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Now for osteoblastic metastases in patients with prostate or breast cancer

Relief

- Onset of pain relief as early as 1 week in the majority of patients
- Allows reduction in opioid use*

*In controlled clinical trials, approximately half the patients reduced opioid usage by week 4.
Recovery

- White blood cell and platelet counts tend to return to pretreatment levels by week 8.

Quadramet® causes bone marrow suppression. Prior to administration, clinical benefit should be judged to outweigh the risk in patients having compromised bone marrow reserves or undergoing therapy that causes myelosuppression.
Therapeutic: For Intravenous Administration

INDICATIONS: Quadramat is indicated for relief of pain in patients with confirmed inoperable metastatic bone lesions that enhance on radionuclide bone scan.

CONTRAINDICATIONS: Quadramat is contraindicated in patients who have known hypersensitivity to EDTMP or similar phosphate compounds.

WARNINGS: Quadramat causes bone marrow suppression. In clinical trials, while blood cell counts and platelet counts decreased to a nadir of approximately 40% to 50% of baseline in 123 (65%) of patients within 3 to 5 weeks after Quadramat, and tended to return to pretreatment levels by 8 weeks. The grade of marrow toxicity is shown in the table below.

Number and percent of patients who experienced marrow toxicity in clinical trials of Quadramat

<table>
<thead>
<tr>
<th>Hemoglobin</th>
<th>Platelets</th>
<th>Platelets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toxicity</td>
<td>Placebo</td>
<td>Placebo</td>
</tr>
<tr>
<td>N ≤ 85</td>
<td>N = 185</td>
<td>N = 185</td>
</tr>
<tr>
<td>0-7</td>
<td>78 (92%)</td>
<td>82 (88%)</td>
</tr>
<tr>
<td>8-14</td>
<td>12 (14%)</td>
<td>6 (7%)</td>
</tr>
<tr>
<td>15-18</td>
<td>1 (1%)</td>
<td>2 (2%)</td>
</tr>
</tbody>
</table>

* Toxicity Grade based on National Cancer Institute Criteria; normal levels are Hemoglobin >10g/dL, Leucocytes >4 x 10^9/L, and Platelets >150,000/μL.

Below is a summary of the most common adverse events observed in controlled clinical studies of Quadramat, given in the table below.

<table>
<thead>
<tr>
<th>ADVERSE EVENT</th>
<th>Placebo</th>
<th>Quadramat 1.0 mCi/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients with Adverse Event</td>
<td>72 (90%)</td>
<td>86 (95%)</td>
</tr>
<tr>
<td>Body As A Whole</td>
<td>56 (82%)</td>
<td>100 (100%)</td>
</tr>
<tr>
<td>Pain Flare Reaction</td>
<td>5 (6.5%)</td>
<td>14 (7.0%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>19 (21%)</td>
<td>32 (18%)</td>
</tr>
<tr>
<td>Arthralgias</td>
<td>2 (2.2%)</td>
<td>10 (5.5%)</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>4 (4.4%)</td>
<td>8 (4.2%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0</td>
<td>6 (3.0%)</td>
</tr>
<tr>
<td>Hypotension</td>
<td>2 (2.2%)</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Digestive</td>
<td>44 (49%)</td>
<td>82 (81%)</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>7 (8.5%)</td>
<td>14 (7.0%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3 (3.3%)</td>
<td>12 (6.0%)</td>
</tr>
<tr>
<td>Nausea &amp;/or Vomiting</td>
<td>31 (41.1%)</td>
<td>36 (27.2%)</td>
</tr>
<tr>
<td>Hematologic &amp; Lymphatic</td>
<td>12 (13%)</td>
<td>54 (27%)</td>
</tr>
<tr>
<td>Coagulation Disorder</td>
<td>0</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Hemoglobin Decreased</td>
<td>21 (23.3%)</td>
<td>81 (40.7%)</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>6 (7.8%)</td>
<td>118 (59.2%)</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>0</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>8 (8.9%)</td>
<td>138 (68.2%)</td>
</tr>
<tr>
<td>Any Bleeding Manifestations *</td>
<td>8 (8.9%)</td>
<td>32 (16.1%)</td>
</tr>
<tr>
<td>Technology</td>
<td>1 (1.1%)</td>
<td>3 (3.0%)</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>1 (1.1%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Myelosuppression</td>
<td>3 (3.3%)</td>
<td>10 (5.5%)</td>
</tr>
<tr>
<td>Infection</td>
<td>10 (11.1%)</td>
<td>34 (17.2%)</td>
</tr>
<tr>
<td>Fever and/or Chills</td>
<td>10 (11.1%)</td>
<td>17 (8.5%)</td>
</tr>
<tr>
<td>Infection, Not Specified</td>
<td>4 (4.4%)</td>
<td>14 (7.0%)</td>
</tr>
<tr>
<td>Oral Mucositis</td>
<td>1 (1.1%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1 (1.1%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>28 (31%)</td>
<td>55 (27%)</td>
</tr>
<tr>
<td>Myelosuppression</td>
<td>8 (8.9%)</td>
<td>13 (6.5%)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>5 (5.5%)</td>
<td>18 (9.5%)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>3 (3.3%)</td>
<td>6 (3.0%)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>2 (2.2%)</td>
<td>5 (2.3%)</td>
</tr>
<tr>
<td>Nervous</td>
<td>25 (28%)</td>
<td>59 (28.0%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>1 (1.1%)</td>
<td>8 (4.2%)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>7 (7.8%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Spinal Cord Compression</td>
<td>5 (5.5%)</td>
<td>13 (6.5%)</td>
</tr>
<tr>
<td>Cerebrovascular Accident/Stroke</td>
<td>0</td>
<td>2 (1.0%)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>24 (27%)</td>
<td>35 (18%)</td>
</tr>
<tr>
<td>Bronchitis/Cough Increased</td>
<td>2 (2.2%)</td>
<td>8 (4.2%)</td>
</tr>
<tr>
<td>Special Senses</td>
<td>11 (12%)</td>
<td>6 (3.0%)</td>
</tr>
<tr>
<td>Skin &amp; Appendages</td>
<td>17 (19%)</td>
<td>13 (7.0%)</td>
</tr>
<tr>
<td>Porpura</td>
<td>0</td>
<td>2 (1.0%)</td>
</tr>
<tr>
<td>Rash</td>
<td>2 (2.2%)</td>
<td>2 (1.0%)</td>
</tr>
</tbody>
</table>

*Includes hemoglobin (gastrointestinal, oesophagus) reported in <1%.

In an additional 200 patients who received Quadramat in uncontrolled clinical trials, adverse events that were reported at a rate of ≥10% were similar except for 9 (4.5%) patients who had agranulocytosis. Other selected adverse events that were reported in <1% of the patients who received Quadramat 1.0 mCi/kg in any clinical trial included: aplasia, angina, congestive heart failure, osteomyelitis, and sepsis.

OVERDOSAGE: Overdose with Quadramat has not been reported. An antidote for Quadramat overdose is not known. The anticipated complications of overdose would likely be secondary to bone marrow suppression from the radioactivity of 153Sm, or secondary to hypocalcemia and cardiac arrhythmias related to the EDTMP.

DOSE AND ADMINISTRATION: The recommended dose of Quadramat is 1.0 mCi/kg, administered intravenously over a period of one minute through a secure in-dwelling catheter and followed with a saline flush. Dose adjustment is not necessary at the extremes of weight have not been studied. Caution should be exercised when determining the dose in very thin or very obese patients.

The dose should be measured by a suitable radiotracer calibration system, such as a radionuclide dose calibrator, immediately before administration.

The dose of radiotracer to be administered and the patient should be verified before administering Quadramat. Patients should not be released until their radiotoxicity levels and exposure rates comply with federal and local regulations.

The patient should ingest (or receive by i.v. administration) a minimum of 500 ml (2 cups) of fluids prior to injection and should void as often as possible after injection to minimize radiation exposure to the bladder.

PARENTERAL drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. The solution should not be used if it is cloudy or if it contains particulate matter. Quadramat contains calcium and may be incompatible with solutions that contain molecules that can complex with and therefore precipitate calcium. Quadramat should not be diluted or mixed with other solutions.

The dose should be measured at room temperature before administration and use within 8 hours of thawing.

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Clinical Pharmacology

General

When technetium Tc99m pertechnetate is added to technetium in the presence of stannous reductant, a lipophilic, cationic technetium Tc99m complex is formed. Tc99m tetrofosmin. This complex is the active ingredient in the reconstituted drug product, on whose biodistribution and pharmacokinetic properties the indications for use depend.

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multiperiod, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (84%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable after Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5.8-80 MBq) Tc99m Tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 555-74 MBq (15-20 mCi) at peak exercise and rest.

The images were evaluated for the quality of the image (excellent, good or poor) and the diagnosis (with scores of 0 = normal, 1 = ischemia, 2 = infarct, 3 = mixed infarct and ischemia). The primary outcome variable was the percentage of correct diagnoses in comparison to the final clinical diagnosis. All planar images were blindly read; SPECT images were evaluated by the unbinned investigator. A subset of 161/295 (71%) patients had coronary angiography comparisons to the planar images of Myoview or thallium-201.

Indications and Usage

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.

Technetium 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 mandated 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 on imaging results are not known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. Tetrofosmin sulfosalicylate 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.

Pregnancy Category C

Animal reproduction studies have not been conducted with Myoview. It is not known whether Myoview can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Myoview should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Technetium Tc99m Pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the technetium has cleared from the body of the nursing woman.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Adverse Reactions

Adverse events were evaluated in clinical trials of 786 adults (511 men and 253 women) with a mean age of 56.7 years (range 26-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi on the second injection of Myoview.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After Myoview injection, serious episodes of angina occurred in 3 patients. Overall cardiac adverse events occurred in 5764 (less than 1 %) of patients after Myoview injection.

The following events were noted in less than 1 % of patients:

- Cardiovascular: angina, hypertension, Torsades de Points
- Gastrointestinal: vomiting, abdominal discomfort
- Hypersensitivity: cutaneous allergy, hypotension, dyspnea
- Special Senses: metallic taste, burning of the mouth, smelling something

There was a low incidence (less than 4%) of a transient and clinically insignificant rise in white blood cell counts following administration of the agent.

Dosage and Administration

For exercise and rest imaging, Myoview is administered in two doses:

- The first dose of 5-8 mCi (185-296 MBq) is given at peak exercise.
- The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

Dose adjustment has not been established in renal or liver impaired, pediatric or geriatric patients.

Radiation Dosimetry

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in Table 1. The values are listed in descending order as nrad/cm2 and µGy/MBq and assume urinary bladder emptying at 3.5 hours.

Table 1

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>nrad/cm2</td>
<td>µGy/MBq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>33.2</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>20.1</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>15.6</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>15.3</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>12.9</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>10.4</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
<td>8.04</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
<td>7.88</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>7.34</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>6.23</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>5.00</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>4.60</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.34</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>4.32</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>4.12</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>3.52</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>3.41</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>3.22</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>3.11</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>2.72</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.008</td>
<td>2.27</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>2.22</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</td>
<td>2.22</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No.1 (rev). Society of Nuclear Medicine, 1976. Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. ICRP 18 (1-4), 1986) and gave values of 8.61 x 10^-5 mSv/MBq and 1.12 x 10^-5 mSv/MBq after exercise and rest respectively.

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Nuclear Medicine Week is sponsored by the Society of Nuclear Medicine and the Technologist Section.

Keep the celebration alive all year long! Promoting your profession does not need to be limited to Nuclear Medicine Week. Take advantage of every opportunity throughout the year to increase the understanding and utilization of Nuclear Medicine.

Don't forget the annual PR Stars Contest! Be a Public Relations star and win prizes for yourself and your institution. Look for details and entry forms in JNM and JNMT.

This year's Nuclear Medicine Week merchandise entitled, "Nuclear Medicine: For The Whole Picture" was designed by the Technologist Section and will add to your festivities and enhance the visibility of nuclear medicine.

Poster: This eye-catching full-color illustrated poster chronicles a patient through a nuclear medicine procedure. Display the poster prominently, use it as a teaching tool or give it to referring physicians to promote nuclear medicine. $5.00 each.

Party Pack for 10 people: Open-houses are popular events designed to educate and encourage understanding. Add to your festivities by serving your guests treats on plates, cups and napkins adorned with the Nuclear Medicine Week message. $10.00 for supplies for 10 people.

Balloons: Put the celebration back in Nuclear Medicine Week by decorating your facility with these colorful balloons. Perfect for open-houses, job fairs or any activity throughout the year. $1.00 for 4.

Buttons & Stickers: Get the nuclear medicine message out by wearing the buttons and using the stickers on all your correspondence. A perfect, inexpensive give-away.
Buttons are $1.00 each.
Stickers are $1.00 for 4.

Candy Bag: Display these tasty peppermints for all to enjoy. Individually wrapped with the Nuclear Medicine Week message, these mints are a perfect give-away to your patients, referring physicians or at open-houses. $5.00 for a bag of 50.

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...on national certification examinations, with two new exam preparation texts from the Society of Nuclear Medicine Technologist Section—

The brand-new, illustrated Preparation for Certification Examinations in Nuclear Medicine Technology contains hundreds of self-quizzing questions and answers to help you perform at your peak. Mirroring the structure of those on national certification exams, these multiple-choice questions cover:

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MAKE SENSE OF NRC REGS

Adapting your facility's procedures to Nuclear Regulatory Commission regulations can be a challenge. If you sometimes wonder how your nuclear medicine facility can best meet NRC rulings or if you just have an occasional question about a specific regulation—you'll want to own The Nuclear Medicine Handbook for Achieving Compliance with NRC Regulations.*

Chapters cover the full range of NRC-related topics:

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- Personnel Monitoring
- Radioactive Packages
- Patients
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- Radioactive Waste. Helpful appendices include information on record retention, nuclide data, NRC contacts. Plus, an extensive set of NRC-related forms easily adapted for your facility.

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*The Handbook is not a substitute for any regulation or license condition and is not endorsed by the Nuclear Regulatory Commission.
Purchase all of the submitted handouts from the recent SNM Annual Meeting in San Antonio!

Two publications were prepared for the 44th Annual Meeting. First, the *Continuing Education Course Handout Materials* book contains all of the materials submitted to the Society by Continuing Education Course speakers. A bound book, this is a "must have" for all libraries!

The second book contains handouts from speakers for most of the *Sunday Categorical Seminar Courses*. This book will serve as another ready reference for all Nuclear Medicine libraries - at a bargain price!

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Cyberspace is filled with hundreds of fascinating sites for allied health professionals. But how do you access them? Which sites have solid information, and which are fluff?

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The Internet Guide for Allied Health Professionals is the only internet handbook specifically designed for professionals in diagnostic imaging and allied fields. No prior experience with the internet is necessary—just a basic familiarity with computers. The Internet Guide covers all you need to get started surfing through the wealth of medical or diagnostic sites.

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The Journal of Nuclear Medicine

Term: January 1999 - December 2003  
Transition begins: July 1998

Application deadline: November 1, 1997

To request application materials,  
or for further information, please contact  
R. Edward Coleman, MD  
Chair, SNM Committee on Publications  
1850 Samuel Morse Dr.  
Reston, VA 20190-5316
Position Available

Faculty Physician

The University of Chicago Department of Radiology is seeking a faculty physician who is board certified in nuclear medicine with experience and commitment to clinical care, medical education and research. Demonstrated ability to perform independent and scholarly research, direct a laboratory and a proven track record of obtaining federal grant support preferred. Interested parties should send a letter and their CV to the search committee c/o: Anne Healy, The University of Chicago, Department of Radiology, 5841 South Maryland Avenue, Chicago, Illinois 60637. Phone: (773) 702-5906. Fax: (773)702-2523.

Medical Physicist

Department of Radiation Oncology, University of Nebraska Medical Center. A faculty position in radiation oncology is available for a PhD in physician/radiation dosimetry. Applicant will join an active group investigating the clinical application of radioimmunoconjugates and radiopharmaceuticals for cancer therapy. Duties primarily include research, with some teaching and clinical service. Requirements include at least two years experience in medical physics, quantitative image processing and internal dosimetry calculations for systematically administered radionuclides. The applicant will assist in the design of clinical trials and is expected to develop an independent extramurally funded research program. The University of Nebraska Medical Center (UNMC) has a cancer program in international scope. The UNMC/Eppley Cancer Center is a National Cancer Institute designated laboratory cancer research center whose major goal is to emphasize transitional research. Please provide a letter indicating interest, a current curriculum vitae and the names and addresses of at least three references to: Rowen K. Zetterman, MD, Interim Chair, Department of Radiation Oncology, University of Nebraska Medical Center, 600 South 42nd St., Omaha, NE 68198-1050. Research office phone: (402) 559-9043. Research office fax: (402) 559-8112. An Equal Opportunity/Affirmative Action Employer. Minorities and women are encouraged to apply.

Nuclear Medicine Pathologist

Board certified or eligible nuclear medicine and pathology. The University of Nebraska Medical Center is an excellent setting for a nuclear medicine pathologist. The position will include the opportunity to develop a clinical nuclear medicine program and maintain a broad service in nuclear medicine pathology. Board certification or eligible is required. The pathologist will hold a joint appointment in the Department of Pathology and Laboratory Medicine. The position will be open to all levels of experience. To apply, please send a letter of interest, curriculum vitae, and three letters of reference to: Marcia Conaway, CC/NMD, Denver VA Medical Center, 1055 Clermont St., Denver, CO 80220. Phone: (303) 393-4164. Fax: (303) 393-5195. E-mail: esandberg@calvin.uchsc.edu.

Nuclear Medicine Technologist

Progressive cardiology clinic is now accepting applications for a full-time nuclear medicine technologist. CNMT and/or ARRT(N) certification and two years experience is preferred. Send resume to: Marcia Conaway, Director of Operations, The Heart Group, 4701 Town Centre Road, Suite 201, Saginaw, MI 48604.

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Medical Physicist/Imaging Scientist

The National Institutes of Health, Clinical Center in Bethesda, Maryland is seeking a full-time employee to become a member of the research team in cardiac and oncologic imaging. This research employs primarily nuclear medicine techniques (PET and SPECT), but also incorporates information from CT and MRI.

Applicants must possess a degree in physics or a related degree with at least 24 semester hours in physics. Applicants must be familiar with the physics problems associated with PET and/or SPECT imaging, the techniques of image processing and analysis and have some familiarity with the mathematical models used for quantitation in nuclear imaging (e.g., blood flow and glucose metabolism), and be interested in applying this knowledge to perform clinically relevant research. Experience in SPECT or PET imaging is required, preferably as applied to cardiac imaging. Familiarity with MRI/CT imaging a plus.

Applicants should be knowledgeable about all aspects of research, from acquisition of clinical data to analysis and interpretation of clinical results. Strong computer skills are desirable.

Appointment is for two years with a maximum two-year extension possible. Annual salary (GS-13) ranges from $54,629 - $71,017, commensurate with qualifications. A complete federal benefits package is included. U.S. citizenship is required.

For further information about duties of this position, contact: Stephen Bacharach, PhD, National Institutes of Health, CC/NMD, Bldg. 10, Room 1C401, 10 Center Drive, MSC 1108, Bethesda, MD 20892-1108. Email: steve_bacharach@nih.gov.

For information on how to apply for this position, contact: Nicki Moses, National Institutes of Health, CC/OHRM/POS, 6100 Executive Blvd., Room 3E01, MSC 7509, Bethesda, MD 20892-7509. Phone: 301-496-6924.

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Radiochemist, Ph.D.

Immediate position available. A minimum of five years' experience with production of PET radionuclides and the synthesis and quality control of PET radiopharmaceuticals for clinical studies and research projects. Established in 1990, the department of PET at Kettering Medical Center performs a wide variety of clinical and research PET studies including: [18-F]FDG, [11-C]Methionine, [18-F]Fluoromethane, [18-F]DOPA, [15-O]Water, and [13-N]Ammonia using the CIT RDS 112 cyclotron and a Siemens PET scanner. Position will include clinical and research interaction with an interdisciplinary team for the Wallace-Kettering Neuroscience Institute, Stereotactic Radiosurgery team, and various Oncologists. All interested applicants should send a current CV to Dr. Joseph Mantil, Director of Nuclear Medicine/PET, at the address below. EOE.

Kettering Medical Center 3535 Southern Boulevard Kettering, Ohio 45429

The Division of Nuclear Medicine Faculty Appointment

The Division of Nuclear Medicine of The Mount Sinai Medical Center of New York is seeking a nuclear medicine physician. The candidate should demonstrate excellent skills in clinical imaging, teaching and research.

Inquires/CV to: Josef Machac, M.D., Director, Nuclear Medicine, Box 1141, The Mount Sinai Medical Center, One Gustave L. Levy Place, New York, NY 10029-6574. Tel: 212-241-7888. We are an equal opportunity employer fostering diversity in the workplace.

The Mount Sinai Medical Center

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$25,000 Award

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For more information, contact Education & Research Foundation, Society of Nuclear Medicine, 1850 Samuel Morse Dr., Reston, VA 20180-5318; or Sue Weiss, C.N.M.T., Administrative Director (773) 880-4416.

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NUCLEAR MEDICINE/ RADIOLoGY PHYSICIAN

The Duke Department of Radiology is seeking a Nuclear Medicine or Nuclear Radiology Trained Physician to join four other nuclear medicine physicians in an academic section. An individual with a strong clinical background, a commitment to teaching, and experience in research is desired.

The duties include routine nuclear medicine imaging, nuclear cardiology and PET imaging. Teaching is provided for radiology residents, nuclear medicine residents, nuclear radiology residents, and medical students. Active research programs include development of new technologies for SPECT imaging, clinical applications of PET imaging and therapeutic applications of radiolabeled monoclonal antibodies. A variety of modern equipment is available including a PET scanner. For further information contact: Nuclear Medicine/Radiology Physician Search, R. Edward Coleman, M.D., Director, Nuclear Medicine Section, Department of Radiology, Box 3949, Duke University Medical Center, Durham, NC 27710 or Fax (919) 684-7135.

Duke University Medical Center

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Renew Your Perspective on Nuclear Medicine Oncology and Cardiology With SNM’s All-New Self-Study Series

Whether you’re a nuclear medicine resident preparing for your board exams, or a veteran clinician, the new Nuclear Medicine Self-Study Program series will meet your self-assessment needs.

Two all-new Self-Study series—Oncology and Cardiology—offer eight topic booklets, with a new topic booklet to be published every three months. Along with an authoritative syllabus review of the topic, each booklet includes an extensive list of annotated references, questions, and answers with critiques.

Under the Senior Editorship of Thomas P. Haynie, Self-Study IV: Nuclear Medicine Oncology is under way. The first topic booklet, “Nuclear Medicine Oncology: An Overview,” is now available from Matthews Medical Books. Future topic booklets (and dates) are—

- “Non-Antibody Tumor Imaging” (Oct. 1997)
- “Antibody Tumor Imaging” (Feb. 1998)
- “PET Tumor Imaging” (June 1998)
- “Non-Antibody Cancer Therapy” (Sept. 1998)
- “Antibody Cancer Therapy” (Dec. 1998)
- “Bone Cancer Therapy” (March 1998)
- “The Future of Nuclear Medicine Oncology” (June 1999).

Self-Study III: Nuclear Medicine Cardiology (Elias H. Botvinick, Senior Editor), will commence its series in September with “Physical and Technical Aspects of Nuclear Cardiology.” Following booklets in the quarterly series will include:

- “Radionuclide Assessment of Congenital Heart Disease”
- “Myocardial Perfusion Imaging by Single Photon Radionuclides I”
- “Myocardial Perfusion Imaging by Single Photon Radionuclides II”
- “Radionuclide Ventriculography”
- “Imaging Acute Myocardial Infarction”
- “Cardiac Positron Imaging”
- “Scintigraphy with Pharmacologic Stress.”

To order individual topic booklets—or to be placed on a mailing list for notification as each new booklet appears—simply call Matthews Medical Books at their toll-free number: 800-633-2665 (outside the U.S., 314-432-1401).
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