

SIEMENS

Positively Clinical PET

All the testimony suggests that the positive clinical advantages offered by Positron Emission Tomography are second to none. When combined with Siemens experience servicing the world's largest installed PET base, the same positive clinical advantages can be yours.

Providing you with unequalled patient throughput, Siemens is your partner in PET from beginning to end. The positive clinical advantage is gained with:

- ◆ Complete and flexible product line able to meet any institution's research and clinical demands
- ◆ Retractable septa for 3-D acquisition and increased sensitivity
- ◆ High speed reconstruction processing with Advanced Computational System (ACS)
- ◆ SUN® SPARCstation with software tools for qualitative and quantitative analysis
- ◆ Superior image quality with less than 5 mm equal resolution in all 3 dimensions
- ◆ High patient throughput resulting from system's ease-of-use

For positive clinical advantages in PET Neurology, Cardiology and Oncology—look for Siemens from beginning to end.

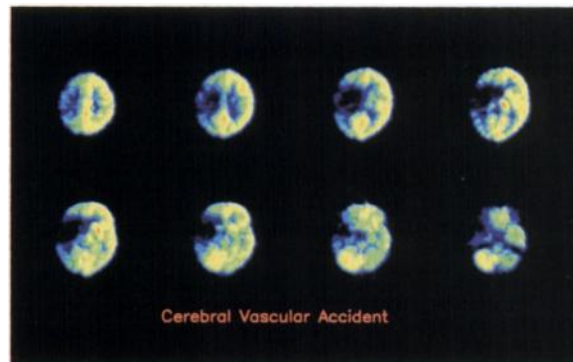


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Siemens...
technology in caring hands

NEUROLOGY

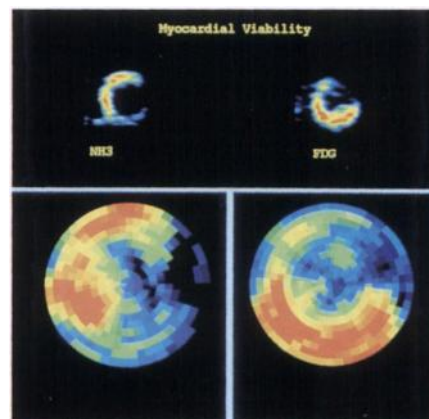


"PET has the ability to measure biochemical responses to disease in the brain prior to gross changes in anatomy and, in some cases, prior to symptom onset resulting in early diagnosis and improved patient management."

John C. Mazziotta, M.D., Ph.D.

President of Institute for Clinical PET (ICP)
Vice-Chairman of Neurology
Professor of Neurology and Radiology
UCLA School of Medicine

CARDIOLOGY



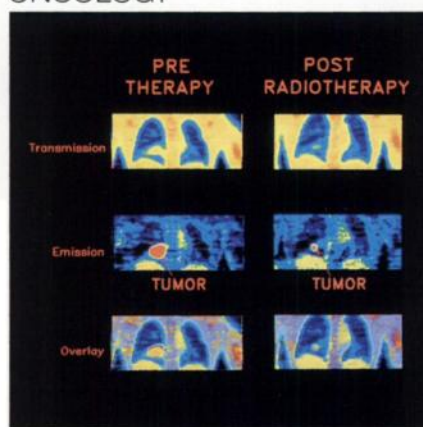
"PET is the only reliable technique currently available to assess myocardial viability. This information is often invaluable in making therapeutic decisions."

Peter Alagona, Jr., M.D.

Associated Medical Director
St. Joseph's Positron Center



ONCOLOGY



"PET provides unique non-invasive information on behavior, treatment response, and recurrence rate of solid tumors. Clinical PET promises to greatly impact the practice of oncology."

Mathis P. Frick, M.D.
Professor and Chairman
Department of Radiology
Creighton University School of Medicine

**See us at the SNM Meeting in Los Angeles, CA
Island 421**

See some of the brightest stars in Los Angeles.



For four days in June, booth #131 will be the in-place in L.A. to see the industry's brightest line-up of nuclear medicine products. That includes the CRC®-15R, the most advanced radioisotope calibrator, and the CAPRAC® Wipe Test Counter, true and accurate, measure for measure. You'll also find our two thyroid uptake systems, CAPTUS® 500 and System 1000. And having its world premiere, our newest CRC

radioisotope calibrator with an extensive list of features, a star in the making. Only from Capintec. At booth #131. See you there.



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Fax: (201) 825-1336

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Chiyoda-ku, Tokyo 101 Japan
Phone: 81-33-864-8100
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- FOR QUALITY ASSURANCE ■ PATIENT PROCEDURES
- RADIATION MONITORING AND PROTECTION



Programmable Test Pattern Generator



Miniaturized

Test Pattern Generator



Dynamic Cardiac Phantom



Cardiovascular
Stress System



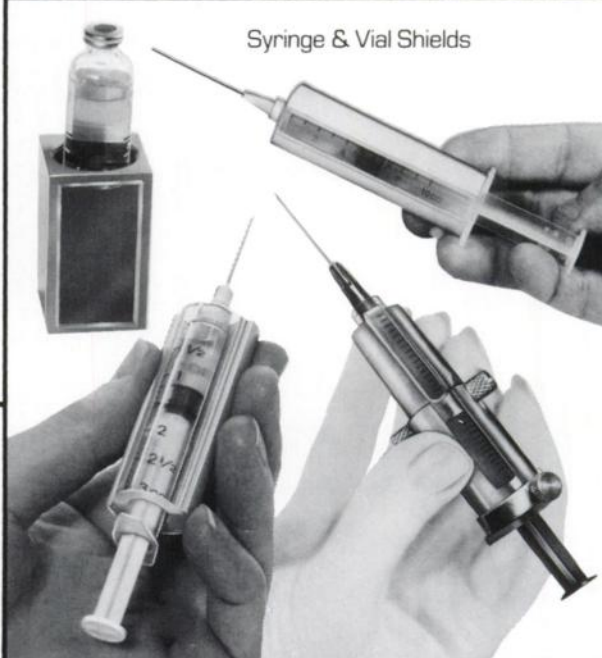
PET/SPECT
Phantom



Deluxe Wipe Test Counter



Multi-Purpose GM
Survey Meter



Syringe & Vial Shields

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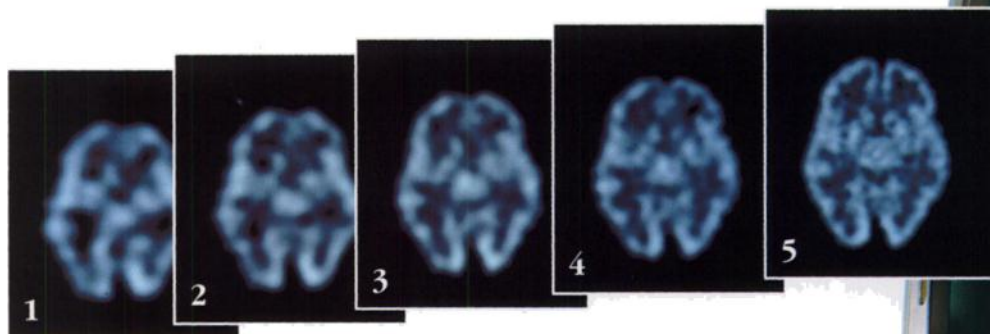
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Booths 232/233/234

**A new gold standard in
Nuclear Imaging:**

HelixTM

The latest member of the APEX family

**The first
Slip-Ring Nuclear Imaging System,
with the unprecedented imaging power of
continuous, high-speed orbiting**



A sequence of five evolving SPECT images: Note improvement of image quality, yielding final resolution of 7mm (tomographic brain phantom scan, courtesy of Dr.J. Abramovici, Ixelle, Belgium).

Elscint

The Intelligent Image

Events that changed the course of Nuclear Imaging:

**1971—Elscint takes the lead in the 70's
by introducing the industry's first image
processing station, the VDP.**

**1981—Elscint sets the trend for the 80's
by introducing the first digital gamma camera,
the APEX.®**

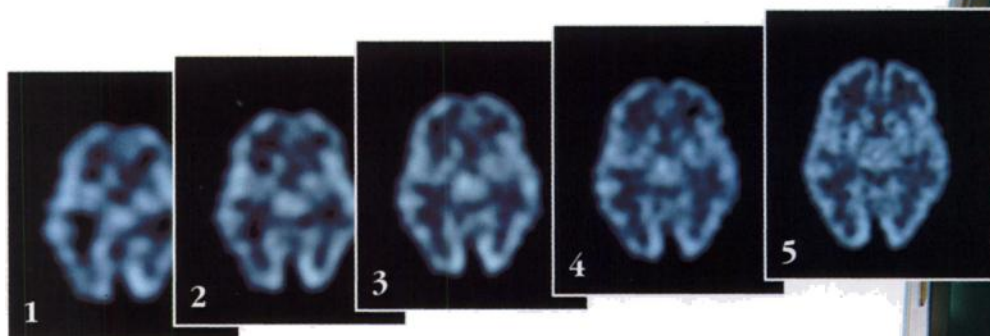
1991—Elscint introduces...

**A new gold standard in
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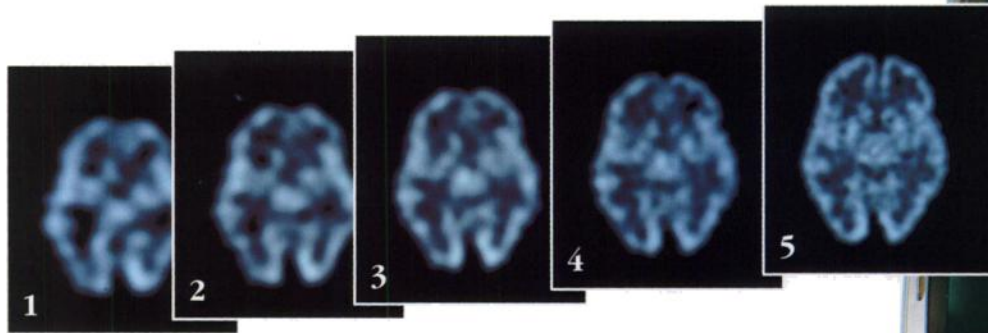
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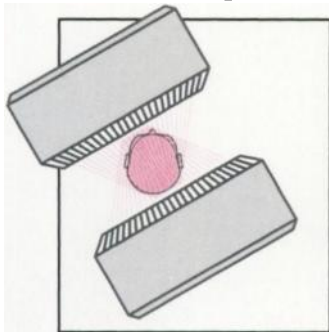
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Elscint

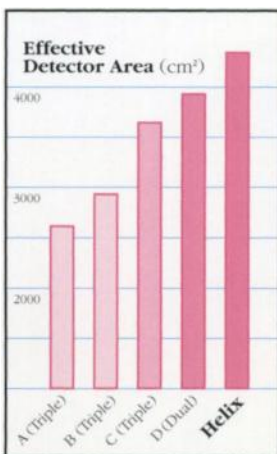
The Intelligent Image

Dual-head SPECT: triple efficiency

You can perform Helix tomographic



Ultraflared™ fan-beam collimators: more than triple the sensitivity



Helix's 4320 cm² detector area—unsurpassed in the industry

scans at up to 3.5 times the efficiency of conventional imagers, because Helix's jumbo-size detectors cover an area of 4320 square centimeters.

This means maximum SPECT detection efficiency, and makes unsurpassed 7mm system resolution images achievable.

And only Helix can span a 400mm-long segment in a single SPECT scan. Not to mention our unique Scatter-Free Imaging™ package built right into the system for much improved contrast and resolution.

SPECT and Whole-Body: the best of both worlds

Face it, most multi-head systems just can't do whole-body scans. Not so with Helix.

Helix gives you the best of SPECT, the best of Whole-Body, with no compromises,

no trade-offs.

Two super-size rectangular detectors provide 3.5mm resolution* across the entire field. Plus, microcast collimators and Scatter-Free Imaging give you the highest lesion detectability available.

And Helix's pre-programmable, body contoured "smart" scans, with 1280 x 1024 display, give you what you're looking for—the best possible Whole-Body images.

No compromises, no trade-offs—no excuses.

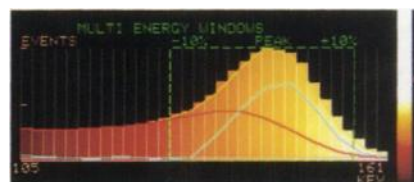


540 x 400 mm jumbo detectors and 3.5 mm resolution optimize Whole-Body scanning

Planar imaging: Scatter-Free and more

With Scatter-Free Imaging, the system "learns" the local scatter characteristics

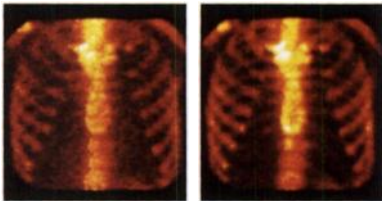
and makes corrections based on the measured energy spectrum, for



Multi-window acquisition and energy-weighted processing yield Scatter-Free Imaging.

*HR configuration

Helix's golden aspect of Nuc



20% window image

Scatter-Free image

each pixel, for each image, for each patient.

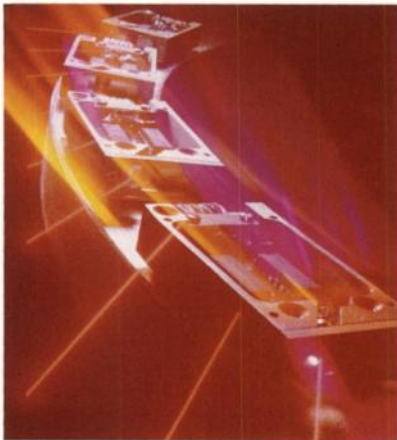
Result: better image contrast, better spatial resolution, better lesion detectability.

For truly complete imaging, jumbo-size 400x540mm detectors with 3.5mm resolution* maintain image clarity all the way across the entire field.

A triumph of technology: for now and for the future

Helix represents a culmination of efforts, based on a solid R&D foundation and drawing from a decade of experience gained over the course of close to 2000 APEX installations worldwide.

Helix's Slip-Ring technology will carry it well into the 21st century, together with such features as: a 100 MHz infra-red optronics communications link... an Intel™ i486 33 MHz computer platform... truly modular design... and advanced detector technology.

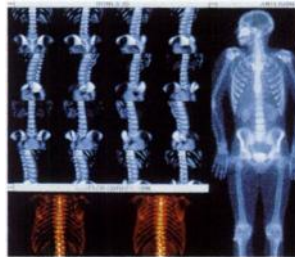


Helix's high-speed 100 MHz infra-red optronics data link frees SPECT from cable tangles

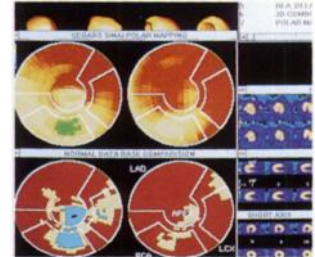
Clinical software: nobody comes even close to APEX. Nobody.

Elscent has – right now – the most complete range of nuclear imaging clinical software in the industry.

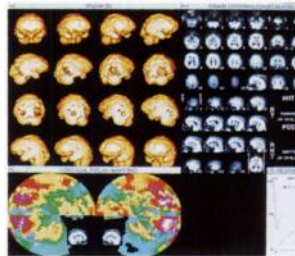
Helix draws on more than a decade of



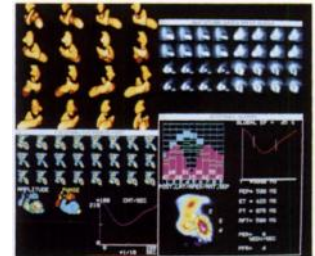
3D volume rendering bone scan



Cedars-Sinai quantitative SPECT



HMPAO brain SPECT polar mapping



Gated tomographic wall motion evaluation

pioneering activity in digital nuclear imaging and over 20 years of medical image processing experience.

Built-in CLIP™ programs cover the widest spectrum of nuclear medicine processing protocols, each optimized for a specific task, and clinically validated over the last decade.

Simply put, when it comes to user-tested, user-available software, nobody comes close to APEX. Nobody.

Events that changed the course of Nuclear Imaging:

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by introducing the industry's first image
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by introducing the first digital gamma camera,
the APEX.[®]**

1991–Elscent introduces...

Helix:

The dual-head, multi-purpose nuclear imager featuring Slip-Rings.

Only from Elscint.



*"I am easily satisfied
with the very best."*

Winston Churchill

Elscint
The Intelligent Image

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touch. In every lear Imaging.

Helix workstation: perfect harmony

Think of a workstation as a symphony orchestra with instruments like 32 MB RAM, 128 KB cache memory, i486 33 MHz CPU, 800 MB optical disk, 700 MB hard disk, 1280x1024 display, 19" color screen, IBM standard operating system and Ethernet.™

All world-class performers, to be sure. But only if they're playing from the same sheet of music.

Our Helix symphony is a harmonious combination of raw computer power; Elscint's industry-leading clinical software repertoire; real-time acquisition and reconstruction; IBM standard window management; full-simultaneity; multi-tasking; and the most powerful NM PACS in the industry.

Quite an ensemble. So you can give a virtuoso performance, every time.

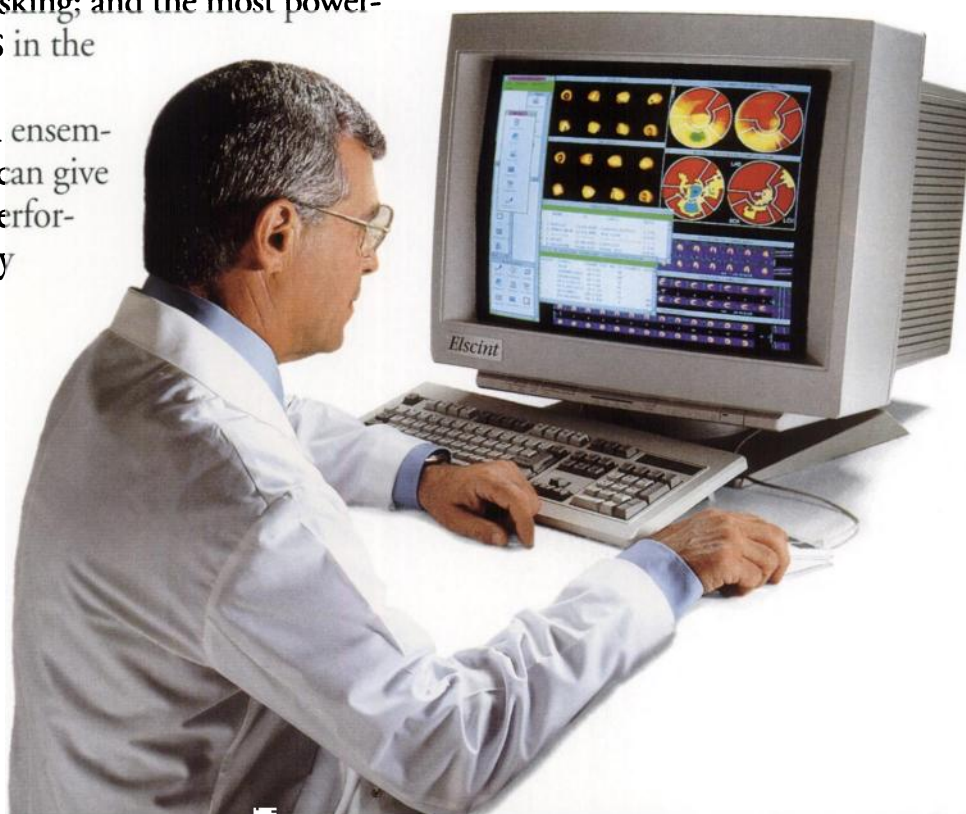
Helix: an ergonomic marvel

A solid, fixed gantry... a superbly balanced cantilevered patient handling system for precise scanning... programmable "home" positions for easy patient set-up and collimator exchange... Touch-Ruler™ for single-touch Whole-Body scans... low-attenuation, ultra-thin interchangeable pallets of carbon fiber composite for high-resolution Whole-Body and SPECT scans... compact gantry design... 2.7-inch "brain reach" for better brain SPECT.

We've addressed every last detail of design to give you the ultimate imaging system.



Light-weight, interchangeable pallets facilitate patient comfort for SPECT and Whole-Body scans.



The well-connected imager: leader of the PACS

Decide on Helix, and you instantaneously become a member of the most advanced NM PACS in the industry – right from day one.

If you have other Elscint APEX systems, Helix connects right into data communication and into centralized data and archive management via ApexNet,™ Elscint's NM PACS.

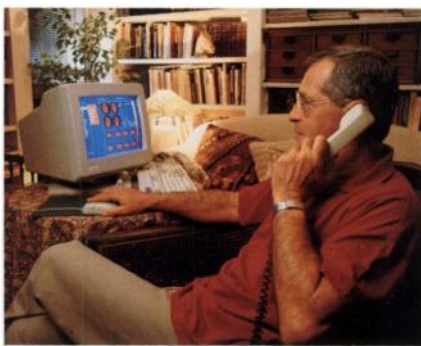
Multi-system connectivity is facilitated with more than 90% of the cameras and processors produced by other vendors like General Electric, Siemens, ADAC and Picker, or computers by DEC, IBM and others.

Helix provides instant access to data. ApexNet lets you view and process patient studies from different departments simultaneously, and ApexView,™ Elscint's remote viewing station, puts you in the picture even at home.

Service à la MasterMind™: no time for down time

At Elscint we value your time. And Helix service support is among the world's most advanced thanks to DigitalGuard, FieldWatch, and MasterMind.™

DigitalGuard is a built-in optronic system for periodic automatic calibration of the gamma camera.



Helix: global connectivity...all the way home

FieldWatch is a computerized, quick-response service network.

MasterMind is an artificial intelligence "expert" system, providing every

on-site nuclear medicine field engineer with the constantly updated troubleshooting expertise of the company's leading scientists and engineers.

The result: service done right the first time, every time.



MasterMind: Artificial Intelligence-guided service

Helix: the intelligent investment

When it comes to multi-detector systems, Helix could be the easiest, most logical product choice you ever made. You simply can't go wrong.

With Helix you know that every referral can be imaged, every nuclear medicine

procedure can be performed. No compromises, absolutely none.

Multi-Detector Evaluation	Helix	Product A	Product B
Slip-Ring continuous rotation	✓		
Cardiac SPECT	✓		
Brain SPECT	✓		
Whole-Body imaging	✓		
Scatter-Free Imaging	✓		
Software repertoire	✓		
Workstation power	✓		
Complete PACS	✓		
Advanced ergonomics	✓		
Immunity from obsolescence	✓		



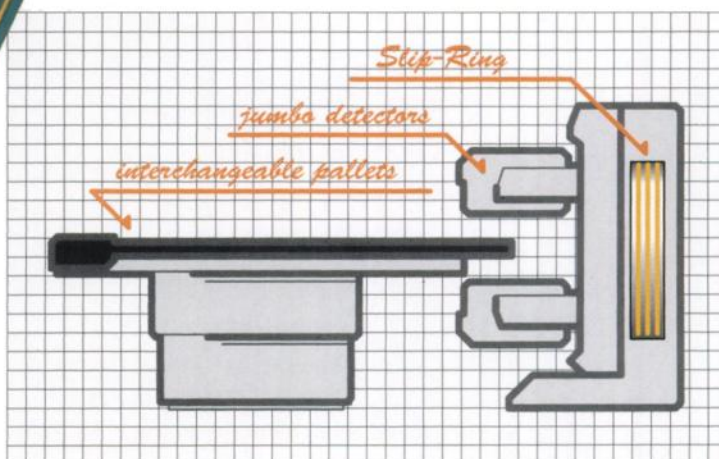
Look at Elscint's new Helix, and you're looking at the future of nuclear imaging technology.

A whole new world of imaging brought to life by our RingMaster™ Slip-Ring System. Take Evolving-Images™ and RollBack™, for example, two terms that are probably new to you.

With Evolving-Images you can now display and update SPECT images *as* you acquire them, not only *after* the job is done.

With RollBack, if a patient moves during a scan, you can recall the reconstructed image, as it was just prior to the movement, in order to assess its diagnostic value. Saves re-takes, saves time, saves money.

Helix's continuous-rotation Slip-Ring technology will open new horizons in nuclear imaging, such as Whole-Body SPECT spiral imaging, cardiac SPECT beat rejection and SPECT brain perfusion.



Large-bore Slip-Rings in the "heart" of the Helix gantry

DATA SPECTRUM PHANTOMS

3-DIMENSIONAL BRAIN



THE ORIGINAL ECT PHANTOM

UNIQUE FEATURES

1. Assures overall system performance
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 - Volume sensitivity (single slice and total)
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 - Lesion detectability
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Data Spectrum Corporation is committed to maintaining high quality medical imaging, and will continue to develop new phantoms to meet the needs of the user.

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Clinical Utility Through Advanced Technical Features



POSITRON EMISSION TOMOGRAPHY

The PENN-PET System...conceived, designed, and developed to provide the full spectrum of clinical PET applications. Emphasis is placed on image quality, ease of use, reliability, and serviceability. The camera is based on large-area position-sensitive detectors utilizing NaI(Tl) crystals. This design has resulted in a camera with an exceptionally large field of view, either 12.8cm or 23cm, high sensitivity through fully 3D septa-less data collection, user-friendly clinical software, and unequaled economy.

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in Service, Leaders in Quality”
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ADAC Delivers It!

Technology

Received “Radiology Today” magazine’s award as one of the Top Ten Product Innovations in all of diagnostic imaging for the DUAL HEAD GENESYS™ gamma camera, with PEGASYS™ — The most technologically advanced workstation in the industry.

Service

Named the #1 Service organization in Nuclear Medicine according to a leading independent survey conducted by IMS America, a subsidiary of Dun & Bradstreet Inc.

Quality

Malcolm Baldrige Guidelines embraced.
First and foremost, ADAC Laboratories delivers quality.



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NOW AVAILABLE

Computers in Nuclear Medicine: A Practical Approach

Kai Lee, PhD

Computers have become an indispensable tool in nuclear medicine. This is the book for those who wish to acquire a basic understanding of how computers work and the processing techniques used to obtain diagnostic information from radionuclide images. The text gives a thorough description of the hardware components of a nuclear medicine computer system and explains the principles behind many common image processing techniques. The following topics are discussed in detail:

- Functions and components of a computer system
- Mass storage devices
- Input and output devices
- Computer software
- Nuclear medicine image acquisition methods
- Methods of qualitative image analysis
- Quantitative image analysis
- Nuclear cardiology
- Quantitative data analysis
- Single-photon emission computed tomography
- Selecting a computer for nuclear medicine

The book is illustrated throughout to help the reader conceptualize the topics as they are discussed.

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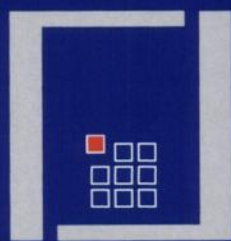
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EFFICIENT. INTUITIVE. COMPREHENSIVE.
THAT'S SOPHA'S NEW XT SOFTWARE:**

***UNIQUE REPRODUCIBILITY AND
ACCURACY***

XT software features the first automatic cardiac SPECT re-orientation program, and highly advanced edge-detection techniques. More consistent performance for maximum clinical confidence.

A NEW MEASURE OF THROUGHPUT

Introducing the first simultaneous stress and rest SPECT protocol, available only with XT software. Producing total volume reconstructions, 3D, bullseye, and comparative displays, and hard copies. All in a single step.

***A NEW LEVEL OF SIMPLICITY AND
COMPREHENSIVENESS***

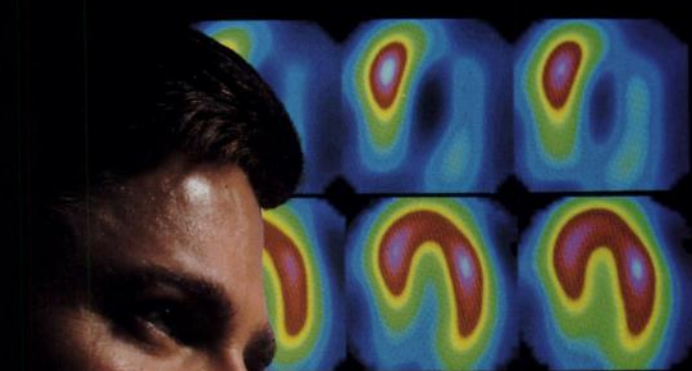
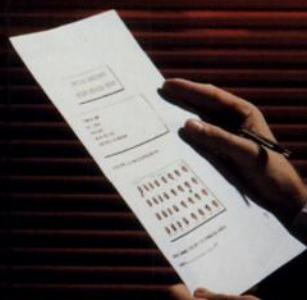
sopha's focus on nuclear medicine is readily apparent in the logical flow of XT protocols, making your interaction more intuitive than learned. And the range of XT applications in cardiology and general procedures is unparalleled.

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REPUTATION ON IT. SO CAN YOU.**

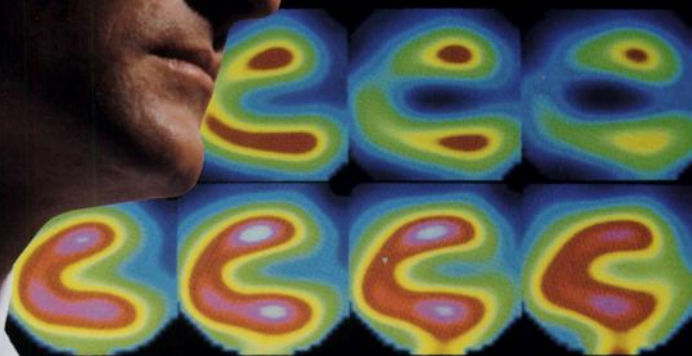
At right: sopha single-page comprehensive cardiac display

sopha medical USA 410-290-0100

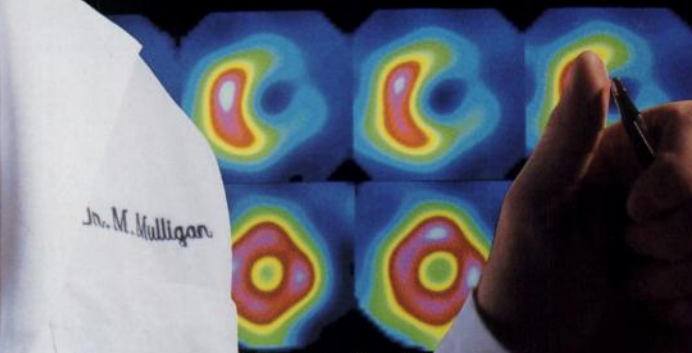
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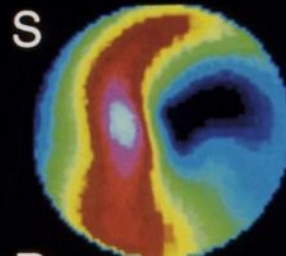
Horizontal Long Axis



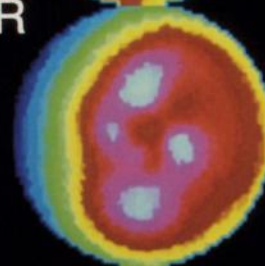
Vertical Long Axis



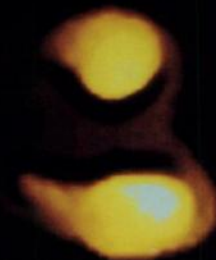
Short Axis



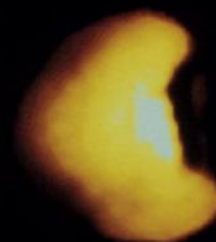
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Clinical Computer Imaging: A Primer , 1992. <i>Rowell, ed</i>	\$35.00	\$ 50.00	_____	_____
Computers in Nuclear Medicine: A Practical Approach , 1992. <i>Lee</i>	\$30.00	\$ 45.00	_____	_____
Review of Nuclear Medicine Technology , 1992. <i>Staves</i>	\$30.00	\$ 45.00	_____	_____
SPECT: A Primer , 2nd Ed., 1990. <i>English & Brown.</i>	\$20.00	\$ 25.00	_____	_____
Quality Assurance Resource Manual for Nuclear Medicine , 1990. <i>Gilbert et al.</i>	\$18.00	\$ 25.00	_____	_____
MIRD: Radionuclide Data and Decay Schemes , 1989. <i>Weber et al.</i>	\$45.00	\$ 60.00	_____	_____
Nuclear Medicine: Self-Study Program I , 1988. <i>Siegel & Kirchner, eds.</i> (price includes postage) *\$75 for Residents and Technologists.	\$90.00*	\$115.00*	_____	_____
MIRD Primer for Absorbed Dose Calculations , 1988. <i>Loevinger et al.</i>	\$35.00	\$ 50.00	_____	_____
Fundamentals of Nuclear Medicine , 2nd Ed, 1988. <i>Alazraki & Mishkin.</i>	\$15.00	\$ 15.00	_____	_____
[†] Bulk quantities of 10 or more.	@ \$ 4.00 [†]	@ \$ 4.00 [†]	_____	_____
Low-Level Radiation Effects: A Fact Book , 1982. (includes 1985 updates) <i>Brill</i>	\$20.00	\$ 20.00	_____	_____
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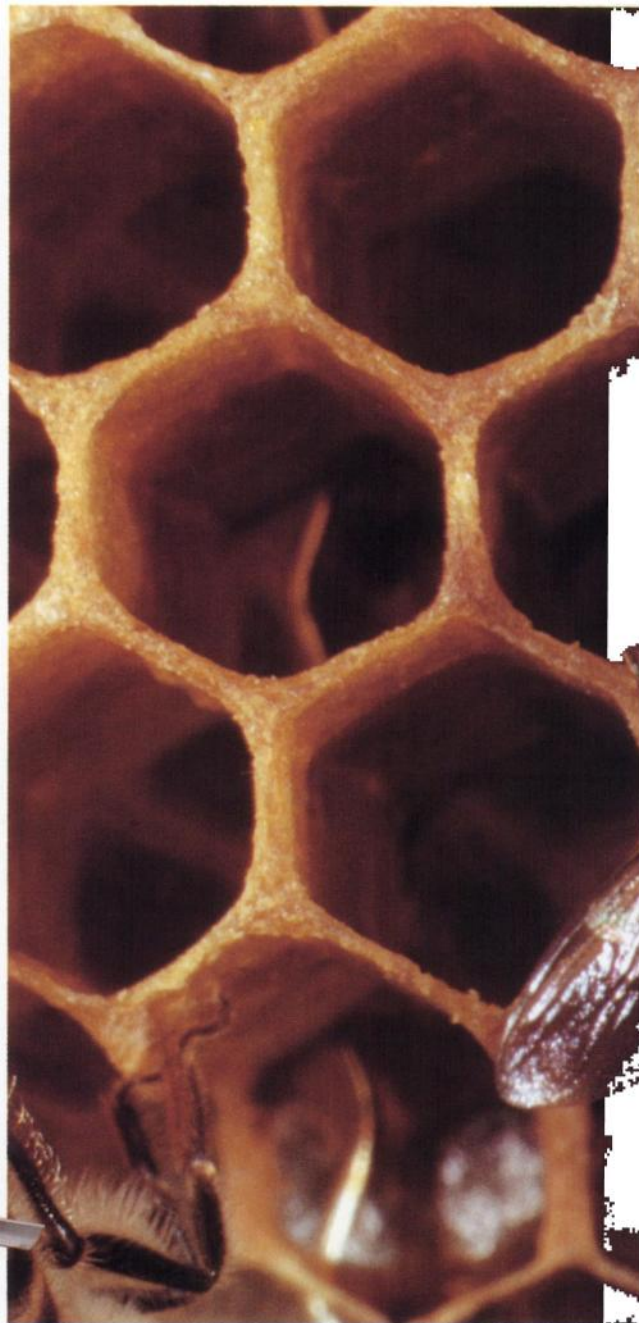
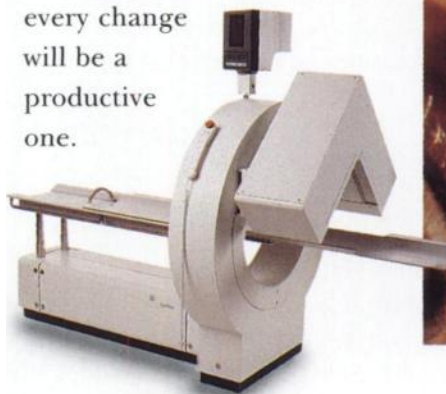
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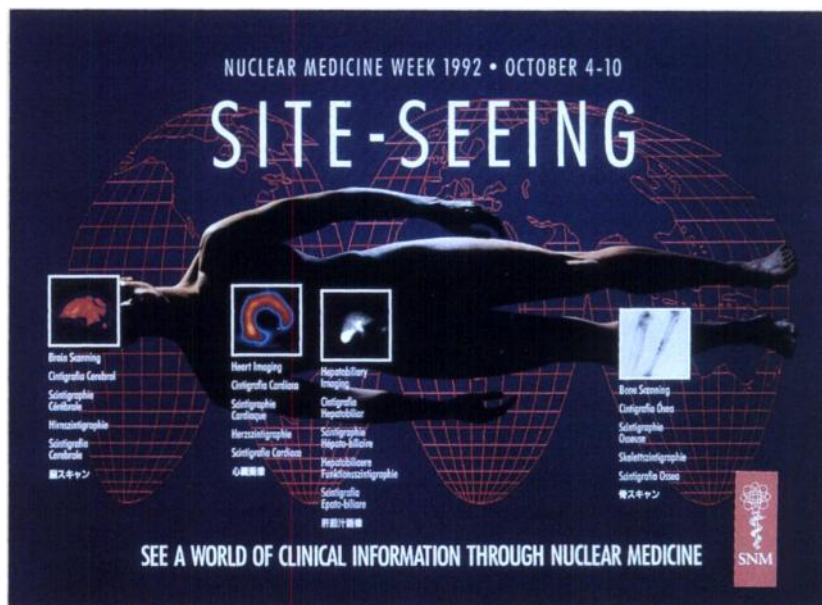


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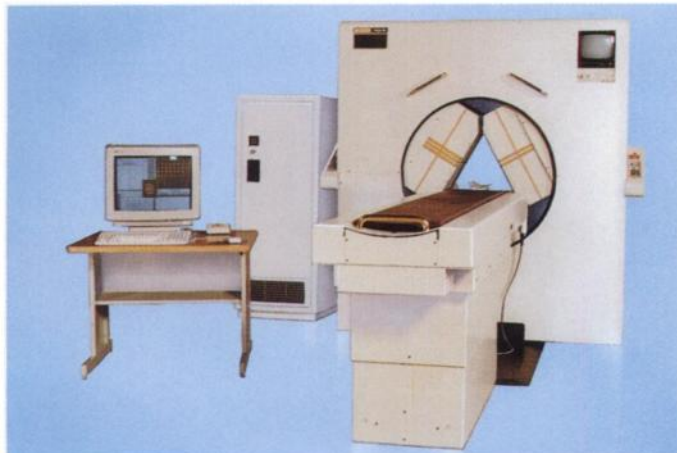
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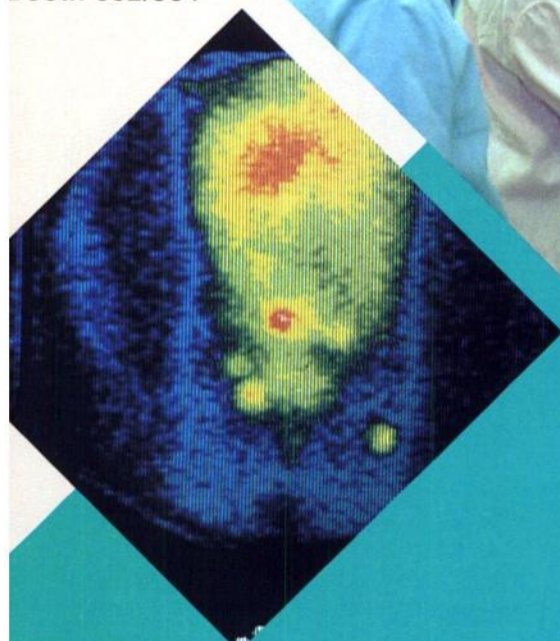
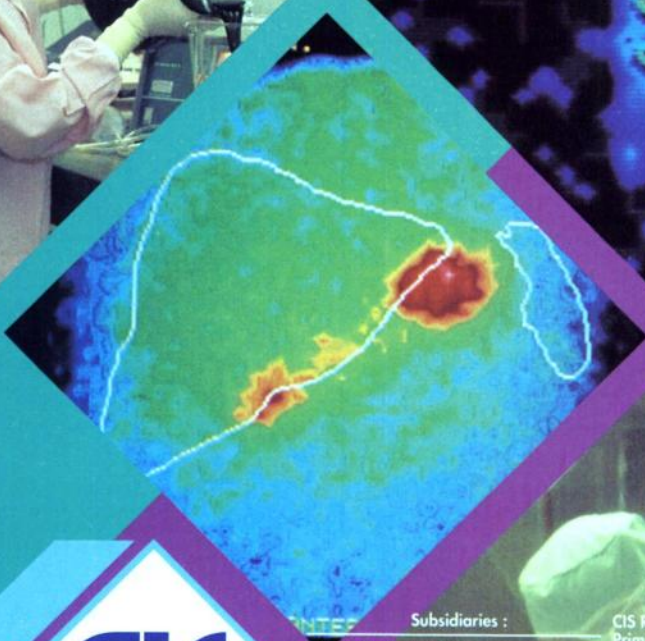
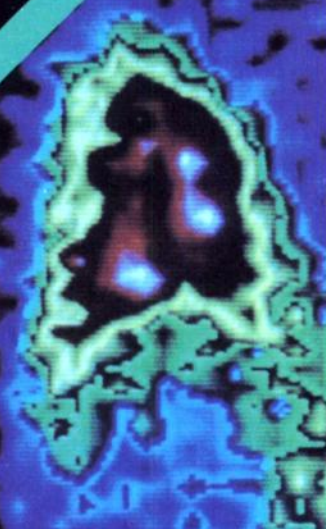
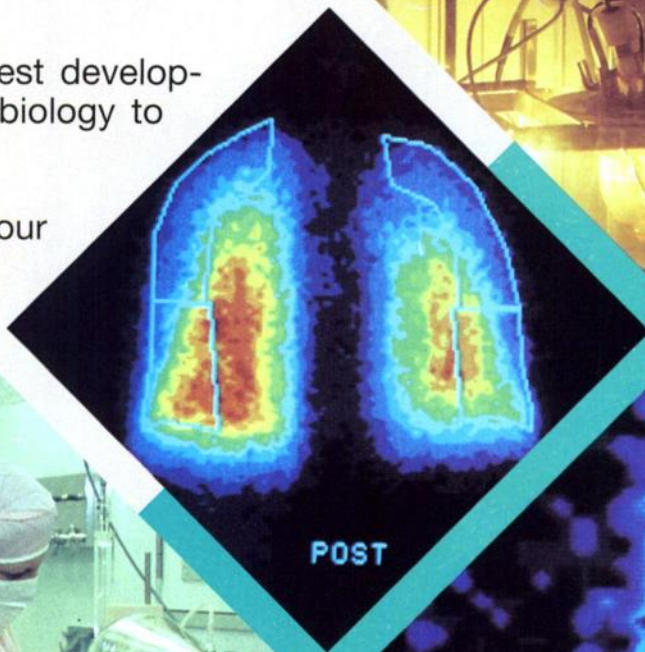
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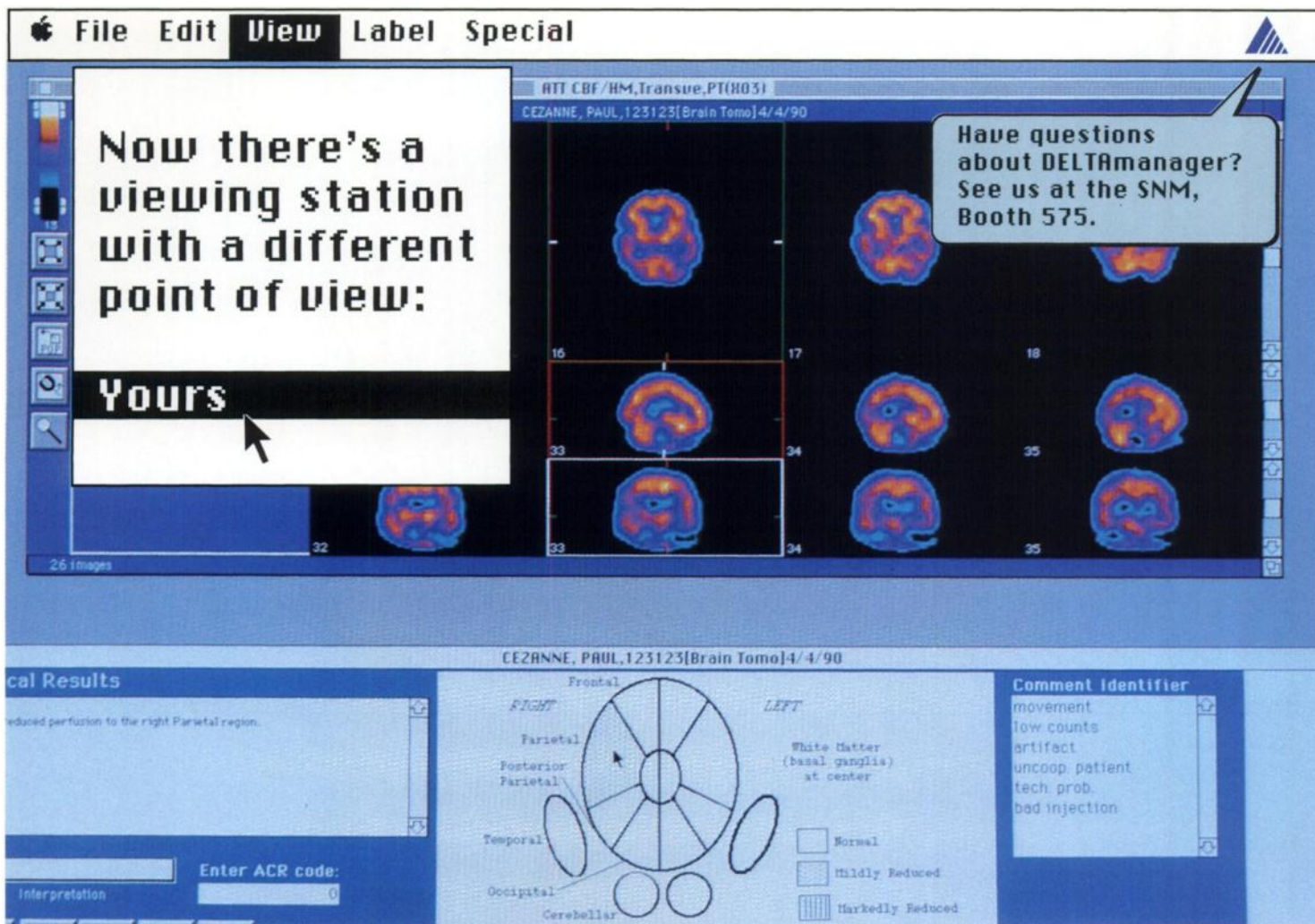
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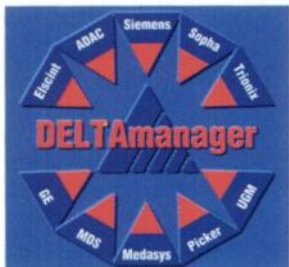
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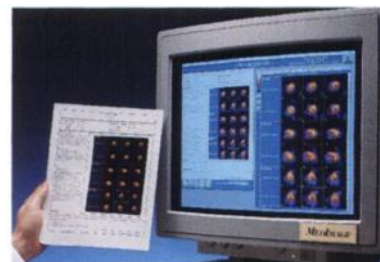
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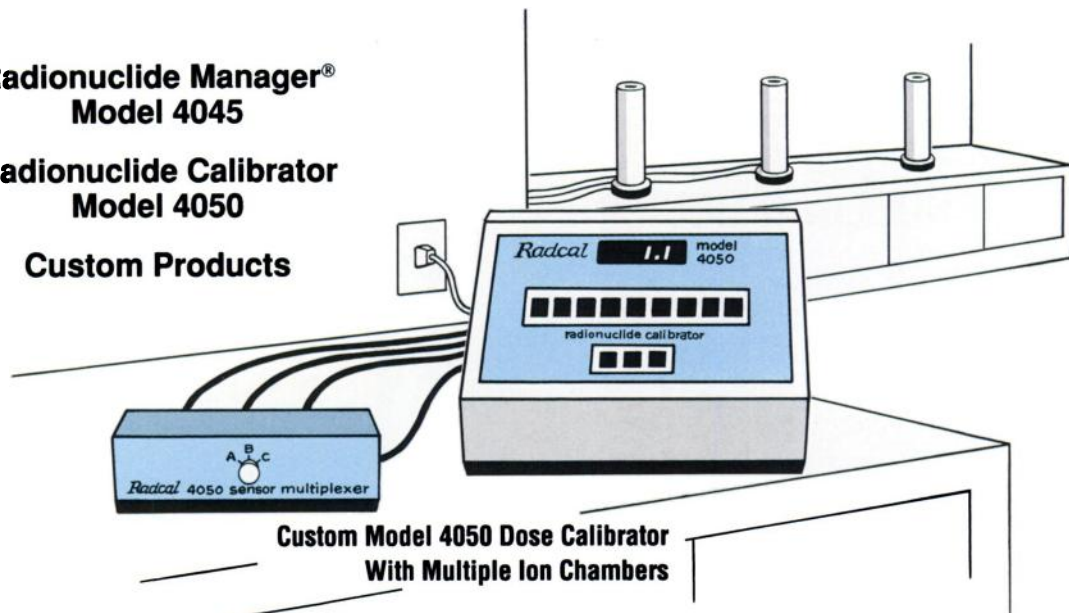
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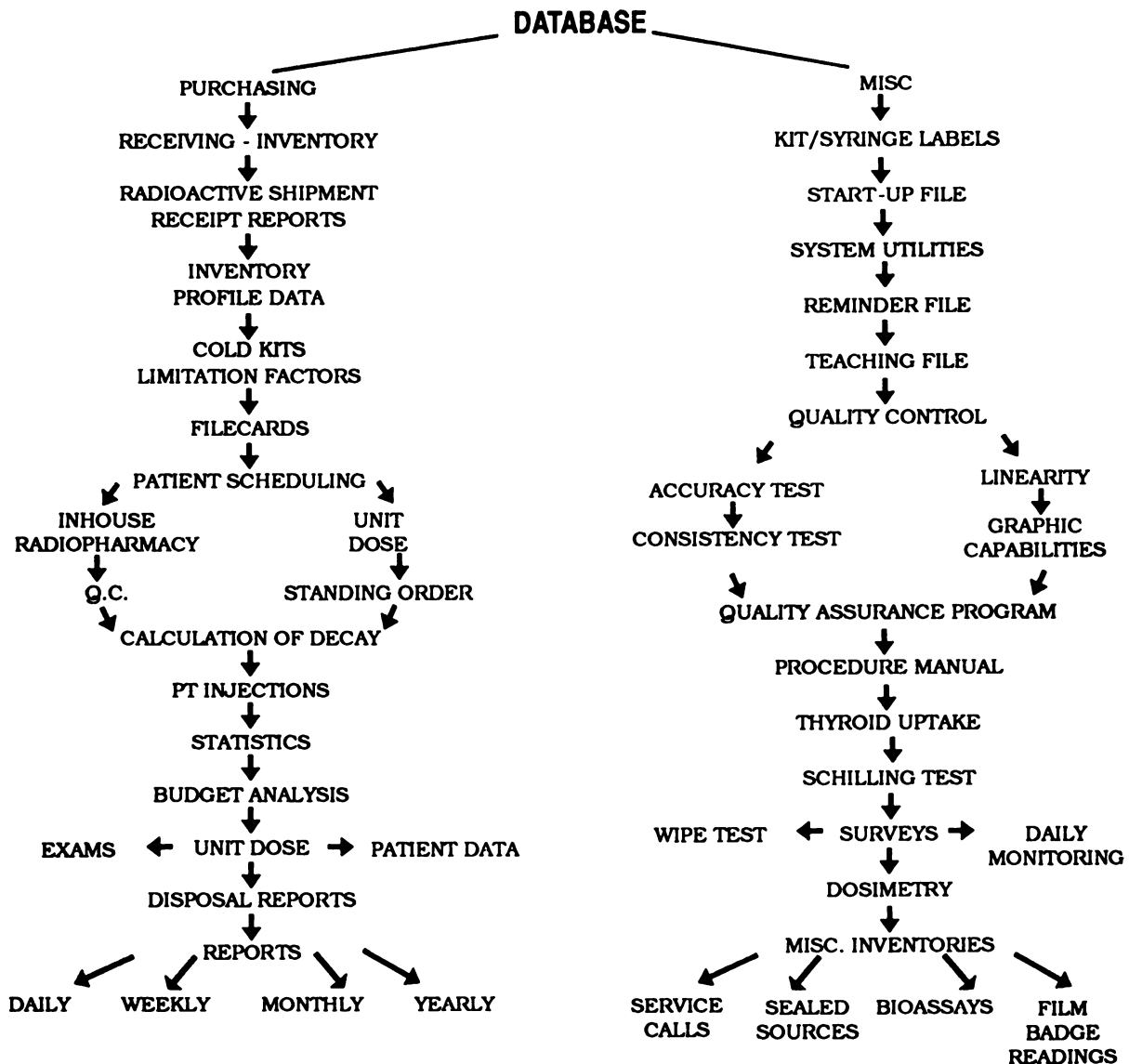
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Brief Summary

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F O R D I A G N O S T I C U S E

DESCRIPTION: Each 5 mL vial contains a sterile, non-pyrogenic, lyophilized mixture of:

Tetrakis (2-methoxy isobutyl isonitrile) Copper (I) tetrafluoroborate - 1.0 mg
Sodium Citrate Dihydrate - 2.6 mg
L-Cysteine Hydrochloride Monohydrate - 1.0 mg
Mannitol - 20 mg
Stannous Chloride, Dihydrate, minimum (SnCl₂•2H₂O) - 0.025 mg
Stannous Chloride, Dihydrate, (SnCl₂•2H₂O) - 0.075 mg
Tin Chloride (Stannous and Stannic) Dihydrate, maximum (as SnCl₂•2H₂O) - 0.086 mg

Prior to lyophilization the pH is 5.3 to 5.9. The contents of the vial are lyophilized and stored under nitrogen.

This drug is administered by intravenous injection for diagnostic use after reconstitution with sterile, non-pyrogenic, oxidant-free Sodium Pertechnetate Tc99m Injection. The pH of the reconstituted product is 5.5 (5.0-6.0). No bacteriostatic preservative is present.

The precise structure of the technetium complex is Tc99m[MIBI]₆⁺ where MIBI is 2-methoxy isobutyl isonitrile.

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

CONTRAINDICATIONS: None known.

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

PRECAUTIONS:

GENERAL

The contents of the 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 preparative procedure (as outlined in the full prescribing information).

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 Pertechnetate Tc99m Injection is added, adequate shielding of the final preparation must be maintained.

The components of the kit are sterile and non-pyrogenic. 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 stannous ion in the reduced state. Hence, Sodium Pertechnetate 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 experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility

In comparison with most other diagnostic technetium-labeled radiopharmaceuticals, the radiation dose to the ovaries (1.5 rads/30 mCi) 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)₂BF₄, was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/HPRT and sister chromatid exchange tests (all *in vitro*). At cytotoxic concentrations (≥ 20 µg/mL), an increase in cells with chromosome aberrations was observed in the *in vitro* human lymphocyte assay. Cu(MIBI)₂BF₄ did not show genotoxic effects in the *in vivo* mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (9 mg/kg, >600 × maximal human dose).

Pregnancy Category C

Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc99m Sestamibi. It is also 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.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability, should be performed during the first few (approximately 10) days following the onset of menses.

Nursing Mothers

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

Pediatric Use

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

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

DOSAGE AND ADMINISTRATION: The suggested dose range for I.V. administration to be employed in the average patient (70 kg) is:

370 to 1110 MBq (10 to 30 mCi)

The dose administered should be the lowest required to provide an adequate study consistent with ALARA principles (See also PRECAUTIONS).

When used in the diagnosis of myocardial infarction, imaging should be completed within four hours after administration (see also CLINICAL PHARMACOLOGY section in full prescribing information).

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

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

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

RADIATION DOSIMETRY: Table 4 shows the radiation doses to organs and tissues of an average patient (70 kg) per 1110 MBq (30 mCi) of Technetium Tc99m Sestamibi injected intravenously.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

Organ	Estimated Radiation Absorbed Dose			
	REST			
	2.0 hour void		4.8 hour void	
	rads/ 30 mCi	mGy/ 1110 MBq	rads/ 30 mCi	mGy/ 1110 MBq
Breasts	0.2	2.0	0.2	1.9
Gallbladder Wall	2.0	20.0	2.0	20.0
Small Intestine	3.0	30.0	3.0	30.0
Upper Large Intestine Wall	5.4	55.5	5.4	55.5
Lower Large Intestine Wall	3.9	40.0	4.2	41.1
Stomach Wall	0.6	6.1	0.6	5.8
Heart Wall	0.5	5.1	0.5	4.9
Kidneys	2.0	20.0	2.0	20.0
Liver	0.6	5.8	0.6	5.7
Lungs	0.3	2.8	0.3	2.7
Bone Surfaces	0.7	6.8	0.7	6.4
Thyroid	0.7	7.0	0.7	6.8
Ovaries	1.5	15.5	1.6	15.5
Testes	0.3	3.4	0.4	3.9
Red Marrow	0.5	5.1	0.5	5.0
Urinary Bladder Wall	2.0	20.0	4.2	41.1
Total Body	0.5	4.8	0.5	4.8

Stabin, M., July, 1990, Oak Ridge Associated Universities, P.O. Box 117, Oak Ridge, TN 37831, (615) 576-3449.

HOW SUPPLIED: Du Pont's CARDIOLITE®, Kit for the preparation of Technetium Tc99m Sestamibi is supplied as a 5 mL vial in kits of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic.

Prior to lyophilization the pH is between 5.3 and 5.9. The contents of the vials are lyophilized and stored under nitrogen. Store at room temperature (15 to 30°C) before and after reconstitution. Technetium Tc99m Sestamibi contains no preservatives. Included in each two (2) vial kit is one (1) package insert, five (5) vial shield labels and five (5) radiation warning labels. Included in each five (5) vial kit is one (1) package insert, five (5) vial shield labels and five (5) radiation warning labels. Included in each thirty (30) vial kit is one (1) package insert, thirty (30) vial shield labels and thirty (30) radiation warning labels.

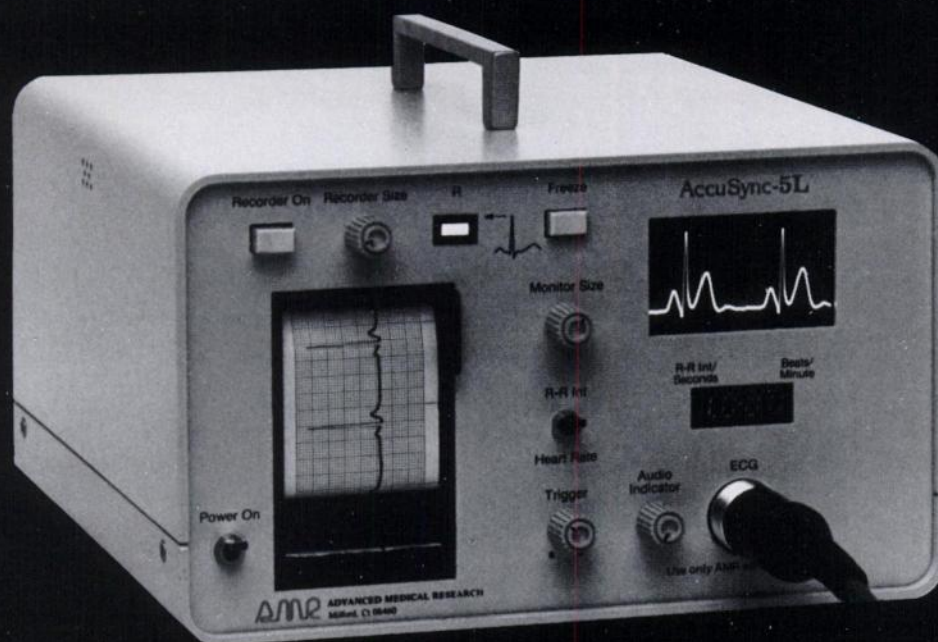
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IN A FOG??

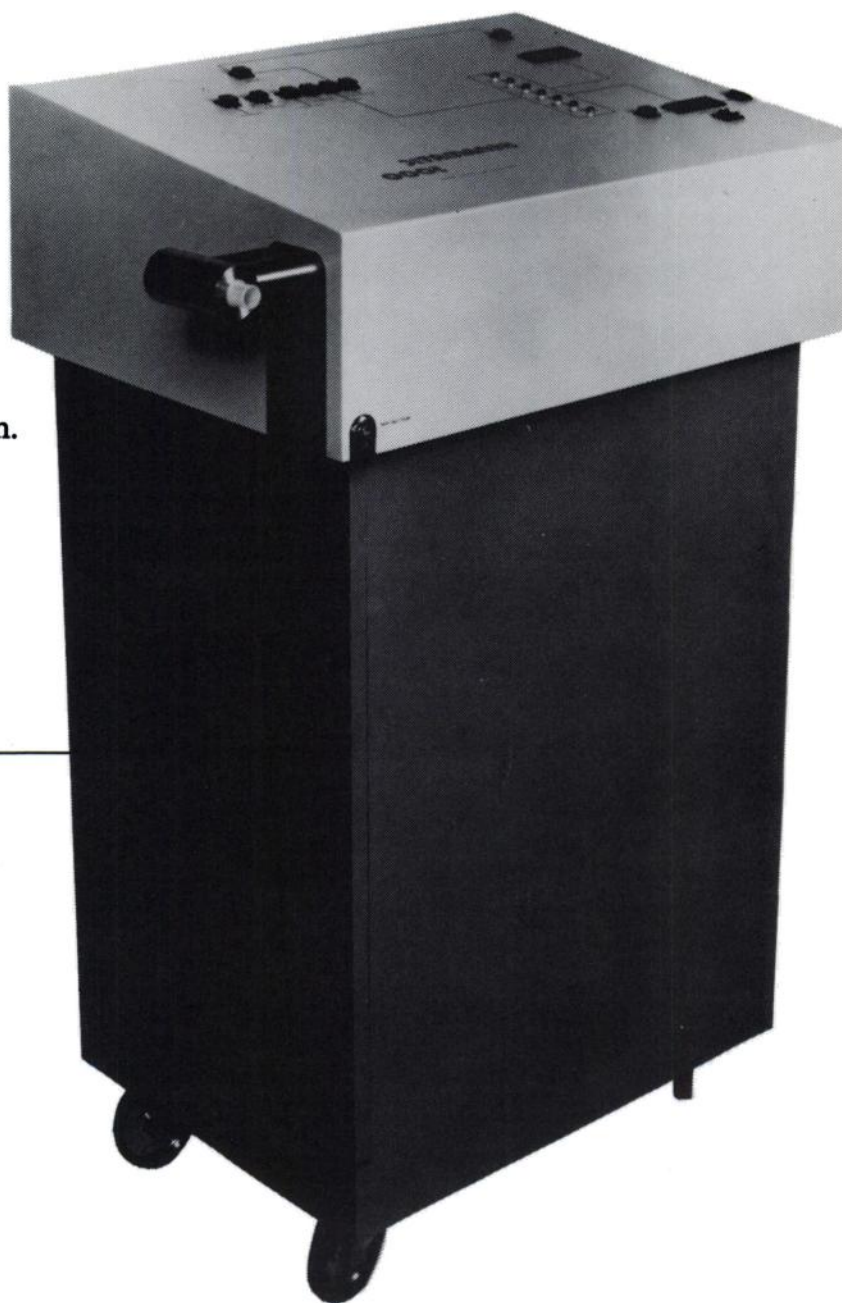
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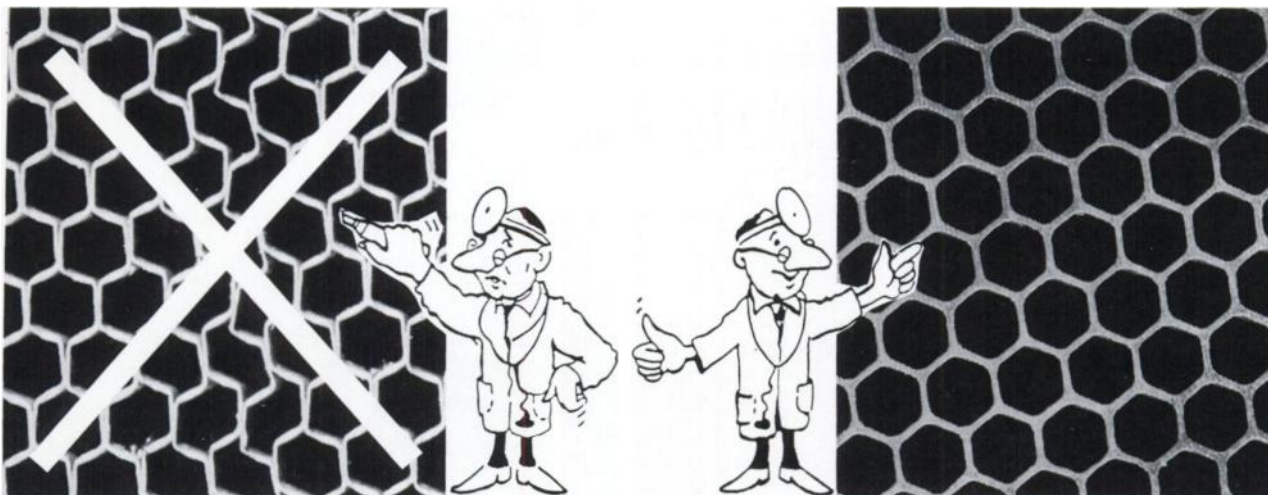


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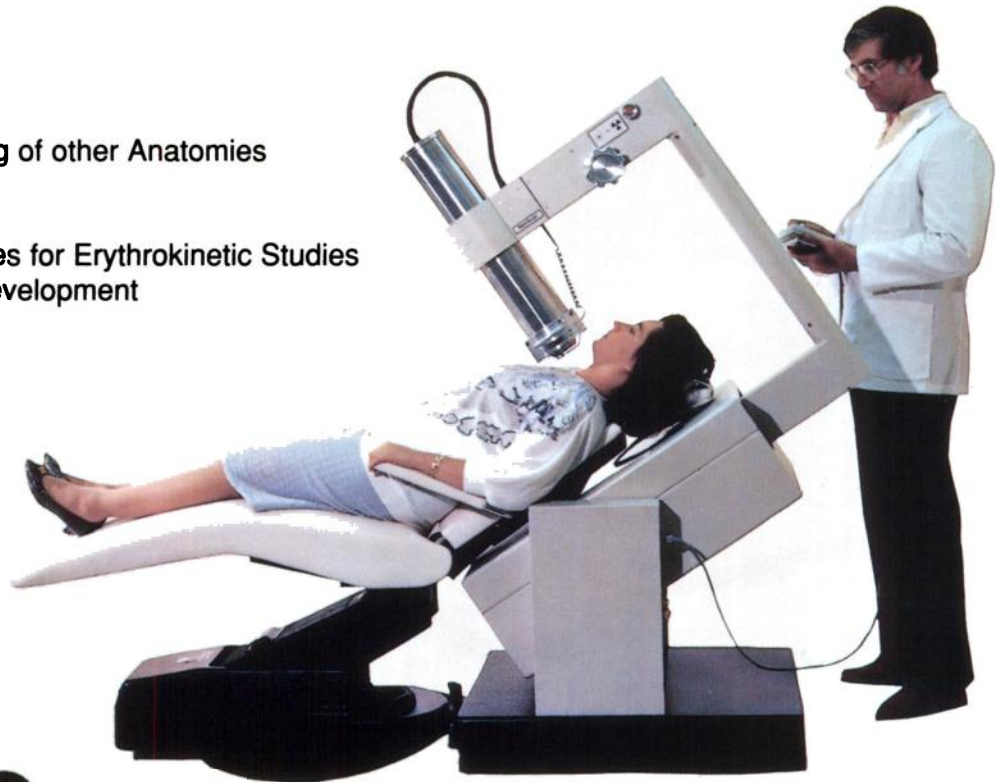
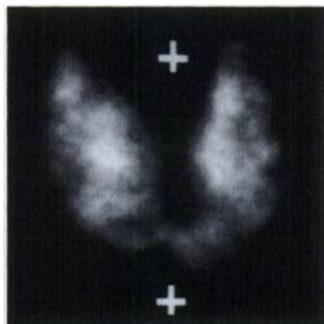
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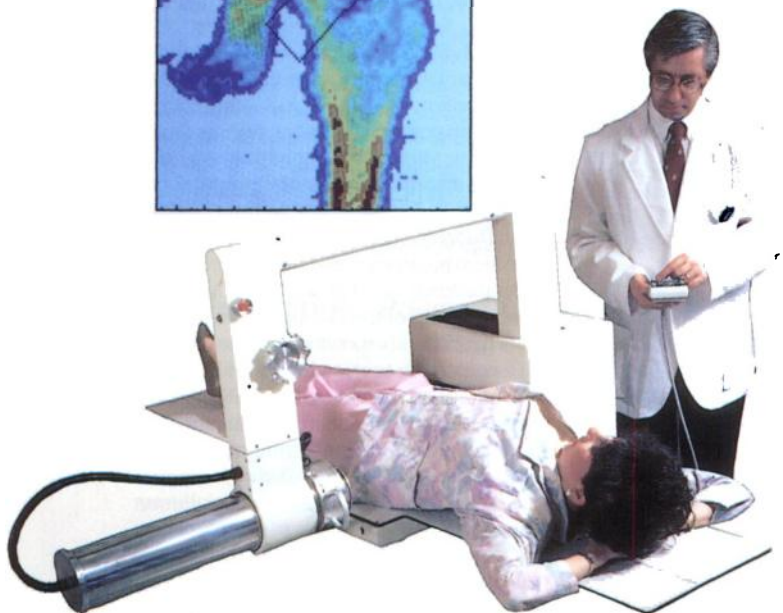
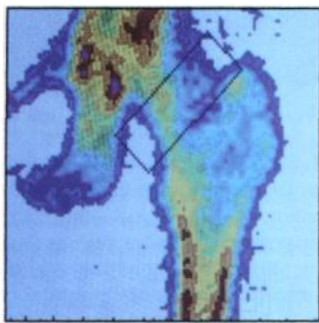
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Current Studies

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- Thyroid Uptake
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- Cr-51 and Fe-59 Uptakes for Erythrokinetic Studies
- Additional Studies in Development



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SPECT BRAIN IMAGING CLINICAL FELLOWSHIP

Department of Radiology
Section of Nuclear Medicine



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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:

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- 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.

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

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

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

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

- ☐ May 11-12, 1992 ☐ September 14-15, 1992
☐ November 9-10, 1992

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I will need a _____ single/ _____ double room.

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

Name _____

Address _____

City/State/Zip _____

Office Phone (____) _____

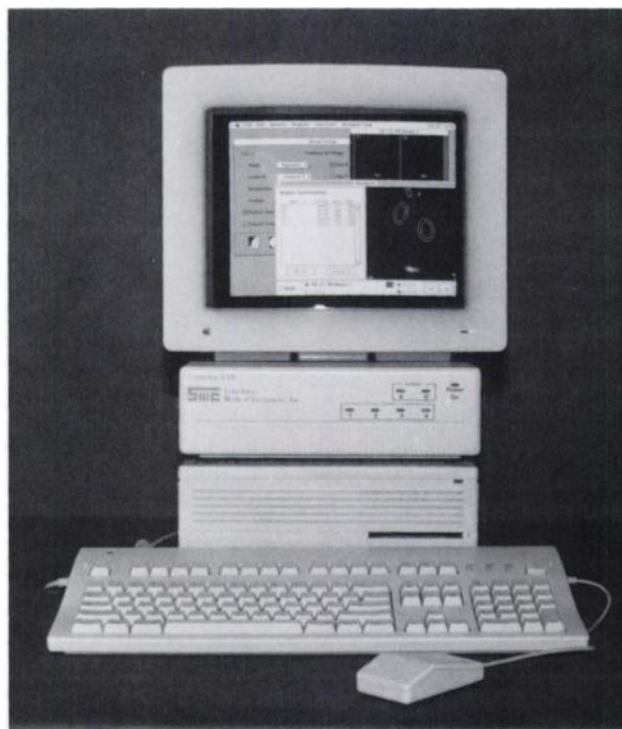
_____ work address _____ home address

Registrations and payment should be sent to:

LisaAnn Trembath
SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
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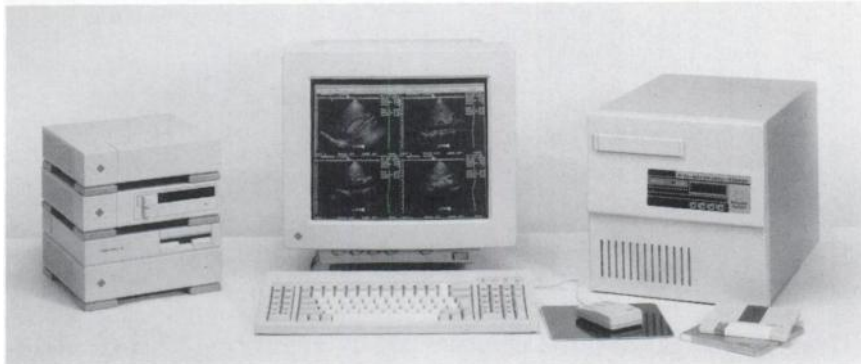
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Each description of the products below was condensed from information supplied by the manufacturer. The reviews are published as a service to the professionals working in the field of nuclear medicine and their inclusion herein does not in any way imply an endorsement by the Editorial Board of The Journal of Nuclear Medicine or by The Society of Nuclear Medicine. To receive product information, see page 57A.

Image Management System



Agfa Corporation introduces Agfa IMPAX Medical Image Management and Archiving System, which provides image management, communication, and archiving for various medical imaging modalities. The system imposes no changes on image recording procedures, equipment or workflow, and film continues to be the primary medium for diagnosis. More image data is stored in less space and at lower cost than conventional film archives, while review of images and data are achieved with a previously unattainable combination of speed, reliability, and efficiency. For image data retention, the system uses an optical jukebox drive, so named because it can hold and manage eleven removable optical discs at once. WORM (Write Once, Read Many) type discs are used to prevent alteration of the image data after it has been archived. Although the system occupies only one cubic foot, the optical jukebox drive has a capacity of 10 Gbytes (Ten billion bytes), which is the equivalent of 33,000 medical images complete with patient data. When any of the eleven discs become full, it can be easily removed from the drive and replaced with a new disc. In one cubic foot off-line, 132 optical discs can be stored. This is enough to store 390,000 images complete with reports. To hold that many images con-

ventionally would require 65,000 films and more than 270 feet of steel shelving. Workstations are provided for archiving control and for rapid access to images. Each installation includes a high-resolution display, a user-friendly graphic interface and mouse-activated menus. At the click of a mouse, radiologists and technologists can not only review, edit, and print images, but they can also communicate with the Radiology Information System for retrieving patient data and reports. Agfa Medical Gateways are used to acquire images and data in a manner suitable for transmission over local area networks. The Medical Gateways interconnect scanners with hardcopy video and laser printers. They can network different modalities on a departmental level, or they can unite departments with each other for archival management on a hospital-wide basis. Using remote workstations, any image review or hardcopy requirements can be performed at any location on the network. Accepting as many as six on-line inputs plus input from MATRIX RDS removable disc cartridges, Agfa Medical Gateways are available for different modalities and combinations of modalities. **Agfa Technical Imaging Group, 100 Challenger Road, Ridgefield Park, NJ 07660. (201) 641-9566**

Uninterruptible Power System

Sola's new Advanced Network UPS is an uninterruptible power system (UPS) featuring Sola's UPS Communicator Interface. The interface allows UPS to LAN or RS232 communications in plain English. You get full UPS front panel view, diagnostic and alarm messages displayed in English as well as UPS control capability from any LAN terminal. Unnecessary battery depletion caused by

extended brownouts is eliminated by Sola's Battery Save feature. The Sola Advanced Network UPS offers the ultimate in economical protection for file servers, CAD/CAM workstations, telecommunications, minicomputers, UNIX/XENIX CPUs and other data sensitive equipment. **Sola, 1717 Busse Rd., Elk Grove Village, IL 60007. (708) 439-2800.**

PC Spectroscopy System

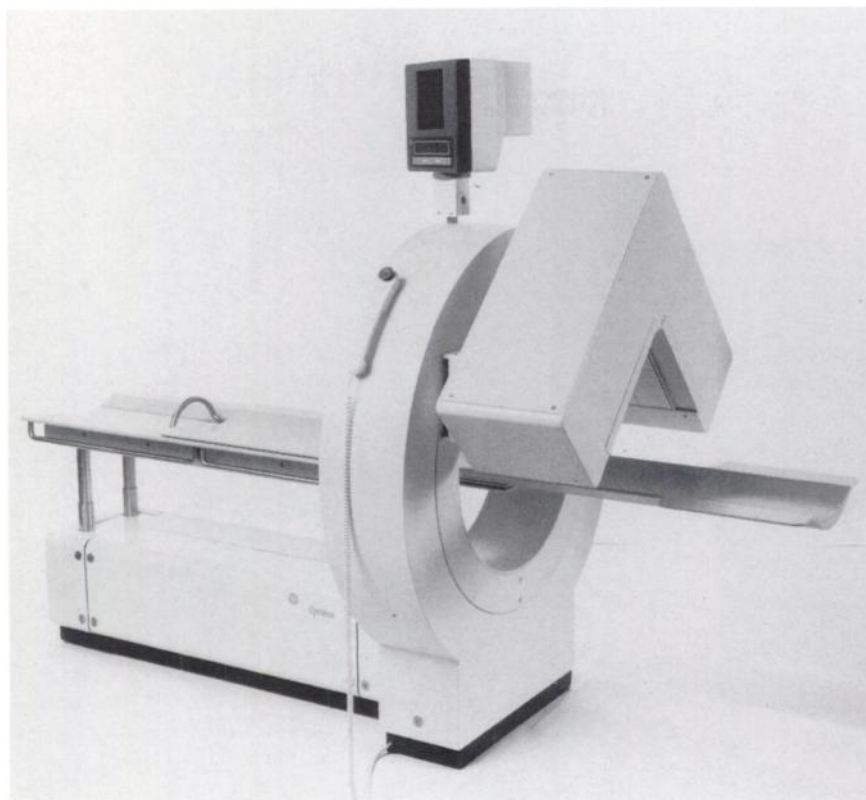


Canberra Nuclear announces Genie-PC, a personal computer spectroscopy system. The unit is designed to incorporate fully independent support of multiple detectors and comprehensive network support. With Genie-PC, multiple detectors can be operated independently and simultaneously, through complete counting and analysis procedures, without fear of collisions or slow downs. Count room operators can access data on demand, at any time, from any place—regardless of where and when it was generated. The system's software accommodates Canberra acquisition boards or the networked Acquisition Interface Module for complete flexibility in locating and configuring detectors. A variety of gamma analysis algorithms are available, which let you choose the right approach for the individual sample. Genie-PC may be operated from an automatic jobstream environment or in an interactive mode—or a combination of both. **Canberra Industries Inc., One State Street, Meriden, CT 06450. (203) 238-2351.**

Color Remote-Head CCD Cameras

Cohu, Inc. introduces its new 8290 Series and 8390 Series High Performance Color Remote-Head CCD cameras featuring minimum resolution of 460 TV lines and sensitivity of 1.1 lux (80% video, AgC on). These cameras use a high performance hole accumulation diode (HAD) imager. The small, lightweight remote head can be placed up to fifteen feet from the compact camera control unit, which contains controls for the adjustment of electronic shutter speed, integration time periods, AGC, and white balance. The 8290 Series cameras are available in NTSC/Y-C or RGB models, with 768 x 493 active picture elements and a choice of 12-volt ac/dc or 115-volt ac, 60 Hz input power; the 8390 Series comes in PAL/Y-C or RGB models, with 752 x 585 active picture elements and a choice of 12-volt ac/dc or 230-volt ac, 50 Hz ac power. **Cohu, Inc., Electronics Division, P.O. Box 85623, San Diego, CA 92186. (619) 277-6700.**

Dual-Detector for Cardiac and SPECT



GE Medical Systems introduces the Optima dual-detector nuclear medicine system optimized for cardiac and SPECT imaging. The GE Optima's dual-detector design is fixed in a rigid 90-degree angle that maximizes the collection of photon emissions. This multi-head design significantly cuts SPECT scanning times over single-detector systems—from 30 minutes down to 15 minutes—improving throughput up to 25%. The system also maximizes gamma camera efficiency over triple-head systems in 180 degree SPECT cardiac studies. That is because the information gathered by the third head is not used in 180 degree reconstructions. Unlike competitive designs that have independent rotating heads, the GE detector heads are housed in a single, rigid "L" shaped unit, so the camera is precisely aligned and optimized for the requirements of cardiac studies. This eliminates image quality problems associated

with possible misalignment and decreases quality control procedure time. From the Optima camera, data is acquired into a GE Star 4000 processor system, which features the full range of GE's advanced cardiac software packages for tomographic processing. This includes a variety of proprietary reconstruction and quantitative packages developed by GE's in-house software engineers in collaboration with prominent academic institutions. In addition to being optimized for cardiac studies, the Optima system gantry allows the camera to cover 360 degrees, making the system versatile enough to do other SPECT applications such as brain studies. The Optima system is also capable of simultaneous bi-plane multi-gated and First Pass acquisitions. **GE Medical Systems, P.O. Box 414, Mailcoad W462, Milwaukee, WI 53201. (800) 433-5566.**

Laser Protection Products

Quantex Corp. now distributes a line of laser protective goggles, glasses, and curtains that reduce the danger of IR radiation resulting from stray, misdirected, or reflected IR laser beams. Eye protection ranges from full goggles with a proprietary phosphor coating to simple clip-on lenses for those who wear standard glasses. The addition of a phosphor coating alerts the user to stray IR beams by converting the IR into visible light on the lens. This visible warning allows the wearer to take evasive action. The laser protection curtains

can be utilized as a screening material for production or laboratory protection. The PVC material allows a filtered view of work areas and is easily applied to glass or plastic windows. Several of the goggles and curtains have DIN standard approvals. Although no goggles, glasses or curtains eliminate all danger from IR radiation, the new protection line from Quantex does enhance established and proven safety practices. **Quantex Corporation, 2 Research Court, Rockville, MD 20850. (301) 258-2701.**

X-Ray Diagnostic Instrument

John Fluke Mfg. Co., Inc. introduces the pM 2618/323 mAs Digital Multimeter, which is specifically configured with the milliamp second (mAs) measurement function to measure the product of current and time, plus full DMM capabilities. The unit offers direct milliampere/second (mAs) reading with single switch selection of mA, mAs measure or mAs zero; measurement of pulses from 0.5ms to 1s in the range 10 mAs to 20 As ensuring compatibility with both current and future x-ray systems and scanners; relative dB, logic, and frequency measurements; 0.07% basic accuracy; and a 4+digit, backlit LCD display with high-resolution analog bargraph. The unit is portable and compact and can be used in the laboratory or field. **John Fluke Mfg. Co., Inc., P.O. Box 9090, Everett, WA 90206. (206) 347-6100.**

Short Path Thermal Desorption System

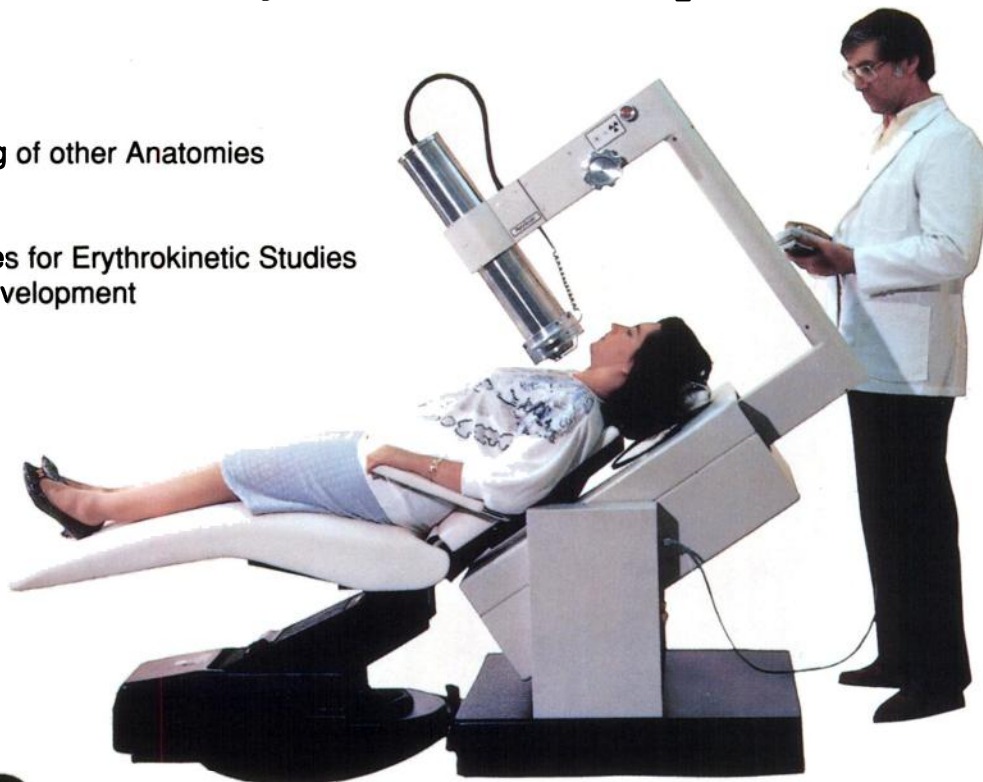
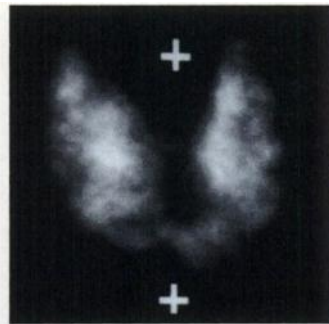


Scientific Instrument Services, Inc. announces the Microprocessor Controlled Model 2 Short Path Thermal Desorption System for the identification and quantitative determination of volatile and semi-volatile samples in complex matrices such as foods, beverages, cosmetics, pharmaceuticals, building materials and natural products. An interactive system including software, keypad and a fluorescent display permits the user to set system parameters and operate the system either manually or automatically. The system mounts on top of the GC injection port and is not permanently mounted into the GC. The GLT desorption tube and short transfer line provides for an individual flow path for each sample thereby eliminating "memory effects" and providing for optimum sensitivity of analysis. Applications include forensic science, indoor and outdoor air pollution monitoring and the analysis of toxic compounds in soils, sludges and other complex matrices. **Scientific Instrument Services, Inc., 1027 Old York Road, Ringoes, NJ 08551. (908) 788-5550.**

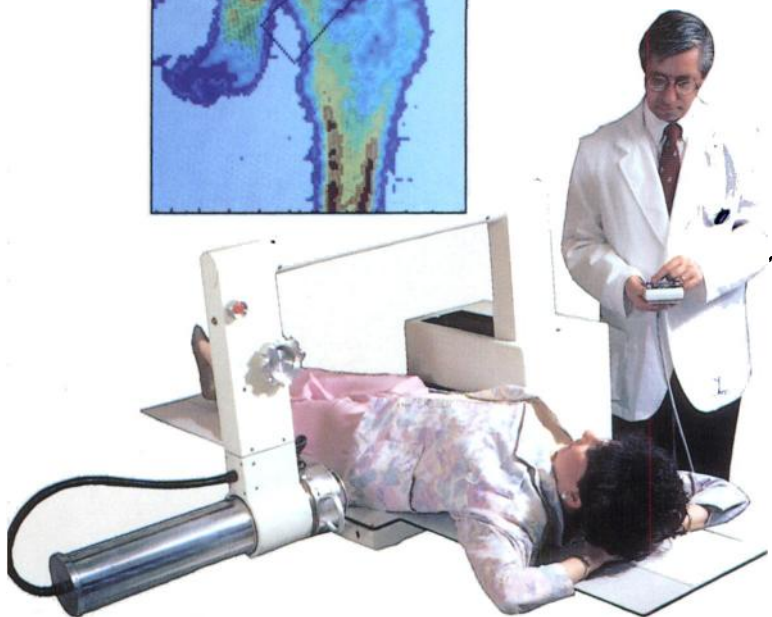
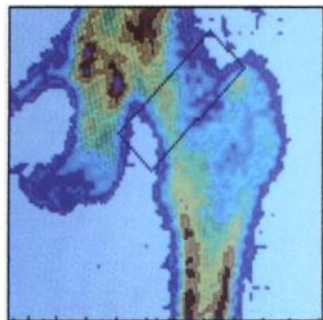
High Performance Scintigraphy- at Substantial Economy of Cost and Space

Current Studies

- Thyroid Imaging
- High Resolution Imaging of other Anatomies
- Thyroid Uptake
- Bone Densitometry
- Cr-51 and Fe-59 Uptakes for Erythrokinetic Studies
- Additional Studies in Development



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(Where the Gamma Camera only Affords ~45%)
- Life Size Images (Scale of 1:1)
- Rotating C-Arm Permits:
 - Oblique Thyroid Images
 - Lateral BMD Studies
- Two-Directional Anatomical Marking with Laser
 - Mark in the Image what You Palpate on the Patient
 - Mark on the Patient what You Detect in the Image
- BMD Precision: C.V. <1%
- Cost and Space Requirements: A fraction of what you need for a gamma camera plus a thyroid uptake unit plus a bone densitometer.

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Rates for Classified Listings—\$19.00 per line or fraction of line (approx. 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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New York, NY 10016-6760
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Positions Available

Cyclotron Operator

CYCLOTRON OPERATOR: The VA Medical Center/University of Minnesota PET program is seeking an operator for its Scanditronix MC40 cyclotron. Principal responsibilities will be to provide cyclotron operations and first-line maintenance support for a research-oriented PET group. Requirements for the position include a BS in engineering, nuclear physics, or equivalent cyclotron operating experience. Additional on-site training will be provided. Send resume with the names, addresses, and telephone numbers of three references to: David A. Rotenberg, MD, Director, PET Imaging Service (IIP), VA Medical Center, One Veterans Drive, Minneapolis, MN 55417.

Faculty

Eberhard-Karls-Universität Tübingen: The Radiological Clinic and the Faculty of Clinical Medicine are announcing a vacant post for a PROFESSOR (C4) in NUCLEAR MEDICINE (in succession of Prof. Dr. med. U. Feine, beginning April 1st 1993). The successful applicant will be chairman and medical director of the Department of Nuclear Medicine. He or she is responsible for teaching and research in the Department, and for all diagnostic and therapeutic applications of radioisotopes to patients (inpatients and outpatients), and concerning research and teaching nuclear medicine. A ward with 10 beds for radioisotope therapy is available. A section of radiopharmacy was founded in 1989 within the department. A PET center with a cyclotron is currently under construction. Applicants should therefore have experience in PET. The Radiological Clinic is divided into five departments (Radiological Diagnostics, Radiation Therapy, Neuro-Radiology, Nuclear Medicine, and Medical Physics). The managing director of the Clinic is elected for 4-year periods among the chairmen of the five departments. The university of Tübingen intends to increase the percentage of women in research and teaching. Qualified female researchers are therefore kindly requested to apply. Applications with the usual documents (curriculum vitae, list of publications, professional experiences, teaching experiences, certificates, etc.) should be sent within one month after the publication of this announcement to: Dekanat der Medizinischen Fakultät (Klinische Medizin) der Universität Tübingen, Geisweg 5, D-7400 Tübingen, Germany.

FACULTY POSITION IN RADIOPHARMACEUTICAL CHEMISTRY. The Cerebrovascular Research Center of the Department of Neurology at the University of Pennsylvania has an opening at the level of Research Assistant Professor. The position will involve active participation in an ongoing research program in PET radio-

tracer development. Candidates should hold a PhD degree in Medicinal or Organic Chemistry and have a minimum of one year postdoctoral experience in radiochemistry. Experience in C-11 and F-18 radiosynthesis is recommended but not required. Send curriculum vitae to Dr. Robert Mach, University of Pennsylvania, 429 Johnson Pavilion, Philadelphia, PA 19104-6063. An EO/AA employer.

Temple University Hospital and School of Medicine is seeking a board certified nuclear physician at the ASSISTANT/ASSOCIATE PROFESSOR rank. This position involves responsibilities in patient care as well as resident and medical student teaching. In addition, the candidate should have an established record of research grant support. Applicants should contact Francis J. Shea, MD, Deputy Chairperson, Department of Diagnostic Imaging, Temple University Hospital, School of Medicine, 3401 N. Broad Street, Philadelphia, PA 19140-5189. Temple University is an Affirmative Action/Equal Opportunity Employer.

Physician

MEDICAL DIRECTOR. Department of Nuclear Radiology, Meridia Hillcrest Hospital has an immediate full-time position available in the nuclear medicine department. Candidates should be board certified in nuclear medicine or radiology with special competence in nuclear medicine. Meridia Hillcrest is an acute care community hospital of 320 beds and a radiology staff of eight. The nuclear medicine department has 5 gamma cameras (4 with SPECT capability) including the Picker Prism Triple-Head. The technical staff consists of 9 technologists. Current volumes annually are 7,000 imaging procedures. Please send curriculum vitae to Ronald J. Ross, Director, Department of Radiology, Meridia Hillcrest Hospital, 6780 Mayfield Road, Cleveland, OH 44124. (216) 449-4595.

NUCLEAR RADIOLOGIST—Immediate opening for Director of Nuclear Medicine in large private hospital in Charlotte, NC. 12-person subspecialty-oriented radiology groups seeks fellowship-trained ABR & ABNM certified colleague to practice nuclear medicine and some general radiology. Reply to Henry T. Adkins, P.O. Box 221249, Charlotte, NC 28222.

NUCLEAR MEDICINE PHYSICIAN. The University of Oklahoma Health Sciences Center is seeking an ABNM certified or eligible nuclear medicine physician for a full-time faculty position in the section of nuclear medicine of the department of radiological sciences. The individual filling the position will have primary responsibilities for teaching and service in the sections of nuclear medicine at the Oklahoma Memorial Hospital, Childrens Hospital of Oklahoma, and the Department of Veterans Affairs Medical Center. The program is integrated among these three interconnected hospitals and offers exceptional opportunities in adult and pediatric nuclear medicine. Educational programs include a nuclear medicine residency, radiology residency, medical student rotations and a graduate medical physics program. Alternate or concomitant duties in the radiology sections of those hospitals may be assigned depending upon qualifications. A thorough knowledge of nuclear medicine and demonstrated teaching ability is required. Academic rank and salary will be based on qualifications. To apply send a letter briefly stating your suitability for the position, a current curriculum vitae and three references to E. William Allen, MD, Director, Nuclear Medicine Section, Department of Radiological Sciences, University of Oklahoma Health Sciences Center, PO Box 26901, Oklahoma City, OK 73190. The University of Oklahoma is an Equal Opportunity/Affirmative Action Employer.

NUCLEAR MEDICINE PHYSICIAN with training and experience in Diagnostic Radiology to head section of Nuclear Medicine at VA Medical Center, and work part time in radiology. Board eligible in both required/board certified preferred. VA affiliated with Temple University School of Medicine. Competitive salary with malpractice coverage. Located in beautiful historic Chester county in the Brandywine River Valley with horse farms, excellent schools and diverse outdoor recreational opportunities. Near Pennsylvania Dutch Country, only minutes from downtown Philadelphia and medical school. Send resume and names of three references to James J. Nocks, MD, Chief of Staff, VA Medical Center, Coatesville, PA 19320: 215/383-0219. An EOE/M/F/H/V.

NUCLEAR MEDICINE PHYSICIAN: ABNM/ABIM credentials desired for an associate position available in an academically oriented community hospital-based nuclear laboratory. Procedures emphasize functional imaging and nuclear cardiology (utilizing SPECT, first pass

and pharmacologic technology, etc.). A willingness to support ongoing and to pursue additional clinical research projects is required. Send CV and references to Jon Kotler, MD, Director of Nuclear Medicine, Holy Cross Hospital, 5728 N. Federal Highway, Fort Lauderdale, FL 33308.

NUCLEAR MEDICINE PHYSICIAN: The department of Nuclear Medicine at the Veteran's Affairs Medical Center, Seattle, Washington, and the University of Washington School of Medicine are seeking a board certified or board eligible nuclear medicine physician. Strong interest in clinical nuclear medicine, particularly in the area of nuclear cardiology, is preferred. Experience in research and teaching is highly desirable. Opportunities for research activities in nuclear cardiology and oncology are considerable. Academic appointment will be commensurate with training and experience. Position available July 1992. Send curriculum vitae to: Arnold Jacobson, MD, Chairman of Search Committee, DVA Medical Center, 1660 South Columbian Way, Seattle, WA 98108. The University of Washington is an equal opportunity/affirmative action employer.

Physicist

MEDICAL PHYSICIST. The University of Oklahoma Health Sciences Center is seeking a medical physicist for a full-time faculty position in the section of nuclear medicine and the graduate faculty of the department of radiological sciences. An earned doctoral degree (PhD) is required. Knowledge of and experience in testing and evaluating nuclear medicine instruments, nuclear medicine radiation safety practices, internal radiation dosimetry and general nuclear medicine clinical procedures is necessary, together with knowledge and capability of programming for nuclear medicine computers and image processing. Demonstrated research productivity and teaching ability are required. The successful candidate will be responsible for technical aspects of the clinical operation and the radiation safety practices of nuclear medicine in the adult and the children's hospitals. This will include, but is not limited to, equipment purchase evaluation and specification, acceptance testing and quality control procedures for equipment and computer image processing. The incumbent will provide expert physics and computer consultation for the clinical operation and for ongoing research programs as well as develop his/her own research area(s). This person will teach in the graduate school's medical physics program, supervise and advise graduate student research and education, provide lectures and laboratories in medical physics to radiology and nuclear medicine residents and technologists. Salary and academic rank will be based on qualifications and experience. To apply send a letter briefly stating the applicant's suitability for the position, a current curriculum vitae and three references to E. William Allen, MD, Director, Nuclear Medicine Section, Department of Radiological Sciences, University of Oklahoma Health Sciences Center, PO Box 26901, Oklahoma City, OK 73190. The University of Oklahoma is an Equal Opportunity/Affirmative Action Employer.

Technologist

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NUCLEAR MEDICINE TECHNOLOGIST—The Nuclear Medicine department of Salem Hospital, a 454-bed acute care regional medical center, seeks a full-time Nuclear Med. Tech. Position is full time, day shift, Monday through Friday with call every 4th weekend. Must be registered with NMTCB and ARRT or ASCT. State-of-the-art nuclear medicine equipment including 4 gamma cameras (#2 Spect) with an integrated computer network. We offer an excellent salary and benefits package. Interview and relocation assistance available. Excellent lifestyle for outdoor enthusiasts and families alike. Just an hour from majestic mountains, roaring surf, and bustling downtown Portland. Please submit confidential resume or call Marlene Mairs, Employment Assistant, 1-800-825-5199, 8 A.M. to 4 P.M., Monday through Friday. EOE.

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ABNM CERTIFIED CARDIOLOGIST, with expertise in Nuclear Cardiology and SPECT, seeking full-time nuclear cardiology position. Write Box 501, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760.

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RADIOLOGIST/NUCLEAR PHYSICIAN seeking position with high nuclear volume. Desire 50%-75% nuclear med., remainder non-invasive radiology, esp. MRI. ABR certified 1991, ABNM eligible 1992. Reply to Box 503, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016.

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The Diagnostic Radiology Research Program of the National Institutes of Health is accepting applications for two-year fellowship positions beginning in July 1992 and July 1993. This program provides an excellent opportunity for individuals who plan a research career in radiological sciences.

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Candidates should submit a Curriculum Vitae, at least two letters of reference and a preliminary statement concerning their area of research interest to Dr. Joseph A. Frank, Acting Director.

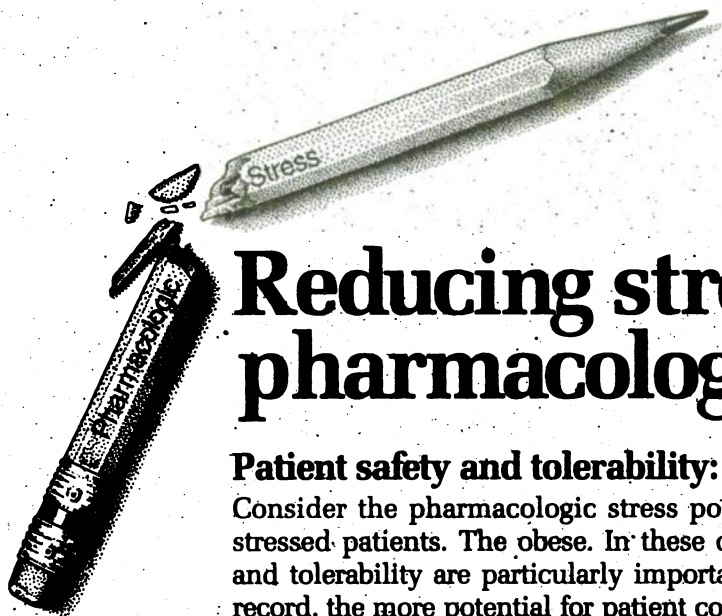


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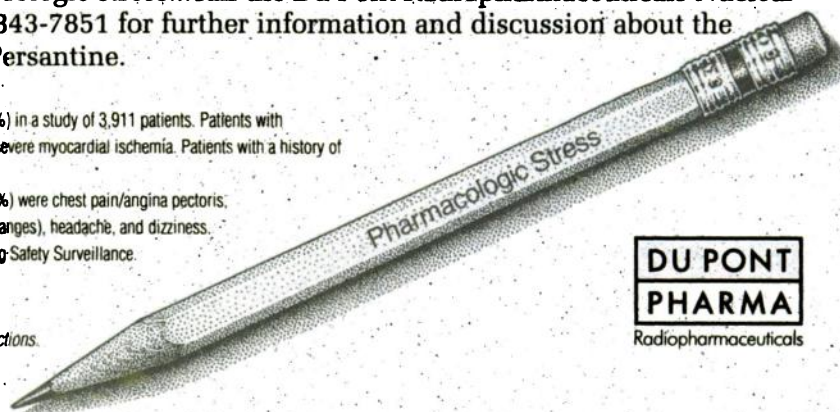
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*Severe adverse events have occurred infrequently (<0.3%) in a study of 3,911 patients. Patients with a history of unstable angina may be at a greater risk for severe myocardial ischemia. Patients with a history of asthma may be at a greater risk for bronchospasm.

In the same study, the most frequent adverse events (>2%) were chest pain/angina pectoris, electrocardiographic changes (most commonly, ST-T changes), headache, and dizziness.

¹Du Pont Merck Pharmaceutical Company Post-Marketing Safety Surveillance.

Please see brief summary of prescribing information on reverse for contraindications, warnings, and adverse reactions.



I.V. PERSANTINE® (dipyridamole USP) Injection 5mg/ml

References: 1. Ranhosky A, Kempthorne-Rawson J, et al. *Circulation*. 1990;81:1205-1209. 2. Data on file, Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, Conn.

I.V. PERSANTINE® (dipyridamole USP) Injection 5mg/ml

Brief Summary of Prescribing Information

CONTRAINDICATIONS

Hypersensitivity to dipyridamole.

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

In a study of 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 (0.1%), two fatal (0.05%); and two non-fatal (0.05%); 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 aminophylline 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 aminophylline 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 aminophylline. If 250 mg of aminophylline does not relieve chest pain symptoms within a few minutes, sublingual nitroglycerin may be administered. If chest pain continues despite use of aminophylline 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 aminophylline, thallium-201 may be injected and allowed to circulate for one minute before the injection of aminophylline. This will allow initial thallium perfusion imaging to be performed before reversal of the pharmacologic effects of Persantine on the coronary circulation.

PRECAUTIONS

See WARNINGS.

Drug Interactions Oral maintenance theophylline may abolish the coronary vasodilatation induced by intravenous Persantine® (dipyridamole USP) administration. This could lead to a false negative thallium imaging result.

Carcinogenesis, Mutagenesis, Impairment of Fertility In studies in which dipyridamole was administered in the feed at doses of up to 75 mg/kg/day (9.4 times* the maximum recommended daily human oral dose) in mice (up to 128 weeks in males and up to 142 weeks in females) and rats (up to 111 weeks in males and females), there was no evidence of drug related carcinogenesis. Mutagenicity tests of dipyridamole with bacterial and mammalian cell systems were negative. There was no evidence of impaired fertility when dipyridamole was administered to male and female rats at oral doses up to 500 mg/kg/day (63 times* the maximum recommended daily human oral dose). A significant reduction in number of corpora lutea with consequent reduction in implantations and live fetuses was, however, observed at 1250 mg/kg/day.

*Calculation based on assumed body weight of 50 kg.

Pregnancy Category B Reproduction studies performed in mice and rats at 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.

Nursing Mothers Dipyridamole is excreted in human milk.

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

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

Serious adverse events (fatal and non-fatal myocardial infarction, 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 (11.8%).

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

	Incidence (%) of Drug-Related Adverse Events
Chest Pain/Angina Pectoris	19.7
Headache	12.2
Dizziness	11.8
Electrocardiographic Abnormalities/ST-T changes	7.5
Electrocardiographic Abnormalities/Extrasystoles	5.2
Hypotension	4.6
Nausea	4.6
Flushing	3.4
Electrocardiographic Abnormalities/Tachycardia	3.2
Dyspnea	2.6
Pain Unspecified	2.6
Blood Pressure Lability	1.6
Hypertension	1.5
Paresthesia	1.3
Fatigue	1.2

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

Cardiovascular System: Electrocardiographic abnormalities unspecified (0.8%), arrhythmia unspecified (0.6%), palpitation (0.3%), ventricular tachycardia (0.2% see WARNINGS); bradycardia (0.2%), myocardial infarction (0.1% see WARNINGS), AV block (0.1%), syncope (0.1%), orthostatic hypotension (0.1%), atrial fibrillation (0.1%), supraventricular tachycardia (0.1%), ventricular arrhythmia unspecified (0.03% see WARNINGS), heart block unspecified (0.03%), cardiomyopathy (0.03%), edema (0.03%).

Central and Peripheral Nervous System: Hypoesthesia (0.5%), hyperesthesia (0.3%), nervousness/anxiety (0.2%), tremor (0.1%), abnormal coordination (0.03%), somnolence (0.03%), dysphonia (0.03%), migraine (0.03%), vertigo (0.03%).

Gastrointestinal System: Dyspepsia (1.0%), dry mouth (0.8%), abdominal pain (0.7%), flatulence (0.6%), vomiting (0.4%), eructation (0.1%), dysphagia (0.03%), tenesmus (0.03%), appetite increased (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%), asthenia (0.3%), malaise (0.3%), arthralgia (0.3%), injection site pain (0.1%), rigor (0.1%), earache (0.1%), tinnitus (0.1%), vision abnormalities unspecified (0.1%), dysgeusia (0.1%), thirst (0.03%), depersonalization (0.03%), eye pain (0.03%), renal pain (0.03%), perineal pain (0.03%), breast pain (0.03%), intermittent claudication (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.

Caution Federal law prohibits dispensing without prescription.



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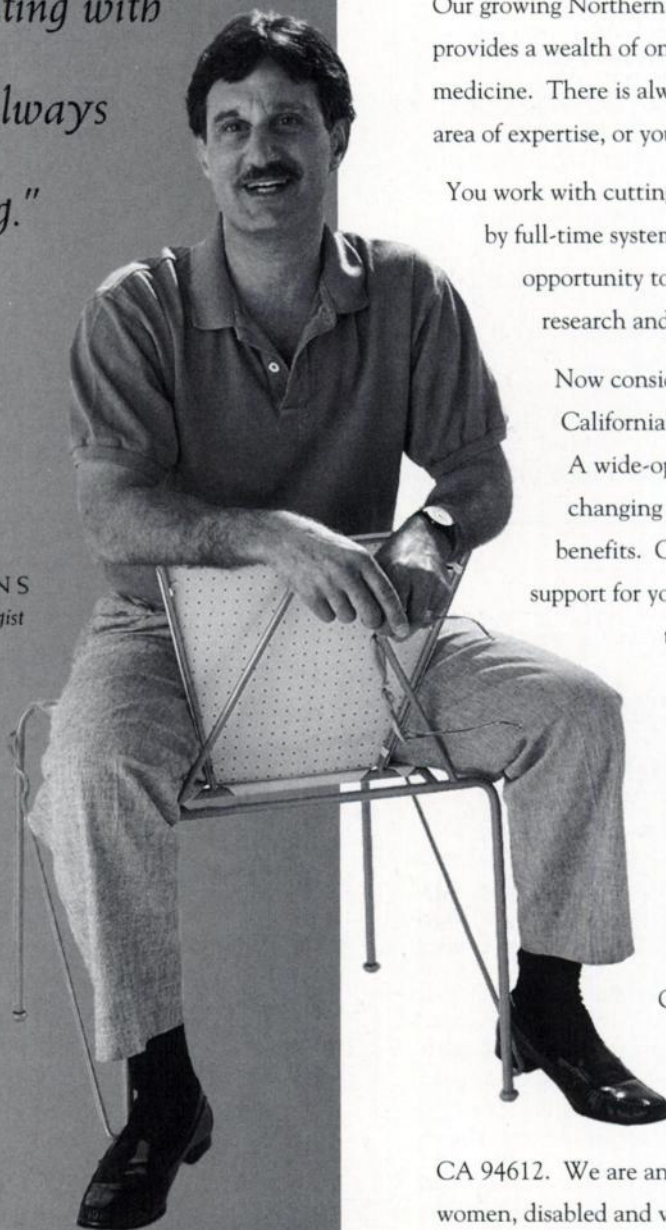
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Interested candidates should send a letter of application, curriculum vitae and three letters of reference to: **Reba A. Benschoter, PhD, Associate Dean, School of Allied Health Professions, University of Nebraska Medical Center, 600 South 42nd Street, Omaha, NE 68198-5150**

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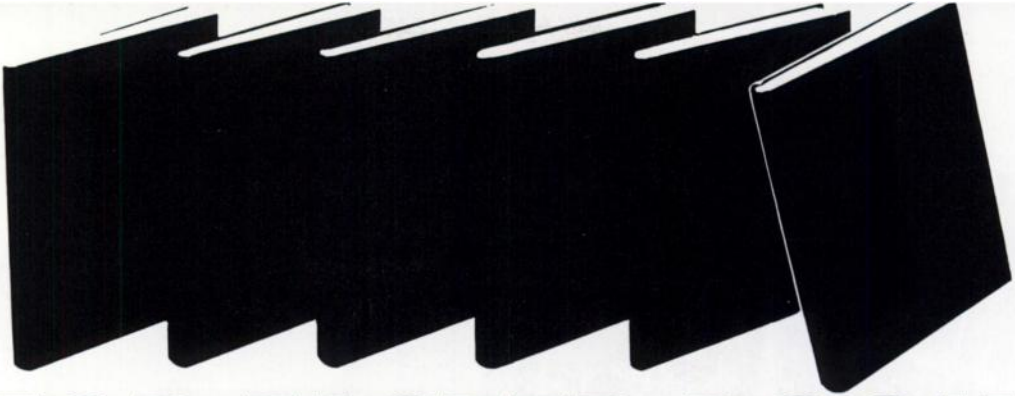
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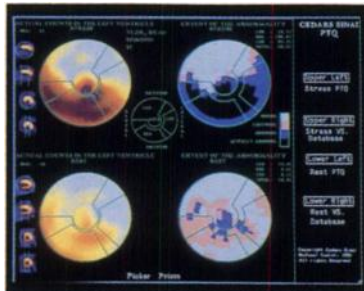
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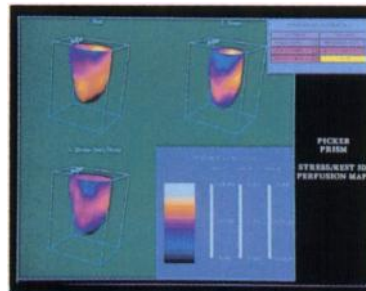
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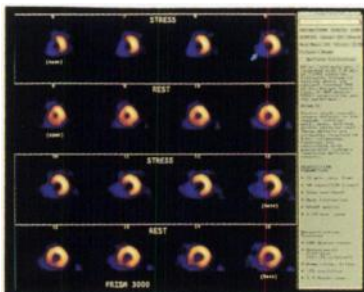
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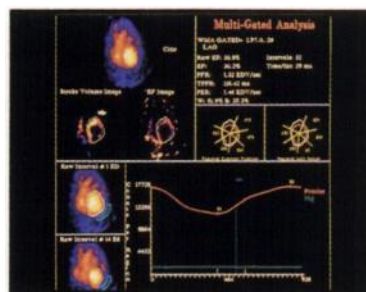
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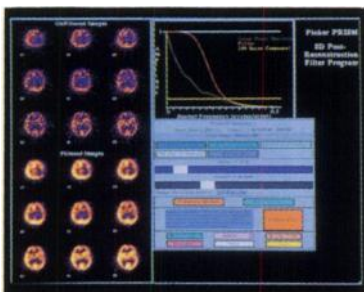
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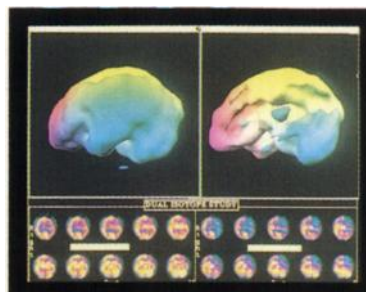
Oblique cardiac slices at stress and re-distribution



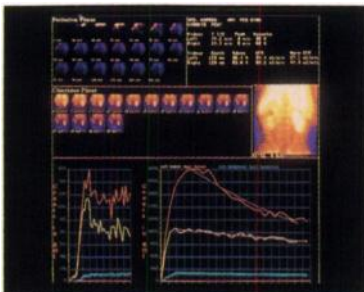
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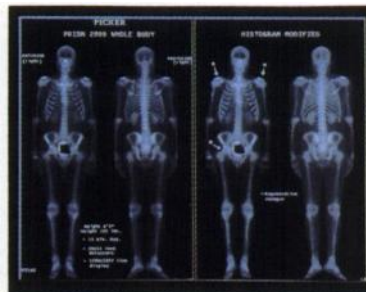
3-D Post-Reconstruction Filter Program



Dual Isotope 3-D images and slices

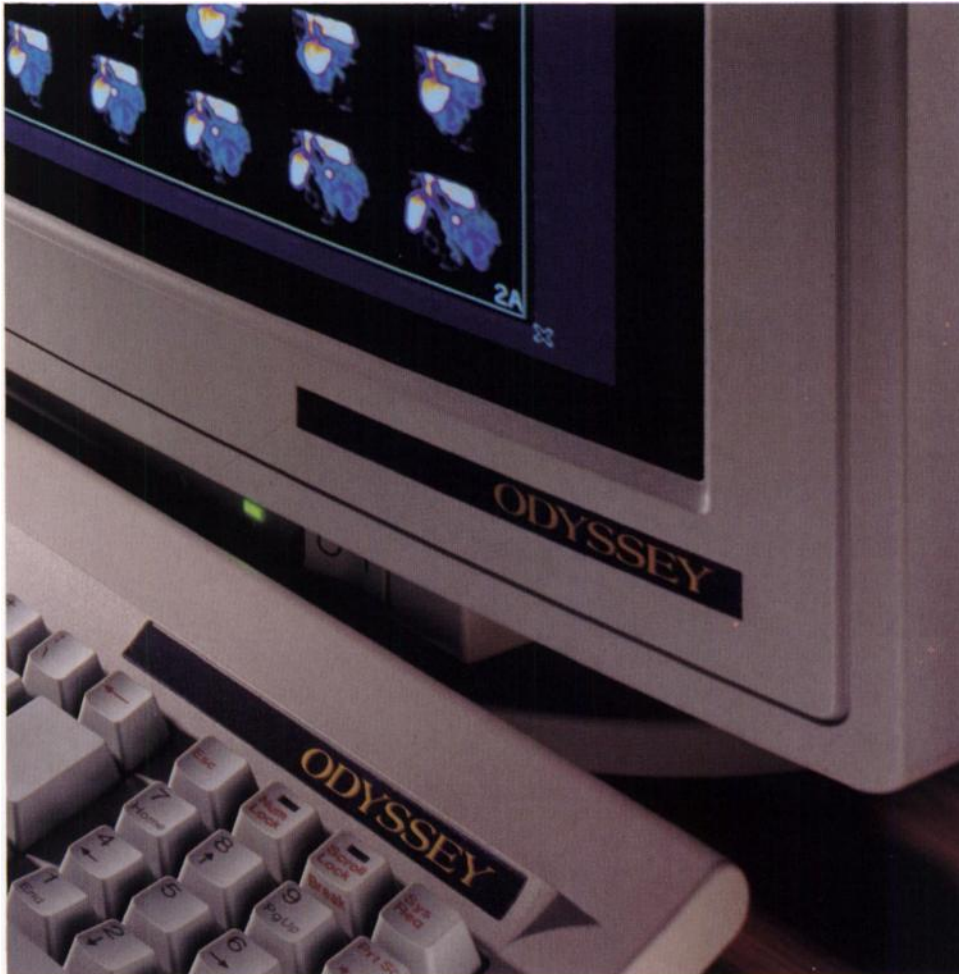


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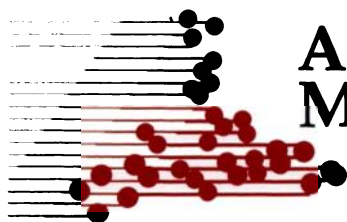
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Goldberg Professor of Medicine
Northwestern University Medical School
Chief of Cardiology
Northwestern Memorial Hospital
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Jamshid Maddahi, MD
Associate Professor of Medicine
Director, Clinical Positron Emission
Tomography Center
UCLA School of Medicine
Los Angeles, California

Introduction to Myocardial Perfusion Imaging with ^{99m}Tc -Teboroxime

Robert Bonow, MD

Overview of ^{99m}Tc -Teboroxime Clinical Studies

Robert Hendel, MD
Assistant Professor of Medicine
Northwestern University
Medical School
Associate Director,
Medical Intensive Care
Northwestern Memorial Hospital
Chicago, Illinois

Optimizing SPECT Acquisition and Processing for ^{99m}Tc -Teboroxime

Jonathan Links, PhD
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The Johns Hopkins University
School of Hygiene and Public Health
Chief Physicist
The Johns Hopkins Hospital
Baltimore, Maryland

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Milena Henzlova, MD
Assistant Professor of Medicine
Mount Sinai Medical Center
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UCLA School of Medicine
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Clinical Professor of Medicine
University of Pennsylvania
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Director, Non-Invasive
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Philadelphia Heart Institute
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