Introducing

Nephroflow™

IODOHIPPURATE SODIUM I 123 INJECTION

Normal Transplant Renogram¹

NEPHROFLOW, Iodohippurate Sodium I 123 Injection, 1.0 mCi

High Count Rate
High Detector Efficiency

Iodohippurate Sodium I 131 Injection, 0.15 mCi

Low Count Rate
Low Detector Efficiency

NEPHROFLOW provides better counting statistics and higher data density.

To Order call (800) MEDI-123

¹Reference: Data on file, Medi-Physics, Inc., Richmond, CA
• Particularly useful in obstructed patients
• Slight advantage in photon intensity
• Major advantage in ¼ inch crystal efficiency
• Imaging should be performed as close to calibration time as possible

Comparison of I 123 and I 131

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<th>Characteristic</th>
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<td>Mode of Decay</td>
<td>Electron capture</td>
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<td>Half-Life</td>
<td>13.2 hours</td>
<td>193 hours</td>
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<td>Principal Gamma Energy (keV)</td>
<td>159</td>
<td>364</td>
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<tr>
<td>Intensity</td>
<td>84%</td>
<td>82%</td>
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<td>0.037</td>
<td>0.24</td>
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<tr>
<td>Detection Efficiency:</td>
<td>74.5%</td>
<td>22.5%</td>
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NEPHROFLOW™
IODOHIPPURATE SODIUM I 123 INJECTION

For complete prescribing information consult package insert, a brief summary of which follows:

DESCRIPTION: Iodohippurate Sodium I 123 injection is supplied as a sterile, nonpyrogenic, aqueous, isotonic saline solution for intravenous administration. Each milliliter of the solution contains 37 megabecquerels (1 millicurie) Iodohippurate Sodium I 123 at calibration time, 2 milligrams Iodohippurate Sodium, 1 percent benzyl alcohol (as a preservative), 9 milligrams per milliliter sodium chloride for isotonicity, and up to 0.1 percent ethanol. The solution is buffered with sodium phosphate and the pH is adjusted to 7.0-7.5 with sodium hydroxide or hydrochloric acid. The radionuclidic composition at calibration time is not less than 94.7 percent I 123, not more than 4.8 percent I 124, and not more than 0.5 percent all others (I 125, I 126, I 130, Na 24, Te 121). The radionuclidic composition at expiration time is not less than 85.5 percent I 123, not more than 12.9 percent I 124, and not more than 1.8 percent all others.

INDICATIONS AND USAGE: Iodohippurate Sodium I 123 Injection is a diagnostic aid in determining renal function, renal blood flow, and urinary tract obstruction, and as a renal imaging agent.

CONTRAINDICATIONS: None Known.

WARNINGS: None Known.

PRECAUTIONS: General
The contents of the vial are radioactive. Adequate shielding of the preparation must be maintained at all times.
Do not use after the expiration time and date (24 hours after calibration time) stated on the label.
The prescribed Iodohippurate Sodium I 123 dose should be administered as soon as practical from the time of receipt of the product (i.e., as close to calibration time as possible) in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time.
Iodohippurate Sodium I 123, as well as 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 only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenicity potential, or whether Iodohippurate Sodium I 123 affects fertility in males or females.

Pregnancy Category C
Animal reproduction studies have not been conducted with this drug. It is also not known whether Iodohippurate Sodium I 123 can cause fetal harm when administered to a pregnant woman, or can affect reproductive capacity. Iodohippurate Sodium I 123 should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elctive in nature, in women of childbearing capability should be performed during the first few (approximately ten) days following the onset of menses.

Nursing Mothers
Since Iodine-123 is excreted in human milk, formula feeding should be substituted for breast feeding if the agent must be administered to the mother during lactation.

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

ADVERSE REACTIONS: As with all organic iodine containing compounds, the possibility of allergic reactions must be kept in mind. Nausea, vomiting, and tainting have been reported in conjunction with the administration of Iodohippurate Sodium I 123.

HOW SUPPLIED: Iodohippurate Sodium I 123 Injection is supplied in nominal 3.5 ml vials as a sterile, nonpyrogenic, aqueous, isotonic saline solution for intravenous injection. Each milliliter contains 37 megabecquerels (1 millicurie) Iodohippurate Sodium I 123 at calibration time.

It is available, in individual vials, in the following sizes:
- MPI Catalog No. 2041: 1 ml and 37 megabecquerels (1 mCi) per vial
- MPI Catalog No. 2042: 2 ml and 74 megabecquerels (2 mCi) per vial

Vials are packaged in individual lead shields with plastic outer container.

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The Starcam system is the technological evolution of our Star® system data processor and MaxiCamera® line. It's entirely compatible with existing Star systems through floppy data transfer and the future StarLink™ network. Starcam's modular digital design makes it adaptable to technological enhancements; a feature that lets you broaden the scope of your imaging capabilities as innovations in technology are made.
A fully mobile unit, complete with a versatile 300 mm detector, is available for remote imaging.

Performance you can count on

Starcam incorporates five high-speed microprocessors, two of them 16-bit multi-tasking units, that work together in a distributed processing fashion. Combined with an integrated Array Processor (optional), this delivers exceptional computing capability, essential when performing studies such as ECT.

Starcam features dual central processing units with over two megabytes of very high-speed expandable memory that’s directly accessible for display and processing. An 84-megabyte Winchester disc, standard with Starcam, gives you more than twice the data storage available with other systems.

The bottom line...productivity

Starcam is a breakthrough in imaging technology. It provides today’s nuclear departments with procedural capabilities unsurpassed by any other system. It redefines the operation of your department, eliminating many time-consuming functions without compromising the diagnostic value of the information obtained. The result is a more effective, efficient imaging department; one that optimizes diagnostic capability without jeopardizing the economic well-being of your health care institution.

Starcam represents General Electric’s continued commitment to developing nuclear diagnostic imaging technology that’s innovative today and designed to stay that way tomorrow.

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Ext. 5501

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   - wipe testing of radioactive packages and sealed sources

2. EXTERNAL QUANTIFICATION OF ACTIVITY
   - radioactive fibrinogen uptake
   - thyroid uptake or burden of radiiodine

3. RADIATION EXPOSURE RATE SURVEYS
   - patients undergoing brachytherapy or nuclear medicine therapy
   - X-ray exposure rate surveys
   - radioactive package surveys

4. RADIOACTIVE WASTE MONITORING

5. RADIATION EMERGENCY RESPONSE

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Raytheon Medical Equipment Division
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Raytheon: Excitement in nuclear imaging.

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Low-Level Radiation Effects: A Fact Book

Edited by
A. Bertrand Brill, M.D.

This book represents a conscientious attempt to provide an unbiased, up-to-date source of knowledge regarding the potential long- and short-term effects of radiation exposure to humans. Because radiation exposure is an important and controversial topic, so much material is available. This fact book contains a concise reference list for readers wishing to obtain additional, or more detailed, information.

Important new sources of information provided the stimulus for publishing the 1985 updates to keep the fact book current. New reports issued by UNSCEAR, ICRP, and NCRP and references to recent publications of findings among Japanese A-bomb survivors have been added.

Available alone, or included with the original document, the 1985 updates will prove indispensable to a wide range of physicians, scientists, engineers, and technologists involved in the field.

"Only when information issued in a publication such as this becomes widespread and understood can rationality prevail in the public's attitude toward low-level radiation."
— from the Foreword by Rosalyn Yalow, Ph.D. Nobel Laureate

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- Glossary, Units, and Conversion Factors
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- Audio Indicator.

MODEL

AccuSync-6

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AccuSync-4

FEATURES

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

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Available in 5-vial or 30-vial kits. Call Du Pont NEN Products toll-free 800-225-1572
(in Mass. and International 617-482-9595).

NEN Medical Products
PRECAUTIONS: The contents of the kit are not radioactive. However, after the sodium perthiocyanate Tc-99m is added, adequate shielding of the final preparation must be maintained. The labeling reactions involved in preparing the agent depend on maintaining Tc in the reduced state. Any oxidant present in the sodium perthiocyanate Tc-99m supply may thus adversely affect the quality of the prepared agent. Hence, sodium perthiocyanate Tc-99m containing oxidants, or other additives, should not be employed without first demonstrating that it is without adverse effect on the properties of the resulting agent.

The components of the kit are sterile and non-pyrogenic. It is essential that the user follow the directions carefully and adhere to strict aseptic procedures during preparation of the radiopharmaceutical.

Technetium Tc 99m Albumin Colloid should be used within six hours from the time of reconstitution.

Refrigerate at 2° to 8°C after reconstitution. If blood is withdrawn into the syringe, unnecessarily delay prior to mixing may result in clot formation in vitro.

Do not use if the contents of the container are discolored.

Technetium Tc 99m Albumin Colloid (MICROLITE) as well as other radioactive drugs should be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient consistent with proper patient management.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No animal studies have been performed to evaluate carcinogenic potential or whether Technetium Tc 99m Albumin Colloid affects fertility in males or females.

Pregnancy Category C

Animal reproductive studies have not been conducted with Technetium Tc 99m Albumin Colloid. It is not known whether Technetium Tc 99m Albumin Colloid will cause fetal harm when administered to pregnant animals or whether it can affect reproduction capacity. Technetium Tc 99m should be given to pregnant women only if clearly needed. A test of reproductive capability in animals showed that the drug was not teratogenic or embryotoxic.

ADVERSE REACTIONS: Although no adverse reactions associated with the use of Microlite have been reported; hypersensitivity reactions are theoretically possible whenever protein-containing materials such as Tc-99m-labeled albumin are used in man. Epinephrine, antihistamines and corticosteroid agents should be available for use in the event such a reaction occurs.

DOSAGE AND ADMINISTRATION: The recommended intravenous dose range for the average (106g) patient is 37-768MBq (1-20mCi).

The patient dose should be measured by a suitable radiotracery calibration system immediately prior to patient administration. The sodium perthiocyanate Tc-99m is administered in a single shot of an appropriate dose as determined by the physician, not less than 15 minutes after injection. Radiopharmaceutical purity should be checked prior to patient administration, using the following or equivalent procedure.

HOW SUPPLIED: MICROLITE Tc kit for use in the preparation of Technetium Tc-99m Albumin Colloid is supplied in lots of five or thirty vials, sterile and non-pyrogenic, each vial containing lyophilized form

Albumin Colloid

Normal Human Serum Albumin

Total Tn. maximum (as stannous chloride SiCl2 - 2H2O) 0.017mg

Stannous Chloride (SiCl2 - 2H2O) (minimum) 0.006mg

Porexomer 188 1.1mg

Medroxyprilus 0.12mg

Sodium Phosphate (monobasic) 10mg

Prior to reconstitution the pH is adjusted with HCl and/or NaOH. The contents of the vial are reconstituted with 1.0 mL of sterile water. The vial may be reconstituted immediately prior to use. The reconstituted volume should be 1.0 mL. After reconstitution, the vial is held within the shielded container for 15 minutes before use.

The components of the kit for use in the preparation of Technetium Tc 99m Albumin Colloid are supplied sterile and non-pyrogenic. Aseptic technique normally employed in making injections and withdrawal techniques should be used.

Technetium Tc 99m Albumin Colloid contains a total of 2.8 mCi of oxidant free sodium perthiocyanate Tc-99m in solution and is intended to be administered after careful consideration of the patient's condition.

The kit contains the ready-to-use sodium perthiocyanate Tc-99m albumin. Aseptic technique normally employed in making injections and withdrawal techniques should be used.

The vial is reconstituted immediately prior to use. The reconstituted volume should be 1.0 mL. After reconstitution, the vial is held within the shielded container for 15 minutes before use. The contents, without further dilution, are then administered through a 22 gauge or larger needle and are instilled as a rapid intravenous injection. The contents of the kit are not radioactive, but the patient should be shielded during administration of the preparation.
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The dual photon method is especially useful in assessing longitudinal bone loss or gain without subjecting patients to excessive radiation levels. In addition, the ND2100 produces remarkably clear, high resolution images of the axial skeleton. Measurements are:

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- Highly Reproducible
- Cost Effective
- Easy and Convenient

The ND2100 System includes the scanner unit in which the radioactive substance is maintained, a translucent table, sodium iodide detectors, and computer for operational control, data processing, and file storage.

ND2100 features include:
- Microprocessor Control
- High Resolution Video Display
- Clear, well defined graphics/printouts
- Large scanning area (50cm by 60cm)
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For detailed information on the ND2100 Bone Density Scanner, contact:

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Abstracts must be received (not postmarked) by Friday, November 1, 1985
SPECIFIC INSTRUCTIONS

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Abstracts must be typed inside the blue rectangle on the first page of this form. Additional forms are available from the Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016, (212) 889-0717. Photocopies of the abstract form cannot be accepted as originals.

Supporting data

Supporting data may be submitted if, in the opinion of the contributor, the reader's understanding will be enhanced. Supporting data are not required, however, if submitted, supporting data must be limited to one page and stapled to each of the photocopies of the abstract to ensure that each reviewer has all of the information available.

Format for title and body

USE ALL CAPS for TITLE. Use initials, rather than full spelling, for authors' first and middle names. Single space all typing, but leave a space between the title block and the body of the text. Indent each paragraph three spaces. Do not indent title. Draw special symbols in black India ink.

Make title brief, clearly indicating the nature of the investigation. Then state authors' names and institutional affiliation. Omit degrees, titles, institutional appointments, street address, and zip code.

Organization of body of abstract

Organize the body of the abstract as follows:

A statement of the purpose of the study (preferably one sentence).

A statement of the methods used.

A summary of the results presented in sufficient detail to support the conclusions.

A statement of the conclusions reached. It is not satisfactory to state, "The results will be discussed" or "other data will be presented", unless a scientific exhibit is being submitted.

Do not use subtitles, e.g., Methods, Results.

IMPORTANT

All abstracts accepted for the program will be considered for publication. To ensure quality printing, the instructions must be followed completely for all abstracts. Abstracts that do not conform will be either retyped by the publisher at a cost of $40.00 to the author or will not be printed.

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Positions Open

Physician

THE UNIVERSITY OF KENTUCKY Medical School invites applications and nomination for pro- fessor and director of Nuclear Medicine Division, Department of Radiology in a combined University-VAMC program. We seek an individual with academic track faculty background to direct and provide leadership to a Medical School, Division of Nuclear Medicine for teaching, research, clinical development, and care programs. To qualify for appointment, candidate should have recognized accomplishments in development studies, research, radionuclide studies, bibliography to support the application, desire to direct a medical school depart- ment, and teaching and administrative experience. VAMC appointment experience desirable. MD degree and Board certification desirable. Qualified MD scientists can apply with listed qualifications. Salary is based on academic rank and practice plan. Reply to: Yosh Matsuyama, MD, Chairman, Search Com- mittee, Department of Radiation Medicine, Univer- sity of Kentucky Medical Center, Room C-15, 800 Rose St., Lexington, KY 40536. The University of Kentucky is an Equal Opportunity Employer.

NUCLEAR MEDICINE PHYSICIAN wanted. Well trained and experienced Board Certified Nu- clear Medicine Physician with Board Certification or Board Eligible in internal medicine who has been in solo practice of nuclear medicine (nonsubsidized) for 3-10 years and would be interested in becoming a partner in a successful privately owned outpatient nuclear medicine clinic and lab, fully equipped for in vivo and in vitro studies. Includes private office with technical and administrative staff. Must be willing and capable of assuming administrative and technical responsibilities. Medical school affiliation possible if desired. Please send resume to: Box 801, Society of Nuclear Medicine, 136 Madison Ave., 8th fl., New York, NY 10016. EOE.

CARDIOLOGIST—The University of Kentucky for a Cardiologist with a practice in the field of nuclear cardiology. The successful candidate will be an attending in the Cardiology Division of the Department of Medicine. The candidate must be able to perform and interpret nuclear cardiology studies and have a strong interest in clinical cardiology. The candidate must have completed a fellowship in cardiology and be board certified in internal medicine. The candidate must be able to work effectively in a large medical center and have strong interpersonal skills. The candidate must be able to maintain a full clinical practice. Please send resume to: Medical Center, 136 Madison Ave., 8th fl., New York, NY 10016. EOE.

BC/BE NUCLEAR PHYSICIAN. Preferably with internal medicine background. Position includes experience in academic teaching involvement in an integrated nuclear medicine Residency Program. Seeking candidates interested in instrumentation application with computer experience. Apply with resumes to: Joseph A. Prezio, MD, FACCP, Acting Chairman and Clinical Professor, State University of New York at Buffalo, VA Medical Center, Building #5, 3495 Bailey Ave., Buffalo, NY 14215. EOE.

Resident

NUCLEAR MEDICINE RESIDENCY: JULY 1986. 699-bed VA general hospital offers accredited comprehensive 2-year program. Located in the San Francisco area of Los Angeles, 15 min from affiliated hospitals (UCLA and Wadsworth VA). Program covers isotopes and ultrasound imaging, in vivo and in vitro procedures, including RIA, isotope therapy, and all recent SPECT, computer, and cardiology procedures. Prerequisites: 2 (two) years postgraduate training in medicine, radiology, or pathology. Minimum stipend: $29,477. Contact: Marvin B. Cohen, MD, Chief, Nuclear Medicine Service, VA Medical Center, 1611 Plummer St., Sepulveda, CA 91343 (Nondiscrimination in Employment).

Technologist

ULTRASOUND TECHNICIAN. Immediate full-time position for certified ultrasound technician with experience in ob/gyn and abdominal procedures and willing to assist with mammography procedures. Lake Charles Memorial Hospital is a progressive 344-bed acute care hospital designated as the Re- gional Trauma Center. Salary commensurate with experience. Excellent benefits including major med- ical and dental. For our city of 100,000 abounds with gracious traditions, relaxation, lakes and beaches, fine food, cultural activities, and sun and fun. Call collect or send resume to: Dianne Bertrand, Employment Manager, Lake Charles Memorial Hospital, 1701 Oak Park Boulevard, Lake Charles, LA 70601; (318)494-3221. EOE.

NUCLEAR MEDICINE CHIEF TECHNOLO- GIST. Active nuclear medicine department is seeking candidates for the position of Nuclear Medicine Chief Technologist. This position requires experience and supervision of nuclear medicine personnel. EOE.

NUCLEAR MEDICINE TECHNOLOGIST. A 427 bed Southwestern Connecticut community hospital located on Long Island Sound and just 40 minutes from Manhattan has an opening for a Nuclear Medicine Technologist in the Dept. of Radiology. The successful candidate must be registered or eligible for registration. We offer an excellent salary and benefits package. To apply please call or write: Mary Drew, RN, MS, 203-852-2632.
TECHNICAL DIRECTOR OF NUCLEAR MEDICINE. The Ochsner Medical Institutions, a 536-bed teaching hospital and large multispecialty clinic, is currently accepting resumes for the position of Technical Director of Nuclear Medicine. The primary responsibilities for the position include daily operations of the department as well as scheduling personnel, personnel recruitment, and purchasing decisions. Other responsibilities will include Research and Development for Nuclear Medicine. The Ochsner Medical Institutions Nuclear Medicine Department houses the latest in imaging instrumentation, SPECT reconstruction, and nuclear cardiology. Qualifications include registration in nuclear medicine technology, extensive technical experience, and experience as a supervisor in the nuclear medicine field. This position offers an excellent salary, fringe benefits package, and the added attraction of working with a team of highly regarded, progressive administrative and medical staff at an internationally known medical center. For confidential consideration send your resume to:

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SENIOR NUCLEAR MEDICINE INSTRUCTOR/TECHNOLOGIST
to be Coordinator of the Nuclear Medicine Learning Center of the Division of Nuclear Medicine of Emory University School of Medicine. Full-time position to develop and organize state-of-the-art educational center, which is equipped with advanced audiovisual equipment, a dedicated nuclear medicine computer system, and closed circuit television linking the Learning Center to imaging rooms. Emphasis is on SPECT and nuclear cardiology. The Coordinator will be responsible for establishing educational programs for technologists, nuclear medicine physicians, and cardiologists and will work closely with nuclear medicine physicians and physicists. Participation in research is encouraged. Outstanding career opportunity with competitive salary and comprehensive benefits package. Qualified candidates are invited to call or submit a resume to: Harvey J. Berger, MD, Director, Division of Nuclear Medicine, Emory University School of Medicine, 1364 Clifton Road, NE, Atlanta, GA 30322, (404)329-4843. Emory University is an Equal Opportunity/Affirmative Action Employer.

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Magnetic Resonance, Computerized Tomography, Ultrasound, Digital Imaging, and Nuclear Medicine
January 5 to 18, 1986
New Delhi, Madras, Bombay, and Jaipur, India

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HIGHLIGHTS OF THE SCIENTIFIC PROGRAM
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Abstract Forms: Vijay M. Varma, MD, Program Chairman
Department of Radiology, George Washington University Medical Center, 901 23rd St. NW, Washington, DC 20037
(202)676-3814


EUROPEAN NUCLEAR MEDICINE CONGRESS 1985
The Barbican Hall, London, Sept. 3-6, 1985

PARTICIPATING ORGANIZATIONS
The Society of Nuclear Medicine-Europe 23rd Meeting
The European Nuclear Medicine Society 8th Meeting
The British Nuclear Medicine Society 13th Meeting

SCIENTIFIC PROGRAM: The clinical contribution of nuclear medicine to patient management and clinical strategy in relation to other imaging procedures will be emphasized together with the scientific contribution of nuclear medicine to the basic physiology and biochemistry of health and disease. There will be lectures from invited speakers, scientific and clinical papers, symposium, poster sessions, a technologist program, and pre-congress teaching courses.

PRE-Congress Teaching Courses: Radioluminoassay, Radioluminoscintigraphy, Single Photon Emission Computed Tomography, and Nuclear Magnetic Resonance.

DATES: Saturday, August 31st, and Sunday, September 1st. (The Congress has applied for Category 1, AMA accreditation.) £25 before May 15; £35 after May 15.

EXPOSITION: A comprehensive exhibition of equipment and radiopharmaceuticals will be held in the Barbican Exhibition Hall A. Products and applications will be featured from over 50 manufacturers.

SOCIAL PROGRAM: The registration fee includes: a concert by the world famous English Chamber Orchestra to be held in the Barbican Hall in association with the opening ceremony; conference banquet and dance at the London Hilton Hotel; and a farewell luncheon at the Dickens Inn, St. Catherine's Dock. A tour program is available to all attendees and accompanying persons.

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REGISTRATION: £75 after May 15, 1985
All payments must be made in British pound sterling as a sterling bank draft. Please make drafts payable to: European Nuclear Medicine Congress 1985.

Mailing address for payment and further information: European Nuclear Medicine Congress 1985, Institute of Nuclear Medicine, Middlesex Hospital Medical School, Mortimer Street, London W1N 8AA, U.K. Telephone: 01-6311066
The new address of the Central Office of The Society of Nuclear Medicine is as follows:

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DESCRIPTION: Thallous Chloride Ti 201 is supplied in isotonic solution as a sterile, nonpyrogenic diagnostic radiopharmaceutical for intravenous administration. Each unit dose contains 1 milliliter and each milliliter contains 2 millicuries of Thallous Chloride Ti 201 at calibration time, pH adjusted to 5.0–6.0 with hydrochloric acid and/or sodium hydroxide. Contains no bacteriostatic preservative. Thallium Ti 201 is cyclotron produced and is essentially carrier-free. Radiouclide purity at calibration time is at least 98.0% with less than 1.0% Thallium Ti 200. 1% Thallium Ti 200 and 2.0% Lead Pb 203. The concentration of each radionuclidic contaminant changes with time.

INDICATION AND USAGE: Thallous Chloride Ti 201 may be used in cardiac imaging to define the extent of myocardial infarction.

It may also be useful in conjunction with exercise stress testing as an adjunct in the diagnosis of ischemic heart disease (atherosclerotic coronary artery disease).

CONTRAINDICATIONS: None known.

WARNINGS: When studying patients suspected or known to have myocardial infarction or ischemia, care should be taken to assure continuous clinical monitoring and treatment in accordance with safe, accepted procedure. Exercise stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

PRECAUTIONS

General
Do not use after the expiration time and date (4 days after calibration time) stated on the label.
Discard vial after single use. Do not use if contents are turbid.
The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature on a woman of childbearing capability should be performed during the first few (approximately 15) days following the onset of menses.

Thallous Chloride Ti 201 as well as other radioactive drugs must be handled with care, and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient consistent with proper patient management. Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the use and handling of radionuclides, and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential, or whether Thallous Chloride Ti 201 affects fertility in males or females.

Pregnancy Category C
Animal reproduction studies have not been conducted with Thallous Chloride Ti 201. It is also not known whether Thallous Chloride Ti 201 can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Thallous Chloride Ti 201 should be given to a pregnant woman only if clearly needed.

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 Thallous Chloride Ti 201 is administered to a nursing woman.

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

ADVERSE REACTIONS: Adverse reactions related to use of this agent have not been reported to date.

HOW SUPPLIED: Thallous Chloride Ti 201 is supplied as a sterile, nonpyrogenic, isotonic solution in unit dose vials containing 1 milliliter. Each milliliter contains 2 millicuries of Thallous Chloride Ti 201 at calibration time. Contains no bacteriostatic preservative.

Circle Reader Service No. 27

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