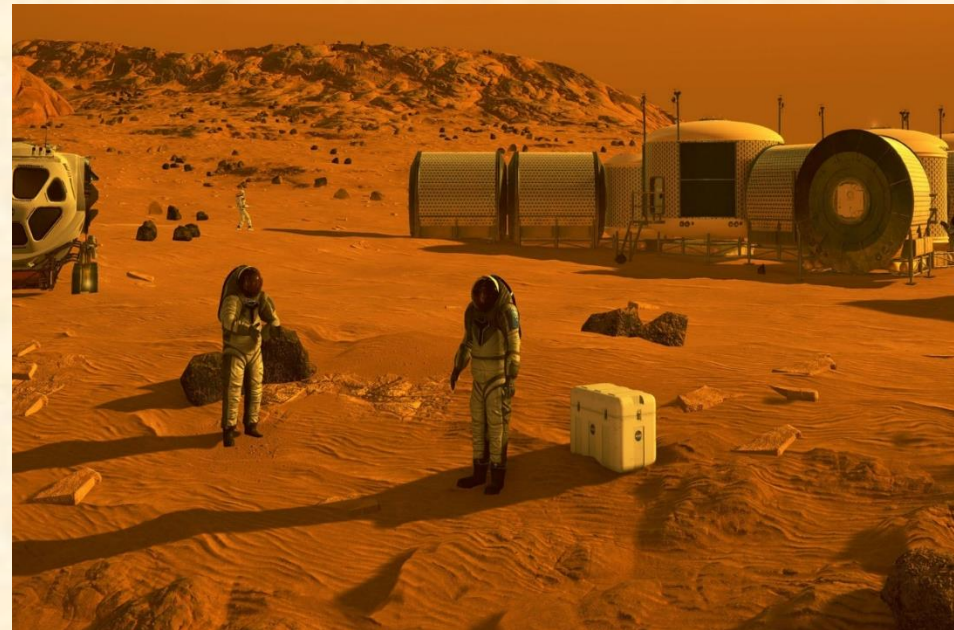
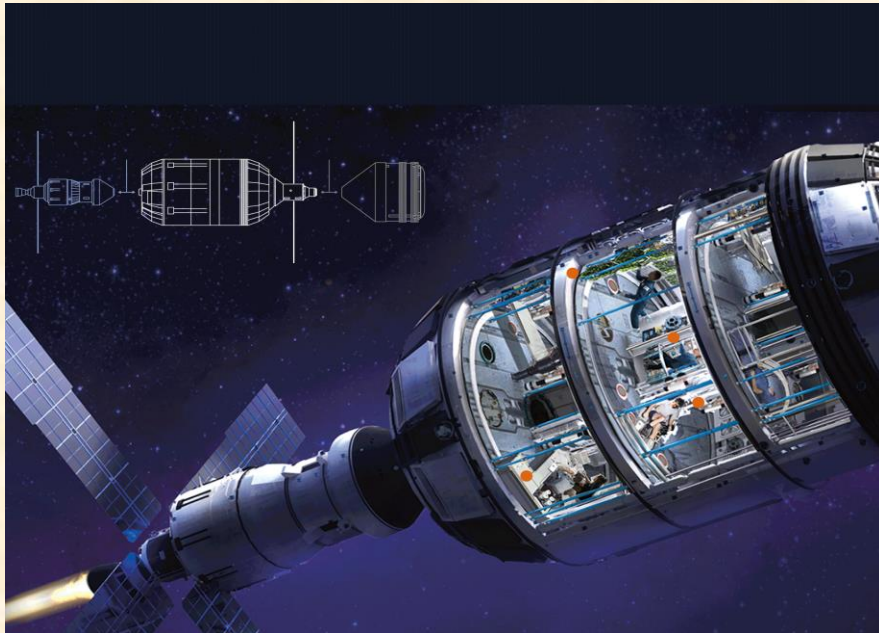


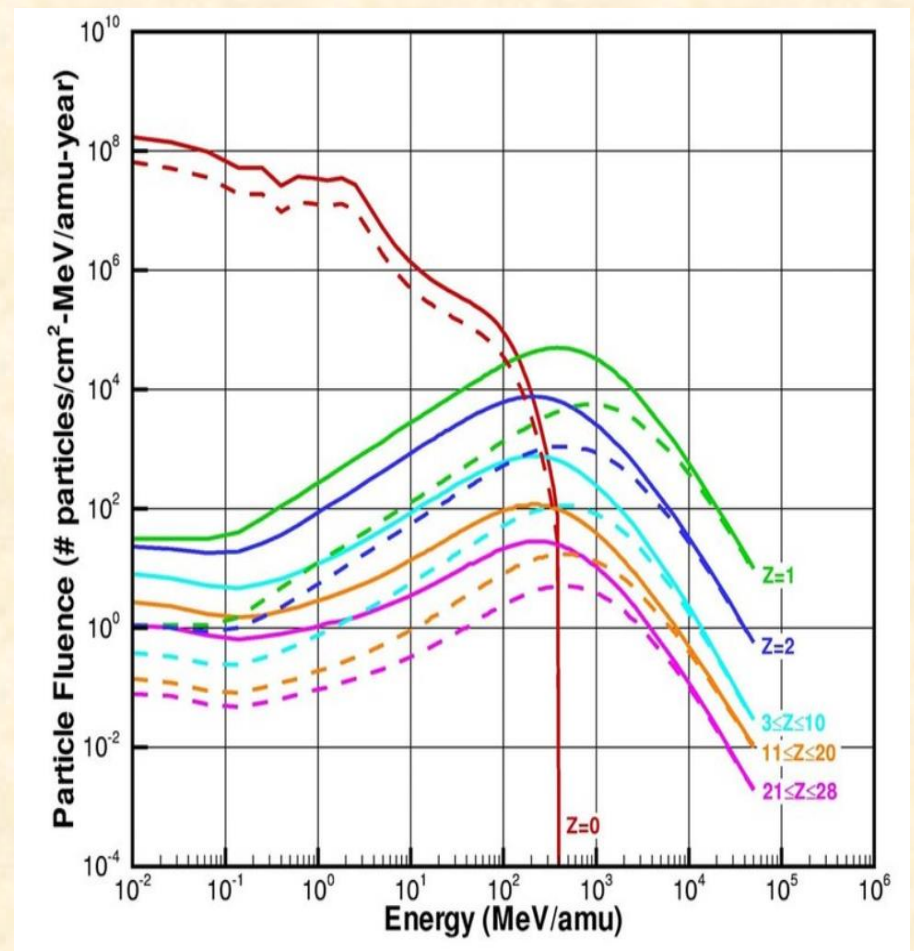
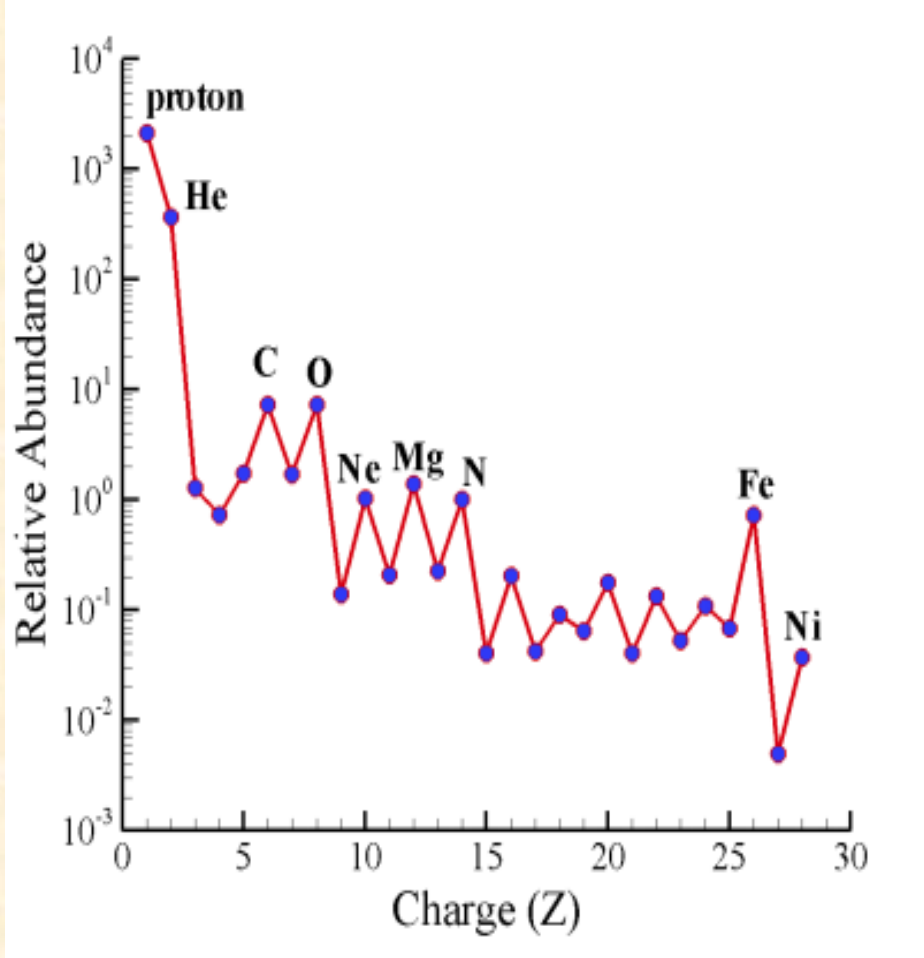
ESTIMATING RADIATION QUALITY DEPENDENCIES FOR GCR-INDUCED TARGETED VS. NON-TARGETED HEALTH EFFECTS

**David J. Brenner¹, Igor Shuryak¹, Albert J. Fornace²,
Shubhankar Suman², Kamal Datta², Tony C. Slaba³,
Steven R. Blattnig³, Ryan B. Norman³, and Ianik Plante⁴**

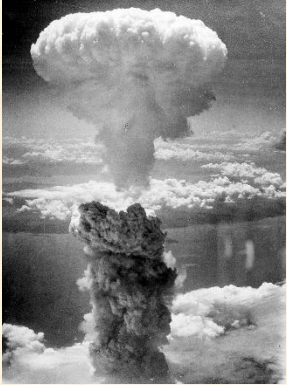
¹Center for Radiological Research, Columbia University; ²Georgetown University; ³NASA Langley Research Center, ⁴ KBRWyle, Houston



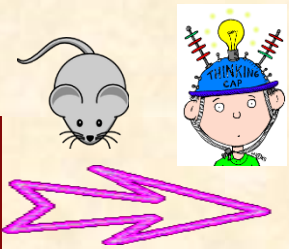
Mars mission astronauts will be exposed to complex mixed radiation fields both in flight and on Mars



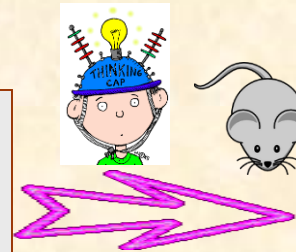
The NASA Radiation Risk Model



**Low-LET risks
from A bomb
survivors**



**Acute
High-LET
GCR risks**



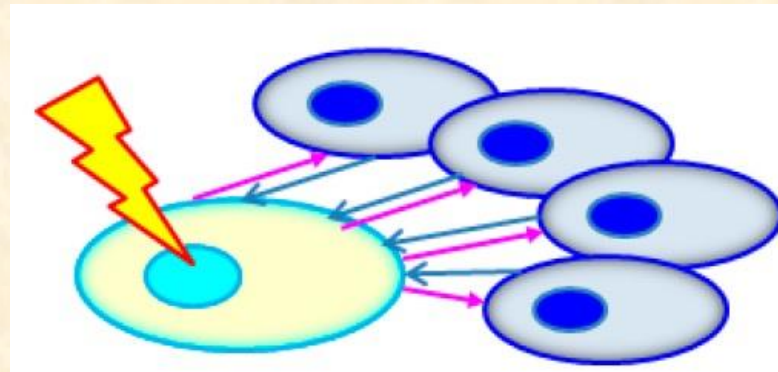
**Protracted
High-LET GCR
risks**





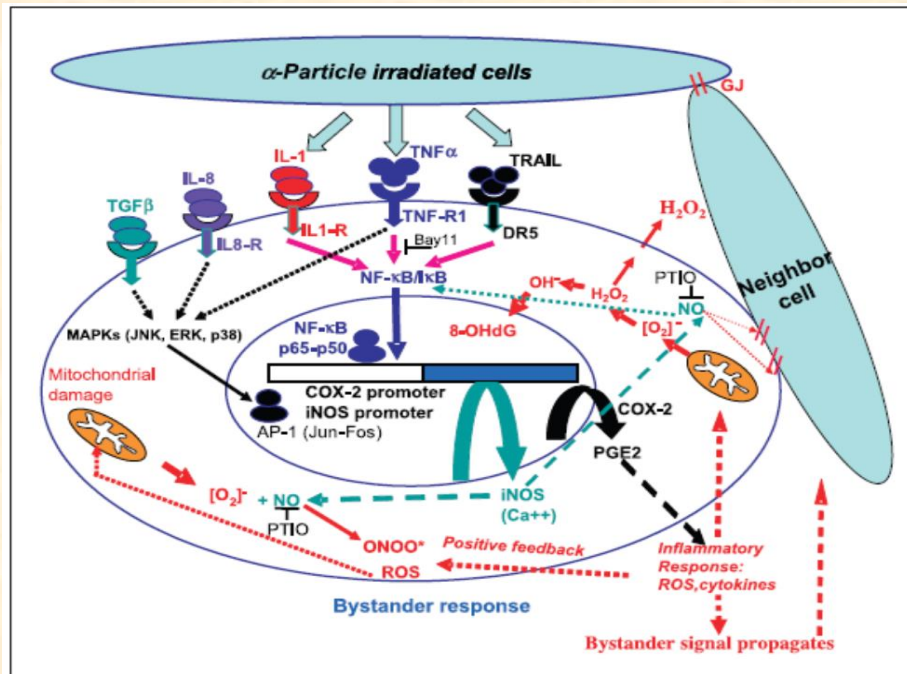
Our current major problem

- ❖ Low doses of densely-ionizing GCR radiation appear to produce biological damage largely through different (*non-targeted*) mechanisms as compared to high doses of GCR radiation



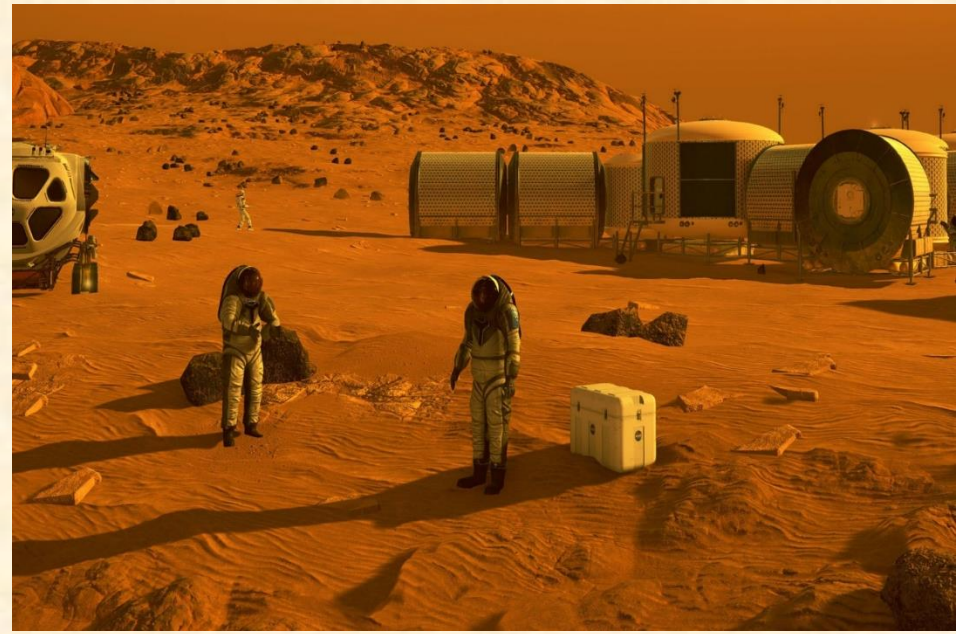
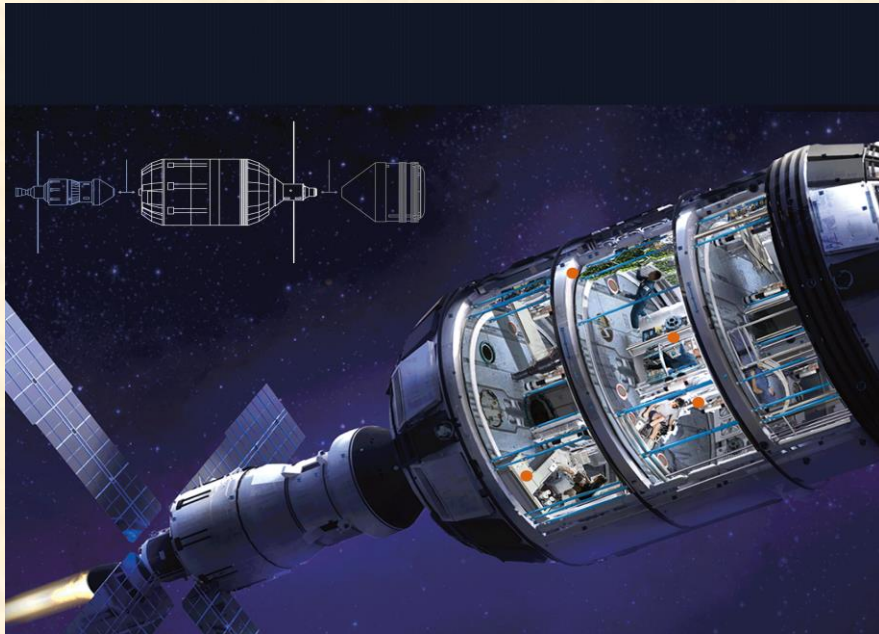
Non-Targeted Effects (NTE)

- ✓ Also called “bystander effects”
- ✓ Unirradiated cells respond to signals emitted by nearby irradiated cells
- ✓ First noted by Nagasawa & Little (1992): Exposed cells to low doses of alpha particles, about 1% of cells were hit, but 30% of cells showed increased chromosomal aberrations
- ✓ NTE reported for most endpoints, mainly after low doses of high-LET radiation
- ✓ Many signaling pathways and reactive oxygen species (ROS) appear to be involved, shifting cells into an “activated” stressed state

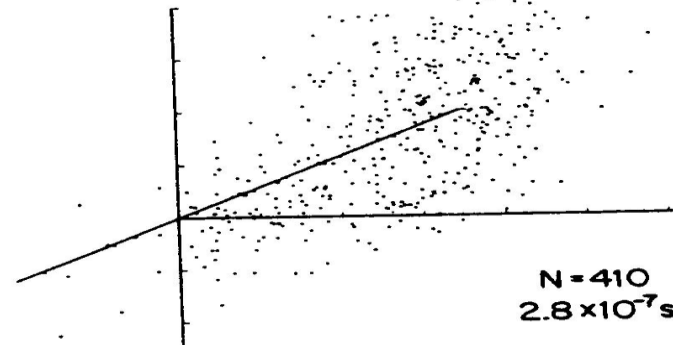
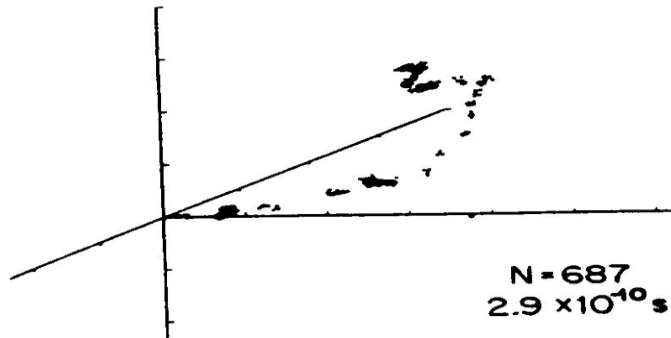
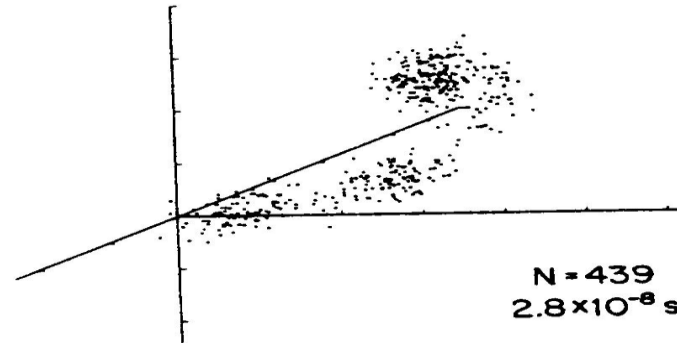
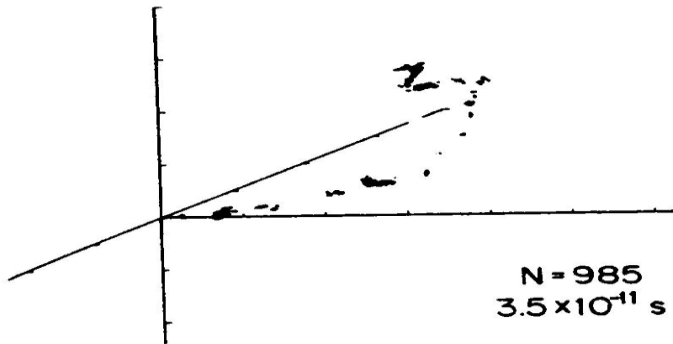
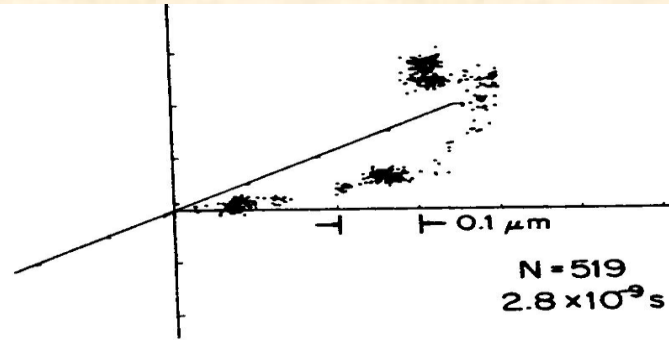
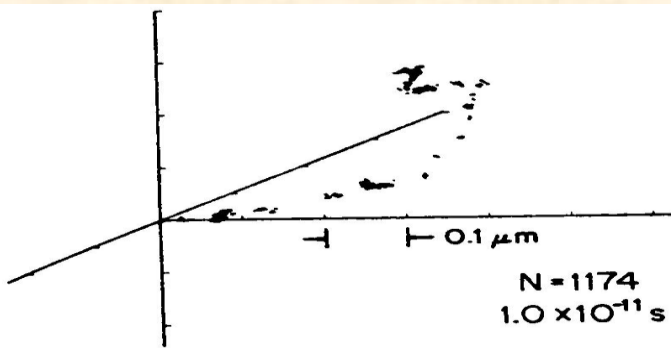


Zhou et al. *Cancer Res*, 2008

To establish radiation weighting factors for targeted effects (TE) and non-targeted effects (NTE), and to develop a practical approach for their use in complex and time-varying space radiation fields



Relative effects of different radiation qualities must be due to the initial track structure



Track Structure Models

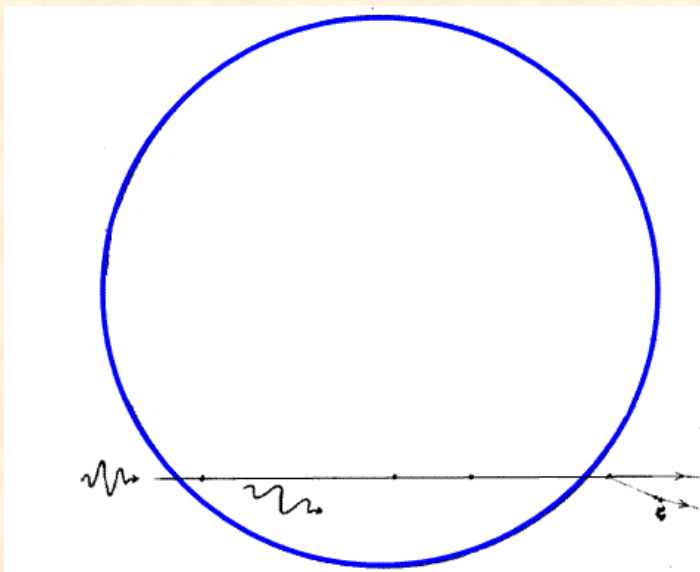
1. Katz Model

- **Phenomenological biophysically-based model, initially of cell killing, developed by analogy to radiation effects in nuclear emulsions**
 - **Model input can't be directly measured**
 - **Needs large amount of nuclear data to calculate model input for every radiation field**

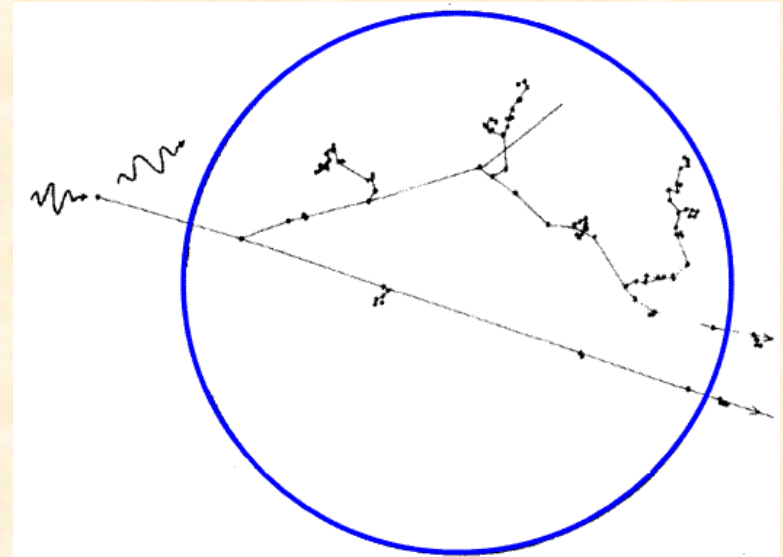
Track Structure Models:

2. Microdosimetry

- **Microdosimetry:** Study of the distribution of deposited energy in cell-nucleus sized microscopic volumes



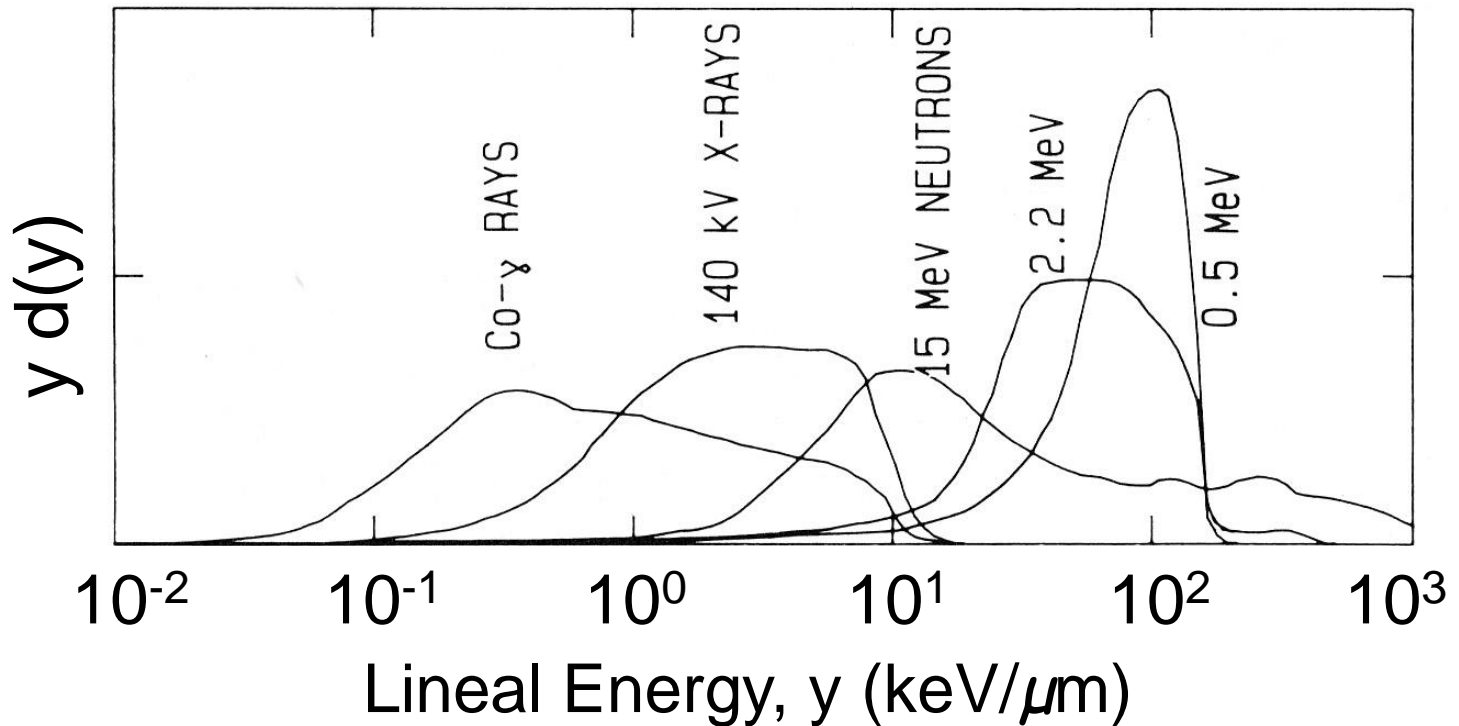
Simulation of single gamma ray
passing through cell nucleus



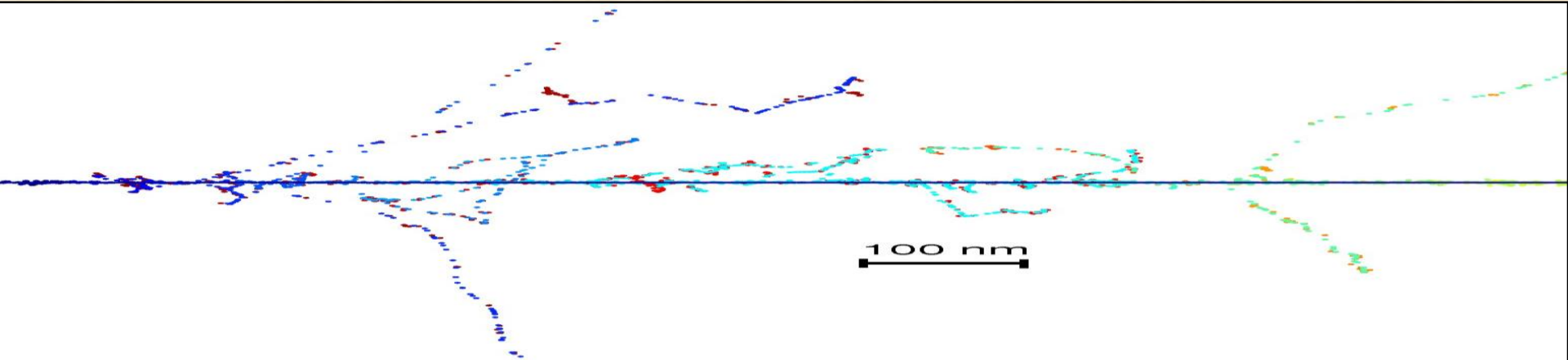
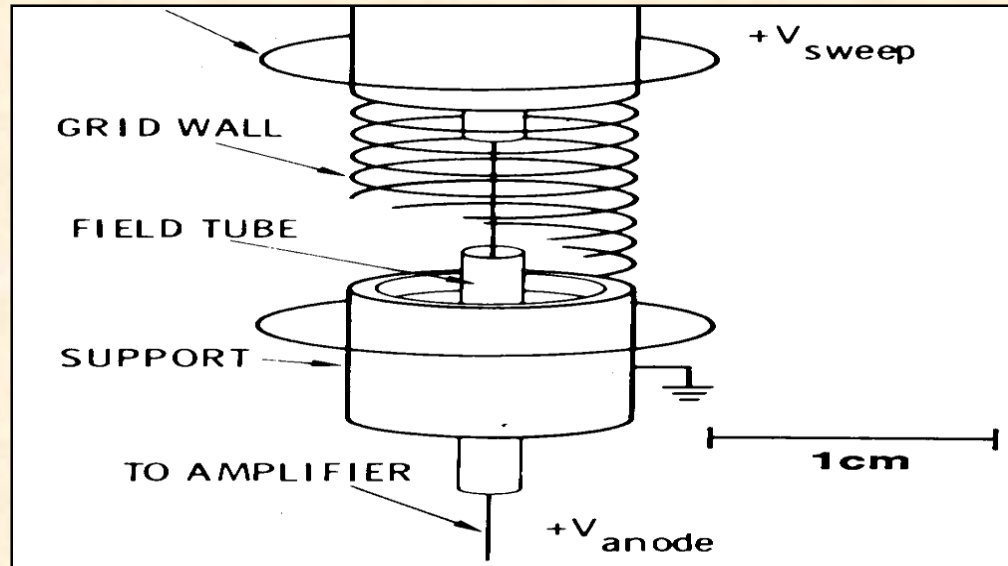
Simulation of single gamma ray
passing through cell nucleus

Microdosimetric Distributions:

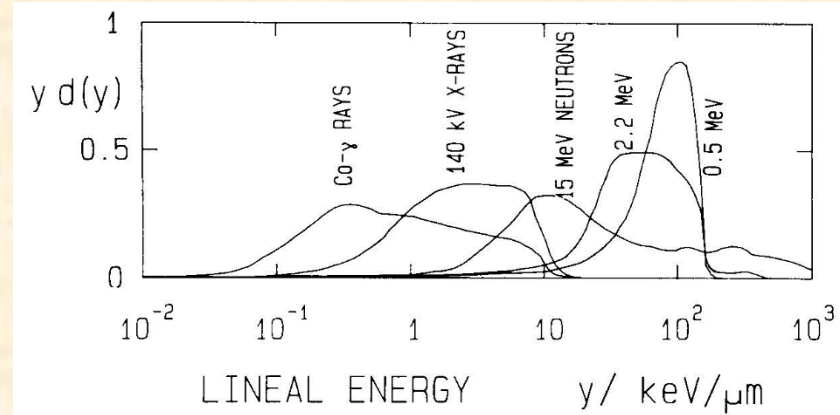
Distributions of energy depositions, y ,
in microscopic site sizes



Microdosimetric distributions can be directly measured or calculated



From microdosimetric distributions to relative biological response



$$\text{Response} \propto \int d(y) \times Q(y) dy$$

Microdosimetric
distribution

Biological
response
function

*Track
structure*

*Biological
endpoint*

How do we estimate $Q(y)$, the Biological Response Function?

Imagine a set of experiments with biological endpoint ε in which i different radiation types were used:

$$\varepsilon_i \propto \int d_i(y) Q_\varepsilon(y) dy$$

These are a series of i Fredholm equations, and given the experimental results, ε_i and the microdosimetric spectra, $d_i(y)$, they can be numerically unfolded to produce an estimate of $Q_\varepsilon(y)$

Quantifying TE vs NTE responses for densely-ionizing GCR at low doses

- **Fornace *et al.* measured tumors in APC^{1638N/+} mice exposed at NSRL to:**
 - **Protons (50 to 120 cGy; 1.3 keV/μm)**
 - **⁴He (5 to 50 cGy; 2 keV/μm)**
 - **¹²C (10 to 200 cGy; 13 keV/μm)**
 - **¹⁶O (5 to 50 cGy; 22 keV/μm)**
 - **²⁸Si (5 to 140 cGy; 69 keV/μm)**
 - **⁵⁶Fe (5 to 160 cGy; 148 keV/μm)**
 - **γ rays (5-200 cGy)**
- **20-39 mice / radiation type / dose, including zero dose**

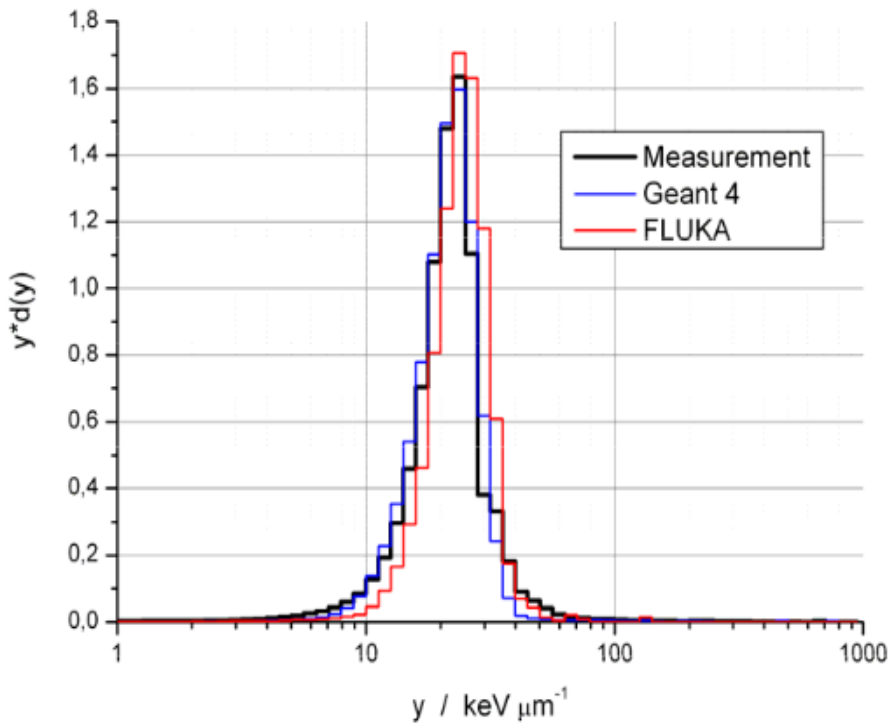
Best-Fit Model Parameters for NTE and TE

	LET (keV/μm)	NTE parameter	TE parameter (Gy^{-1})
Gamma	0.3	0.79 [0.18, 16.5]	2.88 [0.00, 3.80]
Protons	1.26	0.94 [0.00, 1.77]	2.88 [0.00, 4.30]
He ions	2	1.29 [0.83, 1.76]	2.88 [0.00, 4.20]
C ions	13	2.64 [1.43, 4.69]	3.47 [2.05, 5.04]
O ions	22	2.72 [1.99, 3.71]	2.88 [0.00, 5.52]
Si ions	69	4.53 [3.15, 6.85]	10.12 [7.68, 12.8]
Fe ions	148	3.94 [2.61, 6.49]	5.06 [2.67, 6.83]

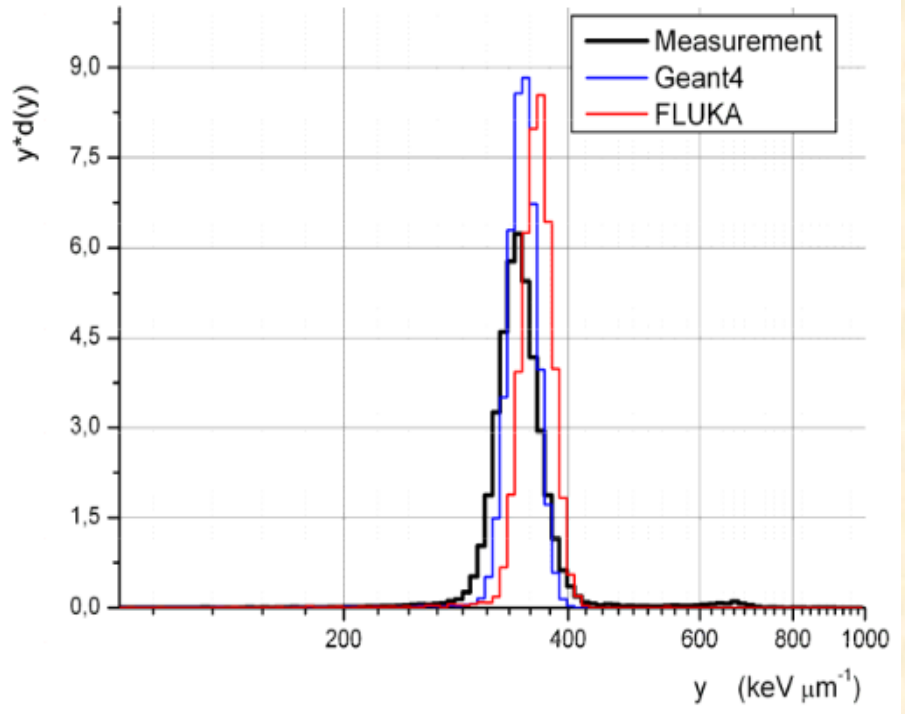
Calculated vs. experimental microdosimetric spectra

Based on FLUKA or GEANT4 (Beck 2006)

Oxygen 400 MeV/u



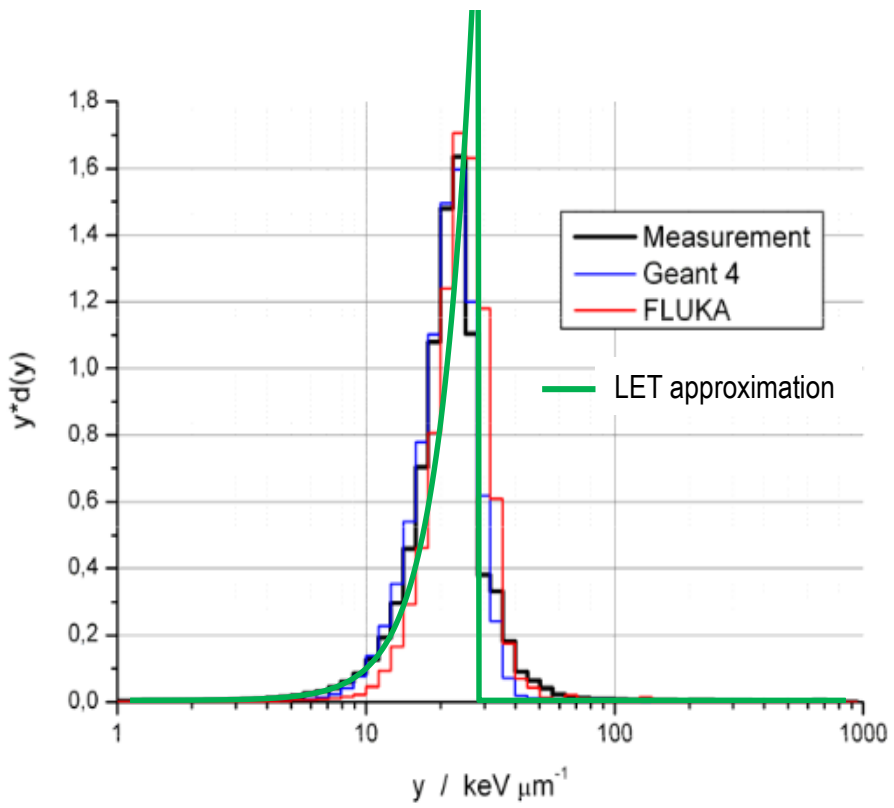
Iron 300 MeV/u



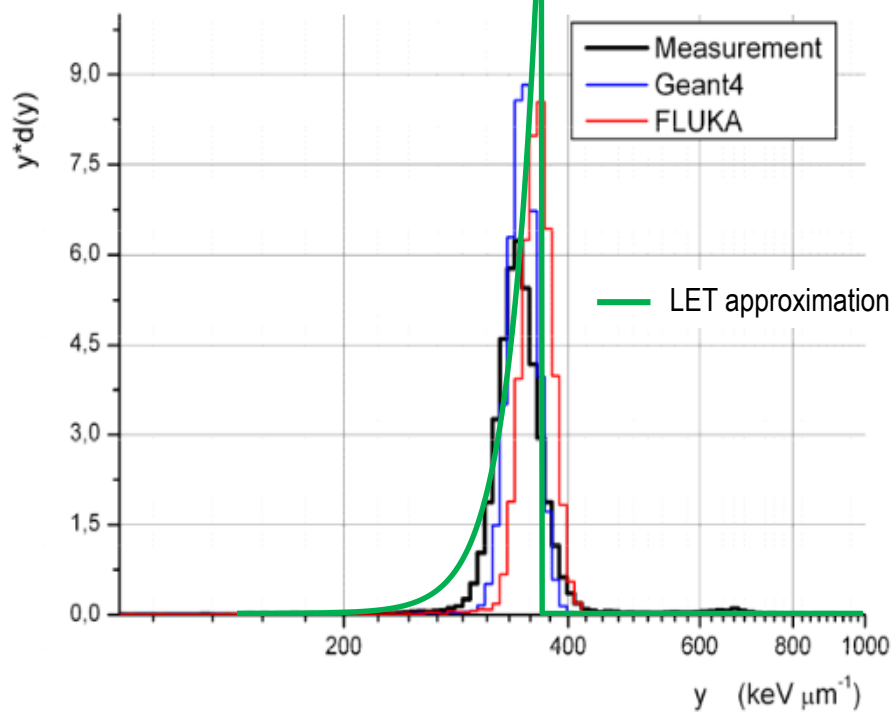
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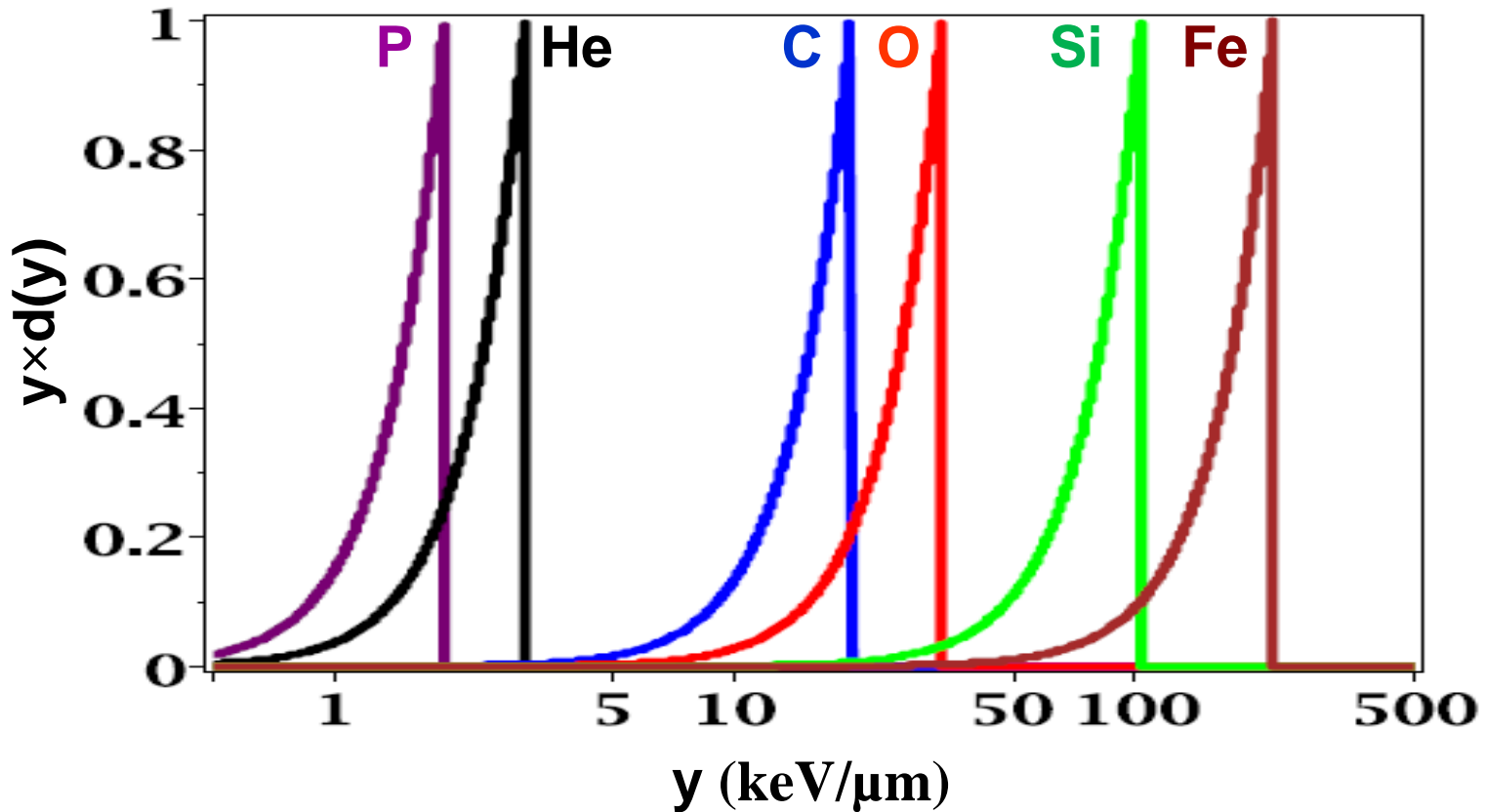
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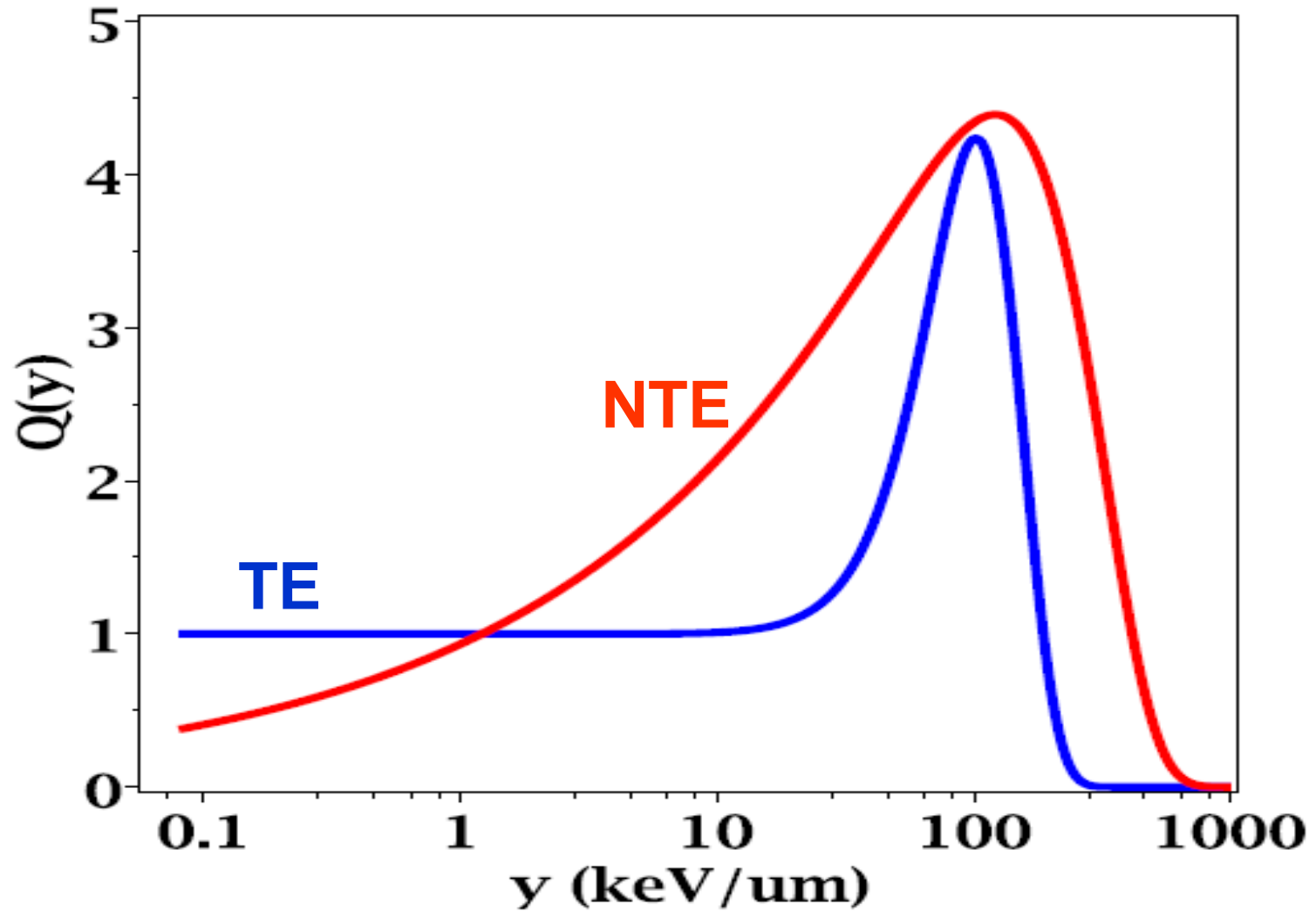
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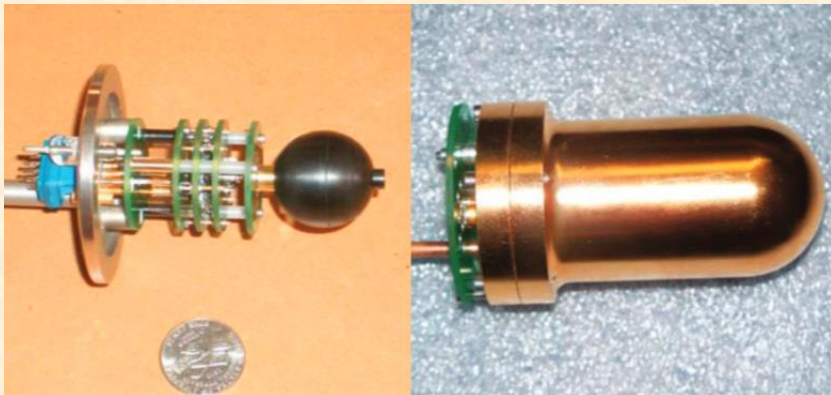
Preliminary Best-Fit Results: $Q_\varepsilon(y)$ shapes for mouse GI tumor endpoint



Ongoing.....

1. **Generate more detailed $d(y)$ microdosimetric spectra (Geant 4+ RITRACKS) and redo this preliminary analysis**
2. **Generate $Q_\varepsilon(y)$ functions for a variety of different endpoints ε , both for cancer and non-cancer endpoints**
3. **Generate consensus $Q(y)$ function(s)**
4. **Assess in-flight $d(y)$ measurement tools, to allow in-flight assessments of Q**

TE gas microdosimeter. Straume et al 2015



Silicon microdosimeter. Rosenfeld et al 2014

