

Dual Energy X-Ray Absorptiometry (DXA) – Science, Technology, and Practice

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Disclosures

- I am a (minor) GE stockholder
- I was involved in the design of two DXA machines (Expert and Achilles) when working for Lunar Corporation (now GE Lunar)
- My only clinical experience with DXA has been as a patient (no QA experience!)
- I grew up in Bedford MA, 2 miles from Hologic HQ



DXA Bone Densitometers

Image courtesy GE Healthcare



Image courtesy Hologic Corporation



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Effective dose

Exam	GE Prodigy	Hologic QDR 4500
Lumbar spine	0.7 uSv	1.8 uSv (?)
Proximal femur	0.7 uSv	6 uSv
Whole body	0.6 uSv	4 uSv

Source: CRCPD Bone Densitometry White Paper (2006)

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Uses of DXA machines

- Bone densitometry
 - ◆ Diagnosis (accuracy)
 - ◆ Therapy response (precision)
 - ◆ Fracture prediction (FRAX application)
- Body composition
 - ◆ Total bone, total lean, total adipose
- Vertebral morphology

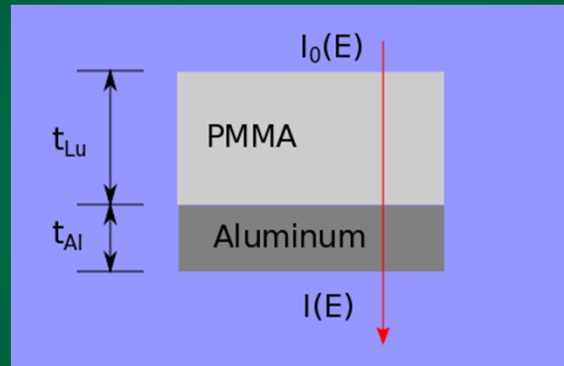


Dual Energy X-ray Absorptiometry

Science
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Practice



Monoenergetic x-rays



$$\ln\left(\frac{I_0}{I}\right) = \mu_{PMMA}(E)t_{PMMA} + \mu_{Al}(E)t_{Al}$$

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Monoenergetic x-rays

$$LA(E) = \mu_{M,PMMA}(E)\sigma_{PMMA} + \mu_{M,Al}(E)\sigma_{Al}$$

Log attenuation $LA(E) = \ln\left(\frac{I_0(E)}{I(E)}\right)$

Mass attenuation coefficient $\mu_{M,mat}(E) \equiv \frac{\mu_{mat}(E)}{\rho_{mat}}$

Areal density (g/cm^2) $\sigma_{mat} \equiv t_{mat}\rho_{mat}$

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Dual energies

$$LA_L = \mu_{M,PMMA}(E_L)\sigma_{PMMA} + \mu_{M,Al}(E_L)\sigma_{Al}$$

$$LA_H = \mu_{M,PMMA}(E_H)\sigma_{PMMA} + \mu_{M,Al}(E_H)\sigma_{Al}$$

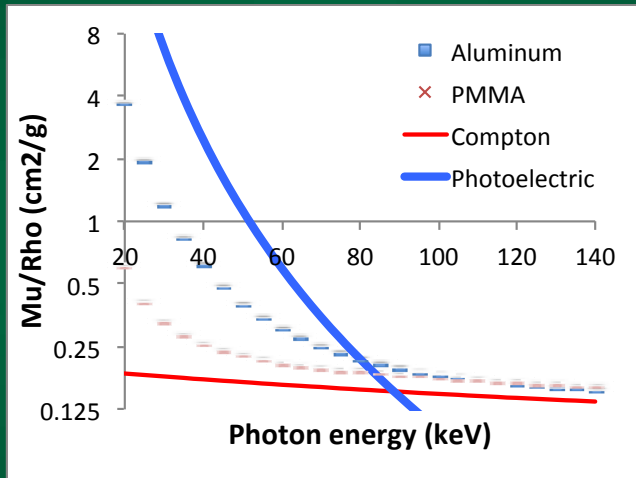
$$\sigma_{PMMA} = f_{PMMA}(LA_L, LA_H)$$

$$\sigma_{Al} = f_{Al}(LA_L, LA_H)$$

Dual energies

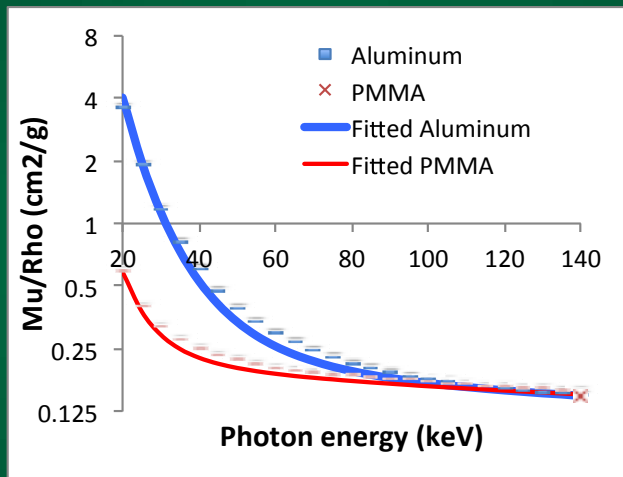
$$\mu_{M,mat}(E) = a_{PE,mat} \mu_{M,PE}(E) + a_{CS,mat} \mu_{M,CS}(E)$$

Material Decomposition

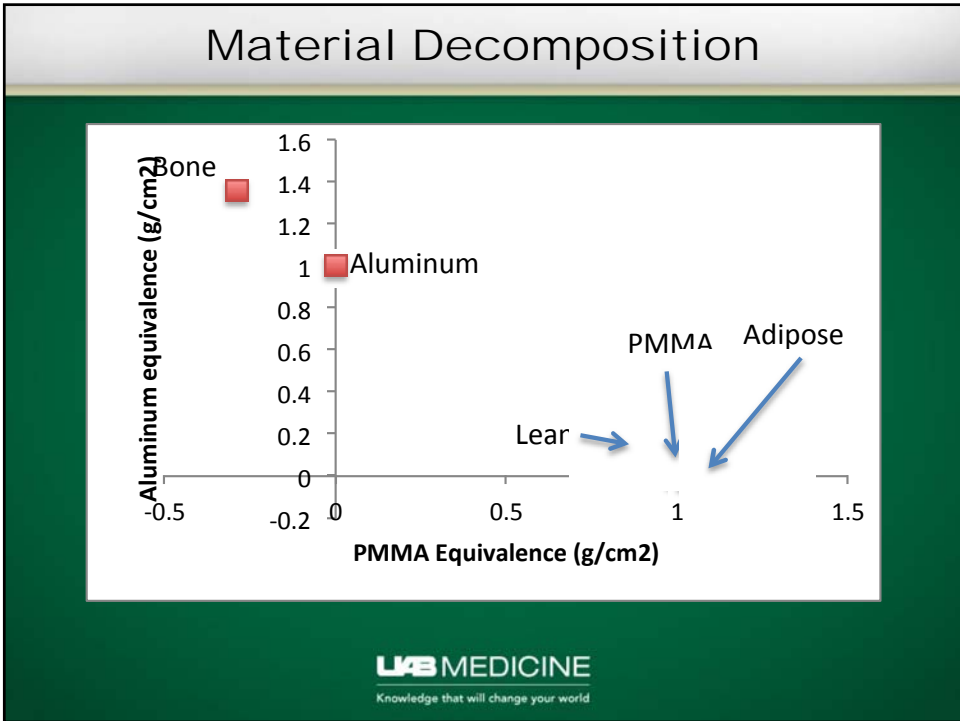
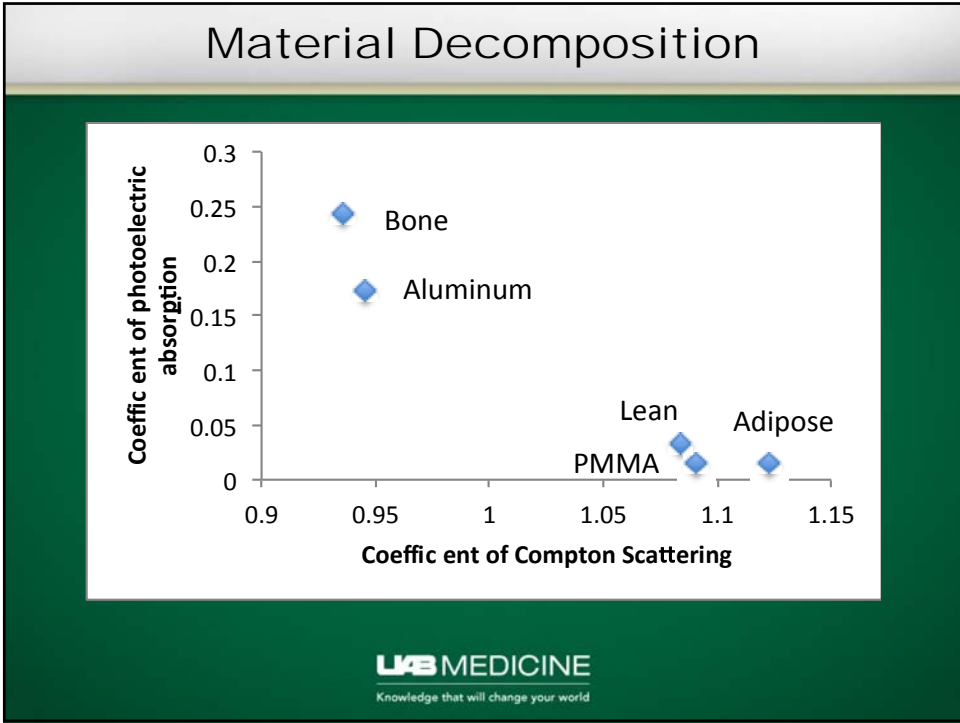


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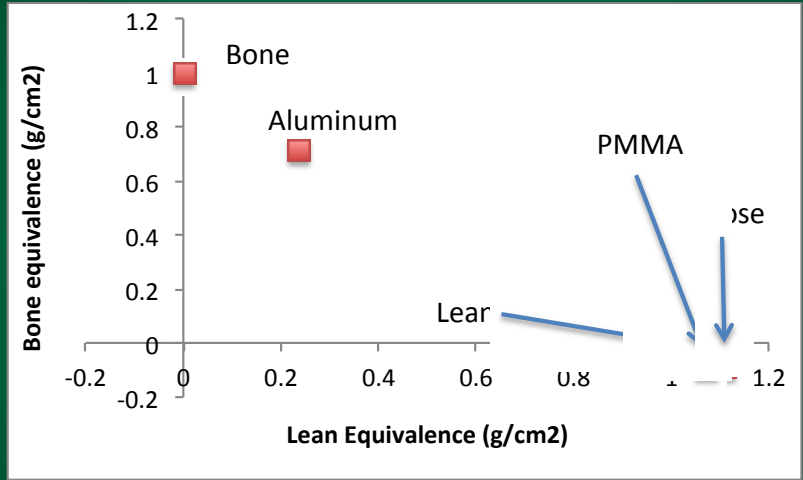
Material Decomposition



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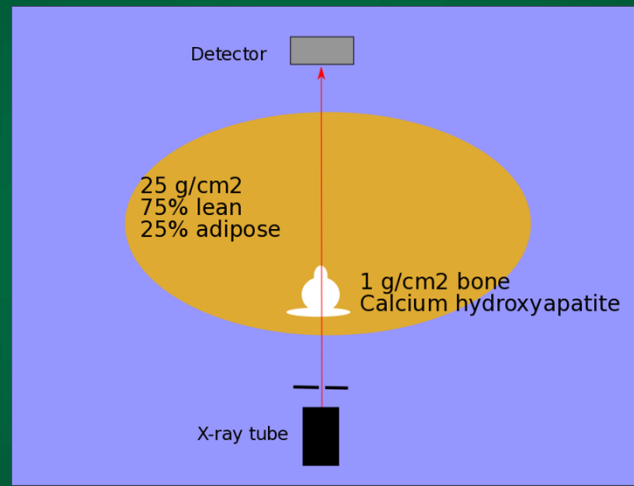


Material Decomposition



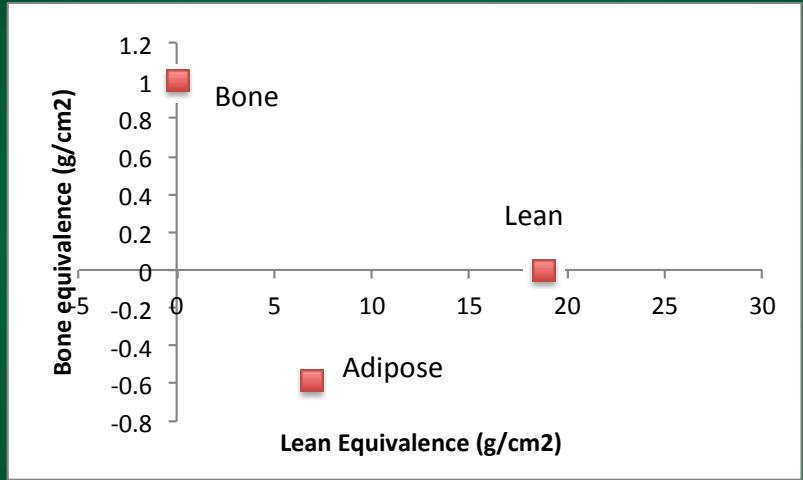
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Example



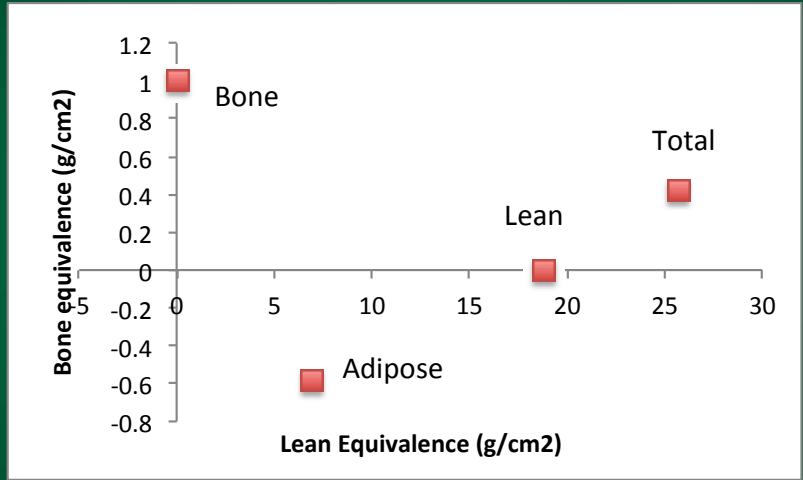
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Example



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Example



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Fat content correction

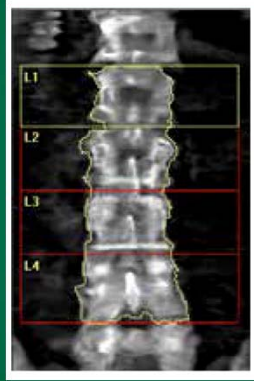
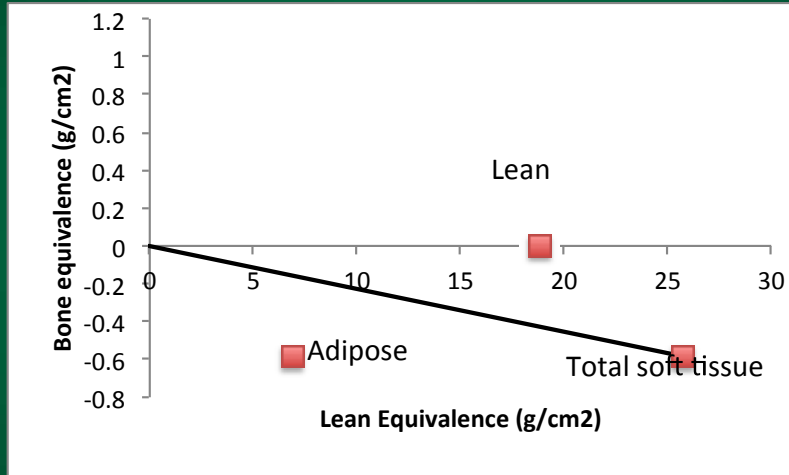


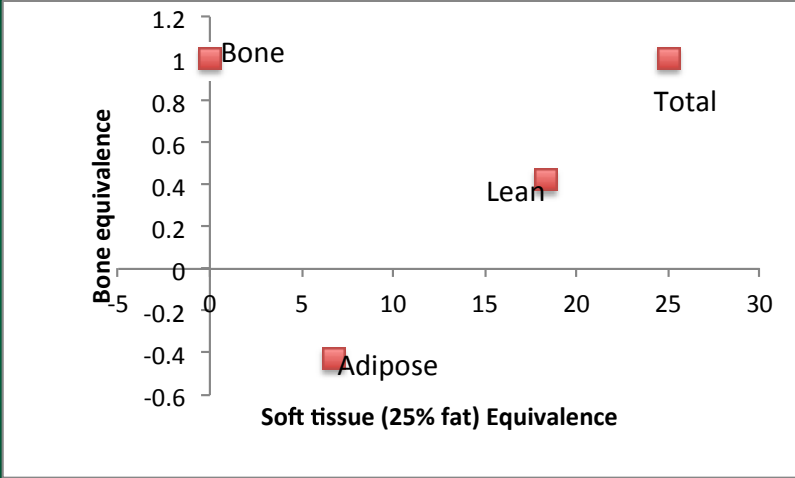
Image courtesy Hologic Corporation



Fat content correction



Fat content estimation



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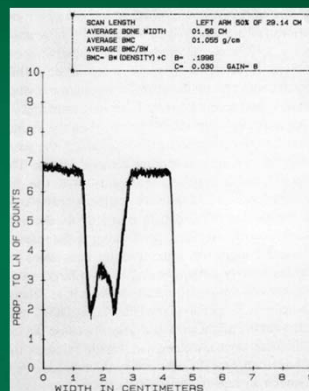
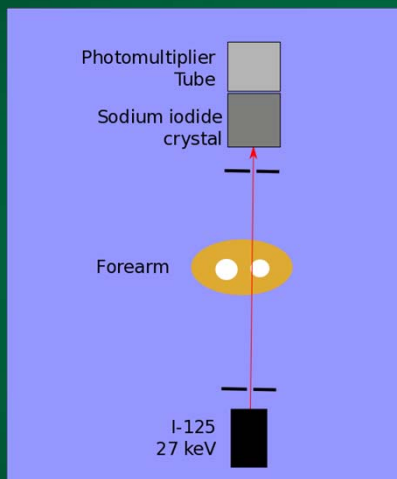
Technologies - History

- Single Photon Absorptiometry
 - 1963 – Cameron and Sorenson
- Dual Photon Absorptiometry
 - ~1970, Cameron, Mazess, et al
- Dual X-Ray Absorptiometry
 - ~1980s (?); Stein, Mazess, et al

Source: Thorson and Wahner, JNucMed Vol 14, pp163-171
US Patent Office

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Single Photon Absorptiometry

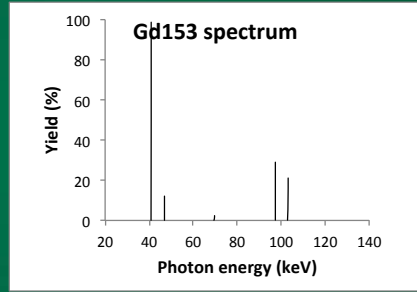
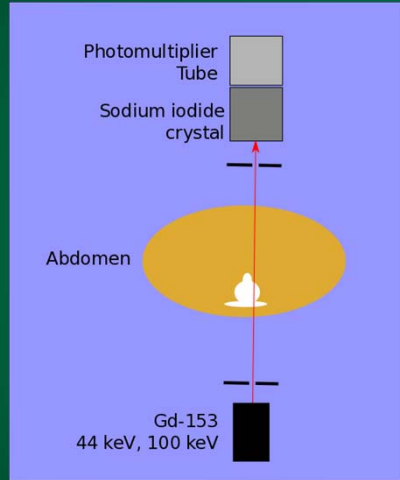


LM Thorson, HW Wahner, "Single and Dual Photon Absorptiometry...", J Med Vol 14, Sept 1986, pp163-171

Courtesy of Society of Nuclear Medicine and Molecular imaging.

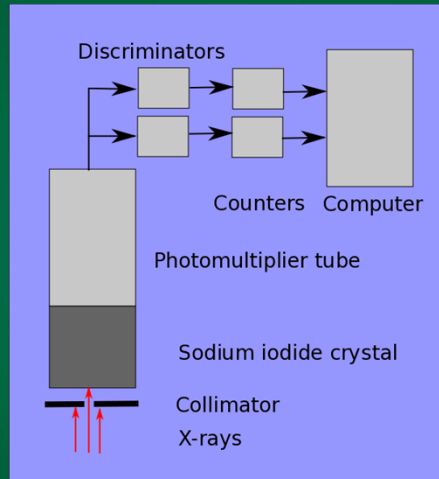
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Dual Photon Absorptiometry



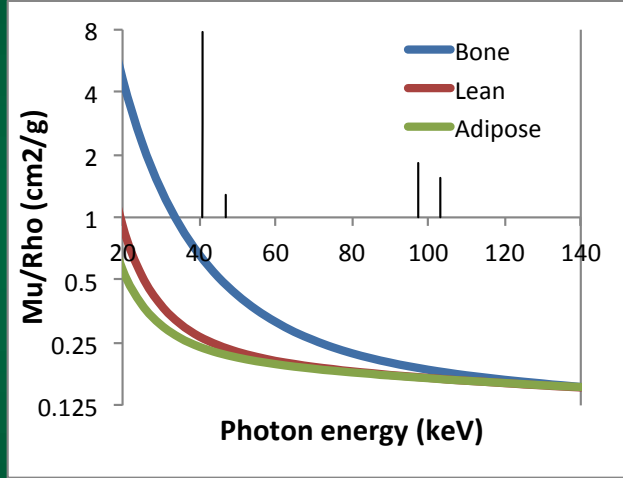
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Detector



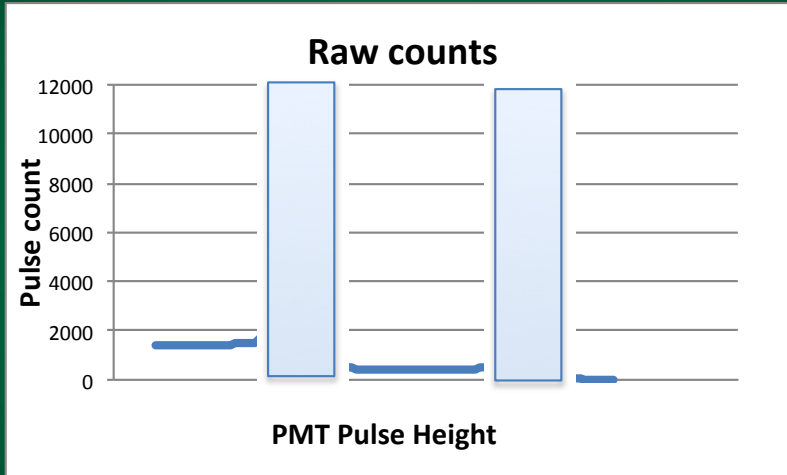
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Dual Photon Absorptiometry



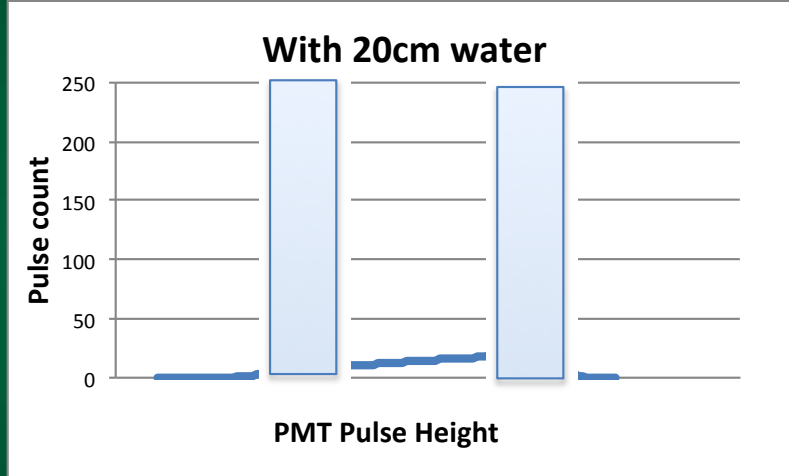
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Pulse height spectrum



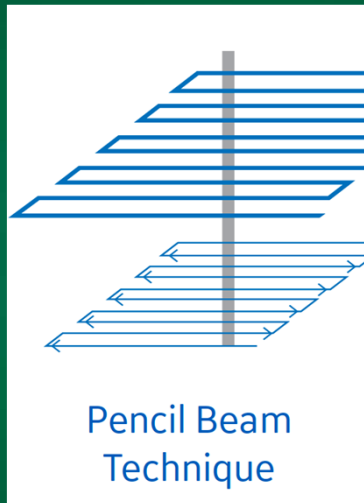
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Pulse height spectrum



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Raster scan



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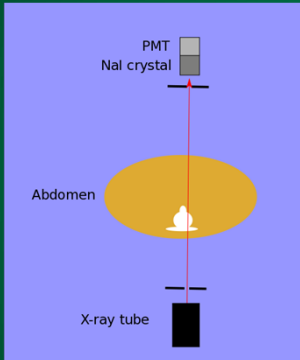
Image courtesy
GE Healthcare

DXA Technologies

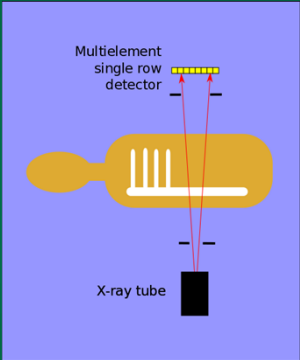
<p>X-ray source</p> <ul style="list-style-type: none"> • K-edge filter (GE) • kV switching (Hologic) <p>Beam geometry</p> <ul style="list-style-type: none"> • Pencil beam (1st generation) • Partial fan beam • Fan beam • Cone Beam 	<p>Photon counting Detectors (GE)</p> <ul style="list-style-type: none"> • Na-I / PMT • CdTe (direct detection) • LYSO / SSPM <p>Energy integrating detectors</p> <ul style="list-style-type: none"> • Scintillator/photodiode array (Hologic) • Sandwich detector
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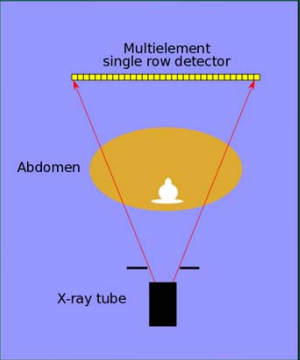
Beam geometries



Pencil beam



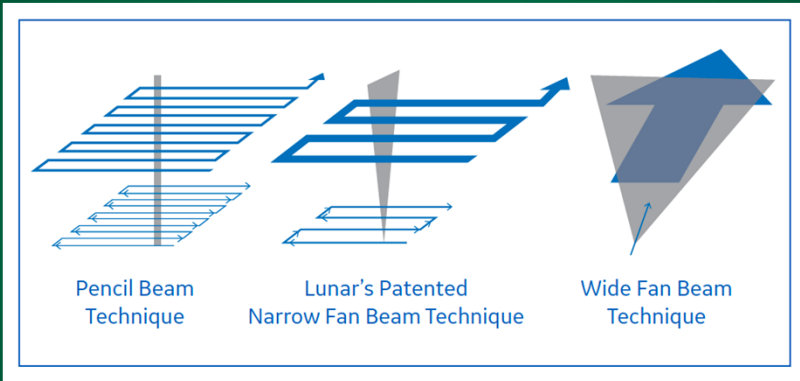
Narrow fan beam



Wide fan beam

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Beam Geometries



The diagram illustrates three different X-ray beam geometries. On the left, the 'Pencil Beam Technique' shows a narrow, parallel beam of X-rays. In the middle, 'Lunar's Patented Narrow Fan Beam Technique' shows a fan-shaped beam that is wider than the pencil beam but still relatively narrow. On the right, the 'Wide Fan Beam Technique' shows a much wider fan-shaped beam.

Image courtesy GE Healthcare

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X-ray source technologies

Characteristic	GE/Lunar	Hologic
Tube voltage	76 kV	60kV, 120kV or 100kV, 140kV
Filtration	K-edge	Spinning filter wheel*

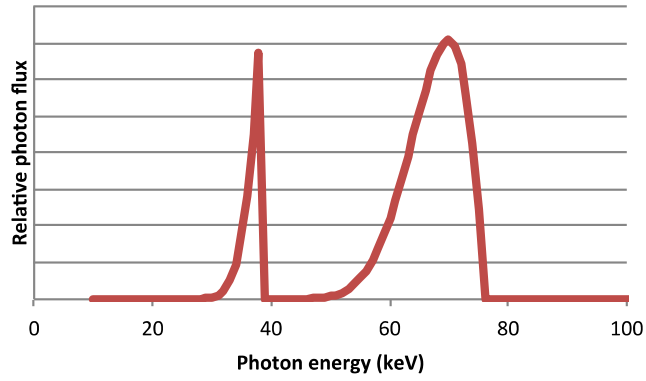
* Six sector wheel with the following filter combinations

- Air
- Bone equivalent
- Soft tissue equivalent
- Copper
- Copper + bone
- Soft tissue + bone

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K-edge filtration

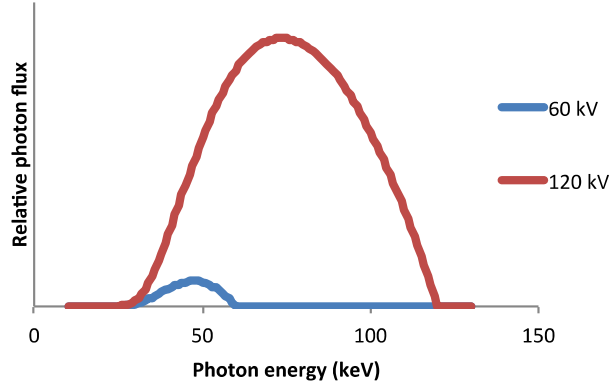
20 cm Water 1.0 mm Lanthanum



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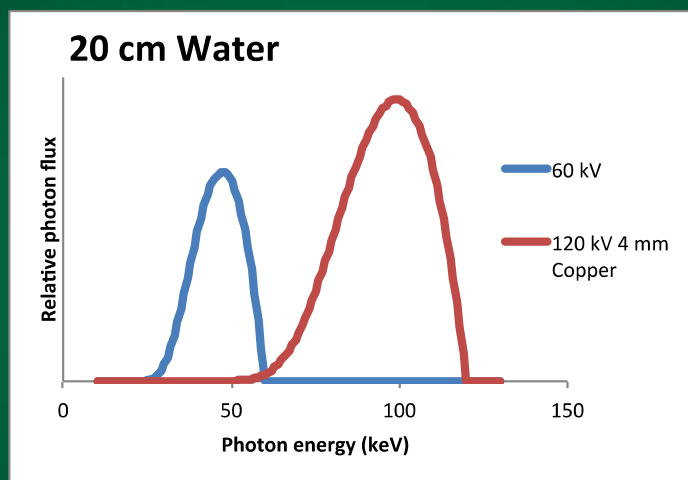
kV switching

20 cm Water



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kV switching



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Detector technologies

Photon counting (GE)

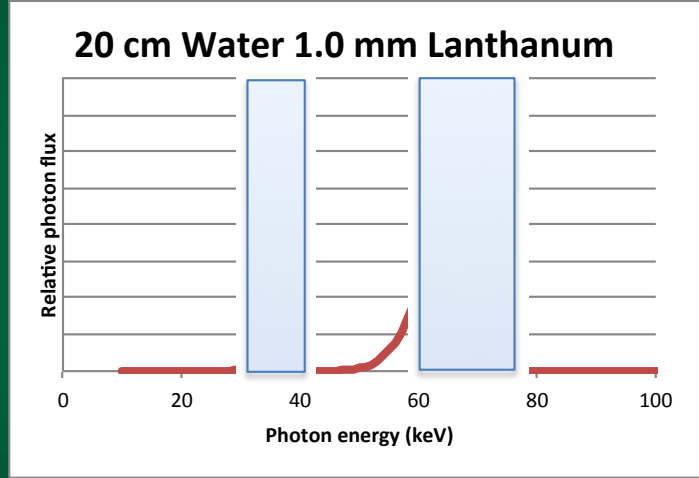
- NaI with PMT
- CdTe with direct conversion
- LYSO with solid state PMT

Energy integrating

- Ceramic detectors with photodiode array (Hologic)
- Sandwich detector (obsolete)

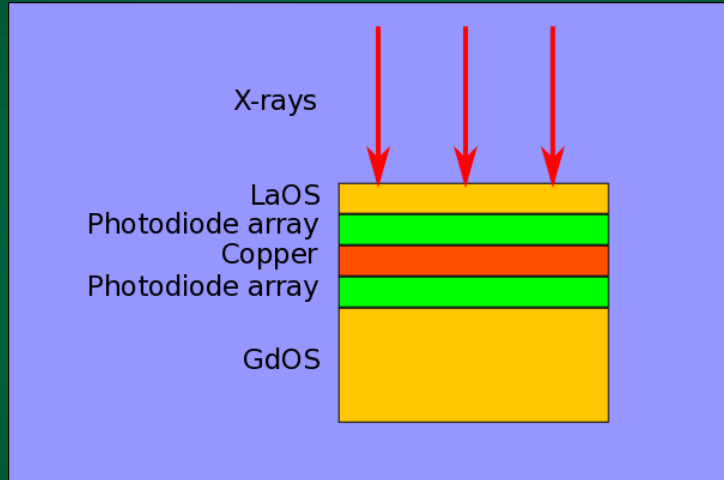
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K-edge filtration



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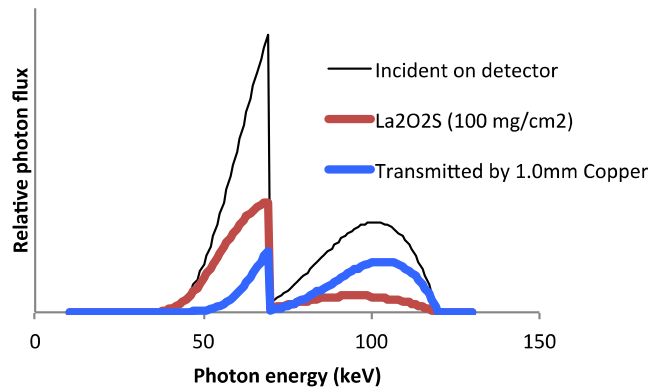
Sandwich detectors



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Sandwich detectors

20 cm Water 0.2 mm Tungsten



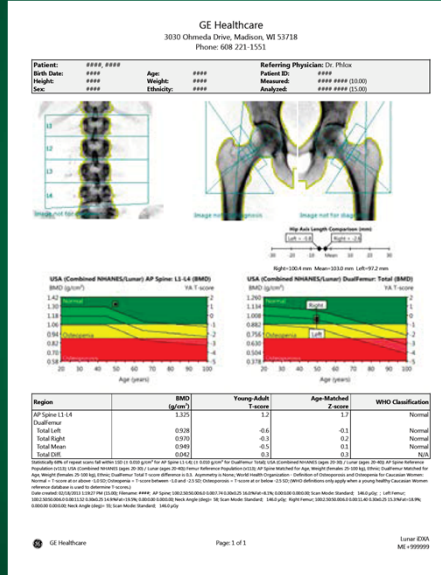
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Clinical report



$$T = \frac{BMD - BMD_{ref}}{\sigma_{BMD}}$$

BMD_{ref} is the average for young healthy adults

$$Z = \frac{BMD - BMD_{ref}}{\sigma_{BMD}}$$

BMD_{ref} is the average for adults of the same age and sex

Image courtesy GE Healthcare

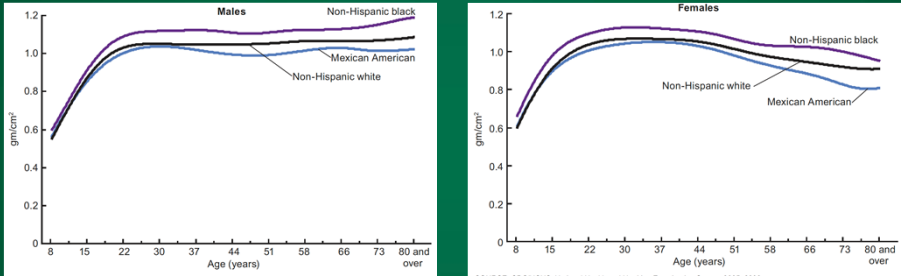
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Diagnosis

T-Score	WHO Category
-1 or higher	Normal
-2.5 to -1.5	Osteopenia
-2.5 or lower	Osteoporosis

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Lumbar spine BMD

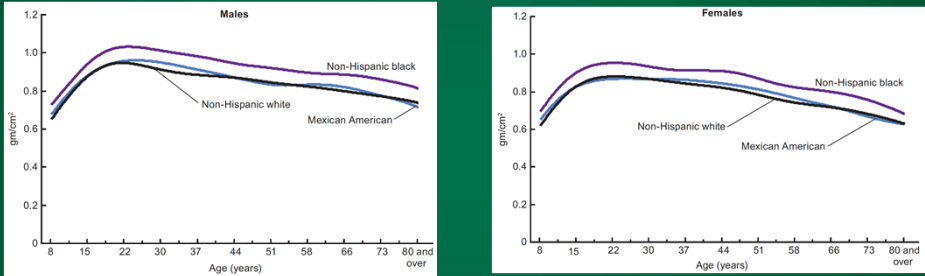


Lumbar Spine and Proximal Femur Bone Mineral Density, Bone Mineral Content, and Bone Area: United States, 2005-2008

https://www.cdc.gov/nchs/data/series/sr_11/sr11_251.pdf



Femoral neck BMD



Lumbar Spine and Proximal Femur Bone Mineral Density, Bone Mineral Content, and Bone Area: United States, 2005-2008

https://www.cdc.gov/nchs/data/series/sr_11/sr11_251.pdf



Accuracy

Parameter	Value
Absolute accuracy	+/- 10%
Inter-model variation	+/- 15%
Inter-unit variation	+/- 2%

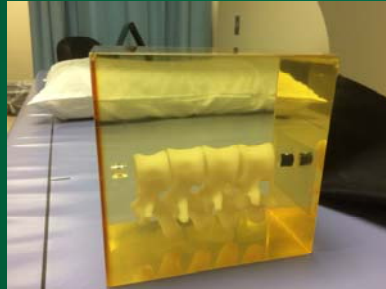
Source: International Society for Clinical Densitometry (ICSD) white paper "Precision Assessment and Radiation Safety for Dual-Energy X-ray Absorptiometry"

Therapy response

Precision

- Scanner stability
- Technologist skill
 - Positioning
 - Tissue segmentation

Scanner QA



UAB OSTEOPOROSIS PREVENTION AND TREATMENT CLINIC
2000 8TH AVE SOUTH
BIRMINGHAM, AL 35233

Name: SPINE PHANTOM F15521 Sex: Height: 51.0 cm
Patient ID: Ethnicity: Weight: 18.0 lb
DOB: Age:

Referring Physician:

Scan Information:
Scan Date: April 06, 2018 ID: A04061802
Scan Type: L Lumbar Spine
Analysis: April 06, 2018 08:11 Version: 13.6.8.3.7
Lumbar Spine
Operator: Modality: Discovery W (SAV K2K3)
Comment:

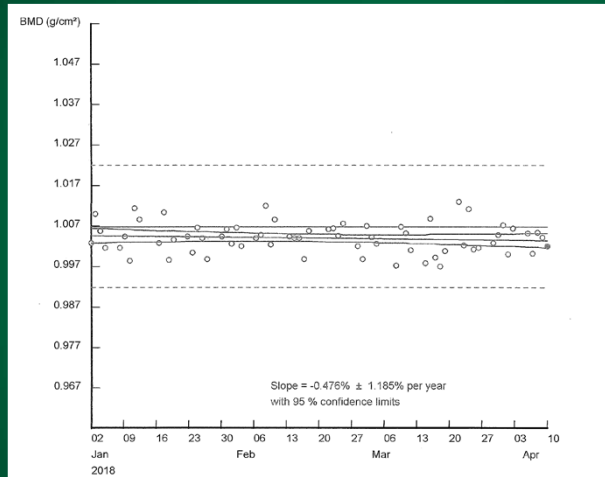
DXA Results Summary:

Region	Avg	BMD	T-	Z-	AM
	(g/cm ²)	(g/cm ²)	score	score	(%)
L1	11.72	11.51	0.948		
L2	12.84	12.61	1.011		
L3	14.51	14.30	1.020		
L4	15.24	15.02	1.015		
Total	14.31	14.12	1.002		

Reported in accordance with ISCD, 4th Edition, 2008

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Shewhart Chart



Avg + 2 Std. Dev.

Avg - 2 Std. Dev.

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Shewhart Rules

Machine failure if

- Single BMD outside average ± 3 standard deviation
- Two consecutive BMD on same side of average outside avg ± 2 S.D.
- Four consecutive BMD on same side of average outside avg ± 1 S.D.
- Ten consecutive BMD on same side of average
- Two consecutive BMD differing by more than 4 S.D.

Sources

Sydney Lou Bonnick, *Bone Densitometry in Clinical Practice: Application and Interpretation*, Springer, p.115 (2009)

D.Pearson, S.A.Cawte, "Long-term quality control of DXA: A comparison of shewhart rules and cusum charts", *Osteoporosis International*, Vol 7 (4), pp 338-343 (1997)



Technologist Precision

Least Significant Change (LSC)
95% confidence interval

$$LSC \equiv 2.77 \sigma_{in\text{vivo}}$$

In-vivo Precision Measurements

- Measure BMD in 30 patients 2 times, or
- Measure BMD in 15 patients 3 times

Written consent recommended
IRB approval not needed



BMD Precision

Site	Coefficient of variation	Least significant change
Lumbar spine	1.0-1.2%	~3%
Total hip	0.8-1.7%	~3.5%
Femoral neck	1.1-2.2%	~4.5%
Trochanter	1.2-1.5%	~3.8%

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Therapy response

Parameter	Lumbar spine	Femoral neck
Baseline	0.850 g/cm ²	0.865 g/cm ²
2 years later	0.865 g/cm ²	0.858 g/cm ²
Difference	+0.015 g/cm ²	-0.007 g/cm ²
LSC for this technologist	0.027 g/cm ²	0.030 g/cm ²

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Accreditation - ISCD

International Society of Clinical Dosimetry Accreditation Program

- Follow manufacturer's QA recommendations
- Periodic (at least once/week) phantom scans
- In-vivo precision test for every technologist
 - Upon completion of training
 - When a new DXA system is installed
 - When the technologist's skill level has changed.



Accreditation - CBMD

Canadian Bone Mineral Density Facility Accreditation Program (Ontario Association of Radiologists)

- "Approved" medical physicist
- Weekend long workshop on DXA QA
- At initial visit
 - Establish "Shewhart" baselines
 - Determine LSC for facility/technologist
 - Measure entrance skin exposure
 - Measure scatter
- Annual review by physicist
- Establish LSC for new staff

Source: Jeff Frimeth, MSc, MCCPM, CIIP



Accreditation - ANZBMS

Australian and New Zealand Bone and Mineral Society

Periodic tests

- Daily phantom accuracy tests
- Long term stability tests

Acceptance tests and after major repair

- Laser light positioning
- Scan line and step spacing
- Scan time indication
- Entrance skin exposure

Other

- Staff scatter exposure measurements



Acknowledgements

Jeff Frimeth

Hologic Inc. and affiliates

GE Healthcare

Society of Nuclear Medicine and Molecular Imaging

UAB Osteoporosis Clinic

