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For more information, call Technical Services at 1-800-635-2683 or access the DuPont Radiopharmaceuticals Web site at www.radiopharm.com
INDICATIONS AND USAGE: Breast Imaging: MIRALUMA™ Kit for the Preparation of Technetium Tc99m Sestamibi, is indicated for planar imaging as a second line diagnostic drug after mammography to assist in the evaluation of breast lesions in patients with an abnormal mammogram or a palpable breast mass. MIRALUMA™ is not indicated for breast cancer screening, to confirm the presence or absence of malignancy, and it is not an alternative to biopsy.

Myocardial Imaging: CARDIOLITE® Kit for the preparation of Technetium Tc99m Sestamibi, is a myocardial perfusion agent that is indicated for detecting coronary artery disease by localizing myocardial ischemia (reversible defects) and infarction (non-reversible defects), in evaluating myocardial function and developing information for use in patient management decisions. CARDIOLITE® evaluation of myocardial ischemia can be accomplished with rest and cardiovascular stress techniques (e.g., exercise or pharmacologic stress in accordance with the pharmacologic stress agent's labeling).

CONTRAINDICATIONS: None known.

WARNINGS: In studying patients in whom cardiac disease is known or suspected, care should be taken to assure continuous monitoring and treatment in accordance with safe, accepted clinical procedure. Infrequently, death has occurred 4 to 24 hours after Tc99m Sestamibi use and is usually associated with exercise stress testing (See Precautions).

Pharmacologic induction of cardiovascular stress may be associated with serious adverse events such as myocardial infarction, arrhythmia, hypotension, bronchoconstriction and cerebrovascular events. Caution should be used when pharmacologic stress is selected as an alternative to exercise; it should be used when indicated and in accordance with the pharmacologic stress agent's labeling.

Technetium Tc99m Sestamibi has been rarely associated with acute severe allergic and anaphylactic events of angioedema and generalized urticaria. In some patients the allergic symptoms developed on the second injection during CARDIOLITE® imaging. Patients who receive CARDIOLITE® or MIRALUMA™ imaging receiving are the same drug. Caution should be exercised and emergency equipment should be available when administering Technetium Tc99m Sestamibi. Also, before administering either CARDIOLITE® or MIRALUMA™, patients should be asked about the possibility of allergic reactions to either drug.

PRECAUTIONS: GENERAL

The contents of the vial are intended only for use in the preparation of Technetium Tc99m 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 patients consistent with proper patient management.

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

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

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

Technetium Tc99m Sestamibi should not be used more than 6 hours after preparation.

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

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

The most frequent exercise stress test endpoints sufficient to stop the test reported during controlled studies (two-thirds were cardiac patients) were:

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>35%</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>17%</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>16%</td>
</tr>
<tr>
<td>ST-depression</td>
<td>7%</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>1%</td>
</tr>
</tbody>
</table>

Information for Patients

CARDIOLITE® and MIRALUMA™ are different names for the same drug. Patients should be advised to inform their health care provider if they had an allergic reaction to either drug or if they had an imaging study with either drug.

Carcinogenesis, Mutagenesis, Impairment of Fertility

In comparison with most other diagnostic technetium labeled radiopharmaceuticals, the radiation dose to the ovaries (1.5 rads/30 mCi at rest, 1.2 rads/30 mCi 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, CuMIBI²⁺F⁻, was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/HPT and sister chromatid exchange tests (all in vitro).

DOSAGE AND ADMINISTRATION:

For Breast Imaging: The recommended dosage range for I.V. administration of MIRALUMA™ is a single dose of 740-1110 MBq (20 - 30 mCi). For Myocardial Imaging: The suggested dose range for I.V. administration of CARDIOLITE® is a single dose to be employed in the average patient (70 kg) is 370-1110 MBq (10-30 mCi).

Table 9

<table>
<thead>
<tr>
<th>Body System</th>
<th>Breast Studies</th>
<th>Cardiac Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>n = 673</td>
<td>n = 685</td>
</tr>
<tr>
<td>Body as a Whole</td>
<td>21 (3.1%)</td>
<td>6 (0.9%)</td>
</tr>
<tr>
<td>Headache</td>
<td>11 (1.6%)</td>
<td>2 (0.3%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>9 (1.3%)</td>
<td>24 (3.5%)</td>
</tr>
<tr>
<td>Chest Pain/First</td>
<td>0 (0%)</td>
<td>18 (2.6%)</td>
</tr>
<tr>
<td>Segment Changes</td>
<td>0 (0%)</td>
<td>11 (1.6%)</td>
</tr>
<tr>
<td>Digestive System</td>
<td>8 (1.2%)</td>
<td>4 (0.6%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>4 (0.6%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Special Senses</td>
<td>132 (19.6%)</td>
<td>62 (9.1%)</td>
</tr>
<tr>
<td>Taste Perversion</td>
<td>129 (19.2%)</td>
<td>60 (8.8%)</td>
</tr>
<tr>
<td>Paroxysm</td>
<td>8 (1.2%)</td>
<td>6 (0.9%)</td>
</tr>
</tbody>
</table>

* Excludes the 22 patients whose gender were not recorded.

In the clinical studies for breast imaging, breast pain was reported in 12 (1.7%) of the patients. In 10 of these patients the pain appears to be associated with biopsies/surgical procedures. The following adverse reactions have been reported in ≤0.5% of patients: signs and symptoms consistent with an allergic reaction occurring shortly after administration of the agent; transient arthritis; angioedema, arthritis, arthralgia, dizziness, syncope, and severe hypersensitivity characterized by dyspnea, hypotension, bradycardia, asthe- nia, abdominal pain, vomiting, pruritus, rash, and urticaria within two hours after a second injection of Technetium Tc99m Sestamibi. A few cases of flushing, edema, injection site inflammation, dry mouth, fever, and fatigue have also been attributed to administration of the agent.

At cytotoxic concentrations (≥20 μg/ml), an increase in cells with chromosome aberrations was observed in the in vitro human lymphocyte assay. CuMIBI²⁺F⁻ did not show genotoxic effects in the in vivo mouse micronucleus test at a dose which caused systemic and bone marrow toxicity (9 mg/kg, > 600 x maximal human dose).

Pregnancy Category C

Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc99m Sestamibi. It is also 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.

Pediatric Use

Safety and effectiveness in the pediatric population have not been established.

ADVERSE REACTIONS: Adverse events were evaluated in 3741 adults who were evaluated in clinical studies. Of these patients, 3068 (77% men, 22% women, and 0.7% of the patient's genders were not recorded) were in cardiac clinical trials and 673 (100% women) in breast imaging trials. Cases of angina, chest pain, and death have occurred (see Warnings and Precautions). Adverse events reported at a rate of 0.5% or greater reported after receiving Technetium Tc99m Sestamibi administration are shown in the following table:
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Brief Summary

**MYOVIE™**

Kit for the Preparation of Technetium Tc99m Tetrofosmin for injection

**Diagnostic radiopharmaceutical** For intravenous use only

**Code** H166A

**DESCRIPTION**

The Medi-Physics Myoview™ kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium. Each vial contains a pre-dispensed, sterile, non-pyrogenic, lyophilized mixture of 0.23 mg tetrofosmin [6,5-bis(2-ethylthioethyl)-5,12-dioxa-6,9-diphosphoa-tetracene], 30 μg stannous chloride dihydrate (minimum stannous tin 5.0 μg, maximum total stannous and stannic tin 15.8 μg), 0.32 mg disodium sulphosalicylate and 1.0 mg sodium D-glucuronate, and 1.8 mg sodium hydrogen carbonate. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservatives.

**Caution:** Federal (USA) law prohibits dispensing without a prescription

**CLINICAL PHARMACOLOGY**

**General**

When technetium Tc99m pertechnetate is added to tetrofosmin in the presence of stannous reducing, 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, multi-center, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (83%) 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 2-3 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-688 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74 MBq (1.5-20 mCi) at peak exercise.

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 unblinded investigator. A subset of 84 (33%) 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 prevent 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 technetium 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.

Radiochemists 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 training and experience 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 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 sulphosalicylate 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. Therefore, 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 764 adults (511 men and 253 women) with a mean age of 58.7 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 2874 (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.

**DOSE 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 (555-688 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 rad/mCi and μGy/MBq and assume urinary bladder emptying at 3.5 hours.

**Table 1**

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>Absorbed radiation dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exercise (rad/mCi)</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
</tr>
<tr>
<td>Teestes</td>
<td>0.013</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.008</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</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), 1988) and gave values of 8.61 x 10^4 mSv/MBq and 1.12 x 10^4 mSv/MBq after exercise and rest respectively.

Manufactured by Amersham International plc – Amersham, United Kingdom

Patent No. 5,045,302 (v)

Distributed by:

Medi-Physics, Inc., Amersham Healthcare
2636 S. Clearbrook Dr., Arlington Heights, IL 60005
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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: Quadrarnet is indicated for relief of pain in patients with confirmed osteoblastic metastatic bone lesions that enhance on radionuclide bone scan.

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

WARNINGS: Quadrarnet 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 (95%) of patients within 3 to 5 weeks after Quadrarnet, and tended to return to pretreatment levels by 6 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 Quadrarnet

<table>
<thead>
<tr>
<th>Toxicity Grade</th>
<th>Placebo</th>
<th>EDTMP N = 104</th>
<th>EDTMP N = 104</th>
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<tr>
<td>0-2</td>
<td>78 (92%)</td>
<td>162 (86%)</td>
<td>150 (92%)</td>
<td>169 (82%)</td>
</tr>
<tr>
<td>3</td>
<td>6 (7%)</td>
<td>20 (11%)</td>
<td>15 (9%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>4</td>
<td>1 (1%)</td>
<td>3 (2%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
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</table>

* Toxicity Grade based upon National Cancer Institute criteria. Normal levels are Hemoglobin >10g/dl, Leucocytes >4 x 10^9/l, and Platelets >25 x 10^9/l.

Prior to Quadrarnet administration, consideration should be given to the patient's current clinical and hematologic status and bone marrow response history to treatment with myelosuppressive agents. Metastatic prostate and other cancers can be associated with disseminated intravascular coagulation (DIC). caution should be exercised in treating cancer patients whose platelet counts are falling or who have other clinical or laboratory findings suggesting DIC. Because of the unlikelihood of lack of DIC for additive effects on bone marrow, Quadrarnet should not be given concurrently with chemotherapy or external beam radiation therapy unless the clinical benefits outweigh the risks. The use of Quadrarnet in patients with evidence of compromised bone marrow reserve from previous therapy or disease involvement is not recommended unless the potential benefits of the treatment outweigh the risks. Blood counts should be monitored weekly for at least 8 weeks or until recovery of adequate bone marrow function.

Warnings

Adverse events in Quadrarnet patients

In an additional 200 patients who received Quadrarnet in uncontrolled clinical trials, adverse events that were reported at a rate of 20% or greater were similar to those reported in patients who had undergone surgery. Other selected adverse events that were reported in <5% of the patients who received Quadrarnet 1.0 mg/kg in any clinical trial include: alopecia, anorexia, weight loss, nausea, vomiting, diarrhea, leukopenia, and neutropenia.

OVERDOSAGE: Overdose with Quadrarnet has not been reported. An antidote for Quadrarnet overdose is not known. The anticipated complications of overdose would likely be secondary to bone marrow suppression from the radioactivity of 90Sr, or secondary to hypocalcemia and cardiac arrhythmias related to the EDTMP.

DOSE AND ADMINISTRATION: The recommended dose of Quadrarnet is 1.0 mg/kg, administered intravenously over a period of one minute through a secure in-dwelling catheter and followed with a saline flush. Dose adjustment in patients at the extremes of weight has 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 radiocactivity calibration system, such as a radionuclide dose calibrator, immediately before administration. The dose of radioactivity to be administered and the patient should be verified before administering Quadrarnet. Patients should not be released until their radioactivity levels and exposure rates comply with federal and local regulations.

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. Quadrarnet contains calcium and may be incompatible with solutions that contain compounds that can complex with and form calcium precipitates.

Quadrarnet should not be diluted or mixed with other solutions.

Thaw at room temperature before administration and use within 8 hours of thawing.

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Circle Reader Service No. 34
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!

Also available is the Abstract Book Supplement to the May, 1997 issue of the Journal of Nuclear Medicine. This book contains all accepted abstracts from the 44th Annual Meeting. Please note that all active members of the Society of Nuclear Medicine as well as new members who joined prior to June 1 will have already received this issue.

### Please check the appropriate box(es) below:

- **YES!** I'll take the Continuing Education Course Handout Materials book, the Categorical Course Handout Materials book and the Abstract Book! I understand that the cost of each handout book is $25, and cost of the Abstract Book is $15. There is a $5 shipping and handling charge per book for US orders and a flat $25 shipping and handling charge for foreign orders (all US orders will be mailed UPS). The total for all three books is $80 for US and $90 for foreign. (Shipping included)

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- I'd like the Categorical Course Handout Materials book ($25 plus shipping and handling).

- I'd like the JNM Abstract Book Supplement from May, 1997 ($15 plus shipping and handling).

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### Questions?

Call our Department: Meeting Services at 703-708-9000 x-229. Don't forget to visit us on the Internet! [http://www.snm.org](http://www.snm.org)

### PLEASE PRINT ALL INFORMATION !!!

Please charge my □ VISA or □ MasterCard

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Celebrate Nuclear Medicine Week
October 5 - 11, 1997

...by spotlighting your facility and demonstrating your enthusiasm, devotion and pride in your profession.

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

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.

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.

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.

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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<td>Party Pack (plates, napkins, cups) for 10</td>
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Highlighting state-of-the-art applications of nuclear medicine in nephrology and urology

Edited by Andrew Taylor, Joseph V. Nolly and Henrik Thomsen—with contributions from an international panel of experts—Radionuclides in Nephrourology provides a comprehensive review of the latest nuclear medicine procedures used to evaluate patients with kidney and urinary tract disease.

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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.
CALL FOR APPLICANTS

For the position of Editor in Chief, 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
Do you know the most effective and efficient way to perform a myocardial perfusion study?

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SKELETAL GUIDELINES
Guideline for Bone Scintigraphy
One of the goals of the Society of Nuclear Medicine Technologist Section (SNM-TS) has been to take an active role in educating the public and the medical community about nuclear medicine procedures and the benefits of this functional imaging modality.

This is the official entry for the 1997 PR Stars Contest sponsored by the SNM-TS and Technology Imaging Services. Please fill out the entry form and complete the requested information on the reverse side. Based on the information you provide, a panel of judges will evaluate the entries using the point system outlined on the reverse side of this page and select a winner. All entrants must be a Nuclear Medicine Technologist and staff members of a hospital or nuclear medicine facility. Entries must be postmarked no later than December 1, 1997.

Entrant Information:

Your Name: 

Hospital/Facility: 

Address: 

City: 

State: 

Zip: 

Telephone: 

Fax: 

Please provide the information requested on the reverse side
Please describe and document your promotional activities and results. All original materials will be returned upon completion of the contest. The following point systems will be used for judging.

Please use the check list to assure all questions are answered.

1. Please compose a detailed description, including the goals and objectives, of your nuclear medicine PR activities. (7 points)

2. Did the goals and objectives you set reflect those of the PR Stars Contest to:
   a. Reinforce nuclear medicine to referring physicians? (10 points)
   b. Promote nuclear medicine to healthcare workers? (5 points)
   c. Increase community awareness? (5 points)
   d. Encourage career paths? (5 points)

3. How effective were you in reaching the goals of the PR Stars Contest?
   a. Increasing physician referrals? (10 points)
   b. Increasing awareness among healthcare workers? (5 points)
   c. Increasing community awareness? (5 points)
   d. Encouraging career paths? (5 points)
   e. Showing pride in your profession. (5 points)

4. What available resources did you use? (budget, manpower, media, etc...) (3 points)

5. How effectively did you use the available resources? (10 points)

6. How practical was your program?
   a. Can it be easily used by others? (5 points)
   b. Was it cost effective? (5 points)

7. When did your PR activity take place?

8. Please provide a detailed time-line of the planning and implementation of your program.
   (10 points)
   For Example:
   August 1    Strategic planning session with staff technologists.
   August 15   Drafted text regarding nuclear medicine for publication in facility newsletter.

9. Are you a current member of the SNM-TS? (5 points)
   Yes ............    No ............

Thank you for your entry!

Good Luck!

Val Cronin, CNMT
Nuclear Medicine Week Chairperson
See you in
TORONTO
June 7-11, 1998
NOMINATIONS SOUGHT FOR
Benedict Cassen Prize
$25,000 Award

To a scientist or physician-scientist whose work has led to a major advance in basic or clinical nuclear medicine science.

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For more information, please contact the SNM Headquarters office at:
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*Available Winter 1997
### Position Available

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Medical instrument corporation seeks a Project Engineer with broad skills for design and development of prototype instruments for use in nuclear medicine. Applicant should have a degree in biomedical, mechanical or electrical engineering and be computer literate in Windows 95 and CAD/CAM. Ideal candidate should have either educational background or related work experience in nuclear physics, dosimetry, radiation therapy and diagnosis, and laser technology. Practical experience in clinical hospital setting a plus. Fluency in German and English preferred. Send resume in confidence to: Capstone, Inc., Dept. 697, 6 Arrow Road, Ramsey, NJ 07446. Fax: (201) 825-1336.

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**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.

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### Position Wanted

**Nuclear medicine physician, taking ABNM Sept. 1997.** Strong oncology background, experienced in all aspects of nuclear medicine including diagnosis and therapy, cardiac, neurologic and general. Excellent CV and research interest. Please respond to Society of Nuclear Medicine, Box #801-97, 1850 Samuel Morse Drive, Reston, VA 20190-5316.

Solid journeyman nuclear medicine physician seeking F/T position. Hard working, high ethical standards. ABNM certified and experienced in all areas. Please respond to Society of Nuclear Medicine, Box #802-97, 1850 Samuel Morse Drive, Reston, VA 20190-5316.

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### MEDICAL PHYSICIST

Department of Radiation Oncology, University of Nebraska Medical Center. A faculty position in radiation oncology is available for a PhD in physics/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 systemically 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 of international scope. The UNMC/Eppley Cancer Center is a National Cancer Institute designated laboratory cancer research center whose major goal is to emphasize translational 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**
UNMC Department of Radiation Oncology
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Omaha, NE 68198-1050
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