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*technology in caring hands*

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 Courtesy of Creighton University Center for Metabolic Imaging
The anatomy of the CAPTUS™ 2000 begins with a powerful brain

High-resolution 800x600 SVGA graphics enhance displays of all programs, especially the full spectrum visible during all counting procedures.

Menu-driven applications programs perform Thyroid Uptake, Wipe Testing, Bio Assay, Blood Volume (1125 or Cr51), RBC Survival and Schilling Test (standard and Dicopac).

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BENEDICT CASSEN PRIZE

The Education and Research Foundation of The Society of Nuclear Medicine announces the Benedict Cassen Prize. Donated by the estate of Mary Wylie Cassen, the Prize honors Benedict Cassen, whose invention of the rectilinear radioisotope scanner—the first instrument capable of making an image of a body organ in a patient—was seminal to the development of clinical nuclear medicine.

The Prize is intended to recognize a significant achievement in nuclear medicine science and is to be awarded to the living scientist, or physician-scientist, whose work has led to a major advance in basic or clinical nuclear medicine science. The amount of the prize is $25,000 if a single individual is selected, but may be increased in exceptional circumstances if the Prize is shared by more than one individual. The Prize will be awarded at an annual meeting of the Society of Nuclear Medicine, during which the recipient may present a featured lecture. A panel of distinguished national and international scientists and/or physician-scientists will assist in selecting the individual to be honored.

It is anticipated that the first Cassen Prize will be awarded at the annual meeting of the Society of Nuclear Medicine in 1994.

Further information concerning the Benedict Cassen Prize and nomination materials can be obtained from The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760.

Nominations for the Prize must be postmarked no later than November 1, 1993.

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SNM
41ST ANNUAL MEETING

Critical Dates

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>ABSTRACT FORMS</td>
<td></td>
</tr>
<tr>
<td>Scientific Papers</td>
<td>1/5/94</td>
</tr>
<tr>
<td>October Issue JNM</td>
<td></td>
</tr>
<tr>
<td>Scientific Exhibits</td>
<td>1/5/94</td>
</tr>
<tr>
<td>REGISTRATION FORM</td>
<td>5/6/94</td>
</tr>
<tr>
<td>HOUSING FORM</td>
<td>5/13/94</td>
</tr>
</tbody>
</table>

DON'T FORGET THE MID-WINTER MEETING IS IN SEATTLE, WASHINGTON

TITLE: Dedicated Instruments and Computer Processing Techniques for Cardiac and Brain Imaging

DATE: February 7-8, 1994

LOCATION: Westin Hotel, Seattle, WA

SPONSOR: The Computer and Instrumentation Council
The rule of thumb in stress perfusion imaging

In myocardial perfusion imaging, the quality of information is directly related to the level of exercise, as measured by the percentage of maximal predicted heart rate achieved by the patient at the time of tracer injection. This is because myocardial oxygen demand is mainly determined by the heart rate. When oxygen demand is increased by exercise, the disparity in coronary blood flow caused by the presence of significant CAD produces perfusion defects, which allow for lesion detection. This provides valuable physiological information for CAD diagnosis.¹⁻¹²

A rule of thumb governs the exercise stress test. Patients are asked to exercise to 85% of their maximal predicted heart rate. This rule has been determined from a review of exercise ECG studies where diagnostic information has been considered inconclusive at heart rates below 85% of the maximal predicted heart rate.¹³⁻¹⁴

When to bend it

However, not all patients will achieve 85% of their maximal predicted heart rate. Some may reach diagnostic endpoints in testing. Others will have physical limitations or may be on beta blockers that prevent them from achieving the optimal level.

To maximize diagnostic certainty and avoid the risk of false-negative test results, suboptimal stress should be avoided.

Pharmacologic stress: The measure of success in imaging after suboptimal exercise

In images taken after patients have failed to reach 85% of their maximal predicted heart rate, defects may go undetected.¹⁵⁻¹⁶ I.V. Persantine® (dipyridamole USP) can help salvage potentially nondiagnostic perfusion studies where patients have achieved suboptimal exercise levels. This form of pharmacologic stress, administered when the patient’s heart rate has returned to baseline, allows for reliable results and may result in a higher yield of useful imaging information.¹⁷⁻¹⁸

In addition, I.V. Persantine offers a proven safety record,¹⁹ gradual onset, and a convenient, easy-to-follow protocol. In pharmacologic stress, it’s the rule by which all other agents are measured.

In perfusion imaging, anything less diminishes diagnostic certainty.

Ask questions about pharmacologic stress with I.V. Persantine.

Call the Du Pont Pharma Nuclear Cardiology Infoline at 1-800-343-7851 for further information.

*Serious adverse reactions associated with the administration of I.V. Persantine have included fatal and nonfatal myocardial infarction, ventricular fibrillation, symptomatic ventricular tachycardia, transient cerebral ischemia, and bronchospasm. Severe adverse events have occurred infrequently (0.3%) in a study of 3911 patients. Patients with a history of unstable angina may be at greater risk for severe myocardial ischemia. Patients with a history of asthma may be at greater risk for bronchospasm.

Persantine® is a registered trademark of Boehringer Ingelheim International GmbH. 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.

Brief Summary of Precautionary Information

CONTRAINDICATIONS: Hyper-sensitivity 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, symtomatic ventricular tachycardia, transient cerebrovascular ischemia, and bronchospasm.

In a study of 3911 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 (1.1%), two fatal (0.5%) and two non-fatal (0.6%), 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 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, parenteral amitryptiline 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 amitryptiline 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 amitryptiline. If 250 mg of amitryptiline does not relieve chest pain symptoms within a few minutes, sublingual nitroglycerin may be administered. If chest pain continues despite use of amitryptiline 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 amitryptiline, thallium-201 may be injected and allowed to circulate for one minute before the injection of amitryptiline. 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 vasodilation induced by intravenous Persantine® (dipyridamole USP) administration. This could lead to a false negative thallium imaging result.

Cardiogenic, Myogenic, Impairment of Fertility: In studies in which dipyridamole was administered to the test doses of up to 75 mg/kg/day (4.9 times the maximum recommended daily human oral dose) in mice (up to 126 weeks in males and up to 142 weeks in females) and rats (up to 111 weeks in males and up to 131 weeks in females), there was no evidence of drug-related carcinogenesis. Mutagenic 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 daily 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.

Breastfeeding 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; severe ventricular arrhythmias, 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 (19.7%), electrocardiographic changes (most commonly ST-T changes) (15.9%), headache (12.2%), and dizziness (11.6%).

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

<table>
<thead>
<tr>
<th>Incidence (%) of Drug-Related Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Related Events</td>
</tr>
<tr>
<td>Chest Pain/Angina Pectoris</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Dizziness</td>
</tr>
<tr>
<td>Electrocardiographic Abnormalities/ST-T Changes</td>
</tr>
<tr>
<td>Electrocardiographic Abnormalities/Electrode Reaction Changes</td>
</tr>
<tr>
<td>Hypotension</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
<tr>
<td>Pericardial Reaction</td>
</tr>
<tr>
<td>Electrocardiographic Abnormalities/Tachycardia</td>
</tr>
<tr>
<td>Dyspnea</td>
</tr>
<tr>
<td>Pain Unrelated Reaction</td>
</tr>
<tr>
<td>Blood Pressure Lability</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Paresthesia</td>
</tr>
<tr>
<td>Fatigue</td>
</tr>
</tbody>
</table>

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

Cardiovascular System: Electrocardiographic abnormalities unspecified (0.6%), atrial fibrillation (0.5%), palpitation (0.3%), ventricular tachycardia (0.2% see WARNINGS), bradycardia (0.2%), myocardial infarction (0.1% see WARNINGS), tachycardia (0.1%), syncope (0.1%), orthostatic hypotension (0.1%), atrial fibrillation (0.1%), supraventricular tachycardia (0.1%), ventricular arrhythmia unspecified (0.03% see WARNINGS), heart block unspecified (0.03%), tachycardia unspecified (0.03%).

Central and Peripheral Nervous System: Hypotension (0.5%), hypertension (0.3%), nervousness/ anxiety (0.2%), tachycardia (0.1%), abnormally increased (0.03%), syncope (0.03%), syncope (0.03%), migraine (0.03%), vertigo (0.03%), gastrointestinal symptoms unspecified (0.03%), abdominal pain (0.03%), flatulence (0.03%), vomiting (0.03%), eructation (0.03%), dysphagia (0.03%), tinnitus (0.03%), nasolacrimal (0.03%).

Respiratory System: Pharyngitis (0.3%), bronchospasm (0.2% see WARNINGS), hyperventilation (0.1%), rhinitis (0.1%), coughing (0.03%), pleural pain (0.03%).

Other: Myalgia (0.9%), back pain (0.6%), injection site reaction unspecified (0.4%), diaphoresis (0.4%), asthma (0.3%), malaise (0.3%), arrhythmia (0.3%), injection site pain (0.1%), rigors (0.1%), tachycardia unspecified (0.1%), hypotension (0.1%), tachycardia unspecified (0.1%), dyspnea (0.1%), thirst (0.03%), depersonalization (0.03%), eye pain (0.03%), renal pain (0.03%), perineal pain (0.03%), breast pain (0.03%), paraesthesia unspecified (0.03%), leg cramping (0.03%).

OVERDOSAGE: No cases of overdosage 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.

Cautions: Federal law prohibits dispensing without prescription.
DOES YOUR ECG TRIGGER END UP IN KNOTS WHEN YOU NEED IT MOST?

Most ECG Triggers work well when patients' ECG waves are normal. Unfortunately, many of the patients coming to your lab for testing do not have normal ECGs. When the amplitude of the R-wave decreases, and noise increases, many triggers lose the R-wave. Acquisition times and failure rates increase.

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CALL FOR APPLICANTS

Editor, Journal of Nuclear Medicine Technology

The Publications Committee of the Technologist Section, Society of Nuclear Medicine, is accepting applications for Editor of the Journal of Nuclear Medicine Technology.

Technologist Section members are urged to take this opportunity to influence the Journal's direction. The editorship of the Journal is a three-year appointment and involves commitment to a very demanding, but immensely rewarding, position. The current JNMT Editor is now completing a second three-year term; Technologist Section Bylaws limit the JNMT Editor to no more than two three-year terms.

Interested individuals should send an application to Jim Wirrell, Chair, TS Publications Committee. The application should consist of the following:

1. A current curriculum vitae, with emphasis on publishing experience and Technologist Section activities.
2. A description of access to office facilities and secretarial assistance.
3. A letter of support from candidate's immediate supervisor, which includes candidate's availability during working hours and access to office support, supplies, equipment, and secretarial assistance.
4. An overview of candidate's vision for the JNMT; approach to fulfilling the obligations and responsibilities of the Editor; recommendations for significant changes; and operational strategy and procedure. Please limit these comments to two pages.

Applications must be submitted by December 31, 1993. The selection of the new Editor will be made in June 1994, and the term will begin on January 1, 1995.

Send application to:

James J. Wirrell, CNMT
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Indianapolis, IN 46202
When pain is a moving target
HIGHLY EFFECTIVE NON-NARCOTIC THERAPY.

▼ Metastron may reduce or eliminate the need for dose escalation of narcotic analgesics.2-4

GENERALLY WELL TOLERATED.

▼ A depression of white blood cell (20%) and platelet (30%) levels may occur in patients treated with Metastron—clinically significant toxicity is rare.2

AN IMPROVED QUALITY OF LIFE FOR PATIENTS.

▼ Metastron may improve patient quality of life, as measured by assessments of mood, mobility, appetite, sleep pattern, and analgesic consumption.1-5,7

▼ Proven in 7 years of clinical experience in more than 6000 patients worldwide.2

Please see following page for full prescribing information.

Introducing

METASTRON®

(Strontium-89 Chloride Injection)

A new way to manage metastatic bone pain.
Metastron* (Strontium-89 Chloride Injection)

**Description:** Metastron is a sterile, non-pyrogenic, aqueous solution of Strontium-89 Chloride for intravenous administration. The solution contains no preservatives.

Each milliliter of Metastron contains:
- 4,500 μCi of strontium-89
- 10.9 - 22.6 mg of strontium

**Water for Injection**
0.9% to 1.0% saline

The radiative decay factors in the following tables are calculated from the activity 2.96 - 6.17 MBq/mg, 80-167 MBq/MCi at calibration. The pr of the solution is 4 ± 0.5.

**Physical and Chemical Data:** Strontium-89 decays by beta emission with a physical half-life of 50.5 days. The maximum beta energy is 1,463 MeV (100%). The maximum range of 89-Sr from Strontium-89 is approximately 8 mm.

Radioactive decay factors to be applied to the stated value for radioactive concentration at calibration, when calculating injection volumes at the time of administration, are given in the following table.

<table>
<thead>
<tr>
<th>Decay Time</th>
<th>Decay Factor</th>
<th>Decay Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days</td>
<td>71.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>1 week</td>
<td>62.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2 weeks</td>
<td>53.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>3 weeks</td>
<td>46.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>4 weeks</td>
<td>38.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>5 weeks</td>
<td>31.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>6 weeks</td>
<td>24.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>7 weeks</td>
<td>19.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>8 weeks</td>
<td>14.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>9 weeks</td>
<td>10.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>10 weeks</td>
<td>8.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>11 weeks</td>
<td>6.1%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>12 weeks</td>
<td>4.2%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>13 weeks</td>
<td>3.0%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>14 weeks</td>
<td>2.3%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>15 weeks</td>
<td>1.7%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>16 weeks</td>
<td>1.2%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>17 weeks</td>
<td>0.7%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>18 weeks</td>
<td>0.3%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>19 weeks</td>
<td>0.1%</td>
<td>&lt;0.1%</td>
</tr>
</tbody>
</table>

**Table 1:** Decay of Strontium-89

**Clinical Pharmacology:** Following intravenous injection, strontium chloride compounds behave like their calcium analogs, clearing rapidly from the body and selectively localizing in bone minerals. Update of strontium by bone occurs preferentially in sites of active osteoblast activity, thus primary bone lesions or localized areas of metastatic involvement (plastic lesions) can accumulate significantly greater concentrations of strontium than surrounding normal bone.

Strontium-89 is retained in bone lesions more than 14 days, but the amount retained in bone tissue is approximately 8 mm, maximum energy is 1,463 MeV. Mean absorbed radiation doses are listed in the Radiation Dosimetry section.

Clinical trials have examined refilp in cancer patients who have received therapy for bone metastases (external radiation to intended sites) and in whom persistent pain occurred. In a multi-center Canadian placebo-controlled trial of 126 patients, pain relief occurred in more patients treated with a single injection of Metastron than in patients treated with an injection of placebo. Results are given in the following tables.

Table 2: Comparison of the percentage and number of patients treated with Metastron or placebo who had reduced pain in the following indication of chemotherapy to treatment.

- **Table 3:** Comparison of the effect of Strontium-89 and placebo, as adjunct to radiotherapy, on pain score and incidence of chemotherapy treatment.

**Table 4:** Comparison of the effect of Strontium-89 and placebo, as adjunct to radiotherapy, on pain score and incidence of chemotherapy treatment.

**Dosage and Administration:** The recommended dose of Metastron is 148 MBq, 4 mg, administered by slow intravenous injection and repeated every 3 months. Because of the higher bone turnover, a small number of patients have reported a transient increase in bone pain at 36 to 72 hours after injection. This is usually self-limiting and self-limited, and controllable with analgesics. A single patient reported relief, and fever 12 hours after injection without long-term sequelae.

**Precautions:** Because Strontium-89 is a calcium analog, secretion of Strontium-89 Chloride into human milk is likely. It is recommended that nursing be discontinued by mothers to receive intravenous Strontium-89 Chloride. It is not known whether this drug is excreted in human milk.

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

**Adverse Reactions:** A single case of total sepsis involving myclogus was reported during clinical trials. Most serious reactions of marrow suppression could be managed by conventional means.

**Storage:** The drug is intended for use only in the state of the physician's practice. The drug will be shipped in a transportation system immediately prior to administration. This store is used for radiopharmaceuticals is not recommended for use in the state of the United States. For the duration of the supernatural state, packages should be stored in the container at room temperature (3-25°C). The radiopharmaceutical is sensitive to temperature and should be kept cool in the packaging container at room temperature (3-25°C) in the supramark state. Radiopharmaceuticals are recommended by the International Union for Neoplastic disease for use in patients who have been treated with approved prostate cancer metastatic bone.

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The 1994 Scientific and Teaching Sessions Committee solicits the submission of abstracts from members and nonmembers of The Society of Nuclear Medicine for the 41st Annual Meeting in Orlando, Florida. Abstracts accepted for the program 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
- Radioassay
- Radiopharmaceutical Chemistry
- Dosimetry/Radiobiology
- Clinical Science Applications:
  - Bone/Joint
  - Cardiovascular (clinical, basic and PET)
  - Endocrine
  - Gastroenterology
  - Neurosciences: Basic, Neurology and Psychiatry
  - Oncology Diagnosis (non-antibody)
  - Oncology Diagnosis (antibody)
  - Oncology/Therapy
  - 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 JNMT.

**TECHNOLOGIST SECTION AWARDS**

The Awards Committee is responsible for reviewing and judging presented scientific papers, posters, and exhibits at the national SNM Meeting. We encourage all technologists and students to participate and gain national recognition for their investigative work.

The following awards will be given to technologists at the 1994 Annual Meeting in Orlando, Florida:

| Best Scientific Presentation | 1st: $500 | 2nd: $300 | 3rd: $200 |
| Best Exhibit/Poster | 1st: $200 | 2nd: $150 | 3rd: $100 |

**BEST CARDIOVASCULAR PRESENTATION/EXHIBIT/POSTER**

(Awarded by the Cardiovascular Council)

| 1st: $500 | 2nd: $300 | 3rd: $200 |

**STUDENT TECHNOLOGIST SCIENTIFIC PRESENTATION**

1st: $100

**BEST STUDENT TECHNOLOGIST POSTERS**

1st, 2nd, and 3rd: Ribbons

The official abstract form may be obtained from the October 1993 issue of JNMT or by writing to:

The Society of Nuclear Medicine
Att: Abstracts
136 Madison Ave., New York, NY 10016-6760
Tel: (212) 889-0717 • FAX: (212) 545-0221

**DEADLINE FOR RECEIPT OF ABSTRACTS FOR SCIENTIFIC PAPERS IS WEDNESDAY, JANUARY 5, 1994.**

**DEADLINE FOR RECEIPT OF ABSTRACTS FOR SCIENTIFIC EXHIBITS IS WEDNESDAY, JANUARY 5, 1994.**

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**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 1 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.

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Last dates in 1993! October 18-19

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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.

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Registrations and payments should be sent to:
LisaAnn Trombath
SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
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Each description of the products below was condensed from information supplied by the manufacturer. The reviews are published as a service to the professionals working in the field of nuclear medicine and their inclusion herein does not in any way imply an endorsement by the Editorial Board of The Journal of Nuclear Medicine or by The Society of Nuclear Medicine.

Bioprocess Mixing System

The Nalge Company has introduced a complete bioprocess mixing system that has been specifically designed for use with the 12-liter Nalgene™ culture vessel with ports. The new system is designed to deliver maximum efficiency and mixing. The system includes an autoclavable Nalgene culture vessel with ports molded of lightweight, clear, break-resistant polycarbonate; a 1/30-HP Nalgene BioTech mixer overhead drive with LED readouts, variable speed controls, programmable timer and audible overload alarm; and a lower assembly featuring a 3/8-in, type 316 stainless steel shaft and 4-in, glass-filled polypropylene axial-flow impeller. Nalge Company, P.O. Box 26365, Rochester, NY 14602. (716) 264-3985. Fax: (716) 586-8431.

Videotape Training Program

Nuclear Associates has released a new videotape training program entitled “Hospital Radiation Protection Practices.” This program offers an overview of radiation protection in a hospital setting for all hospital personnel. It provides in-depth descriptions of current radiation protection procedures required by government regulations for the medical use of radioactive materials. The opening segment covers the history of radiation use and protection, biological effects and general principles of radiation protection. This information is ideal for a hospital’s indoctrination program for nonradiology employees and nurses who require general knowledge about radiation protection. The second segment addresses what is required of a hospital radiation safety program in order to comply with government agencies in the areas of diagnostic radiology, teletherapy, brachytherapy, diagnostic and therapeutic nuclear medicine, among others. Nuclear Associates, 100 Voice Rd., P.O. Box 349, Carle Place, NY 11514-0349. (516) 741-6360. Fax: (516) 741-5414.

Individualized Technical Support Programs

Agfa has introduced Agfatek, a series of maintenance support programs individualized to the specific requirements of its medical and nondestructive testing imaging equipment customers. Ranging from product documentation and telephone support to comprehensive service agreement plans, Agfatek programs are designed to keep Agfa products and systems running with maximum efficiency at minimum cost. A team of technical imaging systems field engineers, backed up by phone support specialists available 24 hr a day, 365 days a yr on a toll-free number is the key to Agfatek programs. If a problem cannot be solved over the telephone, Agfa will dispatch a field engineer who will arrive on-site in a van stocked with a selection of parts and equipment designed to troubleshoot and repair most problems on the first visit. Customer training courses are also available. Agfa Division, Miles Inc., 100 Challenger Rd., Ridgefield Park, NJ 07660. (201) 641-9566. Fax: (201) 440-1512.

New Accessories for X-Ray Test Devices

The Model 4000+ and Model 4000M+ x-ray test devices have been augmented by the introduction of several accessories by Victoreen. The model 6000-530 Image Intensifier Ionization Chamber is designed to measure exposure rates at the input phosphor of image intensifiers. Along with the remainder of Victoreen’s diagnostic ion chambers, it makes good use of the Model 6000-531 preamplifier. This small device matches the sensitivity of up to four ion chambers with the input sensitivity of the Model 4000 series device, giving direct exposure and exposure rate readouts without the need for correction factors. Another recent addition to the product line is the software package, QA-Quick™. Designed to run on a Hewlett-Packard Model 48SX calculator, interfaced to the Model 4000M+ or Model 4000+ via a standard RS-232 interface, it enables the user to operate the instrument remotely in addition to performing various QA calculations. Victoreen, Inc., 6000 Cochran Rd., Cleveland, OH 44139-3395. (216) 248-9300. Fax: (216) 248-9301.

New Products

Imaging Densitometer

Lunar Corporation has announced a breakthrough in bone densitometry with the release of its Expert Bone Densitometer. Expert’s high-resolution images enable accurate morphometry of the lateral spine without the need for separate thoracic and lumbar radiographs. The radiation dose is 10 to 20 times lower than radiographs and the images are much improved due to limited scatter radiation, no magnification or distortion and limited density inhomogeneities. Expert performs total body scans in 2 min compared to conventional spine/femur imaging which takes 30 sec. Specific lateral images of the lumbar spine can be obtained in 1 min, while an image of the entire lateral spine from L5 to T4 takes only 2 min. Expert’s motorized C-arm can be easily rotated for imaging at different angles, including the lateral spine in the supine position. Its radiation source uses a rotating anode tube and K-edge filter. This produces relatively monoenergetic x-rays that minimize beam hardening problems. Lunar Corporation, 313 West Beltline Hwy., Madison, WI 53713. (608) 374-2663. Fax: (608) 274-5374.
Policy—The Journal of Nuclear Medicine accepts classified advertisements from medical institutions, groups, suppliers, and qualified specialists in nuclear medicine. Acceptance is limited to Positions Open, Positions Wanted, and Equipment. We reserve the right to decline, withdraw, or modify advertisements.

Rates for Classified Listings—$21.00 per line or fraction thereof (approximately 50 characters per line, including spaces). Please allow 28 characters for the first line which will appear in capital letters. Special rates for SNM members on Positions Wanted. $10.00 per line. Note: Box numbers are available for the cost of the 2 lines required.

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- Full page $1500
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Publisher-Set Charges—Page $150; half page $100; quarter page $75; eighth page $50.

Terms—Payment must accompany order. Make checks payable, in U.S. dollars on U.S. banks only, to: The Society of Nuclear Medicine.

Deadline—First of the month preceding the publication date; last day of February issue. Please submit classified listings typed double spaced. No telephone orders are accepted.

Send Copy to:

Classified Advertising Department
The Society of Nuclear Medicine
136 Madison Avenue
New York, NY 10016-6760
(212) 889-0717
FAX: (212) 545-0221

Positions Available

Faculty

The Medical Research Council of Canada Group in the Radiation Sciences, Université de Sherbrooke, invites applications for a tenure-track position in the field of medical imaging. The appointment will be at the INSTRUCTOR, ASSISTANT or ASSOCIATE PROFESSOR level within the Department of Nuclear Medicine and Radiobiology and will be associated with an appointment within the new PET/MRI Imaging Unit of the CHUS Clinical Research Centre. This clinical/research unit is scheduled to start operation early in 1995 and will include a cyclotron, whole-body and animal PET scanners and an MR/MRS system. Applicants should have research interests relevant to functional imaging and have strong expertise in either PET imaging, medical image processing/registration or kinetic modeling. Send curriculum vitae, description of research interests and arrange for three letters of recommendation to be sent to: Johan van Lier, Ph.D., Chairman, Department of Nuclear Medicine and Radiobiology, Faculty of Medicine, Université de Sherbrooke, Sherbrooke, Quebec, Canada J1H5N4.

Pharmacist

STAFF NUCLEAR PHARMACIST. The Univ. of Oklahoma Health Sciences Center, College of Pharmacy has an immediate opening for a Staff Nuclear Pharmacist. Candidates must be eligible for both licensure in the State of Oklahoma and by the NRC. Interested candidates should send a resume and names of three references to: Stanley L. Mills, Ph.D., Director, Nuclear Pharmacy, College of Pharmacy, Univ. of Okla. Health Sciences Center, P.O. Box 26901, Oklahoma City, OK 73104. OU/UCB is an EOE.

Physician

NUCLEAR MEDICINE PHYSICIAN (BE/BC) The Dayton VA Medical Center and Wright State University School of Medicine are seeking a BE/BC Nuclear Medicine Physician for the position of Assistant Chief, Nuclear Medicine Service. Appointee must be eligible for faculty appointment at WSU/SOM. Competitive salary and benefits. New hospital with state-of-the-art equipment including two SPECT cameras. Opened in June 1992. All applications received by September 30, 1993 will be considered. Applications received after that time will be considered if the position has not been filled. Send CV and three references to: Lawrence A. Gilbert, MD, Chief, Nuclear Medicine Service (115), VA Medical Center, 4100 West Third St., Dayton, OH 45428. Equal Opportunity Employer.

NUCLEAR MEDICINE PHYSICIAN with Internal Medicine background to join established practice at the Welborn Clinic, an 85-doctor multi-specialty group. Fully equipped nuclear lab at hospital, which is directly across the street from the Clinic and new equipment soon to be added to Clinic. Family oriented community of 135,000 on Ohio River, two universities, and a variety of recreational and cultural amenities. Send CV to R. Denny Currier, Welborn Clinic, 421 Chestnut Street, Evansville, IN 47713.

Residency

NUCLEAR MEDICINE RESIDENCY, JULY 1994 Comprehensive imaging/RIA/therapy program in three hospitals (private, county, VA) with 2500 total beds. Mobile imaging for over 200 ICU beds. Large pediatric population. Strong cardiovascular emphasis. State-of-the-art instrumentation including SPECT and computer processing. Training includes introductory rotation in PET. Contact: Warren H. Moore, MD, Department of Radiology, Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030, 713/791-3126. Baylor College of Medicine is an EOAA employer.

Post Doctoral Position

ORGANIC/MEDICINAL CHEMIST. The Center for Functional & Metabolic Imaging at the University of Pennsylvania Medical Center has an opening for an organic/medicinal chemist interested in biomedical research with positron emission tomography (PET). Broad synthetic background required to develop compounds labeled with positron emitters 11C and 18F for in vivo metabolic studies. Experience with handling radioactive materials is desirable but not essential. Interested candidates should send resume and names of three references to: Chyng-yan Shue, PhD, Center for Functional & Metabolic Imaging, Department of Radiology, University of Pennsylvania Medical Center, 3400 Spruce Street, One Silverstein Building, Philadelphia, PA 19104.

Equipment For Sale

FOR SALE: GAMMA CAMERA GAMMATOME 2 (SOPHA MEDICAL COMPANY) USE IN THE NUCLEAR MEDICINE DEPARTMENT, CLAUDIUS REGAUD MEDICAL CENTER. OBJECT: Replacement. TECHNICAL DATA: Perfect condition, multi-modality, 6 collimators. Set up: July 1986: August 1989: Standard Head Detection Replacement: March 1990: SOPHY 10" A'S N212 acquisition system with overdrive, SOPHY 20" P S/N1220 planning system. All material in bearing contract "100%" since set up. If you are interested, please contact the Secretary General at the Claudius Regaud Center. Address: 20-24 rue du Pont Saint-Pierre-31052 TOULOUSE CEDEX (FRANCE )
tel: (33) 61 42 42 01—fax: (33) 61 59 29 28 Dr H. LUCOT, Director of Department of Nuclear Medicine.

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**Staff Position**

Immediate opening for full-time, temporary (not to exceed one year). ABIM and ABNM eligible/certified preferred. Relocation expenses are authorized.

*Contact: Jerry Glowniak, MD, Acting Chief, Nuclear Medicine, VA Medical Center, PO Box 1034, Portland, OR 97207. Phone (503) 273-5846. EOE.*

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**School of Health Sciences Purdue University**

**announces a search for**

**Assistant Professor of Health Physics**

The School of Health Sciences, Purdue University, is seeking applications for a new, full-time, tenure track, academic year, faculty position at the assistant professor level. Applicants with outstanding credentials might be considered for appointments at a higher faculty rank. Applicants will be considered in all areas of health physics but preference will be given to those applicants having expertise in radiobiology, microdosimetry, medical health physics, or medical physics. The position will include academic and administrative responsibilities for the medical physics program currently being carried out jointly with the Indiana University Medical Center. The successful applicant, who must have a Ph.D. or equivalent, will be expected to maintain an externally funded research program and to supervise graduate students. The person should also be capable of supporting the basic teaching program in undergraduate health physics.

Applications should be sent to: Dr. Robert Landolt, Chair, Search Committee, Purdue University, School of Health Sciences, 1338 Civil Engineering Building, West Lafayette, Indiana 47907-1338

Applicants should submit a letter of introduction which includes a statement of research interests, a curriculum vitae including a list of publications and any previous funding, and the names, addresses, and telephone numbers of three references. Applications will be received immediately and review will begin November 1, 1993, and continue until the position is filled, but no later than July 1, 1994

**Purdue University is an Equal Opportunity/Affirmative Action Employer**

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**Clinical Faculty (Radiology) Position**

**College of Pharmacy**

**University of New Mexico**

The University of New Mexico College of Pharmacy is seeking applicants for a unique 12-month tenure-track position at the assistant professor level. The successful candidate will establish a clinical pharmacy service in the Radiology Department of the Albuquerque Veterans Affairs Medical Center (VAMC) which focuses on the provision of pharmaceutical care through the appropriate clinical use of diagnostic imaging agents, related medications and devices, and therapeutic radiopharmaceuticals. The VAMC is a 553-bed acute and intermediate care hospital with an active ambulatory care service.

Responsibilities would include: on-site clerkship teaching, staff development, appropriate research and other scholarly activities, and didactic instruction in the college’s clinical pharmacy and nuclear pharmacy teaching programs.

Candidates must (A) possess either a Pharm.D., PhD, or M.S. degree in pharmacy practice and (B) have training and/or experience, as well as show evidence of scholarly achievement, in radiopharmacy, the radiological sciences and/or the care of patients in the radiology setting. For best consideration, applications should be received by December 31, 1993. Tentative starting date is July 1, 1994. Submit letter of interest, curriculum vitae, and names, addresses, and telephone numbers of three references to: William B. Hladik III, M.S., College of Pharmacy, The University of New Mexico, 2502 Marble NE, Albuquerque, NM 87131-1066. (505) 277-6104

The University of New Mexico is an Affirmative Action/Equal Opportunity Employer

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**School of Health Sciences**

**Regina Health District**

Saskatchewan is undergoing major reform of its health system. The Regina Health District has been created to facilitate this change in Regina and area. Our vision is a client-centred, community based health system that emphasizes prevention and provides for the health needs of community members.

**Nuclear Medicine Physician**

Regina Health District, responsible for the coordination of hospital medical services, is seeking a Nuclear Medicine Physician for our autonomous Nuclear Medicine Department which services three hospital sites in Regina.

Reporting directly to the Head, Department of Nuclear Medicine, the candidate will be expected to provide regular full time diagnostic and therapeutic nuclear medicine services while fostering good relationship with associated departments.

The successful candidate will possess or be eligible for Royal College certification.

The city of Regina features affordable housing, an excellent university, good schools, abundant recreational and cultural facilities, plus a safe, pleasant family environment.

Interested applicants are invited to submit a resume plus three references related to nuclear medicine practice, in confidence to: Dr. V. Trivedi, Head, Department of Nuclear Medicine, Regina Health District, 1440 14th Avenue, Regina, Saskatchewan, Canada S4P 0H5
MANAGER
P.E.T. RADIOPHARMACEUTICAL LABORATORY

The Nuclear Medicine Section, Department of Radiology is seeking a radiochemist with a Masters Degree to direct radiopharmaceutical manufacture and production for clinical Positron Emission Tomography. The candidate must possess a strong synthetic organic chemistry background, with extensive experience in modern analytical techniques and positron emitters. The candidate must have strong communicative and interactive skills and will have demonstrated leadership qualities.

This position is responsible for the overall proper operation of the laboratory and the supervision of laboratory personnel, including chemists, laboratory technicians, and students. Directs and performs organic synthesis of PET radiopharmaceuticals, including preparation and assuring pharmaceutical purity of the preparations.

For consideration, send your resume to: Personnel Services, The University of Tennessee Medical Center at Knoxville, 1924 Alcoa Highway, Knoxville, TN 37920. UTMC is an EEO/AA/Title IX/Section 504/ADA Employer.

THE UNIVERSITY OF TENNESSEE
Medical Center at Knoxville

COORDINATOR
Nuclear Pharmacy

We are seeking an individual with experience in Nuclear Pharmacy to practice in and manage our nuclear pharmacy which supports a tertiary medical care facility. The selected candidate will supervise two nuclear pharmacy technologists in the operation of pharmacies in nuclear medicine, nuclear cardiology and a cell radiolabelling pharmacy. Duties also include the administrative management of financial and capital equipment resources and personnel. In addition, this position is responsible for coordinating drug usage evaluation and reporting adverse drug reactions.

Research projects exist in the radio-labelling of monoclonal and polyclonal antibodies, involvement in investigational therapeutic regimens, and overseeing radioactive material uses within the facility. The successful candidate will also have teaching responsibilities for Pharmacy and Radiology residents rotating through Nuclear Medicine.

We offer competitive wages and an excellent flexible benefit plan. Please forward your resume to: Bruce E. Vinson, Director of Pharmacy, or call (313) 745-8632.

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DIRECTOR NUCLEAR MEDICINE INSTITUTE

The Garden State Cancer Center, a regional cancer program in northern New Jersey, seeks to hire a physician with Nuclear Medicine Boards and a record of academic distinction (at least achieving Associate Professor rank) to direct a dynamic clinical radiopharmaceutical research program involving an out-patient clinic and in-patient cancer therapy beds at affiliated hospitals. Research group has strong publication record and clinical referral system for investigator studies. Limited routine clinical responsibilities are involved on a part time basis at an affiliated hospital. Salary commensurate with training, experience, and stature, and includes TIAA/DEF pension plan and other fringe benefits. Curriculum vitae with at least 3 references should be submitted to: ATTN: V.P. ADMINISTRATION

Garden State Cancer Center
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Greater New York Chapter
Society of Nuclear Medicine
Announces the
19th Annual Scientific Meeting
Friday, Oct. 29 - Sunday, Oct. 31, 1993
Adams Mark Hotel, Philadelphia, PA.

- Functional Brain Imaging
- Cardiac SPECT
- Thyroid Disease
- Tumor Imaging With Antibodies
- Bone Imaging
- Painful Bone Metastases Tutorial

General inquiries to:
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360 Cedar Lane
East Meadow, New York 11554
Phone: (718) 904-4180
SCIENTIFIC PAPER SUBMISSION FORM
1994 ANNUAL MEETING

GENERAL POLICIES:
The 1994 Scientific Program Committee and the Scientific and Teaching Sessions Committee welcome the submission of
abstracts of original contributions in nuclear medicine from
members and nonmembers of the Society of Nuclear Medi-
cine for the 41st Annual Meeting in Orlando, Florida, June 5-
To help you prepare your abstract, several policies have
been formulated, as follows:

1. Previously published or presented materials
Materials that have been accepted or pub-
lished as full articles in any journal prior to
the SNM Annual Meeting should not be
submitted as an abstract of a scientific
paper. Abstracts appearing elsewhere in
identical form will be rejected. Such data
should be reformatted for the SNM audience.

2. Publication of accepted abstracts
Abstracts accepted for presentation will
be published in a special supplement to
the May 1994 issue of The Journal of
Nuclear Medicine and the accepted
Technologist Section abstracts in the
June 1994 issue of the Journal of
Nuclear Medicine Technology.

3. Changes after submission
Abstracts are to be submitted in final for-
mat. No changes can be made at any
time after receipt at the Central Office.

4. Editing
On all accepted abstracts, the Scientific
Program Committee reserves the right toedit those not submitted in the proper
format for publication in the Journal and
to recategorize submitted abstracts
where appropriate.

5. Multiple contributions on a similar topic
Whenever possible, multiple contribu-
tions on the same or a similar subject
from the same institution should be
merged into a single abstract.

6. Publication of full text
Authors seeking publication for the full
text of their papers are strongly encour-
aged to submit their work to The Journal
of Nuclear Medicine for immediate
review.

7. Day and time assignments for oral presentations cannot be changed.

8. Please refer to the “Meeting Memo” in the October 1993 issue of
The Journal of Nuclear Medicine for
further information on the Scientific
Program Committee policies and
objectives.

9. Awards Criteria

Society Program
Young Investigator Awards
(Oral Presentation Only)

1. Cardiovascular Young Investigator Award
A) All applicants must be currently
enrolled or within 5 years of complet-
ing a certified training program (there
is no age limit).
B) Only one (1) abstract per applicant
may be submitted.
C) All former first prize winners are
ineligible.
D) An identical abstract can be submit-
ted to the regular Cardiovascular Clini-
cal or Basic section for an independent
review. An abstract submitted for the
Young Investigator Award has an equal
opportunity to get on the cardiovascular
program as any other abstract.
E) You cannot check the “Poster-Board
Only” box on the form.

2. Computer and Instrumentation
Young Investigator Award
A) Only medical students, residents, fel-
low graduates, post-doctoral fellows
and those with less than two (2)
years experience as faculty members
may apply.
B) You cannot check the “Poster-Board
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3. Berson-Yalow Award
All research making use of the indicator-
dilution method will be considered for
this award. Abstracts which summarize
research on receptor-based radiophar-
macuetals, for example, will be judged
for the Berson-Yalow award. Therefore,
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cuetals) in addition to the radioassay
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PLEASE CHECK THE APPROPRIATE BOX
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TO BE CONSIDERED FOR ANY OF THESE
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SPECIFIC INSTRUCTIONS FOR PREPARATION OF ABSTRACT:

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Abstracts must be typed inside the blue
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One page of optional supporting data is
couraged. Additional forms are avail-
able from The Society of Nuclear Med-
icine, 136 Madison Avenue, New York,
NY 10016-6760, telephone (212) 889-
0717. Photocopies of the abstract
form cannot be accepted as origi-
inals.

2. Printing instructions
When typing your abstract on a comput-
er, use a letter quality printer. Do not use
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bon (brand new ribbons smudge; old
ones print too faintly). PRACTICE typ-
ing the abstract in a rectangle 4½ × 5½
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margin to left border width (inches).
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reduced photographically and will be
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lines, typed-in margins, incorrect abbrevi-
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rather than full spelling for authors’
first and middle names. Underline the
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space all typing, but leave a space
between the title block and the body of
the text. Indent each paragraph three
spaces. Do not indent title. Draw spe-
cial symbols in black India ink.
Make title brief, clearly indicating
the nature of the investigation. Then state
authors’ names and institutional affilia-
tions. Omit degrees, titles, institutional
appointments, street addresses, and zip
codes.
SCIENTIFIC PAPER SUBMISSION FORM
1994 ANNUAL MEETING

GENERAL POLICIES:

The 1994 Scientific Program Committee and the Scientific and Teaching Sessions Committee welcome the submission of abstracts of original contributions in nuclear medicine from members and nonmembers of The Society of Nuclear Medicine for the 41st Annual Meeting in Orlando, Florida, June 5-8, 1994. Deadline for receipt of abstract is January 5, 1994.

To help you prepare your abstract, several policies have been formulated, as follows:

1. Previously published or presented materials

Materials that have been accepted or published as full articles in any journal prior to the SNM Annual Meeting should not be submitted as an abstract of a scientific paper. Abstracts appearing elsewhere in identical form will be rejected. Such data should be reformatted for the SNM audience.

2. Publication of accepted abstracts

Abstracts accepted for presentation will be published in a special supplement to the May 1994 issue of The Journal of Nuclear Medicine and the accepted Technologist Section abstracts in the June 1994 issue of the Journal of Nuclear Medicine Technology.

3. Changes after submission

Abstracts are to be submitted in final format. No changes can be made at any time after receipt at the Central Office.

4. Editing

On all accepted abstracts, the Scientific Program Committee reserves the right to edit those not submitted in the proper format for publication in the Journal and to recategorize submitted abstracts where appropriate.

5. Multiple contributions on a similar topic

Whenever possible, multiple contributions on the same or a similar subject from the same institution should be merged into a single abstract.

6. Publication of full text

Authors seeking publication for the full text of their papers are strongly encouraged to submit their work to The Journal of Nuclear Medicine for immediate review.

7. Day and time assignments for oral presentations cannot be changed.

Please refer to the "Meeting Memo" in the October 1993 issue of The Journal of Nuclear Medicine for further information on the Scientific Program Committee policies and objectives.

9. Awards Criteria

A) All applicants must be currently enrolled or within 5 years of completing a certified training program (there is no age limit).
B) Only one (1) abstract per applicant may be submitted.
C) All former first prize winners are ineligible.

D) An identical abstract can be submitted to the regular Cardiovascular Clinical or Basic section for an independent review. An abstract submitted for the Young Investigator Award has an equal opportunity to get on the cardiovascular program as any other abstract.
E) You cannot check the "Poster-Board Only" box on the form.

2. Computer and Instrumentation Young Investigator Award

A) Only medical students, residents, fellows, graduate students, post-doctoral fellows and those with less than two (2) years experience as faculty members may apply.
B) You cannot check the "Poster-Board Only" box on the form.

3. Berson-Yalow Award

All research making use of the indicator-dilution method will be considered for this award. Abstracts which summarize research on receptor-based radiopharmaceuticals, for example, will be judged for the Berson-Yalow award. Therefore, multiple categories (such as neurosciences, oncology, and radiopharmaceuticals) in addition to the radioassay sessions for abstracts will be eligible for this award.

PLEASE CHECK THE APPROPRIATE BOX ON THE ABSTRACT FORM IF YOU WISH TO BE CONSIDERED FOR ANY OF THESE AWARDS.

SPECIFIC INSTRUCTIONS FOR PREPARATION OF ABSTRACT:

1. Abstract forms

Abstracts must be typed inside the blue rectangle on the third page of this form. One page of optional supporting data is encouraged. Additional forms are available from The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760, telephone (212) 889-0717. Photocopies of the abstract form cannot be accepted as originals.

2. Printing instructions

When typing your abstract on a computer, use a letter quality printer. Do not use type that simulates script. Use a carbon ribbon or a slightly used black silk ribbon (brand new ribbons smudge; old ones print too faintly). PRACTICE typing the abstract in a rectangle 4 1/2 × 5 1/2 inches before using this form. Place left margin to left border width (inches) DO NOT ERASE. Abstracts will be reduced photographically and will be reproduced exactly as submitted. Abstracts with smudges, errors, misspellings, poor hyphenation, skipped lines, typed-in margins, incorrect abbreviations, too-faint typing, etc. (or not conforming to prescribed rules) require retyping by the publisher at the author's expense.

3. Format for title and body

USE ALL CAPS for TITLE, following the example given below. Use initials rather than full spelling for authors' first and middle names. Underline the name of the presenting author. Single-space all typing, but leave a space between the title block and the body of the text. Indent each paragraph three spaces. Do not indent title. Draw special symbols in black India ink.

Make title brief, clearly indicating the nature of the investigation. Then state authors' names and institutional affiliations. Omit degrees, titles, institutional appointments, street addresses, and zip codes.
4. Organization of body of abstract
Organize the body of the abstract as follows:
- A statement of the purpose of the study (preferably one sentence).
- A statement of the methods used.
- A summary of the results presented in sufficient detail to support the conclusions.
- A statement of the conclusions reached. It is not satisfactory to state “the results will be discussed” or “other data will be presented.”
- Do not use subtitles, e.g., Methods, Results.

5. Abbreviations
Use only standard abbreviations. Abbreviations used in The Journal of Nuclear Medicine are preferred.
No abstract will be accepted unless the chemical identity of the radiopharmaceutical involved in the study is specified as accurately and completely as possible (for well-established radiopharmaceuticals, standard abbreviations, such as MDP, DTPA, etc., are acceptable). Abbreviations in which radiopharmaceuticals are identified only by code numbers will be automatically rejected.

6. Superscripts and subscripts
The mass number of an element should follow the elemental abbreviation on the same line and be separated by a hyphen (Tc-99m). DO NOT USE SUPERSCRIPTS OR SUBSCRIPTS to identify isotopes.

CHECK LIST:
Please be sure you have:
- Completed Boxes 1, 2, and 4, and signed the conflict of interest declaration and the two boxes on the last page of the abstract form.
- Enclosed the Conflict of Interest Declaration and the original abstract form and nine copies.
- Designated an awards category, if appropriate (Box 3 on front of Abstract Form)
- Enclosed one self-addressed stamped postcard with title and authors for acknowledgment of receipt of abstract at SNM central office (optional).

EXAMPLE

TECHNETIUM-99m POLYPHOSPHATE BONE IMAGING IN LEGG-PERTHES DISEASE. J.A. Danigelis, R.L. Fisher, and M.B. Ozonoff. Newington Children's Hospital, Newington, CT.

This investigation was undertaken to compare the diagnostic usefulness of radionuclide bone imaging techniques to standard radiographic...

IMPORTANT

There are separate forms for Scientific Papers and Scientific Exhibits. Be sure you have the correct form.
All abstracts accepted for the program of The Society of Nuclear Medicine Annual Meeting will be printed directly from the typed copy of the abstract form. To ensure printing quality, the instructions must be followed completely for all abstracts. Please be sure to underline the name of the presenting author.

All Meeting Rooms will be set with dual screens and 35mm projectors. Requests for additional AV equipment must be made in writing by Friday, May 6, 1994.

Late or on-site requests will be charged to presenter.
Mail requests to: Department of Meeting Services
The Society of Nuclear Medicine
136 Madison Ave., New York, NY 10016-6760

CONFLICT OF INTEREST DECLARATION

Having an interest or affiliation with any corporate organization does not prevent authors from making a presentation, but the relationship must be made known in advance to the audience in accordance with the Standards of the Accreditation Council for Continuing Medical Education.

A reasonable test to guide decisions about what to disclose is whether any particular affiliation could cause embarrassment to the individual or institutions involved, or lead to questions about the authors’ motives, if such affiliation(s) were made known to the general public.

Failure to disclose or false disclosure will require the SNM to remove your abstract from consideration/presentation.

Commercial organization(s) which provided direct or indirect support potentially related to the work reported in this presentation must be listed below. Identity by initials in column (C) any author(s) who have interests or affiliation with these organization(s) on the appropriate line(s). This form must be returned with your abstract.

ALL AUTHORS MUST SIGN THIS FORM EVEN IF THERE ARE NO AFFILIATION(S)/INTEREST(S) TO REPORT. YOUR ABSTRACT WILL NOT BE REVIEWED WITHOUT THESE SIGNATURES.

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This abstract is intended for:
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I am willing to present this paper:
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☐ Cardiovascular Young Investigators
☐ Berson-Yalow

4

Write only ONE category's abbreviation in the box below:

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Neurosciences:
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Neurology (NSN)
Psychiatry (NSP)
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List the name, address, & telephone number of the individual who should receive all correspondence.

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TWO KEY WORDS FOR SUBJECT INDEX (See Meeting Memo for details)

(Electronically transmitted facsimiles will NOT be accepted)

DEADLINES
For Scientific Papers: Abstracts must be received (not postmarked) by Wednesday, January 5, 1994.
Please note: Acceptance or Rejection letters will be mailed no later than the week of February 20, 1994.

*See General Policies, #9, on the instruction page of the abstract form, for criteria of these awards. Technologist Section Awards are selected separately. Please see the December 1993 JNMT for description of these awards.
Mail the Items Listed Below to:

THE SOCIETY OF NUCLEAR MEDICINE
Attn: Abstracts
136 Madison Avenue, New York, New York 10016-6760
(212)889-0717

PLEASE NOTE: Be sure you have:
- Enclosed the original abstract, Conflict of Interest Declaration plus nine (9) photocopies of the official abstract form (page 1 only).
- Enclosed one self-addressed, stamped postcard with title and authors if receipt is to be acknowledged (optional). Note: Overseas or non-U.S. abstracts do not require return postage.

DO NOT FOLD abstract form; please mail in a large envelope using a cardboard backing. Abstracts received after the deadline will not be reviewed.

DEADLINE:
WEDNESDAY,
JANUARY 5, 1994
FOR RECEIPT OF ABSTRACTS.
No abstracts will be accepted after the deadline. No exceptions!

☐ I give permission to audiotape my presentation.
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Signature

I CERTIFY:
That this identical abstract has not been submitted to any other national or international meeting or to more than one category of this SNM Meeting.
The material will not be published as a full paper prior to its presentation at the SNM Annual Meeting.
That all of the listed authors have reviewed this abstract and agree to its submission.

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