### EPA (USA) cancer risk models as an alternative to effective dose to estimate the radiation risk for patients in health care

M ANDERSSON<sup>\*1</sup>, K ECKERMAN<sup>2</sup> AND S MATTSSON<sup>1</sup> 2016-11-17

Carry and Carry Constants

<sup>1</sup>MEDICAL RADIATION PHYSICS, ITM, LUND UNIVERSITY <sup>2</sup>CENTER FOR RADIATION PROTECTION KNOWLEDGE, OAK RIDGE NATIONAL LABORATORY, TN, USA

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### Risk estimations for stochastic effects

- International commission on radiological protection (ICRP)
  - Third quantity to estimate biological effects
    - » Effective dose in ICRP publication 103





ICRP Publ. 103 (2007)

### Effective dose

- Detriment:
  - The total harm to health experienced by radiation
- Detriment-adjusted risk:
  - A modification of the probability of the occurrence of a stochastic effect by the severity of the outcome e.g adjust for morbidity and suffering of non-fatal cancers

Exposed population	ion Canœr		Heritable effects		Total	
	Present	ICRP 60	Present	ICRP 60	Present	ICRP 60
Whole	5.5	6.0	0.2	1.3	5.7	7.3
Adult	4.1	4.8	0.1	0.8	4.2	5.6

Table A.4.4. Detriment adjusted nominal risk coefficients for cancer and heritable effects (10<sup>-2</sup> Sv<sup>-1</sup>)<sup>1</sup>.

<sup>1</sup> Values from Tables A.4.1a, A.4.1b, and Publication 60.

### Effective dose

- Effects of the adjusted effective dose:
  - Skin has been down scaled
  - Bone has been scaled up by a factor of ten

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Tissue	$w_{\Gamma}$	$\sum w_1$
Bone-marrow (red), Colon, Lung, Stomach, Breast, Remainder Tissues	0.12	0.72
(Nominal w <sub>T</sub> applied to the average dose to 14 tissues)		
Gonads	0.08	0.08
Bladder, Oesophagus, Liver, Thyroid	0.04	0.16
Bone surface, Brain, Salivary glands, Skin	0.01	0.04

\* Remainder Tissues (14 in total): Adrenals, Extrathoracic (ET) region, Gall bladder, Heart, Kidneys, Lymphatic nodes, Muscle, Oral mucosa, Pancreas, Prostate, Small intestine, Spleen, Thymus, Uterus/cervix.

- Risk concept of the ICRP:
  - ICRP recognize that there are significant differences between sex (particular for breast) and in respect of age at exposure

but

 believes in a general system of protection that is simple and sufficiently robust.



### American Environmental Protection Agency (EPA)

- Biological Effects of Ionizing Radiation (BEIR) VII
- "Blue book" EPA Radiogenic Cancer Risk Models and Projections for the U.S. Population
  - Lifetime attributeble risk (LAR)











# Lifetime attributable risk (LAR)

LAR have two different risk estimations

- 1. Estimates the risk of receiving a secondary cancer
- 2. and the mortality risk of the received cancer
- LAR risk estimations are generated from four different variables :
  - a) Gender (male, female)
  - b) Age (0-120 years)
  - c) Attained age
  - d) Age at exposure



# Adjustment for a Swedish population

### First approximation

Change the expected life probability from a US population to a Swedish





\*Swedish data taken from Statistiska centralbyrån

# Tomosynthesis and mammography

#### Risk for female breast cancer





Doses from: K Lång et. al 2016. Performance of one-view breast tomosynthesis as a stand-alone breast cancer screening modality: results from the Malmö Breast Tomosynthesis Screening Trial, a population-based study

### Conventional pulmonary x-ray



Age of subject

### CT head scan



DLP= 583 mGy\*cm CTDI<sub>vol</sub>(16cm)=50.0 mGy

For a 45 year old	receiving a new cancer	and also die of the new cancer
Male	8.4597e-05 or 1/12 000	5.1058e-05 or1/20 000
Female	8.8886e-05 or 1/11 000	5.4736e-05 or 1/18 000

Doses calculated with CT-Expo v2.4 (Siemens Flash tube A)

### CT abdominal scan



DLP= 338 mGy\*cm CTDI<sub>vol</sub>(32cm)=7.0 mGy

For a 45 year old	receiving a new cancer	and also die of the new cancer
Male	5.6289e-04 or 1/ 1 700	2.3778e-04 or 1/4 200
Female	5.0948e-04 or 1/2 000	2.5810e-04 or 1/ 3 800

Doses calculated with CT-Expo v2.4 (Siemens Flash tube A)

### Nuclear medicine



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#### Absorbed doses from ICRP publication 128

# Conclusion

• Effective dose is a protection unit for a whole population.

# Thank you!

• Lifetime attributeble risk is a unit for the U.S population, estimates the morbidity and mortality for radiation induced cancers, which also is valid to subgroups\* (gender and age).

