



# Possible Consequences of Inhomogeneous Suborgan Distribution of Dose and the Linear No-Threshold Dose-Effect Relationship

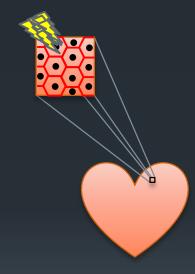
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# Introduction – a theoretical question

 spatial dose distribution within the organs – not considered by radiation protection







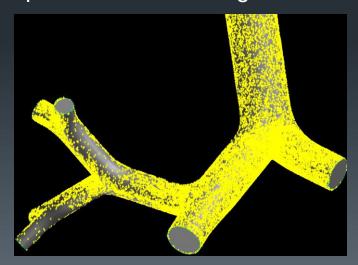




 very different exposure scenarios – the same effective dose and nominal risk

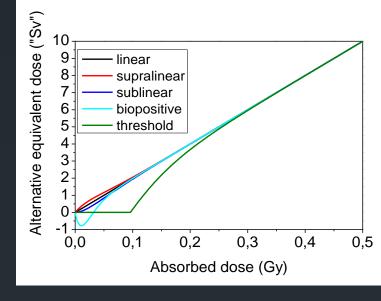
## A practical issue – radon inhalation

- radon progeny inhomogeneous deposition in the lungs
- significant issue in radiation protection
  - contribution to natural radiation burden of the public
  - second most important cause of lung cancer



## Objective

- What consequences have the inhomogeneous dosedistribution,
  - if nominal risk is linear function of absorbed dose?
  - if nominal risk is non-linear function of absorbed dose?



#### Methods

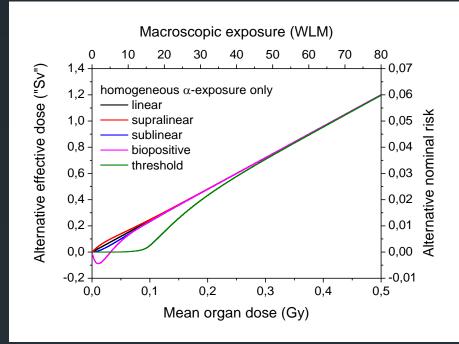
- introduction of tissue units (TUs) with an approximate size of 250 μm × 250 μm × 60 μm, where absorbed dose is computed
- introduction of alternative equivalent dose  $(H_T^*)$  as the function of dose absorbed by TUs  $(D_{TU,i})$
- introduction of alternative effective dose (E\*) considering the suborgan dose distribution with the following expression:

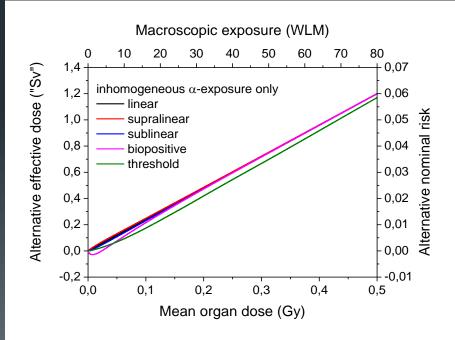
• 
$$E^* = \sum_i w_{TU,i} \cdot H_T^*(D_{TU,i})$$
, where  $w_{TU,i} = \frac{m_{TU,i}}{m_T} \cdot w_T$ 

 the dose distribution in the lungs is identical with the dose distribution in the central airways

#### Results

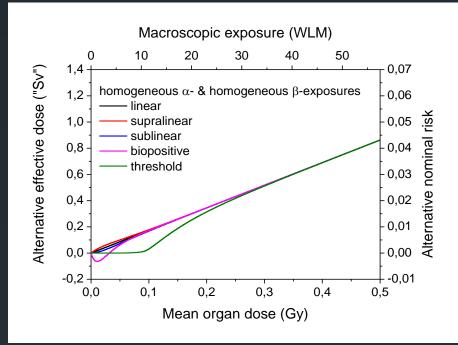
- only α-exposure
- the linear function independent on the dosedistribution
- the non-linear functions are much closer to the linear one in case of inhomogeneous exposure

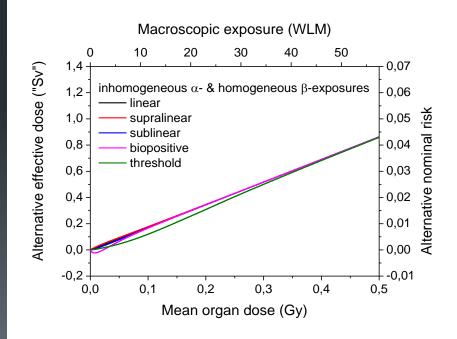




#### Results

- an inhomogeneous α- & a homogeneous β-exposure
- the linear function independent on the dosedistribution
- the non-linear functions are much closer to the linear one in case of inhomogeneous exposure





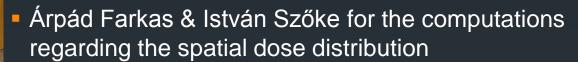
#### Conclusions

- Spatial distribution of dose cannot be considered, if the relationship between nominal risk and absorbed dose is linear.
- If there are any low dose nonlinearity in risk, it is probably less significant in case of inhaled radon progeny, than in case of radiation sources causing homogeneous exposures.
  - Proved linear relationship in case of radon does not necessarily mean linear relationship in the low dose range in general.
  - Proved low dose nonlinearity in case of homogeneous exposures does not necesseraly mean nonlinear risk-exposure relationship in case of radon progeny.

## Acknowledgments

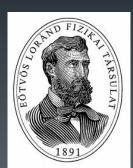
- I would like to thank
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