



ISCRA 2017

International Symposium on Cosmic Rays and Astrophysics

20 – 22 June 2017, MEPhI, Moscow, Russia



Long time radiation environment variation on ISS orbit and radiation risk estimations

Долговременные вариации радиационной обстановки на
орбите МКС и оценка степени радиационного риска

*V.V. Benghin¹⁾, M.I. Panasyuk²⁾, V.G. Mitrikas¹⁾,
A.V. Shafirkin¹⁾, V.A. Shurshakov¹⁾,
O.Yu. Nechaev²⁾, N.V. Kuznetsov²⁾.*

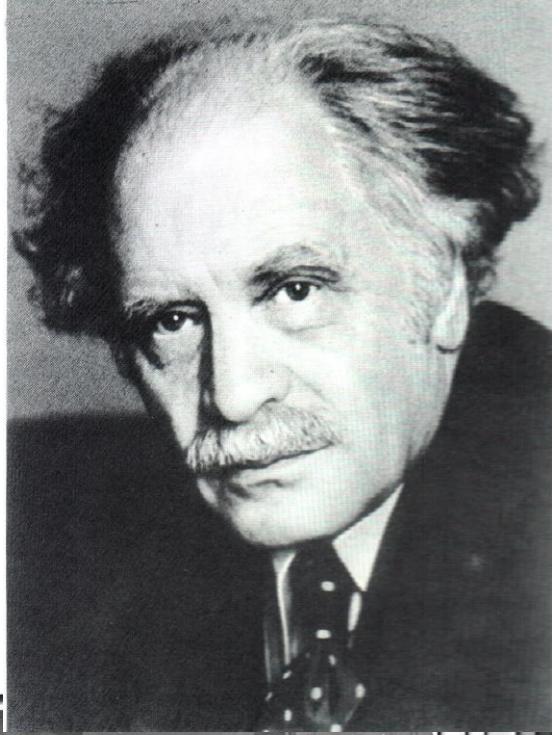
1) Moscow, State scientific center of Russian Federation - Institute of bio-medical problems of the Russian academy of sciences

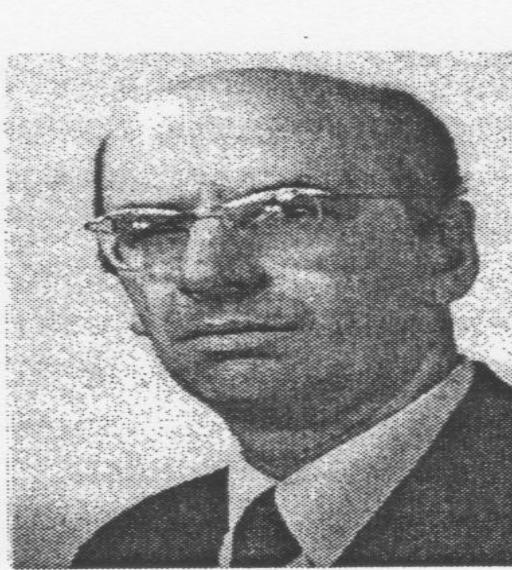
2) Moscow, Skobeltsyn Institute of Nuclear Physics of the Moscow State University

A few of a history

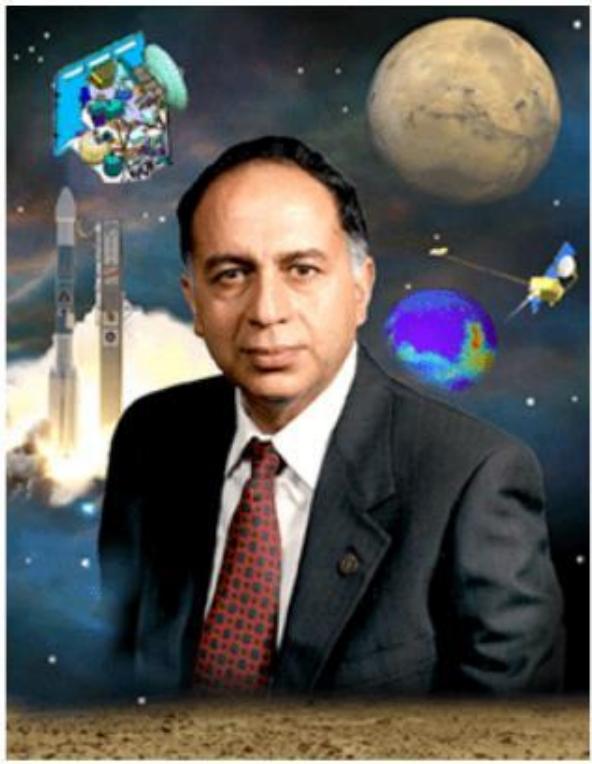


"My God, space is radioactive!" Dr. Ernest C. Ray
March 28, 1958





Е. Е. Ковалев



Е. Е. Ковалев вспоминает члены семинара с приборах

Units used for radiation measurements

Absorber dose unit: Gy

$$1 \text{ Gy} = 1 \text{ Joule / 1 kg}$$

Old unit: Rad

$$1 \text{ rad} = 0.01 \text{ Gy}$$

Equivalent dose unit: Sv

For gamma-rays 1 Sv=1Gy

Old unit: ber – biological equivalent of rad

$$1 \text{ ber} = 0.01 \text{ Sv}$$

Mortal human dose 5 Gy =500 rad for man with weight 80 kg deposit 400 Joule to his body.

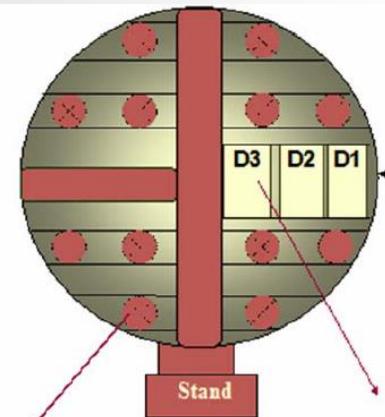
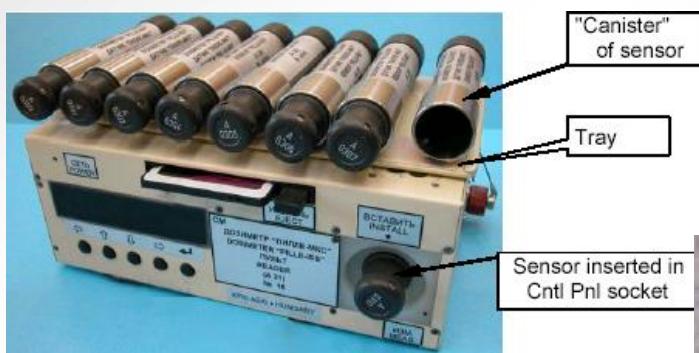
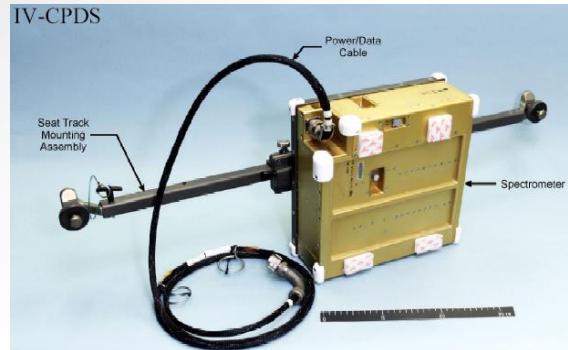
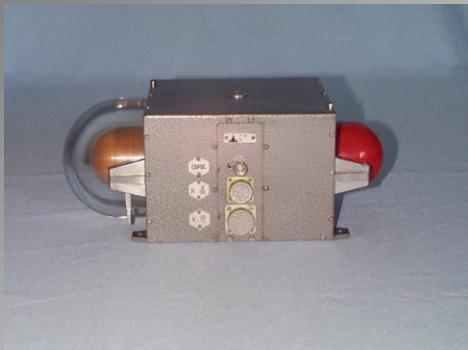
$$5 \text{ Gy} * 80 \text{ kg} = 400 \text{ Joule}$$

The same energy deposit one spoon of a hot tee.

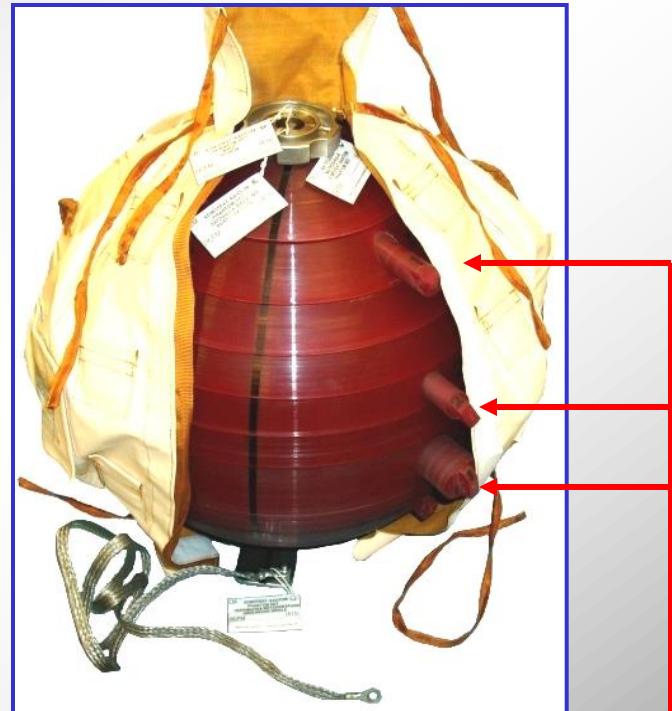
$$0.005 \text{ kg} * 4180 \frac{\text{J}}{\text{Kg} \cdot {}^\circ\text{C}} * (56 \text{ }^\circ\text{C} - 36.6 \text{ }^\circ\text{C}) \\ = 405 \text{ Joule}$$

Water specific heat

The radiation monitoring devices on the ISS



Spherical Tissue-equivalent phantom



**Size: 370x370x390 mm;
mass: 32 kg**

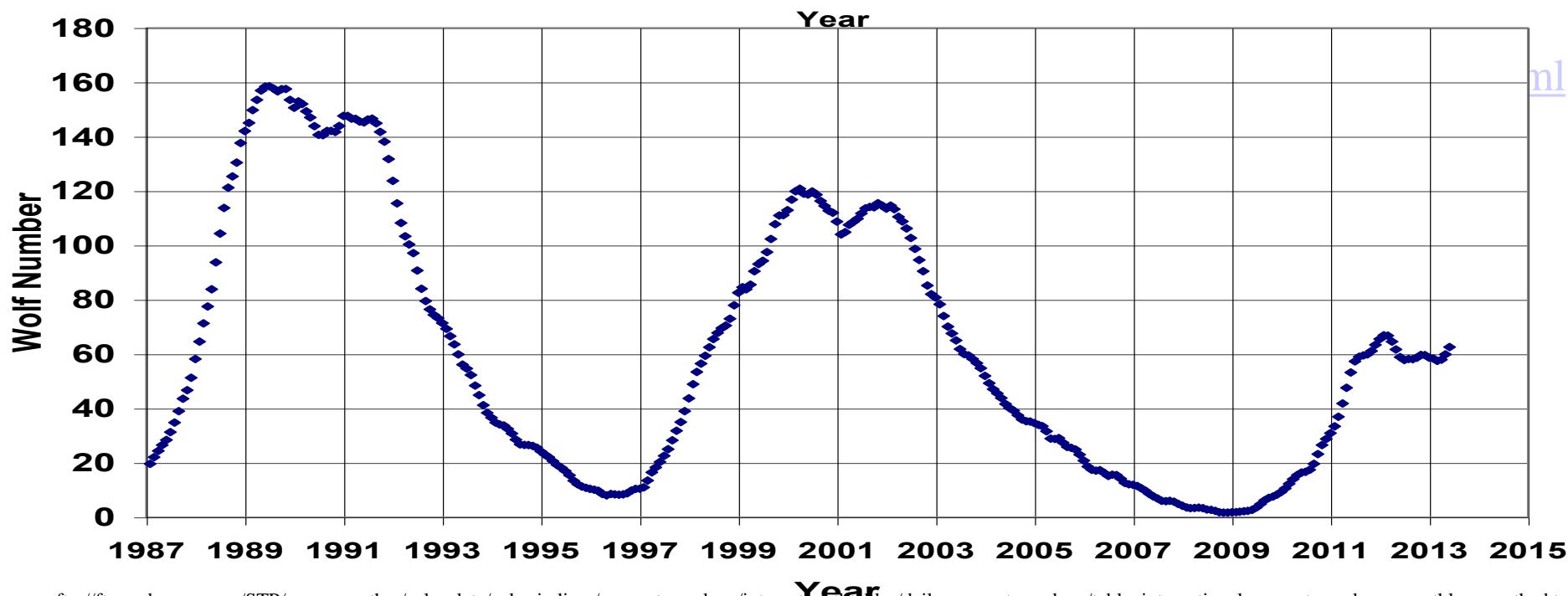
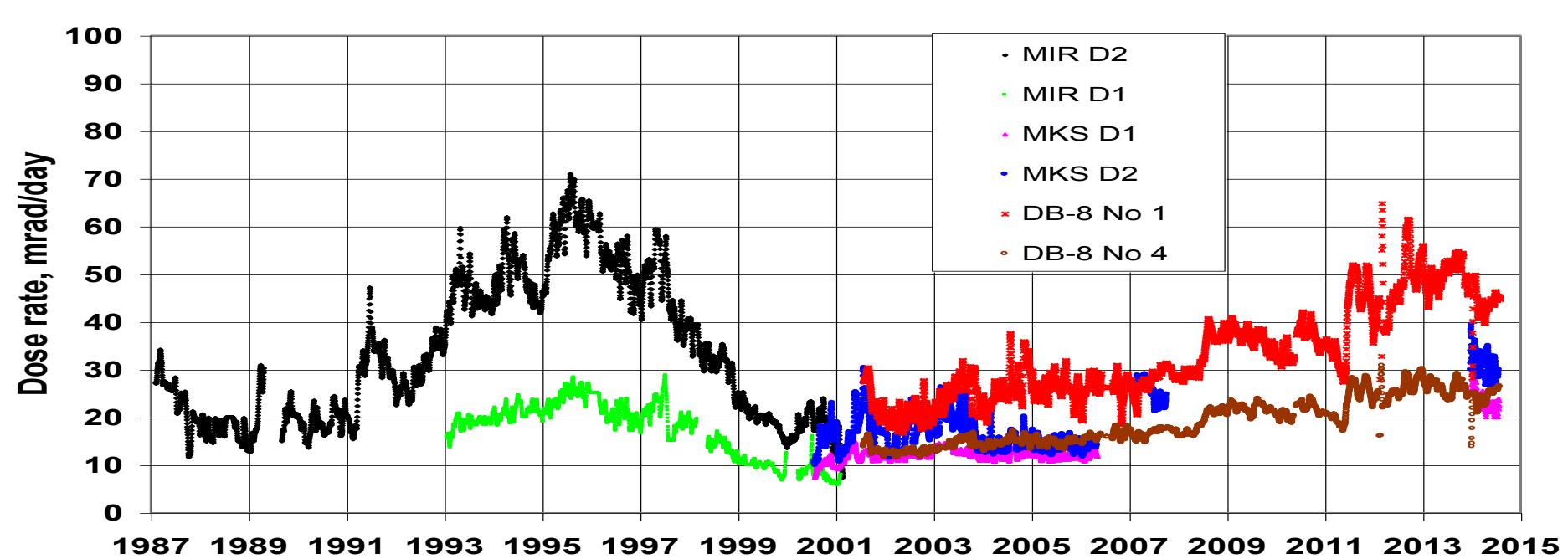


20 containers inside and 32 detector packages on the surface



Anthropomorphic phantom





Вид дозиметра Р-16

**Чувствительными
элементами
дозиметра являются
2 ионизационные
камеры,
заполненные
аргоном .
Одна из камер имеет
дополнительный
экран из оргстекла
толщиной 3 г/см².**

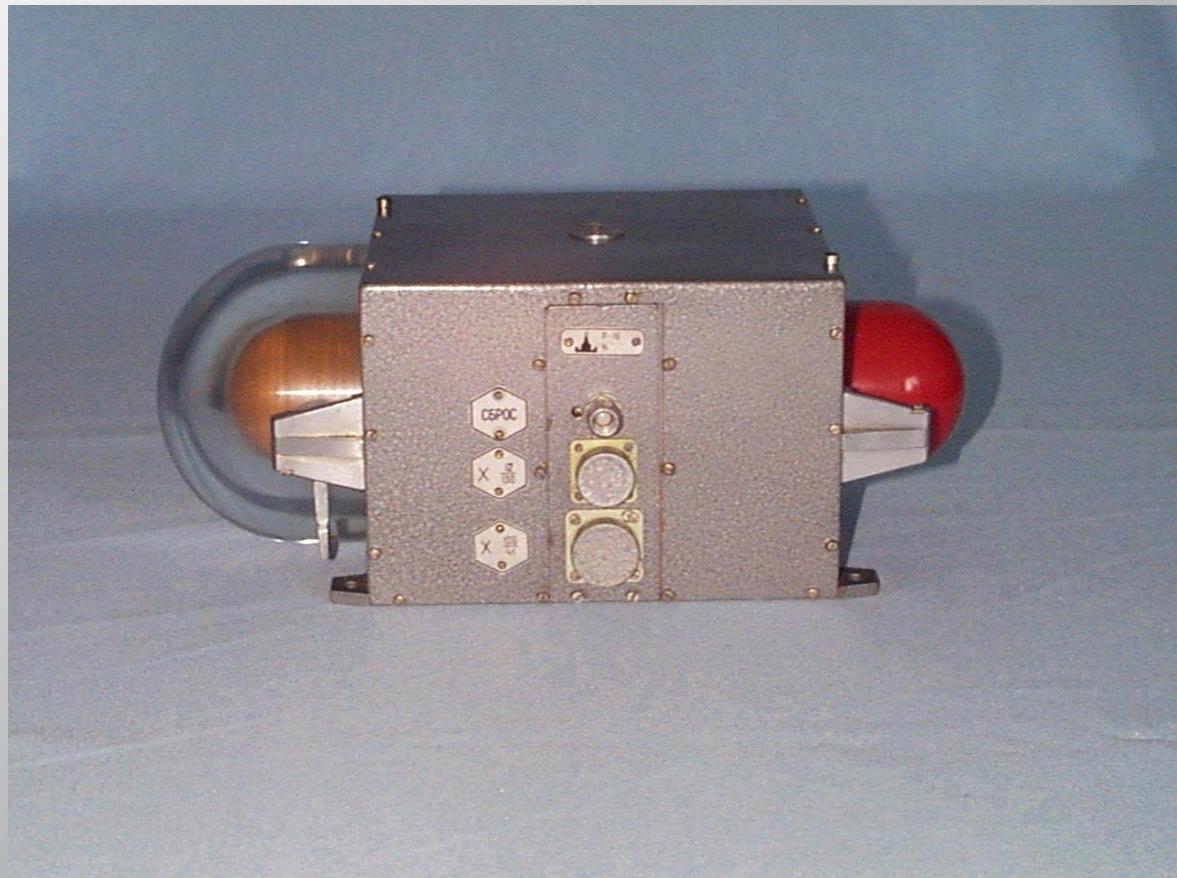
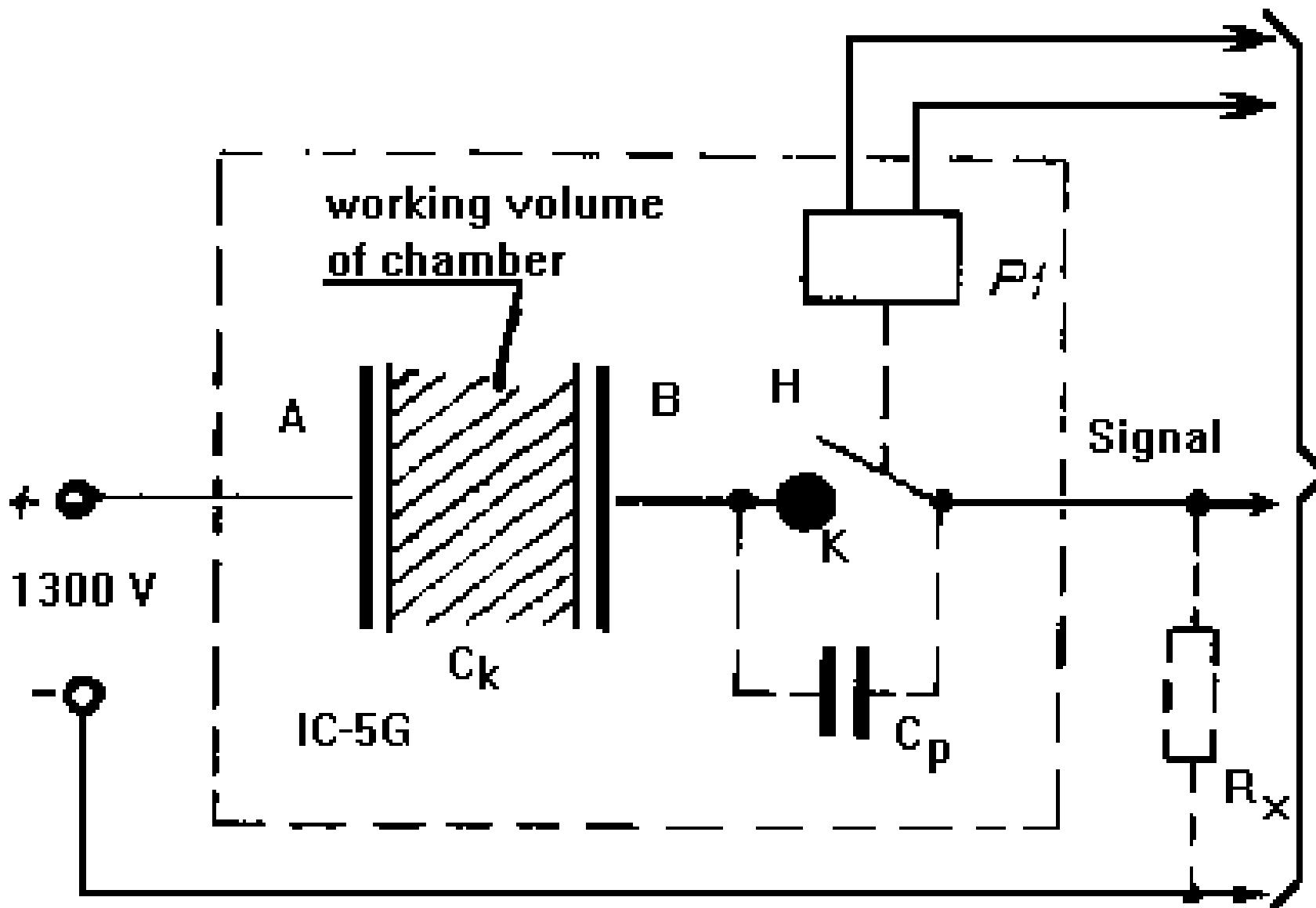


Схема регистрации дозы дозиметром Р-16



Dosimeter with semiconductor detector

Авторское свидетельство 766289 (СССР),
Дозиметр ионизирующих излучений. /Маркелов В.В., Редько В.И.
–Заявл. 14.9.1978, № 2664909/18

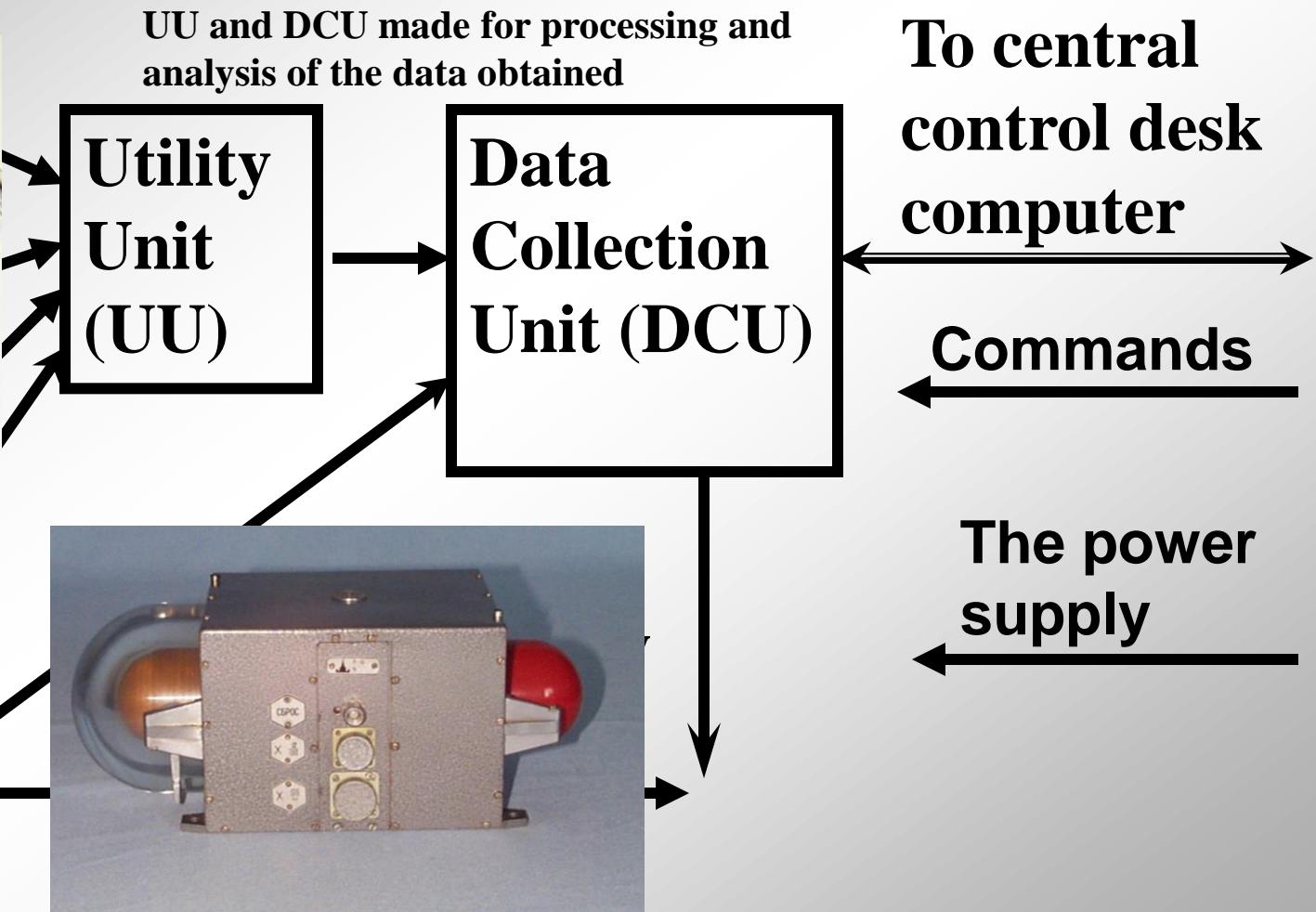
USSR patent No 766289 Dosimeter of ionizing radiation.
V.V. Markelov, V.I. Redko. Accepted September 14, 1978,
No 2664909/18

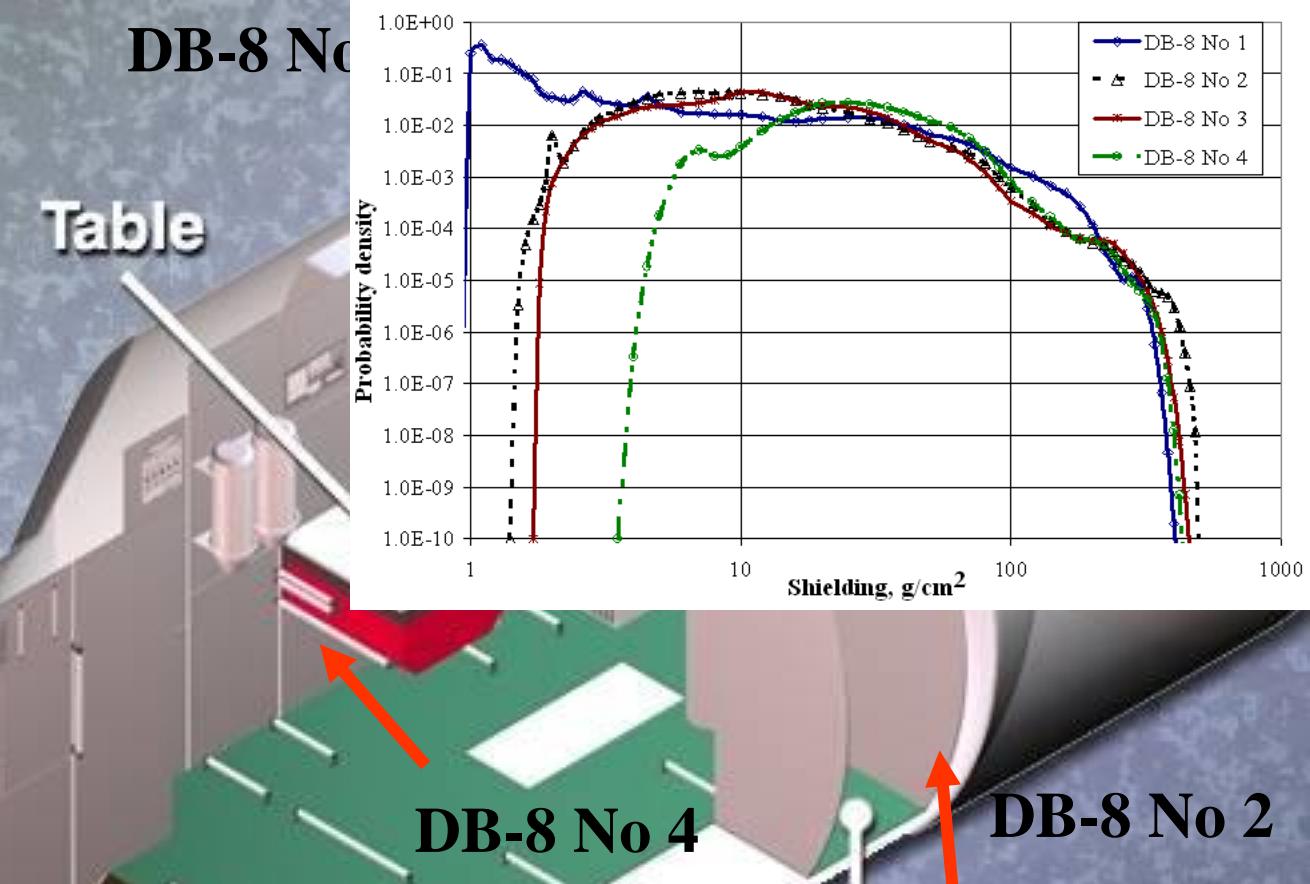
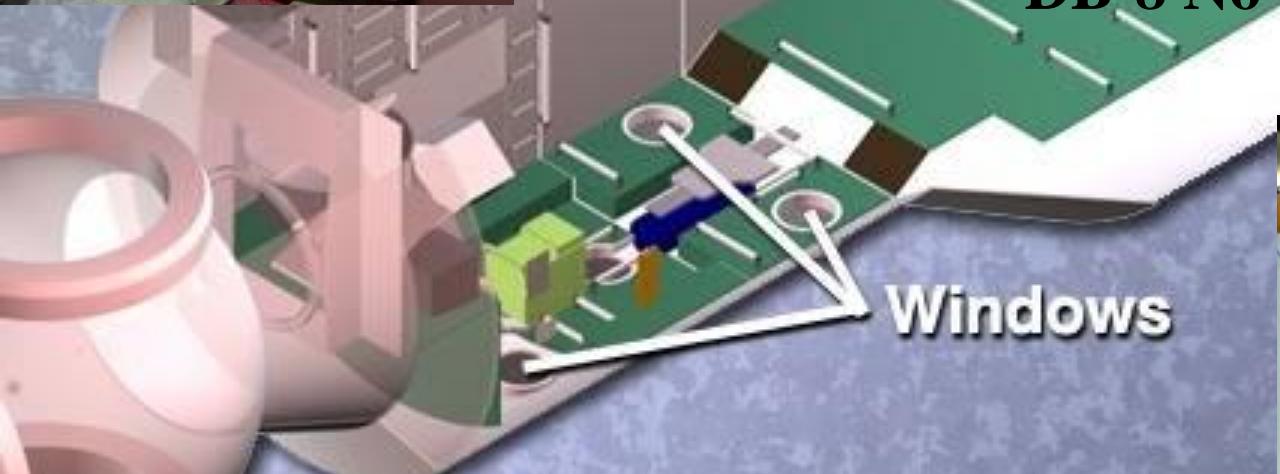
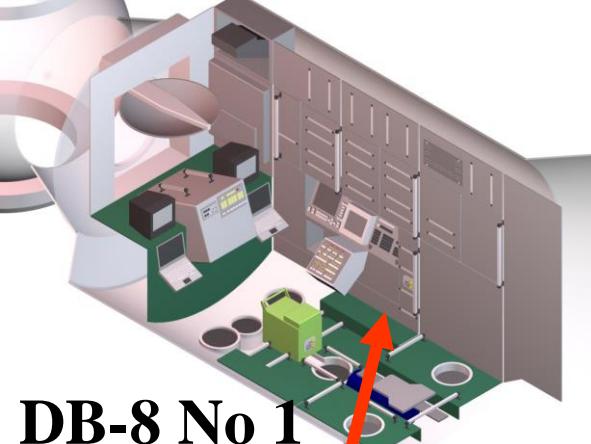
V.V. Markelov, V.I. Redko. Hight sensitive dosimeter for space radiation. Kosmicheskye Issledovaniya (Space research) 1982 vol. 19, No 2, pp. 316 – 319.

Маркелов В.В., Редько В.И. Высокочувствительный дозиметр космических излучений. – Космические исследования, 1982, т. 19, №2, с. 316-319.

Configuration of the Radiation Monitoring System (RMS)

Each DB-8 unit consist of two dosimeters with semiconductor radiation detectors

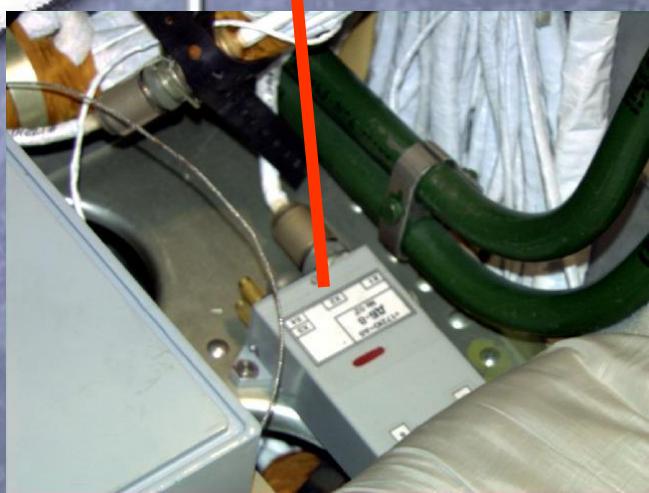




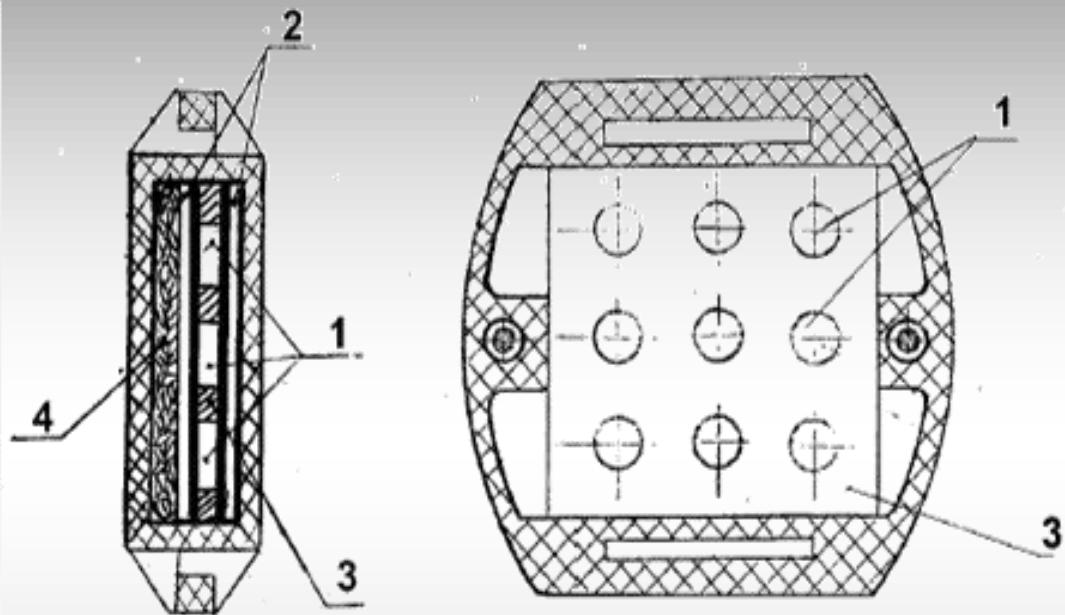
DB-8 № 4

DB-8 № 2

Windows



ID3-ISS individual dosimeter

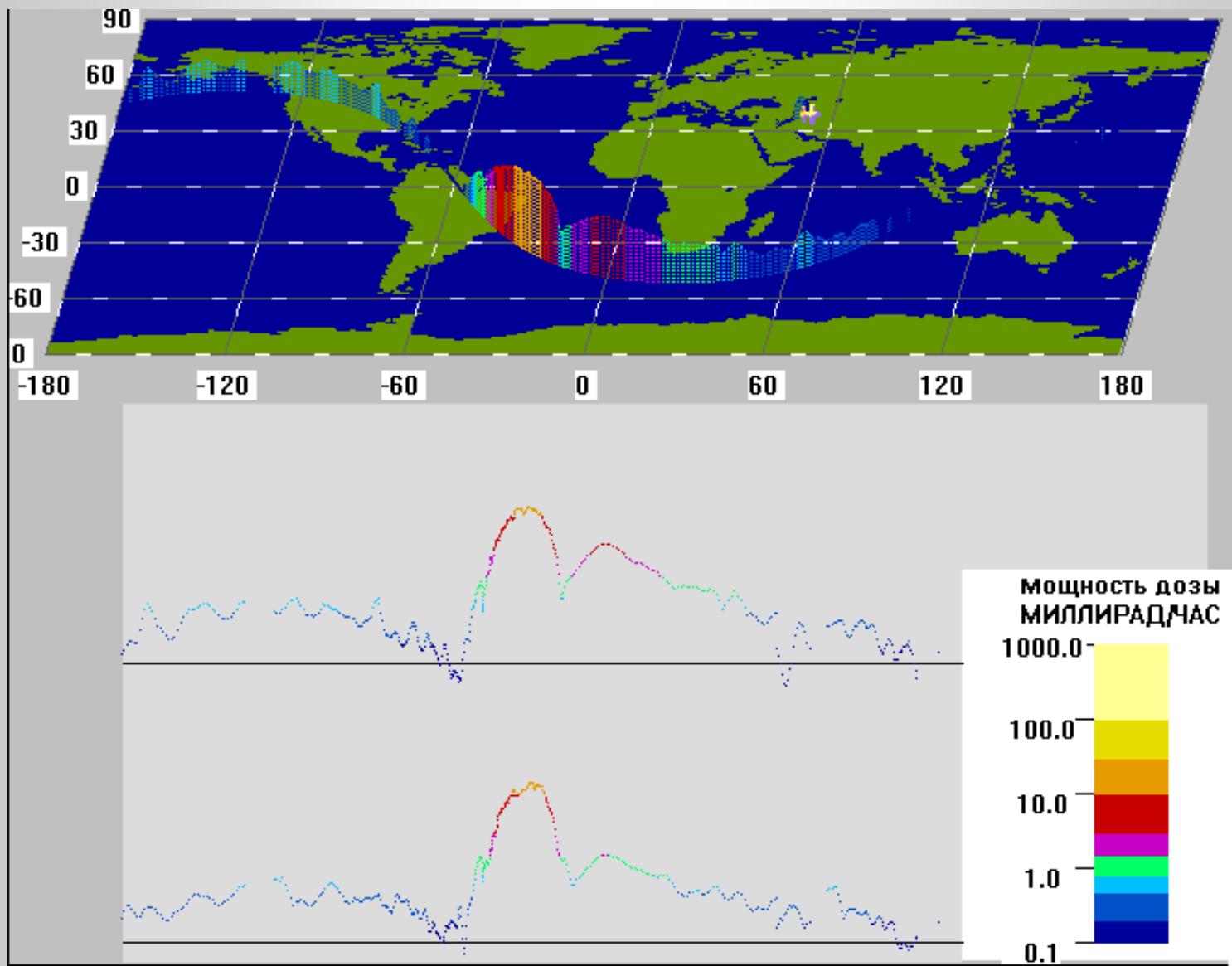


1. TL Detectors
2. CR-39 layers

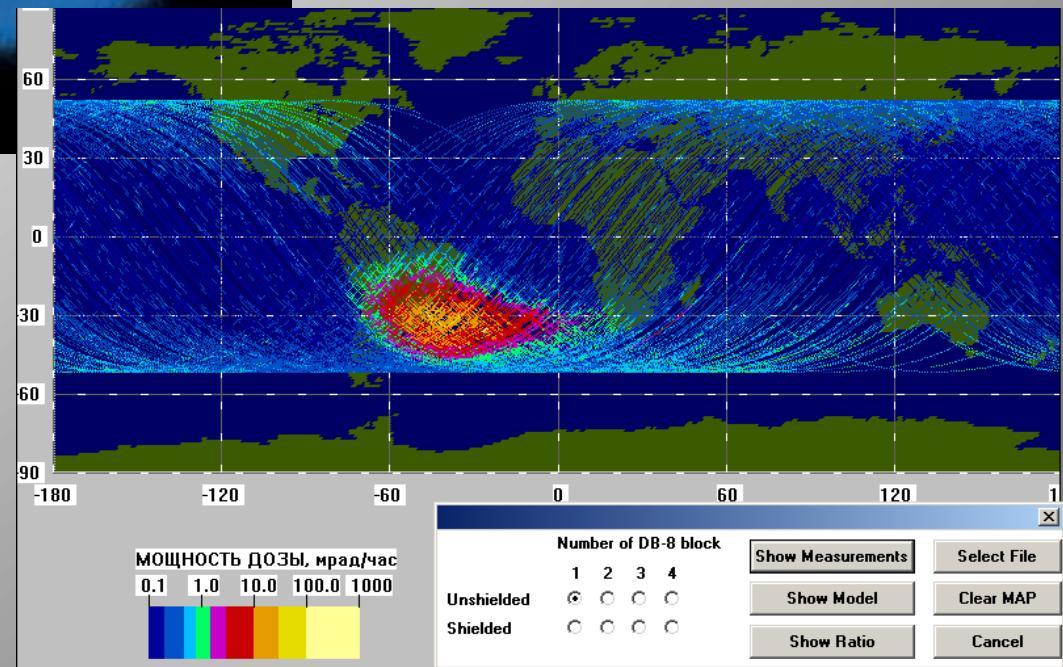
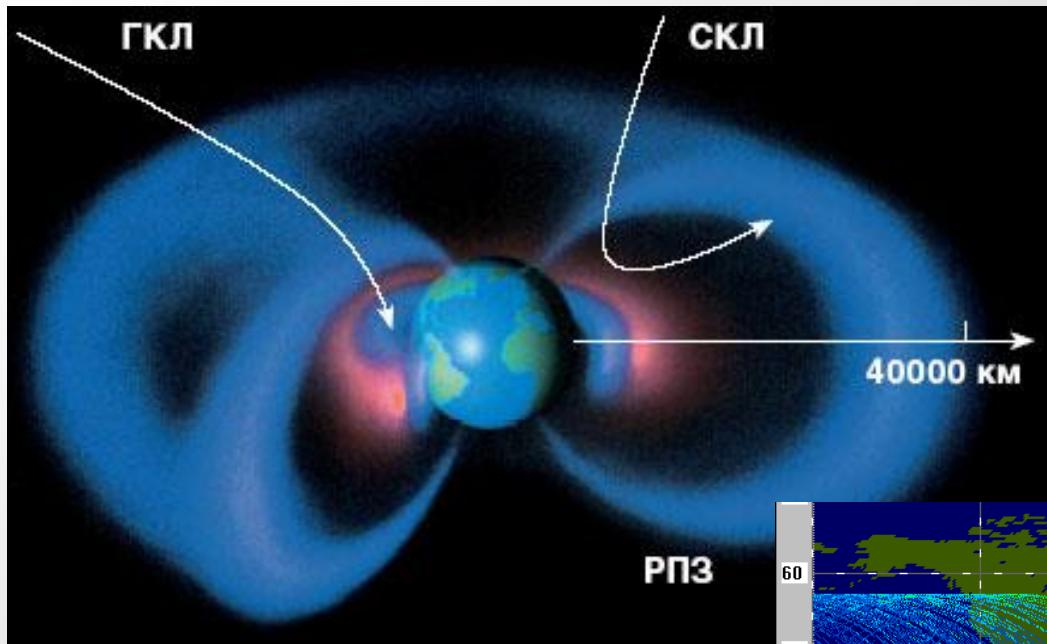
3. TLD Holder
4. Set of the dry seeds

(2) Methodology of Analysis

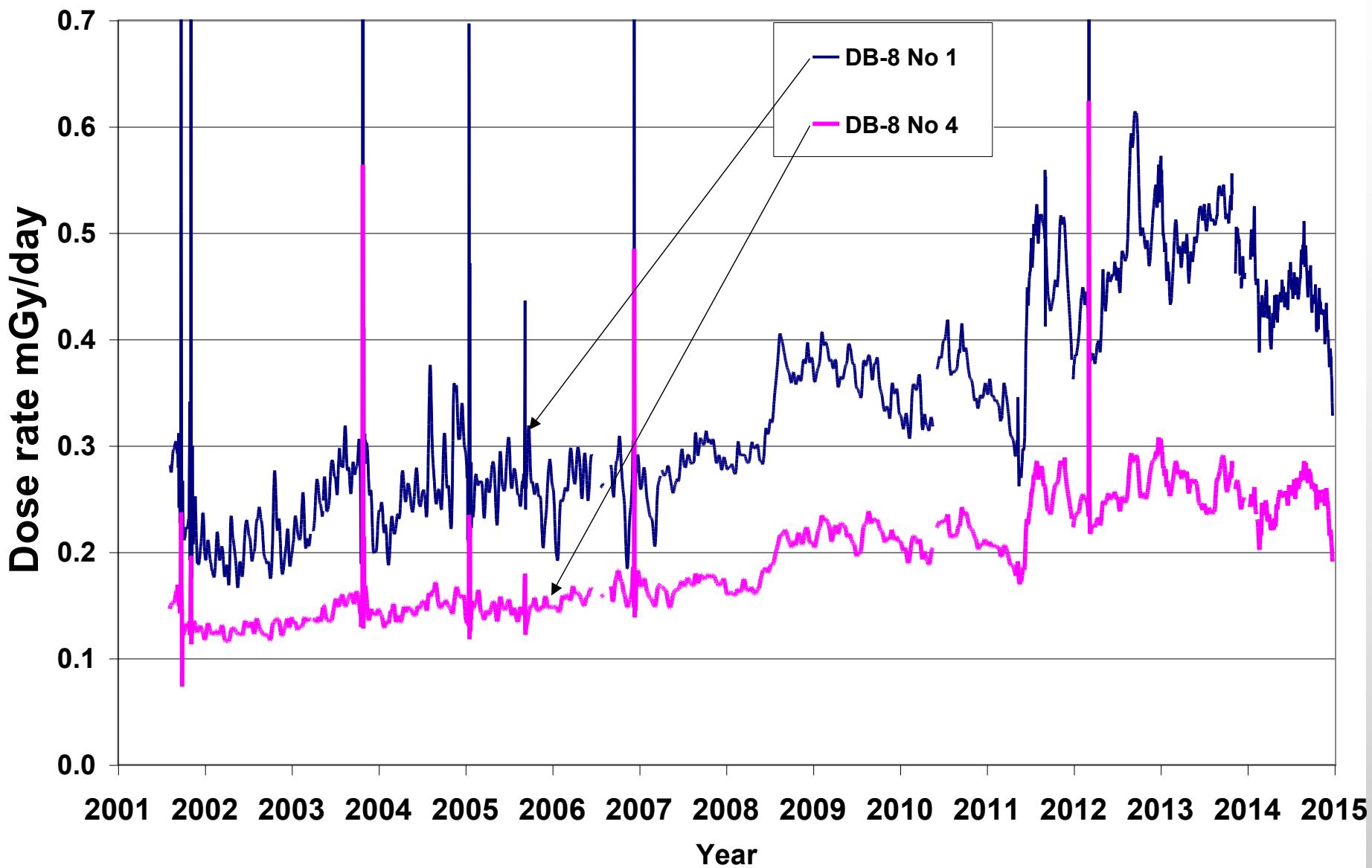
Dose rate during SAA crossing measured November 1 2003 with DB-8 #1.



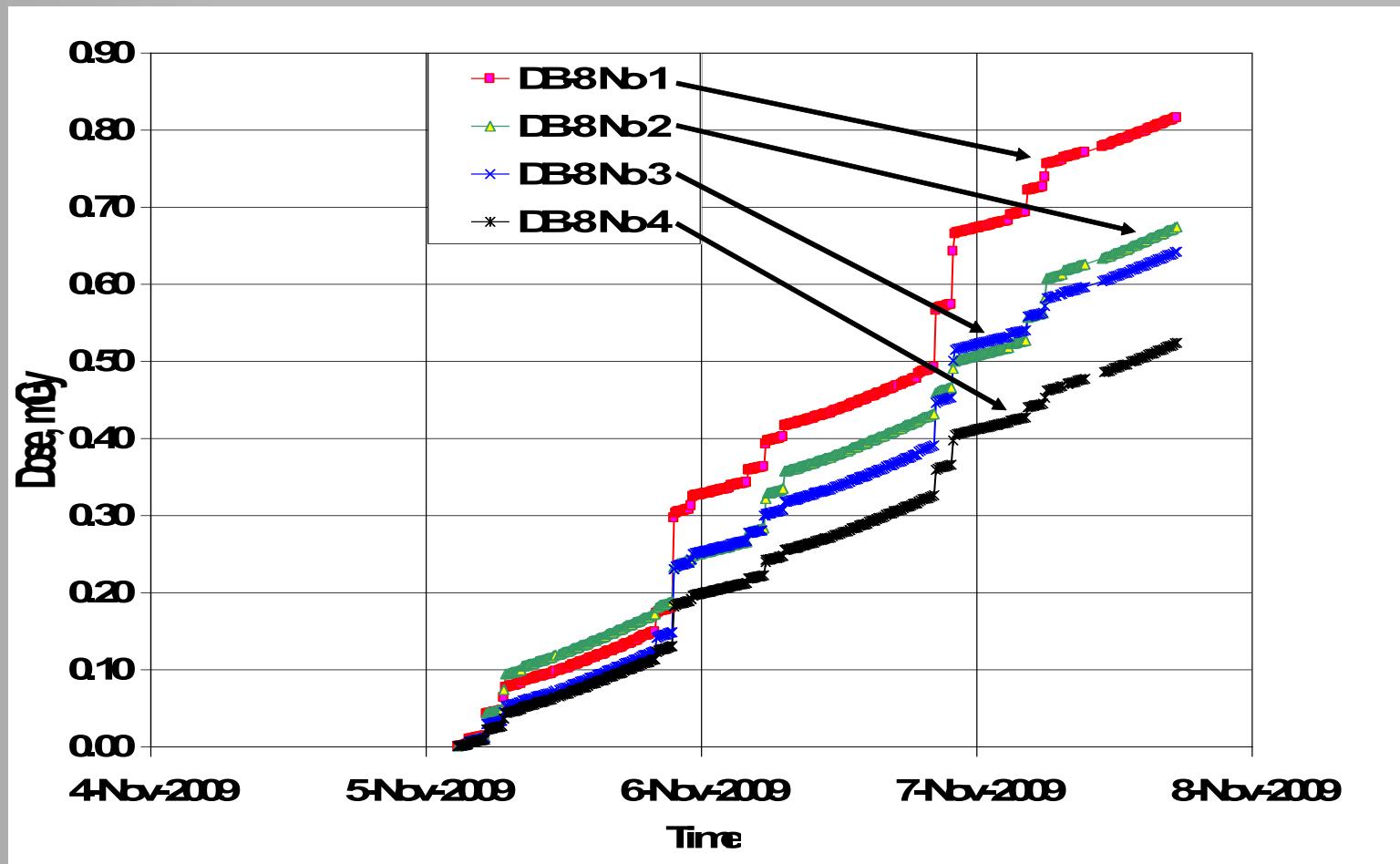
Main sources of radiation on ISS flight altitude



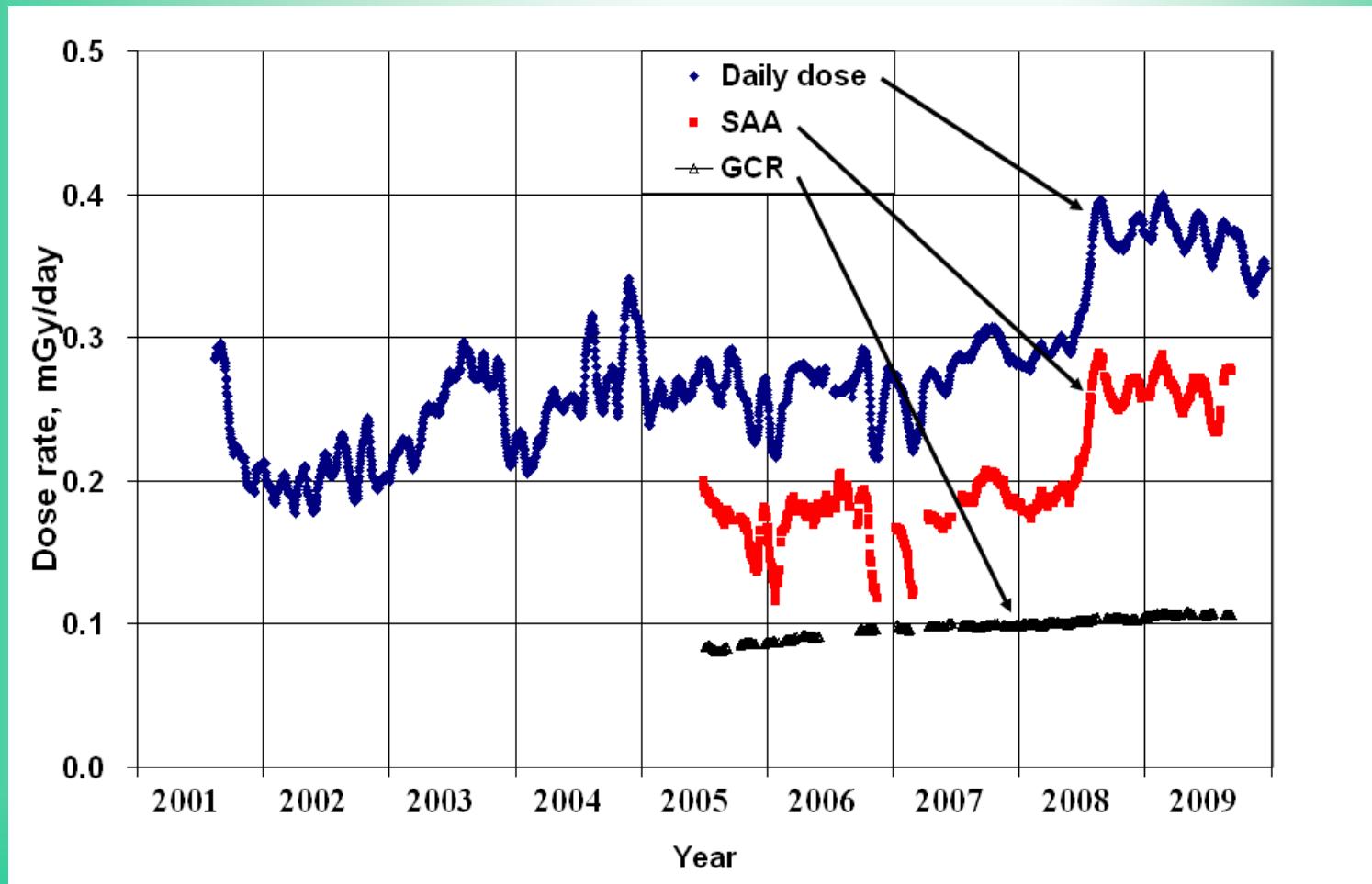
**Dose rate measured from August 2001 to December 2014
with DB-8 units # 1 and # 4 unshielded detectors**



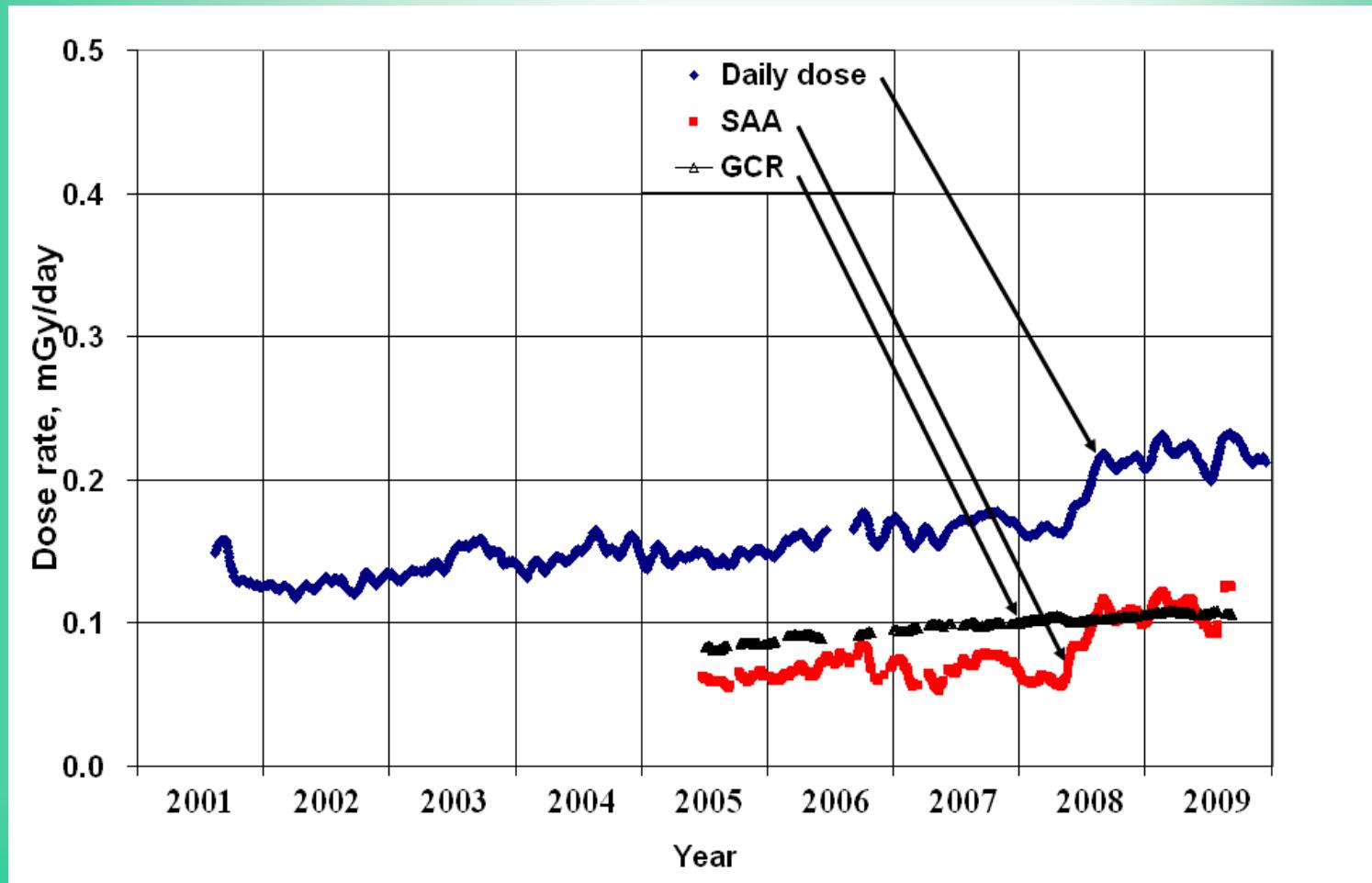
The dose accumulation in the locations of DB-8 detectors.



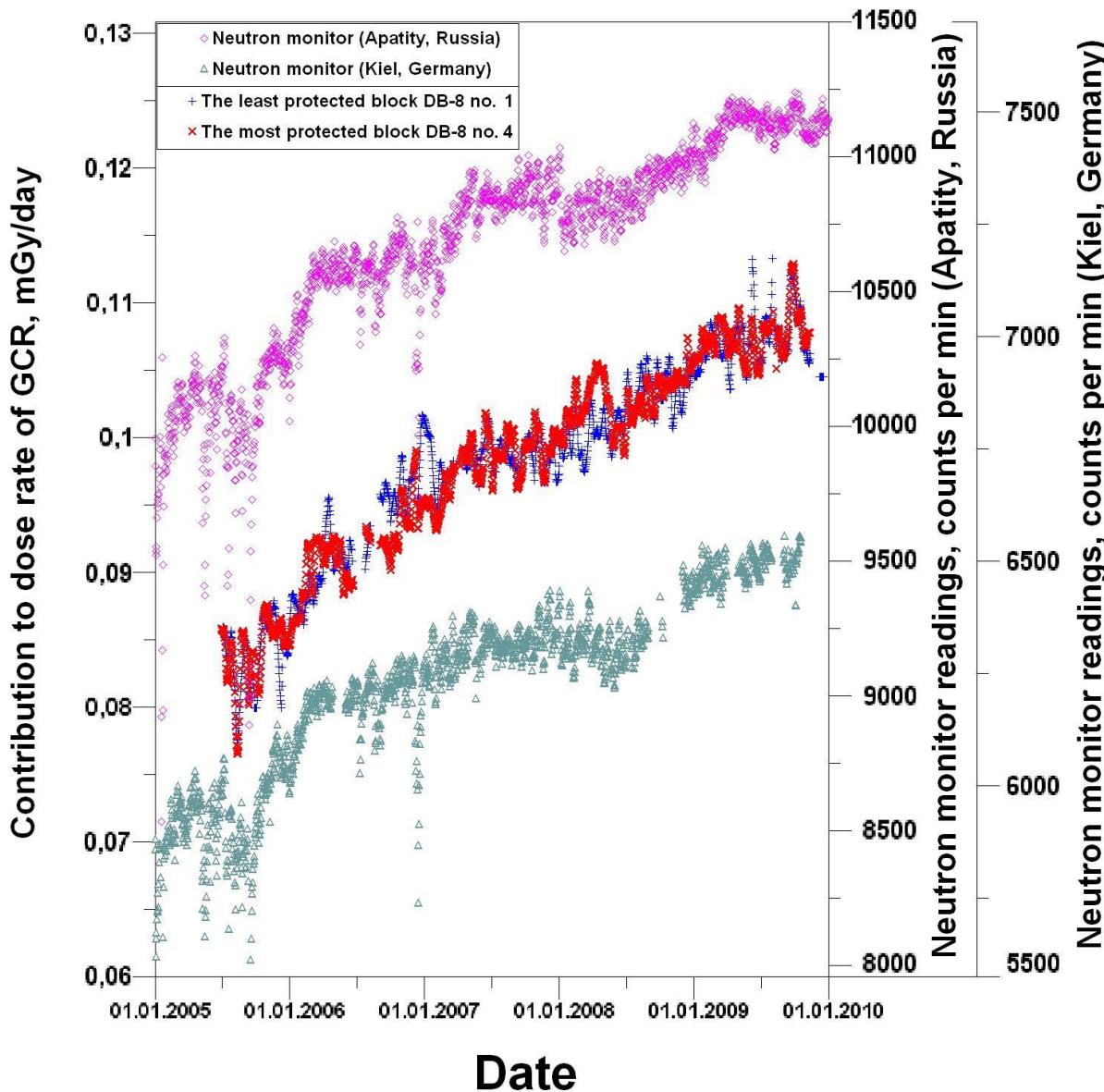
Daily dose measured with unshielded detectors of the DB-8 No 1. Contribution to the daily dose caused by ERB and GCR



Daily dose measured with unshielded detectors of the DB-8 No 4. Contribution to the daily dose caused by ERB and GCR



Comparison of GCR contribution to daily dose with the data of neutron monitors



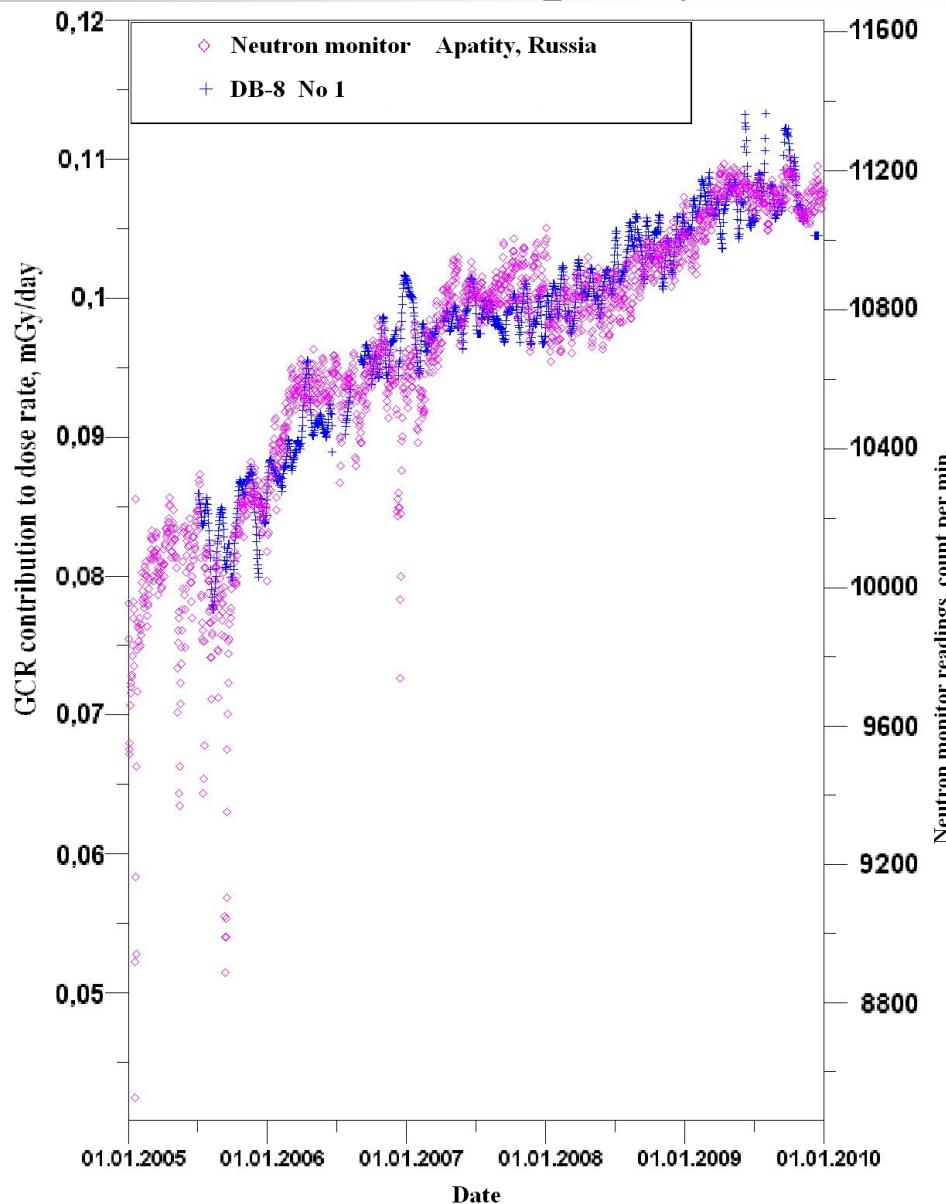
Value of GCR contribution to daily dose for period from middle of 2005 until middle of 2009 increased from 0.08 to 0.11 mGy/day.

The variations of neutron monitor data and GCR contribution to daily dose are similar

<http://pgia.ru/data/nm/>

[http://cr0.izmiran.rssi.
ru/kiel/main.htm](http://cr0.izmiran.rssi.ru/kiel/main.htm)

Comparison of GCR contribution to daily dose with the Apatity neutron monitor data

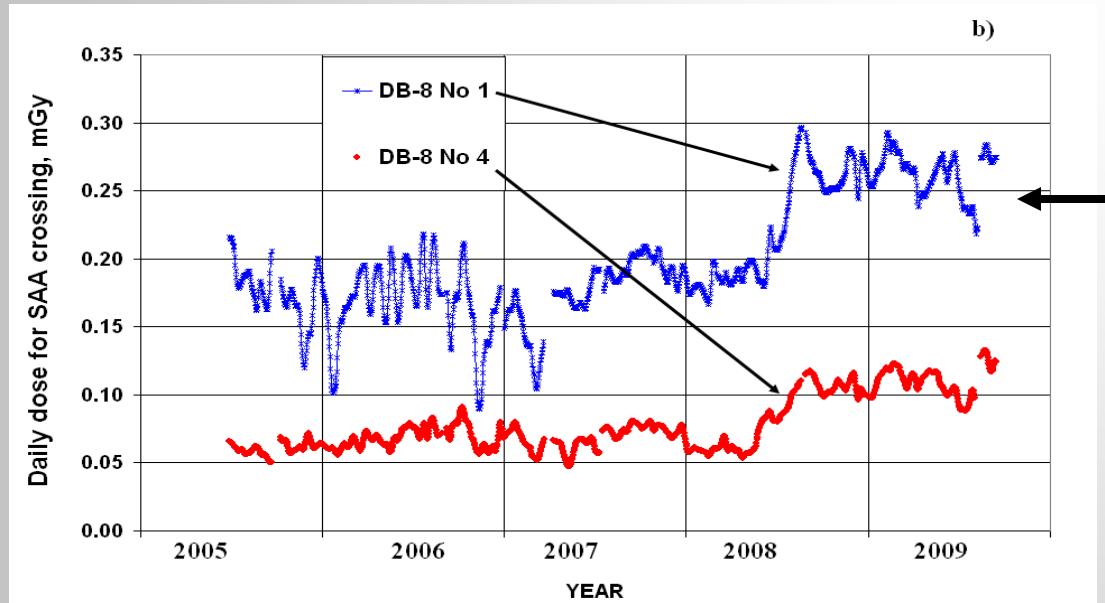


A special scale for
Apatity neutron
monitors data is used

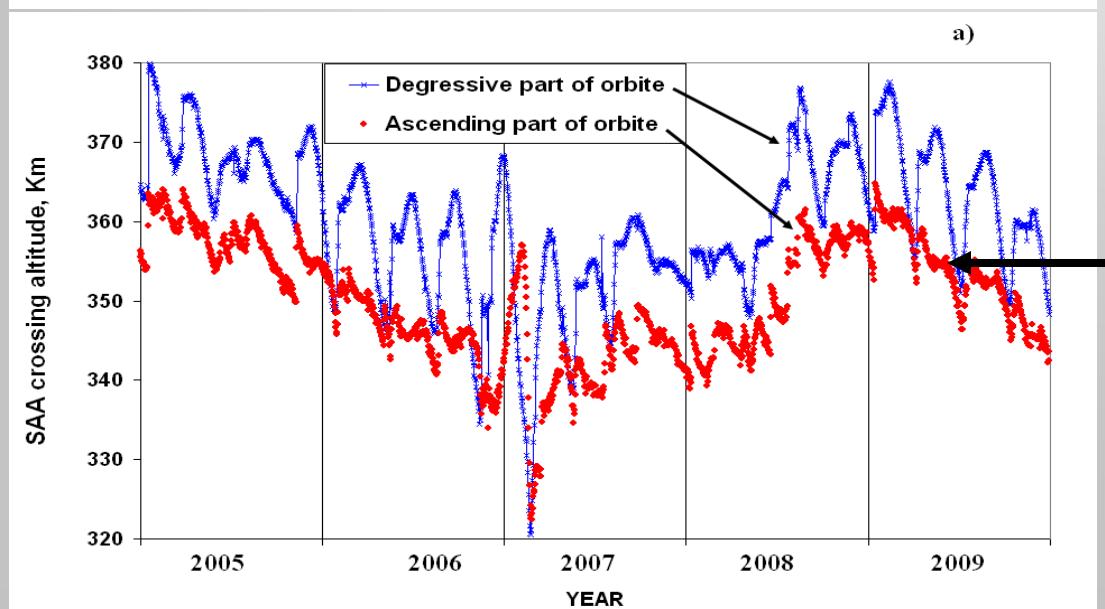
**Range of neutron monitor
data variation is 6% - 10%
against 30% variations of
GCR contribution to daily
dose on ISS**

GCR contribution to absorbed dose in range **0.08 – 0.11 mGy/day in Si** is in a tolerable accordance with absorbed dose rates calculation about **0.085 mGy/day in water** / D. Matthian, T. Berger, G. Reitz, Organ shielding and doses in Low-Earth orbit calculated for spherical and anthropomorphic phantoms, Advances in Space Research 52 (2013) 528–535

ERB contribution to daily doses versus altitude of SAA crossing

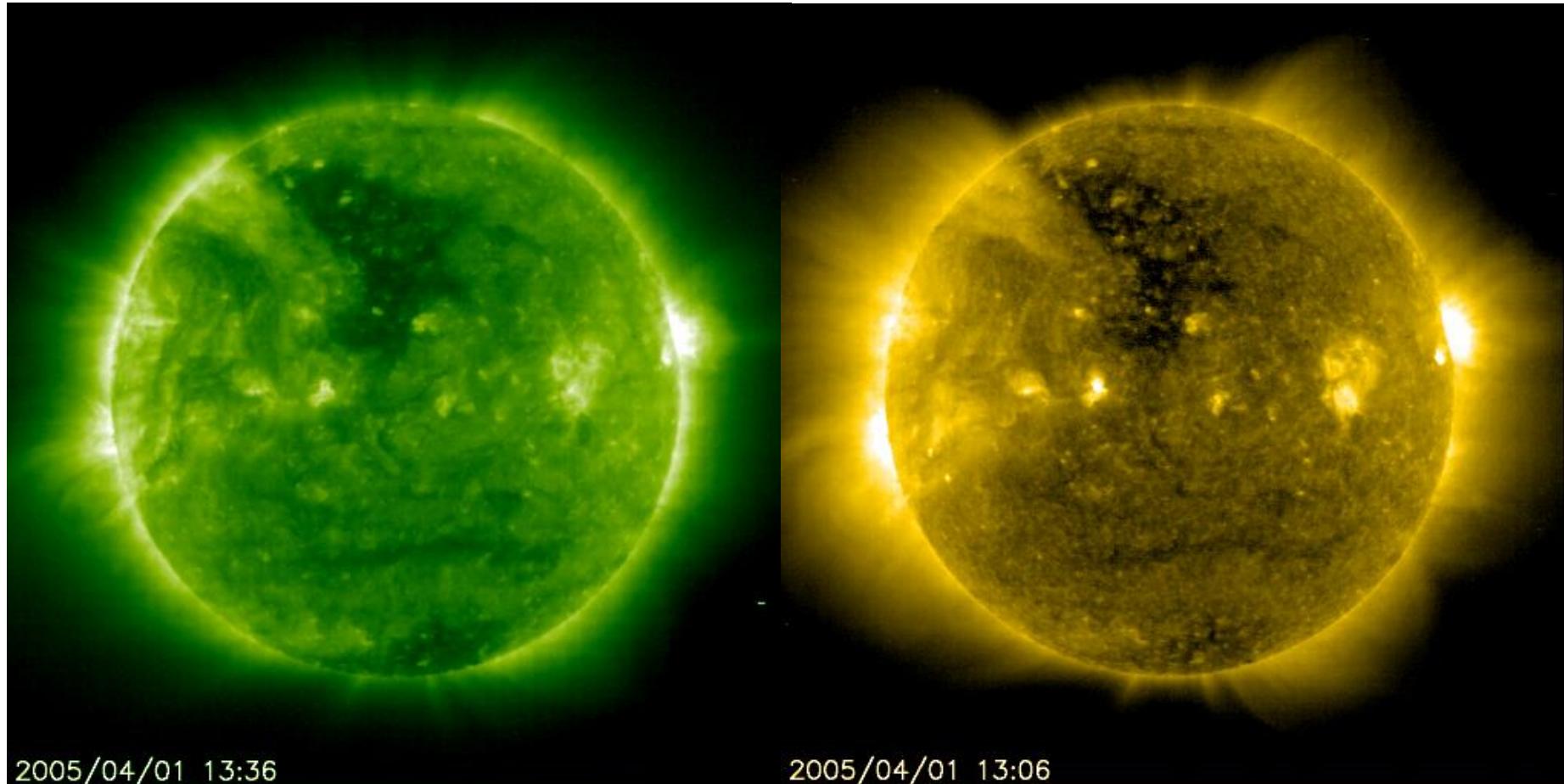


The ERB contribution
to daily doses



Altitude of
SAA crossing
by ISS

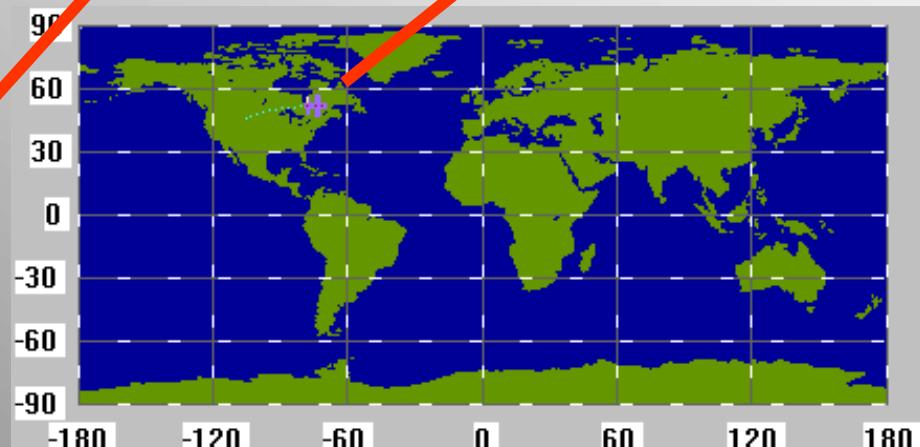
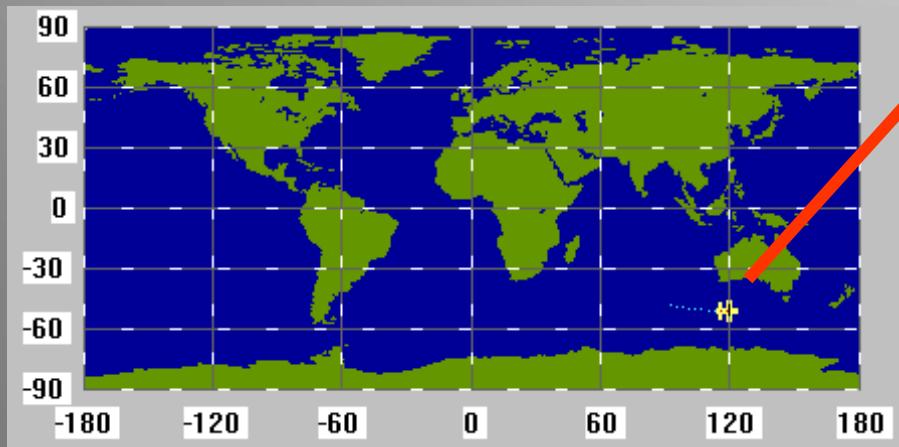
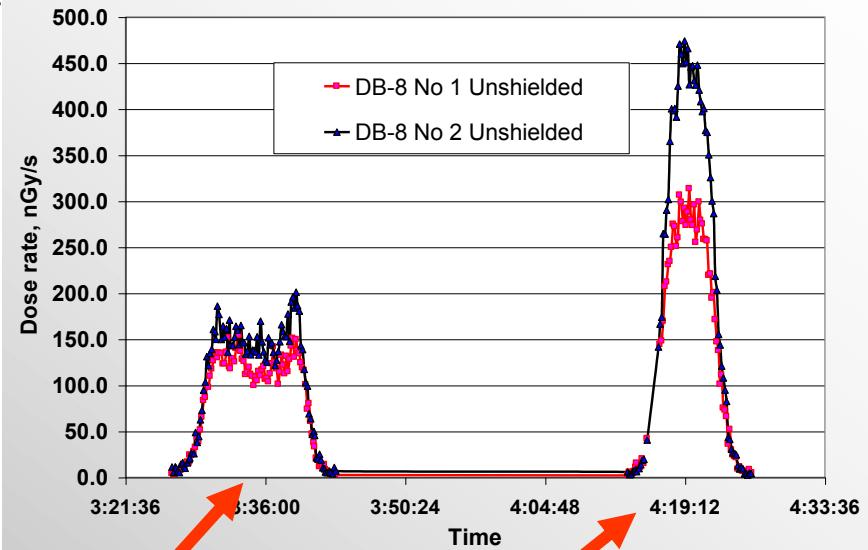
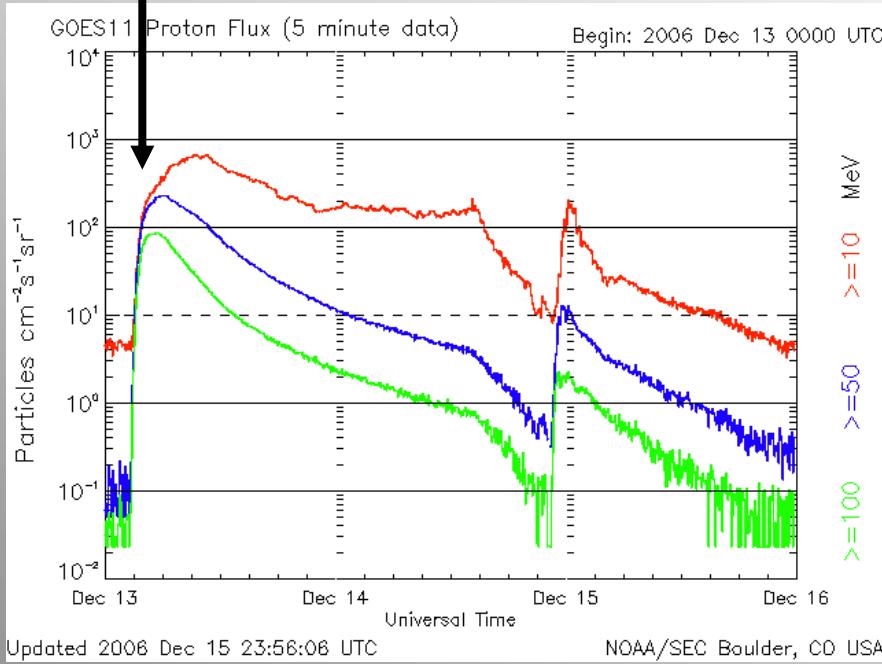
SPE influence on radiation environment



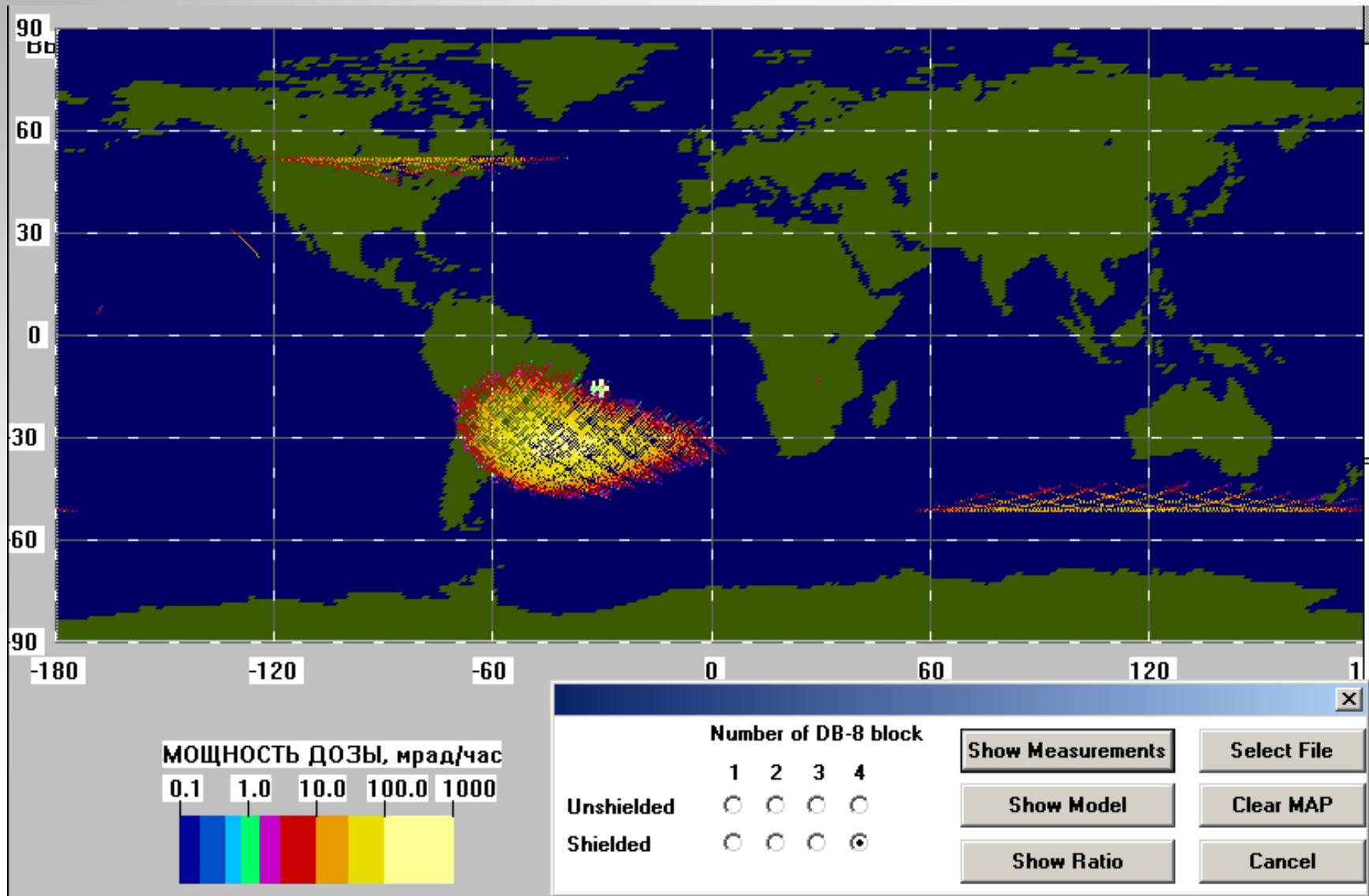
2005/04/01 13:36

2005/04/01 13:06

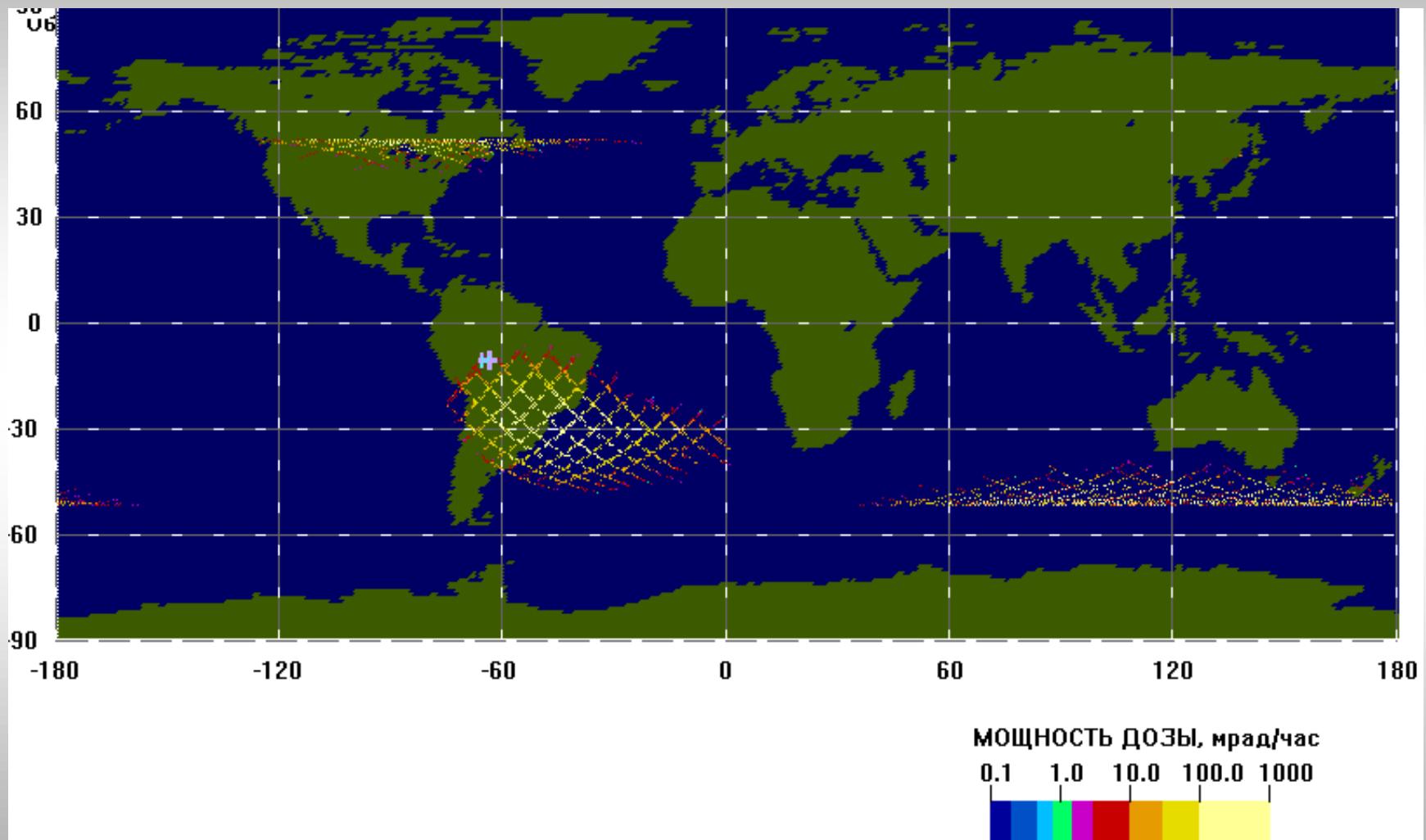
SPE December 13, 2006



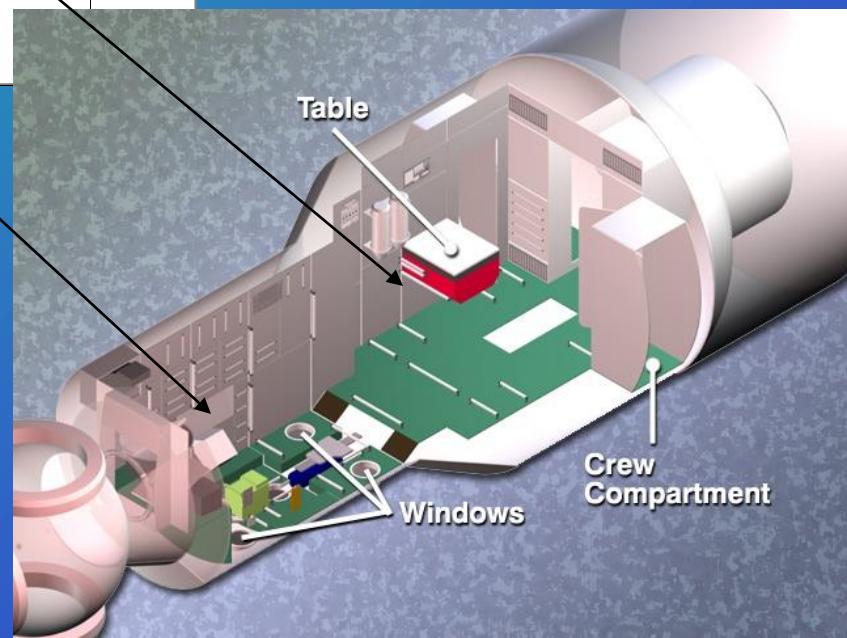
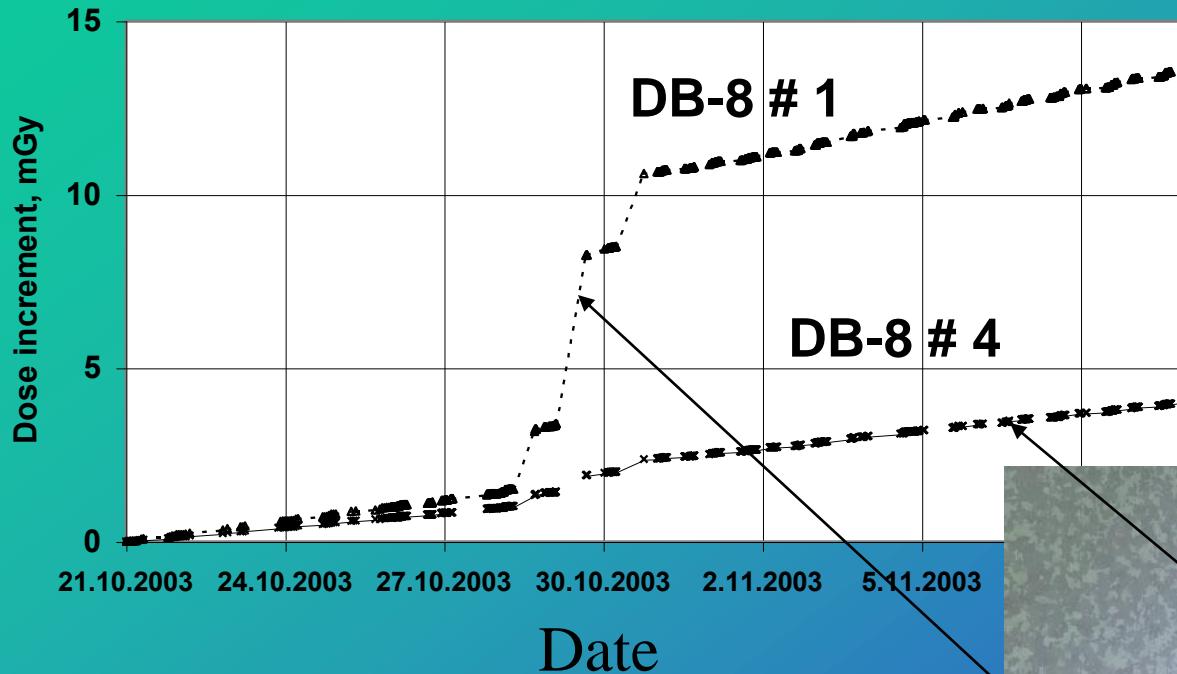
Planetary distribution of dose rate measured in fast mode in September 2005.



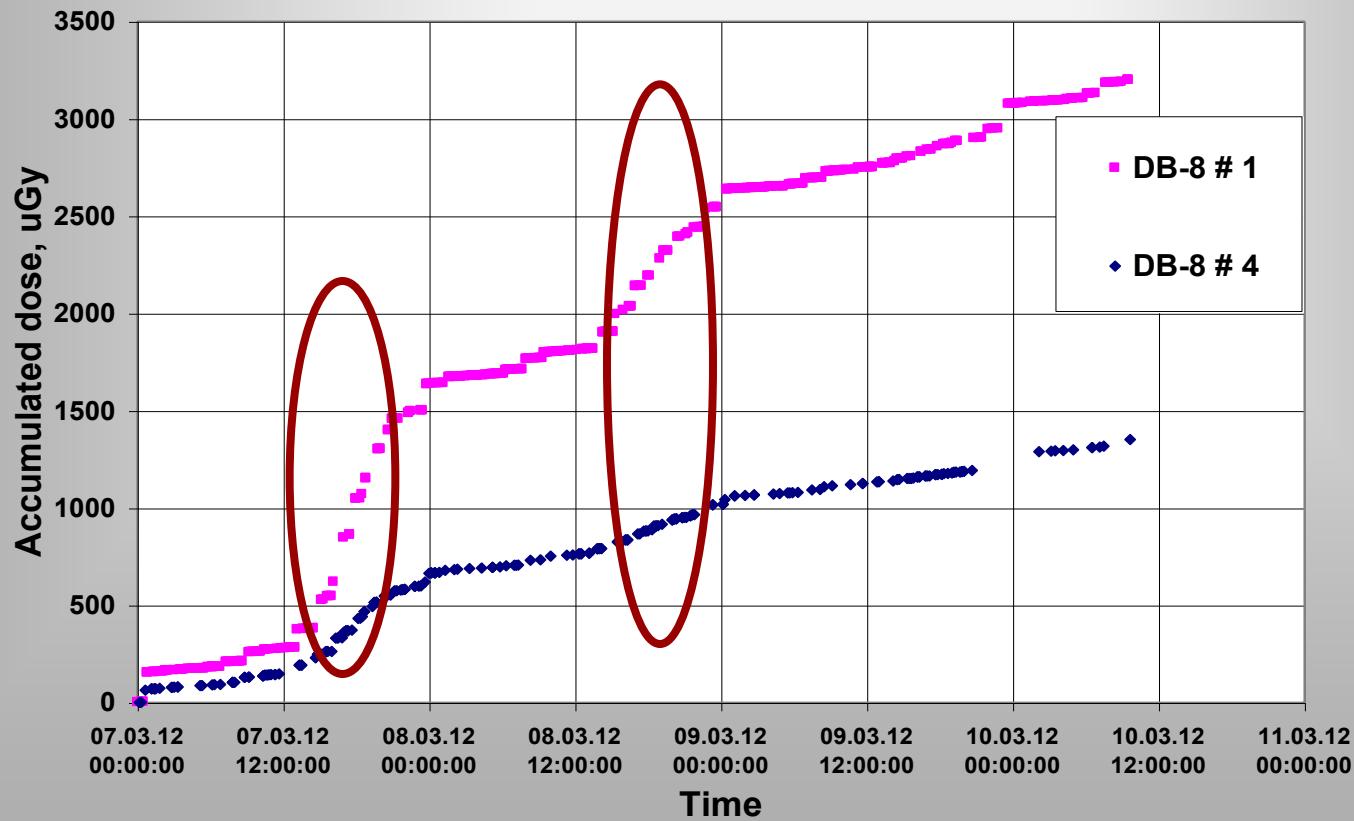
Improved dose rate area in the first decade of March 2012



Dose for October 28 and 29, 2003 SPE measured with unshielded detectors



The dose accumulation during SPE March 7 2012 measured with DB-8 #1 and #4.



SPE doses onboard “MIR” and ISS measured with R-16 / DB-8

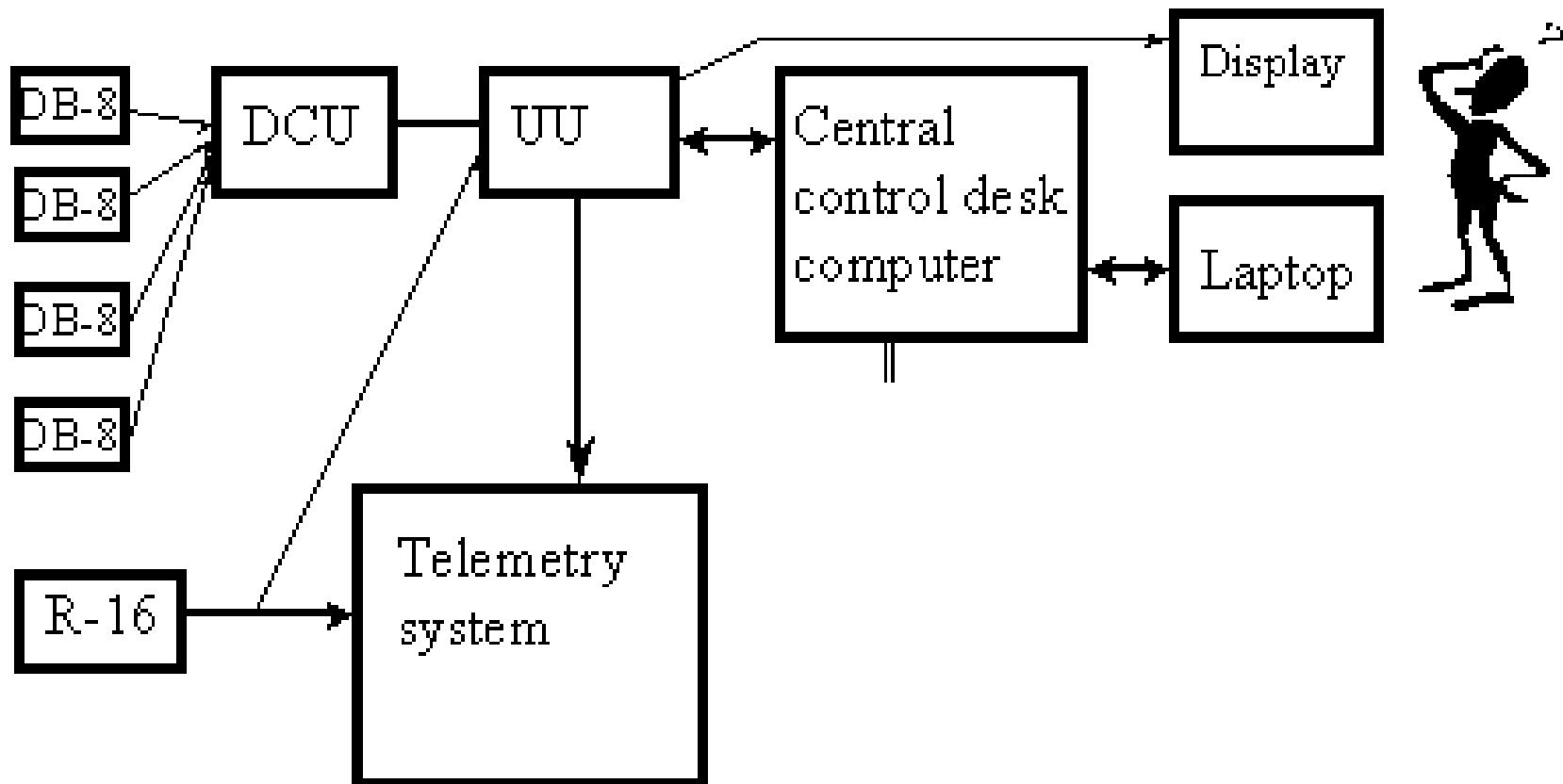
Date	MIR mGy	ISS mGy		Date	ISS mGy
07.03.1989	0.35			18.04.2001	0.16
23.03.1989	0.20			25.09.2001	2.78
28.09.1989	4.65			04.11.2001	4.08
19.10.1989	27.20			22.11.2001	0.46
23.10.1989	3.00			26.12.2001	3.22
25.10.1989	1.70			21.04.2002	1.32
24.05.1990	0.20			28.10.2003	6.37
23.03.1991	2.45			29.10.2003	7.90
04.06.1991	0.60			04.11.2003	0.56
11.06.1991	2.05			10.11.2004	0.26
15.06.1991	0.75			16.01.2005	0.81
20.04.1998	0.35			20.01.2005	0.21
14.07.2000	7.80			08.09.2005	0.33
08.11.2000	2.80	1.40		06.12.2006	
02.04.2001		0.17		13.12.2006	0.51
15.04.2001		0.50		07.03.2012	1.84

SPE doses measured with DB-8, mGy

Date	DB-8 # 1		DB-8 # 2		DB-8 # 3		DB-8 # 4	
	Unshiel	Shielded	Unshiel	Shielded	Unshiel	Shielded	Unshiel	Shielded
2001/09/24	1.57	0.99	1.25	0.96	0.54	0.21	0.19	0.15
2001/11/04	2.66	1.31	1.18	0.49	0.84	0.54	0.08	0.04
2003/10/28	1.71	1.19	0.82	0.52	0.87	0.69	0.31	0.30
2003/10/29	6.82	3.14	3.00	1.18	2.11	1.35	0.67	0.52
2005/01/17	0.81	0.67	0.31	0.55	0.63	0.29	0.18	0.10
2005/01/20	0.21	0.18	0.13	0.14	0.13	0.14	0.08	0.07
2005/09/08	0.33	0.28	0.20	0.24	0.26	0.20	0.09	0.08
2006/12/13	0.51	0.47	0.67	0.67	0.43	0.42	0.32	0.32
2012/03/07	1.84	1.58	1.26	1.59	1.56	1.07	0.57	0.55

On board algorithm of radiation expose forecasting for ISS Radiation monitoring system

Block scheme of the radiation monitoring equipment of the RMS development and accompanying on board devices



NEUTRONS CONTRIBUTION TO COSMONAUTS EXPOSURE

MEASUREMENTS OF NEUTRON ENVIRONMENT INSIDE AND OUTSIDE the ISS

- V. Lyagushin^{1,2}
- A. Kozyrev¹; M. Litvak¹; A. Malakhov¹;
I. Mitrofanov¹; M. Mokrousov¹; A. Sanin¹;
V. Tretyakov¹; A. Vostrukhin¹;
- V. Arkhangelsky³; I. Chernykh³; V. Petrov³;
V. Shurshakov³;
- R. Machrafi⁴
- L. Toomi⁵

- 1) Space Research Institute, Russia;
- 2) Rocket and Space Corporation «Energy», Russia;
- 3) Institute of Biomedical Problem, Russia;
- 4) University of Ontario Institute of Technology, Canada;
- 5) Canadian Space Agency, Canada.



Agence spatiale
canadienne

Canadian Space
Agency

WRMISS 15 "Villa Mondragone Conference Center",
via Frascati 51, Monte Porzio Catone 7-9th September 2010

Conclusions of Lyagushin's presentation

2. Neutron dose rate inside ISS in the energy range from 0.2 to 10 MeV is:

- Inside worker compartment from 0.08 to 0.13 mSv/day as dependent on shielding and increasing with thickness
- On the surface of spherical phantom is practically the same to dose inside worker compartments,
- Inside the spherical phantom at the depth of 10-15 cm the dose rate is 1.2-1.3 times lower than on the surface

3. The neutron field profile inside and outside ISS is of difficult character and it should be studied in future.

BUBBLE-DETECTOR MEASUREMENTS OF NEUTRON RADIATION IN THE INTERNATIONAL SPACE STATION: ISS-34 TO ISS-37

M. B. Smith¹, S. Khulapko, H. R. Andrews, V. Arkhangelsky, H. Ing,
M. R. Koslowksy, B. J. Lewis, R. Machrafi, I. Nikolaev and V. Shurshakov

Radiation Protection Dosimetry (2015), pp. 1–13

Results:

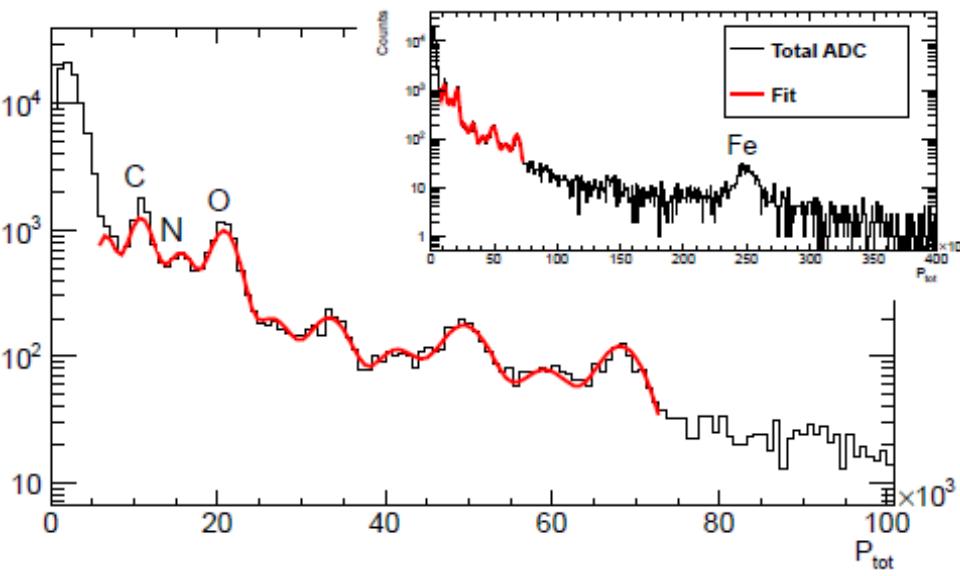
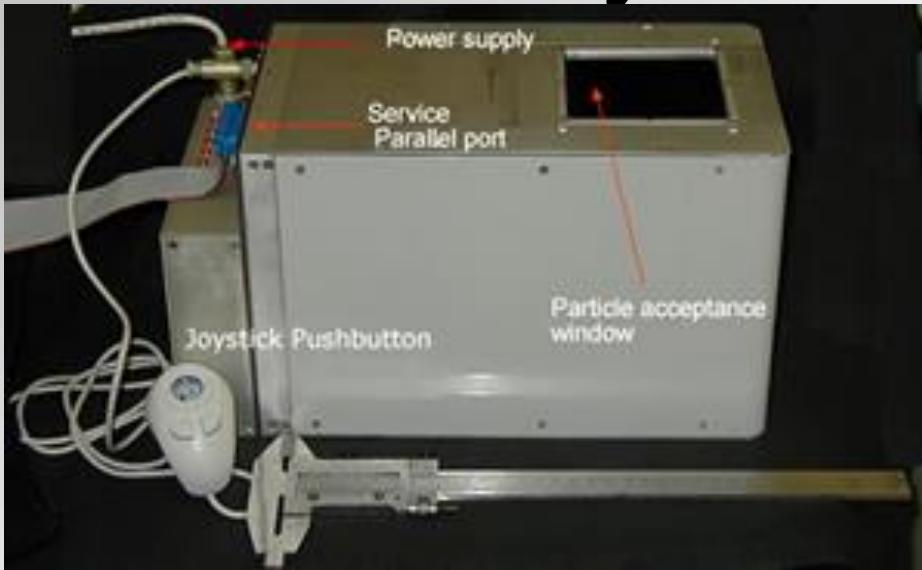
- Neutron dose rate from 0.13 to 2.2 mSv/day;
- Inside the spherical phantom at the depth of 10-15 cm the dose rate is 0.73 from the surface dose rate;
- Mean measured dose rate inside the spherical phantom is 0.105 mSv/day;

Christer Fuglesang and the AST-spectrometer



Christer Fuglesang, STS-116 Dec, 2006

Heavy ions environment



$F(Z \geq 6) 52000 - 250000 \text{ ions}/(\text{cm}^2 \cdot \text{Year})$

Relative nuclear abundances from C to Fe and integrated flux inside the Russian part of the ISS with the Sileye-3/Alteino experiment

O Larsson¹, VV Benghin², M Casolino^{3,4}, IV Chernikch², L di Fino^{3,5}, C Fuglesang¹, M Larosa^{3,5}, B Lund-Jensen¹, L Narici^{3,5}, IV Nikolaev², VMPetrov², P Picozza^{3,5}, C de Santis^{3,5} and V Zacone^{3,5}

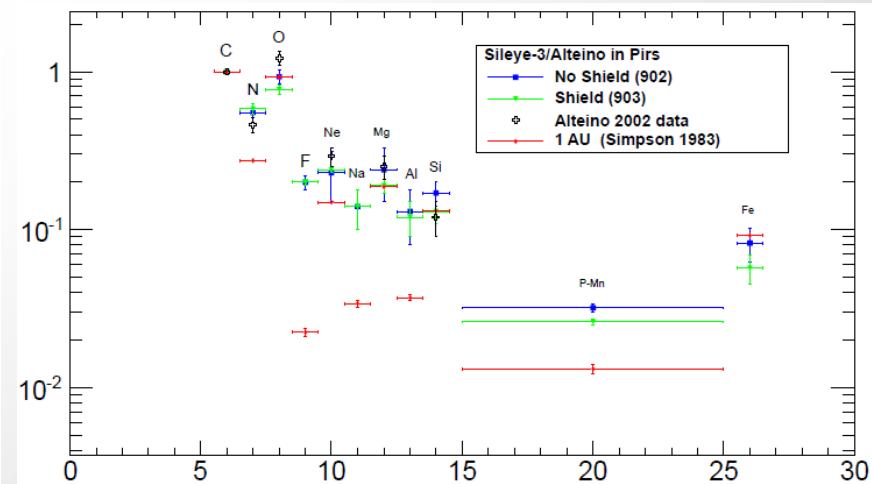
¹Royal Institute of Technology, Albanova University Center, SE-10691, Stockholm, Sweden

²Institute for Biomedical Problems, Moscow, Russia

³INFN sect. Roma Tor Vergata, Rome, Italy

⁴RIKEN, Wako, Saitama, Japan

⁵University of Rome Tor Vergata, Rome, Italy



$F(Z=26) 1300 - 6000 \text{ ions}/(\text{cm}^2 \cdot \text{Year})$

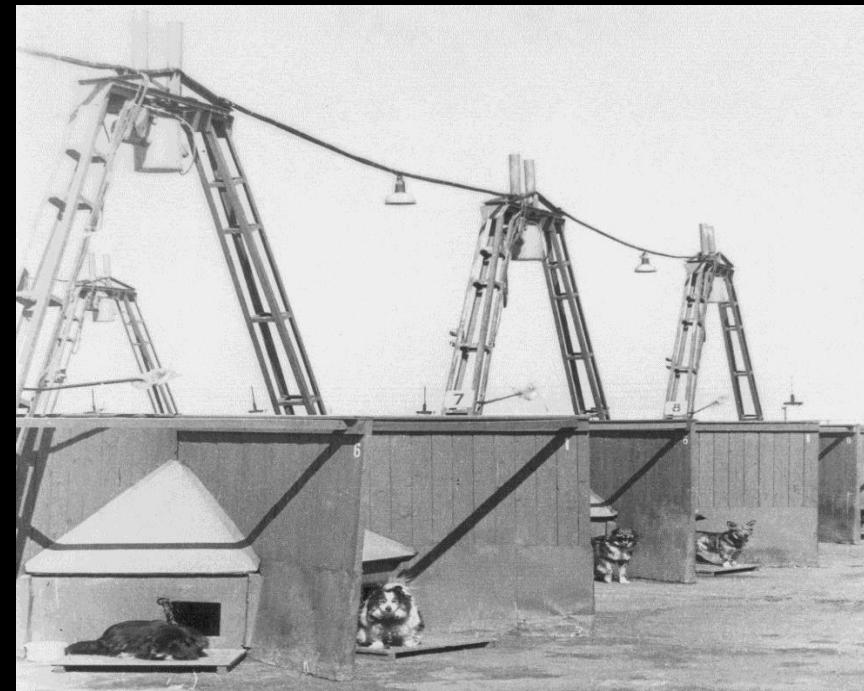
Typical radiation environment levels on ISS

GCR	0.1 mGy/day
ERB	0.25 mGy/day
SCR, max.	36.5 mGy/Year
Neutrons	0.105 mSv/day
Heavy ions	250000 ions/(cm ² •Year)

Possible in-flight radiobiological effects

Effect	Responsible system	A dose threshold value
early radiation sickness with dizziness, nausea, vomiting, diarrhea	whole body	500 mSv
Changes in blood forming system	blood forming system	500 mSv
Significant decrease in cosmonauts' work capacity and vitality during a flight	blood forming system	1.5 Sv
Impairment of capacity for work, induced by the skin damage	Skin	5 Sv

SPECIAL 14-years EXPERIMENT FOR DETERMINATION RADIATION DANGEROUS LONG TERM SPACE MISSION TO MARS AND ASSESSMENT OF CREW RADIATION RISK



Already in 1966 year was begin chronic experiment in which 250 dogs were exposed to gamma-radiation during 3 and 6 years on 22 hours per day. In this experiment dose and dose rate varied to simulate galactic cosmic ray (GCR) dose and dose from stochastic irradiation caused by solar cosmic rays (SCR) during long term space mission to Mars. A mean-tissue equivalent dose rate in 1; 2 and 3-th groups of animals simulate GCR dose was consisted 21, 62 and 125 cZv/year respectively.

(Shafirkin A.V., Grigoriev Yu.G., 2009)

The "generalized dose"

To determine the hazard of the cosmic radiation impact and the probability of the lowering of a spacecraft crew working capacity during a flight and possible distant post-flight unfavorable effects it was used a specific dosimetric functional which allows to reduce a complicated nature of space irradiation to the conditions of the standard radiation impact. Such a functional called the generalized dose H has been designed. The acute radiation effects during a manned space flight and dangerous long term consequences are associated with forming pathological changes in essentially different critical organs and tissues of an organism distinguished by the time for the development of damages, their localization and the rate of recovery processes. That is why values of generalized dose should be calculated separately, based on the these set of coefficients, respectively, for nearly the in-flight effect H_N and later long term consequences H_L :

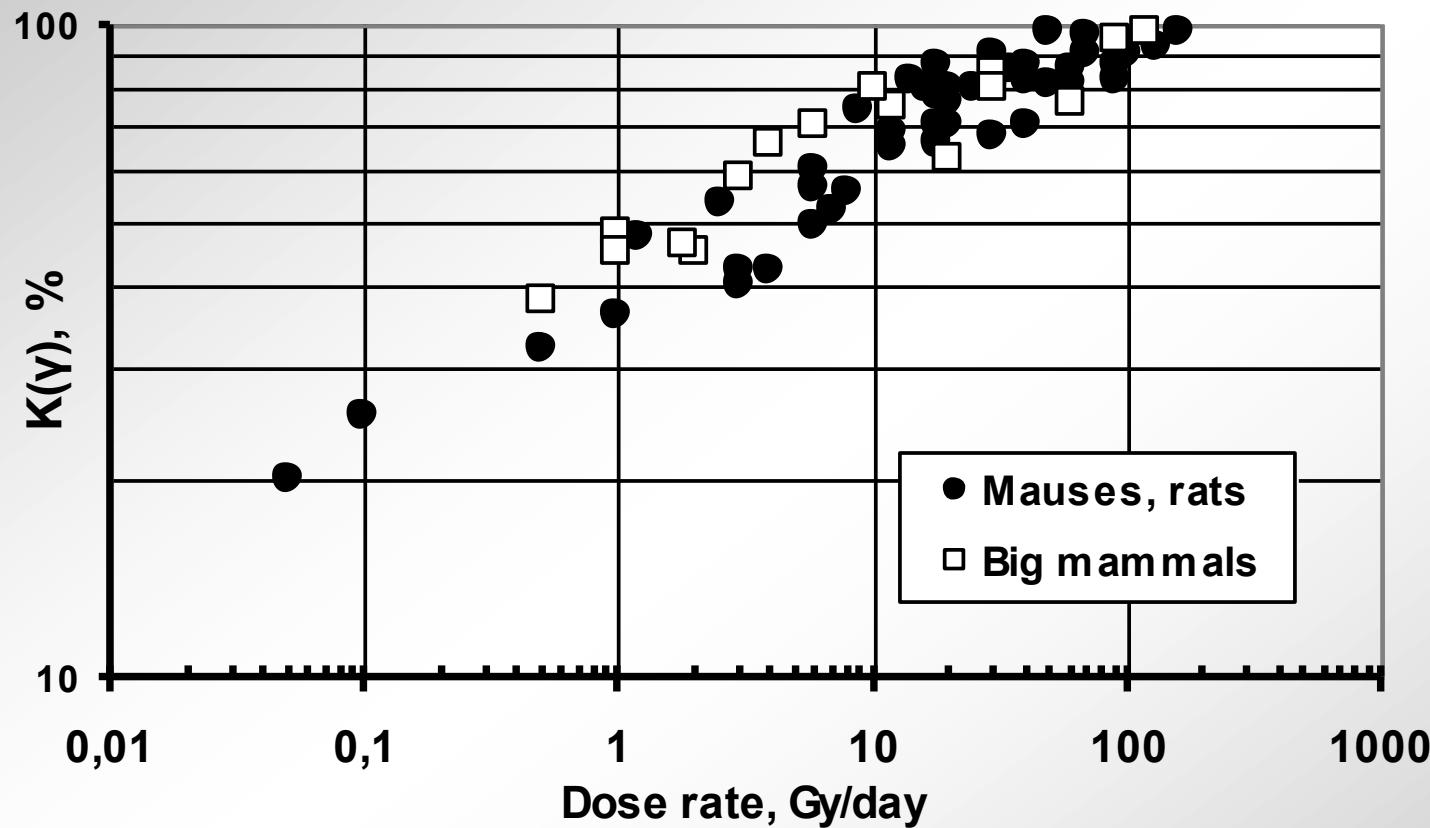
$$H_N = \left(\sum_{i=1}^n D_i [\text{Gy}] * QF_{Ni} * TF_{Ni} * SF_{Ni} \right) * MF_N$$

$$H_L = \left(\sum_{i=1}^n D_i [\text{Gy}] * QF_{Li} * TF_{Li} * SF_{Li} \right) * MF_L$$

Where D_i is a mean-tissue absorbed dose;

QF_{Ni} and QF_{Li} are quality factors of ionizing radiation, respectively, for in-flight and late radiobiological effects from the i -th source of irradiation; TF_{Ni} and TF_{Li} are coefficients of temporal nonuniformity of radiation exposure accounting for the influence on the effects of a dose rate and the pattern of temporal dose distribution; SF_{Ni} and SF_{Li} are coefficients of spatial nonuniformity of irradiation, considering a dose distribution pattern inside a human body and converting the effects of nonuniform irradiation to the effects of uniform radiation exposure, respectively, for the in-flight and late effects from the i -th source of radiation exposure in the space; MF_N and MF_L are modification coefficients of radiation response of an organism through the additional effects caused by nonradiation factors during a flight.

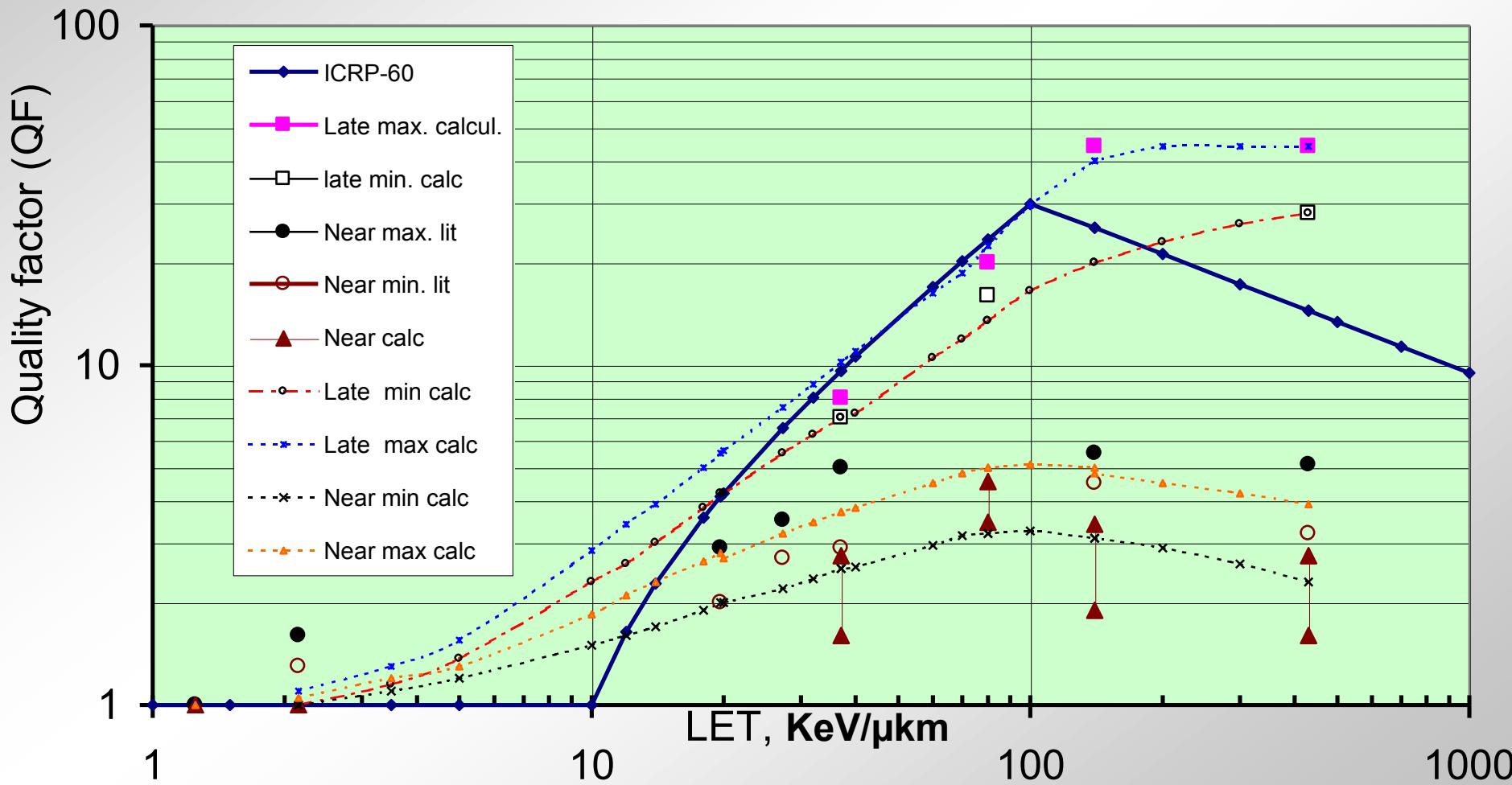
The time factor (TF) estimation



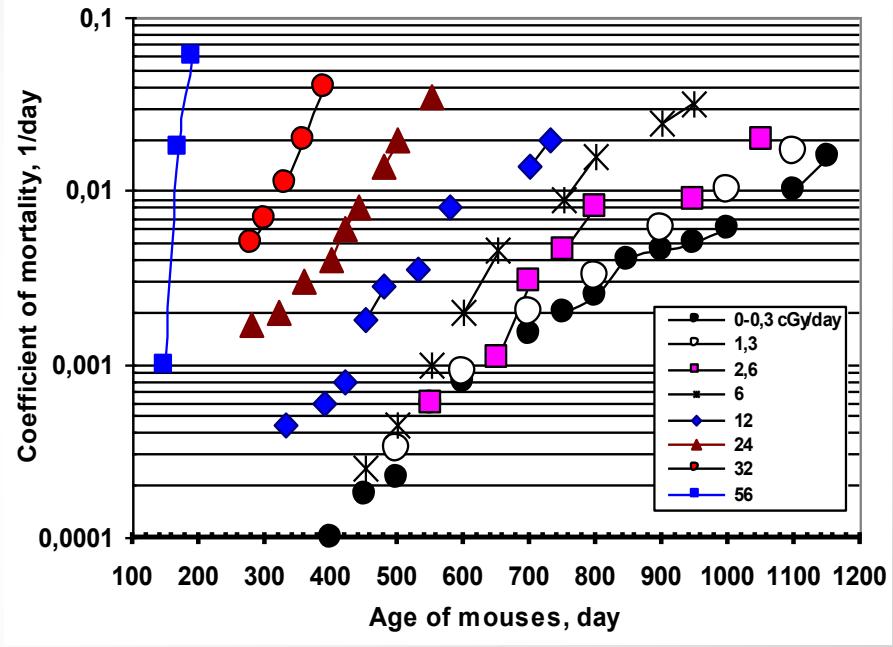
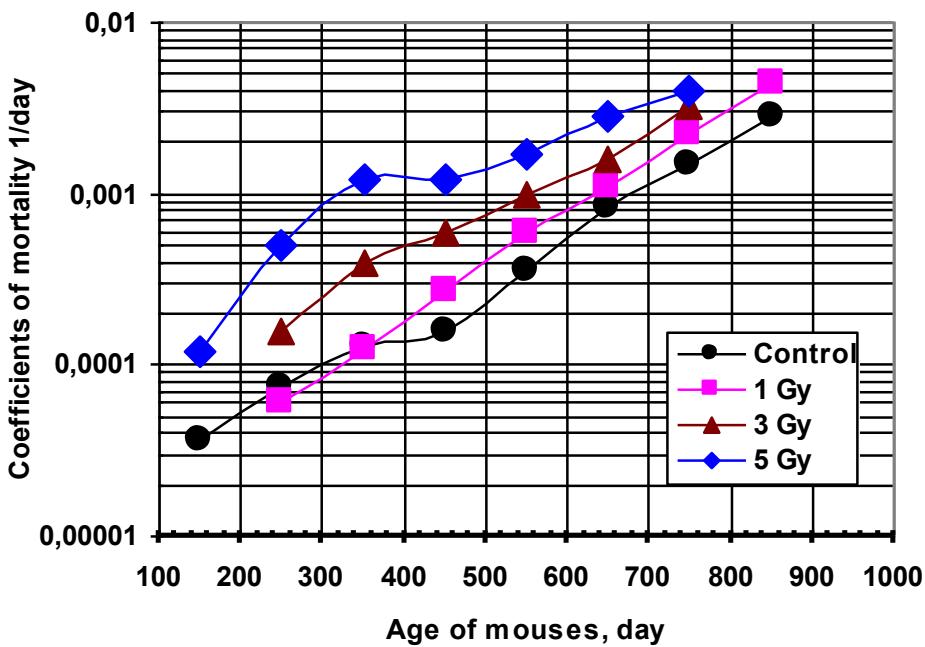
. Efficiently reaction of blood form system (%) from dose rate, connected with quick recovery processes in cell level (experiments on big mammals and small laboratory animals)

Quality factor estimation

Dependence QF from LET, KeV/ μ km on chromosomal aberrations of the corneal epithelium (${}^4\text{He}$, ${}^{12}\text{C}$, ${}^{10}\text{B}$ different energy, neutron 1 MeV)



Dependence mortality rate mouse from age after acute exposure in different doses, Gy (A) and after chronic exposure mouse to radiation at various dose rates cGy/day (B)



On Figures are showed facility of model for description some experimental dates after acute exposure from the different doses and after chronic exposure to radiation at various dose rates. On basis experimental data was received evaluated significance coefficient B ($B = 0,09 \text{ 1/Zv}$).

Descent values total volume of compensatory reserves organism and increase mortality rate

$$Q(t) = Q_0 \exp(-\lambda_0 t)$$

$$\mu(t) = \mu(t_0) \exp(\lambda_0 t)$$

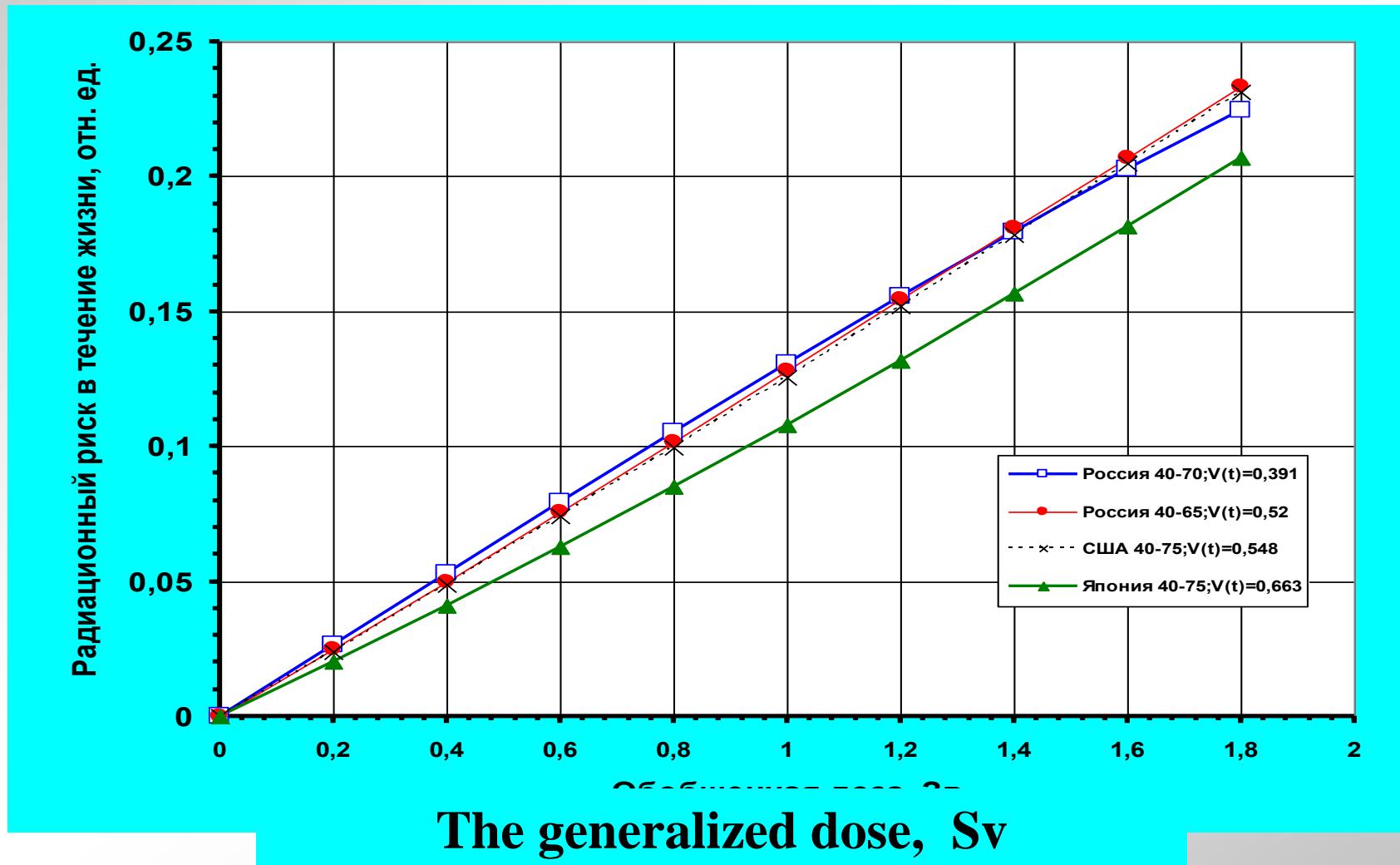
$$Q(t) = Q_0 \exp(-\lambda_0 t - B_p H_L)$$

$$\mu^{\text{rad}}(t) = \mu(t_0) \exp(\lambda_0 t + B_p H_L)$$

The total radiation risk and lifetime decreasing estimations

- The demography risk generally calculated with equation:
- $V(T) = \exp \left\{ - \int_t^T \mu(\tau) d\tau \right\} = \exp \left\{ - [\mu(t)/\lambda_0] \cdot [\exp \{\lambda_0(T-t)\} - 1] \right\}$
- The total radiation risk was calculated with used of the model for radiation-induced mammals death rate, which determines the obligate variations of the compensatory reserves of organism due to radiation impact
- $V_{rad}(T) = \exp \left\{ - \int_t^T \mu_{rad}(\tau) d\tau \right\} = \exp \left\{ - [\mu(t)/\lambda_0] \exp(BH_0) [\exp \{\lambda_0(T-t)\} - 1] \right\},$
- where $\mu_{rad}(\tau) = \mu(\tau) \exp(BH_0)$.
- Coefficient B was determinated 0,36 1/Sv.
- Summary radiation risk to age T=70 year is $R = V_{rad}(T) - V(T)$
- and lifetime decreasing estimations calculated with equation:
- $$\Delta T = \bar{T} - \bar{T}_{rad} = \int_t^\infty V(\tau) d\tau - \int_t^\infty V_{rad}(\tau) d\tau$$

Dependence lifetime total radiation risk from generalized dose, Sv for cosmonauts RUSSIA, USA and Japan with start of flight in age 40 years

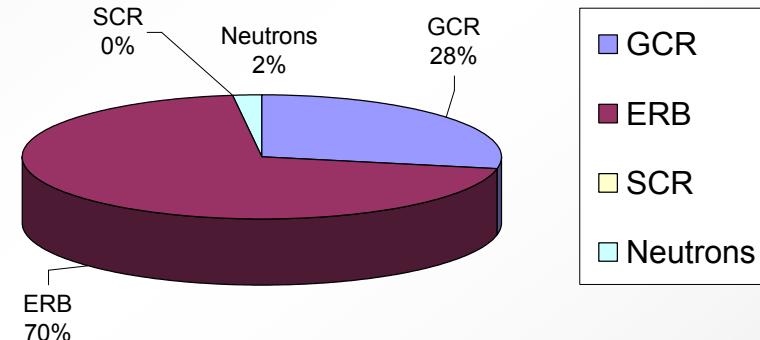


The radiation risk estimation for ISS year's flight for typical radiation environment.

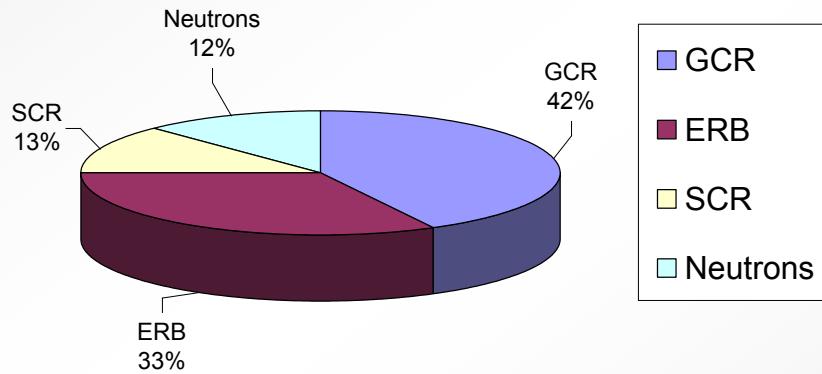
Daily absorbed dose, 0,36 mGy/day

Initial parameters:

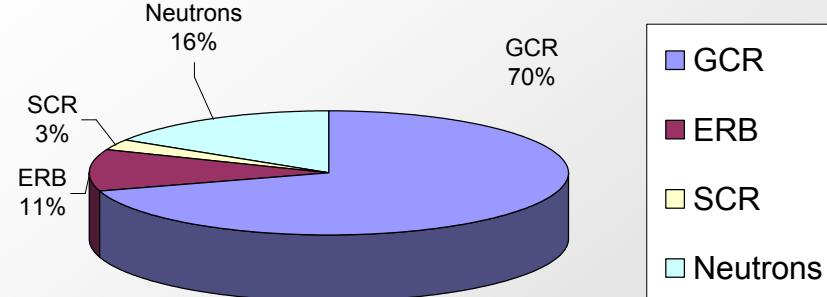
GCR daily abs. dose 0.1 mGy/day
ERB daily abs. dose 0.25 mGy/day
SCR, Y abs. dose 36.5 mGy/Year
Neutrons daily equ 0.105 mSv/day
Heavy ions 250000 ions/(cm²•Year)



Equivalent dose for one year, 390 mSv



Generalized dose for one year, 234 mSv



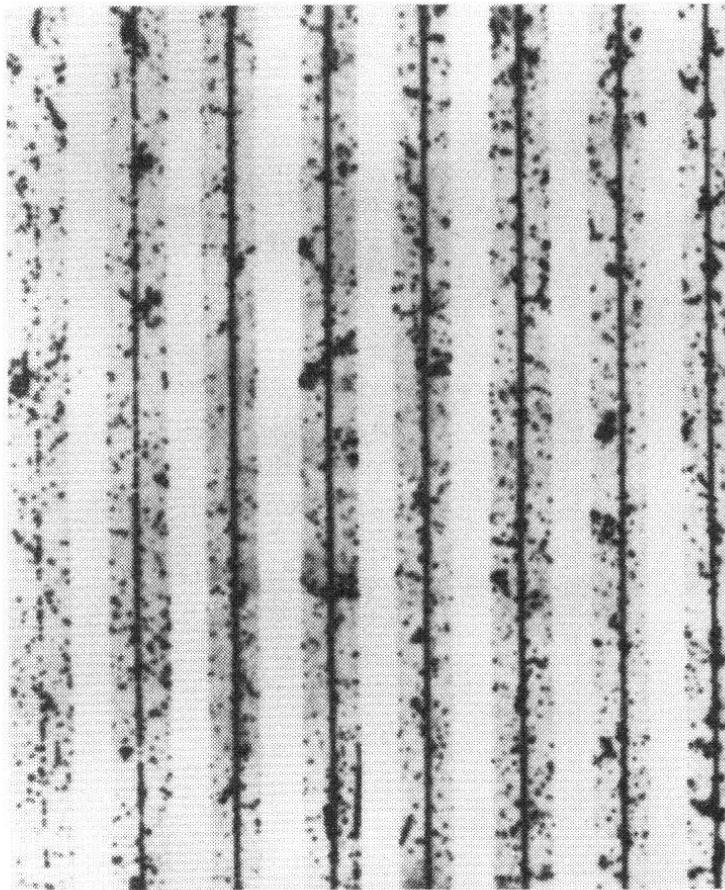
The radiation risk for later long term consequences estimated as 3%

Conclusion

- Radiation Environment aboard the ISS is determined mostly by contribution of galactic cosmic rays and internal Earth's radiation belt
- Contribution of Solar cosmic rays to the effective dose obtained during the flight is usually negligible. Solar protons events that could cause acute radiation effects aboard the ISS have been never observed.
- Mean absorbed dose rate variations are caused mostly by changes of the ISS orbit flight altitude
- Total lifetime radiation risk estimation of cosmonaut is 3 % for one year mission. Expected averaged life time shortening is one year also.

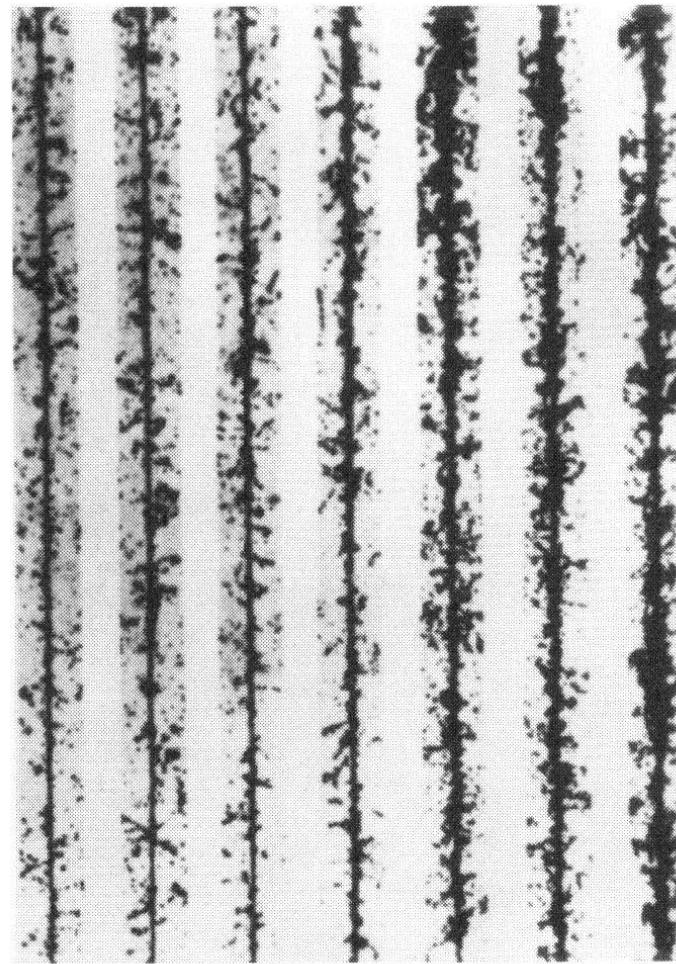
*Thank you
for your attention!*

Структура трека заряженной частицы



H He Li Be B C N O
Z = 1 Z = 2 Z = 3 Z = 4 Z = 5 Z = 6 Z = 7 Z = 8

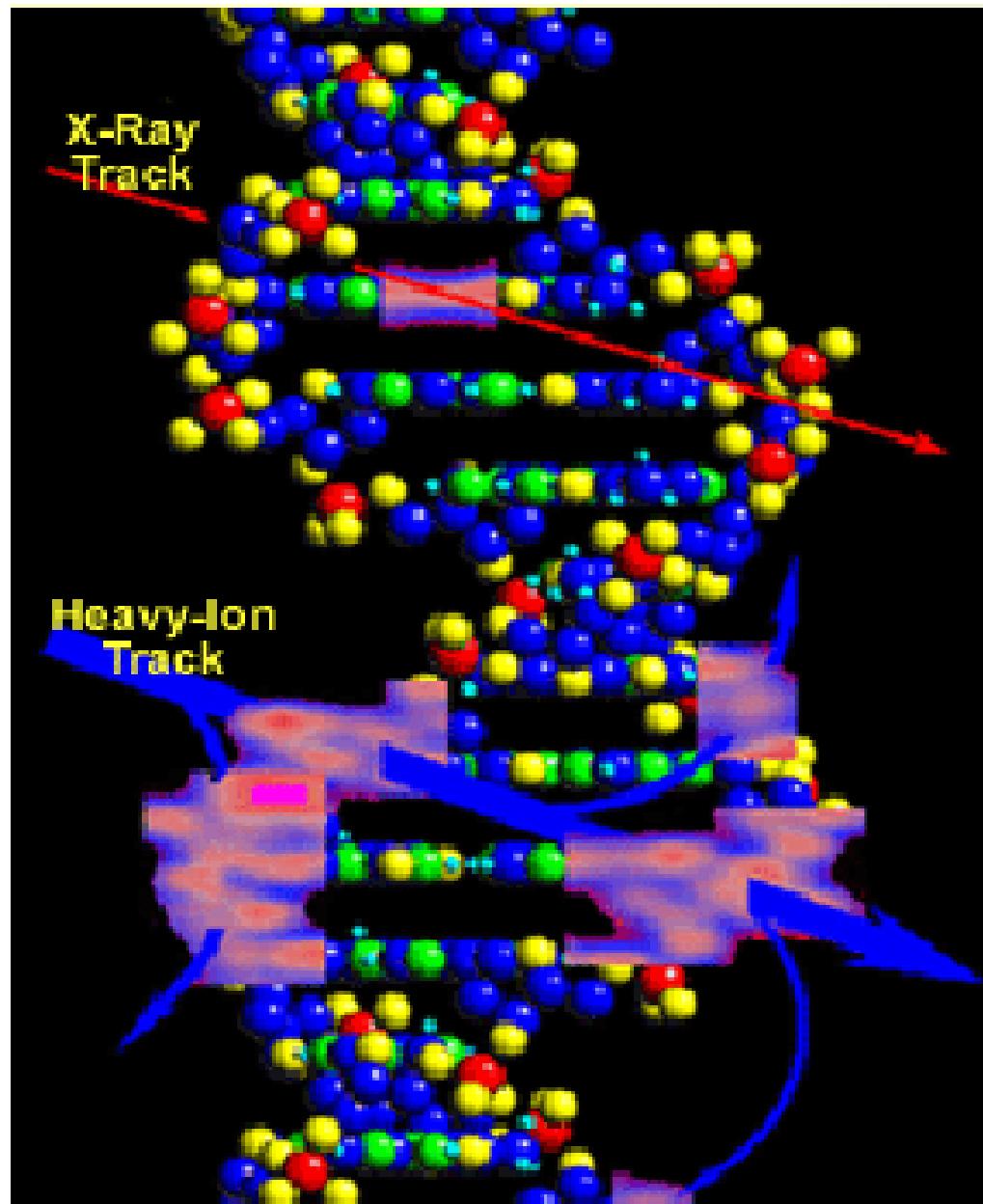
50 μm



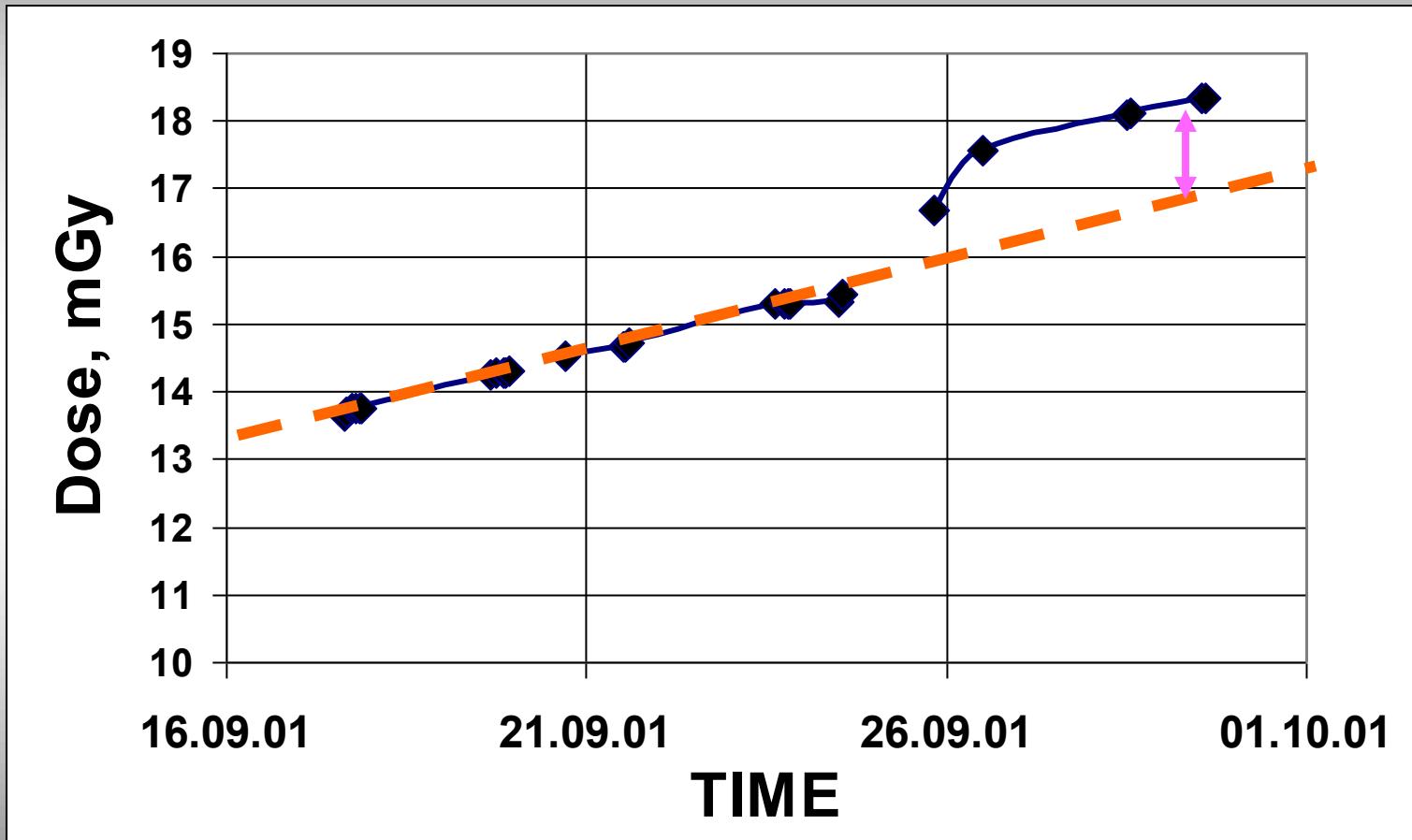
Ne Na Mg Si Ca Ti Fe
Z = 10 Z = 11 Z = 12 Z = 14 Z = 20 Z = 22 Z = 26

50 μm

Особенности воздействия космической радиации на биологические структуры



**SPE 25.09.2001 dose estimation.
DB-8 #1 unshielded detector**



Radiation alert criteria

- If during 3 ten-second intervals not less than 2 detectors simultaneously register dose rate more than 4 mGy/hour;
- If the equivalent dose forecast for next 24 hour more than 5 mSv.

1 - Compartment No 1

2 - Racecourse

3 - Bicycle

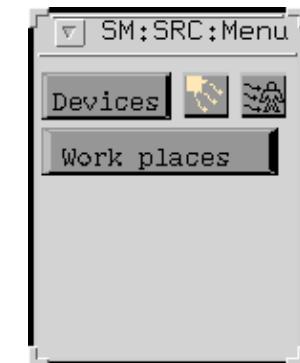
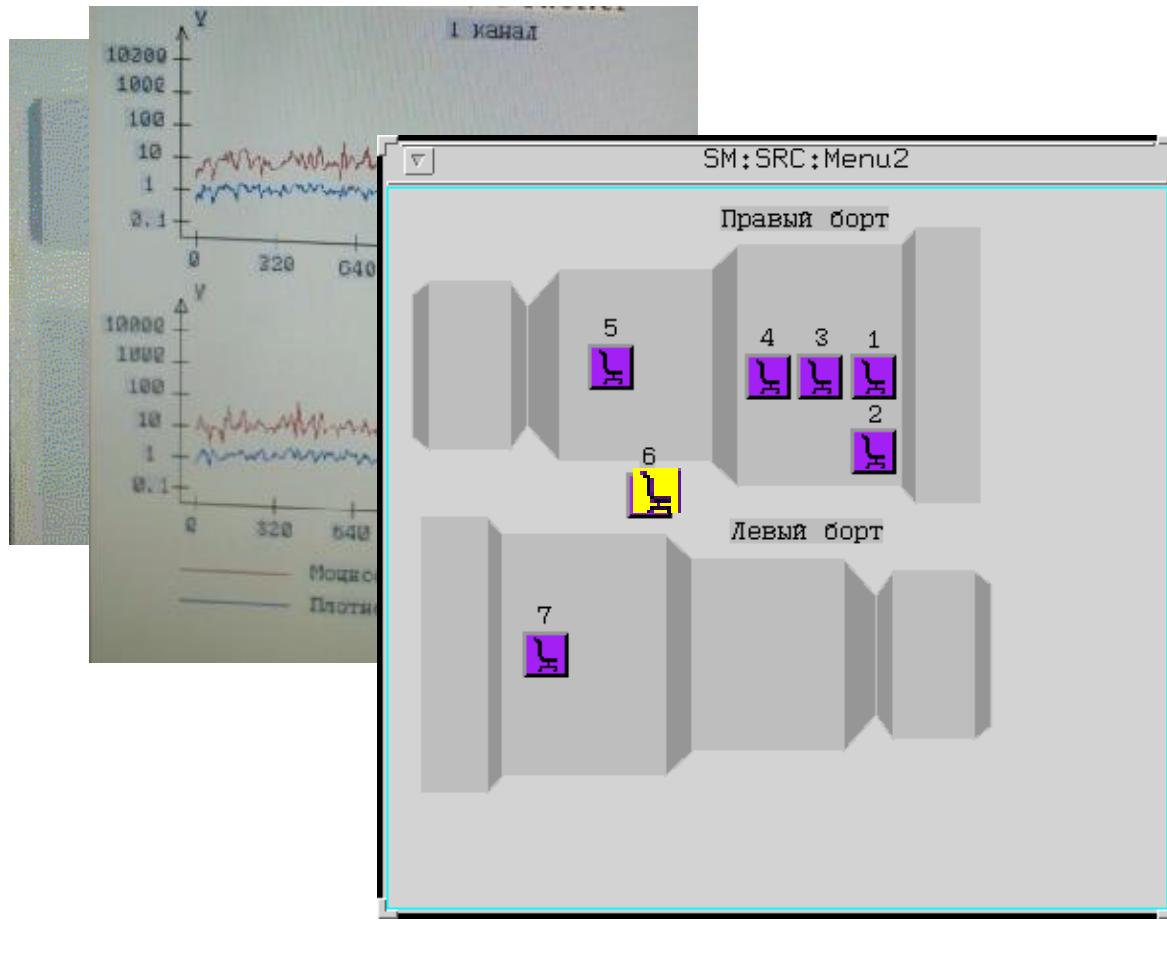
4 - Working table

5 - Control desk place

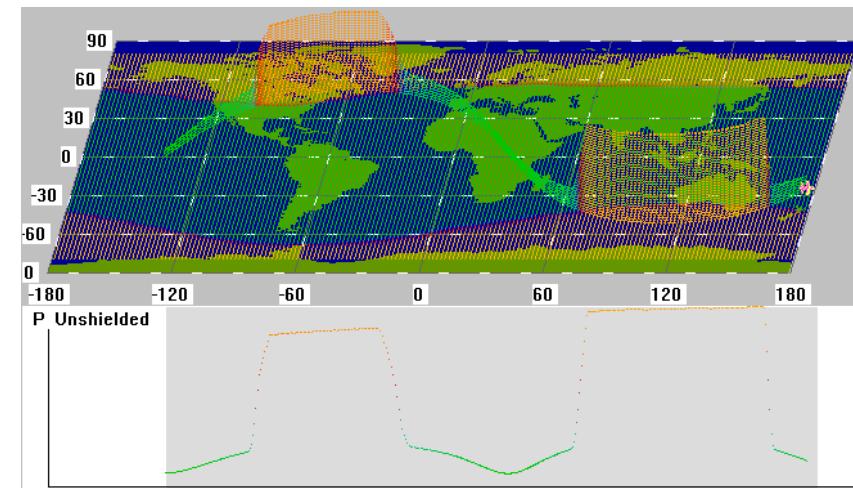
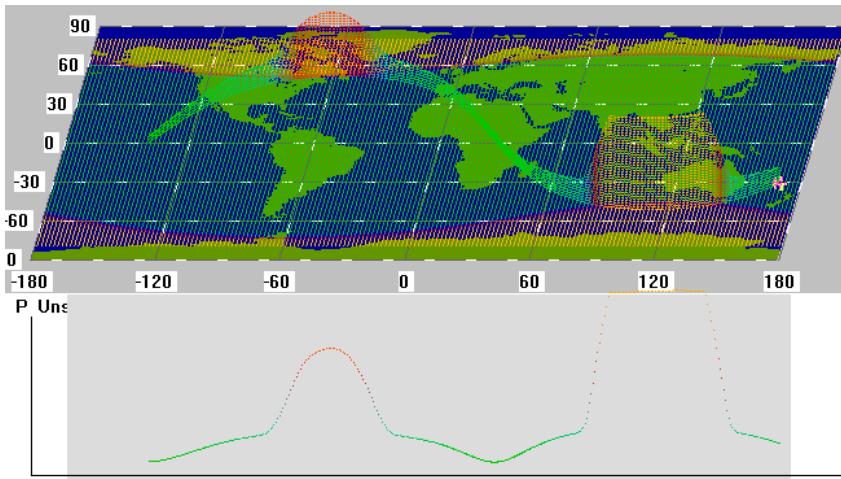
6 - Extravehicular activity

7 - Compartment No 2

The forms of an RMS information display on a Laptop screen

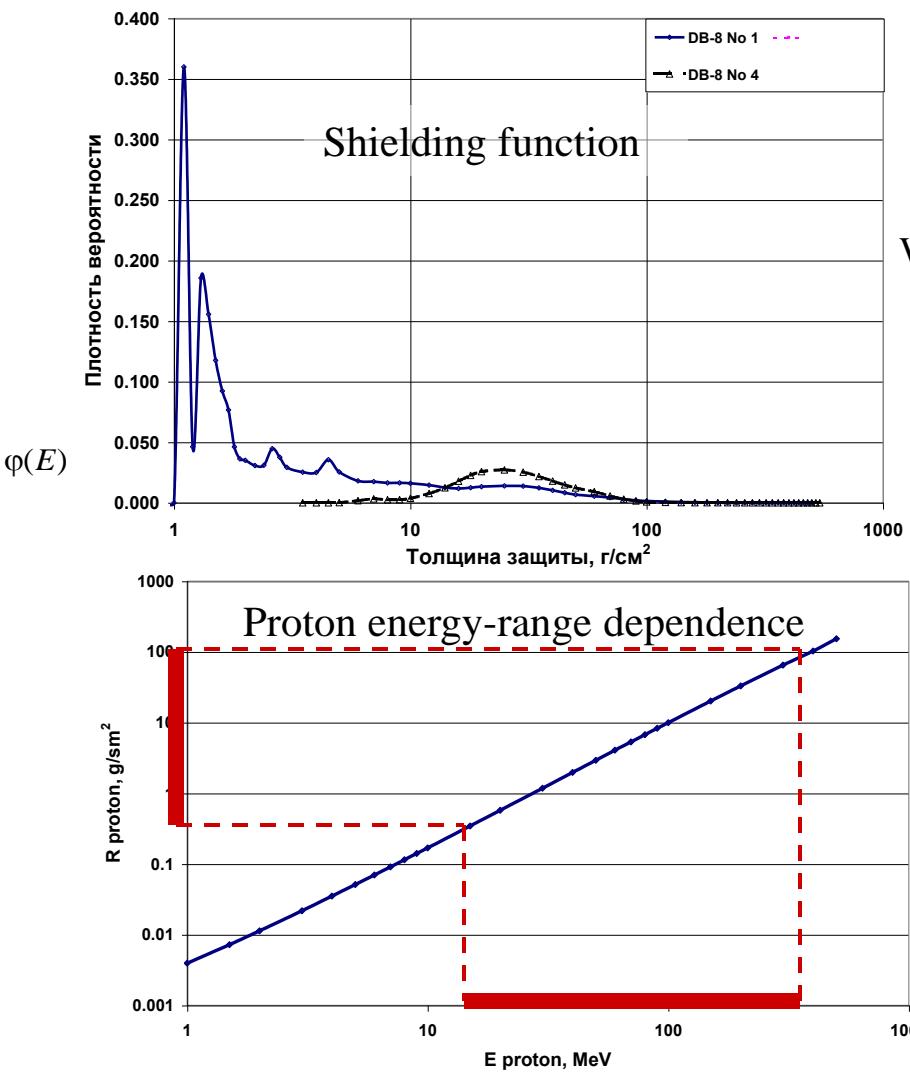


Forecasting supply techniques



- Ballistic calculations.
- Estimations of dose rate and durations of polar cusp's crossings.
- Conversion of detector's doses into workplaces doses.

SPE proton energy range essential for dose estimation on ISS



Absorbed dose in elementary volume

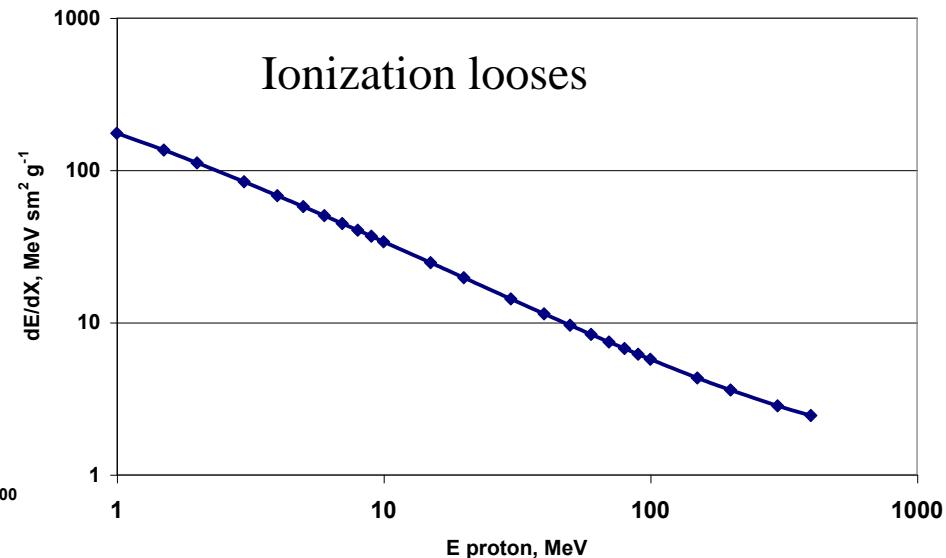
$$D = \frac{1}{\rho} \int_E \varphi(E) \frac{dE}{dx}(E) dE$$

Where E – particle energy;

$\varphi(E)$ - spectrum;

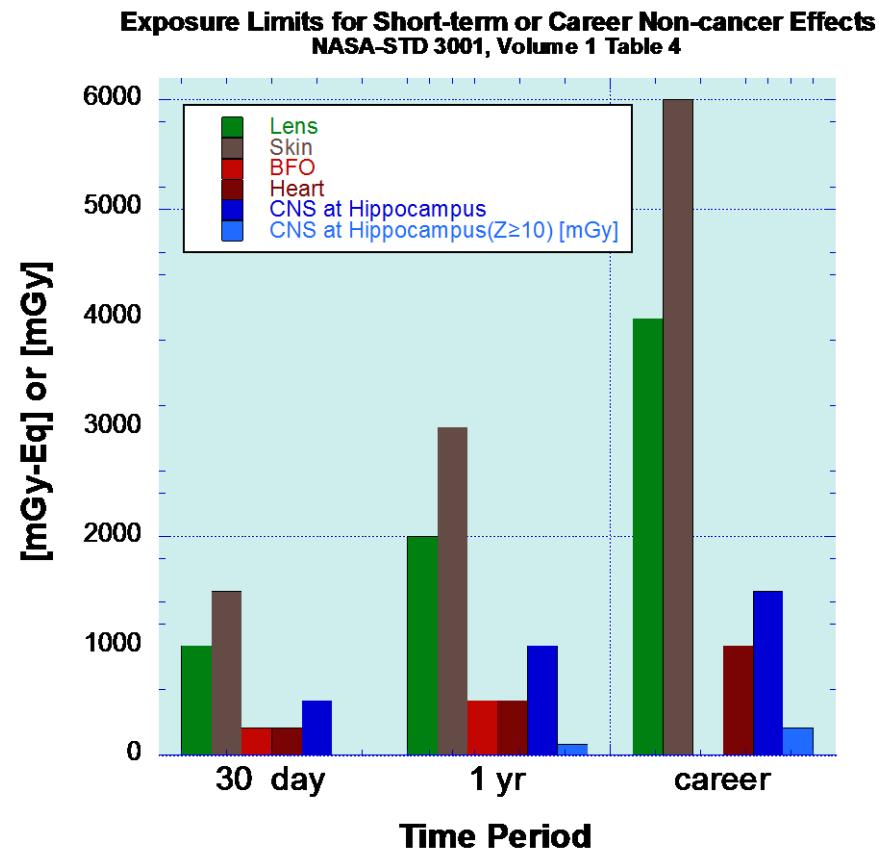
$\frac{dE}{dx}(E)$ - ionization loses.

ρ - density.



Space Permissible Exposure Limits for Early or Late Non-cancer Effects

Organ	30 day limit	1 Year Limit	Career
Lens *	1000 mGy-Eq	2000 mGy-Eq	4000 mGy-Eq
Skin	1500	3000	6000
BFO	250	500	Not applicable
Heart**	250	500	1000
CNS ***	500	1000	1500
CNS*** (Z≥10)		100 mGy	250 mGy



*Lens limits are intended to prevent early (< 5 yr) severe cataracts (e.g., from a solar particle event). An additional cataract risk exists at lower doses from cosmic rays for sub-clinical cataracts, which may progress to severe types after long latency (> 5 yr) and are not preventable by existing mitigation measures; however, they are deemed an acceptable risk to the program.

**Heart doses calculated as average over heart muscle and adjacent arteries.

***CNS limits should be calculated at the hippocampus.

Limit of the equivalent doses (cZv) for different tissue of cosmonauts (astronauts) and career limit in USSR [1-3, 5] and USA [4, 6-8] before 1990 year and in current of time in Russia [3, 9], and USA [10]

Critical organ, tissue	Duration of a flight	USSR	USA	USSR	USA	RUSSIA	USA
		1965 [1-3]	1975 [4]	1970 [4]	1986* [2,3, 5]	1988-1990 [6-8]	2004 [3, 9]
Doses on bone marrow in depth 5 cm (BFS)	Time of SCR (risk< 1 %)	15 50	15 50	-	15 50	-	15 -
	For 30 days	50	50	25	10,5	25	25
	For 90 days		80	35	21,5	-	-
	For year		150	75	66,5	50	50
	Career limit		400	400	400	150-400 D= f(T ₀)*	100** 70-290 D=f (T ₀)****
Doses on eye in depth 0,3 cm	For 30 days		75	37	75		50 100
	For 90 days		120	52	120	-	-
	For year		225	112	225	200	100 200
	Career limit		600	600	600	400	200 400
Doses on skin in depth 0,01 cm	For 30 days		150	75	150	150	150
	For 90 days		240	105	240	-	-
	For year		450	225	450	300	300
	Career limit		1200	1200	1200	600	600

* Limit of dose depended from bound value of radiation risk in flight: $R = f(T, D)$; $D = f(T, R)$

** Limit of dose constant and non depended from age of cosmonauts (astronauts)

*** Limit of doses strong depended from age of cosmonauts (astronauts)

Are present result of investigations for 55 years in Institute aviacosmic medicine of military ministry USSR, Institute biophysics of health ministry USSR, Institute of medical-biological problems of health ministry USSR and join Institute of nuclear research



Григорьев Юрий Григорьевич,
профессор, доктор медицинских наук, ведущий научный сотрудник Федерального научного медицинского биофизического центра им. А.И. Бурназяна ФМБА. С 1964 по 1977 гг. - научный руководитель исследований по космической радиобиологии и безопасности пилотируемых космических полетов в Институте медико-биологических проблем Минздрава СССР. Автор 20 монографий и более 350 публикаций в научных отечественных и зарубежных журналах.



Ушаков Игорь Борисович,
доктор медицинских наук, член-корреспондент РАН, академик РАМН. Директор Государственного научного центра РФ – Института медико-биологических проблем РАН, заведующий отделом молекулярно-клеточной биомедицины ИМБП. Автор 8 монографий издательств "Наука" и "Медицина" и соавтор более 400 научных публикаций.



Красавин Евгений Александрович,
член-корреспондент РАН, доктор биологических наук, профессор, директор Лаборатории радиационной биологии Объединенного института ядерных исследований. Специалист в области общей и космической радиобиологии, автор более 250 научных работ, из них 2-х монографий, 1 международного патента.



Давыдов Борис Ильич,
доктор медицинских наук, профессор, Заслуженный деятель науки РФ. Старший научный сотрудник Научно-исследовательского испытательного центра (авиационно-космической медицины и военной эргономики) МО России. Специалист в области радиационной патологии с 1954 г., а с 1961 г. – космической радиобиологии. Автор 12 монографий и более чем 300 научных публикаций



Шафиркин Александр Венцеславович,
доктор биологических наук, ведущий научный сотрудник Государственного научного центра-Института медико-биологических проблем РАН (1964-2013 гг.), специалист в области биофизики, радиобиологии, космической биологии и медицины. Автор 5 монографий и более 200 научных работ.

**КОСМИЧЕСКАЯ
РАДИОБИОЛОГИЯ
ЗА 55 ЛЕТ**
(К 50-летию ГНЦ РФ-ИМБП РАН)



**КОСМИЧЕСКАЯ
РАДИОБИОЛОГИЯ
ЗА 55 ЛЕТ**

К 50-летию ГНЦ РФ-ИМБП РАН



E. Semones (NASA)

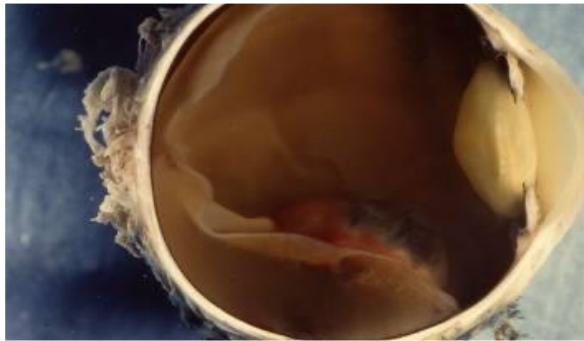
Categories of Radiation Risk

Four categories of risk of concern to NASA:

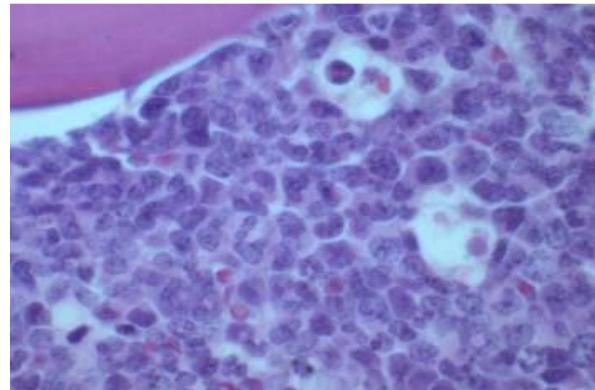
- *Carcinogenesis (morbidity and mortality risk)*
- *Acute and Late Central Nervous System (CNS) risks to the Brain*
- *Chronic & Degenerative Tissue Risks*
 - ✓ cataracts, heart-disease, etc.
- *Acute Radiation Risks*
- Nausea, vomiting, diarrhea, lethargy, cognitive effects, skin “burn”

Differences in biological damage of heavy nuclei in space with x-rays, limits Earth-based data on health effects for space applications

- New knowledge on risks must be obtained
- Simplified with radiation “quality” factor
- Influences of space environment (temporal and qualitative characteristics of the radiation fields, μG , immunosuppression, other stressors) on biological response



From Space Radiation Project/SK



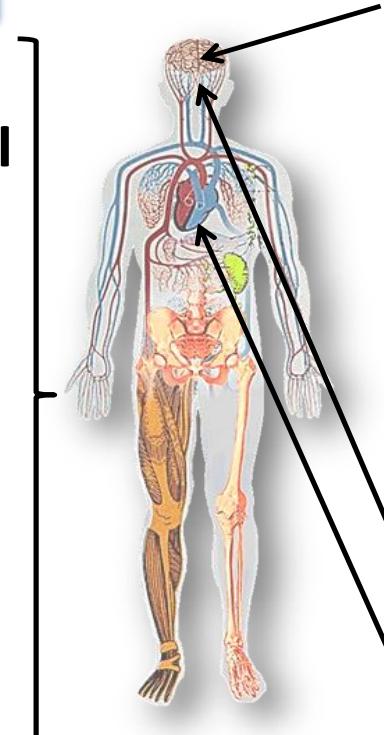
Risks of Space Radiation Exposure



Carcinogenesis

Focus of NASA Radiation Risk Model

- Solid Cancers – tumors
- Leukemia
- Issues emerging from research studies of GCR solid cancer risks:
 - Earlier appearance and aggressive tumors not seen with controls, gamma-rays or proton tumors
 - GCR Heavy ions may produce more aggressive tumors compared to controls or X-ray tumors



Central Nervous System (CNS) risks to the Brain

- Retinal flashes observed by astronauts suggests single heavy nuclei can disrupt brain function.
- In-flight *cognitive and short-term memory changes* are a concern for GCR.

Chronic & Degenerative Tissue Risks

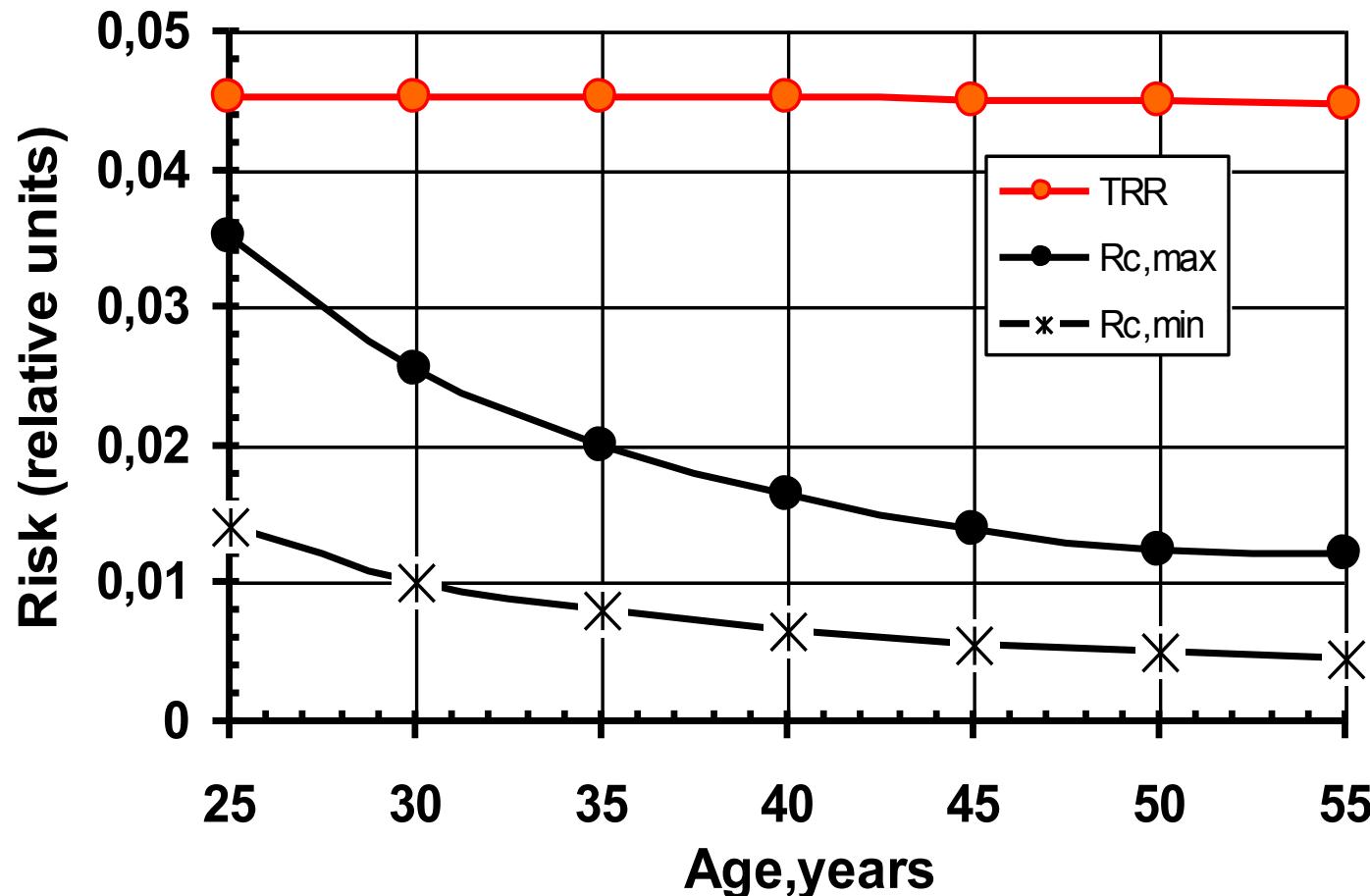
- *Cataract* incidence increased at low GCR doses (<100 mSv) shown in NASA studies.
- *Circulatory Disease* concerns include CVD, IHD, and coronary revascularization and myocardial infarction

ALARA (As Low As Reasonably Achievable)

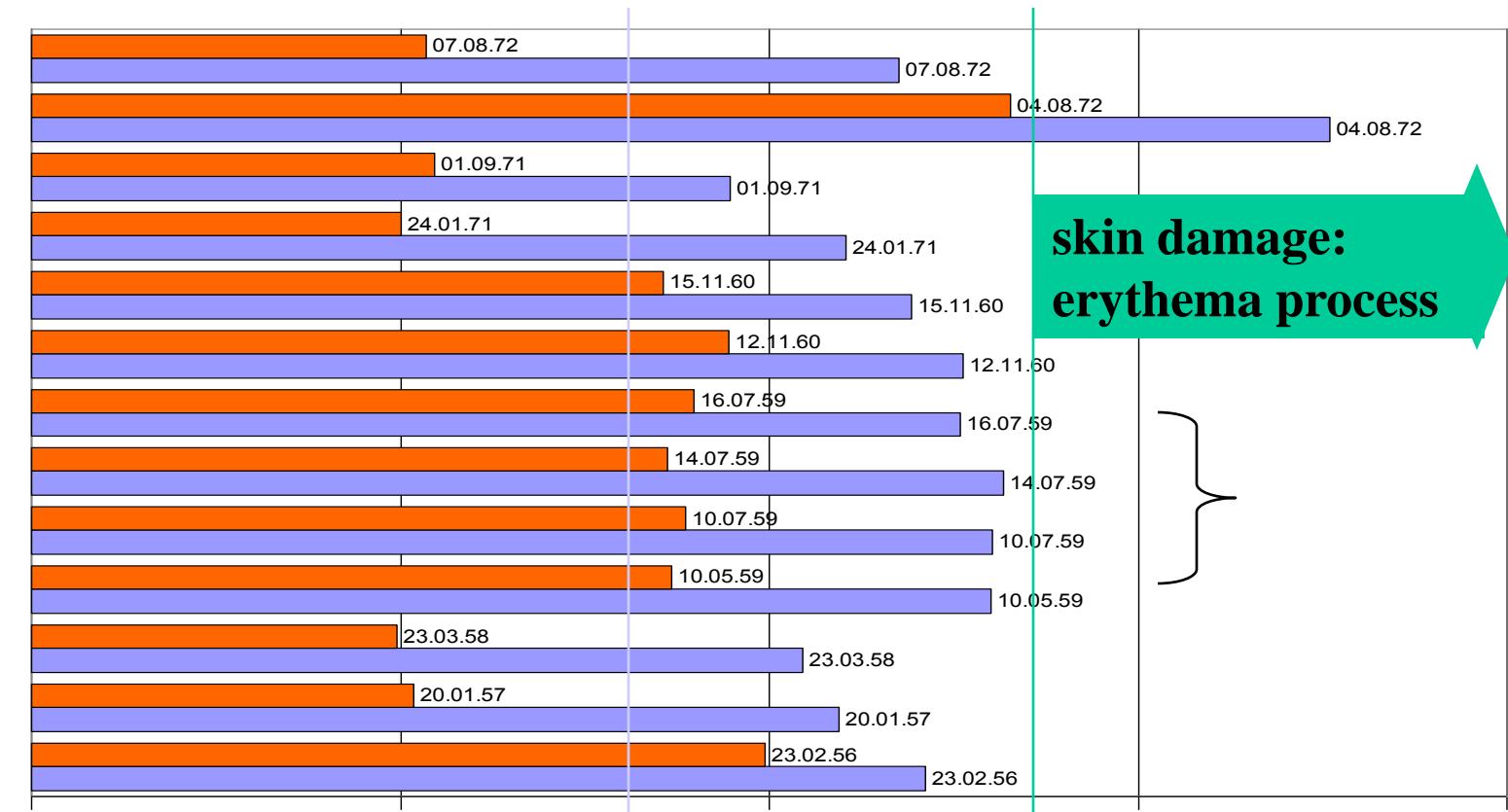
The ALARA principle is a legal requirement intended to ensure astronaut safety. An important function of ALARA is to ensure that astronauts **do not approach radiation limits** and that such limits are not considered as “tolerance values.” ALARA is especially important for space missions in view of the large uncertainties in cancer and other risk projection models. Mission programs and terrestrial occupational procedures resulting in radiation exposures to astronauts are required to find cost-effective approaches to implement ALARA.

Challenges: Uncertainties in biological response to the high-LET component of GCR make ALARA difficult to implement. ALARA is more easily performed for reducing SPE exposure using shielding and limiting exposures during EVAs

Dependences of TRR and maximum and minimum assessments of cancer risk over lifetimes of cosmonauts (relative units) on their age after 2 year-long interplanetary flight in the phase maximum SA for habitat module shielding thickness ($X_{hmst} = 30 \text{ g/cm}^2$).



Matching of possible values of SCR doses and thresholds values of organism responses



0.01 0.1 1 10 Gy

Changes in blood forming system,
early radiation sickness

skin damage:
erythema process