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Join 7,000 nuclear medicine professionals in reviewing the latest developments and state-of-the-art equipment in the field, participating in the intensive educational programs, reviewing posters, discussing developments with colleagues, and joining in any of a host of much talked-about extracurricular activities.

Don't miss this opportunity to learn, mingle with your colleagues, and visit with the exhibitors.

Continuing Education Courses
Refresher and state-of-the-art continuing education courses in chemistry, physics, quality assurance, cardiovascular nuclear medicine, PET, SPECT and NMR will supply up-to-the-minute approaches and procedures for all clinical settings.

Scientific Papers
This year's presentation of over 1,000 scientific papers and posters includes a distillation of the latest advancements and finest work achieved by outstanding scientists and physicians in the field of nuclear medicine. These papers, presented by the original authors, with over 30 subjects to choose from, will provide a unique opportunity for enhancing your knowledge or exploring new avenues in correlative areas of nuclear medicine. Ample time is allotted at these presentations for questions and discussions.

An extensive display of scientific posters and exhibits will augment the presentations.

Technologist Program
The ever-increasing importance of the role of the nuclear medicine technologist will be explored in our Technologist Program, and over 70 hours of clinical updates will provide chief and staff technologists with the latest in basic, intermediate, and advanced studies. This program will broaden expertise and enhance the technologist's contributions to nuclear medicine.

Audiovisuals, Books, Journals
The Society of Nuclear Medicine is continually adding to its library of audiovisuals, books, and other publications. A stop at the publications booth is well worth the time. Here you will find on display what the Society has to offer for year-round educational advancement.

Networking opportunities and job referral boards are available at special locations throughout the meeting as well as membership information at our membership booth.

Exposition
More than 100 pharmaceutical and equipment manufacturers will display their latest products in a lively atmosphere. These knowledgeable commercial representatives offer the technical depth our field demands, and they are valuable sources of timely and pertinent information.

Registration

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$85 average rate/night

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‡Side effects are usually mild and can include chest pain, dizziness, headache, hypotension, and nausea.

References:
4. Data on file, Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT.

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IV PERSANTINE®

Indications and Usage

IV Persantine® (dipyridamole USP) is indicated as an alternative to exercise in thallium myocardial perfusion imaging for the evaluation of coronary artery disease in patients who cannot exercise adequately.

Contraindications

Hypersensitivity to dipyridamole.

Warnings

Serious adverse reactions associated with the administration of intravenous Persantine® (dipyridamole) have included fatal and non-fatal myocardial infarction, ventricular fibrillation, symptomatic ventricular tachycardia, transient cerebral ischemia, and bronchospasm. In a study of 2911 patients given Intravenous Persantine® as an adjunct to thallium myocardial perfusion imaging, two types of serious adverse events were reported: (1) four cases of myocardial infarction (2.0%), two fatal (0.06%) and two non-fatal (0.06%); and (2) six cases of severe bronchospasm (0.2%). Although the incidence of these serious adverse events was small (0.3%, 10 of 3911), the potential clinical information to be gained through use of Intravenous Persantine® during thallium myocardial perfusion imaging, (see indications and Usage noting the rate of false positive and false negative results) must be weighed against the risk to the patient. Patients with a history of asthma may be at a greater risk for severe myocardial ischemia. Patients with a history of asthma may be at a greater risk for bronchospasm during IV Persantine use.

When thallium myocardial perfusion imaging is performed with intravenous Persantine, parenteral amitriptyline should be readily available for relieving adverse events such as bronchospasm or chest pain. Vital signs should be monitored during, and for 10-15 minutes following, the intravenous infusion of Persantine and an electrocardiographic tracing should be obtained using at least one chest lead. Should severe chest pain or bronchospasm occur, parenteral amitriptyline may be administered by slow intravenous injection (50-100 mg over 30-60 seconds) in doses ranging from 50 to 250 mg, in the case of severe hypotension. the patient should be placed in a supine position with the head tilted down if necessary, before administration of parenteral amitriptyline. 250 mg of amitriptyline does not relieve chest pain symptoms within a few minutes, sublingual nitroglycerin may be administered. If chest pain continues despite use of amitriptyline and nitroglycerin, the possibility of myocardial infarction should be considered. If the clinical condition of a patient with an adverse event permits a one minute delay in the administration of parenteral amitriptyline, thallium-201 may be injected and allowed to circulate for one minute before the injection of amitriptyline. This will allow initial thallium myocardial imaging to be performed before reversal of the pharmacological effects of Persantine on the coronary circulation.

Precautions

See Warnings.

Drug Interactions

Oral maintenance theophylline may abolish the coronary vasodilatation induced by intravenous Persantine® (dipyridamole) as an adjunct to exercise. This could lead to a false negative thallium imaging result.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies in animals have been performed to evaluate carcinogenic potential, mutagenic potential, or whether Thallous-201 affects fertility in males or females. Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capacity should be performed during the first few (approximately 10) days following the onset of menses.

Pregnancy Category

C: Adequate reproductive studies have not been conducted in animals with Thallous-201. It is also not known whether Thallous-201 affects fertility in males or females. Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capacity should be performed during the first few (approximately 10) days following the onset of menses.

Adverse Reactions

Adverse reaction information concerning intravenous Persantine® (dipyridamole) USP is derived from a study of 3911 patients in which intravenous Persantine was used as an adjunct to thallium myocardial perfusion imaging. The following reports of adverse reactions and the published literature have been noted.

Adverse Effects

Several adverse effects (fatal and non-fatal myocardial infarction, severe ventricular arrhythmias, Prinzmetal angina, and serious CVA abnormalities) are described above (see Warnings). In the study of 3911 patients, the most frequent adverse reactions were chest pain (91.4%), ECG changes (increase in QRS duration, 11.7%), bradycardia (12.5%), headache (12.5%), and dizziness (11.9%). Other adverse reactions occurring in greater than 1% of the patients in the study were chest pain (91.4%), headache (12.5%), dizziness (11.9%), electrocardiographic abnormalities ST-T changes (5.5%), chest pain (5.5%), bradycardia (4.6%), nausea (4.6%), flushing (3.4%), electrocardiographic abnormalities/tachycardia (3.2%), dizziness (2.5%), pain unspecified (2.8%), blood pressure tachy (1.6%), hypertension (1.5%), paroxysmal (1.4%), fatigue (1.3%), abdominal pain (1.3%), nausea (1.3%), and diarrhea (1.3%). Less common adverse reactions occurring in 1% or less of the patients within the study included: gastrointestinal: Dyspepsia (1.0%), vomiting (1.0%), diarrhea (0.9%), urinary tract infection (0.1%), nephritis (0.1%), hypokalemia (0.1%), and pyelonephritis (0.1%). Central Nervous System: Headache (1.0%), dizziness (0.9%), vertigo (0.9%), and syncope (0.9%). Neurologic System: Seizures (0.1%), tremors (0.1%), and limb weakness (0.1%). Endocrine System: Diabetes (0.6%), and hyperglycemia (0.3%). Other: Myalgia (0.9%), back pain (0.8%), injection site reaction unspecified (0.8%), diaphores (0.4%), asthenia (0.3%), malaise (0.3%), athergia (0.3%), injection site pain (0.1%), rigour (0.1%), rash (0.1%), conjunctivitis (0.1%), dyspnea (0.1%), ankle edema (0.1%), and pharyngitis (0.1%). Cardiac System: Myocardial infarction (0.1%), atrial fibrillation (0.1%), and supraventricular tachycardia (0.1%). Dermatologic System: Acne (0.3%), urticaria (0.3%), and pruritus (0.3%). Laboratory: Clotting mechanism (0.1%), and WBC unspecified (0.1%).
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Positions Available

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NUCLEAR CARDIOLOGIST/NUCLEAR MEDICINE PHYSICIAN. Faculty position in active expanding Nuclear Cardiology Laboratory in Cardiology Division, Department of Medicine, Hahnemann University available July 1, 1991. Priority given to candidates with BE/BC in Internal Medicine or Cardiology. Nukem experience required. Academic rank, position and compensation commensurate with qualifications. Please reply to: Eric L Michelson, MD, Hahnemann University, M.S. 470, Broad & Vine, Philadelphia, PA 19102-1192.

Fellowship
FELLOWSHIP IN BRAIN SPECT IMAGING—The Department of Radiology at the Brigham and Women’s Hospital/Harvard Medical School, has an opening for one fellowship year, and an optional second year, in brain SPECT imaging. The department has a dedicated system of PET and SPECT imaging and four brain imaging and four brain imaging rotating-head GE units. The department does approximately 1,000 brain SPECT examinations per year, including perfusion, tumor evaluation, and 200,000 studies. Ongoing research areas include dementia, substance abuse, tumor detection and therapy, and cerebrovascular disease. Please send curriculum vitae to: B. Leonard Holman, MD, Chairman, Department of Radiology, Brigham and Women’s Hospital, 75 Francis Street, Boston, MA 02115. Brigham and Women’s Hospital/Harvard Medical School is an affirmative action/equal opportunity educator and employer.

The Division of Nuclear Medicine of the Department of Radiology at the Hospital of the University of Pennsylvania is offering a 1-2 year FELLOWSHIP IN BRAIN IMAGING RESEARCH. This Fellowship includes training in basic and practical applications of PET, SPECT, MR and NMR spectroscopy in CNS disorders. Previous training in Nuclear Medicine or in Nuclear Magnetic Resonance is required. For further information, contact: Abas Alavi, Chief, Division of Nuclear Medicine, One Donner Bldg., Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104. The Hospital of the University of Pennsylvania is an Affirmative Action/Equal Opportunity Employer.

Harvard Medical School’s Joint Program in Nuclear Medicine at Children’s Hospital and Harvard Medical School’s Women’s Hospital announces FELLOWSHIPS IN BRAIN SPECT IMAGING NUCLEAR MEDICINE beginning July 1991 or July 1992. This one-year fellowship will include, research experience, and investigative training. Opportunities for advanced second year work will also be available. Requirements for entry include training in an appropriate specialty or one year of general nuclear medicine. For information, please contact Dr. S. J. Adelsonin, 25 Shattuck Street, Boston, MA 02115.

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Full-time career opportunities are available at the Department of Veterans Affairs Medical Center, Dallas, TX, for SUPERVISORY NUCLEAR MEDICINE TECHNOLOGIST with CNMT or TRN certification or eligibility. The Dallas VA is associated with the University of Texas Southwestern Medical School and offers a full range of nuclear medicine procedures including sonography. Benefits include health insurance, retirement, full coverage Medicare, and sick leave policies. Interested candidates may contact Don Ball at (214) 372-7032, extension 5070.


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Areas of emphasis currently include cardiac and pediatric nuclear medicine. An interest in neurounclear medicine and brain tomography would be desirable but not essential. An interest in clinical and/or basic research is desirable.

Applicants should respond as soon as possible with a letter of interest and current curriculum vitae. Please direct inquiries to:

Douglas F. Eggl, M.D., Chief
Division of Nuclear Medicine
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36A The Journal of Nuclear Medicine • Vol. 32 • No. 2 • February 1991
Nuclear Medicine Technologists

Akron City Hospital, a 505-bed teaching hospital, medical research facility and member of the Summa Health System, is seeking 3 Nuclear Medicine Technologists due to expansion. These are full time day shift positions in our progressive state-of-the-art department which includes spect imaging with Triad and Biad cameras and has two Nuclear Medicine Physician Specialists on staff. Applicants must be graduates of an AMA approved school of Nuclear Medicine Technology and be registered. We offer an excellent benefit package and competitive salary. If qualified, please submit resume or contact: Dept. Of Human Resources, (216)375-3255, Akron City Hospital, 525 East Market St., Akron, Ohio 44309. Equal opportunity employer.

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Term and permanent appointments are available. Individuals eligible for sabbatical leave are encouraged to contact the Program Director. Australia offers a temperate climate and a relaxed social environment which combine to provide an attractive quality of life.

Expressions of interest along with resume should be sent to:
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Survey and Count Rate Meter
Victoreen introduces its newest survey and count rate meter, Model 190. The meter is compatible with GM detector and scintillation probes operating from 300 to 1300 volts. Depending on probe selection, the Model 190 detects alpha, beta, gamma, or X-ray radiation within an operating range of 0.001 mR/hr to 1 R/hr (1 CPM to 1,000,000 CPM). The unit is available with either an MHV or BNC connector to provide versatility in probe selection. The meter is housed in a lightweight plastic case designed for portability and ruggedness. Measurement results are indicated on a backlit front panel LED that includes a 51-element analog bargraph, a scale multiplier, a detector range bargraph, and a 16-character alphanumeric display. The display provides a digitized average of the bargraph value and displays operational information. The survey meter features several user-selectable parameters, entered via the top panel pushbuttons or the optional infrared communicator. Rate/Integr allows the user to select the mode of operation: count rate or integrated counts. Mode rollover and displays the available measurement units for the selected mode of operation. Light activates a background light for a preset time period. Log enters sequentially labels the displayed data into a data log. Resp Time rollover and displays available response times (3, 6, 12, and 24 seconds) for user selection. Audio allows the user to control the volume of the audio indication and mute the sound if desired. An infrared two-way adaptor, mounted on top of the meter, provides positive keying with the instrument for stable connection and communication. Each unit is supplied with a probe holder kit, and belt clips are available. Margaret Meek, Director of Marketing Services, Victoreen, Inc., 6080 Cochran Road, Cleveland, OH 44139. (216) 248-9300.

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Kahl Scientific Instrument Corporation has introduced an auto-timed vari-vortex mixer, Model VM3A. This device will uniformly vortex-mix up to 100 samples with an easily preselected speed and time. This powerful mixer provides excellent reliability and ruggedness in a compact and lightweight unit. The mixer allows significant reductions in processing time, sample-contamination errors, and sample identification errors, while providing rapid throughput and versatility. The controls for power, speed, and time are conveniently located on the front panel. The mixer comes with cushioned stainless-steel trays that can be easily removed. The trays, also available separately, hold 100 standard tubes (12 x 75 mm) for batch-processing and are visible during operation. The mixer has a panel-lamp for its 115 V, 60 Hz input and is mounted on oversize suction-cups to prevent creeping during operation. Gerald J. Kahl, Vice President, Kahl Scientific Instrument Corporation, PO. Box 1166, El Cajon, CA 92022. (619) 444-2158.

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Atomic Products Corporation offers three models of dose calibrators, Atomlab 100, Atomlab 200, and Atomlab 300. Equipped with advanced electronics and software packages, all three units facilitate simple and quick measurement of radionuclides with results that easily surpass the latest, most stringent regulatory performance standards. In addition, the calibrators can all be used in conjunction with a PC interface to maintain department data. The calibrators offer push-button ease in isotope selection and calibration. There are 13 isotope keys: 10 that are preprogrammed for the most commonly used radionuclides and 3 that can be programmed for user-defined radionuclides. Any of the 10 preprogrammed keys may also be reprogrammed. Activity measurements are displayed on the bright easy-to-read 4-digit LED display. Background correction, zero adjustment, and range selection are automatically performed. The display reads in Curie or Becquerel units and display updates occur every 0.5-1 second. The Atomlab 300, which is specially designed for PET, allows two-way communication with the department PC, enabling the PC to drive the dose calibrator. The Atomlab 200 is a complete nuclear medicine calibration and documentation system. The enhanced dose calibrator, in addition to duplicating all functions of the Atomlab 100, performs laboratory management and record-keeping tasks, inventory control, pharmaceutical quality assurance, and high precision dose calculations, including volume determination and decay charts. Atomic Products Corporation, P.O. Box 702, Shirley, NY 11967. (516) 924-9000.

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Joint Venture for Mobile PET Centers

Medical Imaging Technologies, Inc. (Meditech) and Northern Shared Medical Services (Shared Medical) have announced a joint venture to establish five mobile PET networks in the U.S. Meditech, headquartered in Knoxville, TN has been developing fixed-site clinical PET centers nationally through joint ventures with hospitals, imaging centers, and physician groups. Shared Medical, based in Middleton, WI, has been developing and operating mobile service networks since 1980. By combining Meditech’s expertise in PET technology and clinical operations with Shared Medical’s proven mobile service management capabilities, the companies believe they are uniquely qualified to deliver mobile PET services. The PET networks will be marketed to hospitals and physicians under the name MEDISHARE PET Services. Meditech and Shared Medical will share ownership and operations of the mobile PET networks that they develop. Vince Montsinger, Vice President, Medical Imaging Technologies, Inc., Advantage Place, Suite 230, 308 North Peters Road, Knoxville, TN 37922. (615) 690-1371.

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MicroMath Scientific Software announces the release of EQUIL 2.0, an enhanced version of its EQUIL 1.0 software program. Four major changes have been implemented: an expanded database, approximately double that of the first version; an enthalpy of reaction feature that allows equilibrium calculations for solutions at different temperatures; an expansion of the methods available to calculate the activity coefficient; an enhanced spotting system that provides a warning before the calculations for specified solutions fail. Equil 2.0 requires 640K of memory, two floppy disk drives, a graphics adapter, and MS-DOS 3.1 or higher. Tree Brown Hayes, MicroMath Scientific Software, P.O. Box 21550, Salt Lake City, UT 84121. (801) 943-0290.

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Polar Mapping Poster and Software

Elscent, Inc. has created an instructional, fully illustrated poster using the Cedars-Sinai polar mapping technique. The laminated full-color poster demonstrates functional anatomy with three-dimensional and polar views of the horizontal short and long axes and vertical long axis slice sections during stress and redistribution phases. Three patient studies are graphically illustrated as a ready reference: multiple views of normal myocardial perfusion, extensive ischemia of the inferior and septal walls, and myocardial infarction with large fixed defects in the inferior and lateral walls. In addition, basal, apical, and septal views of the heart during stress and redistribution are shown. The 26" × 30" poster depicts SPECT studies, obtained with a rotating gamma camera and Elscent’s APEX computer. Elscent also offers Cedars-Sinai polar mapping as a SPECT software package that provides a highly accurate method of analyzing tomographic thallium-201 studies used in evaluating patients with suspected or known coronary artery disease. The software enables physicians to compare their patients’ myocardial activity values with base-line tomograms obtained from a group of normal patients of both genders, providing them with a critical "second opinion" to clarify their diagnoses. While distribution of thallium-201 in the myocardium is represented in the two-dimensional polar maps, Elscent’s software also creates three-dimensional images of perfusion function. The three-dimensional display is especially useful when consulting with cardiologists and surgeons who are more familiar with viewing the heart in an anatomical model. Thomas Wilber, Marketing Manager, Elscent, Inc., P.O. Box 679, Boston, MA 02215. (617) 739-6000.

Circle Reader Service No. 108
This new revised edition of the popular SPECT Primer integrates the newest SPECT techniques with the fundamental concepts and procedures presented in the first edition. The addition of clinical studies greatly enhances the value of this edition. The authors present procedures for routine and initial evaluation of a SPECT system as well as protocols for commonly imaged organs.

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