

Age and sex differences in genome damage between prepubertal and adult mice after exposure to ionising radiation

Ranko Stojković¹, Aleksandra Fučić², Dušica Ivanković¹, Zoran Jukić^{5,6}, Petra Radulović³, Josip Grah^{4,6}, Nenad Kovačević⁴, Lovro Barišić⁴, and Božo Krušlin³

Ruđer Bošković Institute¹, Institute for Medical Research and Occupational Health², Clinical Hospital Centre "Sestre Milosrdnice"³, University Hospital "Zagreb"⁴, Zagreb, General Hospital "Nova Gradiška", Nova Gradiška⁵, School of Medicine, J. J. Strossmayer University of Osijek, Osijek⁶, Croatia

[Received in August 2016; CrossChecked in August 2016; Accepted in December 2016]

The mechanisms that lead to sex and age differences in biological responses to exposure to ionising radiation and related health risks have still not been investigated to a satisfactory extent. The significance of sex hormones in the aetiology of radiogenic cancer types requires a better understanding of the mechanisms involved, especially during organism development. The aim of this study was to show age and sex differences in genome damage between prepubertal and adult mice after single exposure to gamma radiation. Genome damage was measured 24 h, 48 h, and 72 h after exposure of 3-week and 12-week old BALB/CJ mice to 8 Gy of gamma radiation using an *in vivo* micronucleus assay. There was a significantly higher genome damage in prepubertal than in adult animals of both sexes for all sampling times. Irradiation caused a higher frequency of micronuclei in males of both age groups. Our study confirms sex differences in the susceptibility to effects of ionising radiation in mice and is the first to show that such a difference occurs already at prepubertal age.

KEY WORDS: *gamma radiation; micronucleus; oestrogen; radiosensitivity; testosterone*

Radiation protection measures to be applied in cases of nuclear accidents and their link to sex or age differences are very limited (1). A recent report of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) (2) pointed to the need for further investigations into the health risks to children caused by exposure to ionising radiation - both on human populations and animal models. However, in its evaluation of the current knowledge, UNSCEAR (2013) failed to include the interaction of ionising radiation with sex hormones during development and adulthood, as well as the impact of exposure to xenohormonally active agents on susceptibility to ionising radiation.

The mechanisms by which oestrogen may modify the response of an organism to ionising radiation have been reported only anecdotally; same as for testosterone (3-6). There is growing evidence regarding the impact of oestrogen and its receptors on carcinogenesis (7-10). So far, the biological effects of radiation via interaction with oestrogen receptors have rarely been investigated (4, 11, 12). The significance of interaction between ionising radiation and oestrogen receptors is clearly visible in the

differences between mammary carcinogenesis mechanisms in the prepubertal period and in adulthood (13).

The radioprotective effect of phytoestrogens has been described in an animal model showing that the administration of genistein before irradiation significantly improves the survival of progenitor hematopoietic cells (14, 15). The mechanisms involved in modifying the effects of oestrogen on responses to ionising radiation, among others, include an increase in reactive oxygen species, gamma-H2Ax foci levels, and cell-cell signalling (16, 17). Similarly, recent data have shown an interaction between androgen receptors and ionising radiation (18, 19). A decrease in both testosterone and the sex hormone binding globulin has been reported in clinical studies, in men who underwent radiotherapy for rectal cancer (20).

There is no data on possible sex and age differences in genome damage after exposure to ionising radiation between prepuberty and adulthood. Prepuberty is a specific period of development during which complex micronenvironment settings are formed in an organism basically through a strong increase in sex hormones as a preparation phase for the final process of maturation (21). The effects of exposure during postnatal development, due to higher susceptibility of an organism to ionising radiation, may have lifelong consequences (22-24).

Correspondence to: Aleksandra Fucic, Institute for Medical Research and Occupational Health, Zagreb, Ksaverska c 2, Croatia, E mail: afucic@imi.hr

Sex- and age-related differences in the effects of ionising radiation are affected by different levels of oestrogen receptors in tissues during prepuberty in comparison with adults, as reported in human adrenal tissue (25). Increased levels of oestrogen two months after exposure to ionising radiation were described in prepubertal mice (5).

Additionally, the Lifetime Attributable Risk (LAR) of cancer significantly differs during childhood and between sexes. For some radiogenic cancer types there is almost a two times higher risk between prepuberty and adulthood and two times higher risk in males than in females during prepuberty and adulthood (26). Such data show the need for more research into the mechanisms of radiocarcinogenesis in regard to the impact of sex hormones on cancer risks.

The aim of the current study was to investigate sex differences in genome damage in prepubertal and adult mice using an *in vivo* micronucleus assay (27). The main advantage of this method is that it requires a very small sample size, which enables a repeated sampling of the same animal and investigation of small animals during development. It has been shown to be a reliable method for biodosimetry (28). The dose was selected following similar studies in which the biological effects on the cellular level or DNA damage were investigated (14, 29-31).

MATERIALS AND METHODS

Animals

This study included 3-week-old and 12-week-old BALB/CJ mice obtained from a breeding colony of the Rudjer Boskovic Institute (Zagreb, Croatia). During the experiment, four animals were housed per cage. The bottom of the cage was covered with sawdust (Allspan®, Karlsruhe, Germany). Standard food for laboratory mice (4 RF 21 GLP Mucedola srl, Settimo Milanese, Italy) was used. All animals had free access to food and water. Animals were kept under standard conditions with a 12-h light/dark cycle, temperature of 22 °C, and 55 % humidity. All experiments were performed according to the ILAR Guide for the Care and Use of Laboratory Animals, Council Directive (#86/609/EEC) and Croatian Animal Protection Act (OG 135/06) and were approved by the Ethical Committee of the Ministry of Agriculture.

Radiation exposure

Each age and sex group consisted of eight animals. Animals received a single dose of 8 Gy (3,125 cGy s⁻¹) using X6MV photon irradiation (ONCOR linear accelerator, Siemens, Malvern, USA). One half of the dose was applied to the dorsal (PA, SSD=130 cm, bolus RW3 1cm) and the other half to the ventral side (AP, SSD=130 cm, bolus RW3 1 cm) of animals. Animals were sampled before irradiation,

24 h, 48 h, and 72 h after irradiation. During irradiation each animal was placed into a plexiglass cage.

In vivo micronucleus assay

The *in vivo* MN assay was performed 24 h, 48 h, and 72 h after exposure in 3-week-old mice, while in adult animals the analysis 72 h after irradiation was not performed due to the reduction of reticulocyte number. Peripheral blood was collected from the tail vein (5 µL per sample) from all animals. Blood smears were prepared on acridine orange (Sigma-Aldrich, St. Louis, USA) coated slides, covered with a coverslip, and analysed according to Hayashi et al. (27). The MN frequency was analysed in 2000 reticulocytes per sample. Analyses were performed by one scorer using a fluorescent microscope under 1000 x magnification (Olympus Provis AX70, Tokyo, Japan).

Statistics

Statistical analysis of data was performed using the Statistica 7.0 software package (StatSoft, Tulsa, USA). An independent sample t-test or one-way analysis of variance (ANOVA) followed by the Tukey *post-hoc* test were used to determine significant differences between the groups. The test value of P<0.05 was considered statistically significant.

RESULTS

Changes in the total number of micronucleated cells after irradiation in 3-week- and 12-week-old mice are shown in Figure 1A and 1B, respectively; while the distribution of cells according to the number of MN per cell is shown in Table 1.

Background levels before irradiation were 0.10 % MN in prepubertal males and 0.05 % MN in females. Background values were 0.10 % MN in adult males and 0.08 % MN in females. There was no significant difference between sex and age groups in MN frequencies. Cells with more than one MN were not detected (Table 1).

A significant increase in MN frequencies compared to basal values was observed after 24 h in both 3-week-old and adult mice as well as in both males and females but there were no significant differences between these two sexes (Figure 1).

The most pronounced increase in the incidence of micronucleated cells was observed for both age groups at 48 h after irradiation (Figure 1A and B). At this time, a significantly higher frequency of cells with MN was observed in 3-week-old and adult males than in female animals (indicated by an asterisk in Figure 1A and 1B) and the difference between males and females was more expressed in younger (~33 %) than in adult (~22 %) animals. Further, at 48 h after irradiation, in the same sex group, 3-week-old mice had a significantly higher incidence of cells with MN than 12-week-old mice (indicated by the sign

Table 1 The incidence of mononuclear (1 MN), binuclear (2 MN), trinuclear (3 MN), and tetranuclear (4 MN) cells in reticulocytes from peripheral blood at 24 h, 48 h, and 72 h after irradiation

Time	Distribution of cells according to the number of micronuclei (MN) per cell (%) (mean±SD)							
	1 MN		2 MN		3 MN		4 MN	
	Male	Female	Male	Female	Male	Female	Male	Female
0 h (control)	0.10±0.08 ^a	0.05±0.06 ^a	0	0	0	0	0	0
24 h	0.54±0.09 ^b	0.54±0.11 ^b	0	0	0	0	0	0
48 h	6.40±0.65 ^{c**}	4.60±0.57 ^{c**}	0.68±0.20 ^{a**}	0.1±0.07 [*]	0	0.04±0.05	0	0
72 h	4.83±0.58 ^d	5.30±0.68 ^c	0.43±0.06 ^a	0.15±0.19	0.07±0.11	0	0	0.03±0.05
	Adult mice (12-week-old)							
	1 MN		2 MN		3 MN		4 MN	
	Male	Female	Male	Female	Male	Female	Male	Female
0 h (control)	0.10±0.08 ^a	0.08±0.10 ^a	0	0	0	0	0	0
24 h	0.58±0.11 ^b	0.42±0.13 ^b	0	0	0	0	0	0
48 h	3.90±0.69 ^{c**}	2.92±0.36 ^{c**}	0.06±0.09 ^{**}	0.20±0.07 [*]	0.02±0.04	0	0	0
72 h	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(^{a,b,c,d})—significant differences between groups are indicated by different letters ($p < 0.05$, Tukey post hoc test); (^{*})—significant differences male vs. female mice ($p < 0.05$, t-test); (^{**})—significant differences prepubertal vs. adult mice ($p < 0.05$, t-test); n.a.—not available

in Figure 1A and 1B). This age difference was more pronounced in male (~45 %) than in female (~35 %) mice.

After 72 h, in 3-week-old mice a significant decrease in cells with MN frequency was observed in males, while in females a slight increase was observed but the difference was not statistically significant (Figure 1A).

Besides determining the total number of micronucleated cells, the analysis of cell distribution according to the number of MN in the cell was performed. From Table 1, it can be seen that the incidence of cells with one MN for both age and sex groups generally follows the trend observed for the total number of micronucleated cells (Figure 1A and B). At 48 h, the incidence of cells with two MN was significantly higher in male than female 3-week-old mice (Table 1). Also, 3-week-old males had a significantly higher frequency of cells with two MN compared to adult male mice (Table 1). In 3-week-old mice, cells with three and three and four MN in one cell were detected at 48 h and 72 h after irradiation but their incidence was very low and was not strictly related with either sex (Table 1).

DISCUSSION

The exposure of general population to ionising radiation due to nuclear accidents such as Chernobyl and Fukushima showed that casualty management is still not satisfactory and that radiation protection plans for specifically susceptible subpopulations such as children according to age groups are still not available. Contrary to the historical approach to cancer risks after overexposure to ionising radiation, which is basically focused on the caused genome damage, current radiation biology is rapidly incorporating complex interactions between ionising radiation and the immune system, epigenetic modifications, sex hormones, and age at exposure. Such approach, however, demands additional investigations into the mechanisms underlying the detected age and sex differences in susceptibility to radiogenic cancers, which should give an insight into the causality of the involved complex pathways. For such studies, animal models as *in vitro* models that simulate developmental process are still not developed.

In order to investigate the differences in the radiosensitivity of prepubertal and adult organisms, in this study prepubertal, 3-week-old and adult mice of both sexes were irradiated with 8 Gy of gamma radiation. Such a high dose of radiation was selected in order to additionally validate the *in vivo* MN assay in regard to difference in haematopoietic potency between young and adult animals.

Ionising radiation caused a significantly higher frequency of MN in prepubertal animals than in adult animals of both sexes. Due to reticulocytopenia, which is already described in applied doses (31) in adult animals, it was not possible to measure the MN frequency 72 h after exposure. As in mice up to four weeks of age reticulocytes make up around 10 % of erythrocytes (32), reticulocytopenia

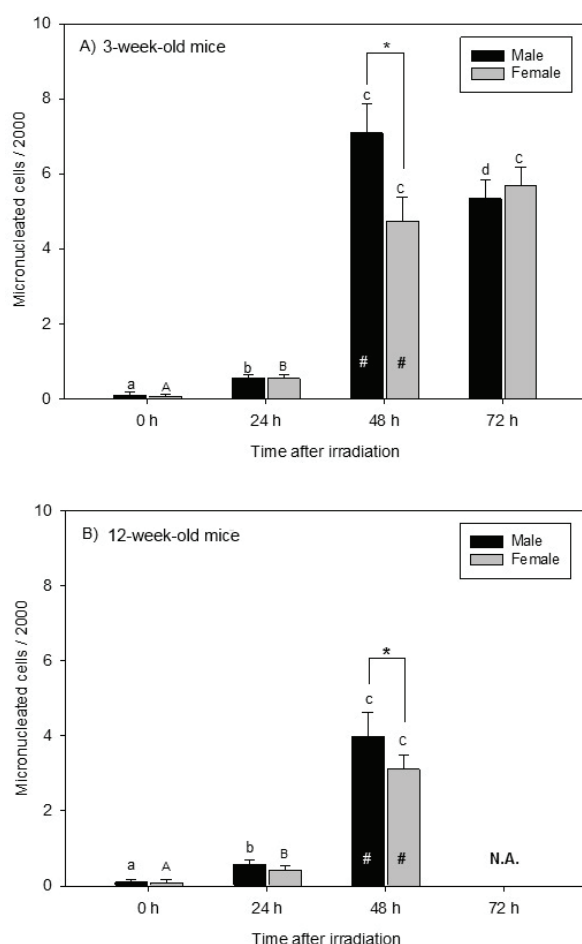


Figure 1 Frequencies of micronucleated cells in 3-week-old (A) and 12-week-old (B) mice at 24, 48, and 72 h after irradiation. (Mean±SD). Significant differences ($p < 0.05$, Tukey post-hoc test) between particular times are indicated by different small and capital letters above the error bars for male and female mice, respectively. Significant differences ($p < 0.05$, t-test) between males and females are marked by an asterisk (*) and significant differences ($p < 0.05$, t-test) between 3-week-old and 12-week-old mice at 48 h are marked by the sign (#) within the bars; N.A.-not available

was less severe and the scoring in 3-week-old mice was possible. It is suggested that repopulation of reticulocytes may not have an impact on the results of MN frequencies as after irradiation the increase in the reticulocyte number is reported to be only after 72 h (33).

Our results are in concordance with historical data which shows that the peak in the MN frequency has been observed 48 h after exposure to lower doses of 2 Gy or 3 Gy of gamma radiation (33, 34). This study also confirms the conclusions of previous studies that young animals are more susceptible to the effects of ionising radiation than adults (35-38). The same higher radiosensitivity has also been described in children exposed accidentally, either diagnostically or therapeutically (22, 39).

In our study, a significantly higher MN frequency in males of both age groups was detected. Similarly, although not statistically significant, lower MN frequencies in

erythroblasts have been described in female adult mice than in adult male mice exposed to chronic gamma radiation (40). Acute exposure of mice to 5 Gy of X-rays caused different, tissue specific, levels of DNA strand breaks in female and male adult mice (41). In BALB/c mice after irradiation with 1 Gy X-rays, sex-specific changes in methylation were reported. Thus, significantly higher methylation levels were present in males than in females (11). Similarly, the difference in miRNA was also reported to be sex-specific (42). In mice exposed for two weeks to X-rays, adult male genome damage was higher than in females (0.05 and 0.10 Gy) (43).

This study is the first to show that sex differences are present even in prepubertal animals. The higher MN frequency in males than in females in both age groups is suggested to be attributed to the effects of oestrogen.

A possible mechanism by which oestrogen may cause a lower frequency of MN is the quiescence of stem cells (44) or enhanced DNA repair as shown in the case of pretreatment of animals with genistein before irradiation (45). Similarly, diethylstilbestrol, a xenoestrogen, is shown to suppress the proliferation of haematopoietic precursor cells and intensify DNA repair (46). However, in pregnant mice, a significantly increased genome damage in spontaneously dividing bone marrow cells occurred after a high increase in oestrogen and progesterone hormones and this phenomenon disappeared after delivery. It is therefore possible that oestrogen contributed to transient radiosensitivity (47).

Oestrogen as an endocrine, paracrine, and neuromodulator molecule has been shown to interact with the biological effects of ionising radiation. A different age-, sex- and tissue-related distribution of polymorphic oestrogen receptors (alpha, beta, GPR30) enables numerous possible interactions of oestrogen with biological pathways after action of environmental stressors (4). Thus, oestrogen may have radioprotective and radiosensitising effects depending on its level, tissue type, age, type of radiation, and dose.

Contrary to oestrogen, there is no data on the interaction between ionising radiation and pathways regulated by testosterone that may have an impact on radiogenic carcinogenesis. Data on testosterone and oestrogen levels during postnatal development of mice until adulthood are not available. In some organs, such as brain, oestrogen receptor distribution fluctuates during prepubertal period and the impact of the same oestrogen levels differs due to its different half-life (48). Additionally, letrozole, an aromatase inhibitor, is shown to increase radiosensitivity of cancer cells (49). As aromatase inhibitors such as letrozole cause an increase in testosterone, it could be indirectly concluded that testosterone causes radiosensitivity (50).

In both boys and girls, the increase in testosterone and oestrogen levels starts in prepuberty and is simultaneous with a significant reduction in the hormone binding protein, whose level is reduced by half from prepuberty to puberty

(51, 52). In humans, girls have higher levels of 17 β -testosterone and estradiol during prepuberty, while in boys the estradiol level can be undetectable (53). Thus, changes in the hormonal status are present even before the first clinical signs of puberty (54), which points to the significance of the prepubertal period in the orchestration of physiological conditions for sex differences in response to the environment before puberty, including ionising radiation.

The investigation of the effects of oestrogen and testosterone on the biological effects of radiation is of great importance for (a) the inclusion of prepuberty and puberty group differences in the radiation protection legislation; (b) development of radioprotective xenoestrogen substances whose application would be age- and sex-adjusted; and (c) yielding a contribution to oncology for better effects in cases of combined hormonal and radiotherapy.

In summary, exposure to 8 Gy of gamma-radiation caused significantly increased levels of MN frequency - significantly higher in prepubertal and adult male animals. Further investigations into the mechanisms by which age and sex differences in responses to exposure to ionising radiation set in should include analyses or correlations between oestrogen and testosterone levels, haematopoiesis dynamics, levels of oestrogen, and androgen receptors in bone marrow stem cells and genome damage.

Acknowledgements

This work was supported by the Croatian Ministry for Science, Education and Sport.

REFERENCES

1. Singh VK, Romaine PL, Newman VL. Biologics as countermeasures for acute radiation syndrome: where are we now? *Expert Opin Biol Ther* 2015;15:465-71. doi: 10.1517/14712598.2015.986453
2. United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR). Sources, Effects and Risks of Ionizing Radiation. Report to the General Assembly with Scientific Annexes. Vol. II Scientific Annex B New York: United Nations; 2013.
3. Kovalchuk O, Ponton A, Filkowski J, Kovalchuk I. Dissimilar genome response to acute and chronic low-dose radiation in male and female mice. *Mutat Res* 2004;550:59-72. DOI: 10.1016/j.mrfmmm.2004.02.007
4. Fucic A, Gamulin M. Interaction between ionizing radiation and estrogen: what we are missing? *Med Hypotheses* 2011;77:966-9. doi: 10.1016/j.mehy.2011.08.021
5. Suman S, Johnson MD, Fornace AJ Jr., Datta K. Exposure to ionizing radiation causes long-term increase in serum estradiol and activation of PI3K-Akt signaling pathway in mouse mammary gland. *Int J Radiat Oncol Biol Phys* 2012;84:500-7. doi: 10.1016/j.ijrobp.2011.12.033
6. Hyodo H, Ishiguro H, Tomita Y, Takakura H, Koike T, Shimizu T, et al. Decreased serum testosterone levels in long-term adult survivors with fatty liver after childhood stem cell transplantation. *Biol Blood Marrow Transplant* 2012;18:1119-27. doi: 10.1016/j.bbmt.2012.01.004
7. Fucic A, Gamulin M, Ferencic Z, Rokotov DS, Katic J, Bartonova A, Lovasic IB, Merlo DF. Lung cancer and environmental chemical exposure: a review of our current state of knowledge with reference to the role of hormones and hormone receptors as an increased risk factor for developing lung cancer in man. *Toxicol Pathol* 2010;38:849-55. doi: 10.1177/0192623310378136
8. Okoh V, Deoraj A, Roy D. Estrogen-induced reactive oxygen species-mediated signalings contribute to breast cancer. *Biochim Biophys Acta* 2011;1815:115-33. PubMed doi: 10.1016/j.bbcan.2010.10.005
9. Tanaka Y, Sasaki M, Kaneuchi M, Fujimoto S, Dahiya R. Estrogen receptor alpha polymorphisms and renal cell carcinoma: a possible risk. *Mol Cell Endocrinol* 2003;202:109-16. doi: 10.1016/S0303-7207(03)00071-6
10. Lowenfels AB, Maisonneuve P. Epidemiology and risk factors for pancreatic cancer. *Best Pract Res Clin Gastroenterol* 2006;20:197-209. doi: 10.1016/j.bpg.2005.10.001
11. Newman MR, Sykes PJ, Blyth BJ, Bezak E, Lawrence MD, Morel KL, Ormsby RJ. The methylation of DNA repeat elements is sex-dependent and temporally different in response to X radiation in radiosensitive and radioresistant mouse strains. *Radiat Res* 2014;181:65-75. doi: 10.1667/RR13460.1
12. Antwi DA, Gabbara KM, Lancaster WD, Ruden DM, Zielske SP. Radiation-induced epigenetic DNA methylation modification of radiation-response pathways. *Epigenetics* 2013;8:839-48. doi: 10.4161/epi.25498
13. Imaoka T, Nishimura M, Iizuka D, Nishimura Y, Ohmachi Y, Shimada Y. Pre- and postpubertal irradiation induces mammary cancers with distinct expression of hormone receptors, ErbB ligands, and developmental genes in rats. *Mol Carcinog* 2011;50:539-52. doi: 10.1002/mc.20746
14. Davis TA, Clarke TK, Mog SR, Landauer MR. Subcutaneous administration of genistein prior to lethal irradiation supports multilineage, hematopoietic progenitor cell recovery and survival. *International journal of radiation biology*. 2007;83:141-51. doi: 10.1080/09553000601132642
15. Grebeniuk AN, Bykov VN, Miasnikov VA, Zatsepin VV, Aksenova NV. [The experimental evaluation of antiradiation effectiveness of beta-estradiol on survival rates and bone marrow hemopoiesis of X-ray irradiated mice, in Russian]. *Radiats Biol Radioecol* 2012;52:175-80. PMID: 22690580.
16. Salama S, Diaz-Arastia C, Patel D, Botting S, Hatch S. 2-Methoxyestradiol, an endogenous estrogen metabolite, sensitizes radioresistant MCF-7/FIR breast cancer cells through multiple mechanisms. *Int J Radiat Oncol Biol Phys* 2011;80:231-9. doi: 10.1016/j.ijrobp.2010.10.080
17. Shao C, Folkard M, Held KD, Prise KM. Estrogen enhanced cell-cell signalling in breast cancer cells exposed to targeted irradiation. *BMC Cancer* 2008;8:184. doi: 10.1186/1471-2407-8-184
18. Polkinghorn WR, Parker JS, Lee MX, Kass EM, Spratt DE, Iaquinata PJ, Arora VK, Yen WF, Cai L, Zheng D, Carver BS, Chen Y, Watson PA, Shah NP, Fujisawa S, Goglia AG, Gopalan A, Hieronymus H, Wongvipat J, Scardino PT, Zelefsky MJ, Jasin M, Chaudhuri J, Powell SN, Sawyers CL. Androgen receptor signaling regulates DNA repair in prostate cancers. *Cancer Discov* 2013;3:1245-53. doi: 10.1158/2159-8290.CD-13-0172.

19. Filchenkov GN, Popoff EH, Naumov AD. The low dose gamma ionising radiation impact upon cooperativity of androgen-specific proteins. *J Environ Radioact* 2014;127:182-90. doi: 10.1016/j.jenvrad.2013.02.002
20. Bruheim K, Svartberg J, Carlsen E, Dueland S, Haug E, Skovlund E, Tveit KM, Guren MG. Radiotherapy for rectal cancer is associated with reduced serum testosterone and increased FSH and LH. *Int J Radiat Oncol Biol Phys* 2008;70:722-7. doi: 10.1016/j.ijrobp.2007.10.043
21. Mantovani A, Fucic A. Puberty dysregulation and increased risk of disease in adult life: possible modes of action. *Reprod Toxicol* 2014;44:15-22. doi: 10.1016/j.reprotox.2013.06.002
22. Fucic A, Brunborg G, Lasan R, Jezek D, Knudsen LE, Merlo DF. Genomic damage in children accidentally exposed to ionizing radiation: a review of the literature. *Mutat Res* 2008;658:111-23. doi: 10.1016/j.mrrev.2007.11.003
23. Tang J, Fernandez-Garcia I, Vijayakumar S, Martinez-Ruis H, Illa-Bohaca I, Nguyen DH, Mao JH, Costes SV, Barcellos-Hoff MH. Irradiation of juvenile, but not adult, mammary gland increases stem cell self-renewal and estrogen receptor negative tumors. *Stem Cells* 2014;32:649-61. doi: 10.1002/stem.1533
24. Dygalo NN, Sakharov DG, Shishkina GT. Kortikosteron i testosteron v krovi vzroslykh krys: efekty nizkikh doz i sroka deistviia ioniziruiushchei radiatsii v period vnutritrobnogo razvitiia [Corticosterone and testosterone in the blood of adult rats: the effects of low doses and the times of the action of ionizing radiation during intrauterine development, in Russian]. *Radiats Biol Radioecol* 1997;37:377-81. PMID: 9244526.
25. Baquedano MS, Saraco N, Berenshtein E, Pepe C, Bianchini M, Levy E, Goñi J, Rivarola MA, Belgorosky A. Identification and developmental changes of aromatase and estrogen receptor expression in prepubertal and pubertal human adrenal tissues. *J Clin Endocrinol Metab* 2007;92:2215-22. doi: 10.1210/jc.2006-2329
26. U.S. Environmental Protection Agency (US EPA). Radiogenic Cancer Risk Models and Projections for the U.S. Population. Washington: U.S. Environmental Protection Agency Office of Radiation and Indoor Air; 2011.
27. Hayashi M, Tice RR, MacGregor JT, Anderson D, Blakey DH, Kirsh-Volders M, Oleson FB Jr, Pacchierotti F, Romagna F, Shimada H, Sutou S, Vannier B. *In vivo* rodent erythrocyte micronucleus assay. *Mutat Res* 1994;312:293-304. doi: 10.1016/0165-1161(94)90039-6
28. Liu L, Liu Y, Ni G, Liu S. Flow cytometric scoring of micronucleated reticulocytes as a possible high-throughput radiation biodosimeter. *Environ Mol Mutagen* 2010;51:215-21. doi: 10.1002/em.20523
29. Li MJ, Wang WW, Chen SW, Shen Q, Min R. Radiation dose effect of DNA repair-related gene expression in mouse white blood cells. *Med Sci Monit* 2011;17:BR290-7. doi: 10.12659/MSM.881976
30. Maurya DK, Devasagayam TP. Ferulic acid inhibits gamma radiation-induced DNA strand breaks and enhances the survival of mice. *Cancer Biother Radiopharm* 2013;28:51-7. doi: 10.1089/cbr.2012.1263
31. Mackova NO, Fedorocko P. Recovery of peripheral blood cells in irradiated mice pretreated with bacterial extract IRS-19. *Physiol Res* 2000;49:703-10. PMID: 11252537
32. Linden MW JM, Cherina S. Haematopoietic and lymphoid tissues, comparative anatomy and histology. In: Treuting PM, Dintzis SM, Liggitt D, Frevert CW, editor. *Comparative Anatomy and Histology A Mouse and Human Atlas*. Amsterdam: Elsevier; 2012.
33. Dertinger SD, Tsai Y, Nowak I, Hyrien O, Sun H, Bemis JC, Torous DK, Keng P, Palis J, Chen Y. Reticulocyte and micronucleated reticulocyte responses to gamma irradiation: dose-response and time-course profiles measured by flow cytometry. *Mutat Res* 2007;634:119-25. doi: 10.1016/j.mrgentox.2007.06.010
34. Nair GG, Nair CK. Radioprotective effects of gallic acid in mice. *Biomed Res Int* 2013;2013:953079. doi: 10.1155/2013/953079
35. Hudson D, Kovalchuk I, Koturbash I, Kolb B, Martin OA, Kovalchuk O. Induction and persistence of radiation-induced DNA damage is more pronounced in young animals than in old animals. *Aging (Albany NY)* 2011;3:609-20. doi: 10.18632/aging.100340
36. Utsuyama M, Hirokawa K. Radiation-induced-thymic lymphoma occurs in young, but not in old mice. *Exp Mol Pathol* 2003;74:319-25. doi: 10.1016/S0014-4800(03)00026-1
37. Grande T, Bueren JA. Involvement of the bone marrow stroma in the residual hematopoietic damage induced by irradiation of adult and young mice. *Exp Hematol* 1994;22:1283-7. PMID: 7957714
38. Nikkels PG, de Jong JP, Ploemacher RE. Radiation sensitivity of hemopoietic stroma: long-term partial recovery of hemopoietic stromal damage in mice treated during growth. *Radiat Res* 1987;109:330-41. PMID: 3809402
39. Brenner DJ, Hall EJ. Computed tomography - an increasing source of radiation exposure. *New Engl J Med* 2007;357:2277-84. doi: 10.1056/NEJMra072149
40. Sorensen KJ, Zetterberg LA, Nelson DO, Grawe J, Tucker JD. The *in vivo* dose rate effect of chronic gamma radiation in mice: translocation and micronucleus analyses. *Mutat Res* 2000;457:125-36. doi: 10.1016/S0027-5107(00)00136-6
41. Pogribny I, Raiche J, Slovack M, Kovalchuk O. Dose-dependence, sex- and tissue-specificity, and persistence of radiation-induced genomic DNA methylation changes. *Biochem Biophys Res Commun* 2004;320:1253-61. doi: 10.1016/j.bbrc.2004.06.081
42. Illytskyy Y, Zemp FJ, Koturbash I, Kovalchuk O. Altered microRNA expression patterns in irradiated hematopoietic tissues suggest a sex-specific protective mechanism. *Biochem Biophys Res Commun* 2008;377:41-5. doi: 10.1016/j.bbrc.2008.09.080
43. Dobrzynska MM. DNA damage in organs of female and male mice exposed to nonylphenol, as a single agent or in combination with ionizing irradiation: a comet assay study. *Mutat Res Genet Toxicol Environ Mutagen* 2014;772:14-9. doi: 10.1016/j.mrgentox.2014.07.003
44. Davis TA, Mungunsukh O, Zins S, Day RM, Landauer MR. Genistein induces radioprotection by hematopoietic stem cell quiescence. *Int J Radiat Biol* 2008;84:713-26. doi: 10.1080/09553000802317778
45. Zhou Y, Mi MT. Genistein stimulates hematopoiesis and increases survival in irradiated mice. *J Radiat Res* 2005;46:425-33. PMID: 16394633
46. Lebedev VG, Moroz BB, Vorotnikova TV, Deshevoi Iu B. Issledovanie mekhanizma formirovaniia radiorezistentnogo sostoianiia sistemy krovotvoreniiia pod deistviem dietilstill'bstrola [Mechanism of radioresistance of the hematopoietic system after treatment with diethylstilbestrol,

- in Russian]. Radiats Biol Radioecol 1994;34:565-71. PMID: 7951885
47. Ricoul M, Dutrillaux B. Hyper-radiosensibilite chromosomique des souris en fin de gestation [Chromosome hyper-radiosensitivity in mice at the end of pregnancy, in French]. C R Acad Sci III 1991;312:635-9. PMID: 1913237
 48. MacLusky NJ, Chaptal C, McEwen BS. The development of estrogen receptor systems in the rat brain and pituitary: postnatal development. Brain Res 1979;178:143-60. PMID: 497857
 49. Azria D, Larbouret C, Cunat S, Ozsahin M, Gourgou S, Martineau P, Evans DB, Romieu G, Pujol P, Pèlerin A. Letrozole sensitizes breast cancer cells to ionizing radiation. Breast Cancer Res 2005;7:R156-63. doi: 10.1186/bcr969
 50. Zhao X, Zhang Q. [Clinical efficacy of letrozole in boys with idiopathic central precocious puberty, in Chinese]. Zhongguo Dang Dai Er Ke Za Zhi 2014;16:397-400. doi: 10.7499/j.issn.1008-8830.2014.04.018
 51. Ankarberg C, Norjavaara E. Diurnal rhythm of testosterone secretion before and throughout puberty in healthy girls: correlation with 17beta-estradiol and dehydroepiandrosterone sulfate. J Clin Endocrinol Metab 1999;84:975-84. doi: 10.1210/jcem.84.3.5524
 52. Khairullah A, Klein LC, Ingle SM, May MT, Whetzel CA, Susman EJ, Paus T. Testosterone trajectories and reference ranges in a large longitudinal sample of male adolescents. PLoS One 2014;9(9):e108838. doi: 10.1371/journal.pone.0108838
 53. Courant F, Aksglaede L, Antignac JP, Monteau F, Sorensen K, Andersson AM, Skakkebaek NE, Juul A, Bizet BL. Assessment of circulating sex steroid levels in prepubertal and pubertal boys and girls by a novel ultrasensitive gas chromatography-tandem mass spectrometry method. J Clin Endocrinol Metab 2010;95:82-92. doi: 10.1210/jc.2009-1140
 54. Belgorosky A, Rivarola MA. Progressive increase in nonsex hormone-binding globulin-bound testosterone and estradiol from infancy to late prepuberty in girls. J Clin Endocrinol Metab 1988;67:234-7. doi: 10.1210/jcem-67-2-234

Dobne i spolne razlike u oštećenju genoma između prepubertetskih i odraslih miševa nakon izlaganja ionizirajućemu zračenju

Mehanizmi koji uzrokuju spolne i dobne razlike u biološkim odgovorima na izloženost ionizirajućemu zračenju i s tim u vezi zdravstvene rizike još nisu dovoljno ispitani. Kako bi se spoznao značaj spolnih hormona u etiologiji zračenjem izazvanih vrsta tumora, potrebno je bolje poznavanje mehanizama koji su uključeni u taj proces, osobito tijekom razvojne faze organizma. Cilj ovoga istraživanja bio je prikazati dobne i spolne razlike u oštećenju genoma između prepubertetskih i odraslih miševa nakon jednokratnoga izlaganja gama-zračenju. Primjenom *in vivo* mikronukleus-testa izmjereno je oštećenje genoma nastalo 24 sata, 48 sati i 72 sata nakon izlaganja BALB/CJ miševa, starih tri tjedna i dvanaest tjedana, dozi gama zračenja od 8 Gy. U svim vremenskim točkama mjerenja uočeno je značajnije veće oštećenje genoma u prepubertetskih u odnosu na odrasle jedinke obaju spolova. Zračenje je uzrokovalo veću učestalost mikronukleusa u muških jedinki u objema dobnim skupinama. Dobiveni rezultati potvrđuju postojanje spolnih razlika u osjetljivosti na učinke ionizirajućega zračenja u miševa, a ovo je prvo istraživanje rezultati kojega pokazuju da do takvih razlika dolazi već u prepubertetskoj dobi.

KLJUČNE RIJEČI: estrogen; gama zračenje; mikronukleus; radioosjetljivost; testosteron