

INTERNATIONAL STANDARD

NORME INTERNATIONALE

**Medical electrical equipment –
Part 2-68: Particular requirements for the basic safety and essential performance
of X-ray-based image-guided radiotherapy equipment for use with electron
accelerators, light ion beam therapy equipment and radionuclide beam therapy
equipment**

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**Appareils électromédicaux –
Partie 2-68: Exigences particulières pour la sécurité de base et les performances
essentielle des appareils de radiothérapie à rayonnement X assistée par
imagerie médicale, destinés à être utilisés avec les accélérateurs d'électrons, les
appareils de thérapie par faisceau d'ions légers et les appareils de thérapie par
faisceau de radionucléides**



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**Medical electrical equipment –
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therapy equipment**

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Partie 2-68: Exigences particulières pour la sécurité de base et les
performances essentielles des appareils de radiothérapie à rayonnement X
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d'électrons, les appareils de thérapie par faisceau d'ions légers et les appareils
de thérapie par faisceau de radionucléides**

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

MEDICAL ELECTRICAL EQUIPMENT –

Part 2-68: Particular requirements for the basic safety and essential performance of X-ray-based image-guided radiotherapy equipment for use with electron accelerators, light ion beam therapy equipment and radionuclide beam therapy equipment

FOREWORD

- 1) The International Electrotechnical Commission (IEC) is a worldwide organization for standardization comprising all national electrotechnical committees (IEC National Committees). The object of IEC is to promote international co-operation on all questions concerning standardization in the electrical and electronic fields. To this end and in addition to other activities, IEC publishes International Standards, Technical Specifications, Technical Reports, Publicly Available Specifications (PAS) and Guides (hereafter referred to as "IEC Publication(s)"). Their preparation is entrusted to technical committees; any IEC National Committee interested in the subject dealt with may participate in this preparatory work. International, governmental and non-governmental organizations liaising with the IEC also participate in this preparation. IEC collaborates closely with the International Organization for Standardization (ISO) in accordance with conditions determined by agreement between the two organizations.
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IEC 60601-2-68 has been prepared by IEC subcommittee 62C: Equipment for radiotherapy, nuclear medicine and radiation dosimetry, of IEC technical committee 62: Medical equipment, software, and systems. It is an International Standard.

This second edition cancels and replaces the first edition published in 2014. This edition constitutes a technical revision.

This edition includes the following significant technical changes with respect to the previous edition:

- a) alignment with the new editions of the relevant standards:
 - IEC 60601-2-1:2020;

- IEC 60601-2-44:2009, IEC 60601-2-44:2009/AMD1:2012 and IEC 60601-2-44:2009/AMD2:2016;
 - IEC 60601-2-64:2014;
- b) clarification of the use of IEC 60601-2-68 for CT SCANNERS, X-RAY EQUIPMENT for RADIOGRAPHY and RADIOSCOPY used in the same room with an EXTERNAL BEAM EQUIPMENT (EBE);
- c) introduction of updated requirements related to MECHANICAL HAZARDS, RADIATION HAZARDS, PROGRAMMABLE ELECTRICAL MEDICAL SYSTEMS (PEMS), ACCOMPANYING DOCUMENTATION of an ME SYSTEM, and REMOTE OPERATION.

The text of this International Standard is based on the following documents:

Draft	Report on voting
62C/927/FDIS	62C/941/RVD

Full information on the voting for its approval can be found in the report on voting indicated in the above table.

The language used for the development of this International Standard is English.

This document was drafted in accordance with ISO/IEC Directives, Part 2, and developed in accordance with ISO/IEC Directives, Part 1 and ISO/IEC Directives, IEC Supplement, available at www.iec.ch/members_experts/refdocs. The main document types developed by IEC are described in greater detail at www.iec.ch/publications.

In this document, the following print types are used:

- requirements and definitions: roman type;
- *test specifications: italic type;*
- informative material appearing outside of tables, such as notes, examples and references: in smaller type. Normative text of tables is also in a smaller type;
- TERMS DEFINED IN CLAUSE 3 OF IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012, AND IEC 60601-1:2005/AMD2:2020, IN THIS DOCUMENT OR AS NOTED: SMALL CAPITALS.

In referring to the structure of this document, the term

- "clause" means one of the seventeen numbered divisions within the table of contents, inclusive of all subdivisions (e.g., Clause 7 includes subclauses 7.1, 7.2, etc.);
- "subclause" means a numbered subdivision of a clause (e.g., 7.1, 7.2 and 7.2.1 are all subclauses of Clause 7).

References to clauses within this document are preceded by the term "Clause" followed by the clause number. References to subclauses within this document are by number only.

In this document, the conjunctive "or" is used as an "inclusive or" so a statement is true if any combination of the conditions is true.

The verbal forms used in this document conform to usage described in Clause 7 of the ISO/IEC Directives, Part 2. For the purposes of this document, the auxiliary verb:

- "shall" means that compliance with a requirement or a test is mandatory for compliance with this document;
- "should" means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this document;
- "may" is used to describe a permissible way to achieve compliance with a requirement or test.

An asterisk (*) as the first character of a title or at the beginning of a paragraph or table title indicates that there is guidance or rationale related to that item in Annex AA.

A list of all parts of the IEC 60601 series, published under the general title *Medical electrical equipment*, can be found on the IEC website.

The committee has decided that the contents of this document will remain unchanged until the stability date indicated on the IEC website under webstore.iec.ch in the data related to the specific document. At this date, the document will be

- reconfirmed,
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INTRODUCTION

Modern RADIOTHERAPY practices utilize information from various imaging modalities, acquired prior to initiating administration of the therapy, to plan the TREATMENT. The imaging provides information about the location of the TARGET VOLUME and other anatomical features so that a TREATMENT PLAN can be developed that provides an optimal dose distribution to have the best chance of achieving the intended effect of TREATMENT while minimizing side effects.

However, difficulties arise when trying to administer the RADIATION, since TARGET VOLUMES/critical structures are constantly moving within the body. For example, in parts of the body moving with respiration, the TARGET VOLUMES/critical structures may change position or shape during the RADIATION BEAM delivery throughout any given fraction. Furthermore, a course of therapy can extend over many days, during which the TARGET VOLUME/PATIENT can shrink or grow or move. Hence, the exact location of the TARGET VOLUME/critical structures can change between the time of TREATMENT PLANNING imaging and the actual administration of a TREATMENT.

IMAGE-GUIDED RADIOTHERAPY (IGRT) combines planar or volumetric imaging during the course of RADIOTHERAPY to adjust the TREATMENT delivery based on the PATIENT anatomy and PATIENT position. This enables the OPERATOR or EXTERNAL BEAM EQUIPMENT (EBE) to adjust the RADIATION BEAM delivery based on the imaging information, such as the position of the TARGET VOLUME, critical organs or other reference features, to compensate for anatomical changes including internal organ motions or TREATMENT setup uncertainties. The increased accuracy and precision achieved allows higher doses of RADIATION to be delivered to the TARGET VOLUME and a reduction in the margin of healthy cells affected by the RADIATION. This is often used in conjunction with other monitoring equipment.

This document establishes requirements to be complied with by MANUFACTURERS in the design and construction of X-RAY IGRT EQUIPMENT (X-IGRT).

This document covers safety aspects of kilovoltage (kV) and megavoltage (MV) X-ray imaging devices in a known geometrical relationship with an EXTERNAL BEAM EQUIPMENT such as an ELECTRON ACCELERATOR, LIGHT ION BEAM MEDICAL ELECTRICAL EQUIPMENT or RADIONUCLIDE BEAM THERAPY EQUIPMENT, for the purpose of IGRT. It covers aspects of communication and relationships between the EXTERNAL BEAM EQUIPMENT and X-ray imaging devices, attached or not directly attached to, but in the same RADIATION shielded area as, and dedicated for use only with, the EXTERNAL BEAM EQUIPMENT.

When performing a HAZARD ANALYSIS, the MANUFACTURER should consider relevant diagnostic standards. For example, the IMAGE DISPLAY DEVICE quality is specified in IEC documents in regard to diagnostic use (e.g., IEC 62563-1:2009). However, since IGRT usage does not necessarily have such high requirements, it is left to the MANUFACTURER to specify what is required for use with their X-IGRT EQUIPMENT.

This document deals with the safety aspect of image acquisitions, image analysis, data transfer and TREATMENT replanning or EBE/PATIENT repositioning.

This document deals with equipment for OFFLINE X-IGRT, ONLINE X-IGRT, and REAL-TIME X-IGRT.

X-IGRT EQUIPMENT is also related to the following current publications:

- IEC 60601-2-1
- IEC 60601-2-44
- IEC 60601-2-64
- IEC 62083
- IEC 61217
- IEC 62274

This document will focus on the safety aspects of the primary function of X-IGRT. It will not focus on emerging technologies within the field so as to not hinder progress, yet it will define a safe way of achieving X-IGRT.

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MEDICAL ELECTRICAL EQUIPMENT –

Part 2-68: Particular requirements for the basic safety and essential performance of X-ray-based image-guided radiotherapy equipment for use with electron accelerators, light ion beam therapy equipment and radionuclide beam therapy equipment

201.1 Scope, object and related standards

Clause 1 of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012, and IEC 60601-1:2005/AMD2:2020 applies, except as follows:

201.1.1 * Scope

Replacement:

This part of IEC 60601 applies to the BASIC SAFETY and ESSENTIAL PERFORMANCE of X-ray based IMAGE-GUIDED RADIOTHERAPY equipment for use with EXTERNAL BEAM EQUIPMENT (EBE).

This document covers safety aspects of kilovoltage (kV) and megavoltage (MV) X-ray imaging devices integrated in a specified geometrical relationship with EBE for the purpose of IGRT. It covers aspects of communication and relationships between the EXTERNAL BEAM EQUIPMENT and X-ray imaging devices, attached or not directly attached to, but in the same RADIATION shielded area as, and dedicated for use only with, the EXTERNAL BEAM EQUIPMENT.

This document deals with equipment for OFFLINE X-IGRT, ONLINE X-IGRT and REAL-TIME X-IGRT. It covers procedures to reduce the risk of over-reliance on the X-IGRT EBE SYSTEM. For example, in the case of ONLINE X-IGRT, the MANUFACTURER will provide an interactive interface for user interaction with the correction suggested by the system.

This document does not apply to CT SCANNERS, X-RAY EQUIPMENT for RADIOGRAPHY, and X-RAY EQUIPMENT for RADIOSCOPY, that are not intended for use for IGRT.

Requirements that are being tested according to another standard can be identified by the manufacturer. If these requirements are equivalent, retesting is not required, but instead evidence can refer to the CT SCANNER, X-RAY EQUIPMENT for RADIOGRAPHY, or X-RAY for RADIOSCOPY manufacturer's compliance statements or test reports.

If the X-IGRT EQUIPMENT is combined with an MEE, any requirement that is the same for the X-IGRT EQUIPMENT and the MEE, such as a PATIENT POSITIONER, is not required to be tested twice, but can be accepted as tested by the MEE.

This document applies to X-RAY EQUIPMENT for RADIOGRAPHY, RADIOSCOPY, and COMPUTER TOMOGRAPHY used for IGRT.

If a clause or subclause is specifically intended to be applicable to X-IGRT EBE SYSTEMS, the content of that clause or subclause will say so. Where that is not the case, the clause or subclause applies only to X-IGRT EQUIPMENT.

This document, with the inclusion of TYPE TESTS and SITE TESTS, applies respectively to the MANUFACTURER and some installation aspects of X-IGRT EBE SYSTEMS intended to be

- for NORMAL USE, operated under the authority of the RESPONSIBLE ORGANIZATION by QUALIFIED PERSONS having the required skills for a particular medical application, for particular specified clinical purposes, e.g., STATIONARY RADIOTHERAPY or MOVING BEAM RADIOTHERAPY,
- maintained in accordance with the recommendations given in the INSTRUCTIONS FOR USE, and
- subject to regular quality assurance performance and calibration checks by a QUALIFIED PERSON.

NOTE In this document, all references to installation refer to the installation in the RESPONSIBLE ORGANIZATION'S premises.

201.1.2 Object

Replacement:

The object of this document is to establish particular BASIC SAFETY and ESSENTIAL PERFORMANCE requirements for X-IGRT EQUIPMENT and X-IGRT EBE SYSTEMS.

201.1.3 Collateral standards

Addition:

This document refers to those applicable collateral standards that are listed in Clause 2 of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 and Clause 201.2 of this document.

IEC 60601-1-3 and IEC 60601-1-6 apply as modified in Clause 203 and Clause 206 respectively. IEC 60601-1-8, IEC 60601-1-9, IEC 60601-1-10 and IEC 60601-1-11 do not apply. All other published collateral standards in the IEC 60601-1 series apply as published.

All other published collateral standards in the IEC 60601-1 series apply as published.

201.1.4 Particular standards

Replacement:

In the IEC 60601 series, particular standards may modify, replace or delete requirements contained in IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 and collateral standards as appropriate for the particular ME EQUIPMENT under consideration, and may add other BASIC SAFETY and ESSENTIAL PERFORMANCE requirements.

A requirement of a particular standard takes priority over IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020.

The numbering of clauses and subclauses of this document corresponds to that of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 with the prefix "201" (e.g. 201.1 in this document addresses the content of Clause 1 of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020) or applicable collateral standard with the prefix "20x" where x is the final digit(s) of the collateral standard document number (e.g. 202.4 in this document addresses the content of Clause 4 of the IEC 60601-1-2 collateral standard, 203.4 in this document addresses the content of Clause 4 of the IEC 60601-1-3 collateral standard, etc.). The changes to the text of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 are specified by the use of the following words:

"Replacement" means that the clause or subclause of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 or applicable collateral standard is replaced completely by the text of this document.

"Addition" means that the text of this document is additional to the requirements of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 or applicable collateral standard.

"Amendment" means that the clause or subclause of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 or applicable collateral standard is amended as indicated by the text of this document.

Subclauses, figures or tables which are additional to those of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 are numbered starting from 201.101. However, due to the fact that definitions in IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 are numbered 3.1 through 3.154, additional definitions in this document are numbered beginning from 201.3.201. Additional annexes are lettered AA, BB, etc., and additional items aa), bb), etc.

Subclauses, figures or tables which are additional to those of a collateral standard are numbered starting from 20x, where "x" is the number of the collateral standard, for example 202 for IEC 60601-1-2, 203 for IEC 60601-1-3, etc.

The term "this document" is used to make reference to IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020, any applicable collateral standards and this document taken together.

Where there is no corresponding clause or subclause in this document, the clause or subclause of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 or applicable collateral standard, although possibly not relevant, applies without modification; where it is intended that any part of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020 or applicable collateral standard, although possibly relevant, is not to be applied, a statement to that effect is given in this document.

201.2 Normative references

NOTE Informative references are listed in the bibliography.

Clause 2 of IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012, and IEC 60601-1:2005/AMD2:2020 applies, except as follows:

Replacement:

IEC 60601-1-3:2008, *Medical electrical equipment – Part 1-3: General requirements for basic safety and essential performance – Collateral Standard: Radiation protection in diagnostic X-ray equipment*

IEC 60601-1-3:2008/AMD1:2013

IEC 60601-1-3:2008/AMD2:2021

Addition:

IEC 60601-1:2005, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*

IEC 60601-1:2005/AMD1:2012

IEC 60601-1:2005/AMD2:2020

IEC 60601-2-1:2020, *Medical electrical equipment – Part 2-1: Particular requirements for the basic safety and essential performance of electron accelerators in the range 1 MeV to 50 MeV*

IEC 60601-2-4:2010, *Medical electrical equipment – Part 2-4: Particular requirements for the basic safety and essential performance of cardiac defibrillators*

IEC TR 60788:2004, *Medical electrical equipment – Glossary of defined terms*

IEC 61000-4-3, *Electromagnetic compatibility (EMC) – Part 4-3 : Testing and measurement techniques – Radiated, radio-frequency, electromagnetic field immunity test*

IEC 61217:2011, *Radiotherapy equipment – Coordinates, movements and scales*

IEC 62563-1:2009, *Medical electrical equipment – Medical image display systems – Part 1: Evaluation methods*

CISPR 11, *Industrial, scientific and medical equipment – Radio-frequency disturbance characteristics – Limits and methods of measurement*

201.3 Terms and definitions

For the purposes of this document, the terms and definitions given in IEC 60601-2-1:2020, IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012, and IEC 60601-1:2005/AMD2:2020, and IEC TR 60788:2004 apply, except as follows:

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- IEC Electropedia: available at <https://www.electropedia.org/>
- ISO Online browsing platform: available at <https://www.iso.org/obp>

Additional terms and definitions:

201.3.201

COMPUTED TOMOGRAPHY DOSE INDEX 100

$CTDI_{100}$

integral of the DOSE PROFILE representative of a single axial scan along a line perpendicular to the TOMOGRAPHIC PLANE divided by $N \times T$ according to the following:

for $N \times T$ less than or equal to 40 mm

$$CTDI_{100} = \int_{-50\text{mm}}^{+50\text{mm}} \frac{D(y)}{N \times T} dy$$

for $N \times T$ greater than 40 mm (all IGRT IMAGING PROTOCOL except collimation are kept the same for these measurements)

$$CTDI_{100} = \int_{-50\text{mm}}^{+50\text{mm}} \frac{D_{\text{Ref}}(y)}{(N \times T)_{\text{Ref}}} dy \times \frac{CTDI_{\text{free air, } N \times T}}{CTDI_{\text{free air, Ref}}}$$

where

$D(y)$ is the DOSE PROFILE representative of a single axial scan along a line perpendicular to the TOMOGRAPHIC PLANE, where dose is reported as ABSORBED DOSE in air and is evaluated within a polymethylmethacrylate (PMMA) dosimetry PHANTOM (see 201.102.6.2);

$(N \times T)_{\text{Ref}}$ is a specific $N \times T$ of 20 mm or the largest $N \times T$ available not greater than 20 mm;

$D_{\text{Ref}}(y)$ is the DOSE PROFILE representative of a single axial scan along a line perpendicular to the TOMOGRAPHIC PLANE, where dose is reported as ABSORBED DOSE in air and is evaluated within a polymethylmethacrylate (PMMA) dosimetry PHANTOM (see 201.102.6.2) for $(N \times T)_{\text{Ref}}$;

$CTDI_{\text{free air, } N \times T}$ is the $CTDI_{\text{free air}}$ (201.3.202) for a specific value of $N \times T$;

$CTDI_{\text{free air, Ref}}$ is the $CTDI_{\text{free air}}$ (201.3.202) for $(N \times T)_{\text{Ref}}$;

N is the number of TOMOGRAPHIC SECTIONS produced in a single axial scan of the X-ray source;

T is the NOMINAL TOMOGRAPHIC SECTION THICKNESS.

Note 1 to entry: The dose is reported as ABSORBED DOSE to air, but for practical purposes the evaluation of ABSORBED DOSE to air within a PMMA dosimetry PHANTOM is well approximated by measurement of the AIR KERMA.

Note 2 to entry: This definition assumes that the DOSE PROFILE is centred on $y = 0$.

Note 3 to entry: A single axial scan is typically a 360° rotation of the X-ray source. For CBCT partial rotations are still considered as a single axial scan.

Note 4 to entry: When the TOMOGRAPHIC SECTIONS overlap, e.g., in CT SCANNERS with a "y-flying FOCAL SPOT" or with CBCT modes that merge multiple scans, the denominator of the integral needs to be replaced by the total nominal width along y of overlapping tomographic sections. For example, if the percentage of overlap is 50 %, then the denominator would be replaced with $0,5 \times N \times T$.

Note 5 to entry: Typically, the y -axis is the axis of rotation (the y -axis corresponds to the z -axis in the DICOM coordinate system).

Note 6 to entry: The $CTDI_{100}$ is designed to include most of the scattered RADIATION.

Note 7 to entry: See IEC 60601-2-44:2009/AMD1:2012, Annex CC for more explanation.

Note 8 to entry: It is assumed for MV CBCT that an appropriate calibrated pencil chamber is used.