

X-ray fluence spectra of diagnostic and interventional radiology X-ray imaging equipment measured with a compact cadmium telluride spectrometer





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The goal

Experimental determination of the shape of energy spectra of primary X-ray photons generated by clinical X-ray devices.

Introduction

The knowledge of energy distribution of photon fluence is essential for various purposes, e.g., quality assurance and improved detector calibrations. Among others the European joint research project TraMeXI (Traceability in Medical X-Ray Imaging Dosimetry, https://tramexi.com/) will compile a catalogue of clinical X-ray spectra to be used to find a new representative set of reference radiation qualities for calibrations and type testing of dosimeters and X-ray multimeters aiming to decrease uncertainties in dosimetry measurements of medical physicists and technical services. Measurements of X-ray spectra under clinical conditions are difficult and were only reported sporadically by several groups. Now, for the first time, improved equipment and setup made it possible to determine a wider range of these spectra. More than 100 different spectra generated by a range of X-ray devices from general radiography, fluoroscopy, interventions, and dental applications were measured with CdTe spectrometers.

X-Ray Spectrometry

- A method to determine energy distribution of photons in X-ray beams;
- Photons originated directly in anode are measured, scattered photons are suppressed;
- Characterization of the detector is necessary: energy calibration, Monte Carlo simulations, etc.
- Measured detector spectrum + response matrix

X-Ray Spectrometer

- Compact detector X-123CdTe with cadmium—telluride sensor (3x3x1 mm³);
- Integrated electric cooling down to 215 K;
- Easy handling and transportation.



Measurement Setup

- Detector positioned on a tripod with sliding platforms;
- Alignment of the detector axis towards the anode focus point (source of photons) is crucial – realized using tools imaging two distant points into one projection;
- Strong shielding and collimation is needed to reduce the number of photons reaching the detector: diameter of collimation hole down to 50 µm;



of detector + unfolding procedure = fluence spectrum of primary photons.

Setup assembly and alignment: 1 hour. Disassembly: 10 min. Spectrum acquisition: typically 15 min, depending on the X-ray device.

0 mm Cu

N/A

120

0 mm Cu

EFFECT 3

EFFECT 4

120

expected

100

continuous

U⁽¹⁾

(kV)

50

50

50

50

50

50

70

70

70 70

70 70 90

90

90 90 90

90

110

110

110

110

110

110

125

125 125 125

125

125

Measured Clinical X-Ray Spectra

Raw detector amplitude spectrum All other curves Final X-ray fluence spectrum

Siemens Cios Connect: mobile C-arm





Siemens Luminos dRF Max: remote-controlled fluoroscopy system



Ziehm Solo: mobile C-arm



Information provided in plots: Detector to X-ray device exit window distance (cm), additional filtration (mm Cu), X-ray generator pulse width time (s), nominal tube voltage (kV), nominal tube current (mA or mAs), detector total count rate (imp/s), diameter of hole in collimator (μm)

Applicability of Spectrometry



Figure 1: Maximum recommended K_{air} for X-ray spectra measurement as a function of the spectrum mean energy and diameter of hole in a collimator. Valid for a target count-rate of 13 000 imp/s in continuous regime of X-ray device (proportionally lower in pulsed regime). Determined from reference narrow (N) and RQR-series qualities.

Comparison of Half-Value Layers

Half-value layer (HVL): thickness of material that decreases air kerma to 50 %. Can be calculated from X-ray spectrum; HVL in aluminum from measured spectrum compared to HVL measured by another method.

Inherent filtration is usually unknown; therefore, additional filtration stated by the manufacturer is presented only.

Table 1: Comparison for reference RQR X-ray qualities realized at CMI.





43 cm, 110 kV, 4.0 mA, 14 900 imp/s (@100 μm)

0 60 Photon energy (keV)

40 50 60 Photon energy (keV)

0.9 mm Cu

continuous

EFFECT 3

EFFECT 4

100

80

70

90

Siemens Artis zee multi-purpose: Interventional angiography system











—0.0 mm Cu, 2.8 mAs, 20 000 imp/s

-0.1 mm Cu, 4.0 mAs, 19 000 imp/s

-0.3 mm Cu, 7.1 mAs, 20 000 imp/s

267 cm, 90 kV (@200 μm)

40

50

Photon energy (keV)

20

EFFECT 3

EFFECT 4

0.5 s pulse

10





Jnfolded fluence spectrum

5.6 | 67.5 keV (AI | Cu

HVL AI | Cu (mm): 10.4 | 0.66

10

20



Unfolded fluence spectru

20

20

43 cm, 125 kV, 1.0 mA, 18 200 imp/s (@100 μm)

60 80 Photon energy (keV)

Philips Optimus:

60 80 Photon energy (keV)

Detector spectrun

= 50.7 keV

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		Ad.					⁽¹⁾ Nominal X-ray tube voltage:
X-ray	U ⁽¹⁾	filt. ⁽²⁾	E _{mean} (3)	Ref. (6)	Spec. ⁽⁴⁾	RD to	$^{(2)}$ Additional filtration (mm):
quality	(kV)	ΑΙ	(keV)	1 st HVL	1 st HVL	spec. ⁽⁵⁾	$(3) \mathbf{N} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} A$
RQR2	40	2.45	28.1	1.43	1.38	3.4%	(a) Mean energy of spectrum over fluence
RQR3	50	2.45	32.3	1.78	1.76	1.3%	⁽⁴⁾ HVL from spectrometry (mm Al);
RQR4	60	2.68	36.5	2.18	2.19	-0.8%	⁽⁵⁾ Relative difference of HVL;
RQR5	70	2.83	40.3	2.58	2.61	-1.1%	⁽⁶⁾ HVL from air kerma (mm Al);
RQR6	80	2.90	44.0	2.98	3.01	-0.8%	⁽⁷⁾ HVL* from Raysafe X2 (mm Al);
RQR7	90	3.23	47.7	3.51	3.55	-1.3%	⁽⁸⁾ HVL* from RadCal AGMS-D (mm Al);
RQR8	100	3.40	50.8	4.07	4.04	0.9%	⁽⁹⁾ HVI from manufacturer data (mm Al)
RQR9	120	3.73	56.3	5.05	5.04	0.3%	
RQR10	150	4.43	64.0	6.55	6.59	-0.6%	* HVL uncertainty is 10 % or 0.2 mm (from manual)

Siemens Artis zee multi-purpose (Table 2, left) and Ysio (Table 3, right).

d.filt. ⁽²⁾	E _{mean} (3)	XMM ⁽⁷⁾	Spec. ⁽⁴⁾	RD to	U ⁽¹⁾	Ad.filt. ⁽²⁾	E _{mean} (3)	XM2 ⁽⁸⁾	Spec. ⁽⁴⁾	RD to
Cu	(keV)	1 st HVL	1 st HVL	spec. ⁽⁵⁾	(kV)	Cu	(keV)	1 st HVL	1 st HVL	spec. ⁽⁵⁾
0	33.4	2.03	1.93	4.8%	50	0	34.1	2.30	2.26	2.0%
0.1	36.6	3.02	2.90	4.0%	50	0.1	36.3	3.09	2.96	4.4%
0.2	38.4	3.59	3.47	3.5%	50	0.3	39.8	3.96	3.95	0.2%
0.3	39.7	4.02	3.89	3.3%	70	0	42.5	3.27	3.29	-0.7%
0.6	41.9	4.76	4.60	3.5%	70	0.1	45.9	4.48	4.44	1.0%
0.9	43.3	5.23	5.04	3.7%	70	0.3	49.8	5.96	5.80	2.8%
0	41.2	2.93	2.73	7.2%	90	0	49.5	4.46	4.22	5.8%
0.1	45.4	4.36	4.18	4.3%	90	0.1	53.1	5.90	5.62	5.1%
0.2	47.7	5.22	5.03	3.6%	90	0.3	57.4	7.58	7.26	4.5%
0.3	49.5	5.91	5.68	4.0%	121	0.3	66.4	-	8.92	-
0.6	52.8	7.09	6.82	4.0%	150	0.3	75.9	-	10.51	-
0.9	55.0	7.83	7.54	3.9%						(-)
0	47.9	3.78	3.55	6.5%	Table	e 4: Zie	hm Vi	ision. I	No Ad	.filt. ⁽²⁾ .
0.1	52.4	5.53	5.33	3.8%	1 (1)	F (3)	Manu ⁽⁹⁾	ХМЛИ(7)	Spec (4)	RD to
0.2	55.0	6.55	6.35	3.1%		└ko\/)			эрес. 7 1st ц\/I	rd(5)
0.3	57.0	7.35	7.11	3.5%	50	37 1	3 02	2 22	2 11	3 1%
0.6	60.7	8.66	8.40	3.1%	70	<u> </u>	<u> </u>	1.60	/ 20	5. 4 /0
0.9	63.4	9.57	9.19	4.1%		4J.0 52.0	4.57 E 60	<u> </u>	4.59 E 66	2.0%
0	53.2	4.55	4.31	5.6%	90	55.2	5.00	5.79	5.00	2.5%
0.1	57.9	6.43	6.30	2.2%	110	59.2	6.75	6.43	6.81	-5.6%
0.2	60.7	7.53	7.40	1.7%	Tahl	ο 5· Sie	mens	Λ <i>Λιι</i> Ι+i	y Fusi	on
0.3	62.9	8.32	8.20	1.5%				Widiti		0 11.
0.6	67.2	9.75	9.55	2.0%	U ⁽¹⁾	Ad.filt. ⁽²⁾	E _{mean} ⁽³⁾	XMM ⁽⁷⁾	Spec. ⁽⁴⁾	RD to
0.9	70.3	10.77	10.38	3.7%	(kV)	Cu	(keV)	1 st HVL	1 st HVL	spec. ⁽⁵⁾
0	56.8	5.08	4.86	4.7%	50	0.0	33.6	2.07	2.02	2.6%
0.1	61.5	6.99	6.93	0.8%	50	0.1	36.6	2.98	2.89	3.1%
0.2	64.4	8.11	8.04	0.8%	50	0.3	39.8	3.98	3.89	2.2%
0.3	67.1	8.94	8.89	0.6%	70	0.3	49.5	5.80	5.67	2.2%
0.6	71.6	10.40	10.26	1.4%	90	0.3	57.2	7.24	7.12	1.7%
0.9	75.6	11.47	11.18	2.6%	109	0.0	53.2	4.49	4.33	3.6%



Spectra are

normalized

to fluence

of 85 keV

photons

Conclusions

- Large number of X-ray spectra generated by various diagnostic and interventional radiology X-ray imaging equipment were reliably measured with cadmium-telluride spectrometers;
- HVL obtained from spectrometry were compared to another methods; for reference RQR qualities agreement typically within ±1.3 % was achieved; for clinical spectra HVL obtained with X-ray multimeters was typically higher by about 3 % in average; source of the difference will be further studied within Tramexi project but it is well below XMM uncertainty of 10 % stated by manufacturers;
- The ability to measure clinical X-ray spectra boosts up the aim of the TraMeXI project to recommend new reference radiation qualities for calibration laboratories allowing to decrease uncertainties in dosimetry measurements of medical physicists and technical services.

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