

OPTIMAX Research Summer School: um projeto pedagógico para a promoção da investigação em radiologia

Luís Lança/PT, Carst Buissink/NL, Audun Sanderud/NO, José Jorge/CH, Peter Hogg/UK



Sumário

- A origem do projeto
- A investigação produzida
- Reflexões sobre a *summer school*
- Atividades sócio-culturais
- O que se segue?



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DOS PROFISSIONAIS
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Projeto OPTIMAX

Optimisation of image quality and X-radiation in medical imaging

José

Luís

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Peter

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Lausanne
CH



Lisboa
PT



Groningen
NL

University of
Salford
MANCHESTER

Manchester
UK



Oslo
NO



A origem do projeto

- **Setembro 2011 – Março 2012**
 - Audun, Luis, Jose, Martijn e Peter
 - email
 - Preparação e submissão do projeto no âmbito do Programa ERASMUS (IP)
- **Agosto 2012**
 - Projeto aceite e financiado pela UE
 - Início do planeamento
- **Dezembro 2012 – Agosto 2013**
 - Reuniões Skype mensais
 - Trabalho de bastidores bastante intenso (preparação)



A origem do projeto

Organização, preparação de materiais de apoio

- Blackboard, Facebook, contas de internet Usalford
- Handbook do estudante, handbook do tutor, o guia da cidade 'your guide to Manchester'
- **Desenvolvimento das questões para investigação (triggers)**
- Divulgação e recrutamento dos estudantes
- Controlo da qualidade dos equipamentos (monitores, TC, RDigital)
- Reserva de voos e alojamento
- Preparação dos eventos sociais
- Desenvolver a metodologia para a avaliação
- Obter a aprovação ética USalford
- Organizar os horários das atividades, briefings de tutores
- Identificar e preparar as leituras pré-curso
- Etc, etc...



Porquê este projeto?

- Conhecimentos; Aptidões; Competências
- Desenvolvimento de competências
 - Instrumentais; Interpessoais; Sistémicas
- Contributo para uma concepção de carácter multidimensional do estudante, preparando-o para apreender a importância da investigação, preparando-o para uma profissão de saúde



Porquê este projeto?

- As novas soluções tecnológicas, a par da inovação e a mudança nos cuidados de saúde e dos processos de trabalho, constituem hoje os desafios do presente e do futuro para os profissionais de saúde
 - O desenvolvimento da tecnologia e da informática
 - A educação e a prática baseada na evidência (investigação)
 - As mudanças nos processos de trabalho
 - Trabalho em equipa
 - Dimensão internacional



Porquê este projeto?

- A investigação e o seu impacto na profissão
 - Desenvolvimento de conhecimentos próprios das profissões
 - autonomia
 - Impacto positivo nas práticas profissionais – benefício do doente



Porquê este projeto?

- A investigação auxilia no processo de definição dos parâmetros de uma profissão:
 - Nenhuma profissão terá um desenvolvimento sustentado sem o contributo da investigação
 - É através da investigação que se constitui um domínio de conhecimentos baseados na evidência que permitam as boas práticas



Porquê este projeto?

- Apostar num projeto associado à investigação, com uma base científica que contribua para uma melhor educação e prática profissional visando assegurar a credibilidade da profissão
- Aprendizagem centrada no estudante
- Adopção de metodologias de ensino que promovam a autonomia, o raciocínio, a capacidade crítica e a resolução de problemas



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Desafios

- Investigação
- Aprendizagem
- Multi-culturalidade
- Cooperação institucional
- Mobilidade



O foco

1. Investigação

- Investigação como via de saída profissional
- O OPTIMAX permitiu aos tutores e aos estudantes desenvolverem uma experiência única e uma visão
 - *Team-based research*
- Desenvolvimento e aprofundamento de ligações institucionais (investigação)

2. Imagem médica

- Optimização da dose e da qualidade de imagem

3. Metodologia

- Medidas perceptuais da qualidade da imagem
- Cálculo matemático da dose efetiva



Como foi?

- Antes da *summer school*
 - Leituras preparatórias
 - Algumas atividades a distância (na web)
- Durante as 3 semanas da *summer school*
 - Estudantes e tutores
 - Alocados a 6 grupos de investigação
 - Grupos: 6-10
 - Dia típico
 - 8-8.30: briefing para os tutores
 - 8.30- : investigação nos grupos



As questões para investigação

O *trigger* (exemplo)

Group 4. Using 2AFC methodology, determine how image quality varies with mathematically modelled effective dose when the '10kVp rule' is used for AP pelvis x-ray imaging. Can you decide whether or not to use AECs

Helpful notes for group 4

- An anthropomorphic pelvis phantom is available for this. Please note it does have an artefact (some barium in the colon) and we cannot remove this.
- All computers in the imaging lab have installed on them the 2AFC software; a user guide is also within this handbook. Two items of your pre course reading will be of value to your methodology.
- Ideally use the highest resolution monitors for displaying images for evaluation, however if they are being used a lot then it is OK to use the lower resolution monitors in the imaging lab.
- The Monte Carlo dose software (PCXMC) is only located on one computer in the imaging lab – beware of this as at some point you need to use it (as do others). The user guide for this software is located in the Blackboard.



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Como foi?



Manchester 2013



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Como foi?



Lisboa 2014



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Groningen 2015



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Resultados

Journal papers

- Edição Especial da *Radiography* (2014)

E-Book (2015)

Conference and poster papers

- XVI Congresso Nacional da ATARP (2013)
- ECR (2014, 2015)
- UKRC (2014)

Projetos de investigação conjuntos+ publicações internacionais conjuntas

- Oslo e Salford
- Lausanne e Salford
- Lisboa e Salford



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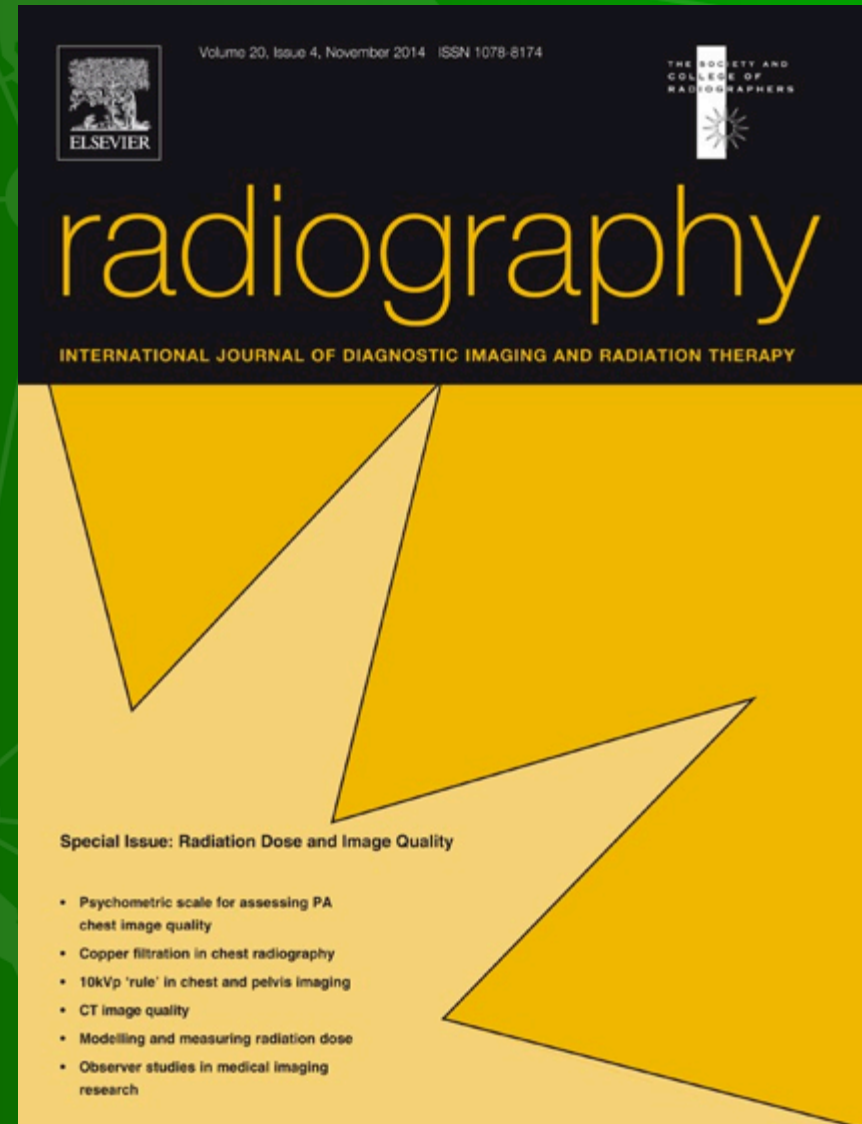


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Increasing source to image distance for AP pelvis imaging – Impact on radiation dose and image quality

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ABSTRACT

Aim: A quantitative primary study to determine whether increasing source to image distance (SID), with and without the use of automatic exposure control (AEC) for antero-posterior (AP) pelvis imaging, reduces dose whilst still producing an image of diagnostic quality.

Methods: Using a computed radiography (CR) system, an anthropomorphic pelvic phantom was positioned for an AP examination using the table bucky. SID was initially set at 110 cm, with tube potential set at a constant 75 kVp, with two outer chambers selected and a fine focal spot of 0.6 mm. SID was then varied from 90 cm to 140 cm with two exposures made at each 5 cm interval, one using the AEC and another with a constant 16 mAs derived from the initial exposure. Effective dose (E) and entrance surface dose (ESD) were calculated for each acquisition. Seven experienced observers blindly graded image quality using a 5-point Likert scale and 2 Alternative Forced Choice software. Signal-to-Noise Ratio (SNR) was calculated for comparison. For each acquisition, femoral head diameter was also measured for magnification indication.

Results: Results demonstrated that when increasing SID from 110 cm to 140 cm, both E and ESD reduced by 3.7% and 17.3% respectively when using AEC and 50.13% and 41.79% respectively, when the constant mAs was used. No significant statistical (*T*-test) difference ($p = 0.967$) between image quality was detected when increasing SID, with an intra-observer correlation of 0.77 (95% confidence level). SNR reduced slightly for both AEC (38%) and no AEC (36%) with increasing SID.

Conclusion: For CR, increasing SID significantly reduces both E and ESD for AP pelvis imaging without adversely affecting image quality.

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Image quality and dose analysis for a PA chestX-ray: Comparison between AEC mode acquisition and manual mode using the 10 kVp 'rule'

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Keywords:

Image quality

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AEC

10 kVp rule

Effective dose

ABSTRACT

Purpose: To compare the image quality and effective dose applying the 10 kVp rule with manual mode acquisition and AEC mode in PA chest X-ray.

Method: 68 images (with and without lesions) were acquired using an anthropomorphic chest phantom using a Wolverton Arcoma X-ray unit. These images were compared against a reference image using the 2 alternative forced choice (2AFC) method. The effective dose (*E*) was calculated using PCXMC software using the exposure parameters and the DAR. The exposure index (lgM provided by Agfa systems) was recorded.

Results: Exposure time decreases more when applying the 10 kVp rule with manual mode (50%–28%) when compared with automatic mode (36%–23%). Statistical differences for *E* between several ionization chambers' combinations for AEC mode were found ($p = 0.002$). *E* is lower when using only the right AEC ionization chamber. Considering the image quality there are no statistical differences ($p = 0.348$) between the different ionization chambers' combinations for AEC mode for images with no lesions. Considering lgM values, it was demonstrated that they were higher when the AEC mode was used compared to the manual mode. It was also observed that lgM values obtained with AEC mode increased as kVp value went up. The image quality scores did not demonstrate statistical significant differences ($p = 0.343$) for the images with lesions comparing manual with AEC mode.

Conclusion: In general the *E* is lower when manual mode is used. By using the right AEC ionising chamber under the lung the *E* will be the lowest in comparison to other ionising chambers. The use of the 10 kVp rule did not affect the visibility of the lesions or image quality.

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10 kVp rule – An anthropomorphic pelvis phantom imaging study using a CR system: Impact on image quality and effective dose using AEC and manual mode

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AEC

10 kVp rule

Perceptual image quality

Effective dose

CR

ABSTRACT

Purpose: This study aims to investigate the influence of tube potential (kVp) variation in relation to perceptual image quality and effective dose (*E*) for pelvis using automatic exposure control (AEC) and non-AEC in a Computed Radiography (CR) system.

Methods and materials: To determine the effects of using AEC and non-AEC by applying the 10 kVp rule in two experiments using an anthropomorphic pelvis phantom. Images were acquired using 10 kVp increments (60–120 kVp) for both experiments. The first experiment, based on seven AEC combinations, produced 49 images. The mean mAs from each kVp increment were used as a baseline for the second experiment producing 35 images. A total of 84 images were produced and a panel of 5 experienced observers participated for the image scoring using the two alternative forced choice (2AFC) visual grading software. PCXMC software was used to estimate *E*.

Results: A decrease in perceptual image quality as the kVp increases was observed both in non-AEC and AEC experiments, however no significant statistical differences ($p > 0.05$) were found. Image quality scores from all observers at 10 kVp increments for all mAs values using non-AEC mode demonstrates a better score up to 90 kVp. *E* results show a statistically significant decrease ($p = 0.000$) on the 75th quartile from 0.37 mSv at 60 kVp to 0.13 mSv at 120 kVp when applying the 10 kVp rule in non-AEC mode.

Conclusion: Using the 10 kVp rule, no significant reduction in perceptual image quality is observed when increasing kVp whilst a marked and significant *E* reduction is observed.

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Development and validation of a psychometric scale for assessing PA chest image quality: A pilot study

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Chest radiography

Image quality perception

Assessment scale

ABSTRACT

Purpose: To develop and validate a psychometric scale for assessing image quality perception for chest X-ray images.

Methods: Bandura's theory was used to guide scale development. A review of the literature was undertaken to identify items/factors which could be used to evaluate image quality using a perceptual approach. A draft scale was then created (22 items) and presented to a focus group (student and qualified radiographers). Within the focus group the draft scale was discussed and modified. A series of seven postero-anterior chest images were generated using a phantom with a range of image qualities. Image quality perception was confirmed for the seven images using signal-to-noise ratio (SNR 17.2–36.5). Participants (student and qualified radiographers and radiology trainees) were then invited to independently score each of the seven images using the draft image quality perception scale. Cronbach alpha was used to test interval reliability.

Results: Fifty three participants used the scale to grade image quality perception on each of the seven images. Aggregated mean scale score increased with increasing SNR from 42.1 to 87.7 ($r = 0.98$, $P < 0.001$). For each of the 22 individual scale items there was clear differentiation of low, mid and high quality images. A Cronbach alpha coefficient of >0.7 was obtained across each of the seven images.

Conclusion: This study represents the first development of a chest image quality perception scale based on Bandura's theory. There was excellent correlation between the image quality perception scores derived using the scale and the SNR. Further research will involve a more detailed item and factor analysis.



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The influence of experience and training in a group of novice observers: A jackknife alternative free-response receiver operating characteristic analysis

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Novice observer

ROC

FROC

JAFROC

ABSTRACT

Purpose: The study evaluates the pre- and post-training lesion localisation ability of a group of novice observers. Parallels are drawn with the performance of inexperienced radiographers taking part in preliminary clinical evaluation (PCE) and 'red-dot' systems, operating within radiography practice.

Materials and methods: Thirty-four novice observers searched 92 images for simulated lesions. Pre-training and post-training evaluations were completed following the free-response receiver operating characteristic (FROC) method. Training consisted of observer performance methodology, the characteristics of the simulated lesions and information on lesion frequency. Jackknife alternative FROC (JAFROC) and highest rating inferred ROC analyses were performed to evaluate performance difference on lesion-based and case-based decisions. The significance level of the test was set at 0.05 to control the probability of Type I error.

Results: JAFROC analysis ($F(3,33) = 26.34, p < 0.0001$) and highest-rating inferred ROC analysis ($F(3,33) = 10.65, p = 0.0026$) revealed a statistically significant difference in lesion detection performance. The JAFROC figure-of-merit was 0.563 (95% CI 0.512,0.614) pre-training and 0.677 (95% CI 0.639,0.715) post-training. Highest rating inferred ROC figure-of-merit was 0.728 (95% CI 0.701,0.755) pre-training and 0.772 (95% CI 0.750,0.793) post-training.

Conclusions: This study has demonstrated that novice observer performance can improve significantly. This study design may have relevance in the assessment of inexperienced radiographers taking part in PCE or commenting scheme for trauma.

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European Congress of Radiology

ECR 2014

Vienna
March 6-10

Final Programme



The UK Radiological Congress



Medical Imaging 2014

9-11 JUNE

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Poster presentations

ANNUAL JOINT UK RADIOLICAL CONGRESS



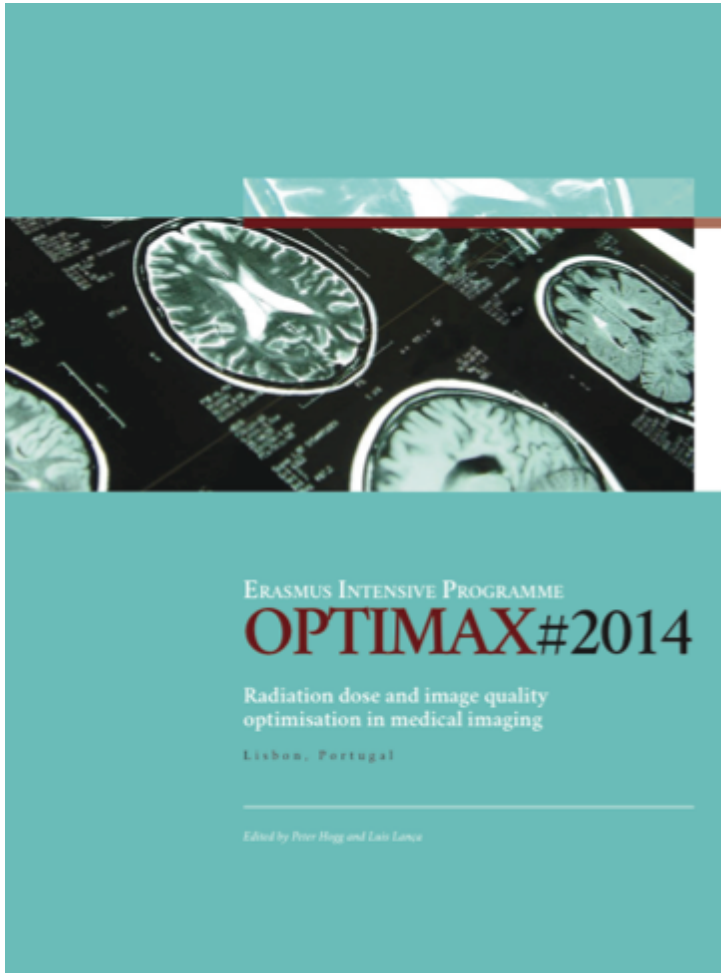
The British Institute of Radiology,
The College of Radiographers and
The Institute of Physics & Engineering in Medicine



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1985 - 2015



CONTENTS

Foreword	6	Foreign bodies in orbits	53
Introduction	7	<i>Review article - X Radiation dose implications in screening patients with ferromagnetic IOFBs prior to MRI: A literary review</i>	53
Iterative Reconstruction in CT	9	<i>Experimental article - A balance between image quality and effective dose in orbital X-ray screening for ferromagnetic IOFBs: A Pilot Study</i>	59
<i>Review Article – An evaluation of SAFIRE’s potential to reduce the dose received by paediatric patients undergoing CT: a narrative review</i>	9	Pressure mapping	69
<i>Experimental article – Maintaining image quality for paediatric chest CTs while lowering dose: FBP versus SAFIRE</i>	15	<i>Review article - The effects of clinical support surfaces on pressure as a risk factor in the development of Pressure Ulcers, from a radiographical perspective - A narrative literature review.</i>	69
<i>Review article – The impact of Sinogram-Affirmed Iterative Reconstruction on patient dose and image quality compared to filtered back projection: a narrative review</i>	21	<i>Experimental article - An experimental study to compare the interface pressure and experience of healthy participants when lying still for 20 minutes in a supine position on two different imaging surfaces</i>	75
<i>Research article – A comparison of Sinogram Affirmed Iterative Reconstruction and filtered back projection on image quality and dose reduction in paediatric head CT: a phantom study</i>	27	Paediatric pelvis - Cu filtration	81
Cobb Angle	37	<i>Review article – A narrative review on the reduction of effective dose to a paediatric patient by using different combinations of kVp, mAs and additional filtration whilst maintaining image quality</i>	81
<i>Review article - Optimisation of exposure parameters for spinal curvature measurements in paediatric radiography</i>	37	<i>Experimental article - Reducing effective dose to a paediatric phantom by using different combinations of kVp, mAs and additional filtration whilst maintaining image quality.</i>	85
<i>Research article - Optimisation of paediatrics computed radiography for full spine curvature measurements using a phantom: a pilot study</i>	43		



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Algumas reflexões...

- Nunca antes tinha sido feito este projeto (pelo menos na Europa)
- Bem sucedido; atingiu plenamente os objetivos
- Excelente trabalho em equipa (estudantes, tutores)
- Equipas de investigação internacionais, multidisciplinares e multiculturais
- Muito trabalho
- Excelente socialização entre os participantes dos vários países
- Boa qualidade dos papers produzidos
- Boa qualidade das apresentações
- Todos nós aprendemos muito!



Algumas reflexões...

- Experienciámos um verdadeiro *team-based research*
 - Os bons e os maus momentos
 - Lutámos com o desconhecido
 - Reagimos rapidamente resolvendo problemas
 - Envolvemo-nos no debate de ideias, e.g.
 - Aspectos detalhados da metodologia
 - Interpretação dos dados
 - Como representar os dados
- Produzimos investigação



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Atividades sócio-culturais

- Formais
 - A recepção de boas-vindas
 - As apresentações sobre os países e sua cultura
 - Visitas de fim-de-semana a pontos de interesse no país de acolhimento
 - Festa de despedida
- Informais
 - Numerosas
 - Só estudantes
 - Só tutores
 - Estudantes e tutores
 - Por grupo
 - Por país
 - Por afinidades...





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Wilhelm
Conrad
Röntgen

120 Anos



Manchester 2013



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Lisboa 2014



5º CONGRESSO NACIONAL E INTERCÂMBIO INTERNACIONAL DOS PROFISSIONAIS DAS TÉCNICAS RADIOLÓGICAS



REGULAMENTAÇÃO
DAS TÉCNICAS RADIOLÓGICAS
NO BRASIL
1985 - 2015



Groningen 2015



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**REGULAMENTAÇÃO
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NO BRASIL
1965 - 2015**



OPTIMAX research summer school 2013/2014/2015

124 estudantes

39 tutores

3 edições em 3 Países



Sumário

- A origem do projeto
- A investigação produzida
- Reflexões sobre a *summer school*
- Atividades sócio-culturais
- O que se segue?



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OPTIMAX #2016 – Manchester!

O mesmo projeto, com 2 novos parceiros



University College Dublin
Ireland's Global University



**Karolinska
Institutet**



Síntese

- O OPTIMAX é um projeto educativo europeu, que visa o desenvolvimento de investigação em imagem médica
- O foco principal é a otimização da dose e da qualidade de imagem
- Permite a aprendizagem autónoma e feita em grupos internacionais e multi-culturais
- Permite alicerçar as relações e os projetos interinstitucionais
- Num só projeto, aliamos as dimensões da educação, da investigação, da internacionalização, do desenvolvimento institucional conjunto e da cultura



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Muito obrigado!

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ESCOLA SUPERIOR DE
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DE LISBOA
INSTITUTO POLITÉCNICO DE LISBOA

