

Disavowing the ALARA concept in pediatric imaging

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Received: 19 August 2016 / Accepted: 16 September 2016 / Published online: 14 October 2016
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Dear Editor,

I wish to thank Dr. Savvas Andronikou for his thoughtful letter entitled “Letting go of what we believe about diagnostic radiation and the risk of cancer in children” [1].

His letter, in response to the debate session “Should the ALARA concept and the Image Gently campaign be terminated?” at the 2016 International Pediatric Radiology Conference in Chicago, has captured the essence of the dilemma facing the pediatric radiology community with regard to the ALARA (as low as reasonably achievable) concept and Image Gently campaign.

I commend him for his wisdom and courage in recognizing the need for a U-turn in this area in spite of having previously invested heavily in pediatric radiation dose reduction efforts. I agree with his recommendation that the Image Gently program should reposition itself based on the current knowledge that pediatric CT scans do not cause cancer and so there is no need for the ALARA concept in pediatric imaging.

As he stated, a program is needed to educate not only the public but also the pediatric radiology community since incorrect ideas have been propagated in the field for a long time. When the pediatric radiology community decides to disavow the ALARA concept, the evidence and justification for the proposed change should be published, and feedback should be sought from the public, professionals, professional organizations, regulatory agencies, advisory bodies, etc., so that those opposed to the change can voice their opinions and present any opposing evidence. If no valid objections are raised during this process, the proposed change should be implemented. In this manner, the decision by the pediatric radiology community would be reached in a transparent and scientific manner, would be fully justifiable, and would be in the best interests of the pediatric patients it serves.

Compliance with ethical standards

Conflict of interest None

Reference

1. Andronikou S (2016) Letting go of what we believe about radiation and the risk of cancer in children. *Pediatr Radiol*. doi:10.1007/s00247-016-3697-5

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