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|        | 2.19 ± .10 kdpm |
|        | 2.42 ± .14 kdpm |
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TITLE: Desktop Computing In Nuclear Medicine
DATE: February 8–9, 1993
LOCATION: Atlanta Airport Hilton, Atlanta, GA
SPONSOR: The Computer and Instrumentation Council

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FOR DIAGNOSTIC USE

DESCRIPTION: Each 5 mL vial contains a sterile, non-pyrogenic, lyophilized mixture of:
- Technetium (99mTc) pertechnetate
- Sodium citrate dihydrate – 2.6 mg
- L-Cysteine hydrochloride monohydrate – 1 mg
- Mannitol – 20 mg
- Stannous chloride, dihydrate, minimum (SnCl2•2H2O) – 0.025 mg
- Stannous chloride, (SnCl2) – 0.075 mg
- Tin chloride (Stannous and Stannic) dihydrate, maximum (as SnCl2•2H2O) – 0.086 mg

INDICATIONS AND USAGE: Cardiolite®, for the preparation of Technetium Tc99m Sestamibi, is a myocardial perfusion agent that is useful in distinguishing normal from abnormal myocardium, and in the localization of the abnormality, in patients with suspected myocardial infarction. It is also useful in the evaluation of myocardial function using the first-pass technique.

CONTRAINDICATIONS: None known.

WARNINGS: In studying patients in whom cardiac disease is known or suspected, take care to assure continuous monitoring and treatment in accordance with safe, accepted clinical procedure.

PRECAUTIONS: GENERAL
- The contents of the vials are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient unless otherwise documented in the prescribing information.

ADVERSE REACTIONS: The incidence of adverse reactions is comparable to those observed with other myocardial perfusion agents. Adverse reactions associated with the use of radiopharmaceuticals are typically manifested by local reactions at the site of injection. Adverse reactions include febrile reactions, anaphylactic reactions, and coagulopathy. Adverse reactions are usually manifested by symptoms and signs associated with the administration of radiopharmaceuticals, and include fever, hypotension, and manifestations of a systemic inflammatory response.

Pregnancy Category C
Animal reproduction and lactogenic studies have not been conducted with Technetium Tc99m Sestamibi. It is not known whether Technetium Tc99m Sestamibi can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc99m Sestamibi should be given to pregnant women only if clearly needed.

Nursing Mothers
Technetium Tc99m Pertechnetate is excreted in human milk during lactation. It is not known whether Technetium Tc99m Sestamibi is excreted in human milk. Therefore, formula feedings should be substituted for breast feedings.

Pediatric Use
Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS: During clinical trials, approximately 8% of patients experienced a transient metallic or bitter taste immediately after the injection of Technetium Tc99m Sestamibi. A few cases of transient headache, flushing and non-itching rash have also been attributed to administration of the agent. One patient demonstrated signs and symptoms consistent with seizure, 8 to 10 minutes after administration of the drug. No other adverse reactions specifically attributable to the use of Technetium Tc99m Sestamibi have been reported.

DOSAGE AND ADMINISTRATION: The suggested dose range for I.V. administration to be employed in the average patient (70 kg) is:
- 30 to 50 mCi (1.1 to 1.8 MBq) for clinical scintigraphy
- 100 mCi (3.7 MBq) for nuclear medicine studies

The dose administered should be the lowest required to provide an adequate study consistent with ALARA principles (See also PRECAUTIONS). When used in the diagnosis of myocardial infarction, imaging should be completed within four hours after administration (see also CLINICAL PHARMACOLOGY section in full prescribing information).

The patient dose should be measured by a suitable radioscopy calibration system immediately prior to patient administration. Radiopharmaceutical purity should be checked prior to patient administration.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

Store at room temperature (15 to 30°C) before and after reconstitution.

RADIATION DOSIMETRY: Table 4 shows the radiation doses to organs and tissues of an average patient (70 kg) per 100 MBq (30 mCi) of Technetium Tc99m Sestamibi injected intravenously.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

| Organ                | 2.0 hour void | 4.8 hour void
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/ mCi</td>
<td>mGy/ MBq</td>
</tr>
<tr>
<td></td>
<td>30 mCi</td>
<td>110 MBq</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>5.4</td>
<td>55.5</td>
</tr>
<tr>
<td>Intestine Wall</td>
<td>3.9</td>
<td>40.0</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Liver</td>
<td>0.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.3</td>
<td>2.8</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Testes</td>
<td>0.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

using aerosols to determine the patency of the pulmonary airway system? Use a gas (that's what the airway system is for), and Xenon (127 or 133) are gases which are safe, economical and easy to administer with the XENAMATIC™ 3000.

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Armstrong Medical Industries introduces the x-ray Positioning Manikin, a life-size human figure containing a skeleton produced from a specially selected plastic. No metal parts have been used in the articulation of the skeleton, insuring “clear” x-rays. Although life-size, this manikin weighs only 20 pounds. The model provides diagnostic radiology students the opportunity to practice taking standard projections without discomfort or self-consciousness for themselves or others. Techniques are perfected without endangering any patients with repeated x-rays. The realistic skin covering simulates the human surface while remaining totally radiolucent. Internal organs such as the heart, lungs, larynx, and kidneys are also constructed of radiolucent material. The x-ray Positioning Manikin is designed for use with positioning aids, an excellent feature which encourages students to follow all proper procedures and to avoid short cuts. Armstrong Medical Industries Inc., 575 Knightsbridge Parkway, Lincolnshire, IL 60069. (708) 913-0101 or (800) 323-4220.

High-Resolution Collimator
Siemens Medical Systems, Inc. introduces Cardiac Imaging System, a high-sensitivity, high-resolution collimator, reconstruction software, and calibration kit—all designed to decrease scan time, reduce patient stress and increase the amount of clinically viable diagnostic information obtained during cardiac SPECT studies. The collimator’s focusing geometry allows magnification of the heart and viewing of the entire torso to prevent truncation artifacts. The system increases volume sensitivity over two times that obtained with the high-resolution parallel-hole collimator and has equivalent reconstruction resolution. Dedicated software includes acquisition, on-the-fly or post-acquisition reconstruction, and quality control programs. A full selection of filters and oblique cardiac view displays are used from the MicroDETA software. With the use of an array processor, a 128×128 image reconstruction can be completed in just 12.5 minutes. Both 180° and 360° supine or prone acquisitions are available. The calibration kit includes an indicator for obtaining the distance from the collimator surface to the center of rotation (COR), called the radius of rotation (ROR); and a point source holder for pixel size and COR calibration. Cardiac imaging constitutes 26% of all nuclear procedures currently performed. Improved cardiac imaging through high-resolution gamma cameras will increase the number of patients who will be able to benefit from cardiac testing. Siemens Medical Systems, Inc., Nuclear Division, 2501 North Barrington Road, Hoffman Estates, IL 60195. (708) 304-7252.

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Training Manikin for Radiologists
Armstrong Medical Industries introduces the x-ray Positioning Manikin, a life-size human figure containing a skeleton produced from a specially selected plastic. No metal parts have been used in the articulation of the skeleton, insuring “clear” x-rays. Although life-size, this manikin weighs only 20 pounds. The model provides diagnostic radiology students the opportunity to practice taking standard projections without discomfort or self-consciousness for themselves or others. Techniques are perfected without endangering any patients with repeated x-rays. The realistic skin covering simulates the human surface while remaining totally radiolucent. Internal organs such as the heart, lungs, larynx, and kidneys are also constructed of radiolucent material. The x-ray Positioning Manikin is designed for use with positioning aids, an excellent feature which encourages students to follow all proper procedures and to avoid short cuts. Armstrong Medical Industries Inc., 575 Knightsbridge Parkway, Lincolnshire, IL 60069. (708) 913-0101 or (800) 323-4220.

Mobile Apron Rack
Biodex Medical Systems, Inc. has developed a mobile apron rack that accommodates everyone’s needs. It is strong and stable when wheels are locked, yet extremely easy to move when locks are released. The rack can be used either “free standing” anywhere in the room or be placed against a wall; it protrudes only 22". Heavy duty, locking 3" ball bearing casters make maneuvering or securing the unit very easy. The “H” frame base makes aprons easily accessible from the front or back of unit. The rack has four horizontal 2 1/2" diameter bars with an eight apron capacity with two aprons per bar. This design allows aprons to hang loosely, eliminating the creasing and cracking of aprons that damages lead rubber. Biodex Medical Systems, P.O. Box 702, Shirley, NY 11967. (516) 924-9000.

High-Resolution Collimator
Siemens Medical Systems, Inc. introduces Cardiologic Imaging System, a high-sensitivity, high-resolution collimator, reconstruction software, and calibration kit—all designed to decrease scan time, reduce patient stress and increase the amount of clinically viable diagnostic information obtained during cardiac SPECT studies. The collimator’s focusing geometry allows magnification of the heart and viewing of the entire torso to prevent truncation artifacts. The system increases volume sensitivity over two times that obtained with the high-resolution parallel-hole collimator and has equivalent reconstruction resolution. Dedicated software includes acquisition, on-the-fly or post-acquisition reconstruction, and quality control programs. A full selection of filters and oblique cardiac view displays are used from the MicroDETA software. With the use of an array processor, a 128×128 image reconstruction can be completed in just 12.5 minutes. Both 180° and 360° supine or prone acquisitions are available. The calibration kit includes an indicator for obtaining the distance from the collimator surface to the center of rotation (COR), called the radius of rotation (ROR); and a point source holder for pixel size and COR calibration. Cardiac imaging constitutes 26% of all nuclear procedures currently performed. Improved cardiac imaging through high-resolution gamma cameras will increase the number of patients who will be able to benefit from cardiac testing. Siemens Medical Systems, Inc., Nuclear Division, 2501 North Barrington Road, Hoffman Estates, IL 60195. (708) 304-7252.

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Color Network Printer

Codonics, Inc. announces a new color network printer specifically designed to work with any homogeneous or heterogenous TCP/IP based network. The Codonics NP-600 networks with virtually any computer and produces photographic quality images. Utilizing dye-sublimation technology with 16.7 million simultaneously printable colors, the NP-600 is capable of producing continuous tone format prints. The unit has a unique innovative network approach. It connects to existing Ethernet or Token Ring networks and uses the industry standard TCP/IP protocol to print files originating from DOS, UNIX, and DEC VMS systems. The unit recognizes the most popular image file formats such as TIFF, GIF, PCX, Macintosh PICT, SUN raster, Portable Pixmap (PPM), X11 Bitmap, and many more. No special software drivers are required on the host computers. There is no need to specify the file format type. The unit automatically identifies the transmitted image's file format by recognizing header information embedded in every file. The printer performs all the necessary translations required to drive the print engine. It has two output formats (8.5" × 11" and 8.5" × 8.5") in both color and monochrome. The Photographic Network Printer can also produce transparencies for overhead projection. The built-in print spooler simplifies the printing process by accepting images simultaneously from multiple systems on the network. Throughput is improved by concurrently printing one file while performing the imaging processing on another. Codonics, Inc., 17991 Englewood Drive, Middleburg Heights, OH 44130. (216) 243-1198 or (800) 444-1198.

Rapid Clotting Reagent

International Technidyne Corporation announces SuperSerum Reagent, which delivers high-quality serum samples from either native or heparinized blood samples. In two to five minutes, samples treated with SuperSerum are completely clotted and can be spun down to obtain serum for testing. The unique formulation promotes blood clotting without altering chemistry analyses. The ability to obtain serum samples quickly facilitates STAT test turnaround. Chemistry departments frequently receive heparinized blood samples from the operating rooms, dialysis, and critical care areas that require rapid turnaround of results. SuperSerum completely clots samples containing up to 5 units/ml of heparin in under five minutes. This eliminates delays and reduces downtime of automated instrumentation due to fibrin strands. SuperSerum is packaged as five 0.5 ml vials per box. Two 40 microliter drops of reagent are required to clot a 7 ml whole blood sample. Calibrated droppers are provided in each kit. International Technidyne Corporation, 23 Newsy Street, Edison, NJ 08820. (908) 548-5700 or (800) 631-5945.

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Turbo-MCS from EG&G ORTEC transforms your personal computer into a fast multichannel scaler, acquiring data at input rates up to 150 MHz with dwell times as short as 5 nsec. Turbo-MCS is more than a match for the toughest multichannel scaling applications and multiple-stop time-of-flight measurements. Applications include time-of-flight ion mass spectrometry, time-correlated single-photon counting, laser-induced chemical reactions, fluorescence lifetime measurements, Mössbauer experiments, neutron time-of-flight, and scanning x-ray diffractionmetry. All instrument controls and spectra are viewed on the PC display for quick, point-and-click manipulation via a mouse. The Turbo-MCS hardware offers a wide range of channel dwell times, with no deadtime between channels. Scan lengths can be from 4 to 16,384 channels. A single-channel analyzer input permits selection of a narrow band of pulse amplitudes for counting. A separate input discriminator accepts signals of either polarity for counting, with a threshold adjustable from -2.5 V to +2.5 V. Turbo-MCS also offers an optional ramp output with adjustable modes and voltages. EG&G ORTEC, 100 Midland Road, Oak Ridge, TN 37831. (615) 482-4411.

MRI Seminar on Videotape

The Medical College of Wisconsin has made available the videotape version of "Seminar in MRI," presented by leading physicians in the field. This 24-hour home study course, which is approved for 24 hours CME Category I credits, examines the role of MRI in proven clinical applications for the diagnosis of injury or disease to the body and neurologic system. The entire conference, videotaped in Vail, CO is covered in this broadcast-quality videotape set. Lectures and demonstrations, as well as question and answer periods for the meeting are included. Topics covered during the study course include: MRI of the male and female pelvis; contrast agents and artifacts; orthopaedic MRI; and MRI techniques for the abdomen, spine, brain cranial nerves, prostate, scrotum, hip, shoulder, liver, as well as neck and chest. In all, more than 36 MRI-related topics are presented by faculty chaired by Thomas L. Lawson, MD. The tapes, which are produced by CME Conference Video, Inc., are time-coded and indexed for fast, easy reference to topics of particular interest. CME credit is obtained after successful completion of a self-examination which accompanies the course. CME Conference Video, Inc., 1916 Old Cuthbert Road, B-13, Cherry Hill, NJ 08034. (609) 427-0838 or (800) 284-8433.

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Expresslides, Inc. has introduced the MediSlide Kit, which enables computer users to convert their own full color graphics into high-resolution 35mm slides, color prints and overhead transparencies. Pharmaceutical and healthcare professionals may work at PC or Macintosh computers to create graphic files on any of today's most popular desktop presentation software, such as Harvard Graphics, Powerpoint, or Persuasion. The files then go via modem or on diskette to the Expresslides Imaging Center. There, the graphic files are converted to slides, color prints and overhead transparencies, at a cost of $3.50 per individual slide and $1.50 for multiple copies. While Expresslides can produce slides in as little as four hours, most orders are delivered the next day. Expresslides developed the MediSlides Imaging Kit to enable medical professionals to quickly create attractive presentation slides and prints. The kit includes communications and archiving software for sending graphic files by modem. Included as well are format and color suggestions, sample slides, and common medical and pharmaceutical symbols. Expresslides, Inc., 324 Chestnut Street, Union, NJ 07083. (908) 964-3933.
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Positions Available

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CHIEF, NUCLEAR MEDICINE SERVICE. The Dayton Veterans Affairs Medical Center and Wright State University School of Medicine, Dayton, Ohio, seek a board-certified nuclear medicine physician for the position of chief, nuclear medicine service. The appointee must qualify for a faculty appointment that will be proposed at a level commensurate with training and experience. Candidates must have a record of administrative and leadership accomplishments, an M.D. or equivalent degree and be licentiate to practice medicine in Ohio. Certification or eligibility for certification by American Board of Nuclear Medicine is required. Strong interest in related medical education and research is preferred. Salary is competitive and special pay enhancement is available. Candidates should submit curriculum vitae and the names of three of references to: Steven Cohen, MD, Chief of Staff, VA Medical Center, 400 West Third Street, Dayton, Ohio 45429; applications received by October 31, 1992 will be considered; if the position is not filled thereafter, applications will be considered as received until the position is filled. The Dayton VA and Wright State University are equal opportunity and affirmative action employers.

CHIEF, NUCLEAR MEDICINE SERVICE—VA Medical Center, Danville, IL. Board Certified in Nuclear Medicine physician wanted for active nuclear medicine, radioisotays, and ultrasound. Medical Center is affiliated with University of Illinois College of Medicine at Urbana/Champaign. Danville is located within driving distance to Chicago, IL, Indianapolis, IN; and St. Louis, MO and has excellent education facilities. Excellent federal benefits package. Please send curriculum vitae and/or contact Vishwas J. Apte, MD, Chief of Staff, 1900 East Main Street, Danville, IL 61832, (217) 442-8000, ext. 507.

NUCLEAR MEDICINE PHYSICIAN: board certified or in Nuclear Medicine, board eligible in Radiology, physics, or Advanced Imaging. Must possess a minimum of 4 years of relevant experience in Nuclear Medicine and a strong interest in research and teaching in Nuclear Medicine. Must have a valid, current Illinois State Board of Medicine license and all required state and federal certifications. The hospital is an equal opportunity employer. Please send curriculum vitae and names of three references to: Dr. Brian DeForge, Medical Director, Danville VA Medical Center, 400 West Third Street, Danville, IL 61832. Closing date: 12/31/92.

Clinical Researcher

Position available in Nuclear Medicine for clinical research in brain SPECT imaging. Duties include supervision and analysis of SPECT brain images acquired through use of pharmaceuticals, and the development and functional and structural images. Interested candidates must be medical doctors with a minimum of two years experience in Nuclear Medicine with research emphasis on brain SPECT imaging and quantitative methods. The position is located in Boston, Massachusetts and carries an annual salary of $44,000. Please send duplicate resumes to: Job Order #120049, P.O. Box 8969, Boston, MA 02114.

Radiology

NW Rocky Mountains: RADIOLOGIST-NUCLEAR MEDICINE. Highly respected eight person group with strong subspecialty interests seeks highly qualified individual. Fellowship or academic experience preferred. Nuclear Medicine board or ABR special skill is strongly desired. Position includes all aspects of nuclear medicine in a comprehensive advanced department. Practice is located in Boise, Idaho, which has many recreational and cultural amenities. Reply to: Paul Traugther, MF or RN 410 N. Temple St., Health Science Center, St. Alphonso Regional Medical Center, 1055 No. Curtis Rd., Boise, ID 83706. (208) 378-216.

NUCLEAR RADIOLOGIST: Radiologist with Nuclear Medicine/Nuclear Radiology Boards or eligibility, to join a busy, growing group in the state-of-the-art Seattle suburb. Send curriculum vitae to A. Azose, MD, Nuclear Medicine Department, 400 South 43rd Street, Renton, WA 98055.

Pharmacist

STAFF NUCLEAR PHARMACIST. Temple, Texas. Scott and White, a major clinic and 353-bed teaching hospital located in central Texas is seeking a trained pharmacist to work in their inpatient pharmacy services. Candidates must be licensed or eligible for Texas licensure with one year of advanced radiopharmacy studies or two years experience in Nuclear Medicine. Position is responsible for the procurement, preparation, distribution and disposal of radioactive and related non-radioactive pharmaceuticals. Scott and White offer an excellent benefits package, highly competitive salaries, and relocation assistance. Qualified candidates send resume and salary history for position #2857 to: Grace Cole, Employment Manager, 2401 S. 31st St., Temple, Texas 76508. EOE.

NUCLEAR PHARMACIST/MANAGER: The University of Texas Southwestern Medical Center at Dallas has an immediate opening for a Manager of its Nuclear Pharmacy Services. Candidates must hold an advanced degree in Nuclear Pharmacy, have at least two years of management experience and must be eligible for licensure in the State of Oklahoma. Interested candidates should send their curriculum vitae and/or telephone to: Personnel Services, OUHSC, 100 N. Lindsay, OKC, 73104. OUHSC is an EOE.

Technologist

NUCLEAR MEDICINE CHIEF TECHNOLOGIST. The Division of Nuclear Medicine of the Department of Radiology at the University of Pennsylvania in Philadelphia is seeking a Chief Nuclear Medicine Technologist interested in clinical nuclear medicine, teaching, administration and research. The Hospital of the University of Pennsylvania is a 700-bed major referral center. The Division of Nuclear Medicine is equipped with the state-of-the-art equipment, including dual head and triple head SPECT instruments. More than 11,000 procedures are performed annually which cover the entire spectrum, including some complicated and unusual studies. There is an accredited School of Nuclear Medicine Technology with eight students accepted annually. Ongoing research includes studies of various central nervous systems disorders, coronary artery disease, pulmonary embolism, and brain tumors. The applicant must be a Certified Technologist. The Hospital of the University of Pennsylvania is an Equal Opportunity Employer. Interested candidates should submit CV or personal letter to: Dr. Anthony Traub, Chief of Radiology, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104-4283.
The Department conducts a 4-year degree program in Radiologic Science and requires staff with qualifications in radiography or medical physics. Previous teaching experience is desirable. The Department has been extensively re-equipped and there are excellent opportunities for research and continuing clinical involvement.

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  - KD 545-695 (10 annual increments)

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There is no income tax in Kuwait, and currency is transferable without restriction.

**Other benefits**

1. In addition, for teaching staff who have an active part in the Ministry of Public Health Program, there is a monthly supplement (Lecturer KD 100; Senior Lecturer KD 125; Associate Professor KD 200; Associate Professor KD 250; Professor KD 300) for 10 months a year paid by the Ministry.

2. An attractive package of additional benefits includes free furnished accommodation, 60 days paid summer leave and 10 days mid-year break for teaching staff, round-trip air tickets, end-of-service gratuity, and free medical care in Kuwait government hospitals.

3. Professors, Associate Professors and Assistant Professors also receive a generous baggage and freight allowance and education allowances for up to three children, and may attend one approved conference per year. A social allowance of KD 65-87 after deductions is also payable.

4. Senior Lecturers and Lecturers may attend an approved conference every 2 years, with presentation.

**Applications**
Applications in duplicate, including full curriculum vitae, personal details, comprehensive publication list, two recent passport photographs, and the names and addresses of three referees, should be sent to:

**The Dean, Faculty of Allied Health Sciences and Nursing**
Kuwait University Health Science Centre
P.O. Box 31470
90805 Sulaibikhat, Kuwait

*Closing date for applications 15th December, 1992. Late applications may be considered*
OPPORTUNITIES IN NUCLEAR MEDICINE

In the challenging and stimulating environment of our 623-bed teaching hospital in a university setting, you can demonstrate your skills and reach your career goals in one of the following positions:

TECHNICAL MANAGER

In this position you will assist in planning, organizing and evaluating the activities and services of the department; oversee employee’s management, technical, quality assurance and educational programs; investigate technical and patient service problems; and assist in preparation of annual budget. Qualified candidate will be a graduate of an A.M.A. approved program in Nuclear Medicine Technology, certified and registered; have an active license with the Illinois Dept. of Nuclear Safety; and possess a minimum of 3-5 years supervisory experience in the field. Preferred are experience in both general nuclear medicine and nuclear cardiology and a BS degree.

CLINICAL PHYSICIST

In this position you will apply physical principles and theories to nuclear instrumentation and provide computer programming support, direction and functional support for the division’s instrumentation Quality Assurance Program. Additionally, you will participate in the academic educational programs for the Division. Qualified candidate will possess a Ph.D. in Physics; two years experience in the application of physical principles and computer programming in a specific high level language (e.g. Fortran) or a Masters Degree in Physics, plus four years experience in the application of physical principles and computer programming in a specific high level language.

Both positions require individuals with good communication skills and the willingness to update knowledge and skills through memberships, associations, meetings, seminars and journals. Please FAX or forward resume indicating position desired to:

THE UNIVERSITY
OF CHICAGO HOSPITALS

Employment Specialist-NM
5605 S. Drexel Avenue
Chicago, Illinois 60637
FAX: (312) 753-8589

An Equal Opportunity Employer M/F/D
The Department of Medicine, McMaster University, and the Hamilton Civic Hospitals invite inquiries and applications for a position of Nuclear Physician in a 846-bed teaching hospital and full-time university appointment.

The Service of Nuclear Medicine is fully integrated into the Hamilton-wide Regional Program in nuclear Medicine with a complement of nuclear physicians at both the Hamilton General Division and the Henderson General Division—the two hospital divisions of the Hamilton Civic Hospitals.

Candidates should be eligible for certification in Nuclear Medicine of the Royal College of Physicians and Surgeons of Canada. Experience in internal medicine or cardiology is an asset. The successful candidate will have a full-time academic appointment and be expected to participate in teaching at both the undergraduate and postgraduate levels. Research is strongly encouraged especially in Oncology and Thromboembolism.

Duties will be primarily at the Henderson General Division, the site of the Hamilton Centre of the Ontario Cancer Treatment & Research Foundation. This announcement is directed to Canadian citizens and permanent residents.

Enquiries or applications, with curriculum vitae, should be submitted to: Dr. C.N. Best, Head, Service of Nuclear Medicine, Hamilton Civic Hospitals, 237 Barton Street East, Hamilton, Ontario, Canada L8L 2X2.

NUCLEAR MEDICINE APPLICATION SPECIALIST

Trionix, a leading manufacturer of advanced nuclear medicine systems, has excellent career opportunities for Regional Applications Specialists nationwide. The ideal candidate will be an experienced Nuclear Medicine Technologist willing to travel (50-70%). Duties include performing field applications, customer phone support, sales demonstrations.

Resumes may be sent in confidence to:
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Trionix Research Laboratory, Inc.
8037 Bavaria Road
Twinsburg, Ohio 44087

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If you’re a Nuclear Medicine Technologist with at least one year’s experience, call StarMed. It’ll do you a world of good.

Toll-free 1-800-STARMED (782-7633)

SHARE THE COST OF LIVING.

Please support the AMERICAN CANCER SOCIETY®
The objectives of these grants are to: (1) Encourage physicians to enter the field of Cardiovascular Nuclear Medicine, and (2) Support high quality nuclear cardiology clinical research.

Funds can be used to support the research and/or salary of the investigator. Preference will be given to young physicians, or those new to the field of Cardiovascular Nuclear Medicine. Awards will be announced at the Annual SNM Business Meeting, June, 1993.

Please send for more information and an application to:

The Society of Nuclear Medicine
SNM Awards Committee
136 Madison Avenue
New York, NY 10016

Deadline: January 8, 1993

MALLINCKRODT FELLOWSHIP

Mallinckrodt, Inc. has announced an Annual Fellowship of $30,000 for a physician fellow active in nuclear medicine research and/or development. The award is to further a research or development project, and applicants are asked to submit their curriculum vitae, a detailed account of their research project including prior accomplishments on the project, and future plans. Deadline for this year's award is January 8, 1993. Requested information, along with at least two letters supporting the application, should be forwarded to: William J. MaIntyre, PhD, The Society of Nuclear Medicine, 136 Madison Ave., New York, NY 10016-6760. The recipient will be announced at the Annual Meeting of The Society of Nuclear Medicine.

The Society of Nuclear Medicine Awards Committee announces that a grant for $30,000 is available.

The funds will be used to support research for therapy by the investigator chosen.

To request more information and an application please contact:

The Society of Nuclear Medicine
SNM Awards Committee
136 Madison Avenue
New York, NY 10016

Deadline date: January 15, 1993
Reducing stress in pharmacologic stress testing

Patient safety and tolerability: the stress factors
Consider the pharmacologic stress population. Old patients. Frail patients. Submaximally stressed patients. The obese. In these often vulnerable or compromised patient types, safety and tolerability are particularly important. The more certain an agent’s safety and tolerability record, the more potential for patient comfort and physician confidence. Use of a pharmacologic stress agent with a proven record can help reduce physician anxiety...or emotional “stress.”

A safety record that spans more than a decade
I.V. Persantine® (dipyridamole USP) has a safety profile established in over a decade of clinical testing. Just as in exercise stress testing, there is always some risk of serious adverse events. However, based on information from over 400,000 patient studies, I.V. Persantine is generally well tolerated. Such an established record in pharmacologic stress creates a standard by which to compare other agents.

Generally well-tolerated stress begins with smooth, gradual onset of effect
Pharmacologic stress with I.V. Persantine takes effect with a 4-minute infusion, followed within 5 minutes with the appropriate thallium dose. This allows most patients to become accustomed to the “stressing” process gradually. Additionally, the time is short enough to allow an expedient, relatively uncomplicated imaging procedure.

Convenient, easy-to-follow protocol minimizes procedural frustrations
The procedural logistics of pharmacologic stress can be another source of emotional stress to the physician or staff. With I.V. Persantine, there’s a flexible, easy-to-follow protocol. No infusion pump needed. No need for site-specific injection. And no extra I.V. line for the imaging agent.

When you stress more assured, you can rest more assured
Based on its proven safety profile and generally well-tolerated effect, I.V. Persantine sets a solid foundation to help reduce the emotional stress that can sometimes be associated with administering pharmacologic stress.

Stress the facts in pharmacologic stress...call the Du Pont Pharma Nuclear Cardiology Hotline at 1-800-343-7851 for further information and discussion about the proven safety profile of I.V. Persantine.

* Serious adverse reactions associated with the administration of I.V. Persantine have included: chest pain, ventricular tachycardia, ventricular fibrillation, tachycardia, and chest pain. Severe adverse events have occurred infrequently (0.3%) in a study of 3,911 patients. Patients with a history of ventricular tachycardia may have a greater risk for severe myocardial infarction. Patients with a history of chest pain may be at a greater risk for chest pain.

** Du Pont Merck Post-Marketing Safety Surveillance. **

Persantine® is a registered trademark of Boehringer Ingelheim Pharmaceuticals, Inc.

I.V. Persantine® is manufactured and distributed by Du Pont Pharma under license from Boehringer Ingelheim Pharmaceuticals, Inc.

Please see brief summary of prescribing information on reverse for contraindications, warnings, and adverse reactions.
I.V. PERSANTINE®
(dipyridamole USP) Injection 5mg/ml
Brief Summary of Precautionary Information

CONTRAINDICATIONS
Hypersensitivity to dipyridamole

WARNINGS
Serious adverse reactions associated with the administration of intravenous Persantine® (dipyridamole USP) have included fatal and non-fatal myocardial infarction, ventricular fibrillation, symptomatic ventricular tachycardia, transient cerebral ischemia, and bronchospasm.

In a study of 391 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 (1%), two fatal (0.5%) and two non-fatal (0.5%); and 2) six cases of severe bronchospasm (0.2%). Although the incidence of these serious adverse events was small (0.3, 10 of 391), the potential clinical information to be gained through use of intravenous Persantine thallium imaging must be weighed against the risk to the patient. Patients with a history of unstable angina 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, parental amphotericin B 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, parental amphotericin B 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 parental amphotericin B. If 250 mg of amphotericin B does not relieve chest pain symptoms within a few minutes, sublingual nitroglycerin may be administered. If chest pain continues despite use of amphotericin B and nitroglycerin, the possibility of myocardial infarction should be considered. If the clinical condition of an asymptomatic patient with an adverse event permits a one-minute delay in the administration of parental amphotericin B, thallium-201 may be injected and allowed to circulate for one minute before the injection of amphotericin B. This will allow initial thallium perfusion imaging to be performed before reversal of the pharmacologic 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 USP) administration. This could lead to a false negative thallium imaging result.

Cardiomyopathies, Myoglobinurea, Impairment of Fertility
In studies in which dipyridamole was administered in the feed at doses of up to 75 mg/kg/day (9.4 times *the maximum recommended daily human oral dose*) in mice (up to 128 weeks in males and up to 142 weeks in females) and rats (up to 114 weeks in males and females), there was no evidence of drug-related carcinogenesis. Mutagenicity tests of dipyridamole with bacterial and mammalian cell systems were negative. There was no evidence of impaired fertility when dipyridamole was administered to male and female rats at oral doses up to 500 mg/kg/day (63 times *the maximum recommended daily human oral dose*). A significant reduction in number of corpora lutea with consequent reduction in implantations and live fetuses was, however, observed at 1250 mg/kg/day.

Calculation based on assumed body weight of 50 kg.

Pregnancy Category B
Reproduction studies performed in mice and rats at oral doses of up to 125 mg/kg (15.6 times *the maximum recommended daily human oral dose*) and in rabbits at daily oral doses of up to 20 mg/kg (2.5 times *the maximum recommended daily human oral dose*) have revealed no evidence of impaired embryonic development due to dipyridamole. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human responses, this drug should be used during pregnancy only if clearly needed.

Calculation based on assumed body weight of 50 kg.

Nursing Mothers
Dipyridamole is excreted in human milk.

Pediatric Use
Safety and effectiveness in children have not been established.

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 and from spontaneous, reports of adverse reactions and the published literature.

Serious adverse events (fatal and non-fatal myocardial infarction, ventricular fibrillation, and serious CNS abnormalities) are described previously (see WARNINGS).

In the study of 3911 patients, the most frequent adverse reactions were: chest pain/angina pectoris (19.2%), electrocardiographic changes (most commonly ST-T changes) (15.9%), headache (12.2%), and dizziness (11.8%).

Adverse reactions occurring in greater than 1% of the patients in the study are shown in the following table.

<table>
<thead>
<tr>
<th>Incidence (%)</th>
<th>Drug-Related Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4</td>
<td>Headache</td>
</tr>
<tr>
<td>5.6</td>
<td>Dizziness</td>
</tr>
<tr>
<td>2.6</td>
<td>Hypotension</td>
</tr>
<tr>
<td>2.4</td>
<td>Nausea</td>
</tr>
<tr>
<td>2.1</td>
<td>Flushing</td>
</tr>
<tr>
<td>2.1</td>
<td>Electrocardiographic Abnormalities/Tachycardia</td>
</tr>
<tr>
<td>2.1</td>
<td>Dyspepsia</td>
</tr>
<tr>
<td>2.0</td>
<td>Pain Unspecified</td>
</tr>
<tr>
<td>2.0</td>
<td>Blood Pressure Liability</td>
</tr>
<tr>
<td>1.9</td>
<td>Hypertension</td>
</tr>
<tr>
<td>1.7</td>
<td>Paresthesia</td>
</tr>
<tr>
<td>1.7</td>
<td>Fatigue</td>
</tr>
</tbody>
</table>

Less common adverse reactions occurring in 1% or less of the patients within the study included:

- Cardiovascular System: Electrocardiographic abnormalities unspecified (0.6%), arrhythmia unspecified (0.6%), palpitation (0.3%), ventricular tachycardia (0.2% see WARNINGS), premature atrial contractions (0.2%), myocardial infarction (0.1% see WARNINGS), AV block (0.1%), syncope (0.1%), orthostatic hypotension (0.1%), atrial fibrillation (0.1%), supraventricular tachycardia (0.1%), ventricular arrhythmias unspecified (0.03% see WARNINGS), heart block unspecified (0.03%), cardiomyopathy (0.03%), edema (0.03%),
- Central and Peripheral Nervous System: Hypoesthesia (0.5%), hypotonia (0.3%), nervousness/anxiety (0.2%), tremor (0.1%), abnormal coordination (0.03%), somnolence (0.03%), dizziness (0.03%), myalgia (0.03%), migraine (0.03%), paresthesia (0.03%),
- Gastrointestinal System: Dyspepsia (1.0%), dry mouth (0.6%), abdominopathy (0.7%), flatulence (0.5%), vomiting (0.4%), eructation (0.1%), dysphagia (0.03%), tenesmus (0.03%), epistaxis (0.03%),
- Respiratory System: Pharyngitis (0.3%), bronchospasm (0.2% see WARNINGS), hyperventilation (0.1%), rhinitis (0.03%), coughing (0.03%), pleural pain (0.03%)

Other:
- Myalgia (0.3%), back pain (0.6%), injection site reaction unspecified (0.4%), diaphoresis (0.4%), asthenia (0.3%), malaise (0.3%), arthralgia (0.3%), injection site pain (0.1%), rigor (0.1%), aracne (0.1%), tinnitus (0.1%), vision abnormalities unspecified (0.1%), dysgeusia (0.1%), thirst (0.03%), deodorization (0.03%), eye pain (0.03%), retinal pain (0.03%), perineal pain (0.03%), breast pain (0.03%), intermenstrual claudication (0.03%), leg cramping (0.03%)

OVERDOSAGE
No cases of overdose in humans have been reported. It is unlikely that overdosage will occur because of the nature of use (i.e., single intravenous administration in controlled settings). See WARNINGS.

Caution
Federal law prohibits dispensing without prescription.
CALL FOR ABSTRACTS FOR SCIENTIFIC PAPERS AND SCIENTIFIC EXHIBITS

The 1993 Scientific Program Committee, Scientific Exhibits Subcommittee, and the Scientific & Teaching Sessions Committee solicit the submission of abstracts from members and non-members of The Society of Nuclear Medicine for the 40th Annual Meeting in Toronto, Ontario, Canada. Accepted Scientific Paper and Scientific Exhibit abstracts be published in a special supplement to the May issue of The Journal of Nuclear Medicine and accepted Technologist Section abstracts will be published in the June issue of the Journal of Nuclear Medicine Technology. Original contributions on a variety of topics related to nuclear medicine will be considered, including:

- Instrumentation and Data Analysis
- Radioactivity
- Radiopharmaceutical Chemistry
- Dosimetry/Radiobiology
- Nuclear Magnetic Resonance Chemistry
- Clinical Science Applications:
  - Bone/Joint
  - Cardiovascular (clinical and basic)
  - Endocrine
  - Gastroenterology
  - Neurology (clinical and basic)
  - Oncology (non-antibody)
  - Immunology (antibody)
  - Pediatrics
  - Pulmonary
  - Renal/Electrolyte/Hypertension
  - Hematology/Infectious Disease

Authors seeking publication for the full text of their papers are strongly encouraged to submit their work for immediate review to the JNM, and for the technologist section, to the JNMT.

Deadline for receipt of abstracts for SCIENTIFIC PAPERS
is Wednesday, January 6, 1993.

Deadline for receipt of abstracts for SCIENTIFIC EXHIBITS
is Wednesday, January 6, 1993.

There are two abstract forms for the annual meeting. The Scientific Paper abstract form can be obtained in the October 1992 JNM. The Scientific Exhibits abstract form is only available by calling or writing:
The Society of Nuclear Medicine
Attn: Abstracts
136 Madison Avenue
New York, NY 10016-6760
Tel: (212) 889-0717 • FAX: (212) 545-0221

SPECT BRAIN IMAGING CLINICAL FELLOWSHIP

Department of Radiology
Section of Nuclear Medicine

BENEFIT:
This program is designed for nuclear medicine physicians, radiologists, technologists and referring physicians. It is intended to educate participants about the clinical utility of SPECT brain imaging with agents such as SPECTamine® and Ceretec®.

Objectives include:
- Development of interpretation skills for brain images.
- Appreciation of clinical applications of SPECT brain imaging.
- Knowledge of image acquisition and reconstruction.
- Appreciation of factors that influence image quality.
- Knowledge of quality control techniques for SPECT.

SPONSORSHIP:
This program is sponsored by the Medical College of Wisconsin.

TUITION:
The tuition fee of $650 includes the course syllabus, handouts, breaks, breakfasts, lunches, and other amenities involved in making this a pleasant learning experience. Maximum enrollments have been established. Cancellations prior to the course will be refunded, less a $30 administrative fee.

CREDIT:
The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Accordingly, the Medical College of Wisconsin designates this continuing medical education activity as meeting the criteria for 13.00 hours in Category I toward the Physician’s Recognition Award of the American Medical Association.

Nuclear Medicine Technologists who attend the SPECT Brain Imaging Clinical Fellowship are eligible for 1.0 VOICE credit.

Register me for the following dates: (Please indicate a second choice)

☐ September 14–15, 1992  ☐ November 9–10, 1992

I will need hotel reservations for _________________________ Sunday and Monday night/_______________________ only Monday night.

I will need a _________________________ single/_______________________ double room.

A check in the amount of $650 should accompany this registration form and be made payable to the Medical College of Wisconsin. Telephone registrations must be confirmed by check within 10 days.

Name ____________________________
Address __________________________
City/State/Zip ______________________
Office Phone (______) __________________________
______ work address ________ home address

Registrations and payment should be sent to:
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SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
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Tomomatic 232
Mobile dynamic SPECT

Tomomatic 248
Neonatal SPECT