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

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

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

Gated short axis SPECT studies (imaged with CARDIOLITE) of a 64-year-old male with hypertensive cardiomyopathy demonstrate an interoseptal myocardial infarction. The increased color intensity from diastole to systole represents myocardial wall thickening.
New expanded uses fill in the gaps with more myocardial information

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

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

CARDIOLITE fills in gaps in your imaging schedule

CARDIOLITE: Institution 1

Stress
- Study 1
- Study 2
- Study 3
- Study 4
- Study 5
- Study 6

Camera
- Study 1
- Study 2
- Study 3
- Study 4
- Study 5
- Study 6

NONSTOP CAMERA UTILIZATION

Thallium: Institution 2

Stress
- Study 1
- Study 2
- Study 3
- Study 4

Camera
- Study 1
- Study 2
- Study 3
- Study 4

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

Please see last page of advertisement for Brief Summary of Prescribing Information.
Improved
camera utilization
fills in scheduling gaps
for greater throughput

CARDIOLITE virtually eliminates the gaps of
time between camera use often associated with thallium.
That’s because CARDIOLITE allows you to uncouple the
time of injection from the time of imaging. Patients
can be batched for stress, then imaged at any time...
up to 4 hours after injection. So your patients are ready
and waiting for the camera, not the other way around.

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

Cardiolite
Kit for the preparation of Technetium Tc99m Sestamibi

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

CARDIOLITE fills your cardiac imaging needs.

Cardiolite
Kit for the preparation of Technetium Tc99m Sestamibi

Fills in the gaps...with clarity that lasts.
DESCRIPTION: Each vial contains a sterile, non-pyrogenic, lyophilized mixture of:
- Tetrakiso(2-methoxyisobutyryl)isorbide (Copper I) tetrathloroferrate - 1.0mg
- Sodium Citrate Dihydrate - 2.6mg
- L-cysteine Hydrochloride Monohydrate - 1.0mg
- Mannitol -20mg
- Stannous Chloride, Dihydrate, minimum (SnCl2*2H2O) - 0.025mg
- Stannous Chloride, Dihydrate, maximum (SnCl2*2H2O) - 0.075mg
- Tin Chloride (Stannous and Stannic) Dihydrate, maximum as (SnCl2*H2O) - 0.086mg

Prior to rehydration, the product should be 33.5% (5.0-6.0). No bacteriostatic preservative is present.

The precise structure of the technetium complex in Tc99mMIBI, which MIBI is a 2-methoxyisobutyl isocyanate.

INDICATIONS AND USAGE: CARDIOLINEKit for the preparation of Technetium Tc99m Sestamibi is a myocardial perfusion agent that is useful in the evaluation of ischemic heart disease. CARDIOLINE Kit for the preparation of Technetium Tc99m Sestamibi is useful in distinguishing normal from abnormal myocardium and in the localization of abnormality, in patients with suspected myocardial infarction, ischemic heart disease or coronary artery disease. Evaluation of ischemic heart disease or coronary artery disease is accomplished using rest and stress techniques.

CARDIOLINE Kit for the preparation of Technetium Tc99m Sestamibi is also useful in the evaluation of myocardial function using the first pass technique. Rest-exercise imaging with Tc99m Sestamibi in conjunction with other diagnostic information may be useful in the assessment of coronary artery disease. In clinical trials, a protocol consisting of the anterior wall, inferior-posterior wall and isolated apex, localization in the anterior or inferior-posterior wall in patients with suspected angina pectoris or coronary artery disease was shown. Disease localization isolated to the apex has not been established. Tc99m Sestamibi has not been studied or evaluated in patients with recent myocardial infarction, ischemic heart disease or coronary artery disease. It is usually not possible to differentiate recent from old myocardial infarction to differentiate recent myocardial infarction from ischemia.

CONTRAINDICATIONS: None known.

WARNINGS: In studies of patients in whom cardiac disease is known or suspected, care should be taken to avoid the concurrent monitoring and treatment in accordance with tests and procedures. Frequently, death has occurred at 2 to 24 hours after Tc99m Sestamibi use and is usually associated with exercise stress testing (See Precautions).

PRECAUTIONS:

The contents of the vial are intended for use only in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparatory procedure. Radiοactive drugs must not 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 patients consistent with proper patient management.

The contents of the kit before preparation are not radioactive. However, after the Sodium Pertechnetate Tc99m Injection is added, adequate shielding of the final preparation must be maintained. The components of the kit are sterile and non-pyrogenic. It is essential to follow directions carefully and to adhere to strict aseptic procedures during preparation.

Technetium Tc99m labeling reactions involved depend on maintaining the stannous ion in the reduced state. Hence, Sodium Pertechnetate Tc99m Injection containing oxidants should not be used. Technetium Tc99m Sestamibi should not be used more than six hours after preparation. 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 radiopharmaceuticals. Stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

The most frequent exercise stress test endpoints, which resulted in termination of the test during the controlled Tc99m Sestamibi studies (two-thirds of cardiac patients) were:
- Fatigue 35%
- Dyspnea 17%
- Chest pain 16%
- ST-depression 7%
- Arrhythmia 1%

Carcinogenesis, Mutagenesis, Impairment of Fertility: In comparison with most other diagnostic technetium-labeled radiopharmaceuticals, the radiation dose to the ovaries (1.5 rad/30mCi at rest, 1.2 rad/30mCi at exercise) is high. Minimal exposure (ALARA) is necessary in women of childbearing capacity. (See Dosimetry subsection in DOSAGE AND ADMINISTRATION section.)

The active intermediate, [Cu(MBII)BF4], was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CH2HFRP and sister chromatid exchange tests (all in vitro). At cytotoxic concentrations (≤0.2 μg/mL), an increase in cells with chromosome aberrations was observed in the in vitro human lymphocyte assay. [Cu(MBII)BF4] did not show genotoxic effects in the in vivo mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (20mg/kg, >600x maximum dose) in this test.

Pregnancy Category C: Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc99m Sestamibi. It is unknown whether Technetium Tc99m Sestamibi can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc99m Sestamibi should be given to a pregnant woman only if clearly needed.

Technetium Tc99m Pertechnetate is excreted in human milk during lactation. It is not known whether Technetium Tc99m Sestamibi is excreted in human milk. Therefore, formula feedings should be substituted for breast feedings.

Pediatric Use: Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS: During clinical trials, approximately 6% of patients experienced a transient metabolic lactic acidosis immediately after the injection of Technetium Tc99m Sestamibi. A few cases of transient headache, flushing and non-itching rash have also been attributed to administration of the agent. Cases of angina, chest pain, and death have occurred (See WARNINGS and PRECAUTIONS). The following adverse reactions have been rarely reported: signs and symptoms consistent with acute myocardial infarction shortly after administration of the agent; transient arthritis in the wrist joint; and severe hypertension, which was characterized by dyspnea, hypotension, bradycardia, asthma and vomiting within two hours after second injection of Technetium Tc99m Sestamibi.

DOSAGE AND ADMINISTRATION: The suggested dose range for IV administration in a single dose is 270-1110MBq (7.5-30mCi).

The dose administered should be the lowest required to provide an adequate study consistent with ALARA principles (see also PRECAUTIONS). When used in the diagnosis of myocardial infarction, imaging should be completed within four hours after administration. The patient dose should be measured by a suitable radionuclide activity measurement system immediately prior to patient administration. Radiochemical purity should be checked prior to patient administration. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

Store at 25±5°C before and after reconstitution.

RADIATION DOSEMETRY: The radiation doses to organs and tissues of an average patient (70kg) per 1110MBq (30mCi) of Technetium Sestamibi injected intravenously are shown in Table 4.

<table>
<thead>
<tr>
<th>Organ</th>
<th>2.0 hour void</th>
<th>4.8 hour void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/s/30mCi</td>
<td>mGy/1110MBq</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>3.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Liver</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Testes</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

HUMAN STUDIES: Du Pont Radiochemical’s CARDIOLINE Kit for the Preparation of Technetium Tc99m Sestamibi is supplied as a 5ml vial in kits of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic.

Prior to rehydration, the pH is between 5.5-5.9. The contents of the vials are lyophilized and stored under refrigeration at 2-8°C before and after reconstitution. Technetium Tc99m Sestamibi contains no preservatives. Included in each two (2) vial kit are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each five (5) vial kit are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each thirty (30) vial kit are one (1) package insert, thirty (30) vial shield labels and thirty (30) radiation warning labels.

The U.S. Food and Drug Administration has approved this kit for distribution to persons licensed to use byproduct material pursuant to sections 35.11 and section 35.200 of Title 10 CFR Part 35, to persons who have a written agreement issued by an Agreement State, and, outside the United States, to persons authorized by the appropriate authority.

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BIOMEDICAL PHYSICIST/ENGINEER. The Department of Radiology and Radiological Sciences of Vanderbilt University Medical Center is seeking applications for a PET physicist/engineer. Qualifications should include Board certification or Board eligibility and a PhD in physics, medical physics, engineering or related fields. Previous PET and/or nuclear medicine experience with strong computer skills is preferred. Duties will include board certification or Board eligibility and a PhD in physics, medical physics, engineering or related fields. Previous PET and/or nuclear medicine experience with strong computer skills is preferred. Duties will include but are not limited to direction and support of PET quality assurance, physics and computer support of clinical PET, applications programming, participation in the Department’s Nuclear Medicine Technology program, education of staff/residents, and research in PET, nuclear medicine and correlative modalities. The position is available immediately. Faculty rank and salary will be based on previous experience. Qualified individuals are encouraged to apply. For more information and to apply, please contact: Ronald R. Price, PhD, Department of Radiology and Radiological Sciences, Vanderbilt University Medical Center, 21st Ave South B/W Highway 100, Nashville, TN 37232-2675. Vanderbilt University is an Equal Opportunity/Affirmative Action Employer.

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FELLOWSHIP IN BRAIN SPECT IMAGING. The Department of Radiology at the Brigham and Women’s Hospital/Harvard Medical School, has an opening for one fellowship, and an optional second year, in brain SPECT imaging. The department has a high-resolution SPECT system dedicated to brain imaging, four rotating-head gamma cameras capable of SPECT imaging and workstations for MR/CT/SPECT superimposition. The department does approximately 1000 brain SPECT examinations per year, including perfusion, tumor seeking, and blood pool studies. Ongoing research areas include dementia, substance abuse, tumor detection and therapy, and cerebrovascular disease. Please send curriculum vitae to: B. Leonard Holman, MD, Chairman, Department of Radiology, Brigham and Women’s Hospital, 75 Francis Street, Boston, MA 02115. Brigham and Women’s Hospital/Harvard Medical School is an affirmative action/equal opportunity educator and employer.

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Research Scientist IV: Candidates must have a BS in Biology or Chemistry or a related discipline or a four-year college curriculum with a major concentration in Biology/Chemistry or a related discipline PLUS nine years of experience in nuclear pharmacy/radioimmunotherapy OR a Pharmacy degree PLUS nine years of experience in nuclear pharmacy/radioimmunotherapy OR a Master’s degree in a related discipline PLUS seven years of experience in nuclear pharmacy/radioimmunotherapy OR a Ph.D. in nuclear pharmacy, biochemistry or a related discipline PLUS four years of experience in nuclear pharmacy/radioimmunotherapy.

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• Lung Ventilation/Perfusion Study - Survey IM-A
You will receive a transmission device with two changeable inserts simulating a Ventilation/Perfusion (V/Q) Scintigraphic Study, and will identify and locate perfusion and ventilation defects to characterize as V/Q matches, mismatches, and reverse mismatches. After submitting responses you will receive a summary of imaging techniques and interpretive criteria used by peers in the scintigraphic assessment of pulmonary embolism.

• Coronal Brain Planar Study - Survey IM-B
The transmission device includes two changeable inserts simulating two coronal SPECT brain scan images to be scanned in the planar mode. After submitting responses you will receive a summary of SPECT brain imaging techniques and interpretive criteria used by peers in the emission tomographic assessment of some brain abnormalities.

• To Participate
Orders must be received at the College of American Pathologists by March 24 for Survey IM-A and by August 18 for IM-B. The price of each Survey is $354. For more information call the CAP at 800-323-4040, option 3.

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Continuing Medical Education Primary Focus of The Society of Nuclear Medicine's 40th Annual Meeting
June 8-11, 1993
Toronto, Ontario, Canada

The 40th Annual Meeting of The Society of Nuclear Medicine will be held in Toronto, Ontario, Canada on Tuesday, June 8 through Friday, June 11, 1993. The Toronto Convention Centre is the site of most of the educational activities for this meeting.

CONTINUING EDUCATION ACTIVITIES
A primary focus for every SNM Annual Meeting is the Continuing Education activities that are offered for physicians, scientists, pharmacists, and technologists.

This year we are pleased to offer 12 categorical seminars and 45 continuing education courses. There will also be a Nuclear Medicine Review Course which is geared for the nuclear medicine resident preparing for the ABNM boards and others who wish to refresh their knowledge for practice in nuclear medicine.

All of the categorical seminars will take place on Monday, June 7 from 8:30 a.m. - 2:30 p.m. All other continuing education sessions will occur over the dates of the meeting.

Once again, continuing medical education credits will be offered along with VOICE credits for technologist programs. The Scientific and Teaching Sessions Committee invites all physicians to participate.

The Society of Nuclear Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The Society of Nuclear Medicine is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.

Technologist Section courses are approved for continuing education credit by the Technologist Section of The Society of Nuclear Medicine under the criteria and guidelines established by the Council on the Continuing Education Unit.

For further information contact:

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TECHNICAL EXHIBITS
Another important component of the meeting is the technical exhibition, where the most advanced products and services for the nuclear medicine practitioner will be displayed. Attendees will have the opportunity to speak with technical experts and to see demonstrations of new equipment in an atmosphere free from the pressures of their busy practices.

Suppliers to the nuclear medicine community traditionally take advantage of the Society's Annual Meeting to showcase the innovations developed over the past year and to introduce new products. They make their greatest effort to impress and influence their most important customers—our attendees.

This year will be no different: several long-time exhibitors have increased their space, and we anticipate an even larger show, with more exhibitors than 1992's record-breaking meeting.

SPECT BRAIN IMAGING PRACTICA
Once again, the Brain Imaging Council will be offering a hands-on brain SPECT workshop for physicians desiring to optimize their practice and interpretative skills in this area. These workshops will be offered three times each day on Wednesday and Thursday, June 9-10, 1993, 8:30 a.m. - 10:00 a.m., 1:00 p.m. - 2:30 p.m., and 3:30 p.m. - 5:00 p.m. This workshop will have a maximum of 50 registrants for each session, so early sign-up is strongly suggested. Registration materials for this SPECT workshop were included in the preview mailing in January.
Reducing stress in pharmacologic stress testing

Patient safety and tolerability: the stress factors
Consider the pharmacologic stress population. Old patients. Frail patients. Submaximally stressed patients. The obese. In these often vulnerable or compromised patient types, safety and tolerability are particularly important. The more certain an agent’s safety and tolerability record, the more potential for patient comfort and physician confidence. Use of a pharmacologic stress agent with a proven record can help reduce physician anxiety... or emotional “stress.”

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I.V. Persantine® (dipyridamole USP) has a safety profile established in over a decade of clinical testing.¹ ² Just as in exercise stress testing, there is always some risk of serious adverse events. However, based on information from over 400,000 patient studies, I.V. Persantine is generally well tolerated.³ Such an established record in pharmacologic stress creates a standard by which to compare other agents.

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Pharmacologic stress with I.V. Persantine takes effect with a 4-minute infusion, followed within 5 minutes with the appropriate thallium dose. This allows most patients to become accustomed to the “stress” process gradually. Additionally, the time is short enough to allow an expedient, relatively uncomplicated imaging procedure.

Convenient, easy-to-follow protocol minimizes procedural frustrations
The procedural logistics of pharmacologic stress can be another source of emotional stress to the physician or staff. With I.V. Persantine, there’s a flexible, easy-to-follow protocol. No infusion pump needed. No need for site-specific injection. And no extra I.V. line for the imaging agent.

When you stress more assured, you can rest more assured
Based on its proven safety profile and generally well-tolerated effect, I.V. Persantine sets a solid foundation to help reduce the emotional stress that can sometimes be associated with administering pharmacologic stress.

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

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¹ Serious adverse reactions associated with the administration of I.V. Persantine have included fatal and nonfatal myocardial infarction, ventricular fibrillation, symptomatic ventricular tachycardia, transient cerebral ischemia and bronchospasm. Severe adverse events have occurred infrequently (0.3%) in a study of 3911 patients. Patients with a history of unstable angina may be at a greater risk for bronchospasm.
² Du Pont Merck Post-Marketing Safety Surveillance.
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ADVERSE REACTIONS

Adverse reaction information concerning intravenous Persantine® (dipyridamole USP) is derived from a study of 3911 patients in which intravenous Persantine was used as an adjunct to thallium myocardial perfusion imaging and from spontaneous reports of adverse reactions and the published literature. Serious adverse events (fatal and non-fatal myocardial infarction, severe ventricular arrhythmias, and serious CNS abnormalities) are described previously (see WARNINGS).

In the study of 3911 patients, the most frequent adverse reactions were: chest pain/angina pectoris (19.7%), electrocardiographic changes (most commonly ST-T changes) (15.9%), headache (12.2%), and dizziness (11.8%).

Adverse reactions occurring in greater than 1% of the patients in the study are shown in the following table:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Incidence (Drug-Related)</th>
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<tbody>
<tr>
<td>CHEST PAIN/ANGINA PECTORIS</td>
<td>19.7</td>
</tr>
<tr>
<td>HEADACHE</td>
<td>12.2</td>
</tr>
<tr>
<td>DIZZINESS</td>
<td>11.8</td>
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<tr>
<td>ELECTROCARDIOGRAPHIC ABNORMALITIES/ST-T CHANGES</td>
<td>7.5</td>
</tr>
<tr>
<td>ELECTROCARDIOGRAPHIC ABNORMALITIES/EXTRASYSTOLES</td>
<td>5.2</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>4.6</td>
</tr>
<tr>
<td>NAUSEA</td>
<td>4.6</td>
</tr>
<tr>
<td>Flush/Flushing</td>
<td>3.4</td>
</tr>
<tr>
<td>ELECTROCARDIOGRAPHIC ABNORMALITIES/TACHYCARDIA</td>
<td>3.2</td>
</tr>
<tr>
<td>DYSPEPSIA</td>
<td>2.6</td>
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<tr>
<td>DRUG-RELATED DYSPEPSIA</td>
<td>2.6</td>
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<tr>
<td>BLOOD PRESSURE LABILITY</td>
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<td>HYPERSENSITIVITY</td>
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<td>PARESTHESIA</td>
<td>1.3</td>
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<tr>
<td>FATIGUE</td>
<td>1.2</td>
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</tbody>
</table>

Less common adverse reactions occurring in 1% or less of the patients within the study included:

Cardiovascular System: Electrocardiographic abnormalities unspecified (0.8%), atrioventricular block (0.3%), supraventricular tachycardia (0.3%), atrial fibrillation (0.2%), supraventricular fibrillation (0.2%), supraventricular tachycardia (0.1%), ventricular arrhythmias unspecified (0.2%), and ventricular arrhythmias unspecified (0.1%).

Respiratory System: Pharyngitis (0.3%), bronchospasm (0.2%), and injection reaction unspecified (0.1%).

Gastrointestinal System: Dyspepsia (1.0%), dry mouth (0.8%), abdominal pain (0.7%), flatulence (0.6%), vomiting (0.4%), eructation (0.1%), dyspepsia (0.1%), tenesmus (0.1%), and apple cider (0.03%).

Central and Peripheral Nervous System: Hypertension (0.5%), neuropathy (0.3%), headache (0.3%), and dizziness (0.2%).

Other: Myalgia (0.9%), back pain (0.6%), injection site reaction unspecified (0.4%), diarrhea (0.4%), asthma (0.3%), halitosis (0.3%), arthralgia (0.3%), injection site pain (0.1%), rigor (0.1%), earache (0.1%), Tinnitus (0.1%), fever (0.1%), and visual abnormalities unspecified (0.1%).

OVERDOSAGE

No cases of overdosage in humans have been reported. It is unlikely that overdosage will occur because of the nature of use (i.e., single intravenous administration in controlled settings). See WARNINGS.

Caution: Federal law prohibits dispensing without prescription.
Refresher and state-of-the-art continuing education courses in chemistry, physics, quality assurance, cardiovascular nuclear medicine, PET, SPECT and NMR will supply up-to-the-minute approaches and procedures for all clinical settings.

SCIENTIFIC PAPERS

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

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

TECHNOLOGIST PROGRAM

The ever-increasing importance of the role of the nuclear medicine technologist will be explored in our Technologist Program, and over 70 hours of clinical updates will provide chief and staff technologists with the latest in basic, intermediate, and advanced studies. This program will broaden expertise and enhance the technologist's contribution to nuclear medicine.

AUDIOVISUAL, BOOKS, JOURNALS

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

Networking opportunities and job referral boards are available at special locations throughout the meeting as well as membership information at our membership booth.

EXPOSITION

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

REGISTRATION

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<tr>
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<th>On/ Before May 7</th>
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<tbody>
<tr>
<td>Physicians/Scientists</td>
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If you need further information, please contact:

The Society of Nuclear Medicine
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Corticobasal degeneration with left alien hand syndrome. Note right sided reduced flow in basal ganglia, thalamus, and parietal lobe.

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