

### **Lecture 10 – Radiotracer**

This lecture will cover: (CH3.1-3.5)

- Nuclear Medicine
- Radioactive decay
- Radiotracer

### **Nuclear Medicine**



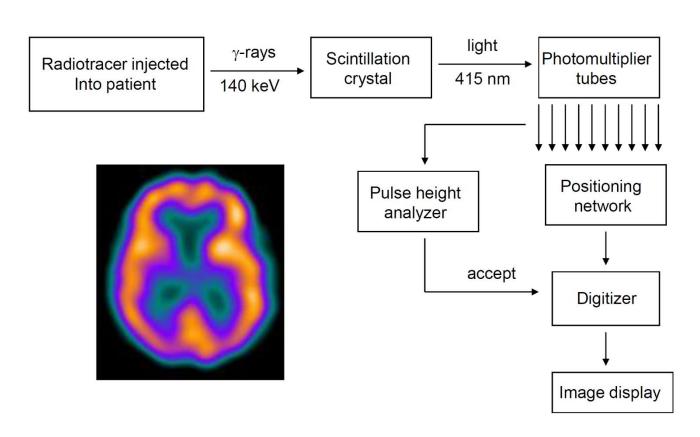
- Measure the concentration of radiotracer molecules which are involved in a metabolic process.
- Detecting γ-ray emitted from unstable isotopes
- Functional imaging to visualize physiological process
- Difference from Angiography
  - Isotope with radioactivity vs non-radioactive contrast agent
  - Biological and metabolic process *vs* physical process
- Imaging techniques
  - Gamma camera
  - Emission CT (ECT) : SPECT, PET
  - Combined scanner: SPECT/CT, PET/CT, PET/MR

### Nuclear medicine scan



The images from nuclear medicine comparing to radiography and CT:

- > Lower SNR
- > Lower spatial resolution
- > Slow image acquisition
- > High sensitivity and specificity



**Fig.** The operation of a nuclear medicine gamma camera. The inset shows a SPECT brain scan using <sup>99m</sup>Tc.



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# Radioactive decay



- $\triangleright$  A radionuclide loses energy by emitting radiation in form of particles ( $\alpha$  or  $\beta$  particles) and EM rays (Photons,  $\gamma$  rays)
- ➤ Photon energy: ~60-600KeV for nuclear medicine
- > The radioactive decay modes
  - Nucleon emission or capture: usually α-decay
  - Electron emission or capture
    - ✓ Electron (β⁻) emission (电子发射)
    - ✓ Electron capture (EC, 电子捕获)
    - ✓ Positron emission (β<sup>+</sup> decay) (正电子发射)

## Nucleon emission or capture



- ightharpoonup Mainly  $\alpha$  decay:  ${}_Z^A X o {}_{Z-2}^{A-4} Y + {}_2^4 \mathrm{He}^{2+}$
- ➤ heavy damage to tissue due to high kinetic energy (3-7MeV), therefore used for radiotherapy not imaging
- $\triangleright$  Shore range of an  $\alpha$ -particle : 0.01-0.1mm in water and soft tissue
- To reach deep located tumor, neutron capture can be applied, where the neutron penetrate into the tissue until captured by an injected chemical component

$${}_{Z}^{A}X + n \rightarrow {}_{Z}^{A+1}X + \gamma \rightarrow {}_{Z-2}^{A-3}Y + {}_{2}^{4}He^{2+}$$

## Particle Therapy

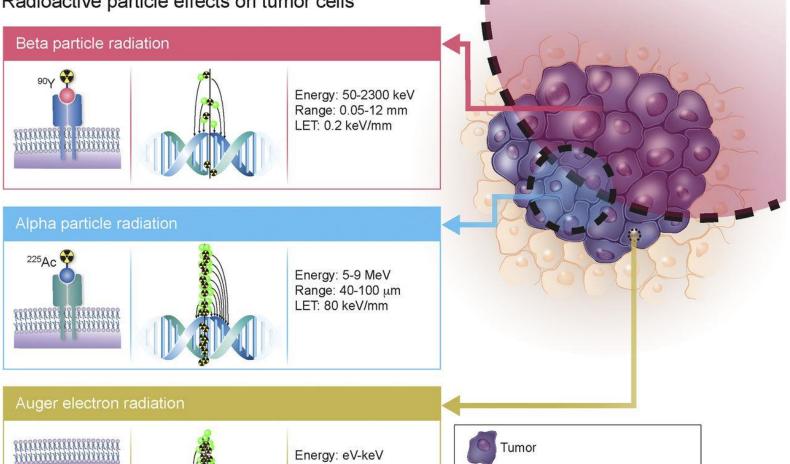
Healthy cell

Particle range

Reactive oxygenated species







Energy: eV-keV

Range: 2-500 nm

LET: 4-26 keV/mm

Fig. Comparison of therapeutic particle energies, particle ranges, LET(linear energy transfer), and DNA damage potencies. Sophie Poty et al. J Nucl Med 2018;59:878-884





> Electron (β<sup>-</sup>) emission (电子发射)

$$_{Z}^{A}X \rightarrow _{Z+1}^{A}Y + e^{-}$$
,  $n \rightarrow p^{+} + e^{-}$   
 $_{Z+1}^{Am}Y = _{Z+1}^{A}Y + \gamma$ 

➤ Electron capture (EC, 电子捕获)

$${}_{Z}^{A}X + e^{-} \rightarrow {}_{Z-1}^{A}Y , p^{+} + e^{-} \rightarrow n$$

$${}_{Z-1}^{Am}Y = {}_{Z-1}^{A}Y + \gamma$$

Positron emission (β<sup>+</sup> decay) (正电子发射)

$$_Z^A X \rightarrow_{Z-1}^A Y + e^+$$
 ,  $p^+ \rightarrow n + e^+$   $e^+ + e^- = 2\gamma$  (annihilation, 湮灭)



# Disintegration (衰变)



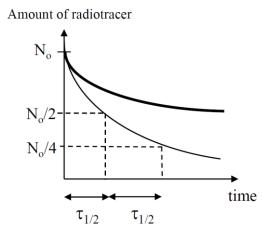
- ightharpoonup Radioactivity (放射性活度):  $Q = -dN/dt = \lambda N$  (unit: Bq 贝克勒尔,1Ci(居里)=3.7\*10<sup>10</sup>Bq)
- Decay constant (衰变常数):  $\lambda = Q/N$ , and the number of radioactive isotopes at time t:  $N(t) = N(t_0)e^{-\lambda(t-t_0)}$
- Half life (半衰期): the time required for radioactivity to drop to one half of its value.

$$\tau_{1/2} = \frac{\ln 2}{\lambda} = 0.693/\lambda$$

the effective half life:  $au_{1/2, eff} = \frac{ au_{1/2} au_{1/2, bio}}{ au_{1/2} + au_{1/2, bio}}$ 

Where  $au_{1/2}$ : the half life of the isotope

 $\tau_{1/2, \text{bio}}$ : the biological half life related to excretion



**Fig.** A plot of the amount of two different radiotracers as a function of time. The thin line corresponds to a radiotracer with a shorter half-life than the one indicated by the thick line. The  $\tau_{1/2}$  refers to the radiotracer with the shorter half-life.



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# Properties of Radiotracer (放射示踪剂)



- The adequate radioactive half-life
  - Short enough to produce significant radioactivity without requiring a large initial dose
  - Not so short that causes significant decay before the required post-injection delay
- $\triangleright$  Mono-energetic y-ray without emission of  $\alpha$  or  $\beta$  particles
  - Differentiated from Compton scattered γ-ray to improve image contrast
  - $\alpha$  or  $\beta$  particles increasing radiation without any image information
- Energy of γ-ray greater than ~100KeV for enough γ-rays from deeply located issues to reach detectors.
- Energy of γ-ray less than ~200KeV so that the rays do not penetrate the thin lead septa in the collimator.
- ➤ High uptake in the organ of interest and low non-specific uptake in the rest of the body.





Properties of common radiotracers used in planar scintigraphy and SPECT

Radiotracer	Half-life (hours)	γ-ray energy (keV)	Clinical application
<sup>99m</sup> Tc	6.0	140	various
<sup>67</sup> Ga	76.8	93, 185, 300, 394	tumour detection
<sup>201</sup> TI	72	167, 68-82 (X-rays)	myocardial viability
<sup>133</sup> Xe	127.2	81	lung ventilation
<sup>111</sup> ln	67.2	171, 245	inflammation

## 99mTc Generator



- ➤ To produce 99mTc on-site
- → <sup>99</sup>Mo (parent or mother nucleus, 母体) → <sup>99m</sup>Tc (daughter nucleus, 子体)
   → <sup>99g</sup>Tc
- ➤ <sup>99</sup>Mo absorbed on the surface of alumina ceramic column
- ➤ <sup>99m</sup>Tc is eluted from the column in the form of sodium pertechnetate (高锝酸钠)
- ➤ A mixture of <sup>99</sup>Mo , <sup>99m</sup>Tc and <sup>99g</sup>Tc

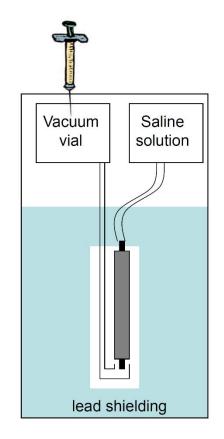




Fig. (left) A technetium generator. (right) A commercial technetium generator.





Radioactive decay: 
$$^{99}_{42}\text{Mo} \xrightarrow{\tau_{1/2} = 66\text{hrs}} ^{99}_{43}\text{Tc} + ^{0}_{1}\beta \xrightarrow{\tau_{1/2} = 6\text{hrs}} ^{99}_{43}\text{Tc} + \gamma$$

$$(N_1) \qquad (N_2) \qquad (N_3)$$

Where the radioactivity of  $^{99m}_{43}$ Tc:  $\frac{dN_2}{dt} = \lambda_1 N_1 - \lambda_2 N_2 \Rightarrow \frac{dN_2}{dt} + \lambda_2 N_2 = \lambda_1 N_1$ 

Solving the 1<sup>st</sup>-order differential equation:

homogenous: 
$$N_2 = Ce^{-\lambda_2 t}$$
 particular:  $N_2 = De^{-\lambda_1 t}$ 

Where 
$$D = \frac{\lambda_1 N_0}{\lambda_2 - \lambda_1}$$
 and  $C = -\frac{\lambda_1 N_0}{\lambda_2 - \lambda_1}$  with the boundary condition  $N_2 = 0|_{t=0}$  and  $N_1 = N_0 e^{-\lambda_1 t}$ 

Therefore the final solution: 
$$N_2 = \frac{\lambda_1 N_0}{\lambda_2 - \lambda_1} (e^{-\lambda_1 t} - e^{-\lambda_2 t})$$

and radioactivity of 
$$^{99m}_{43}$$
Tc:  $Q_2 = \lambda_2 N_2 = \frac{\lambda_1 \lambda_2 N_0}{\lambda_2 - \lambda_1} (e^{-\lambda_1 t} - e^{-\lambda_2 t})$ 

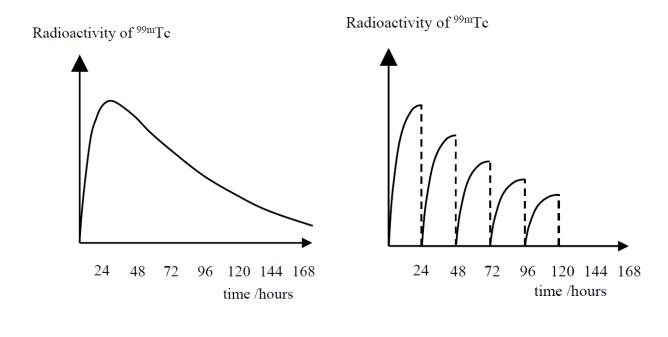
Where 
$$\lambda_1 = 2.92*10^{-6}/\text{sec}$$
  $\lambda_2 = 3.21*10^{-5}/\text{sec}$ 





The decay of <sup>99</sup> and increase of M o<sup>99m</sup>Tc

Time (hr)	Radioactivity of <sup>99</sup> Mo (GBq)	Radioactivity of <sup>99m</sup> Tc (GBq)
0	100	0
1	99	10.8
2	97.9	20.6
3	96.9	29.1
6	93.9	47.9
12	88.2	69.7
18	82.5	77
24	77.8	78.8
48	59.7	59.5



**Fig.** (left) Theoretical plot of the radioactivity of <sup>99m</sup>Tc vs time for a generator that is not milked. (right) Practical radioactivity curve in which the generator is milked every 24 hours, as shown by the dashed lines.

### Distribution of radiotracer



#### The distribution of technetium-based radiotracer within the body

- ➤ Sodium pertechnetate is not widely used for nuclear medicine scans, and chemical modification is needed.
- > For chemical ligand used for modification:
  - Strong chemical bond between chemical ligand and Tc ion
  - High selectivity for the organ of interest
- > Factors affecting biodistribution
  - The strength of the binding to blood protein
  - The lipophilicity and ionization of the chemical ligand
  - The mean of excretion from the body