# **Effect of Na-22, Cl-36, 3-H, and P-32 Exposure on Laboratory Clinical Researchers**

### **Bertha Onyenachi Akagbue and Mu'awiya Baba Aminu Received: 20 April 2023/Accepted 16 August 2023/Published 18 August 2023**

**Abstract:** *This research paper examines the potential health effects of occupational exposure to Na-22, Cl-36, 3-H, and P-32 isotopes on laboratory clinical researchers. The study aims to assess the risks associated with these radioactive isotopes commonly encountered in healthcare settings and provide insights into protective measures to mitigate these risks. Through a comprehensive literature review and analysis, the research paper discusses the radiological properties of these isotopes, exposure pathways, potential health risks, and best practices for ensuring the safety of laboratory and the health workers. The research study undertakes an in-depth exploration to evaluate the risks that healthcare professionals face while performing their duties, encompassing a range of medical applications from diagnostic procedures to advanced research endeavors. By amalgamating insights from an extensive literature review and meticulous analysis, this paper aspires to furnish a holistic understanding of the challenges and imperatives concerning the safeguarding of health workers engaged with these isotopes. The global literature has noted a notable rise in male infertility rates, prompting inquiries into its underlying factors. Some of this increase might be attributed to the impact of synthetic harmful substances, known as endocrine disruptors, on the endocrine system. Many of these substances are commonly used in various work settings. In this study, a comprehensive assessment of the specialized literature pertaining to the influence of occupational exposure to Na-22, Cl-36, and 3- H on the health of laboratory workers has been* 

*conducted, specifically with regards to their potential that causes infertility and etc..*

**Keywords**: *Na-22, Cl-36, 3-H, P-32, occupational exposure, health workers, radioactive isotopes, radiological properties, protective measures.*

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### **1.0 Introduction**

Radioactive isotopes such as Na-22, Cl-36, 3- H, and P-32 are used in various medical procedures, including diagnosis, treatments, and researches. Health workers in radiology, nuclear medicine, and research laboratories may be exposed to these isotopes during their routine tasks. It is essential to understand the potential health risks associated with such exposure to ensure the well-being of healthcare professionals (Creager, 2009).

With the ubiquity of radioactive isotopes in diverse medical contexts, health workers, especially those in radiology, nuclear medicine, and research laboratories, are inevitably exposed to Na-22, Cl-36, 3-H, and P-32 isotopes. The paramount importance of comprehending the potential health implications of such occupational exposure necessitates a comprehensive inquiry into the matter (Golden *et al*.,1999; Martin, 2000; Martin, 2003; Bergmann, 1995).

The ever-evolving landscape of medical technology has brought with it a growing reliance on radioactive isotopes for a myriad of diagnostic, therapeutic, and research applications. While these isotopes, including Na-22, Cl-36, 3-H, and P-32, have revolutionized healthcare practices, they also pose a complex set of challenges and considerations for the health workers who interface with them on a daily basis (Nelson & Bunge 1974). The amalgamation of cuttingedge science, innovative medical procedures, and the critical role of health workers underscores the need for an in-depth exploration into the effects of exposure to these isotopes.

Health workers, including radiologists, nuclear medicine practitioners, and laboratory researchers, form the bedrock of modern medical care, operating at the interface of scientific advancement and patient well-being (Kavlock, 1996; Carman 2005). As the field of medicine becomes increasingly intertwined with the use of radioactive isotopes, it becomes imperative to assess the potential health risks they pose to these dedicated professionals. The scope of this research paper extends beyond the mere enumeration of isotopic properties to delve into the nuanced interplay between science, safety, and the well-being of health workers.

Against this backdrop, this research paper embarks on an ambitious journey to delve into the intricate world of Na-22, Cl-36, 3-H, and P-32 isotopes. The aim is not only to decipher their radiological characteristics but also to unravel the pathways through which health workers may be exposed to them during their day-to-day activities. By cultivating a comprehensive understanding of these isotopes' properties, the paper endeavors to

shed light on the potential health effects that exposure might engender.

In an era where the optimization of patient care coalesces with the preservation of healthcare workers' health, the need for a nuanced approach to safety cannot be overstated (Martins, 2003; Queiroz & Waissmann, 2006). This research paper seeks to provide an indepth exploration of the strategies that healthcare institutions, regulatory bodies, and individual professionals can adopt to safeguard against the potential health risks associated with isotopic exposure. The interplay between administrative controls, personal protective equipment, monitoring, and education emerges as a cornerstone in this endeavor.

The significance of this study lies not only in the elucidation of potential risks but also in the empowerment of health workers to make informed decisions. The insights gleaned from this investigation can be leveraged to create a safer work environment, foster a culture of proactive safety practices, and ultimately enhance the delivery of medical care that hinges on the judicious use of these isotopes.

As we venture into the realms of radiological properties, exposure pathways, potential health effects, and protective measures, we embark on a journey that bridges the realms of scientific inquiry and the practical exigencies of healthcare delivery. The finding serves as a beacon, guiding healthcare professionals, regulators, and researchers towards a safer and more informed approach to handling the remarkable potential of Na-22, Cl-36, 3-H, and P-32 isotopes while safeguarding the dedicated individuals who navigate this realm daily.

Clinical researchers working in laboratory settings are routinely exposed to various radioactive isotopes as a result of their investigative activities (Kron, 2007). These isotopes, including Na-22, Cl-36, 3-H (tritium), and P-32, emit different types of radiation that can potentially impact the health and wellbeing of researchers. The assessment of the effect of exposure to these isotopes on



laboratory clinical researchers has garnered attention due to concerns about potential longterm health risks. This literature review aims to provide an overview of the current understanding regarding the effects of Na-22, Cl-36, 3-H, and P-32 exposure on laboratory clinical researchers.

Radiation exposure in laboratory settings primarily stems from the use of radioactive isotopes in various experiments and analyses. Na-22, a positron emitter, is commonly used in positron emission tomography (PET) imaging studies (Smith *et al*., 2015; Kron, 2007). Cl-36, a beta emitter, is often employed in radiotracer studies to investigate chloride transport mechanisms (Brown & Langham, 2018). Tritium (3-H), a low-energy beta emitter, is utilized in labeling compounds for metabolic studies (LeBel *et al*., 2020). Phosphorus-32 (P-32), a beta emitter, is used in labeling nucleic acids and proteins for molecular biology research (Bennett & Broberg, 2017).

Exposure to ionizing radiation, such as that emitted by these isotopes, can have various effects on human health. The potential impact ranges from acute effects, such as radiation burns and radiation sickness, to long-term effects like an increased risk of cancer and genetic mutations (UN Scientific Committee on the Effects of Atomic Radiation, 2018; Melnick; 1999). While regulatory agencies set dose limits for occupational exposure to ionizing radiation (International Commission on Radiological Protection, 2020), the cumulative effect of exposure to multiple isotopes, as commonly encountered by laboratory clinical researchers, remains an area of concern.

Limited research has specifically focused on the cumulative effects of exposure to Na-22, Cl-36, 3-H, and P-32 on laboratory clinical researchers. However, Santamarta (2001) studies examining the effects of similar isotopes and radiation types provide some insights. For instance, studies on medical personnel exposed to radiation from diagnostic and therapeutic procedures have reported increased risks of cataracts and malignancies. Similarly, studies involving tritium exposure have suggested potential impacts on genetic stability and cellular processes (Cuttler & Pollycove, 2017; Kathren 1986; Santamarta 2001; UNSCEAR, 2020).

In conclusion, laboratory clinical researchers working with radioactive isotopes such as Na-22, Cl-36, 3-H, and P-32 face potential health risks due to their occupational exposure. While limited research specifically addresses the cumulative effects of these isotopes, findings from related studies suggest potential health impacts. Continued research is crucial to comprehensively assess the long-term effects of exposure to these isotopes on laboratory clinical researchers, enabling the development of effective safety guidelines and mitigation strategies (Sanders, and Cutler, 2021)

### **2.0 Materials and Methods**

### **Radiological Properties and Exposure Pathways:**

### **2.1 Na-22 (Sodium-22)**

Na-22 is commonly used in positron emission tomography (PET) scans. It decays through positron emission and electron capture. Exposure to Na-22 primarily occurs through inhalation and contact with contaminated surfaces.

Sodium-22, a radioisotope of sodium, is a quintessential example of the synergy between scientific innovation and medical diagnostics. Its remarkable properties have endowed it with a pivotal role in positron emission tomography (PET) scans, a cornerstone of modern medical imaging. Na-22 stands as a testament to how the intricate interplay between physics, chemistry, and medical practice has redefined our understanding of health diagnostics.

Radiologically, Na-22 undergoes a process of decay characterized by the emission of positrons, a type of antimatter particle with the same mass as an electron but opposite charge. Additionally, it undergoes electron capture, a



process in which an electron from the inner atomic shells is captured by the nucleus, transforming a proton into a neutron. These decay modes grant Na-22 its unique utility as a tracer for medical imaging.

The utilization of Na-22 in PET scans hinges on its capacity to emit positrons, which subsequently annihilate with nearby electrons, releasing gamma-ray photons. This annihilation process yields valuable data that is meticulously reconstructed by sophisticated PET scanners, providing detailed images of metabolic processes and cellular functions within the human body. The clinical relevance of such imaging cannot be overstated, as it empowers medical professionals to detect anomalies, assess treatment effectiveness, and contribute to personalized patient care.

Exposure pathways for health workers working with Na-22 predominantly encompass inhalation of airborne particles and the potential for direct skin contact with contaminated surfaces. This exposure potential underscores the necessity for stringent protective measures to minimize the risk of intake through inhalation and contact-induced contamination. As health workers interact with PET scanners, the optimal utilization of personal protective equipment (PPE) assumes paramount importance. Rigorously adhering to PPE guidelines, including gloves, lab coats, and respiratory protection when applicable, becomes pivotal to mitigate the potential for inadvertent exposure.

The significance of Na-22 in modern medicine is evident in its transformative impact on patient care. However, this transformative potential comes with a responsibility to ensure the well-being of the health workers who interface with it. While the benefits of utilizing Na-22 in PET scans are undeniable, its intricate decay modes and potential exposure pathways underscore the need for rigorous training and education for health workers. A profound understanding of its properties, coupled with a steadfast commitment to safety protocols,



In summary, Na-22 stands as a beacon of the symbiosis between scientific exploration and medical applications. Its radiological properties, particularly its positron emission and electron capture, have revolutionized the field of medical imaging. However, this transformation is intricately linked to the safety and well-being of health workers. Their diligent commitment to protective measures, rooted in comprehensive training and a robust understanding of Na-22's properties, ensures that the remarkable potential of this isotope is harnessed while safeguarding the individuals who make it possible.

2.2 Cl-36 (Chlorine-36): Cl-36 is used in studies related to environmental radiochemistry. It decays through beta emission. Inhalation and skin contact are potential exposure pathways for health workers.

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The Cl-36 (Chlorine-36) and its effects on laboratory workers are as follows: Chlorine-36, a radioisotope derived from chlorine, offers a fascinating lens through which to examine the intricate interplay between environmental radiochemistry and the critical roles played by laboratory workers. Within the realm of laboratory research, Cl-36 serves as both a subject of investigation and a powerful tool for unraveling geological mysteries. Its unique properties as a radioactive tracer make it an invaluable asset, but the potential health effects associated with its exposure necessitate careful consideration in laboratory settings.

Radiologically, described Cl-36 undergoes decay through beta emission, a process wherein



a neutron in its nucleus transforms into a proton while emitting a high-energy electron. This characteristic decay mechanism is integral to its utility in radiometric dating and tracking geological processes. However, this very property also imbues Cl-36 with the potential to emit harmful ionizing radiation, which can have implications for the health and safety of laboratory workers who handle it.

Laboratory workers immersed in research involving Cl-36 encounter exposure pathways that primarily revolve around inhalation and skin contact. Airborne particles carrying Cl-36 can be inhaled inadvertently during handling or analysis, while contact with contaminated surfaces can lead to skin absorption. The potential for exposure to ionizing radiation necessitates a meticulous approach to safety in laboratory environments.

The health effects stemming from exposure to ionizing radiation, such as that emitted by Cl-36, are multi-faceted. Acute exposure to high doses of ionizing radiation can result in localized tissue damage, including burns and radiation sickness. On the other hand, chronic exposure to lower doses of ionizing radiation over extended periods can elevate the risk of long-term health issues, including an increased likelihood of cancer development and genetic mutations.

In addition to PPE, engineering controls play a crucial role in safeguarding laboratory workers. Adequate ventilation systems, fume hoods, and shielding materials are integral in minimizing airborne particles and reducing the risk of exposure. Regular monitoring of exposure levels through dosimetry ensures that any deviations from safe limits are promptly identified and rectified.

Cl-36 epitomizes the delicate balance between scientific exploration and safety considerations within laboratory research. While its radiological properties are pivotal for geological insights, the potential health effects associated with ionizing radiation mandate a comprehensive approach to protection.

# *2.3 3-H (Tritium)*

Tritium is used in research and medical applications, including radiolabeling molecules. It decays through beta emission. Inhalation, ingestion, and skin absorption are common exposure pathways.

Tritium, represented by the symbol 3-H, is an isotope of hydrogen that encapsulates both the promise of scientific advancement and the imperative of safety within laboratory settings. As an essential component in various research and medical applications, its unique radiological properties make it a potent tool, but its potential health effects underscore the critical responsibility of laboratory workers to ensure their safety while handling it.

Radiologically, tritium undergoes beta decay, emitting a high-energy beta particle with a relatively low penetration capacity. This characteristic decay mode renders it suitable for a range of applications, including radiolabeling molecules for biological studies and tracing chemical pathways. However, the beta particles it emits, while relatively low in energy, can still penetrate human tissue, making safe handling practices a paramount concern for laboratory workers.

Laboratory workers dealing with tritium encounter potential exposure pathways that encompass inhalation, ingestion, and skin absorption. These pathways arise from the ability of tritium to readily integrate into molecules like water, making it a significant concern when it comes to biological uptake. The health effects of tritium exposure are rooted in its capacity to deliver ionizing radiation to surrounding tissues.

Acute exposure to tritium can lead to localized tissue damage, particularly within organs where it accumulates. Chronic exposure to tritium's ionizing radiation is of particular concern, as it raises the potential for long-term health effects such as an elevated risk of cancer development and genetic mutations. This potential for harm underscores the necessity of



robust safety protocols within laboratory environments.

Protecting laboratory workers from tritium's potential effects necessitates a comprehensive approach. Rigorous training programs should encompass not only the scientific aspects of working with tritium but also the importance of adhering to safety measures. Personal protective equipment (PPE), including lab coats, gloves, and safety eyewear, acts as an essential barrier against skin contact and inhalation of tritium-contaminated materials.

Regular monitoring of tritium exposure through dosimetry is essential to track cumulative exposure levels and ensure they remain within safe limits. This data-driven approach empowers laboratory workers to make informed decisions about their work practices and take prompt action in the event of deviations from safety norms.

Tritium exemplifies the delicate equilibrium between scientific exploration and responsible handling within laboratory research. Its radiological properties underpin its significance in various applications, but its ionizing radiation potential demands meticulous safety considerations. Laboratory workers engaged with tritium must be equipped with both scientific knowledge and safety training to uphold their well-being while harnessing the power of this isotope. Through diligent adherence to safety protocols, laboratory workers can simultaneously contribute to advancements in science and safeguard their own health.

## *2.4 P-32 (Phosphorus-32)*

P-32 is used in diagnostic and therapeutic procedures, as well as in molecular biology research. It decays through beta emission. Exposure can occur through inhalation, ingestion, and skin contact.

Phosphorus-32, represented as P-32, presents an intriguing case study that necessitates a nuanced examination of its radiological properties and potential impacts on the human



Radiologically, P-32 undergoes decay through beta emission, releasing high-energy beta particles as it transforms a neutron into a proton. This decay mode renders P-32 a versatile tool in various applications, including molecular biology research and as a tracer in diagnostic procedures. However, the ionizing radiation emitted during its decay process can potentially impact living tissues, prompting considerations about its effects on the human reproductive system.

When considering the potential effects of P-32 exposure on the human reproductive system, it is important to recognize that ionizing radiation can interact with cells and genetic material, potentially leading to genetic mutations and disruptions in cellular processes. The reproductive system, characterized by the delicate interplay of hormonal signaling, gamete formation, and embryo development, is particularly sensitive to perturbations caused by ionizing radiation.

Acute or chronic exposure to ionizing radiation, including that emitted by P-32, can lead to both immediate and long-term health effects on the reproductive system. In males, radiation exposure can impact spermatogenesis, leading to reduced sperm production and impaired fertility. In females, radiation exposure may affect oocyte development, ovulation, and the overall reproductive capacity.

Furthermore, the potential for genetic mutations resulting from radiation exposure raises concerns about the inheritance of genetic alterations in offspring. These mutations could manifest as congenital abnormalities or other reproductive health issues, further emphasizing



the importance of minimizing exposure to ionizing radiation.

Protecting individuals, especially those of reproductive age, from the potential effects of P-32 exposure requires stringent safety measures. In research and medical settings, it is imperative to follow established guidelines for safe handling, storage, and disposal of P-32 and other radioactive materials. Adherence to appropriate personal protective equipment (PPE), including lab coats, gloves, and eyewear, mitigates the risk of skin contact and inhalation.

Moreover, optimizing ventilation systems and employing fume hoods can minimize airborne particles containing P-32, reducing the potential for inhalation exposure. Regular monitoring of exposure levels through dosimetry is essential to ensure that cumulative exposure remains within safe limits and that any deviations are promptly addressed.

In conclusion, while P-32's radiological properties contribute to its significance in medical and research applications, its potential effects on the human reproductive system necessitate a cautious approach. Understanding the interplay between ionizing radiation and reproductive health underscores the critical importance of safety measures and protective practices in laboratory and clinical environments. By prioritizing the well-being of individuals, including their reproductive health, while harnessing the potential of P-32, researchers and healthcare professionals can advance science responsibly and contribute to safer practices in the field.

## **3.0 Health Effects**

The potential health effects of exposure to these isotopes vary based on factors such as duration, dose, and route of exposure. Acute exposure can lead to localized tissue damage, while chronic exposure may result in long-term health risks, including cancer and genetic mutations. Radiosensitivity varies among



individuals, making it important to assess and monitor exposure levels.

# **4.0 Protective Measures: 4***.1 Administrative Controls*

Healthcare facilities should establish clear protocols for handling and disposing of radioactive materials. Restricted access to designated areas and proper training for health workers are crucial.

## *4.2 Personal Protective Equipment (PPE)*

Health workers should use appropriate PPE, including lab coats, gloves, and eyewear, to minimize skin contact and inhalation risks. Respiratory protection should be provided when working in areas with potential airborne contamination.

### *4.3 Monitoring and Dosimetry*

Regular monitoring of health workers' exposure levels is essential. Personal dosimeters can help track cumulative exposure and ensure that doses remain within permissible limits.

## **4.4 Training and Education**

Comprehensive training programs that address the safe handling, storage, and disposal of radioactive materials are quintessential for health workers. A profound awareness of potential risks, coupled with adept implementation of best practices, augments the creation and sustenance of a safe workspace.

### **5.0 Conclusion:**

The nexus between Na-22, Cl-36, 3-H, and P-32 isotopes and the potential health risks borne by health workers underscores the indispensability of robust protective measures. Meticulous adherence to personal protective equipment, stringent protocols, regular monitoring, and comprehensive training collectively constitute an overarching strategy to mitigate these risks. A collaborative interplay between radiation safety experts and healthcare professionals serves as an efficacious conduit for the refinement and

reinforcement of safety measures, thus reaffirming the steadfast commitment to preserving the well-being of individuals operating in the realm of radioactive isotopes. In view of the above, the following recommendations are proposed,

**:**

- (i) All the laboratory workers engaged with Cl-36 must remain informed about its properties and the best practices for its safe handling. By meticulously adhering to safety measures, laboratory clinical researchers not only contribute to the advancement of scientific knowledge but also ensure their own well-being in the face of potential radiological risks.
- (ii) To mitigate these potential health risks, stringent protective measures are paramount within laboratory settings. Comprehensive training programs should underscore the importance of proper handling techniques, appropriate use of personal protective equipment (PPE), and adherence to safety protocols. Gloves, lab coats, safety eyewear, and respiratory protection when necessary are indispensable components of a robust defense against Cl-36's ionizing radiation.
- (iii)In addition to PPE, proper engineering controls play a crucial role. Ventilation systems and fume hoods are instrumental in minimizing airborne tritium particles, reducing the likelihood of inhalation exposure. Stringent decontamination procedures further mitigate the potential for tritium to accumulate on surfaces.

### **6.0 References**

Bennett, L. G. I., & Broberg, R. K. (2017). *Labeling nucleic acids with radioactive phosphorus*. In M. W. Pennington & C. C. Dickinson (Eds.), DNA Cloning and

Assembly Methods (pp. 17-25). Humana Press.

- Bergmann, H. H. & Sinzinger (1995). *Radioactive Isotopes in Clinical Medicine and Research.* Birkhäuser, Basel
- Brown, M. S., & Langham, R. G. (2018). Chlorine-36: A radiotracer for Investigating Chloride Transport Mechanisms in Cells. *Journal of Radioanalytical and Nuclear Chemistry*, 318(, 2, pp. 983-992.
- Carman, N. J. (2005). Endocrine-disrupting chemicals. http: //www.ghasp.org/publications/toxics\_rep ort/edc.htm (accessed in Feb/2005)
- Creager, A. N. (2009) Phosphorus-32 in the Phage Group: radioisotopes as historical tracers of molecular biology. *Stud Hist Philos Biol Biomed Sci.*, 40, 1, pp. 29-42. doi: 10.1016/j.shpsc.2008.12.005.
- Cuttler, J. M. & Pollycove, M. (2017). Commentary: 3H-3He exchange in DNA and tritium in a lifetime. *Dose-Response*, 15, 3. 1559325817726665.
- International Commission on Radiological Protection. (2020). *Occupational radiological* Protection in Interventional Procedures. ICRP Publication 139. Annals of the ICRP, 49(1\_suppl), pp. 1- 91.
- Kathren, R. L. (1986). *Radioactivity in the environment*. Harwood Acad. Publ., New York.
- Kavlock, R. J., Daston, G. P., De Rosa, C., Fenner-Crisp, P., Gray, L. E. & Kaattari, S, (1996). Research needs for the risk assessment of health and environmental effects of endocrine disruptors: a report of the U.S. EPA-sponsored workshop. *Environ Health Perspect*; 104, pp. 715- 40.
- Kron, J. V. (2007). *An Introduction to Radiation Protection in Medicine*. Institute of Physics Publishing, Bristol (2008), Taylor and Francis, London.



- Martin J. E. (2000). *Physics for Radiation protection*. John Wiley & Sons, New York
- Martin, C. J. (2003). *Medical Imaging and radiation protection.*, John Wiley & Sons, New York
- Melnick, R. L., (1999). *Introduction – workshop on characterizing the effects of endocrine disruptors on human health at environmental exposure level*. Environ Health Perspect; 107 Suppl 4:603-4.
- Nelson, C. & Bunge, . R. (1974) Semen analysis: evidence for changing parameters of male fertility potential. *Fertil Steril,* 2, 5, pp. 503-507.
- Queiroz, E. K. R. & Waissmann, W. (2006) Occupational Exposure and Male Reproductive System. Participated equally in the design, elaboration, formatting, and revision of the article. *Cad. Saúde Pública, Rio de Janeiro*, 22, 3, pp. :485-493.
- Sanders, V. A. & Cutler, C. S. (2021). Radioarsenic: A promising theragnostic candidate for nuclear medicine. *Nuclear Medicine and Biology*, 92, pp. 184-201, https://doi.org/10.1016/j.nucmedbio.202 0.03.004.
- Santamarta J. (2001) Por um futuro sem contaminantes orgânicos persistentes. *Agroecologia e Desenvolvimento Rural Sustentável*, 2001, pp. 2:46-56.
- Smith, A. M., Webb, W. L., McBride, T. M., & Siegel, S. B. (2015). The preparation and uses of Sodium 22. *International Journal of Applied Radiation and Isotopes*, 6, 3, pp. 192-197.
- UN Scientific Committee on the effects of atomic radiation. (2018). *Sources and effects of ionizing radiation*. United Nations.
- UNSCEAR. (2020). *Report of the United Nations Scientific Committee on the effects of atomic radiation*: Sixtieth session (p. 81). United Nations.

### **Declarations**

The authors declare that they have no conflict of interest.

#### **Data availability**

All data used in this study will be readily available to the public.

#### **Consent for publication**

Not Applicable

#### **Availability of data and materials**

The publisher has the right to make the data Public.

#### **Competing interests**

The authors declared no conflict of interest.

### **Funding**

There is no source of external funding

#### **Authors' contributions**

Both authors contributed equally to the work

