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General Comment

I am pleased to comment on the draft regulatory guide (DG), DG-8057, Release of Patients Administered Radioactive Material that was published in the Federal Register on July 26, 2019. (Docket ID NRC-2019-0154).

I am a health physicist who is certified by the American Board of Health Physics and have over 25 years of health physics experience in medical health physics. This includes being the Radiation Safety Officer (RSO) on multiple limited scope and broad scope medical licenses.

I recommend that the data for I-123 NaI in table 3 Activities of Radiopharmaceuticals That Require Instructions and Records When Administered to Patients Who Are Breastfeeding an Infant or Child be reviewed and updated to reflect the current clinical use of I-123 NaI. Specifically the recommended duration of interruption of breastfeeding should be changed to Complete cessation due to the reasons listed below.

The ACMUI report Nursing Mother Guidelines for the Medical Administration of Radioactive Materials, Final Report, January 31, 2019 (https://www.nrc.gov/docs/ML1903/ML19038A498.pdf) is making a big mistake in the administered activity for I-123 NaI. In tables 1, 3 and 4 they are using 0.4 mCi as the maximum administered activity, which is the usual maximum for just uptake studies. A lot of facilities are using up to 5 mCi clinically for whole body scans. Using 0.4 mCi is a major error in the calculations in the report.

It should also be noted that the potential I-125 contaminate in the I-123 is not being accounted for in the calculations although the radiopharmaceutical package inserts for I-123 NaI state that I-125 may be present. How can you justify not accounting for this when the approved package inserts say it may be there? I know that one manufacturer will not commit to their I-123 being I-125 free. A couple package inserts are attached for your review.

Item 4 on page 12 for the January 31, 2019 report discusses why the ACMUI is going with 3 days for cessation. I assume that this is based on the 0.4 mCi and low/no I-125 contaminate. The calculations need to be done for 5 mCi, not 0.4 mCi, to see how the recommendations change. The contribution from I-125 should also be included in these calculations.

The Society of Nuclear Medicine Procedure Guideline for Scintigraphy for Differentiated Papillary and Follicular Thyroid Cancer (http://snmmi.files.cms-plus.com/docs/Scintigraphy%20for%20Differentiated%20Thyroid%20Cancer%20V3%200%20(9-25-06).pdf) states that Oral 123I may be administered at a dosage typically between 0.45.0 mCi, which may avoid stunning. This clearly states that a maximum of 5 mCi may be administered clinically.

In table 3 of the January 31, 2019 report the mean whole-body absorbed dose to newborn is 0.104 rad and the mean thyroid absorbed dose to newborn is 4.90 rad for 0.4 mCi (I assume without accounting for I-125). ~12 times (5.0 mCi /0.4 mCi) this is approximately 1.3 rad and 60 rad, respectively. Are doses at these levels still acceptable to the NRC and ACMUI for a breastfeeding infant or child?

Sincerely,
Daniel J. Miron
Certified Health Physicist

Attachments

Cardinal Health Sodium Iodide PI

GE Sodium Iodide PI

CardinalHealth

Denver, CO 80011

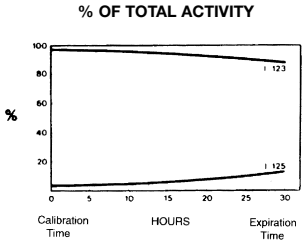
Sodium Iodide I 123

Diagnostic-Capsules for Oral Administration

DESCRIPTION

Sodium Iodide I 123 (**Na ^{123} I**) for diagnostic use is supplied in capsules for oral administration. The capsules are available in strengths of 3.7, 7.4 and 14.8 megabecquerels (MBq) (100, 200 and 400 uCi) I 123 at time of calibration.

The radionuclidic composition at calibration is not less than 97.0 percent I 123, not more than 2.9 percent I 125 and not more than 0.1 percent all others (I 121 or Te 121.) The radionuclidic composition at expiration time is not less than 87.2 percent I 123, not more than 12.4 percent I 125 and not more than 0.4 percent all others. The ratio of the concentration of I 123 and I 125 changes with time. Graph 1 shows the maximum concentration of each as a function of time.



Graph 1
Radionuclidic Concentration of I 123 and I 125

PHYSICAL CHARACTERISTICS

Sodium Iodide I 123 decays by electron capture with a physical half-life of 13.2 hours. The photon that is useful for detection and imaging studies is listed in Table 1.

Table 1
Principal Radiation Emission Data[1]

Radiation	Mean %/Disintegration	Mean Energy (keV)
Gamma-2	83.4	159

[1]Kocher, David C., Radioactive Decay Data Tables, DOE/TIC-11026, 122, (1981)

EXTERNAL RADIATION

The specific gamma ray constant for I 123 is 1.6R/hr-mCi at 1 cm. The first half value thickness of lead (Pb) for I 123 is 0.005 cm. A range of values for the relative attenuation of the radiation emitted by this radionuclide that results from the interposition of various thicknesses of Pb is shown in Table 2. For example, the use of 1.63 cm. of lead will decrease the external radiation exposure by a factor of about 1,000.

Table 2
Radiation Attenuation by Lead Shielding[2]

Shield Thickness (Pb), cm.	Coefficient of Attenuation
0.036	0.5
0.120	10^{-1}
0.240	10^{-2}
0.358	10^{-3}
0.477	10^{-4}

[2]Shleien, Bernard, The Health Physics and Radiological Health Handbook, Table 6.1.2, 169, (1992)

Note that these estimates of attenuation do not take into consideration the presence of contaminants.

To correct for physical decay of I 123, the fractions that remain at selected intervals after the time of calibration are shown in Table 3.

Table 3
Sodium Iodide I 123 Decay Chart: Half-Life 13.2 Hours

Hours	Fraction Remaining	Hours	Fraction Remaining
0*	1.000	18	.389
3	.854	21	.332
6	.730	24	.284
9	.623	27	.242
12	.535	30	.207
15	.455		

*Time of Calibration

CLINICAL PHARMACOLOGY

Sodium Iodide I 123 is readily absorbed from the upper gastrointestinal tract. Following absorption, the iodide is distributed primarily within the extracellular fluid of the body. It is trapped and organically bound by the thyroid and concentrated by the stomach, choroid plexus and salivary glands. It is excreted by the kidneys.

The fraction of the administered dose which is accumulated in the thyroid gland may be a measure of thyroid function in the absence of unusually high or low iodine intake or administration of certain drugs which influence iodine accumulation by the thyroid gland. Accordingly, the patient should be questioned carefully regarding previous medication and/or procedures involving radiographic media. Normal subjects can accumulate approximately 10-50% of the administered iodine dose in the thyroid gland, however, the normal and abnormal ranges are established by individual physician's criteria. The mapping (imaging) of Sodium Iodide I 123 distribution in the thyroid gland may provide useful information concerning thyroid anatomy and definition of normal and/or abnormal functioning of tissue within the gland.

INDICATION AND USE

Administration of Sodium Iodide I 123 is indicated as a diagnostic procedure to be used in evaluating thyroid function and/or morphology.

CONTRAINDICATIONS

To date there are no known contraindications to the use of Sodium Iodide I 123 capsules.

WARNINGS

Females of childbearing age and children under 18 should not be studied unless the benefits anticipated from the performance of the test outweigh the possible risk of exposure to the amount of ionizing radiation associated with the test.

PRECAUTIONS

General

The contents of the capsule are radioactive. Adequate shielding of the preparation must be maintained at all times.

Do not use after the expiration time and date (30 hours after calibration time) stated on the label.

The prescribed Sodium Iodide I 123 dose should be administered as soon as practical from the time of receipt of product (i.e., as close to calibration time as possible) in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time.

Sodium Iodide I 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 Sodium Iodide I 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 Sodium Iodide I 123 can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Sodium Iodide I 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 I 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

Although rare, reactions associated with the administration of Sodium Iodide isotopes for diagnostic use include, in decreasing order of frequency, nausea, vomiting, chest pain, tachycardia, itching skin, rash and hives.

DOSAGE AND ADMINISTRATION

The recommended oral dose for the average patient (70 kg) is 3.7 to 14.8 MBq (100-400 uCi). The lower part of the dosage range 3.7 MBq (100 uCi) is recommended for uptake studies alone, and the higher part 14.8 MBq (400 uCi) for thyroid imaging. The determination of I 123 concentration in the thyroid gland may be initiated at six hours after administering the dose and should be measured in accordance with standardized procedures.

The patient dose should be measured by a suitable radioactive calibration system immediately prior to adminstration. The capsules can be utilized up to thirty (30) hours after calibration time and date. Thereafter discard the capsules in accordance with standard safety procedures. The user should wear waterproof gloves at all times when handling the capsules or container.

RADIATION DOSIMETRY

The estimated absorbed radiation doses to several organs of an average patient (70 kg) from oral administration of the maximum dose of 14.8 MBq (400 uCi) of I 123 are shown in Table 4 for thyroid uptakes of 5, 15, and 25%. For comparison at these three values of thyroid uptake, the estimated radiation doses from doses of 3.7 MBq (100 uCi) I 131, also used as thyroid imaging agent, are also included.

Table 4
Radiation Dose Estimates as a Function of Maximum Thyroid Uptake for I 123[1] Sodium Iodide At Time of Calibration and Expiry Compared to I 131

Target Organ	Maximum Thyroid Uptake (%)	Estimated Radiation Absorbed Dose: I 123 mGy/14.8 MBq (rads/400 uCi) TOC		I 123 mGy/14.8 MBq (rads/400 uCi) TOE		I 131 mGy/3.7 MBq (rads/100 uCi)	
Thyroid	5	25	(2.5)	75	(7.5)	260	(26)
	15	77	(7.7)	230	(23)	780	(78)
	25	130	(13)	410	(41)	1300	(130)
Liver	5	0.089	(0.0089)	0.13	(0.013)	0.16	(0.016)
	15	0.10	(0.010)	0.18	(0.018)	0.28	(0.028)
	25	0.11	(0.011)	0.24	(0.024)	0.41	(0.041)
Ovaries	5	0.18	(0.018)	0.19	(0.019)	0.18	(0.018)
	15	0.17	(0.017)	0.18	(0.018)	0.18	(0.018)
	25	0.16	(0.016)	0.18	(0.018)	0.17	(0.017)
Red Marrow	5	0.12	(0.012)	0.16	(0.016)	0.15	(0.015)
	15	0.12	(0.012)	0.18	(0.018)	0.21	(0.021)
	25	0.13	(0.013)	0.19	(0.019)	0.27	(0.027)
Stomach Wall	5	0.96	(0.096)	0.98	(0.098)	1.7	(0.17)
	15	0.89	(0.089)	0.91	(0.091)	1.5	(0.15)
	25	0.82	(0.082)	0.85	(0.085)	1.4	(0.14)
Small Intestine	5	0.70	(0.070)	0.71	(0.071)	1.2	(0.12)
	15	0.65	(0.065)	0.67	(0.067)	1.1	(0.11)
	25	0.60	(0.060)	0.62	(0.062)	0.99	(0.099)
Testes	5	0.076	(0.0076)	0.089	(0.0089)	0.12	(0.012)
	15	0.072	(0.0072)	0.087	(0.0087)	0.12	(0.012)
	25	0.068	(0.0068)	0.085	(0.0085)	0.12	(0.012)
Bladder	5	1.7	(0.17)	1.7	(0.17)	2.9	(0.29)
	15	1.6	(0.16)	1.6	(0.16)	2.7	(0.27)
	25	1.4	(0.14)	1.5	(0.15)	2.4	(0.24)
Skeleton	5	0.11	(0.011)	0.16	(0.016)	0.12	(0.012)
	15	0.12	(0.012)	0.18	(0.018)	0.18	(0.018)
	25	0.14	(0.014)	0.21	(0.021)	0.24	(0.024)
Total Body	5	0.11	(0.011)	0.16	(0.016)	0.24	(0.024)
	15	0.14	(0.014)	0.25	(0.025)	0.47	(0.047)
	25	0.17	(0.017)	0.35	(0.035)	0.70	(0.070)

[1] Concentration at Time of Calibration: 97% I 123, 2.9% I 125, 0.1% Te 121
Concentration at Time of Expiry: 87.2% I 123, 12.4% I 125, 0.4% Te 121
All Iodine Kinetics treated as in MIRD Dose Estimate Report 5. Bladder voiding interval, 4.8 hours.
Tellurium 121 dosimetry taken from ICRP 30.

HOW SUPPLIED

Sodium Iodide I 123 is supplied as capsules for oral administration in strengths of 3.7 MBq (100uCi), 7.4 MBq (200 uCi) and 14.8 MBq (400uCi) at time of calibration. Each gelatin capsule contains 0.45 - 0.65 g of sucrose. The capsules are packaged in plastic vials containing either one or five capsules of a single strength per vial. The plastic vial is packaged in a lead shield with a label identical to that affixed to the plastic vial. A package insert is supplied with each lead shield.

The -I (Iodine) content for a 100 uCi capsule is 5.2 ng the -I content for a 200 uCi capsule is 10.4 ng the -I content for a 400uCi capsule is 20.8 ng at TOC.

Dispense and preserve capsules in well-closed containers that are adequately shielded. Store at room temperature, below 86ºF.

The contents of the capsules are radioactive. Adequate shielding and handling precautions must be maintained.

THIS PACKAGE INSERT ISSUED MAY 2003

CardinalHealth

Denver, CO 80011

Sodium Iodide I 123

1-020-14 Printed in U.S.A.

GE Healthcare

Sodium Iodide I-123 Capsules

For Oral Administration

R_X ONLY

Product Numbers: 2031, 2032

Sodium Iodide 1-123

DESCRIPTION

GE Healthcare (Medi-Physics, Inc.) Sodium Iodide I-123 for diagnostic use is supplied as capsules for oral administration. At calibration time, each capsule has an activity of 3.7 MBq (100 µCi) or 7.4 MBq (200 µCi). Each gelatin capsule contains not more than 20 µg of sodium hydroxide and not more than 1 g of sucrose. Each capsule also contains FD&C Yellow No. 6.

Sodium Iodide I-123 is an odorless compound, freely soluble in water. The I-123 is produced in an accelerator by bombardment of enriched Xe-124 with protons [Xe-124 (p,2n) Cs-123 → Xe-123 → I-123].

The radionuclidic composition at calibration time is not less than 99.5% I-123 and not more than 0.5% all other nuclides (Te-121, I-125, I-131, I-126, I-124, I-130, I-121 and Na-24). The radionuclidic composition at expiration time is not less than 98.28% I-123 and not more than 1.72% all other nuclides (Te-121, I-125, I-131, I-126, I-124, I-130, I-121 and Na-24).

Molecular formula: $Na^{123}I$

Molecular Weight: 145.99

PHYSICAL CHARACTERISTICS

Iodine-123 decays by electron capture with a physical half-life of 13.2 hours. The photon that is useful for detection and imaging studies is listed in Table 1.

Table 1. Principal Radiation Emission Data[1]

Radiation	Mean %/Disintegration	Mean Energy (keV)
Gamma-2	83.4	159

[1]Kocher, David C., Radioactive Decay Data Tables, DOE/TIC-11026, 122(1981)

EXTERNAL RADIATION

The specific gamma ray constant for I-123 is 11.2 µC/Kg-MBq-hr (1.6 R/hr-mCi) at 1 cm. The first half value thickness of lead (Pb) for I-123 is 0.005 cm. A range of coefficients of attenuation of the radiation emitted by this radionuclide can be achieved by the interposition of various thicknesses of pb and is shown in table 2. For example, the use of 1.63 cm of lead will decrease the external radiation exposure by a factor of about 1,000.

Table 2. Radiation Attenuation by Lead Shielding[2]

Shield Thickness (Pb) cm	Coefficient of Attenuation
0.005	0.5
0.10	10^{-1}
0.88	10^{-2}
1.63	10^{-3}
2.48	10^{-4}

[2]Method of Calculation: Data supplied by Oak Ridge Associated Universities, Radiopharmaceutical Internal Dose Information Center, 1984.

To permit correction for the physical decay of I-123, the fractions that remain at selected intervals after the time of calibration are shown in Table 3.

Table 3. Physical Decay Chart: Iodine-123, Half-Life 13.2 Hours

Hours	Fraction Remaining
0*	1.000
3	0.854
6	0.730
9	0.623
12	0.533
15	0.455
18	0.389
21	0.332
24	0.284

*Calibration Time

CLINICAL PHARMACOLOGY

Sodium Iodide is readily absorbed from the upper gastrointestinal tract. Following absorption, the iodide is distributed primarily within the extracellular fluid of the body. It is concentrated and organically bound by the thyroid and concentrated by the stomach, choroid plexus, and salivary glands. It is also promptly excreted by the kidneys. The normal range of urinary excretion in 24 hours is reported to be 37-75% of the administered dose, varying with thyroid and renal function. The iodide concentrating mechanism of the thyroid, variously termed the iodide "trap" or "pump," accounts for an iodide concentration some 25 times that of the plasma level, but may increase to as much as 500 times under certain conditions.

"Trapped" iodide is oxidized to iodine and organically incorporated so rapidly that the trap contains less than 0.2% free iodide in comparison to organically bound iodine. This process results in a further concentration of iodine in the thyroid gland to about 500 fold that of blood. The iodinated organic compounds consist chiefly of thyroxine (T_4) and triiodothyronine (T_3), which are bound to thyroglobulin in the follicular colloid. The T_4 and T_3 are released by enzymatic proteolysis of thyroglobulin into the blood, where they are specifically bound and transported by plasma thyroid binding proteins. These reactions are mostly under the control of anterior-pituitary thyroid stimulating hormone (TSH) and hypothalamic thyroid releasing factor (TRF). Thyroid uptake is usually increased in hyperthyroidism and in goiter with impaired hormone synthesis. Uptake is usually decreased in hypothyroidism and normal or decreased in hyperthyroidism treated with iodide. It should be noted that the uptake of tracer iodine is a function of stable iodide concentration in the serum as well as of alterations in thyroid physiology.

INDICATIONS AND USAGE

Sodium Iodide I-123 is indicated for use in the evaluation of thyroid function and/or morphology.

CONTRAINDICATIONS

None known.

WARNINGS

Females of childbearing age and pediatric patients under 18 should not be studied unless the benefits anticipated from the performance of the test outweigh the possible risk of exposure to the amount of ionizing radiation associated with the test.

PRECAUTIONS

General

The contents of the capsule 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.

The uptake of I-123 may be decreased by recent administration of iodinated contrast materials, by intake of stable iodine in any form, or by thyroid, antithyroid, and certain other drugs. Accordingly, the patient should be questioned carefully regarding diet, previous medication, and procedures involving radiographic contrast media.

Sodium Iodide I-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 effects on fertility in male or female animals.

Pregnancy Category C

Animal reproduction studies have not been conducted with this drug. It is also not known whether Sodium Iodide I-123 can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Sodium Iodide I-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 10) days following the onset of menses.

Nursing Mothers

Since I-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 pediatric patients have not been established.

Geriatric Use

Clinical studies of Sodium Iodide I-123 Capsules did not include sufficient numbers of subjects aged 65 and over to determine whether they respond

differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

ADVERSE REACTIONS

Although rare, reactions associated with the administration of Sodium Iodide isotopes for diagnostic use include, in decreasing order of frequency: nausea, vomiting, chest pain, tachycardia, itching skin, rash and hives.

Allergic type reactions have been reported infrequently following the administration of iodine-containing radiopharmaceuticals.

DOSAGE AND ADMINISTRATION

The recommended oral dose range for diagnostic studies of thyroid function in the average adult patient (70 kg) is 3.7-14.8 MBq (100-400 µCi) of Sodium Iodide I-123. The lower portion of the range 3.7 MBq (100 µCi) is recommended for uptake studies alone, and the higher portion 14.8 MBq (400 µCi) for thyroid imaging.

Concentration of I-123 in the thyroid gland should be measured in accordance with standardized procedures. Consideration should be given to the use of proper instrumentation in thyroid imaging with Sodium Iodide I-123. The determination of I-123 concentration in the thyroid gland may be initiated at six hours after administration of the dose.

Use contents of the capsule up to 24 hours after calibration time and date. Thereafter, discard the capsule with its contents. The user should wear waterproof gloves at all times when handling the capsule.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

RADIATION DOSIMETRY

The estimated absorbed radiation doses to several organs of an average patient (70 kg) from oral administration of 14.8 MBq (400 µCi) of I-123 supplied by GE Healthcare (Medi-Physics, Inc.), are shown in Table 4 for thyroid uptakes of 5, 15, and 25%.

The figures in Table 4 represent the maximum possible absorbed radiation dose when the recommended dose of GE Healthcare (Medi-Physics, Inc.) Sodium Iodide I-123 is administered at calibration or at expiry.

Table 4. Radiation Dose Estimates for I-123 Sodium Iodide

		Estimated Radiation Absorbed Dose			
	Maximum	TOC*		TOE*	
	Thyroid	mGy	rad	mGy	rad
Organ	Uptake (%)	14.8 MBq	400 µCi	14.8 MBq	400 µCi
Bladder (voiding interval = 4.8 hrs.)	5	1.4	0.14	1.5	0.15
	15	1.3	0.13	1.4	0.14
	25	1.2	0.12	1.3	0.13
Stomach Wall	5	0.98	0.098	1.0	0.10
	15	0.91	0.091	0.96	0.096
	25	0.83	0.083	0.89	0.089
Small Intestine	5	0.26	0.026	0.37	0.037
	15	0.25	0.025	0.36	0.036
	25	0.23	0.023	0.34	0.034
Liver	5	0.10	0.010	0.15	0.015
	15	0.10	0.010	0.15	0.015
	25	0.097	0.0097	0.15	0.015
Ovaries	5	0.22	0.022	0.34	0.034
	15	0.21	0.021	0.32	0.032
	25	0.20	0.020	0.31	0.031
Bone Surfaces	5	0.14	0.014	0.19	0.019
	15	0.15	0.015	0.20	0.020
	25	0.16	0.016	0.21	0.021
Red Marrow	5	0.10	0.010	0.15	0.015
	15	0.10	0.010	0.16	0.016
	25	0.10	0.010	0.16	0.016

Continued

Table 4. Continued

		Estimated Radiation Absorbed Dose			
	Maximum	TOC*		TOE*	
	Thyroid	mGy	rad	mGy	rad
Organ	Uptake (%)	14.8 MBq	400 µCi	14.8 MBq	400 µCi
Testes	5	0.11	0.011	0.19	0.019
	15	0.094	0.0094	0.19	0.019
	25	0.089	0.0089	0.18	0.018
Thyroid	5	9.5	0.95	9.5	0.95
	15	29	2.9	29	2.9
	25	51	5.1	51	5.1
Total Body	5	0.11	0.011	0.16	0.016
	15	0.12	0.012	0.17	0.017
	25	0.13	0.013	0.18	0.018

I-123 data supplied by Oak Ridge Associated Universities, Radiopharmaceutical Internal Dose Information Center, 1991.

*Concentrations assumed by Oak Ridge for calculations:

Time of Calibration: 99.5% I-123, 0.5% Te-121.

Time of Expiry: 98.3% I-123, 1.7% Te-121.

HOW SUPPLIED

Sodium Iodide I-123 capsules for oral administration are supplied as follows:

Product No. 2031 - 3.7 MBq (100 µCi) - orange capsule - NDC 17156-201-05

Product No. 2032 - 7.4 MBq (200 µCi) - orange/white capsule - NDC 17156-522-05

At calibration time, each capsule has an activity of 3.7 MBq (100 µCi) or 7.4 MBq (200 µCi). Each gelatin capsule contains not more than 20 µg sodium hydroxide and not more than 1 g of sucrose. Each capsule also contains FD&C Yellow No. 6.

This radiopharmaceutical is licensed by the Illinois Emergency Management Agency for distribution to persons licensed pursuant to 32 Ill. Admin. Code Section 330.260(c) and Section 335, Subpart D, 335.3010 and Subpart E, 335.4010 or under equivalent licenses of an Agreement State or a Licensing State.

The single dose capsule is supplied with a desiccant in a plastic container that is enclosed in a labeled lead shield.

One extra shield label is supplied with each single capsule for attachment to a shielded container other than the one in which the drug product is supplied. The capsule should be stored at room temperature below 30°C, 86°F. The expiration date has been determined to be 24 hours after calibration time and date.

DISPOSAL

Users should monitor the amount of radioactivity present prior to disposal of this product. Storage and/or disposal of Sodium Iodide I-123 should be in accordance with the conditions of Agreement State licenses and regulations, or other regulatory agency authorized to license the use of radionuclides.

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