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Brookhaven National Laboratory seeks a research physician, with board certification in psychiatry, neurology, radiology, nuclear medicine and/or internal medicine. Imaging experience is desirable. The physician will work with the neuroimaging sciences group in imaging studies involving Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT) and Magnetic Resonance Imaging (MRI). The studies will focus on functional, neurochemical and pharmacological aspects pertaining to substance abuse, neuropsychiatric disease, oncology and aging.

Applicants should send a curriculum vitae including names and addresses of three references to: Dr. Nora D. Volkow, Medical Department, Bldg. 490, Brookhaven National Laboratory, Associated Universities, Inc., Upton, Long Island, NY 11973-5000. BNL is an equal opportunity employer committed to workforce diversity.

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October 6-12, 1996

Nuclear Medicine Week –
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Nuclear Medicine Week by spotlighting your facility and
demonstrating your enthusiasm, devotion and pride in your profession.

Nuclear Medicine Week also gives you the opportunity to educate potential patients,
referring physicians and your community about the history, value and safety of nuclear
medicine.

This year, the Nuclear Medicine Week posters, buttons and stickers celebrate 1996 as the
100th year since the discovery of radioactivity. Designed by the Technologist Section, the
commemorative items help enhance the visibility of nuclear medicine and will add to your
festivities.

Don’t forget the annual PR Star Contest sponsored for the first time by Technology Imaging Services! Be a Public Relations star and win prizes for yourself and your institution. Look for details and entry forms in JNM and JNMT.

Nuclear Medicine Week is sponsored by
the Society of Nuclear Medicine and the Technologist Section.
CELEBRATE NUCLEAR MEDICINE WEEK

THE FOLLOWING MATERIALS ARE AVAILABLE FOR PROMOTING NUCLEAR MEDICINE WEEK.

POSTERS  $5.00 each
BUTTONS  $1.00 each
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Payment must be enclosed with your order. Payment must be made in U.S. dollars and drawn on U.S. banks. No foreign funds will be accepted.

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<th>UNIT PRICE</th>
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<tr>
<td>Posters</td>
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<td>Balloons</td>
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<td>4 for $1.00</td>
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INDICATIONS
Myoview is indicated for scintigraphic imaging of the myocardium following separate administrations under exercise and resting conditions. It is useful in the delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium.

CONTRAINDICATIONS
None known.

WARNINGS
In studying patients with known or suspected coronary artery disease, care should be taken to ensure continuous cardiac monitoring and the availability of emergency cardiac treatment.

PRECAUTIONS
General
To minimize radiation dose to the bladder, the patient should be encouraged to void when the examination is completed and as often thereafter as possible. Adequate hydration should be encouraged to permit frequent voiding.

The contents of the Myoview vial are intended only for use in the preparation of technetium Tc99m tetrofosmin injection and are NOT to be administered directly to the patient.

As with all injectable drug products, allergic reactions and anaphylaxis may occur.

Sometimes Tc99m labeled myocardial imaging agents may produce planar and SPECT images with different imaging information.

Technetium Tc99m tetrofosmin injection, like other radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radiopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

Drug Interactions: Drug interactions were not noted and were not studied in clinical studies in which Myoview was administered to patients receiving concomitant medication. Drugs such as beta blockers, calcium blockers and nitrates may influence myocardial function and blood flow. The effects of such drugs may result from accumulation or drug interaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. Tetrofosmin sulphisalicylate was not mutagenic in vitro in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic in vivo in the mouse micronucleus test.
Abdominal MRI indicated evidence of recurrent disease...

Abdominal MRI indicating evidence of hepatic tumor.
Patient History

This middle-aged male underwent resection of a pancreatic carcinoid tumor four years ago. Subsequent 3 and 4 year CT scans presented evidence of recurrent disease. The patient was referred for OctreoScan imaging.

OctreoScan Scintigraphy

Five hepatic tumors and two periaortic nodal lesions were clearly visible on the whole-body planar images. OctreoScan imaging enabled differentiation between a non-receptor-expressing cavernous hemangioma and receptor-positive carcinoid metastases.

Clinical Course

Correlative MRI indicated disease, but some lesions would likely have been missed without the benefit of OctreoScan scintigraphy. The patient underwent surgery to freeze all five hepatic lesions identified by OctreoScan. Follow-up MRI and OctreoScan studies were planned to assess post-operative status.

Decisive Clinical Information

In patients who have a known or suspected neuroendocrine tumor, OctreoScan imaging often can be the difference between cautious uncertainty and decisive clinical intervention. Contact your nuclear medicine specialist for more information.
Kit for the Preparation of Indium In-111 Pentetreotide

BRIEF SUMMARY OF PRESCRIBING INFORMATION

DESCRIPTION
OctreoScan® is a kit for the preparation of indium In-111 pentetreotide, a diagnostic radiopeptidic, containing two components:
1. A 10-ml Indium-111 Chloride Vial which contains a solution of Indium-111 chloride.
2. A 10-ml, vial of Indium In-111 Chloride Solution.

Indium In-111 pentetreotide is prepared by combining the two kit components.

INDICATIONS AND USAGE
Indium In-111 pentetreotide is an agent for the scintigraphic localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors.

CONTRAINDICATIONS
None known.

WARNINGS
DO NOT ADMINISTER IN TOTAL PARENTERAL NUTRITION (TPN) ADULTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES; IN THESE SOLUTIONS, A COMPLEX GLUCOSYL OCTREOTIDE CONJUGATE MAY FORM.

The sensitivity of scintigraphy with Indium In-111 pentetreotide may be reduced in patients concurrently receiving therapeutic doses of octreotide acetate. Consideration should be given to temporarily suspending octreotide acetate therapy before the administration of indium In-111 pentetreotide and to monitoring the patient for any signs of withdrawal.

PRECAUTIONS
General
1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinomas. Since pentetreotide is an analog of octreotide, an intravenous line is recommended in any patient suspected of having an insulinoma. An intravenous solution containing glucose should be administered just before and during administration of indium In-111 pentetreotide.
2. The contents of the two vials supplied with the kit are intended only for use in the preparation of indium In-111 pentetreotide and are NOT to be administered separately to the patient.
3. Since indium In-111 pentetreotide is eliminated primarily by renal excretion, use in patients with impaired renal function should be carefully considered.
4. To help reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be well hydrated before the administration of indium In-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before the patient starting the evening before the radioactive drug is administered, and continuing for 48 hours. Ample fluid intake is necessary during the period as a support both to renal elimination and to bowel-clearing process. In a patient with an insulinoma, bowel-clearing should be undertaken only after consultation with an endocrinologist.

The recommended intravenous dose for planar imaging is 111 MBq (3.0 mCi) of indium In-111 pentetreotide presented from an OctreoScan kit. The recommended intravenous dose for SPECT imaging is 222 MBq (6.0 mCi) of indium In-111 pentetreotide.

The dose should be confirmed by a suitably calibrated radionuclide identification chamber immediately before administration.

As with all intravenously administered products, OctreoScan should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Preparations containing particulate matter or discoloration should not be administered. They should be disposed of in a safe manner, in compliance with applicable regulations.

Aspecific techniques and effective shielding should be employed in withholding doses for administration to patients. Waterproof gloves should be worn during the administration procedure.

Do not administer OctreoScan in TPN solutions or through the same intravenous line.

Radiotherapy Dosimetry

The estimated radiation dose to the average adult (70 kg) from intravenous administration of 111 MBq (3.0 mCi) and 222 MBq (6.0 mCi) are presented below. These estimates were calculated by Oak Ridge Associated Universities using the data published by Kremer, at al.

Estimated Absorbed Radiation Doses after Intravenous Administration of Indium In-111 Pentetreotide® to a 70 kg Patient

<table>
<thead>
<tr>
<th>PLANAR</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>54.16</td>
</tr>
<tr>
<td>Liver</td>
<td>12.15</td>
</tr>
<tr>
<td>Spleen</td>
<td>73.86</td>
</tr>
<tr>
<td>Urine</td>
<td>6.34</td>
</tr>
<tr>
<td>Ovaries</td>
<td>4.89</td>
</tr>
<tr>
<td>Testis</td>
<td>2.90</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>3.46</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>30.42</td>
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<tr>
<td>GI Tract</td>
<td></td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>5.67</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>4.78</td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td>5.80</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>7.73</td>
</tr>
<tr>
<td>Adrenal</td>
<td>7.55</td>
</tr>
<tr>
<td>Thyroid</td>
<td>7.43</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% indium In-114m radionuclide contaminant at calibration.
3. Assumes 4.5 hour waiting interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculations.
4. Estimated according to ICRP Publication 53.

HOW SUPPLIED

The OctreoScan kit, NDC 0019-9056-40, is supplied with the following components:

1. A 10-ml OctreoScan Reaction Vial which contains a lyophilized mixture of:
   i. 10 μg pentetreotide [Nα(3-hydroxyethyl)amin-Nα,Nα,Nα,Nα-tetraiodo-acetic acid-Nα-acetyl-D-phenylalanyl-L-histidyl-L-lysyl-D-lysyl-L-lysyl-D-lysyl-D-lysyl-L-lysyl](2–7) dihydrochloride, also known as octreotide (DTPA).
   ii. 2.0 mg gentamic acid (2-S,3-threo-dihydroxyacidic acid).
   iii. 4.3 mg fructose, anhydrous.
   iv. 0.37 mg citric acid, anhydrous, and
   v. 10.0 mg ascorbic acid.

Before lyophilization, sodium hydrogen or hydrochloric acid may have been added for pH adjustment. The final contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

2. A 10-ml, vial of indium In-111 Chloride Solution, which contains 1.1 ml of 111 MBq (3.0 mCi/ml) indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains ferric chloride at a concentration of 3.5 g/l, (ferric ion, 1.2 g/ml). The vials are sterile and pyrogen free. No bacteriostatic preservative is present.

In addition, the kit also contains the following items: (1) a 25 g x 5/8” needle (S-0, Monopac) used to transfer indium In-111 Chloride Solution to the OctreoScan Reaction Vial, (2) a pressure sensitive label, and (3) a package insert.
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With Cardiolite, you can simultaneously obtain stress perfusion and resting function (gated stress Cardiolite study)—that's critical diagnostic information regarding cardiac perfusion, wall motion, wall thickening, and LVEF—all of which can help with patient management decisions. And, for patients unable to achieve adequate levels of stress through exercise, imaging results can be optimized by using pharmacologic agents such as I.V. Persantine® (dipyridamole USP).

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Cardiolite

Kit for the preparation of Technetium Tc99m Sestamibi

To reduce the uncertainty Cardiolite comes through

DegPont PHARMA
Radiopharmaceuticals

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. Pharmacologic stress may be associated with serious adverse events such as myocardial infarction, arrhythmias, hypertension, bronchoconstriction, and cerebrovascular events. Caution should be used when pharmacologic stress is selected as an alternative to exercise.

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Please see brief summary of prescribing information on adjacent page. © 1996, DuPont Pharma
Brief Summary

Cardiolite

Kit for the preparation of Technetium Tc-99m Sestamibi

For Diagnostic Use

INDICATIONS AND USAGE: Cardiolite, the kit for the preparation of Technetium Tc99m Sestamibi, is a myocardial perfusion imaging kit indicated for use in the non-invasive evaluation of myocardial perfusion in selected patients. Sestamibi is routinely administered intravenously for this purpose, and is also indicated for the evaluation of left ventricular function. The Per technetate ion (0.1%) is used as an intravenous contrast agent in the study of the parenchyma of the liver and the biliary system.
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