



Ministero  
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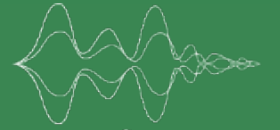


Italiadomani  
PIANO NAZIONALE  
DI RIPRESA E RESILIENZA



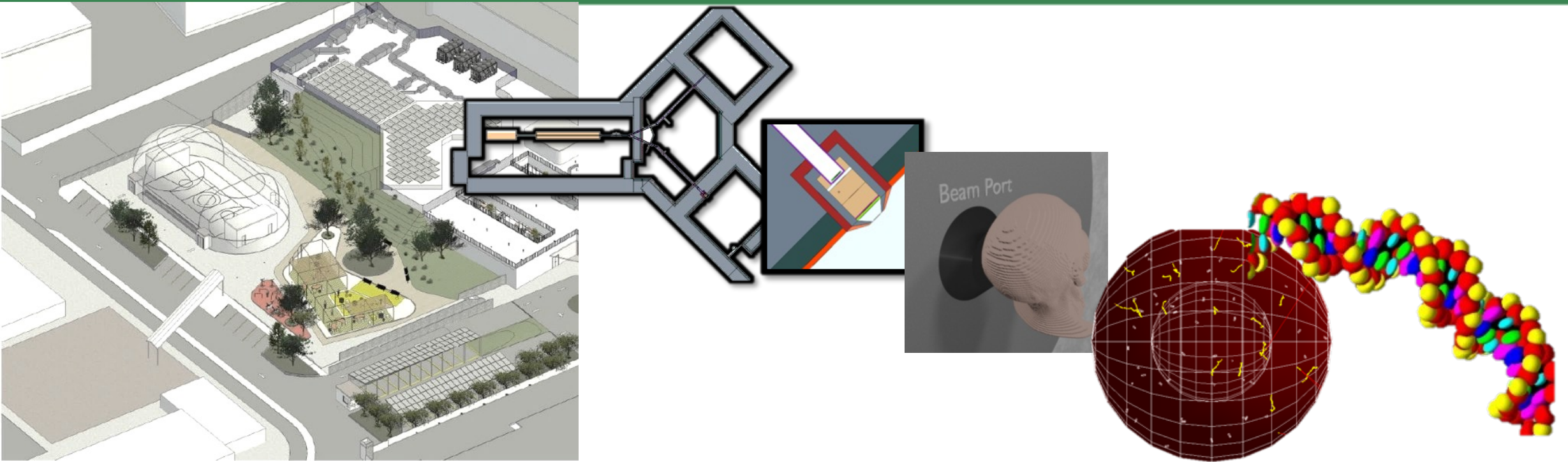
PNC

Piano nazionale per gli investimenti  
complementari al PNRR  
Ministero dell'Università e della Ricerca



Anthem

Advanced Technologies for Human-centred Medicine



# Translational BNCT: Coupling Experimental Radiobiology with Model-Based Dosimetry

Postuma Ian – [ian.postuma@inf.n.it](mailto:ian.postuma@inf.n.it)

SIRR International Day: 2025 - Simulation and Biological Damage prediction - 6.10.2025 - Catania



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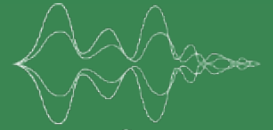


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Advanced Technologies for Human-centEred Medicine

S. Bortolussi, I. Postuma, S. Fatemi, B. Marcaccio, R. Ramos, C. Pezzi, G. Garini, A. Kourkoumeli Charalampidi, A. Lanza, C. Ferrari, L. Cansolino, E. Delgrosso, U. Anselmi Tamburini, M. P. Demichelis, P. Sommi, A. Pisent, E. Fagotti, L. Bellan, F. Grespan, C. Baltador, J. Esposito, P. Mastinu, V. Conte, A. Selva, A. Bianchi, Y. Ong, P. Mereu, M. Nenni, C. Mingioni, E. Nicoletti, T. Bencivenga, A. Retico, D. Imperio, L. Panza, L. Gialanella, A. D'Onofrio, L. Bagnale, D. Pistone, G. Porzio, R. Buompane, C. Sabbarese, M.R. Masullo, A. Passarelli, L. Manti, S. Pacifico, E. Nigro, S. Piccolella, A. Capuano, L. Altucci, V. Carafa, M. Crepaldi, C. Papulino, E. Martinelli, N. Del Gaudio, S. Cappabianca, M. Barbieri, L. Sciciola, G. De Matteis, S. Di Giacomo, S.J. Gonzalez, A.M. Portu, G.A. Santa Cruz, I. Porras, P. Torres-Sánchez, Y-H. Liu, D. Shu, J. Pan, M. Ying, C. Geng, X. Tang, K. Chatzipapas, P. Cirrone, S. Fattori, G. Cuttone, S. Paleari, G. Paolisso and **V. Vercesi**



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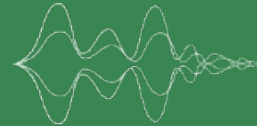


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FEDERICO II



Comisión Nacional  
de Energía Atómica

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UNIVERSIDAD  
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NEUBORON  
中硼医疗



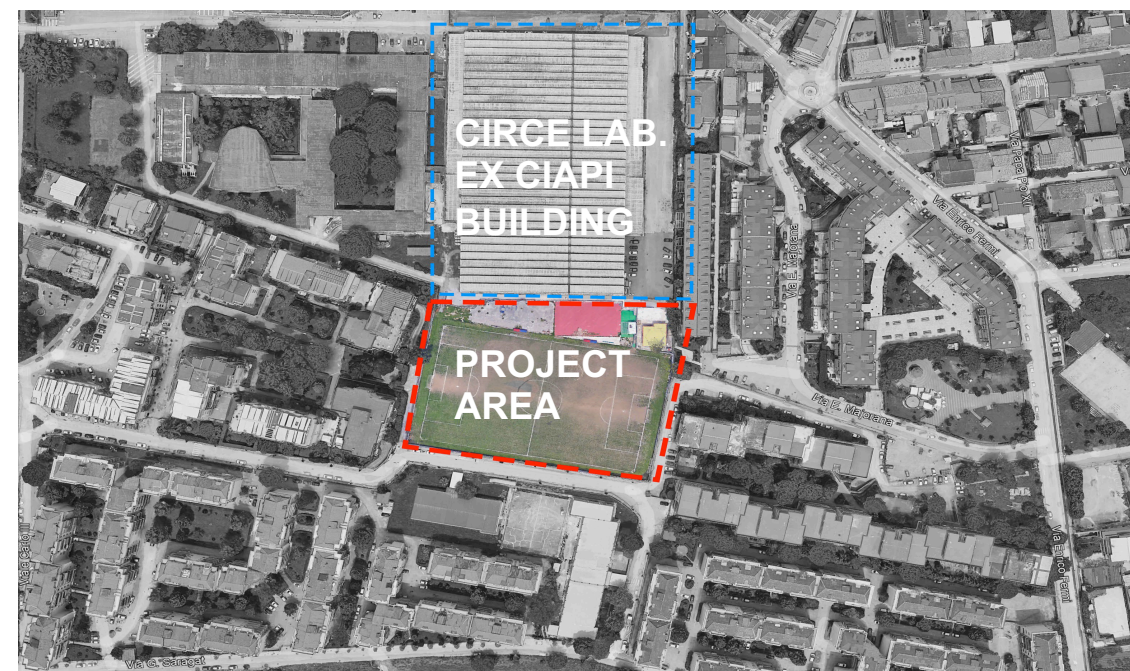
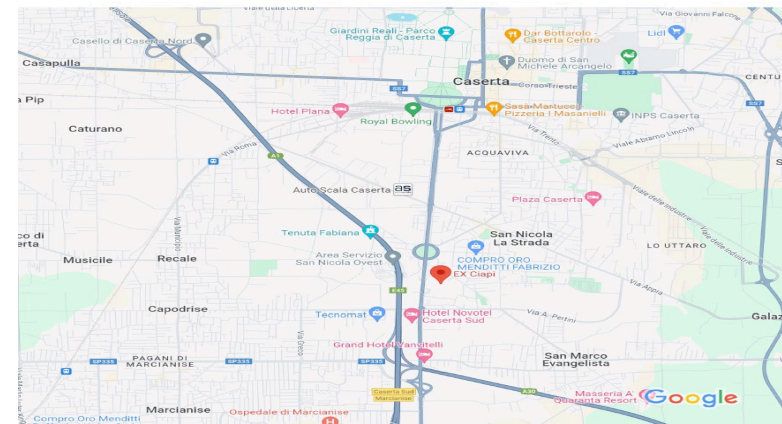
厦门弘爱医院  
XIAMEN HUMANITY HOSPITAL



Design of a new building for BNCT near Caserta, in San Nicola La Strada. The project area is adjacent the *CIAPI* building where the CIRCE laboratory of the University of Campania Luigi Vanvitelli is placed together with some other INFN installations.



The Centre will be the first facility of this kind in all the central and southern Italy (6 clinical centres treating patients in the world, more than 20 in construction for research and/or clinics) and the only one fully based on public funds







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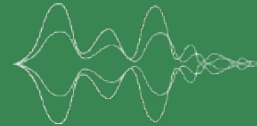


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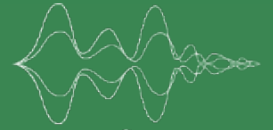


V: Università  
degli Studi  
della Campania  
Luigi Vanvitelli

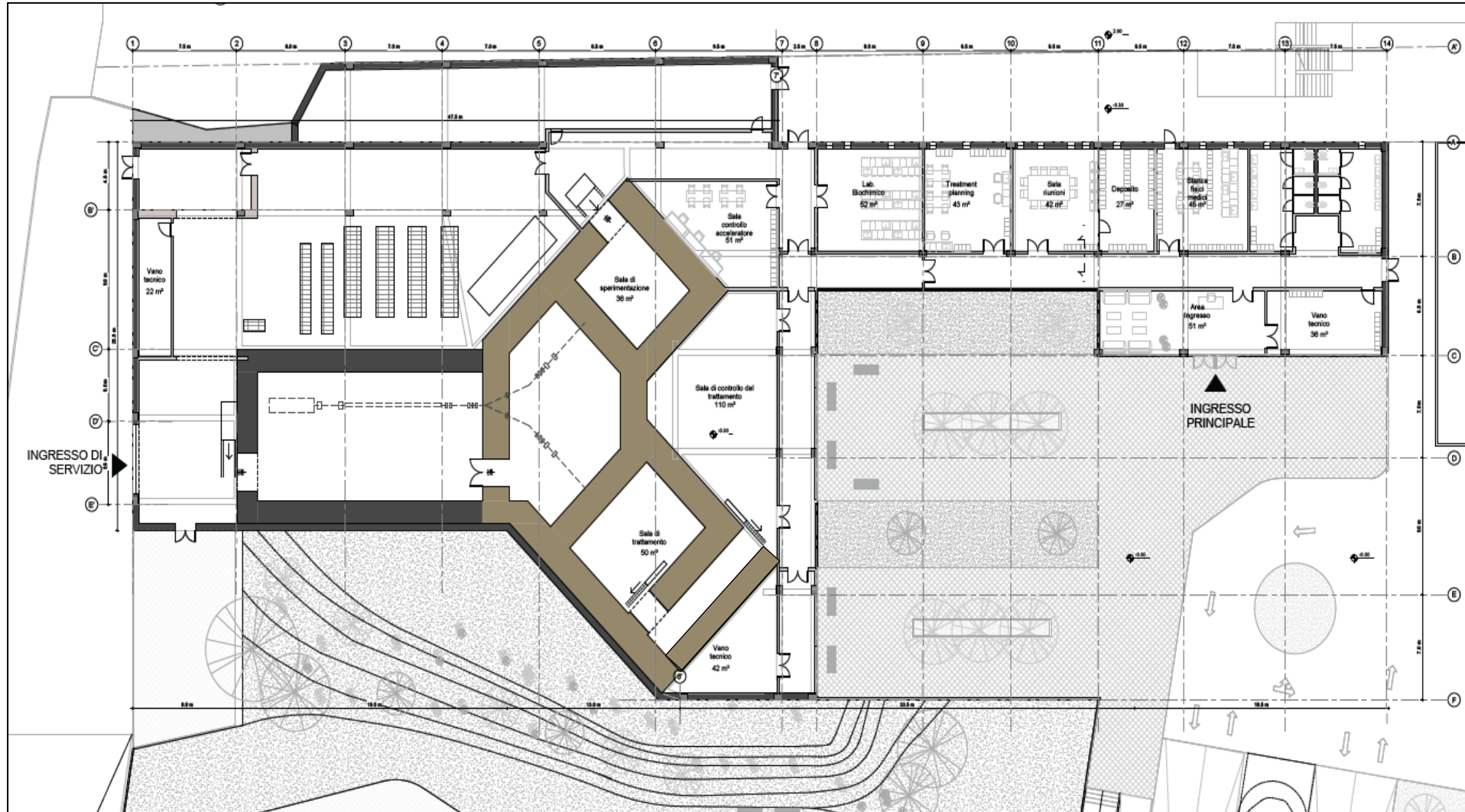


INFN  
Istituto Nazionale di Fisica Nucleare





## FUNCTIONAL LAYOUT-PHASE1



The proposed *technical solutions* are intended to be indicative and will be carefully evaluated during the final and/or executive development phase of the project.



Prot. n. 160185 del 11/09/2025



PR CAMPANIA FESR 2021-2027 - ASSE 1 - OBIETTIVO SPECIFICO 1.1  
AZIONE 1.1.4

Schema

**Accordo di Collaborazione  
per la realizzazione dell'intervento  
"Realizzazione del bunker necessario all'attuazione del progetto  
"ANTHEM"**

❖ con DGR n. 437 del 6 agosto 2024 - programmazione risorse, è stato programmato l'importo massimo di € 10.000.000,00 (dieci milioni/€), a valere sulle risorse del PR Campania FESR 2021/2027, Obiettivo Specifico 1.1 "sviluppare e rafforzare le capacità di ricerca e di innovazione e l'introduzione di tecnologie avanzate" - Azione 1.1.4 "sostenere la sperimentazione diffusa e la domanda di innovazione della PA per la definizione di prodotti innovativi a beneficio di imprese e cittadini", a favore dell'Università della Campania "Luigi Vanvitelli", per la realizzazione del bunker destinato ad accogliere l'impianto di terapia a cattura di neutroni con boro (BNCT), realizzato nell'ambito del progetto "ANTHEM", finanziato con il Decreto del Ministro dell'Università e della Ricerca n. 1983/2022;

Letto confermato e sottoscritto per la Regione



PASQUALE MANDUCA  
Regione Campania  
Dirigente  
11.09.2025 11:14:51  
GMT+02:00



**Bando pubblicato 1° di Ottobre sulla  
Gazzetta Europea**

**638716-2025 - Gara**

[See the notice on TED website](#)

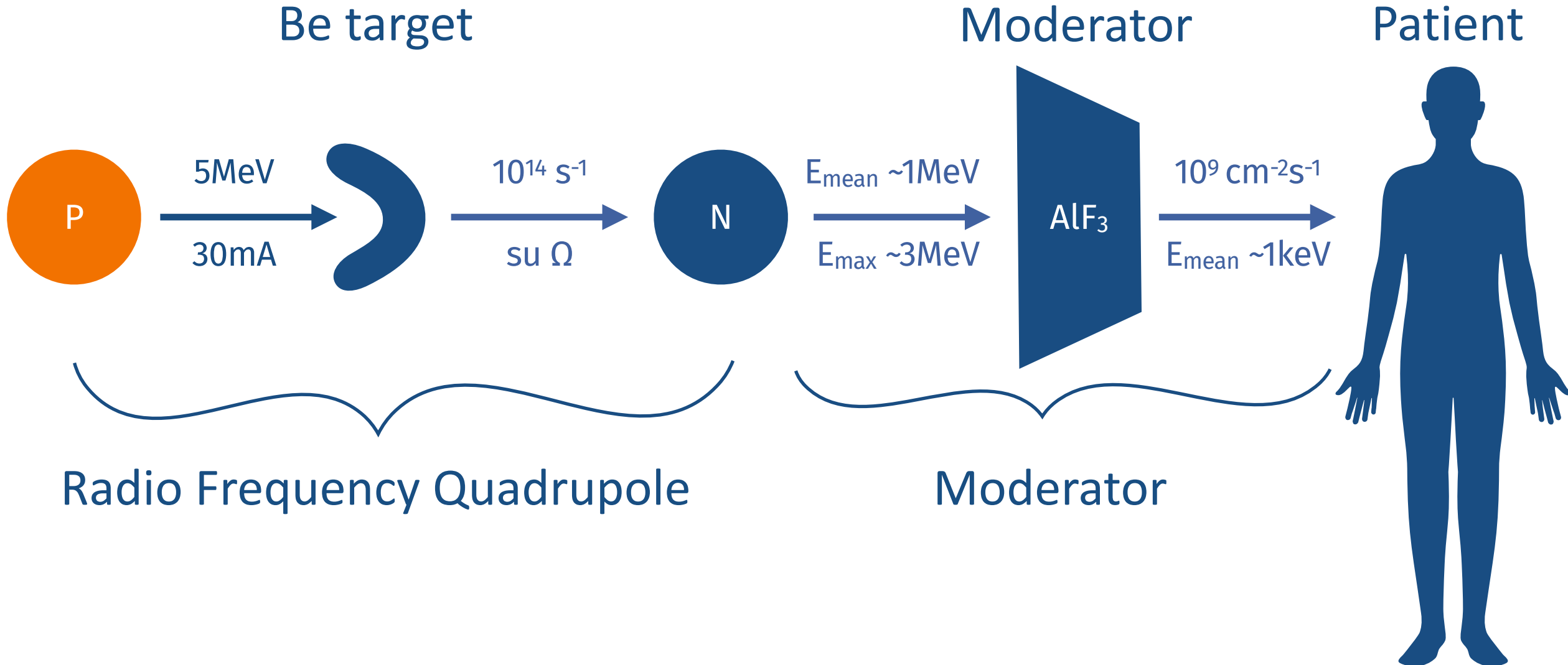
**Italia – Lavori di costruzione di laboratori – Realizzazione dell'edificio destinato alla Boron Neutron Capture Therapy (BNCT), presso l'immobile ex CIAPI, nel Comune di San Nicola la Strada (CE), nell'ambito del progetto di ricerca ANTHEM (Advanced Technologies for Human-centred Medicine), in esecuzione delle iniziative di ricerca per tecnologie e percorsi innovativi in Ambito sanitario e assistenziale - Decreto Direttoriale n. 931 del 6-06-2**

**OJ S 187/2025 30/09/2025**

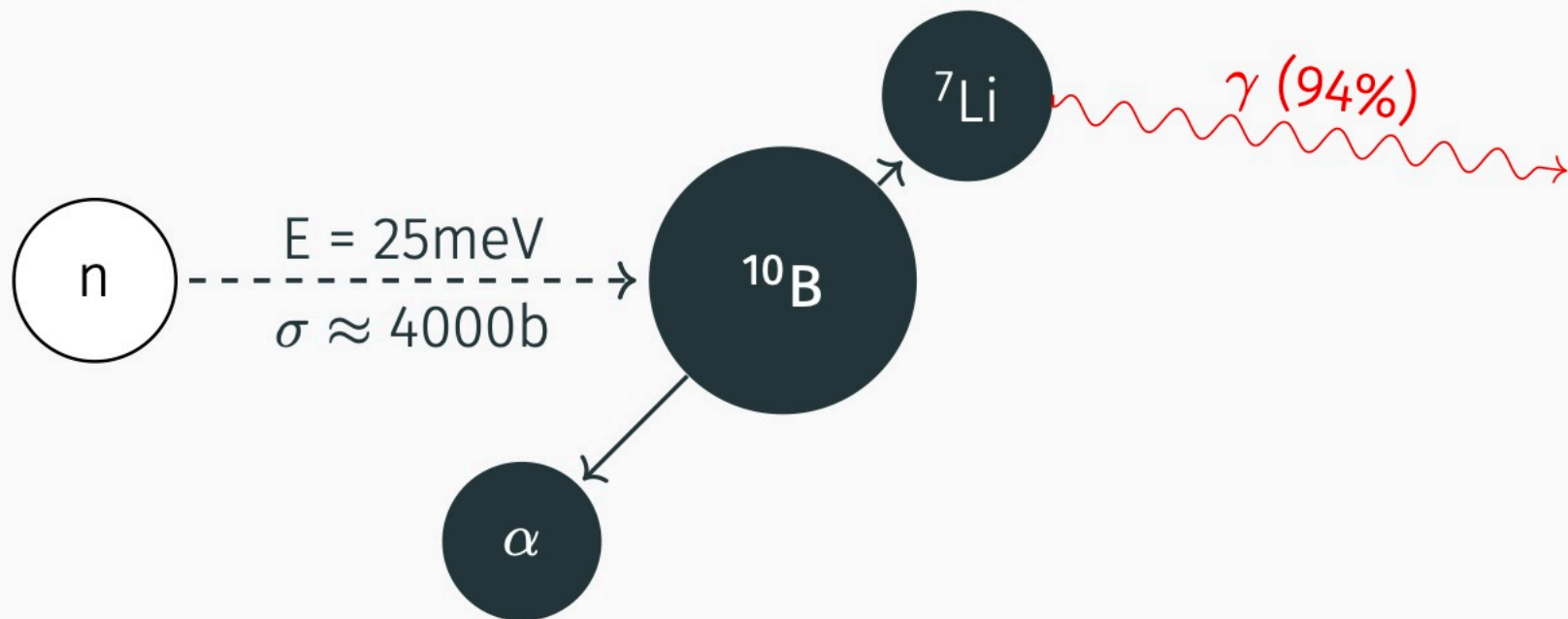
**Bando di gara o di concessione – regime ordinario  
Lavori**

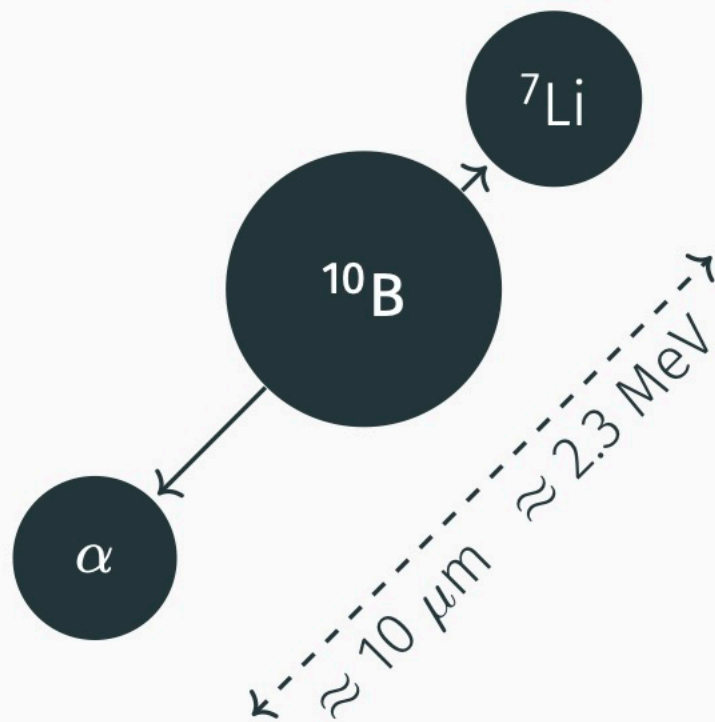
**Parere definitivo MASE in arrivo**

# BNCT @ INFN



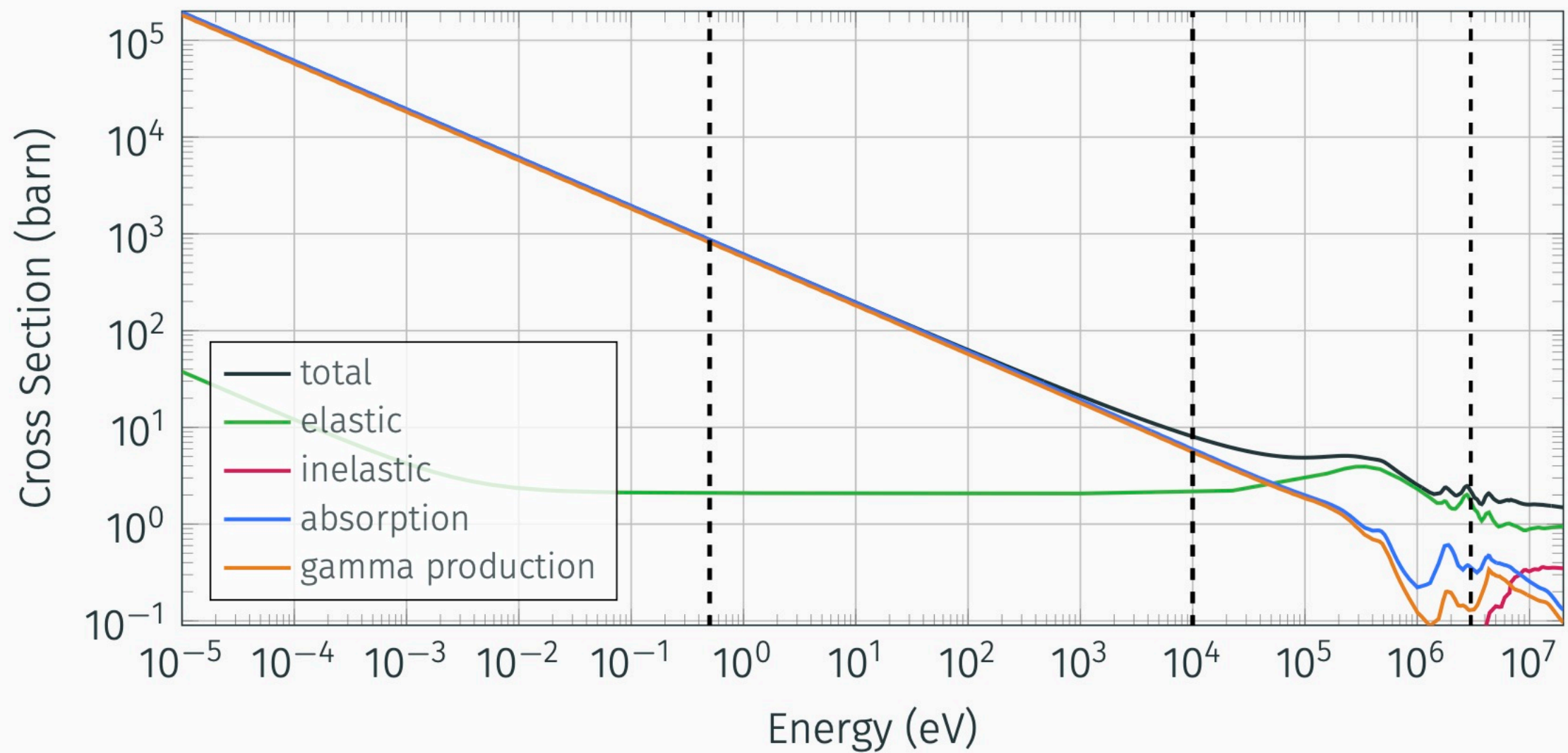




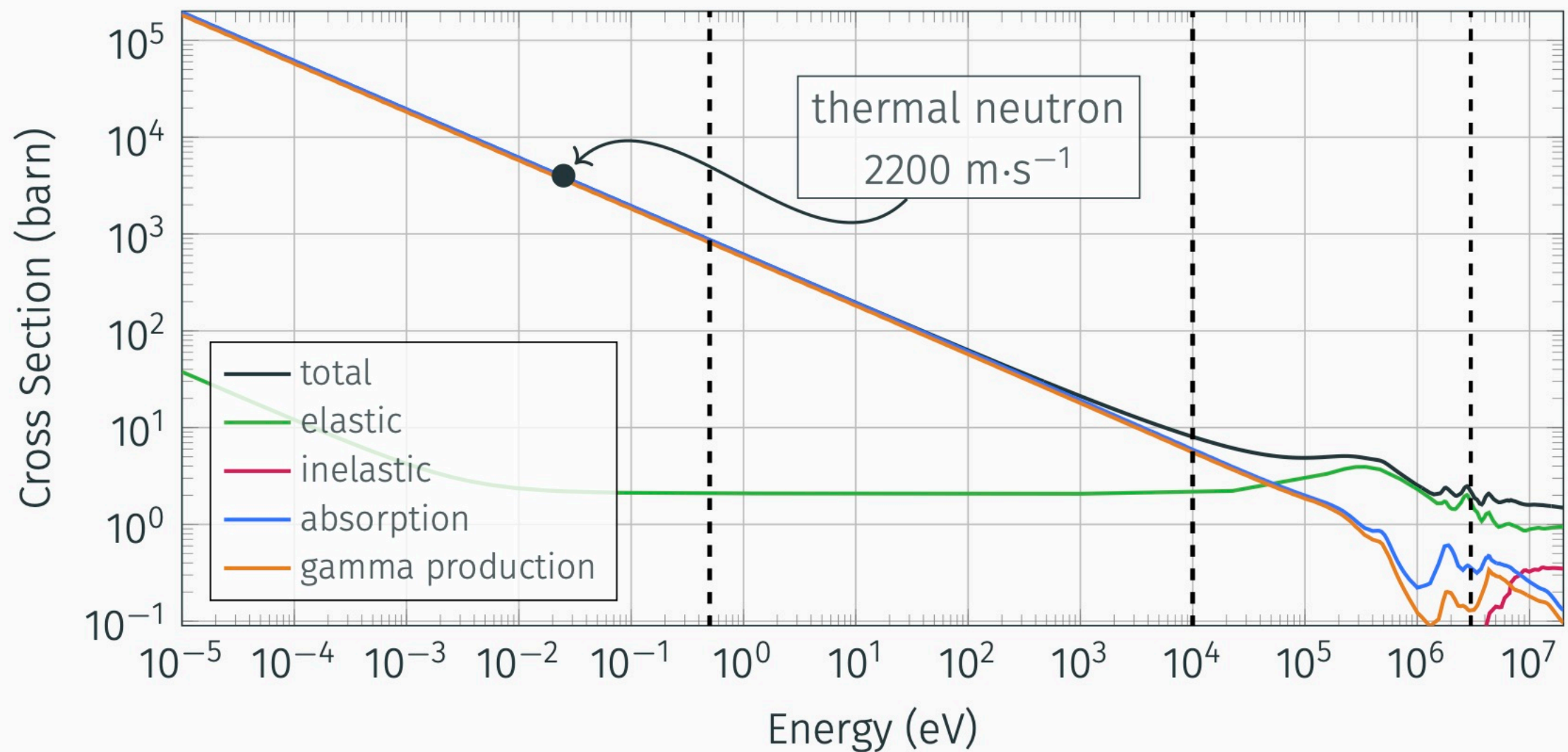


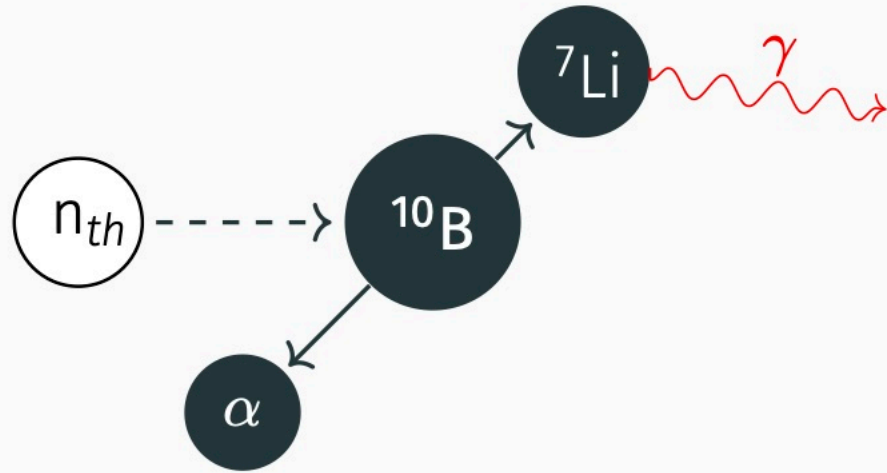


$^{10}\text{B}$  Cross Section data from ENDF/B-VIII



$^{10}\text{B}$  Cross Section data from ENDF/B-VIII





p

$^{14}\text{N}$

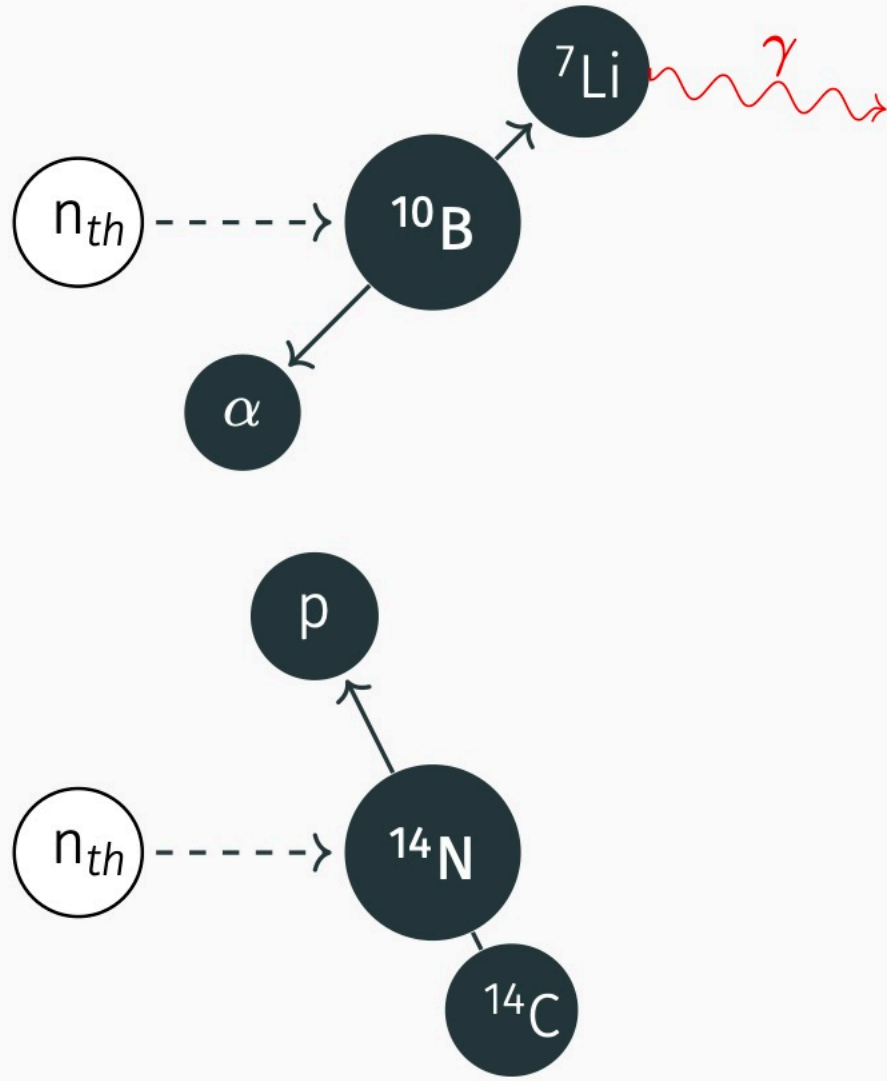
$^{14}\text{C}$

$^1\text{H}$

$^1\text{H}$

$^2\text{H}$

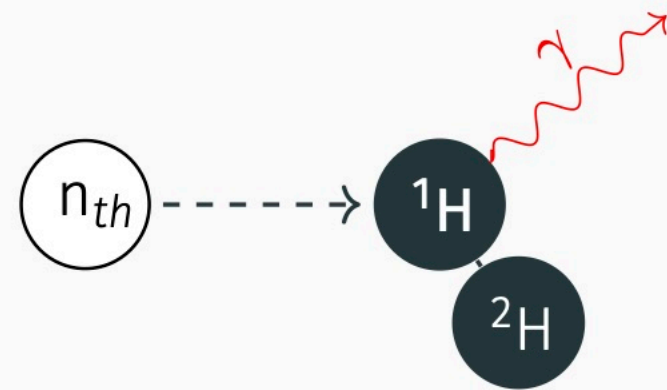
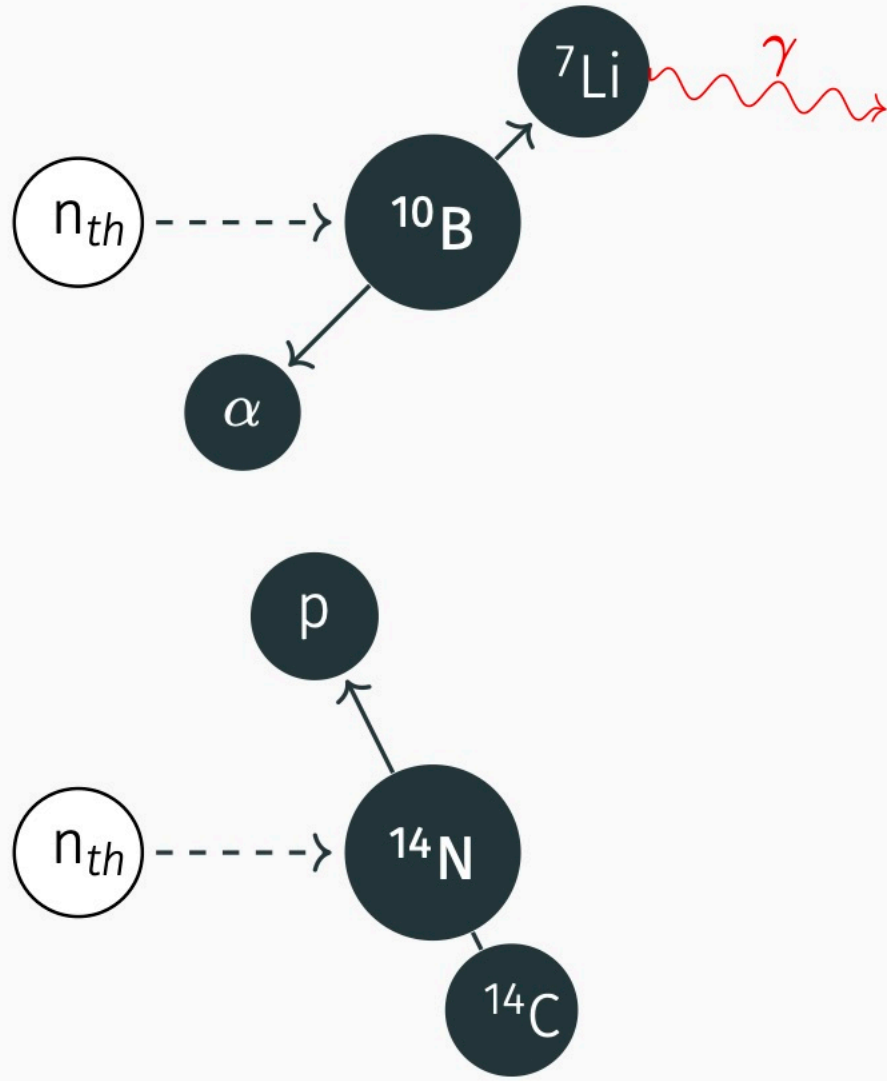


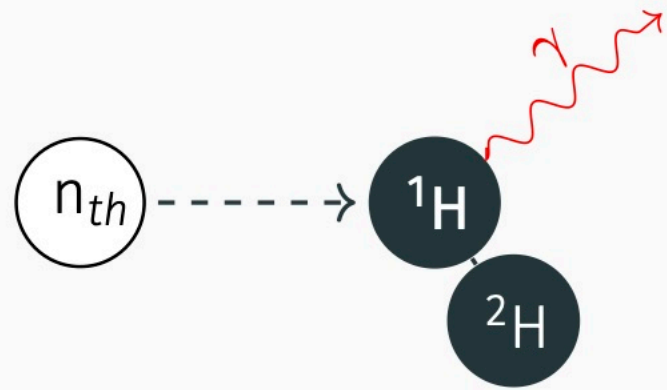
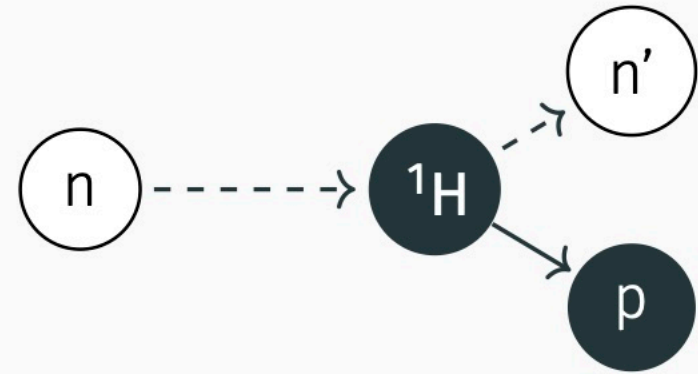
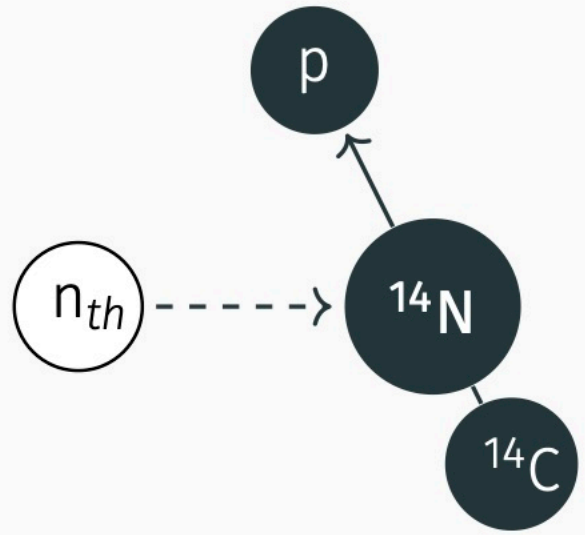
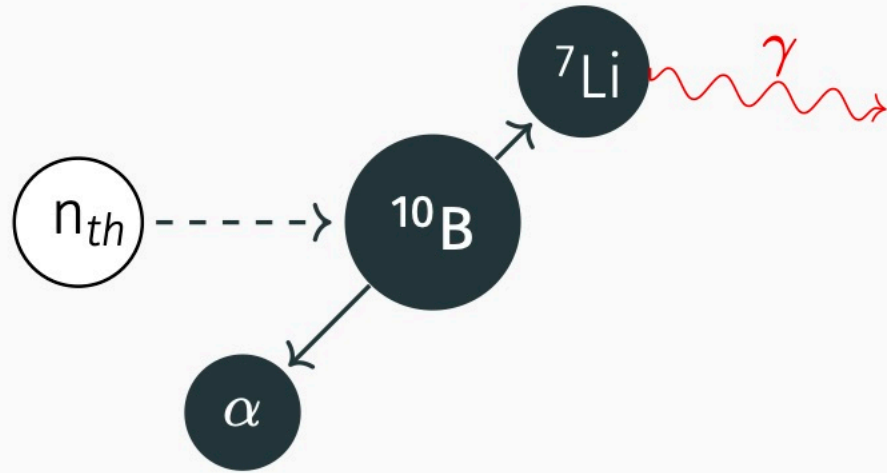


$^1\text{H}$

$^1\text{H}$

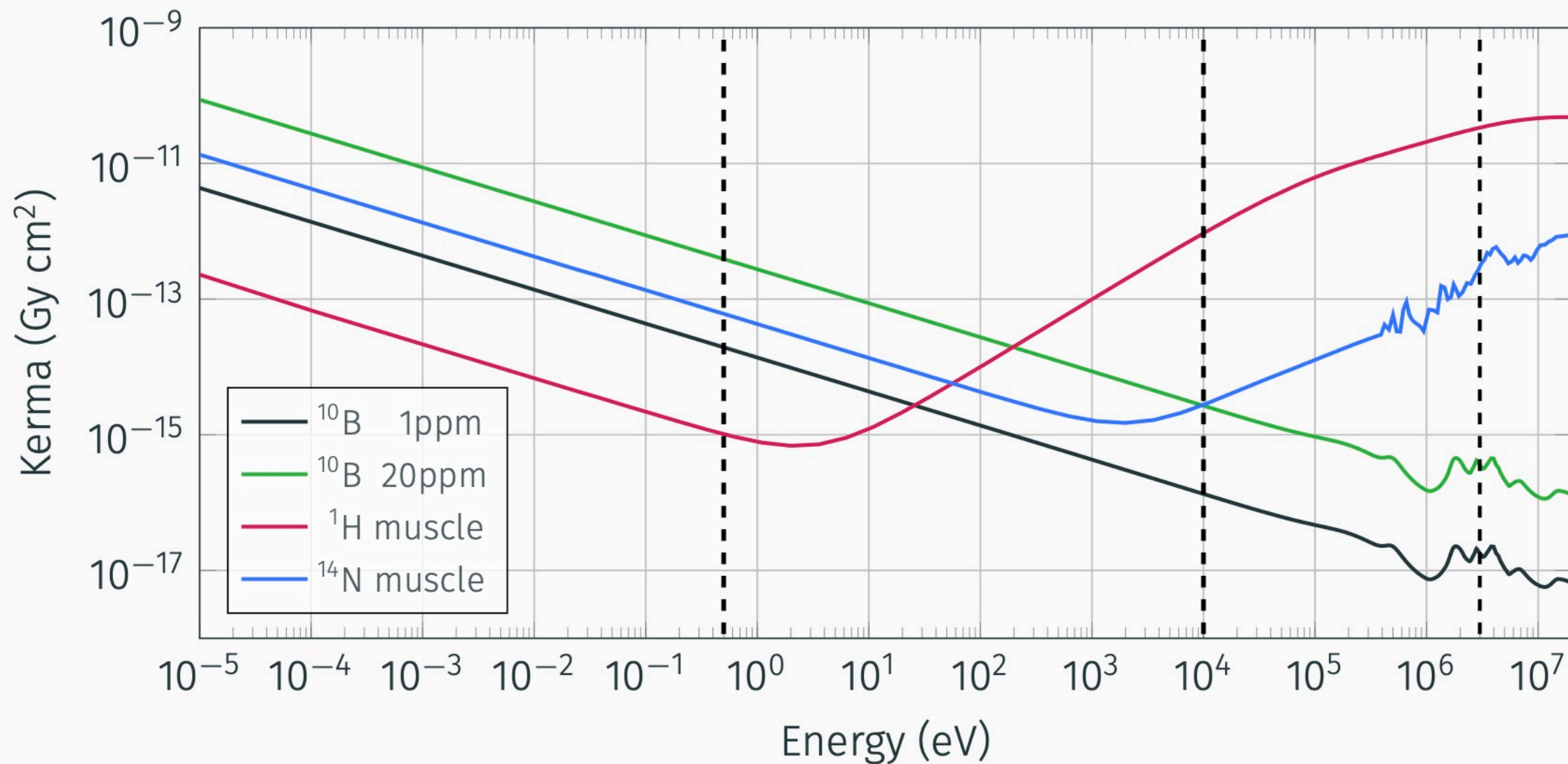
$^2\text{H}$



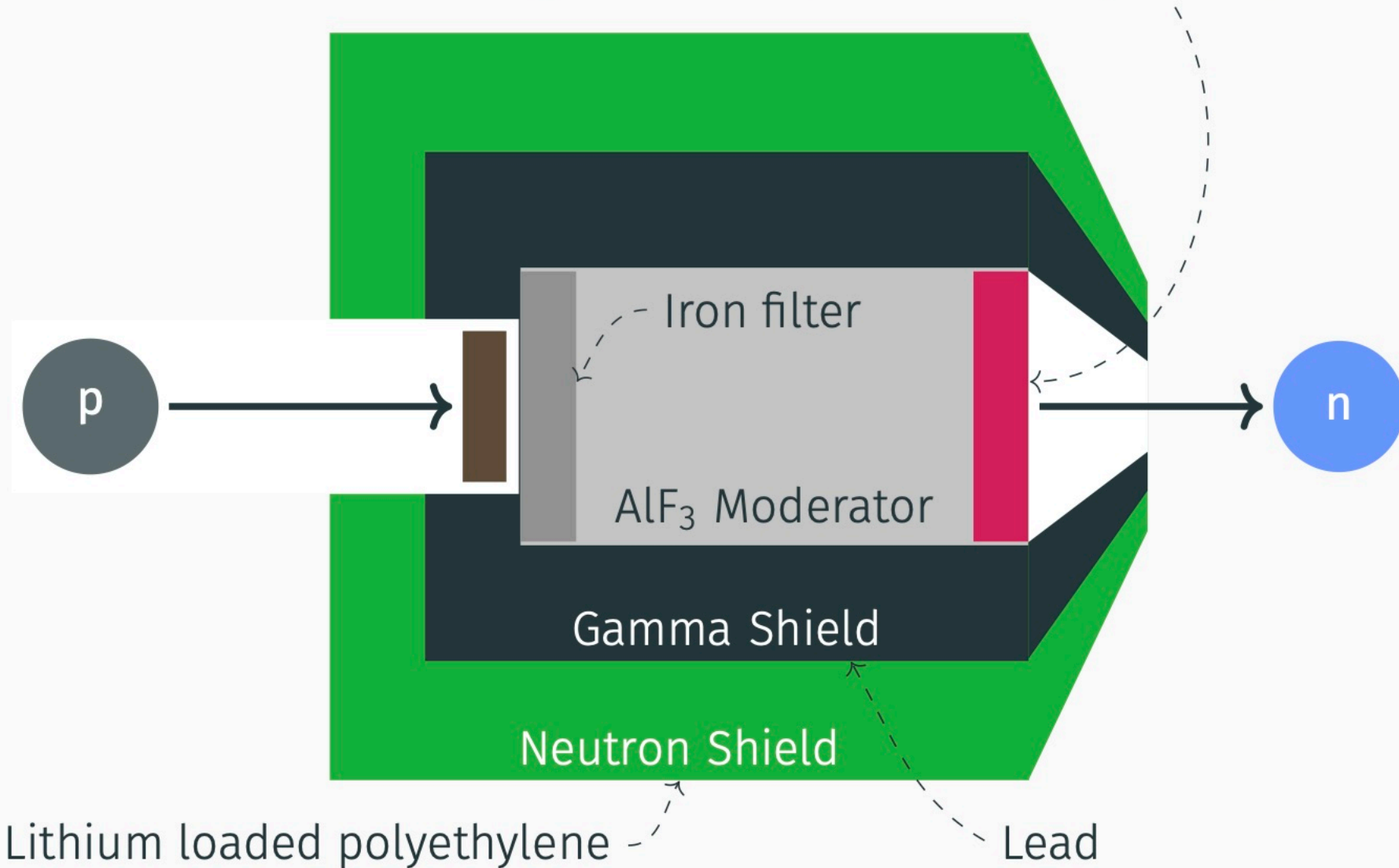




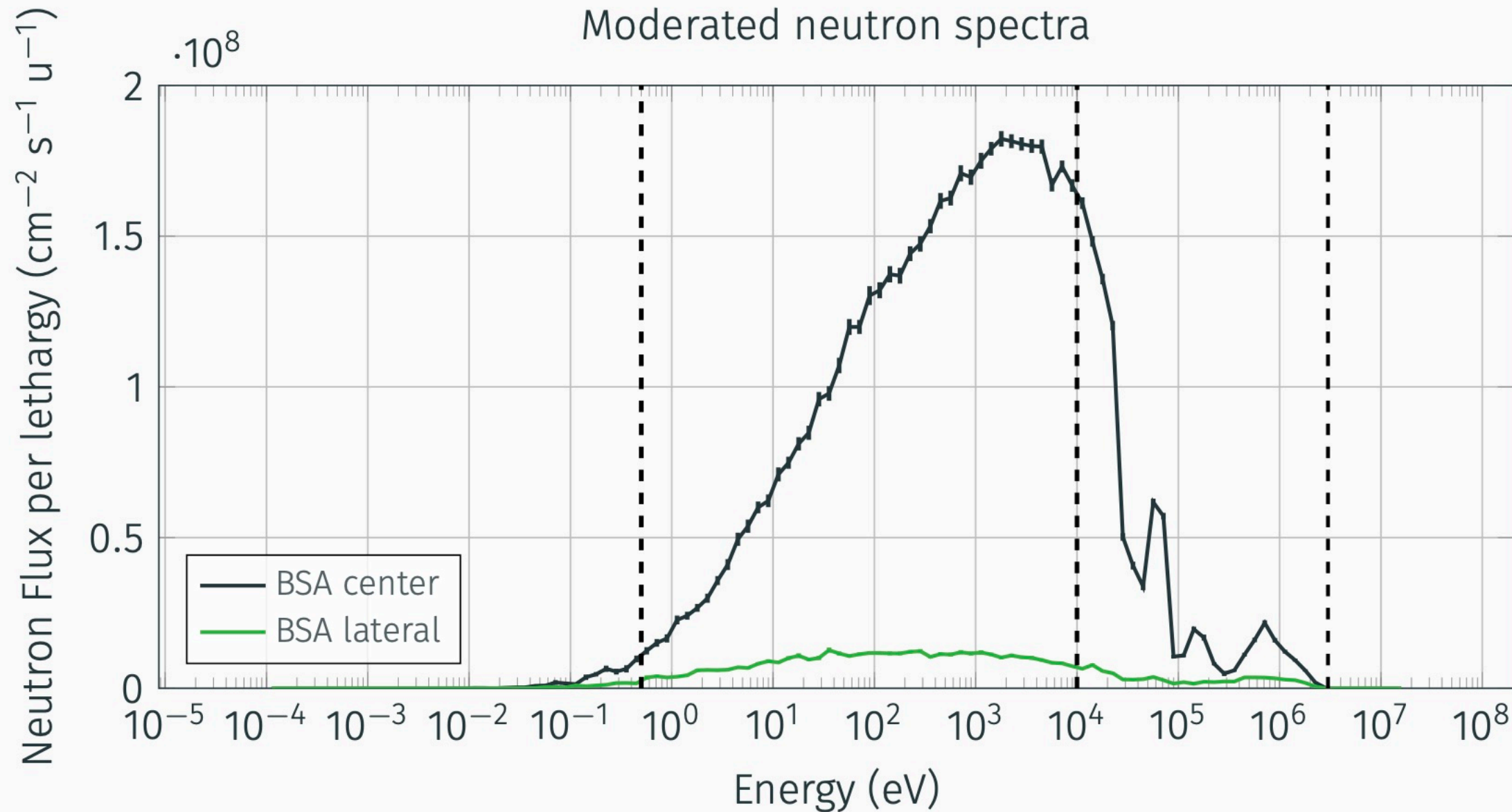
# relevant neutron Kerma components



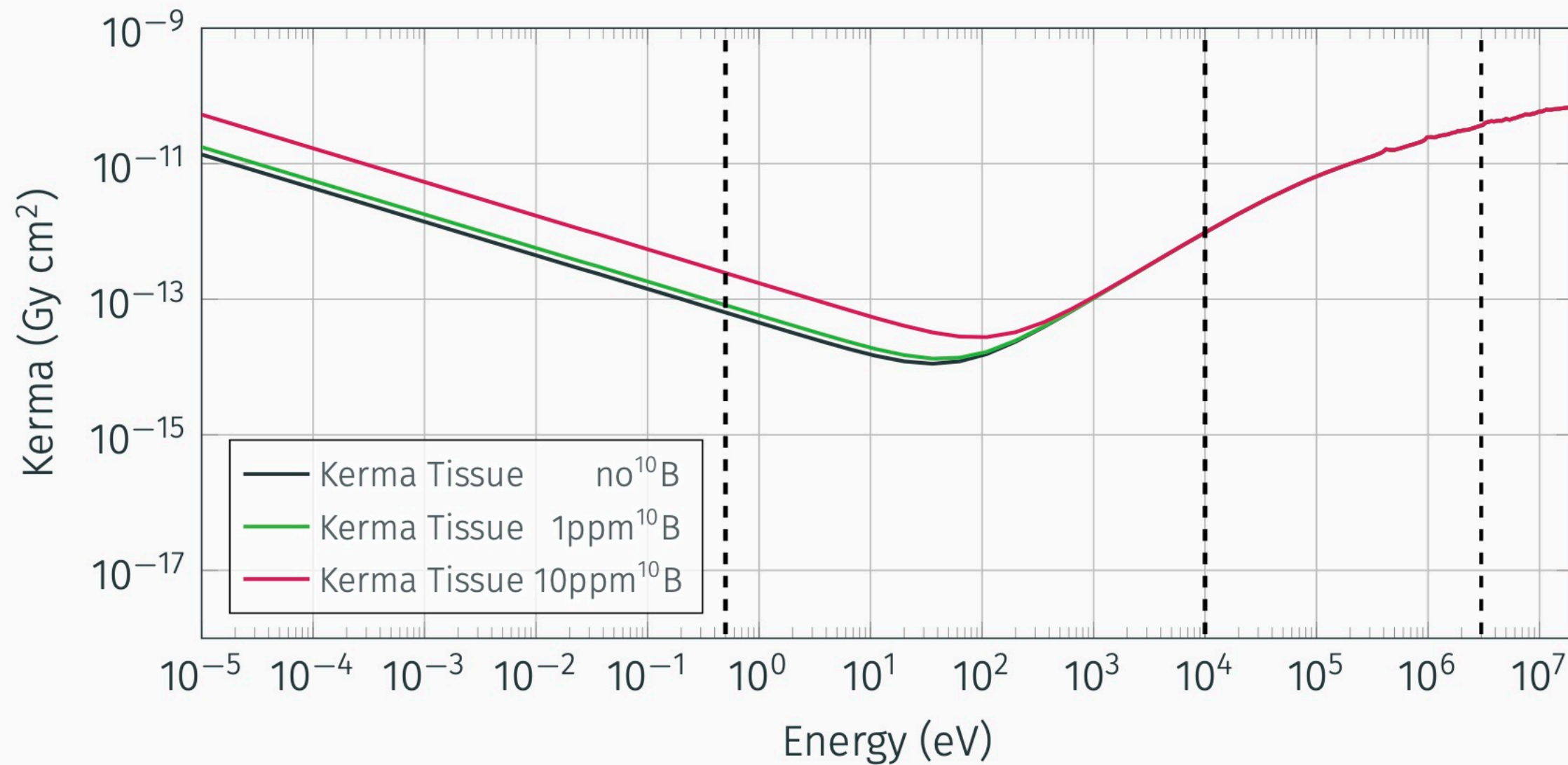
Thermal neutron and gamma filter, LiF and Bi respectively



# Moderated neutron spectra



## Soft Tissue neutron Kerma





# Biological effectiveness of BNCT

$$D_W = \sum_{i=1}^{i=4} D_i W_i$$

# Biological effectiveness of BNCT

$$D_W = \sum_{i=1}^{i=4} D_i W_i$$

In BNCT, there is a mixed radiation field. Therefore, each contribution to the absorbed dose must be multiplied by the corresponding biological weighting factor. Currently, this biological weighting factor for radiation is assumed to be constant. The dose contributions in BNCT are:

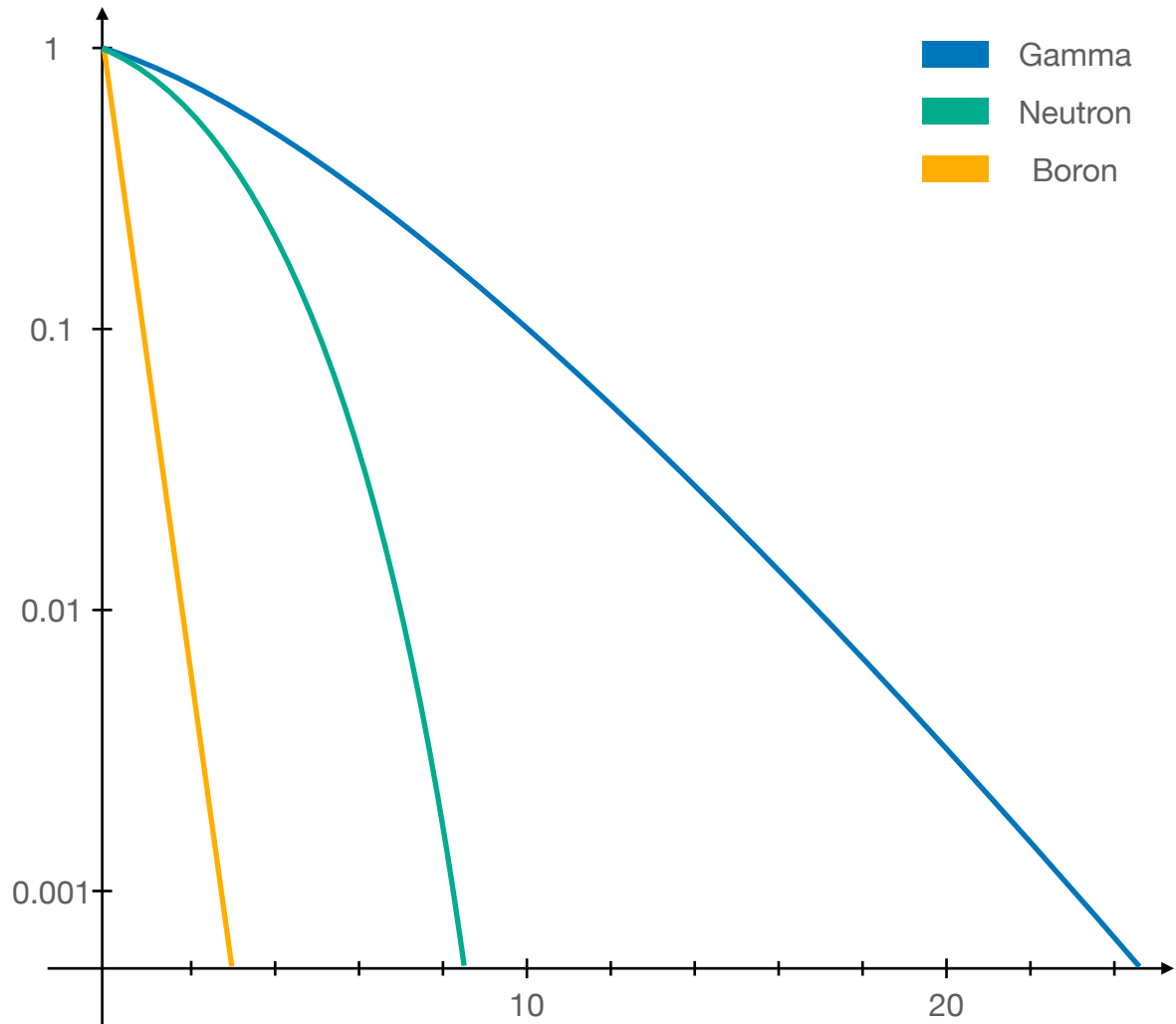
$D_1$  = dose from neutron capture on  $^{10}\text{B}$

$D_2$  = dose from neutron capture on  $^{14}\text{N}$

$D_3$  = dose from elastic neutron scattering

$D_4$  = dose from photons

$W_1$  depends on the type of cell and the microscopic distribution of boron.  $W_2$  and  $W_3$  are usually considered equal, while  $W_4$  is assumed to be 1.

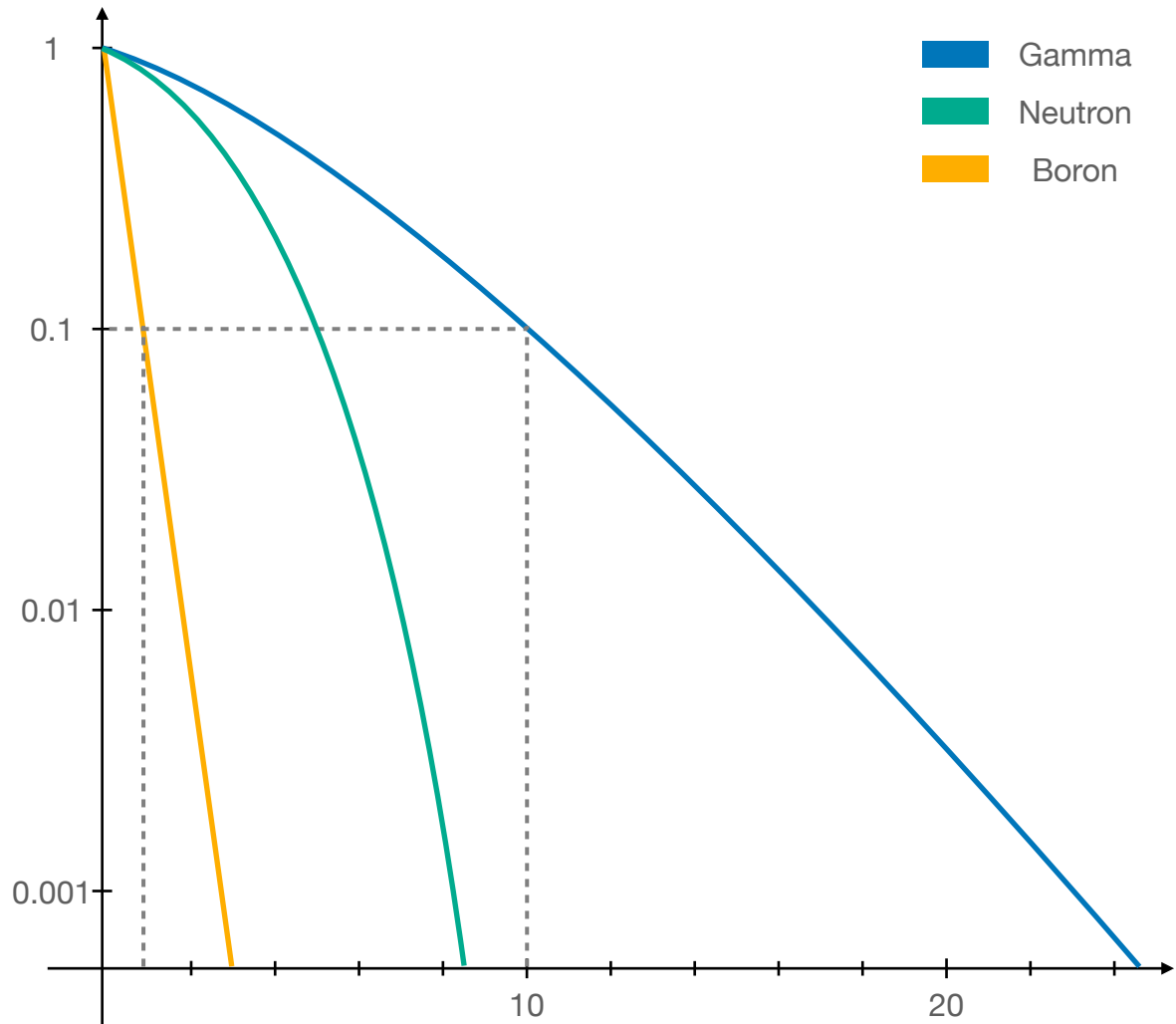


$$w_i = \frac{D_R(S = 0.1)}{D_i(S = 0.1)}$$

**D<sub>R</sub>** is the reference radiation (gamma).

**D<sub>i</sub>** is the comparison radiation.

**W<sub>i</sub>** is the radiobiological weighting factor for that radiation.



$$w_i = \frac{D_R(S = 0.1)}{D_i(S = 0.1)}$$

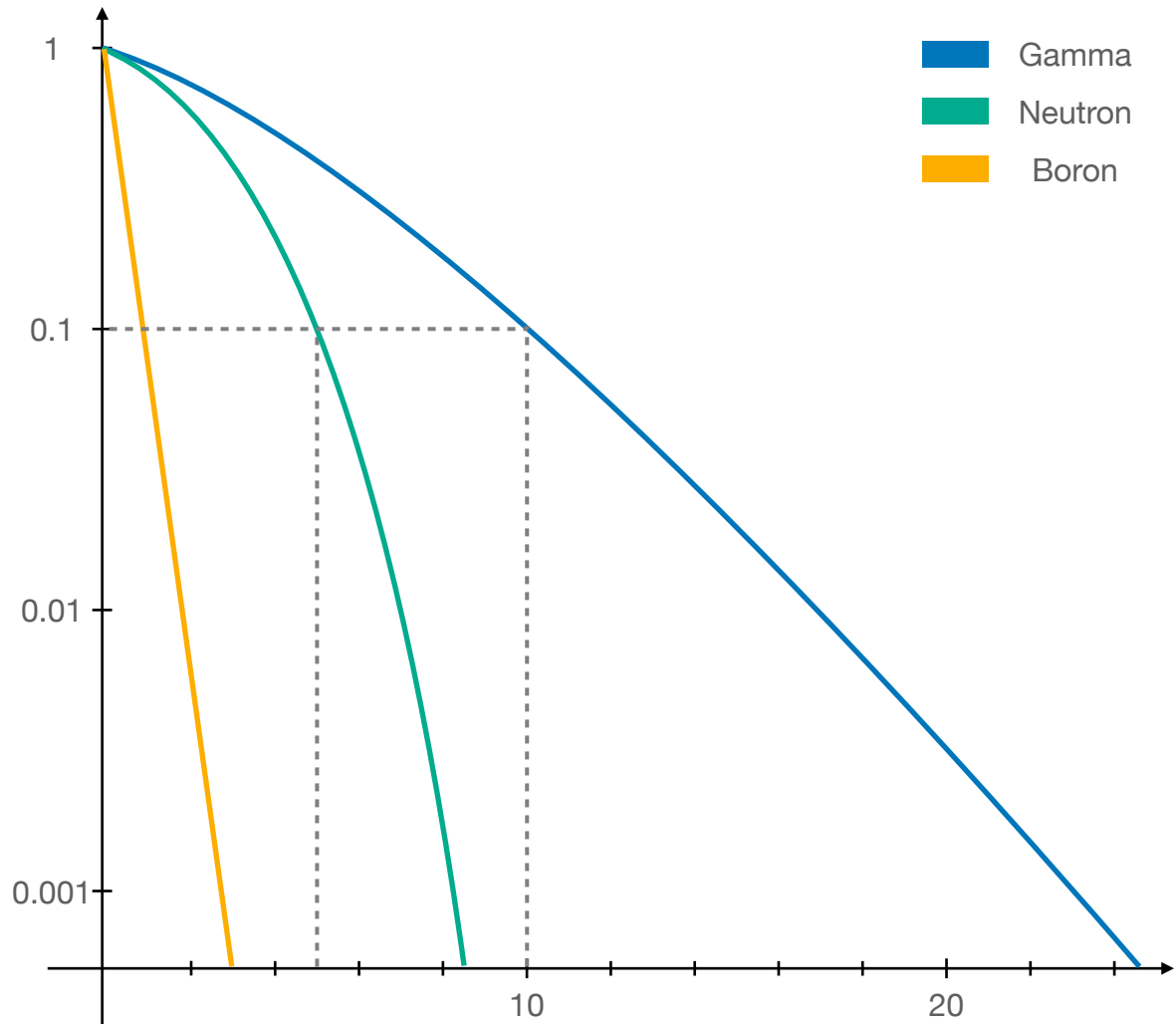
**$D_R$**  is the reference radiation (gamma).

**$D_i$**  is the comparison radiation.

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$$W_{\text{boro}} = 10 / 1 = 10$$





$$w_i = \frac{D_R(S = 0.1)}{D_i(S = 0.1)}$$

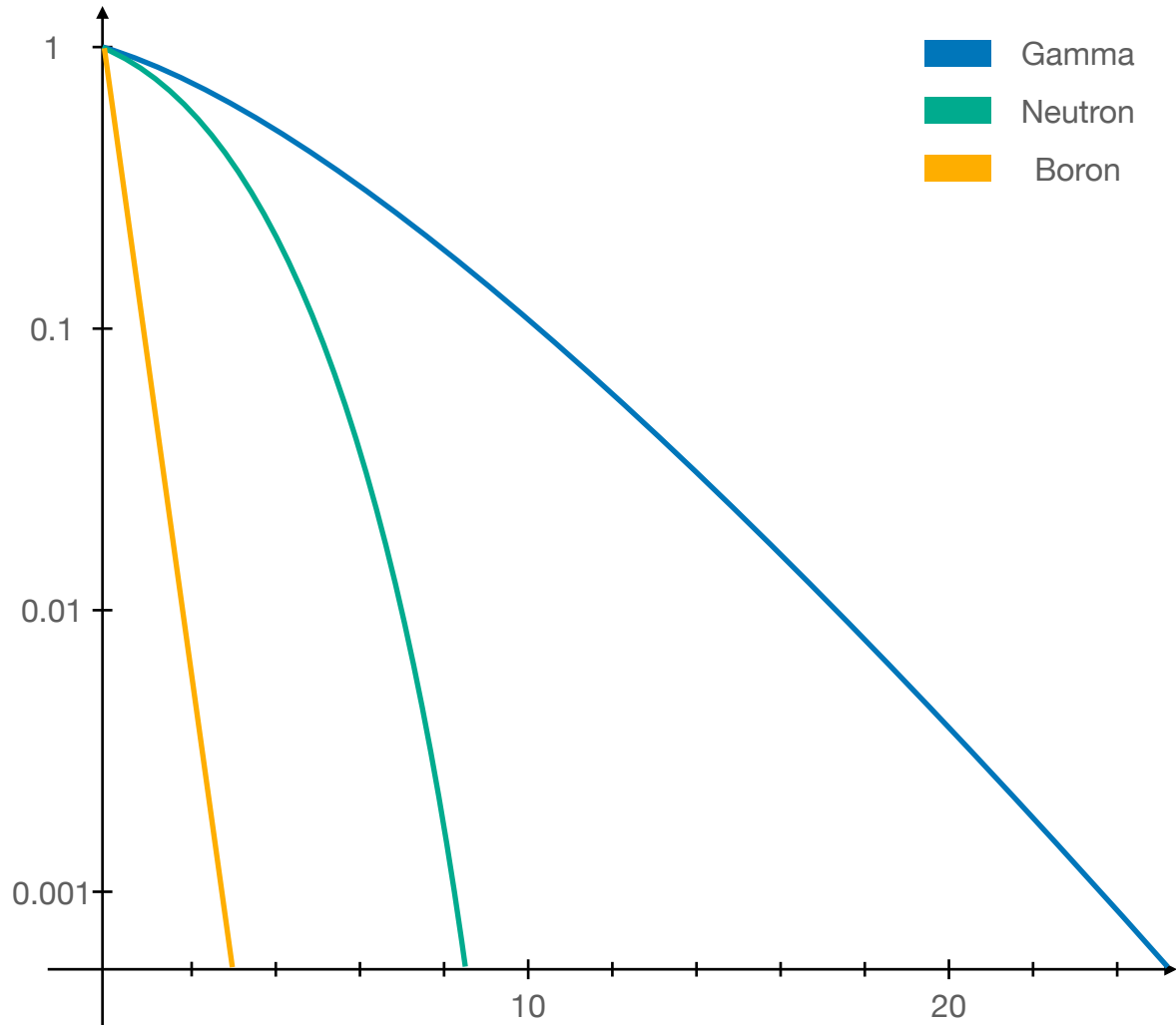
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**D<sub>i</sub>** is the comparison radiation.

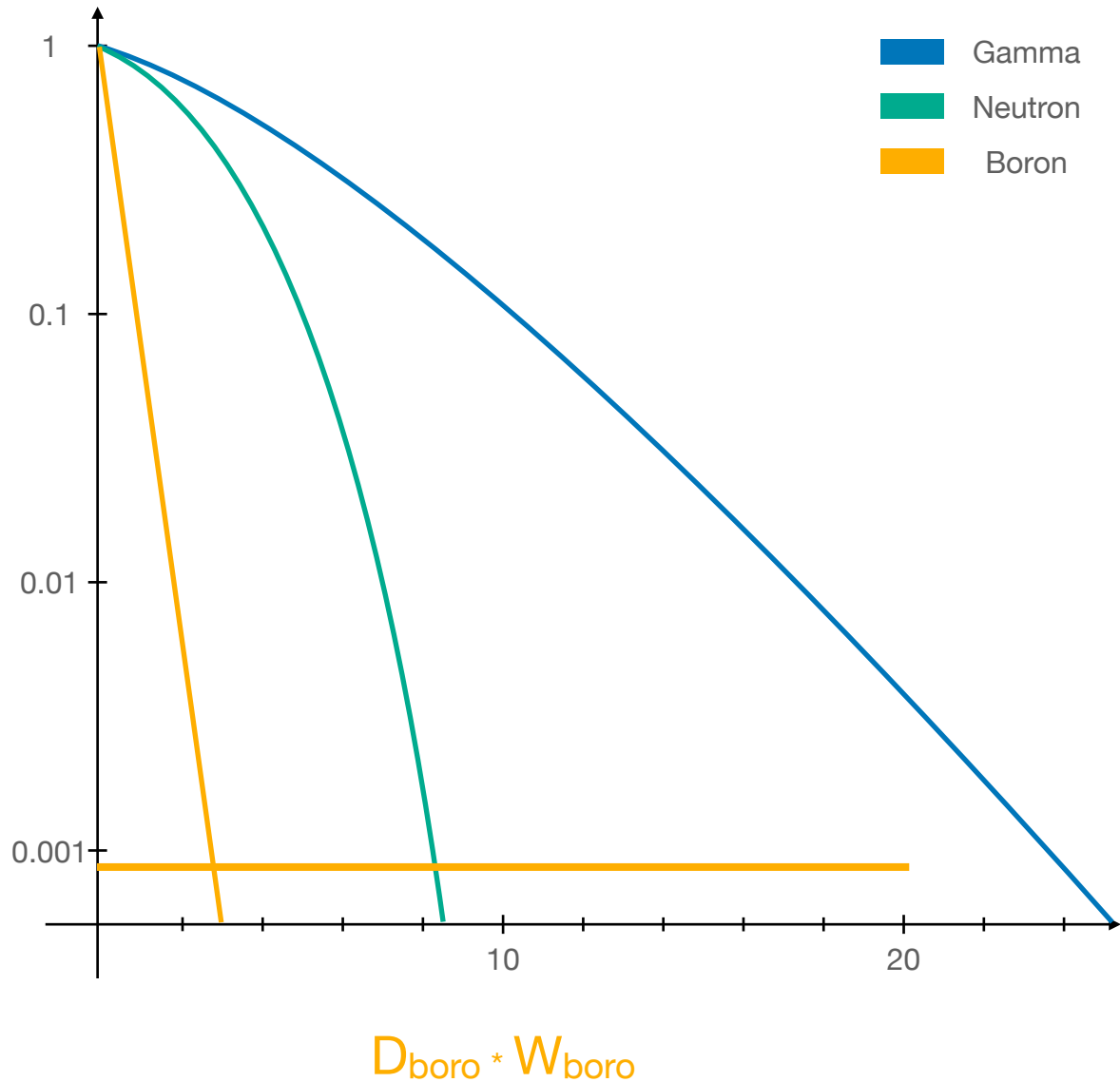
**W<sub>i</sub>** is the radiobiological weighting factor for that radiation.

$$W_{\text{boro}} = 10 / 1 = 10$$

$$W_{\text{neutron}} = 10 / 5 = 2$$

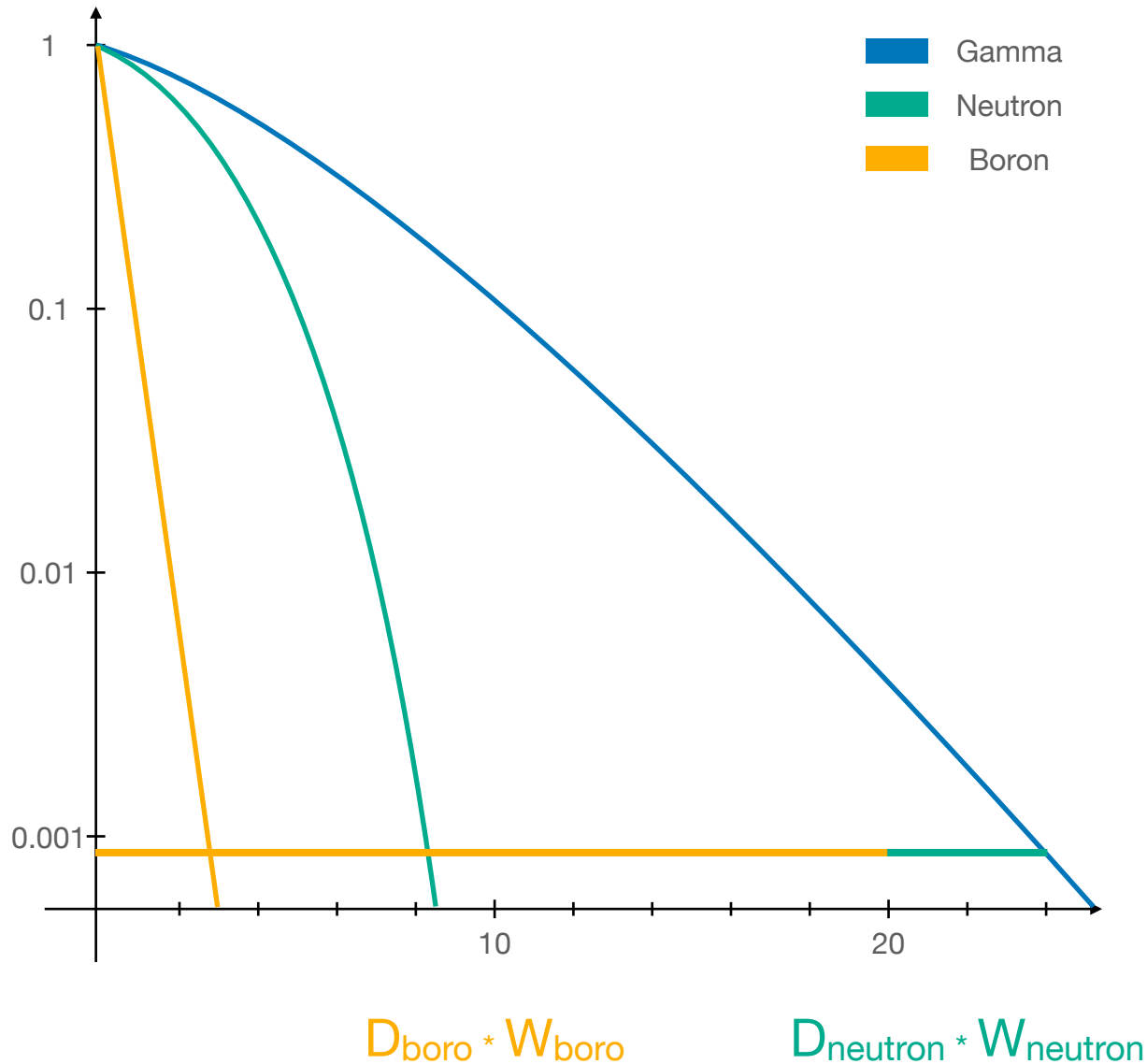


Now, let's consider a mixed radiation field composed of neutron scattering and neutron capture on boron. Suppose 50% of the energy is deposited by scattering, while the remaining 50% comes from the reaction on boron. If we deliver a total dose of 4 Gy, what weighted dose would we obtain?



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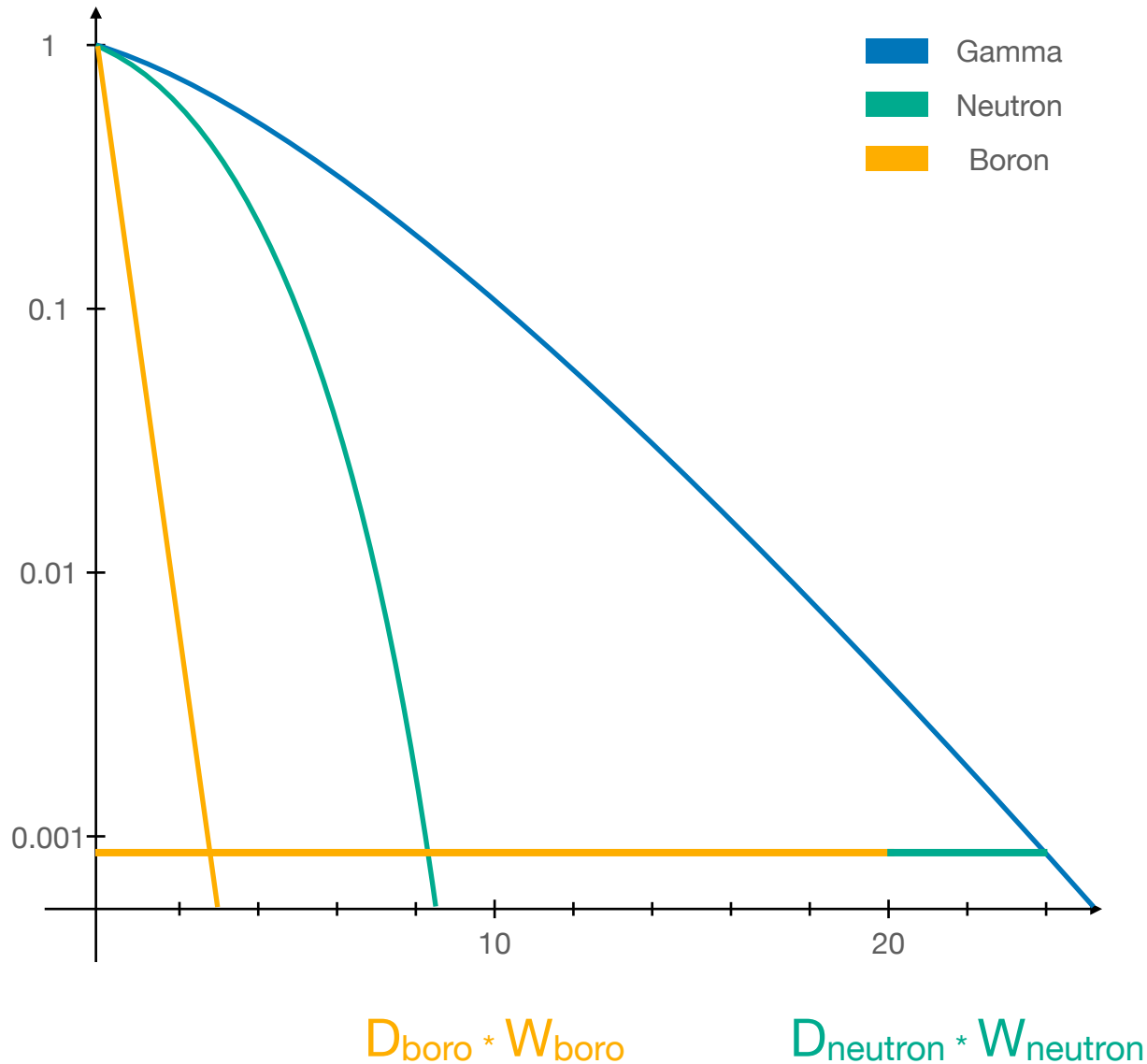
$$D_{\text{boro}} * W_{\text{boro}} = 10 * 2 = 20 \text{ Gy}_w$$



Now, let's consider a mixed radiation field composed of **neutron scattering** and **neutron capture on boron**. Suppose 50% of the energy is deposited by **scattering**, while the remaining 50% comes from the **reaction on boron**. If we deliver a total dose of 4 Gy, what weighted dose would we obtain?

$$D_{\text{boro}} * W_{\text{boro}} = 10 * 2 = 20 \text{ Gy}_w$$

$$D_{\text{neutron}} * W_{\text{neutron}} = 2 * 2 = 4 \text{ Gy}_w$$



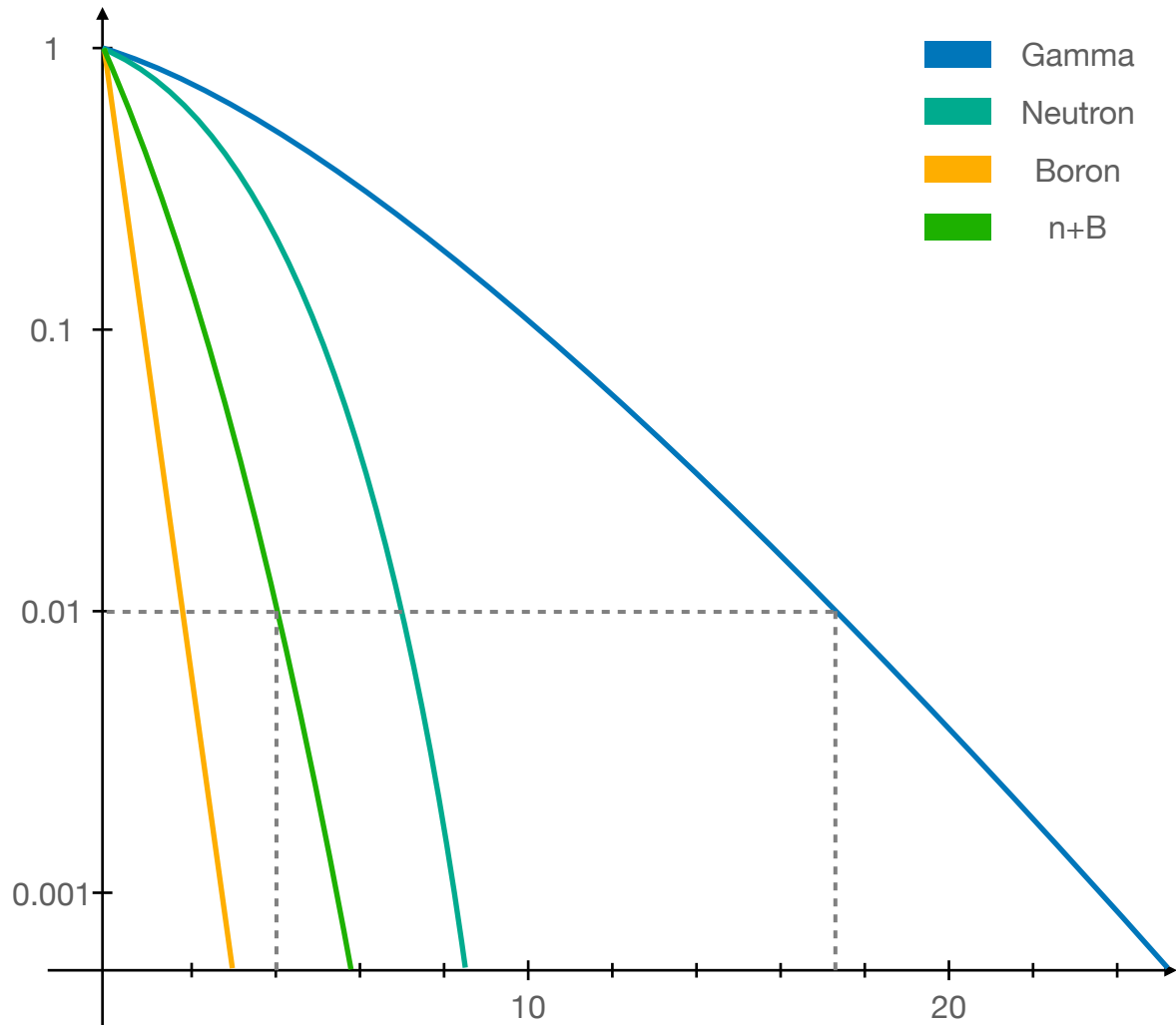
Now, let's consider a mixed radiation field composed of **neutron scattering** and **neutron capture on boron**. Suppose 50% of the energy is deposited by **scattering**, while the remaining 50% comes from the **reaction on boron**. If we deliver a total dose of 4 Gy, what weighted dose would we obtain?

$$D_{\text{boron}} * W_{\text{boron}} = 10 * 2 = 20 \text{ Gy}_w$$

$$D_{\text{neutron}} * W_{\text{neutron}} = 2 * 2 = 4 \text{ Gy}_w$$

$D_w$  is 24  $\text{Gy}_w$ . Which corresponds to a cell survival fraction of just less than 0.001.



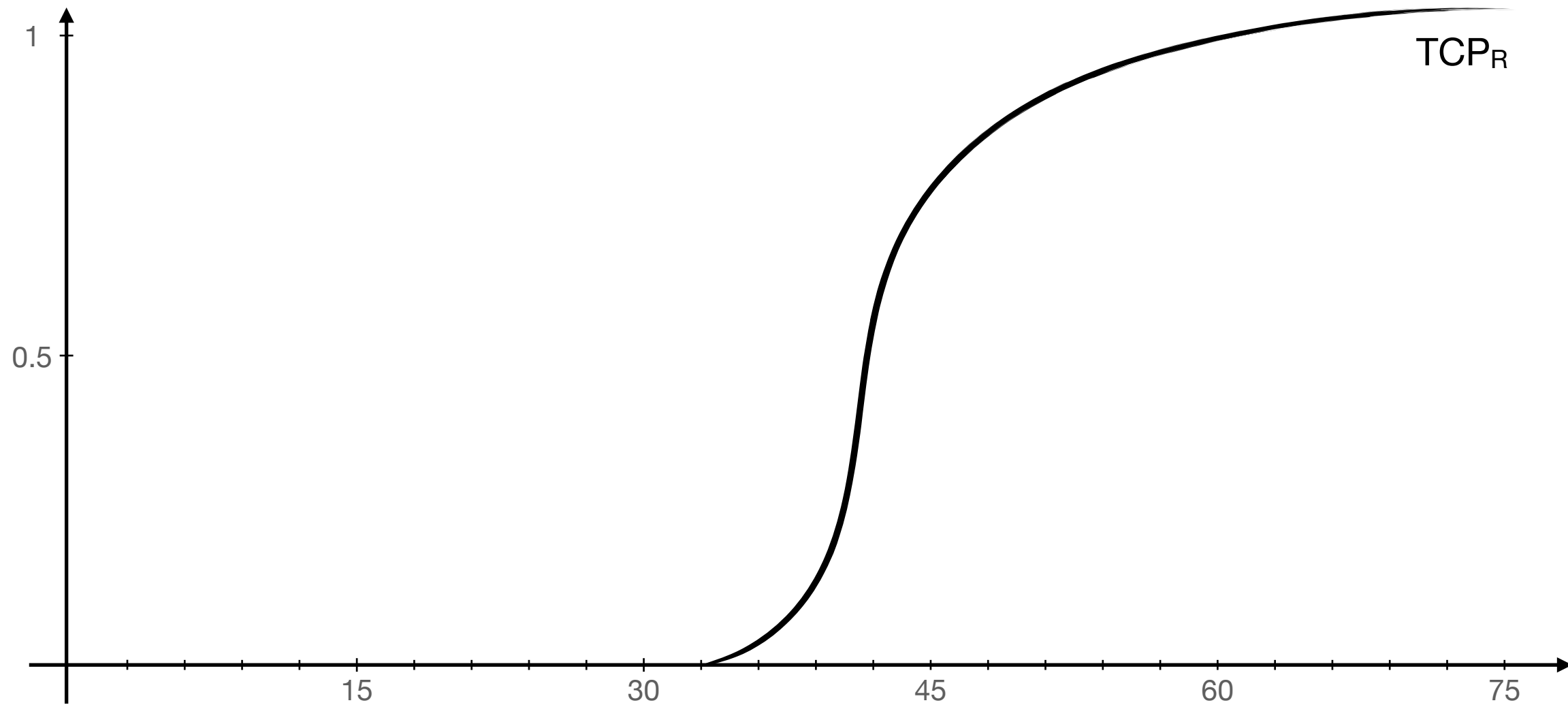


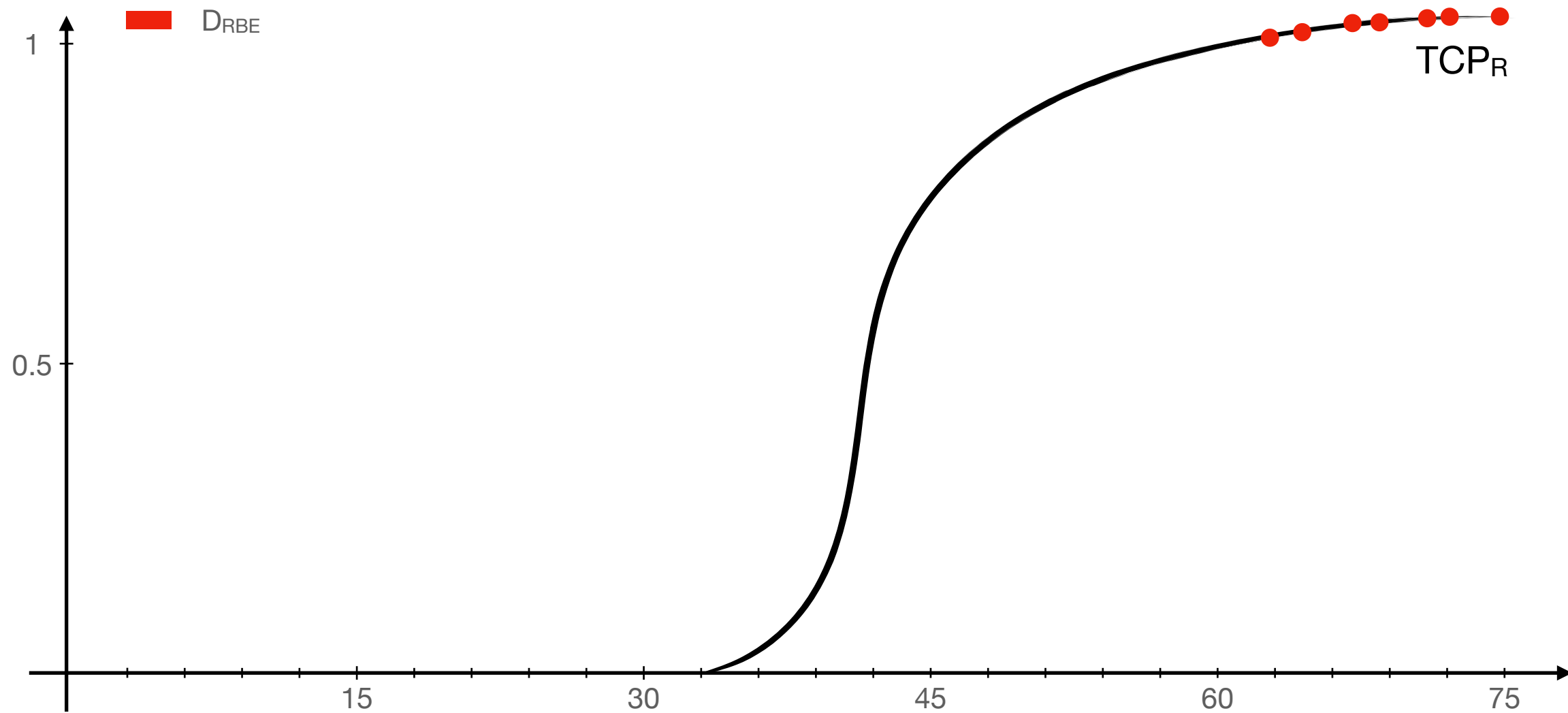
The reality is that a linear propagation of dose (i.e., using fixed weighting factors) is not accurate. If we consider the curve representing the combination of dose (50% from neutron scattering and 50% from neutron capture on boron), we observe that it lies roughly midway between the curves of the individual radiation types.

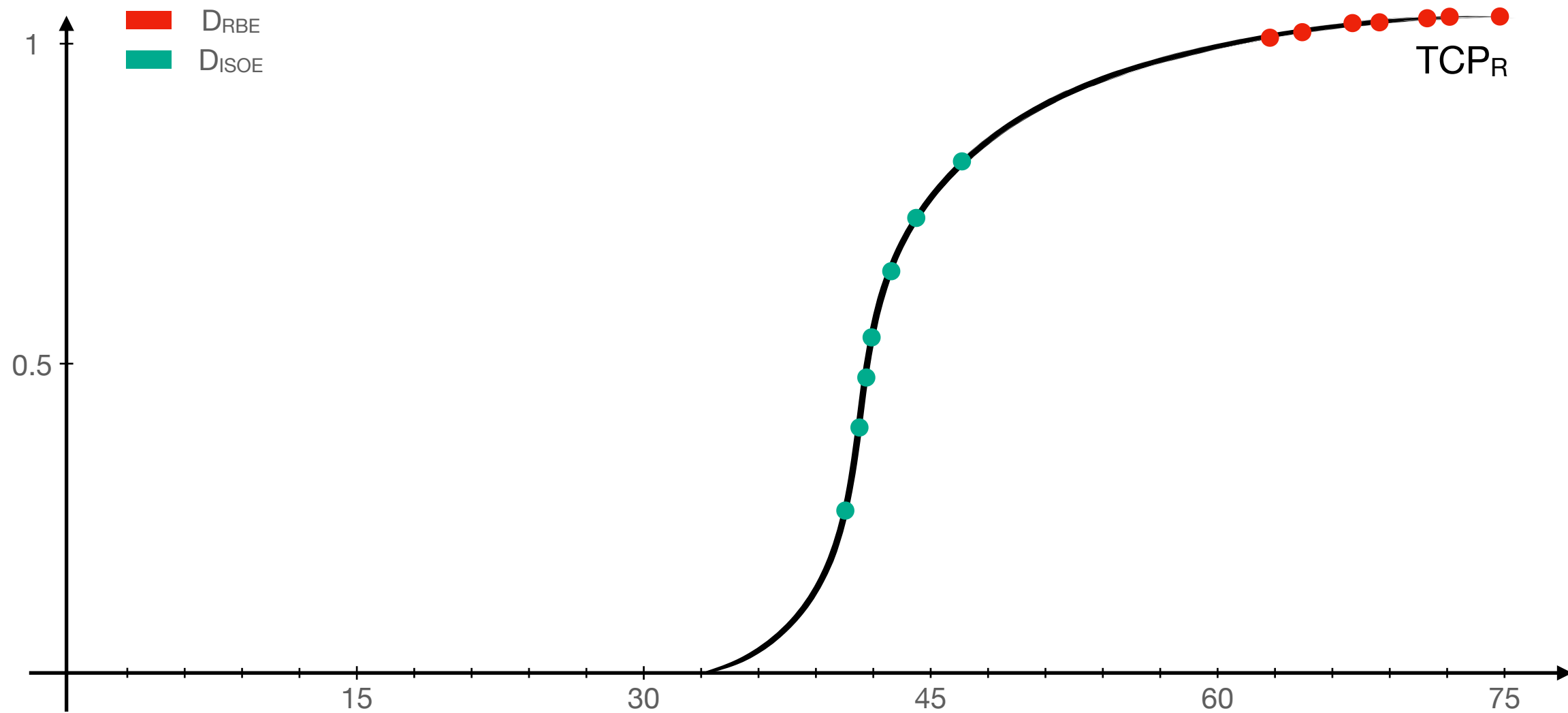
Thus, for 4 Gy of mixed field dose, if we look at the n+B curve, we obtain a cell survival rate of  $1e-2$ . This survival corresponds to an equivalent dose of approximately 17 Gy of photons. In this case, we have  $17 \text{ Gy}_{\text{isoE}}$ , as the dosimetry is isoeffective with respect to photons.

Compared to the previous situation (dose weighted with fixed weighting factors), the dose is lower. Specifically, using fixed weighting factors overestimates the dose by about 140% at just 4 Gy of mixed field. As the dose increases, this discrepancy continues to grow.

**This means that in the tumor (where doses are higher), the overestimation of dose using fixed-factor dosimetry becomes significant!**







# Biological effectiveness of BNC

~~$$D_W = \sum_{i=1}^{i=4} D_i W_i$$~~

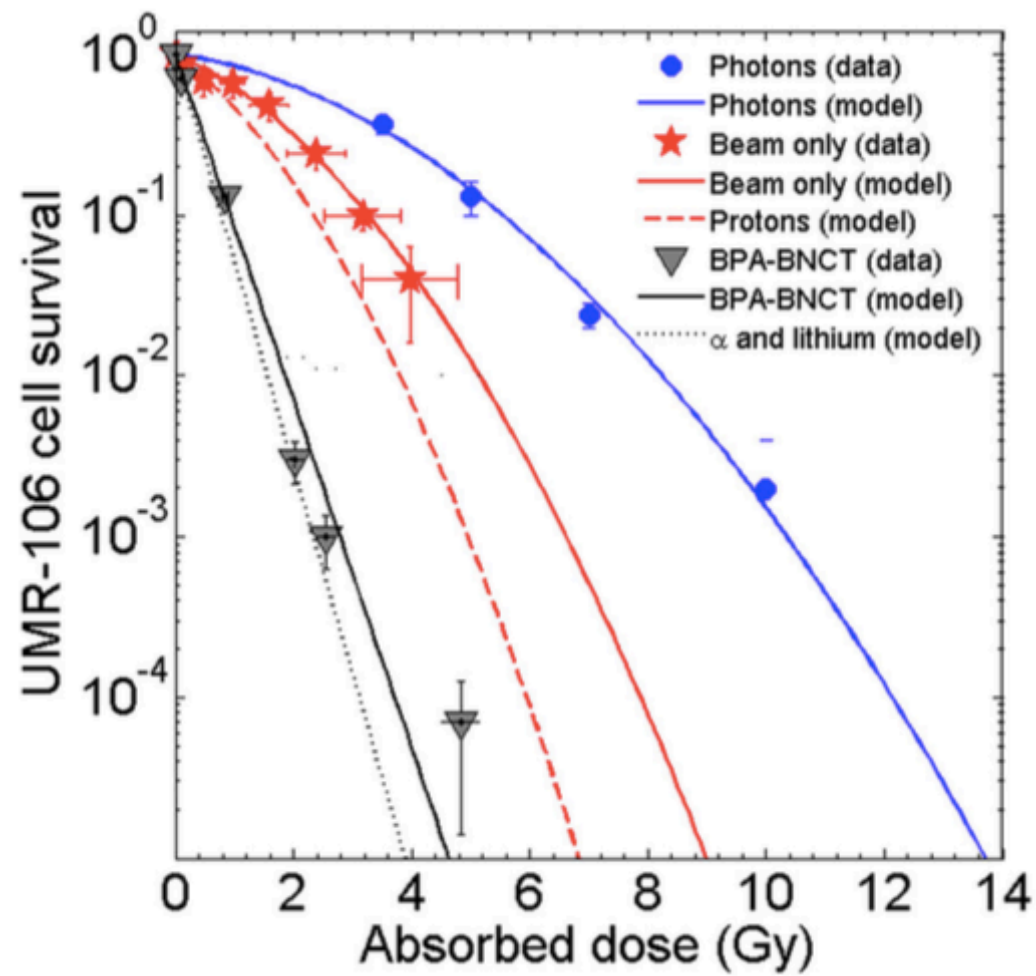
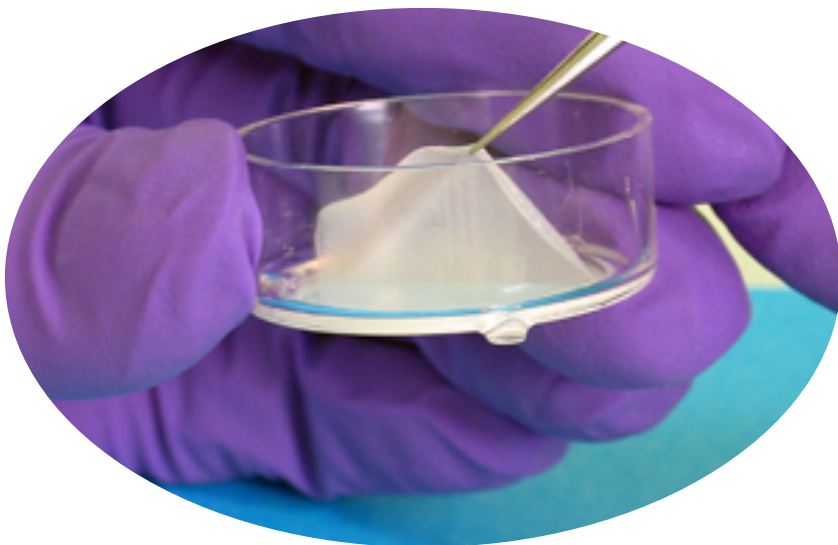
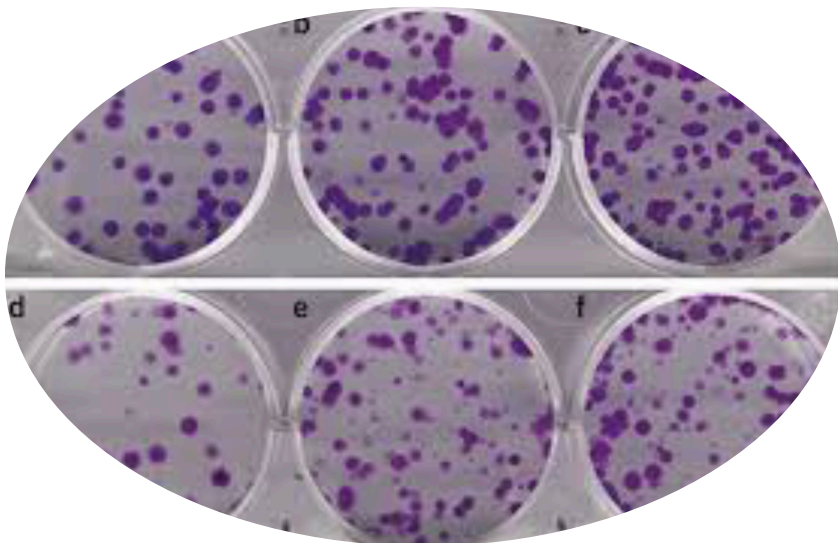
$$D_{isoE} = \frac{\alpha_R}{2G_R\beta_R} \left( \sqrt{1 + \frac{4G_R}{\alpha_R(\alpha/\beta)_R} \left( \sum_{i=1}^4 \alpha_i D_i + \sum_{i=1}^4 \sum_{j=1}^4 G_{ij} \sqrt{\beta_i \beta_j} D_i D_j \right)} - 1 \right)$$

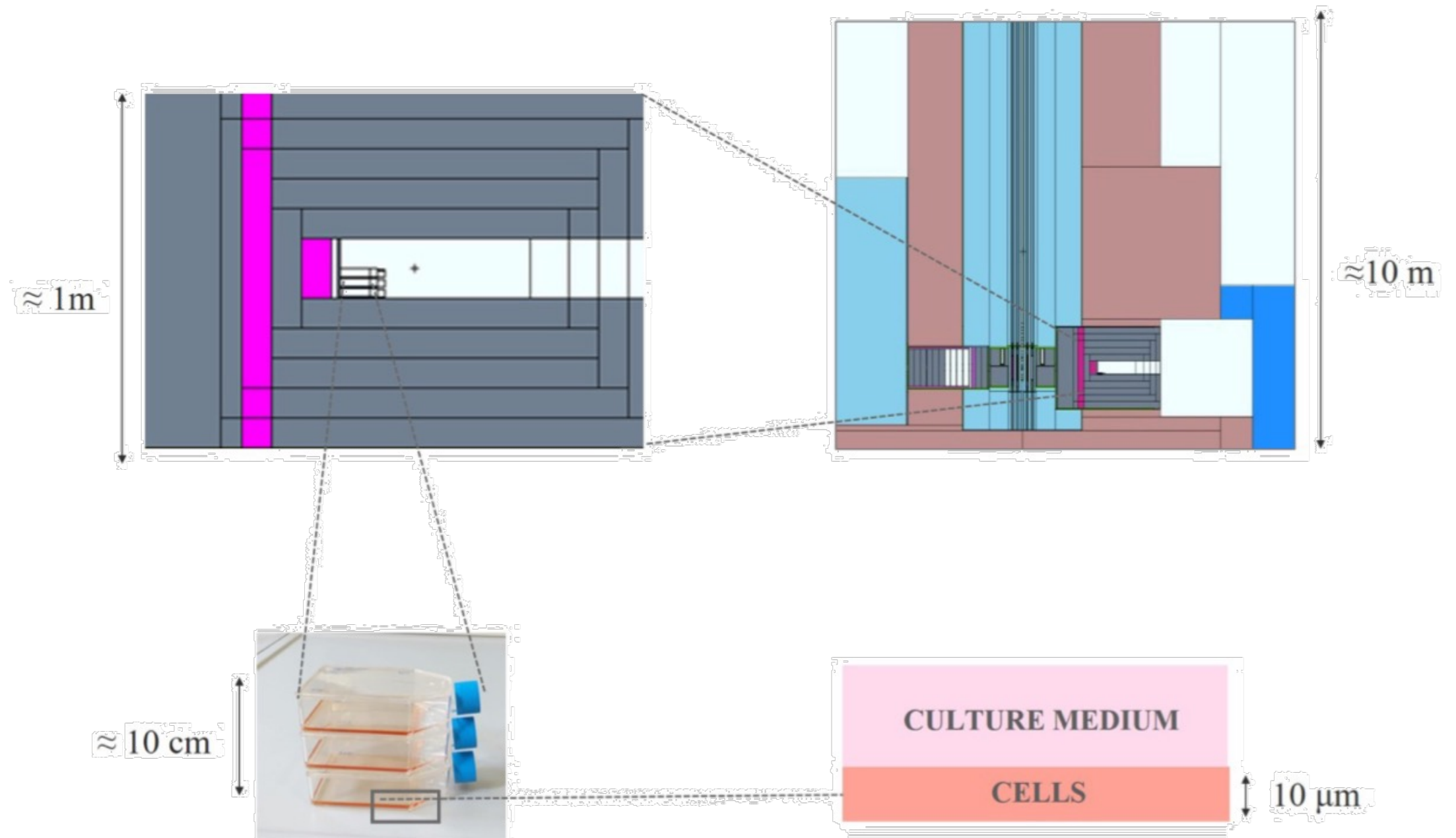
# Biological effectiveness of BNC

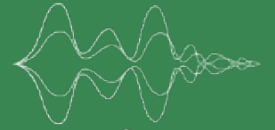

$$D_W = \sum_{i=1}^4 D_i W_i$$

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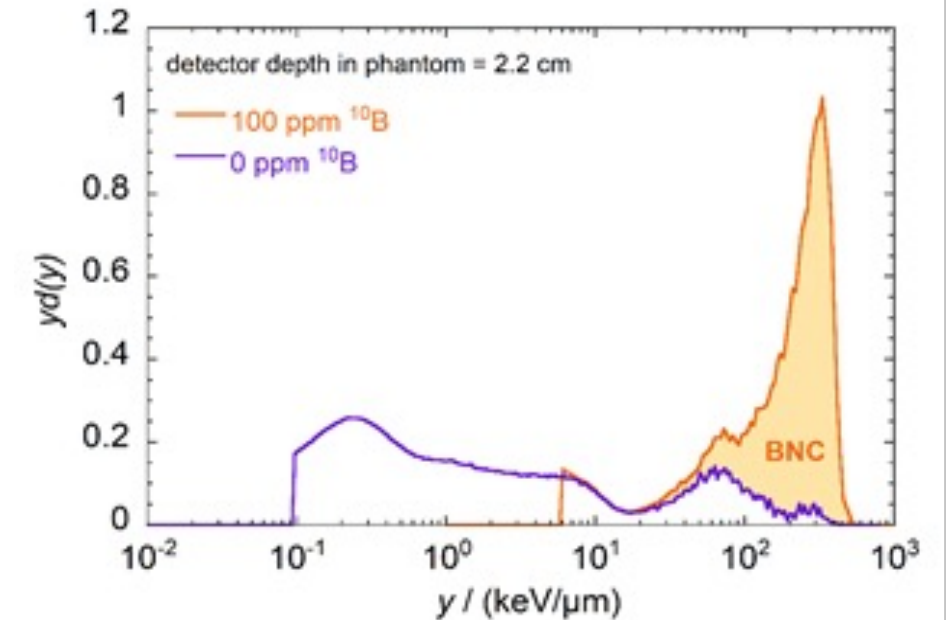


## BNCT Microdosimetry

Bridging the gap between the physical characteristics of radiation and its biological effects

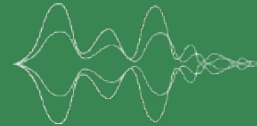


mini-TEPC  
(Tissue Equivalent Proportional Counters)



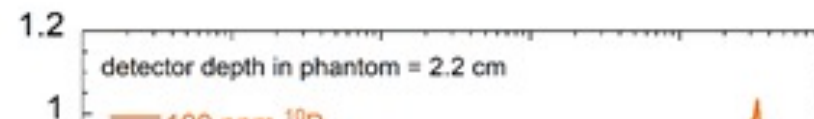
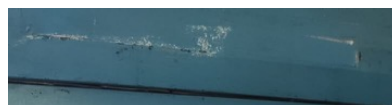
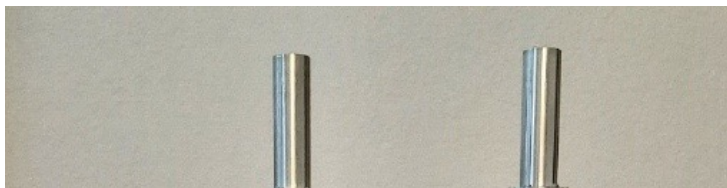
Analyse the quality of the beam and the characteristic of its interaction at sites with the size of a cell. **High innovation potential in BNCT dosimetry and treatment planning!**





## BNCT Microdosimetry

Bridging the gap between the physical characteristics of radiation and its biological effects

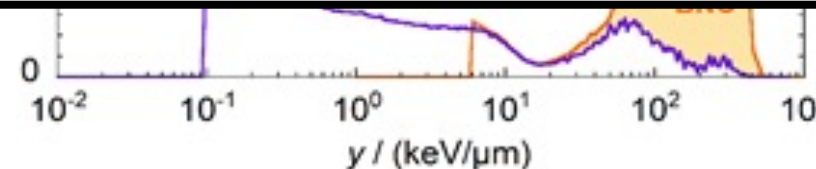
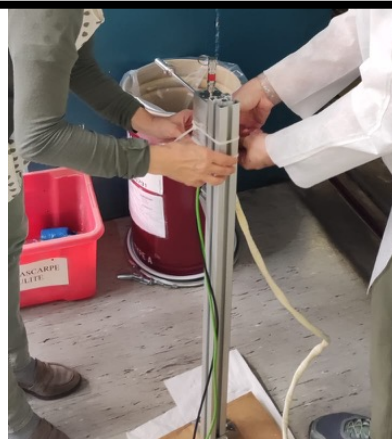


Down to the nanoscale: computational nanodosimetry and its link with radiobiology

**Anna Selva @ 15:15**

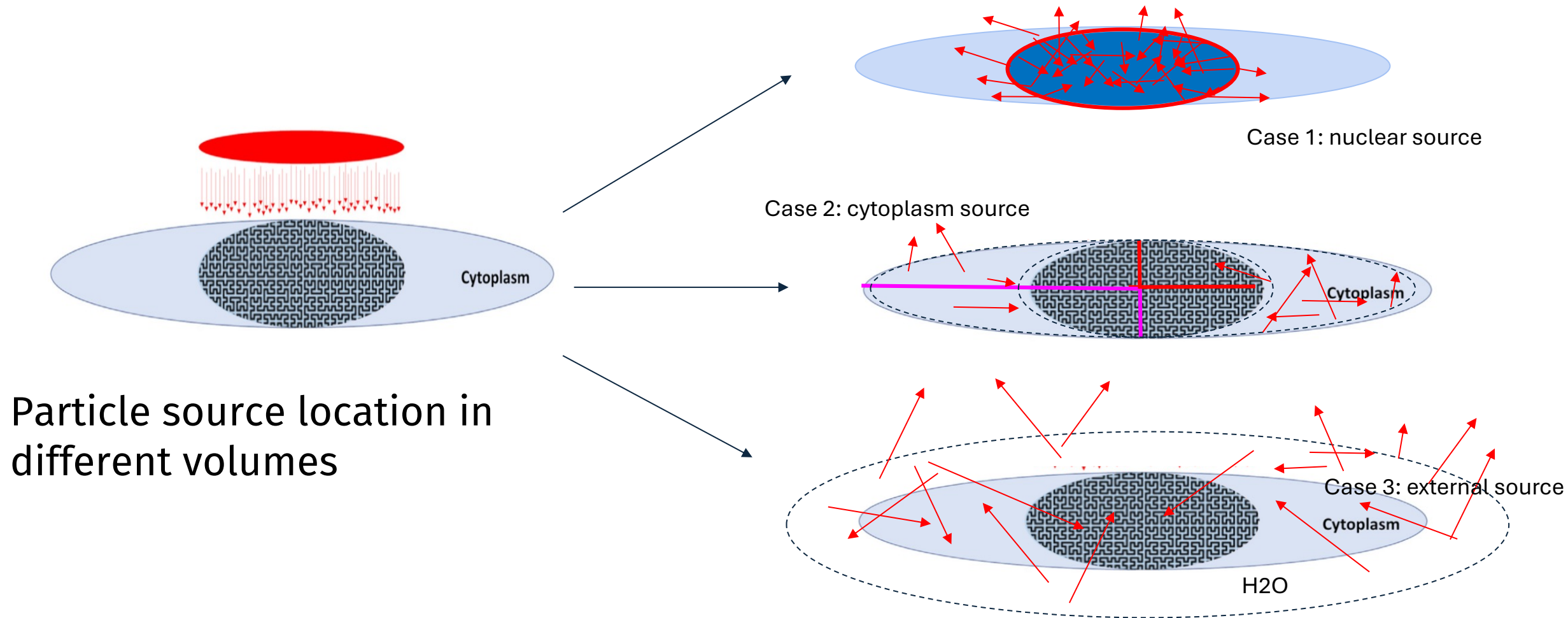


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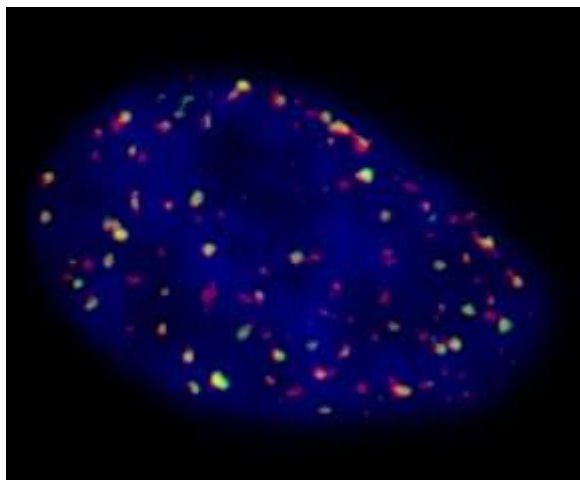
Analyse the quality of the beam and the characteristic of its interaction at sites with the size of a cell. **High innovation potential in BNCT dosimetry and treatment planning!**

# Geant4DNA simulations of intra and intercellular particle source

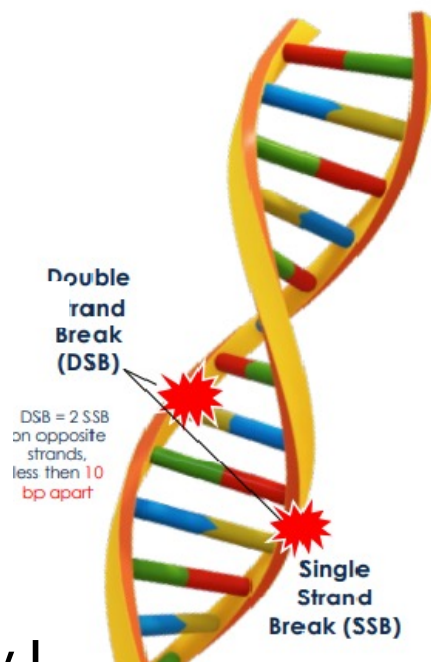


# From experimental validation to predictive results

**MSc thesis** -> number of foci per cell at different time points



F. Fede, MSc thesis, supervised by L. Manti.



**Geant4-DNA** -> same conditions  
By editing the output parameters

```
Dose Absorbed (Gy): 4.93656
Particle : alpha      Energy (MeV) : 1.47      Number of Primaries : 1669
Output Damage :
```

| Species Hits (Gy-1 Mbp-1) |             |                     |
|---------------------------|-------------|---------------------|
| EaqBaseHits               | : 0.532618  | error %: 0.0011207  |
| EaqStrandHits             | : 0         | error %: -nan       |
| OHBaseHits                | : 0.301552  | error %: 0.00239989 |
| OHStrandHits              | : 0.109351  | error %: 0.00229696 |
| HBaseHits                 | : 0.0105935 | error %: 0.00394312 |
| HStrandHits               | : 0         | error %: -nan       |

| Damage yield (Gy-0.5 1 cell) |           |                    |
|------------------------------|-----------|--------------------|
| SSB                          | : 33.3228 | error %: 0.0116192 |
| SSB+                         | : 9.92594 | error %: 0.0138146 |
| 2SSB                         | : 21.0673 | error %: 0.012474  |
| SSB total                    | : 64.316  |                    |
| DSB                          | : 11.0401 | error %: 0.0130569 |
| DSB+                         | : 3.95012 | error %: 0.0149066 |
| DSB++                        | : 15.1928 | error %: 0.0132309 |
| DSB total                    | : 30.1829 |                    |

| Breaks yield (Gy-0.5 1 cell) |            |                     |
|------------------------------|------------|---------------------|
| SSB direct                   | : 0.81028  | error %: 0.0236456  |
| SSB indirect                 | : 56.3145  | error %: 0.0117989  |
| SSB mixed                    | : 7.19124  | error %: 0.00180369 |
| SSB total                    | : 64.316   | error %: 0.0118208  |
| DSB direct                   | : 0.506425 | error %: 0.0316802  |
| DSB indirect                 | : 16.8133  | error %: 0.0124208  |
| DSB mixed                    | : 2.7347   | error %: 0.0183804  |
| DSB hybrid                   | : 10.1285  | error %: 0.0128825  |
| DSB total                    | : 30.1829  | error %: 0.0123043  |

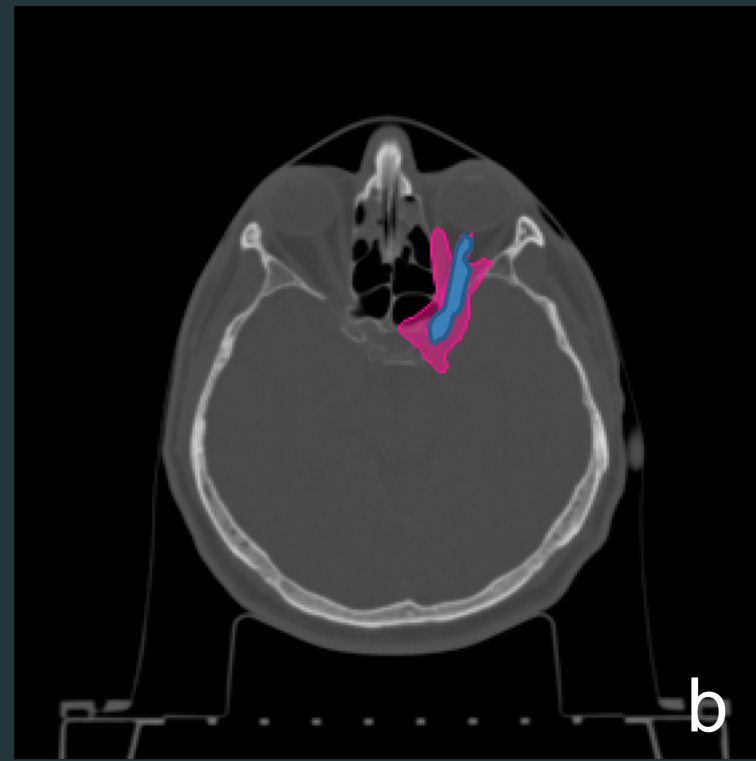
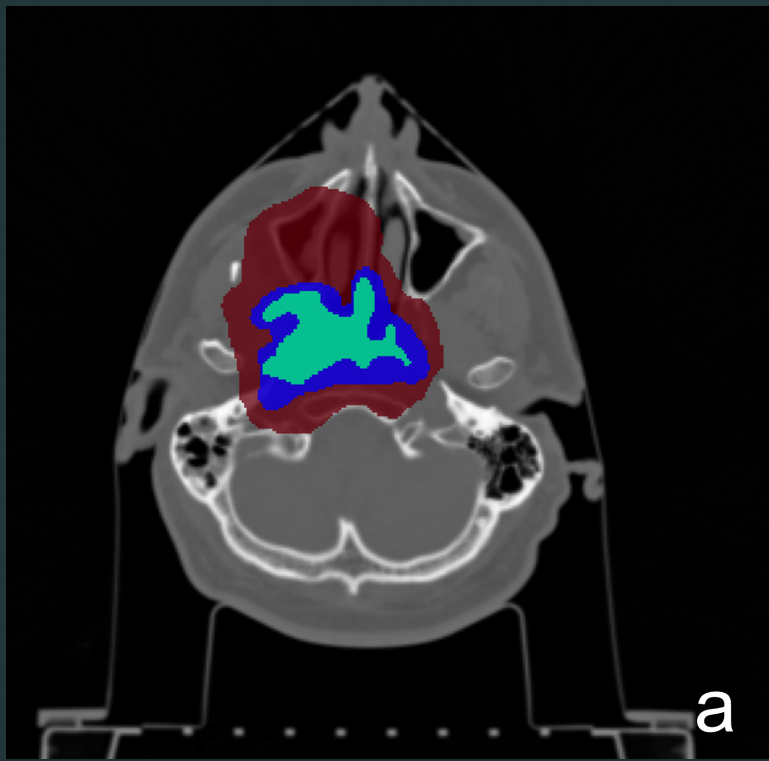
  

|         |           |  |
|---------|-----------|--|
| SSB/DSB | : 2.13087 |  |
|---------|-----------|--|

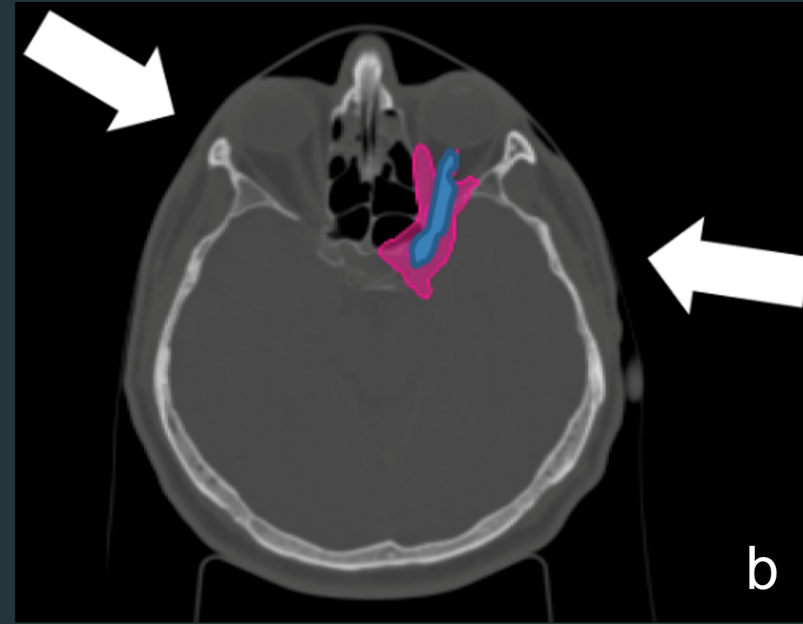
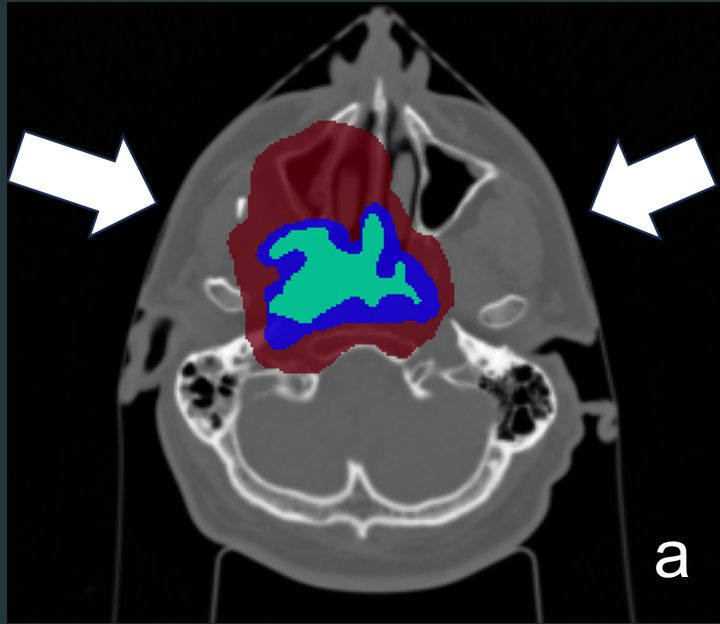


# MC for clinical applications ?

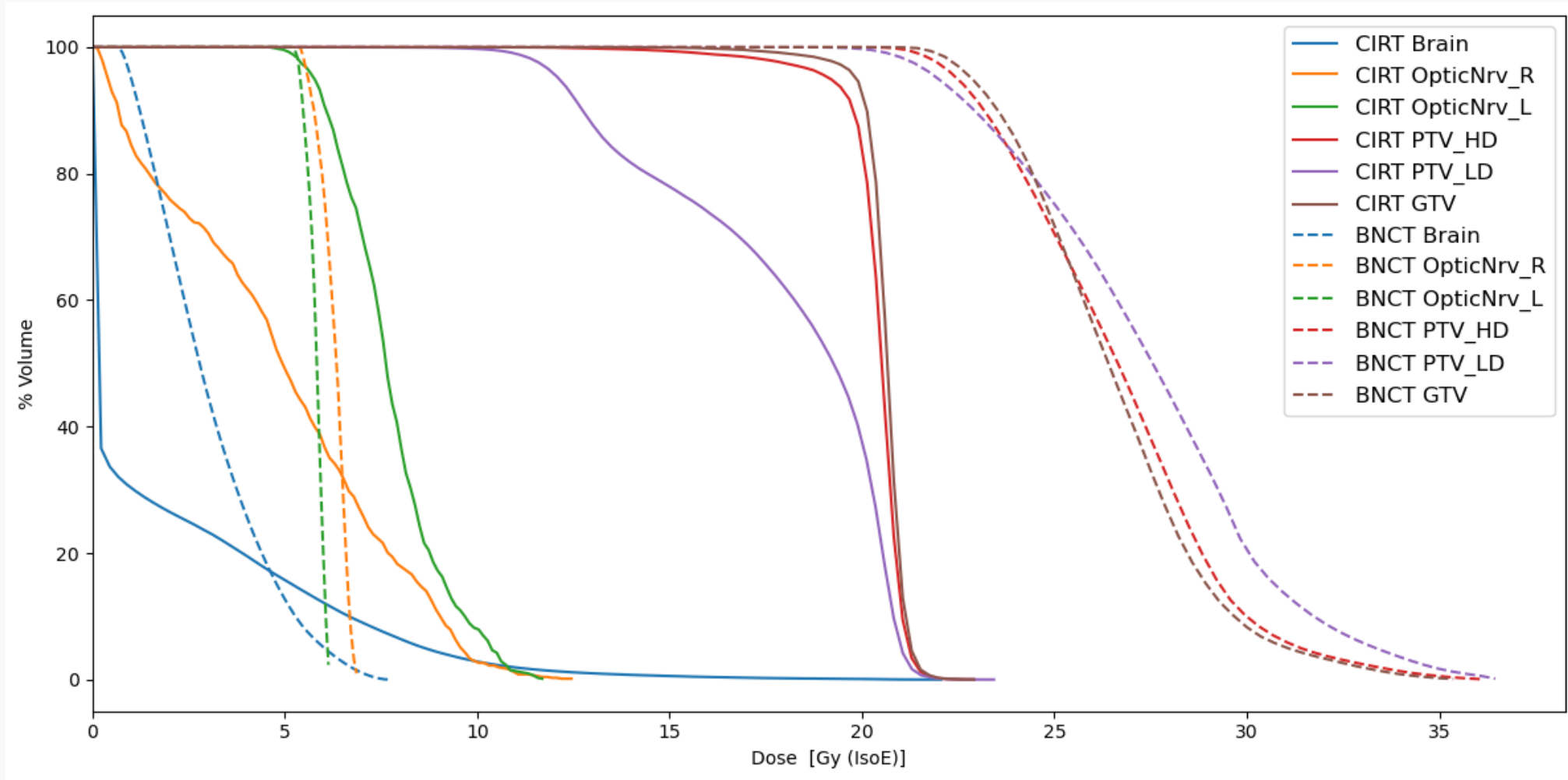
From the development of the facility to Treatment Planning Simulations



CIRT is reported in **photon-equivalent units**, converting absorbed dose through the **Local Effect Model (LEM)**. Then we **translated** carbon ion dose values into **single fraction** doses using **BED formalism**.

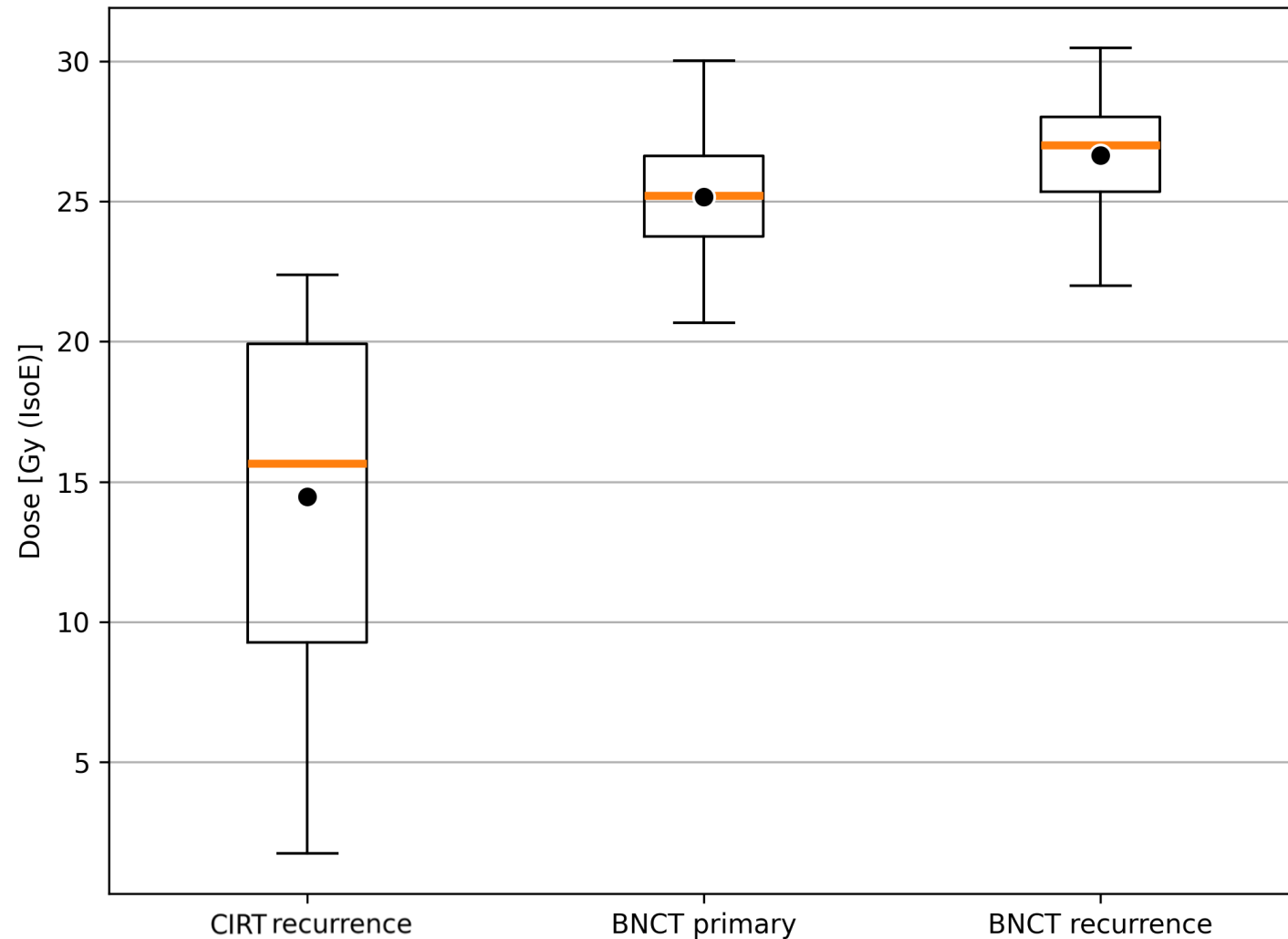


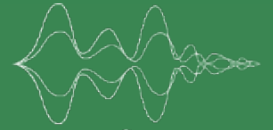
BNCT simulations of the **primary** tumour and **recurrence** were carried out by using the IT\_STARTS software. The **computed** Isoeffective **dose** is equivalent to a **single** photon fraction.



DVH of the CIRT and of the BNCT treatment. Gy(IsoE) of x-axis indicates Gy (IsoE, C12, BED) for CIRT and Gy (IsoE, BNCT) for BNCT.

Dose distribution in the ROI corresponding to the recurrence volume for: **CIRT**, **BNCT** treatment of the primary tumour and **BNCT** treatment of the recurrence.

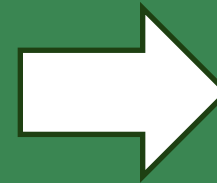




## Deepening the dose-effect relation in BNCT



New boron carriers  
New boron imaging methods  
New biological assays  
New biological models



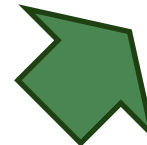
Input for models  
of photon-equivalent  
dose, TCP, NTCP



Photon Isoeffective Dose model

Microdosimetry

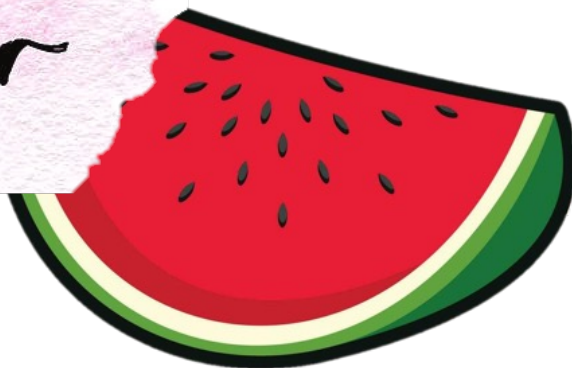
Artificial Intelligence methods in treatment planning



**Towards more effective  
BNCT treatment planning**



Hope  
is the only  
thing stronger  
than fear



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