Table 1. Details of methods used by participating laboratories.

	Laboratory 1	Laboratory 2	Laboratory 3	
RNA isolation	PAXgene Blood RNA	PAXgene Blood RNA kit	PAXgene Blood	
method	Kit (Qiagen)	(Qiagen)	RNA Kit (Qiagen)	
cDNA synthesis	High Capacity cDNA	High Capacity cDNA	High Capacity cDNA	
method	Reverse Transcription	Reverse Transcription Kit	Reverse	
	Kit (Thermo Fisher	(Thermo Fisher	Transcription Kit	
	Scientific)	Scientific)	(Thermo Fisher	
			Scientific)	
qPCR	TaqMan Universal	PerfeCTa Multiplex	TaqMan Universal	
kit/mastermix	Master Mix II, no	qPCR SuperMix (Quanta	Master Mix (Thermo	
	UNG (Thermo Fisher	Biosciences Inc.	Fisher Scientific)	
	Scientific)	Gaithersburg, MD, USA)		
Primers and	TaqMan assay	Primer F:	TaqMan assay	
probes for FDXR	Hs00244586_m1	GTACAACGGGCTTCCTGA	Hs01031617_m1	
		GA		
		Primer R: CTCAGGTGGGGTCAGTAG		
		GA		
		Probe:		
		CGGGCCACGTCCAGAGCC		
		A		
Primers and	TaqMan assay	(HPRT1)	TaqMan assay	
probes for	Hs00229263_m1	Primer F:	Hs99999901_s1	
reference gene	(ITFG1)	TCAGGCAGTATAATCCAA AGATGGT	(18S rRNA)	
		Primer R:		
		AGTCTGGCTTATATCCAA		
		CACTTCG		
		Probe:		
		CGCAAGCTTGCTGGTGAA AAGGACCC		
PCR conditions	1x/95°C/10min,	1x/95°C/2min,	1×/50°C/2min,	
	40x/95°C/15s,	45x/95°C/10s, 60°C/1min	1x/95°C/10min,	
	60°C/1min		40x/95°C/15s,	
			60°C/1min	
Detection system	7500 Real-Time PCR	Rotor-Gene Q (Qiagen)	QuantStudio 12K OA	
	System (Thermo		Real-Time PCR	
	Fisher Scientific)		System	
			(ThermoFisher	
			Scientific)	

Table 2. Dose estimates of blind samples calculated from FDXR expression data generated independently by three laboratories.

Comple	Esti	mated dose (	True dose (Gy)	
Sample	Lab 1	Lab 2	Lab 3*	True dose (Gy)
A	<b>A</b> 2.011		1.198	1.800
В	<b>B</b> 0.024		0.023	0.000
С	0.381	0.369	0.373	0.400

<sup>\*</sup> In the case of Lab 3, the calibration curve without 2 Gy dose point was used to calculate dose estimates (see Figure 1 data).

Table 3. Dose estimates of blind samples based on laboratory 1 data and a linear calibration curves presented in Figure 2 for which the non-irradiated sample was excluded or represented as 0.01 Gy or 0.001 Gy.

	Estimated dose (Gy)						
Sample	Curve without	Curve with 0 Gy	Curve with 0 Gy				
	0 Gy as 0.01 Gy as 0.001		as 0.001 Gy				
A	2.025	2.149	2.383	1.800			
В	0.027	0.010	0.002	0.000			
C	0.401	0.287	0.160	0.400			

Table 4. Summary of the available studies on FDXR expression in blood after doses  $\leq$  50 mGy.

Model	ex vivo/in	Dose	Radiation	Time points	Method	Main Findings	Reference
	vivo		type				
Cardiac	in vivo	9-76 mSv	X-rays	24 h, 1 month	qPCR	FDXR expression	O'Brien et al.
fluoroscopy		(Cardiac		(Cardiac		appeared generally	2018
patients and CT		Fluoroscopy		Fluoroscopy		unchanged for cardiac	
patients.		Patiens);		Patients);		fluoroscopy and CT	
		2.9-20.9 mGy		2 h, 6h, 24 h,		patients, however, a 1.3	
		(CT Patients)		2 d, 3d, 7d		to 1.7 fold up-	
				(CT Patients)		regulation was still	
						evident in some	
						patients with a	
						significant up-	
						regulation at 2 hr in	
						diagnostic CT patients.	
Pediatric patients	in vivo	0.002 - 8.004	X-rays	24 h	qPCR	No correlation between	Spyratou et al.
exposed to X-rays		mSv				FDXR expression and	2022
during						dose.	
interventional							
cardiology							
procedures							
Lung, neck, brain,	in vivo	0.038-0.169	X-rays	2 h, 6–8 h,	qPCR	Average fold change	Cruz-Garcia et
pelvis cancer		Gy		16–18 h, 24 h		across all patients (and	al. 2022

patients						all doses) 24 h post	
undergoing						exposure significantly	
radiotherapy						higher compared to pre	
						exposure.	
Patients	in vivo	4.66-5.09	<sup>99</sup> mTc-MDP	2 h	qPCR	No statistically	López- Riego
undergoing		mSv	(scintigraphy			significant change in	et al. 2023
positron emission		(scintigraphy	patients);			FDXR expression.	
tomography-		patients);	<sup>18</sup> F-FDG;				
computed		10.78-15.95	<sup>18</sup> F-PSMA;				
tomography scan		mSv (PET-	<sup>68</sup> Ga-				
(PET-CT) and		CT patients)	DOTATATE				
skeletal			(PET-CT				
scintigraphy			patients)				
Irradiated ex vivo	ex vivo	0.005 Gy – 4	X-rays	2 h, 24 h	qPCR	Statistically significant	Manning et al.
blood from healthy		Gy				upregulation of FDXR	2013
donors.						at 24 h time point after	
						50 mGy but not lower	
						doses. Result from	
						three independent	
						experiments performed	
						using blood from single	
						donor.	
CD4 <sup>+</sup> T	ex vivo	5 – 500 mGy	γ-rays	2.5 h, 5 h, 7.5	microarrays	Statistically significant	Nosel et al.
lymphocytes				h, 10h		upregulation of FDXR	2013

isolated from						after 10 mGy (5 h, 7.5	
irradiated ex vivo						h), 25 mGy (5 h, 7.5 h,	
blood from healthy						10 h), 50 m Gy (5 h,	
donors.						7.5 h), 100 mGy (all	
						time points), 500 mGy	
						(all time points).	
Irradiated ex vivo	ex vivo	9.6 mSv	X-rays	1h, 6h	NGS	Statistically significant	Kaatsch et al.
blood from healthy					validated by	upregulation of FDXR	2020
donors.					qPCR	after 6h.	
Irradiated ex vivo	ex vivo	Volume CT	X-rays	6 h	NGS	Statistically significant	Kaatsch et al.
blood from healthy		Dose Index			validated by	upregulation of FDXR.	2021
donors.		(CTDIvol)			qPCR		
		15.79–18.26					
		mGy;					
		Effective					
		dose 7 mSv					
Irradiated ex vivo	ex vivo	50 mGy	X-rays	1 h	qPCR	No statistically	Howe et al.
blood from healthy						significant change in	2021
donors and						FDXR expression.	
prostate cancer							
patients.							
Irradiated ex vivo	ex vivo	2.6-49.7 mGy	X-rays	6 h	qPCR	Statistically significant	Schüle et al.
blood from healthy						upregulation of FDXR	2023
donors.						expression after 22.6	

			and 49.7 mGy.	