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ВПЛИВ РАДІАЦІЇ НА ПРОЦЕСИ СТАРІННЯ ТА ДОВЖИНУ ТЕЛОМЕР

Теломери – кінцеві ділянки хромосом – це захисні «ковпачки», які забезпечують їхню стабільність. Вкорочення теломер є однією з найважливіших біологічних ознак старіння, причетне до процесів старіння клітин і задіяне у механізмах «мітотичного годинника». Пошкодження теломер вільними радикалами є одним із відомих механізмів впливу радіації на процеси старіння. А окислювальний стрес має токсичну дію на довжину теломер. Збільшення вільних радикалів відбувається під дією як іонізуючого, так і неіонізуючого випромінювання, хоча антиоксидантні механізми нерідко здатні нейтралізувати шкідливі вільні радикали. Неіонізуючі та іонізуючі випромінювання навіть у малих дозах спричиняють активацію антиоксидантних систем, однак при впливі на організм опромінення у високій дозі або протягом тривалого часу, чи то якщо в організмі відбуваються патологічні процеси з окислювальним стресом, пошкодження клітини стають більш виразними, а процеси старіння прискорюються. Підтримання довжини теломер і нормальної швидкості старіння є важливими для стану здоров'я. В огляді обговорюється роль іонізуючого та неіонізуючого випромінювання у процесах клітинного старіння, зокрема – у скороченні довжини теломер.

Ключові слова: старіння, радіація, окислювальний стрес, довжина теломер, токсичність.

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EFFECT OF RADIATION ON AGING PROCESSES AND TELOMERE LENGTH

Telomeres are the ending areas of chromosomes – protective «caps» that ensure the stability of chromosomes. Telomere shortening is one of the most important biological signs of aging and is involved in cellular aging and the «mitotic clock» mechanism. One of the known mechanisms of the impact of radiation on the aging process is damage to telomeres by free radicals. Oxidative stress has a toxic effect on telomere length. The increase in free radicals occurs under the action of both ionizing and non-ionizing radiation, although antioxidant mechanisms are often able to neutralize harmful free radicals. Low doses of non-ionizing and ionizing radiation even cause the activation of antioxidant systems, however, when the body is exposed to radiation at a high dose or for a long time, or if pathological processes with oxidative stress occur in the body, damage to cells becomes more noticeable, and aging processes accelerate. Maintaining telomere length and a normal rate of aging is important for health. In this review, we want to discuss the role of ionizing and non-ionizing radiation in cellular aging, in particular, in the shortening of telomere length.

Key words: aging, radiation, oxidative stress, telomere length, toxicity.

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BACKGROUND

Telomeres are the ending areas of chromosomes – protective caps that ensure the stability of chromosomes, in particular, with their protective function, they maintain genomic integrity and chromosomal stability [1].

Telomeres are made up of repeating sequences of nucleotides. Human telomeres are composed of a double-stranded G-rich tandem repeats followed by G-rich single-stranded overhangs at 3' ends [2]. The role of telomeres is to protect DNA from damage [3]. During somatic cell division, telomere length decreases due to the loss of nucleotides [4]. During replicative aging, telomere length is critically shortened and the risk of cell death is increased due to an increased hasard of mutations that cell try to avoid [5].

Telomere shortening is one of the most important biological signs of aging and is involved in cellular aging and the «mitotic clock» mechanism [6, 7]. Cell aging means aging of the body [8].

Various factors affect the natural shortening of telomeres: its shortening can be accelerated or slowed down by the action of some enzymes, substances or physical factors, e.g. by telomerase activity, cortisol action [9], stress, etc. [10].

Telomerase is an enzyme that maintains telomere length by slowing down telomere shortening by adding nucleotides to guanine-rich repeat sequences at the ends of chromosomes [11]. Therefore, telomerase activity is higher both under physiological conditions, for example, in germ cells, stem cells, and in pathologies – in tumor cells, when the precursor cell does not «age» by cell division, but, on the contrary, maintains immortality and the activity of the next reproduction [12]. In these cases, the cell activates mechanisms to maintain and protect the length of telomeres [13].

Accelerated aging occurs in various pathologies. Physical and mental factors also influence aging. Physical, emotional, psychological stress affects the length of telomeres, and hence the speed of the aging process [14, 15].

Shortening of telomeres is especially accelerated under the action of stress factors on a young cell or organism [16].

As already mentioned, the telomerase enzyme is involved in telomere shortening [17, 18], although this is not the only factor influencing the rate of telomere shortening. The role of oxidative stress in the physiology of cell aging is also important, and one of the common physical factors that alter the aging process by affecting oxidative and non-oxidative mechanisms is radiation [19].

It is known that damaging radiation causes various pathologies, such as cancer, mainly due to DNA damage. Due to these diseases, life expectancy is correspondingly reduced. Radiation also affects lifespan and aging processes [20]. Ionizing and non-ionizing radiation by different mechanisms cause shortening of the telomere length and, consequently, aging. These aging mechanisms depend on the radiation dose, duration of action, the state of the oxidative and antioxidant systems of the body, and many other factors [21]. Maintaining telomere length and a normal rate of aging is important for health. Rapid shortening of telomeres or, conversely, their elongation may be the cause of a pathological process or indicate various pathological conditions [22].

In this review, we want to discuss the role of ionizing and non-ionizing radiation in cellular aging, in particular, in the shortening of telomere length.

EFFECT OF RADIATION ON THE BIOLOGICAL PROCESSES OF AGING

Even in the last century, there was an opinion that radiation affected the aging process. In Paris, since 1933, the magic cream «To-Radia» was sold, which improved blood circulation and reduced wrinkles. This cosmetic product contained radioactive substances, including Radium [23]. In addition to cosmetic products, the radioactive energy drink «Radithor» was popular during this period, which killed many people. Today, everyone knows that radiation is dangerous to health, and its use to stop the aging process is clearly avoided.

To assess the biological processes of aging, the state of telomeres, oxidative and antioxidant systems and the risk of mutations (eg, chromosomal aberrations, the number of gene mutations, alteration in mRNA and protein levels and trans-generational effects) are measured [24].

Different doses of radiation and duration of action change these parameters differently, for example: after 400 days of irradiation at a dose of 1 mGy / day, changes in the incidence of neoplasms and chromosomal abnormalities were seen, while radiation of 0.05 mGy / day for 400 days significantly influenced mRNA data only [25].

It should be noted that in addition to the negative impact on the aging process, radiation can also have a positive effect [26]. A 2005 study in British radiologists and US nuclear workers found that low doses of radiation stimulate the body's immune system and link between radiation and cancer risk was found in this study [27].

TELOMERE LENGTH AND AGING

Telomeres of somatic cells shorten as a result of repeated divisions. During each cell division, the telomere is shortened by an average of 50–200 bp [28].

Telomere length is longer in young body cells than in aging cells [29] (Fig. 1). So, telomere length is considered to be a determinant of cell age, i. e. the telomere length of human leukocytes is a marker of the biological age of a cell and, consequently, of an organism [30].

Considering that basically only so-called «immortal cells» (e.g. stem cells, germ cells, tumor cells, etc.) maintain or restore telomere length, telomere shortening or acceleration of somatic cell telomere shortening is usually an irreversible process in cell biology, which ultimately leads to cell death [31, 32].

Factors accelerating telomere aging are numerous: inflammatory mediators, CRP (C-reactive protein) [33, 34], depression [35], high levels of oxidized LDL (low density lipoprotein) [36], etc.

Epidemiological studies have confirmed the relationship between telomere length and age-related pathological conditions, for example, telomere length is relatively short in atherosclerosis [37], stroke stroke [38], type 2 diabetes mellitus [39], Parkinson's disease [40], etc.

Only 40–80 % of telomere aging is determined by genetic factors, i.e., their length is mainly determined genetically [41], although ultimately their lifespan largely depends on other, external and internal factors [42, 43].

Oxidative stress most affects telomere length [44]. Oxidative damage has a toxic effect on telomeres and causes their rapid shortening, while the effect of antioxidants, on the contrary, activates telomerase, which significantly reduces the rate of telomere shortening [45].

Accordingly, diseases whose pathophysiology is characterized by oxidative stress themselves affect the

accelerated shortening of telomere length and, consequently, aging. e.g. diabetes mellitus, Alzheimer's disease, chronic lung diseases occur against the background of oxidative stress [46–49].

TELOMERE LENGTH CONTROL MECHANISMS

Telomere length is regulated by various proteins or by positive or negative control pathways [50, 51].

Telomerase, an enzyme elongates chromosomes by adding TTAGGG sequences to telomere, is present in low concentrations in somatic cells [52, 53].

The reason for this is that the aging of the somatic cell occurs at a normal rate, while its concentration is higher in the fetal and germ cells, that is, where the aging process proceeds very slowly. The concentration of telomerase is also high in tumor cells, where telomeres do not shorten during the multiplication of these cells, and, accordingly, aging in these cells decreases [54, 55].

One of the subunits of telomerase, reverse transcriptase (TERT), plays an important role in maintaining telomere length [56]. Telomerase activity through TERT expression ensures chromosome stability by maintaining telomere length, which in turn reduces cellular aging [57, 58].

In addition to intrinsic factors, extrinsic factors can also maintain telomere length [59], for example, in studies conducted on mice, the introduction of a number of vitamins (C, E), polyphenols, omega-3 and other nutrients with antioxidant and anti-inflammatory properties positively affects telomeres, i.e. reduces their shortening speed [60, 61].

Ribonucleoprotein telomerase is involved in telomere lengthening. It is especially active in non-somatic cells [62, 63]. Telomerase itself (in the case of humans) consists of two molecules: TERT, telomerase RNA (TR or TERC) and dyskerin (DKC1), therefore, telomerase activity is determined by these components [64].

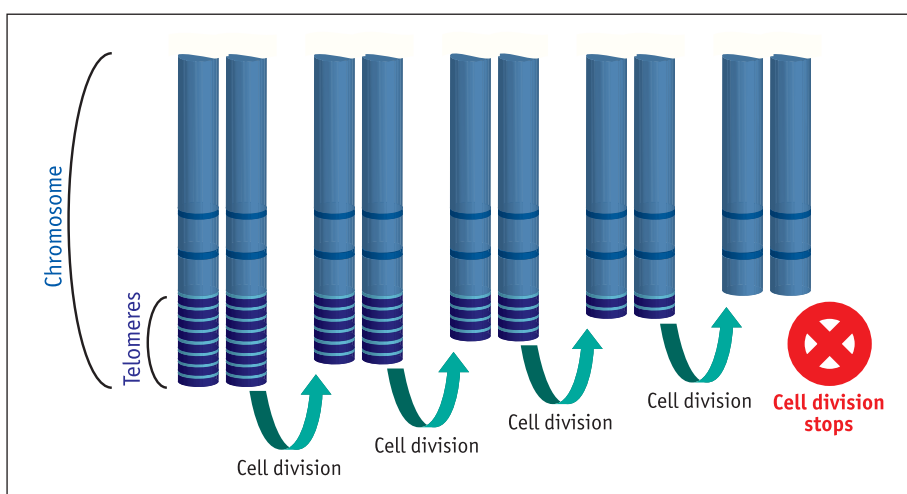


Figure 1. The telomere is shortened by an average of 50–200 bp. after each cell division. In the absence of telomeres, the cell stops dividing

TERT

The addition of nucleotides, specific short repetitive DNA sequences to the nucleotide chain TTAGGG of the telomere at the ends of the chromosome is carried out using TERT, which leads to telomere lengthening and is controlled by the Shelterin complex [65].

The Shelterin complex, on the other hand, consists of six subunits of shelterin (TRF1, TRF2, TIN2, Rap1, TPP1, and POT1).

From Shelterin (also called telosome) proteins only TRF1 and TRF2 bind directly to duplex telomeric DNA and generate a T-loop to protect chromosome ends [66].

Telomerase RNA (TR or TERC)

Telomerase RNA is responsible for the correct architecture and structure of the telomerase complex [67]. It can function independently of telomerase, and its main function is to participate in catalysis, formation of autophagosomes, and localization, maturation, and assembly of telomerase [68].

THE ROLE OF OXIDATIVE SYSTEMS IN CELL AGING PROCESSES

We are talking about the aging of the cell and the organism as a whole, when it can no longer perform the corresponding function, therefore, the risk of death increases [69].

Endogenous and exogenous factors influencing the physiology of aging need to be considered separately. The reason for the acceleration of the natural aging process is mainly cell dysfunction [70].

There are many reasons for cell dysfunction, however, regardless of the physiological or pathological state, free radicals are actively involved in this process [71, 72]. In humans and mammals, oxygen is often involved in free radical reactions. If we can control free radicals, we will affect the aging process [73, 74].

The concentration of free radicals increases both in natural aging and in pathological conditions [75]. When free radicals are no longer regulated by the cell, oxidative stress develops.

This balance is restored through the activation and intervention of the antioxidant system [76].

Under the influence of antioxidants, it is possible to slow down the aging process both in natural and pathological conditions [77].

Free radicals pose a threat to organic and inorganic compounds, proteins, fats and DNA in the cell [78].

Oxidative systems are controlled by the body's antioxidant systems. Antioxidants are substances that reduce or neutralize oxidative processes and reactions. When oxidants cannot be neutralized and their amount is greater than that of antioxidants, oxidative stress develops [79, 80] (Fig. 2).

The cause of oxidative stress is the continuous generation of reactive oxygen species (ROS) and nitrogen (ROS), that is, an imbalance between the formation and detoxification of ROS and ROS [81].

It is possible to test the body's oxidative systems or antioxidant mechanisms using various biomarkers. For example, the level of oxidative stress is measured by the oxidative stress index (OSI). This is the ratio of total oxidative status (TOS) to total antioxidant status (TAS) [82, 83].

With age, TAS decreases and TOS and OSI increase, which means that oxidative stress increases with age [84].

To confirm the impact of oxidative stress on aging, the researchers analyzed the mortality risk score (MS) and found a statistically significant association between oxidative stress and MS at baseline [85].

Considering that oxidative systems work with defects during aging and antioxidant mechanisms are less able to participate in these reactions, it is logical that the risks of developing various diseases also increase [86].

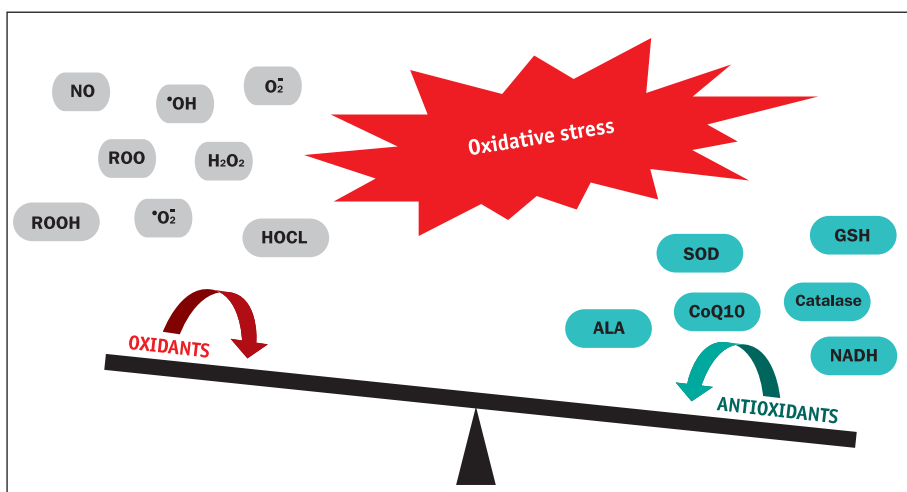


Figure 2. Antioxidants control the body's oxidative processes. If the oxidants cannot be neutralized, oxidative stress develops. Some of the oxidants are free radicals and cause cell damage through chain reactions.

On the other hand, when a number of diseases occur with the involvement of antioxidant systems, this is already a double health risk, namely: changes caused by aging and pathological conditions further increase the risk of complications of these diseases. When the balance between reactive oxygen species (ROS) and antioxidant mechanisms is disturbed under oxidative stress [87], the aging process is accelerated and, accordingly, the risk of death increases [88].

Studies in mice showed that lifespan was not significantly affected by the shutdown of antioxidant defense systems, but when the mice in this group developed age-related pathologies, the disease progressed much faster than in the control group. Accordingly, it was concluded that minimal oxidative stress is not a factor affecting life expectancy, and chronic oxidative stress, on the contrary, accelerates the aging process and pathological complications [89].

EFFECT OF ACTIVITY OF OXIDATIVE SYSTEMS ON TELOMERE LENGTH

Telomere length changes over time and depends on the number of lost and restored nucleotides. The biological age of a cell is determined by the length of telomeres [90].

As is known, oxidative stress has a toxic effect on telomere length, namely exposure to ROS-generating agents and oxidative stress cause acceleration of telomere shortening in cells [91].

The exact mechanism by which telomere length is shortened during oxidative stress has not been elucidated, although there are several hypotheses.

The main cause of telomere shortening under oxidative stress is double-stranded DNA breakage during replication, which occurs when single-stranded DNA is damaged [92].

According to some versions, telomere shortening is caused by damage to the Shelterin complex during oxidative stress, and theories of the direct toxic effect of ROS on telomere nucleotides are also discussed [93, 94].

According to one version, if oxidative stress causes pathological reactions and cell death, intact cells are forced to compensate and divide more than was originally determined to maintain homeostasis. Consequently, with each division of the telomere, it loses nucleotides and shortens in length [95].

Shortening of telomeres is explained by a different mechanism of action, according to which ROS directly causes rupture and damage to one strand of the telomere [44, 96], while replication of this sequence no longer occurs and the telomere is shortened [97].

ANTIOXIDANT SYSTEMS AND CELL AGING

Oxygen has a high redox potential, so it is involved in a number of redox reactions. Some of these reactions can damage the cell by producing highly reactive particles [98], ex. reactive oxygen species (ROS) and reactive nitrogen species (RNS) [99]. These ROS and RNS can disrupt the redox balance inside cells. An imbalance between oxidants, antioxidants and biomolecules in the body can cause oxidative/nitrosative stress, namely hyperproduction/detoxification dysbalance [100–102].

Cells control the potential risks of ROS and RNS using different systems, i.e. [103], antioxidant enzymes (dismutase, catalase, glutathione peroxidase and thioredoxins), glutathione (GSH), uric acid, bilirubin, coenzyme Q10 and other substances regulate the level of oxidative stress through antioxidant mechanisms [104–108]. The ratio of glutathione to its oxidized form is one of the indicators of cellular redox level [109].

Antioxidant mechanisms neutralize the excess of free radicals [110], protect and repair oxidized membranes, ex. α -tocopherol controls and protects cells membranes against damage caused by free radicals [111], they significantly reduce the rate of reduction of the concentration of peroxides [112], are involved in fat metabolism [113, 114].

Enhanced antioxidant systems have an «anti-aging» function [89, 115], Consequently, the weakening of antioxidant systems accelerates the aging process [116].

EFFECT OF IONIZING RADIATION ON THE OXIDATIVE AND ANTIOXIDANT SYSTEMS

At the cellular level, ionizing radiation directly and indirectly causes changes. Primary or chemical oxidative processes are followed by changes in secondary or biological processes [117].

To cope with redox stress, The body tries to fight radiation toxicity with quick reactions. With a large dose of radiation or prolonged exposure, the body is not able to resist and homeostasis is disturbed [118–120].

The main mechanism for changing cellular and extracellular substances by ionizing radiation is the radiolysis of water, followed by a chain of other chemical reactions, these changes extend to macromolecules and many cellular structures [121].

Radiolysis of water plays a major role in the formation of free radicals. In particular, as a result of these reactions is formed e^{-aq} , $\cdot OH$, $H\cdot$, H_2O_2 , $O_2^{\cdot-}$, $HO_2\cdot$

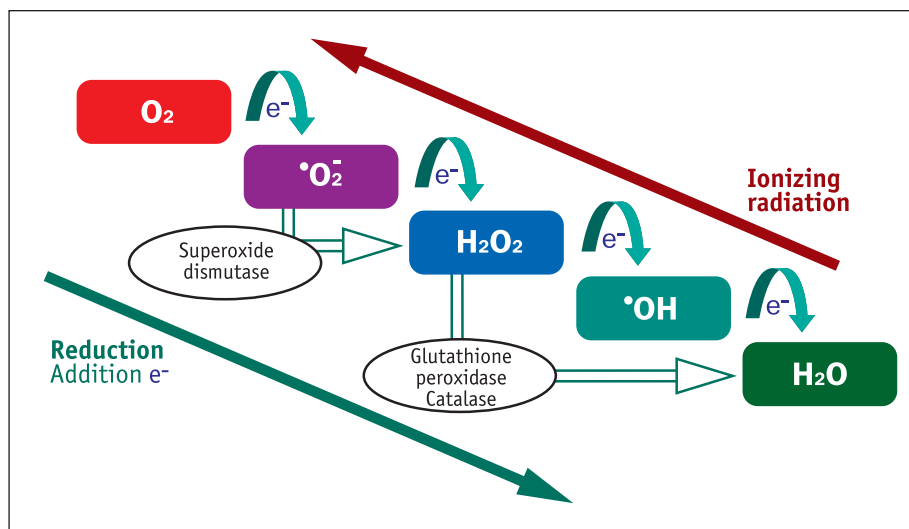


Figure 3. Radiolysis of water and radiation. Oxidants formed during the action of radiation increase the risk of oxidative stress.

radicals, which produces (itself) organic radicals ($R\cdot$), peroxy radicals ($RO_2\cdot$), hydroperoxides ($ROOH$) and lipid peroxidation, protein inactivation occurs. These reactions are not limited to one cell. Through water or other chemical reactions, these processes are transmitted to other cells, ex. H_2O_2 and $O_2^{\cdot-}$ can diffuse a longer distance away from the originating site and there they can enter into chemical reactions [122] (Fig. 3).

Radiation promotes the release of chemical agents responsible for oxidative and inflammatory stress [123].

Ionizing radiation stimulates the formation of nitric oxide ($\cdot NO$), which reacts with $O_2^{\cdot-}$ and forms peroxynitrite anion ($ONOO^-$), which, in turn, reacts with lipids, proteins and damages DNA. $ONOO^-$ oxidizes guanine (G), including in the telomere nucleotide chain ($-TTAGGG-$) [124–128].

Oxidation of one nucleotide of the guanine base gives 8-oxo-7,8-dihydroguanine (8-oxo-dG) (Fig. 4). This product of the oxidative reaction is also one of the biomarkers of aging [129]. In particular, as a result of the action of radiation, the oxidation of guanine leads to a combination with adenine instead of cytosine

through Hoogsteen hydrogen bonding, which leads to mutations and instability of the genome in chronic or acute diseases such as cardiovascular disease, cancer, etc [130].

It is important to note that ionizing radiation not only causes rapid changes upon irradiation, but changes continue after irradiation, including in the cells of the next generation. In addition, from one irradiated cell, chemical reactions spread to other, non-irradiated cells and, accordingly, these reactions continue in their descendant cells, which increases the risk of mutations [131].

After the mutation, the cell tries to exclude the damaged fragment from replication, therefore, after reproduction, the telomere will shorten even faster, since the damaged chain of nucleotides does not replicate in it [132].

All cells respond differently to radiation, stress, including oxidative stress [133]. For example, in the case of nerve cells, large cells are more vulnerable, so age-related diseases such as Parkinson's disease or amyotrophic lateral sclerosis degeneration are more susceptible to oxidative stress, nerve cells die earlier, and health conditions become more complicated [134, 135].

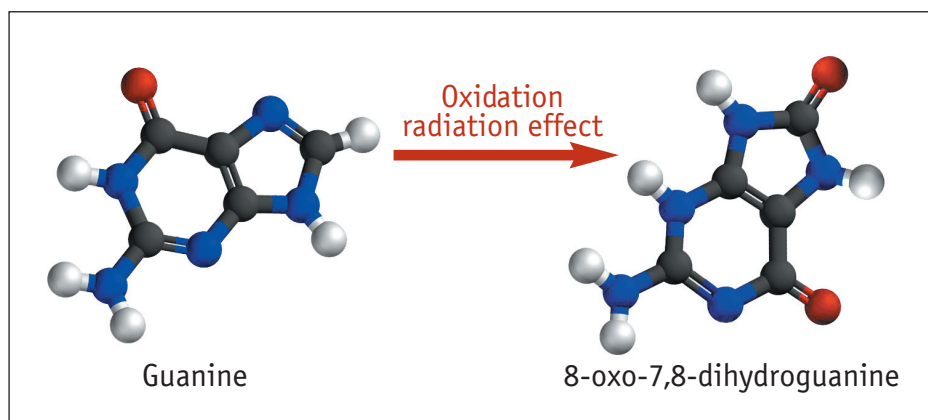


Figure 4. Under the action of radiation, guanine is oxidized to 8-oxo-7,8-dihydroguanine, which reacts with adenine in the nucleotide chain. This causes mutation and instability of the genome.

And the hippocampal CA3 is more resistant to oxidative stress than CA1 neurons; therefore, aging processes in these neurons proceed more slowly [136].

It is true that different types and doses of radiation affect the body in different ways, but even small doses of ionizing radiation cause more oxidative stress [137, 138].

The level of oxidative stress caused by the action of radiation varies and depends on the linear energy transfer (LET) properties of the radiation. For example, short and long-term in vitro and in vivo effects are associated with mitochondrial DNA, mitochondrial protein import and metabolic and antioxidant enzymes [139].

EFFECT OF NON-IONIZING RADIATION ON OXIDATIVE SYSTEMS

Ionizing radiation disrupts this balance by acting on the antioxidant and oxidizing systems of the cell. Oxidant-antioxidant balance is more easily disturbed in aged cells [140].

This imbalance is followed by a cascade of biological reactions, including accelerated cell aging, increased risk of mutations, etc [141].

Ionizing and non-ionizing radiation act on oxidative systems by different mechanisms. For example, if ionizing radiation mainly damages DNA, non-ionizing radiation greatly affects the body's antioxidant systems and oxidative repair mechanisms [142, 143].

It is true that both types of radiation result in the same damage to cellular structures, but the mechanism is different [144, 145].

In particular, by affecting the generation of reactive oxygen species (ROS), non-ionizing radiation affects the oxidative systems of the cell, which is due to the acceleration or reduction of biological processes and the toxic effect of metabolites or free radicals resulting from these processes [146].

Non-minizing radiation, namely exposure to a hypomagnetic field in mice causes significant impairments of adult hippocampal neurogenesis and hippocampus-dependent learning, which is strongly cor-

related with changes in ROS levels [147]. Under the action of ultraviolet rays, the concentration of ROS changes, affecting cellular components directly or through the mechanisms of photosensitization [148].

As with ionizing radiation, the bioeffects of non-ionizing radiation are dose and duration dependent.

In some cases, non-ionizing irradiation even leads to the activation of antioxidant systems [149], for example, in insect pests at UV in the range of 320–400 nm, exposure for 30 min led to an increase in total antioxidant capacity, peroxidases (POX) and glutathione-S-transferase (GST), and POX activity decreased after 60 and 90 minutes of exposure [150].

CONCLUSION

There are over 350 theories that explain the aging process.

Telomere length is considered one of the most reliable markers of aging.

Radiation causes many changes at the cellular level.

One of the known mechanisms of the impact of radiation on the aging process is damage to telomeres by free radicals. The increase in free radicals occurs under the action of both ionizing and non-ionizing radiation, although antioxidant mechanisms are often able to neutralize harmful free radicals.

Small doses of non-ionizing and ionizing radiation even cause the activation of antioxidant systems, however, when the body is exposed to radiation at a high dose or for a long time, or if pathological processes with oxidative stress occur in the body, damage to cells becomes more noticeable, and aging processes accelerate.

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Declaration of interest statement

The Authors declares that there is no conflict of interest.

REFERENCES

- Gomez DE, Armando RG, Farina HG, Menna PL, Cerrudo CS, Ghiringhelli PD, Alonso DF. Telomere structure and telomerase in health and disease (review). *Int J Oncol.* 2012;41(5):1561-1569. doi: 10.3892/ijo.2012.1611.
- Morin GB. The human telomere terminal transferase enzyme is a ribonucleoprotein that synthesizes TTAGGG repeats. *Cell.* 1989;59(3):521-529. doi: 10.1016/0092-8674(89)90035-4.
- Fernandes SG, Dsouza R, Pandya G, Kirtonia A, Tergaonkar V, Lee SY, et al. Role of telomeres and telomeric proteins in human malignancies and their therapeutic potential. *Cancers (Basel).* 2020;12(7):1901. doi: 10.3390/cancers12071901.
- Chan SR, Blackburn EH. Telomeres and telomerase. *Philos Trans R Soc Lond B Biol Sci.* 2004;359(1441):109-121. doi: 10.1098/rstb.2003.1370.
- Aviv A, Anderson JJ, Shay JW. Mutations, cancer and the telomere length paradox. *Trends Cancer.* 2017;3(4):253-258. doi: 10.1016/j.trecan.2017.02.005.
- Lopez-Otin C, Blasco MA, Partridge L, Serrano M, Kroemer G. The hallmarks of aging. *Cell.* 2013;153(6):1194-1217. doi: 10.1016/j.cell.2013.05.039.

7. Harley CB. Telomere loss: mitotic clock or genetic time bomb? *Mutat Res.* 1991;256(2-6):271-282. doi: 10.1016/0921-8734(91)90018-7.
8. Jeyapalan JC, Sedivy JM. Cellular senescence and organismal aging. *Mech Ageing Dev.* 2008;129(7-8):467-474. doi: 10.1016/j.mad.2008.04.001.
9. Jiang Y, Da W, Qiao S, Zhang Q, Li X, Ivey G, Zilioli S. Basal cortisol, cortisol reactivity, and telomere length: A systematic review and meta-analysis. *Psychoneuroendocrinology.* 2019;103:163-172. doi: 10.1016/j.psyneuen.2019.01.022.
10. Zhu H, Belcher M, van der Harst P. Healthy aging and disease: role for telomere biology? *Clin Sci (Lond).* 2011;120(10):427-440. doi: 10.1042/CS20100385.
11. Gomes NM, Ryder OA, Houck ML, Charter SJ, Walker W, Forsyth NR, et al. Comparative biology of mammalian telomeres: hypotheses on ancestral states and the roles of telomeres in longevity determination. *Aging Cell.* 2011;10(5):761-768. doi: 10.1111/j.1474-9726.2011.00718.x.
12. Armanios M, Greider CW. Telomerase and cancer stem cells. *Cold Spring Harb Symp Quant Biol.* 2005;70:205-208. doi: 10.1101/sqb.2005.70.030.
13. Cong YS, Wright WE, Shay JW. Human telomerase and its regulation. *Microbiol Mol Biol Rev.* 2002;66(3):407-425. doi: 10.1128/MMBR.66.3.407-425.2002.
14. Pham C, Vryer R, O'Hely M, Mansell T, Burgner D, Collier F, et al. Shortened infant telomere length is associated with attention deficit/hyperactivity disorder symptoms in children at age two years: a birth cohort study. *Int J Mol Sci.* 2022;23(9):4601. doi: 10.3390/ijms23094601.
15. Arsenis NC, You T, Ogawa EF, Tinsley GM, Zuo L. Physical activity and telomere length: Impact of aging and potential mechanisms of action. *Oncotarget.* 2017;8(27):45008-45019. doi: 10.18632/oncotarget.16726.
16. Wright WE, Piatyszek MA, Rainey WE, Byrd W, Shay JW. Telomerase activity in human germline and embryonic tissues and cells. *Dev Genet.* 1996;18(2):173-179. doi: 10.1002/(SICI)1520-6408(1996)18:2<173:AID-DVG10>3.0.CO;2-3.
17. Saretzki G. Telomeres, telomerase and ageing. *Subcell Biochem.* 2018;90:221-308. doi: 10.1007/978-981-13-2835-0_9.
18. Cerni C. Telomeres, telomerase, and myc. An update. *Mutat Res.* 2000;462(1):31-47. doi: 10.1016/s1383-5742(99)00091-5.
19. Finkel T, Holbrook NJ. Oxidants, oxidative stress and the biology of ageing. *Nature.* 2000;408(6809):239-247. doi: 10.1038/35041687.
20. Barsam T, Monazzam MR, Haghdoost AA, Ghotbi MR, Dehghan SF. Effect of extremely low frequency electromagnetic field exposure on sleep quality in high voltage substations. *Iranian J Environ Health Sci Eng.* 2012;9(1):15. doi: 10.1186/1735-2746-9-15.
21. Babizhayev MA, Savel'yeva EL, Moskvina SN, Yegorov YE. Telomere length is a biomarker of cumulative oxidative stress, biologic age, and an independent predictor of survival and therapeutic treatment requirement associated with smoking behavior. *Am J Ther.* 2011;18(6):e209-e226. doi: 10.1097/MJT.0b013e3181cf8ebb.
22. Shamas MA. Telomeres, lifestyle, cancer, and aging. *Curr Opin Clin Nutr Metab Care.* 2011;14(1):28-34. doi: 10.1097/MCO.0b013e32834121b1.
23. Lefebvre T, Raynal C. De l'Institut Pasteur a Radio Luxembourg, L'histoire etonnante du Tho-Radia. *Rev Hist Pharm (Paris).* 2002;50(335):461-480.
24. Hornsby PJ. Telomerase and the aging process. *Exp Gerontol.* 2007;42(7):575-581. doi: 10.1016/j.exger.2007.03.007.
25. Braga-Tanaka I 3rd, Tanaka S, Kohda A, Takai D, Nakamura S, Ono T, et al. Experimental studies on the biological effects of chronic low dose-rate radiation exposure in mice: overview of the studies at the Institute for Environmental Sciences. *Int J Radiat Biol.* 2018;94(5):423-433. doi: 10.1080/09553002.2018.1451048.
26. Wei LC, Ding YX, Liu YH, Duan L, Bai Y, Shi M, Chen LW. Low-dose radiation stimulates Wnt/?-catenin signaling, neural stem cell proliferation and neurogenesis of the mouse hippocampus in vitro and in vivo. *Curr Alzheimer Res.* 2012;9(3):278-289. doi:10.2174/156720512800107627.
27. Cameron JR. Moderate dose rate ionizing radiation increases longevity. *Br J Radiol.* 2005;78(925):11-13. doi:10.1259/bjr/62063624.
28. Srinivas N, Rachakonda S, Kumar R. Telomeres and Telomere Length: A General Overview. *Cancers (Basel).* 2020;12(3):558. doi: 10.3390/cancers12030558.
29. Harley CB, Futcher AB, Greider CW. Telomeres shorten during ageing of human fibroblasts. *Nature.* 1990;345(6274):458-460. doi: 10.1038/345458a0.
30. Codd V, Denniff M, Swinfield C, Warner SC, Papakonstantinou M, Sheth S, et al. Measurement and initial characterization of leukocyte telomere length in 474,074 participants in UK Biobank. *Nat Aging.* 2022;2:170-179. doi: 10.1038/s43587-021-00166-9.
31. Aubert G, Lansdorp PM. Telomeres and aging. *Physiol Rev.* 2008;88(2):557-579. doi:10.1152/physrev.00026.2007
32. Shay JW. Role of telomeres and telomerase in aging and cancer. *Cancer Discov.* 2016;6(6):584-593. doi: 10.1158/2159-8290.CD-16-0062.
33. Rode L, Nordestgaard BG, Weischer M, Bojesen SE. Increased body mass index, elevated C-reactive protein, and short telomere length. *J Clin Endocrinol Metab.* 2014;99(9):E1671-E1675. doi: 10.1210/jc.2014-1161.
34. Zerach G, Shevlin M, Solomon Z. Associations between hardness, C-reactive protein, and telomere length among former prisoners of war. *Health Psychol.* 2020;39(11):1007-1012. doi: 10.1037/hea0001030.
35. Shin D, Shin J, Lee KW. Effects of inflammation and depression on telomere length in young adults in the United States. *J Clin Med.* 2019;8(5):711. doi: 10.3390/jcm8050711.
36. Nawrot TS, Staessen JA, Holvoet P, Struijker-Boudier HA, Schiffrers P, Van Bortel LM, et al. Telomere length and its associations with oxidized-LDL, carotid artery distensibility and smoking. *Front Biosci (Elite Ed).* 2010;2(3):1164-1168. doi: 10.2741/e176.

37. Richards JB, Valdes AM, Gardner JP, Kato BS, Siva A, Kimura M, et al. Homocysteine levels and leukocyte telomere length. *Atherosclerosis*. 2008;200(2):271-277. doi: 10.1016/j.atherosclerosis.2007.12.035.
38. Soriano-Tarraga C, Mola-Caminal M, Giralt-Steinhauer E, Ois A, Rodriguez-Campello A, Cuadrado-Godia E, et al. Biological age is better than chronological as predictor of 3-month outcome in ischemic stroke. *Neurology*. 2017;89(8):830-836. doi: 10.1212/WNL.0000000000004261.
39. Masi S, Gkraniyas N, Li K, Salpea KD, Parkar M, Orlandi M, et al. Association between short leukocyte telomere length, endotoxemia, and severe periodontitis in people with diabetes: a cross-sectional survey. *Diabetes Care*. 2014;37(4):1140-1147. doi: 10.2337/dc13-2106.
40. Guan JZ, Maeda T, Sugano M, Oyama J, Higuchi Y, Suzuki T, Makino N. A percentage analysis of the telomere length in Parkinson's disease patients. *J Gerontol A Biol Sci Med Sci*. 2008;63(5):467-473. doi: 10.1093/gerona/63.5.467.
41. De Meyer T, Rietzschel ER, De Buyzere ML, Van Criekinge W, Bekaert S. Telomere length and cardiovascular aging: the means to the ends? *Ageing Res Rev*. 2011;10(2):297-303. doi: 10.1016/j.arr.2010.11.001.
42. Lister-Shimauchi EH, McCarthy B, Lippincott M, Ahmed S. Genetic and Epigenetic Inheritance at Telomeres. *Epigenomes*. 2022;6(1):9. doi: 10.3390/epigenomes6010009.
43. Benetti R, Garcia-Cao M, Blasco MA. Telomere length regulates the epigenetic status of mammalian telomeres and subtelomeres. *Nat Genet*. 2007;39(2):243-250. doi: 10.1038/ng1952.
44. von Zglinicki T. Oxidative stress shortens telomeres. *Trends Biochem Sci*. 2002;27(7):339-344. doi: 10.1016/s0968-0004(02)02110-2.
45. Haendeler J, Hoffmann J, Diehl JF, Vasa M, Spyridopoulos I, Zeiher AM, Dimmeler S. Antioxidants inhibit nuclear export of telomerase reverse transcriptase and delay replicative senescence of endothelial cells. *Circ Res*. 2004;94(6):768-775. doi: 10.1161/01.RES.0000121104.05977.F3.
46. Spector A. Review: Oxidative stress and disease. *J Ocul Pharmacol Ther*. 2000;16(2):193-201. doi: 10.1089/jop.2000.16.193.
47. Ottonello S, Foroni C, Carta A, Petrucco S, Maraini G. Oxidative stress and age-related cataract. *Ophthalmologica*. 2000;214(1):78-85. doi:10.1159/000027474
48. Mayr FB, Yende S. Size matters! Peripheral blood leukocyte telomere length and survival after critical illness. *Eur Respir J*. 2020;55(1):1902114. doi: 10.1183/13993003.02114-2019.
49. Barnes RP, Fouquerel E, Opresko PL. The impact of oxidative DNA damage and stress on telomere homeostasis. *Mech Ageing Dev*. 2019;177:37-45. doi: 10.1016/j.mad.2018.03.013
50. Evans SK, Lundblad V. Positive and negative regulation of telomerase access to the telomere. *J Cell Sci*. 2000;113 Pt 19:3357-3364. doi: 10.1242/jcs.113.19.3357.
51. Ahmed S, Passos JF, Birket MJ, Beckmann T, Brings S, Peters H, et al. Telomerase does not counteract telomere shortening but protects mitochondrial function under oxidative stress. *J Cell Sci*. 2008;121(Pt 7):1046-1053. doi: 10.1242/jcs.019372.
52. Bernardes de Jesus B, Blasco MA. Telomerase at the intersection of cancer and aging. *Trends Genet*. 2013;29(9):513-520. doi: 10.1016/j.tig.2013.06.007.
53. Brazvan B, Ebrahimi-Kalan A, Velaei K, Mehdipour A, Aliyari Serej Z, Ebrahimi A, et al. Telomerase activity and telomere on stem progeny senescence. *Biomed Pharmacother*. 2018;102:9-17. doi: 10.1016/j.biopha.2018.02.073.
54. Ulaner GA, Giudice LC. Developmental regulation of telomerase activity in human fetal tissues during gestation. *Mol Hum Reprod*. 1997;3(9):769-773. doi: 10.1093/molehr/3.9.769.
55. Aragona M, Maisano R, Panetta S, Giudice A, Morelli M, La Torre I, La Torre F. Telomere length maintenance in aging and carcinogenesis. *Int J Oncol*. 2000;17(5):981-989. doi: 10.3892/ijo.17.5.981.
56. Choi WS, Weng PJ, Yang W. Flexibility of telomerase in binding the RNA template and DNA telomeric repeat. *Proc Natl Acad Sci USA*. 2022;119(1):e2116159118. doi: 10.1073/pnas.2116159118.
57. Daniel M, Peek GW, Tollefsbol TO. Regulation of the human catalytic subunit of telomerase (hTERT). *Gene*. 2012;498(2):135-146. doi: 10.1016/j.gene.2012.01.095.
58. Vaziri H, Benchimol S. Reconstitution of telomerase activity in normal human cells leads to elongation of telomeres and extended replicative life span. *Curr Biol*. 1998;8(5):279-282. doi: 10.1016/s0960-9822(98)70109-5.
59. Crous-Bou M, Molinuevo JL, Sala-Vila A. Plant-rich dietary patterns, plant foods and nutrients, and telomere length. *Adv Nutr*. 2019;10(Suppl_4):S296-S303. doi: 10.1093/advances/nmz026.
60. Koehler K, Drenowatz C. Integrated role of nutrition and physical activity for lifelong health. *Nutrients*. 2019;11(7):1437. doi: 10.3390/nu11071437.
61. Mierziak J, Kostyn K, Boba A, Czemplik M, Kulma A, Wojtasik W. Influence of the bioactive diet components on the gene expression regulation. *Nutrients*. 2021;13(11):3673. doi: 10.3390/nu13113673.
62. Giardini MA, Segatto M, da Silva MS, Nunes VS, Cano MI. Telomere and telomerase biology. *Prog Mol Biol Transl Sci*. 2014;125:1-40. doi: 10.1016/B978-0-12-397898-1.00001-3.
63. Wang Y, Susac L, Feigon J. Structural biology of telomerase. *Cold Spring Harb Perspect Biol*. 2019;11(12):a032383. doi:10.1101/cshperspect.a032383.
64. Richards LA, Kumari A, Knezevic K, Thoms JA, von Jonquieres G, Napier CE, et al. DKC1 is a transcriptional target of GATA1 and drives upregulation of telomerase activity in normal human erythroblasts. *Haematologica*. 2020;105(6):1517-1526. doi: 10.3324/haematol.2018.215699.
65. Liochev SI. Reactive oxygen species and the free radical theory of aging. *Free Radic Biol Med*. 2013;60:1-4. doi: 10.1016/j.freeradbiomed.2013.02.011.
66. Xin H, Liu D, Songyang Z. The telosome/shelterin complex and its functions. *Genome Biol*. 2008;9(9):232. doi: 10.1186/gb-2008-9-9-232.

67. Nguyen THD, Tam J, Wu RA, Greber BJ, Toso D, Nogales E, et al. Cryo-EM structure of substrate-bound human telomerase holoenzyme. *Nature*. 2018;557(7704):190-195. doi:10.1038/s41586-018-0062-x.
68. de Lange T. Protection of mammalian telomeres. *Oncogene*. 2002;21(4):532-540. doi:10.1038/sj.onc.1205080.
69. Harman D. Aging and oxidative stress. *J Int Fed Clin Chem*. 1998;10(1):24-27.
70. Zhu Y, Liu X, Ding X, Wang F, Geng X. Telomere and its role in the aging pathways: telomere shortening, cell senescence and mitochondria dysfunction. *Biogerontology*. 2019;20(1):1-16. doi:10.1007/s10522-018-9769-1.
71. Di Meo S, Venditti P. Evolution of the Knowledge of Free Radicals and Other Oxidants. *Oxid Med Cell Longev*. 2020;2020:9829176. doi:10.1155/2020/9829176.
72. Petersen RC. Free-radicals and advanced chemistries involved in cell membrane organization influence oxygen diffusion and pathology treatment. *AIMS Biophys*. 2017;4(2):240-283. doi:10.3934/biophys.2017.2.240.
73. Ashok BT, Ali R. The aging paradox: free radical theory of aging. *Exp Gerontol*. 1999;34(3):293-303. doi:10.1016/s0531-5565(99)00005-4.
74. Wedgwood S, Steinhorn RH, Lakshminrusimha S. Optimal oxygenation and role of free radicals in PPHN. *Free Radic Biol Med*. 2019;142:97-106. doi:10.1016/j.freeradbiomed.2019.04.001.
75. Kumar H, Lim HW, More SV, Kim BW, Koppula S, Kim IS, Choi DK. The role of free radicals in the aging brain and Parkinson's Disease: convergence and parallelism. *Int J Mol Sci*. 2012;13(8):10478-10504. doi:10.3390/ijms130810478.
76. Sies H. Oxidative stress: oxidants and antioxidants. *Exp Physiol*. 1997;82(2):291-295. doi:10.1113/expphysiol.1997.sp004024.
77. Harman D. The aging process. *Proc Natl Acad Sci U S A*. 1981;78(11):7124-7128. doi:10.1073/pnas.78.11.7124.
78. Phaniendra A, Jestadi DB, Periyasamy L. Free radicals: properties, sources, targets, and their implication in various diseases. *Indian J Clin Biochem*. 2015;30(1):11-26. doi:10.1007/s12291-014-0446-0.
79. Hulbert AJ, Pamplona R, Buffenstein R, Buttemer WA. Life and death: metabolic rate, membrane composition, and life span of animals. *Physiol Rev*. 2007;87(4):1175-1213. doi:10.1152/physrev.00047.2006.
80. Neha K, Haider MR, Pathak A, Yar MS. Medicinal prospects of antioxidants: A review. *Eur J Med Chem*. 2019;178:687-704. doi:10.1016/j.ejmech.2019.06.010.
81. Di Meo S, Reed TT, Venditti P, Victor VM. Role of ROS and RNS Sources in Physiological and Pathological Conditions. *Oxid Med Cell Longev*. 2016;2016:1245049. doi:10.1155/2016/1245049.
82. Dondoladze K, Nikolaishvili M, Zurabashvili D. The effect of balneotherapy on the oxidative system and changes in anxiety behavior, enhanced by low doses of radon. *Int J Radiat Biol*. 2021;97(10):1461-1469. doi:10.1080/09553002.2021.1956009.
83. Kunt H, Senturk I, Gonul Y, Korkmaz M, Ahsen A, Hazman O, et al. Effects of electromagnetic radiation exposure on bone mineral density, thyroid, and oxidative stress index in electrical workers. *Oncotargets Ther*. 2016;9:745-754. doi:10.2147/OTT.S94374.
84. Verma AK, Raj J, Sharma V, Singh TB, Srivastava S, Srivastava R. Plasma prolidase activity and oxidative stress in patients with Parkinson's disease. *Parkinsons Dis*. 2015;2015:598028. doi:10.1155/2015/598028.
85. Gao X, Gao X, Zhang Y, Holleczeck B, Schottker B, Brenner H. Oxidative stress and epigenetic mortality risk score: associations with all-cause mortality among elderly people. *Eur J Epidemiol*. 2019;34(5):451-462. doi:10.1007/s10654-019-00493-7.
86. Linnane AW, Eastwood H. Cellular redox regulation and prooxidant signaling systems: a new perspective on the free radical theory of aging. *Ann N Y Acad Sci*. 2006;1067:47-55. doi:10.1196/annals.1354.008.
87. Preiser JC. Oxidative stress. *JPEN J Parenter Enteral Nutr*. 2012;36(2):147-154. doi:10.1177/0148607111434963.
88. Cabello-Verrugio C, Ruiz-Ortega M, Mosqueira M, Simon F. Oxidative stress in disease and aging: mechanisms and therapies. *Oxid Med Cell Longev*. 2016;2016:8786564. doi:10.1155/2016/8786564.
89. Salmon AB, Richardson A, Perez VI. Update on the oxidative stress theory of aging: does oxidative stress play a role in aging or healthy aging? *Free Radic Biol Med*. 2010;48(5):642-655. doi:10.1016/j.freeradbiomed.2009.12.015.
90. Walker JR, Zhu XD. Post-translational modifications of TRF1 and TRF2 and their roles in telomere maintenance. *Mech Ageing Dev*. 2012;133(6):421-434. doi:10.1016/j.mad.2012.05.002.
91. Barnes PJ, Baker J, Donnelly LE. Cellular senescence as a mechanism and target in chronic lung diseases. *Am J Respir Crit Care Med*. 2019;200(5):556-564. doi:10.1164/rccm.201810-1975TR.
92. Gavia-Garcia G, Rosado-Perez J, Arista-Ugalde TL, Aguiniga-Sanchez I, Santiago-Osorio E, Mendoza-Nunez VM. Telomere Length and Oxidative Stress and Its Relation with Metabolic Syndrome Components in the Aging. *Biology (Basel)*. 2021;10(4):253. doi:10.3390/biology10040253.
93. Shay JW, Wright WE. Telomeres and telomerase: three decades of progress. *Nat Rev Genet*. 2019;20(5):299-309. doi:10.1038/s41576-019-0099-1.
94. Blackburn EH, Epel ES, Lin J. Human telomere biology: A contributory and interactive factor in aging, disease risks, and protection. *Science*. 2015;350(6265):1193-1198. doi:10.1126/science.aab3389.
95. Kirtonia A, Sethi G, Garg M. The multifaceted role of reactive oxygen species in tumorigenesis. *Cell Mol Life Sci*. 2020;77(22):4459-4483. doi:10.1007/s00018-020-03536-5
96. von Zglinicki T. Oxidative stress shortens telomeres. *Trends Biochem Sci*. 2002;27(7):339-344. doi:10.1016/s0968-0004(02)02110-2.
97. Lin J, Epel E. Stress and telomere shortening: Insights from cellular mechanisms. *Ageing Res Rev*. 2022;73:101507. doi:10.1016/j.arr.2021.101507.
98. Yu BP. Cellular defenses against damage from reactive oxygen species [published correction appears in *Physiol Rev* 1995

- Jan;75(1):preceding 1]. *Physiol Rev.* 1994;74(1):139-162. doi: 10.1152/physrev.1994.74.1.139.
99. Hameister R, Kaur C, Dheen ST, Lohmann CH, Singh G. Reactive oxygen/nitrogen species (ROS/RNS) and oxidative stress in arthroplasty. *J Biomed Mater Res B Appl Biomater.* 2020;108(5):2073-2087. doi: 10.1002/jbm.b.34546.
100. Maes M, Galecki P, Chang YS, Berk M. A review on the oxidative and nitrosative stress (O&NS) pathways in major depression and their possible contribution to the (neuro)degenerative processes in that illness. *Prog Neuropsychopharmacol Biol Psychiatry.* 2011;35(3):676-692. doi: 10.1016/j.pnpbp.2010.05.004.
101. Toma C, De Cilla S, Palumbo A, Garhwal DP, Grossini E. Oxidative and nitrosative stress in age-related macular degeneration: a review of their role in different stages of disease. *Antioxidants (Basel).* 2021;10(5):653. doi: 10.3390/antiox10050653.
102. Sripathi SR, He W, Um JY, Moser T, Dehnbostel S, Kindt K, et al. Nitric oxide leads to cytoskeletal reorganization in the retinal pigment epithelium under oxidative stress. *Adv Biosci Biotechnol.* 2012;3:1167-1178. doi: 10.4236/abb.2012.38143.
103. Valko M, Rhodes CJ, Moncol J, Izakovic M, Mazur M. Free radicals, metals and antioxidants in oxidative stress-induced cancer. *Chem Biol Interact.* 2006;160(1):1-40. doi: 10.1016/j.cbi.2005.12.009.
104. Pudlacz AM, Czechowska E, S Karbownik M, Ransozek-Soliwoda K, Tomaszewska E, Celichowski G, et al. The effect of immobilized antioxidant enzymes on the oxidative stress in UV-irradiated rat skin. *Nanomedicine (Lond).* 2020;15(1):23-39. doi: 10.2217/nnm-2019-0166.
105. He L, He T, Farrar S, Ji L, Liu T, Ma X. Antioxidants maintain cellular redox homeostasis by elimination of reactive oxygen species. *Cell Physiol Biochem.* 2017;44(2):532-553. doi:10.1159/000485089.
106. Mates JM. Effects of antioxidant enzymes in the molecular control of reactive oxygen species toxicology [published correction appears in *Toxicology* 2001 Jun 21;163(2-3):219]. *Toxicology.* 2000;153(1-3):83-104. doi: 10.1016/s0300-483x(00)00306-1.
107. Tokarz P, Kaarniranta K, Blasiak J. Role of antioxidant enzymes and small molecular weight antioxidants in the pathogenesis of age-related macular degeneration (AMD). *Biogerontology.* 2013;14(5):461-482. doi: 10.1007/s10522-013-9463-2.
108. Sarmiento A, Diaz-Castro J, Pulido-Moran M, Kajarabille N, Guisado R, Ochoa JJ. Coenzyme Q10 supplementation and exercise in healthy humans: a systematic review. *Curr Drug Metab.* 2016;17(4):345-358. doi: 10.2174/1389200216666151103115654.
109. Schafer FQ, Buettner GR. Redox environment of the cell as viewed through the redox state of the glutathione disulfide/glutathione couple. *Free Radic Biol Med.* 2001;30(11):1191-1212. doi: 10.1016/s0891-5849(01)00480-4.
110. Pham-Huy LA, He H, Pham-Huy C. Free radicals, antioxidants in disease and health. *Int J Biomed Sci.* 2008;4(2):89-96.
111. Dean RT, Cheeseman KH. Vitamin E protects proteins against free radical damage in lipid environments. *Biochem Biophys Res Commun.* 1987;148(3):1277-1282. doi: 10.1016/s0006-291x(87)80271-1.
112. Kurutas EB. The importance of antioxidants which play the role in cellular response against oxidative/nitrosative stress: current state. *Nutr J.* 2016;15(1):71. doi: 10.1186/s12937-016-0186-5.
113. Ayala A, Munoz MF, Arguelles S. Lipid peroxidation: production, metabolism, and signaling mechanisms of malondialdehyde and 4-hydroxy-2-nonenal. *Oxid Med Cell Longev.* 2014;2014:360438. doi: 10.1155/2014/360438.
114. Aboua YG, Brooks N, Mahfouz RZ, Agarwal A, du Plessis SS. A red palm oil diet can reduce the effects of oxidative stress on rat spermatozoa. *Andrologia.* 2012;44 Suppl 1:32-40. doi: 10.1111/j.1439-0272.2010.01133.x.
115. Balcerczyk A, Gajewska A, Macierzynska-Piotrowska E, Pawelczyk T, Bartosz G, Szemraj J. Enhanced antioxidant capacity and anti-ageing biomarkers after diet micronutrient supplementation. *Molecules.* 2014;19(9):14794-14808. doi: 10.3390/molecules190914794
116. Massudi H, Grant R, Braidy N, Guest J, Farnsworth B, Guillemin GJ. Age-associated changes in oxidative stress and NAD+ metabolism in human tissue. *PLoS One.* 2012;7(7):e42357. doi: 10.1371/journal.pone.0042357.
117. Islam MT. Radiation interactions with biological systems. *Int J Radiat Biol.* 2017;93(5):487-493. doi: 10.1080/09553002.2017.1286050.
118. Zosangzuali M, Lalremruati M, Lalmuansangi C, Nghakliana F, Pachuau L, Bandara P, Zothan Siama. Effects of radiofrequency electromagnetic radiation emitted from a mobile phone base station on the redox homeostasis in different organs of Swiss albino mice. *Electromagn Biol Med.* 2021;40(3):393-407. doi: 10.1080/15368378.2021.1895207.
119. Al-Nabulsi I, Stricklin D. Translational approaches for radiation risk assessment. *Int J Radiat Biol.* 2021;97(1):1. doi:10.1080/09553002.2020.1851547.
120. Hinrikus H, Lass J, Bachmann M. Threshold of radiofrequency electromagnetic field effect on human brain. *Int J Radiat Biol.* 2021;97(11):1505-1515. doi: 10.1080/09553002.2021.1969055.
121. Plante I. A review of simulation codes and approaches for radiation chemistry. *Phys Med Biol.* 2021;66(3):03TR02. doi: 10.1088/1361-6560/abbd19.
122. Gonzalez-Munoz G, Tilly N, Fernandez-Varea JM, Ahnesjo A. Monte Carlo simulation and analysis of proton energy-deposition patterns in the Bragg peak. *Phys Med Biol.* 2008;53(11):2857-2875. doi: 10.1088/0031-9155/53/11/007.
123. Chen X, Tian X, Shin I, Yoon J. Fluorescent and luminescent probes for detection of reactive oxygen and nitrogen species. *Chem Soc Rev.* 2011;40(9):4783-4804. doi: 10.1039/c1cs15037e.
124. Singh A, Kukreti R, Saso L, Kukreti S. Oxidative stress: role and response of short guanine tracts at genomic locations. *Int J Mol Sci.* 2019;20(17):4258. doi: 10.3390/ijms20174258.
125. Chuai Y, Qian L, Sun X, Cai J. Molecular hydrogen and radiation protection. *Free Radic Res.* 2012;46(9):1061-1067. doi: 10.3109/10715762.2012.689429.

126. Czapski G, Goldstein S. The role of the reactions of .NO with superoxide and oxygen in biological systems: a kinetic approach. *Free Radic Biol Med.* 1995;19(6):785-794. doi: 10.1016/0891-5849(95)00081-8.
127. Fleming AM, Burrows CJ. G-quadruplex folds of the human telomere sequence alter the site reactivity and reaction pathway of guanine oxidation compared to duplex DNA. *Chem Res Toxicol.* 2013;26(4):593-607. doi: 10.1021/tx400028y.
128. Wang Z, Rhee DB, Lu J, Bohr CT, Zhou F, Vallabhaneni H, et al. Characterization of oxidative guanine damage and repair in mammalian telomeres. *PLoS Genet.* 2010;6(5):e1000951. doi: 10.1371/journal.pgen.1000951.
129. Mikkelsen L, Bialkowski K, Risom L, Lohr M, Loft S, Moller P. Aging and defense against generation of 8-oxo-7,8-dihydro-2'-deoxyguanosine in DNA. *Free Radic Biol Med.* 2009;47(5):608-615. doi: 10.1016/j.freeradbiomed.2009.05.030.
130. Zhang X, Li L. The Significance of 8-oxoGsn in Aging-Related Diseases. *Aging Dis.* 2020;11(5):1329-1338. doi: 10.14336/AD.2019.1021.
131. Kryston TB, Georgiev AB, Pissis P, Georgakilas AG. Role of oxidative stress and DNA damage in human carcinogenesis. *Mutat Res.* 2011;711(1-2):193-201. doi: 10.1016/j.mrfmmm.2010.12.016.
132. Jia P, Her C, Chai W. DNA excision repair at telomeres. *DNA Repair (Amst).* 2015;36:137-145. doi: 10.1016/j.dnarep.2015.09.017.
133. Vatner SF, Zhang J, Oydanich M, Berkman T, Naftalovich R, Vatner DE. Healthful aging mediated by inhibition of oxidative stress. *Ageing Res Rev.* 2020;64:101194. doi: 10.1016/j.arr.2020.101194.
134. Cleveland DW, Rothstein JD. From Charcot to Lou Gehrig: deciphering selective motor neuron death in ALS. *Nat Rev Neurosci.* 2001;2(11):806-819. doi: 10.1038/35097565.
135. Rodriguez M, Barroso-Chinea P, Abdala P, Obeso J, Gonzalez-Hernandez T. Dopamine cell degeneration induced by intraventricular administration of 6-hydroxydopamine in the rat: similarities with cell loss in parkinson's disease. *Exp Neurol.* 2001; 69(1):163-181. doi: 10.1006/exnr.2000.7624.
136. Mueller SG, Stables L, Du AT, et al. Measurement of hippocampal subfields and age-related changes with high resolution MRI at 4T. *Neurobiol Aging.* 2007;28(5):719-726. doi: 10.1016/j.neurobiolaging.2006.03.007.
137. Puthran SS, Sudha K, Rao GM, Shetty BV. Oxidative stress and low dose ionizing radiation. *Indian J Physiol Pharmacol.* 2009;53(2): 181-184.
138. Salminen A, Kaamiranta K, Kauppinen A. Photoaging: UV radiation-induced inflammation and immunosuppression accelerate the aging process in the skin. *Inflamm Res.* 2022;71(7-8):817-831. doi: 10.1007/s00011-022-01598-8.
139. Azzam El, Jay-Gerin JP, Pain D. Ionizing radiation-induced metabolic oxidative stress and prolonged cell injury. *Cancer Lett.* 2012;327(1-2):48-60. doi: 10.1016/j.canlet.2011.12.012
140. Hernandez L, Terradas M, Camps J, Martin M, Tusell L, Genesca A. Aging and radiation: bad companions. *Aging Cell.* 2015;14(2):153-161. doi:10.1111/accel.12306.
141. Valko M, Leibfritz D, Moncol J, Cronin MT, Mazur M, Telser J. Free radicals and antioxidants in normal physiological functions and human disease. *Int J Biochem Cell Biol.* 2007;39(1):44-84. doi: 10.1016/j.biocel.2006.07.001.
142. Ghosal D, Omelchenko MV, Gaidamakova EK, Matrosova VY, Vasilenko A, Venkateswaran A, et al. How radiation kills cells: survival of *Deinococcus radiodurans* and *Shewanella oneidensis* under oxidative stress. *FEMS Microbiol Rev.* 2005;29(2):361-375. doi: 10.1016/j.femsre.2004.12.007.
143. Alkis ME, Akdag MZ, Dasdag S. Effects of low-intensity microwave radiation on oxidant-antioxidant parameters and DNA damage in the liver of rats. *Bioelectromagnetics.* 2021;42(1):76-85. doi: 10.1002/bem.22315.
144. Havas M. When theory and observation collide: Can non-ionizing radiation cause cancer? *Environ Pollut.* 2017;221:501-505. doi: 10.1016/j.envpol.2016.10.018.
145. Alkis ME, Bilgin HM, Akpolat V, Dasdag S, Yegin K, Yavas MC, Akdag MZ. Effect of 900-, 1800-, and 2100-MHz radiofrequency radiation on DNA and oxidative stress in brain. *Electromagn Biol Med.* 2019;38(1):32-47. doi: 10.1080/15368378.2019.1567526.
146. Belpomme D, Hardell L, Belyaev I, Burgio E, Carpenter DO. Thermal and non-thermal health effects of low intensity non-ionizing radiation: An international perspective. *Environ Pollut.* 2018;242(Pt A):643-658. doi: 10.1016/j.envpol.2018.07.019.
147. Zhang B, Wang L, Zhan A, Wang M, Tian L, Guo W, Pan Y. Long-term exposure to a hypomagnetic field attenuates adult hippocampal neurogenesis and cognition. *Nat Commun.* 2021; 12(1):1174. doi: 10.1038/s41467-021-21468-x.
148. de Jager TL, Cockrell AE, Du Plessis SS. Ultraviolet light induced generation of reactive oxygen species. *Adv Exp Med Biol.* 2017; 996:15-23. doi: 10.1007/978-3-319-56017-5_2.
149. Berry R 3rd, Lopez-Martinez G. A dose of experimental hormesis: When mild stress protects and improves animal performance. *Comp Biochem Physiol A Mol Integr Physiol.* 2020;242:110658. doi: 10.1016/j.cbpa.2020.110658.
150. Meng JY, Zhang CY, Zhu F, Wang XP, Lei CL. Ultraviolet light-induced oxidative stress: effects on antioxidant response of *Helicoverpa armigera* adults. *J Insect Physiol.* 2009;55(6):588-592. doi:10.1016/j.jinsphys.2009.03.003.

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