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 standard in clinical excellence

logy

Siemens medical Solutions that help
When making patient management decisions...

"Should he go to cath or not?"

Measure perfusion defects\(^1-4\) with Cardiolite; and your decision becomes clear.

You need to know. So does he. With Cardiolite\(^5\), you get perfusion and function in a single, noninvasive test\(^6,7\) for actionable, clinically relevant information to help you decide if cardiac catheterization is appropriate.\(^8\)

By measuring perfusion defect size, you can determine extent and severity of CAD.\(^9\) From the same test, you also get an extra measure of information with left ventricular function.\(^10\) If his stress study with Cardiolite\(^5\) is normal, you'll know he has a very low risk of a serious cardiac event during the next year.\(^11-14\) If his stress study with Cardiolite\(^5\) is abnormal, cath may be the next step,\(^14\) especially if EF is low, or if the defect size is moderate to severe.\(^15\)

That's the kind of clear, reliable, and reproducible information you need to make patient management decisions with confidence. So, when the question is whether to cath or not, order Cardiolite\(^5\). It clears your line of vision.

For more information contact us at 1-800-343-7861 or www.cardiolite.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 the following page.

![Cardiolite Logo](image)
INDICATIONS AND USAGE: Myocardial Imaging: CARDiOLite®, Kit for the Preparation of Technetium TcmSestamibi for Injection, is a myeroischemia agent that is indicated for detecting coronary artery disease by localizing myocardial ischemia (reversible defects of myocardium that should be observed on an overlaying SPECT planar or tomographic image) using myocardial function and developing information for use in patient management decisions. CARDiOLite evaluation of myocardial ischemia is accomplished with rest and stress imaging: e.g., exercise or pharmacologic stress in accord with the appropriate stress agent's labeling.

It is usually not possible to determine the age of a myocardial perfusion defect in the presence of a superimposed ischemic myocardial injury. A positive stress test or wall motion abnormality may be present in a normal heart, and these findings may be mimicked by an ischemic myocardial injury in the presence of a normal cardiac perfusion image. The term "MI" or "MI-like" in this labeling is not intended for breast cancer screening, to confirm the presence or absence of malignancy, and should be interpreted as an alternative.

CONTRAINDICATIONS: None known.

WARNINGS: In studies of patients in whom cardiac disease is known or suspected, care should be taken to assure that the patient is appropriately hydrated and treated and not fasted with safe, accepted clinical procedures. Infrequently, deaths have occurred 4 to 24 hours after Technetium TcmSestamibi use and is usually associated with exercise stress testing (See PRECAUTIONS).

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

Technetium TcmSestamibi has been rarely associated with acute severe allergic and anaphylactic events of angioedema and generalized urticaria. In some patients the allergic symptoms developed on the second injection during CARDIOLite or CARDiOLite for injection (MI-LIKE) patients who are receiving the same drug. Caution should be exercised and emergency equipment should be available when administering Technetium TcmSestamibi. Also, before administering either CARDiOLite or CARDiOLite for injection, the patient should be asked about the possibility of allergic reactions to either drug.

PRECAUTIONS:

General: The lesions of the vial are intended only for use in the preparation of Technetium TcmSestamibi and not to be administered directly to the patient without first undergoing the preparative procedure.

Radiopharmaceuticals should be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to the patient during and after the diagnostic evaluation.

Contents of the kit before preparation are not radioactive. However, after the Sodium Pertechnetate Tcm Injection has been mixed with Technetium TcmSestamibi, the mixture contains 37 MBq (1 MBq/mL) in a 5 mL vial.

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

Technetium TcmSestamibi administration reactions involve depend on maintaining the stannous ion in the reduced state. Hence, Sodium Pertechnetate Tcm Injection containing oxidized sodium stannate should not be used.

Technetium TcmSestamibi is indicated for use more than 24 hours after preparation.

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

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

The most frequent exercise stress test endpoints, which resulted in termination of the test during controlled Technetium TcmSestamibi studies (two-thirds of patients were men). Pain, 33%; Dyspnea, 17%; Chest Pain, 16%; ST Depression, 7%; Arrhythmia, 4%.

Information for Patients: CARDiOLite and CARDiOLite for injection are different names for the same drug. Patients should be advised that their health care provider may have had an allergy to any of these drugs if the patient has had an allergy to either of these drugs or if they have had an imaging study with either drug. CARDiOLite and CARDiOLite for injection are different names for the same drug.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In comparison with most other diagnostic technetium labeled radiopharmaceuticals, the radiation dose to the ovaries (1.5 rad/30 min at exercise) is high. Minimal exposure (ALARA) is necessary in women of childbearing capability. (See abbreviations and abbreviations & units).

The active intermediate, (Cu(MII)ferric), was evaluated for genotoxic potential in a battery of five tests. No genotoxic activity was observed in the Ames, CHO/STRT and sister chromatid exchange tests (all in vitro). At cytotoxic concentrations (≥ 20 μM), increase in cells with chromosome aberrations was observed in the in vivo human lymphocyte assay. (Cu(MII)ferric) did not show genotoxic effects in the in vivo mouse micronucleus test or in the bone marrow toxicity (0 mg/kg, > 800 X MTD). (See abbreviations and abbreviations & units).

Preparation Procedure C: Animal reproduction and teratogenicity studies have not been conducted with Technetium TcmSestamibi. It is also not known whether Technetium TcmSestamibi can cause fetal abnormalities when administered to a pregnant woman or if it affects reproductive capacity after administration in pregnant women. Technetium TcmSestamibi should be given to a pregnant woman only if clearly needed.

Nursing Mothers: Technetium TcmSestamibi is excreted in human milk during lactation. It is not known whether Technetium TcmSestamibi is excreted in human milk. Therefore, formula feedings should be substituted for breast milk.

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

ADVERSE REACTIONS: Adverse events were evaluated in 3741 adults who were evaluated in clinical studies. Of these, 2258 (61%) were women, and 67% of the patients who agreed to be recorded were in cardiac clinical trials and 673 (100%) women in breast imaging trials. Cases of angina, chest pain, and death have occurred (see WARNINGS and PRECAUTIONS). Adverse events reported at a rate of 2% or greater after receiving Technetium TcmSestamibi administration are shown in the following table:

<table>
<thead>
<tr>
<th>Body System</th>
<th>Cardiac Studies</th>
<th>Women</th>
<th>N = 673</th>
<th>Male</th>
<th>N = 567</th>
<th>Total</th>
<th>N = 1240</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body as a Whole</td>
<td>23 (1.1%)</td>
<td>6 (0.9%)</td>
<td>17 (0.3%)</td>
<td>23 (0.8%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carcinoid</td>
<td>0 (0%)</td>
<td>1 (0.2%)</td>
<td>1 (0.2%)</td>
<td>1 (0.2%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragmatic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GU</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematopoietic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormonal</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunologic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Neoplastic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Neurological</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nervous</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skin</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Excluding patients whose conditions were not recorded.

In the clinical studies for breast imaging, breast pain was reported in 12 (1.7%) of the patients. In 11 of these patients the pain appeared to be associated with biopsy/surgical procedures.

Tracer Imaging: The tracer has been reported in 5% of patients: signs and symptoms consistent with seizure occurring shortly after administration of the tracer; transient arthralgia; angioedema, arthralgia, dyspnea, syncope, abdominal pain, vomiting, and severe hypersensitivity characterized by dyspnea, hypotension, bronchospasm and vomiting within two hours of injection. To a single injection of Technetium TcmSestamibi: A few cases of flashing, edema, injection site inflammation, dry mouth, fever, pruritus, rash, urticaria and angioedema have been reported.

DOSE AND ADMINISTRATION: For Myocardial Imaging: The suggested dose range for 1L administration of CARDiOLite® in a single dose to be employed in the average patient (70 kg) to 370 to 1110 MBq (10 to 30 mCi).

For Breast Imaging: The recommended dose range for 1L administration of MI-LIKE® is a single dose of 740 to 1110 MBq (20 to 30 mCi).
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.*

**STRONG FINISH**
- Imaging comparable to exercise.
- Lower cost-per-case than dipyridamole.²
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
For Intravenous Infusion Only
DESCRIPTION
Adenoscan is an endogenous nucleoside occurring in all cells of the body. It is chemically 5-amino-9-beta-D-ribosyluracil-1-H-pyrimidine.
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.s. The pH of the solution is between 4.5 and 5.3.
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 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 bronchoconstrictive or bronchospastic 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 resuscitation), and nonfatal myocardial infarction have been reported coincident with Adenoscan injection. Patients with uncontrolled atrial fibrillation may be at greater risk.
Seminomial and Atrioventricular Nodal Block
Adenoscan may produce transient effect on the SA and AV node and has the potential to cause first-, second-, or third-degree AV block, or sick sinus bradycardia. Approximately 0.3% of patients develop AV block with Adenoscan, including first-degree (2.6%), second-degree (2.9%) and third-degree (0.0%) heart block. AV block has 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 sions syndrome (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 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 likely to be able to maintain blood pressure and heart rate. However, Adenoscan should be used with caution in patients with autonomic dysfunction, chronic ventricular heart disease, pericardial or pericardial effusion, idiopathic or functional carotid artery disease, heart failure, or hypertension, or uncontrolled, if, due to the risk of hypotensive complications in these patients. Adenoscan should be discontinued in any patient who develops persistent or symptomatic hypotension.
Hypersensitivity
Increases in systolic and diastolic pressure have been observed (as great as 140 mm Hg systolic in one case) concomitant with Adenoscan infusion; most increased resolved spontaneously within several minutes, but in some cases, hypotension lasted for several hours.
Bronchospasm/Spasmodic
Adenoscan (adenosine) is a peripheral vasodilator and can cause bronchoconstriction. Adenoscan has been reported to cause bronchoconstriction in asthmatics, 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 mild to moderate exacerbation of their symptoms has been reported. Respiratory compromise has occurred during Adenoscan infusions in patients with obstructive pulmonary disease. Adenoscan should be used with caution in patients with obstructive lung disease not associated with bronchitis, bronchiectasis, emphysema, bronchospasm (e.g., atopic, asthmatic, bronchitis, etc.) and should be avoided in patients with bronchocarctisis or bronchospasm (e.g., asthma). Adenoscan should be discontinued in any patient who develops severe respiratory difficulties.
PRECAUTIONS:
Drug Interactions
Intravenous 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 its effects in combination with other agents has not been systematically evaluated.
Because of the potential for additive or synergistic depressive effects on the SA and AV nodes, however, Adenoscan should be used with caution in the presence of these agents. The vasodepressive effects of Adenoscan are inhibited by adenosine receptor antagonists such as dipyridamole (e.g., dilaudide and theophylline). The safety and efficacy of Adenoscan in the presence of these agents has not been systematically evaluated. The safety and efficacy of Adenoscan in the presence of shared effects with other agents has not been systematically evaluated. Whenever possible, drugs that might inhibit or augment the effects of Adenoscan should be avoided for at least five half-lives prior to the use of Adenoscan.
Cardiovascular, Miscellaneous, Impairment of Fertility
Studies in animals have not been performed to evaluate the carcinogenic potential of Adenoscan (adenosine). Adenosine was negative for genotoxic potential in the Salmonella (Ames Test) and Mammalian Microsome Key.
Adenosine is metabolized in animals (present for several doubling times of cells in culture, is known to produce a variety of chromosomal alterations, in rats and mice, adenosine administered intraperitoneally once a day for five days at 50, 100, and 150 mg/kg, 10-30 total and 0.15 (nontissue human dosage on a mg/m² basis) caused decreased spermatogenesis and increased numbers of abnormal sperm, a reduction of the ability of adenosine to produce chromosomal damage.
Pregnancy Category C
Animal reproduction studies have not been conducted with Adenoscan; 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 halflife of adenosine, 10.8% of the side effects occurred not with the infusion of Adenoscan but several minutes after the infusion was terminated. Also, 3.4% of the side effects that began during the infusion were complete. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.
Flushing 44%
Hypotension (systolic decrease) 13%
Second-degree AV block 3%
Gastrointestinal disorder 12%
Hypertension 2%
Lightheadedness/dizziness 12%
Paresthesia 2%
Dyspnea or urge to breathe deeply 29%
Nausea 9%
Hypertension (diastolic decrease) 12%
Hypotension 2%
Upper extremity paresthesia 2%
Hypotension 2%
Heat, neck, or jaw discomfort 19%
First-degree AV block 3%
Arthralgia 1%
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: nonsystolic myocardial ischemia; life-threatening ventricular arrhythmias; third-degree AV block; bradycardia; palpitation; sinus slow; sinus arrest; sinus pause; bradycardia; T-wave changes; hypertension (systolic blood pressure >200 mm Hg).
Central Nervous System: dizziness; emotional instability; tremor.
Gastrointestinal System: vomiting; nausea; upper gastrointestinal bleeding.
Respiratory System: cough.
Special Senses: blurred vision; dry mouth; ear discomfort; metallic taste; nasal congestion; scotomas; tongue discomfort.
OVERDOSE:
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. Although delayed or path cardiac and thoracic effects have been reported, these occur rarely, if ever. After Adenoscan the adenosine receptor antagonists and theophylline have been used to effectively terminate persistent side effects. In controlled U.S. clinical trials, theophylline (50-125 mg slow intravenous injection) was needed to abort Adenoscan side effects in less than 2% of patients.
DOSEAGE AND ADMINISTRATION:
For intravenous injection only.
Adenoscan should be given as a continuous peripheral intravenous infusion.
The recommended intravenous dose for adults is 140 mcg/kg/min infused for at least 5 minutes (total dose 0.84 mg/kg).
The required dose of thallium-201 should be injected at the midpoint of the Adenoscan infusion (i.e., after the first three minutes of Adenoscan). Thallium-201 is physically compatible with Adenoscan and may be injected directly into the same line. The injection should be as close to the venous access as possible to prevent an inadvertent increase in the dose of Adenoscan (the contents of the IV tubing bag) were used. There are no data on the safety or efficacy of alternative Adenoscan and thallium-201 microencapsulation.
ADVICE TO PATIENTS:
Intravenous adenosine therapy is administered by trained personnel. They should be instructed to observe the patient throughout the infusion and for some time after. After the infusion, patients should be observed for a short while. They may be discharged in a normal state, provided they are observed. For more information, please visit www.adenoscan.com.
See what you are Missing
40% more coverage in 50% less time with the DST-XLi

Normal bone scan demonstrating greater long axis coverage and excellent image quality.

VCR™ FDG coincidence image of a large necrotic tumor in the left lobe of the liver and small metastases in the mediastinum.
When it comes to giving you the longest viewing area, no other camera comes close to matching the DST-XLi. Its 54.0cm (21.3 inch) FOV and unique long axis orientation delivers up to **40% more coverage from a single scan.** That covers the entire torso for most tomographic procedures - like bone metastasis or spinal evaluation - and is ideally suited for FDG coincidence imaging.

What's more, the DST-XLi delivers its **increased coverage in 50% less time.** Instead of requiring two complete scans to cover the entire torso - as with conventional short axis detector cameras - the DST-XLi does it in one. Think of the efficiency this will give your department. Not to mention the increased patient comfort from getting them off the table in half the time.
Get the Big Picture

If you insist on making your diagnosis based on seeing the most information possible - but scanning patients twice to image the entire torso is more than your schedule and staff can handle - get the big picture with the DST-XLi. Not only do you get more information, you get image quality that is second to none. And, with the unique design of the DST-XLi, you will have the flexibility to image patients in virtually any position. The detectors independently swivel to easily accommodate patients on any type of bed. Rotate the patient table 90 degrees and the 54.0cm long axis FOV becomes the premium single-pass whole body camera system you have always wanted. For more information on the DST-XLi and the many benefits you will enjoy, give us a call or visit our web site at http://www.smvnet.com.
Our patented CellSeek™ technology finds and treats disease at its earliest stages, by identifying its unique biochemical markers.

From earlier cancer detection and pinpoint-accurate treatment, to distinguishing benign from malignant disease processes, to easing the pain of bone cancer, treating cardiovascular disease and more...Diatide's patented technology is opening up a world of diagnostic and therapeutic opportunity that's only been hinted at before.

Our unique technology links synthetic peptides with the commonly used radioisotope technetium-99m. This inspired combination gives our patented compounds the ability to bind to molecular targets on diseased tissue, for the earliest possible detection of disease.

As exciting as our Techtides® are for diagnosis, the therapeutic extension of this technology—Theratides™—can deliver therapy directly to disease sites, for magnified treatment efficacy with minimized side effects.

The promise of our innovative approach has been recognized by expedited evaluation of our first two new drug applications. And with a steady pipeline of products in various stages of development, we're doing some expediting of our own: ushering in an era of new hope for millions of patients.

www.diatide.com
NASDAQ:DITI
1-877-DIATIDE

Diatide, Inc.
For a better way to find—and fight—disease.
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).
- 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

See your way clear

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

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 In-111 pentetreotide, a diagnostic radiopharmaceutical. It is a kit consisting of two components:

1. A 10-mL vial of Indium In-111 Chloride Sterile Solution. Indium In-111 pentetreotide is prepared by combining the two kit components.

INDICATIONS AND USAGE

Indium In-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 GLYCOSYL OCTREOTIDE CONJUGATE MAY FORM.

The sensitivity of scintigraphy with indium In-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 In-111 pentetreotide and to monitoring the patient for any signs of withdrawal.

PRECAUTIONS

General

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

2. The contents of the two kits supplied with the kit are intended only for use in the preparation of indium In-111 pentetreotide and are NOT to be administered separately to the patient.

3. Since indium In-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 two hours before the administration of indium In-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 In-111 pentetreotide (see Dosage and Administration section).

5. Indium In-111 pentetreotide should be tested for labeling yield of radioactivity 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 In-111 pentetreotide.

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

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

9. Radiochemicals 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 In-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 in vivo mouse micronucleus assay; evidence of mutagenicity was not found.

Pregnancy Category C

Animal reproduction studies have not been conducted with indium In-111 pentetreotide. It is not known whether indium In-111 pentetreotide can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Therefore, indium In-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 In-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 548 patients: dizziess, fever, flush, headache, hypotension, changes in liver enzymes, pain, nausea, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of bradycardia and one case of decreased hemoglobin and hematocrit.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms from certain tumors. The usual dose for indium In-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/diarrhea, loose stools, and vomiting. Hypersensitivity and hyper- and hypoglycemia have also been reported with the use of octreotide.

DOSE AND ADMINISTRATION

Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids heavily. Elimination of extra fluid intake will help reduce the radiation dose by flushing out bound, 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 radiopharmaceutical 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 insulinsoma, 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 In-111 pentetreotide prepared from an OctreoScan kit. The recommended intravenous dose for SPECT imaging is 555 MBq (15.0 mCi) of indium In-111 pentetreotide.

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

As 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.

Dosage and Administration

1. A 10-mL vial of Indium In-111 Chloride Sterile Solution, which contains a labeled mixture of:

   (i) 10 μg pentetreotide [N-hexadecyl-N,N,N',N'-tetraacetic acid-N-acetyl-D-phenylalanine-L-homocysteic-D-phenylalanine-D-tyrosine-L-tryptophan-L-homocysteic-D-tryptophan cyclic (2-7) disulfide] (also known as octreotide DTPA),

   (ii) 2.0 mg gentamicin [2,5-dihydroxybenzoic acid],

   (iii) 4.5 mg sodium citrate, antihystrolyzate,

   (iv) 0.375 mg citric acid, antihystrolyzate,

   (v) 10.0 mg of sodium citrate.

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

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

In addition, the kit also contains the following items: (i) A 25 G x 5/8" needle (BD Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial, (ii) a pressure sensitive label, and (iii) a package insert.

HOW SUPPLIED

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

1. A 10-mL vial of Indium In-111 Chloride Sterile Solution, which contains a labeled mixture of:

   (i) 10 μg pentetreotide [N-hexadecyl-N,N,N',N'-tetraacetic acid-N-acetyl-D-phenylalanine-L-homocysteic-D-phenylalanine-D-tyrosine-L-tryptophan-L-homocysteic-D-tryptophan cyclic (2-7) disulfide] (also known as octreotide DTPA),

   (ii) 2.0 mg gentamicin [2,5-dihydroxybenzoic acid],

   (iii) 4.5 mg sodium citrate, antihystrolyzate,

   (iv) 0.375 mg citric acid, antihystrolyzate,

   (v) 10.0 mg of sodium citrate.

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

In addition, the kit also contains the following items: (i) A 25 G x 5/8" needle (BD Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial, (ii) a pressure sensitive label, and (iii) a package insert.

Increase patient throughput—with rapid hepatic clearing, highly efficient MYOVIEW

Give your nuclear department “rapid clearance” capability with MYOVIEW. MYOVIEW clears quickly from the blood, liver, and lungs\(^1\)\(^3\) for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection).\(^1\) The clearance properties of MYOVIEW allow for highly flexible camera scheduling and enhanced patient management. Any way you look at it, you’re cleared for efficiency with MYOVIEW.

In studying patients with known or suspected coronary artery disease, care should be taken to ensure continuous cardiac monitoring and the availability of emergency cardiac treatment.

References:

MYOVIEW. The image of efficiency.
Kit for the Preparation of Technetium Tc99m Tetrofosmin for Injection
Diagnostic Radiopharmaceutical for intravenous use only

RX ONLY

Please consult full prescribing information before using. A summary follows:

DESCRIPTION

The Medi-Physics Myoview kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for the scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium. Each vial contains a precipitated, sterile, non-pyrogenic, tyloxapol solution of 0.23 mg tetrofosmin (6,9-bis(2-bis-(2-hydroxyethyl)-3,12-dioxa-9- diphasphateradecane), 30 µg stannous chloride dihydrate (minimum stannous tin 5.0 µg; maximum total stannous and stannic tin 15.8 µg), 0.32 mg disodium sulphocholate and 1.0 mg sodium D-glucuronate, and 1.8 mg sodium hydrogen carbonate. The tyloxapolized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

CLINICAL PHARMACOLOGY

General

When technetium Tc99m pertechnetate is added to tetrofosmin in the presence of stannous reductant, a lipophilic, cationic technetium Tc99m complex is formed, Tc99m tetrofosmin. This complex is the active ingredient in the reconstituted drug product, on whose bioavailability and pharmacokinetic properties the indications for use depend.

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (84%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable after Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-day-14 days before or 2-day-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-886 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For Tc99m tetrofosmin imaging, patients received thallium-201 55-74 MBq (1.5-2.0 mCi) at peak exercise.

The images were evaluated for the quality of the image (excellent, good or poor) and the diagnosis (with scores of 0 = normal, 1 = ischemia, 2 = infarct, 3 = mixed infarct and ischemia). The primary variable was the percentage of correct diagnoses in comparison to the final clinical diagnosis. All planar images were blindly read; SPECT images were evaluated by the unblinded investigator. A subset of 181/252 (71%) patients had coronary angiography comparisons to the planar images of Myoview or thallium-201.

INDICATIONS AND USAGE

Myoview is indicated for scintigraphic imaging of the myocardium following separate administrations under exercise and resting conditions. It is useful in the delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium.

CONTRAINdications

None known.

WARNINGS

In studying patients with known or suspected coronary artery disease, care should be taken to ensure continuous cardiac monitoring and the availability of emergency cardiac treatment.

PRECAUTIONS

General

To minimize radiation dose to the bladder, the patient should be encouraged to void when the examination is completed and as often thereafter as possible. Adequate hydration should be encouraged to permit frequent voiding.

The contents of the Myoview vial are intended only for use in the preparation of technetium Tc99m tetrofosmin injection and are NOT to be administered directly to the patient. As with all injectable drug products, allergic reactions and anaphylaxis may occur.

Sometimes Tc99m labeled myocardial imaging agents may produce planar and SPECT images with different imaging information.

Technetium Tc99m tetrofosmin injection, like other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radioisopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radioisotopes, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radioisotopes.

Drug Interactions: Drug interactions were not noted and were not studied in clinical studies in which Myoview was administered to patients receiving concomitant medication. Drugs such as beta blockers, calcium blockers and nitrates may influence myocardial function and blood flow. The effects of such drugs on imaging results are not known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. Tetrofosmin sulphocholate was not mutagenic in vitro and in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic in vivo in the mouse micronucleus test.

Pregnancy Category C

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

Nursing Mothers

Technetium Tc99m pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the technetium has cleared from the body of the nursing woman.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 58.7 years (range 29-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi on the second injection of Myoview™.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After Myoview injection, serious episodes of angina occurred in 3 patients.

Overall cardiac adverse events occurred in 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 5-24 mCi (185-296 MBq) is given at peak exercise. The second dose of 15-24 mCi (555-886 MBq) is given approximately 4 hours later, at rest. Imaging may begin 15 minutes following administration of the agent.

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

RADIATION DOSIMETRY

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in the following table. The values are listed in descending order as rad/mCi and µGy/MBq and assume urinary bladder emptying at 3.5 hours.

Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)

<table>
<thead>
<tr>
<th>Target organ</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbed radiation dose</td>
<td>µGy/mCiBq</td>
<td>µGy/mCiBq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>123</td>
<td>180</td>
</tr>
<tr>
<td>Uptake large intestine</td>
<td>75</td>
<td>113</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>558</td>
<td>701</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>557</td>
<td>882</td>
</tr>
<tr>
<td>Small intestine</td>
<td>456</td>
<td>683</td>
</tr>
<tr>
<td>Kidney</td>
<td>399</td>
<td>464</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>303</td>
<td>443</td>
</tr>
<tr>
<td>Ovaries</td>
<td>209</td>
<td>325</td>
</tr>
<tr>
<td>Stomach</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Thyroid</td>
<td>126</td>
<td>202</td>
</tr>
<tr>
<td>Adrenal</td>
<td>161</td>
<td>261</td>
</tr>
<tr>
<td>Heart wall</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Red marrow</td>
<td>156</td>
<td>245</td>
</tr>
<tr>
<td>Spleen</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Muscle</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Testes</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Liver</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Thymus</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Brain</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Lungs</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Skin</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Breasts</td>
<td>8</td>
<td>13</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIDP method (MIRD Pamphlet No.1 (rev) Society of Nuclear Medicine, 1976). Effective dose equivalents (EDE) were calculated in accordance with ICRP 33 (Ann. ICRP 19 (1-4),1986) and gave values of 8.81 ± 10-3 mSv/mCi and 1.12 ± 10-3 mSv/MBq after exercise and rest, respectively.

Manufactured by:

Nycomed Amersham plc
Amersham United Kingdom

Patent No. 5,045,302 (t)

Distributed by:

SciMed-Physics, Inc.,
Arlington Heights, IL 60004
1-800-633-4123 (Toll Free)

Revised December 1998

Myoview is a trademark of Nycomed Amersham plc.

Circle Reader Service No. 135
Reach for the Stars

by promoting your profession...
uclear medicine

Show pride in your profession by entering the 1999 PR Stars Contest co-sponsored by the Society of Nuclear Medicine-Technologist Section (SNM-TS) and Capintec, Inc.

Your dedication and efforts to the field of nuclear medicine can now be rewarded. Share your promotional activities and efforts completed during 1999 and enter to win recognition and prizes.

Who is eligible to enter?
All entrants must be a nuclear medicine technologist and a staff member of a hospital or nuclear medicine facility.

What are the prizes?
Prizes include up to $800 for individual contest entrants and up to $600 for your hospital or institution, up to $650 in airfare to the 47th SNM Annual Meeting in St. Louis, MO, payment of your registration fee to attend the meeting and your SNM-TS membership dues paid for one year. Ten prizes will be awarded.

Deadline: December 1, 1999
See the back of this ad for entry form and mailing information.

What do I need to do?
In short, you need to be creative and persuasive. Describe and document your promotional activities and results throughout the year or for a particular event. Compose a detailed description, including the goals and objectives of your nuclear medicine public relations and promotional activities. More importantly, reinforce nuclear medicine to referring physicians, promote nuclear medicine to healthcare workers, increase community awareness and encourage career paths. Utilize available resources to your advantage and effectively use them to promote and explain the benefits of nuclear medicine to patients and referring physicians.
Contest

This is the official entry form for the 1999 PR Stars Contest co-sponsored by the SNM-TS and Capintec, Inc. Please fill out the entry form and complete the requested information. Based on the information you provide, a panel of judges will evaluate the entries using the point system outlined below to select 10 winners.

Eligibility:
- All entrants must be a nuclear medicine technologist
- All entrants must be a staff member of a hospital or nuclear medicine facility
- All entries must be postmarked by December 1, 1999
- All of the following questions must be answered in full

Prizes:
1st Place: $800 for the individual and $500 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

2nd Place: $600 for the individual and $400 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

3rd Place: $350 for the individual and $250 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

4th-10th Place: Your SNM-TS membership dues paid for one year.

Mail 3 copies of your entry information (including this completed form) by December 1, 1999 to:
Society of Nuclear Medicine
1999 PR Stars Contest
1850 Samuel Morse Drive
Reston, VA 20190-5316
Phone: (703) 788-9000, ext. 1223
Fax: (703) 788-9018

Please describe and document your promotional activities and results. The following point system will be used to determine 10 winners.

1. Please compose a detailed description, including the goals and objectives, of your nuclear medicine public relations 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)
   E. Showing pride in your profession. (5 points)

3. How effective were you in reaching the goals of the PR Stars Contest?
   A. Increasing physician referrals? (10 points)
   B. Increasing awareness among healthcare workers? (5 points)
   C. Increasing community awareness? (5 points)
   D. Encouraging career paths? (5 points)
   E. Showing pride in your profession. (5 points)

4. What 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 public relations activity(s) take place? (no points)

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

9. Are you currently an active member of the SNM-TS? (5 points) ☑ Yes ☐ No

Thank you for your entry. On behalf of the SNM-TS and Capintec, Inc., good luck! And remember, promoting nuclear medicine makes everyone a winner.

Kathleen Krisak, CNMT
1999-2000
Nuclear Medicine Week Chairperson
krisakkk@mail.map.com

Lisa Hazen
2000-2001
Nuclear Medicine Week Chairperson
lmh@freeway.net

Entry Form

Name
Hospital/Facility
Address
City State Zip
Phone Fax
E-mail
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. Each book includes an extensive list of annotated references, questions and answers with critiques, along with an authoritative syllabus review of the topic. Purchase individual topics or order the entire set.

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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
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**TOPIC 8:**
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Contributors in remaining Self-Study Cardiology topics include:
Drs. Daniel S. Berman, MD; Elias Botvinick, MD; Jamshid Maddahi, MD; H. William Strauss; and Mario S. Verani.

Future Topics:

**TOPIC 3:**
Myocardial Perfusion Imaging by Single-Photon Radionuclides, part II

**TOPIC 4:**
Imaging Acute Myocardial Infarction

**TOPIC 5:**
Radionuclide Ventriculography
ISBN: 0-932004-56-3

Contributors in remaining Self-Study Cardiology topics include:
Drs. Daniel S. Berman, MD; Elias Botvinick, MD; Jamshid Maddahi, MD; H. William Strauss; and Mario S. Verani.

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The Publications Committee of the Technologist Section, Society of Nuclear Medicine, is accepting applications for the Editor of the *Journal of Nuclear Medicine Technology*.

Technologist Section members are urged to take this opportunity to influence the Journal's direction. The Editorship of the Journal is a three-year appointment and involves commitment to a very demanding, but immensely rewarding, position. The current JNMT Editor is now completing a second three-year term; Technologist Section Bylaws limit the JNMT Editor to no more than 2 three-year terms.

Interested individuals should send an application to Frances Neagley, Chair, TS Publications Committee. The application should consist of the following:

1. A current curriculum vitae, with emphasis on publishing experience and Technologist Section activities;
2. A description of access to office facilities and secretarial assistance;
3. A letter of support from the candidate's immediate supervisor, which includes the candidate's availability during working hours and access to office support, supplies, equipment, and secretarial assistance;
4. An overview of the candidate's vision for JNMT; approach to fulfilling the obligations and responsibilities of the Editor; recommendations for significant changes; and operational strategy and procedure.

Please limit these comments to two pages.

Applications must be submitted by December 1, 1999. The selection of the Editor will be made in June 2000, and the term will begin on January 1, 2001.

Send application to:
JNMT Editor Search
Frances Neagley, CNMT
Society of Nuclear Medicine
1850 Samuel Morse Dr.
Reston, VA 20190-5316
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Nominations should be supported by the nominee’s curriculum vitae and at least two letters supporting the nomination. These letters should briefly describe the contributions in basic science for which the nominee is proposed. The nominee does not need to be a SNM member.

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A Publication of the Society of Nuclear Medicine

DIAGNOSTIC PATTERNS IN NUCLEAR MEDICINE

Authors: Edward B. Silberstein, MD
John G. McAfee, MD
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This reference book provides a complete list of differential diagnoses for virtually every pattern described in modern nuclear medicine scintigraphy, including the latest findings in nuclear cardiology, PET, antibody and somatostatin receptor imaging. A full list of all diagnostic patterns reported for every organ system is given. Pharmacologic effects on labeling and distribution are fully described.

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The clinician simply looks up any scintigraphic finding to determine possible causes of that finding, ranked in order of probability, making Diagnostic Patterns in Nuclear Medicine the most complete referenced diagnostic guide available.

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Part III: Endocrine System
Part IV: The Eye
Part V: Gallium Imaging
Part VI: Gastrointestinal System
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**Abstracts must be received (not postmarked) by the submission deadline. Some institutions and companies have firewalls which may not allow electronic transmission of information. If your institution or company has a firewall which prevents electronic submission of your abstract, you will need to send the diskette on which your abstract is saved by mail to MSS by the submission deadline. Ultimately, if you cannot send your abstract electronically, you remain responsible for meeting the submission deadline, so please plan accordingly.

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To submit full papers for the Journal of Nuclear Medicine Technology, please contact the editor, Susan Gilbert, CNMT by mail at 2414 Harney Street, Vancouver, WA 98660.
This reference book provides a complete list of differential diagnoses for virtually every pattern described in modern nuclear medicine scintigraphy, including the latest findings in nuclear cardiology, PET, antibody and somatostatin receptor imaging. A full list of all diagnostic patterns reported for every organ system is given. Pharmacologic effects on labeling and distribution are fully described.

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Day
SUNDAY 24
MONDAY 25
TUESDAY 26
WEDNESDAY 27
THURSDAY 28
Time
7:00
PET Course
PET Course
PET Course
PET Course
PET Course

8:30
Oncology
Cardiology
Technologists session
Neurology
Cardiology
Technologists session
Cardiology
read with experts
Pediatrics
Radio-pharmacy
Pneumonology

9:30
Break
Break
Break
Break
Break

10:00
Oncology
Cardiology
Technologists session
Neurology
Cardiology
Technologists session
Cardiology
read with experts
Pediatrics
Radio-pharmacy
Management care

12:00
Poster’s Session
Poster’s Session
Poster’s Session
Poster’s Session
Poster’s Session

12:30
Oral Presentations
Oral Presentations
Oral Presentations
Oral Presentations
Oral Presentations

14:30
Oncological Therapy
Cardiology
Technologists session
Gastroenterology
Cardiology
Technologists session
General N.M.
read with experts
Radio-pharmacy
Traumatology
and Orthopededics

16:00
Break
Break
Break
Break
Break

16:30
Registration
Infections
Cardiology
Technologists session
Nephrology
Cardiology
Technologists session
General N.M.
read with experts
Radio-pharmacy
Highlights

18:00
Tango’s seminar

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Celebrating Nuclear Medicine Week

OCTOBER 3-9, 1999

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.

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Phone: (757) 466-0089. Fax: (757) 466-8017.

Musculoskeletal Radiologist
Progressive subspecialized large private practice radiology group is seeking individual with subspecialty training in musculoskeletal MR. The practice is affiliated with a medical school and residency program, thereby offering the benefits of both private practice and the pursuit of academic interests. The practice is located in coastal Virginia with a mild climate and many recreational activities available with the Chesapeake Bay and Atlantic Ocean nearby. Applicant needs training in PET scanning and be a board certified radiologist. Interested persons should send a CV or contact Stephen Carr, MD, Director of Recruiting, Medical Center Radiologists, 6330 North Center Drive, Building 13, Suite 220, Norfolk, VA 23502.
Phone: (757) 466-0089. Fax: (757) 466-8017.

Nuclear Oncology/PET Fellowship
The Memorial Sloan-Kettering Cancer Center Division of Nuclear Medicine has openings for a one- to two-year Fellowship in Nuclear Oncology/PET, starting January 1, 2000. Candidates should be board certified in Nuclear Medicine or have successfully completed two years of ACGME-accredited nuclear medicine residency. Interested individuals should send CV to: Henry W.D. Yeung, MD, Residency Program Coordinator, Nuclear Medicine Service, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021 or e-mail information to yeungh@mskcc.org.
Fax: (212) 717-3263.

Nuclear Medicine Physicist
Georgetown University Hospital in Washington, DC is seeking a clinical and research nuclear medicine physicist. Qualified candidates will have a PhD or comparable degree and would already have significant research funding that is transferable. Academic rank would depend on qualifications and experience. The nuclear medicine division has 3 physicians, 2 residents-in-training, 7 technologists, 7 gamma cameras and a PET camera. Applicants should submit curriculum vitae and introductory letter to:
Harvey A. Ziesman, MD, Director of Nuclear Medicine, Georgetown University Hospital, 3800 Reservoir Road, NW, Washington, DC 20007.

Nuclear Medicine Residency/Fellowship
The UCSD Division of Nuclear Medicine has available a 1 or 2 year position leading to eligibility for the ABNM or ACR special competency examinations. Training includes a broad range of general and special nuclear medicine procedures, including PET. Trainees are expected to participate in the research activities of the Division. Applications will be accepted until March 1, 2000, and the position commences on July 1, 2000. Please forward letter of interest, CV and 3 letters of recommendation as soon as possible to: UCSD Medical Center, Carl K. Hoh, MD, Division of Nuclear Medicine, 200 West Arbor Dr., San Diego, CA 92103-8728.

Nuclear Medicine Residency/Fellowship
The Harvard Medical School, Joint Program in Nuclear Medicine invites applications for one-year fellowship and two-year residency positions beginning July 1, 2000, 2001 and 2002. Please direct your inquiries to: Heather Castelbuono, Training Program Coordinator, Joint Program in Nuclear Medicine, Children's Hospital, 300 Longwood Ave., Boston, MA 02115. E-mail: heather.castelbuono@ch.harvard.edu.
Please visit our website at http://www.harvard.edu/JPNM/JPNM.html. The Joint Program includes Children's Hospital, Brigham and Women's Hospital, Dana Farber Cancer Institute, Massachusetts General Hospital, Beth Israel Deaconess Medical Center and the West Roxbury Veterans Administration.

ACGME Accredited Nuclear Medicine Fellowship
One year program is available beginning July 1, 2000. Strong emphasis on clinical and research nuclear medicine fellowship. Apply to Ronald L. Hoffman, MD, PhD, Cleveland Clinic Foundation (Gh3), 9500 Euclid Avenue, Cleveland, OH 44195.

Pediatric Nuclear Medicine Division Chief
Children's Hospital of Philadelphia (CHOP) and the University of Pennsylvania School of Medicine are equal opportunity/affirmative action employers seeking a board certified specialist in Nuclear Medicine to direct the Division of Nuclear Medicine in the Department of Radiology at CHOP. A recently renovated suite containing four scanners performs over 2,500 exams annually, including a broad range of pediatric diagnostic and therapeutic procedures. This chance to join one of the largest, growing academic pediatric imaging departments in North America (doing over 100,000 exams/year) includes stimulating clinical work, ample opportunity for research and an academic appointment. Compensation and salary are highly competitive. The division maintains strong training programs at the resident and fellowship levels. Call and vacation recoveries are shared by department colleagues.

Address inquiries to:
Kenneth E. Fellows, MD
Pediatric Radiology
Children's Hospital of Philadelphia
34th and Civic Center Blvd.
Philadelphia, PA 19104
Phone: (215) 590-2326
Fax (215) 590-4318

Nuclear Radiologist
Wayne State University

The Department of Radiology at Wayne State University and the Detroit Medical Center is currently recruiting an ABR certified nuclear radiologist with additional ABRNM certification or ABR special competence in nuclear radiology. The candidate must also be able to cross cover in general and cross sectional radiology.

The department offers an extremely competitive compensation package as well as an opportunity to actively participate in its teaching and research programs.

Position available: July 1, 2000 or sooner.

Interested candidates should send a current curriculum vitae and introductory letter to:
Lawrence P. Davis, MD, FACR
Associate Chair, Department of Radiology
DRH 3L-8, 4201 St. Antoine
Detroit, MI 48201
Phone: (313) 745-8585
Fax: (313) 577-8600
E-mail: ldavis@med.wayne.edu

Equal Opportunity Employer
The Warren G. Magnuson Clinical Center (CC) of the National Institutes of Health is seeking a Radiologist with extensive clinical, research and management experience for the position of Associate Director for Radiology & Imaging Sciences. The successful candidate will oversee a 27-million dollar budget that includes the clinical and research activities of the departments of diagnostic radiology, nuclear medicine and positron emission tomography, and the laboratory of diagnostic radiology research. Substantial opportunities exist for both independent and collaborative research.

**Basic Requirements:** Doctor of Medicine or Doctor of Osteopathy from an accredited and approved medical school in the United States or Canada, or graduation from a foreign medical school in which a United States equivalency from an authorized source has been obtained (ECFMG Certification) is required. Position requires a full, unrestricted license to practice medicine in a State, the District of Columbia, the Commonwealth of Puerto Rico or a territory of the United States.

**Qualifications:** Board Certification in Diagnostic Radiology is required. Salary is commensurate with experience and level of accomplishments and will range up to $200,000. A Recruitment Bonus of up to 25% of base pay or a Relocation Bonus of up to 25% of base pay may also be available.

**Specific application procedures apply:** Interested persons should send a curriculum vitae to Alice Owens at aowens@mail.cc.nih.gov by 11/22/99. Additional information about the position and the department is available at http://www.cc.nih.gov/drd/.

Informal inquiries may be directed to
Dr. David Henderson,
Deputy Director for Clinical Care
at (301) 496-3515.

Notice to displaced and surplus Federal employees; you must submit specific information as proof of eligibility for special selection priority. Call (301) 496-6924 for more information.

NIH is an Equal Opportunity Employer

**Nuclear Medicine Radiologist**
**Assistant/Associate Professor**
**West Virginia University**

The Department of Radiology at West Virginia University, School of Medicine is recruiting for a Nuclear Medicine Radiologist at the Assistant or Associate Professor level. This opportunity is available for a qualified Radiologist who is certified by the American Board of Radiology and fellowship trained in Nuclear Medicine. In addition to the clinical responsibilities, the successful candidate will be expected to initiate an active research program. West Virginia University-Radiology Department has a state-of-the-art PET facility that has been in operation for four years with a dedicated focus on teaching and research. Areas of interest include Nuclear Oncology and Neurology. West Virginia University offers a competitive salary and benefits. Position will remain open until filled.

Application, CV and three reference names and addresses/phone numbers should be sent to:

Mathis Frick, MD, Chairman
Robert C. Byrd Health Sciences Center
Department of Radiology
P.O. Box 9235
Morgantown, WV 26506
Fax: (304) 293-3899

West Virginia University is an Affirmative Action/Equal Opportunity Employer

**Nuclear Medicine Technologist**
**Mt. Carmel Medical Center**

Tired of the big city life? Stop and smell the roses! If you lived in Pittsburg, Kansas, you could do just that. Pittsburg is located in Southeast Kansas near the Ozarks. Yet only 2 hours away from Tulsa, Kansas City or Springfield. Pittsburg is an excellent place to work and raise a family. No high crime here!

The successful candidate must possess a minimum of two years experience and be registered in the State of Kansas.

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For more information contact:

**MT. CARMEL MEDICAL CENTER**
Jody Henderson
Centennial & Rouse
Pittsburg, KS 66762
(316) 232-0147
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NMP Research Fellowship

Nihon Medi-Physics Co., Ltd. (NMP) announces the availability of financial support for research and development projects intended to discover new radiopharmaceuticals and radioisotope-related devices for in vivo diagnostic and/or therapeutic applications. Grants of up to US $100,000 will be awarded for 2000/2001. Grants may be used to support the research and/or salary of the researcher for a 12-month project. Extensions will be considered in appropriate circumstances, subject to satisfactory review. An independent Scientific Advisory Board within NMP will review applications. For more information or an application form, please contact

Nihon Medi-Physics Co., Ltd.
California Office,
2200 Powell St., Suite 765,
Emeryville, CA 94608.
Fax: (510) 420-8927.
E-mail: jhuw@aol.com
or akiharu_otaka@msn.com.

Application deadline: November 30, 1999.
Funding announcements: by mail.
Fund available: from April 2000.

Nuclear Medicine (PET) Technologist Position Available
Johns Hopkins University School of Medicine
Baltimore, MD

Johns Hopkins University School of Medicine (JHUSOM) seeks high caliber candidates for the Nuclear Medicine Positron Emission Tomography (PET) program. A qualified candidate would be responsible for all aspects of PET scan acquisition for both patient and animal studies. JHUSOM offers world-renowned research and clinical environments with tremendous opportunities for employees to make significant contributions and experience rewarding career growth. The candidate must be a CNMT with current licensure, and previous PET experience is desirable. Qualified candidates should submit resumes to:

Sheila George, Sr. Employment Specialist,
Johns Hopkins University, School of Medicine,
P.O. Box 2454, Baltimore, MD 21203.
For additional information e-mail srgeorge@jhmi.edu.
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