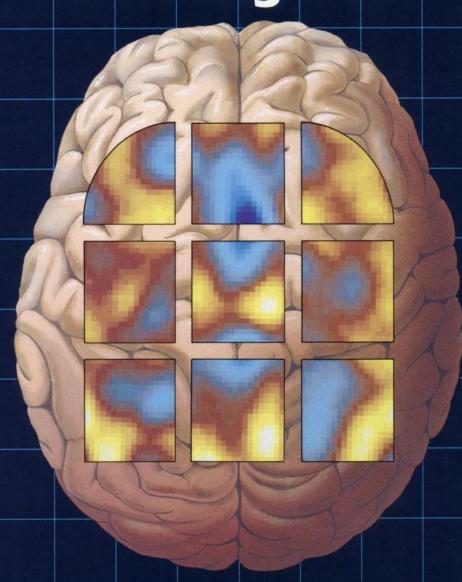
In the evaluation of stroke

SPECTamine Infection opens a window into the living brain

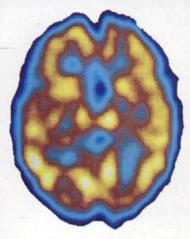


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Please see adjacent page for brief summary of prescribing information.

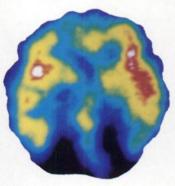
SPECTamine of Infection SPECTamine of Infection of Infect

- A neurotransmitter analog crosses the intact blood-brain barrier
- Concentrates in metabolically active brain cells—predominantly in the gray matter
- Provides PET-like functional brain images at a fraction of the cost



Normal brain (top left) displays relatively symmetric SPECTamine uptake by metabolically active neurons.

SPECTamine study (bottom left) demonstrates bilaterally posterior cerebral artery infarction, confirming diagnosis.



Images courtesy of New England Deaconess Hospital, Boston, Mass Images acquired with SME 810 dedicated head unit, Strichman Medical, Equipment, Inc., Medfield, Mass.

For more information contact your Medi-Physics Territory Manager, Roche Professional Service Center or call 1-800-451-7732.





Medi-Physics, Inc. 140 East Ridgewood Avenue Paramus, NJ 07652

SPECTamine of Infection In

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

DIAGNOSTIC – FOR INTRAVENOUS USE

DESCRIPTION: SPECTAMINE*(lofetamine HCI I 123 Injection) is supplied as a sterile, apyrogenic, aqueous, isotonic sodium chloride solution for intravenous administration. Each milliliter of the solution contains 37 megabecquerets (1 millicurie) of infetamine HCI I 123 at calibration time, 0.15 milligram indetamine HCI, 0.017 millimole sodium phosphate, and 80 milliligrams sodium chloride for isotonicity. The pH is adjusted to 4.5-6.0 with sodium hydroxide or hydrochloric acid. SPECTAMINE contains no bacteriostatic preservative and is packaged in single dose vials. The radionuclidic composition at calibration time is not less than 96.0 percent 1 123, not more than 1.9 percent 1 125, and not more than 0.1 percent all others (1 126 and 16 121). The radionuclidic composition at the 12-hour expiration time is not less than 96.3 percent 1 123, not more than 3.5 percent 1 125, and not more than 0.2 percent all others.

INDICATIONS AND USAGE: SPECTAMINE (lofetamine HCI I 123 Injection) is recommended for use as a lipid-soluble brain-imaging agent. It has been shown to be useful in the evaluation of nontacunar strole especially when used within 96 hours of onset of tocal neurological deficit. The rates of agreement between abnormal images and the neurological examination suggestive of ischemic cerebrovascular insufficiency appear to increase with the severity of symptoms. Its usefulness for the measurement of cerebral blood flow has not been established.

CONTRAMDICATIONS: None known.

WARNINGS: SPECTAMINE (lofetamine HCI I 123 Injection) should not be administered to individuals with known hypersensitivity to sympathomimetic amines or to those individuals taking monoamine oxidase inhibitors.

PRECAUTIONS: General

Some primate (Macaca fascicularis) studies have shown marked eye uptake of iofetamine HCI 1123. Localization has not been studied in the isolated human eye although in vivo images suggest the concentration of iofetamine HCI 1123 is below the limit of detection. Individual human variations in pharmacokinetics of this drug and the long-term effect on the eye have not been elucidated.

The contents of the vial are radioactive. Adequate shielding of the preparation must be ntained at all times

Do not use after the expiration time and date (12 hours after calibration time) stated on the label. Potassium lodide Oral Solution should be administered before the examination to minimize thyroid uptake of iodine 123.

The prescribed infetamine HCI 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 or before, if possible), in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic

To minimize radiation dose to the bladder, the patient should be encouraged to drink fluids and

SPECTAMINE, as well as other radioactive drugs, must be handled with care. 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

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.

| Research | Independence | Presearch | Pres

radionuclides.

There has been a single report of elevated diastolic hypertension (about 30 mm Hg) occurring 18 hours after administration of SPECTAMINE in a patient maintained on therapeutic doses of valoroic acid.

various axis.

Concurrent use of monoamine oxidase (MAO) inhibitors and compounds containing the amphetamine structure has been known to result in hypertensive crisis. Caution, therefore, should be exercised when administering SPECTAMINE (lotetamine HCI 1123 Injection) to individuals taking medications known to potentiate the effects of sympathomimetic amines it is recommended that SPECTAMINE not be administered during or within 14 days following administration of MAO inhibitors.

Sympathomimetic amines may affect the biodistribution of SPECTAMINE and, thus, may influence the image quality and diagnostic utility of the image.

Carclaegenesis, Mitagenesis, Impairment of Fertility
No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential or effects on fertility in male or female animals. The Arnes test was negative for mutagenic effects.

mutagenic effects.

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

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

Narsing Methers

Since Iodine I 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 Lice

Safety and effectiveness in children have not been established

ADVERSE REACTIONS: In a clinical study in 93 patients with sudden onset of focal neu-rological deficit, e.g., cerebral infarction, 7 patients died within 2 to 55 days after administra-tion. The deaths were considered to be a result of the disease state. Although there was no concurrent control group, statistics from historical controls support this evaluation.

There is evidence suggesting that the administration of 1 to 2 milligrams of infetamine HCl, the carrier in SPECTAMINE, may increase systolic blood pressure by about 10 mm Hg. In a patient with a history of hypertension, there has been a single report of sudden onset of hypertension and dizziness with transient chest tightness which occurred 5-10 minutes after administration of SPECTAMINE. One case of transient unliateral hearing loss also was reported several hours after the use of SPECTAMINE in a patient with a coincidental upper respiratory infection. As with all organic-iodine-containing compounds, the possibility of allergic reactions must be considered.

HOW SUPPLIED: SPECTAMINE is supplied in nominal 3.5 ml vials as a sterile, apyrogenic, aqueous, isotonic sodium chloride solution for intravenous injection. Each milliliter contains 37 megabecquerels (1 mCi) of iofetamine HCl I 123 at calibration time.

It is available in individual vials containing 111 megabecquerels (3 mCi) of iofetamine HCl I 123 at calibration time in a volume of 3 ml

Single use vials are packaged in individual lead shields with plastic outer container.

THIS PRODUCT INFORMATION ISSUED AUGUST 1988

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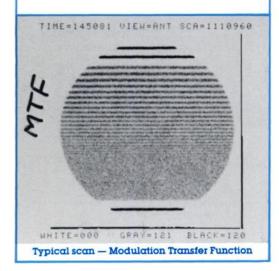
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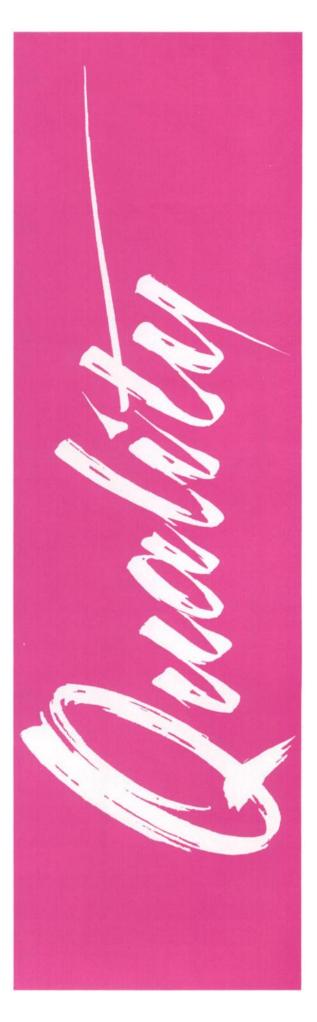


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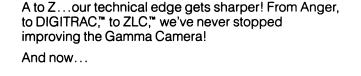
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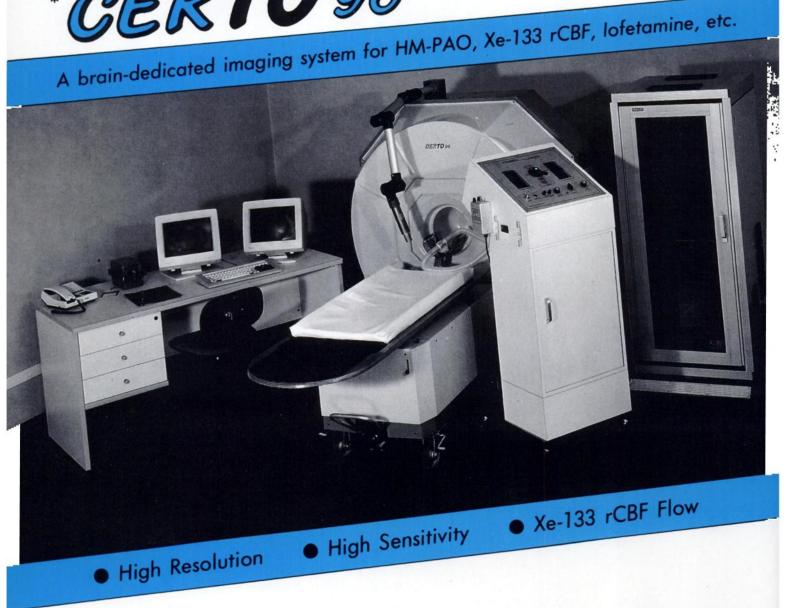
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- Number of slices
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- Geometrical linearity

3.5 mm FWHM

2030 cm²

up to 28 simultaneously

(non-interpolated)

23 cm dia x 20 cm H

± 0.2 mm

System specifications

- Tomographic transverse resolution (SHR collimator)
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5 seconds

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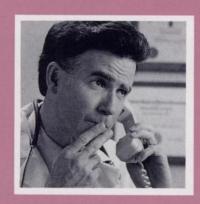
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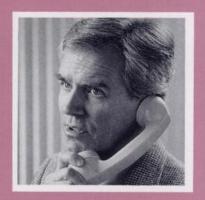
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"I still have a lot of questions – costs, staffing, reimbursement, clinical utility."

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The 1990 Scientific Program Committee and Scientific Exhibits Subcommittee solicit the submission of abstracts from members and nonmembers of The Society of Nuclear Medicine for the 37th Annual Meeting in Washington, DC. Abstracts accepted for the program will be published in a special supplement to the June issue of the Journal of Nuclear Medicine. Original contributions on a variety of topics related to nuclear medicine will be considered, including:

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- **RADIOPHARMACEUTICAL CHEMISTRY**
- DOSIMETRY/RADIOBIOLOGY
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- CLINICAL SCIENCE APPLICATIONS
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 - Gastroenterology
 - Neurology (clinical and basic)
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 - Immunology (antibody)

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- Pulmonary
- Renal/Electrolyte/Hypertension
- Hematology/Infectious Disease

Authors seeking publication for the full text of their papers are strongly encouraged to submit their work to *JNM* for immediate review.

Deadline for receipt of abstracts for Scientific <u>Papers</u> is Thursday, January 11, 1990.

Deadline for receipt of abstracts for Scientific Exhibits is Thursday, January 18, 1990.

The official abstract form may be obtained from the October, 1989 issue of *JNM* or by calling or writing:



The Society of Nuclear Medicine Att: Abstracts 136 Madison Avenue New York, NY 10016-6760 Tel: (212)889-0717 FAX: (212)545-0221

The Society of Nuclear Medicine

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TITLE

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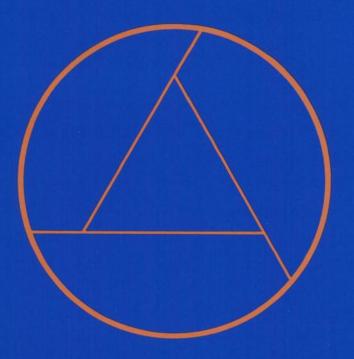
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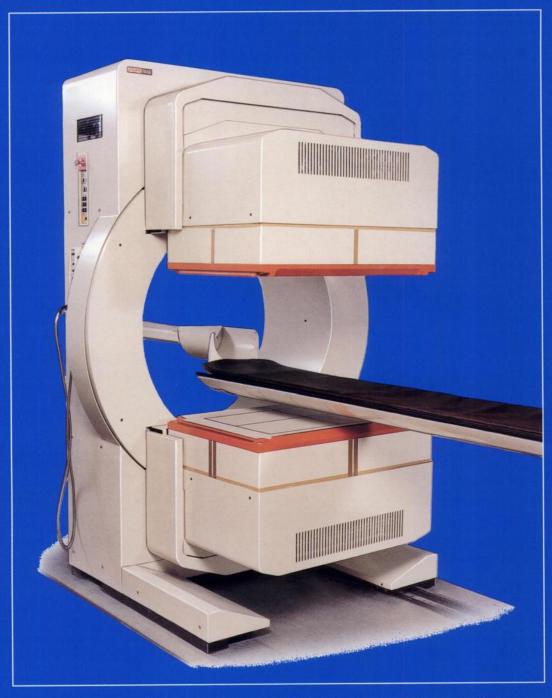






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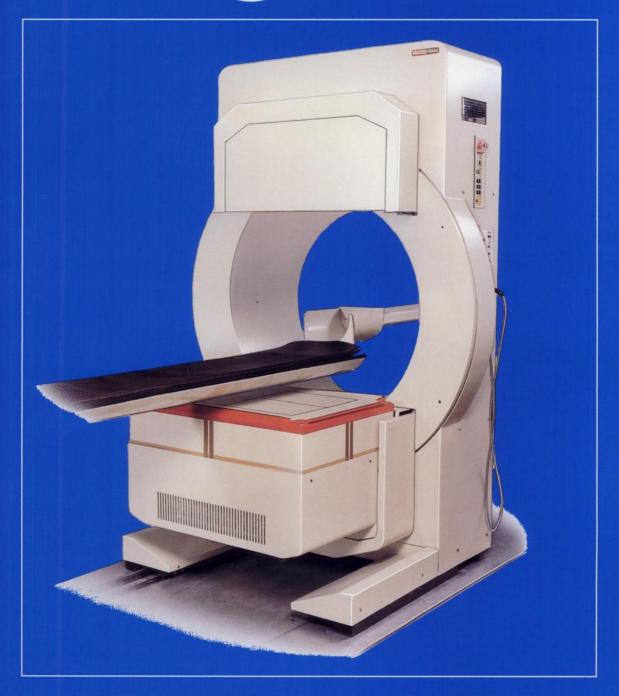


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The team's first goal was to bring their latest and most ambitious Technicare project — the Triad — to market. Trionix accomplished this in 1988.

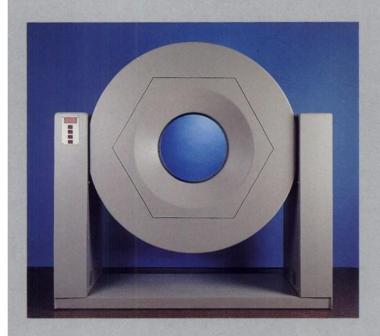
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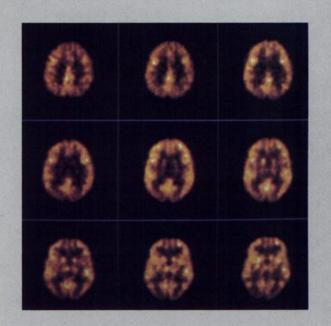
PENN-PET Model 240 H





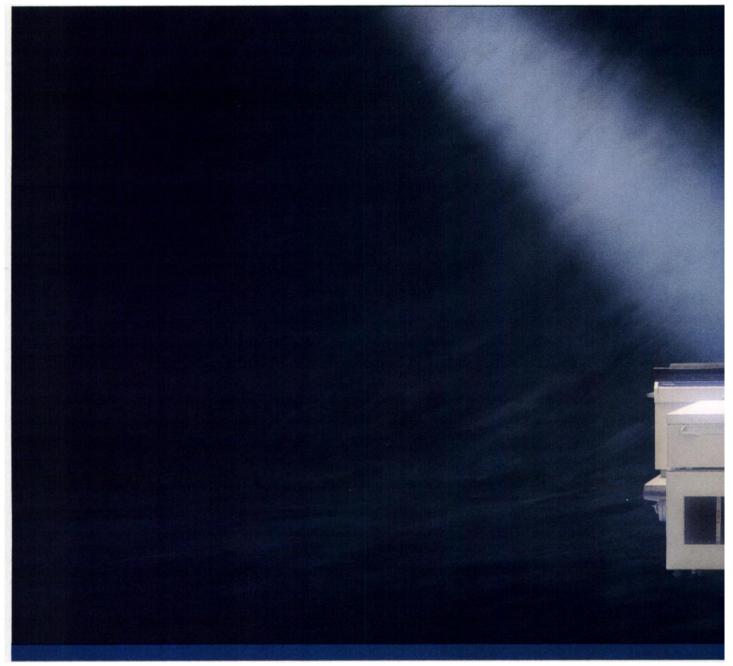
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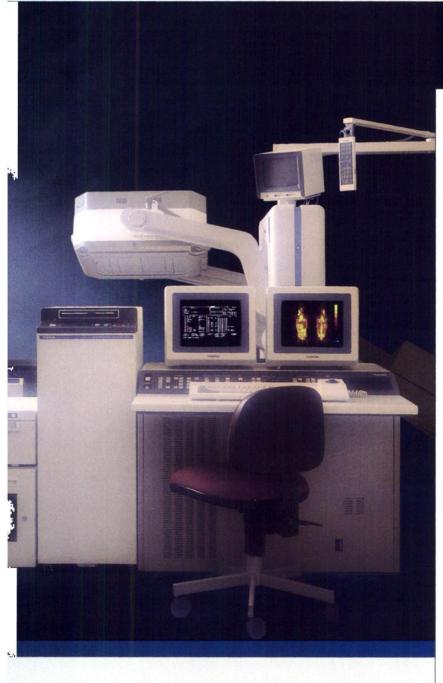


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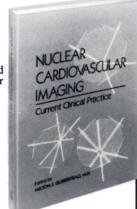
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Edited by **Milton J. Guiberteau, MD**With 21 contributors

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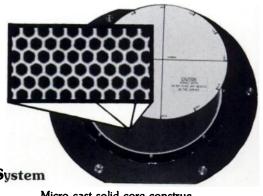
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Washington, DC Washington Convention Center

Call for Abstracts for Works-in-Progress

The 1990 Scientific Program Committee solicits the submission of abstracts from members and nonmembers of The Society of Nuclear Medicine for the 37th Annual Meeting in Washington, DC. Works-in-Progress accepted for the program will be published in a separate on-site show directory that will be distributed to all those who attend the meeting. Original contributions on a variety of topics related to nuclear medicine will be considered, including:

- INSTRUMENTATION AND DATA ANALYSIS
- RADIOASSAY
- **RADIOPHARMACEUTICAL CHEMISTRY**
- DOSIMETRY/RADIOBIOLOGY
- NUCLEAR MAGNETIC RESONANCE
- **CLINICAL SCIENCE APPLICATIONS**
 - Bone/Joint
 - Cardiovascular (clinical and basic)
 - Endocrine
 - Gastroenterology
 - Neurology (clinical and basic)
 - Oncology (non-antibody)
 - Immunology (antibody)

- - Pulmonary • Renal/Electrolyte/Hypertension
 - Hematology/Infectious Disease

Authors seeking publication for the full text of their papers are strongly encouraged to submit their work to JNM for immediate review.

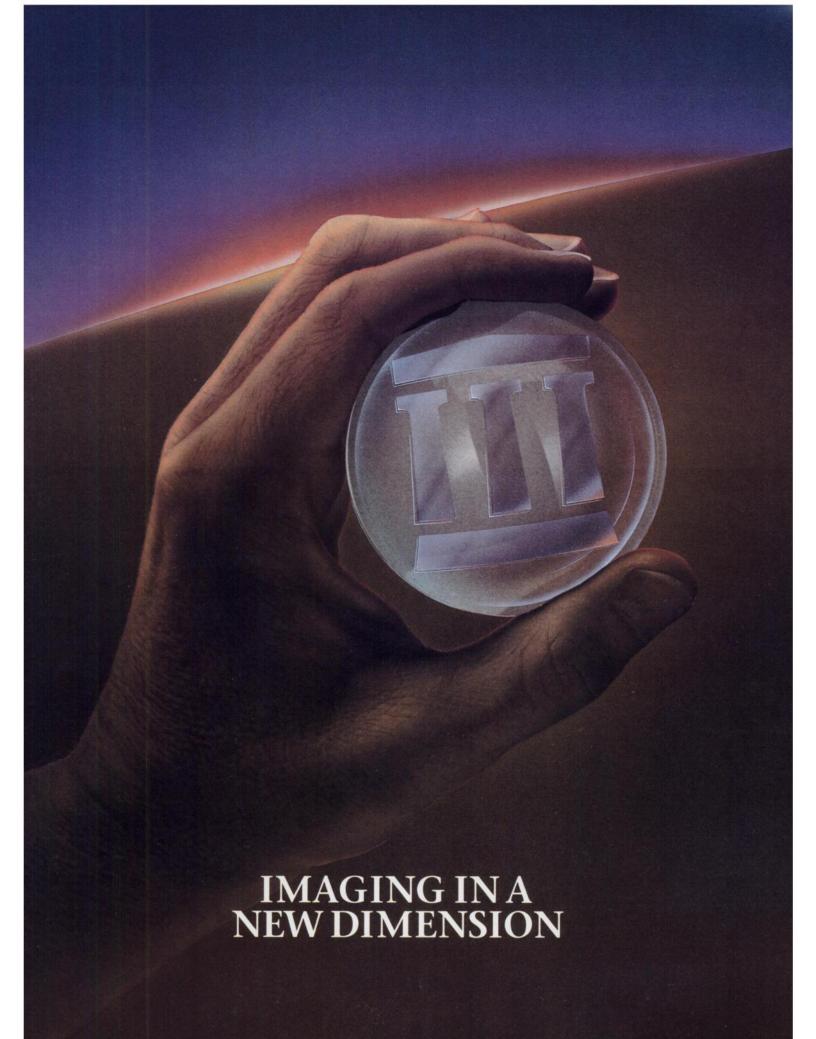
A complete educational program for technologists will be offered and technologists are encouraged to submit abstracts for their work for consideration.

Deadline for Works-in-Progress is Friday, April 6, 1990

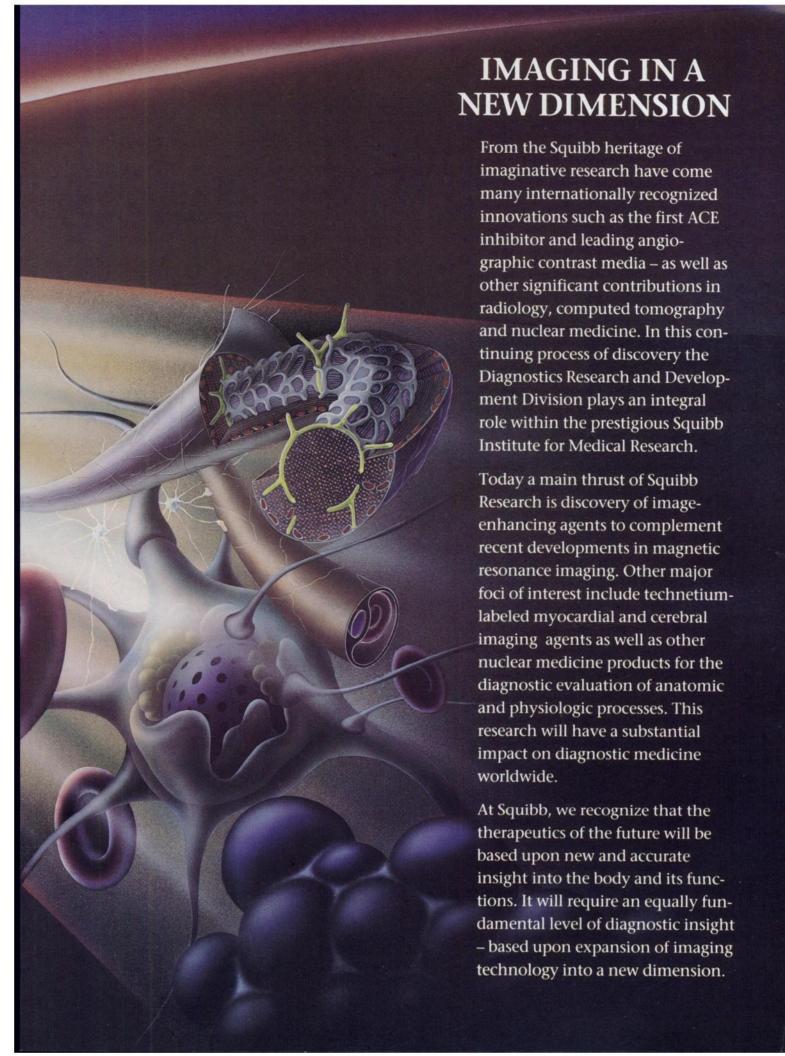
The official abstract form for Works-in-Progress may be obtained from the October 1989 issue of JNM or by calling or writina:



The Society of Nuclear Medicine Att: Abstracts 136 Madison Avenue New York, NY 10016-6760 Tel: (212)889-0717 FAX: (212)545-0221



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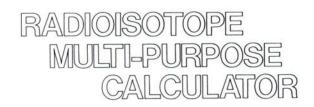




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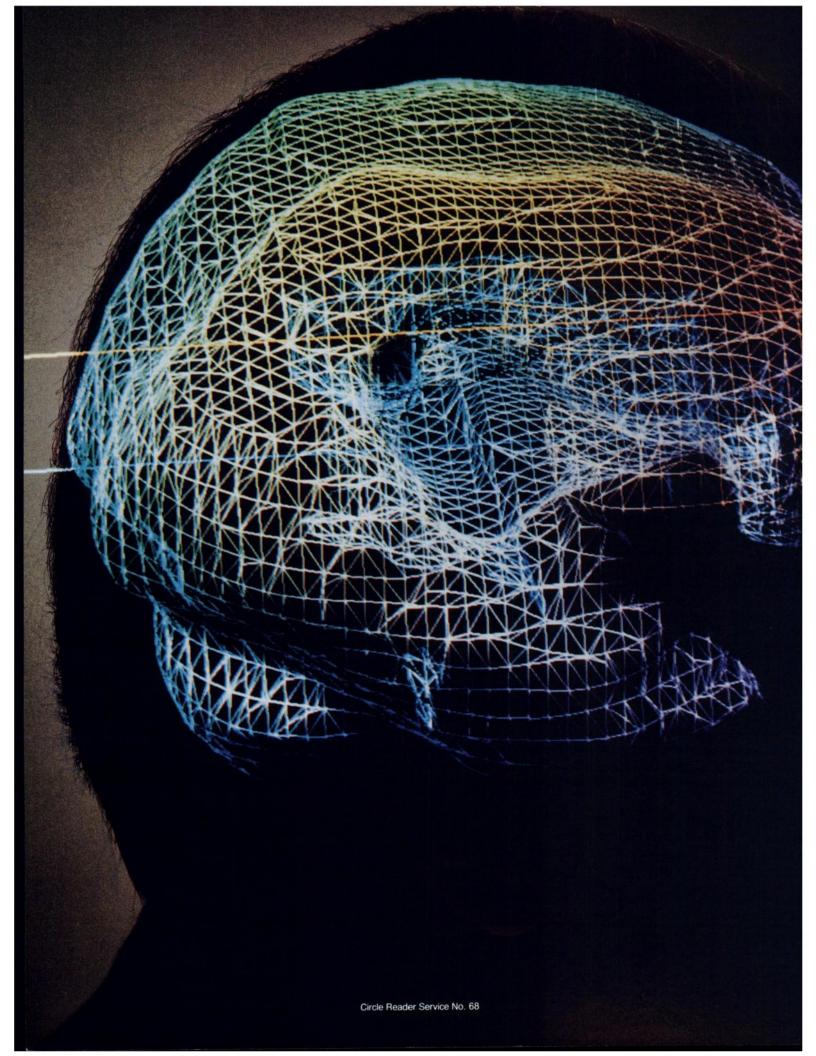
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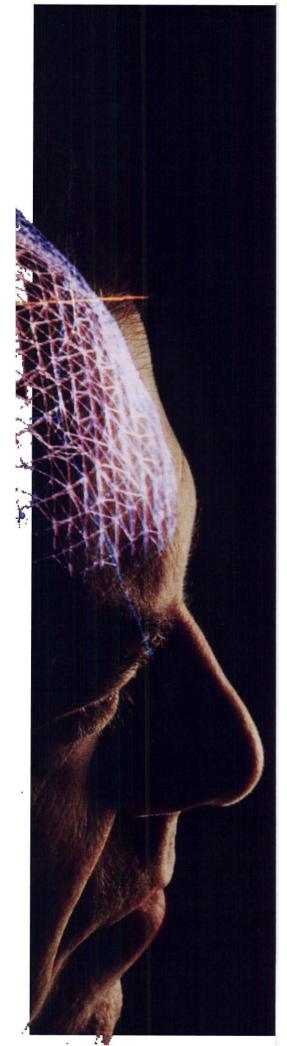


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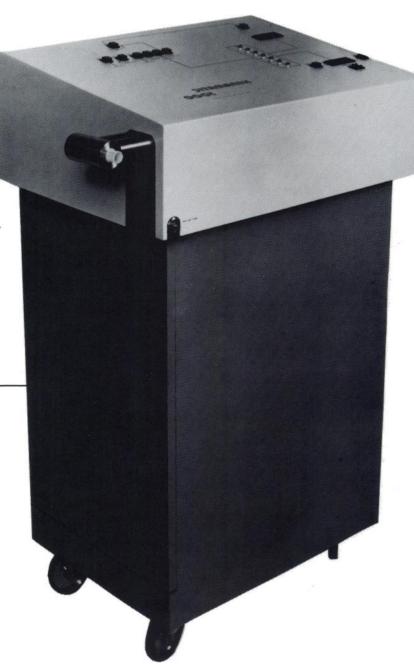
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Rates for Classified Listings-\$17.00 per line or fraction of line (approx. 50 characters per line, including spaces). Please allow 28 characters for the first line which will appear in capital letters. Special rates for *SNM members* on Positions Wanted: \$10.00 per line. Note: Box numbers are available for the cost of the 2 lines required.

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Positions Available

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RESEARCH ASSISTANT/ASSOCIATE PRO-FESSOR. Board certified nuclear physician. Strong interest and experience in research and teaching. Individual must interact with clinicians as well as basic science faculty. Experience with monoclonal antibody applications. Major emphasis on expanding reproficiency in SPECT imaging essential Applica-tions with CV and salary history to: Joseph A. Prezio, MD, F.A.C.P., Chairman and Clinical Professor, De-partment of Nuclear Medicine, University at Buffalo, 20 Diefendorf Annex, 3435 Main Street, Buffalo, New York 14214 New York 14214.

CLINICAL ASSISTANT PROFESSOR. Board certified nuclear physician. Have proven ability and strong interest in teaching principles and practice of nuclear medicine, experience in nuclear medicine related research and administrative skills. Individual must interact with clinicians as well as basic science faculty. Computer aptitude, proficiency in SPECT imaging and working knowledge of PET and PET applications desirable. Applications with CV and salary history to: Joseph A. Prezio, MD, F.A.C.P., Chairman and Clinical Prof man and Clinical Professor, Department of Nuclear Medicine, University at Buffalo, 20 Diefendorf Annex, 3435 Main Street, Buffalo, New York 14214.

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CHIEF, DIVISION OF NUCLEAR MEDICINE, Ottawa Civic Hospital. The Ottawa Civic Hospital is a tertiary care facility affiliated with the Faculty of Health Sciences at the University of Ottawa. The Division of Nuclear Medicine provides both in and out patient services to a wide area in Eastern Ontario and Western Ouebec. The Division includes a secand western queee: In Division includes a serious of Nuclear Cardiology operated in collaboration with the Division of Cardiology, Active research programs in Nuclear Cardiology and Radio pharmacy are established. This position allows for teaching and research opportunities and will be associated with an appropriate University of Ottawa appointment. The successful applicant will have an FRCPC in Nuclear Medicine or equivalent. In accordance with Cana-dian immigration regulation, this advertisement is directed to Canadian citizens and permanent residents of Canada. Please reply to Dr. K.Y. Gulenchyn, Chief, Department of Radiological Sciences, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa, On-tario, Canada KIY 4E9, with a copy of your curriculum vitae

Fellowship

FELLOWSHIP in nuclear medicine, University of Missouri-Columbia. One or two year clinical and re-search fellowship in nuclear medicine starting July 1, 1990. The fellowship is integrated between Univer-sity and adjacent Harry S. Truman Memorial Veter-ans Hospitals. Research opportunities include basic science and clinical work with new single photon emitting brain blood flow agents and a range of thera-peutic radiopharmaceuticals. Facilities include basic science laboratories, full SPECT imaging systems at both hsoptials, and opportunities for CT, ultrasound, and MR imaging correlations. Clinical program has strong cardiovascular nuclear medicine emphasis. Candidates must be Board certified or eligible in nu-clear medicine. Send letter of interest (including list of references) to: Richard A. Holmes, MD, Chief of Nuclear Medicine, University of Missouri Hospital and Clinics, 2N19 Medical Sciences, 1 Hospital Dr., Columbia, MO 65212. (314) 443-2511, Ext. 6665.

Physician

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NUCLEAR MEDICINE PHYSICIAN: Newly created junior staff position with medical school appointment for a board certified or board eligible Nuclear Medicine physician or radiologist with sub-specialty training in Nuclear Medicine. Opportunity to join progressive, expanding departme seven state-of-the-art gamma cameras with SPECT (2) and computerized image processing system. A 450-bed teaching hosptial with accredited radiology residency. Many clinical and research opportunities. Must be able to obtain permanent licensure in Massachusetts. If interested, please contact: Elizabeth Oates, MD, Director, Division of Nuclear Medicine, Box 228, Tufts-New England Medical Center, 750 Washington St., Boston, MA 02111. (617) 956-6342.

NUCLEAR MEDICINE PHYSICIAN. Recently trained BC/BE with IM background and experien in all aspects of NM preferred, to join two BC NM MD's in busy private practice. Fully equipped lab performing full range of NM studies in a 1000-bed hospital. Located in a sportsman's paradise with fishing, hunting, hiking, boating and canoeing. Less than 4 hrs from two major metropolitan areas. Reply to: Box 1201, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760.

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Experienced RADIOCHEMIST required to radiolabel and perform experiments with tracer compounds and participate in radiochemical processing. Qualifications include a Masters in Science and a strong background in nuclear medicine, handling and disposing of radioactive materials, and radiochemistry. To apply, forward resume and references to: Roberto L. Ceriani, MD, PhD, John Muir Cancer & Aging Research Institute, 2055 North Broadway, Walnut Creek, CA 94596. (415) 943-1167. EOE.

Radiologist

NUCLEAR MEDICINE SUPERVISOR. We are actively seeking a supervisor to join our staff of pro-fessionals in the nuclear medicine department. The successful candidate will have several years of certified nuclear medicine experience and at least two years of experience as a supervisor. Our department is fully equipped with state-of-the-art technology and our nuclear cardiology is second to none. We offer excellent benefits and compensation. If you qualify, call or submit your resume to: Thomas K. Harang, Cedars-Sinai Medical Center, 8723 Alden Dr., Los Angeles, CA 90048. (213) 855-5521.

Nuclear Medicine RESIDENCY opening at the UC Davis Medical Center in Sacramento, Califor-Davis Medical Center in Sacramento, California. Please send CV and three letters of recommendation for July 1, 1990 or 1991 to: Patrick V. Ford, MD, Residency Director, Nuclear Medicine, Room G-205, 2315 Stockton Boulevard, Sacramento, CA 95817. The University of California has a non-discriminatory policy which covers admission, access, and treatment in University programs and activities and amplication for and treatment in University in University programs. tivities and application for, and treatment in University employment.

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Technologist

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NUCLEAR MEDICINE CHIEF TECHNOLO-GIST: Danville Veterans Affairs Medical Center, an acute/long-term care facility has a full-time staff opening for a Supervisory Nuclear Medicine Tech-nologist. The ideal candidate will possess 3-5 years of experience, preferably in a supervisory position and be familiar with SPECT. This individual will be responsible for day-to-day operation of the department and will assist in the Radiation Safety Program. NMTCB certification preferred. We are a progressive Nuclear Medicine Department with two Technicare Gamma Cameras and one Seimen's 7500 ZLC SPECT unit and Micro-Vax Computer System due to arrive in February 1990. The Federal Government offers excellent fringe benefits and competitive salaries. Send resumé to: Pete Rudolph, Personnel Management Specialist (05-1), VA Medical Center, 1900 E. Main Street, Danville, IL 61832. (217) 442-8000, Ext. 5960. EOE.

NUCLEAR MEDICINE TECHNOLOGIST. De-Paul Medical Center, a 402-bed acute care teaching facility located in Norfolk, VA, has an immediate opening for a nuclear medicine technologist. Our progressive department offers state-of-the-art equipment including a SPECT imaging camera. Qualified applicants must be registered (ARRT, NMTCB) or registry eligible technologists. Outstanding salary and benefits package. DePaul is located close to beaches, the mountains and historic areas. Interested applicants may call or send resume to: Human Resources Dept., DePaul Medical Center, 150 Kingsley Lane, Norfolk, VA 23505 (804) 489-5241. EOE.

NUCLEAR MEDICINE TECHNOLOGIST. Vacancies exist at the VA Medical Center, Biloxi, MS, for a nuclear medicine technologist, registry certified, for the nuclear medicine department. Biloxi is a 1,130-bed hospital, 240 of which are general medical and surgical, with an active nuclear medicine department. For information contact John L. Campbell, II, MD, Chief, Nuclear Medicine Service, VA Medical Center, Pass Road, Biloxi, MS 39531, Telephone (601) 388-5541, Ext. 5129. The VA is an equal opportunity employer.

NUCLEAR MEDICINE TECHNOLOGIST: Fulltime position now available for registered or registry eligible technologist to work in a progressive Nuclear Medicine department with emphasis in cardiac work. Department includes 2 cameras, 1 SPECT unit with an integrated computer system. Raleigh, centrally located in the Research Triangle area of North Carolina offers extensive social, cultural and educational opportunities to the health professional seeking a change. Send resumé to Nancy Nelson, Personnel Recruiter, Human Resources Dept., Wake Medical Center, 3000 New Bern Ave., Raleigh, NC 27610. EOE.

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Department of Personnel Services



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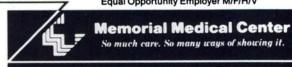
rently recruiting for a full-time Nuclear Medi-

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To qualify, you must have current California licensure and 4 years experience as a Nuclear Medicine Technologist, plus 2 years experience as an Administrative Technologist. You must be registered in Nuclear Medicine Technology by the American Registry of Radiologic Technologists or certified by the Nuclear Medicine Technology Board.

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STANFORD UNIVERSITY SCHOOL OF MEDICINE-NUCLEAR MEDICINE RESI-DENCY PROGRAM. Resident position is available beginning July 1, 1990 for a two year program at Stanford University Medical Center and affiliated Veterans Administration Medical Center. Patients from the Children's Hospital at Stanford are also studied at the University Hospital. The program is approved by the ACGME and satisfies the requirements of the American Board of Nuclear Medicine. Prerequisite for entry into program: two years prior training in an ACGME-approved program in internal medicine, radiology, pathology, or pediatrics. Requests for further information (include CV and reference list) should be directed to: Dr. I. Ross McDougall, Professor of Radiology and Medicine, Stanford University Medical Center, Room H-0115, Stanford, CA 94305-5281. Stanford University Medical Center is committed to increasing representation of women and members of minority groups in its resident training programs and particularly encourages applications from such candidates.

Physician

DIRECTOR • NUCLEAR MEDICINE

IMMEDIATELY required to Head the Nuclear Medicine Department at the Plains Health Centre, Regina, Saskatchewan, a 303bed teaching referral centre affiliated with the College of Medicine, University of Saskatchewan. The hospital also serves as the major Cardioscience and Neuroscience Facility for the Southern half of the Province of Saskatchewan. The successful applicant should have competence in all aspects of Diagnostic and Therapeutic Nuclear Medicine. Applicants must be FRCP(C) in Nuclear Medicine or be eligible to take the examinations. In accordance with the Canadian Immigration Requirements, preference will be given to Canadian Citizens. Please submit curriculum vitae and references to Dr. D. Chinn, Secretary, Search Committee, Plains Health Centre, 4500 Wascana Parkway, Regina, Saskatchewan, S4S 5W9.

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The initial task will be to provide technical leadership to the team planning the P.E.T. Centre. Key decisions that will require substantial input from the Senior Scientist include the specification of the appropriate equipment, the physical design of the P.E.T. Centre and the development of appropriate operating models.

At the end of this initial period, the Senior Scientist will be responsible for all operational matters relating to the P.E.T. scanner and the cyclotron other than radiochemistry. The Senior Scientist will be part of the management team of the P.E.T. Project.

The Senior Scientist will have had substantial experience with this technology, including the installation and troubleshooting with new equipment. He/she will have particular expertise in the development of appropriate computer software. Personal qualities will include the ability to manage a large and diverse team and to communicate effectively with project staff and users of the Centre.

All enquiries to Dr. John McKay, Director of Nuclear Medicine on (613) 450 5163 Fax. (613) 459 1473.

A detailed job description is available from the Senior Employment Officer Tel. (613) 450 5891 Fax. (613) 459 1473 to whom written applications should be forwarded not later than 31.1.90. Austin Hospital, Heidelberg Vic 3084 Australia.

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Physicist

The Nuclear Medicine Service of Brockton/West Roxbury VA Medical Center is seeking a Physicist who is familiar with Nuclear Medicine instrumentation and radiation protection. The candidate should have an M.S. degree, its equivalent or higher and be interested in research and teaching. The VA Medical Center is a teaching affiliate of the Harvard Medical School. Please contact: Dr. Donald E. Tow at (617) 323-7700, Ext. 5270 at 1400 VFW Parkway, West Roxbury, MA 02132. The VA is An Equal Opportunity Employer.

35th Annual Meeting Southwestern Chapter, SNM, April 6–8, 1990 Houston, Texas



The 35th Annual Meeting of the SW Chapter, SNM, will be held at the Doubletree Hotel, Post Oak, near the Galleria in Houston.

SCIENTIFIC PROGRAM—Charles Boyd, Chairman

Dr. Sally J. DeNardo, University of California at Sacramento, will present the 13th annual Ted Bloch Lecture. The Southwestern Chapter Distinguished Lecturers will be Dr. Gerald L. DeNardo, UC Davis at Sacramento, and Dr. Richard Holmes, University of Missouri at Columbia. In addition, there will be other invited speakers and scientific papers. On Sunday morning there will be a special joint session with the Technologist Section, organized by Terri Boyce, on medicine and space. This promises to be an exciting and innovative session.

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We will have commercial exhibits with space for $36.8' \times 10'$ booths. For information on exhibiting, contact Judy Brockmeyer, (415)647-4179.

REGISTRATION FEES

Physicians/Scientists-Member: \$100; Non-member: \$125 Techs/Residents/Interns-Member: \$55; Non-member: \$85.

For more information, contact Jean Parker, Executive Director, SWC, SNM, P.O. Box 40279, San Francisco, CA 94140. Phone: (415) 647-1668; Fax: (415) 647-8392.



Tuesday, June 19-Friday, June 22, 1990

Washington, DC Washington Convention Center

Call for Abstracts, Scientific Exhibits and Works-in-Progress for the Technologist Program

The 1990 Scientific and Teaching Sessions Committee solicits the submission of abstracts from members and nonmembers of The Society of Nuclear Medicine for the 37th Annual Meeting in Washington, DC. Abstracts accepted for the program will be published in the June issue of the Journal of Nuclear Medicine Technology. Works-in-Progress will be published in the September issue of the Journal of Nuclear Medicine Technology. Original contributions on a variety of topics related to nuclear medicine will be considered, including:

- INSTRUMENTATION AND DATA ANALYSIS
- **RADIOASSAY**
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- NUCLEAR MAGNETIC RESONANCE
- CLINICAL SCIENCE APPLICATIONS
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 - Cardiovascular (clinical and basic)
 - Endocrine
 - Gastroenterology
 - Neurology (clinical and basic)
 - Oncology (non-antibody)
 - Oncology/immunology (antibody)

- Pediatrics
- Pulmonary
- Renal/Electrolyte/Hypertension
- Hematology/Infectious Disease

Authors seeking publication for the full text of their papers are strongly encouraged to submit their work to *JNMT* for immediate review.

Deadline for receipt of Abstracts is Thursday, January 11, 1990.

Deadline for receipt of Scientific Exhibits is Thursday, January 18, 1990.

Deadline for receipt of Works-in-Progress is Friday, April 6, 1990.

At the 1990 Annual Meeting, cash awards will be given to the three best papers. First prize is \$200, second prize \$150, and third prize \$100.

The official abstract form may be obtained from the October, 1989 issue of *JNM* or by calling or writing:

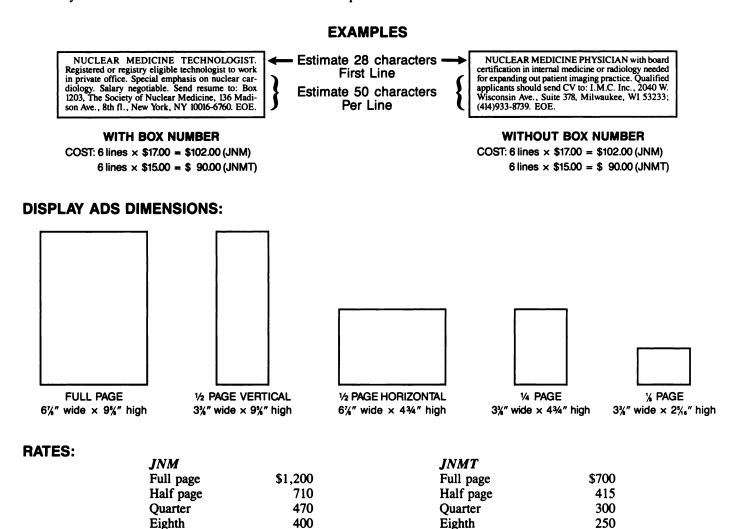


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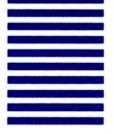
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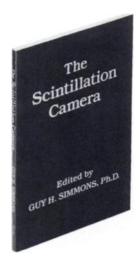
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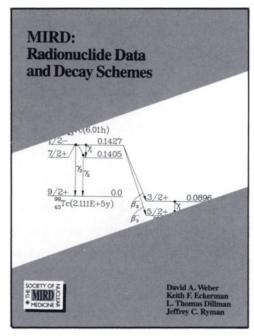
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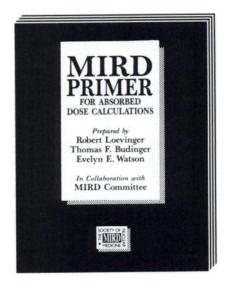


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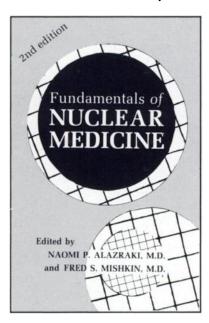
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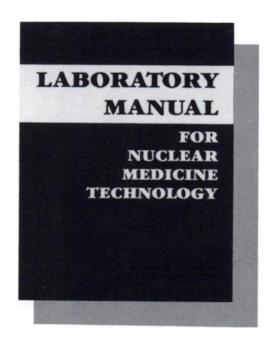
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CONTRIBUTORS

Charles T. Adams, Robert T. Anger, Nancy A. Clifton, Robert J. English, Casimir Eubig, Michael Freeman, Wanda M. Hibbard, Kenneth A. Holmes, Ronnie D. Jeffcoat, Judith E. Kosegi, Rebecca W. Lam, Sue P. Lance, Joan A. McKeown, Evelyn R. Merritt, Maria Nagel, James A. Ponto, John H. Powell, Raymond Wilemzick, James J. Wirrell

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

Teleradiology Image Display System



Redi-Vu Systems, a division of JD Technical Services, has introduced the Tele-Vu 5000, a scanner based, high resolution, teleradiology image display system. The Tele-Vu is both a transmit and receive system. At the transmit site. Tele-Vu can scan and send transparencies, documents and reports. Thus, a doctor who is not at the site can still offer patient diagnosis. The Tele-Vu 5000 is a flat-bed image scanner that not only scans x-ray films, but also can be converted into a conventional scanner capable of scanning documents. The scanner is based on a 32 bit, 80386 microprocessor operating at 25 MHz. The flat-bed image scanner used at the transmission site has selectable scan speeds of 75, 150 and 300 DPI. The scanner's software features include window/rubberbanding areas of interest, automatic data scaling, and 90° image rotation. The display features consist of rove, minification and magnifying glass, with brightness/ contrast and background subtraction for enhanced images. Multiple images from one or more patient studies can be displayed simultaneously. The function keys have pre-programmed macros, which allow operations to be executed with a single keystroke, and the user interface is controlled by an optical mouse. Data can

be accessed from multiple sources with video capture and the built-in transmission software allows 2.5:1 data compression with zero data loss. The scanner can also function as a high performance computer, for word processing and accounting applications. Redi-Vu Systems, 2455-G Autumnvale Drive, San Jose, CA 95131. Attn: Jerry Pepmueller. (408) 263-9963.

Circle Reader Service No. 101

Radionuclide Generator

Robert Atcher of Chicago, IL and John Hines of Glen Ellyn, IL, both researchers at Argonne National Laboratory, have devised a radionuclide generator that produces isotopes, which can be used in cancer therapy or for suppressing organ transplant rejection. Because the isotopes used in nuclear medicine will be placed inside the body, their half-life should be no longer than needed to kill cancer cells, usually only a few hours. However, there

are only a few of the large, expensive cyclotrons needed to produce these isotopes. If the nearest device is many hours away, the isotope will become ineffective by the time it arrives at its destination. Atcher and Hines' radionuclide generator uses a super-strength resin to trap relatively stable radium-224 inside a lead capsule, which is then shipped to its destination. En route, some of the radium decays into short-lived bismuth-212, which can be removed from the resin with an acid solution and used in cancer therapy. The capsule can be "milked" of bismuth several times a day for about a week, according to Hines, assuring a full-strength dose of the isotope every time. For more information, contact: Argonne National Laboratory, Chemical Division, Bldg. 211, 9700 South Cass. Ave., Argonne, IL 60439. Attn: Bob Atcher, Group Leader, Nuclear Medicine Research. (312) 972-6728.

Circle Reader Service No. 102

Cardiac Insert

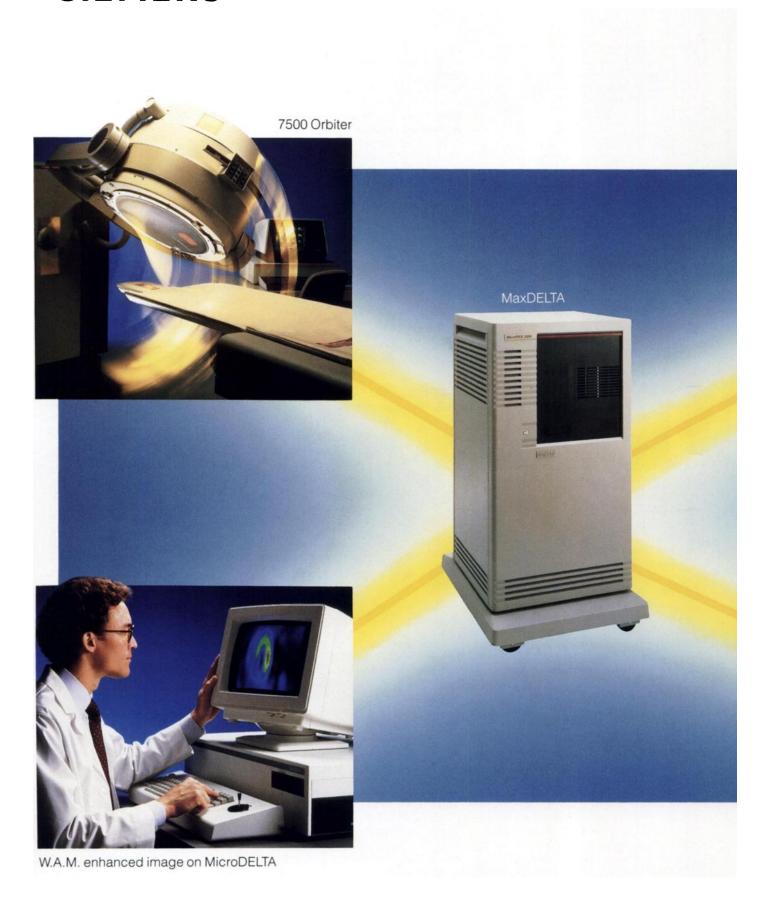


Nuclear Associates, a division of Victoreen, Inc., has developed the Cardiac Phantom Insert, which can be used with the PET/SPECT Performance Phantom source tank to realistically mimic the human heart for thallium-201 tests. The "heart" has a hollow wall into which any of eight "defects" can be inserted. The wall is then filled with a solution containing thallium-201, or any other isotope, and the insert is placed within the source tank, which is filled with a less concentrated "background" solution. The eight plastic "defects" are of various sizes and shapes, and when placed within the "heart wall," they cause "cold" spots, just as cardiac infarcts would do. The Cardiac Insert is supported on plastic rods, to allow the entire unit to swivel a full 360°, or be

rotated to any desired angle, assuming any desired position or attitude. The resulting images will be equivalent to those obtained during normal patient imaging. The "heart" is approximately 8cm diameter by 8cm high, and the "hollow" wall is 1½cm thick. The Insert is made of acrylic and its sections are sealed with "O" rings to prevent leaking. The eight movable defects include four which are round, ranging in diameter from 5mm to 20mm, and four which are elliptical, ranging in size from 5×10mm to 2×4cm. The overall size of the Insert is 8" diameter by 6" to 10" high. Nuclear Associates, A Division of Victoreen, Inc., 100 Voice Rd., Carle Place, NY 11514. Attn: M. Ratner. (516) 741-2166

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ENCE



MPI DTPA Kit (Chelate)

Kit for the Preparation of **Technetium Tc 99m Pentetate Injection**

- Used to perform renal imaging, assess renal perfusion, estimate glomerular filtration rate, and for brain imaging.
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Please see brief summary of prescribing information at right.

MPI DTPA Kit (Chelate)

Kit for the Preparation of Technetium Tc 99m Pentetate Injection

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

DIAGNOSTIC-FOR INTRAVENOUS USE

DESCRIPTION: Each kit contains sterile, pyrogen-free, nonradioactive ingredients necessary to produce Technetium Tc 99m Pentetate Injection for diagnostic use by intravenous

The chemical names for Technetium Tc 99m Pentetate Injection are 1. Technetate (1-)99mTc. [N. N-bis [2-[bis (carboxymethyl) amino] ethyl] glycinato (5-)]-, sodium; and 2. Sodium [N. N-bis [2-[bis (carboxymethyl) amino] ethyl] glycinato (5-)] - technetate (1-)-99mTc.

INDICATIONS AND USAGE: Technetium Tc 99m Pentetate Injection may be used to perform kidney imaging, brain imaging, to assess renal perfusion, and to estimate glomerular filtration rate.

CONTRAINDICATIONS: None known.

WARMINGS: None

PRECAUTIONS:

General

The contents of this kit are not radioactive. However, after Sodium Pertechnetate Tc 99m Injection is added, adequate shielding of the final preparation must be maintained.

The contents of the reaction vial are intended only for use in the preparation of Technetium Tc 99m Pentetate Injection and are NOT to be directly administered to the patient. The image quality may be adversely affected by impaired renal function

Literature reports indicate that the target to non-target ratio for intracranial lesions may take several hours to develop fully, and the possibility of missing certain lesions when imaging is restricted to the early period after injection should be borne in mind.

To minimize radiation dose to the bladder, the patient should be encouraged to increase his fluid intake, and to void when the examination is completed and as often thereafter as possible for the next 4-6 hours.

Technetium Tc 99m Pentetate Injection should be formulated within six (6) hours prior to clinical use for brain and kidney imaging, and for assessing renal perfusion. For optimal results this time should be minimized. Intervals longer than one hour should be the

Technetium Tc 99m Pentetate Injection for use in estimating glomerular filtration rate should be formulated within one (1) hour prior to clinical use.

The components of the kit are supplied sterile and pyrogen-free. Aseptic procedures normally employed in making additions and withdrawals from sterile, pyrogen-free containers should be used during the addition of the pertechnetate solution and the withdrawal of doses for patient administration.

The Technetium Tc 99m labeling reactions involved in preparing the agent depend on maintaining the stannous ion in the reduced state. Any oxidant present in the sodium pertechnetate Tc 99m supply may thus adversely affect the quality of the radiopharmaceutical. Hence, sodium pertechnetate Tc 99m containing oxidants should not

Technetium Tc 99m Pentetate Injection as well as other radioactive drugs must be handled with care and appropriate safety measures should be used to minimize external radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to patients consistent with proper patient mana

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

High background counts, poor images and erroneous clearance results have been observed with the use of vials exceeding expiration time, owing to inadequate labeling. The vials should not be used after the expiration date shown on the label.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential, or whether Technetium Tc 99m Pentetate Injection affects fertility in males or females

Pregnancy Category C

Animal reproduction and teratogenecity studies have not been conducted with Technetiun Tc 99m Pentetate Injection. It is also not known whether Technetium Tc 99m Pentetate Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc 99m Pentetate Injection should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approxi-mately 10) days following the onset of menses.

Nursing Mothers

Technetium Tc 99m is excreted in human milk during lactation. Therefore, formula feedings should be substituted for breast feedings.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Pyrogenic and allergic reactions to preparations of Technetium Tc 99m Pentetate Injection have been reported in the literature.

HOW SUPPLIED:

- Kit Contents

 10 STERILE REACTION VIALS (10 cc. silver aluminum overseal), each containing, in hypohilized form and under nitrogen atmosphere, 5 mg of Pentetate Pentasodium, and 0.17 mg (minimum) stannous chloride (maximum stannous and stannic chloride 0.275 mg). Hydrochloric acid and sodium hydroxide have been added for pH adjustment prior to hypohilization.
- 20 PRESSURE-SENSITIVE LABELS for final preparation of Technetium Tc 99m Pentetate
- 1 PACKAGE INSERT

THIS PRODUCT INFORMATION ISSUED MAY 1989

Medi-Physics, Inc. 140 East Ridgewood Avenue, Paramus, NJ 07652