

# Nuclear measurement techniques.

## Dosimetry, radiation protection.

- properties
  - measurement
  - dosimetry
  - medical applications
- of the nuclear radiation



# 1. Detection of the ionizing radiation

- 1.1. scintillation based methods
- 1.2. gas-ionization detectors **see practical exc!**
- 1.3. thermoluminescent dosimeter
- 1.4. ~~photographic methods (film)~~ **obsolete**
- 1.5. semiconductor detectors

# 1.1 Scintillation counter

see practical exc.



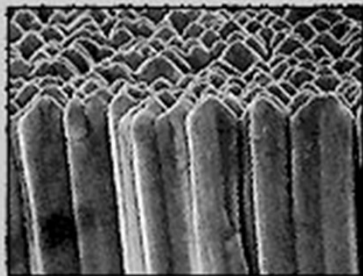
Light of a scint. crystal



X-ray image amplifier



Heart investigation  
using  $\gamma$  kamera

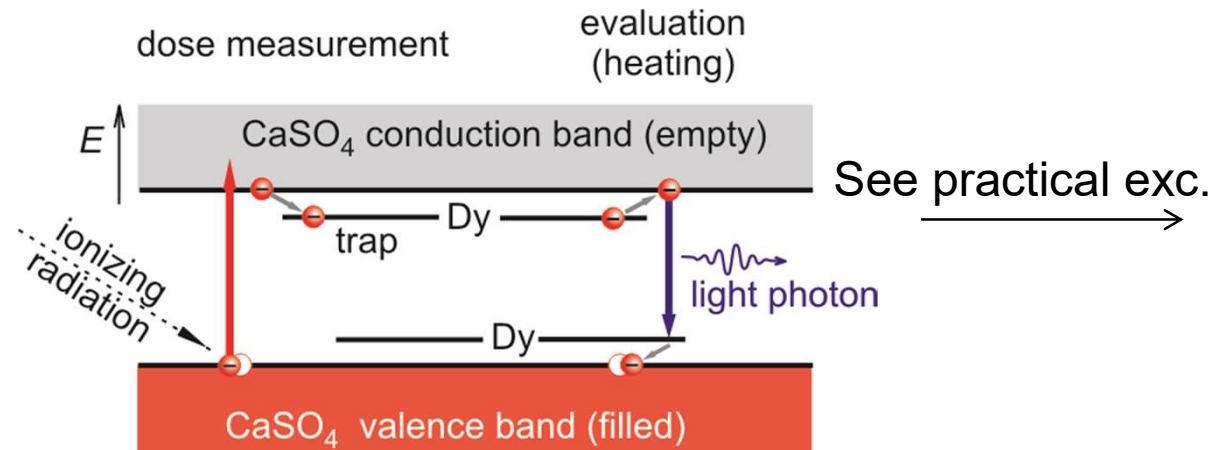


Needle crystals for  
imaging





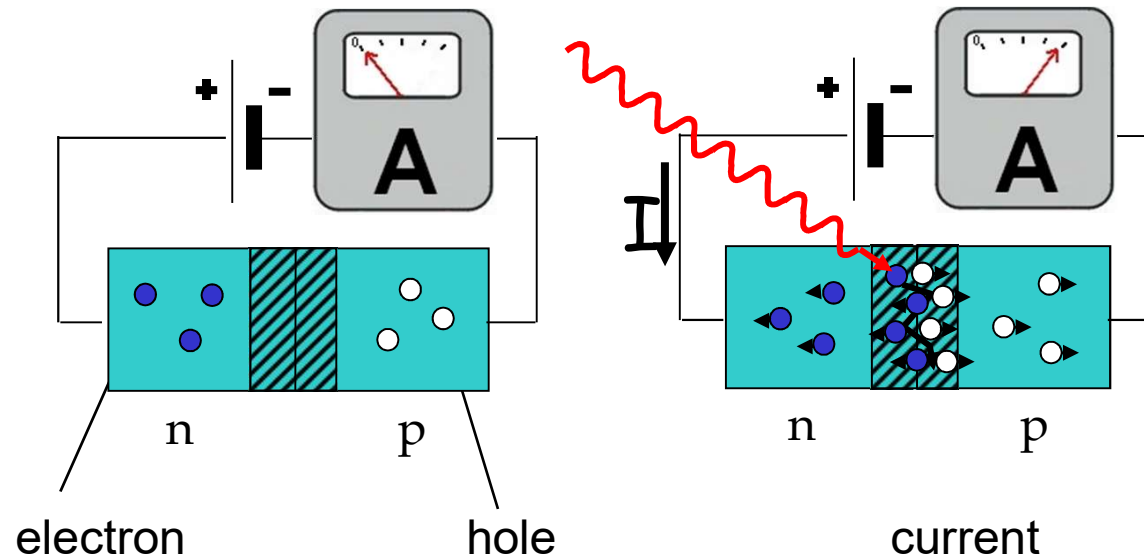
# 1.3. Thermoluminescent dosimeter (TLD)



# 1.5. Semiconductor detector

Principle: Semiconductor diode connected reverse biased.

The radiation induces free charges and consequently current.



Diagnostics

Flat panel detector



Dosi-  
m ter

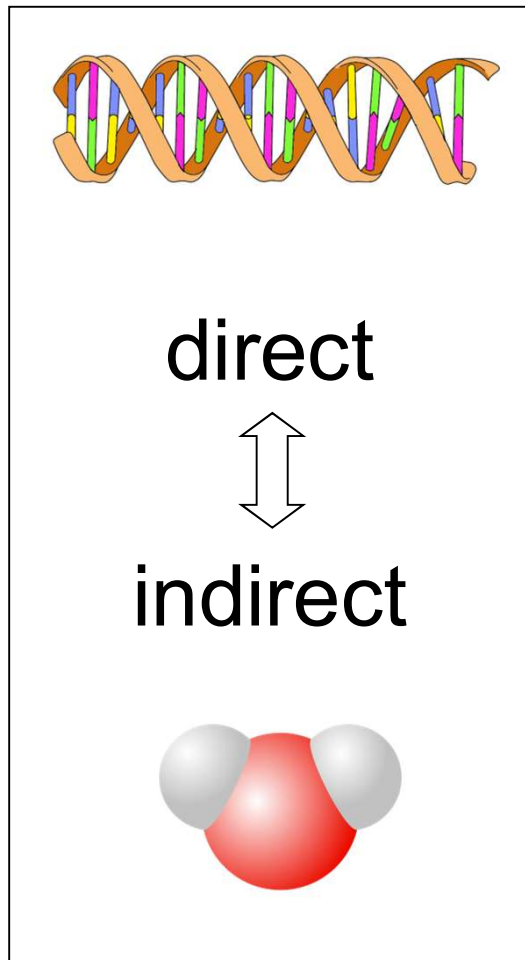


## 2. Biological effect of the ionizing radiation



- 2.1. Mechanism of the radiation damage
- 2.2. Types of the radiation damages
- 2.3. Dose concepts
- 2.4. Absorbed dose of a  $\gamma$ -emitting isotope
- 2.5. Threshold dose values of deterministic damage
- 2.6. Few characteristic dose values

## 2.1. The mechanism of the radiation damage



Physical phase:

$10^{-17}$  -  $10^{-12}$  s ionisation

Chemical (biochemical) phase:

$10^{-10}$  - 1s: free radical reactions

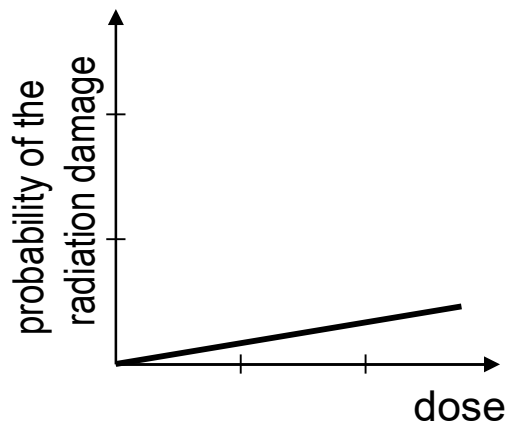
Biological phase:

hours: alteration in the tissues

days-years: stomach-bowel  
damage of the  
haematogenesis  
somatic damage

## 2.2. Types of the radiation damages

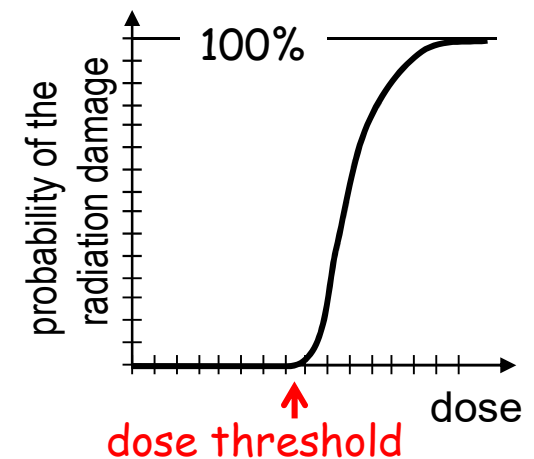
### Stochastic



- already at low dose level
- no dose threshold
- severity is independent of the dose
- small number of targets



### Deterministic



- High dose ( $>$ threshold)
- only above the threshold
- severity increases with the increasing dose
- many targets should be hit





## 2.3. Dose concepts

### 2.3.1. Absorbed dose

Absorbed dose:

$$D = \frac{\Delta E}{\Delta m}$$

unit J/kg = Gy

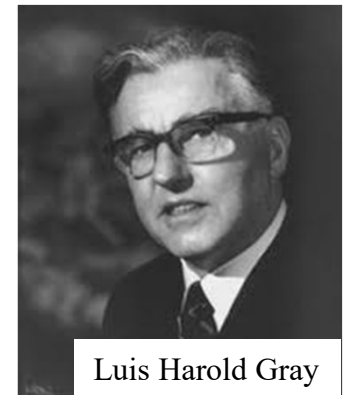
The energy absorbed  
from the radiation by  
the mass  $\Delta m$

absorbed energy by unit mass of  
absorbing medium

can be used for all types of radiations

How to measure:

- hard to measure directly (unmeasurably small temperature change  $\Delta T = 0,0015^\circ\text{C/Gy}$ )
- indirect detection methods:
  - ionisation chamber
  - semiconductor detector
  - thermoluminescent detector
  - ...



## 2.3.2. Exposure

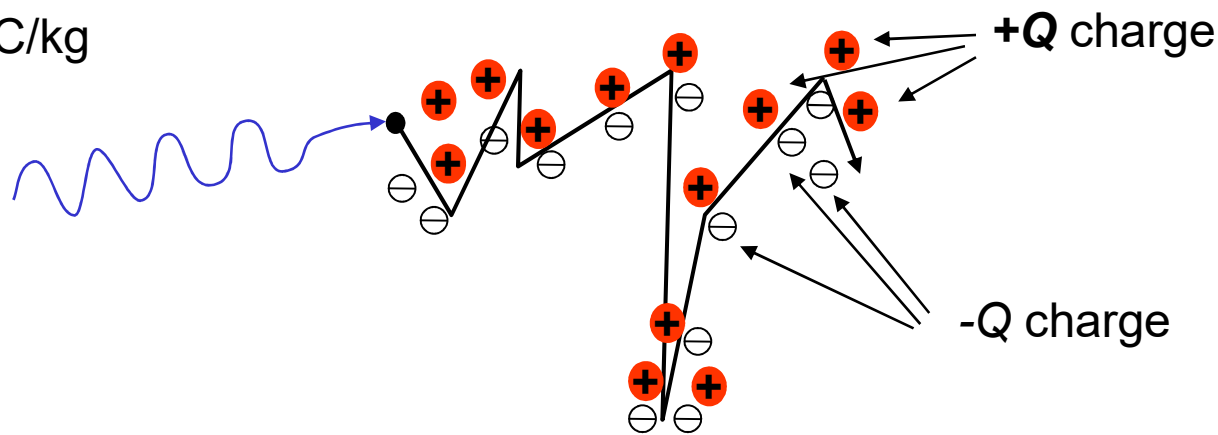
Exposure:

$$X = \frac{\Delta Q}{\Delta m}$$

*the positive charge produced  
in the air of mass  $\Delta m$*

Only for  $\gamma$ - and x-ray in air!

unit: C/kg



Suitable equipment to measure:

Ionisation chamber.

The produced charges are  
collected by two electrodes.

## 2.3.3. Conversion of exposure measured in air to absorbed dose expected in tissue

- To produce 1 pair of ions one needs 34 eV energy in air:

$$\begin{array}{ccc} 34 \text{ eV} = 34 \cdot 1,6 \cdot 10^{-19} \text{ J} & \longrightarrow & 1,6 \cdot 10^{-19} \text{ C} \\ 34 \text{ J} & \longrightarrow & 1 \text{ C} \end{array}$$

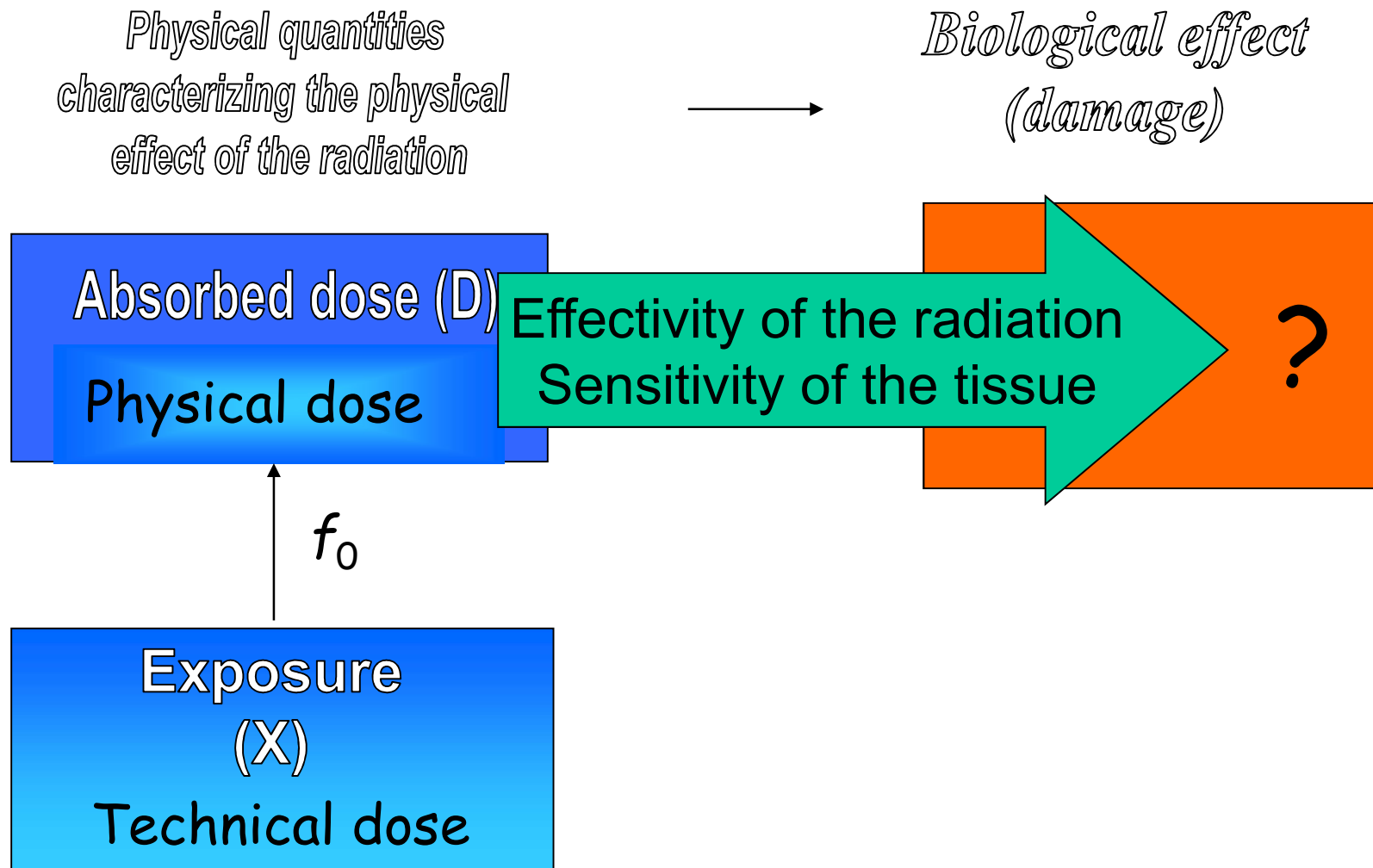
$$1 \frac{\text{C}}{\text{kg}} \Rightarrow 34 \frac{\text{J}}{\text{kg}} = 34 \text{ Gy}_{\text{air}}$$

- Absorption of air and tissue with the same mass will be compared using the mass attenuation coefficients:

$$\frac{D_{\text{tissue}}}{D_{\text{air}}} = \frac{\mu_{m,\text{tissue}}}{\mu_{m,\text{air}}} \quad \longrightarrow \quad D_{\text{tissue}} = \frac{\mu_{m,\text{tissue}}}{\mu_{m,\text{air}}} \overbrace{f_0 X}^{D_{\text{air}}} \quad \text{where} \quad f_0 = 34 \frac{\text{J}}{\text{C}}$$

If  $E_{\text{photon}} < 0,6 \text{ MeV}$ , for soft tissue:  $\frac{\mu_{m,\text{tissue}}}{\mu_{m,\text{air}}} \approx 1,1$

# Physical dose concepts and their biological effect



# The biological damage can be

## → **Deterministic effect** (e.g. radiotherapy)

typically

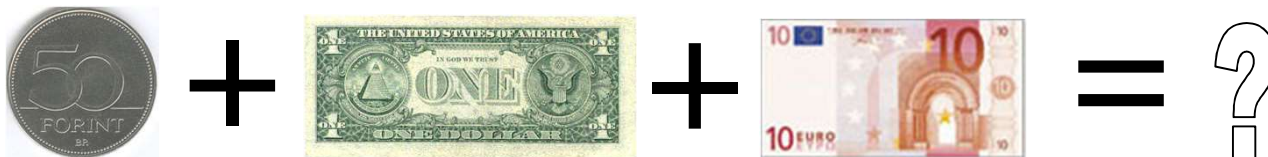
- single type of radiation is used
- single type of tissue is irradiated



## → **Stochastic effect** (e. g. in diagnostics, radiation protection)

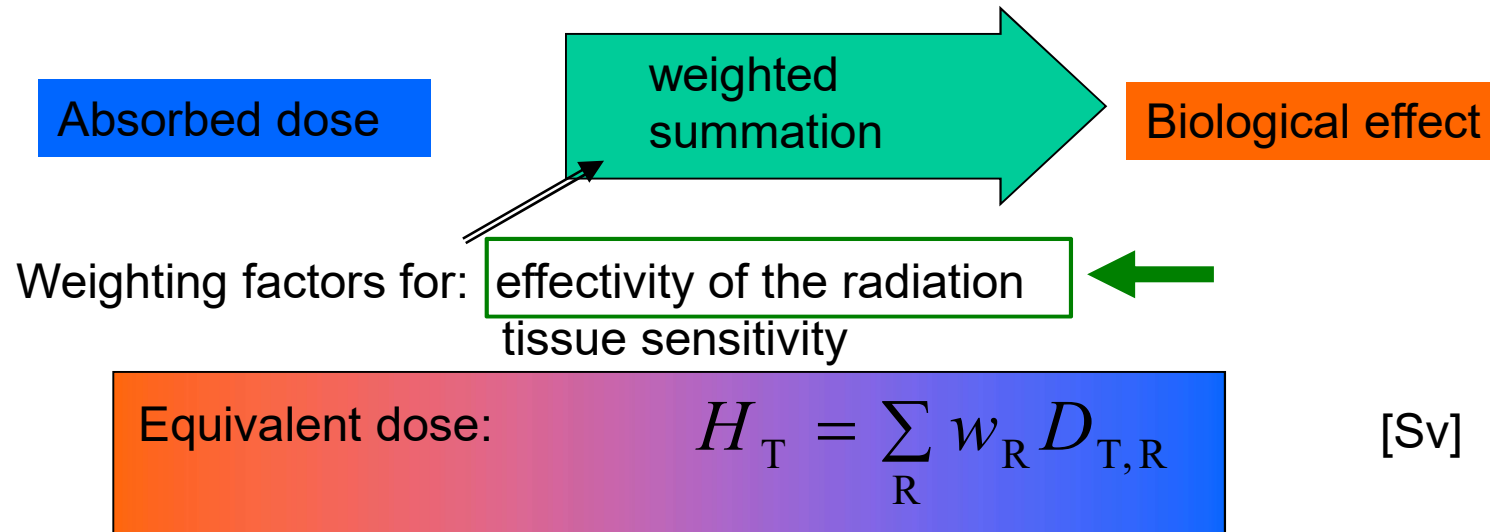
typically

- several types of radiations are absorbed
- several different tissues are irradiated





## 2.3.4. Equivalent dose



Weighted sum of the absorbed doses from the different radiations (R) in a given tissue (T).  $w_R$ : radiation weighting factor.

E.g.:  $H_{\text{skin}} = w_{\alpha} D_{\text{skin},\alpha} + w_{\beta} D_{\text{skin},\beta} + w_{\gamma} D_{\text{skin},\gamma}$

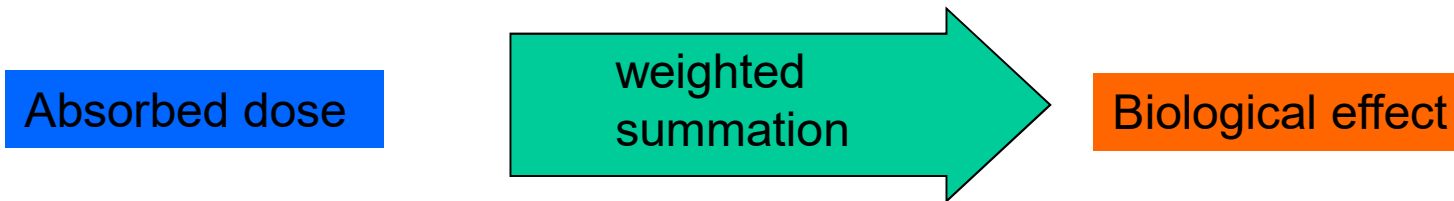
radiation weighting factor ( $w_R$ )

How many time higher stochastic biological effect can be expected compared to x-ray or  $\gamma$ -ray with the same absorbed dose.

Radiation	$w_R$
Photon ( $\gamma$ , x-ray)	1 (def!)
Electron ( $\beta$ )	1
Neutron	Energy dependent
Proton	2
Alpha	20



## 2.3.5. Effective dose:



Weighting factors for: effectivity of the radiation

tissue sensitivity



Effective dose:

$$E = \sum_T w_T H_T$$

[Sv]

Weighted sum of the equivalent doses  
of the irradiated tissues (T)

$$\sum_T w_T = 1$$

$w_T H_T$  gives the contribution of the  $H_T$  dose  
to the damage of the whole body.

For a homogenous irradiation of the whole body:  $E = H_T$

# The $w_T$ weighting factor

represents the relative contribution of that organ or tissue to the total damage in case of stochastic effects resulting from uniform irradiation of the whole body

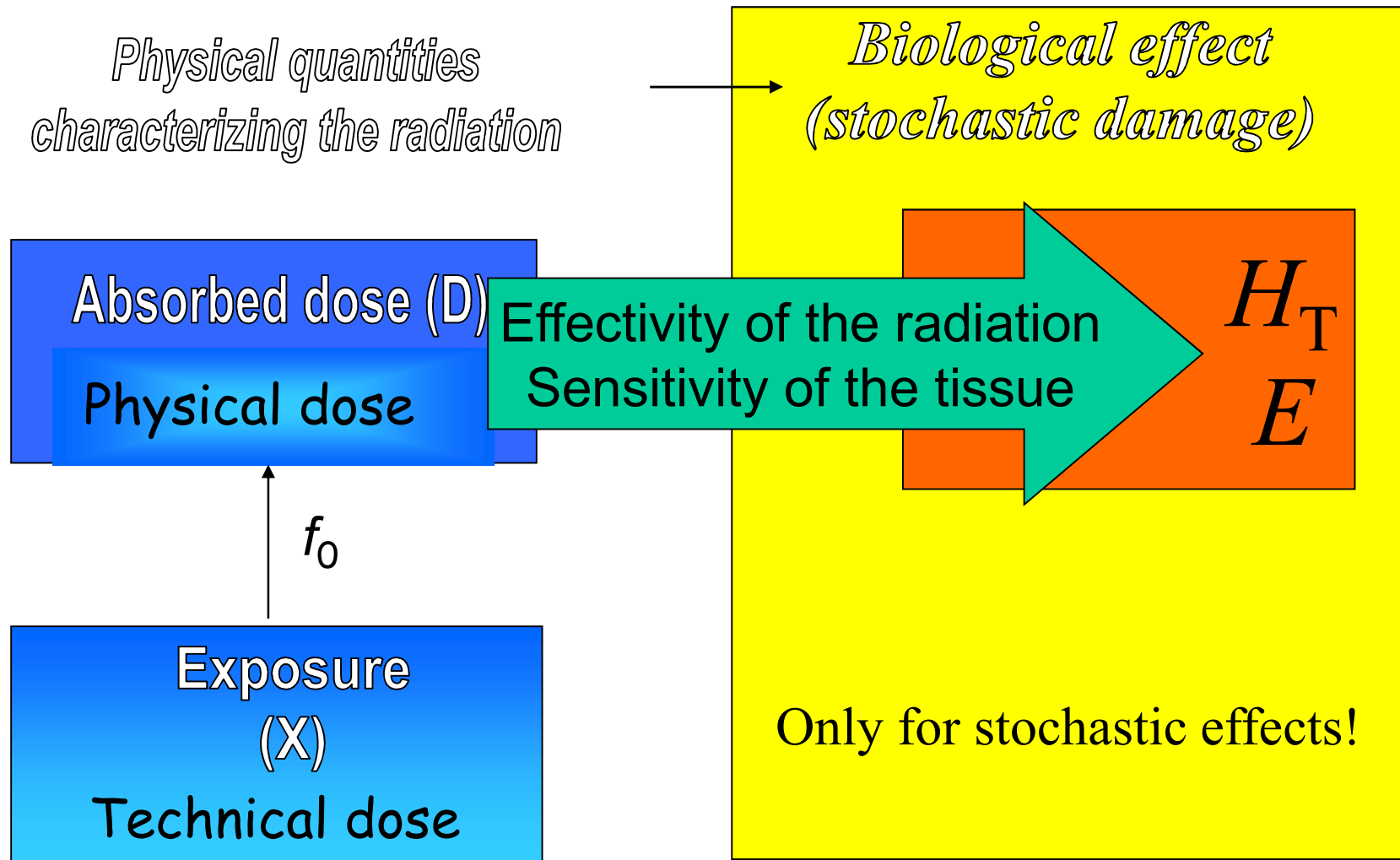
*Table 3.4. Weighting factors of various tissues and organs*

Tissue	$w_T$	Tissue	$w_T$
Red bone marrow	0,12	Oesophagus	0,04
Large intestine	0,12	Liver	0,04
Lungs	0,12	Thyroid gland	0,04
Stomach	0,12	Surface of the bones	0,01
Breast	0,12	Brain	0,01
Other tissues*	0,12	Salivary glands	0,01
Gonads	0,08	Skin	0,01
Bladder	0,04		

International Commission on Radiological Protection ICRP Guidelines #116.

\*Other tissues: adrenal glands, upper respiratory tracts, gall-bladder, heart, kidney, lymph nodes, muscle, mucus membrane, pancreas, prostate, small intestine, spleen, thymus, uterus.

# Summary of dose concepts



Remark: Dose rate = Dose/time e.g.:  $D/t$  = absorbed dose rate

## 2.4. Calculation of absorbed dose of a $\gamma$ -emitting isotope

In case of point radiator:

$$D = \frac{K_{\gamma} \Lambda t}{r^2}$$

$K_{\gamma}$ : dose constant  
 $\Lambda$ : Activity [Bq]  
 $r$ : distance from the isotope [m]  
 $t$ : time [s,h]

$\left[ \frac{\mu\text{Gy} \cdot \text{m}^2}{\text{h} \cdot \text{GBq}} \right]$

E.g for  $^{137}\text{Cs}$   $K_{\gamma} = 80 \frac{\mu\text{Gy} \cdot \text{m}^2}{\text{h} \cdot \text{GBq}}$

$\Rightarrow$  1GBq  $^{137}\text{Cs}$  causes 80  $\mu\text{Gy/h}$   
 Absorbed dose rate in 1 m distance

800 x background radiation level

Effective strategies to protect yourself:

Use the least possible activity  
 As fast as possible  
 Keep distance



## 2.5.Threshold dose values for deterministic effects

bone-marrow:

Reduction of blood production

0,5 Gy

Testis:

temporary sterility

0,15 Gy

permanent sterility

3,5-6 Gy

Eye lens

obscurity

0,5-2 Gy

Cataracta

5 Gy

Skin:

temporary erythema

2 Gy

erythema

6 Gy

temporary epilation

3 Gy

For whole-body irradiation: median lethal dose ( $LD_{50}$ ) :

4 Gy

lethal dose

6 Gy

## 2.6. A few characteristic dose values

Background radiation: 2,4 mSv/year  
half of it from Radon.

Medical investigations (patient dose)  
conventional x-ray image: 0,2-1 mSv  
CT scan: 2-8 mSv

Treatment:  
Intervention radiology  
doctor: hand: 100 mSv/2 month  
                  eye: 30 mSv/2 month  
                  knee: 20 mSv/2 month  
          gonad (under  
the lead apparel): 0,5 mSv/2 month  
  
Patient: up to 1 Gy!!

Radiotherapy: typically 45-60 Gy (in fractions, localized)



# 3. Radiation protection

## 3.1. Basic concepts

### **For personnel:**

- Justification

- Optimization

  - Reduction of the stochastic effect on an acceptable level

- Dose limits

  - Rule out the deterministic effect

### **Patients:**

- Justification

- Cost-benefit principle

- Optimization

  - No dose limits!**

- Measurement and documentation of patient dose values

## 3.2. The concept of dose limitations

- Avoid deterministic damage
- The risk associated to the radioactive work should not exceed the risk of ordinary professional activities. (E.g.: construction work, transport, chemical factory.etc.)

Dose limit  $\neq$  allowed dose!

**Dose limits:** staff  
population  
~~patient~~ **no limits !**

Patient: cost-benefit principle

diagnose with radiation  
risk of radiation damage

without diagnose  
risk of progression of an undiagnosed disease



## 3.3. Dose limits\*

≠allowed dose!

### 3.3.1. For staff members (working with ionizing radiation)

– whole body and eye lens: 20 mSv/ year

(c.a. 10  $\mu$ Sv/working hour)\*\*

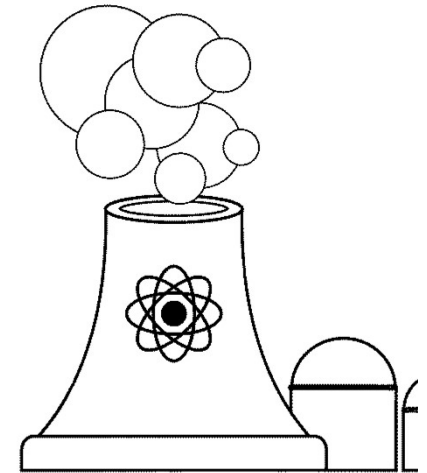
– skin and limb 500 mSv/year

### 3.3.2. For public\*\*\*

– whole body 1 mSv/ year\*\*\*\*

– eye lens 15 mSv/year

– skin 50 mSv/year



\*changed compared to the values in the textbook!!

\*\*compare with background radiation level:  $\approx 0,1 \mu$ Sv/h

\*\*\*only for disis from artificial sources

(excluding the medical use of radiation)

\*\*\*\*compare with bacground radiation level :  $\approx 2,4 \text{ mSv/év}$



# Few important remarks:dose limits and risks

Life is dangerous!

Risk cannot be avoided, but it can be reduced to a rationally acceptable level.

risk  $\leftrightarrow$  benefit

