Iodine-123-vasoactive intestinal peptide focal accumulation in liver metastases (arrows) from pancreatic adenocarcinoma. See pages 1570-1575.
The E.CAM offers extensive cardiac-specific assessment tools that increase clinical quality and accuracy. The result...an unsurpassed level of clinical confidence.

Featuring unique clinical solutions...
• Profile non-uniform attenuation correction
• Efficient comprehensive review displays
• Advanced telemedicine and connectivity packages
• Cedars gated SPECT quantification

• Emory cardiac quantitative ‘toolbox’
  - EF, volumes and mass
  - Wall motion analysis
  - Defect extent/reversibility maps
  - Transient ischemic dilatation ratio
  - 3D cardiac displays
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When it comes to clear outcomes, the E.CAM delivers a level of performance second to none.

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card
Profile Attenuation Correction
Emory Cardiac Toolbox
Cedars Gated SPECT Quantification

ology

Siemens medical Solutions that help
Over Four Hundred Radio-pharmacies Can’t Be Wrong

As the preferred choice for radio-pharmacies and nuclear medicine professionals around the world, the CRC-15R delivers excellent performance combined with the most user friendly interface in the industry. Preset isotope keys, user defined keys and a unique alphanumeric keypad allows the user to select over 80 radionuclides with half life data while offering access to over 200 radionuclides by simply entering the nuclide's CAL number.

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Circle Reader Service No. 23
A view from the heart.

MYOVIEW™

Technetium Tc99m Tetrofosmin For Injection

A clear view.

- Technetium-labeled
- Rapid and sustained myocardial uptake, with images available from 15 minutes to 4 hours post-injection
- 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.
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 28-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi 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
- Gastrointestinal: vomiting, abdominal discomfort
- Hypersensitivity: cutaneous allergy, hypotension, dyspnea
- Special Senses: metallic taste, burning of the mouth, smelling 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.

DOSEAGE AND ADMINISTRATION

For exercise and rest imaging, Myoview is administered in two doses:

- The first dose of 5-8 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 injection of the agent under exercise and resting conditions are listed in Table 1. The values are listed in descending order as rads/CI and mGy/Mbq and assume urinary bladder emptying at 3.5 hours.

Table 1

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>Absorbed radiation dose (Exercise)</th>
<th>Absorbed radiation dose (Rest)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/mCi</td>
<td>mGy/Mbq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>32.2</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>20.1</td>
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<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>15.6</td>
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<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>13.3</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>12.1</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>10.4</td>
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<tr>
<td>Saliary glands</td>
<td>0.030</td>
<td>8.04</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
<td>7.88</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>7.34</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>6.23</td>
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<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>5.00</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>4.60</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.34</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>4.32</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.14</td>
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<tr>
<td>Red marrow</td>
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<tr>
<td>Spleen</td>
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<td>4.12</td>
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<tr>
<td>Muscle</td>
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<td>Testes</td>
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<tr>
<td>Liver</td>
<td>0.012</td>
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</tr>
<tr>
<td>Thymus</td>
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<tr>
<td>Brain</td>
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<tr>
<td>Lungs</td>
<td>0.008</td>
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<td>Skin</td>
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<td>2.22</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</td>
<td>2.22</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 10^3 mSv/mBq and 1.12 x 10^3 mSv/mBq after exercise and rest respectively.

Manufactured by Amersham International plc – Amersham, United Kingdom

Patent No. 5.045.302 (r)

Distributed by:

- Medi-Physics, Inc., Amersham Healthcare
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BRIEF SUMMARY

For Intravenous Infusion Only

DESCRIPTION

Adenoscan is an endogenous nucleoside occurring in all cells of the body. It is chemically 9-adenosine-9-β-D-ribofuranosyl-9-H-purine.

Adenosine is a white crystalline powder. It is soluble in water and practically insoluble in alcohol. Solubility increases by warming and lowering the pH of the solution.

Each Adenoscan vial contains a sterile, non-pyrogenic solution of adenosine 3 mg/ml and sodium chloride 9 mg/ml, in Water for injection, q.s. The pH of the solution is between 4.5 and 7.5.

INDICATIONS AND USAGE:

Intravenous Adenoscan is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately.

(See WARNINGS.)

CONTRAINDICATIONS:

Intravenous Adenoscan (adenosine) should not be administered to individuals with:

1. Second- or third-degree AV block (except in patients with a functioning pacemaker).
2. Sinus node disease, such as sick sinus syndrome or symptomatic bradycardia (except in patients with a functioning pacemaker).
3. Known or suspected bronchoconstrictive or bronchospastic lung disease (e.g., asthma).
4. Known hypersensitivity to adenosine.

WARRANTS:

Fetal Cardiac Arrest, Life Threatening Ventricular Arrhythmias, and Myocardial Infarction.

Fetal cardiac arrest, sustained ventricular tachycardia, and nonfatal myocardial infarction have been reported concomitant with Adenoscan infusion. Patients with unstable angina may be at greater risk.

Cardiovascular and Hematologic/Neurologic Reactions:

Adenoscan (adenosine) exerts a direct depressant effect on the SA and AV nodes and has the potential to cause first-, second-, or third-degree AV block, or atrioventricular (AV) nodal dysfunction. In the presence of these agents, the patient's heart rate and ST segment depression may be increased, or the AV block or AV nodal dysfunction may evolve.

ADVERSE EFFECTS

Intravenous Adenoscan (adenosine) has been given with other cardiovascular drugs (such as beta adrenergic blocking agents, calcium blocking agents, and calcium channel blockers) without apparent adverse interactions, but its effectiveness with these agents has not been systematically evaluated.

Because of the potential for additive or synergistic depressant effects on the SA and AV nodes, however, Adenoscan should be used with caution in the presence of these agents. The vasodepressor effects of Adenoscan are inhibited by adenosine receptor antagonists, such as dipyridamole (Pletal), which could theoretically enhance the depressant effects of adenosine.

The vasodepressor effects of Adenoscan are potentiated by narcotics, and specifically opioids, such as fentanyl (Sublimaze) or meperidine (Demerol) and other nonopioid analgesics. These effects have not been observed in normal subjects. Adenoscan has been administered to a limited number of patients with asthma and moderate to severe exacerbation of their symptoms has been reported. Respiratory compromise has occurred during adenosine use and should be anticipated with use in patients with obstructive lung disease not associated with bronchoconstriction (e.g., emphysema, bronchitis, etc.) and should be avoided in patients with bronchoconstriction or bronchospasm (e.g., asthma).

Adenoscan should be discontinued in any patient who develops severe respiratory difficulties.

PRECAUTIONS

Drug Interactions:

Intravenous Adenoscan (adenosine) has been given with other cardiovascular drugs (such as beta adrenergic blocking agents, calcium blocking agents, and calcium channel blockers) without apparent adverse interactions, but its effectiveness with these agents has not been systematically evaluated.

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Adenoscan should be discontinued in any patient who develops severe respiratory difficulties.

ADVERSE REACTIONS:

The following reactions with an incidence of at least 1% were reported with intravenous Adenoscan among 1421 patients enrolled in controlled and uncontrolled trials for the short- and long-term uses of Adenoscan: 10.0% of the side effects occurred with the infusion of Adenoscan for 15 to 60 seconds; 6.0% of the side effects occurred with the infusion of Adenoscan for 60 seconds; 2.4% of the side effects occurred with the infusion of Adenoscan for 120 seconds; 1.2% of the side effects occurred with the infusion of Adenoscan for 180 seconds; and 0.6% of the side effects occurred with the infusion of Adenoscan for 180 seconds.

Body as a Whole: Back discomfort; lower extremity discomfort; weakness.

Cardiovascular System: Nonfatal myocardial infarction; respiratory-ventricular arrhythmia; third-degree AV block; bradycardia; palpitation; sinus arrest; block; sinus pause; sweating; T wave changes; hypertension (systolic blood pressure > 200 mm Hg).

Central Nervous System: Drowsiness; emotional instability; tremors.

Genitourinary System: Vaginal pain; urgency.

Respiratory System: Cough Sensation: blurred vision; dry mouth; ear discomfort; metallic taste; nasal congestion; straining; tongue discomfort.

OVERDOSE:

The half-life of Adenoscan is less than 10 seconds and side effects of Adenoscan (when they occur) usually resolve quickly when the infusion is discontinued, although delayed or persistent effects have been observed. Methylenamine, such as caffeine and theophylline, are competitive adenosine receptor antagonists, which could theoretically enhance the depressant effects of Adenoscan. However, the adenosine antagonist theophylline has been used to reverse hemodynamic perturbations associated with oropharyngeal triggers of cardiac arrest in patients with chronic obstructive pulmonary disease. Theophylline (50-125 mg slow intravenous injection) or i.v. infusion) is needed to abort Adenoscan side effects in less than 2% of patients.

DOSEAGE AND ADMINISTRATION:

For intravenous infusion only.

Adenoscan should be given as a continuous peripheral intravenous infusion.

The recommended intravenous dose for adults is 140 mcg/kg/min infused for a maximum total dose of 2.8 mg/kg.

The recommended dose for children is 0.06 mg/kg/min (given at the midpoint of the Adenoscan infusion, after the first two minutes of Adenoscan). Thallium-201 is physically compatible with Adenoscan and may be injected directly into the Adenoscan infusion set.

The dose is subject to change to the various needs as possible to prevent an excessive degree of the effects of Adenoscan (the contents of the N tubing) being administered. There are no data on the safety or efficacy of alternative dosing regimens.

CAUTION:

Federal law prohibits dispensing without prescription.

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Deerfield, IL 60015

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Available at www.adenoscan.com

Visit this interactive website dedicated to myocardial perfusion imaging. You'll find a wealth of information new medical educational resources and information in an easy to use manner. A comprehensive reference compilation

...all designed specifically for the medical professional: practicing physicians, medical education faculty, residents and students.
The Nuclear Medicine Handbook for Achieving Compliance with NRC Regulations

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.*

NRC-Related Topics Cover:

- License/Amendments
- Release of Patients
- Patient Post-Therapy Room Survey
- Dose Calibrators
- Record-Keeping
- Declared Pregnant Workers
- Written Directives
- Quality Management Program
- NRC Inspections
- ALARA Program
- Authorized User Training

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.

ISBN 0-932004-50-4
Applications are invited for the 1999 Paul C. Aebersold Award for outstanding achievement in basic science applied to Nuclear Medicine. This award commemorates the contributions of Dr. Paul Clarence Aebersold to the applications of nuclear physics to Nuclear Medicine and radiation biology, as well as his contributions to the Society of Nuclear Medicine (SNM). Dr. Aebersold contributed greatly to the emergence of Nuclear Medicine as a discipline by his energetic leadership in the provision of cyclotron-generated and reactor-produced radionuclides, and by his numerous publications and lectures. In giving this award, the Society thus symbolically signifies its appreciation of the warm and vital person who became the Society’s first Honorary Member.

Nominations should be supported by the nominee’s curriculum vitae and at least two letters supporting the nomination. These letters should briefly describe the contributions in basic science for which the nominee is proposed. The nominee does not need to be a SNM member.

Nominations deadline: December 31, 1998. Please submit nominations and supporting documents to William J. MacIntyre, Ph.D., c/o Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, Virginia 20190-5316.
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. 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
Reston, VA 20190
Fax: 703-708-9018
Telephone: 703-708-9000

Please complete reverse side
PR-STARS CONTEST

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 point)
   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).

Nuclear Medicine Week is sponsored by the SNM-TS.
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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<thead>
<tr>
<th>Item</th>
<th>QUANTITY</th>
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<td>Guidelines for Promoting Nuclear Medicine</td>
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Did you know that ICD-9 diagnosis codes must be coded to the highest level of specificity or they will be rejected?

Are you aware of the new, revised and deleted CPT codes for nuclear medicine in 1998?

Did you know that a new hospital outpatient prospective payment system called APCs is scheduled for implementation in January 1999?

You will discover the answers to these questions and more at the SNM Reimbursement Seminar for Nuclear Medicine Procedures.

**Topics Include:**
- Coding Systems
- Resource-Based Relative Value Scale (RVUs)
- Hospital Billing
- Reimbursement Resources
- ICD-9 Coding
- Use of CPT
- Modifiers
- Special G Codes for PET Imaging
- Medicare's Correct Coding Initiative
- Fraud and Abuse
- Practice Management
- Costing Procedures
- Claims Processing
- Managed Care/Contracting
- Case Studies

**Presentation Summary:**
This one day workshop will cover major procedural aspects of nuclear medicine services including proper code selection, claim submission and documentation. Nuclear medicine physicians and technologists, medical office managers, key billing and medical records personnel will learn to properly use the current CPT and ICD-9-CM manuals; use HCPCS II for effective coding and billing; understand third party payments; learn about the new G codes for PET imaging; be updated on the new editions of CPT and relevant Medicare changes; be fully cognizant and knowledgeable on the current Correct Coding Initiative; be updated on fraud and abuse policies; learn how to cost a procedure; receive information on managed care and contracting; review common procedures, fine tune coding skills and reimbursement algorithms.

**Speakers:**
Becky Cacciatore, CNMT, FSNMTS  
Kenneth A. McKusick, M.D., FACR, FACNP  
Michael A. Wilson, M.D., FACNP, FRACP

**Registration Fees:**
$225.00 which includes work book, case studies, continental breakfast, lunch and an afternoon break. Contact Marie Davis at (703) 708-9000 x250 for additional information or a registration form.

**Location and Dates:**

**Southeastern Chapter Meeting**
October 15, 1998  
Thursday, 9:30 a.m. to 4:30 p.m.  
Birmingham, Alabama

**Western Regional Meeting**
October 21, 1998  
Wednesday, 9:30 a.m. to 4:30 p.m.  
Long Beach, California

**Greater New York/New England Chapters Meeting**
November 5, 1998  
Thursday, 9:30 a.m. to 4:30 p.m.  
Newport, Rhode Island

**Accreditation Statement:**
The Society of Nuclear Medicine is accredited by the Accreditation Council for Continuing Medical Education and will offer a maximum of 6.0 hours in category I credits towards the AMA Physician Recognition Award. VOICE has approved 6.0 CEH for this session.
MIRD Publications...
The Standards in Radionuclide Dose Calculations

MIRD Primer for Absorbed Dose Calculations, Revised Edition
Prepared by Robert Loevinger, Center for Radiation Research, National Bureau of Statistics; Thomas F. Budinger, Donner Laboratory; Evelyn E. Watson, Radiopharmaceutical Internal Dose Center, Oak Ridge Associated Universities

Hardcover, 49.00 (plus shipping and handling), 128 pp.
The MIRD Primer is unquestionably the standard reference on absorbed dosage of radiopharmaceuticals in human beings, offering a thorough review of absorbed dose calculations used in the application of radiopharmaceuticals to medical studies. Included are detailed explanations of MIRD schema, examples of the application of the schema, dose estimates, and technical appendices.

MIRD Radionuclide Data and Decay Schemes
David A. Weber, University of California, Davis, Medical Center; Keith E. Eckerman, Oak Ridge National Laboratory; L. Thomas Dillman, Ohio Wesleyan University; Jeffrey C. Ryman, Oak Ridge National Laboratory

Hardcover, 63.00 (plus shipping and handling), 447 pp.
A thorough compilation of decay schemes and output tables for 242 radionuclides. Detailed information on radiation energy and intensity and on emissions in the decay of radionuclides. Supplies the basis for key commonly used computations, such as calculation of absorbed dose, assay of radioactivity, and evaluation of radionuclide purity. Allows assessment of radionuclide decay in
- Clinical imaging
- RIA
- Radiation therapy

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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.

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For more information or to purchase the Bone Module CD-ROM, please contact the SNM PEP Coordinator at (703) 708-9000.

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

This activity was planned and produced in accordance with the ACCME Essentials.
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 camera 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 Wendy Smith at (703) 708-9000 x242 or via e-mail at wsmith@snm.org.
Positions Wanted

Director of Nuclear Medicine

The Department of Radiology at the University of Iowa College of Medicine is recruiting a Director of Nuclear Medicine, as a full-time tenure-track faculty member with open rank. One of the largest teaching hospitals in the country, The University of Iowa Hospitals and Clinics provides research and clinical facilities—a PET Center, state-of-the-art nuclear imaging equipment and extensive image processing capabilities. Applicants must be certified in Nuclear Medicine and preferably in diagnostic radiology. Candidates with PET expertise, administrative experience and strong evidence of scientific productivity including extramurally funded research are sought. Women and minority candidates are encouraged to apply. Send resume and cover letter to Michael W. Vannier, MD, Professor and Head, The University of Iowa Department of Radiology, 200 Hawkins Dr., Iowa City, IA 52242. The University of Iowa is an Affirmative Action/Equal Opportunity Employer.

Assistant Attending in Nuclear Medicine

Memorial Sloan-Kettering Cancer Center is seeking a Board Certified Nuclear Medicine Physician for a position as Assistant Attending in Nuclear Medicine. The individual should have at least 3 years experience in Clinical Nuclear Medicine, demonstrated evidence of scholarly pursuits of clinical problems, and a commitment to teaching. PET experience is highly desirable. Memorial Sloan-Kettering Cancer Center is an equal opportunity employer. Please send inquiries to Steven M. Larson, MD, Chief, Nuclear Medicine Service, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021.

Chemist Needed

B.Sc. in Chemistry or related field with 2-4 years experience. Experience performing chemical and radiochemical preparations and analysis. Extract and process data to prepare related reports. Familiar with cGMP and/or GLP regulations. Fax resume to: 940-484-0877. Attn: HR.

Chemist Technician Needed

Associate Degree in Chemistry or related field with 2-4 years experience. Knowledge of any area related to production and/or quality control of chemical, radiochemical and/or radiopharmaceuticals. Familiar with cGMP and/or GLP regulations. Fax resume to: 940-484-0877. Attn: HR.

Nuclear Medicine Technologist—National Institutes of Health

Candidate must be a graduate of an accredited Nuclear Medicine Training Program and certified by NMTCB or ARRT. Experience in SPECT and PET desirable. Interested candidates should send resume by September 21, 1998 to Alice Owens, National Institutes of Health, Clinical Center, Office of Human Resource Management, 6100 Executive Blvd., Rm. 3E01 MSC 7509, Bethesda, MD 20892-7502. For information regarding position call Mary Pettiford, Supervisory Technologist Nuclear Medicine. Phone: (301) 496-8007. NIH is an Equal Opportunity Employer.

Tenure Track Faculty Position Available

Division of Imaging Sciences
Department of Radiology
Indiana University School of Medicine

Medical Physicist. The Division of Imaging Sciences, Department of Radiology of the Indiana University School of Medicine in Indianapolis has a medical physics faculty position available at the level of assistant or associate professor. We seek an individual with experience in the design, performance and analysis of imaging studies focused on the quantification of physiologic and biochemical process rates in vivo. Candidates should have experience with tracer kinetic modeling, image reconstruction and statistical analysis of data derived from PET and/or MRI systems. The successful candidate should have a PhD, or equivalent degree and will be expected to develop a funded research program that integrates with and supports the research activities of a broad base of collaborators who utilize our PET and MRI research facilities. The successful candidate will also be expected to contribute to our medical physics teaching program for graduate students and radiology residents. This position is a tenure track level position in the Department of Radiology. Curriculum vitae and a letter describing interests, background and qualifications should be sent to: Gary D. Hutchins, PhD, Director, Division of Imaging Science, Department of Radiology CL 120, 541 Clinical Dr., Indianapolis, IN 46202-5111. Phone: (317) 274-2067. Fax: (317) 274-4074. E-mail: gdhutchi@iuvmiu.edu. Indiana University is an affirmative action/equal opportunity employer.
Celebrate Nuclear Medicine Week
October 4-10

Call for Abstracts
of Scientific Papers and Computer Exhibits

The Society of Nuclear Medicine
46th Annual Meeting
June 6-10, 1999
Los Angeles, California

The 1999 Scientific Program Committee and the Scientific & Teaching Committee solicit the submission of abstracts from members and non-members of the Society of Nuclear Medicine for the 46th Annual Meeting in Los Angeles, California. Accepted Scientific Paper and Computer Exhibit abstracts will be published in a special supplement to the May issue of The Journal of Nuclear Medicine (JNM) and accepted Technologist Section abstracts will be published in the June issue of the Journal of Nuclear Medicine Technology (JNMT). Original contributions on a variety of topics related to nuclear medicine will be considered, including:

For Society Abstracts:
- Basic Science/Clinical Applications
- Cardiology
- Neurosciences
- General Clinical Specialties
- Radiopharmaceutical Chemistry
- Instrumentation and Data Analysis
- Radiopharmaceutical Chemistry

(In total, 29 Society abstract categories are offered)

For Technologist Abstracts:
Topics similar to Society topics listed above, but 16 specifically tailored for the Technologist Section
(In total, 16 Technologist abstract categories are offered)

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

Deadline for receipt of abstracts for Scientific Papers and Computer Exhibits is Friday, January 8, 1999.

NUCLEAR PHYSICIAN - San Diego -

The Southern California Permanente Medical Group is seeking a full-time Nuclear Physician, ABNM, ABR certified for a challenging, busy hospital-based HMO Nuclear Medicine clinical practice in San Diego, California. The practice will include both diagnostic and therapeutic nuclear medicine and a small percentage of general radiology.

Interested physicians should send a letter and CV to David Rossman, M.D., Director of Nuclear Medicine, Kaiser Permanente Medical Center, 4467 Zion Avenue, San Diego, CA 92120, or email to: DavidJ.Rossman@kp.org

This year, SNM will be utilizing an electronic abstract processing system developed by Medical Support Services (MSS), a company with several years of experience in developing abstract processing systems for medical organizations.

Please use one of the following methods to acquire the free software to submit your abstract:

1. Download the PC or Macintosh version of the SNM Abstract Submitter Assistant from the SNM Web Site at www.snm.org under Meetings.

2. Request a copy of the SNM Abstract Submitter Assistant directly from MSS at the following address: Attn: Submitter Assistant Request, Society of Nuclear Medicine, 1000 Massachusetts Avenue, 3rd Floor, Cambridge, MA 02138-5304 USA.
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