

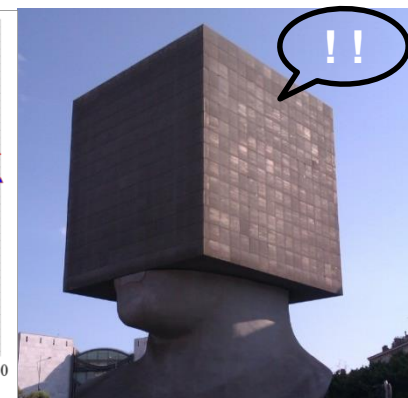
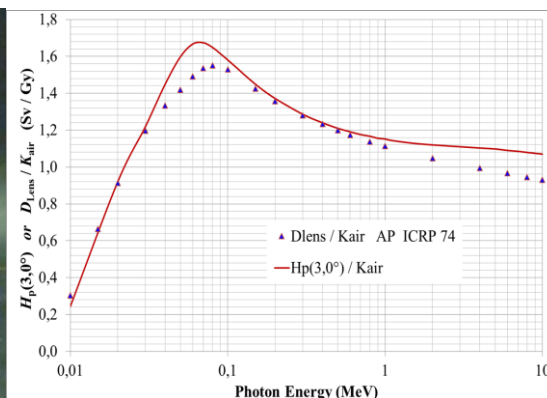
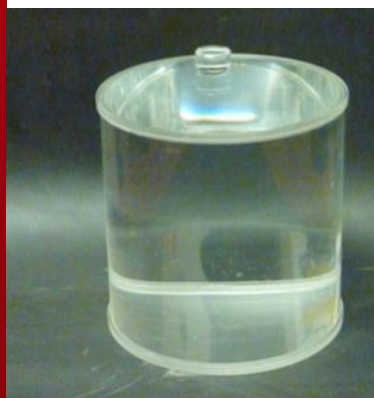
# NEW DATA REGARDING THE LENS OF THE EYE

## (FOR RADIATION PROTECTION PURPOSES)



EU Scientific Seminar, Emerging issues with regard to organ doses  
Luxembourg, 17<sup>th</sup> May 2017, Bordy Jean-Marc

**list**



## LNE

**French National Metrological Institute**



**LNE / CEA / LNHB**

**French National metrological laboratory for Ionizing radiations**

**It develops and transfers to the end users references in terms of air kerma, absorbed doses and dose equivalents for radiotherapy, radio diagnosis and radiation protection (public, patients, workers).**

**Institut CEA LIST**

**Commissariat à l'énergie atomique et aux énergies alternative**

**CEA Saclay / PC 111 / F-91191 Gif sur Yvette CEDEX**

**Tel. +33 (0)1 69 08 41 89 / Jean-Marc.bordy@cea.fr**

The lens of the eye is a special case:

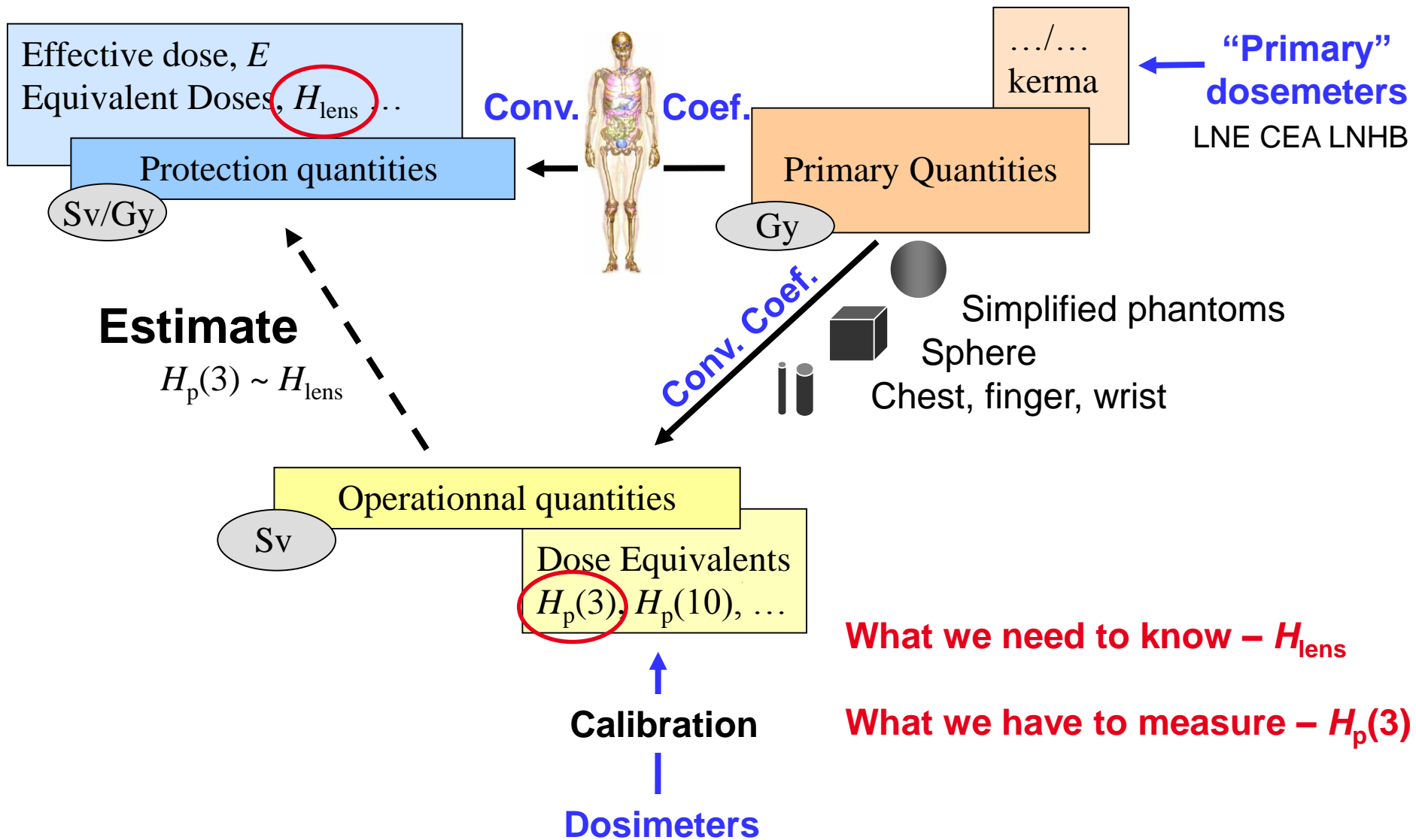
- ❑ First, it is included in the ICRP's list of organs to calculate the effective dose -  $E$
- ❑ Second, one can do routine individual monitoring of eye lens equivalent dose -  $H_{\text{lens}}$  - throughout the operational quantity (dose equivalent  $H_p(3)$ )

Today, we will speak about RADIATION PROTECTION for eye lens dosimetry

Part of this work was already presented or published in:

- Radioprotection 50(3), 177-185 (2015) | Monitoring of eye lens doses in radiation protection / Bordy JM  
DOI:10.1051/radiopro/2015009
- Technical information sheets of the Société Française de RadioProtection SFRP: Eye lens – Regulatory limits, Measurement, Dosimetry and Medical surveillance.  
[http://www.sfrp.asso.fr/medias/sfrp/documents/Divers/Fiche\\_SFRP - Eye Lens - GB\\_06-2016\\_V2.pdf](http://www.sfrp.asso.fr/medias/sfrp/documents/Divers/Fiche_SFRP_-_Eye_Lens_-_GB_06-2016_V2.pdf)
- Individual monitoring IM2015 / Bruges – Belgium and EPRI 2016 / Charlotte - North Carolina - USA |  
Proposal for a criterion to choose between a direct or indirect evaluation of eye lens doses / Bordy JM

Other references on the definition of the dose equivalent quantity are given on slide 8 of this presentation



Operationnal Quantities (OQ)  $H_p(d)$  -  $H'(d)$  or  $H^*(10)$   
 (tissu equivalent phantoms)

Dosimeter satisfying type test requirements

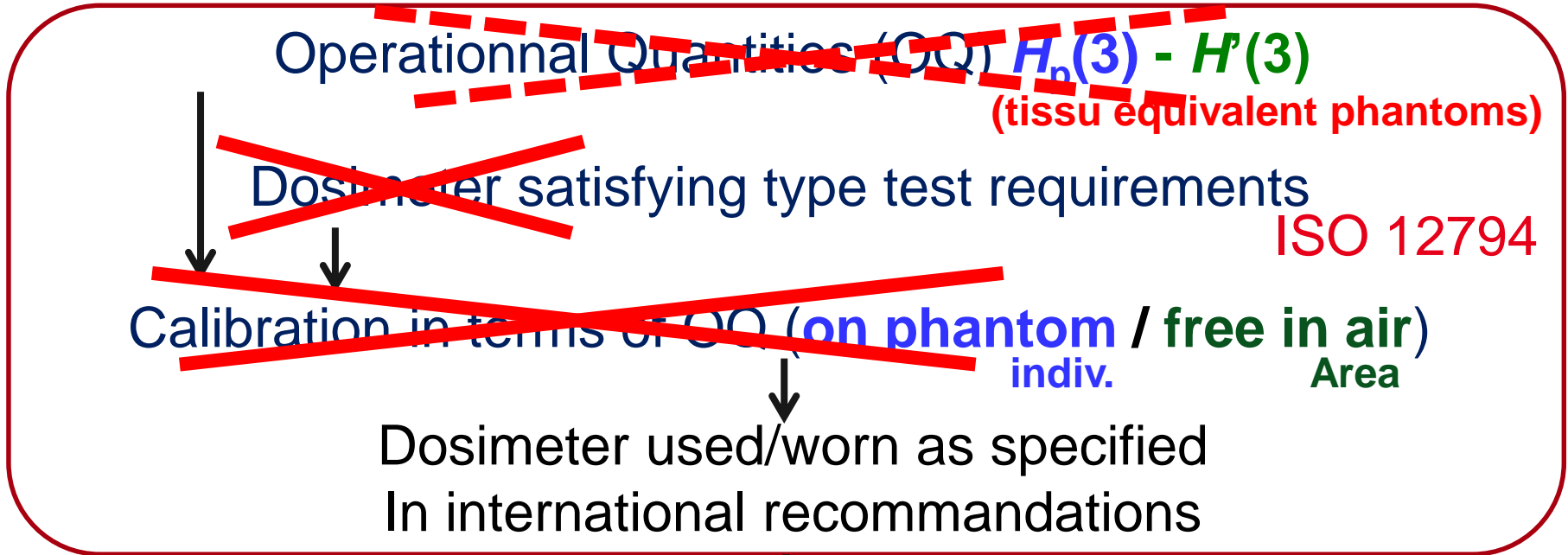
Calibration in terms of OQ (on phantom / free in air)  
 indiv. Area

Dosimeter used/worn as specified  
 In international recommandations

Measure/evaluation of operationnal quantities at workplaces

Estimate of  $H_{skin}$ ,  $H_{lens}$ ,  $E$

Check the exposure limits

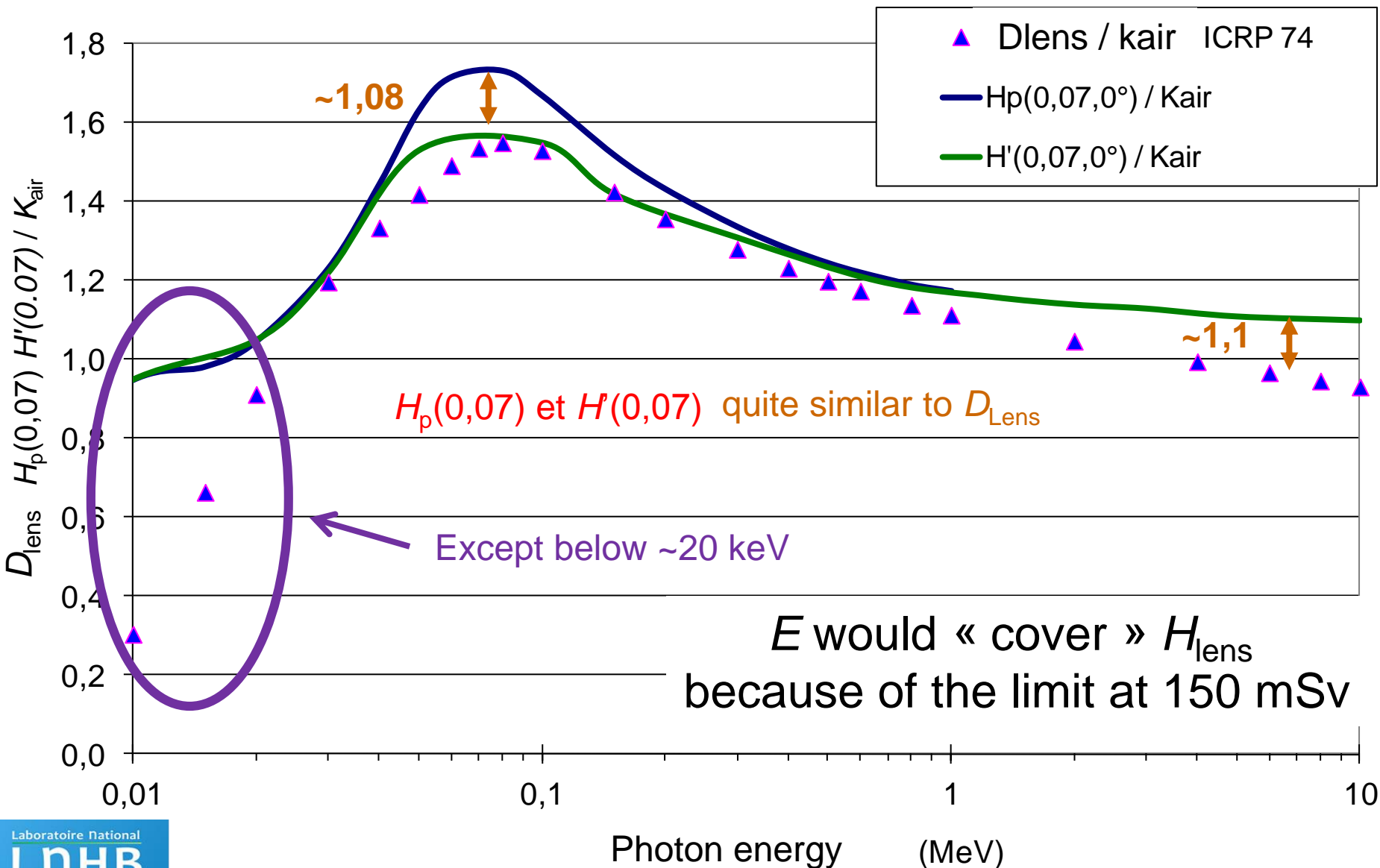


~~Measure/evaluation of operational quantities at workplace~~

Estimate of  $H_{lens}$

Check the exposure limits

**150 mSv /year**





Measure/evaluation of operational quantities at workplace

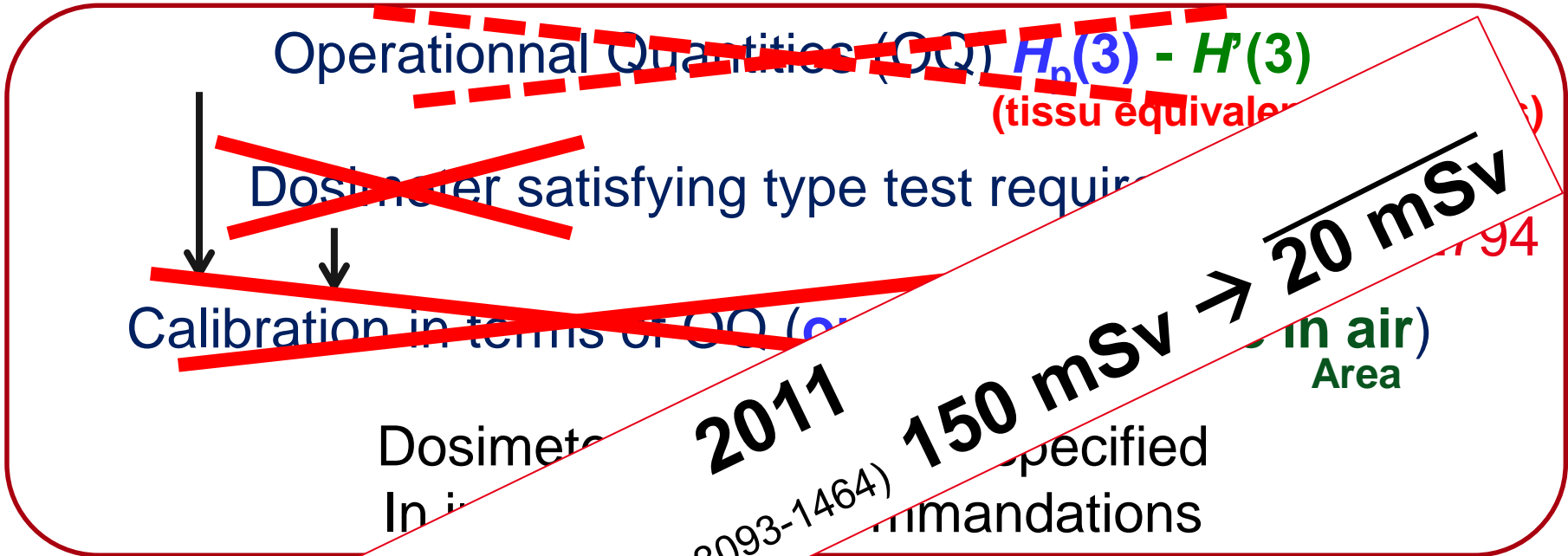
Estimate of  $H_{lens}$

$H_{skin}$  ; E Conservatives

Check the exposure limits

150 mSv /year





Mea

~~operational quantities at workplace~~

Estimate of  $H_{lens}$

$H_{skin}$ ; **???**atives

Check the exposure limits

**20 mSv /year**

## CEA LNE LNHB – ENEA works on the definition of $H_p(3)$ – ORAMED project

- Definition of the quantity  $H_p(3)$  clarified through the use of **cylinder (H=D=20cm)** made of ICRU tissue as the phantom
- Use of a **water cylindrical phantom with PMMA walls (H=D=20cm) for calibration purposes (ISO 29661 & future revised version of ISO DIS 4037)**

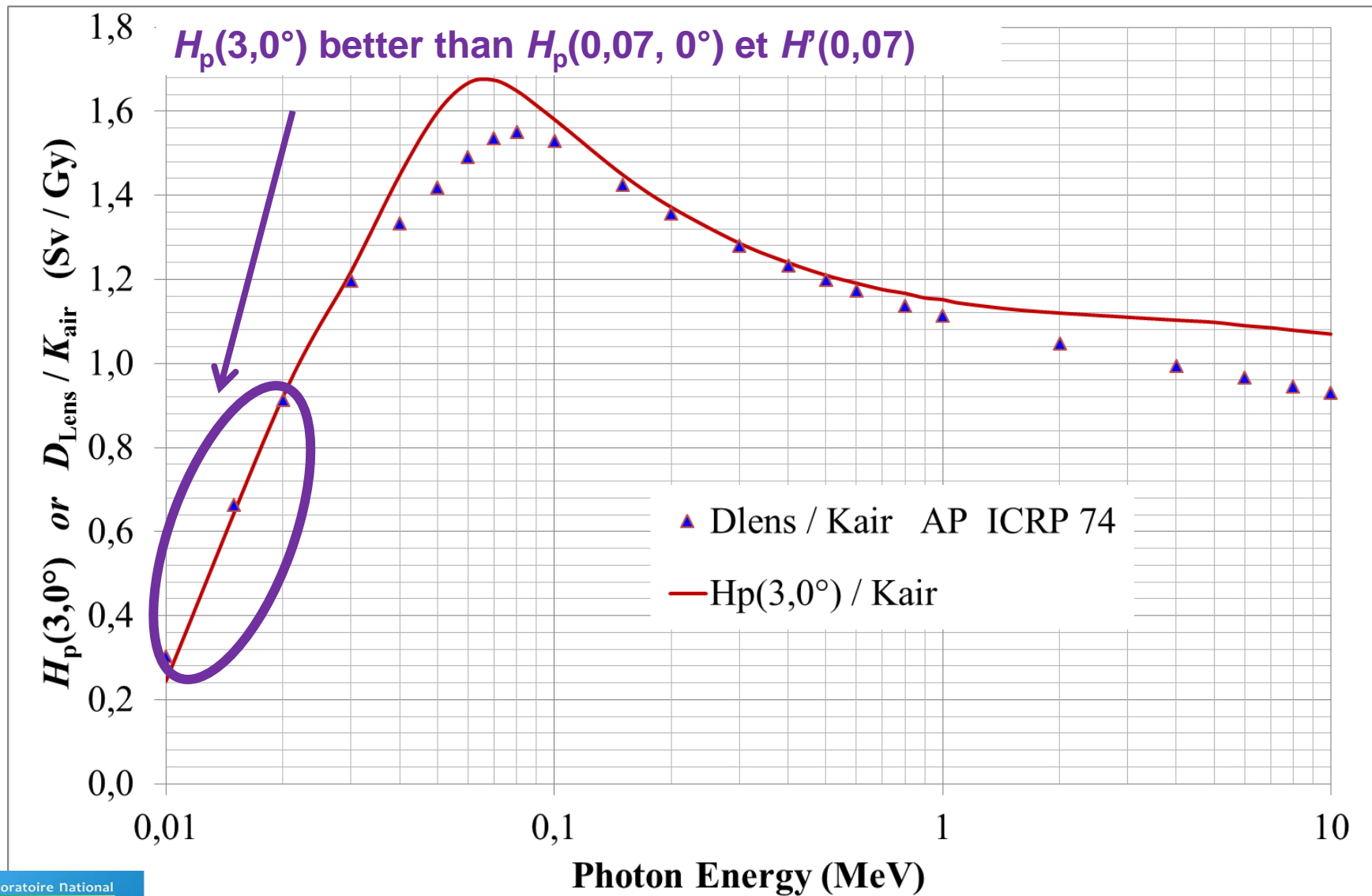
Principle for the design of radiation protection dosimeters for operational and protection quantities, J.M. Bordy, G. Gualdrini, J. Daures and F. Mariotti, *Radiation protection dosimetry*, (2011) 144(1-4): 257-261

Monte carlo determination of the conversion coefficients  $H_p(3)/K_a$  in a right cylinder phantom with penelope code. comparison with "mcnp" simulations“ J. Daures, J. Gouriou, J.M. Bordy, *Radiation Protection Dosimetry* (2011) 144(1-4): 37-42 ; more details in *Conversion coefficients from air kerma to personal dose equivalent,  $H_p(3)$  for eye-lens dosimetry*, Daures, J., Gouriou, J. and Bordy, J.-M., ISSN/0429-3460, CEA-R-6235. CEA (2009)

Eye lens dosimetry: task 2 within the ORAMED project G. Gualdrini, F. Mariotti, S. Wach, P. Bilski, M. Denoziere, J. Daures, J.M. Bordy, P. Ferrari, F. Monteventi, and E. Fantuzzi; *Radiation Protection Dosimetry* (2011) 144(1-4): 473-477

ORAMED project. Eyelens dosimetry. A new Monte Carlo approach to define the operational quantity  $H_p(3)$ ., Marriotti, F. and Gualdrini, G., ISSN/0393-3016, RT/2009/1/BAS. ENEA (2009)

Dose conversion coefficients for photon exposure of the human eye lens, Behrens, R. and Dietze, G., 2011 *Phys. Med. Biol.* 56 415–437. .../...



**A few individual dosimeters are commercially available** (list not exhaustive)  
the principle is to allow a morphological adaptation as ergonomic as possible



<http://www.rotundascitech.com/EyeDosimetry.html>  
\* Health Protection Agency (HPA) proposed a similar design



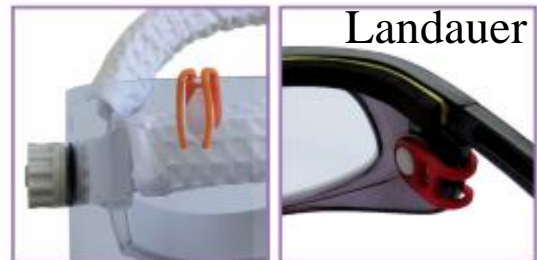
dosilab – dosiEYE  
<http://www.dosilab.fr/>



[http://dosimetre.irsn.fr/fr-fr/Documents/Fiches%20produits/IRSN\\_Fiche\\_dosimetre\\_Cristallin.pdf](http://dosimetre.irsn.fr/fr-fr/Documents/Fiches%20produits/IRSN_Fiche_dosimetre_Cristallin.pdf)



[www.radpro-int.com/assets/eye-d.pdf](http://www.radpro-int.com/assets/eye-d.pdf)



<http://www.landauer-fr.com/lentreprise/actualites.html>

Operationnal Quantities (OQ)  $H_p(3)$  cylinder 20cm « head »

(tissu equivalent material)

Dosimeter satisfying type test requirements (IEC 60880)

Calibration in terms of OQ (e.g.  $H_p(3)$  phantom) indiv.

Dosimeter used as specified

In international harmonized mandations (ISO 15382)

**One can monitor  $H_p(3)$  in routine**

Measurement of operationnal quantities in laboratories

Estimate of  $H_{lens}$

Verification of the exposure limits

20 mSv /year  
50 mSv/year

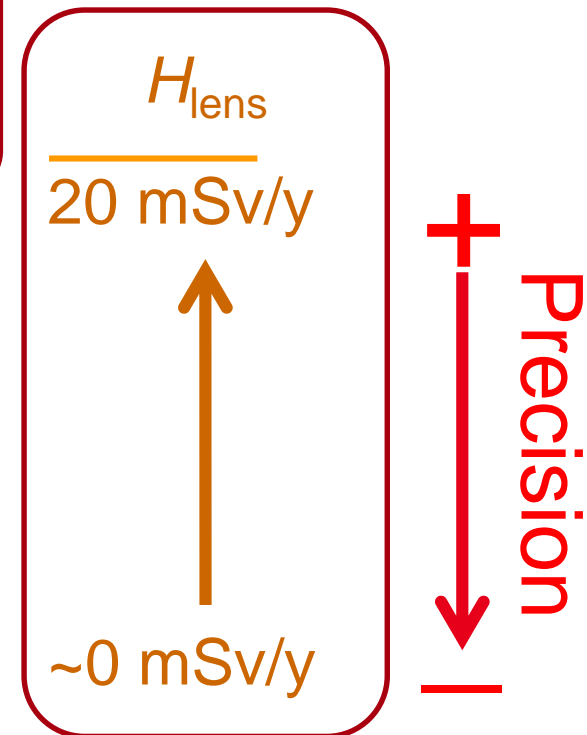
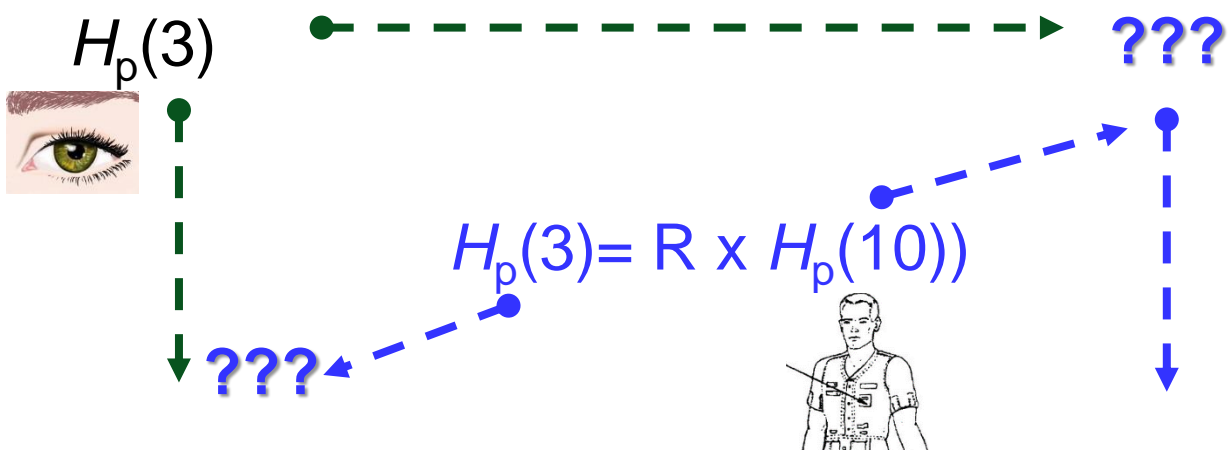
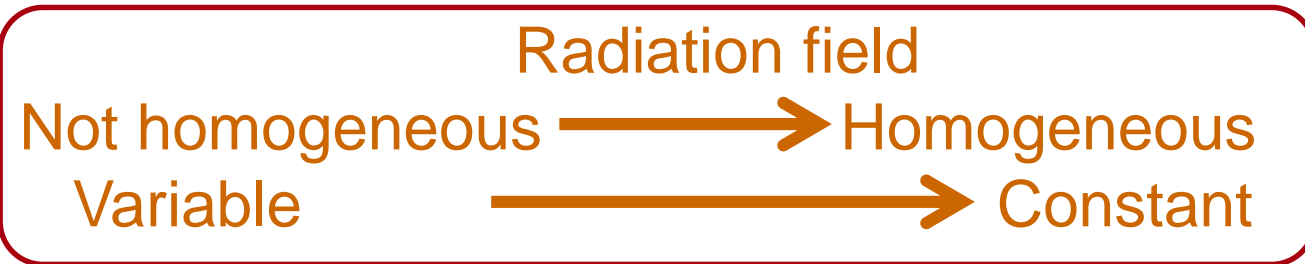
Even if it is agreed that lens “doses” must be measured/monitored, the **modalities of its implementation is the cause for debate.**

Of course, **estimate  $H_{\text{lens}}$  means a direct measurement of  $H_p(3)$**  with a dosimeter specifically designed to measure  $H_p(3)$ , worn at the level of the eye, behind individual protections if any (glasses, faceguards)

A compromise solution between the **constraint to wear an additional dosimeter close to the eye**, and the need to **monitor accurately** the lens exposure, could lead **an indirect measurement**. That is to say:

- **To estimate  $H_p(3)$  through  $H_p(10)$  – whole body dosimetry (chest)**  
$$R = H_p(3) / H_p(10)$$

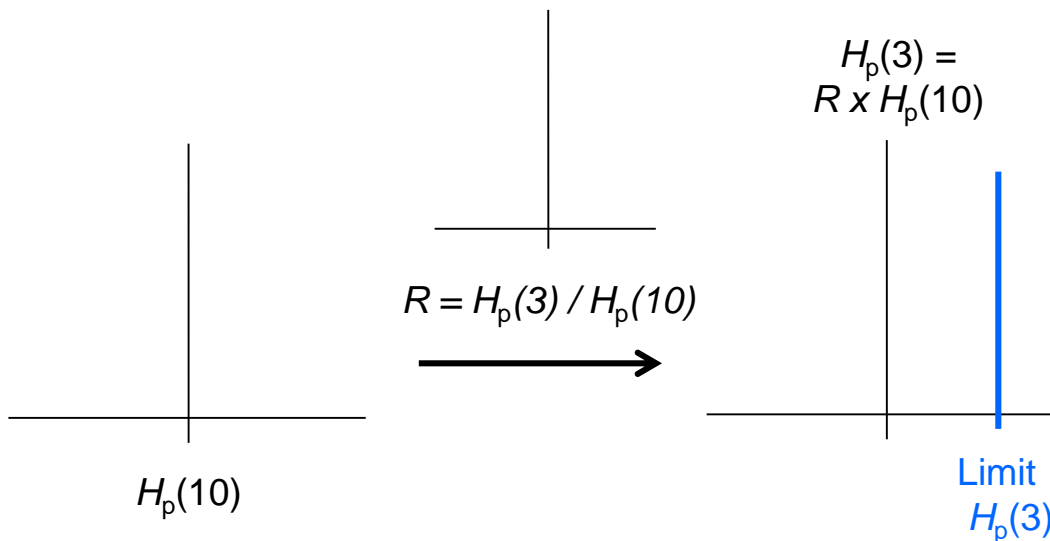
**In such a case, an objective index is needed to justify if it might be possible to evaluate  $H_p(3)$  from another quantity.**



One has to keep in mind that the calculation infers a loss in terms of accuracy  
So that one has to know to which extend the indirect method can be used.

**When  $H_p(3) = R \times H_p(10)$  can be used « without » a risk to exceed  $H_p(3)$  limits?**

Simple direct proportionality

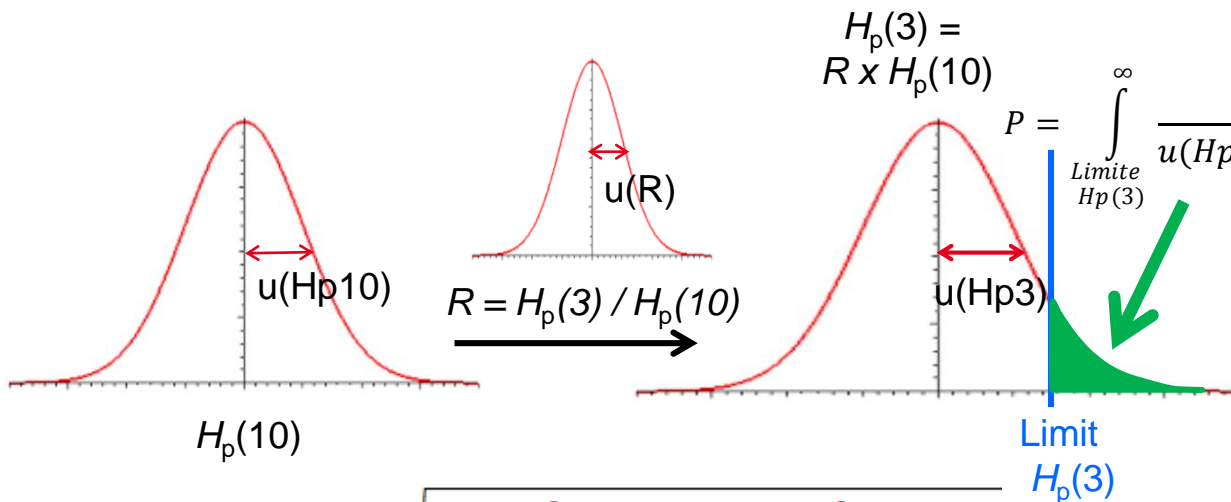


Perfect World



One has to keep in mind that the calculation infers a loss in terms of accuracy

With uncertainty



Real life



$$u(Hp3) = \sqrt{\left(\frac{\partial Hp3}{\partial R}\right)^2 u^2(R) + \left(\frac{\partial Hp3}{\partial Hp10}\right)^2 u^2(Hp10)}$$



Perfect World !

$$R = H_p(3) / H_p(10) \quad \longrightarrow \quad H_p(10) = H_p(3) / R$$

Taking into account the limit of exposure for  $H_p(3)$  (**20** mSv on average over 5 years or **50** mSv over one year), one can substitute  $H_p(3)$  for these exposure limits to define a maximum value of  $H_p(10)$  such as:

$$H_p(10)_{\max 20} = \mathbf{20} / R \quad \text{or} \quad H_p(10)_{\max 50} = \mathbf{50} / R$$

For example, if the  $R = 5$ , it means that at this workplace, the limit of exposure in terms of  $H_p(3)$  corresponds to a maximum value of  $H_p(10)$

$$\begin{aligned} H_p(10)_{\max 20} &= 4 \text{ mSv} && \text{if } H_p(3) \text{ limit of } 20 \text{ mSv} \\ H_p(10)_{\max 50} &= 10 \text{ mSv} && \text{if } H_p(3) \text{ limit of } 50 \text{ mSv} \end{aligned}$$

Over these values of  $H_p(10)_{\max}$ , the limit in terms of  $H_p(3)$  is exceeded.

Real  
Life!

$$H_p(10)_{\max 20} = 20 / R \quad \text{or} \quad H_p(10)_{\max 50} = 50 / R \quad (\text{eq. 1})$$

When including the uncertainty on  $H_p(10)$  measurement

Considering the extended uncertainty  $U(H_p 10)$  ( $k=2$  or  $3$  or ..) on the measurement of  $H_p(10)$ , equations 1 become:

$$H_p(10)_{\max 20} + U(H_p 10) = 20 / R \quad \longrightarrow \quad H_p(10)_{\max 20} = (20 / R) - U(H_p 10)$$

$$H_p(10)_{\max 50} + U(H_p 10) = 50 / R \quad \longrightarrow \quad H_p(10)_{\max 50} = (50 / R) - U(H_p 10)$$

Applying these equations and depending on the confidence level, one can infer that the exposure limit in terms of  $H_p(3)$  might not be exceeded.

If  $U(H_p 10) = 2 \text{ mSv}$  and  $R = 5$ ,  $H_p(10)_{\max}$  is:

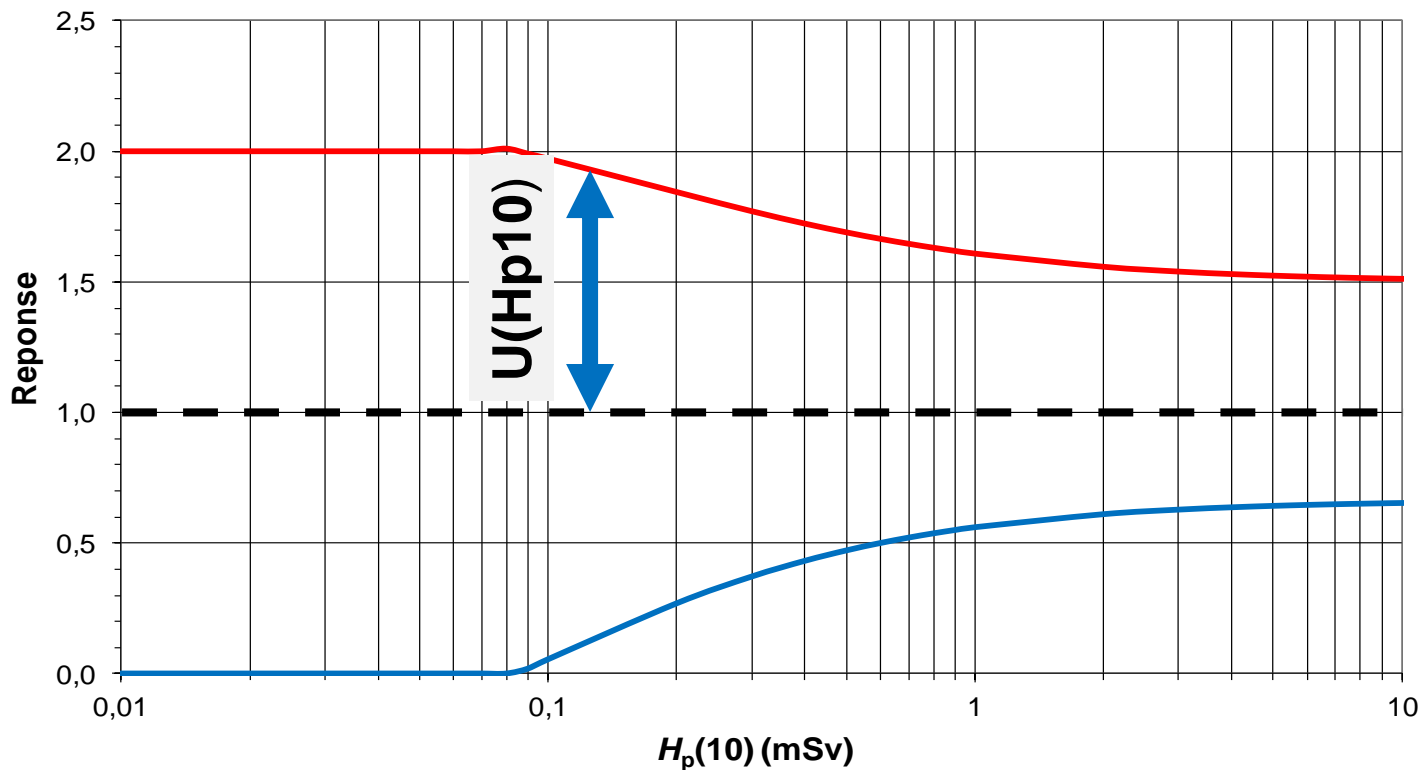
$$H_p(10)_{\max 20} = 2 \text{ mSv (4 mSv)} \quad \text{if } H_p(3) \text{ limit } 20 \text{ mSv}$$

$$H_p(10)_{\max 50} = 8 \text{ mSv (10 mSv)} \quad \text{if } H_p(3) \text{ limit } 50 \text{ mSv}$$

Equations 2

$$\begin{cases} H_p(10)_{\max 20} = (20 / R) - U(H_p 10) \\ H_p(10)_{\max 50} = (50 / R) - U(H_p 10) \end{cases}$$

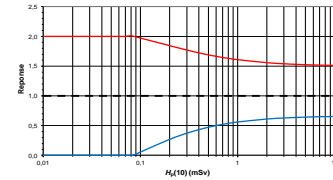
$U(H_p 10)$  can be taken from the so called “trumpet curves”  
(ISO 14146, 2000, EUR 14852 EN)



**Upper limit is given by**

$$H_p(10)_{ul} = 1.5 H_p(10)_t (1 + H_0 / (2 H_0 + H_p(10)_t)) \quad \text{if } H_p(10)_t \geq H_0$$

$$H_p(10)_{ul} = 2 H_p(10)_t \quad \text{if } H_p(10)_t < H_0$$



**Lower limit is given by**

$$H_p(10)_{ll} = H_p(10)_t / 1.5 (1 - 2 H_0 / (2 H_0 + H_p(10)_t)) \quad \text{if } H_p(10)_t \geq H_0$$

$$H_p(10)_{ll} = 0 \quad \text{if } H_p(10)_t < H_0$$

Where -  $H_p(10)_t$  is the true value of the dose equivalent.

- $H_0$  is the lowest dose equivalent required to be measured, here 0.17 mSv for  $H_p(10)$  for photons for a monthly wearing period and a limit equal to 20 mSv (EUR 14852 EN), a value of 0.41 mSv could be used for a limit equal to 50 mSv.

- $H_p(10)_{ul}$  and  $H_p(10)_{ll}$  are the upper and lower limits respectively.

**It turns that the upper limit is the most penalizing for this use**

$$\left\{ \begin{array}{l} H_p(10)_{\max 20} = (20 / R) - U(H_p 10) \quad \text{and} \quad H_p(10)_{\max 50} = (50 / R) - U(H_p 10) \\ H_p(10)_{ul} = 1.5 H_p(10) (1 + H_0 / (2 H_0 + H_p(10))) \quad \text{if } H_p(10) \geq H_0 \\ H_p(10)_{ul} = 2 H_p(10) \quad \text{if } H_p(10) < H_0 \end{array} \right.$$

$H_p(10)_{ul}$  is taken into account to substitute  $U(H_p 10)$  for the maximum error, one has :

$$H_p(10)_{\max 20} = (20 / R) - 1.5 H_p(10) (1 + H_0 / (2 H_0 + H_p(10))) \quad \text{if } H_p(10) \geq H_0$$

$$H_p(10)_{\max 20} = (20 / R) - 2 H_p(10) \quad \text{if } H_p(10) < H_0$$

$$H_p(10)_{\max 50} = (50 / R) - 1.5 H_p(10) (1 + H_0 / (2 H_0 + H_p(10))) \quad \text{if } H_p(10) \geq H_0$$

$$H_p(10)_{\max 50} = (50 / R) - 2 H_p(10) \quad \text{if } H_p(10) < H_0$$

The last thing to take into account is the uncertainty,  $U(R)$ , taken from the evaluation of  $R$  through the workplace study

Introducing the uncertainties, U(R) and U(Hp10) equations 2 become:

$$H_p(10)_{\max 20} = (20 / (R + U(R))) - H_p(10) \times 1.5 (1 + H_0 / (2 H_0 + H_p(10)))$$

if  $H_p(10) \geq H_0$

$$H_p(10)_{\max 20} = (20 / (R + U(R))) - H_p(10) \times 2$$

if  $H_p(10) < H_0$

And

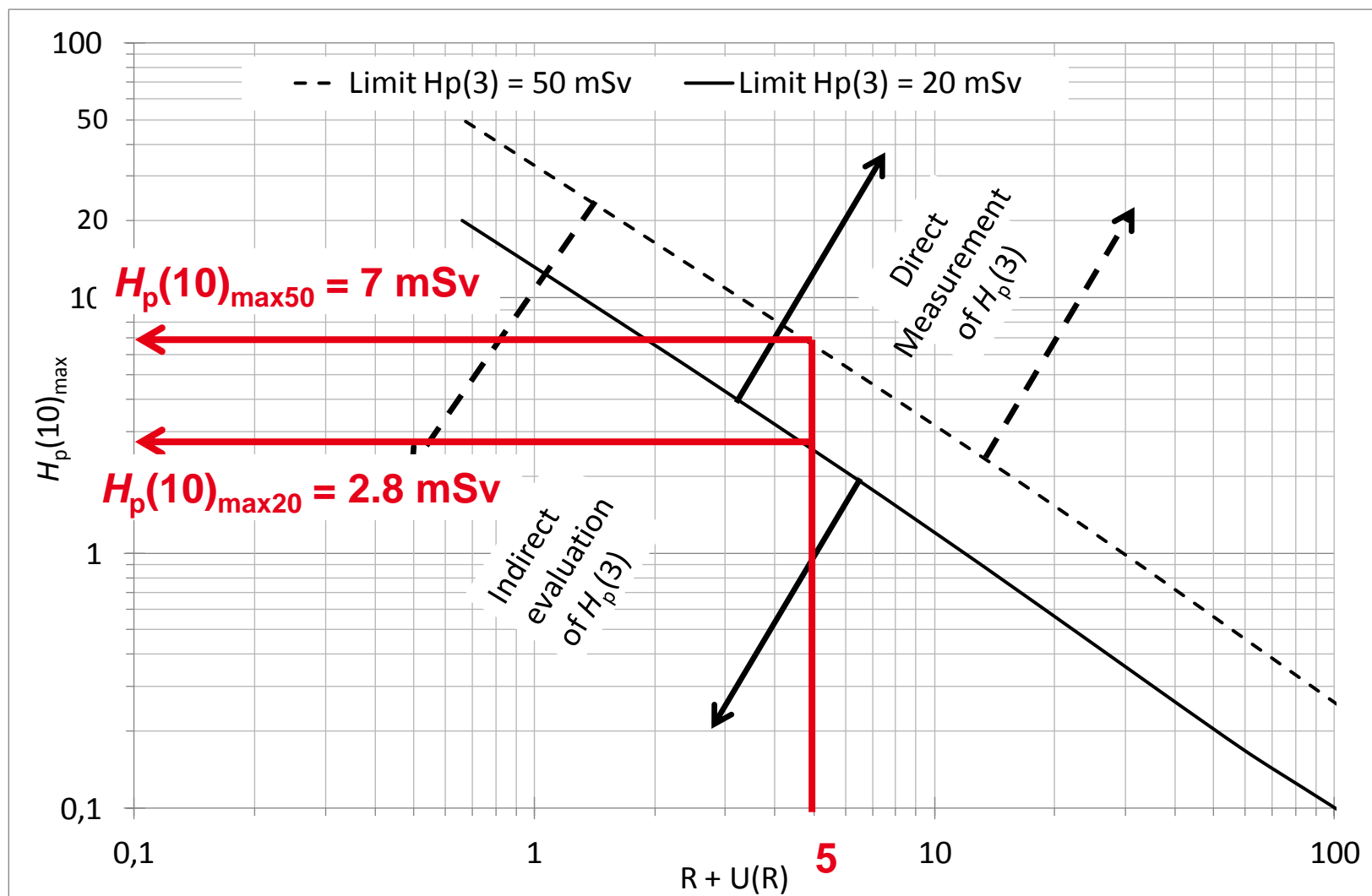
$$H_p(10)_{\max 50} = (50 / (R + U(R))) - H_p(10) \times 1.5 (1 + H_0 / (2 H_0 + H_p(10)))$$

if  $H_p(10) \geq H_0$

$$H_p(10)_{\max 50} = (50 / (R + U(R))) - H_p(10) \times 2$$

if  $H_p(10) < H_0$

Now we can make a few calculations  
based on these equations...



Other trumpet curves equations for  $H_p(10)$  (ICRP, IEC) could be introduced in the model instead of the ISO/EUR ones.

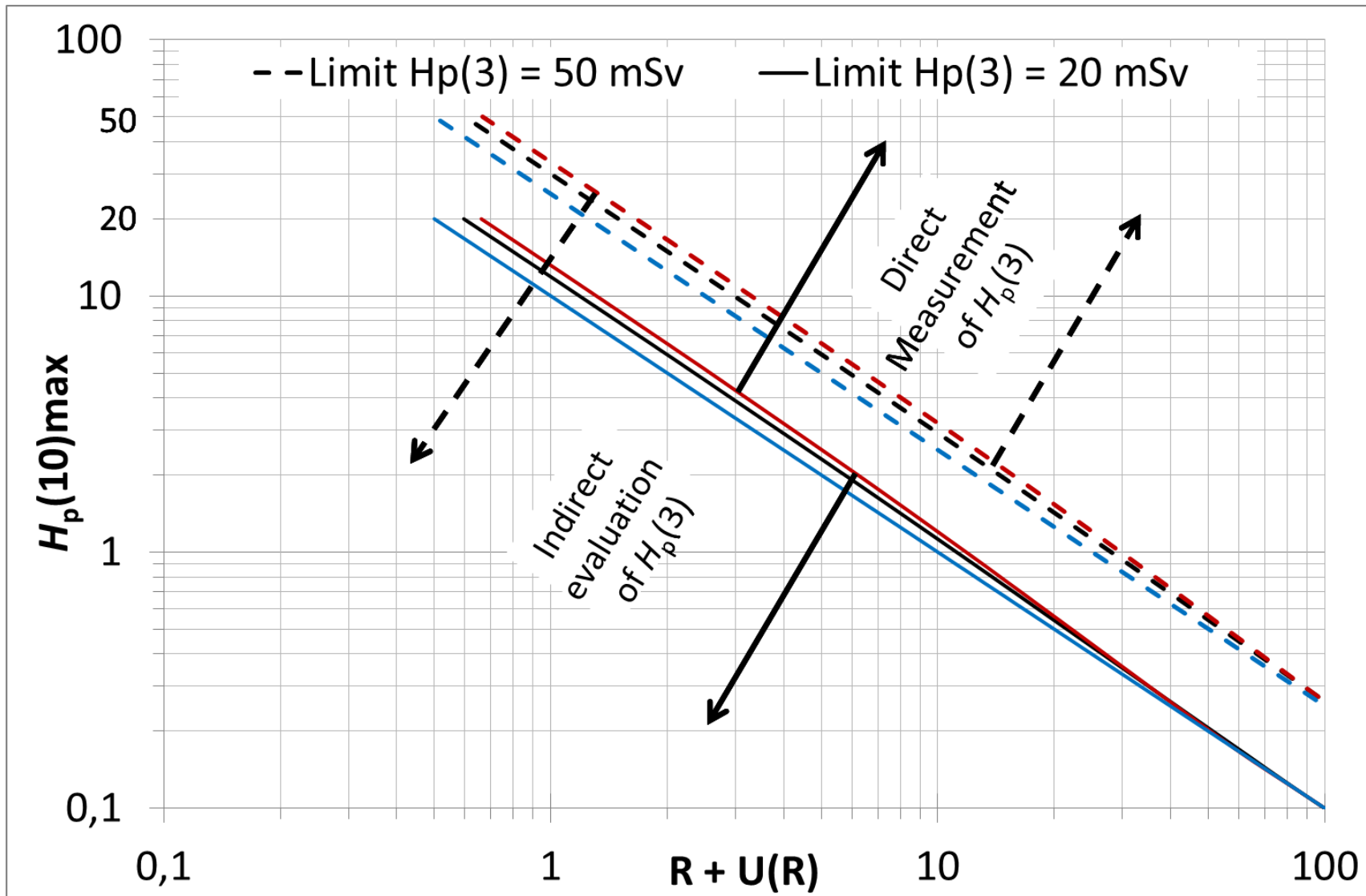
$$\bar{E} > 65 \text{ keV} \quad H_0 = 0.1 \text{ mSv}$$

$$0.71 \left( 1 - \frac{2H_0/1.33}{H_0/1.33 + H} \right) x \leq \text{response} \leq 1.67 \left( 1 + \frac{H_0}{4H_0 + H} \right)$$

$$\bar{E} \leq 65 \text{ keV} \quad H_0 = 0.1 \text{ mSv}$$

$$0.5 \left( 1 - \frac{2H_0/1.5}{H_0/1.5 + H} \right) x \leq \text{response} \leq 2$$





R+U(R)	$H_p(10)_{\max 20}$ ; Limite $H_p(3) = 20$ mSv			$H_p(10)_{\max 50}$ ; Limite $H_p(3) = 50$ mSv		
	ISO 14142-2000	E > 65 keV	E < 65 keV	ISO14142-2000	E > 65 keV	E < 65 keV
10	1,20	1,12	1,00	3,18	2,91	2,50
7,5	1,64	1,52	1,33	4,29	3,90	3,33
5,0	2,52	2,31	2,00	6,50	5,89	5,00
4,0	3,18	2,91	2,50	8,15	7,39	8,34
3,0	4,28	3,90	3,35	11,0	9,88	12,0
2,0	6,50	5,90	5,00	16,5	14,9	12,5
<b>1,0</b>	<b>13,2</b>	<b>12,0</b>	<b>10,0</b>	33,2	29,8	25,0
0,8	16,5	14,9	12,5	41,5	37,3	31,3

Quite low but visible impact of the other trumpet curves

## Example of ratios, R

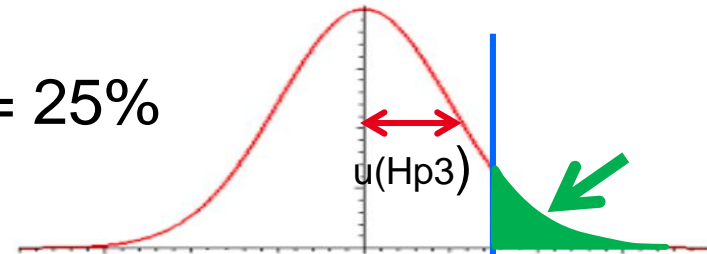
[http://www.amtsn.asso.fr/IMG/pdf/PrA\\_c\\_sentation\\_EDF\\_CRISTALLIN.pdf](http://www.amtsn.asso.fr/IMG/pdf/PrA_c_sentation_EDF_CRISTALLIN.pdf)

	$R = H_p(3) / H_p(10)$
Glove box (reprocessing plants)	2.78 and 3.34 (photon)
	1 (neutron)
Nuclear power plants (PWR)	0,9 to 1,5
Glove box (nuclear medicine)	12.5 (photon)
orthopaedic	10 (X rays)
Interventional radiology	4 (X rays)

Huge variation of R depending on the workplace  
So the uncertainty U(R) would be very large  
if R covers a large range of workplace situations

+/- 50%  
k=2 ~95%  
*confidence level*

Example for limit  $H_p(3) = 20 \text{ mSv}$ ,  $u(R) = 25\%$



R + U(R)	5		3		2		1		0,5	
R	3,75		2,25		1,5		0,75		0,375	
$H_p(10)$	$H_p(3)$	P	$H_p(3)$	P	$H_p(3)$	P	$H_p(3)$	P	$H_p(3)$	P
< 2	< 3,75	< 1E-05	< 2,25	< 1E-07	< 1,5	< 1E-06	< 0,75	< 1E-06	< 0,375	< 1E-06
2,0	7,50	1,2E-05	4,50		3,00		1,50		0,75	
3,0	↓ Direct measurement domain	↓	6,75	1,3E-07	4,50		2,25		1,13	
4,0			9,00	5,6E-04	6,00		3,00		1,50	
5,0			7,50	3,5E-06	3,75	1,88				
6,0			9,00	4,5E-04	4,50	2,25				
8,0			6,00	3,00						
8,9			6,67	3,33						
10,0			7,50	2,1E-06	3,75					
12,0			9,00	3,5E-04	4,50					
13,3	10,0	2,7E-03	5,00							
15,0	5,63									
20,0	7,50	1,6E-06								

Estimated Value  $H_p(3)$   
Limit  $H_p(3)$

Probability lower than  $2.7 \cdot 10^{-3}$

One can monitor  $H_{\text{lens}}$  with direct measurement or indirect evaluation

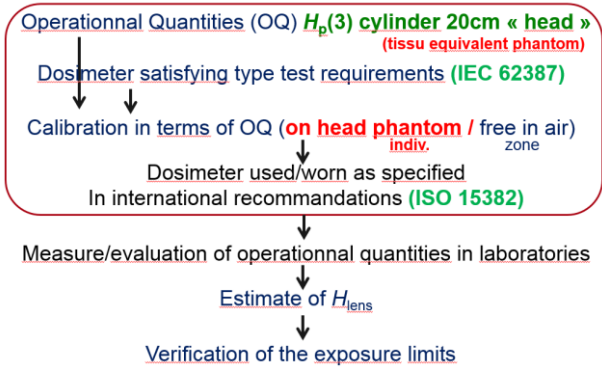
Conditions to apply the proposed indirect method are:

The  $H_p(10)$  dosimeter must fulfill the type test requirements of IEC and ISO standards (at least within the domain it is used).

The dosimeter is calibrated as recommended in ISO standards.

One must have the results of the workplace study to evaluate  $R$ ,  $U(R)$  and the expected value of  $H_p(10)$  and to check if it is lower than  $H_p(10)_{\text{max}}$  to allow using the indirect method.

Taking into account the uncertainty on  $H_p(10)$  and  $R$ ,  
we can define the maximum values of  $H_p(10)$  below which  
the indirect evaluation of  $H_p(3)$  is justified  
minimizing the risk to « give » an  $H_p(3)$  value lower than the limits  
while the « real » value of  $H_p(3)$  exceed the limit.

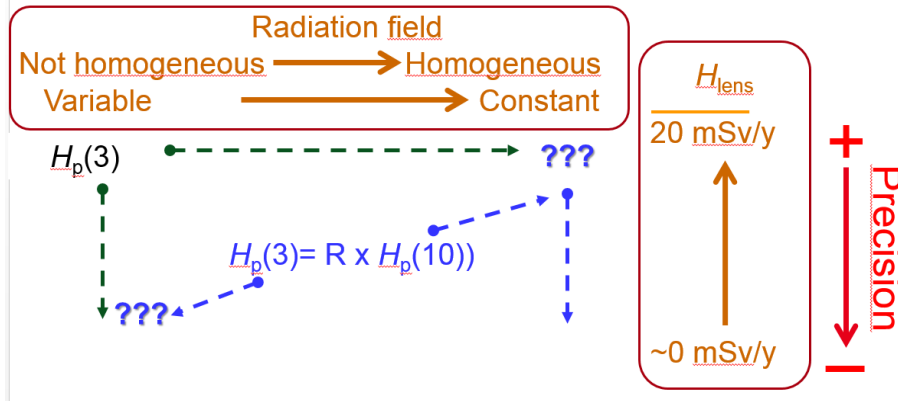


# Monitoring of eye lens doses in radiation protection

Radioprotection 50(3), 177-185 (2015),  
<http://dx.doi.org/10.1051/radiopro/2015009>

## Technical Information Sheets of SFRP: Eye lens: REGULATORY LIMITS, MEASUREMENT, DOSIMETRY AND MEDICAL SURVEILLANCE

[http://www.sfrp.asso.fr/medias/sfrp/documents/Divers/Fiche\\_SFRP\\_-\\_Cristallin\\_VA\\_\\_\\_01-2016.pdf](http://www.sfrp.asso.fr/medias/sfrp/documents/Divers/Fiche_SFRP_-_Cristallin_VA___01-2016.pdf)



# Thank you for your attention

