

**Purpose:** To devise optimization tools to plan Modulated Electron Radiotherapy (MERT) and to compare MERT plans to conventional or IMRT plans. **Method and Materials:** There are no commercially available treatment systems to plan or deliver MERT. Tertiary electron MLCs or MERT have been met with practical limitations. We've investigated use of the inherent photon MLCs. We optimized MERT plans for left-sided post-mastectomy breast cancer patients. From CT images, target organs such as chest wall, axilla, inter-mammary nodes were contoured. The MERT plan was performed in a three-step optimization process. Distances from the external contour to distal location of the PTV were calculated in transverse CT images. Energies were selected for efficient target coverage and energy bins were generated. Optimization of the energy bins was accomplished using a custom MERT Planning graphic user interface (MERTgui). Monte Carlo simulations were then performed using different MLC instructions for each segment generated by the MERTgui. Dose distribution of each segment were imported to CEERR. Finally we used a custom built dose superposition GUI to combine dose for each segment using different weights which yield their relative MUs. The resulting dose distribution was used to calculate DVHs using CEERR and compared to the conventional plan. **Results:** The MERT plan resulted in good target organ coverage and less dose to the organ at risk than the conventional plan. The dose that 20% of the ipsilateral lung received was reduced from 45 Gy (conventional) to 26 Gy (MERT). Using MERT, 80% volume of both axilla and IM received the prescription dose with out consequence of excess dose as with the conventional plan. Contralateral breast dose decreased significantly to 1/10 the dose of the conventional plan. **Conclusion:** MERT is ideal for treatment of shallow target such as post-mastectomy chest wall. We have devised optimization tools to facilitate MERT based planning.