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, radio-pharmaceuticals...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.

a clear outcome in onco
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.

With high differentiation of target to background counting ratio, the Gammed II B is a reliable guide for finding tissues containing radioactivity. This affords the surgeon a method of fast identification and localization, reducing the patient's time under anesthesia and avoiding unnecessary removal of healthy tissue.

The Gammed II B... a state-of-the-art tool for the modern operating room.

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Want to see the forest and the trees?

Variable Angle Geometry lets you examine the world from many different angles. This new innovation allows you to see the total picture.

Imagine having the flexibility to set optimal detector configurations at 90, 102, 120, and 180 degrees based on clinical need. Through innovations in gantry design, AXIS and IRIX now allow you to do just that.

The result? Superior image quality with the highest patient throughput.

To find out more about AXIS and IRIX’s Variable Angle Geometry, call a Picker representative at 800.323.0550 or 440.826.1988 or visit our web site at www.picker.com.
BRIEF SUMMARY
For Intravenous Infusion Only
DESCRIPTION
Adenoscan is an endogenous nucleoside occurring in all cells of the body. It is chemically 6-amino-9-beta-D-ribofuranosyl-9-H-purine.
Adenoscan 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/a. 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.
SIDE EFFECTS:
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. Severe aortic stenosis, as such as aortic stenosis or symptomatic bradycardia (except in patients with a functioning artificial pacemaker).
3. Known or suspected bronchospastic or bronchopulmonary lung disease (e.g., asthma).
4. Known hypersensitivity to adenosine.

WARNINGS:
Fetal Cardiac Arrest, Life Threatening Ventricular Arrhythmias, and Myocardial Infarction
Fetal cardiac arrest, sustained ventricular tachycardia (requiring reasistance), and nonfatal myocardial infarction have been reported in conjunction with Adenoscan infusion. Patients with unstable angina may be at greater risk.

Streptocardia and Adenoscan Ventricular Stiff Block
Adenoscan infusion has 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 6.3% of patients admitted to AV block with Adenoscan, including first-degree (2.6%), second-degree (2.9%) and third-degree (0.8%) heart block. At doses of AV block have been asymptomatic, transient, and did not require intervention. Adenoscan 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 can be discontinued in any who develops persistent or symptomatic high-grade AV block. Since pause has been rarely observed with adenosine infusion.

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 in response to Adenoscan by increasing heart rate and cardiac output. However, Adenoscan should be used with caution in patients with autonomic dysfunction, arterioles vasoconstrictor heart disease, pericardial or diaphragmatic hernia, with cardiopulmonary instability, or with concomitant hypoxemia due to the risk of hypotensive complications in these patients. Adenoscan should be discontinued in any patient who develops persistent or symptomatic hypotension.

Hyperactivity
Increases in systolic and diastolic pressure have been observed (as great as 140 mm Hg) in one case concomitant with Adenoscan infusion; however, this response has been observed spontaneously within several minutes, but in some cases, hypotension lasted for several hours.

Bronchial constriction
Adenoscan (adenosine) is a respiratory stimulant (probably through activation of cotten body chemoreceptors) and intravenous administration in man has been associated with bronchoconstriction (this is and reduce level PO2 causing respiratory stimulation). Approximately 9% of patients experience breathlessness (hypersensitivity) or an urge to breathe deeply with Adenoscan. These respiratory complaints are transient and rarely require intervention. Adenoscan is not recommended 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 documented or suspected bronchospasm and has failed to moderate exacerbation of these symptoms. Adenoscopem has occurred during continuous infusion in patients with objective pulmonary diseases. Adenoscan should be used with caution in patients with obstructive lung disease not associated with bronchodilator (e.g., emphysema, asthma, bronchitis, and bronchiectasis) and should be avoided in patients with bronchial constriction or bronchospasm (e.g., asthma). Adenoscan should be discontinued in any patient who develops severe respiratory difficulties.

PRECAUTIONS:
Drug Interactions
Adenoscan (adenosine) has been given with other cardioactive drugs (such as beta adrenergic blocking agents, cardiac glycosides, and calcium channel blockers) without apparent adverse interactions, but the effectiveness of these agents has not been systematically evaluated.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies in animals have not been conducted with adenosine. Adenoscan was negative for genotoxic potential in the Salmonella/mammalian microsome assay. Adenoscan and metabolites administered to male and female rats at a level of 1 ml/kg (approximately 100 mg/kg) per day for 2 weeks were not found to cause any significant adverse effects on body weight, food consumption, or mortality. Survival was normal and no significant changes in vital organ weights were observed.

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 adenosine 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 clinical studies:

- Bradycardia (about 12% of adults) and asystole (less than 1% of adults) occurred with the infusion of Adenoscan for up to seven minutes; several of the adults affected died.
- Hypotension occurred in 8.4% of the adults affected, with the infusion of Adenoscan for up to seven minutes; several of the adults affected died.

Adverse experiences of any severity reported in less than 1% of patients include:

Body as a Whole: back discomfort; lower extremity discomfort; weakness.
Cardiovascular System: noncardiac mycardial infarction; bradycardia; syncope; chest pain; palpitations; pericardial pain.
Central Nervous System: dizziness; emotional instability; tremors.
Endocrine System: weight gain.
Respiratory System: cough.
Renal: blood dyscrasia; blurred vision; dry mouth; ear discomfort; metallic taste; nasal congestion; stomatitis; tongue discomfort.

OVERDOSAGE:
The half-life of Adenoscan is less than 10 seconds and side effects of Adenoscan (when they occur) usually resolve quickly when the infusion is discontinued. Most, if not prevented, effects have been observed. Methane, 9%, such as asphyxia and asphyxia, are common among the adenosine receptors and theophylline has been used to effectively terminate persistent side effects. In controlled U.S. clinical trials, theophylline (500-750 mg intravenous injection) was used to abort Adenoscan side effects in less than 2% of patients.

DOSEAGE AND ADMINISTRATION:
For intravenous infusion only:
Adenoscan should be given by a continuous peripheral intravenous infusion.
The recommended intravenous dose for adults is 140 mcg/kg/min infused for as minutes (total dose of 0.8 mg/kg for patients over 50 kg and 0.5 mg/kg for patients under 50 kg).
The recommended dose of 100 mcg/kg/min is infused for as minutes (total dose of 0.8 mg/kg).

The most effective method of administering Adenoscan is intravenous injection directly into the Adenosan Vial.
The injection should be given as close to the venous access as possible to prevent inadvertent increase in the dose of Adenoscan (the contents of the IV tubing should be aspirated)

The safety and efficacy of Adenoscan administered by the intravenous route have not been established.

Dosage: The drug should be expected to cause a direct effect on the heart, particularly in patients with cardiac disease.

CAUTION:
Federal law prohibits dispensing without prescription.

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Visit this interactive new educational website dedicated to myocardial perfusion imaging. You'll find a wealth of information plus practical instruction in the principles and clinical applications of this important diagnostic test.

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Technetium Tc99m Tetrofosmin For Injection

A clear view.
- Technetium-labeled
- Rapid and sustained myocardial uptake, with images available from 15 minutes to 4 hours post-injection
- Rapid GI clearance

A convenient view.
- Room temperature preparation, and 8 hour reconstituted shelf-life
- No redistribution
- Available in unit dose

An efficient view.
- Flexible scheduling
- Sensitive and reliable detection of coronary disease

A patient’s view.
- Low radiation exposure compared to other myocardial perfusion agents
- Less than 1% of patients experienced side effects in clinical trials of 764 adults
- Myoview is not indicated for use with pharmacologic stress agents

Please see brief summary of prescribing information on following page.
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
Tc99m Pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the tetrofosmin 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 794 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 7.87 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 5/764 (less than 1%) of patients after Myoview injection.

The following events were noted in less than 1% of patients:
Cardiovascular: angina, hypertension, Torsades de Pointes 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.

DOSEAGE AND ADMINISTRATION
For exercise and rest imaging, Myoview is administered in two doses:
• The first dose of 5-6 mCi (185-296 MBq) is given at peak exercise.
• The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

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

RADIATION DOSIGEM
Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and rest conditions are listed in Table 1. The values are listed in descending order as rad/mCi and mGy/mCi and assume uniliated bladder empting 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</td>
</tr>
<tr>
<td></td>
<td>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 marrow</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>Testes</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), 1989) and gave values of 8.61 x 10^6 mSv/mCi and 1.12 x 10^6 mSv/mCi after exercise and rest respectively.

Manufactured by Amershans International plc – Amersham, United Kingdom
Patent No. 5,045,202 (1)

Distributed by:
Med-Physic Inc., Amersham Healthcare
2336 S. Clearwater Dr., Arlington Heights, IL 60005
1-800-633-4123 (Toll Free)
February, 1995
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**Society of Nuclear Medicine**

**MIRD Publications...**

The Standards in Radionuclide Dose Calculations

The Society of Nuclear Medicine's Medical Internal Radiation Dose Committee serves as the international clearinghouse for data concerning the use of radionuclides in humans. Its two standard reference publications are of special interest to the Health Physics community—

**MIRD Primer for Absorbed Dose Calculations, Revised Edition**

Prepared by Robert Loevinger, Center for Radiation Research, National Bureau of Statistics; Thomas F. Budinger, Donner Laboratory; Evelyn E. Watson, Radiopharmaceutical Internal Dose Center, Oak Ridge Associated Universities

Hardcover, 49.00 (plus shipping and handling), 128 pp.

The *MIRD Primer* is unquestionably the standard reference on absorbed dosage of radiopharmaceuticals in human beings, offering a thorough review of absorbed dose calculations used in the application of radiopharmaceuticals to medical studies. Included are detailed explanations of MIRD schema, examples of the application of the schema, dose estimates, and technical appendices.

**MIRD Radionuclide Data and Decay Schemes**

David A. Weber, University of California, Davis, Medical Center; Keith E. Eckerman, Oak Ridge National Laboratory; L. Thomas Dillman, Ohio Wesleyan University; Jeffrey C. Ryman, Oak Ridge National Laboratory

Hardcover, 63.00 (plus shipping and handling), 447 pp.

A thorough compilation of decay schemes and output tables for 242 radionuclides. Detailed information on radiation energy and intensity and on emissions in the decay of radionuclides. Supplies the basis for key commonly used computations, such as calculation of absorbed dose, assay of radioactivity, and evaluation of radionuclide purity. Allows assessment of radionuclide decay in

- Clinical imaging
- RIA
- Radiation therapy

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**800-633-2665**
Did you know that ICD-9 diagnosis codes must be coded to the highest level of specificity or they will be rejected?

Are you aware of the new, revised and deleted CPT codes for nuclear medicine in 1998?

Did you know that a new hospital outpatient prospective payment system called APCs is scheduled for implementation in January 1999?

You will discover the answers to these questions and more at the SNM Reimbursement Seminar for Nuclear Medicine Procedures.

**Topics Include:**

<table>
<thead>
<tr>
<th>Coding Systems</th>
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<tbody>
<tr>
<td>Resource-Based Relative Value Scale (RVUs)</td>
</tr>
<tr>
<td>Hospital Billing</td>
</tr>
<tr>
<td>Reimbursement Resources</td>
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<tr>
<td>ICD-9 Coding</td>
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<td>Use of CPT</td>
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<tr>
<td>Modifiers</td>
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<tr>
<td>Special G Codes for PET Imaging</td>
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<tr>
<td>Medicare's Correct Coding Initiative</td>
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<tr>
<td>Fraud and Abuse</td>
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<tr>
<td>Practice Management</td>
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<tr>
<td>Costing Procedures</td>
</tr>
<tr>
<td>Claims Processing</td>
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<tr>
<td>Managed Care/Contracting</td>
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<tr>
<td>Case Studies</td>
</tr>
</tbody>
</table>

**Presentation Summary:**

This one day workshop will cover major procedural aspects of nuclear medicine services including proper code selection, claim submission and documentation. Nuclear medicine physicians and technologists, medical office managers, key billing and medical records personnel will learn to properly use the current CPT and ICD-9-CM manuals; use HCPCS II for effective coding and billing; understand third party payments; learn about the new G codes for PET imaging; be updated on the new editions of CPT and relevant Medicare changes; be fully cognizant and knowledgeable on the current Correct Coding Initiative; be updated on fraud and abuse policies; learn how to cost a procedure; receive information on managed care and contracting; review common procedures, fine tune coding skills and reimbursement algorithms.

**Speakers:**

Becky Cacciatore, CNMT, FSNMTS
Kenneth A. McKusick, M.D., FACR, FACNP
Michael A. Wilson, M.D., FACNP, FRACP

**Registration Fees:**

$225.00 which includes work book, case studies, continental breakfast, lunch and an afternoon break. Contact Marie Davis at (703) 708-9000 x250 for additional information or a registration form.

**Location and Dates:**

**Southeastern Chapter Meeting**
October 15, 1998
Thursday, 9:30 a.m. to 4:30 p.m.
Birmingham, Alabama

**Western Regional Meeting**
October 21, 1998
Wednesday, 9:30 a.m. to 4:30 p.m.
Long Beach, California

**Greater New York/New England Chapters Meeting**
November 5, 1998
Thursday, 9:30 a.m. to 4:30 p.m.
Newport, Rhode Island

**Accreditation Statement:**

The Society of Nuclear Medicine is accredited by the Accreditation Council for Continuing Medical Education and will offer a maximum of 6.0 hours in category 1 credits towards the AMA Physician Recognition Award. VOICE has approved 6.0 CEH for this session.
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NRC-Related Topics Cover:

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*The Handbook is not a substitute for any regulation or license condition and is not endorsed by the NRC.

Jeffrey S. Mason
Katherine M. Elliott
Alisha C. Mitro

ISBN 0-932004-59-4
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

Mail your entry information (including this completed form) by December 1, 1998 to:

Society of Nuclear Medicine
1998 PR Stars Contest
1850 sunned Morse Drive
Bexton, VA 20190
Fax: 703-708-9018
Telephone: 703-708-9000

Please complete reverse side
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
NEW PAPERS IN NEPHROUROLOGY

Radionuclides in Nephrourology

This collection of articles provides a comprehensive review of the latest nuclear medicine procedures used to evaluate patients with kidney and urinary tract disease. Includes authoritative Consensus Reports that ensure techniques meet basic standards and enhance the utility of tests. The Consensus Reports are a valuable resource helping practitioners to better:

- Analyze test results
- Identify problem areas
- Detect renovascular hypertension
- Measure renal clearances
- Detect obstructive uropathy

HIGHLIGHTING

State-of-the-Art Applications in Nuclear Medicine Nephrourology and Urology

In addition to these timely Consensus Reports, Radionuclides in Nephrourology also includes thirty-nine current articles contributed from leading research institutions throughout the world. Nephrourologists, urologists and internists will find that Radionuclides in Nephrourology is an essential addition to their imaging libraries.

Consensus Reports Cover:

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- Renal Clearance
- Diuresis Renography for Investigating Dilated Upper Urinary Tract

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- Noninvasive Quantification of Individual Renal Function
- Renal SPECT with Dynamic Tracers
- Prostate Cancer Radioimmunoscintigraphy

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The result? Better image quality with the highest possible patient throughput.

To find out more about AXIS and IRIX’s Variable Tangential technology, call a Picker representative at 800.323.0550 or 440.826.1988 or visit our web site at www.picker.com.
**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 Wendy Smith at (703) 708-9000 x242 or via e-mail at wsmith@snm.org@snm.org.
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!

Nuclear Medicine Week is sponsored by the 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.

**Patient Pamphlets:** Use the SNM Patient Pamphlets to educate your patients, the public and referring physicians about nuclear medicine. Use this form to order the Benefits of Nuclear Medicine or call Matthews Medical Books at 1-800-633-2665 to request this or other pamphlets in the series. (Liver, Bone, Renal, Ovarian & Colorectal, Breast, Prostate, Cardiac Stress-Rest Test and Radioiodine)

**ORDERING INFORMATION:** Pre-payment via check, VISA or Mastercard required for all orders.

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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.

- Based on actual clinical cases that contain patient images and clinical information.
- Receive educational feedback to improve your practice skills.
- Compare your case reports with the peer-reviewed model reports.
- Complete all case reports and receive category 1 AMA/PRA credit.
- Simulates a real practice environment.
- No travel required, complete the module at your own pace.

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 Radiopharmaceuticals.

This activity was planned and produced in accordance with the ACCME Essentials.
Introducing PREP
Patient Related Educational Pamphlets

PREP (Patient Related Educational Pamphlets) on disk is now available for a low introductory price!

PREP provides patient information on diagnostic and therapeutic nuclear medicine procedures on a diskette in Microsoft WORD that you can reformat and customize to meet the needs of your institution. The PREP package includes: (1) a diskette of procedures (2) a printed reference page with all file names and (3) samples of how the PREP information can be used.

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.

The cost is only $55 for SNM Members and $65 for non-members.

To order, please use the form on the following page.
### PREP ORDER FORM

- $58 for SNM members.  
  SNM membership #___________
- $68 for nonmembers.

U.S. Postage & Shipping: add $4.50 for one disk; $7.50 for two to four disks; $10.50 for five to ten disks. If you are shipping outside of the U.S., please contact Matthews Medical Books for shipping fees or you will be billed.

**Disk Format:**  _____DOS (windows)  _____Macintosh (windows)

**Payment Information:**  (Prepayment required. No purchase orders accepted.)
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Mail or fax this form and completed credit card information to: Matthews Medical Books, PREP, 11559 Rock Island Court, Maryland Heights, MO 63043. Fax: (800) 421-8816 or (314) 432-7044.

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Positions Needed

Nuclear Medicine Physician
Position available beginning July 1, 1999 for ABNM certified or eligible physician. Preference will be given to candidates completing their residency training in Nuclear Medicine in 1999. The individual will join two nuclear medicine physicians and a 20-member radiology group. Training in all aspects of nuclear medicine is expected, especially nuclear cardiology. The position is mainly clinical with some teaching possible. The hospital-based practice is in Dayton, OH. The nuclear medicine unit has eight gamma cameras and 15 technologists and performs 16,000 procedures annually. Apply with CV to: Radiology Physicians, Inc., c/o Jose De Quinones, MD, 30 W. Rahn Rd., Dayton, OH 45429.

Nuclear Medicine Technologist
The Department of Veterans Affairs, Medical and Regional Office Center, White River Junction, VT is currently recruiting for a full-time Nuclear Medicine Technologist certified or eligible for exam in AART or NMTCB. Salary range $31,897–$41,470. Apply to Human Resources Management Service, VAM & ROC, 215 N. Main St., White River Junction, VT 05009. (802) 296-5144. EOE.

Division Chief, Nuclear Medicine
The Department of Radiology at the Brigham and Women’s Hospital/Dana Farber Cancer Institute and Harvard Medical School is recruiting a chief for its nuclear medicine division. The Division operates at multiple clinical sites and provides a complete range of clinical services, including oncologic, cardiac, neurologic and functional imaging. State-of-the-art instrumentation including SPECT is in place with PET system expected in late 1998. The Division has an outstanding tradition of clinical and basic science research and is affiliated with the Harvard-wide Joint Program in Nuclear Medicine. Candidates should be at the faculty rank of Assistant or Associate Professor and have a record of excellence in academic, clinical and organizational service. Curriculum vitae and letter describing interest, background and qualifications should be sent to: Steven E. Seltzer, MD, Chairman, Department of Radiology, Brigham and Women’s Hospital, 75 Francis St., Boston, MA 02115. Brigham and Women’s Hospital/Harvard Medical School is an affirmative action/equal opportunity educator and employer.

Director, PET Facility
The Division of Imaging Science, Department of Radiology at Indiana University School of Medicine is seeking a qualified individual to fill the position of Director of the PET facility. Successful candidates should have a PhD, MD/PhD or equivalent degree and significant experience with the technical aspects of the operation of a research/clinical PET facility. The successful candidate will be responsible for coordinating the operation of the PET facility on a daily basis, will be responsible for promoting multidisciplinary research activities utilizing the facility and establishing an independent research program. This position is a tenure-track position in the Department of Radiology. Curriculum vitae and a letter describing interests, background and qualification should be sent to: Gary D. Hutchins, PhD, Director, Division of Imaging Science, Department of Radiology, Indiana University School of Medicine, 541 Clinical Dr., Rm. 120, Indianapolis, IN 46202-5111. Indiana University is an equal opportunity/affirmative action employer.

Nuclear Radiologist
The University of Texas Health Sciences Center, San Antonio, Texas (UTHSCSA) is seeking a nuclear radiologist for the University Hospital and the Audie candidate will be appointed at the level of Assistant or Associate Professor depending upon experience. Responsibilities include nuclear radiology and general radiology. Requirements: Diagnostic board certification in radiology and board certification in nuclear medicine or nuclear radiology. UTHSCSA is an equal opportunity/affirmative action employer. Send CV and three professional references to: Stewart Reuter, MD, JD, Chairman, Department of Radiology, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Dr., San Antonio, TX 78284-7800.
Fellowships in the Imaging Sciences Program at the National Institutes of Health

The Radiological and Imaging Sciences Program at the National Institutes of Health (NIH) is accepting applications for two-year fellowship positions beginning July 1999 and July 2000. This fellowship training program provides opportunities in clinical and basic research available in the Departments of Diagnostic Radiology, Nuclear Medicine, Positron Emission Tomography and the Laboratory of Diagnostic Radiology Research. The training program emphasizes research in all aspects of clinical and imaging sciences and image processing. Fellows can choose to work in areas of research including: Neuroimaging, Interventional, Oncological, Vascular and Metabolic Resonance Imaging and Spectroscopy, MR Microscopy, unique PET Radioligands as probes for receptors, specific uptake and metabolic pathways, Contrast Agent development and evaluation for Molecular Imaging, Tissue Perfusion and Metabolism, and innovative image processing and visualization algorithms. Qualified applicants will be able to have clinical exposure to a unique research patient population found at the NIH. Fellows in the Imaging Sciences Program have access to state-of-the-art imaging and computer facilities dedicated to research found in the Clinical Center, In Vivo NMR Research Center and basic science laboratories including both “hot” and “cold” wet chemistry labs and tissue culture facilities.

Applicants should hold a MD or PhD degree and should have completed clinical training in Diagnostic Radiology, Nuclear Medicine or related fields. Applicants from individuals currently in U.S. residency programs may also be considered for research fellowship positions. U.S. citizenship or permanent residents will receive preference for these full-time appointments.

Candidates should submit a Curriculum Vitae, at least 3 letters of reference and a statement of research interest to:
Joseph A. Frank, MD,Chief
Laboratory of Diagnostic Radiology Research
National Institutes of Health
9000 Rockville Pike, Building 10, Room B1N256
Bethesda, Maryland 20892-1074
Fax: 301-402-3216
E-mail: jafrank@helix.nih.gov

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**Certified Nuclear Medicine Technologist**

Excellent opportunity for RTN or CNMT to work in a fast-paced Radiology Department. Required experience in Cardiac, Thyroid Therapy and Radiation safety. Strong interpersonal skills and sound decision making capabilities considered a plus. Must be able to handle a flexible schedule.

Salary commensurate with experience, top dollar shift differentials, comprehensive benefits package, and a generous paid time off plan. Please send your resume or apply to Human Resources, Portsmouth Regional Hospital & Pavilion, 333 Borthwick Ave., Portsmouth, NH 03801. Fax: (603) 433-5152; Job Line: (603) 433-4812. EOE.

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**SPECT Primer**

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.

Whether you’re a working technologist, teacher, or student, the new edition of SPECT: A Primer is a must for your clinical library. No other text available brings together—clearly and authoritative— the essential information you need to understand and use Single Photon Emission Computerized Tomography.

Call toll-free to order your copy today—$30.00 members/$40.00 nonmembers. Matthews Medical Books • 800-633-2665 • (Non-U.S., call 314-432-1401)
Educate Your Patients

SNM Patient Pamphlets Offer the Reassurance Your Patients Need

As a clinician, you know nuclear medicine procedures are safe and effective. But you also know that patients are sometimes uneasy about them. Give your patients peace of mind by providing them with concise and thorough information. Whatever your most commonly ordered procedure, you'll find an SNM Patient Pamphlet that will address your patient education needs.

Start with "The Benefits of Nuclear Medicine." This pamphlet defines commonly performed nuclear medicine procedures, and includes a question and answer section geared for the patient.

Other Patient Pamphlet topics offer your patients descriptions on specific exam preparations, exam procedures and special instructions for your patients to follow when they go home and after their treatment.

- Nuclear Medicine Benefits
- Radioiodine Treatment
- Stress-Rest Test
- Brain Imaging
- Liver and Hepatobiliary Imaging
- Breast Imaging
- Bone Imaging
- Renal Imaging in Children
- Prostate Cancer
- Ovarian and Colorectal Cancer

All pamphlets are 40¢/copy; minimum order of 50.

For more information on SNM books, visit our Web site:
http://www.snm.org

To order the SNM Patient Pamphlet Series contact the SNM's medical fulfillment company, Matthews Medical Books. 800-633-2665
Non-U.S. 314-432-1401 or FAX 314-432-7044
E-mail: rlh@mattmccoy.com
The Society of Nuclear Medicine's Medical Internal Radiation Dose Committee serves as the international clearinghouse for data concerning the use of radionuclides in humans. Like the MIRD Primer and Radionuclide Data and Decay Schemes, the new MIRD Cellular S Values promises to become a standard reference publication within all diagnostic imaging centers.

**MIRD Cellular S Values**

Cellular absorbed-dose estimates play an important role in evaluating the relative merits of different radionuclides and radiopharmaceuticals in improving the overall safety and efficacy of diagnostic and therapeutic nuclear medicine.

*MIRD Cellular S Values* provides nuclear medicine facilities the data necessary in estimating absorbed dose at the cellular level from intracellularly localized radionuclides using cellular S values for emitters of monoenergetic electrons and alpha particles.

A thorough introduction explains the Cellular Model and Cellular Dosimetry, along with examples in the use of the tables. Three appendices include cellular S values for Selected Radionuclides, Monoenergetic Electron Emitters, and Monoenergetic Alpha Particle Emitters.

**MIRD Primer for Absorbed Dose Calculations**

Revised Edition

The *MIRD Primer* is unquestionably the standard reference on absorbed dosage of radiopharmaceuticals in human beings, offering a thorough review of absorbed dose calculations used in the application of radiopharmaceuticals to medical studies. Included are detailed explanations of MIRD schema, examples of the application of the schema, dose estimates and technical appendices.

**MIRD Radionuclide Data and Decay Schemes**

A thorough compilation of decay schemes and output tables for 242 radionuclides. Detailed information on radiation energy and intensity and on emissions in the decay of radionuclides. Supplies the basis for key commonly used computations, such as calculation of absorbed dose, assay of radioactivity, and evaluation of radionuclide purity.

To order, simply call Matthews Medical Books at their toll free number: **800-633-2665**

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Visit the SNM Web site: [http://www.snm.org](http://www.snm.org)
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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- Radiation Safety
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- Patient Care
- Clinical Procedures

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

And if your library doesn’t include the recently updated The Review of Nuclear Medicine Technology, you’re missing the single most effective exam study text you can own. New material includes the latest information on NRC regulations, recently introduced radiopharmaceuticals, and an expanded section on the rapidly growing field of nuclear cardiology.

And if you buy BOTH “Preparation” and the “Review,” you’ll save $5.00 off the “Preparation” cover price.

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1-800-633-2665 (non-U.S. 314-432-1401, or Fax: 314-432-7044).
Renew Your Perspective on Nuclear Medicine Oncology and Cardiology With SNM’s All-New Self-Study Series

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

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

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

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

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

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

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