

# Isolators versus laminar flow for aseptic radiopharmacy work

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#### **Barrier Technology**

- Vertical Laminar Flow Cabinets (class II safety cabinets)
- Isolators
  - Laminar flow
  - Turbulent flow
- Hot cell
  - Laminar flow
  - Turbulent flow







### **Barrier Technology**

- Both VLFC and isolators can be negative pressure or ambient pressure (effectively re-circulating).
   Isolators could be positive pressure (cf. CIVAS)
- Hot cells are by definition negative pressure although a few ambient pressure models are available







#### Factors affecting choice of technology

- 1. Health and Safety
  - Radiological
  - Biological
  - Ergonomic

2. Economics







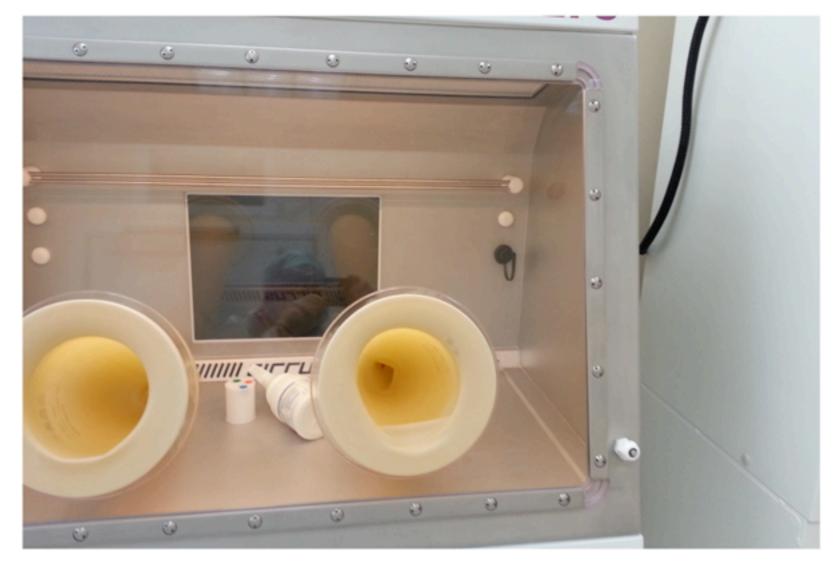




2 –glove Technetium isolator

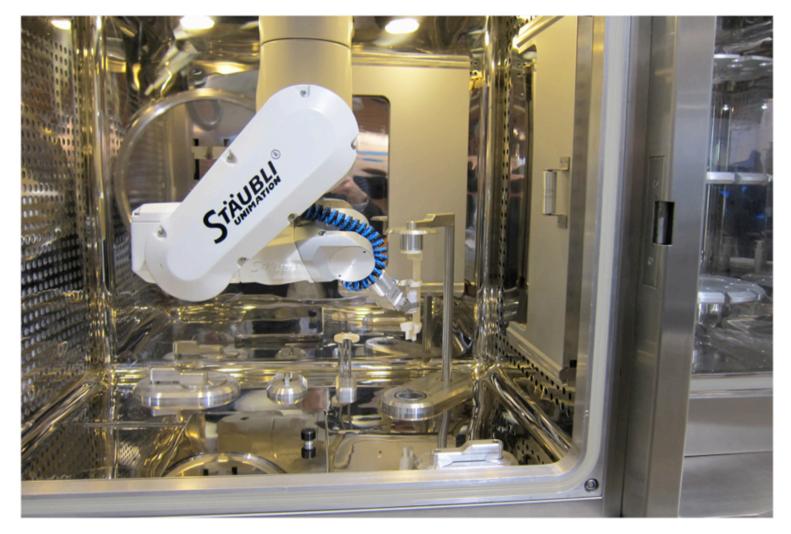






**Touch screen for SOPs** 





Automated Tc99m radiopharmacy in a double hot cell





Transfer hatch for consumables and kits



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## Radiological

- Therapy/diagnostic/PET
- Level of (radio)activity
- Half life
- chemistry







### Radiological

Diagnostic radionuclides for dispensing only







#### Diagnostic Radionuclides

- Acceptable to use LFC or isolator and can be recirculating or extracting to the external environment.
- Local shielding eg lead perspex/glass and L barrier







Laminar Flow isolator – neutral



Lead glass "L" screen





# Radiological

Generators





VLFC grade A zone to elute 99mTc Generators





Single chamber transfer fromTc generator



**Dual chamber transfer from Tc generator** 



**Environment for Generator – is it grade A?** 



# Therapeutic and Positronic Radionuclides

 Recommend heavily shielded isolator or hot cell and can be extracting to the external environment

(or re-circulating depending on radionuclide - half life or volatility)



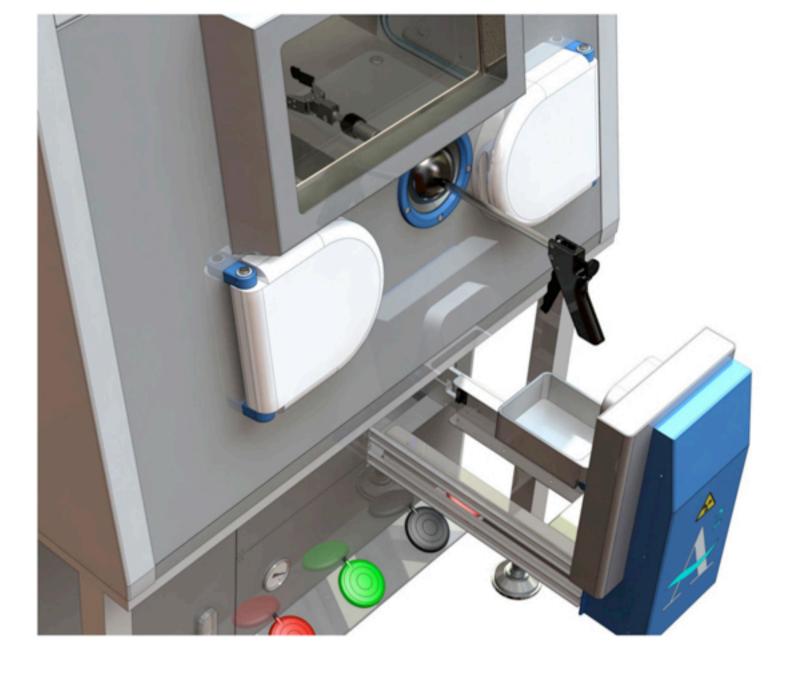




**Heavily Shielded Isolator 50mm Pb** 

Extracting heavily shielded isolator





Automatic loading and remote handling



Ga68 non-extracting hot cell



Ga68 Isolator with door open



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## **Biological**

- Blood labelling
- Gene therapy monitoring
- Antibody







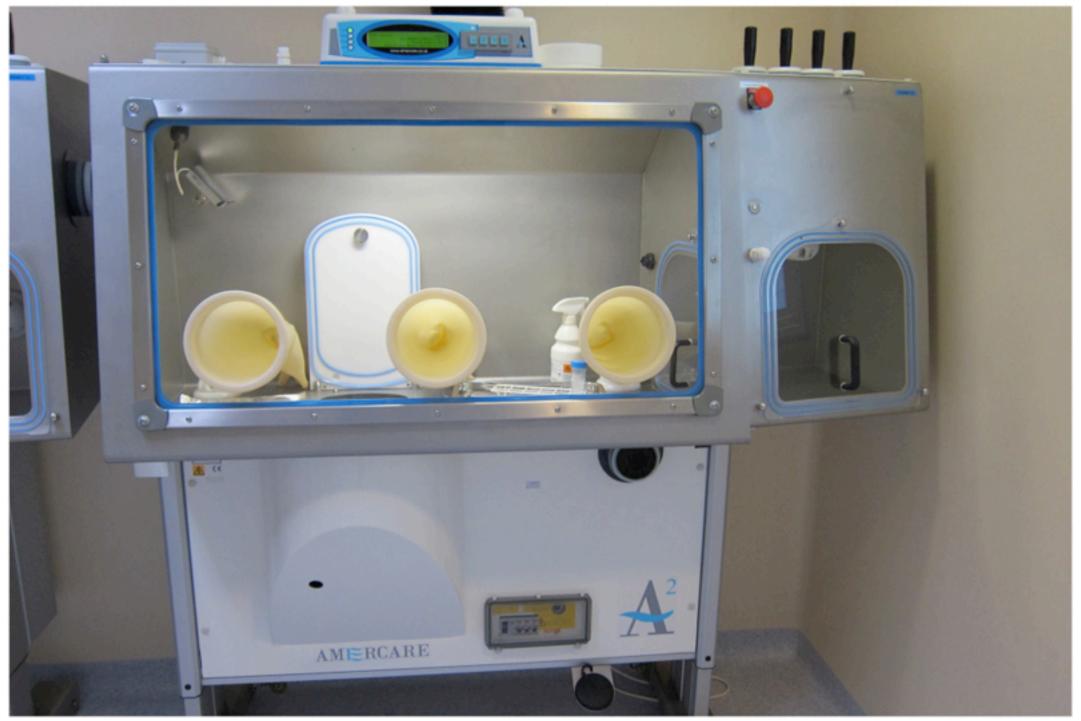
#### Biologicals

- Use negative pressure isolator preferably in a dedicated (separate) suite
- Gene therapy labelling suite may need separate AHU at negative pressure with respect to the radiopharmacy suite (at moment we are only labelling markers of gene expression)
- Antibody labelling goes from facile (eg Leukoscan) to therapeutic iodination













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# Ergonomic

- Outputs (numbers and speed)
  - Operator comfort –(Throughput in commercial setting may lead to Upper Limb Disorders)
- Degree of complexity
- Length of procedure

















Potential air leak due to unsealed socket





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#### 2. Economics







### **Economics**

- 1. Initial cost of workstation
- 2. Ease of installation
- 3. Commissioning costs
- 4. Power consumption
- 5. Annual maintenance costs and spares
- Background environment costs AHU/grade of room/ clothing
- 7. Estimated (working) lifespan
- 8. Replacement decommissioning and removal costs









## Conclusion

- The choice of barrier technology is entirely dependent on the circumstances for which it is being used
- No single type of workstation is suitable for a range of functions
- All have both advantages and disadvantages
- For a larger radiopharmacy it would be pragmatic to purchase a range of products thus increasing multitasking ability and future proofing







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