Dosimetry Doesn't Need to be Impractical

Patient-specific dosimetry promises to be a valuable tool for enhancing patient care. But there are challenges associated with dosimetry that have stunted its widespread adoption. In particular, the time required to perform dosimetry with existing tools and the need to acquire multiple image acquisitions can create substantial logistical costs.

Quantitative Options are Unavailable

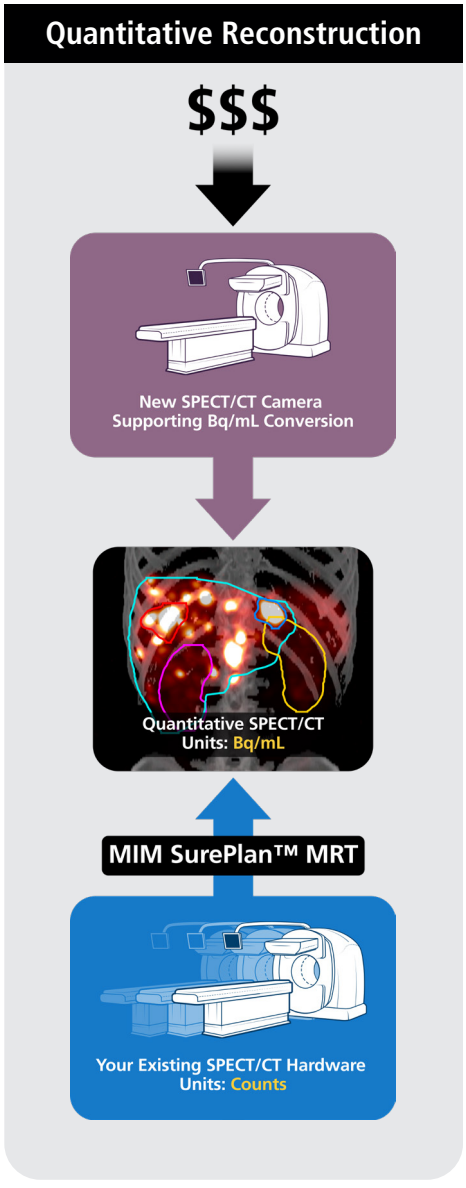
The first hurdle in the dosimetry process is achieving quantitative SPECT images in units of Becquerels or Becquerels per milliliter. Most SPECT/CT hardware available today outputs images in units of counts and capturing quantitative values requires additional camera hardware.

No Time for Segmentation

While OAR and target segmentation is a well-established practice in Radiation Oncology, it often introduces a significant responsibility to nuclear medicine departments where resources are already stretched thin.

Multiple Time-Point Image Acquisitions Present Challenges

The need to capture multiple images to support patient-specific dosimetry can place time constraints on already limited department resources. Additionally, some patients may be unable or unwilling to return multiple times for follow-up imaging. How will you adopt an effective dosimetry practice that maximizes departmental resources and eases the burden on your patients?



Reconstruction → Segmentation → Dose Calculation → Curve Fitting & Integration

Practical Dosimetry Achieved with MIM SurePlan™ MRT

To learn more, scan the QR code or click here to visit us on the web

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