

Validating a Four-gene Set for H-ARS Severity Prediction in Peripheral Blood Samples of Irradiated Rhesus Macaques

Authors: Schwanke, D., Schüle, S., Stewart, S., Fatanmi, O. O., Wise,

S. Y., et al.

Source: Radiation Research, 201(5): 504-513

Published By: Radiation Research Society

URL: https://doi.org/10.1667/RADE-23-00162.1

The BioOne Digital Library (https://bioone.org/) provides worldwide distribution for more than 580 journals and eBooks from BioOne's community of over 150 nonprofit societies, research institutions, and university presses in the biological, ecological, and environmental sciences. The BioOne Digital Library encompasses the flagship aggregation BioOne Complete (https://bioone.org/subscribe), the BioOne Complete Archive (https://bioone.org/archive), and the BioOne eBooks program offerings ESA eBook Collection (https://bioone.org/esa-ebooks) and CSIRO Publishing BioSelect Collection (https://bioone.org/esa-ebooks) and CSIRO Publishing BioSelect Collection (https://bioone.org/csiro-ebooks).

Your use of this PDF, the BioOne Digital Library, and all posted and associated content indicates your acceptance of BioOne's Terms of Use, available at www.bioone.org/terms-of-use.

Usage of BioOne Digital Library content is strictly limited to personal, educational, and non-commmercial use. Commercial inquiries or rights and permissions requests should be directed to the individual publisher as copyright holder.

BioOne is an innovative nonprofit that sees sustainable scholarly publishing as an inherently collaborative enterprise connecting authors, nonprofit publishers, academic institutions, research libraries, and research funders in the common goal of maximizing access to critical research.

RADIATION RESEARCH **201**, 504–513 (2024) 0033-7587/24 \$15.00 ©2024 by Radiation Research Society. All rights of reproduction in any form reserved. DOI: 10.1667/RADE-23-00162.1

Validating a Four-gene Set for H-ARS Severity Prediction in Peripheral Blood Samples of Irradiated *Rhesus Macaques*

D. Schwanke,^a S. Schüle,^a S. Stewart,^a O. O. Fatanmi,^{b,c} S. Y. Wise,^{b,c} C. Hackenbroch,^d T. Wiegel,^e V. K. Singh,^{b,c,1} M. Port,^a M. Abend,^a P. Ostheim^{a,1}

^a Bundeswehr Institute of Radiobiology, Munich, Germany; ^b Division of Radioprotectants, Department of Pharmacology and Molecular Therapeutics, F. Edward Hébert School of Medicine, and ^c Armed Forces Radiobiology Research Institute, Uniformed Services University of the Health Sciences, Bethesda, Maryland; ^d Department of Radiology, Bundeswehrkrankenhaus Ulm, Ulm Germany; ^e Department of Radiation Oncology, University Hospital, Ulm, Germany

Schwanke D, Schüle S, Stewart S Fatanmi OO, Wise SY, Hackenbroch C, Wiegel T, Singh VK, Port M, Abend M, Ostheim P. Validating a Four-gene Set for H-ARS Severity Prediction in Peripheral Blood Samples of Irradiated *Rhesus Macaques*. Radiat Res. 201, 504–513 (2024).

Increased radiological and nuclear threats require preparedness. Our earlier work identified a set of four genes (DDB2, FDXR, POU2AF1 and WNT3), which predicts severity of the hematological acute radiation syndrome (H-ARS) within the first three days postirradiation In this study of 41 Rhesus macaques (Macaca mulatta, 27 males, 14 females) irradiated with 5.8-7.2 Gy (LD_{29-50/60}), including some treated with gammatocotrienol (GT3, a radiation countermeasure) we independently validated these genes as predictors in both sexes and examined them after three days. At the Armed Forces Radiobiology Research Institute/Uniformed Services University of the Health Sciences, peripheral whole blood (1 ml) of Rhesus macaques was collected into PAXgene® Blood RNA tubes pre-irradiation after 1, 2, 3, 35 and 60 days postirradiation, stored at -80° C for internal experimental analyses. Leftover tubes from these already ongoing studies were kindly provided to Bundeswehr Institute of Radiobiology. RNA was isolated (QIAsymphony), converted into cDNA, and for further gene expression (GE) studies quantitative RT-PCR was performed. Differential gene expression (DGE) was measured relative to the pre-irradiation Rhesus macaques samples. Within the first three days postirradiation, we found similar results to human data: 1. FDXR and DDB2 were up-regulated, FDXR up to 3.5-fold, and DDB2 up to 13.5fold in the median; 2. POU2AF1 appeared down regulated around tenfold in nearly all Rhesus macaques; 3. Contrary to human data, DDB2 was more up-regulated than FDXR, and the difference of the fold change (FC) ranged between 2.4 and 10, while the median fold changes of WNT3, except days 1 and 35, were close to 1. Nevertheless, 46% of the Rhesus macaques showed down-regulated WNT3 on day one postirradiation, which decreased to 12.2% on day 3 postirradiation. Considering the extended phase, there was a trend towards decreased fold changes at day 35, with median-fold changes ranging from 0.7 for *DDB2* to 0.1 for *POU2AF1*, and on day 60 postirradiation, DGE in surviving animals was close to pre-exposure values for all four genes. In conclusion, the diagnostic significance for radiation-induced H-ARS severity prediction of *FDXR*, *DDB2*, and *POU2AF1* was confirmed in this *Rhesus macaques* model. However, *DDB2* showed higher GE values than *FDXR*. As shown in previous studies, the diagnostic significance of *WNT3* could not be reproduced in *Rhesus macaques*; this could be due to the choice of animal model and methodological challenges.

INTRODUCTION

Radiological and nuclear incidents can occur as a result of civil accidents, meltdowns in nuclear power plants, or intentionally via a terroristic attack using a radiological or nuclear dispersion device or the military use of atomic bombs (1, 2). In any case, they have the potential to produce mass casualties and even more so-called "worried well" (individuals who did not get harmed or exposed to radioactive contamination or radiation) (3). From the human experience with improperly disposed radioactive sources, as in Goiania (4), the nuclear meltdown in Chernobyl (5), and the use of atomic bombs as in the Castle Bravo test series (6), it is likely that thousands of potentially exposed or irradiated individuals must be triaged. The scientific community has been called upon to develop tools for triaging patients that might need immediate and specific medical care and surveillance with regard to development of the acute radiation syndrome (ARS) (7). It is not only the absorbed dose that allows prediction of the subsequent course of a patient's ARS; instead, factors such as fractionation, radiation quality, dose rate, external or internal contamination, as well as how the individual was exposed [homogenous vs. inhomogeneous, or total-body (TBI) vs. partial-body (PBI) irradiation], and individual radiosensitivity also play major roles (8).

¹ Co-corresponding authors: Patrick Ostheim, Bundeswehr Institute of Radiobiology affiliated to the University of Ulm, Neuherbergstr. 11, 80937 Munich, Germany; email: patrickostheim@bundeswehr.org; Vijay K. Singh, Division of Radioprotectants, Department of Pharmacology and Molecular Therapeutics, F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD; email: vijay. singh@usuhs.edu.

An early and high-throughput clinical outcome tool for predicting ARS severity would be useful for triage during a large-scale radiological and nuclear event. Gene expression (GE) analysis is a promising approach toward handling the requirements of such a tool (9-20). In previous work, we showed that a set of four genes comprising FDXR, DDB2, POU2AF1, and WNT3 was able to distinguish non-exposed as well as patients that later developed mild and severe hematologic acute radiation syndrome (H-ARS) (10-13, 21, 22). This corresponds to the METREPOL-Algorithm's H-ARS categories (23). Our group previously showed that it is of benefit, when looking at the medical treatment consequences, to break the H-ARS categories down into three groups: H0 represents the unexposed, H0-1 represents those with no or low radiation exposure with sub-clinical H-ARS for which no hospitalization is needed, and H2-4 represents those with mild to severe H-ARS, when early treatment and hospitalization is required (21). In this study, the ionizing radiation dose was comparably high (5.8-7.2 Gy) with a LD_{29-50/60} and might be expected to result in a mild to fatal H2-4 H-ARS severity. The H-ARS severity predicting gene set has already been validated in vitro (12), in vivo in baboons (10, 11, 21), and in irradiated oncology patients (10, 22). The Rhesus macaques genome shares 93% of its sequence with the human genome (24). In cooperation with Armed Forces Radiobiology Research Institute (AFRRI), we independently validated and further investigated this model in a new species, Macaca mulatta, which is even closer related to humans than baboons. Additionally, due to the design of our study, we could evaluate the GE changes of our four gene-set over a 60-day time course postirradiation, exceeding the 3-day postirradiation measurements of previous studies.

MATERIALS AND METHODS

Animals

Sixty-four healthy Rhesus macaques (Macaca mulatta, Chinese substrain) were obtained from the National Institutes of Health Animal Center (NIHAC, Poolesville, MD) (Table 1). The animals were quarantined for 6-7 weeks prior to the beginning of the experiment. One *Rhesus macaques* was excluded from the study due to a virus infection, leaving 63 Rhesus macaques eligible for this study. Males and females were assigned to dose groups but a lower number of females were assigned due to availability of Rhesus macaques s at a particular time and a lower number of females available to us. Overall, 40 male and 23 female clinically healthy individuals weighing 3.6-8.4 kg were housed at the Armed Forces Radiobiology Research Institute (AFRRI), Bethesda, MA. All animals were kept in a facility accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC)-International. Housing requirements, sensory and dietary enrichment details have been previously described in elsewhere (25, 26). Single housing was utilized for the animals for this study, and the justification for single housing was described earlier (27). All of the procedures performed in this study were in accordance with the animal use protocols approved by the Institutional Animal Care and Use Committee (IACUC, AFRRI) and Department of Defense second-tier approval from the Animal Care and Use Review Office (ACURO). The study was reported in accordance with ARRIVE (Animal Research: Reporting of In Vivo Experiments) guidelines and with the recommendations made in the Guide for the Care and Use of Laboratory Animals (28).

TABLE 1
Distribution of the Animals over the Different Strata, Sorted by Dose, Sex, Treatment Group, and Survival Status

				Nu	Number of animals									
Radiation dose (Gy)	Sex	Treatment group (GT-3)	Survival status	Sex	Treat- ment	Survival status								
5.8	males			20										
		treated			10									
			survivor			7								
			n-survivor		4.0	3								
		untreated	survivor		10	7								
		nor	n-survivor			3								
		1101	1 Jul VIVOI			3								
	females			11										
		treated			6									
			survivor			5								
			n-survivor		_	1								
		untreated	survivor		5	3								
		nor	n-survivor			2								
6.5	males	1101	1 Jul VIVOI	2		2								
0.5	maies	treated		2	2									
		ticateu	survivor		2	2								
	females			3										
		treated			3									
			survivor			1								
		nor	n-survivor			2								
7.2	males			5										
		untreated			5	2								
		no	survivor n-survivor			3 2								
		1101	1 Jul VIVOI											
				27	21	28								
			Coore	14	20	13								
			Sum			41								

Notes. The more left and higher number represents the sum of the more specified subgroups (left lower numbers). Numbers in the lower right dark gray box represent the subgroups' sum over all dose groups, from left to right: Sex, treatment and survival. Upper numbers reflect from left to right to male, treated and surviving animals; lower numbers indicate female, untreated and non-survivors.

Drug Preparation and Administration

Gamma-tocotrienol (GT-3) was procured from American River Nutrition (Hadley, MA/ExcelVite Sdn. Bhd., Perak, Malaysia) and its preparation and administration have been described earlier (29). The dose used in this study ranged from 37.5–75 mg/kg, and the volume administered to each animal was based on individual animal body weight. At least 24–48 h prior to drug administration, the injection site (dorsal scapular area) was shaved and cleaned to monitor for any skin irritations or abscess formation. GT3 and/or vehicle administrations were performed with a sterile 21–25 gauge needle length of 0.75–1 inch.

Blood Sample Collection

Blood was collected by venipuncture from either the saphenous vein on the caudal aspect of the lower leg or the brachial vein from the upper extremity of the arm. One ml of peripheral blood was drawn into PAX-gene Blood RNA tubes (PreAnalytiX, a Qiagen/Becton, Dickinson, and Company, Franklin Lakes, NJ) on either day 1 or 7 prior to irradiation and on days 1, 2, 3, 35 and 60 postirradiation. After collection, the blood was mixed immediately by inverting the tube 10 times. The tubes were maintained at room temperature in the laboratory overnight and were later stored at -80° C until further analysis (30).

506 SCHWANKE ET AL.

Irradiation

Prior to irradiation, dose rate measurements were performed as described earlier (31, 32). The animals were fasted for at least 12–18 h prior to irradiation, at approximately 30–45 min before exposure, all animals received appropriate anesthetics. Irradiations were performed using a cobalt-60 source with a dose rate of 0.6 Gy/min. NHPs were fastened in a sitting position within the central beam to perform a total-body irradiation (TBI). All details for the irradiation procedure have been discussed previously (33). Three different dose groups of 5.8 Gy (n = 31; males n = 20 and females n = 11), 6.5 Gy (n = 16; males n = 4 and females n = 12), and 7.2 Gy (n = 16 males) were used for this study. After the procedure, once the animals were certified to be in stable condition, they were transported back to the housing cages where they completed their recovery.

Euthanasia

After irradiation, animals were prone to exhibiting clinical ARS-related signs and symptoms, and daily observations were increased to three times a day (no more than 10 h apart) during the critical period (days 10-20 postirradiation) to assess for moribundity. If an animal reached a state of moribundity, the animal was euthanized. Moribundity was used as a surrogate for the mortality assessment of animals, and they were euthanized to minimize pain and distress. All euthanasia criteria and additional details have been provided previously (34). In general, euthanized *Rhesus macaques* were defined as non-survivors (n = 22), while all surviving animals on day 60 were euthanized and considered survivors (n = 41).

Sample Selection

Expecting a high H-ARS severity degree, whether the radiation dose was 5.8, 6.5 or 7.2 Gy, sample sets from 41 *Rhesus macaques* were analyzed to keep the remaining samples for other tasks. Also, data appeared very homogenous, so the study could be restricted to the aforementioned number of *Rhesus macaques*. All sample sets of the animals exposed to 5.8 Gy were processed for this study. From those animals exposed to 6.5 Gy and 7.2 Gy, five sample sets each were randomly picked the way that the survivor to non-survivor ratio equals the one of the whole cohort (Table 1). In total, 219 blood specimens were investigated.

RNA-Extraction and Quality-Control

Filled PAXgene® Blood RNA tubes were manually thawed, centrifuged, the supernatant discarded, and pellets resuspended with proteinase K augmented buffers. RNA from PAXgene® Blood RNA tubes was isolated semi-automatically using the QIAsymphony® Blood RNA Kit (QIAGEN, Hilden, Germany) and the QIAsymphony® SP Kit (QIAGEN). The procedure uses the RNA-binding silica surface of magnetic beads. After several washing and digestion steps with DNase I and proteinase K, RNA was isolated automatically, eluted in 80 µl BR5 buffer, heated to 65°C for five min, and stored at -20°C. For quantification, RNA-eluates were measured spectrophotometrically (NanoDropTM, PeqLab Biotechnology, Erlangen, Germany). DNA contamination was precluded via PCR using primers for the β-actin gene. qRT-PCR was performed on all specimens with a ratio of A260/A280nm > 2.0. The quality was addressed by automated electrophoretic integrity measurements (4200 TapeStation System, Agilent Technologies, Santa Clara, CA), and RIN (RNA integrity number) values were calculated. Questionable measurements were confirmed via 18S rRNA-qRT-PCR. Only samples meeting pre-defined quality criteria [e.g., 18S rRNA-raw Ct values (0.01 ng/reaction) ranging between 20 and 28 are expected to be successful qRT-PCR] were further processed, leading to the qRT-PCR.

Quantitative Real-Time Reverse Transcription Polymerase Chain Reaction (qRT-PCR)

Aliquots of total RNA (0.5 μg) were reverse transcribed with the High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems TM , Life Technologies, Darmstadt, Germany). Equal amounts of template cDNA (10 ng) were used per reaction, mixed with the TaqMan $^{\oplus}$

Universal PCR Master Mix, and gene-specific TaqManTM Assays for *FDXR* (Hs01031617_m1), *DDB2* (Hs00172068_m1), *POU2AF1* (Hs01573371_m1), and *WNT3* (Hs00902257_m1) were added. The genes were measured in duplicate, and qRT-PCR was performed on a 96-well format using the QuantStudioTM 12K OA Real-Time PCR System (Thermo Fisher SCINTIFIC Inc., Waltham, MA). The raw cycle threshold (Ct) was normalized to the diluted *18S rRNA* (Hs99999901_g1). After normalization, fold change (FC) differences in gene expression were calculated by the $-\Delta\Delta$ Ct-approach relative to unexposed samples of the same *Rhesus macaques* used as the calibrator $FC = 2^{-\Delta\Delta CT_{prow}}$. The fold change refers to several fold of over- or underexpression relative to the calibrator. Genes were assumed to be differentially expressed if $0.5 \ge FC \ge 2$ (10, 35).

Statistical Analysis

Results were presented as normalized Ct values, mean fold change and median fold change. Differences in GE were investigated by comparing each day after exposure with the pre-exposure set to the reference. We also checked for varieties in the strata sex, survival, exposure dose, and treatment. Probability distribution was addressed by Shapiro-Wilks and the comparison of variance by Brown Forsythe test. Due to non-normally distributed results, GE changes over time for all individuals were investigated by a Kruskal-Wallis one way analysis of variance (ANOVA) on ranks. For the analysis of the mentioned strata, two-way ANOVAs (Holm-Sidak method) were performed to compare the pre-exposure animals' GE to a reference group (either female, survivor or untreated animals), and the subsequent interactions over time were analyzed. For the stratum exposure dose, the ANOVA was done pairwise stratified by time and exposure dose. P values < 0.05 were defined as significant. Also, univariate linear regression analysis was performed, searching for dose-response relationships in GE. For statistical analyses and graphical presentations, SAS (release 9.4, Cary, NC) and Excel (Microsoft, Redmond, CA), as well as SPW (SigmaPlot, Version 14.5, Jandel Scientific, Erkrath, Germany) and PowerPoint (Microsoft) were used.

RESULTS

Time Course of Gene Expression Changes

In all animals, for FDXR we saw an increase in gene expression after irradiation relative to unexposed animals, with the increase becoming significant on day 2 postirradiation (P < 0.001, Fig. 1 and Table 2) with a median fold change of 2.3. GE of FDXR increased until day 3 up to a median fold change of 3.5 (P < 0.001). On day 35, we saw decreased GE (median FC = 0.5) but this change was not significantly different. On day 60, GE was nearly that of unexposed animals. Expression of DDB2 was already significantly increased one day postirradiation (median FC = 3.4, P < 0.001) and increased further after 2 days (median FC = 5.4), up to a median fold change of 13.5 through day 3 (Fig. 1 and Table 2). On days 35 and 60, GE for DBB2 was similar to FDXR. GE of POU2AF1 declined after irradiation (Fig. 1). The approximate 8-10 fold decrease in GE reached significance on day 1 postirradiation (P < 0.001, median FC ≈ 0.13 to 0.09, Fig. 1 and Table 2) and remained decreased until day 35. As observed for FDXR and DDB2, the GE of POU2AF1 on day 60 resembled pre-exposure GE values. WNT3 showed a high variance in GE levels 1-3 days and 60 days postirradiation. Only on day 35 postirradiation was a significant downregulation observed.

If we consider a twofold up- or downregulation to represent a robust change in GE, Table 3 shows that between the first three days postirradiation, 90–100% of the irradiated animals

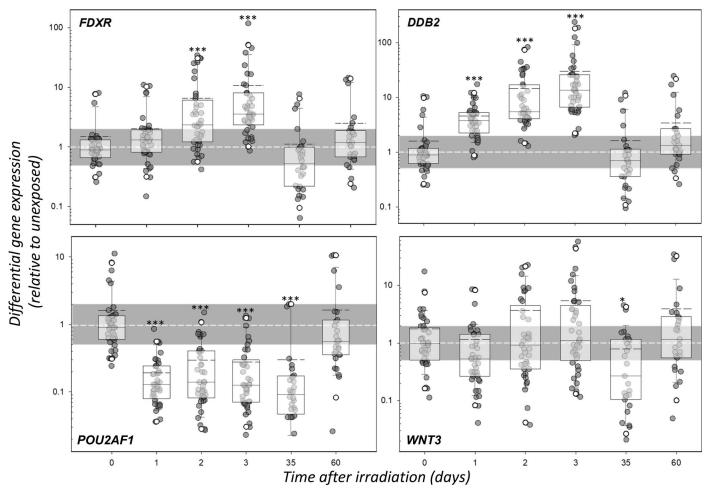


FIG. 1. Boxplots superimposed over corresponding jitter plots reflecting differential gene expression (DGE) for each animal and the four genes over time. Boxes contain 50% of the data (25–75th percentiles). The error bars represent the 10th and 90th percentiles, while the white circles represent the 5th and 95th percentiles. Some outliers are not shown. The continuous horizontal lines indicate the position of the median, while the interrupted one indicates that of the mean. Significant changes in GE relative to unexposed animals are marked with asterisks (*P < 0.05, **P < 0.01, ***P < 0.001). The gray area in the background adjusts for methodological variance and is defined for fold changes between 0.5 and 2. The interrupted white line refers to FC = 1 as a reference for GE prior to exposure.

could have been identified as exposed individuals based on GE of DDB2 and POU2AF1. In a receiver-operator-characteristics (ROC) analysis, DDB2 and POU2AF1 showed a high diagnostic strength with an area under the curve ranging from 0.88–0.97 over the first 3 days postirradiation (Fig. 2). A bivariate model of DDB2 and POU2AF1 reached an area under the curve of 1.0 on days 1–3 postirradiation (Fig. 2). While the percentage of correctly identified animals, based on FDXR and DDB2 GE, increased from day 1 to day 3 from 22-78% and from 78–100%, respectively, WNT3 was reduced in its diagnostic strength, decreased from at least 46% on day 1 down to 12% on day 3. Based on *POU2AF1* GE, it was possible to identify 90% of the exposed individuals as early as day one; this represented the highest diagnostic reliability of the four genes on day one. POU2AF1 GE remained around tenfold downregulated up to day 35 postirradiation. Between 80 to 89% of the irradiated animals could have been identified as having been exposed over this longer period.

GE Differences by Sex

For *FDXR* GE, we saw a tendency toward a higher median fold change for females (e.g., 5.0 vs. 2.2 on day 2, and 6 vs. 3.5 on day 3 postirradiation, Table 2), but there was no significant difference for any time-point after exposure. For *POU2AF1* GE, we observed a tendency toward a more pronounced, but insignificant, downregulation after exposure regarding the median fold change for males for each single time point (0.2 vs. 0.1 on days 1 and 3 and 0.3 vs 0.1 on day 2 postirradiation, Table 2). For *DDB2* and *WNT3 GE*, no other sex-specific effects could be observed.

GE Differences by Survival Status

For FDXR, $DDB2\ POU2AF1$, and WNT3, no GE differences between survivors and non-survivors could be found, except for WNT3 on day 2 postirradiation (median FC = 1.3, P = 0.04, Table 2).

508 SCHWANKE ET AL.

TABLE 2

Descriptive Statistics [n – Number of Evaluable Animals in the Subgroup, Mean and Median Fold Change and Standard Deviation (Std Dev)], as well as P Values for Comparisons to Pre-Exposure Status and in-between Subgroups for each Day and each Gene

Gene				Preexpos					D	ay 1					D:	ay 2					D.	ay 3					Da	/ 35					Da	ıy 60		
Strata						p-value					p-value							p-value						p-value						p-value						p-value
	Subgroup	n		Median			n	Mean N										Group	n					Group	n f					Group						Group
			FC	FC	Dev	comp.		FC			vs. d 1	comp.		FC			vs. d 2	comp.		FC			vs. d 3	comp.		FC			vs. d 35	comp.		FC			vs. d 60	comp.
FDXR	All	41	1.5	0.9	2.0		41	2.0	1.3	2.6	0.6		40	6.6	2.3	9.5	< 0.001		41	10.7	3.5	20.6	< 0.001		28	1.1	0.5	1.7	0.5		27	2.5	1.2	3.9	1.0	
Sex																																				
	Females		1.7	0.9	2.1		14	2.7	1.6	3.0	0.5		13	9.8			0.001		14	17.5			<0.001		10	1.7	0.7	2.5	0.6		9	2.3	0.8		0.7	
	Males	27	1.4	0.9	1.9	0.60	27	1.7	1.1	2.3	0.6	0.1	27	5.0	2.2	8.2	0.004	0.05	27	7.2	3.5	12.2	< 0.001	0.1	18	0.8	0.5	1.0	80.0	0.2	18	2.6	1.4	4.2	0.5	1.0
Survival																																				
	Survivor		1.6	0.8	2.2		27	2.4	1.3	3.1	0.2		27	8.0			< 0.001		27	13.6			< 0.001		27	1.1	0.5	1.8	0.6		27	2.5	1.2	3.9	1.0	
	Non-survivor	14	1.3	0.9	1.2	1.0	14	1.2	1.2	0.6	0.8	0.5	13	3.5	2.2	3.7	0.06	0.4	14	5.3	3.3	5.0	0.001	0.4	1	0.9	0.9 -		-	-	0 -	-			-	-
Dose																																				
			1.7	0.9	2.2	0.8	31	2.0	1.3	2.4	0.8	0.2	30	5.3	2.3	8.7	0.01	< 0.001	31	10.9			< 0.001	< 0.001	23	1.2		1.9	0.4	0.09	22	2.7			0.9	0.4
	6.5 Gy (Group Comp. 6.5 vs. 7.2 Gy)	5	0.9	0.9	0.3	0.6	5	3.6	2.3	4.2	0.5	0.2	5	19.1	18.4		< 0.001	< 0.001	5	18.1			< 0.001	0.007	3	0.9	1.0	0.3	1.0	0.3	3	2.1	2.1		0.7	0.3
	7.2 Gy (Group Comp. 7.2 vs. 5.8 Gy)	5	0.6	0.6	0.2	0.5	5	0.8	0.8	0.4	1.0	0.4	5	1.5	1.3	0.7	0.2	0.2	5	2.2	2.2	0.7	0.03	0.1	2	0.4	0.4	0.5	1.0	0.3	2	0.7	0.7	0.5	1.0	0.4
Treatme																																				
			0.8	0.8	0.3		20	1.0	0.9	0.5	0.8		20	1.5	1.2	0.8	0.08		20	2.4	2.6		< 0.001		12	0.4	0.3	0.4	0.02		12	0.8	0.7		0.9	
	Treated	21	2.2	1.1	2.6	0.01	21	3.0	1.7	3.3	0.2	0.002	20	11.6	5.8	11.3	< 0.001	< 0.001	21	18.6	7.9	26.7	< 0.001	< 0.001	16	1.7	0.8	2.1	0.3	< 0.001	15	3.9	1.8	4.9	0.3	< 0.001
DDB2	All	41	1.6	0.9	2.3		41	4.6	3.7	3.4	< 0.001		40	14.4	5.4	18.7	< 0.001		41	29.8	13.5	48.9	< 0.001		28	1.6	0.7	2.8	0.5		27	3.4	1.3	5.6	1.0	
Sex	• • • •																																			
	Females	14	1.7	1.0	1.7		14	4.4	3.6	3.2	0.02		13	15.0	9.6	12.8	< 0.001		14	29.4	12.7	37.8	< 0.001		10	2.3	0.7	3.8	0.5		9	2.7	1.1	3.4	0.7	
	Males	27	1.5	0.9	2.6	0.4	27	4.7	3.7		<0.001	0.9		14.1			<0.001	0.4	27	30.6			<0.001	1.0	18	1.3	0.6	2.1	0.3	0.4	18	3.7	1.6		0.1	1.0
Survival																																		-11		
50141401		27	1.8	0.9	2.7		27	5.1	4.2	4.1	<0.001		27	16.4	6.3	21.6	<0.001		27	34.2	13.6	57.5	< 0.001		27	1.6	0.7	2.8	1.0		27	3.4	1.3	5.6	0.705	
	Non-survivor	14	1.2	1.0	1.1	0.9	14	3.6	3.6		<0.001	0.8		10.3			<0.001	0.6					<0.001	0.9	1	0.9	0.9 -				0 -					
Dose	Non Julyivon	14	1.2	1.0		0.5	2-4	5.0	5.0		40.001	0.0	13	10.5	5.0	10.5	40.001	0.0	14	22.5	11.5	23.2	40.001	0.5	-	0.5	0.5									
	5.8 Gy (Group Comp. 5.8 vs. 6.5 Gy)	31	1.8	1.0	2.6	0.8	31	4.7	3.8	3.6	<0.001	0.9	30	13.1	4.4	199	<0.001	0.01	31	31.4	12.8	54.3	< 0.001	0.3	23	1.8	0.6	3.1	0.2	0.6	22	3.7	12	6.2	0.2	0.4
	6.5 Gy (Group Comp. 6.5 vs. 7.2 Gy)	5	1.0	1.0	0.2	0.8	5	5.0	3.0	4.1	0.1	1.0	5	29.8			<0.001	0.06					<0.001	0.3	3	1.0	1.1	0.3	1.0	0.5	3	3.1	2.7		0.5	0.4
	7.2 GV (Group Comp. 7.2 vs. 5.8 GV)		0.7	0.6	0.1	0.6	5	3.6	3.7	1.2	0.07	0.9	5	7.2	5.5			1.0			11.9		<0.001	0.6	2	0.6	0.6	0.7	0.8	0.4	2	0.8	0.8		0.8	0.5
Treatme		,	0.7	0.0	0.1	0.0	3	3.0	3.7	1.2	0.07	0.5	3	7.2	5.5	2.5	0.003	1.0	3	11.3	11.5	3.2	<0.001	0.0	- 2	0.0	0.0	0.7	0.8	0.4	-	0.0	0.0	0.4	0.0	0.5
Heatine		20	0.0	0.7	0.6		20	4.3	4.2	2.0	<0.001		20	5.2	4.4	2.0	<0.001		20	10.3	10.0	c 7	<0.001		12	0.5	0.4	0.3	0.04		12	1.0	1.0	0.5	0.02	
			2.3	1.1	3.0	0.02	21	4.8	3.0		0.002	0.7		23.6				<0.001	21	48.4				<0.001	16	2.5		3.5	0.8	<0.001	15	5.3		7.0		<0.001
						0.02						0.7						<0.001						10.001						<0.001						100.001
POU2AF1	All	41	1.6	0.9	2.2		41	0.2	0.13	0.2	<0.001		40	0.3	0.14	0.3	<0.001		41	0.3	0.13	0.3	< 0.001		28	0.3	0.09	0.6	<0.001		27	1.6	0.6	2.9	0.8	
Sex																																				
		14	1.8	1.1	1.8		14	0.2	0.2		<0.001		13	0.4	0.3		<0.001		14	0.4	0.2				10	0.5	0.1		<0.001		9	1.7	0.5			
	Males	27	1.5	0.9	2.4	0.3	27	0.2	0.12	0.2	<0.001	0.3	27	0.3	0.12	0.4	<0.001	0.1	27	0.2	0.11	0.3	<0.001	0.09	18	0.2	0.07	0.4	<0.001	0.1	18	1.6	0.6	2.7	0.4	1.0
Survival																																				
		27	1.8	0.9	2.7		27	0.2	0.11		<0.001		27	0.3	0.14		< 0.001		27	0.3	0.13				27	1.6	0.6	2.9	<0.001		27	1.6	0.6	2.9	1	
	Non-survivor	14	1.2	1.1	0.9	0.9	14	0.2	0.13	0.1	<0.001	0.9	13	0.2	0.11	0.2	< 0.001	0.3	14	0.2	0.12	0.3	< 0.001	0.4	1	0.1	0.1 -		-	-	0 -	-			-	-
Dose																																				
	5.8 Gy (Group Comp. 5.8 vs. 6.5 Gy)		1.9	1.0	2.5	0.6	31	0.2	0.15		<0.001	1.0	30	0.3	0.14		< 0.001	0.02	31	0.3	0.13		< 0.001	0.2	23	0.3			<0.001	0.8	22	1.8	0.5	3.1		0.6
	6.5 Gy (Group Comp. 6.5 vs. 7.2 Gy)	5	1.0	0.9	0.4	0.4	5	0.3	0.1	0.3	0.1	0.3	5	0.6	0.7	0.2	0.9	< 0.001	5	0.3	0.3	0.2	0.5	0.02	3	0.1	0.1	0.1	0.05	0.09	3	0.9	1.1	0.3	1.0	0.7
	7.2 Gy (Group Comp. 7.2 vs. 5.8 Gy)	5	0.4	0.4	0.1	0.07	5	0.07	0.05	0.04	0.04	0.16	5	0.06	0.06	0.03	0.02	0.02	5	0.05	0.06	0.02	0.02	0.03	2	0.04	0.04	0.06	0.003	0.02	2	0.4	0.4	0.3	1.0	0.7
Treatme	ent																																			
	Untreated	20	1.0	0.8	0.9		20	0.2	0.14	0.1	< 0.001		20	0.1	0.09	1.0	< 0.001		20	0.10	0.07	0.09	< 0.001		12	0.06	0.05	0.05	<0.001		12	0.5	0.4	0.4	0.02	
	Treated	21	2.2	1.0	2.9	0.04	21	0.2	0.13	0.2	<0.001	0.7	20	0.5	0.4	0.4	< 0.001	< 0.001	21	0.4	0.3	0.4	< 0.001	< 0.001	16	0.5	0.13	0.7	<0.001	< 0.001	15	2.6	1.0	3.6	0.6	< 0.001
WNT3	All	41	1.8	1.0	2.9		40	1.1	0.5	1.9	0.2		41	3.7	0.9	6.0	1.0		41	5.4	1.1	11.6	1.0		27	0.8	0.3	1.1	0.01		27	3.9	1.2	8.2	1	
Sex	711		1.0	1.0	2		40		0.5	1.5	0.2		71	3.7	0.5	0.0	1.0			3.4		11.0	1.0		~,	0.0	0.5		0.01			3.3		0.2	-	
Jun	Females	14	1.8	1.0	2.0		14	1.8	0.5	2.9	0.8		14	6.1	1.3	8.7	0.8		14	8.1	1.4	15.4	0.7		10	1.2	0.5	1.6	0.5		9	5.4	17	11.0	0.6	
	Males	27	1.7	1.0	3.3	0.8	27	0.8	0.4	1.0	0.3	0.5	27	2.5	0.8	3.7	0.9	0.3	27	4.0	1.1	8.9	0.7	0.4	17	0.5	0.3	0.5	0.01	0.3	18	3.2			0.0	0.6
Survival				1.0	3.3	0.0		0.0	0.4	1.0	0.5	0.5		2	0.0	3.,	0.5	0.5		4.0		0.5	0.0	0.4		0.5	0.5	0.5	0.01	0.5	10	J.2	1.0	0.0	0.5	0.0
Survivar	Survivor	27	1.9	0.9	0.8		27	1.4	0.6	2.2	0.4		27	4.3	1.3	6.3	0.3		27	5.2	1.1	9.5	0.4		26	0.8	0.2	1.1	0.01		27	3.9	12	8.2	0.5	
	Non-survivor			1.1	1.1	0.8	13	0.6	0.6	0.6	0.4	0.5	14	2.5	0.5	5.6	0.3	0.04	14	5.7				0.5	1	1.2	1.2 -	1.1	0.01		0 -	5.9	1.2	0.2	0.5	
Dose	INOIN-3df VIVOI	14	1.4	1.1	1.1	0.0	13	0.0	0.4	0.0	0.20	0.5	14	2.3	0.5	5.0	0.4	0.04	74	3.7	1.0	13.0	0.0	0.5	1	1.2	1.2 -				0.					
	5.8 GV (Group Comp. 5.8 vs. 6.5 GV)	31	1.0	0.9	3.3	0.9	31	1.0	0.4	1.6	0.3	0.2	31	2.3	0.7	4.3	0.9	< 0.001	31	4.0	0.9	0.0	1.0	0.004	22	0.8	0.2	1.2	0.03	0.6	22	4.2	0.0	9.1	0.0	0.5
	5.8 Gy (Group Comp. 5.8 vs. 6.5 Gy) 6.5 Gy (Group Comp. 6.5 vs. 7.2 Gy)	31 5	1.9	1.2	1.0	0.9	31 5	2.7	1.7	3.3	0.3	0.2	31 5	2.3 14.6	15.6	7.3	0.9	<0.001	31 5	4.0 17.2		8.9 23.1		0.004	22	0.8	0.2	0.6	0.03	0.6	3	4.2 3.3	2.9		0.9	0.5
				0.8	0.7		5	0.6		0.5			5			1.3			5					0.06	2			0.8	0.8		2					
	7.2 Gy (Group Comp. 7.2 vs. 5.8 Gy)	5	1.1	0.8	0.7	0.9	5	0.6	0.4	0.5	1.0	1.0	5	1.2	0.8	1.3	1.0	0.9	5	2.1	1.2	2.1	1.0	0.7	2	0.6	0.6	0.8	0.8	0.7	2	1.9	1.9	2.0	1.0	0.8
Treatme		20	1.1	0.8	1.0		20	0.6	0.2	0.5	0.2		20	0.7	0.4	0.9	0.4		20	1.2	0.7	1.4	0.9		11	0.2	0.1	0.4	<0.001		12	0.9	0.0	0.9	0.7	
			2.4	1.0	3.8	0.2		1.7			0.3	0.08	20	6.5			0.4	<0.001		9.3			0.9	<0.001	11	1.2			<0.001 0.3	<0.001	12	6.4		10.5		<0.001
	Treated	21	2.4	1.0	3.8	0.2	20	1.7	0.6	2.5	0.2	0.08	21	ь.5	2.8	7.4	0.2	<0.001	21	9.3	3.8	15.1	0.1	<0.001	16	1.2	0.9	1.3	0.3	<0.001	15	6.4	2.4	10.5	0.2	<0.001
NΙο	to $D < 0.05$	04	~ in	dia	atac	1 in 1	hal	d 15t	toro																											

Note. P < 0.05 are indicated in bold letters.

GE Differences by Dose

A significant association between GE and dose (P = 0.007, P < 0.001) was observed for *FDXR*, *DDB2* and *POU2AF1*, but this association was absent for *WNT3* and FDXR on day 1 (Fig. 3). These associations became insignificant when omitting the pre-exposure data set (data not shown).

GE Differences by Treatment Status

For all four genes and examined time points, and even for pre-irradiation conditions, treated *Rhesus macaques* revealed higher GE values than untreated *Rhesus macaques* (Fig. 4, Table 2). These GE differences were significant in most comparisons, and median fold change of up to 25.5 vs. 10.0 at day 3 for *DDB2* was observed (Fig. 3, Table 2).

DISCUSSION

As the war in Ukraine raises the threat of large-scale radiological and nuclear incidents, it is essential to be prepared. Early and high-throughput diagnostics for triage purposes are required to supply limited resources to those in need of it (7). Early prediction of the clinical outcome, namely the severity of the life-threatening ARS, allows for early treatment decisions to improve prognosis and selection of those individuals requiring limited treatment resources and rare clinical infrastructure such as intensive care units (2I).

This study aimed to validate a set of four genes which previously showed promising results for predicting H-ARS in baboon and human in vivo and ex vivo studies (9, 10, 12–14, 21, 22, 36). Furthermore, the current study followed irradiated *Rhesus macaques* up to 60 days postirradiation. Therefore, we showed that GE changes of these genes could be examined over a prolonged period of time exceeding the 3-day period postirradiation in during which these changes were examined in previous baboon and human studies (9, 10, 12–14, 21, 22, 36).

Previous studies indicated a mild-to-severe hematological severity degree (2–4) of the ARS when FDXR and/or DDB2 exceeded a twofold threshold in GE relative to unexposed in combination with other genes (21). This could be shown for DDB2 on the first day, and for FDXR starting on the second day in our current study on Rhesus macaques (Fig. 1, Table 2). GE values increased up to 3 days postirradiation, thus confirming both genes could be used for diagnostic purposes of H-ARS severity prediction in this model as well (Fig. 1, Table 2). However, previous studies gave reasons to expect

 $\begin{array}{c} \textbf{TABLE 3} \\ \textbf{Frequency Distribution of the Four Genes Grouped by FC} \geq \\ \textbf{2, 2 > FC > 0.5, and FC} \leq \textbf{0.5 for each Day (Bold Numbers Left Part of the table) after Irradiation} \end{array}$

Days after Irradiation	Total (n)	Gene	F	C ≥ 2	2 > F	C > 0.5	FC	≤ 0.5
			n	(%)	n	(%)	n	(%)
1	41	FDXR	9	22.0	27	65.9	5	12.2
	41	DDB2	32	78.0	9	22.0	0	0.0
	41	POU2AF1	0	0.0	4	9.8	37	90.2
	41	WNT3	4	9.8	18	43.9	19	46.3
2	40	FDXR	23	57.5	16	40.0	1	2.5
	40	DDB2	37	92.5	3	7.5	0	0.0
	40	POU2AF1	0	0.0	8	20.0	32	80.0
	41	WNT3	13	31.7	13	31.7	15	36.6
3	41	FDXR	32	78.0	9	22.0	0	0.0
	41	DDB2	41	100.0	0	0.0	0	0.0
	41	POU2AF1	0	0.0	7	17.1	34	82.9
	41	WNT3	19	46.3	17	41.5	5	12.2
35	28	FDXR	3	10.7	11	39.3	14	50.0
	28	DDB2	4	14.3	13	46.4	11	39.3
	28	POU2AF1	2	7.1	1	3.6	25	89.3
	27	WNT3	2	7.4	10	37.0	15	55.6
60	27	FDXR	6	22.2	17	63.0	4	14.8
	27	DDB2	8	29.6	17	63.0	2	7.4
	27	POU2AF1	4	14.8	10	37.0	13	48.1
	27	WNT3	10	37.0	11	40.7	6	22.2

Notes. Bold numbers in the right part of the table represent the number of animals per group. The corresponding percentage of all evaluable animals per time point and gene is written behind.

a peak in GE at 24 h postirradiation, but decreasing GE of FDXR and DDB2 from 24–72 h postirradiation (12, 37). The response of FDXR in Macaca mulatta appears more subdued and delayed compared to numerous human studies. The same is true for *DDB2*. Interestingly, in our *Rhesus macaques* study, DDB2 throughout revealed several-fold higher GE changes than FDXR, but in human in vivo and ex vivo models, FDXR appeared stronger deregulated compared to DDB2 (12). However, FDXR in baboons was even down regulated in contrast to e.g., 30-fold upregulation, as cited in many publications using irradiated human blood (12). POU2AF1 showed a pronounced downregulation after 24 h which, in contrast to baboon and human data (10, 12), lasted until day 3 and was found at day 35 as well. This indicates species-specific differences. However, the diagnostic significance of our study remained unaltered, as indicated by the almost complete separation of unexposed (H0) from H2-4 ARS severity groups using logistic regression analysis (Fig. 2). In our Rhesus macaques study, DDB2, combined with POU2AF1, showed a complete separation of both groups (Fig. 2). However, although marginally present, no significant sex-dependent GE changes were found, consistent with other studies (14, 38). Furthermore, survival status and treatment did not affect discrimination between the two groups.

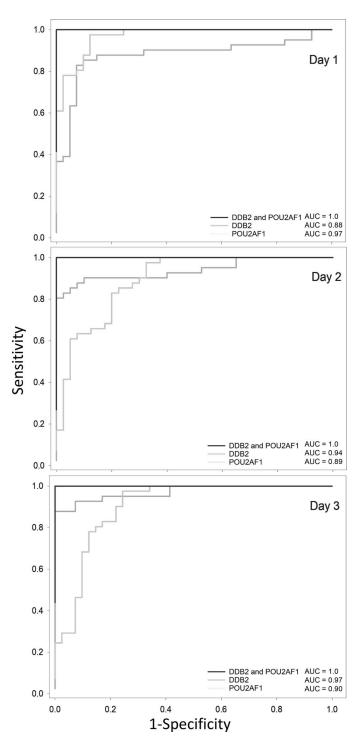


FIG. 2. Sensitivity vs. 1-specificity of a receiver-operator characteristic curve (ROC) for days 1 to 3 after irradiation for *DDB2*, *POU2AF1*, and a bivariate model of these two genes. Area under the curve describes the area under the curve for each gene and the bivariate model.

In previous studies, a downregulation of POU2AFI and/or WNT3 that was \geq twofold in combination with a \geq twofold upregulation of FDXR and/or DDB2 indicated an H-ARS 2-4 severity degree (2I). In our Rhesus macaques study, POU2AFI responded as known from previous human studies (II), and median GE values appeared tenfold down regulated,

510 SCHWANKE ET AL.

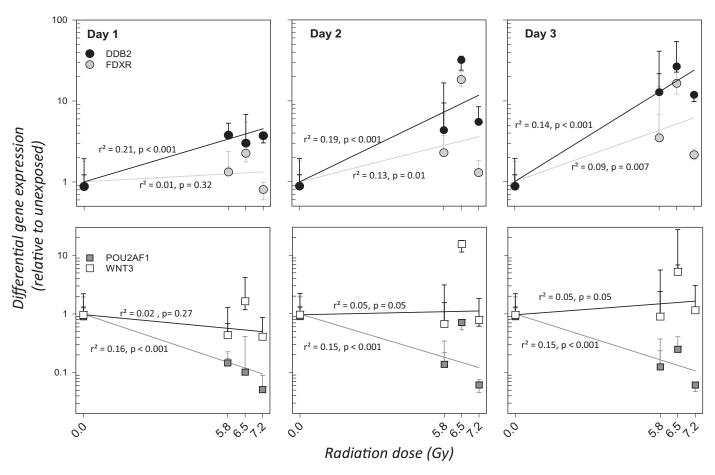


FIG. 3. GE dose-response curves for each gene 1–3 days postirradiation, displayed as the median fold change relative to unexposed animals (black, gray, and white circles) for three dose groups as well as unexposed animals. The upper three graphs contain the GE for *DDB2* and *FDXR*, and the lower ones *POU2AF1* and *WNT3*. Error bars represent the standard error of the mean. r² specifies the corresponding correlation coefficient. P values refer to the slope of the assumed graph.

independent of sex, survival, or treatment. These pronounced GE changes were found on the first day after irradiation and, if used as a single criterion, would already identify 90% of the Rhesus macaques which later developed an aggravated H-ARS 2-3 severity degree (Table 3). Other than *POU2AF1*, no pronounced downregulation of WNT3 could be found, as expected due to previous studies conducted on baboons, human in vivo and ex vivo blood studies, as well as CTx-treated breast cancer patients used as a surrogate cohort for rare whole-body irradiated patients (22, 36). Based on WNT3 GE changes on day 1 after irradiation, 46% of the exposed Rhesus macaques would have been correctly categorized as H2-4 H-ARS severity degree (Table 3). However, this effect was inconsistent over time; therefore, the diagnostic value of WNT3 in this animal model could not be reproduced. Detection of radiation-induced lowered WNT3 copy numbers appears challenging, as already noted in human ex vivo studies (12, 21). Baseline raw Ct values close to the upper limit of the qRT-PCR linear dynamic range restrict the identification of downregulated WNT3 copy numbers since raw Ct values increase with decreasing RNA copy numbers. Therefore, a downregulation cannot be detected in some individuals with high baseline raw Ct values. This could be observed in our

Rhesus macaques study as well. To overcome this limitation and to increase the robustness of our H-ARS predictive gene set, we introduced the redundant application of two genes (POU2AF1 and WNT3) based on previous studies. We interpreted the pronounced downregulation of one or both genes as an indication for a later developing H-ARS 2-4 severity degree in consideration with an upregulation of FDXR and/or DDB2 (21). For improved WNT3 detection, we also added five times more cDNA into the qRT-PCR reaction compared to the other genes, but that did not sufficiently adjust for the limitations as described.

Our *Rhesus macaques* study showed a downregulation of all four genes at day 35 postirradiation, and all GE values at 60 days postirradiation revealed values in the control range (Fig. 1). This effect was independent of sex, survival status, and treatment and might indicate an active response of the irradiated *Rhesus macaques* since GE values returned to normal values at day 60. The downregulation on day 35 postirradiation might have diagnostic implications, but the underlying mechanism, as well as missing data filling the 4–34 daytime gap after irradiation, requires further investigation. A persistent downregulation of almost all 27 evaluable genes out of 34 genes that were examined in lethally irradiated *Rhesus macaques* pre-mortem

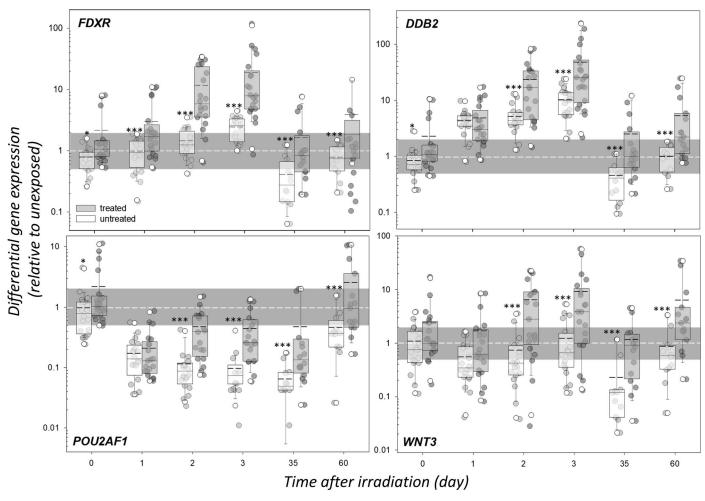


FIG. 4. Differences in DGE between untreated (white squares) and treated animals (light gray squares) over time postirradiation. Squares contain 50% of the data (25–75th percentiles). The error bars represent the 10th and 90th percentiles, respectively, while the white circles represent the 5th and 95th percentiles. Some outliers are not shown. The continuous horizontal lines indicate the position of the median, while the interrupted one indicates that of the mean. Significant changes in gene expression (GE) between untreated and treated animals are marked with asterisks (*P < 0.05, **P < 0.01, ***P < 0.001). The gray area in the background adjusts for methodological variance and is defined for fold changes between 0.5 and 2. The interrupted white line refers to FC = 1 as a reference for GE prior to exposure.

was recently published (39). However, the observed transient downregulation in our *Rhesus macaques* study might indicate another response. To our knowledge, no further GE examinations of our gene set on day 35 postirradiation are published.

All genes in our study revealed an expected and significant association with dose (Fig. 3). However, this association was driven by unexposed samples because GE values in the dose range of 5.8–7.0 Gy persisted and showed no significant differences for all four genes. A saturation in GE values with doses exceeding 4 Gy has been independently demonstrated in several large-scale inter-laboratory comparison exercises, including up to eight different laboratories (40–42). Hence, our observations are in line with cited work.

Although of no impact regarding the diagnostic value of our four-gene set, higher GE values in treated compared with untreated *Rhesus macaques* were consistently observed for all genes and at each time point before and after irradiation (Fig. 3). An effect related to the administered vehicle (olive oil) or GT3 treatment seems most likely, but the later different

treatment groups already differ significantly in GE before irradiation and before neither GT3 nor vehicle was administered. However, for this study, new vendors of GT3 were selected and the specific formulation used in this study was found not to be efficacious (probably caused by unstable emulsion of GT3). Since this effect was present in all genes and observed even pre-exposure and aggravated over time, it probably reflects unknown and uncontrolled aspects inherent to our animal model. Further research in this regard is required and represents another limitation of our study.

In conclusion, the diagnostic significance for radiation-induced H-ARS severity prediction of *FDXR*, *DDB2*, and *POU2AF1* could be confirmed in this *Rhesus macaques* model as well, except that *DDB2* showed higher GE values than *FDXR*. The diagnostic significance of *WNT3*, as demonstrated in previous studies, could not be reproduced in Rhesus macaques, although this may be due to the animal model and methodological challenges.

ACKNOWLEDGMENTS

We are very thankful for the sophisticated technical support provided by Sven Doucha-Senf and Oliver Wittmann. The authors gratefully acknowledge the research support from the Congressionally Directed Medical Research Programs (W81XWH-15-C-0117, JW140032) of the U.S. Department of Defense to VKS. The opinions or assertions contained herein are the private views of the authors and are not necessarily those of the Uniformed Services University of the Health Sciences or the US Department of Defense.

Received: August 11, 2023; accepted: October 26, 2023; published online: January 29, 2024

REFERENCES

- Clarke R, Valentin J, International Commission on Radiological Protection Task G. ICRP Publication 109: Application of the Commission's Recommendations for the protection of people in emergency exposure situations. Ann ICRP 2009; 39(1):1-110. doi: 10.1016/j.icrp.2009.05.004.
- Kai M, Homma T, Lochard J, Schneider T, Lecomte JF, Nisbet A, et al. ICRP Publication 146: Radiological protection of people and the environment in the event of a large nuclear accident: Update of ICRP PUBLICATIONS 109 AND 111. Ann ICRP 2020; 49(4): 11-135. doi:10.1177/0146645320952659.
- del Rosario Perez M, Carr Z, Rojas-Palma C, van der Meer K, Smith K, Rahola T, et al. A new handbook on triage, monitoring and treatment of people following malevolent use of radiation. Health Phys 2010; 98(6):898-902. doi:10.1097/HP.0b013e3181c4b33f.
- Roberts L. Radiation accident grips Goiania. Science 1987; 238(4830): 1028-31. doi:10.1126/science.3685964.
- United N. Sources and Effects of Ionizing Radiation, United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) 2008 Report, Volume II: Report to the General Assembly, with Scientific Annexes C, D and E - Effects. New York: United Nations; 2011.
- Ford KW. Building the H Bomb: A personal History, Kenneth W. Ford; Singapore; World Scientific; 2015.
- Chaudhry MA. Biomarkers for human radiation exposure. J Biomed Sci 2008; 15(5):557-63. doi:10.1007/s11373-008-9253-z.
- Port M, Majewski M, Abend M. Radiation dose is of limited clinical usefulness in persons with acute radiation syndrome. Radiat Prot Dosimetry 2019; 186(1):126-9. doi:10.1093/rpd/ncz058.
- Port M, Ostheim P, Majewski M, Voss T, Haupt J, Lamkowski A, et al. Rapid high-throughput diagnostic triage after a mass radiation exposure event using early gene expression changes. Radiat Res 2019; 192(2):208-18. doi:10.1667/RR15360.1.
- 10. Port M, Majewski M, Herodin F, Valente M, Drouet M, Forcheron F, et al. Validating baboon ex vivo and in vivo radiation-related gene expression with corresponding human data. Radiat Res 2018; 189(4): 389-98. doi:10.1667/RR14958.1.
- Port M, Herodin F, Valente M, Drouet M, Lamkowski A, Majewski M, et al. First generation gene expression signature for early prediction of late occurring hematological acute radiation syndrome in baboons. Radiat Res 2016; 186(1):39-54. doi:10.1667/RR14318.1.
- 12. Ostheim P, Coker O, Schule S, Hermann C, Combs SE, Trott KR, et al. Identifying a diagnostic window for the use of gene expression profiling to predict acute radiation syndrome. Radiat Res 2021; 195(1):38-46. doi:10.1667/RADE-20-00126.1.
- 13. Abend M, Blakely WF, Ostheim P, Schuele S, Port M. Early molecular markers for retrospective biodosimetry and prediction of acute health effects. J Radiol Prot 2022; 42(1):843-54. doi:10. 1088/1361-6498/ac2434.
- 14. Agbenyegah S, Abend M, Atkinson MJ, Combs SE, Trott KR, Port M, et al. Impact of inter-individual variance in the expression of a radiation-responsive gene panel used for triage. Radiat Res 2018; 190(3):226-35. doi:10.1667/RR15013.1.

- Polozov S, Cruz-Garcia L, Badie C. Rapid gene expression based dose estimation for radiological emergencies. Radiat Prot Dosimetry 2019; 186(1):24-30. doi:10.1093/rpd/ncz053.
- 16. Kabacik S, Mackay A, Tamber N, Manning G, Finnon P, Paillier F, et al. Gene expression following ionising radiation: identification of biomarkers for dose estimation and prediction of individual response. Int J Radiat Biol 2011; 87(2):115-29. doi:10.3109/09553002.2010.519424.
- 17. O'Brien G, Cruz-Garcia L, Majewski M, Grepl J, Abend M, Port M, et al. FDXR is a biomarker of radiation exposure in vivo. Sci Rep 2018; 8(1):684. doi:10.1038/s41598-017-19043-w.
- Paul S, Amundson SA. Development of gene expression signatures for practical radiation biodosimetry. Int J Radiat Oncol Biol Phys 2008; 71(4):1236-44. doi:10.1016/j.ijrobp.2008.03.043.
- Ghandhi SA, Smilenov LB, Elliston CD, Chowdhury M, Amundson SA. Radiation dose-rate effects on gene expression for human biodosimetry. BMC Med Genomics 2015; 8:22. doi:10.1186/s12920-015-0097-x.
- Paul S, Smilenov LB, Elliston CD, Amundson SA. Radiation dose-rate effects on gene expression in a mouse biodosimetry model. Radiat Res 2015; 184(1):24-32. doi:10.1667/RR14044.1.
- Port M, Herodin F, Drouet M, Valente M, Majewski M, Ostheim P, et al. Gene expression changes in irradiated baboons: A summary and interpretation of a decade of findings. Radiat Res 2021; 195(6):501-21. doi:10.1667/RADE-20-00217.1.
- 22. Schule S, Bristy EA, Muhtadi R, Kaletka G, Stewart S, Ostheim P, et al. Four genes predictive for the severity of hematological damage reveal a similar response after X irradiation and chemotherapy. Radiat Res 2023; 199(2):115-23. doi:10.1667/RADE-22-00068.1.
- Fliedner TM. Medical management of radiation accidents: Manual on the acute radiation syndrome. London, British Institute of Radiology; 2001.
- 24. Rhesus Macaque Genome S, Analysis C, Gibbs RA, Rogers J, Katze MG, Bumgarner R, et al. Evolutionary and biomedical insights from the rhesus macaque genome. Science 2007; 316(5822): 222-34. doi:10.1126/science.1139247.
- Phipps AJ, Bergmann JN, Albrecht MT, Singh VK, Homer MJ. Model for evaluating antimicrobial therapy to prevent life-threatening bacterial infections following exposure to a medically significant radiation dose. Antimicrob Agents Chemother 2022; 66(10):e0054622. doi:10.1128/aac.00546-22.
- 26. Garg S, Garg TK, Wise SY, Fatanmi OO, Miousse IR, Savenka AV, et al. Effects of gamma-tocotrienol on intestinal injury in a GI-specific acute radiation syndrome model in nonhuman primate. Int J Mol Sci 2022; 23(9). doi:10.3390/ijms23094643.
- 27. Carpenter AD, Li Y, Janocha BL, Wise SY, Fatanmi OO, Maniar M, et al. Analysis of the proteomic profile in serum of irradiated nonhuman primates treated with Ex-Rad, a radiation medical countermeasure. J Proteome Res 2023; 22:1116-26. doi:10.1021/acs.jproteome.2c00458.
- 28. National Research Council of the National Academy of Sciences. Guide for the care and use of laboratory animals. 8th ed. Washington, DC: National Academies Press; 2011.
- 29. Garg S, Garg TK, Miousse IR, Wise SY, Fatanmi OO, Savenka AV, et al. Effects of gamma-tocotrienol on partial-body irradiation-induced intestinal injury in a nonhuman primate model. Antioxidants 2022; 11(10):1895. doi:10.3390/antiox11101895.
- Li Y, Singh J, Varghese R, Zhang Y, Fatanmi OO, Cheema AK, et al. Transcriptome of rhesus macaque (Macaca mulatta) exposed to total-body irradiation. Sci Rep 2021; 11(1):6295. doi:10.1038/ s41598-021-85669-6.
- Pannkuk EL, Laiakis EC, Garcia M, Fornace AJ, Jr., Singh VK. Nonhuman primates with acute radiation syndrome: Results from a global serum metabolomics study after 7.2 Gy total-body irradiation. Radiat Res 2018; 190(5):576-83. doi:10.1667/RR15167.1.
- Pannkuk EL, Laiakis EC, Fornace AJ, Jr., Fatanmi OO, Singh VK. A metabolomic serum signature from nonhuman primates

- treated with a radiation countermeasure, gamma-tocotrienol, and exposed to ionizing radiation. Health Phys 2018; 115(1):3-11. doi: 10.1097/HP.0000000000000776.
- 33. Vellichirammal NN, Sethi S, Pandey S, Singh J, Wise SY, Carpenter AD, et al. Lung transcriptome of nonhuman primates exposed to total-and partial-body irradiation. Mol Ther Nucleic Acids 2022; 29: 584-98. doi:10.1016/j.omtn.2022.08.006.
- 34. Singh VK, Fatanmi OO, Wise SY, Carpenter AD, Olsen CH. Determination of lethality curve for cobalt-60 gamma-radiation source in Rhesus Macaques using subject-based supportive care. Radiat Res. 2022; 198(6):599-614. doi:10.1667/RADE-22-001011
- 35. Taylor SC, Nadeau K, Abbasi M, Lachance C, Nguyen M, Fenrich J. The ultimate qPCR experiment: Producing publication quality, reproducible data the first time. Trends Biotechnol. 2019; 37(7):761-74. doi:10.1016/j.tibtech.2018.12.002.
- 36. Schüle S, Muhtadi R, Stewart S, Asang C, Pleimes D, Stroszczynski C, et al. Using chemotherapy patients as a surrogate cohort for validation of four genes predictive for radiation-induced hematological damage severity. Radiat Res. 2024 (in press).
- 37. Cruz-Garcia L, Nasser F, O'Brien G, Grepl J, Vinnikov V, Starenkiy V, et al. Transcriptional dynamics of DNA damage responsive genes in circulating leukocytes during radiotherapy. Cancers (Basel). 2022; 14(11). doi:10.3390/cancers14112649.

- 38. Singh VK, Carpenter AD, Janocha BL, Petrus SA, Fatanmi OO, Wise SY, et al. Radiosensitivity of rhesus nonhuman primates: consideration of sex, supportive care, body weight, and age at time of exposure. Expert Opin Drug Discov 2023; 18(7):797-814. doi:10.1080/17460441.2023.2205123.
- Schule S, Gluzman-Poltorak Z, Vainstein V, Basile LA, Haimerl M, Stroszczynski C, et al. Gene expression changes in a prefinal health stage of lethally irradiated male and female rhesus macaques. Radiat Res 2023; 199(1):17-24. doi:10.1667/RADE-22-00083.1.
- 40. Abend M, Amundson SA, Badie C, Brzoska K, Hargitai R, Kriehuber R, et al. Inter-laboratory comparison of gene expression biodosimetry for protracted radiation exposures as part of the RENEB and EURADOS WG10 2019 exercise. Sci Rep 2021; 11(1):9756. doi:10.1038/s41598-021-88403-4.
- 41. Abend M, Amundson SA, Badie C, Brzoska K, Kriehuber R, Lacombe J, et al. RENEB Inter-laboratory comparison 2021: The gene expression assay. Radiat Res 2023; 199(6):598-615. doi:10. 1667/RADE-22-00206.1
- 42. Port M, Barquinero JF, Endesfelder D, Moquet J, Oestreicher U, Terzoudi G, et al. RENEB Inter-laboratory comparison 2021: Inter-assay comparison of eight dosimetry assays. Radiat Res 2023; 199(6):535-55. doi:10.1667/RADE-22-00207.1