

faz groeninge
kathleen

Laurence Beets – Gent – November 16th 2019

Biomarker investigation of diagnostic x-ray exposure
Let's image wisely and gently!

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Biomarker investigation of low-dose x-ray exposure

- Based on research of Ghent University
 - PhD thesis Laurence Beets – 2011
 - PhD thesis Charlot Vandevoorde – 2015

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Low-dose cancer risks?

- Introduction
 - Use of x-rays in medical diagnostics
 - Risk from exposure to x-rays
 - DNA damage

Figure 1. Development of cancer from mutation produced by ionizing radiation.

https://www.cancer.gov

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Use of x-rays in medical diagnostics

- Use of IR in medical diagnostics increases
 - Belgium – 2015: ~15 million examinations
 - o 3% nuclear medicine
 - o 14% CT
 - o 1% screening mammo
 - o 1% angiography
 - o 81% RX
- Can low-dose x-rays induce cancer?

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Risk from exposure to IR

- Current risk estimates derived from epidemiological studies
 - LSS cohort of Japanese atomic bomb survivors
 - Accidents such as Chernobyl
 - Populations that have been exposed from fallout of nuclear weapon testing
 - Medically exposed populations (high doses)
- Average for population of all ages: 5%/Sv
- Common basis for radiological protection standards
 - Age dependence
 - Gender dependence

NEJ et al. Proc Natl Acad Sci USA, 2002.

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Risk from exposure to low-dose IR

- Linear-no-threshold hypothesis
 - Linear extrapolation from high dose risks
 - Epidemiological studies
 - 100 mSv – 2,5 Sv

Becken et al. Proc Natl Acad Sci USA, 2002.

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Risk from exposure to low-dose IR

- Linear-no-threshold hypothesis
 - Linear extrapolation from high dose risks
 - Epidemiological studies
 - 100 mSv – 2.5 Sv
- Might result in under- or overestimation of radiation-related cancer risk
 - Non-targeted observations or threshold
 - Need to evaluate the risk from low-dose IR exposure
- Evaluation of low-dose risks
 - Epidemiological studies are statistically underpowered
 - Biomarker approach
 - Detection of DNA damage induced by IR in cells

Brenner et al. Proc Natl Acad Sci USA, 2003.

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Detection of x-ray effects at DNA level

- Cytokinesis-block MN assay
 - Frequently used method to measure chromosomal damage
 - MN are result of un- or misrepaired DNA DSBs
 - Not sensitive enough for very low doses of IR
 - Starting material can be a blood sample
- γ -H2AX assay
 - Used to detect DNA DSB damage and repair
 - Sensitive enough to detect IR doses as low as 1 mGy
 - Relatively fast assay
 - Starting material can be a blood sample

https://teachmeanatomy.com

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H2AX is a histone protein

- Involved in the compaction of DNA into chromosomes

Martini et al. Histone anatomy, 2005.

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H2AX is a histone protein

- Involved in the compaction of DNA into chromosomes
- Is phosphorylated following DSB induction
 - Different H2AX histones are phosphorylated per DSB \rightarrow γ -H2AX
 - 1 γ -H2AX focus = 1 DNA DSB
- Is dephosphorylated following DSB repair

Ward et al. EMBO Rep, 2005.

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Microscopic scoring of γ -H2AX foci

- Double immunostaining
 - First antibody binds to γ -H2AX
 - Second antibody (with immunofluorescence signal) binds to first antibody
- Manual counting of foci spots

0 mGy 10 mGy 200 mGy

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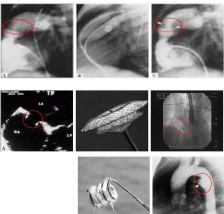
Low-dose cancer risks?

- Results
 - Paediatric patients undergoing a cardiac catheterization
 - Adult patients undergoing a contrast CT examination
 - Paediatric patients undergoing a contrast CT examination (multi-center study)

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Paediatric patients – cardiac catheterization

- Concern about radiation dose
 - (very) young patients
 - Children are 3 times more radiosensitive for cancer compared to adults
 - Relatively high doses of ionizing radiation
 - High complexity of the catheterization procedure
 - Often need to repeat the examination
- Examples of cardiac catheterization
 - Balloon dilatation
 - Enlarge stenosis of pulmonary or aortic vessels or valve
 - Closure using umbrella
 - Atrial septal defect (foramen ovale)
 - Closure using coil
 - Patent ductus arteriosus




Images retrieved from Prof. Dr. Dr. Wild D.

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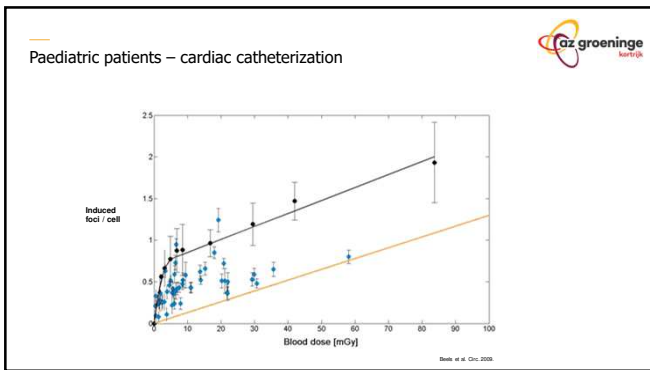
Paediatric patients – cardiac catheterization

- Study population
 - 43 children
 - Mean age = 2,4 y (26 children < 1 year)
- X-ray system
 - Integris BH5000 biplane system
- Collection of blood sample (+/- 2 ml)
 - 1 sample before the use of x-rays
 - 1 sample after the x-ray procedure
 - > calculation of 'induced' number of y-H2AX foci
- Preparation of the microscope slides
 - T-lymphocyte isolation
 - Double immunostaining
 - Manual scoring of y-H2AX foci
- Calculation of patient-specific blood dose
 - Monte Carlo simulation



https://www.zh2.be/en/healthcare


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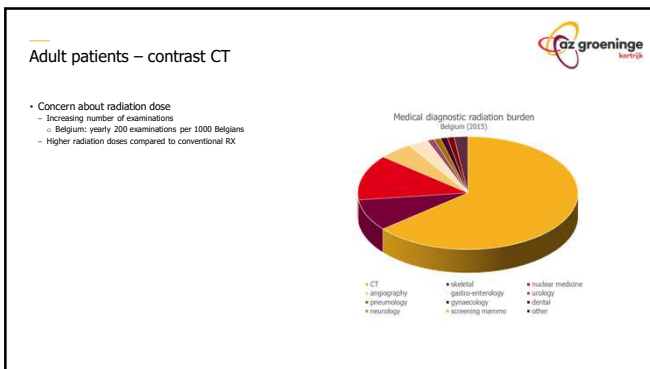
Paediatric patients – cardiac catheterization

- Lifetime attributable risk for cancer mortality
 - Monte Carlo organ doses
 - Age dependance
 - LNT hypothesis
- LAR for the study population = 0,134% (~1/1000)
- > might be underestimated!!



https://training.gemc-ces.wordpress.com

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Adult patients – contrast CT

- Concern about radiation dose
 - Increasing number of examinations
 - Belgium: yearly 200 examinations per 1000 Belgians
 - Higher radiation doses compared to conventional RX

	X-ray (mSv)	CT (mSv)
Chest	0,1	7
Abdomen	0,5	10
Spine	1,5	6
Ankle / foot	0,0007	0,07
Elbow	0,0007	0,14
Wrist / hand	0,0001	0,0003
Knee	0,001	0,16

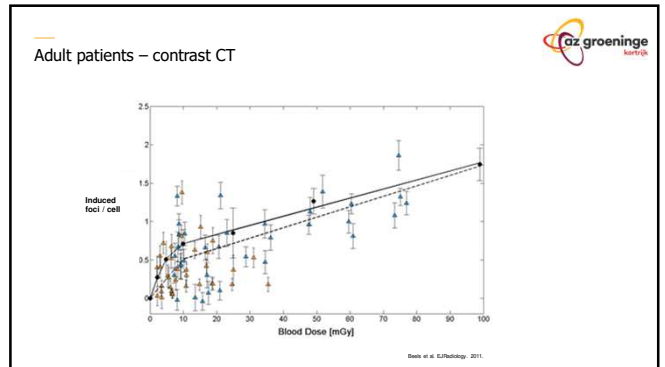
https://training.gemc-ces.com

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Adult patients – contrast CT

- Study population
 - 69 adults
 - Mean age = 57,8 y (mean BMI = 24,5)
- CT systems
 - Toshiba Aquilion 32
 - Siemens Somatom Definition Flash
- Collection of blood sample (+/- 2 ml)
 - 1 sample before the use of CT x-rays
 - 1 sample after the CT x-ray procedure
 - calculation of 'induced' number of γ-H2AX foci
- Preparation of the microscope slides
 - T lymphocyte isolation
 - Double immunostaining
 - Manual scoring of γ-H2AX foci
- Calculation of patient-specific blood dose
 - Monte Carlo simulation

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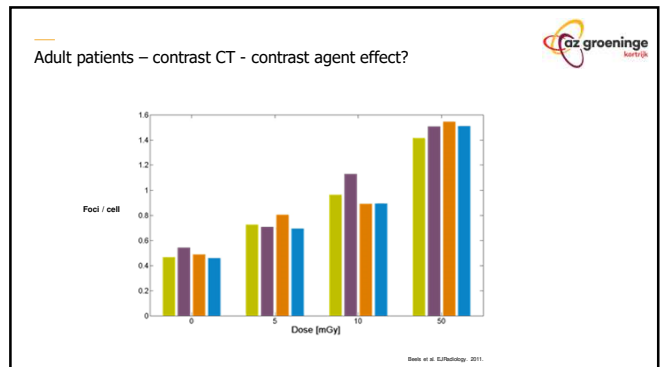
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Adult patients – contrast CT

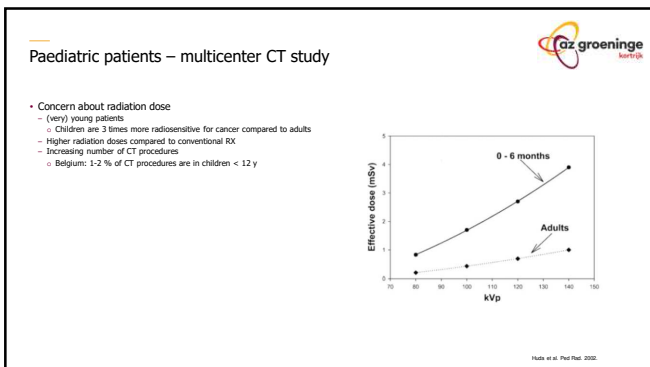
- Lifetime attributable risk for cancer mortality
 - Monte Carlo organ doses
 - Age dependence
 - LNT hypothesis
- LAR for the study population = 0,040% (~1/2500)
 - might be underestimated!!

<https://trainingcenter005.wordpress.com>

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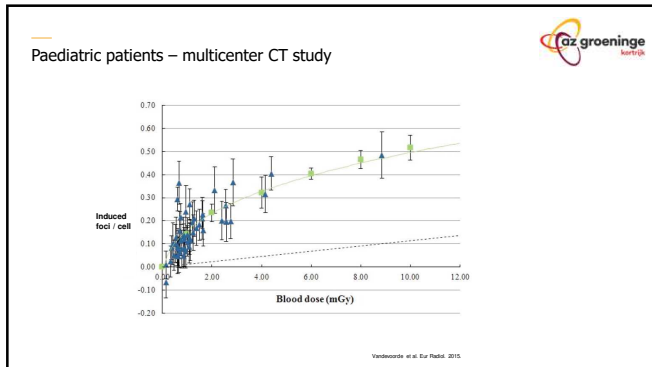
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Paediatric patients – multicenter CT study

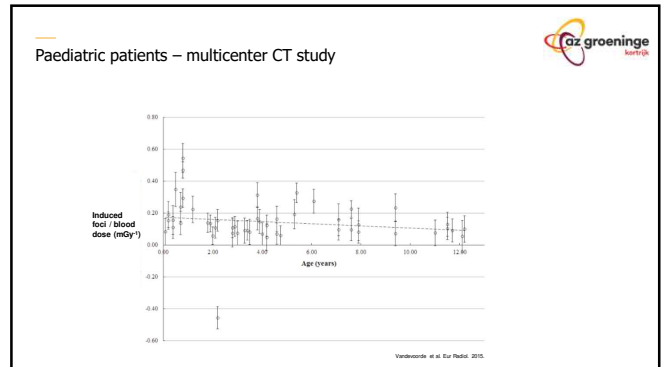
- Study population
 - 51 children (scanned in 5 hospitals)
 - CT chest: 41
 - CT abdomen: 10
 - Median age = 3,8 y
- CT system
 - Siemens (Somatom Definition Flash / Sensation 64)
 - Toshiba Aquilion
 - GE Discovery CT750 HD
- Collection of blood sample (+/- 2 ml)
 - 1 sample before the use of x-rays
 - 1 sample after the x-ray procedure
 - calculation of 'induced' number of γ-H2AX foci
- Preparation of the microscope slides
 - T lymphocyte isolation
 - Double immunostaining
 - Manual scoring of γ-H2AX foci
- Calculation of patient-specific blood dose
 - Monte Carlo simulation

<https://www.borndorfs.com>

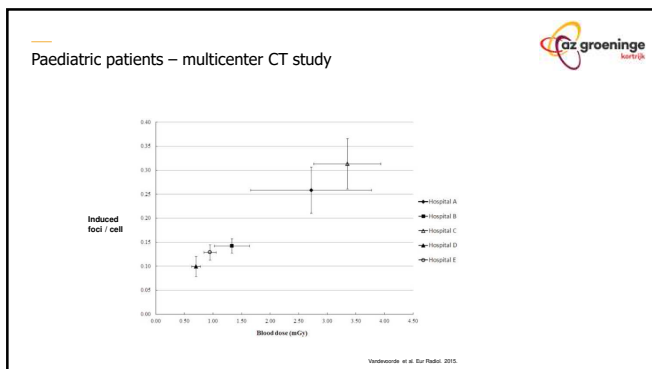
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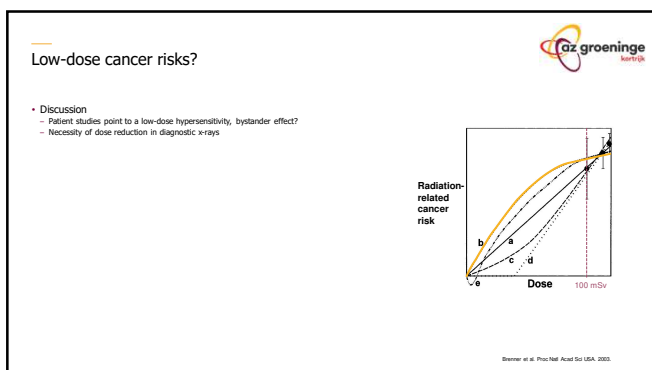
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Paediatric patients – multicenter CT study

- Lifetime attributable risk for cancer mortality
 - Monte Carlo organ doses
 - Age dependence
 - LNT hypothesis
- LAR for the study population
 - CT chest = 0,008% (~1/12500)
 - CT abdomen = 0,013% (~1/7500)
- → might be underestimated!!

<https://trainingcenter-005.wordpress.com>

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Paediatric patients – multicenter CT study

Patient studies point to a low-dose hypersensitivity

- Biphasic dose response
 - Steep increase at very low doses
 - Followed by a more linear increase at higher doses (> 5 – 10 mGy)
- More DNA DSB's than expected according to the LNT hypothesis
 - Cancer risk underestimated?
- Possibly related to a bystander effect
 - Signalling to non-targeted neighbouring cells
 - Not fully understood and complex

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Necessity of dose reduction in diagnostic x-rays

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- LAR based on γ -H2AX foci data
 - 4-10 times higher than based on the LNT model
 - Although small risks, public health concern when multiplying with the procedures performed each year
- ! Especially in children!

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Necessity of dose reduction in diagnostic x-rays

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- Importance of justification of an x-ray exam
- Importance of optimisation → ALARA
 - ! For children: age and biometry dependent protocols

One Size Does Not Fit All...

Based on the guidelines of the European Society of Radiology (ESR) and the International Commission on Radiological Protection (ICRP), the use of image-guided interventions (IGIs) should be optimized to reduce radiation exposure to patients and staff.

More is different better. There is a right way to do it and a wrong way.

• Use the right size of the collimator

• Use the right kVp

• Use the right mA

• Use the right time

• Use the right distance

• Use the right filter

• Use the right protocol

Visit www.imagewisely.org

<http://www.imagewisely.org> <http://www.imagewisely.org>

Van den Broek et al. Eur Radiol 2015

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Life is dangerous, keep radiation risks in perspective!

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Adapted from Vespa Neri Photo - Take my hand
Parent and child need both hands. Here is ours!

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