Australian Government
Australian Radiation Protection and Nuclear Safety Agency

arpansa

12 January 2018 Ref:O18000010

s 47F - privacy
[redacted]
[redacted]

Re: Radiation Information for CT Scan Patients

Dear s 47F - privacy

Thank you for your letter and for bringing your concerns to our attention. We wish you well in your s 47F - privacy .

ARPANSA maintains a strong interest in supporting initiatives for improving communication between doctors, patients and imaging professionals regarding the benefits and risks of diagnostic imaging using ionising radiation. We work with all interested parties in the medical imaging sector to ensure a world-class standard of radiation protection is maintained. With the involvement of the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, we developed a training module for referring physicians to help them understand and appreciate their role in justifying the decision to perform an imaging procedure and assist them in explaining the benefits and risks to their patients. We also produced an associated guidance pamphlet "Having a Scan? – a guide for medical imaging", a copy of which is enclosed with this letter. We would be happy to receive any feedback you may have on this pamphlet and would consider your comments when we next update the pamphlet. You may have already accessed these materials on ARPANSA's website (https://www.arpansa.gov.au/our-services/training/radiation-protection-of-the-patient).

At this point in time we judge that there is not sufficient evidence for a risk of neuroinflammation arising from the radiation dose involved in diagnostic imaging to warrant its inclusion in general advice for patients. Your particular experience notwithstanding, the scientific articles you cite relate to efforts to elucidate the cellular signaling processes that arise in response to ionising radiation exposure, not the evaluation of clinical consequences for patients. ARPANSA will continue to monitor the developing scientific understanding of biological responses to ionising radiation and update advisory material as appropriate.

Guidance on appropriate use of imaging is available from a number of sources, including the Diagnostic Imaging Pathways website supported by the government of Western Australia (http://imagingpathways.health.wa.gov.au/). Discussions are taking place with relevant professional organisations in relation to facilitating access to and use of such tools. It is also important to note, in the context of discussions around the justification of imaging examinations, the clinical risk that could arise

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from *not* performing an exam. That is the failure to detect or confirm a pathology that subsequently causes further harm or illness, or a lack of information that contributes to inappropriate or sub-optimal management of a patient's condition.

Finally, we would like to note that ARPANSA's regulatory jurisdiction only applies to uses of ionising radiation at the federal level. Nearly all medical uses of ionising radiation are regulated at the state and territory level. As such, ARPANSA is not in a position to mandate actions in the medical sector. However, the Radiation Health Committee, established under the *Australian Radiation Protection and Nuclear Safety Act 1998*, which includes representation from all the state and territory regulatory bodies, does produce documents such as the Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation (https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series/codes-and-standards/rps14). Such codes of practice are used by states and territories in their regulatory activities.

We thank you again for your letter and wish you well for the future.

Yours sincerely

Carl-Magnus Larsson
CEO of ARPANSA

Attachment: Having a Scan?