AbstractID:9431Title:Do simetrican alysisa ndc omparisonofCe sium-131andlodin e-125fo r permanentp rostate brachytherapy

**Purpose:** Toperform a dosimetric analy sis and comparison of Cesium -131 and Iod ine-125 for permanent prostate brachytherapy.

**MethodandMaterials:** TRUSprostatev olumestu diesof30patien tstr eatedin ourin stitutionwith awide range of prost ate size we reinclude di nthi sstud y. The averag e g land size was 31 .13cc (from 15. 22cc to 51.49cc). Treatment plans wer e g enerated using Variseed 7.1 with bothCesi um-131 (with an activity of 2.1U, prescription of 115 Gy ) and Iodin e-125 (with an activi ity of 0.521U, p rescription of 145 Gy ). Prostate, rect um, urethraw erec ontouredby thesame radiation oncologist. TheAuto SourcePlacementtoo 1 of the software was f irst used to create treatment tplans for bothCesium -131 and I odine-125. The pl ans were then ad justed tom eet the treatmentg oals and achieve the samedose coverage ( $V_{100}$ ,  $V_{90}$ ,  $D_{90}$ ) of the prostate for bot h i sotopes. The dose to the pro state ( $V_{100}$ ,  $V_{90}$ ,  $V_{80}$ ,  $D_{90}$ ), rectum ( $RV_{100}$ ,  $RD_{10}$ ), urethra ( $UD_{10}$ ), and dosein homogeneity ( $V_{150}$ ,  $V_{200}$ )were ported.

**Results:** For 30p atients, the average of  $V_{100}$ ,  $V_{90}$ ,  $V_{80}$ ,  $D_{90}$  for the prost ate was 98.58%, 9.46%, 99.95%, 134.7G yand 98.4.9%, 99.57%, 99. 87%, 170.4G y for Cesium-131 and Iodine-125 respectively.  $V_{200}$  and  $V_{150}$  of p rostate were 22.06%, 49 .20% for Cesium -131, and 22.57%, 51. 38% for I odine. UD  $_{10}$  and RD  $_{10}$  were 81. 17%, 127.79% of the pre scription for C esium-131, and 82.58%, 129.44% of the p rescription for Iodine. There was a decrease of 2.7.5% rectum RV $_{100}$  (0.24cc for Ce sium, and 0.3.3 for Iod ine, with ap value of 0.05) when planning for Ce sium-131 as compared to Iod ine-125.

**Conclusion:** Cesium-131 prostate brachytherapy can provide a homogeneous dose distribution, dose coverage compare d with Iodine -125 seed s i mplant, while reducing the over all dose to the rectum. Large volumeofpati entstudies is needed to validate this statement.