



# Nuclear Data for Medical Applications: An Overview

**Syed M. Qaim**

**Institut für Neurowissenschaften und Medizin, INM-5: Nuklearchemie,  
Forschungszentrum Jülich, Germany;  
Abteilung Nuklearchemie, Department für Chemie, Universität zu Köln,  
Germany**

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# Outline

- Introduction
- Types of data for medical use
- Commonly used radionuclides
- Research oriented radionuclides
  - non-standard positron emitters
  - novel therapeutic radionuclides
- New directions in radionuclide applications
- New developments in irradiation technologies
- Future data needs
- Summary and conclusions



# Introduction

## Nuclear Data Research for Medical Use

### Aim

- Provide fundamental database for
  - external radiation therapy
  - internal radionuclide applications

### Areas of work

- Experimental measurements
- Nuclear model calculations
- Standardisation and evaluation of existing data

**Considerable effort is invested worldwide in  
nuclear data research.**



# Data for External Radiation Therapy

## Types of Therapy

- **Photon therapy:** use of  $^{60}\text{Co}$  or linear accelerator  
(*low-LET radiation*) **most common**
- **Fast neutron therapy:** accelerator with  $E_p$  or  $E_d$  above 50 MeV  
(*high-LET radiation*) **being abandoned**
- **Proton beam therapy:** accelerators with  $E_p = 70 - 250$  MeV  
(*treatment of deep-lying, tumours*) **increasing significance**
- **Heavy-ion beam therapy**  
(*rather specialized*) **limited application**

***Nuclear data are important in fast neutron therapy;  
in other cases atomic and molecular data are more relevant.***



# Radiation Therapy (Cont'd)

Atomic and molecular data required to

- calculate radiation transport
- calculate the absorbed dose

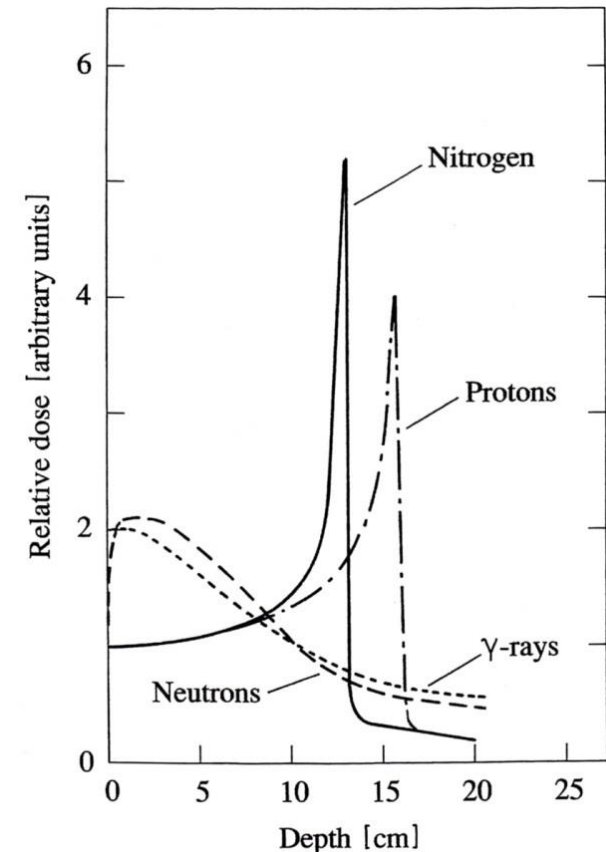
## Nuclear data needs in charged-particle therapy

- Total and non-elastic cross sections
- Production yields, average energies and angular distributions of emitted  $n$ ,  $p$ ,  $d$ ,  $\alpha$ ,  $\gamma$
- Formation of radioactive products  
(Kettern, et al., RPC **78**, 380, 2009).

## Major references

IAEA-TECDOC-799, 1995

ICRU Report 63, Bethesda, 2000



# Data for *in vivo* Applications

## Decay Data

- Choice of a radionuclide depends on decay data

**Considerations:**

- suitability for imaging  
(Scintigraphy; SPECT; PET)
- radiation dose

**Demands:**

**Diagnosis:** minimum dose ( $\gamma$  or  $\beta^+$  emitters)

**Therapy:** suitable dose ( $\beta^-$  or  $\alpha$ -particle emitters)

## Major references

Radionuclide Data and Decay Schemes (MRID)

Evaluated Nuclear Structure Decay Data (ENSDF)



## Aim

- **Optimisation of production procedure**
  - maximise product yield
  - minimise radioactive impurity level

## Types of data

- **Neutron data for production in a nuclear reactor, e.g.**  
 *$(n,\gamma)$ ,  $(n,f)$  and  $(n,p)$  reactions*
- **Photonuclear data for production at an accelerator, e.g.**  
 *$(\gamma,n)$  and  $(\gamma,p)$  reactions*
- **Charged-particle data for production at a cyclotron, e.g.**  
 *$p$ ,  $d$ ,  $^3\text{He}$ - and  $\alpha$ -particle induced reactions*

***Major interest is in neutron and  
charged-particle data***



## Diagnostic Radionuclides

### ■ For SPECT

$\gamma$ -emitters (100 – 250 keV)

$^{99m}\text{Tc}$ ,  $^{123}\text{I}$ ,  $^{201}\text{Tl}$

**(used worldwide)**

### ■ For PET

$\beta^+$  emitters

$^{11}\text{C}$ ,  $^{13}\text{N}$ ,  $^{15}\text{O}$ ,  $^{18}\text{F}$ ,

$^{68}\text{Ge}$  ( $^{68}\text{Ga}$ ),  $^{82}\text{Sr}$  ( $^{82}\text{Rb}$ )

**(fast developing technology)**

## Therapeutic Radionuclides (in-vivo)

-  $\beta^-$ -emitters ( $^{32}\text{P}$ ,  $^{90}\text{Y}$ ,  $^{131}\text{I}$ ,  $^{153}\text{Sm}$ ,  $^{177}\text{Lu}$ )

-  $\alpha$ -emitter ( $^{211}\text{At}$ )

- Auger electron emitters ( $^{111}\text{In}$ ,  $^{125}\text{I}$ )

- X-ray emitter ( $^{103}\text{Pd}$ )

**(increasing significance)**

***Status of nuclear data is generally good; yet more information on low-energy electrons is needed (cf. INDC(NDS)-0638, 2013).***



# Standardisation of Production Data

- **Neutron data** extensively evaluated, mainly for energy research; also useful in reactor production of radionuclides

## Major reference: ENDF/B-VII

- **Charged-particle data** evaluation methodology is developing, mainly co-ordinated by IAEA. It involves
  - compilation of data (EXFOR)
  - normalisation of data (decay data, monitor cross section, etc.)
  - nuclear model calculation
  - statistical fitting of data

## Major references

***Diagnostic radionuclides:*** IAEA – TECDOC - 1211 (2001)

***Therapeutic radionuclides:*** IAEA - Technical Report - 473 (2011)



# Alternative Routes for Production of Tc-99m ( $T_{1/2} = 6.1 \text{ h}$ )

Due to ageing reactors, production via  $^{235}\text{U}(n,f)$ -route is in jeopardy. Alternative suggested routes include:

$\text{natU}(\gamma,f)^{99}\text{Mo}$	( $\sigma = 160 \text{ mb}$ at $15 \text{ MeV}$ )	Evaluated data	For reviews, cf.
$^{232}\text{Th}(p,f)^{99}\text{Mo}$	( $\sigma = 34 \text{ mb}$ at $22 \text{ MeV}$ )	Detailed studies needed	<b>Ruth</b> Nature <b>457</b> , 536 (2009);
$^{100}\text{Mo}(\gamma,n)^{99}\text{Mo}$	( $\sigma = 150 \text{ mb}$ at $14 \text{ MeV}$ )	Detailed studies needed	<b>Van der Marck et al.</b> Eur. J. Nucl. Med. Mol. Imaging <b>37</b> , 1817 (2010);
$^{100}\text{Mo}(n,2n)^{99}\text{Mo}$	( $\sigma = 1500 \text{ mb}$ at $14 \text{ MeV}$ )	Well investigated	
$^{100}\text{Mo}(p,pn)^{99}\text{Mo}$	( $\sigma = 150 \text{ mb}$ at $40 \text{ MeV}$ )	Evaluated data	<b>Qaim</b> JRNC <b>305</b> , 233 (2015).
$^{100}\text{Mo}(p,2n)^{99m}\text{Tc}$	( $\sigma = 284 \text{ mb}$ at $17 \text{ MeV}$ )	Evaluated data	

$^{235}\text{U}(n,f)^{99}\text{Mo}$  process with **spallation neutrons** appears interesting, but cross section is unknown.

***Presently the  $^{100}\text{Mo}(p,2n)^{99m}\text{Tc}$  reaction is most promising , but extensive data on formation of impurities are needed.***

***This route will not solve the world shortage.***



# Research Oriented Radionuclides

- Non-standard positron emitters
  - to study slow metabolic processes
  - to quantify targeted therapy
- Novel low-range highly ionising radiation emitters for internal radiotherapy
  - for targeted therapy

**Emphasis is on metal radionuclides.**



# Copper-64

( $T_{1/2} = 12.7 \text{ h}$ ;  $E_{\beta+} = 0.66 \text{ MeV}$ ;  $I_{\beta+} = 17.8 \%$ )

## Production Routes

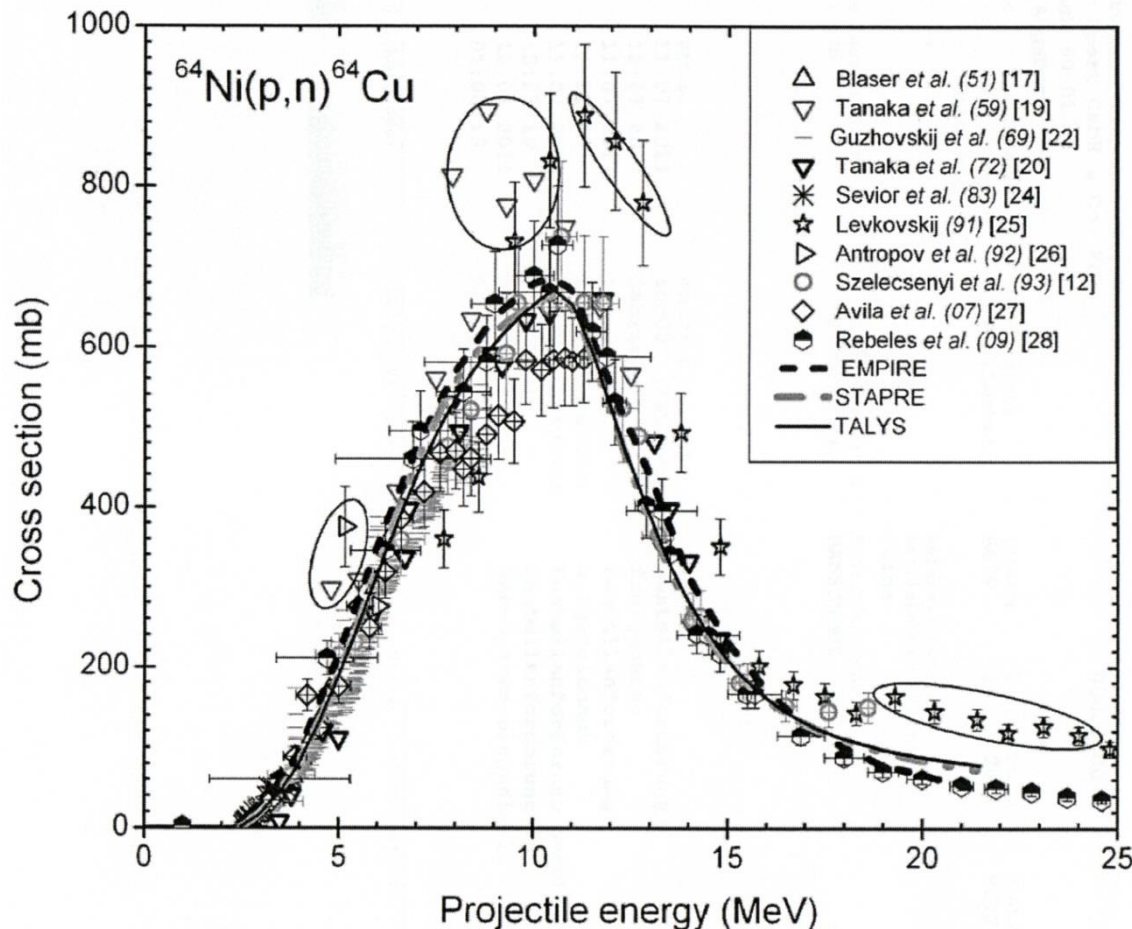
Nuclear process	Optimum energy range [MeV]	Thick target yield [MBq/ $\mu\text{A}\cdot\text{h}$ ]
$^{64}\text{Ni}(\text{p},\text{n})^{64}\text{Cu}$ <sup>a)</sup>	12 $\rightarrow$ 8	304
$^{64}\text{Ni}(\text{d},2\text{n})^{64}\text{Cu}$ <sup>a)</sup>	17 $\rightarrow$ 11	430
$^{68}\text{Zn}(\text{p},\alpha\text{n})^{64}\text{Cu}$ <sup>a)</sup>	30 $\rightarrow$ 21	116
$^{66}\text{Zn}(\text{p},2\text{pn})^{64}\text{Cu}$ <sup>a)</sup>	52 $\rightarrow$ 37	316
$^{64}\text{Zn}(\text{d},2\text{p})^{64}\text{Cu}$ <sup>a)</sup>	20 $\rightarrow$ 10	27
$^{66}\text{Zn}(\text{d},\alpha)^{64}\text{Cu}$ <sup>a)</sup>	13 $\rightarrow$ 5	14
$^{\text{nat}}\text{Zn}(\text{d},\text{x})^{64}\text{Cu}$	25 $\rightarrow$ 10	57

a) Using highly enriched target material; low enrichment leads to impurities.

Studies performed at Brussels, Cape Town, Debrecen,  
Jülich and Segrate



# Excitation Function of $^{64}\text{Ni}(p,n)^{64}\text{Cu}$ Reaction



Production method  
developed at Jülich  
(1993)

Data evaluated by  
Aslam *et al.*, RCA **97**, 669 (2009)

**Optimum energy range  
for production of  $^{64}\text{Cu}$**

$E_p$ : 12  $\rightarrow$  8 MeV

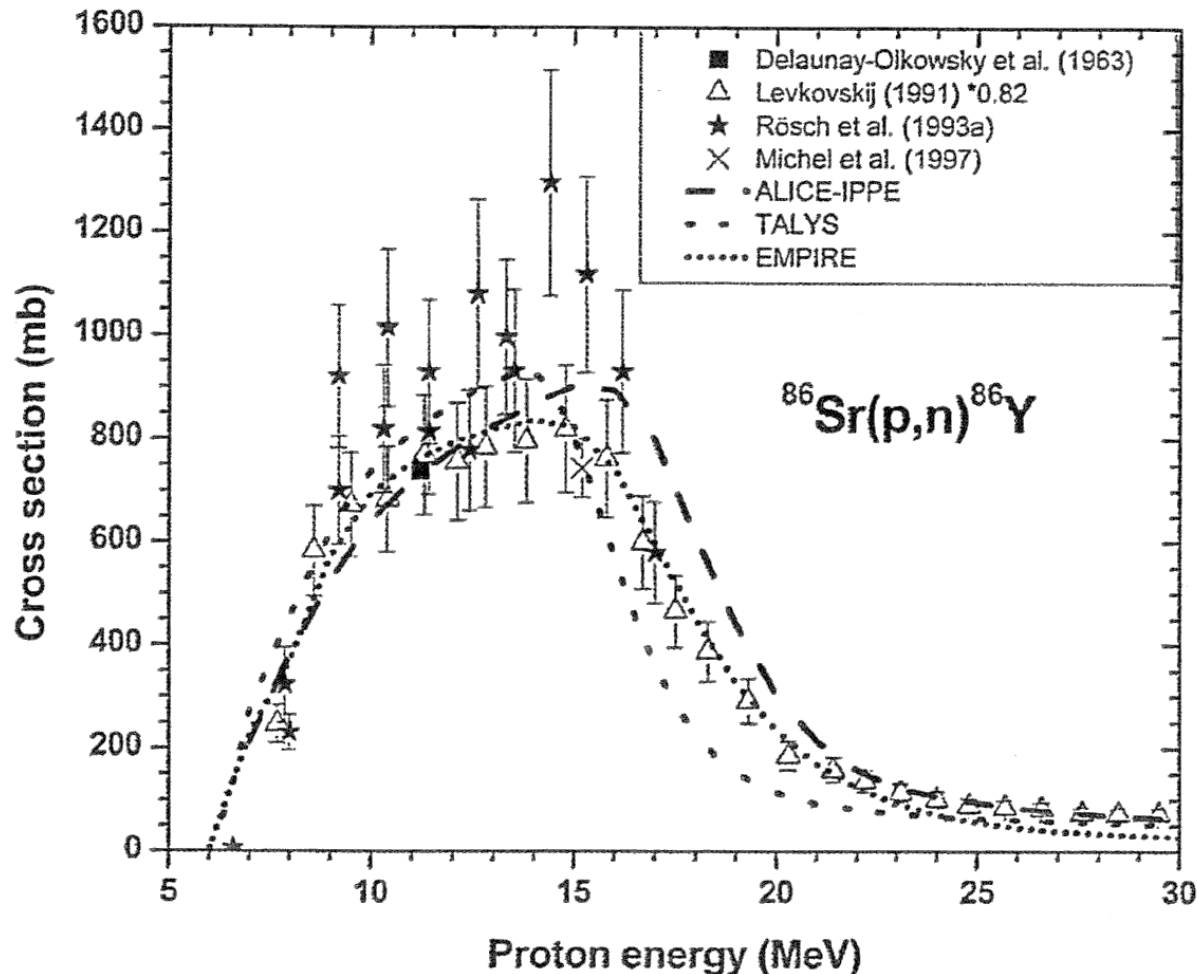
Yield: 304 MBq/ $\mu\text{Ah}$



# Yttrium-86

( $T_{1/2} = 14.7$  h;  $E_{\beta+} = 1.6$  MeV;  $I_{\beta+} = 34$  %)

## Excitation Function



Production method  
developed at Jülich (1993)

Data evaluated by  
Zaneb et al, ARI **104**,  
232 (2015)

***Considerable discrepancy  
suggests need of more  
precise measurement.***



# Non-standard Positron Emitters for Medical Applications Produced via Low Energy Reactions

Qaim, JRNC **305**, 233 (2015)

Nuclide	Major production route	Energy range [MeV]	Application
$^{52}\text{Mn}$ (5.6 d)	$^{52}\text{Cr}(\text{p},\text{n})$	16 $\rightarrow$ 8	Multimode imaging (PET + MRI)
$^{55}\text{Co}$ (17.6 h)	$^{58}\text{Ni}(\text{p},\alpha)$	15 $\rightarrow$ 7	Tumour imaging; neuronal Ca marker
	$^{54}\text{Fe}(\text{d},\text{n})$	10 $\rightarrow$ 5	
$^{64}\text{Cu}$ (12.7 h)	$^{64}\text{Ni}(\text{p},\text{n})$	14 $\rightarrow$ 9	Radioimmunotherapy
$^{66}\text{Ga}$ (9.4 h)	$^{66}\text{Zn}(\text{p},\text{n})$	13 $\rightarrow$ 8	Quantification of SPECT
$^{72}\text{As}$ (26.0 h)	$^{\text{nat}}\text{Ge}(\text{p},\text{xn})$	18 $\rightarrow$ 8	Tumour localisation; immuno-PET
$^{76}\text{Br}$ (16.0 h)	$^{76}\text{Se}(\text{p},\text{n})$	15 $\rightarrow$ 8	Radioimmunotherapy
$^{82\text{m}}\text{Rb}$ (6.2 h)	$^{82}\text{Kr}(\text{p},\text{n})$	14 $\rightarrow$ 10	Cardiology
$^{86}\text{Y}$ (14.7 h)	$^{86}\text{Sr}(\text{p},\text{n})$	14 $\rightarrow$ 10	Therapy planning
$^{89}\text{Zr}$ (78.4 h)	$^{89}\text{Y}(\text{p},\text{n})$	14 $\rightarrow$ 10	Immuno-PET
$^{94\text{m}}\text{Tc}$ (52 min)	$^{94}\text{Mo}(\text{p},\text{n})$	13 $\rightarrow$ 8	Quantification of SPECT
$^{120}\text{I}$ (1.3 h)	$^{120}\text{Te}(\text{p},\text{n})$	13.5 $\rightarrow$ 12	Iodopharmaceuticals
$^{124}\text{I}$ (4.2 d)	$^{124}\text{Te}(\text{p},\text{n})$	12 $\rightarrow$ 8	Tumour targeting; dosimetry

# Internal Radionuclide Therapy

- **Brachytherapy**

(insertion of sealed sources near the tumour)

*Examples:*  $^{192}\text{Ir}$  as wire

$^{103}\text{Pd}$  and  $^{125}\text{I}$  as seeds

- **Administration in cavities**

(for pain palliation)

*Examples:*  $^{32}\text{P}$  colloid for arthritis

$^{90}\text{Y}$ ,  $^{186}\text{Re}$  and  $^{188}\text{Re}$  complexes for joint inflammation

- **Metabolic therapy**

(incorporation of radionuclide via a biochemical path)

*Examples:*  $^{131}\text{I}$  for thyroid cancer

$^{89}\text{Sr}$ ,  $^{186}\text{Re}$  and  $^{153}\text{Sm}$  are bone seekers

- **Radioimmunotherapy**

(administration of a radionuclide chemically conjugated to antibodies)

*Examples:* low-energy high-LET value radionuclides

***Internal radionuclide therapy is a fast developing field.***



# Novel Therapeutic Radionuclides

**$^{47}\text{Sc}$**  ( $T_{1/2} = 3.4 \text{ d}$ ;  $E_{\beta^-} = 610 \text{ keV}$ )

**$^{67}\text{Cu}$**  ( $T_{1/2} = 2.6 \text{ d}$ ;  $E_{\beta^-} = 577 \text{ keV}$ )

**$^{186}\text{Re}$**  ( $T_{1/2} = 3.7 \text{ d}$ ;  $E_{\beta^-} = 1070 \text{ keV}$ )

**$^{149}\text{Tb}$**  ( $T_{1/2} = 4.1 \text{ h}$ ;  $E_{\alpha} = 3970 \text{ keV}$ )

**$^{225}\text{Ac}$**  ( $T_{1/2} = 10.0 \text{ d}$ ;  $E_{\alpha} = 5830 \text{ keV}$ )

**$^{117\text{m}}\text{Sn}$**  ( $T_{1/2} = 13.6 \text{ d}$ ; Conversion electrons)

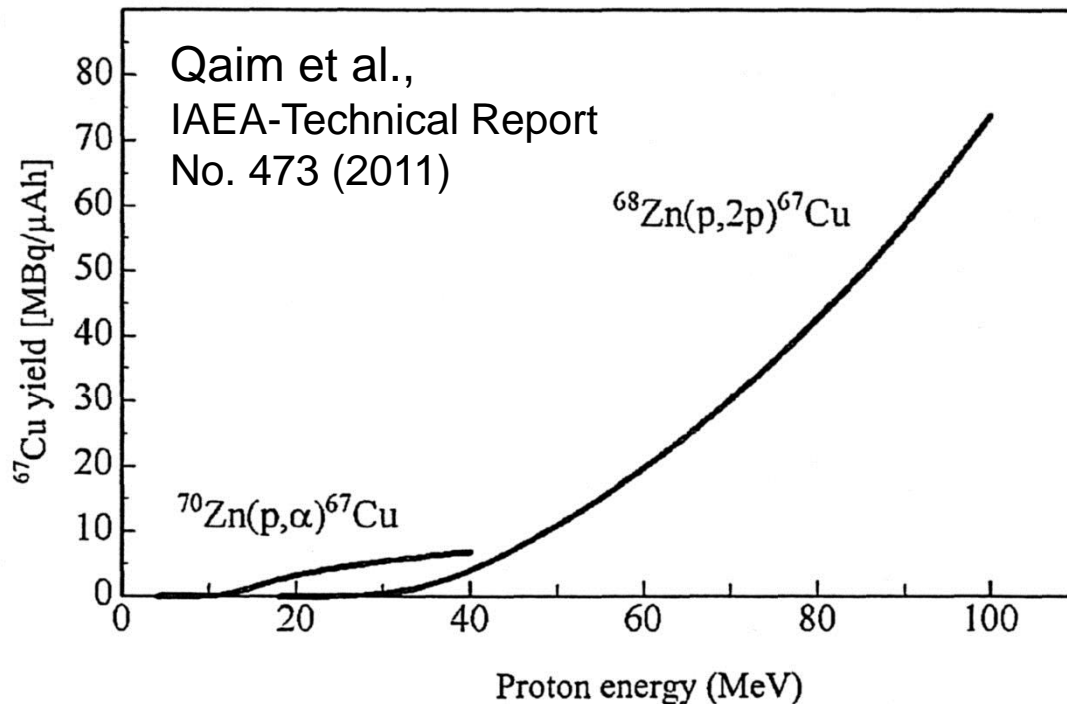
**$^{193\text{m}}\text{Pt}$**  ( $T_{1/2} = 4.3 \text{ d}$ ; Auger electrons)

**$^{195\text{m}}\text{Pt}$**  ( $T_{1/2} = 4.0 \text{ d}$ ; Auger electrons)



# Production of Copper-67

**Routes:**  $^{70}\text{Zn}(p,\alpha)$ ;  $^{68}\text{Zn}(p,2p)$ ;  $^{68}\text{Zn}(\gamma,p)$ ;  $^{67}\text{Zn}(n,p)$



## $^{68}\text{Zn}(\gamma,p)^{67}\text{Cu}$

Yield: 1 MBq/(g·kW·h)

for Zn target

Starovoitova et al., ARI **85**, 39 (2014).

## $^{67}\text{Zn}(n,p)^{67}\text{Cu}$

Yield: 4.4 MBq/(g·h for  $10^{14}$  n cm $^{-2}$  s $^{-1}$ )

for Zn target

Uddin et al., RCA **102**, 473 (2014).

- Reaction  $^{68}\text{Zn}(p,2p)^{67}\text{Cu}$  at  $E_p = 80 \rightarrow 30$  MeV most promising; but strong disturbance from  $^{68}\text{Zn}(p,2n)^{67}\text{Ga}$  reaction; good chemical separation mandatory



# Production of Actinium-225

**Routes:** a) Separation from nuclear waste

b)  $^{226}\text{Ra}(p,2n)^{225}\text{Ac}$

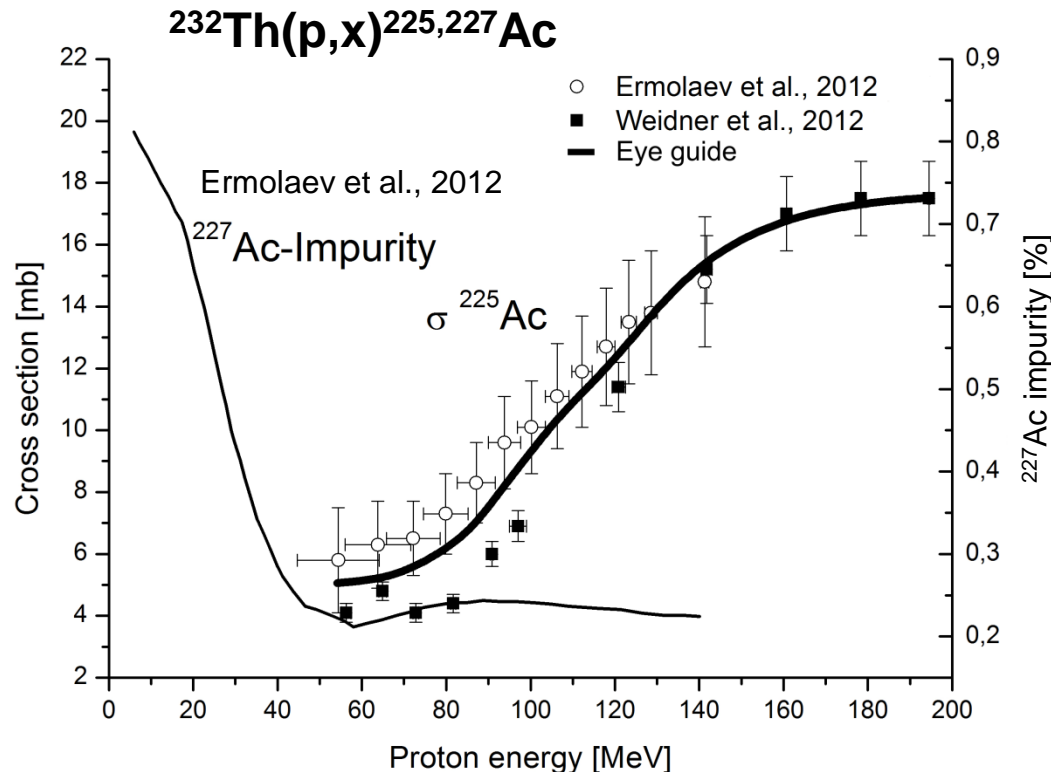
c)  $^{232}\text{Th}(p,x)^{225}\text{Ac}$

Transuranium Lab., Karlsruhe

Apostolidis et al., ARI **62**, 383 (2005).

Ermolaev et al., RCA **100**, 223 (2012);

Weidner et al., ARI **70**, 2602 (2012).



**$^{232}\text{Th}(p,x)^{225}\text{Ac}$**

$E_p = 140 \rightarrow 60 \text{ MeV}$

$^{225}\text{Ac}$  yield:

4 MBq/μAh

**$^{226}\text{Ra}(p,2n)^{225}\text{Ac}$**

$E_p = 22 \rightarrow 10 \text{ MeV}$

$^{225}\text{Ac}$  yield:

7 MBq/μAh

**(radioactive target)**

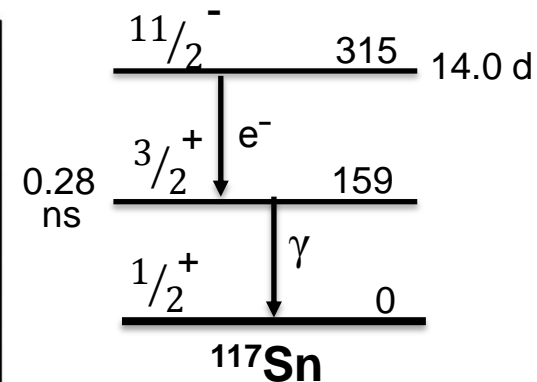
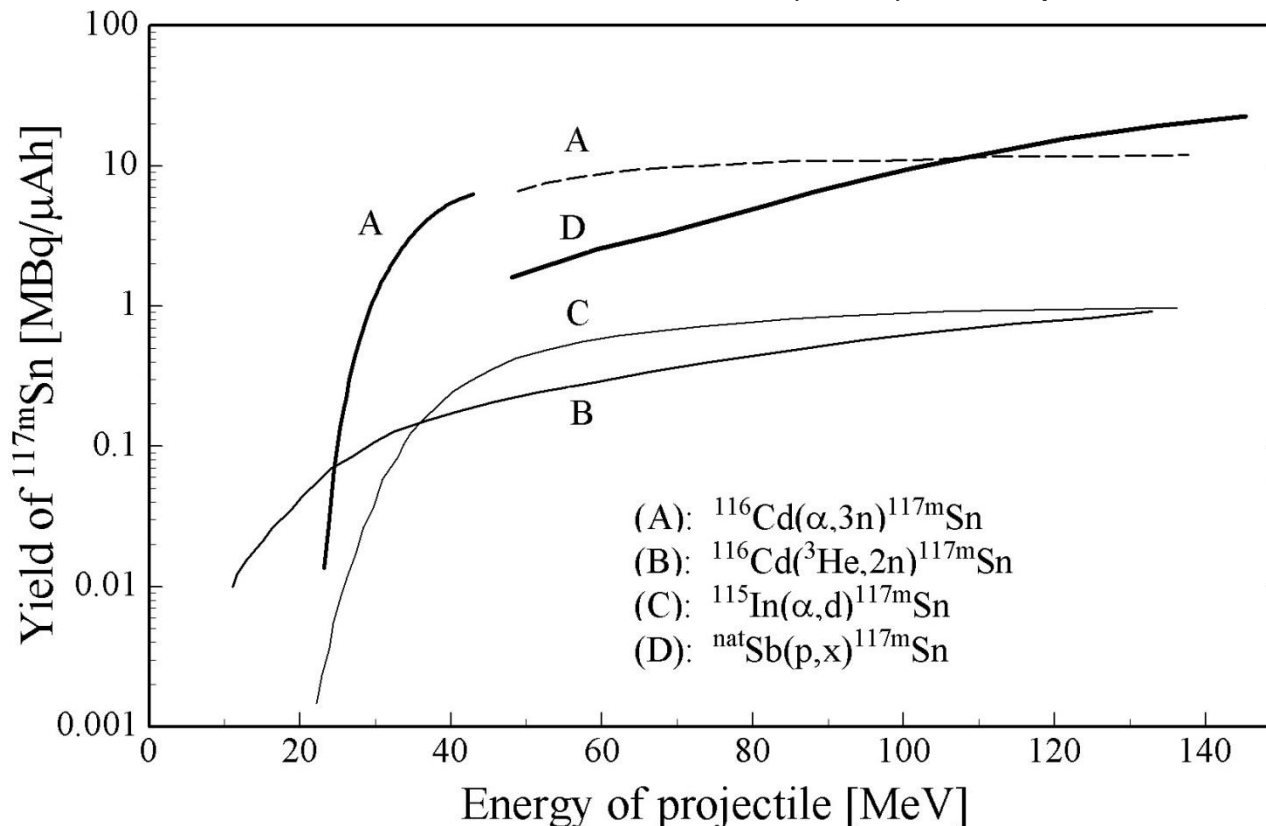
**All methods of  $^{225}\text{Ac}$  production need further development**



# Production of Tin-117m

**Routes:**  $^{117}\text{Sn}(n,n'\gamma)$ ;  $^{116}\text{Cd}(\alpha,3n)$ ;  $^{116}\text{Cd}(^3\text{He},2n)$ ;  $^{115}\text{In}(\alpha,d)$ ;  $^{\text{nat}}\text{Sb}(p,x)$

Qaim, NMB (2016), to be published



Qaim, Döhler,  
IJARI **25**, 645 (1984)  
Adam Rebeles et al.,  
NIM **B266**, 4731 (2008)  
Ermolaev et al.,  
JRNC **280**, 319 (2009)

***Due to high spin of  $^{117\text{m}}\text{Sn}$ , the  $^{116}\text{Cd}(\alpha,3n)$ -reaction leads to high-yield (and high-purity) product.***



(partly defined in IAEA-INDC(NDS)-0596 (2011); additional analysis of emerging needs)

## Non-standard $\beta^+$ emitters

- Re-evaluate existing mass decay chains
- Determine  $\beta^+$  emission intensities  
*(using improved experimental techniques)*
- Evaluate existing charged-particle reaction data
- Strengthen database via measurements and calculations
- Validate evaluated data through integral yield measurements

## Novel therapeutic radionuclides

- Re-evaluate intensities of emitted corpuscular radiation
- Improve knowledge of Auger electron spectra
- Strengthen charged-particle database for production  
*(via measurements and calculations)*



# New Directions in Radionuclide Applications

- **Quantification of SPECT agents**  
(combination of PET/SPECT)  $^{94m}\text{Tc}/^{99m}\text{Tc}$ ,  $^{120}\text{I}/^{123}\text{I}$ , etc.
- **Multimode imaging**  
(combination of PET/CT and PET/MRI)  
Positron emitters needed:  $^{52}\text{Mn}$ ,  $^{52}\text{Fe}$ ,  $^{57}\text{Ni}$ ,  $^{64}\text{Cu}$ , etc.
- **Theranostic approach**  
(combination of PET/Therapy)  
 $^{44}\text{Sc}/^{47}\text{Sc}$ ,  $^{64}\text{Cu}/^{67}\text{Cu}$ ,  $^{86}\text{Y}/^{90}\text{Y}$ ,  $^{124}\text{I}/^{131}\text{I}$ , etc.
- **Radioactive nanoparticles**  
Better delivery of radionuclide to tumour?

***Continuous radionuclide research is mandatory***



# New Developments in Irradiation Technologies

- Small, high-intensity medical cyclotron ( $E_p < 20$  MeV)  
*(generally two particles; hospital based)*
- Medium-sized cyclotron ( $E = 30 - 40$  MeV)  
*(multiple particles)*
- Intermediate energy accelerator/cyclotron ( $E = 50 - 100$  MeV)  
*(mostly single particle; occasionally multiple particles)*
- Electron accelerator for high-intensity photons ( $E < 50$  MeV)
- Spallation neutron source



## Considerations

- *Demands on quality of radionuclides*  
(yield, radionuclidic and chemical purity, specific activity)
- *Changing trends in medical applications*  
(multimode imaging, theranostics, targeted therapy)
- *Developments in accelerator technology*

## Major needs defined in

- White Paper on Nuclear Data Needs,  
USDOE-Office of Science, Washington, D.C., USA (2015)
- S.M. Qaim, Review article, NMB (2016), to be published

***A summary is presented here according to reaction type.***



- Deuteron-induced production of  $^{103}\text{Pd}$ ,  $^{186}\text{Re}$ , etc.
- Alpha-particle-induced production of high-spin isomers, e.g.  $^{117\text{m}}\text{Sn}$ ,  $^{193\text{m}}\text{Pt}$ , etc.
- Proton-induced production of radionuclides over the energy range 50-150 MeV, e.g.

## ***$\beta^+$ -emitters***

$^{55}\text{Mn}(\text{p},4\text{n})^{52}\text{Fe}$ ;  $^{59}\text{Co}(\text{p},3\text{n})^{57}\text{Ni}$ ;  $^{68}\text{Zn}(\text{p},\alpha\text{n})^{64}\text{Cu}$ ;  
 $^{75}\text{As}(\text{p},4\text{n})^{72}\text{Se} \rightarrow ^{72}\text{As}$ ;  $^{88}\text{Sr}(\text{p},3\text{n})^{86}\text{Y}$ ;  $^{155}\text{Gd}(\text{p},4\text{n})^{152}\text{Tb}$

## ***Therapeutic radionuclides***

$^{68}\text{Zn}(\text{p},2\text{p})^{67}\text{Cu}$ ;  $^{109}\text{Ag}(\text{p},\alpha 3\text{n})^{103}\text{Pd}$ ;  $^{232}\text{Th}(\text{p},\text{x})^{225}\text{Ac}$ ;  
 $^{155}\text{Gd}(\text{p},7\text{n})^{149}\text{Tb}$

**Intermediate energy accelerators have great potential for medical radionuclide production; accompanying nuclear data research is essential.**



# High Energy Photon Induced Reactions

- Considerable progress in technology for photon production

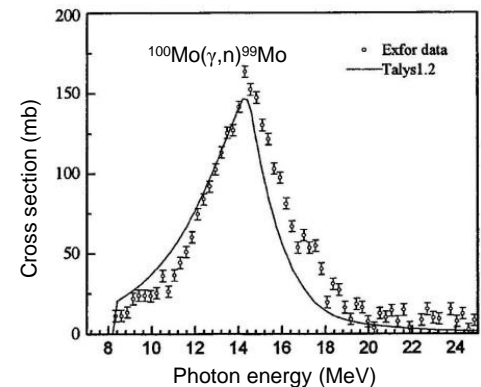
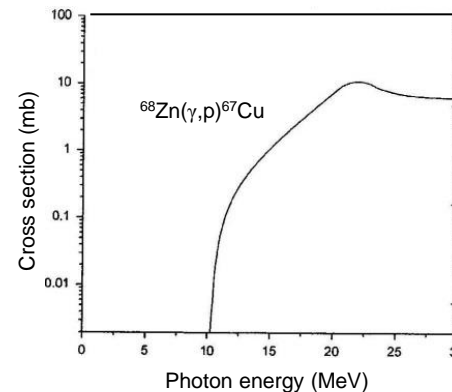
## *Types of nuclear reactions*

$(\gamma, n)$ ,  $(\gamma, p)$ ,  $(\gamma, f)$ , etc.

## Available database is weak

cf. Report IAEA-TECDOC-1178 (2000)

- Data needs. *Examples:*



$^{48}\text{Ti}(\gamma, p)^{47}\text{Sc}$ ;  $^{68}\text{Zn}(\gamma, p)^{67}\text{Cu}$ ;  $^{100}\text{Mo}(\gamma, n)^{99}\text{Mo}$ ;  $^{104}\text{Pd}(\gamma, n)^{103}\text{Pd}$ ;  
 $^{124}\text{Xe}(\gamma, n)^{123}\text{Xe}$ ;  $^{232}\text{Th}(\gamma, f)^{99}\text{Mo}$ ;  $^{\text{nat}}\text{U}(\gamma, f)^{99}\text{Mo}$ , etc.

Targetry is simple, but yield is rather low.

**Extensive efforts needed to improve database;  
 only limited application to medical radionuclide  
 production.**



- **Fission neutrons** extensively used; some data needs always exist.
- d/Be **beak-up** and **spallation neutrons** would be advantageous for radionuclide production via neutron threshold reactions.

cf. Spahn et al., RCA **92**, 183 (2004); Al-Abyad et al., ARI **64**, 717 (2006);  
DeLorme et al., JNM **55**, 1468 (2014).

## *Examples: $\beta^-$ emitters*

$^{32}\text{S}(n,p)^{32}\text{P}$ ;  $^{35}\text{Cl}(n,p)^{35}\text{S}$ ;  $^{47}\text{Ti}(n,p)^{47}\text{Sc}$ ;  $^{64}\text{Zn}(n,p)^{64}\text{Cu}$ ;  $^{67}\text{Zn}(n,p)^{67}\text{Cu}$ ;  
 $^{89}\text{Y}(n,p)^{89}\text{Sr}$ ;  $^{105}\text{Pd}(n,p)^{105}\text{Rh}$ ;  $^{153}\text{Eu}(n,p)^{153}\text{Sm}$ ;  $^{159}\text{Tb}(n,p)^{159}\text{Gd}$ ;  
 $^{161}\text{Dy}(n,p)^{161}\text{Tb}$ ;  $^{166}\text{Er}(n,p)^{166}\text{Ho}$ ;  $^{175}\text{Lu}(n,p)^{175}\text{Yb}$ , etc.

- Some  $\alpha$ -emitting radionuclides, such as  $^{225}\text{Ac}$ ,  $^{223}\text{Ra}$ ,  $^{227}\text{Th}$ , etc. can also be produced using spallation neutrons on Th (Engle et al., LANL).
- Spallation neutrons could be used to induce **fission** of  $^{232}\text{Th}$  or  $^{\text{nat}}\text{U}$  to produce  $^{99}\text{Mo}$  (avoid criticality problem).

**Development of fast neutron spectral sources would involve extensive data needs.**



# Summary and Conclusions

- In radiation therapy, primary needs exist for atomic and molecular data.
- Accurate knowledge of nuclear data is absolutely necessary for *in vivo* diagnosis and internal radiotherapy.
- For routine patient-care studies, the available nuclear database is sufficient (except for some small discrepancies).
- Constant nuclear data research is mandatory with regard to novel radionuclides and increasing quality control demands.
- Future nuclear reaction data needs will be related to enhancing use of charged-particle accelerators, high-intensity photon generators, and spallation neutron sources.

