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Biological effects of low-dose radiation on cells and their implications in cancer risk

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Research aim

Acheiving understanding of

>The molecular basis of radiation-induced carcinogenesis
>The biological effects of low-dose radiation and their implications in cancer risk

By performing a comprehensive study of the cellular responses in different types of cells under chronic γ-irradiation

Age-related diseases and cellular responses to DNA damage



Cellular responses to DNA damage and genomic mutations



Cell senescence, Cell death, Cell differentiation, Cancer immunity cycle, etc.

Age-related diseases and cellular responses to DNA damage



Chronic y-irradiation over a wide range of dose-rates

Device: ¹³⁷Cs Low-dose-rate y-irradiator (1.11 TBq)

- i. Background Condition (B. C.)
- ii. 0.001 Gy/day (~0.001 mGy/min)
- iii. 0.01 Gy/day (0.007 mGy/min)
- iv. 0.1 Gy/day (0.069 mGy/min)
- v. 0.5 Gy/day (0.347 mGy/min)
- vi. 1 Gy/day (0.694 mGy/min)

Cells were cultured udner ¹³⁷Cs γ-rays at various doserates in 37°C 5 % CO₂ incubators







Chronic exposure to γ-radiation reveals significant differences in radio-sensitivity among different cell types



Cellular proliferation during γ-irradiation (at 0.5 Gy/day)



Comparison of colony forming abilities of different types of cells : acute versus chronic γ-irradiation (Total dose : 5 Gy)

	Surviving fracti	on (Mean ±SD)	
Cell line	Acute γ-irradiation (dose rate of 1.0 Gy/min for 5 min, total dose; 5 Gy)	Chronic γ-irradiation (dose rate of 0.347 mGy/min for 10 days, total dose; 5 Gy)	
NHDF p9	0.026 ±0.003 2.6%	0.069 ±0.015 6.9%	
BJ1/hT	0.033 ±0.005 3.3%	0.041 ±0.013 4.1%	Fibroblasts
TIG-3 p27	0.037 ±0.026 3.7%	0.119 ±0.038 11.9%	
MCF10A	0.094 ±0.006 9.4%	0.643 ±0.055 64.3%	
HCT-116	0.039 ±0.009 3.9%	0.942 ±0.015 94.2%	Other
MCF-7	0.037 ±0.005 3.7%	0.914 ±0.027 91.4%	cell
U2OS	0.012 ±0.003 1.2%	0.933 ±0.010 93.3%	mes
Hela	0.033 ±0.003 3.3%	0.924 ±0.068 92.4%	

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Fibroblasts are highly responsive to chronic genotoxic stress

Fibroblasts undergo senescence when irradiated at a dose-rate of 1.0 Gy/day



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Fibroblasts undergo senescence when irradiated at a dose-rate of 1.0 Gy/day



The ATM/TP53/P21 pathway is essential for chronic γ-IR-induced cellular senescence



Summary (I)

- Different cell types exhibit different response sensitivities to chronic y-irradiation.
- Proliferating fibroblasts are particularly sensitive to chronic γ-irradiation.
- A dose-rate threshold exists for the induction of senescencelike growth arrest (between 0.5 and 1.0 Gy/day).
- The ATM/TP53/P21 pathway plays a crucial role in response to chronic γ-irradiation for the maintenance of genomic integrity in fibroblasts.

Cellular responses to DNA damage and genomic mutations



On-going research

Detection/Quantification of molecular changes in fibroblasts under chronic γ-irradiation >RNA sequencing by Next generation sequencer →RNA expression profiles →Bioinformatics

Next generation sequencing technologies Transcriptome analysis of fibroblasts following chronic γ-irradiation



Transcriptome analysis

Human fibroblasts non-IR, 0.01, 0.1, 0.5, 1.0 Gy/day, for 4 days →Isolation of mRNA → RNA-seq by NGS

RNA-Seq (RPKM ratio, 4 days Ch-IR)





On-going research

Detection/Quantification of molecular changes in fibroblasts under chronic γ-irradiation >RNA sequencing by Next Generation Sequencer →RNA expression profiles →Bioinformatics

Identification of responsible genes and pathways for cellular responses and cell-fate decisions >siRNA library screening by High-throughput Imaging Systems →Cellular phenotype →Systems biology

High-Throughput siRNA Screening Identification of the genes responsible for the cellular responses to γ-irradiation



High-Throughput siRNA Screening

siRNA library for 21,584 genes (96well-plate 258-plates)



High-Throughput siRNA Screening



Summary (II)



<u>High-density time- and dose-rate-dependent measurements of gene</u> expression profiles and cellular responses during chronic y-irradiation



The Research Perspective

Comprehensive studies of cell-type-, dose-rateand time- dependent cellular responses and subsequent cell-fate decisions during chronic γ irradiation (especially in vivo, if it is possible) may help us to better understand the relevant targets for the biological effects of low-dose radiation.

The results from these studies may provide us with more insights into individual susceptibility to low-dose radiation and with the molecular basis for epidemiological studies on radiation risks of low-dose radiation exposure.