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.
When the stress EKG is nondiagnostic in women or other challenging patients...

"Now what?"

Order Cardiolite® to minimize false-positives,¹,² and your decision becomes clear.

You want to know what's next. So does she. With Cardiolite®, you get perfusion and left ventricular function in a single, noninvasive test¹ for actionable, clinically relevant information to help you decide how to proceed.

A gated SPECT study with Cardiolite® enhances diagnostic specificity and provides functional information to optimize the detection of CAD in women¹ and in other patients who are challenging to image.³,⁴ That's because a single Cardiolite® study provides information on the presence of preserved wall thickening and normal wall motion. It also helps to overcome artifacts caused by the breast and diaphragm—minimizing false-positives or equivocal results by clearly distinguishing breast attenuation from true cardiac defects.¹

Diagnostic accuracy is just the beginning. If her stress study with Cardiolite® is normal, you can even tell her there's a very low chance she'll have a serious cardiac event in the next year⁵—an answer she'll find very reassuring.

That's the kind of clear, reliable, and reproducible information you need to make patient management decisions with confidence. So, when her EKG is nondiagnostic, order Cardiolite®. It clears your line of vision.

For more information contact us at 1-800-343-7851 or www.cardiolite.com

There have been infrequent reports of signs and symptoms consistent with seizure and severe hypersensitivity after administration of Tc99m Sestamibi.

¹This includes patients with large, dense breasts; COPD; narrow intercostal space; or mixed ischemia and scar; as well as those who are obese, unable to exercise, or have nondiagnostic EKgs. Please see brief summary of prescribing information on the following page.


¹Refers to diagnostic specificity, defined as the probability that, given the absence of disease, a normal test result excludes disease.

Adapted with permission from Taillefer et al.

Cardiolite®
Kit for the Preparation of
Technetium Tc99m Sestamibi for Injection

It clears your line of vision
INDICATIONS AND USAGE: Micra, a myocardial perfusion agent that is indicated for detecting coronary artery disease by localizing myocardial ischemia (reversible defects) and infarction (non-reversible defects), in evaluating myocardial function and developing information for use in patient management decisions. MICRA evaluation of myocardial ischemia can be accomplished with rest and cardiovascular stress techniques (e.g., exercise or pharmacologic stress in accordance with the pharmacologic stress agent’s labeling).

CONTRAINDICATIONS: Women. Women who are or have been pregnant within the past 2 months or who may become pregnant within the next 2 months should not be given the study unless the risks and benefits of the test have been fully explained to the patient and she has given her informed consent.

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

DOSE AND ADMINISTRATION: Injection, IM injection, I.V. injection, Tc99m injection, IV injection, and/or arterial injection. The recommended dose range for I.V. administration of MIRALUMA* in a single dose is 20 to 30 mCi (740 to 1140 MBq) of Technetium Tc99m Sestamibi injected intravenously.

Table 10. Radiation Absorbed Doses From Technetium Tc99m Sestamibi

<table>
<thead>
<tr>
<th>Radiation Absorbed Dose</th>
<th>Estimated Radiation Absorbed Dose</th>
<th>2.0 hour</th>
<th>4.8 hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ</td>
<td></td>
<td>30 mCi</td>
<td>110 mCi</td>
</tr>
<tr>
<td>Brain</td>
<td>0.2</td>
<td>2.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.0</td>
<td>20.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Marrow</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Brain</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Marrow</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Liver</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Liver</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
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<tr>
<td>Liver</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
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<tr>
<td>Liver</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Bone Spheres</td>
<td>3.0</td>
<td>30.0</td>
<td>90.0</td>
</tr>
</tbody>
</table>

*Excludes the 22 patients whose genders were not recorded.

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

The most observed reactions have been reported in ≤ 5% of patients: signs and symptoms consistent with severe pain occurring after administration of the agent; transient angina, angine, arrhythmia, diarrhea, dyspnea, hypotension, bradycardia, tachycardia, and vomiting within two hours after a second injection of Technetium Tc99m Sestamibi. A few cases of flushing, edema, injection site inflammation, dry mouth, fever, pruritis, rash, urticaria and face swelling have been reported.

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 appears to be associated with biopsie/procedural procedures.

Table 5. Selected Adverse Events Reported in ≥ 5% of Patients Who Received Technetium Tc99m Sestamibi in Either Breast or Cardiac Studies

<table>
<thead>
<tr>
<th>Body System</th>
<th>Breast Studies</th>
<th>Cardiac Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Women</td>
<td>Total</td>
</tr>
<tr>
<td>N = 123</td>
<td>N = 850</td>
<td>N = 973</td>
</tr>
<tr>
<td>Breast</td>
<td>21 (17.1%)</td>
<td>17 (1.9%)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>9 (7.3%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Stomach</td>
<td>3 (2.5%)</td>
<td>2 (0.0%)</td>
</tr>
<tr>
<td>Radiology</td>
<td>2 (1.6%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>N = 114</td>
<td>N = 860</td>
<td>N = 974</td>
</tr>
<tr>
<td>Breast</td>
<td>19 (16.6%)</td>
<td>17 (1.9%)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>6 (5.3%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Stomach</td>
<td>1 (0.9%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Radiology</td>
<td>1 (0.9%)</td>
<td>1 (0.1%)</td>
</tr>
</tbody>
</table>

*Please refer to the table for detailed adverse event information.
Capintec has created the perfect match. Just what you’ve been looking for.

Capintec's new CRC-15W is a combination of the popular CRC-15R dose calibrator and the CAPRAC-R Well Counter. The CRC-15W allows nuclear medicine departments the ability to perform dose measurements, wipe tests, and lab tests all in one unit.

The dose calibrator chamber provides advanced microprocessor features with the speed and accuracy you need to measure activity and prepare doses. The CRC-15W also performs counting functions for lab and wipe tests in as little as 6 seconds at activities as low as 1 nCi. For wipe testing, the CRC-15W allows the user to define specific counting procedures (protocols) with trigger levels for work, patient, unrestricted areas and sealed source leak tests. The chamber and counter of the CRC-15W are combined in a menu-driven, push button interface that is easy to learn and use.

The CRC-15W is simply another example of how Capintec can be relied upon for excellence in energy measurement for all nuclear medicine department needs.

Not Just Quality... Capintec Quality
The remarkable thing about γPET isn't that it found this tumor. It's when it found it.
Increased tracer uptake at knee/popliteal vein

Increased tracer uptake in left calf

ACUTE CLOT?
FROM EQUIVOCAUTION TO IDENTIFICATION

ACuTect
(Kit for the Preparation of Technetium Tc 99m Apicitide Injection)

The first imaging modality to target acute DVT

AcuTect—a unique, radiolabeled synthetic peptide—is the first to offer you the ability to clearly, safely, and comfortably target acute clots. AcuTect is indicated for scintigraphic imaging of acute venous thrombosis in the lower extremities of patients who have signs and symptoms of acute venous thrombosis. AcuTect binds preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets. AcuTect appears to detect acute and not chronic venous thrombosis. This is based on in vivo and ex vivo animal data; not confirmed clinically. The result is a new sensitivity that challenges venography—the "gold standard."

More than just another diagnostic option—AcuTect is designed for a more confident course of treatment in a potentially life-threatening condition.

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

After administration of AcuTect, as with the administration of other intravenous drugs, patients with a history of drug reactions, other allergies, or immune system disorders should be observed for several hours.

For customer service, call 1-877-DIATIDE.

The difference is acute.

Diatide, Inc.

Please see brief summary of prescribing information on following page.

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**ADVERSE REACTIONS**

Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m labeled to approximately 70-100 μCi of bibapcitide. Of these adults, 46% were women and 54% were men. The mean age was 57.0 years (17 to 75 years). In all patients, adverse events were monitored for at least 3 hours. In a subset of 189 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m bibapcitide, a serious episode of hypotension occurred in one patient who had acute hypertension that began within 10 minutes of injection and, over 60 minutes, progressed to a systolic pressure of 70 mm Hg. At least one adverse event occurred in 29(42%) of patients after technetium Tc 99m injection. Pain was the most commonly reported adverse event (17% of patients or healthy volunteers). Table 1 lists adverse events reported in 0.5% or more of patients who received technetium Tc 99m bibapcitide.

| Table 1: ADVERSE EVENTS REPORTED IN ≥5% OF PATIENTS FOLLOWING ACUTECTM INJECTION IN CLINICAL STUDIES |
|-----------------------------------|-----------------------------------------------|-----------------------------------|
| Number of Patients Exposed to AcuTectM | 640                                           |
| Number of Patients with At Least One Adverse Event | 29 (4.5%)                                   |
| Body As a Whole | 21 (3.2%)                                    |
| Pain (back, leg, chest) | 11 (1.7%)                                    |
| Headache | 5 (0.8%)                                     |
| Cardiovascular System | 13 (2.0%)                                    |
| Hypertension | 5 (0.8%)                                    |
| Hypothermia | 3 (0.5%)                                     |

Other adverse events which occurred in ≤0.5% of patients following receipt of AcuTect included: agitation, anesthesia, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hypotension, injection site reaction, liver enzyme elevation, nausea, paresthesia, pruritus, rash, tachycardia, tachyuria, urticaria, and vomiting.

**OVERDOSE:**

Clinical consequences of overdosage with technetium Tc 99m bibapcitide have not been studied.

**DOSEAGE AND ADMINISTRATION:**

To detect acute venous thrombosis in a lower extremity, reconstituted AcuTect should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 μg of bibapcitide radiolabeled with 20 μCi of technetium 99m.

Technetium Tc 99m bibapcitide should be drawn into the syringe and administered using sterile technique. If nondisposable equipment is used, proper care should be taken to prevent residual contamination with traces of cleansing agents. Untreated portions of the drug must be discarded appropriately. (See Instructions for Preparation Section of Full Product Information)

**OF UPPER EXTREMITY IMAGING**

AcuTect imaging should begin between 10 and 60 minutes after injection. Patients should rest just before imaging in order to limit the influence of urinary bladder radioactivity since technetium Tc 99m bibapcitide is cleared from the blood by the kidneys. If it is determined that imaging needs to be repeated, additional images may be obtained up to 180 minutes after injection. The safety of more than one dose has not been studied.

Positive AcuTect uptake in the deep venous structures is defined as symmetric vascular uptake (with or without superimposed diffuse uptake) in contrast enhanced images, and asymmetry in both anterior and posterior projections. If asymmetry appears only after extreme contrast enhancement, then diffuse asymmetry must also be present for scoring an image as positive.

Superficial increased uptake is not to be interpreted as acute deep venous thrombosis.

**RADIATION DOSIMETRY**

Based on human data, the absorbed radiation dosage to an average adult (70 kg) from an intravenous injection of technetium Tc 99m bibapcitide are listed in Table 2. The values are listed in descending order as rem/μCi and mGy/MBq and assume urinary bladder emptying after 4 hours.

| Table 2: Radiation Absorbed Doses for a 70kg Adult |
|-----------------------------------|-----------------------------------------------|
| Target Organ | Radiation Dose (rem/μCi) | Radiation Dose (mGy/MBq) |
| Urinary Bladder Wall | 0.22 | 0.006 |
| Kidneys | 0.050 | 0.014 |
| Lower Intestine Wall | 0.039 | 0.010 |
| Uterus | 0.037 | 0.010 |
| Thyroid Gland | 0.023 | 0.009 |
| Tissues/Ovaries | 0.020(0.023) | 0.005(0.006) |
| Lungs | 0.016 | 0.004 |
| Breast | 0.008 | 0.005 |

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No Rev. Soc. Nucl. Med., 1979). Effective dose equivalent was calculated in accordance with ICRP 53 (Rev. ICRP 10, 1-4, 1988) and gave a value of 0.0003rem/μCi (0.0004 mGy/MBq). Effective dose is a synonym for effective dose equivalent.

**HOW SUPPLIED**

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of bibapcitide, sodium chloride and sodium gluconate, dispensed in a typical package insert and adverse event reporting cards. Kits are available in packs of 5 vials.

**Storage**

Store the kit at a refrigerator at 2 to 8° C (36 to 46° F). Store the reconstituted injection solution at 20-25° C (68 to 77° F) using appropriate radiation shielding, for up to 6 hours.

**Rx only**

Diatite, Inc. Rev. September 1998
9 Delta Drive, Loudonville, New Hampshire 03053 Distributed by Diatite, Inc. and Nycomed Amersham 06-45507403

AcuTectM is a trademark of Diatite, Inc.

**REFERENCES:**


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**The difference is acute.**

Diatite, Inc.

Circle Reader Service No. 135
RSNA Reader No. 6950
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.
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.
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- DOTA based
- DTPA based
- Chelates for MR Imaging
- Chelates for Nuclear Medicine

Custom ligands and GMP synthesis available.

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contact us by e-mail at
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or fax (972) 644-9715

Circle Reader Service No. 108
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

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

Please see adjacent page for brief summary of prescribing information.
INDICATIONS

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

PRECAUTIONS

1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinomas. 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-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 thymus, kidneys, bladder, and other target organs, patients should be well hydrated and the administration of indium-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., becaproct 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 six hours of preparation.

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

7. Octreotide acetate and the natural somatostatin hormone may be associated with cholelithiasis, presumably by altering 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 radiopharmaceutical, 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 in an in vivo mouse micronucleus assay; evidence of mutagenicity was not found.

Pregnancy Category C

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

Nursing Mothers

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

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

The following adverse effects were observed in clinical trials at a frequency of less than 1% of 538 patients: dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of bradycardia and one case of decreased hematocrit and hemoconcentration.

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

DOSAGE AND ADMINISTRATION

Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids liberally. Elimination of extra fluid intake will help reduce the radiation dose by flushing out unbound, labeled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., becaproct 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 insulinaemia, bowel-cleansing should be undertaken only after consultation with an endocrinologist.

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

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

As with all intravenously administered products, 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 doses to the average adult (70 kg) from intravenous administration of 111 MBq (3 mCi) and 222 MBq (6 mCi) are presented below. These estimates were calculated by Oak Ridge Associated Universities using the data published by Krenning, et al.:

<table>
<thead>
<tr>
<th>PLANAR</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>54.16</td>
</tr>
<tr>
<td>Liver</td>
<td>12.15</td>
</tr>
<tr>
<td>Spleen</td>
<td>73.86</td>
</tr>
<tr>
<td>Urine</td>
<td>6.34</td>
</tr>
<tr>
<td>Ovaries</td>
<td>4.89</td>
</tr>
<tr>
<td>Testes</td>
<td>2.90</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>3.46</td>
</tr>
<tr>
<td>Bladder Wall</td>
<td>30.42</td>
</tr>
<tr>
<td>GI Tract</td>
<td>5.67</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>4.76</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>5.80</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>7.73</td>
</tr>
<tr>
<td>Atdrenal</td>
<td>7.55</td>
</tr>
<tr>
<td>Thyroid</td>
<td>7.43</td>
</tr>
</tbody>
</table>

Effective Dose Equivalents

<table>
<thead>
<tr>
<th>PLANAR</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.03</td>
<td>1.30</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% indium-111-144m radiation count at calibration.
3. Assumes 4 hour holding interval and International Commission on Radiological Protection (ICRP) model for urine and gastrointestinal tract calculations.
4. Estimated according to ICRP Publication 53.

HOW SUPPLIED

The OctreoScan kit, NDC 2003-R630-40, is supplied with the following components:

1. A 10-mL, OctreoScan Reaction Vial which contains a hypotized mixture of:
   - (i) 10 pg pentetreotide [N-(diallylaminoethyl)-N,N,N',N'-tetraacetic acid-N'-sulfonylo-D-phenylalanine-L-hemicyclipt-L-phenylalanine-D-tryptophyl-L-lysyl-L-threonine cyclic (2+9) disulfide, (also known as octreotide DTPA),
   - (ii) 2.0 mg gentamic acid [2,5-dihydroxybenzoic acid],
   - (iv) 4.9 mg ascorbic acid, citrate, and
   - (v) 0.97 mg citric acid.

Before hypolysis, sodium hydrate or hydrochloric acid may have been added for pH adjustment. The vials contain sterile and nonpyrogenic. No bacteriostatic preservative is present.

2. A 10-mL vial of indium-111 Chloride Sterile Solution, which contains 1 mL of 111 MBq (3.0 mCi) indium-111 chloride in 0.2 N HCl at time of calibration. The vial also contains ferric chloride at a concentration of 3.52 μg/mL (ferric ion, 1.2 μg/mL). The vials contain sterile and nonpyrogenic. No bacteriostatic preservative is present.

3. In addition, the kit also contains the following items:
   - (1) A 25 G x 5/8" needle (BD, 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 Inc.,
Mallinckrodt Nuclear Medicine Division
P.O. Box 8540
St. Louis, MO 63134

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Give your nuclear department “rapid clearance” capability with MYOVIEW. MYOVIEW clears quickly from the blood, liver, and lungs1-3 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.

Please see Brief Summary of Prescribing Information on adjacent page. © 1998 Nycomed Amersham


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RSNA Booth No. 6950
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 preservative-free solution of 0.23 mg technetium (Tc-99m diphosphonate)(ethylenediaminetetraacetic acid) and 0.30% sodium chloride in water for injection. The suspension is sterile and non-pyrogenic.

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 biodistribution and pharmacokinetics the indications for use depend.

Clinical Trials
A total of 252 patients with ischemic heart disease or asymptomatic 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 (83.6%) males and 40 (16.4%) 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 (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-295 MBq (5.6-8.2 MBq) Tc99m tetrofosmin at peak exercise and 555-880 MBq (15-24 MBq) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55-74 MBq (1.5-2.0 MBq) 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 outcome 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.

PRECAUTIONS

General
To minimize radiation dose to the bladder, the patient should be encouraged to void before 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.

Radiotherapeutics 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 radionuclides, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

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 sulphosalicylate was not mutagenic in vitro 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, smelling

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.

DOSAGE AND ADMINISTRATION

For exercise and rest imaging, Myoview is administered in two doses:

The first dose of 5.6 mCi (185-295 MBq) is given at peak exercise.

The second dose of 15-24 mCi (555-880 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 Gy/mBq and assume urinary bladder emptying at 3.5 hours.

<table>
<thead>
<tr>
<th>Absorbed radiation dose</th>
<th>Target organ</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/mCi</td>
<td>μGy/mBq</td>
<td>rad/mCi</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>0.180</td>
<td>48.6</td>
</tr>
<tr>
<td>Upper left intestine</td>
<td>0.075</td>
<td>0.113</td>
<td>30.4</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>0.071</td>
<td>19.3</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>0.082</td>
<td>22.2</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>0.063</td>
<td>17.0</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>0.104</td>
<td>12.5</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
<td>0.043</td>
<td>11.6</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
<td>0.035</td>
<td>9.55</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>0.034</td>
<td>8.36</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>0.021</td>
<td>5.58</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>0.018</td>
<td>4.98</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>0.017</td>
<td>4.63</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>0.022</td>
<td>5.83</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>0.015</td>
<td>4.11</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>0.015</td>
<td>3.93</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>0.015</td>
<td>3.97</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>0.014</td>
<td>3.82</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>0.012</td>
<td>3.32</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>0.011</td>
<td>3.06</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>0.015</td>
<td>4.15</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>0.009</td>
<td>2.54</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>0.007</td>
<td>2.15</td>
</tr>
<tr>
<td>Lung</td>
<td>0.008</td>
<td>0.008</td>
<td>2.08</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>0.007</td>
<td>1.91</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</td>
<td>0.007</td>
<td>1.83</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1 (rev. Society of Nuclear Medicine, 1978)). Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. ICRP 10 (1-4), 1986) and gave values of 8.61 x 10^3 mrad/mBq and 1.12 x 10^3 mrad/mBq after exercise and rest, respectively.

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Reach for the Stars
by promoting your profession...
nuclear 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 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.

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.
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 $600 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) 708-9000, ext. 1223
Fax: (703) 708-9018

Public Relations STARS

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 set reflect those of the PR Stars Contest?
   - A. Reinforce nuclear medicine to referring physicians? (10 points)
   - B. Promote nuclear medicine to healthcare workers? (5 points)
   - C. Increase community awareness? (5 points)
   - D. Encourage career paths? (5 points)

3. How effective were you in reaching the goals of the PR Stars Contest?
   - A. Increasing physician referrals? (10 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

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For more details, contact the SNM Meetings Department at (703) 708-9000 ext. 1229, visit the SNM web site at www.snm.org or call our Fax-on-Demand Service at (800) 398-7662 and enter document 401.

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<tr>
<td><strong>Physicians/Scientists</strong></td>
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<tr>
<td>SNM Members</td>
<td>$200*</td>
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<tr>
<td><strong>Students</strong></td>
<td>$75</td>
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</tr>
</tbody>
</table>

*Attendees may apply the registration fee toward next year’s membership in one of the sponsoring SNM Councils.
The Society of Nuclear Medicine
1850 Samuel Morse Drive, Reston, Virginia 20190-3316

The Society of Nuclear Medicine
American Board of Science in Nuclear Medicine
ABSNM Exam Coordinator

For applications and more information, please contact:

The examination fee is $650 (nonrefundable if you do not qualify).
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- Radiation Protection
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- Nuclear Medicine Physics and Instrumentation

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**Radionuclide Assessment of Congenital Heart Disease**
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47th Annual Meeting, June 3-7, 2000

The SNM Scientific Program and Scientific & Teaching Committees solicit SNM members and non-members to submit abstracts for presentation at the SNM 47th Annual Meeting. The scientific program for next year will include specialties within the following tracks:

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- Neurosciences
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Take advantage of this opportunity to compete to publish and present your research in an international forum of your peers. Visit the SNM web site (www.snm.org) to download abstract submission software, or see below for more options.

The SNM 47th Annual Meeting will be held at America's Center in St. Louis, Missouri, June 3-7, 2000. SNM will again work in conjunction with Medical Support Systems (MSS) to provide an electronic method for submitting abstracts.

**Important Dates**
- Abstract Submission Software Available Now!
- Abstract Submission Deadline January 7, 2000**
- Abstract Submission Deadline (Technologist Students) February 17, 2000***

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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.

***The deadline for Technologist Student abstract submissions is February 17 - the option to submit these abstracts electronically will be available only until January 7, although diskettes containing Technologist Student abstracts will be accepted by mail until February 17.

To submit full papers to The Journal of Nuclear Medicine, please contact the editor, Martin P. Sandler, MD, by mail at Society of Nuclear Medicine, 1850 Samuel Morse Dr., Reston, VA 20190-5316.

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.

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For a second year, the Society of Nuclear Medicine (SNM) has teamed up with DuPont Pharmaceuticals to offer a one-year fellowship for research in women’s health.

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- Residents or fellows who have completed at least one year of an accredited residency or fellowship training program.
- Grants are limited to research performed in the United States or Canada.

Deadline: February 1, 2000


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Position Wanted

Nuclear Medicine Physician

Nuclear Medicine Physician, ABR, with 15 years experience wishes to relocate to Washington, eastern Jackson or southern Livingston County, MI, but will consider all inquiries from vicinity. Available immediately for PT, FT, vacation fill-in or locum tenem position. Please respond to the Society of Nuclear Medicine, Box #1199, 1850 Samuel Morse Dr., Reston, VA 20190-5316.

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Nuclear Radiologist

The Department of Radiology at Tufts University School of Medicine and New England Medical Center is recruiting an ABR-certified nuclear radiologist with additional ABR special competence or ABNM certification. Interest in Body MRI or Interventional Radiology would be a plus. The department is part of a stimulating academic environment in which to practice high-quality radiology and an opportunity to actively participate in teaching and research programs. Position available: July 1, 2000 or sooner. Interested candidates, please send your CV to: Daniel H. O’Leary, MD, Chairman, Department of Radiology, New England Medical Center Box 380, 750 Washington St., Boston, MA 02111. Phone: (617) 636-8050. Fax: 617-636-0041. E-mail: daniel.oleary@es.nemc.org.

Nuclear Medicine Chief

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Progressive subspecialized large private practice radiology group is seeking an Interventional Radiologist. 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.

General Radiologist

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Nuclear Medicine

Progressive subspecialized large private practice radiology group is seeking individual fellowship trained in nuclear medicine. 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. Position will include executive directorship of Nuclear Medicine Department. The practice is located on the Atlantic coastline with a mild climate and all water sports available. 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.

Musculoskeletal Radiologist

Progressive subspecialized large private practice radiology group is seeking individual fellowship trained 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.

ACGME Accredited Nuclear Radiology Fellowship

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Nuclear Radiologist
Wayne State University

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Interested candidates should send a current curriculum vitae and introductory letter to:

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Associate Chair, Department of Radiology
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Please send Curriculum Vitae to:
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