What is P32 Therapy?

Most commonly, Sodium Phosphate or P³² therapy is indicated by your doctor for the treatment of polycythemia rubra vera, a condition in which there is an abnormal increase in the number of circulating red blood cells.

P³² therapy may also be used in treating the symptoms associated with chronic myelocytic leukaemia, chronic lymphocytic leukaemia and skeletal metastases.

Some people require more than one dose of P³² before the full effect is observed. P³² is not a complete cure for the disease process, but may help to control it by suppressing the red cell overactivity.

Preparation for the therapy

This treatment uses a product that is not registered by the Therapeutic Goods Administration (TGA).

It has undergone little or no evaluation of its safety, efficacy, or quality by the TGA. It may have unknown risks and late side effects. Further information can be obtained from your referring doctor or the Nuclear Medicine department.

If you are taking any medications you should keep taking them unless your doctor has advised otherwise.

During the therapy

The P³² therapy is administered intravenously either via a cannula or small butterfly needle. The cannula / needle will be removed before you go home.

The therapy doesn't usually make people feel ill or limit their usual activities. Following the injection your body will give off little radiation meaning that you do not need to be isolated from other people or pets.

Risks of P³² therapy
Your doctor has determined that the benefit of you having this therapy outweigh the potential risks. Your referring doctor should discuss the risks of this therapy with you prior to your first appointment. If you have any further concerns the contact the Nuclear Medicine department prior to your appointment with us.

**Following your therapy**

It is estimated that 70% most of the $^{32}$P is absorbed by the soft tissues while 30% is taken up by the bones. Some of the $^{32}$P will naturally be excreted in your urine, with a smaller amount excreted in your faeces. We encourage you to increase your fluid intake following the administration and also follow strict toileting hygiene practices.

We advise that you **SHOULD NOT** have any urine tests for 4 days following the administration of $^{32}$P.

Follow-up blood tests are usually required to check response after treatment. Follow directions from your treating doctor.

**Can I have this test while I am pregnant or breast feeding?**

You must not have $^{32}$P therapy if you are pregnant or breastfeeding. If there is any possibility that you may be pregnant then your status will have to be confirmed via blood test. This can be organised by the Nuclear Medicine department on the day of your therapy. The results usually return in 1 hour.

This examination may have been deemed suitable for you to undergo while you are breastfeeding. You will need to cease breastfeeding for 12 hours following the administration of the radiotracer. It is advised that you express and discard your breast milk during this period. You may resume routine breast feeding after 12 hours.

As part of the procedure you will be given the opportunity to further discuss any concerns that you may have including the potential risks and benefits with one of our staff members.

| It is important to bring any previous test results and your Medicare card with you |
| Please feel free to call us on 6244 2439 if you have any questions or to reschedule |