



# **Cell Death After Irradiation**

**Faculty of Applied Science- Department of Radiology**  
**Course Name: Radiobiology      Course Code: MTR 211**  
**Second Grade/ Fall Semester 2025-2026**  
**Lecture 3/ 26<sup>th</sup> October 2025**  
**MSc Zaynab Yaseen Ahmed**

# Outlines

- Introduction: Radiation and Cell Fate.
- Overview of Cell Death Pathways.
- Programmed Cell Death.
- Apoptosis: Mechanism, Morphological Features and Examples.
- Autophagy and Radiation.
- Necrosis and Radiation.
- Senescence: Definition, Mechanism, and Biological Significance.
- Mitotic Catastrophe: Overview and Mechanism.
- Factors Influencing Cell Death Type.
- Biological and Clinical Relevance.



# Learning Outcomes



By the end of the lecture, students should be able to:

- Describe the major types of cell death after radiation exposure.
- Distinguish between apoptosis, autophagy, necrosis, senescence, and mitotic catastrophe.
- Explain molecular mechanisms underlying each type.
- Relate radiation dose and cell cycle phase to death mode.
- Understand biological and clinical relevance in radiotherapy.

# Introduction: Radiation and Cell Fate

## Ionizing radiation damages

- Mainly DNA, but also cell membranes and organelles (especially mitochondria).
- Damage is caused directly by energy deposition or indirectly through free radicals.

## How cells respond

- **Repair:** If damage is small, the cell activates repair systems and survives.
- **Cell cycle arrest:** The cell temporarily stops dividing to allow repair.
- **Programmed death:** If damage is too great, the cell activates death pathways (apoptosis, autophagy, etc.) to prevent mutation spread.

## Outcome depends on

- Radiation type and dose
- Cell type
- Microenvironment



# Overview of Cell Death Pathways

After radiation exposure, cells may:

- **Survive and repair** → continue normal division.
- **Die through several possible pathways**, depending on the type and extent of damage.

**Main types of cell death after irradiation**

- **Apoptosis** → programmed, clean cell death.
- **Autophagy** → self-digestion of damaged parts; may lead to death or survival.
- **Necrosis** → uncontrolled, messy cell death causing inflammation.
- **Senescence** → permanent stop in cell division, but cell remains alive.
- **Mitotic catastrophe** → abnormal division leading to giant or multinucleated cells that eventually die.

# Programmed Cell Death (PCD)

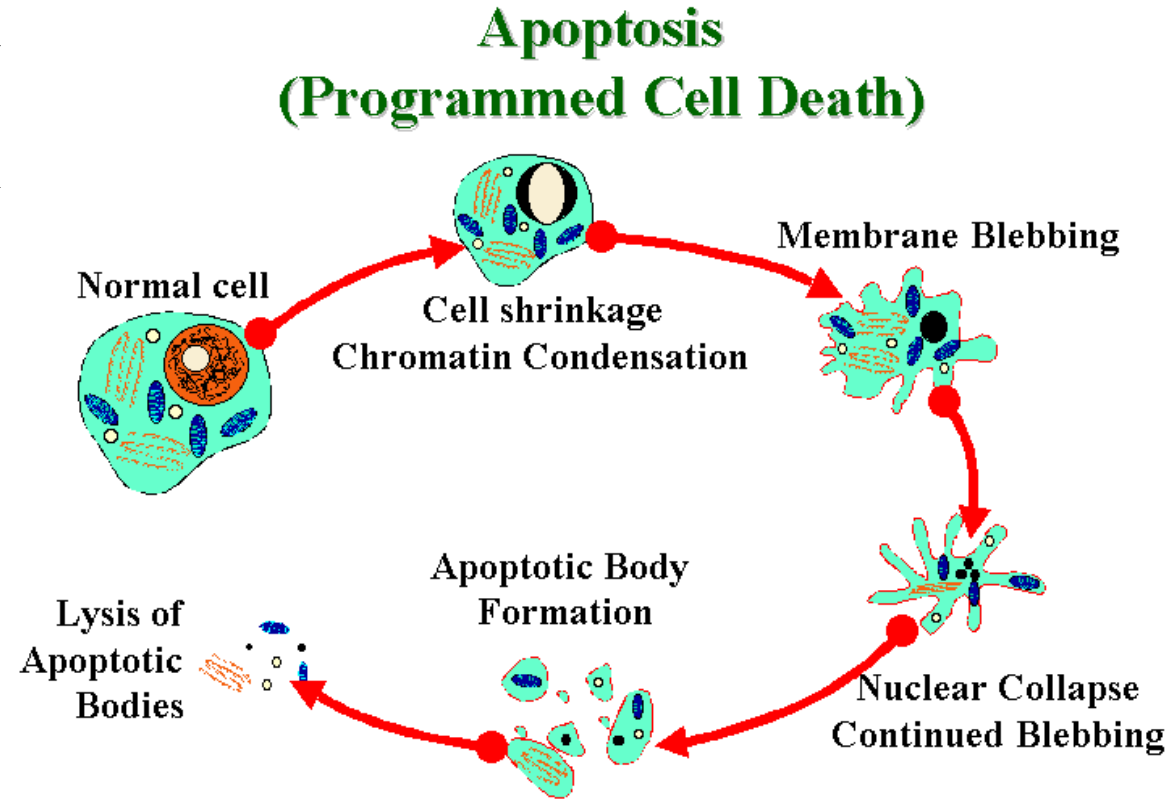
- It's a **controlled, energy-dependent** process by which cells *deliberately die*.
- Unlike necrosis, it's **orderly and regulated** — the cell “decides” to die to protect the tissue.

## Why does it happen after irradiation?

- Radiation damages **DNA** and other **vital structures**.
- If repair fails, the cell activates programmed death to **prevent passing mutations to new cells**.
- This is a **protective mechanism for the body**.

## Main forms of PCD

- Apoptosis.
- Autophagy-associated death.



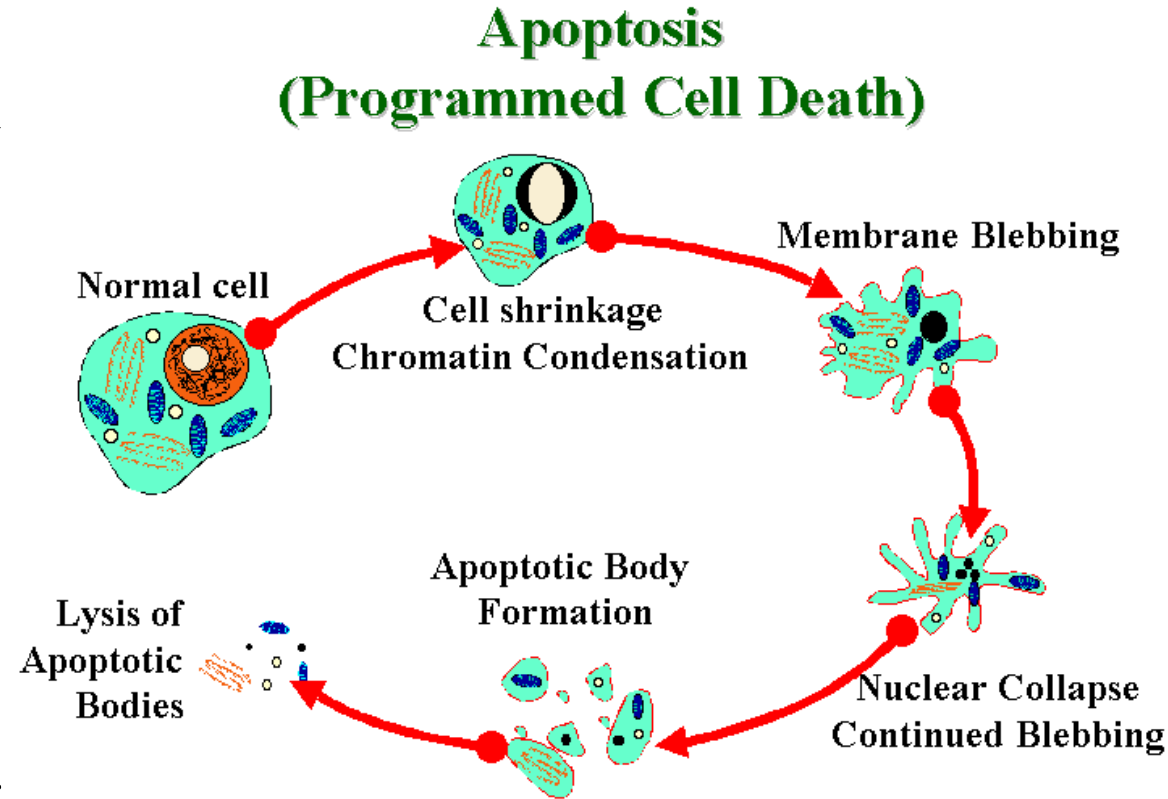
# Apoptosis: Overview

## What is apoptosis?

- A programmed cell death mechanism; clean, orderly, and energy-dependent.
- The cell **shrinks** and **fragments** without causing inflammation.
- Often called “cellular suicide”.

## Why does it occur after irradiation?

- DNA damage from radiation activates control proteins (like **p53**).
- If damage is **beyond repair**, these proteins trigger apoptosis to remove the damaged cell.



# Apoptosis: Mechanisms

## Key characteristics

- Affects **individual cells**, not large groups.
- **Does not harm neighboring cells.**
- Important in maintaining **tissue health** and **preventing cancer**.

## Two main pathways

### 1. Intrinsic (Mitochondrial pathway):

- Triggered by **DNA damage** from **radiation**.
- The cell activates **p53**, which increases **BAX/BAK** proteins.
- These **proteins make holes in the mitochondria**, releasing cytochrome c.
- Cytochrome c activates **caspases** (special enzymes) that **break down the cell**.



# Apoptosis: Mechanisms

## 2- Extrinsic (Death receptor pathway):

- Starts **outside the cell**.
- Death signals bind to receptors on the cell surface (like **Fas** or **TNF** receptors).
- This activates **caspase-8**, which triggers the same caspase cascade to destroy the cell.

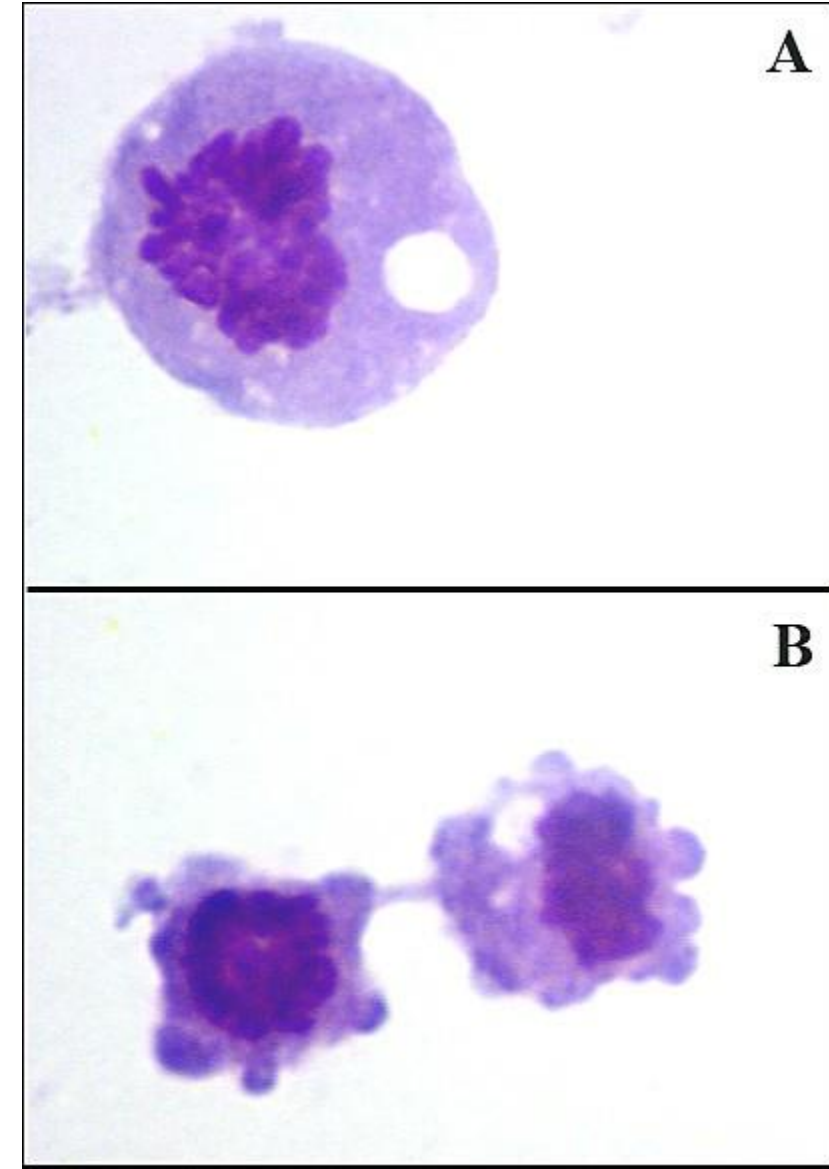
## **Result**

- Caspases cut up **proteins** and **DNA**.
- The cell breaks into **small pieces** (apoptotic bodies) that **are removed by other cells**.

# Apoptosis: Morphological Features

## What happens to the cell?

1. **Cell shrinkage:** The cell gets **smaller** and **more compact**.
2. **Chromatin condensation:** The nucleus becomes **dense** and **dark** under the microscope.
3. **Membrane blebbing:** The outer membrane forms small **bubble-like** protrusions.
4. **Fragmentation:** The cell breaks apart into tiny sealed pieces called **apoptotic bodies**.
5. **Phagocytosis:** Neighboring cells or **macrophages** quickly remove these pieces; *no inflammation occurs*.



# Apoptosis: Radiation Examples

Cells that show a strong apoptotic response

## 1- Lymphocytes and thymocytes:

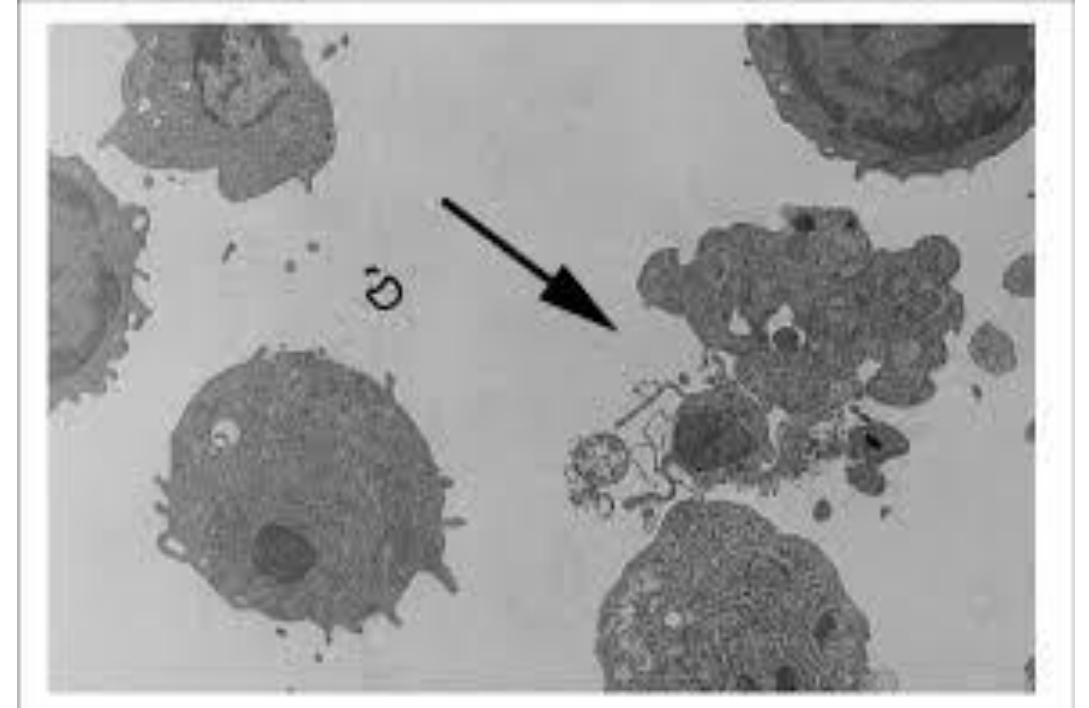
- Extremely sensitive to radiation.
- Undergo apoptosis even at low doses.
- Death occurs within a few hours after exposure.

## 2- Intestinal crypt cells and germ cells:

- Shows rapid apoptosis due to high cell turnover.

Why these cells?

- They are **actively dividing** and have strong **p53 activity**, so they respond quickly to DNA damage.
- Apoptosis prevents damaged cells from **multiplying and forming mutations**.



# Autophagy: Definition

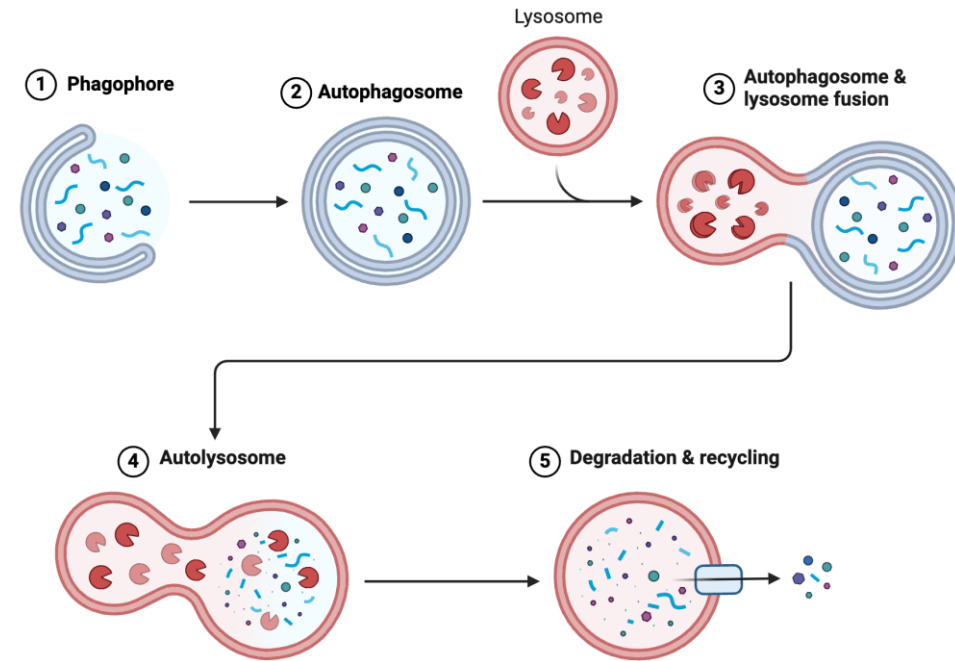
## What is autophagy?

- The word means “**self-eating.**”
- It's a process where the cell digests its **own damaged parts** (like proteins or organelles) inside special vesicles called **autophagosomes**.
- These vesicles then fuse with **lysosomes**, where the contents are broken down and recycled.

## Why does it happen after irradiation?

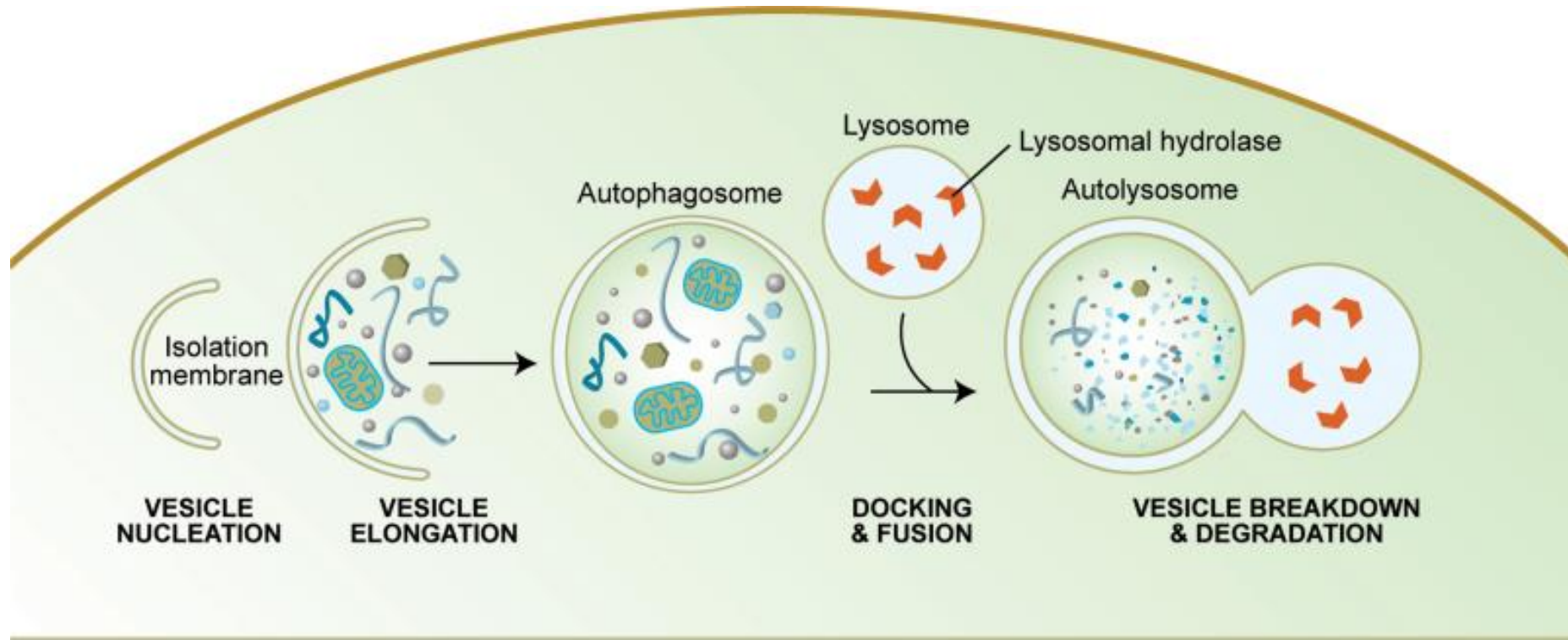
- Radiation causes **stress** and damage to cell components (especially mitochondria).
- The cell activates autophagy to **remove damaged parts** and survive.
- If the process continues too long or becomes excessive → it can lead to **cell death**.

## Autophagy



# Autophagy: Mechanism

1. **Initiation:** The cell senses stress or damage and forms a small membrane called a **phagophore**.
2. **Elongation:** The phagophore expands and engulfs damaged organelles or proteins, forming an **autophagosome**.
3. **Fusion:** The autophagosome fuses with a **lysosome** to form an **autolysosome**.
4. **Degradation:** The lysosomal enzymes break down the contents, recycling nutrients back to the cell.



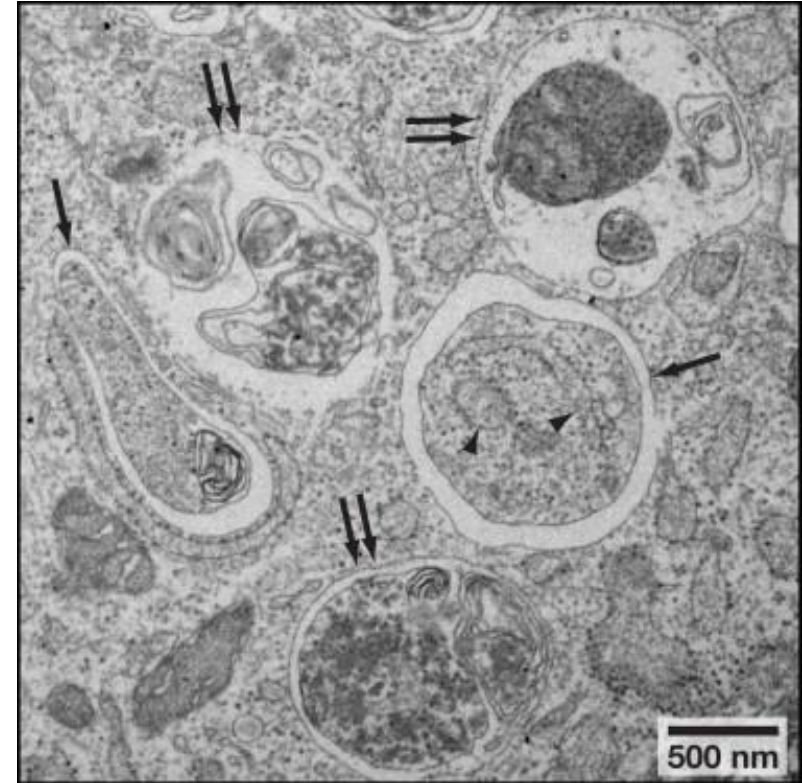
# Autophagy and Radiation

What happens after radiation?

- **Moderate radiation:**
  - Activates autophagy as a **protective mechanism**.
  - The cell removes damaged organelles and proteins to survive.
- **Excessive or prolonged radiation:**
  - Autophagy can become **too active** → leading to **cell death**.

## Examples

- Tumor cells **resistant to apoptosis** often rely on **autophagy**.
- Targeting autophagy can **increase radiosensitivity** in cancer therapy.





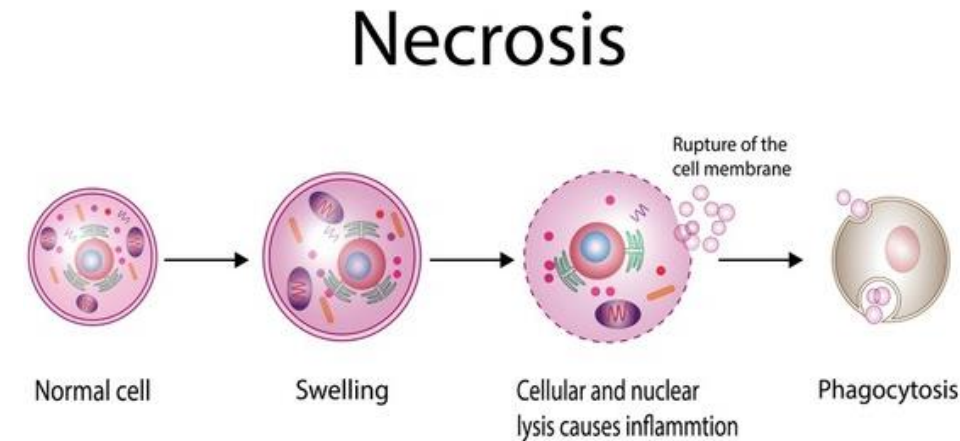
# Necrosis: Overview

## What is necrosis?

- **Uncontrolled cell death** caused by severe damage.
- Occurs **suddenly** when the cell cannot maintain energy or structural integrity.
- Unlike apoptosis, it is **messy** and triggers **inflammation** in surrounding tissue.

## Morphological features

- **Cell swelling** → the cell enlarges.
- **Organelle breakdown** → mitochondria and other organelles fail.
- **Plasma membrane rupture** → contents leak out.
- **Inflammatory response** → attracts immune cells.



# Necrosis and Radiation

## When does necrosis occur?

- Usually after **high doses of radiation**.
- Common in cells/tissues that **cannot repair damage quickly**, or have **poor blood supply**.

## Examples

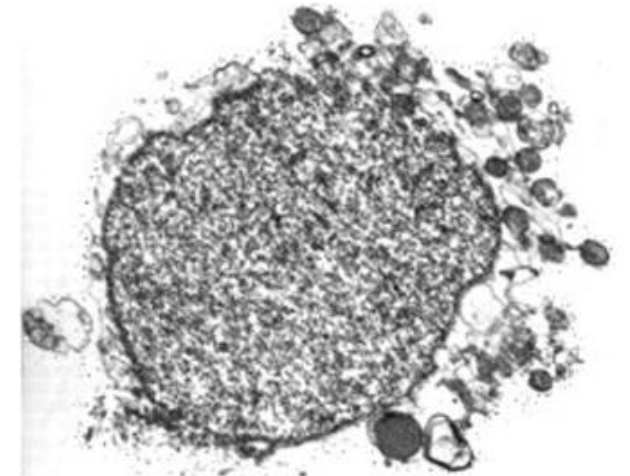
- **Brain tissue, spinal cord, or other late-responding tissues** can develop necrosis after radiotherapy.
- Contributes to **late radiation injury**, such as fibrosis and tissue loss.

## Key points

- Necrosis is **uncontrolled and inflammatory**, unlike apoptosis.
- It is more common in **normal tissues** exposed to very high doses rather than in rapidly dividing tumor cells at therapeutic doses.



**apoptosis**



**necrosis**

# Senescence: Definition

## What is senescence?

- **Permanent cell cycle arrest** — the cell stops dividing but **remains alive and metabolically active**.
- It is a **protective mechanism** to prevent damaged cells from proliferating.

## Why does it happen after radiation?

- Radiation causes **DNA damage** or telomere shortening.
- The cell activates **p53/p21** or **p16 pathways** to stop division permanently.
- Damaged cells remain in the tissue without dividing.

## Key points

- Senescent cells are alive but **cannot replicate**.
- They can affect surrounding tissue through secreted factors called **SASP** (**Senescence-Associated Secretory Phenotype**).

# Senescence: Mechanism

## How does senescence occur after radiation?

### 1. DNA damage detection:

1. Radiation causes **double-strand breaks** or other severe damage.
2. **p53** is activated.

### 2. Cell cycle arrest:

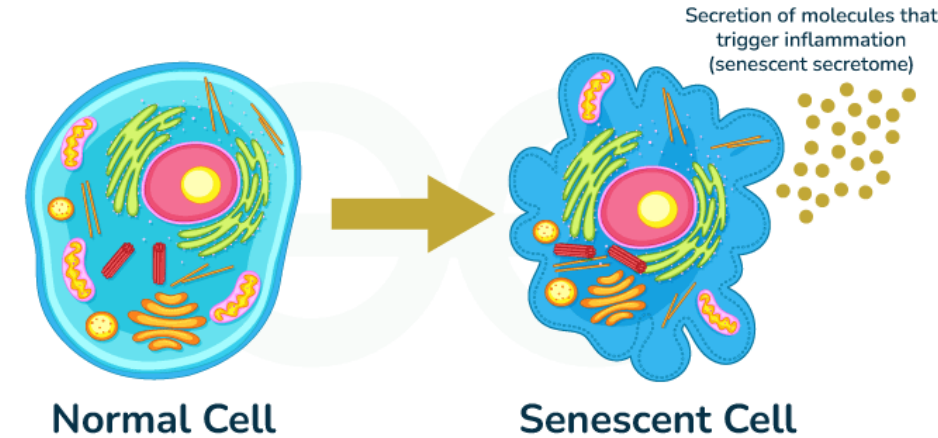
1. p53 → p21 → blocks cyclin-dependent kinases → **G1/S arrest**.
2. **p16INK4a** can also reinforce permanent arrest.

### 3. Metabolic activity continues:

1. The cell stays alive but **cannot divide**.

### 4. SASP activation:

1. Senescent cells secrete **cytokines, growth factors, and proteases**.
2. Can influence nearby cells, sometimes promoting inflammation or tissue remodeling.



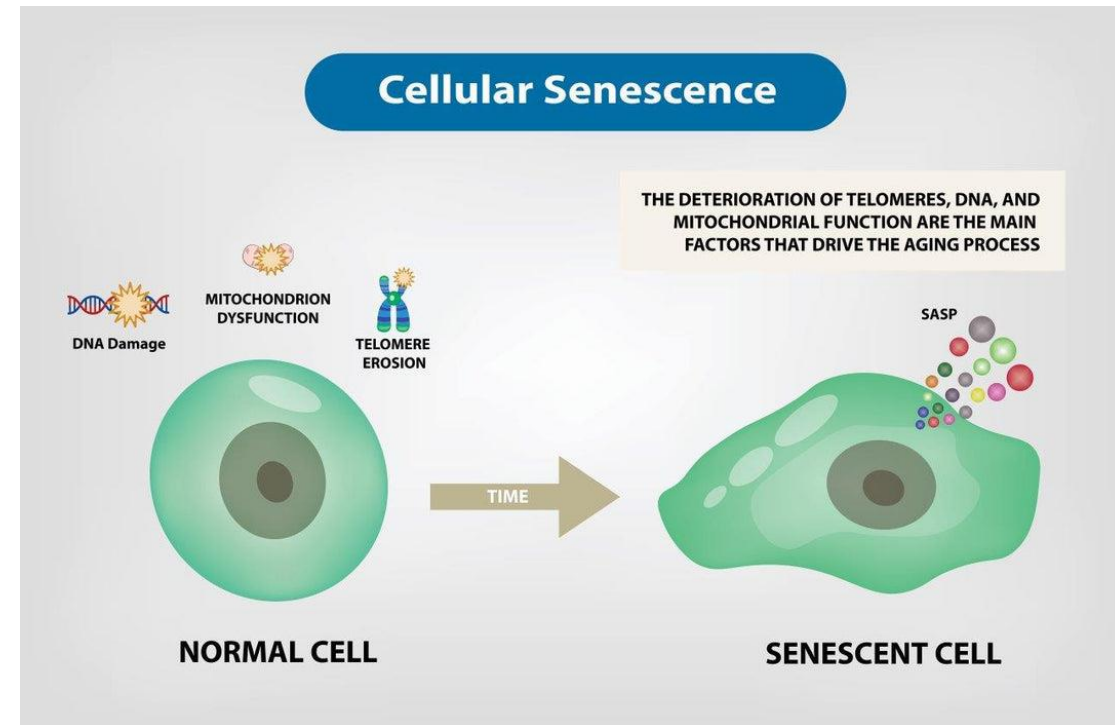
# Senescence: Biological Significance

## Protective roles

- Prevents **damaged or mutated** cells from dividing → reduces cancer risk.
- Acts as a **tumor-suppressor mechanism** in tissues exposed to radiation.

## Potential drawbacks

- Senescent cells remain **metabolically active**.
- Secrete **SASP factors** → cytokines, growth factors, proteases.
- Can cause **chronic inflammation**, tissue remodeling, or promote aging in nearby cells.



# Mitotic Catastrophe: Overview

## What is mitotic catastrophe?

- A form of **cell death** caused by **abnormal mitosis**.
- Happens when cells enter **mitosis with damaged DNA** or defective checkpoints.
- Results in **giant or multinucleated cells** that eventually die.

## When does it occur?

- Typically, in **rapidly dividing cells** exposed to radiation.
- Happens when DNA damage **cannot be repaired** before mitosis.

## Key point

- Mitotic catastrophe is **not a separate type of death** — it usually leads to **apoptosis or necrosis** after defective mitosis.



# Mitotic Catastrophe: Mechanism

## How does it happen?

1. **DNA damage from radiation** → chromosomes are broken or mis-repaired.

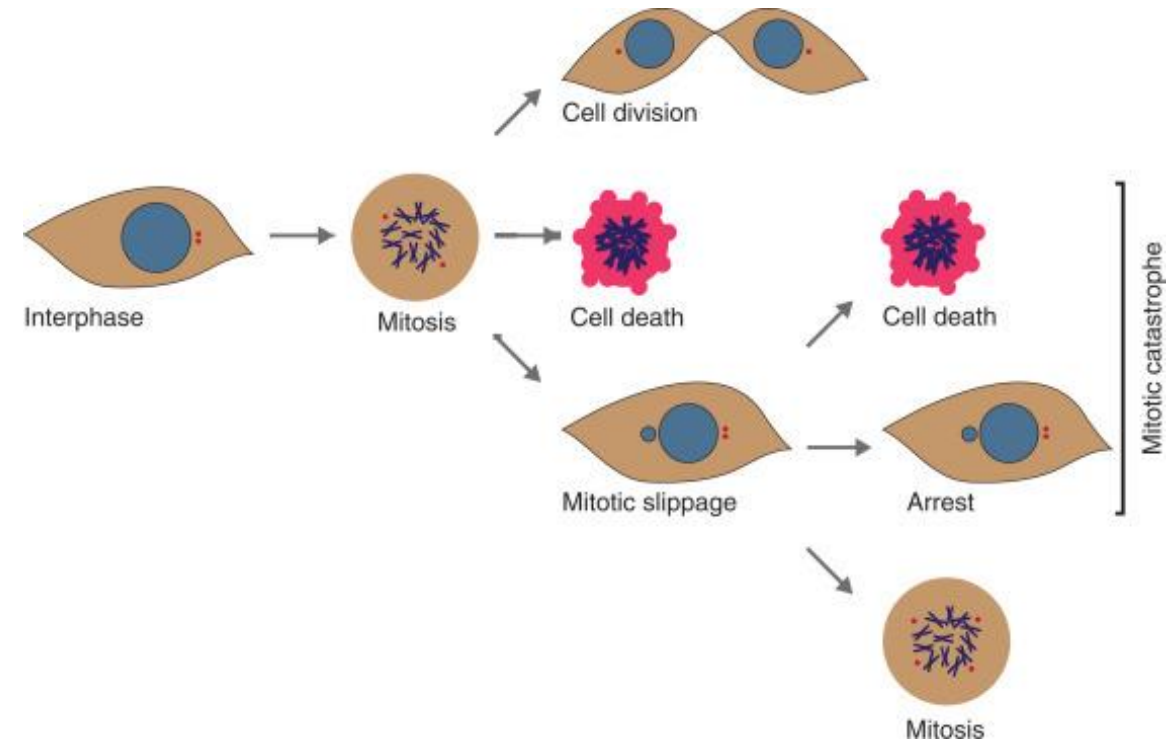
2. **Checkpoint failure** → cell enters mitosis despite the damage.

### 3. Abnormal mitosis:

1. Chromosomes do not segregate properly.
2. Spindle defects occur.

### 4. Cellular outcome:

1. Formation of **giant cells** or **multinucleated cells**.
2. Cell eventually dies via **apoptosis** or **necrosis**.



# Factors Influencing Cell Death Type

## 1. Radiation dose and type

- **Low doses / low-LET radiation** → DNA damage may be repairable → apoptosis is more common.
- **High doses / high-LET radiation** → severe, clustered damage → necrosis or mitotic catastrophe.

## 2. Cell cycle phase

- **G2/M phase** → most radiosensitive.
- **S phase** → most resistant to radiation-induced death.

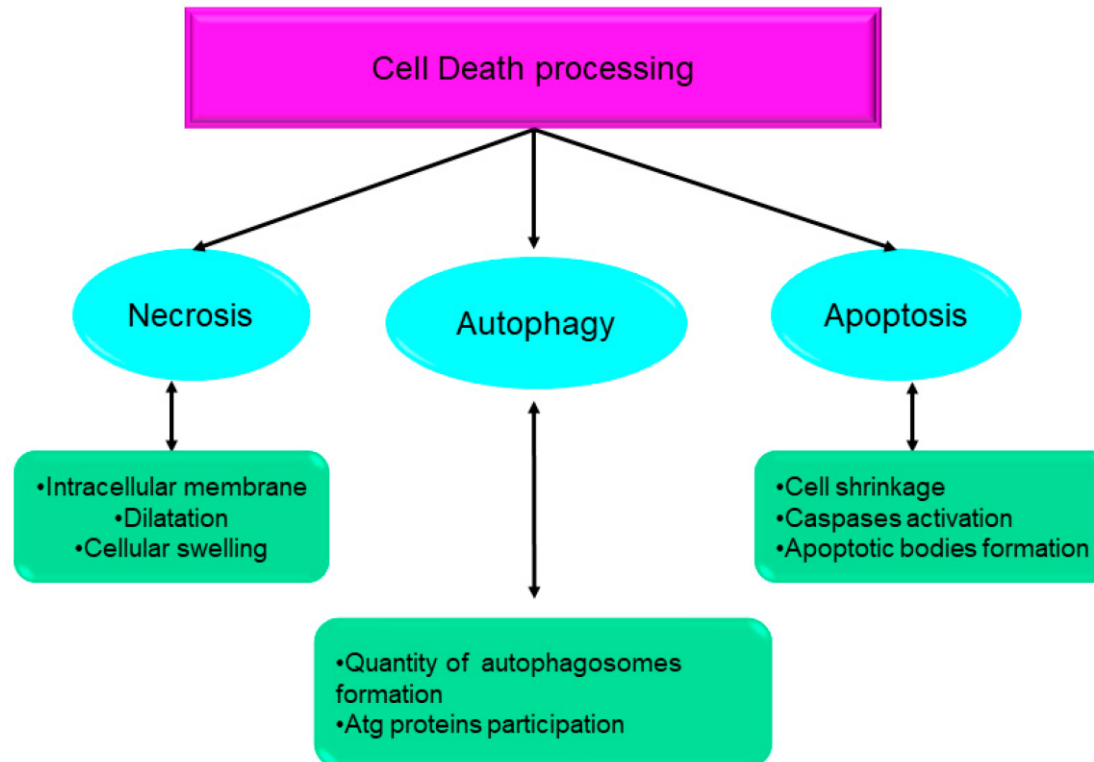
## 3. Cell type

- Rapidly dividing cells (e.g., lymphocytes, intestinal crypts) → high apoptosis.
- Slowly dividing or differentiated cells (e.g., neurons, fibroblasts) → senescence or necrosis.

# Factors Influencing Cell Death Type

## 4. Microenvironment

- **Oxygen:** enhances DNA damage → increases apoptosis.
- **Hypoxia:** reduces effectiveness of radiation → survival or autophagy.
- **Nutrients and stress:** can shift response toward autophagy or survival pathways.



# Biological and Clinical Relevance

## Why does it matter?

- Determines **tumor response** to radiotherapy.
- Helps predict **radiosensitivity** of normal tissues.
- Guides development of **radiosensitizers** (make tumor cells more sensitive) and **radioprotectors** (protect normal tissue).

## Clinical examples

- **Rapidly dividing tumor cells** → apoptosis and mitotic catastrophe → treatment success.
- **Normal tissue exposed to high doses** → necrosis or senescence → late side effects (fibrosis, inflammation).
- Targeting autophagy in resistant tumor cells can **improve therapy outcomes**.



**Questions? Comments?**  
**Thank you!**