Combining the high energies of Sopha and Summit

Sopha Medical and Summit Nuclear have merged to form a dynamic new company. As SMV, our combined forces are focused on being the finest nuclear medicine imaging company in the world.

Behind our new name stands a history rich in nuclear medicine firsts. In 1985 it was the first 32 bit computer. In 1991 the first variable angle camera. Not to mention advanced all-digital detectors and the most envied clinical software in the business. All of which resulted in new industry standards for quality, efficiency and value.

As SMV, our combination of powerful resources and strong financing, underscored by $50 million in committed capital, enables us to continue building on this tradition of excellence. To better meet the needs of our customers, SMV offers the most diverse product line-up in nuclear medicine. We offer solutions for meeting the vast array of clinical and economic requirements, and support them with comprehensive customer service.

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If you are considering a new nuclear medicine imaging system, plug into the high energy of SMV. For more information on our dynamic new company, products and services, please contact:

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SMV America, Inc.
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1993 Case Parkway
ZI BP 112
Twinsburg, Ohio 44087
78534 Buc France
1-800-664-0844
(33-1) 30-84-91-00

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using aerosols to determine the patency of the pulmonary airway system? Use a gas (that's what the airway system is for), and Xenon (127 or 133) are gases which are safe, economical and easy to administer with the XENAMATIC™ 3000.

- Shielded for Xe 127 and Xe 133 (radiation profile available on request).
- World’s only system that allows you to study patients on Ventilators.
- Largest and most efficient Xenon trap with a built-in monitor alarm system.
- Built-in O₂ monitor with digital display and control.
- A rebreathing system that saves Xenon.
- Low breathing resistance so you can study sick patients.
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- Remote Control Capability.

Get out of the FOG-making business, and call today for more information on putting gases where gases belong, with the XENAMATIC.

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Houston, TX 77064
713-955-5323
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With the
CRC®-127R Calibrator!

The CRC®-127R hits the mark.

Look at what's behind the CRC-127R Dose Calibrator:

- The Capintec tradition of quality and excellence
- The uncanny Capintec ability to know what you need in today's tight-budget, high-demand environment
- Peak performance at modest cost

You will find that the CRC-127R is designed for total ease of operation. Combining the speed and economy of the CRC-7 with the multi-ranging and Becquerel/Curie functions of the CRC-12, the CRC127-R brings you manual or automatic selection of six activity measurement ranges. Manual is for time-saving output when you are taking numerous measurements in the same activity range. Automatic is for when the activity of your sample is unknown.

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And your budget.

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Bracco: Experts in the nature of imaging.

Bracco: Recognized worldwide for expertise in contrast media. Bracco Diagnostics Inc. is the U.S. subsidiary of Bracco S.p.A., which has a 60-year history of internationally recognized leadership in contrast media. Our worldwide team of research scientists has an outstanding record in the development of contrast agents for diagnostic imaging.

Bracco: Bringing you the complete line of Squibb® Diagnostics products. As you know, Bracco acquired the complete Squibb Diagnostics product line of x-ray and MRI contrast media as well as nuclear medicine products in August 1994. All products formerly from Squibb Diagnostics will now be available only from Bracco Diagnostics and will carry Bracco labels.

Bracco: Committed to your present needs and to the future of diagnostic imaging. You can rely on Bracco Diagnostics Inc. to provide excellent service and support to complement our outstanding products. And because we have the largest team of imaging research scientists in the world, you can also expect significant new products carrying the Bracco name.

For more information call 1-800-631-5245.

This image of a radiographed hibiscus symbolizes the delicacy of the human body undergoing examination—illustrating the importance of using contrast agents that respect the body's natural harmony. "Harmony in Contrast" reflects the Bracco commitment to offering products that achieve this goal.
It's not over until you get past the artifacts

When female and large-chested or obese male patients undergo myocardial perfusion imaging, there is the potential for images to be peppered with artifacts—possibly resulting in inconclusive studies.

Cardiolite® comes through, especially in these patients. The higher photon energy (140 keV) provides greater anatomical detail to enhance interpretive confidence—which may reduce false-positives and equivocal cases.

Cardiolite also offers the unique advantage of direct measurement of both myocardial perfusion and ventricular function from one study.

So rather than settle for potentially inconclusive images, use Cardiolite and reduce soft-tissue attenuation.

Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

To reduce soft-tissue attenuation Cardiolite comes through

Stress testing should be performed only under the supervision of a qualified physician in a laboratory equipped with appropriate resuscitation and support apparatus. There have been infrequent reports of signs and symptoms consistent with seizure and severe hypersensitivity after administration of Tc99m Sestamibi.

Please see brief summary of prescribing information on adjacent page. © 1994, DuPont Pharma
Pediatric Use
Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS: During clinical trials, approximately 8% of patients experienced a transient paraesthesia and/or taste perversion (metallic or bitter taste) immediately after the injection of Technetium Tc99m Sestamibi. A few cases of transient headache, flushing, edema, injection site inflammation, dyspnea, nausea, vomiting, pruritis, rash, urticaria, dry mouth, fever, diarrhea, fatigue, dyspnea, and hypotension also have been attributed to administration of the agent. Cases of angina pectoris, chest pain, and death have occurred (See Warnings and Precautions).

The following adverse reactions have been rarely reported: signs and symptoms consistent with seizure occurring shortly after administration of the agent; transient atria in a ventricular junction; and severe hyperperspiration, which was characterized by dyspnea, hyperventilation, naucesa, vomiting and within two hours after a second injection of Technetium Tc99m Sestamibi.

DOSEAGE AND ADMINISTRATION: The suggested dose range for I.V. administration in a single dose to be employed in the average patient (20 kg) is:

370-1110MBq (10-30mCi)

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 radioactivity calibration system immediately prior to patient administration. Radiochemical purity should be periodically checked by patient administration.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

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

RADIATION DOSEMETRY: The radiation doses to organs and tissues of an average patient (70kg) per 1110MBq (30mCi) of Technetium Tc99m Sestamibi injected intravenously are shown in Table 4.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

<table>
<thead>
<tr>
<th>Estimated Radiation Absorbed Dose</th>
<th>Organ</th>
<th>mGy/30mCi</th>
<th>mGy/1110MBq</th>
<th>mGy/30mCi</th>
<th>mGy/1110MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREATS</td>
<td>0.2</td>
<td>0.03</td>
<td>0.55</td>
<td>0.55</td>
<td>0.89</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>0.21</td>
<td>0.30</td>
<td>0.30</td>
<td>0.40</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>0.5</td>
<td>0.05</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>5.4</td>
<td>0.55</td>
<td>0.80</td>
<td>0.80</td>
<td>1.00</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>3.9</td>
<td>0.40</td>
<td>0.62</td>
<td>0.62</td>
<td>0.80</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.6</td>
<td>0.06</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>0.05</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Liver</td>
<td>0.6</td>
<td>0.06</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Lung</td>
<td>0.3</td>
<td>0.03</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.8</td>
<td>0.08</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>0.07</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>0.16</td>
<td>0.30</td>
<td>0.30</td>
<td>0.40</td>
</tr>
<tr>
<td>Testes</td>
<td>0.5</td>
<td>0.05</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
<tr>
<td>Red Urinary Bladder Wall</td>
<td>2.0</td>
<td>0.20</td>
<td>0.40</td>
<td>0.40</td>
<td>0.60</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>0.05</td>
<td>0.15</td>
<td>0.15</td>
<td>0.20</td>
</tr>
</tbody>
</table>

PRECAUTIONS:

GENERAL

The contents of the vial are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparatory procedure.

Radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient consistent with proper patient management.

Contents of the kit before preparation are not radioactive. However, after the sodium Pertechnetic Tc99m Injection is added, adequate shielding of the final preparation must be maintained.

The components of the sterile and non-sterile sterile is essential to follow directions carefully and to adhere to strict aseptic procedures during preparation.

Technetium Tc99m labeling reactions involved depend on maintaining the saline ion in the reduced state. Hence, Sodium Pertechnetate Tc99m Injection containing oxidants should not be used.

Technetium Tc99m Sestamibi should not be administered more than eight hours after preparation.

Radiochemicals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionucleides and whose experience and training have been approved by the appropriate government agency authorizing the use of radionucleides.

Stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate reacitation and support apparatus.

The most frequent exercise stress test endpoints, which resulted in termination of the test during controlled Tc99m Sestamibi studies (two-thirds were cardiac patients) were:

- Fatigue
- Dyspnea
- Chest Pain
- Angina
- ST-depression
- Arrhythmia

Carcinogenicity, Mutagenesis, Impairment of Fertility

In comparison with most other diagnostic technetium labelled radiopharmaceuticals, the radiation dose to the ovaries (1.5rad/30mcCi at rest, 1.2 rad/30mcCi at exercise) is high. Minimal exposure (ALARA) is necessary in women of childbearing capability. (See Dosimetry subsection in DOSAGE AND ADMINISTRATION section.)

The active intermediate, [CrO4]2-BF4, was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/HPTT and sister chromatid exchange tests (0). In vitro micronucleus and chromosomal aberrations were observed in the in vivo human lymphocyte assay. [CrO4]2-BF4, did not show genotoxic effects in the in vivo mouse micronuclear test at a dose which caused systemic and bone marrow toxicity (90mcCi, > 400 x maximum human dose).

Pregnancy Category C

Animal reproduction and teratology studies have not been conducted with Technetium Tc99m Sestamibi. It is not known 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.

Nursing Mothers

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.
Since 1979, AccuSync Medical Research Corporation has been serving the health care industry, offering the finest line of cardiac gates available on the market.

Our dedication to service combined with a commitment to provide you with a reliable product, have built the solid reputation of our gates.

With a complete line of models available, you are able to choose the gate with the features and capabilities that best correspond to your specific requirements.

The AccuSync 5L, our most full-featured model (featured at left) includes CRT monitor (visual) and Strip Chart Recorder (hard copy).

**Model Specifications:**
- Auto/Manual Trigger
- No delay
- ECG output
- Audio indicator
- Trigger pulse LED
- Isolation amplifier for patient safety
- Compatible with all computers

**Accessories Available:**
Patient cables, lead wires and BNC cables are available for all AccuSync models
When pain is a moving target

METASTRON®
(Strontium-89 Chloride Injection)

Please see full prescribing information on adjacent page.
An effective way to manage metastatic bone pain.

**Metastan** (Strontium-89 Chloride Injection)

**Description:** Metastan is a sterile, non-pyrogenic, aqueous solution of Strontium-89 Chloride for intravenous administration. The solution contains no preservatives.

- Each milliliter contains: 37 MBq/mL of Strontium-89 Chloride. The radiolabeled solution contains 0.1 to 1 mL of the specific activity of 2.6 - 6.17 MBq/mg, 80-187 MBq/Cal at calibration. The pH of the solution is 4 - 7.5.

- Plasma clearance half-life is two hours with a physical half-life of 55.5 days. The maximum beta energy is 1.450 MeV. The maximum range of 69% from Strontium-89 in tissue is approximately 8 mm. Radioactive decay factors to be applied to the stated value for radioactive concentration at calibration, when calculating injection volumes at the time of administration, are given in Table 1.

<table>
<thead>
<tr>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.02</td>
<td>2</td>
<td>0.05</td>
<td>3</td>
<td>0.03</td>
<td>4</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>0.00</td>
<td>3</td>
<td>0.00</td>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>0.00</td>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
<td>7</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
<td>7</td>
<td>0.00</td>
<td>8</td>
<td>0.00</td>
</tr>
</tbody>
</table>

- Radioactive decay factors to be applied to the stated value for radioactive concentration at calibration, when calculating injection volumes at the time of administration, are given in Table 1.

**Table 1: Decay of Strontium-89**

<table>
<thead>
<tr>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
<th>Day</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.02</td>
<td>2</td>
<td>0.05</td>
<td>3</td>
<td>0.03</td>
<td>4</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>0.00</td>
<td>3</td>
<td>0.00</td>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>0.00</td>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>0.00</td>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
<td>7</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>0.00</td>
<td>6</td>
<td>0.00</td>
<td>7</td>
<td>0.00</td>
<td>8</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Days before (or after) the calibration date stated on the vial.**

Clinical Pharmacology: Following intravenous injection, soluble strontium compounds behave like their calcium analog, clearing rapidly from the blood and selectively localizing in bone marrow. Uptake of strontium by bone occurs preferentially in areas of active osteoblastic/hyaloplastic bone turnover (e.g., pelvic bone, femoral bone, vertebral bone) and can accumulate significantly greater concentrations of strontium than surrounding normal bone. Strontium-89 Chloride is retained in metastatic bone lesions. The theoretical half-life of the bone tumor is about 14 days. In patients with extensive skeletal metastases, half of the injected dose is retained in the bone.

- The verification for the presence of metastatic bone disease is not required unless the potential benefit of the treatment outweighs its risks. Bone marrow toxicity is to be expected following the administration of strontium-89 Chloride. The extent of toxicity is variable. It is recommended that the patient's peripheral blood cell counts be monitored at least once every other week. Typically, leukocytes with decreases up to about 30% compared to pre-administration levels. The rate of platelet depression in most patients is found between 12 and 16 weeks following administration of Strontium-89 Chloride. Blood cells are usually depressed to a varying extent compared to pre-administration levels. Recovery, however, occurs slowly with hematologic recovery levels as much as 15 months following administration of the patient's disease or additional therapy intervenes.

- In considering repeat administration of Metastan, the patient's hematologic responses to the initial dose, current plasmatic level and other evidence of marrow depression should be carefully evaluated.
- Reevaluation of dose and patient identification is necessary prior to administration because Metastan delivers a relatively high dose of strontium-89 Chloride.

Metastan may cause fatal harm when administered to a pregnant woman. There are no adequate and well-controlled studies in pregnancy. If the patient becomes pregnant during the drug therapy, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant.

- Radiation is not indicated for use in patients with cancer not involving bone. Metastan should be used in caution in patients with plasma levels below 0.0300 and white cell counts below 2,400.

Metastan should not be used by physicians who are not familiar with the experience and training in the use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.
**Best Image Resolution**
- PROXIMA Real-time Auto Body-Contouring
- Center-of-Rotation and Axial Alignment accuracy guaranteed to 0.1 mm rms
- Angular accuracy guaranteed to 0.1° rms
- Patented linearity and X-Y shift correction

**New Imaging Applications in Nuclear Medicine**
- Whole BodySPECT multiple FOV SPECT
- 511 keV F-18 FDG SPECT
- Gated Cardiac SPECT/ Ejection Fraction

**Imaging Complete Patient Population**
- Industry-best 20 in. axial FOV
- Industry-best 30 in. patient imaging aperture
- 500 lb. patient weight capacity
- 6 ft. 4 in. patient height imaging capacity

**Best Clinical Throughput**
- Entire torso SPECT in one rotation
- Entire torso three planar views
- Six-view WholeBody Scan in 22 minutes
- Whole BodySPECT up to 6 ft. 4 in.
- Optimized for Oncology Applications

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- 36 in. Open Access Gantry
- Elegant "Whisper-Quiet" Operation
- Extra-wide Patient Table

**Efficient Clinical Operation**
- QuickVIEW Swing Arm P-scope
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- Simple Protocol-based Scan Setup
- State-of-the-art Sun computing speed

---

**Superior Clinical Imaging**

**The Next Generation**

**TRIAD XLT 20 Whole BodySPECT**
Enhancing the Image of FDG SPECT

511 keV SPECT System Performance Comparison
TRIAD XLT (Triple-Head) vs. Helix™ (Dual-Head)
(Using 511 keV-optimized collimators)


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T1006013. Rev A August 1995
Introducing Maximal Vasodilation for pharmacologic stress imaging in patients unable to exercise adequately

*Relative to intracoronary papaverine*
Introducing ADENOSCAN®

adenosine

Maximal Vasodilation* for Myocardial Perfusion Imaging

Indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately

Adenoscan/Tl-201

62-year old male with no history of myocardial infarction referred for adenosine/thallium-201 stress study.

Imaging comparable to exercise
Maximal pharmacologic stress

- Most patients reach maximum coronary hyperemia*
- Coronary blood flow increases 3- to 4-fold over baseline¹
- Interpretable images were obtained in 98.7% of patients²

Established safety profile

- With a half-life of < 10 seconds, adverse experiences usually resolved quickly†
- The most common adverse experiences were flushing (44%), chest discomfort (40%) and dyspnea or the urge to breath deeply (28%)
- Contraindicated in patients with 1) 2nd- or 3rd-degree AV block, 2) sinus node disease, 3) and known or suspected bronchoconstrictive or bronchospastic lung disease (eg, asthma)
- Theophylline was used in less than 2% of patients

* Intracoronary Doppler flow catheter studies have demonstrated that a dose of intravenous Adenoscan of 140 mcg/kg/min produces maximum coronary hyperemia (relative to intracoronary papaverine) in most cases within 2-3 minutes of the onset of the infusion. Coronary blood flow velocity returns to basal levels within 1-2 minutes of discontinuing the Adenoscan infusion.

† Despite the short half-life of adenosine, 10.6% of the side effects occurred not with the infusion of Adenoscan but several hours after the infusion terminated. Also, 8.4% of the side effects that began coincident with the infusion persisted for up to 24 hours after the infusion was complete. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

Please see brief summary of prescribing information on adjacent page.
Maximal Vasodilation in patients unable to exercise

- Consistent maximal vasodilation*
- Imaging comparable to exercise
- Well established safety profile†

Recommended intravenous dose for adults is 140 mcg/kg/min infused for six minutes.

Available in a convenient single-use 30 mL vial.

ADENOSCAN®
adenosine
For maximal pharmacologic stress imaging

Please see brief summary of prescribing information on adjacent page.

*Relative to intracoronary papaverine.
† Contraindicated in patients with 2nd- or 3rd-degree AV block, sinus node disease and known or suspected bronchoconstrictive or bronchospastic lung disease.

References:
Throat

The efficacy and safety of Adenoscan in patients less than 18 years of age have not been established.

ADVERSE REACTIONS:

The following reactions with an incidence of at least 1% were reported with intravenous Adenoscan among 1407 patients enrolled in controlled and uncontrolled U.S. clinical trials. Despite the short half-life of the adenosine, 10% of the side effects occurred not with the ingestion of adenosine but several hours after the ingestion terminated. Also, 8.6% of the side effects that began coincident with the ingestion persisted for up to 24 hours after the ingestion. In many cases, it is not possible to know what late adverse events are the result of a combination of these three factors. The most common side effects are:

- Flushing
- Chest discomfort
- Dyspnea
- Headache
- Throat or jaw discomfort

Adverse experiences of any severity reported in less than 1% of patients include:

- Blinding or flicker sensitivity
- Palpitations
- Loss of consciousness
- Arrhythmias

OVERDOSE:

The half-life of Adenoscan is less than 10 seconds and side effects of Adenoscan when they occur usually resolve quickly when the infusion is discontinued, although delayed or persistent effects have been observed. Methylxanthines, such as caffeine and theophylline, are competitive antagonists of adenosine and have been used to effectively terminate persistent side effects. In controlled U.S. clinical trials, theophylline (50-125 mg slow intravenous injection) was needed to abort Adenoscan side effects in less than 2% of patients.

DOSEAGE AND ADMINISTRATION:

For intravenous infusion only:

Adenoscan should be given as a continuous peripheral intravenous infusion.

The usual recommended intravenous dose for adults is 60 mg (1/2 mg/ml) infused for 2 minutes to 10 minutes.

The observed dose for thrombolytic agents is 1 mg (100 mg/ml) over 1 minute.

Adenoscan should be given by a single peripheral IV line and not be mixed with other infusions.

CAUTION:

Federal law prohibits dispensing without prescription.

Fujisawa USA, Inc.

Derefield, IL 60015

Under license from Medco Research, Inc.

Research Triangle Park, NC 27709
The 1996 Scientific Program Committee, Scientific Exhibits Subcommittee and the Scientific & Teaching Sessions Committee solicit the submission of abstracts from members and nonmembers of the Society of Nuclear Medicine for the 43rd Annual Meeting in Denver, CO. Accepted Scientific Paper and Scientific Exhibit abstracts will be published in a special supplement to the May issue of *The Journal of Nuclear Medicine* and accepted Technologist Section abstracts will be published in the June 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
- Radiopharmaceutical Chemistry
- Dosimetry/Radiobiology

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

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### Nonuniform Attenuation Correction System

ADAC Laboratories introduces Vantage™, a nonuniform attenuation methodology correction system for use on ADAC nuclear camera systems. The Vantage correction system is a proprietary methodology that significantly improves the accuracy and quality of nuclear medicine cardiac procedures. To date, progressive health care providers are investing in techniques and equipment that offer clear advantages in accuracy, efficiency or cost-effectiveness in the delivery of patient care. Vantage acts as an important tool in the current health care environment, providing users with strong product advantages that met the needs being voiced by health care clients. Vantage attenuation corrects for nonuniform absorption by the breast, diaphragm or other soft-tissue structures commonly presented in conventional cardiac SPECT nuclear medicine imaging procedures. The use of this new system will make it possible to correct for nonuniform attenuation, making interpretation of cardiac SPECT studies easier and more accurate. The approach is as follows: Vantage employs precise narrow-beam source geometries and patent-pending electronic scanning window techniques that eliminate scatter and minimize radiation exposure to the patient. Use of 153Gd as the transmission source makes it possible to acquire both an emission and a transmission dataset simultaneously using efficient 180 acquisition protocols for both thallium and technetium studies. ADAC Laboratories, R. Weatherhead, 540 Alder Drive, Milpitas, CA 95035. Phone: (408) 321-9100, ext. 2762.

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1. Describe your Nuclear Medicine Week activities:
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2. What available resources did you use? (budget, manpower, media, etc.) ______________
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3. Describe your success in achieving your primary objective, hitting your target audience, or successfully conveying your message. Include the most notable aspects and/or anecdotes. ____
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4. Did your celebration have any positive outcome(s)? ______________________
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5. Finally, can you offer the Nuclear Medicine Week Committee any suggestions for improving our materials or contest? ________________________________
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