

Radiation Protection of Undertakers and Crematorium Staff in Case of a Patient Death Shortly After Radionuclide Therapy

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RADIATION PROTECTION OF UNDERTAKERS AND CREMATORIUM STAFF IN CASE OF A PATIENT DEATH SHORTLY AFTER RADIONUCLIDE THERAPY

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EANM Disclosure of Interest Statement

My co-authors and I have nothing to disclose



Context

Strong development of new radionuclide therapies : Lutetium-177, Actinium-225, etc.

French Nuclear Safety Authority asked IRSN in 2020 to perform studies on these new radionuclides

- most promising new radionuclides
- patient RP
- workers RP from different fields

Today's worker RP topic: case where a patient dies shortly after radionuclide therapy with new radiopharmaceuticals



Objectives

Assessment of the doses which could be received:

- by undertakers : transport and embalming of the body
- by crematorium staff



Transport and embalming : Method

Most promising therapeutic radionuclides considered: Lu-177, Ra-223, Ho-166 et Ac-225

$$H^{*}(10) = \dot{H}^{*}(10) \cdot \Delta t = \frac{\Gamma \cdot A \cdot d_{r\acute{e}f}^{2}}{d^{2}} \cdot e^{\frac{-\ln(2) \cdot t_{1}}{T_{eff}}} \cdot e^{\frac{-\ln(2) \cdot t_{2}}{T_{phy}}}.\Delta t \leq 300 \,\mu Sv$$

$$Hyp : 3 \,deceased$$

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$$patients/year$$

$$(< 1 \,mSv/year)$$
Hypothesis for time and distance :

- Transport : 1 h at 50 cm
- Embalming : 2 h at 50 cm

Hypothesis validated
 by funeral personnel

Administered activities, equivalent dose rate constant et effective half-lives : values from literature with conservative approach



Results (embalming/transport)





Method to assess crematorium staff exposure

Therapeutic RN considered: Cu-67, Y-90, In-111, I-131, Sm-153, Ho-166, Er-169, Lu-177, Re-186, Re-188, At-211, Pb-2012, Bi-212, Bi-213, Ra-223, Ac-225

Visits in 3 crematoria to understand the operations carried out according to the type of fume filtration system (small vs. large container)

Staff:

- technical (in charge of cremation)
- administrative (office)
- external technician (large container maintenance)

Protection considered: walls + PPE

Activity considered : Activity administered to the patient without any decay (most conservative assumption)



Results and recommendations (1/2)

Only a few cases lead to more than 300 μSv for I-131, Ac-225 and In-111 (therapeutic application) in some scenarii (e.g. external technician)

To reduce exposure, IRSN recommends:

- for I-131, to increase the time between death and cremation as much as possible, in compliance with national regulations and with the family's agreement
- every effort should be made to inform the crematorium of the radioactive nature of the body, so that recommendations can be applied



Results and recommendations (2/2)

Even in the worst-case scenario, application of the 3 recommendations below will drastically reduce worker exposure to below 300 μSv :



3 : If **1** and **2** not possible, increase the distance between the contaminated filter storage area and the other rooms in the crematorium (in particular the administrative rooms)



Take-home messages

- For transport/embalming operators, there is a lower risk associated with the new radionuclides than I-131
- For crematorium staff, except for some particular cases, the risks associated with the new radionuclides are low
- And application of IRSN recommendations can further reduce their exposure



Thank you for your attention.

Questions ?

Report available on:

https://www.irsn.fr/sites/default/files/2023-02/Avis-IRSN-2023-00004.pdf (in French)



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