

## **<sup>32</sup>P sodium phosphate**

<sup>32</sup>P sodium phosphate is only available with a doctor's statement.

### **1. Indications**

Treatment of:

- Polycythaemia vera (PV)
- Essential Thrombocythaemia (ET)
- Bone pain associated with skeletal metastases

### **2. Preparation**

Supplied as solution destined for direct oral or intravenous administration to the patient in aliquots varying in activity depending on therapeutic application.

### **3. Quality control**

*European Pharmacopeia*

*pH:* 6-8

#### *Phosphates*

Maximum 89 µg/MBq

*Test solution:* dilute the preparation to be examined with water to give a radioactive concentration of 370 kBq of <sup>32</sup>P per ml. Mix in a volumetric flask, with shaking, 1,0 ml of this solution with a mixture of 0,5 ml of ammonium molybdate solution, 0,5 ml of a 2,5 g/l solution of ammonium vanadate and 1ml of perchloric acid, and dilute to 5,0 ml with water.

*Reference solution:* Prepare at the same time and in the same manner as the test solution, using 1,0 ml of a solution containing 33 mg of orthophosphate ion per ml.

After 30 min, the test solution is not more intensely colored than the reference solution.

#### *Radionuclide purity*

Beta-ray spectrometry

Spectrum does not differ significantly from that obtained with <sup>32</sup>P-solution

#### *Radiochemical purity <sup>32</sup>P Phosphate*

Ascending paper chromatography

*Test solution:* dilute the preparation to be examined with water until the radioactivity is equivalent to 10.000-20.000 counts per min per 10 µl.

*Reference solution:* a solution of phosphoric acid containing 2 mg of phosphorus per ml.

*Paper:* pure cellulose grade thin paper (for example Whatman). Use a strip of paper 25 mm wide and about 300 mm long.

*Mobile phase:* mixture of 0,3 ml of ammonia, 5 g of trichloroacetic acid, 25 ml of water and 75 ml of 2-propanol.

*Application:* 10 µl of the reference solution, then apply to the same point of application 10 µl of the test solution.

*Development:* for 16 h.

*Drying:* in air.

*Detection:* spray with 50 g/l solution of perchloric acid and then with a 10 g/l solution of ammonium molybdate. Expose the paper to hydrogen sulfide. A blue colour develops. Determine the distribution of radioactivity using a suitable detector.

*Limit:* <sup>32</sup>P phosphate: ≥95%.

#### **4. Contraindications**

Total white cell count <2,0x10<sup>9</sup>/l

Pregnancy

Rapidly deteriorating renal function

#### **5. Interactions**

*Chemotherapy and radiotherapy*

With respect to the adverse effect on bone marrow, <sup>32</sup>P Sodium phosphate should not be administered simultaneously with chemotherapy or radiotherapy.

*Oestrogen and androgen preparations*

The use of oestrogen and androgen preparations may affect the metabolism and retention of labelled phosphorus <sup>32</sup>P.

#### **6. Adverse reactions**

Leukopenia and thrombocytopenia.

Incidence of leukemia is increased in patients with <sup>32</sup>P and varies between 2% and 15% at 10 years. This risk is similar to chemotherapy.

#### **7. Biodistribution & pharmacokinetics**

During the first 3 days after intravenous injection of sodium phosphate <sup>32</sup>P, this radiopharmaceutical is distributed uniformly within the phosphate pool throughout the body. After 3 days, sodium phosphate <sup>32</sup>P is deposited primarily in the bone marrow, liver and spleen. About 85% of the administered dose localizes to bone because of its high inorganic phosphorous content. The liver also accumulates the agent due to its high phosphorous turnover rate.

Only 5-10% is excreted in the urine during the first 24 h and approximately 20% during the first week. Although 90% of the agent is filtered by the glomeruli, 85-90% is reabsorbed primarily in the proximal tubule. Whole blood studies using PV patients indicated two-compartment pharmacokinetics with mean half-lives of 1,7 and 22,5 days. The biological half-life in bone marrow varied from 9-27 days depending on the bone.

#### **8. Stability**

The shelf life for this product is 14 days from the date of manufacture. Store at room temperature.

### 9. Literature:

- Tennvall J, Brans B, EANM procedure guideline for <sup>32</sup>P phosphate treatment of myeloproliferative diseases. *Eur J Nucl Med Mol Imaging* (2007) 34:1324-7.
- National Academies; Health effects of project shad chemical agent: phosphorous-32 5radiotoxic effects); spring 2004.
- SmPC <sup>32</sup>P-Sodium orto-phosphate for injection.