

## Cataract following low dose ionising radiation exposures: Mechanistic understanding and current research

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CNSC/CRPA Webinar: Lens of the eye – 21st March 2018

#### **Human Lens**

Diameter ~9-10 mm, thickness ~4.5 mm

Germinative zone of LEC

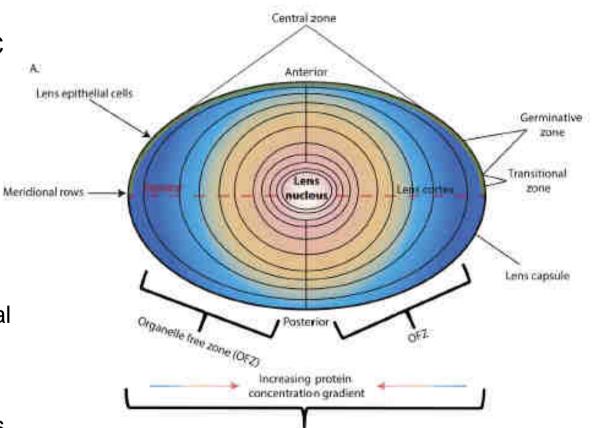
**Growth factors** 

-> differentiation

-> lens fibres

Tight temporal and spatial organisation

Deregulation -> cataracts

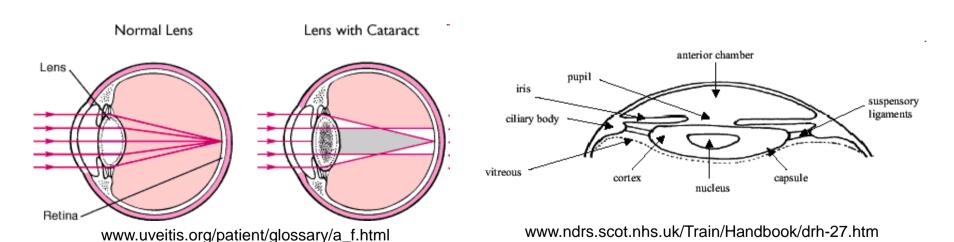




#### Radiation cataracts

#### Cataracts are most frequent cause of blindness worldwide

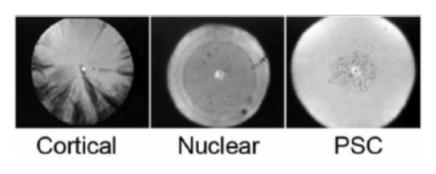
**Multifactorial aetiology:** Age related effect; Genetic component (congenital cataracts); Also: Sunlight, alcohol intake, nicotine consumption, diabetes, persistent use of corticosteroids, and *ionising radiation...* 

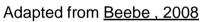


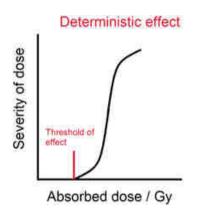


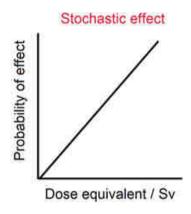
#### Radiation induced cataracts

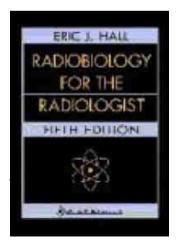
Ionizing radiation is generally (but not exclusively) associated with posterior sub-capsular opacities











Well established paradigm: Radiation cataract is a deterministic, late, effect

ICRP, 1990 (and 2007), and others: Thresholds for radiation induced cataracts: 2 Gy acute; 4 Gy or higher fractionated/ chronic exposures

**ICRP 2011:** Threshold ~ 0.5 Gy...

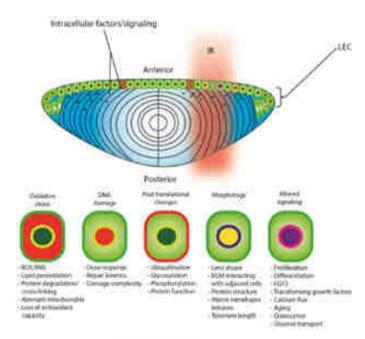


### How does ionising radiation cause cataracts?

Target cells: Germinative Zone on lens epithelium (?)

#### Potential mechanisms might include:

- Oxidative stress
- DNA Damage/Repair/Mis-repair
- Intracellular signalling
- Gene expression
- Cellular proliferation / mobility / migration
- Damage to proteins/ECM/lipids
- Post translational modifications
- Senescence
- Systemic/Non-targeted effects ...

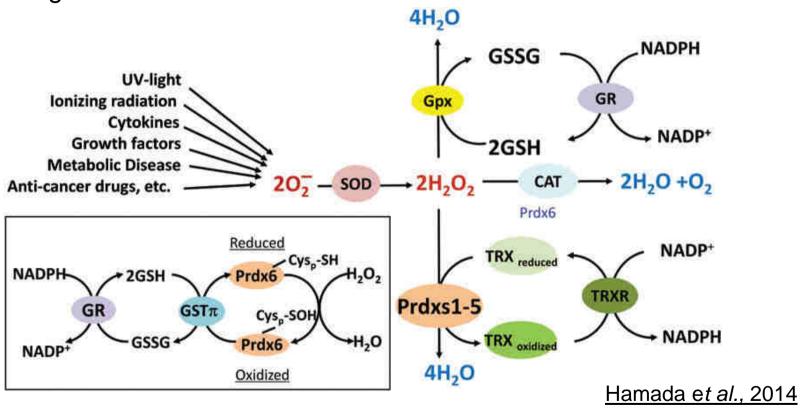




Modifying factors: Dose, Dose rate, Age at exposure, Genetic background ...

#### What do we know about oxidation?

**ROS:** Degradation, cross-linking, aggregation of lens proteins, DNA damage



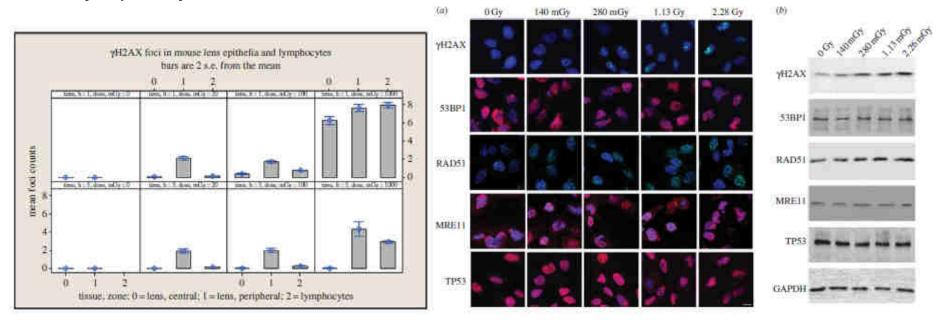
-> Aberrant lens epithelial cell division, cell migration, differentiation...



## Evidence from a study looking at DNA damage and repair

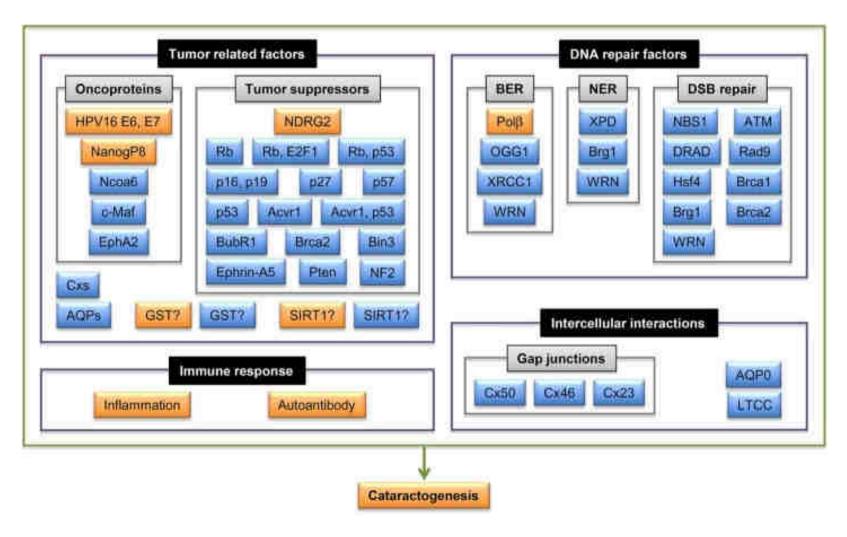
#### Markiewicz et al., 2015:

- Low dose, dose-response for DNA damage response in the lens
- Lens (peripheral region) is more sensitive than circulating lymphocytes





#### Signalling: Tumour related factors



Hamada and Fujimichi, 2015

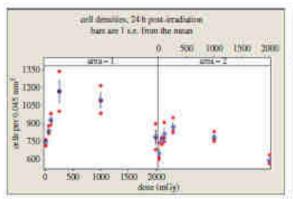
#### Data on stimulation of proliferation

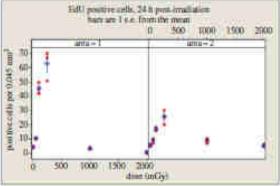
<u>Fujimichi and Hamada, 2015:</u> "IR not only inactivates clonogenic potential but also stimulates proliferation of surviving unactivated clonogenic HLE cells"

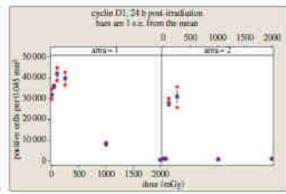
IR -> abnormal activity

Historical data: Irradiation induces excessive proliferation of rabbit lens epithelial cells; suppression of lens epithelial cell divisions inhibits radiation cataractogenesis in frogs and rats

#### Markiewicz et al. 2014:









## Some publications on lens protein modifications

Abnormal lens protein accumulation -> Aggregation, lens scatters light instead of focusing on the retina

Bloemendal et al, 2004: Lens crystallins:  $\alpha$ -, $\beta$ - and  $\gamma$ -, form the refractive medium of the lens; proteins e.g.  $\alpha A$ - or  $\alpha B$ - protect from aggregation

Muranov et al., 2010: Protein changes in irradiated lenses similar to those seen in old age

Wiley et al., 2011: Role of abnormal cellular proliferation, e.g. p53 effect?

<u>Fujii et al., 2001:</u> Role of post translational modifications? May reduce solubility to alter transparency



#### Some genetics data

**Mouse models:** ATM, RAD9, BRAC1 genes control signalling for DNA damage response signalling; Heterozygosity of these genes known to leads to increased risk of cancers

#### Worgul et al., 2002:

- Cataracts earliest in homozygotes for Atm, then heterozygotes, then wildtype
- Severity and latency proportional to number of damaged cells attempting differentiation
- Atm homozygotes/heterozygotes genetic predisposition to cataracts

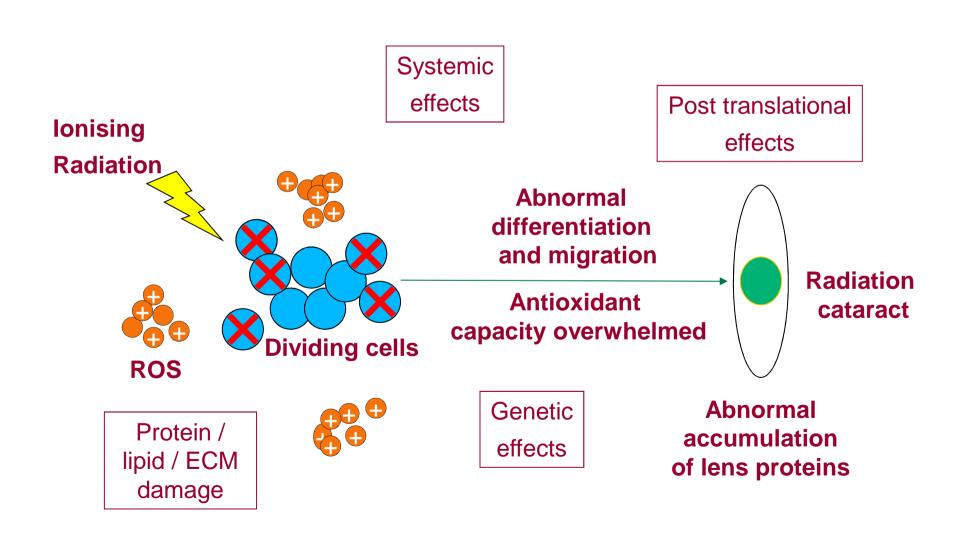
Kleiman et al., 2007: Cataracts develop earlier and in greater numbers in Atm/Rad9 double heterozygotes

Smilenov et al., 2008: Atm/Rad9/Brca1 double heterozygotes showed increased resistance to apoptosis and increased radiation sensitivity

Humans: e.g. Cataractogenic mutations in human crystallin genes



## (Very basic) summary of current (incomplete) mechanistic hypothesis





#### What do we know?

Understanding of lens biology (structure, physiology, process of fibre cell formation)

Radiation causes posterior subcapsular cataracts

High dose responses; impact of RBE, LET, DR

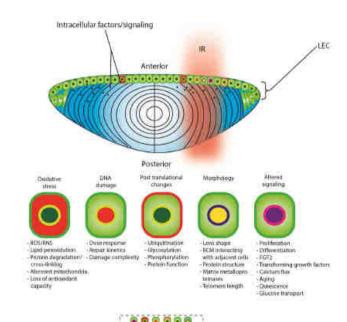
Number of potential competing/parallel mechanisms from wider cataract studies

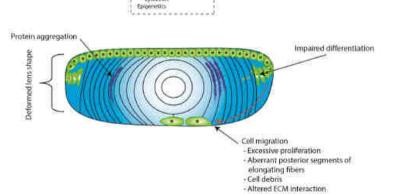
Cellular and tissue level studies *ex vivo* or *in vitro* support the paradigm of genomic damage of lens epithelial cells as key mechanisms of cataractogenesis

Genetic background (e.g. heterozygosity for *Atm* or *Ptch1*), gene expression

Age dependence, impact of normal aging

Cataract detection/assessment





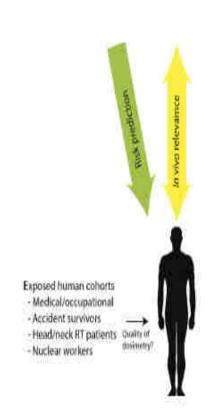
- Gap junctions Eq. Octov43



#### What don't we know?

Research model

in vivo (ex vivo) models



Accelerated aging

dose deposition

- Smoking

- UV exposure - Obesity - Diabetes

Hypertension

- Asthma

- Steroids

- COPD

- Eye injury/Inflammation

Confounding factors

+ Nuclear/cortical

+Latency period length

Monte Carlo modeling of

- Alcohol consumption - Background IR exposure

# In vitro cell culture models - Human - Animal - H.Os Identification of murine strains statable for endpoints

## Questions to be addressed experimentally - <100 mGy IR exposure - Stochastic vs deterministic (radiation protection) - Acute vs. protracted exposure (dose rate) - Identify markers of cataract initiation and progression (diagnosis/prognosis) - Induction of impaired proliferation/differentiation by radiation exposure

#### Genetic/environmental conditions

- Diet
- Circadian rythm
- Age/gender
- Epigenetic altered gene expression

#### Opacity monitoring

- Lens shape
- Standardized grading
- Epithelial cell density



#### LDLensRad Project



### EJP CONCERT LDLensRad: Towards a full mechanistic understanding of low dose radiation induced cataracts

#### **Objective:**

"To advance knowledge to solve the question of how radiation causes and/or promotes cataracts.

This will be achieved by providing concrete evidence of the ability of radiation exposure <= 500 mGy to cause cataracts, the impact of dose protraction on the dose response and the biological mechanisms behind cataractogenesis."





**EUROPEAN JOINT PROGRAMME - CONCERT** 

TRANSNATIONAL CALL FOR PROPOSALS (2016)

FOR

"RADIATION PROTECTION RESEARCH IN EUROPE"

#### PROPOSAL APPLICATION FORM

#### Please note

- All fields must be completed using "Calibri font, size 11" character
- Incomplete proposals (proposal missing any sections), proposals using a different format or exceeding length limitations of any sections will be rejected without further review.
- In case of inconsistency between the information registered in the submission tool and the information included in the PDF of this application form, the information registered in the
- . Refer to the "GUIDELINES FOR APPLICANTS" for information about the proposal structure

Page



#### Specific research questions



- Is there a low dose dose-response in radiation cataractogenesis?
- What is the impact of dose rate?
- What is the impact of genetic background?
- What is the impact/involvement with the 'normal' aging process?
- How are oxidative stress and intracellular communication, DNA damage, translational, proteomic and lipidomic responses, proliferation and lens morphology impacted by radiation?
- Can the lens be viewed as an indicator of global radiosensitivity?
- Are radiation cataracts most appropriately viewed as a deterministic/tissue reaction or a stochastic effect?

LDLensRad will contribute to answering some of these questions but:

Further collaborative research is needed!



## Project collaborators and Advisory Board members





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Ionizing radiation induced cataracts: Recent biological and mechanistic developments and perspectives for future research

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#### Thank you for listening!

Questions/Comments/Suggestions?

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