The E.CAM offers extensive cardiac-specific assessment tools that increase clinical quality and accuracy. The result...an unsurpassed level of clinical confidence.

Featuring unique clinical solutions...
- Profile non-uniform attenuation correction  
- Efficient comprehensive review displays  
- Advanced telemedicine and connectivity packages  
- Cedars gated SPECT quantification  
- Emory cardiac quantitative ‘toolbox’ * 
  - EF, volumes and mass  
  - Wall motion analysis  
  - Defect extent/reversibility maps  
  - Transient ischemic dilatation ratio  
  - 3D cardiac displays  
  - Coronary artery overlays/image fusion

When it comes to clear outcomes, the E.CAM delivers a level of performance second to none.

a clear outcome in cardi

SNM Annual Meeting Booth #336.
Profile Attenuation Correction

Emory Cardiac Toolbox

Cedars Gated SPECT Quantification

Siemens medical Solutions that help
The CAPRAC-R Well Counting System offers:
- Speed
- Accuracy
- Economy
- PLUS an abundance of performance-boosting features.

Menu-driven software programs offer:
- Schilling
- Dicopac®
- Blood Volume (Cr-51 & I-125)
- Wipe Tests
- Leak Testing

Using the General Counting Section, the CAPRAC-R can replace older systems for any type of gamma counting that performs RIA's or other lab procedures.

**WIPE TEST COUNTING**

The CAPRAC-R monitors ultra-low levels of activity in as little as 6 seconds using Nal detector for 1 nCi while giving preliminary isotope identification through gamma spectroscopy.

An Epson printer is optional. A choice of detectors are also available: the standard 1-1/2” Nal detector or a 2” x 2” Nal crystal with 1” shielding.

Phone or fax us today!
Delivery from stock ... the CAPRAC-R.
Inside Information.

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 rate\(^3,5\)

- 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

SNM Annual Meeting Booth #328.
Where pharm stress should be from start to finish

**FAST START**
- Onset of action is rapid and predictable.
- Maximum coronary hyperemia within 2-3 minutes in most cases.

**WIDE OPEN**
- Consistently produces maximal vasodilation.
- Blood flow increases 3- to 4-fold over baseline.¹

**RAPID RETURN**
- <10-second half-life.
- Side effects usually resolve quickly and spontaneously.※

**STRENGTH FINISH**
- Imaging comparable to exercise.
- Lower cost-per-case than dipyridamole.²

SNM Annual Meeting Booth #274.
Perfusion and function in one test: clinically relevant information.

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- Enhanced diagnostic confidence with a high negative predictive value: A normal stress test correlates with a \(<1\%\) annualized cardiac event rate\(^3\,^5\)
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Cardiolite®
Kit for the preparation of Technetium Tc99m Sestamibi

The Confidence You Want—The Information You Need

SNM Annual Meeting Booth #328.
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 DOSEMETRY: The radiation doses to organs and tissues of an average patient (70kg) per 110MBq (30mCi) of Technetium-99m Sestamibi injected intravenously are shown in Table 4.

<table>
<thead>
<tr>
<th>Radiation Absorbed Dose from Tc99m Sestamibi</th>
<th>Estimated Radiation Absorbed Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 hour void</td>
<td>4.8 hour void</td>
</tr>
<tr>
<td>Organs</td>
<td>30mCi</td>
</tr>
<tr>
<td>Brain</td>
<td>0.2</td>
</tr>
<tr>
<td>Gallbladder Wall</td>
<td>2.0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>3.0</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>5.4</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>3.9</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>0.6</td>
</tr>
<tr>
<td>Heart Wall</td>
<td>0.5</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
</tr>
<tr>
<td>Liver</td>
<td>0.6</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.3</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.7</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.7</td>
</tr>
<tr>
<td>Ovaries</td>
<td>1.5</td>
</tr>
<tr>
<td>Testes</td>
<td>0.3</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.5</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>0.5</td>
</tr>
</tbody>
</table>


HOW SUPPLIED: Du Pont Radiopharmaceutical’s CARDIOLITE,® Kit for the Preparation of Technetium-99m Sestamibi is supplied as a 5ml vial in kits of two (2), five (5) and thirty (30) vials, sterile and non-pyrogenic. Prior to hypolization the pH is between 5.3-5.9. The contents of the vials are hypolized and stored under nitrogen. Store at 15-25°C before and after reconstitution. Technetium Tcm Sestamibi contains no preservatives. Included in each 200uCi kit are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each five (5) vial kit are one (1) package insert, six (6) vial shield labels and six (6) radiation warning labels. Included in each thirty (30) vial kit 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 regimen 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.

UDUPTON

Radiopharmaceuticals
Marketed by Du Pont Radiopharmaceutical Division
The Du Pont Morph, Pharmacia Co. 331 Treble Cove Road
Billerica, Massachusetts, USA 01821
For orders, Tel Toll Free 800-629-1572
All other business: 800-362-2968
(For Massachusetts and International, call 308-667-9531)

513211-0296
Printed in U.S.A.

29/6

Where pharm stress should be from start to finish

**FAST START**
- Onset of action is rapid and predictable.
- Maximum coronary hyperemia within 2-3 minutes in most cases.

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- <10-second half-life.
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**STRONG FINISH**
- Imaging comparable to exercise.
- Lower cost-per-case than dipyridamole.²

SNM Annual Meeting Booth #274.
Despite the short half-life, 10.6% of the side effects occurred not with the infusion of Adenoscan but several hours after infusion. Also, 8.4% of the side effects that began coincident with infusion persisted for up to 24 hours after infusion was completed. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

Please see the brief summary of prescribing information on the following page.
**BRIEF SUMMARY**

**Adenoscan®**

**adenosine**

**For Intravenous Infusion Only**

**DESCRIPTION**

Adenosine is an endogenous nucleoside occurring in all cells of the body. It is a chemically 6-amin-9-beta-D-ribosyl-9-H-purine.

Adenosine is a white crystalline powder. It is soluble in water and practically insoluble in alcohol. Solubility increases by warming and lowering the pH of the solution.

Each Adenoscan vial contains a sterile, non-pyrogenic solution of adenosine 3 mg/mL, and sodium chloride 9 mg/mL, in Water for Injection, q.s. The pH of the solution is between 4.5 and 7.5.

**INDICATIONS AND USAGE**

Intravenous Adenoscan is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately.

*See WARNINGS.*

**CONTRAINDICATIONS:**

Intravenous Adenoscan (adenosine) should not be administered to individuals with:

1. Second- or third-degree AV block (except in patients with a functioning artificial pacemaker).
2. Sinus node disease such as sick sinus syndrome or symptomatic bradycardia (except in patients with a functioning artificial pacemaker).
3. Known or suspected bronchocentric or bronchoesophageal lung disease (e.g., asthma).
4. Known hypersensitivity to adenosine.

**WARNINGS:**

**Fetal Cardiac Arrest, Life Threatening Ventricular Arrhythmias, and Myocardial Infarction.**

Cardiac arrest, arrhythmias, and sympathomimetic reactions, and noncardiac myocardial infarction have been reported concurrent with Adenoscan infusion. Patients with unstable angina may be at greater risk.

Severe and Life-Threatening Neuronal Block.

Adenoscan (adenosine) induces a direct depressant effect on the SA and AV nodes and has the potential to cause first-, second- or third-degree AV block, or sinus bradycardia. Approximately 5-9% of patients develop AV block with Adenoscan, including first-degree (2-5%), second-degree (2-5%) and third-degree (0-30%) heart block. All degrees of AV block have been asymptomatic, transient, and of short duration in patients administered adenosine can cause sinus bradycardia. Adenoscan should be used with caution in patients with pre-existing first-degree AV block or bundle branch block and should be avoided in patients with high-grade AV block or sinus node dysfunction (except in patients with a functioning artificial pacemaker). Adenoscan should be discontinued in any patient who develops persistent or symptomatic high-grade AV block. Sinus pauses have been rarely observed with adenosine infusions.

**Hypotension**

Adenoscan (adenosine) is a potent peripheral vasodilator and can cause significant hypotension. Patients with an intact baroreceptor reflex mechanism are able to maintain blood pressure and tissue perfusion responses to Adenoscan by increasing heart rate and cardiac output. However, adenosine should be used with caution in patients with autonomic dysfunction, severe cardiac or peripheral vascular disease, congestive heart failure, pericarditis or pericardial effusion, severe cardiac arrhythmias, or cardiac arrest.

**Hypotension**

Hypotension increases in systolic and diastolic pressure have been observed (as great as 140 mm Hg systolic in one case concomitant with Adenoscan infusion; most increases resolved spontaneously within several minutes, but in some cases, hypotension lasted for several hours.

**Bronchoconstriction**

Adenoscan (adenosine) is a respiratory stimulant (probably through activation of carotid body chemoreceptors) and intravenous administration in man has been shown to increase minute ventilation (Vt) and tidal volume (TV) causing respiratory alkalosis. Approximately 28-40% of patients experienced bronchial changes considered to be clinically significant. These respiratory complaints are transient and only rarely require intervention.

**Hypertension**

Hypertension is shown to be a bronchoconstrictor in asthmatic patients, presumably due to mast cell degranulation and histamine release. These effects have not been observed in normal subjects. Adenoscan has been administered to a limited number of patients with asthma, and the drug did not cause bronchoconstriction in these patients. Adenoscan (adenosine) has been reported to cause bronchoconstriction in asthmatic patients, presumably due to mast cell degranulation and histamine release. These effects have not been observed in normal subjects. Adenoscan has been administered to a limited number of patients with asthma, and the drug did not cause bronchoconstriction in these patients.

**Drug Interactions**

Intravenous Adenoscan (adenosine) has been observed to have drug interactions with several other cardiovascular drugs (such as beta-adrenergic blocking agents, cardiac glycosides, and calcium channel blockers) without apparent adverse interactions, but its effectiveness with these agents has not been systematically evaluated. Because of the potential for additive or synergistic depressant effects on the SA and AV nodes, however, Adenoscan should be used with caution in the presence of other drugs that increase heart block, such as calcium channel blockers, beta blockers, and antiarrhythmics. The safety and efficacy of Adenoscan in the presence of these agents has not been systematically evaluated. The concurrent use of these drugs with Adenoscan has not been systematically evaluated.

**Carcinogenesis, Mutagenesis, Impairment of Fertility**

Studies in animals have not been performed to evaluate the carcinogenic potential of Adenoscan (adenosine). Adenosine was negative for genetic toxicity in the in vitro Ames test and in the in vivo Micronucleus Test.

Adenoscan, however, like other nucleosides at millimolar concentrations present several doubling times of cells in culture, is known to produce a variety of genetic alterations. In rats and mice, adenosine administered intravenously once a day for five days at 50, 100, and 150 mg/kg (10-30-fold) and 5-15 micromolar times human dosage on a mg/m² basis) caused decreased spermatogenesis and increased numbers of abnormal sperm, a reflection of the ability of Adenoscan to produce chromosomal damage.

**Pregnancy Category C**

Animal reproduction studies have not been conducted with adenosine; nor have studies been performed in pregnant women. Because it is not known whether Adenoscan can cause fetal harm when administered to pregnant women, Adenoscan should be used during pregnancy only if clearly needed.

**Pediatric Use**

The safety and effectiveness of Adenoscan in patients less than 18 years of age have not been established.

**ADVERSE REACTIONS:**

The following reactions with an incidence of at least 1% were reported with intravenous Adenoscan among 1421 patients enrolled in controlled and uncontrolled U.S. clinical trials. Despite the short half-life of adenosine, 10-15% of the side effects occurred not with the infusion of Adenoscan but just after the infusion terminated. Also, 8.4% of the side effects that began coincident with the infusion persisted for up to 24 hours after the infusion had been completed. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

**Flushing**

44% Gastrintestinal discomfort 13% Second-degree AV block 9%

Leg cramps 40% Lightheadedness/dizziness 12% Paresthesia 2%

**Sweat**

29% Upper extremity discomfort 4% Hypotension 2%

**Hypertension**

18% ST segment depression 3% Nausea/vomiting 2%

**Tongue, neck or jaw discomfort**

15% First-degree AV block 3% Anothymia 1%

**Concentration**

Concentration of side effects by organ system:

**Respiratory System**:

inhalation, bronchospasm, chest tightness, cough, wheezing, dyspnea.

**CNS**:

tongue, head, body, back; alteration in mental status, depression, anxiety, nausea, vomiting, dizziness, headache.

**Cardiovascular System**:

tachycardia, angina, chest pain, hypotension, tachycardia, bradycardia, dizziness.

**Gastrointestinal System**:

nausea, vomiting, diarrhea.

**Other**:

itchy, rash.

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**Other**:

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UP-TO-THE MINUTE REPORT...

**Clinical PET**

An ICP/SNM Symposium

Tuesday, June 9th, 1998
5:00 p.m.–8:00 p.m.
The Royal York Hotel
100 Front Street West
Toronto, Canada

Course Outline
Reimbursement advances have moved PET into the realm of mainstream clinical practice. Much has changed over the last year in the field of PET... *come learn about it!* In this session, you will develop a full understanding of the current practice of clinical PET. As a “PET intensive” course, attendees will develop an understanding for the types of PET imaging equipment that are available and the options for securing access to PET isotopes. The various approaches to providing PET services will be contrasted, highlighting the relative strengths/weaknesses of each approach. The current **clinical** applications of PET in oncology will be covered as well as an orientation to the applications that will emerge in the coming years. The session will conclude with an up-to-the-minute report on the current issues facing PET centers, including Medicare Reimbursement and FDA Reform.

Program

<table>
<thead>
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<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>5:00 - 5:05</td>
<td>Welcome</td>
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<tr>
<td>5:05 - 5:35</td>
<td><strong>Setting Up PET Services</strong></td>
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<td>PET Imaging Equipment</td>
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<td>PET Isotope Production</td>
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<td>5:35 - 6:10</td>
<td><strong>What are the Current</strong></td>
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<td>“Clinical Applications of PET”?</td>
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<td>Lung Cancer</td>
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<td>Colon Cancer and Melanoma</td>
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<td>6:10 - 6:25</td>
<td>Break</td>
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<tr>
<td>6:25 - 7:20</td>
<td><strong>Current Clinical Applications</strong> of PET (cont.)</td>
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<tr>
<td></td>
<td>Head/Neck and Lymphoma</td>
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<td></td>
<td>Cost Effectiveness of PET</td>
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<td></td>
<td>Discussion</td>
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<td>7:20 - 7:40</td>
<td><strong>Emerging Applications of PET</strong></td>
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<td>Therapy Monitoring</td>
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<td></td>
<td>Infection</td>
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<td>7:40 - 8:00</td>
<td><strong>Up-to-the-Minute Report: The Issues</strong></td>
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<td></td>
<td>Reimbursement</td>
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<tr>
<td></td>
<td>FDA</td>
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<tr>
<td></td>
<td>Other ICP Activities</td>
</tr>
</tbody>
</table>

Moderators:
Ruth Tesar and Peter Valk, M.D.
VariCam CoDe™

Positron Imaging is Evolving...

Come see our Evolving Positron Imaging at the SNM '98 Meeting, Booth #178

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Guiding you to optimal intervention for neuroendocrine tumors

- Somatostatin receptor scintigraphy with OctreoScan can unequivocally detect and localize primary tumors and metastatic spread often missed by conventional imaging.

- Whole-body scanning can more definitively confirm the extent of disease.

- You are better able to
  - stage the patient
  - determine diagnostic work-up
  - avoid unnecessary procedures
  - select optimal treatment
  - assess surgical candidates
  - evaluate response to treatment

The accepted standard for GEP tumors
An emerging choice for small cell lung cancer

SNM Annual Meeting Booth #146.

OctreoScan®
Kit for the Preparation of Indium In-111 Pentetreotide

SRS either unequivocally identified a primary tumor or clarified an equivocal lesion found on conventional imaging in 47% of patients with Zollinger-Ellison Syndrome undergoing initial evaluation. Of those with metastatic liver disease, SRS was the only localization method to determine the presence or extent of liver metastases in 12% of cases, or was the only method to establish additional metastases or metastases to the bone in 16% of cases.¹

Please see adjacent page for brief summary of prescribing information.
**General**

1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinas. Since pentetreotide is an analog of octreotide, an intravenous line is recommended in any patient suspected of having an insulinas. An intravenous solution containing glucose should be administered just before and during administration of indium-111 pentetreotide.

2. The contents of the two vials supplied with the kit are intended only for use in the preparation of indium-111 pentetreotide and should not be administered simultaneously to the patient.

3. Since indium-111 pentetreotide is administered primarily by renal excretion, use in patients with impaired renal function should be carefully considered.

4. To help reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be well hydrated before the administration of indium-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of indium-111 pentetreotide (see Dosage and Administration section).

5. Indium-111 pentetreotide should be stored for labeling yield of radiolucity prior to administration. The product must be used within six hours of preparation.

6. Components of the kit are sterile and nonpyrogenic. To maintain sterility, it is essential that directions are followed carefully. Aseptic technique must be used during the preparation and administration of indium-111 pentetreotide.

7. Octreotide acetate and the natural somatostatin hormone may be associated with cholelithiasis, presumably by altering bile absorption and possibly by decreasing motility of the gallbladder. A single dose of indium-111 pentetreotide is not expected to cause cholelithiasis.

8. As with any other radiopaque material, appropriate shielding should be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other persons.

9. Radioactive material should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides.

**Carcinogenesis, Mutagenesis, Impairment of Fertility**

Studies have not been performed with indium-111 pentetreotide to evaluate carcinogenic potential or effects on fertility. Pentetreotide was evaluated for mutagenic potential in an in vitro mammalian forward mutation assay and in an in vivo mouse micronucleus assay; evidence of mutagenicity was not found.

**Pregnancy Category C**

Animal reproduction studies have not been conducted with indium-111 pentetreotide. It is not known whether indium-111 pentetreotide can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Therefore, indium-111 pentetreotide should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers**

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when indium-111 pentetreotide is administered to a nursing woman.

**Pediatric Use**

Safety and effectiveness in children have not been established.

**ADVERSE REACTIONS**

The following adverse effects were observed in clinical trials at a frequency of less than 1% of 528 patients: dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of pericarditis and one case of increased hematocrit and hemoglobin.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms from certain tumors. The usual dose for indium-111 pentetreotide is approximately 5 to 20 times less than for octreotide and is subtherapeutic. The following adverse reactions have been associated with octreotide in 3% to 10% of patients: nausea, injection site pain, diarrhea, abdominal pain, discomfort, loose stools, and vomiting. Hypersensitivity and hyper- and hypoglycemia have also been reported with the use of octreotide.

**DOSEAGE AND ADMINISTRATION**

Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids liberally. Elimination of extra fluid intake will help reduce the radiation dose by flushing out unbound, labeled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., bisacodyl or lactulose) be given to the patient starting the evening before the radioactive drug is administered, and continuing for 48 hours. Ample fluid intake is necessary during this period as a support both to renal elimination and the bowel-cleansing process. In a patient with an insulinas, bowel-cleansing should be undertaken only after consultation with an endocrinologist.

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

The dose should be confirmed by a suitably calibrated radioactivity ionization chamber immediately before administration.

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

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

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

**Radiation Dosimetry**

The estimated radiation doses to the average adult (70 kg) from intravenous administration of 111 MBq (3 mCi) and 222 MBq (6 mCi) are presented below. These estimates were calculated by Oak Ridge Associated Universities using the data published by Krenning et al.

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

<table>
<thead>
<tr>
<th>Organ</th>
<th>PLANAR</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>54.16</td>
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<td>Thyroid</td>
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Effective Dose Equivalents

| Effective Dose Equivalent | 1.03 | 1.30 | 26.06 | 2.61 |

1. Values listed include a correction for a maximum of 0.1% indium-111 radionuclid at calibration.


3. Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) model for gastrointestinal tract calculations.

4. Estimated according to ICRP Publication 53.

**HOW SUPPLIED**

The OctreScan kit, NDC 0001-0055-04, is supplied with the following components:

1. 10-ml OctreScan Reaction Vial which contains a lyophilized mixture of:
   (i) 10 µg pentetreotide + [N-(dehydroalanine)-N,N,N'-triacetic acid-N'-seryl-D-phenylalanyl-L-lysine-L-phenylalanyl-D-histidyl-L-lysine-L-phenylalanyl-L-threonine]-cyclic (2-9 dipeptide) (also known as octreotide DTPA).
   (ii) 2.0 mg gentamic acid (2,3-dihydroxybenzoic acid).
   (iii) 4.8 mg sodium citrate, anhydrous.
   (iv) 0.37 mg citric acid, anhydrous, and
   (v) 10.0 mg inositol.

Before lyophilization, sodium hydroxide or hydrochloric acid may be added for pH adjustment. The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

2. 1-10 ml vial of Indium-111 Chloride Sterile Solution, which contains 1.1 ml of 111 MBq/m (3.0 mCi/ml) indium-111 chloride in 0.2 ml HzO at time of calibration. The vial also contains 0.02 ml of 0.1 M sodium chloride at a concentration of 3.5 µg/ml (lactic acid, 1.2 µg/ml). The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

In addition, the kit also contains the following items: (1) a 25 x 5/8" needle (BD, Monocote) used to transfer Indium-111 Chloride Sterile Solution to the OctreScan Reaction Vial, (2) a pressure sensitive label, and (3) a package insert.

**MALLINCKRODT**

Mallinckrodt Inc., Mallinckrodt Nuclear Medicine Division
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A Journal Paper (reference on request) states: “The errors in relative quantification caused by an attenuation correction that assumes the head to be a uniformly attenuating medium were found to be up to 20%, which is larger than regional blood flow deficits often reported in patients with dementia.”

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Ask About Special Phantoms For Your Research Programs

Please see us at the SNM Annual Meeting, Booth 630
Notice to Authors Submitting Materials to The Journal of Nuclear Medicine

As of July 1, 1998, the address for articles submitted to JNM will change. Please mail all manuscripts that may reach the JNM office by that date to the following address:

Editor
JNM Office
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190-5316.

Please also note that the JNM “Instructions for Authors” will soon contain significant revisions. Watch for the revised “Instructions for Authors,” which will be appearing this summer in the “Publications” section of the SNM web site (www.snm.org) and in the pages of JNM.
The new, third edition of the widely popular SPECT: A Primer is now available from Matthews Medical Books at the toll-free number below.

Substantially updated and expanded throughout, the third edition includes even more basic information essential to the technologist working in day-to-day clinical settings.

The new SPECT Primer features an enhanced section on Clinical Applications, incorporating the latest and most widely accepted fundamental knowledge in the field, with, three all-new chapters on Acquisition Devices, Processing Devices, and Clinical Indications. And in every chapter, you'll find expanded material to help nuclear medicine professionals who use SPECT perform at peak.

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Do you know how your workload compares to similar institutions?

Would you like to compare the number of procedures performed per technologist compared to other institutions in your region or nationwide?

If you responded yes to just one of these questions, we encourage you to subscribe to the SNM UTILIZATION ANALYSIS DATABASE PROJECT.

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.

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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.

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The first self-assessment module on Bone Imaging will be available for sale beginning June 7th at the SNM Annual Meeting in Toronto.

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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
- Sources
- Equipment
- Events
- 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.

To order, simply contact SNM’s book distributor, Matthews Medical Books, at their toll-free number 1-800-633-2665 (non-US 314-432-1401, or Fax: 314-432-7044).

*The Handbook is not a substitute for any regulation or license condition and is not endorsed by the Nuclear Regulatory Commission.*
Boost Your Performance...

... 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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Each answer is accompanied with thorough, easy-to-understand explanations and source references for more information.

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1-800-633-2665 (non-U.S. 314-432-1401, or Fax: 314-432-7044).
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 form for the 1998 PR Stars Contest Sponsored by the SNM-TS and Capintec, Inc. 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 next page and select a winner. All entrants must be a Nuclear Medicine Technologist and a staff member of a hospital or nuclear medicine facility. Entries must be post-marked by December 1, 1998.

NEW PRIZES
Thanks to the generous support of the 1998 PR Stars corporate sponsor: Capintec, Inc.
1st Place: $800 for the individual and $600 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.
2nd Place: $600 for the individual and $400 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.
3rd Place: $350 for the individual and $250 for the institution. Up to $650 in airfare to the 1999 SNM Annual Meeting in Los Angeles to receive your prize! Payment of your pre-registration fee to attend the 1999 SNM Annual Meeting. Your SNM-TS membership dues paid for one year.
4th-10th Place: Your SNM-TS membership dues paid for one year.

ENTRY FORM
Your Name

Hospital/Facility

Address

City State Zip

Telephone Fax

Mail your entry information (including this completed form) by December 1, 1998 to:
Society of Nuclear Medicine
1998 PR Stars Contest
1850 Samuel Morse Drive
Reston, VA 20190
Fax: 703-708-9018
Telephone: 703-708-9000

Please complete reverse side
PR - STARS CONTEST

Please describe and document your promotional activities and results. The following point system will be used for judging.

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 point)
   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 resources did you have available to you and how effectively did you use them? (budget, manpower, media, etc...) (13 points)

5. Can your program be used easily by others? Please explain (5 points)

6. Was your program cost effective? Please explain (5 points)

7. When did your nuclear medicine PR activity take place? (no points)

Please provide a detailed time-line of the planning and implementation of your program. (10 points)

For example:  March 10  Strategic planning session with staff technologists
              May 1       Drafted nuclear medicine article for facility newsletter

8. Are you currently an active member of the SNM-TS? (5 points)

   □ Yes       □ No

Thank you for your entry! Good Luck!

Val Cronin, CNMT  
1997 - 1998 Nuclear Medicine Week Chairperson

Susan Gavel, CNMT  
1998 - 1999 Nuclear Medicine Week Chairperson
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PREP will enable you to easily provide important information to your patients — promoting confidence and an understanding of their nuclear medicine procedure. Help to establish nuclear medicine as an integral part of patient care by giving referring physicians the PREP information.

PREP meets JCAHO standards for patient education and helps you adhere to accreditation compliance requirements.

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Celebrate Nuclear Medicine Week

OCTOBER 4-10, 1998

Spotlight your facility
and demonstrate 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.

Keep the celebration alive all year long! Promoting nuclear medicine 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 1998 PR Stars Contest sponsored by the SNM-TS and Capintec, Inc. Look for details, prize information and entry forms in JNM and JNMT.

Order Form on the Following Page!

Featured on this page is the 1998 Nuclear Medicine Week merchandise entitled, "Nuclear Medicine: Meeting the Needs of Today and Beyond" designed by the Society of Nuclear Medicine Technologist Section (SNM-TS).
CELEBRATE NUCLEAR MEDICINE WEEK! OCTOBER 4 - 10, 1998

T-shirt: White 100% cotton t-shirt with the Nuclear Medicine Week logo featured on the front. Sizes: L and XL (quantities limited)

Poster: Display the poster prominently in your medical facility, use it as a teaching tool or give it to referring physicians to promote nuclear medicine.

Buttons & Stickers: Get the nuclear medicine message out by wearing the buttons or using the stickers on all your correspondence. A perfect and inexpensive give-away.

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<tr>
<td>SNM Patient Pamphlet: Benefits of Nuclear Medicine</td>
<td></td>
<td>$20.00 for pack of 50</td>
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<td>Guidelines for Promoting Nuclear Medicine</td>
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This distinguished 13 oz. presidential collection clear glass mug is tastefully accented with a gold rim and SNM embossed gold logo. Microwavable!!!!

Show your SNM team spirit by wearing this natural cotton twill cap. One size fits all, your choice of visor colors: Black, Dark Green, or Royal Blue

Perfect on the golf course or off, this polo-style shirt combines the quality of Fruit-of-the-Loom™ with the SNM embroidered emblem. Available in White, Cardinal Red & Royal Blue Sizes: M, L, XL, 2X *

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Please See Ordering Information on next page.
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NM APPLICATION SPECIALIST

Toshiba America Medical Systems, Inc., a world leader in diagnostic imaging, is seeking a NM Application Specialist to become part of the sales team.

Candidates will be responsible for working with the sales force in demonstrating products and training customers. Qualified candidate will have a minimum of 5 years experience in NM. Must be registered in ARRT or CNMT. Candidates must be open to extensive traveling (90%) and may need to relocate.

Please send resume and salary history to: Toshiba America Medical Systems, Inc., Attn: HR, 2441 Michelle Dr., Tustin, CA 92780, or e-mail: resume@tams.com or fax to: (714) 573-0306. EOE, M/F/D/V.

RADIATION PHYSICIST
ARH REGIONAL MEDICAL CENTER
HAZARD, KY

Appalachian Regional Healthcare is seeking candidates for a Radiation Physicist opportunity available at the 308 bed ARH Regional Medical Center complex located in Hazard, KY.

This position is responsible for providing physics services in various areas of Radiology directed toward the safe, accurate operation of all radiation producing equipment and the appropriate administration of radiation dosages to patients.

Requirements for this position include Masters Degree in Medical Physics or related field with at least two years of clinical experience in equipment calibration, clinical dosimetry, quality control and related areas preferred, along with KY certification (or working toward certification) consistent with State or other regulatory requirements.

An outstanding compensation package will be offered including a very attractive salary range and benefits which include fully paid family plan health insurance, paid vacation, holiday and sick leaves, etc. Interview expenses are assumed by ARH and a relocation allowance is available. For additional information, please forward resume to or contact: Marilyn Hamblin, ARH Corporate Personnel Division, PO Box 8086, Lexington, KY 40533; FAX: 606-220-2586; call 1-800-888-7045 Ext. 532 or e-mail to: mhamblin@arh.org EOE

VISIT ARH ON THE WEB AT: www.arh.org

NUCLEAR MEDICINE PHYSICIAN

ABNM (dual boards desirable) entry level position for outpatient imaging center in Boca Raton, Florida. Instrumentation includes Siemens 951R PET, Pegasys/GE nuclear, Lunar DPX-L Bone Density. Ongoing clinical research revolves around applications using monoclonal antibodies. Send resume to: P.O. Box 11697, Ft. Lauderdale, Florida 3339-1697. E-mail: jkotler@pol.net

SCOTT & WHITE
NUCLEAR MEDICINE TECHNOLOGIST

Current ARRT or NMTCB.

Certification/registration as a Nuclear Medicine Technologist. We offer outstanding career opportunities, excellent benefits and competitive salaries. Interested candidates should contact Scott and White Human Resources, 2401 S. 31st Street, Temple, TX 76508; Fax (254) 724-1631 or call (800) 527-JOBS.

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Equal Opportunity Employer

NUCLEAR MEDICINE PHYSICIAN

Marshfield Clinic, one of the nation’s most respected and recognized integrated health care systems is seeking to replace a retiring nuclear medicine physician.

We desire a BC/BE radiologist, fellowship trained in nuclear medicine. The successful candidate will practice at the main campus in Marshfield and at the adjacent 524-bed hospital.

As a 540 physician multispecialty group, Marshfield Clinic is at the forefront of today’s medical practice and offers physician specialists a stimulating opportunity for clinical practice, teaching and research. Family focus lifestyle, four-season recreational activities and an excellent compensation package further enhance this outstanding opportunity.

Interested candidates may send their curriculum vitae and three letters of reference to Timothy L. Swan, M.D., Chairman, Department of Radiology, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Telephone: 1-800-782-8581, extension 93474. Fax: (715) 387-5240.

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With this solid foundation of products and services, GE Medical Systems continues to be firmly positioned to provide quality solutions for today, and into the next Millennium. Just what you’d expect from a leader.

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