



Radiation Safety
Institute of Canada
Institut de radioprotection du Canada

Radiation Protection Past, Present, & Future A Conversation with the Former Scientific Secretary of the ICRP

Guest: Jack Valentin, Consultant, Radiological Protection at Karolinska Institutet

March 21, 2025



Good Science in Plain Language®



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Land Acknowledgement





Webinar Functionality

Audio and video

- During the presentation, from the presenters only
- Captions: More>Language and speech>Turn on live captions

Use the Chat feature to talk to discuss with everyone

Use Q&A feature to ask questions for Q&A portion

Posted on webinar page

- Video, answers to questions, copy of the slides

Follow up email will be sent

- Topics covered, time of attendance

In This Session

Presentation by Jack Valentin

- Former Scientific Secretary of ICRP
- Past, present, and future of radiological protection

Questions from host

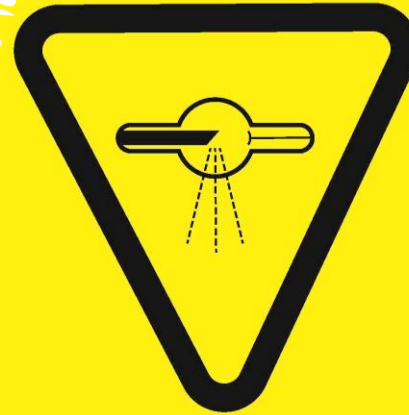
Questions from participants

Movement break

- Charlmane Wong
- Ji Hong Tai Chi & Qi Jong Richmond Hill

**AS
LOW
AS
REASONABLY
ACHIEVABLE**

CAUTION - X-RAYS



A Path Map

- When we began to understand radiation
- The history of ICRP
- Current understanding and state of radiological protection
- Thoughts about the future

Radiation: Useful But Dangerous

- 1895 – Röntgen discovers x rays
- 1896 – E Grubbé contracts x-ray dermatitis
- W Fuchs publishes advice for hands

‘Keep exposure as short as possible

Keep at least 12 inches (30 cm) from the tube

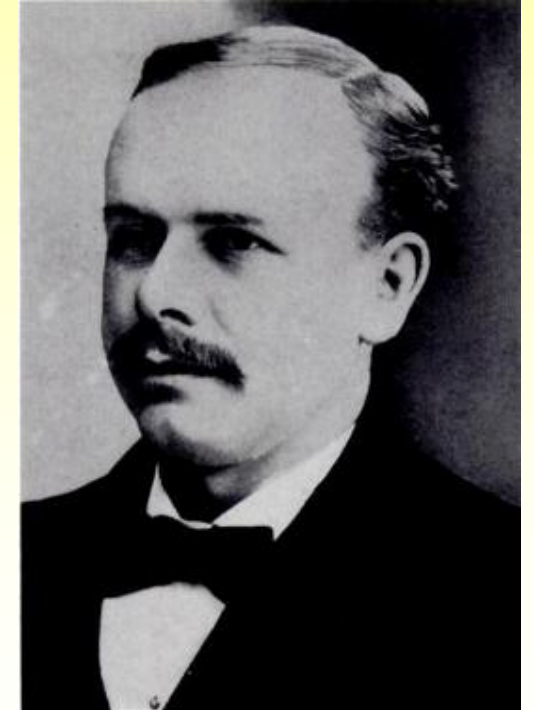
Coat exposed skin with vaseline’

= after 1 year, the ‘GOLDEN RULES’:

TIME

DISTANCE

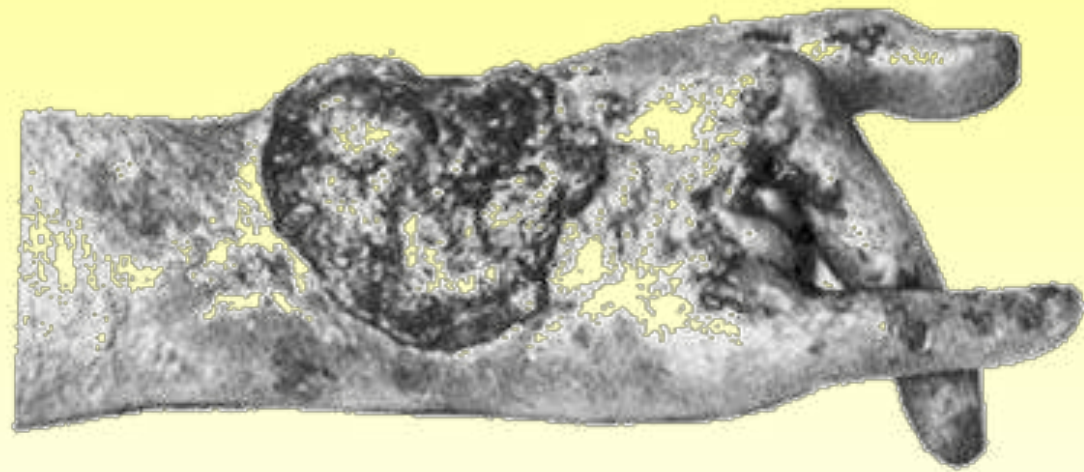
SHIELDING



The State Of Knowledge Around 1902

- **1896: X-ray dermatitis (Drury 1896)**
- **1897: Mobile x-ray units at the battlefield (Churchill 1898)**
- **1899: Radiotherapy (Mould 1993)**
- **1902: Radiation induced skin cancer (Friebe 1902)**

~1920: Escalating Radiation Safety Concerns



...and many injuries
(amputated hand of Paul Krause,
Röntgen-Museum Remscheid)

Frequent use...

But The Spirit Of The Times Was Reckless



After 1950: Public Radiation Perceptions Changed



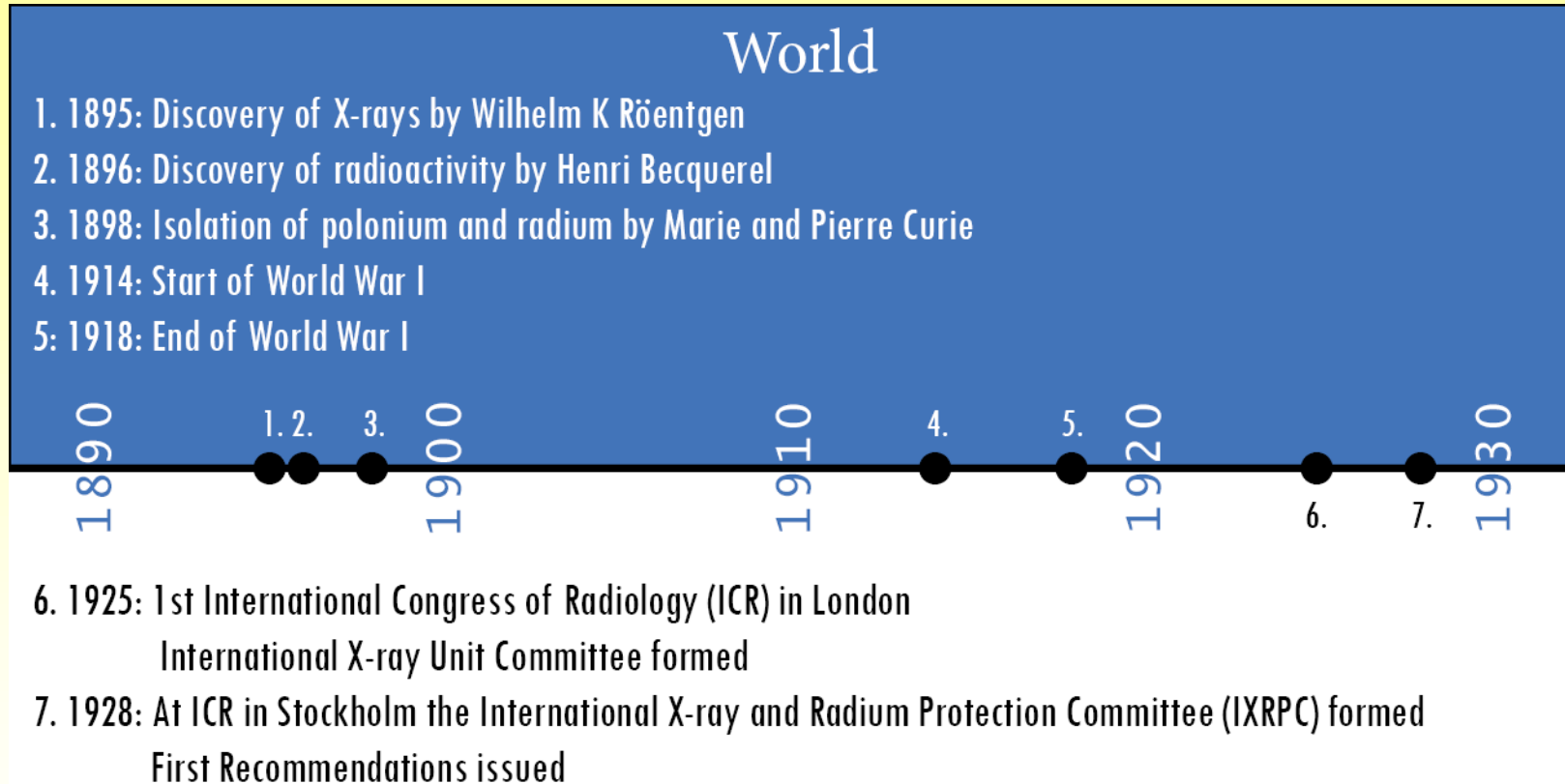
Many nuclear weapons tests

1954: 'Bravo' (Bikini), '第五福龍丸 (Lucky Dragon 5)'

1955: Excess leukaemia in Hiroshima, Nagasaki

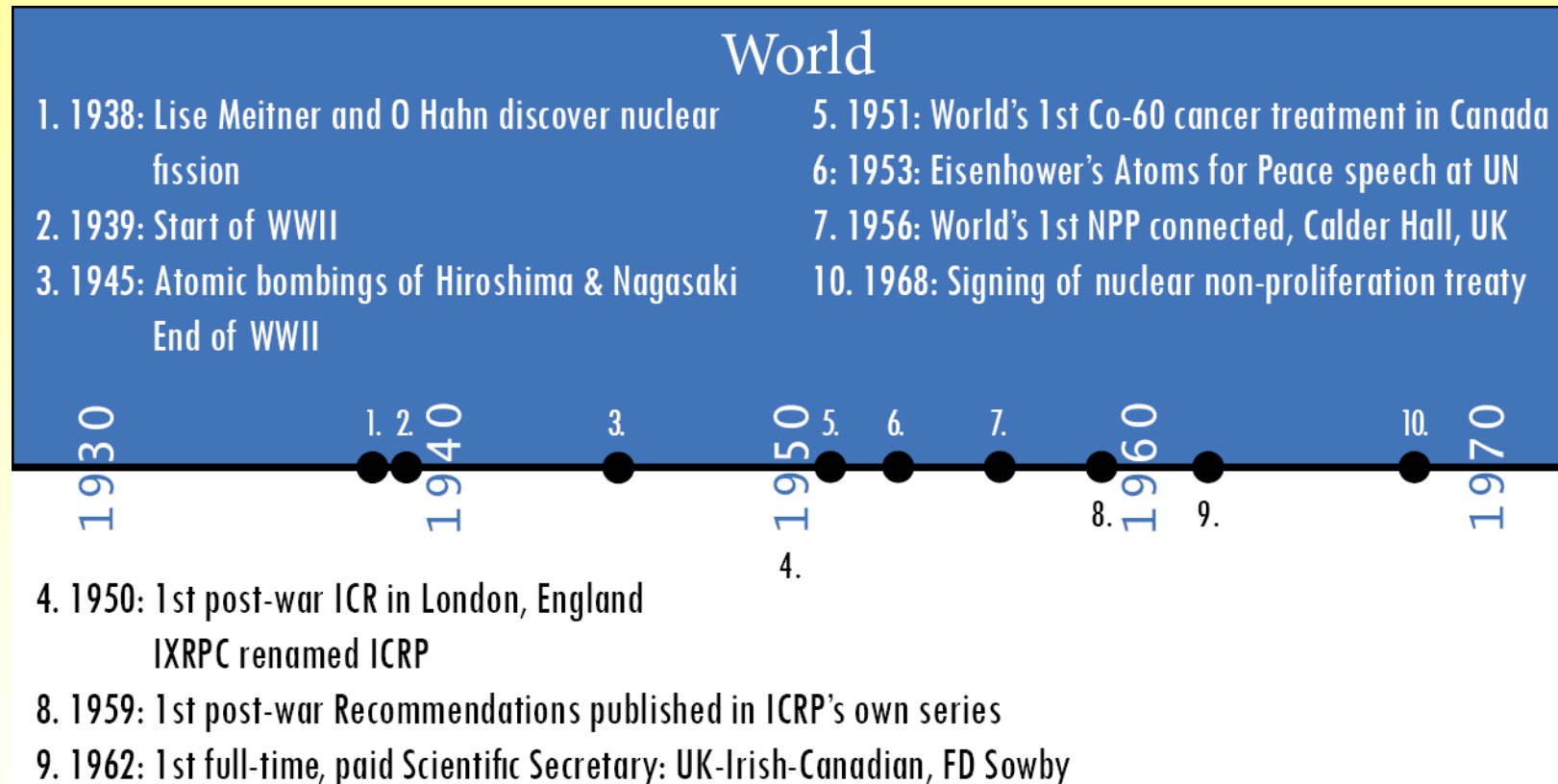
The History of ICRP

1890 - 1930



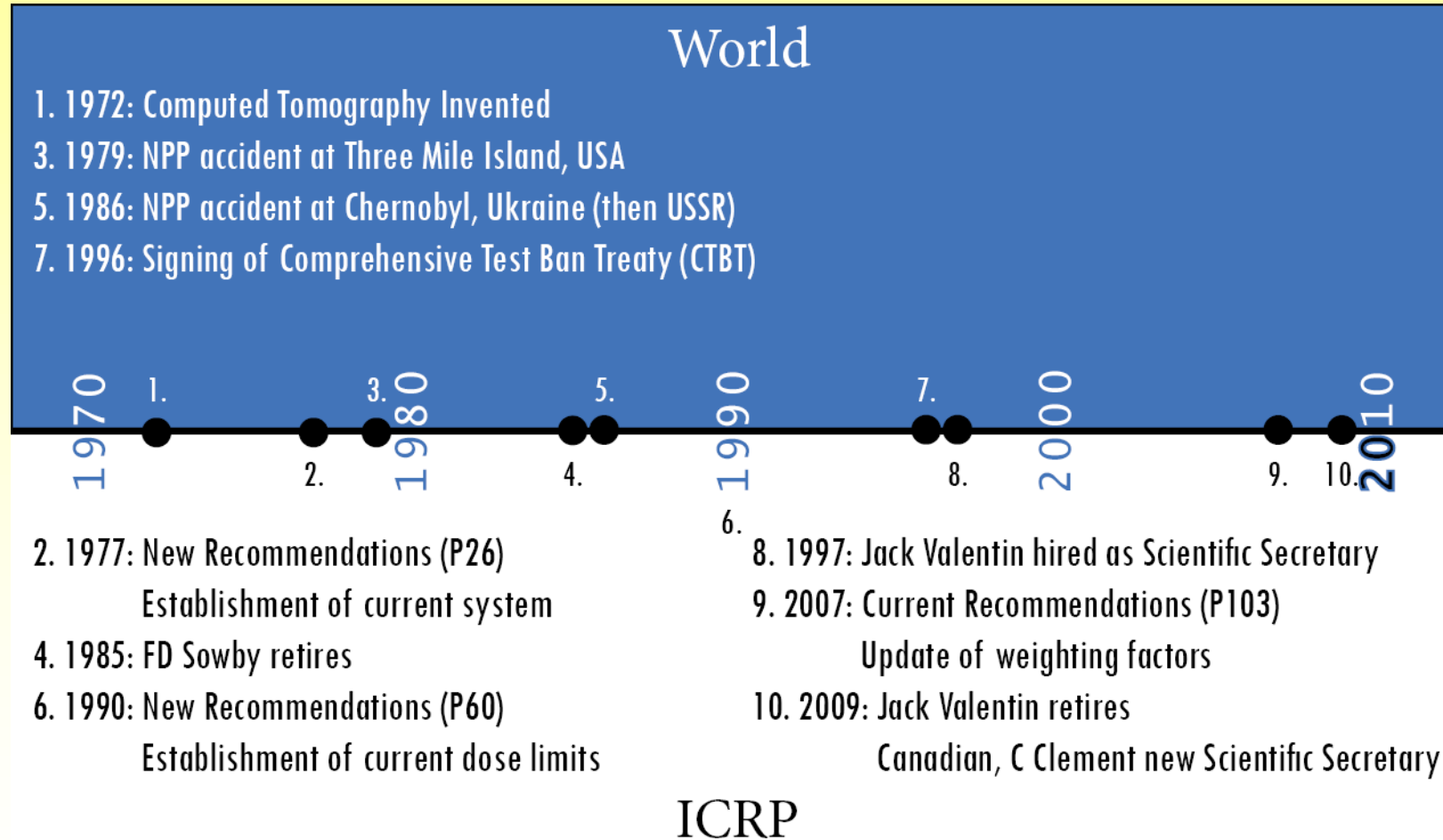
ICRP

1930 - 1970



ICRP

1970 - 2010



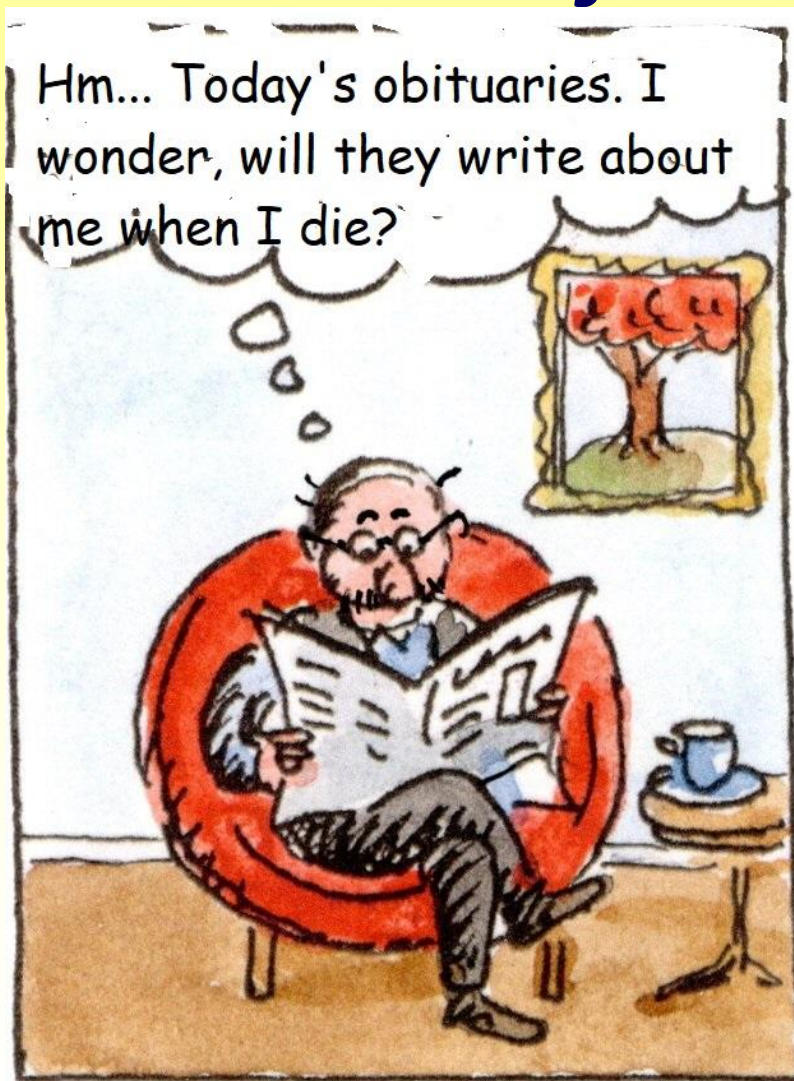
2010 -



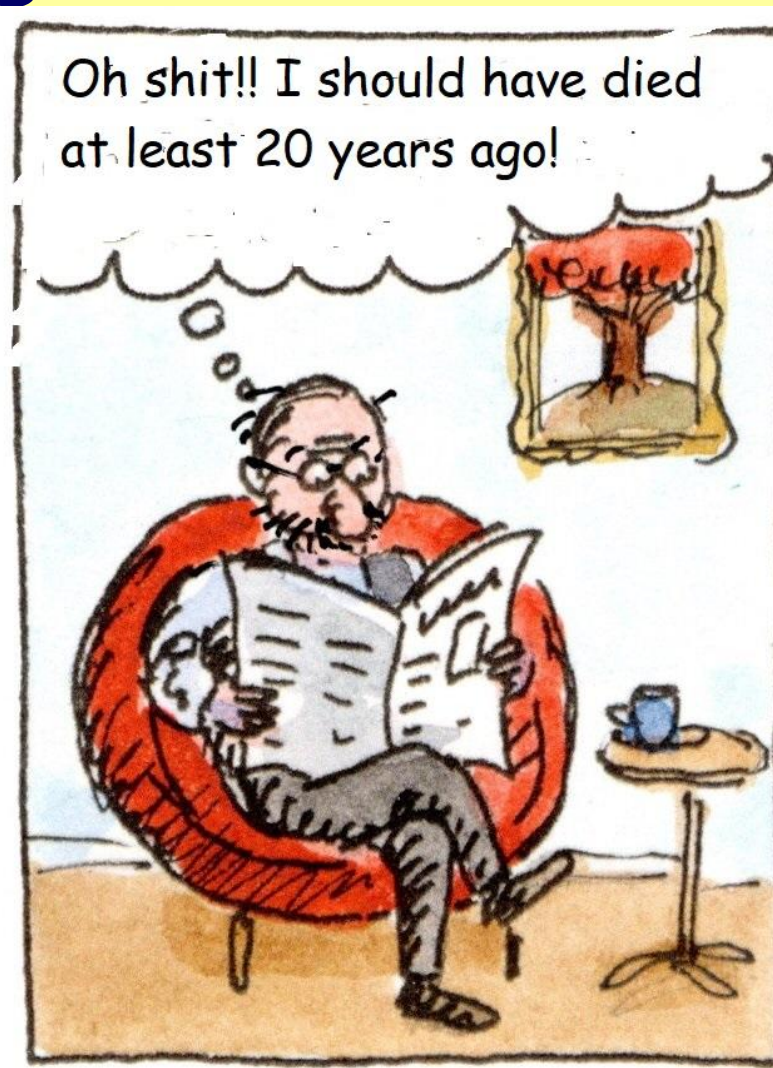
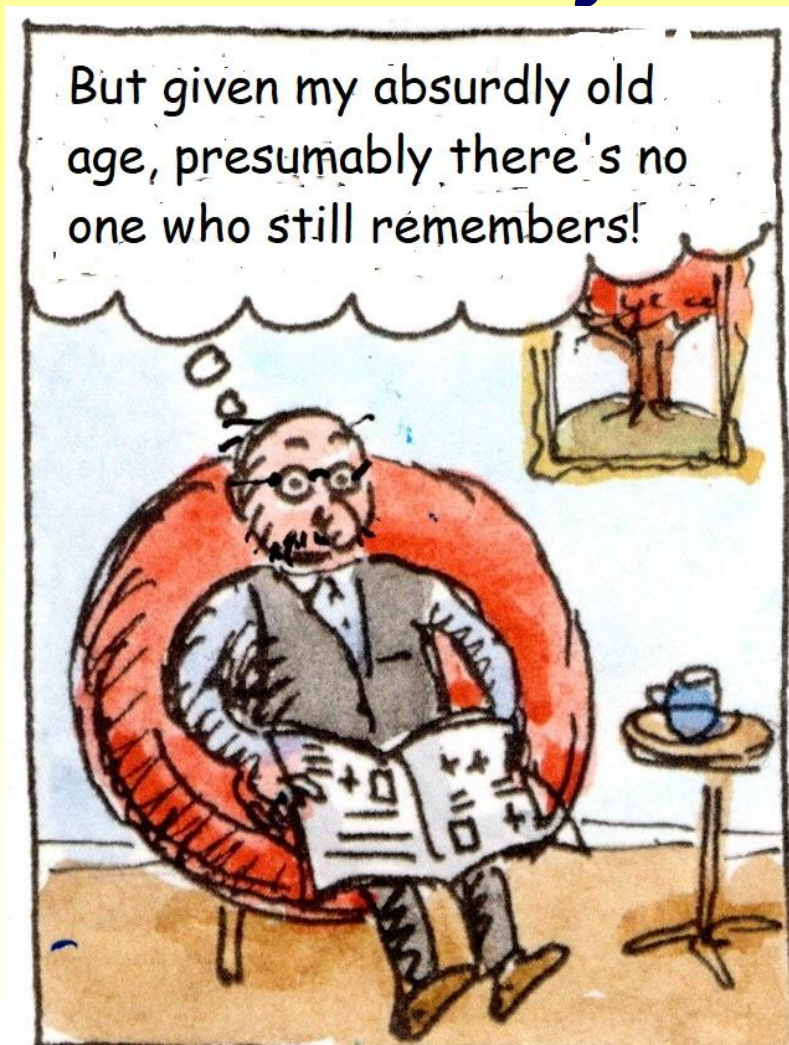
2. 2012: ICRP Statement on Tissue Reactions (P118)
Establishment of new dose limit for the lens of the eye
Cautionary statement on cardiovascular disease

ICRP

Perils of Being A Has-Been



Perils of Being A Has-Been



Current State of Things

Selected International Organisations



Some Canadian ICRP Members

DV Bates

J Bouchard

GC Butler

AJ Cipriani

G Cowper

RM Duncan

C Garrett

HE Johns

Chris Clement

CA Mawson

M Measures

HB Newcombe

RV Osborne

SD Simpson

FD Sowby

CG Stewart

EW Vogt

EA Watkinson

Average Individual Radiation Doses

Source	Global Average Dose (mSv per year)
Radon	1.3
Natural sources	1.1
Occupational	0.005
Civil Nuclear Power	0.0002 mSv (max 0.02)
Atmospheric Nuclear Testing	0.005
Chernobyl Accident	0.005
Medical Diagnosis	0.6

From
UNSCEAR

- **Medical = the major source of *artificial exposure*, by far**

ICRP On Dose Calculation

- Use Radiation Weighting Factors, w_R
- Use Tissue Weighting Factors, w_T
- Intakes require more complex assessments than external exposure, and...
- ICRP provides Coefficients for Dose [Sv] per unit Intake [Bq]

Health Effects Of Radiation

- **‘Deterministic’ tissue/organ reactions (usually acute)**

Skin damage: Erythema, epilation, wounds

Sterility (temporary/permanent)

Acute Radiation Syndrome

Bone marrow / Blood-forming organs

Gastro-Intestinal canal

CNS damage

Antenatal brain damage

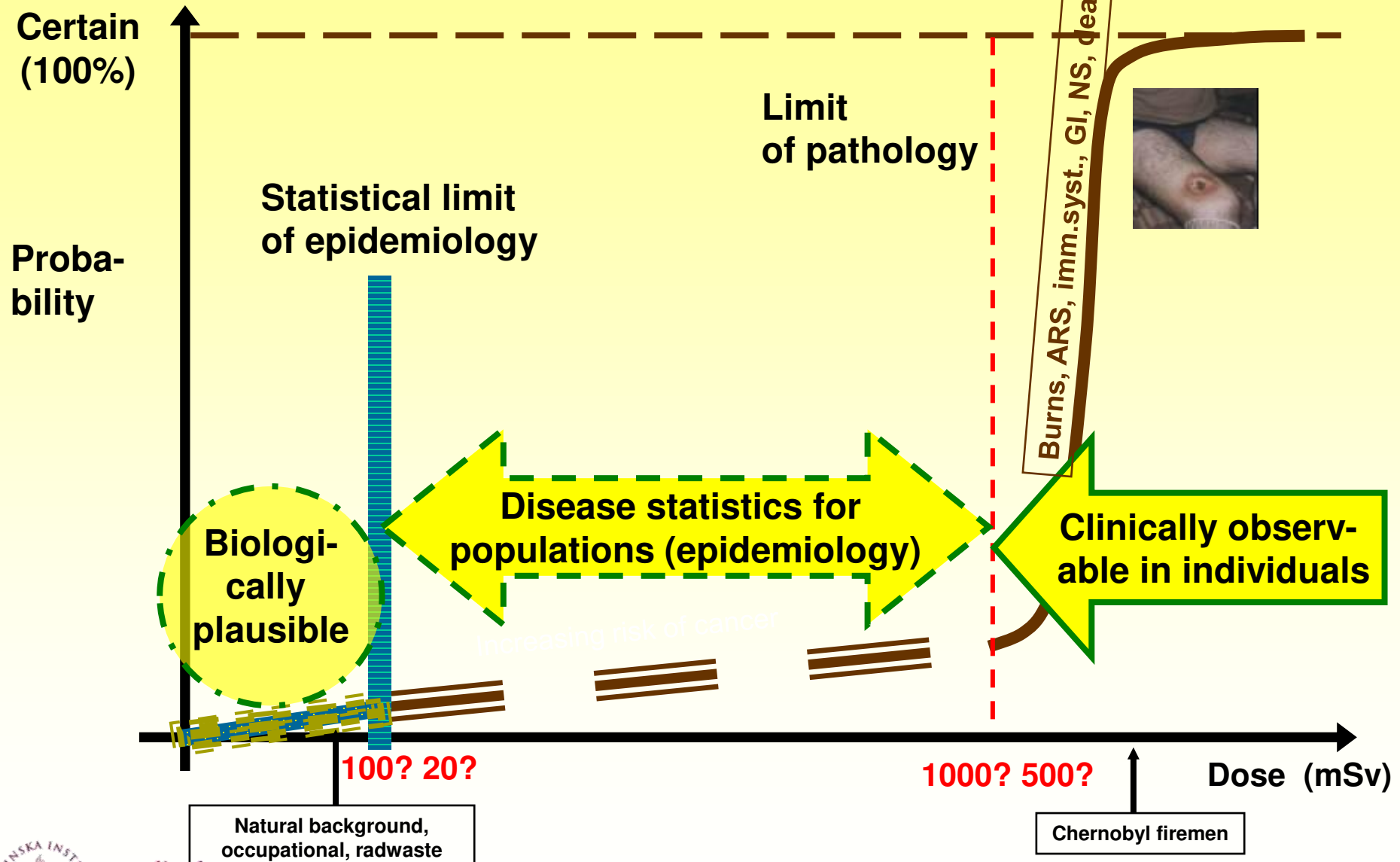
- **Stochastic effects (late)**

Cancer

Genetic damage

- **CHD, diabetes...**

'Deterministic' vs. Stochastic Dose Response



Nominal Probability Coefficients (% Sv⁻¹) For Stochastic Effects – *What's The Risk?*

Exposed population	Cancer	Heritable effects	Total detriment	1990:
Whole	5.5	0.2	5.7	7.3
Adult	4.1	0.1	4.2	5.6

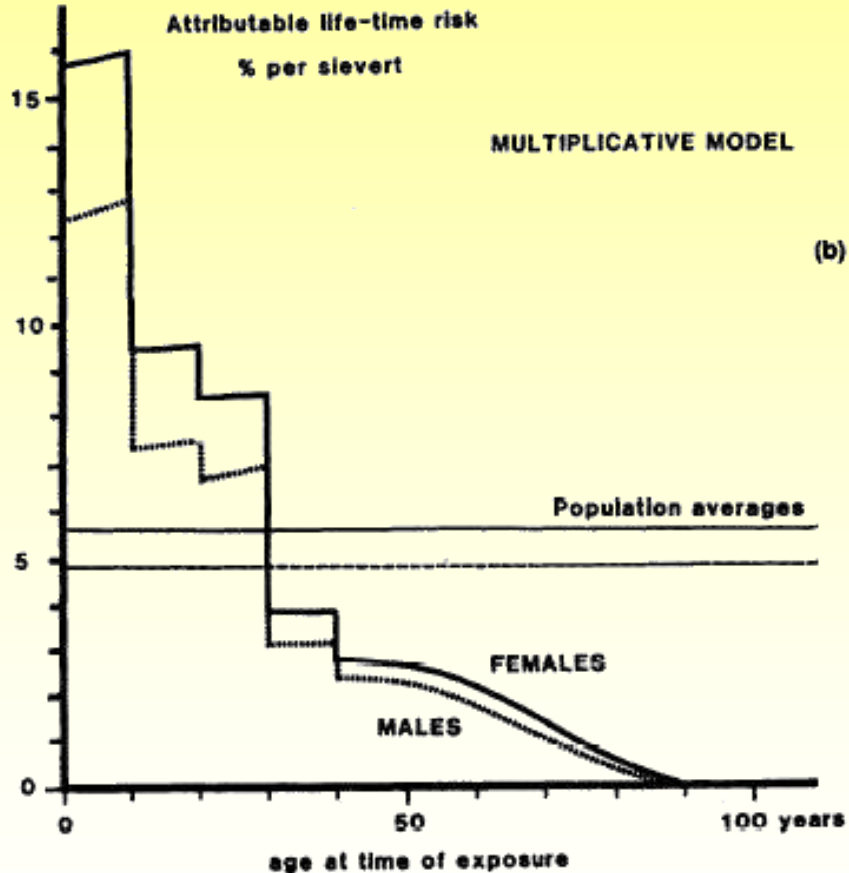
A Reminder:

$$1 = 2$$

Females and Males

- **Nominal risk estimates for protection**
Individual retrospective assessments require specific information
- **The average achieves adequate protection for both sexes**
A value judgement, based on science
- **Thus, no need for sex-specific protection criteria**
Precludes discrimination

ICRP Risk Estimates Are Age-Averaged...



- **BUT:** for workers (age 18-65) or for the whole population

- **AND:** dose per unit intake coefficients (Sv/Bq) are age-specific

to take account of biokinetic differences

Future...

We Thought We Knew Everything...

- **LNT may not apply to non-targeted effects**

But does this affect the risks?

Epidemiology assesses total risk

- **Adaptive response to radiation**

A priming dose (~10 mSv) may confer some resistance against a 2nd dose

- **Non-cancer disease: CHD etc, respiratory?, digestive?, cognitive?; lens**

Stochastic or ‘deterministic’? Dose-response pattern?

Countermeasures after Radiation Accidents

- Agents decreasing uptake of selected nuclides
Most important: stable iodine - Prevents thyroid uptake of I
- Agents increasing excretion of selected nuclides
Prussian blue; DTPA
- Agents mitigating radiation effects
Antioxidants

And What Do I Expect?

- 2031-ish Next set of new Recommendations
- Some kind of attention to higher risk for females
- Possibly, also some age differentiation....

BUT:

- Some simplification of the system
- Fewer worries about very low doses

They cannot be completely disregarded

But must not be reduced at the cost of other, bigger risks



Interview

- During the interview, feel free to post questions in the Q&A.





Questions?

- As time permits, we will address questions posted in the Q&A
- Questions we do not get to
 - Answers will be posted to our website and a link to resources emailed out





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Thank you for listening!

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Wellness Break

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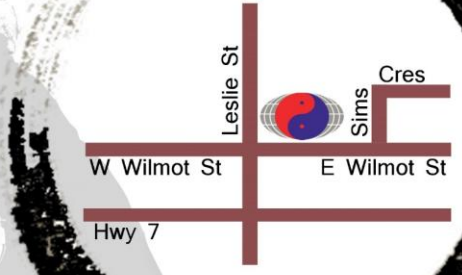
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