



Third MAXIMA training school

Breast Model Validation for Monte Carlo Evaluation of Normalized Glandular Dose Coefficients in Mammography

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Napoli, 19th September 2018

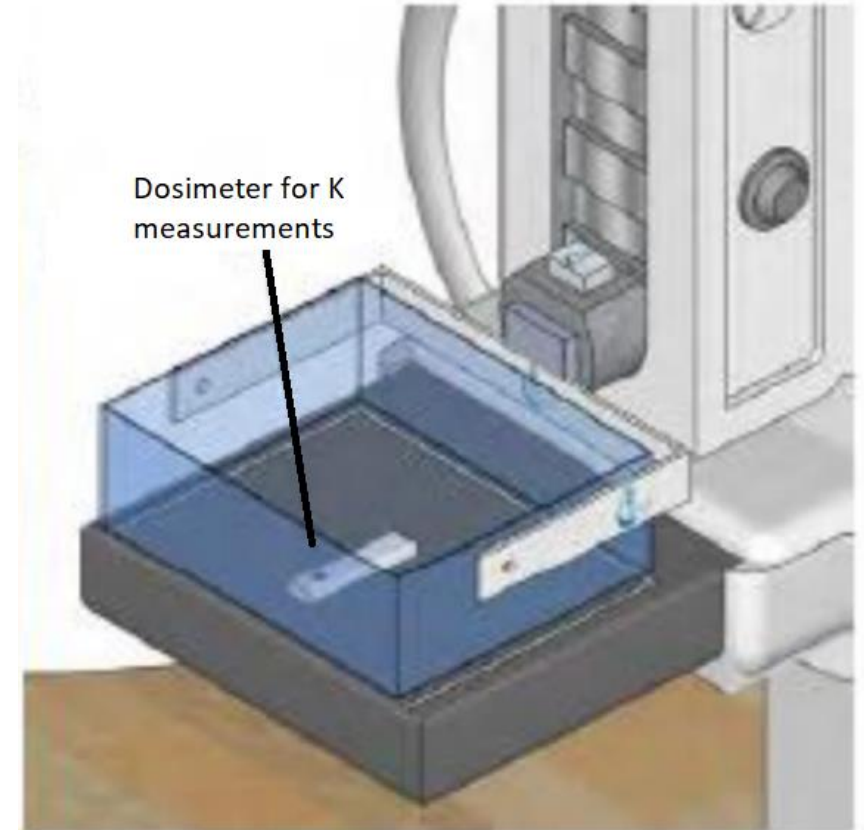


Dosimetry in mammography

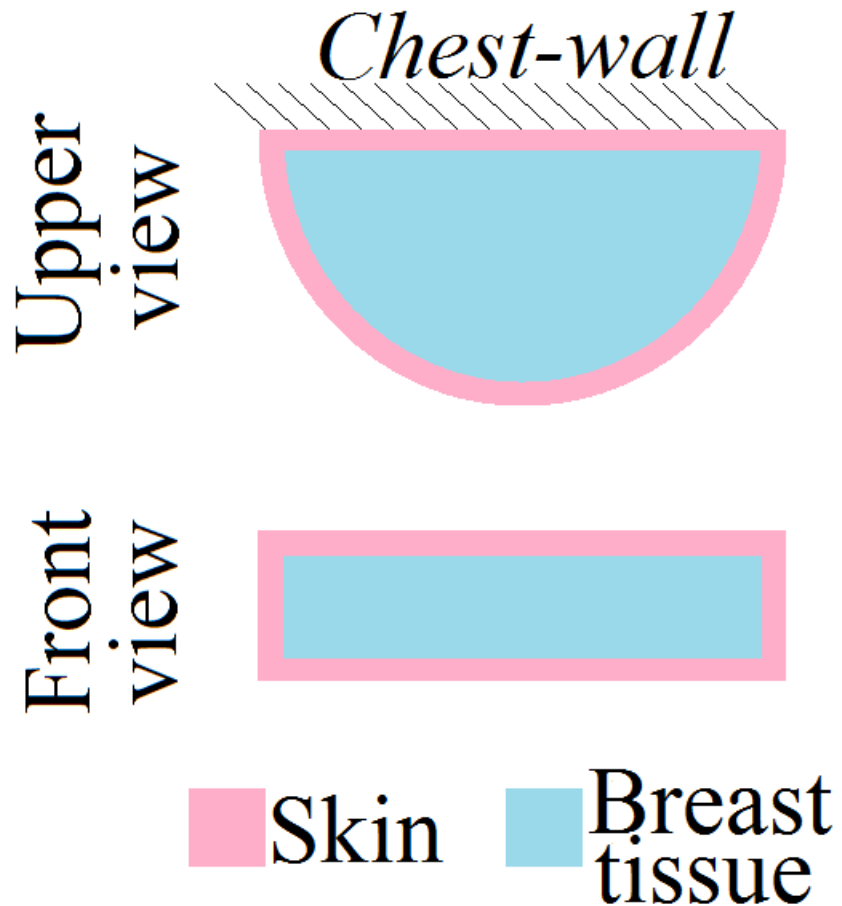
$$\text{Mean Glandular Dose (MGD)} = D_{gN} \text{ (or c} \cdot \text{g} \cdot \text{s) } \cdot K$$

Air kerma at the breast surface

Coefficients calculated **via MC simulations**



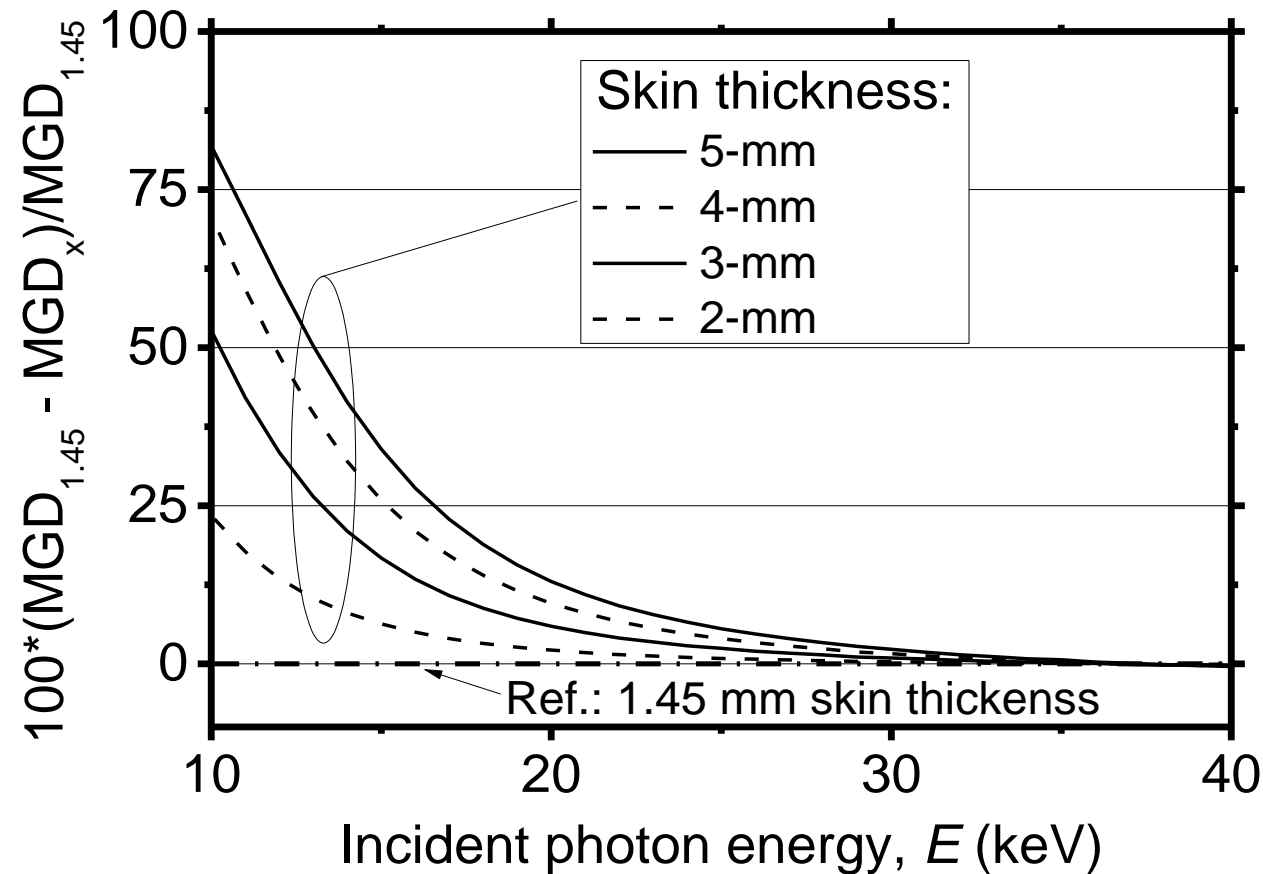
Breast model assumptions: skin thickness



| Model from | Skin layer (mm) | Adipose layer (mm) |
|-----------------|-----------------|--------------------|
| Dance (1990) | 0.00 | 5.00 |
| Wu et al (1991) | 4.00 | 0.00 |
| BCT experiments | 1.45 | 0.00 |
| Histology | 1.45 | 2.00 |

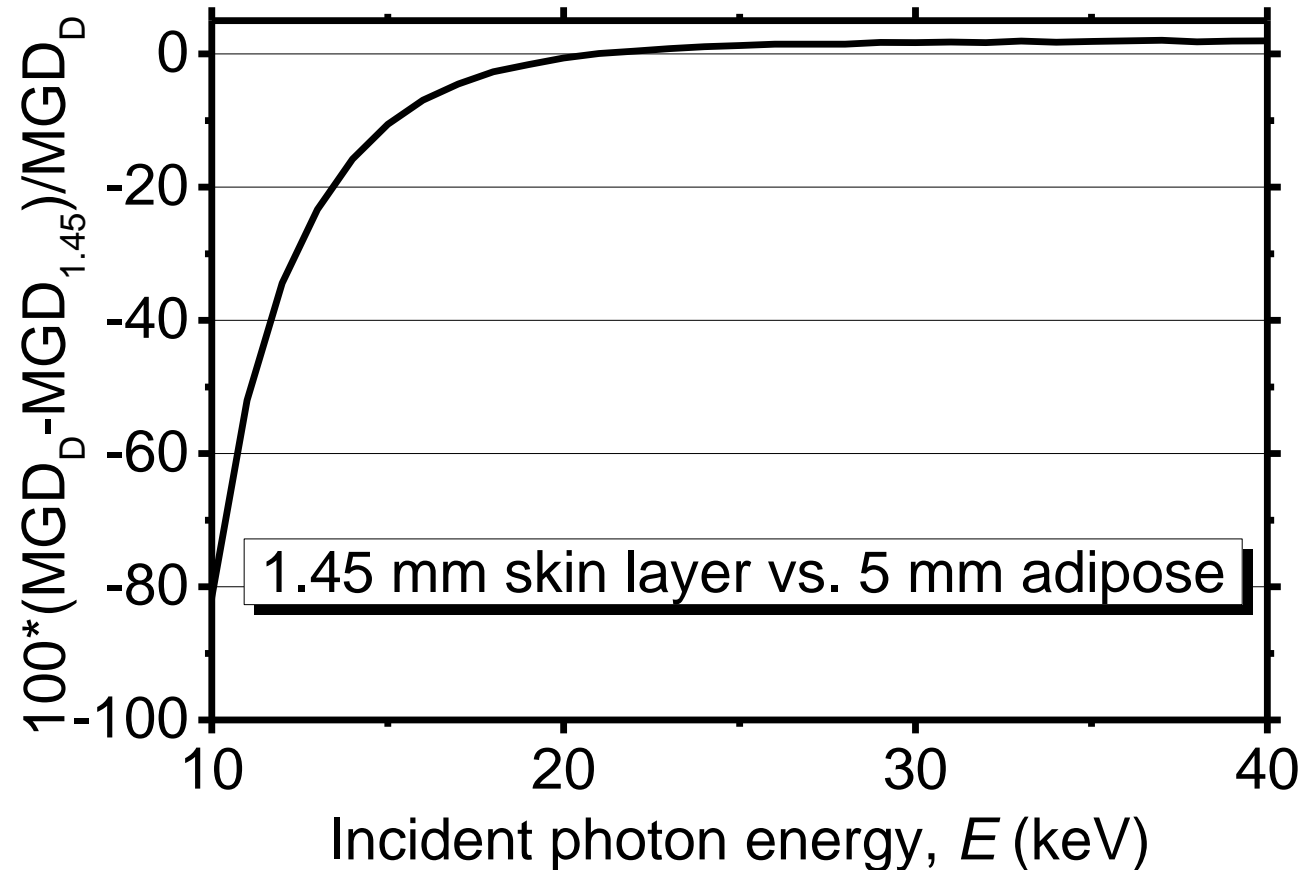
Skin thickness influence on the MGD

Compressed breast thickness = 5 cm; glandular fraction = 20%

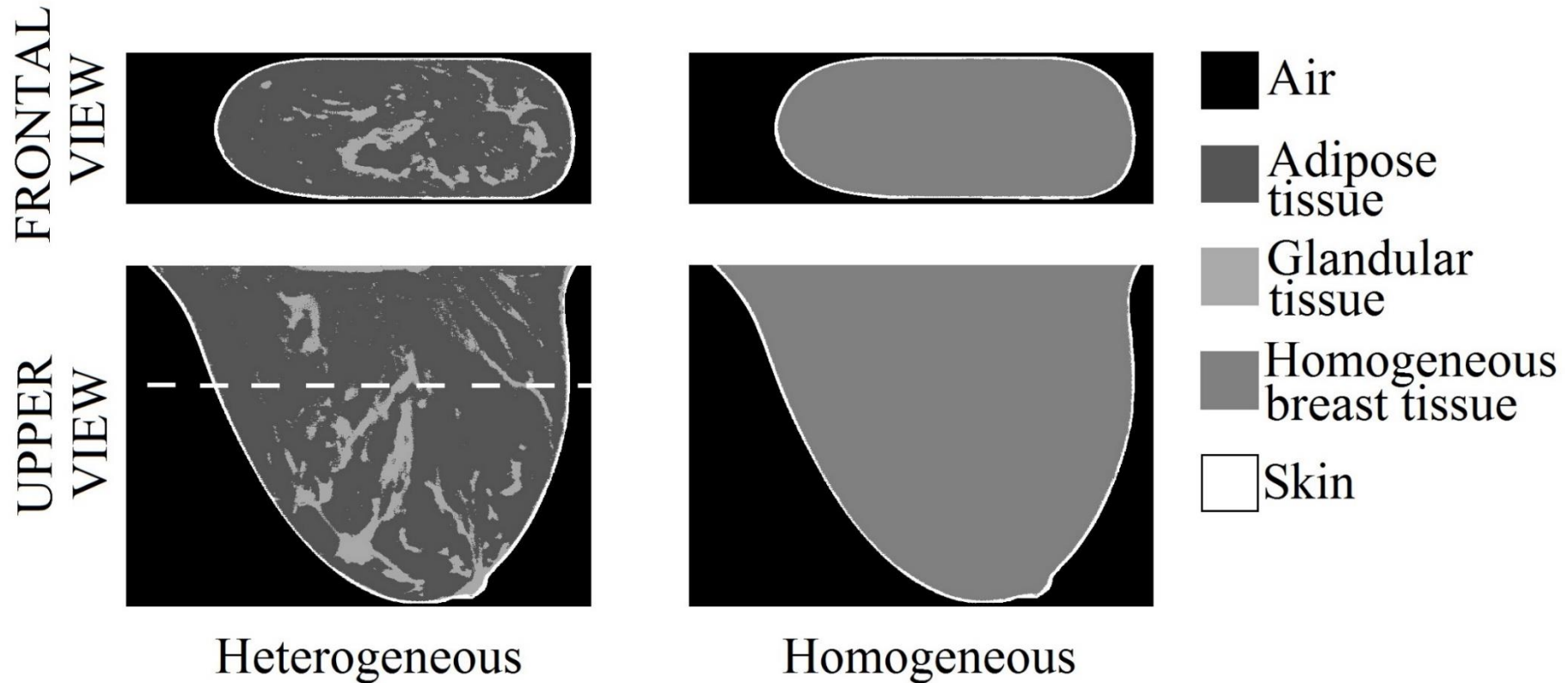


Skin model influence on the MGD

Compressed breast thickness = 5 cm; glandular fraction = 20%

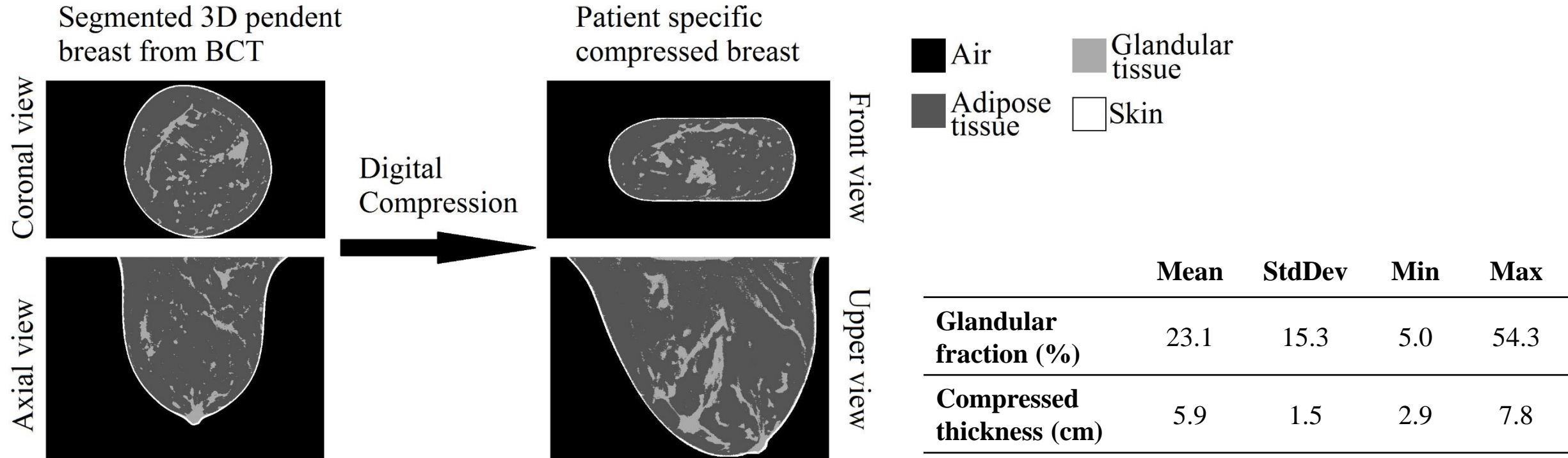


Breast model assumptions: glandular distribution



$$\text{Probability of dose absorption in the gland} = \frac{f_g \times \frac{\mu_{en}}{\rho}(E)_g}{f_g \times \frac{\mu_{en}}{\rho}(E)_g + (1 - f_g) \times \frac{\mu_{en}}{\rho}(E)_a}$$

20 voxelized patient specific breast phantoms from 3D breast images



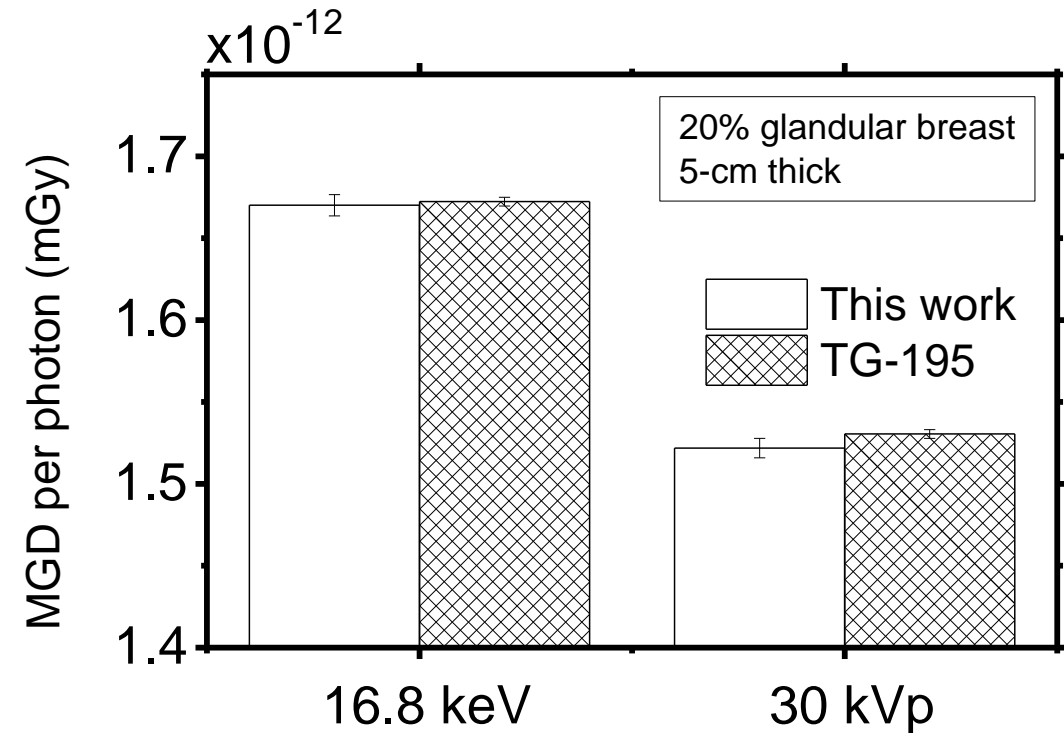
*Sechopoulos et al 2012, "Characterization of the homogeneous tissue mixture approximation in breast imaging dosimetry." *Med. Phys.* 39 5050-5059.

MC code for breast dosimetry

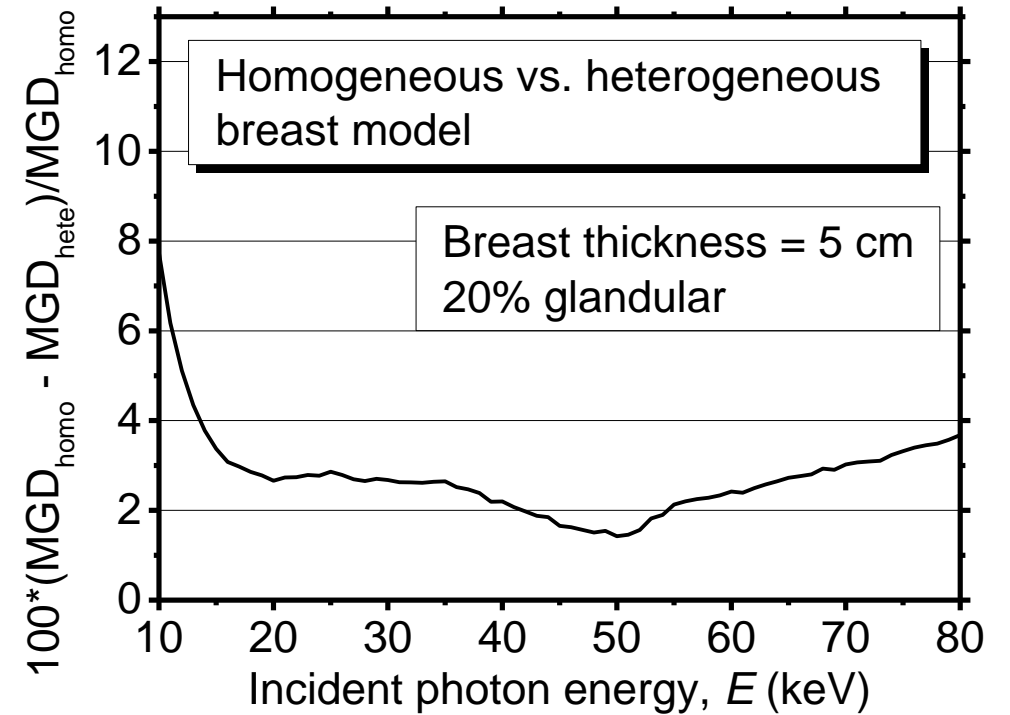
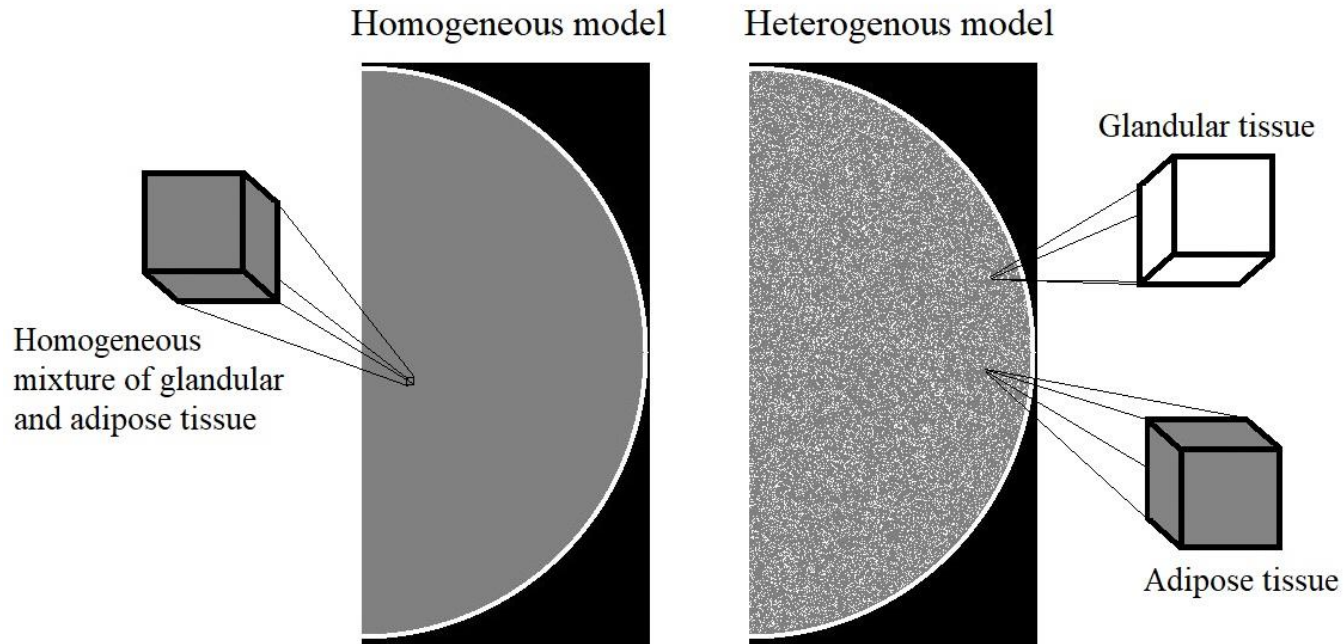
Code based on GEANT4 toolkit

Physics list: Option4

Code validated vs AAPM TG195 data



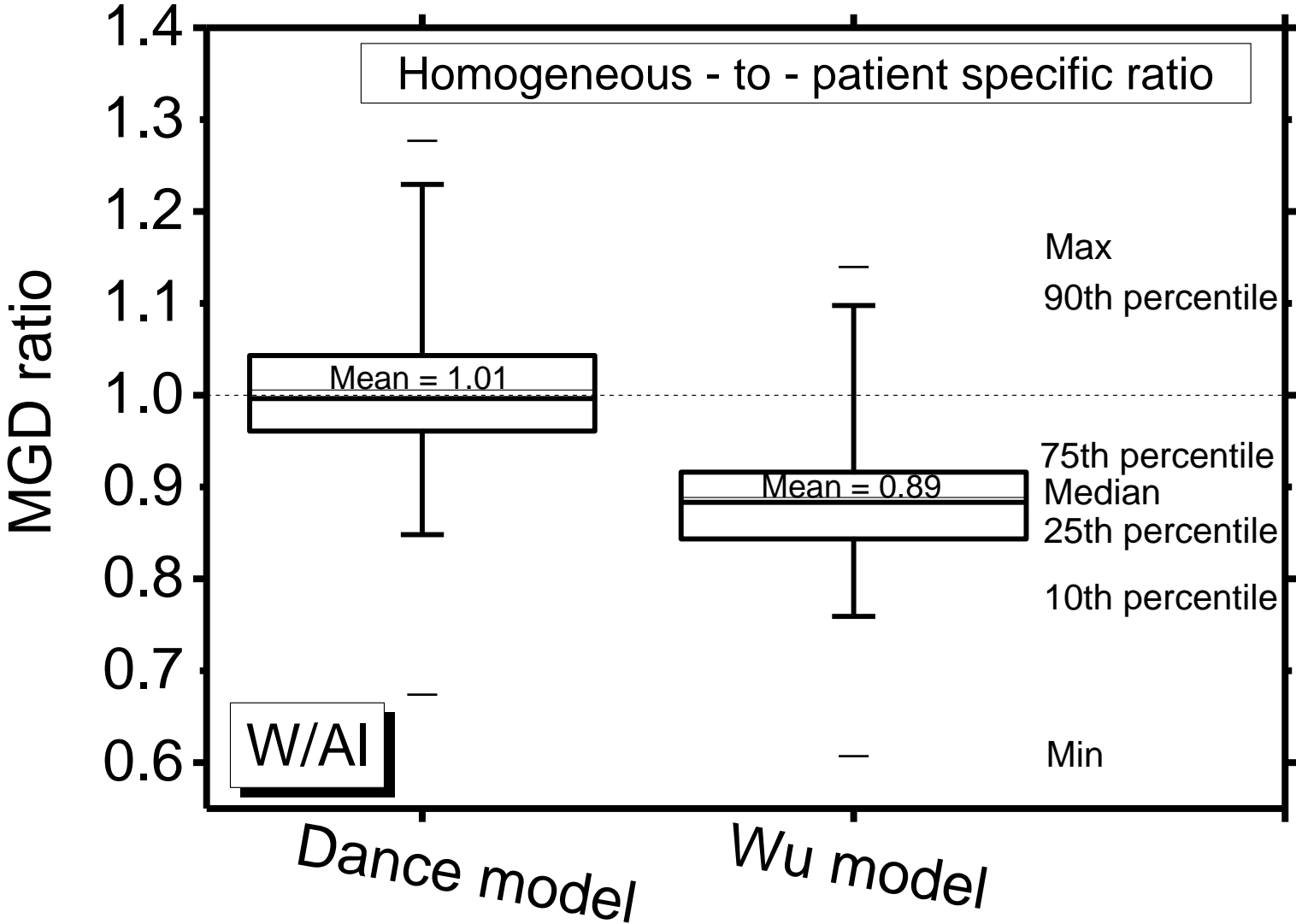
MC validation for the heterogeneous model



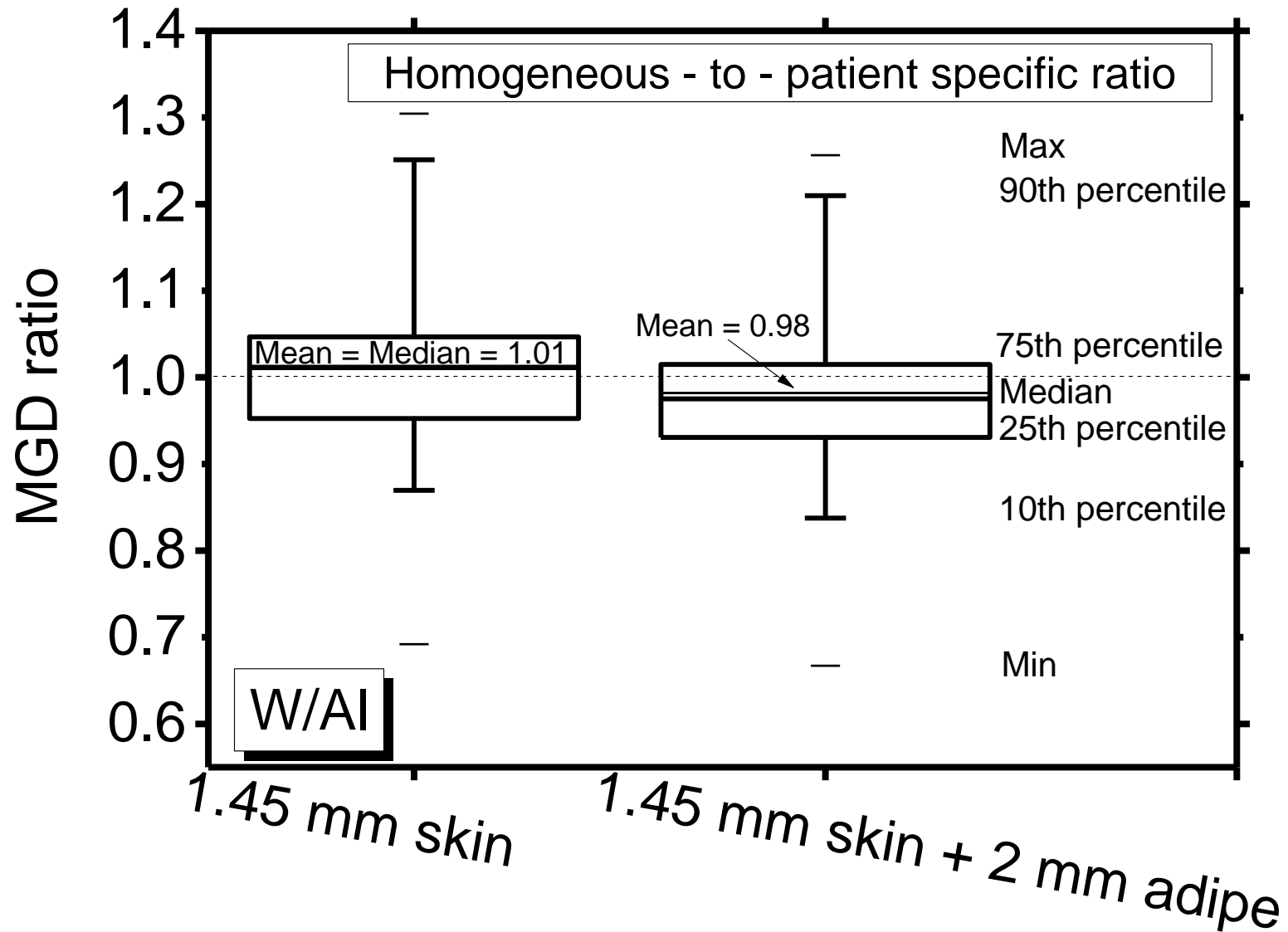
Technique factors

| Technique factors | | | | | |
|-----------------------------|-------------------|----------------------|--|----------------------|--|
| Breast thickness range (cm) | Tube voltage (kV) | W/0.700 mm Al | | W/0.050 mm Rh | |
| | | Simulated HVL (mmAl) | Calculated HVL below the compression paddle (mmAl) | Simulated HVL (mmAl) | Calculated HVL below the compression paddle (mmAl) |
| 2–3 | 26 | 0.399 | 0.440 | 0.460 | 0.488 |
| 3–4 | 27 | 0.420 | 0.464 | 0.471 | 0.501 |
| 4–5 | 28 | 0.440 | 0.486 | 0.482 | 0.511 |
| 5–6 | 29 | 0.459 | 0.508 | 0.491 | 0.521 |
| 6–7 | 30 | 0.479 | 0.530 | 0.499 | 0.530 |
| 7–8 | 31 | 0.498 | 0.552 | 0.508 | 0.538 |

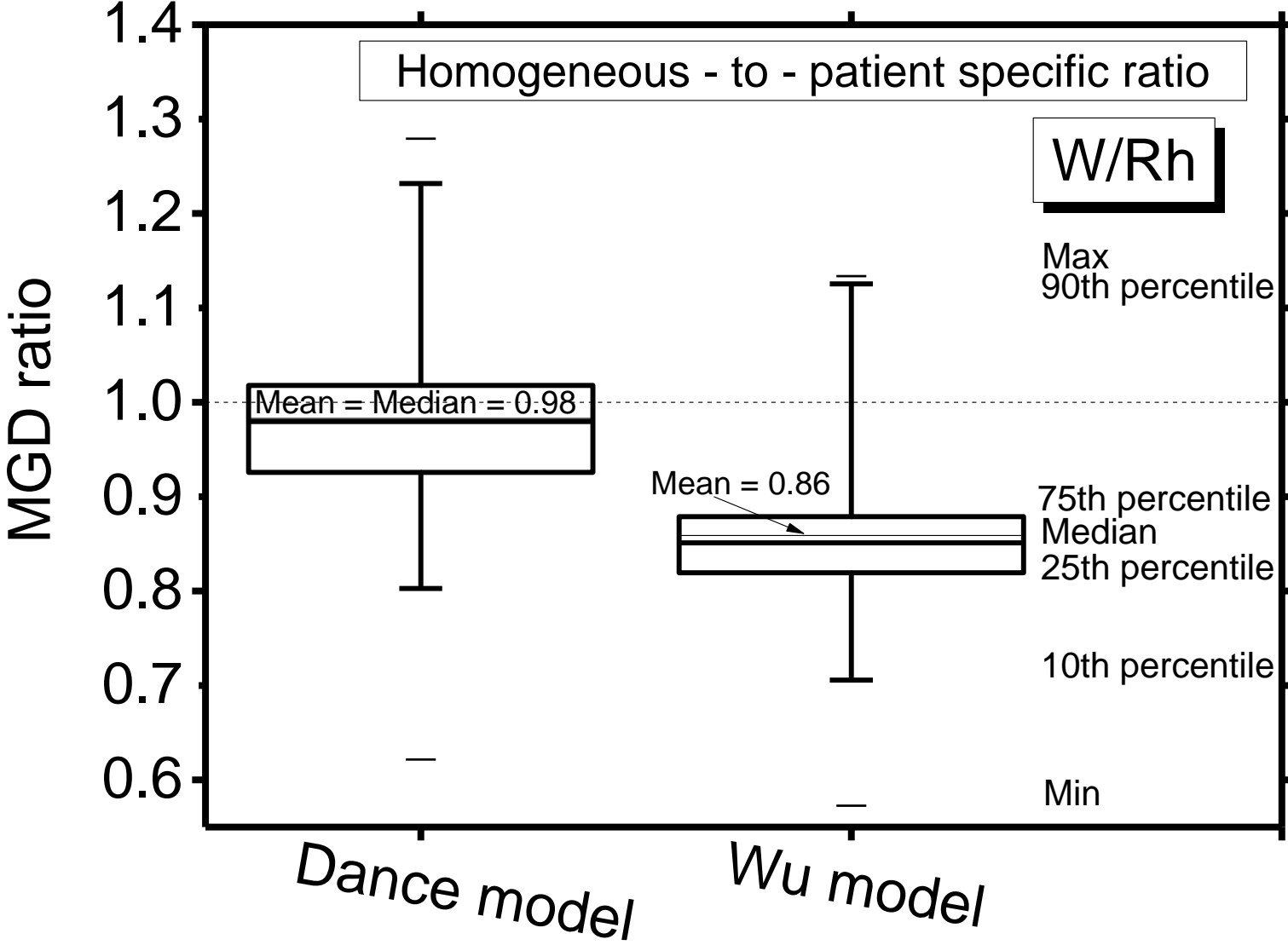
Standard models vs. patient specific phantoms



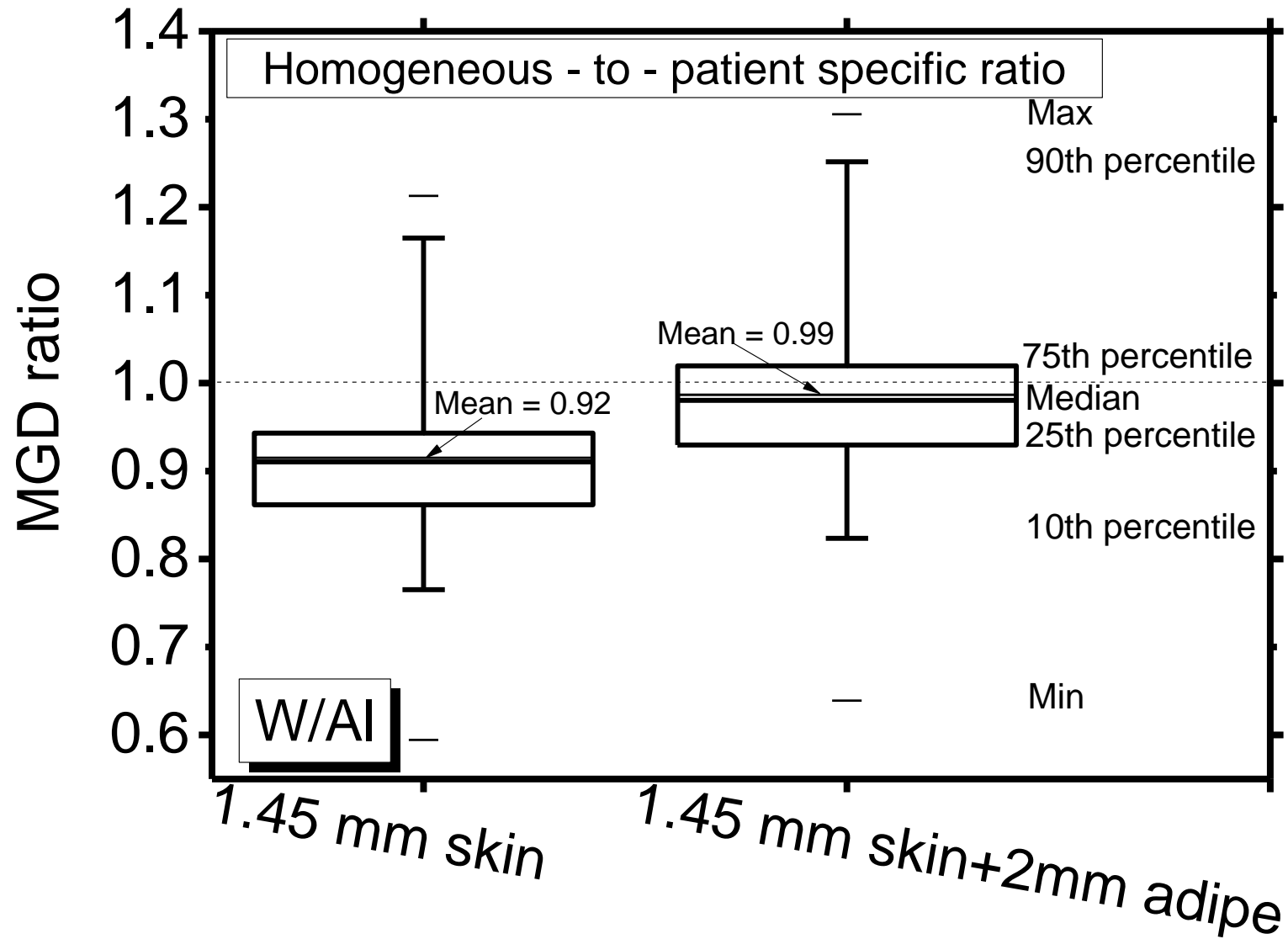
New models vs. patient specific phantoms



Standard models vs. patient specific phantoms



New models vs. patient specific phantoms



Conclusions

- The skin model in MC simulations presents a large influence on MGD estimates;
- A simple breast model can produce MGD underestimation up to about 42% when compared to the dose estimates via patient specific breast phantoms;
- The model proposed by Wu et al (1991) led to the lowest dose overestimation (16%) combined with the highest MGD underestimation (-42%) for a specific breast (W/Rh spectra);
- Breast model with a 1.45 mm skin thickness and the Dance's model led to the lowest differences (1%), on average, when compared to patient specific breast phantoms, with respect to Wu's model (-11%).

Thank you!!!

Any questions?



Third MAXIMA Training school - *Napoli 17th-
19th September 2018*

