MTTI Reports AMISCAN Phase II Clinical Results

West Chester, PA. April 12, 2006. Molecular Targeting Technologies announced today results of a trial conducted at four centers in North America testing of its lead product, AMISCAN, in reperfused and non-reperfused myocardial infarct patients.

Patients admitted to the emergency department with suspected acute MI and duration of chest pain up to 12 hours were simultaneously injected with AMISCAN and Tl-201. Four patients underwent percutaneous transluminal coronary angioplasty (PTCA) and the remaining 7 did not receive reperfusion therapy. SPECT imaging was performed between 1 and 3 hours after intravenous administration of AMISCAN. CK-MB, Troponin I and ECG recordings were obtained per protocol in addition to the clinical routine of the participating institution.

"All patients with PTCA showed positive AMISCAN uptake with or without residual blood pool activities within 1.5 hours after radiotracer administration. Six out of 7 patients with non-reperfused MI showed distinct AMISCAN uptake in the territory of acute MI, "said Dr. Neil Filipchuk, Foothills Hospital, Calgary, Canada. "AMISCAN has the potential to delineate the size, location and the extent of the heart attack."

"AMISCAN localizes in acute non-reperfused and reperfused myocardial infarction equally," stated Professor Ban An Khaw, Northeastern University, Boston, MA. "Visualization of MIs was possible by 1.5 hours after radiotracer injection; however, at 2 or 3 hours images of MIs were unequivocally visualized with no residual blood pool activity."

"In North America there are six million cases of suspected myocardial infarct every year, of which approximately 20% are equivocal or difficult to diagnose. Subsequently, it takes up to six billion dollars in healthcare cost due to prolonged time to rule in or rule out of acute myocardial infarction." Dr. Chris Pak, President and CEO of MTTI, commented, "Through its unique ability to provide an early diagnosis, AMISCAN will be a powerful and cost effective tool in the management of heart attacks."

*ABSTRACT: Acute Detection of Reperfused and Non-reperfused Acute Myocardial Infarction with Tc-99m Glucaric Acid.

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Targeting Technologies5, Inc. West Chester, PA., and Foothills Hospital6, Calgary, Canada. *Abstracts published at the 53rd Annual Meeting of the Society of Nuclear Medicine

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