

Risk versus Benefit

Medical doses of radiation are also limited. Diagnostic doses are generally low and have further lowered with improved techniques and faster films. With the possible exception of routine dental x-rays, radiation is used diagnostically only when needed so that the low risk is justified by the benefit of the diagnosis. Chest x-rays give the lowest doses—about 0.1 mSv to the tissue affected, with less than 5 percent scattering into tissues that are not directly imaged. Other x-ray procedures range upward to about 10 mSv in a CT scan, and about 5 mSv (0.5 rem) per dental x-ray, again both only affecting the tissue imaged. Medical images with radiopharmaceuticals give doses ranging from 1 to 5 mSv, usually localized. One exception is the thyroid scan using ^{131}I . Because of its relatively long half-life, it exposes the thyroid to about 0.75 Sv. The isotope ^{123}I is more difficult to produce, but its short half-life limits thyroid exposure to about 15 mSv.

Alpha Decay

Watch alpha particles escape from a polonium nucleus, causing radioactive alpha decay. See how random decay times relate to the half life. [Click to open media in new browser. \(https://phet.colorado.edu/en/simulation/legacy/alpha-decay\)](https://phet.colorado.edu/en/simulation/legacy/alpha-decay)

32.3 Therapeutic Uses of Ionizing Radiation

Therapeutic applications of ionizing radiation, called radiation therapy or **radiotherapy**, have existed since the discovery of x-rays and nuclear radioactivity. Today, radiotherapy is used almost exclusively for cancer therapy, where it saves thousands of lives and improves the quality of life and longevity of many it cannot save. Radiotherapy may be used alone or in combination with surgery and chemotherapy (drug treatment) depending on the type of cancer and the response of the patient. A careful examination of all available data has established that radiotherapy's beneficial effects far outweigh its long-term risks.

Medical Application

The earliest uses of ionizing radiation on humans were mostly harmful, with many at the level of snake oil as seen in [Figure 32.10](#). Radium-doped cosmetics that glowed in the dark were used around the time of World War I. As recently as the 1950s, radon mine tours were promoted as healthful and rejuvenating—those who toured were exposed but gained no benefits. Radium salts were sold as health elixirs for many years. The gruesome death of a wealthy industrialist, who became psychologically addicted to the brew, alerted the unsuspecting to the dangers of radium salt elixirs. Most abuses finally ended after the legislation in the 1950s.

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For interesting little folder telling of the production of radium and the uses of Undark address

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Figure 32.10 The properties of radiation were once touted for far more than its modern use in cancer therapy. Until 1932, radium was advertised for a variety of uses, often with tragic results. (credit: Struthious Bandersnatch.)

Radiotherapy is effective against cancer because cancer cells reproduce rapidly and, consequently, are more sensitive to radiation. The central problem in radiotherapy is to make the dose for cancer cells as high as possible while limiting the dose for normal cells. The ratio of abnormal cells killed to normal cells killed is called the **therapeutic ratio**, and all radiotherapy techniques are designed to enhance this ratio. Radiation can be concentrated in cancerous tissue by a number of techniques. One of the most prevalent techniques for well-defined tumors is a geometric technique shown in [Figure 32.11](#). A narrow beam of radiation is passed through the patient from a variety of directions with a common crossing point in the tumor. This concentrates the dose in the tumor while spreading it out over a large volume of normal tissue. The external radiation can be x-rays, ^{60}Co γ rays, or ionizing-particle beams produced by accelerators. Accelerator-produced beams of neutrons, π -mesons, and heavy ions such as nitrogen nuclei have been employed, and these can be quite effective. These particles have larger QFs or RBEs and sometimes can be better localized, producing a greater therapeutic ratio. But accelerator radiotherapy is much more expensive and less frequently employed than other forms.

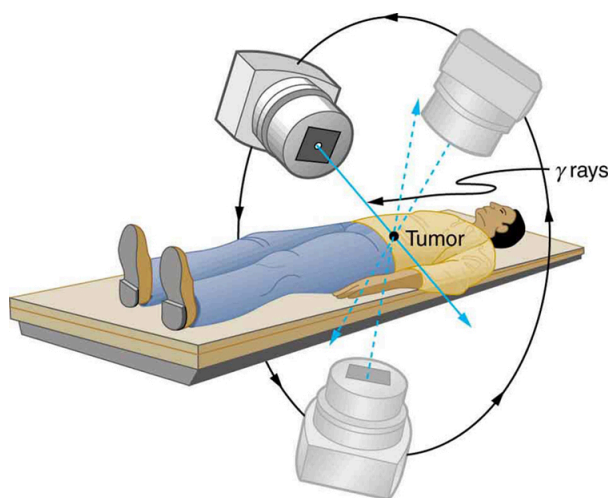


Figure 32.11 The ^{60}Co source of γ -radiation is rotated around the patient so that the common crossing point is in the tumor, concentrating the dose there. This geometric technique works for well-defined tumors.

Another form of radiotherapy uses chemically inert radioactive implants. One use is for prostate cancer. Radioactive seeds (about 40 to 100 and the size of a grain of rice) are placed in the prostate region. The isotopes used are usually ^{135}I (6-month half life) or ^{103}Pd (3-month half life). Alpha emitters have the dual advantages of a large QF and a small range for better localization.

Radiopharmaceuticals are used for cancer therapy when they can be localized well enough to produce a favorable therapeutic ratio. Thyroid cancer is commonly treated utilizing radioactive iodine. Thyroid cells concentrate iodine, and cancerous thyroid cells are more aggressive in doing this. An ingenious use of radiopharmaceuticals in cancer therapy tags antibodies with radioisotopes. Antibodies produced by a patient to combat his cancer are extracted, cultured, loaded with a radioisotope, and then returned to the patient. The antibodies are concentrated almost entirely in the tissue they developed to fight, thus localizing the radiation in abnormal tissue. The therapeutic ratio can be quite high for short-range radiation. There is, however, a significant dose for organs that eliminate radiopharmaceuticals from the body, such as the liver, kidneys, and bladder. As with most radiotherapy, the technique is limited by the tolerable amount of damage to the normal tissue.

[Table 32.7](#) lists typical therapeutic doses of radiation used against certain cancers. The doses are large, but not fatal because they are localized and spread out in time. Protocols for treatment vary with the type of cancer and the condition and response of the patient. Three to five 200-rem treatments per week for a period of several weeks is typical. Time between treatments allows the body to repair normal tissue. This effect occurs because damage is concentrated in the abnormal tissue, and the abnormal tissue is more sensitive to radiation. Damage to normal tissue limits the doses. You will note that the greatest doses are given to any tissue that is not rapidly reproducing, such as in the adult brain. Lung cancer, on the other end of the scale, cannot ordinarily be cured with radiation because of the sensitivity of lung tissue and blood to radiation. But radiotherapy for lung cancer does alleviate symptoms and prolong life and is therefore justified in some cases.

Type of Cancer	Typical dose (Sv)
Lung	10–20
Hodgkin's disease	40–45
Skin	40–50
Ovarian	50–75
Breast	50–80+

Table 32.7 Cancer Radiotherapy

Type of Cancer	Typical dose (Sv)
Brain	80+
Neck	80+
Bone	80+
Soft tissue	80+
Thyroid	80+

Table 32.7 Cancer Radiotherapy

Finally, it is interesting to note that chemotherapy employs drugs that interfere with cell division and is, thus, also effective against cancer. It also has almost the same side effects, such as nausea and hair loss, and risks, such as the inducement of another cancer.

32.4 Food Irradiation

Ionizing radiation is widely used to sterilize medical supplies, such as bandages, and consumer products, such as tampons. Worldwide, it is also used to irradiate food, an application that promises to grow in the future. **Food irradiation** is the treatment of food with ionizing radiation. It is used to reduce pest infestation and to delay spoilage and prevent illness caused by microorganisms. Food irradiation is controversial. Proponents see it as superior to pasteurization, preservatives, and insecticides, supplanting dangerous chemicals with a more effective process. Opponents see its safety as unproven, perhaps leaving worse toxic residues as well as presenting an environmental hazard at treatment sites. In developing countries, food irradiation might increase crop production by 25.0% or more, and reduce food spoilage by a similar amount. It is used chiefly to treat spices and some fruits, and in some countries, red meat, poultry, and vegetables. Over 40 countries have approved food irradiation at some level.

Food irradiation exposes food to large doses of γ rays, x-rays, or electrons. These photons and electrons induce no nuclear reactions and thus create *no residual radioactivity*. (Some forms of ionizing radiation, such as neutron irradiation, cause residual radioactivity. These are not used for food irradiation.) The γ source is usually ^{60}Co or ^{137}Cs , the latter isotope being a major by-product of nuclear power. Cobalt-60 γ rays average 1.25 MeV, while those of ^{137}Cs are 0.67 MeV and are less penetrating. X-rays used for food irradiation are created with voltages of up to 5 million volts and, thus, have photon energies up to 5 MeV. Electrons used for food irradiation are accelerated to energies up to 10 MeV. The higher the energy per particle, the more penetrating the radiation is and the more ionization it can create. [Figure 32.12](#) shows a typical γ -irradiation plant.

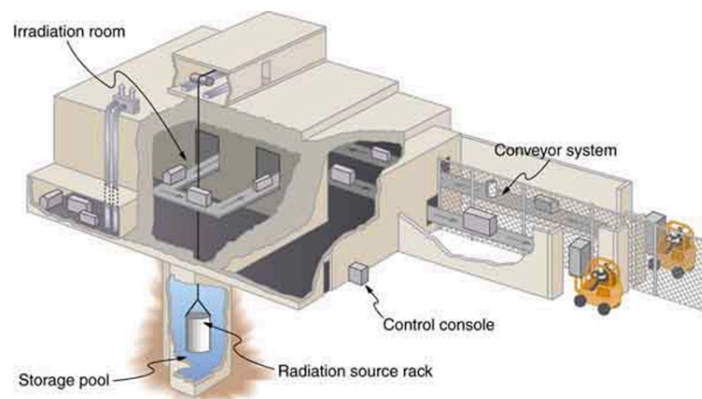


Figure 32.12 A food irradiation plant has a conveyor system to pass items through an intense radiation field behind thick shielding walls. The γ source is lowered into a deep pool of water for safe storage when not in use. Exposure times of up to an hour expose food to doses up to 10^4 Gy.

Owing to the fact that food irradiation seeks to destroy organisms such as insects and bacteria, much larger doses than those