

1 **Radionuclide calibrator responses for ^{224}Ra in solution and adsorbed on calcium carbonate**
2 **microparticles**

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19 **Abstract**

20 A suspension of ^{224}Ra adsorbed onto CaCO_3 microparticles shows promise for α -therapy of
21 intracavitary micro-metastatic diseases. To facilitate accurate activity administrations, geometry-
22 specific calibration factors for commercially available reentrant ionization chambers (ICs) have
23 been developed for $^{224}\text{RaCl}_2$ solutions and ^{224}Ra adsorbed onto CaCO_3 microparticles in
24 suspension in ampoules, vials, and syringes. Ampoules and vials give IC responses consistent
25 with each other to $< 1\%$. Microparticles attenuation leads to a $\approx 1\%$ to $\approx 2.5\%$ reduction in
26 response in the geometries studied.

27
28 **Key Words:** Ionization chamber; dose-response relationship; alpha therapy; geometry;
29 attenuation

30

31 1. Introduction

32

33 Radium-224, with its emission of alpha particles from its decay and its clinically appealing half-
34 life ($T_{1/2} = 3.631(2)$ d) (Bé et al., 2004), has historically been considered for radiotherapeutic
35 applications (Pappenheim and Plesch, 1912). The electronic configuration of radium resembles
36 that of calcium, thus when injected into the body, radium is conveyed to the bones and is often
37 referred to as a “bone-seeker” (US National Research Council 1988; Juzeniene et al., 2018). This
38 property leads radium to target osteoblastic bone metastases (Sartor et al., 2013). The bone-
39 seeking property of radium as ^{224}Ra was exploited medically over many years (1950-2005)
40 (Koch et al., 1978; Kommission Pharmakotherapie, 2001; Wick and Gössner, 1993; Eckert &
41 Ziegler, 2019), although not in cancer therapy but as palliative treatment for ankylosing
42 spondylitis disease. Nowadays, another α -emitting radium isotope, ^{223}Ra -dichloride (Xofigo,
43 Bayer)[†], is used for treatment of patients with skeletal metastases from castration-resistant
44 prostate cancer (Kluetz et al., 2014). Internal beta-emitting radiation therapy with radiolabeled
45 particles has been a treatment option for cancers with intracavitary dissemination (Rosenshein et
46 al., 1979). Recently, a suspension of injectable calcium carbonate microparticles (CaCO_3)
47 labeled with the alpha-emitter ^{224}Ra has shown promise in preclinical studies for treatment of
48 cavitary micro-metastatic cancer (Westrøm et al., 2018, 2018b).

49 The National Institute of Standards and Technology (NIST) developed a primary standard for
50 ^{224}Ra activity based on triple-to-double coincidence ratio (TDCR) liquid scintillation (LS)
51 counting measurements and confirmed by CIEMAT-NIST efficiency tracing (CNET) with

[†] Certain commercial equipment, instruments, or materials are identified in this paper to foster understanding. Such identification does not imply recommendation by the National Institute of Standards and Technology, nor does it imply that the materials or equipment identified are necessarily the best available for the purpose.

52 tritium and live-timed $4\pi\alpha\beta$ (LS)- γ (NaI) anticoincidence (LTAC) counting (Napoli et al., 2020).
53 In clinical applications, activity measurements are achieved with commercially available
54 reentrant ionization chambers (IC) commonly referred to as radionuclide calibrators or “dose
55 calibrators”. Accurate assays require appropriate formulation- and geometry-specific calibration
56 factors, or “dial settings” (*DSs*). Dial settings for ^{224}Ra have been evaluated by Napoli (Napoli et
57 al., 2020) for 5 mL of a 1 mol/L HCl solution of ^{224}Ra in secular equilibrium with its progeny, in
58 a NIST standard 5 mL flame-sealed ampoule, for several Capintec (Florham Park, New Jersey,
59 USA) radionuclide calibrators using the calibration curve method (Zimmerman and Cessna,
60 2001).

61 The purpose of this study is to assess user-friendly coefficients that permit an IC reading
62 response translation based on solution composition, volume, and container used to avoid possible
63 bias in the activity determination. Because of the relatively low energy x-rays and
64 bremsstrahlung encountered in the beta decay of some daughters of ^{224}Ra , changes in sample
65 composition may affect the results of measurements with ionization chambers (Zimmerman and
66 Cessna, 2001; Zimmerman et al., 2001; Calhoun et al., 1987). The characteristics of the container
67 and the chemical composition of the sample will affect attenuation, so this study determines
68 accurate geometry-specific *DSs* for ^{224}Ra in solution and adsorbed onto CaCO_3 microparticles.
69 Dial settings and correction factors are reported for labeled microparticles in vials and syringes.
70 While these may not ultimately represent the composition or shipping/administration container
71 of a clinical or commercial product (clinical sites should always calibrate administered activities
72 according to the manufacturer’s instructions), the results reported here give a general sense of the
73 direction and magnitude of ^{224}Ra assay biases wrought by changes in composition and container.
74

75 2. Material and Methods

76

77 All solutions, chemicals, and equipment used in the particle labeling process were provided by
78 Oncoinvent AS, Norway. The calcium carbonate microparticles were produced by Oncoinvent
79 AS, Norway as described for the second generation microparticles by Westrøm *et al.* (Westrøm
80 *et al.*, 2018). The concentration of particles in suspension used for all experiments was
81 250 mg/mL and the activity range for the samples was 1 MBq to 2 MBq. A total of three
82 experiments (identified as E4, E5, and E6), each using a separate shipment of ^{224}Ra solution
83 (0.5 mL of $^{224}\text{RaCl}_2$ in 1 mol/L HCl in a v-vial) from Oak Ridge National Laboratory (ORNL),
84 were performed to establish calibrations for (and determine corrections for) different
85 measurement geometries with potential clinical relevance. E4 was dedicated to establishing dose
86 calibrator settings for 20 mL dose vials (20R adaptiQ, ready to use EBB vials # 1557349, Schott
87 USA) containing different volumes (from 2 mL to 20 mL) of $^{224}\text{RaCl}_2$ in 1 mol/L HCl or water;
88 comparing these measurements should reveal any difference in attenuation among different
89 solutions and volume amounts. In E4, the activity concentration of the master solution was
90 determined by triple-to-double coincidence ratio (TDCR) liquid scintillation counting, as
91 described in the development of ^{224}Ra primary standard by Napoli *et al.* (2020). E5 established
92 attenuation factors by comparing dose calibrator measurements on 20 mL dose vials containing
93 20 mL of $^{224}\text{RaCl}_2$ in 1 mol/L HCl and vials containing ^{224}Ra radiolabeled CaCO_3 microparticles
94 in suspension. The microparticles were suspended in “water for injection” (WFI), which is high
95 quality sterile water without significant chemical impurities and particularly suitable for
96 injection. Finally, in E6, 20 mL syringes (Luer lock tip 20 mL SOFT-JECT syringe, purchased
97 from Henke-Sass Wolf GmbH (HSW), Germany) containing either aqueous ^{224}Ra or labeled
98 microparticles in suspension, were used. Before filling, the syringe tips were sealed with epoxy

99 to prevent spillage. Plungers were added to seal the filled syringe sources with the aid of small-
100 gauge tungsten wire, cut to be inserted into the barrel of the syringe, terminating just above the
101 liquid level. The wire breaks the seal of the plunger against the syringe wall, allowing the
102 plunger to be carefully depressed into the epoxy-sealed syringe. Instead of needles, luer lock
103 stoppers were affixed to the luer locks for additional safety. The CaCO_3 microparticles were
104 suspended and labeled in 12 mL of WFI in the syringes. More details are presented in section
105 2.1. Attenuation factors were established by comparing measurements of syringes containing
106 microparticles to measurements of syringes containing $^{224}\text{RaCl}_2$ only (Figure 1). In E5 and E6,
107 the activity concentration of each master solution was determined by measuring 5 mL ampoules
108 containing $^{224}\text{RaCl}_2$ in water or 1 mol/L HCl solution, on ionization chambers (AutoIC)
109 (Fitzgerald, 2010), using the calibration factors determined during the primary standardization
110 (Napoli et al., 2020). A custom-built plexiglass syringe dipper (housing 22 mm \varnothing , Capintec),
111 suitable for the 20 mL syringe used, was delivered both at NIST and Oncoinvent. The custom
112 dipper is identical to the standard Capintec dipper in all respects except that the bore of the hole
113 in the syringe position is wider to accommodate the larger syringe in the hanging position.

114

115 **2.1. Source preparation**

116

117 Dilutions of the ^{224}Ra sources received from ORNL (one for each experiment conducted), were
118 carried out with 1 mol/L HCl. All sources were prepared gravimetrically, using the aspirating
119 pycnometer method (Sibbens and Altitzoglou, 2007); when practicable, both dispensed and
120 contained masses were measured. To assure neutral pH and protect the CaCO_3 microparticles
121 from attack by HCl, an appropriate aliquant of 1 mol/L NaOH was added to each “water” or

122 microparticle suspension source prior to the addition of ^{224}Ra in HCl. In E5 and E6, CaCO_3
123 microparticles were labeled according to the ^{224}Ra CaCO_3 microparticle surface-labeling
124 protocol explained by Westrøm *et al.* (2018). Small adaptations of the original protocol reported
125 by Westrøm *et al.* were made: CaCO_3 microparticles (nominal concentration of 250 mg/mL) in
126 suspension with sulfate, barium and saline solutions, were transferred by means of a calibrated
127 micropipette directly into vials or syringes for the incubation step, when ^{224}Ra is added, so that
128 the labeling process was carried out *in situ* without the final wash of the particles mentioned in
129 Westrøm *et al.* (Westrøm *et al.*, 2018). We show in section 3.2 that unbound ^{224}Ra after the
130 incubation step was $< 1\%$. This differs from the typical procedure wherein microparticles are
131 labeled with ^{224}Ra before being dispensed into vials or syringes. The change was necessary so
132 that the activity of ^{224}Ra in each source was directly linked by mass to calibration sources
133 prepared in each experiment (section 2.2).

134

135 **2.2. Ionization chamber measurements**

136

137 In each experiment, ampoules were measured on multiple reentrant ionization chambers (ICs) to
138 calibrate the activity concentration of the master solution later used to calculate the activity
139 dispensed into different sources. The precisely known activities of the various sources enabled us
140 to determine composition- and geometry-specific calibration factors. For all *DS* determinations,
141 the calibration curve method (Zimmerman and Cessna, 2001) was used. For measurements on
142 the Capintec instruments, a LabVIEW-based interface was used to record multiple readings at
143 each *DS*. Sources were also measured on the Vinten 671 ionization chamber (VIC), which is read
144 directly by a Keithley 6517 electrometer, which feeds the measured currents to a PC via a

145 LabVIEW interface. The VIC at NIST is related to a sister chambers at other laboratories,
146 including the National Physical Laboratory (NPL) in Teddington, UK, allowing for indirect
147 comparison of activity standards (Bergeron and Cessna, 2018). Calibration coefficients for the
148 VIC (K_{VIC}) are expressed directly as a function of current in units of pA/MBq. Monte Carlo
149 simulations of the VIC response were carried out using the EGSnrc DOSRZnrc Rev 1.5.5 code
150 (Rogers et al., 2010) with geometric and materials inputs adapted from Townson *et al.* (2018).
151 The model was validated by reproducing absolute efficiencies reported by Townson *et al.* to 0.2
152 % for 1000 keV photons and 2.9 % for 30 keV photons, with 0.3 % and 1.3 % statistical
153 uncertainties, respectively.

154

155 **2.3. Gamma-ray spectrometry measurements**

156

157 In each experiment, ampoules were measured on high-purity germanium (HPGe) detectors to
158 check for photon-emitting impurities, confirm secular equilibrium, and estimate solution
159 activities based on Decay Data Evaluation Project (DDEP) gamma emission probabilities (Bé et
160 al., 2004). No photon-emitting impurities were detected near the reference time in any of the
161 experiments; typical limits were similar to those reported in Napoli *et al.* (Napoli et al., 2020). At
162 later times, HPGe detected ^{228}Th breakthrough. In every experiment except E6, the activity
163 fraction, $A_{\text{Th-228}}/A_{\text{Ra-224}}$, at the separation time was $< 5 \cdot 10^{-6}$. In experiment E6, HPGe
164 spectrometry indicated $A_{\text{Th-228}}/A_{\text{Ra-224}} = 9.7 \cdot 10^{-4}$ at the separation time. ORNL was informed of
165 the unexpectedly high ^{228}Th content, and the anomaly was attributed to the use of a
166 polypropylene column for the separation instead of the glass ion exchange columns used in all
167 the other experiments.

168 We performed EGSnrc Monte Carlo calculations (model described in Zimmerman et al., 2015)
169 using DDEP photon emission probabilities and nuclide ratios calculated from the Bateman
170 equation to estimate IC responses with different initial ^{228}Th fractions and different measurement
171 times. These suggested that the ^{228}Th impurity in E6 would affect the measured IC responses by
172 $< 0.2\%$. Therefore, no corrections were made, but a 0.2% uncertainty component was added.
173 Moreover, the calculations showed that the impurity in E6 results in an expected bias to the
174 apparent half-life (as seen 6 d to 15 d after separation) of $< 0.07\%$.

175

176 **3. Results**

177

178 **3.1. Measuring $^{224}\text{RaCl}_2$ solutions in 20 mL glass vials (Experiment 4)**

179

180 In E4, the goals were to establish dose calibrator settings (*DSs*) for dose vials, whether volume
181 corrections will be necessary over the range of 2 mL to 20 mL of solution, and finally, whether
182 measurements in neutral water would differ from measurements in acid due to, e.g., adsorption
183 on container walls or radon gas diffusion.

184 All data used to calculate *DSs* or correction factors were collected after secular equilibrium had
185 been established (between 2 d and 3 d after source preparation and > 6 d after ^{224}Ra separation
186 from ^{228}Th). An example of an equilibrating source is shown in Figure 2; similar plots were
187 scrutinized in E4 for all sources on all instruments. As in other experiments, the reference time
188 (t_{ref}) was selected to minimize decay-correction uncertainties in the measurements.

189 Dial setting determinations for one 5mL NIST flame sealed ampoule (A2) and two 20 mL dose
190 vials, one containing 20 mL of acid solution (V1) and one containing 2 mL of acid solution (V7),

191 are summarized in Table 1. The uncertainties on the dial settings (e.g., Table 2) are mostly due to
192 the standard error on the fit to the calibration curve (0.4 % to 0.6 %) and the uncertainty on the
193 standard activity (≈ 0.3 %).

194
195 In addition to geometry-specific *DS* determinations, relative calibrator responses were measured.
196 For the various geometries considered in E4, calibrator responses were measured at a single *DS*
197 and then related in terms of ratios that could be applied as correction factors, k , that will allow a
198 user to translate the reading response (R) among different containers used: ampoules (a), vials
199 (v), syringes (s) and different solution volume (V) and composition: 1 mol/L HCl (A) or water
200 (W).

$$201 \quad R_{v,V,A} = R_{a,5,A} * k_{a,5,A}^{v,V,A} \quad (1)$$

$$202 \quad R_{v,V,W} = R_{a,5,A} * k_{a,5,A}^{v,V,A} * k_{v,V,A}^{v,V,W} \quad (2)$$

203
204 where in equation 1, the chamber response at a given dial setting for an ampoule containing
205 5 mL of acid solution ($R_{a,5,A}$) is related to the response for a vial containing a given volume, V , of
206 acid solution ($R_{v,V,A}$) by a factor, $k_{a,5,A}^{v,V,A}$, which is determined experimentally as the ratio of the
207 two measured responses. Similarly, in equation 2 corrections for sample composition are
208 possible with an additional factor, $k_{v,V,A}^{v,V,W}$, which is also determined experimentally.

209 The series of vials labeled E4-V1 to E4-V7 in E4 revealed a slight volume-dependence in the
210 chamber response (Figure 3), with the largest volumes returning the weakest chamber response.
211 Relative responses were averaged for sources in each geometry and correction factors were
212 calculated according to equations 1 and 2. The results, summarized in Table 3, suggest that the
213 chamber response is lower for the vial containing 20 mL of solution than for the ampoule

214 containing 5 mL. This could arise due to increased photon attenuation by the thicker vial glass,
215 increased self-absorption due to the larger diameter of the vial, and/or decreased geometric
216 efficiency due to the solution height. Moreover, chamber responses are slightly larger for water
217 samples than acid samples. This is consistent with the greater density of acid solutions, but we
218 cannot rule out increased efficiency in water samples due to adsorption of ^{224}Ra to the vial walls.
219 In addition to the Capintec chambers, sources were measured on the VIC. With its thinner
220 chamber walls, the VIC is more sensitive to the lower-energy photons that are more affected by
221 changes in source geometry. The volume-dependence of the VIC response was more pronounced
222 (Figure 4). Correction factors (Table 4) were calculated as for the Capintec chambers. Monte
223 Carlo simulations gave $k_{v,5,A}^{v,20,A} = 0.9780$ (33) which, as shown in Figure 4, confirms the general
224 trend of experimental data. The results of further Monte Carlo simulations of 5 mL of water at
225 various heights imply that most (about 86 %) of the volume effect is due to changes in
226 attenuation (self-absorption) rather than to height.

227

228 For the Capintec chambers, the geometry effects measured in E4 are of similar magnitude to
229 their uncertainties and it appears that dose vials containing $^{224}\text{RaCl}_2$ solutions can be measured
230 with the same DS s determined for ampoules without introducing significant bias.

231

232 **3.2. Measuring suspension of labeled microparticles in vials (Experiment 5)**

233

234 In E5, sources were prepared in 20 mL vials with distilled deionized water and labeled
235 microparticles. The goals were to: label the microparticles *in situ* and determine efficiency of the
236 ^{224}Ra adsorption and retention on the microparticles; determine whether attenuation by the
237 CaCO_3 microparticles significantly affects chamber response and establish correction factors, if

238 necessary; and determine whether particle attenuation is significantly different for suspended
239 versus sedimented microparticles.

240

241 The labeling efficiency and labeled particle stability were monitored in the series of 1.5 mL glass
242 v-vials labeled L0, L1, L2 and L3. The supernatant was removed (via a 1 mL syringe) from L1
243 on Day 1, from L2 on Day5, and from L3 on Day 7. Figure 5 shows ionization chamber
244 responses, normalized to the L0 (control) response, demonstrating that the removal of the
245 supernatant minimally impacts the total activity contained in the vial. The *in situ* procedure
246 appears to yield high labeling efficiency (> 99 %) with no observable desorption.

247

248 The different calibrator responses for the various geometries considered in E5 are represented in
249 terms of ratios that could be applied as correction factors. To equations 1 and 2, we add equation
250 3 to relate the chamber response for a vial containing labeled microparticles ($R_{v,V,P}$) to the
251 response expected for a vial containing water:

252

$$253 \quad R_{v,V,P} = R_{v,V,W} * k_{v,V,W}^{v,V,P} \quad (3)$$

254

255 where the $k_{v,V,W}^{v,V,P}$ factor is determined experimentally from $R_{v,V,P}$ and $R_{v,V,W}$. Note that in E5 the
256 total volume of aqueous solution or microparticle suspension in each vial was 20 mL.

257 Attenuation by microparticles in the vials was clearly observed, with

258

259 $k_{v,20,W}^{v,20,P} = 0.9755(39)$ for the CRC-15R calibrator

260 and

261 $k_{v,20,W}^{v,20,P} = 0.9743(35)$ for the CRC-55tR calibrator

262

263 where the stated uncertainties are calculated by combining the standard deviation on repeat
264 measurements of $R_{v,V,P}$ and $R_{v,V,W}$ in quadrature. So, the presence of CaCO_3 microparticles in the
265 dose vials leads to a $\approx 2.5\%$ reduction in the response in the two Capintec calibrators. In the
266 VIC, the reduction in response was less, giving $k_{v,20,W}^{v,20,P} = 0.9901(7)$.

267

268 Finally, when a vial was shaken (suspending the microparticles) and measured repeatedly while
269 the particles re-settled to the bottom of the vial, the instrument (Capintec or VIC) response
270 change was smaller than the standard deviation on repeated readings (less than about 0.3%).

271 VIC Monte Carlo simulations for CaCO_3 mixed uniformly with the water or settled into the
272 lower 24 % of the vial (as evident for the syringe shown in Figure 1) gave results for $k_{v,20,W}^{v,20,P}$ of
273 $0.9953(20)$ and $0.9952(20)$, respectively, which are comparable to the experimental value of
274 $k_{v,20,W}^{v,20,P} = 0.9901(7)$ and corroborate the lack of difference in IC response observed during
275 particle settling.

276

277 **3.3. Measuring suspension of labeled microparticles in syringes (Experiment 6)**

278

279 In E6 the goal was to establish dose calibrator settings for the syringe geometry (Table 5) as had
280 been done for the dose vials.

281 The attenuation by the particles is described by $k_{s,V,W}^{s,V,P}$, which is specific to the 20 mL syringe
282 geometry, therefore the response is calculated as:

283

284
$$R_{S,v,P} = R_{S,v,W} * k_{S,v,W}^{S,v,P} \tag{4}$$

285

286 In the syringe geometry, attenuation by the microparticles affects response in the Capintec
287 chambers by $\approx 1\%$ (Table 6).

288

289 Measurements were also carried out on the VIC using the custom-built Capintec dipper for the
290 syringes; by coincidence, the height of the radioactive material in the VIC is approximately the
291 same for a syringe in this dipper and a vial in its dipper. For 12 mL of water in the 20 mL
292 syringe, $K_{VIC} = 14.25(5)$ pA/MBq and attenuation by microparticles led to $k_{S,12,W}^{S,12,P} = 0.993(5)$.

293

294 **4. Conclusions**

295

296 Calibration factors (or dials settings) relating ionization chamber responses for $^{224}\text{RaCl}_2$ solution
297 and ^{224}Ra adsorbed onto CaCO_3 microparticles in different measurement geometries were
298 determined and presented. In the Capintec radionuclide calibrators considered here, ampoules
299 and vials containing $^{224}\text{RaCl}_2$ solution give a response consistent to $< 1\%$. For ^{224}Ra adsorbed
300 onto CaCO_3 microparticles at a concentration of 250 mg/mL, photon attenuation results in a
301 reduction in response varying from $\approx 1\%$ to $\approx 2.5\%$ in the geometries considered here. The *in*
302 *situ* procedure yields high labeling efficiency ($> 99\%$) with no observable desorption.

303 A drug product based on ^{224}Ra adsorbed onto CaCO_3 microparticles has shown promise in
304 preclinical studies for the treatment of micrometastatic diseases in body cavities (Westrøm et al.,
305 2018, 2018b). To enable precise dose-response relationships, NIST has developed calibration

306 settings for a set of commercially available and clinically relevant reentrant ICs for ^{224}Ra in 5 mL
307 flame-sealed ampoules, 20 mL dose vials, and 20 mL syringes.

308
309 The results of the measurements reported herein should be considered valid only for the
310 containers and solution compositions described and variations of these will impact ionization
311 chamber responses. Moreover, users should verify the validity of the dial settings on their own
312 systems and always follow manufacturer instructions when assaying drug products. Still, the
313 trends in and magnitude of attenuation effects revealed here should inform future calibrations
314 and provide a benchmark for clinical assays of ^{224}Ra -based radiopharmaceuticals.

315

316 **Declaration of competing interest**

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321

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source	IC	DS	$u_A / \%$
A2	CRC-15R	739(4)	0.46
	CRC-55tR	737(4)	0.47
V1 (20 mL)	CRC-15R	737(4)	0.44
	CRC-55tR	735(4)	0.45
	CRC-25PET	741(5)	0.59
V7 (2 mL)	CRC-15R	744(4)	0.46
	CRC-55tR	740(4)	0.46
	CRC-25PET	747(5)	0.54

408

409 **Table 1** Dial settings (*DS*) determined in E4. Combined standard uncertainties on the *DS*s are shown in
410 parentheses following the setting. These uncertainties are translated to the relative uncertainty on the activity
411 reading at that setting ($u_A / \%$).

412

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Uncertainty Component	$u_i / \%$
Source activity; estimated from the uncertainty on the standard activity concentration and the weighing uncertainty	0.28
Decay correction; propagation of the uncertainty (0.06 %) on the DDEP half-life for ^{224}Ra	0.001
Reproducibility; estimated source-to-source variance, propagated from the standard deviation on the IC response to the three vials containing 20 mL of solution	0.22
Fit error; estimated from the standard error of the fit for the calibration curve data, fully encompassing uncertainty due to measurement repeatability	0.44
Combined standard uncertainty: $u_c = (\sum u_i^2)^{1/2}$	0.56
u_c expressed in DS units	4
u_A ; impact of u_c on the activity reading / %	0.46

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416 **Table 2** Example dial setting uncertainty budget taken from the E4 DS determination for a dose417 vial containing 2 mL of $^{224}\text{RaCl}_2$ in HCl.

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Capintec chambers	CRC-15R		CRC-55tR	
	k	u_c	k	u_c
$k_{a,5,A}^{v,20,A}$	0.9978	0.0015	0.9982	0.0022
$k_{v,20,A}^{v,20,W}$	1.0022	0.0019	1.0007	0.0021
$k_{v,20,W}^{v,2,W}$	1.0030	0.0027	1.0042	0.0015
$k_{v,20,A}^{v,2,A}$	1.0055	0.0022	1.0042	0.0011

423 **Table 3** Correction factors calculated from chamber responses (see equations 1 & 2 for an explanation of $k_{a,5,A}^{v,V,A}$
424 and $k_{v,V,A}^{v,V,W}$). Volume corrections relating the response measured at 2 mL to the expected response at 20 mL are
425 expressed as $k_{v,20,W}^{v,2,W}$ or $k_{v,20,A}^{v,2,A}$. The uncertainties on the factors are estimated by combining the standard
426 deviation of the mean on repeated measurements of each source (typically $\approx 0.03\%$) with the standard
427 deviation on the relative response determined for each geometry, including source-to-source variance ($\approx 0.1\%$
428 to 0.2%).

429

VIC	k	u_c
$k_{a,5,A}^{v,20,A}$	0.9815	0.0063
$k_{v,20,A}^{v,20,W}$	1.0017	0.0111
$k_{v,20,W}^{v,2,W}$	1.0233	0.0105
$k_{v,20,A}^{v,2,A}$	1.0219	0.0029

431 **Table 4** Correction factors calculated from VIC responses. See equations 1 & 2 for an explanation of $k_{a,5,A}^{v,V,A}$ and

432 $k_{v,V,A}^{v,V,W}$. Volume corrections relating the response measured at 2 mL to the expected response at 20 mL are

433 expressed as $k_{v,20,W}^{v,2,W}$ or $k_{v,20,A}^{v,2,A}$. The uncertainties on the factors are estimated by combining the standard

434 deviation of the mean on repeat measurements of each source ($\approx 0.1\%$) with the standard deviation on the

435 relative response determined for each geometry, including source-to-source variance ($\approx 0.2\%$ to 1%).

436

	CRC-15R	CRC-35R	CRC-55tR	CRC-25PET	CRC-55tPET
Ampoule	739(4)	747(9)	736(4)	739(5)	731(4)
Syringe	753(5)	762(9)	752(4)	755(5)	747(4)
Syringe P	745(4)	754(9)	745(4)	747(6)	741(5)

438 **Table 5** Dial settings determined in E6 for ampoules and syringes containing ^{224}Ra in equilibrium with its
439 progeny with and without labeled CaCO_3 microparticles (Syringe and Syringe P). Combined standard
440 uncertainties are given in parentheses following the dial settings.

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443

	CRC-15R	CRC-35R	CRC-55tR	CRC-25PET	CRC-55tPET
$k_{s,12,W}^{s,12,P}$	0.9915(12)	0.9907(32)	0.9913(9)	0.9908(30)	0.9925(20)

444

445 **Table 6** Correction factors calculated from chamber responses and Equation 4. The uncertainties on the factors
446 are estimated by combining the standard deviation of the mean on repeat measurements of each source (0.03 %
447 to 0.32 %) with the standard deviation on the relative response determined for each geometry (0.04 % to
448 0.29 %).

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453 **Figure 1** Syringes with and without CaCO₃ microparticles prepared and measured in E6. The
454 total volume of solution is the same in both syringes. When agitated, the sedimented particles
455 (visible in the syringe on the left) suspend into the water, but the IC response is not measurably
456 affected.

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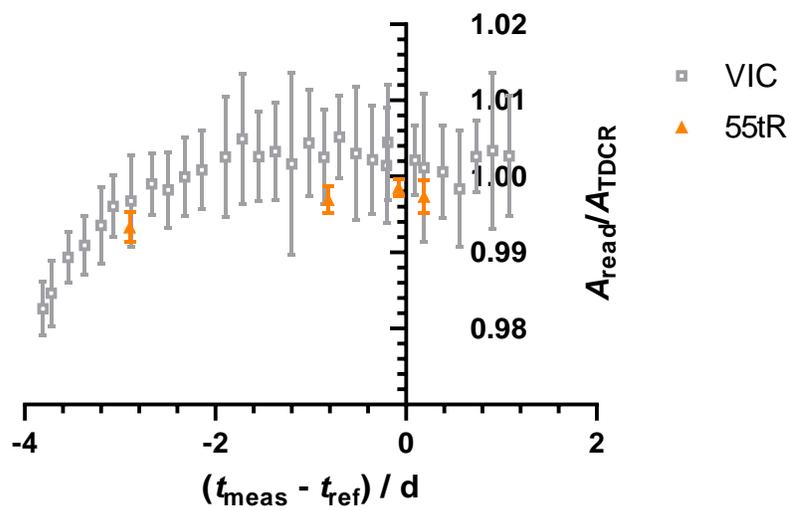
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462 **Figure 2** The decay-corrected (using only the ^{224}Ra half-life) activity calculated from the response of an
463 ionization chamber increases until secular equilibrium is achieved. The VIC and CRC-55tR readings shown
464 here were acquired with an equilibrating ampoule in E4. The uncertainty bars are the standard deviation of
465 repeat measurements. All *DS*s and correction factors reported herein are calculated from data acquired at
466 secular equilibrium.

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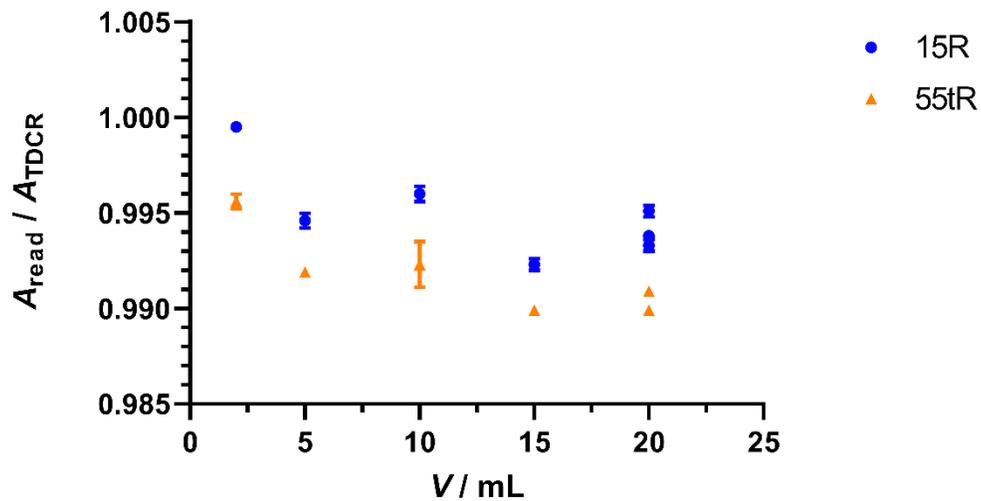
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470 **Figure 3** Response of the Capintec CRC-15R and CRC-55tR chambers, normalized by the TDCR-determined
471 activities for the series of vials (E4-V1 to E4-V7) containing 2 mL to 20 mL of ^{224}Ra in 1 mol/L HCl. All vials
472 were measured at $DS = 742$ on the CRC-15R and $DS = 740$ on the CRC-55tR; vial-specific DS s for these
473 chambers can be found in Table 1. Uncertainty bars represent the standard deviation on 10 repeat
474 measurements.

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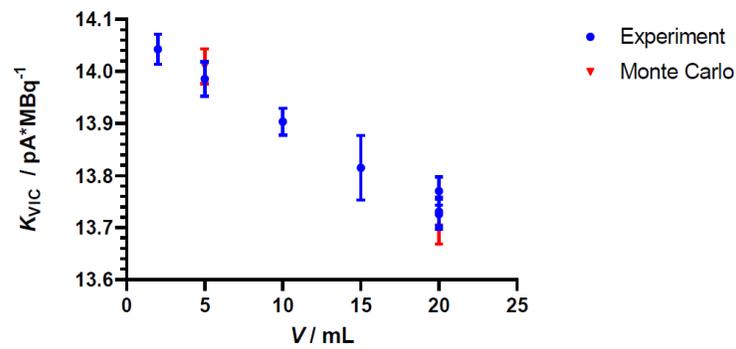
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479 **Figure 4** Calibration coefficients for the VIC (K_{VIC}) determined experimentally (blue) and by Monte Carlo
480 calculation (red) for the series of vials (E4-V1 to E4-V7) containing 2 mL to 20 mL of ^{224}Ra in 1 mol/L HCl.
481 The uncertainty bars in the experimental series represent estimated counting uncertainties (typical standard
482 deviation of the mean for 200 current measurements (typically $\approx 0.1\%$) combined with the standard deviation
483 on measurements on multiple ($N = 2$ to 3) occasions (typically $\approx 0.1\%$ to 0.2%)). The uncertainty bars on the
484 Monte Carlo points are statistical, calculated from the standard deviation on > 2 million histories per point.
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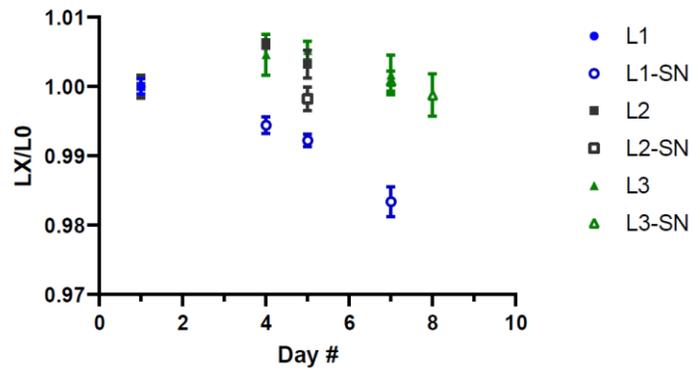


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490 **Figure 5** Labeling efficiency study. The ionization chamber response for each vial (LX, where X = 1 to 3)
491 normalized by the contemporaneous response for L0. The closed symbols correspond to vials with supernatant;
492 open symbols are vials from which supernatant has been removed. The uncertainty bars correspond to the
493 standard deviation on 10 repeat measurements.

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