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- Acquire stress perfusion and resting function information
- Improve patient management decisions, which may reduce costs

Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

To reduce the uncertainty
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. 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.

Persantine® is a registered trademark of Boehringer Ingelheim International GmbH. I.V. Persantine® is manufactured and distributed by DuPont Pharma under license from Boehringer Ingelheim Pharmaceuticals, Inc.

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Brief Summary

**Cardiolite®**

Kit for the preparation of Technetium Tc99m Sestamibi

**INDICATIONS AND USAGE:** Cardiolite® is a technetium-99m (Tc99m)-labeled agent, which is used for myocardial perfusion imaging in adults for the evaluation of coronary artery disease in patients who cannot exercise adequately.

**CONTRAINDICATIONS:** Hypersensitivity to dipyridamole.

**WARNINGS:** Serious adverse reactions associated with the administration of intravenous or injection (dipyridamole USP) have included cardiac death, fatal and non-fatal myocardial infarction, ventricular tachycardia, symptomatic vasodilation, stroke, severe hypertension, and myocardial ischemia. There have been reports of asymptomatic, asymptomatic, non-fatal, and fatal myocardial infarction in patients with severe coronary artery disease. Therefore, Cardiolite® should not be administered to patients with severe coronary artery disease.

**PRECAUTIONS:** The contents of the kit are not for administration to the patient without due adherence to the preparation procedure. The use of this drug is contraindicated in patients with severe coronary artery disease.

**Adverse Reactions:** Adverse reactions associated with the administration of Cardiolite® (dipyridamole USP) have included cardiac death, fatal and non-fatal myocardial infarction, ventricular tachycardia, symptomatic vasodilation, stroke, severe hypertension, and myocardial ischemia. Therefore, Cardiolite® should not be administered to patients with severe coronary artery disease.

**REPLACEMENTS:** Adverse reactions associated with the administration of intravenous or injection (dipyridamole USP) have included cardiac death, fatal and non-fatal myocardial infarction, ventricular tachycardia, symptomatic vasodilation, stroke, severe hypertension, and myocardial ischemia. Therefore, Cardiolite® should not be administered to patients with severe coronary artery disease.

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2 years post-op for colorectal cancer.
CT is equivocal.

Now there’s a new way to determine resectability.
INTRODUCING

CEA-Scan®
(Arcitumomab)

SENSITIVE IMAGING TO HELP
DRIVE MANAGEMENT DECISIONS

CEA-Scan is a new imaging agent that enhances your pre-operative determination of colorectal cancer resectability. CEA-Scan is indicated, in conjunction with standard diagnostic evaluations, for detection of the presence, location and extent of recurrent and/or metastatic colorectal carcinoma involving the liver, extra-hepatic abdomen and pelvis in patients with a histologically confirmed diagnosis of colorectal carcinoma.

Surgery confirms that CEA-Scan with CT can help you make decisions concerning surgical resectability. Compared to CT alone, CEA-Scan with CT:

- Identified 59/89 versus 42/89 patients with resectable disease, a 40% increase in detection rate
- Identified 34/73 versus 14/73 patients with non-resectable disease, or more than twice as many
- In patients with negative or equivocal CT (occult disease), reduced the number of false-negative patients from 59 to 23, a 60% decrease.1

CEA-Scan has a 97% positive predictive value for lesions when concordant with CT (146 true-positive lesions versus 4 false-positives).

BETTER IDENTIFICATION OF
RESECTABLE/NON-RESECTABLE DISEASE

IMPROVES SENSITIVITY

<table>
<thead>
<tr>
<th></th>
<th>SDM</th>
<th>CEA-Scan</th>
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<tbody>
<tr>
<td>Sensitivity</td>
<td>57.9% (103/178)</td>
<td>71.3% (127/178)</td>
</tr>
<tr>
<td></td>
<td>P=0.006</td>
<td></td>
</tr>
<tr>
<td>Specificity</td>
<td>84.4% (27/32)</td>
<td>62.5% (20/32)</td>
</tr>
<tr>
<td></td>
<td>P=0.12</td>
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Comparison of surgical outcomes correctly identified by CT vs CT plus CEA-Scan (n=209)

75%                  66%
50%       47% (42/89)  (59/89)
25%       CT plus CEA-Scan
0%       CT

Resectable Non-Resectable
SENSITIVE, SAME-DAY IMAGING

CEA-Scan enables improved colorectal cancer detection compared to standard diagnostic methods (SDM, 95% of which were CT).

- In general, CEA-Scan was more sensitive and less specific in the abdomen and pelvis than CT.
- However, direct comparisons of the performance characteristics of SDM to CEA-Scan are difficult to interpret, since the results of SDM were entry criteria for both Phase 3 protocols.

ADVANCED TECHNOLOGY

CEA-Scan offers the advantages of Fab' fragment design.

- Short biological half-life (13±4 hours) and rapid blood clearance improve tumor-to-background ratios.
- Minimal liver metabolism allows hepatic imaging.
- Small fragment size enhances renal clearance.
- Fragment technology provides lower immunogenicity.

ESTABLISHED SAFETY PROFILE

Over 400 patients who have received CEA-Scan have been evaluated for human anti-mouse antibody (HAMA).

- <1% showed an elevation of HAMA levels.
- Limited data are available regarding the safety of re-administration.

In the patients studied with CEA-Scan, one patient each developed the following minor self-limiting adverse effects: transient eosinophilia, nausea, bursitis, urticaria, generalized itching, headache, upset stomach and fever. Out of a total of over 500 patients receiving the product to date, there has been a single report of an apparent grand mal epileptic seizure in a severely hypertensive patient that was "possibly related" to CEA-Scan infusion.

HELPING YOU MAKE DECISIONS ABOUT TUMOR RESECTABILITY

Manufactured by: IMMUNOMEDICS, INC.

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Please see adjacent page for brief summary of prescribing information

References:
CEA-Scan® (Arcitumomab) is indicated, in conjunction with standard diagnostic evaluations (e.g., additional imaging evaluation), for the detection of the presence, location and extent of recurrent and/or metastatic colorectal carcinoma involving the liver, extranodal abdominal and pelvic sites in patients with a histologically confirmed diagnosis of colorectal carcinoma. CEA-Scan® provides additional information in patients with no evidence of disease (complete responses) or in whom there is evidence of recurrent or metastatic colorectal carcinoma. This information may be helpful in the management of patients who are undergoing follow-up evaluation. Nonsurgical resection, when feasible, should be considered in all patients for whom such therapy is appropriate.

INDICATIONS

CEA-Scan® (Arcitumomab) is indicated, in conjunction with standard diagnostic evaluations, for the evaluation of patients with colorectal carcinoma or with recurrent colorectal carcinoma to help determine the possibility of complete response or remission. It is also indicated to distinguish metastatic from secondary lesions in patients with a known primary lesion in whom there is radiographic evidence of new or progressive disease. CEA-Scan® is also indicated to monitor the effect of therapy in these patients to help determine if the patient is responding to therapy or if further management is necessary. It is indicated for use in conjunction with other diagnostic modalities (e.g., imaging, endoscopy). CEA-Scan® is not indicated for the management of patients with primary colorectal carcinoma, patients with benign liver lesions, or patients with non-colorectal carcinoma.

WARNINGS

Anaphylaxis and other hypersensitivity reactions can occur after administration of mouse protein to patients. Although serious reactions of this type have not been observed in clinical trials after CEA-Scan® administration, medications for the treatment of hypersensitivity reactions, e.g., epinephrine, antihistamines and corticosteroids, should be available for immediate use in the event of an allergic reaction during administration of this agent.

PRECAUTIONS

General

CEA-Scan® is to be interpreted in conjunction with standard diagnostic modalities. A negative or positive CEA-Scan® by itself should not be utilized in the diagnosis and management of colorectal cancer. Discordant results are substantially less predictive than concordant results. CEA-Scan® should not be used as a screening test for colorectal cancer.

Limited data are available regarding the safety of radioimmunodiagnosis. There are no data to support the efficacy of CEA-Scan® radiodiagnostics. CEA-Scan® should be used only once in each patient. The components of CEA-Scan® are sterile and non-pyrogenic. It is essential to follow preparation directions carefully and to adhere to strict aseptic procedures during preparation of CEA-Scan®. The contents of the vial are intended only for use in the preparation of CEA-Scan® and are not to be administered directly to patients. The contents of the vial before preparation are not radioactive. However, after 181Pertechnetate is added, adequate shielding of the preparation must be maintained. Appropriate safety measures should be used to minimize radiation exposure to medical personnel and patients, consistent with prudent patient management.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides.

Imaging Interpretation

General

There are limited data to determine the imaging characteristics and efficacy of the CEA-Scan® (Arcitumomab) in detection of lesions outside of the abdominopelvic cavity. Areas of potential false-positive readings, particularly with planar imaging, may be observed near the major blood pool organs (heart, major vessels, etc.) at very early imaging times, near the sites of antibody fragment metabolism (kidneys and urinary bladder), and in the intestines and gallbladder. Late imaging may also aid in the evaluation of suspected normal bowel activity. With regard to imaging of tumor near the kidneys or urinary bladder, it is advisable to have the patient void urine prior to acquisition of imaging data to decrease bladder activity. Careful SPECT imaging near the kidneys and bladder has been helpful.

PORTA HEPATICA REGION

Precise localization of lesions in the region of the porta hepatitis has been difficult. Lesions within the porta hepatica region may be present within the liver or portal nodes. At the time of surgical exploration, such lesions (which if nodal would preclude resection of hepatic metastases) should be explored first.

FALSE-POSITIVE LESIONS

There were 52 false-positive lesions observed in 41 patients from a total of 209 surgically explored subjects in the two pivotal trials. Thirty-five of these lesions were in occult disease patients. Of the 52 false-positive lesions, 11 were observed in the liver, 17 in the extra-hepatic abdomen, and 24 in the pelvis. A pathological correlate to the lesions was infrequently documented; these included granulomas in the liver (1 instance), adhesive changes with or without suture granulomas (4 cases), surgical incision site (1 case). Descriptions of false-positive lesions within the abdomen are suggestive of coitic activity in several cases.

HET, RIMPED, AND COLD LESIONS

Only hot or rimmed lesions should be considered as positive for tumor. Lesions that are rimmed or cold usually fill in as hot or rimmed, respectively, with time. Often, large lesions, due to poor vascularization or central necrosis, will appear to be cold.

INFORMATION FOR PATIENTS

Murine monoclonal antibodies are foreign proteins, and their administration can induce human anti-mouse antibodies (HAMA). While limited data exist concerning the clinical significance of HAMA, the presence of HAMA may interfere with murine antibody-based immunosassays (e.g., serum CEA assays), could compromise the efficacy of an antitumor or in vivo diagnostic or therapeutic murine antibody-based agents, and may increase the risk of adverse reactions. For these reasons, patients should be informed that the use of this product could affect the future use of other murine-based products, including CEA-Scan®, and they should be advised to discuss prior use of murine-based antibody products with their physicians. (see Heterologous Protein Administration)

Heterologous Protein Administration

The presence of HAMA and human anti-mouse fragment antibodies have been reported in patients before and after receiving CEA-Scan® (<1% of patients develop HAMA to the antibody fragment). While hypersensitivity reactions to CEA-Scan® have not been observed to date, it is possible that such reactions could occur, resulting in anaphylactic shock, serum sickness or death. In addition, patients who have previously received murine monoclonal antibody products are more likely to have HAMA. When considering the use of the CEA-Scan® in patients who have previously received murine antibody-based products, physicians should be aware of the potential for HAMA to increase the risk of allergic reactions and to alter clearance and biodistribution. The quality or sensitivity of the imaging study may then be compromised.

Drug/Laboratory Test Interactions

The presence of HAMA in serum may interfere with two-site murine antibody-based immunosassays, such as assays for CEA and CA-125. If HAMA is known or suspected to be present, the clinical laboratory should be notified that interference may occur.

CEA-Scan® may interfere with serum assays for assessment of serum levels of CEA. Therefore, any determination of serum CEA should be made prior to injection with CEA-Scan®. Assays for serum CEA should not be performed within 7 days after injection of CEA-Scan®.

CEA-Scan® may interfere with the diagnosis of systemic and in vivo infections due to murine reactivity. The results of immunological studies may be falsenegative due to the presence of murine antibodies in sera.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long-term animal studies have been performed to evaluate the carcinogenic or mutagenic potential of CEA-Scan® in animals. The effects of CEA-Scan® in animals have been observed in limited reproductive studies.

Pregnancy - Category C

Animal reproduction studies have not been conducted with CEA-Scan®. It is also not known whether this drug can cause fetal harm or affect reproductive capacity when administered to a pregnant woman. CEA-Scan® should be used during pregnancy only if, in the opinion of the physician, the information to be gained justifies the potential risk to the fetus. Examinations using a radiopharmaceutical in a woman of child-bearing age should be performed during the first 8-10 days following the onset of menstrual cycle, if possible.

Lactation

Before administering a radioactive medicinal product to a mother who is breast feeding, consideration should be given whether the investigation could be reasonably delayed until the mother has ceased breast-feeding. If the use of the product is deemed to be clinically indicated, breast feeding should be interrupted, the expressed milk discarded, and formula feedings substituted for breast-feeding.

Pediatric Use

Safety and diagnostic accuracy in persons under 21 years of age have not been established.

ADVERSE REACTIONS

In the patients studied with CEA-Scan®, one patient developed the following minor self-limiting adverse effects: headache, nausea, flushing, urticaria, generalized itching, headache, urticaria and fever. No patient has developed severe allergic reactions, including anaphylaxis, that were attributable to the administration of CEA-Scan®. The incidence of reactions attributable to CEA-Scan® was low.

OVERDOSAGE

Intravenous infusion of intact IgG (Fab’ and F(ab’)) of IMMU-4 in doses of up to 25 mg or murine antibodies at doses up to 10 mg have not shown any serious adverse reaction.

HOW SUPPLIED

Package containing one (1) vial, with a single-use dose of 1.25 mg lyophilized arcitumomab. The product should not be used beyond the expiration date printed on the label.

REFERENCES


2. Data on File at Immunomedics, Inc.


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- General information about liver and hepatobiliary imaging
- Hepatobiliary Imaging in children

For Spanish-speaking patients, Guidelines for Patients Receiving Radioiodine Treatment is available in Spanish. Look for other Spanish-language SNM Patient Pamphlet titles appearing in 1997.

To receive a complimentary sample of any SNM patient pamphlet, contact Stacey Silver at 703-708-9000 x223 or e-mail your request (and mailing address) to ssilver@snm.org

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For postprostatectomy patients with rising PSA and a negative or equivocal standard metastatic evaluation in whom there is a high clinical suspicion of occult metastatic disease:

NEW

PROSTASCINT™
Kit for the Preparation of Indium In 111 Capromab Pendetide

A Clearer View
For Clearer Decisions
In Prostate Cancer Management

* For full indications for use of ProstaScint, please refer to the prescribing information.
† As with other tests to evaluate prostate cancer, information provided by ProstaScint imaging should be considered in conjunction with other diagnostic information.

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Please see brief summary of prescribing information on adjacent page.
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- Available only at sites where personnel have been trained in ProstaScint imaging and accredited by the American College of Nuclear Physicians (ACNP).
- ProstaScint scans should be interpreted only by physicians who have had specific training in the interpretation of these images through the Partners in Excellence program, due to the potential for false positive and false negative image interpretations. (See full prescribing information sections WARNINGS and CLINICAL STUDIES.)
ProstaScint™ Kit
(Capromab Penitide)

Kit for the Preparation of indium In 111 Capromab Penitide

For Intraavenous Use Only

BRIEF SUMMARY-Consult package insert for full prescribing information

INDICATIONS AND USAGE Indium In 111 ProstaScint™ (Capromab Penitide) is indicated as a diagnostic imaging agent in newly-diagnosed patients with biopsy-proven prostate cancer, thought to be clinically localized, for standard diagnostic evaluations (e.g., chest x-ray, bone scan, CT or MRI scan, or an areal high-risk for pelvic lymph nodes metastasis) (see CLINICAL PHARMACOLOGY Imaging Performance in Newly-Diagnosed Patients). It is also indicated in patients who are at high risk for pelvic lymph node metastasis. Indium In 111 ProstaScint™ is also indicated as a diagnostic imaging agent in post-prostatectomy patients with a rising PSA and a negative or equivocal standard metastatic evaluation in whom high clinical suspicion of occult metastatic disease remains. The imaging performance of indium In 111 ProstaScint™ following radionuclide therapy has not been studied. The information provided by Indium In 111 ProstaScint™ should be considered in conjunction with other diagnostic information. Scans that are positive for metastatic disease should be confirmed histologically in patients who are otherwise candidates for surgery or radiation therapy unless medically contraindicated. Scans that are negative for metastatic disease should not be relied upon for similar confirmation. ProstaScint™ is not indicated as a screening tool for carcinoma of the prostate nor for readministration for the purpose of assessment of response to treatment.

CONTRAINDICATIONS Indium In 111 ProstaScint™ 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 Patient management should not be based on Indium In 111 ProstaScint™ (Capromab Penitide) scan results without appropriate confirmatory studies such as in the pivalous trail, there was a high rate of late positive and false negative image interpretations (See PRECAUTIONS, Indium In 111 ProstaScint™ Imaging Interpretation (see PRECAUTIONS, Imaging Precautions). Allergic reactions, including anaphylaxis, can occur in patients who receive murine antibodies. Although several reactions of this type have not been observed in clinical trials after Indium In 111 ProstaScint™ administration, medications for the treatment of hypersensitivity reactions should be available during administration of this agent. Indium In 111 ProstaScint™ may induce human anti-mouse antibodies which may interfere with some immunossays, including those used to assay PSA and digoxin (see PRECAUTIONS, Drug/Laboratory Test Interactions).

PRECAUTIONS General: There were high rates of late positive and false negative image interpretations in the pivalous trials (see Clinical Studies). False positive scan interpretations result in: (1) inappropriate surgical intervention to confirm scan results, and (2) inappropriate denial of curative therapy if results are not confirmed, or (3) inadequate surgical areas of uptake are sampled. Surgical sampling should not be limited to the areas of positive uptake, unless histologic examination of these areas is diagnostic. Due to the potential for late negative scan interpretations, negative images should not be used in lieu of histologic confirmation. Proper patient preparation is mandatory to obtain optimal images for interpretation (see Imaging Precautions, below). Bone scans are more sensitive than ProstaScint™ (Capromab Penitide) scans for the detection of metastases to bone, and Indium In 111 ProstaScint™ should not replace the utilization of skeletal scintigraphy.

Interventional Procedures: Radioimmunoassays should be used only by physicians and other professionals who are qualified by training and experience in the safe use and handling of radionuclides. Indium In 111 ProstaScint™ images should be interpreted only by physicians who have had specific training in the interpretation of Indium In 111 ProstaScint™ images. There may be Indium In 111 ProstaScint™ clearance and imaging localization observed in the bowel, blood pool, kidneys, and urinary bladder. When obtaining 72-120 hour planar and Single-Photon Emission Computed Tomography (SPECT) images, the bladder should be catheterized and irrigated. The administration of a cathartic is required the evening before imaging the patient, and a cleansing enema should be administered within an hour prior to each 72-120 hour imaging session. The contents of the kit are not radioactive. After addition of Indium In 111 chloride is added, appropriate shielding of Indium In 111 ProstaScint™ must be maintained. Care should be taken to prevent radiation exposure to patients and medical personnel consistent with proper hospital and medical management procedures. Each ProstaScint™ kit is a unit of use package. The contents of the kit is to be used only to prepare Indium In 111 ProstaScint™, unbanded ProstaScint™ should not be administered directly to the patient. After radiolabeling with Indium In 111, the entire Indium In 111 ProstaScint™ dose must be administered to the patient for whom it was prescribed. Reducing the dose of Indium In 111, unbanded ProstaScint™, or Indium In 111 ProstaScint™ may adversely impact imaging results and is not recommended. The components of the kit are sterile and pyrogen-free and contain no preservative. Indium In 111 ProstaScint™ should be used within 8 hours after radiolabeling. It is essential to follow the directions for preparation carefully and to adhere to strict aseptic procedures during preparation of the radiolabeled product.

Information for Patients: Murine monoclonal antibodies (MAbs) are foreign proteins, and their administration can induce an immune response. While limited data exist concerning the clinical significance of HAMA, the presence of such antibodies may interfere with murine-antibody based immunossays, or could compromise the efficacy of diagnostic or therapeutic murine antibody-based agents and increase the risk of adverse reactions. For these reasons, patients should be informed that the use of this product could adversely affect the future ability to diagnose recurrence of cancer, the ability to perform certain other laboratory tests, or to use other murine-based products. Patients should be advised to discuss prior use of murine-antibody based products with their physicians (see hypersensitivity Immunological Administration, below).

Hypersensitivity Reactions: Administration Indium In 111 ProstaScint™ has been shown to induce HAMA to murine PSMA with severity and with low levels after single administration. HAMA levels were detected at 6-8 weeks after single administration in 8% (20/239) of patients, while 1% of patients had levels greater than 100 ng/mL. IgE antibody titers in patients receiving more than 10 mg radionuclide were not increased over baseline. While IgE antibody levels were detected by SRTA after repeated injection in 3% (10/270) of the patients. While limited data exist concerning the clinical significance of HAMA, detectable serum levels can alter the tissue distribution pattern of radiolabeled agents. The development of sensitization delayed serum HAMA levels could compromise the efficacy of diagnostic or therapeutic murine antibody-based agents. In repeat administration trials, 5% (9/170) of the evaluable repeat injections were associated with normal tissue distribution of the MAH conjugates. Pre-injection serum HAMA levels were generally not predictive of altered distribution. When considering the administration of Indium In 111 ProstaScint™ for patients who have previously received other murine antibody-based pharmaceuticals, physicians should be aware of the potential for severe reaction and increased clarity and altered biodistribution, which may interfere with the quality or sensitivity of the imaging study. Prior to administration of murine antibodies, including Indium In 111 ProstaScint™, the physician should review the patient history to determine whether the patient has previously received such products.

Drug Interactions: The effect of surgical and/or medical anandagenation on the imaging performance of Indium In 111 ProstaScint™ has not been studied. Preliminary data suggest hormone ablation may increase PSA expression, with concurrent increase in tumor expression of PSA. The use of ProstaScint™ in this patient population cannot be recommended at this time.

Drug Laboratory Test Interactions: The presence of HAMA in serum as a result of ProstaScint™ may interfere with some antibody-based immunossays (such as PSA and digoxin). When present, this interference generally results in modestly low values. When following PSA levels, assay methods resistant to HAMA interference should be utilized. PSA assays which were found to be resistant to HAMA interference were Hybritech Tandem-R and Abbott IMX. When patients have HAMA positive In 111 ProstaScint™, the clinical laboratory should be notified to take appropriate measures to avoid interference by HAMA with clinical laboratory testing procedures. These methods include the use of non-murine-based immunossays, HAMA removal by adsorption, or sample pre-treatment to block HAMA activity.

CONTRAINDICATIONS Indium In 111 ProstaScint™ is not indicated in patients who may be in later stage of disease or who have a history of positive findings on other imaging studies.

ADVERSE REACTIONS: ProstaScint™ (Capromab Penitide) was generally well tolerated in the clinical trials. After administration of 500 single doses of Indium In 111 ProstaScint™, adverse reactions were observed in 4% of patients. The most commonly reported adverse reactions were reactions that are in biologic and hyperthermia, which occurred in 1% of patients. Elevated liver enzymes and injection site reactions occurred in slightly less than 1% of patients. Other adverse reactions, listed in order of decreasing frequency, were: pruritus, fever, rash, headache, chills, dyspnea, asthenia, burning sensation in skin, shortness of breath, and alteration of taste. Most adverse reactions were mild and reversible. Data from repeat administration in 61 patients revealed a similar incidence of adverse reactions (5%). No deaths were attributable to Indium In 111 ProstaScint™ administration.


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Co-Chairmen:
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Tuesday, April 8, 1997
12:30 - 14:00
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Scientific Agenda

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Patients After Acute Myocardial Infarction
Patients Before Major Noncardiac Surgery
Stress Modalities in Echocardiography
Stress Modalities in Nuclear Cardiology

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Pharmacologic Stress Testing - Emerging Role in Patient Management and Health Economics
Tuesday, April 8, 1997, Florence, Italy
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SNM
44th ANNUAL MEETING
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DON'T FORGET THE MID-WINTER MEETING IS IN PALM SPRINGS, CALIFORNIA

DATE: February 5-11, 1997
LOCATION: The Palm Springs Riviera Resort and Racquet Club
EDUCATION PROGRAM SPONSOR: The Computer and Instrumentation Council

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April 13-15, 1997
The Drake Hotel—Chicago, IL

Practitioners, ethicists, medical policy makers, and representatives of managed care are invited to meet together to re-examine the ethic of medicine as a profession and to consider challenges to ethical practice that physicians may encounter as a result of the rapid changes in the organization and financing of healthcare.

Sponsored by:
The Council of Medical Specialty Societies and
the American Academy of Otolaryngology—Head and Neck Surgery Foundation

Confirmed Speakers:
Saul Bellow, Roger J. Bulger, MD, Christine K. Cassel, MD, J. Lee Dockery, MD, John M. Eisenberg, MD, Jeremy Lazarus, MD, George D. Lundberg, MD, Mary H. McGrath, MD, MPH, Martin F. McKneally, MD, PhD, Lynn Peterson, MD, Edmund D. Pellegrino, MD, Raymond Scaletar, MD, and John Santa, MD

CME Credit
The American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.
The AAO-HNSF designates this educational activity for a maximum of 13 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

For more information or to request registration materials, call (847) 295-3456 or FAX (847)295-3759.
ANNOUNCING THE 1997 NATIONAL ELECTION FOR THE
SOCIETY OF NUCLEAR MEDICINE (SNM)

The SNM Committee on Nominations presents the following candidates endorsed by the SNM House of Delegates at the 1997 Mid-Winter Meeting:

**VICE PRESIDENT-ELECT CANDIDATES:**

Conrad E. Nagle, M.D. - Central Chapter
Robert F. Carretta, M.D. - Northern California Chapter

_Vice President-Elect for 1997-1998
President-Elect for 1998-1999
President for 1999-2000_

**DELEGATES-AT-LARGE CANDIDATES** (four vacancies available):

Robert W. Burt, M.D. - Central Chapter
Jeffry A. Siegel, Ph.D. - Greater New York Chapter
Madhukar (Mathew) Thakur, Ph.D. - Greater New York Chapter
James Seabold, M.D. - Missouri Valley Chapter
Kevin J. Donohoe, M.D. - New England Chapter
Brian Eisenberg, M.D. - Pacific Northwest Chapter
Peter S. Conti, M.D. - Southern California Chapter
Stanley L. Mills, M.D., Ph.D. - Southwestern Chapter

The following Elected Chapter Delegates due to underrepresentation were certified by the Committee on Nominations and approved by the SNM House of Delegates:

Donald S. Schauwecker, Ph.D., M.D. - Central Chapter
Arnold Strashun, M.D. - Greater New York Chapter
Darrel W. Mclndoe, M.D. - Mideastern Chapter

LOOK FOR YOUR BALLOTS TO ARRIVE MIDDLE TO LATE MARCH.*

DON’T FORGET TO VOTE!

*SNM Members eligible to vote in the annual election include: Full Members, Associate Members, Member Emeritus and Associate Member Emeritus. SNM Members that do not have voting privileges include: Technologist Members, Affiliate Members, Institutions, Honorary Members, In-Training.
Mid-Eastern Chapter of the Society of Nuclear Medicine

27th Annual Meeting

“Pits and Pearls of Nuclear Medicine”

This meeting will be held on Friday, Saturday and Sunday morning April 18, 19 and 20, 1997 at the Uniformed Services, University of Health Sciences, Jones Bridge Road, Bethesda, Maryland.

The topics for this meeting will include:
1. Assessment of the clinical benchmark data on reimbursement, incentives, management perspectives and cost in Nuclear Medicine.
2. Practical aspects of Nuclear Oncology and Nuclear Cardiology for Radiologists, Clinical Pitfalls in Bone Scan Interpretation and WBC Leukocyte Imaging, Brain Perfusion Scans and Urological Imaging.
3. Nuclear Radiology quiz with proven cases (with prize awards).

Our speakers will be Drs. Edward Coleman, Ronald Neumann, Naomi Alazraki, Dennis Patton, Douglas Eggil, Ronald Van Heertum, James Tatum, Richard Holmes, Kenneth McKusick, Eduard Kotlyarov and Mr. Donald Kooy

The Technologist program will be announced at a later time.

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

The Society of Nuclear Medicine designates this educational activity for up to 15 credit hours in Category I credits towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

For information and registration, contact the Chapter Administrator, Richard F. Gramm at 410-465-8323 (voice or fax).

Eduard V. Kotlyarov, MD, PhD, Vice-President, Chairman Program Committee, Mid-Eastern Chapter, Society of Nuclear Medicine

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DuPont Pharma
Nuclear Oncology
Research Fellowship

The Society of Nuclear Medicine (SNM) Awards Committee announces that a fellowship for $10,000 is available for July 1, 1997.

The objectives of this fellowship are to (1) Encourage physicians to enter the field of Nuclear Oncology and (2) Support clinical research in the area of Technetium Tc 99m labeled compounds for breast imaging as a complement to mammography. Funds can be used to support the research and/or salary of the investigator. Preference will be given to those new to the field of Nuclear Oncology. The Award will be announced at the next Annual SNM Meeting, June 1997 in San Antonio, Texas.

For more information and an application contact:
Society of Nuclear Medicine
SNM Awards Committee
1850 Samuel Morse Dr.
Reston, VA 20190-5316
Phone: (703) 708-9000/ Fax: (703) 708-9015
Position Available
Nuclear Medicine Physician

Midwest 5 member Pathology/Nuclear Medicine Group has a full-time position opening for a well trained Board Certified Nuclear Physician with good interpretive and communicative skills. Prefer experienced candidate with pathology or internal medicine background. Well established, active department with state-of-the-art equipment and computer performing a complete range of studies for tertiary care hospital system and 70+ physician group. Reply with C.V. and letter of interest to: Society of Nuclear Medicine, Box #301-97, 1850 Samuel Morse Drive, Reston, VA 20190-5316.

Postdoctoral Fellowship in PET/SPECT/IMRI Imaging

Unique opportunity for postdoctoral training in functional imaging research. Emphasis on neuropsychiatric, psychopharmacologic, oncology imaging and qualification techniques. Excellent mix of clinical and basic research. Opportunity for MRI/PET correlation. MD and clinical credentials required. May start as early as May/June 1997. Applications to: Dean F. Wong, MD, PhD, Johns Hopkins Medical Institute, Radiology-JHOC Bldg., Room 3245, 601 N. Caroline Street, Baltimore, MD 21287-0807. E-mail: dfwong@rad.jhu.edu.

Christ Hospital
ACGME Accredited Two-Year Nuclear Medicine Residency

Two PGY-II positions available for two-year nuclear medicine residency the Christ Hospital in Cincinnati, Ohio. The Christ Hospital, one of the country’s most prestigious private institutions, is affiliated with University of Cincinnati Hospital. State-of-the-art equipment includes: one dual-head whole-body planar scanner, two triple-head SPECT scanners, two dual-head SPECT scanners, one single-head SPECT scanner, one multi-crystal cardiac first-pass camera and a Positron Emission Tomography scanner and cyclotron. The experience will include cardiac and non-cardiac clinical nuclear medicine, radiopharmacy, radioimmunoassay, physics, mathematics and radiation protection. Extensive lectures and teaching conferences are pre-planned and the faculty to resident ration is 1:1. Our department, which includes 16 technical staff, performs well over 15,000 imaging procedures annually. Extensive academic support, library resources and the opportunity for research exists. Salary and benefits are highly competitive. Applicants must have at least one year of clinical experience in ACGME approved program. To apply, send/fax complete CV with two letters of recommendation to Stephen J. Pomeranz, MD, Director of Advanced Imaging, c/o Nuclear Medicine Residency Coordinator, 2139 Auburn Ave., Cincinnati, Ohio 45219. Telephone: 513-369-1146, Fax: 513-369-8414.

The Christ Hospital is an equal opportunity employer.

Nuclear Medicine Instructor

Hillsborough Community College, a multi-campus educational institution, located in west-central Florida, invites applications for the position of Nuclear Medicine Instructor for the HCC campus at Dale Mabry.

Qualified applicants are required to have an associate degree in nuclear medicine technology and a baccalaureate degree in nuclear medicine or a related field from a regionally accredited college or university plus a minimum of two (2) years of post-graduate professional experience in the field. Preference will be given to candidates that possess a master’s degree in nuclear medicine or a closely related discipline. The selected candidate must be credentialed as a nuclear medicine technologist by the AART and/or NMTCB. Strong preference will be given to the candidates who also certification by the American Board of Science in Nuclear Medicine (ABSNM).

Additional certifications in other medical imaging modalities is also desired.

HCC offers a competitive salary and a generous employee benefits program.

To apply: Submit a resume that clearly illustrates attainment of the minimum qualifications, a complete work history, a photocopy of academic transcripts and certifications and the names, addresses and phone number of three (3) professional references before the application deadline. Incomplete resume packets will not be considered.

Application deadline: 4:00 p.m. on April 11, 1997

Hillsborough Community College
Human Resources Office
P.O. Box 31127
Tampa, FL 33631
813-253-7573 (office) 813-253-7034 (fax)
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New Titles in Technology from the Society of Nuclear Medicine

Recently published books from SNM provide authoritative, up-to-date discussions of key subjects in nuclear medicine technology. Adding to your professional library has never been easier.

**Review of Nuclear Medicine Technology**
Second Edition
Ann M. Steves, MS, CNMT

$30.00 members/$40.00 nonmembers. The single most effective study aid you can own for national certification exams. Updated text includes - Latest information on NRC reg's; new sample exercises/questions; recently introduced radiopharmaceuticals; expanded nuclear cardiology section.

(See the National Certification Examination Question Book — the companion text to the Review of Nuclear Medicine Technology — coming from SNM in spring 1997. Hundreds of self-testing questions that help students excel on exams.)

**SPECT: A Primer, Third Edition**
Robert J. English, CNMT

$30.00 members/$40.00 nonmembers. Thoroughly updated, basic information essential for working with SPECT in day-to-day clinical settings. Three all-new chapters on acquisition, processing devices, clinical indications. New material throughout.

**Nuclear Medicine Self-Study Program II: Instrumentation**

$45.00 members/$63.00 nonmembers. The second volume in the ongoing nuclear medicine self-assessment series. Includes authoritative and thorough text syllabus, up-to-date references, questions, answers, and critiques.

**SNM Patient Pamphlet Series**

“The Benefits of Nuclear Medicine”; “Nuclear Medicine Bone Imaging”; “Renal Imaging in Children”; “Cardiac Nuclear Imaging and Stress-REST Test”; “Brain Imaging”; “Hepatobiliary Imaging”; “Guidelines for Patients Receiving Radiiodine Therapy”

$4.00 per copy/minimum 50 copies. Designed to promote patient confidence, newly expanded Pamphlet Series includes targeted information on most commonly used procedures. “Guidelines for Patients Receiving Radiiodine Therapy” available in Spanish (look for other pamphlets for Spanish-speaking patients coming spring 1997).

**Computer Friendly Books from SNM**

These recent SNM books are your best guides to mastering nuclear medicine computer technology.

**Computers in Nuclear Medicine: A Practical Approach**
Kai Lee, PhD

$30 members/$42 nonmembers. Both an overview of the latest techniques in nuclear medicine technology and as an authoritative study guide, this practical handbook is a valuable addition to the libraries of students and specialists alike.

**Clinical Computers in Nuclear Medicine**
Katherine L. Rowell, MS, CNMT, Editor

$35 members/$49 nonmembers. A companion text to Computers in Nuclear Medicine, this survey traces the evolution of nuclear medicine computer technology. An essential guide for staff operating computers in clinical settings.

**Also of Interest from SNM**

**Curriculum Guide for Nuclear Medicine Technologists, Second Edition**

Wanda M. Mundy and Gregory Passmore

$13.95/student price $9.95 (with proof of student status). A definitive educational reference tool for administrators and educators, coverage targets curricula of hospital-based certificate programs with a structure aimed at national examinations. Easily supplemented for associate and baccalaureate degree programs.

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