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### **DRLs should be tied to clinical indication, not anatomy**

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A group from Switzerland used dose-monitoring software to conclude that CT diagnostic reference levels (DRLs) should be based on clinical indication, rather than anatomical region.

There is currently a lack of international standardization on DRLs in CT scanners, according to presenter Dr. Hugues Brat of Institut de Radiologie de Sion (IRS), Groupe 3R. In addition, existing DRLs are based on anatomy. Because an abdominal CT study is used to diagnose a urinary tract stone and also characterize a liver tumor, both cases would fall under the same DRL guideline, he said.

The researchers sought to compare the DRLs for CT studies by clinical indication instead of anatomical region. Using DoseWatch dose-management software ([GE Healthcare](#)), they collected CT dose data from seven scanners at five medical imaging centers.

"Our study shows that considering indication-based (diverticulitis, renal tumor, etc.) CT scanner protocols (and DRLs) instead of anatomical references (chest, abdomen) results in significantly lower patient dose in many cases, independent of dose optimization," Brat told *AuntMinnie.com*. "National DRLs don't reflect clinical practice and might be re-evaluated on the basis of clinical indication instead of anatomical region."

Attend this Monday afternoon presentation to learn more.

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