

Spring 2016 Grad Seminar Presentation
WSU Spokane - SAC 147
March 4, 2016

Plutonium Decorporation Following Complex Exposure: *Inception*

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*“Learning from Plutonium and Uranium
Workers”*



Presentation Outline

Part 1:

- United States Transuranium and Uranium Registries
- Plutonium and Decorporation Therapy
- Motivation, Objectives, and Significance

Part 2:

- Case Description
- Materials and Methods
- Preliminary Results
- Conclusions
- Future Directions
- Acknowledgments





PART 1: Introduction





What is USTUR?

- Federally-funded human tissue research program, founded in 1968 and operated by WSU COP since 1992

Follow up occupationally exposed workers, from exposure through full lifespan, by studying the biokinetics (uptake, translocation and retention), and tissue dosimetry of actinides (Pu, Am, and U)

- Performs autopsies and radiochemically analyzes collected tissue samples
- Applies obtained data to refine internal radiation dose assessment methods





USTUR Registrants

- Former workers from U.S. nuclear facilities
- Known history of exposure to actinides
- Primary radionuclide of exposure: plutonium (83%)
- Acceptance criteria: ≥ 74 decays per sec (Bq)
- 345 voluntary tissue donors (postmortem)
- Primary intake:
 - Inhalation (60%)
 - Inhalation and wound (complex exposure, 16%)





USTUR Data

- Work History
- Exposure Incidents
- Treatment
- Bioassay Data
- External Dose
- Medical Records
- Radiochemistry Results



Unique Resource of data from former nuclear workers!

United States Transuranium and Uranium Registries

Case No: 0102 Find Case

Intake Type: Mixed Inhalation(s)/Wound(s)
Contaminant(s): Am-241

Admin | Medical | Rad Chem | Health Physics | Clinical | Pathology | Next of Kin

| Monitoring Type | Count |
|-----------------|-------|
| Feces | 2 |
| Urine | 20 |
| Lung | 1 |
| Skeleton | 8 |
| Whole Body | 1 |

Detailed Data

Urine Feces
Blood Skeleton
Lung Liver
Wound WBC
All Data

Enter Data

Index

Intake Type: Mixed Inhalation(s)/Wound(s)
Contaminant(s): Am-241
ICRP 68 Type: M
Chemical Form:
HIP Entered:

Search Options

Quick

Notes:

OLD Health Physics Database Case Entry Summary
Lifetime and Yearly External Dose





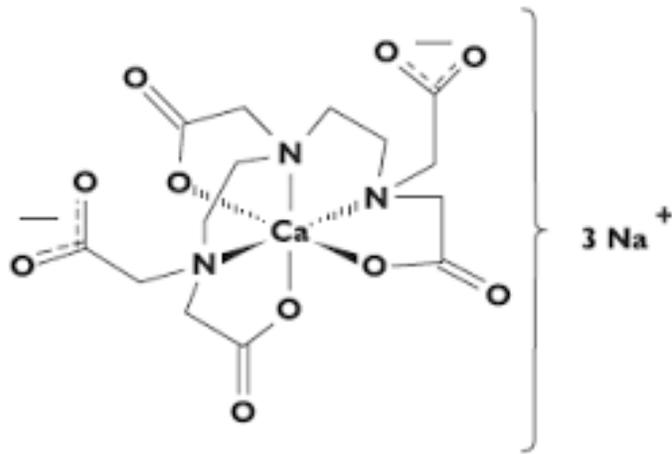
Why Plutonium?

- Used in nuclear weapons and nuclear power generation
- Global inventory: 505 tons
- Plutonium in humans
 - General public** - global fallout
 - Occupational** - nuclear operation, decommission
- Why do we care?
 - Nuclear accidents still happen
 - 'Dirty' bomb threat
 - Compensation claims (12.3 billion dollars)

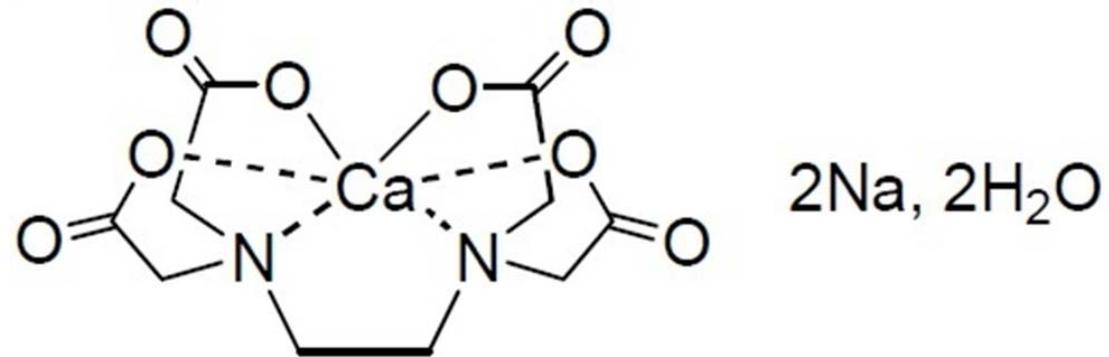


Decorporation Therapy

- Removal of radioactive elements from the body using specific drugs called chelating agents
- Enhances metal excretion by forming stable complex
- Agents for Plutonium decorporation:



Ca/Zn-DTPA
Diethylene Triamine Penta Acid



Ca-EDTA
Ethylene Diamine Tetra Acetic Acid



Motivation, Objectives, and Significance

Motivation:

- No accepted model for decorporation

Objectives:

- Develop, parameterize and validate a generic biokinetic model for plutonium decorporation therapy

Significance:

- Interpretation of bioassay measurements under treatment conditions
- Optimization of actinides decorporation treatment



PART 2: Case Study



USTUR Case 0785

- *Time of employment:* 30+ y
- *Complex exposure:* Inhalation and wound
- *Contaminant:* Plutonium nitrate
- *Donation type:* Partial-body
- *Cause of death:* Lung disease
- *Post-exposure time:* 51 y





Accident

- Explosion
 - Acute inhalation
 - Extensive contamination
 - Wound deposition 8,032 Bq of plutonium
 - Plutonium systemic burden 7,400 Bq
- Five times higher than permissible activity



Treatment

Decorporation Therapy

- Immediately : 1-2 g Ca-EDTA, 2 i.v. per day, 4 weeks
- 9 months post-accident: 2 g Ca-EDTA, 2 i.v. per day, 2 weeks
- 7 years post-accident: 1 g Zn-DTPA, 1 i.v. per week, 10 weeks



Wound Excision

- 3 weeks post-accident: 7,344 Bq of plutonium was removed



Materials and Methods

Human Data

- In-vivo (lung counts)
- In-vitro (urine measurements)
- Autopsy (tissue radiochemical analyses)

Models

- Human Respiratory Tract Model
- Wound Model
- Systemic Model

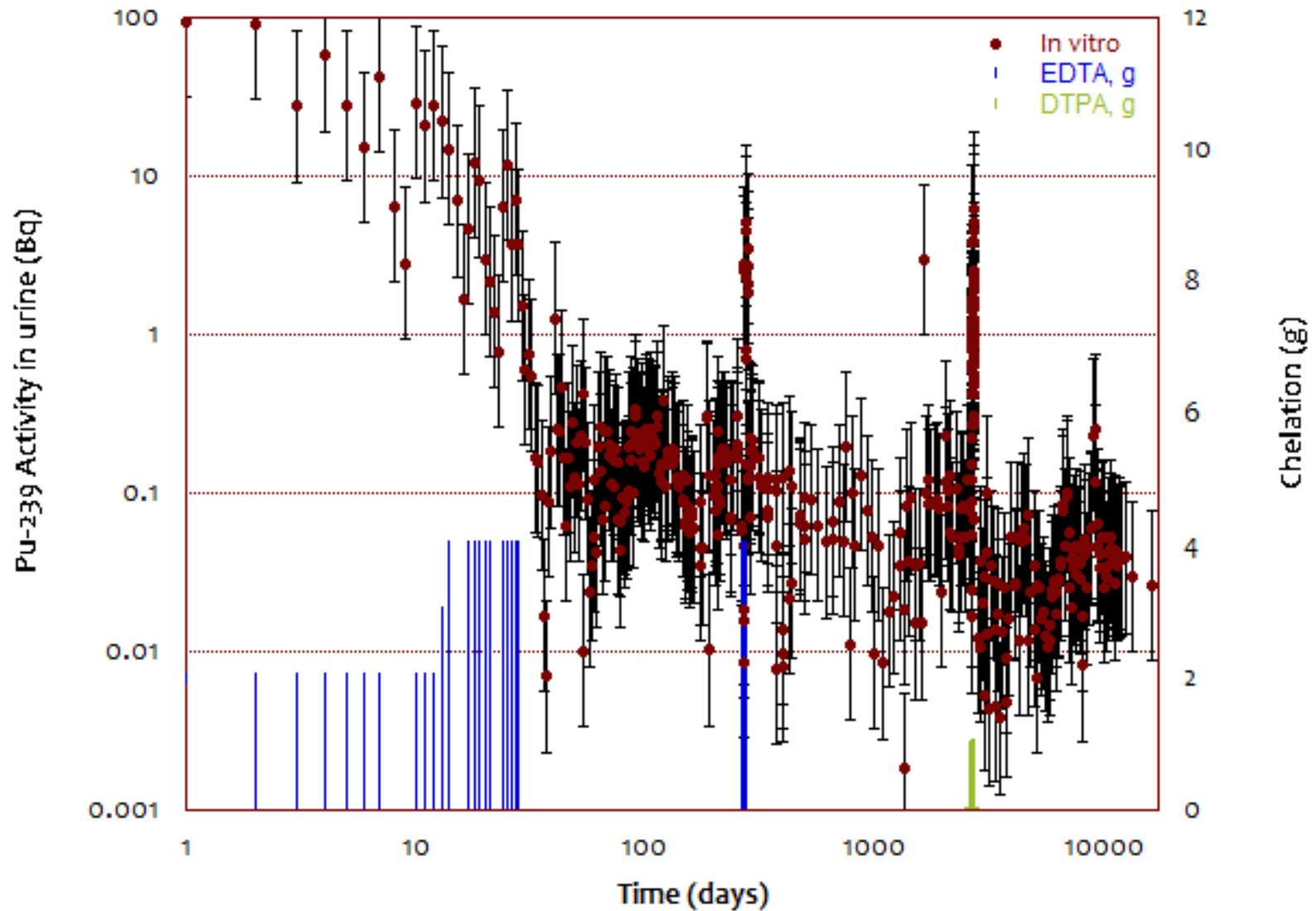
Software

- Integrated Models for Bioassay Analysis (IMBA) Professional Plus®



In-Vitro: Urinalysis

- 478 measurements of plutonium in urine





Autopsy: Tissue Analysis

- Total of 32 tissue samples
- Pu concentration measured
- Total tissue/organ activity estimated

| Tissue/Organ | Pu Concentration, Bq kg ⁻¹ | Pu Activity, Bq |
|--|--|-----------------|
| Lungs | 18.2 ± 0.3 | 24.6 |
| Thoracic Lymph Nodes (LN _{TH}) | 8,199 ± 156 | 151.4 |
| Liver | 548 ± 36 | 602.0 |
| Skeleton | 209 ± 8 | 1,936 |
| Total Systemic | ----- | 2,800 |

- LN_{TH}:Lung ratio = 455 (!!!!) – exposure to very insoluble material





Models Used

Generic Models:

Describe the actinide entry into the human body via inhalation and via the contaminated wounds

- Human Respiratory Tract Model: International Commission on Radiological Protection (ICRP 130)
- Wound Model: National Council on Radiation Protection and Measurements (NCRP 156)

Systemic Model:

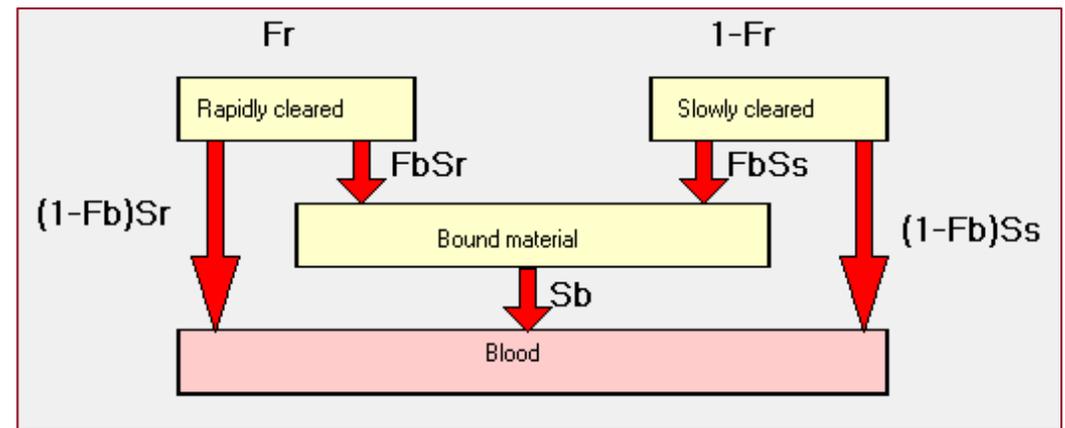
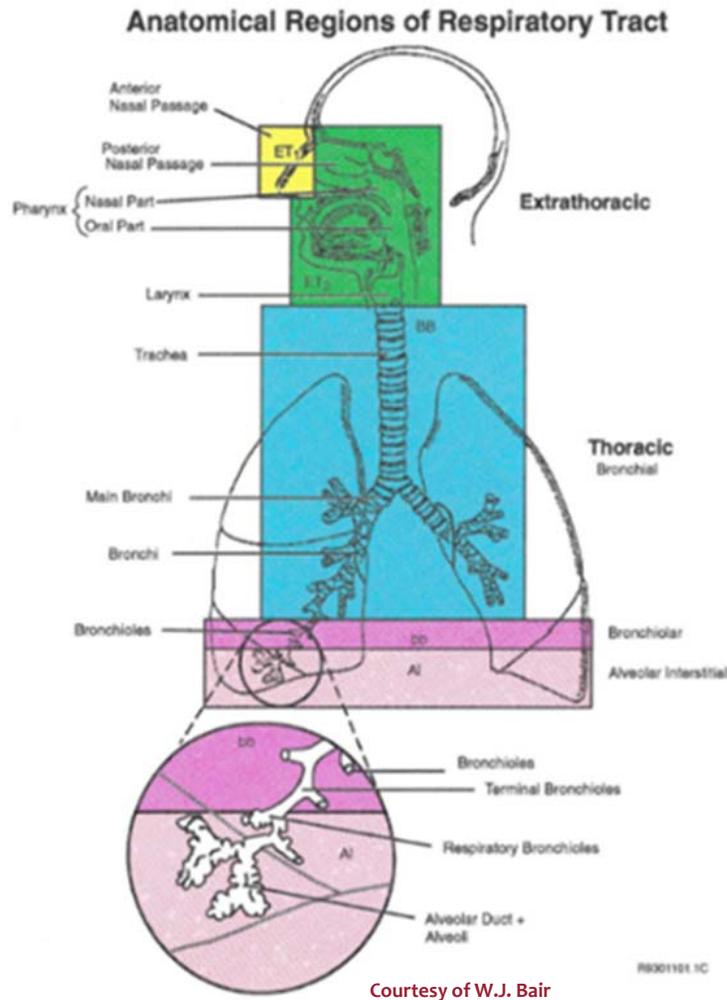
Describe the behavior of radionuclides in the human body upon intake

- Plutonium Systemic Model: Leggett et al, 2005





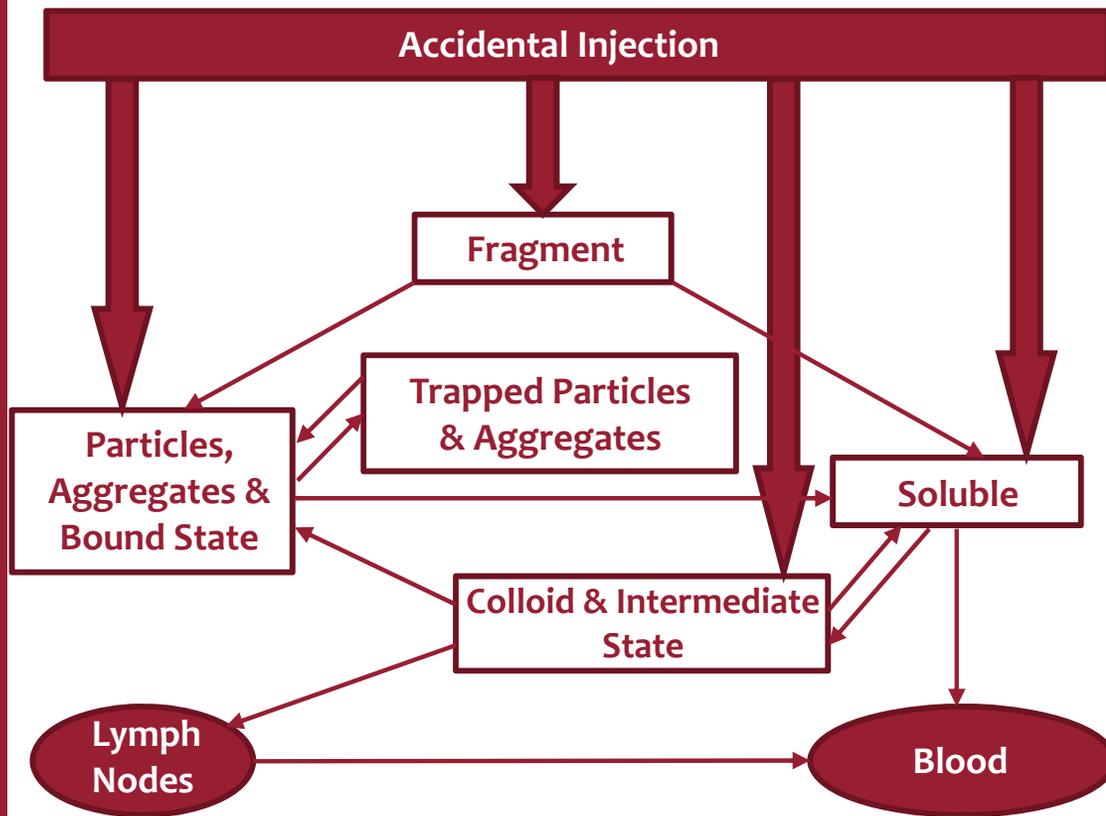
ICRP Human Respiratory Tract Model



Describe how plutonium is absorbed from the respiratory tract into the blood!



NCRP Wound Model



Generic Wound Model

Wound model | Description |

Accidental Injection

Fragment

Trapped Particles and Aggregates

Particles, Aggregates and Bound States

Colloid and Intermediate State

Soluble

Lymph Nodes

Blood

$Ret(t) = a(1) \exp[-\lambda(1)t] + a(2) \exp[-\lambda(2)t] + \dots$

Select

User Defined Mode

NCRP Defaults

Soluble

Weak Moderate

Strong Avid

Colloid

Particle

Fragment

(Wound + Lymph) Retention

Soluble Moderate

| i | a(i) | lam(i) / d |
|---|------------|------------|
| 1 | 0.5974328 | 75.16065 |
| 2 | 0.3098832 | 0.3061887 |
| 3 | 0.09256228 | 0.01820629 |
| 4 | 0.0001218 | |
| 5 | | |

Clear

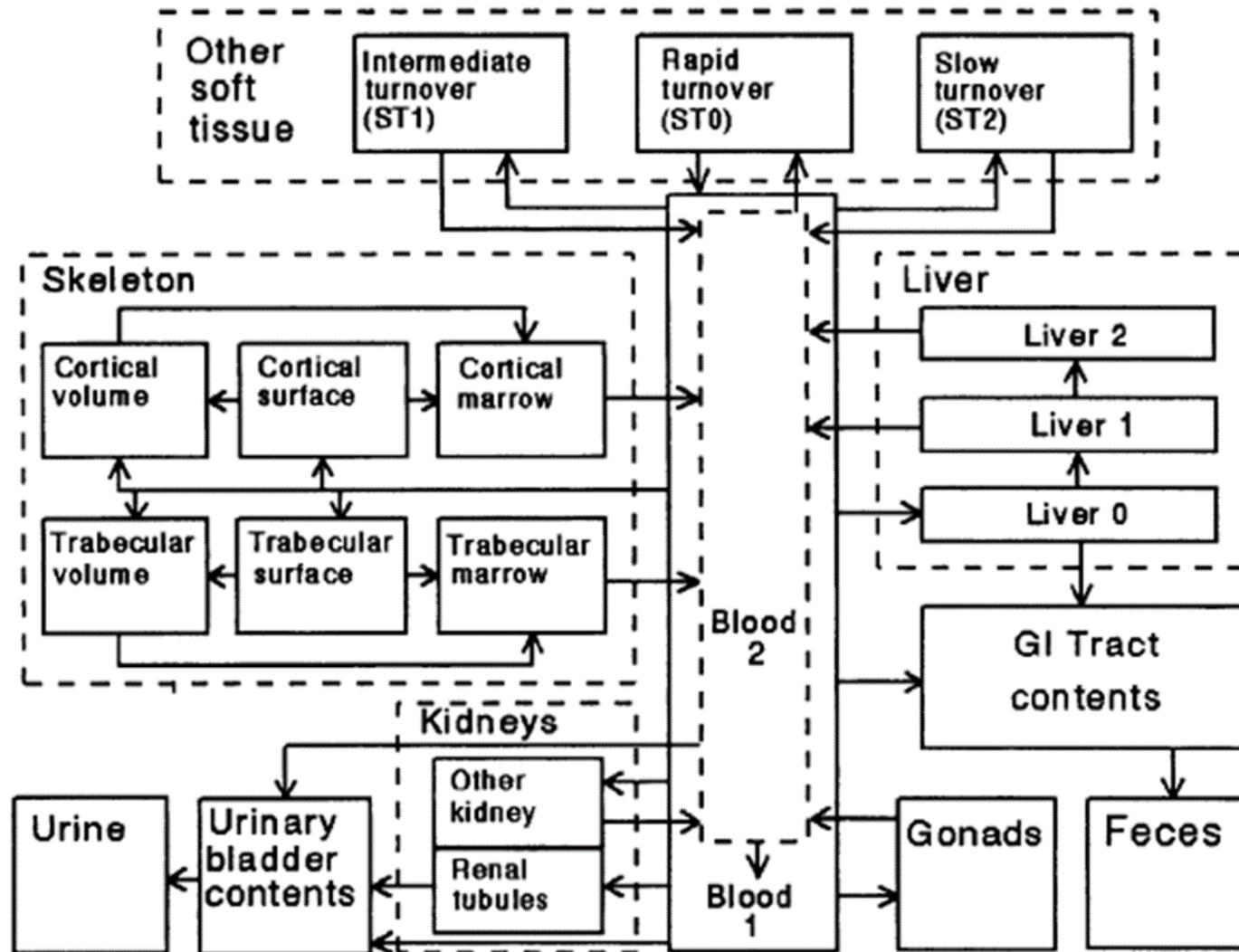
OK Cancel





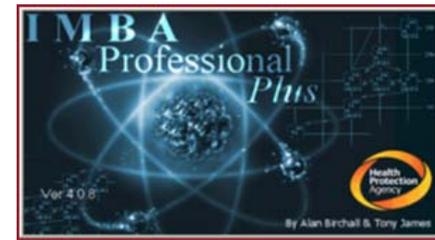
Plutonium Systemic Model

Leggett et al. Mayak Worker Study: An Improved Biokinetic Model for Reconstructing Doses from Internally Deposited Plutonium (2005) Rad Res 164; 111 - 122





IMBA Professional Plus®

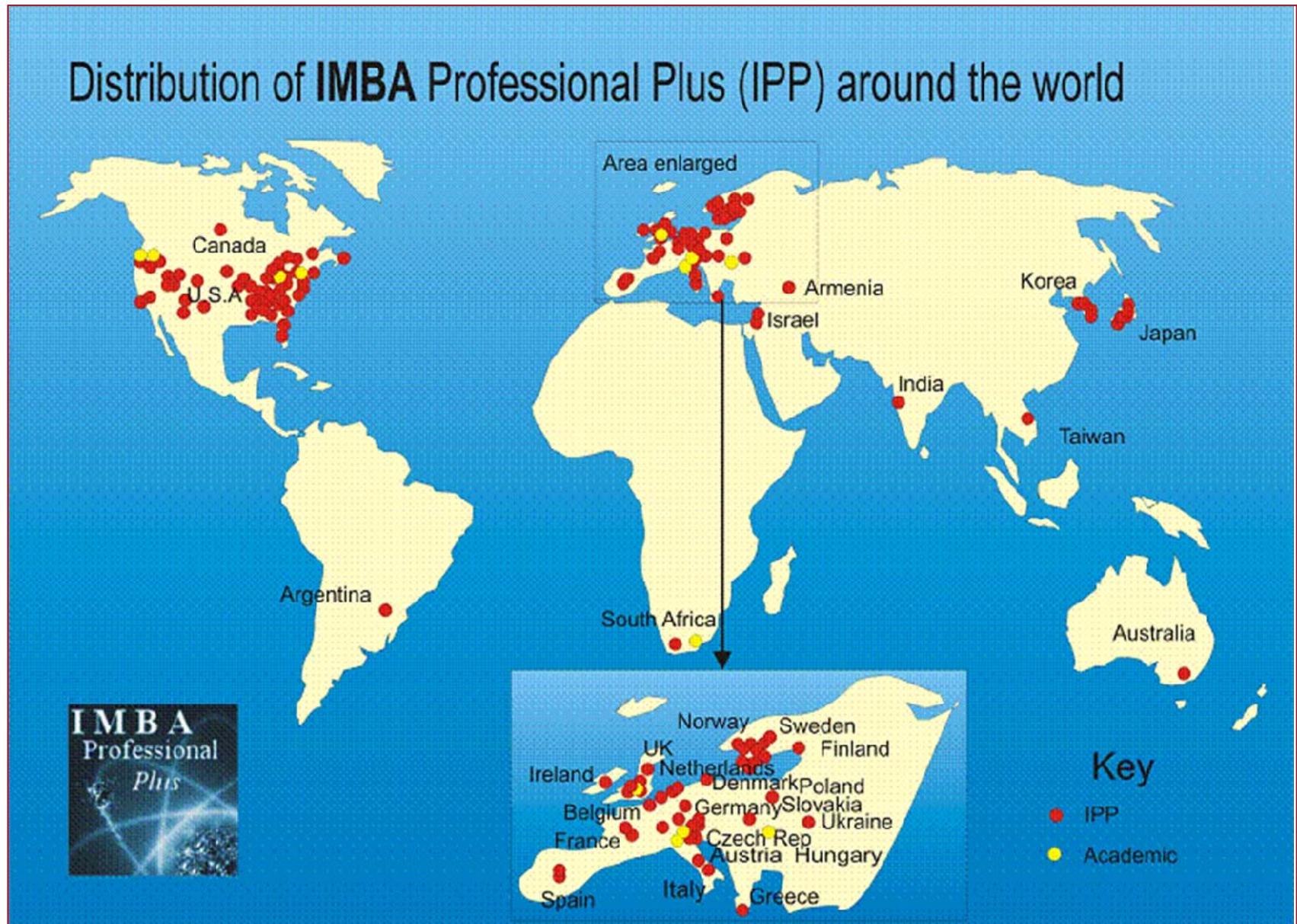


IMBA: Integrated Modules for Bioassay Analysis

- A suite of software modules for internal dosimetry
- Implements all current biokinetic and dosimetric models
- Enables the user to:
 - Assess an intake from bioassay measurement data
 - Predict bioassay quantities from a specific intake
 - Calculate resulting doses



IMBA Professional Plus®



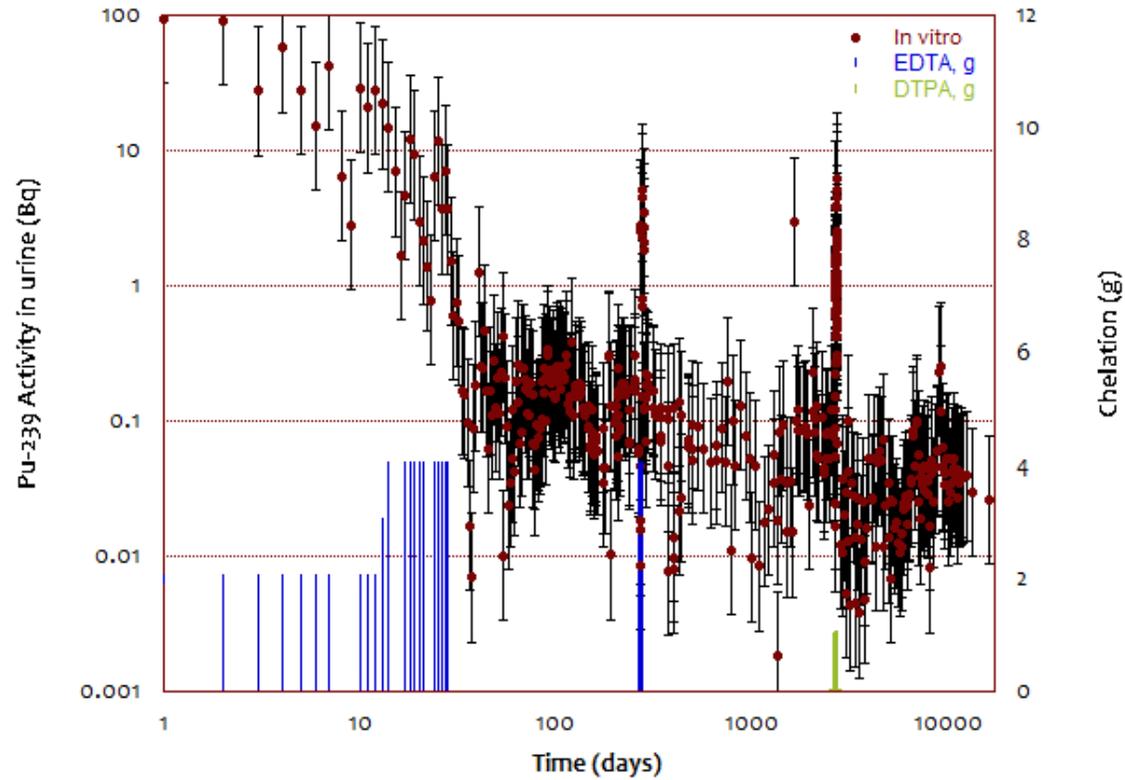


Preliminary Results





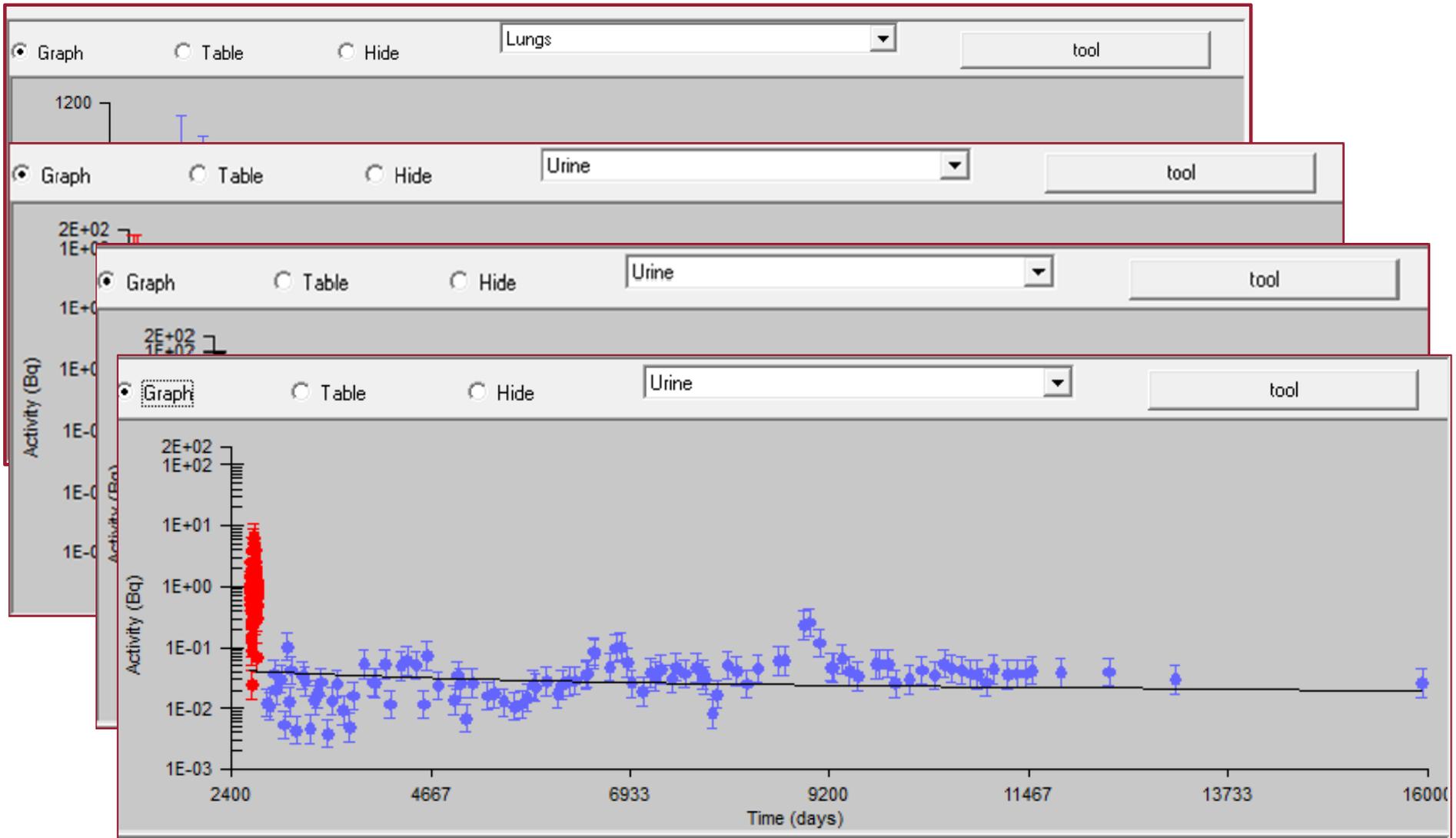
Plutonium Decorporation



- Excretion: 683 Bq



Estimating Intake



- Inhalation: 33,050 Bq
- Wound: 1,084 Bq



Conclusions

- Exposure to highly insoluble Pu material
- Estimated intake was 34,817 Bq
- Major internal contamination (97%) from inhalation
- Systemic deposition 51 years post-intake was 2,800 Bq with skeleton-to-liver activity ratio of 3:1



Future Directions

- Modify the default ICRP model parameters to find the best estimate of the intake
- Develop and parameterize plutonium decorporation model
- Validate model using USTUR data (15 cases)

Acknowledgments

USTUR :

- Maia Avtandilashvili
- Margo Bedell
- Florencio Martinez
- Stacey McComish
- George Tabatadze
- Elizabeth Thomas
- Sergei Tolmachev

Graduate Committee:

- Dr. Sayed Daoud, *Chair*
- Dr. Kathryn Meier
- Dr. Jeannie Padowski
- Dr. Daniel Strom
- Dr. Sergei Tolmachev, *Advisor*

Collaborator:

- Dr. Bastian Breustedt



Sponsors: LASPAU, CAPES, WSU/COP, and US DOE/USTUR



61st Health Physics Society Meeting

17 – 21 July 2016, Spokane, WA



College of
Pharmacy
WASHINGTON STATE UNIVERSITY

Special Section: *USTUR: Five Decade Follow-up of Plutonium and Uranium Workers*

- Podium Presentation: *USTUR Case 0785: Modeling Plutonium Decorporation Following Complex Exposure*





Cable bridge – Coop
Photography

Thank you!

