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SOLUTIONS

# Can the small focal spot be omitted for Direct Radiography?

Simplifying the exposure technique

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# Introduction

Headings align left. Intros can be set over three, four or five columns, depending on the content and the lay-out of the page.

**This White Paper questions the widespread use of the small focal spot for specific clinical examinations and acquisition techniques. Current practices, based on international guidelines as well as techniques carried over from (analog) film/screen radiography, can reduce X-ray tube life and hence increase costs, while adding little clinical benefit.**

In particular, the White Paper questions the added value of using the small focal spot for images made using direct radiography flat panel detectors (DR FPD) with pixel sizes in the range of 125 – 160  $\mu\text{m}$ , especially for extremity examinations.

A small focal spot size reduces geometric unsharpness, and is traditionally used when a high level of detail is required. The typical focal spot size for small examination areas (e.g. extremities, neonatal, etc.) is 0.6 mm; this compares to a typical focal spot size of 1.0 mm to 1.2 mm for large anatomical areas (where a higher tube loading is required with short exposure times, to decrease movement unsharpness).

Analog film can be considered as an almost continuous medium (due to the very fine grains of the film); small differences between small and large focal spot sizes can therefore be observed in the images. A digital FPD, on the other hand, is a discrete medium (due to its finite pixel size); the differences in focal spot sizes might therefore become imperceptible.

If, in fact, using the small focal spot has no added value for DR – as will be demonstrated in this White Paper –, then multiple advantages become apparent due to use of the large focal spot only:

- shorter exposure times and less motion unsharpness
- longer tube lifecycle
- possibility to use mono-track X-ray tubes
- simplification of exposure technique (no focal spot selection)

## Geometric unsharpness

Geometric unsharpness refers to the loss of definition resulting from the geometric factors of the radiographic equipment and setup. The area of varying density at the edge of a feature caused by geometric factors is called the penumbra. It occurs because the radiation does not originate from a single point, but rather over an area. Three factors control unsharpness: source size, source-to-object distance and object-to-detector distance. The source size is obtained by referencing the manufacturer's specifications for a given X-ray source. Medical X-ray tubes typically have focal spot sizes in the 0.6 mm (small focus) to 1.2 mm (large focus) range.

Text in figures is set in Greycliff.

## Hypothesis / approach

The drawing and formula provided here illustrate the geometrical unsharpness caused by the focal spot.

Formula for geometrical unsharpness:

$$Ug = f * b/a$$

$f$  = source focal-spot size

$a$  = distance from the source to front surface of the object

$b$  = the thickness of the object

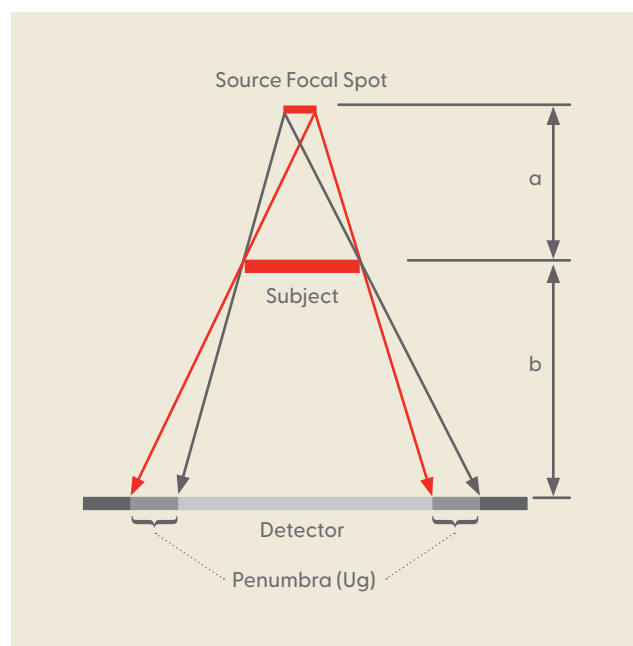
For the case when the detector is not placed next to the sample, such as when geometric magnification is being used, the calculation becomes:

$$Ug = f * b/a$$

$f$  = source focal-spot size

$a$  = distance from X-ray source to front surface of material/object

$b$  = distance from the front surface of the object to the detector



Source: <https://www.nde-ed.org/EducationResources/CommunityCollege/Radiography/Physics/GeometricUnsharp.htm>

Table 1 (below) provides some practical (including 'worst case') scenarios for extremities, with respect to exposure set-up and geometric unsharpness.

Table 1: Scenarios for imaging extremities with respect to exposure set-up and geometric unsharpness

	f	a	b	Ug [mm]	f	a	b	Ug [mm]	Δ Ug [mm]	SID
Hand	0.6	88	4	0.027	1.2	88	4	0.055	0.027	92
Hand	0.6	112	3	0.016	1.2	112	3	0.032	0.016	115
Foot	0.6	87	6	0.041	1.2	87	6	0.083	0.041	93
Knee, panel on table	0.6	70	14	0.120	1.2	70	14	0.240	0.120	84
Knee, panel in bucky	0.6	70	21	0.180	1.2	70	21	0.360	0.180	91
Knee, panel on table	0.6	83	14	0.101	1.2	83	14	0.202	0.101	97
Knee, panel in bucky	0.6	83	21	0.152	1.2	83	21	0.304	0.152	104
Knee, panel on table	0.6	103	12	0.070	1.2	103	12	0.140	0.070	115
Knee, panel in bucky	0.6	98	19	0.116	1.2	98	19	0.233	0.116	117

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The figures in red indicate the geometrical unsharpness for a hand, foot or knee image, calculated using the formula for the small focal spot and for the large focal spot. The grey column indicates the difference between them. As expected, the difference increases with a smaller source-to-image distance (SID) and when the object is thicker or further away from the detector (detector in bucky, e.g. knee exposure with grid).

In all cases, the calculated values are smaller or in the order of magnitude of the physical pixel pitch of the FPD. The study hypothesis is therefore, that, for smaller extremities, using standard panels results in no significant differences in image quality (spatial resolution) because, as the table makes visible, the differences in geometrical unsharpness are significantly below the range of these pixel sizes.

Only with larger object thicknesses (e.g. knees, especially when exposed in the bucky) do the changes in resolution caused by the focal spot potentially become perceptible, depending on the SID and pixel pitch of the panel.

## Technical image quality: spatial resolution

**To determine the mtf (Modulation Transfer Function)-differences between small and large focal spot sizes, a sharp edge measurement was made in an X-ray-lab using detectors with different pixel pitches, positioned at increasing distances.**

Resolution (MTF) tests were performed in an X-ray-lab, using a sharp edge measurement at 2°, with and without RQA5 filter (21 mm Al), with and without diaphragm.

The distance of the object (sharp edge) to the detector was increased from 0 to 10 cm in 2.5 cm increments, in order to simulate and cover the varying thicknesses of different extremities (body parts).

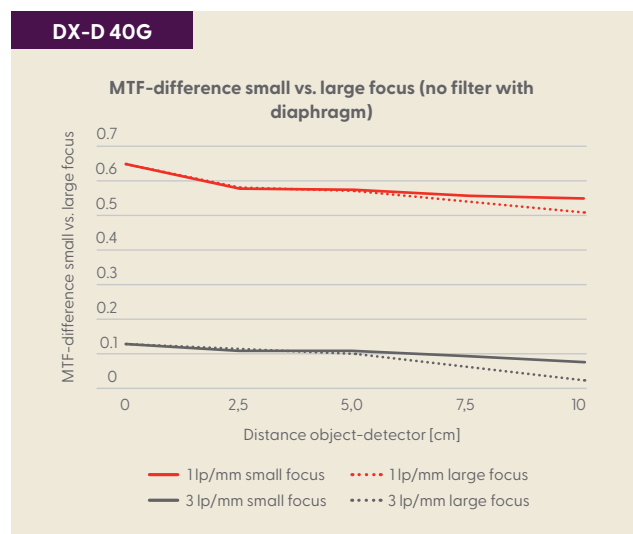
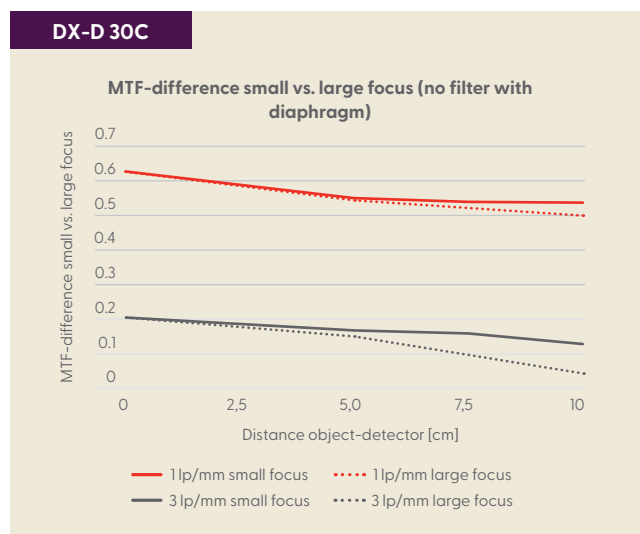
The test was performed with a 125 µm pixel pitch panel (Agfa DX-D 30C) and a 140 µm pixel pitch panel (Agfa DX-D 40G). The 140 µm pixel pitch (GOS) panel was used to reflect the standard pixel size (independent of the scintillator). Exposures were done using both small and large focal spot size.

### Test set up (X-ray lab)

- Philips CP80 Super device
- SRO33100 Rot 351 tube (with 2.5 mm Al eq. at 75 kV inherent filtering)
- Small focal spot = 0.6 mm; large focal spot = 1.2 mm
- RQA 5 filter (layered), 99% purity = 21 mm Al)
- SID: ca. 1m

Put figures on an Eggshell background, if possible.

## MTF results for small and large focal spot for DX-D 30C (125 $\mu$ m) and DX-D 40G (140 $\mu$ m)



The MTF results (MTF at 1 lp/mm and 3 lp/mm) show that with the 140  $\mu$ m pixel pitch detector, there is no difference in MTF between large and small focal spot sizes for an object-to-detector distance of up to 5 cm (which is the small skeleton

range, e.g. for hands, feet, etc.). Differences remain small at 7.5 cm, especially for MTF 1 lp/mm.

With the DX-D 30C detector (125  $\mu$ m pixel size), the differences in MTF between large and small focal

spot are slightly greater, but here as well the results support the study hypothesis, especially for the thinner extremities.

## Clinical image quality

To determine the extent to which this effect would be perceptible in a clinical situation, or to assess the significance of small and large focal spot size on the appearance of normal anatomy in clinical radiographs (including image processing), a study was carried out using anthropomorphic phantoms.

### Anthropomorphic phantom tests & readings

Agfa carried out an internal assessment using hand, foot and knee phantoms. Exposures were made on an Agfa DR 600 modality according to Table 1, which represent the most

challenging clinical situations, to investigate the differences in image quality between small and large focal spot. Flat panel detectors (FPDs) with pixel sizes of 125  $\mu$ m (DX-D 30C) and 150  $\mu$ m (DR 14e) were used; three dose levels were exposed (i.e. target or reference dose, 62.5% of the reference

dose, and 40% of the reference dose). Images were processed with MUSICA3 (skeleton) image processing using the default taste settings. To provide a general reference for this focal spot size investigation, the same exposures were made on analog film/screen (at reference dose only).

Table 2: Image set and exposure parameters for film/screen

Single-sided screen-film system (Mammo for extremities)					RP-processing (2' at 34°C)			
Screen: HD-S		Nr.: 7YUF5B						
Type FILM: HT (Mammoray MR7)		Nr.: 37460007						
Size: 24x30					Exposure			
Phantom (Body Part)	kV	SID [cm]	Focus	Position of detector	mAs	ms x mA	Film Density	
							Measured	Target
Hand PA	48	100	large	on table	6.3	100x63	1.51	1.45
Hand PA	48	100	small	on table	6.3	100x63	1.52	1.45
Double-sided screen-film system					RP-processing (2' at 34°C)			
Screen: CX-O-Fine		Nr.: 3YKF5C						
Type FILM: CP-G-Plus		Nr.: 79560028						
Size: 24x30					Exposure			
Phantom (Body Part)	kV	SID [cm]	Focus	Position of detector	mAs	ms x mA	Film Density	
							Measured	Target
Hand PA	48	93	small	on table	4	100x40	1.54	1.45
Hand PA	48	93	large	on table	4	100x40	1.42	1.45
Foot AP	55	100	large	on table	2.5	100x25	1.33	1.45
Foot AP	55	100	small	on table	2,5	100x25	1.54	1.45
Foot LAT	55	100	small	on table	4	100x40	1.53	1.45
Foot LAT	55	100	large	on table	4	100x40	1.35	1.45
Knee AP	60	100	small	on table	8	100x80	1.60	1.5
Knee AP	60	100	large	on table	8	100x80	1.51	1.5
Knee AP	60	100	large	in bucky (*)	40	125x320	1.52	1.5
Knee AP	60	100	small	in bucky (*)	40	125x320	1.53	1.5

Table 3: Image set and exposure parameters for DR								
FPD (CsI):	DX-D 30C (100020)		Pixel size: 125µm		Exposure			
Phantom (Body Part)	kV	SID [cm]	Focus	Position of detector	mAs	ms x mA	measured [µGy]	EI
Hand PA	48	92	small	on table	2.5 1.6 1	16 x 160 10 x 160 6 x 160	50.1 30.4 17.6	540 330 186
Hand PA	48	92	large	on table	2.5 1.6 1	16 x 160 10 x 160 6 x 160	49.7 30.8 17.4	549 331 187
Foot AP	55	93	small	on table	2 1.3 0.8	12 x 160 8 x 160 5 x 160	49.8 32.1 19.6	469 219 214
Foot AP	55	93	large	on table	2 1.3 0.8	12 x 160 8 x 160 5 x 160	49.0 32.2 19.9	465 223 215
FPD (CsI):	DX-D 30C (200158)		Pixel size: 125µm		Exposure			
Phantom (Body Part)	kV	SID [cm]	Focus	Position of detector	mAs	ms x mA	measured [µGy]	EI
Knee AP	60	97	small	on table	4 2.5 1.6	12 x 320 8 x 320 5 x 320	108.0	455 346 208
Knee AP	60	97	large	on table	4 2.5 1.6	12 x 320 8 x 320 5 x 320	107.7	467 332 206
Knee AP	60	84	small	on table	3.2 2 1.25	20 x 160 12 x 160 8 x 160	111.3	441 258 175
Knee AP	60	84	large	on table	3.2 2 1.25	20 x 160 12 x 160 8 x 160	111.4	448 268 178
Knee AP	60	97+7	small	in bucky (*)	16 10 6.3	50 x 320 31 x 320 20 x 320	115.0	488 392 258
Knee AP	60	97+7	large	in bucky (*)	16 10 6.3	50 x 320 31 x 320 20 x 320	115.0	516 406 267
Knee AP	60	84+7	small	in bucky (*)	13 8 5	41 x 320 25 x 320 16 x 320	115.0	524 432 328
Knee AP	60	84+7	large	in bucky (*)	13 8 5	41 x 320 25 x 320 16 x 320	115.0	530 475 272



FPD (CsI):	DR 14e (QE20001)		Pixel size: 150µm		Exposure			
Phantom (Body Part)	kV	SID [cm]	Focus	Position of detector	mAs	ms x mA	measured [µGy]	EI
Knee AP	60	97	small	on table	4 2.5 1.6	12 x 320 8 x 320 5 x 320	108.0	399 279 186
Knee AP	60	97	large	on table	4 2.5 1.6	12 x 320 8 x 320 5 x 320	107.7	400 277 183
Knee AP	60	84	small	on table	3.2 2 1.25	20 x 160 12 x 160 8 x 160	111.3	372 236 153
Knee AP	60	84	large	on table	3.2 2 1.25	20 x 160 12 x 160 8 x 160	111.4	395 233 152
Knee AP	60	97+7	small	in bucky (*)	16 10 6.3	50 x 320 31 x 320 20 x 320	115.0	496 313 217
Knee AP	60	97+7	large	in bucky (*)	16 10 6.3	50 x 320 31 x 320 20 x 320	115.0	524 341 214
Knee AP	60	84+7	small	in bucky (*)	13 8 5	41 x 320 25 x 320 16 x 320	115.0	526 327 277
Knee AP	60	84+7	large	in bucky (*)	13 8 5	41 x 320 25 x 320 16 x 320	115.0	762 482 294

(\*) grid 215l/inch R10 FFD 100cm

As an additional evidence, a focal spot measurement was performed on the DR 600's X-ray tube, which confirmed the size of the small focal spot (0.6 mm) and the large focal spot (1.2 mm).

The assessment of the anthropomorphic phantom image set was carried out by five experienced internal readers: two from the film/screen department and three from the digital radiography group (one of the latter also had past experience with film/screen).

In this evaluation, the impact of focal spot size on the image quality was assessed by comparing phantom image pairs made with the same exposure settings and dose; thus the only difference was the focal spot size.

The images were displayed on high-quality diagnostic monitors (for digital images) and appropriate light boxes (for analog images) for viewing of general radiology images, in a properly dimmed and quiet environment. Image quality differences were evaluated via a blind reading.

The reader could choose to compare the digital images next to each other on the two 3 MP diagnostic monitors, and/or toggle between them. Zooming was allowed. For the analog images, readers were provided with an 8x magnifying glass for the evaluation on the light box. For each image comparison, the reader was asked to identify his preferred image, and to give a score for overall image quality (i.e. general visibility of detail and sharpness of structure outline).

## The following scoring scale (relative scoring) was used:

Blind reading:

- Overall image quality perception (including sharpness)
- 2-by-2 comparison per subtest image (small vs. large focus)
- Relative rating, on a scale of -2 to +2, to reference:
  - +2: significantly superior
  - +1: slightly different, but preferable
  - 0: equivalent
  - -1: slightly/aesthetically different, but still adequate
  - -2: significantly worse  
(possibly impacting diagnosis, in case of scoring by a doctor/radiographer)

## What is what?



Image 1: small focal spot

Image 2: large focal spot

## Analysis of reading results (t-test based)

Tables 4 and 5 (below) show the average ratings for all readers. As this was a blind reading, the references during the reading were not always the same focal spot size (so as not to bias the readers).

A Student's t-test was performed on the overall image quality scores of the five readers, as a measure of the inter-reader variability or consistency of the scores, i.e. to determine whether the individual ratings were likely to have the same mean as the reference (0-values). When the probability (P-value) was less than 5%, the average rating is considered as significantly different from the reference, and the respective P-values

in the table are marked in color: red when the result for the large focal spot differs in a negative way to the small focal spot result, green for the inverse.

For the DR images, the t-test was performed on the scores for three dose levels separately, and then on all the scores for the total of the three dose levels (for more accurate statistics).

**Table 4: Average ratings for film/screen**

### Single-sided screen-film system (Mammo for extremities)

Screen: HD-S

Type Film: HT (Mammoray MR7)

Phantom (Body Part)	SID [cm]	Focal spot TEST	Focal spot REF	Position of detector	Image quality rating	
					AVG	P-value
Hand PA	100	small	large	on table	0.70	0.004636

### Double-sided screen-film system

Screen: CX-O-Fine

Type Film: CP-G-Plus

Phantom (Body Part)	SID [cm]	Focal spot TEST	Focal spot REF	Position of detector	Image quality rating	
					AVG	P-value
Hand PA	93	large	small	on table	-0.50	0.034109
Foot AP	100	small	large	on table	0.65	0.040642
Foot LAT	100	large	small	on table	-0.90	0.000844
Knee PA	100	large	small	on table	-0.80	0.002838
Knee PA	100	small	large	in bucky	1.30	0.000446

Table 5: Average ratings for DR								
FPD (CsI): DX-D 30C		Pixel size 125µm			Image quality rating			
Phantom (Body Part)	SID [cm]	Focal spot TEST	Focal spot REF	Position of detector	AVG per dose level	P-value	AVG all 3 dose levels	P-value
Hand PA	92	large	small	on table	0.00 0.00 -0.20	- - 0.177808	-0.07	0.164318
Foot AP	93	large	small	on table	0.00 0.20 0.00	- 0.177808 -	0.07	0.164318
FPD (CsI): DX-D 30C		Pixel size 125µm			Image quality rating			
Phantom (Body Part)	SID [cm]	Focal spot TEST	Focal spot REF	Position of detector	AVG per dose level	P-value	AVG all 3 dose levels	P-value
Knee AP	97	large	small	on table	-0.50 -0.45 -0.35	0.0341090 0.000844 0.1347020	-0.43	0.000080
Knee AP	84	small	large	on table	0.15 0.40 0.45	0.467605 0.034920 0.0213120	0.33	0.001807
Knee AP	97+7	large	small	in bucky	-0.50 -0.42 -0.35	0.003198 0.006297 0.024896	-0.42	0.000001
Knee AP	84+7	small	large	in bucky	0.45 0.50 0.25	0.000844 0.0031980 0.2980150	0.40	0.000126
FPD (CsI): DR 14e		Pixel size 150µm			Image quality rating			
Phantom (Body Part)	SID [cm]	Focal spot TEST	Focal spot REF	Position of detector	AVG per dose level	P-value	AVG all 3 dose levels	P-value
Knee AP	97	large	small	on table	-0.10 -0.30 -0.40	0.621308 0.323941 0.195138	-0.27	0.063696
Knee AP	84	small	large	on table	0.25 0.40 0.10	0.266265 0.016130 0.688457	0.25	0.029981
Knee AP	97+7	large	small	in bucky	-0.47 -0.47 -0.42	0.010808 0.010808 0.006297	-0.45	0.000001
Knee AP	84+7	small	large	in bucky	0.45 0.25 0.40	0.021312 0.326164 0.016130	0.37	0.000908



## Anthropomorphic phantom study: results

- The **screen/film** reference images show a statistically significant difference (P-value <0.05) in image quality between small and large focal spot images for all three extremity phantoms (hand, foot and knee). The average difference in favor of the small focal spot is >0.5 on a +/-2 standard scale. The smallest average score difference is found for the hand, and the largest for the knee in the bucky. This is in line with the calculated penumbras in table 1 (hypothesis).

Moreover, the single-sided film/screen system (hand) shows a more pronounced advantage for the small focal spot as compared to the double-sided system. These findings confirm the expected results for screen/film.

- For the **DR images** at SID <1 m, the results for **smaller extremities** (hand and foot) do not show significant difference between the 0.6 mm and 1.2 mm focal spot size, even with this smaller (125 µm) pixel size detector, for any of the three dose levels.

Average score differences are only present for the lower dose levels and are very ('insignificantly') small: max. 0.2 on a +/-2 standard scale). In the case of the foot, the difference is even in favor of the large focal spot.

- For the **DR knee images**, a slight difference in favor of the small focal spot is seen (<0.5 on +/-2 standard scale). These small differences prove to be statistically relevant for the detector with smaller pixel size (DX-D 30C – 125 µm) at a SID of ±1 m (both exposed on the table and in the bucky).

For the detector with standard pixel size (DR 14e – 150 µm), the average difference between small and large focal spot is small (<0.3 on +/-2 standard scale), when the detector is exposed on the table. Differences prove to be insignificant when the SID >1 m, but become significant when the SID is <1 m (note: usual SID range for extremities is 1 m to 1.2 m).

In addition, with this standard pixel size, average differences between small and large focal spot become significant when the detector is in the bucky at SID ±1 m.

# Conclusion

**This study demonstrates that there is no significant difference in clinical image quality between large and small focal spot for several types of X-ray extremity radiographs at standard exposure conditions. For on-table exposures of extremities at standard SID using DR detectors with standard pixel pitch, the small focal spot has no added value and hence can be omitted.**

- Small extremity exams can be equally well-exposed with large as with small focal spot size using DR detectors with pixel sizes ranging from 125  $\mu\text{m}$  to 150  $\mu\text{m}$ , without statistically significant differences in image quality. Therefore, for these exams the small focal spot can be omitted.
- For larger extremities exposed on the table, the small focal spot has no added value when detectors with standard pixel size ( $\pm 150 \mu\text{m}$ ) are used at a standard SID for extremities.
- If larger extremities are exposed with smaller pixel size detectors, or in a bucky (with grid), a slight difference in favor of the small focal spot will become perceptible.

## Daily practice & advantages

**In daily clinical practice, using only the large focal spot has many potential advantages: simplifying workflow, but also – indirectly – having a positive impact on image quality and financial aspects.**

- The use of a single focal spot size simplifies exposure technique.
- The use of a large focal spot reduces exposure times, and thus motion unsharpness (contributing to better image quality).
- Excessive use of the small focus has an impact on the tube lifecycle. Using the large focal spot reduces stress on the X-ray tube, resulting in a longer lifecycle of the tube.
- Omitting the small focal spot opens up possibilities to use – and thus manufacture – (cost-effective) mono-track X-ray tubes.



# About the authors

**Lizy Verstreepen** is based at Agfa's headquarters in Mortsel. She is senior application specialist in image quality. She has previously carried out various comparisons of image quality in several radiography applications, between internal and competitive systems. She holds a B.S. in Chemistry.

**Bernd Hoberg** is retired. He was product manager for DR for Agfa in Germany, Austria and Switzerland until April 2020. He represented the company in several technical committees.

**Friedrich Wanninger** is based in Munich. As application lead, he is one of the company's experts in image quality and flat panel detectors. He holds a M.Sc. degree in Medical Physics.

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