

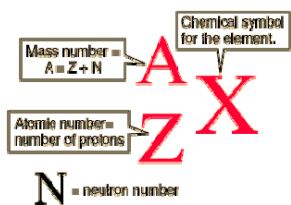
## Radioactivity in Medicine

## Some medical applications of nuclear radiation



László Smeller Dept Biophysik and Radiation Biology

## Reminder: basic definitions



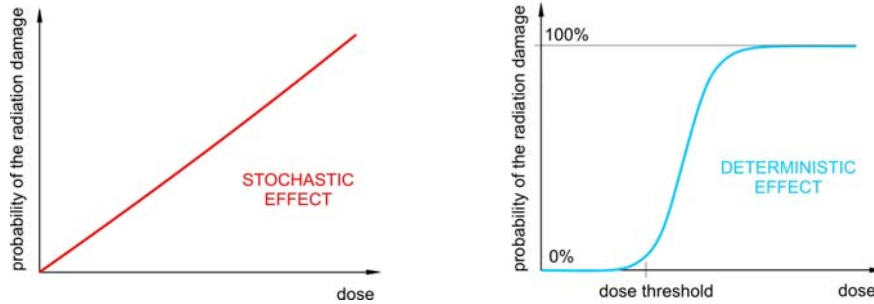
mass number (A)  
atomic number (Z)  
 $A = Z + N$

- Nuclides with equal proton number (Z), but different neutron numbers (N) are called **isotopes** of an element.
- Unstable isotopes (=radioactive isotopes) decay:
- Decay types:**  $\alpha$ ,  $\beta^-$ ,  $\beta^+$ , electron-capture, isomeric transition
- Nuclear radiations:**  $\alpha$  ( $\text{He}^{2+}$ ),  $\beta^-$  ( $e^-$ ),  $\beta^+$  ( $e^+$ ),  $\gamma$  (electromagn.)

## Biological effects of ionizing radiation



## Stochastic and deterministic damages



## Deterministic effects

- Large number of cells killed – physiological effect, e.g.
  - **Erythema, epilation, cataracts, “radiation sickness”**
- No risk below threshold doses, e.g.
  - Opacities = 500 mGy
  - Transient erythema = 2 Gy



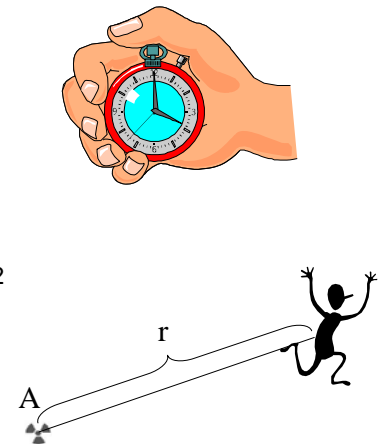
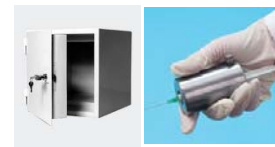
## Stochastic damage

- can be caused by a single photon
- the **severity is not effected by the dose**
- with increasing dose only the **probability increases** (somatic cells: cancer, reproductive cells: hereditary effects)

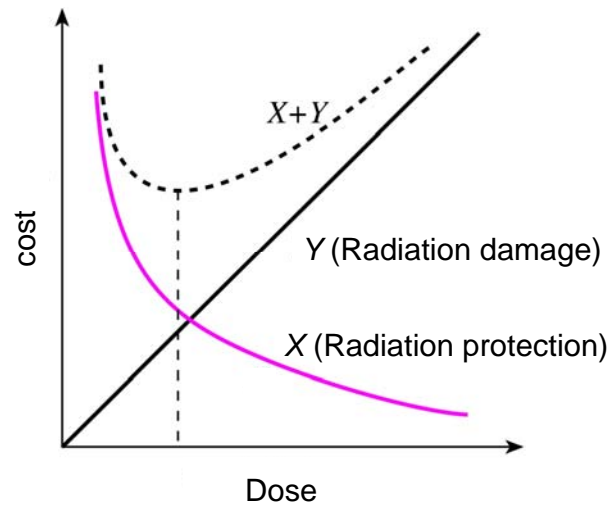
*1 gamma photon: the probability to cause cancer is  $3 \times 10^{-16}$   
(1: 3,000 billion, but this is the Russian roulette!)*

## Basic radiation protection strategies

- spend as **little time**, as necessary in the radiation field.
- **keep the distance** between radiation source and yourself as **large** as possible. Dose  $\sim 1/r^2$
- use **shielding**.



## ALARA principle (as low as reasonably achievable)



## Imaging using radioactive nuclides



## Basic steps of the isotope diagnostics

Radioactive material introduced into the patient

Distribution and alteration of activity is detected

Monitoring of physiological pathways and/or identification and localization of pathological changes

## Information from various medical imaging techniques

### Structure



X-ray

Ultrasound

MRI

*differences according to the different physical parameters / properties of tissues*

### Function



Isotope diagnostics

MRI

*dynamic physiological / metabolic processes of different body organs can be followed*



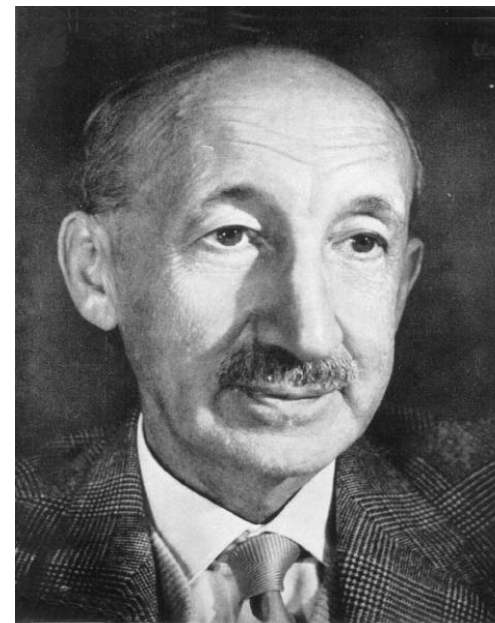
X-ray

*Shows the structure*



Isotope diagnostics

*Reports the  
metabolic activity*



*Georg Charles de Hevesy*

*Father of Nuclear Medicine*

**Georg Charles de Hevesy**  
(1885 - 1966)

Nobel Prize in Chemistry  
1943

**for his work on the use of  
isotopes as tracers in the  
study of chemical  
processes**

## The choice of the appropriate radioisotope for nuclear imaging

Maximise the information

Minimise the risk.

For that find the optimal

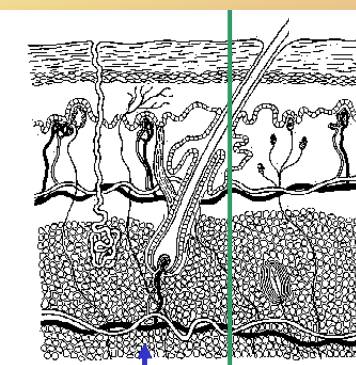
type of radiation

photon energy

half life

radiopharmakon

## Type of radiation



$\alpha$   $\beta$   $\gamma$

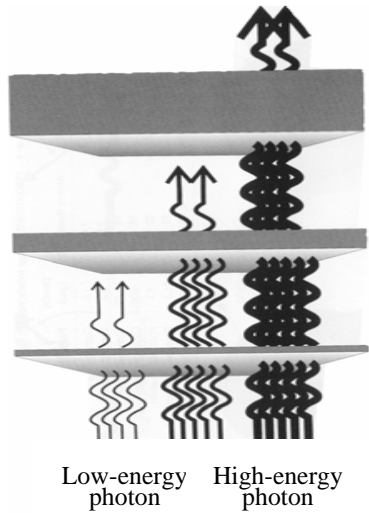
Only  **$\gamma$ -radiation** has  
sufficient penetration  
distance .

Decay via photon emission  
is needed to minimize  
absorption (radiation  
damage) in body tissue

*purely gamma-emitting isotope would be preferable*



## Photon energy



Photon must have sufficient energy to penetrate body tissue with minimal attenuation

BUT!

Photon must have sufficiently low energy to be registered efficiently in detector and to allow the efficient use of lead collimator systems (must be absorbed in lead)

## Suitable physical half-life

$$\Lambda = \lambda N = \frac{0,693}{T} N$$

smaller is better  
but  
the value is limited from below  
e.g., by the sensitivity of the detector

smaller is better  
dosimetric considerations for patients

**shorter is better**

but

it has to be long enough for monitoring the physiological organ functions to be studied

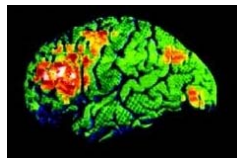
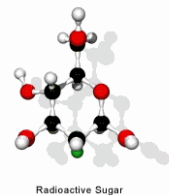
**radiopharmaceutical** – is substance that contain one or more *radioactive atoms* and are used for *diagnosis* or *treatment* of disease.

It is typically made of two components, the *radionuclide* and the *chemical compound* to which it is bound.

Basic requirements:

specific localizing properties;  
high *target : nontarget* ratio

have no pharmacological or toxicological effects which may interfere with the organ function under study.



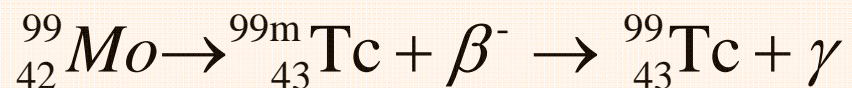
## Optimal activity for diagnostic procedure

Maximize the information

Minimize the risk

$$\Lambda \sim 100 \text{ MBq}$$

## Isomeric transition



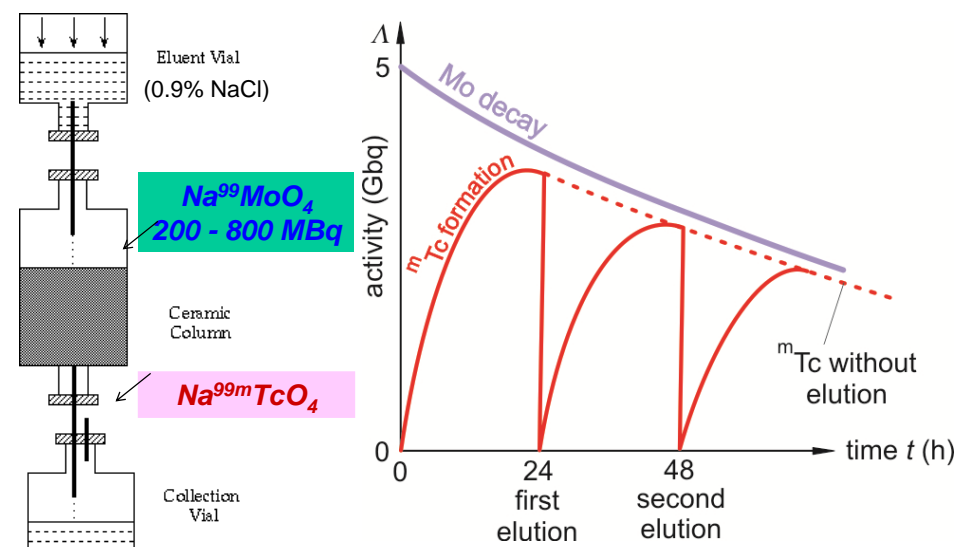
$T_{1/2}=67$  hours

$T_{1/2}=6$  hours

$hf=140$  keV

One of the features that makes **Tc-99m** such an ideal radioisotope for diagnostic imaging is its ability to **readily bind to a wide variety of compounds** under physiological conditions.

## Technetium-99m generator



## Examples

pharmaceutical	radioisotope	activity (MBq)	target organ
Pertechnetate	${}^{99\text{m}}\text{Tc}$	550 - 1200	brain
Pirophosphate	${}^{99\text{m}}\text{Tc}$	400 - 600	heart
Diethylene Triamine Penta Acetic Acid (DTPA)	${}^{99\text{m}}\text{Tc}$	20 - 40	lung
Mercaptoacetyl triglycine (MAG3)	${}^{99\text{m}}\text{Tc}$	50 - 400	kidney
Methylene Diphosphonate (MDP)	${}^{99\text{m}}\text{Tc}$	350 - 750	bones

## Types of images

Static picture  
spatial distribution of  
isotope/activity at a  
certain time

Dynamic picture  
variation of the amount  
of isotope/activity as a  
function of time

Static and dynamic picture – series of static recordings

## Types of images

Summation image

$\gamma$  -camera

Tomographic image  
Emission CT

- SPECT (Single Photon Emission Computed Tomography)
- PET (Positron Emission Tomography)



Hal Anger  
1920-2005



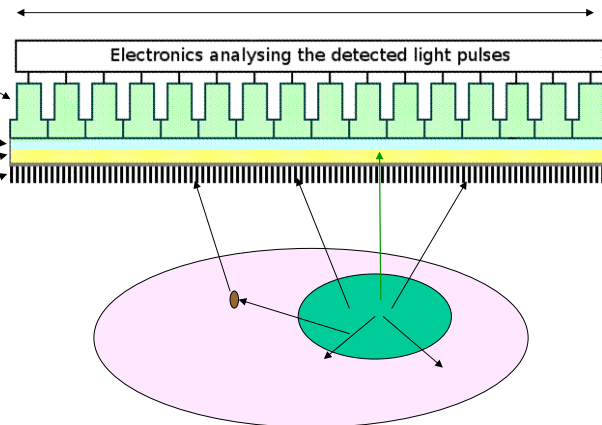
Hal Anger and coworkers  
1952



Gamma  
camera

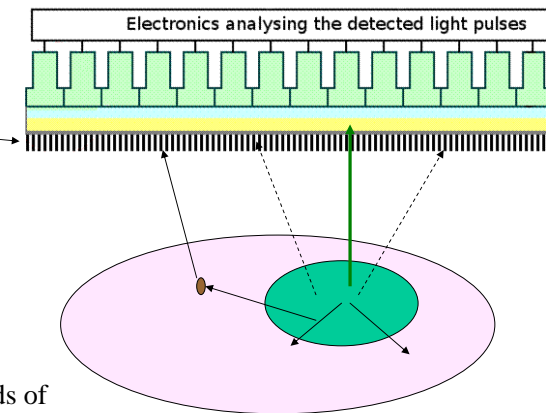
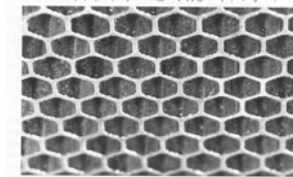
cc 40 cm

Photomultiplier tubes  
Light guide  
Scintillation crystal  
Collimator



A radioactive source emits gamma ray photons in all directions.

collimator

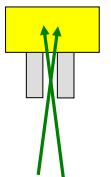


Collimators are composed of thousands of precisely aligned **channels** made of lead.

The collimator conveys only those photons traveling directly **along** the long axis of each **hole**.

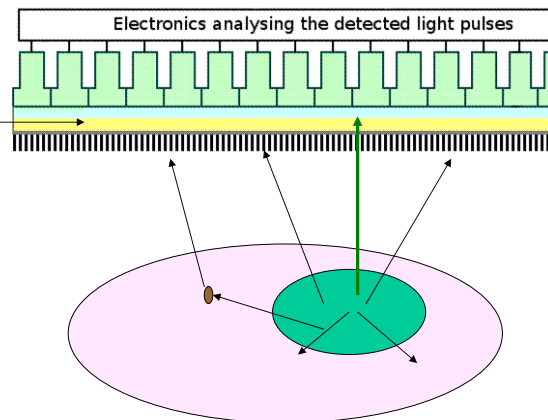
Photons emitted in other directions are absorbed by the septa between the holes.

Size and geometry of holes are essential for the **resolution**.



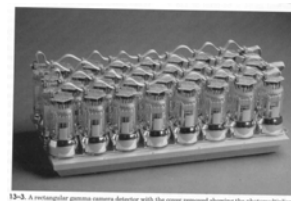
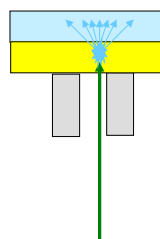
## Scintillation crystal

Na(Tl)



## Light guide

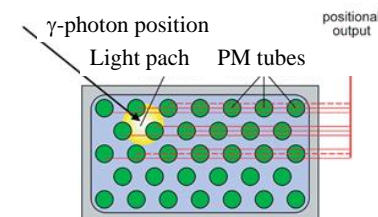
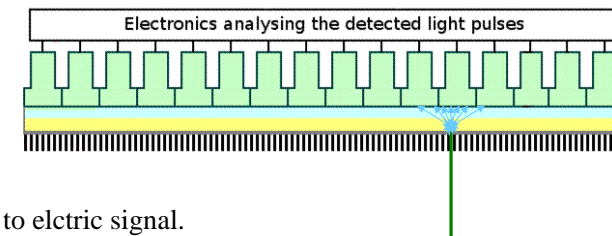
Distribution of the light for the photomultipliers



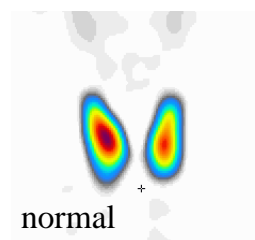
Transformation of light pulses to electric signal.

Typically 37-91 tubes,  
5-7 cm diameter each

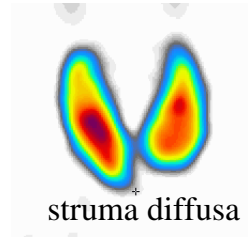
## Photomultiplier tubes



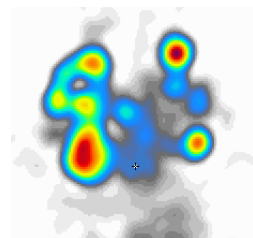
## Pertechnetate (intravenous 80 MBq) distribution in thyroid glands



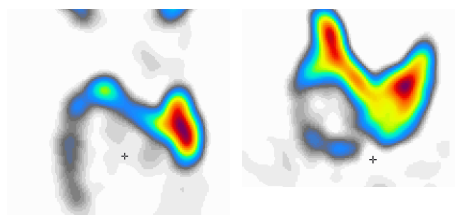
normal



struma diffusa

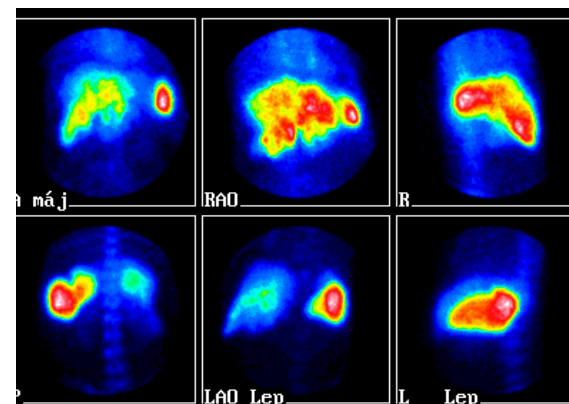


struma multinodularis



Cold nodules

## Liver lesion nodules



$^{99m}\text{Tc}$ - fyton

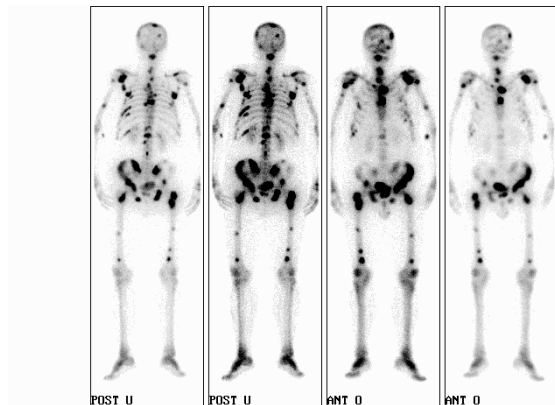


## Bone scintigraphy

$^{99m}\text{Tc}$ -MDP: 600 MBq



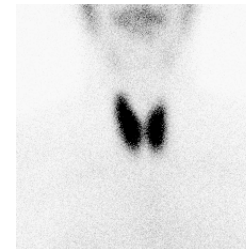
normal



imaging in bone metastases

## Static picture

Static picture – spatial distribution of isotope / activity at a certain time



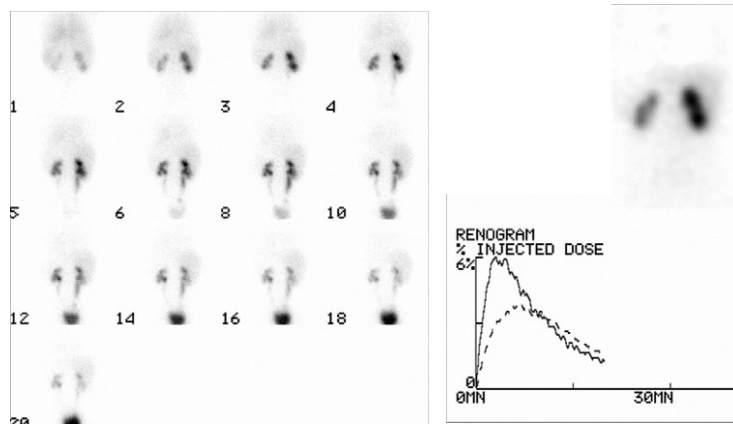
thyroid glands



kidneys

## Static and dynamic picture

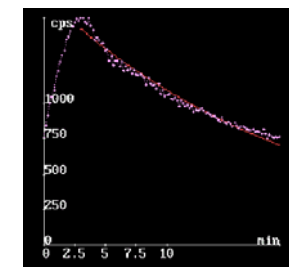
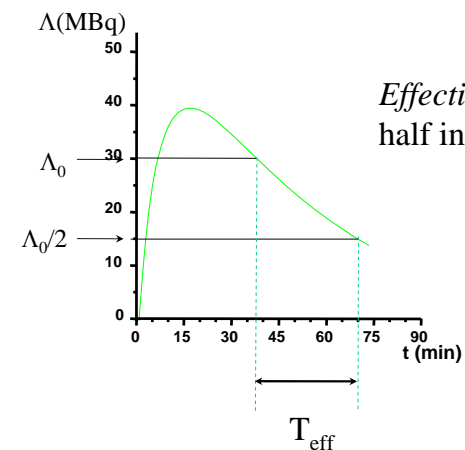
Dynamic picture – variation of the amount of isotope / activity in time



Images from: Biassoni © Chippington: Imaging in Urinary Tract Infections: Current Strategies and New Trends Seminars in Nuclear Medicine Volume 38, Issue 1, January 2008, Pages 56–66

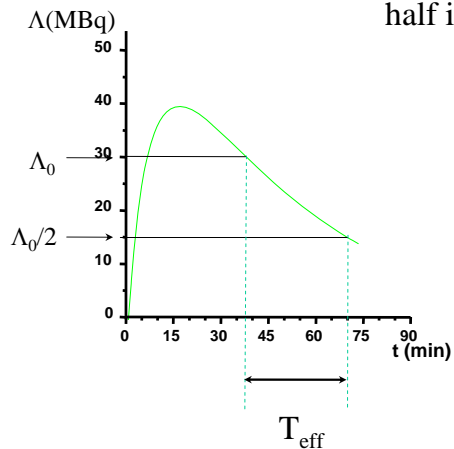
## Static and dynamic picture

Dynamic picture – variation of the amount of isotope / activity in time



## Effective half life

*Effective half life* – activity decreases by half in the target organ



$$\Lambda = \Lambda_0 e^{-(\lambda_{\text{phys}} + \lambda_{\text{biol}})t}$$

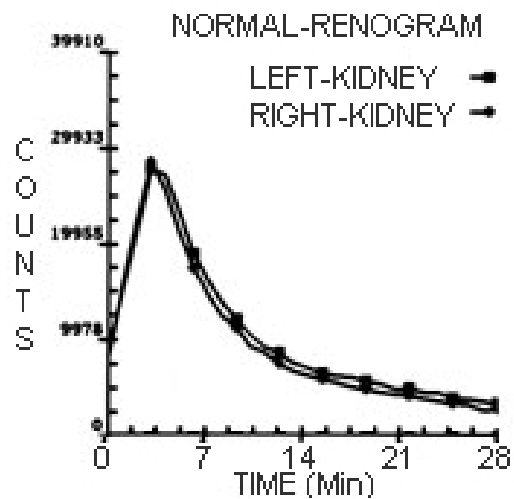
$$\lambda_{\text{effective}} = \lambda_{\text{phys}} + \lambda_{\text{biol}}$$

$$\frac{1}{T_{\text{eff}}} = \frac{1}{T_{\text{phys}}} + \frac{1}{T_{\text{biol}}}$$

## Biological half life

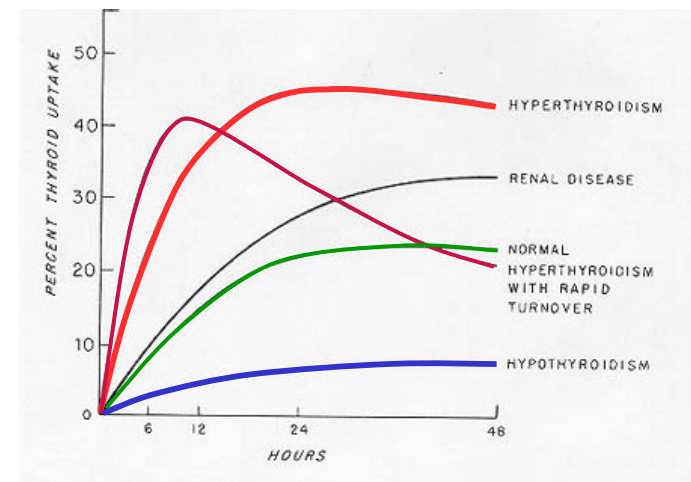
The final fate of the radiotracer depends on how the addressed organ deals with the molecule, whether it is absorbed, broken down by intracellular chemical processes or whether it exits from the cells and is removed by kidney or liver processes. These processes determine the **biological half-life**  $T_{\text{biol}}$  of the radiopharmaceutical.

## example



Isotope accumulation in kidney

## example



Thyroid glands

Isotope accumulation

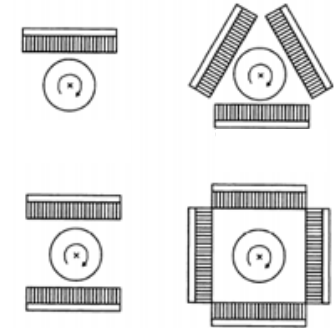
Gamma camera image:  
summation image



For depth resolution: tomographic device is necessary

## SPECT

Single Photon Emission Computed  
Tomography



Various camera arrangements

## SPECT

Tomographic application of  $\gamma$ -cameras – data collection in  $360^\circ$ .

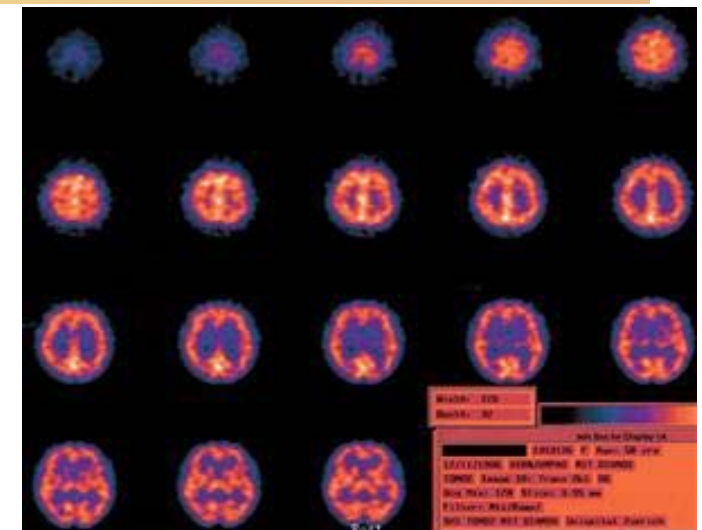
Cross-sectional image can be reconstructed.

Measurement from a series of projections.

Computer directs the movement of the detector, stores the data,  
reconstruct the cross-sectional image

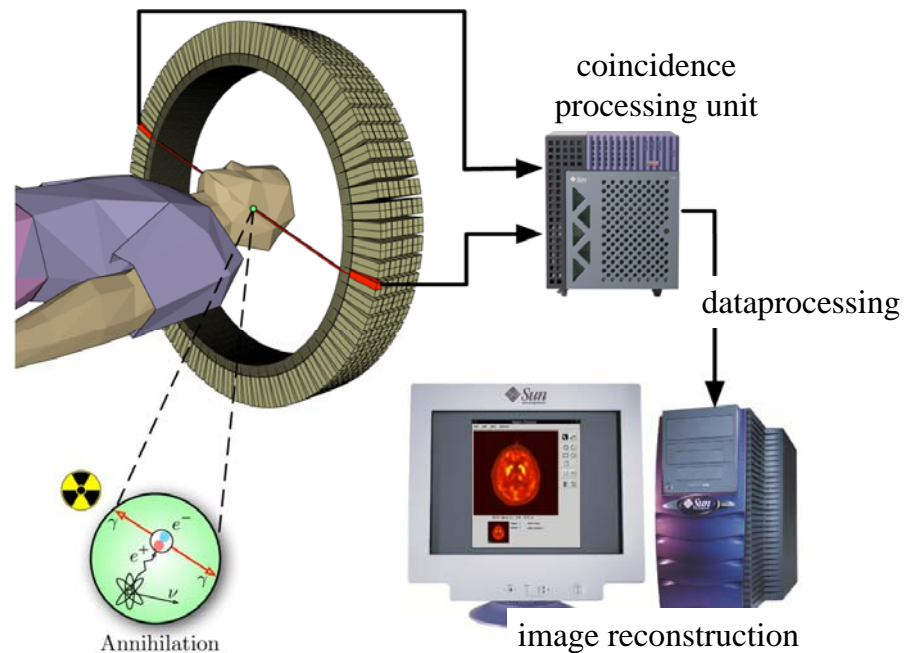
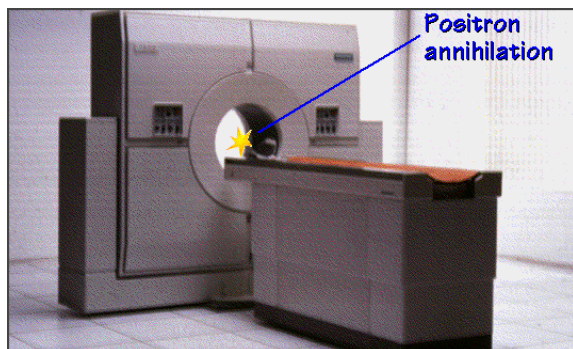
## SPECT – images of scalp

$^{99m}\text{Tc}$ - HMPAO



# PET

## Positron Emission Tomography



The most frequently used radionuclides in PET are radioisotopes of structural elements of natural organic molecules.

Isotope	$\beta^+$ energy (MeV)	$\beta^+$ range (mm)	1/2-life	Applications
$^{11}\text{C}$	0.96	1.1	20.3 min	receptor studies
$^{15}\text{O}$	1.70	1.5	2.03 min	stroke/activation
$^{18}\text{F}$	0.64	1.0	109.8 min	oncology/neurology
$^{124}\text{I}$	2.1350/1.5323	1.7/1.4	4.5 days	oncology

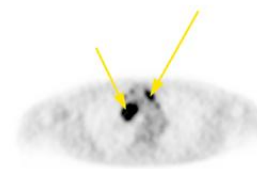
Isotope manufacturing nearby the site of application (see half-lives).



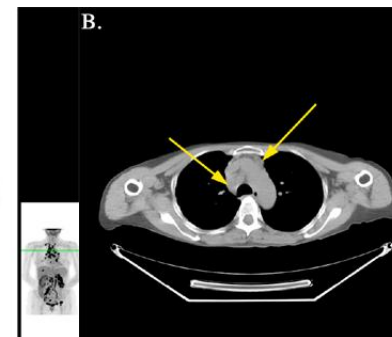
# PET/CT

## Combination of structural and functional imaging

A.



B.



C.

