
1) 0.1 mCi of Tc-99m-MDP was injected intracutaneously in dorsum pedis. R.I. activity of the area injected was measured in a period of 30 seconds. 4 cases of hysterectomied uterine cancer and 4 cases of lung cancer were examined. Decay curve of R.I. activity showed two components, and the approximate expression could be formulated the following:

\[ f(t) = \alpha \exp(-0.693 \cdot t/T_1) + \beta \exp(-0.693 \cdot t/T_2) \]

where \( \alpha, \beta \) are extrapolation number and \( T_1, T_2 \) are half time.

2) ROI was selected in the region of the groin, and measured R.I. activity after intracutaneous injection of 2 mCi Tc-99m-MDP in the dorsum pedis. 3 cases of panhysterecetomied uterine cancer, 8 non-operation primary irradiation cases of uterine cancer and 4 cases of other disease were examined. In the hysterectomied cases R.I. activity reached to peak much slower than in the primary irradiation cases.

---

INFLUENCE OF THE CATHETER-TO-POSITION UPON THE DISTRIBUTION PATTERN OF CONTINUOUS INTRA-ARTERIALLY INFUSED CHEMOTHERAPEUTIC AGENT. H.Ichinohe, Serious Diseases Institute, Kesshi Hospital, Kuroishi-shi.

The whole body scanning showed the distribution pattern of infused drug in continuous intra-arterially infused chemotherapy by using a gamma camera and infused Rf(Tc-99m MAA) from catheter. I measured the whole body scanning counts without shield(A) and with lead shield(B) on ROI and natural back ground counts(BC). Then I calculated the distribution-ratio on ROI as following. \( (A-B/A-BC) \times 100(%) \). It was easy to find a certain relation between the catheter-top-position and the distribution-ratio. As a result of investigating data, there were about 4 catheter-top-positions in aorta. Case by case, we putted the catheter-top in better position and prevented technical side effects and measured roughly total dose on ROI.

References
