Radiologists guide to effective radiation dose management.

Kathleen Brown*

Department of Radiation Oncology, Washington University, Missouri

Introduction

Radiation dose management is a critical component of modern radiology practice. With the increasing use of imaging techniques that involve ionizing radiation, such as X-rays, computed tomography (CT) scans, and fluoroscopy, ensuring patient safety while maintaining diagnostic image quality is paramount. Effective radiation dose management involves a combination of technological advancements, best practices, and continuous education. This guide provides insights from radiologists on strategies to optimize radiation doses, enhancing patient care and safety. Radiation dose refers to the amount of ionizing radiation energy absorbed by the body during a radiological procedure. While these procedures are essential for accurate diagnosis and treatment planning, exposure to ionizing radiation carries potential risks, including the development of cancer and other radiationinduced conditions. Understanding these risks is the first step in implementing effective radiation dose management. Radiologists employ several key principles to manage and minimize radiation exposure [1, 2].

Any radiological procedure involving ionizing radiation must be medically justified. This means that the potential benefits of the procedure should outweigh the associated risks. Radiologists work closely with referring physicians to ensure that imaging studies are necessary and that alternative, nonionizing methods (such as ultrasound or MRI) are considered when appropriate. Also known as the ALARA principle (As Low As Reasonably Achievable), optimization involves adjusting the radiation dose to the minimum level necessary to achieve the required diagnostic image quality. This balance is crucial to prevent unnecessary radiation exposure while still obtaining clinically useful images. Setting dose limits for specific procedures helps in managing cumulative radiation exposure, particularly in patients who require multiple imaging studies. These limits are based on guidelines from authoritative bodies such as the International Commission on Radiological Protection (ICRP). Recent technological advancements have significantly enhanced the ability of radiologists to manage radiation doses effectively [3, 4].

AEC systems automatically adjust the radiation dose based on the patient's size, shape, and the area being imaged. This ensures that the lowest possible dose is used to obtain adequate image quality. These advanced algorithms improve image quality while allowing for lower radiation doses in CT imaging. By reducing noise and enhancing image clarity, iterative reconstruction techniques enable radiologists to perform high-quality scans at reduced radiation levels. These technologies provide additional diagnostic information without increasing the radiation dose. Dual-energy CT, for example, can differentiate between materials with different atomic numbers, enhancing the detection and characterization of various tissues and pathologies. Modern radiology departments use dose tracking software to monitor and record radiation doses for individual patients and across populations. These systems help identify trends, ensure compliance with dose limits, and provide data for quality improvement initiatives [5, 6].

In addition to leveraging technology, radiologists adhere to several best practices to manage radiation doses effectively. Regularly reviewing and updating imaging protocols ensures that they are optimized for the lowest possible radiation dose. This includes tailoring protocols based on patient size, age, and the specific clinical question being addressed. Continuous education and training for radiologists and technologists are essential for staying current with dose management strategies and technological advancements. This includes understanding the principles of radiation physics, dose reduction techniques, and the use of new imaging technologies. Educating patients about the benefits and risks of radiological procedures helps them make informed decisions. Radiologists should discuss the necessity of the procedure, the efforts made to minimize radiation exposure, and the potential risks involved. Implementing comprehensive quality assurance (QA) programs ensures that all imaging equipment is functioning correctly and that protocols are being followed. Regular audits, equipment maintenance, and calibration are integral components of effective QA programs [7, 8].

Working collaboratively with other healthcare professionals, including medical physicists, technologists, and referring physicians, enhances radiation dose management. Multidisciplinary teams can develop and implement dose reduction strategies tailored to specific clinical settings. Future Directions in Radiation Dose Management. The future of radiation dose management lies in continued technological innovation and a deeper understanding of radiation biology. Advances such as artificial intelligence (AI) and machine learning hold promise for further reducing radiation doses while maintaining or even enhancing diagnostic accuracy. AI algorithms can assist in real-time dose optimization, protocol selection, and image analysis, paving the way for more personalized and precise imaging. Additionally, ongoing

*Correspondence to: Kathleen Brown, Department of Radiation Oncology, Washington University, Missouri, E mail: kathleen@brown.com Received: 08-Mar-2024, Manuscript No. AAMOR-24-136489; Editor assigned: 09-Mar-2024, PreQC No. AAMOR-24-136489(PQ); Reviewed: 23-Mar-2024, QC No. AAMOR-24-136489; Revised: 28-Mar-2024, Manuscript No. AAMOR-24-136489(R); Published: 04-Apr-2024, DOI:10.35841/aamor-8.2.226

Citation: Brown K. Radiologists guide to effective radiation dose management. J Mol Oncol Res. 2024;8(2):226

research into the biological effects of low-dose radiation will provide further insights into risk assessment and management, enabling radiologists to refine dose management practices continuously [9, 10].

Conclusion

Effective radiation dose management is a cornerstone of safe and high-quality radiological practice. By combining technological advancements, best practices, and a commitment to continuous education, radiologists can minimize radiation exposure while ensuring optimal diagnostic outcomes. As the field of radiology continues to evolve, maintaining a focus on patient safety and dose optimization will remain critical to delivering the highest standard of care.

References

- 1. Fan XM, Wong BCY, Wang WP, et al. Inhibition of proteosome function induced apoptosis in gastric cancer. Int J Cancer. 2001;93:481-88.
- Holian O, Wahid S, Atten MJ, et al. Inhibition of gastric cancer cell proliferation by resveratrol: role of nitric oxide. Am J Physiol Gastrointest Liver Physiol. 2002;282:809-16.
- 3. Ming SC. Gastric carcinoma: a pathobiological classification. Cancer. 1977;39:2475-85.

- 4. Vauhkonen M, Vauhkonen H, Sipponen P. Pathology and molecular biology of gastric cancer. Pathology and molecular biology of gastric cancer.
- 5. Ferrucci PF, Zucca E. Primary gastric lymphoma pathogenesis and treatment: what has changed over the past 10 years?. Br J Haematol. 2007;136:521-38.
- 6. Ott PA. Intralesional Cancer Immunotherapies. Hematol Oncol Clin North Am. 2019;33(2):249-260.
- Janz TA, Neskey DM, Nguyen SA, et al. Is imaging of the brain necessary at diagnosis for cutaneous head and neck melanomas?. Am J Otolaryngol. 2018;39(5):631-635.
- Barker CA, Salama AK. New NCCN Guidelines for Uveal Melanoma and Treatment of Recurrent or Progressive Distant Metastatic Melanoma. J Natl Compr Canc Netw. 2018;16(5S):646-650.
- Blakely AM, Comissiong DS, Vezeridis MP, et al. Suboptimal compliance with national comprehensive cancer network melanoma guidelines. Am J Clin Oncol. 2018 Aug;41(8):754-759.
- 10. Cho SI, Lee J, Jo G, et al. Local recurrence and metastasis in patients with malignant melanomas after surgery: A single-center analysis of 202 patients in South Korea. PLoS One. 2019;14(3):e0213475.