

Original Research Article

Design of a Novel Shield of Nuclear Medicine with New Alloy

Abstract

Background: protecting patients and healthcare workers from harmful ionizing radiation, has been an important concern. Due to high efficacy, for many years lead has been used as the best choice for this purpose. Lead has been always considered as a traditional choice to protect both workers and patients from any unnecessary exposure to ionizing radiation. Recently there has been a great deal of concern expressed about the toxicity of lead. The aim of this study was to design a novel shield of nuclear medicine with different alloy as a desire replacement for traditional lead base protectors.

Methods: A combination of Cadmium, Bismuth, Lead (only 15%) and Copper ~~was~~ were selected by

studying of metals and calculation of the amount of protection to reduce the dose and ~~calculation~~ of dose reduction and metals' HVL by Monte Carlo N-Particle Transport Code (MCNP4C) modeling.

Results: The results of the tests were evaluated and determined that the designed shield reduces considerably the received dose by a thousand times.

Conclusion: This novel shield with a much less lead produced in this study is considerably safer and offer effective protection in diagnostic energy ranges and may replace the traditional lead-based protectors.

Key Words: Ionizing Radiation, Lead-Base Protectors, Cadmium, Bismuth.

Introduction

Exposure limits in recent years have changed by learning more about the biological effects of ionizing radiation and alterations in social attitude which advised to limit radiation exposure. The concept of tolerable dose was considered in the 1930s; the dose that radiation worker could be continuously exposed to without showing acute lethal effects such as skin erythema. In the early 1950s, the emphasis was on long-term effects. Maximum radiation from allowable dose was defined in order to probability of damage becomes very low and is acceptable on average for a person(1).

Comment [VU1]: Re-phrase

33 As usage of radioactive materials spread, providing a portable effective shield for protection of
34 operating personnel became vital. Gamma radiation is emitted in all directions from its source as
35 an expanding spherical front of energy, with great powers of penetration [Q]. High energy gamma
36 radiation will not be wholly blocked by these shields, while lower energy levels can be safely
37 blocked [Q]. The most hazardous radiations are gamma rays, x-rays, and neutron particles. If a shield
38 can be effective toward these types of radiation, there would be a negligible hazard from other
39 types. An effective shield should induce sufficient attenuation of the radiation intensity caused
40 by a particular installation to a tolerable level. Lead density, high atomic number, high level of
41 stability, ease of fabrication, high degree of flexibility in application, and its availability has
42 rendered it to an excellent shielding material. High levels of ionizing radiations from radioactive
43 substances are dangerous for living organisms, including human kind. The first people that
44 worked with X-rays and radioactive substances are clearly observed that these substances can
45 cause burns or scarring and there is a possibility of chromosomal mutation and subsequent

Comment [VU2]: Ref.

Comment [VU3]: Ref.

UNDER PEER REVIEW

46 cancer even at low levels (2). In some cases, the easiest way to reduce the amount of radiation
47 exposure to people who are working in this field is putting a shield between the source of
48 radiation and the person. Lead has been always considered as a traditional choice for the
49 radiological protection. It has long been used in radiology departments to protect both workers
50 and patients from any unnecessary exposure to ionizing radiation (3-5). In reviewing the
51 previous using lead as shielding material will rebound an effective, light-weight, low-volume
52 attenuation barrier. These factors, combined with its versatility, makes lead an ideal choice for x-
53 ray shielding applications.

Comment [VU4]: Re-phrase and check spellings.

54 However, over the past years a great deal of concern has been expressed about the toxicity of
55 lead and the need for transition from flexible lead protectors to environmentally friendly
56 nontoxic lead-free shields has been proposed by many scientists (6-9). Recently, Mortazavi and
57 his colleagues in Iran were able to build a lead-free protective shield with name a Tapron which
mainly
58 practical in diagnostic radiology(10).

Comment [VU5]: Lead-Free Protective Shield or use Lead-Free Protector

59

60 Materials and Methods

61 Firstly, Energy threshold that must be controlled and managed was obtained by calculating the
62 maximum energy emitted from the vials, syringes and radioactive waste in nuclear medicine and
63 immunology sectors. Its level in ideal conditions was between 1 to 1000 mCi which is relatively at

64 high dose. An alloy (2 mm thickness) of Cadmium (40%), Bismuth (40%), Lead (15%) and
65 Copper (5%) wired with Nichrome (1 mm thickness) (an alloy of nickel and chromium) were
selected
66 by studying of metals, and eCalculation of the amount of protection to reduce the dose and
67 calculation of dose reduction and metals' HVL (Half Value Layer) were done by Monte Carlo N-
Particle
68 Transport Code (MCNP4C) modeling. It should be noted that the presence of copper in the alloy
69 increases its protection to some extent. Then between the two layers of alloy, a carbon based
70 polymeric layer (4 mm thickness) of the mentioned heavy metals was placed (combination of used
71 metals in the context of a carbon polymer material that increases protection several
72 times). Geometry of the desired system was plotted by MCNP4C modeling. Dimensions and
73 exact location of the source was were simulated based on the actual size. The number of studied
74 particles in the simulation were was considered 80 million in order to reduce the statistical error.
75 Source energy was defined as 662 KeV in the input file and F1 Tali was used in order to calculate
76 the integral of the intensity based on the studied surface. Desired Tali was calculated at a
77 distance of 1 meter from the shield with the assumption that no one will not be next to the shield
78 within less distance for long time. Moreover, program was calculated once again in a case that
79 there is not any protection against mentioned source, in order tTo compare and illustrate the impact
80 of shield, the output was measured at a distance of 1 meter.

81

82 Results

83 Values prepared by the National Bureau of Standards may be used to determine the required
84 thicknesses for shielding from gamma ray sources in the laboratory. In practice such calculations
85 should be made only under the direction of a qualified expert; the resulting installation may
86 subsequently require measurements of actual radiation levels obtained. As stated earlier energy
87 threshold that must be managed was obtained between 1 to 1000 mCi which is relatively high
88 dose. The alloy of Cadmium, Bismuth, Lead and Copper wired with Nichrome selected and
89 Monte Carlo N-Particle Transport Code (MCNP4C) modeling used for calculation of dose
90 reduction and metals Half Value Layer. The presence of copper in the alloy increases its
91 protection to some extent. Geometry of the desired system was plotted by MCNP4C modeling.

UNDER PEER REVIEW

92 Dimensions and exact location of the source was simulated based on the actual size. The number
93 of studied particles in the simulation were considered 80 million in order to reduce the statistical
94 error. Source energy was defined 662 KeV in the input file and F1 Tali was used in order to

Comment [VU6]: Expunge and place it in the
RESULTS

Comment [VU7]: Check and re-phrase

95 calculate the integral of the intensity based on the studied surface. Desired Tali was calculated at
96 a distance of 1 meter from the shield with the assumption that no one will not be next to the
97 shield within less distance for long time. Moreover, program was calculated once again in a case
98 that there is not any protection against mentioned source in order to compare and illustrate the
99 impact of shield, the output was measured at a distance of 1 meter.

100 The results of the tests were evaluated and determined that the shield reduces the received dose
101 by a thousand times (Table 1).

102

103 Discussion

104 When there is a risk of exposure with harmful amounts of radionuclide, personal protective
105 equipment (PPE) should be worn. The type of PPE depends on the quantity, type, and nature of
106 the radiation and health care facility design. For low and medium level work, coveralls, caps,
107 gloves and either special shoes or shoe covers are suggested. For close or contact work with
108 radioactive materials emitting radiation of low penetrating power, shielded clothing such as
109 leather, eye protection or leaded gloves and aprons may be used to increase allowable exposure
110 time. As we try to increase the protection level of shields, the inevitable result is weight increase
111 and flexibility reduction which leads to inability to use shielded attire. Because of the penetrating
112 ability of the radiation used in nuclear medicine, shielding is necessary. The most important role
113 of a protecting shield is preventing rays penetration. Density of shield material has the most
114 important role in preventing penetration of rays. Currently, the ~~densest~~ densest available
substance is

115 lead. Lead and some of its alloys are generally the most cost-effective shielding materials to
116 protect against the effects of γ - and x-rays. The properties of lead that make it an excellent
117 shielding material are its density, high atomic number, level of stability, ease of fabrication, high
118 degree of flexibility in application, and availability. Lead is more uniform in density in
119 comparison with other aggregate materials. Hence, generally lead products show smooth
120 surfaces that leads to contamination risk reduction and therefore, less radioactive hazard. (11).

121 Lead is heavier than roughly 80 per cent of the periodic table. It could be assumed therefore that
122 shield constructions making use of lead will tend to be heavier than constructions making use of
123 lighter elements. This concept may be true in static shielding structures where weight and
124 volume restrictions are of lesser importance, and concrete and water are often used. In portable
125 shielding systems that low weight and volume are two important factors, selection of lighter
126 materials may adversely affect the protective property of the shield. Recently there has been a
127 great deal of concern expressed about the toxicity of lead and human lead toxicity is well

Comment [VU8]: Expunge: Repetition of Procedure.

128 documented (12-14). Lead is a systemic toxicant with no known beneficial biological function
129 and, for several endpoints, no identified threshold of toxicity. The fetus, children, pregnant and
130 elderly are particularly susceptible to some of the toxic effects of Pb (15). Owing to this reality,
131 there is a necessity for transition from conventional lead protectors to environmentally friendly
132 non-toxic lead-free shields.

133 In this study a specific combination of Cadmium (40%), Bismuth (40%), Lead (15%) and
134 Copper (5%) wired with Nichrome as a novel alloy with a slight amount of lead compared to the
135 traditional lead-based protectors introduced as a possible suitable replacement. Moreover, the
136 carbon based polymeric layer of Cadmium, Bismuth and Lead that is placed in the middle of the
137 two layers of mentioned alloy increases protection several times. In addition, the extra weight of

UNDER PEER REVIEW

138 lead aprons results in low back pain and neck pain among radiologists and cardiologists in the
139 long term. Likewise, Lead based protectors, protective shields for radioiodine vials in particular,
140 are very heavy and long-term moving of the m results in plenty of adverse physical effects.
141 However, the designed nuclear medicine shield in this study is significantly lighter in
142 comparison with lead based shields as a result of less lead usage and considerable thinner
143 thickness. Compared with lead based protectors, the present new shield is so flexible that can be
144 easily customized into arbitrary shapes. Moreover, this new alloy is environmentally friendly and
145 can be recycled conveniently. Therefore, the designed shield can be considered as an elastic,
146 resistant to erosion, environmentally friendly, lightweight substitute for conventional lead
147 shields.

148

149 Conclusion:

150

151 This novel shield with a much less lead produced in this study is considerably safer and offer
152 effective protection in diagnostic energy ranges and may replace the traditional lead-based
153 protectors.

154

155 Table 1: MCNP4C results of radiation intensity without shield and after passing shield.

156

Used geometry Radiation intensity \pm Error

Without shield $4.860 \times 10^{-1} \pm 0.0001$

With shield $5.172 \times 10^{-4} \pm 0.0049$

Comment [VU9]: Move table to RESULTS

157

158

159

160

161

162 References

163

164 1. Mortazavi SMJ IT, Sharafi AA. Radiation hormesis and adaptive responses induced by low doses

165 of ionizing radiation. Journal of Kerman University of Medical Sciences. 1999;6:50-60.

166 2. Guidelines on patient dose to promote the optimisation of protection for diagnostic medical
167 exposures : report of an Advisory Group on Ionising Radiation Great Britain: Didcot England
1999.

168 3. McGinley PH, Miner MS. A history of radiation shielding of x-ray therapy rooms. Health
physics.

169 1995 Nov;69(5):759-65. PubMed PMID: 7558866. Epub 1995/11/01. eng.

170 4. Ngaile JE, Uiso CB, Msaki P, Kazema R. Use of lead shields for radiation protection of
superficial

171 organs in patients undergoing head CT examinations. Radiation protection dosimetry.
2008;130(4):490-

172 8. PubMed PMID: 18375945. Epub 2008/04/01. eng.

173 5. Scuderi GJ, Brusovanik GV, Campbell DR, Henry RP, Kwon B, Vaccaro AR. Evaluation of non-
lead-

174 based protective radiological material in spinal surgery. The spine journal : official journal of the
North

175 American Spine Society. 2006 Sep-Oct;16(5):577-82. PubMed PMID: 16934731. Epub 2006/08/29.
eng.

Comment [VU10]: Expunge: This applies to all references with months in it.

UNDER PEER REVIEW

176 6. McCaffrey JP, Shen H, Downton B, Mainegra-Hing E. Radiation attenuation by lead and
nonlead

177 materials used in radiation shielding garments. Medical physics. 2007 Feb;34(2):530-7. PubMed
PMID:

178 17388170. Epub 2007/03/29. eng.

Comment [VU11]: Initials of names in the references should take full stop. Applies to all.

179 7. Schlattl H, Zankl M, Eder H, Hoeschen C. Shielding properties of lead-free protective clothing and
180 their impact on radiation doses. Medical physics. 2007 Nov;34(11):4270-80. PubMed PMID:
181 18072491. Epub 2007/12/13. eng.

182 8. Warren-Forward H, Cardew P, Smith B, Clack L, McWhirter K, Johnson S, et al. A comparison
of
183 dose savings of lead and lightweight aprons for shielding of 99m-Techneium radiation.
Radiation
184 protection dosimetry. 2007;124(2):89-96. PubMed PMID: 17525062. Epub 2007/05/26. eng.

185 9. Yue K, Luo W, Dong X, Wang C, Wu G, Jiang M, et al. A new lead-free radiation shielding
material
186 for radiotherapy. Radiation protection dosimetry. 2009 Feb;133(4):256-60. PubMed PMID:
187 19329510. Epub 2009/03/31. eng.

188 10. Aghamiri M, Mortazavi S, Tayebi M, Mosleh-Shirazi M, Baharvand H, Tavakkoli-Golpayegani
A, et
189 al. A Novel Design for Production of Efficient Flexible Lead-Free Shields against X-ray Photons in
190 Diagnostic Energy Range. Journal of Biomedical Physics and Engineering. 2011;1(1 Dec).
191 11. Hulbert SM, Carlson KA. Is lead dust within nuclear medicine departments a hazard to
pediatric
192 patients? Journal of nuclear medicine technology. 2009 Sep;37(3):170-2. PubMed PMID:
193 19692455. Epub 2009/08/21. eng.

194 12. Heath LM, Soole KL, McLaughlin ML, McEwan GT, Edwards JW. Toxicity of environmental
lead
195 and the influence of intestinal absorption in children. Reviews on environmental health. 2003
Oct-
196 Dec;18(4):231-50. PubMed PMID: 15025188. Epub 2004/03/18. eng.

197 13. Millstone E, Russell J. Lead toxicity and public health policy. Journal of the Royal Society of
198 Health. 1995 Dec;115(6):347-50. PubMed PMID: 8568780. Epub 1995/12/01. eng.

199 14. Murata K, Iwata T, Dakeishi M, Karita K. Lead toxicity: does the critical level of lead resulting
in
200 adverse effects differ between adults and children? Journal of occupational health.

2009;51(1):1-12.

201 PubMed PMID: 18987427. Epub 2008/11/07. eng.

202 15. Healey N. Lead toxicity, vulnerable subpopulations and emergency preparedness. Radiation
203 protection dosimetry. 2009 Jun;134(3-4):143-51. PubMed PMID: 19398444. Epub 2009/04/29.
eng.

204

205

UNDER PEER REVIEW