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2)

3)

X-rays: cheap to produce, and can penetrate deep within body, but delivered dose of radiation varies exponentially with depth, so healthy tissue close to surface of body receives largest dose. Requires more complex equipment to modulate the dose using collimators and/or multiple beams from different angles.

Electrons: cheap to produce, but cannot penetrate deep within the body

Protons: very expensive to produce controlled beam of protons, but beam energy can be tuned to deliver large dose at the depth of the tumor location, and minimize received dose to healthy tissue, i.e. highly localized. Good for use against tumors in inaccessible sites, e.g. eyes.

4) Brachytherapy is the use of <u>sealed</u> radioactive sources which are placed inside the body either next to, or inside the target tissue (tumor). This increases the local dose to the tumor compared to other therapies. Relatively long half-life radionuclides can be used compared to the use of unsealed sources which chemically bind to tumor sites (which should have very short half lives). The nuclide used should have stable daughters for long-term brachytherapy, be solid and non-soluble, not produce liquid/gaseous decay products, and be cheap to produce.