CT Chest Veran (Navigational)

Indications - pre navigational biopsy of a lung nodule, mass, lesion or opacity and should be ordered as Veran protocol by Pulmonology.

Use CT Chest without Contrast charge.

GENERAL SCAN NOTES

Remove any metal from the imaging field of view.

Have patient lift chin up.

Have the patient cough a few times to clear secretions. This reduces incidence of small lung nodules.

Topogram - lung apices through diaphragm (obtained during end inspiration).

Craniocaudal scan coverage - lung apices through adrenal glands on both phases (obtained during end inspiration).

Use smallest FOV without cropping anatomy or excluding vPad. Use the same FOV for both scans.

The vPad tracker should be clearly visible in the FOV.

The patients arms are over his/her head for the end inspiratory phase.

The patients arms are **by his/her side** for the **end expiratory phase**.

IV Contrast: not given for this protocol.

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SIEMENS PARAMETERS & RECONS

	Scan Mode	kV	EffmAs	Care Dose	Care kV & Lvl	Pitch	Acq	Coll	Rot Time	Scan Time
Sensation 16	spiral	120	100/150	off	NA	1.00	16	0.75	0.5	12.5
Go Up 32	spiral	120	100/150	off	off	1.00	32	0.6	0.5	7.8
Sensation 64	spiral	120	105/160	off	NA	1.00	64	0.6	0.5	7.8
Definition 64	spiral	120	105/160	off	off	1.00	64	0.6	0.5	7.8
Go Top 64	spiral	120	105/160	off	off	1.00	64	0.6	0.5	3.9
Drive 128	spiral	120	110/170	off	off	1.00	128	0.6	0.5	3.9
Force 192	spiral	120	110/170	off	off	1.00	128	0.6	0.5	3.9

For the **<u>Supine End Inspiration</u>** and **<u>Supine End Expiration</u>** phases:

Use lower mAs for BMI ≤ 25 or higher mAs for BMI > 25.

Name of Series	Thick	Interval	Kernel	Window	IR Lvl	Recon Direction
AX LUNG	3.0	3.0	Br57 / B70f	lung	none	head/feet
AX SOFT	3.0	3.0	Br40 / B41f	mediastinum	none	head/feet
COR SOFT	3.0	3.0	Br40 / B41f	mediastinum	none	front/back
SAG SOFT	3.0	3.0	Br40 / B41f	mediastinum	none	left/right
TLC INSP	0.75	0.5	Qr36 / B35f	mediastinum	none	head/feet
AX MIPS	8.0	3.0	Br40 / B41f	lung	none	head/feet
TLC EXP	0.75	0.5	Qr36 / B35f	mediastinum	none	head/feet

Veran specific recon.

Veran specific recon.

CT Chest Veran (Navigational)

GE PARAMETERS & RECONS

For the **Supine End Inspiration** and **Supine End Expiration** phases:

	Scan Type	SFOV	kV	Manual mA	Smart mA	Slice Thick	Beam Coll	Pitch	Speed	Rot Time	Dose Red	ASIR	Scan Time
LS 16	helical	large	120	180/270	off	0.625	10	1.375	13.75	0.5	NA	NA	10.9
Opt 540	helical	large	120	180/270	off	0.625	10	1.375	13.75	0.5	NA	NA	10.9
LS VCT 64	helical	large body	120	180/270	off	0.625	40	0.984	39.37	0.5	off	none	3.8
Disc VCT 64	helical	large body	120	180/270	off	0.625	40	0.984	39.37	0.5	NA	NA	3.8

Use 180 mAs for BMI \leq 25 or 270 mAs for BMI >25.

Name of Series	Thickness	Interval	Recon Algorithm	Window Width/Level	Recon Direction
TLC INSP	0.625	0.5	std full	400/40	head/feet
AX LUNG	2.5	2.5	lung	1600/-600	head/feet
AX SOFT	2.5	2.5	std full	400/40	head/feet
COR SOFT	2.5	2.5	std full	400/40	front/back
SAG SOFT	2.5	2.5	std full	400/40	left/right
AX MIPS	8.0	3.0	std full	1600/-600	head/feet
TLC EXP	0.625	0.5	std full	400/40	head/feet

This must be the first recon. Veran specific recon.

Veran specific recon.

PHILIPS PARAMETERS & RECONS

For the **Supine End Inspiration** and **Supine End Expiration** phases:

	Scan Mode	kV	Manual mA	3D Dose	Pitch	Detect	Colli	Rot Time	Scan Time
Incisive 128	helical	120	130/190	off	0.923	64	0.625	0.5	4.1

Use 130 mAs for BMI \leq 25 or 190 mAs for BMI >25.

Name of Series	Thick	Interval	Filter	Window	iDose	Recon Direction
AX LUNG	3.0	3.0	YA	lung	none	head/feet
AX SOFT	3.0	3.0	В	mediastinum	none	head/feet
COR SOFT	3.0	3.0	В	mediastinum	none	front/back
SAG SOFT	3.0	3.0	В	mediastinum	none	left/right
TLC INSP	0.67	0.5	В	mediastinum	none	head/feet
AX MIPS	8.0	2.0	В	lung	none	head/feet
TLC EXP	0.67	0.5	В	mediastinum	none	head/feet

Veran specific recon.

Veran specific recon.



- Breathe and relax (Give the patient a few relax breaths. Talk the patient to insure they understand and will tolerate the breath hold. If they cannot hold their breath instruct them to do the best they can and set scanner to scan base to apex)
- Now we are ready to scan so please
- Take a deep breath in (*watch chest to insure a deep breath in*)
- Let it out (watch chest to insure air is out)
- Now breathe all the way IN..IN (watch chest to insure a deep breath in as far as possible begin scanning)
- Keep holding your breath DO NOT BREATHE!
- At end of scan: Breathe and relax

1.3 End Expiration CT Scan

- For the second part of this scan, I am going to ask you to take a couple of deep breaths in and out before we have you hold your breath all the out.
- First, let's practice
- Take a deep breath in (*watch chest to insure a deep breath in*)
- Let it out (*watch chest to insure air is out*)
- Take another deep breath in (*watch chest to insure a deep breath in*)
- Now let it out and hold it (*watch chest to insure subject is holding before starting the scan*)
- Keep holding your breath DO NOT BREATHE! (count 10 seconds)
- Breathe and relax (Give the patient a few relax breath. Talk the patient to insure they understand and will tolerate the breath hold. If they cannot hold their breath instruct them to do the best they can and set scanner to scan base to apex.)
- Now we are ready to scan so please
- Take a deep breath in (*watch chest to insure a deep breath in*)
- Let it out (*watch chest to insure air is out*)
- Take another deep breath in (*watch chest to insure a deep breath in*)
- Now let it out and hold. (*watch chest to insure subject is holding begin scanning*)
- Keep holding your breath out DO NOT BREATHE!
- At end of scan: Breathe and relax

1.4 CT Patient Positioning

- Place patient in a supine position, lower legs supported.
- Inspiration CT (TLC) scan the arms should be placed comfortably over the head in a head arm rest. The vPad (patient tracker) should be clearly visible in the scanner field of view.
- Expiration CT scan the arms should be placed comfortably at the patient's sides. The vPad (patient tracker) should be clearly visible in the scanner field of view. Optimal navigation registration is obtained with the full expiration scan.
- Using the laser positioning lights, line up the patient so the chest is iso-center (in the middle) of the CT gantry.
- Move the table so the patient is in the correct position for a chest CT scan

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1.5 CT Parameters for Inspiration (TLC) and Expiration scans

- The scout scan uses default parameters (only one scout AP/PA)
- TLC (Inspiration) scan is performed with **arms above** head.
- The expiration scan is performed with **arms down** at patient's sides.
- To select the proper Display FOV (DFOV) perform the TLC scan first and set the DFOV to be the smallest possible including lungs and vPad. Use the same DFOV set for the inspiration scan on the expiration scan to maintain the same scan resolution for both scans

Table 1: CT Protocol Siemens Definition AS PLUS, Siemens Definition AS, Siemens Sensation64 & GE VCT, Philips Brilliance 64, Philips Brilliance iCT

Scanner make	SIEMENS	SIEMENS	SIEMENS	SIEMENS	PHILIPS	PHILIPS
Scanner model	Definition (AS Plus) 128 slice	Definition (AS) 64 slice	Sensation 64 slice	Somotom 64 Slice Dual 64	Brilliance 64 slice	Brilliance iCT 256 slice
Scan Type	Spiral	Spiral	Spiral	Spiral	Spiral Helix	Spiral Helix
Scan FOV	No Selection	No Selection	No Selection	No Selection	No Selection	No Selection
Rotation Time (s)	0.5	0.5	0.5	0.5	0.5	0.5
Det. Configuration	(128) 64 x 0.6	64 x 0.6	(64)32 x 0.6	64 x 0.6	64 x 0.625	2 x 128 x 0.625 mm
Pitch	1.0	1.0	1.0	1.0	0.923	0.929
kVp	120	120	120	120	120	120
Siemens = Eff. mAs GE = mA setting	Effective mAs:	Effective mAs: M-105	Effective mAs:	Effective mAs:	mAs: M-130	mAs: M-115
Philips = mAs	M-110 L-170	L-160	M-100 L-150	M-105 L-160	L-190	L-175
Dose modulation	Care Dose OFF	Care Dose OFF	Care Dose OFF	Care Dose OFF	Dose Right (ACS) OFF	Dose Right (ACS) OFF
Beam Hardening Correction						
Recon 1 Algorithm	B35	B35	B35	B35	В	В
Additional Filter	No selection	No Selection	No Selection	No Selection	Do not use Adaptive filters	Do not use Adaptive filters
Thickness (mm)	0.75	0.75	0.75	0.75	0.67	0.67
Interval (mm)	0.5	0.5	0.5	0.5	0.5	0.5
Iterative recon (noise	Do Not use	Do Not use	No	Do Not use	Do Not use	Do Not use
reduction algorithm)	IRIS	IRIS	Selection	IRIS	iDose	iDose
Scan Time (Sec) 30cm length	<10	<10	<10	<10	<10	<10

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Scanner make	TOSHIBA	TOSHIBA	GE	GE	GE
Scanner model	Aquilion 64	Aquilion 16 Slice	VCT 64 slice	VCT Select 32 Slice	Lightspeed 16 Slice
Scan Type	Helical	Helical	Helical	Helical	Helical
Scan FOV	No Selection	No Selection	Large	Large	No Selection
Rotation Time (s)	0.5	0.5	0.5	0.5	0.5
Det. Configuration	64 x 0.5	16 x 1.0	64 x 0.625	20 x 0.625	16 x 0.625
Pitch	0.9 <u><</u> 1.1	0.9 < 1.1	0.984	0.969	1.375
kVp	120	120	120	120	120
Siemens = Eff. mAs GE = mA setting Philips = mAs	mAs: M – 140 L – 210 mA Field: M-280 L-420	mAs: M-140 L- 210 mA Field: M-280 L-420	mA: M-180 L-270	mA: M-180 L-270	mA: M-180 L-270
Dose modulation	OFF	OFF	Auto mA OFF	Auto mA OFF	Auto mA OFF
Beam Hardening Correction	Boost On	Boost On			
Recon 1 Algorithm	FC01	FC01	Standard	Standard	Standard
Additional Filter	No Selection	No Selection	No Selection	No Selection	No Selection
Thickness (mm)	1.0	1	0.625	0.625	0.625
Interval (mm)	0.5	0.5	0.5	0.5	0.5
Iterative recon (noise reduction algorithm)	Do Not Use	Do Not Use	Do Not use ASIR	Do Not use ASIR	Do Not use ASIR
Scan Time (Sec) 30cm length	<10	<15	<10	<10	<15

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1.6 CT Radiation Dose Standardization

• CT Dose is standardized so each manufacturer and model are matched within ± 3% of the Target CTDIvol.

Table 1.6.1 (CTDIVol selection)

Body Size	CTDIvol mGy/cm
Large – L	11.4
Medium – M	7.6

1.7 Size Definition (mAs selection)

• Body Mass Index will be used to determine large or medium mAs setting. The technologist will use the chart below to select the mAs setting for a given BMI.

Table 1.4.1 (mAs selection)

BMI range	mAs selection
>25	Large
≤25	Medium

B. CT Dose Calculation Estimates

- Veran airway segmentation software has the capability to function with a much lesser dose than used on a standard clinical chest CT scan.
- Veran functionality will allow this protocol to include an inspiration & expiration scan while only using the dose equal to or below one standard clinical CT scan.

Effective Dose (E) mSv

• Effective dose (E) is used in radiation protection, to compare the stochastic risk of a non-uniform exposure of ionizing radiation, with the risks caused by a uniform exposure of the whole body. The stochastic risks are carcinogenesis and hereditary effects. It is not intended as a measure for acute or threshold effects of radiation exposure such as erythema, radiation sickness or death.

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Cumulated Dose (One scan session)

 The effective dose (E) for a one scan session: Inspiration & Expiration is estimated to be 7mSv. The maximum amount of radiation from the clinical related radiation procedures (E) for subjects having a one scan session of this clinical protocol is equivalent to approximately 14% of the annual radiation limit for a medical worker.

Statement regarding dose estimates

• Although there are no proven harmful effects from this amount of radiation, longterm effects on the patient's health cannot be ruled out with certainty. This dose estimate takes into account only the exposure to procedures in this clinical procedure. If the patient has experienced other radiation exposure, they should be aware that the risk of effects of radiation exposure is thought to add up across all their exposures(including studies performed as part of your medical care).

Statement regarding breast shields

• It is recommended to have an offset or foam pad between the patient and the breast shield of at least 1 to 2 inches. This allows for optimal sensor recognition and airway segmentation.

C. CT Data Transfer

Data will be transferred via network DICOM or to a CD or USB device depending on each site's transfer mechanism.

Statement regarding the above Protocol:

Parameters such as slice thickness, slice spacing, rotation speed, pitch, and matrices, should be followed as per the above protocol or significant degradation of the scan airway segmentation will occur. The exposure settings (mA, mAs, or kv) settings in this protocol are only a recommendations based on the goals set forth in this protocol. The final determination and selection of the exposure parameters (mA, mAs, or kv) is the sole responsibility of the imaging institution performing these scans. Although there are no proven harmful effects from this amount of radiation, long-term effects on health cannot be ruled out with certainty.

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