Occupational External Radiation Dose to Personnel Involved in Veterinary Positron Emission Tomography (PET) Procedures

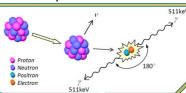
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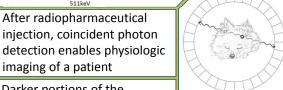


1. INTRODUCTION

Veterinary PET has increased dramatically in recent years



 β^{+} decay \Rightarrow positronelectron annihilation ⇒ coincident 511 keV photons



Darker portions of the resultant image indicate radiopharmaceutical accumulation

2. OBJECTIVES

Determine the real-time external, per-patient, radiation dose to staff working with veterinary PET/CT

Use staff dose data to optimize the imaging protocol

3. MATERIALS AND METHODS

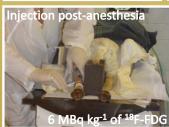
Dosimetry: DMC 2000S EPDs by MGP Instruments, calibrated/read in $H_n(10)$, worn at chest or waist

Participants: nuclear medicine technologists, anesthesiology technologists, observer

Data: collected for 20 of 25 scans conducted over 4 months













PRESENTING AUTHOR



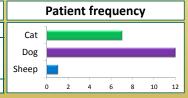


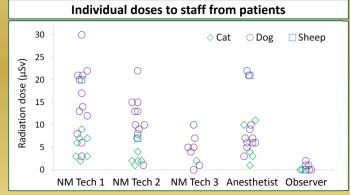
ACKNOWLEDGEMENTS

SELECTED REFERENCES

4. RESULTS

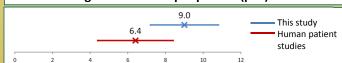
Patient mass (kg)						
	Min	Max	Median			
Cat	2.8	4.8	4.2			
Dog Sheep	4.0	61.0	26.5			
Sheep	76.4	76.4	76.4			
All	2.8	76.4	25.5			





Average doses to staff per patient (μSv)							
	NM 1	NM 2	NM 3	Anesthetist	Observer		
Cat	5.3	3.0	2.0	5.8	0.0		
Dog	15.6	11.6	4.6	9.3	0.7		
Sheep	20.0	7.0	N/A	21.0	0.0		
Overall	12.2	8.3	4.3	8.9	0.4		
Cumulative	244	141	34	152	4		
Est. annual dose	732	423	102	456	12		

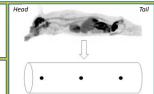
Overall average dose to staff per patient (µSv) with 95% CI



Protocol comparison using a dose model

¹⁸F-FDG uptake is not uniform; model patient as 3 point sources within a soft tissue cylinder

 $H = \frac{\Gamma AB}{\lambda r^2 e^{\mu x}} \left(1 - e^{-\lambda t} \right)$ Use model to calculate dose



Expected staff dose per patient (µSv) comparison

	Anesthesia induction		
	Pre Injection	Post Injection	
Primary PET Technologist	21.8	44.6	
Anesthetist	9.8	33.4	
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5. CONCLUSIONS

Vet PET technologists receive slightly higher per patient radiation doses on average than human PET technologists

Injecting the radiopharmaceutical prior to anesthesia is expected to result in greater radiation dose to staff (per patient) than post-anesthesia injection

Extrapolated annual staff doses are < 1 mSv and thus are well below occupational dose limits (20 mSv) and also below dose limits for the general public (1 mSv)