

Report to the CCRI section I on the activity carried out at ENEA-INMRI on photon and charged-particles dosimetry in the period 2011-2013

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1. Introduction

The present report is a summary of the 2011-2013 activities carried out (or ongoing) at the ENEA-INMRI in the field of interest of CCRI Section I, i.e. photon and charged-particle dosimetry. The main characteristics of the national standards maintained in Italy at the ENEA-INMRI in the field of radiation dosimetry are reported in Table I.

Table I. National standards maintained at ENEA-INMRI in the field of photon and charged-particle dosimetry

Quantity	Standard	Radiation quality	Measurement range / Gy s ⁻¹
Air Kerma (and dose-equivalent quantities)	Free-air ion chamber	10-50 kV x-ray	1 10 ⁻⁶ - 7 10 ⁻³
	Free-air ion chamber	60-300 kV x-ray	7 10 ⁻⁷ - 3 10 ⁻⁴
	Cavity ion chamber	⁶⁰ Co gamma-ray	2 10 ⁻⁴ - 7 10 ⁻³
	Calibrated ion chamber	¹³⁷ Cs gamma-ray	2 10 ⁻⁶ - 3 10 ⁻⁴
	Calibrated ion chamber	¹⁹² Ir gamma-ray	≅ 3 10 ⁻³
Absorbed Dose to water (external beams)	Graphite calorimeter	⁶⁰ Co gamma-ray	2 10 ⁻³ - 2 10 ⁻²
	Calibrated chemical dosimeters	⁶⁰ Co gamma-ray	8 10 ⁻³ - 3 10 ⁻¹
Absorbed Dose to tissue-equivalent materials ⁽¹⁾	Extrapolation ion chamber	¹⁴⁷ Pm, ⁸⁵ Kr and ⁹⁰ Sr/ ⁹⁰ Y beta particles	3 10 ⁻⁷ - 5 10 ⁻⁴

⁽¹⁾The working activity with beta particles was temporarily suspended due to shortage of personnel.

2. National Standards Development

The following paragraphs pertain to the standards listed in Table 1 and describe the new activities that were carried out after the latest CCRI(I) meeting (2011). Some essential information regarding the standards are also provided.

2.1 Air-kerma standards

The air-kerma standards at ENEA-INMRI are (see Table I):

- 1 a parallel-plate free-air chamber for low-energy x-rays;
- 2 a cylindrical and telescopic free-air chamber (Attix-type) for medium-energy x-rays;
- 3 a graphite cylindrical cavity ionization chamber for ^{60}Co gamma rays, associated to a group of five chambers of the same type but different in geometry.

A 30 cm³ ionization chamber (plastic walled) is available as secondary standard for air-kerma measurements with ^{137}Cs gamma rays calibrated by means of a linear interpolation procedure based on the chamber response for the ^{60}Co gamma rays and a 250 keV mean energy x-ray beam.

The above mentioned air-kerma standards also assure the traceability of measurements in terms of dose equivalent quantities in Italy.

A 1000 cm³ ionization chamber (plastic walled) is also available as secondary standard for air-kerma measurements with ^{192}Ir gamma rays. This standard is currently calibrated against the air-kerma primary standards by means of an interpolation procedure based on the response curve as a function of energy, for several medium-energy x-ray qualities and ^{60}Co gamma rays.

Development on the Italian air-kerma standards

The first two national standards listed in Table I are currently being updated. Specifically, correction factors accounting for the effects attributable to the tungsten aperture diaphragm are being evaluated (Kurosawa and Takata 2005). These effects are estimated by Monte Carlo simulations. The calculations refer to correction factors for photon transmission through the aperture diaphragm (k_{dtr}), photon scatter in the diaphragm (k_{dsc}), fluorescence (k_{dfl}) and bremsstrahlung photons in the diaphragm (k_{dbr}) (see Burns and Kessler 2009 for a description of these factors) using the code PENELOPE 2011 (Salvat *et al* 2011) and an adaptation of the code penEasy (Sempau *et al* 2011). All Monte Carlo calculations are being performed for ideal mono-energetic x-rays with energy ranging from 300 keV to 2 keV, and are under completion. Correction factors for real x-ray beams will be obtained averaging the calculated mono-energetic factors over the actual photon fluence spectra of the beam experimentally determined at the ENEA-INMRI.

2.2 Absorbed dose to water standards (external beams)

The absorbed-dose to water standard operating at ENEA-INMRI (see Table I) is based on a graphite calorimeter and an ionometric transfer system (thick-walled graphite ionization chamber) for ^{60}Co gamma-ray beam.

A transfer standard system based on ferrous sulphate and dichromate dosimeters is also available for measurement at radiation-processing dose levels.

Development in the Italian absorbed-dose-to-water standards

At present, the measurement system associated to the primary standard is being upgraded on the basis of the automated data acquisition and temperature control system already developed for the brachytherapy graphite calorimeter. In particular, the lock-in amplifier of the measuring Weathstone bridges has been replaced by a Keithley 6220 DC precision current source and a Keithley 2182A DC nanovoltmeter. The new system will allow the automatic control of measurements and will likely improve the measurement reproducibility.

3. New Standards under development

The main characteristics of the new standards under development –and not yet commissioned as national standards– at the ENEA-INMRI in the field of radiation dosimetry are reported in Table II.

Table II. New standards under development at ENEA-INMRI in the field of photon and charged particle dosimetry

Quantity	Standard	Radiation quality	Measurement range / Gy s ⁻¹	Status
Absorbed Dose to water (brachytherapy)	Well-shaped graphite calorimeter	¹⁹² Ir gamma-ray	2 10 ⁻³ - 5 10 ⁻²	Completed, to be validated
Absorbed Dose to water (brachytherapy)	Large angle and variable volume ion chamber	¹²⁵ I gamma-ray	≤ 5 10 ⁻⁵	Completed, to be validated
Absorbed dose to water (medium energies x-rays)	Graphite calorimeter in water phantom	filtered x-rays, medium energies	2 10 ⁻³ - 5 10 ⁻²	Design in progress
Absorbed Dose to water (Molecular Radiotherapy)	Feasibility study on graphite calorimeter	⁹⁰ Y	to be determined	Study of feasibility

3.1 Absorbed-dose-to-water standards (brachytherapy)

ENEA-INMRI developed two new absorbed-dose-to-water standards for low dose rate (LDR) and high dose rate (HDR) brachytherapy (BT) sources within the framework of the EU joint research project “Brachytherapy” (Ankerhold and Toni 2012). The two standards are fully operational and will be commissioned following successful completion of an international comparison. In this regard the EURAMET Ionizing Radiation Technical Committee accepted the ENEA-INMRI preliminary proposal to organize a comparison for LDR and HDR absorbed dose to water BT standards. At present ENEA-INMRI, NPL and PTB agreed to participate in the comparison for ¹⁹²Ir HDR BT sources and ENEA-INMRI, LNHB and PTB agreed to participate in the comparison for ¹²⁵I LDR BT sources. The direct involvement of the BIPM in these intercomparisons will, naturally, be necessary.

3.1.a Low-dose-rate brachytherapy standard

The LDR BT standard LAVV-1 was designed to determine the absorbed dose to water due to ¹²⁵I LDR sealed BT sources. The standard consists in a large-angle, variable volume ionization chamber in a full scatter graphite phantom that measures the graphite kerma rate $\dot{K}_{g,d}$ at the measurement distance d of about 20 cm from the BT source. A Monte Carlo-based conversion procedure allows to determine the absorbed dose to water at 1 cm from the BT sources, $D_{w,1\text{ cm}}$. All Monte Carlo-based correction and conversion factors were calculated using the EGSnrc code (Kawrakow *et al* 2011). The overall uncertainty associated to the ENEA-INMRI determination of $D_{w,1\text{ cm}}$ was 2.6%, which includes

also the type B relative standard uncertainty on the interaction cross sections that are used for the Monte Carlo simulations. Details of the standard construction and some measurement results have been published recently (Toni *et al* 2012).

The realization of the LAVV-1 standard also allowed an experimental determination of the dimensionless dose rate constant Λ_{1cm} traceable to both the $D_{w,1cm}$ and the low-energy air-kerma ENEA-INMRI standards (Selbach *et al* 2012). The result for a ^{125}I BEBIG I25.S16.C BT seed is $\Lambda_{1cm} = 1.015$ ($u = 2.9\%$). This figure is consistent with the corresponding value derived from the international protocols consensus dataset (Rivard *et al* 2004) $\Lambda_{1cm} = 1.012$ ($u = 4.8\%$), with the uncertainty appreciably reduced.

It is worth noting that the figure of the overall uncertainty associated to the LAVV-1 standard includes a rather large standard uncertainty associated to the value of the effective radius of the chamber measuring volume, as determined by mechanical and electrical measurements. A revision of the standard design was done to optimize this issue. The new standard LAVV-2 will allow the reduction of the overall uncertainty associated to the $D_{w,1cm}$ determination down to about 2.0%.

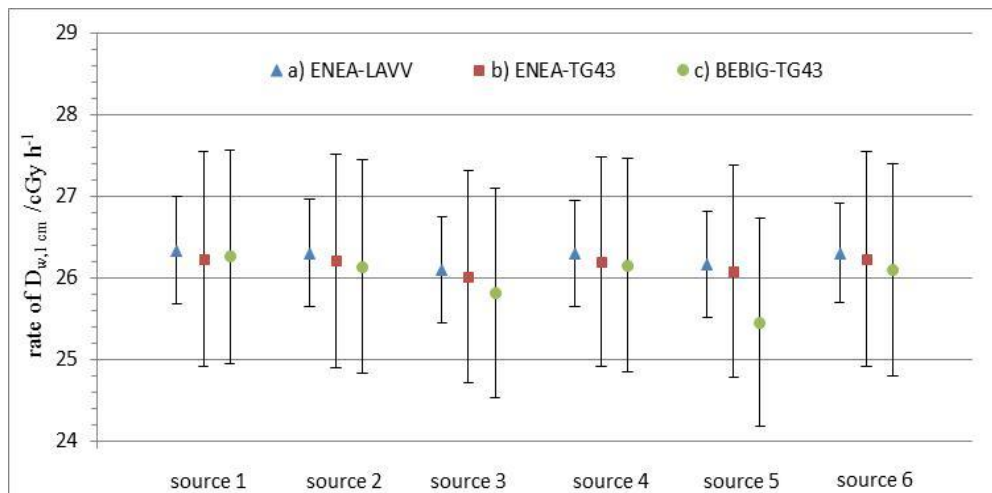


Figure 1. Comparison of three different determinations of $D_{w,1cm}$ obtained - for each of six BEBIG I25.S16.C seeds - by direct measurements with the ENEA LAVV-1 standard (a, $u=2.6\%$, $k=1$) and by the conversion procedure of the TG-43 protocol applied starting from reference air kerma rate values measured at the ENEA-INMRI (b, $u=5.0\%$, $k=1$) and values given by the manufacturer (c, $u=5.0\%$, $k=1$). Reproduced from (Toni *et al* 2012)

3.1.b High-dose-rate brachytherapy standard

The ENEA-INMRI absorbed dose standard for HDR BT sealed sources (e.g. the ^{192}Ir capsules for remote afterloading) is a three-body (core, jacket and medium) portable graphite calorimeter for absorbed dose to graphite measurements. The calorimeter is designed for measuring the absorbed dose to graphite at 2.5 cm distance from the BT source. The calorimeter is inserted in a larger cylindrical graphite phantom having diameter and height equal to 30 cm to achieve the conditions of full backscattering at the measurement point (figure 2).

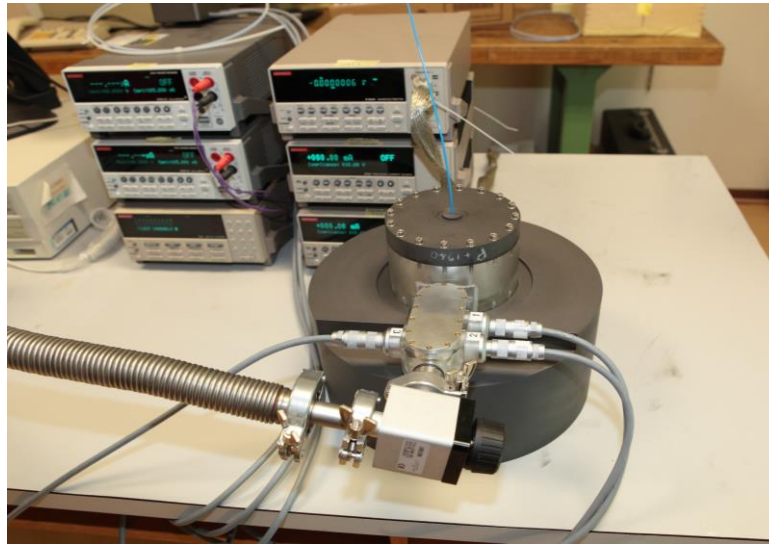


Figure 2. The HDR BT calorimeter embedded in the cylindrical graphite phantom. The phantom has diameter and height equal to 30 cm to achieve the conditions of full backscattering at the measurement point. The measurement system is also shown.

Using Monte Carlo calculations (Kawrakow *et al* 2011), the absorbed dose to graphite at 2.5 cm distance from the BT source is converted into absorbed dose to water at the reference distance of 1 cm from the source.

The correction factors relevant to calorimeter gaps, BT source geometry, finite size of the core, etc., have been also determined by Monte Carlo simulations. Correction factors were evaluated using both standard EGSnrc photon cross sections (Storm and Israel library) and most recent databases, i.e. XCOM and EPDL cross section libraries. The calculations performed indicate that there is almost no dependence on the cross section database used (observed deviations within 0.1%). Adopted Monte Carlo correction factors were determined using the EGSnrc standard library. After the electrical calibration at the ENEA-INMRI, the performance of the calorimeter was tested at the S. Andrea Hospital in Rome (figure 3), where \dot{D}_{W1cm} measurements were executed for a MicroSelectron V2

^{192}Ir source and compared with the \dot{D}_{W1cm} value derived from reference air-kerma-rate measurements performed with the same source. Figure 4 shows two 120 s typical irradiation runs in the quasi-adiabatic mode obtained during \dot{D}_{W1cm} measurements. The long term stability of the medium (10 hours) was experimentally assessed to be within $\pm 2 \cdot 10^{-4} \text{ K}$, while the short term stability (20 minutes) resulted below 10^{-4} K . The relative standard uncertainty of \dot{D}_{W1cm} was estimated to be about 1.4%. The absorbed dose rate value obtained from calorimetric measurements was compared with that obtained from RAKR formalism, using the ^{192}Ir dose rate constant, Λ , recommended in the ESTRO database, $1.108 \cdot 10^4$. The two \dot{D}_{W1cm} values were in the ratio 1.005, well within the stated uncertainties. Further, from the experimental determination of RAKR for the same source, a value of $1.113 \cdot 10^4 \pm 1.8\%$ was derived for the ^{192}Ir dose rate constant, Λ . This value agrees with the values of $1.108 \cdot 10^4$ and $1.109 \cdot 10^4$ calculated by (Daskalov *et al* 1998) and by (Taylor and Rogers 2008),

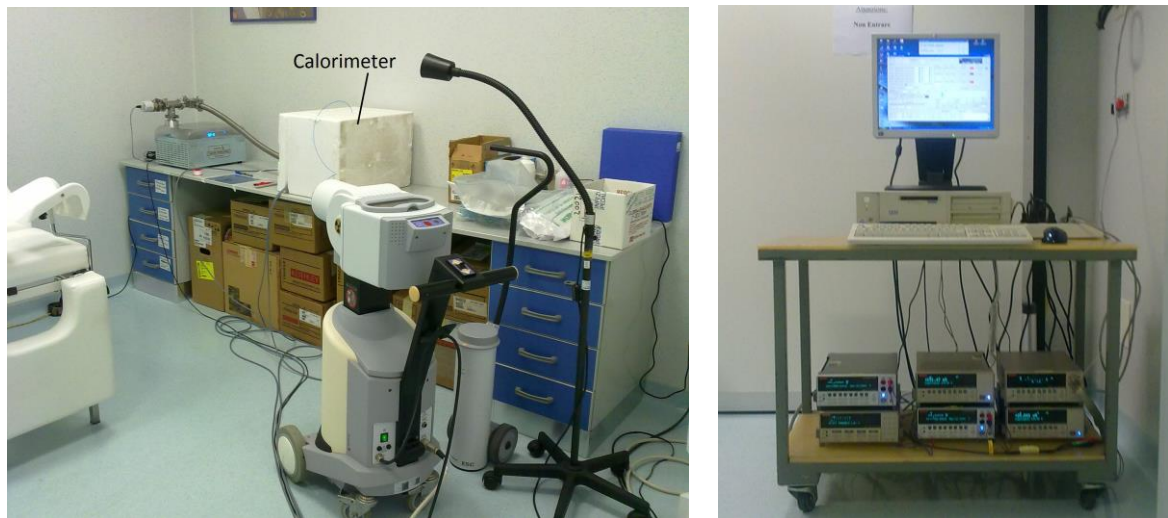


Figure 3. **Left)** Measurement set-up at the Sant'Andrea hospital for the determination of \dot{D}_{W1cm} for a MicroSelectron V2 ^{192}Ir source. **Right)** Electronic equipment used for \dot{D}_{W1cm} measurements. The calorimeter temperature controller is composed of a switching frame Keithley 7001, two precision Keithley 2400 power supplies. A precision current source Keithley 6220 coupled to a DC nanovoltmeter Keithley 2182A is used for thermistor resistance variation measurements.

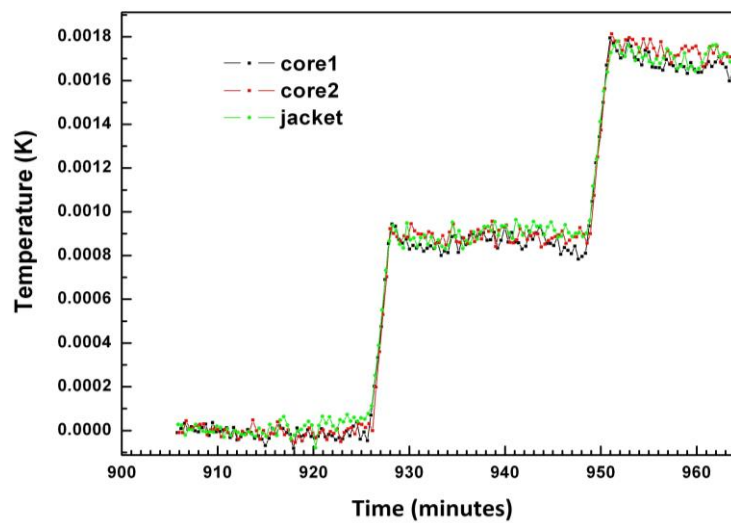


Figure 4. \dot{D}_{W1cm} measurements with an ^{192}Ir Microselectron[®] HDR V2 source. Two 120 s typical irradiation runs in the quasi-adiabatic mode are shown. A pause of about 20 minutes follows each run.

respectively, and with the value measured by (Sarfehnia *et al* 2010), $1.10 \cdot 10^4$. Further details of the standard, \dot{D}_{W1cm} measurement results and determination of the dose rate constant Λ for a commercial BT ^{192}Ir seed can be found in (Selbach *et al* 2012, Guerra *et al* 2012).

3.2 Absorbed-dose-to-water standards (external beams)

A new absorbed dose to water standard, based on a miniature graphite calorimeter in a water phantom, is being developed for medium energy x-ray qualities in radiotherapy. This research is co-funded within the framework of the EURAMET EMRP project MetrExtRT (*Metrology for Radiotherapy Using Complex Radiation Fields*, <http://radiotherapy-emrp.eu/>). The calorimeter has been designed as a three bodies graphite calorimeter embedded in a PMMA envelope allowing for measurements in a water phantom at 2 g cm^{-2} depth (figure 5).

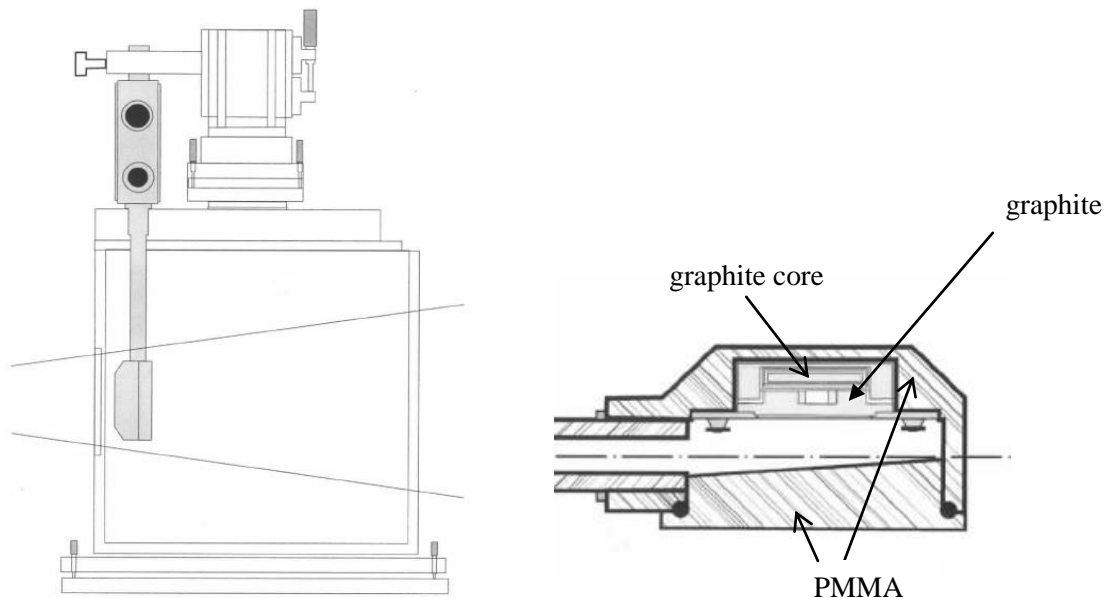


Figure 5. Schematic design, not to scale, of graphite calorimeter for medium energy x-rays under development at ENEA-INMRI. **Left)** The graphite calorimeter in water phantom; **Right)** Section of calorimeter showing design details.

Heat transfer calculations using the finite elements method are in progress in order to optimize the calorimeter design. In the meanwhile, preliminary Monte Carlo simulations have been run using EGSnrc code to evaluate the physical parameters and correction factors needed to convert absorbed dose to graphite into absorbed dose to water. An overall conversion factor is calculated as:

$$C_{w,g}(E) = D_w / D_g$$

where D_w is the calculated absorbed dose at 2 cm depth in homogeneous water and D_g the calculated absorbed dose in the calorimeter core at the same depth in water. An expression of $C_{w,g}$ as product of specific physical parameters and correction factors determined through independent simulations is under validation. In this regard the mean value of mass-energy absorption-coefficient ratio of water to graphite was determined using the NIST database for mass-energy absorption coefficients (<http://www.nist.gov/pml/data/xraycoef/index.cfm>) and the simulated photon energy spectrum at 2 cm depth in water. Correction factors accounting for perturbation effects due to the presence of all calorimeter non water-equivalent materials, including graphite and vacuum gaps, were determined using DOSRZnrc and FLURZnrc Monte Carlo user codes. All Monte Carlo calculations were performed for ideal mono-energetic x-rays with energy in the range from 200 keV to 20 keV. Correction factors for real x-ray beams can be obtained averaging the calculated mono-energetic factors over the actual photon fluence (Φ) spectra of the beam as:

$$\overline{C_{w,g}(Q)} = \frac{\sum_i C_{w,g}(E_i)\Phi(E_i)}{\sum_i \Phi(E_i)}$$

Conversion factors, $C_{w,g}(E_i)$, ranging from 1.1 to 2.1 were obtained for x-ray energy from 200 keV to 20 keV. The largest contribution to $C_{w,g}(E_i)$ is from the mass-energy absorption-coefficient ratio of water to graphite being in general the overall perturbation correction factor below 5%.

3.3 Absorbed-dose-to-water standards (Molecular Radiotherapy)

Feasibility studies for the development of a primary absorbed dose to water standard for ^{90}Y (used in molecular radiotherapy) are currently being performed within the ongoing MetroMRT EURAMET EMRP project (*Metrology for Molecular Radiation Therapy*, <http://projects.npl.co.uk/metromrt/project-membership/npl/>). ENEA-INMRI is assessing the feasibility of developing a primary absorbed dose standard based on calorimetry. A draft of the calorimeter has been designed and is currently under study through Monte Carlo simulations. Preliminary results on the feasibility of the standard are expected by summer 2013.

4. International Comparisons

The international comparisons involving the ENEA-INMRI standards of air-kerma and absorbed dose are those listed below. Problems caused by the failure of the medium-energy x-ray tube and of the air conditioning system in the radiation protection level dosimetry laboratories hindered the completion of some of the intercomparisons originally planned. The current status of the intercomparisons is described in parentheses.

- 1- BIPM-ENEA comparison on absorbed-dose-to-water standards for ^{60}Co gamma rays (results published in 2011).
- 2- BIPM-ENEA comparison on low energy x-rays (results published in 2011).
- 3- BIPM-ENEA comparison on medium energy x-rays (started in January 2011 and still ongoing for the aforementioned reasons).

4- BIPM-ENEA comparison on mammography x-rays (started in January 2011 and still ongoing for the aforementioned reasons).

5- ENEA-LNHB-PTB comparison on absorbed dose to water due to LDR BT sources (to be organized in the framework of BIPM and EURAMET by 2013)

6- ENEA-NPL-PTB comparison on absorbed dose to water due to HDR BT sources (to be organized in the framework of BIPM and EURAMET by 2013)

5. Calibration activity

Calibrations of most protection-level and diagnostic dosimeters are traceable to the air-kerma standards for low/medium x-rays and ^{60}Co gamma rays. Calibrations of therapy-level, and industrial-level dosimeters are traceable to the absorbed-dose-to-water (D_w) standard operating at the ^{60}Co gamma ray quality. Calibrations in terms of D_w at low and medium energy x-rays are also available with traceability to the air-kerma standards.

5.1 Protection and diagnostic level calibration service

The dosimeters used in Italy for radiation protection and diagnostic purposes are currently calibrated both at the ENEA-INMRI and at seven secondary standard calibration laboratories accredited by the Italian National Accreditation Body, ACCREDIA. Diagnostic level dosimeter calibrations are made in terms of air kerma. Radiation-protection level dosimeters are calibrated in terms of air-kerma and dose-equivalent quantities. The reference radiation qualities used for calibrations are those internationally recommended.

5.2 Therapy-level calibration service

a) The therapy-level dosimeters used in the Italian radiotherapy centers are currently calibrated at ENEA-INMRI in terms of absorbed dose to water. Calibrations in terms of air kerma are also performed, however most of the customers require calibrations in terms of absorbed dose to water.

b) The service for direct calibration of the customer clinical beam (photon and electron beams) by chemical dosimetry based on ferrous sulphate solution (vial volume of about 1 cm^3) has been provided, as in the past. The service is particularly useful for calibrating electron beams with dose per pulse larger than 10 mGy per pulse as those produced by accelerators dedicated for intraoperative radiotherapy. The D_w measurements are traceable to the absorbed-dose-to-water standard for ^{60}Co gamma radiation.

5.3 Industrial-level calibration service

A calibration service for radiation processing dosimetry (dose levels in the range 5-50 kGy) had been provided by the ENEA-INMRI to industries until June 2012. D_w measurements are traceable to the therapy-level absorbed-dose-to-water standard through a transfer standard system based on ferrous sulphate and potassium dichromate transfer dosimeters. The service has been suspended due to shortage of personnel.

6. Dosimetry methods for radiotherapy beams

The activity related to CVD diamond dosimetry already undertaken in the framework of the EBCT EURAMET EMRP project (Ankerhold and Toni 2012) is being continued both experimentally and by Monte Carlo calculation.

Diamond dosimeters built at laboratories of Rome “Tor Vergata” University have been studied in order to be used as transfer dosimeters for absorbed-dose-to-water measurements in non-reference conditions. (Pimpinella *et al* 2012b). The dosimeters are based on a single crystal diamond detector acting as a Schottky-barrier photodiode with a sensitive volume 2 mm in diameter and 1 mm thick. They can be easily connected to commercial electrometers and automatic water phantom systems currently used for clinical dosimetry. The dosimeters show the best performance when operated in photovoltaic mode (i.e. with no external bias voltage applied).

Several prototypes, differing for minor fabrication details, were tested in the ENEA-INMRI reference ^{60}Co gamma beam. All the dosimeters showed fast dynamic response, linear response with dose and dose rate and long term reproducibility better than 0.5%. In order to use the dosimeter for absolute D_w measurements, energy and field size dependence of dosimeter response has been studied by Monte Carlo simulations in photon beams. Simulations were performed using the *egs_chamber/EGSnrc* Monte Carlo code and the EGSnrc C++ geometry package for modeling the detector including metal contacts, plastic envelope and triaxial cable (figure 6). Photon beams from 6 MV to 24 MV and field sizes from 10 cm x 10 cm to 0.5 cm x 0.5 cm were considered. A maximum variation below 2% in the

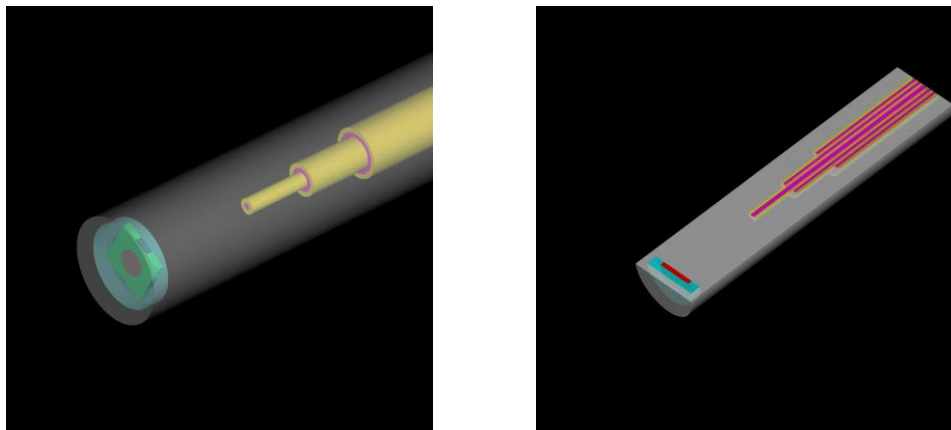


Figure 6. Model of of the diamond detector fabricated at Rome “Tor Vergata” University for Monte Carlo simulations.

dosimeter response in reference conditions (10 cm x 10 cm field size, 10 cm water depth) is observed in the range 6 MV to 24 MV. Monte Carlo calculations also show a dosimeter response independent of field size, within the Monte Carlo statistical uncertainty (0.4%, $k=1$), from 10 cm x 10 cm down to 2 cm x 2 cm field sizes. For even smaller field sizes the dosimeter response tends to increase giving rise to a significant perturbation. Figure 7 shows beam quality correction factors, k_Q , calculated as

$$k_Q = \left[\frac{D_w}{D_d} \right]_Q / \left[\frac{D_w}{D_d} \right]_{Co}$$

where D_d is the absorbed dose in the sensitive volume of the diamond detector at the reference measurement depth in water and D_w is the absorbed dose in homogeneous water at the same depth. The Monte Carlo results were experimentally verified through a comparison of D_w measurements in 6 MV and 10 MV beams by diamond dosimeter with those made using ionization chambers (field size down to 2 cm x 2 cm) and alanine dosimeters (field size 1 cm x 1 cm). Results have been published in (Pimpinella *et al* 2012a, 2012b). All the results demonstrated the feasibility of the use of this type of diamond dosimeter for traceable D_w measurements in radiotherapy photon beams with an uncertainty around 1%. The diamond detector accuracy in measuring D_w in small field sizes is similar to that of alanine dosimeters with the advantage of having a smaller sensitive volume and a real time reading.

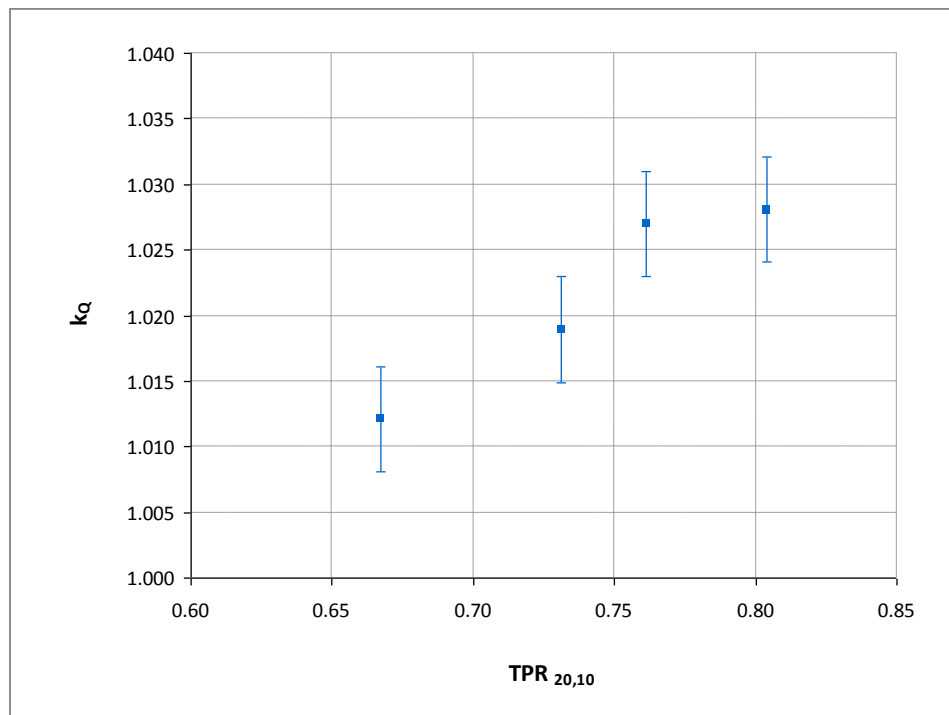


Figure 7. Beam quality correction factors in photon beams determined by Monte Carlo calculations for the diamond dosimeter fabricated at Rome “Tor Vergata” University. The uncertainty bars represent the type A standard uncertainty.

The dosimeter performance in radiotherapy electron beams is under study in the framework of the MetrExtRT project. Measurements of depth dose curves, beam profiles and output factors were performed in clinical electron beams with nominal energy from 6 MeV to 15 MeV and field size from 20 cm x 20 cm down to 6 cm x 6 cm produced, using standard applicators, by an Elekta Precise accelerator available at Rome “Tor Vergata” University. The measurements results from diamond dosimeter were compared to those obtained by ionization chambers and a p-type silicon diode

obtaining an overall good agreement among results. In particular diamond dosimeters exhibited a spatial resolution better than ionization chambers and similar to that of the silicon diode (Di Venanzio *et al* 2013). Work is in progress to investigate the dosimeter performance in small and irregularly shaped electron beams and to calculate beam quality correction factors.

Monte Carlo simulations were also performed to study the overall influence of parameters such as diamond thickness, housing material, electrode material and thickness on the response of a generic diamond detector in photon beams. Manuscripts are in preparation.

7. Implementation of the Quality System

All the calibration activities carried out at the ENEA-INMRI are covered by Quality Management System (QMS). The QMS is self declared and was submitted for peer review at November 2012 in the framework of the EURAMET project n.1123. The reviewers assessed both the adequacy of the QMS and its implementation to demonstrate the conformity with the requirements of the CIPM-MRA. A number of findings were raised and actions were agreed to improve the QMS.

8. Participation in metrology and standardisation organizations

The ENEA-INMRI staff is currently involved in activities in metrological and standardisation organisations, including EURAMET, ICRM, BIPM/CCRI, IEC/TC45, ISO/TC85/SC2.

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ANNEX A.1

2011-2013 ENEA-INMRI ACTIVITY REPORT: ARTICLES PUBLISHED IN JOURNALS OR MEETING PROCEEDINGS IN THE FIELD OF PHOTON AND CHARGED PARTICLE DOSIMETRY

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ANNEX A.2**ENEA-INMRI STAFF INVOLVED IN THE ACTIVITY ON PHOTON AND CHARGED-PARTICLE DOSIMETRY STANDARDS**

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Dr M. Pimpinella	maria.pimpinella	6680
Dr M. Pinto	massimo.pinto	4662
Dr L. Silvi (from Dec 2012)	luca.silvi	3353
Technicians		
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Mrs V. De Coste	vanessa.decoste	3831
Mr M. Quini (80%)	maurizio.quini	4563
Mrs C. Silvestri	claudia.silvestri	3354

Temporary staff		
n.1 Postgraduate fellow	Antonella.Stravato	3437
n.1 Ph.D Student (until Dec 2012)	Stefano.Spadaro	3437

Personnel for administrative services and technical assistance for maintenance and repair are supplied by the CR Casaccia central service and are not included in the ENEA-INMRI staff.