

**Purpose.** The design of solid IMRT compensators requires the accurate determination of the linear attenuation coefficient,  $\mu$ , of the compensating material. For clinical applications,  $\mu$  is not a single value for a given material. Here we determine  $\mu$  as a function of beam quality, field size, measurement geometry, and material thickness for two common compensator materials.

**Methods.** The attenuation of brass and aluminum compensator blanks was measured for ten thicknesses ranging from 6 mm to 51 mm and for eleven field sizes ranging from 3x3 cm<sup>2</sup> to 25x25 cm<sup>2</sup> for each of three photon energies, 6, 10 and 18 MV.

**Results.** The linear attenuation coefficient decreases with photon energy and is lower for aluminum than for brass. As a function of field size,  $\mu$  attains a maximum value at intermediate field sizes between 5x5 cm<sup>2</sup> and 10x10 cm<sup>2</sup> and decreases toward smaller and larger field sizes with the lowest values at 25x25 cm<sup>2</sup>. The range of  $\mu$  across the spectrum of field sizes spans 14.8% for aluminum and 17.4% for brass. Beam hardening becomes more pronounced as the metal thickness increases so that greater thickness results in a lower  $\mu$ ; however, this effect is less pronounced than the field size effect and varies up to 7.0% for aluminum and 12.2% for brass over the range of thicknesses studied.

**Conclusion.** An approach that designs solid metal compensators using linear attenuation coefficients that reflect typical field sizes (and to a lesser extent the average thickness of the compensator material) for various anatomic sites will reduce the variation between calculated and measured doses when performing quality assurance checks on the compensator.