

Is gender based dose analysis in CT worthwhile?

Mike Holubinka CTUG, Birmingham October 2019

Working To drive excellence in care for **together** our patients and communities

The motivation:

NDRLs & LDRLs
Optimisation
National survey (PHE-IPEM)
Might be interesting



Source data:

4x Siemens CT Two NHS Trusts CareAnalytics

Trust A:

January 2018 to June 2019

Trust B:

February to November 2018







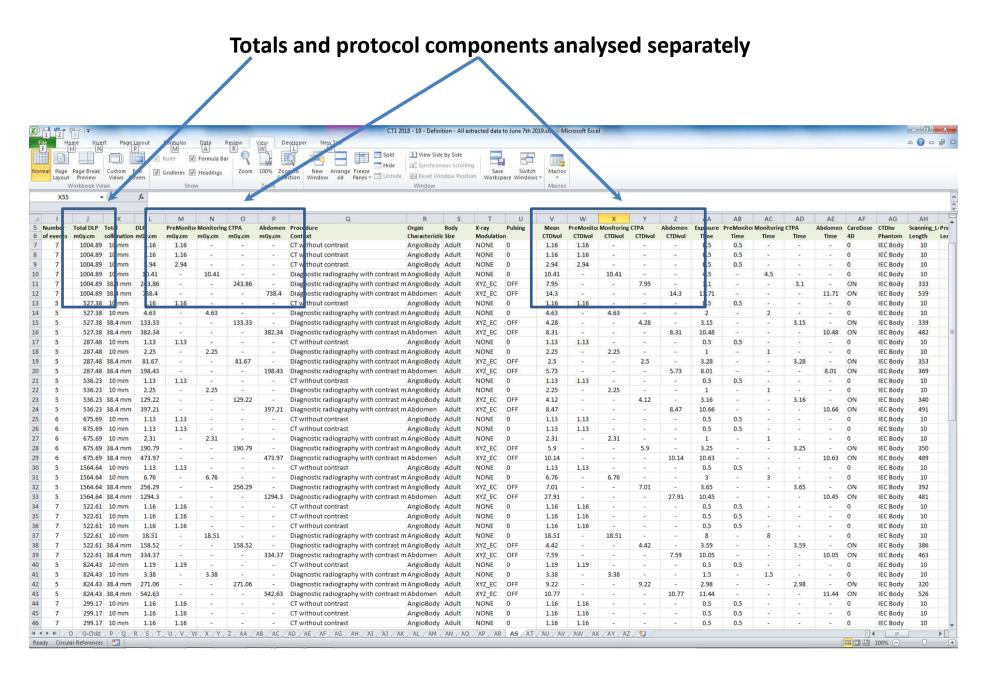
The analysis:

- Bottom up protocol based analysis
- All adult patients
- Studies with at least 20 patients
- Unknown weight & body habitus
- Off-protocol variants excluded
- Composition of protocols examined
- Medians for DLP, CTDIvol, scan length

The questions:

- How do metrics compare with NDRLs?
- Comparisons between scanners?
- Do metrics vary with gender?

Protocols & protocol components



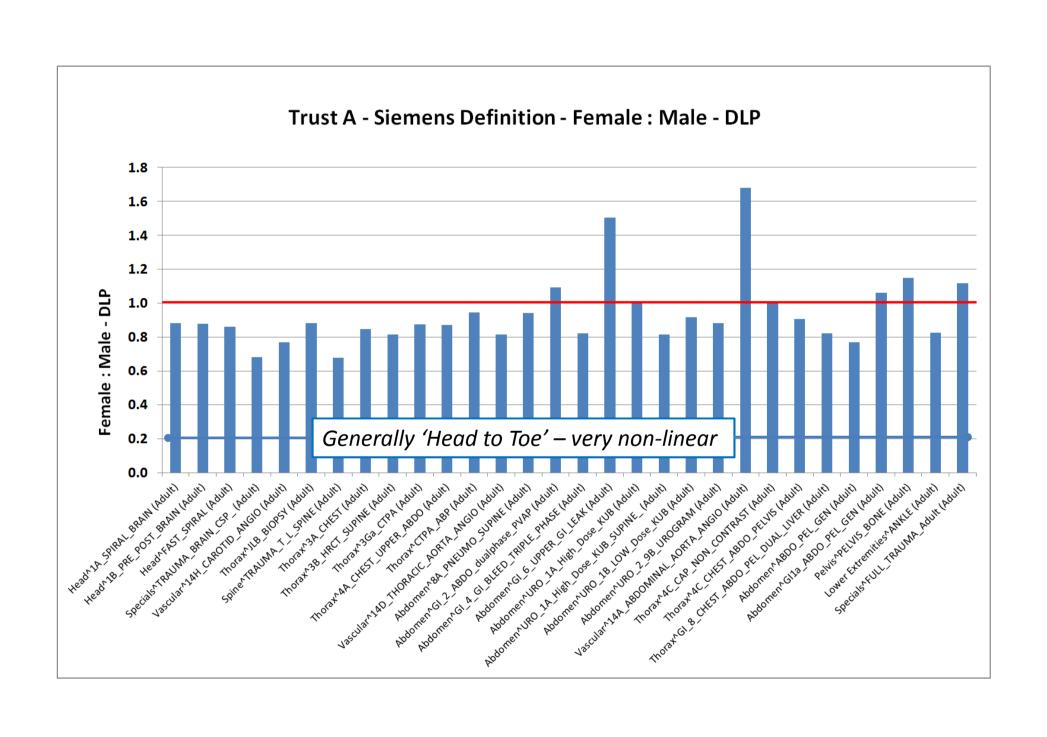
Summary stats:

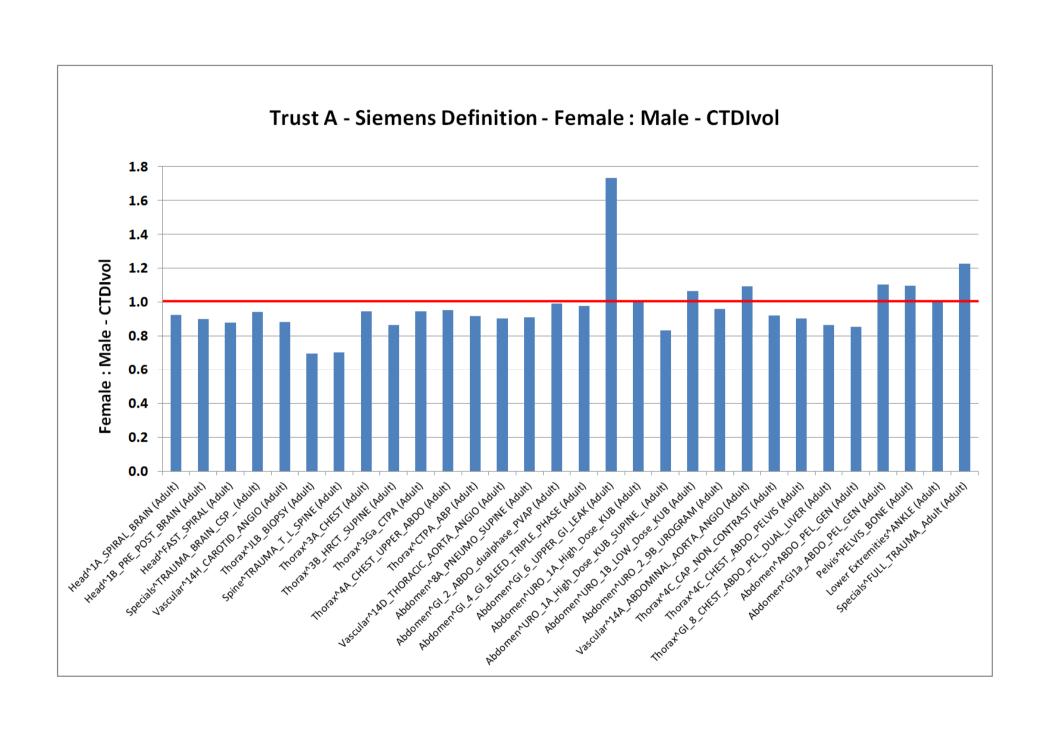
Trust	Scanner	Reported Protocols	Patients	Males	Females	Other** Protocols
Α	Definition AS+	30	4244	2081	2163	23 (+67)
	Sensation S40	37	4970	2399	2571	21 (+52)
В	Definition Flash	17	1840	945	895	6 (+72)
	Definition AS+	18	1819	864	955	10 (+40)

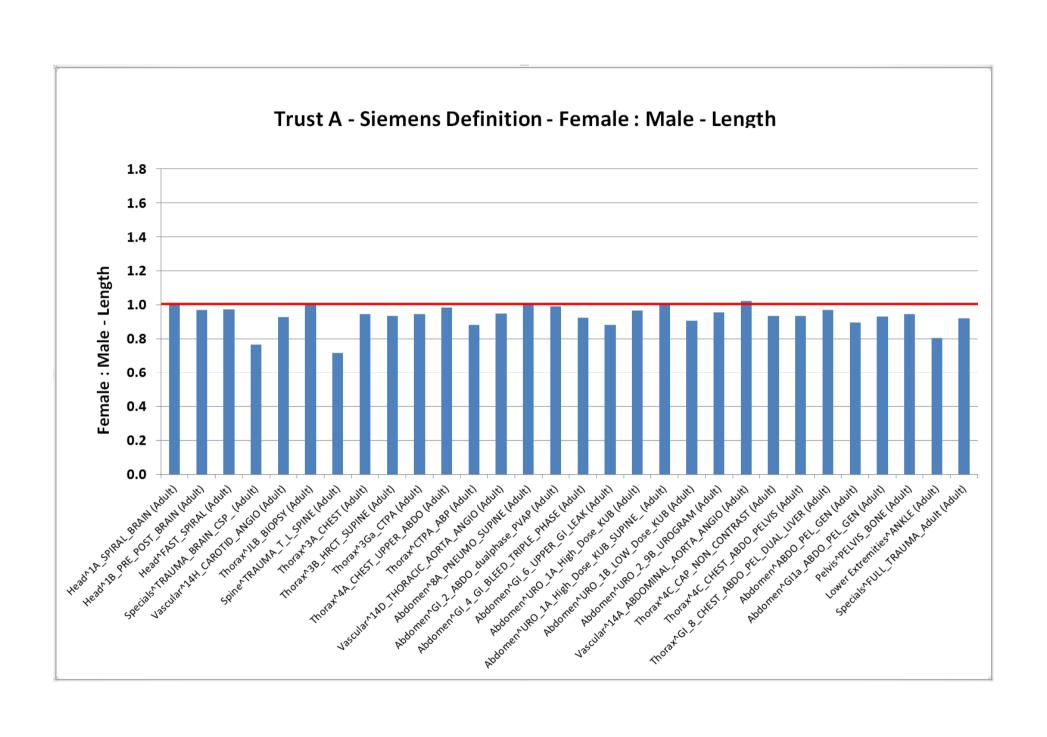
^{**}Other protocols:
Combined gender <15 patients (<10 patients)

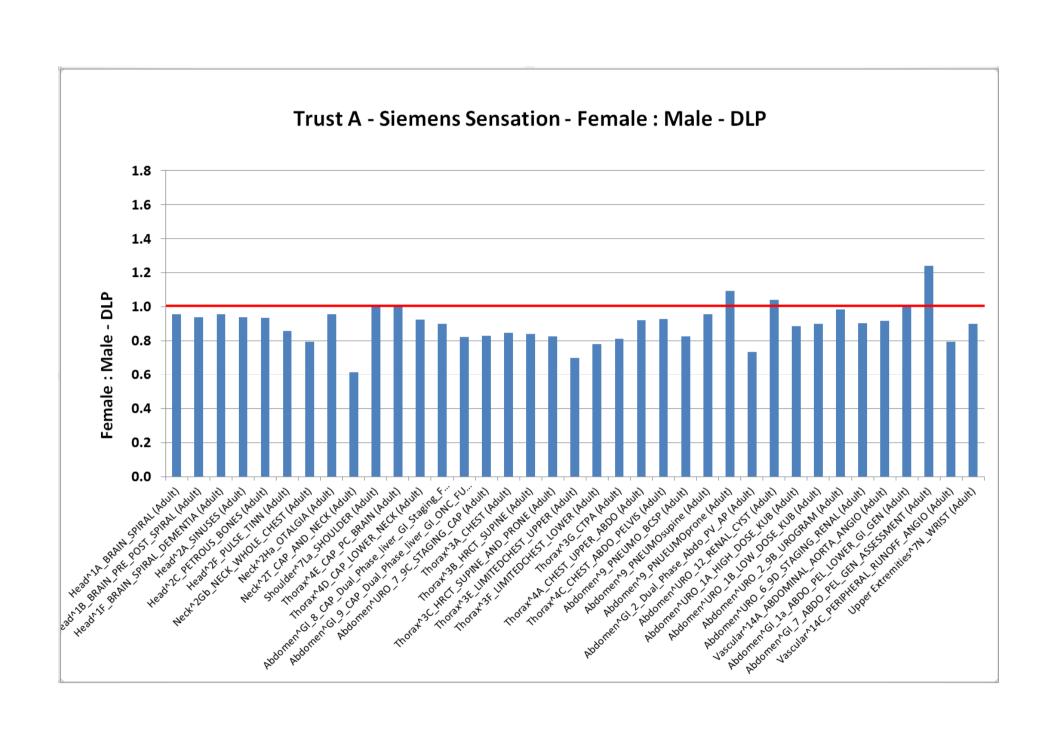
How to present the dose metrics and gender?

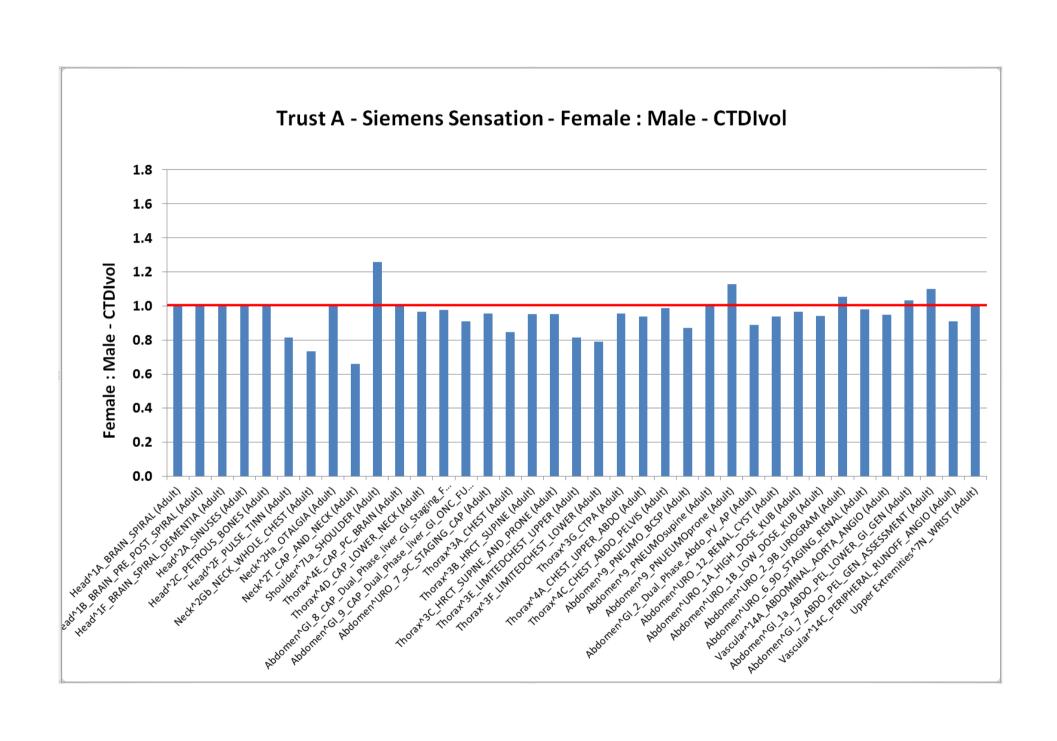
- All reported studies by scanner
- Female: Male ratio of the metric median
- DLP
- CTDIvol
- Scan length

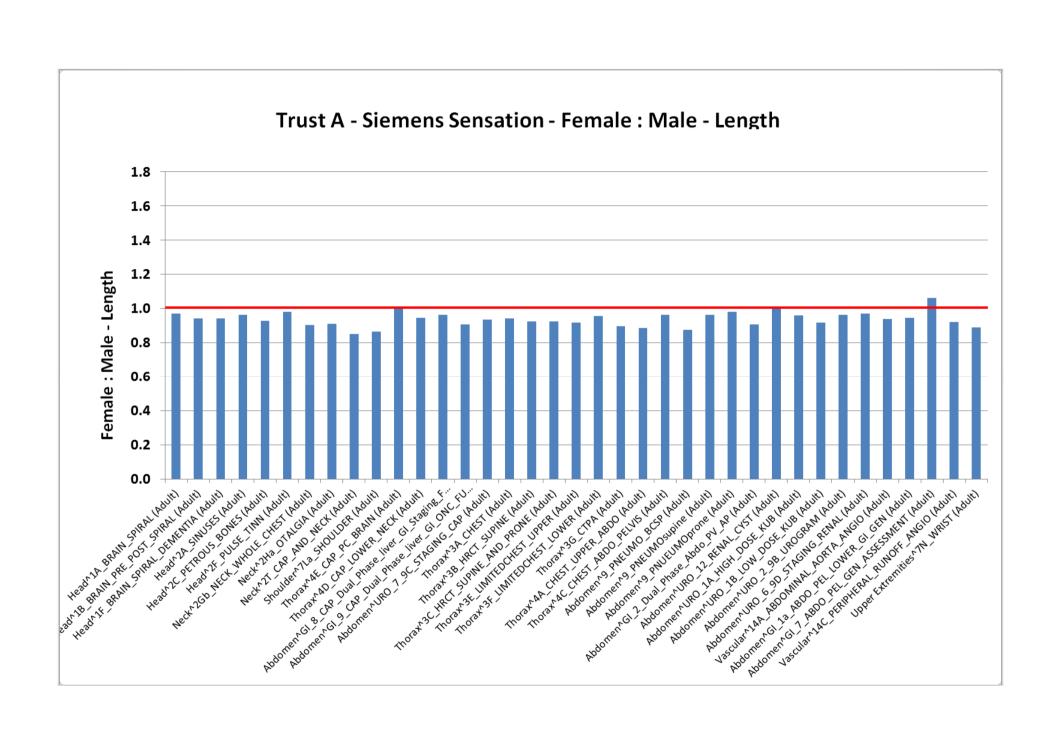


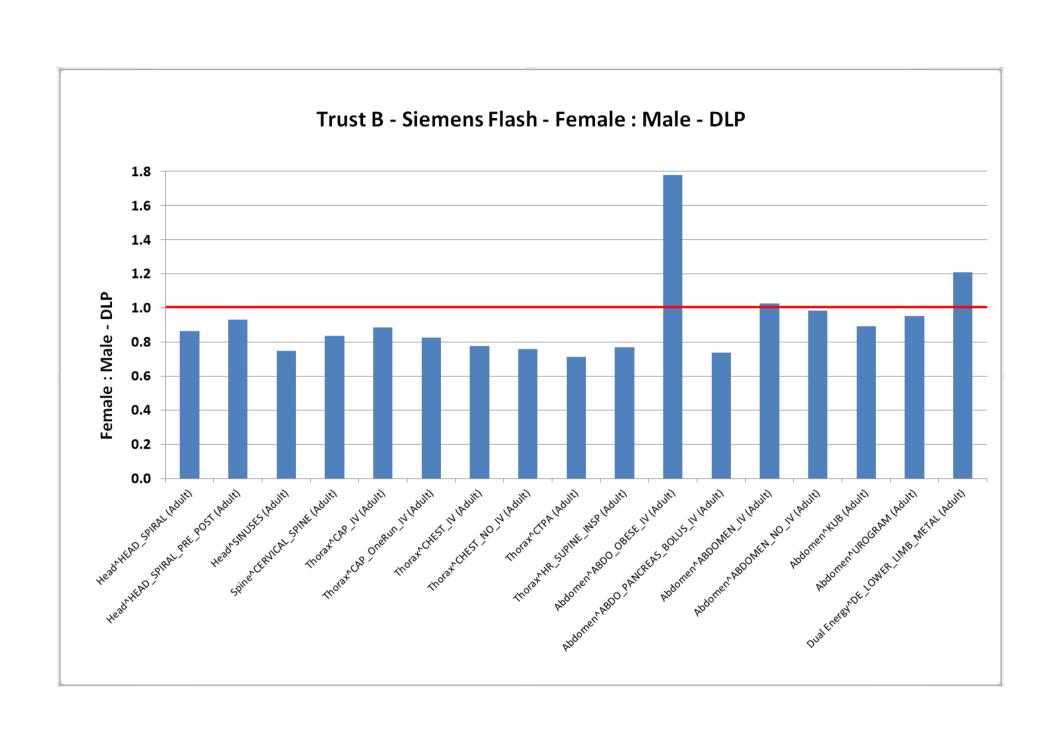


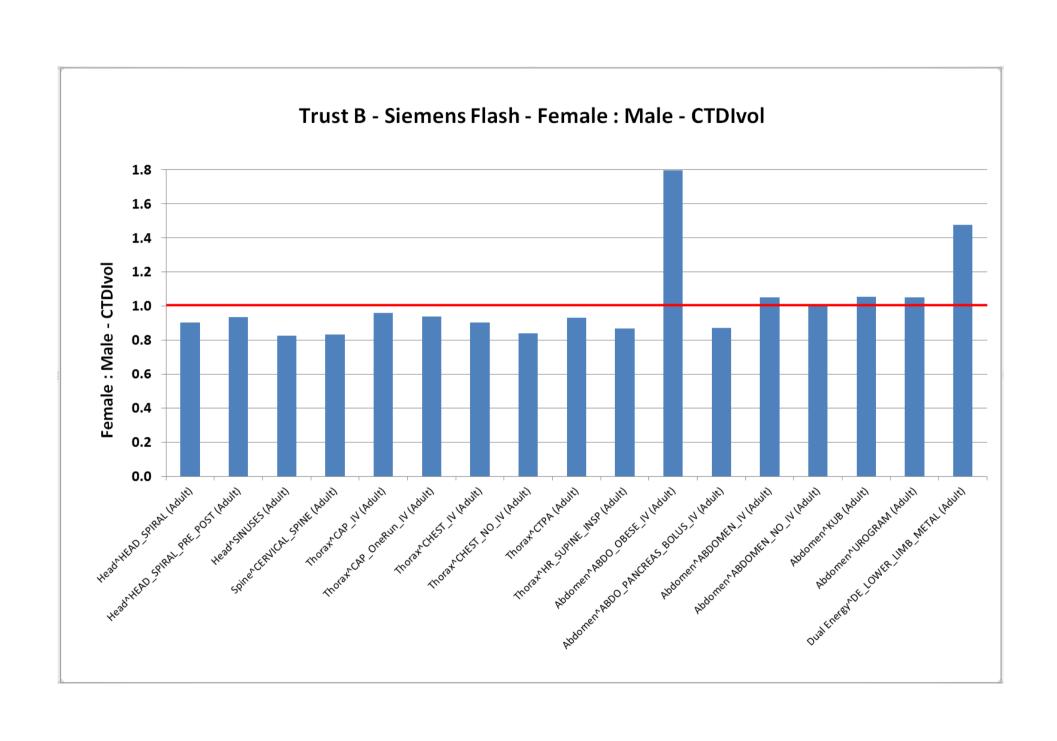


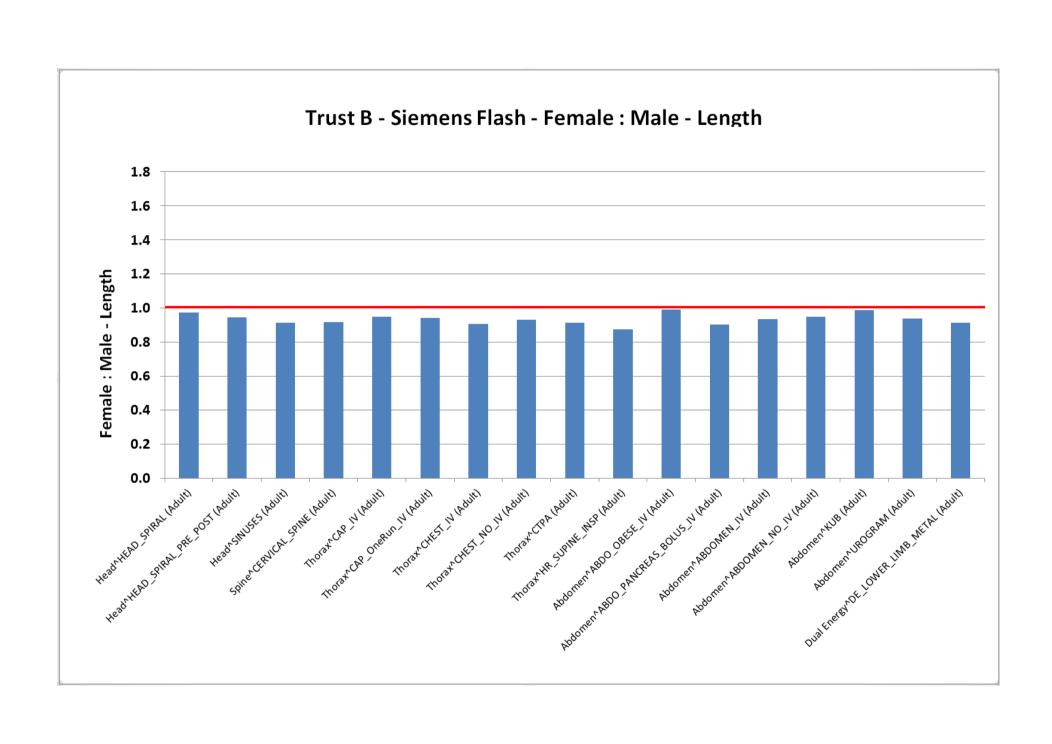


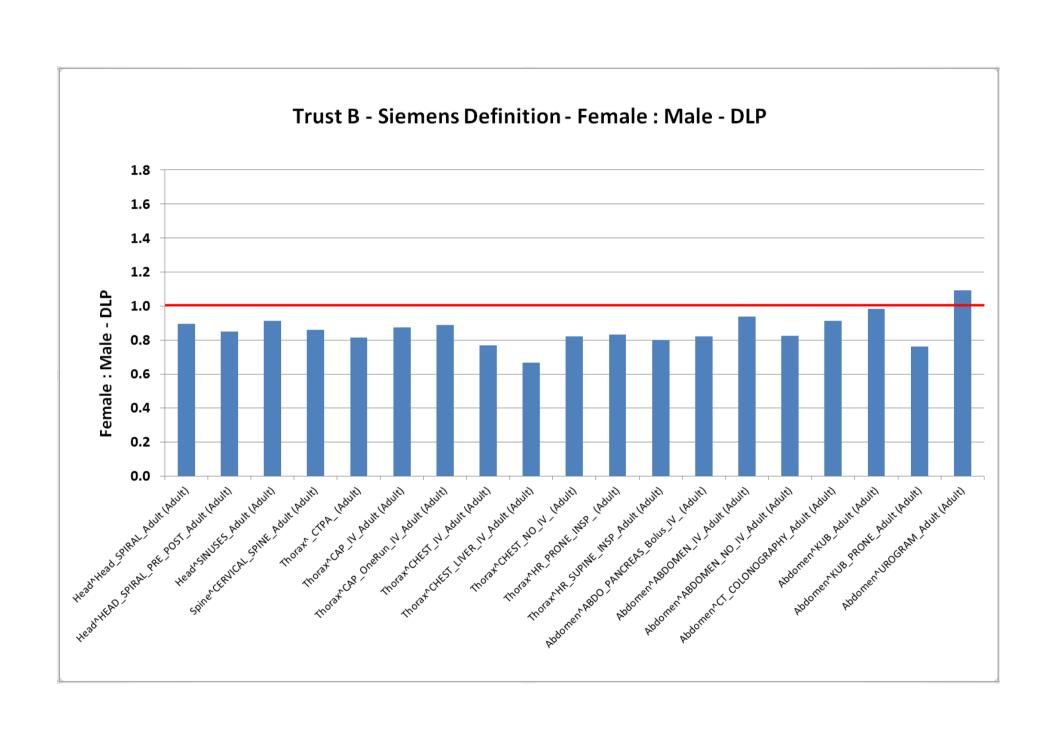


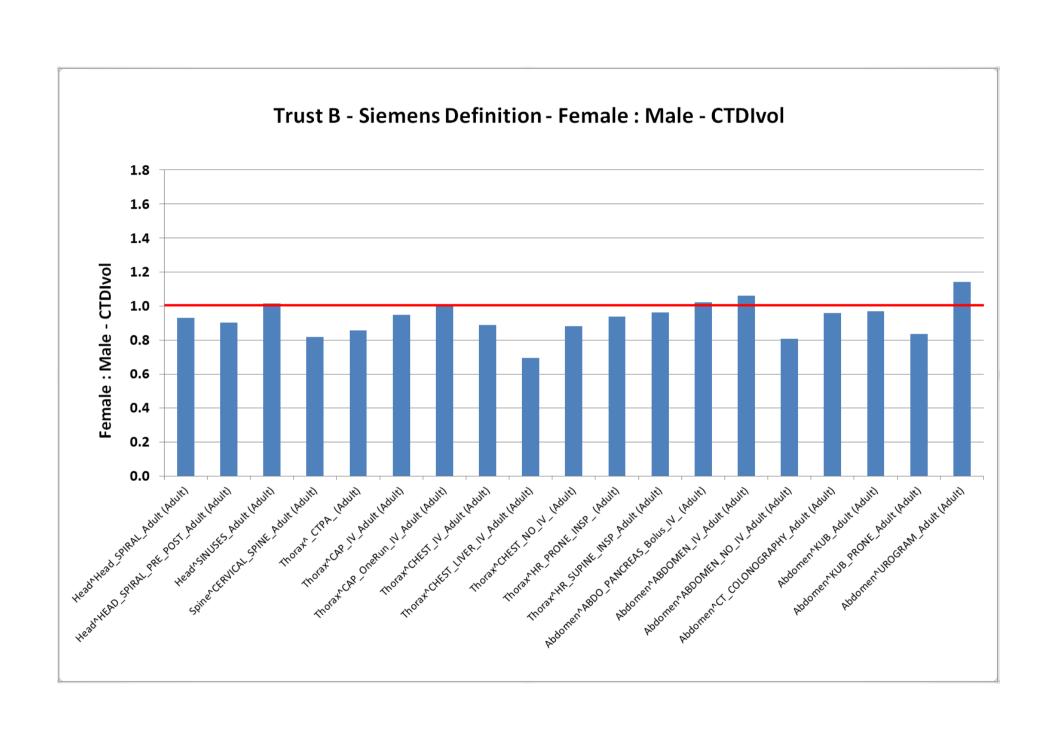


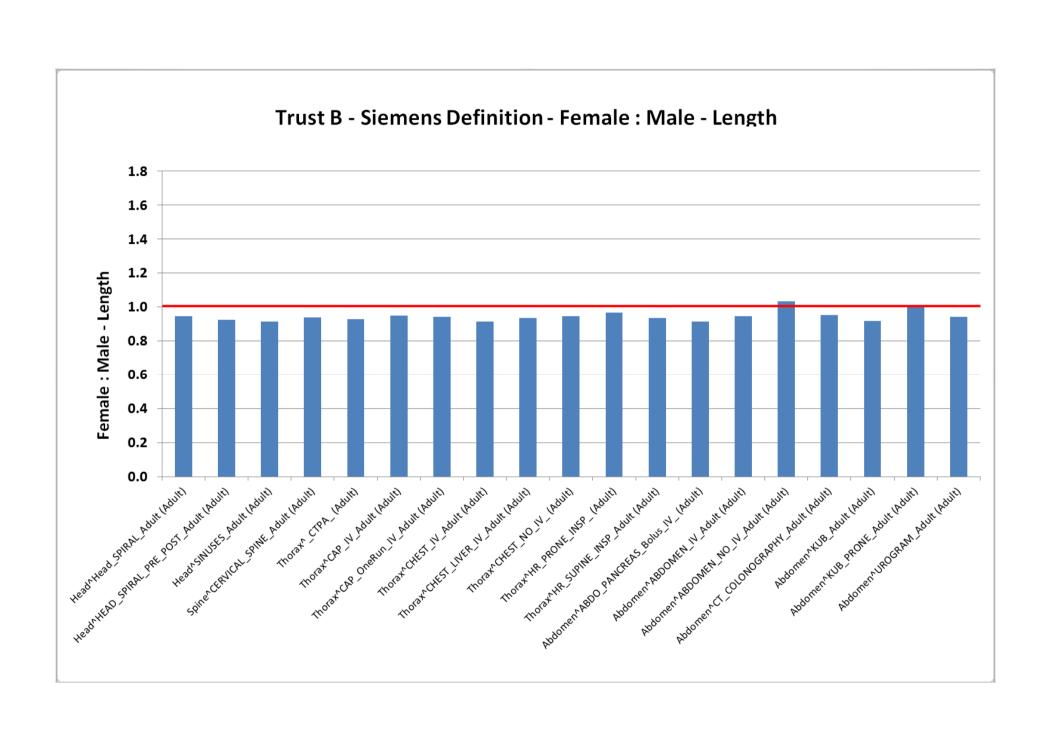












General observations:

- Study DLP approximately 10-20% lower for females
- Combined effect of lower CTDIvol and shorter scan length
- Across all four scanners on both sites
- Some exceptions with much higher dose metric ratios

Caveats:

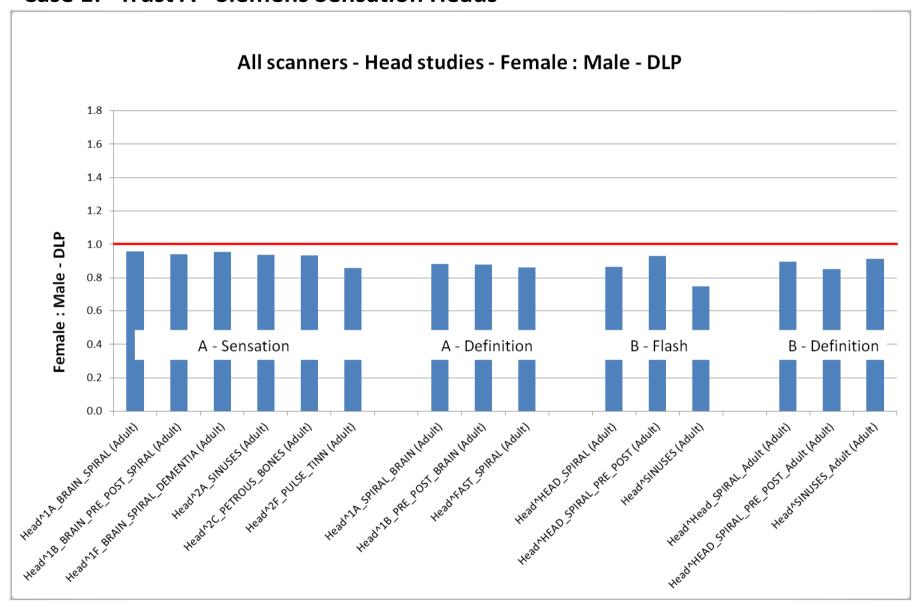
- Some studies with no differences between genders
- Study sample median for examined population
- No attempt to select patients by weight or habitus

Case 1: Trust A - Siemens Sensation Heads

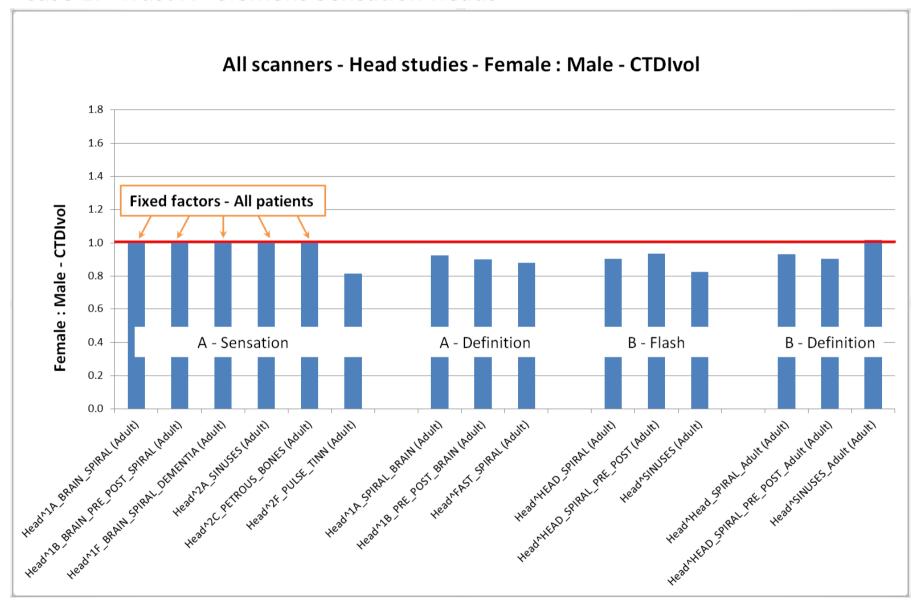




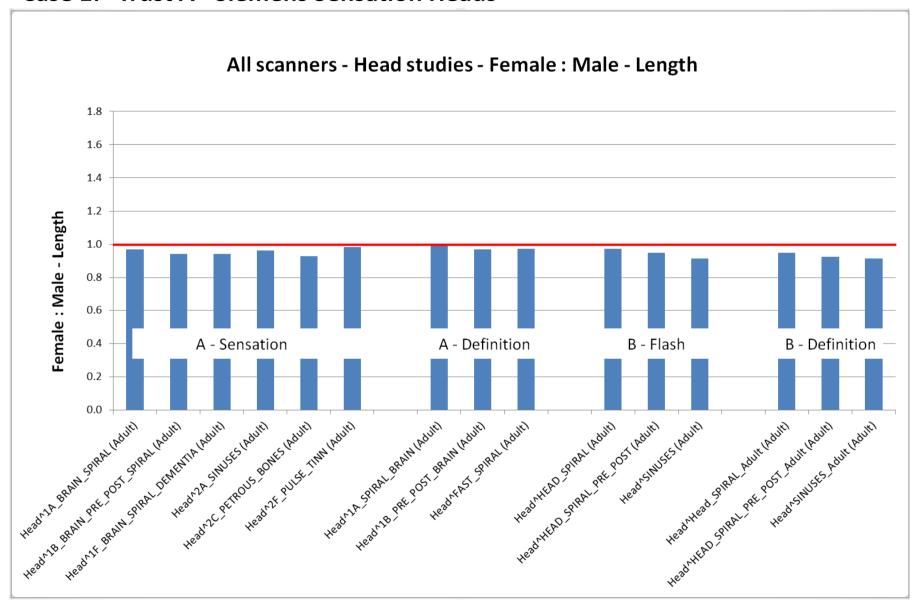
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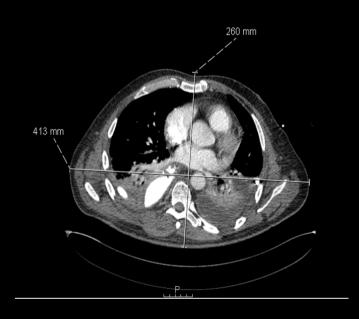


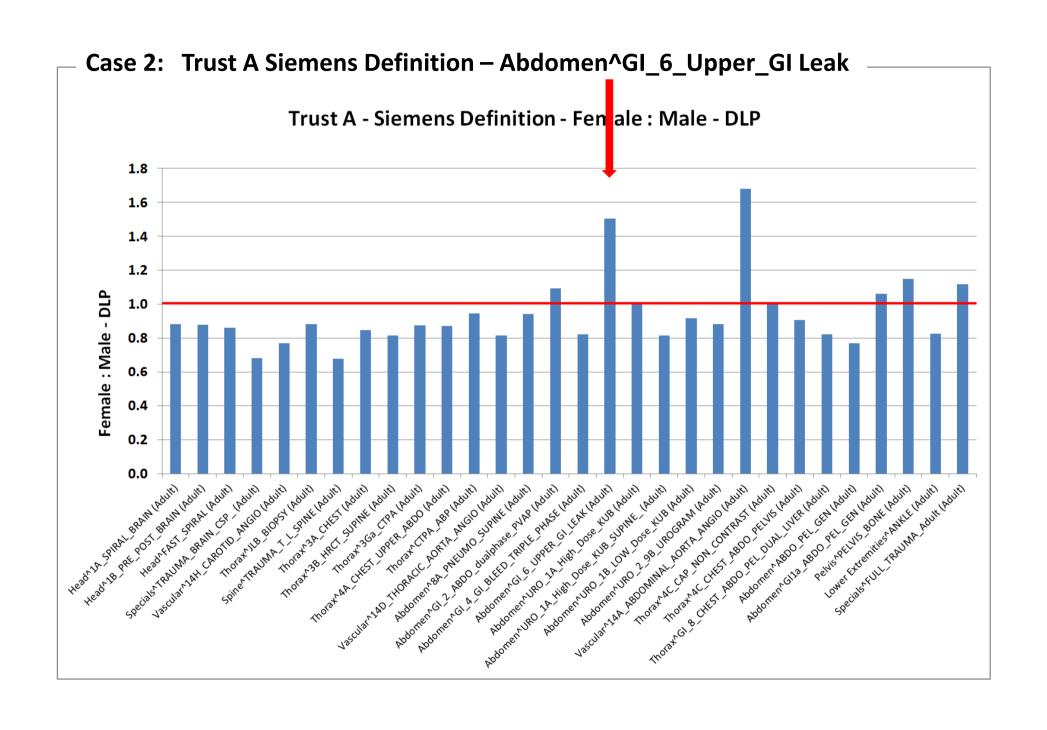
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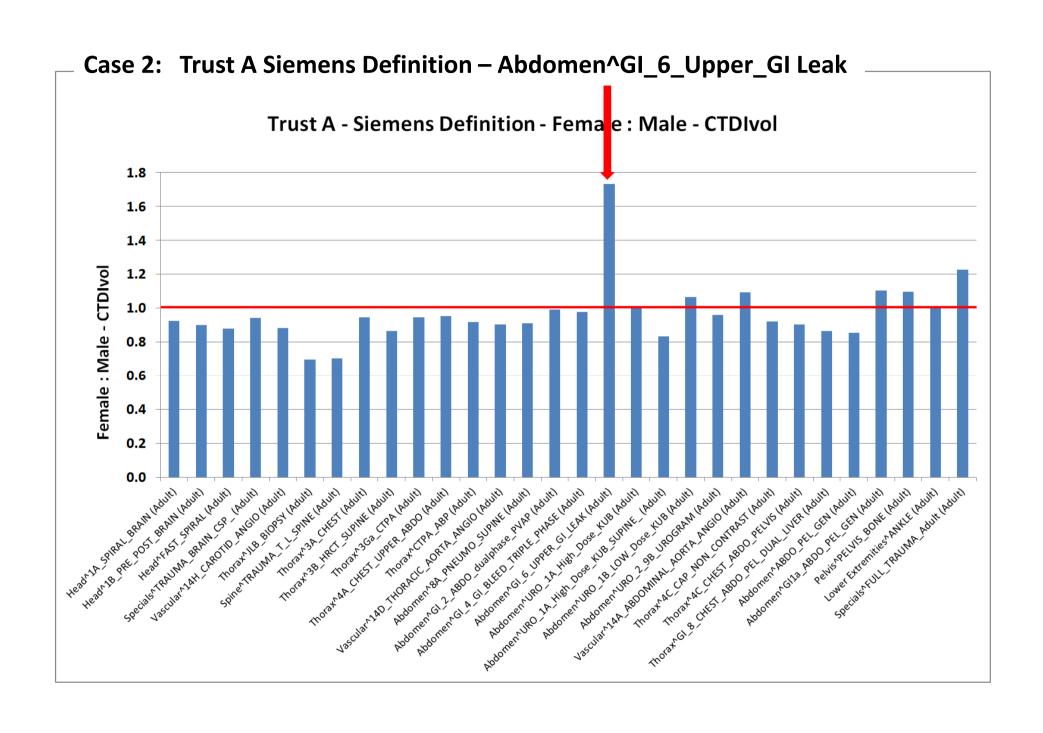


Case 2: Trust A Siemens Definition – Abdomen^GI_6_Upper_GI Leak

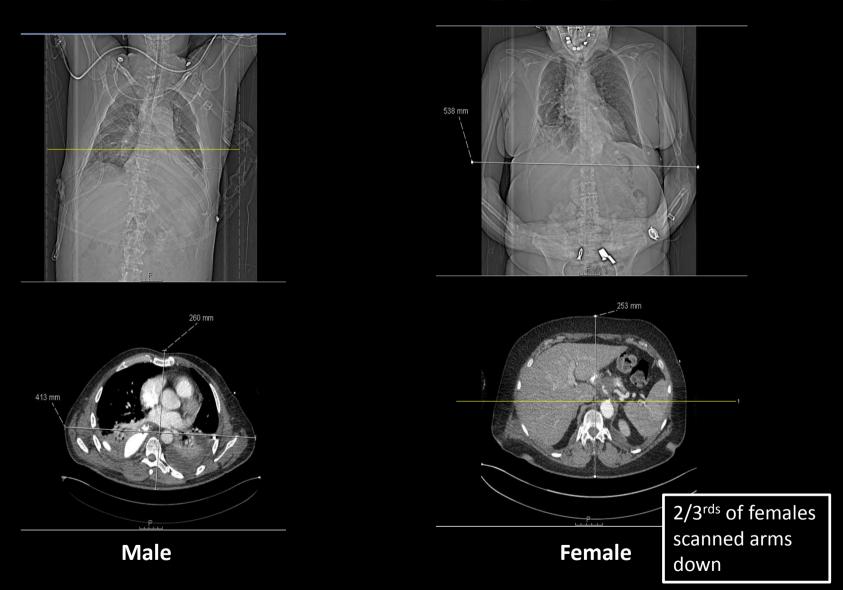






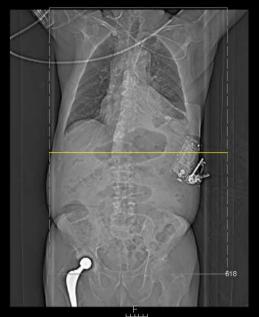


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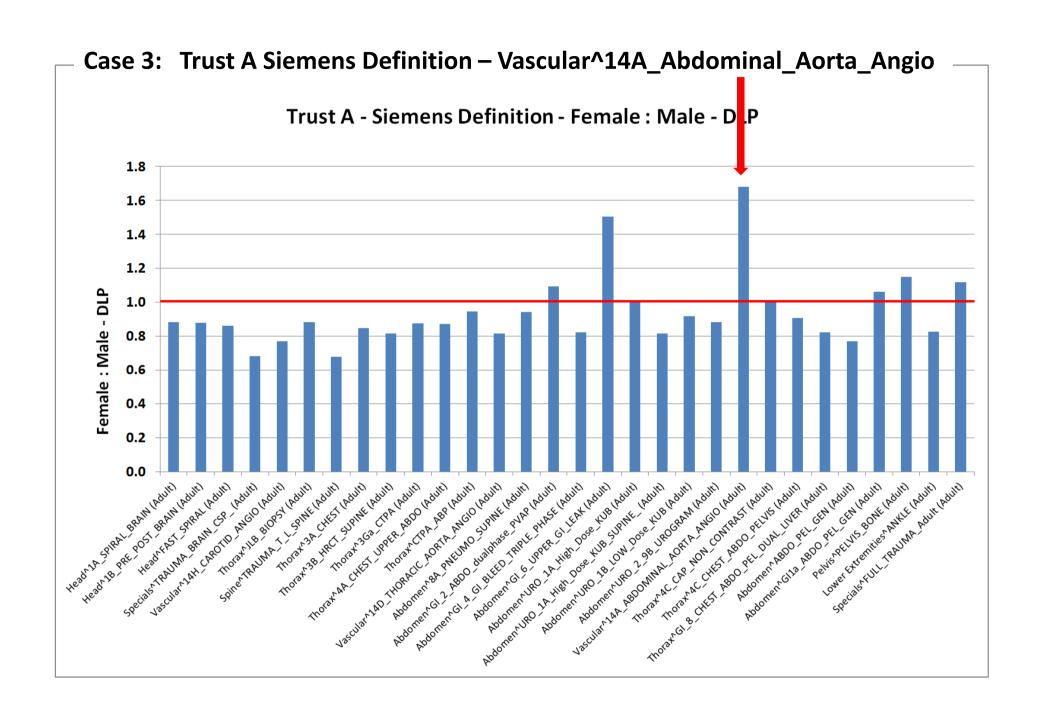


Topogram and axial reference images of male and female 'median patients'

Case 3: Trust A Siemens Definition – Vascular^14A_Abdominal_Aorta_Angio







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Case 3: Trust A Siemens Definition – Vascular^14A_Abdominal_Aorta_Angio





I in 4 females had an additional spiral Abdomen scan (off-protocol variant?)

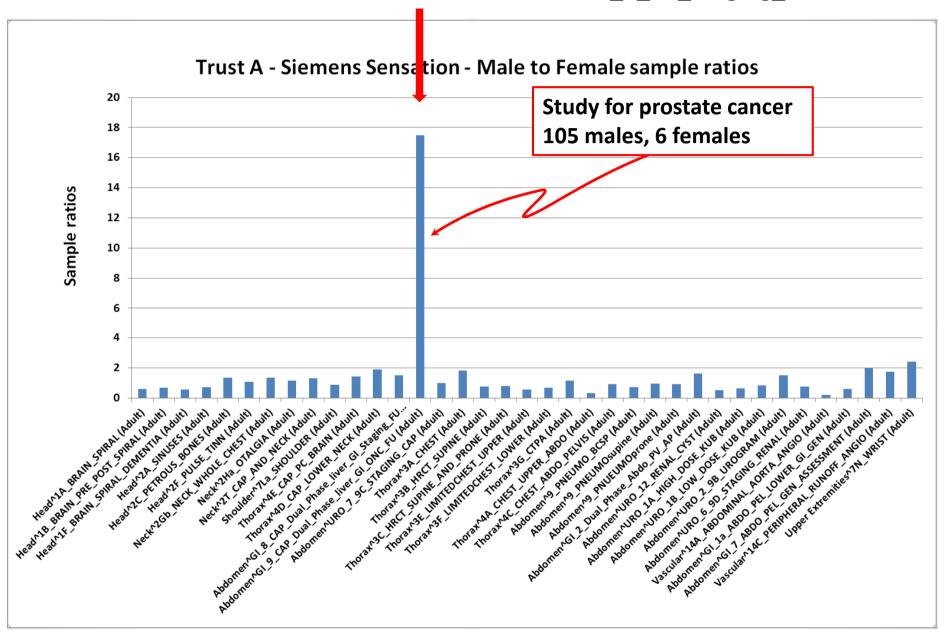
Case 4: Trust A Siemens Sensation – Adbomen^Uro_7_9C_Staging_CAP

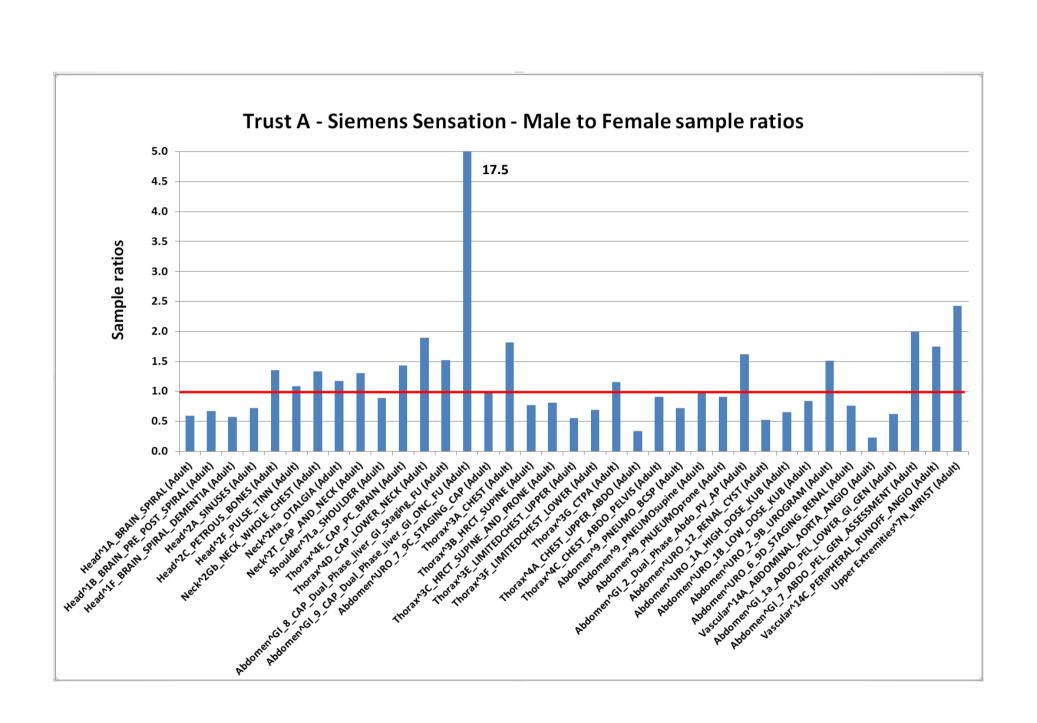




Case 4: Trust A Siemens Sensation – Adbomen^Uro_7_9C_Staging_CAP Trust A - Siemens Sensation - Female: Male - DLP 1.8 1.6 1.4 1.2 Female: Male - DLP 1.0 0.8 0.6 0.4 0.2 Abdone Andre of the Liver of the Address of the Add Abdonerate As As of the Land of the Adult Abdone vascularing of the set of Abdoner 1980 6 90 Strong Return Reduction of Secretary Research Return Return Research Return Research Vascular Ar ABO OMMAN, A OKTA ANGO IA GUNT Vascular ac Peter Red. R. January Andro Andro Adult Head I BRAM SPRAL JENERIA ROUTE And one on URO 7 of 5th City of the duty) Thook 35 there are in the And Profile Adult Thorate St. Innter Critical Linguist Page R. Adults Thorat 34 Junited Chest Lower Adults Appropriet 2 July Phase Apple Appropriet And other Lie To To To To The Brown of the Brade 0.0 West 26 Med And of the Charles to Andrew Thorax and CHEST Japace Agood Adults Thorax A. C. H. S. ABOO PEURS Adults Andone Puro Ja Just Dost Rule Indute ADDOTTER AURO 2 98 JROGRAM ADUIT Sadrid BRAIN PRE POST SARAL PAULI Headric Periods Bonks Industry Wedt I Car And McKiladure Abdonen 9 PHE IND BEST LOUIS And Oren URO 12 Return Loss that the Wed The OT A GA RADIE!

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Summary

Gender based analysis;

- Useful additional tool in the optimisation toolbox ?
- Identify cases which depart from the norm?
- Reveal 'potential bias' in dose metrics ?
- Illustrate potential improvements from changes in protocol?
- Differences more significant according to AEC ?

If accept that gender influences audit metrics;

- Should samples be matched in preparation for analysis?
- Knowing M & F dose metrics may be helpful with future results?
- Knowing M:F ratios may be helpful in interpreting future results?



Thank you for listening