

There are 37 known isotopes of iodine. The isotopes of iodine have atomic masses (A=Z+N) from 108 to 144. All have Z=53!

All are unstable against radioactive decay except ¹²⁷I.

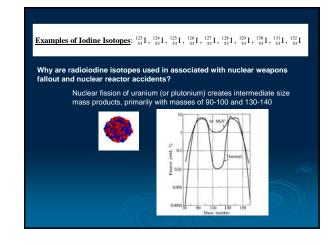
Examples of Iodine Isotopes: ¹²³₅₃I, ¹²⁴₅₃I, ¹²⁵₅₃I, ¹²⁶₅₃I, ¹²⁸₅₃I, ¹²⁸₅₃I, ¹²⁹₅₃I, ¹³⁰₅₃I, ¹³³₅₃I

Why are radioiodine isotopes used in thyroid-related diagnostic and therapeutic procedures?

Iodine is one of the few nuclides that can target a specific organ by virtue of natural physiologic processes.

Examples of Iodine Isotopes: ${}^{123}_{53}I$, ${}^{124}_{53}I$, ${}^{125}_{53}I$, ${}^{127}_{53}I$, ${}^{128}_{53}I$, ${}^{128}_{53}I$, ${}^{130}_{53}I$, ${}^{131}_{53}I$, ${}^{131}_{53}I$, ${}^{132}_{53}I$ Which iodine isotopes are typically used? Iodine-123 ($t_{1/2}$ = 2.3 hr): Used in diagnosis of thyroid function. Iodine-125 ($t_{1/2}$ = 60 d): Used in cancer brachytherapy (prostate and brain), also diagnostically to evaluate the filtration rate of kidneys and to diagnose deep vein thrombosis in the leg; also used in radioimmuno-assays to show the presence of hormones in tiny quantities.

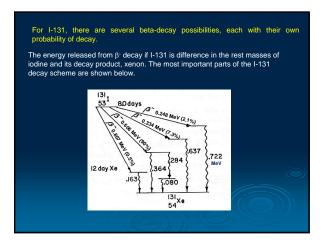
Iodine-131 ($t_{1/2}$ = 8 d): Widely used in treating thyroid cancer and hyperthyroidism; also in diagnosis of abnormal liver function, renal (kidney) blood flow and urinary tract obstruction.

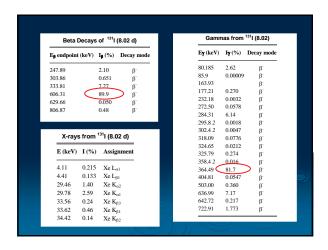


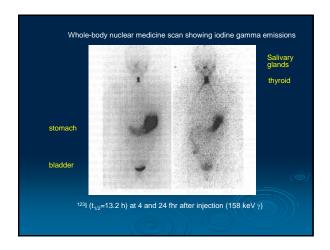
Most all of the iodine isotopes (except for a few meta-stable states) decay by positive or negative beta decay.

Reminder about negative beta decay: the decay of a neutron into a proton which remains in the nucleus, and an electron, which is emitted as a beta particle

Negative beta decay







The general equation (shown yesterday) to determine the thyroid absorbed dose following an intake of ¹³¹ l is: $D = \int\limits_0^\infty \frac{A \ f_1 \ f_2 \ R(t)}{M_T(a)} \big[\ \sum_{i=1}^n Y_i \ E_i \ AF_i(T \leftarrow S, a) \big] dt$

Some typical assumptions that affect the estimated dose:

1) The kinetic energy of beta particles and photons <10 keV are fully absorbed in the target organ.

2) The fractional uptake by the gland is 25-30%, from age 3 mos. and afterwards.

3) Everyone has a normal inventory of stable iodine (127) in their thyroid which is about 10 mg for the adult.

4) In countries where stable iodine intake is low, a physiologically-based increase in thyroid mass usually occurs (sometimes resulting in goiters).

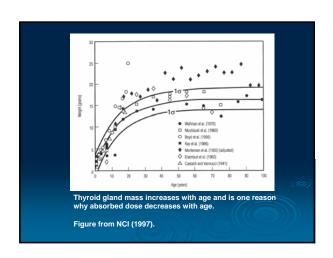
5) If stable iodine inventory is low, additional uptake of radioiodine may take place but is generally compensated by the increase in mass.

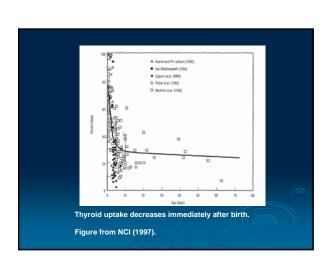
5) The retention of iodine in the thyroid gland follows a 2-component exponential loss. The "apparent" retention half-time in adults is assumed to be 80 days, and 15, 20, 30, 70 days for 3 months, 1 yr, 5 yr, 10yr old children, respectively.

6) Thyroid mass is predictable (though uncertain on an individual level) based on age alone.

7) Absorbed dose within the thyroid gland is moderately uniform.

8) Doses received by other organs from radioiodine are small compared to the thyroid.





In the dose equation, only R(t) has any time-dependence within the short half-life of 8 days. The age dependence arises from the AF,(T←S,a) and M₁(a).

Absorbed Dose (Gy) Received per Bq of ¹³³¹ Ingested for Selected Organs (ICRP 1989)

ORGAN 3 mos 1 Year 5 Year 10 Year 15 Year Adult

Bladder wall 3.70E-10 2.40E-10 1.30E-10 7.30E-11 4.50E-11 3.80E-11

Breast 5.60E-10 4.10E-10 2.30E-10 1.50E-10 7.30E-11 5.80E-11 3.80E-11

Stomach wall 3.40E-09 2.00E-09 9.80E-10 5.6E-10 3.80E-10 3.00E-10

Liver 4.60E-10 3.20E-10 1.70E-10 9.8E-11 5.90E-11 4.70E-11

Ovaries 3.30E-10 2.70E-10 1.40E-10 7.80E-11 4.70E-11 4.00E-11

Testes 3.40E-10 2.30E-10 1.10E-10 6.60E-11 4.00E-11 3.40E-11

Thymus 2.30E-09 1.70E-09 8.80E-10 4.70E-10 2.30E-10 1.50E-10

Inyroid 3.70E-06 3.60E-06 2.10E-06 1.10E-06 6.90E-07 4.40E-07

Note: The <u>true</u> thyroid absorbed dose received an individual is not only a function of the administered activity, but also a function of:

Individual biokinetics (function of health status), and
Amount of stable iodine in the diet.

What are typical therapeutic dosages of I-131 and typical absorbed doses?

Treatment of hyperthyroidism:
 Dosages of 200 to 500 MBq
 Target absorbed doses of ~70 Gy

Destruction of tumor remnants after incomplete tumor surgery:
 Dosages of 1 to 10 GBq (109 Bq)
 Target absorbed doses of >400 Gy

