

REFERENCES

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REPLY

We used, for convenience, a combined or wide-range window (approximately 410-610 keV), which encompassed the upper energy of ^{43}K .

As for the distance between the target and the surface of the collimator, we maintained it at 30 cm for ^{43}K , as well as for coincidence counting. It is correct that if shorter distances had been employed for the ^{43}K experiments, the resolution would have improved, but with noncoincidence focusing techniques the target-collimator distance is much more important than with coincidence counting. This may cause difficulties in detecting cold spots in patients with thick chests. However, the vertical resolution range of the focusing techniques used by Dr. Smith is superior because of his use of two crystals.

With coincidence counting, signals from diffused sources are greatly minimized. Dr. Smith, who already uses two counters, could easily have incorporated the advantages of the coincidence system. Coincidence counting also diminishes the radiation

burden to the patient (half-life of ^{81}Rb is 4.7 hr, that of ^{43}K is 22.4 hr). Our report was to indicate that only 20 kg of shielding was required for coincidence counting as opposed to 550 kg necessary for focusing for the noncoincidence method.

We suggested that myocardial scanning should be done while the uptake by the heart remains constant. This poses no difficulty if one has a highly sophisticated multicrystal camera (1). This permits easy scanning within a time range of 90-270 sec, the period in which the uptake of the tracer (^{81}Rb) by the heart remains constant.

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BIOMEDICAL COMPUTING TECHNOLOGY INFORMATION CENTER

The Biomedical Computing Technology Information Center (BCTIC), a new national technology resource, has been established at Oak Ridge National Laboratory. The Center will serve as a mechanism for the exchange of information and services among medical-research and clinical groups involved in computer technology. The Center is now collecting computer codes, interface designs, and other biomedical computing information for dissemination.

The Biomedical Computing Technology Information Center is sponsored jointly by the U.S. Energy Research and Development Administration, the Society of Nuclear Medicine, the FDA Bureau of Radiological Health, and the Society for Computer Medicine.

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