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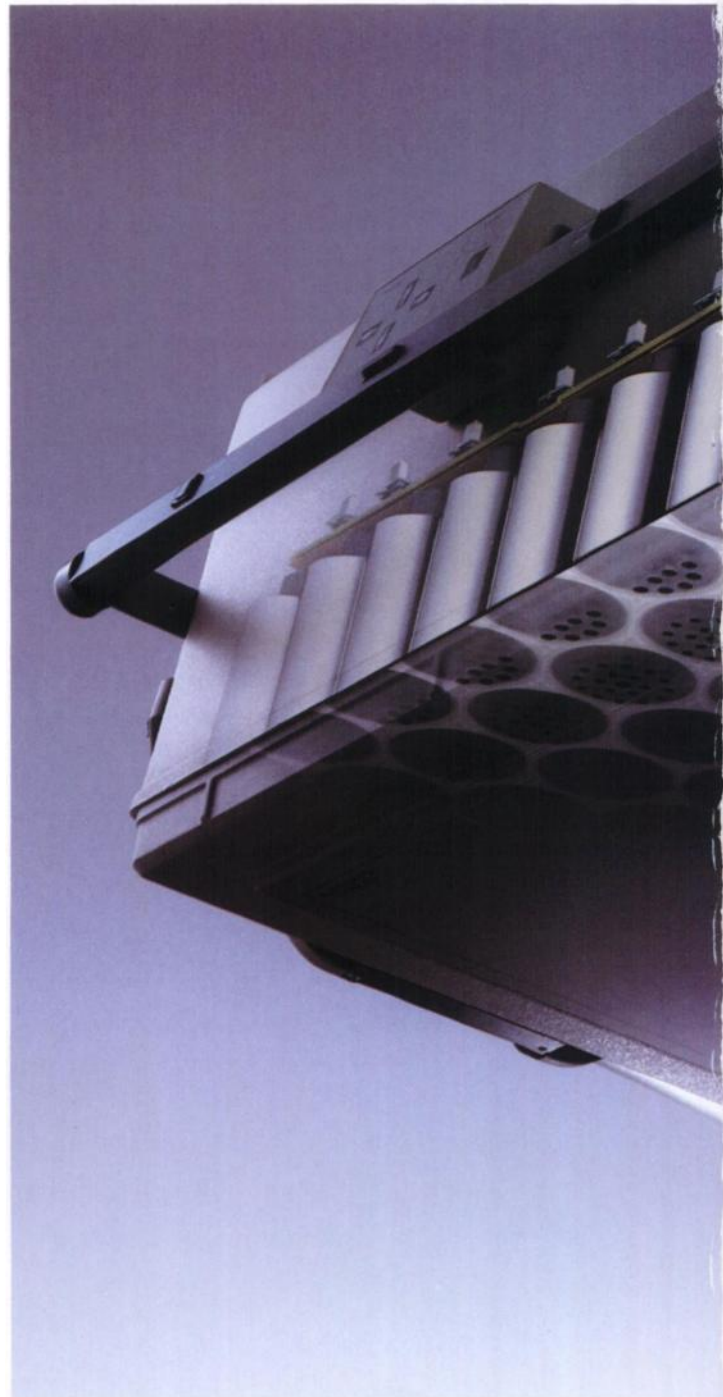
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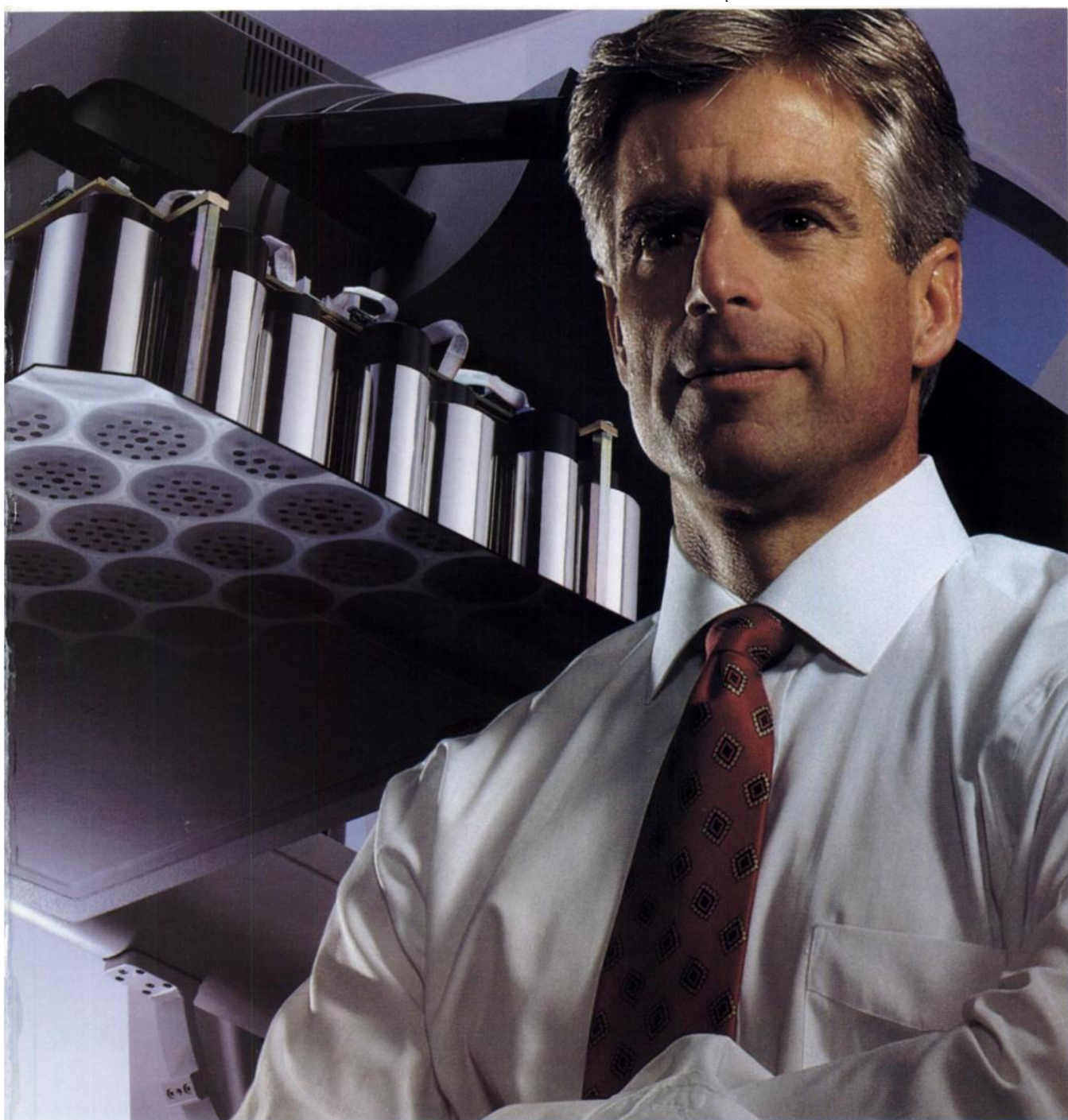
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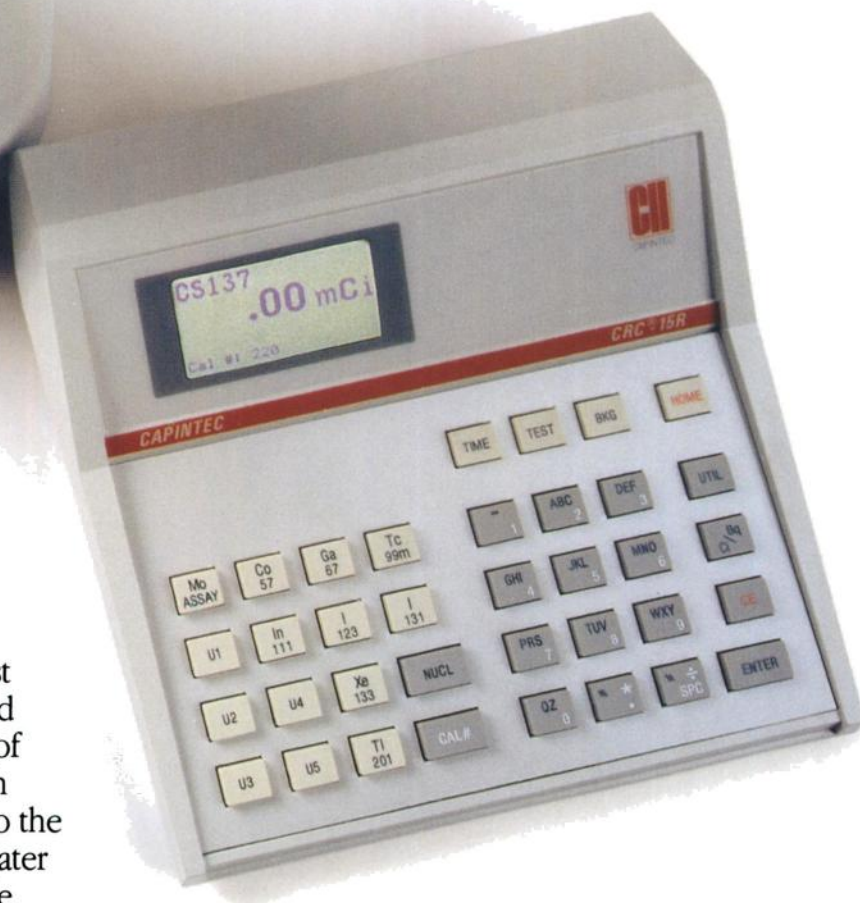




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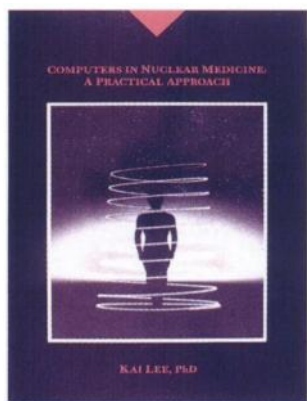
What can the Vertex™ nuclear imaging system do
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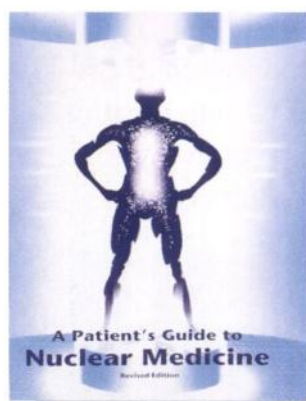


Kai Lee, PhD
Softcover, 290 pp.
\$30 members
\$45 nonmembers. 1992

Computers in Nuclear Medicine: A Practical Approach

This illustrated guide explains both how computers work and how processing techniques obtain diagnostic information from radionuclide images. Coverage includes

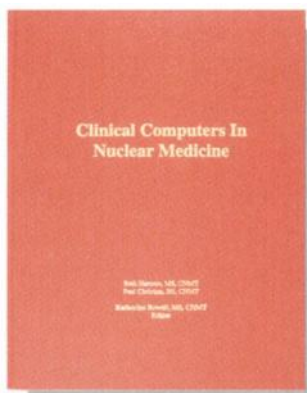
- Hardware components in nuclear medicine computer systems. Principles behind common image processing techniques.
- How nuclear cardiology and SPECT highlight the interaction of hardware and software in nuclear medicine.



Patient Pamphlet, 17 pp.
Members and nonmembers,
\$0.40 (100 copies, minimum order). 1992

A Patient's Guide to Nuclear Medicine, Revised Edition

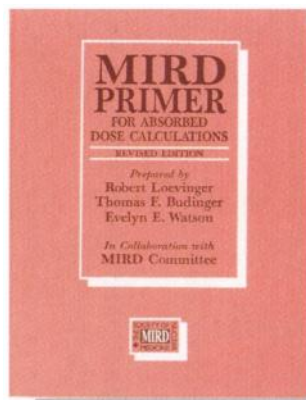
This popular pamphlet explains nuclear medicine procedures in clear, concise language, helping to allay patient anxieties. Format includes common questions and answers; step-by-step descriptions of procedures; and photographs showing patients undergoing imaging. An update of the highly successful patient pamphlet in use since 1983.



Katherine L. Rowell, MS, CNMT, Editor
Hardcover, 86 pp.
\$35 members
\$50 nonmembers. 1992

Clinical Computers in Nuclear Medicine

A companion text to *Computers in Nuclear Medicine*, this survey traces the evolution of nuclear medicine computer technology. Featured chapters describe how nuclear medicine study protocols have been radically altered through the use of computers; the revolutionary impact of computers on quality assurance; and the development of software and hardware for the gamma camera. An essential guide for staff operating computers in clinical settings.



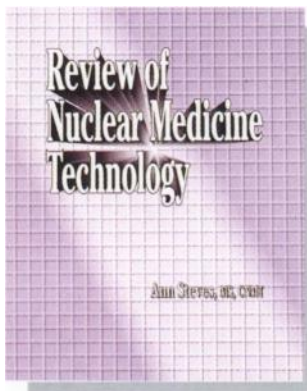
MIRD Primer for Absorbed Dose Calculations Revised Edition

Prepared by **Robert Loveinger, Thomas F. Budinger, and Evelyn E. Watson**

Hardcover, 128 pp.

\$35 members
\$50 nonmembers. 1991

A newly revised edition of the widely requested Primer.



Ann M. Steves, MS, CNMT
Softcover, 176 pp.
\$30 members
\$45 nonmembers. 1992

Review of Nuclear Medicine Technology

Both an overview of the latest techniques in nuclear medicine technology as well as an authoritative study guide, this practical handbook is a valuable addition to the libraries of students and specialists alike. Informative appendices cover

- Preparation for certification exams.
- Test-taking techniques.
- Sample questions and answers
- Pertinent NRC regulations.

Forthcoming

Curriculum Guide for Nuclear Medicine Technologists, 2nd Edition

Marcia Boyd, MS, CNMT, Editor

Available February 1993.

An invaluable tool for educators and program administrators, this new edition of the *Curriculum Guide* also serves continuing education aims for those already working in the field.

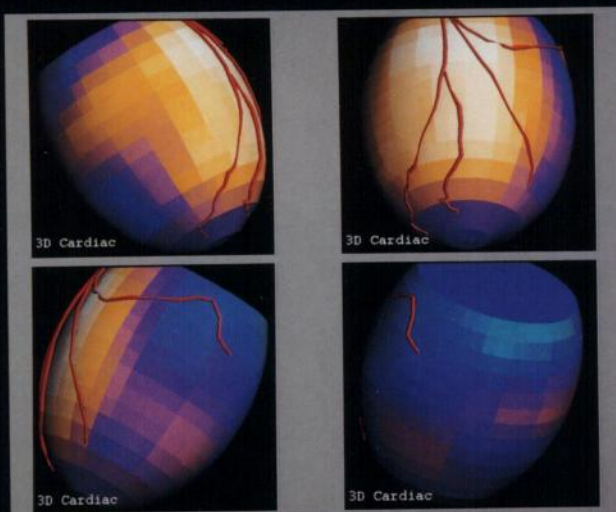
Thoroughly revised in response to the latest advances in nuclear medicine technology. Five units reflect the structure of the NMTCB exam and the curricula of hospital-based certificate programs.

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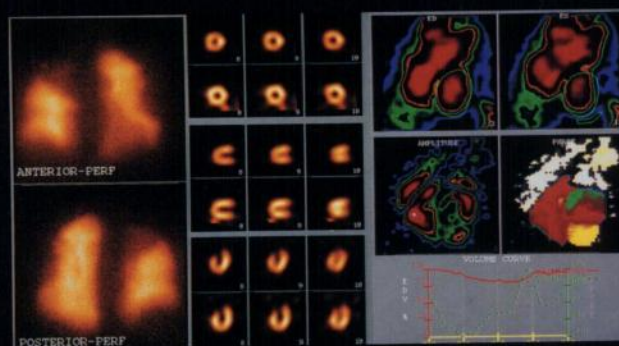
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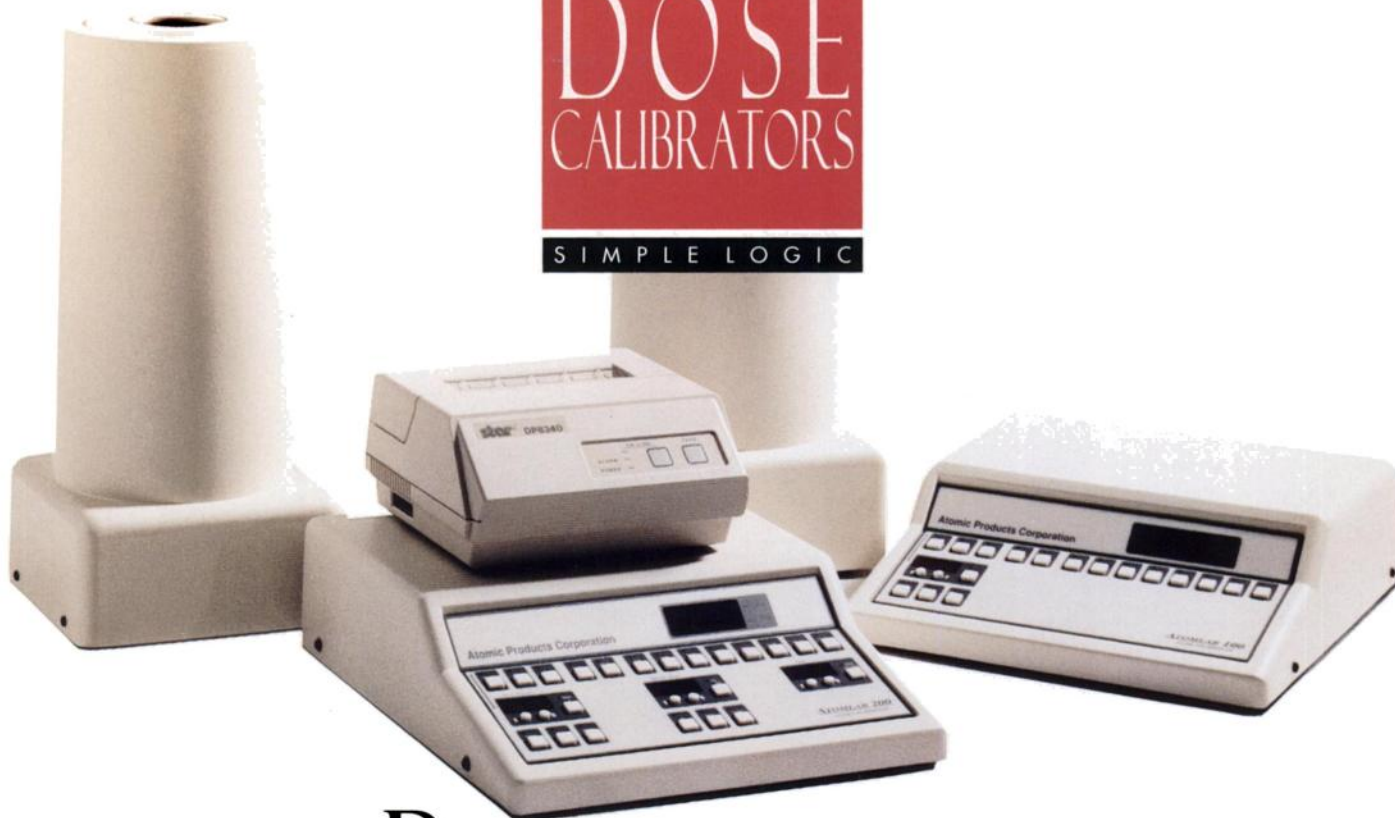


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specifications exceed NRC and agreement state requirements for accuracy and linearity. That's why we're the only company that provides a two-year warranty, a 30-day money-back guarantee and lifetime "loaner protection" with every dose calibrator we ship.

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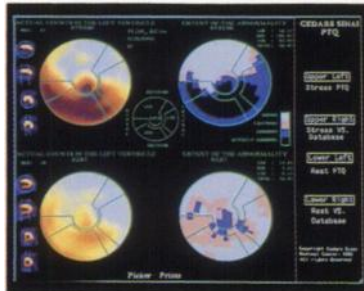
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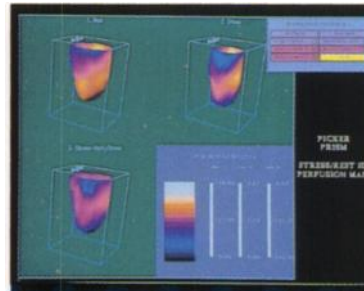
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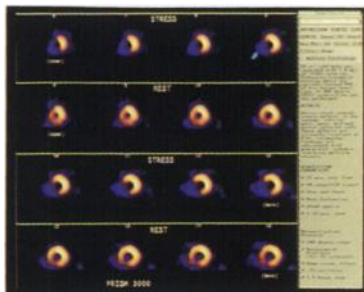
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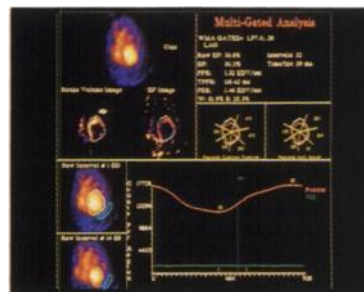
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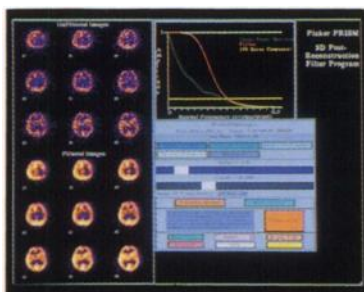
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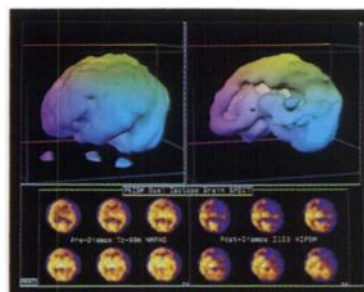
Oblique cardiac slices at stress and re-distribution



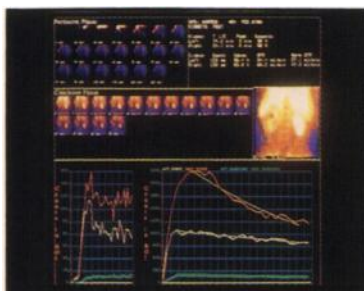
MGA+ (multi-gated analysis) Program



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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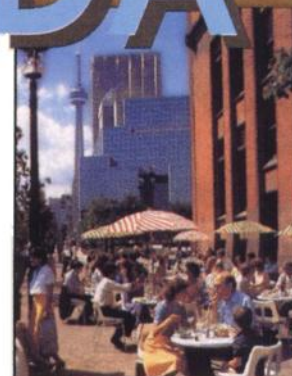
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CANADA



Join more than 7500 of your colleagues in celebrating the 40th Annual Meeting of the Society of Nuclear Medicine at the World's Newest Great City, Toronto, Canada, June 8-11, 1993. Participate in the intensive educational program, review posters, discuss the most recent developments with colleagues, and join any of a host of much talked about extracurricular activities. Don't miss this opportunity to learn, mingle with your colleagues, and visit with the exhibitors.



Refresher and state-of-the-art continuing education courses in chemistry, physics, quality assurance, cardiovascular nuclear medicine, PET, SPECT and NMR will supply up-to-the-minute approaches and procedures for all clinical settings.

SCIENTIFIC PAPERS

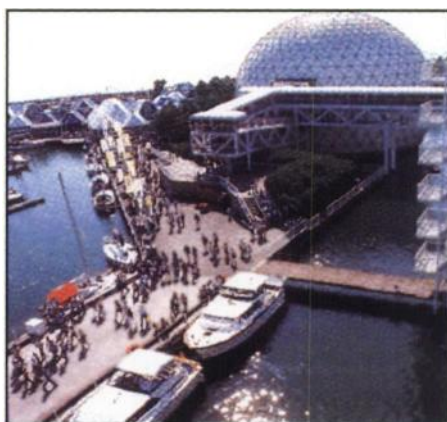
This year's presentation of over 900 scientific papers and posters includes a distillation of the latest advancements and finest work achieved by outstanding scientists and physicians in the field of nuclear medicine. These papers, presented by the original authors, with over 30 subjects to choose from, will provide a unique opportunity for enhancing your knowledge or exploring new avenues in correlative areas of nuclear medicine. Ample time is allotted at these presentations for questions and discussions.

An extensive display of scientific posters and exhibits will augment the presentation.

TECHNOLOGIST PROGRAM

The ever-increasing importance of the role of the nuclear medicine technologist will be explored in our Technologist Program, and over 70 hours of clinical updates will provide chief and staff technologists with the latest in ba-

sic, intermediate, and advanced studies. This program will broaden expertise and enhance the technologist's contribution to nuclear medicine.



AUDIOVISUAL, BOOKS, JOURNALS

The Society of Nuclear Medicine is continually adding to its library of audiovisuals, books, and other publications. A stop at the publications booth is well worth the time. Here you will find on display what the Society has to offer for year-round educational advancement.

Networking opportunities and job referral boards are available at special locations throughout the meeting as

well as membership information at our membership booth.

EXPOSITION

All the major manufacturers of nuclear medicine products and services—more than 100 in all—will be on hand to explain and demonstrate the most technologically-advanced equipment. Several companies will present User Meetings to give an in-depth understanding of their products.

REGISTRATION

	On/ Before May 7	On/ After May 7
Physicians/Scientists		
Members	\$160.00	\$180.00
Non members	\$255.00	\$275.00
Technologists		
Members	\$130.00	\$150.00
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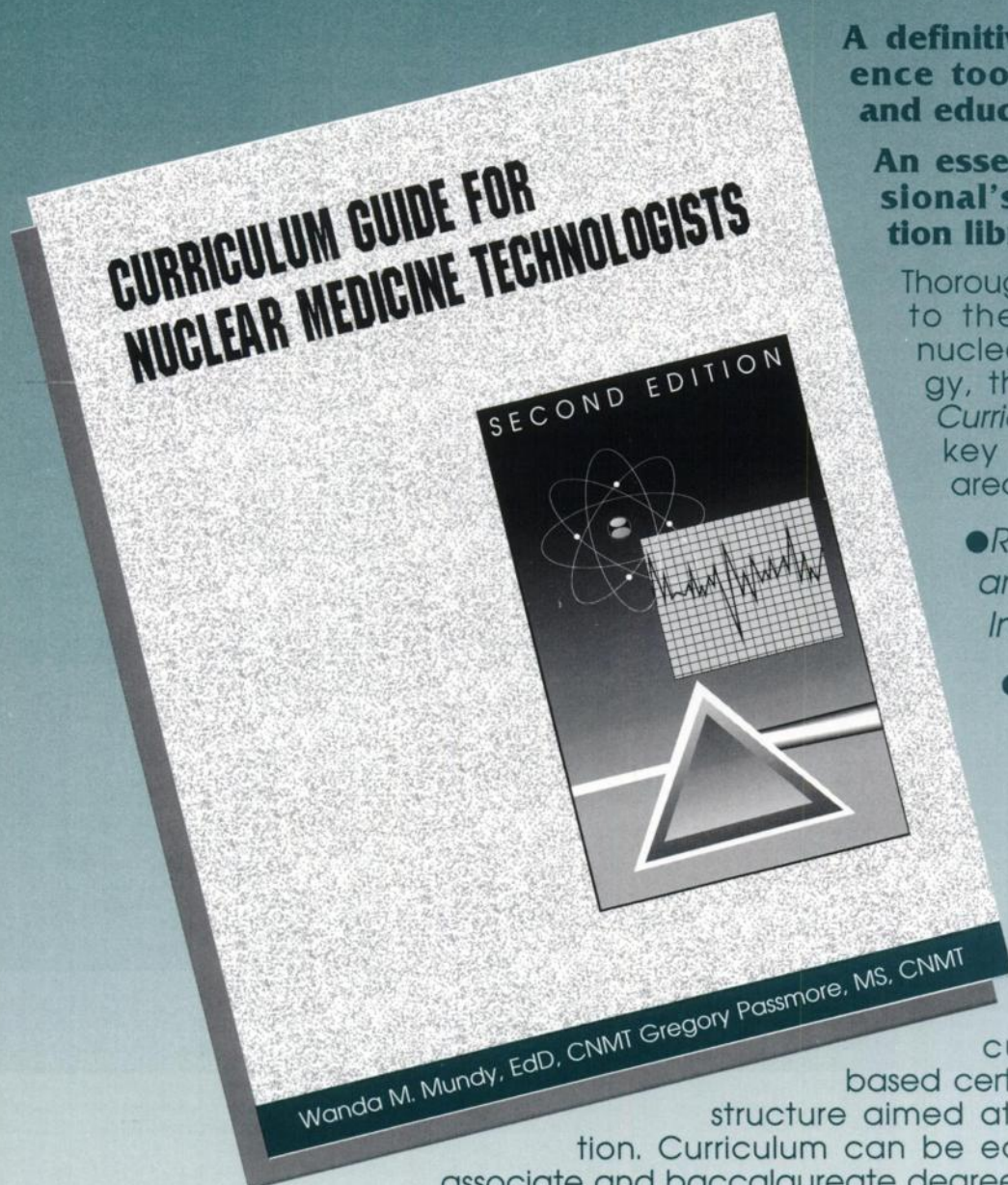
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Curriculum Guide for Nuclear Medicine Technologists, 2nd Ed.

Wanda M Mundy, EdD, CNMT, Gregory Passmore, MS, CNMT



A definitive educational reference tool for administrators and educators . . .

An essential in every professional's continuing education library.

Thoroughly revised in response to the latest advances in nuclear medicine technology, this new edition of the *Curriculum Guide* covers all key educational program areas

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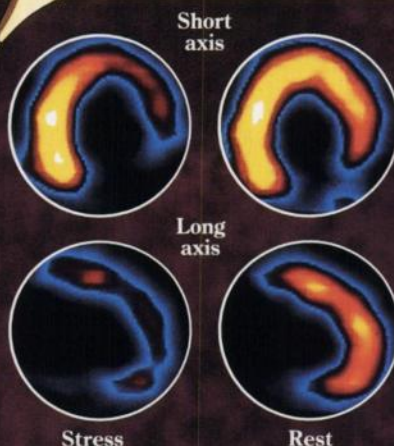
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*Some cardiac
imaging agents
leave something out
of the picture...*

**INFORMATION
& THROUGHPUT**

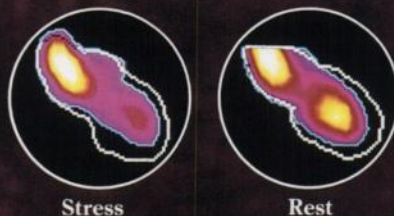
MORE INFORM

Perfusion Study— Identifying Ischemic Areas



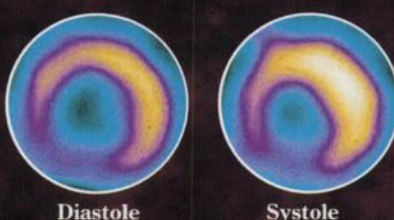
A patient was imaged with CARDIOLITE for perfusion and first pass-function assessment. These tomographic slices show a fixed inferolateral perfusion defect in the territory of old inferior myocardial infarction. There is also a reversible anterolateral defect in the territory of a diagonal branch of the LAD. Coronary angiography showed a totally occluded RCA and a tight proximal stenosis of a large first diagonal branch of the LAD.

First Pass— Function



End-diastolic perimeter (white line) and end-systolic image acquired following rest injection of CARDIOLITE show LV dilatation with reduced (30%) LVEF and inferior hypokinesis. Stress perimeter and image acquired following exercise injection show decreased anterolateral wall motion, which corresponds anatomically to the perfusion defect seen on the perfusion scans above.

Gated Study (SPECT)— Wall Motion



Gated short axis SPECT studies (imaged with CARDIOLITE) of a 64-year-old male with hypertensive cardiomyopathy demonstrate an inferoseptal myocardial infarction. The increased color intensity from diastole to systole represents myocardial wall thickening.

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*New expanded uses
fill in the gaps with more
myocardial information*

ATION

From identifying ischemia to localizing infarction, CARDIOLITE now fills in all the gaps for a complete clinical picture. With a CARDIOLITE study, you can assess the perfusion status of your patients...and much more. CARDIOLITE can also fill in myocardial information that is missing from thallium imaging—wall motion from gated studies and evaluation of function with the first-pass technique.

And, image after image, you won't find any gaps in quality, because CARDIOLITE provides the superior clarity of technetium.



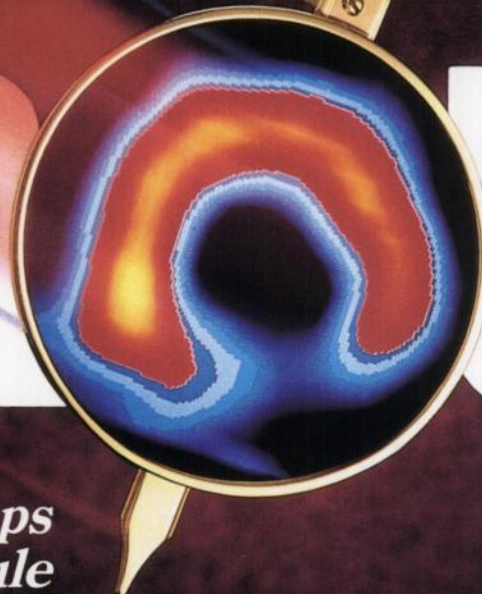
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Fills in the gaps...with clarity that lasts

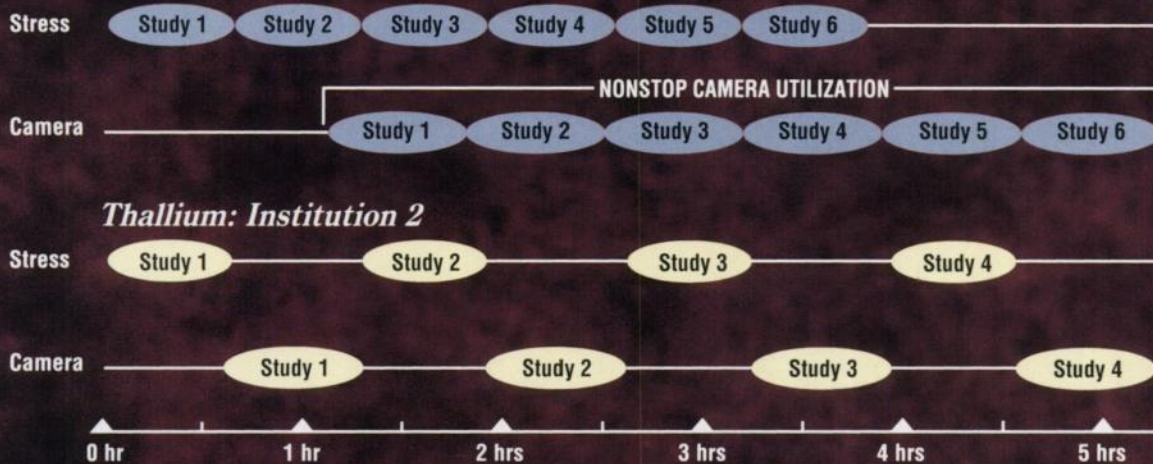
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GREATER THROUGH



*CARDIOLITE fills in gaps
in your imaging schedule*

CARDIOLITE: Institution 1



Due to the lack of clinically significant redistribution and the slow washout of CARDIOLITE, patients can be batched for stress injection, then imaged one after another over a broader period of time. In comparison, imaging with thallium must take place almost immediately; therefore the camera is frequently idle.

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*Improved
camera utilization
fills in scheduling gaps
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CARDIOLITE virtually eliminates the gaps of time between camera use often associated with thallium. That's because CARDIOLITE allows you to uncouple the

THROUGHPUT

time of injection from the time of imaging. Patients can be batched for stress, then imaged at any time... up to 4 hours after injection. So your patients are ready and waiting for the camera, not the other way around.

As seen in the diagram, this permits the camera schedule to be filled all day...so there are no gaps in productivity.



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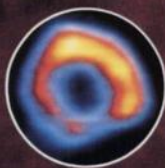
SUPERIOR

INFORMATION & THROUGHPUT

*Filling in the gaps
with the superior
clarity of technetium*



CARDIOLITE



Thallium

Rest studies of a 37-year-old male with a 45-inch chest circumference and slightly elevated left hemidiaphragm using CARDIOLITE and thallium-201 as the imaging agents. The images with CARDIOLITE are of superior quality, with less regional variation in count density and less hemidiaphragmatic attenuation.

CARDIOLITE fills in the information gaps to provide more information...all with the superior clarity of technetium. Through new, expanded uses, CARDIOLITE gives you a complete CAD picture... from ischemia to infarction. CARDIOLITE also fills in gaps in your imaging schedule through the ability to uncouple the time of injection from the time of imaging. Patients can be batched, then imaged one after the other...virtually eliminating downtime for your camera.

More information. Greater throughput.
CARDIOLITE fills your cardiac imaging needs.



Cardiolite

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IN A FOG??

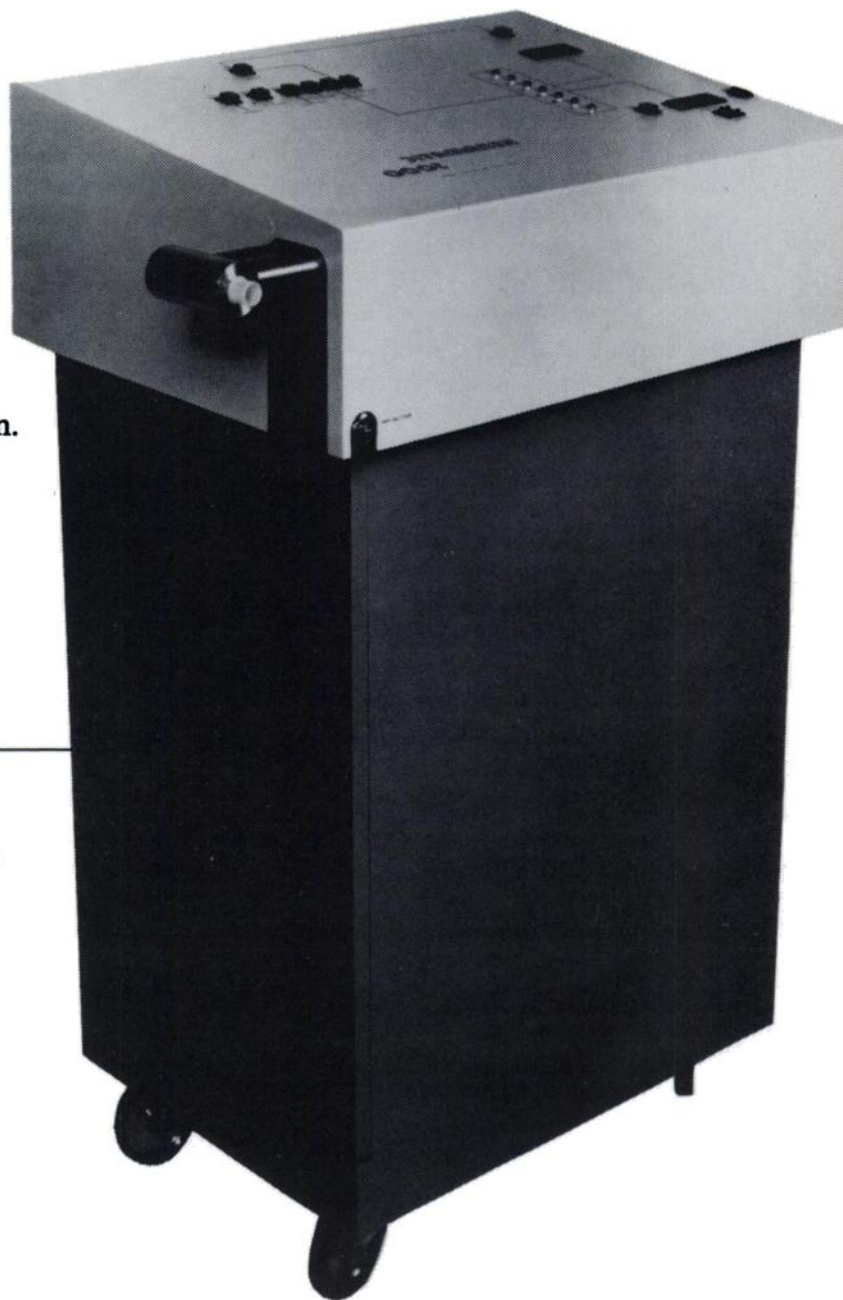
using aerosols to determine the patency of the pulmonary airway system? Use a gas (that's what the airway system is for), and Xenon (127 or 133) are gases which are safe, economical and easy to administer with the XENAMATIC™ 3000.

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SPECT BRAIN IMAGING CLINICAL FELLOWSHIP

Department of Radiology
Section of Nuclear Medicine



BENEFIT:

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

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

SPONSORSHIP:

This program is sponsored by the Medical College of Wisconsin.

TUITION:

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

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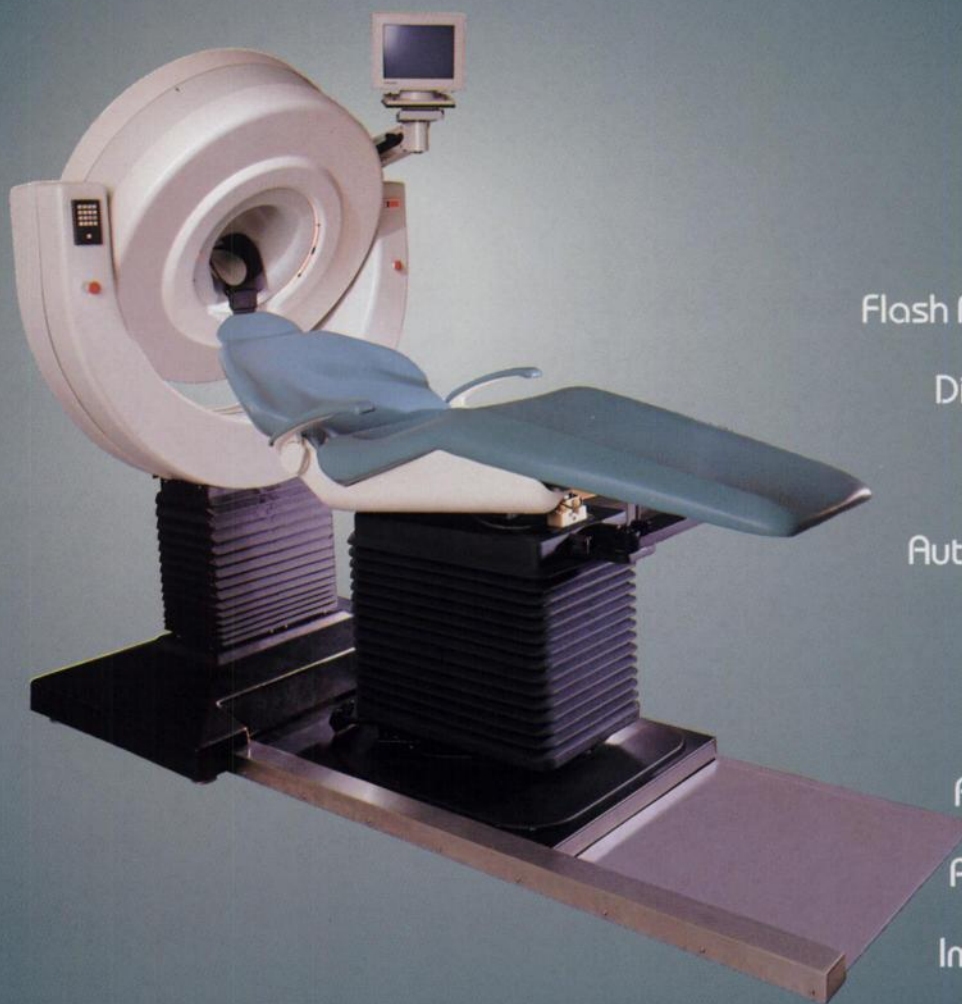
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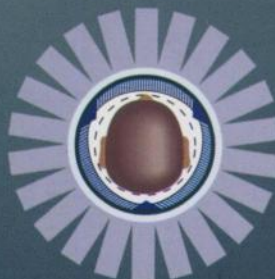
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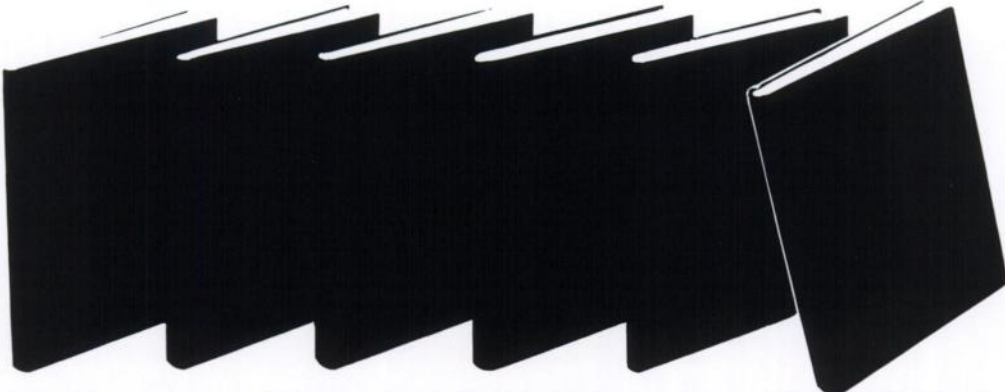


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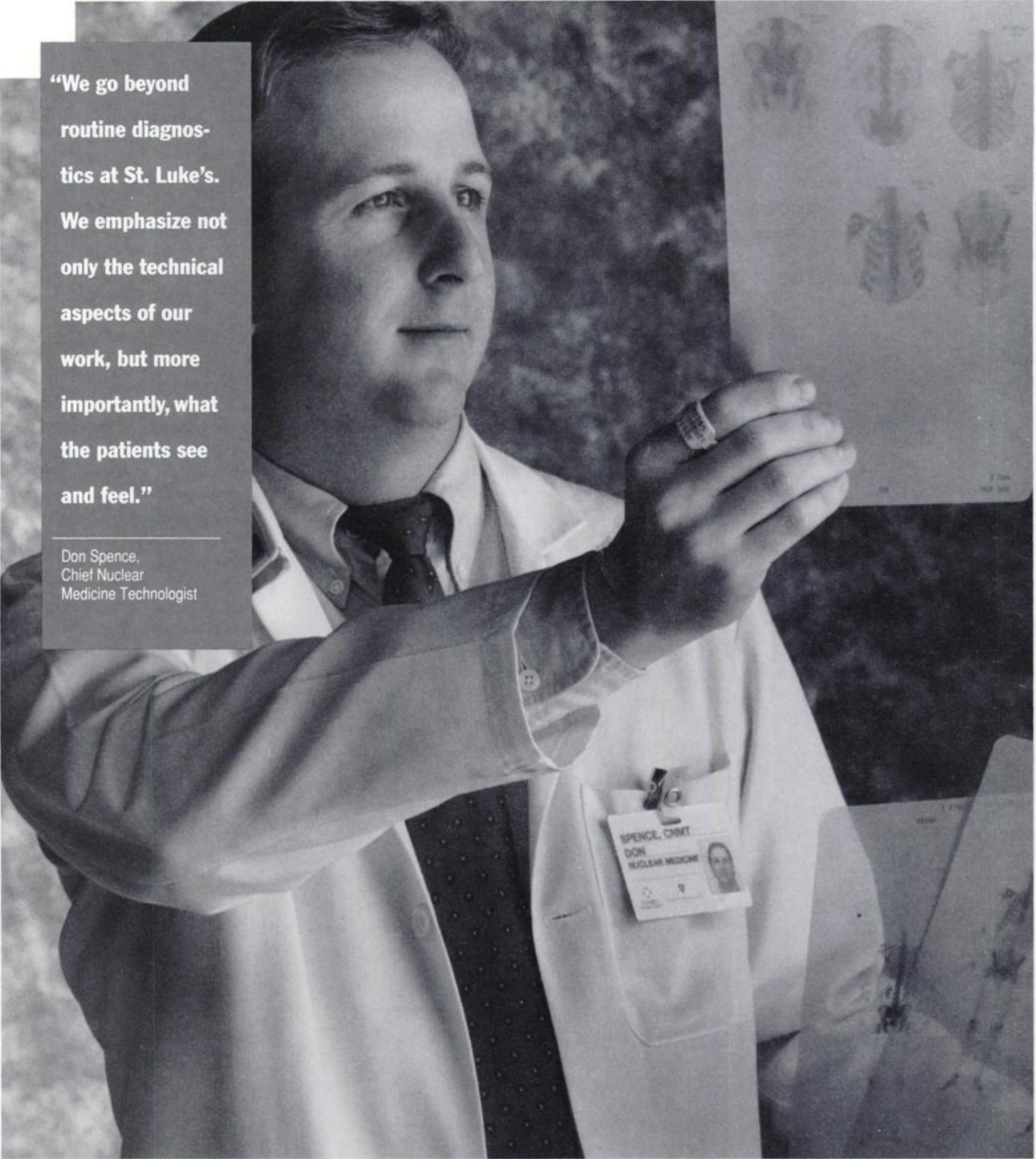
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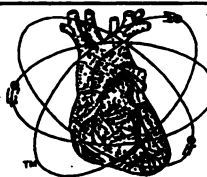
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Ann M. Steves, CNMT

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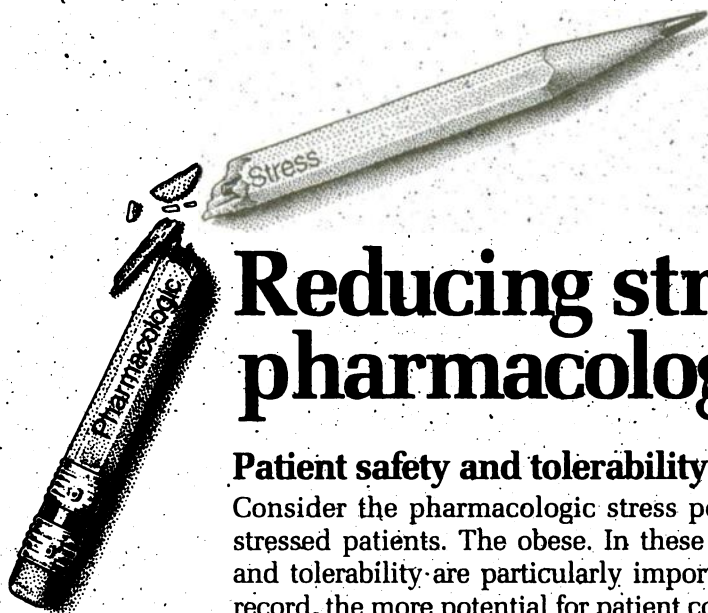
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Reducing stress in pharmacologic stress testing

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 a pharmacologic stress agent with a proven record can help reduce physician anxiety...or emotional "stress."

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} Just as in exercise stress testing, there is always some risk of serious adverse events.³ However, based on information from over 400,000 patient studies, I.V. Persantine is generally well tolerated.^{2,4} 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 with a 4-minute infusion, followed within 5 minutes with the appropriate thallium dose. This allows most patients to become accustomed to the "stressing" process gradually. 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 emotional stress that can sometimes be associated with administering pharmacologic stress.

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

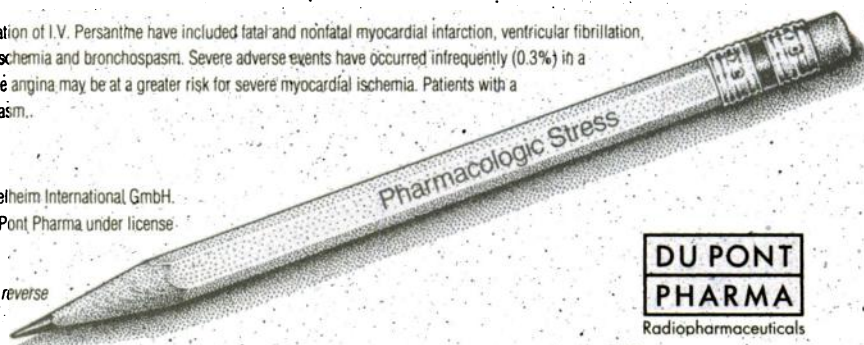
* Serious adverse reactions associated with the administration of I.V. Persantine have included fatal and nonfatal myocardial infarction, ventricular fibrillation, symptomatic ventricular tachycardia, transient cerebral ischemia and bronchospasm. Severe adverse events have occurred infrequently (0.3%)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

† Du Pont Merck Post-Marketing Safety Surveillance.

Persantine® is a registered trademark of Boehringer Ingelheim International GmbH. I.V. Persantine® is manufactured and distributed by Du Pont Pharma under license from Boehringer Ingelheim Pharmaceuticals, Inc.

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

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

References: 1. Ranhspsky 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) (45.9%), 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 (0.02%).

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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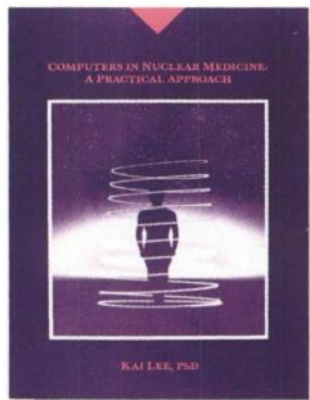
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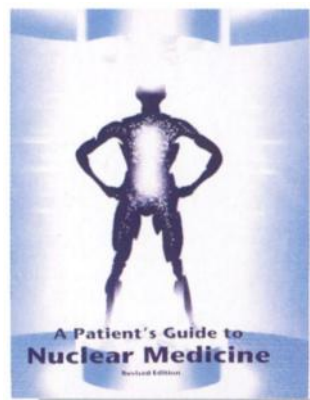


Kai Lee, PhD
Softcover, 290 pp.
\$30 members
\$45 nonmembers. 1992

Computers in Nuclear Medicine: A Practical Approach

This illustrated guide explains both how computers work and how processing techniques obtain diagnostic information from radionuclide images. Coverage includes

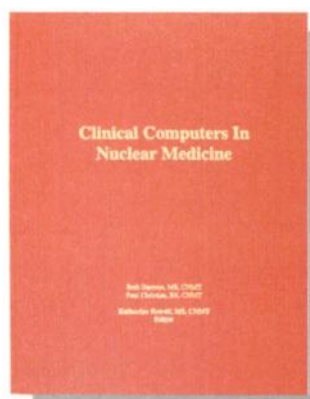
- Hardware components in nuclear medicine computer systems. Principles behind common image processing techniques.
- How nuclear cardiology and SPECT highlight the interaction of hardware and software in nuclear medicine.



Patient Pamphlet, 17 pp.
Members and nonmembers,
\$0.40 (100 copies,
minimum order). 1992

A Patient's Guide to Nuclear Medicine, Revised Edition

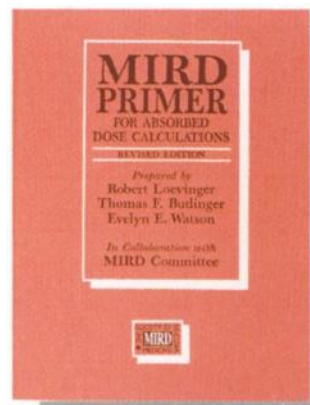
This popular pamphlet explains nuclear medicine procedures in clear, concise language, helping to allay patient anxieties. Format includes common questions and answers; step-by-step descriptions of procedures; and photographs showing patients undergoing imaging. An update of the highly successful patient pamphlet in use since 1983.



Katherine L. Rowell, MS, CNMT, Editor
Hardcover, 86 pp.
\$35 members
\$50 nonmembers. 1992

Clinical Computers in Nuclear Medicine

A companion text to *Computers in Nuclear Medicine*, this survey traces the evolution of nuclear medicine computer technology. Featured chapters describe how nuclear medicine study protocols have been radically altered through the use of computers; the revolutionary impact of computers on quality assurance; and the development of software and hardware for the gamma camera. An essential guide for staff operating computers in clinical settings.



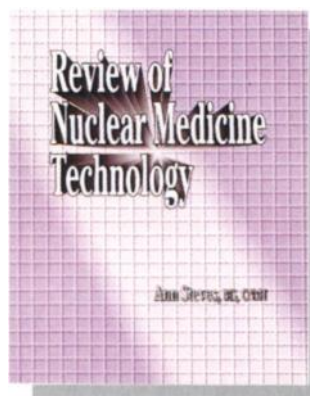
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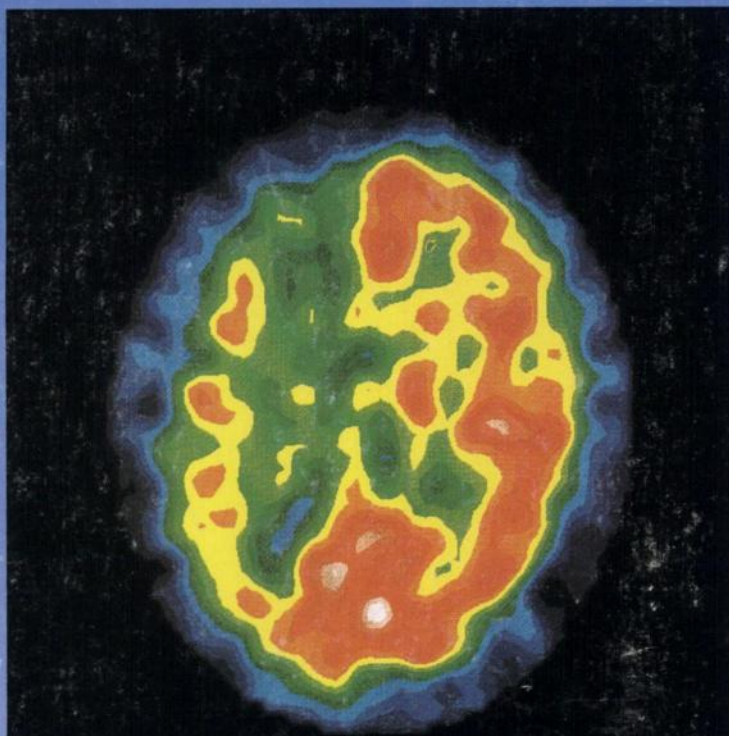
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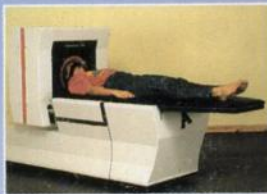
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