

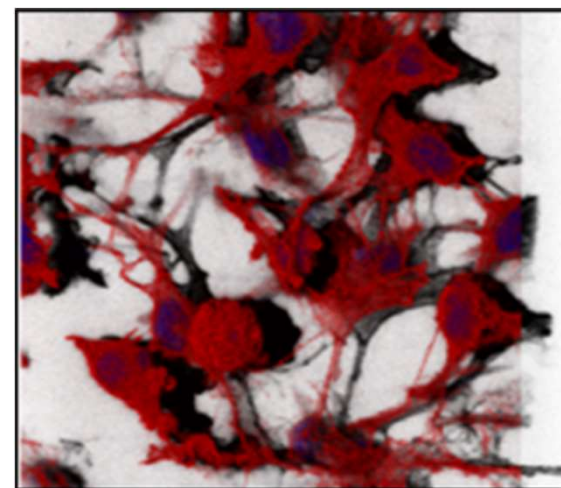
# LhARA PoPLaR meeting

Laser-hybrid Accelerator for Radiobiological Applications

Radiobiology contribution

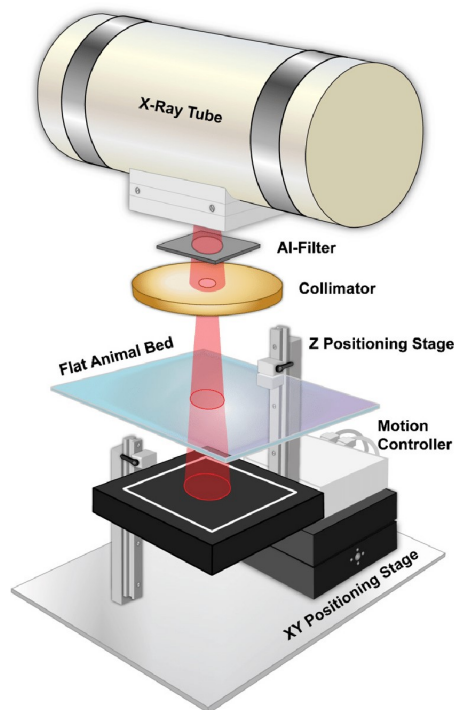
21 May 2024

Dr Natividad Gomez-Roman, PhD



## Current X-Ray Facilities in SIPBS

Dose Rate of 2.3 Gy/min  
@ 50 cm height



**X-RAD 225**

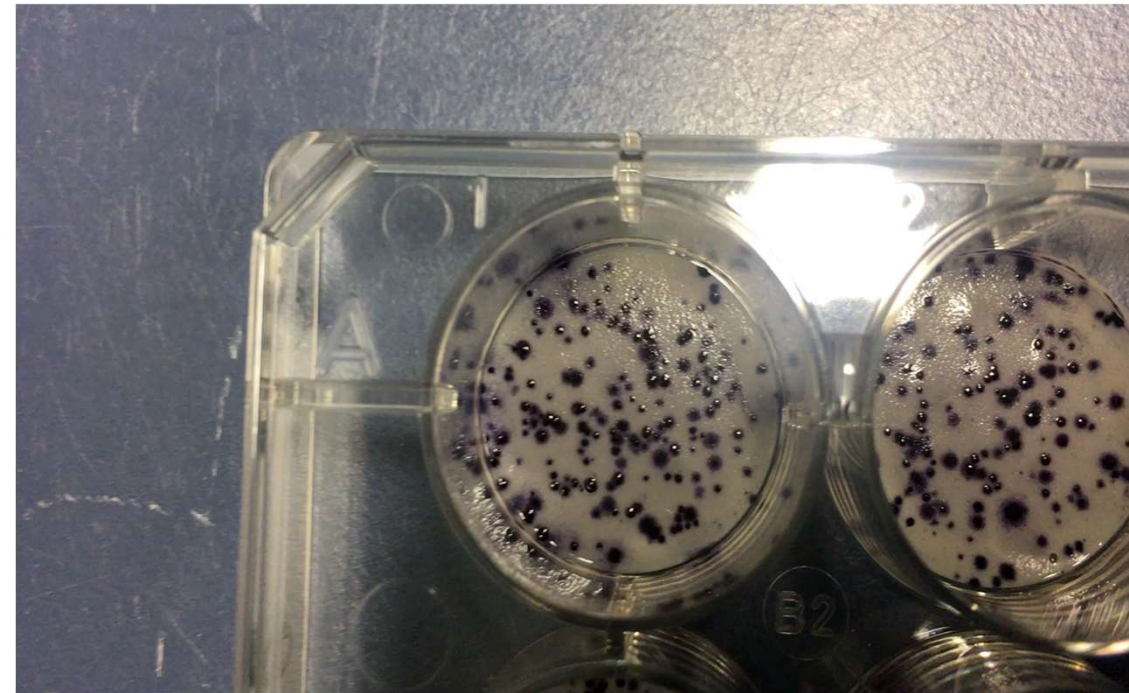
X-Rays delivered with an X-RAD 225

Device Maximum Voltage 225 kV; Device Maximum Amperage 13 mA

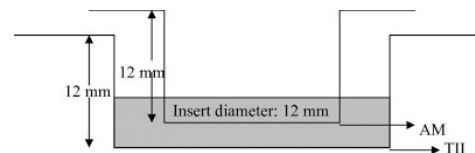
# Clonogenic Survival Assay in 3D – Alvetex Scaffolds

Comparing the response to different treatment modalities will require clonogenic survival assays

- Radiation is standard care of treatment for GBM
- **Clonogenic survival assay** is the **gold-standard assay** to assess cellular radiosensitisation
- Clonogenic survival assay readout is cell reproductive death
- 12 well plate dimensions:  
Length: 127.76 +/- 0.15 mm width: 85.48 +/- 0.15 mm  
Depth: 20 mm (10 mm covered in liquid media)

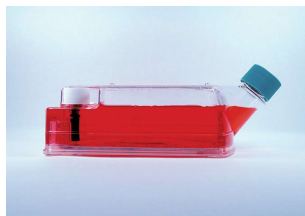


Polystyrene scaffolds



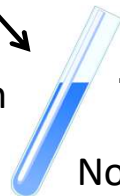
# Clonogenic Survival Assay

Cell culture

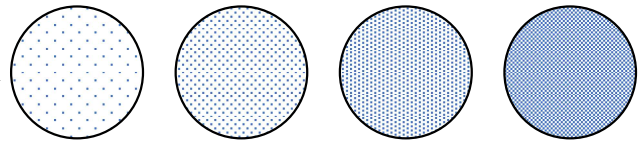


+ enzymatic digestion (cell membrane proteins)

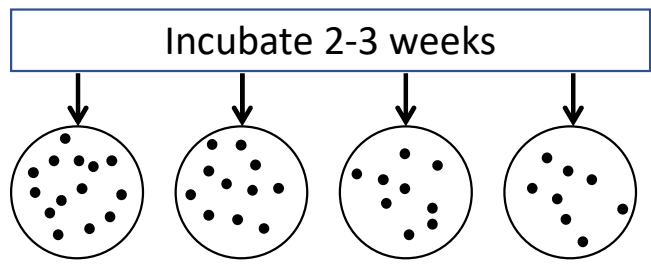
Cell suspension



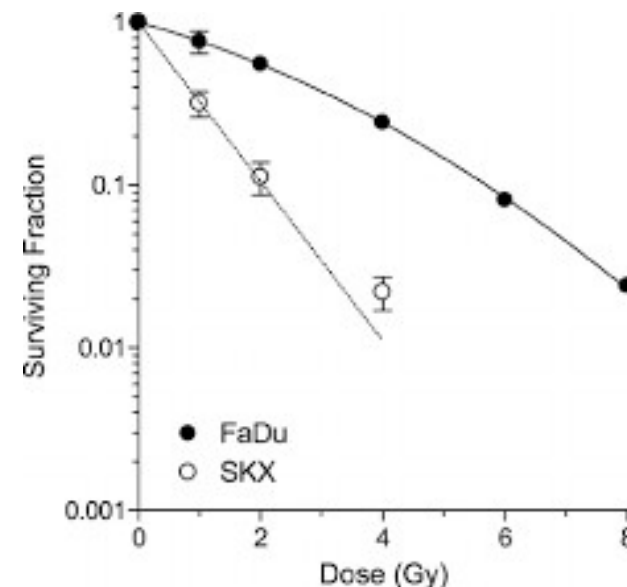
Seed dishes



No. cells seeded: 250 250 750 1250  
 X-Ray dose: 0 Gy 2 Gy 4 Gy 6 Gy



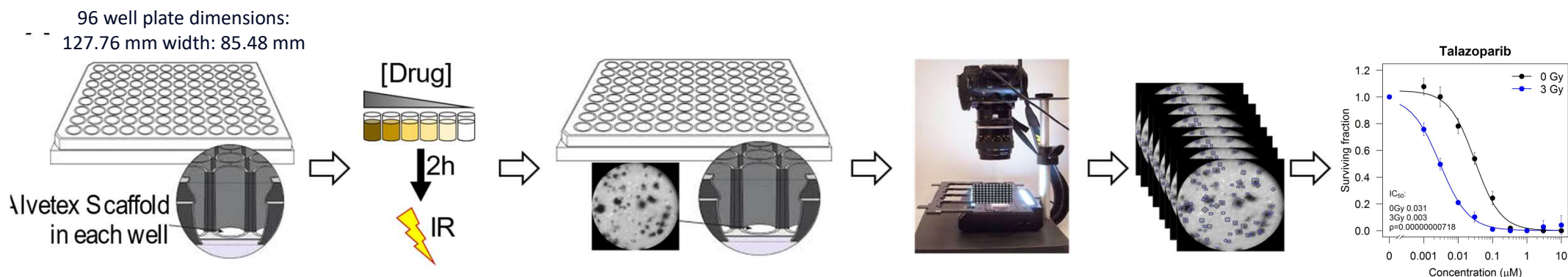
No. colonies counted:	40	32	36	25
Plating efficiency:	40%			
Surviving fraction:		0.4	0.11	0.04



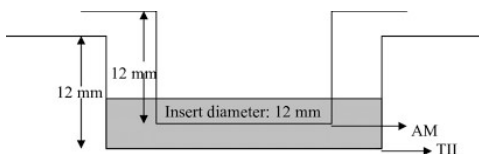
$$\text{Plating efficiency} = \frac{\text{Number of colonies}}{\text{Number of cells seeded}} \times 100$$

$$\text{Surviving fraction} = \frac{\text{Colonies counted}}{\text{Cells seeded} \times \left(\frac{PE}{100}\right)}$$

# ClonoScreen3D platform for screening drug-IR combinations



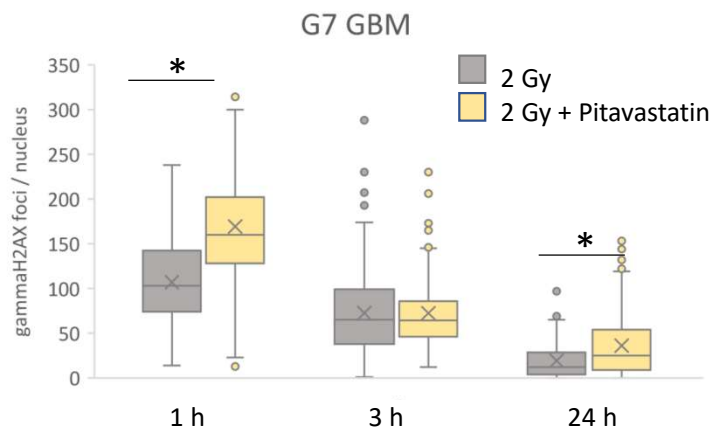
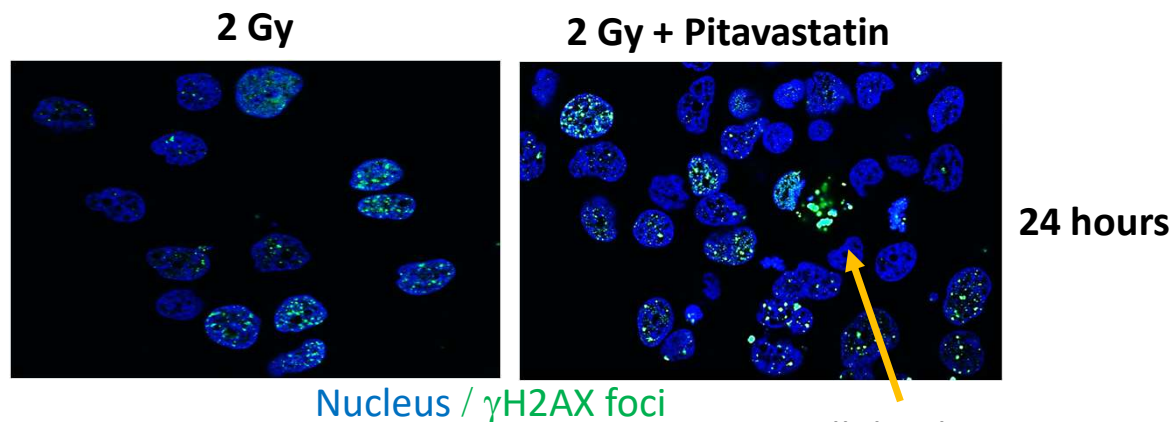
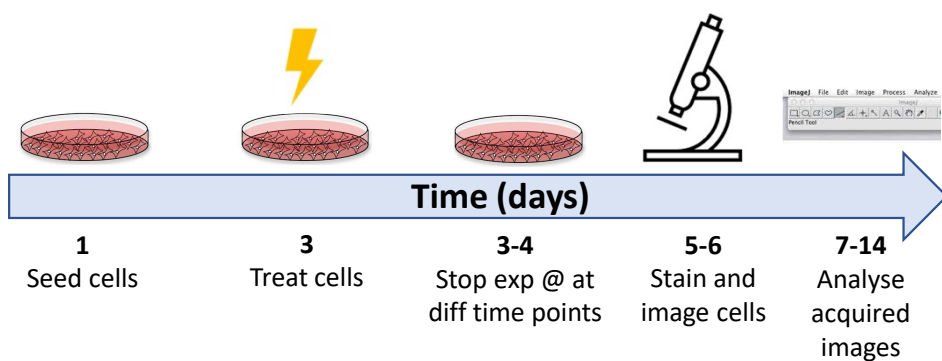
Day 1	Day 2	Day 14	Acquire image	Image processing	Data analysis
Seed cells	Drug cells for 2 hrs then IR (0 or 3 Gy)	Stain colonies (MTT) Fix	96-well plate	Well segmentation Quantification (colonies / well)	(DRC, RIR)



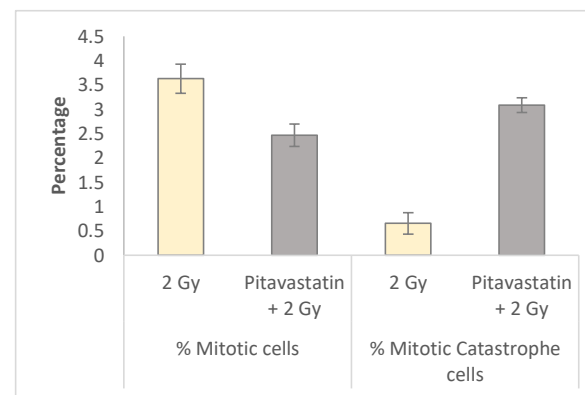
**The 3D model provides much greater surface area in 96 well plate than 2D**

Dr Mark Jackson  
Dr Nati Gomez-Roman

# Characterisation of radiation response

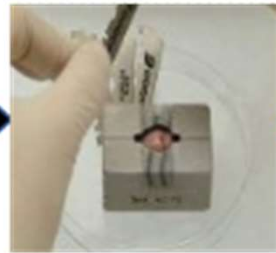
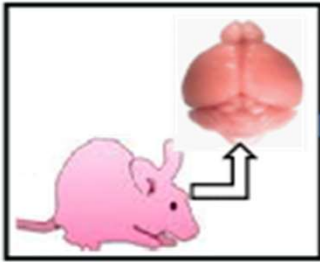


Quantification of DNA double strand breaks (DSB) using H2AX phosphorylation ( $\gamma$ H2AX) as a DSB marker

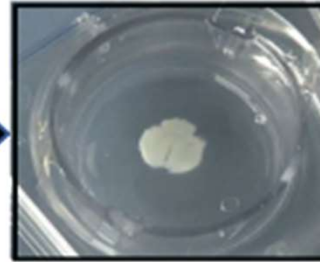


Quantification of cell death via mitotic catastrophe

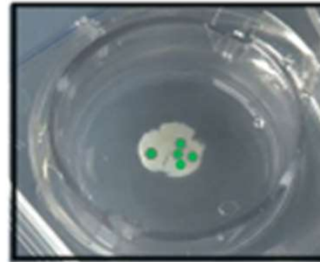
Brain extracton and slicing



Ex vivo organotypic brain slice culture

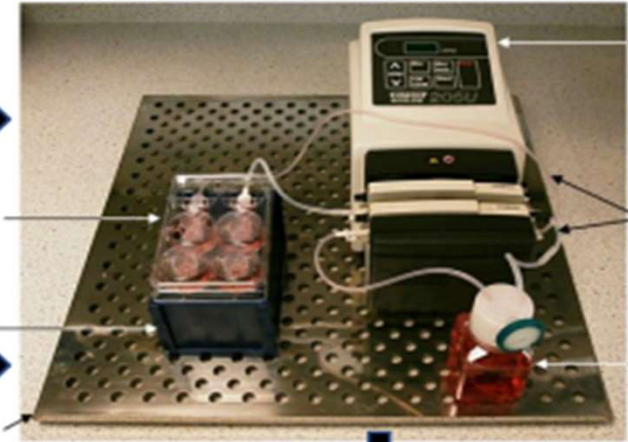


Perfusion plate



Ex vivo organotypic brain slice seeding of GFP-GBM cells (green)

Brain slice culture for long-term studies



Peristaltic pump

Tubing

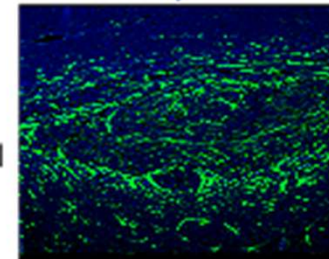
Medium reservoir

Raised platform

Incubator tray

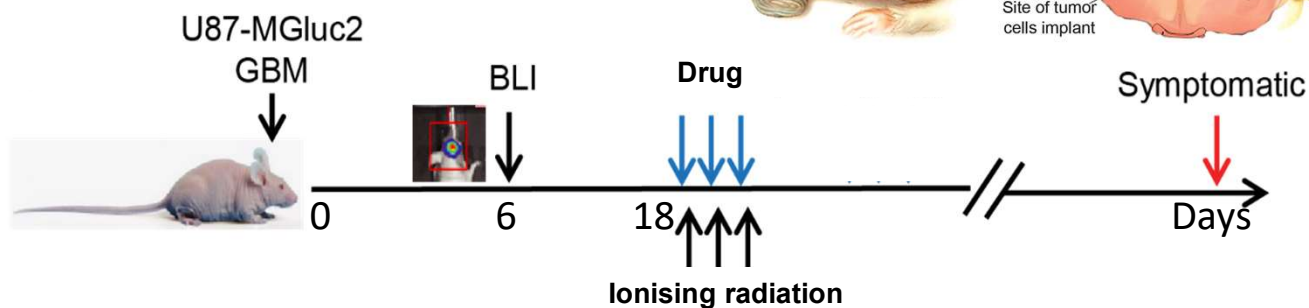
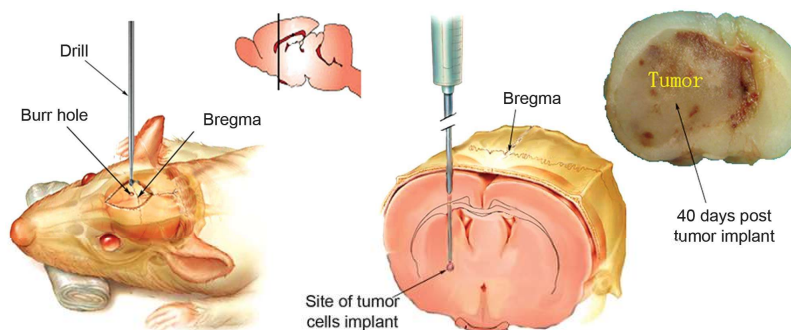
**Ex Vivo Organotypic Brain Slice Culture System for Long-term healthy tissue and brain tumour (glioblastoma) Studies**

Confocal Imaging



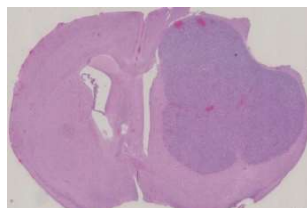
# Validating *in vitro* results *in vivo*: GLIOBLASTOMA INTRACRANIAL MODEL

- Intracranial injection in CD1 nude mice
- Experiments range from 4 weeks (U87) to 12-20 weeks (patient derived cell lines)



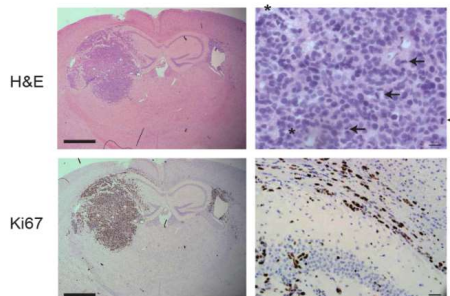
Non-Invasive

U87-MGLuc2



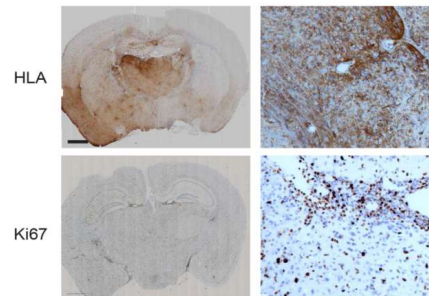
Invasive

G7 3D



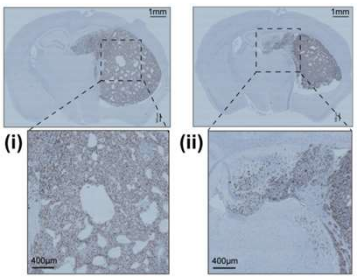
Highly invasive

E2 3D

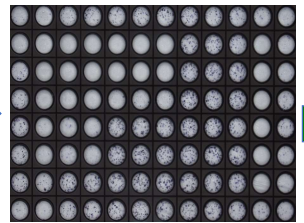




# GLIOBLASTOMA INTRACRANIAL MODEL – Preclinical Pipeline



Hit(s) selected from Omics screen



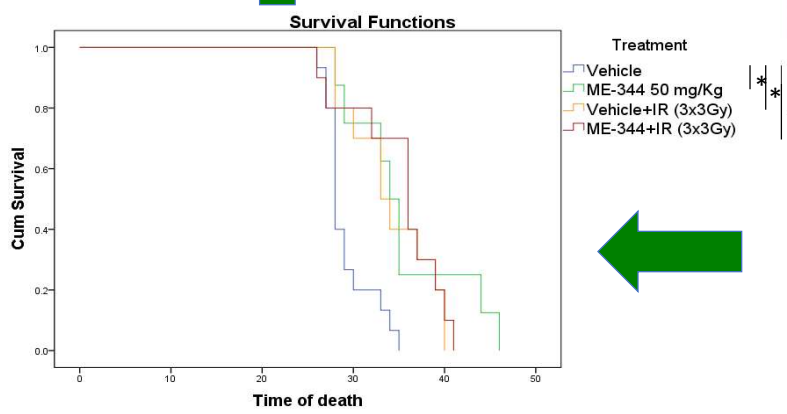
3D assay +/-



Single agent or drug/IR combination activity



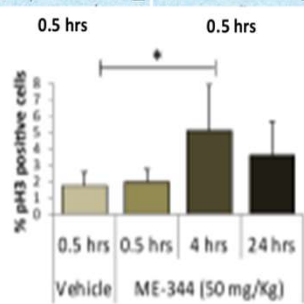
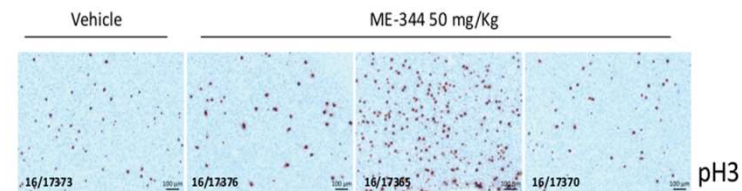
Phase I trial with PK/PD



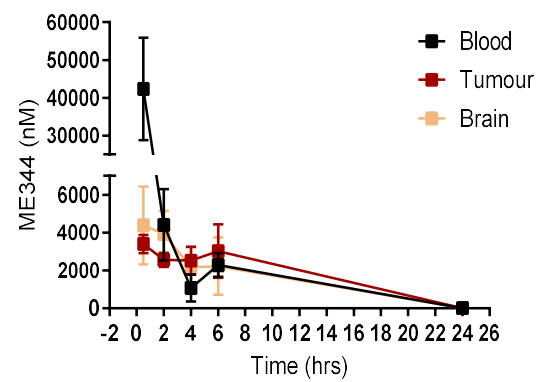
In vivo efficacy

IR

Mitotic cells



In vivo PK/PD





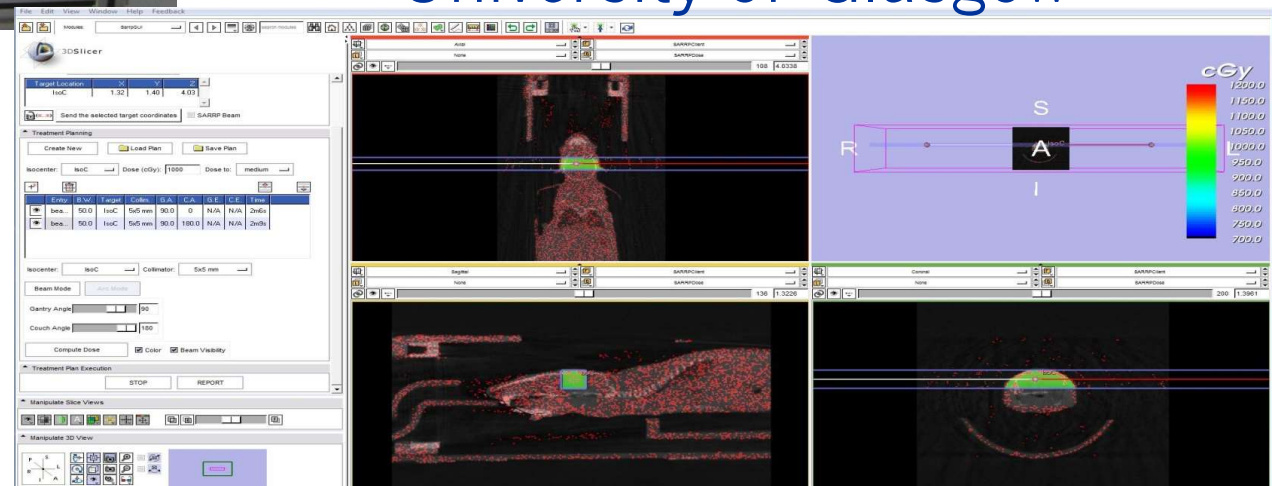
CANCER  
RESEARCH  
UK

RadNet  
Glasgow

## SMALL ANIMAL RADIO THERAPY RESEARCH PLATFORM – SARRP

Beatson Institute for Cancer  
Sciences  
University of Glasgow

- CT scan
- 3D image guided micro irradiator
- image acquisition, reconstruction, and treatment planning
- target localization
- dose validation
- targeted radiation treatment
- Dose rate 4.8 Gy/min
- 220 kV (peak) X-Ray beams, parallel opposed
- 5 x 5 mm collimator



## Conclusions

- Comparison between current standard of care therapies using X-ray vs proton and ion will require extensive assessment using clonogenic survival assays
- Characterisation of response to treatment will require *in vitro* assays including:
  - DNA damage and repair assays ( $\gamma$ H2AX foci, mitotic catastrophe, Comet assay, etc)
  - Cell cycle distribution (cell cycle distribution)
  - DNA repair pathways analysis (activation of DNA repair pathways via immunofluorescence, protein analysis, etc)
- *In vivo* validation of the findings will need to be performed in animal cancer models