

SIEMENS

Where do you want your nuclear equipment to be 10 years from now?

Meeting your clinical and economic needs, of course. Just like the company that supplied it to you.

That's why more nuclear medicine departments have chosen Siemens over any other manufacturer.

Because our equipment—like our company—is built to last.

Unmatched images. Siemens detector technology is acknowledged as the gold standard. The ORBITER™ and DIACAM™ cameras consistently produce outstanding images while maintaining high throughput. Now these proven standards of excellence are joined by our second generation MULTISPECT™ systems, Siemens answer to multi-detector technology.

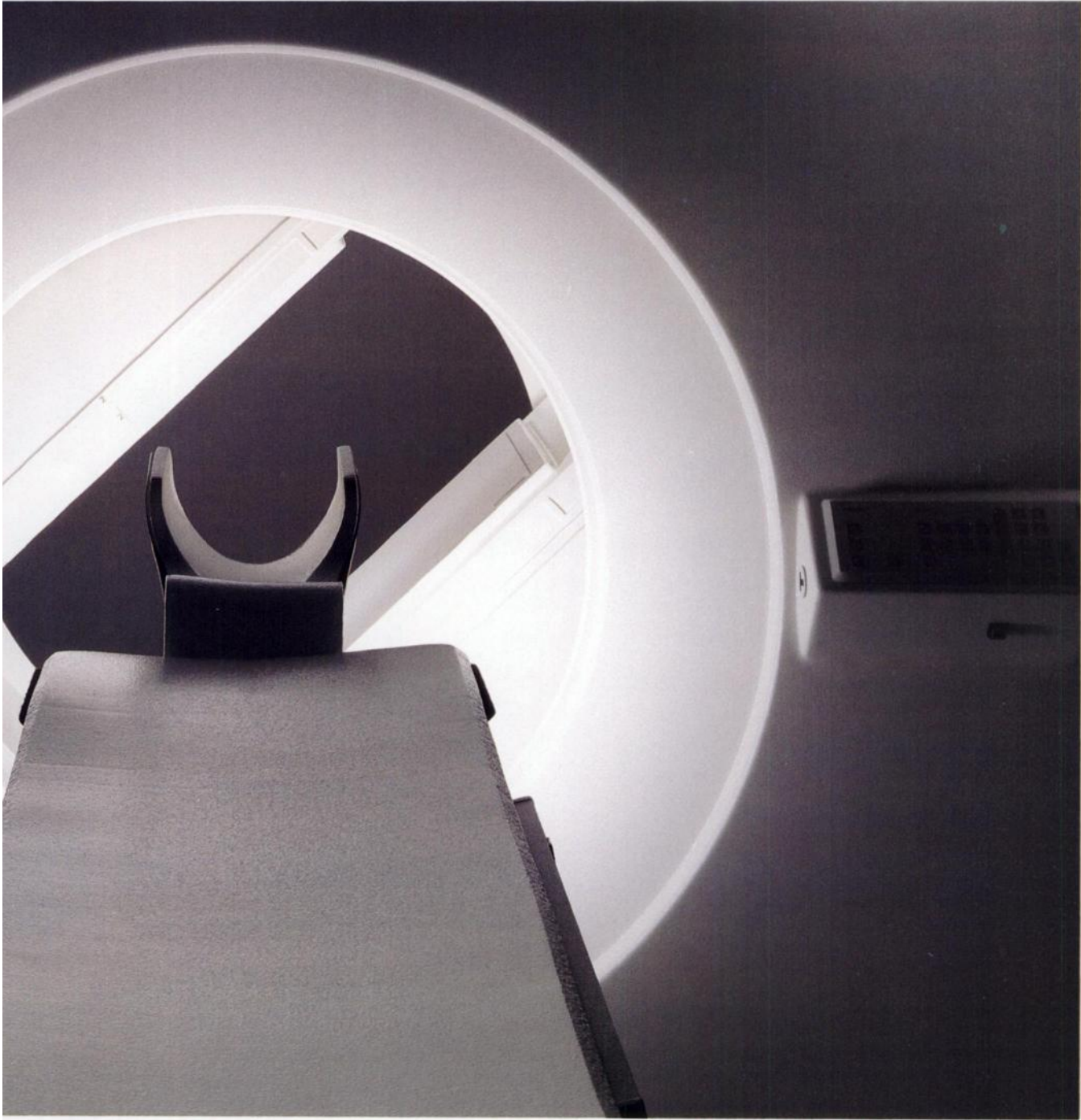
Power and productivity. With the ICON™ computer, it's easy to be efficient. User controls are virtually intuitive. Distributed processing makes short work of even the heaviest schedules. And advanced networking technology expands the value of all your existing nuclear equipment.

Solutions. Our equipment is up and running quickly—and then stays that way. From installation to comprehensive customer training and service programs, Siemens offers your nuclear department solutions—today and into the future.

Siemens Medical Systems, Inc.
2501 North Barrington Road
Hoffman Estates, IL 60195
Telephone: 708-304-7252

**Siemens . . .
technology in caring hands.**

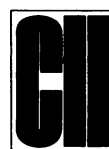
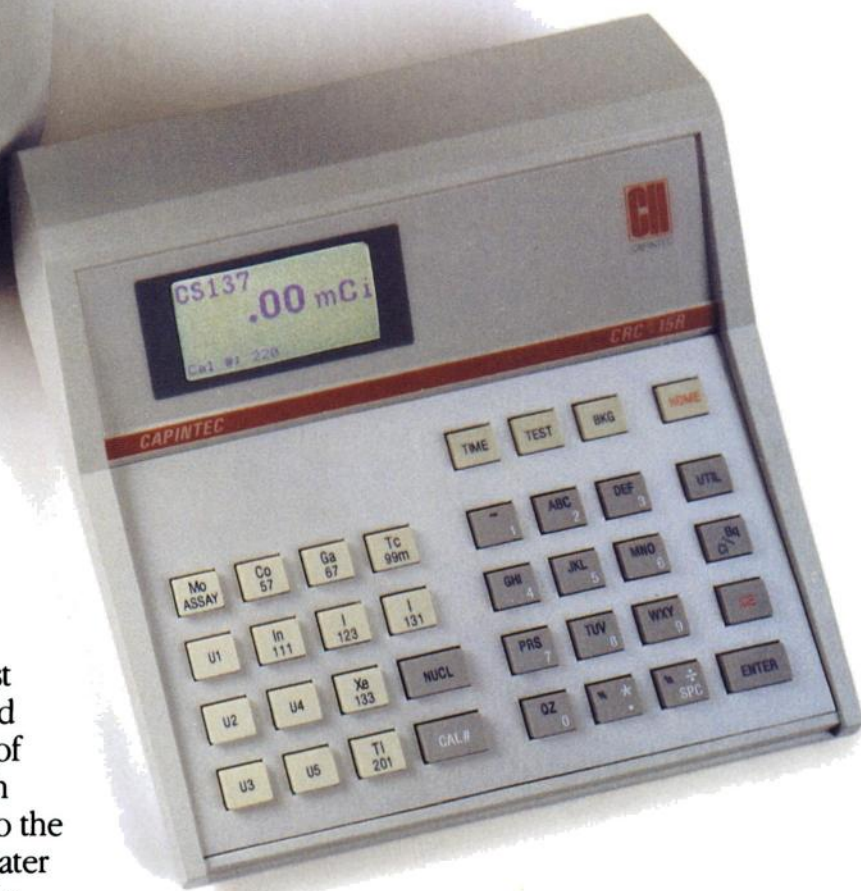




To guarantee
your
calibrator's
accuracy,
always go
to the best
source.



At Capintec, we're more than your best source for ordering Reference Standard Sets of Sources. In fact, purchase one of our CRC® radioisotope calibrators with sources and we'll calibrate your unit to the specific sources being ordered for greater accuracy and QC consistency. Available individually and in sets — Co57, Cs137, Co60, and Ba133 — they're precisely what you need to meet state and federal regulations that require you to periodically check your calibrators' performance. For more information, please call (800) 631-3826 today.

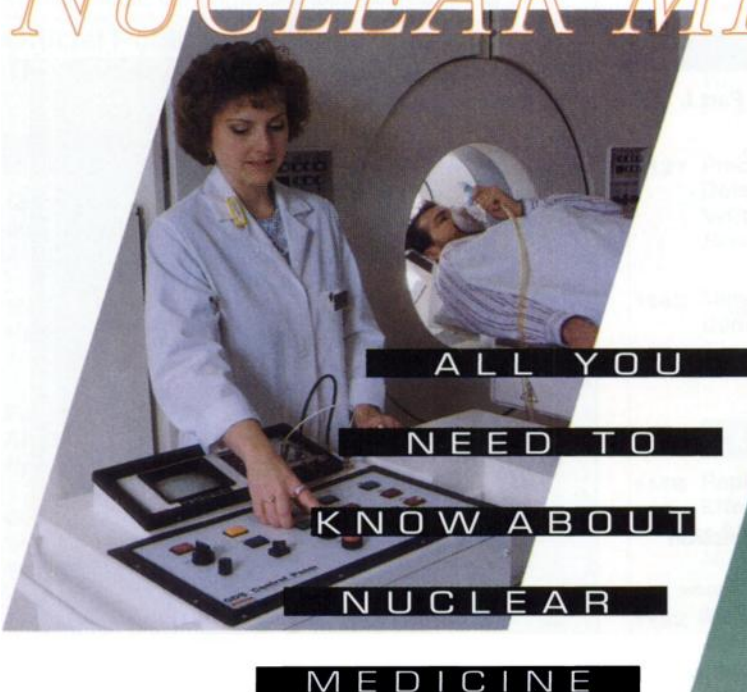


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Nippon Capintec Co., Ltd.
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Fax: 81-33-864-8110

NUCLEAR MEDICINE



When we deal with radioactive materials our primary concern is safety - safety of personnel and safety of patients. Accurate radiation measurement is essential to safety. We at Victoreen have spent the last 62 years perfecting the art and science of such measurements. Our team of experts can help you determine your needs and recommend solutions that are both affordable and effective. Among our many offerings are survey meters, dose calibrators, area monitors, personnel monitoring, and a line of products specially designed to meet the needs of PET facilities.

So, if you have a radiation measurement task to perform, let the Victoreen team help. We'll be happy to put our experience and expertise to work for you. Give us a call.

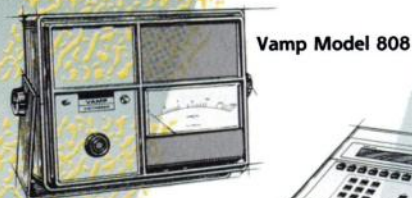
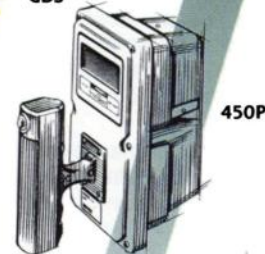
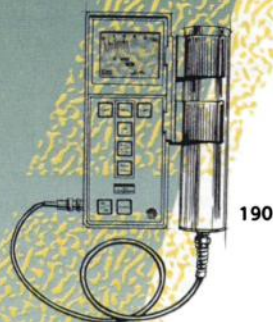
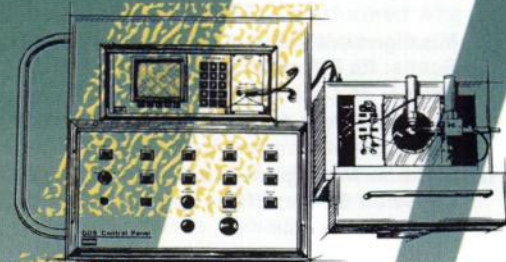


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Eibenstrasse 13
8012 Ottobrunn bei
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49-89-6097934
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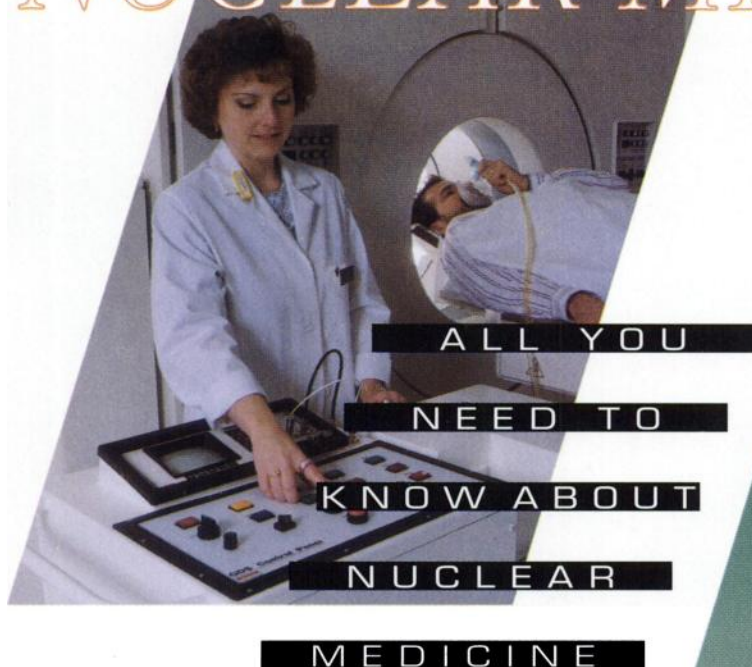
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Laval, Quebec H7E 2N7
Canada
(514) 975-2504
FAX: (514) 975-2505



Dose Calibrator

Advanced technology working for people and the environment

NUCLEAR MEDICINE



When we deal with radioactive materials our primary concern is safety - safety of personnel and safety of patients. Accurate radiation measurement is essential to safety. We at Victoreen have spent the last 62 years perfecting the art and science of such measurements. Our team of experts can help you determine your needs and recommend solutions that are both affordable and effective. Among our many offerings are survey meters, dose calibrators, area monitors, personnel monitoring, and a line of products specially designed to meet the needs of PET facilities.

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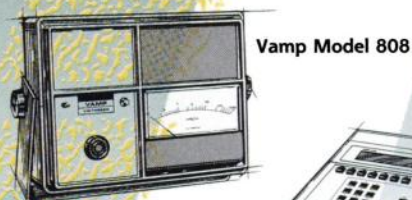
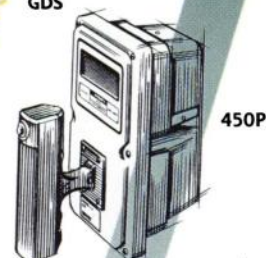
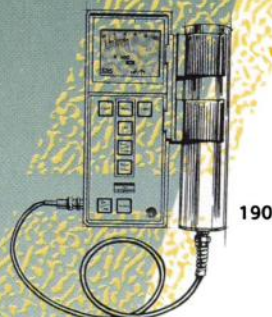
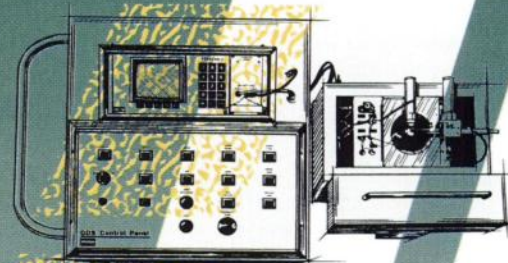


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Dose Calibrator

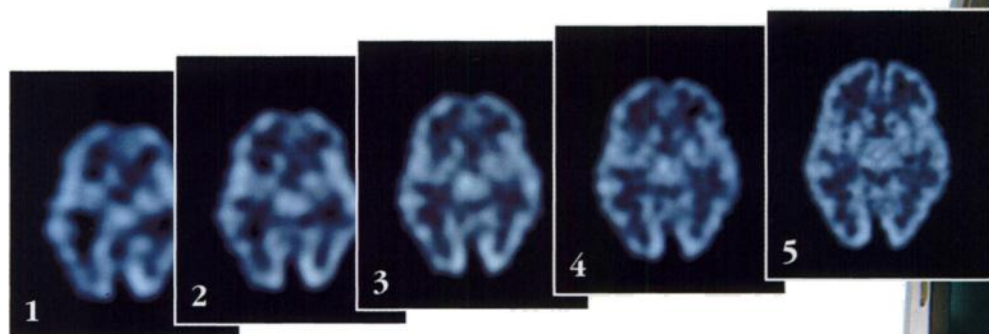
Advanced technology working for people and the environment

**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**

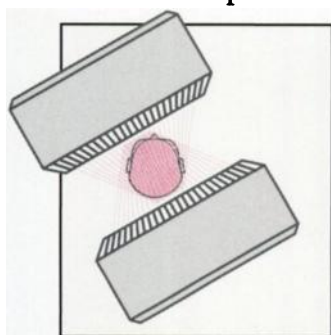


A sequence of five evolving SPECT images: Note improvement of image quality, yielding final resolution of 7mm (tomographic brain phantom scan, courtesy of Dr. J. Abramovici, Ixelle, Belgium).

Elscint
The Intelligent Image

Dual-head SPECT: triple efficiency

You can perform Helix tomographic

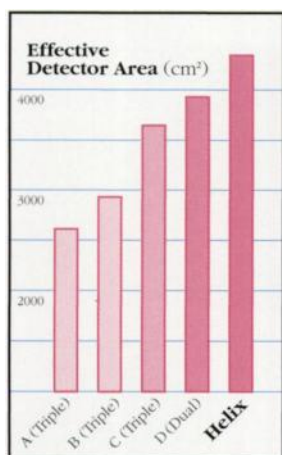


Ultraflared™ fan-beam collimators: more than triple the sensitivity

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.



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

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.

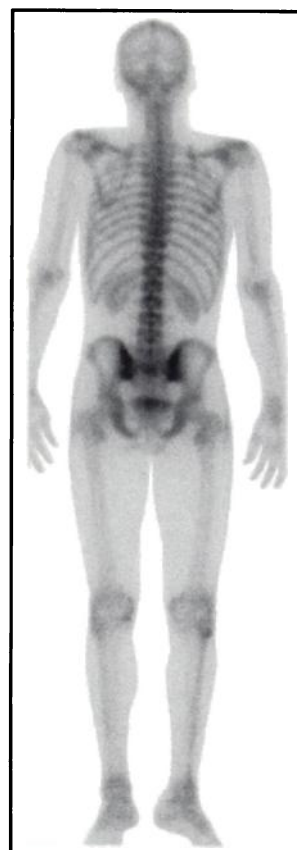
Helix gives you the best of SPECT, the best of Whole-Body, with no compromises,

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.

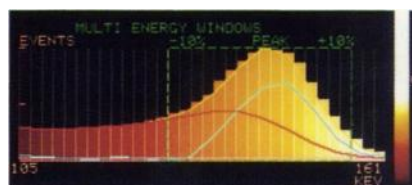
No compromises, no trade-offs – no excuses.



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

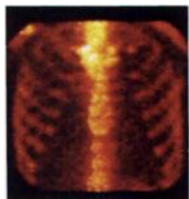


Multi-window acquisition and energy-weighted processing yield Scatter-Free Imaging.

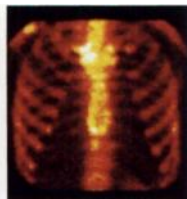
and makes corrections based on the measured energy spectrum, for

* 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,

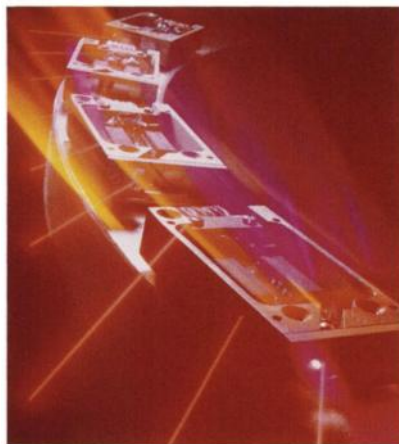
better lesion detectability.

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.

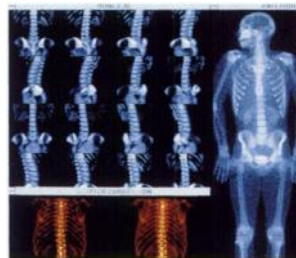


Helix's high-speed 100 MHz infra-red optronics data link frees SPECT from cable tangles

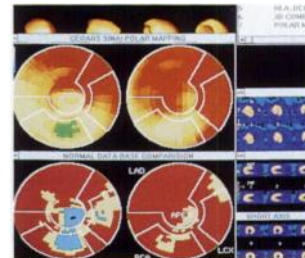
Clinical software: nobody comes even close to APEX. Nobody.

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

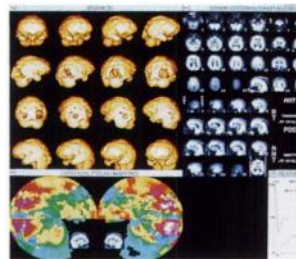
Helix draws on more than a decade of



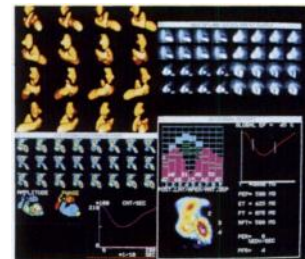
3D volume rendering bone scan



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:

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

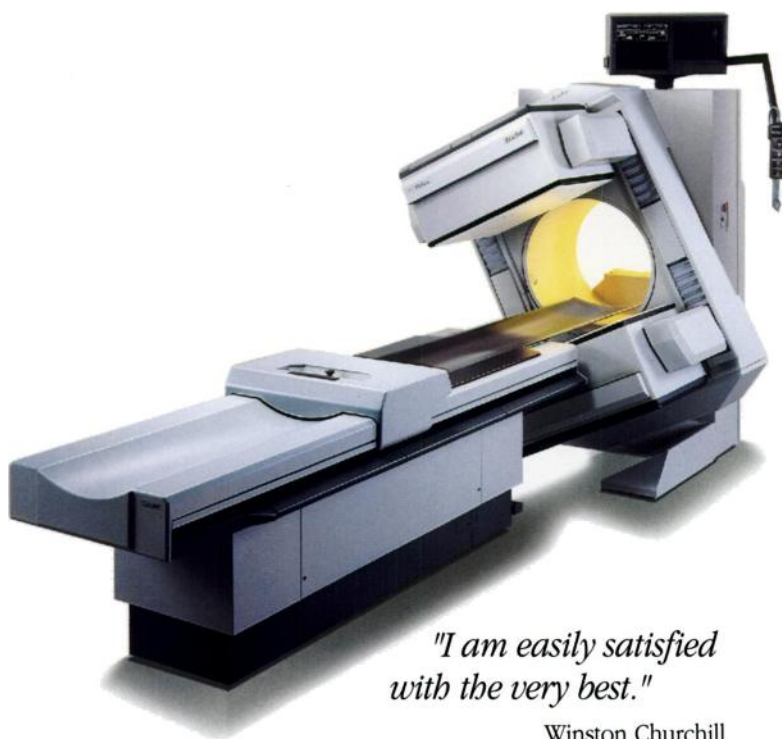
**1981—Elscint sets the trend for the 80's
by introducing the first digital gamma camera,
the APEX.[®]**

1991—Elscint introduces...

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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U.S.A.: HACKENSACK, N.J., TEL: (800) 228-7226, (201) 342-2020

APEX, CLIP, Helix, Ultraflared, RingMaster, Evolving-Images, RollBack, Scatter-Free Imaging, Touch-Ruler, ApexNet, ApexView and MasterMind are trademarks of Elscint Ltd.
Other names are trademarks of their respective owners.

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, 1280 x 1024 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.

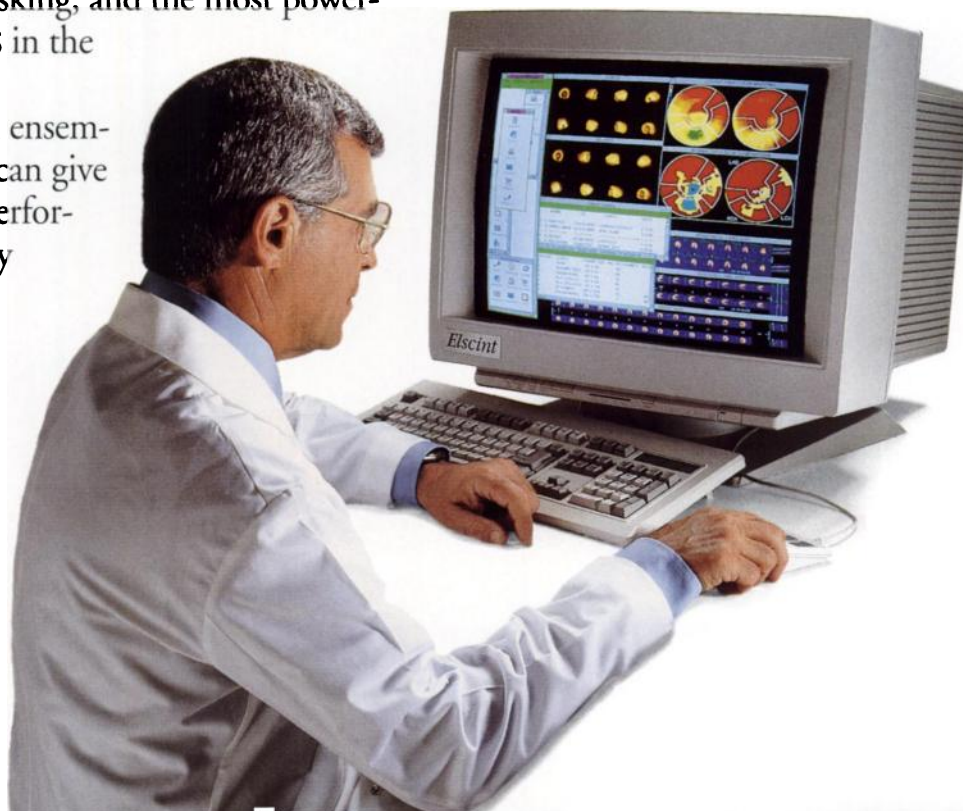
Quite an ensemble. So you can give a virtuoso performance, every time.

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	✓		



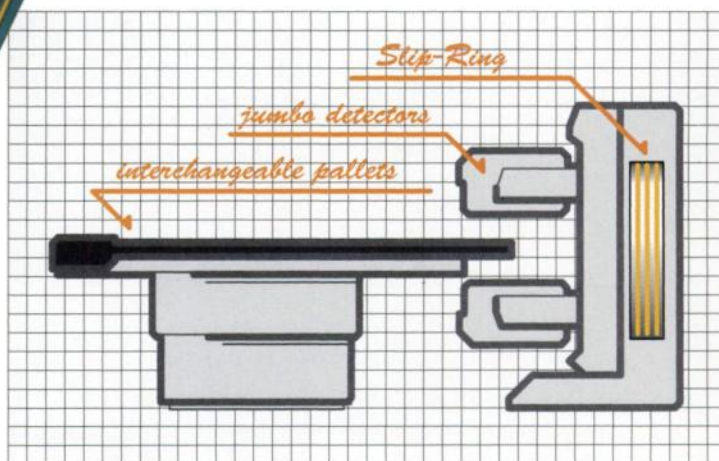
Look at Elscint's new Helix, and you're looking at the future of nuclear imaging technology.

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

HOW TO OPTIMIZE PRODUCTIVITY IN A CHANGING WORLD.

New technology is a key element of the GE commitment to nuclear medicine. But it's just one part of our total plan.

We call it the GE Continuum™, a plan for equipment utilization. It enables you to combine new and existing technology, assigning clinical procedures to cameras in a way that will most benefit department productivity.

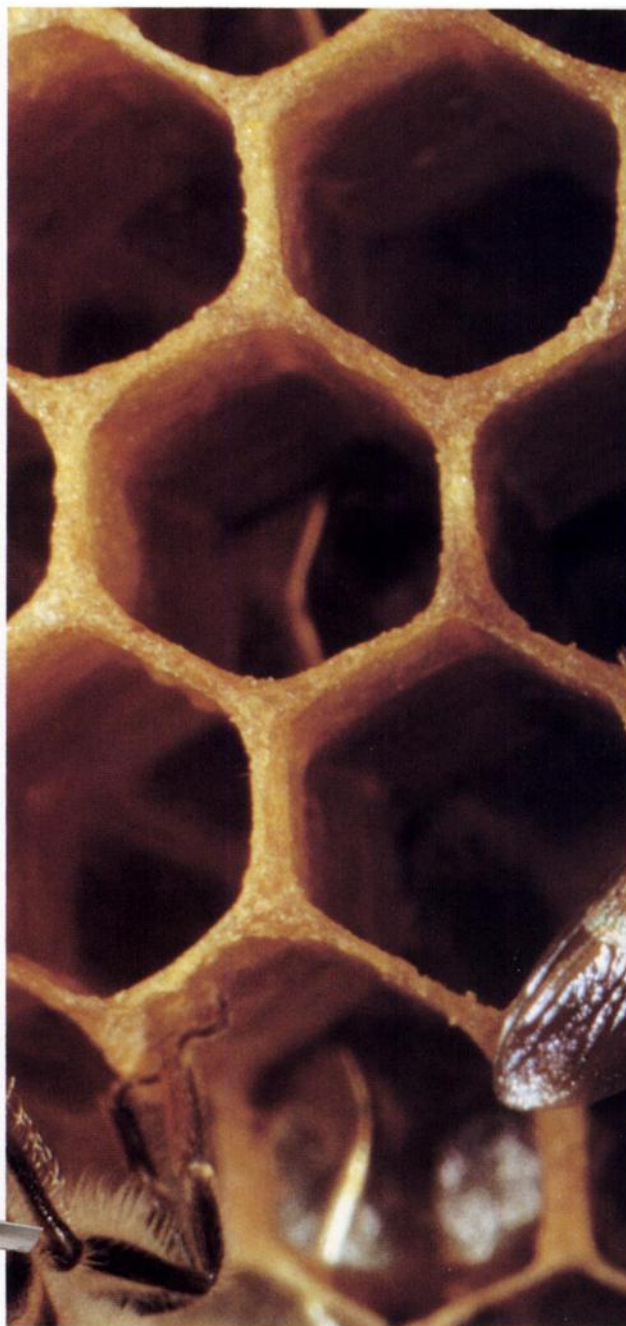
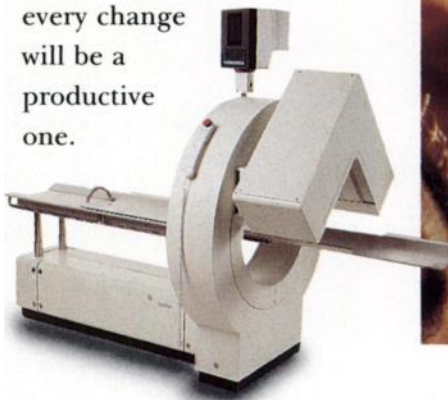
Take our new Optima™ system, a highly advanced nuclear imaging system featuring a unique 90° dual-detector design, which does the work of three detectors. Optimized for cardiac and SPECT imaging, it enables shorter scan times at less cost than a triple-detector system. And with important productivity features, such as easier quality control, patient set-up and collimator changing.

Just as impressive is the way Optima networks with existing imaging equipment,

like GE Starcam™ systems. Hospitals currently networking these systems are achieving high levels of department productivity while maintaining high-quality patient care.

The plan hasn't stopped with Optima either. Through upgrades and future introductions, you can take advantage of new technology, smoothly and economically. Particularly with flexible financing, GE applications training and toll-free answer line, and remote service diagnostics.

Technology will continue to change. But with GE, every change will be a productive one.





GE Medical Systems
We bring good things to life.

SPECT BRAIN IMAGING CLINICAL FELLOWSHIP

Department of Radiology
Section of Nuclear Medicine



BENEFIT:

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

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

SPONSORSHIP:

This program is sponsored by the Medical College of Wisconsin.

TUITION:

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

CREDIT:

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

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

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

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

☐ September 14-15, 1992

☐ November 9-10, 1992

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

I will need a _____ single/ _____ double room.

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

Name _____

Address _____

City/State/Zip _____

Office Phone (_____) _____

_____ work address _____ home address

Registrations and payment should be sent to:

LisaAnn Trembath
SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
8700 W. Wisconsin Avenue
Milwaukee, WI 53226 (414) 257-7867

Call for Abstracts

The Fifth Asia and Oceania Congress of Nuclear Medicine and Biology Jakarta & Bali, Indonesia October 25-30, 1992

Topics include:

bone/joint, cardiovascular,
gastroenterology, hematology, infection
and immunology, neurology, oncology,
pediatrics, pulmonary, renal, instrumen-
tation, radioassay, dosimetry,
radiobiology, and NMR.

Fees	*Early	Late
Congress	\$250	\$275
Accompanying Person	\$100	\$125
Post Congress	\$ 50	\$ 75

*Early—before April 30, 1992

General inquiries to:

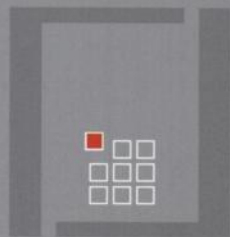
Johan S. Masjhur, MD
Chairman of the Organizing Committee
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The Brooklyn Hospital Center
Department of Nuclear Medicine
121 DeKalb Avenue
Brooklyn, NY 11201
Tel: (718) 403-8225 Fax (718) 403-8879

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PEOPLE
IN NUCLEAR
MEDICINE
WANTED MORE.**

**HERE'S HOW
THEY GOT IT.**



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PROVEN UPGRADEABILITY. TAILORED
SERVICES. ALL FROM SOPHA MEDICAL.**

REAL PERFORMANCE ADVANTAGES

Cameras with higher image resolution than any other systems. The industry's most efficient and easy to use computers. Modern clinical software. Real performance advantages for any clinical service.

PROVEN UPGRADEABILITY

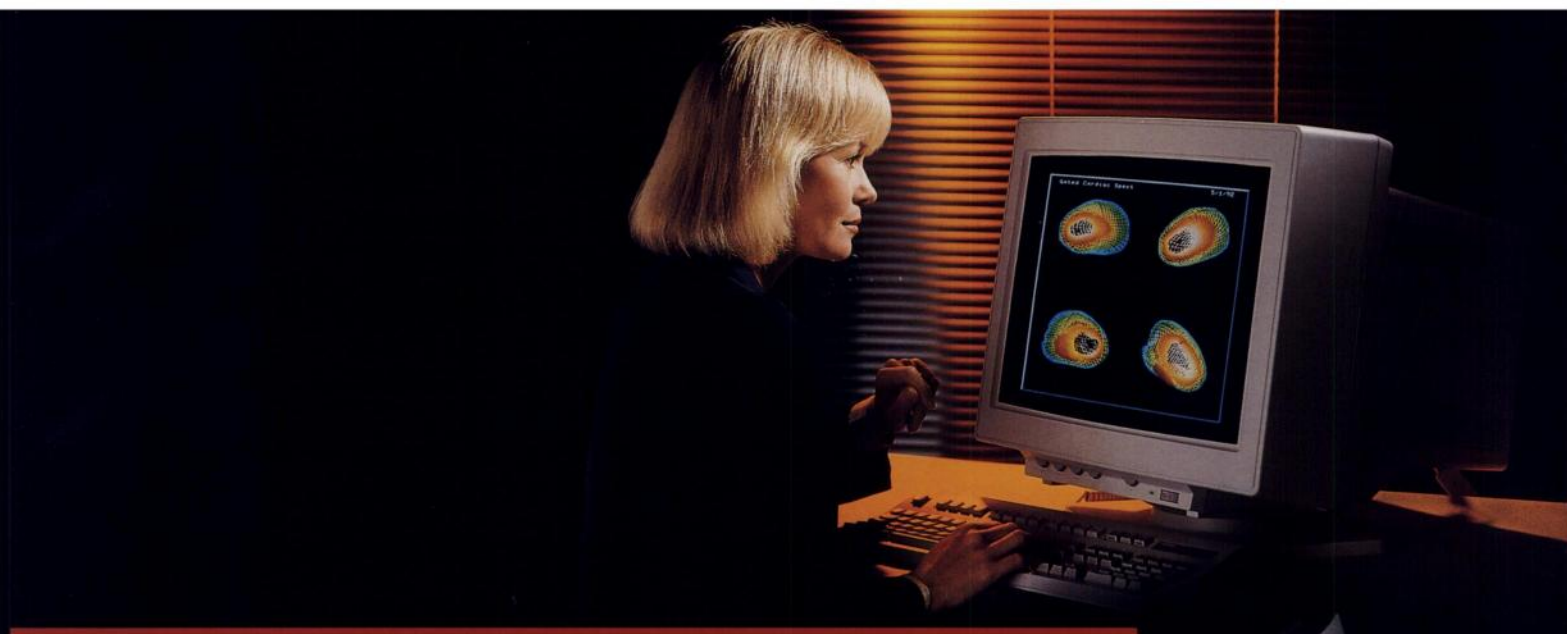
sopha has developed special architectures and adopted a unique corporate philosophy that make upgradeability an inherent feature for all sopha products. So you're assured of having the best technology available today. And a clear path to the technology of tomorrow.

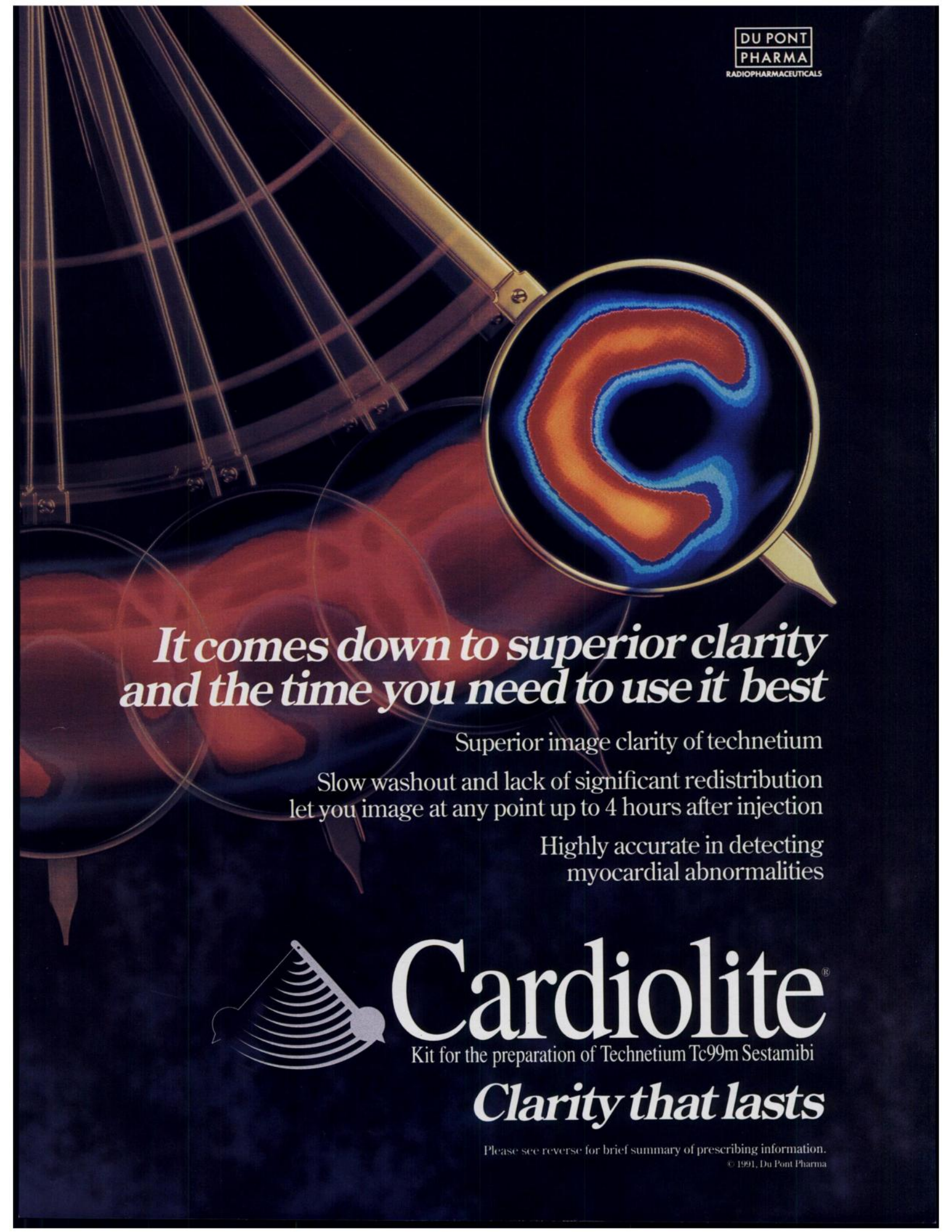
SERVICES TAILORED FOR NUCLEAR MEDICINE

Field engineers dedicated only for nuclear medicine. Local parts. Real-time customer helplines. Extensive training programs for physicians, technologists, or biomedical engineers. Programs that combine to give sopha customers premier service and support.

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THEY GOT IT WITH SOPHA MEDICAL.**

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and the time you need to use it best*

Superior image clarity of technetium

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let you image at any point up to 4 hours after injection

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myocardial abnormalities



Cardiolite[®]

Kit for the preparation of Technetium Tc99m Sestamibi

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Please see reverse for brief summary of prescribing information.

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CARDIOLITE scans (SPECT) from a 62-year-old male with three prior myocardial infarctions (LFOV camera equipped with a high-resolution collimator, 64 x 64 matrix, 180° arc RAO to LPO, 64 projections, 25 s/projection).



Cardiolite®

Kit for the preparation of Technetium Tc99m Sestamibi

Clarity that lasts

Please see reverse for feature and benefit highlights.

Brief Summary

Cardiolite® Kit for the preparation of Technetium Tc99m Sestamibi

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]_n⁺ 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)₄BF₄, 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)₄BF₄ 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.

The US Nuclear Regulatory Commission has approved this reagent kit for distribution to persons licensed to use byproduct material identified in 35.100 and 35.200 of 10 CFR Part 35, to persons who hold an equivalent license issued by an Agreement State, and, outside the United States, to persons authorized by the appropriate authority.

Marketed by
The Du Pont Merck Pharmaceutical Company
Radiopharmaceuticals Division
331 Treble Cove Road
Billerica, Massachusetts USA 01862
Tel: Toll Free 800-225-1572

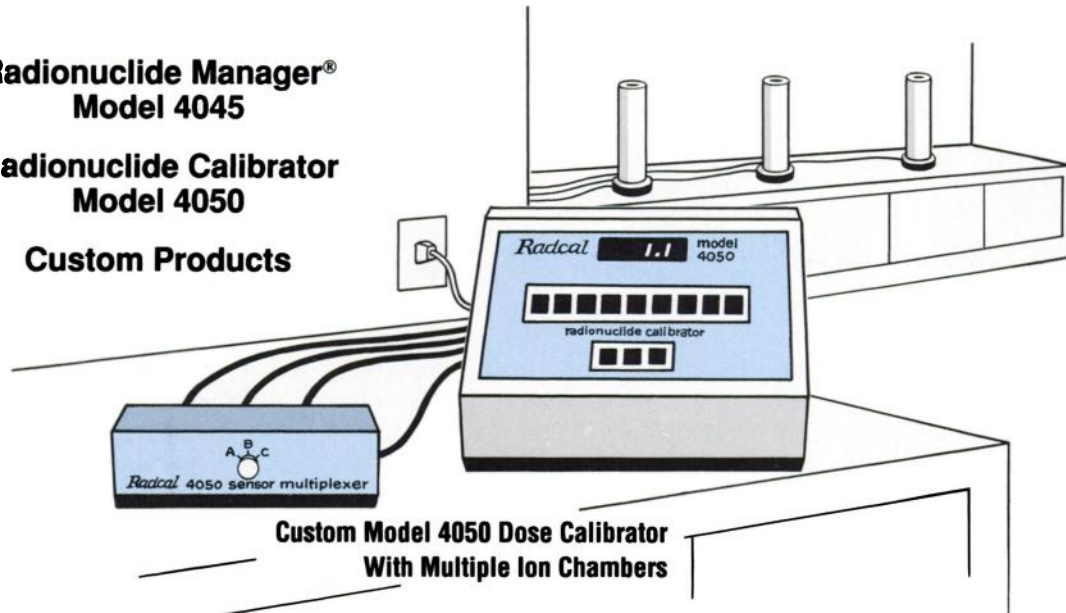
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IN A FOG??

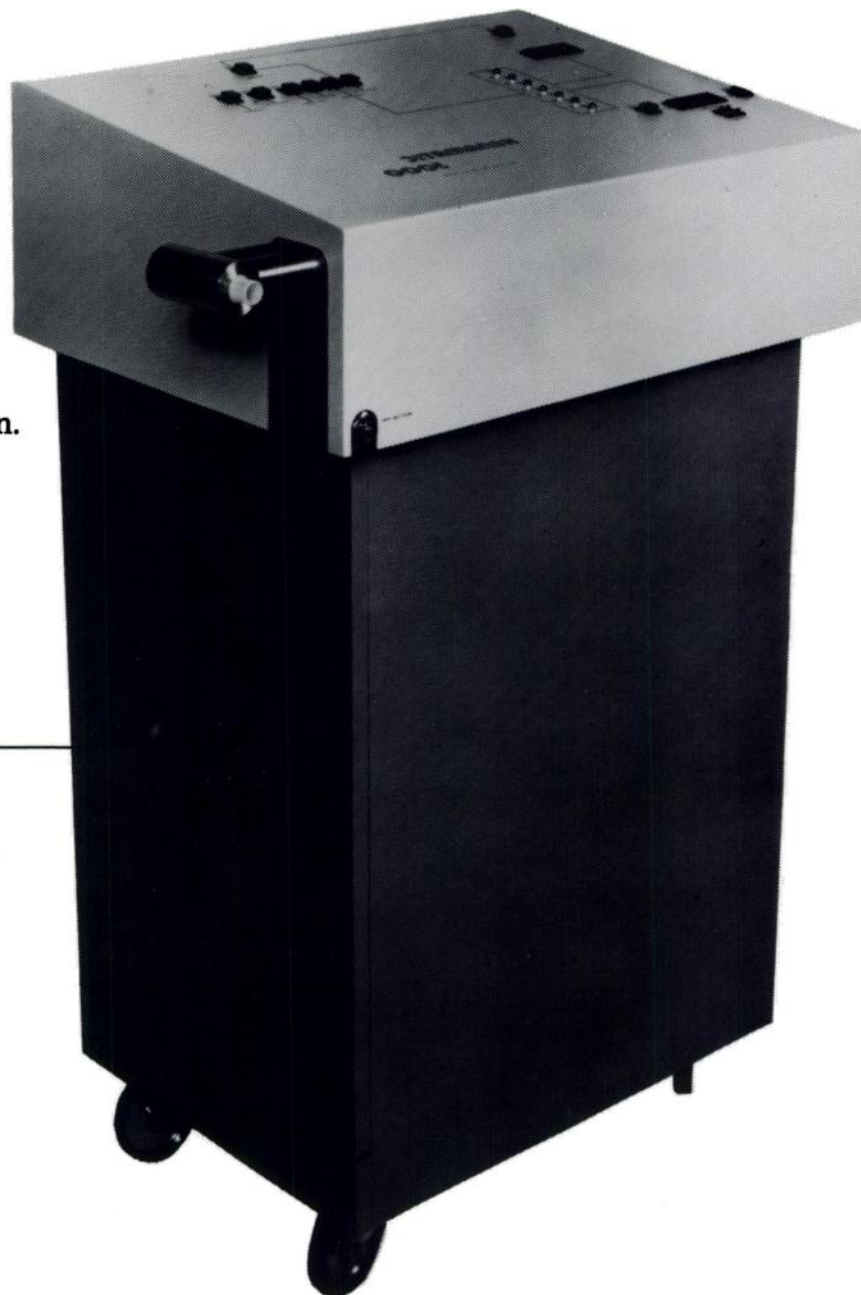
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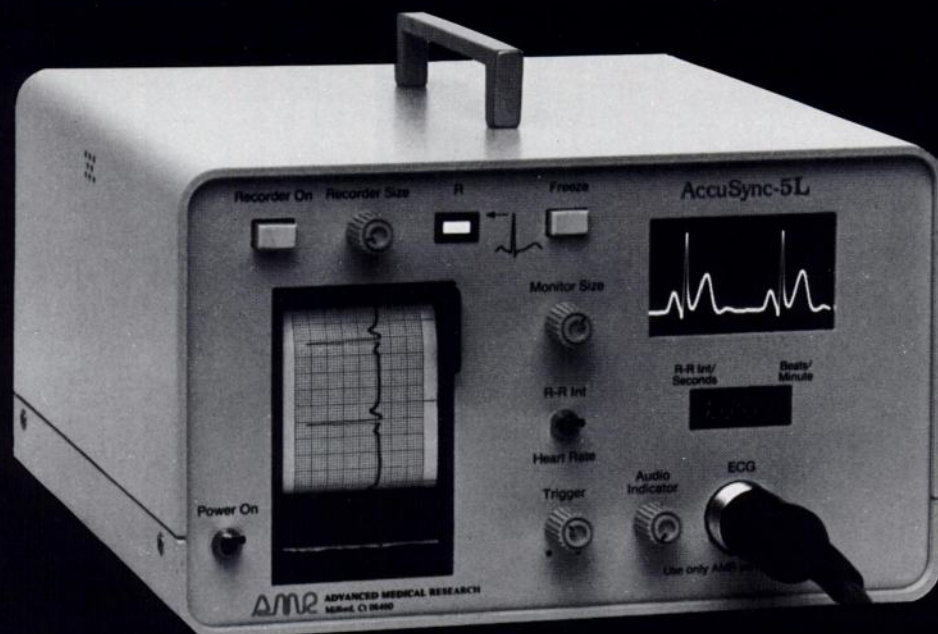
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MODEL

AccuSync-6L



FEATURES

All AccuSync-5L features with the exception of the Strip Chart Recorder.

AccuSync-1L



All AccuSync-5L features with the exception of the Digital CRT Monitor.

AccuSync-3R



All AccuSync-1L features with the exception of the Strip Chart Recorder and Playback Mode.

AccuSync-4R



All AccuSync-3R features with the exception of the Heart Rate/R-R interval display.

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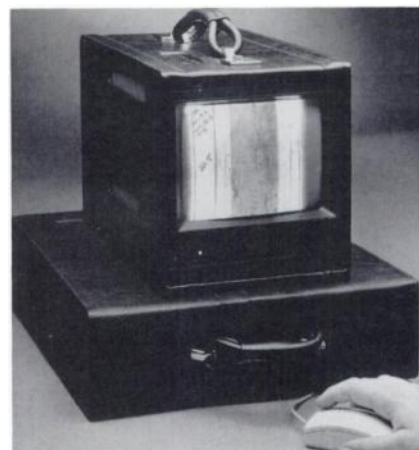
Each description of the products below was condensed from information supplied by the manufacturer. The reviews are published as a service to the professionals working in the field of nuclear medicine and their inclusion herein does not in any way imply an endorsement by the Editorial Board of The Journal of Nuclear Medicine or by The Society of Nuclear Medicine. To receive product information, see page 39A.

Extraction Bottles

The new Wheaton Agency heavy duty borosilicate bottles are used in EPA Methods 1310 Extraction Procedure, 1311 Toxicity Characteristic Leaching Procedure (TCLP), and 1312 Synthetic Precipitation Leaching Procedure (SPLP). The 2.2 liter and 3.2 liter sizes are available in 2 designs, single end opening and double end opening. The 3.0 liter size box style is designed for use with commercially available box style rotary agitator equipment. PVC coating is available in all sizes. All have a 100-440 GPI finish. Wheaton offers various caps and liners to accommodate these bottles. **Jim Cheston, The Wheaton Agency, 1301 No. Tenth Street, Millville, NJ 08332. (800) 225-1437, ext. 2478 or (609) 825-1100.**

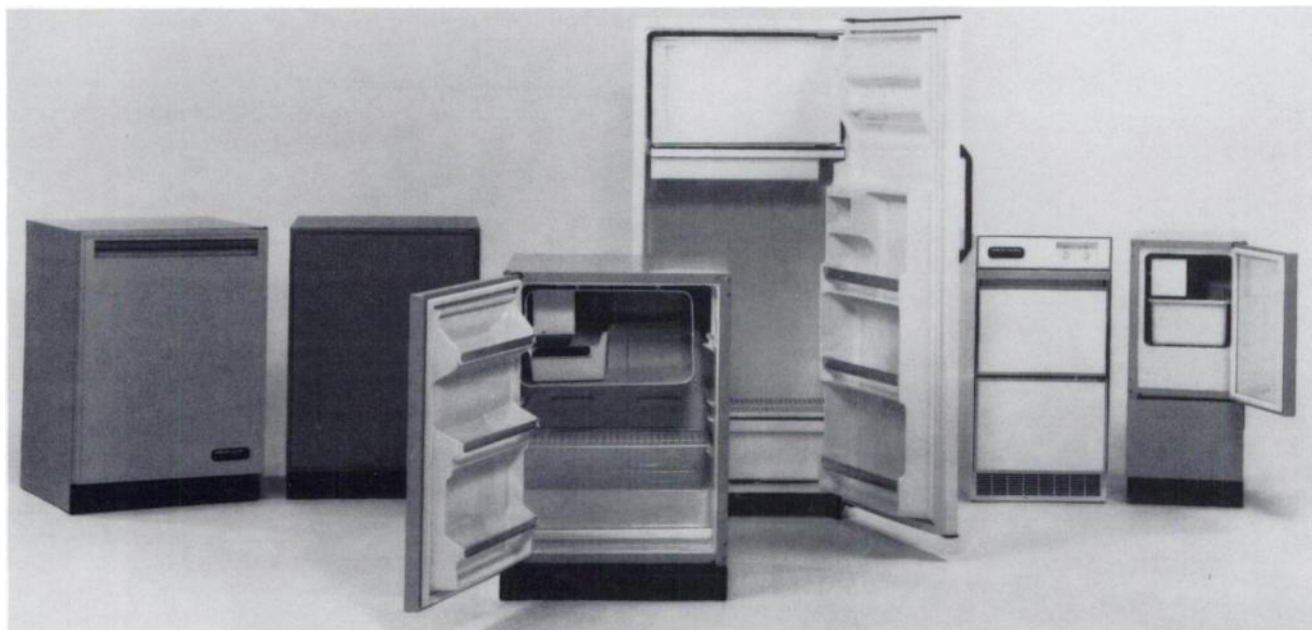
Computer-Based Radiotherapy System

DataSpan/Gammex, Inc. introduces PortalVu, a new computer-based system for radiotherapy that allows the user to verify patient positioning by overlaying simulator and portal film images. The unit provides a convenient way to digitize and compare simulation and treatment films in order to determine whether radiation treatment is actually being delivered as planned by the oncologist and to determine whether masking has been placed correctly. Digitization is performed with a camera/illuminator or the Gammex Digitizer. The user can adjust the scale of simulator and portal film images during digitization so that they may be overlaid on the system's screen. Unique edge



enhancement functions available on the PortalVu system can aid in revealing anatomical detail that might not otherwise be observed. The system offers easy-to-understand, on-screen directions. Images can be digitized and manipulated quickly. The system can be readily modified to send images over standard telephone lines to a remote location, such as a small clinic or home office. **DataSpan/Gammex, Inc., 3775 Southwestern Blvd., Orchard Park, NY 14127. (800) 426-6391 or (414) 258-1333.**

Refrigeration Products



Midmark Corporation announces a full-line of commercial-grade, modular refrigeration products that meet most health care, scientific and laboratory refrigeration needs — and, they fit neatly into new or existing Midmark and Ritter casework installations. Matching door inserts, pulls and panels are design- and color-coordinated with all 4000 Designer Series and 1000 Classic Series medical examination tables and casework. All Midmark

refrigeration products have quick pull-down times and reach maintenance-level temperatures up to eight times faster than standard household refrigerators. This feature promotes quiet, cost-effective operation of the units and ensures the integrity of temperature-sensitive compounds, materials and pharmaceuticals. All Midmark refrigeration products meet OSHA standards and Joint Commission Standards on cleanliness. Refrigerator/

freezer/ice maker combinations are available to fit every requirement and are available in capacities from 4.5 to 13.9 cu.ft. Specific models in the line are designed and rated for commercial, hazardous location or flammable materials storage. **Midmark Corporation, Versailles, OH 45380. (513) 526-3662 or (800) Midmark.**

Radiation Protection Apparel



The Ultima line of protective apparel from Picker Health Care Products offers a new level of comfort, style, and quality in radiation protection. The Ultima line includes two basic products, which are sized like regular clothing and tailored for both men and women. The one-piece, front-protection garment is available in 32 size/color combinations. The two-piece, full-protection jacket and wrap is available in 21 size/color combinations. Elasticized neoprene shoulders and waist bands shift weight from the shoulders to the back and waist, increasing comfort and reducing fatigue. Integrated, heavy-duty zippers eliminate the need for belts. Attractive styling and a unique stain-resistant nylon shell help maintain a professional appearance. Options for the new line of apparel include monogramming, an integral thyroid collar, custom lengths, and various weights. **Picker International, P.O. Box 739, Berea, OH 44017. (216) 473-3539 or (216) 566-7019.**

Management Software

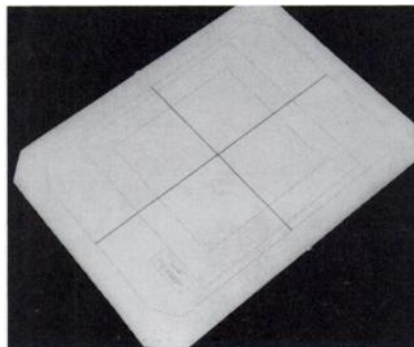
Systems Plus, Inc. introduces The Medical Manager v/5e, a low-cost, entry-level version of The Medical Manager, a practice management software system. The system is available under DOS formats only. It is a complete accounts receivable and insurance billing system with electronic claims submission capabilities, providing the medical practice with patient data maintenance and the ability to print numerous financial reports. Ad-

vanced electronic claims submission capabilities allow the practice to receive faster payment turnaround from insurance carriers. Users may submit claims either directly to the desired carrier or through a claims clearinghouse. As the practice's needs increase and more advanced system capabilities are needed, the practice can easily move up to an enhanced version of The Medical Manager. **Systems Plus Inc., 500 Clyde Avenue, Mountain View, CA 94043. (415) 969-7047.**

Linear and Two-Dimensional Arrays

Solon Technologies, Inc. introduces new Harshaw/QS linear and two-dimensional scintillation arrays of CdWO_4 and $\text{Bi}_4\text{Ge}_3\text{O}_{12}$. The arrays are for use by high-energy physicists and manufacturers of medical CT and baggage scanning equipment. The CdWO_4 and $\text{Bi}_4\text{Ge}_3\text{O}_{12}$ arrays are non-hygroscopic, dense, rugged, and have emission wavelengths that make them compatible with photodiodes or PMT's. Both materials are very low in afterglow. The arrays are better matched to photodiodes than BGO, and are about 1.5 times more efficient than BGO. Emission maximums are 510-540 nm. Afterglow is less than 0.01% after six milliseconds, following 150 KVP x-ray excitation. The scintillation temperature coefficient is small near room temperature, making the Harshaw/QS CdWO_4 arrays extremely stable under normal temperature fluctuations. Achievable mechanical tolerances approach 0.0125 mm. The units have an emission maximum of 480 nm and are broad enough to be used with either PMT's or photodiodes. **Solon Technologies, Inc., 6801 Cochran Road, Solon, OH 44139. (800) 472-5656 or (216) 248-7400.**

Sensor Plate Safety Device



Nuclear Fields B.V. of Vortum-Mullem, the Netherlands, has developed a special sensor plate to act as a safety device on collimators for gamma cameras and other medical equipment. The new touch-plate is so designed that it activates a braking mechanism when it comes into contact with either a person or an object. Gamma cameras, and other items of equipment used in nuclear

medicine and radiology such as x-ray cameras, are generally programmed or set manually in order to make the detector head describe a given movement while a patient is being examined. If an error should be made in programming, there is a risk of the patient being struck by the camera, or of the patient being caught between the detector head and the examination table. Use of the sensor plate ensures that when the detector head is contacted, the braking mechanism is activated and the moving part of the equipment comes to a standstill almost instantaneously. As a result, the stopping distance is generally not more than a few millimeters. The new touch-plate is an open contact plate which is built up from several layers of polyester film incorporating contact layers. The polyester film is made from conductive material. The plate is provided with two terminals for connection to a low-voltage source (up to 24 V). When a local pressure is exerted on the plate, the circuit is closed and a signal is transmitted to the braking mechanism of the equipment. The system is activated by a pressure as low as 0.5 kg/cm². An important feature is that the sensor plate has a thickness of only 1.5 mm, enabling it to be located in virtually any position. The sensor plate has a low absorption coefficient, which makes it exceptionally suitable for use on equipment that generates and processes gamma radiation. Moreover, this also permits the sensor plate to be positioned in front of the detection field. **Beta Public Relations B.V., Lange Voorhout 16, 2514 EE Den Haag, Holland. 070-364-53-48.**

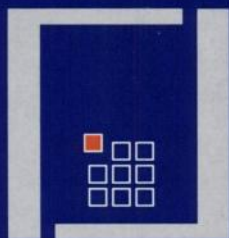
Teleradiology System

Advanced Video Products announces a new teleradiology system with 156% better resolution than the previous entry level line, the TELEPRO R2. The new PACSPRO 1000 series has 1024 × 768 display resolution and 256 shades of gray. This resolution again sets AVP apart from the competition by outperforming them with a lower price tag. The PACSPRO 1000 offers the same digitizing options (from existing film or direct from modalities); the same high speed communications options (standard phone lines, T-1, Local Area Networks, etc.); and the same image processing functions (window/level, magnification, scroll, pan, multiple image display, etc.) all backed by computers. AVP also offers 1024 × 1280 portrait display stations, ultra-high resolution laser digitizers, and the PACSPRO 2500 display stations with resolution at 2048 × 2560 × 12 bits. To allow maximum flexibility, AVP has maintained compatibility between all its products. A facility can place the appropriate resolution station where it is needed, archive the images centrally, and still review any image from any location quickly and efficiently. **Deborah Katz, Marketing Specialist, AVP, P.O. Box 1450, Littleton, MA 01460. (508) 486-0024.**

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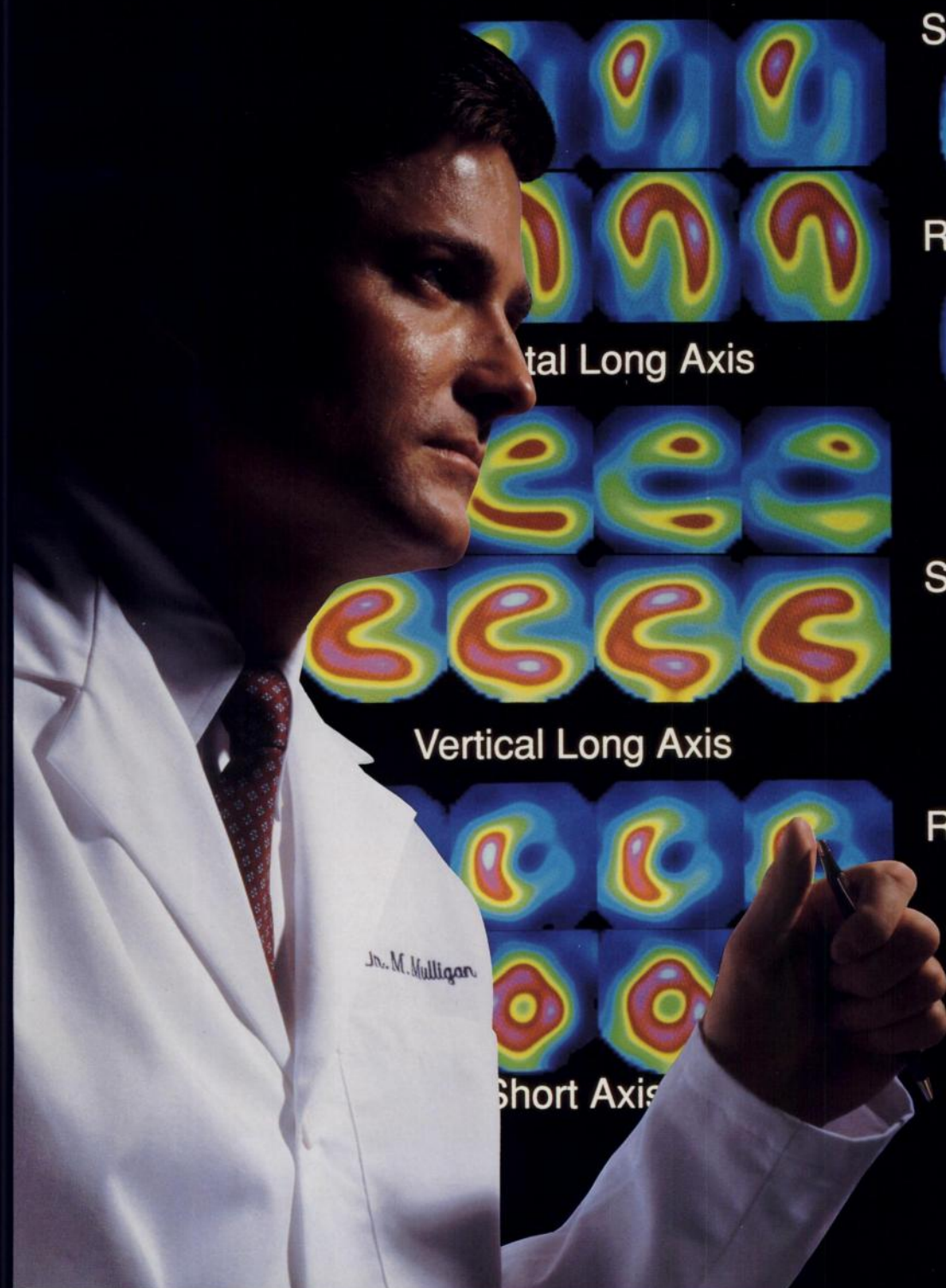
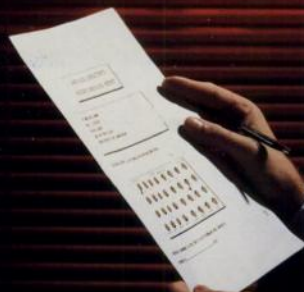
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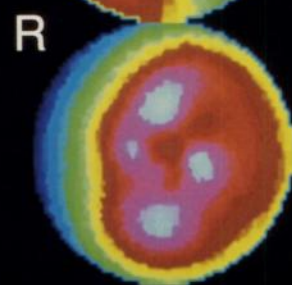
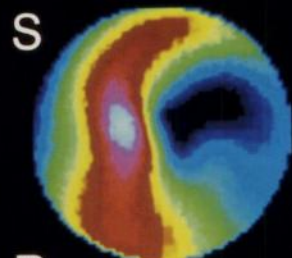
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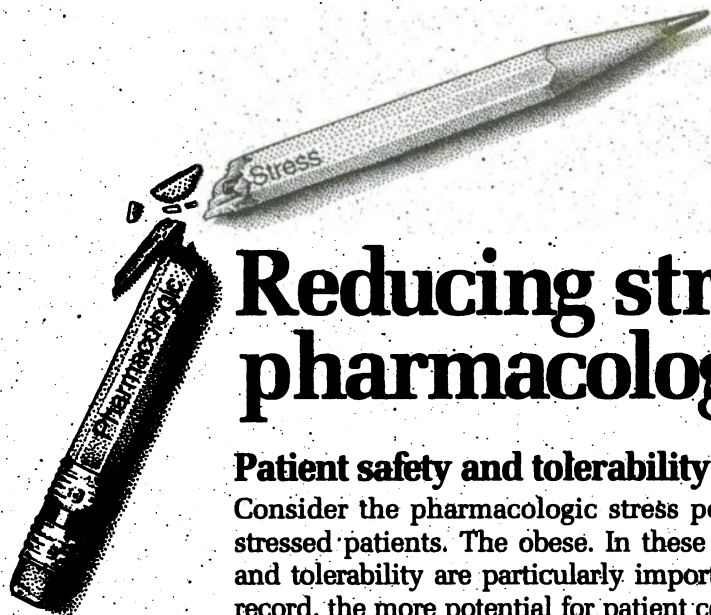


Horizontal Long Axis

Vertical Long Axis

Short Axis





Reducing stress in pharmacologic stress testing

Patient safety and tolerability: the stress factors

Consider the pharmacologic stress population. Old patients. Frail patients. Submaximally stressed patients. The obese. In these often vulnerable or compromised patient types, safety and tolerability are particularly important. The more certain an agent's safety and tolerability record, the more potential for patient comfort and physician confidence. Use of an agent with a proven tolerability and safety record can reduce the overall stress to the patient, while easing the emotional stress to the physician.

A safety record that spans more than a decade

I.V. Persantine® (dipyridamole USP) has a safety profile established in over a decade of clinical testing.^{1,2} And, based on information from over 250,000 patient studies, I.V. Persantine is generally well tolerated.¹ Such an established record in pharmacologic stress creates a standard by which to compare other agents.

Generally well-tolerated stress begins with smooth, gradual onset of effect

Pharmacologic stress with I.V. Persantine takes effect smoothly with a 4-minute infusion, followed within 5 minutes with the appropriate thallium dose. This allows the patient to become accustomed to the "stressing" process more gradually: there is no "sudden impact." Additionally, the time is short enough to allow an expedient, relatively uncomplicated imaging procedure.

Convenient, easy-to-follow protocol minimizes procedural frustrations

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

When you stress more assured, you can rest more assured

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

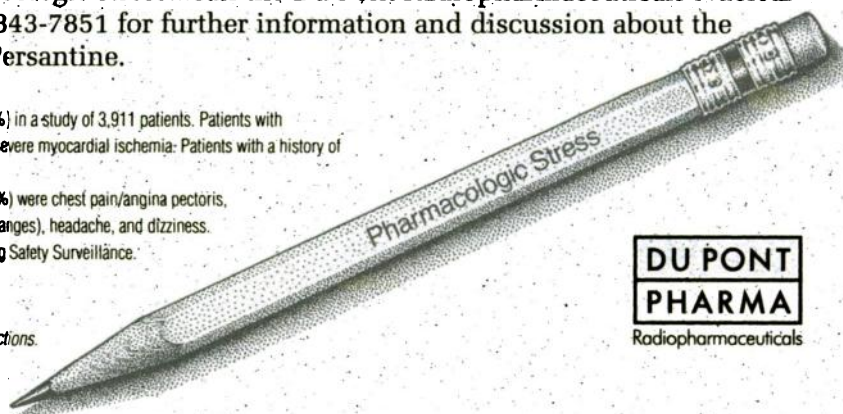
Stress the facts in pharmacologic stress...call the Du Pont Radiopharmaceuticals Nuclear Cardiology Hotline at 1-800-343-7851 for further information and discussion about the proven safety profile of I.V. Persantine.

¹Severe 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.

²Du 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%), hypertonia (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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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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Terms — Payment must accompany order. Make checks payable, in U.S. dollars on U.S. banks only, to: The Society of Nuclear Medicine.

Deadline — First of the month preceding the publication date (January 1 for February issue). Please submit classified listings typed double spaced. No telephone orders are accepted.

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Positions Available

Faculty

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.

Pharmacist

PET NUCLEAR PHARMACIST. The University of Pittsburgh Medical Center, Department of Radiology, is seeking a full-time nuclear pharmacist to provide services to our new PET Facility. The candidate must be licensed, or eligible for licensure, as a pharmacist in Pennsylvania with an advanced degree in nuclear pharmacy or board certification as a nuclear pharmacy specialist. Preference will be given to candidates with prior PET and/or radiopharmaceutical research and development experience. The position includes involvement in the routine production and dispensing of PET radiopharmaceuticals for clinical use, regulatory affairs, radiopharmaceutical research and development, teaching and administrative activities. Applicants must be highly motivated, team-oriented, and possess a strong desire to advance the concept of nuclear pharmacy involvement in PET. Faculty rank will be dependent on previous experience; salary and fringe benefits are competitive. Questions regarding the position can be addressed to Dennis Swanson at (412) 648-8584. Curriculum vitae should be addressed to: University of Pittsburgh Medical Center, c/o J.C., De Soto at O'Hara Streets, Pittsburgh, PA 15213-2582. An Equal Opportunity Employer.

Physician

DIRECTOR, DIVISION OF NUCLEAR MEDICINE: The Department of Radiology, Medical Center Hospital of Vermont, is seeking a radiologist as Director of the Division of Nuclear Medicine. The Director will be responsible for the organization, direction, and administration of the clinical, educational, and research missions of the Division. The proposed starting date is July 1, 1992. The successful candidate should be Board certified in Diagnostic Radiology and Nuclear Medicine or have special competence in Nuclear Medicine and should

qualify for an appointment to the faculty of the University of Vermont College of Medicine. Interested candidates should forward their Curriculum Vitae to John P. Tampus, M.D., Chairman; Department of Radiology; Medical Center Hospital of Vermont; 111 Colchester Avenue; Burlington, VT 05401. Phone: (802) 656-3592.

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 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.

NUCLEAR MEDICINE PHYSICIAN. St. Luke's-Roosevelt, a 1315-bed voluntary university hospital of Columbia University College of Physicians and Surgeons, serving the Upper West Side of Manhattan, is seeking an ABNM certified full-time faculty physician with experience in teaching and research. Expertise in general nuclear medicine and a background in radiology are preferable. The Nuclear Medicine Service, a division of the Department of Radiology, is equipped with 16 state-of-the-art camera/computer systems, housed in laboratories for which new construction/renovation is nearly complete. A full spectrum of nuclear medicine and nuclear cardiology studies is performed. Research involves both clinical and basic sciences. Training programs include radiology and nuclear medicine residencies and a nuclear cardiology

fellowship. Academic rank depends on qualifications and experience. A letter of inquiry and curriculum vitae should be sent to: E. Gordon De Puey, MD, Director, Division of Nuclear Medicine, St. Luke's-Roosevelt Hospital, Amsterdam Avenue at 114th Street, New York, NY 10025. St. Luke's-Roosevelt is an Equal Opportunity Employer.

NUCLEAR MEDICINE PHYSICIAN. Experienced ABNM certified physician needed for desirable full-time position offering a combination of private practice, teaching, and opportunities for research. Send inquiries to: Daniel S. Rimkus, MD, Cancer Foundation of Santa Barbara, 300 W. Pueblo St., Santa Barbara, CA 93105. EOE.

Technologist

NUCLEAR MEDICINE TECHNOLOGIST. The Mallinckrodt Institute of Radiology at Washington University Medical Center, St. Louis, MO, has an immediate opening for a F/T registered or registry eligible technologist. Progressive department with excellent benefit package. Interested applicants call Kathleen Johnson-Brunsdon at (314) 362-2808. Affirmative Action/Equal Opportunity Employer. M/F/H/V.

NUCLEAR MEDICINE TECHNOLOGIST. The VA Medical Center, Long Beach, CA affiliated with U.C. Irvine is recruiting an experienced Nuclear Medicine Technologist. Salary commensurate with experience. Must be certified in Nuclear Medicine by NMTCB or ARRT. US citizenship is required. Please contact S. France, O5D VA Medical Center, 5901 E. 7th St., Long Beach, CA 90822 or call (310) 494-5651. The VA is an Equal Opportunity Employer.

NUCLEAR CARDIOLOGY TECHNOLOGIST— Leading nuclear cardiology laboratory seeks full-time technologist for clinical and research imaging and computer processing. Opportunity for motivated individual to work in a challenging environment with the experts utilizing the newest imaging agents and technology. Will train committed CNMT. Excellent benefits and negotiable salary. EOE. Send CV or call Rocco Lapenta, Yale-New Haven Hospital, Recruitment and Staffing—Dana 1, 20 York St., New Haven, CT 06504. (203) 785-5083.

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**NUCLEAR
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Qualifications: Candidates must have completed all requirements for a Doctor of Medicine Degree from an accredited institution and have completed at least four years residency training or equivalent experience and training. Graduates of foreign medical schools must submit a copy of their permanent Educational Commission for Foreign Medical Graduates (ECFMG) certification. Candidates who are board eligible or certified in **NUCLEAR MEDICINE** and have a background combining research experience with clinical medicine are preferred. In addition, candidates should have highly developed analytical, written and oral skills, as well as the ability to research problems and issues and to use mature judgment in problem solving.

Candidates for Civil Service or Commissioned Corps appointments must be U.S. citizens. Candidates for Fellowships may be either U.S. citizens or resident aliens eligible for citizenship within four years.

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How To Apply: Interested candidates should send an Application for Federal Employment (SF-171) and/or current detailed Curriculum Vitae along with bibliography, names of three references, and date of availability to:

FDA/Center for Biologics Evaluation and Research
Attention: **NUCLEAR MEDICINE**
Building 29, Room 104, HFB-32
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To receive consideration under this announcement, applications must be received by **Friday, July 31, 1992.**

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Once your registration form is received, you will be contacted with additional information regarding details and payment.

Registration should be sent to:

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Send resume to John Lenotte, Employment Manager, Human Resources, Salem Hospital, 81 Highland Avenue, Salem, MA 01970.

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**NUCLEAR MEDICINE
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October 4 to 10, 1992

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John Bateman, M.D.
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TECHNOLOGIST JOB NETWORK

The New England Chapter–SNM/TS announces "**The Job Hotline**," a national toll-free, hotline for nuclear medicine. The hotline is designed to provide a quick link for technologists seeking jobs and for hospitals seeking technologists. Institutions seeking technologists should call the hotline number, leave the name of the institution, title of the job opening, and name and number of the contact person; data are then stored for three months in a database for anyone who calls the hotline seeking employment. Technologists seeking employment should call the hotline number, specify state(s) which are of interest, specify type of job desired, and leave name and address. A listing will then be sent out in 48 hours; all inquiries are kept confidential. If an opening has not been filled within three months, the institution should call again to have it listed. The institution should also call if an opening has been filled so that it can be deleted from the database. The hotline numbers are **1-800-562-6387 (1-800-JOB-NETS)** or **1-990-4212 in Maine**. Questions or comments should be directed to: Tom Starno, Manager, Job Hotline, New England Chapter–TS at (207) 945-7186.

The Mideastern Chapter–SNM/TS will provide a referral network for technologists seeking employment and for hospitals in need of technologists. Interested individuals should call Cathy Gonzalez at (301) 855-1712. Please leave your name, address, phone number and a brief description of your request.

NOTE: SNM chapters are invited to submit job referral service listings for publication. Pertinent information—name and brief description of the service, telephone number and/or address, name or number of contact person for inquiries—should be sent to:

Leigh Silverman, Section Editor, **JNM/JNMT** The Society of Nuclear Medicine, 136 Madison Avenue New York, NY 10016-6760.

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The *Journal* is testing a new method to enable you to get information on a more timely basis from our advertisers.

Listed below are the companies that have advertised in this issue, as well as those that have been mentioned in the *New Products* section. Simply circle the numbers of those companies you are interested in, fill out the form, and mail or FAX it to The Society of Nuclear Medicine, Marketing Dept., 136 Madison Ave., New York, NY 10016. FAX: 212/545-0221. We will send it to the advertiser.

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(216) 475-1111
Page 30A | 20 Systems Plus Inc.
Mountain View, CA
(415) 969-7047
Page 30A |
| 4 Capintec, Inc.
Ramsey, NJ
(800) 631-3826
Page 2A | 9 Elscint, Inc.
Hackensack, NJ
(201) 342-2020
Following Page 8A | 15 Picker International
Bedford, OH
(216) 475-1111
Pages 42A & IBC | 21 Victoreen
Cleveland, OH
(216) 248-9300
Page 2A |
| 5 Data Span/Gammex, Inc.
Orchard Park, NY
(800) 426-6391
Page 29A | 10 GE Medical Systems
Milwaukee, WI
(800) 433-5566
Pages 18A, 19A & 47A | 16 Siemens Medical Systems
Hoffman Estates, IL
(708) 304-7252
Pages IFC & 1A | 22 The Wheaton Agency
Millville, NJ
(800) 225-1437
Page 29A |
| | 11 Midmark Corporation
Versailles, OH
(800) MIDMARK
Page 29A | 17 Solon Technologies
Solon, OH
(800) 472-5656
Page 30A | 23 SNM Membership
Information |

From:

Your Name: _____ Title: _____
 Institution: _____ Dept: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____
 Primary Specialty: _____ Secondary Specialty: _____

Circle One Answer In Each Category:

Employer

1. Hospital:
 - a. 500 patients plus
 - b. 300-499 patients
 - c. 200-299 patients
 - d. 100-199 patients
2. Private Clinic
3. R&D Commercial
4. University
5. Government
6. Other _____

Purchase Authority

1. Recommend
 2. Specify
 3. Purchase
- Reason for Inquiry
1. Immediate Purchase
 2. General Information
 3. Budgeting Information

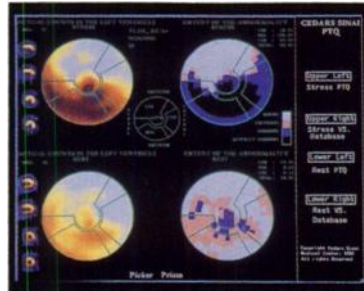
SNM Member

1. Yes
2. No

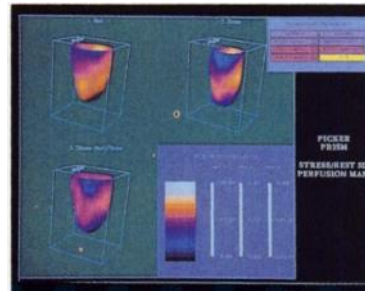
SNM Subscriber

1. Yes
2. No

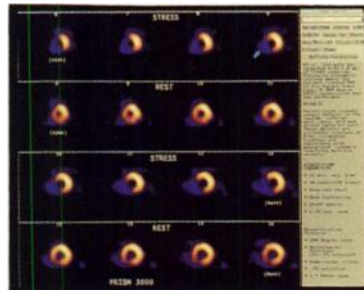
TO GET SOFTWARE THIS GOOD,



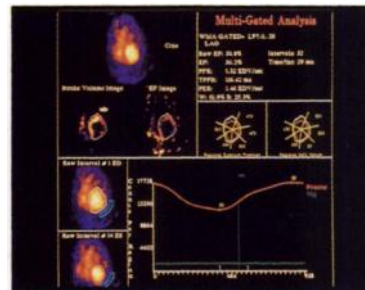
Cedars - Sinai PTQ™ Program



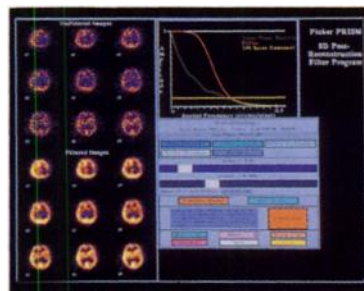
3-D Perfusion/Motion Map™



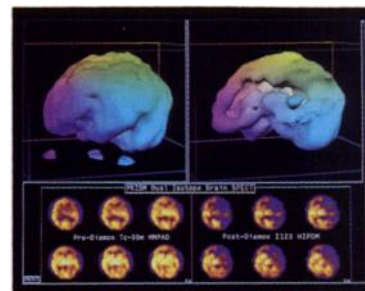
Oblique cardiac slices at stress and redistribution



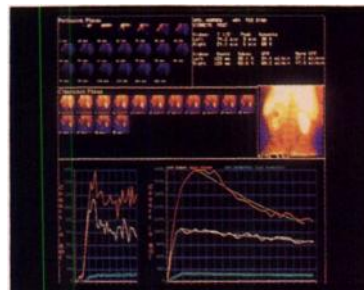
MGA+ (multi-gated analysis) Program



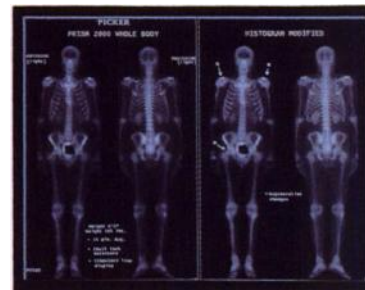
3-D Post-Reconstruction Filter Program



Dual Isotope 3-D images and slices

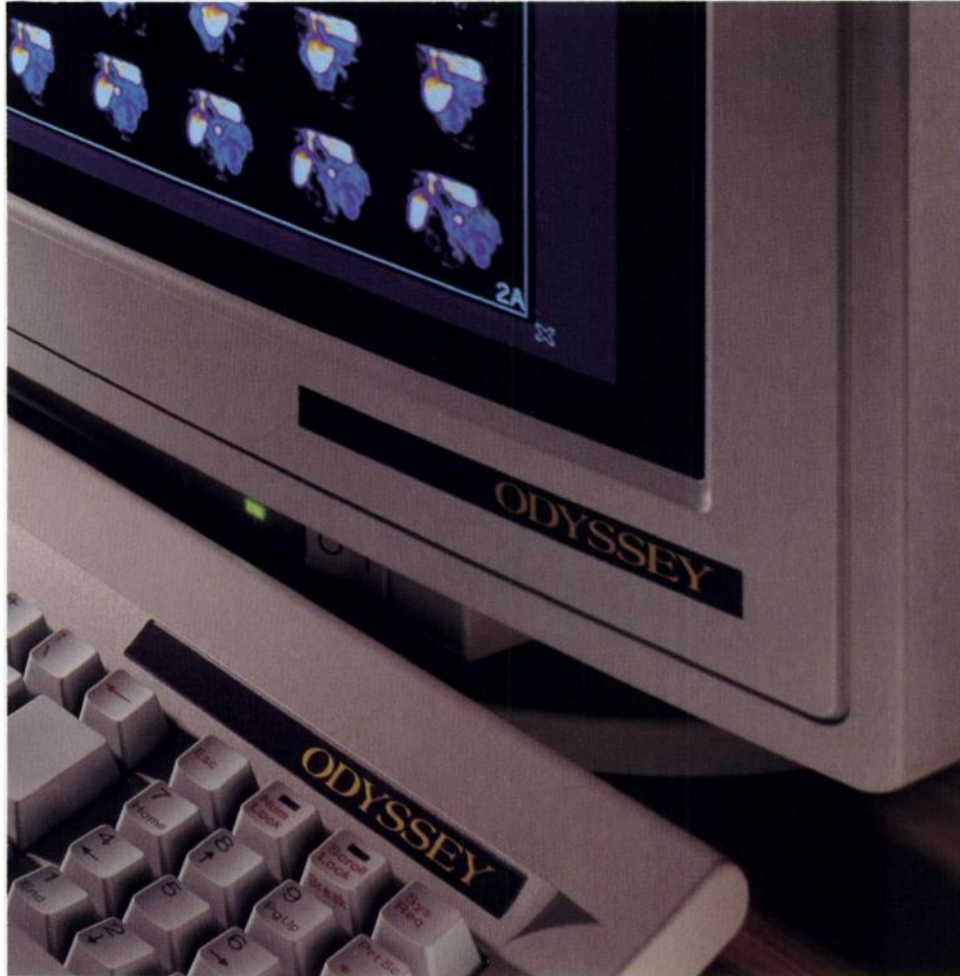


Renogram analysis time activity curves



Anterior and posterior dual-intensity whole-body study

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