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# RESEARCH IN RADIOBIOLOGY

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Annual Report of Work in Progress in Cell Specific Radiation Dosimetry in the Skeleton from Lifespan Carcinogenesis Studies

**RADIOBIOLOGY DIVISION** UNIVERSITY OF UTAH SCHOOL OF MEDICINE



**JULY 15, 1990** 

U. S. DEPARTMENT OF ENERGY GRANT DE-FG02-89ER60764

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• Technical Progress During the Past Year.

We have made good progress toward several of **o**ur specific aims. The details are given under "Accomplishments". These activities are summarized below:

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A. Bone cells at risk. We have completed one experiment with the rat cortical bone remodeling model system and found the model will allow us to trace the appe*e*.rance of preosteoblasts near bone surfaces, to determine whether the bone-lining cell is the terminal differentiation of osteoblasts, to label bone-lining cells and do experiments to trace its fate. The type, number and labeling indices of bone cells residing near bone-forming surfaces are being determined.

B. Bone cell morphometry. In the same rat cortical bone remodeling model system, we are characterizing the bone cells residing within the range of the bone-seeking radionuclide deposited on bone surface.

C. Bone cell residence time. The bone turnover rates and the morphometry of six cancellous and six cortical bone sites in the Beagle and St. Bernard dogs have been determined. The impact upon bone turnover by increasing body weight in a large dog, like a St. Bernard, and by underloading and overloading rat cancellous bones were also studied. Determining the turnover rates will allow us to calculate bone cell residence times for select bones.

D. Microdistribution of <sup>239</sup>Pu. A major breakthrough was made in this task. We developed "A Method to Analyze Neutron-induced Autoradiographs (NIAR), from 239pu Conta*m*inated Bone Sections". This is a semi-automated system that reduces the tedium of counting fission tracks. This system automated the accumulation and analysis of numerous measurements. The information will allow us to develop models of the kinetics of <sup>239</sup>Pu using actual data, when formerly it was hypothesized.

The microscopic distribution of <sup>239</sup>Pu of five bone sites from 15 serially sacrificed confined dogs has been completed.

E. Calculation of cell-specific radiation dosimetry. There have been two manuscripts generated from this task: 1) one on the calculation of hit frequencies to bone-lining cells from alpha-emitting radionuclides using a Monte Carlo procedure; and 2) one on the prediction of tumor risk site from collective dose to either bone-lining cells or osteoblasts. The former is of importance with regard to tumor induction and cell-specific hit frequencies that will be calculated from our data. The latter article reiterates the need for more static and dynamic morphometry data on the Beagle skeleton and for better data on the microdistribution of <sup>239</sup>Pu (improve Pu affinity ratios of trabecular to cortical surface, forming and resting surfaces, etc.).

#### **DIS£**\_**AI**ME**R**

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### B. Bibliography of publications emanating from this project:

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A. Accomplishments.

1) Task I. Cells at Risk

1. Bone cell kinetics of endoeortical remodeling in the rat.

In this study, groups of rats were killed after 3, 7 and 14 day of lactation on a low calcium • diet and 1, 3, 5, 7 and 14 days post lactation on a normocalcemic diet (recovery) to study the sequence of long bone remodeling. All animals were give 3H-thymidine (one hour before sacrifice) and **3**H-proline (four and one day before sacrifice) and double-labeled with fluorescent bone markers (eight and one day before sac**ri**fice). Table I. 1, Figures I. 1 and 1.2 summarize the qualitative information on the bone remodeling responses (i.e., activatio**n**, resorption and formation) at the cortical surfaces (i.e., periosteal and endocortical).





Day  $\hat{v}$  is the final day of pregnancy; Ln is day n of lactation period; Rn is day n of recovery period. 1o Ca is low calcium diet; nor Ca is normal calcium diet.

Skeletal responses were limited to endocortical surface, periosteal surface was inactive. • During lactation plus low calcium period, massive resorption was observed at day 3 and it occupied the entire endocortical surface at day 7. However, endocortical resorption began to decrease at day 14 and completely suppressed at day 21. Unexpectedly, despite the continues severe calcium deficiency, 20% of the endosteal surface was folming bone at day 14 and it extended to ali previously resorbed surfaces which including both endocortical and ali intracortical cavity surfaces at day 21. We had previously assumed that the reversal phase (bone formation) would not begin until rats were placed on a normo-calcium diet. Furthermore, the bone matrix formed during lactation plus low calcium period was uncalcified and did not mineralize until the rats were allowed free access to a normal calcium diet.

Table I.2, Figures I.1 and I.2 summarize the structural and histologic morphometry and <sup>3</sup>H-thymidine cell labeling changes. The loss of percent cortical bone area began at day 7 and progressively increased to about 25% of day 0 value at day 21 of lactation plus low calcium. This resulted from an increase of both percent marrow area (+40%) and percent porosity area (from 0 to 5.6%). At day 14 of recovery period on a normal calcium diet, 23% of the lost cortical bone was restored by the closure of intracortical resorption cavities and the reduction of the marrow area. At day 7 of lactation plus low calcium diet, there was a 11-fold increase in percent osteoclastic surface (45% osteoclastic surface), and at day 21 of lactation plus low calcium diet, there was a 9-fold increase in percent osteoclastic surface (66% osteoblastic surface).  $3H$ -proline labeled bone appeared at day 14 of lactation plus low calcium.

3H-thymidine is incorporated into ali proliferating cells duringDNA synthesis. Labeled cells adjacent to osteoclasts or osteoblasts are believed to be their precursor cells (pre-osteoclasts or pre-osteoblasts). The labeled "pre-osteoclasts" were numerous while the labeled "pre-osteoblasts" were rare (Figs. I.3). Our current analysis did not separate these two functional sites. <sup>3</sup>Hthymidine labeled cells near bone surfaces rose abruptly at day 3 of lactation and peaked at 3.3 times of day 0 values at day 7 of lactation. Surprisingly at day 3 of recovery onward, labeled cells returned to pre-lactation values. 3H-thymidine labeled cells in the marrow proper rose 1.2 times on day 7 of lactation, remain high level until day 21 of lactation, returned to normal level at day 3 of recovery and decreased from that thereafter (Table 1.2).

4

### Table 1.2

### SEQUENTIAL CHANGES OF CORTICAL BONE HISTOMORPHOMETRY



### AND 3H-THYMIDINE LABELED CELLS

%: percent of L0; %-1: percent of R1; \*p < 0.05; #p < 0.01; @p < 0.001.



F**i**g. 1**.**1 Stages in the pregn**a**ncy, lactation with low c**a**lcium diet **a**nd recovery on normocalcium diet *(*rat cortical bone remodeling system). Microradiograph of tibial shafts. A. L0 st**a**ge. F**i**rst day on lactation and low C**a**. B. *L*3 stage. Day 3 on l**a**ct**a**tion and low Ca. Enlarged rnarTow c**a**vity*,*. (17. L7 st**a**ge. Day 7 on l**a**ct**a**tion and low C**a**. Enlarged marrow and beginning intracortic**a**l porosity. D, **L**}4 stage. D**a**y 14 of lact**a**tion and low Ca, Enlarged marrow and increased intracortical porosity, E. *L*21 stat\_e.  $\frac{1}{2}$  or lactual and **low** Ca. Massive endosteal resorption resulting in enlarged marrow cavity and thinned cortex. F. Day 3 on recovery on normal *C*a. The early filling of resorption space. G. R5 slage. Dav 5 of recovery and normal Ca. P**a**rti**a**l Filling of resorption spaces. H. R7 stage. D**a**y 7 of recovery. Nearly complete intraco*r*tical resorption cavity filling. I. Day 14 of *r*ecovery and normal Ca. Incomplete recovery with enlarged ma*r*row cavity but completed fiiling of intracortical po*r*osity. X3().



7

Fig. I.2. The appearance of the endocortical surface during days 0, 7, and 21 of lactation and low calcium diet  $(L0, 7)$  and 21) and days 3, 7, and 14 of recovery on normal calcium diet (R3, 7, and 14). A. L0 stage. Several bone forming sites lined with osteoid (orange) and fluorescent label (green). B. L7 stage. Entire surface covered by osteoclasts in shallow Howship's lacunae. C. L21 stage. Huge Howship's lacunae mostly covered with osteoid (orange) and some newly mineralized bone (green). D. R3 stage. Progressive filling of lacunae with octeoid (orange) and mineralized matrix (green). E. R7 stage. Continued filling of lacunae with mineralized bone (green) and osteoid. F. R14 stage. Filling of Howship's lacunae with osteon-like structures (arrows). Fluorescent micrograph of 20 micron undecalcified section X150.



Sequential changes of endocortical cellular distribution during days 0, 3, and 14 of lactation Fig. 1.3. plus low calcium diet  $(L0, \bar{3}, 14)$  and during days 3 and 7 of recovery on normal calcium diet (R3 and 7) stages. A. L0 stage. A single osteoclast (arrow) and retracted bone lining cell (open arrow) residing on smooth bone surface. B. L3 stage. Two osteoclasts (arrows) and bone lining cells (arrow head) on a smooth bone surface. C. L14 stage. Massive influx of osteoclasts (\*) with appearance of osteoblasts nearby. D. R7 stage. Bone-lining cells covering just completed bone forming surface. E. L7 stage. Cluster <sup>3</sup>H-thymidine labeled cells adjacent to colony of large multinucleated osteoclasts. F. R3 stage. Labeled preosteoblasts (arrows) adjacent to osteoblast layer. Note. <sup>3</sup>H-proline labeling of bone matrix proper (arrow head). Micrograph of 1 micron decalcified section X800.

Most rewarding was the appearance of numerous bone-lining cells at day 7 of recovery (Fig. 1.3). In future studies with proper control and the employment of series sacrifice after multiple <sup>3</sup>H-thymidine labeling methodology, we will be able to determine the origin of bone lining cells if they are 3H-thymidine labeled. Thereafter, we will also be able to trace their fate. 2. Bone lining cells: structure and function (a review)

Bone lining cells (BLC's) cover inactive (resting) bone surfaces, particularly evident in the adult skeleton. BLC's are thinly extended over bone surfaces, have flat or slightly ovoid nuclei, connect to other BLC's via gap junctions, and send cell processes into surface canaliculi. BLC's can be induced to proliferate and differentiate into osteogenic cells and may represent a source of "determined" osteogenic precursors in birds. Direct evidence from mammals suggest that BLC's are capable of giving rise to osteoblasts when it is needed. BLC's and other cells of the endosteal tissues may be an integral part of the marrow stromal system and have important functions in hematopoiesis, perhaps by controlling the inductive microenvironment. Because activation of bone remodeling occurs on inactive bone surfaces, BLC's may be involved in the propagation of the activation signal that initiates bone resorption and bone remodeling. (Miller, S.C., de Saint Georges, L., Bowman, B.M. and Jee, W.S.S. Bone lining cells: Structure and function. Scanning microscopy. 3: 953-961, 1989).

Importance: This exciting model will enable us to characterize the bone cells involved in bone remodeling within the range of alpha-emitting bone-seeking radionuclides.

2) Task II. Bone Cell Residence Time

The specific aim of this part of the program is to improve our knowledge of bone cell residence time. The residence-time is mainly influenced by bone turnover rates. The deposition and redistribution of bone-seeking radionuclides are heavily influenced by bone architecture and by the process of bone turnover, information badly needed in our bone cell-specific dosimetry program.

We have enlarged our information on bone turnover rates by characterizing the static and dynamic histomorphometry of select cortical and cancellous bone s**i**tes in three and nine year old beagle dog skeletons. We have studied the impact of body weight by comparing properties of select cortical and cancellous bone in St. Bernard (a 50 kg dog) and Beagle (a 10-12 kg dog) skeletons, and the influence of mechanical usage (underloading and overloading) in an unilaterally rear-immobilized adult rat model, information needed to extrapolate to people. These studies are summarized as follows.

I. Static and Dynamic Histomorphometry of Select Cortical and Cancellous Bone Sites.

Three and nine year old Beagles were studied. The cortical bone sites included the midfemoral, proximal humeral, distal humeral, mid-humeral, mid-tibial, mid-metatarsal and rib shafts.

The cancellous bone sites involved the proximal tibial, proximal humeral and distal femoral • metaphyses, caudal and lumbar vertebral bodies, iliac creast and proximal metatarsal epiphysis.

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- (1) The major differences between cortical and cancellous bone are its percent mass, surface to volume ratio, and bone turnover rates. (Table II. 1).
- (2) In seven cancellous bone sampling sites, we found that most cancellous bone sites are similar in histomorphometry. The exception is that in the epiphyseal cancellous bone sites there are more bone, smaller surface to volume ratio and lower turnover rates (greater than one order of magnitude). (Tables II. 2, 3).
- (3) In six cortical bone sampling sites, we found cortical bone morphometry can be quite variable. One extreme is the mid-femoral shaft with plenty of inner and outer circumferential lamellae that is being remodeled. The other extreme is the rib with greater than average surface to volume ratio, more inner circumferential lamellae and high turnover rate (at least a factor of six greater than other cortical bone sites). (Tables II. 4-7).



## TABLE II.1. DIFFERENCES BETWEEN CORTICAL AND CANCELLOUS BONES

### **T**AB**L**E **1**1.2. VARIATION I**N** CANCELLOUS BO**N**E CHARACTER**I**STICS (**B**E**A**GLES)\*



Sites include proximal tlbml metaphysls, metatarsal head.*,* caudal vertebral body, proximal humeral metaphysis, distal femoral metaphysis, iliac crest and lumbar vertebral body.

### II. Co**m**parison of St. Bernard and Beagle Bone: The Impact of Body Weight.

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It has been postulated that larger body size dogs have increased bone metabolism due to higher mechanical loading. St. Bernards have 5 times as much body weight as Beagles and it has been also postulated that because of the mechanical loading on **t**he skeleton from the larger body size, St. Bernards develop primary osteosarcomas 60 times more than Beagles. The aim of this study was to assess bone mass and bone formation in cancellous and cortical bone sites of the larger St. Bernard and the smaller Beagle dogs.

Four St. Bernards and 4 Beagles (mean age: 6 years old) were double labeled and seven cancellous and six cortical bone sites were examined by histomorphometry. The St. Bernards were observed to be physically much less active than the Beagles.

Compared to Beagle skeleton, St. Bernards' cancellous sites have lower percent trabecular bone, trabecular number, and higher mineral apposition and bone formation rates. St. Bemards' cortical sites have greater total tissue, percent marrow volume, percent porosity, higher mineral apposition rate but less percent bone. Also these less active St. Bernards have higher bone remodeling rates than the Beagle. The lesser available bone surface and the higher bone formation • may contribute to the higher incidence of osteosarcoma in the larger breed (Tables 11.3, 5, 8 and 9). (Mori, S., Li, X.J. and Jee, W.S.S. Skeletal histomorphometry in large and small dogs: Influence of body size [in preparation]).



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12

### TABLE 11.4. VARIATION IN CORTICAL BONE CHARACTERISTICS (BEAGLES)



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**]**Outer primary bone - circumferential lamellae and primary osteons. 2Inner primary bone - circumferential lamellae

Activation frequency

**Tabl**e **II.5** C**ORTI**C**AL BONE HISTOMORPHOMETRY OF ST. BERNARD AND BEAGLE DOG BONES**

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Table II.6

MORPHOLOGICAL PARAMETERS OF VARIOUS CORTICAL SITES OF BEAGLE DOG



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Table II.7

MORPHOLOGICAL PARAMETERS OF VARIOUS CORTICAL SITES OF BEAGLE DOG

Periosteal Endosteal Perimeter 0.1177  $(ratio)$  $\frac{1.60}{0.26}$  $\frac{1.32}{0.18}$ 1.60<br>0.17  $\frac{1.78}{0.23}$  $\begin{array}{c} 1.82 \\ 0.27 \end{array}$  $1.38$ <br> $0.15$  $1.64$ <br>0.37  $\frac{1.97}{0.73}$  $\ddot{\phantom{0}}$  $\bullet$  $%$  Endosteal Perimeter<br>of total Perimeter  $0.0001$  $\frac{16.86}{1.84}$ 11.02 9.74<br>0.75  $8.60$ <br>0.68  $7.66$ <br> $2.23$ <br> $7$  $8.19$ <br> $2.30$ <br> $6$  $\begin{array}{c} 10.02 \\ 4.39 \end{array}$  $\mathscr{C}_{\mathscr{C}}$  $\frac{16.04}{2.27}$  $\ddot{\phantom{0}}$ % Periosteal Perimeter of total Perimeter 0.0001 15.42 22.15<br>1.16 16.97<br>4.08  $\begin{array}{c} 13.80 \\ 1.79 \\ 6 \end{array}$  $\frac{13.40}{2.82}$  $14.41$ <br>2.65  $\frac{17.52}{1.26}$ 22.11  $\mathscr{E}$ 3.64  $\rightarrow$  $\overline{\phantom{0}}$  $\mathbf{\hat{z}}$ Perimeter<br>of total *k* Porosity Perimeter  $0.9001$  $\frac{74.85}{0.88}$ 60.99 77.60  $77.40$ <br> $4.84$ <br> $3$  $72.46$ <br>4.27 78.94<br>4.84  $72.01$ <br> $7.92$  $2.84$ 61.85  $(\%)$ 5.49  $\overline{c}$  $\overline{4}$  $\ddot{=}$  $\mathbf{v}$  $\circ$  $(mm/mm^2)$ Volume Surface 0.0006  $\begin{array}{c} 4.52 \\ 0.69 \\ 7 \end{array}$ 4.80<br>0.74  $4.90$ <br>0.34 4.86  $\frac{4.62}{0.91}$  $5.63$ <br>1.81  $7.42$ <br> $1.54$  $8.29$ <br> $2.06$  $\mathbf{S}$  $\bullet$  $\ddot{\phantom{0}}$  $\overline{a}$ Porosity<br>(µm^2) 0.8223 Size  $\frac{1}{0.37}$  $1.06$ <br>0.52  $0.95$ <br> $0.82$  $\frac{1.34}{0.41}$  $0.97$ <br> $0.23$  $\frac{0.97}{0.31}$  $\frac{1.18}{0.87}$  $\frac{1.23}{0.50}$  $\sigma$  $\bullet$  $\blacktriangleleft$  $\mathbf{\hat{c}}$ Porosity<br>Density  $(H/\text{mm}^2)$ 0.0014  $35.22$ <br>9.70 36.96 7.98 24.68 30.10<br>4.90<br>5  $30.63$ <br> $6.55$ <br> $5$ 48.68<br>7.96  $6.42$ 33.61 41.89<br>6.48  $\rightarrow$  $\overline{a}$  $\overline{c}$ Percent<br>Porosity 0.2090 Area  $3.15$ <br> $0.54$ <br> $3$  $3.56$ <br>1.90  $\mathcal{F}(\mathcal{E})$  $3.97$ <br> $1.97$  $\begin{array}{c} 2.88 \\ 0.64 \end{array}$  $2.57$ <br> $1.07$ <br> $7$  $2.90$ <br>0.94  $5.33$ <br> $3.49$ <br> $1$  $5.00$ <br> $1.93$ <br>2 Marrow<br>Area  $(mm^2)$ 0.0001  $27.36$ <br> $27.88$ 32.93<br>16.17 82.58<br>31.34 20.48  $\begin{array}{c} 22.59 \\ 10.00 \\ 4 \end{array}$  $22.81$ <br> $5.82$ <br> $3$  $5.52$ <br> $3.42$  $4.63$ <br> $2.94$  $\mathbf{\hat{c}}$  $\overline{a}$  $\mathbf{v}$  $\bullet$ Cortical<br>Bone  $(mm^2)$  $0.0001$ 41.37<br>20.46 Area  $\frac{46.21}{5.31}$ 58.64<br>8.02  $56.67$ <br>3.95  $52.72$ <br>6.40  $53.22$ <br> $5.76$ <br> $3$ 14.11<br>2.75  $\begin{array}{c} 8.00 \\ 1.13 \end{array}$  $\rightarrow$  $\overline{a}$  $\bullet$ Cortical<br>Area  $(mm^{2})$  $0.0001$  $42.80$ <br> $21.17$ 61.36 58.34<br>3.80 47.74<br>6.15 54.10  $54.84$ <br> $6.20$ <br> $3$  $9.60$  $\frac{14.85}{2.67}$ 6.49  $\frac{1.04}{7}$  $\mathbf{v}$  $\mathbf{\hat{z}}$  $\overline{t}$  $\bullet$ Cross<br>Sectional Area<br>(mm^2) 143.94 70.16<br>44.46  $0.0001$ Total 80.67<br>21.15  $39.26$ 81.15 74.59<br>13.02 77.42<br>13.80  $9.36$  $20.38$ <br> $4.52$ <br> $6$ 13.00<br>3.57  $\overline{5}$  $\tilde{5}$  $\overline{4}$  $\overline{ }$ Proximal Humeral Shaft Analysis of Variance Mid-Metatarsal Shaft Distal Humeral Shaft Nid-Femoral Shaft<br>SD Nid-Humeral Shaft<br>SD Mid-Tibial Shaft<br>SD **Eone Site** Mean<br>SD Rank Rank Rank Rank **Rank** Rank Rib<br>SD<br>Rank  $\overline{\mathbf{S}}$ င္တ  $\Omega$ 

16

### **Ta**ble II**.8 D**I**FFERENCES BETWEEN ST. BERNARD AND BEAGLE**

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### **. IN CAN**C**ELLOUS BONE HISTOMORPHOMETRY**

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**o** T**a**ble II.9 **DIFFEREN**C**ES BETWEEN ST.** B**ERNARD AND BEAGLE**



### **IN** C**ORTI**C**AL** BO**NE HIST**O**M**O**RPH**O**METRY**

III. Adaptation of Cancellous and C**o**rtical Bone to Immobilizati**o**n and Overloading in the Rat.

 Nine-m**o**nth **o**ld female rats were subjected t**o** right hindlimb imm**o**biliization **o**r served as c**o**ntr**o**ls f**o**r **0**, 2, 1**0**, 18, an**d** 26, weeks and were **do**uble-labeled with b**o**ne markers. The right limb was immobilized against the abd**o**men and considered unloaded, while the left limb was overloaded during ambulation. Changes in the continuously overloaded limb was compared to that in both limbs of the age-matched control animals.

- 1. In the unloaded limb*,* immobilization-induced muscle and cancellous bone loss occurred rapidly before 10 weeks and stabilized at 50% less bone mass after 18 weeks. Unloading caused a negative bone balance from a combination of elevated bone.resorption and depressed bone formation. At 2, 10, and 18 weeks of immobilization*,* the ratios of bone resorption to bone formation surfaces were 1.6, 1.5, and 1.3*,* respectively; at 26 weeks, the ratio was 1. These observations indicate decreased mechanical usage, caused bone loss by stimulating bone turnover dependent bone loss. (Li*,* X.J., W.S.S. Jee*,* S.Y. Chow and D,M. Woodbury. Adaptation of cancellous bone to aging and immobilization in the rat: A single photon absorptiometry and histomorphometry study. Anat. Rec. 227:12-24).
- , 2. In the **o**verl**o**aded limb, c**o**ntinu**o**us **o**verl**o**ading by 18 and 26 weeks induced increase cancellous bone mass. Our findings support the conclusions that increased mechanical usage caused a positive bone balance by depressing bone turnover dependent bone loss. (W.S.S. Jee and Li, X.J. Adaptation of cancellous bone to overloading in the adult rat: A single ph**o**ton absorptiometry and histomorphometry stu**d**y. Anat. Rec. [in press]).
- 3. Unl**o**a**d**ing accelerate**d** age-related c**o**rtical b**o**ne l**o**ss by shutting **o**ff nearly all peri**o**steal b**o**ne f**o**rmati**o**n an**d** slightly accelerating b**o**ne marr**o**w expansi**o**n **ov**er that which **o**ccurs in age-related c**o**ntr**o**ls. Our results supp**o**rt the c**o**nclusi**o**ns that decrease**d** mechanical usage cause**d** c**o**rtical b**o**ne l**o**ss by depressi**o**n b**o**ne m**od**eling **d**epen**d**ent b**o**ne gain (by **d**ecreasing **o**f m**o**deling in the f**o**rmati**o**n m**o**de) and stimulating b**o**ne turn**ov**er **d**epen**d**ent b**o**ne l**o**ss (by increasing activati**o**n frequency f**o**r rem**od**eling that alters b**o**ne balance in fav**o**r **o**f res**o**rpti**o**n at each site). (Li, X.J. an**d** Jee, W.S.S. A**d**aptati**o**n **o**f **d**iaphyseal structure to aging an**d** decreased mechanical l**o**ading in the a**d**ult rat. Anat. Rec. [submitted]).
- 4. Age-related l**o**ss isdue t**o** marr**o**w cavity enlargement exceeding periosteal new bone *•* formation. Overloading enhancing periosteal bone modeling in the formation mode and dampening endocortical bone remodeling to create a slight positive bone balance. These observations are in general agreement with the postulate that increased mechanical usage increased cortical bone mass by stimulating periosteal bone

modeling-dependent bone gain and depressing endosteal bone turnover (remodeling) dependent bone loss. (Jee, W.S.S., Li, XIJ. and Schaffler, M.B. Adaptation of diaphyseal structure with aging and increased mechanical loading in the adult rat. Anat. Rec. [submitted]).

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Importance: *T*he present data on bone morphometry are fragmentary and unreliable. We have therefore generated static and dynamic morphometry data of multiple sites of cancellous and cortical bone that will allow us to reliably calculate bone cell residence time to  $^{239}$ Pu- and  $^{226}$ Ra-induced bone sarcoma sites.

> The information on the impact of mechanical usage on cancellous and cortical bone mass and turnover rates will be used to improve our extrapolation of beagle data to people.

3) Task III: Microscopic Distribution of  $^{239}Pu$ 

In terminating the beagle colony in Salt Lake city, we were fortunate to have enough young adult beagles available to carry out "metabolic study for the determination of average and local dose rates, and bone parameter under initial conditions of temporary confnement and non**-**confinement. This project will provide detailed essential information for the construction of bone and soft tissue , dosimetric-metabolic models. Fourteen young adult beagles were injected without prior confinement with  $0.09 \mu$ Ci Pu-239/kg and sacrificed sequentially between 1 to 64 weeks after injection. For comparison 15 additional beagles were confined for the usual 4 week period at injection. These dogs were sacrificed sequentially in groups of three between 4 weeks and 64 weeks after injection. Dogs received up to three treatment regimens with fluorescent bone markers for the evaluation of bone turnover rates as a function of temporary confinement and nonconfinement. Detailed skeletal and soft tissue retention data and information on bone morphology and turnover rates will be collected. Together with earlier data obtained from 14 equally confined beagles (Wronski, Smith and Jee. The microdistribution and retention of injected 239Pu on trabecular bone surfaces of the beagle: Implications for the induction of osteosarcoma. Rad. Res. 83:74-89, 1980), this experiment will provide detailed information on the influence of confinement on the Pu distribution and the associated biological parameters, and on the dependency of Pu translocation on turnover activity. The resulting models will be the backbone of future dose response relationships for our Pu-toxicity study. The bone sites chosen for analysis were the fourth lumbar vertebral body, proximal ulna, proximal, distal, and mid humerus. Photographs of random sample sites of neutron-induced autoradiographs (W.S.S. Jee, R.B. Dell and L.G. Miller. High resolution neutron-induced autoradiographs of bone containing <sup>239</sup>Pu. Health Phys. 22:761-763, 1972) and fluorescent micrographs of the same areas were analyzed. The analytical • program provide numerical information on 1) total Pu-239 content of selected areas of bone sections, 2) the anatomical location of Pu on surfaces, in bone mineral and bone marrow, and 3) select bone morphometric parameters. The methodology for the microdistribution of Pu-239 are briefly summarized below.

1) A method to analyze neutron-induced autoradiographs (NIAR) from  $239p_u$ contaminated bone sections.

Thirty-five mm slides of randomly sampled sites of neutron-induced autoradiographs of bone sections were analyzed.The method requires a digitizing table and an appropriate computer for conversion of the visual image into a digital presentation of that image. Four output of that image other than screen display, a peripheral output device (line printer, laser printer, etc.) is required. Table and computer are under control of task oriented software. The flow of information is as follows:

Local Distribution of 239Pu Using Digitized Images of Neutron-Induced Autoradiographs

A procedure has been developed to determine quantitatively the local distribution of  $^{239}Pu$ in bone from neutron-induced autoradiographs (NIARS). A number of frames, sufficient to provide statistically valid data, are randomly sele*¢*:ted from the NIAR and photographed through a microscope. These photographs are projected onto a programmed digitizing tablet that is connected to a desktop computer. *T*he image of the bone features and the fission tracks are traced manually and converted into their digitized representations. Tracks are assigned separately to bone volume, bone marrow and bone surfaces. Special track patterns such as lines of tracks representing Pu in buried initial surface deposits, diffuse tracks in "packets" of new bone with a visible track distribution, and clusters of Pu in marrow (stars) are traced as weil. Ali numerical and pictorial information is accessible for further computer processing. An improved procedure to convert fission track densities to local Pu concentrations and to correct for fission tracks originating from slanted bone surfaces is presented. This method provides a reliable and statistically valid basis for the evaluation of ali essential parameters necessary for local dosimetry. (Bruenger, F.W., Polig, E. and Jee, W.S.S. Local distribution of  $2^{39}$ Pu using digitized images of neutron-induced autoradiographs. Radiation Protection Dosimetry (submitted).

Task IV. Calculation **o**f Cell,specific Ra**d**iati**o**n Dosimetry

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We have not neglected this part of our program which keeps us well focused. We have generated two articles for this task: one on bone parameters, dosimetry and radiation risk in the beagle skeleton and the other on alpha-emitting radionuclides hit rates to nucle**i** of bone-lining cells.

A variety of morphometric and histomorphometric parameters such as the mass of bone and marrow, bone surface areas, percentage of bone volume, percentage of the surface that is *trabecular, and percentage of surfaces that are forming and resting are calculated for all major parts* of the beagle skeleton. The total bone surface of the beagle is estimated at 1.9 m2 with 53.7% of • the surface area being associate**d** with trabecular bone. There are about 4.5 X 109 osteoblasts. From the fractional retention in each part of the skeleton, the initial surface concentration of 239Pu after a single injection of 592 Bq/kg body wt  $(0.016 \,\mu\text{Ci/kg})$  on resting surfaces and at sites of bone formation is calculated for various values of the affinity ratios of trabecular*/*cortical and forming*/*resting surfaces. These estimated concentrations then yield dose rates aswell as cumulative and collective doses to bone-lining cells and osteoblasts inthe different parts of the skeleton.

On the assumption that the relative risk of tumor induction is proportional to the collective dose to either bone-lining cells or osteoblasts, the frequency of tumor occurrence is calculated and compared to observed frequencies. Both hypotheses yield approximate agreement with experimental data for different ratios of trabecular*/*cortical radiation sensitivity, although the differences between some bones are statistically significant. (Polig, E. and Jee, W.S.S. Bone structural parameters, dosimetry, and relative radiation risk in the beagle skeleton. Radiat. Res. 120:83-101, 1989).

Hit factors relating the local concentration of a bone-seeking  $\alpha$ -emitter to the mean hit rate have been determined for nuclei of bone-lining cells using a Monte Carlo procedure. Cell nuclei were approximated by oblate spheroids with dimensions and location taken from a previous histomorphometric study. The Monte Carlo simulation is applicable forplanar and diffuse labels at plane or cylindrical bone surfaces.

Our calculations show the existing standard for dose limitations implies that a large fraction of nuclei of cells lining bone surfaces are traversed by  $\alpha$ -particles. This is of particular importance with regard to tumor induction, as the cell nucleus is believed to be the sensitive region, and  $\alpha$ particle traversal is the critical event. At present there is no unequivocal evidence for the lining cell to be the cell at risk, nor is it known how many traversals are required for an induction. The linear dose-effect relationship seen in beagle dogs contaminated with  $\alpha$ -emitting transuranics and 226Ra seems to imply that a single hit is sufficient (C.W. Mays et al., Cancer incidence and lifespan vs.  $\alpha$ -particle dose in beagles. Health Phys. 52:617-625, 1987) whereas epidemiological analysis of human cases with radium body burdens suggests that two hits may be required (R.E. Rowland et al., Dose response relationships for female radium dial workers. Radiat. Res. 76:368-383, 1978). The above analysis also shows that the fraction of cells receiving exactly one hit is not much different for the two trabecular turnover rates considered here. (Polig, E. and Jee, W.S.S. Hit rates to nuclei of bone-lining cells from alpha-emitting radionuclides. Radiat. Res., submitted). Importance: The first article emphasizes the need for more and better static and dynamic bone histomorphometry as well as microdistribution of 239Pu data. The latter article will enable us to calculate hit frequencies for the low and high incidence osteosarcoma bone sites and render support to whether one or two is sufficient for bone sarcoma induction.

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