EL582/BE620 --- Medical Imaging -

Physics of Nuclear Medicine

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Based on J. L. Prince and J. M. Links, Medical Imaging Signals and Systems, and lecture notes by Prince. Figures are from the textbook.

Lecture Outline

- Atomic structure
- Radioactive Decay
- Decay modes
- Exponential decay law
- Statistical properties of decay
- Radiotracers

What is Nuclear Medicine



Computer

- Also known as nuclide imaging
- Introduce radioactive substance into body
- Allow for distribution and uptake/metabolism of compound ⇒ Functional Imaging!
- Detect regional variations of radioactivity as indication of presence or absence of specific physiologic function
- Detection by "gamma camera" or detector array
- (Image reconstruction)

From H. Graber, Lecture Note, F05

What is Nuclear Medicine

- Also known as nuclide imaging
- Steps:
 - Inject radio tracers into the body
 - The radio tracers undergo radioactive decay and generate gammy rays
 - A camera detect gamma rays from the radio tracer after a certain time
- Different physiological functions are imaged by using different radio tracers
- X-ray projection and tomography:
 - X-ray transmitted through a body from an outside source to a detector
- Nuclear medicine:
 - Gamma rays emitted from within a body
 - Emission computed tomography
 - Two popular method:
 - Positron Emission Tomography (PET)
 - Single photon emission computed tomography (SPECT)

Examples: PET vs. CT

- X-ray projection and tomography:
 - X-ray transmitted through a body from a outside source to a detector (transmission imaging)
 - Measuring anatomic structure
- Nuclear medicine:
 - Gamma rays emitted from within a body (emission imaging)
 - Imaging of functional or metabolic contrasts (not anatomic)
 - Brain perfusion, function
 - Myocardial perfusion
 - Tumor detection (metastases)



From H. Graber, Lecture Note, F05

Atomic Structure

- An atom={a nucleus, electrons}
- nucleons = {protons; neutrons}
- Nuclide: unique combination of protons and neutrons in a nucleus
- mass number *A* = # nucleons
- atomic number Z = # protons = # electrons
- An element is denoted by its A and Z

- Ex:
$${}_{6}^{12}C$$
 or C-12



Figure 4.1

Stable vs. Unstable Nuclides

- Stable nuclides:
 - # neutrons \sim = # protons (A \sim = 2Z) when Z is small
 - # neutrons > # protons when Z is large
- Unstable nuclides (radionuclides, radioactive atoms)
 - Likely to undergo radioactive decay, which gives off energy and results in a more stable nucleus

Line of Stability

• Nuclides divide into two groups:

- -<u>Non-radioactive</u> i.e., <u>stable</u> atoms
- <u>Radioactive</u> i.e., <u>unstable</u> atoms



Number of Protons, Z

Isotopes, etc

- Isotopes: atoms with the same Z but different A
 - E.g. C-12 and C-11
 - Chemically identical
- Isobars: atoms with the same A but different Z
 - Different elements
 - Eg. Carbon-11 and boron-11
- Isotones: atoms with the same number of neutrons but different A
- Isomers: atoms with the same Z and A but with different energy levels (produced after gamma decay)

What is Radioactivity?

• <u>Radioactive decay:</u> rearrangement of nucleii to

 $\underline{lower energy}$ states = greater mass defect

- \bullet <u>Parent</u> atom decays to <u>daughter</u> atom
- Daughter has higher binding energy/nucleon than parent
- A radioatom is said to <u>decay</u> when its nucleus is rearranged
- A <u>disintegration</u> is a radioatom undergoing radioactive decay.
- \bullet Energy is <u>released</u> with disintegration.

Decay Modes

- Four main modes of decay:
 - alpha particles (2 protons, 2 neutrons)
 - beta particles (electrons)
 - positrons (anti-matter electrons)
 - isomeric transition (gamma rays produced)
- Medical <u>imaging</u> is only concerned with:
 - positrons (PET), and
 - gamma rays (scintigraphy, SPECT)

Alpha Decay

- Alpha decay: the nucleus emits a Helium-4 particle (alpha particle)
 - Alpha decay occurs most often in massive nuclei that have too large a proton to neutron ratio. Alpha radiation reduces the ratio of protons to neutrons in the parent nucleus, bringing it to a more stable configuration.
 - mostly occurring for parent with Z > 82



From: http://www.lbl.gov/abc/wallchart/chapters/03/1.html

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Beta Decay

- Beta decay occurs when, in a nucleus with too many protons or too many neutrons, one of the protons or neutrons is transformed into the other.
- Mass number A does not change after decay, proton number Z increases or decreases.
- Beta minus decay (or simply Beta decay): A neutron changes into a proton, an electron (beta particle) and a antineutrino



From: http://www.lbl.gov/abc/wallchart/chapters/03/2.html

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Positron Decay

- Also known as Beta Plus decay
 - A proton changes to a neutron, a positron (positive electron), and a neutrino
 - Mass number A does not change, proton number Z reduces



From: http://www.lbl.gov/abc/wallchart/chapters/03/2.html

Mutual Annihilation after Positron Decay

- The positron later annihilate a free electron, generate two gamma photons in opposite directions
 - The two photons each have energy 511 KeV, which is the energy equivalent to the rest mass of an electron or positron
 - These gamma rays are used for medical imaging (Positron Emission Tomography), detected using a coincidence detection circuit



Gamma Decay (Isometric Transition)

- A nucleus (which is unstable) changes from a higher energy state to a lower energy state through the emission of electromagnetic radiation (photons) (called gamma rays). The daughter and parent atoms are isomers.
 - The gamma photon is used in Single photon emission computed tomography (SPECT)
- Gamma rays have the same property as X-rays, but are generated different:
 - X-ray through energetic electron interactions
 - Gamma-ray through isometric transition in nucleus



From: http://www.lbl.gov/abc/wallchart/chapters/03/3.html

Measurement of Radioactivity

• <u>Radioactivity</u>, A, # disintegrations per second

$$1 \text{ Bq} = 1 \text{ dps}$$

L Ci = $3.7 \times 10^{10} \text{ Bq}$

(orig.: activity of 1 g of 226Ra)

Bq=Bequerel Ci=Curie:

Naturally occurring radioisotopes discovered 1896 by Becquerel First *artificial* radioisotopes produced by the Curie 1934 (32P)

The intensity of radiation incident on a detector at range r from a radioactive source is

$$I = \frac{AE}{4\pi r^2}$$

A: radioactivity of the material; E: energy of each photon

Radioactive Decay Law

- N(t): the number of radioactive atoms at a given time
- A(t): is proportional to N(t)

$$A = -\frac{dN}{dt} = \lambda N$$

 λ : decay constant

• From above, we can derive

$$N(t) = N_0 e^{-\lambda t}$$
$$A(t) = A_0 e^{-\lambda t} = \lambda N_0 e^{-\lambda t}$$

 The number of photons generated (=number of disintegrations) during time T is

•

$$\Delta N = \int_{0}^{T} A(t) dt = \int_{0}^{T} \lambda N_{0} e^{-\lambda t} dt = N_{0} (1 - e^{-\lambda T})$$

Half-Life

- Half-life is the time it takes for the radioactivity to decrease by ¹/₂.
 - <u>Half-life</u> $t_{1/2}$ is defined by

$$\frac{A_{t_{1/2}}}{A_0} = \frac{1}{2} = e^{-\lambda t_{1/2}}$$

• It follows that

$$t_{1/2} = \frac{0.693}{\lambda}$$

Statistics of Decay

- The exponential decay law only gives the expected number of atoms at a certain time t.
- The number of disintegrated atoms over a short time $\Delta t \ll T_{1/2}$ after time t=0 with N₀ atoms follows Poisson distribution

$$\Pr{\{\Delta N = k\}} = \frac{a^k e^{-a}}{k!}; \quad a = \lambda N_0 \Delta t;$$

 λN_0 is called the Poisson rate.

Strictly speaking $a = N_0(1 - e^{-\lambda\Delta t})$ When $\lambda\Delta t$ is small, $e^{-\lambda\Delta t} \approx 1 - \lambda\Delta t$, $a = N_0\lambda\Delta t$

Radiotracers: Desired Property

- Decay mode:
 - Clean gamma decay: do not emit alpha or beta articles
 - Positron decay: positron will annihilate with electrons to produce gamma rays
- Energy of photon:
 - Should be high so that photons can leave the body w/ little attenuation
 - Hard to detect if the energy is too high
 - Desired energy range: 70-511 KeV
- Half-life
 - Should not be too short (before detector can capture) or too long (longer patient scan time)
 - Minutes to hours desired
- Half-value-layer (HVL)
 - Thickness of tissue that absorbs half of the radioactivity produced
 - Should be around the dimension of the organ to be imaged
- Monoenergetic
 - Energy sensitive detectors can discriminate the primary photons from scattered ones.

Decay Process Examples

 α decay

 $^{238}_{92}U \rightarrow ^{234}_{90}Th + ^{4}_{2}He, \quad T_{1/2} \approx 4.5 \times 10^{9} \, \mathrm{y}$

 β^{-} decay

$$^{234}_{90}$$
Th $\rightarrow \, ^{234}_{91}$ Pa + e⁻ + $\overline{\nu}_{e}$, $T_{1/2}$ = 24.1 d
 $^{1}_{0}$ n $\rightarrow \, ^{1}_{1}$ H + e⁻ + $\overline{\nu}_{e}$, $T_{1/2}$ = 10.6 m

 $eta^{\scriptscriptstyle +}$ decay

Most of these naturally occurring processes are not useful for medical imaging applications, with too long Half-time, too short HVL, too high energy.

They can be used as radiotherapeutic agents, if they can be targeted to tumors, to destroy diseased tissue and stops the cancer from proliferating.

e⁻ capture

$$^{_{41}}_{_{20}}\text{Ca} + e^- \rightarrow {}^{_{41}}_{_{19}}\text{K} + \nu_e, \quad T_{_{1/2}} \approx 1 \times 10^5 \, \text{y}$$

Radionuclides in Clinical Use

- Most naturally occurring radioactive isotopes not clinically useful (long T_{1/2}, charged particle emission, alpha or beta decay)
- Artificial radioactive isotopes produced by bombarding stable isotopes with high-energy photons or charged particles



• Nuclear reactors (*n*), charged particle accelerators (Linacs, Cyclotrons)₉₉ Mo $\xrightarrow{T_{1/2}=2.5d}$ 99m Tc + e^- + \overline{V}

From H. Graber, Lecture Note, F05

The Technetium Generator

- Can be produced from an on-site generator
 - 99[^]Mo → 99m[^]Tc → 99[^]Tc,
- Decay characteristics of 99m[^]Tc:
 - half life =6.02h, E=140 KeV, HVL=4.6 cm

$$^{99m}Tc \xrightarrow{T_{1/2}=6 \text{ h}} ^{99}Tc + \gamma (140 \text{ keV})$$

- Used in more than 90% of nuclear imaging
- More detail: see handout [Webb, sec. 2.5]

Radiopharmaceuticals

- Radionuclide is bound to pharmaceuticals that is specific to metabolic activities (cancer, myocardial perfusion, brain perfusion)
- Gamma emitter
 - ^{99m}Tc-Sestamibi (myocardial perfusion, cancer)
 - ^{99m}Tc-labeled hexamethyl-propyleneamine (brain perfusion)
- Positron emitters
 - ¹¹C, $T_{1/2} = 20 \text{ min}$ [¹²C (*p*,*pn*) ¹¹C; ¹⁴N (*p*,*a*) ¹¹C]:
 - many organic compounds (binding to nerve receptors, metabolic activity)
 - ¹³N, $T_{1/2} = 10 \text{ min}$ [¹⁶O (*p*, *a*) ¹³N; ¹³C (*p*,*n*) ¹³N]:
 - NH₃ (blood flow, regional myocardial perf.)
 - ¹⁵O, $T_{1/2} = 2.1 \text{ min}$ [¹⁵N (*p*,*n*) ¹⁵O; ¹⁴N (*d*,*n*) ¹⁵O]:
 - CO₂ (cerebral blood flow), O₂ (myoc. O₂ consumption), H₂O (myoc. O₂ consumption & blood perfusion)
 - ¹⁸F, $T_{1/2} = 110 \text{ min}$ [¹⁸O (*p*,*n*) ¹⁸F; ²⁰Ne (*d*,*a*) ¹⁸F]:
 - 2-deoxy-2-[¹⁸F]-fluoroglucose (FDG, neurology, cardiology, oncology, metabolic activity)

From H. Graber, Lecture Note, F05

Common Radiotracers

Thyroid function

- Gamma Ray Emitters: - Iodine-123 (13.3 h, 159 keV) - Iodine-131 (8.04 d, 364 keV) - Iodine-125 (60 d, 35 keV) (Bad. Why?) - Thallium-201 (73 h, 135 keV) Kidney function \sim Technetium-99m (6 h, 140 keV Most commonly used • Positron Emitters: - Fluorine-18 (110 min, 202 keV)
 - Oxygen-15 (2 min, 696 keV) Oxygen metabolism

Summary

- Nuclear medicine relies on radiation (gamma rays) generated through radioactive decay
- Radioactive decay is the process when a unstable nuclide is changed to a more stable one
 - Four modes of decay, generating alpha particles, beta particles, positrons and gamma rays respectively
- Radioactivity follows an exponential decay law, characterized by the decay constant or the half-life
- Desired properties for radio tracers
- Common radiotracers in nuclear medicine

Reference

- Prince and Links, Medical Imaging Signals and Systems, Chap 7.
- "Guide to the Nuclear Wallchart", Chap 3.

http://www.lbl.gov/abc/wallchart/outline.html

- Recommended readings:
 - K. Miles, P. Dawson, and M. Blomley (Eds.), *Functional Computed Tomography* (Isis Medical Media, Oxford, 1997).
 - R. J. English, SPECT: Single Photon Emission Computed Tomography: A Primer (Society of Nuclear Medicine, Reston, VA, 1995).
 - M. Reivich and A. Alavi (Eds.), *Positron Emission Tomography* (A. R. Liss, NY, 1985).

Homework

- Reading:
 - Prince and Links, Medical Imaging Signals and Systems, Ch. 7.
 - Handouts from [Webb]
- Note down all the corrections for Ch. 7 on your copy of the textbook based on the provided errata.
- Problems for Chap 7 of the text book
 - P7.1
 - P7.2
 - P7.4
 - P7.6
 - P7.7 (assume the energy of the photons is E)
 - P7.9