

Original Research Article

Size-Specific Dose Estimate for Chest of Adult Patients in 128 Slice Computed Tomography at Rajavithi Hospital

Comment [J1]: ASSESSMENT OF RADIATION DOSE OUTPUT ON 128 COMPUTED TOMOGRAPHY FOR CHEST EXAMINATION AT RAJAVITHI HOSPITAL

ABSTRACT

Objective: To assess the Size-Specific Dose Estimate (SSDE) in chest CT examinations by applying three calculation methods: AP+Lateral Dimensions, Effective Diameter, and Dw. Furthermore, to perform a comparative analysis of SSDE values obtained through these methods in the same patient cohort.

Method: A descriptive cross-sectional study was conducted using retrospective data from patients undergoing chest examinations with a 128-slice SIEMENS SOMATOM Definition AS CT scanner at the Radiology Department of Rajavithi Hospital. Data were collected from April 1 to September 30, 2021, involving 500 patients (209 males and 291 females) who underwent scans using the venous phase protocol with contrast medium injection. Patient-specific radiation dose estimates (SSDE) were calculated based on patient size, including $SSDE_{AP+Lat}$, $SSDE_{effective\ diameter}$, and $SSDE_{Dw}$ derived from cross-sectional CT images. Patient size corrections were based on the AAPM Reports No. 204 and 220. Additionally, the study estimated effective dose and dose-length product (DLP). Parameters such as DLP, $CTDI_{vol}$, effective dose, and SSDE at the 75th percentile were evaluated to assess radiation dose levels. These data were then compared against national and international diagnostic reference levels.

Results: The study found the following average values: DLP 301.74 mGy·cm, $CTDI_{vol}$ 8.38 mGy, Effective Dose 4.22 mSv, $SSDE_{AP+Lat}$ 11.80 mGy, $SSDE_{Effective\ Diameter}$ 11.86 mGy, and $SSDE_{Dw}$ 12.91 mGy. When compared with reference radiation dose values from Thailand and international standards, the DLP, $CTDI_{vol}$, and Effective Dose values were found to be lower than those of both Thai and international reference values.

In contrast, the $SSDE_{AP+Lat}$ was lower than the findings reported by Christner (JA et al.). Additionally, the study found no available comparative data for the $SSDE_{Effective\ Diameter}$ and $SSDE_{Dw}$.

Conclusion: The assessment of radiation dose in the chest region (SSDE) across patients of varying sizes, considering three methods ($SSDE_{AP+Lat}$, $SSDE_{Effective\ Diameter}$, and $SSDE_{Dw}$), revealed that SSDE provides the most accurate representation of radiation dose in patients of different sizes compared to $CTDI_{vol}$. SSDE is more suitable for evaluating radiation exposure as it takes into account both the patient's body size and the internal components of the chest, thus offering a more precise estimate of radiation dose.

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Keywords: Size-Specific Dose Estimate (SSDE), Computed Tomography Dose Index Volume (CTDI_{vol}), Dose-Length Product (DLP), Diagnostic Reference Levels (DRLs), and Patient Size Conversion Factor (f_{size}).

1. INTRODUCTION

The technology of computed tomography (CT) has continuously evolved over the past several decades, from the discovery of X-rays, which form the foundation of diagnostic imaging, to the development of modern CT scanners. With rapid advancements in engineering and computer science, modern CT scanners have significantly improved in performance compared to their predecessors, enabling more accurate diagnoses. Today, CT scanning is widely used and plays a critical role in diagnosis, treatment planning, and monitoring of therapeutic outcomes, leading to an increase in the frequency of its use annually. Furthermore, CT technology continues to advance, and as the capabilities of these high-performance machines improve, the radiation doses delivered to patients have also increased. CT examinations generally deliver higher radiation doses compared to other diagnostic imaging modalities (Table 1). When comparing the radiation dose from CT scans with the natural background radiation, it is evident that, while some CT examinations may deliver relatively low doses, there is limited discussion regarding the establishment of dose limits for each type of radiological examination. Even though the radiation dose from diagnostic imaging may be small or large, it still carries a potential risk for cancer development, as the impact of radiation exposure is influenced by factors such as age, organ type, location, dose, and the severity of exposure. Therefore, it is crucial to monitor and ensure that radiation doses are kept as low as reasonably achievable (ALARA) while still maintaining sufficient image quality for accurate diagnosis. Radiation doses should not exceed the Diagnostic Reference Levels (DRLs) as recommended by the International Atomic Energy Agency (IAEA) (Table 2). Consequently, organizations have increasingly focused on minimizing patient radiation exposure while ensuring optimal imaging quality. Thus, calculating the radiation dose received during CT examinations is essential for ensuring patient safety and compliance with radiation protection guidelines.

The standard unit used to measure radiation for CT scanners is the CT Dose Index (CTDI), which represents the average radiation dose along the Z-axis. CTDI is a measure of kerma (Kinetic Energy Released per Unit Mass) expressed in units of mGy or mGy/mAs and does not directly represent the radiation dose received by the patient. Instead, it is a measurement of output that is used to compare radiation doses across different CT scanners. The most commonly used CTDI values include the Weighted CT Dose Index (CTDI_w), which represents the distribution of radiation at various positions of a phantom, and the Volume CT Dose Index (CTDI_{vol}), which measures the radiation dose for patient diagnostic scans. CTDI_{vol} reports the average radiation dose delivered during a scan, taking into account the pitch ratio in helical scan mode. In helical mode, the average radiation dose may be higher or lower than that from axial mode depending on the movement of the CT table. When the table moves slowly through the gantry's radiation beam, the radiation dose in the transverse section of the patient may be higher than in axial mode due to overlapping radiation beams (pitch < 1). Conversely, if the table moves faster, the radiation beams will not overlap but will continue in sequence (pitch = 1). If the table moves faster still, the radiation beams will be spaced apart (pitch > 1), which necessitates the incorporation of the total volume along with the pitch value in the assessment of radiation dose, resulting in the CTDI_{vol}⁽¹⁾

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CTDIvol is used to calculate the radiation dose received by organs or the body during a CT examination, providing an estimate of the total radiation dose for that particular scan. It is generally observed that when the pitch is less than 1, the CTDIvol increases. In situations where high-quality images are required, a lower pitch is used, which results in higher radiation exposure to the patient. The challenge lies in balancing the need for high-quality images while ensuring that radiation levels do not exceed acceptable limits. CTDI serves as an index for the radiation dose from CT scans, but it does not directly measure the accuracy of radiation dose estimation for individual patients. To address this limitation, the American Association of Physicists in Medicine (AAPM) report 204⁽²⁾ proposed a new method called Size-Specific Dose Estimate (SSDE), using the AP+Lat Dimensional, Effective Diameter methods. Additionally, the AAPM report 220⁽³⁾ recommended a method for calculating SSDE that incorporates patient size and adjusts for radiation dose reduction, using the water equivalent diameter (Dw). This method involves defining the region of interest (ROI) around the patient's body in the cross-sectional CT image, calculating the volume, and using this data to more accurately assess the radiation dose. By considering patient size in the calculation, this approach allows for a more precise and accurate estimation of the radiation dose received by the patient.^(3,4)

The objective of this study is to evaluate the Size-Specific Dose Estimate (SSDE) for chest CT examinations in patients, calculated using the AP+Lat Dimensional, Effective Diameter, and Dw methods. Additionally, the study aims to compare the SSDE values for chest CT examinations using these three methods, with the goal of establishing reference radiation dose values for diagnostic radiology at Rajavithi Hospital. These values will serve as a baseline for comparison with national and international radiation dose reference levels. Ultimately, this research will contribute to ensuring that patients receive appropriate radiation doses, and it will support the development and refinement of imaging techniques to reduce patient radiation exposure in the future.

Table 1 presents the radiation dose values from CT examinations, which are higher than those from other types of diagnostic X-ray machines, according to medical standards in the United States, 2009.⁽⁴⁾

Diagnostic	Typical effective dose (mSv)
General X-ray, Radiography - Chest X-ray	0.1
- Spine	1.5
- Extremities	0.001
CT scan - CT	2
Brain	7
- CT Chest	10
- CT Abdomen	
Bone Density (DEXA)	0.001
Intravenous Pyelography : IVU	3
Upper-Lower GI study	6

Table 2 presents the standard reference radiation dose values (DRLs) using the parameters CTDIvol (mGy), DLP (mGy-cm), and Effective Dose (mSv) from various countries, including Thailand.

CTDIvol	DLP	Effective dose
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	(mGy)	(mGy·cm)	(mSv)
EUR 16262 ⁽⁵⁾	30	650	11.1
American 2009 ⁽⁴⁾	-	-	7
UK 2011 ⁽⁶⁾	-	610	6.1
IAEA 2006 ⁽⁷⁾	-	-	5.9
ICRP publication 87 ⁽⁸⁾	30	-	-
Japan 2015 ⁽⁹⁾	15	550	-
Thailand DRLs 2021 ⁽¹⁰⁾	18	665	-

2. MATERIAL AND METHODS

2.1 Methodology

This research is applied research with a cross-sectional study design, utilizing retrospective data collection. The study focused on patients who underwent chest CT scans at the Radiology Department of Rajavithi Hospital between April 1 and September 30, 2021. This period was chosen due to the implementation of a new CT scan protocol for chest examinations, which aimed to assess the radiation dose received by patients compared to the Diagnostic Reference Levels (DRLs). A total of 500 patients who were scanned during this time frame were included in the study.

2.2 Equipment for Data Collection

1. The CT scanner used in this study is a SIEMENS 128-slice SOMATOM DefinitionAS, located in the Radiology Department of Rajavithi Hospital. All patients who underwent chest CT scans with post-contrast imaging in the venous phase had their CTDI_{vol} and DLP values recorded. The data were accessed through the hospital's Picture Archiving and Communications System (PACS) (Figure 1).

2. Protocol for CT Chest Examination at the Radiology Department of Rajavithi Hospital

Protocol	kV	mA time (sec)	Rotation (mm/rotation)	Pitch (mm)	Collimation length (cm)	Scan thickness (mm)	slice (mm)	interval
Chest	120	CARE Dose4D	0.5	1.2	40	35	3	3

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Ward:		Physician:		Operator:		Total mAs 4873		Total DLP 667 mGycm	
Scan	kV	mAs / ref	CTDIvol* mGy	DLP mGycm	TI s	cSL mm			
Patient Position F-SP									
Topogram	1	120	35 mA	0.13 L	5.3	4.1	0.6		
Thorax	2	120	112 / 140	0.60 L	330.2	0.5	0.6		
Contrast									
ThoraxIV	3	120	113 / 140	0.63 L	331.4	0.5	0.6		
Medium	Type	Iodine Cont. mg/ml		Volume ml	Flow ml/s	CM Ratio			
Contrast	Omnipaque	350		80	2.0	100%			
Saline				30	2.0				

*: L = 32cm, S = 16cm

Figure 1 illustrates an example of the radiation dose report from the SIEMENS 128-slice SOMATOM Definition AS CT scanner at the Radiology Department of Rajavithi Hospital.

3. General patient information, including gender, age, weight, and body mass index (BMI), is presented in Table 3.

4. Scan data obtained from patients, as summarized in Table 4, includes the following parameters:

4.1. Measurement of dimensions from anteroposterior (AP) or posteroanterior (PA) views on transaxial CT images (cm).

4.2. Measurements of anatomical dimensions based on the lateral view in transaxial CT imaging (cm).

4.3. Combined dimensional measurements from anteroposterior (AP) or posteroanterior (PA) and lateral perspectives in transaxial CT images (cm).

4.4. Effective diameter, calculated as $(\sqrt{AP \times Lat})$, derived from transaxial CT images (cm).

4.5. CTDIvol (Computed Tomography Dose Index volume), measured in transaxial CT imaging (mGy).

4.6. Water Equivalent Diameter (Dw), as determined from transaxial CT imaging.

4.7. Dose Length Product (DLP), measured in transaxial CT imaging (mGy-cm).

4.8. The conversion factor, based on measurements from a 32 cm PMMA phantom, as referenced in AAPM Report 204.

4.9. The conversion factor, based on measurements from a 32 cm PMMA phantom, as outlined in AAPM Report 220.

5. Size-Specific Dose Estimate (SSDE), calculated based on patient size and imaging parameters (mGy).

6. Computed Tomography (CT) images

6.1 Computed tomography (CT) images obtained in the transaxial plane for CT chest scans, showing measurements of the image dimensions in the anteroposterior (AP) and lateral directions, as outlined in AAPM Report 204⁽²⁾. The AP and lateral dimensions are combined (AP + lateral) and the effective diameter is calculated using the formula ($\sqrt{AP \times Lat}$), where the product of the AP and lateral measurements is square-rooted to obtain the effective diameter. The combined (AP + lateral) measurements and the effective diameter are then compared to determine the conversion factor (f_{size}) according to the table in AAPM Report 204⁽²⁾ (Figure 2).

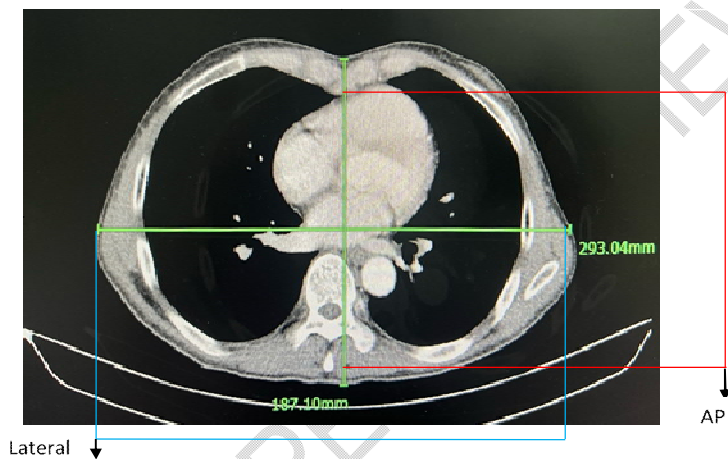


Figure 2 presents a transaxial CT image of the chest, with dimensional measurements in the anteroposterior (AP) and lateral directions.

6.2 A transaxial CT chest image with the outlined region of interest (ROI), used to calculate the volume and the water equivalent diameter (D_w), as described in AAPM Report 220⁽³⁾. The area (A) of the ROI and the mean CT number (M) in Hounsfield Units (HU), obtained from the outlined region, are applied to the equation for calculating the water equivalent diameter (D_w), as shown in Figure 3.

$$D_w = 2\sqrt{A_w/\pi}$$

$$D_w = 2 \times \sqrt{\left[\frac{CT(x,y)_{ROI}}{1000} + 1 \right] \times A_{ROI}/\pi}$$

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The water equivalent diameter (D_w), obtained from the previous calculation, is used to compare and determine the conversion factor (f_{size}) based on the table outlined in AAPM Report 220⁽³⁾

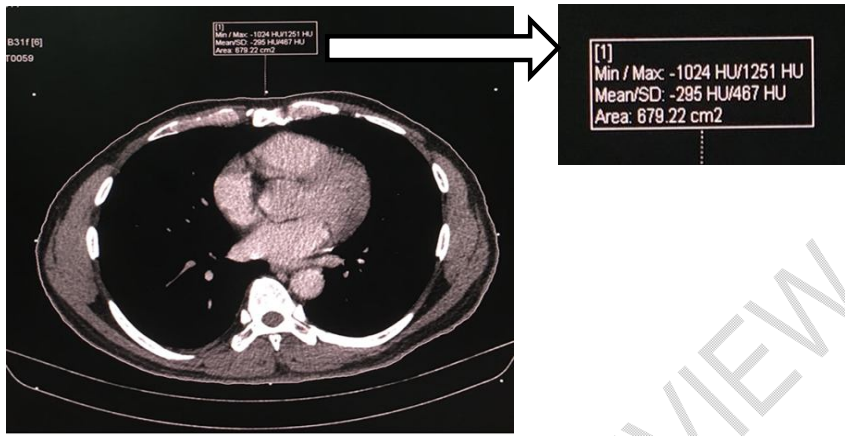


Figure 3 presents a transaxial CT image of the chest, with the outlined region of interest (ROI) indicating the area of focus around the transaxial slice.

6.3 The Size-Specific Dose Estimate (SSDE) was evaluated using three different methods, as calculated from the respective equations.

$$\text{Size Specific Dose Estimate (SSDE)} = f_{\text{size}} \times \text{CTDI}_{\text{vol}}$$

$$f_{\text{size}} = f_{\text{size}}^{32x}$$

$$\text{CTDI}_{\text{vol}} = \text{CTDI}_{\text{size}}^{32}$$

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7. The effective dose (mSv) was evaluated.

The effective dose represents the total amount of radiation received by the body, taking into account the radiosensitivity of various organs. This measurement is used to assess the risk associated with radiation exposure. In practice, calculating the effective dose can be quite complex. The American Association of Physicists in Medicine (AAPM) has published Report No. 96⁽¹¹⁾, which provides a simplified method for calculating this value. According to the report, the effective dose is calculated by multiplying the conversion factor by the total Dose Length Product (DLP). The conversion factor, expressed in millisieverts per milligray-centimeter (mSv/mGy·cm), varies based on patient age and the specific area being examined, as shown in Table 3.

$$\text{ED} = \text{DLP} \times \text{Conversion factor}$$

Table 3 shows the recommended conversion factors as outlined in AAPM Report No. 96.⁽¹¹⁾

Examination area	Conversion factor (measured in millisieverts per milligray-centimeter, mSv/mGy.cm)				
	0-1 years	1-5 years	5-10 years	10-15 years	Above 15 years
Head and neck	0.013	0.0085	0.0057	0.0042	0.0031
Head	0.011	0.0067	0.0040	0.0032	0.0021
neck	0.017	0.012	0.011	0.0079	0.0059
Chest	0.039	0.026	0.018	0.013	0.014
Abdomen	0.049	0.030	0.020	0.015	0.015

2.3 Statistical methods used for data analysis

The researcher verified the accuracy and completeness of the data in the personal record and patient scan records before entering the data. The data were then analyzed using Excel 2016 for statistical analysis as follows.

1. Descriptive Statistics

The general demographic data, presented as categorical variables, are reported in terms of frequencies and percentages. For continuous variables, when the data follows a normal distribution, the results are expressed as the mean and standard deviation. In cases where the data is not normally distributed, the data are reported as the median, along with the minimum, maximum, interquartile range (IQR), and percentile range.

2. Inferential Statistics

The comparison of CTD_{divol}(mGy), effective dose, DLP, SSDE, mean AP+Lat effective diameter, and Dw, which are categorical data, was performed using the Chi-square test, Fisher's Exact test, or McNemar test. For the comparison of continuous data in two related populations, if the data followed a normal distribution, a paired t-test was applied. If the data were not normally distributed, the Wilcoxon Signed Rank test was used. For comparing continuous data between two independent populations, if the data were normally distributed, a Student's t-test was applied. If the data were not normally distributed, the Mann-Whitney U-test was used. For comparisons of continuous data among more than two groups, if the data followed a normal distribution, One-way ANOVA was employed. If the data were not normally distributed, the Kruskal-Wallis test was used. Factors associated with the variables were analyzed using Pearson correlation and linear regression, with the risk reported using odds ratios (OR) and 95% confidence intervals (95% CI). All statistical tests were considered significant at a p-value of < 0.05.

3. RESULTS

The study included 500 adult patients aged 18 years and older, with a mean age of 57.27 ± 14.73 years, ranging from 18 to 88 years. The average body weight was 58.82 ± 13.44 kg, with a minimum of 26.70 kg and a maximum of 100 kg. The average body mass index (BMI) was 23.18 ± 5.08 kg/m², with a minimum of 12.34 kg/m² and a

maximum of 43.56 kg/m². Among the patients, 209 (41.8%) were male, with an average age of 58.20 ± 14.44 years, ranging from 18 to 87 years. The average body weight was 62.92 ± 12.44 kg, with a minimum of 36 kg and a maximum of 100 kg. The average BMI was 23.03 ± 4.23 kg/m², with a minimum of 12.76 kg/m² and a maximum of 34.77 kg/m². The remaining 291 (58.2%) patients were female, with an average age of 56.60 ± 14.92 years, ranging from 22 to 88 years. The average body weight was 55.87 ± 13.37 kg, with a minimum of 26.70 kg and a maximum of 95 kg. The average BMI was 23.29 ± 5.62 kg/m², with a minimum of 12.34 kg/m² and a maximum of 43.56 kg/m². These data are presented in Tables 4-6.

Table 4 shows the general characteristics of the patients (n=500).

Characteristic Percentage	Number	
Gender		
Male	209	41.8
Female	291	
58.2		
Age (years)		
Mean ± Standard Deviation (Minimum - Maximum)	57.27±14.73 (18-88)	
Body Weight (kg)		
Mean ± Standard Deviation (Minimum - Maximum)	58.82±13.44 (26.70-100)	
Body Mass Index (kg/m ²)		
Mean ± Standard Deviation (Minimum - Maximum)	23.18±5.08 (12.34-43.56)	

Table 5 shows the general characteristics of male patients (n=209).

Characteristic	Mean±SD	Minimum	Maximum
Age (years)	58.20±14.44	18	87
Body Weight (kg)	62.92±12.44	36	100
Body Mass Index (kg/m ²)	23.03±4.23	12.76	34.77

Table 6 shows the general characteristics of female patients (n=291).

Characteristic	Mean±SD	Minimum	Maximum
Age (years)	56.60±14.92	22	88
Body Weight (kg)	55.87±13.37	26.70	95
Body Mass Index (kg/m ²)	23.29±5.62	12.34	43.56

3.1 Patient Data and Radiation Dose Received from the Slice at the Mid-position of the CT Chest Scan

Adult patients aged 18 years and above who underwent chest CT scans at the Department of Diagnostic Radiology, Rajavithi Hospital, were included in the study. A total of 500 patients participated, with 209 males and 291 females. The average measurement of the AP diameter was 20.62 ± 2.54 cm (minimum 13.00 cm, maximum 29.10 cm), and the average Lateral diameter was 31.82 ± 3.46 cm (minimum 19.40 cm, maximum 53.40 cm). The average AP + Lateral diameter was 52.45 ± 5.54 cm (minimum 37.50 cm, maximum 75.30 cm). The average conversion factor for the AP + Lateral diameter was 1.44 ± 0.14 cm (minimum 0.96 cm, maximum 2.01 cm). The average effective diameter was 25.59 ± 2.73 cm (minimum 17.85 cm, maximum 35.13 cm), with an average conversion factor for the effective diameter of 1.45 ± 0.15 cm (minimum 1.02 cm, maximum 1.91 cm). The average Mean CT number (HU) was -263.41 ± 68.52 (minimum -468, maximum -50). The average Area of ROI (cm^2) was 579.97 ± 116.38 (minimum 298.98 cm^2 , maximum 1011.29 cm^2). The average Water Equivalent Diameter (Dw) was 23.21 ± 2.86 cm (minimum 16.10 cm, maximum 33.30 cm), with an average conversion factor for Dw of 1.58 ± 0.17 (minimum 1.10, maximum 2.06). The average DLP was 301.74 ± 110.03 mGy·cm (minimum 47.50, maximum 794.30). The average CT Scanner Output (CTDI_{vol}) was 8.38 ± 2.94 mGy (minimum 1.76, maximum 20.18). The average Effective Dose was 4.22 ± 1.54 mSv (minimum 0.67 mSv, maximum 11.12 mSv). The average SSDE for AP + Lateral was 11.80 ± 3.26 mGy (minimum 2.70 mGy, maximum 27.94 mGy). The average SSDE for Effective Diameter was 11.86 ± 3.22 mGy (minimum 2.66 mGy, maximum 23.27 mGy). The average SSDE for Dw was 12.91 ± 3.46 mGy (minimum 2.97 mGy, maximum 25.05 mGy). The data are presented in Table 7.

Table 7 shows the patient data and radiation dose received from the slice at the mid-position of the CT Chest scan. The data is presented as the mean, standard deviation, minimum, and maximum values obtained after the chest CT scans of adult patients aged 18 years and older at the Department of Diagnostic Radiology, Rajavithi Hospital (n=500). Among the participants, 209 were male and 291 were female.

	Mean±SD	Minimum	Maximum
AP diameter (cm)	20.62 ± 2.54	13.00	29.10
Lat diameter (cm)	31.82 ± 3.46	19.40	53.40
AP+Lat diameter (cm)	52.45 ± 5.54	37.50	75.30
Effective diameter (cm)	25.59 ± 2.73	17.85	35.13
Mean CT number (HU)	-263.41 ± 68.52	-468	-50
Area of ROI (cm^2)	579.97 ± 116.38	298.98	1011.29
Water equivalent diameter (Dw) (cm)	23.21 ± 2.86	16.10	33.30
conversion factor μ_{en}/ρ AP+Lat diameter (cm)	1.44 ± 0.14	0.96	2.01
conversion factor μ_{en}/ρ effective diameter (cm)	1.45 ± 0.15	1.02	1.91

1.91			
conversion factor η_{Dw} Water equivalent diameter (Dw)	1.58±0.17	1.10	2.06
DLP (mGy-cm)	301.74±110.03		47.50
794.30			
CTDI _{vol} (mGy)	8.38±2.94	1.76	
20.18			
Effective dose (mSv)	4.22±1.54		0.67
11.12			
SSDE _{AP+Lat} (mGy)	11.80±3.26		2.70
27.94			
SSDE _{effective diameter} (mGy)	11.86±3.22		2.66
23.27			
SSDE _{Dw} (mGy)	12.91±3.46	2.97	25.05

3.2 The comparison of SSDE values calculated from the AP + Lat diameter, effective diameter, and Water Equivalent Diameter (Dw) from the slice at the mid-position of the CT Chest scan:

The study found that the SSDE calculated using the AP + Lat diameter method had a mean value of 11.80±3.26 mGy, the SSDE calculated using the effective diameter method had a mean value of 11.86±3.22 mGy, and the SSDE calculated using the Water Equivalent Diameter (Dw) method had a mean value of 12.91±3.46 mGy. The results indicated a statistically significant correlation between the SSDE values calculated by all three methods ($P < 0.001$), with the mean SSDE values shown in Table 8.

Table 8 presents the mean Size-Specific Dose Estimate (SSDE) values calculated using the AP + Lat diameter method, the effective diameter method, and the Water Equivalent Diameter (Dw) method from the slice at the mid-position of the CT Chest scan for 500 adult patients (209 male and 291 female).

	Mean±SD	P-value
SSDE _{AP+Lat} (mGy)	11.80±3.26	< 0.001
SSDE _{effective diameter} (mGy)	11.86±3.22	
SSDE _{AP+Lat} (mGy)	11.80±3.26	< 0.001
SSDE _{Dw} (mGy)	12.91±3.46	
SSDE _{effective diameter} (mGy)	11.86±3.22	< 0.001
SSDE _{Dw} (mGy)	12.91±3.46	

* Statistical significance was considered at the 0.05 level (p -value < 0.05), using a two-tailed test

The SSDE values, computed using the AP + Lat diameter, effective diameter, and Dw methods, are displayed in box plots. These plots illustrate the distribution of SSDE values

across a cohort of 500 adult patients. The boxes represent the interquartile range (IQR), with the lower and upper edges corresponding to the 25th and 75th percentiles. The black line within the box denotes the median value, while the cross inside the box indicates the mean value of the data, as depicted in Figure 4.

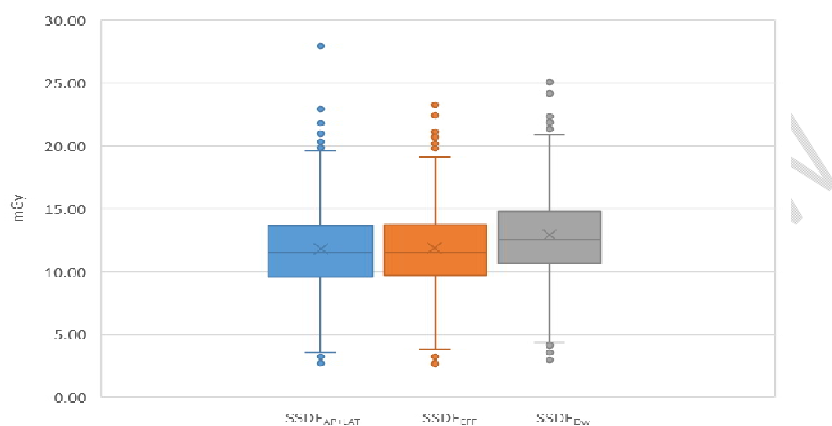


Figure 4 illustrates the box plot of SSDE values calculated using the AP + Lat diameter, effective diameter, and Dw methods from the mid-slice position of the CT Chest scan.

3.3 The relationship between SSDE and CTDI_{vol}

The study examined the relationship between the values of SSDE (AP + Lat), SSDE (effective diameter), or SSDE (Dw) and CTDI_{vol} in CT chest examinations, as shown in Table 9.

- A very strong linear correlation between SSDE (AP + Lat) and CTDI_{vol} was found, with an R² value of 0.9870 and a p-value < 0.001.
- A very strong linear correlation between SSDE (effective diameter) and CTDI_{vol} was observed, with an R² value of 0.9863 and a p-value < 0.001.
- A very strong linear correlation between SSDE (Dw) and CTDI_{vol} was demonstrated, with an R² value of 0.9841 and a p-value < 0.001.

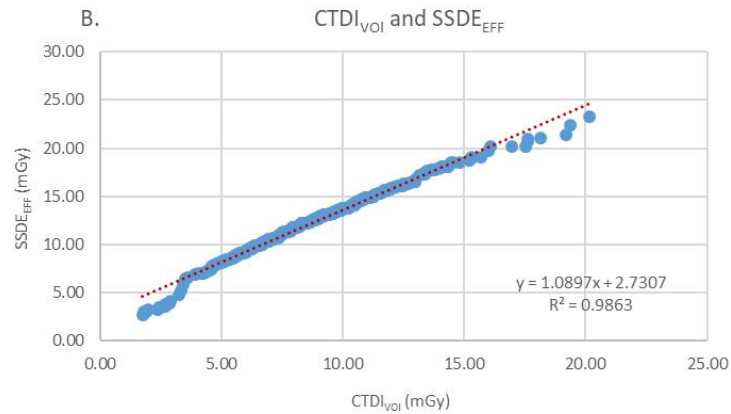
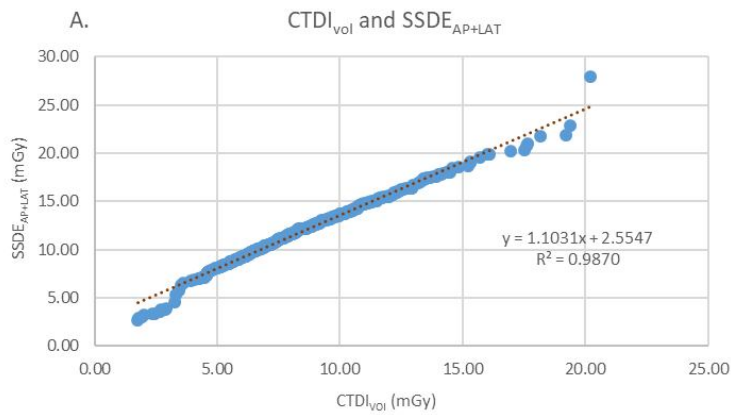
Table 9: The relationship between SSDE values and CTDI_{vol}.

	SSDE _{AP+Lat} (mGy)	CTDI _{vol} (mGy)	R ²	p-value < 0.001
Mean±SD	11.80±3.26	8.38±2.94	0.9870	
	SSDE _{effective diameter} (mGy)	CTDI _{vol} (mGy)		p-value < 0.001
Mean±SD	11.86±3.22	8.38±2.94	0.9863	

	SSDE _{Dw} (mGy)	CTDI _{VOI} (mGy)		p-value < 0.001
Mean±SD	12.91±3.46	8.38±2.94	0.9841	

- A statistically significant relationship at the 0.05 significance level (p-value < 0.05) (2-tailed)

The line graph illustrating the relationship between CTDI_{VOI} and SSDE from the slice at the mid-position of the CT Chest scan is shown in Figure 5.



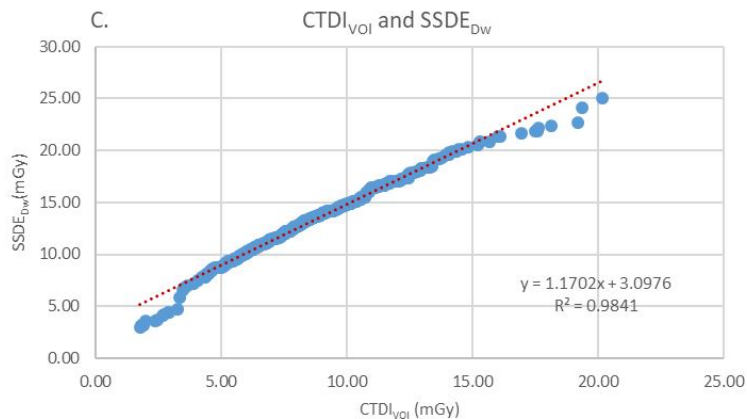


Figure 5: Panels A-C present linear graphs illustrating the relationship between $CTDI_{vol}$ and SSDE from the slice at the mid-position of the CT Chest scan. (A) $CTDI_{vol}$ and $SSDE_{AP+Lat}$, (B) $CTDI_{vol}$ and $SSDE_{effective\ diameter}$, and (C) $CTDI_{vol}$ and $SSDE_{Dw}$

4. DISCUSSION

Modern computed tomography (CT) scanners represent a significant advancement in imaging technology, incorporating high efficiency and the ability to quantify radiation exposure through parameters such as the Volume Computed Tomography Dose Index ($CTDI_{vol}$) and the Dose Length Product (DLP)⁽¹⁾. The amount of radiation received by a patient during a CT scan depends on both the patient's body size and the radiation output of the CT scanner. However, the $CTDI_{vol}$ represents only the radiation emitted by the scanner, which is calibrated using phantom models provided by the manufacturer, typically with only two reference sizes: 16 cm and 32 cm. This approach does not take into account the actual body size of the patient, thereby limiting the accuracy of radiation dose estimates for individual patients.

In 2011, the American Association of Physicists in Medicine (AAPM) published report No. 204⁽²⁾, which introduced a new approach for evaluating Size-Specific Dose Estimates (SSDE) in computed tomography (CT) imaging. This methodology was further elaborated in AAPM report No. 220⁽³⁾ in 2014. The aim of these reports was to enhance the accuracy and precision of radiation dose assessments for patients undergoing CT scans. Both reports emphasize the importance of considering the patient's body size when evaluating radiation exposure. Specifically, the reports recommend measuring the patient's size, comparing it to a conversion factor (f_{size}) provided in the tables of AAPM reports No. 204⁽²⁾ and 220⁽³⁾, and then multiplying the $CTDI_{vol}$ value by the appropriate conversion factor to derive the SSDE, thereby providing a more precise estimation of radiation dose.

In this study, the patient size correction factor (conversion factor; f_{size}) from AAPM reports No. 204⁽²⁾ and 220⁽³⁾ was utilized to calculate the Size-Specific Dose Estimate (SSDE) for chest CT scans using a 128-slice CT scanner. Additionally, two other radiation dose parameters, the Effective Dose and Dose Length Product (DLP), were assessed. In practice,

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calculating the Effective Dose can be quite complex. However, the American Association of Physicists in Medicine (AAPM), in report No. 96⁽¹¹⁾, provided a simplified method for this calculation. It suggests calculating the Effective Dose by multiplying the correction factor by the Total DLP, with the correction factor measured in millisieverts per milligray-centimeter and differentiated based on patient age and scan region (as shown in Table 6).

In this study, the radiation dose received by patients of varying sizes during chest CT scans using a 128-slice CT scanner was evaluated in 500 adult patients at the Radiology Department, Rajavithi Hospital. Three methods for calculating the Size-Specific Dose Estimate (SSDE) were employed: $SSDE_{AP+Lat}$, $SSDE_{effective\ diameter}$, and $SSDE_{Dw}$. These methods were used as dose descriptors to assess the radiation doses received by patients during CT scans, and were compared with reference radiation dose levels to ensure patients received appropriate and justified doses. This approach is considered to provide a more accurate estimate than the $CTDI_{vol}$ value displayed on the CT scanner monitor. The SSDE calculation in this study involved multiplying the $CTDI_{vol}$ by the conversion factor (f_{size}), based on patient size measurements in both the anterior-posterior (AP) and lateral (Lat) orientations, in order to obtain the true size of the patient. The average SSDE value obtained using the AP+Lat method was 11.80 ± 3.26 mGy, with the 75th percentile value at 13.65 mGy. For the Effective Diameter method, the average SSDE was 11.86 ± 3.22 mGy, with the 75th percentile at 13.72 mGy. For the Dw method, the SSDE value averaged 12.91 ± 3.46 mGy, with the 75th percentile at 14.82 mGy. The average $CTDI_{vol}$ value at Rajavithi Hospital's Radiology Department was 8.38 ± 2.94 mGy, with the 75th percentile at 9.99 mGy. Additionally, the study evaluated the Dose-Length Product (DLP) and Effective Dose. The average DLP was 301.74 ± 110 mGy.cm, with the 75th percentile at 365.00 mGy.cm. The average Effective Dose was 4.22 ± 1.54 mSv, with the 75th percentile at 5.11 mSv. When compared with established reference radiation dose levels (DRLs) from various sources, including the European Association, the International Commission on Radiological Protection (ICRP), Japan 2015, and Thailand's DRLs, the average $CTDI_{vol}$ and 75th percentile values from this study were found to be lower than the reference levels provided by the European Association (EUR 16262), ICRP publication 87, Japan 2015, and Thailand's reference levels (Tables 8, 9, and 10). Furthermore, the DLP values in this study were found to be lower than the reference levels from both the European Association and Thailand's DRLs (Table 10). Similarly, the Effective Dose values were lower than the reference levels from the European Association (EUR 16262), the United States (USA 2009), the United Kingdom (UK 2011), and the International Atomic Energy Agency (IAEA 2006). The SSDE values from this study were also compared with those reported by Christner JA and colleagues. It was found that the average SSDE values from chest CT scans at Rajavithi Hospital were lower than those reported by Christner et al. (Table 11).

In conclusion, this study successfully assessed the SSDE values for evaluating radiation doses in chest CT scans using three methods. The average SSDE values for $SSDE_{AP+Lat}$, $SSDE_{effective\ diameter}$, and $SSDE_{Dw}$ were 11.80 ± 3.26 , 11.86 ± 3.22 , and 12.91 ± 3.46 mGy, respectively, with a p-value < 0.001 (Table 8). The correlation between SSDE values obtained from the three methods and $CTDI_{vol}$ demonstrated strong consistency, with correlation coefficients (R^2) of 0.9870, 0.9863, and 0.9841, respectively, and p-values < 0.001 (Table 9).

In 2021, the Radiology Department at Rajavithi Hospital implemented a revised protocol for chest CT examinations, recognizing the importance of reducing radiation exposure to patients while maintaining diagnostic image quality. The updated protocol aimed to eliminate unnecessary radiation doses that do not contribute to improving image quality. This was

achieved by adjusting several scan parameters, including scan length, tube potential (kVp), tube current (mA), and the use of automatic exposure control techniques. Radiologists played a crucial role in ensuring the quality of the CT images, ensuring that the detection of pathological features was not compromised. The study conducted evaluated the radiation doses patients received under this new protocol and compared the results with Diagnostic Reference Levels (DRLs). The findings revealed that the radiation doses were lower than the reference levels, suggesting the success of the protocol in optimizing radiation exposure. However, ongoing monitoring and management of radiation doses remain essential to ensure optimal exposure levels, balancing image quality with radiation safety.

Table 10 presents the mean, standard deviation, maximum value, minimum value, and the 75th percentile of radiation doses obtained from this study, compared with reference radiation dose values from various countries and Thailand.

	CTDI _{vol} (mGy)	DLP (mGy·cm)	Effective dose (mSv)	SSDE _{AP,Lat} (mGy)	SSDE _{effective} diameter (mGy)	SSDE _{Dw} (mGy)
Mean±SD	8.38±2.94	301.74±110.03	4.22±1.54	11.80±3.26	11.86±3.22	12.91±3.46
Minimum	1.76	47.50	0.67	2.70	2.66	2.97
Maximum	20.18	794.30	11.12	27.94	23.27	25.05
Percentiles 75	9.99	365.00	5.11	13.65	13.72	14.82
EUR 16262	30	650	11.1	-	-	-
American 2009	-	-	7	-	-	-
UK 2011	-	610	6.1	-	-	-
IAEA 2006	-	-	5.9	-	-	-
ICRP publication 87	30	-	-	-	-	-
Japan 2015	15	550	-	-	-	-
Christer JA et al	-	-	-	21.8	-	-
Thailand DRLs 2021	18	665	-	-	-	-

Table 11 presents a comparison of the radiation dose received by patients during chest CT scans using a 128-slice CT scanner in this study, against the reference radiation dose levels from various countries and Thailand.

CT chest	CTDI _{vol} (mGy)					Christer JA et al	SSDE (mGy)		
	EUR 16262	ICRP'87 2015	Japan 2015	Thailand 2021	this study 2024		this study 2024 SSDE _{AP,Lat}	SSDE _{effective} diameter	SSDE _{Dw}
	30	30	15	18	8.38	21.80	11.80	11.86	12.91

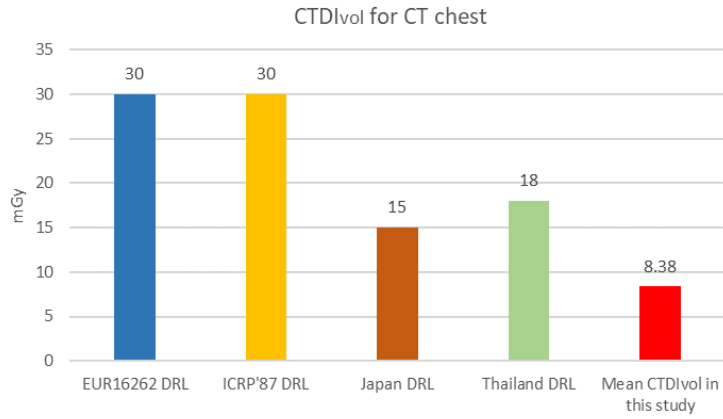


Figure 6 illustrates a comparison of the $CTDI_{vol}$ values with the Diagnostic Reference Levels (DRLs) and the results from this study on chest CT scans using a 128-slice Computed Tomography (CT) scanner.

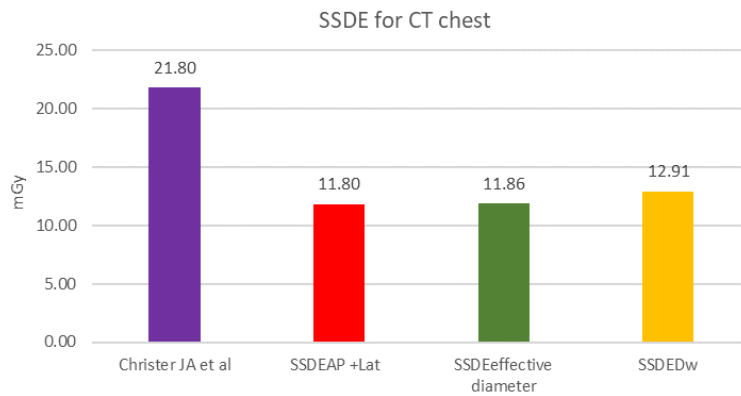


Figure 7 illustrates a comparison of the radiation dose values obtained using the SSDE method with the results from the study by Christner JA et al., as well as the findings from this study involving chest CT scans conducted with a 128-slice CT scanner.

5. CONCLUSIONS

This study demonstrated the radiation doses received by patients of different sizes during chest CT scans using a 128-slice CT scanner at Rajavithi Hospital's diagnostic radiology department. The Size-Specific Dose Estimates (SSDE) were calculated using three methods: $SSDE_{AP,Lat}$, $SSDE_{effective\ diameter}$, and $SSDE_{Dw}$. The results showed that the average SSDE values for each method were 11.80 mGy, 11.86 ± 3.22 mGy, and 12.91 ± 3.46 mGy, respectively, while the $CTDI_{vol}$ value was 8.38 mGy. Statistical analysis revealed significant differences with a p-value < 0.001 . Furthermore, the correlation between the SSDE values from all three methods and the $CTDI_{vol}$ was found to be very strong, with correlation coefficients (R^2) of 0.9870, 0.9863, and 0.9841, respectively, all with p-values < 0.001 . These results suggest that all three methods can be reliably used to estimate the radiation dose received by patients, providing accurate assessments of radiation exposure during chest CT scans.

The comparison of radiation doses received by patients of varying sizes during chest CT scans using a 128-slice CT scanner at the Rajavithi Hospital's Diagnostic Radiology Department, as compared to the reference radiation levels from various countries and other research studies, revealed that the radiation doses were lower than the reference levels. This reduction is attributed to the implementation of optimized protocols, which include adjustments to key parameters such as the scan length, tube potential (kVp), tube current (mA), and the use of automatic exposure control techniques. Additionally, radiation oncologists are involved in assessing the image quality to ensure that diagnostic accuracy is maintained without compromising the ability to detect abnormalities. These measures align with the principles of optimization to achieve the most appropriate balance between image quality and radiation exposure.

Thus, the radiation dose values derived from this study can serve as a valuable reference for evaluating patient radiation exposure during chest CT scans at the Diagnostic Radiology Department of Rajavithi Hospital in the future, ensuring optimized and accurate dose assessments.

6. LIMITATIONS

This study focused solely on adult patients who underwent chest CT scans at the Diagnostic Radiology Department of Rajavithi Hospital. Therefore, the radiation doses received from chest CT scans in this study cannot be used as reference radiation levels for all patients. However, the data obtained can serve as a foundation for further studies aimed at evaluating risks and developing guidelines for the appropriate use of radiation doses in the future.

CONSENT

It is not applicable

ETHICAL APPROVAL

The retrospective study was approved by the Ethics committee, Rajavithi Hospital (no 166/2567).

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