tube

1. Assemble the phantom so that the lead markers are toward the image receptor on the table top and the Al plate is toward the x-ray tube.



# Equipment Set-up: Overtable Tube

- 2. Center the image quality test tool on top of the phantom.
- 3. Center the phantom in the FOV under fluoroscopy.

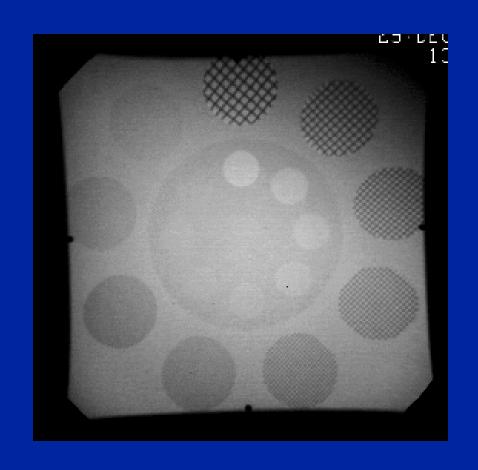


## Image Quality Evaluation

- 1. Adjust the fluoroscopic imaging settings to those routinely used for a barium enema exam.
  - Dose mode, continuous or pulsed exposure, selectable filtration, grid position, selectable kVp setting, ...
  - For digital systems, window/level or other image processing settings.
- 2. Dim the room lights.
- 3. View the live fluoroscopic image.

## Image Quality Evaluation

- 4. Count mesh patterns visible.
- 5. Count low contrast holes visible. Adjust monitor brightness and contrast to optimize image.
- 6. Note actual kVp and calculate % contrast.



## Entrance Exposure Rate

- 1. Remove the image quality test tool.
- 2. For undertable tube systems, position an ion chamber under the phantom on the table top.



#### Entrance Exposure Rate

- 3. For overtable tube systems, position an ion chamber 30 cm above the table top.
- 4. Center the ion chamber in the FOV.
- 5. Using same fluoroscopic imaging settings as used to evaluate image quality, measure exposure rate.



# Entrance Exposure Rate

6. Place a lead attenuator (at least 0.25" thick) on phantom and measure the maximum exposure rate.



# Spot-film Device Image Acquisition

- For fluoroscopic systems capable of multiple types of spot imaging, the site selects the most commonly used mode for image submission
  - -film-screen cassette
  - –photospot camera
  - -digital photospot
- Entrance exposure is measured with a Luxel dosimeter
- Same equipment set-up as for fluoroscopy

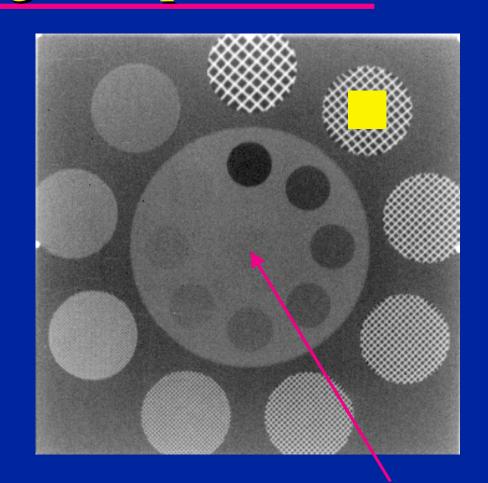
#### Film-screen Spot Image Acquisition

- 1. Load a 10x12" (24x30 cm) or 9.5x9.5" (24x24 cm) cassette into the spot-film device.
- 2. Select the 1 on 1 format.



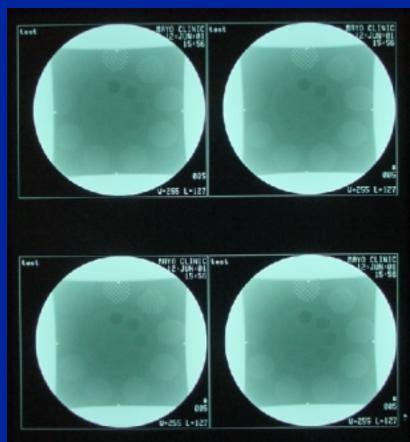
#### Film-screen Spot Image Acquisition

- 3. Expose and process the film.
- 4. Measure the OD in the center of the test tool image. OD should be between 1.0 and 1.8.
- 5. Repeat the exposure with the dosimeter covering a mesh pattern.



# Digital Photospot Image Acquisition

- 1. Select the image processing options routinely used for clinical imaging and expose.
- 2. Print a hardcopy in the most commonly used film format and size. (No OD criteria.)
- 3. Repeat the exposure with the dosimeter covering a mesh pattern.

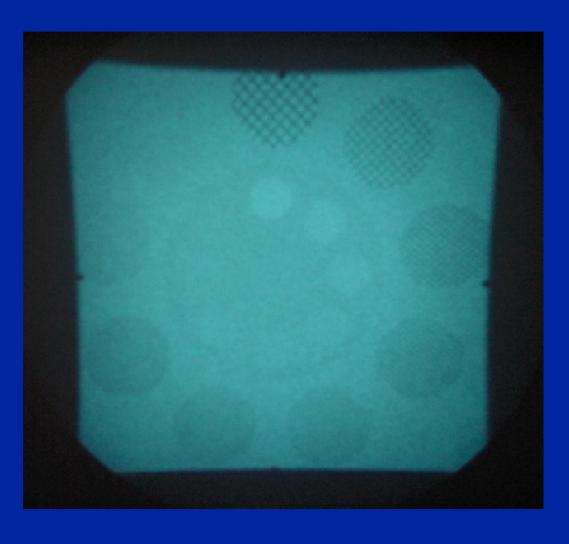


#### Sample Results

- Fluoroscopy
  - -Example ACR R/F Phantom images
  - -1991 Upper GI Fluoroscopy NEXT (Nationwide Evaluation of X-ray Trends) survey results obtained with the CDRH fluoroscopic phantom\*
- Spot images
  - -Example ACR R/F Phantom images

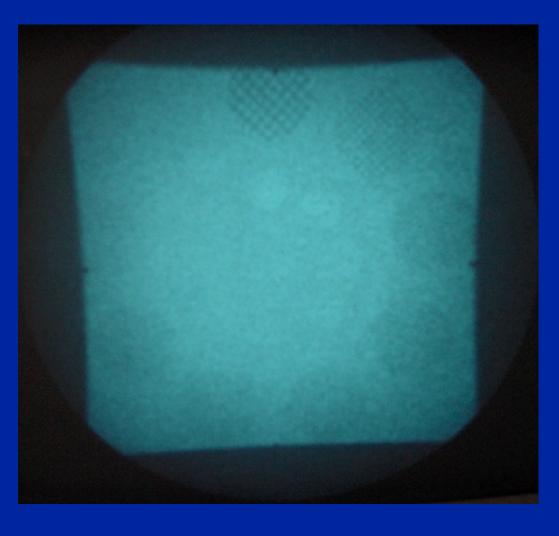
<sup>\*</sup> Suleiman OH, *et al* (1997). "Nationwide survey of fluoroscopy: Radiation dose and image quality." Radiology 203:471-476.

# Fluoroscopy Example 1



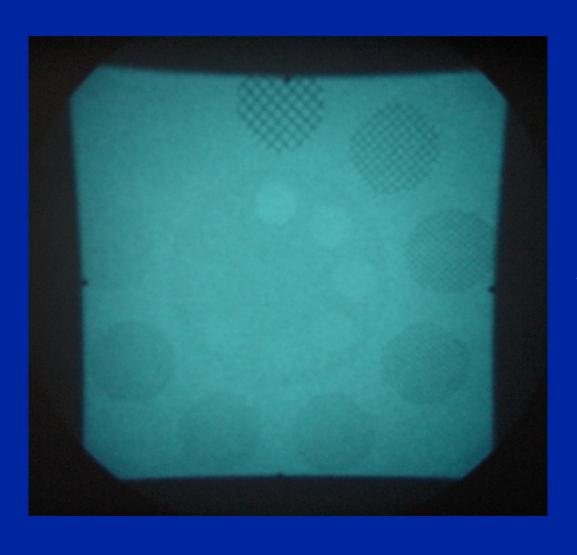
Continuous fluoro
Grid in
110 kVp / 2.4 mA
5 mesh patterns (30 lines/in)
7 holes (1.6% contrast)
8 R/min

# Fluoroscopy Example 2



Pulsed fluoro (15 pps)
Grid out
90 kVp / 4 mA
5 mesh patterns (30 lines/in)
6 holes (2.6% contrast)
1 R/min

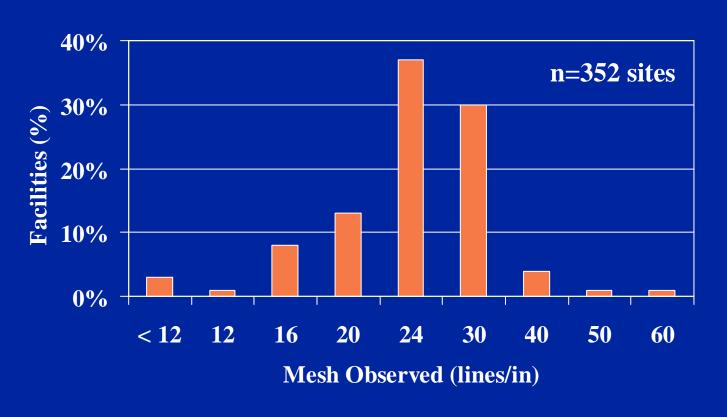
# Fluoroscopy Example 3



Continuous fluoro
Grid out
80 kVp / 2.6 mA
5 mesh patterns (30 lines/in)
7 holes (2.1% contrast)
3 R/min

#### **NEXT Survey Results**

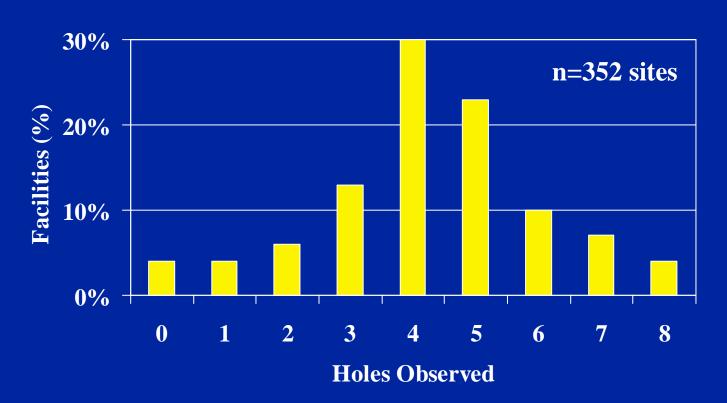
#### Fluoroscopy: Mesh Visibility



Mean:
24 lines/in
(4 mesh
patterns)

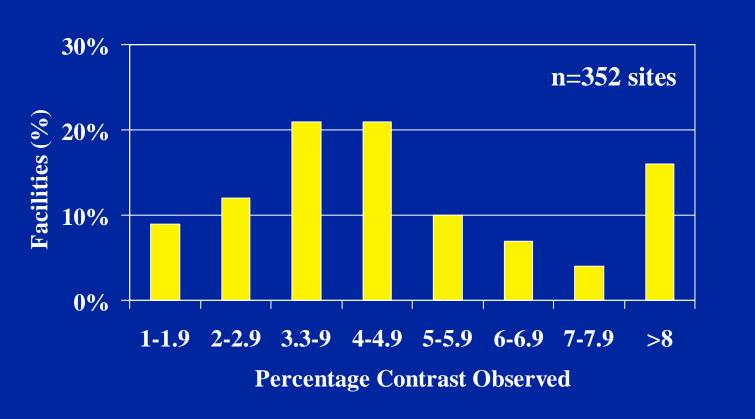
## **NEXT Survey Results**

#### **Fluoroscopy: Low Contrast Holes**



# **NEXT Survey Results**

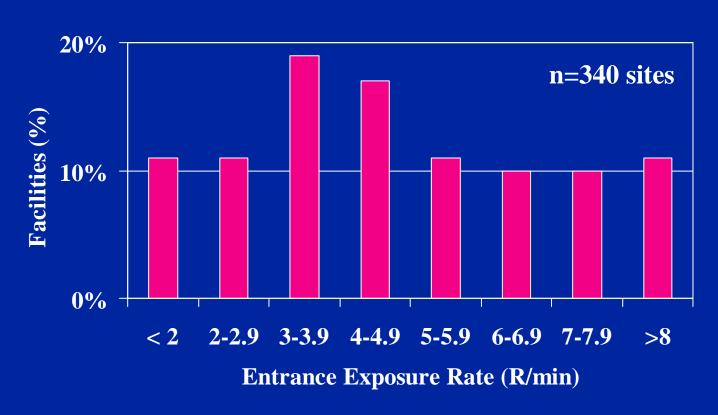
#### Fluoroscopy: Low Contrast Visibility



Mean: 4.9%

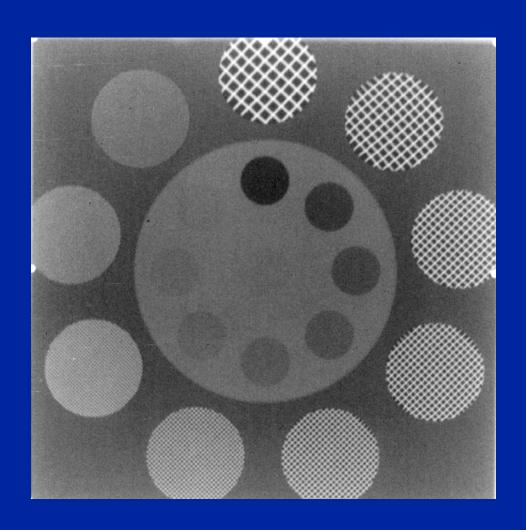
# **NEXT Survey Results**

#### **Fluoroscopy Exposure Rate**

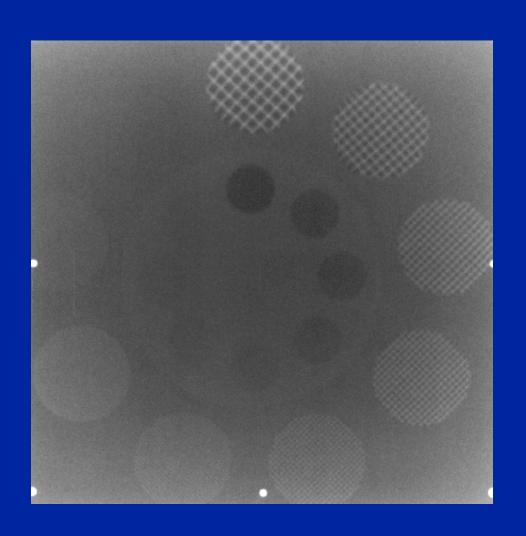


Mean: 5.0 R/min

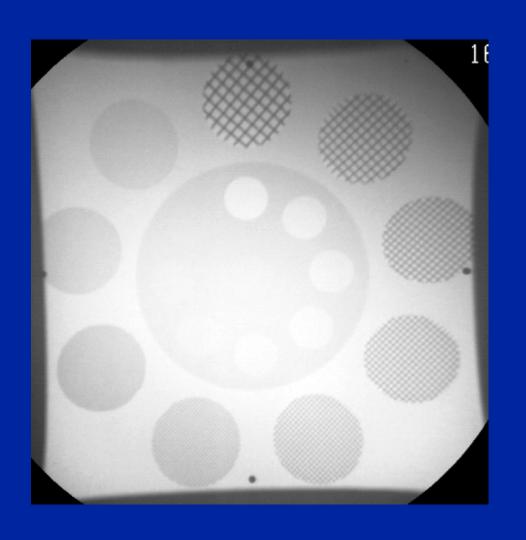
Mean kVp: 102



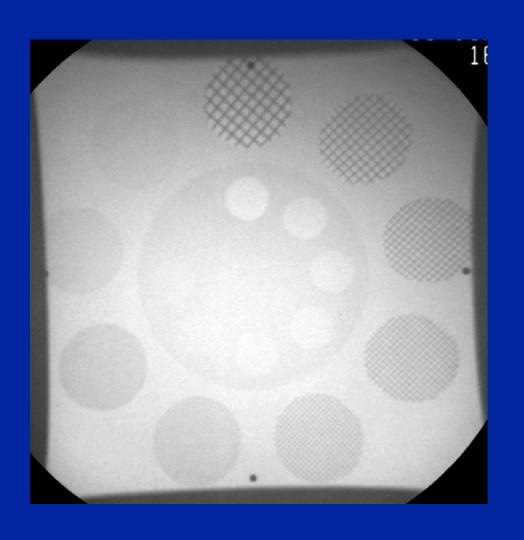
Film-screen
85 kVp / 17 mAs
Small focal spot
8 mesh patterns (60 lines/in)
9 holes
300 mR



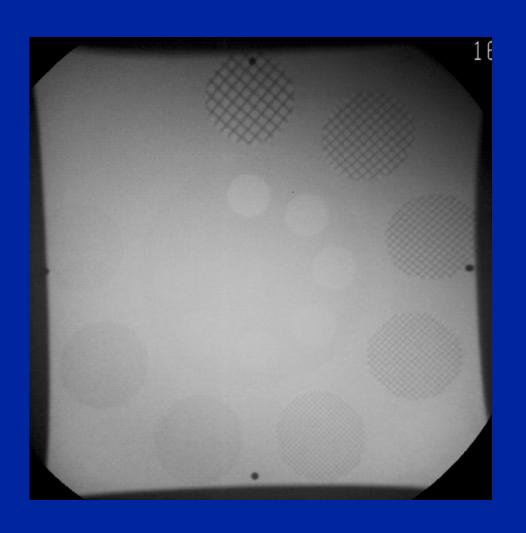
Film-screen
120 kVp / 4 mAs
Large focal spot
6 mesh patterns (40 lines/in)
7 holes
200 mR



Digital Photospot
60 kVp / 50 mAs
Small focal spot
6 mesh patterns (40 lines/in)
9 holes
400 mR



Digital Photospot
80 kVp / 3 mAs
Small focal spot
6 mesh patterns (40 lines/in)
8 holes
55 mR



Digital Photospot
120 kVp / 1 mAs
Small focal spot
6 mesh patterns (40 lines/in)
7 holes
60 mR

# Suggested Corrective Actions

• If phantom image quality or dose does not meet minimum pass/fail criteria, the medical physicist may be called on to suggest corrective action



- Phantom entrance exposure rate too high
  - -Image intensifier exposure rate is set too high
    - 1-3 μR/frame in the 9" (23 cm) FOV recommended
  - Increase filtration
    - 3-3.5 mm Al at 80 kVp recommended
  - Remove grid during fluoroscopy

- Number of mesh patterns observed is too low
  - -Image intensifier focus is poor

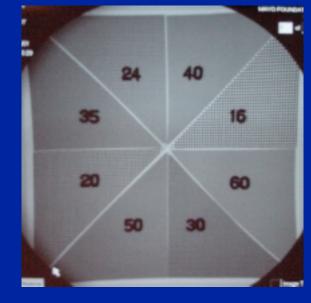


High contrast spatial resolution measurement

-Measure at center and edge of image

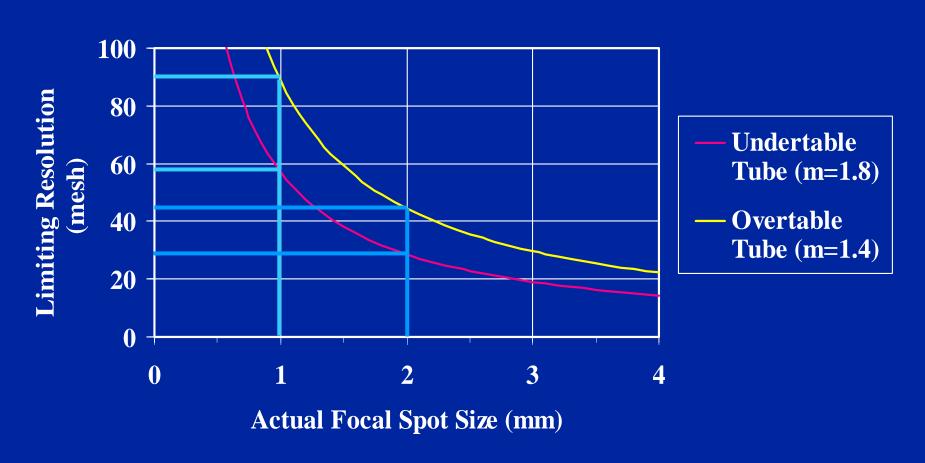
-1.25 lp/mm (line bar pattern) or 30 wires/in (mesh pattern) in the 9" FOV

recommended

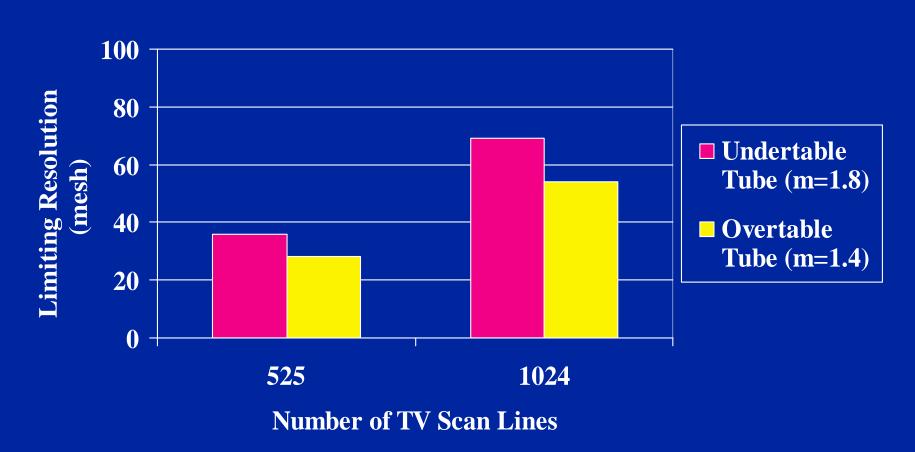


- Number of mesh patterns observed is too low
  - -Image intensifier focus is poor
  - –Focal spot size is too large

#### **Focal Spot Blur**



#### **TV Chain Resolution**



- Number of mesh patterns observed is too low
  - -Image intensifier focus is poor
  - –Focal spot size is too large
  - –Poor monitor performance
  - -Excessive image noise
  - –Poor contrast

- Percentage contrast detectability is too high
  - -Image intensifier exposure rate is set too low
    - 1-3 μR/frame in the 9" (23 cm) FOV recommended
  - -Consider a replacement II or replacement monitor

## Additional Phantom Characterization

#### 1. Backscatter:

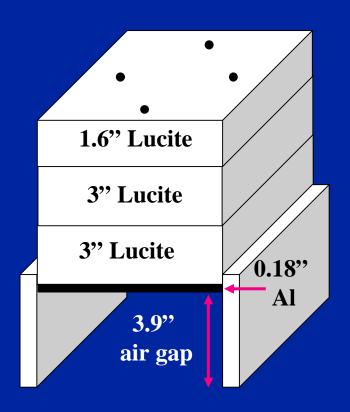
Measurement of the amount of backscatter produced by the ACR R/F phantom at the exposure measurement location

### 2. Equivalent Water Attenuation:

Comparison of the ACR R/F phantom transmission with other common phantoms

## ACR R/F Phantom: Backscatter

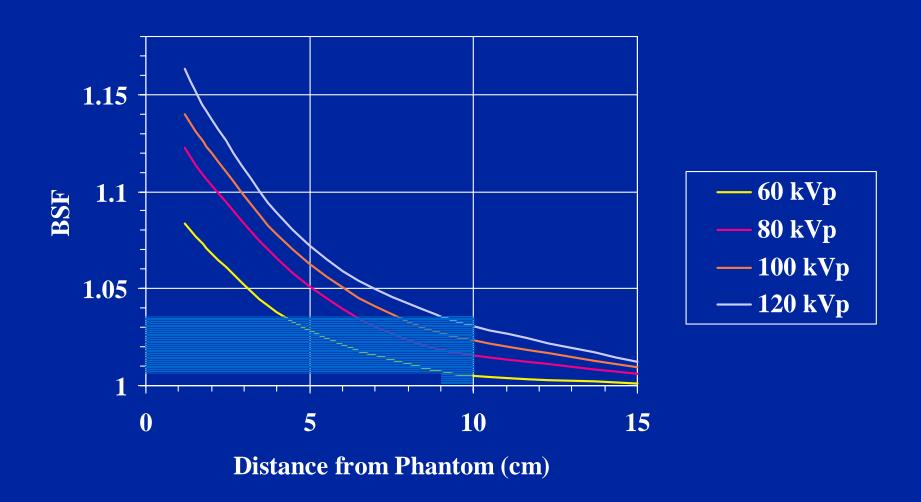
- The CDRH fluoroscopy phantom design allows for measurement of the entrance exposure with minimal contribution from backscatter
  - -Leg supports raise the phantom 3.9" (10 cm) from the tabletop
  - The Al plate is positioned on the entrance side of the phantom



## Backscatter: Methods

- For validation, the backscatter factor (BSF) was measured as a function of distance from the phantom
  - -BSF = Exposure with phantom in place ÷ Exposure without phantom
  - **–FOV** was collimated to the lead markers
  - -Measurements made at 60, 80, 100 and 120 kVp

# Backscatter: Results

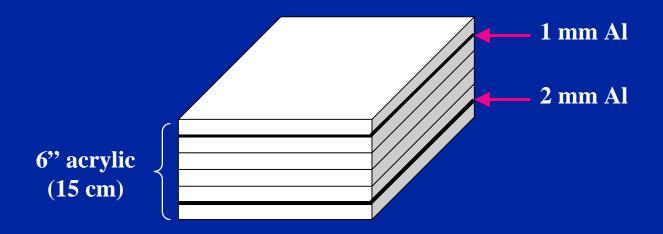


## Attenuation: Methods

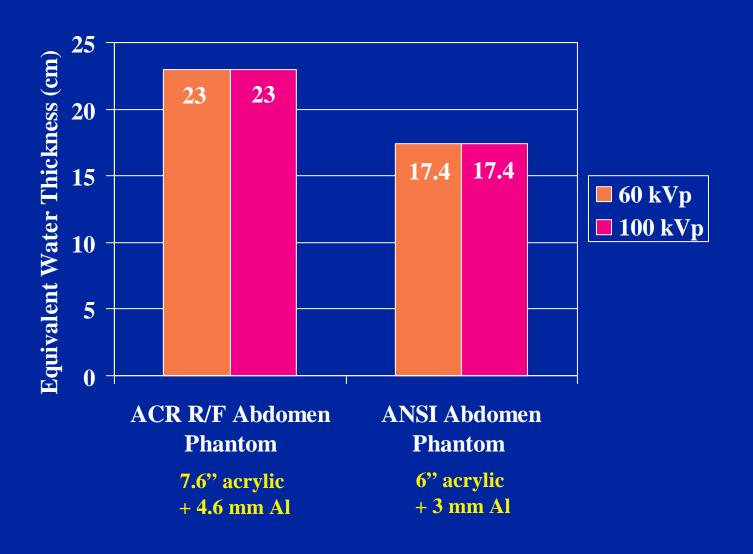
- Measure the equivalent water thickness of the ACR R/F Phantom
  - -Matching exposures determined by matching radiographic screen-film optical densities (to within 0.02 OD)
  - **–FOV** was collimated to the lead markers
  - -Measurements made at 60 and 100 kVp
  - -Repeat for an ANSI abdomen phantom

## ANSI Abdomen Phantom

- Acrylic and aluminum (type 1100 alloy) phantom
  - Patient-equivalent in absolute and spectral transmission



## Attenuation: Results



# ACR V-I Accreditation Program

- Vascular, interventional, neurovascular procedures
- Accreditation Program includes evaluation of
  - –equipment performance
  - -personnel qualifications (physician, RT, MP, nurse)
  - –quality control
  - -clinical image quality

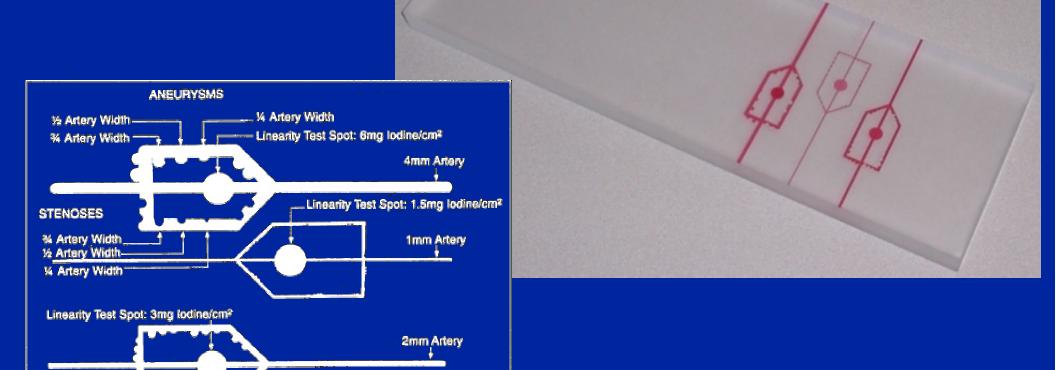
# ACR V-I Accreditation Program

- Quality control
  - -Initial and annual medical physics tests
  - More frequent technologist tests
- Patient dose monitoring recommended
  - –dose-area product meter
  - -skin dose monitor
  - -entrance skin dose calculation
  - –estimation from fluoroscopy time and number of images

## **ACR V-I Phantom**

- Same as the R/F phantom, with the addition of an artery block
- Artery block includes iodine-filled simulated arteries of various diameters with stenoses and aneurysms

# Artery Block



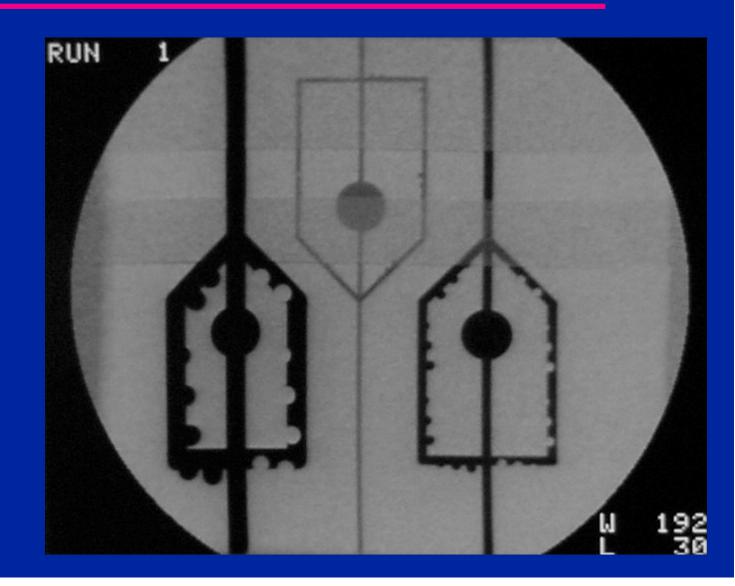
## **ACR V-I Phantom**

- Subtraction imaging of the artery block
  - One 3" section of the phantom is replaced with a slot block
  - Artery block is
     passed through the
     slot: blank side for
     mask, artery side
     for live image



# **ACR V-I Phantom**

DSA image of the artery block



# Use of the R/F Accreditation Phantom for Fluoroscopic System Evaluation

Beth A. Schueler, Ph.D. Mayo Clinic

Robert L. Dixon, Ph.D. Wake Forest University

Charles R. Wilson, Ph.D. Medical College of Wisconsin