

Radiation Protection Aspects Related to Lutetium-177 Use in Hospitals

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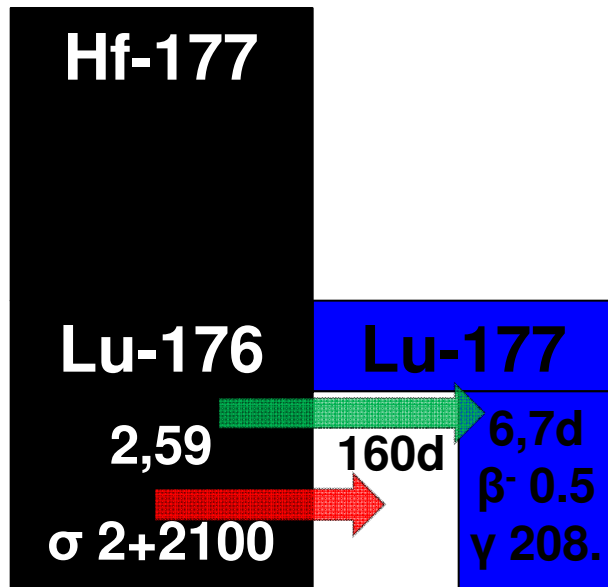
- **Peptide Receptor Radionuclide Therapy – PRRT**
- How is it performed?
- Choice of **peptide**: DOTA-TATE, DOTA-TOC
- Choice of **radionuclide**: ^{177}Lu , ^{90}Y
- Aspects: kidney protection, tumor and organ dosimetry, monitoring of toxicity

Nuclide	Half-life	beta energy	path length(mm)	gamma (keV)
^{177}Lu	6.7 d	133 keV	2	208, 113
^{90}Y	2.7 d	935 keV	12	no

Direct production: (easy) route



- Irradiate enriched ^{176}Lu sample in typical neutron flux of $(1-3)\cdot 10^{14}$ n./cm²/s.
- max. specific activity of ^{177}Lu at EOI: 925 – 1220 GBq/mg (*depending on enrichment of target material*), “carrier-added form” more than 3 stable Lu atoms for every ^{177}Lu

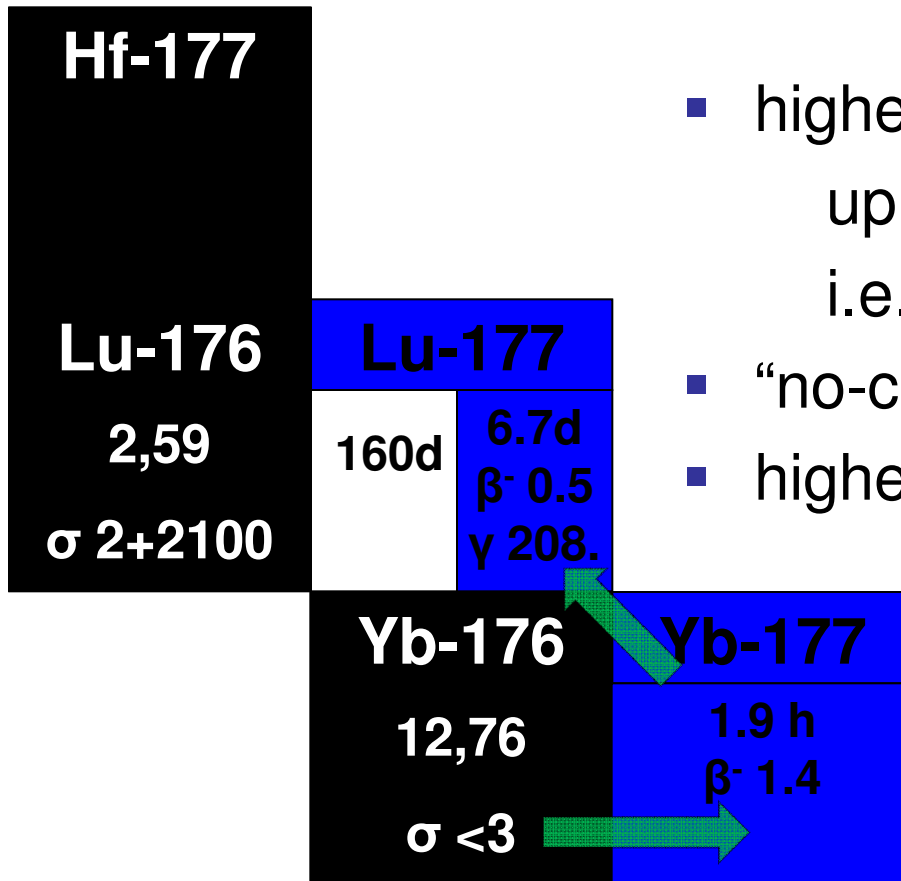


- long-lived radioactive impurities:
> 0.01 % of ^{177m}Lu
- easy target processing
- easy chemistry

Indirect production route



- Irradiate highly enriched ^{176}Yb sample in high neutron flux $(1-20)\cdot 10^{14}$ n./cm²/s, then separate chemically Lu from Yb.



- highest specific activity:
up to 4000 GBq/mg,
i.e. nearly every Lu atom is ^{177}Lu
- “no-carrier-added” form
- highest radionuclidic purity

Chemical Separation Yb-Lu



Impurities in the carrier-added Lutetium-177 solution

- During direct irradiation of ^{176}Lu a remarkable amount of $^{177\text{m}}\text{Lu}$ ($T_{1/2} = 160$ d) is produced via $^{176}\text{Lu}(n,\gamma)$ ($\sigma = 2$ barn).
- It is known that minute amounts of ^{152}Eu ($T_{1/2} = 13.3$ a), ^{154}Eu ($T_{1/2} = 8.8$ a), ^{178}Hf ($T_{1/2} = 31$ a), and ^{46}Sc ($T_{1/2} = 84$ d) are also present in the final product.
- The $^{177\text{m}}\text{Lu}$ content in a labelling solution is mainly depending on two factors: irradiation time and time after end of the irradiation (EOI).
- Under the above mentioned conditions reported values for the $^{177\text{m}}\text{Lu}/^{177}\text{Lu}$ ratio from several reactors vary between 0.01% - 0.02% at EOI. The hospitals are using their ^{177}Lu up to one week after EOI when the $^{177\text{m}}\text{Lu}/^{177}\text{Lu}$ ratio has doubled.

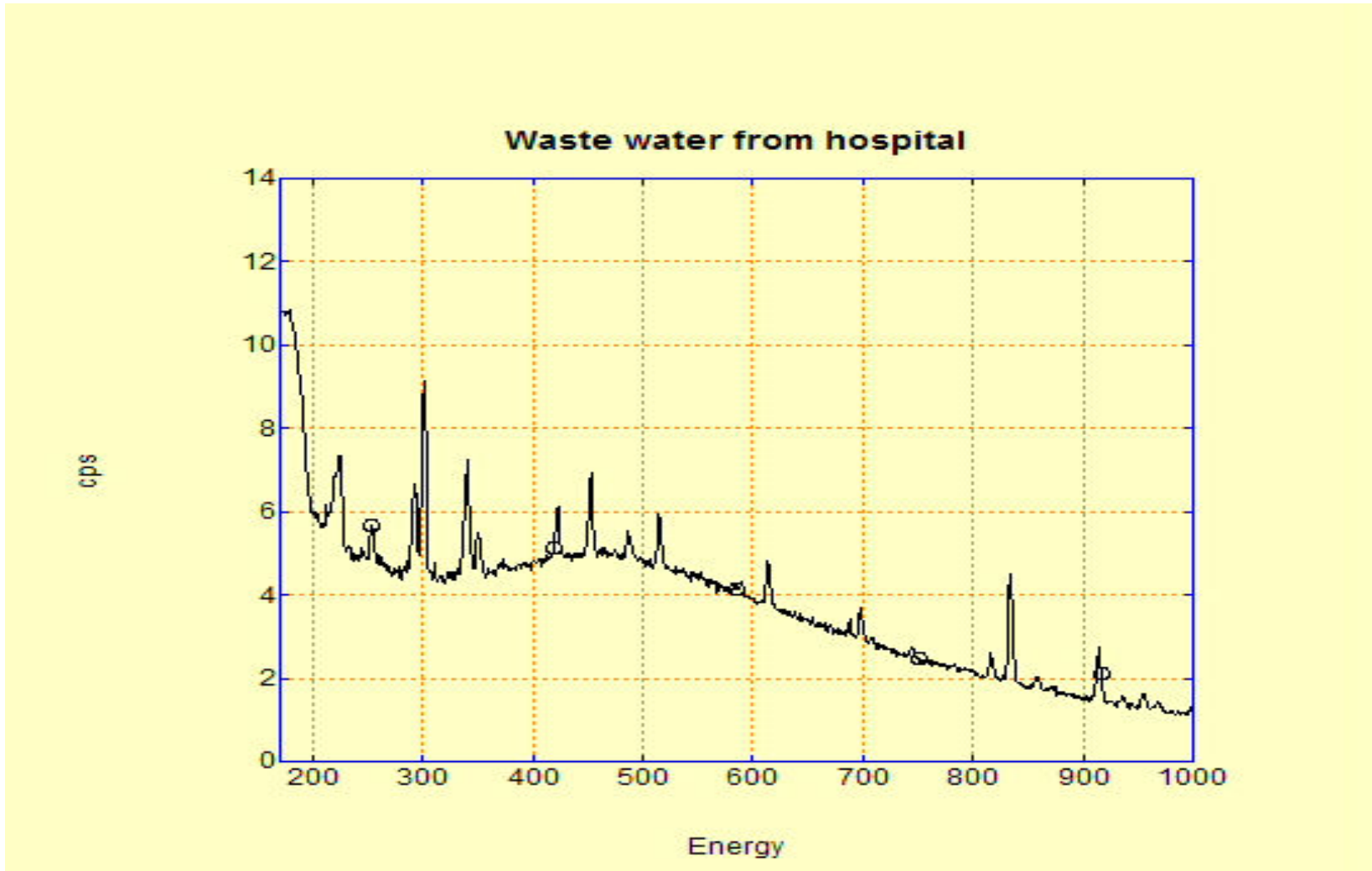
- Lutetium-177 is mainly used for peptide labelling.
A typical dose is 7 - 9 GBq.
When the $^{177\text{m}}\text{Lu}/^{177}\text{Lu}$ ratio is 0.02%, it means that a dose includes approximately 1.4 – 1.8 MBq $^{177\text{m}}\text{Lu}$.

- To handle radioactive materials, which have more activity than the free limit, it is required to have a radioactive material licence. For $^{177\text{m}}\text{Lu}$ the free limit is 1 MBq.
- If the free limit is exceeded the nuclide has to be included in the licence or it should be licenced as a byproduct.
- Hence, hospitals which are using over 5 GBq c.a. ^{177}Lu should have a radioactive material licence also for $^{177\text{m}}\text{Lu}$
- (According to the German Radiation Safety Regulation)

- During the labelling process and treatment the loss of radioactivity is typically 2 to 5% of the activity - that is equal to 28 - 90 kBq $^{177\text{m}}\text{Lu}$.
- The release limit for $^{177\text{m}}\text{Lu}$ is 10 Bq/g waste. All waste should be collected and shipped to a radioactive deposit or left to decay (if the total waste amount is 0,5 kg per treatment it requires at least 5 half-lives (2 years) to reach the limit).
- (According to the German Radiation Safety Regulation)

- A patient excretes approximately 80% of the dose (1.45 MBq $^{177\text{m}}\text{Lu}$) through the urine relatively fast.
- The highest allowed radioactive concentration in the sewage water canal is 50 kBq/m³. This means that a patient dose needs to be diluted in 30 m³ after the cooling time, which is required for ^{177}Lu decay (2.5 months after treatment the total volume should be 60 m³).
- Great variation how regulatory bodies are calculating the total amount of water that is required and how the radioactive concentration is calculated in a sewage water canal.

Waste Water Gamma-Ray Spectrum



- The waste water sample (1 litre) from a nuclear medicine department contained approximately 30 Bq/l of $^{177\text{m}}\text{Lu}$, so the $^{177\text{m}}\text{Lu}$ content was under the release limit.
- **BUT:**
- The $^{177\text{m}}\text{Lu}$ content was much higher than the estimation of the hospital.
- The sample contained less than 1‰ of solid material. After filtration 50% of the activity was found on the filter.
- How representative was the sample from the waste water tank?
- If the $^{177\text{m}}\text{Lu}$ content in the solid residual is estimated from the liquid, it might be underestimated by a factor 1000.

Conclusions

- ^{177}Lu includes a remarkable amount of long-lived $^{177\text{m}}\text{Lu}$ when produced from the direct route.
- A radioactive licence might be needed for $^{177\text{m}}\text{Lu}$.
- Laboratory waste should be collected separately and sent to a radioactive deposit.
- In the waste water tanks $^{177\text{m}}\text{Lu}$ might exceed the limits alone or with other nuclides (sum activity).
- Indirectly produced n.c.a. ^{177}Lu is the only way to guarantee highest specific activity and best radionuclidic purity, i.e. absence of the $^{177\text{m}}\text{Lu}$ problem.
- n.c.a. ^{177}Lu requires high-flux reactors and more involved chemical separation.