production to streptokinase and the possible loss of its therapeutic activity prevented us from administering it to humans.

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REPLY

We were happy to learn of Dr. Hale's great interest in labeling and testing 99m Tc-streptokinase. At pH 12 we obtained a labeling yield of 0–10% using the gel chromatography method of analysis. None of the thin-layer and paper chromatography methods we have used could separate 99m Tc-streptokinase from reduced hydrolyzed 99m Tc. Therefore, we prefer to use gel chromatography with Sephadex as the analytic method. The enzyme activity of labeled streptokinase was analyzed both by means of thrombin coagulation and immunoelectrophoresis. The enzyme activity of streptokinase was decreased both at extremely high and at low pH values. Thus, the optimal

PREPARATION OF 68Ga RADIOPHARMACEUTICALS

The August 1975 issue of the Journal of Nuclear Medicine contained an article by Donald J. Hnatowich (1). I wish to congratulate the author for a job well done. However, I feel that something is missing in his publication. The article gives the impression that this is the first "practical way" to prepare ⁶⁸Ga-labeled compounds from the ⁶⁸Ge-⁶⁸Ga generator, which it is not. The separation of ⁶⁸Ga from its complexed form was achieved almost 7 years ago by a simple procedure (2,3) applied to prepare "in situ" labeled macroaggregates for lung tomoscintigraphy (4) and colloids for liver-spleen studies (5). Eight years ago, Anghileri presented a method to prepare a compound for liver studies (6). Also, a review of the preparation of ⁶⁸Ga compounds for tomographic studies was published in January 1971 (7). The procedures described in the abovementioned papers are quite simple and safe to carry out, and it is surprising to see that the author did not list any of these references. These procedures were used during the 1968 to 1970 period, in com-

REPLY

The procedure referred to by Professor Colombetti has been used to prepare such labeled particles as ⁶⁸Ga-ferric hydroxide macroaggregates for lung

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pH value for preparation of ^{99m}Tc-streptokinase lies between 4 and 7. With very few exceptions streptokinase was not used simultaneously for therapy and diagnosis at the hospital in Ostersund. However, the small dose of streptokinase (15,000–50,000 IU) used for the diagnostic procedure is not believed to affect the therapy, especially if treatment is started immediately after the diagnostic procedure.

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bination with a Pho/Gamma II camera with the positron detector attachment.

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studies and ⁶⁸Ga-ferric oxide colloids for reticuloendothelial imaging. The method is interesting in that the GaEDTA complex is separated not by anion