SOME ASPECTS OF INTERNAL IRRADIATION

Some Aspects of INTERNAL IRRADIATION

Proceedings of a Symposium held at
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Edited by

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PREFACE

Most of the symposia on effects of irradiation have been concerned primarily with the effects of external radiation, particularly X-irradiation. There are few reviews concerning the pathological changes induced by internal irradiation. The papers presented in this volume are a written record of a symposium, *Some Aspects of Internal Irradiation*, which was held at Heber, Utah, May 8-11, 1961.

The aim of this symposium was to bring together some of the individuals who have been interested for a long period of time in the pathological effects of internal emitters. The participants presented original data and took the opportunity to discuss the interrelationships of several aspects of the unique problems of internally deposited radionuclides. This discussion has been edited by both the discussants and the editors.

Certain of the invited participants presented material which aimed at the fundamental mechanisms by which irradiation might induce malignancy. Two indirect mechanisms were considered. One was concerned with the influence of irradiation on endocrine-mediated carcinogenesis and the other was the interrelationship between radiation and viral carcinogenesis.

One of the basic differences between external and internal irradiation is the duration of the radiation and the range of the particles emitted. Internally deposited radionuclides may have low penetrating radiation, as in the case of alpha particles, but, due to the biological circumstances involved, may expose tissue for a long period due to the long half-life of the radionuclide. Each, then, of the internally deposited radionuclides has its peculiar radiation and metabolic characteristics (absorption, fate and excretion) as an element in a given biological system. Therefore, the radiation dose delivered cannot be considered as a purely physical problem, but the particular biological system must also be considered. As a corollary to this unique situation, the pathological effects of such internal deposition depend, again, on the location of the radionuclide. This, in turn, is dependent upon the mechanisms by which the element is metabolized. It is impossible to determine dose/response relationship of internally deposited radionuclides without considering the unique biological circumstances which occur in their metabolism. The rates at which internally deposited radionuclides are excreted may change with variations in the internal environment. These variations may occur as a result of adaptation to the external environment. Therefore, dose/response relationships for any particular end point measured may change, due to the imposition of a variety of stressful circumstances.

In addition to the problems of metabolism and of dosimetry, a variety of pathological endpoints are considered. A dose/response relationship is observed for many hematological and biochemical alterations, bone pathology, alterations in the central nervous system and eyes, and also to the general overall change in rate of the aging process. It should be noted in relation to these endpoints that a lethal dose is actually due to the sum of several different pathological events which lead to death. This is different for radiation from the concept of toxicity where it applies to a single unique effect, e.g. a toxin or chemical poison. Dose response should be related, then, to the extent of a particular pathological event rather than to lethality in general. This emphasizes the fact that pathological changes vary in degree of severity and reversibility and each is related to a localized dose in the case of internal emitters.

Finally, some indirect mechanisms by which pathological changes of a wide variety may be induced are also discussed by several authors. For example, the production of indirect pathological changes could occur through the alteration in the minute vasculature of various organs and tissues. Therefore, a variety of radiation effects may be manifested through this indirect mechanism. The possibility that spontaneous fracturing, due to some internally deposited radionuclides such as radium, may be due to loss of bone vasculature is also considered by one of the authors. An indirect effect on certain pathological changes may also be related to the importance of the role played by radiation in altering hormonal balance. This altered hormonal balance may influence carcinogenesis and also a variety of other biochemical, hematological and structural changes in tissues and organs.

Those of us in the Radiobiology Division of the Department of Anatomy, University of Utah College of Medicine, wish particularly to thank all the participants for their scientific contributions, and I wish to thank the senior staff of the Radiobiology Division who not only presented their work, but also played an important part in the organization of the symposium. In addition, we wish to thank those who helped plan the symposium, particularly Mrs. Anne Clarke, who was the executive secretary of the symposium and editorial board. Charlotte Emmons, Garth Westenskow and David Taysum are due thanks for recording the discussion and the individual papers. Secretarial help was provided by Jo Anne Clayton, Mary Lou Horsley, and Rodney L. Jones. Finally, the editors deserve

Preface vii

the thanks of all participants for reviewing the manuscripts as well as the discussion. The chairmen of the various sessions at the symposium were vital to the success of the symposium and their contribution is recognized by all. Finally, we wish to acknowledge the aid of the Office of Special Services of the Atomic Energy Commission for financial support of the symposium.

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CONTENTS

PART I

EFFECTS OF INTERNAL IRRADIATION IN THE DOC	j
	Page
Study of the Long Term Biological Effects of Internal Irradiation in Adult Beagles	
T. F. Dougherty	3
Studies of the Retention and Distribution of Ra ²²⁶ , Pu ²³⁹ , Ra ²²⁸ ,	5
(MsTh ₁), Th ²²⁸ , (Rdth) and Sr ⁹⁰ in Adult Beagles	
Betsy J. Stover, D. R. Atherton and C. W. Mays	7
Relationship of Microdistribution of Alpha Particles to Damage	
W. S. S. JEE, J. S. ARNOLD, T. H. COCHRAN, JANET A. TWENTE	
and Renon S. Mical	27
Incidence of Bone Cancer in Internally Irradiated Dogs	
T. F. DOUGHERTY	47
Radiographic Changes in Internally Irradiated Dogs	
W. R. CHRISTENSEN, C. C. SMITH, C. E. REHFELD and	
G. N. Taylor	63
Some Hematological Responses to Internal Irradiation in the Beagle	
JEAN H. DOUGHERTY	79
Histopathological Endpoints in Compact Bones Receiving Alpha Irradiation	
W. S. S. Jee	95
Effect of Aging and Internal Irradiation on Blood Chemistry	93
H. C. GOLDTHORPE	117
Fracture Incidence in Beagles Receiving Single Injections of Radium	117
and Plutonium	
C. E. REHFELD, BETSY J. STOVER, G. N. TAYLOR and C. W. MAYS	131
Radionuclides and Bone Strength in Beagles	
D. H. TAYSUM, F. G. EVANS, W. M. HAMMER, W. S. S. JEE,	
C. E. REHFELD and L. W. BLAKE	145
Eye Changes Induced by Internal Irradiation	
G. N. Taylor, C. E. Rehfeld, G. Schneebeli and H. A. Johnson	163
The Effects of Chronic Irradiation by Internally Deposited Radio-	
nuclides on Corticosteroid Biosynthesis	
D. L. BERLINER, MARTHA L. BERLINER and T. F. DOUGHERTY	179

PART II

SOME BIOLOGICAL EFFECTS OF IRRADIATION

	Page
Role of Hormones in Radiation Carcinogenesis	Ü
J. Furth and K. Yokoro	189
Problems of Low-Level Irradiation	
R. H. Mole	297
Some Properties of Reparable and Irreparable Radiation Injury	
H. A. Blair	233
Radiologic Aging, Generalized and Localized	
G. W. CASARETT	251
The Response of Blood-Forming Tissues of the Rat to Continuous	
Irradiation at Various Dose Rates	
L. F. LAMERTON	269
Effects of Fetal X-Irradiation on Aging Changes in Cerebral Cortex	
K. R. Brizzee, Xenia Kharetchko and L. A. Jacobs	289
Specific Effects of Irradiation on the Lung	
S. Warren	303
Kinetics of Population of Bone Forming Cells in the Normal and Irradi-	
ated Rat	
N. F. Kember	309
PART III	
SOME ASPECTS OF Sr ⁹⁰ TOXICITY	
Pathological Sequelae in Beagles Following Continuous Feeding	
of Sr ⁹⁰ at a Toxic Level	
A. C. Andersen and M. Goldman	319
Pathology of Imbibed Sr ⁹⁰ in Rats and Monkeys	
G. W. CASARETT, L. W. TUTTLE and R. C. BAXTER	329
Bone-Seeking Radionuclides in Miniature Swine	
R. O. McClellan, L. K. Bustad, W. J. Clarke,	
N. L. DOCKUM, J. R. MCKENNEY and H. A. KORNBERG	341
Dental Changes in Rabbits Induced by Sr ⁹⁰	
M. A. Rushton	349
Preliminary Study of the Effect of Internal Irradiation from Sr ⁹⁰	•
on the Bone Marrow and Peripheral Blood Picture of Young	
Rabbits	
JANET VAUGHAN	361

PART IV

DOSIMETRY	OF	INTERNALLY	DEPOSITED	RADIONUCLIDES
DODIMETICI	OI.	INTERNACE		KADIONUCLIDES

	Page
Interaction of Alpha and Beta Particles with Matter	
R. D. Evans	381
The Relationship between Alpha and Beta Dosimetry	
L. F. LAMERTON	397
Sr ⁹⁰ Dosimetry in Rabbits	
Maureen Owen	409
Theoretical and Experimental Dosimetry Based on Bone Structure	
F. W. Spiers and M. Susan Chesters	423
Skeletal Self-absorption of Beta Particle Energy	
W. W. PARMLEY, J. B. JENSEN and C. W. MAYS	437
Skeletal Retention of the Alkaline Earth Radioisotopes and	
Bone Dosimetry	
R. E. ROWLAND	455
PART V	
THOROTRAST IN MAN	
Thorotrast in Man—The Carrier State and The Sequelae	
M. Faber	473
Translocation of Thorium Daughters to Bone	
L. D. MARINELLI and H. F. LUCAS, Jr.	499
Subject Index	517

$\begin{array}{c} \textbf{PART} \ \textbf{I} \\ \\ \textbf{EFFECTS} \ \textbf{OF} \ \textbf{INTERNAL} \ \textbf{IRRADIATION} \ \textbf{IN} \ \textbf{THE} \ \textbf{DOG} \end{array}$