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.
Profile Attenuation Correction

Emory Cardiac Toolbox

Cedars Gated SPECT Quantification

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 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 NaI 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” NaI detector or a 2” x 2” NaI crystal with 1” shielding.

Phone or fax us today!
Delivery from stock ... the CAPRAC-R.
Decisive information keeps you on course

Guiding you to optimal intervention for neuroendocrine tumors

- Somatostatin receptor scintigraphy with OctreoScan detects and localizes primary tumors and metastatic spread often missed by conventional imaging (sensitivity varies 61%-100%, depending on tumor type).¹

- 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

- Transient adverse effects including dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness were observed in less than 1% of 538 patients during clinical trials.

- Please see the prescribing information for special considerations regarding patients receiving total parenteral nutrition or concurrent octreotide acetate therapy and patients with insulinoma or impaired renal function.

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

*Gastroentero-pancreatic neuroendocrine tumors

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

Please see adjacent page for brief summary of prescribing information.
BRIEF SUMMARY OF PRESCRIBING INFORMATION

DESCRIPTION
OctreoScan® is a kit for the preparation of indium-111 pentetreotide, a diagnostic radiopharmaceutical. It is a kit consisting of two components:
1. A 10-mL OctreoScan Reaction Vial which contains a radio labeled mixture of 30 μg pentetreotide
2. A 10-mL vial of indium-111 Chloride Sterile Solution

INDICATIONS AND USAGE
Indium-111 pentetreotide is an agent for the scintigraphic localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors.

CONTRAINDICATIONS
None known.

WARNINGS
DO NOT ADMINISTER IN TOTAL PARENTERAL NUTRITION (TPN) ADMIXTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES. IN THESE SOLUTIONS, A COMPLEX GLUCOSE/IN-111 OCTREOTIDE CONJUGATE MAY FORM.

The sensitivity of scintigraphy with indium-111 pentetreotide may be reduced in patients concurrently receiving therapeutic doses of octreotide acetate. Consideration should be given to temporarily suspending octreotide acetate therapy before the administration of indium-111 pentetreotide and monitoring the patient for any signs of withdrawal.

PRECAUTIONS
General
1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinoa. Since pentetreotide is an analog of octreotide, an intravenous line is recommended in any patient suspected of having an insulinoa. 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 are NOT to be administered separately to the patient.
3. Since indium-111 pentetreotide is eliminated 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 be instructed to drink fluid and void frequently for one day after administration of the 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 tested for labeling yield of radioactivity prior to administration. The product must be used within an hour 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 fat 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 radioactive material, appropriate shielding should be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other persons.
9. Radiopharmaceuticals 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 mouse lymphoma forward mutation assay and an in vivo mouse micronucelus 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. 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 the 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 538 patients: diaphoresis, fever, flush, headache, hypotension, changes in liver enzymes, pain, paresthesia, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of bradycardia and one case of decreased hemocrit 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 subcutaneous. The following adverse reactions have been associated with octreotide in 3% to 10% of patients: nausea, injection site pain, diarrhea, abdominal pain/diarrhoea, loose stools, and vomiting. Hypertension 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 freely. Elimination of extra fluid intake will help reduce the radiation dose by flushing out unbound, labelled 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 insulinoa, bowel-cleansing should be undertaken only after consultation with an endocrinologist.

The recommended intravenous dose for imaging is 111 MBq (3.0 mCi) of indium-111 pentetreotide prepared from an OctreoScan 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 radionuclide counter immediately before administration.

With all intravenously administered products, OctreoScan 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 OctreoScan in TPN solutions or through the same intravenous line.

Radiation Dosimetry
The estimated radiation dose 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 presented by Kennguth, et al.9

Estimated Absorbed Radiation Doses after Intravenous Administration of Indium-111 Pentetreotide9 to a 70 kg Patient

<table>
<thead>
<tr>
<th>PLANAR</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>108.32</td>
</tr>
<tr>
<td>Liver</td>
<td>24.31</td>
</tr>
<tr>
<td>Spleen</td>
<td>14.77</td>
</tr>
<tr>
<td>Uterus</td>
<td>1.27</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.96</td>
</tr>
<tr>
<td>Testes</td>
<td>0.56</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.69</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>6.05</td>
</tr>
<tr>
<td>GI Tract</td>
<td>26.06</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>1.13</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>0.96</td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td>1.16</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>1.55</td>
</tr>
<tr>
<td>Adrenals</td>
<td>1.51</td>
</tr>
<tr>
<td>Thyroid</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Effective Dose Equivalents

<table>
<thead>
<tr>
<th>Value (mCi)</th>
<th>Effective Dose Equivalent (rem)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>1.0</td>
</tr>
<tr>
<td>20</td>
<td>2.0</td>
</tr>
<tr>
<td>50</td>
<td>5.0</td>
</tr>
<tr>
<td>100</td>
<td>10.0</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% indium-114m radionuclide at calibration.
3. Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculi.
4. Estimated according to ICRP Publication 53.

HOW SUPPLIED
The OctreoScan kit, NDC 0019-9050-40, is supplied with the following components:

1. A 10-mL OctreoScan Reaction Vial which contains a radio labeled mixture of:
   (i) 10 μg pentetreotide [N-D-phenylalanine/111m-In(123I)/L-histidine/1,2-D-phenylalanine/111m-In(123I)/L-phystoylglycine/L-phenylalanine/111m-In(123I)]
   (ii) 10 μg octreotide acetate [N-D-phenylalanine/111m-In(123I)/L-histidine/1,2-D-phenylalanine/111m-In(123I)/L-phystoylglycine/L-phenylalanine/111m-In(123I)]
   (iii) 2.0 mg sodium bicarbonate, anhydrous.
   (iv) 4.5 mg sodium citrate, anhydrous.
   (v) 0.37 mg citric acid, anhydrous.
   (vi) 10 mM sodium phosphate.

Before hypophysis, sodium hydroxide or hydrochloric acid may have been added for pH adjustment. The final contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

2. A 10-mL vial of Indium-111 Chloride Sterile Solution, which contains 1.0 mL of Indium-111 Chloride Solution, 0.0 mL of 0.5% Sodium Chloride at time of calibration. The vial also contains lime chloride at a concentration of 3.5 μg/mL, ferric ion, 12 μg/mL. The final contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

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

MALLINCKRODT
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Nuclear Medicine Self-Study Programs in Cardiology

Renew Your Perspective on Nuclear Medicine Cardiology with the SNM’s All-New Self-Study Series

Whether you’re a nuclear medicine resident preparing for your board exams, or a veteran clinician, the Nuclear Medicine Self-Study Program series in Cardiology will meet your self-assessment needs. These Self-Study Programs offer an innovative package and approach to ensure that you receive timely, targeted materials as soon as they’re available.

The all-new Cardiology Self-Study series offers eight topics, a new topic published every three months. Each topic is clearly written by experts in the field with annotated references, challenging questions and extensive answers with critiques. Publication dates are in parenthesis.

Cardiology Topics
Series Editor: Elias H. Botvinick, MD

- **Published**
  - **Topic 1:** Physical and Technical Aspects of Nuclear Cardiology (October 1997)
    - Contributors: Ernest Garcia, MD; Elias Botvinick, MD; Bruce Hasagawa, PhD and Neil Ratzlaff, MS; CNMT
    - ISBN 0-932004-52-0
    - Price: $25 (SNM members); $35 (nonmembers)
  - **Topic 2:** Pharmacologic Stress (June 1998)
    - Contributors: Mario S. Verani, MD; Jeffrey Leppo, MD; Elias H. Botvinick, MD; Michael W. Dae, MD and Susan Alexander, MD
    - ISBN 0-932004-60-1
    - Price: $45 (SNM members); $60 (nonmembers)
  - **Topic 3:** Cardiac PET Imaging (September 1998)
    - Contributors: Richard A. Goldstein, MD; Randall A. Hawkins, MD; PhD; Edward M. Geitman, MD; Carl Hoh, MD; Richard Brunken; MD; Yong Choi, PhD; Maria Sciammarella and Elias H. Botvinick, MD
    - ISBN 0-932004-54-7
    - Price: $35 (SNM members); $50 (nonmembers)
  - **Topic 4:** Radionuclide Assessment of Congenital Heart Disease (September 1998)
    - Contributor: Michael W. Dae, MD

- **Note:** Topics 3 and 4 appear in one volume.

Contributors in remaining Self-Study Cardiology topics include: Drs. Daniel S. Berman, MD; Cedars-Sinai Medical Center, Los Angeles; Elias Botvinick, MD; University of California, San Francisco; Jamshid Maddahi, MD; UCLA; Los Angeles; H. William Strauss, Stanford University Medical Center, Stanford; and Mario S. Verani, Methodist Hospital, Houston.

- **Published**
  - **Topic 5:** Myocardial Perfusion Imaging by Single-Photon Radionuclides, part I (February 1998)
    - ISBN: 0-932004-57-1
  - **Topic 6:** Myocardial Perfusion Imaging by Single-Photon Radionuclides, part II (Spring 1999)
  - **Topic 7:** Imaging Acute Myocardial Infarction (Summer 1999)
  - **Topic 8:** Radionuclide Ventriculography (Fall 1999)
    - ISBN: 0-932004-56-3

To order, simply contact SNM’s book distributor, Matthews Medical Books, at their toll free number (800) 833-2665 (non-U.S. 314-432-1401), or Fax: (314) 432-7044. If you choose to order the complete series, please have your credit card number ready when calling Matthews Medical Books. Each topic will be automatically sent to you as they are released. Your credit card will only be charged once a topic is ready for shipping.

A similar Self-Study Series on Nuclear Oncology is also available. Look for advertisements in JNM and check SNM’s on-line book catalog (www.snm.org) for future updates.
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**Series Editor:** Thomas P. Haynie, MD  
**Oncology Series Writers:** Gerald L. Denardo, MD, Randall Hawkins, MD, PhD, E. Edmund Kim, MD, Alexander J. McEwan, MD, Hani A. Nabi, MD, Patrice K. Rehm, MD, Edward B. Silberstein, MD and Richard Wahl, MD

**Published**

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**Published**

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ISBN 0-932004-61-x

**Topic Booklet 4:** PET Tumor Imaging (Spring 1999)  

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**Location and Dates**
Fort Lauderdale Marina Marriott, Fort Lauderdale, Florida
Monday, February 8 and Tuesday, February 9, 1999

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Please visit the Society of Nuclear Medicine Home Page at www.snm.org or call SNM Department: Meeting Services (703) 708-9000, ext. 229

What does the future hold for the practice of nuclear medicine? Where will today's technical advances take the field in the next five to ten years? Learn about the history of nuclear medicine instrumentation, its recent advances and its future directions. Also learn about the recent advances and future directions in the field of radiotracer development. Evaluate how recent technical developments will impact the future of clinical nuclear medicine. Presentations will be given from the perspectives of clinical and physical scientists with an eye on the current state-of-the-art and a vision of the future.

<table>
<thead>
<tr>
<th>Rates</th>
<th>Before 1/8/99</th>
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<tr>
<td><strong>Physicians/Scientists</strong></td>
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<tr>
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<tr>
<td>Students</td>
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</table>
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- Based on actual clinical cases that contain patient images and clinical information.
- Receive educational feedback to improve your practice skills.
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SNM PEP is sponsored by an educational grant from MDS Nordion and DUPONT PHARMA Radiopharmaceuticals.

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46th Annual Meeting

LOS ANGELES, CALIFORNIA

June 6-10, 1999

INQUIRIES:
Society of Nuclear Medicine
Department: Meeting Services
1850 Samuel Morse Drive
Reston, VA 20190
Phone: (703) 708-9000 x229
Fax: (703) 709-9274
www.snm.org

LOCATION:
Los Angeles Convention Center
1201 South Figueroa Street
Los Angeles, CA 90015

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

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

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

Continuing Education
Monday, June 7, 1999 through Thursday, June 10, 1999
Member Pre-Registration On-Site
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Technologist $205 $255
Non-Member
Physician/Scientist/Pharmacist $530 $590
Technologist $395 $450
Companion $55 $55

EXHIBITS:
Monday, June 7, 1999 through Thursday, June 10, 1999
Exhibit space is $21.50 per square foot.
Contact Jane Day at jday@snm.org for further information.

HOW TO OBTAIN PRE-REGISTRATION AND HOUSING FORMS:
1. The SNM Web Site, www.snm.org, starting January
2. Fax-On-Demand*, starting January
3. The Journal of Nuclear Medicine, February Issue
4. The Journal of Nuclear Medicine Technology, March Issue

HOW TO OBTAIN A FREE COPY OF THE SOFTWARE THAT YOU WILL NEED TO SUBMIT YOUR ABSTRACT:
1. DOWNLOAD Submitter Assistant Software for the PC/Mac from the SNM Web Site at www.snm.org or-
2. REQUEST a copy of the Submitter Assistant on diskette from Medical Support Systems (MSS) at:
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Cambridge, MA 02138-5394
USA
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WHERE DO YOU FIT IN?

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

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

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

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Participants receive standard reports on utilization by procedure, place of service, type of patient, etc.

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

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

All information is confidential.
For more information or to participate in this program, contact UA Project Coordinator at (703) 708-9000 x255 or e-mail: wsmith@snm.org.
The 1999 examination will be given Sunday, June 6, 1999 in Los Angeles, CA in conjunction with the 46th Annual Meeting of the Society of Nuclear Medicine.

The examination is written and consists of two parts —

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

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

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

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

For applications and more information, please contact:

ABSNM Exam Coordinator
American Board of Science in Nuclear Medicine
c/o The Society of Nuclear Medicine
1850 Samuel Morse Drive, Reston, Virginia 20190-5316
Tel: (703) 708-9000, ext. 227 • Fax: (703) 708-9013

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