

Ezequiel Ignacio Canay<sup>3,4,1</sup>, Mario Pietro Carante<sup>1,2</sup>, Alice Casali<sup>1,2</sup>,  
Francesca Ballarini<sup>1,2</sup> and Ricardo Luis Ramos<sup>1,2</sup>  
ezequielignaci.canay01@universitadipavia.it

<sup>1</sup> University of Pavia, Physics Department, via Bassi 6, I-27100 Pavia, Italy  
<sup>2</sup> INFN, Pavia Section, via Bassi 6, I-27100 Pavia, Italy  
<sup>3</sup> National Atomic Energy Commission, CNEA, Buenos Aires, Argentina  
<sup>4</sup> Universidad Nacional de San Martín (UNSAM), Argentina

## 1 Introduction: Space radiation

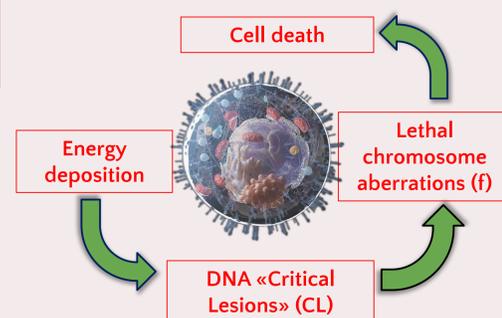
Future space missions to the Moon and Mars  
Main radiation sources in free space

Source	Dose Rate	Particles
Galactic Cosmic Rays (GCR)	0.5 mGy/day (max)	Protons, He-ions and Heavy-ions
Solar Particle Events (SPE)	Gy/event	

Biological response strongly depends not only on dose and radiation quality, but also on dose rate.



BIANCA model developed in Pavia



Main assumption: DNA “critical lesions” lead to chromosome aberrations, and some chromosome aberrations lead to cell death

## 2 Materials and Methods: space radiation calculations

Calculate the RBE depending on LET, particle, dose and dose rate

Relative Biological Effectiveness

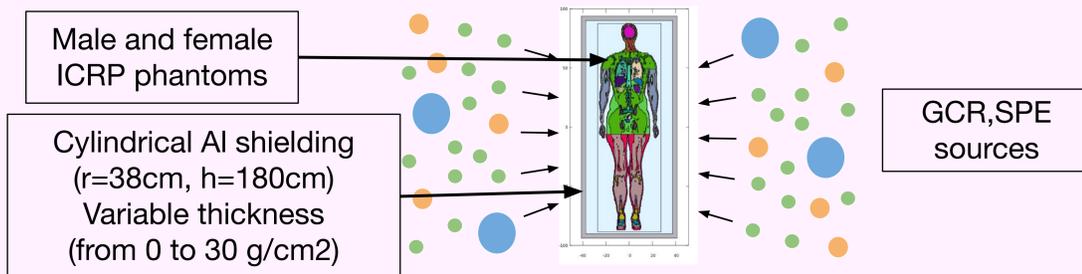
$$RBE = \frac{\text{Dose}_{\text{photons}}}{\text{Dose}_{\text{space radiation}}}$$

Same biological effect

In this work, two radiobiological databases have been generated by BIANCA for ions up to iron: Human skin fibroblasts cell survival and lymphocyte dicentric aberrations [1]



Dose calculation for comparison with space agency limits



## 3 Results

### Galactic Cosmic Rays

Dose in a Mars Mission (650 days, solar minimum) [2].

Al thickness (g/cm <sup>2</sup> )	Equivalent Dose Q-value (mSv)	Equivalent Dose (mGy.RBE)
0	986.7	809.8
0.3	904.5	774.3
1	812.1	693.5
2	770.4	669.3
5	729.0	658.9
10	681.6	652.2
20	708.5	680.9

Stochastic effects (lymphocyte dicentric aberrations)

< 1 Sv career (ESA limit), but > 600 mSv (NASA limit)

### Solar Particle Events

Spe of August 1972 [3,4].

Al thickness (g/cm <sup>2</sup> )	Equivalent Dose MALE (Gy.RBE)		Equivalent Dose FEMALE (Gy.RBE)	
	Skin	BFO	Skin	BFO
0.3	18.37	1.66	19.27	1.71
1	10.18	1.29	10.62	1.34
2	5.95	0.96	6.19	1.03
5	2.06	0.47	2.16	0.50
10	0.62	0.19	0.65	0.20
20	0.12	0.05	0.13	0.06

Deterministic effects

NASA and ESA limits (30-day limit)

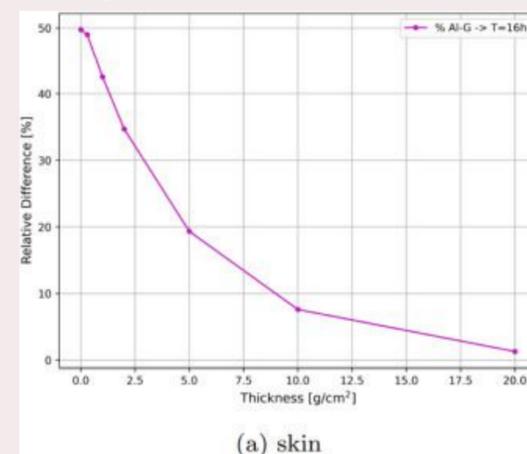
Skin = 1.5 Gy-Eq

Blood Forming Organs (BFO) = 0.25 Gy-Eq

### Dose rate [5]

Introduction of the G correction factor in the Lea Catcheside model to account for the repair of sublethal damage during prolonged or fractionated irradiations [5].

Fig. 1: Acute vs 16-h irradiation



Relative differences in the RBE-weighted dose reach up to 50% at low shielding thicknesses.

## 4 Conclusions & impact

- BIANCA + radiation transport enabled prediction of RBE for cell killing (deterministic effects) and chromosome aberrations (stochastic effects).
- Mission timing and shielding are critical: to respect NASA limits, a 650-day Mars mission should be performed during solar maximum; ~5 g/cm<sup>2</sup> Al is required for the October 2003 SPE and ~10 g/cm<sup>2</sup> for the August 1972 SPE.
- Dose rate strongly impacts risk: organ RBE-weighted doses for the August 1972 SPE differed by up to ~50% between acute and prolonged irradiation, confirming that RBE depends on LET, dose, and dose rate.
- Comprehensive RBE modelling: BIANCA accounts for RBE variations with particle type, LET, absorbed dose, and dose rate.
- Dose-rate matters: Biological effectiveness changes significantly with dose rate and must be included in space radiation risk assessment.

## References

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