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Autocontour™ is another time-saver. A simple touch of a button and LED sensors automatically align the detectors for SPECT acquisition. Collimator changing is faster too. All collimators change at once — in about 3 minutes.

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708.304.7252

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With regularly updated software, Pinnacle gives you the most complete, validated, nuclear medicine system. Data translation programs like Pinnacle's bi-directional Interfile conversion package give you the freedom to use your Pinnacle in combination with your existing equipment and the flexibility to expand your entire department according to your future needs. Through Pinnacle's ultimate versatility you can reconstruct, manipulate, analyze and diagnose in complete confidence in the hospital, the office or in your own home.

For more information on Pinnacle Systems phone or write today.

Circle Reader Service No. 123

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What can the Vertex™ nuclear imaging system do that triple head gamma cameras can’t?
What can the Vertex™ nuclear imaging system do that triple head gamma cameras can’t?
Cardiac SPECT*

Total Body

Planar Lung/Cardiac Slices/Gated Analysis

*Image courtesy of Emory University.
ADAC’s DUAL GENESYS™ proved two heads are better than one. And now the new VERTEX variable angle gamma camera proves two heads can also be better than three. VERTEX features two large field-of-view detector heads that lock into position at 90 or 180 degrees and cover every nuclear imaging procedure in between.

Detectors move from 90° for cardiac SPECT to 180° for total body and general SPECT imaging at the touch of a button.

Planar, total body, SPECT — VERTEX does them all — with the same superior throughput, ease of operation and image quality you’ve come to expect from ADAC.

Bringing the best to cardiac SPECT.
Combining detectors at 90 degrees with continuous image acquisition, VERTEX is the fastest system yet for performing cardiac SPECT. It makes short work of set-up, too, with automated acquisition protocols and collimator exchange features that let you increase throughput without adding staff. Then consider ADAC’s proven detector technology coupled with automated body contouring for improved image quality and you’ll have to agree — cardiac SPECT doesn’t get any better than this.

An all-around performer.
No other nuclear imaging system can do so much — and do it so easily. Incorporating an unprecedented level of robotics and an integrated gantry design, VERTEX can perform a variety of image scans without repositioning the patient. Plus, its automated image protocols can be customized for specific site requirements. With cardiac and bone imaging accounting for over two-thirds of today’s nuclear imaging procedures, VERTEX isn’t simply more convenient, it’s more cost-effective, too.

More processing horsepower.
Powered by Sun™ SPARC® technology and icon-driven menus, PEGASYS™ is the industry’s most powerful — and most popular — nuclear medicine workstation. Paired with the unmatched versatility of VERTEX, it represents a formidable combination. Add ADAC’s complete array of software that’s updated continuously, and PEGASYS can satisfy all your clinical needs today as well as prepare you for tomorrow’s. So call ADAC at 800-538-8531 for more information concerning the VERTEX imaging system. Because compared to triple head gamma cameras, it proves that less is a whole lot more.

PEGASYS workstations are currently in use at more than 600 sites worldwide.
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Make sure the information you need is close at hand. Recently published books from The Society of Nuclear Medicine provide authoritative, up-to-date discussion of key subjects. Adding to your professional library has never been easier. Simply call the toll-free number below for fast, efficient service. Recent and forthcoming titles include:

**Computers in Nuclear Medicine: A Practical Approach**

This illustrated guide explains both how computers work and how processing techniques obtain diagnostic information from radionuclide images. Coverage includes:
- Hardware components in nuclear medicine computer systems. Principles behind common image processing techniques.
- How nuclear cardiology and SPECT highlight the interaction of hardware and software in nuclear medicine.

Kai Lee, PhD
Softcover, 290 pp.
$30 members
$45 nonmembers. 1992

**Clinical Computers in Nuclear Medicine**

A companion text to Computers in Nuclear Medicine, this survey traces the evolution of nuclear medicine computer technology. Featured chapters describe how nuclear medicine study protocols have been radically altered through the use of computers; the revolutionary impact of computers on quality assurance; and the development of software and hardware for the gamma camera. An essential guide for staff operating computer systems in clinical settings.

Katherine L. Rowell, MS, CNMT, Editor
Hardcover, 86 pp.
$35 members
$50 nonmembers. 1992

**Review of Nuclear Medicine Technology**

Both an overview of the latest techniques in nuclear medicine technology as well as an authoritative study guide, this practical handbook is a valuable addition to the libraries of students and specialists alike. Informative appendices cover:
- Preparation for certification exams.
- Test-taking techniques.
- Sample questions and answers.
- Pertinent NRC regulations.

Ann M. Steves, MS, CNMT
Softcover, 176 pp.
$30 members
$45 nonmembers. 1992

**A Patient's Guide to Nuclear Medicine, Revised Edition**

This popular pamphlet explains nuclear medicine procedures in clear, concise language, helping to allay patient anxieties. Format includes common questions and answers; step-by-step descriptions of procedures; and photographs showing patients undergoing imaging. An update of the highly successful patient pamphlet in use since 1983.

Patient Pamphlet, 17 pp.
Members and nonmembers, $0.40 (100 copies, minimum order). 1992

**MIRD Primer for Absorbed Dose Calculations Revised Edition**

Prepared by Robert Loveinger, Thomas F. Budinger, and Evelyn E. Watson
Hardcover, 128 pp.
$35 members
$50 nonmembers. 1991
A newly revised edition of the widely requested Primer.

**Forthcoming**

Marcia Boyd, MS, CNMT, Editor

An invaluable tool for educators and program administrators, this new edition of the Curriculum Guide also serves continuing education aims for those already working in the field.

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Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

Fills in the gaps...with clarity that lasts
Pediatric Use

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

ADVERSE REACTIONS: During clinical trials, approximately 9% of patients experienced a transient increase in heart rate 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 radiation occurring shortly after administration of the agent; transient arthritis in the wrist joint; and severe hypersensitivity, which was characterized by dyspnea, hypotension, bradycardia, asthma and vomiting within 1 hour after the second injection of Technetium Tc99m Sestamibi.

DOSAGE AND ADMINISTRATION: The suggested dose range for I.V. administration in a single dose to be employed in the average patient (70kg) is:

- 79-111MBq (2-3mCi) in adults
- 370-1110MBq (10-30mCi) in children

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 radioactive calibrating 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 discontinue prior to administration whenever solution and container permit.

Store at 15-25°C before and after reconstitution.

RADIATION DOSIMETRY: The radiation doses to organs and tissues of an average patient (70kg) per 111MBq (3mCi) of Technetium Tc99m Sestamibi injected intravenously are shown in Table 4.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

<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>rads/30mCi</td>
<td>mGy/111MBq</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>5.5</td>
<td>55.5</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>3.9</td>
<td>40.0</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.6</td>
<td>6.1</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Liver</td>
<td>0.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.3</td>
<td>2.8</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Testes</td>
<td>0.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

RADIATION ABSORBED DOSE:

- 2.0 hour void: 111MBq (3mCi)
- 4.8 hour void: 111MBq (3mCi)

<table>
<thead>
<tr>
<th>Organ</th>
<th>2.0 hour void</th>
<th>4.8 hour void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>mGy/111MBq</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.8</td>
<td>28.9</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>2.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>4.5</td>
<td>44.5</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>3.3</td>
<td>32.2</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.5</td>
<td>5.3</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Kidneys</td>
<td>1.7</td>
<td>16.7</td>
</tr>
<tr>
<td>Liver</td>
<td>0.4</td>
<td>4.2</td>
</tr>
<tr>
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<td>0.3</td>
<td>2.6</td>
</tr>
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<td>2.7</td>
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<td>1.2</td>
<td>12.2</td>
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<tr>
<td>Testes</td>
<td>0.3</td>
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<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>1.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.4</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Toxicological Internal Dose Information Center, July 1990, Oak Ridge Associated Universities, P.O. Box 117, Oak Ridge, TN 37831, (801) 575-3648.

HOW SUPPLIED: Du Pont Radiopharmaceuticals’ CARDIOLITE®, Kit for the Preparation of Technetium Tc99m Sestamibi, is supplied as a 5ml vial of kit(s) of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic.

Prior to administration the pH is between 5.5-6.0. The vials are labeled and stored under refrigeration at 2°C to 8°C before administration.

Dosimetry: The Technetium Tc99m Sestamibi kit 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 two (2) 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. Nuclear Regulatory Commission has approved this reagent kit for distribution to persons licensed to use byproduct material pursuant to sections 20.11 and 33.200 of Title 10 CFR Part 35, to persons who hold an equivalent license issued by an Agreement State, and, outside the United States, to persons authorized by the appropriate authority.

Marketed by Du Pont Radiopharmaceutical Division
The Du Pont Merck Pharmaceutical Co.
331 Treble Cove Road
Billerica, Massachusetts, USA 01821
For ordering Tel. Toll Free: 800-325-1272
All other business: 800-362-2668
(For international call 617-350-9651)
I-125 SPECIFICATION SHEET

PRODUCT NAME: SODIUM IODIDE I-125
LOT NUMBER: __________

ACTIVITY: _______ mCi CAL. DATE: _______ at 6:00pm CST pH ______

CONCENTRATION: _______ mCi/ml SHIPPING DATE: __________

CONCENTRATE: _______ ml + DILUENT: _______ ml = Total _______ ml

Our I-125 has been tested and approved for release by our Quality Control group and complies with the following specifications:

<table>
<thead>
<tr>
<th>SPECIFICATION</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH (BY METER):</td>
<td>8.0 – 11.0</td>
</tr>
<tr>
<td>SPECIFIC ACTIVITY:</td>
<td>No carrier added</td>
</tr>
<tr>
<td>IODATES:</td>
<td>≤ 2%</td>
</tr>
<tr>
<td>RADIONUCLIDIC PURITY:</td>
<td>≥ 99.9% I-125</td>
</tr>
<tr>
<td></td>
<td>≤ 0.0005% I-126</td>
</tr>
<tr>
<td></td>
<td>≤ 0.0001% Cs-137</td>
</tr>
<tr>
<td></td>
<td>≤ 0.0001% Cs-134</td>
</tr>
<tr>
<td></td>
<td>No other gammas detected</td>
</tr>
<tr>
<td>CHROMATOGRAPHY:</td>
<td>Radiochemical Purity is more</td>
</tr>
<tr>
<td></td>
<td>than 99%</td>
</tr>
<tr>
<td>RADIONUCLIDIC IDENTIFICATION:</td>
<td>The gamma ray spectrum</td>
</tr>
<tr>
<td></td>
<td>compares with that of a I-125</td>
</tr>
<tr>
<td></td>
<td>calibrated NIST reference</td>
</tr>
<tr>
<td></td>
<td>standard source</td>
</tr>
<tr>
<td>ACTIVITY CONCENTRATION:</td>
<td>100 – 600 mCi/ml</td>
</tr>
</tbody>
</table>

- Sterile, non-pyrogenic
- Used in production of radiopharmaceuticals
- Excellent for labeling purposes
- Implant seeds manufacturing
- Sealed source manufacturing
- Manufactured in the USA

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Our dedication to service and commitment to provide you with a reliable product have built the reputation of our gates. With an assortment of models available, you are able to choose the gate which best corresponds to your specific requirements. The AccuSync 5L, our top model (featured at left) includes CRT monitor (visual) and Strip Chart Recorder (hard copy).

Model Specifications:

- Trigger control for ease of lead placement & precise location of trigger pulse
- No delay
- ECG output
- Audio indicator
- Trigger pulse LED
- Isolation amplifier for patient safety
- Compatible with all computers

AccuSync models 5L, 6L and 1L are ETL (UL544) approved

<table>
<thead>
<tr>
<th>Model</th>
<th>Strip Chart</th>
<th>CRT Monitor</th>
<th>HR/R-R Int</th>
<th>Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>5L</td>
<td></td>
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<td></td>
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<td>6L</td>
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<td></td>
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<tr>
<td>1L</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Products:
The IsoAmp-100, 5 lead system available for AccuSync 5L, 6L, and 1L, transmits information through fiber optic link. Patient cables, lead wires, and BNC cables available for AccuSync models.

Advanced Medical Research Corporation
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COLD KITS LIMITATION FACTORS
FILECARDS

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INHOUSE RADIOPHARMACY
CALCULATION OF DECAY
PT INJECTIONS
STATISTICS
BUDGET ANALYSIS
EXAMS
UNIT DOSE
STANDING ORDER
PATIENT DATA
DISPOSAL REPORTS

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SYSTEM UTILITIES
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TEACHING FILE
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CONSISTENCY TEST
QUALITY ASSURANCE PROGRAM
PROCEDURE MANUAL
THYROID UPTAKE
SCHILLING TEST
WIPE TEST
SURVEYS
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Circle Reader Service No. 133
NEW
Breakthrough in cancer detection...

ONCOSCINT® CR/OV
Satumomab Pendetide (1mg/2mL)

A new diagnostic tool that can assist decision making in patients with colorectal or recurrent ovarian adenocarcinoma

Please see last page for brief summary of prescribing information.
NEW

**OncoScint® CR/OV**
Satumomab Pendetide (1mg/2mL)

To enhance decision making in the management of patients

The first monoclonal antibody-based in determining both the location and

**Reveals malignancy with tumor-targeted accuracy**—specifically targets the cell-surface antigen, TAG-72, common to colorectal and ovarian adenocarcinomas,\(^1,2\) making it possible—with the use of existing nuclear medicine equipment—to detect extrahepatic abdominal and pelvic lesions.\(^3,4\)

**Provides information beyond the scope of standard diagnostic modalities**—when interpreted in conjunction with a review of information obtained from other appropriate tests

Found to be beneficial in these difficult situations:

- determining the source of a rising serum tumor marker in patients with an otherwise-negative workup\(^2,4,5\)
- determining extrahepatic abdominal and pelvic involvement in patients thought to have isolated and resectable recurrence\(^2,4\)
- differentiating disease from postsurgical or postradiation anatomic changes\(^4\)

*OncoScint* is a registered trademark of CYTOGEN Corporation.

Please see last page for brief summary of prescribing information.
with colorectal or recurrent ovarian cancer...

imaging agent effective extent of disease

Assists decision making in patient management\(^2\text{-}^5\)--
enhanced medical/surgical management in difficult colorectal\(^3\text{-}^4\) and recurrent ovarian cases.\(^2\text{-}^5\)

Excellent safety profile*—
with generally minor and transient side effects occurring in less than 4% of patients studied (most frequently reported: fever, chills and clinically insignificant changes in blood pressure).\(^2\)

*See Adverse Reactions section of brief summary on following page.

For further information, please call 1-800-833-3533.

**OncoScint**® **CR/OV**
Satumomab Pendetide (1mg/2mL)
Tumor-targeted cancer detection
OncoScint® CR/OV Kit (satumomab pendetide)

Kit for the Preparation of indium in 111 satumomab pentetide

For Intravenous Use Only

Brief summary of prescribing information

INDICATIONS AND CONTRAINDICATIONS

OncoScint® CR/OV-In (indium 111 satumomab pentetide) is a diagnostic imaging agent that is indicated for determining the extent and location of extrathoracic malignant disease in patients with known colorectal or ovarian cancer. Clinical studies suggest that this imaging agent should be used after completion of standard diagnostic tests when additional information regarding disease extent could aid in patient management. The diagnostic images acquired with OncoScint® CR/OV-In should be interpreted in conjunction with a review of information obtained from other appropriate tests.

OncoScint® CR/OV-In is not indicated as a screening test for ovarian or colorectal cancer. Administration of OncoScint® CR/OV-In may result in falsely elevated values from in vitro immunoassays, including tests for carcinoembryonic antigen (CEA) and CA 125. Because this interference may persist for months, the clinical laboratory should investigate for assay interference in patients who develop elevated CLA or CA 125 subsequent to imaging with OncoScint® CR/OV-In (see Drug/Laboratory Test Interactions).

Due to insufficient safety and efficacy data regarding repeat administration of this product, this imaging agent is limited to single use only.

CONTRAINDICATIONS

OncoScint® CR/OV-In (indium 111 satumomab pentetide) should not be used in patients who are hypersensitive to this or any other product of murine origin or to indium in 111 chloride.

WARNINGS

Allergic reactions, including anaphylaxis, can occur in patients who receive murine antibodies. Although serious reactions of this type have not been observed in clinical trials after OncoScint® CR/OV-In (indium 111 satumomab pentetide) administration, medications for the treatment of hypersensitivity reactions should be available during administration of this agent.

PRECAUTIONS

Ensure the components of the kit are sterile and pyrogen free and contain no preservative. OncoScint® CR/OV-In (indium 111 satumomab pentetide) should be used within 8 hours after preparation. It is essential to follow the directions for preparation carefully and to adhere to strict aseptic procedures during preparation of the radiolabeled product. Each OncoScint® CR/OV kit is a unit of use package. The contents of the kit are to be used only to prepare one CR/OV-In clinical trial dose.

Unlabeled OncoScint® CR/OV should NOT be administered directly to the patient. After radiolabeling with indium-111, the entire OncoScint® CR/OV-In dose must be administered to the patient for whom it was prescribed. Reducing the dose of either component may adversely impact imaging results, and, therefore, is not recommended. The contents of the kit are not radioactive. However, after the indium in 111 chloride is added, appropriate shielding of OncoScint® CR/OV-In must be maintained. Care should be taken to minimize exposure to patients and medical personnel, consistent with proper hospital and patient management procedures.

In addition, radiopharmaceuticals should be used only by physicians and other professionals who are qualified by training and experience in the safe use and handling of radiopharmaceuticals.

Information for Patients

Murine monoclonal antibodies are foreign proteins, and their administration can induce human anti-murine antibodies (HAMA). While limited data exist concerning the clinical significance of HAMA, the presence of murine antibody-based immunoassays, could compromise the efficacy of diagnostic or therapeutic murine antibody-based agents, and may increase the risk of adverse reactions. For these reasons, patients should be advised that use of this product could affect the future use of other murine-based products, including OncoScint® CR/OV-In, and be advised to discuss prior use of murine antibody-based products with their physician (see Heterologous Protein Administration).

Heterologous Protein Administration

Murine monoclonal antibodies (MAbs) are heterologous proteins, and their administration can induce human anti-murine antibodies (HAMA).

OncoScint® CR/OV-In has been shown to induce HAMA in murine IgG after single administration in about 40% of patients in tumor imaging trials. HAMA levels became negative (undetectable or < 400 ng/mL) in approximately half of such patients at 4 to 12 months after administration. While limited data exist concerning the clinical significance of HAMA, detectable HAMA levels can alter the clearance and tissue biodistribution of MAbs. In patients who develop persistently elevated serum HAMA levels, the efficacy of diagnostic or therapeutic murine antibody-based agents may be compromised.

When considering the administration of OncoScint® CR/OV-In to patients who have previously received murine antibody-based products, physicians should be aware of the potential for interference in the clearance and biodistribution of HAMA, in the presence of HAMA, which may occur in less than 1% of patients when the imaging study may be compromised. Therefore, prior to administration of murine antibodies, including OncoScint® CR/OV-In, the physician should review the patient history to determine whether the patient has previously received such products.

Preliminary data are available from repeat-administration studies of OncoScint® CR/OV-In in 69 patients who have received 105 repeat doses. However, there are insufficient data to determine the safety and efficacy of this product after repeat administration (see ADVERSE REACTIONS).

Drug/Laboratory Test Interactions: The presence of HAMA in serum may interfere with two-site murine antibody-based immunoassays, including assays for carcinoembryonic antigen (CEA) and CA 125. When present, this interference generally results in falsely high values. If HAMA is known or suspected to be present, the clinical laboratory should be notified and appropriate measures taken to avoid this interference. These methods include the use of non-murine immunoassays, or HAMA removal by adsorption, blocking, or heat inactivation.

Carciogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies have not been performed to evaluate the carcinogenic or mutagenic potential of OncoScint® CR/OV-In or to evaluate its effect on fertility in males or females.

Pediatric Use

The safety and effectiveness of OncoScint® CR/OV-In in children have not been established.

Now, to assist decision making in the management of patients with colorectal or recurrent ovarian cancer...

NEW

OncoScint® CR/OV

Satumomab Pendetide (1mg/2ml)

Effective in determining both the location and extent of disease

Please refer to complete prescribing information before using OncoScint® CR/OV-In.

ADVERSE REACTIONS

After administration of over 50 single i.v. doses of OncoScint® CR/OV-In (indium 111 satumomab pentetide) in 11 patients, no serious adverse reactions were observed in less than 4% of patients. No deaths attributable to OncoScint® CR/OV-In administration were reported. The most frequent adverse reaction was fever, which occurred in less than 2% of patients. Other adverse reactions, each of which occurred in less than 1% of patients, are listed in order of decreasing frequency: chills, hypotension, hypertension, rash, pruritus, sweating, nausea, arthralgia, asthma, chest pain, headache, hypothermia, pain, flushing, diarrhea, confusion, dizziness, nervousness, crying, and angiodynia. Although causality was not determined, an isolated occurrence of reversible thrombocytopenia was observed in a patient who received OncoScint® CR/OV-In 5 mg i.v. in one clinical trial.

Additional adverse reactions after 105 repeat administrations of OncoScint® CR/OV-In in 69 patients included two reports of fever, one complaint of abdominal pain, and two cases of non-serious, readily reversible reactions characterized primarily by flank pain.

OVERDOSE

The maximum amount of OncoScint® CR/OV-In (indium 111 satumomab pentetide) that can be safely administered has not been determined. In clinical trials, single doses of 20 mg or less were administered to 64 patients with various types of epithelial carcinomas; the type and frequency of adverse reactions at this dose were similar to those observed with lower doses.

DOSEAGE AND ADMINISTRATION

The dose of OncoScint® CR/OV (satumomab pentetide) is 1 mg radiolabeled with 5 mCi of indium 111 chloride. Each dose is administered intravenously over 5 minutes and should not be mixed with any other medication during its administration. The patient dose of the radiolabel should be measured in a dose calibrator. Each OncoScint® CR/OV kit is a unit dose package. After radiolabeling with indium-111, the entire OncoScint® CR/OV-In dose should be administered to the patient. Reducing the dose of either component may adversely impact imaging results, and, therefore, is not recommended.

HOW SUPPLIED

The OncoScint® CR/OV kit (NDC No. 0044-0579-01) for the preparation of indium-111 labeled OncoScint® CR/OV includes a kit containing 1 unit of satumomab pentetide per 2 mL of sodium acetate buffered saline and 1 mL of sodium acetate buffer solution, 0.5 M. These solutions are sterile and pyrogen free and contain no preservative. Each kit also includes one sterile 0.22 μm Millipore® GV filter, prescribing information, and two identification labels.

U.S. Patents Nos. 4,671,958 and 4,741,900 © CYTOGEN Corporation Revised 12/30/92

References

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The Education and Research Foundation of The Society of Nuclear Medicine announces the Benedict Cassen Prize. Donated by the estate of Mary Wylie Cassen, the Prize honors Benedict Cassen, whose invention of the rectilinear radioisotope scanner—the first instrument capable of making an image of a body organ in a patient—was seminal to the development of clinical nuclear medicine.

The Prize is intended to recognize a significant achievement in nuclear medicine science and is to be awarded to the living scientist, or physician-scientist, whose work has led to a major advance in basic or clinical nuclear medicine science. The amount of the prize is $25,000 if a single individual is selected, but may be increased in exceptional circumstances if the Prize is shared by more than one individual. The Prize will be awarded at an annual meeting of the Society of Nuclear Medicine, during which the recipient may present a featured lecture. A panel of distinguished national and international scientists and/or physician-scientists will assist in selecting the individual to be honored.

It is anticipated that the first Cassen Prize will be awarded at the annual meeting of the Society of Nuclear Medicine in 1994.

Further information concerning the Benedict Cassen Prize and nomination materials can be obtained from The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760.

Nominations for the Prize must be postmarked no later than November 1, 1993.
Get A Head Start

Celebrate Nuclear Medicine Week
October 3-9, 1993

Nuclear Medicine Week—October 3 through 9—is the prime time to demonstrate pride in your profession — and to make the profession’s presence known both among the public and other health care professionals.

Under the sponsorship of the Society of Nuclear Medicine and SNM’s Technologist Section, Nuclear Medicine Week offers an excellent opportunity to educate, to stimulate, and to promote the successes of nuclear medicine. This week also gives you a specific time to spotlight your facility to referring physicians, potential patients, and to anyone else in your community who could benefit from nuclear medicine.

To help enhance the visibility of nuclear medicine facilities,
Mallinckrodt Medical, in association with the Technologist Section, has designed a striking new poster to mark this year’s event. Buttons, stickers, and guidelines are also available to assist you with your celebration. We guarantee that this year’s sensational design — carried over on all three items — will draw attention and spur positive comment.

What’s more, you’ll use the poster, buttons, and sticker as you increase public and professional awareness and add to nuclear medicine’s public image.

But don’t wait till October...Purchase your posters, buttons, and stickers at the Nuclear Medicine Week booth, located in the reception area of the Toronto Convention Centre.

Additional information on prices and on ordering
Nuclear Medicine Week items can be obtained by contacting the Society of Nuclear Medicine at (212)-889-0717.
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.

**Patient Arm Support System**

R-Made, Inc. introduces the patient arm support system. This system is designed to comfortably support a patient’s arms during cardiac SPECT and other diagnostic imaging procedures. The arm support system is a new solution to motion artifact caused by the discomfort and pain of prolonged upper extremity hyperextension and abduction. The support system conforms to the patient’s anatomy, suits the requirements of all major original equipment manufacturers and is the result of clinical testing over several years.

Each feature has been engineered to best address patient need and to fit most imaging and treatment table designs without modification. It also increases technician efficiency and reduces the number of repeated studies related to motion artifact, thus keeping medical costs down for the patient. The support system is fast and easy to use and is mounted and removed in one piece and is tightly secured by adjustable mounting straps. R-Made, Inc., 6889 Orchard Lake Rd., West Bloomfield, MI 48322, 1-800-258-5386.

**Laser Imager System**

The Model 969 HQ Laser Imager System has been introduced by 3M Medical Imaging Systems Division. This new imager is the first black and white diagnostic imager that uses new 3M Instant Daylight Load Film Cartridges which eliminates the need for darkroom operations. The 969 HQ is also the first imager to feature the new built-in Image Quality Control System to produce consistent, high-quality diagnostic images directly from the electronic data produced by medical imaging systems such as computed tomography scanners. The imager uses an infrared laser to image the film, then transports it to a connected processor unit for instant processing. The processor densitometer analyzes the film and sends a signal to the laser imager which then monitors the density to produce sharp images every time. The 969 HQ also enhances productivity with high throughput and connections for eight different modalities in any digital or analog configuration. A fiber optic cable enables the imager to connect to any modality up to one kilometer away. In addition, the new laser imager is designed to interface with PACS and other evolving technologies. 3M Medical Imaging Systems Division, 3M Center Bldg., 223-2S-03, St. Paul, MN 55144-1000.

**Noise Reduction Pad**

A new noise reduction pad is now available from Martinson-Nicholls Inc. The new Marmed noise reduction pad is a version of 3M’s heavy duty vinyl-backed Nomad that inhibits noise and vibration. It replaces conventional foam pads and gauze sponges that are typically used under centrifuges or other laboratory instruments. The pad is extremely resilient and will not lose its shape or deteriorate when heavy duty equipment is placed on it. Marmed features a coated vinyl loop construction that absorbs sound and vibration. It is resistant to fungus, mildew, acids and organic solvents and will withstand bleach and other chemical bases such as sodium hydroxide and ammonia. Since the Marmed is water resistant, it is easy to clean and it dries quickly. It can be easily disinfected should it come in contact with blood or other hazardous material. Martinson-Nicholls, Inc., 7863 Enterprise Dr., P.O. Box 296, Mentor, OH 44061-0296, (216) 951-1312.

**Rectangular Field of View Camera**

ADAC Laboratories introduces the new ARGUS™ rectangular field of view camera. The ARGUS™ is ideal for departments performing a large spectrum of patient exams including total body, planar, SPECT and cardiac procedures. Among the features on the ARGUS are: extended arm reach for greater access to the patient and ease of patient positioning; predefined imaging protocols eliminate repeat studies for improved patient flow; robotically controlled imaging positions enable consistent and reproducible imaging; rectangular 20" × 15" detectors for whole-body and large volume scans; compact gantry design reduces room size requirements; and easy to learn and simple to use imaging protocols. The direct drive detector allows optimal collimation, thereby providing high resolution and sensitivity. The detector is also designed to minimize the distance between the edge of the detector and the field of view for optimum brain SPECT imaging. ADAC Laboratories, 540 Adler Drive, Milpitas, CA 95035.

**X-Ray Dosimeters**

Capintec, Inc. has released its new line of instrumentation for x-ray testing and quality assurance. The Diadat QA-100 and Diadat QA-200 are microprocessor based, handheld dosimeters that utilize an external diode as a detector. The QA-100 measures and displays exposure, exposure rate and time in one small, easy to use unit. The QA-200 has expanded capabilities, including pulse and automatic measurement modes. Both units can be combined with additional accessories. The QA-100 and QA-200 can be configured with a number of detectors for a variety of applications. Custom kits for field service and consulting applications are also available. Capintec, Inc., 6 Arrow Rd., Ramsey, NJ 07446, (201) 825-9500.
**SPECT BRAIN IMAGING CLINICAL FELLOWSHIP**

**Department of Radiology**
**Section of Nuclear Medicine**

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This program is designed for nuclear medicine physicians, radiologists, technologists and referring physicians. It is intended to educate participants about the clinical utility of SPECT brain imaging with agents such as SPECTamine® and Ceretec®.

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- Appreciation of clinical applications of SPECT brain imaging.
- Knowledge of image acquisition and reconstruction.
- Appreciation of factors that influence image quality.
- Knowledge of quality control techniques for SPECT.

**SPONSORSHIP:**
This program is sponsored by the Medical College of Wisconsin.

**TUITION:**
The tuition fee of $650 includes the course syllabus, handouts, breaks, breakfasts, lunches, and other amenities involved in making this a pleasant learning experience. Maximum enrollments have been established. Cancellations prior to the course will be refunded, less a $30 administrative fee.

**CREDIT:**
The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Accordingly, the Medical College of Wisconsin designates this continuing medical education activity as meeting the criteria for 13.00 hours in Category I toward the Physician's Recognition Award of the American Medical Association.

Nuclear Medicine Technologists who attend the SPECT Brain Imaging Clinical Fellowship are eligible for 1.0 VOICE credit.

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SPECT Brain Imaging Fellowship Coordinator
Nuclear Medicine Division
Medical College of Wisconsin
6700 W. Wisconsin Avenue
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**EUROPEAN ASSOCIATION OF NUCLEAR MEDICINE**

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LAUSANNE, Switzerland
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10–14 OCTOBER 1993

Information:
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Division Autonome
de Médecine Nucléaire
Centre Hospitalier Universitaire
Vaudois
CH–1011 LAUSANNE

phone: 41-21-314 42 47
fax: 41-21-314 42 49

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**BENEDICT CASSEN POSTDOCTORAL FELLOWSHIP**

The Education and Research Foundation of SNM has also established the Benedict Cassen Postdoctoral Fellowship award. The fellowship will be awarded to recent doctoral degree (Ph.D. or Ph.D. plus M.D.) recipients demonstrating an excellent academic record and exceptional research ability. Its purpose is to broaden recipients' basic exposure to nuclear medicine research at an institution different from that conferring the doctoral degree. The award, amounting to $25,000 per year, is for two years, contingent upon satisfactory performance the first year. Applicants may obtain the Cassen Postdoctoral Fellowship proposal format guidelines and selection criteria from SNM at the address below. The deadline for receipt of complete application packages is November 15, 1993. It is anticipated that the first Cassen Fellowships will be awarded in the spring or early summer of 1994.

For further information, contact Christine Santos,
Society of Nuclear Medicine, 136 Madison Ave., NY, NY 10016-6760. Please specify "Benedict Cassen Prize" or "Benedict Cassen Postdoctoral Fellowship."
**Policy**—The *Journal of Nuclear Medicine* accepts classified advertisements from medical institutions, groups, suppliers, and qualified specialists in nuclear medicine. Acceptance is limited to Positions Open, Positions Wanted, and Equipment. We reserve the right to decline, withdraw, or modify advertisements.

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**NUCLEAR RADIOLIGIST** at the University of Rochester Medical Center, Strong Memorial Hospital, a 750-bed tertiary care facility. Position is in the division of Nuclear Medicine, a division of the Department of Radiology. Individual must have successfully completed training for ABR certification with Special Competence in Nuclear Radiology or American Board of Nuclear Medicine. Research and teaching is a necessity in an academic division with full state-of-the-art nuclear equipment including SPECT and computerized work. Academic rank open depending on qualifications. Send letters of inquiry to: Robert E. O’Mara, MD, Chief, Division of Nuclear Medicine, Box 620, University of Rochester Medical Center, 601 Elmwood Avenue, Rochester, NY 14642. EOE/AA/F-M employer.

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**Cyclotron Operator**

The Henry M. Jackson Foundation for the Advance- ment of Military Medicine, a non-profit research and education foundation, is seeking applications for a Cyclotron Operator. The incumbent will work on a project located in the PET/Radiochemistry Department, Warren G. Magnuson Clinical Center, National Institutes of Health. Applicants should have a minimum of 3-5 years experience operating model CS-30 or ISW-1710 cyclotrons or similar equipment in a radiopharma-ceutical production capacity. Strong electronics, electrical, plumbing, and mechanical fabrication skills are desirable. Background and experience in computer program-ming and control interface development is also desirable. Salary will be commensurate with experience. The Foundation offers an excellent benefits package. Interested applicants should send a resume and cover letter to the Henry M. Jackson Foundation for the Advancement of Military Medicine, 1401 Rockville Pike, Suite 600, Rockville, MD 20852 (Attn: Cyclotron Operator/INM). EOE/AA/F-M/V

**Physician**

**NUCLEAR MEDICINE PHYSICIAN:** Position available for a well trained, board certified Nuclear Medicine physician with internal medicine or pathology background to join established practice of multi-specialty group. Fully equipped, state-of-the-art laboratory. Contact: B. Kashian, MD, P.O. Box 1468, Terre Haute, IN 47808. Phone: (812) 232-9557.

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**Positions Wanted**

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The University of California, Davis, School of Medicine has a full-time faculty position available in the Nuclear Medicine Division of the Department of Radiology. Appointment will be at the Associate/Full Professor level (In-Residence or Professor of Clinical Radiology Series). Candidates must be Board certified in Nuclear Medicine, eligible for licensure in California, and have an academic background in Nuclear Medicine. Preference will be given to candidates who are board certified in both Nuclear Medicine and Diagnostic Radiology. This position will be Open Until Filled, but not later than December 31, 1993. Please forward a curriculum vitae, a letter outlining background and interests in teaching/research and the names of five references to: Richard W. Katzberg, MD, Chairman, Department of Radiology, 2525 Stockton Boulevard, Room 2003, Sacramento, California 95817. The University of California is an Equal Opportunity/Affirmative Action Employer and encourages applications from members of minority groups and women.

RADIOPHARMACIST

Memorial Sloan-Kettering Cancer Center, an internationally renowned institution in cancer treatment and research located in New York City, is seeking a trained radiopharmacist to provide expanded nuclear pharmacy services within the Radiopharmaceutical Chemistry Service.

Candidates must be licensed or eligible for New York licensure with a minimum of one year of advanced radiopharmacy studies or two years of experience in a Nuclear Pharmacy.

Interested candidates should send a complete curriculum vitae which includes research and teaching experience, salary history, and at least three names of references to: Margaret Tedeschi, Employment Dept. #580, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., NYC 10021. Equal opportunity employer, m/f/d/v.

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