

In this study, AP/PA setup was used with a 4 MV linear accelerator. The prescribed dose is 1000 cGy, with a dose per fraction of 200 cGy. One of the simplest lung dose determination is the nomograph relating dose correction factor and patient thickness. To save time in taking port film in every treatment, lung block is used in alternating fashion: anterior blocks are used in the second and fourth fraction, and posterior block used in the third and fifth fraction. If we set the average correction factor for the lower density lung to 1.18, six open fields will deliver an average of 708 cGy to the lung. To limit the lung dose to 10 Gy, each blocked field should deliver 73 cGy. Measurements showed that a thickness of slightly less than 1 cm of cerrobend provides approximately 65% transmission, which approximates the desired 73% broad beam transmission. The proper transmission of the partial lung shield is verified by measurements made for the patients with diodes placed at the entrance and the exit side of the lung. While we describe a particular setup, the procedure can be modified to accommodate different dose fraction. There are many ways to deliver the TBI dose and the method of constructing the partial lung shield described here is one of the many methods that may be used to limit the dose to the lung. Although the nomograph method is better than not making any correction, it could lead to large error for diseased lung.