

New materials, never covered, at City Tech due to difficult science underlying and multiple variables involved in the findings as well as perhaps the inability to explore such by the faculty and students in BSRS. - However, these are valuable and interesting findings for our discipline. The two journal articles describing the summary figures were heavily discussed and students were highly engaged when I introduced these in 2019 in my RAD 4826 (Adv Med Imaging-II) course.

- 1) BMJ 2019;364:k4931 <http://dx.doi.org/10.1136/bmj.k4931> International variation in radiation dose for computed tomography examinations: prospective cohort study.

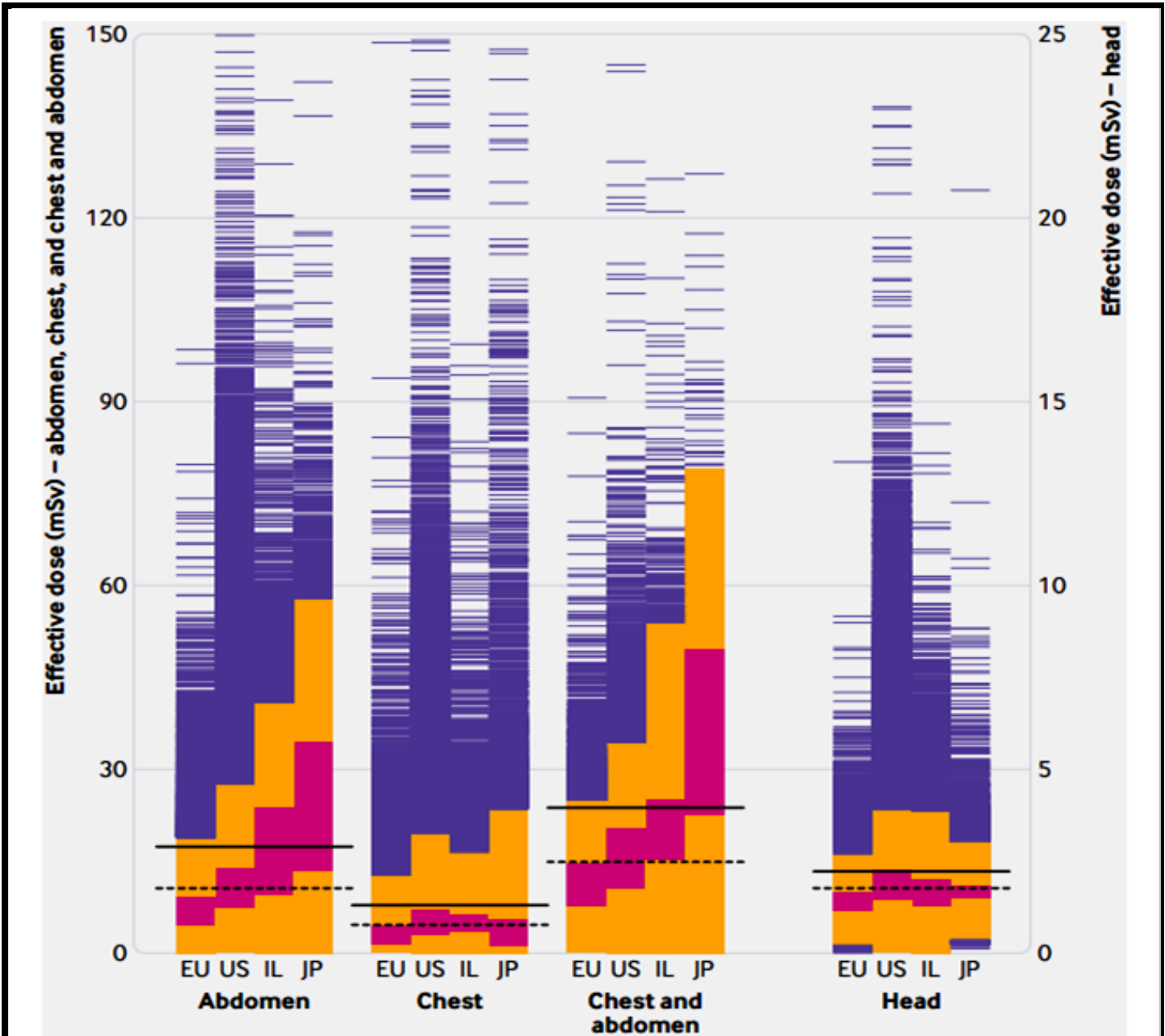


Fig 2 Distribution of effective radiation dose by country and anatomic scan region, after adjustment for patient characteristics. Each column signifies one country or the European Union, with one horizontal line denoting each observation within the country. IL=Israel; JP= Japan; pink lines=within 25th and 75th percentiles of patients; orange lines=two standard deviations from the mean; purple lines=outliers; horizontal solid line & dashed line=benchmark & target doses for each anatomical area, defined as the 75th & 50th percentiles of dose for all CT scans of that type performed before April 2016.

2) Arch Intern Med. 2009 December 14; 169(22): 2078–2086. doi:10.1001/archinternmed.2009.427.
-Radiation Dose Associated with Common Computed Tomography Examinations and the Associated Lifetime Attributable Risk of Cancer.

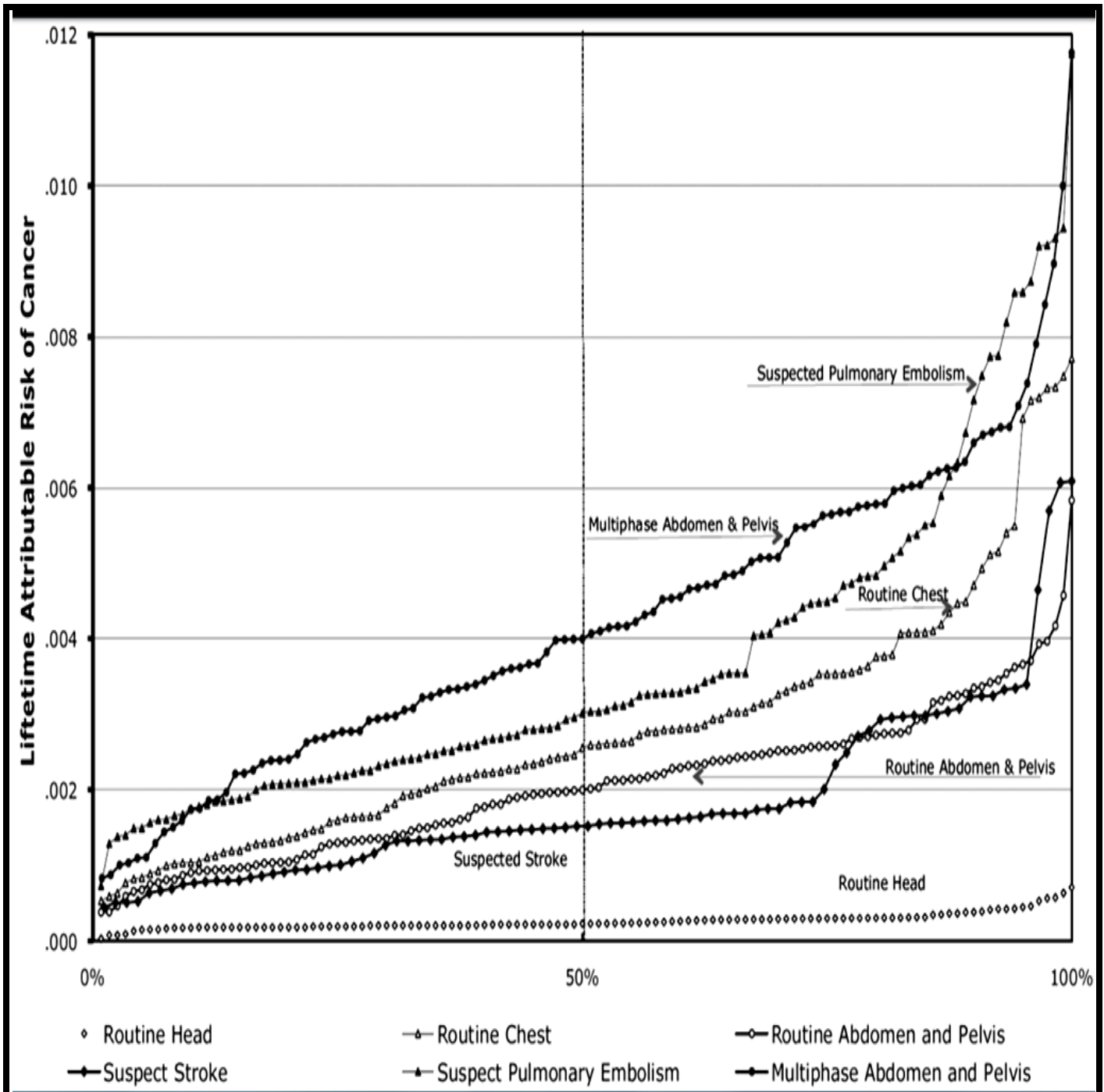


Fig 2. Estimated range in the lifetime risk of inducing cancer (added to existing patient stage of 1) if a 20-year-old woman underwent only one of several types of CT studies using the usual radiation exposure given in a hospital as patient lives remaining 100% of expected age starting at age 20 (0%).