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Highly efficient and versatile, the Capintec Gammed II B Surgical Probe System has been designed to detect radioactivity localization in tissue. The Gammed II B is proven to be a valuable tool during surgical excisions of malignant tissues and for identification of "hot" lymph nodes close to the surface of the body. Versatile because it offers two probes, one for low energy nuclide detection and one used to detect higher energy ranges.

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Inside Information.

Perfusion and function in one test: clinically relevant information.

Cardiolite® provides:

- Both stress perfusion and resting function (wall motion, wall thickening, a quantifiable and reproducible measure of ejection fraction)\(^1,2\)

- Enhanced diagnostic confidence with a high negative predictive value: A normal stress test correlates with a <1% annualized cardiac event rate\(^3-5\)

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For more information, contact DuPont Pharma at 1-800-362-2668 or www.radiopharm.com

There have been infrequent reports of signs and symptoms consistent with seizure and severe hypersensitivity after administration of Tc99m Sestamibi. Please see brief summary of prescribing information on adjacent page.

Cardiolite®

Kit for the preparation of Technetium Tc99m Sestamibi

The Confidence You Want—The Information You Need
INDICATIONS AND USAGE: CARDIOLITE®, Kit for the preparation of Technetium Tc99m Sestamibi, is a myocardial perfusion agent that is indicated for detecting coronary artery disease by localizing myocardial ischemia (reversible defects) and infarction (non-reversible defects), in evaluating myocardial function, and in the detection of hyperemia. CARDIOLITE® evaluation of myocardial ischemia can be accomplished with rest and stress cardiovascular stress techniques (e.g., exercise or pharmacologic stress in accordance with the pharmacologic stress agent label). It is usually not possible to determine the age of a myocardial infarction or to differentiate a recent myocardial infarction from an old one.

CONTRAINdications: Nonsensitive.

WARNINGS: In studying patients in whom cardiac disease is known or suspected, care should be taken to assure continuous monitoring and treatment in accordance with safe, accepted clinical procedure. Infrequently, death has occurred 4 to 24 hours after Tc99m Sestamibi use and is usually associated with undeclared stress testing (See PRECAUTIONS).

Pharmacologic induction of cardiovascular stress may be associated with serious adverse events such as myocardial infarction, arrhythmias, hypotension, bronchoconstriction and cerebrovascular events. Caution should be exercised in patients with hypertension when pharmacologic stress is selected as an alternative to exercise; it should be used when indicated and in accordance with the pharmacologic stress agent's label.

PRECAUTIONS:

GENERAL

The contents of the vial are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparatory procedure.

Radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patients consistent with proper patient management.

Contents of the kit before preparation are not radioactive. However, after the Sodium Perchlorate Tc99m Injection in the tip mouse of the final preparation must be maintained.

The components of the kit are sterile and non-pyogenic. It is essential to follow directions carefully and to adhere to strict aseptic procedures during preparation.

Technetium Tc99m labeling reactions involved depend on maintaining the stable ion in the reduction. Hence, Sodium Perchlorate Tc99m Injection containing oxidants should not be used.

Technetium Tc99m Sestamibi should not be used more than six hours after preparation.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose expertise and training have been approved by the appropriate government agency authorized to license the use of radionuclides. Stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

The most frequent exercise stress test endpoints, which resulted in termination of the test during controlled Tc99m Sestamibi studies (two-thirds were cardiac patients): were

- Fatigue
- Dyspnea
- Chest Pain
- ST-depression
- Arrhythmias

Carcinogenesis, Mutagenesis, Impairment of Fertility

In comparison with most other diagnostic techniques labeled radiopharmaceuticals, the radiation dose to the ovaries (1.2nrad/30mCi at rest, 1.2nrad/30mCi at exercise) is high. Minimal exposure (ALARA) is necessary in women of childbearing capability. (See Dosimetry subsection in DOSAGE AND ADMINISTRATION section.)

The active intermediate, [Cu(MIBI)BF4], was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/HPT and sister chromatid exchange tests (all in vitro). At cytotoxic concentrations (≥2μg/ml), an increase in cells with chromosome aberrations was observed in the in vitro human lymphocyte assay. [Cu(MIBI)BF4] did not show genotoxic effects in mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (90mg/kg > 600 x maximal human dose).

Pregnancy Category C

Animal reproduction and teratogenicity 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 a pregnant woman only if clearly needed.

Nursing Mothers

Technetium Tc99m Perchelate 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 paresthesia or rash (urticaria or blister) immediately after the injection of Technetium Tc99m Sestamibi. A few cases of transient headache, flushing, edema, injection site inflammation, dyspnea, nausea, vomiting, pruritus, rash, urticaria, dry mouth, fever, dizziness, fatigue, dyspnea, and hypotension also have been attributed to administration of the agent. Cases of angina, chest pain, and death have occurred (see WARNINGS and PRECAUTIONS). The following adverse reactions have been rarely reported: signs and symptoms consistent with seizure occurring shortly after the administration of the agent: transient increased blood pressure; transient increased blood pressure; transient increase in the number of circulating neutrophils; severe hypotension, which was characterized by dyspnea, hypotension, bradycardia, ashenia and vomiting within two hours after a second injection of Technetium Tc99m Sestamibi.

DOSEAGE AND ADMINISTRATION: The suggested dose range for LV in a single dose to be employed in the average patient (70kg) is:

<table>
<thead>
<tr>
<th>Organ</th>
<th>370-1110MBq (10-30mCi)</th>
</tr>
</thead>
</table>
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Learn about our
Evolving Positron Imaging
at the next Elscint-P.E.T.Net sponsored High Energy Symposium
July 25, 1998, VA Palo Alto, California

Elscint
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A view from the heart.

MYOVIEW
Technetium Tc99m Tetrofosmin For Injection

A clear view.
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- Rapid GI clearance

A convenient view.
- Room temperature preparation, and 8 hour reconstituted shelf-life
- No redistribution
- Available in unit dose

An efficient view.
- Flexible scheduling
- Sensitive and reliable detection of coronary disease

A patient’s view.
- Low radiation exposure compared to other myocardial perfusion agents
- Less than 1% of patients experienced side effects in clinical trials of 764 adults
- Myoview is not indicated for use with pharmacologic stress agents

Please see brief summary of prescribing information on following page.
Brief Summary

**MYOVIE**
Kit for the Preparation of Technetium Tc99m Tetrofosmin for Injection

Diagostic radiopharmaceutical For intravenous use only
Code N166A

DESCRIPTION
The Medi-Physics Myoview™ kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for the scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium. Each vial contains a pre-dispersed, sterile, non-gyrogenic, lyophilized mixture of 0.23 mg tetrofosmin ([Tc- 99m]2-ethyloxyethyl)-3,12-dioxo-6,9-diphtospho-tetradecane), 30 μg stannous chloride dithydrate (minimum stannous tin 5.0 μg; maximum total stannous and stannic tin 15.8 μg), 0.32 mg disodium sulphosalicylate and 1.0 mg sodium D-glucoritate, and 1.8 mg sodium hydrogen carbonate. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservatives.

Caution: Federal (USA) law prohibits dispensing without a prescription

CLINICAL PHARMACOLOGY

General
When technetium Tc99m pertechnetate is added to tetrofosmin in the presence of stannous reductant, a lyophilic, cationic technetium Tc99m complex is formed, Tc99m tetrofosmin. This complex is the active ingredient in the reconstituted drug product, on whose biodistribution and pharmacokinetic properties the indications for use depend.

Clinical Trials
A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study 1, 131 patients; study 2, 121 patients). Of these 252 patients there were 212 (85%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable after Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74.2 MBq (1.5-2.0 mCi) at peak exercise.

The images were evaluated for the quality of the image (excellent, good, or poor) and the diagnosis (with scores of 0 = normal, 1 = ischemia, 2 = infant, 3 = mixed infant and ischemia). The primary outcome variable was the percentage of correct diagnoses in comparison to the final clinical diagnosis. All planar images were blindly read; SPECT images were evaluated by the blinded investigator. A subset of 181/252 (71%) patients had coronary angiography comparisons to the planar images of Myoview or thallium-201.

INDICATIONS AND USAGE
Myoview is indicated for scintigraphic imaging of the myocardium following separate administrations under exercise and resting conditions. It is useful in the delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium.

CONTRAINDICATIONS
None known.

WARNINGS
In studying patients with known or suspected coronary artery disease, care should be taken to ensure continuous cardiac monitoring and the availability of emergency cardiac treatment.

PRECAUTIONS

General
To minimize radiation dose to the bladder, the patient should be encouraged to void when the examination is completed and as often thereafter as possible. Adequate hydration should be encouraged to permit frequent voiding.

The contents of the Myoview vial are intended only for use in the preparation of technetium Tc99m tetrofosmin injection and are NOT to be administered directly to the patient.

As with all injectable drug products, allergic reactions and anaphylaxis may occur.

Sometimes Tc99m labeled myocardial imaging agents may produce planar and SPECT images with different imaging information.

Technetium Tc99m tetrofosmin injection, like other radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radiopharmaceuticate should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental authority authorized to license the use of radionuclides.

Drug Interactions: Drug interactions were not noted and were not studied in clinical studies in which Myoview was administered to patients receiving concomitant medication. Drugs such as beta blockers, calcium blockers and nitrates may influence myocardial function and blood flow. The effects of such drugs on imaging results are not known.

Cardiogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate cardiogenic potential or effects on fertility. Tetrofosmin sulphosalicylate was not mutagenic in vitro in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic in vivo in the mouse micronucleus test.

Pregnancy Category C
Animal reproduction studies have not been conducted with Myoview. It is not known whether Myoview can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Therefore, Myoview should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Technetium Tc99m Pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the technetium has cleared from the body of the nursing woman.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 58.7 years (range 26-94 years). The subjects received a mean dose of 7.67 MBq on the first injection and 22.4 MBq on the second injection of Myoview.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After Myoview injection, serious episodes of angina occurred in 3 patients. Overall cardiac adverse events occurred in 5/764 (less than 1%) of patients after Myoview injection.

The following events were noted in less than 1% of patients:
- Cardiovascular: angina, hypertension, Torsades de Pointes
- Gastrintestinal: vomiting, abdominal discomfort
- Hypersensitivity: cutaneous allergy, hypotension, dyspnea

Special Senses: metallic taste, burning of the mouth, smeling something

There was a low incidence (less than 4%) of a transient and clinically insignificant rise in white blood cell counts following administration of the agent.

DOSE AND ADMINISTRATION

For exercise and rest imaging, Myoview is administered in two doses:
- The first dose of 5-6 mCi (185-296 MBq) is given at peak exercise.
- The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

Dose adjustment has not been established in renal or liver impaired, pediatric or geriatric patients.

RADIATION DOSIMETRY

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in Table 1.

The values are listed in descending order as rad/mCi and μGy/MBq and assume urinary bladder emptying at 3.5 hours.

<table>
<thead>
<tr>
<th>Table 1: Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Organ</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Gail bladder wall</td>
</tr>
<tr>
<td>Upper large intestine</td>
</tr>
<tr>
<td>Bladder wall</td>
</tr>
<tr>
<td>Lower large intestine</td>
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<tr>
<td>Small intestine</td>
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<tr>
<td>Kidney</td>
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<tr>
<td>Salvary glands</td>
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<tr>
<td>Ovaries</td>
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<tr>
<td>Uterus</td>
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<tr>
<td>Bone surface</td>
</tr>
<tr>
<td>Pancreas</td>
</tr>
<tr>
<td>Stomach</td>
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<tr>
<td>Thayroid</td>
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<tr>
<td>Adrenals</td>
</tr>
<tr>
<td>Heart wall</td>
</tr>
<tr>
<td>Red marrow</td>
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<tr>
<td>Spleen</td>
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<tr>
<td>Muscle</td>
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<td>T extes</td>
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<tr>
<td>Liver</td>
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<tr>
<td>Thymus</td>
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<tr>
<td>Brain</td>
</tr>
<tr>
<td>Lungs</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Breasts</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1 (rev). Society of Nuclear Medicine, 1976. Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. ICRP 18 (1-4, 1988) and gave values of 8.61 x 10^-6 mSv/MBq and 1.12 x 10^-5 mSv/MBq after exercise and rest respectively.

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Notice to Authors Submitting Materials to The Journal of Nuclear Medicine

As of July 1, 1998, the address for articles submitted to JNM will change. Please mail all manuscripts that may reach the JNM office by that date to the following address:

Editor  
JNM Office  
Society of Nuclear Medicine  
1850 Samuel Morse Drive  
Reston, VA 20190-5316.

Please also note that the JNM “Instructions for Authors” will soon contain significant revisions. Watch for the revised “Instructions for Authors,” which will be appearing this summer in the “Publications” section of the SNM web site (www.snm.org) and in the pages of JNM.
Positions Available

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Positron Emission Tomography (PET) and single photon emission computed tomography (SPECT) are being utilized in over 50 centers in the United States. Seeking a board certified general radiologist subspecializing in nuclear medicine with board certification. Practice at a progressive 200-bed community hospital with state-of-the-art equipment. Practice involves developing and promoting nuclear medicine, working in other areas, sharing evening and night work rotation. Live in an environment that allows access to a multitude of metropolitan and outdoor activities, good schools and cultural diversity. Please forward your CV to: Sanjeev Parikh, MD, c/o Cheryl West, Radio Medical Imaging, 3822 Colby Avenue, Everett, WA 98201.

Director of Nuclear Medicine

Applications are being sought for the Director of Nuclear Medicine, Veterans Administration Medical Center, Salt Lake City, UT. The position includes an academic appointment in the Department of Radiology, University of Utah School of Medicine. Equipment at the three imaging facilities includes ten cameras with four dual-head SPECT scanners, two triple head SPECT scanners and coincidence imaging capabilities. Responsibilities include all aspects of diagnostic and therapeutic nuclear medicine as well as research. Part-time diagnostic radiology coverage also available. Please forward CV, a letter describing background and interests, and the names and addresses of references to Dr. Sonia Valdivia, Acting Chief of Nuclear Medicine, Department of Radiology, IA71, School of Medicine, University of Utah, Salt Lake City, UT 84132. Phone: (801) 581-2569; Fax: (801) 585-2403. The University of Utah is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

Faculty Chemist

A chemist with interest and experience in synthesizing PET/SPECT compounds for cancer research. A working skill in radiochemistry and chromatography is desirable. Excellent facilities and resources are available for productive and interdisciplinary research activities. Appointment at Assistant to Associate Professor level depending on qualifications. Qualified candidates should contact Dr. Alasan, Chief of the Division of Nuclear Medicine, Dept. of Pediatrics, University of Pennsylvania, Rm 127-Donner Building, 3400 Spruce St., Philadelphia, PA 19104. AA/EOE.

Faculty Staff Physician

Nuclear Medicine Staff Position: Candidate with strong interest in an academic career to join an active and well-equipped laboratory. Excellent research and clinical facilities are available and include all modern imaging modalities. Appointment will be at the rank of Assistant or Associate Professor in the clinician track depending on the years of experience and other qualifications. Candidates must be board eligible or certified in nuclear medicine. For further information, please contact: Abbas Alavi, MD, Chief, Division of Nuclear Medicine, University of Pennsylvania, 3400 Spruce St., Philadelphia, PA 19104. AA/EOE.

Nuclear Medicine Clinical Coordinator & Nuclear Medicine Technologist

The Nuclear Medicine Department is recruiting for a Nuclear Medicine Clinical Coordinator and Nuclear Medicine Technologist in the Nuclear Medicine Section. Applicants must be either certified (CNMT) or registered (ARRT). Prefer that the Clinical Coordinator have at least 5 years of experience with at least one-year supervisory experience. The Nuclear Medicine Technologist must have at least two years of experience. Excellent benefits package and competitive salaries. Please submit completed MUSC application or resume to: Department of Human Resources Management, Medical University of South Carolina, Charleston, South Carolina, 19 Hagwood Ave., Charleston, SC 29425. http://www.musc.edu. EOE/M/F/V/H.

Radiochemist

The Brain Imaging Division, Department of Psychiatry, Columbia University, College of Physicians and Surgeons, has a full-time position for a Ph.D. Radiochemist at the Assistant or Associate Professor level (depending on experience, academic achievements and track record in attracting funding). This is a research position, involving the development of radionuclides for PET and SPECT radiopharmaceuticals or ligand development at a pace. Send resume to: Marc Landelle, MD, Director, Brain Imaging Division, New York State Psychiatric Institute, Unit 28, 722 West 168th Street, New York, NY 10032. Columbia University is an Affirmative Action/Equal Opportunity employer.

Position Wanted

ABNM certified physician experiences in all aspects of Nuclear Medicine seeks a F/T position academic/clinical. Please respond by mail, fax or e-mail to: Society of Nuclear Medicine, Box #601-98, 1850 Samuel Morse Drive, Reston, VA 20190. Fax: 703-708-9018. E-mail: ssilver@sun.org.
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For Nuclear Medicine Technology

Radiation Sciences

Virginia Commonwealth University, a comprehensive urban university, seeks a full-time, 12-month faculty member for the Department of Radiation Sciences, located on the Medical College of Virginia Campus. The Department of Radiation Sciences offers a Bachelor of Science Degree in Clinical Radiation Sciences for programs in Radiation Therapy, Radiography and Nuclear Medicine Technology. The Educational Coordinator will supervise and coordinate the academic and clinical phases of the Nuclear Medicine Technology Program. This faculty member will have didactic and clinical responsibilities in the nuclear medicine technology program. Didactic responsibilities will also include the core curriculum for the baccalaureate degree in Clinical Radiation Sciences. Applicant should possess a Baccalaureate Degree, certification in nuclear medicine (ARRT and/or NMTCB) and have a minimum of 3 years clinical experience. Preference will be given to applicants with a Master’s degree, teaching experience in an accredited Nuclear Medicine Technology Program, demonstrated potential in research/scholarship or an additional certification in radiation or radiography.

The position will be available August 1, 1998. Applications are accepted until the position is filled. Academic rank and salary commensurate with qualifications. Send curriculum vitae and three current letters of reference to:

Elizabeth Meixner, M.Ed., B.T. (R)(MR)
Chair, Search Committee
Department of Radiation Sciences
Virginia Commonwealth University
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**Nuclear Medicine Residency**

An unexpected opening is available starting July 1, 1998 in our nuclear medicine residency program. The nuclear medicine residency program at the University of Wisconsin Hospitals and Clinics is a two-year program, which is accredited by the ACGME. The 24-month residency provides training and experience in all areas of nuclear medicine including the therapeutic applications of radioactive materials, general nuclear medicine imaging and Positron Emission Tomography. The department currently performs more than 6,600 examinations per year. Department equipment includes multiple SPECT systems, an x-ray bone densitometer and a current generation PET scanner. Residents are encouraged to participate in research.

Contact:

Scott B. Perlman, MD
Director, Nuclear Medicine Residency Program
University of Wisconsin Hospitals & Clinics
RM E3/311 600 Highland Ave.
Madison, WI 53792-3252
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**It's Here!**

The new, third edition of the widely popular SPECT: A Primer is now available from Matthews Medical Books at the toll-free number below.

Substantially updated and expanded throughout, the third edition includes even more basic information essential to the technologist working in day-to-day clinical settings.

The new SPECT Primer features an enhanced section on Clinical Applications, incorporating the latest and most widely accepted fundamental knowledge in the field, with, three all-new chapters on Acquisition Devices, Processing Devices, and Clinical Indications. And in every chapter, you'll find expanded material to help nuclear medicine professionals who use SPECT perform at peak.

Whether you're a working technologist, teacher, or student, the new edition of SPECT: A Primer is a must for your clinical library. No other text available brings together—clearly and authoritative-ly—the essential information you need to understand and use Single Photon Emission Computerized Tomography.

Call toll-free to order your copy today—$30.00 members/$40.00 nonmembers.

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The new SPECT Primer and the new Review of Nuclear Medicine Technology will be on sale at the SNM Publications Booth during the Annual Meeting in Denver.
**WHAT IS THE UA DATA BASE?**
- The Commission on Health Care Policy and Practice in conjunction with the SNM Technologist Task Force on Utilization Data, has developed a quarterly survey on SNM's website. Participants enter data quarterly.
- The website's data entry form will collect information from nuclear medicine practitioners to compile a utilization analysis database.
- The database contains information on:
  - Facility type and location
  - Active general medicine and surgical beds
  - Outpatient encounters (visits)
  - Physician, technologist and clerical FTEs
  - Planar, SPECT, PET Hybrid gamma cameras and PET scanners
  - Inpatient and outpatient procedures for a selected set of commonly used nuclear medicine CPT-4 codes

**WHY SHOULD YOU PARTICIPATE?**
- Participants receive standard reports on utilization by procedure, place of service, type of patient, etc.
- Participants will be able to compare their facility data with others in the region and with the national (global) averages.
- Subscribers may query reports on-line or receive printed reports quarterly via mail.
- This is a free service. As long as you input your data quarterly, you will be able to obtain data and reports.

*All information is confidential.*

For more information or to participate in this program, contact Pat Mahoney at (703) 708-9000 x255 or via e-mail at pmahoney@snm.org.
The SNM Physician Evaluation Program is a self-assessment program for physicians. Each organ specific CD-ROM contains patient histories and nuclear medicine images. Program participants review clinical information, interpret images and submit written reports of their findings.

- Based on actual clinical cases that contain patient images and clinical information.
- Receive educational feedback to improve your practice skills.
- Compare your case reports with the peer-reviewed model reports.
- Complete all case reports and receive category 1 AMA/PRA credit.
- Simulates a real practice environment.
- No travel required, complete the module at your own pace.

For more information or to purchase the Bone Module CD-ROM, please contact Pat Mahoney at (703) 708-9000 ext. 255.

SNM PEP is sponsored by an educational grant from MDS Nordion and DuPont Pharma.

This activity was planned and produced in accordance with the ACCME Essentials.
Introducing PREP
Patient Related Educational Pamphlets

PREP (Patient Related Educational Pamphlets) on disk is now available for a low introductory price!

PREP provides patient information on diagnostic and therapeutic nuclear medicine procedures on a diskette in Microsoft WORD that you can reformat and customize to meet the needs of your institution. The PREP package includes: (1) a diskette of procedures (2) a printed reference page with all file names and (3) samples of how the PREP information can be used.

PREP will enable you to easily provide important information to your patients — promoting confidence and an understanding of their nuclear medicine procedure. Help to establish nuclear medicine as an integral part of patient care by giving referring physicians the PREP information.

PREP meets JCAHO standards for patient education and helps you adhere to accreditation compliance requirements.

The cost is only $55 for SNM Members and $65 for non-members.

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The Society of Nuclear Medicine (SNM) has made every effort to insure that the information contained on the PREP diskette is complete and accurate. However, since some testing techniques vary, each user should take steps to assure that the information is applicable to its tests. Nothing contained on the PREP diskette should be construed as either a standard of care of SNM or as a recommendation for patient care by SNM. SNM disclaims any responsibility or liability of whatsoever nature or kind for any use made of the materials provided herein. User should advise patients that this information is provided for information purposes only and is not intended as a substitute for discussion between patient and physician.

License agreement terms and conditions will appear on the shipping package.
One of the goals of the Society of Nuclear Medicine Technologist Section (SNM-TS) has been to take an active role in educating the public and the medical community about nuclear medicine procedures and the benefits of this functional imaging modality.

This is the official entry form for the 1998 PR Stars Contest Sponsored by the SNM-TS and Capintec, Inc. Please fill out the entry form and complete the requested information on the reverse side. Based on the information you provide, a panel of judges will evaluate the entries using the point system outlined on the next page and select a winner. All entrants must be a Nuclear Medicine Technologist and a staff member of a hospital or nuclear medicine facility. Entries must be post-marked by December 1, 1998.

NEW PRIZES

Thanks to the generous support of the 1998 PR Stars corporate sponsor, Capintec, Inc.

1st Place: $800 for the individual and $600 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.

2nd Place: $600 for the individual and $400 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.

3rd Place: $350 for the individual and $250 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.

4th-10th Place: Your SNM-TS membership dues paid for one year.

ENTRY FORM

Your Name

Hospital/Facility

Address

City State Zip

Telephone Fax

Mail your entry information (including this completed form) by December 1, 1998 to:

Society of Nuclear Medicine
1998 PR Stars Contest
1850 Samuel Morse Drive
Boston, VA 20179
Fax: 703-708-9018
Telephone: 703-708-9000

Please complete reverse side
Please describe and document your promotional activities and results. The following point system will be used for judging.

1. Please compose a detailed description, including the goals and objectives, of your nuclear medicine PR activities. (7 points)

2. Did the goals and objectives you set reflect those of the PR Stars Contest to:
   a. Reinforce nuclear medicine to referring physicians? (10 points)
   b. Promote nuclear medicine to healthcare workers? (5 points)
   c. Increase community awareness? (5 points)
   d. Encourage career paths? (5 points)

3. How effective were you in reaching the goals of the PR Stars Contest?
   a. Increasing physician referrals? (10 points)
   b. Increasing awareness among healthcare workers? (5 points)
   c. Increasing community awareness? (5 points)
   d. Encouraging career paths? (5 points)
   e. Showing pride in your profession. (5 points)

4. What resources did you have available to you and how effectively did you use them? (budget, manpower, media, etc...) (13 points)

5. Can your program be used easily by others? Please explain (5 points)

6. Was your program cost effective? Please explain (5 points)

7. When did your nuclear medicine PR activity take place? (no points)

Please provide a detailed time-line of the planning and implementation of your program. (10 points)
For example: March 10 Strategic planning session with staff technologists
May 1 Drafted nuclear medicine article for facility newsletter

8. Are you currently an active member of the SNM-TS? (5 points)
   □ Yes  □ No

Thank you for your entry! Good Luck!

Val Cronin, CNMT
1997 - 1998 Nuclear Medicine Week Chairperson

Susan Gavel, CNMT
1998 - 1999 Nuclear Medicine Week Chairperson
Celebrate Nuclear Medicine Week

OCTOBER 4-10, 1998

Spotlight your facility and demonstrate your enthusiasm, devotion and pride in your profession.

Nuclear Medicine Week gives you the opportunity to educate potential patients, referring physicians and your community about the history, value and safety of nuclear medicine.

Keep the celebration alive all year long! Promoting nuclear medicine does not need to be limited to Nuclear Medicine Week. Take advantage of every opportunity throughout the year to increase the understanding and utilization of nuclear medicine.

Don’t forget the 1998 PR Stars Contest sponsored by the SNM-TS and Capintec, Inc. Look for details, prize information and entry forms in JNM and JNMT.

Featured on this page is the 1998 Nuclear Medicine Week merchandise entitled, “Nuclear Medicine: Meeting the Needs of Today and Beyond” designed by the Society of Nuclear Medicine Technologist Section (SNM-TS).

Order Form on the Following Page!

Nuclear Medicine Week is sponsored by the SNM-TS.

Safe and effectively used for the evaluation of:
- Cardiac Disease
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- Bone Injuries
- Breast Diseases
- Kidney Function
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- Thyroid Disease
Celebrate Nuclear Medicine Week! October 4 - 10, 1998

T-shirt: White 100% cotton t-shirt with the Nuclear Medicine Week logo featured on the front. Sizes: L and XL (quantities limited)

Poster: Display the poster prominently in your medical facility, use it as a teaching tool or give it to referring physicians to promote nuclear medicine.

Buttons & Stickers: Get the nuclear medicine message out by wearing the buttons or using the stickers on all your correspondence. A perfect and inexpensive give-away.

Patient Pamphlets: Use the SNM Patient Pamphlets to educate your patients, the public and referring physicians about nuclear medicine. Use this form to order the Benefits of Nuclear Medicine or call Matthews Medical Books at 1-800-633-2665 to request this or other pamphlets in the series. (Liver, Bone, Renal, Brain, Ovarian & Colorectal, Breast, Prostate, Cardiac Stress-Rest Test and Radioiodine)

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This collection of articles provides a comprehensive review of the latest nuclear medicine procedures used to evaluate patients with kidney and urinary tract disease. Includes authoritative Consensus Reports that ensure techniques meet basic standards and enhance the utility of tests. The Consensus Reports are a valuable resource helping practitioners to better:
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HIGHLIGHTING
State-of-the-Art Applications in Nuclear Medicine Nephrourology and Urology

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This new handbook explains how a nuclear medicine facility can best meet Nuclear Regulatory Commission (NRC) rulings. A valuable addition to any department's reference library even when staff have only an occasional question about a specific regulation. This guide has nearly everything needed to interpret and implement NRC regulations and license conditions as they apply to nuclear medicine.*

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Helpful appendices include information on record retention, nuclide data and NRC contacts. The book also includes an extensive set of NRC-related forms easily adapted for your facility.

To order, simply contact the SNM's book distributor, Matthews Medical Books, at their toll-free number

(800) 633-2665 (non-U.S. (314) 432-1401, or Fax: (314) 432-7044).

*The Handbook is not a substitute for any regulation or license condition and is not endorsed by the NRC.
The Society of Nuclear Medicine's Medical Internal Radiation Dose Committee serves as the international clearinghouse for data concerning the use of radionuclides in humans. Like the MIRD Primer and Radionuclide Data and Decay Schemes, the new MIRD Cellular S Values promises to become a standard reference publication within all diagnostic imaging centers.

MIRD Cellular S Values

Cellular absorbed-dose estimates play an important role in evaluating the relative merits of different radionuclides and radiopharmaceuticals in improving the overall safety and efficacy of diagnostic and therapeutic nuclear medicine.

MIRD Cellular S Values provides nuclear medicine facilities the data necessary in estimating absorbed dose at the cellular level from intracellularly localized radionuclides using cellular S values for emitters of monoenergetic electrons and alpha particles.

A thorough introduction explains the Cellular Model and Cellular Dosimetry, along with examples in the use of the tables. Three appendices include cellular S values for Selected Radionuclides, Monoenergetic Electron Emitters, and Monoenergetic Alpha Particle Emitters.

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Visit the SNM Web site: http://www.snm.org
PURCHASE
all of the submitted handouts from the SNM Annual Meeting in Toronto!

Four books of submitted handouts are available from the 45th Annual Meeting. The Continuing Education Course Handout Materials is a set of three (Monday, Tuesday and Wednesday/Thursday) books that contain all of the materials submitted to the Society by continuing education course speakers. Bound books, they are a “must have” for all libraries!

The fourth book contains submitted handouts from speakers for the Categorical Seminar Courses held on Sunday, June 7, 1998. This book will serve as another ready reference for all Nuclear Medicine libraries - at a bargain price!

Please check the appropriate box(es) below:

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☐ I’d like the Categorical Course Handout Materials book ($20 plus $10 shipping and handling for US orders and $25 shipping for foreign).

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Questions? Call our Department: Meeting Services at 703-708-9000 x 229. Don’t forget to visit us on the Internet! http://www.snm.org

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