Measuring Radon in Exhaled Breath

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Possible Approaches

Urine samples – they represent short-term exposure, not lifetime, and uranium is not the main radiation source in ore.

Modeling exposure - based on monitoring and sampling – difficult to extrapolate back over a lifetime.

Whole body monitoring - possible for lifetime measuring gamma radiation only, but high cost of non-portable machine.

Radon in exhaled breath - in our opinion the best indicator for assessing lifetime exposure.

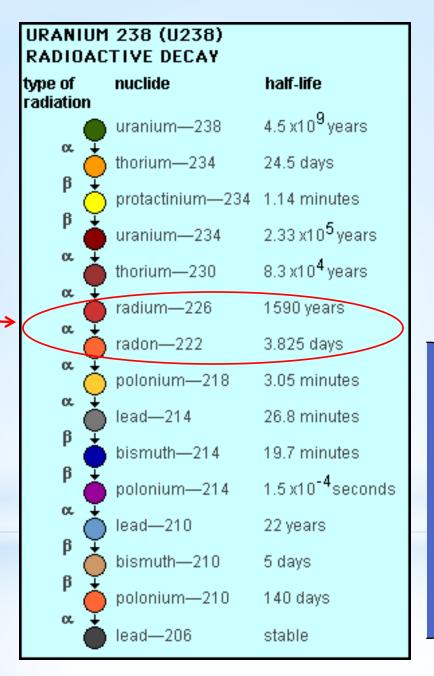
Studies of uranium ore exposure have not yet used radon in exhaled breath:

NIH* and CDC** funded studies of uranium exposure measured urinary levels of uranium, and Rn exposure was estimated based on the situation in the U mines ...

^{*} National Institutes of Health (USA) www.nih.gov

^{**} Centers for Disease Control and Prevention(USA)
www.cdc.gov/niosh/pgms/worknotify/uranium.html

Radium
deposits in
bone with long
biological and
radiological
half lives



(3.825 d = 91.8 hrs)

Radon daughter isotopes

http://www.atral.com/U2381.html

Radium deposited in Areas with A 9 / 20 Figure 1

The method of **radon in exhaled breath** has been used with uranium miners who had very high exposures

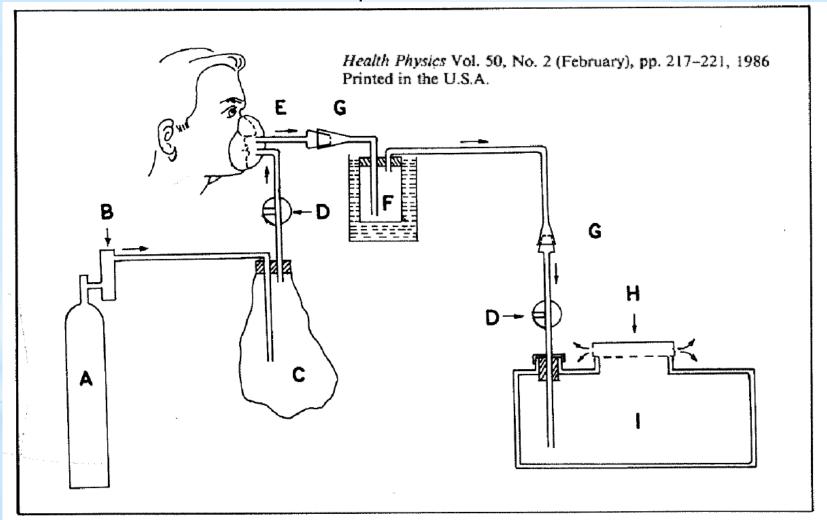


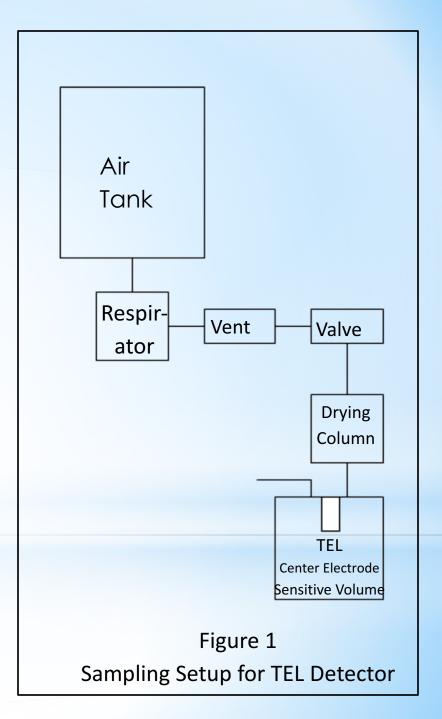
FIG. 1. Experimental setup for measurement of Rn in breath. A = medical oxygen cylinder, B = flow meter, C = plastic bag, D = three-way stopper, E = respirator, F = moisture trap, G = coupling, H = hair hygrometer, I = Rn collection chamber.

Radiation detectors: A version is available from Pylon*.

But sensitivity is still too low to measure low-level exposures.

* http://pylonelectronicsradon.com/





The Pylon Trace Level Radon Detector (TEL) is the only commercially available radon detector with the sensitivity of detection required for measurements of radon in exhaled breath.

The high sensitivity of the TEL is due to its large volume and low background noise level.

But the sensitivity should be further increased by increasing the volume of the collection chamber. This would allow more rapid measuring individuals, thus facilitating epidemiological studies.

Estimating ²²⁶Radium in the body from exhaled radon

Srivastava et al. (1986) note that the body content of ²²⁶Ra can be estimated from the amount of exhaled radon by the relationship:

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Q = quantity of ^{226}Ra present in the body (pCi)

I = breathing rate of the subject (L/h)

\lambda_{Rn} = decay constant of ^{222}Rn (per h)

C_{Rn} = concentration of ^{222}Rn in the breath sample (pCi/L)

f = release fraction for ^{222}Rn
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Estimating the release fraction f for ²²²Rn

Srivastava et al. (1986) cited a value of 0.84 for f. This value is applicable to miners with high exposure.

Others (Dolan 1989) instead quoted a value for f of 0.63 in radium dial workers with long-term body burdens of ²²⁶Ra (Toohey *et al.* 1983). In these subjects, both ²²⁶Ra body content and ²²²Rn exhalation rates were measured at the same time, which lends additional credibility to the values.

Srivastava et al. Radium-226 body burden in U miners by measurement of radon in exhaled breath. Health Phys. 50:217-21 (1986)

Dolan, B. Memorandum to P. Groer "Relationship between breath radon measurements and skeletal radium burdens". Oak Ridge Associated Universities, September 1 (1989) Toohey RE, Keane AT, Rundo J. Measurement techniques for radium and the actinides in man at the center for human radiobiology. Health Phys.44 Suppl. 1:323-41 (1993)

Assuming a value of 0.63 and a standard breathing rate of 1.2 m³/h ["light work" from ICRP publication 66 (ICRP 2004)], a value of 1 pCi/L of radon in the breath corresponds to approximately 0.25 µCi of ²²⁶Ra in the body." (Bloom 2005).

This can be calculated by using the values above and equation (1) as shown below:

$$Q = \frac{1 pCi}{L} \frac{1200L}{h} \frac{91.8h}{\ln(2)} \frac{1}{0.63} = 252,000 \ pCi = 0.252 \ \mu Ci$$

Using a modified TEL detector the **lowest detection level is given with 0.008 pCi/L**.

Bloom CW. Estimation of radium-226 activity in the body from breath radon-222 measurements. ORAU Team Dose Reconstruction Project for NIOSH (2005)

The lowest detection level of Rn

Using the manufacturer's suggested values of breathing rate and an f = 0.63, the following is obtained:

$$Q = (0.008pCi/L)(1200L/h)(91.8h/ln(2))(1/0.63) = 2,100 pCi.$$

We estimate that a person exposed to background levels of radium might have a concentration between 0.016-0.023 pCi/g wet weight. Most of the radium is in bone; an adult weighing 60 kg has a skeleton that weighs about 12 kg or 12'000 g. 12000 g x 0.02 pCi/g = 240 pCi.

In contrast, uranium miner body burdens of radium ranged from 3'500-56'700 pCi (Srivastava et al., 1986).

We expect exposed community residents to fall in between these values and to mostly be within measurement range of the modified Pylon instrument.

Srivastava et al. Radium-226 body burden in U miners by measurement of radon in exhaled breath. Health Phys. 50:217-21 (1986)

Estimating Dose to Red Marrow

Spiers *et al.* (1983) calculated the dose to the red marrow from ²²⁶Ra and its retained daughter isotopes

$$Marrow\ Dose = 0.05 * 5.054 \left(\frac{A * E}{BodyMass * 0.1}\right) Y\ mGy$$

Where A = whole-body Ra-226 content in Bq (=disintegrations/s) (from breath Rn-222)
E = alpha particle energy in MeV absorbed in the skeleton per disintegration
BodyMass = total body mass of the individual
Y = age of subject or time spent in study area in years

E can be calculated based on alpha particle energies of 4.77 MeV for ²²⁶Ra, 5.49 MeV for ²²²Rn, 6.00 MeV for ²¹⁸Po, 7.69 MeV for ²¹⁴Po and 5.30 MeV for ²¹⁰Po. For environmental ²²⁶Ra, 30% retention is commonly assumed for its main decay products ²¹⁰Po and ²¹⁰Pb (Lloyd, 1991). This gives 11.32 MeV of alpha-particle energy per ²²⁶Ra decay.

Spiers FW, Lucas HF, Rundo J, Anast GA. Leukaemia incidence in the U.S. dial workers. Health Phys. 44 Suppl. 1:65-72 (1993)

Lloyd RD & Bruenger FW. Rn:Ra ratios in bone of beagles injected with ²²⁶Ra. Health Phys. 60:567-68 (1991)