Positron imaging is demonstrating improved outcomes for oncology. Reimbursement for certain applications is now approved—with the likelihood for more indications in the near future.

Successful integration of positron imaging into the clinical practice goes well beyond the delivery of a camera. It requires assistance in reimbursement, clinical protocols, radiopharmaceuticals…and much more. That's why Siemens offers total solutions for every aspect of PET and coincidence imaging. We make it easy to establish a quality positron imaging service.

Whether you perform a few positron procedures a month—or many each day—Siemens has specific product and service solutions to meet your every need. With the most extensive worldwide support network…and over 20 years of positron experience, we are well prepared to meet your individual challenges.

And when it comes to technology, there's none better—for dedicated PET or coincidence imaging. See why Siemens ECAT® PET and E.CAM™ coincidence cameras are setting the standard in positron imaging today.
The Gammed Surgical Probe

♦ Choice of two solid state, high efficiency counting detectors, optimized for detection of low or high energy radionuclide emitters
♦ Small, lightweight, hand held probes
♦ Large direct readout with both digital and analog meters
♦ Two selectable audible signals, proportional to countrate
♦ Automatic electronic gain adjustment when switching between probe energy ranges
♦ Probes can be sterilized by ETO gas method

Highly efficient and versatile, the Capintec Gammed II B Surgical Probe System has been designed to detect localized radioactivity in tissue. The Gammed II B has proven to be a valuable tool for surgical excisions of malignant tissues and for identification of "hot" lymph nodes close to the surface of the body. The system is versatile because it offers two probes, one for low energy nuclide detection and one used to detect higher energy ranges.

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The Gammed II B... a state-of-the-art tool for the modern operating room.
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Perfusion and function in one test: clinically relevant information.

Cardiolite® provides:

- Both stress perfusion and resting function (wall motion, wall thickening, a quantifiable and reproducible measure of ejection fraction)¹,²

- Enhanced diagnostic confidence with a high negative predictive value: A normal stress test correlates with a <1% annualized cardiac event rate³-⁵

- Clinically relevant information in a range of situations—such as risk assessment, evaluation post-MI, and for chest pain management

For more information, contact DuPont Pharma at 1-800-362-2668 or www.radiopharm.com

There have been infrequent reports of signs and symptoms consistent with seizure and severe hypersensitivity after administration of Tc99m Sestamibi. Please see brief summary of prescribing information on adjacent page.

Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

The Confidence You Want—The Information You Need
Brief Summary

Cardiolite®

Kit for the preparation of Technetium Tc99m Sestamibi

FOR DIAGNOSTIC USE

INDICATIONS AND USAGE: 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® is a preparation of Technetium-99m Sestamibi with radiotracer and radiopharmaceutical stress techniques (e.g., exercise or pharmacologic stress in accordance with the pharmacologic stress agent's labeling).

It is usually not possible to determine the age of a myocardial infarction or to differentiate a recent myocardial infarction from ischemia.

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 in 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, arrhythmias, 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.

PRECAUTIONS:

The contents of the vial are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparative 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 stannous ions should not be used. Technetium Tc99m Sestamibi should not be used more than six hours after preparation.

Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radiopharmaceuticals and whose experience and training have been approved by the appropriate government agency to authorize the use of the radiopharmaceuticals.

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 common adverse events associated with the use of Technetium Tc99m include: chest pain, fatigue, nausea, vomiting, diarrhea, and urticaria. The most severe adverse event is cardiac ischemia.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

<table>
<thead>
<tr>
<th>Organ</th>
<th>2.0 hour void</th>
<th>4.8 hour void</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mgGy/30mCi</td>
<td>mgGy/30mCi</td>
</tr>
<tr>
<td></td>
<td>REST</td>
<td>REST</td>
</tr>
<tr>
<td></td>
<td>Organ</td>
<td>1101Bq</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Upper Intestinal Wall</td>
<td>5.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Lower Intestinal Wall</td>
<td>3.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Bowel Surfaces</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Testes</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

The dose administered should be the lowest required to provide an adequate study consistent with ALARA principles (see also PRECAUTIONS). When used in the diagnosis of myocardial infarction, imaging should be completed within four hours after administration (see also CLINICAL PHARMACOLOGY). The patient dose should be measured by a suitable radioactivity calibration system immediately prior to patient administration. Radiochemical purity should be checked prior to patient administration. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

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

RADIATION DOSIMETRY: The radiation doses to organs and tissues of an average patient (70kg) per 1101Bq (30mCi) of Technetium Tc99m Sestamibi injected intravenously are shown in Table 4.

Table 4. Radiation Absorbed Doses from Tc99m Sestamibi

<table>
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<td>3.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Radiopharmaceutical Internal Dose Information Center, July, 1990, Oak Ridge Associated Universities, P.O. Box 117, Oak Ridge, TN, 37831, (815) 576-3489.

HOW SUPPLIED: Du Pont Radiopharmaceutical's CARDIOLITE® Kit for the Preparation of Technetium Tc99m Sestamibi is supplied as a 5ml vial in kits of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic.

Prior to hypolysis the pH is between 3.5-5.9. The contents of the vials are hypolysed and stored under nitrogen. Store at 15-25°C before and after reconstitution. Technetium Tc99m Sestamibi contains no preservatives. Included in each two (2) kit vial are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each five (5) kit vial are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each thirty (30) kit vial are one (1) package insert, thirty (30) vial shield labels and thirty (30) radiation warning labels.

The U.S. Nuclear Regulatory Commission has approved this reagent kit for distribution to persons licensed to use byproduct material pursuant to section 35.11 and section 35.200 of Title 10 CFR Part 35, to persons who hold an equivalent license issued by an Agreement State, and, outside the United States, to persons authorized by the appropriate authority.

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LOS ANGELES

46th Annual Meeting
Los Angeles, California
June 6-10, 1999
The SNM Physician Evaluation Program is a self-assessment program for physicians. Each organ specific CD-ROM contains patient histories and nuclear medicine images. Program participants review clinical information, interpret images and submit written reports of their findings.

- Based on actual clinical cases that contain patient images and clinical information.
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For more information or to purchase the Bone Module CD-ROM, please contact the SNM PEP Coordinator at (703) 708-9000.

SNM PEP is sponsored by an educational grant from MDS Nordion and Du Pont Pharma.

This activity was planned and produced in accordance with the ACCME Essentials.
WHERE DO YOU FIT IN?

WHAT IS THE UA DATA BASE?
The Commission on Health Care Policy and Practice in conjunction with the SNM Technologist Task Force on Utilization Data, has developed a quarterly survey on SNM’s website. Participants enter data quarterly.

The website’s data entry form will collect information from nuclear medicine practitioners to compile a utilization analysis database.

The database contains information on:
• Facility type and location
• Active general medicine and surgical beds
• Outpatient encounters (visits)
• Physician, technologist and clerical FTEs
• Planar, SPECT, PET Hybrid gamma cameras and PET scanners
• Inpatient and outpatient procedures for a selected set of commonly used nuclear medicine CPT-4 codes

WHY SHOULD YOU PARTICIPATE?
Participants receive standard reports on utilization by procedure, place of service, type of patient, etc.

Participants will be able to compare their facility data with others in the region and with the national (global) averages.

Subscribers may query reports on-line or receive printed reports quarterly via mail. This is a free service. As long as you input your data quarterly, you will be able to obtain data and reports.

All information is confidential.
For more information or to participate in this program, contact UA Project Coordinator at (703) 708-9000 x255 or e-mail: wsmith@snm.org.
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THE VENOGRAM COULD BE POSITIVE.

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Clinical follow-up studies of patients with negative AcuTect scans have not been performed to determine if negative image findings mean the absence of acute venous thrombosis. If a patient has clinical signs and symptoms of acute venous thrombosis, a clinical management decision to withhold treatment with anticoagulants should not be based on a negative AcuTect study alone.

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Increased tracer uptake at knee/popliteal vein

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AcuTect™—a unique, radiolabeled synthetic peptide—is the first to offer you the ability to clearly, safely, and comfortably target acute clots. AcuTect is indicated for scintigraphic imaging of acute venous thrombosis in the lower extremities of patients who have signs and symptoms of acute venous thrombosis.1

AcuTect binds preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets.1,2 The result is a sensitivity that challenges the "gold standard." In clinical studies, blindly read AcuTect demonstrated 56-73% agreement with blindly read venography. While venography detects the presence of any clot, AcuTect appears to detect acute and not chronic venous thrombosis. (This is based on in vivo and ex vivo animal data; not confirmed clinically.) Therefore, 100% agreement between AcuTect and venography is not expected.

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#24 NUCLEAR CARDIOLOGY - CATEGORICAL PROGRAM: PHYSICIANS PROGRAM — George A. Beller, MD; Jack A. Zerwic, MD; Daniel S. Berman, MD.

#25 NUCLEAR CARDIOLOGY - CATEGORICAL PROGRAM: NURSES PROGRAM — Zdravko Bar-Sadan, MD; Helen Nadler, MD.

#26 ADVANCES IN THERAPEUTIC NUCLEAR MEDICINE, 1998 — Edward B. Siedelmann, MD; Alexander J. McWen, MD; Donald A. Popeloff, MD.

#27 NUCLEAR MEDICINE STUDIES IN NEUROBIOLOGY: NEW WITH THE EXPERTS — Andrew T. Taylor, Jr., MD; Donald M. Blaufox, MD.

#28 MYOCARDIAL VIABILITY: NEW WITH THE EXPERTS — Robert O. Banow, MD; James E. Ubelman, MD; James E. Ubelman, MD; F SMART, MD; F. C. WINTER, MD.

#29 CLINICAL ROLL & COST-EFFECTIVENESS OF PET IN THE MANAGEMENT OF TUMORS — Cathy S. Gamble, MD; Martin P. Sandler, MD; E. Brian Cooper, MD; Cristian Coan, MD.

#30 NEW RADIOPHARMACOLOGY CALLS FOR IMMAGING INFECTION AND INFLAMMATION — A. Michael Peters, MD; Wilm J. G. Oyen, MD; Patrick J. W. Baum, MD; Michael D. Devaro, Sr., PhD; Ronald Van Heerden, MD; Jack E. Juni, MD.

#31 THE ROLE OF NUCLEAR MEDICINE IN DIAGNOSIS AND TREATMENT OF SCHIZOPHRENIA — Robin M. Murray, MD; Robert E. Kendew, MD; L. Powellay, PhD; MBC Psych.

#32 SPEC BRAIN IMAGING PRACTICA: TECHNICAL ASPECTS — David H. Lewis, MD; Alan D. Waxman, MD; Sanjay Pinto, MD; Michael D. Devaro, Sr., PhD; Ronald Van Heerden, MD; Jack E. Juni, MD.
The 1999 examination will be given Sunday, June 6, 1999 in Los Angeles, CA in conjunction with the 46th Annual Meeting of the Society of Nuclear Medicine.

The examination is written and consists of two parts —

Part One (3.5 hours) assesses knowledge of basic aspects of Nuclear Medicine Science.

Part Two (2.5 hours) examines in depth the knowledge of a predetermined subspecialty area of the candidate’s choice including:

- Nuclear Medicine Physics and Instrumentation
- Nuclear Pharmaceutical Science and Radiochemistry
- Radiation Protection

Completed Applications must be postmarked by March 12, 1999. The examination fee is $650 ($550 refundable if you do not qualify).

For applications and more information, please contact:
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American Board of Science in Nuclear Medicine
c/o The Society of Nuclear Medicine
1850 Samuel Morse Drive, Reston, Virginia 20190-5316
Tel: (703) 708-9000, ext. 227 • Fax: (703) 708-9013

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ANNUAL MALLINCKRODT/SNM FELLOWSHIP PROGRAM FOR RESEARCH AND/OR DEVELOPMENT IN NUCLEAR MEDICINE

Mallinckrodt Inc. is pleased to announce the Annual Fellowship of $20,000 for a physician fellow active in nuclear medicine research and/or development is available for July 1, 1999.

The award is to further a research project involving the development of single-photon radiopharmaceuticals or beta emitters to be used in nuclear medicine oncology. Applicants are asked to submit their curriculum vitae, a detailed account of their research project (including prior accomplishments pertaining to the project), two letters supporting the application and future plans. The fellowship recipient will be announced at the next SNM Annual Meeting, June 1999 in Los Angeles, California. Application deadline: 12/31/98.

For more information and an application contact:
Society of Nuclear Medicine, SNM Fellowship Committee,
1850 Samuel Morse Drive, Reston, VA 20190-5316
Phone: 703-708-9000 Fax: 703-708-9777
This year, SNM will be utilizing an electronic abstract processing system developed by Medical Support Services (MSS), a company with several years of experience in developing abstract processing systems for medical organizations.

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LOCATION:
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1201 South Figueroa Street
Los Angeles, CA 90015

DEADLINES:
- Pre-Registration Ends: April 29, 1999
- Last Day for Housing Reservations: April 29, 1999
- Abstract Submission Deadline: January 8, 1999

REGISTRATION FEES:
Categorical
- Saturday, June 5, 1999
  - Pre-Registration: Member $115, Non-Member $145
  - On-Site: Member $135, Non-Member $165
  (Boxed lunch is provided for the Saturday Categorical only, the cost of which is included in the fee)

Categoricals
- Sunday, June 6, 1999
  - Pre-Registration: Member $100, Non-Member $130
  - On-Site: Member $120, Non-Member $150

Continuing Education
- Monday, June 7, 1999 through Thursday, June 10, 1999
  - Pre-Registration: Physicist/Scientist/Pharmacist Member $335, Non-Member $350
    - On-Site: Physicist/Scientist/Pharmacist Member $395, Non-Member $450
    - Technician Member $205, Non-Member $255
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Contact Jane Day at jday@snm.org for further information.

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1. The SNM Web Site, www.snm.org, starting January
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4. The Journal of Nuclear Medicine Technology, March Issue

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Applications are invited for the 1999 Paul C. Aebersold Award for outstanding achievement in basic science applied to Nuclear Medicine. This award commemorates the contributions of Dr. Paul Clarence Aebersold to the applications of nuclear physics to Nuclear Medicine and radiation biology, as well as his contributions to the Society of Nuclear Medicine (SNM). Dr. Aebersold contributed greatly to the emergence of Nuclear Medicine as a discipline by his energetic leadership in the provision of cyclotron-generated and reactor-produced radionuclides, and by his numerous publications and lectures. In giving this award, the Society thus symbolically signifies its appreciation of the warm and vital person who became the Society’s first Honorary Member.

Nominations should be supported by the nominee’s curriculum vitae and at least two letters supporting the nomination. These letters should briefly describe the contributions in basic science for which the nominee is proposed. The nominee does not need to be a SNM member.

Nominations deadline: December 31, 1998. Please submit nominations and supporting documents to William J. MacIntyre, Ph.D., c/o Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, Virginia 20190-5316.
Positions Needed

Chief of Nuclear Medicine
UCSD School of Medicine—The Department of Radiology is seeking a Chief of Nuclear Medicine to direct clinical care, medical student and resident teaching, and research projects. Qualifications required: Board eligibility/certification; California medical license. Rank, series and salary to be determined based on qualifications and experience in accordance with UC policy. The University of California, San Diego is an Equal Opportunity/Affirmative Action Employer. All curricula vitae received prior to January 31, 1999 or thereafter until position is filled will be given full consideration. Send to George R. Leopold, MD, Professor and Chairman, Department of Radiology, UCSD Medical Center, 200 W. Arbor Dr., San Diego, CA 92103-8756.

Assistant Professor of Radiology/University of Washington School of Medicine #982198

The Radiology Department, University of Washington, invites applications for a faculty radiochemist for teaching, research and administration of radiochemistry core, including cyclotron targetry, robotics and a GLP quality control program. The individual will be responsible for development and production of positron radiopharmaceuticals. The successful candidate must have a record of published research in nuclear medicine and chemistry and a record of teaching. The faculty rank is Assistant Professor WOT; salary is commensurate with experience. Address inquiries and CV with three letters by 12/31/98 (refer #092198) to Prof. Janet Eary, Division of Nuclear Medicine, Box 356113, University of Washington, Seattle, WA 98195. The University of Washington is building a culturally diverse faculty and strongly encourages applications from female and minority candidates. The University of Washington is an Affirmative Action, Equal Opportunity Employer.

Nuclear Medicine Physician

The Department of Radiological Sciences of the University of Oklahoma Health Sciences Center has an opening for a staff radiologist with specialization in nuclear medicine. Faculty rank and remuneration will depend on credentials and experience. Members of the nuclear medicine section provide coverage for the University Hospital (adults), Children’s Hospital of Oklahoma, and the VA Medical Center in Oklahoma City. The section is well equipped and performs approximately 10,000 studies/yr in aggregate. The individual selected will have primary responsibilities in one of the adult units, but will be expected to provide cross coverage within the other units. In addition, the individual will spend at least one day a week covering other areas of radiology and will be included in radiology on-call coverage. If interested, please contact: Joe C. Leonard, MD, Chief, Pediatric Imaging Service, Children’s Hospital of Oklahoma, P.O. Box 26307, Oklahoma City, OK 73126.

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ASSISTANT PROFESSOR
UNIVERSITY OF WASHINGTON
NUCLEAR MEDICINE

#100198

The Department of Radiology, University of Washington, is seeking an attending physician for an academic appointments in its Division of Nuclear Medicine. The successful candidate must be able to work at a supervisory level in the areas of: Nuclear Cardiology, including stress testing; general clinical Nuclear Medicine; Clinical PET including oncologic, cardiac and neurologic applications; and diagnosis and management of thyroid diseases including thyroid cancer. In addition, the candidate will perform independent research in Nuclear Medicine, designing and coordinating clinical imaging research protocols, and possess a working knowledge and understanding of quantitative imaging techniques and modeling. This individual must have a proven record of being a team player, capable of interfacing with patients, clinicians, basic scientists, and staff. Candidates for this position must be board certified or the equivalent in Nuclear Medicine, have a current Washington State Medical License or be qualified to obtain one, have teaching experience in both Nuclear Medicine and the basic sciences associated with Nuclear Medicine, and have two years of experience in an academic radiology department. Responsibilities include the clinical practice, instruction of medical students, residents and fellows in Nuclear Medicine, and conduct fundable research projects. The position carries a faculty appointment at the rank of Assistant Professor, WOT, with salary commensurate with qualifications and experience. When communicating please refer to #100198. Address inquiries and current curriculum vitae to:

Janet Eary, MD, Director
Division of Nuclear Medicine/Department of Radiology
Box 356113
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