

## Abstract ID: 9179 Title: IMRT Monitor Unit Efficiency Comparison of Treatment Planning/Delivery Systems

**Purpose:** Treatment planning system/delivery system combinations affect IMRT optimization. Delivery method (step and shoot vs. dynamic), leakage radiation variations (lack of secondary collimator on the Elekta SLi SMLC head), hardware constraints and leaf edges have all factored into when an irradiation treatment planning system (RTPS) optimizes MLC segments. Different optimization algorithms with treatment planning systems influence IMRT planning results as well. In our study we evaluated delivery efficiencies from Elekta, Varian and Siemens machines coupled with two different treatment planning systems. **Methods and Materials:** 16 IMRT plans were created for prostate and head/neck (HN) sites (5 and 6 coplanar beams respectively) using CMS XiO and Philips ADA CPinnacle. Plans were optimized using the amedoss and DVH objectives and modulated using clinical thresholds. The monitor units needed to deliver the weight point dose for each field were tabulated for each site and machine our data. **Results:** All plans have similar quality meeting the objectives. HN plans have an average MU efficiency of  $5.02 \pm 1.09$  MU/cGy. The plans created on the Pinnacle RTPS had a lower mean efficiency but was not statistically significant due to the highest standard deviation. Prostate plans were more efficient than the HN plans with an average value of  $2.19 \pm 0.47$  MU/cGy. Pinnacle prostate plans had a mean MU efficiency of  $1.69 \pm 0.18$  MU/cGy compared to  $2.51 \pm 0.22$  MU/cGy from XiO. **Conclusions:** There is no statistical difference in MU efficiency for HN plans from different planning/delivery system combinations. Prostate plans have higher delivery MU efficiencies than those from HN plans, most likely due to less modulation. For the prostate plans there exist slight differences in MU efficiencies with unknown clinical significance between different planning/delivery systems.