Evaluation of the absorbed dose in the lungs due to Xe^{133} and Tc^{99m} (MAA)

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Abstract: -The absorbed dose in lungs of an adult patient has been evaluated using the biokinetics of radiopharmaceuticals containing Xe¹³³ or Tc^{99m} (MAA). The absorbed dose was calculated using the MIRD formalism, and the Cristy-and-Eckerman lungs model. The absorbed dose in the lungs due to ¹³³Xe is 0.00104 mGy/MBq. Here, the absorbed dose due to remaining tissue, included in the ¹³³Xe biokinetics is not significant. The absorbed dose in the lungs, due Tc^{99m} (MAA), is 0.065 mGy/MBq. Approximately, 4.6% of the absorbed dose is due to organs like liver, kidneys, bladder, and the rest of tissues, included in the Tc^{99m}biokinetics. Here, the absorbed dose is very significant to be overlooked. The dose contribution is mainly due to photons emitted by the liver.

Keywords: - Lungs, MIRD dosimetry, Tc^{99m} (MAA), Xe^{133} .

I. INTRODUCTION

The estimated dose absorbed by the lungs from an adult, during uptake studies can be performed through the analysis of the biokinetics of radiopharmaceuticals used, containing Tc^{99m} (MAA) or el Xe¹³³.

II. MATERIALS ANDMÉTHODS

To estimate the dose absorbed by the lungs, due to contributions dosimetric the organs that are part of the biokinetics, were used formalism and representation MIRD Cristy-Eckerman to those tissues. Medical Internal Radiation Dosimetry considered equations [1]:

$$\frac{D_{photons}(lungs)}{A_{0}} = \sum_{i=1} \left[\sum_{k} \Delta_{k} \Phi_{k}(lungs \leftarrow i) \right] \tau_{i} \quad rad \mid \mu C_{i}$$

$$\frac{D_{particle}(lungs \leftarrow lungs)}{A_{0}} = \left[E_{particle} \frac{\tau_{lungs}}{m_{lungs}} + E_{particle} \frac{\tau_{TB}}{m_{TB}} \right] \times 2,13 \quad rad \mid \mu C_{i}$$

 $\tau_{TR} = total \ residence \ of \ the \ body$

 $m_{TR} = total\ body\ mass$

The absorbed fractions, Φ k (lungs \leftarrow i) g-1, of the "i" analized organs(lungs, liver,kidneys, bladder,remaining tissue forTc^{99m} (MAA); and lungs, remaining tissue, for Xe¹³³), for photon energies "k" of Tc^{99m} and Xe¹³³were obtained from ORNL/TM-8381/V7 [2]. Residence times of radiopharmaceuticals mentioned, in each organ biokinetics, given in tables 1 and 2, were obtained from thewebsite [3].

Table 1.Residence time (hours) for organs of the biokinetics of Tc^{99m} (MAA) [3]

Órgans RFM	Lungs	Liver	Kidneys	Bladder	Remaining tissue (excluding bladder)
Tc^{99m} (MAA)	4.890	1.04	0.018	0.217	7.6

Table 2. Residence time (hours) for organs of the biokineticsofXe¹³³("rebreath-ing" for 5 minutes) [3]

Órgans RFM RFM	Lungs	Remaining tissue
Xe ¹³³	0.013	0.533

 $\Delta_k = 2,13 \ n_k \ E_k \quad (\frac{rad - gm}{\mu Ci - hr})$, represents average energy of the "k" photons emitted in the decay of Tc^{99m} (MAA) and Xe¹³³, given in Table 3, were obtained from web page [4].

Table 3. Data nuclear emitted photons (MeV) of Tc^{99m} and Xe¹³³ most significant [4]

	Table 3. Data nuclear emitted	photons (MeV) of	Tc ^{***} and Xe ^{**} smc	ost significant [4]
		E_{k}	n _k /des	$\Delta_k = 2,13 n_k E_k$
RFM	Photons	(Me V)		$(\frac{rad - gm}{\mu Ci - hr})$
	Gammaradiation —	0,1405	0,8906	0,2665
	Gammaradiauon –	0,1426	0,0002	0,0001
Tc ^{99m}	Characteristicradiation	0,0183	0,021	0,0008
		0,0184	0,040	0,0016
		0,0206	0,012	0,0005
Xe ¹³³ _	- Gammaradiation	0.1606	0.0007	0.0002
		0.0796	0.0027	0.0004
	_	0.0810	0.3800	0.0656
	Characteristicradiación	0.0306	0.1410	0.0092
		0.0310	0.2620	0.0173
		0.0350	0.0940	0.0070

 $^{^{}E}$ particle (MeV/des.), represents the average energy of particles emitted by the $\mathrm{Tc}^{99\mathrm{m}}$ (MAA) and Xe^{133} , this is, represents the electron appearing in the decay processes for capturing and Auger electrons, are given in Table 4 and were obtained from web page [4].

Table 4. Nuclear data for emitted particles (MeV) of Tc^{99m} and Xe¹³³ most significant [4]

RFM	Partícles	E _k (MeV)	n _k /des	n _k E _k (MeV / des)	$E_{particle} = \sum_{k} n_k E_k$ (MeV / des)
		0,1195	0,088	0,01052	
		0,1216	0,0055	0,00067	
	Conversiónelectróns -	0,1375	0,0107	0,0015	
	Conversionelectrons -	0,1396	0,0017	0,00024	0,01439
00		0,140	0,0019	0,00026	0,01.69
Tc ^{99m}		0,0016	0,746	0,0012	
	Augerelectrons	0,0022	0,102	0,00022	0,00054
	-	0,0155	0,0207	0,00032	
	Beta -	0.0750	0.0081	0.00061	0.1001
		0.1005	0.9900	0.09949	0.1001
		0.0436	0.0041	0.00018	
		0.0450	0.5510	0.02479	
Xe^{133}	Conversiónelectrons	0.0753	0.0820	0.00617	0.03284
	_	0.0798	0.0169	0.00135	
		0.0808	0.0044	0.00035	
	Augerelectrons -	0.0035	0.5100	0.00178	0.00326
	Augerelections	0.0255	0.0582	0.00148	0.00320

Mass values the lungs and remaining tissue of the biokinetics, were obtained from ORNL/TM-8381 /V1 [5].

Table 5.Mass values (g) to lungs and remaining tissues of adults, in the representation representation Cristy - Eckerman[5]

Mass (grams)	ADULT
Lungs	1000
Remaining tissue (TB)	73700

Using the methodology MIRD and representation of Cristy-Eckerman for the lungs of adults patients , the study is to demonstrate whether the dosimetric contributions of the organs that are part of the biokinetics (excluding lungs) of Tc^{99m} (MAA), and Xe^{133} , are significant in the estimated absorbed dose.

 $\begin{tabular}{ll} \textbf{III.} & \textbf{RESULTS} \\ \textbf{Table 6. Absorbed dose in adult lungs, due to } & Tc^{99m} \, (MAA) \, and Xe^{133}, \, in \, the \, \, representation \, of \, \\ & Cristy-Eckerman \, and \, formalism \, MIRD \, (mGy/MBq) \\ \end{tabular}$

RFM	Emissions	$D(lung \leftarrow lung)/A_0$	$D(lung \leftarrow i)/A_0^*$	Sub-total	Total (mGy/MBq)
	Gammaradiation	0.0179 (27.5%)	0.003	0.023 (35.4%)	0.065
Tc ^{99m} (MAA)	CharacteristicRadiati on	0.0021 (3.2%)	(4.6%)		
, ,	Conversionelectrons	0.0405 (62.3%)		0.042	
	Augerelectrons	0.0015 (2.3%)	=	(64.6%)	
	Gammaradiation	0.00002 (1.9%)		0.00005	
Xe ¹³³	CharacteristicRadiati on	0.00003 (2.8%)	<0.01%	(4.7%)	0.00106

(rebreath	Beta Radiation Conversionelectrons	0.00075 (70.8%) 0.00024 (22.6%)			
ingfor 5	Augerelectrons	0.00002 (1.00/)	-	0.00101 (95.3%)	
minutes)		0.00002 (1.9%)			

(*) i = all source except the lungs

IV. DISCUSSION

The results in Table 6 show:

- (1) Absorbed dose to the lungs of an adult, due to emissions of Tc^{99m} (MAA): 0.065 mGy / MBq: 95.3% are self-dose (62.3% to electron conversion, 2.3% to Auger electrons, 27.5 % due to gamma photons, and 3.2% to radiation characteristics); and the remaining 4.6%, corresponding to the organs that are part of the biokinetics of Tc99m (MAA): Liver, kidney, bladder and remaining tissue. This dosimetric contribution is significant value to be ignored
- (2) Absorbed dose to the lungs of an adult, due to emissions of Xe¹³³ (rebreathing for 5 min): 0,0106mGy / MBq: 99.9% corresponds to the self- doses (70.8 % to beta emissions; 22.6 % to conversion electrons; 1.9% to Auger electrons; 1.9 % due to gamma photons,and2.8 % to radiation characteristics). Dosimetric contribution remaining tissue, corresponding to the organs that is part of the biokinetics of Xe133 is negligible.

The results obtained absorbed dose to the lungs of an adult, are consistent with those published in PEDOSE [6]. Depending on the type of radiopharmaceutical and its biokinetics, shall the significance of their contributions in the estimated dose absorbed by the lungs [7, 8].

V. CONCLUSSION

Using the methodology MIRD ,and representation of Cristy-Eckerman in lungs of adults , it demonstrated that , the dosimetric contributions organs that are part of the biokinetics (excluding lungs) of Xe^{133} are not significant in the estimated dose. The total dose absorbed by the lungs is self-dose. While dosimetric contributions Tc^{99m} (MAA), excluding the lungs, is significant in the estimated absorbed to be ignored.

REFERENCES

- [1]. ASOCIACION ARGENTINA DE BIOLOGÍA Y MEDICINA NUCLEAR. (2013). Dosis de radiación recibida por los pacientes tras la administración de radiofármacos. [Disponible en: aabymn.org.ar/archivos/dosisradiacion.pdf]
- [2]. CRISTY M. y ECKERMAN K. (1987a) Specific absorbed fractions of energy at various ages from internal photons Sources, Oak Ridge, TN: ORNL/TM-8381 /V7
- [3]. HEALTH PHYSICS SOCIETY. (2013a) Kinetic Models Used as the Basic for the Dose Estimates, <www.doseinfo-radar.com/NMdoses.xls>
- [4]. HEALTH PHYSICS SOCIETY. (2013b) Kinetic Models Used as the Basic for the Dose Estimates, http://hps.org/publicinformation/radardecaydata.cfm
- [5]. CRISTY M. y ECKERMAN K. (1987b) Specific absorbed fractions of energy at various ages from internal photons Sources. Methods, Oak Ridge, TN: ORNL/TM-8381 / V1
- [6]. RADIATION INTERNAL DOSE INFORMATION CENTER .(2014) Radiation Dose Estimates to Adults and Children from Various Radiopharmaceuticals. [Disponible en:orise.orau.gov/files/reacts/pedose.pdf]
- [7]. VÁSQUEZ, AM.; DIAZ E.E; CASTILLO C. E. (2015) Evaluación de la dosis absorbida durante estudios de la función renal debido al I-123 / I-131 (Hippuran) e In-111 (DPTA), Braz. J. Rad. Sci.
- [8]. VÁSQUEZ, AM.; CASTILLO, DC.; VASQUEZ, DJ.; ROCHA MD.; GARCIA, RW. (2015) .Dosimetric evaluation due to radiation in thyroid issued by the Tc-99m and I-131; Int. Res. J. Eng. Sci. Technol. Innov; Vol.4,No.1.

P.D.:Admitted to the XV International Symposium on Solid State Dosimetry ISSSD 2015, Mexico