Home	About ISPOR	Membership	Meetings	Publications	Research Tools	Decision Makers Tools	Patients Tools	Scientific Presentations	Education	Employment	Advertis
------	----------------	------------	----------	--------------	-------------------	--------------------------	-------------------	-----------------------------	-----------	------------	----------

## THE ISPOR SCIENTIFIC PRESENTATIONS DATABASE

» Back to Results List » New Search » Digest Main Page

ID:	36855					
Meeting / Value in Health Info:	ISPOR 19th Annual International Meeting Palais des Congrees de Montreal May, 2014					
Code:	PCN188					
Disease:	Cancer					
Topic:	Health Care Use & Policy Studies (HP)					
Topic Subcategory:	Health Care Management (including Drug Management) (HM)					
Title:	AN ONLINE PATIENT-ORIENTED RADIATION RISK ASSESSMENT TOOL TO PROJECT CANCER RISK FOLLOWING EXPOSURE TO LOW IONIZING RADIATION IN CANADA					
Author(s):	<b>Zowall H</b> , Brewer C, Deutsch A Zowall Consulting Inc., Westmount, QC, Canada					
Pdf File:	View presentation					
Content:						

**OBJECTIVES:** Increasing use of imaging procedures has raised concerns about the risk of cancer due to repeated exposure to low-ionizing radiation. We developed an online radiation risk assessment tool to project the lifetime attributable risk (LAR) of cancer incidence following repeated exposure to imaging procedures. **METHODS:** We developed a risk projection model to assess radiation exposure from imaging procedures, to estimate the lifetime attributable risk (LAR) of cancer incidence and 95% uncertainty limits (UL), according to age, gender, and imaging type. We used the "linear no-threshold" models (extrapolation of risk associated with high-dose ionizing radiation to low-dose exposure). The model has been adjusted using Canadian data to reflect the Canadian population. **RESULTS:** Selected simulation results are presented. The LAR of cancer incidence for a 50 and 70 year old male, exposed to a single coronary angiogram is 11 (95% UL: 6-22) and 6 (3-12) per 10,000 exposed, respectively. As the number of coronary angiograms increased from one to five over time, the cancer risk increased to 54 (27-106) and 26 (14-52) per 10,000, respectively. As age increases the excess lifetime risk of cancer is higher for females than for males. The LAR of cancer for a 70 year old male and female, exposed to a computed tomography (CT) for suspected stroke is 4 (2-8) and 5 (3-10) per 10,000, respectively. As the number of CT scans increased from one to five, the total risk of cancer increased to 17 (8-33) and 23 (12-43) per 10,000, respectively. **CONCLUSIONS:** Patients are rarely aware of radiation risk. Physicians often underestimate the magnitude of radiation doses arising from imaging procedures. An online, interactive model might facilitate the decision making process, leading to more informed decisions and improved clinical outcomes.