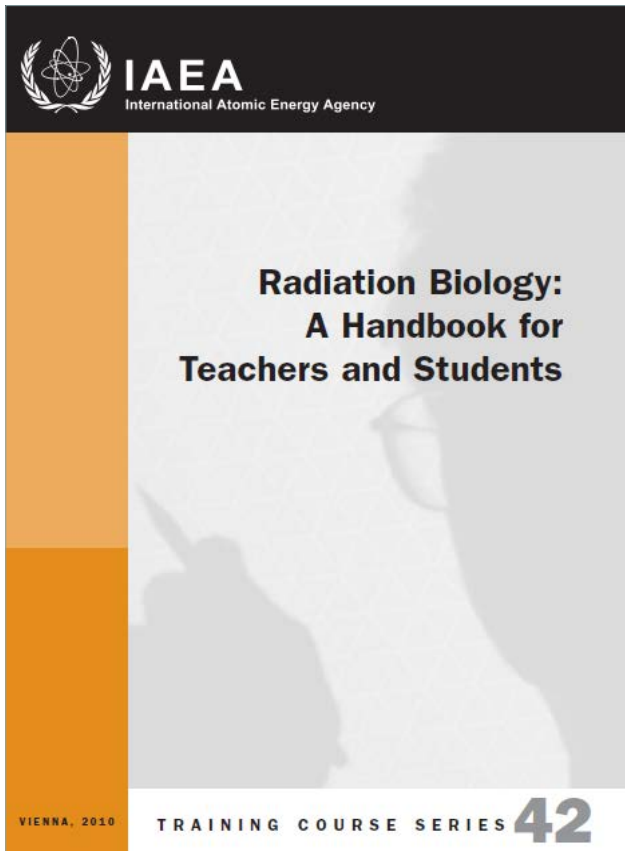


# Radiation Biology: A Handbook for Teachers and Students



Slide Series prepared in 2011 by  
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## Section 2.

### Sources of Additional Illustrative Material and Slides

- EJ Hall and A Giaccia. Radiobiology for the Radiologist: 6<sup>th</sup> edition. (2006). JB Lippincott, Philadelphia, USA. *Figures and Tables*.
- VAN DER KOGEL, A.J., JOINER, M.C., Editors, Basic Clinical Radiobiology: 4th edition. (2009). Hodder Arnold, London, UK. *Figures and Tables*.
- TANNOCK, I.F., HILL, R.P., BRISTOW, R.G., HARRINGTON, L., Editors, The Basic Science of Oncology, 4<sup>th</sup> edition. (2005). McGraw-Hill. *Figures and Tables*.
- <http://www.iaea.org/Publications/Training/Aso/register.html> IAEA slide series of Modules in Radiobiology.
- [http://lowdose.energy.gov/radiobio\\_slideshow.aspx](http://lowdose.energy.gov/radiobio_slideshow.aspx) Slide sets on Low Dose effects.
- <http://www.astro.org/arro/Certification/PhysicsRadBioCurriculum/documents/2011arrosq.pdf> ASTRO questions and answers text (2011).

## Section 3.

### Sources of Additional Illustrative Material and Slides

- EJ Hall and A Giaccia. Radiobiology for the Radiologist: 6<sup>th</sup> edition. (2006). JB Lippincott, Philadelphia, USA. *Figures and Tables*.
- VAN DER KOGEL, A.J., JOINER, M.C., Editors, Basic Clinical Radiobiology: 4th edition. (2009). Hodder Arnold, London, UK. *Figures and Tables*.
- TANNOCK, I.F., HILL, R.P., BRISTOW, R.G., HARRINGTON, L., Editors, The Basic Science of Oncology, 4<sup>th</sup> edition. (2005). McGraw-Hill. *Figures and Tables*.
- <http://www.iaea.org/Publications/Training/Aso/register.html> IAEA slide series of Modules in Radiobiology.
- <http://www.cancer.gov/search/results> NCI slide series on Understanding Cancer.
- <http://www.astro.org/arro/Certification/PhysicsRadBioCurriculum/documents/2011arrosq.pdf> ASTRO questions and answers text (2011).



## Section 4.

### Sources of Additional Illustrative Material and Slides

- “Radiobiology for the Radiologist” 6<sup>th</sup> edition, 2006. EJ Hall and A Giaccia. JB Lippincott, Philadelphia, USA. Figures and Tables in Chapters 10-15.
- <http://www.iaea.org/Publications/Training/Aso/register.html> IAEA slide series of Modules in Radiobiology including Protection.
- [http://rpop.iaea.org/RPOP/RPoP/Content/AdditionalResources/Training/1\\_TrainingMaterial/index.htm](http://rpop.iaea.org/RPOP/RPoP/Content/AdditionalResources/Training/1_TrainingMaterial/index.htm) Slide sets on Medical Radiation Protection.
- [http://lowdose.energy.gov/radiobio\\_slideshow.aspx](http://lowdose.energy.gov/radiobio_slideshow.aspx) Slide sets on Low Dose effects.

# Day 1: Physics and Chemistry of Radiation Interaction with Matter

- a) Interactions of electromagnetic radiations with matter, photoelectric effect, Compton scatter, pair production, dependence on photon energy, dependence on Z (atomic number) of absorbing material, distribution of energy deposition (scale), half value layer
- b) Interactions of particles with matter, electrons, energy dependence, alpha particles, neutrons
- c) Linear energy transfer (LET)/Relative biologic effectiveness (RBE)
- d) Definition of dose; gray (Gy)
- e) Principles of dosimetry: Ionization chambers, Thermoluminescence (TLD)
- f) Radiation Chemistry of water
- g) Formation and reaction of free radicals with oxygen, scavengers:
  - Direct/Indirect effects of radiation on macromolecules
  - Concept of chemical restitution/competition

# Day 2: Molecular Radiation Biology

- a) Types of radiation lesions to DNA, and repair: base damage, single strand breaks (SSB), double strand breaks (DSB), mechanisms of repair, molecular role of e.g. p53, ataxia teleangiectasia mutated gene (ATM)
- b) Effects on chromosomes – use in biodosimetry
- c) Radiobiological definition of cell death and cell survival
- d) Manifestations of radiation-induced cell death (apoptosis, necrosis, mitotic catastrophe, senescence)
- e) Survival curves and models, clonogenicity (main criterion), limitations of determination of cell numbers at a fixed time
- f) Cell cycle: sensitivities in different phases, and cell cycle checkpoints
- g) RBE – cell survival – change in slope and shoulder of survival curve, dependence of RBE on dose
- h) Cellular repair: sub lethal damage repair (SLDR)/potential lethal damage repair (PLDR) cell survival, half time of repair
- i) Dose rate effects: dependence on repair and proliferation
- j) Chemical modifiers Oxygen effect: radiation sensitizers/protectors
- k) Other cellular targets, e.g. membranes, mitochondria
- l) Bystander effects at low doses

## Day 3: Tumour Radiobiology including Tumour Growth and Micro-environmental Effects

- a) Tumour growth characteristics e.g. exponential growth
- b) Dependence of tumour cure probability on dose, tumour size, fractionation, overall treatment time
- c) Tumour stem cells/clonogenic tumour cell inactivation. Poisson statistics of tumour cure.
- d) Time factor in radiotherapy
- e) Palliative radiotherapy (tumour growth delay)

# Day 4: Normal Tissue Effects

- a) Concept of damage manifested early versus late: underlying mechanisms  
e.g. oxidative stress and cell kinetics
- b) Early effects:
  - Clinical manifestation
  - Time course and dose response, latency
  - Hypoplasia due to cell killing
  - Interacting factors: inflammation, cytokines
  - Dose/dose-rate/time/fractionation dependence
- c) Late effects:
  - Clinical manifestation
  - Time course and dose response, latency
  - Dependence on fraction size
  - Chronic inflammatory responses
  - Micro vascular injury fibrosis
  - Consequential late effects
- d) Whole body exposure: Radiation syndromes

## Day 5: Radiation Carcinogenesis

- a) A-bomb survivors: leukaemia, solid tumours, dose dependence, dependence on age at exposure, concept of relative versus absolute risk
- b) Mechanisms of multistage carcinogenesis. In vitro transformation, animal models, radiation-induced mutations
- c) Dose response relationship, dose-rate and latency in humans, organ dependence, estimation of radiation risk
- d) Definition of sievert (Sv), organ weighting factors

# Day 5: In Utero and Heritable Radiation Effects

## *Radiation Effects in Utero*

- a) Types of injury
- b) Dependence on stage of pregnancy
- c) Protection of the embryo
- d) Dose response for mental retardation

## *Radiation Induced heritable damage*

- a) Mutations
- b) Doubling dose
- c) Risk estimation, single gene disorders and multi-factorial diseases

## *Practicals/Tutorials*

- a) Dosimetry with ionization chambers; shielding
- b) Chromosome aberrations in lymphocytes (0-3 Gy): dicentrics and micronuclei
- c) Data analysis for cell survival curves; scoring colonies
- d) Data analysis of in vivo fractionation studies: skin, gastro-intestinal tract, kidney, spinal cord.

# Extra Module for Radiation Oncologists

## Day 1: Physics

- a) Dosimetry in radiotherapy
- b) Depth doses for photons, electrons, protons and heavy particles (concept of Bragg peak), particle therapy
- c) Isodose curves (fraction doses adding up, contrast with isoeffect curves, not linear), dose volume histograms
- d) Boron Neutron Capture Therapy (BNCT), requirement for preferential boron uptake in tumour, concern re-vascular uptake, poor characteristics of penetration of thermal neutron beams
- e) Physics of radioimmunotherapy, use of different isotopes, problems of tissue distribution, dose calculations



# Day 1: Molecular and Cellular Biology

- a) Principles of some common techniques e.g. immunoblotting, microarrays, proteomics (2-D gels)
- b) Techniques to modify gene expression
- c) DNA/Chromatin structure and function; (De)-methylation, (De)-acetylation
- e) Regulation of transcription, translation and post-translational modification, e.g. glycosylation, meristylation
- f) Cell signalling – signalling cascades, receptor/ligand interactions, phosphorylation/dephosphorylation reactions
- g) Oncogenes and Tumour suppressor genes
- h) Mechanisms of action of some signal-transduction therapeutic agents e.g. Epidermal growth factor receptor (EGFR) inhibitors, Ras inhibitors, Farnesyltransferase inhibitors (FTI).
- i) Radiation effects on cell signalling, e.g. EGFR pathway

# Day 1: The Cell Cycle (and Signal Transduction Pathways)

- a) Cell cycle description
- b) Methods to determine cell cycle parameters, e.g. flow cytometry – DNA staining and bromo deoxyuridine (BrdU)
- c) Control of cell cycle: cyclins, cyclin dependent kinases (CDKs), cyclin dependent kinase inhibitors (CKIs), role of p53
- d) Radiation-induced cell cycle checkpoints

## Day 2: Cell Death Mechanisms

- a) Radiobiological definition of cell death (loss of reproductive ability-reproductive death), abortive cell divisions after irradiation
- b) Apoptosis – Developmental and stress induced, morphological and biochemical features, molecular pathways
- c) Necrosis – Morphological, pathological, and biochemical features
- d) Mitotic catastrophe – Morphology
- e) Cell senescence and radiation-induced differentiation

# Day 2: DNA Damage and Repair

- a) Types of lesions and frequency per cell per Gy
- b) Multiple damaged sites (clustered damage)
- c) Types and Molecular mechanisms of DNA repair:
  - Base damage
  - Single strand breaks
  - Double-strand breaks: homologous recombination repair (HR), non-homologous end-joining (NHEJ)
  - Repair of cross-links
  - Mutations affecting repair (ATM etc)
  - Molecular responses to DNA damage (p53, ATM, etc)
- d) Principles of assay techniques – elution, electrophoresis including comets, repair foci, plasmid-based assays

Other molecular targets:

- a) Membranes (Oxidative damage, lipid peroxidation, sphingomyelinase activation in endothelial cells).
- b) Activation of stress response genes, radiation induced signal transduction

## Day 2: Cell Survival Curves

- a) Colony formation assays versus cell viability assays
- b) Dose-survival relationships
- c) Linear-quadratic model; two component exponential model, definition of survival curve parameters
- d) Sub-lethal and potentially lethal damage repair, half time of repair and incomplete repair, effect of unequal fraction size on repair
- e) Dose rate and fractionation effects
- f) Oxygen effect – level, time scale, mechanisms
- g) LET versus OER and RBE; Radio-sensitizers, protectors
- h) Low dose hypersensitivity, induced radio-resistance, mechanisms
- i) Bystander effects, mechanisms

# Day 3: Tumour Biology and Host/tumour Interactions

- a) Growth kinetics of experimental tumours and cancer in patients, impact of tumour pathology, tumour progression, metastatic spread
- b) Vasculature, angiogenesis and tumour microenvironment
- c) Hypoxia – Oxygen measurements, radiobiological-hypoxic fractions, acute/transient (perfusion-limited) versus chronic (diffusion-limited) hypoxia
- d) Mechanism of reoxygenation, hypoxic cell radiosensitisers, bioreductive agents
- e) Methods of correction of hypoxia-associated radioresistance in tumours: high LET radiotherapy, hypoxic cell radiosensitizers, increased oxygen concentration in breathing air, correction of anaemia
- f) Tumour response assays – tumour cure 50 (TCD50), threshold dose (TD50), in vivo/in vitro colonies, tumour regrowth delay, (TGD), in vitro tumour models (e.g. spheroids), human tumour xenografts and isogenic/ transgenic mouse tumours
- g) Differences between tumour types
- h) Virally-associated cancers: molecular and biological basis to induction and radiation response of virally-associated cancers

# Day 4: Radiobiology of Normal Tissue Damage

## *a) Early normal tissue damage:*

- Pathogenesis in critical normal tissues (skin, G-I tract mucosa, bladder, bone marrow), kinetics/latency cell turnover and stem cell function, role of inflammation, cytokines, reactive oxygen species
- Dose response.

## *b) Late normal tissue damage:*

Pathogenesis in critical tissues (Lung, heart, central nervous system (CNS), skin, kidney, liver, G-I tract, bladder, salivary gland) kinetics/latency cell turnover

- Role of inflammation, cytokines, reactive oxygen species
- Microvascular damage, fibrosis, ischaemia and atrophy
- Functional vs. structural damage
- Growth factors and stimulated regeneration (including stem cells)
- Concept of normal tissue tolerance
- Over-reacting patients - radiosensitivity syndromes
- Concept of functional subunits – parallel and serial organisation

## *c) Second cancers in radiotherapy patients*

## *d) Conditioning for bone marrow transplantation*

# Day 4: Time-Dose Fractionation

- a) The 5 Rs of fractionated radiotherapy (Repair, Repopulation, Radiosensitivity, Redistribution, Reoxygenation)
- b) Isoeffect curves
- c) Linear-quadratic (LQ) parameters, biological effective dose (BED), linear-quadratic equivalent dose (LQED)
- d) Residual injury and re-treatment
- e) Accelerated repopulation in tumours and normal tissues, time factor in radiotherapy
- f) Therapeutic ratio
- g) Concept of tumour control probability (TCP) and normal tissue complication probability (NTCP) models
- h) Modified Fractionation (Hyper-, Hypo-, Accelerated, Concomitant boost)
- i) Radiobiology of resource-sparing protocols, e.g. for palliative treatments



# Day 4: Brachytherapy and Volume Effects

## *Brachytherapy*

- a) Radiobiological principles
- b) Half time of repair
- c) Dose distribution
- d) Volume specification

## *Volume Effects*

- a) Isoeffect versus iso-tolerance
- b) Radiobiological interpretation of dose-volume histograms
- c) Volume considerations of functional versus structural damage
- d) Conformal and intensity modulated radiation therapy (IMRT) techniques

# Day 5: Principles of Combined Radiation and Drug Treatments

- a) Spatial cooperation versus interactive effects
- b) Different toxicities in tumour and normal tissues
- c) Possible mechanisms of interaction
- d) Principles of clinical use including concurrent and sequential treatments, role of chemotherapy in consequential late radiation toxicity, late cardiac effects
- e) Tumour micro-environmental effects in chemotherapy

## Day 5: Biological and Novel Therapies

- a) Biological therapies and their mechanism of action
- b) Novel targets for anti-cancer drugs including vasculature and cell signal control and oncogene products
- c) Bioreductive drugs, antibody-directed enzyme prodrug therapy (ADEPT)
- d) Photodynamic therapy
- e) Gene therapy, gene-directed enzyme prodrug therapy (GDEPT), radiation-induced gene expression including molecular switching techniques
- f) Radioimmunotherapy and targeted radiotherapy

## Day 6: Predictive Assays

- a) Rationale for normal tissues and tumours – intrinsic radiosensitivity, surviving fraction at 2Gy (SF2), cell kinetics, and hypoxia
- b) Molecular, subcellular, cellular and non-invasive tests
- c) Results to date
- d) Future possibilities, e.g. gene expression profiling

# Day 6: Clinical Radiobiology of Common Cancers

- a) Radiobiological issues in the treatment of the common cancers such as cervix, head and neck, lung, breast, prostate
- b) Resistance mechanisms and clinical radiobiology
- c) Cervix cancer, SF2, Hypoxia, Repopulation, Brachytherapy and external beam treatments, BED, LQED calculations
- d) Head and neck cancer, optimum fractionation schedules, volume effects –Morbidity scoring scales, salivary gland sparing, role of brachytherapy
- e) Lung cancer e.g. biological imaging of target volume using positron emission tomography (PET), accelerated radiotherapy.  
Radiochemotherapy schedules
- f) Breast cancer e.g. role of hypofractionation and brachytherapy, cardiac effects, antiestrogens and radiation toxicity
- g) Prostate cancer e.g. role of hypofractionation and brachytherapy, dose escalation, biochemical relapse

# Practicals / Tutorials

- DNA Laboratory techniques: practical demonstrations of some of the techniques from the above lectures e.g. comet assay, micronuclei, flow cytometry (DNA analysis), gel electrophoresis
- Survival curves in practice: practical session on the shapes of survival curves, and their importance in various clinical scenarios
- Analysis of scoring of normal tissue damage: LENT/SOMA versus RTOG/EORTC scoring systems, head and neck squamous cell carcinoma (HNSCC), Cervix Ca
- LQ model: BED, LQED,  $\alpha/\beta$  ratio values:
  - a) Fractionation calculations in practice
  - b) Physical dose distribution and biological response distribution
  - c) Combined brachy/teletherapy treatments; compensations for interruptions in treatment
  - d) Importance of treating all fields per day
  - e) Influence of radiation source decay with respect to repair half-time and dose effectiveness
  - f) Clinical impact of errors in dose delivery
- Critical reading of relevant literature

# Extra Module for Radiation Protection Personnel

Day 1: Environmental radiation exposure and radiation accidents:

## *Dose estimation:*

- a) Retrospective dose estimation for past exposures: e.g. for A–bomb survivors, populations exposed by the Chernobyl accident, the Techa River pollution, the Semipalatinsk test site.
- b) Radioecology: atmospheric dispersion, deposition (wet and dry), uptake in food chain, dose commitment from internal and external exposure. Relevant radioisotopes (Cs, I, Sr)
- c) Biological dosimetry in accidental exposures: Stable and unstable chromosome aberrations (lymphocytes, haemoglobin and glycophorin-A (GPA) mutations)

# Day 1: Diagnosis and Medical Management of Radiation Syndromes

- a) Lethal dose-50 (LD-50): laboratory experiments and human estimates
- b) Radiation syndromes (Neurovascular, Haematopoietic, Cutaneous and G-I tract syndromes)
- c) Diagnosis and medical management of radiation accidents: Radiobiological rationale for therapeutic strategies such as barrier nursing, bone marrow stem cell transplantation, cytokine treatment
- d) Methods of triage for treatment after a radiation accident:
  - Acute symptoms (vomiting, diarrhoea, hair loss, nausea)
  - Laboratory tests (lymphocyte count and granulocyte count)



# Day 2: Molecular Mechanisms of Multistage Carcinogenesis

- Initiation, promotion, progression
- Activation of oncogenes (i.e. genetic rearrangements)
- Inactivation of suppressor genes (e.g. p53), loss of heterozygosity (LOH), polymorphisms
- Genomic instability, mini and microsatellites
- Genetic susceptibility to radiation-induced cancer (e.g. Retinoblastoma (Rb) gene)

# Day 2: Epidemiological Evidence for Radiation Carcinogenesis:

- Epidemiological methods, cohort studies and case control studies
- Bomb survivor life-span studies: mortality and cancer incidence – design of study, results, dose response, latency, absolute vs. relative risk
- Patients treated for benign diseases such as ankylosing spondylitis, mastitis, tinea capitis
- Tuberculosis patients undergoing multiple fluoroscopy
- Radon exposure of hard-rock miners or in homes, interaction with smoking
- The influence of age at exposure and gender on incidence and latency
- Dose-response relationships for radiation-induced leukaemia and cancers, particularly at low doses. Limitations of epidemiological studies
- The influence of dose rate; absolute vs. relative risk models
- Life time risk extrapolations

## Day 2: Heritable Effects

- a) Methods to determine radiation-induced rates of single gene mutations
- b) Doubling dose at low dose, low dose rate irradiation
- c) Critical germ cell stages for heritable radiation damage
- d) Factors affecting the risk of heritable radiation damage: mutational component, potential recoverability correction factor (PRCF)
- e) Risk estimation for single gene disorders and multifactorial diseases

## Day 2: Effects on the Developing Embryo

- a) Intrauterine death, congenital malformations, and neonatal death, microcephaly, severe mental retardation, growth retardation
- b) Dependence on gestational age of radiation effects on the embryo or foetus
- c) Dose dependence of risk of severe mental retardation after exposure in weeks 8-15 and weeks 16-25, evidence for thresholds
- d) Protection of the embryo in diagnostic radiology and from occupational exposure

# Radiation Protection

- a) Effective and committed dose, definition of sievert (Sv), organ weighting factors, linear no-threshold (LNT) model
- b) Dose limits for occupational and public exposures and their justification.
- c) Dose limits for stochastic and deterministic effects

## REFERENCES TO SECTION 2 (1)

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