



- Individualization and Stratification in RP system
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Individualization and Stratification in RP system

- We recognize that scientific studies of individual sensitivity to radiation represent a valid and appropriate contribution to the field of radiation protection.
- Outcomes of these studies are likely to be very relevant and important in the medical sector.
- The situation in the nuclear industry and most other occupational situations is completely different



Figure 1. Variation of the lifetime attributable risk (LAR) of cancer incidence $(\times 10^{-4} \text{ Gy}^{-1})$ with sex, age-at-exposure and ICRP (2007) Asian and Euro-American composite population following a uniform absorbed dose of 10 mGy of low-LET radiation to all organs/tissues of the body. Cancer incidence excludes cancers of the skin and bone. Plots are based, with permission, upon results presented in ICRP Publication 147 ((ICRP 2021), tables 2.4 and 2.5) using the risk models and associated assumptions of ICRP Publication 103 (ICRP 2007).

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Why Nuclear Industry is different?



Annual average effective dose for workers at nuclear power reactors. Source: UNSCEAR 2020/2021 Volume IV Scientific Annex D

Period	# of monitored workers	Average Annual Effective Dose
2000-2004	652,000	0.9
2005-2009	660,000	0.8
2010-2014	762,000	0.6

Annual average effective dose for the entire Nucear Fuel Cycle

Source: UNSCEAR 2020/2021 Volume IV Scientific Annex D

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Why Nuclear Industry is different?

- Medical treatment is personalized.
- There are no dose limits and dose constraints are applied for patients (The emphasis is on the Justification of the medical procedures and on the optimisation of protection and, for diagnostic procedures, and the use of diagnostic reference levels).
- Justification of a radiological practice in nuclear industry is general.
- In the Medical field, it is much more specific to the particular medical procedure and to the individual patient
- Recently published data on the number of patients, with cumulative effective doses greater than 100 mSv, are ranged from 3% and 4% in CT and interventional radiology which is not the case for public or occupational exposure in nuclear industry





ASSOCIATION

Individualization and the graded approach

Radiation dose examples



- Broad adoption of individualization for most planned exposure situations does not seem justified at the current time
- Adoption of more individualised/stratified approach for nuclear industry is not consistent with the graded approach considering the LNT model.
- Risks from typical exposures very low
- Application of individualization in nuclear industry limited to special cases
 - As part of environmental assessments of discharges, particularly for children and infants
 - pregnant women and breastfeeding mothers

Individualization and practicability of the RP system



- ICRP system of RP has a number of strengths which has contributed to its success
 - o Solid scientific basis
 - Conservative (i.e., protective in most situations)
 - o practical to implement
- Largely adopted across the world
- However, the system is already complex and to need be cautious about the application of "refinements" that don't substantially improve protection
- There are still considerable uncertainties about possible impact of genetic factors and lifestyle risk modifying factors
- Individualization raises broader social and equity issues

Conclusions

- Application of individualized approach could be appropriate in some situations where individual doses are exceptionally high. (e.g., Space travel, Medical imaging).
- The nuclear industry has for years controlled and reduced occupational and public exposure to ionizing radiation.
- The overwhelming majority of occupational exposures in the nuclear fuel cycle are at most a few mSv per year (less than or comparable to natural background levels).
- Public exposures from the nuclear industry are at levels of a very small fraction of a mSv per year.
- There is no justification for applying a complex formal individual dose limitation system as part of the control system for occupational and public exposure. This would be a totally disproportionate use of resources.
- Nuclear Industry will continue to support individualization of pregnant women and breastfeeding mothers and considering different age groups in the environmental impact assessment from discharges.
- Adoption of more individualized/stratified approach for nuclear industry is not consistent with the graded approach considering the LNT model.

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• Application of more individualized/stratified approach for nuclear industry would introduce more complexity in the RP system and create more confusion to RP practitioners and general public.













Thank you









