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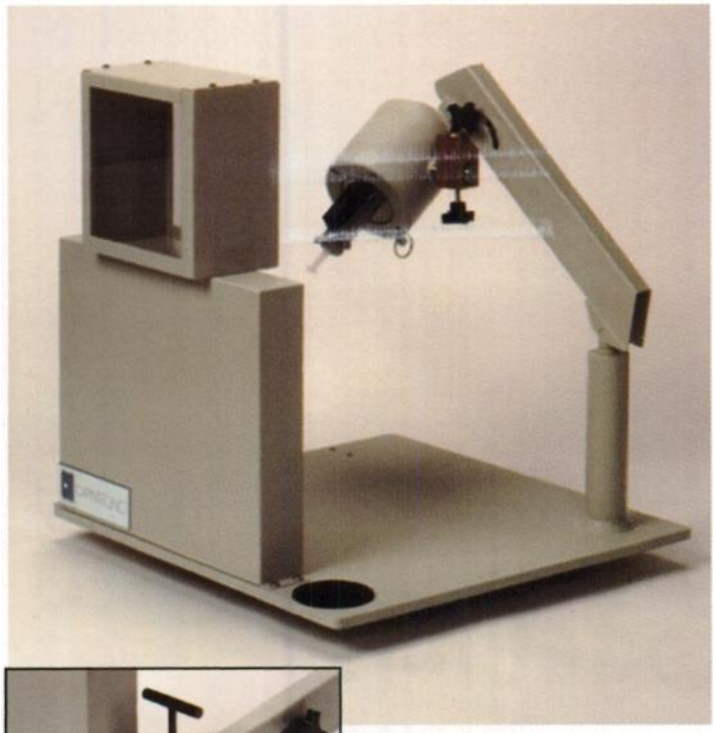

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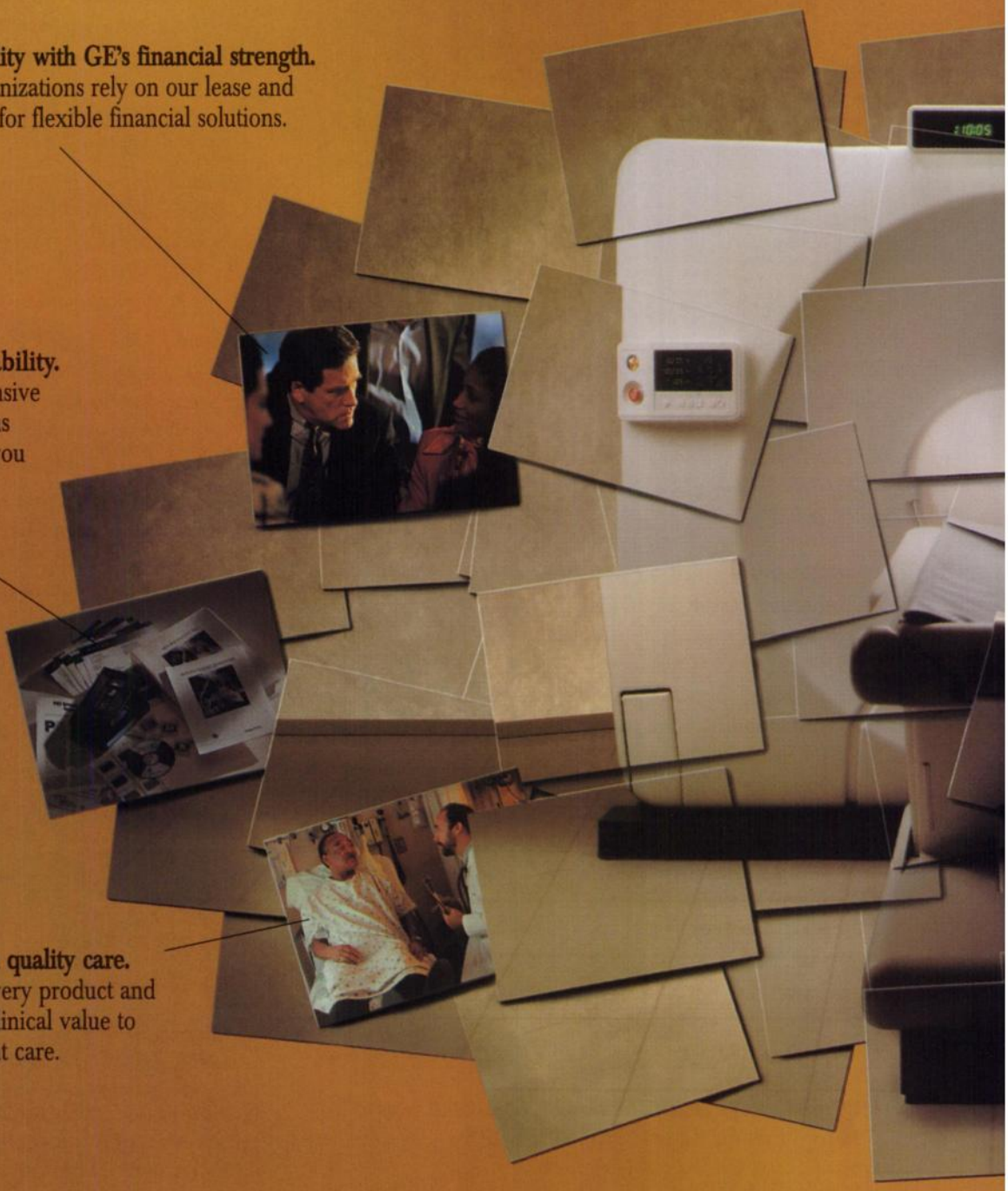

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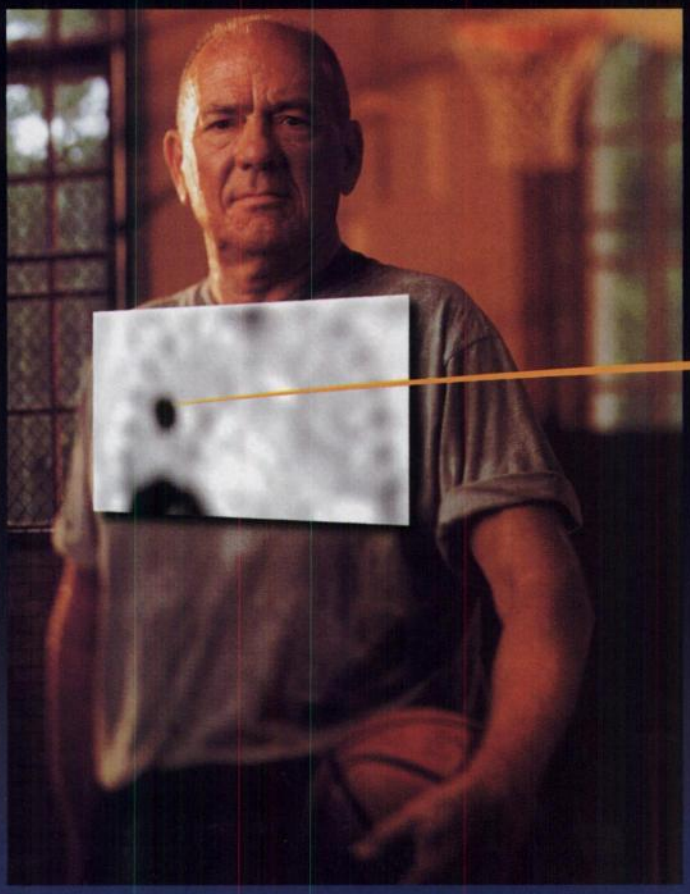

NeoTect™

Kit for the Preparation of Technetium Tc 99m Depreotide Injection

BOUND TO SEE MORE

Noninvasively Characterizes Pulmonary Masses

NeoTect, a noninvasive nuclear imaging agent, characterizes pulmonary masses as being rich in somatostatin receptors.[1,2]

- Many malignant pulmonary masses and some inflammatory processes overexpress somatostatin receptors (SSTRs)[1]
- For use in patients who are known to have or are highly suspect for malignancy and have pulmonary lesions on CT and/or chest x-ray.[1]

Normal SPECT image

Positive SPECT image, malignancy confirmed by histology (adenocarcinoma)

The clinical benefit of NeoTect as a population-based screening tool has not been studied. NeoTect is not an alternative to CT or biopsy.[1]

NeoTect, like other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.[1]

Please see brief summary of prescribing information on following page.

40-4300000708A

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NeoTect™

Kit for the Preparation of Technetium Tc 99m Depreotide Injection

Brief Summary of Prescribing Information

DESCRIPTION

NeoTect™ (Kit for the Preparation of Technetium Tc 99m Depreotide Injection) is intended for use in the preparation of Technetium Tc 99m Depreotide, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, non-pyrogenic lyophilized mixture of 50 µg of Depreotide, 5 mg of sodium glucoheptonate dihydrate, 50 µg of stannous chloride dihydrate (with a minimum stannous tin content of 15 µg), 100 µg edetate disodium dihydrate, and sufficient sodium hydroxide or hydrochloric acid for adjustment to pH 7.4 prior to lyophilization. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

When sterile, non-pyrogenic Sodium Pertechnetate Tc 99m Injection, in 0.9% Sodium Chloride Injection, U.S.P., is added to the vial, a Technetium Tc 99m complex of Depreotide is formed.

INDICATIONS AND USAGE

NeoTect™ is a scintigraphic imaging agent that identifies somatostatin receptor-bearing pulmonary masses in patients presenting with pulmonary lesions on computed tomography and/or chest x-ray who have known malignancy or who are highly suspect for malignancy.

CONTRAINDICATIONS

None known.

WARNINGS

None.

PRECAUTIONS

General

Therapy with somatostatin analogues can produce severe hypoglycemia in patients with insulinomas. Since Depreotide binds to somatostatin receptors, caution should be exercised when administering this drug to patients with insulinomas.

NeoTect™, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use. In preliminary studies of 18 subjects, NeoTect™ did not produce increases in IgG or IgM production 3 weeks following injection. Other immune parameters such as eosinophils, other immunoglobulins, complement, lymphokines or cytokines were not studied.

Technetium Tc 99m Depreotide Injection, like other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

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

Urinary excretion of radioactivity occurs primarily during the first 4 hours following injection. Studies have not been done to determine the amount of radioactivity that might be eliminated in the feces. (See Clinical Pharmacology Section.) Special precautions should be taken with incontinent patients to minimize the risk of radioactive contamination of clothing, bed linen, and the patient's environment.

Information For Patients

To minimize radiation absorbed dose to the bladder, adequate hydration should be encouraged to permit frequent voiding during the first few hours after injection of NeoTect™. This may be achieved by having patients drink at least an 8 oz. glass of water prior to drug administration. To help protect themselves and others in their environment, patients should take the following precautions for 12 hours after injection: whenever possible a toilet should be used and should be flushed several times after each use and patients should wash their hands thoroughly after each voiding or fecal elimination. If blood, urine or feces soil the clothing, the clothing should be washed separately.

Laboratory Tests

There was a low incidence (1% or less) of transient and clinically insignificant changes in alanine aminotransferase (ALT), white blood cell count, and eosinophil count following administration of Technetium Tc 99m Depreotide Injection.

Drug Interaction

Drug interactions were not noted in clinical studies in which Technetium Tc 99m Depreotide Injection was administered to patients receiving concomitant medication.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility.

The results of the following genotoxicity studies with decayed Technetium Tc 99m Depreotide Injection or with depreotide were negative: *Salmonella/Escherichia coli* reverse mutation assay, *in vitro* mouse lymphoma assay with and without metabolic activation, and *in vivo* mouse micronucleus assay.

Pregnancy

Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Depreotide Injection. It is not known whether Technetium Tc 99m Depreotide Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Depreotide Injection should be given to a pregnant woman only if clearly needed. Studies in pregnant women have not been conducted.

Nursing Mothers

Studies have not been conducted with depreotide to determine its excretion in human milk. Technetium Tc 99m Pertechnetate is excreted in human milk. It is not known whether Technetium Tc 99m Depreotide Injection is excreted in human milk. Caution should be exercised when Technetium Tc 99m Depreotide Injection is administered to a nursing woman. Wherever possible, infant formula should be substituted for breast milk until the technetium has been eliminated.

Pediatric Use

Safety and effectiveness of Depreotide in pediatric patients below the age of 16 years have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical studies of 647 adults who received 15.0 to 20.0 mCi Technetium Tc 99m labeled to approximately 50 µg of depreotide. Of these adults, 58% were men and 42% women. The mean age was 59.0 years (18-86 years).

Deaths did not occur during the clinical study period. After Technetium Tc 99m Depreotide Injection, serious adverse events were not reported.

At least one adverse event occurred in 29/647 (4.5 %) patients after Technetium Tc 99m Depreotide Injection. Headache was the most commonly reported adverse event (1% of patients). Table 8 lists adverse events reported in 0.5% or more of patients who received Technetium Tc 99m Depreotide Injection.

TABLE 8
ADVERSE EVENTS REPORTED IN ≥ 0.5% OF PATIENTS FOLLOWING NeoTect™ INJECTION IN CLINICAL TRIALS

Number of Patients Exposed	647
Number of Patients with At Least One Adverse Event	29 (4.5%)
Nervous System	13 (2%)
Headache	7 (1.0%)
Dizziness	5 (0.8%)
Gastrointestinal System	7 (1.0%)
Nausea	4 (0.6%)
Vascular (extracardiac) Disorder	3 (0.5%)
Flushing	3 (0.5%)

Other adverse events which occurred in < 0.5% of patients following administration of NeoTect™ included: arthrosis, back pain, chest pain, diarrhea, fatigue, gait abnormality, glossitis, hemoptysis, hypoaesthesia, infection, leg cramps, lymphocytosis, malaise, pharyngitis, somnolence, taste perversion.

DOSAGE AND ADMINISTRATION

For imaging, NeoTect™ is administered as a peripheral intravenous injection at a single dose of 15 to 20 mCi containing approximately 50 µg of Technetium Tc 99m radiolabeled Depreotide peptide. Patients should drink at least an 8 oz. glass of water before drug administration.

The contents of Kit for the Preparation of Technetium Tc 99m Depreotide Injection are intended only for use in the preparation of Technetium Tc 99m Depreotide Injection and are not to be administered directly to the patient. Only one patient dose should be drawn from each reconstituted vial. (See Instructions for the Preparation Section.)

The potential need for dose adjustment has not been studied in patients with renal insufficiency, or in pediatric or geriatric patients, or in patients on therapeutic somatostatin analogues.

IMAGING

Planar and SPECT images of the chest should be obtained between 2-4 hours after NeoTect™ administration. SPECT images of the chest are required for optimal image interpretation.

RADIATION DOSIMETRY

Based on human data, the absorbed radiation dose to an average human adult (70 kg) from an intravenous injection of the agent are listed in Table 9. The values are listed in descending order as rad/mCi and mGy/MBq and assume urinary bladder emptying at 4.8 hours.

Table 9 Estimated Absorbed Radiation Dose

Target Organ	rad/mCi	mGy/MBq
Kidneys	0.33	0.090
Spleen	0.16	0.042
Testes	0.11	0.031
Thyroid Gland	0.088	0.024
Red Marrow	0.078	0.021
Liver	0.078	0.021
Heart wall	0.054	0.014
Bone surface	0.054	0.015
Lungs	0.053	0.014
Adrenal glands	0.044	0.012
Pancreas	0.037	0.010
Urinary bladder	0.033	0.0089
Uterus	0.031	0.0084
Small Intestine	0.019	0.0050
Upper Large Intestine	0.019	0.0050
Ovaries	0.016	0.0042
Lower Large Intestine	0.014	0.0038

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1 rev., Soc. Nucl. Med., 1976). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-4, 1988) and gave a value of 0.023 mSv/MBq (0.084 rem/mCi).

HOW SUPPLIED

Each kit is comprised of one vial containing a sterile, non-pyrogenic, freeze-dried mixture of Depreotide, stannous chloride dihydrate, sodium glucoheptonate dihydrate and edetate disodium dihydrate. Kits are available as individual vials or as packs of five.

NDC 64570-511-10 - single vial

NDC 64570-511-05 - five vial pack

STORAGE

Store the kit at ≤ -10° C (≤ 14° F). Store the reconstituted injection solution at 20-25° C (68-77° F) using appropriate radiation shielding. Use within 5 hours of reconstitution.

The kit should be protected from light.

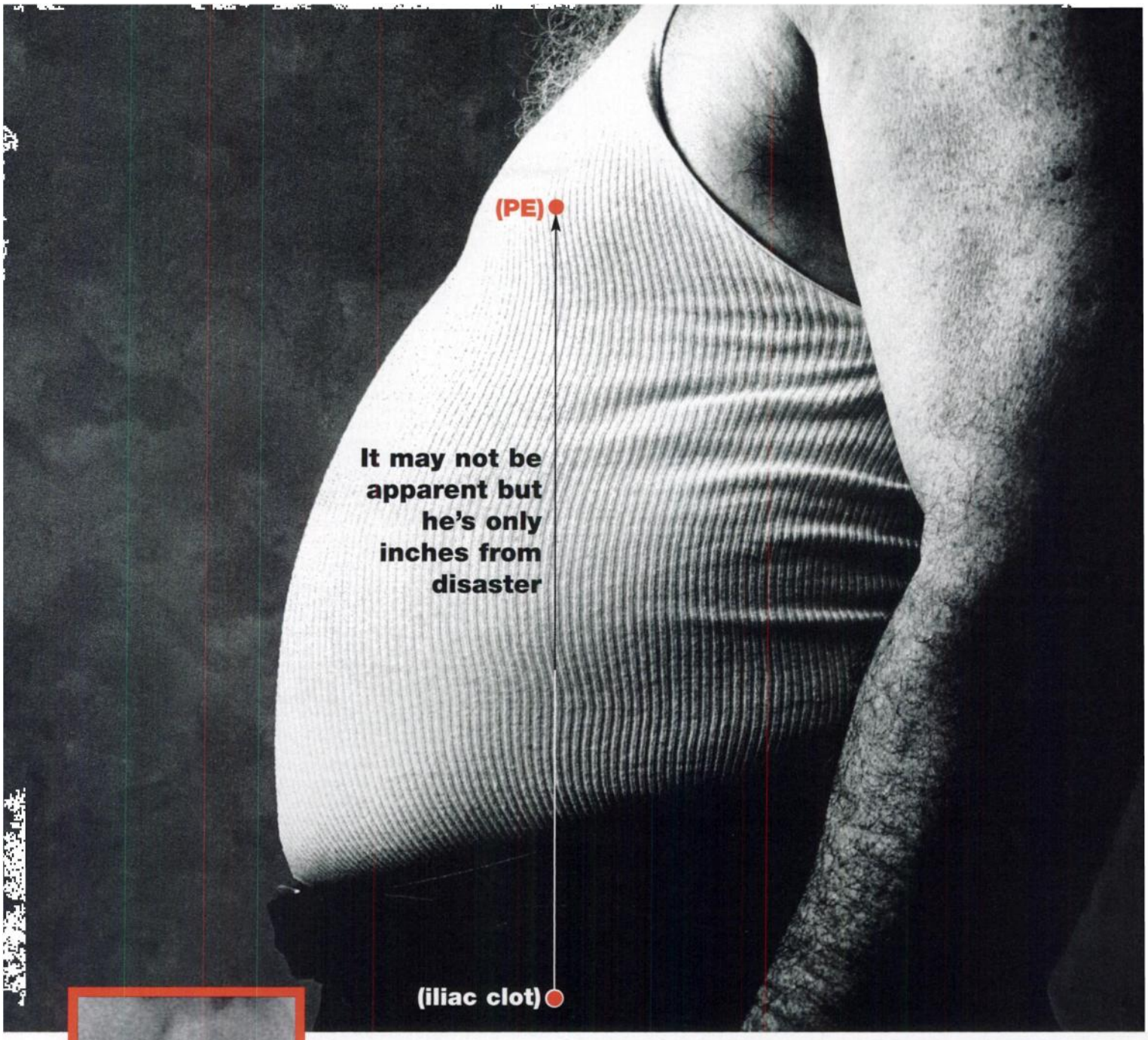
Rx Only

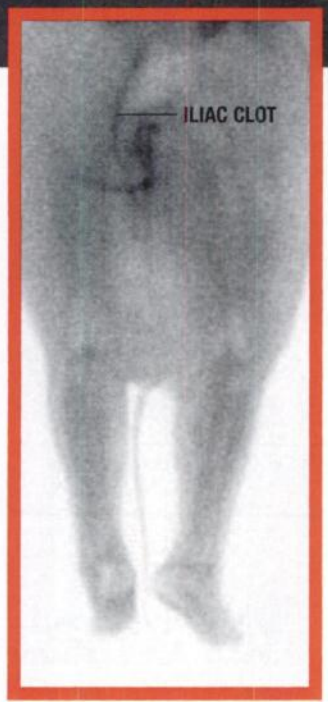
Distributed by:

Diatide, Inc.
9 Delta Drive
Londonderry, New Hampshire 03053

Revised August 1999

References: 1. NeoTect™ Prescribing Information. **2.** Blum JE, Handmaker H, Rinne NA. The utility of a somatostatin-type receptor binding peptide radiopharmaceutical (P829) in the evaluation of solitary pulmonary nodules. *Chest.* 1999;115:224-232.





AcuTect offers a greater measure of confidence, especially in difficult, time-consuming cases of suspected Deep Vein Thrombosis.

As the first imaging modality to target acute DVT, AcuTect increases your ability to detect dangerous clots in patients with signs and symptoms. AcuTect represents an option for increased confidence — particularly vs. ultrasound — when you're faced with difficult patient types, such as the obese, or those with deep iliac clots, immobility, casts, or other constraints. AcuTect finds its target, binding preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets.[1,2] And that means rapid and specific detection of acute DVT — with greater throughput.

Clinical follow-up studies of patients with negative AcuTect scans have not been performed to determine if negative image findings mean the absence of acute venous thrombosis. If a patient has clinical signs and symptoms of acute venous thrombosis, a clinical management decision to withhold treatment with anticoagulants should not be based on a negative AcuTect study alone.

After administration of AcuTect, as with the administration of other intravenous drugs, patients with a history of drug reactions, other allergies, or immune system disorders should be observed for several hours.

ACUTECT
(Kit for the Preparation of Technetium Tc 99m Apcitide Injection)

Please see brief summary of prescribing information on back.

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AcuTect™

(Kit for the Preparation of Technetium Tc 99m Apcitide Injection)

BRIEF SUMMARY OF PRESCRIBING INFORMATION

Please consult Full Product Information before using.

DESCRIPTION

AcuTect™, Kit for the Preparation of Technetium Tc 99m Apcitide Injection, is intended for use in the preparation of technetium Tc 99m apcitide, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, nonpyrogenic lyophilized mixture which is formulated with 100 µg of bibapcitide, 75 mg of sodium glucoheptonate dihydrate, 89 µg of stannous chloride dihydrate, and sufficient sodium hydroxide or hydrochloric acid to adjust the pH to 7.4 prior to lyophilization. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product does not contain an antimicrobial preservative.

Bibapcitide is composed of two apcitide monomers. When sterile, nonpyrogenic Sodium Pertechnetate Tc 99m Injection in 0.9% Sodium Chloride Injection, U.S.P., is added to the vial and heated, the bibapcitide is split and forms a technetium-99m complex of apcitide.

INDICATIONS AND USAGE: AcuTect™ is indicated for scintigraphic imaging of acute venous thrombosis in the lower extremities of patients who have signs and symptoms of acute venous thrombosis.

CONTRAINDICATIONS: None known.

WARNINGS: Clinical follow-up studies of patients with negative AcuTect™ scans have not been performed to determine if negative image findings mean the absence of acute venous thrombosis. If a patient has clinical signs and symptoms of acute venous thrombosis, a clinical management decision to withhold treatment with anticoagulants should not be based on a negative AcuTect™ study alone.

After administration of AcuTect™, as with the administration of other intravenous drugs, patients with a history of drug reactions, other allergies, or immune system disorders should be observed for several hours. A fully equipped emergency cart, or equivalent supplies and equipment, and personnel competent in recognizing and treating anaphylactic reactions should be available. (See Adverse Reactions Section.)

PRECAUTIONS

General

The contents of AcuTect™ Kit are intended only for use in the preparation of technetium Tc 99m apcitide, and are not to be administered to the patient without reconstitution.

Hypersensitivity: Small peptides may be immunogenic. Of 642 patients observed for 3 hours after AcuTect™ injection and of whom 169 were monitored for 24 hours, one patient had acute hypotension that began within 10 minutes of injection and, over 60 minutes, progressed to a systolic pressure of 70 mm Hg.

In preliminary studies of IgG binding to apcitide by ELISA assay, IgG binding was not detected. Other measures of immune function (e.g., complement, immune complexes, lymphokines) have not been studied. In preclinical animal models, there was a reduction in the absolute or relative weight of the spleen. The clinical significance of the reduced splenic weight to immune function is not known.

Technetium Tc 99m apcitide, like other radioactive drugs, must be handled with care and appropriate safety measures should be taken to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with appropriate patient management.

Radiopharmaceutical agents 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 governmental agency authorized to license the use of radionuclides.

Urinary excretion of radioactivity occurs over about 24 hours (with 75% occurring during the first 8 hours). Special precautions, such as bladder catheterization, should be taken with incontinent patients to minimize the risk of radioactive contamination of clothing, bed linen, and the patient's environment. Studies have not been done to evaluate the need to adjust the dose of AcuTect™ in patients with renal impairment.

Information for Patients

To minimize the absorbed radiation dose to the bladder, adequate hydration should be encouraged to ensure frequent voiding during the first few hours after AcuTect™ injection. To help protect themselves and others in their environment, patients need to take the following precautions for 12 hours following injection. Whenever possible, a toilet should be used, rather than a urinal, and the toilet should be flushed several times after each use. Spilled urine should be cleaned up completely. Patients should wash their hands thoroughly after each voiding. If blood or urine gets onto clothing, the clothing should be washed separately.

Laboratory Tests

AcuTect™ has been shown to inhibit platelet aggregation. The effect of AcuTect™ on bleeding time in humans has not been studied.

Moderate elevations in liver enzymes were noted in rare cases at three hours and persisted to at least 24 hours following administration of AcuTect™.

Drug Interactions

Clinically detectable drug interactions were not seen or explicitly studied in patients who received technetium Tc 99m apcitide and other concomitant medications. The effect of drugs that increase or decrease prothrombin time on the binding of AcuTect™ to activated platelets has not been studied.

The effect of heparin, warfarin, or aspirin on apcitide binding has not been studied in humans. In animal in vitro and ex vivo models, heparin or aspirin did not change the inhibition of platelet aggregation caused by apcitide. Whether heparin or aspirin change the ability of apcitide to bind to GPIIb/IIIa receptors on activated platelets was not studied. The effect of the duration of anticoagulation on apcitide binding was not studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. AcuTect™ was not mutagenic in the Ames test or mouse lymphoma test, and it was not clastogenic in the mouse micronucleus test.

Pregnancy

Pregnancy Category C. Animal reproduction studies have not been conducted with technetium Tc 99m apcitide. It is not known whether technetium Tc 99m apcitide or the other peptide components of the formulation can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m apcitide should be given to a pregnant woman only if clearly needed. Studies in pregnant women have not been conducted.

Nursing Mothers

Technetium Tc 99m pertechnetate is excreted in human milk. It is not known whether technetium Tc 99m apcitide is excreted in human milk. Caution should be exercised when technetium Tc 99m apcitide is administered to nursing women. Wherever possible, infant formula should be substituted for breast milk until the technetium has been eliminated.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m 20.0 mCi labeled to approximately 70-100 µg of bibapcitide. Of these adults, 46% were women and 54% men. The mean age was 57.0 years (17 to 95 years). In all patients, adverse events were monitored for at least 3 hours. In a subset of 169 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m apcitide, a serious episode of hypotension occurred in one patient who had acute hypotension that began within 10 minutes of injection and, over 60 minutes, progressed to a systolic pressure of 70 mm Hg.

At least one adverse event occurred in 29/642 (4.5%) of patients after technetium Tc 99m apcitide injection. Pain was the most commonly reported adverse event (1.7% of patients or healthy volunteers). Table 1 lists adverse events reported in 0.5% or more of patients who received technetium Tc 99m apcitide.

Table 1: ADVERSE EVENTS REPORTED IN ≥0.5 % OF PATIENTS FOLLOWING AcuTect™ INJECTION IN CLINICAL STUDIES

Number of Patients Exposed to AcuTect™	642
Number of Patients with At Least One Adverse Event	29 (4.5%)
Body As a Whole	21 (3.3%)
Pain (back, leg, chest)	11 (1.7%)
Headache	5 (0.8%)
Cardiovascular System	13 (2.0%)
Hypotension	5 (0.8%)
Hypertension	3 (0.5%)

Other adverse events which occurred in < 0.5% of patients following receipt of AcuTect™ included: agitation, asthenia, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hypertonia, injection site reaction, liver enzyme elevation, nausea, pallor, paresthesia, pruritus, sweat, tachycardia, twitch, urticaria, and vomiting.

OVERDOSAGE: Clinical consequences of overdosage with technetium Tc 99m apcitide have not been studied.

DOSAGE AND ADMINISTRATION: To detect acute venous thrombosis in a lower extremity, reconstituted AcuTect™ should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 µg of bibapcitide radiolabeled with 20 mCi of technetium 99m.

Technetium Tc 99m apcitide should be drawn into the syringe and administered using sterile technique. If nondisposable equipment is used, scrupulous care should be taken to prevent residual contamination with traces of cleansing agents. Unused portions of the drug must be discarded appropriately. (See Instructions for Preparation Section of Full Product Information.)

Lower Extremity Imaging

AcuTect™ imaging should begin between 10 and 60 minutes after injection. Patients should void just before imaging in order to limit the influence of urinary bladder radioactivity since technetium Tc 99m apcitide is cleared from the blood by the kidneys. If it is determined that imaging needs to be repeated, additional images may be obtained up to 180 minutes without reinjection. The safety of more than one dose has not been studied.

Positive AcuTect™ uptake in the deep venous structures is defined as asymmetric vascular uptake (with or without superimposed diffuse uptake) in contrast enhanced images, and asymmetry in both anterior and posterior projections. If asymmetry appears only after extreme contrast enhancement, then diffuse asymmetry must also be present for scoring an image as positive.

Superficial increased uptake is not to be interpreted as acute deep venous thrombosis.

RADIATION DOSIMETRY

Based on human data, the absorbed radiation doses to an average adult (70 kg) from an intravenous injection of technetium Tc 99m apcitide are listed in Table 2. The values are listed in descending order as rad/mCi and mGy/MBq and assume urinary bladder emptying at 4.8 hours.

Table 2: Radiation Absorbed Doses for a 70kg Adult

Target Organ	rad/mCi	mGy/MBq
Urinary Bladder Wall	0.22	0.060
Kidneys	0.050	0.014
Upper Large Intestine Wall	0.039	0.010
Lower Large Intestine Wall	0.037	0.010
Uterus	0.034	0.0092
Thyroid Gland	0.022	0.0060
Testes/Ovaries	0.020/0.023	0.0053/0.0063
Lungs	0.016	0.0043
Red Marrow	0.0091	0.0025
Breasts	0.0050	0.0013

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1 rev., Soc. Nucl. Med., 1976). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-4, 1988) and gave a value of 0.0093mSv/MBq (0.0034 rem/mCi).

HOW SUPPLIED

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of bibapcitide, stannous chloride dihydrate and sodium glucoheptonate dihydrate, together with a package insert and adverse event reporting cards. Kits are available in packs of 5 vials.

Storage

Store the kit in a refrigerator at 2 to 8° C, (36 to 46° F). Store the reconstituted injection solution at 20-25° C (68 to 77° F), using appropriate radiation shielding, for up to 6 hours.

The kit should be protected from light.

Rx only

Diatide, Inc.
9 Delta Drive, Londonderry, New Hampshire 03053

Rev. September 1998
Distributed by: Diatide, Inc. and Nycomed Amersham
60-801980-A

References: 1. AcuTect Prescribing Information. **2.** Becker RC. Antiplatelet therapy. *Science & Medicine.* July/August 1996:12-21.

60-801980-B

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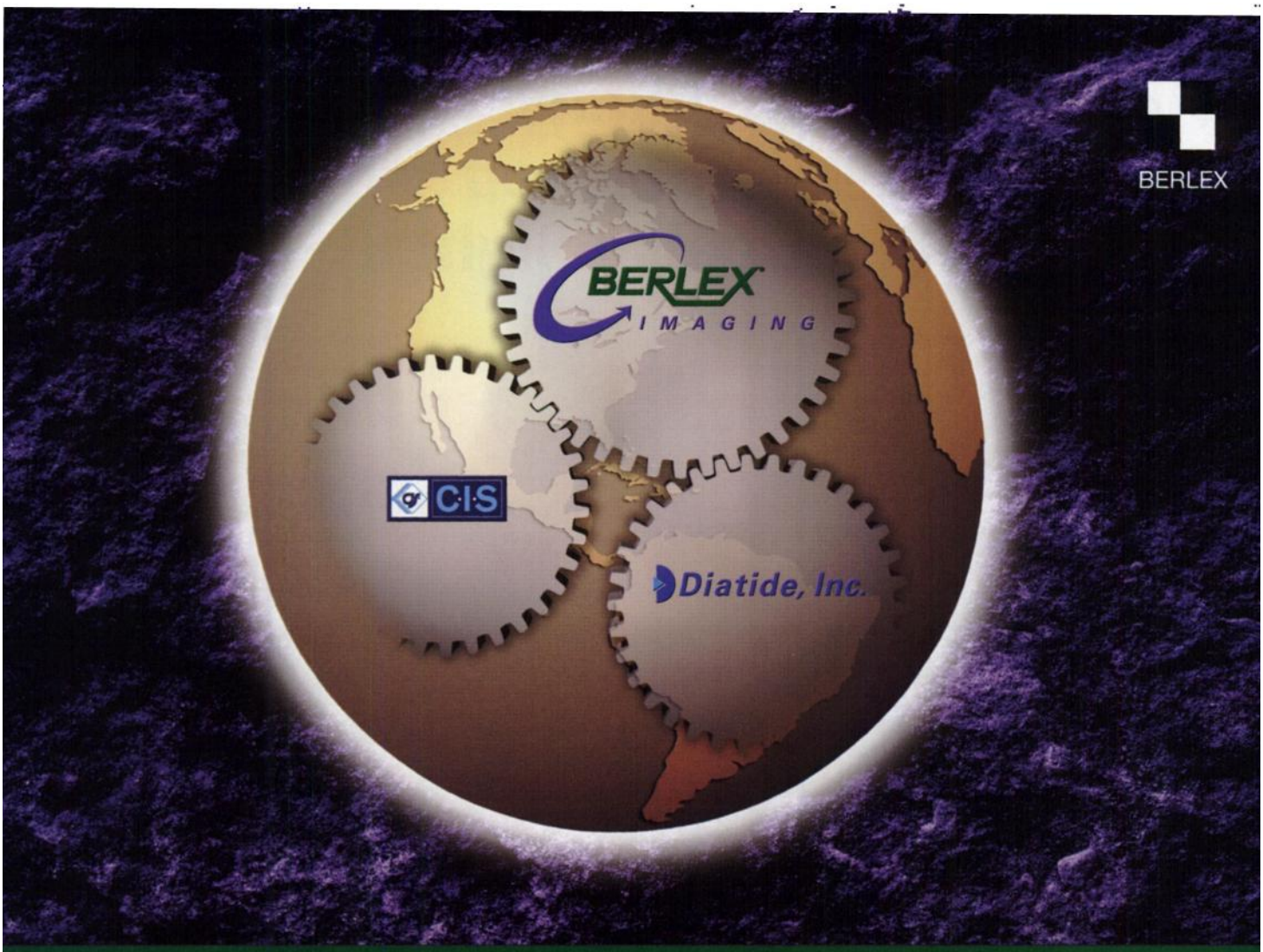

Partnering for the Advancement of Nuclear Medicine

As a specialist in nuclear medicine, you understand the value that partnering can bring to your patients. Combining your knowledge and experience with the right equipment, products, and supplies, you create a synergy of elements that offers the best chance for successful diagnosis and treatment.

Synergy for Better Patient Care

Berlex Imaging understands your drive to enhance diagnostic and therapeutic performance to deliver your patients the highest level of care. Sharing these same goals, Berlex Imaging has recently created an alliance to raise the level of excellence in nuclear medicine imaging and therapy. Each partner brings a variety of strengths to this alliance:

- **Berlex Imaging** introduced the first MRI intravenous contrast agent and is the undisputed market leader. Central to the philosophy at Berlex Imaging is personal involvement in the fields it serves, as evidenced by its outstanding record of continuing education and customer service programs.
- **Diatide** has pioneered innovative peptide engineering and technetium radiolabeling chemistry, producing "smart drug" technology to "find-fight-follow"™ disease.
- **CIS-US** is a leading supplier of traditional radiopharmaceuticals for the diagnosis and treatment of tumor pathologies and diseases of major organ systems.

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This new alliance, under the Berlex Imaging name, is committed to continued advancements in nuclear medicine diagnostics and therapies. Berlex Imaging is dedicated to bringing you "everything you need to see," from radiology to nuclear medicine, and beyond.

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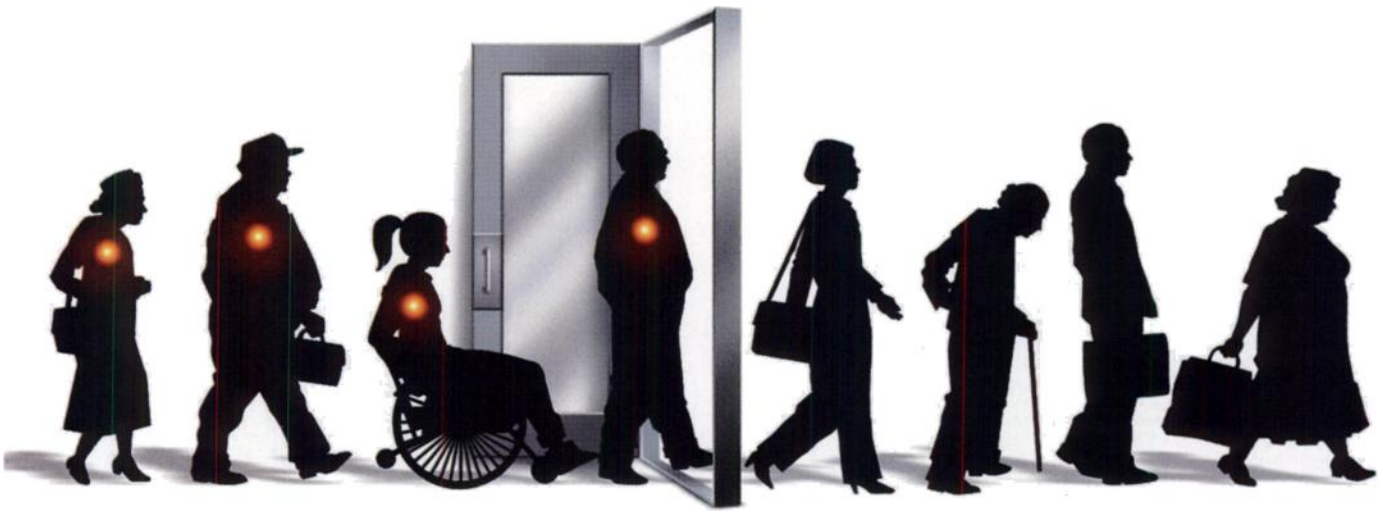
RAPID CLEARANCE
IN CARDIAC NUCLEAR IMAGING



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Technetium Tc99m Tetrofosmin For Injection

Increase patient throughput—with rapid hepatic clearing, highly efficient MYOVIEW

Give your nuclear department "rapid clearance" capability with MYOVIEW. MYOVIEW clears quickly from the blood, liver, and lungs[1-3] for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection).[1] The clearance properties of MYOVIEW allow for highly flexible camera scheduling and enhanced patient management. Any way you look at it, you're cleared for efficiency with MYOVIEW.

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

Please see Brief Summary of Prescribing Information on adjacent page.

References: 1. Sridhara BS, Braat S, Rigo P, et al. Comparison of myocardial perfusion imaging with technetium-99m tetrofosmin versus thallium-201 in coronary artery disease. *Am J Cardiol.* 1993;72(14):1015-1019. **2.** Higley B, Smith FW, Smith T, et al. Technetium-99m-1,2-bis[bis(2-ethoxyethyl)phosphino]ethane: human biodistribution, dosimetry and safety of a new myocardial perfusion imaging agent. *J Nucl Med.* 1993;34(1):30-38. **3.** Kelly JD, Forster AM, Higley B, et al. Technetium-99m-tetrofosmin as a new radiopharmaceutical for myocardial perfusion imaging. *J Nucl Med.* 1993;34(2):222-227.

MYOVIEW. The image of efficiency.

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MYOVIEW™

BS-43-1011A

Kit for the Preparation of Technetium Tc99m Tetrofosmin for Injection
Diagnostic Radiopharmaceutical for Intravenous use only

Rx ONLY

Please consult full prescribing information before using. A summary follows:

DESCRIPTION

The Medi-Physics Myoview kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for the scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium. Each vial contains a predispensed, sterile, non-pyrogenic, lyophilized mixture of 0.23 mg tetrofosmin [6,9-bis(2-ethoxyethyl)-3,12-dioxa-6,9-diphosphatetradecane], 30 µg stannous chloride dihydrate (minimum stannous tin 5.0 µg; maximum total stannous and stannic tin 15.8 µg), 0.32 mg disodium sulphosalicylate and 1.0 mg sodium D-gluconate, and 1.8 mg sodium hydrogen carbonate. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

CLINICAL PHARMACOLOGY

General

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

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (83%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable after Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74 MBq (1.5-2.0 mCi) at peak exercise.

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

INDICATIONS AND USAGE

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

CONTRAINDICATIONS

None known.

WARNINGS

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

PRECAUTIONS

General

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

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

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

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

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

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

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

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility.

Tetrofosmin sulphosalicylate was not mutagenic *in vitro* in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic *in vivo* in the mouse micronucleus test.

Pregnancy Category C

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

Nursing Mothers

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

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 58.7 years (range 29-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi on the second injection of Myoview™.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After Myoview injection, serious episodes of angina occurred in 3 patients.

Overall cardiac adverse events occurred in 5/764 (less than 1%) of patients after Myoview injection.

The following events were noted in less than 1% of patients:

Cardiovascular: angina, hypertension, Torsades de Pointes

Gastrointestinal: vomiting, abdominal discomfort

Hypersensitivity: cutaneous allergy, hypotension, dyspnea

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

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

DOSAGE AND ADMINISTRATION

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

The first dose of 5-8 mCi (185-296 MBq) is given at peak exercise.

The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

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

RADIATION DOSIMETRY

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in the following table. The values are listed in descending order as rad/mCi and µGy/MBq and assume urinary bladder emptying at 3.5 hours.

Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)

	Absorbed radiation dose			
	Exercise		Rest	
Target organ	rad/mCi	µGy/MBq	rad/mCi	µGy/MBq
Gall bladder wall	0.123	33.2	0.180	48.6
Upper large intestine	0.075	20.1	0.113	30.4
Bladder wall	0.058	15.6	0.071	19.3
Lower large intestine	0.057	15.3	0.082	22.2
Small intestine	0.045	12.1	0.063	17.0
Kidney	0.039	10.4	0.046	12.5
Salivary glands	0.030	8.04	0.043	11.6
Ovaries	0.029	7.88	0.035	9.55
Uterus	0.027	7.34	0.031	8.36
Bone surface	0.023	6.23	0.021	5.58
Pancreas	0.019	5.00	0.018	4.98
Stomach	0.017	4.60	0.017	4.63
Thyroid	0.016	4.34	0.022	5.83
Adrenals	0.016	4.32	0.015	4.11
Heart wall	0.015	4.14	0.015	3.93
Red marrow	0.015	4.14	0.015	3.97
Spleen	0.015	4.12	0.014	3.82
Muscle	0.013	3.52	0.012	3.32
Testes	0.013	3.41	0.011	3.05
Liver	0.012	3.22	0.015	4.15
Thymus	0.012	3.11	0.009	2.54
Brain	0.010	2.72	0.008	2.15
Lungs	0.008	2.27	0.008	2.08
Skin	0.008	2.22	0.007	1.91
Breasts	0.008	2.22	0.007	1.83

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No.1 (rev).Society of Nuclear Medicine, 1976). Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. ICRP 18 (1-4),1988) and gave values of 8.61×10^{-3} mSV/MBq and 1.12×10^{-2} mSV/MBq after exercise and rest, respectively.

Manufactured by:
Nycomed Amersham plc
Amersham United Kingdom

Patent No. 5,045,302 (r)

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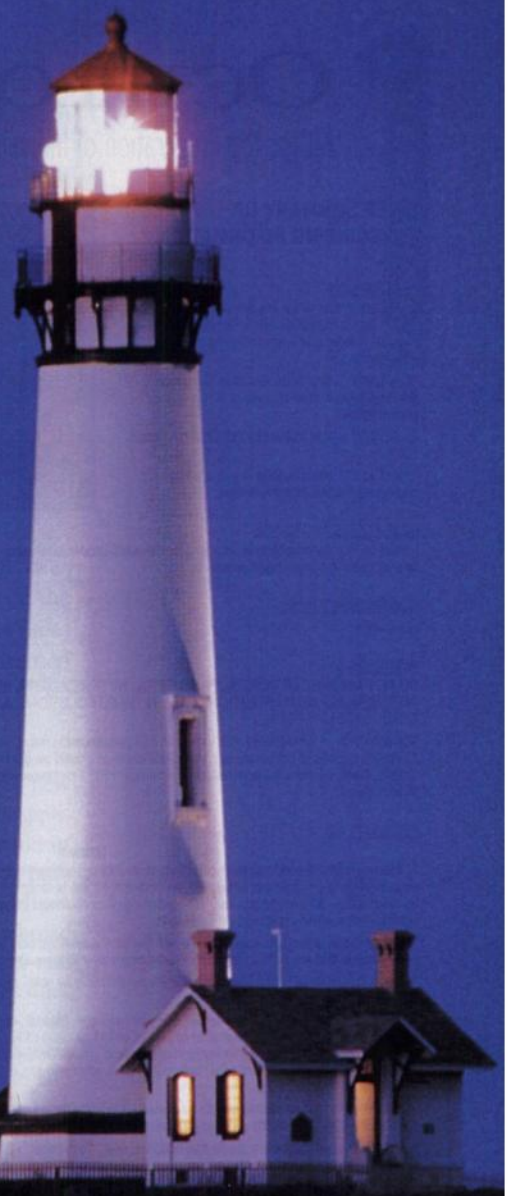
Decisive information keeps you on course

Guiding you to optimal intervention for neuroendocrine tumors

- Somatostatin receptor scintigraphy with OctreoScan detects and localizes primary tumors and metastatic spread often missed by conventional imaging (sensitivity varies 61%-100%, depending on tumor type).[1]
- Whole-body scanning can more definitively confirm the extent of disease.
- You are better able to
  - stage the patient
  - determine diagnostic work-up
  - avoid unnecessary procedures
  - select optimal treatment
  - assess surgical candidates
  - evaluate response to treatment
- Transient adverse effects including dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness were observed in less than 1% of 538 patients during clinical trials.
- Please see the prescribing information for special considerations regarding patients receiving total parenteral nutrition or concurrent octreotide acetate therapy and patients with insulinoma or impaired renal function.



The accepted standard for GEP tumors*

An emerging choice for small cell lung cancer

**Gastroentero-pancreatic neuroendocrine tumors*

OCTREOSCAN®

Kit for the Preparation of Indium In-111 Pentetreotide

Please see adjacent page for brief summary of prescribing information.

See your way clear

Decisive information keeps you on course

Guiding you to optimal intervention for neuroendocrine tumors

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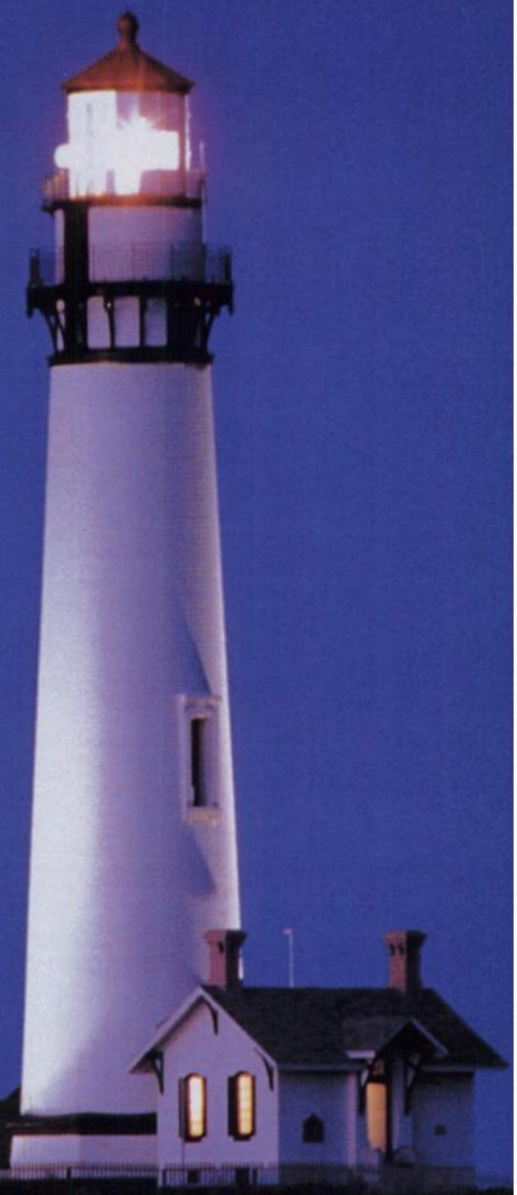

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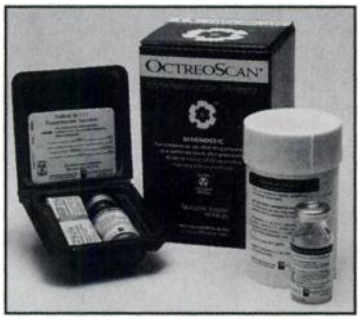
OCTREOSCAN®

Kit for the Preparation of Indium In-111 Pentetreotide

BRIEF SUMMARY OF PRESCRIBING INFORMATION



DESCRIPTION

OctreoScan® is a kit for the preparation of indium In-111 pentetreotide, a diagnostic radiopharmaceutical. It is a kit consisting of two components:

1) A 10-mL OctreoScan Reaction Vial which contains a lyophilized mixture of 10 µg pentetreotide.

2) A 10-mL vial of Indium In-111 Chloride Sterile Solution.

Indium In-111 pentetreotide is prepared by combining the two kit components.

INDICATIONS AND USAGE

Indium In-111 pentetreotide is an agent for the scintigraphic localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors.

CONTRAINDICATIONS

None known.

WARNINGS

DO NOT ADMINISTER IN TOTAL PARENTERAL NUTRITION (TPN) ADMIXTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES; IN THESE SOLUTIONS, A COMPLEX GLYCOSYL OCTREOTIDE CONJUGATE MAY FORM.

The sensitivity of scintigraphy with indium In-111 pentetreotide may be reduced in patients concurrently receiving therapeutic doses of octreotide acetate. Consideration should be given to temporarily suspending octreotide acetate therapy before the administration of indium In-111 pentetreotide and to monitoring the patient for any signs of withdrawal.

PRECAUTIONS

General

1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinomas. Since pentetreotide is an analog of octreotide, an intravenous line is recommended in any patient suspected of having an insulinoma. An intravenous solution containing glucose should be administered just before and during administration of indium In-111 pentetreotide.

2. The contents of the two vials supplied with the kit are intended only for use in the preparation of indium In-111 pentetreotide and are NOT to be administered separately to the patient.

3. Since indium In-111 pentetreotide is eliminated primarily by renal excretion, use in patients with impaired renal function should be carefully considered.

4. To help reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be well hydrated before the administration of indium In-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of indium In-111 pentetreotide (see Dosage and Administration section).

5. Indium In-111 pentetreotide should be tested for labeling yield of radioactivity prior to administration. The product must be used within six hours of preparation.

6. Components of the kit are sterile and nonpyrogenic. To maintain sterility, it is essential that directions are followed carefully. Aseptic technique must be used during the preparation and administration of indium In-111 pentetreotide.

7. Octreotide acetate and the natural somatostatin hormone may be associated with cholelithiasis, presumably by altering fat absorption and possibly by decreasing motility of the gallbladder. A single dose of indium In-111 pentetreotide is not expected to cause cholelithiasis.

8. As with any other radioactive material, appropriate shielding should be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other persons.

9. Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been performed with indium In-111 pentetreotide to evaluate carcinogenic potential or effects on fertility. Pentetreotide was evaluated for mutagenic potential in an in vitro mouse lymphoma forward mutation assay and an in vivo mouse micronucleus assay; evidence of mutagenicity was not found.

Pregnancy Category C

Animal reproduction studies have not been conducted with indium In-111 pentetreotide. It is not known whether indium In-111 pentetreotide can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Therefore, indium In-111 pentetreotide should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when indium In-111 pentetreotide is administered to a nursing woman.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

The following adverse effects were observed in clinical trials at a frequency of less than 1% of 538 patients: dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of bradycardia and one case of decreased hematocrit and hemoglobin.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms from certain tumors. The usual dose for indium In-111 pentetreotide is approximately 5 to 20 times less than for octreotide and is subtherapeutic. The following adverse reactions have been associated with octreotide in 3% to 10% of patients: nausea, injection site pain, diarrhea, abdominal pain/discomfort, loose stools, and vomiting. Hypertension and hyper- and hypoglycemia have also been reported with the use of octreotide.

DOSAGE AND ADMINISTRATION

Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids liberally. Elimination of extra fluid intake will help reduce the radiation dose by flushing out unbound, labelled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., bisacodyl or lactulose) be given to the patient starting the evening before the radioactive drug is administered, and continuing for 48 hours. Ample fluid uptake is necessary during this period as a support both to renal elimination and the bowel-cleansing process. In a patient with an insulinoma, bowel-cleansing should be undertaken only after consultation with an endocrinologist.

The recommended intravenous dose for planar imaging is 111 MBq (3.0 mCi) of indium In-111 pentetreotide prepared from an OctreoScan kit. The recommended intravenous dose for SPECT imaging is 222 MBq (6.0 mCi) of indium In-111 pentetreotide.

The dose should be confirmed by a suitably calibrated radioactivity ionization chamber immediately before administration.

As with all intravenously administered products, OctreoScan should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Preparations containing particulate matter or discoloration should not be administered. They should be disposed of in a safe manner, in compliance with applicable regulations.

Aseptic techniques and effective shielding should be employed in withdrawing doses for administration to patients. Waterproof gloves should be worn during the administration procedure.

Do not administer OctreoScan in TPN solutions or through the same intravenous line.

Radiation Dosimetry

The estimated radiation doses[1] to the average adult (70 kg) from intravenous administration of 111 MBq (3 mCi) and 222 MBq (6 mCi) are presented below. These estimates were calculated by Oak Ridge Associated Universities using the data published by Krenning, et al.[2]

Estimated Absorbed Radiation Doses after Intravenous Administration of Indium In-111 Pentetreotide[3] to a 70 kg patient

	PLANAR		SPECT	
Kidneys	54.16	5.42	108.32	10.83
Liver	12.15	1.22	24.31	2.43
Spleen	73.86	7.39	147.73	14.77
Uterus	6.34	0.63	12.67	1.27
Ovaries	4.89	0.49	9.79	0.98
Testes	2.90	0.29	5.80	0.58
Red Marrow	3.46	0.35	6.91	0.69
Urinary Bladder Wall	30.42	3.04	60.48	6.05
GI Tract				
Stomach Wall	5.67	0.57	11.34	1.13
Small Intestine	4.78	0.48	9.56	0.96
Upper Large Intestine	5.80	0.58	11.59	1.16
Lower Large Intestine	7.73	0.77	15.46	1.55
Adrenals	7.55	0.76	15.11	1.51
Thyroid	7.43	0.74	14.86	1.49
Effective Dose[4] Equivalent	13.03	1.30	26.06	2.61

1. Values listed include a correction for a maximum of 0.1% indium In-114m radiocontaminant at calibration.

2. E.P. Krenning, W.H. Bakker, P.P.M. Kooij, W.A.P. Breeman, H.Y.Oei, M. de Jong, J.C. Reubi, T.J. Visser, C. Bruns, D.J. Kwekkeboom, A.E.M. Reijs, P.M. van Hagen, J.W. Koper, and S.W.J. Lamberts, "Somatostatin Receptor Scintigraphy with Indium-111-DTPA-D-Phe-1-Octreotide in Man: Metabolism, Dosimetry and Comparison with Iodine-123-Tyr-3-Octreotide," The Journal of Nuclear Medicine, Vol. 33, No. 5, May 1992, pp. 652-658.

3. Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculations.

4. Estimated according to ICRP Publication 53.

HOW SUPPLIED

The OctreoScan kit, NDC 0019-9050-40, is supplied with the following components:

1. A 10-mL OctreoScan Reaction Vial which contains a lyophilized mixture of:
   (i) 10 µg pentetreotide [N-(diethylenetriamine-N,N,N',N"-tetraacetic acid-N"-acetyl)-D-phenylalanyl-L-hemicystyl-L-phenylalanyl-D-tryptophyl-L-lysyl-L-threonyl-L-hemicystyl-L-threoninol cyclic (2→7) disulfide], (also known as octreotide DTPA),
   (ii) 2.0 mg gentisic acid [2,5-dihydroxybenzoic acid],
   (iii) 4.9 mg trisodium citrate, anhydrous,
   (iv) 0.37 mg citric acid, anhydrous, and
   (v) 10.0 mg inositol.

Before lyophilization, sodium hydroxide or hydrochloric acid may have been added for pH adjustment. The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

2. A 10-mL vial of Indium In-111 Chloride Sterile Solution, which contains 1.1 mL of 111 MBq/mL (3.0 mCi/mL) indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains ferric chloride at a concentration of 3.5 µg/mL (ferric ion, 1.2 µg/mL). The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

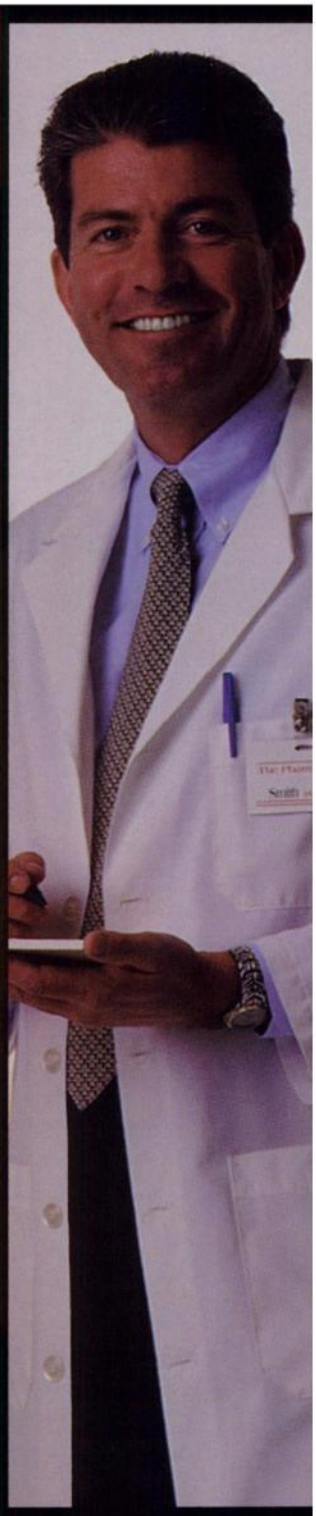
In addition, the kit also contains the following items: (1) a 25 G x 5/8" needle (B-D, Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial, (2) a pressure sensitive label, and (3) a package insert.

MALLINCKRODT

Mallinckrodt Inc.,
Mallinckrodt Nuclear Medicine Division
P.O. Box 5840
St. Louis, MO 63134

1. Termanini B, Gibril F, Reynolds JC, et al. Value of Somatostatin Receptor Scintigraphy: A Prospective Study in Gastrinoma of its Effect on Clinical Management. *Gastroenterology* 1997;112:335-337.

 MI22701 12/97



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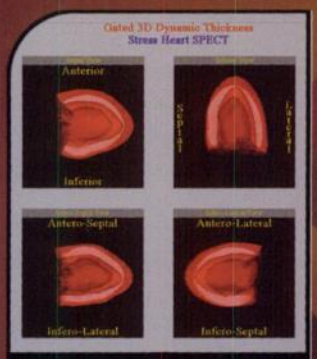
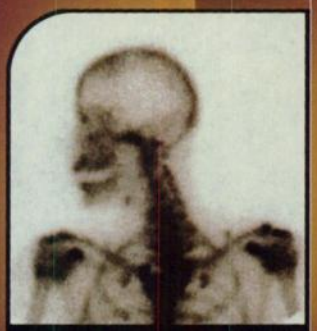


3D Myocardial Motility Analysis



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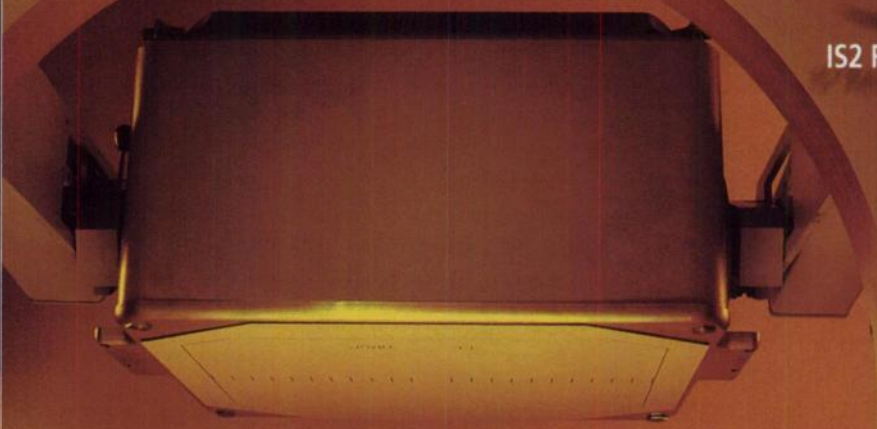

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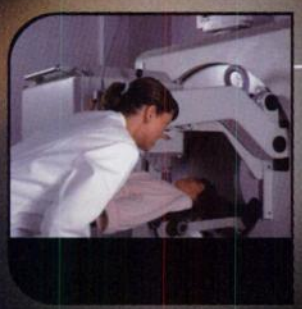

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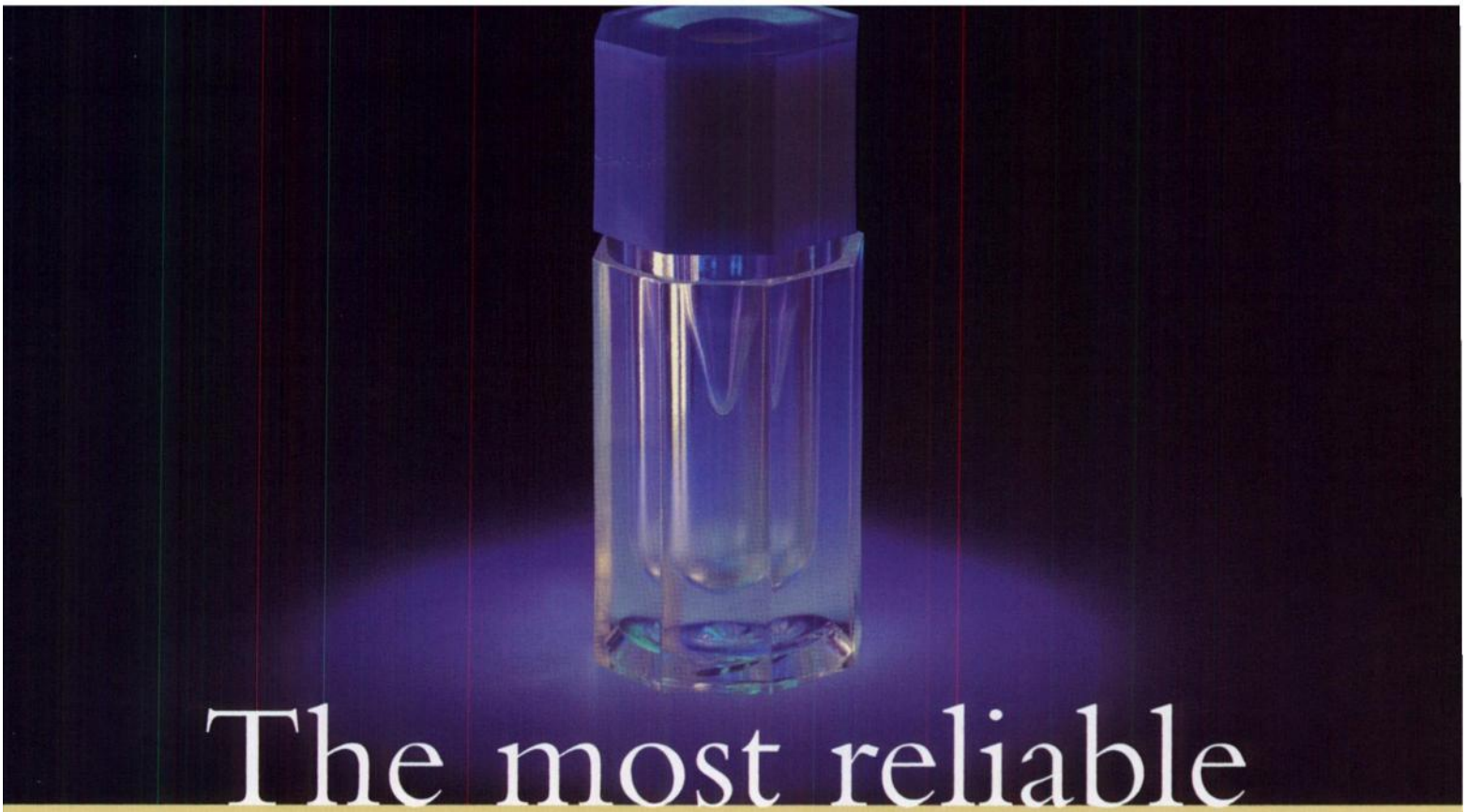

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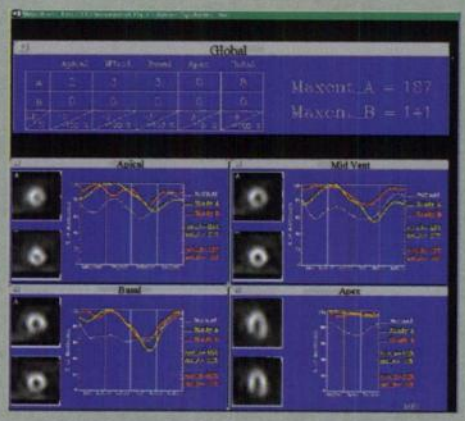

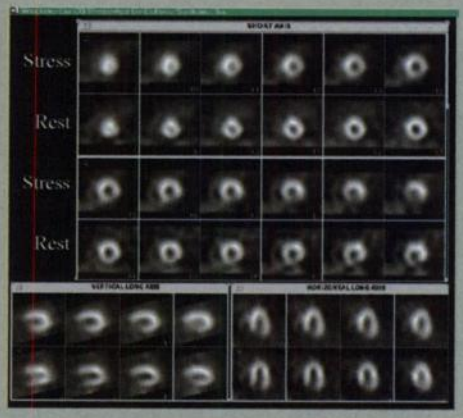

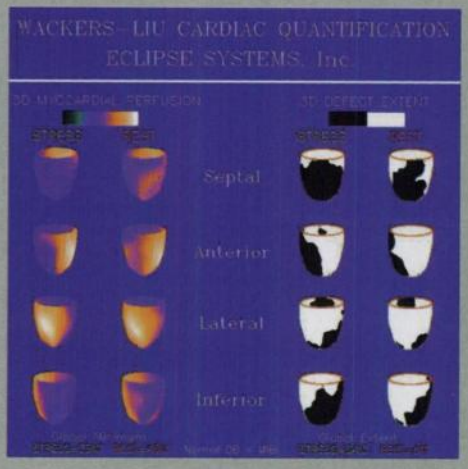

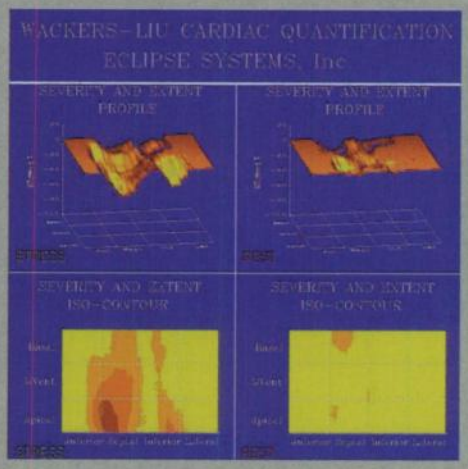

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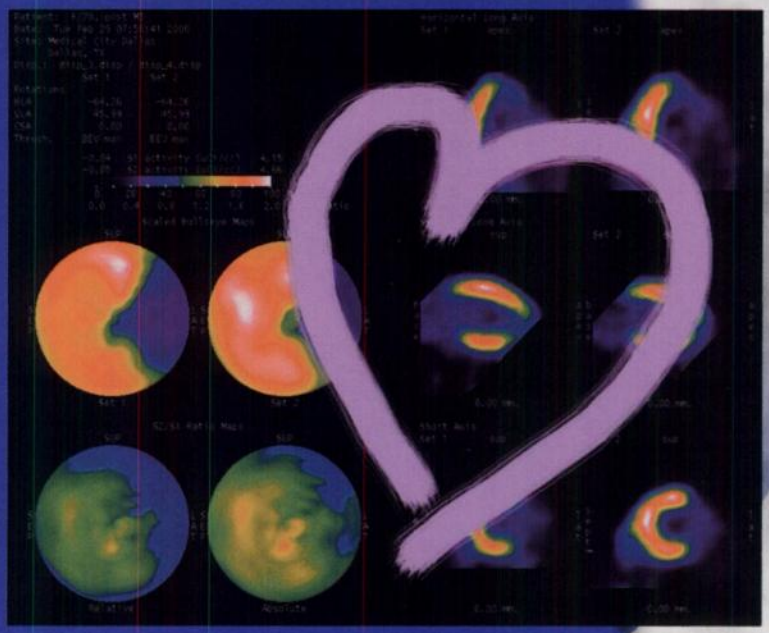

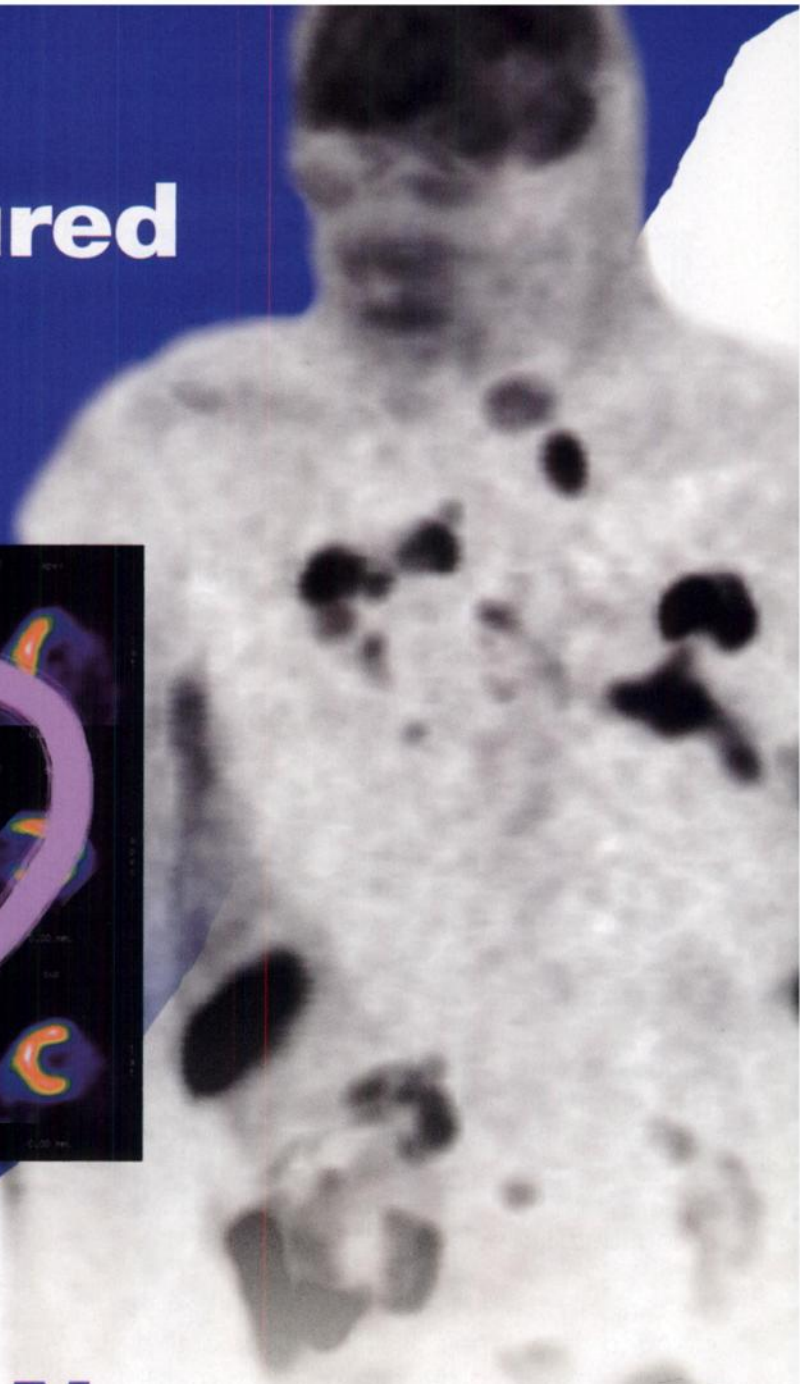

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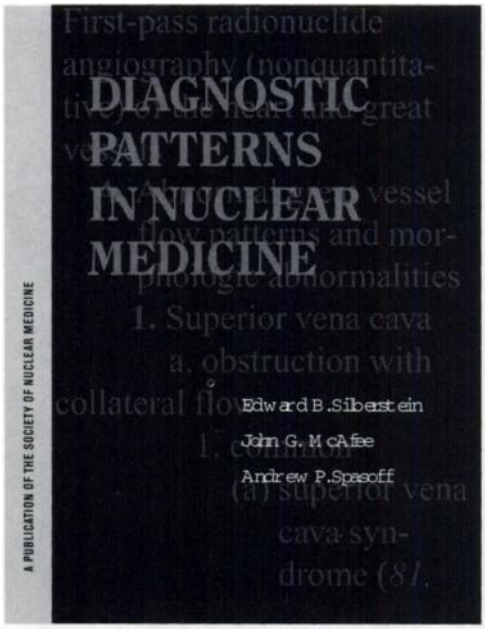
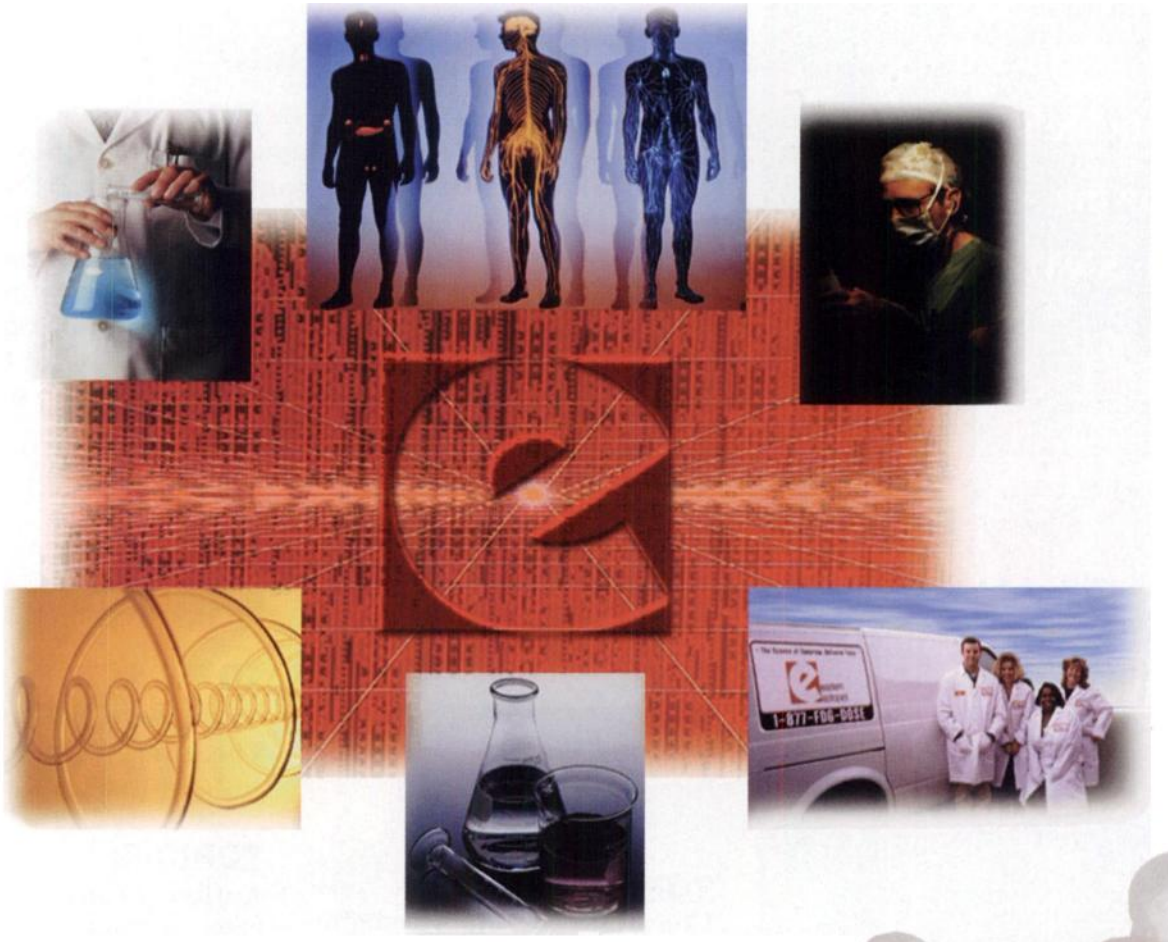


Table of Contents



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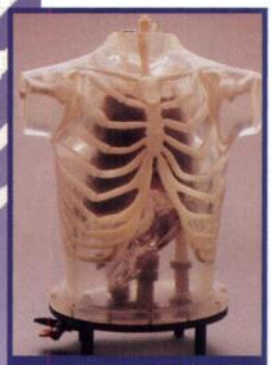

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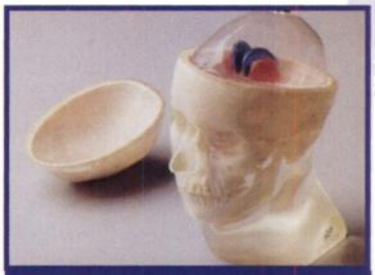

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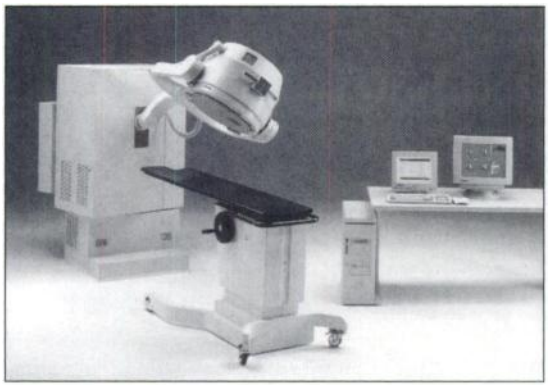

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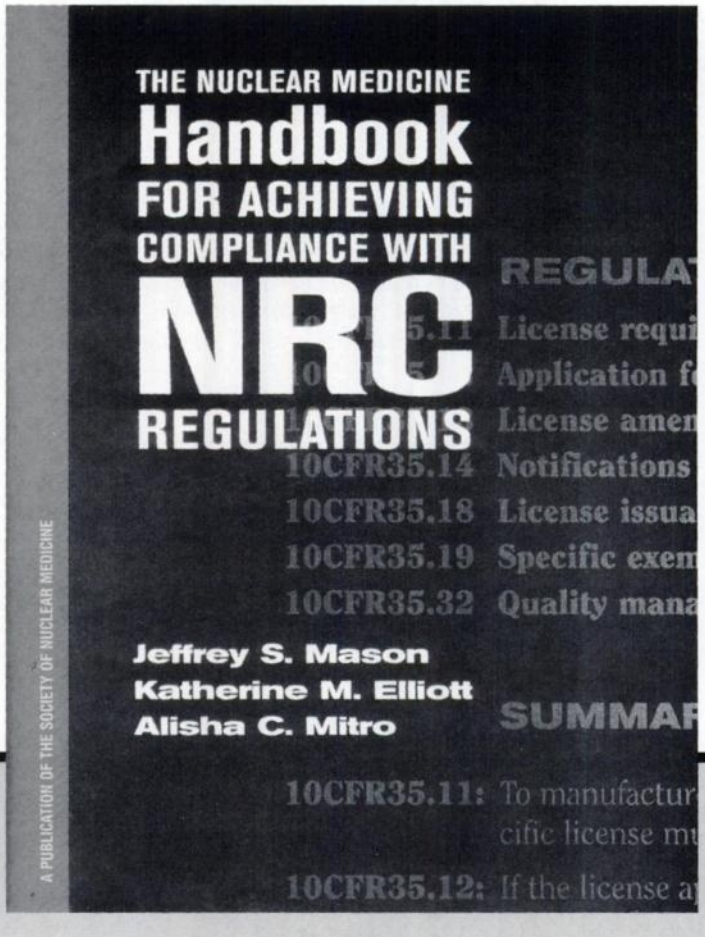

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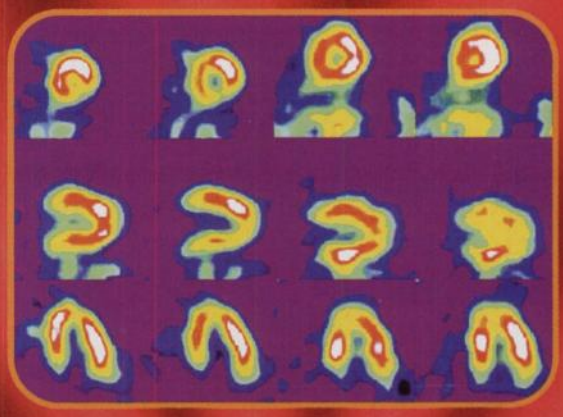

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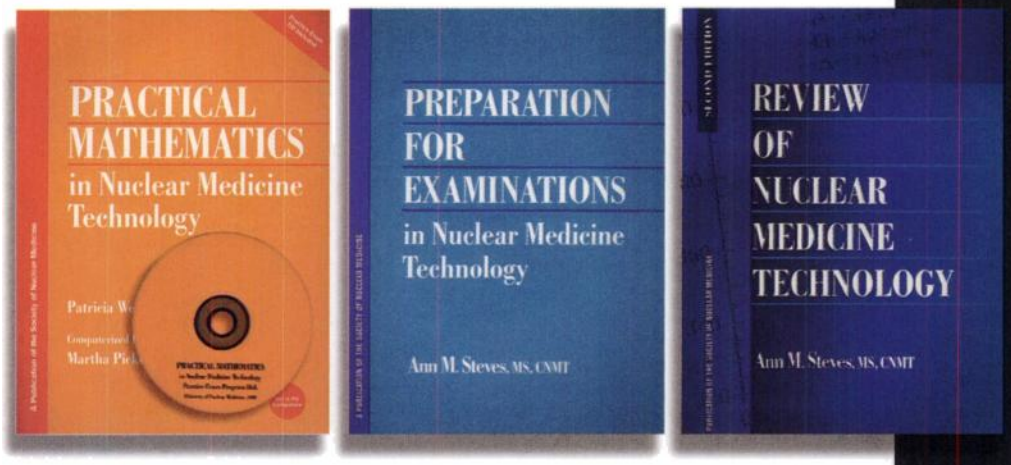

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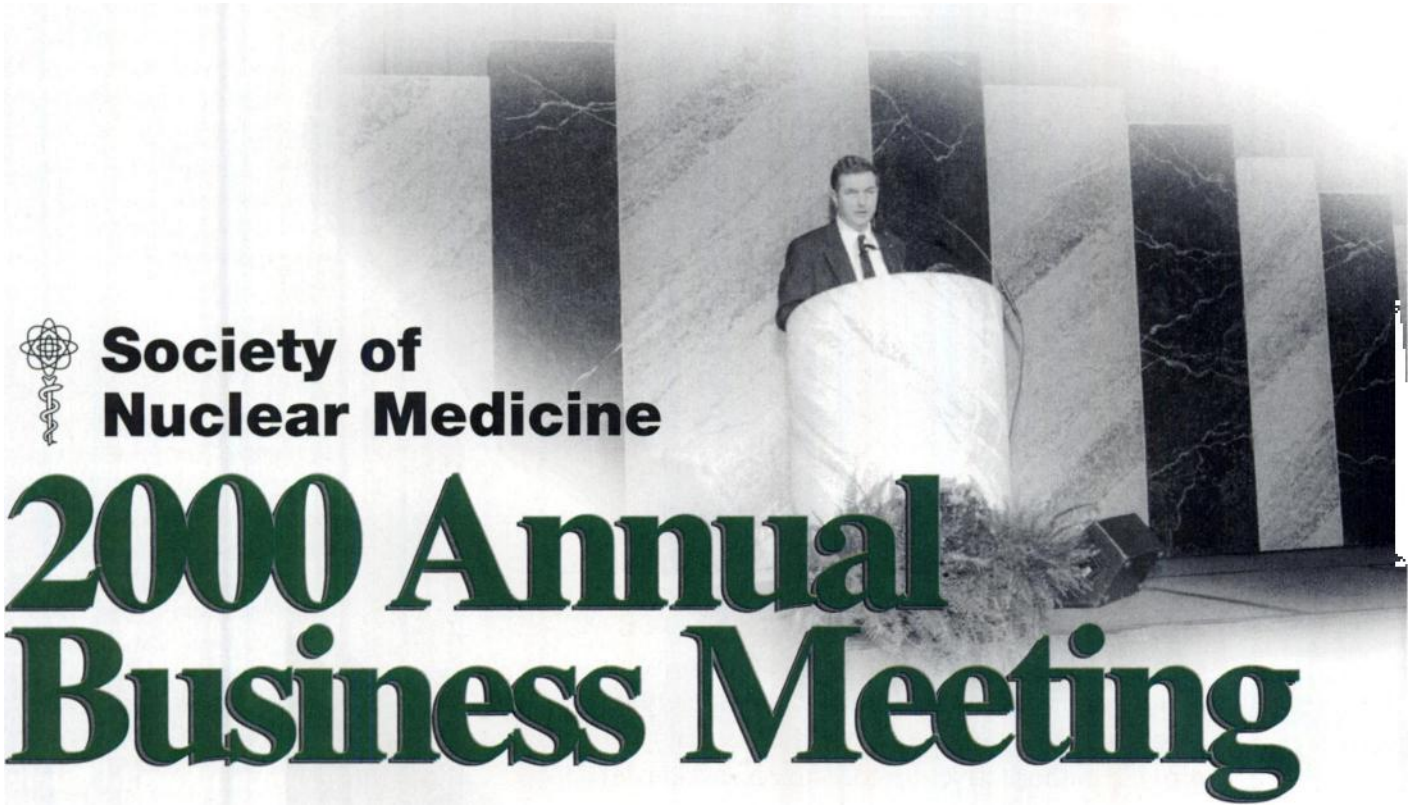

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  Robert W. Burt, MD, Director of Nuclear Medicine, Indiana University Hospital, Indianapolis, Indiana.

  Posthumously to Dov Front, MD, PhD, former Professor and Chairman of Nuclear Medicine, Rambam Medical Center, Haifa, Israel.
- Presentation of the 2000 Loevinger-Berman Award from the SNM MIRD Committee to Dandamudi V. Rao, PhD, University of Medicine & Dentistry, Newark, NJ.

INSTALLATION OF THE 2000-2001 SNM PRESIDENT

Installation of Jonathan M. Links, PhD, as President of the Society of Nuclear Medicine.

Positions Wanted

Aotearoa!
New Zealand needs doctors for 6–24 months. We'll expose you to Maori culture and show you the Aotearoa tourists never see. Basic expenses and modest stipend provided. Call Global Medical Staffing/International Medical Workforce at (800) 760-3174. E-mail: doctors@gmedical.com. Web Site: www.gmedical.com.

Hawaii
Straub Clinic & Hospital is seeking a board certified/eligible physician to join its 170-physician multi-specialty group in Honolulu. 50% in nuclear medicine and 50% in diagnostic radiolology modalities including fluoroscopy, mammography, ultrasound, CT, and MRI. Comprehensive benefits include malpractice insurance, relocation allowance, and opportunity for partnership. Enjoy the superb lifestyle, excellent year-round climate, recreational and cultural diversity of Hawaii. Fax CV to: (808) 522-4038 or mail to: Ellen Sakai, Physician Recruitment Coordinator, Straub Clinic & Hospital, 888 South King Street, Honolulu, HI 96813; phone (800) 5-STRAUB.

Nuclear Pharmacy Manager
Candidates are being sought for the position of Nuclear Pharmacy Manager within the University of Oklahoma Health Sciences Center College of Pharmacy. Successful candidates must be able to be licensed or be licensed as a pharmacist within the state of Oklahoma. Desired qualifications include board certification in Nuclear Pharmacy and three to five years of management experience in a nuclear pharmacy as well as interest in pharmaceutical education. Salary will be commensurate with education and experience. Resumes should be sent to: Carl K. Buckner, RPh, PhD, Dean, OUHSC College of Pharmacy, 1110 N. Stonewall, Room 133B, Oklahoma City, OK 73117 or e-mail to carl-buckner@ouhsc.edu. AA/EOE.

Nuclear Imaging—Pittsburgh, PA
ABR-Certified Radiologist with ABMN Certification or ABR special competence in Nuclear Radiology sought for busy private practice at university affiliated hospital. Experience in nuclear cardiology a must. Capabilities in cross-sectional imaging and general radiology also required. Immediate availability. Please submit cover letter, CV and references to: C.R. Jarmolowski, MD, Department of Radiology, UPMC Shadyside Hospital, 5230 Centre Avenue, Pittsburgh, PA 15232.

Nuclear Medicine
Ochsner Clinic is New Orleans seeks a Board Certified Section Head for Nuclear Medicine to join our sixteen physician Department of Radiology. This section does approximately 550–600 exams per month. The candidate must also be qualified to teach in our free-standing residency program. Candidates should have completed an accredited training program. Fellowship training in PET is desirable. Ochsner is a physician owned and directed multi-specialty group practice, which includes more than 400 physicians in 27 locations across Southeast Louisiana. We offer an excellent salary, fringe benefit package and paid vacation. Interested physicians should send CV and contact: Edward I. Bluth, M.D., Chairman Department of Radiology, Ochsner Clinic, 1514 Jefferson Highway, New Orleans, LA 70121. Information: (504) 842-3470 or e-mail: ebluth@ochsner.org.

Postdoctoral Fellowship in PET/SPECT/fMRI Imaging
Unique opportunity for postdoctoral training in functional brain imaging research. Emphasis on psychopharmacology and neuropsychiatric imaging. Special training in quantification techniques, research methods, and clinical applications. Didactic lectures, variety of projects, excellent mix of clinical and basic research. MD or MD/PhD and clinical credentials required. Position can start as early as July 2000. Send applications to Dean F. Wong, MD, PhD, Johns Hopkins Medical Institutions, Radiology-JHOC Bldg. Room 3245, 601 N. Caroline Street, Baltimore, Maryland 21287-0807. E-mail: dfwong@rad.jhu.edu. Fax: (410) 955-0696.

Board Certified Radiologist
Board Certified Radiologist with Nuclear Medicine expertise to join a 9-person group. The practice includes nuclear cardiology cases and is purchasing a hybrid PET scanner. Send CV to: David Yerzley, MD, Providence Saint Joseph Medical Center, 501 S. Buena Vista, Burbank, CA 91505. Phone: (818) 843-5111, ext. 7402. Fax: (818) 525-4953.

Director of Nuclear Cardiology/ PET Medicine

Buffalo Cardiology & Pulmonary Associates, P.C., a busy practice located in Western New York, is currently seeking a board certified cardiologist to serve as Director of Nuclear Cardiology/PET Medicine. Candidates must have experience (or be willing to train) in PET technology, administration of day-to-day operations, directing research, and a strong interest in cardiac PET applications. Nuclear license required. Excellent opportunity with partnership potential.

Please send CV to:
Samuel Iacuzzo
Human Resources Department
Buffalo Cardiology
& Pulmonary Associates, P.C.
5305 Main Street
Williamsville, NY 14221
Fax: (716) 565-6678

BAY AREA
MEDICAL CENTER

Nuclear Medicine Supervisor

Bay Area Medical Center, a 115-bed general acute care facility, is currently seeking a candidate to supervise all aspects of the nuclear medicine department. Responsibilities include supervising scheduling and supervising staff, as well as maintaining the records pertaining to NRC regulations.

The two-camera Nuclear Medicine Department sees 1,700 patients per year. Candidate will work Monday through Friday in this exempt position and rotate call every third weekend.

Qualifications include graduate of an AMA-approved School of Nuclear Medicine, NMTCB or ARRT(N) certification preferred. Preference will be given to candidates with a Bachelor's degree and a minimum of three years staff tech experience.

Located one hour north of Green Bay on scenic Lake Michigan, you can enjoy many outstanding recreational opportunities in Marinette. For consideration, please send resume or call:

Recruiter, Bay Area Medical Center
3100 Shore Drive
Marinette, WI 54143
Phone: (888) 788-2070, ext. 3115
Fax: (906) 863-1209
E-mail: bamchr@cybrzn.com

Chairman of Department of Nuclear Medicine

The Division of Radiology at the Cleveland Clinic Foundation is recruiting a Chairman of the Department of Nuclear Medicine as a full time staff position. The Cleveland Clinic provides research and clinical facilities, including a radiology residency program, PET scanning and a full complement of nuclear imaging capabilities. The Cleveland Clinic Foundation is a multi-specialty group practice and teaching hospital consisting of a main campus and affiliated regional hospitals within the Cleveland Clinic Health System. Candidates should be certified in Diagnostic Radiology and have Special Competency Certification in Nuclear Radiology. Administrative experience and a demonstrated commitment to scientific productivity are essential.

Interested candidates should send a cover letter and curriculum vitae to:

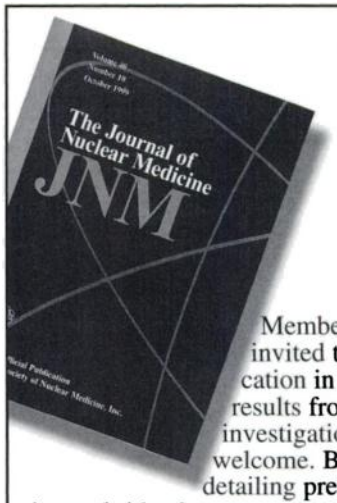
Gordon R. Bell, MD (Head of Search Committee)
Department of Orthopaedic Surgery-Desk A-41
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195

Interested in Placing an Ad?

To place a classified advertisement in the JNM or JNMT please e-mail or fax the copy to the Advertising Department who will furnish an estimate. Hospital and company logos are accepted electronically for an additional charge. Line ads are $30 per line.

For display rates contact Stacey Silver at:

Phone: (703) 326-1183
Fax: (703) 708-9018



Call for Papers

The Journal of Nuclear Medicine (JNM)

Members and nonmembers are invited to submit papers for publication in the JNM. Papers reporting results from clinical and research investigations of all specialties are welcome. Brief communications detailing preliminary research results in an abridged paper are especially desired. JNM is indexed in *Index Medicus* and on MEDLINE.

Information for authors is available at:
www.snm.org/pdf/infoauth_999.pdf

Please forward submissions to:

Martin P. Sandler, MD
The Journal of Nuclear Medicine
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190-5316

Jefferson Lab

Biomedical Imaging Physicist/Biomedical Imaging Specialist

The biomedical detector research and development program within the Physics Division of the Thomas Jefferson National Accelerator Facility (Jefferson Lab) is seeking candidates for a medical physicist position. This program is focused on developing an array of nuclear medicine instruments for biomedical imaging that are related to cancer screening, diagnosis and treatment. Examples of the development efforts are:

- Dedicated gamma and positron breast and sentinel node imagers
- Dedicated adjunct gamma and positron spot imagers to assist digital mammography in breast biopsies
- Non-imaging and imaging beta/gamma probes for intra-operative use
- Small animal gamma and positron imagers

The successful candidate will assist the Detector Group in designing, testing and prototyping new medical instruments, as well as participate in pre-clinical and clinical assessments with Jefferson Lab's biomedical partners.

Candidates should have direct experience in one or more of the following areas: nuclear imaging instrumentation as applied to medical or biological imaging, monte-carlo simulation, image reconstruction techniques and practical use of functional, metabolic or molecular in-vivo imaging technologies in patients or in small animals. Candidates with expertise primarily in nuclear medicine, SPECT and PET are strongly favored, but knowledge of CT and/or other imaging technologies important for cancer investigations is also desirable. Applicants should preferably have a PhD in Medical Physics or Biomedical Engineering or a related field, although Master's level applicants may also be considered.

The successful candidate will be expected to assume a leading role in various medical instrumentation projects and initiate a vigorous program to obtain external funds for biomedical research. Applicants should send a curriculum vitae to:

Jefferson Lab
Attn: Employment Manager
12000 Jefferson Avenue, Newport News, VA 23606
Please specify position number PR2401 and job title when applying.
Visit our website at www.jlab.org/jobline.

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NEORX

NeoRx is a publicly traded biotechnology company engaged in the development of radiopharmaceuticals for the treatment of cancer. The Company's lead product, skeletal targeted radiotherapy (STR), is currently completing a Phase II clinical study in multiple myeloma patients, and is expected to enter Phase III trials this year. NeoRx is also developing a series of products to treat cancer based on its Pretarget immunotherapy platform. It is expected that Pretarget products will reach the clinic within the next 12-18 months. We currently have the following opening:

Radiopharmacist/Nuclear Medicine Technologist

Manages the Technical Services department to ensure that radiopharmaceutical products are compounded, dispensed, and administered appropriately in support of STR and future clinical research projects. Responsible for NeoRx pharmacy; leads team to establish and qualify radiopharmacy facilities; and ensures that all functions are in compliance with regulatory and safety requirements. Drafts sections of regulatory documents such as CMC section of an IND or NDA. Able to work under aggressive timelines, while maintaining effective relationships with internal and external personnel, such as contract manufacturers nuclear medicine facilities, and clinical departments. BS degree in chemistry discipline is required (MS preferred), with minimum of 5 years of experience with radiopharmaceuticals or R.Ph., BCNP.

Interested candidates are invited to forward their resume with a cover letter in strict confidence to: **Human Resources Dept., NeoRx Corporation, 410 W. Harrison Street, Seattle, WA 98119; Email: jobs@neorx.com.** An Equal Opportunity Employer

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LA UCLA UCLA UCLA UCLA

Nuclear Medical Technician

UCLA Medical Center, one of the top ten hospitals in America, fosters a pioneering clinical environment, and we offer unequaled challenges and opportunities to further your education, training and career. UCLA has state-of-the-art equipment and we have an exciting opportunity for a **Nuclear Medical Technician** with at least 3-5 years of experience.

You'll be joining an internationally recognized facility that is responsible for the development of PET and currently the largest PET facility in the nation. We are pioneering imaging modalities for breast cancer in addition to other exciting research. You'll be treating a diverse patient population and we staff a 1:1 staff to camera ratio.

We are seeking someone who enjoys a serious challenge and is very motivated when it comes to adding to their abilities. Rotating call is required. If you feel you are ready to take the next step in challenging your clinical skills, please consider this opportunity. Joining UCLA will give you great benefits, such as medical, dental and vision coverage that start day one, plus substantial reductions on tuition.

Please call/e-mail **Jody Erenberg** at **(310) 794-0506** to discuss this opportunity. E-mail: **jerenberg@mednet.ucla.edu**. Visit our website at: **http://hr.healthcare.ucla.edu** for updates on our current positions. EOE.

UCLA Healthcare

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Nuclear Medicine Faculty Position

The Department of Radiology at The University of Iowa College of Medicine has an opening for a Nuclear Medicine physician. This position is full-time, open rank and can be either tenure-track or non-tenure clinical track. One of the largest teaching hospitals in the country, The University of Iowa Hospitals and Clinics provides research and clinical facilities—a P.E.T. Center, state-of-the-art nuclear imaging equipment, and extensive image processing capabilities. Applicants must be certified in Nuclear Medicine and preferably in diagnostic radiology. P.E.T. expertise, administrative experience, and strong evidence of scientific productivity including extramurally funded research are desirable. Women and minority candidates are encouraged to apply.

Send resume and cover letter to:

Michael Graham, MD
Professor and Director
The University of Iowa
Department of Radiology, Division Nuclear Medicine
200 Hawkins Drive
Iowa City, IA 52242

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PET Applications & Education Specialist

Alliance Imaging, Inc., the leading provider of MRI services in the US is seeking an experienced and professional PET technologist to join its Applications & Education Group. Primary job responsibilities involve both technical and sales support activities. The successful candidate will assist with the training of technologists and radiologists in the operation of PET and should have in-depth knowledge of PET products and be able to provide technical training. In addition, they should have significant clinical knowledge of PET in order to consult on scanning with physicians, department heads and technical personnel. Must be willing to travel. Please submit cover letter, resume and salary requirements to:

Alliance Imaging, Inc.
Attention: Don Woodward
4912 Higbee Ave., NW
Canton, OH 44718
E-mail: dwoodward@allianceimaging.com

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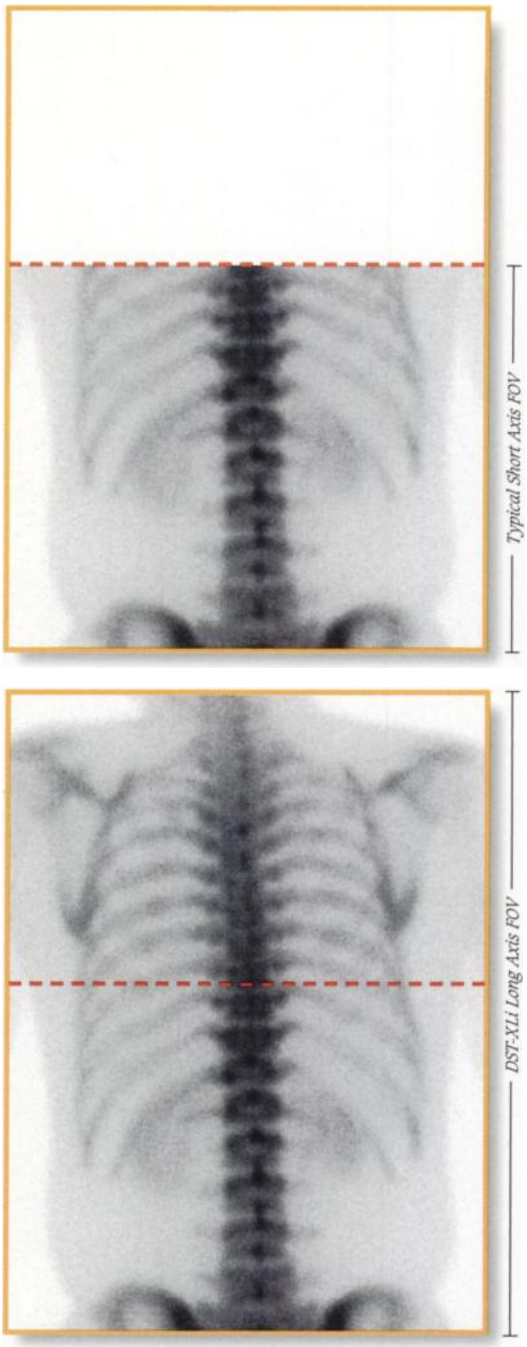
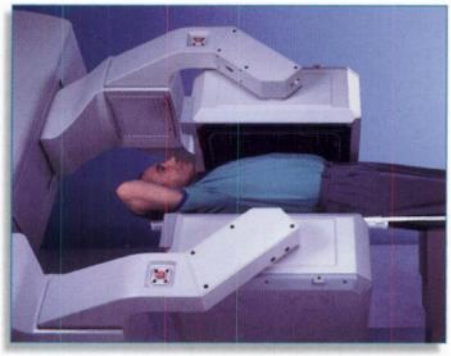


Normal bone scan demonstrating greater long axis coverage and excellent image quality.

When it comes to giving you the longest viewing area, no other camera comes close to matching the DST-XLi. Its 54.0cm (21.3 inch) FOV and unique long axis orientation deliver up to **40% more coverage from a single scan**. That covers the entire torso for most common tomographic procedures – like bone metastasis or spinal evaluation – and is ideally suited for FDG coincidence imaging.



The DST-XLi delivers its **increased coverage in 50% less time**. Instead of requiring two complete scans to cover the entire torso – as with conventional short axis detector cameras – the DST-XLi does it in one. And, the unique design of DST-XLi gives you the flexibility to image patients in virtually any position. The detectors independently swivel to easily accommodate patients in any type of bed. Rotate the patient table 90 degrees and the 54.0cm long axis FOV is ideal for single-pass whole body imaging.

For more information on the DST-XLi, visit our web site at http://www.smvnet.com or contact the DST-XLi representative nearest you.

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