



Effect of Radiation on Cell, DNA & its Significance for Clinicians: Biological Effect of Radiation

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Discovery of A-bomb's effect in Japan (1945)





Hiroshima, 6.08.1945 Nagasaki, 9.08.1945

The studies of Japanese bomb survivors began in 1950, and have formed the basis of radiation protection guidelines ever since

Radiation accidents consequences



Coiania, Brazil (1987)

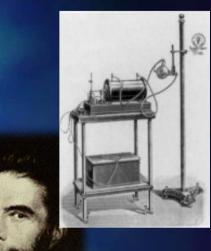
Chernobyl, USSR (1986)

Radiotherapy the prime treatment modality

Around 50% of patients with solid malignant tumours receive radiation therapy with curative or palliative intent at some point in the course of their disease

Roentgen's Wurzburg Laboratory Wilhelm Conrad Roentgen 1895 – Discovery of X -rays 1901 – Nobel prize in physics A great interest was triggered for the therapeutic use of radiation

On 22 December 1895, Mr. Roentgen made the first X-ray photograph (Mrs. Roentgen's hand).



Radiation

The Aftermath

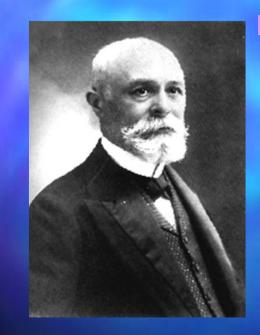
On 1st January 1896, Roentgen announced his discovery to the world.

Application of radiation in medicine:

14th February 1896, four days after news of the discovery reached the U.S, X-rays were used to guide surgery in New York.

In early 1896, the Italian military began using X-rays to diagnose and treat wounded soldiers

At the same time ...



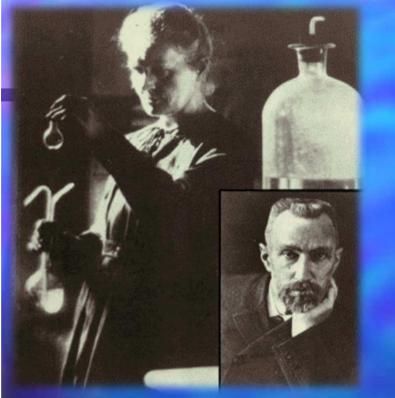
In February 1896, Henri Becquerel discovered radioactivity.

•Studied fluorescent minerals containing uranium.

•Discovered that radioactivity occurs in unstable atoms.

•Found that uranium emits radiation without external source.

History of Radiation



Pierre Curie & Marie Curie

(Discovery of Radium & Polonium – 1898) 1903 - Nobel prize in physics (radioactivity) 1911 - Nobel prize in chemistry (M. Curie)



Ernest Rutherford 1908 - Nobel prize in chemistry

(chemistry of radioactive substances)-Discovered that elements decay into other elements after emitting nuclear radiation. Called it Nuclear Decay.

Discovery of harmful effects of ionizing radiation

First report about *local radiation injuries* (1896)
First report about *radiation-induced sterility* (1903) and *radiation-induced leukemia* (1911)



1920s: bone cancer among radium dial painters

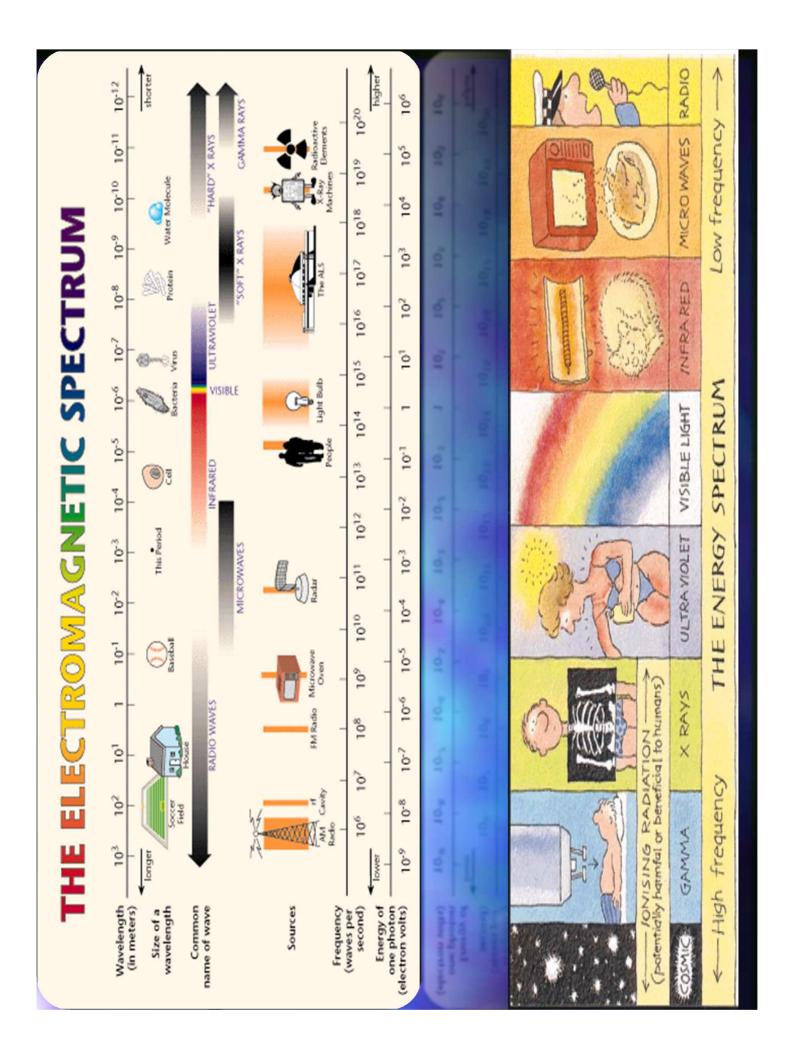
• 1930s: *liver cancer and leukemia* due to Thorotrast (thorium dioxide a diagnostic contrast agent administration-cerebral angiography)

• 1940 - 50s: excess leukemia among first radiologists.

• Madame and Irene Curie died of leukemia as a result of prolonged exposure of radiation during their studies



Energy emitted from an atom or nucleus in the form of waves or particles



Types of radiation

Ionizing Radiation

Type of radiation that produces the ejection of an orbital electron from an atom or molecule and results in the formation of an ion pair.

- Particulate (alphas and betas)
 Waves (gamma and X- rays)

Non-Ionizing Radiation

Deposits insufficient energy and fails to eject electron, but can induce excitation or molecular vibration and heat.

> Examples include UV, microwaves, infrared, visible, radar, radio waves, lasers, TV

Ionizing Radiation Types

The Penetrating Ability of Radiation



Stopped by layers of clothing.

Beta

Gamma

Stopped by several feet of solid material. Your vehicle is a good shield. Loses energy rapidly. Less likely to penetrate skin and cause damage.

REG DER STER

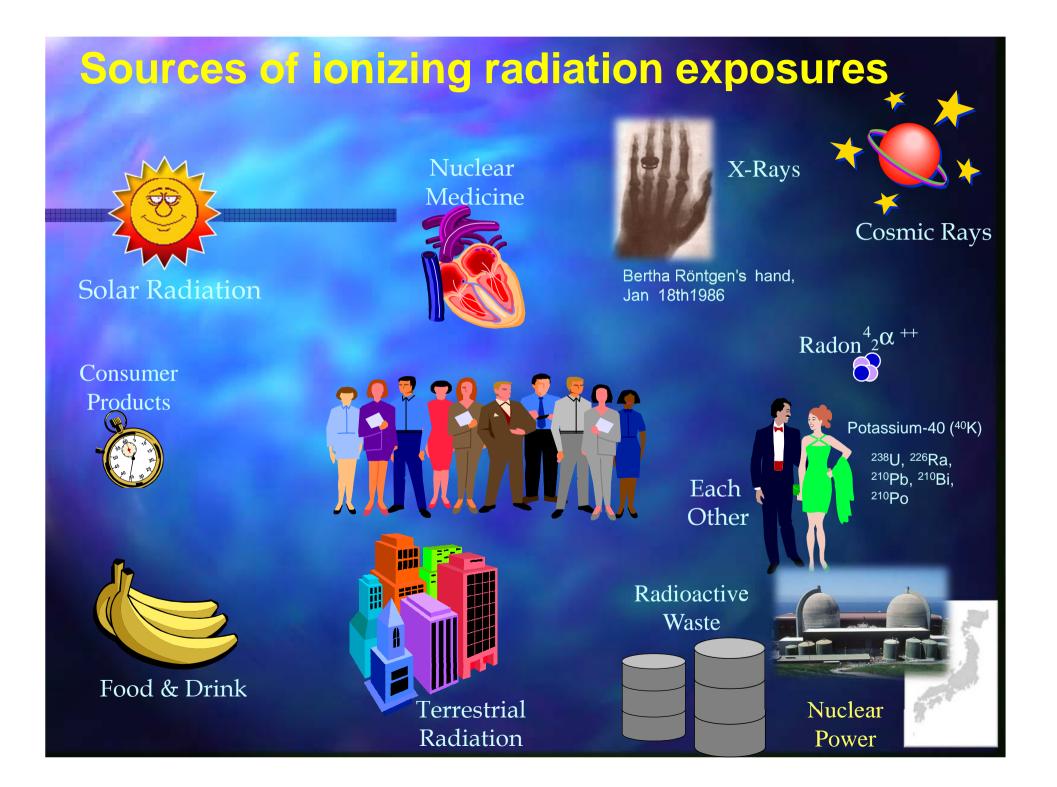
Faster, capable of penetrating skin and causing radiation damage.

Travels at speed of light. Very penetrating. Causes serious radiation hazard and damage to internal organs.

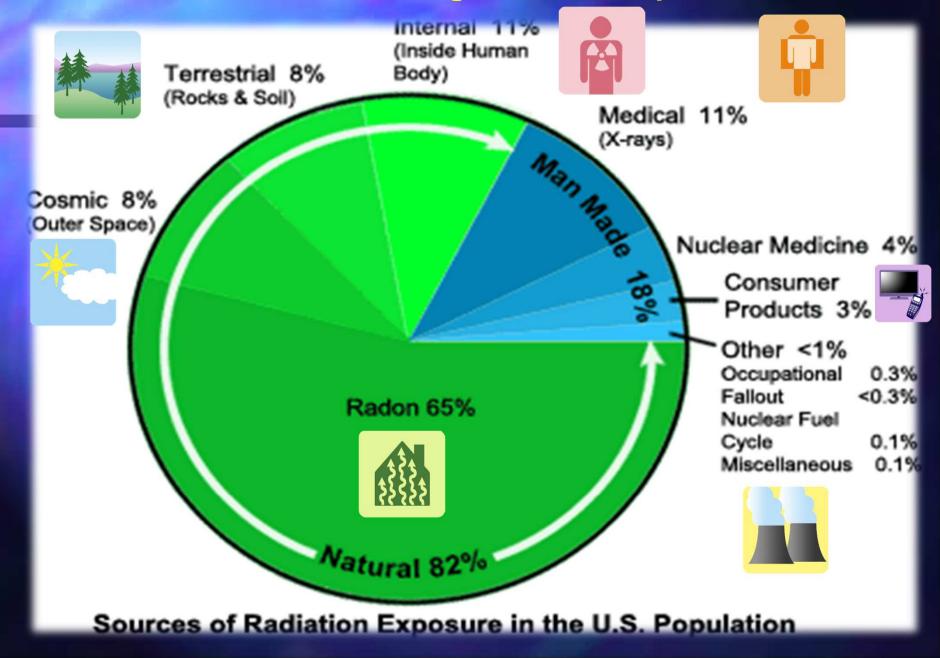
Background Radiation Is Always Present! We are constantly exposed & evolved with low levels of background radiation. Background levels can vary depending upon location. **Radiation from** Soil : Radon (primary source)- uranium decay **Natural Sources Sunlight : Cosmic Rays** Man-Made: Nuclear, Medical & Industrial Source mrem/vear **Cosmic rays** 28 **Radiation Exposure from Various Sources Exposure** Source The earth 26 **External Background Radiation** 60 mrem/yr, US Average **Natural K-40 and Other** Radon 200 40 mrem/yr **Radioactivity in Body** Natural K-40 and Other Radioactivity Air Travel Round Trip (NY- LA) 5 mrem The human body 25 **Chest X-Ray Effective Dose** 10 mrem per film 200 mrem/yr (variable) **Radon in the Home Building materials** 4

60 mrem/yr (average)

Man-Made (medical x rays, etc.)



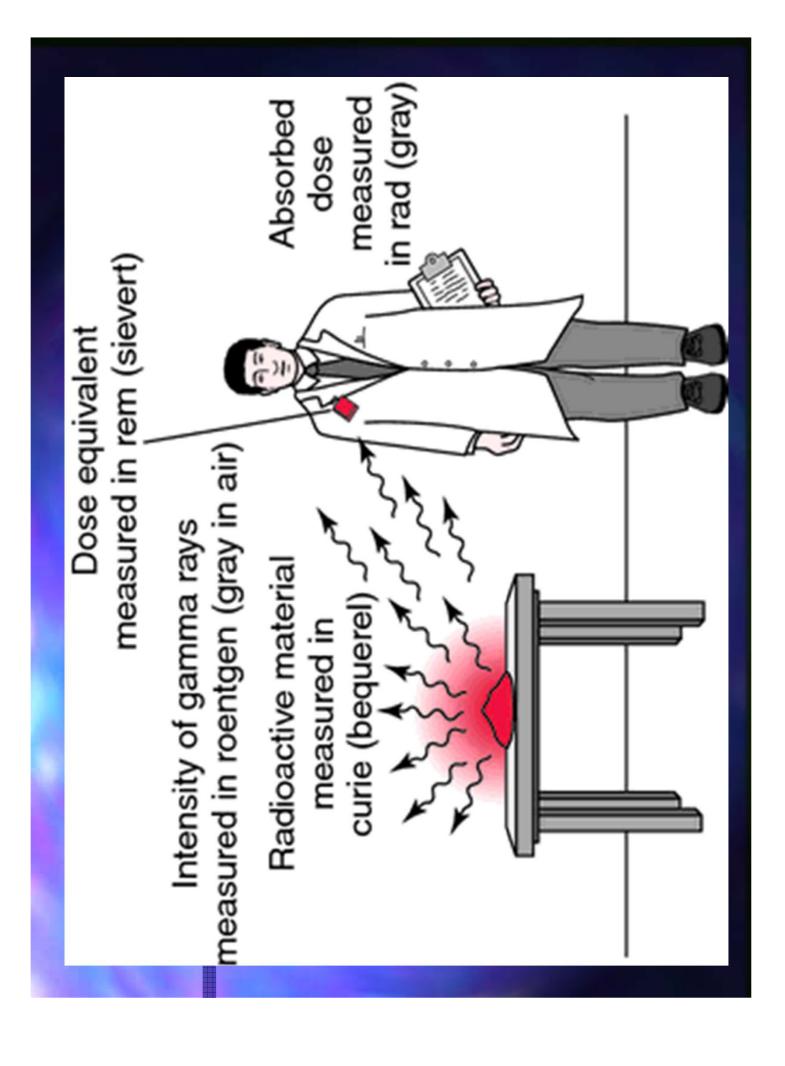
Sources of ionizing radiation exposures



Radiation Units	<u>Quantity</u>	<u>Unit</u>
Amount of radioactive material	Activity	curie (Ci)
Ionization in air	Exposure	roentgen (R)
Absorbed energy per mass	Absorbed Dose	rad
Absorbed dose weighted by type of radiation	Dose Equivalent	rem
For most types of radiation		$1 R \approx 1 rad \approx 1 rem$

Conversion between units

	SI unit	Old unit	Relationship
Activity	Becquerel	Curie (Ci)	1 Ci = 3.7x10 ¹⁰ Bq
Exposure	Coulomb/kg	Roentgen (R)	1 C/kg = 3876R
Absorbed dose	Gray (J/kg)	rad	1 Gy = 100 rad
Equivalent dose	Sievert	rem	1 Sv = 100 rem 1 rem = 10mSv
Effective dose	Sievert	rem	1 Sv = 100 rem 1 rem = 10mSv



AREA OF RADIATION EXPOSURE

Planned exposures

Radiotherapy
Space program
Diagnostic exposure
Reactors maintenance

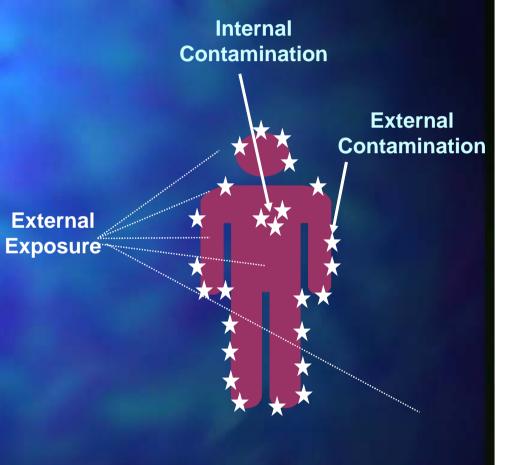
Unplanned exposure

Nuclear warfare
 Nuclear terrorism
 Nuclear industry
 Nuclear accidents
 Nuclear emergencies

Exposure of radiation leads development of various cancer & radiation syndromes

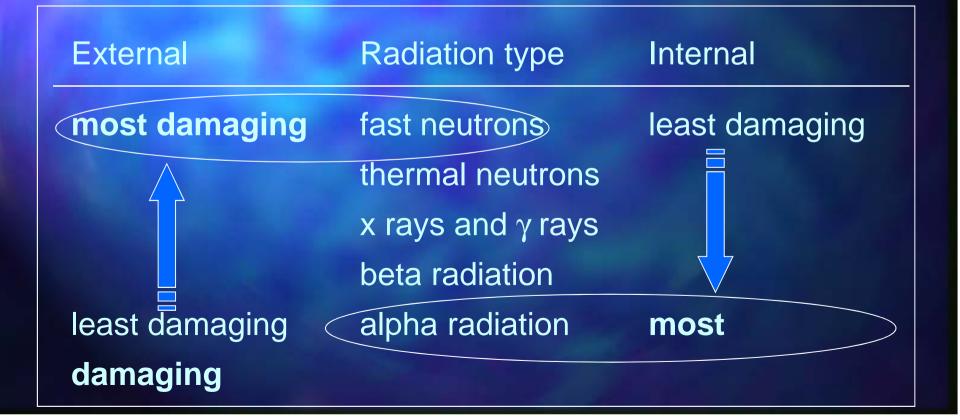
Types of Radiation Hazards

- External Exposure -Whole-body or partial-body
- Contaminated -
 - External radioactive material: on the skin or clothing
 - Internal radioactive material: inhaled, swallowed, absorbed through skin or wounds



Relative hazard of ionizing radiations

The biological hazard varies with type of radiation and if the radiation is internal (ingested, inhaled, or injected) or external.



Standards & Regulatory Status

US National Council on Radiation Protection (NCRP)

International Council on Radiation Protection (ICRP)

Annual limits of radiation exposure

Occupational workers20 mSvGeneral Public1 mSv

LIMIT ON LIFE TIME DOSE 1 Sv

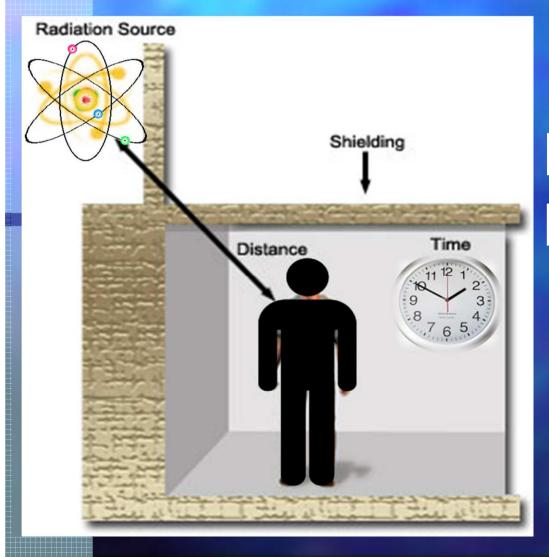
These limits are in addition to exposures from natural and medical sources

A simple chest X-ray gives 0.2 mSv !!!



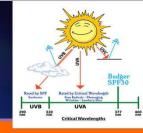
Reducing Exposure

We protect ourselves from radiation exposure by:

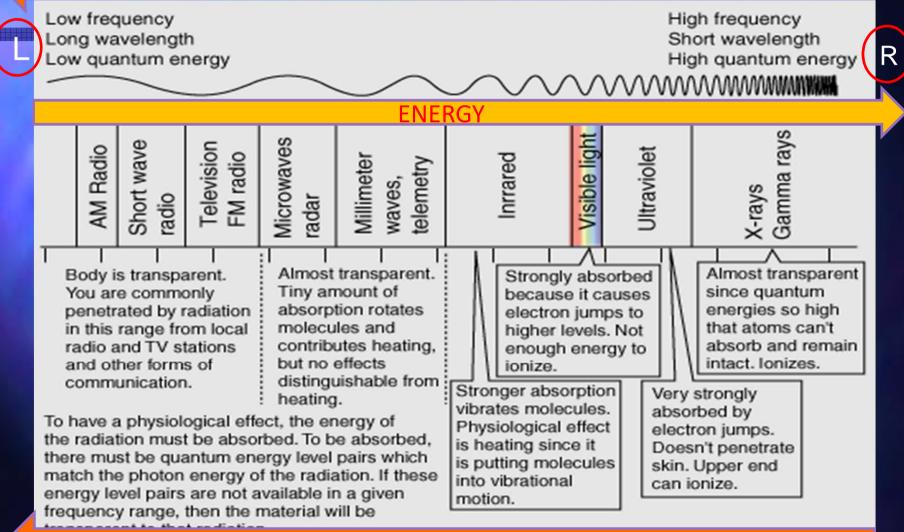


Exposure X Time = Dose

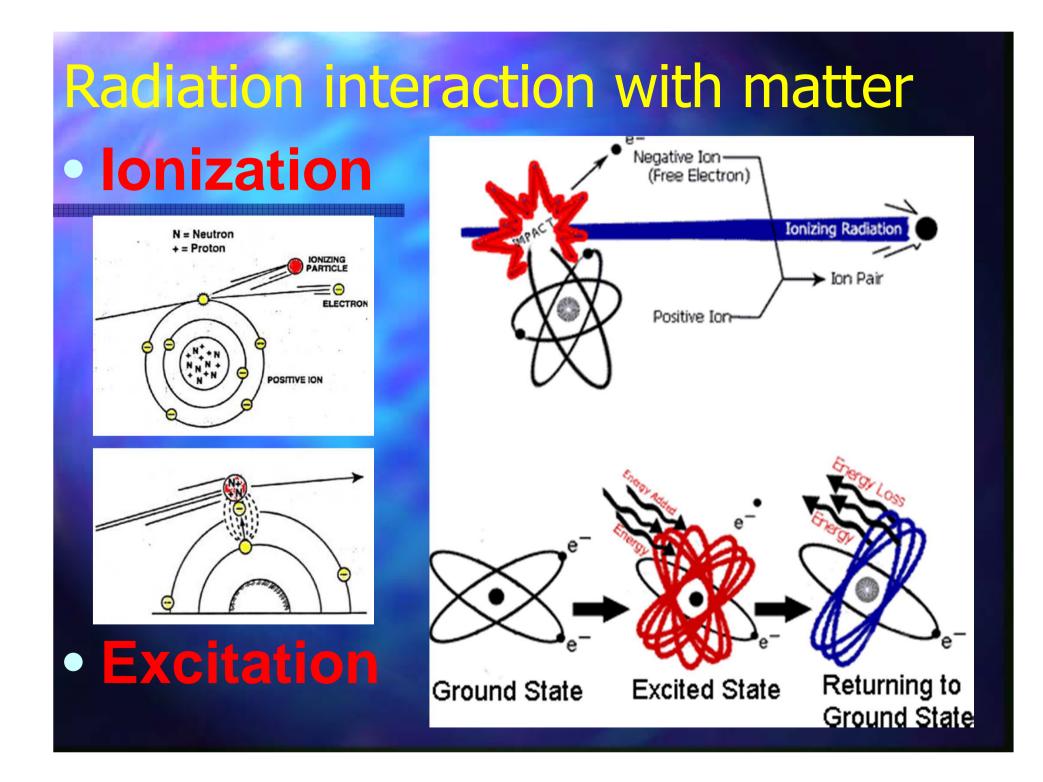
Radiation and the Human Body



WAVE LENGTH

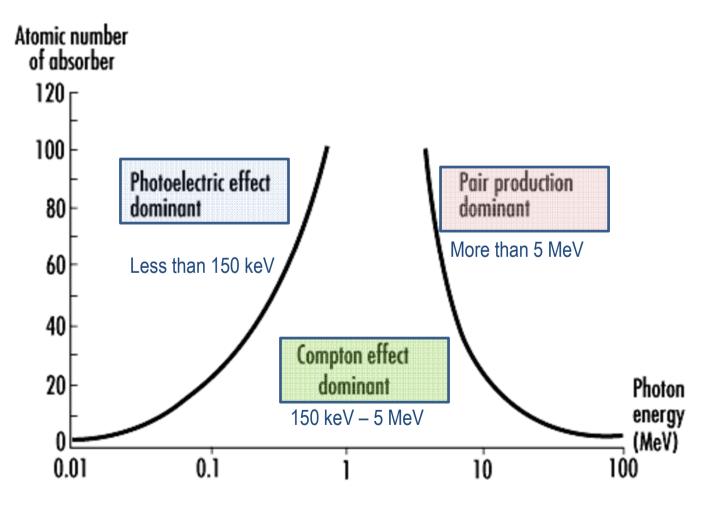


WAVE LENGTH



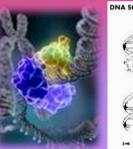
Interaction of electromagnetic radiations or X- / gamma radiations with matter

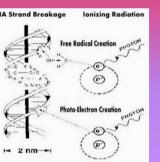
Interaction with matter mainly by three processes



How Does Radiation Interact with Cells?

Past Hit theory





- Direct ionization
- Indirectly by Free radical formation

Present –also by

Bystander effects

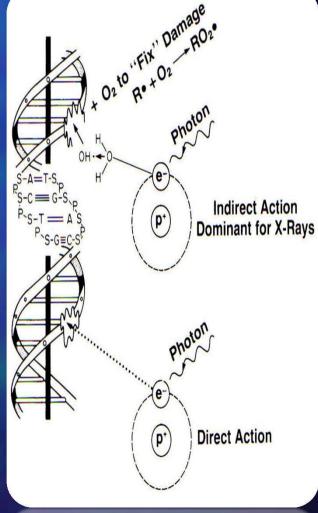
Phenomenon when unirradiated cells exhibit irradiated effects as a result of signals received from nearby radiation treated cells

- Cell-cell
 communication
- Cell-matrix
 communication

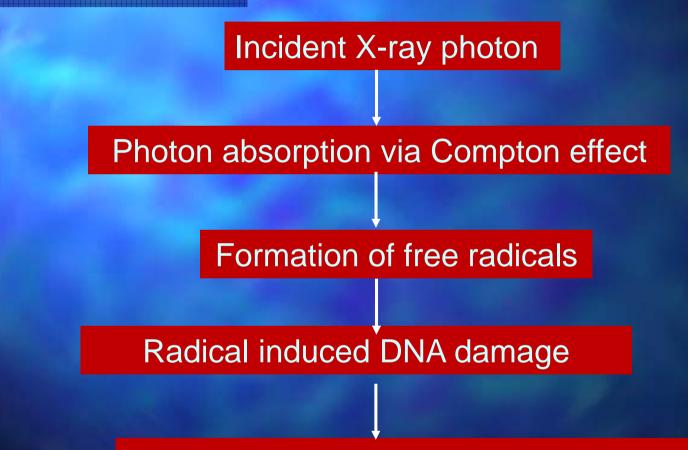
Interaction of radiation with bio-molecules: Molecular level (Example: DNA) For e

- **Direct Action:** When the atoms of the target itself are ionized by the radiation. It is the dominant process for high LET radiation.
- Indirect Action: When the radiation interacts with other cellular molecules (e.g. water) to produce free radicals that migrate to and damage the target. About 2/3 of x-ray damage is due to indirect action.

For every one DNA molecule, there are 1.2X10⁷ water molecules



Sequence of Radiation Effects



Biological effect (mutation, cancer, etc.)

<u>Time interval between radiation exposure and manifestation of</u> <u>biological effects can be divided into six stages</u>

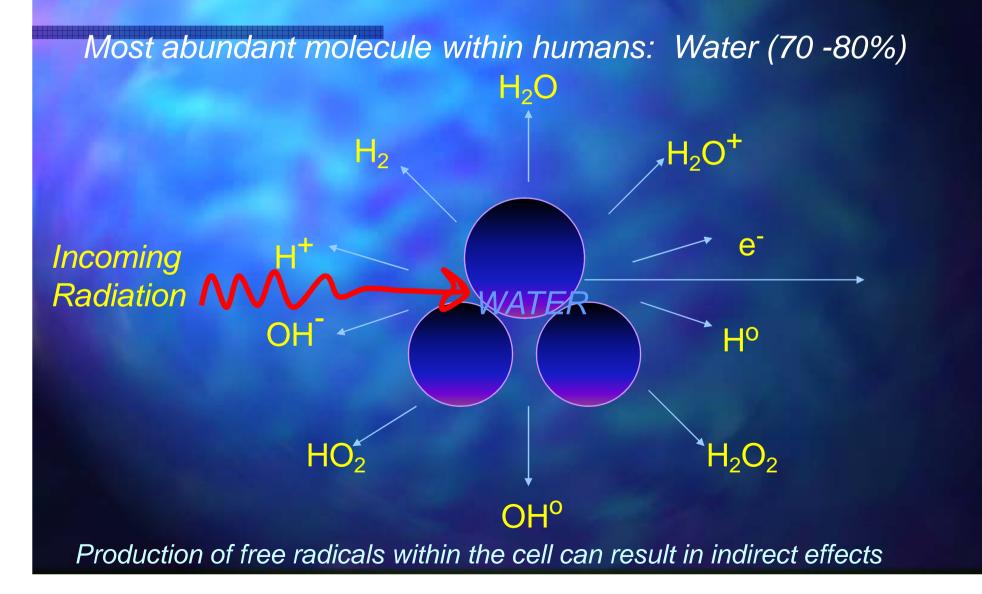
Phase	Events and Processes	Time Scale (secs)
Physical	Energy absorption, Ionisation and	$10^{-18} - 10^{-15}$
	excitation	
Physico-Chemical	Formation of radicals, rearrangement of	10-15 -10-8
	excited ionized molecules	
Chemical	Molecular alterations, formation of bio-	10 ⁻⁸ -10 ⁻³
	radicals by indirect action	
Bio-chemical	Enzymatic reactions, Repair, Fixation	10 ⁻³ -10 ⁴
	of damage	
Cellular Level	Cell death, Tissue repair, Mutation	$10^4 - 10^7$
Systematic (Multi-cellular	Hormonal Effects, immune reactions,	
Organisms)	Functional impairment carcinogenesis,	$10^8 - 10^{10}$
	death	

Radiolysis of Water

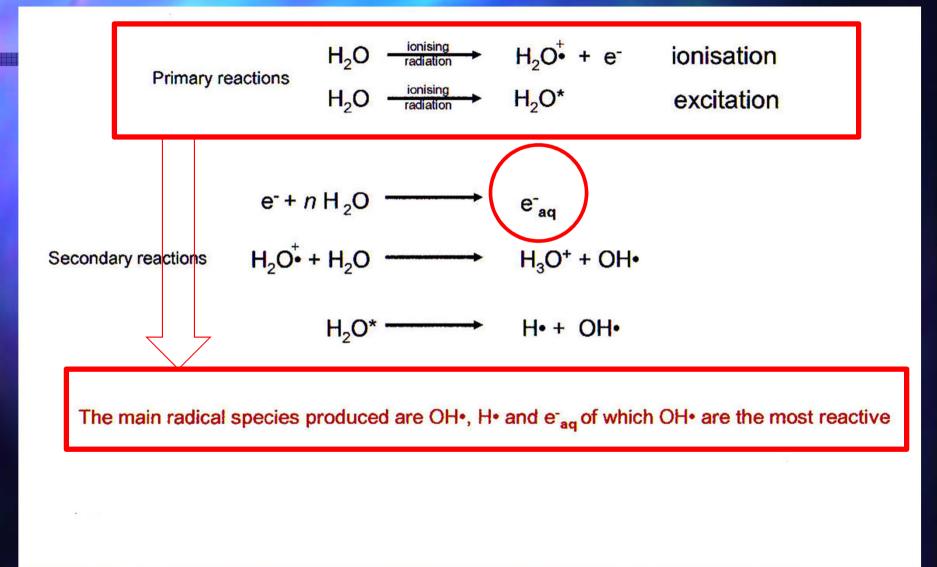
 Free Radical: An atom or molecule that contains an unpaired electron (chemically highly reactive).

 Hydrated Electron: A free electron surrounded by a shell of water molecules.

Radiation Induced decomposition of water within a cell



Radiolysis of Water



Secondary Products

- *OH + *OH → H,O;

• Inactivation of H_2O_2 in cells: - $H_2O_2 + H_2O_2 \rightarrow 2H_2O + O_2$ (catalase)

Activation of H₂O₂:

- H₂O₂ + Fe(II) \rightarrow °OH + OH⁻ + Fe(III) (Fenton Reaction)
- $Fe(III) + O_2^- \rightarrow Fe(II) + O_2$
- $H_2O_2 + {}^{\circ}O_2^{-} \rightarrow {}^{\circ}OH + OH^{-} + O_2$ (Haber-Weiss reaction)

Effect of Oxygen

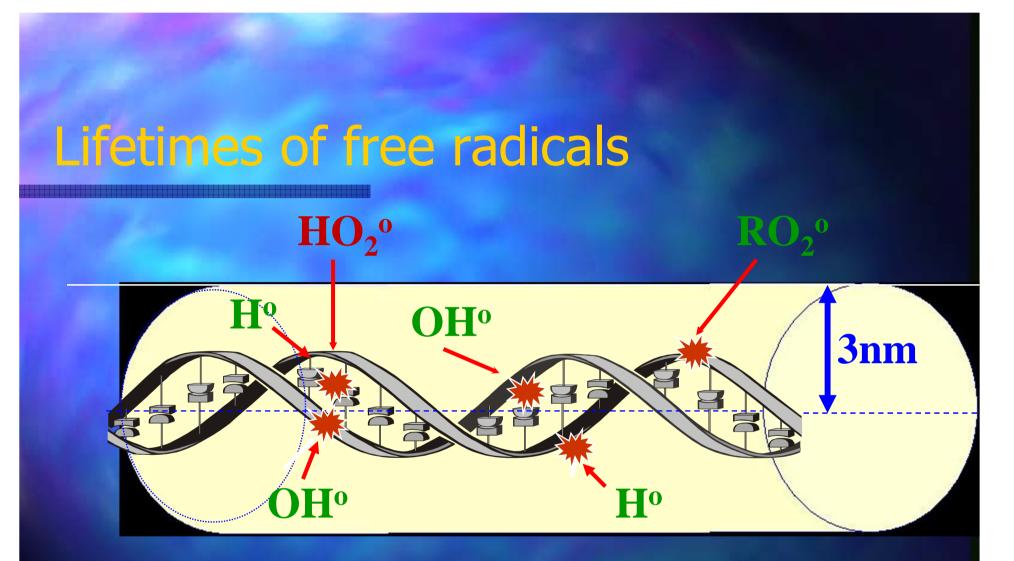
Enhances production of H₂O₂ and the superoxide radical amion °O₂ and the hydroperoxy radical °HO₂

 $\begin{array}{cccc} \bullet & \circ H + O_2 & \rightarrow & \circ HO_2 \\ & & \uparrow \downarrow & + & H^+ \\ \bullet & \bullet^*_{aq} + O_2 & \rightarrow & \circ O_2^- \end{array}$

 Besides scavenging of °H and eraq , oxygen reacts rapidly with the more long lived radicals produced in biomolecules to produce peroxide radicals and hydroperoxides:

 $- X^{\circ} + O_2 \rightarrow XO_2^{\circ} \rightarrow XO_2H$

This process is referred to as DAMAGE FIXATION.



Because short life of simple free radicals (10⁻¹⁰sec), only those formed in water column of 2-3 nm around DNA are able to participate in indirect effect

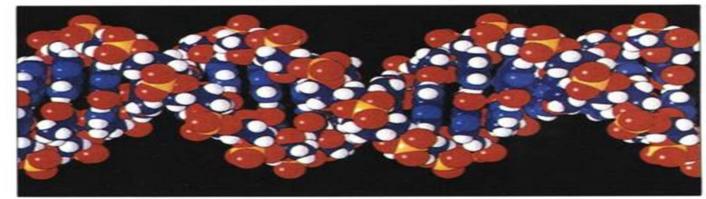
Mechanisms of radiation damage

Injury to cells/ tissues results from the transfer of energy to atoms and molecules.

Atoms and molecules may be exited or ionized depending upon the energy and these excitation and ionizations can:

	ATOMS	 Produce free radicals
	MOLECULES	 Break chemical bonds
	CELLS	· Dreak chemical Dunus
	TISSUES	 Produce new chemical bonds and cross
	ORGANS	linkage between macromolecules
Т	HE WHOLE BOD	• Damage molecules that regulate vital
		processes (DNA, RNA & Protein synthesis)

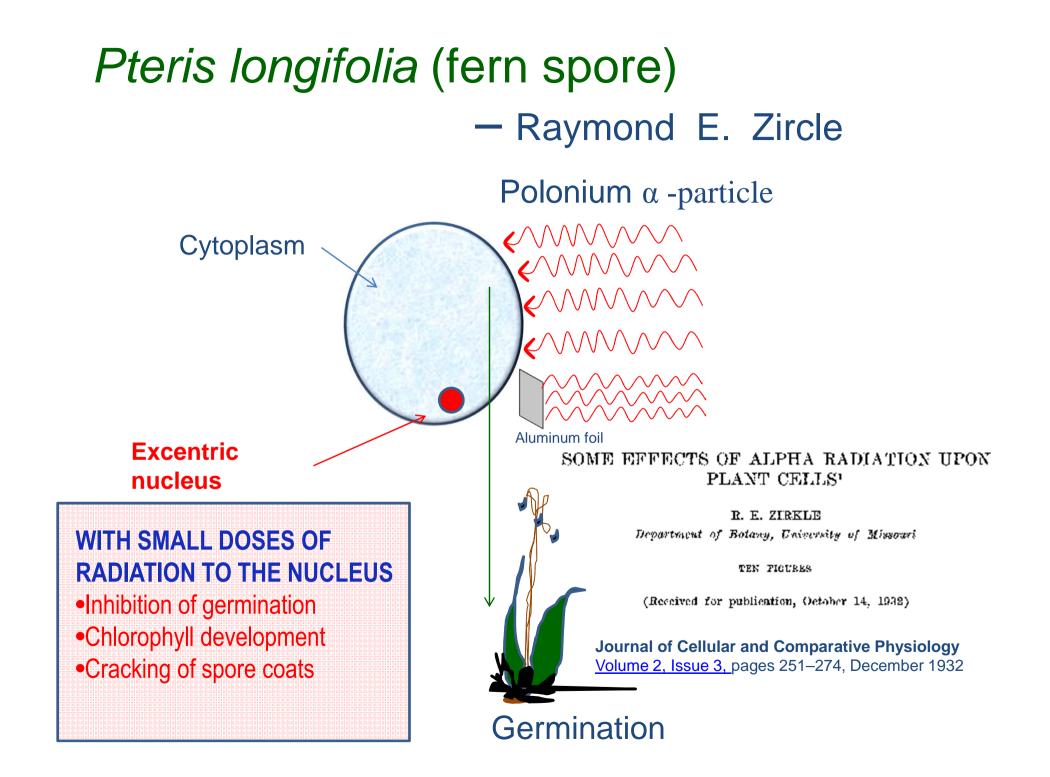
Biochemical reactions with ionizing radiation



major groove

minor groove

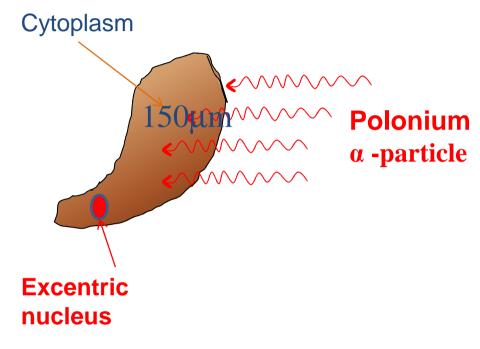
DNA is primary target for cell damage from ionizing radiation



Fertilized habrabracon egg (parasitic wasp egg)

R.W. Rogers & R. C. Von Borsel

Fertilized habrabracon egg



Observations

- 1 α –particle to nucleus -No hatching
- 17.6 x 10⁶ α –particle to cytoplasm 50 % - Hatching + 50% - KILLED

RADIATION RESEARCH 7, 484-490 (1957)

RADIATION RESEARCH 8, 248-253 (1958)

Alpha-Particle Bombardment of the Habrobracon Egg.

I. Sensitivity of the Nucleus

R. W. ROGERS¹ AND R. C. VON BORSTEL

Biology Division, Oak Ridge National Laboratory,² Oak Ridge, Tennessee, and Department of Zoology, Florida State University, Tallahassee, Florida

Alpha-Particle Bombardment of the Habrobracon Egg

II. Response of the Cytoplasm

R. C. VON BORSTEL AND R. W. ROGERS¹

Biology Division, Oak Ridge National Laboratory,² Oak Ridge, Tennessee, and Department of Zoology, Florida State University, Tallahassee, Florida

The Site of Damage in Amoebae Exposed to X-Rays

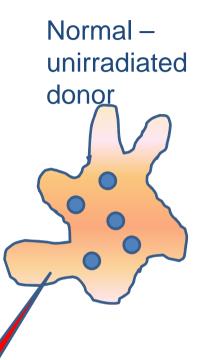
By M. J. ORD AND J. F. DANIELLI

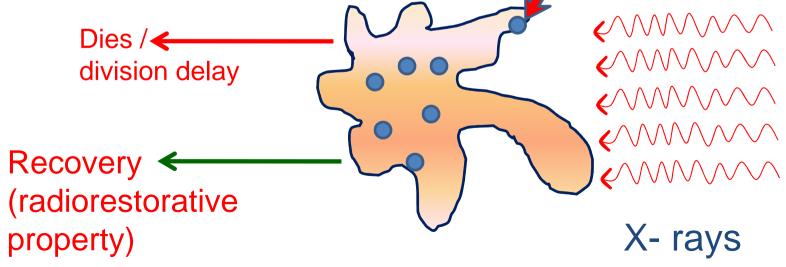
(From the Zoology Department, King's College, Strand, London, W.C. 2)

SUMMARY

The technique of nuclear transfer was used to study the extent to which X-rays damage nuclei and cytoplasms of *Amoeba proteus*. Results showed that cytoplasm was directly damaged by the radiations. Cytoplasmic damage with doses below 280,000 r was reversible, though damaged cytoplasm could lethally damage normal nuclei. Damage with doses above 300,000 r caused lethal damage and death occurred without division in 0-3 days. Damage to nuclei was probably a combination of a direct action of the radiations and exposure to reversibly damaged cytoplasm. Nuclei were 2.4 times as sensitive as cytoplasms, the LD₅₀ doses being approximately 120,000 r for nuclei and 290,000 r for cytoplasm. Death due to nuclear damage generally occurred without division within 3 to 6 weeks. Nuclear damage cannot be interpreted in terms of the 'target' theory.

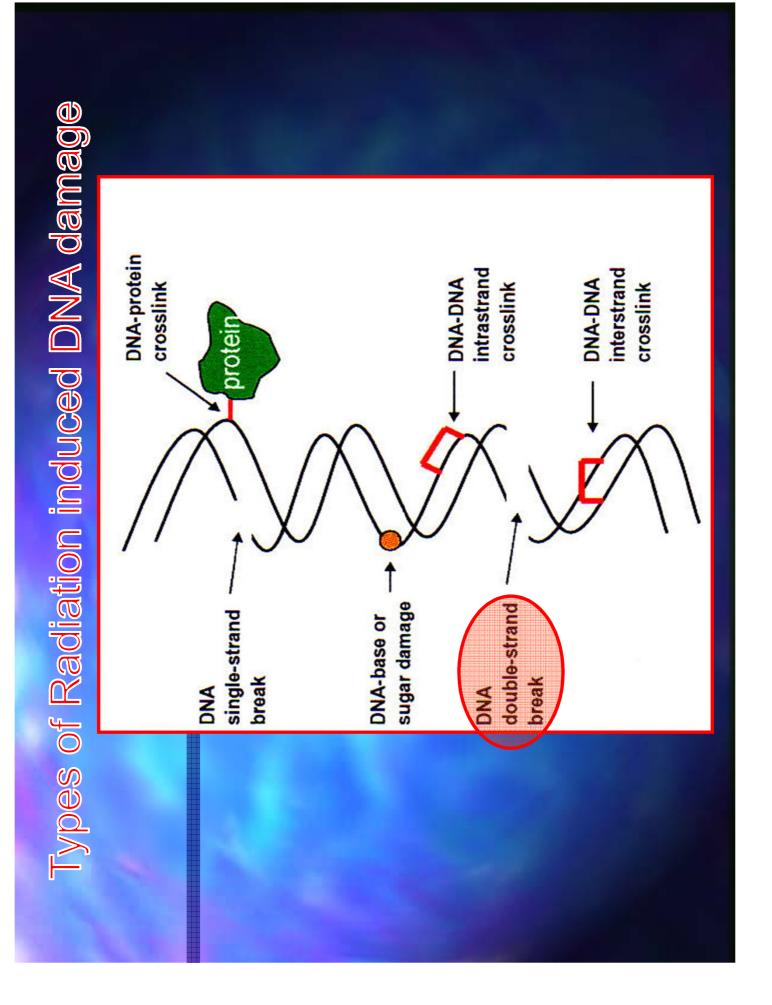
[Quarterly Journal of Microscopical Science, Vol. 97, part 1, pp. 29-37, March 1956.]





Other Evidence for Chromosomes (DNA) As Primary Target in Cell Killing

- Cells killed by radioactive tritiated thymidine incorporated into DNA
- Structural analogues of thymidine when incorporated substantially increase radiosensitivity of cells
- Transplantation of irradiated nucleus into unirradiated cell is lethal at doses that an unirradiated nucleus can survive



Damage in a mammalian cell nucleus (1 Gy of low-LET radiation)

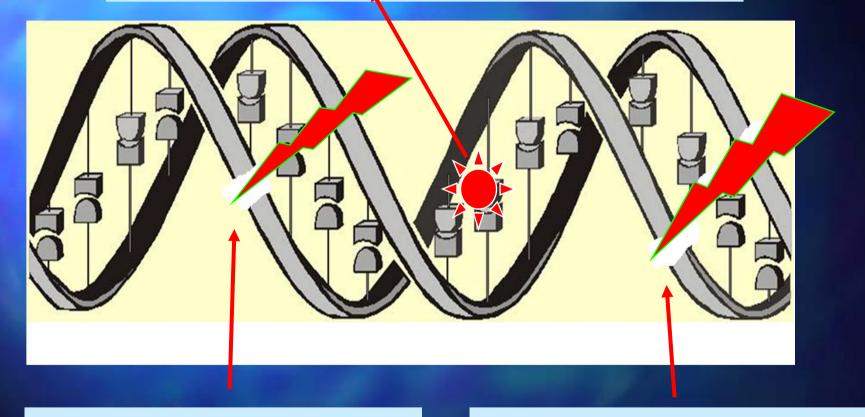
Initial physical damage	
Ionizations in cell nucleus	~ 100 000
Ionizations directly in DNA	~ 2 000
Excitations directly in DNA	~ 2 000
Selected biochemical dama	age (Ward 1988)
DNA strand breaks DNA	~ 1 000
8-Hydroxyadenine	~ 700
Diol de thymine	~ 200
DNA double-strand breaks	~ 40
DNA-proteins crosslinks	~ 150
Selected cellular effect	

Lethal events

~ 0.2-0.8

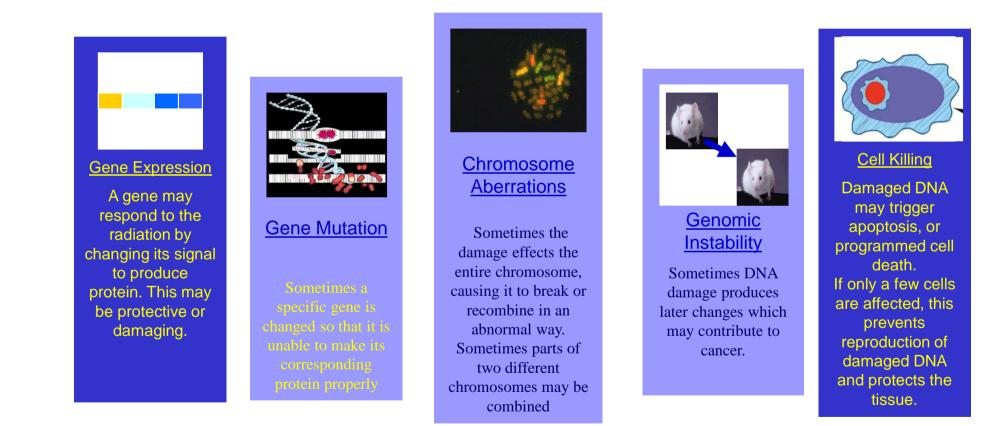
The most important types of radiation induced lesions in DNA

Base damage: 1000-2000 per 1 Gy

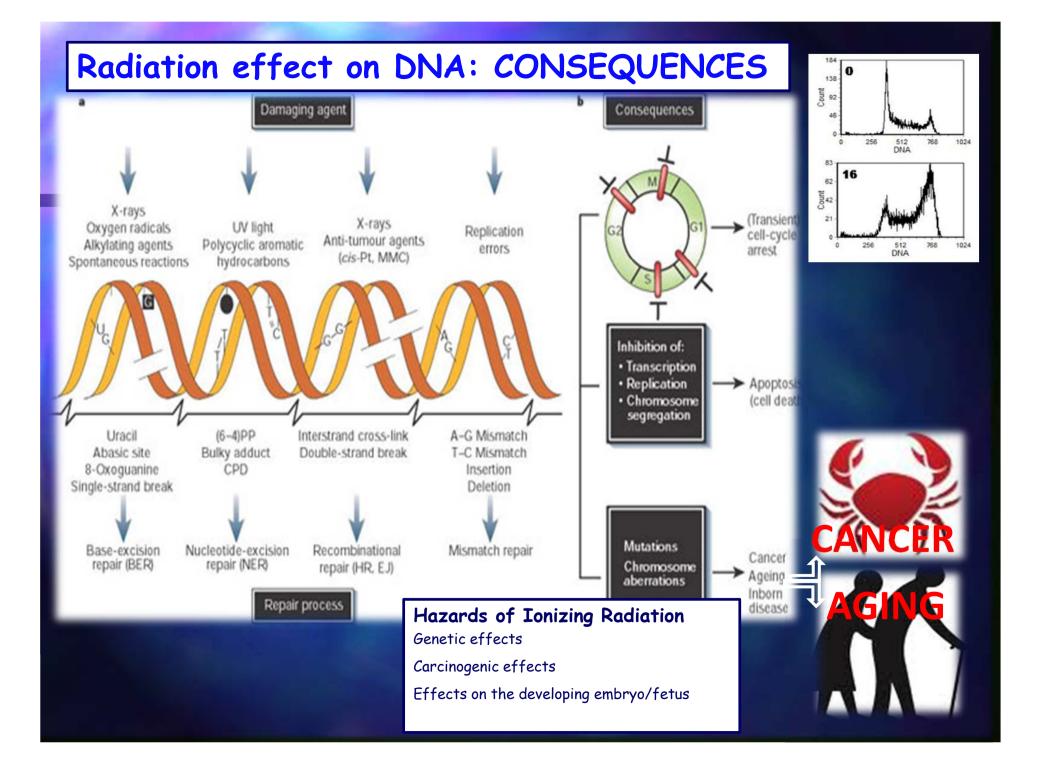


Single-strand breaks 500-1000 per 1 Gy Double strand breaks 40-50 per 1 Gy

DNA is the most important molecule that can be changed by radiation Effects of DNA Damage



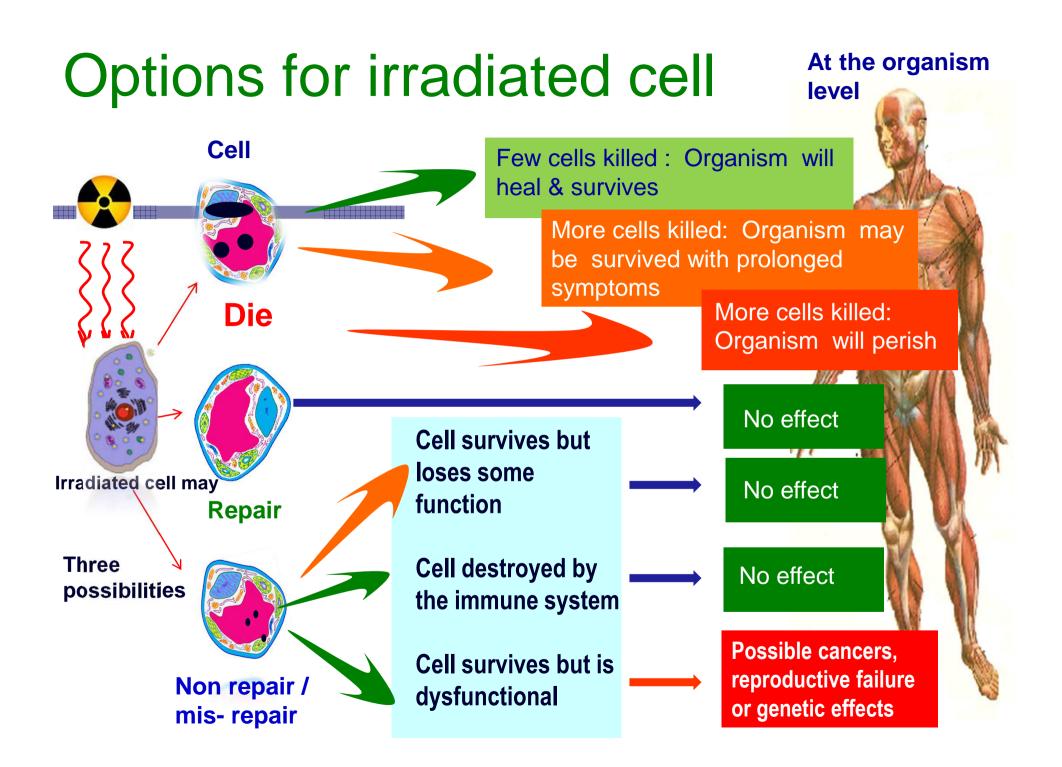
Studies have shown that most radiation-induced DNA damage is normally repaired by the body



HUMAN EXPOSURE

30 -100 Trillion Cells at Risk

- Different Cell Types
- Different Cell Cycle
- Different Cell Targets



Cellular radiosensitivity Law of Bergonie' and Tribondeau

"The radiosensitivity of a population of cells is directly proportional to their reproductive activity and inversely proportional to their degree of differentiation."

Cells tend to be radiosensitive if they have three properties:

- Cells that have high division rate (the time between divisions)
- Cells that have long dividing future (immature cells in early cellular life)
- Cells that are unspecialized (cells which have a widely diverse future)

Relative Sensitivity of Cells and Tissue Types MOST SENSITIVE

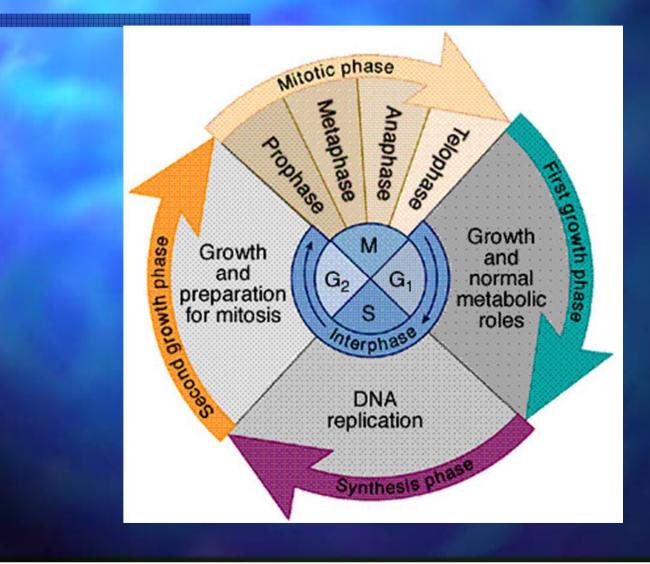
Lymphocytes Spermatogonia Hematopoietic (Blood Forming) Intestinal Epithelium Skin Nerve Cells Muscle Tissue Bone

 Cells most affected:
 Rapidly dividing cells: (small intestines, bone marrow, fetus)

 Cells least affected:
 Slowly dividing cells: (brain, nerves)

LEAST SENSITIVE

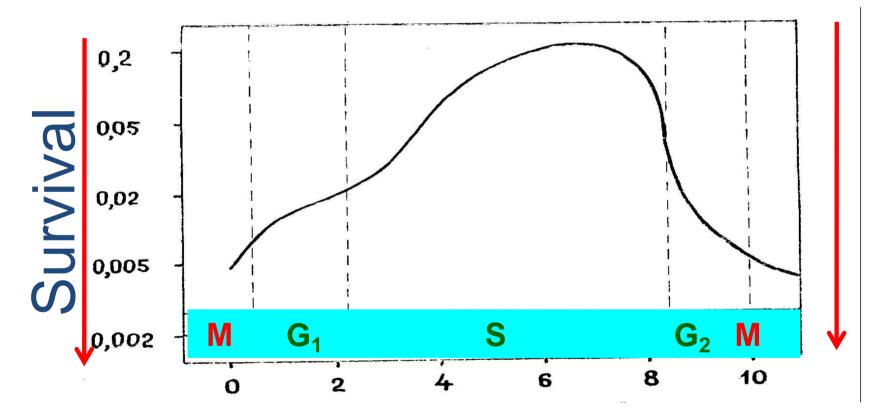
The Cell Cycle (Ordered set of events, culminating in cell division into two daughter cells)



Radiosensitivity & Mitotic Cycle

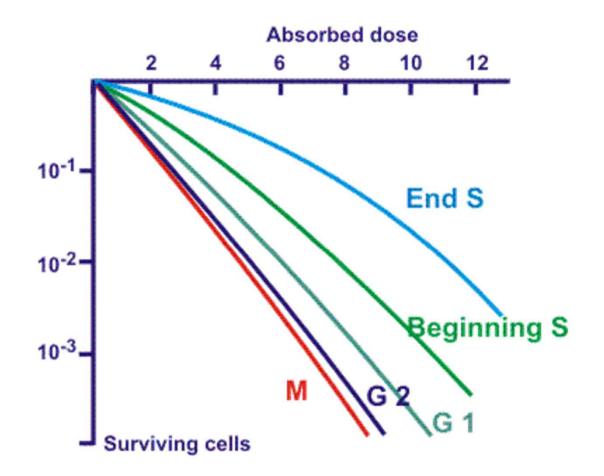
Sensitivity
Cells most sensitive – Mitotic and close to mitosis
Resistance greatest in latter part of S
For long G₁'s, there is an early resistance period followed by sensitive one at the end of G₁
G₂ ~ M in sensitivity

Radiosensitivity of cells during cell cycle



Relative survivability of cells irradiated in different phases of the cell cycle: synchronised cells in late G₂ and in mitosis (M) showed greatest sensitivity to cell killing

Cell cycle & RADIOSENSITIVITY



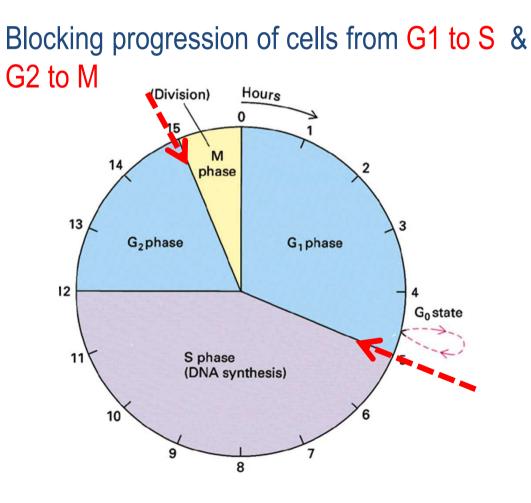
Survival curve of Chinese hamster cells irradiated at various cycle phases after cellular blocking and synchronizing. There is a greater sensitivity to radiation at phase M, G2 and G1 and a lesser sensitivity during phase S.

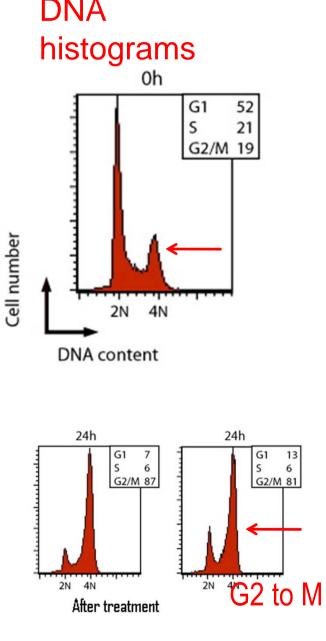
(From Sinclair, W.K., Radiat. Res., 33, 620, 1968)

Effect of radiation on cell cycle

Perturbation in the cell cycle

Mitotic delay, cell cycle delay, G₂-block





Biological effects of radiation

Distinguished as:

Somatic – affect the individual- (Complex molecules, Sub-cellular/cellular, Tissue, Whole organism)

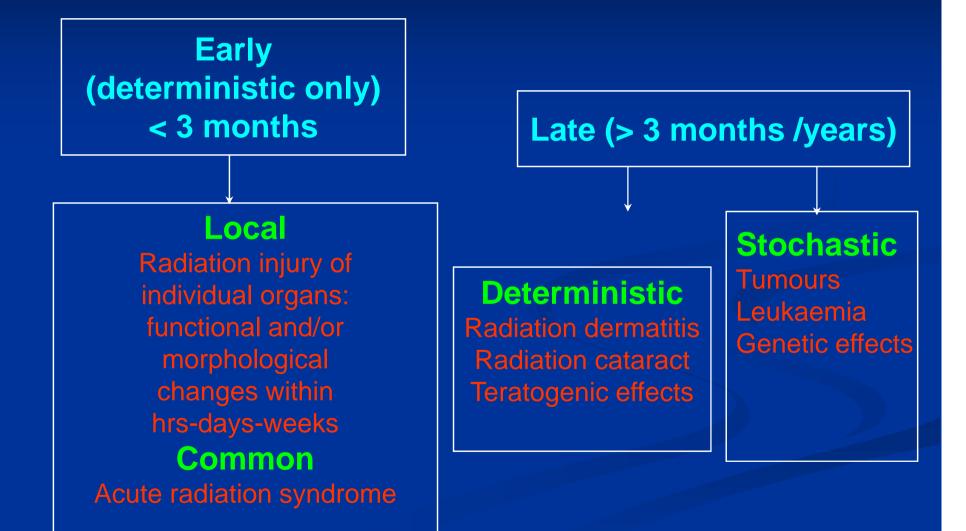
Somatic effects can be:

Deterministic (Non- Stochastic) – There is a threshold of damage. All early effects, and most normal tissue late effects. The severity depends on dose.

Stochastic – There is no threshold. The <u>effect</u> (e.g. cancer) is independent of dose but its <u>probability</u> *is* dose dependent.

Genetic – affect descendents - \rightarrow long-term damage – can affect populations

Radiation effects



Radiation-induced Mutagenesis

- Radiation DOES NOT produce new, unique mutations, but increases the incidence of the same mutations that occur spontaneously.
- Mutation incidence in humans is DOSE and DOSE-RATE dependent.
- A dose of 1 rem (10 mSv) per generation increases background mutation rate by 1%.
- Information on the genetic effects of radiation comes almost entirely from animal and *IN VITRO* studies.
- Children of A-bomb survivors from Hiroshima and Nagasaki fail to show any significant genetic effects of radiation.

Radiation Carcinogenesis

A stochastic late effect.

- No threshold, an all or none effect.
- Severity is not dose related.
- Probability of carcinogenesis is dose dependent.
- Leukemia has the shortest latency period of ~5 years. Solid tumors have a latency period of ~20 to 30 years.
- Total cancer risk for whole body irradiation is one death per 10⁴ individuals exposed to 1 rem.
- For every leukemia induced there are 3 to 4 sarcoma induced in the same irradiated population.

TISSUE SENSITIVITY

Radiation sensitivity of a tissue is:
Proportional to the rate of proliferation of its cells
Inversely proportional to the degree of cell proliferation





Developing embryo: - Most sensitive (early stages of differentiation, more sensitive during first trimester than in later trimesters

Human Populations in which Radiation Effects have Been Observed

Population

- Radiologists
 Atomic bomb sur
- Atomic bomb survivors
- Radiation accident victims
- Uranium miners
- Radium watch dial painters
- Patients treated with ¹³¹I
- Children treated for enlarged thymus
- Irradiation in utero

Effects

- Childhood malignancy
- Leukemia,
- Reduced life span
- Malignant disease
- Acute lethality
- Thyroid cancer
- Lung cancer
- Bone cancer
- Fertility impairment

Types of Radiation Response – after human exposure

If the response to radiation happens in minutes or days it is referred to as early effects of radiation.

If the responds is not observed for six months or more, it is termed to be late effects of radiation.

Early Responses to Radiation in Humans

Acute radiation syndrome
 Hematological Syndrome - Hematological depression
 Gastrointestinal Syndrome
 Central Nervous System Syndrome
 Local tissue damage
 Skin
 Gonads
 Extremities

Late Responses to Radiation in Humans

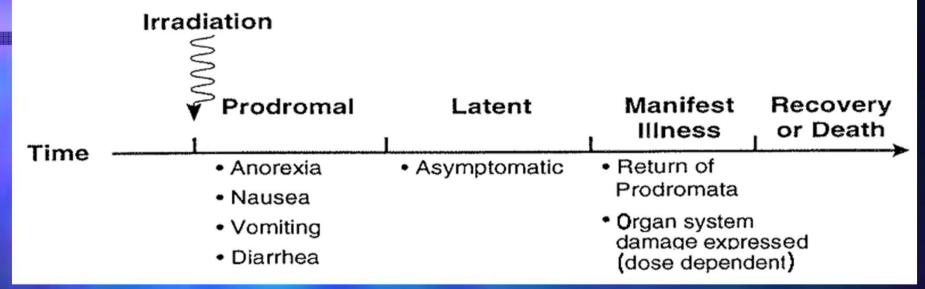
Leukemia Other malignant disease Bone Cancer Lung Cancer Thyroid Cancer Breast Cancer Local tissue damage Skin Gonads Eyes Shortened life span Genetic damage

Effects of Fetal Irradiation in Humans

Prenatal death
Neonatal death
Congenital malformations
Childhood malignancy
Diminished growth and development.

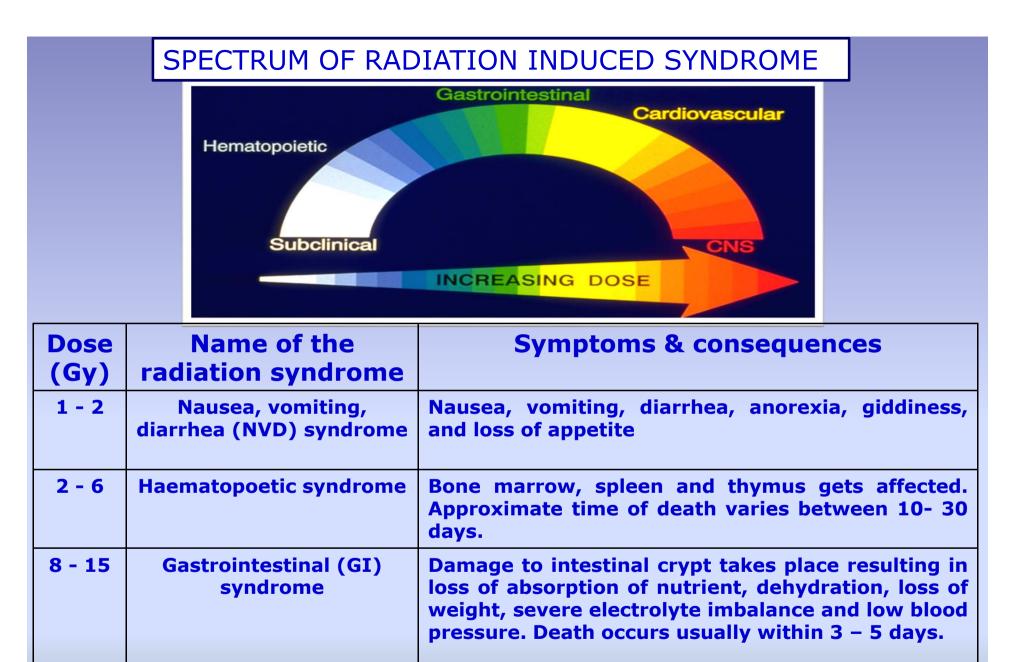
Acute Radiation Syndrome

Phases:



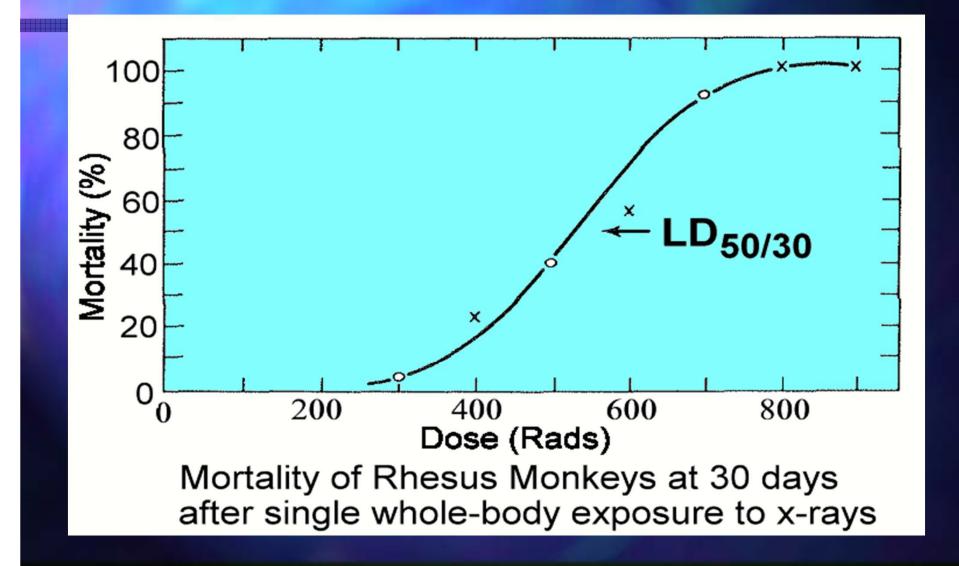
Dose Levels and Lethal Effects:

>50 Gy: Cerebrovascular syndrome (system collapse)
 > 5 Gy: Gastrointestinal death (crypt cells destroyed)
 3-5 Gy: Hematopoietic death (stem cell destruction)



> 25	 Irritability, hyper excitability response, epileptic type fits and coma. Symptoms are irreversible. Death usually occurs within 48 hrs.	

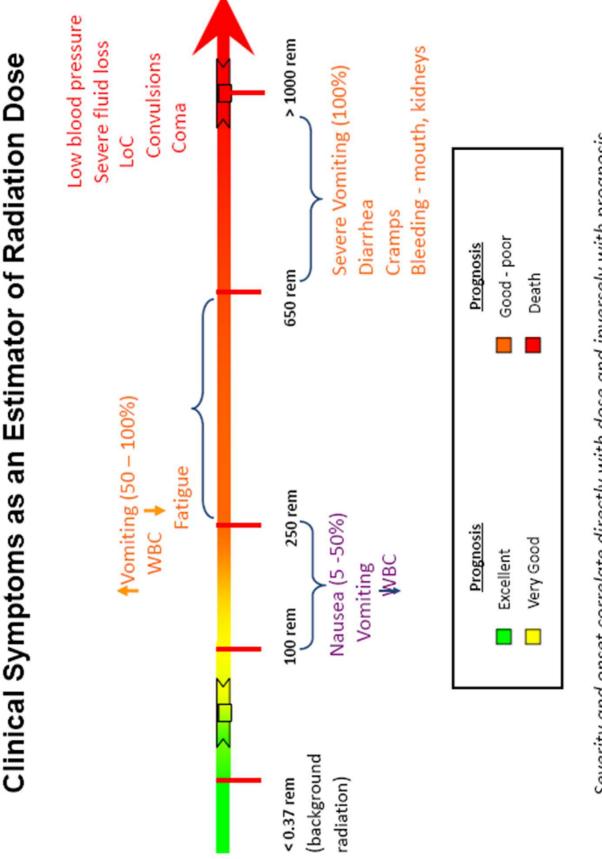
Whole Body Dose and LD₅₀ (30/60)



LD₅₀ for Various Species from Mouse to Man and Relation Between Body Weight and Number of Cells that Needs to be Transplanted for a Bone Marrow "Rescue"

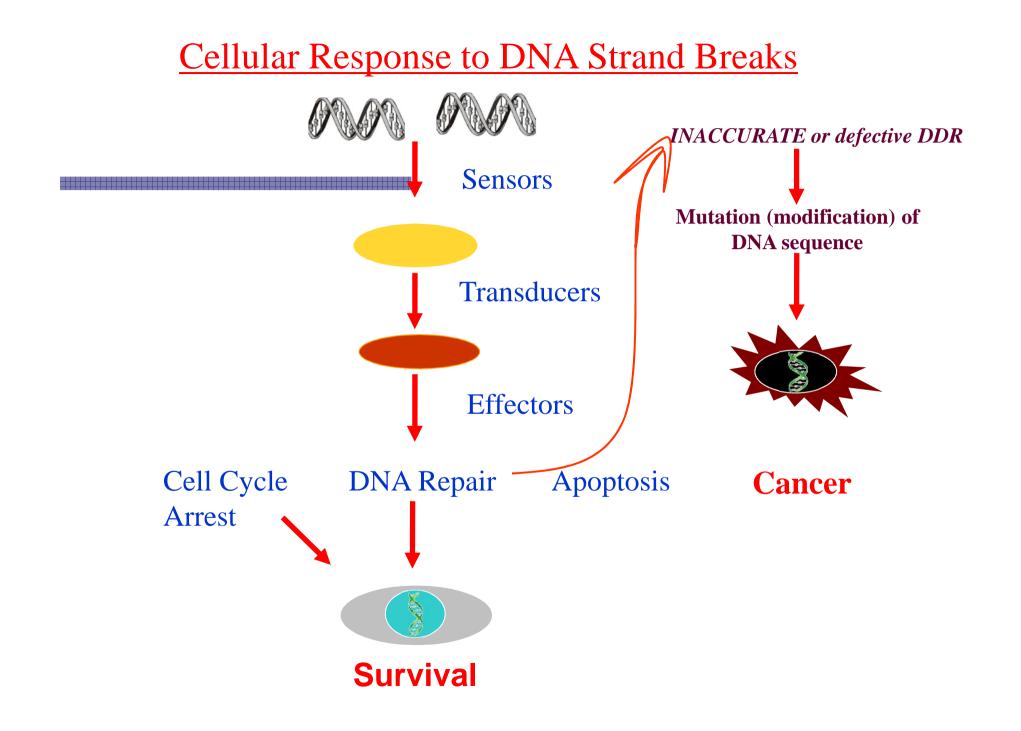
Species	Average Body Weight in kg	LD ₅₀ in Gy Total-Body Irradiation	Rescue Dose per kg × 10 ⁻⁸	Relative Hematopoietic Stem Cell Concentration
Mouse	0.025	7	2	10
Rat	0.2	6.75	3	6.7
Rhesus monkey	2.8	5.25	7.5	7.3
Dog	12	3.7	17.5	1.1
Humans	70	4	20	1

(Data from Vriesendorp HM, van Bekkum DW in Broerse JJ, MacVittie T (eds): Response to Total Body Irradiation in Different Species. Amsterdam, Martinus Nijhoff, 1984)

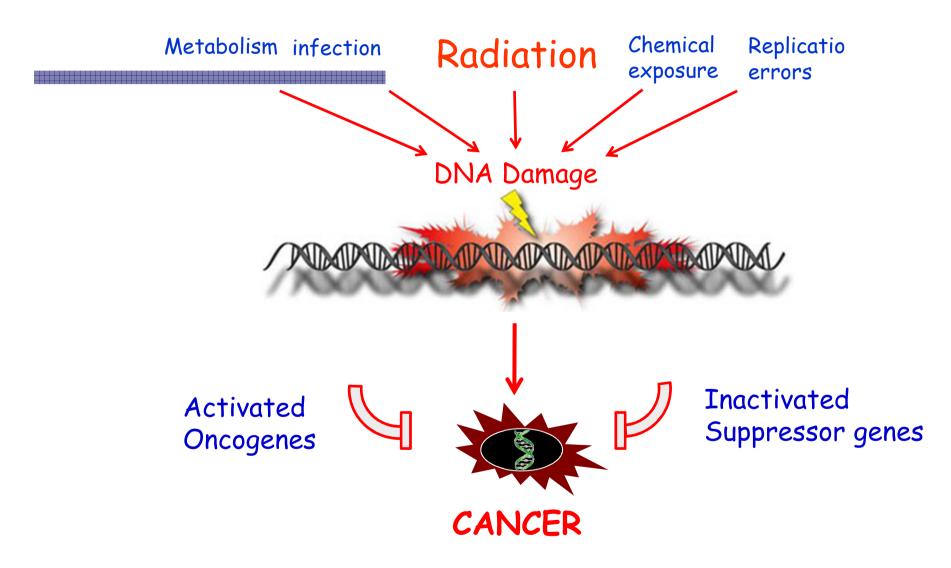


Severity and onset correlate directly with dose and inversely with prognosis





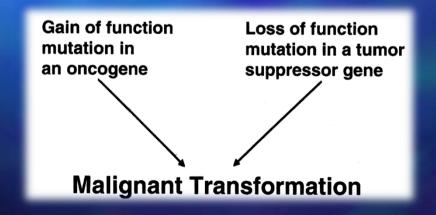
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What types of radiation cause cancer?

Ionizing radiations, both photon and particle radiations, induce cancers. How does radiation cause cancer? A multi-step induction over 10-20 yrs • The transformation of a cell from normal to

- malignant may result from activation of oncogenes
- The transformation of a cell from normal to malignant may also result from loss of tumorsuppressor genes

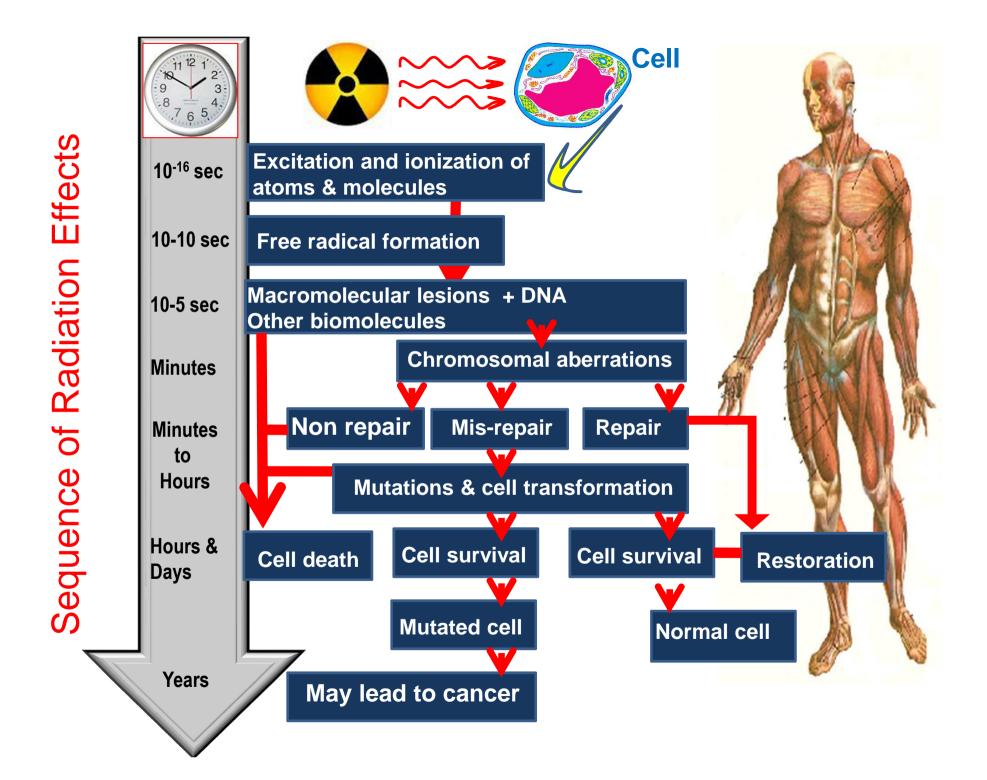


Radiation & Oncogenes

- An oncogene is a gene that contributes to cancer formation when mutated or inappropriately expressed
- Oncogenes can be activated via transformation by radiation, various chemicals, viruses, etc.
- Oncogenes appear to be associated with about 10 -15% of all cancers
- The ras family of oncogenes are the most common

Tumor suppressor genes

- Tumor suppressor genes are normally present in cells and suppress their neoplastic potential
- Missing or mutated tumor suppressor genes can lead to transformation from normal to malignant
- There are over a dozen tumor suppressor genes that have been identified and related to certain cancers



Conclusion

EFFECTS OF RADIATION

Our knowledge of radiation effects derives primarily from groups of people who have received high doses.

The risk associated with large radiation doses is relatively well established.

However, the risks associated with doses under about 200 mSv are less obvious because of the large underlying incidence of cancer caused by other factors.

Radiation protection standards assume that any dose of radiation, no matter how small, involves a possible risk to human health.

However, available scientific evidence does not indicate any cancer risk or immediate effects at doses below ~ 100 mSv a year.

At low levels of exposure, the body's natural repair mechanisms seem to be adequate to repair radiation damage to cells soon after it occurs.

