

# **FLASH Effects: Focus on *in-Vitro* Studies**

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# FLASH effect

**Radiation delivered at high dose rates ensure similar tumor control as radiation delivered at “conventional” dose rates but with reduced normal tissue toxicity**

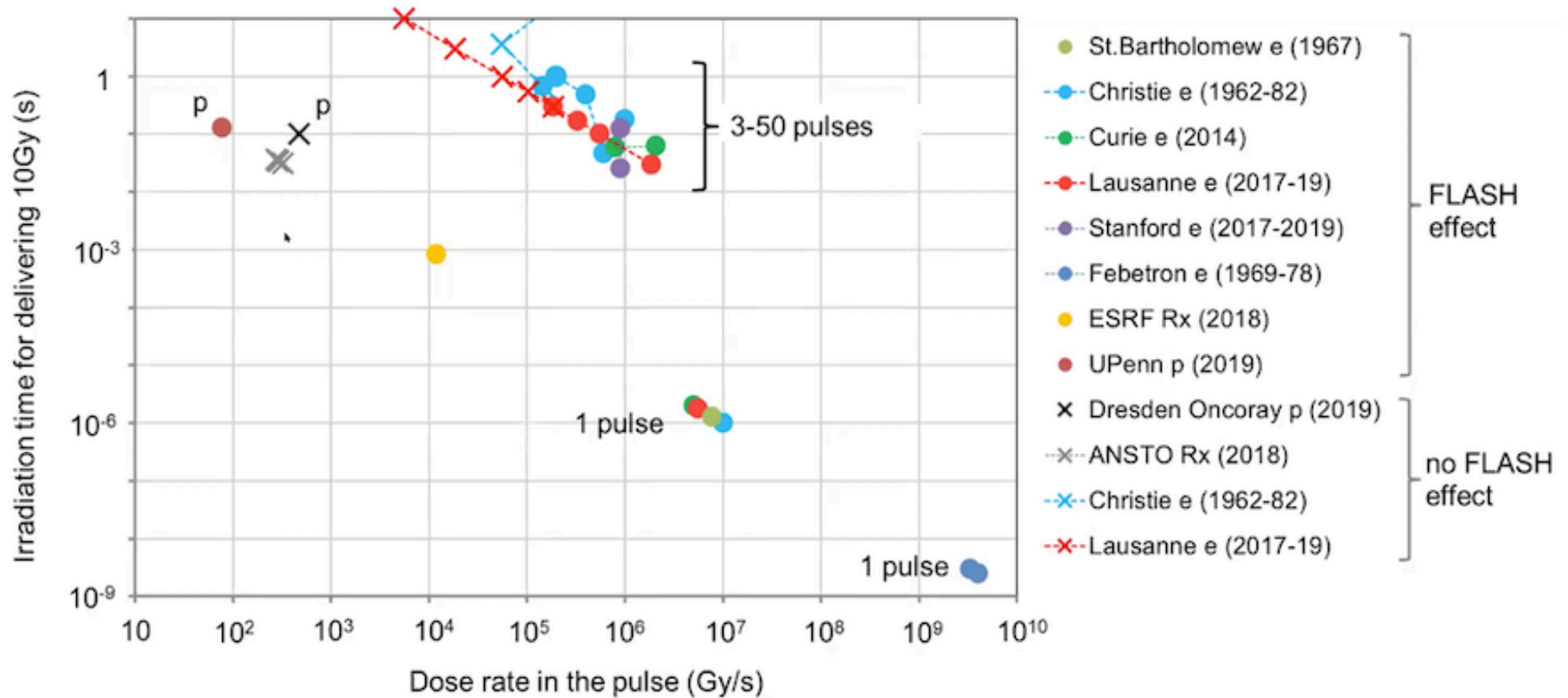
*A biological effect strictly characterized by physics parameters*

	Conventional	FLASH
Dose rates	1-2 Gy/min (0.02-0.03 Gy/s)	> 100 Gy/s
Dose delivery time	min	μs to ms
Dose per fraction	~ 2 Gy	≥ 10 Gy

For pulsed beams:

- Mean dose rate vs. instantaneous dose rate (dose rate in the pulse)
- Time to deliver the dose
- Frequency or time between two pulses

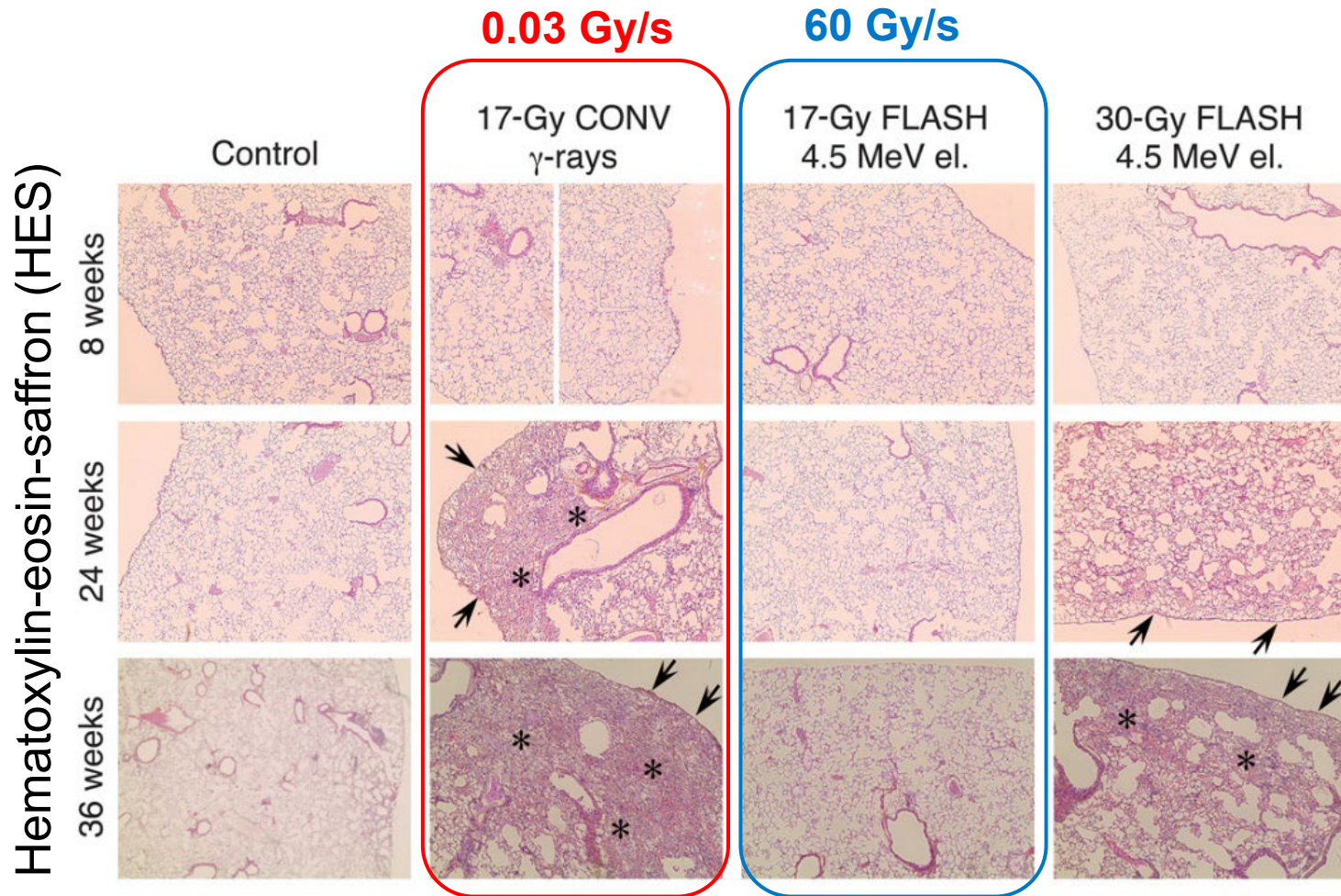
## Conditions to obtain or miss the FLASH effect



Adapted from Vozenin MC 2021 RRS Herman D. Suit plenary lecture

# Normal tissue sparing - Lung

- C57BL/6J mice
- bilateral thorax exposure
- single fraction



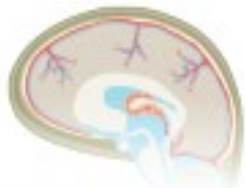
Arrows -> patches of subpleural fibrosis  
Asterisks -> intraparenchymal fibrosis

# FLASH radiotherapy



## FLASH effect in mouse models

### Sparing of late responding organs



- Long-term sparing of cognition
- Acute and late sparing of the vasculature
- Reduced neuroinflammation



- Reduced inflammation
- No pneumonitis
- No fibrosis



- Reduced inflammation
- No acute ulceration
- No fibrosis



- Sparing of intestinal function
- Sparing of intestinal crypts
- Reduced inflammation



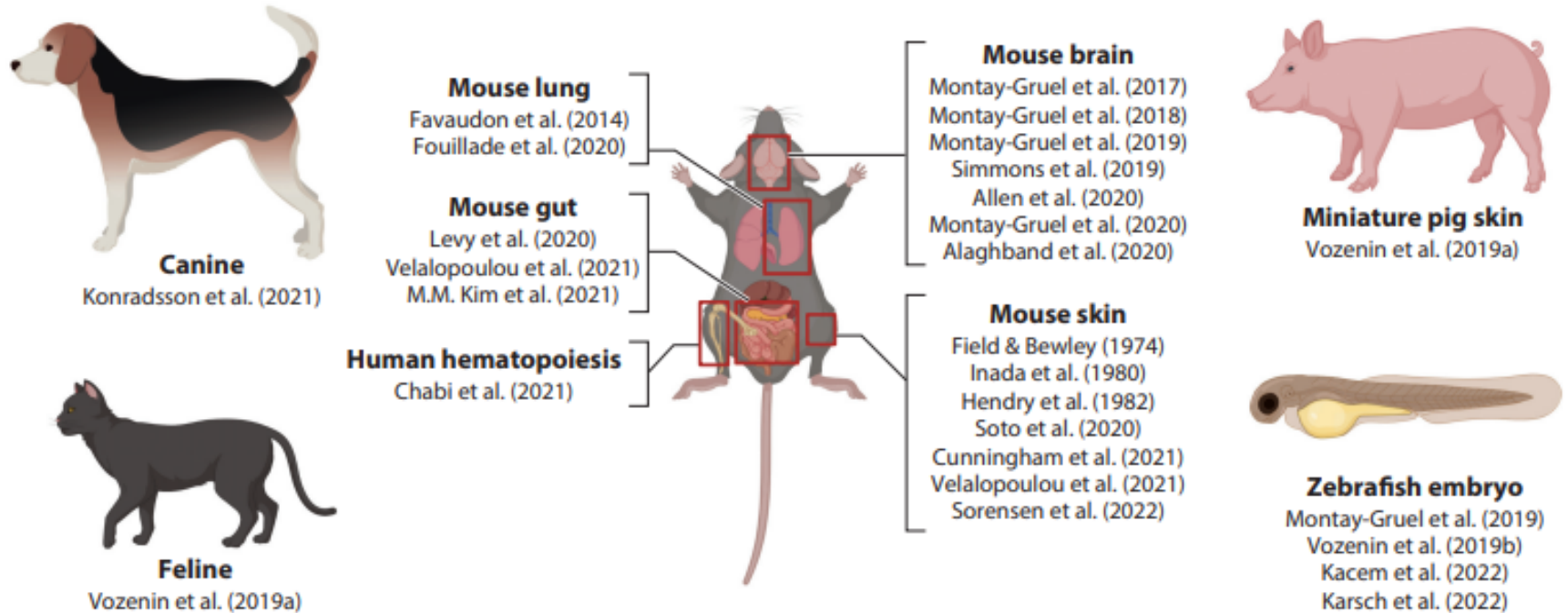
Sparing of morphogenesis

### Sparing of acute responding organs

- Isoefficient tumour eradication
- Inhibition of metastasis (heavy ions)



# Normal tissue FLASH sparing effects have been observed in different species and organs



**Are tumors spared as well?**

# The response of >23 tumor types have been compared using FLASH- & CONV-RT

- Syngeneic or xenograft tumors implanted subcutaneously or orthotopically in immune-competent or immune-compromised mouse models.
- Spontaneous tumors in larger vertebrates (dog and cat).

## Exceptions

Lewis lung carcinoma and LM8 osteosarcoma

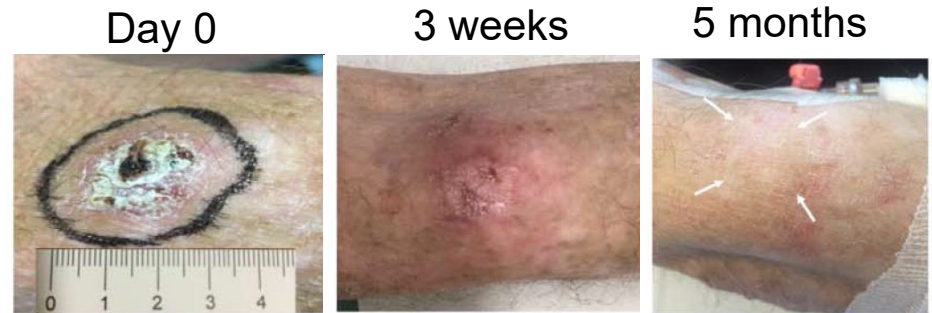
FLASH-RT was shown to be **slightly more effective** than CONV-RT in slowing the growth of tumors (B.W. Loo Jr. et al., unpublished data) and in preventing metastasis when delivered with carbon ions (Tinganelli et al. 2022).

**Not effective** in all human T cell acute lymphoblastic leukemias (T-ALL) grafted into immunocompromised mice as patient-derived xenografts (Chabi et al. 2021). Following bone marrow transplantation/reconstitution, mice were given 4 Gy TBI FLASH-RT or CONV-RT; one T-ALL was more responsive to CONV-RT.

# In humans

The first patient with skin metastases from melanoma had one 3.5-cm diameter tumor treated with 15 Gy electron FLASH delivered in 90 ms.

- Complete tumor response at 36 days
- No recurrence after 5 months



Bourhis J, et al. Radiother Oncol. 2019;139:18-22

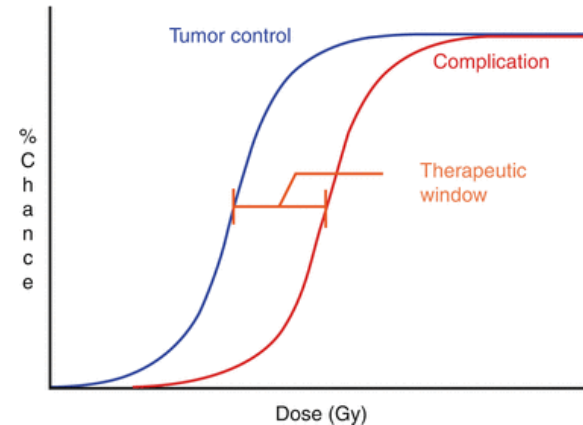
Varian and the Cincinnati Children's/UC Health Proton Therapy Center trial of patients enrolled in the FAST-01 or **FeAsibility Study** of FLASH Radiotherapy for the palliative Treatment of **symptomatic bone metastases**

- 10 patients underwent FLASH radiotherapy (8Gy at 60 Gy/sec) at 12 metastatic sites.
- Transient pain flares occurred in 4 of the 12 treated sites (33%). In 8 of the 12 sites (67%) patients reported pain relief, and in 6 of the 12 sites (50%) patients reported a complete response (no pain).
- Phase 2 has started.



# Clinical advantages

- Increase of the therapeutic index
- Reduction of dose fractions
- Reduced treatment time, overall course, and costs



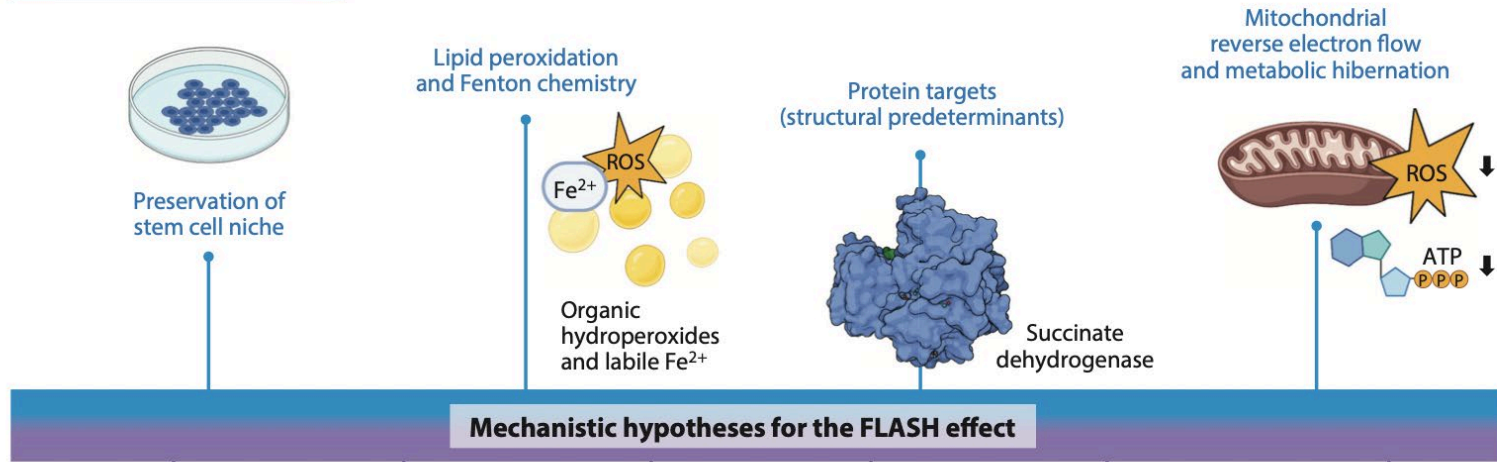
Chang, D.S et al, (2014). Therapeutic Ratio. In: Basic Radiotherapy Physics and Biology. Springer, Cham.

# Ongoing challenges

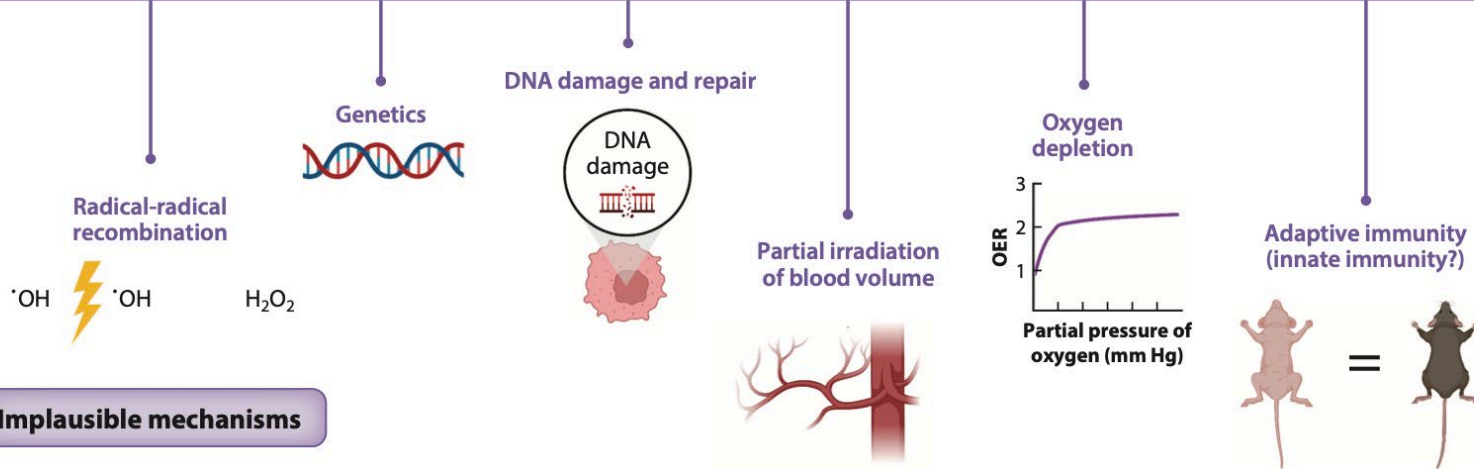
- Beam parametrization and standardization
- Type of radiation that can elicit FLASH effects
- Fractionation
- Dose rate effects on tumor volume
- Dose rate effects depending on the organ
- Late effects
- Unidentified molecular mechanisms

# Mechanism(s) for the FLASH Sparing Effects

## Plausible mechanisms

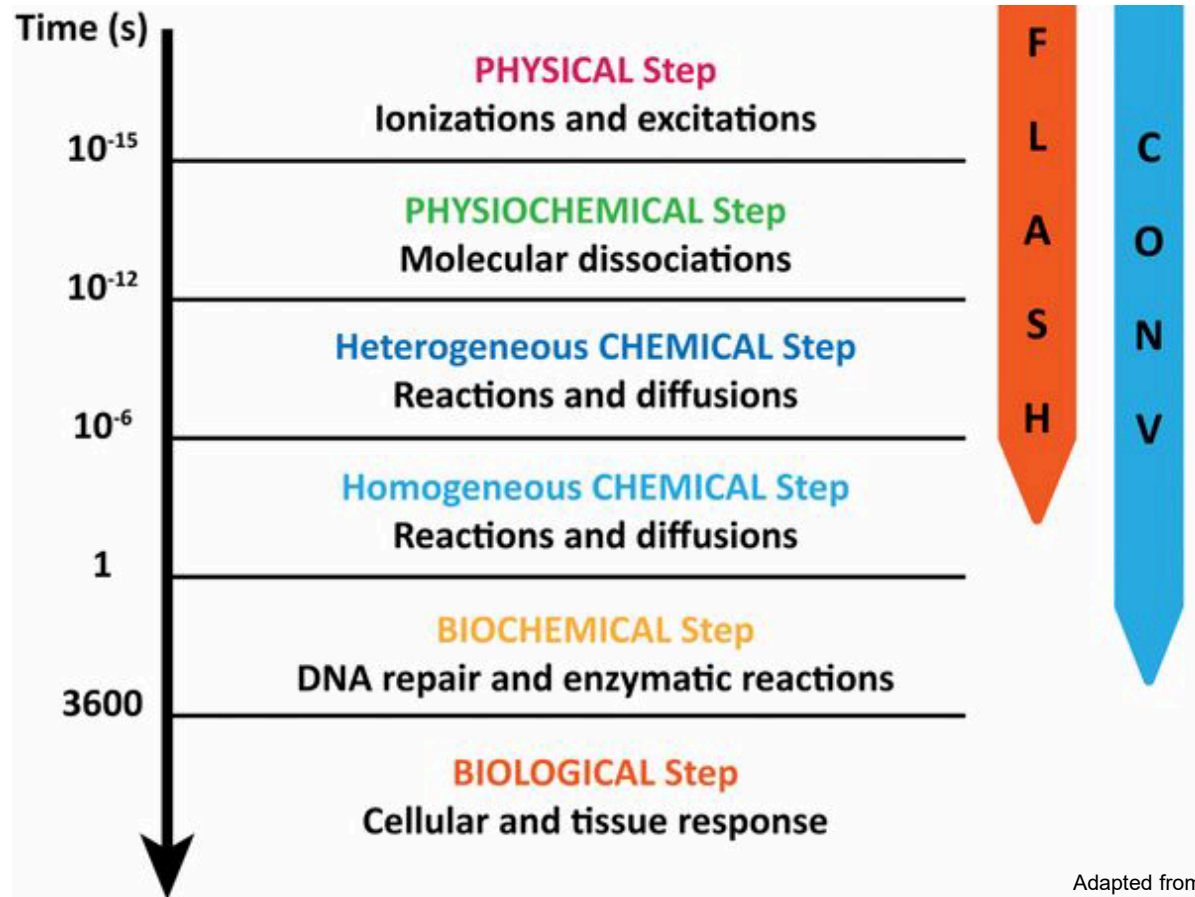


## Implausible mechanisms



**Distinctive molecular mechanisms still unknown.**  
**How can FLASH-RT discriminate between normal and tumor tissue?**  
**Are the intrinsic determinants at cellular or tissue level?**

# What are the mechanisms for the FLASH sparing effects?



**The yields of different radical species and how they diffuse, react, recombine, and form new radical products during FLASH vs. CONV could influence the biological responses downstream.**

# *In vitro* studies

*In vivo* investigations are essential, but a pinch of reductionism is still needed:

- Basic studies with the simplest conditions (normal cells and their cancer counterparts) are useful to investigate molecular mechanisms so that treatment protocols can be refined.
- Findings in normoxia can be used as benchmark.
- What is the major player in the redox metabolism is under debate.

# Still unknown

- Molecular mechanisms leading to the FLASH effect
- Precise experimental conditions (i.e. beam parameters, oxygen level in cells) required to elicit the effect
- What type of radiation does elicit the effect?



## Pre-clinical studies



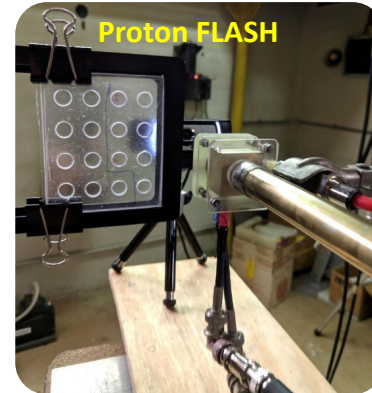
# At the Radiological Research Accelerator Facility (RARAF)

## Proton FLASH

5 MeV protons, LET  $\sim 10$  keV/ $\mu$ m  
Dose rate up to 1 kGy/sec (limited by pulse length)

Geometry:

- < 1-cm diameter
- < 300- $\mu$ m thick



## Electron FLASH

Cornell University donated a decommissioned Linac

6-9 MeV electrons

Dose rate  $\sim 200$  Gy/sec

Will allow hemi-mouse irradiations:

- 4-cm field size
- >2-cm thick

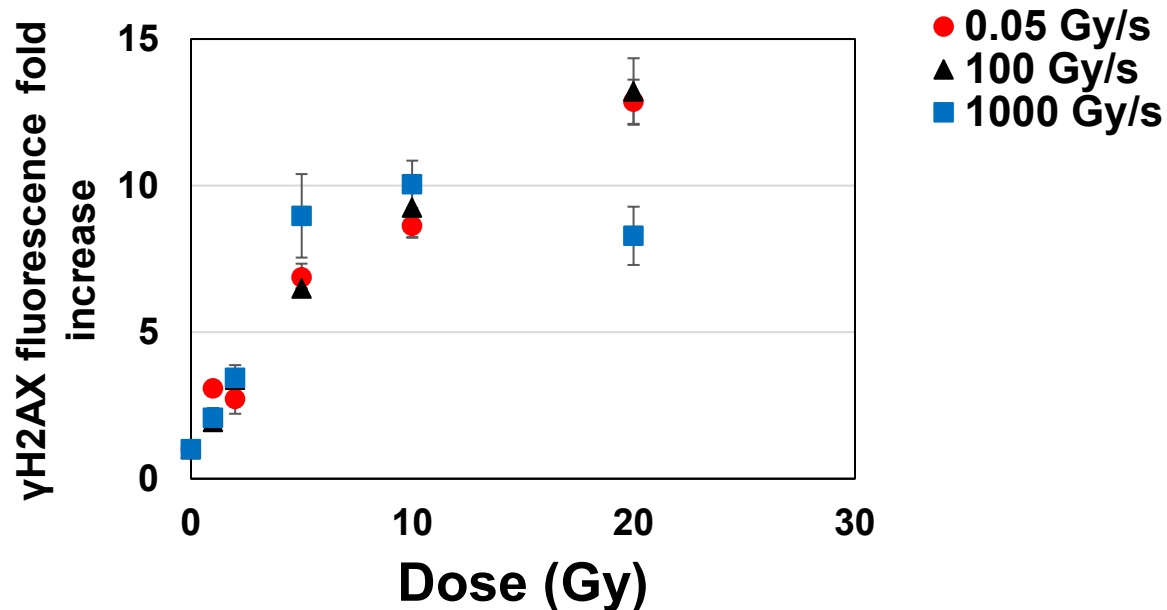


# Acute Effects

**Clonogenic survival:** The dose rate of **4.5 MeV protons** does not affect survival of normal and cancer cells under normoxic conditions.

**DNA damage:** The effects might be more evident at relatively higher doses.

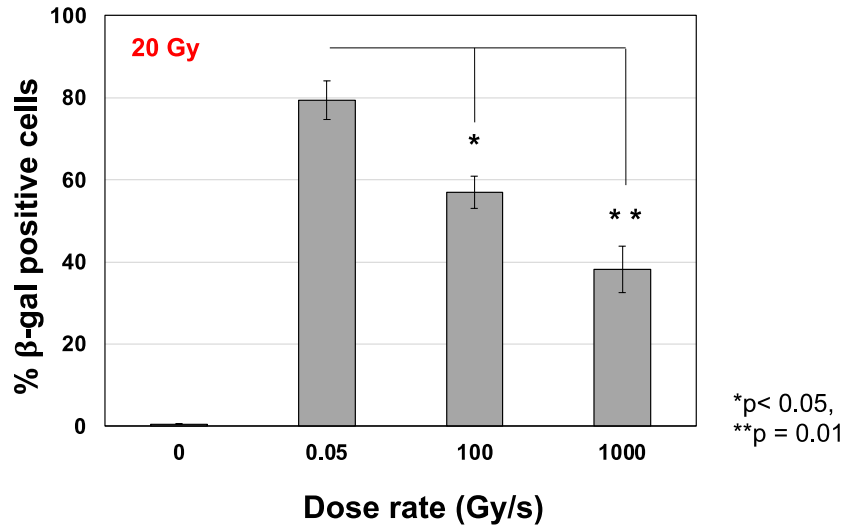
**IMR90 – Normal human lung fibroblasts**  
 **$\gamma$ H2AX foci assessed 30 min after exposure**



# Long-term effects: Radox metabolism

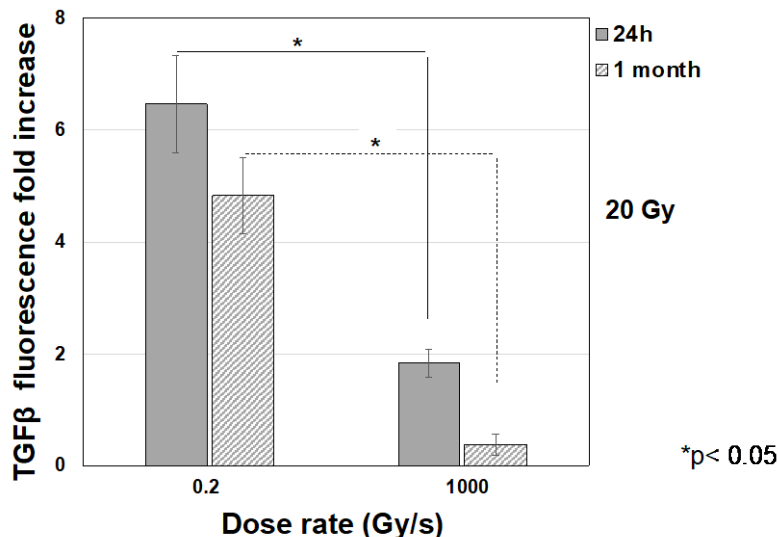
Normal cells, 20 Gy protons, 0.05, 100, 1000 Gy/s

## Senescent IMR90 one month after exposure



Cell senescence - a potential mechanistic link between radiation-induced oxidative stress and prolonged tissue injury

## TGF $\beta$ in normal human fibroblast 24 h and one month after exposure

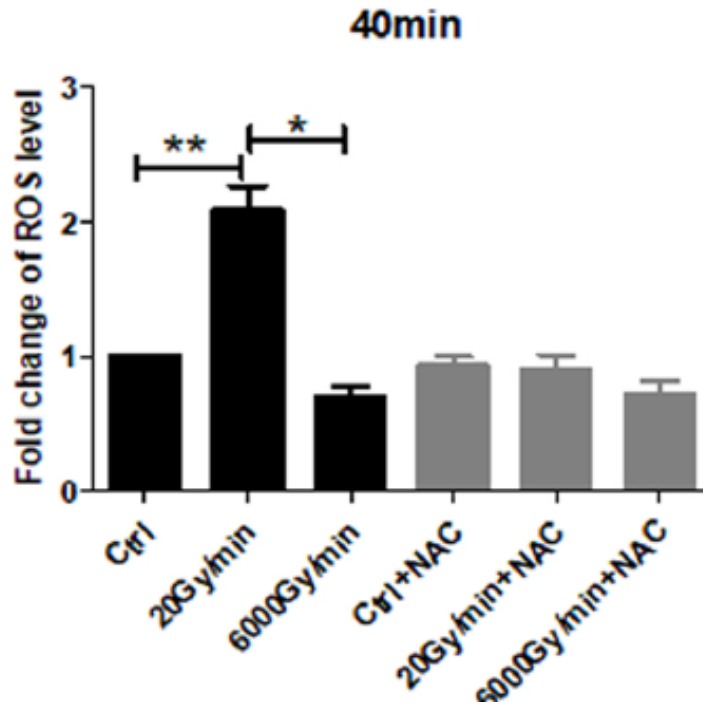


Senescent cells release pro-inflammatory molecules; TGF $\beta$ 1 is one of the major player in modulating such signals



# Redox metabolism: Mitochondria

Normal cells, 15 Gy protons, 20 vs. 6000 Gy/min

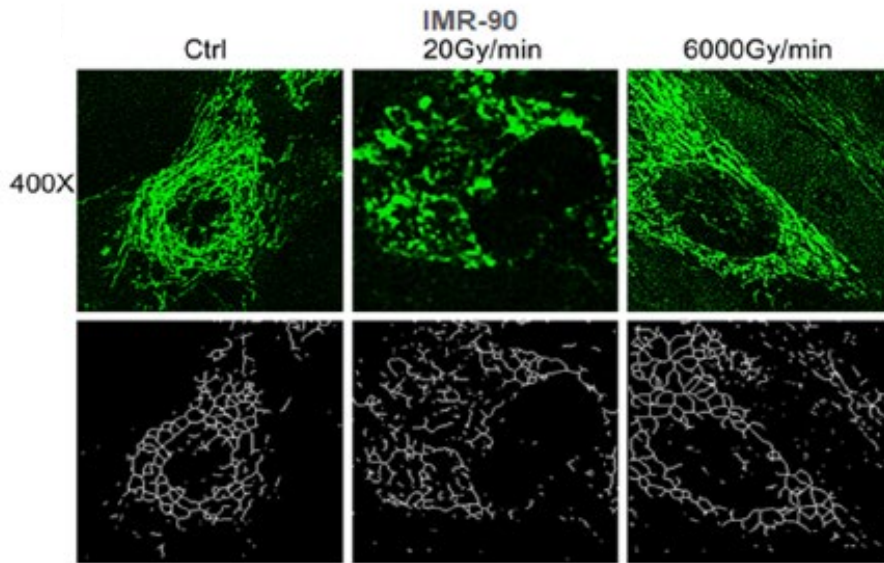


- CM-H<sub>2</sub>DCFDA general ROS indicator
- N-Acetyl-L-cysteine (NAC) - ROS inhibitor

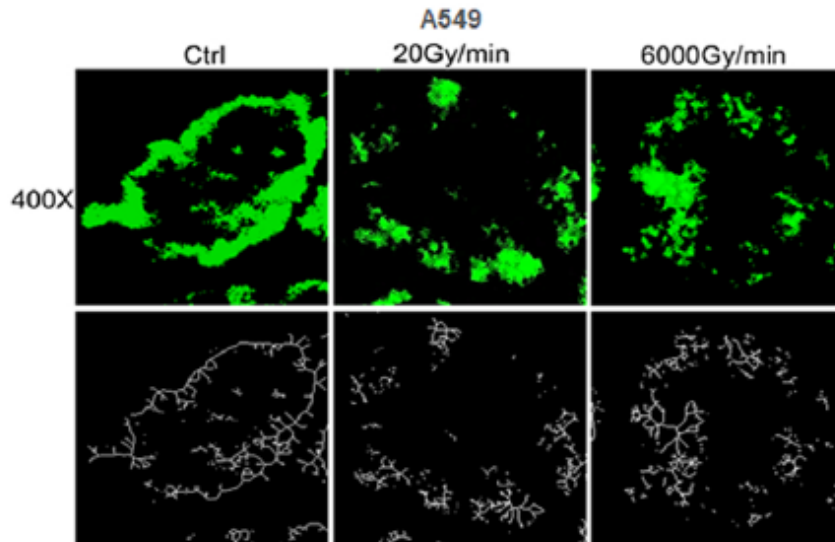
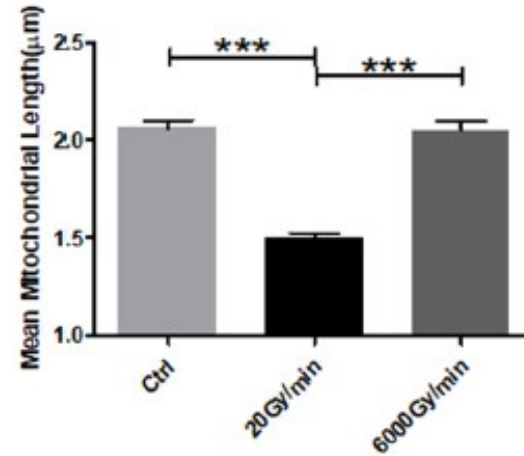


# Mitochondria structure

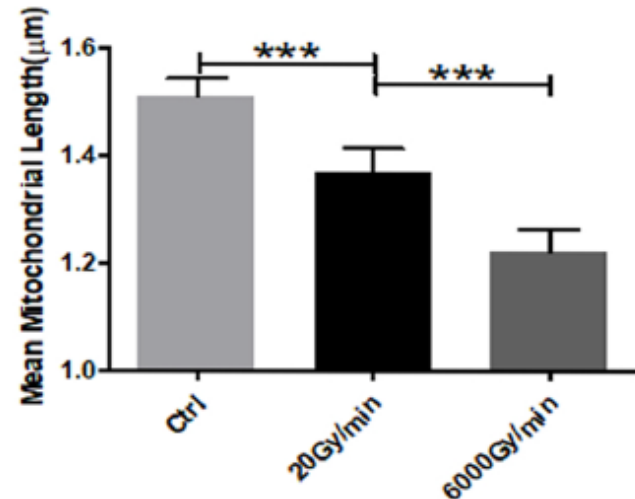
15 Gy protons, 20 vs. 6000 Gy/min - Mitotracker green



## Normal cells

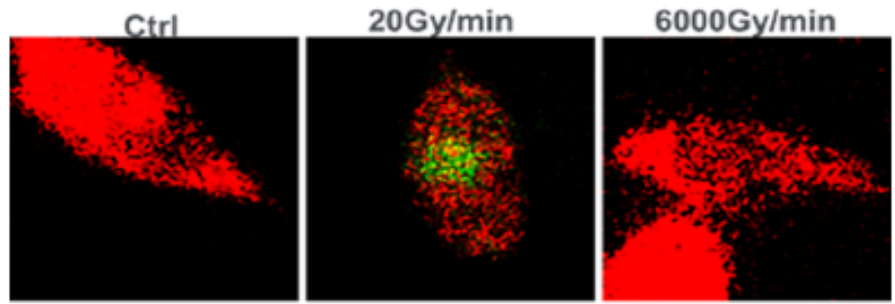
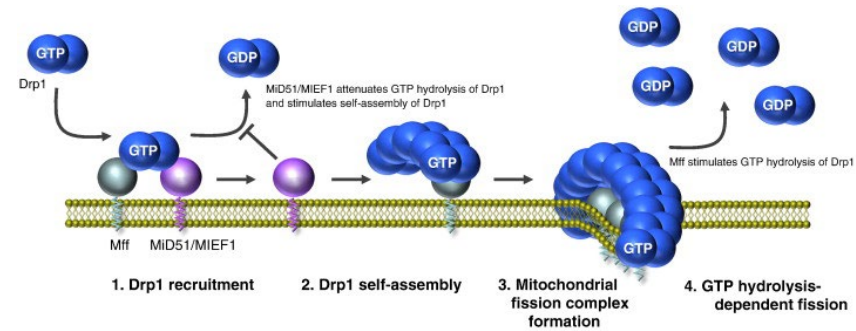


## Cancer cells

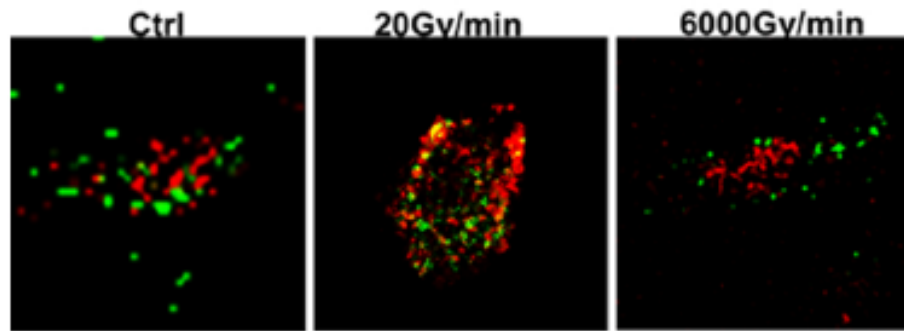


# Mitochondria dynamics – Drp1

- Mitochondria maintain their shape, size, and distribution through coordinated cycles of fission and fusion.
- The fission protein dynamin-related protein 1 (Drp1) is a GTPase that upon activation translocate from the cytoplasm to mitochondria.
- It stabilizes p53 and is required for p53 translocation to the mitochondria under oxidative stress.

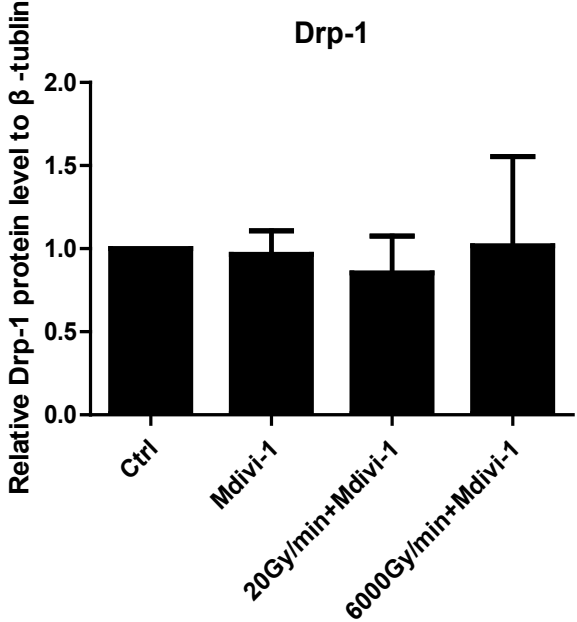
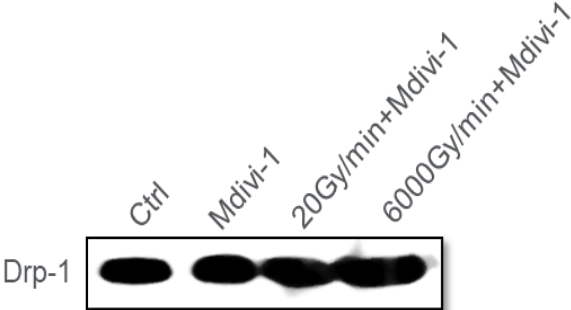


Expression of Drp1  
Mitotracker red & Alexa488/anti-Drp1

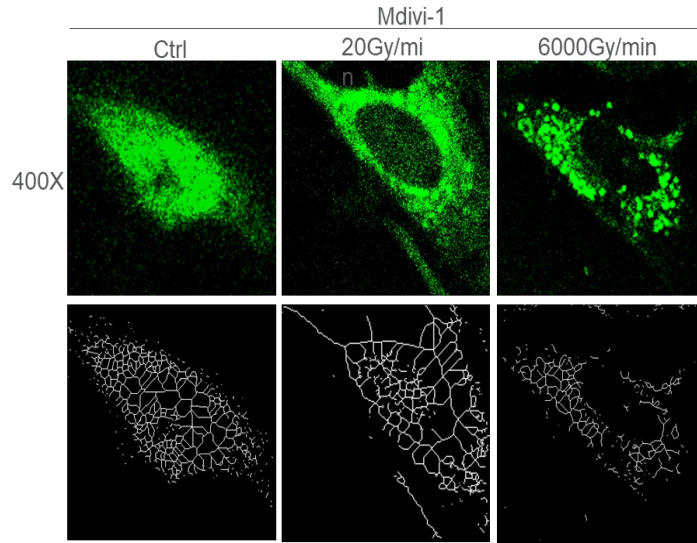


Drp-1/p53 co-localization  
Alexa488/anti-Drp1 & Alexa555/anti-p53

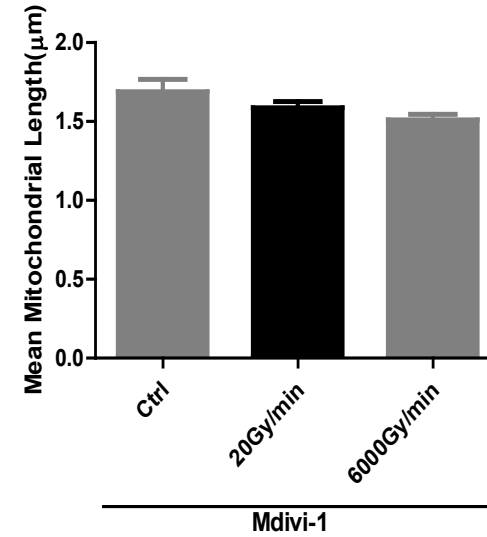
# Inhibition of Drp1 by Mdivi-1



# Inhibition of Drp1 by Mdivi-1

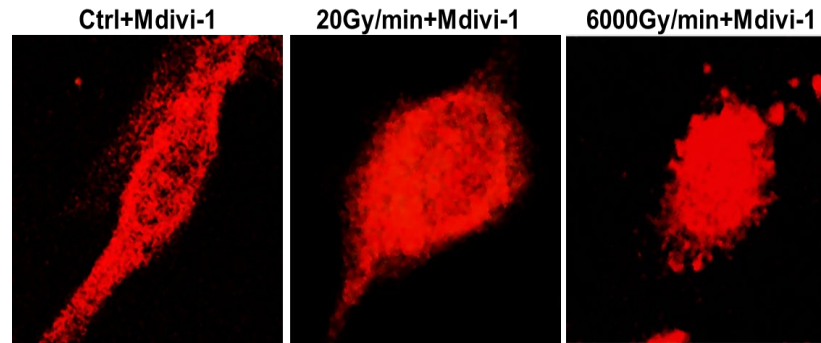


## Mitochondria length



## Expression of Drp1

Mitotracker red & Alexa488/anti-Drp1

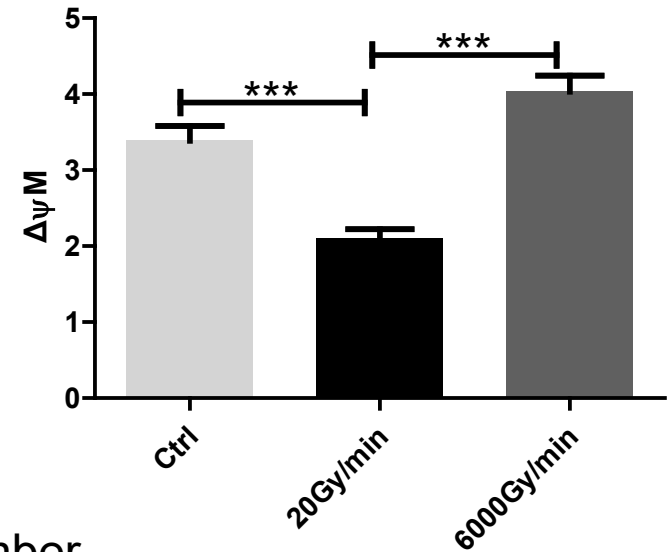
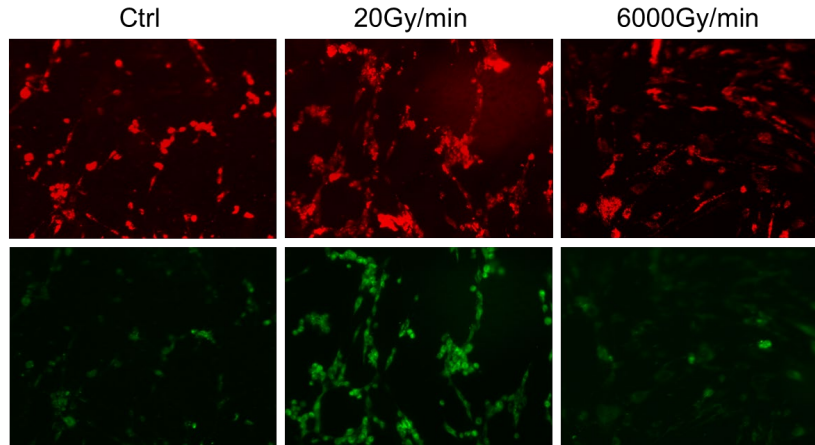


# Mitochondria functions 1

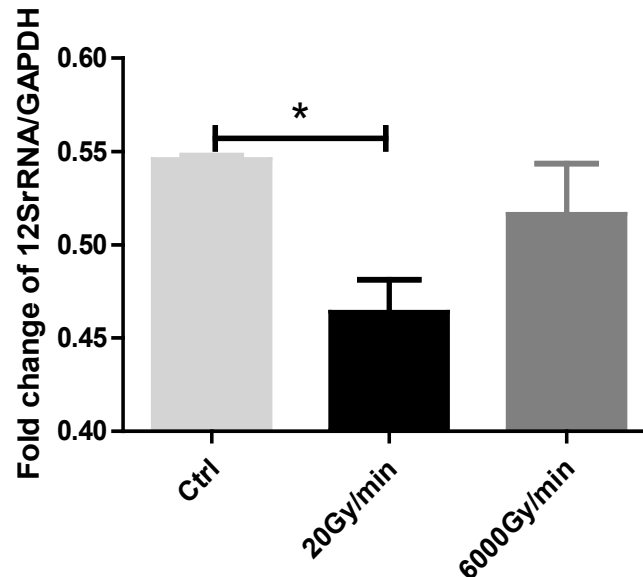
## Mitochondria membrane potential (JC-1)

J-aggregates in mitochondrial matrix → red fluorescence

JC-1 monomers do not aggregate in the matrix and fluoresce green

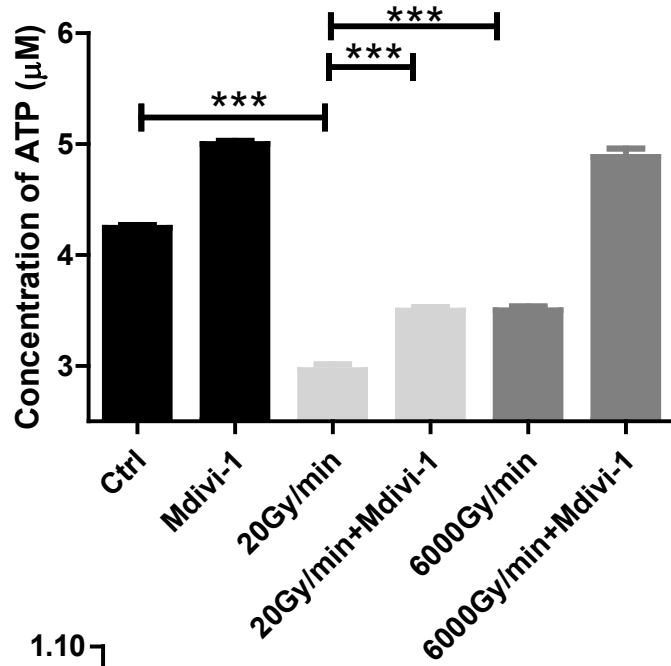


## Mitochondria copy number (RT-PCR ratio mtDNA/nDNA or 12SrRNA/18SrRNA)



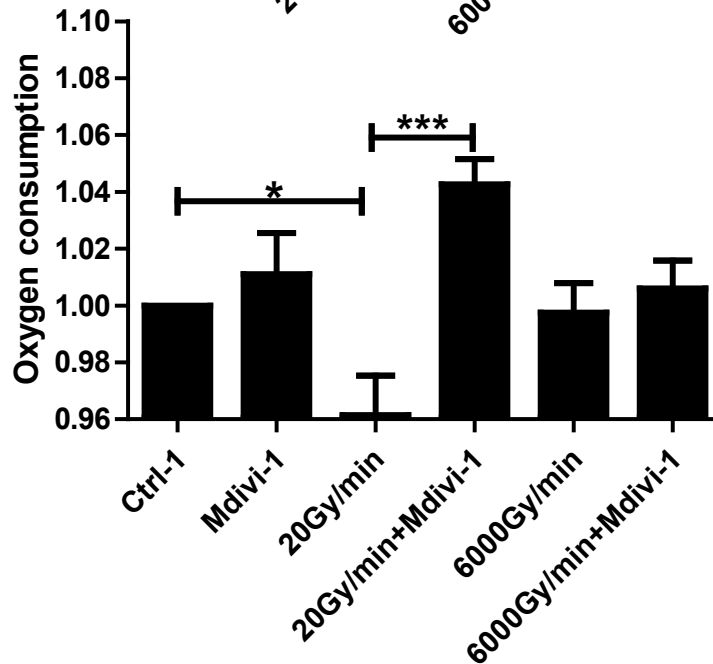
# Mitochondria functions 2

Mdivi-1, inhibitor of Drp1



Cellular ATP

Luciferase enzyme/luciferin luminescence

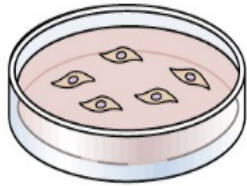


Extracellular oxygen consumption

Fluorescence ratio 380/650 nm

# Pre-clinical studies

**Cells**



**3-D tissues**

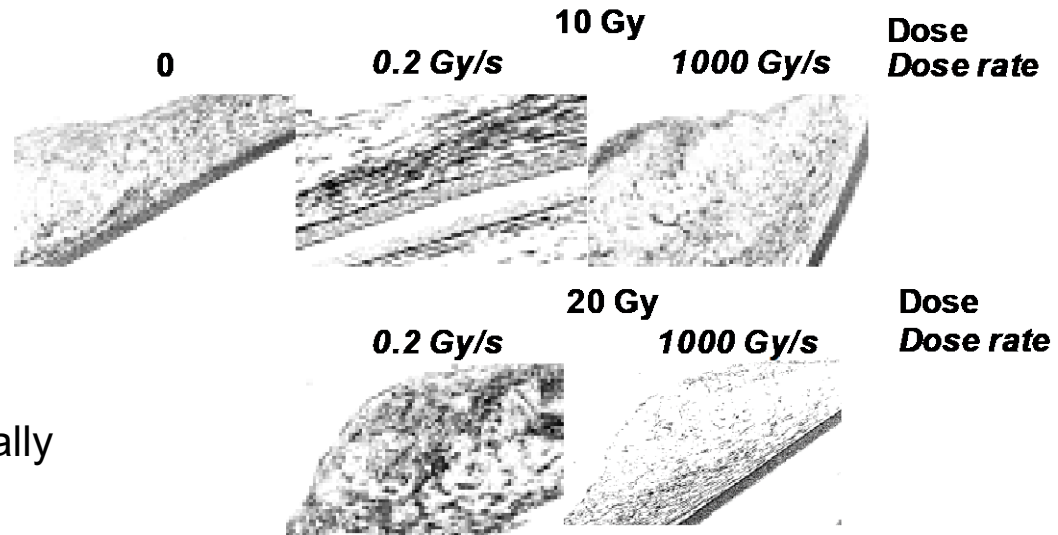
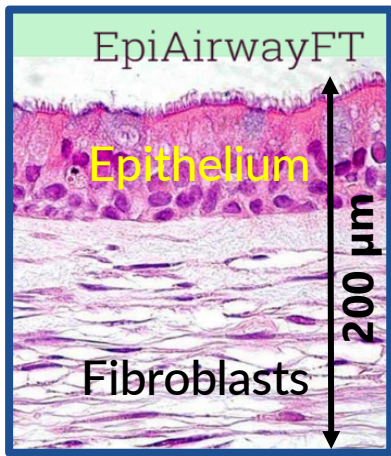


**Small animals**



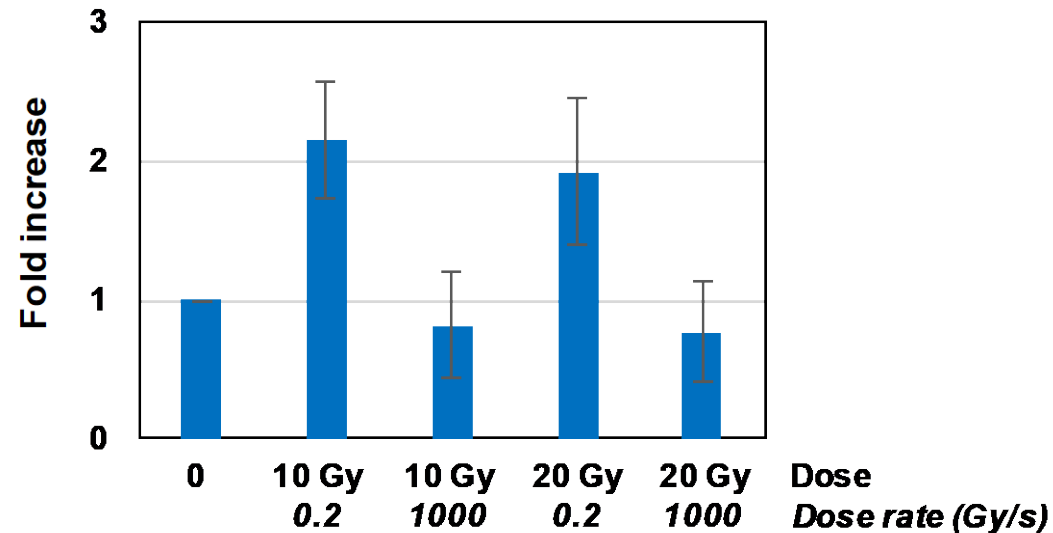


# Redox metabolism: Expression of carbonic anhydrase IX in 3-D tissues



- Carbonic anhydrase IX is membrane-bound enzyme generally associated with hypoxia in many tumor cell lines.
- In normal tissues, it is involved in maintaining optimal pH for cell survival and it is directly linked to radiation-induced activation of TGFβ.

**An increase in dose rate resulted in the reduction of CAIX expression 3 months after irradiation**



# **In cells exposed to protons under ambient oxygen tension, CONV, but not FLASH:**

## **Inflammatory responses**

Induced senescence

TGF $\beta$  expression

ROS

CAIX expression 3 months after irradiation

## **Mitochondria**

Damage to structure (shape, size, copy number)

Damage to functions (ATP release, MMP, oxygen consumption)

Increased Drp1 expression/translocation to mitochondria, but not the phosphorylated form

## ***Cell death***

*Induced necrosis (as opposed to autophagy and apoptosis)*

**Compared to CONV-, proton FLASH-RT seems to preserve redox functions in normal cells**

# Probable Mechanism(s) for the Sparing Effects ?

## Transient hypoxia?

### *Tumors*

They may not be able to cope with the increase in FLASH-induced free radicals;  
Due to more iron, Fenton-based reactions may sustain free radical chain reactions.

### *Healthy tissue*

Limited cytokine activation including TGF $\beta$  and less inflammatory reaction.

## However:

**No oxygen depletion** (Vozenin team showed it with Fricke solution and OxyLite monitor in aqueous solutions & Oxyphor 2P probe in vitro and in vivo). It requires very high doses (e.g., 100 Gy).

**Difference in radiolysis yields TBD**

## Reduced DNA damage and senescent cells

## Chromatin remodeling mediated by poly (ADP-ribose) polymerase

## Stem cell protection

## Reduction of fraction of circulating blood cell irradiated and sparing of the immune system (under debate)

## Proteins, lipids

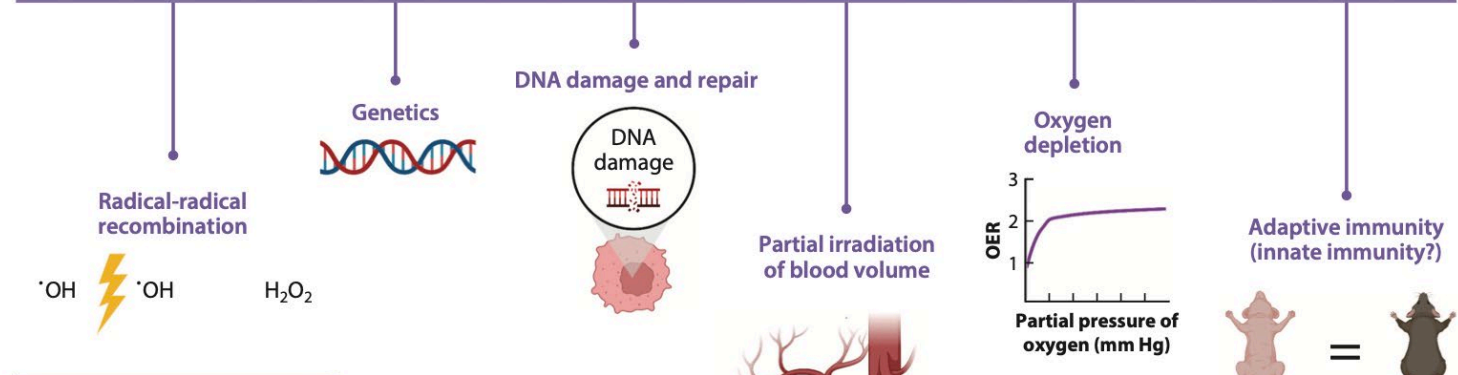
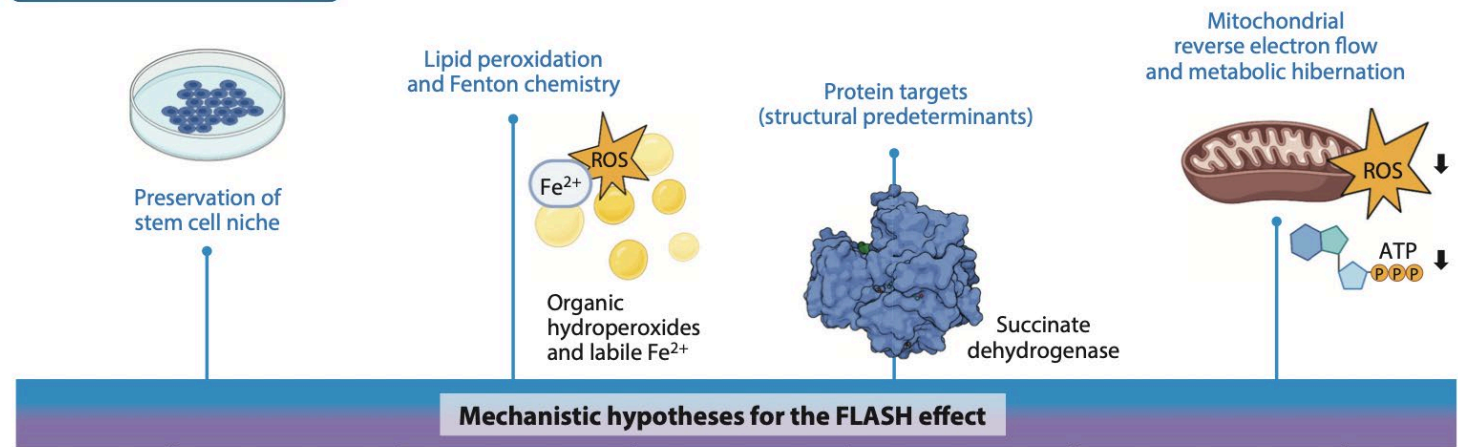
## Metabolism (low metabolic activity/hibernation)

## Mitochondria

...

# Mechanism(s) for the FLASH Sparing Effects

**Plausible mechanisms**



**Implausible mechanisms**

**Distinctive molecular mechanisms still unknown**

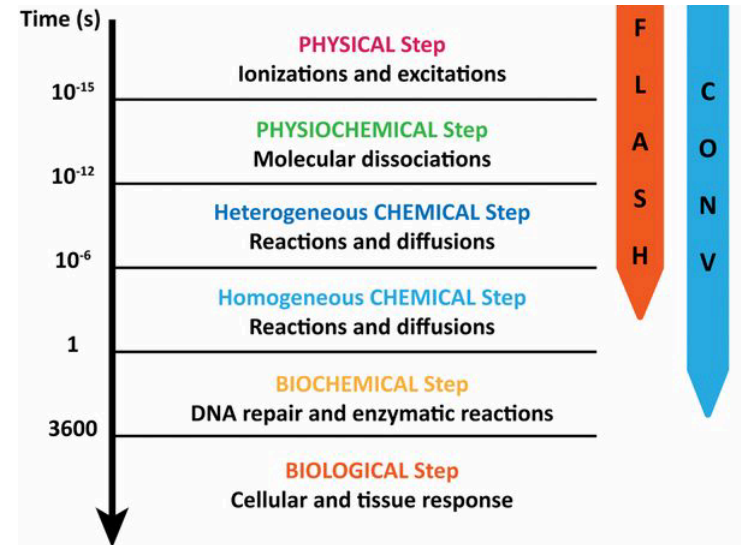
**Pre-clinical studies are needed to inform clinical approaches**

# What's next in our lab

## Grant application in collaboration with the Université de Sherbrooke, Canada

*Mechanistic studies of the chemical and biological effects of ultra-high dose-rate proton radiation*

1. Simulation & modeling: Jean-Paul Jay-Gerin
2. Chemical changes in DNA: Richard Wagner
3. Biological experiments: Manuela Buonanno, Guy Garty, & Ed Azzam



## Ongoing collaboration with Weil Cornell University

*Mechanistic studies of the chemical and biological effects of ultra-high dose-rate radiation using patient derived organoids*

- Normal and breast tissue organoids derived from the same patient studied separately or as a single organoid containing both tissue types to better mimic the real tumor/normal tissue microenvironment.

# Thank you for your attention

## Thanks to

- NCI 1UO1CA236554
- Pilot grant from the Department of Radiation Oncology Columbia University Irving Medical Center (CUIMC)
- Dr. Guy Garty and the physicists at RARAF
- Radiation Oncology departments at CUIMC and Weil Cornell Medicine