

# Ministry of Health and Long-Term Care

## Guidelines for the Prioritization of Procedures Employing Tc-99m

May 20, 2009

*These Guidelines are intended to assist health care providers who employ the use of medical isotopes prioritize procedures requiring Tc-99m. The Guidelines are based on currently available scientific evidence. As more information becomes available, these Guidelines will be updated. These recommendations should not be interpreted as a substitute for the personal judgment of a health care practitioner.*

Please refer to Important Health Notice Volume 6, Issue 11 issued on May 20, 2009

	Sentinel lymph node biopsy to help stage patients newly diagnosed with breast cancer with specific reference to the status of cancer spread to auxiliary lymph nodes
	Any bone scan for newly diagnosed or established pediatric cancers since there is no alternative to Tc-99m bone scans for the pediatric patients in the event of a shortage.
	Any bone scan for staging newly diagnosed cancer patients when immediate treatment decision will be affected - only when alternatives are not possible.
	Benign skeletal abnormalities: <ol style="list-style-type: none"><li>1. Infection and/or fracture associated with a hip or knee prosthesis.</li><li>2. Fracture in elderly patients or occult fracture in pediatric patients where a plane film x-ray is inconclusive: CT may be helpful if no contraindications.</li><li>3. Osteomyelitis in pediatric or adult patients.</li><li>4. Assessment of child abuse.</li></ol>
	Myocardial perfusion imaging for those patients who do not have immediate access to alternative cardiac imaging
	Renal scans for transplants or acute renal failure where alternative scans are either not applicable or available.

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## Guidelines for Alternate Diagnostic Modalities

May 20, 2009

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<b>Nuclear Medicine Test</b>	<b>Alternative</b>
<b>Organ Scans</b>	
Renal scan	IV Pyelogram, 24hour Creatine Clearance
Lung scan for suspected pulmonary embolism	CT
<b>Cardiac Imaging (ACUTE)*</b>	<b>Alternative</b>
1. UA/NSTEMI (no early cath)	Stress thallium/echocardiogram**
2. STEMI (thrombolytic therapy, no cath)	
3. ACS, coronary anatomy, unclear significance	
4. Preoperative Risk Assessment : <ul style="list-style-type: none"> <li>• Intermediate risk surgery, intermediate preoperative risk predictor.</li> <li>• High risk surgery, poor exercise tolerance.</li> </ul>	
<b>Cardiac Imaging (ELECTIVE)*</b>	<b>Alternative</b>
5. Cardiomyopathy, unknown etiology	Rest or Stress thallium/echocardiogram
6. Evaluation of Chest Pain Syndrome <ul style="list-style-type: none"> <li>• Intermediate to high pretest probability</li> <li>• Low risk chest pain at rest</li> <li>• New onset heart failure with chest pain syndrome</li> </ul>	Stress thallium/echocardiogram**
7. Consideration of ICD, Biventricular Pacemaker (TBD whether elective or acute)	Echocardiogram/MRI
<b>Cancer Imaging</b>	<b>Alternative</b>
Adult cancer patients being followed with established bone metastases or in whom bone metastases are suspected	X-ray, CT or MRI

\* Situations 1-4 are priority for stress thallium and echocardiogram. Situations 5-6 could wait to have their diagnostic tests performed electively.

\*\* Thallium suppliers require one week's notice to ramp up production of Thallium-201 if it is expected to replace Tc-99m

