SUPPLEMENTAL TABLE 1. ^{99m}Tc-MIBI Parathyroid Scintigraphy Techniques

Technique	Tracer (activity)	Acquisition protocol	Characteristics
^{99m}Tc-MIBI single-tracer (dual-phase)	^{99m}Tc-MIBI (555–740 MBq)	^{99m}Tc-MIBI injection and acquisition of planar images takes place at 15 min and at 120 min. Combination with a SPECT/CT acquisition is possible at the early or delayed phase or at both times.	Simple but limited overall sensitivity because of variation in parathyroid tracer retention. Sensitivity is poor regarding detection of multiple-gland disease.
^{99m}Tc-MIBI/$^{99m}TcO_4$ (subtraction)	$^{99m}TcO_4$ (75–150 MBq) and ^{99m}Tc-MIBI (555–740 MBq)	$^{99m}TcO_4$ injection with thyroid imaging at 20 min is followed by ^{99m}Tc-MIBI injection and image acquisition. Variants exist.	Requires experience for proper image realignment and optimal subtraction. Offers intermediate to high sensitivity. Patient motion can significantly decrease accuracy.
^{99m}Tc-MIBI/^{123}I (subtraction)	^{123}I (~12 MBq) and ^{99m}Tc-MIBI (555–740 MBq)	^{123}I injection (or oral administration) is followed 120 min later by ^{99m}Tc-MIBI injection and then simultaneous acquisition of both isotopes in appropriately selected energy windows. An example of acquisition protocol (used in Bordeaux University Hospital) is to start with a pinhole image of the thyroid bed (10 min), then obtain a cervicomediastinal view (5 min), and finish with dual-isotope SPECT/CT (25 min).	Offers high sensitivity. Experience is required for a well-balanced subtraction. There is a small additional cost due to ^{123}I but a gain in imaging time.