Prostatic Radiation Therapy Potentiates Erectile Dysfunction and Increases SDF-1 Expression in Erectile Tissues in Rats

Bethlehem H.M. Peters and Johanna L. Hannan

INTRODUCTION

- Prostate cancer is the most prevalent noncutaneous neoplasm diagnosed in the United States. Prostate radiation therapy (RT), a leading therapy for prostate cancer, leaves 50% of men treated with erectile dysfunction (ED)
- The mechanism of prostate RT-induced ED is poorly understood
- Similarities in cavernous nerve injuries and RTinduced ED models may offer translation of investigative SDF-1 therapy in RT- induced ED.

Hypothesis

2 weeks post prostatic single-dose radiation will show <u>no</u> ED and <u>no</u> increase in SDF-1 expression in rats.

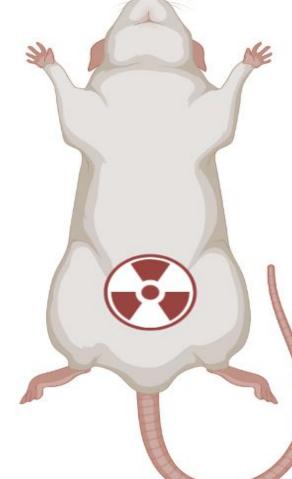
9 weeks post prostatic single-dose radiation will show ED and increases in SDF-1 expression in rats.

MATERIALS & METHODS

Animals: Male adult Sprague-Dawley rats (10 weeks old). The control group (n=6) did not undergo RT. RT rats were randomly assigned to 2 week and 9 week post-RT evaluation groups (n=7/group).

Radiation Therapy: 0 or 25 Gy single-dose prostatic radiation was administered to anesthetized rats via MultiRad350 small animal irradiator.

Erectile Function: Assessed by inducing erections using apomorphine a dopaminergic agonist at 2 weeks post radiation therapy.



cell

Created with BioRender.com RNA was isolated from the MPG and qPCR was preformed to measure expression of:

Stromal Cell-Derived Factor-1 (SDF-1)	Stem cell recruitment
C-X-C Motif Chemokine Receptor 4 (CXCR4)	SDF-1 receptor
Vascular Endothelial Growth Factor (VEGF)	Angiogenic inducer
Growth Association Protein 43 (GAP43)	Neural growth cone; axonal regeneration
Activating Transcription Factor 3 (ATF3)	Nerve injury marker
Glial Fibrillary Acidic Protein (GFAP)	Nerve repair; Schwann activation
Caspase 3 (CASP3)	Apoptotic marker
Beta-tubulin (TUBB3)	Mature nerve quantity
Neuronal Nitric Oxide Synthase (nNOS-1)	Nitrergic marker
Tyrosine Hydroxylase (TH)	Sympathetic marker

Stromal-cell Derived Factor-1 does Not Increase Immediately Following Prostate Radiation herapy

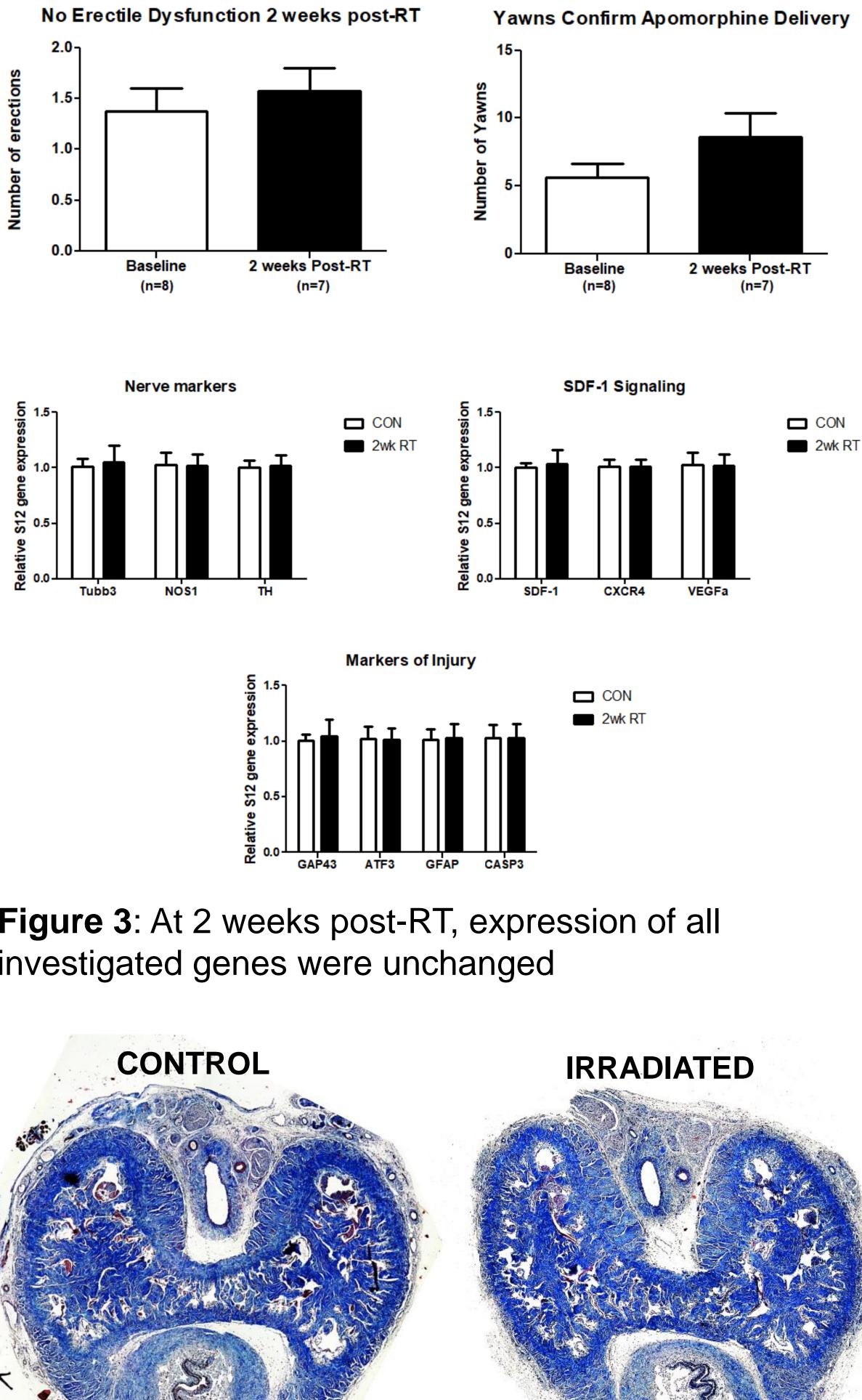
No Erectile Dysfunction Evident Two Weeks Post Radiation Therapy

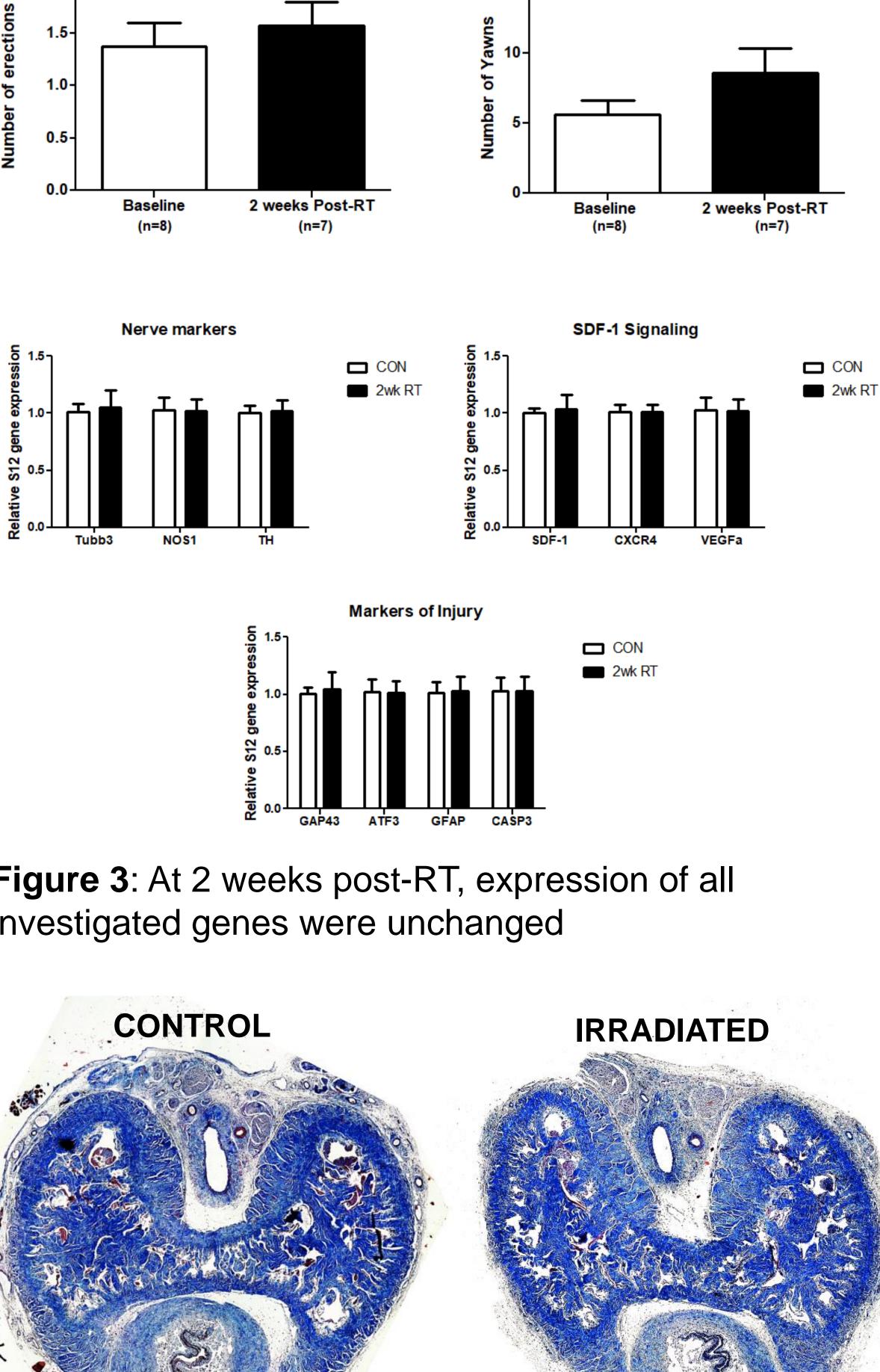




Department of Physiology East Carolina University Greenville, North Carolina 27858 petersb20@students.edu.ecu







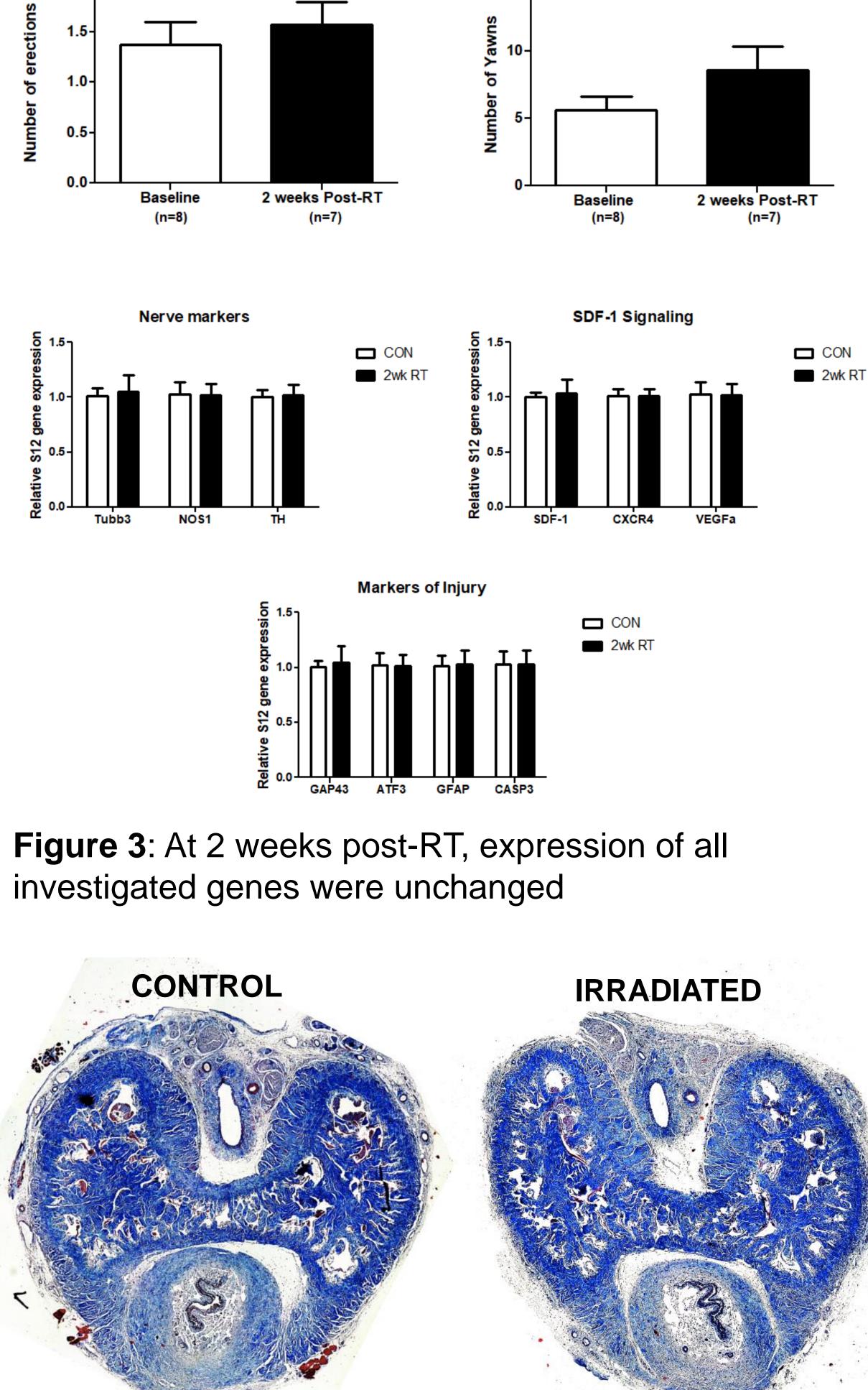


Figure 1: Histopathologic sections of penile shaft tissue stained with Masson Trichrome show no evidence of fibrosis(???) 2 weeks post radiation exposure (CITE)

RESULTS

Figure 2: Abdominal hair loss evident at 2 weeks post-RT confirms radiation delivery



<u>Markers</u>

Stromal Cell-Derived Factor- 1(SDF-1)	Stem cell recruitment
C-X-C Motif Chemokine Receptor 4 (CXCR4)	SDF-1 receptor
Activating Transcription Factor 3 (ATF3)	Marker of nerve injury
Growth Association Protein 43 (GAP43)	Neural growth cone; axor regeneration
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Beta-tubulin (TUBB3)	Nature nerve quantity
Neuronal Nitric Oxide Synthase (nNOS-1)	Nitrergic marker
Vascular Endothelial Growth Factor (VEGF)	Angiogenic inducer

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Stromal Cell-Derived C-X-C Motif Chemoki (CXCR4)

Vascular Endothelial (VEGF)

Growth Association F

Activating Transcription

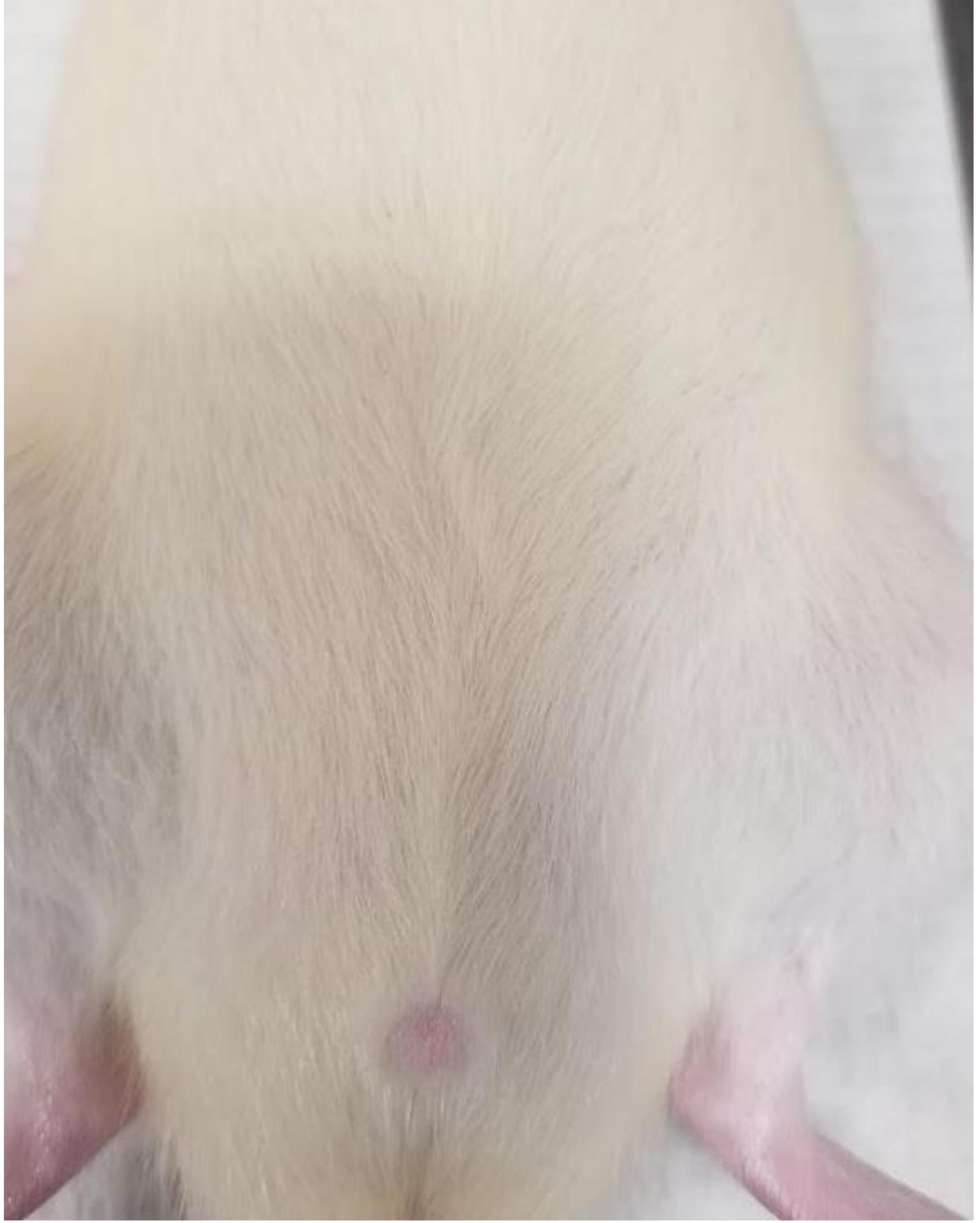
Glial Fibrillary Acidic F

Caspase 3 (CASP3) Beta-tubulin (TUBB3) Neuronal Nitric Oxide

Tyrosine Hydroxylase

Factor-1(SDF-1)	Stem cell recruitment
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Growth Factor	Angiogenic inducer
Protein 43 (GAP43)	Neural growth cone; axonal regeneration
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Protein (GFAP)	Nerve repair; Schwann cell activation
	Apoptotic marker
3)	Mature nerve quantity
e Synthase (nNOS-	Nitrergic marker
e (TH)	Sympathetic marker

CONTROL



IRRADIATED



