

# CHANGES IN RADIO-SENSITIVITY TO GAMMA-RAYS OF LYMPHOCYTES FROM HYPERTHYROID PATIENTS TREATED WITH I-131

## Supplemental data:

### CORRELATIONS

#### *Changes in background levels of damage vs. administered activity*

The possibility that the effect of the <sup>131</sup>I treatment affects the background levels of  $\gamma$ -H2AX and MN frequency has been evaluated by plotting this levels against the administered <sup>131</sup>I activity, for each patient. It is worth noting that this activity can significantly differ among the patients depending on their pathology. As mentioned in Materials and Methods the patients with the Basedow-Graves disease received less activity (222-370 MBq) than the others (600 MBq).

Figure S1 shows the changes, after the treatment, in the background levels of  $\gamma$ -H2AX (panel A) and MN frequency (panel B) as a function of the administered activity for each patient. Linear regression lines are obtained by linear least-squares best fits of the data. The correlation coefficient for the  $\gamma$ -H2AX is about 0.5, suggesting a weak positive correlation of the spontaneous frequency of early damage with the administered activity. In contrast, for the MN induction it is less than 0.05, suggesting no significant correlation between the spontaneous frequency of late damage and the administered activity. Figure A1 (panel C) shows that there is no clear indication of a correlation between the change in the background levels of early and late damage caused by <sup>131</sup>I treatment.

#### *Changes in radio-sensitivity vs. administered activity*

Figure S2 shows the changes in PBL radio-sensitivity, in terms of  $\gamma$ -H2AX level (panel A) and MN frequency (panel B), after the <sup>131</sup>I treatment as a function of the administered <sup>131</sup>I activity for each patient.

In both cases, the correlation coefficient is very small, and the linear coefficient is not statistically different from zero, suggesting no significant dependency of the PBL radio-sensitivity on the amount of the activity administered to each patient. Panel C shows the correlation between the changes of the two radio-sensitivities. The correlation coefficient of 0.40 indicates a poorly significant correlation between the changes, observed after the <sup>131</sup>I treatment, in the radio-sensitivities measured in terms of early or late damage.

#### *Background damage and radio-sensitivity as a function of age and gender in patients*

The PBL radio-sensitivity before and after the <sup>131</sup>I treatment as a function of the patient age is shown in Figure S3 and S4, both in terms of  $\gamma$ -H2AX level and MN frequency.

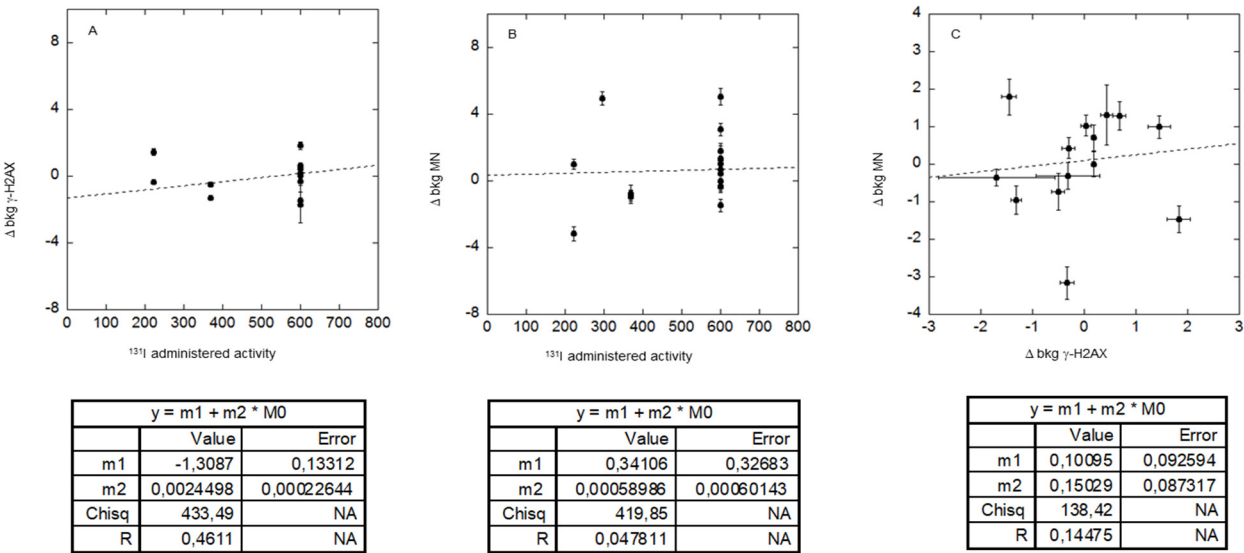
In various cases, the linear fits result in positive or negative slopes, but large errors affected their value. When

the genders are pooled together the age, dependence is significantly different from zero only for the MN radio-sensitivity after the treatment, where a negative slope is observed, mainly due to the female contribution. A significant negative slope is also observed for the age dependence in the female group before the treatment for the radio-sensitivity as measured by the  $\gamma$ -H2AX assay.

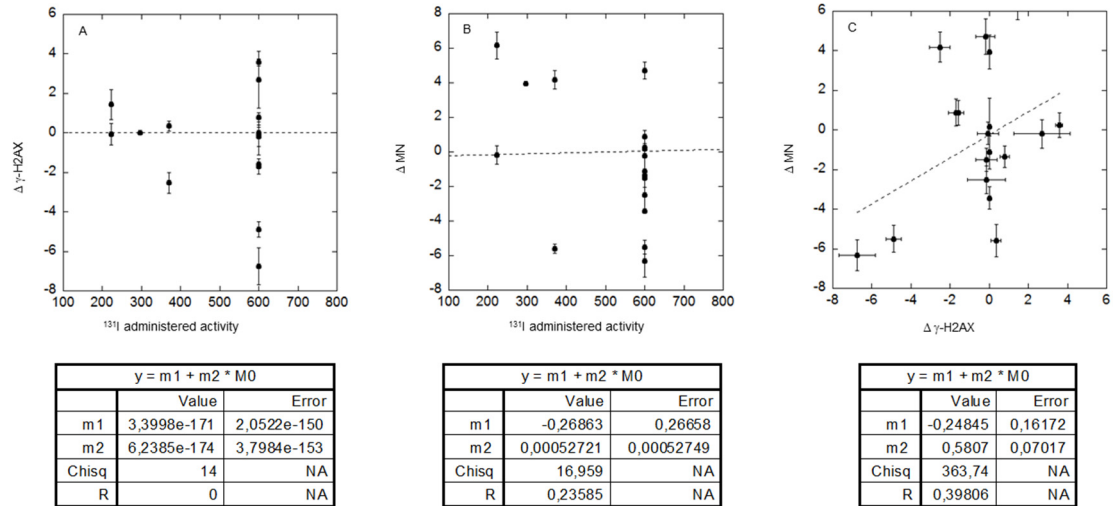
On overall, from these observations it is not possible to extract a systematic and consistent dependence of radio-sensitivities on age and/or gender. If any, they are masked by the interindividual differences among patients.

*Background damage and radio-sensitivity as a function of age in healthy donors*

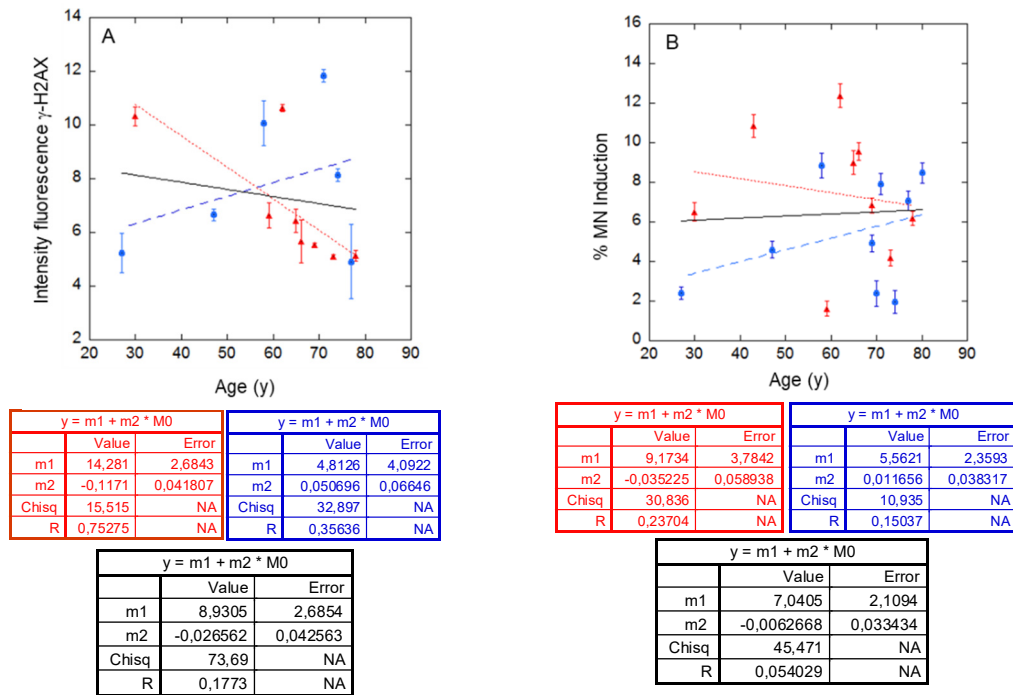
The PBL radio-sensitivity as a function of the age in healthy donors is shown in Figure S5, both in terms of  $\gamma$ -H2AX level and MN frequency. Due to the limited number of donors, no analysis was performed in terms of gender. The linear fits result, with high statistical significance, in a positive slope for the age dependence for radio-sensitivity as measured by the  $\gamma$ -H2AX assay, and in a negative slope for the MN radio-sensitivity. These trends are more clear-cut than that for patients, since there is much less interindividual variability. An inverse correlation is observed between the radio-sensitivities measured by the two assays.



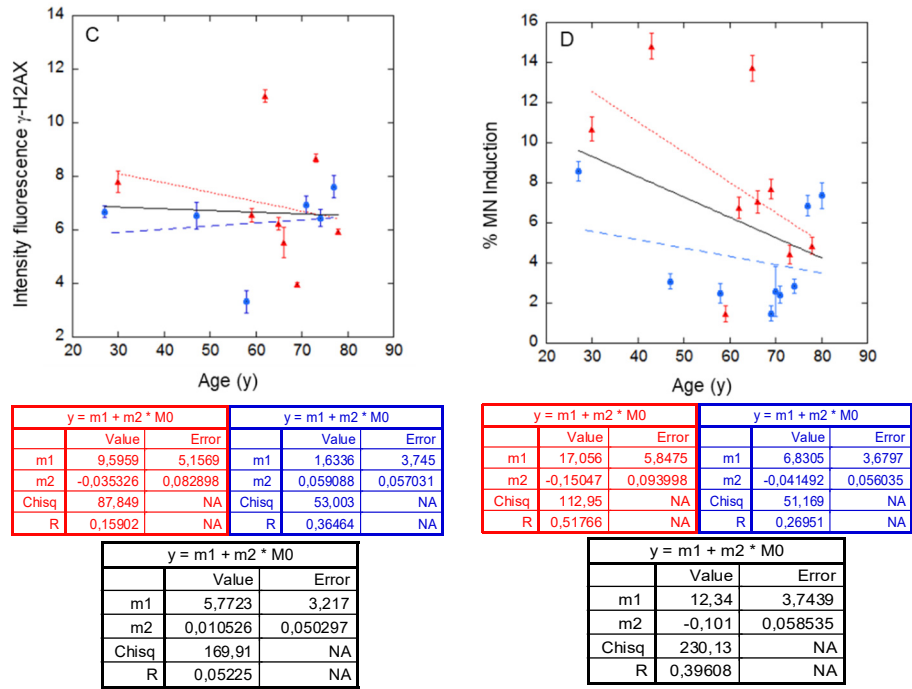
**Figure S1.** Changes in PBL radio-sensitivity ( $\Delta$ ) in the background (bkg) levels of H2AX phosphorylation (A) and MN frequency (B) after the  $^{131}\text{I}$  treatment at various administered activities. Each data point corresponds to one individual patient. (C) Changes in the bkg level of MN frequency plotted against the changes in the bkg level of H2AX phosphorylation. The dotted lines represent linear weighed least-squares fits of the data. The error bars represent the propagation of the error.



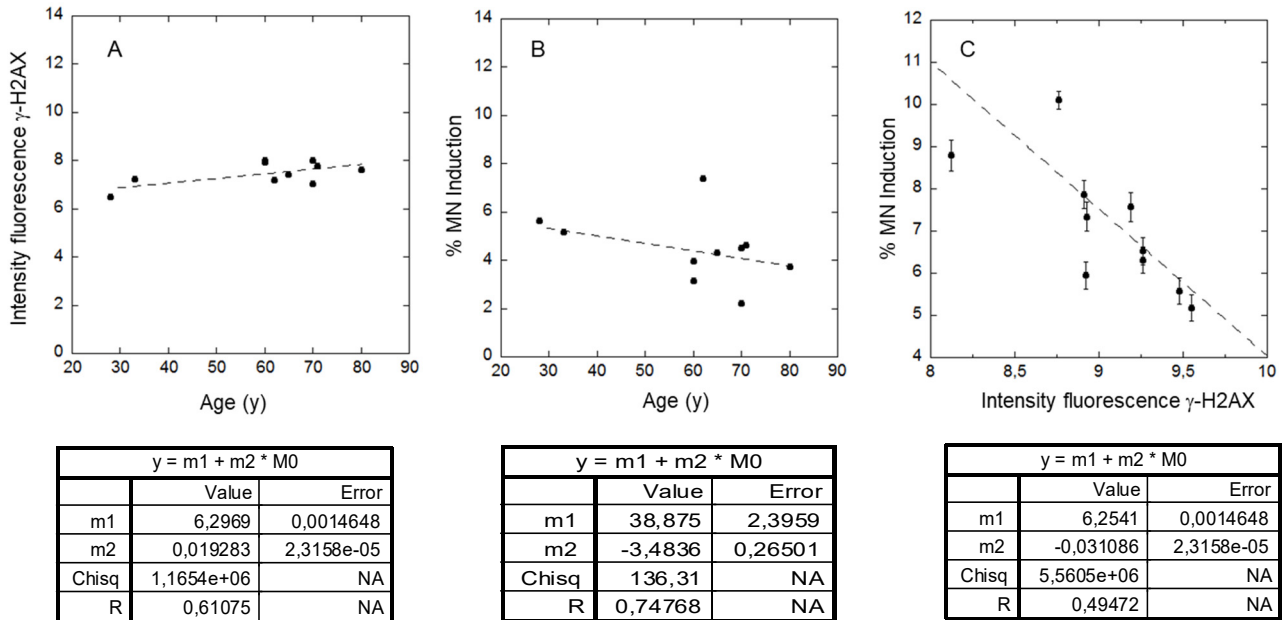
**Figure S2.** Changes in PBL radio-sensitivity ( $\Delta$ ) after the cD in terms of H2AX phosphorylation level (A) and MN frequency (B), after the  $^{131}\text{I}$  treatment at various administered activities. (C) shows the relationship between the changes in the two radio-sensitivities. Each data point corresponds to one individual patient. The dotted lines represent linear weighed least-squares fits of the data. The error bars represent the propagation of the error.



**Figure S3.** PBL radio-sensitivity before (A and B) the treatment as a function of the patient age, in terms of H2AX phosphorylation level and MN frequency. Each data point corresponds to one individual patient with gender separation (females = red triangles, males = blue circles). The lines represent linear fits of the data (females = dotted, males = dashed, total = solid lines). The error bars represent the propagation of the error.



**Figure S4.** PBL radio-sensitivity after (C and D) the treatment as a function of the patient age, in terms of H2AX phosphorylation level and MN frequency. Each data point corresponds to one individual patient with gender separation (females = red triangles, males = blue circles). The lines represent linear fits of the data (females = dotted, males = dashed, total = solid lines). The error bars represent the propagation of the error.



**Figure S5.** PBL radio-sensitivity as a function of the age among the 10 healthy donors, in terms of H2AX phosphorylation level (A) and MN frequency (B). (C) shows the correlation between the PBL radio-sensitivities measured by the two assays. Each data point corresponds to one individual donor. The dotted lines represent linear least-squares fits of the data. The error bars represent the propagation of the error.