

# Are Track Structure Simulations *Truly* Needed for Radiobiology at the Cellular and Tissue Levels

## Robert D. Stewart, Ph.D.

Associate Professor of Radiation Oncology  
University of Washington School of Medicine  
Department of Radiation Oncology  
1959 NE Pacific Street  
Seattle, WA 98195-6043  
206-598-7951 office  
206-598-6218 fax  
rdstewart@uw.edu

Presented at 2016 AAPM Symposium *Connecting Radiation Physics with Computational Biology*

**Date and Time:** Wednesday Aug 3, 2016, 10:55 to 11:35 am

**Location:** Washington D.C.

© University of Washington Department of Radiation Oncology

© University of Washington Department of Radiation Oncology

Slide 1

## Learning Objectives

- Review (*selected*) mechanisms and processes that determine the biological effectiveness of particles relative to  $^{60}\text{Co}$   $\gamma$ -rays and MV x-rays (“particle RBE”)
- Understand how the RBE for DNA damage relates to the RBE for cell survival.
- Gain insight into and learn about the putative relationship between particle RBE at the molecular, cellular and tissue levels

© University of Washington Department of Radiation Oncology

Slide 2

## Acknowledgements

**I’ve had the good fortune to collaborate with many outstanding clinicians and researchers at the UW and elsewhere, including most recently**

**UW and Affiliates:** GA Sandison, W Smith, KRG Hendrickson, E Lee, O Gopan, M Kim, MH Phillips, S Vyas, R Ermoian, LM Halasz, U Parvathaneni, GE Laramore, CD Bloch, J Saini, G. Moffit, D. Argento, R Emery, J Zeng, YD Tseng, R Rengan, S. St James, LA Young, N Cao, J Meyer, R Miyaoka, and JL Schwartz

**Other Institutions:** DJ Carlson (Yale), V Semenenko (Landauer Medical Physics), C Kirkby (U of Calgary), Erik Traneus (RaySearch), J Schuemann (MGH), H Paganetti (MGH), VP Moskvina (St. Jude Children’s Hospital), S Streitmatter (U. of Utah), T Jevremovic (U. of Utah), AG Georgakilas (NTU, Athens Greece), JT Goorley (LANL), WD Newhauser (LSU), R Zhang (LSU).

Mechanisms and Classification of Initial DNA

- Types of Elementary DNA Lesion
- Direct Effect
- Indirect Effect
- Classification of Clusters of DNA Lesions

---

---

---

---

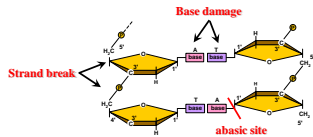
---

---

---

Elementary Types of Damage

- Individual nucleotides that become damaged are termed a **DNA lesion**
  - Abasic or AP (apurinic/aprimidinic) sites = base loss
  - Base damage (A, T, G or C)
  - Strand breaks (damage to sugar or phosphate), usually accompanied by base loss



---

---

---

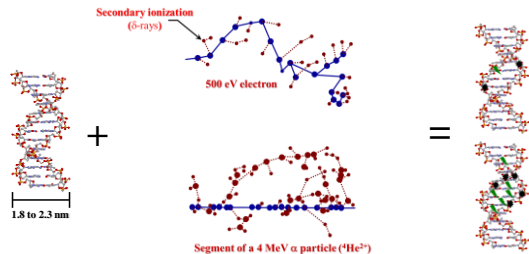
---

---

---

---

Direct Ionization of the DNA (“direct effect”)



---

---

---

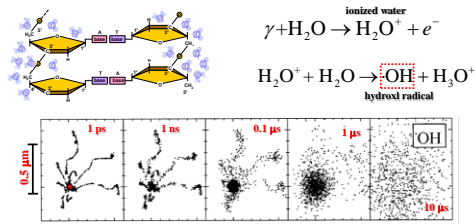
---

---

---

---

Ionization of H<sub>2</sub>O close to the DNA (“Indirect Effect”)



Spatial distributions of ·OH in liquid water. Red dot indicates location of a 1 μm segment of a 24 MeV He<sup>2+</sup> ion (26 keV/μm) directed into the image

Image adapted from Muray Y, Pham L, Azam EL, Mounsgren J, Katsunuma Y, Jay Geun JP. High-LET ion radiolysis of water: visualization of the formation and evolution of ion tracks and relevance to the radiation-induced bystander effect. *Radiat Res*. 165(4), 485-491 (2006).

Amount of Direct and Indirect damage after 1 Gy

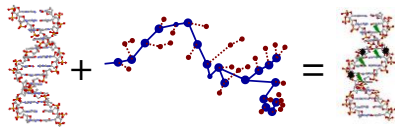
	% Volume of Nucleus	Mass (pg)	MeV per Gy	Number 50 eV events
cell	-	1,000.00	6.2422	124,843.9
nucleus	100.00	125.00	0.7803	15,605.5
human DNA	4.90	6.13	0.0382	764.8
base (A, T, G or C)	2.06	2.58	0.0161	321.8
phosphate (PO4)	1.51	1.89	0.0118	236.3
deoxyribose sugar	1.32	1.66	0.0103	206.8
sugar+phosphate	2.84	3.55	0.0222	443.0
water	70.00	87.50	0.5462	10,923.8

$764 + 10,923 = 11,687$  (max # of DNA lesions)

For a diploid human cell, best estimate is ~ 5,200 DNA lesions Gy<sup>-1</sup>, which implies that < 10<sup>4</sup> nucleotides of out of 10<sup>10</sup> are damaged by a 1 Gy dose of radiation (1 in 10<sup>6</sup>).

Clusters of DNA Lesions

One of the more unique characteristics of ionizing radiation is its ability to produce several DNA lesions within one or two turns of the DNA, i.e., a *cluster of DNA lesions*\*

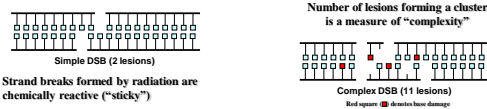


\* “Clusters of DNA lesions” are also referred to in the literature as *locally multiply damaged sites* (LMDS) or *multiply damaged sites* (MDS)

Double Strand Break (DSB)



A DSB is a cluster that contains *at least* two strand breaks on opposing strands within ~ 10 bp of each other

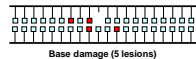


Non-DSB Clusters

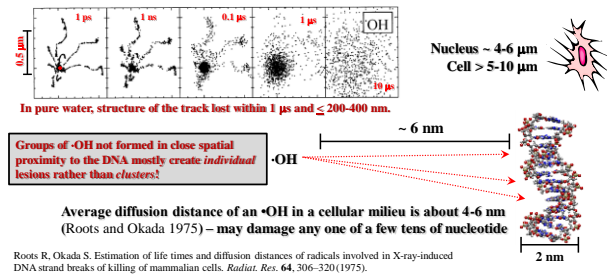
SSB (single strand break) denotes the *family* of all types of cluster other than the DSB that contain *at least one strand break*



Clusters that do not contain any strand breaks are referred to as "base damage"



Track Structure and the Indirect Effect

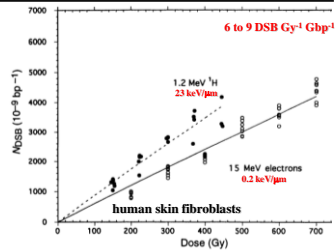


Roots R, Okada S. Estimation of life times and diffusion distances of radicals involved in X-ray-induced DNA strand breaks of killing of mammalian cells. *Radiat. Res.* 64, 306-320(1975).

### DSB Induction $\propto$ Dose

DSB are directly or indirectly formed through the action of *individual* tracks + spatially and temporally correlated  $\delta$ -rays

*Not* formed by 2 or more independent tracks up to at least a few hundred Gy – would be a *linear-quadratic function of dose* if DSB created by  $\geq 2$  tracks.

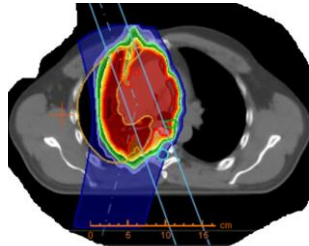


Frankenberg D, Brede HJ, Schewe UJ, Steinmetz C, Frankenberg-Schwager M, Kasten G, Prahle E. Induction of DNA double-strand breaks by <sup>1</sup>H and <sup>16</sup>O ions in primary human skin fibroblasts in the LET range of 8 to 124 keV/microm. *Radiat Res.* 151(5), 540-549 (1999).

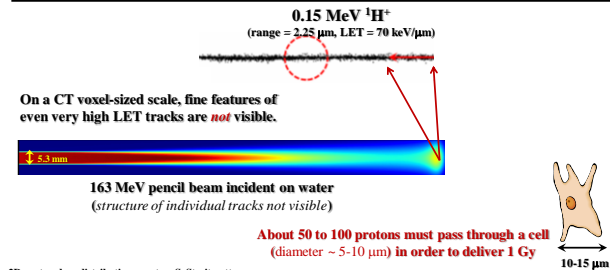
### Track Structure on the Tissue Level?

Absorbed dose at the multi-cellular ( $> 1 \text{ mm}^3$ ) and tissue levels arise from the aggregate effects of *many* particles.

About  $10^5$  to  $10^6$  protons must pass through a  $1 \text{ mm}^3$  region of matter to deliver 1 Gy of absorbed dose.



### Tracks Structure at the CT voxel level ( $\sim 1 \text{ mm}^3$ )



2D proton dose distribution courtesy S. Streitmatter

### Track Structure on the Molecular Scale

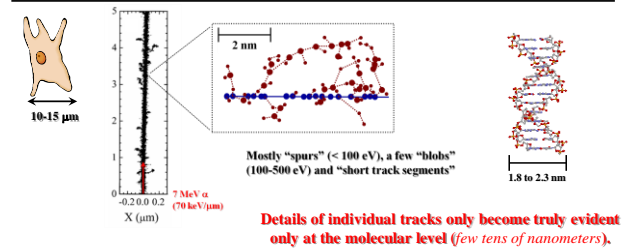
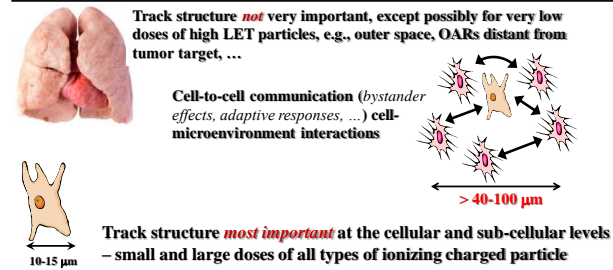
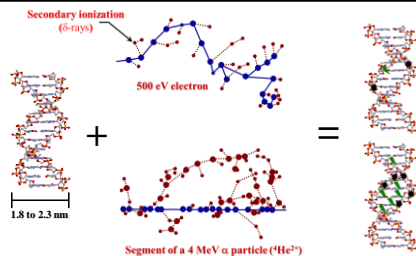


Image adapted in part from Muroya Y, Plante I, Azzam EL, Mesingnoen J, Katsumura Y, Jay-Gerin JP. High-LET ion radiolysis of water: visualization of the formation and evolution of ion tracks and relevance to the radiation-induced bystander effect. *Radiat Res.* 165(4), 485-491 (2006).

### Macro- to the Microscale – Dosimetry and Track Structure



### Ionization Density ("LET effects") and Cluster Complexity



Effects of Track Structure on DNA Clusters

- # of lesions per cluster tends to increase with increasing LET

As # of lesions per cluster increases, more likely to have at least 2 opposed strand breaks within 10 bp, i.e., a DSB.



A cluster of DNA lesions can only be a DSB, a SSB or a cluster of damaged bases, i.e., mutually exclusive cluster categories.

- DSB ↑ SSB ↓ Base Damage ↓
- Ratio of SSB to DSB goes from about 20:1 (“low LET”) to about 3:1 (“high LET”)

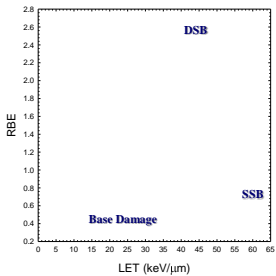
Trends in  $RBE_{DSB}$  with proton LET (same overall trends other ions)

Filled Yellow Symbols: Track Structure Simulation (Nikjoo et al. 1997, 2001, 2002)

Filled Red Symbols: Track Structure Simulation (Friedland et al. 2003)

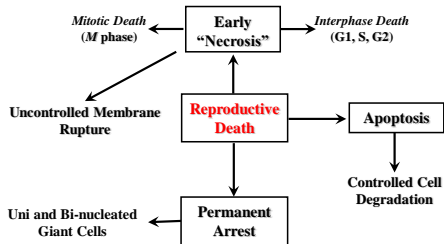
Lines: Monte Carlo Damage Simulation\* (MCDS)

DSB are only major category of initial DNA damage that increases with increasing particle LET



\* Semenenko and Stewart 2004, 2006, Stewart et al. 2011

Cell Death Modes and Kinetics



Necrosis

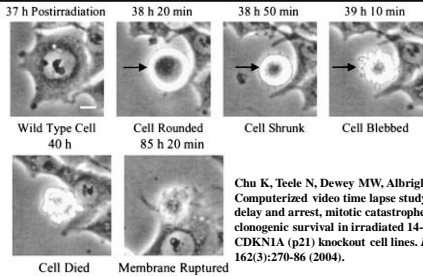
- Intracellular contents released in uncontrolled fashion (**membrane ruptures**)

1

200X phase-contrast images of EJ30 human bladder carcinoma cell undergoing necrosis 45-48 h after exposure to 6 Gy of 220 kVp x-rays

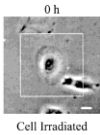
Chu K, Leonhardt EA, Trinh M, Priester-Carrillo G, Lindqvist J, Albright N, Ling CC, Dewey WC. Computerized video time-lapse (CVTL) analysis of cell death kinetics in human bladder carcinoma cells (EJ30) X-irradiated in different phases of the cell cycle. *Radiat Res.* 158(6):667-77 (2002).

Apoptosis (*HCT116 colorectal carcinoma*)



Chu K, Teele N, Dewey MW, Albright N, Dewey WC. Computerized video time lapse study of cell cycle delay and arrest, mitotic catastrophe, apoptosis and clonogenic survival in irradiated 14-3-3sigma and CDKN1A (p21) knockout cell lines. *Radiat Res.* 162(3):270-86 (2004).

Unitnucleated Giant Cells (*arrested cell*)



Cell Irradiated

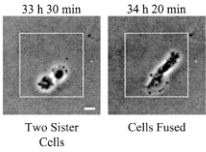
200X phase-contrast images of EJ30 human bladder carcinoma cell after exposure to 6 Gy of 220 kVp x-rays

Chu K, Leonhardt EA, Trinh M, Priester-Carrillo G, Lindqvist J, Albright N, Ling CC, Dewey WC. Computerized video time-lapse (CVTL) analysis of cell death kinetics in human bladder carcinoma cells (EJ30) X-irradiated in different phases of the cell cycle. *Radiat Res.* 158(6):667-77 (2002).



Binucleated giant cells

- Cell completes mitosis but progeny fuse back together



200X phase-contrast images of EJ30 human bladder carcinoma cell after exposure to 6 Gy of 220 kVp x-rays

Chu K, Leandorsh EA, Tish M, Priour-Carrillo G, Lindqvist J, Albright N, Ling CC, Dewey WC. Computerized video time-lapse (CVTL) analysis of cell death kinetics in human bladder carcinoma cells (EJ30) X-irradiated in different phases of the cell cycle. *Radiat Res.* 159(6):667-77 (2003).

---

---

---

---

---

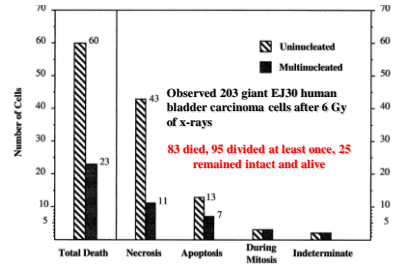
---

---

---

Ultimate Fate of Giant Cells

Priour-Carrillo G, Chu K, Lindqvist J, Dewey WC. Computerized video time-lapse (CVTL) analysis of the fate of giant cells produced by X-irradiating EJ30 human bladder carcinoma cells. *Radiat Res.* 159(6):705-712 (2003).



---

---

---

---

---

---

---

---

What's the connection between DNA Damage and Cell Survival?

- Are all DSB lethal? What about SSB? Base Damage?
- Breakage and reunion therapy, a.k.a., what happens when pairs of DSB interact?

---

---

---

---

---

---

---

---

## Are all DSB Lethal?

After 1 Gy dose of low LET radiation, a typical human cell sustains  $45 \pm 10$  DSB Gy<sup>-1</sup> cell<sup>-1</sup>. If DSB are always lethal, the fraction of cells that will survive a 2 Gy dose is

$$S = \exp(-45 \text{ DSB Gy}^{-1} \cdot 2 \text{ Gy}) = 10^{-40} (10^{-31}, 10^{-48})$$

Only those cells that do not sustain a radiation-induced DSB survive  
(Poisson distribution of DSB among irradiated cells)

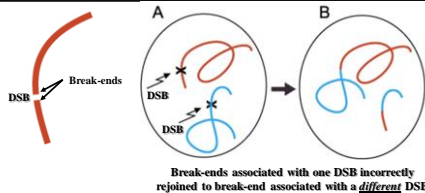
For comparison, many published studies indicate a surviving fraction of 0.1 (repair compromised) to 0.9 (repair proficient) cells after a 2 Gy dose of radiation. Only way to reconcile observations is

< 2% of initial DSB formed  
in a cell are lethal

$\therefore$  cells must be really good at repairing/rejoining DSB!

See also the classic review: DT Goodhead. Initial events in the cellular effects of ionizing radiations: clustered damage in DNA. IJRR 65(1): 7-17 (1994).

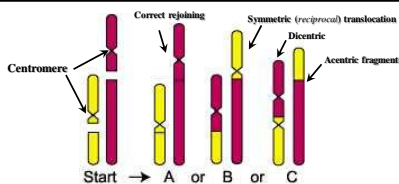
## Breakage and Reunion Theory



**Proximity Effects:** pairs of DSB formed in close spatial *and* temporal proximity are more likely to rejoin incorrectly than pairs of DSB separated in time and/or space ( $\rightarrow$  *dose rate* and *LET effect*)

R.K. Sachs and D.J. Brenner, Chromosome Aberrations Produced by Ionizing Radiation: Quantitative Studies  
[http://web.ncbi.nlm.nih.gov/books/bv.fcgi?call=bv.View.ShowTOC&rid=mono\\_002](http://web.ncbi.nlm.nih.gov/books/bv.fcgi?call=bv.View.ShowTOC&rid=mono_002)

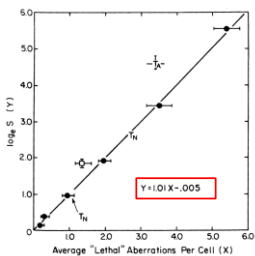
## Lethal and Non-Lethal Aberrations



Dicentrics and acentric fragments are usually lethal in the reproductive sense because segregation of chromosomes at mitosis is disturbed. In contrast, correct DSB rejoining and symmetric (*reciprocal*) translocations are consistent with continued cell division

R.K. Sachs and D.J. Brenner, Chromosome Aberrations Produced by Ionizing Radiation: Quantitative Studies  
[http://web.ncbi.nlm.nih.gov/books/bv.fcgi?call=bv.View.ShowTOC&rid=mono\\_002.TOC&depth=10](http://web.ncbi.nlm.nih.gov/books/bv.fcgi?call=bv.View.ShowTOC&rid=mono_002.TOC&depth=10)

1:1 relationship between lethal aberrations and cell survival



AC 1522 normal human fibroblasts irradiated by x-rays

$S = e^{-Y}$

S = fraction that survive  
Y = average number of lethal aberrations per cell

Source: Cornforth and Bedford, *Rad. Res.*, 111, p 385-405 (1987). See also Figure 3.4 in Hall (p. 37)

---

---

---

---

---

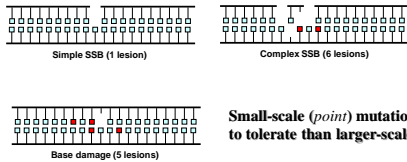
---

---

---

What about SSB? Base Damage?

After 1 Gy dose of low LET radiation, a typical human cell sustains  $1000 \pm 200$  SSB Gy<sup>-1</sup> cell<sup>-1</sup>. Using the same logic as for DSB,  $\leq 0.1\%$  of initial SSB are involved in cell killing, i.e., *cells are even better at repairing SSB than DSB. Same argument applies to base damage.*



Small-scale (*point*) mutations are far easier for a cell to tolerate than larger-scale chromosome aberrations

---

---

---

---

---

---

---

---

A Mechanism-Inspired RBE Model

RADIATION RESEARCH 189, 447-459 (2008)  
0033-7587/08 \$12.00  
© 2008 by Radiation Research Society.  
All rights of reproduction in any form reserved.

Combined Use of Monte Carlo DNA Damage Simulations and Deterministic Repair Models to Examine Putative Mechanisms of Cell Killing

David J. Carlson,<sup>a\*</sup> Robert D. Stewart,<sup>a,1</sup> Vladimir A. Semenenko<sup>a,\*</sup> and George A. Sandison<sup>a</sup>

Combines a kinetic repair-misrepair model very similar to the earlier RMR (Tobias 1985), LPL (Curtis 1986), and MK (Hawkins 1996, 1998, 2003) models with an independently tested Monte Carlo Damage Simulation (MCDS) for initial DSB induction (Stewart *et al.* 2004, 2006, 2011, 2015).

---

---

---

---

---

---

---

---

## Connection between $RBE_{DSB}$ and the RBE for cell survival?

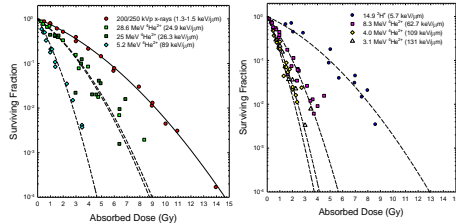
In the MCDS+RMF system of models, the RBE for cell survival in the limit of low dose ( $RBE_{LD}$ ) and high dose ( $RBE_{HD}$ ) is related to  $RBE_{DSB}$  by

$$RBE_{LD} \equiv \frac{\alpha}{\alpha_\gamma} = RBE_{DSB} \left( 1 + \frac{2\bar{z}_\gamma RBE_{DSB}}{(\alpha/\beta)_\gamma} \right) \quad RBE_{HD} \equiv \sqrt{\frac{\beta}{\beta_\gamma}} = RBE_{DSB}$$

↑ **Unrepaired and Mis-repaired DSB**
↑ **Intra-track DSB-DSB interactions**
↑ **Intra-track DSB-DSB interactions**

Adjust  $\alpha_\gamma$  and  $(\alpha/\beta)_\gamma$  to fit cell survival data for reference radiation. Then, use MCDS to compute  $RBE_{DSB}$  as a function of particle type and energy (*no adjustable parameters*).

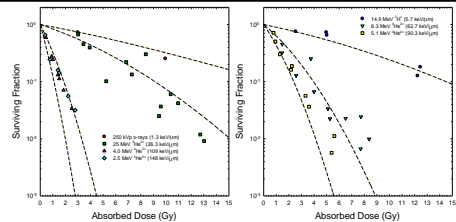
## Human Kidney T1 Cells (*aerobic*)



Measured data from Burnhead circa 1968-1966

$$\alpha = \alpha_\gamma \cdot RBE_{DSB} \left( 1 + \frac{2\bar{z}_\gamma RBE_{DSB}}{(\alpha/\beta)_\gamma} \right) \quad \beta = \beta_\gamma RBE_{DSB} RBE_{DSB}$$

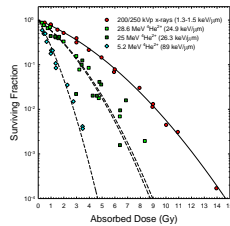
## Human Kidney T1 Cells (*anoxic*)



RMF model predictions (dashed lines) based on reference radiation  $\alpha_\gamma$  and  $(\alpha/\beta)_\gamma$  values for *aerobic conditions* and MCDS estimates of  $RBE_{DSB}$  for *anoxic conditions* (i.e., no fitting to measured data in these figures)

### Power of a Mechanism-Inspired Biophysical Model

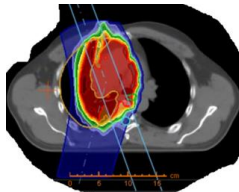
- LQ analysis ( $15 \times 2 = 30$  adjustable parameters)
- MCDS+RMF analysis (2 adjustable parameters,  $RBE_{DSB}$  from first principle MCDS simulations)
- Models and measurements in about equally good agreement given the number of adjustable parameters!



### Radiobiology – cell to tissue level?

Well known that equal doses of low and high LET radiations do not cause the same level of biological damage in the near- and longer term. Hence the need for an RBE concept...

**Thought Experiment:** If during and just after a course of radiotherapy the larger-scale temporal and spatial pattern of dead and dying is exactly the same for a low and high LET radiation, would the longer-term *clinical outcome* be the same?

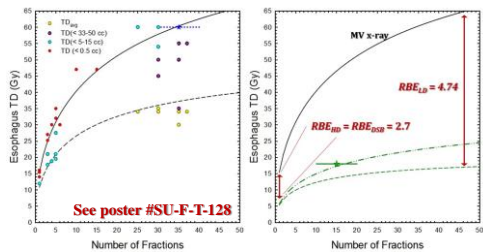


### OAR Dose-Volume Constraints for MV-xrays and Particles

#### Poster #SU-F-T-128 (Stewart et al. )

- (1) Illustrates how to use estimates of  $RBE_{DSB}$  and the RBE for cell survival to determine plausible dose-volume constraints for protons, fast neutrons and other ions.
- (2) Tabulates tolerance dose constraints (arbitrary fractionation schedule) and reference radiation ( $\alpha/\beta$ ) values for 30 different OAR and clinical endpoints
- (3) Provides some evidence that, if the spatial and temporal distribution of dead and dying cells is about same for low and high LET radiations, longer-term clinical impact on OAR toxicity is about the same.

Supplemental Slide (OAR tolerance dose)



---

---

---

---

---

---

---