Introducing Nephroflow™

IODOHIPPURATE SODIUM I 123 INJECTION

Normal Transplant Renogram

NEPHROFLOW, Iodhippurate Sodium I 123 Injection, 1.0 mCi

High Count Rate
High Detector Efficiency

Iodhippurate Sodium I 131 Injection, 0.15 mCi

Low Count Rate
Low Detector Efficiency

NEPHROFLOW provides better counting statistics and higher data density.

To Order call (800) MEDI-123

Reference: Data on file, Medi-Physics, Inc., Richmond, CA
• Particularly useful in obstructed patients
• Slight advantage in photon intensity
• Major advantage in ¼ inch crystal efficiency
• Imaging should be performed as close to calibration time as possible

转动比和可能

The radionuclidic label

WARNINGS:

CONTRAINDICATIONS:

PRECAUTIONS:

INDICATIONS AND USAGE: Iodohippurate Sodium 123 Injection is a diagnostic aid in determining renal function, renal blood flow, and urinary tract obstruction, and as a renal imaging agent.

CONTRAINDICATIONS: None Known.

WARNINGS: None Known.

PRECAUTIONS:

The contents of the vial are radioactive. Adequate shielding of the preparation must be maintained at all times. Do not use after the expiration time and date (24 hours after calibration time) stated on the label.

Iodohippurate Sodium 123 as well as other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Comparison of 123 and 131

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>123</th>
<th>131</th>
</tr>
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<tbody>
<tr>
<td>Mode of Decay</td>
<td>Electron capture</td>
<td>Beta Capture</td>
</tr>
<tr>
<td>Half-Life</td>
<td>13.2 hours</td>
<td>193 hours</td>
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<tr>
<td>Principal Gamma Energy (keV)</td>
<td>159</td>
<td>364</td>
</tr>
<tr>
<td>Intensity</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
<td>Half-Value layer, lead, cm</td>
<td>0.037</td>
<td>0.24</td>
</tr>
<tr>
<td>Detection Efficiency: ¼&quot; NaI (T1) crystal</td>
<td>74.5%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

NEPHROFLOW™ IODOHIPPURATE SODIUM 123 INJECTION

For complete prescribing information consult package insert, a brief summary of which follows:

DESCRIPTION: Iodohippurate Sodium 123 Injection is supplied as a sterile, pyrogenic, aqueous, isotonic saline solution for intravenous administration. Each milliliter of the solution contains 37 megabecquerels (1 millicurie) Iodohippurate Sodium 123 at calibration time, 2 milligrams Iodohippurate Sodium, 1 percent benzyl alcohol (as a preservative), 9 milligrams per milliliter sodium chloride for isotonicity, and up to 0.1 percent ethanol. The solution is buffered with sodium phosphate and the pH is adjusted to 7.0-8.5 with sodium hydroxide or hydrochloric acid. The radionuclidic composition at calibration time is not less than 94.7 percent 123, not more than 4.8 percent 124, and not more than 0.5 percent all others (I125, I126, I130, Na24, Te121). The radionuclidic composition at expiration time is not less than 85.5 percent 123, not more than 12.9 percent 124, and not more than 1.6 percent all others.

INDICATIONS AND USAGE: Iodohippurate Sodium 123 Injection is a diagnostic aid in determining renal function, renal blood flow, and urinary tract obstruction, and as a renal imaging agent.

CONTRAINDICATIONS: None Known.

WARNINGS: None Known.

PRECAUTIONS:

The contents of the vial are radioactive. Adequate shielding of the preparation must be maintained at all times. Do not use after the expiration time and date (24 hours after calibration time) stated on the label.

Iodohippurate Sodium 123 as well as other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential, or whether Iodohippurate Sodium 123 affects fertility in males or females.

Pregnancy Category C

Animal reproduction studies have not been conducted with this drug. It is also not known whether Iodohippurate Sodium 123 can cause fetal harm when administered to a pregnant woman, or can affect reproductive capacity. Iodohippurate Sodium 123 should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, in women of childbearing capability should be performed during the first few (approximately ten) days following the onset of menses.

Nursing Mothers

Since Iodine-123 is excreted in human milk, formula-feeding should be substituted for breast feeding if the agent must be administered to the mother during lactation.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: As with all organic iodine containing compounds, the possibility of allergic reactions must be kept in mind. Nausea, vomiting, and tainting have been reported in conjunction with the administration of Iodohippurate Sodium 123.

HOW SUPPLIED: Iodohippurate Sodium 123 Injection is supplied in nominal 3.5 ml vials as a sterile, pyrogenic, aqueous, isotonic saline solution for intravenous injection. Each milliliter contains 37 megabecquerels (1 millicurie) of Iodohippurate Sodium 123 at calibration time.

It is available, in individual vials, in the following sizes:

MPI Catalog No. 2041: 1 ml and 37 megabecquerels (1 mCi) per vial
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THE PRICE BREAKTHROUGH IN COMPUTERIZED RADIOISOTOPE CALIBRATORS

Circle Reader Service No. 18
Fundamentals of Nuclear Medicine

Edited by
Naomi P. Alazraki, MD, and Fred S. Mishkin, MD

Other Contributors: Manuel L. Brown, MD, Frederick L. Datz, MD, Leon S. Malmud, MD, Isaac C. Reese, PhD, Barry A. Siegel, MD, James A. Sorenson, PhD, Leroy A. Sugarman, MD, Andrew T. Taylor, Jr., MD, Heidi S. Weissmann, MD, Henry N. Wellman, MD

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   Radiation Effects
   Imaging of Radiation
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   Sensitivity, Specificity, and Prior Probability

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Technetium Tc 99m Albumin Colloid Kit

The first "no boil" instant colloid kit for consistent liver/spleen and bone marrow imaging

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  - less handling, shorter prep times, helps meet ALARA guidelines


NEN Medical Products
CONTRAINDICATIONS: Technetium Tc 99m Albumin Colloid is contraindicated for persons with a history of hypersensitivity to products containing human serum albumin.

PRECAUTIONS: The contents of the kit are not radioactive. However, after the sodium pertechnetate Tc 99m is added, adequate shielding of the final preparation must be maintained. The labelling reactions involved in preparing the agent depend on maintaining tin in the reduced state. Any oxidant present in the sodium pertechnetate Tc 99m supply may thus adversely affect the quality of the prepared agent. Hence, sodium pertechnetate Tc 99m containing oxidants, or other additives, should not be employed unless it is determined that it is without adverse effect on the properties of the resulting agent. The contents of the vial are sterile and non-pyrogenic. It is essential that the user follow the directions carefully and adhere to strict aseptic procedures during preparation of the radiopharmaceutical.

warnings: The theoretical possibility of allergic reactions should be considered in patients who receive multiple doses.

Preparations: The contents of the kit are not radioactive. However, after the sodium pertechnetate Tc 99m is added, adequate shielding of the final preparation must be maintained. The labelling reactions involved in preparing the agent depend on maintaining tin in the reduced state. Any oxidant present in the sodium pertechnetate Tc 99m supply may thus adversely affect the quality of the prepared agent. Hence, sodium pertechnetate Tc 99m containing oxidants, or other additives, should not be employed unless it is determined that it is without adverse effect on the properties of the resulting agent. The contents of the vial are sterile and non-pyrogenic. It is essential that the user follow the directions carefully and adhere to strict aseptic procedures during preparation of the radiopharmaceutical.

Technetium Tc 99m Albumin Colloid should be used within six hours from the time of reconstitution. Refrigerate at 2°C to 8°C after reconstitution. If blood is withdrawn into the syringe, unnecessary delay prior to injection may result in clot formation in situ. Do not use if clumping of the contents is observed. Technetium Tc 99m Albumin Colloid (MICROLITE) as well as other radiopharmaceuticals should be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient consistent with proper patient management.

CARCINOGENICITY, MUTAGENICITY, IMPAIRMENT OF FERTILITY: No animal studies have been performed to evaluate the carcinogenic potential of Technetium Tc 99m Albumin Colloid. Effects of Technetium Tc 99m Albumin Colloid on fertility in males or females have not been studied.

Pregnancy CATEGORY C: Animal studies have not been conducted with Technetium Tc 99m Albumin Colloid. It is not known whether Technetium Tc 99m Albumin Colloid can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity of Technetium Tc 99m should be given to a pregnant woman only if clearly needed.

Ideally examinations using radiopharmaceuticals, especially those effective in nature, of a woman of childbearing capability should be performed during the first few days immediately following the onset of menstruation.

Nursing Mothers: Technetium Tc 99m is excreted in human milk during lactation. Therefore, formula feedings should be substituted for breast feeding.

Pediatric Use: Safety and effectiveness in children below the age of 18 have not been established.

This radiopharmaceutical preparation should not be administered to children or to pregnant women unless the expected benefits are to be gained outweigh the potential risks. Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

ADVERSE REACTIONS: Although no adverse reactions associated with the use of Microlite have been reported, hypersensitivity reactions are theoretically possible whenever protein-containing materials such as Tc 99m-labeled aggregated albumin are used in man. Epinephrine, antihistamines and concomitant agents should be available for use in the event such a reaction occurs. 

DOSAGE AND ADMINISTRATION: The recommended intravenous dose range for the adult (10kg) patient is 270–290MBq (7–8 millicuries)

The parent dose volume is a measured by a suitable radioactivity calibration system immediately prior to patient administration. A suspended colloid by repeated inversion of the shielded vial immediately prior to withdrawal of dose into syringe. Protect the vial for foreign particulates. Do not administer if foreign particulates are found in the colloid. If blood is withdrawn into the syringe, any unnecessary delay prior to injection may lead to clot formation in situ. Do not backflush the syringe. Dosage recommendations for optimum results imaging may begin about 15 minutes after injection. Radiochemical purity should be checked prior to patient administration. Using the following or equivalent procedures (Please see complete prescribing information).

HOW SUPPLIED: MICROLITE™ Kit for use in the preparation of Technetium Tc 99m Albumin Colloid is supplied in kits of five or thirty vials. Sterile and non-pyrogenic; each vial contains in lyophilized form:

Appropriate

Albumin Colloid

Normal Human Serum Albumin

Total T1 maximum (200 mg/ml (0.10 mg/mL)

Stannous Chloride (SnCl2 - 2H2O (0.006 mg)

Porous latex 188

Medrate dropout 0.12mg

Sodium Phosphates (anhydrous) 10mg

Prior to vialization the pH is adjusted with HCl and/or NaOH. The contents of the vial are lyophilized and stored under nitrogen. Included in each five (5) vial kit are one (1) package insert and twelve (12) radiation labels included in each thirty vial kit is one (1) package insert and seventy-two (72) radiation labels. Before reconstitution store at room temperature (15°C–30°C) and protect from light.

The components of the kit for use in the preparation of Technetium Tc 99m Albumin Colloid are supplied sterile and non-pyrogenic. Aseptic procedures normally employed in making additions and withdrawals from sterile, non-pyrogenic containers should be used during addition of pertechnetate solution and the withdrawal of doses for patient administration. Technetium Tc 99m Albumin Colloid is prepared by adding 2 ml of oxidant-free sodium pertechnetate Technetium Tc 99m solution to the vial and swirling for about one minute. Shielding should be utilized when preparing the Technetium Tc 99m Albumin Colloid.

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May 1984 51616

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Physician

CALIFORNIA. UCLA SCHOOL OF MEDICINE. Department of Radiological Sciences is seeking an academic radiologist or nuclear medicine physician at the Associate Professor or Full Professor level to direct a Department of Radiology integrated closely with the teaching and training programs of departments in UCLA Medical Center. Research, clinical expertise, teaching, and administrative capabilities are essential. Interested applicants should forward a CV to: I.G. Mena, MD, Chairman-Search Committee, Professor and Director, Division of Nuclear Medicine, Harbor-UCLA Medical Center, 1000 West Carson St., Torrance, CA 90409. UCLA is an Affirmative Action/Equal Opportunity Employer.

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Positions Wanted

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NM PHYSICIAN SEeks opportunity to practice NM and/or nuclear cardiology with group, clinic, or hospital. Background in Int. Med. Reply: Box 403, Society of Nuclear Medicine, 475 Park Ave. So., New York, NY 10016.

NUCLEAR MEDICINE PHYSICIAN, ABNM and ABR eligible, with special competence in cardiovascular nuclear medicine and ultrasound, available immediately. Reply: Box 404, Society of Nuclear Medicine, 475 Park Ave. So., New York, NY 10016.

Technologist

NUCLEAR MEDICINE TECHNOLOGIST, 16 months experience. Registered by NMTCB and ARRT. Nuclear cardiology and computer experience. Willing to relocate. Contact: Gary Sipily, 10 Baltimore Rd., Camp Hill, PA 17011 or phone (717) 737-3309.

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August 26th—29th, 1985
Mount Sinai Medical Center
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For further information contact: Ms. Mary Farrell-Batista—(212)650-7888.

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Please send curriculum vitae and letters of reference to: Robert M. Allman, M.D., Professor and Chairman, Department of Radiology, The George Washington University Medical Center, 901 23rd Street, N.W., Washington, D.C. 20037.

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Nuclear Cardiology
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■ RADIATION PROTECTION IN THE RADIOLOGIC AND HEALTH SCIENCES, 2nd ed. By MARYLYN E. NOZ, Ph.D., New York University Medical School, New York, New York; and GERALD Q. MAGUIRE, JR., Ph.D., Columbia University in the City of New York. This text is ideal for learning the basics of radiation protection and is indispensable for x-ray technology and diagnostic x-ray training programs. Self-assessment question/problem sections appear after each chapter—a useful aid in retaining important information. The book covers a wide range of topics providing readily applicable information on specific internal/external radiation sources, risk and protection measures, absorbed dose and biological effects, neutron interaction and detection, sealed and sealed radionuclides, and other pertinent topics concerning radiation protection. Useful bibliographies list current publications of the NCRP, ICRP and ICRU. The appendix on units has been thoroughly updated. About 265 pp., 50 illus., paperback, 1985, Ready Soon.

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