

# Radiation Epidemiology Course

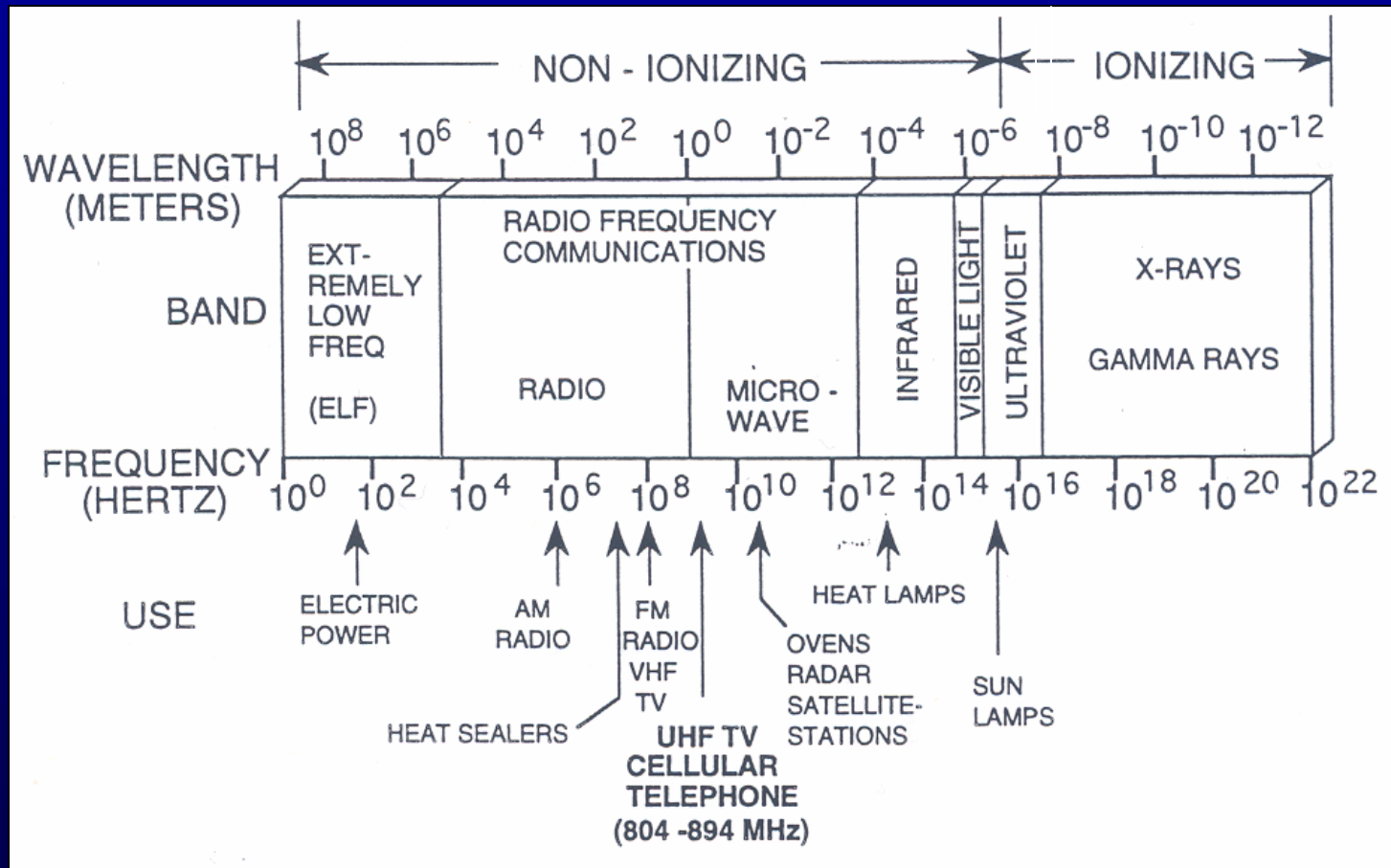
Radiation Epidemiology Branch  
Division of Cancer Epidemiology & Genetics  
National Cancer Institute  
National Institutes of Health  
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## Introduction and Overview

Peter Inskip

# Electromagnetic Spectrum



From: Rothman *et al.*; *Epidemiology* 1996;7:291

# Types of Ionizing Radiation

- **Electromagnetic**
  - X-rays and gamma-rays
  - Identical as to type but differ as to source
- **Particulate**
  - Alpha-particles
  - Beta-particles
  - Neutrons
  - Protons

# Linear Energy Transfer (LET)

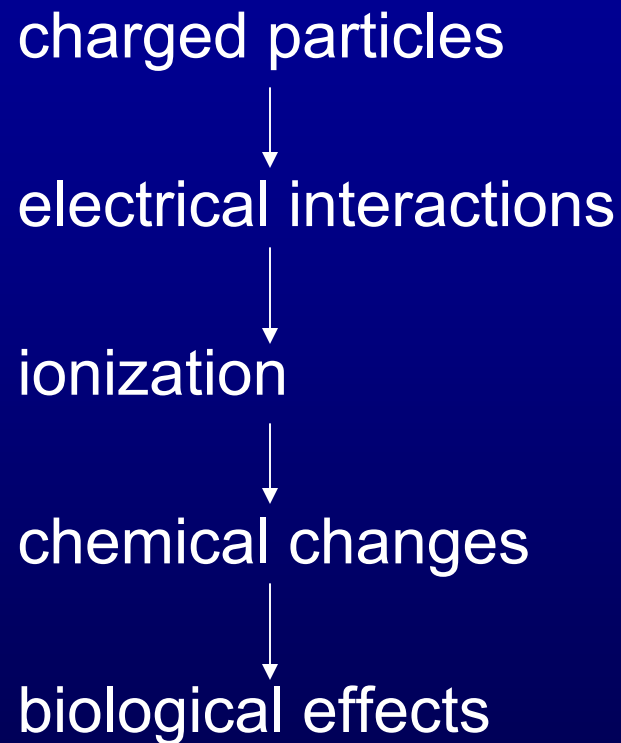
- Density of ionizations along path of radiation
- Only physical difference among radiation types that influences biological damage produced

# Penetration, By Radiation Type

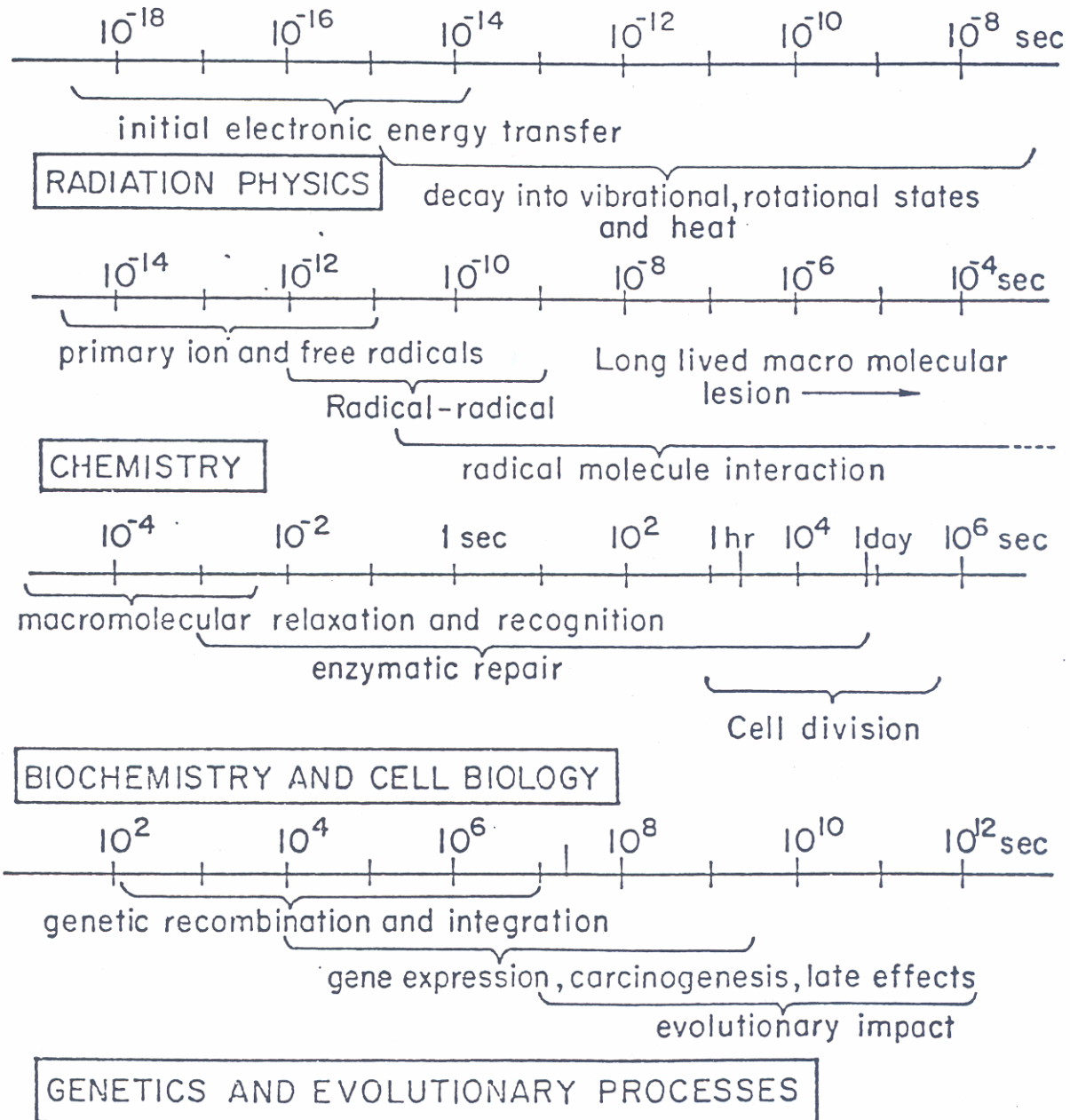
## Radiation

Type	Penetration	Extent of Exposure
Alpha ( $\alpha$ )	0.05 mm	confined to specific cells in organ
Beta ( $\beta$ )	1-2 cm	confined to particular tissue
Gamma ( $\gamma$ )	10-20 cm	less localized, potentially whole-body

# Interaction of Ionizing Radiation with Tissue



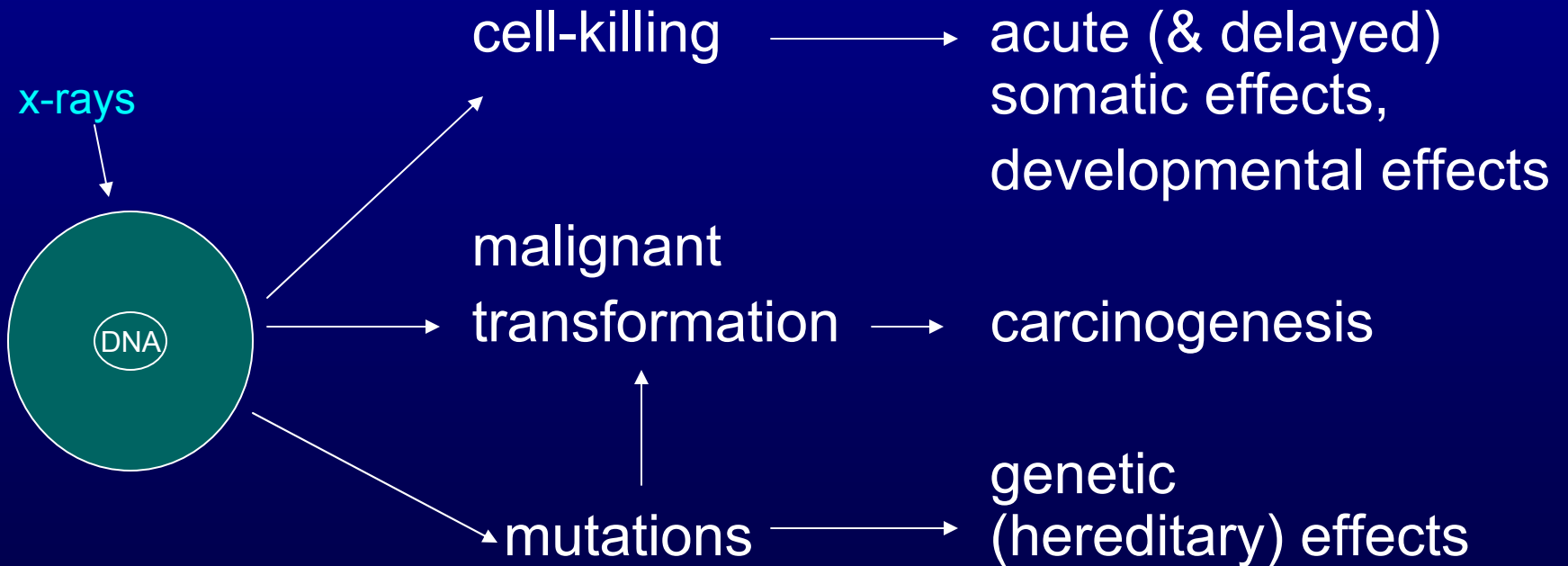
# TIME SEQUENCE OF RADIOBIOLOGICAL EVENTS



# Biological Effects of Ionizing Radiation

Cellular  
Effects

Organismal  
Effects





# “Stochastic” and “Non-Stochastic” Effects

**Stochastic:** *random* events leading to effects; probability of effect, but not its severity, depends on dose

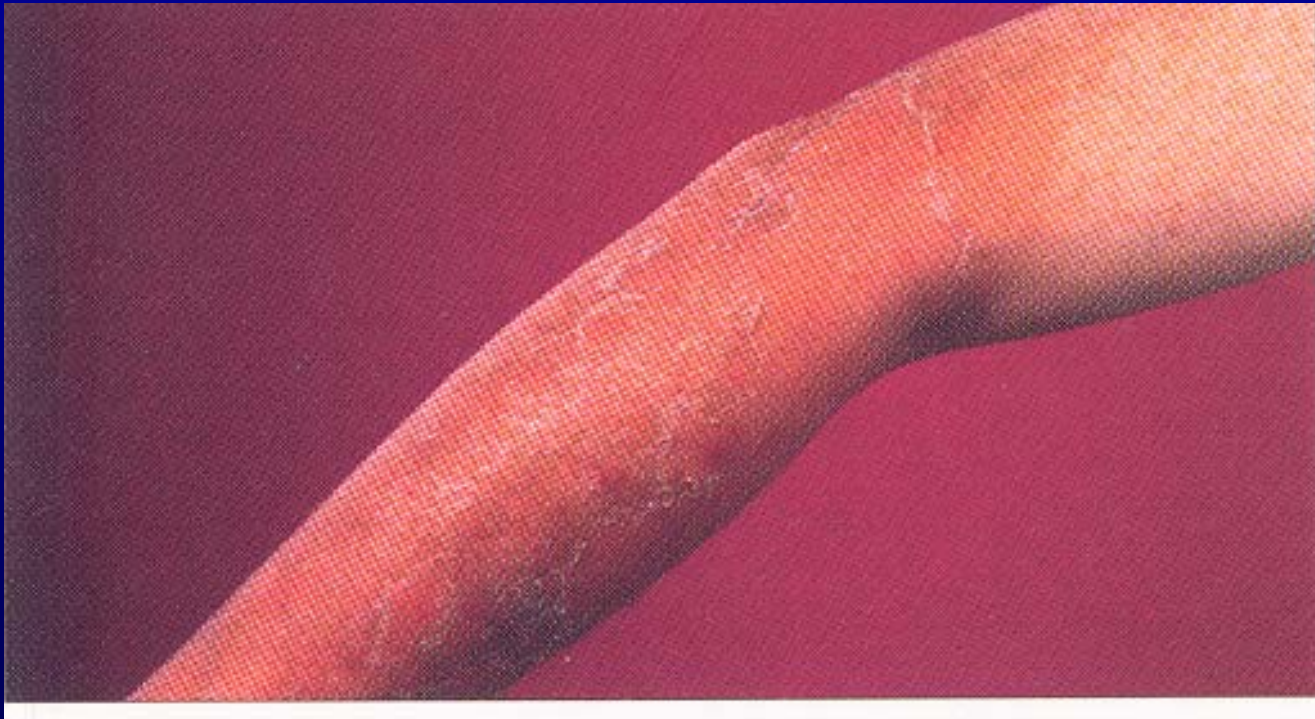
e.g., cancer, genetic effects

**Non-stochastic:** severity of effect varies with dose, and threshold may exist

e.g., cataract, loss of hair or skin reddening, bone marrow depletion, impaired fertility

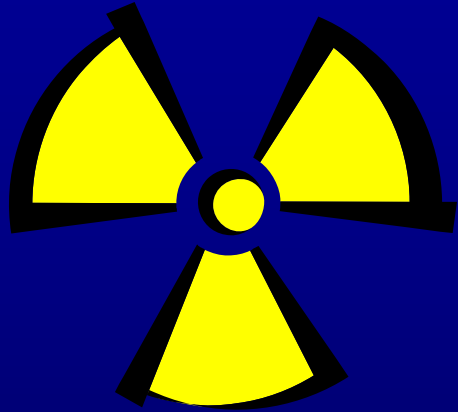
# Erythema

(example of non-stochastic effect)

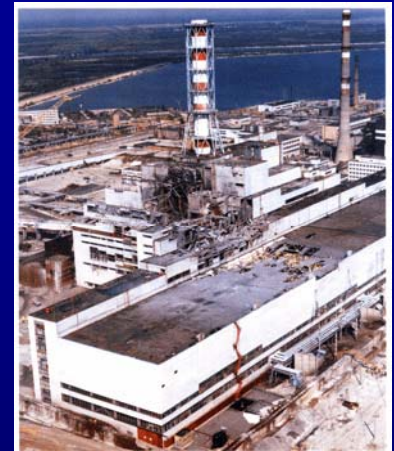


From: National Radiological Protection Board. 1998. *Living with radiation*

# Sources of Radiation Exposure

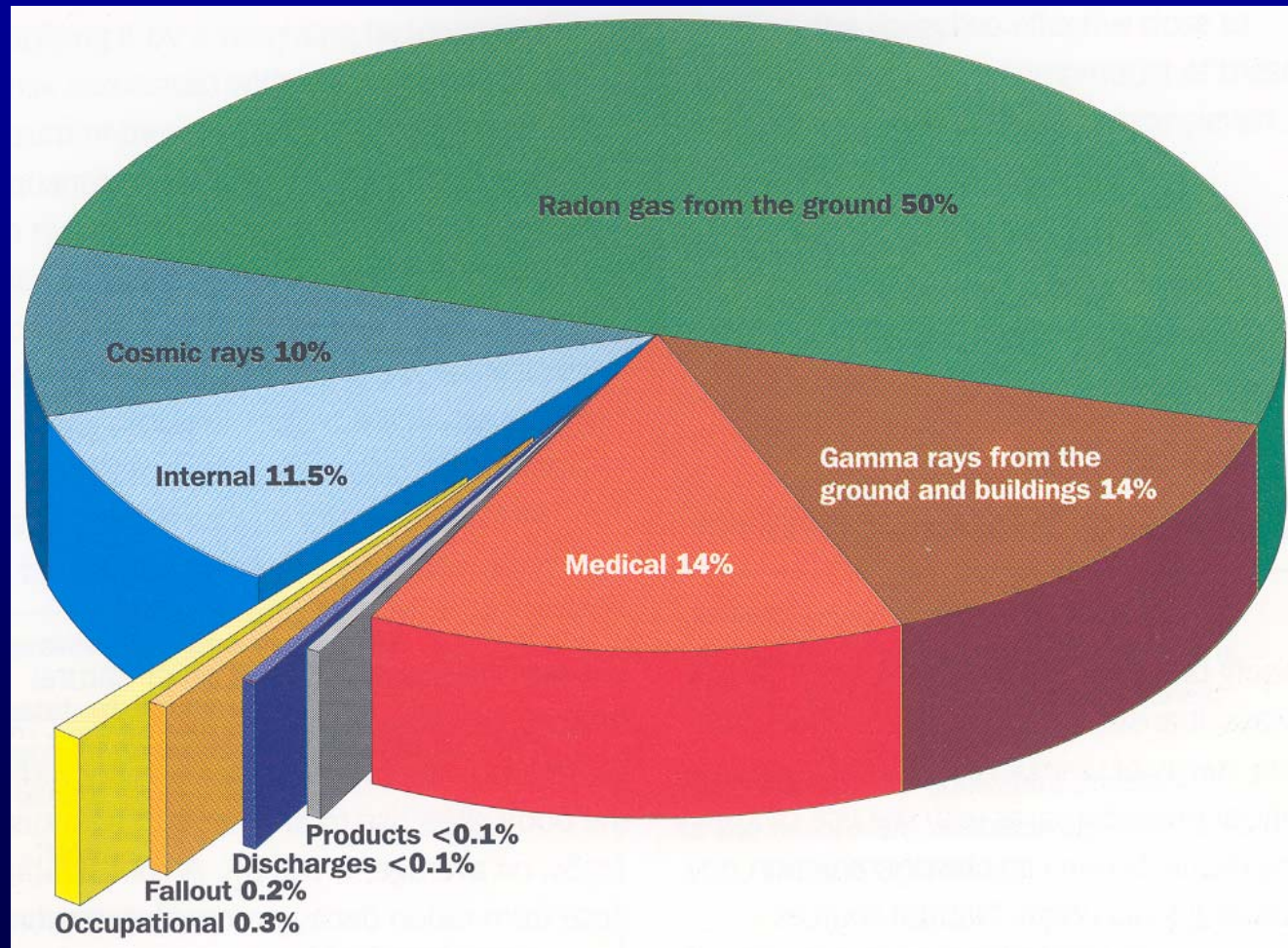


Medical  
Environmental  
Occupation  
Military





# Sources of Radiation Exposure



From: National Radiological Protection Board. 1998. *Living with radiation*

# General Research Aims

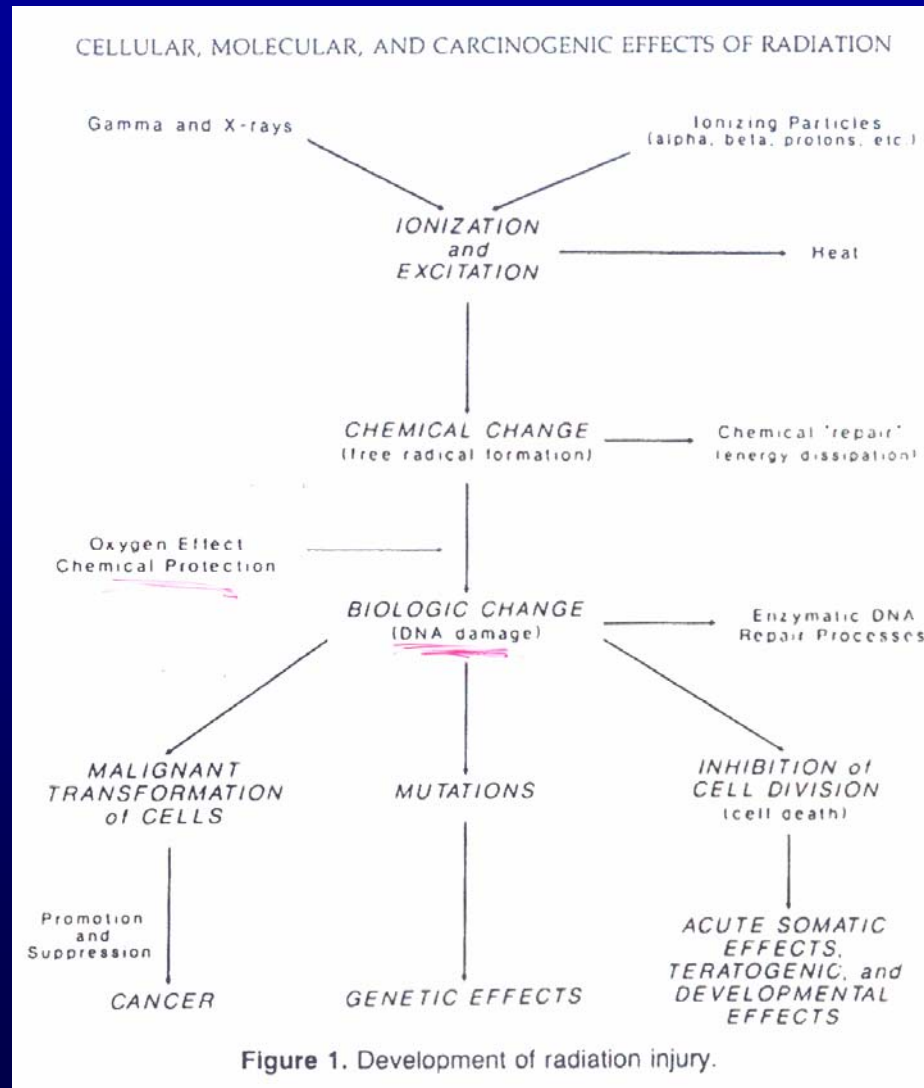
- Dose-response
  - Quantitative estimates of risk
  - Risk at low doses & dose rates
- Influence of radiation type
- Expression of excess risk over time
  - Relation to background incidence
- Transport of risk estimates between populations
- Dependence on host characteristics
- Joint effects of radiation and other exposures
- Insights into mechanisms



# Stages in Radiation Interaction With Biologic Systems

- **Physical stage** ( $10^{-14}$  seconds)
- **Chemical stage** ( $10^{-7}$  to  $10^{-4}$  seconds)
- **Biological stage** (seconds/lifetimes/generations)
  - Biochemical/cellular (seconds to hours)
  - Physiologic (hours to years)
  - Genetic & evolutionary (years to decades+)

# Development of Radiation Injury





# Exposure Parameters Influencing Biological Events

- Dose
- Linear energy transfer (LET)
- Anatomic distribution of dose
  - Whole-body (e.g., atomic bomb explosions)
  - Partial-body (e.g., radiotherapy)
- Dose-rate
  - Instantaneous vs. protracted or fractionated exposures

# Energy Deposition Relative to Lethal Radiation Dose

- Proportion of ionized molecules in cell at lethal radiation doses is very small  
→ affected macromolecules must be very important
- DNA as a likely essential target

# Applications of Radiation Epidemiology

- Inform radiation protection policy
- Risk assessment
- Legal proceedings
- Insights into radiobiology & cancer biology

# Future Issues in Radiation Epidemiology

- New medical exposures
- Possible application to radiological terrorism
- Interactions with host factors and environmental exposures
  - e.g. radiation & smoking
  - genetic susceptibility
- Insights to cancer mechanisms

# Sources of Human Exposure to Ionizing Radiation

- Natural background radiation
- Man-made sources
  - Medical
  - Occupational
  - Military
  - Environmental

# Natural Background Radiation

- Cosmic radiation
  - Primarily neutrons and  $\gamma$ -radiation
  - Exposure varies with altitude
- External  $\gamma$ -radiation
  - Naturally-occurring isotopes of uranium series
  - Depends on local geology & type of building material
- Internal emitters
  - Radon gas

# Medical Radiation Exposures

- Diagnostic x-rays
  - High frequency of population exposure, but cancer risks likely small
- Radiation therapy
  - Opportunities for good radiation dosimetry
  - Interactions
- Nuclear medicine

# Computed Tomography (CT) Scan



From: National Radiological Protection Board. 1998. *Living with radiation*



# Occupational Radiation Exposures

- Nuclear industry
- Medical radiation workers
  - radiologists, x-ray technologists
- Increased exposure to background radiation for some occupations
  - e.g., miners, airline pilots & attendants
- Radium dial painters (historical)

# Military & Environmental Exposures

- Atomic bomb explosions in Japan
  - Single most important source of information on radiation effects
- Fallout from weapons tests
  - Estimate your thyroid dose & thyroid cancer risk (<http://ntsi131.nci.nih.gov>) from U.S. tests
- Nuclear reactor accidents
  - e.g., Chernobyl

# Internal Radiation Exposures

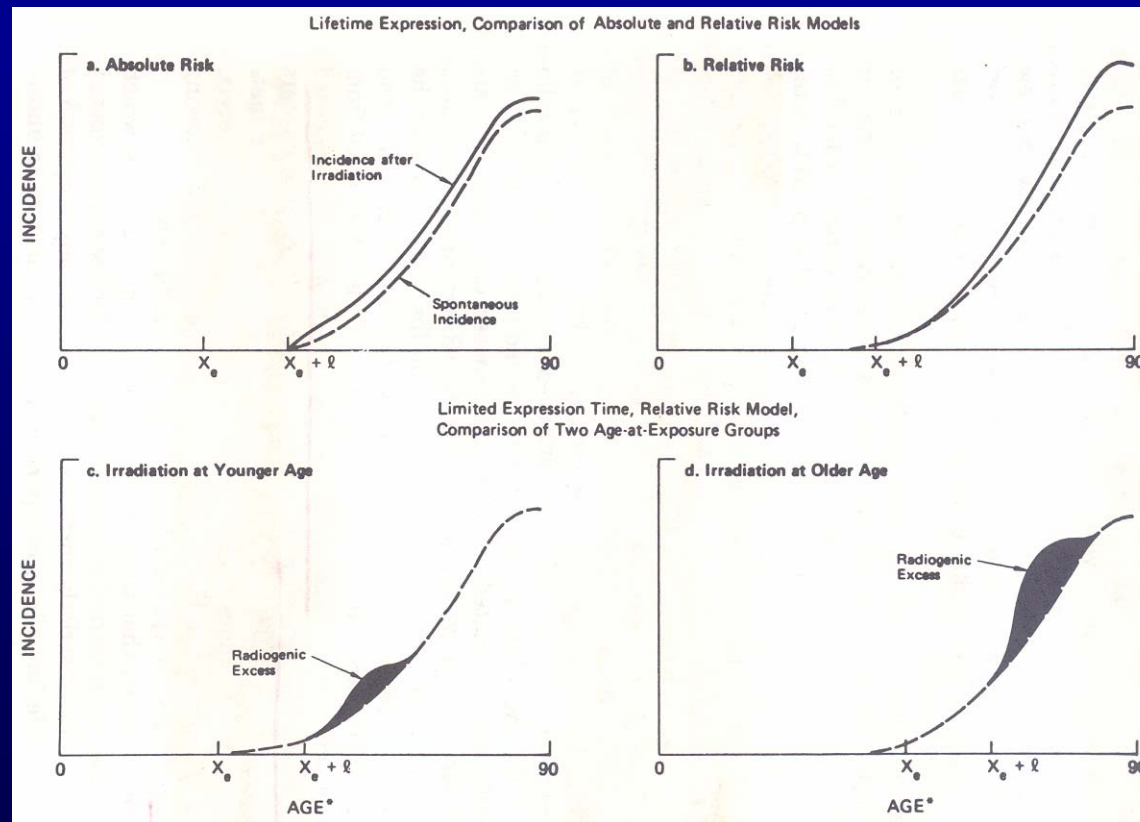
- Organ- or tissue-specific concentration of radionuclides
  - e.g., radioiodines in thyroid gland
- Biological effect depends on dose to critical (target) cells within a specific tissue
- Contrast with external exposure, for which dose to tissue is more uniform

# Average Annual Dose (all sources)

0.15 to 0.20 rem      = 0.0015 to 0.0020 Sv  
                                 = 1.5 to 2.0 mSv

Over 80-year lifetime: 120 to 160 mSv  
                                 (12 to 16 rem)

# Possible Relations of Radiogenic Excess Cancer to Background



From: Boice et al. (1985), after BEIR (1980)

# Characteristics of Ionizing Radiation

- Energetic
  - Sufficient to eject electron → ionization
- Penetrating
  - ... to a varying extent, depending on radiation type and energy (less so for  $\alpha$ -particles)
    - Unaffected by cellular boundaries; all parts of cell equally vulnerable
- Energy deposition occurs randomly in tissue
- Capable of causing most types of cancer, and variety of other effects, immediate & delayed

# Characteristics of UV Radiation

- Non-penetrating
- Insufficient energy per quantum (photon) to cause ionization (except for very short  $\lambda$ )
- Chemical change may result from molecular *excitations*
- Known skin carcinogen
- Also: erythema, cataracts, eye injury, possible effects on immune system

# Long-wavelength Radiations (e.g., Microwaves, ELF)

- Penetrate tissue (extent inversely-associated with frequency)
- Biological effects primarily due to heating and induced fields and currents
- Direct genotoxic effects unlikely
- No clear evidence of carcinogenicity



# Radiation vs. Chemical Carcinogens

- Radiation is more easily measurable & “dose” has precise meaning
  - Have much more quantitative information for radiation than for chemical carcinogens
- Mechanisms of cancer induction by radiation & some chemical carcinogens may be similar
- Radiation as a model for action of chemical carcinogens and mutagens at level of DNA?
  - e.g., free radicals

# Radiation Chemistry

- Cells > 80% water → > 80% of energy will be deposited in water
- Radiation chemistry of water is important
- Radiation + water → free radicals
- Enhanced by presence of O<sub>2</sub>