



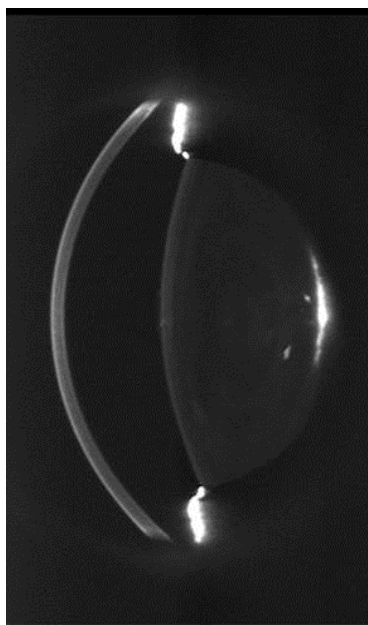
# Eye lens exposure to IR: current understanding, radiobiology and dose limits

**Liz Ainsbury**

**EURADOS Winter School, AM 2020**

**Firenze, January 30<sup>th</sup>**

## Cataracts are the most frequent cause of blindness worldwide



Courtesy of N. Kleiman



<http://vision.ucsf.edu/hortonlab/ResearchProgram%20Pics/kid%20with%20cataract.jpg>



<https://webeye.ophth.uiowa.edu/eyeforum/atlas/pages/Posterior-subcapsular-cataract-2.html>  
Jordan M. Graff, MD  
U of Iowa, 2005

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



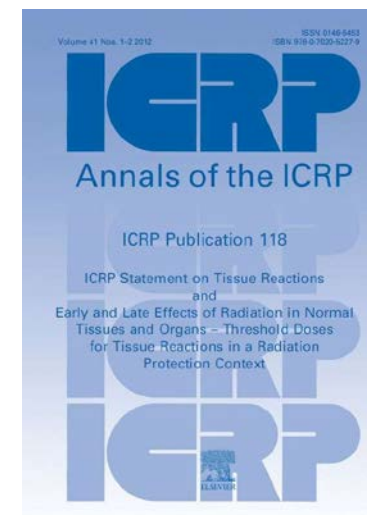
## ICRP defines:

- **Deterministic or tissue effects**

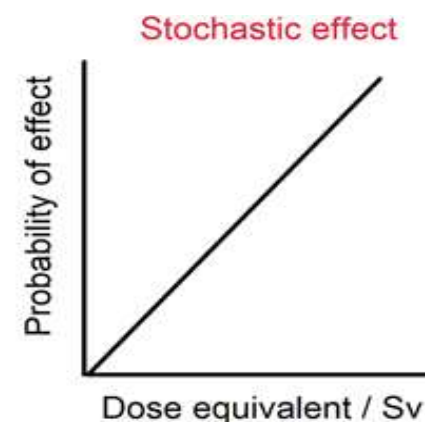
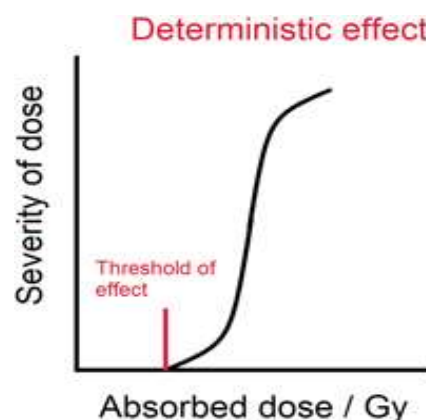
Those for which there is a defined threshold below which the effect does not occur; severity of effect increases with dose

- **Stochastic effects**

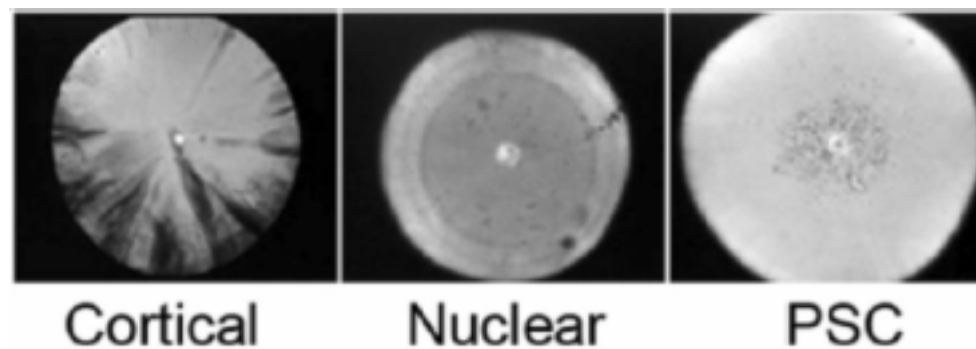
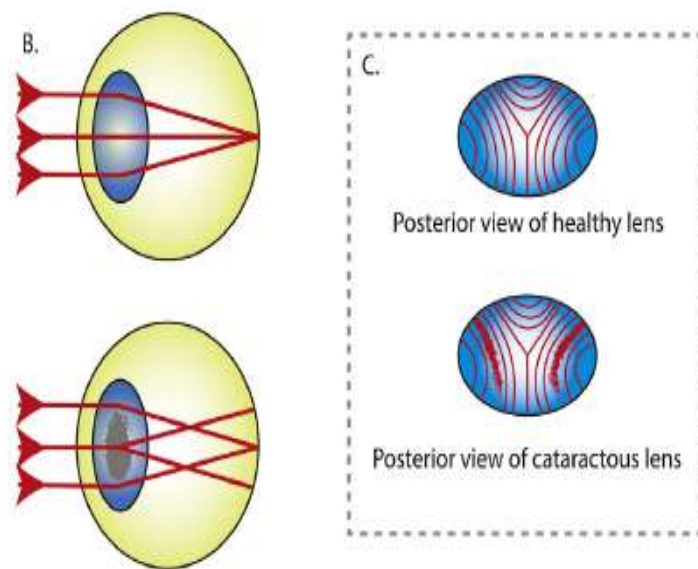
Those for which there is no threshold, risk (but not severity) increases with dose



<http://www.icrp.org/images/P118.JPG>



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



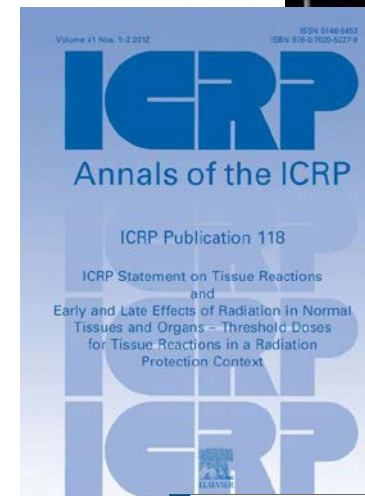
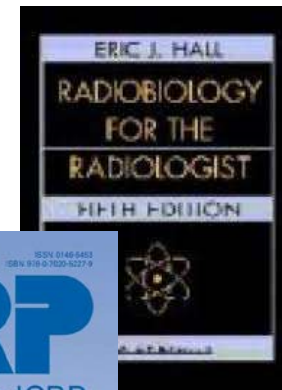
Adapted from [Beebe, 2008](#)

This and other images without references throughout: Ainsbury *et al.*, 2016



# Lens protection

- **Paradigm:** Radiation cataract is a deterministic, late, effect
- **Recent epidemiological (re)analyses:** The lens is more radiosensitive than previously thought
- ICRP, 2012; EU BSS, 2014:
  - Threshold for radiation cataract ~ 0.5 Gy
  - Occupational lens dose limit 20 mSv y<sup>-1</sup> (averaged over 5 years, with no single yearly exposure exceeding 50 mSv)
- **But:** This is based on epidemiological data...

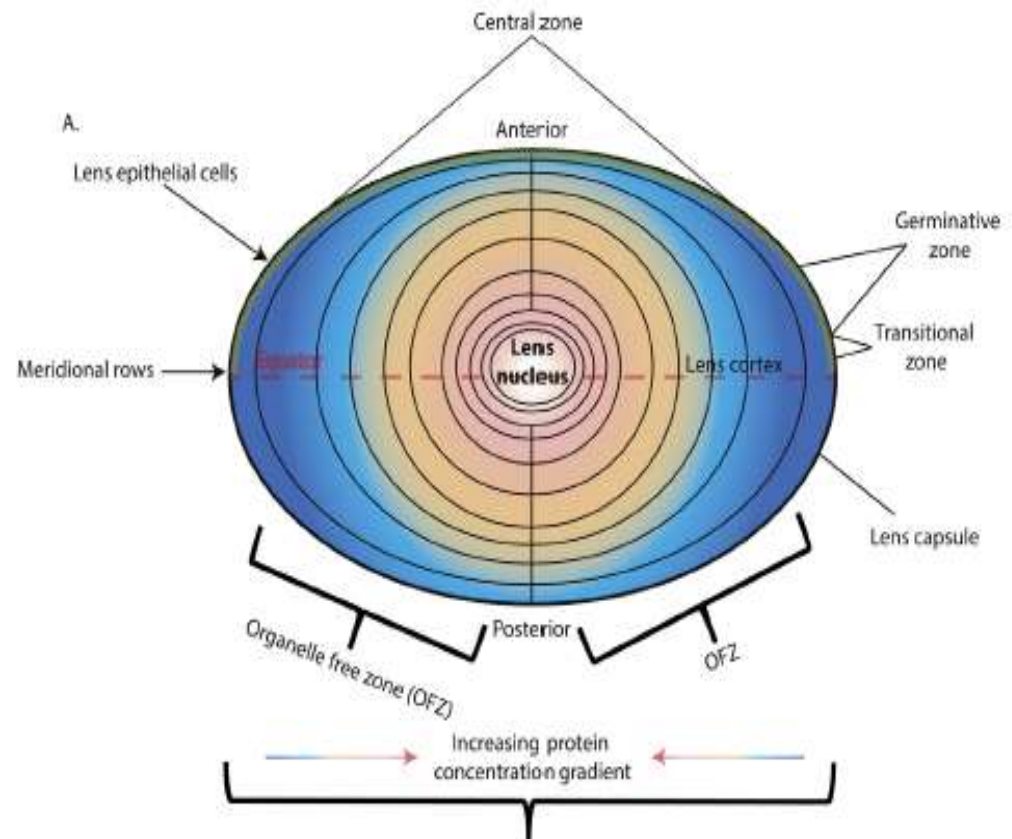


<http://www.icrp.org/images/P118.JPG>



# How does ionising radiation (at low doses) influence cataract development?

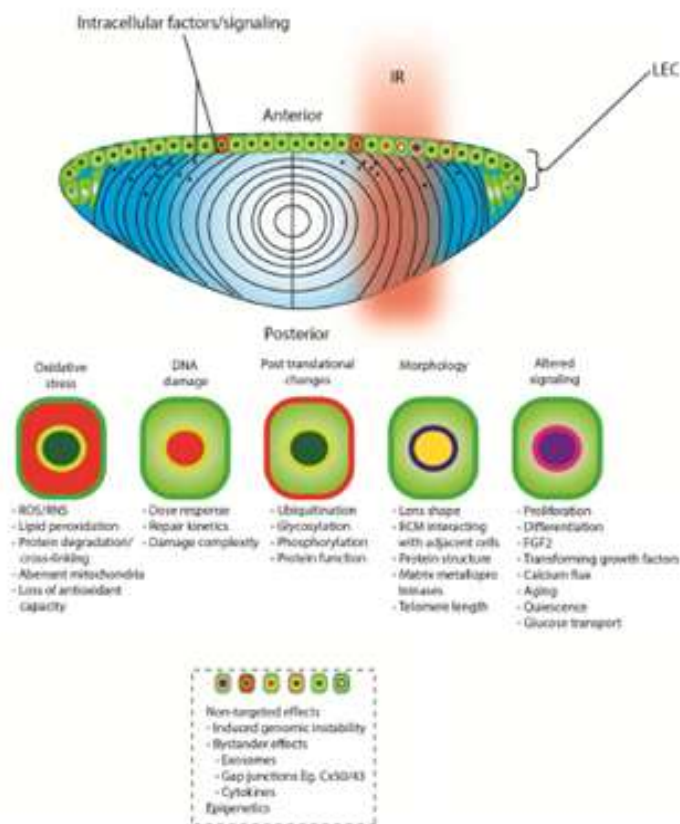
- Diameter ~9-10 mm, thickness ~4.5 mm
- Germinative zone of LEC
- Growth factors
  - > differentiation
  - > lens fibres
- Tight temporal and spatial organisation
- Deregulation -> cataracts



**Target cells:** Germinative Zone on lens epithelium + ...

**Potential mechanisms might include:**

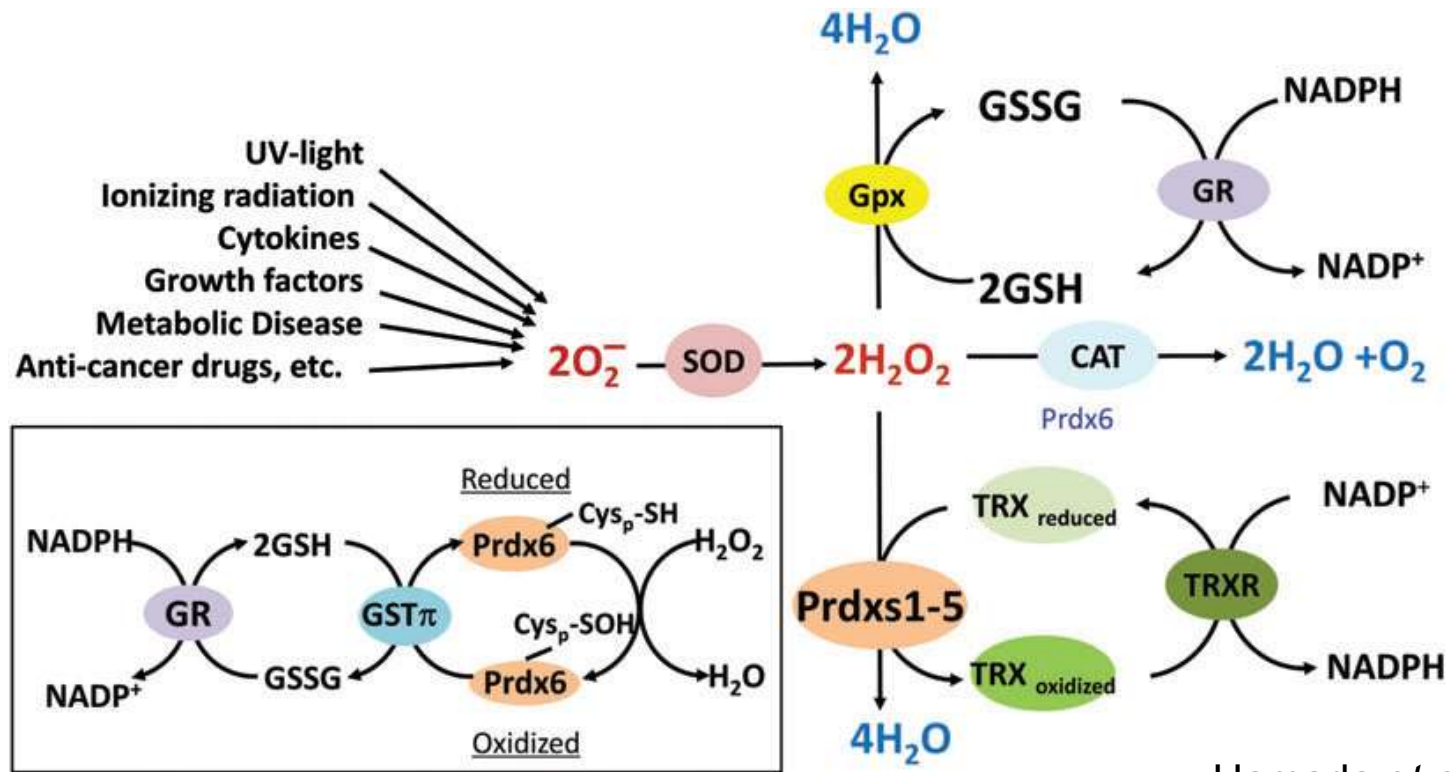
- Oxidative stress
- DNA Damage/Repair/Mis-repair
- Intracellular signalling
- Gene expression
- Cellular proliferation / mobility / migration
- Damage to proteins/ECM/lipids
- Post translational modifications
- Senescence
- Systemic/Non-targeted effects ...



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



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

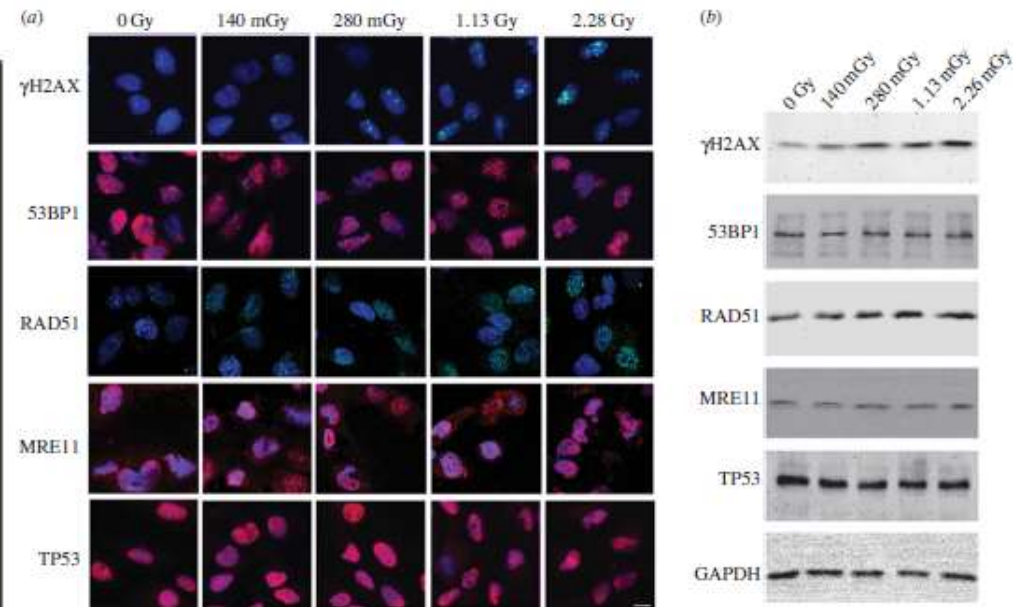
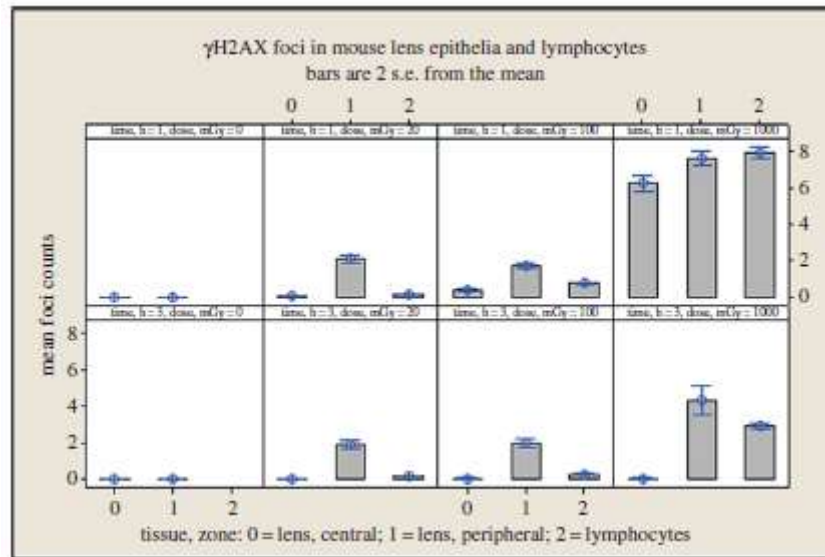


-> Aberrant lens epithelial cell division, cell migration, differentiation...

# Evidence from a study looking at DNA damage and repair

Markiewicz *et al.*, 2015:

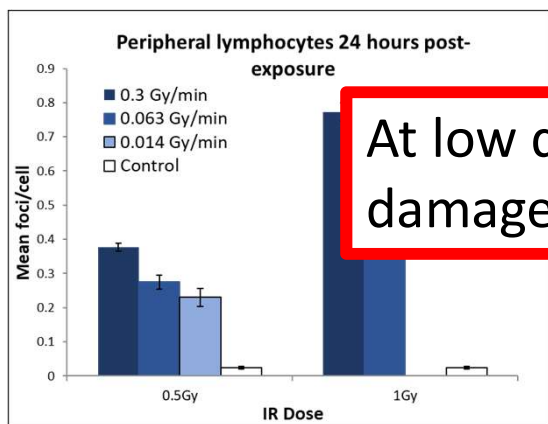
- Low dose, dose-response for DNA damage response in the lens
- Lens is more sensitive than circulating lymphocytes



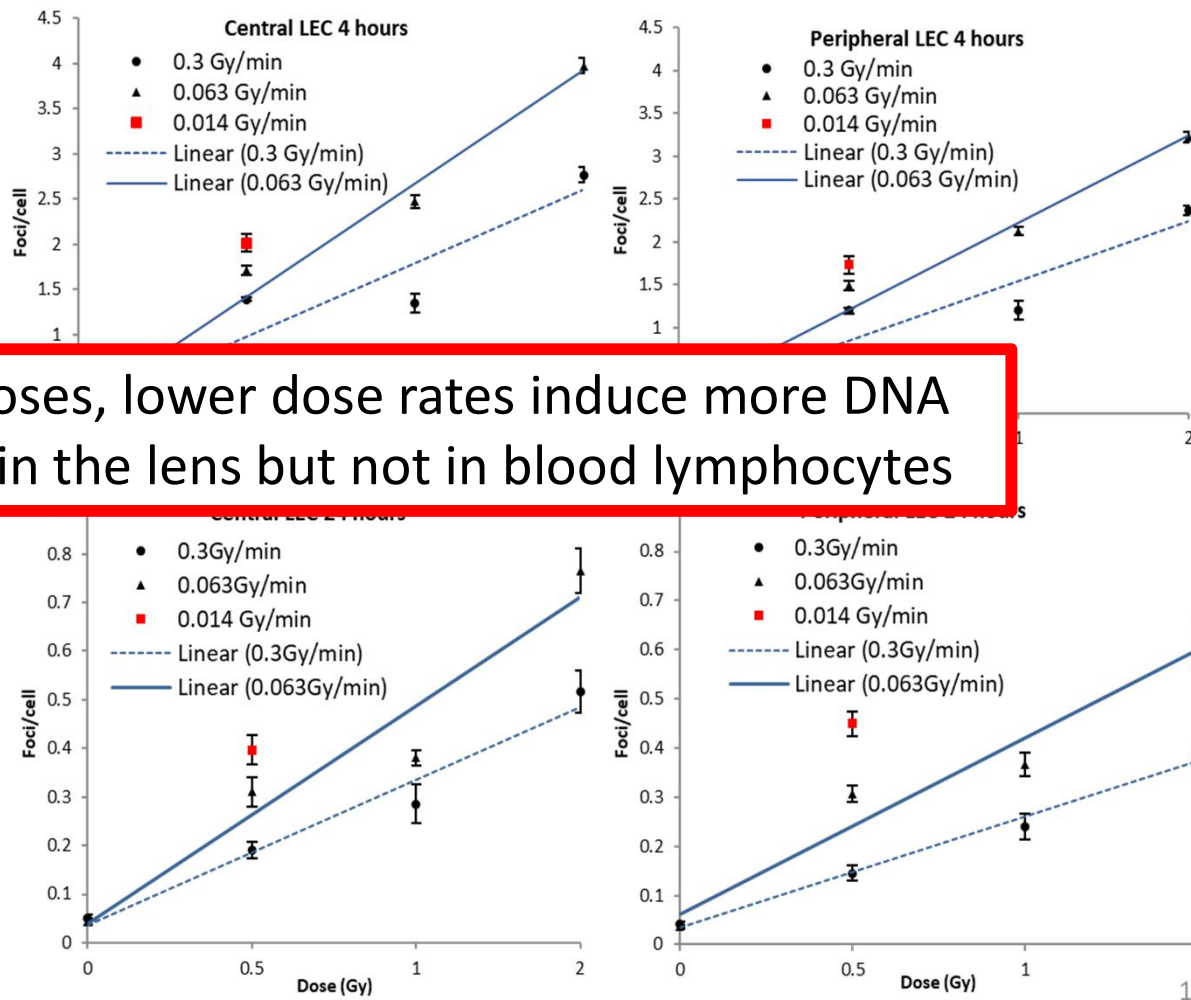


# An inverse dose rate effect for DNA damage

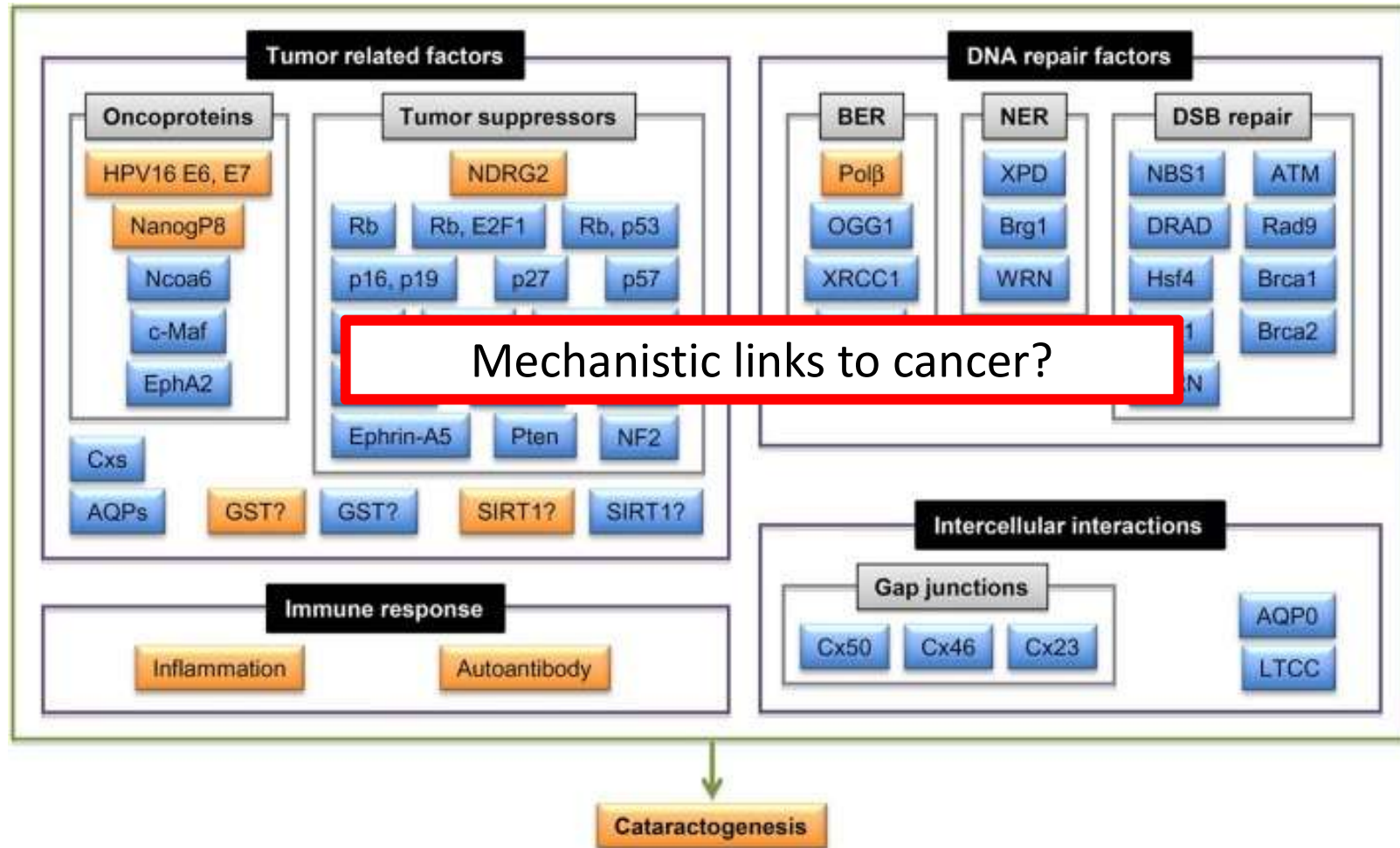
Barnard *et al.*, 2018:



At low doses, lower dose rates induce more DNA damage in the lens but not in blood lymphocytes



# Signalling: Tumour related factors



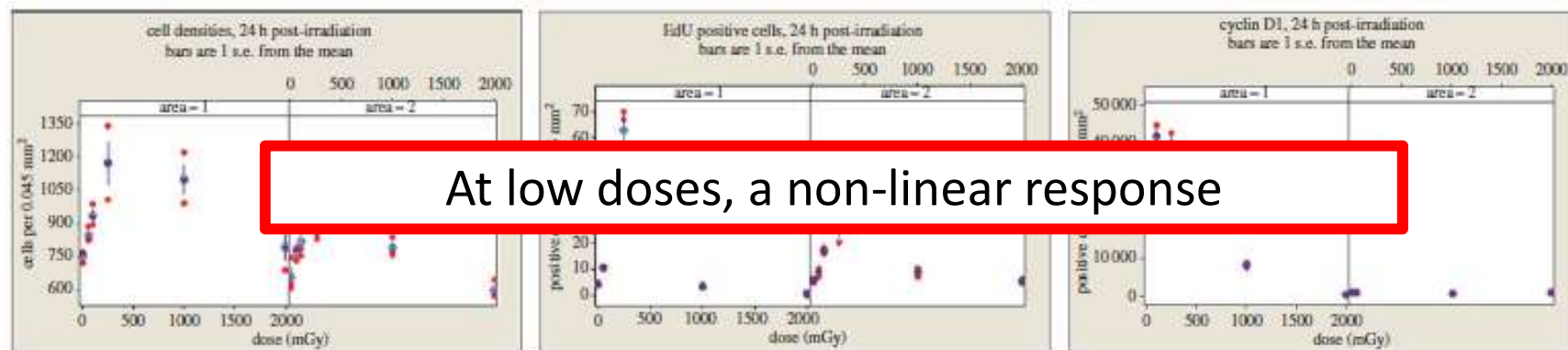
Hamada and Fujimichi, 2015

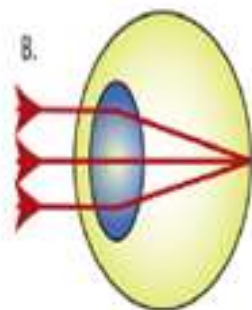
Fujimichi and Hamada, 2015: “IR not only inactivates clonogenic potential but also stimulates proliferation of surviving unactivated clonogenic HLE cells”

IR -> abnormal activity

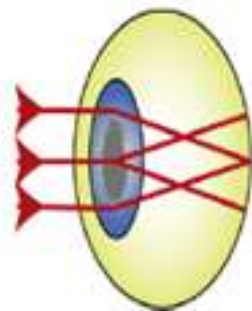
Historical data: Irradiation induces excessive proliferation of rabbit lens epithelial cells; suppression of lens epithelial cell divisions inhibits radiation cataractogenesis in frogs and rats

Markiewicz *et al.* 2014:





Fujii *et al.*, 2001: Role of post translational modifications? May reduce solubility to alter transparency



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?



New data: Dose, dose rate and exposed region all impact cellular proliferation and morphology...

**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 of cataracts depends on genetic background matters!
- 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



# New results: Proteomics and lipidomics – new techniques

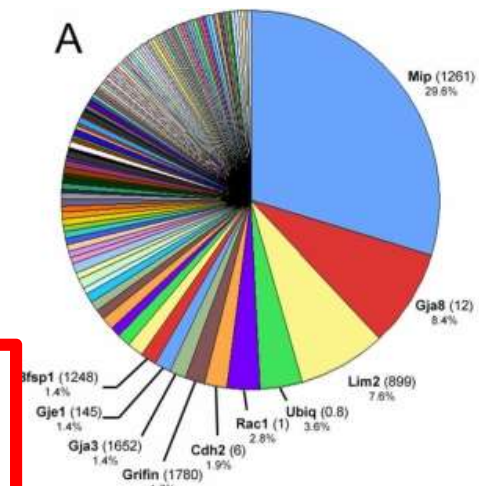
## E.g. Oxidative stress:

- Proteins: post-translational modifications → aberrant aggregation
- Lipids: lipid peroxidation → elevated hydroperoxides and oxy-derivatives → modifications in lipid-lipid and protein-lipid interactions

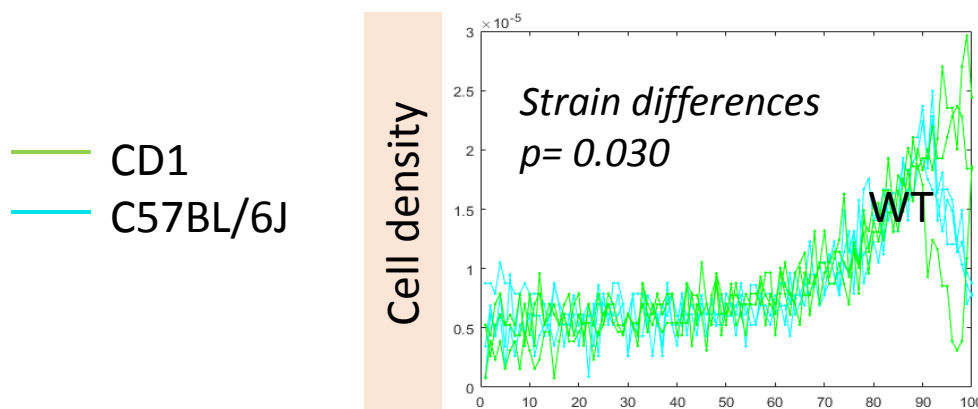
## Uwineza PhD hypothesis

- IR impacts lipid formation
- Genetics influences the impact

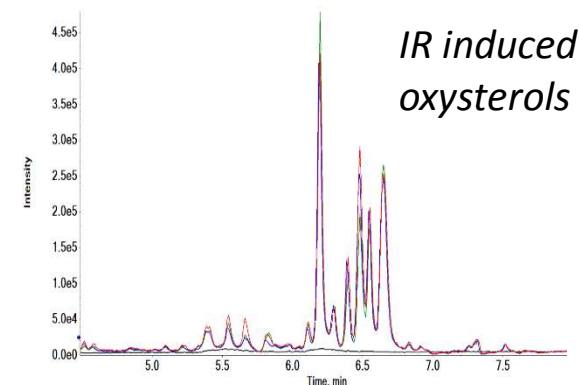
*Accelerated aging: Ionizing radiation leads to oxidation of major proteins and lipids in the LFCs membrane disrupting eye lens homeostasis*



Bassnett et al. 2009



- Blank
- 0 Gy MoC
- 0.1 Gy MoC
- 2 Gy MoC



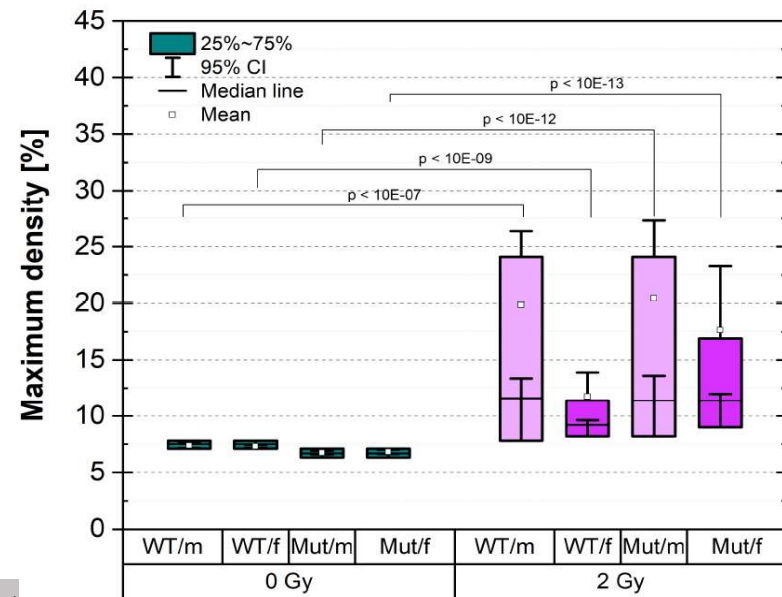
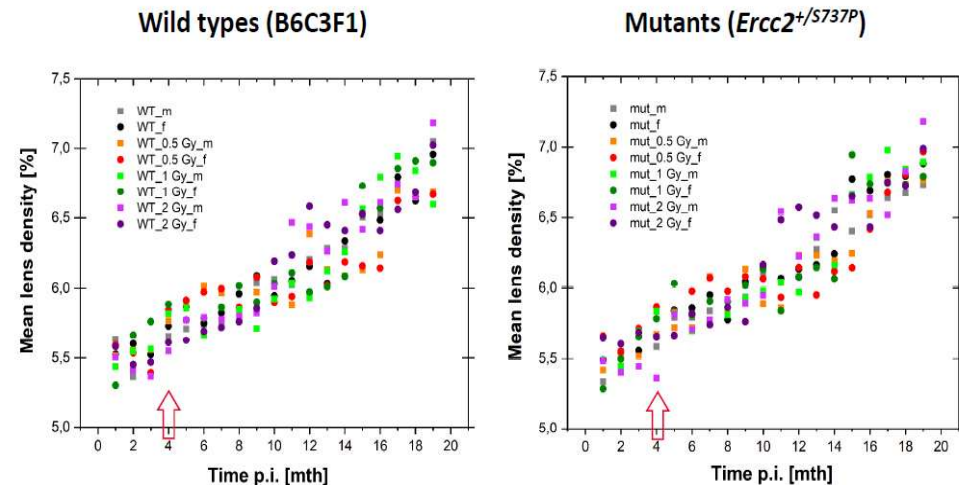




# New results: Long term cataractogenesis (1)

## *Ercc2*<sup>+/*S737P*</sup> mice:

- Lens density increased with age
- In 10 week old mice, Scheimpflug imaging revealed no radiation-induced or clinically relevant lens opacifications (note: the posterior lens is not fully visible) up to 18 months
- P2 neonates showed a significantly higher incidence of cataracts. About half of the irradiated mice developed a clear cataract with a lens density over 14 %

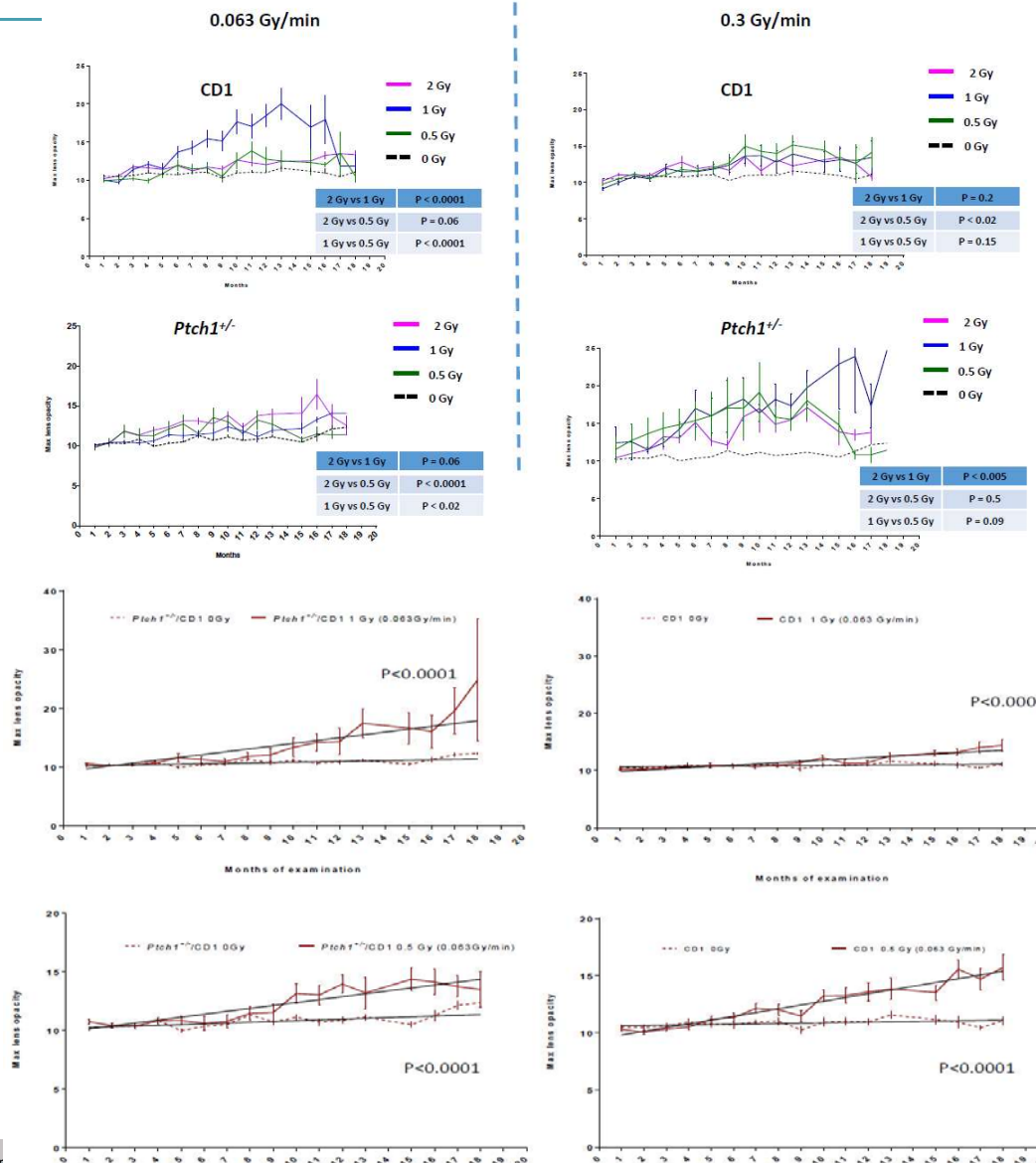




# New results: Long term cataractogenesis (2)

## Ptch1<sup>+/-</sup> mice:

- Adult mice: Dose effect was dependent on strain; dose rate effect for Ptch mice only
- P2 irradiated mice showed a clear effect of age at irradiation in accelerating cataractogenesis in Ptch1<sup>+/-</sup> and significantly in WT mice on CD1 background, but not on C57BL/6 background



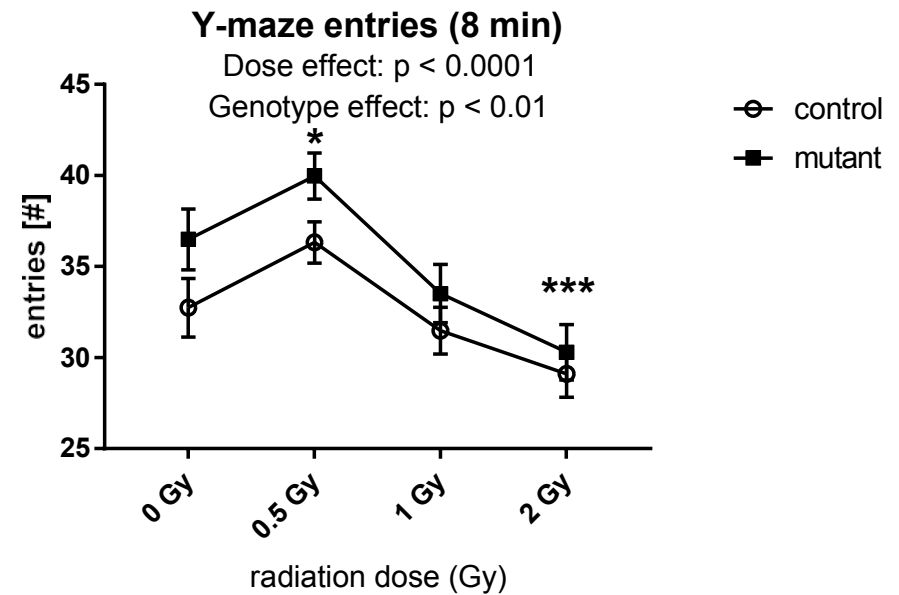
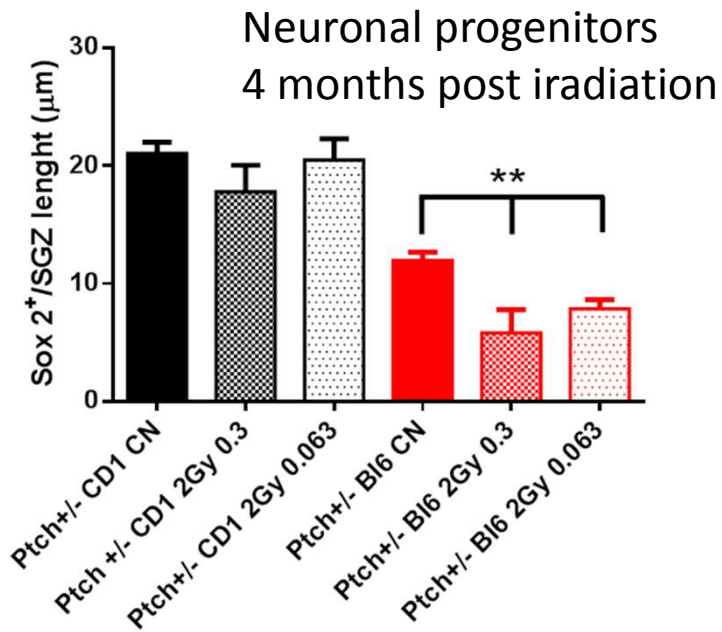


## Summary of 'imaging' results

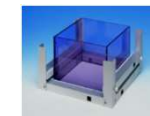
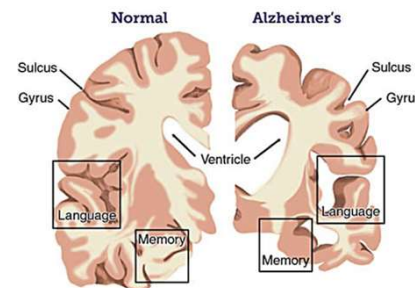
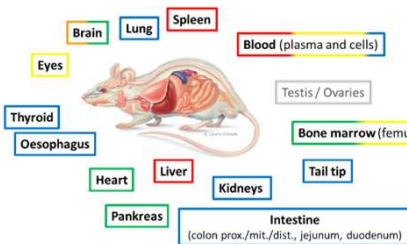
- **Significant effects of dose and dose rate** have been detected in some models
  - But, most lens densities at 19 months post exposure were below the LOCS III criteria
  - **Age and genetics** contribute to cataract risk
  - For most mouse strains, age outweighs the effect of radiation
  - **Ptch1<sup>+/-</sup> P2 irradiated mice** - The effect of age at irradiation is strongly influenced by genetic background, **clear interaction effects for all strains**
- Dose
  - Dose rate
  - Genetics
  - Age
  - The interaction of all these factors ... are all important



## Hippocampal neurogenesis and behavioural testing



**INSTRAS\***  
Dalke et al., 2018



Open field

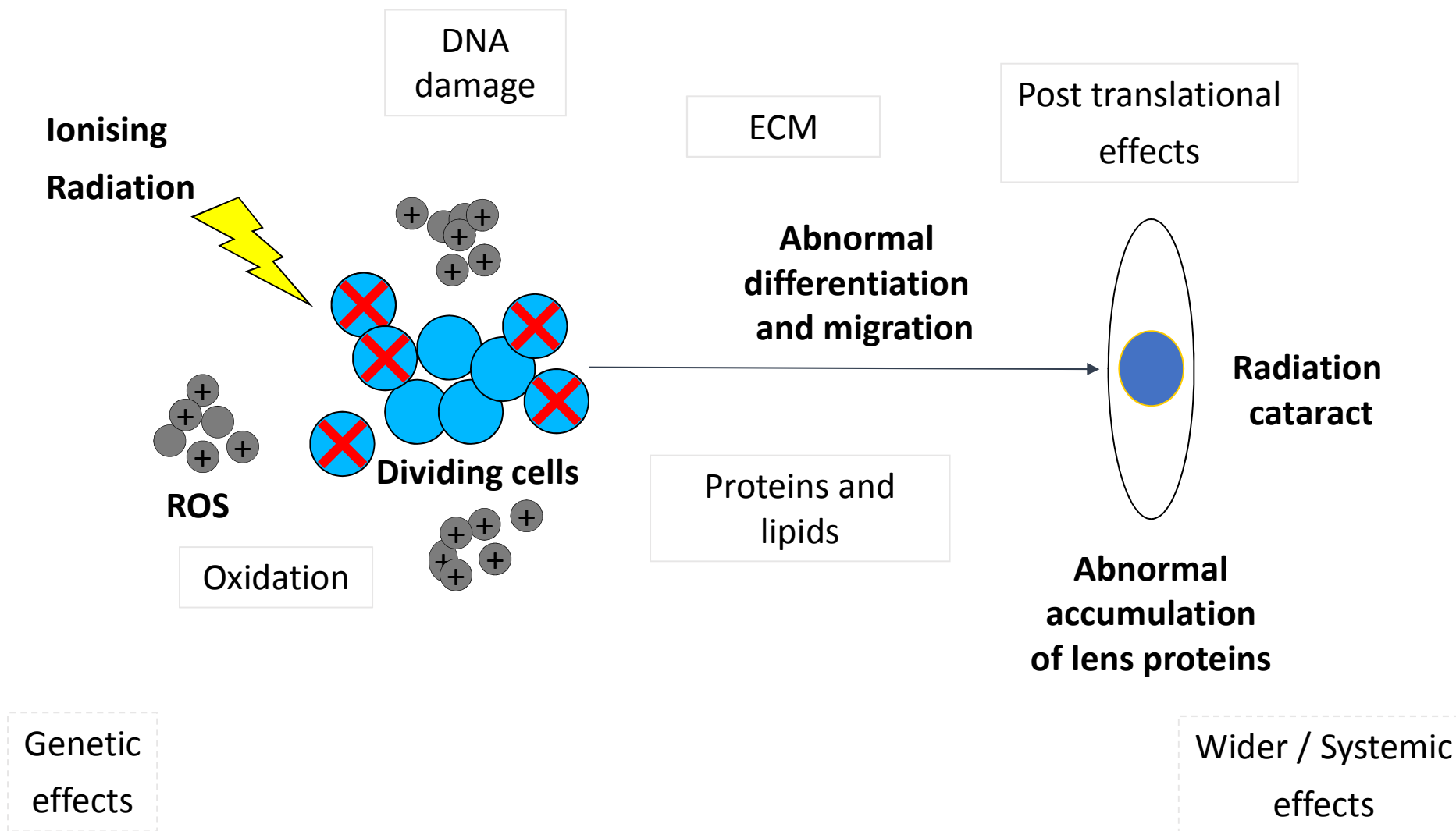


Prepulse inhibition

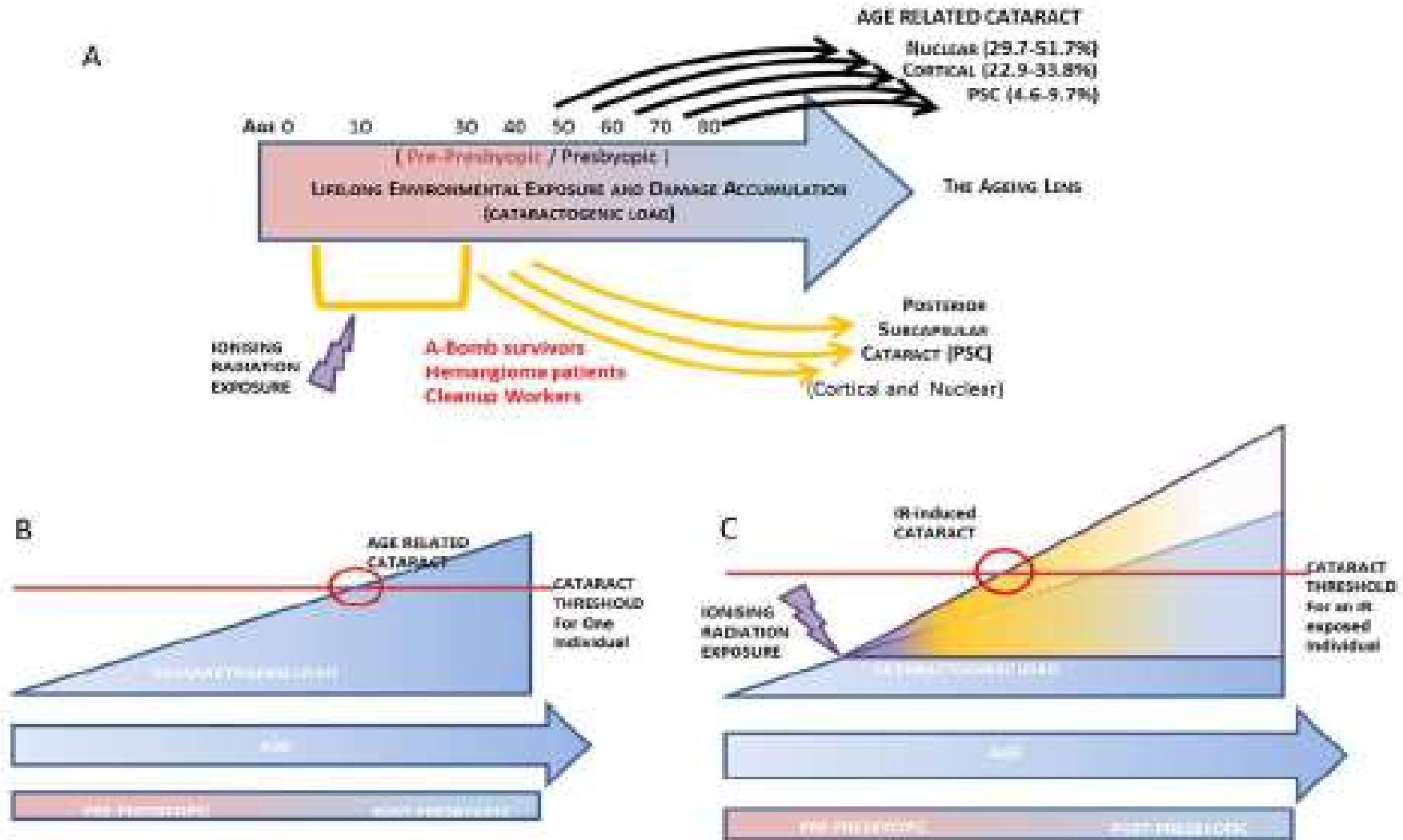


Social  
Discrimination

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



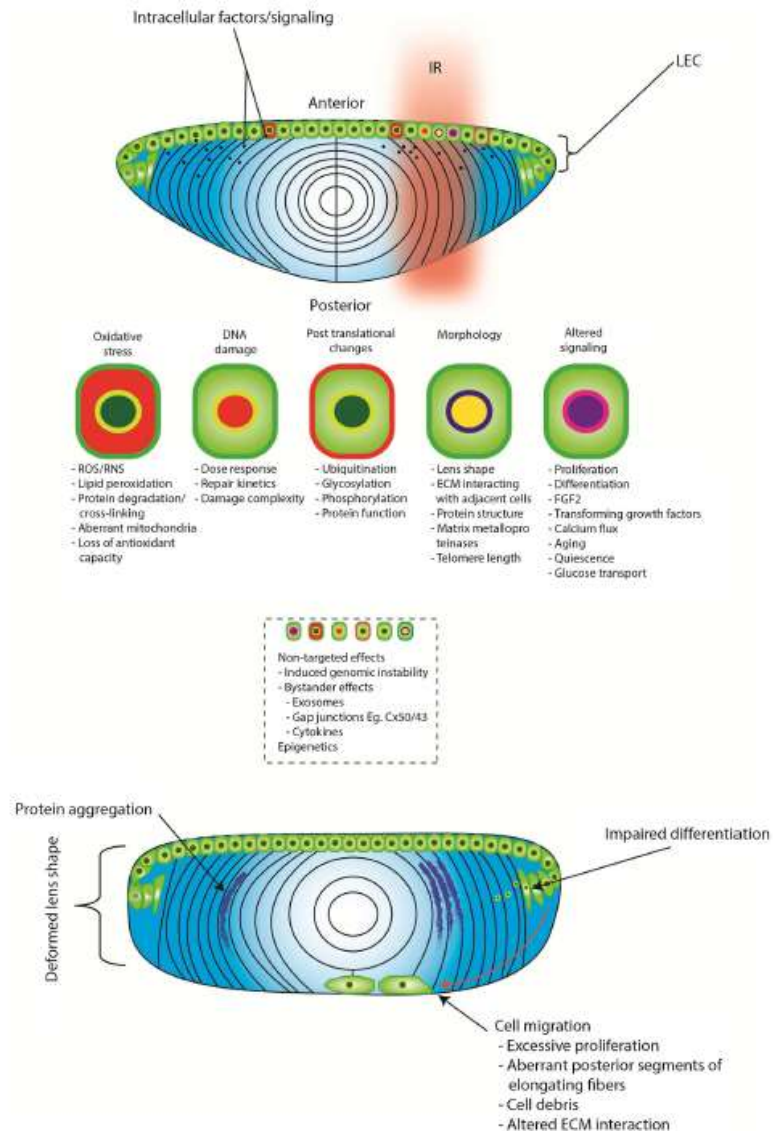
# Uwineza et al., 2019: Cataractogenic load





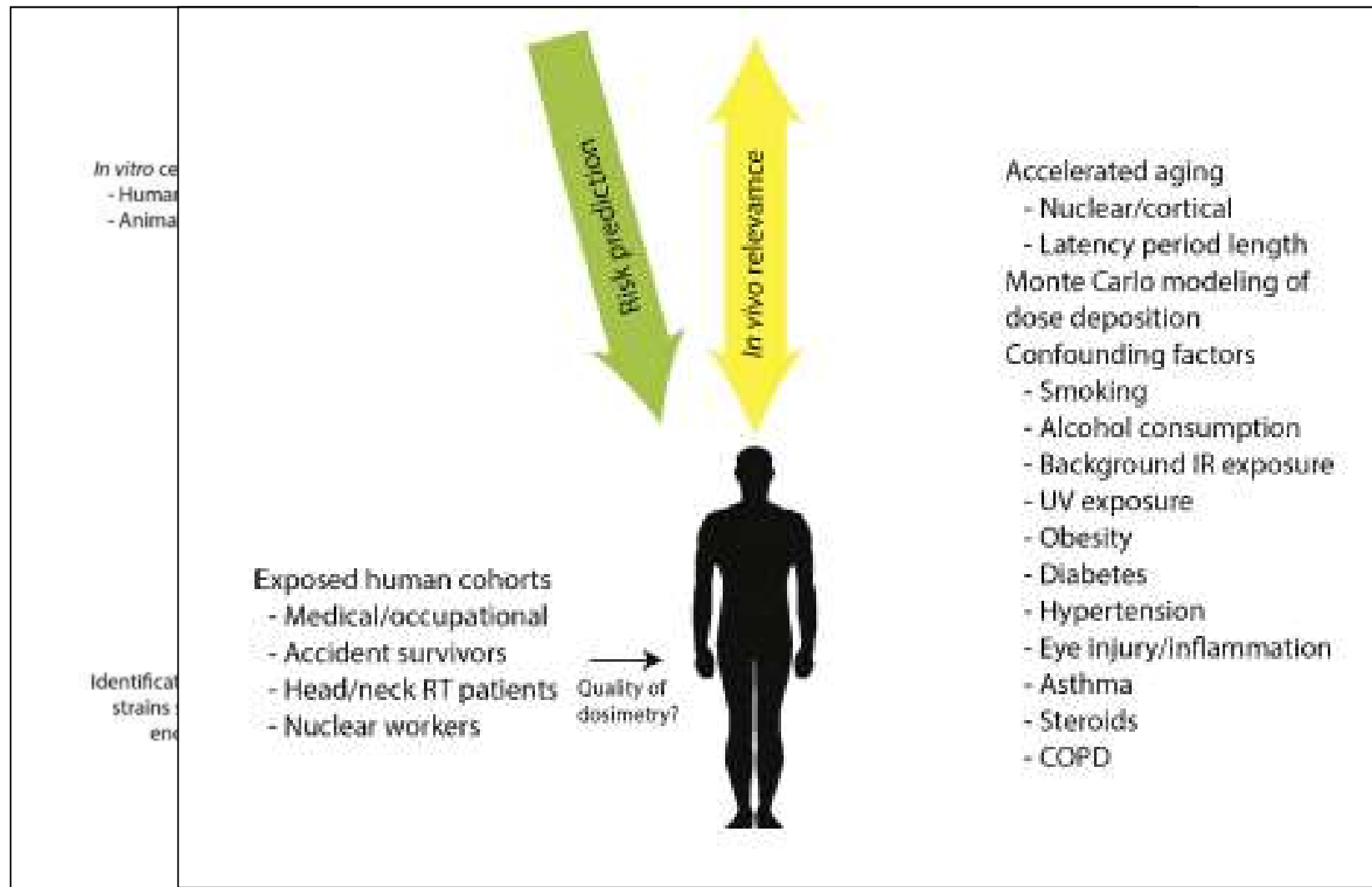
# What do we know?

- Understanding of lens biology (structure, physiology, process of fibre cell formation)
- Epidemiology: IR is associated with posterior sub-capsular cataracts...
- High dose response
- Involvement of genomic damage of lens epithelial cells
- Morphological changes: Number of potential competing/parallel mechanisms
- Genetic background
- Age dependence (radiation acceleration)
- Cataract detection/assessment





# What don't we know?





## 'Take home' messages

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- Current regulations are based on (mostly) high dose population studies
- The mechanistic link between low dose radiation and cataract is still under investigation (but some excellent studies in progress!)
- ICRP must make pragmatic recommendations to protection radiation workers and the public *in spite of* a lack of complete information
- EU occupational lens dose limit: 20 mSv y<sup>-1</sup> (averaged over 5 years, with no single yearly exposure exceeding 50 mSv)



## Project partners and AB members

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Thank you for listening!

Questions / comments?

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<https://www.researchgate.net/project/LDLensRad-the-European-CONCERT-project-starting-in-2017-Towards-a-full-mechanistic-understanding-of-low-dose-radiation-induced-cataracts>

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