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Volume V:
Radon Entry Dynamics

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Opening Presentation

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COMPARATIVE DOSIMETRY OF RADON
IN MINES AND HOMES: AN OVERVIEW
OF THE NAS REPORT

by: Jonathan M. Samet, M.D.
      Department of Medicine,
      and New Mexico Tumor Registry
      University of New Mexico Medical Center
      Albuquerque, NM 87131

ABSTRACT

The findings of the recent report by a National Academy of
Sciences panel on radon dosimetry are reviewed. The committee was
charged with comparing exposure-dose relations for the circumstances of
exposures in mines and homes. The community first obtained data on the
various parameters included in dosimetric lung models and then selected
values that it judged to be best supported by the available evidence.
Dosimetric modeling was used to calculate the ratio of exposure to radon
progeny to dose of alpha energy delivered to target cells for various
scenarios. The committee's modeling shows that exposure to radon
progeny in homes delivers a somewhat lower dose to target cells than
exposure in mines; this pattern was found for infants, children, men,
and women.

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Environmental Protection Agency and therefore the contents do not
necessarily reflect the views of the Agency and no official endorsement
should be inferred.

INTRODUCTION

Radon, an inert gas, is a naturally occurring decay product of radium-226, the fifth daughter of uranium-238. Radon decays with a half-life of 3.82 days into a series of solid, short-lived progeny; two of these progeny, polonium-218 and polonium-214, emit alpha particles. When radon progeny are inhaled and these alpha emissions occur within the lungs, the cells lining the airways may be injured and damage to the genetic material of the cells may lead to the development of cancer.

Radon has been linked to excess cases of lung cancer in underground miners since the early decades of the twentieth century. Epidemiologic evidence on radon and lung cancer, as well as other diseases is now available from about 20 different groups of underground miners (1,2). Many of these studies include information on the miners' exposure to radon progeny and provide estimates of the quantitative relation between exposure to progeny and lung cancer risk (2,3); the range of excess relative risk coefficients, describing the increment in risk per unit of exposure is remarkably narrow in view of the differing methodologies of these studies (2).

As information on air quality in indoor environments was collected during the last 20 years, it quickly became evident that radon is ubiquitous indoors and that concentrations vary widely and may be as high as levels in underground mines in some homes. The well-documented and causal association of radon with lung cancer in underground miners appropriately raised concern that radon exposure might also cause lung cancer in the general population. The risk of indoor radon has been primarily assessed by using risk assessment approaches that extend the risks found in the studies of miners to the general population. Risk models that can be used for this purpose have been developed by committees of the National Council on Radiation Protection and Measurements (NCRP) (4), the International Commission on Radiological Protection (5) (1987), and the National Academy of Sciences (Biological Effects of Ionizing Radiation (BEIR) IV Alpha Committee) (1).

Extrapolation of the lung cancer risks in underground miners to the general population is subject to uncertainties related to the differences between the physical environments of homes and mines, the circumstances and temporal patterns of exposure in the two environments, and potentially significant biological differences between miners and the general population (Table 1). A number of these factors may affect the relation between exposure to radon progeny and the dose of alpha-particle energy delivered to target cells in the tracheobronchial epithelium; these factors include the activity-aerosol size distribution of the progeny, the ventilation pattern of the exposed person, the morphometry of the lung, the pattern of deposition and the rate of clearance of deposited progeny, and the thickness of the mucous layer lining the airways.

The activity-aerosol size distribution refers to the physical size distribution of the particles containing the alpha activity. The term "unattached fraction" has historically been applied to progeny existing

models that it judged to be best supported by the available evidence. The committee then utilized a dosimetric model, developed in part by the Task Group of the International Commission for Radiological Protection, to compare exposure-dose relations for exposure to radon progeny in homes and in mines. While the report provides the exposure-dose figures, the committee expressed its principal findings as a ratio, termed K in the BEIR IV report (1). K, a unitless measure, represents the quotient of the dose of alpha energy delivered per unit of exposure in a home to the dose per unit exposure for a male miner exposed in a mine. If the K factor exceeds unity, the delivered dose per unit exposure is greater indoors whereas if it is less than unity, the delivered dose per unit exposure is less indoors.

Factors other than lung dosimetry of radon progeny also introduce uncertainty in extrapolating risks from the studies of underground miners to the general population. The committee briefly reviewed the evidence on cigarette smoking, tissue damage, age at exposure, sex, and exposure pattern. These sources of uncertainty were considered in a qualitative rather than a quantitative fashion.

THE COMMITTEE'S FINDINGS

The committee selected several different sets of exposure conditions in homes and in mines (Table 2,3). The mining environment includes the areas of active mining, the haulage drifts, and less active and dusty areas such as lunch rooms. In some analyses, the values for active mining and haulage ways were averaged to represent typical conditions. Separate microenvironments considered in the home included the living room and the bedroom. Parameters for the living room and the bedroom were averaged to represent a typical scenario for the home. The effects of cooking and cigarette smoking on radon progeny aerosol characteristics were also considered. While the contrast between the home and mining environments was somewhat variable across the scenarios, homes were characterized as having greater unattached fractions and smaller particles. Higher average minute volumes were assumed for the mining environment (Table 2,3).

The committee also examined uncertainties associated with other assumptions in the dosimetric model. Doses to basal and secretory cells in the tracheobronchial epithelium were calculated separately, because all types of cells with the potential to divide were considered to be potential progenitor cells for lung cancer. The committee also compared the consequences of considering: lobar and segmental bronchi rather than all bronchi as the target; radon progeny as insoluble or partially soluble in the epithelium; of breathing through the oral or nasal route exclusively; of varying the thickness of the mucus lining the epithelium and the rate of mucociliary clearance; and cellular hyperplasia leading to thickening or injury causing thinning of the epithelium.

Across the wide range of exposure conditions and exposed persons considered by the committee, most values of K were below unity (Table 4). For both secretory and basal cells, K values indicated lesser doses of alpha energy per unit exposure, comparing exposures of infants,

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as ions, molecules, or small clusters; the "attached fraction"
designates progeny attached to ambient particles (6). Using newer
methods for characterizing activity-aerosol size distributions, the
unattached fraction has been identified as ultrafine particles in the
size range of 0.5 to 3.0 nm (6). Typically, mines have higher aerosol
concentrations than homes and the unattached fraction would be expected
to be higher in homes than in mines. Because of differing sources of
particles in the two environments, aerosol size distributions could also
plausibly differ between homes and mines.

The physical work involved in underground mining would be expected
to increase the amount of air inhaled in comparison with the generally
sedentary activities of time spent at home. The greater minute
ventilation of miners would result in a higher proportion of the inhaled
air passing through the oral route, in comparison with ventilation
during typical activities in residences. The physical characteristics
of the lungs of underground miners, almost all adult males, differ
significantly from those of infants, children and thickness of the
epithelial layer could also plausibly differ, comparing miners with the
general population, because of the chronic irritation by dust and fumes
in the mines.

Methods are available for characterizing the effects of these
factors on the relation between exposure to radon progeny and the dose
of alpha energy delivered to target cells in the respiratory tract.
Using models of the respiratory tract, the dose to target cells in the
respiratory epithelium can be estimated for the circumstances of
exposure in the mining and indoor environments. One of the
recommendations of the 1988 BEIR IV Report (1) was that "Further studies
of dosimetric modeling in the indoor environment and in mines are
necessary to determine the comparability of risks per WLM [working level
month] in domestic environments and underground mines". The BEIR IV
Report had included a qualitative assessment of the dosimetry of progeny
in homes and in mines, but formal modeling was not carried out.

Consequently, the U.S. Environmental Protection Agency asked the
National Research Council to conduct a study addressing the comparative
dosimetry of radon progeny in homes and in mines. This paper reviews
the findings of the recently published report of the committee (Panel on
Dosimetric Assumptions Affecting the Application of Radon Risk
Estimates). The panel was constituted with the broad expertise,
covering radon measurement and aerosol physics, dosimetry, lung biology,
epidemiology, pathology, and risk assessment, needed for this task.

THE COMMITTEE'S APPROACH

To address the charge of undertaking further dosimetric modeling,
the committee obtained data on the various parameters included in
dosimetric lung models that contributed to uncertainty in assessing the
risk of indoor radon. The committee not only reviewed the literature,
but obtained recent and unpublished information from several
investigators involved in relevant research. After completing this
review, the committee selected values for parameters in dosimetric

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children, men and women in homes with exposures of male miners underground. While the highest values of K were calculated for children, the values for children did not exceed unity, suggesting that children exposed to radon progeny are not at greater risk for lung cancer on a dosimetric basis.

The committee explored the sensitivity of the K factors to underlying assumptions in the dosimetric model. The general pattern of the findings was comparable for secretory and basal cells. The K factors remained below unity regardless of whether the radon progeny were assumed to be insoluble or partially soluble in the epithelium. The K factor was also not changed substantially with the assumption that lobar and segmental bronchi, rather than all bronchi, are the target. Assumptions regarding breathing route also had little impact. After the committee had completed its principal analysis, new data became available suggesting that recent higher values for nasal deposition reported by Cheng et al. (7) might be preferable to lower values from the 1969 report of George and Breslin (8); other new evidence suggested that a value of 0.15 um should be used for aerosol size in the haulage drifts. Inclusion of these two modifications of the committee's preferred parameter values in the dosimetric model reduced the values of K by about 20 percent.

The committee did not attempt to reach quantitative conclusions concerning sources of uncertainty not directly addressed by the dosimetric modeling. It noted the paucity of data on such factors as cigarette smoking, age at exposure and particularly the effect of exposure during childhood, and exposure pattern. The evidence on these factors received detailed review in the BEIR IV report (1) and the present committee did not reach any new conclusions on these sources of uncertainty. The committee also commented on the potential effects of the miners' exposures to dust and fumes while underground. Increased cell turnover associated with these exposures may have increased the risk of radon exposure for the miners.

SUMMARY

The Panel on Dosimetric Assumptions Affecting the Application of Radon Risk Estimates comprehensively reviewed the comparative dosimetry of radon progeny in homes and in mines. The committee's modeling shows that exposure to radon progeny in homes delivers a somewhat lower dose to target cells than exposure in mines; this pattern was found for infants, children, men, and women. This finding was not sensitive to specific underlying assumptions in the committee's modeling. Assuming that cancer risk is proportional to dose of alpha energy delivered by radon progeny, the committee's analyses suggests that direct extrapolation of risks from the mining to the home environment may overestimate the numbers of radon-caused cancers.

TABLE 1.   POTENTIALLY IMPORTANT DIFFERENCES BETWEEN EXPOSURE TO RADON IN THE MINING AND HOME ENVIRONMENTS*

Physical Factors

Aerosol characteristics: Greater concentrations in mines; differing size distributions

Attached/unattached fractions: Greater unattached fraction in homes

Equilibrium of radon/decay products: Highly variable in homes and mines

Activity Factors

Amount of ventilation: Probably greater for working miners than for persons indoors

Pattern of ventilation: Patterns of oral/nasal breathing not characterized, but mining possibly associated with greater oral breathing

Biological Factors

Age: Miners have been exposed during adulthood; entire spectrum of ages exposed indoors

Gender: Miners studied have been exclusively male; both sexes exposed indoors

Exposure pattern: Miners exposed for variable intervals during adulthood; exposure is lifelong for the population

Cigarette smoking: The majority of the miners studied have been smokers; only a minority of U.S. adults are currently smokers

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*Taken from Table 1-2 in reference (6).

TABLE 2. ASSUMPTIONS FOR EXPOSURE SCENARIOS ASSUMED FOR MINES AND HOMES[*]

SUMMARY OF RADON PROGENY AEROSOL CHARACTERISTICS ASSUMED TO REPRESENT EXPOSURE CONDITIONS IN MINES AND HOMES

Exposure Scenario	f_p	AMD of Room Aerosol (µm)	AMD of Aerosol in respiratory tract (µm)
Mine			
Mining	0.005	0.25	0.5
Haulage drifts	0.03	0.25	0.5
Lunch room	0.08	0.25	0.5
Living Room			
Normal	0.08	0.15	0.3
Smoker - average	0.03	0.25	0.5
- during smoking	0.01	0.25	0.5
Cooking/vacuuming	0.05	0.02/0.15[+] (15%/80%)	0.02/0.3 (15%/80%)
Bedroom			
Normal	0.08	0.15	0.3
High	0.16	0.15	0.3

[*]Based on Tables 3-1 and 3-2 in reference 6.

[+]The radon progeny aerosol produced by cooking/vacuuming has three size modes; 5% of potential alpha energy is unattached, 15% has an AMD of 0.02 m, and 80% has an AMD of 0.15 µm. The 0.02 µm AMD mode is hydrophobic and does not increase in size within the respiratory tract.

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TABLE 3. ASSUMPTIONS FOR EXPOSURE SCENARIOS ASSUMED FOR MINES AND HOMES[*]

LEVELS OF PHYSICAL EXERTION AND AVERAGE MINUTE VOLUMES
ASSUMED FOR UNDERGROUND MINERS AND FOR ADULTS IN THE HOME

Exposure Scenario	Level of Exertion	Average $\dot{V}_E$ (liters/min)	
		Man	Woman
Underground Mine			
Mining	25% heavy work/75% light work	31	--
Haulage way	100% light work	25	--
Lunch room	50% light work/50% rest	17	--
Home-Living Room			
Normal and smoker	50% light work/50% rest	17	14
Cooking/vacuuming	75% light work/25% rest	21	17
Home-Bedroom			
Normal and high	100% sleep	7.5	5.3

[*]Based on Tables 3-1 and 3-2 in reference 6.

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TABLE 4. SUMMARY OF K FACTORS FOR BRONCHIAL DOSE CALCULATED FOR
NORMAL PEOPLE IN THE GENERAL ENVIRONMENT RELATIVE
TO HEALTHY UNDERGROUND MINERS[*]

Subject Category	K Factor for Target Cells	
	Secretory	Basal
Infant, age 1 month	0.74	0.64
Child, age 1 year	1.00	0.87
Child, age 5-10 years	0.83	0.72
Female	0.72	0.62
Male	0.76	0.66

[*]Taken from Table 5-1 in reference 6.

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