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# COMPARATIVE DEPOSITION OF $Zr^{95}$ IN A RETICULO ENDOTHELIAL TUMOR TO NORMAL TISSUES IN A HUMAN PATIENT

by

B. V. Low-Beer, M.D., K. G. Scott, Ph.D.
Joseph G. Hamilton, M.D., R. S. Stone, M.D.

March 15, 1948

Berkeley, California

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## ABSTRACT

A test dose of $Zr^{95}$ was given to a female patient which had a metastatic reticulo endothelial tumor at the distal portion of the left femur. A comparison of the deposition of $Zr^{95}$ showed greater uptake 24 hours after administration than any of the normal tissues investigated.

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Recent studies have demonstrated that radioactive $Zr^{95}$ is deposited in the reticulo endothelial system of the rat (1). This radioactive isotope of zirconium is available in large quantities owing to the fact that it is produced by the fission of uranium in the pile. In decaying to $Cb^{95}$ it emits beta particles which have a maximum energy of 0.4 Mev rays. Owing to these decay characteristics the major portion of the ionizing radiation is expended close to the area of $Zr^{95}$ deposition. The gamma rays which are emitted allow precise investigation of deep regions of deposition in the body by external measurement using such a device as a Geiger Muller counter.

On January 5, 1948, a 55 year old female patient with a reticulo endothelial tumor, which arose apparently in the spleen and later metastasized to the liver and the distal epiphysis of the left femur, was given a test dose of $Zr^{95}$. This was administered as an isotonic saline solution intravenously 24 hours prior to the mid-thigh amputation of the left leg.

The amount of $Zr^{95}$ given was 1.76 millicuries. Owing to the fact that the liver is the major site of deposition, the size of the test dose was limited to a safe radiation level for that organ, assuming 100% retention of $Zr^{95}$. This amount of radioactivity would give the liver less than 100 r over a period of two weeks. Its subsequent excretion by the

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liver and the relatively short half-life of 65 days precluded any risk to the patient with respect to radiation damage. Samples of the tumor as well as normal tissues were obtained from the limb for radioactive assay. The distribution of $Zr^{95}$ in these tissues is given in Table I as percent of the administered tracer dose per gram of tissue.

TABLE I

Percent of Tracer Dose Per Gram Wet Weight*

| Tissue | |
|---|---|
| Tumor | .0005 |
| Femur | .0003 |
| Tibia | .0002 |
| Marrow from femur (yellow) | .00006 |
| Marrow from tibia (yellow) | .00001 |
| Muscle (gastronemius) | .00001 |
| Fat | .00001 |
| Blood | .0003 |
| Skin | .00003 |

An examination of Table I demonstrates the relatively greater uptake of tumor compared to the normal tissues of the body which were available for assay. Since the probable volume of all of the metastatic tumor growths could not be determined, it was impossible in this case to determine what percent of the total activity was taken up by tumor or if the concentration of $Zr^{95}$ in tumor was dependent upon its anatomical location.

* The sensitivity of the measuring instrument was such that the determination had an error of less than + - 6%.

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External surface measurements of the body two hours after $Zr^{95}$ injection showed only two areas of $Zr^{95}$ deposition. These were the liver which had about 90% of the total measurable activity and the tumor which was later removed, 10%. The spleen had already been removed in a previous operation.

These data agree with those obtained in the rat in that $Zr^{95}$ when injected intravenously in isotonic saline is primarily deposited in liver, spleen, and to a lesser extent, skeleton.

Radioautographs were obtained of the tumor and surrounding areas and are shown in Figs. I and II. These demonstrated the selective uptake of $Zr^{95}$ as compared to the surrounding tissues. A photograph of the section through the limb which was used to make the radioautographs is shown in Fig. III. Fig. IV is a photomicrograph of the tumor itself.

Reference:

UCRL-41, Quarterly Report October 1947 to January 1948, University of California, Radiation Laboratory, Medical and Health Divisions.

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FIGURE I

RADIOAUTOGRAPH 140 HOUR EXPOSURE
OF TUMOR SECTION SHOWN IN FIG. III.

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FIGURE II

RADIOAUTOGRAPH 216 HOUR EXPOSURE OF TUMOR SECTION SHOWN IN FIGURE III.

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FIGURE IV

PHOTOMICROGRAPH OF TUMOR TISSUE
SHOWN GROSSLY IN FIGURE III

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