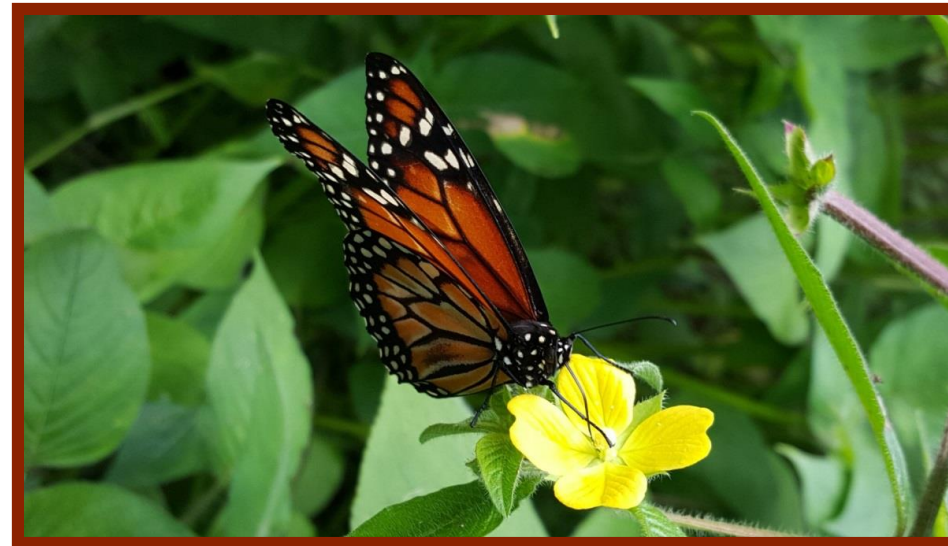


# The Image Gently Alliance: Year in Review - RSNA 2023

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**Donald P. Frush, MD**  
**Chair, Image Gently Alliance**



*Courtesy George Bisset, MD*

# Image Gently Alliance



- 2023 update
- **Butterfly Award**
- **Image IntelliGently: AI in pediatric imaging.**  
**Marla Sammer, MD**
- **Open discussion for Alliance members**

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# Unique Considerations for Pediatric Imaging Compared with Adult Imaging Care: *Radiation Protection Relevance*

- *Different disorders*
- *Different clinical manifestations of similar disorders in adults*
- *Different imaging appearances for similar disorders*
- *Preverbal patients*
- *Requisite engagement with caregivers*
- *Need for child friendly environment*
- *Imaging team comfortable with and capable of pediatric care*
- *Increase dependence on sedation and anesthesia*
- *Familiarity with other immobilization strategies*
- *Large range of sizes*
- *Impact of morbidity and mortality and longer life expectancy*
- *Transfer of care: “age out”*
- *Variations in anatomy*
- *Variations in physiology*
- *Variable availability of pediatric referrers*
- *Majority of imaging (85%) in practices that are not pediatric centers (US)*
- *Potentially inadequate configurations for ionizing radiation equipment for children*
- *Potentially higher sense of significance with child morbidity and mortality*
- *Challenges with dose estimation*
- *Challenges with radiation sensitivity and risk estimations*



*The need for stewardship:  
making decisions FOR our  
youngest*



**In health or illness,  
children are our future**

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## Risk of hematological malignancies from CT radiation exposure in children, adolescents and young adults

[Magda Bosch de Basea Gomez](#), [Isabelle Thierry-Chef](#), [Richard Harbron](#), [Michael Hauptmann](#), [Graham Byrnes](#), [Maria-Odile Bernier](#), [Lucian Le Cornet](#), [J r mie Dabin](#), [Gilles Ferro](#), [Tore S. Istad](#), [Andreas Jahnen](#), [Choonsik Lee](#), [Carlo Maccia](#), [Fran oise Malchair](#), [Hilde Olerud](#), [Steven L. Simon](#), [Jordi Figuerola](#), [Anna Peiro](#), [Hilde Engels](#), [Christoffer Johansen](#), [Maria Blettner](#), [Magnus Kaijser](#), [Kristina Kjaerheim](#), [Amy Berrington de Gonzalez](#), ... [Elisabeth Cardis](#)  [+ Show authors](#)

[Nature Medicine](#) (2023) | [Cite this article](#)

6417 Accesses | 263 Altmetric | [Metrics](#)

### Abstract

Over one million European children undergo computed tomography (CT) scans annually. Although moderate- to high-dose ionizing radiation exposure is an

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## November 2023: EPI-CT



“Results suggest that for every 10,000 children examined today (mean dose 8 mGy), 1–2 persons are expected to develop a hematological malignancy attributable to radiation exposure in the subsequent 12 years.”

### Press Release:

“A multinational study of almost one million individuals confirms a strong and clear association between exposure to radiation from CT scans in young people and an increased risk of blood cancers.”

# Alliance Update



- **Operations**
- **Partnerships**
- **Presentations**
- **Publications**
- **Projects**

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# Alliance Update



- **Operations**
- Partnerships
- Presentations
- Publications
- Projects

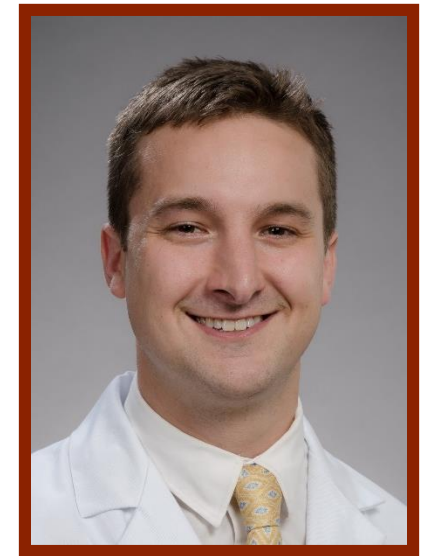
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# Committee Updates



- **Candy Stewart and Dara Ferguson**
- **New Members:**
  - **Craig St. George M.S.,R.T.(R)(VI)**
  - **Summer Kaplan, MD**
  - **Eric Monroe, MD**





# Alliance Update: Operations



- **Website updated**
- **Revising email list**
- **Reviewing “pledge” model**

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## The Image Gently® pledge!



Pledge to Image Gently®  
For group certificates, please click [here](#).

## Secure Online Donation



## Family-Friendly Campaign



## News

- Image Gently Annual Meeting at RSNA 2023
- Imaging and AI: how "fit" for children?
- EuroSafe Imaging 2023 webinar series in collaboration with the European School of Radiology (ESOR)
- 2023 Annual Meeting
- Take the Image Wisely Pledge now!

## 2022 Butterfly Award Winners



## Featured Blog

The Need for Informed Use of AI-Enabled Devices in Pediatric Patients



## Fast Links

- CT Protocols
- Free Webinars
- Parent Information
- Translations
- Campaign Overview
- The Alliance
- Steering Committee
- Posters
- The Butterfly Effect Newsletter
- Privacy and Cookie Policy

## Contact Us



### Image Gently Mission Statement Update

The mission of the Image Gently Alliance is, through advocacy, to improve safe and effective imaging care of children worldwide.



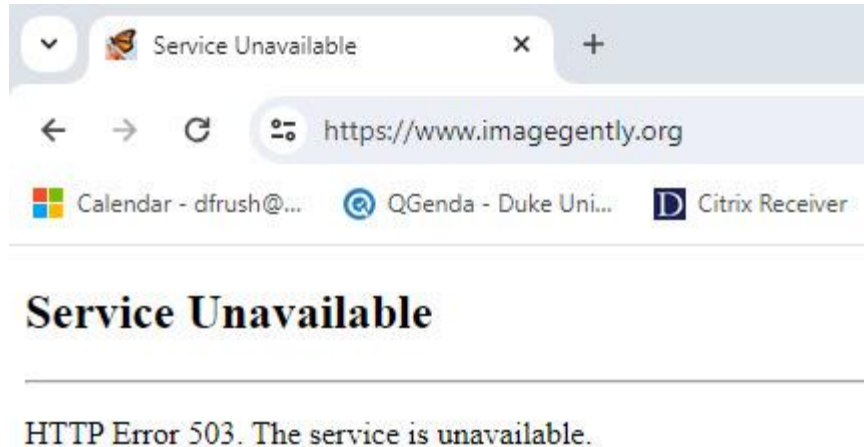
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# Alliance Update: Operations



This Past Friday [www.imagegently.org](https://www.imagegently.org)



“The HyperText Transfer Protocol (HTTP) 503 Service Unavailable server error response code indicates that the server is not ready to handle the request. Common causes are a server that is down for maintenance or that is overloaded.”

## My initial search

Mathew 5:30:

“You’re blessed when you are at the end of your rope...”

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# Alliance Update



- Operations
- **Partnerships**
- Presentations
- Publications
- Projects

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# Founding Societies



**Society for Pediatric Radiology**

**American College of Radiology**

**American Society of Radiologic Technologists**

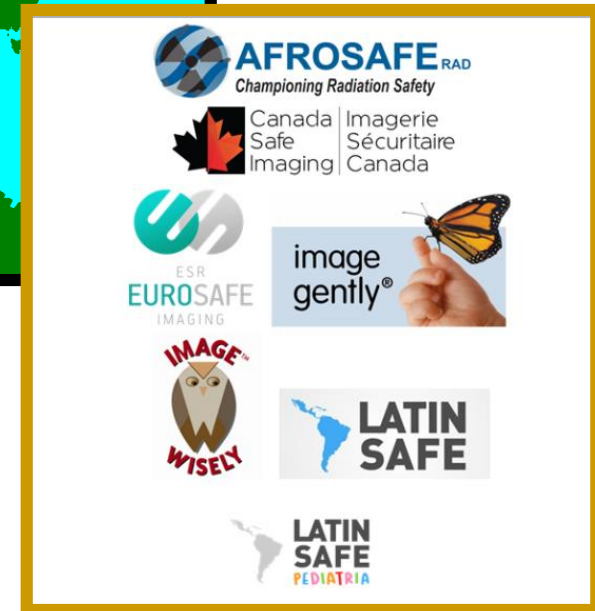
**American Association of Physicists in Medicine**



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# Global Cooperation





# SLARP



Campaña de tomografía de baja dosis de radiación en niños

## About the Campaign

Our **Let's Radiate Awareness** campaign aims to help, through 12 basic tips, to reduce the dose of ionizing radiation emitted when a computed tomography (CT) scan is performed on our Latin American children, thus generating awareness of the importance of knowing, learning and working safely with one of the most widely used diagnostic methods.

We know that diagnostic imaging is a tool that has become fundamentally important, facilitating the approach to various pathologies and their treatment. This, in turn, has brought with it a marked increase in exposure to ionizing radiation and CT is the main contributor to this burden. Ionizing radiation is potentially harmful and no unnecessary exposure should be allowed, which is why the **International Commission on Radiological Protection (ICRP)** created the principle of **ALARA (As Low As Reasonably Achievable)** which translates to: *as low radiation as reasonably possible*, and is a precept that must be complied with and individualized in each pediatric patient.

Radiation dose is of particular concern in the pediatric patient. Children's cells, which divide rapidly, are more radiosensitive than those of adults. Children have a longer lifespan to manifest potential radiation injury and the potential for radiation-induced cancer expression later in life is the primary concern in pediatric patients.

This campaign aims to ensure that, by working together, we can optimise imaging for our paediatric patients with good quality CT scans and reduce the radiation dose.



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## Social Media Toolkit

Join the **Let's Radiate Awareness Campaign** by sharing the 12 educational tips on your social networks.

Download the materials in Spanish or Portuguese by clicking on the links below. Use the **#IrradiemosConciencia** to join the broadcast and tag SLARP in your posts. On Instagram find us as **@slarp.official**, Twitter **@SLARPok**



Download Parts Pack in Spanish

Download parts pack in Portuguese

<https://slarp.net/irradiemos-conciencia/>

# Alliance Update



- Operations
- Partnerships
- **Presentations**
- Publications
- Projects

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# 2023 Image Gently Presentations



- **European Congress of Radiology (ECR)**
- **Congresso Brasileiro De Radiologia (CBR)**
- **ACR Blue Ribbon Panel on Fluoroscopy Safety**
- **IAEA Consultancy Meeting February 2023**
- **IAEA Technical Meeting Feb-March 2023**
- **IAEA Technical Meeting (AFRA) December 2023**
- **Annual Meeting of the Radiological Society of Saudi Arabia**
- **ICR Hurghada, Egypt March 2013**
- **AAPM Quality Measures Roundtable**
- **WHO Patient Safety Day**
- **West Virginia Society of Radiologic Technologists**

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A webinar organized for **World Patient Safety Day**  
17 September 2023



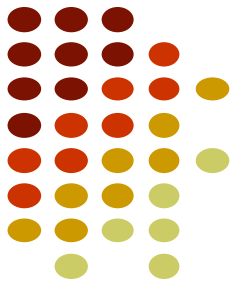
## Engaging patients for medical radiation safety

18 September 2023  
13:00-14:30 (CEST)

Click [here](#) for more information and to sign up for the event



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# Alliance Update



- Steering Committee
- Partnerships
- Presentations
- **Publications**
- Projects

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## “Image Gently” Includes “Image IntelliGently”

Marla B. K. Sammer, MD, MHA, Donald P. Frush, MD

To date, the Radiation Sensibilities column has largely addressed radiation concerns. However, the underlying intent has been to ensure the highest-quality care for all patients who undergo imaging, both pediatric and adult, by stimulating discussions on appropriate imaging techniques. More recently, imaging techniques have come to include artificial intelligence (AI). Here, the approach of the Image Gently Alliance<sup>®</sup> [1], which advocates for informed imaging specifically tailored to children, is used as a model to address the use of AI in radiology.

As is now commonly accepted, in large part thanks to the Image Gently Alliance, different technical parameters are used to perform imaging studies in pediatric patients, especially those that use ionizing radiation [2]. For example, given their smaller sizes, in young children undergoing CT examinations, different milliamperes and kilovolt settings are necessary to both produce the diagnostic quality imaging and minimize the potential risks from ionizing radiation. Furthermore, the appropriate standards by which radiation doses in pediatric imaging examinations are evaluated are based on different metrics than adults [3]. Consequently, it is well known that providers and facilities that care for pediatric patients should

In radiology, AI applications are currently used for a variety of steps in performing imaging, including before imaging, during image acquisition, in imaging review prioritization, in imaging interpretation, and during reporting. However, this wide use betrays the fact that there is uncertainty about the precision and accuracy of AI technologies when used in the pediatric population. For example, it is not a given that an AI tool designed to minimize image noise for an adult-sized relatively low-dose CT examination will provide the same-quality output when applied to pediatric images.

Since AI is part of the prephysician review imaging acquisition phase, it is least as much within the purview of radiology staff such as technologists, the informatics team, and medical physicists as physicians. In these steps, in addition to modifying image quality and reducing radiation dose, AI is frequently used for its ability to detect abnormalities, including to prioritize these studies to be read before other studies. In summary, AI is often applied to imaging before physician review [3]. Therefore, even though physicians may be thought to arbitrate the accuracy of AI on a case-by-case basis, since it is being applied in the image acquisition step

been the case, even though in the few published studies that evaluated AI developed for adults on pediatric radiology patients, it did not perform as well in children [4-6]. To address, the ACR has established the Image IntelliGently<sup>™</sup> campaign, modeled on the Image Gently<sup>®</sup> approach of collaboration and assurance through education and advocacy [1], to ensure that AI in radiology is used in a safe, equitable, reliable, and effective manner for children.

As with Image Gently, a foremost focus is pediatric patient safety. However, the Alliance focus has been more comprehensive than limiting radiation exposure alone. For example, although the Image Gently Alliance rightly raised awareness of and changed for the better our understanding of the needs for improved use (mostly reduction) of medical radiation in children, the focus has reiterated the need for a more nuanced understanding of CT acquisition, focused not only on radiation dose but also on performing an examination of high diagnostic quality [7]. This was eloquently described by Guilleman in 2014, when he implored the radiology community to image *intelligently*, rather than simply “imaging gently” [8]. Quite simply, there is no value



# JACR Commentaries: “Radiation Sensibilities”

**“Image Gently” Includes “Image IntelliGently” M BK Sammer**  
***Journal of the American College of Radiology* Uncorrected Proof**  
**Published online: August 25, 2023**

**The International Commission on Radiological Protection: Working**  
**Toward Keeping Recommendations Fit for Purpose**  
***Journal of the American College of Radiology* Vol. 20 Issue 7 p721–722**  
**Published online: March 28, 2023 KE Applegate**

**Has Has Pediatric Digital Dental Radiography Kept Pace with**  
**Available Technology? Keith J. Strauss<sup>1</sup>, Aditya Tadinada<sup>2</sup>, Usman**  
**Mahmood<sup>3</sup>**  
**In Press**



## Recurrent Medical Imaging Exposures for the Care of Patients: One Way Forward

Frush DP<sup>1</sup>, Vassileva J<sup>2</sup>, Brambilla M<sup>3</sup>, Mahesh MM<sup>4</sup>, Rehani M<sup>5</sup>, Samei E<sup>1</sup>, Applegate KE<sup>6</sup>, Bourland JD<sup>7</sup>, Cirai-Bjenlac O<sup>8</sup>, Dahlstrom D<sup>9</sup>, Gershan V<sup>2</sup>, Gilligan P<sup>10</sup>, Godthelp BC<sup>11</sup>, Hjemly H<sup>12</sup>, Kainberger F<sup>13</sup>, Mikhail-Lette M<sup>3</sup>, Holmberg O<sup>2</sup>, Paez D<sup>8</sup>, Schrandt S<sup>14</sup>, Valentin A<sup>15</sup>, Van Deventer TE<sup>16</sup>, Wakeford R<sup>17</sup>

<sup>1</sup>Department of Radiology  
Duke University Medical Center  
Durham, North Carolina 27705 USA  
E-mail: [donald.frush@duke.edu](mailto:donald.frush@duke.edu)

<sup>2</sup>Radiation Protection of Patients Unit, International Atomic Energy Agency, Vienna, Austria

<sup>3</sup>Department of Medical Physics, University Hospital of Novara, Italy

<sup>4</sup>Department of Radiology, Johns Hopkins University School of Medicine, USA

<sup>5</sup>Department of Radiology, Massachusetts General Hospital, USA

<sup>6</sup>Department of Radiology, University of Kentucky, USA (retired)

<sup>7</sup>Department of Radiation Oncology, Wake Forest University School of Medicine, USA

<sup>8</sup>Division of Human Health, International Atomic Energy Agency, Vienna, Austria

<sup>9</sup>Communication Expert, Vienna, Austria

<sup>10</sup>European Federation of Organisations for Medical Physics, Mater Misericordiae University Hospital, Dublin, Ireland

<sup>11</sup>Authority for Nuclear Safety and Radiation Protection, The Hague, The Netherlands

<sup>12</sup>International Society of Radiographers and Radiological Technologists

<sup>13</sup>Department of Biomedical Imaging and Image-Guided Therapy, Medical University of Vienna, Austria

<sup>14</sup>ExPPect Champion, Patients for Patient Safety US (Affiliate, WHO PFPS Network), USA

<sup>15</sup>Department of Internal Medicine with Cardiology & Intensive Care Medicine Clinic Donaustadt Vienna Health Care Group, Vienna, Austria

<sup>16</sup>Radiation and Health Unit, World Health Organization, Geneva, Switzerland

<sup>17</sup>Centre for Occupational and Environmental Health, The University of Manchester, United Kingdom



**Table 3: IAEA Consultancy Meeting Representation**

American Association of Medical Physicists (AAPM)  
American College of Radiology (ACR)  
European Federation of Organizations for Medical Physics (EFOMP)  
European Society of Radiology (ESR)  
Heads of European Radiological Protection Competent Authorities (HERCA)  
Image Gently Alliance  
International Atomic Energy Agency (IAEA)  
International Commission on Radiological Protection (ICRP)  
International Organization for Medical Physicists (IOMP)  
International Society of Radiology (ISR)  
International Society of Radiographers and Radiological Technologists (ISRRT)  
\*World Health Organization (WHO)

In addition, physician representation from Austrian Society for Internal and General Intensive Care Medicine and a communication advisor

\*including a  
WHO Patients for Patient Safety Network patient advocate

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# Recurrent Imaging and Cumulative Effective Dose (CED): Generating Dialogue



## JOINT POSITION STATEMENT AND CALL FOR ACTION FOR STRENGTHENING RADIATION PROTECTION OF PATIENTS UNDERGOING RECURRENT RADIOLOGICAL IMAGING PROCEDURES

This Position Statement was developed by the International Atomic Energy Agency (IAEA) jointly with the European Federation of Organizations for Medical Physics (EFOMP), European Society of Radiology (ESR), Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association (DITTA), Heads of European Radiological Competent Authorities (HERCA), Image Gently Alliance, International Organization for Medical Physics (IOMP), International Society of Radiology (ISR), International Society of Radiographers and Radiological Technologists (ISRRT), in collaboration with the World Health Organization (WHO).

### INTRODUCTION

Medical imaging is immensely beneficial in the diagnosis and management of many health conditions. Benefits of a given medical imaging procedure far outweigh inherent radiation risks when the procedure is both clinically indicated and correctly performed, using the minimum necessary radiation exposure to achieve the diagnostic or interventional objective. The [Born Call for Action, jointly issued by the IAEA and WHO](#), emphasized the need for enhanced implementation in clinical practice of the principles of *justification and optimization*, the right procedure performed right, spotlighting radiation protection and safety for each patient exposure.



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Proper Use of Radiation Dose Metric Tracking for Patients Undergoing Medical Imaging Exams

### Frequently Asked Questions

#### Introduction

In August of 2021, the American Association of Physicists in Medicine (AAPM), the American College of Radiology (ACR), and the Health Physics Society (HPS) jointly released the following position statement advising against using information about a patient's previous cumulative dose information from medical imaging exams to decide the appropriateness of future imaging exams. This statement was also endorsed by the Radiological Society of North America (RSNA).

*It is the position of the American Association of Physicists in Medicine (AAPM), the American College of Radiology (ACR), and the Health Physics Society (HPS) that the decision to perform a medical imaging exam should be based on clinical grounds, including the information available from prior imaging results, and not on the dose from prior imaging-related radiation exposures.*

*AAPM has long advised, as recommended by the International Commission on Radiological Protection (ICRP), that justification of potential patient benefit and subsequent optimization of medical imaging exposures are the most appropriate actions to take to protect patients from unnecessary medical exposures. This is consistent with the foundational principles of radiation protection in medicine, namely that patient radiation dose limits are inappropriate for medical imaging exposures. Therefore, the AAPM recommends against using dose values, including effective dose, from a patient's prior imaging exams for the purposes of medical decision making. Using quantities such as cumulative effective dose may, unintentionally or by institutional or regulatory policy, negatively impact medical decisions and patient care.*

*This position statement applies to the use of metrics to longitudinally track a patient's dose from medical radiation exposures and infer potential stochastic risk from them. It does not apply to the use of organ-specific doses for purposes of evaluating the onset of deterministic effects (e.g., absorbed dose to the eye lens or skin) or performing epidemiological research.*



[https://www.iaea.org/sites/default/files/position\\_statement\\_final\\_endorsed.pdf](https://www.iaea.org/sites/default/files/position_statement_final_endorsed.pdf)

[https://www.aapm.org/org/policies/documents/EffectiveDose\\_FAQ.pdf](https://www.aapm.org/org/policies/documents/EffectiveDose_FAQ.pdf)

*Contemporary issues in radiation protection in medical imaging: BJR Sept 2021*

<https://www.birpublications.org/toc/bjr/current>

# Recurrent Imaging and CED<sup>1</sup>



- **General threshold discussed is  $\geq 100$  mSv**
- **Recent reports in adults vary:**
  - “0.6–3.4%”
  - “Up to 1.9%”
  - “0.5%”
- **Children:**
  - “0-0.08%”
- **In adults and children, oncology population most often**
- **In children, migration of imaging to MR and US**
- **“Bang for the buck”?**

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<sup>1</sup> *Br J Radiol* 2021; 94: 20210478

# Alliance Update



- Operations
- Partnerships
- Presentations
- Publications
- **Projects**

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# Image Gently Voice



- Presence in ISR QSA
- Alliance review of ICRP Report TG 108 report: Optimisation of Radiological Protection in Digital Radiology Techniques for Medical Imaging
- AAOMR Shielding Recommendations JADA 2023:154(9):826-835

## Practice Guidelines

### Patient shielding during dentomaxillofacial radiography

Recommendations from the American Academy of Oral and Maxillofacial Radiology

Erika Benavides, DDS, PhD; Avni Bhula, BDS, DDS, MSc; Anita Gohel, BDS, PhD;  
Alan G. Lurie, DDS, PhD; Sanjay M. Mallya, BDS, MDS, PhD; Aruna Ramesh, BDS, MS, DMD;  
Donald A. Tyndall, DDS, MSPH, PhD

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#### ISRQSA Call for Action

G. Frija, D. Frush, Co-Chairs of the International Society of Radiology Quality and Safety Alliance (ISRQSA)

#### Background:

The following ISRQSA Call for Action is proposed to serve as a set of internationally relevant recommendations and guidelines for medical radiation safety, management, and informed use. In fulfilling its mission "...to facilitate the global endeavors of the ISR's member organizations to improve patient care and population health through medical imaging", the ISR and its Quality and Safety Alliance will function as both a primary actor as well as a facilitator through this Call for Action.

**Action 1:** Act in accordance for safe and effective imaging across all ages

**Action 2:** Identify medical imaging performance indicators including audit tools that can be attributable to improvements in patient care

**Action 3:** Develop an Imaging Stars network of imaging centers (or develop a program distinguishing imaging centers) that achieve the embodiment of best practice

**Action 4:** Establish a mutually beneficial engagement with national authorities

**Action 5:** Collaborate with stakeholders (e.g., radiographers, medical physicists, WHO and IAEA) with related initiatives

**Action 6:** Improve information for and communication with patients and caregivers for children about radiological procedures

**Action 7:** Organize courses for health care professionals

**Action 8:** Develop clinical decision support system guidelines and implementation strategies

**Action 9:** Facilitate the establishment of a framework for what constitutes clinical diagnostic reference levels (DRLs) for adults and children

**Action 10:** Provide dose management models to establish these local and national DRLs

# ACR Image IntelliGently



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Home / Practice Management, Quality, Informatics / Informatics / Pediatric Radiology & AI

Image IntelliGently™

## Pediatric AI

### Pediatric Radiology and AI Resources to Support Your Practice

Artificial intelligence (AI) in medical imaging is rapidly growing to advance healthcare in adults but is less developed in the pediatric population. Unfortunately, many of the algorithms developed for use in adults cannot be used for children. This inability to translate adult tools to pediatric patients is due to many factors, including the wide range of body sizes, normal growth and development, different disease types, diverse manifestations of similar disorders, imaging bioeffects (such as to contrast media and radiation), and unique socioeconomic factors.

Pediatric patient needs are not being sufficiently considered when AI is developed, tested or deployed, and applications may be ineffective or detrimental to pediatric patients. Specifically, to date, none of commercially available medical imaging AI tools that diagnose, triage, or detect abnormalities were designed to be used in pediatric patients, and only a handful of tools for image processing or quantification have been developed to be used in pediatric patients. For this reason a Pediatric AI Working Group in the ACR® Informatics Commission has been established and is sponsoring the **Image IntelliGently™** campaign to ensure equal access to high-quality and safe AI for pediatric patients.

## Marla Sammer, MD is lead

<https://www.acr.org/Practice-Management-Quality-Informatics/Informatics/Pediatric-Radiology-AI-Resources>

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# Poster Translations



**Acompanhe as Diretrizes!**

Siga a Diretriz Norte Americana para Medicina Nuclear Pediátrica para imagens de alta qualidade com baixas doses de radiação. Estas doses padronizadas têm sido testadas em hospitais para crianças e funcionarão em seu hospital.

Um tamanho não serve para todos... Não há dúvida - medicina nuclear pediátrica ajuda a manter nossas crianças saudáveis e salva vidas! Quando nós fazemos imagens, a dose de radiação importa! Crianças são mais sensíveis à radiação. O que nós fazemos agora dura uma vida inteira. Então, quando nós fizermos imagens, vamos fazer gentilmente (Image gently).

Quando estudos de medicina nuclear pediátrica são a coisa certa a fazer:

- Siga a Diretriz Norte Americana para Doses Pediátricas de Radiofármacos
- Determine a dose apropriada do radiofármaco de acordo com o peso corporal.

**SNM**  
Advancing Molecular Imaging and Therapy

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Para mais informações sobre segurança radiológica de pacientes pediátricos, visite [www.imagegently.org](http://www.imagegently.org).



**Sociedade Brasileira de Medicina Nuclear**



**Acompanhe as Diretrizes!**

Siga a Diretriz Norte Americana para Medicina Nuclear Pediátrica para imagens de alta qualidade com baixas doses de radiação

Diretriz Norte Americana para Atividades de Radiofármacos Administrados em Crianças e Adolescentes\*

Radiofármaco	Atividade administrada recomendada (baseada no peso apenas)	Atividade mínima administrada	Atividade máxima administrada	Comentários
<sup>18</sup> F-MBG	5.2 MBq/kg (0.14 mCi/kg)	37 MBq (1.0 mCi)	370 MBq (10.0 mCi)	EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada em pacientes com peso maior que 10 kg.
<sup>99m</sup> Tc-MDP	9.3 MBq/kg (0.25 mCi/kg)	37 MBq (1.0 mCi)		EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada.
<sup>18</sup> F-FDG	Corpo, 3.7-5.2 MBq/kg (0.10-0.14 mCi/kg) Cerebral, 3.7 MBq/kg (0.10 mCi/kg)	37 MBq (1.0 mCi)		O limite inferior do intervalo de doses deve ser considerado em pacientes menores. A atividade administrada pode levar em conta a massa do paciente e o tempo disponível no equipamento PET. EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada.
<sup>99m</sup> Tc-DMSA	1.85 MBq/kg (0.05 mCi/kg)	18.5 MBq (0.5 mCi)		
<sup>99m</sup> Tc-MAG3	Sem estudo de fluxo, 3.7 MBq/kg (0.10 mCi/kg) Com estudo de fluxo, 5.55 MBq/kg (0.15 mCi/kg)	37 MBq (1.0 mCi)	148 MBq (4 mCi)	Atividades administradas a esquerda pressupõem que as imagens são reorganizadas em 1 min/frame. A atividade administrada pode ser reduzida se as imagens forem reorganizadas em tempos maiores por imagem. EANM Paediatric Dose Card (versão 2007 (13)) pode ser usada.
<sup>99m</sup> Tc-iminodiacetic acid derivatives (mebrofenin, disofenin)	1.85 MBq/kg (0.05 mCi/kg)	18.5 MBq (0.5 mCi)		Atividades administradas maiores do que 37 MBq (1 mCi) podem ser consideradas para icterícia neonatal. EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada.
<sup>99m</sup> Tc-MAA ( <sup>99m</sup> Tc-macroagregado de albumina)	Se <sup>99m</sup> Tc for usado para ventilação, 2.59 MBq/kg (0.07 mCi/kg). Se estudo de ventilação sem <sup>99m</sup> Tc, 1.11 MBq/kg (0.03 mCi/kg)	14.8 MBq (0.4 mCi)		EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada.
<sup>99m</sup> Tc-sodium pertechnetate (imagem divertículo de Meckel)	1.85 MBq/kg (0.05 mCi/kg)	9.25 MBq (0.25 mCi)		EANM Paediatric Dose Card (versão 2007 (13)) pode também ser usada.
<sup>99m</sup> Tc-fluoreto de sódio	2.22 MBq/kg (0.06 mCi/kg)	18.5 MBq (0.5 mCi)		
<sup>99m</sup> Tc para cistografia (diferentes formas)	Sem dose baseada em peso		Não mais do que 37 MBq (1.0 mCi) para cada ciclo de enchimento da bexiga	<sup>99m</sup> Tc-encofre coloidal, <sup>99m</sup> Tc-pertechnetato, <sup>99m</sup> Tc-ácido dietilentríamino-pentacético, ou possivelmente outros radiofármacos com <sup>99m</sup> Tc possam ser usados. Existe larga variedade de técnicas de administração aceitáveis para <sup>99m</sup> Tc, muitas das quais funcionarão bem com menores atividades administradas.
<sup>99m</sup> Tc-encofre coloidal oral para esvaziamento gástrico líquido	Sem dose baseada em peso	9.25 MBq (0.25 mCi)	37 MBq (1.0 mCi)	A atividade administrada dependerá da idade da criança, volume a ser dado à criança e tempo por frame usado.
<sup>99m</sup> Tc-encofre coloidal sólido para esvaziamento gástrico sólido	Sem dose baseada em peso	9.25 MBq (0.25 mCi)	18.5 MBq (0.5 mCi)	<sup>99m</sup> Tc-encofre coloidal é geralmente usado para marcar ovo.

\*Esta informação destina-se apenas como uma orientação. Práticas locais podem variar dependendo da população, escolha do colimador e requisitos específicos dos protocolos clínicos. As atividades administradas podem ser ajustadas quando apropriado por ordem do médico nuclear. Para pacientes com mais de 70 kg, é recomendado que a máxima atividade administrada não exceda o produto do peso do paciente (kg) e a atividade administrada baseada em peso recomendada. Alguns profissionais podem optar por fixar a máxima atividade administrada qual a 70 vezes a atividade administrada baseada em peso recomendada, por exemplo, aproximadamente 10 mCi (370 MBq), para imagem corporal com <sup>18</sup>F. As atividades administradas assumem o uso de colimador de baixa energia e alta resolução para radiofármacos com Tc-99m e colimador de média energia para <sup>123</sup>I-MIBG. Alguns profissionais podem usar menores atividades administradas se o equipamento ou software permitir. Atividade mais alta podem ser requisada em certos pacientes. Doses recomendadas para <sup>18</sup>F-citrato não são apresentadas. <sup>18</sup>F-citrato intravenoso deve ser usado infrequentemente e somente em baixas doses. Reproduzido com permissão do The Journal of Nuclear Medicine, Fev. 2011.



Para mais informações sobre segurança radiológica pediátrica, visite [www.imagegently.org](http://www.imagegently.org).

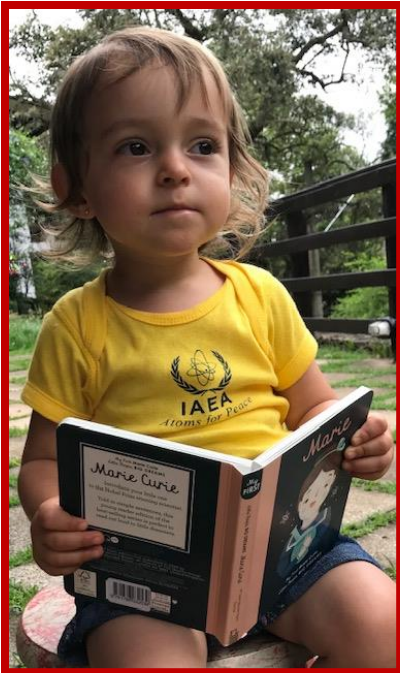


Transitioned to EFRS  
ISRRT partnership in discussion

# Family Friendly Campaign: Early Education

## Radiology partnering with Family Medicine:

### Alex Towbin and Chris Bunt: Leads



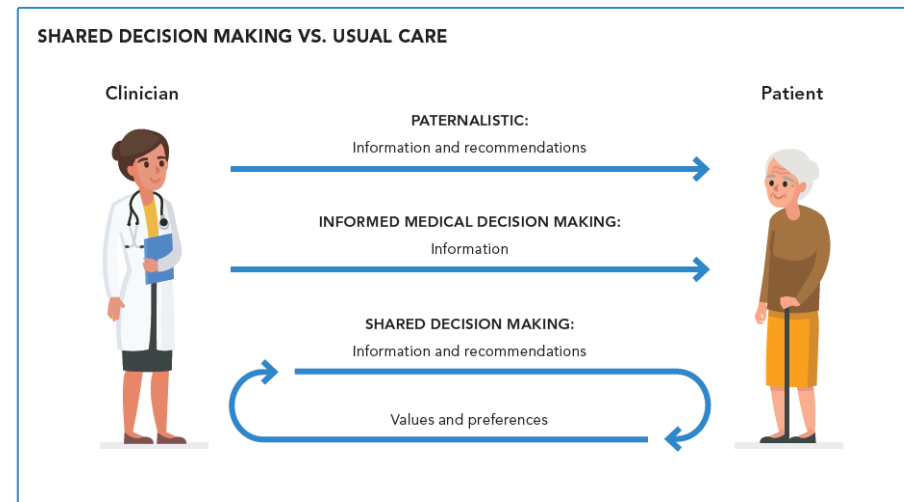
- Development of a module (four lessons) for medical school curricula:
  - medical radiation, radiation risk, decision support, informed dialogue, and shared decision making
- 60 minute course
- working with the ACR and the College's expertise and Learning Management System

Ingrid, Courtesy of Paulo Costa

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With permission AHRQ



# objectives

1. Explain radiation, radiation risks and risk mitigation strategies using layperson terminology
2. Utilize clinical decision support, or critically appraise the available literature, to guide medical recommendations
3. Describe how to engage with their healthcare teammates to utilize available evidence-based recommendations
4. Demonstrate shared decision-making with patients and their families





**In health or illness,  
children are our future**

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# Image Gently Alliance: 2023-4



Review/Submit

## Radiation risk in medicine: Identifying and enabling patient-provider shared decision-making

### Project Name & Contact Information

Project Name

Radiation risk in medicine: Identifying and enabling patient-provider shared decision-making

1.

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# Image Gently Alliance: 2023-4



## Objectives:

1. Gain insights into patient perspectives through surveys and listening sessions,
2. involve clinicians and patients in identifying communication gaps, needs, and priorities, and
3. analyze collected data to identify common themes and patterns, to create a prioritized list of future communication and dissemination PCOR/CER questions.

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# Image Gently Alliance



- 2023 update
- **Butterfly Award**
- Image IntelliGently: AI in pediatric imaging. Marla Sammer, MD
- Open discussion for Alliance members

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# 2023 Butterfly Award Congratulations!!



**Jenia Vassileva**

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# 2023 Butterfly Award Congratulations!!



**Fred Mettler**



# Image Gently Alliance



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