

Recommendations for Dealing with the Isotope Shortage

Problems with the reactors that produce the world's supply of Mo-99 continue to cause significant supply problems for the U.S. imaging community. The SNM Task Force on Domestic Isotope Availability, which was formed to investigate this problem, has concluded that there is no short-term solution. However, SNM continues to work with U.S. government executive and legislative leadership to identify the most effective path forward to solve this problem by creating a new, domestic source of Mo-99. SNM is also actively engaged in discussions with all potential foreign providers of Mo-99 to ensure that all options are being considered as alternatives to the current suppliers during outages, such as the one we are currently experiencing.

In the short term, for the benefit of patients who urgently need these procedures, SNM recommends that facilities take the following steps to modify their processes in order to maximize the available isotope supply.

1. Coordinate with the generator provider or the central radiopharmacy to align scheduled patients with Tc-99m availability.
2. Perform imaging studies throughout the entire week. Generators produce Tc-99m over weekends—take advantage of the availability of material on Saturdays and Sundays.
3. Lower the administered dose and extend the time of imaging in order to continue to collect images with the same statistical robustness. This may also require some adjustment in patient scheduling.
4. Where possible, use alternative radiopharmaceuticals for imaging studies, including:
 - Thyroid scintigraphy with I-123
 - Myocardial perfusion imaging with:
 - Tc-99m SPECT stress-only imaging when appropriate
 - Tl-201 SPECT
 - Rb-82 PET
 - Coronary CTA
 - Stress echocardiography

SNM and other professional organizations continue to work with the U.S. Food and Drug Administration and the Centers for Medicare & Medicaid Services (CMS) to gain approval of reimbursement for F-18 sodium fluoride as an alternative for bone scintigraphy.

On Friday, February 26, 2010, CMS posted a final decision memorandum allowing for coverage for ¹⁸F-NaF PET and PET/CT imaging to identify bone metastasis of cancer either to inform the initial antitumor treatment strategy or to guide subsequent antitumor treatment strategy after the completion of initial treatment under a Coverage with Evidence Development (CED) framework. Any new registry would need to be developed following the CMS guidelines and approved by CMS and/or the Agency for Healthcare Research and Quality (AHRQ) before claims could be billed—a process that will likely take several months to complete.

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