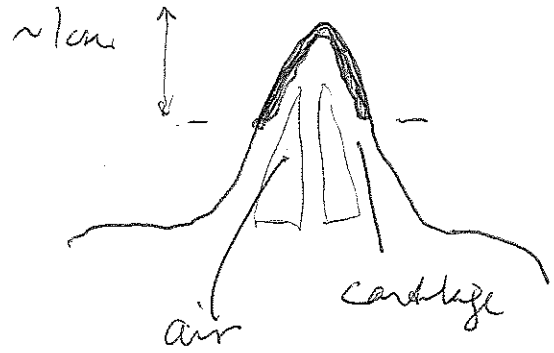
You have no approach to answer this question easily.

1. Situation DRAW IT



The treatment needs a
- homogeneous
- superficial
- confined dose

the available modalities (X, e⁻, kV) all have problems

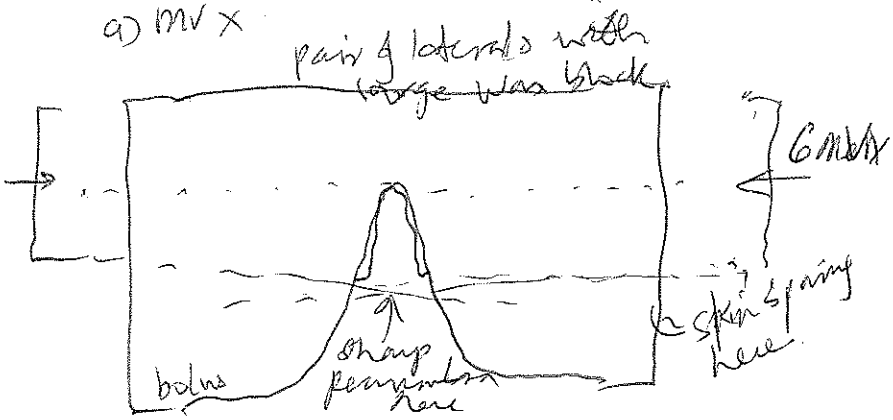
a) MV X fails on 'superficial' as it skin sparing, BUT multifield arrangement can be used

b) e⁻ fails on homogeneous + confined because small dose & fields are inhomogeneous & suffer dose & surface changes & obliquity >30°

c) kV fails with homogeneous + confined because STANDOFF will reduce dose at ↑ SSD and penetration will be considerable in air cavities past the target volume.

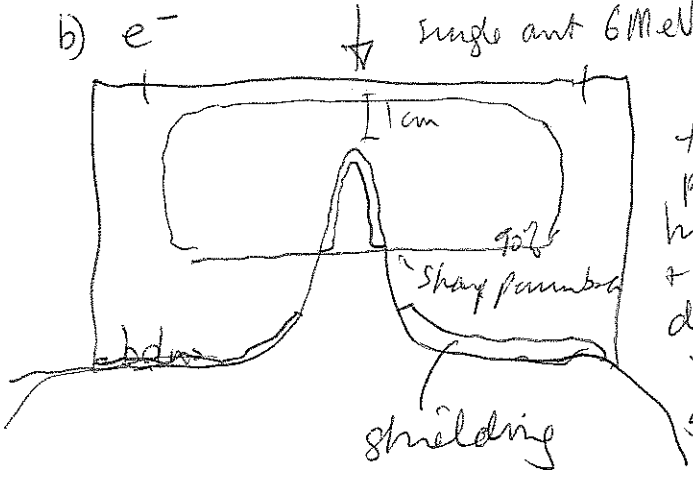
BUT if the following arrangements are used:

a) MV X



this will provide homog, confined & needed superficial dose & sacrifice of dose to inner nose

b) e⁻



this will provide homog, confined & needed superficial dose & sacrifice to inner nose, shielding will keep dose from eyes

c) KV X

there is no way to overcome the standoff issues of the kV beam