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COLLEGE ON MEDICAL PHYSICS AND WORKSHOP ON NUCLEAR DATA FOR SCIENCE AND TECHNOLOGY: MEDICAL APPLICATIONS (20 SEPTEMBER - 15 OCTOBER 1999)

"Nuclear Data for Medical Applications"

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These are preliminary lecture notes, intended only for distribution to participants

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Nuclear Data for Medical Applications

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Topics

- General considerations
- Overview of data needs
- Development of data libraries

Radioisotopes for Medical Applications

Use of Ra/Be-Source

- 1935 O. Chievitz, G. v. Hevesy Phosphorous metabolism in rats (³²P)
- 1938 S. Hertz, A. Roberts, R.D. Evans Physiology of thyroid (¹²⁸I)

Cyclotron Era

- 1937 J.G. Hamilton, R.S. Stone Studies with ²⁴Na
- 1942 J.G. Hamilton, M.H. Soley Therapeutic applications of radiophosphorous and radioiodine
- 1945 C.A. Tobias, J.H. Lawrence, F. Roughton Inhalation of ¹¹Co

Reactor Era

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- since 1946 Availability of many long-lived radioisotopes, e.g. ³H, ¹⁴C, ³²P, ⁶⁰Co, ^{125,131}I for – In-vitro studies
 - Biochemistry, Pharmacology, Therapy

Renaissance of Cyclotron

since 1960 Production of large number of short-livec radioisotopes for in-vivo studies

Transmission Tomography

Emission Tomography



Rotating γ-camera



Medical Application of Radioisotopes

Factors Contributing to Recent Progress

- High intensity accelerators dedicated to radioisotope production
- New efficient nuclear routes
- Fast methods of labelling biomolecules with radioisotopes
- Progress in fast separation and purification methods (GC, HPLC etc.)
- Advances in radiopharmacology (tracer evaluation)
- Development of high-resolution emission tomographs (SPET and PET)





Nuclear structure and decay data play an important role in the choice of a radioisotope for medical application and the reaction data in its production in a pure form

Medical Applications

• Diagnosis

via imaging techniques, mainly emission tomography

- choice of a radioisotope (decay data)

- production of the radioisotope in a pure form

(reaction data)

- preparation of a suitable radiopharmaceutical (fast radiochemistry)

Radiation dose should be as low as possible

• Therapy

via external radiation

- reaction data and radiation transport calculations

via internal uptake

- nuclear decay data and pharmacokinetics

Radiation dose should be compatible with the therapy requirement

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Importance of Nuclear Reaction Cross Section Data

- Determination of optimum energy range of a production process
- Calculation of expected thick target yield of the radioisotope to be produced
- Estimation of yields of radionuclidic impurities for a given thickness and enrichment of the target material





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Significance of Decay Data

Data needed for radiation dose calculations

$$\overline{\mathbf{D}} = 2.13 \,\overline{\mathbf{c}} \sum_{i} n_{i} \,\overline{\mathbf{E}}_{i} \,\Phi_{i}$$

where

- \overline{c} = cumulative concentration of activity (Bq. $\frac{T_{eff}}{\ln 2}$ / kg)
- n_i = No. of emitted particles or photons per decay
- $\overline{\mathbf{E}}_{i}$ = Average energy of the emitted radiation

 Φ_i = Part of the radiation absorbed in the organ

 T_{eff} = Effective half-life of the radioisotope in the organ

- Short-lived single photon and β⁺ emitters preferred for diagnostic investigations
- Corpuscular radiation required in endotherapeutic studies

Nuclear Data Measurements

Motivations

Production data

- Search for alternative routes of production
 - Constraint of available charged particle and energy
 - Demand for higher purity
- Development work on potentially important radioisotopes

Decay data

- Removal of discrepancies and uncertainties, e.g.
 - β^+ branching in ^{120g}I
 - intensities of 135 and 167 keV γ -rays of ²⁰¹Tl

Radiation Therapy

- Biological changes under the impact of radiation
- Of significance is linear energy transfer (LET) to tissue

Types of Therapy

- Photon therapy: use of linear accelerators (low-LET radiation)
- Fast neutron therapy: accelerators with E_p > 50 MeV (high-LET radiation)
- Proton beam therapy: accelerators with E_p=70-250 MeV (treatment of deep-lying, rather resistant tumours)
- Heavy-ion beam therapy (rather specialized; limited application)
- Boron neutron capture therapy (BNCT): use of low energy neutrons (pharmacological problem: comparable to endotherapy)

Nuclear data required to

- calculate the absorbed dose at a point in the tissue
- optimize the design of the treatment delivery system

Data Needs (up to 250 MeV)

- Total and non-elastic cross sections
- Production yields and average energies of n, p, d, α , γ
- Double differential cross sections at various incident energies
- Excitation functions for the formation of radioactive products

Radioisotopes for Therapy

 Uptake of a radiopharmaceutical in tumour via physiological processes

An exact knowledge of energy and intensity of ionising radiation is crucial.

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Interdisciplinary Nuclear Data Activities

- Experimental measurements
 - On-line and off-line methods
 - Interdisciplinary techniques
 - Detailed description of experiment, uncertainties and their correlations
- Compilations and evaluations
 - Collection of data in a uniform format
 - Evaluations

(Critical consideration of experimental parameters, standardization of data, development of systematics, use of nuclear models, construction of data files)

- Nuclear theory
 - Improvement of known models and parameters
 - Development of new models of high predictive values



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Nuclear Data Centres

- NNDC, Brookhaven, USA
- OECD-NEA Data Bank, Paris, France
- IAEA Nuclear Data Section, Vienna, Austria
- Nuclear Data Centre, Obninsk, Russia

Other Smaller Groups

- Chinese Nuclear Data Centre, Beijing, PR China
- Japanese Nuclear Data Centre, Tokai Mura, Japan

International Co-ordinating Bodies

IAEA (INDC)

- Energy related applications
- Non-energy related applications

(NSC) Energy related applications

NEA

- Spin-off effects of nuclear energy
- Nuclear sciences

Functions

- CINDA
- WRENDA
- Training
- Coordinated Research Projects
- Limited Data Files

- **Functions**
- JEF
- Data Bank
- Conferences
- Monographs

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