

Division of Nuclear Medicine Procedure / Protocol

PACKAGE INSERT DEVIATION UPDATED: AUGUST 2010		
Lymphoscintigraphy		

Deviation:

Prepare Tc-99m Sulfur Colloid with a smaller particle size and dilute it with normal saline for subcutaneous or intradermal administration for lymphoscintigraphy including sentinel node localization for melanoma, vulvar, breast and cervical cancer.

- 1. Add TcO4 to sulfur colloid. Add at least 100-175 mCi of TcO4 to kit vial.
- 2. Add contents of vial A and mix well.
- 3. Heat @ approx 100 degrees C for 5 minutes.
- 4. Cool for 3 minutes, then add the contents of vial B and mix.
- 5. Heat @ 100 degrees C for 2 minutes and cool to room temperature.
- 6. Filter 1 mL to 3 mL thru a 0.1 μ m Millipore filter into a vented tared, sterile vial. If volume in Step 1 is more than 1 mL, a 0.2 μ m filter may be used to minimize final volume. Follow with 0.6 mL of normal saline to wash out dead volume of filter.
- 7. Weigh filled vial and get volume by assuming density is 1 g/mL.
- 8. Assay the vial for Tc-99m activity.
- 9. Add enough normal saline to make the final concentration 4.4 mCi/ml @ administration time. (This is 10% higher than 4 μCi/mL to account for nonspecific adherence of the colloid to the vial and septum.)
- 10. Determine radiochemical purity (>92%) using ITLC-SG strips with normal saline or acetone.
- 11. Dispense using 1 ml syringes with 30G, ½ inch needle.
- 12. Dispense 4 x 200 μ Ci /0.05 mL doses with enough excess to fill the dead space in the syringe hub and needle (0.08mL), 520 μ Ci /0.13 mL total. Up to 8 doses may be required for some patients.
- 13. If patients are scheduled more than 3 hours apart, refilter another 1 mL of product to maintain a concentrated solution and therefore a small volume of dispensed material.

Justification:

There is no FDA-approved radiopharmaceutical for lymphoscintigraphy. Sulfur colloid is less than optimal because of its particle size range. This deviation facilitates the preparation of a product with a smaller average particle size and removes all larger (>0.1 um.) particles. This facilitates faster clearance by the lymphatic system. It provides diagnostic information not otherwise available.

Reviewed By: S. Perlman, D. Fue	erbringer, S. Knishka	
Scott B. Perlman, MD, MS	Derek Fuerbringer, CNMT	Scott Knishka, RPh, BCNP
Chief, Nuclear Medicine	Manager, Nuclear Medicine	Radiopharmacist



Division of Nuclear Medicine Procedure / Protocol

Lymphoscintigraphy Preparation Documentation

SULFU	IR COLLOID PREP:
	1st boil (5 min) finished @
	Vial B added (3 min) @ Rx Label:
	2nd boil (2 min) finished @
FILTE	RED:
	Assay syringe:mCi @ Time:
	Mass:gm (= Volume, mL)
	Assay vial:mCi @ Time:
CALCL	JLATE NORMAL SALINE VOLUME:
	Activity @ Administration Time :mCi @ Time(Decay correct vial assay)
	Total Volume = Act@ Adm Time / 4.4 mCi/mL =mL
	Normal Saline volume = Total Volume - Mass =mL
	Normal Saline Lot #
QUALI	TTY CONTROL:
	Calculate % recover = vial assay / syringe assay x 100% =%
	Chromatography: ITLC-SG with 0.9% NaCl or Acetone
	Origin (Tc SC):% (Must be >92%)
	Solvent Front (TcO4 & Tc EDTA):%