



# ON THE RELATIONSHIP BETWEEN WHOLE BODY, EXTREMITY RING AND EYE LENS DOSES FOR MEDICAL STAFF IN THE PREPARATION AND APPLICATION OF NUCLIDES IN NUCLEAR MEDICINE

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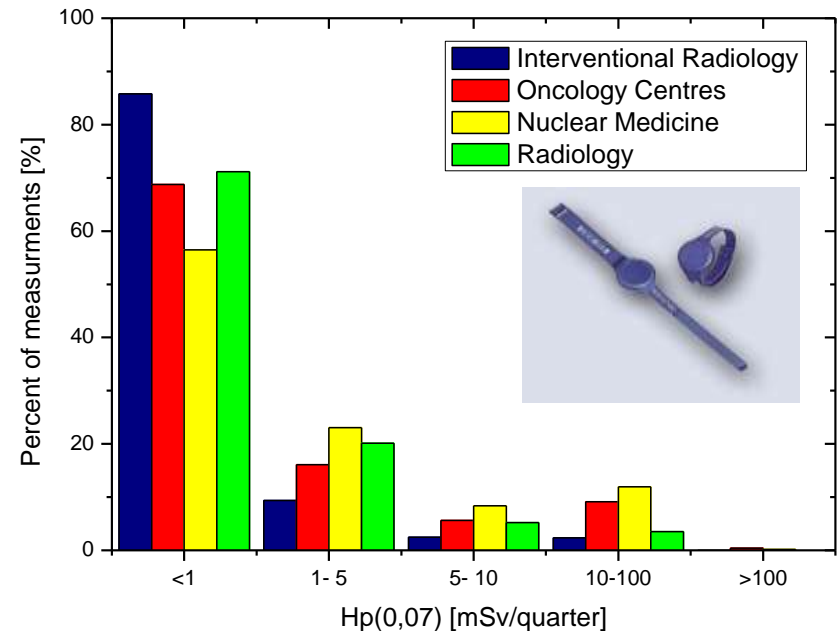
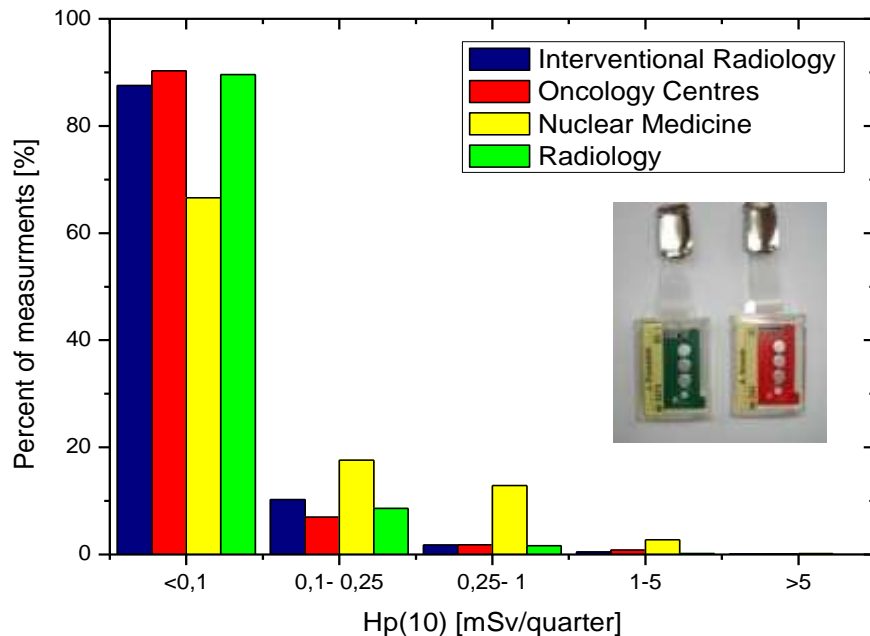


# Introduction



## Situation:

➤ 35-45% of individual doses in nuclear medicine exceed the natural radiation background (based on our experience);



Percentage of quarterly measurements of occupational doses for different kinds of medical staff as a function of  $H_p(10)$  (left) and as a function of  $H_p(0.07)$  (right).

# Introduction



## Situation:

- 35-45 % of individual doses in the nuclear medicine exceed the natural radiation background (based on our experience);
- all types of exposure significant - Hp(10), Hp(3) and Hp(0.07);

## The aim of the work:

To investigate the relationship between Hp(10), Hp(3) and Hp(0.07) in the nuclear medicine using 3 types of different individual dosimeters with the TL detectors during normal procedures.



# Medical staff doses

The doses to medical staff were measured in terms of:

- Hp(10): the personal dose equivalent for whole body;
- Hp(3): the personal dose equivalent for eye lens;
- Hp(0.07): the personal dose equivalent for fingers.



MCP-N (LiF: Mg,Cu,P)  
thermoluminescence  
detectors:  
4.5 mm in diameter  
0.9 mm thickness

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- **Hp(10): the personal dose equivalent for whole body;**
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Standard RADOS OY dosimeter



dosimeters elements

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Eye lens dosimeter (prototype-developed by RADCARD in the frame ORAMED project)

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extremity ring

# Medical staff in department of scintigraphy



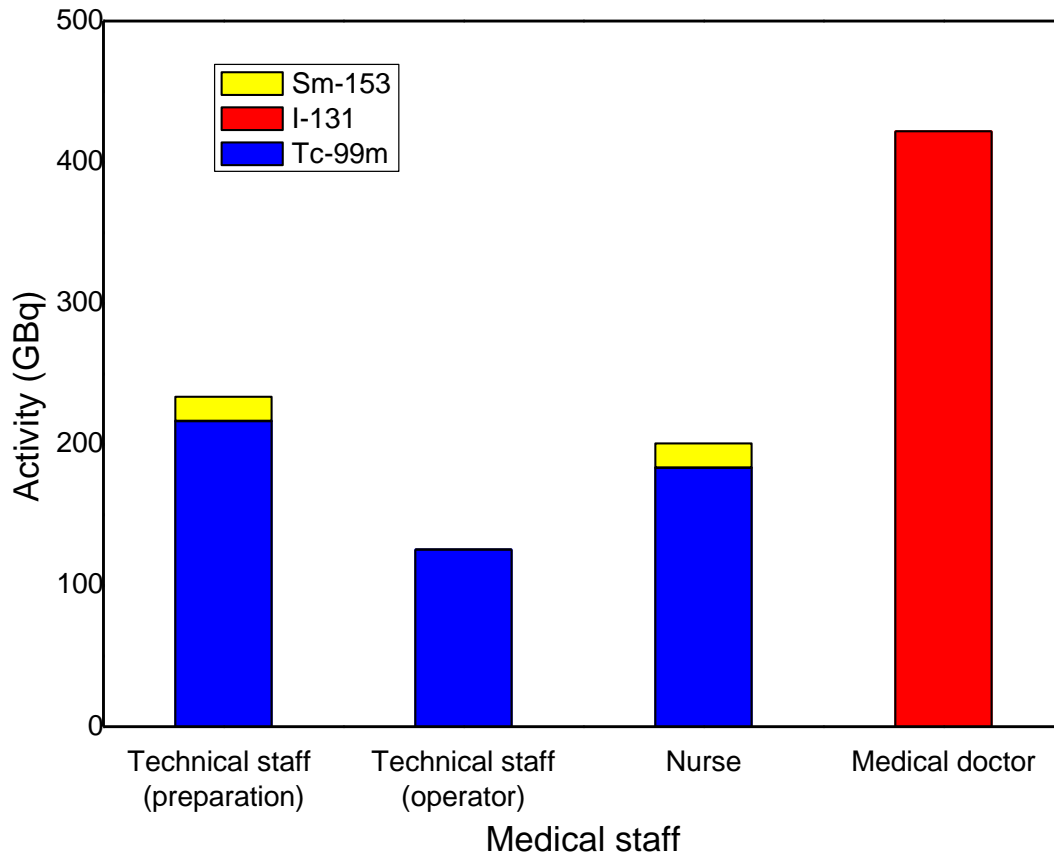
Medical staff	Isotope	Activity [GBq]
Technical staff (preparation)	Tc-99m	216.6 (619.2*)
	Sm-153	17.0
	I-131	0.2
Technical staff (operator)	Tc-99m	125.4
	I-131	0.15
Nurse (541 patients)	Tc-99m	183.6
	Sm-153	17.0
	I-131	0.15
Medical doctor (364 patients)	I-131	421.8



Activities of handling radioactive nuclides used for conventional diagnostic purposes during this studies.



# Medical staff in department of scintigraphy



Activities of handling radioactive nuclides used for conventional diagnostic purposes during this studies.

# Doses in department of scintigraphy

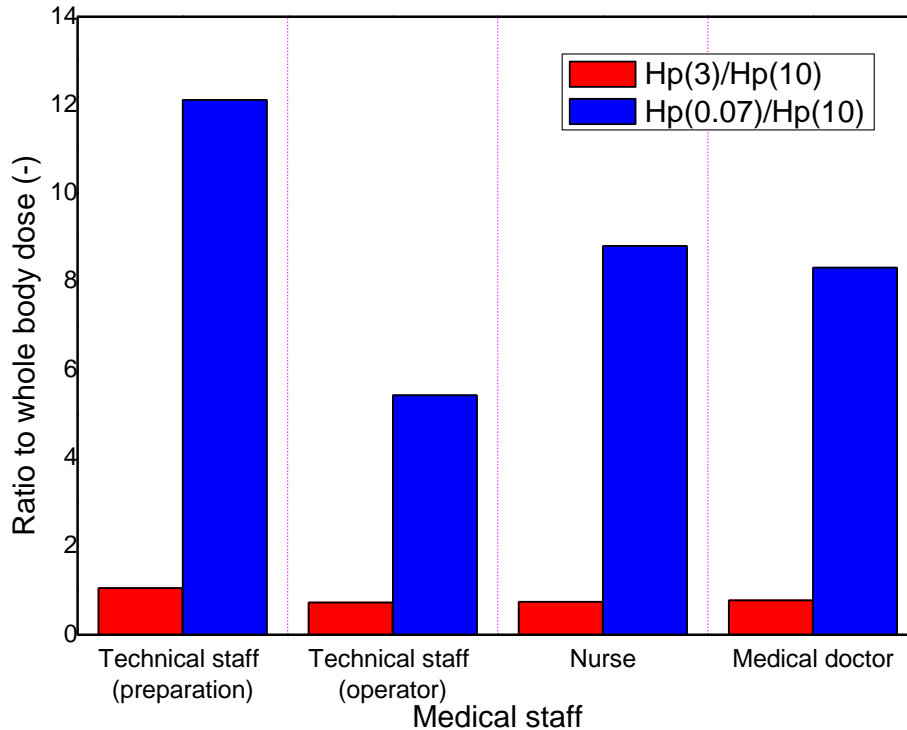


Medical staff	Hp(10) [ $\mu$ Sv/GBq]	Hp(3) [ $\mu$ Sv/GBq]	Hp(0.07) [ $\mu$ Sv/GBq]
Technical staff (preparation)	3.3	3.5	39,4
Technical staff (operator)	1.4	1,0	7,3
Nurse	3.4	2,5	29,8
Medical doctor	1.2	0,9	9,9



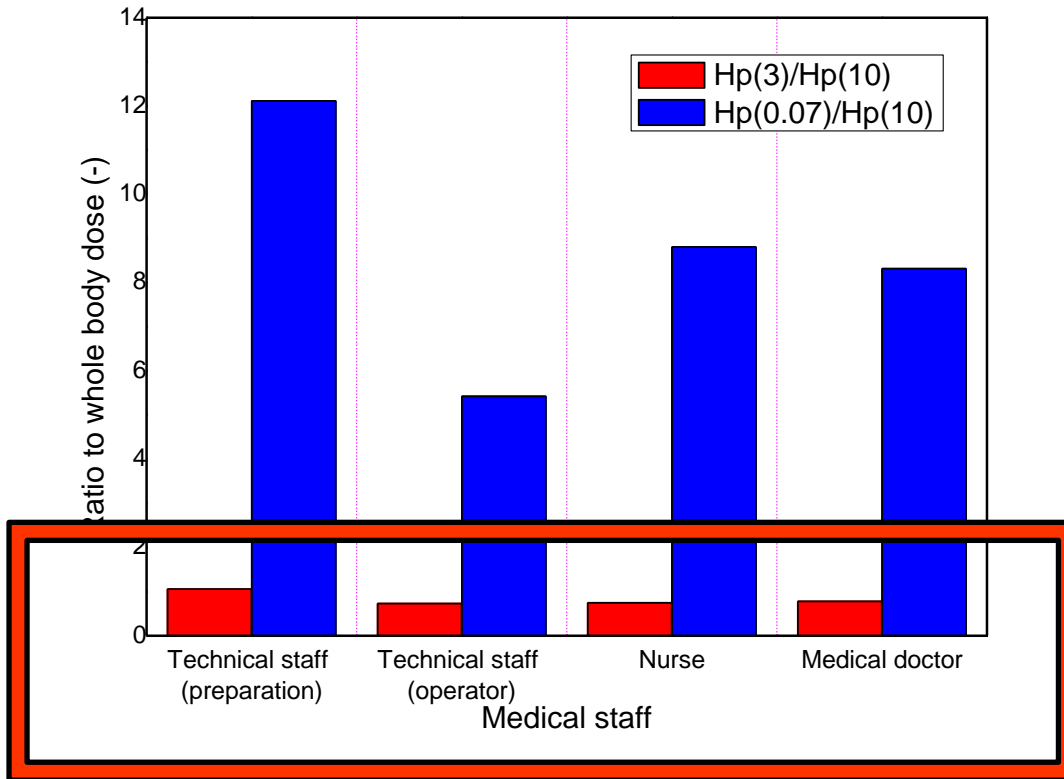
- Technical staff (preparation) and nurses received the highest doses;
- Hp(0.07) were higher than Hp(10) by a factor 5 to 12;
- Measurements Hp(3) were gave comparable results with Hp(10);

# Doses in department of scintigraphy



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- Hp(0.07) were higher than Hp(10) by a factor 5 to 12;
- **Measurements Hp(3) were gave comparable results with Hp(10);**

# Medical staff in PET-CT centres



Medical staff	Isotope	Procedures in PET-CT centre	
		A	B
Technical staff (preparation)	F-18	400 (343*)	209
Technical staff (operator)	F-18	390 (337*)	206
Nurse (administration)	F-18	364 (306*)	174



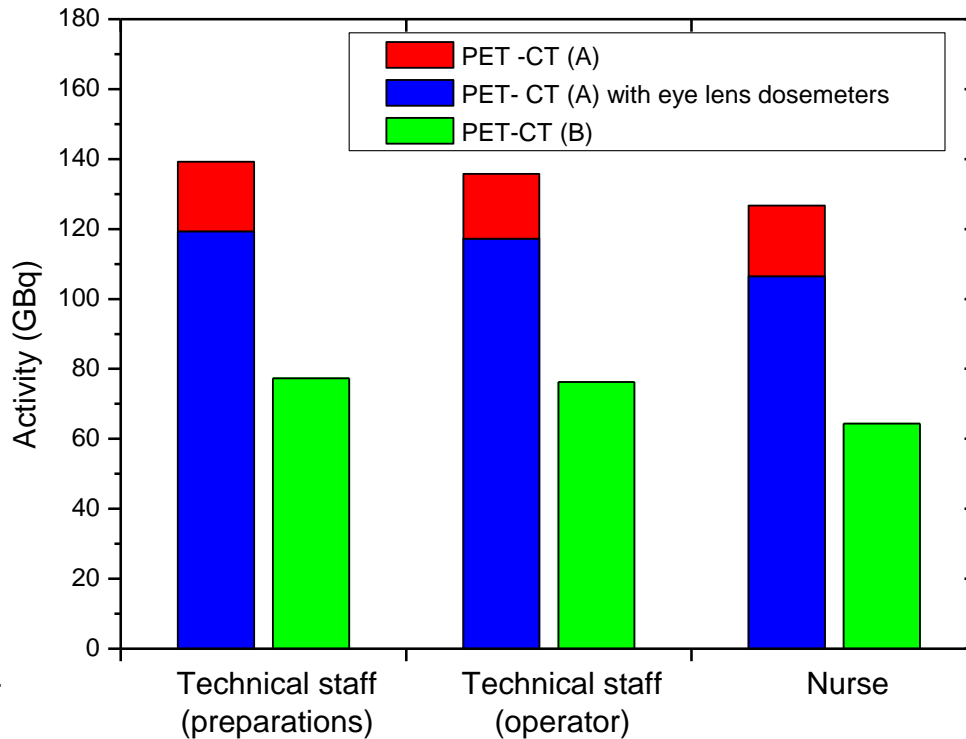
\* Number of procedures with eye lens doseimeters

Average activity F-18 per one procedure during this studies:

-in A PET-CT centre 0.348 GBq

-in B PET-CT centre 0.37 GBq

# Medical staff in PET-CT centres



To PET- CT centres were measured:

- Centre A : activity per one procedure: 0.348 GBq
- Centre B: activity per one procedure: 0.37 GBq

# Doses in PET- CT centres



Comparison between A and B PET-CT centres:

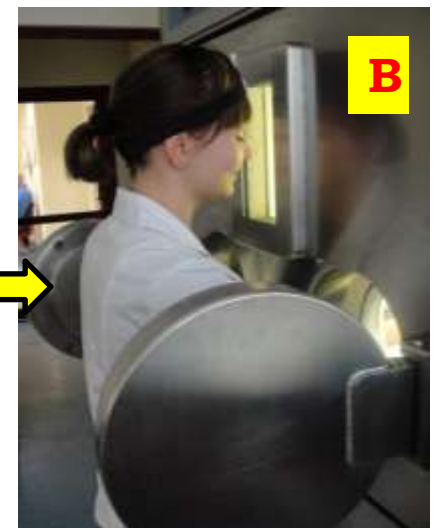
Medical staff	Hp(10) [μSv/GBq]		Hp(3) [μSv/GBq]		Hp(0.07) [μSv/GBq]	
	A	B	A	B	A	B
Technical staff (preparation)	1.2	13.0	1.2	3.0	-	407.5
Technical staff (operator)	1.5	6.4	1.1	6.1	2.0	27.5
Nurse	3.7	7.6	3.3	-	41.9	39.8

➤ **Doses in centre B >> A; Reasons:**  
**-lead apron was used only in centre A (Hp(10));**  
**-better expertise and procedures in centre A;**

➤ Ratio Hp(3)/Hp(10) higher in centre A than in centre B  
 Reason: wrong placement eye lens dosimeter;



All procedures with lead apron



No procedures with lead apron

# Doses in PET- CT centres



Comparison between  
A and B PET-CT centers:

- Doses in centre B >> A;
- Reasons:
  - lead apron was used only in centre A (Hp(10));
  - better expertise and procedures in centre A;

Medical staff	Hp(10) [μSv/GBq]		Hp(3) [μSv/GBq]		Hp(0.07) [μSv/GBq]	
	A	B	A	B	A	B
Technical staff (preparation)	1,2	13,0	1,2	3,0	-	407,5
Technical staff (operator)	1,5	6,4	1,1	6,1	2,0	27,5
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- **Ratio Hp(3)/Hp(10) higher in centre A than in centre B**
- Reason: wrong placement eye lens dosimeter;**





# Doses in PET- CT centres

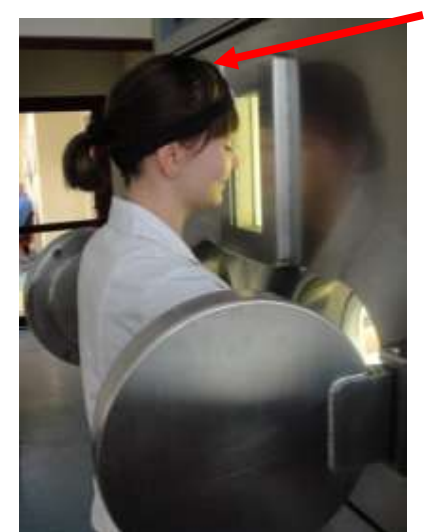


Comparison between  
A and B PET-CT centers:

- Doses in center B  $\gg$  A;  
Reasons:
  - lead apron was used only in center A (Hp(10));
  - better expertise and procedures in center A;

- **Ratio Hp(3)/Hp(10) higher in center A than in center B**  
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# Conclusions



- The occupational exposure of staff in nuclear medicine can vary significantly for different departments and workers.
- Good practise and the optimization procedures of tracking patients, allowing a shorter duration of the contact between the medical staff and the radionuclides.
- Placing of the eye lens dosemeter was significant.
- Extremity doses should be performed for occupational medical staff in nuclear medicine.

Question: Could we estimate Hp(3) in nuclear medicine from measurements of Hp(0.07) and Hp(10) exploiting knowledge of workplace field?

For annual limit 150 mSv/y – (probably) yes, but some training and practical radiation protection measures are still needed.

**Thank you for your attention!**