

Radioisotope production: From nuclear physics to nuclear medicine

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Nuclear science and medicine: an old common history

1895 – Discovery of X-rays by W. Roëntgen

First images using X-rays made few month later

1896 – Discovery of natural radioactivity by H. Becquerel

1901 – P. and M. Curie use radioactive matter on accessible tumor tissues.

In the 20's, radium is used to treat patients

1930 – Building of the first cyclotron by E. Lawrence

1934 – Discovery of the induced radioactivity by I. et F. Joliot Curie

1938 – Production of iode-131

1941 – First treatment using radioactive Iodine



Nuclear Medicine

Definitions

Nuclear medicine is a medical specialty which deals with **radionuclide** use as **open sources**.

Must not be confused with other medical specialties:

Radiology which uses **X-rays** for imaging or closed radioactive sources for therapy

External radiotherapy which uses external beam of ionizing radiation

Nuclear medicine is one of the tools to fight cancer and is used most of the time in complement **to surgery, chemotherapy, radiotherapy**

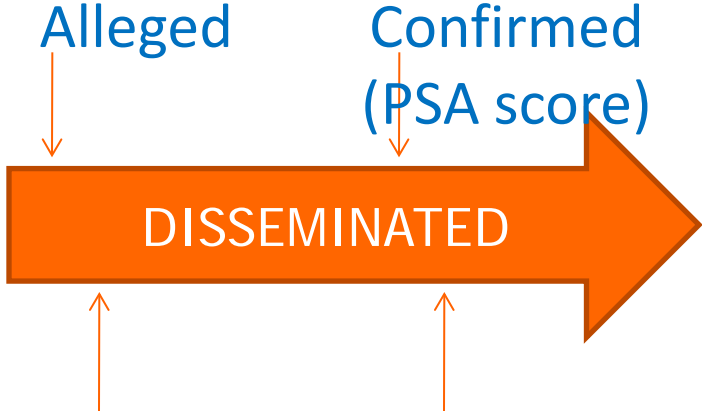
Prostate cancer

Primary Tumour



Surgery + External radiotherapy

Microscopic disease



Hormono-therapy

Hormono-therapy

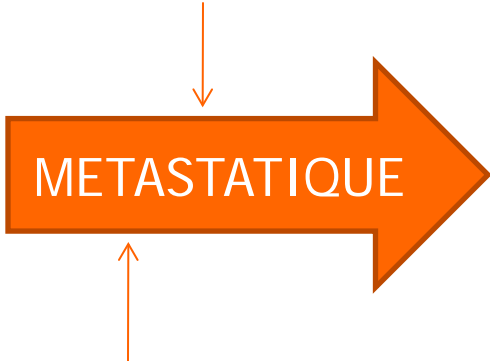
↑

α -RIT

↑

α -RIT / β -RIT

Macroscopic disease



Chemotherapy (Docetaxel)

↑

β -RIT

Definitions

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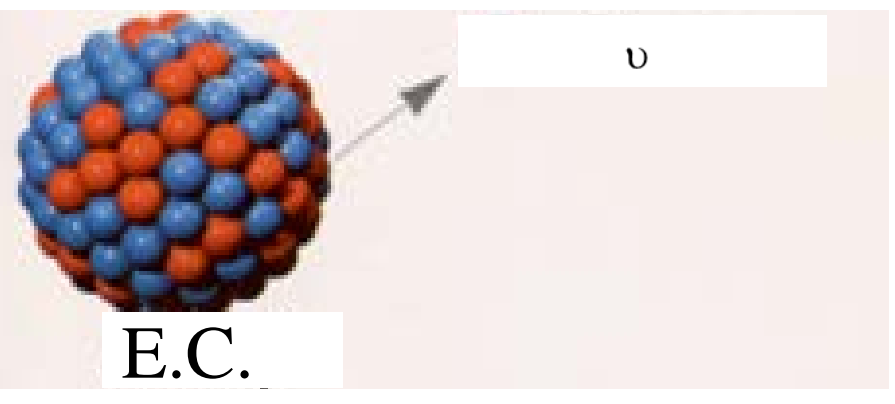
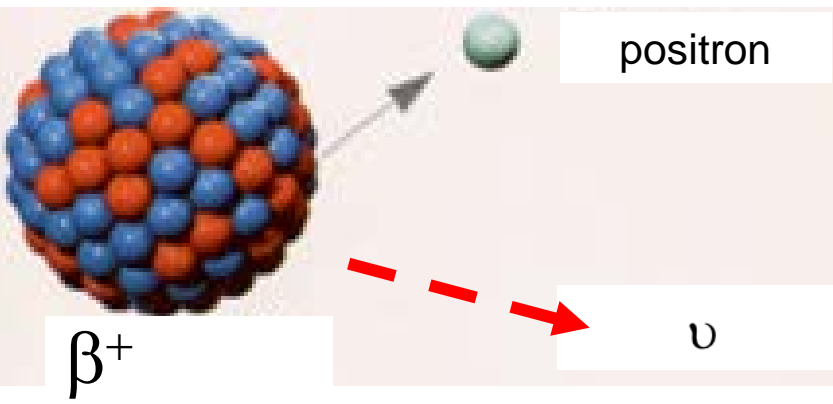
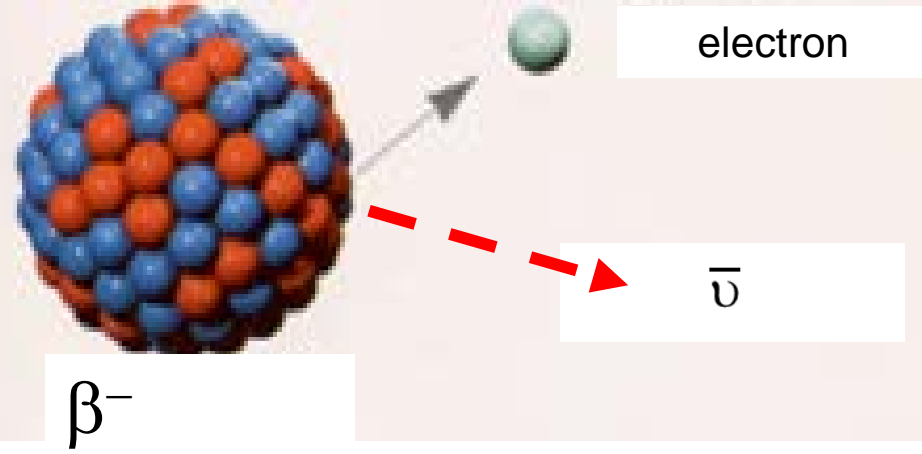
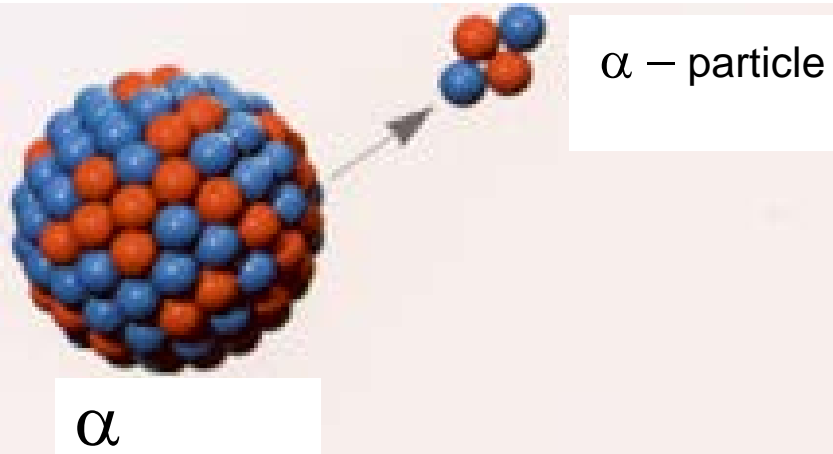
30 Million of nuclear medicine procedure performed worldwide each year.

In France:

220 centers of nuclear medicine

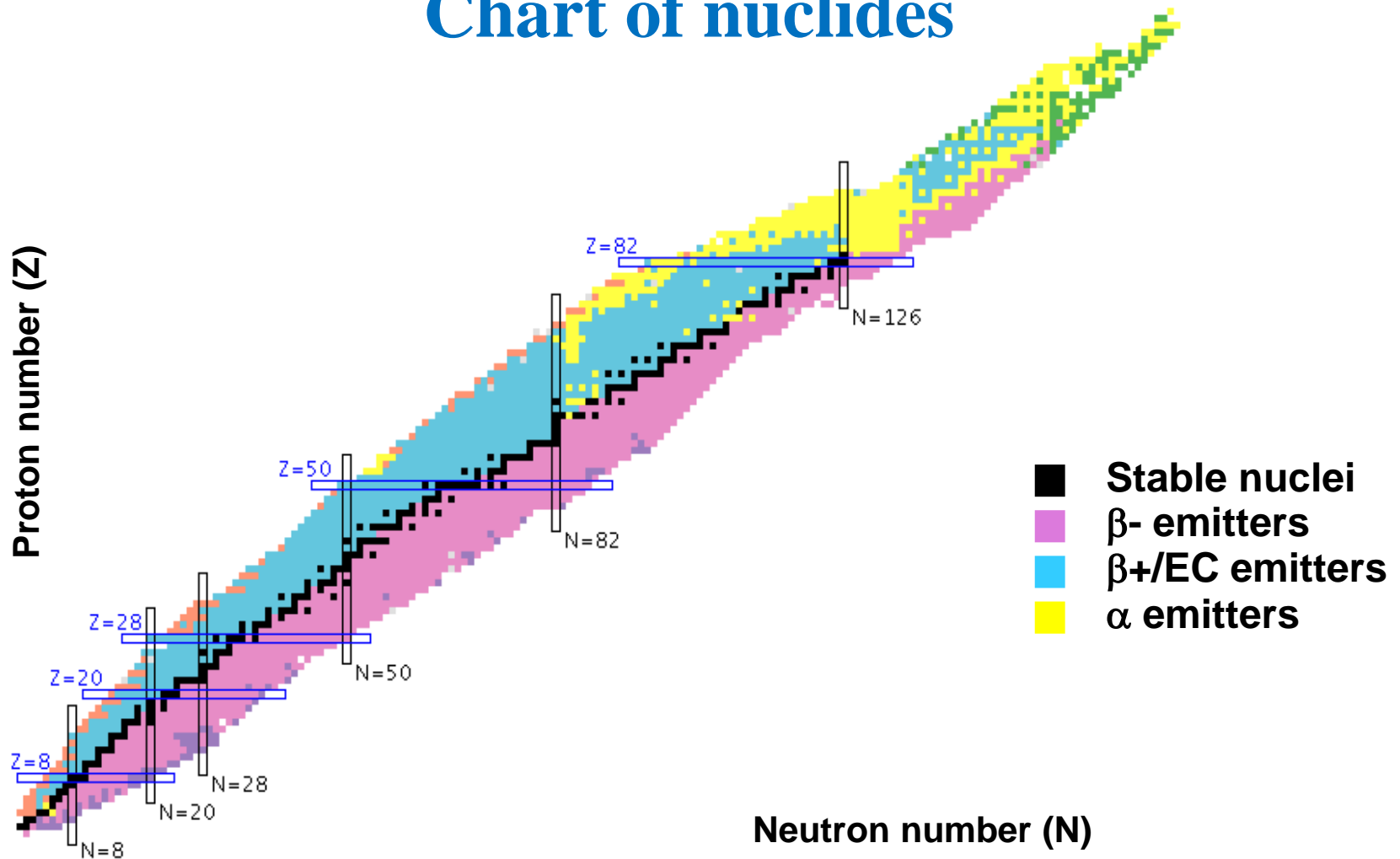
Most often used radionuclide: Tc-99m, F-18, I-131

Radioactive decay



EC and β^+ processes are in competition

Chart of nuclides



Two nuclei having the same Z are:

are **isotopes** of the **same chemical element**

have the **same chemical properties**

Associated phenomena

γ emission/ internal conversion :

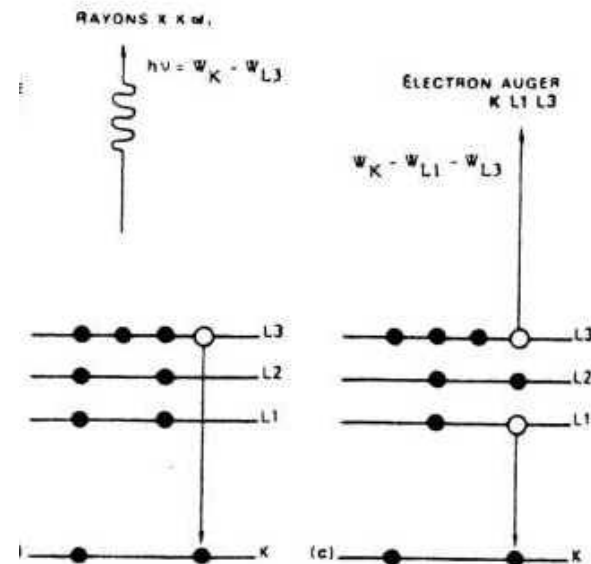
After a radioactive decay, a nucleus is often in an excited state.

→ The excess of energy can be released using either photon emissions or electron emission.

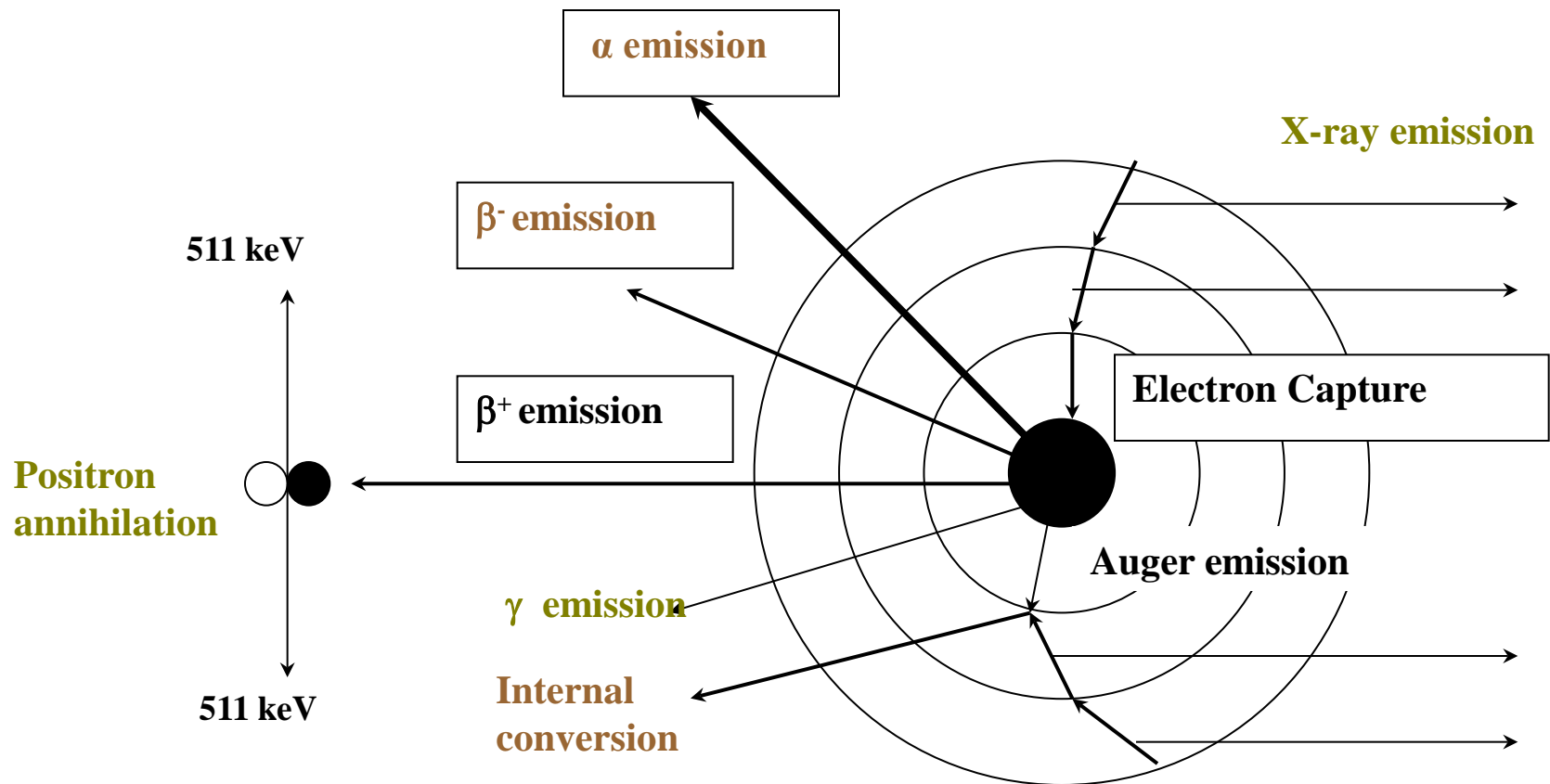
The electron cloud of the atome is disrupted:

Two mechanisms are competing to correct that:

- X-ray emission
- Auger emission



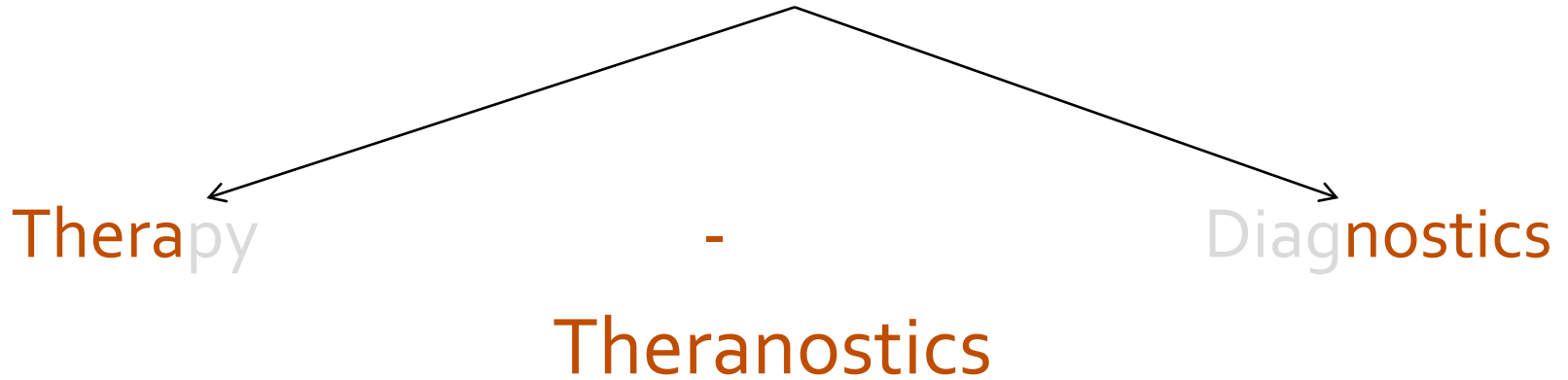
Available radiation from radioactive decay



Nuclear medicine uses the interaction properties of these radiation with matter.

- *Highly penetrating* radiation are used **for imaging and diagnosis** (X, γ , β^+)
- *Low penetrating* radiation are used for **therapy** (α , β^- , e-Auger)

Nuclear medicine



It is a treatment strategy that combines therapeutics with diagnostics.

- To select patient that will response to a given treatment
- To make dosimetry prior therapy
- To assess treatment efficacy

In **breast cancer**, there is **3 different types with different treatment strategy**

Which radionuclides?

Radionuclide with radiations for both imaging and therapy (^{117m}Sn)

Radionuclides of the same element ($^{64}\text{Cu}/^{67}\text{Cu}$, $^{124}\text{I}/^{131}\text{I}$, ...)

Radionuclides with comparable properties (^{99m}Tc / ^{188}Re)

What is a radiopharmaceutical?

A radiopharmaceutical is a radioactive drug that targets the cells of interest

In some cases, the radionuclide can be injected directly:

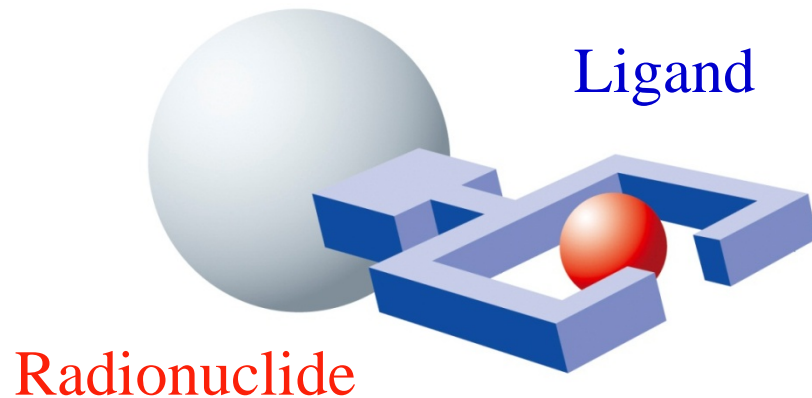
Iodine-131 goes directly to the thyroide

Rubidium-82 as an analogue of Potassium is accumulating ion the heart

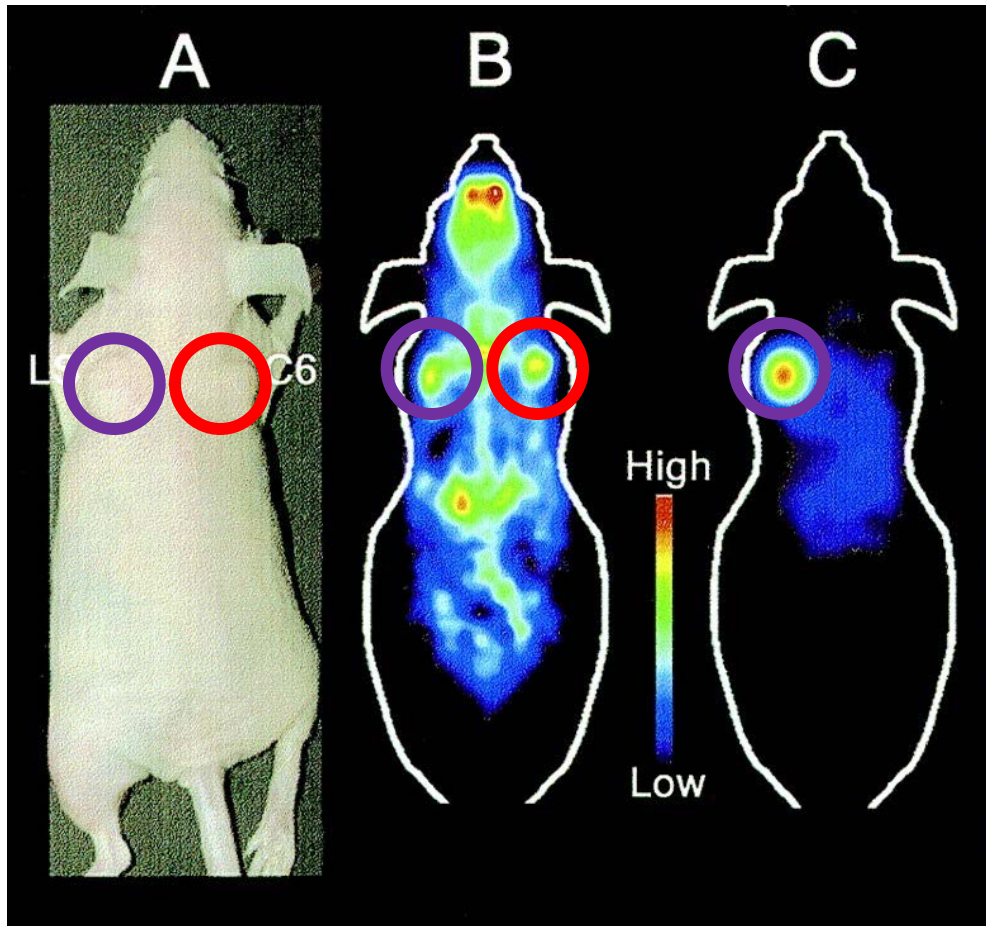
Radium-223 as an analogue of calcium goes to the bones.

In most cases, a vector molecule is needed to target the cells of interest.

Vector molecule



Targeting is working pretty well



(A) : Tumours LS and C6

(B) : PET using ^{18}F -FDG

LS and C6 can be seen –
FDG is not specific

(C) : Targeted-TEP using an
anti-CEA antibody to
target LS

source : G. Sundaresan, *Journal of Nuclear Medicine*

Renewing interest coming from progress in biology and chemistry

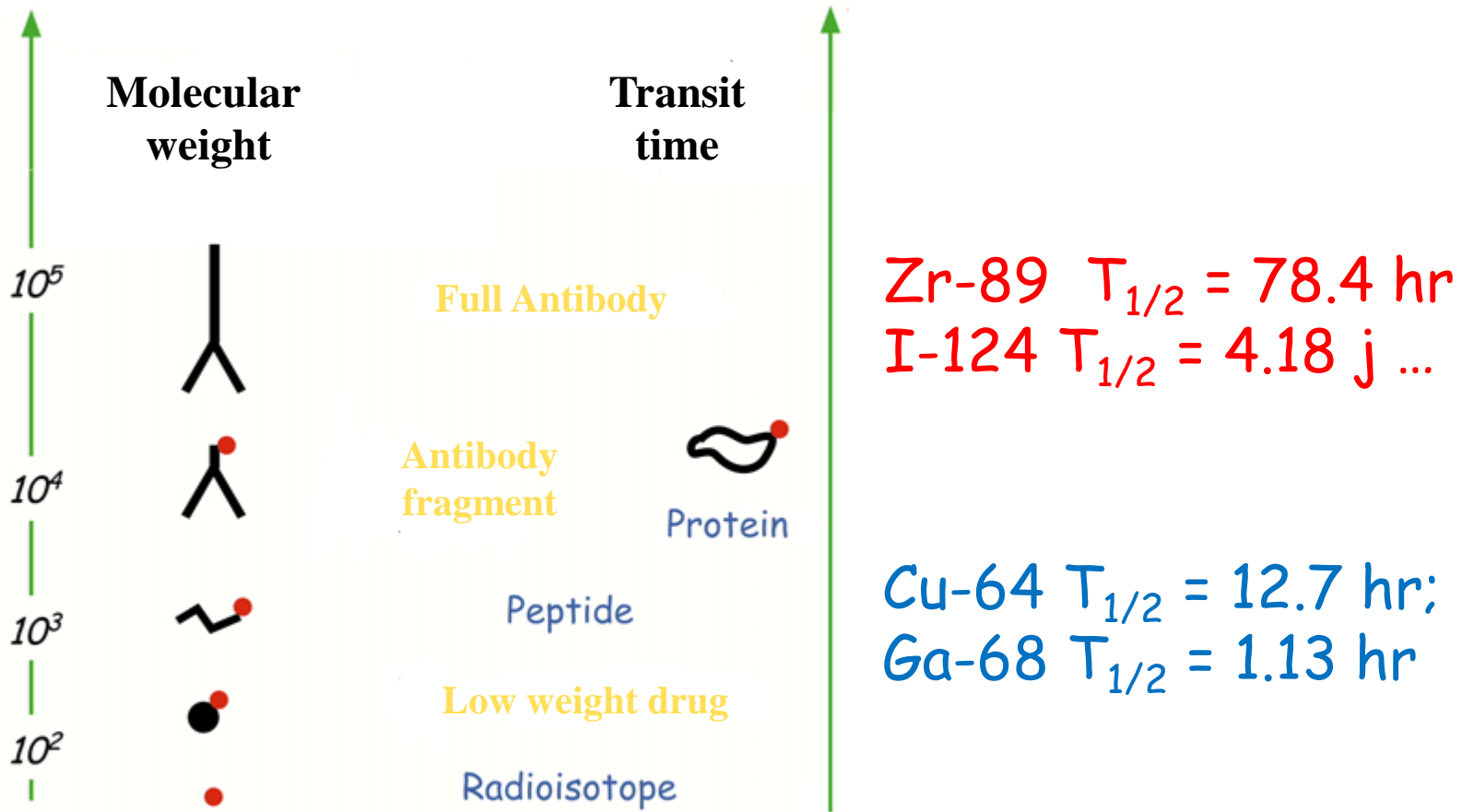
- ⌘ Many antibodies (humanized) are available from Big Pharma
→ allowing to target specific biological site
- ⌘ Peptide therapy can be also developed

New concepts:

Pre targeting / Click chemistry

Vector Type

The vector can be of different type: a small molecule, a peptide or an antibody



Need of numerous radionuclide to Adapt $T_{1/2}$ to the vector transit time

Renewing interest coming from progress in biology and chemistry

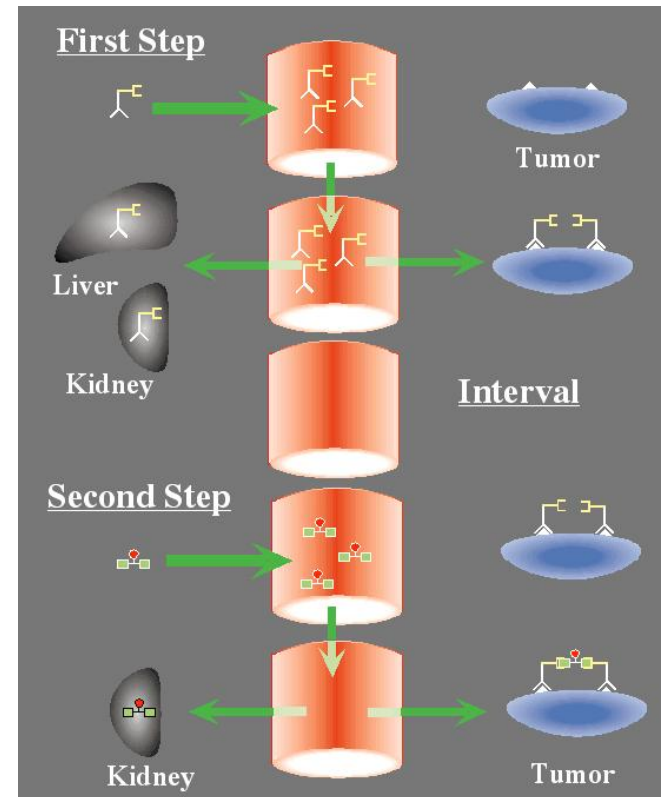
⌘ Many antibodies (humanized) are available from Big Pharma
→ allowing to target specific biological site

⌘ Peptide therapy can be also developed

New concepts:

Pre targeting / Click chemistry

Need of numerous radionuclide with different chemical properties to ease chemistry



Nuclear imaging

Some numbers (2013 – *French association of nuclear medicine SFMN*)

In France, there is 460 gamma cameras (half being coupled with CT scan) and around 118 PET coupled with CT scan

Over 1 million scintigraphy and 250 000 PET exams are performed each year.

Several imaging modality exit (example of the kidney)

Ultrasound



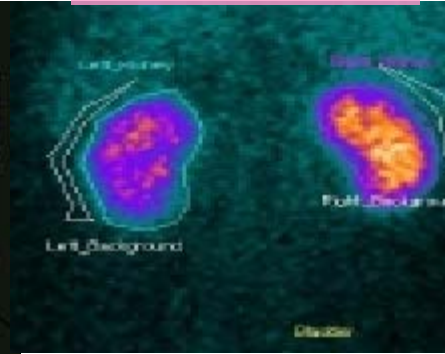
MRI



CT scan



SPECT – PET



Non ionizing imaging

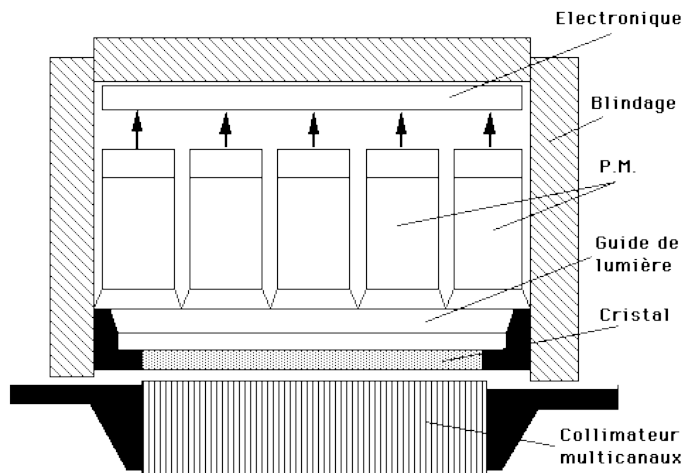
Ionizing imaging

anatomical imaging

Functional imaging

Radionuclide of interest for Gamma cameras

Gamma cameras

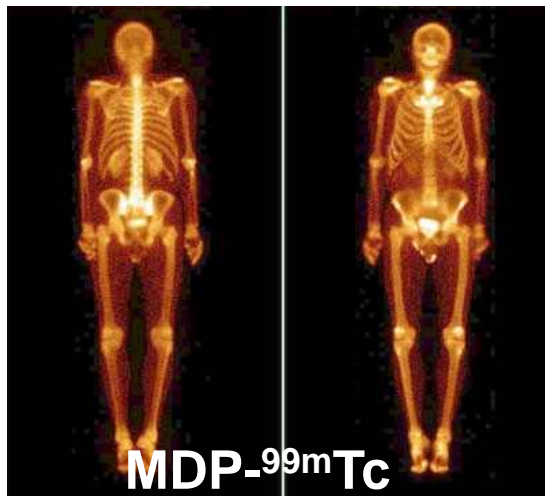


Isotope	Energie	Période
Emetteurs de photons γ		
Technétium 99m	140 keV	6 heures
Iode 123	159 keV	13 heures
Thallium 201	71 keV	73 heures

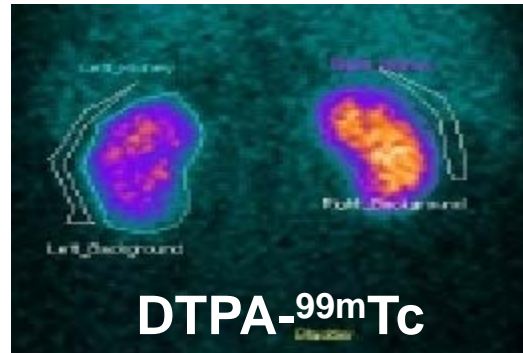
Photon energy between 70 keV and 200 keV

Different applications

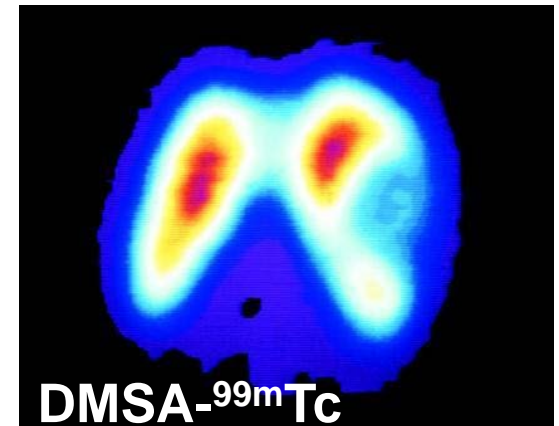
Changing the vector molecule allow to use the same radionuclide for different applications:



Skeleton



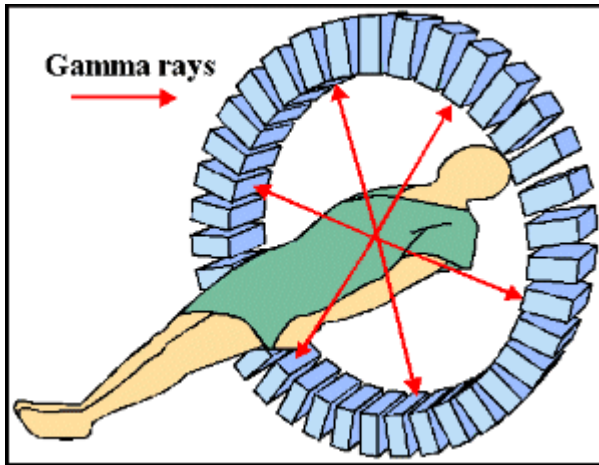
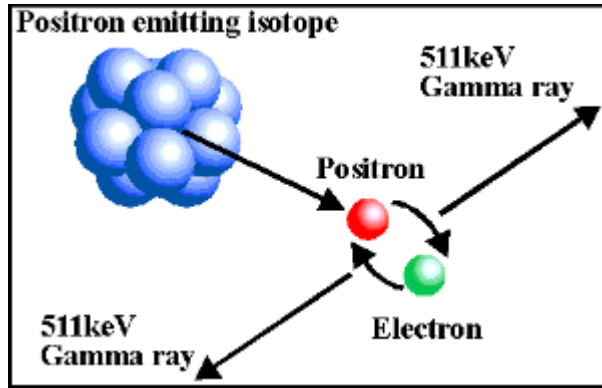
Kidney



Thyroid

One radioisotope – Several radiopharmaceuticals

Positron Emission Tomographie (PET)



PET Camera +
CT Scan

Radionuclide of interest for PET

Main positron emitters

Oxygen-15	2mn
Nitrogen-13	10 mn
Carbon-11	20mn
Fluorine-18	110mn

Other can be selected with respect to $T_{1/2}$, branching ratio, associated radiation, positron energy,...

Sc-44, Cu-64, Zr-89, I-124, Tb-152, ...

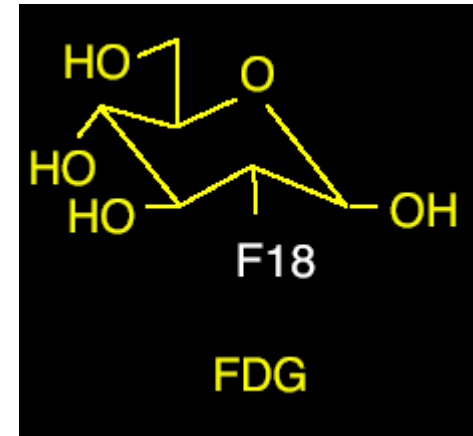
The most used one is ^{18}F with *Fluorodeoxyglucose*

Principle:

FDG is an analogue of sugar

Cancer cells are hyperactive and use more sugar than normal cells.

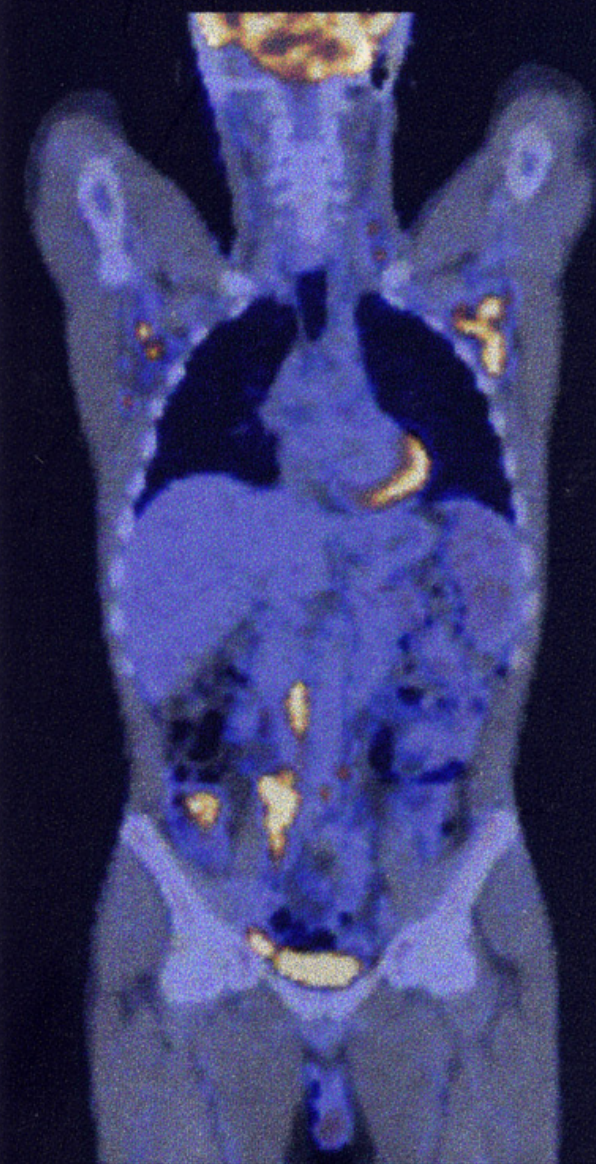
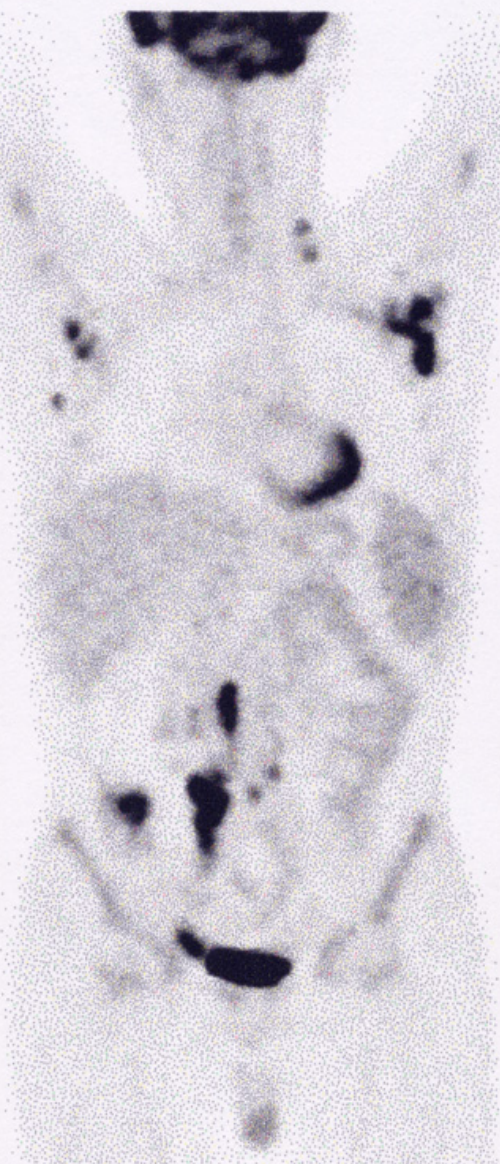
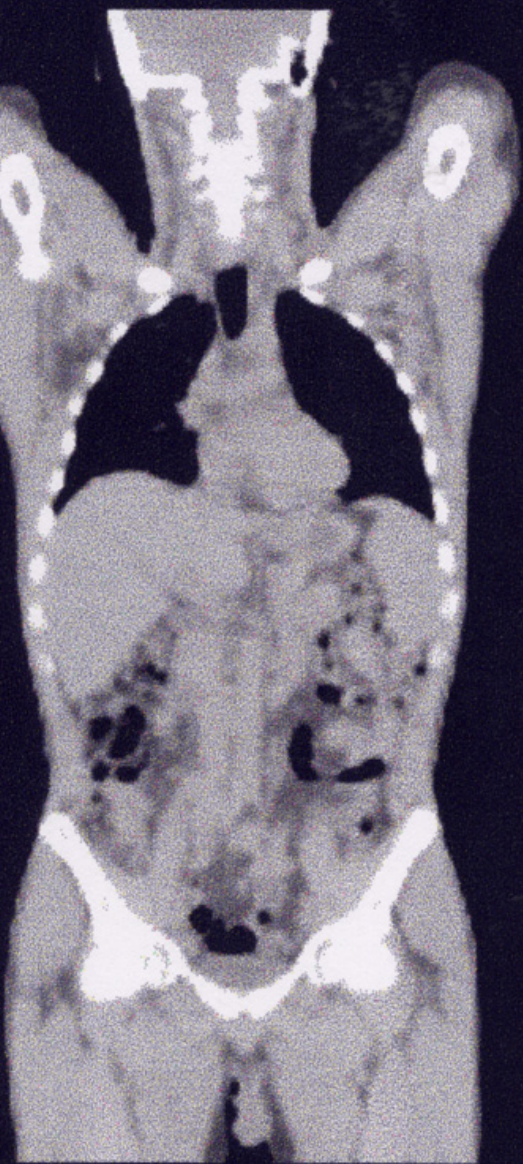
FDG accumulate in cancer cells but also in certain organs (brain, heart,...)



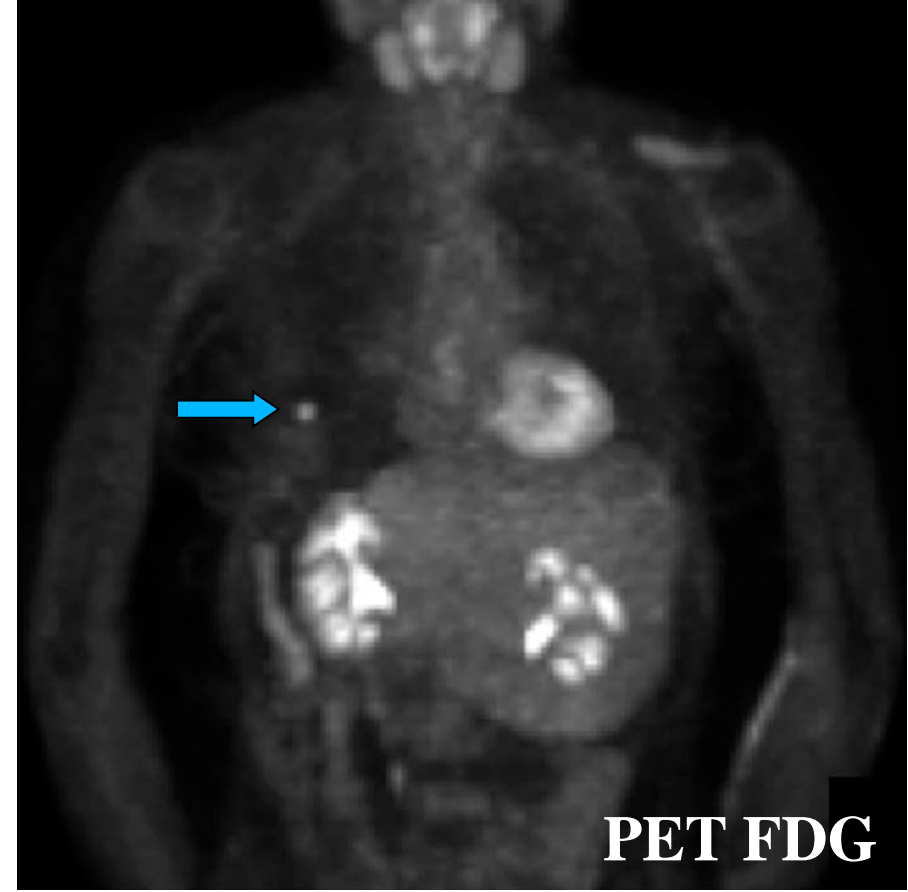
CT Scan

PET image

fusion



An example of the Added value of PET Cancerous nodule in the lung



Christensen, J. A. et al. Am. J. Roentgenol. 2006;187:1361-1367

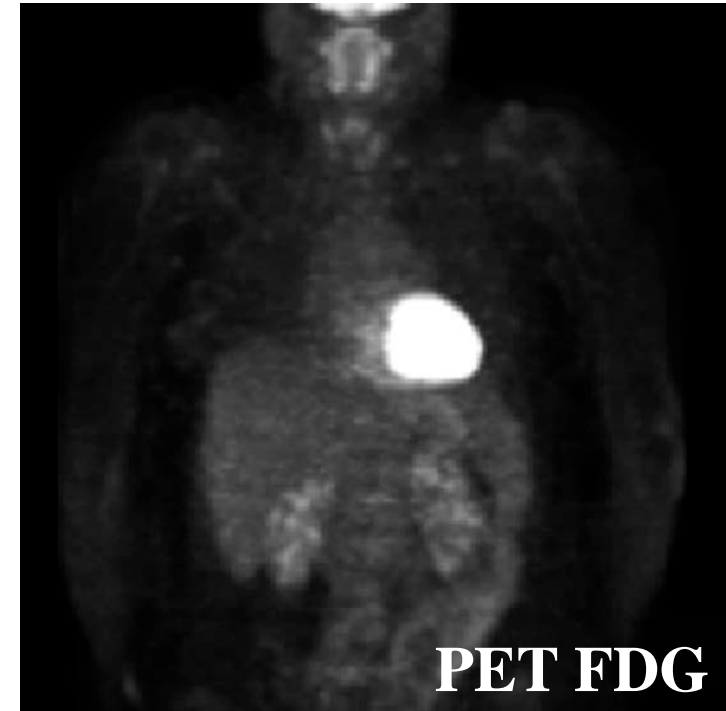
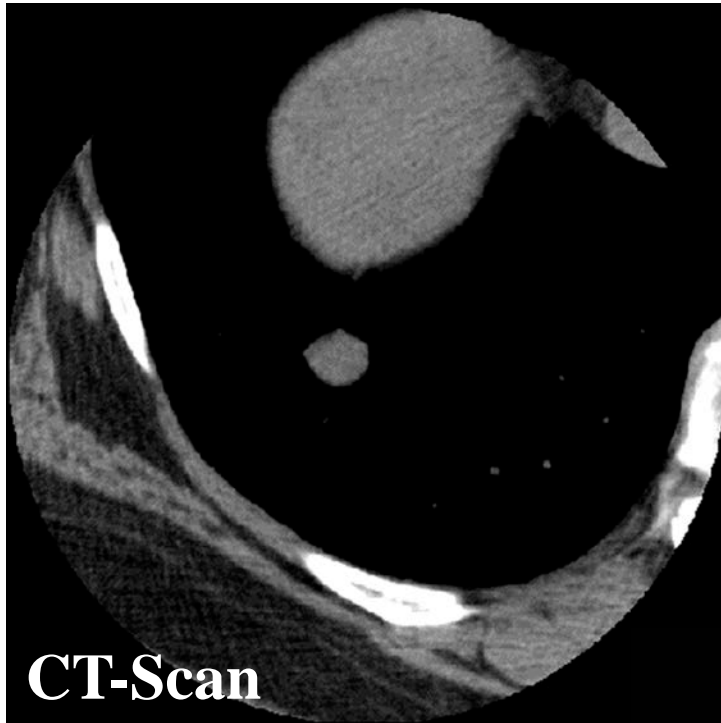
AJR

ARRONAX

ISO 9001
Qualité
AFNOR CERTIFICATION

An example of the Added value of PET

Benign nodule in the lung



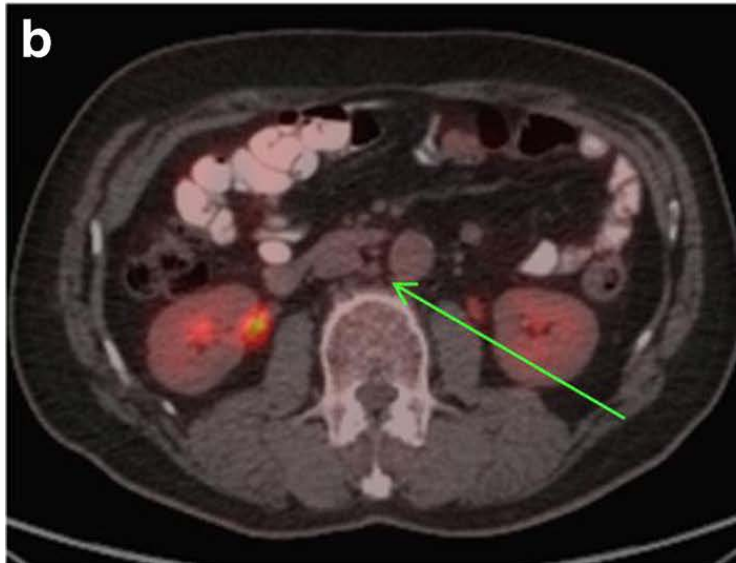
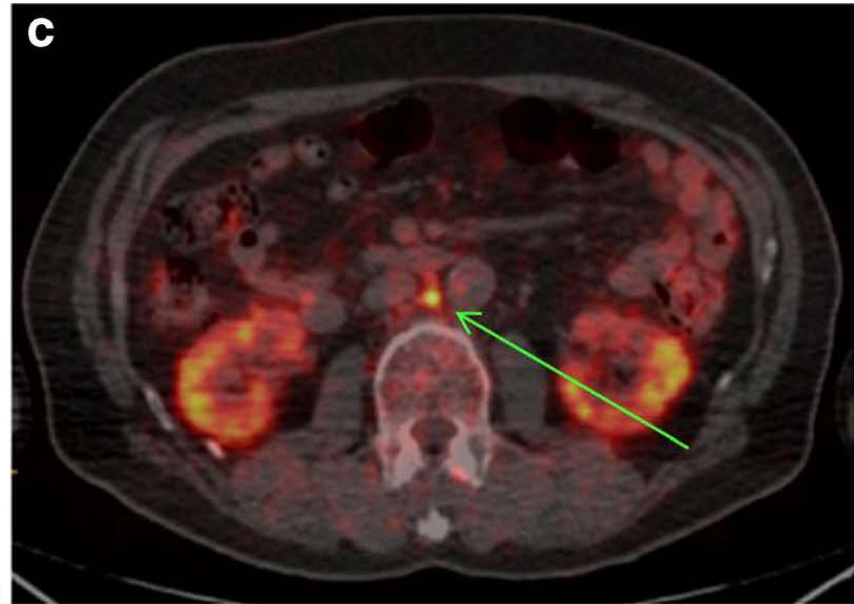
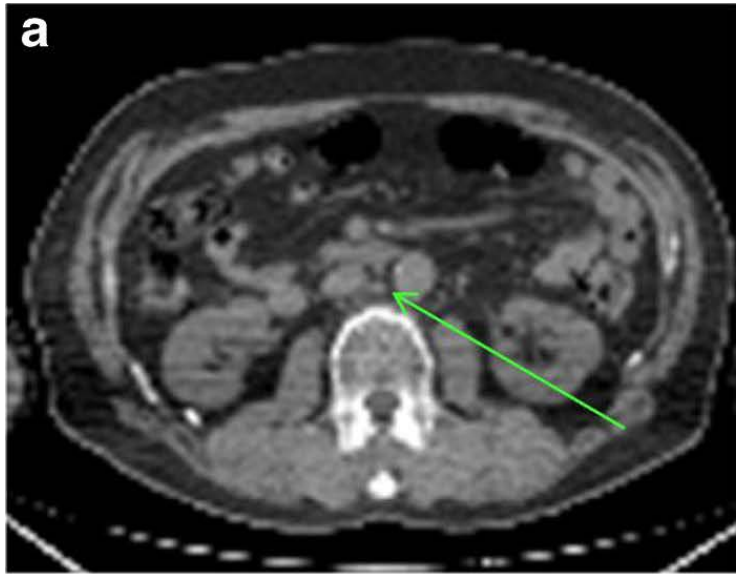
Christensen, J. A. et al. Am. J. Roentgenol. 2006;187:1361-1367

AJR

ARRONAX

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An example of the Added value of PET nodule in the prostate



An antibody coupled to Zr-89

Nodule diameter <1cm

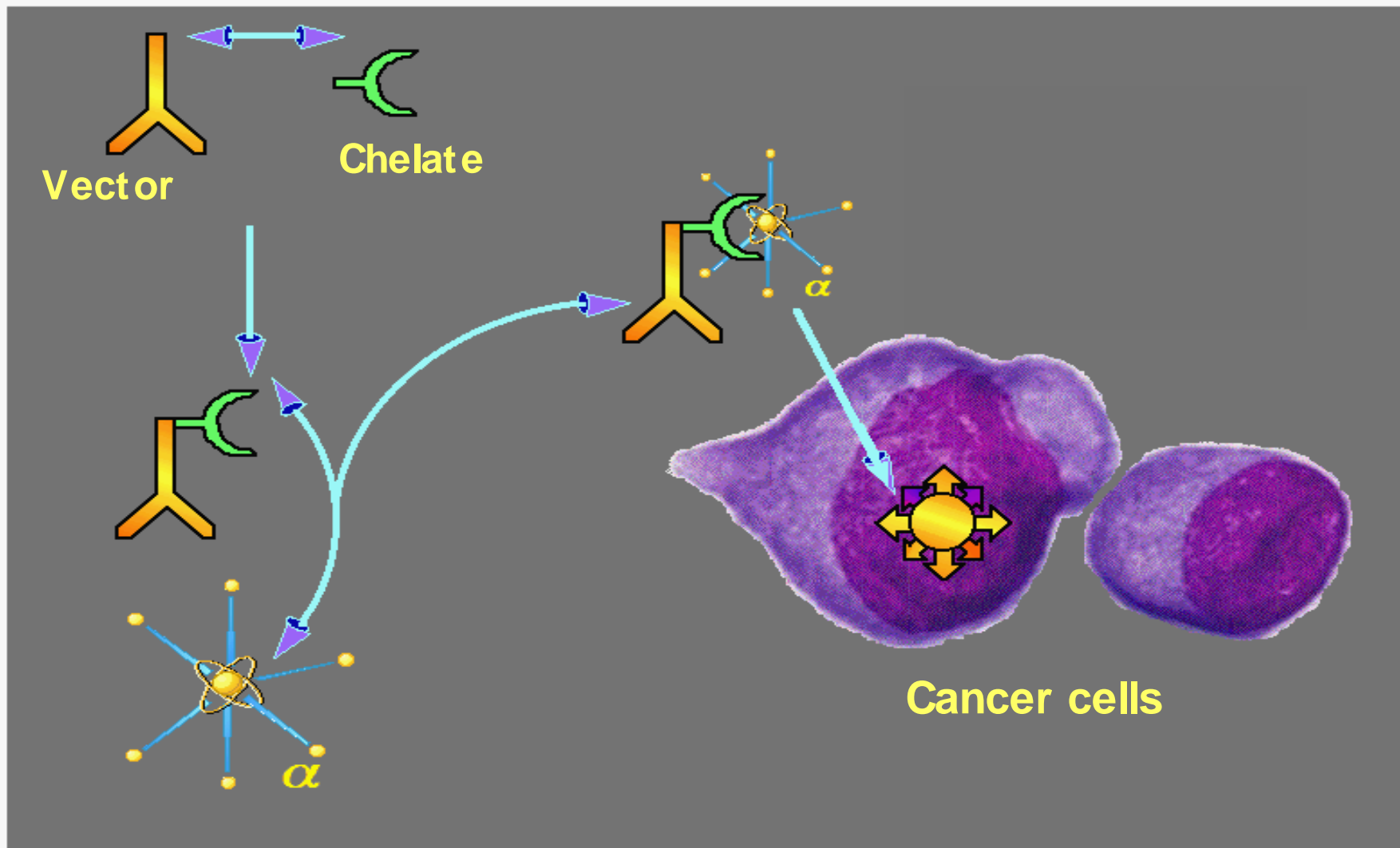
→ No suspicion in CT Scan

PET exam shows the nodule uptake is high

→ cancerous

Therapy

Targeted therapy



Radiations emitted by the radionuclide act locally

Targeted therapy

Several radiopharmaceuticals are available which use β - emitters:

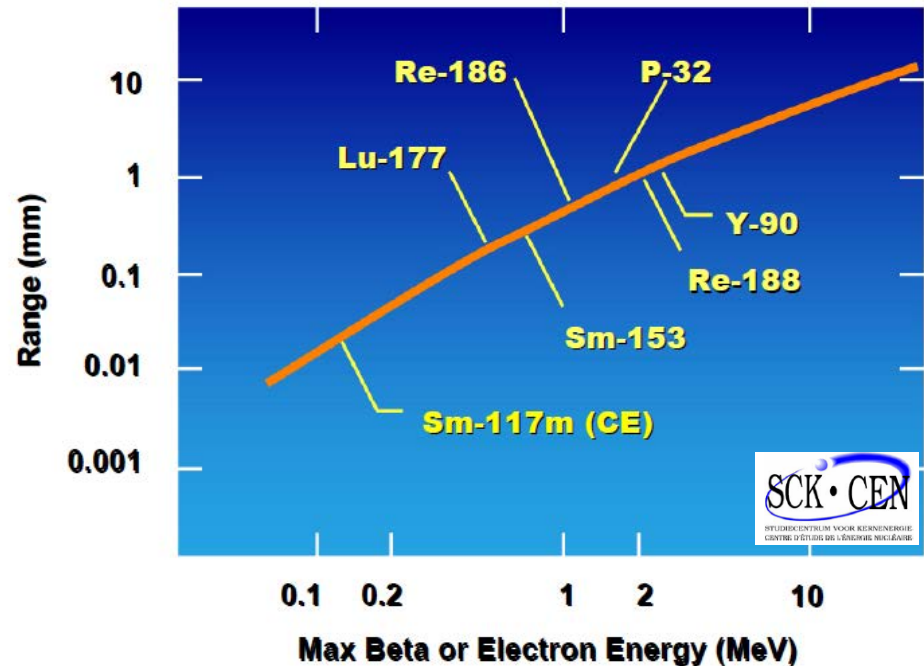
Bexxar® uses ^{131}I (*antibody*)

Zevalin® uses ^{90}Y (*antibody*)

Lutathera® uses ^{177}Lu (*peptide*)

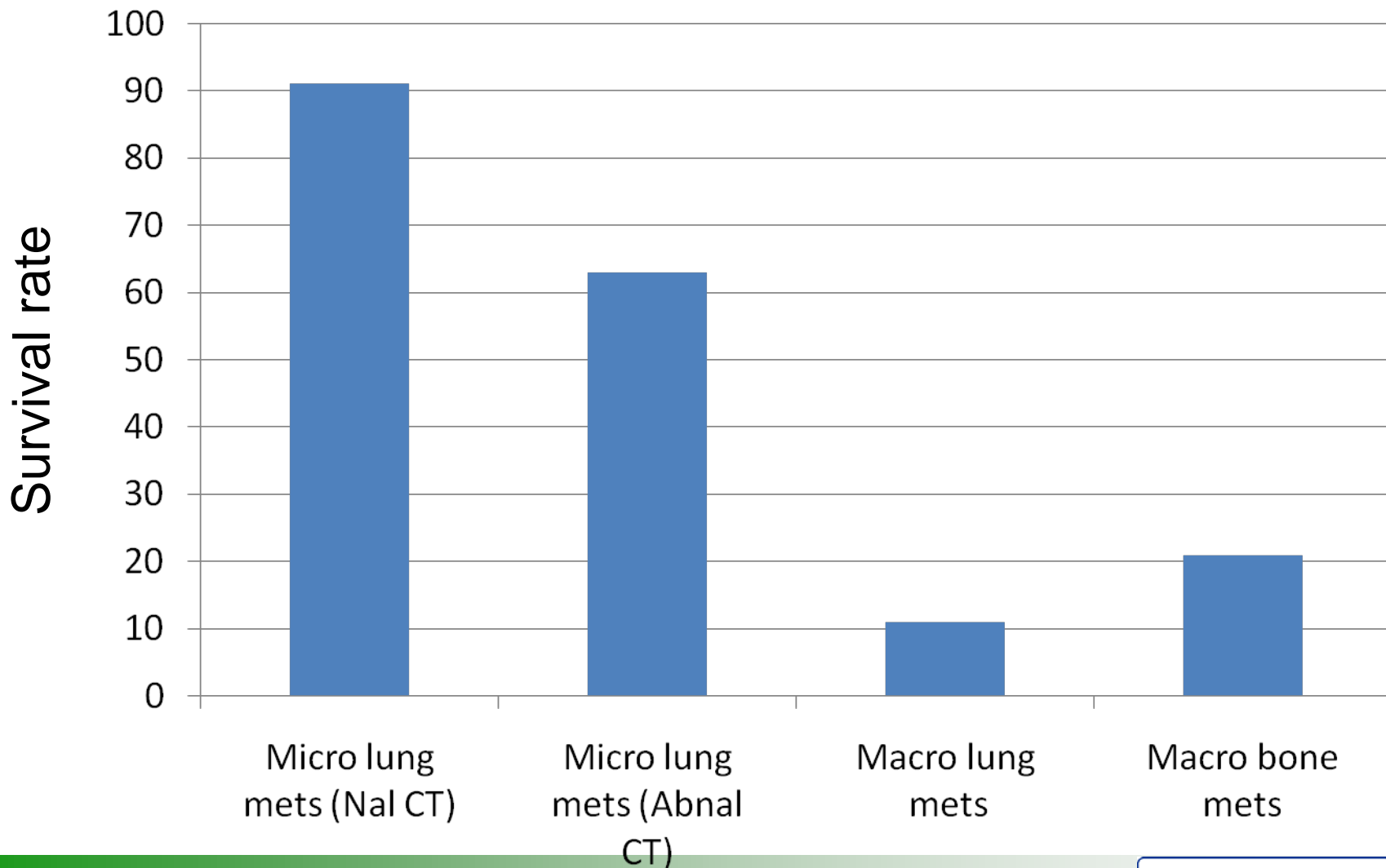
Why several β - emitters are used ?

- Associated radiation (γ and X-rays)
→ radiation safety constraints
- half lives are different
- β - energies are different
→ Range in matter will be different
→ Linear energy transfer (LET)
will be different



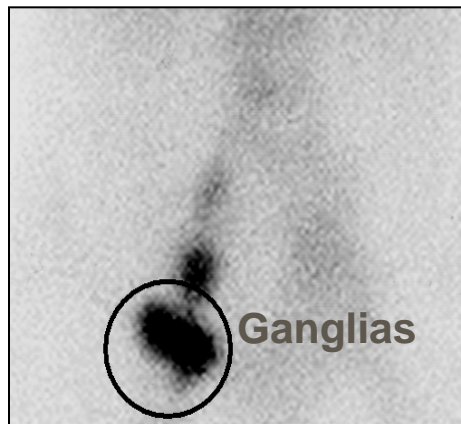
Metastatic differentiated thyroid cancer treated with ¹³¹I

10-year survival rate

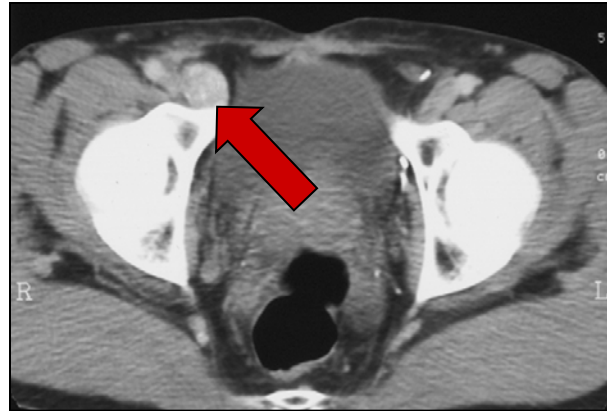


Radio-immunotherapy for lymphoma *a theranostic approach*

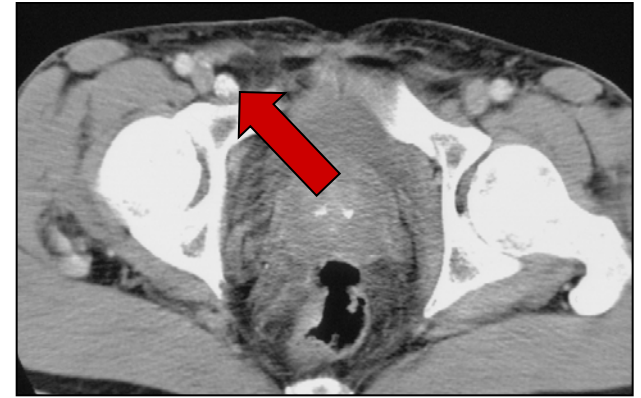
Scintigraphy with In-111 is used to evaluate the response of the patient.



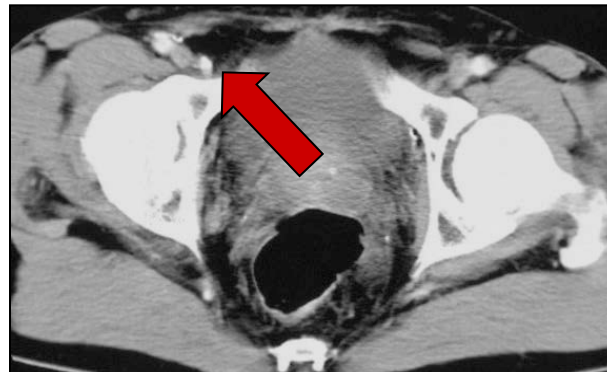
3 mars 2000 (Before RIT)



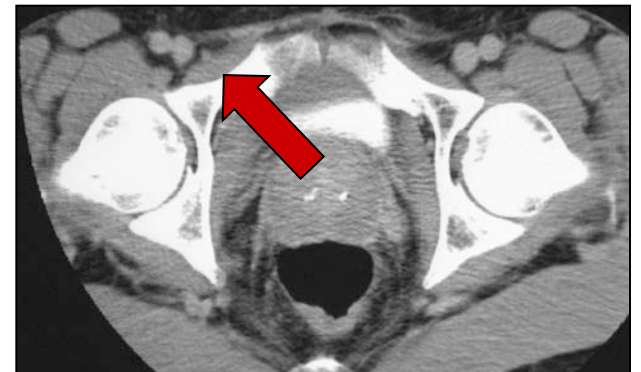
5 avril 2000 (one month after RIT)



9 mars 2001 (One year after RIT)

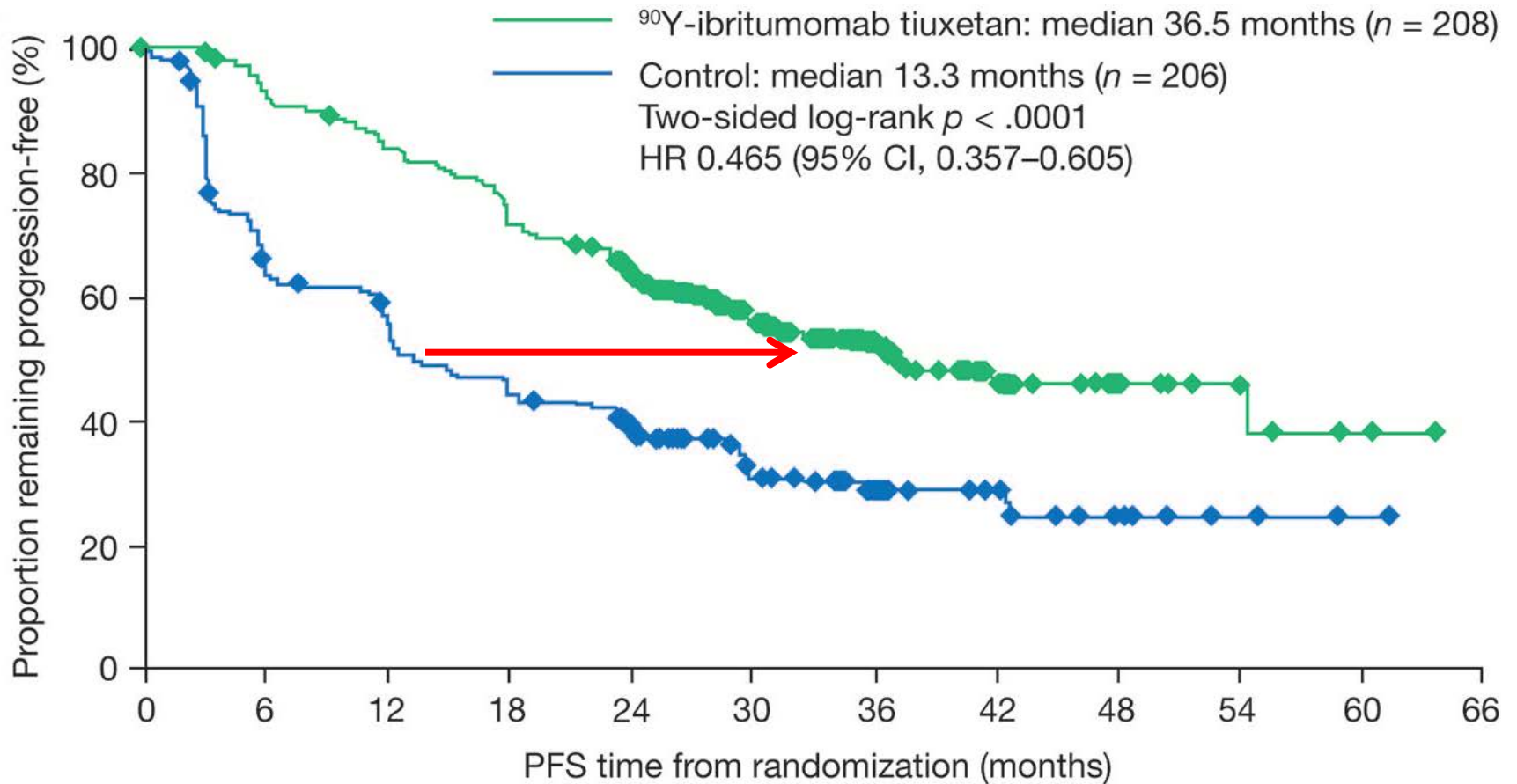


25 septembre 2001 (18 months after RIT)



Zevalin ®

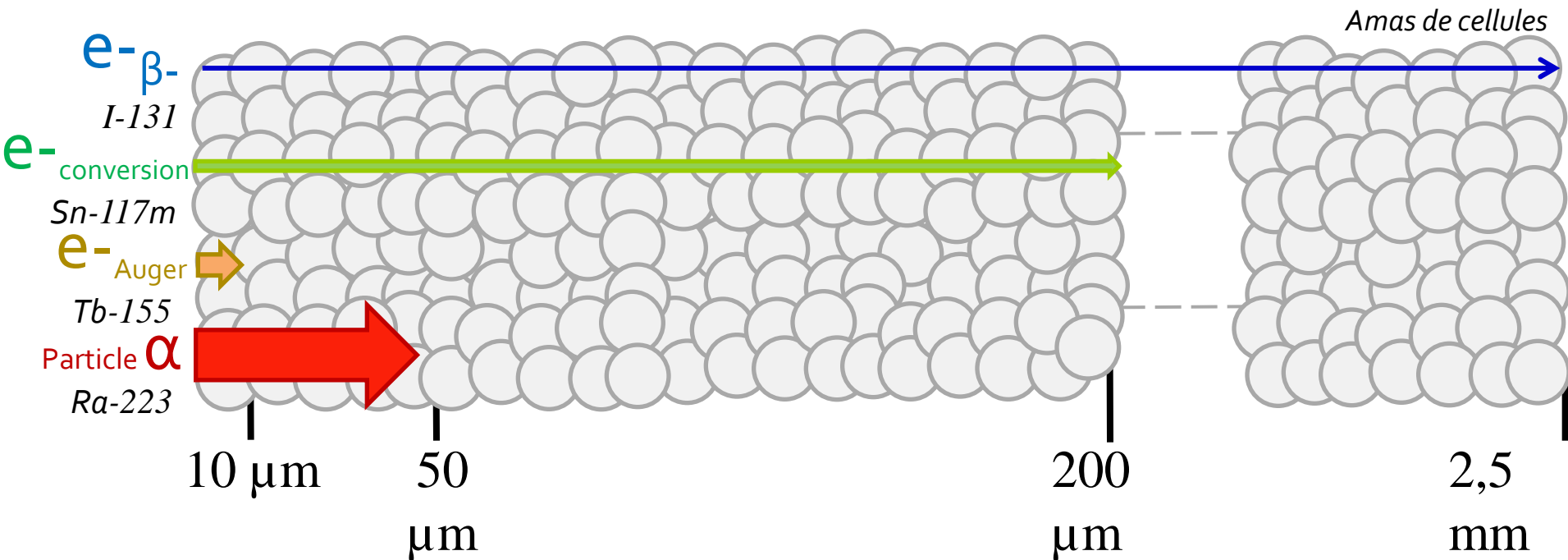
Compared progression-free survival in a phase III study of patients treated with consolidation using Zevalin® after induction treatment vs induction treatment alone (control group)



Linear Energy Transfer (LET)

Radiation consecutive to radioactive decay have

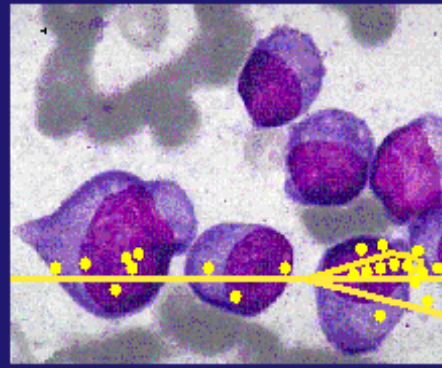
- Different range in matter
- Different initial energy



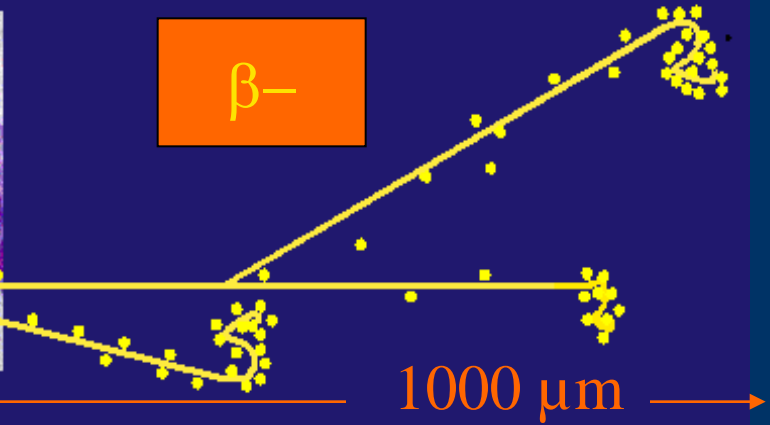
Leading to different Linear Energy Transfer

α versus β particles

^{67}Cu

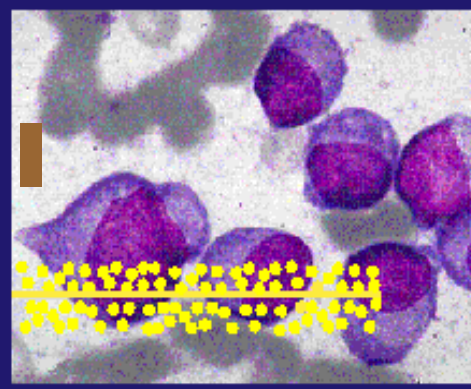
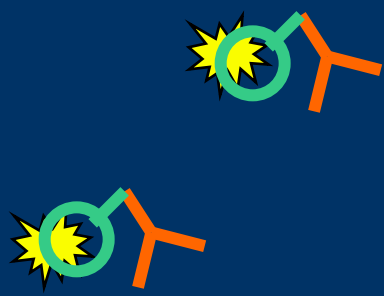


β^-



1000 μm

^{211}At



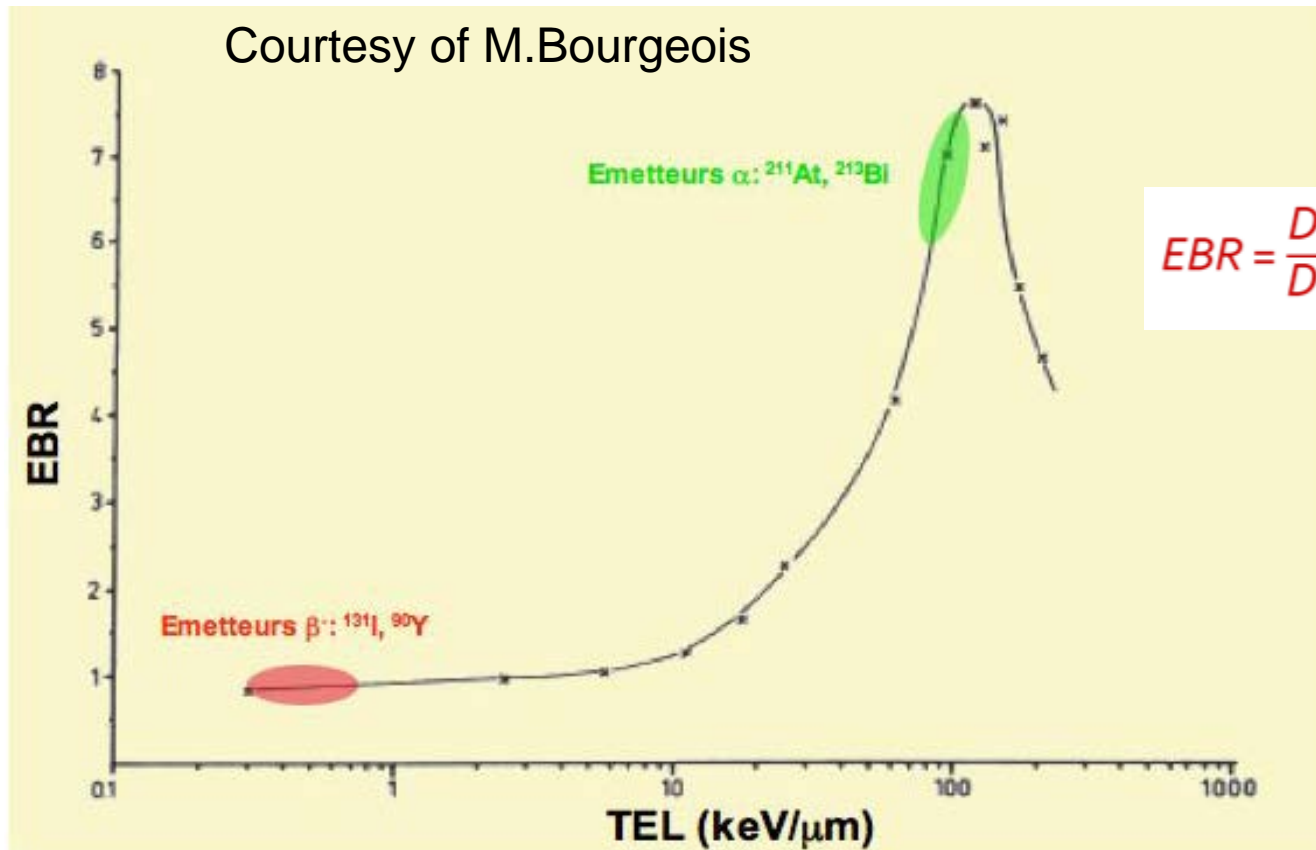
α

70 μm

Shorter range for α particles
Higher energy deposition density

Higher LET than β

Benefit from high LET particles



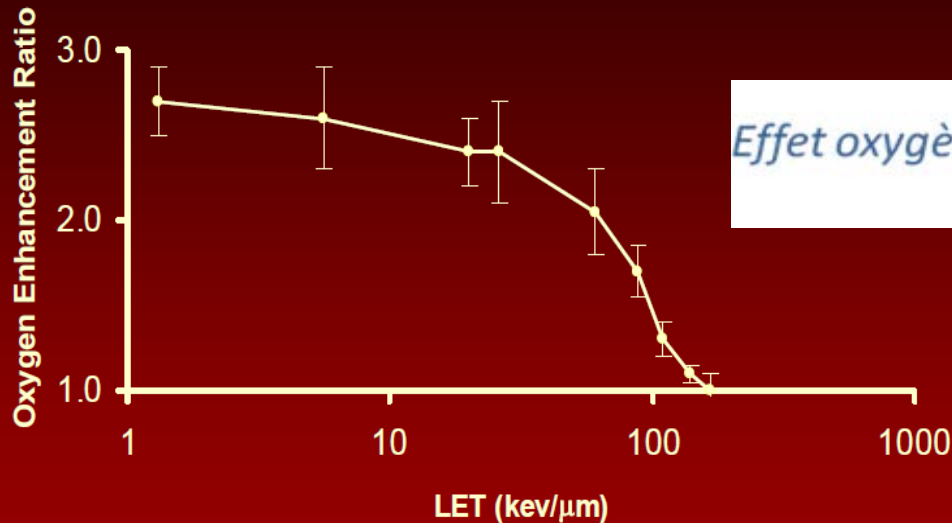
$$EBR = \frac{\text{Dose photons X (250 kV)}}{\text{Dose rayonnement testé}}$$

A lower dose is needed to get the same effect

High LET produce double-strand DNA breaks--with little chance of cell repair and survival.

Benefit from high LET particles

Courtesy of G. Sgouros



$$\text{Effet oxygène} = \frac{\text{Dose - cellule en hypoxie}}{\text{Dose - cellule normalement oxygénée}}$$

α Particles

(Barendsen, et al., Int J Radiat Biol 10:317-327, 1966.)

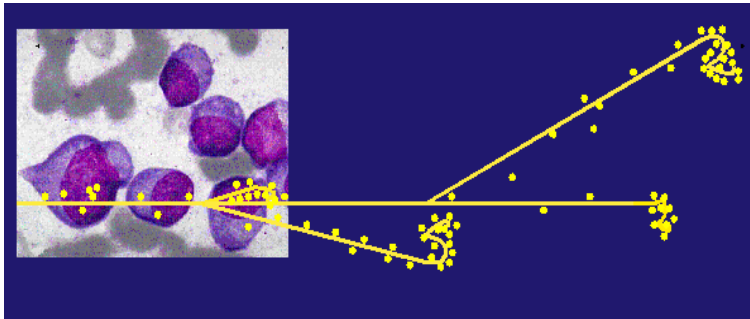
Hypoxic cells require 2-3 times more radiation than normal cells to be destroyed

Normal and hypoxic cells react the same way to α radiation

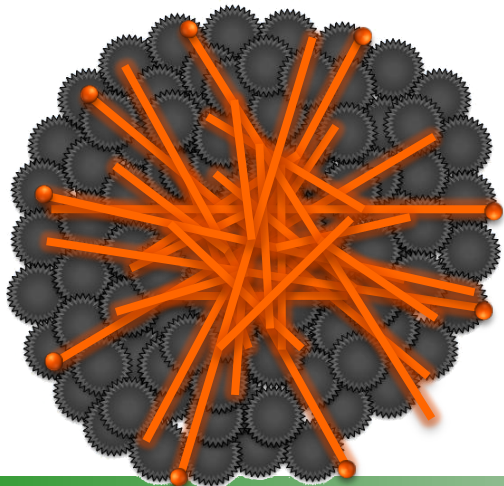
α and β radiations are complementary

β emitter

- <1 MeV dissipated over 1 to 10 mm
- energy deposited outside the target cell

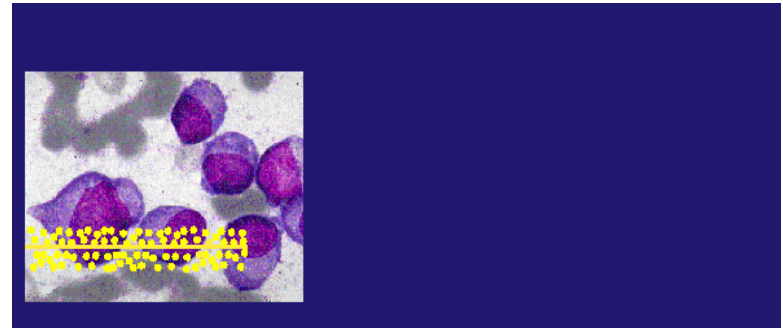


- TARGET: macro-clusters

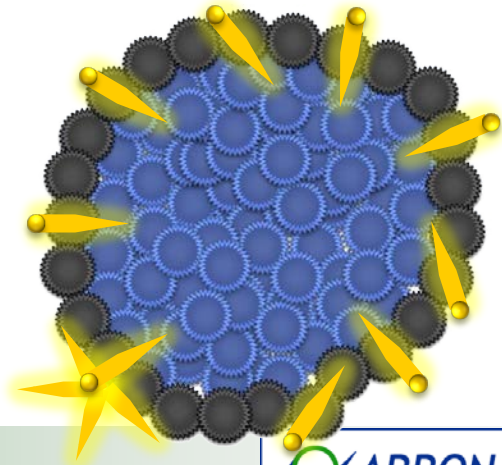


α emitter

- 5-6 MeV dissipated over 0.1 mm
- Energy deposited within the target cells



- TARGET: isolated cells / micro-clusters



How can we get radionuclide for medical applications?

Some are available in our environment

➤ Some radioisotopes are created by interaction of cosmic rays with the atmosphere.

→ **None are useful for medical application**

➤ Radioisotopes from decay chain of long lived radioisotopes (^{238}U decay chain for example).

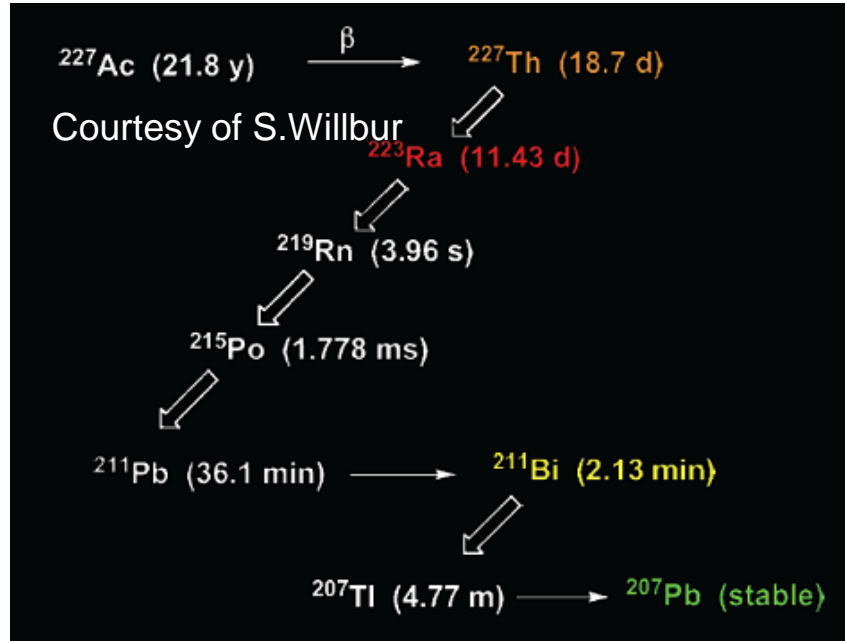
→ **Few are used for medical application**

Radioisotopes of medical interest present in in our environment

Radium-223:

Belongs to the ^{235}U decay chain

4 consecutive α particles are emitted during the decay



One radiopharmaceutical is registered in USA and Europe (2013): Xofigo[®] ($^{223}\text{RaCl}$)

As an analog of calcium, radium tends to concentrate on bones

→ Xofigo is used for the treatment of bone metastasis

Radioisotopes of medical interest present in in our environment

$^{212}\text{Pb}/^{212}\text{Bi}$:

Belongs to the ^{232}Th decay chain

Indeed, one can use either :

^{212}Bi directly

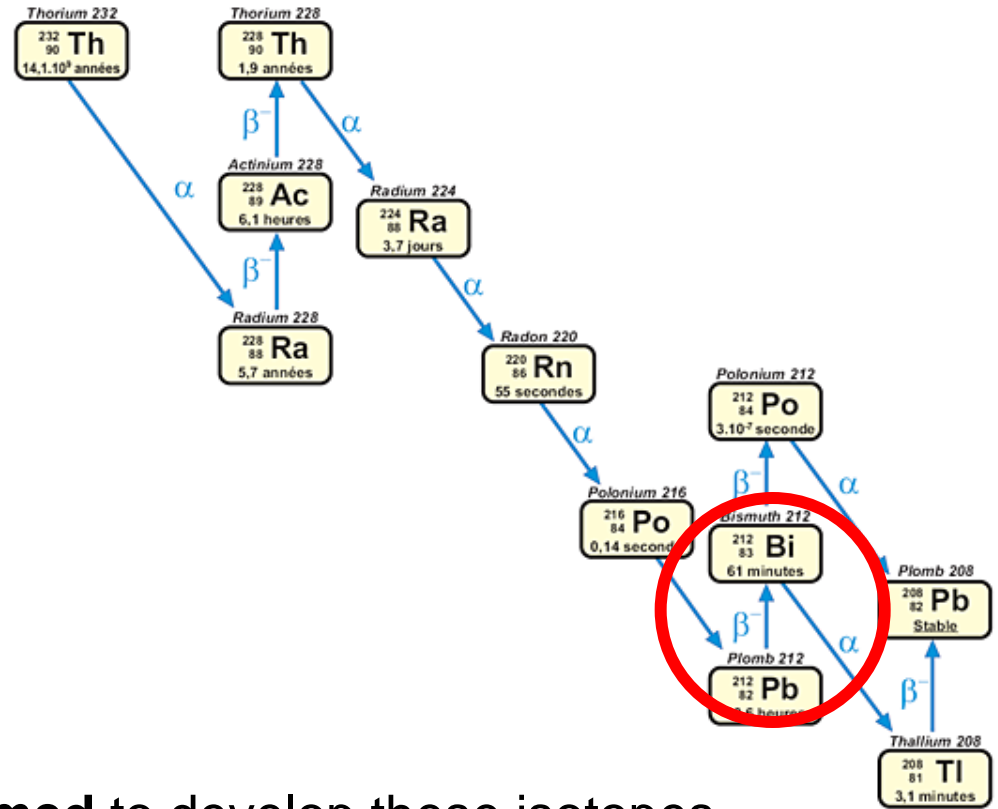
^{212}Pb to act as a in-vivo generator

Stocks of ^{232}Th exist in the world.

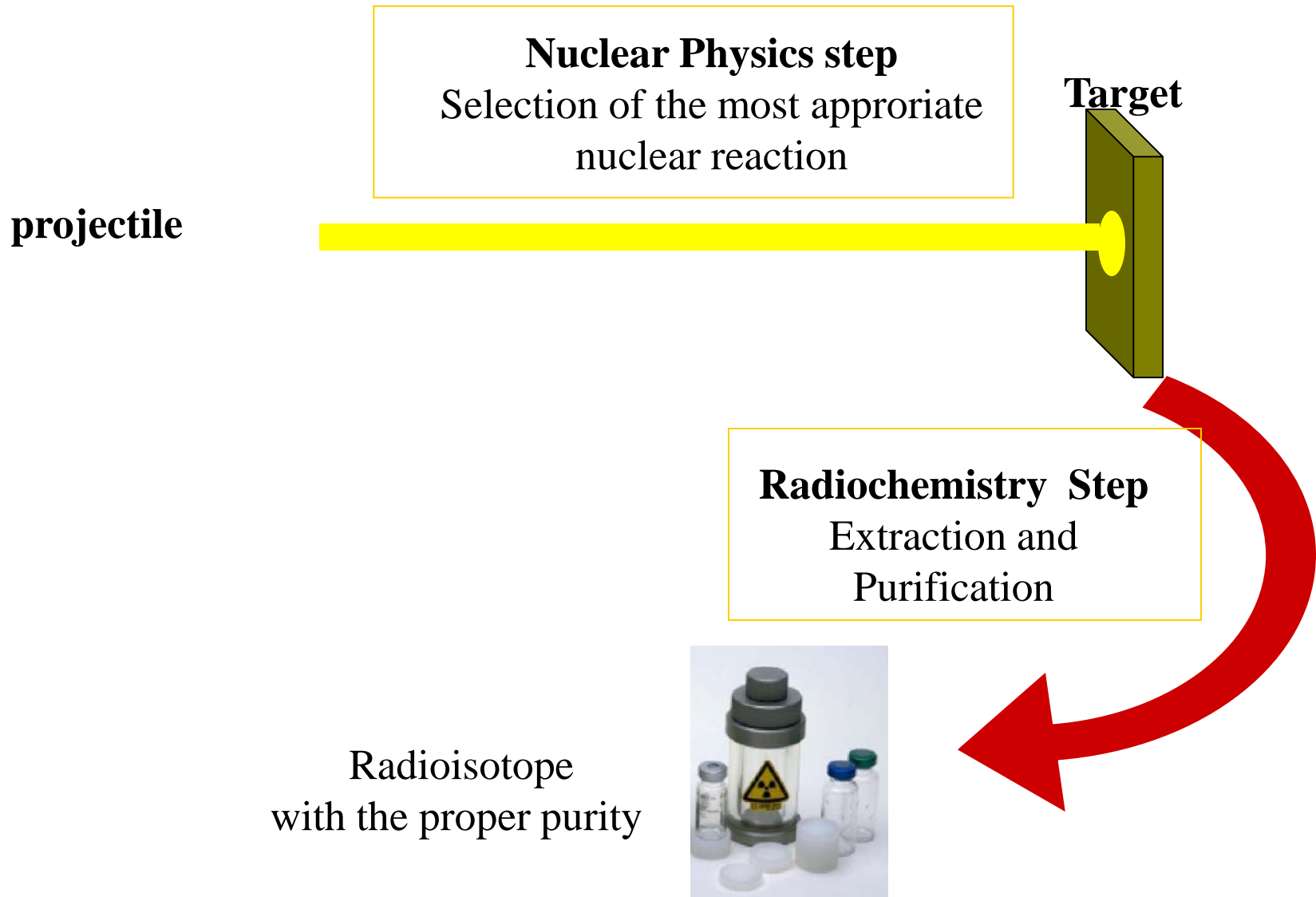
Areva has set a subsidiary **Areva med** to develop these isotopes

A small factory is in operation close to Limoges (France)

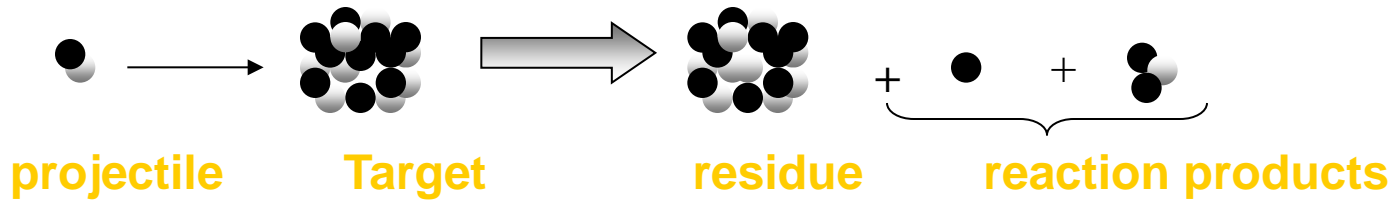
A large factory is in project in Caen (France)



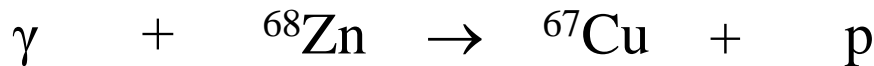
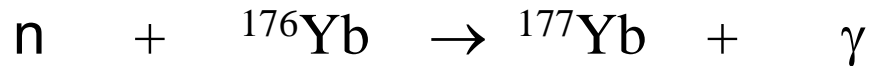
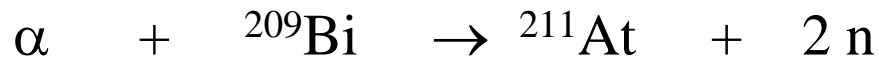
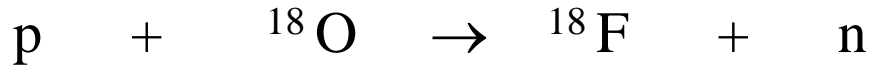
Most of the radioisotopes are artificially created



Artificially Induced Radioactivity



Many different nuclear reactions can be used:



Nuclear reactors or particle accelerators can be used depending of the desired reaction mechanism

Thick target yield

Irradiation conditions

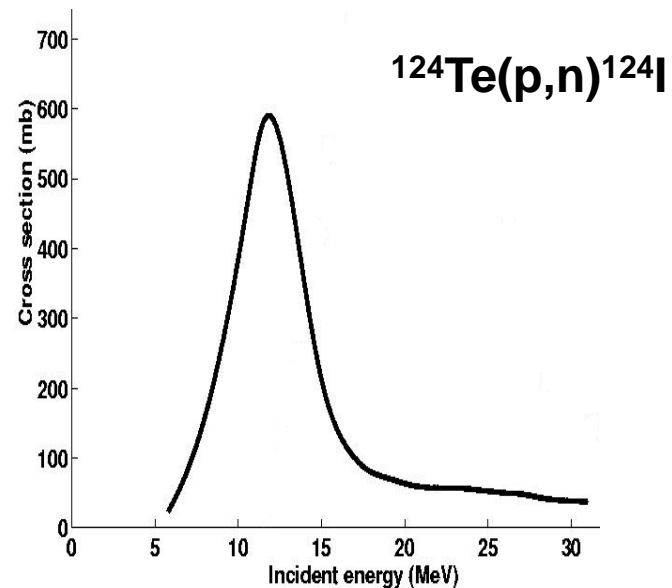
Reaction
Cross section

Produced
Activity:

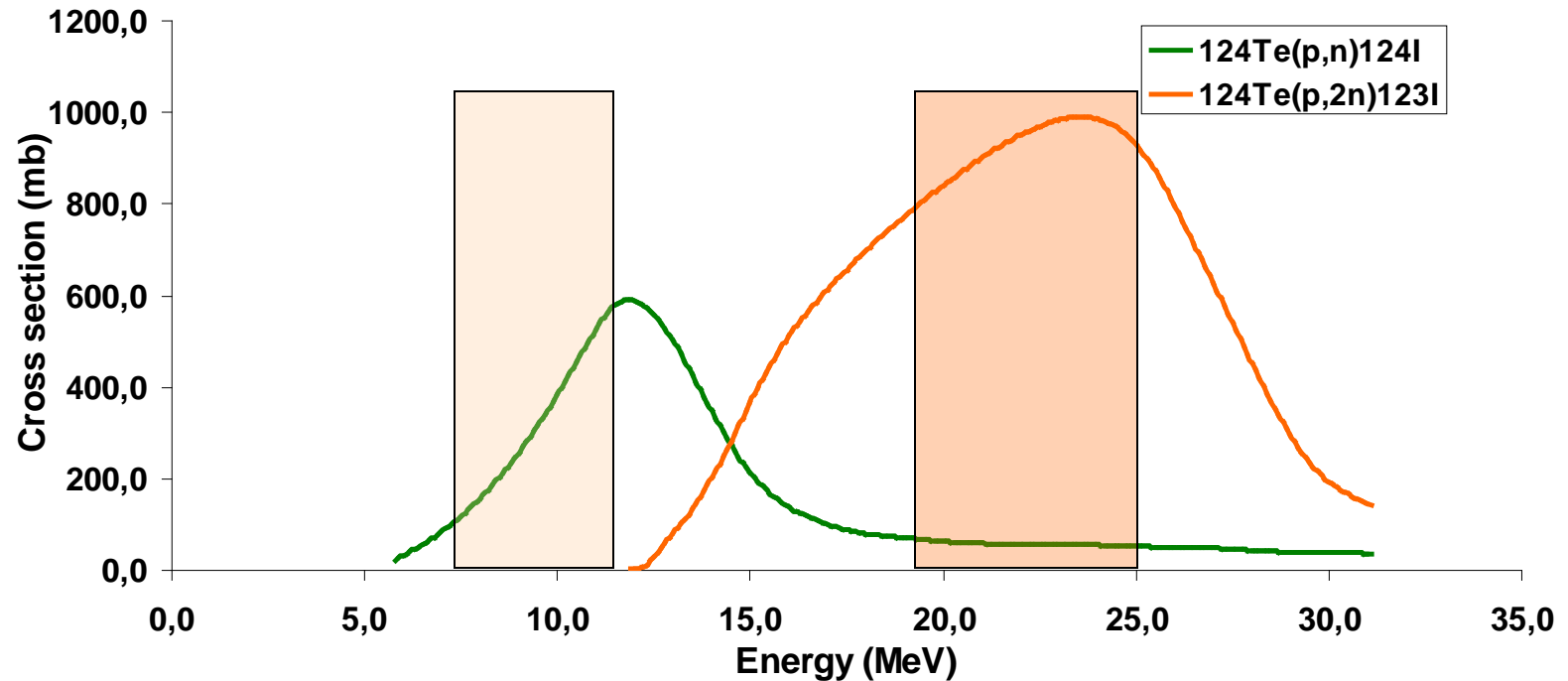
$$Act = \Phi \cdot \chi \cdot \frac{Na \cdot \rho}{A} \cdot (1 - \exp(-\lambda \cdot t_{irr})) \cdot \int_{E_{fin.}}^{E_{in.}} \frac{\sigma(E)}{\frac{dE}{dx}} \cdot dE$$

Target characteristics
including enrichment

Radioactive decay



Carrefully select the nuclear reaction and the projectile energy.



By a smart choice of the incident energy and target thickness, one can:

Maximizes the production yield

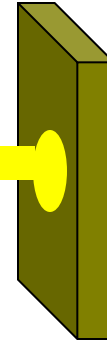
Minimizes the production of contaminants.

Development of a radiopharmaceutical

projectile

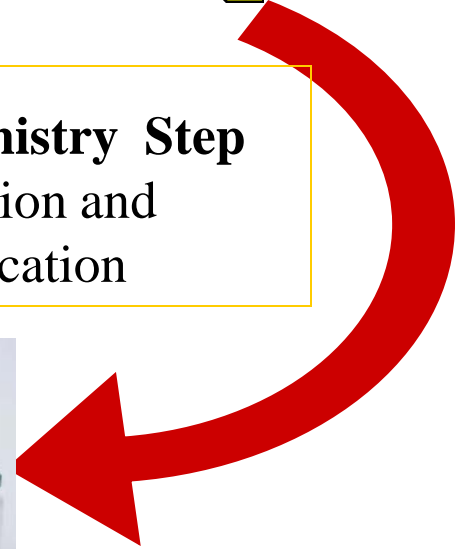
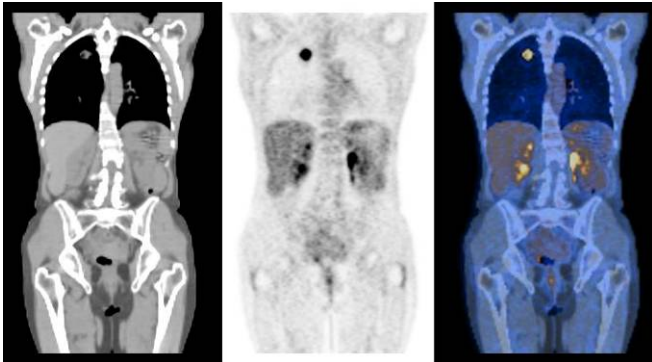
Nuclear Physics step
Selection of the most appropriate nuclear reaction

Target



Medical validation

Radiochemistry Step
Extraction and Purification

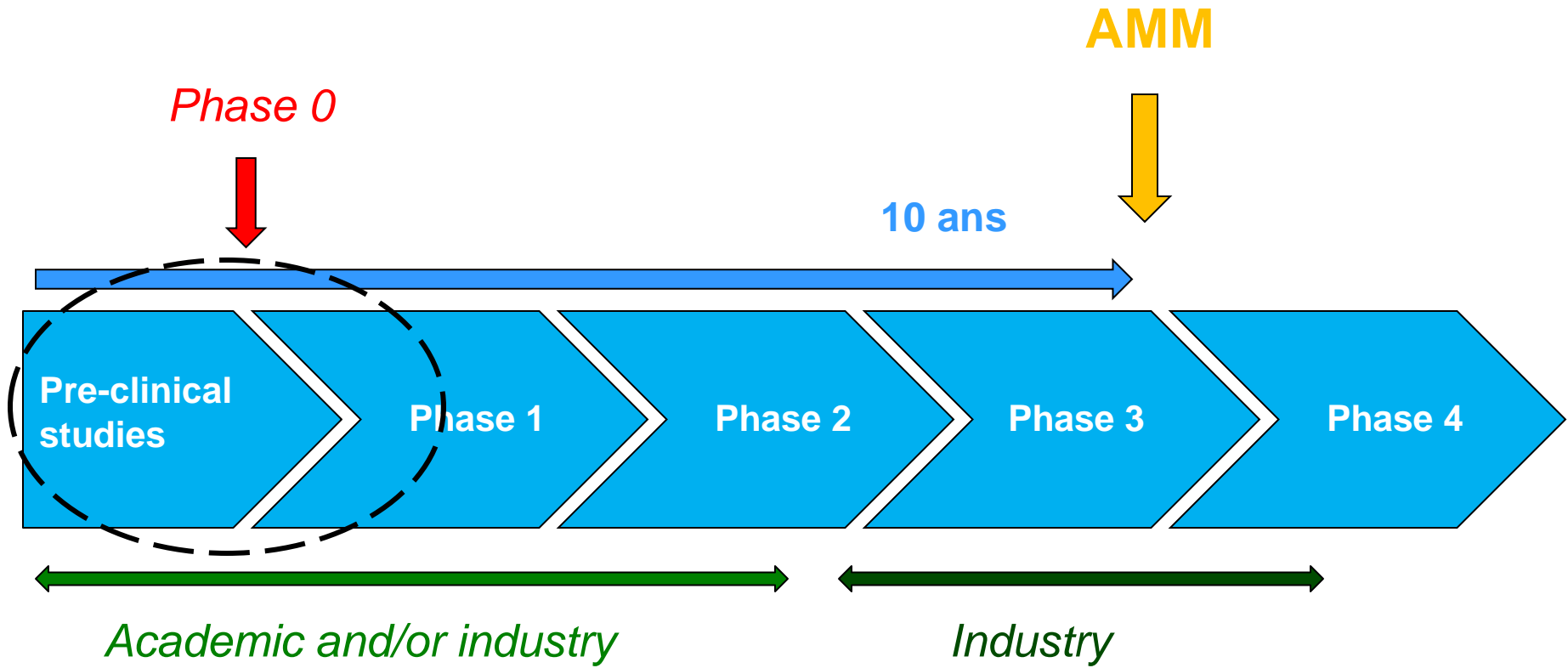


Radiopharmacy Step
Radiolabeling

Radiopharmaceutical

Development of a radiopharmaceutical

A long process

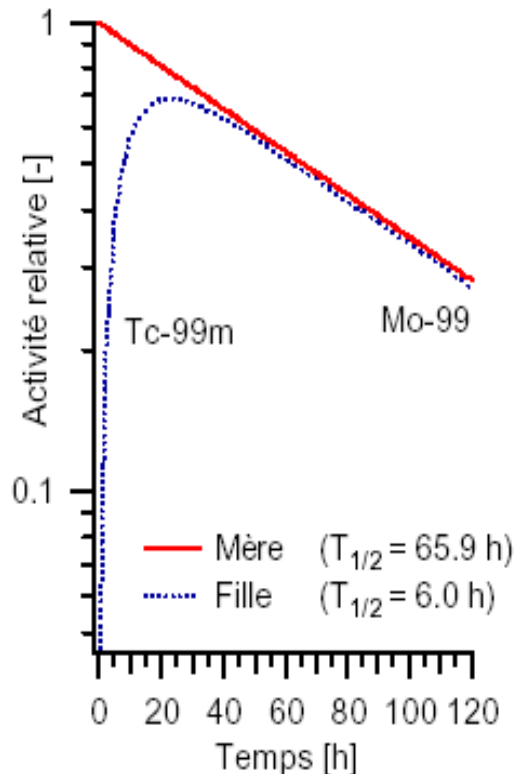


Radionuclide production

Radionuclide from generator

In some cases, the radionuclide of interest can be obtained through the decay of its mother nuclei.

Particularly interesting if $T_{1/2}$ of the mother nuclei $\gg T_{1/2}$ of the daughter nuclei. \rightarrow **Secular equilibrium**



A generator is a source of radionuclide available on site at demand for several days or weeks

\rightarrow No logistic constraints

Radionuclide from generator

Several generators exist:

$^{99}\text{Mo}/^{99\text{m}}\text{Tc}$	2.7d /6h	most used in the world
$^{82}\text{Sr} /^{82}\text{Rb}$	25.5d/1.3mn	used in USA for cardiology
$^{68}\text{Ge}/^{68}\text{Ga}$	271d /68mn	$\beta+$
$^{225}\text{Ac}/^{213}\text{Bi}$	10 d / 45mn	α
$^{212}\text{Pb}/^{212}\text{Bi}$	10,6h / 60mn	α
$^{188}\text{W}/^{188}\text{Re}$	69j/16.9h	$\beta-$
$^{44}\text{Ti} /^{44}\text{Sc}$	60 ans/ 4h	research
$^{72}\text{Se}/^{72}\text{As}$	8.4 j/26 h	research
.....		

A generator example: $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$

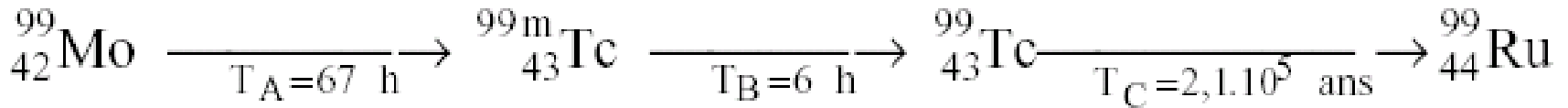
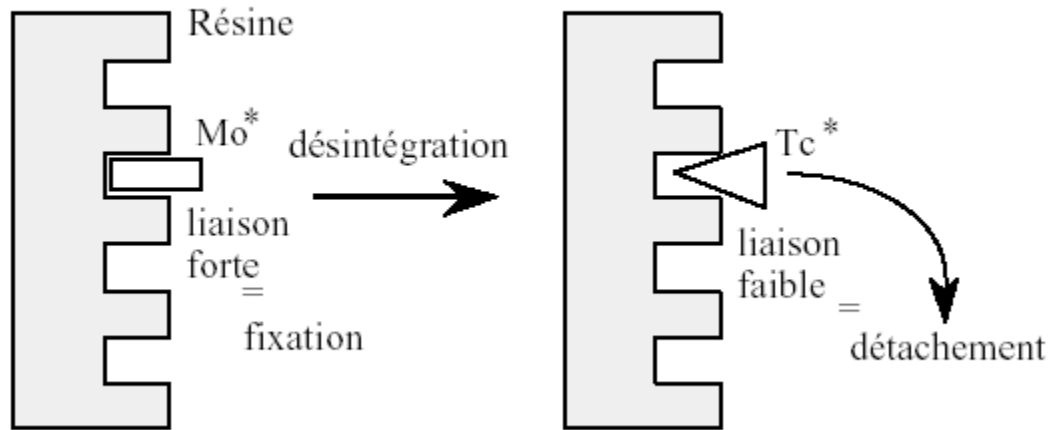


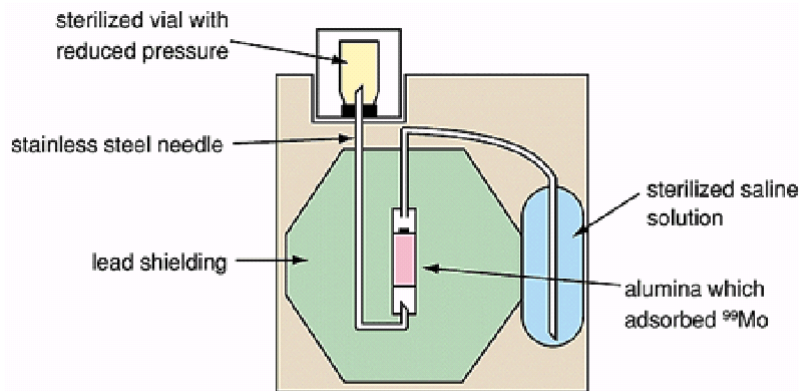
Schéma de principe :



Tc-99m obtained through the decay of Mo is loosely bound to the resin.

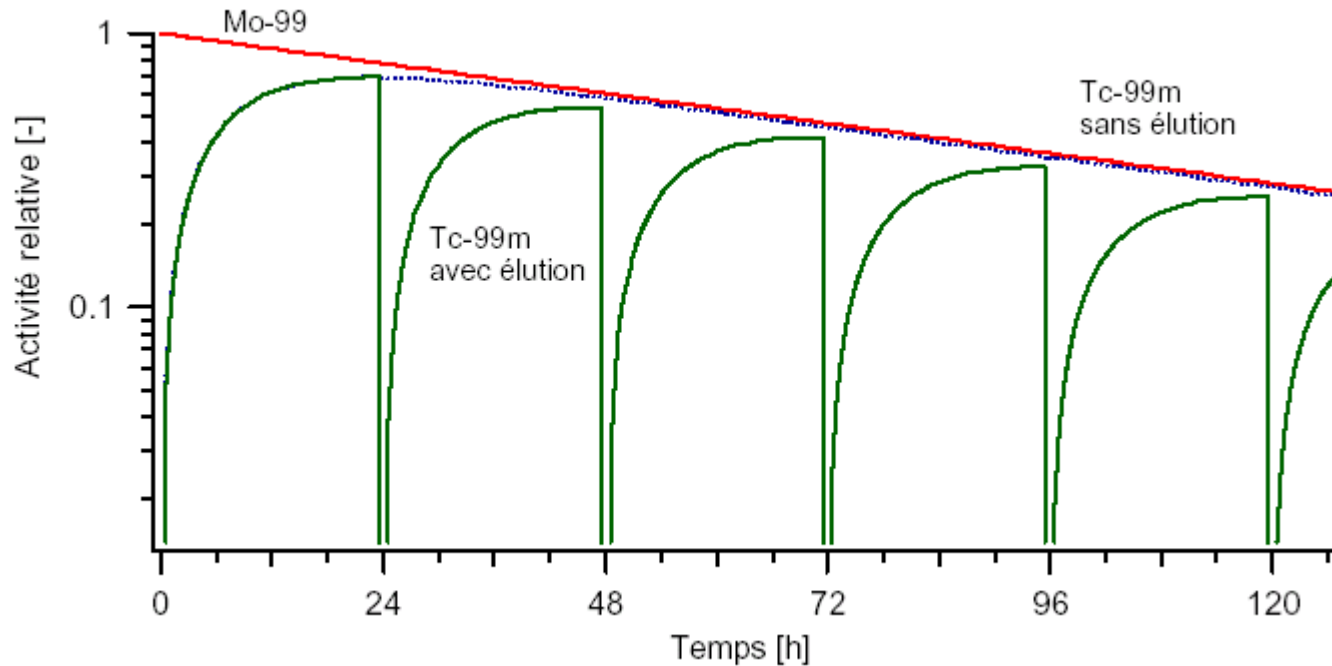
Mo is adsorbed on a resin

Tc-99m is recovered by eluting the resin with NaCl 0.9%



an example of the structure of a generator on the market

A generator example: $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$



Every 24 h, the maximum activity can be recovered

After one week, the total activity is divided by a factor 5.8.
Generator must be changed

Use of research reactor

Radionuclide production

Reactors:

- ☒ neutron induced reaction
- ☒ Fission

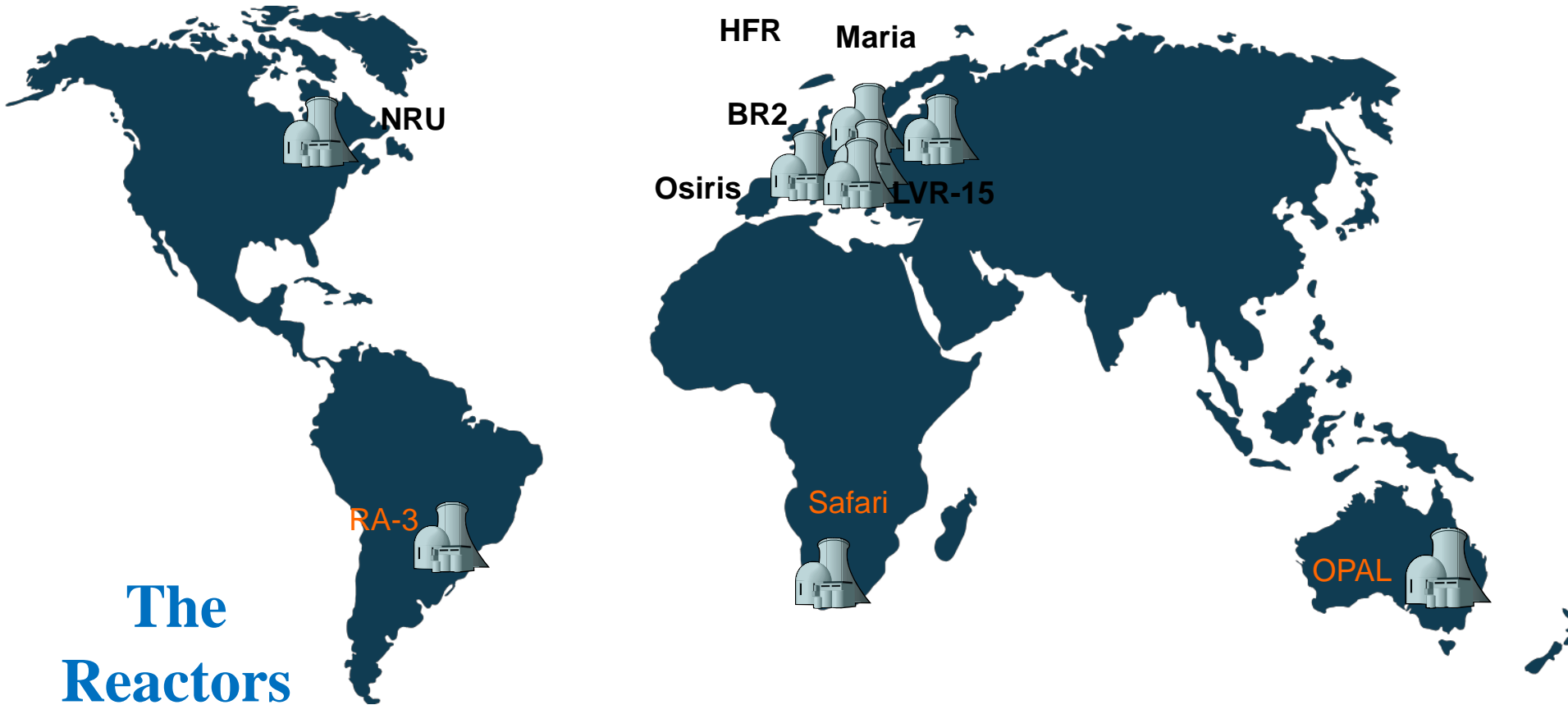


The number of this kind of facility is limited (expensive, dealing with sensitive material, ...)

→ centralized production



Reactor production: Mo99



The
Reactors

Mo-99
TARGETS

LEU - OPAL, RA-3, SAFARI
HEU – BR2, HFR, LVR-15, Maria, NRU, Osiris

Specific activity

Specific activity is **the measure of the activity per mass** (GBq/mg)

The number of selective site targeted by antibodies or peptide on cell is often limited → **high specific activity is required.**

In reactor, two main reaction mechanisms:

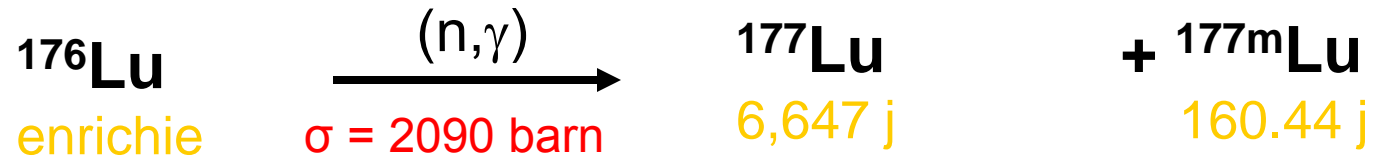
⌘ Fission

lots of radio isotopes are produced → Complex chemistry step.
High specific activity

⌘ Neutron induced reaction:

Often low specific activity product (target and product are isotopes of the same element)

Lu-177: Direct production route

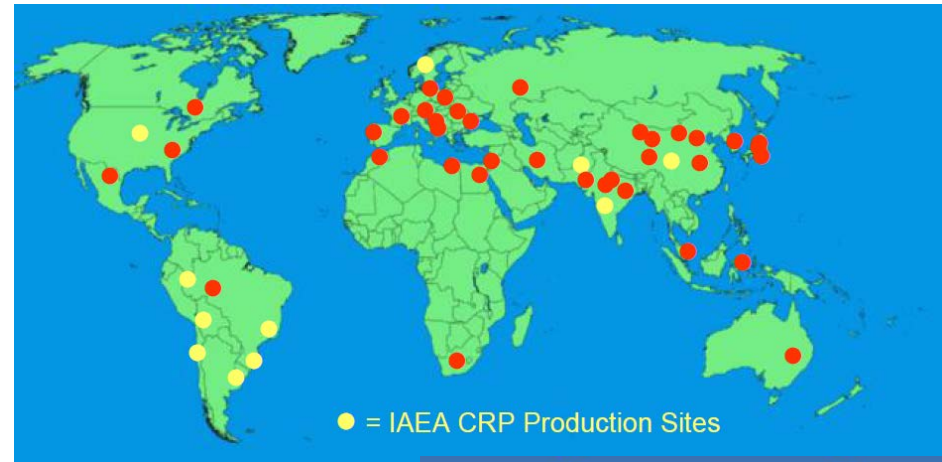


Advantages:

- High production yield
- Large number of production site
- Easy chemical separation

Drawbacks:

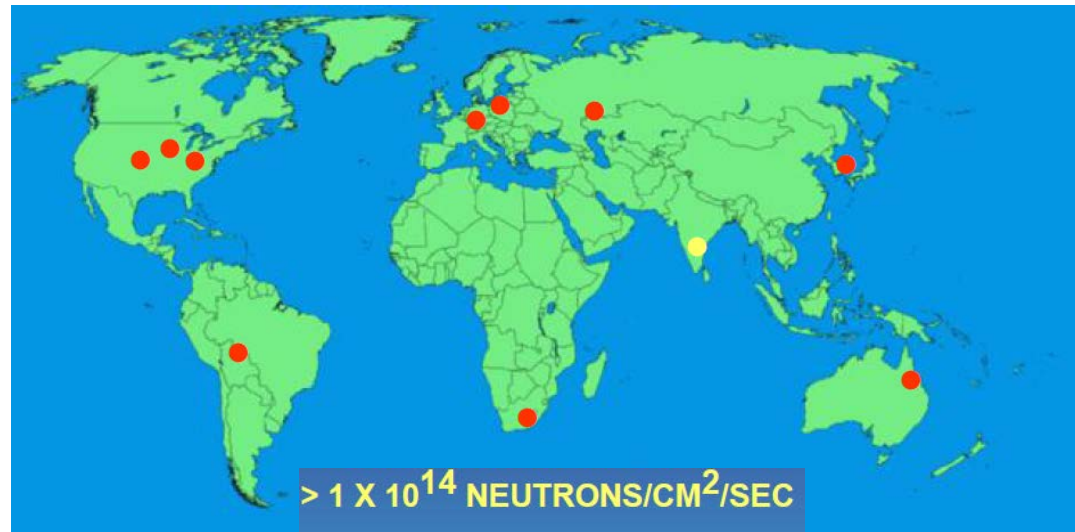
- Low specific activity (<30 Ci/mg Lu)
- co-production of long lived ${}^{177\text{m}}\text{Lu}$
 - potential waste management issue in hospital



> 1 X 10¹³ NEUTRONS/CM²/SEC

With a ${}^{177\text{m}}\text{Lu}$ contamination of the order of 0,02%, a typical dose of 7 - 9 GBq, approximately 1.4 – 1.8 MBq ${}^{177\text{m}}\text{Lu}$

Lu-177: Indirect production route



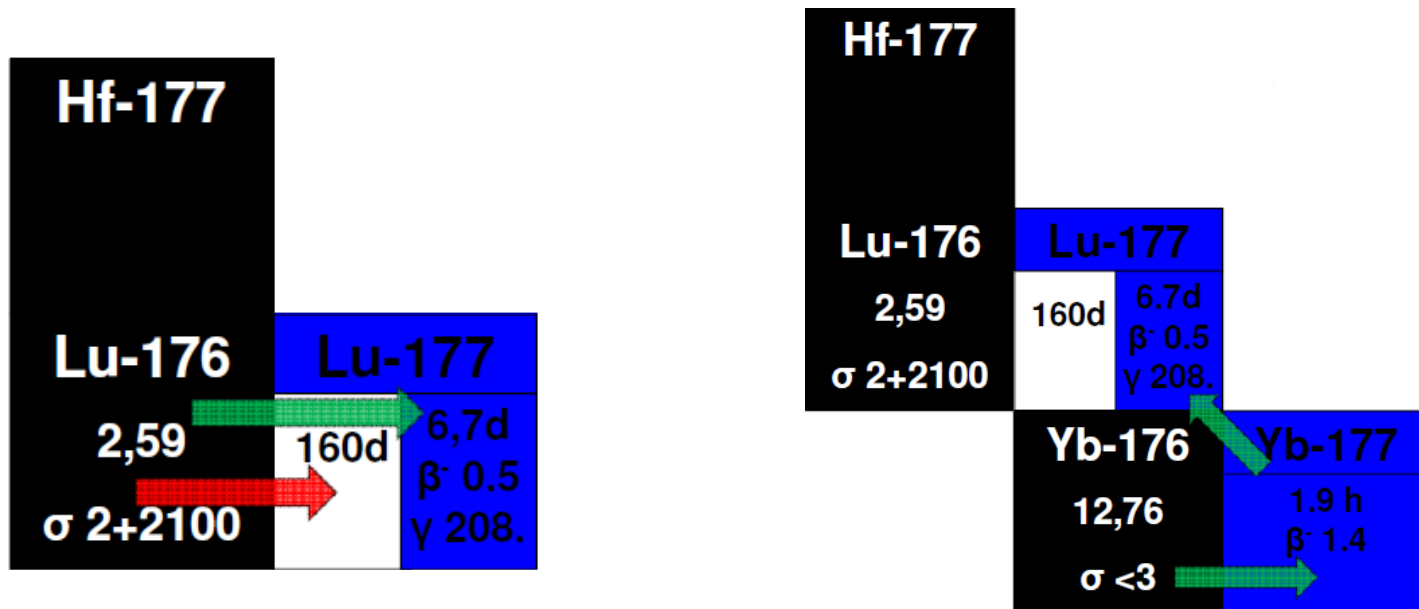
Advantages:

- No stable Lutetium
- No ${}^{177\text{m}}\text{Lu}$

Drawbacks:

- Low production yield \rightarrow High flux reactor is required.
- Chemical separation is complex (Yb / Lu separation)

Which route is the best one?



Depends :

If one wants the best purity → indirect route

If one wants low prices to be able to make it available worldwide
→ direct route.

Radionuclide production

Reactors:

- ☒ neutron induced reaction
- ☒ Fission

Accelerators

- ☒ Electrons to produce gamma
- ☒ Proton, deuterons, alpha particles
- ☒ Heavy ions
- ☒ Secondary neutrons

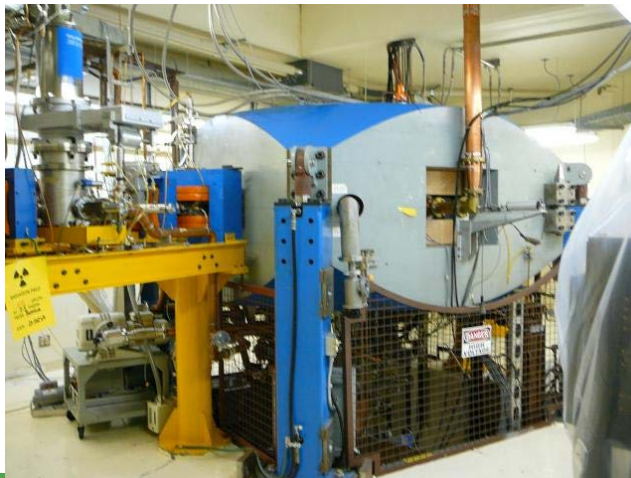


Figure 2. A compact superconducting accelerator used for radioisotope production

Different types and sizes

^{82}Sr , $^{117\text{m}}\text{Sn}$,...

^{11}C , ^{13}N ,
 ^{15}O , ^{18}F ,
 ^{64}Cu

^{67}Ga , ^{111}In , ^{123}I ,
 ^{201}Tl , ^{68}Ge



11 MeV



30 MeV



70 MeV

Linear accelerator
160 MeV



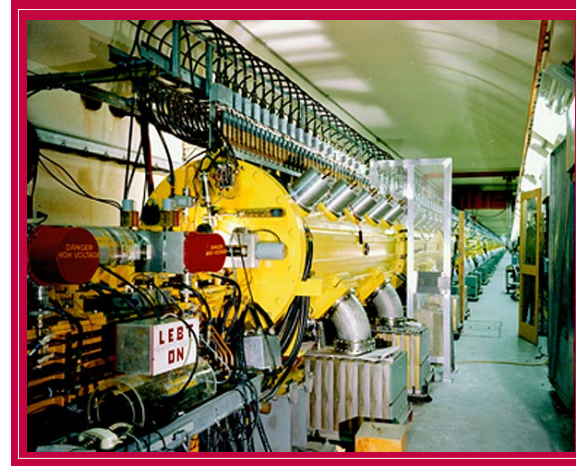
INR-RAS

^{82}Sr , $^{117\text{m}}\text{Sn}$, ^{225}Ac ...

Long lived Radionuclide: Centralized production

Sr-82 ($T_{1/2} = 25.5$ d):

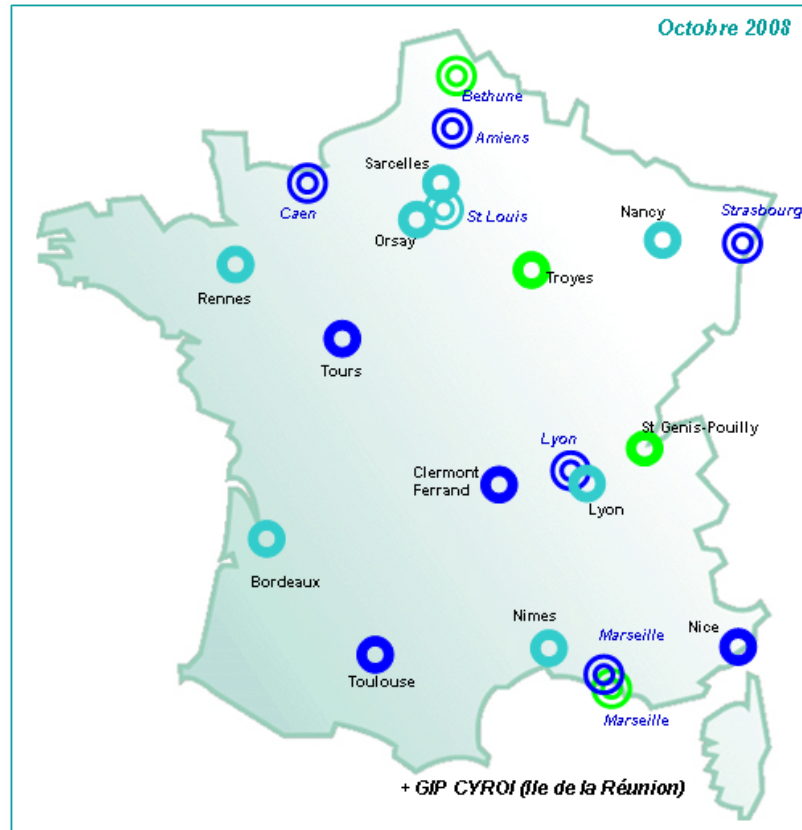
- LANL, USA – 100 MeV, 200 μ A
- BNL, USA – 200 MeV, 100 μ A
- INR, Russia – 160 MeV, 120 μ A
- iThemba, South Africa – 66 MeV, 250 μ A
- TRIUMF, Canada – 110 MeV, 70 μ A
- ARRONAX, France – 70 MeV, 2*100 μ A



BLIP



Short lived radionuclide: localized production (^{18}F production in France)



Orsay
Rennes
Sarcelles
Bordeaux
Lyon
Nimes
Nancy
Paris (St Louis)



Clermont-Ferrand
Nice
Toulouse
Tours
Strasbourg
Amiens
Lyon
Caen
Marseille



St Genis-Pouilly
Troyes
Bethune
Marseille

 Opérationnel

 *Projet en cours*

A large number of accelerator available worldwide

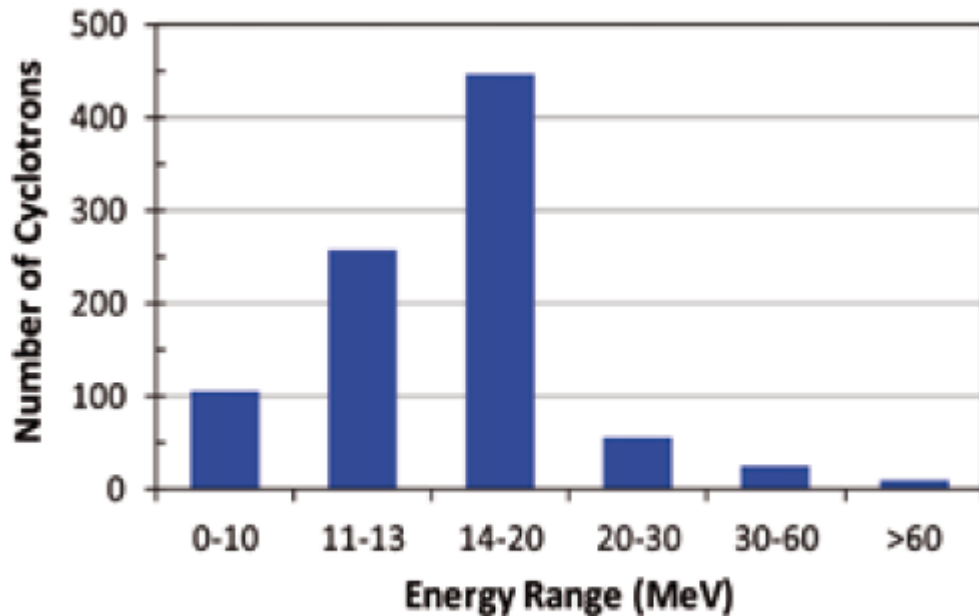


Figure 2.6. Number of cyclotrons operational worldwide in 2013 against their maximum proton beam energy.

NUPECC, Nuclear physics for medicine, report 2014

Several 70 MeV cyclotrons under construction by both

Research entities:

LNL –Italy

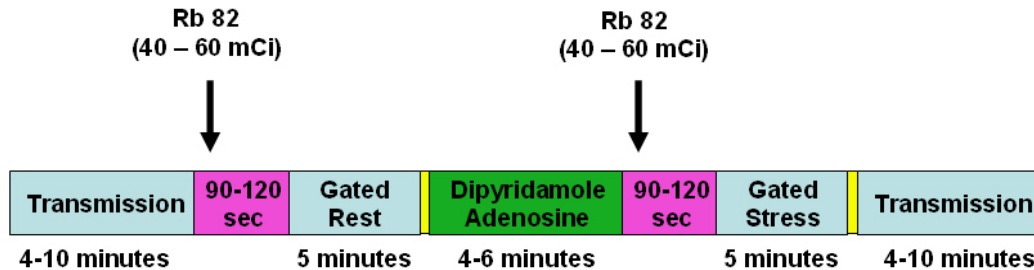
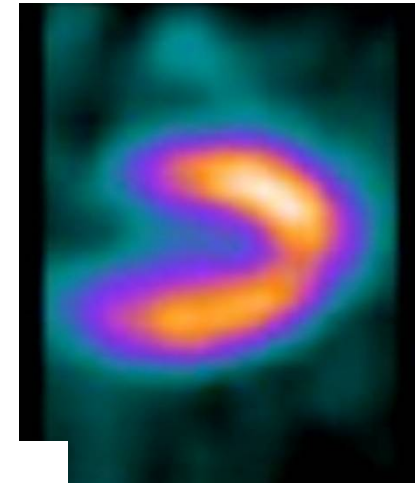
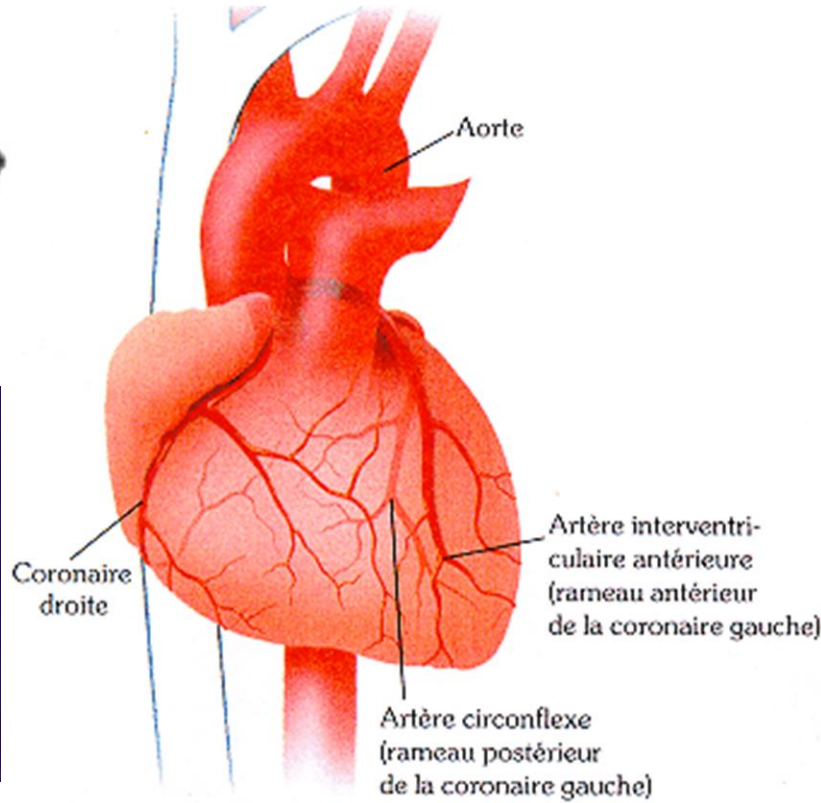
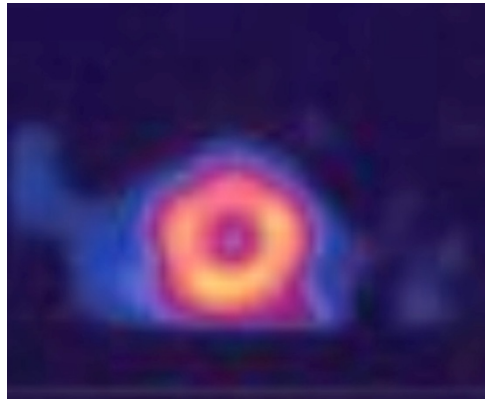
Private entities:

Zevacor (USA)

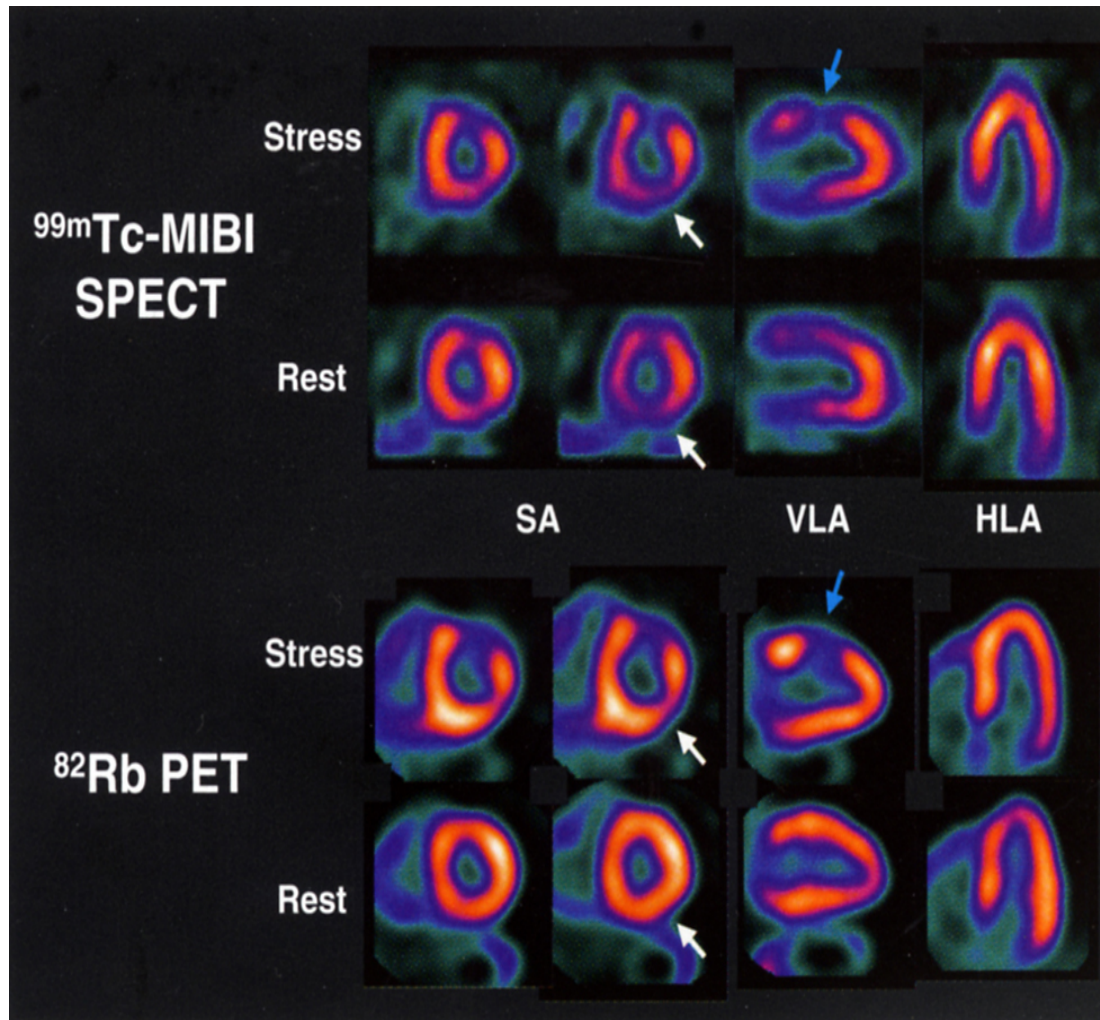
CDNM (Russia)

Multi-particle accelerators now available from accelerator providers (30 MeV and 70 MeV)

Rubidium-82 (^{82}Rb): PET imaging in cardiology



Rubidium-82 (^{82}Rb): PET imaging in cardiology

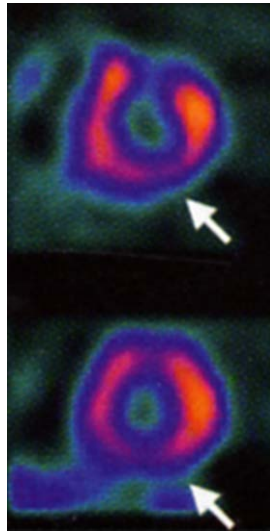


Same patient

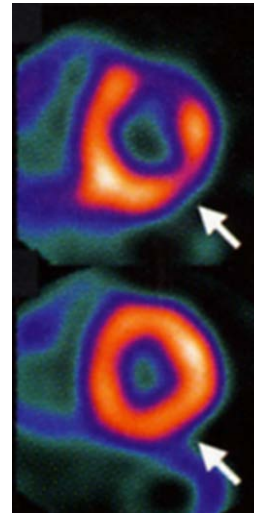
Different results

Rubidium-82 (^{82}Rb): PET imaging in cardiology

$^{99\text{m}}\text{Tc}$ -MIBI
SPECT



^{82}Rb -PET



Bad corrections

D. Le Guludec et al, Eur J Nucl Med Mol Imaging 2008; 35: 1709-24

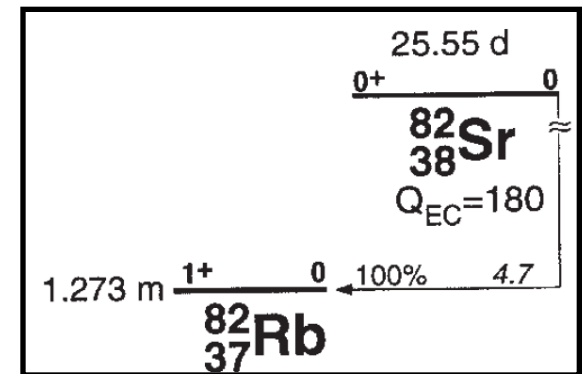
Several advantages:

Better corrections

Quantification

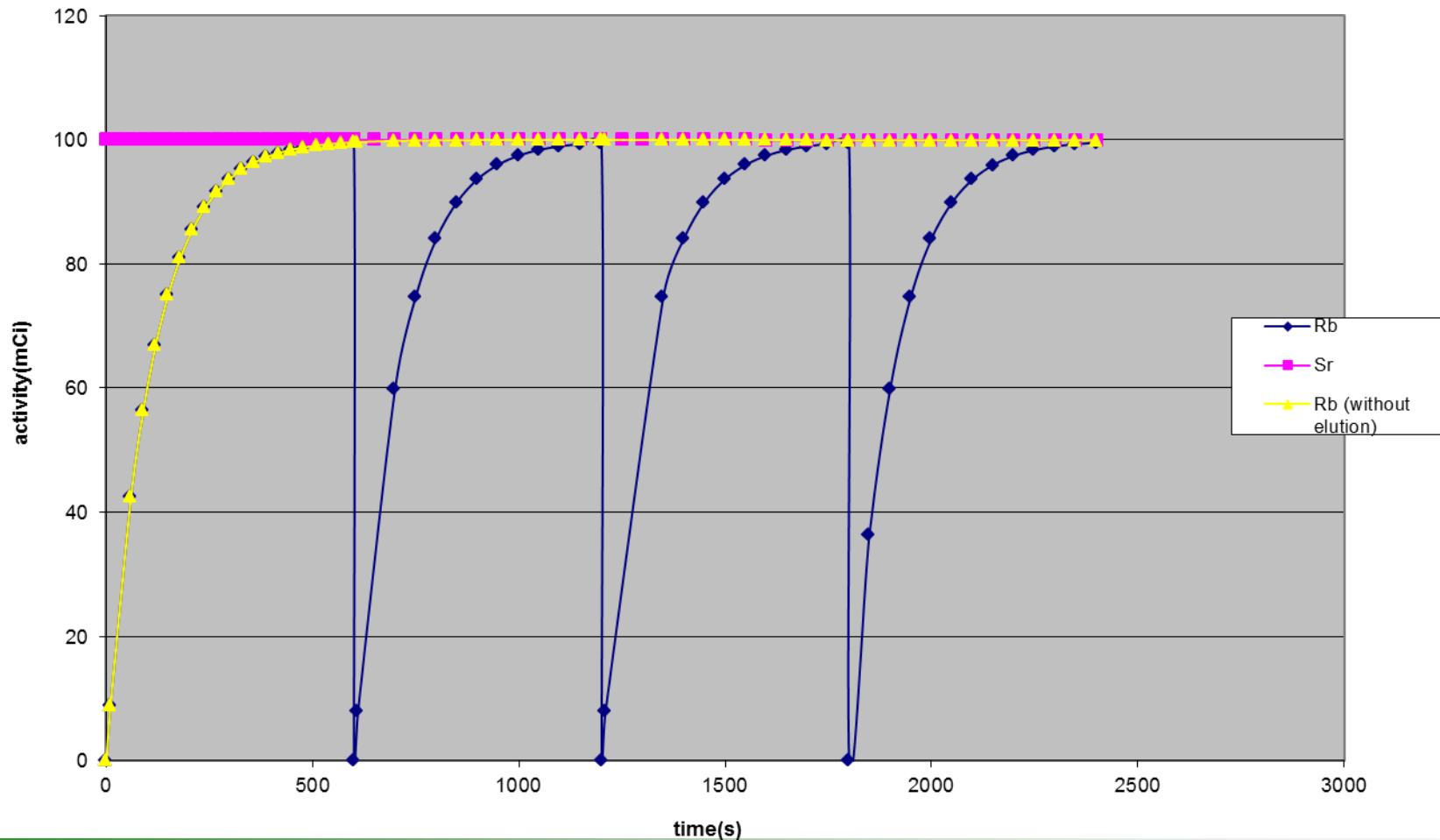
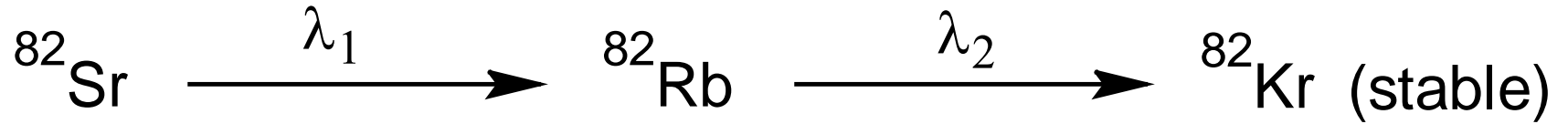
Shorter duration of the exam

Lower dose to patient

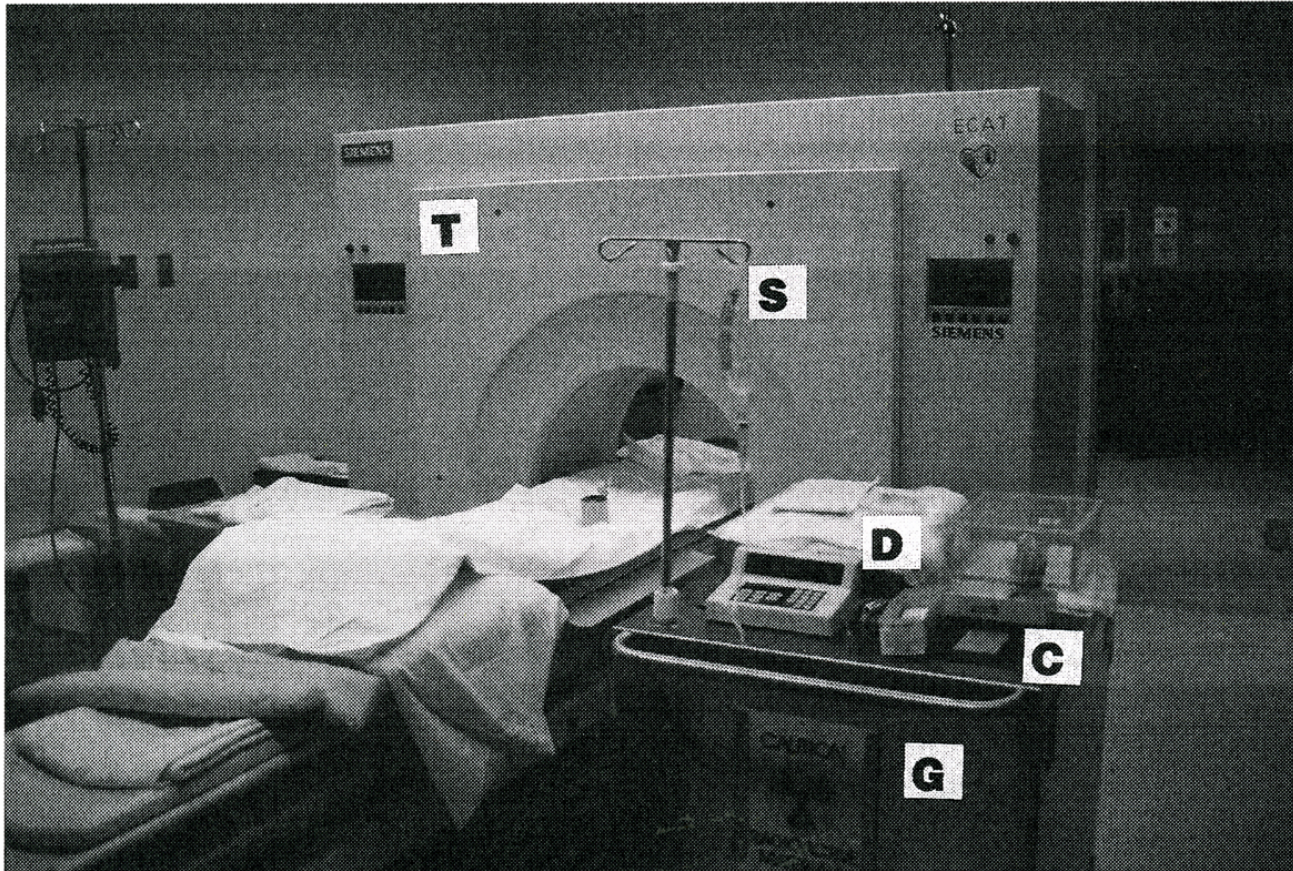


$^{82}\text{Sr}/^{82}\text{Rb}$ generator

Rubidium-82 (^{82}Rb): PET imaging in cardiology



Rubidium-82 (^{82}Rb): PET imaging in cardiology



T = PET Scanner

S = NaCl solution

G = Chart containing the Sr82/Rb82 generator

D = Automatic infusion system

C = Control computer



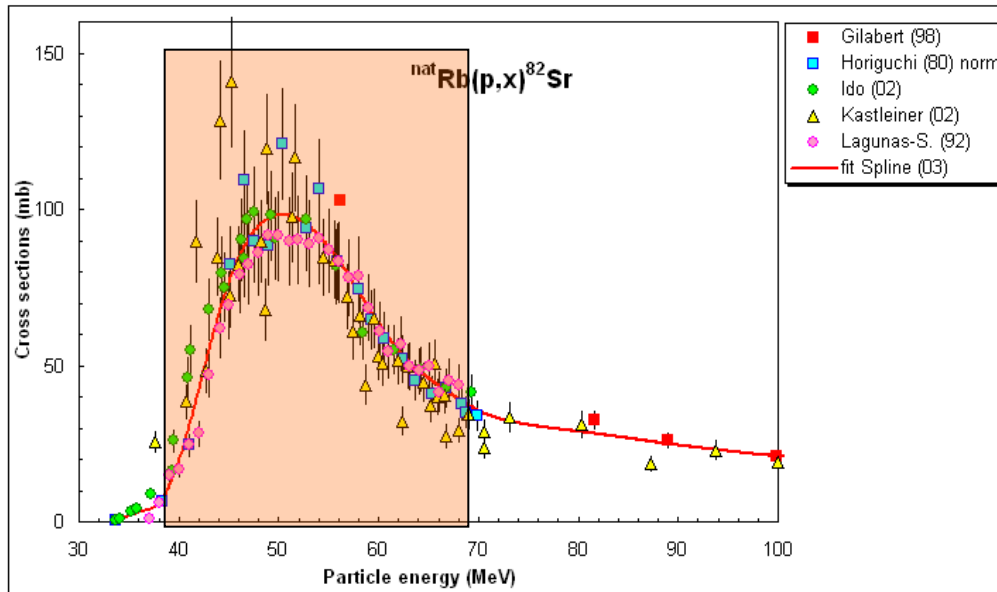
Generator $^{82}\text{Sr}/^{82}\text{Rb}$



Infusion system

^{82}Sr production

Reaction and Cross section



Low cross section

Energy range of
interest
40 MeV-70 MeV

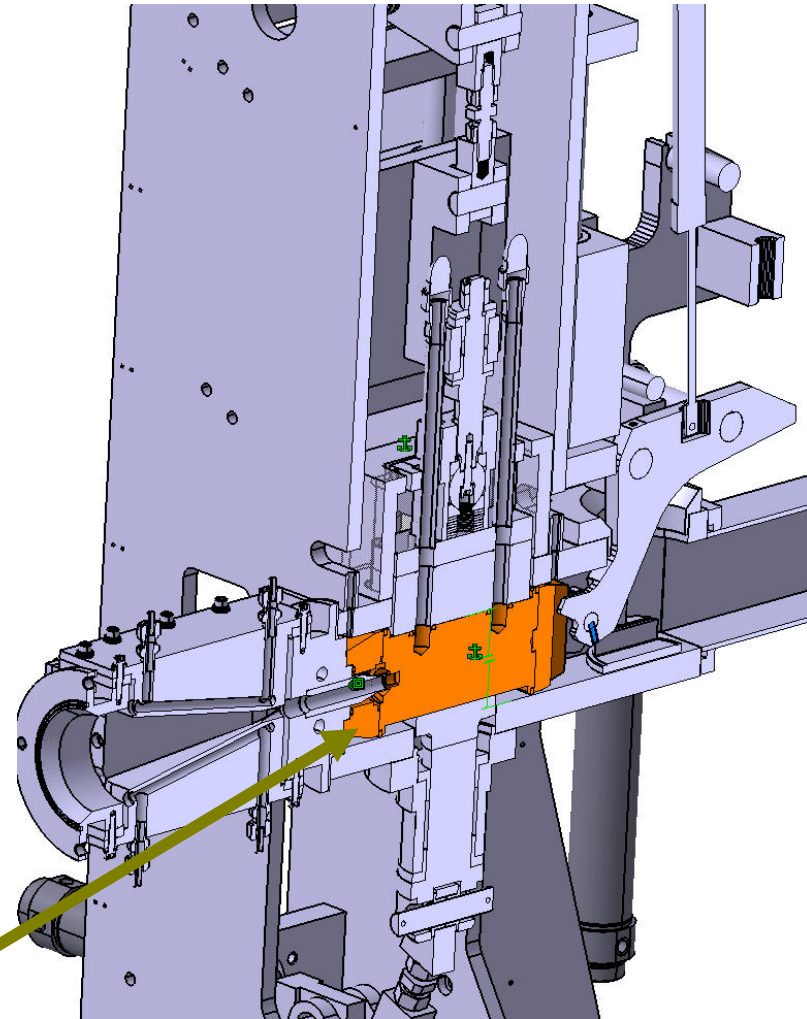
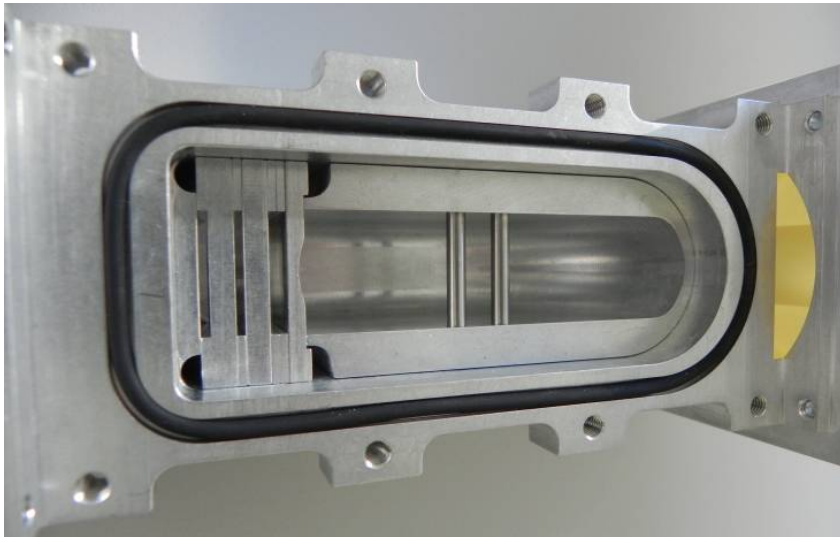
Production needs high energy machines and high intensity beams

ARRONAX irradiation station

Pressed pellet of
RbCl



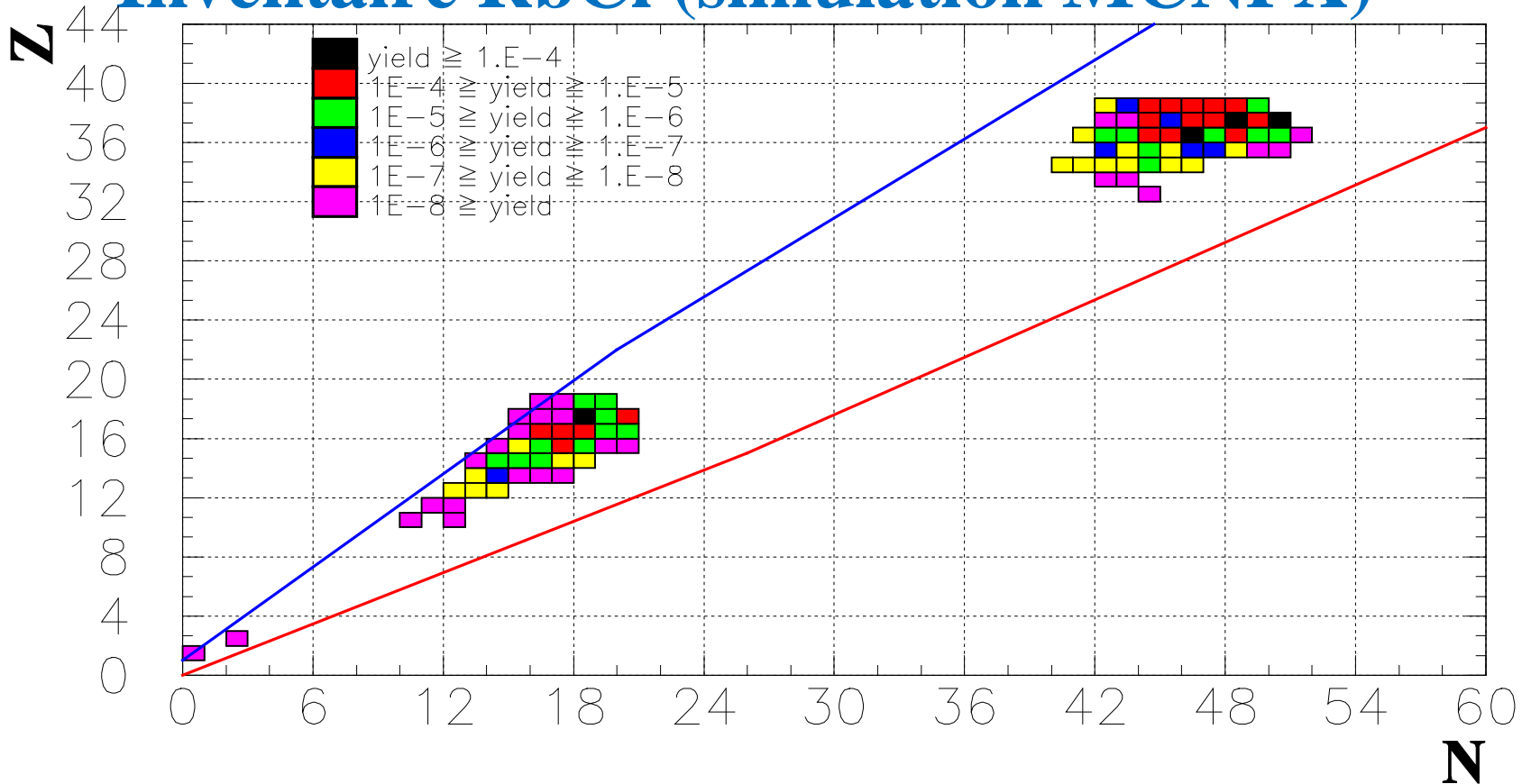
Encapsulated
RbCl



Rabbit

We have achieved 100 μ A on RbCl target for 100 h @ 70 MeV

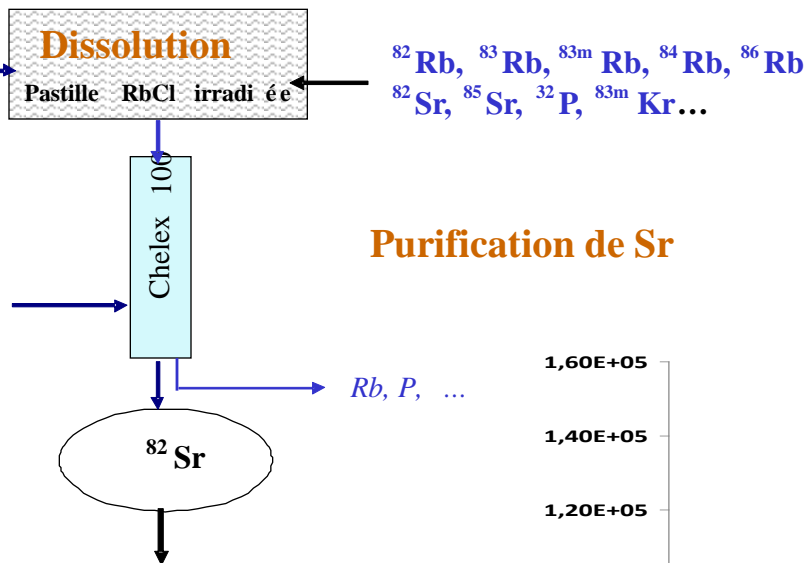
Inventaire RbCl (simulation MCNPX)



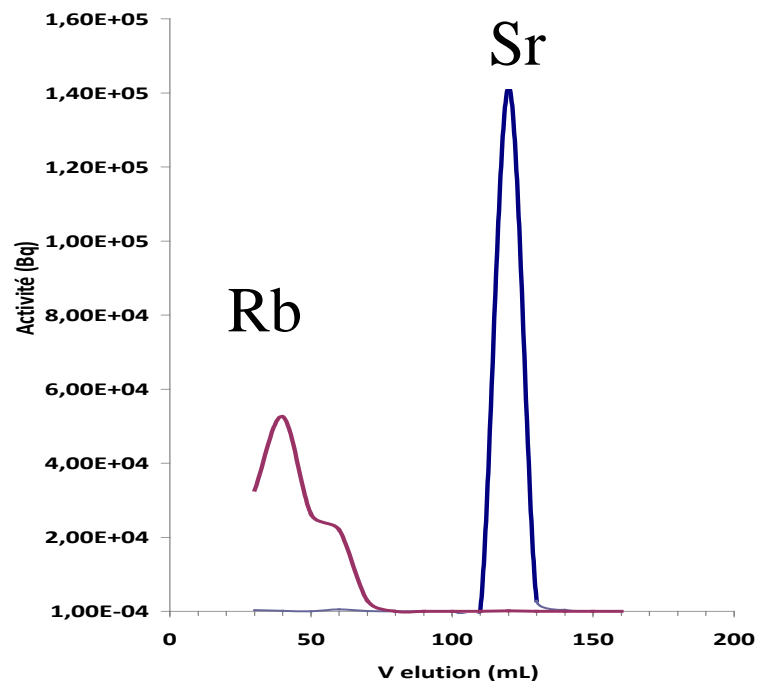
Extraction and purification

Irradiation dans un
Cyclotron de la
pastille de RbCl
 $^{85}\text{Rb}(p,4n)$ ^{82}Sr

Résine de séparation
Purification de Sr



Purification de Sr



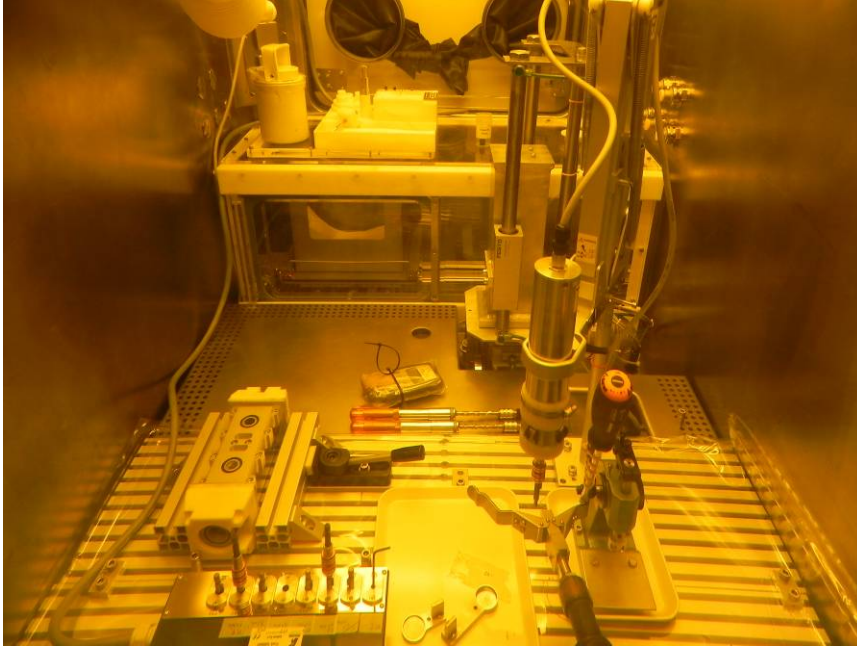
Good separation

Reproducibility verified

Extraction yield = $92.9\% \pm 3.7\%$ ($k=2$)

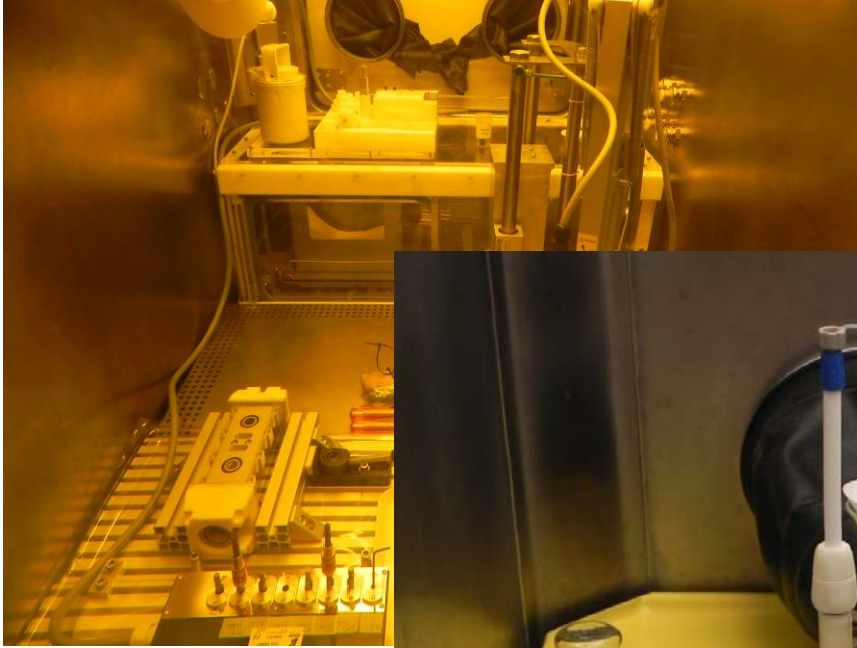
Purity of the product fulfills regulatory requirements.

Processing in hot cells

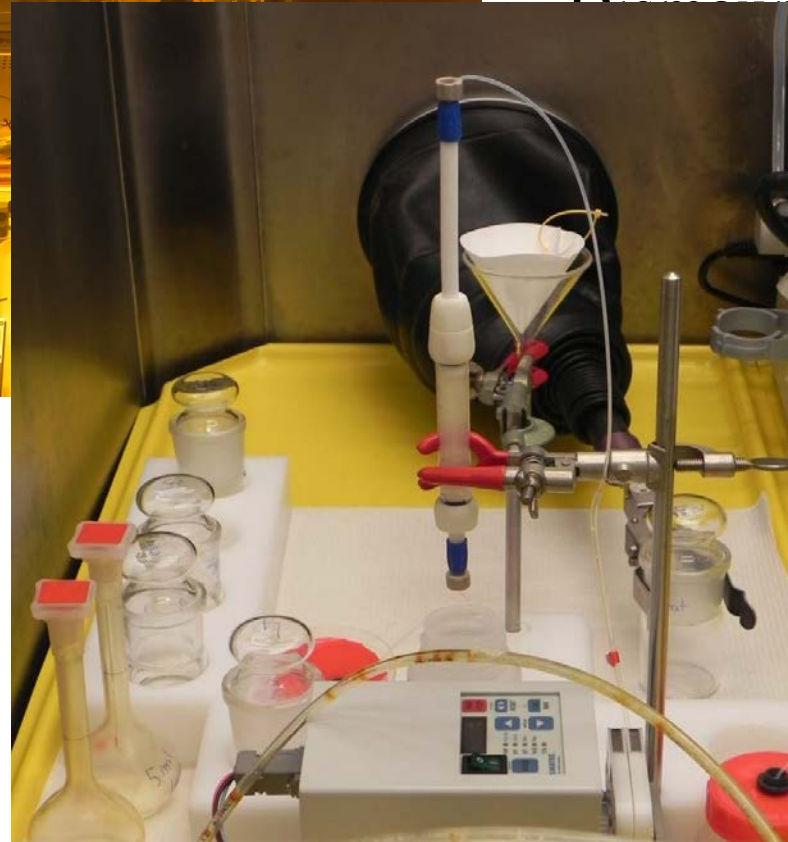


Dismounting the rabbit

Processing in hot cells

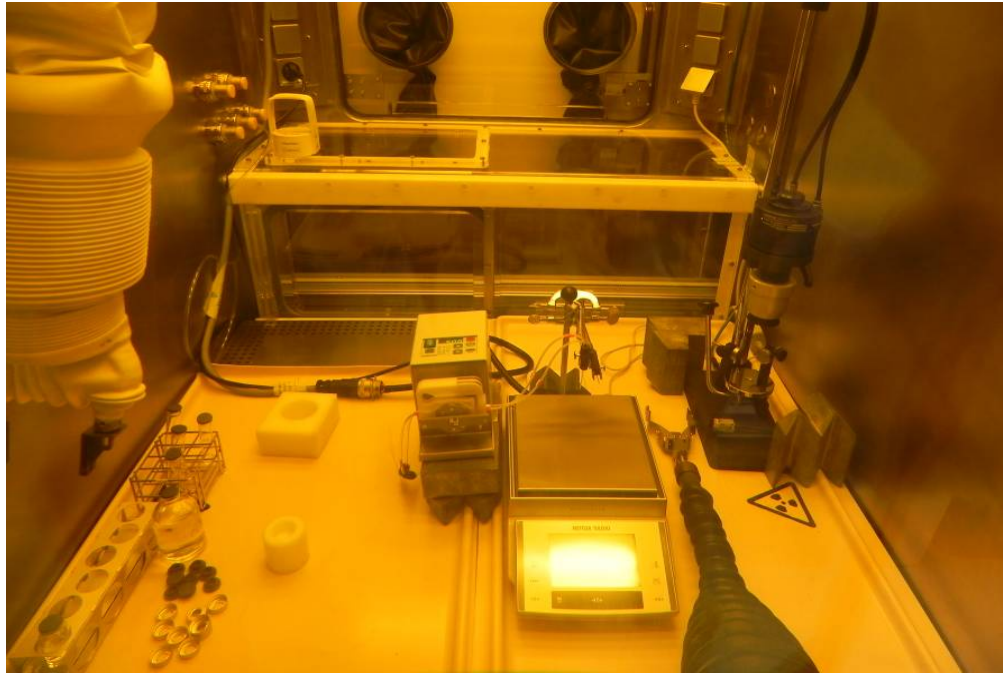


Dissecting the rabbit



Chemical separation

Dispensing and quality control



Quality control:

- γ -Spectroscopy
- ICP-OES

Shipment



Remaining Challenges

- ❑ Alternative production route for well established radionuclides
- ❑ Use of high LET particles (alpha emitters or Augers emitters)
- ❑ New isotopes for new concept
- ❑ New development in accelerator: linac or compact cyclotrons
- ❑ High purity radioisotopes
Mass separation, Medicis@CERN
- ❑ Targetry for high intensity beams/Beam diagnostics/Activation /maintenance
- ❑ Neutron production without reactor
- ❑ Isotope production using electron beams

Alternative production route for established radionuclide

Different solutions are being explored for Mo99/ Tc99m:

Optimization of $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$ use in hospital

Conversion of existing reactors to ^{99}Mo production (OPAL, RA-3, MARIA...)

Full cost recovery

New reactors being built (Jules Horowitz in France)

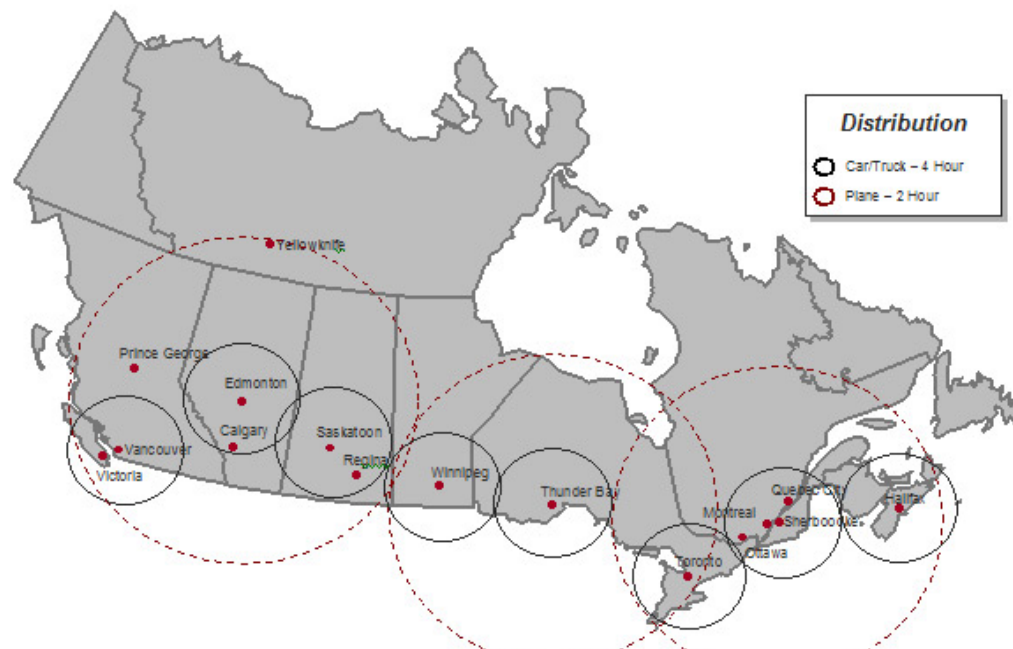
New processing facility being built (ANSTO in Australia)

$^{99\text{m}}\text{Tc}$ production in cyclotron



24 MeV cyclotron

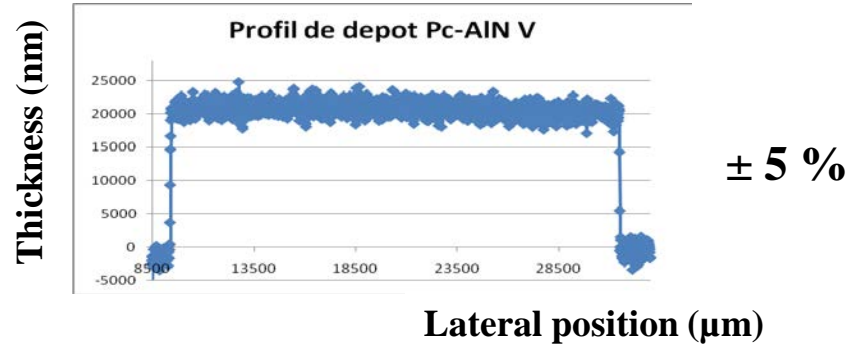
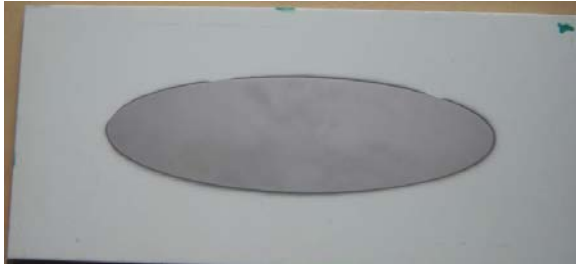
Already tested on patients in
Canada



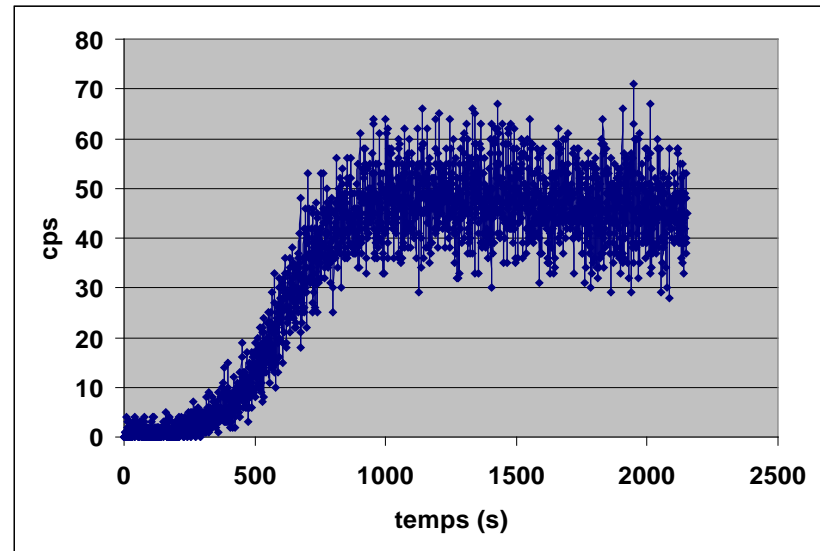
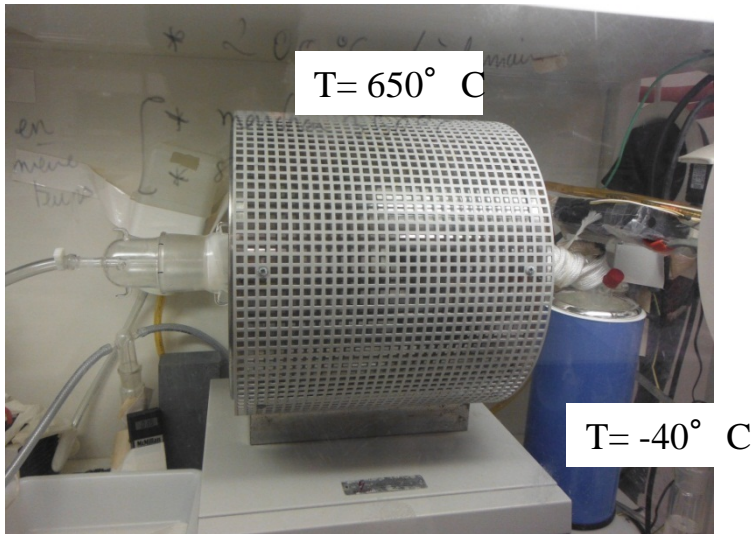
Use of high LET particles

Production route: $^{209}\text{Bi} + \alpha \rightarrow ^{211}\text{At} + 2n$

Target preparation (deposition under vacuum)



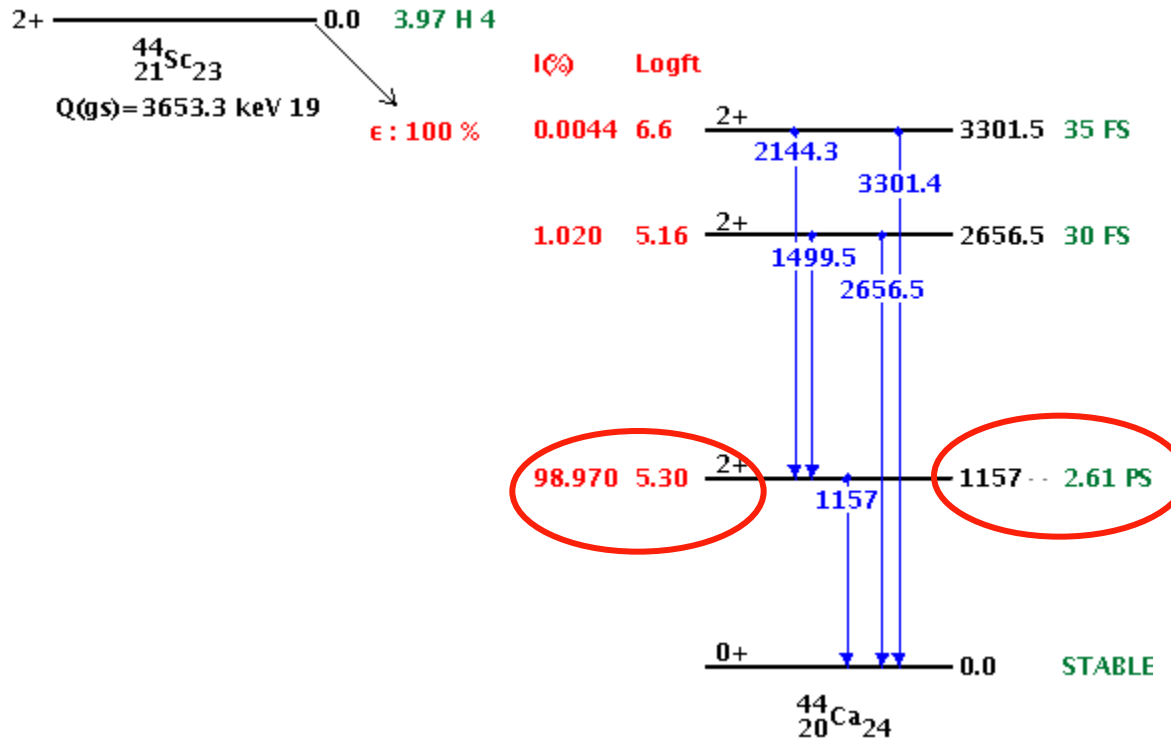
Dry extraction method



Astatine output: few minutes – extraction time around ≈ 2 h – Extraction yield: $>80\%$

Use newly available radioisotopes for developing new concept

^{44}Sc : β^+ / γ emitter
 $T_{1/2} = 3,97 \text{ h}$

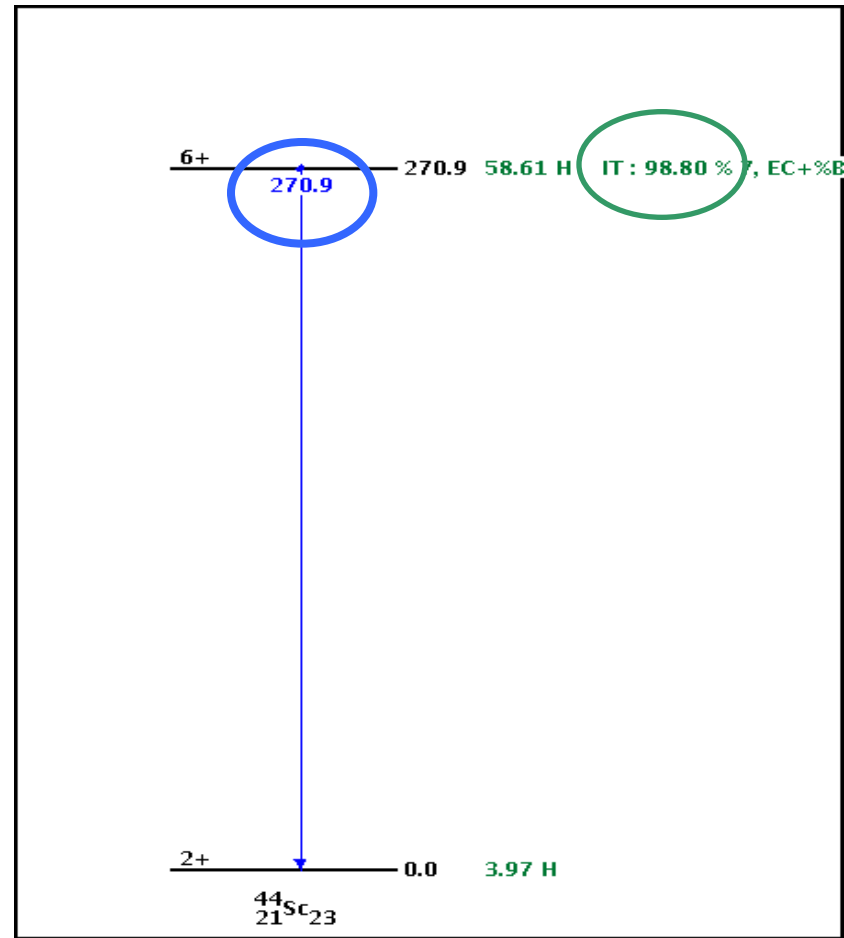


3-photons camera

^{44m}Sc : $T_{1/2}=58,61 \text{ h}$
decay to ^{44}Sc by γ (270,9 keV)

Small recoil energy

In-vivo generator concept works



R&D isotopes

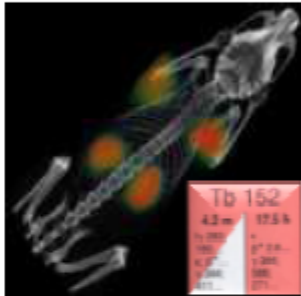
^{149}Tb -therapy



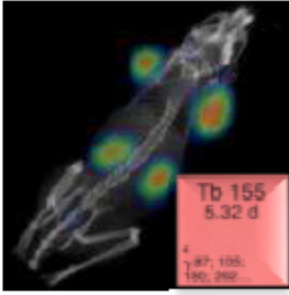
^{161}Tb -therapy & SPECT



^{152}Tb -PET



^{155}Tb -SPECT



Courtesy of U. Koester

New development in accelerator: linac or compact cyclotrons



The PT 600 prototype (7.8 MeV) from GE

A 7 MeV Proton linac
from ACCSys.
[<http://www.accsys.com>]



© AccSys Technology, Inc.

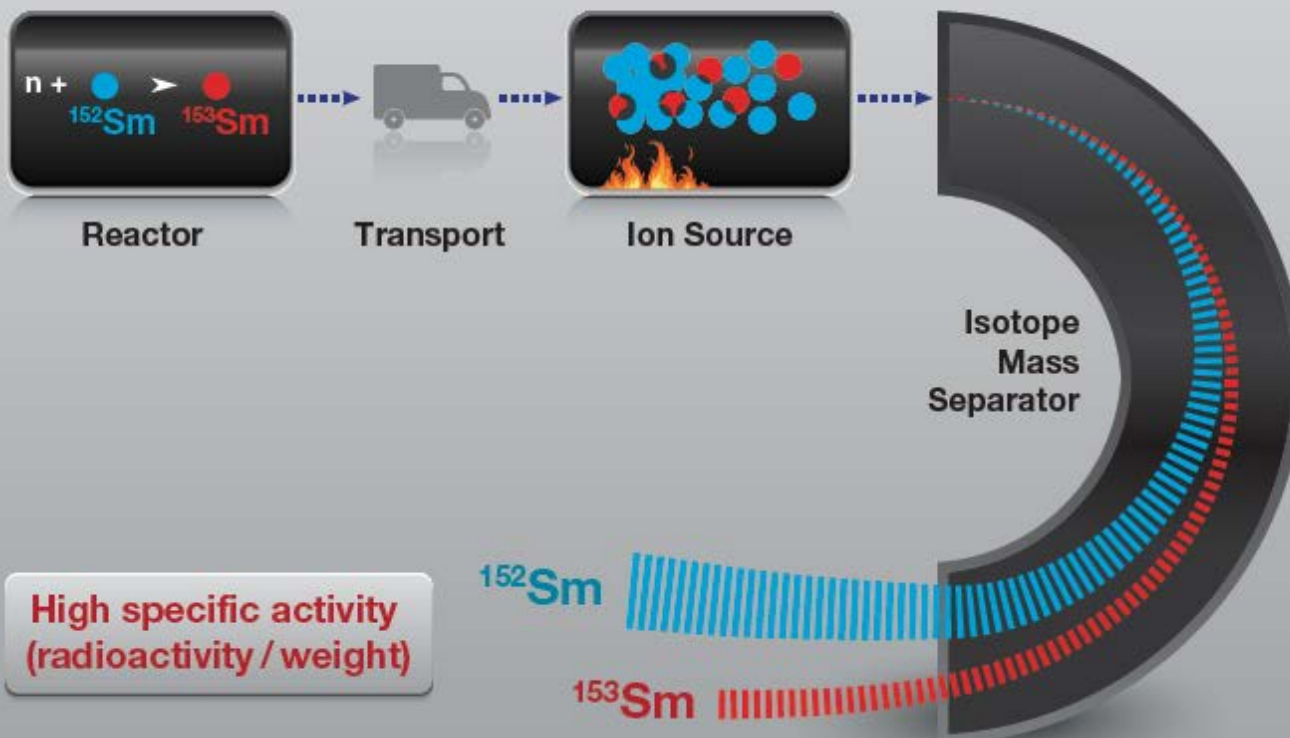
High purity radioisotopes - Mass separation

Production and Separation of ^{153}Sm

Production of ^{153}Sm :

^{152}Sm (neutron, gamma) ^{153}Sm

Separation/Purification of ^{153}Sm from target material using magnetic mass separator.

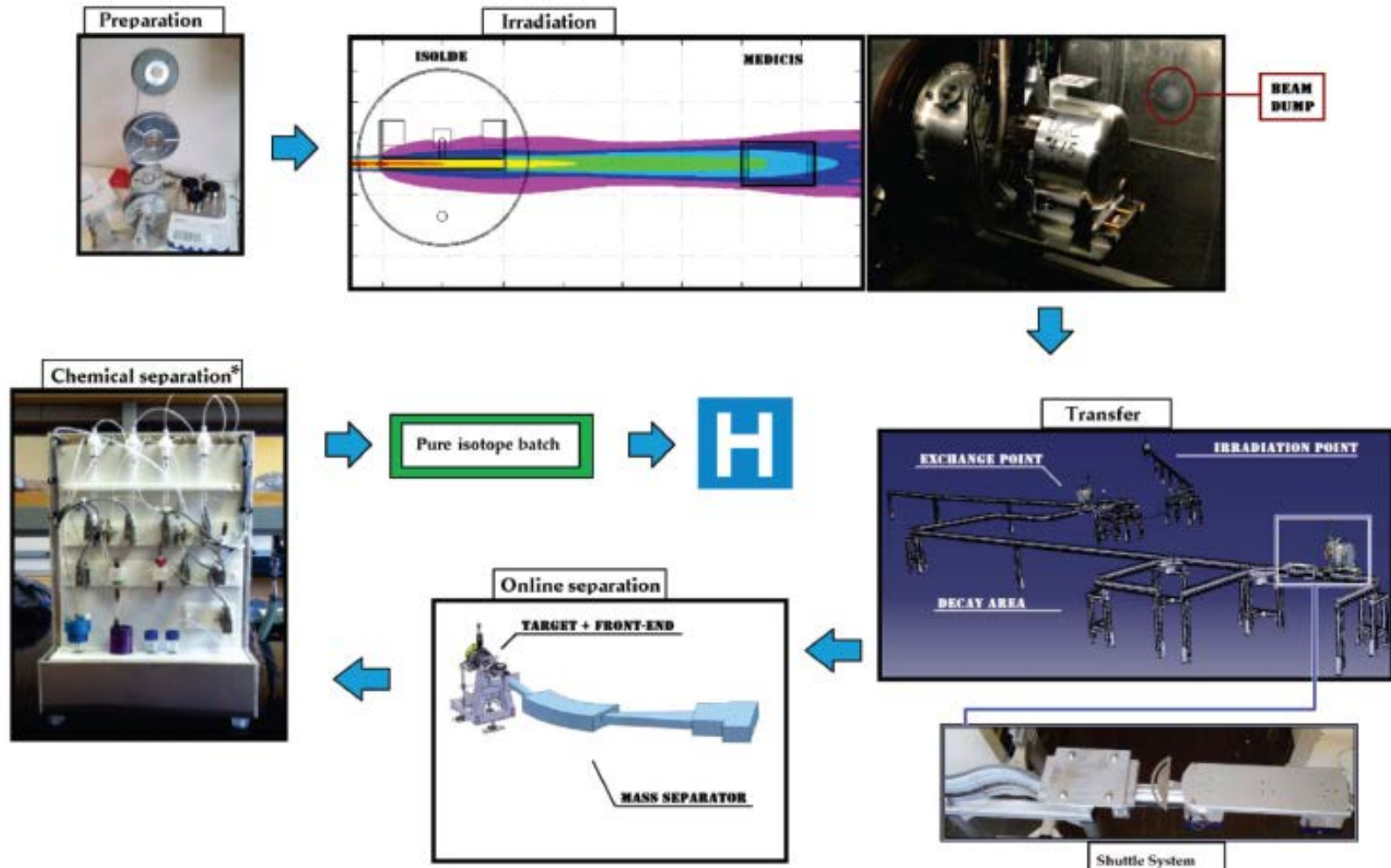


Dr. John D'Auria IsoTherapeutics Group LLC and Simon Fraser University

High purity radioisotopes - Medicis@CERN

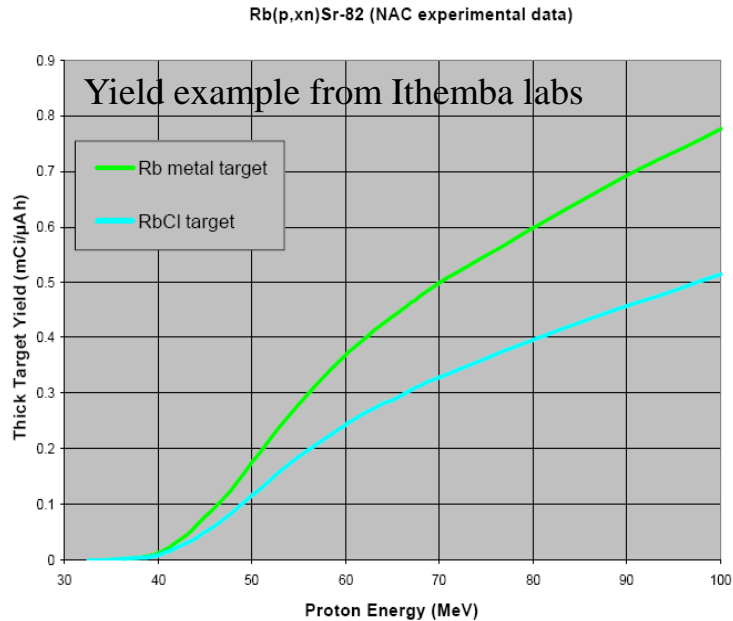
MEDICIS: *Medical Isotopes Collected from ISOLDE*

Principle: Use protons (~90%) normally lost into the Beam Dump



Targetry for high intensity beams/Beam ...

^{82}Sr Targetry: From RbCl to Rb metal



Better yield

Better thermal conductivity

→ Higher beam current on target

Rb metal far more reactive than RbCl

A collaboration with INR Troitsk (Russia) has been set.

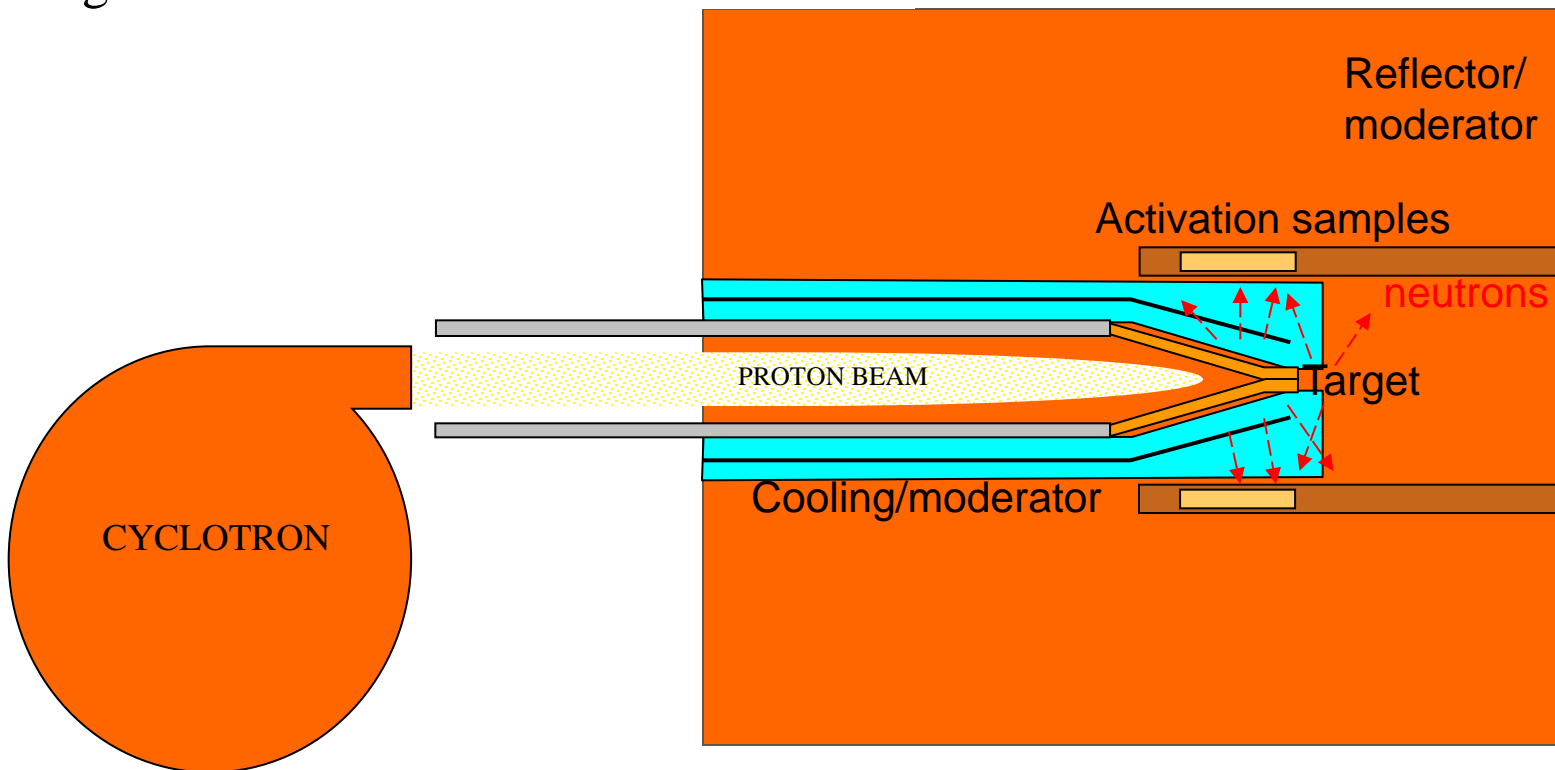
Our recent achievement: 70 MeV - 150 μA on target (10.5 kW)

Strontium extraction done without problem

Increase of the production yield as expected

Secondary neutron production

- A proton beam is generated by a cyclotron
- Protons interact with a solid target
- Fast (high energy) neutrons are generated
- Neutrons are moderated (water)
- Neutrons are reflected and further moderated
- Samples are activated by moderated neutrons

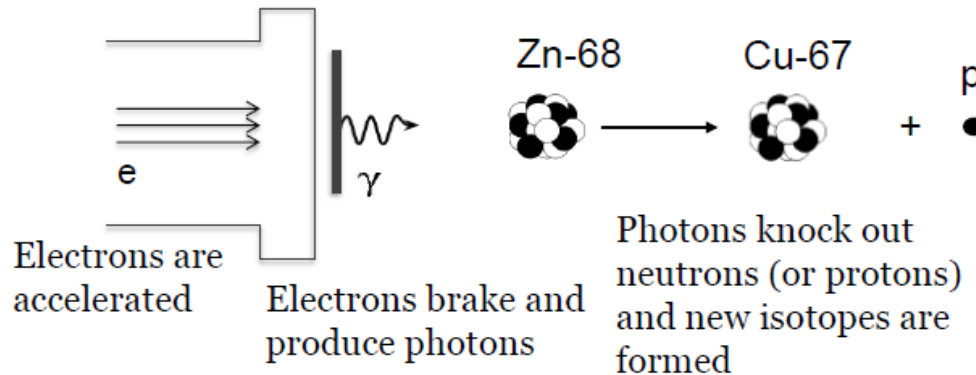


Isotope production using electron beams

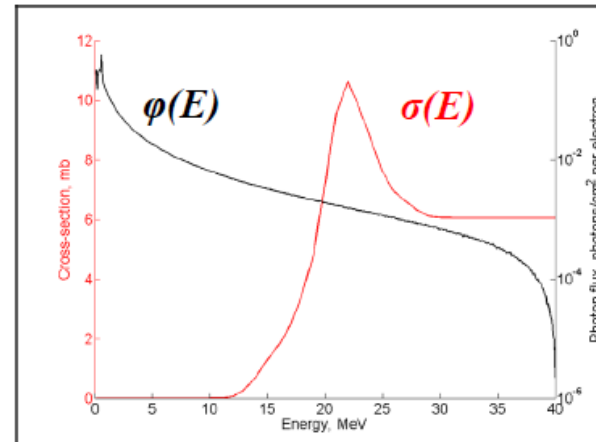


Photo-production of Isotopes

NIOWAVE
www.niowaveinc.com



$$Y = N \int_{E_{th}}^{E_{max}} \varphi(E) \cdot \sigma(E) dE$$



16

Mo99, Cu-67, Ac-225, ...

Conclusions

- ⌘ Old field with early applications
- ⌘ Exciting fields with new techniques and new isotopes
- ⌘ Direct applications of new developments made in nuclear physics

Thank you for your attention

The **ARRONAX** project is supported by:
the **Regional Council of Pays de la Loire**
the **Université de Nantes**
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