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
Capintec is proud to introduce the New Spring-Arm Dose Dispensing Station.

Working closely with many of you who use 511 keV emitters and learning first hand about the real needs of a PET Department, we designed a completely new apparatus that combines safety with ease-of-use.

Wider spread use of high energy radionuclides heightens the requirement for proper shielding. By combining high energy radiation shielding and the proven spring-arm function first used on our CAPTUS® Thyroid Uptake Systems we have created the only apparatus you will ever need.

No need to sacrifice ease-of-use for safety.

We know working with heavy shielding can be cumbersome...

...The solution is our unique design which offers you the ability to move the leaded vial shield to virtually any position without having to lock or unlock it from its desired location. The picture insert demonstrates the “docking” position that moves the heavy shielding container to the front of the shield for ease of removing the inner tungsten shield. The overall design is ergonomically correct for all users and is made to fit in your existing or new Laminar Flow or Radioisotope Fume Hood.

For detailed information contact Capintec today.
Rapid Clearance
In Cardiac Nuclear Imaging

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 for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection). 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.

References:
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 5764 (less than 1%) of patients after Myoview injection.

The following events were noted in less than 1% of patients:
Cardiovascular: angina, hypertension, Torsades de Points
Gastrointestinal: vomiting, abdominal discomfort
Hypersensitivity: cutaneous allergy, hypotension, dyspnea
Special Senses: metallic taste, burning of the mouth, smelling something

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

Dose adjustment has not been established in elderly 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/MBq and Gy/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></td>
<td>rad/MBq</td>
<td>Gy/MBq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>0.180</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>0.113</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>0.071</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>0.062</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.045</td>
<td>0.063</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.038</td>
<td>0.046</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.031</td>
<td>0.035</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>0.031</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>0.021</td>
</tr>
<tr>
<td>Pericardium</td>
<td>0.019</td>
<td>0.018</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.017</td>
<td>0.017</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>0.022</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>0.015</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>0.015</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>0.014</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>0.012</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>0.011</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>0.015</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>0.009</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>0.008</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.008</td>
<td>0.008</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>0.007</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Due to inaccurate calculations of rad and Gy dose, the correct exposure was calculated as: 0.0123 x 100 x rad/MBq = 1.23 mC/kg and 0.0123 x 100 x Gy/MBq = 1.23 mGy/kg.

Dose calculations were performed using the standard ICRP method (ICRP Publication No.49 (rev) Society of Nuclear Medicine, 1979). Effective dose equivalents (EDE) were calculated in accordance with ICRP Publication 53 (Ann. 1985, No. 18 (1-4), 1988) and gave values of 8.61 x 10^-7 mSv/MBq and 1.12 x 10^-7 mSv/MBq after exercise and rest, respectively.

Manufactured by:
Nycomed Amersham plc
Amersham United Kingdom

Patent No. 5,045,302 (f)

Distributed by:
Midi-Physics, Inc.,
Arlington Heights, IL 60004
1-800-633-4123 (Toll Free)

Circle Reader Service No. 135

Revised December 1998

Myoview is a trademark of Nycomed Amersham plc.
Decisive information keeps you on course

Guiding you to optimal intervention for neuroendocrine tumors

- Somatostatin receptor scintigraphy with OctreoScan detects and localizes primary tumors and metastatic spread often missed by conventional imaging (sensitivity varies 61%-100%, depending on tumor type).¹
- Whole-body scanning can more definitively confirm the extent of disease.
- You are better able to:
  - stage the patient
  - determine diagnostic work-up
  - avoid unnecessary procedures
  - select optimal treatment
  - assess surgical candidates
  - evaluate response to treatment
- Transient adverse effects including dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness were observed in less than 1% of 538 patients during clinical trials.
- Please see the prescribing information for special considerations regarding patients receiving total parenteral nutrition or concurrent octreotide acetate therapy and patients with insulinoma or impaired renal function.

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

*Gastroentero-pancreatic neuroendocrine tumors
OctreoScan®
Kit for the Preparation of Indium In-111 Pentetreotide

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 40-mL OctreoScan Reaction Vial which contains a hypotonic mixture of 10 μg pentetreotide.
2) 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) ADIXMIXTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES; IN THESE SOLUTIONS, A COMPLEX GLUCOSYL 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 hypoglycaemia 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 In-111 pentetreotide.

2. The contents of the two vials 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, iodine, bladder, and other target organs, patients should be warned to drink plenty of fluid (other than water) before and after administration of indium In-111 pentetreotide. They should continue to drink fluid over a period of at least 24 hours following 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 cholestasis, preferably 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 cholestasis.

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

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

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 an 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 reproduction 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 538 patients: diarrhea, nausea, flushing, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects were transient. In addition, clinical trials were not reported case of bradycardia and one case of decreased hematocrit and hemoglobin.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms of 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/discomfort, loose stools, and vomiting. Hypertonation and hyper- and hypoglycaemia 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, labelled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., bisacodyl or lactulose) be given to the patient starting the evening before the radioactive drug is administered, and continuing for 48 hours. Ample fluid intake is necessary during this period as a support both to renal elimination and the bowel-cleansing process. In a patient with an insulinoma, 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 In-111 pentetreotide prepared from an OctreoScan kit. The recommended intravenous dose for SPECT imaging is 222 MBq (6.0 mCi) of indium In-111 pentetreotide.

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

As with all intravenously administered products, OctreoScan should be inspected visually for particulate matter and discoloration prior to administration. Administration 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 technique 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 Kennes, et al.

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

Planar Dosage

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Radiation Dose (rem)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>105</td>
</tr>
<tr>
<td>Liver</td>
<td>16</td>
</tr>
<tr>
<td>Muscle</td>
<td>2</td>
</tr>
<tr>
<td>Bone</td>
<td>0.3</td>
</tr>
</tbody>
</table>

SPECT Dosage

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Radiation Dose (rem)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>40</td>
</tr>
<tr>
<td>Liver</td>
<td>16</td>
</tr>
<tr>
<td>Muscle</td>
<td>4</td>
</tr>
<tr>
<td>Bone</td>
<td>0.1</td>
</tr>
</tbody>
</table>

HOW SUPPLIED
The OctreoScan kit, NDC 0019-9050-40, is supplied with the following components:
1. A 10-mL OctreoScan Reaction Vial which contains a hypotonic mixture of:
   - 10 μg pentetreotide
   - N-[Deyethyldebenzam-P-N]-N-n-butylaminio acid-
     [N-acyethyl-D-phosphanyl-L-hemicycl-L]-phosphanyl-D-threonyl-L-lysinyl-L-threonyl-S-threonyl-2-(D)-diazide (also known as octreotide TTPR),
   - 2.0 mg genistein acid [2-Dihydroxybenzoic acid],
   - 4.9 mg thiamium citrate, amphibous,
   - 7.37 mg chlorid acid, amphibous,
   - 10 mg inositol.

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

2. A 10-mL vial of Indium In-111 Chloride Sterile Solution, which contains 1.1 mL of 111 MBq/mL (3.0 mCi/mL) indium In-111 chloride in 0.02 N HC1 at time of calibration. The vial also contains lern chloride at a concentration of 1.5 g/mL, tetrac 1.5 g/mL. The vial also contains sterile, nonpyrogenic. No bacteriostatic preservative is present.

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

MALLINCKRODT
Mallinckrodt Inc., Mallinckrodt Nuclear Medicine Division
P.O. Box 5640
St. Louis, MO 63134

©1997 Mallinckrodt Inc.
M22701
12/97
Circle Reader Service No. 110

Upon suspicion of pulmonary malignancy
Indicated to identify somatostatin receptor-bearing pulmonary masses in patients who are known to have or are highly suspect for malignancy and have pulmonary lesions on CT and/or chest x-ray.
Noninvasively Characterizes Pulmonary Masses

- **NeoTect™**, a unique small synthetic peptide radiopharmaceutical, characterizes pulmonary masses as being rich in somatostatin receptors (SSTRs)\(^1\).\(^2\)
  - Many malignant pulmonary masses and some inflammatory processes overexpress SSTRs\(^1\)

**Unique mechanism of action**

- **NeoTect**, which is radiolabeled with technetium Tc 99m, produces high contrast resolution single photon emission computed tomography (SPECT) images within 2 to 4 hours,\(^1\) with little generalized pulmonary uptake\(^1\)

- **Achieves high specificity and sensitivity values, reliable readings**\(^1\).\(^2\)

- **Offers an excellent safety profile**\(^1\) without the serious complications (eg, pneumothorax\(^3\)) associated with invasive procedures
  - Of 647 patients evaluated, one or more adverse events occurred in only 4.5% of all enrolled patients. The most commonly reported adverse events were headache (1.0%), dizziness (0.8%), nausea (0.6%), and flushing (0.5%).\(^1\)
  - NeoTect, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.\(^1\)

The clinical benefit of NeoTect as a population-based screening tool has not been studied. NeoTect is not an alternative to CT or biopsy.\(^1\)

---

**EXPANDING YOUR VISION**

---

Please see brief summary of prescribing information on following page.
Brief Summary of Prescribing Information

DESCRIPTION
NeoTect™(Kit for the Preparation of Technetium Tc 99m Deproteotide Injection) is intended for use in the preparation of Technetium Tc 99m Deproteotide, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, non-pyrogenic, hydrochloric acid solution of Technetium Tc 99m Deproteotide, 5 mg of sodium glutathione disulfate, 50 mg of stannous chloride disulfate with a minimum stannous tin content of 15 mg, 100 mg edetate disodium dihydrate, and sufficient sodium hydroxide for adjustment to pH 7.4 prior to sterilization. The hydrochloric acid solution is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

INDICATIONS AND USAGE
NeoTect™ is a scintigraphic imaging agent that identifies somatostatin receptor-bearing pulmonary masses in patients presenting with pulmonary lesions on computed tomography and/or chest x-ray who have known malignancy or who are highly suspect for malignancy.

CONTRAINDICATIONS
None known.

WARNINGS
None.

PRECAUTIONS
General
Therapy with somatostatin analogues can produce severe hypoglycemia in patients with insulinomas. Since Deproteotide binds to somatostatin receptors, caution should be exercised when administering this drug to patients with insulinomas. NeoTect™, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available, if required for immediate use. For the first 4 hours, following the administration of NeoTect™, these measures should be taken to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radiochemicals should be used by or under the control of physicians who are qualified by specific training and experience in the use of radiochemicals and oncology, whose knowledge and experience have been approved by the appropriate government agency authorized to license the use of radiochemicals.

Urinary excretion of radioactivity occurs primarily during the first 4 hours following injection. Studies have not been done to determine the amount of radioactivity that might be eliminated in the feces. (See Clinical Pharmacology Section.) Special precautions should be taken with incontinent patients to minimize the risk of radioactive contamination of clothing, bed linen, and the patient’s environment.

Information For Patients
To minimize radiation absorbed dose to the bladder, adequate hydration should be encouraged to permit frequent voiding during the first few hours after injection of NeoTect™. This may be achieved by having patients drink at least an 8 oz. glass of water prior to drug administration. To help protect themselves and others in their environment, patients should take the following precautions for 12 hours after injection: whenever possible a toilet should be used and should be flushed several times after each use and patients should wash their hands thoroughly after each voiding or fecal elimination. If blood, urine or feces soil the clothing, the clothing should be washed separately.

Laboratory Tests
There was a low incidence (1% or less) of transient and clinically insignificant changes in alanine aminotransferase (ALT), white blood cell count, and eosinophil count following administration of Technetium Tc 99m Deproteotide Injection.

Drug Interaction
Drug interactions were not noted in clinical studies in which Technetium Tc 99m Deproteotide Injection was administered to patients receiving concomitant medication.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. The results of the following genotoxicity studies with decayed Technetium Tc 99m Deproteotide Injection or with deproteotide were negative: Salmonella/microsome reverse mutation assay, in vitro mouse lymphoma assay with and without metabolic activation, and in vivo mouse micronucleus assay.

Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Deproteotide Injection. It is not known whether Technetium Tc 99m Deproteotide Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Deproteotide Injection should be given to a pregnant woman only if clearly needed. Studies in pregnant women have not been conducted.

Nursing Mothers
Studies have not been conducted with deproteotide to determine its excretion in human milk. Technetium Tc 99m Pertechnetate is excreted in human milk. It is not known whether Technetium Tc 99m Deproteotide Injection is excreted in human milk. Caution should be exercised when Technetium Tc 99m Deproteotide Injection is administered to a nursing woman. Wherever possible, infant formula should be substituted for breast milk until the technetium has been eliminated.

Pediatric Use
Safety and effectiveness of Deproteotide in pediatric patients below the age of 18 years have not been established.

ADVERSE REACTIONS
Adverse events were evaluated in clinical studies of 847 adults who received 15.0 to 20.0 mCi Technetium Tc 99m labeled to approximately 50 µg of Deproteotide. Of these adults, 59% were men and 42% were women. The mean age was 58.0 years (18-86 years).

Deaths did not occur during the clinical study period. After Technetium Tc 99m Deproteotide Injection, serious adverse events were not reported.

At least one adverse event occurred in 25/474 (4.5%) patients after Technetium Tc 99m Deproteotide Injection. Headache was the most commonly reported adverse event (1% of patients). Table 9 lists adverse events reported in 0.5% or more of patients who received Technetium Tc 99m Deproteotide Injection.

<table>
<thead>
<tr>
<th>TABLE 9</th>
<th>ADVERSE EVENTS REPORTED IN ≥ 0.5% OF PATIENTS FOLLOWING NeoTect Injection IN CLINICAL TRIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Exposed</td>
<td>6457</td>
</tr>
<tr>
<td>Number of Patients with At Least One Adverse Event</td>
<td>29 (4.5%)</td>
</tr>
<tr>
<td>Adverse Event</td>
<td>Percentage</td>
</tr>
<tr>
<td>Headache</td>
<td>7 (1.1%)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>5 (0.8%)</td>
</tr>
<tr>
<td>Gastrinomuscular System</td>
<td>7 (1.1%)</td>
</tr>
<tr>
<td>Nauses</td>
<td>4 (0.6%)</td>
</tr>
<tr>
<td>Vascular (extracardiac) Disorder</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>Flushing</td>
<td>3 (0.5%)</td>
</tr>
</tbody>
</table>

Other adverse events which occurred in ≤ 0.5% of patients following administration of NeoTect™ included: anaphylaxis, back pain, chest pain, diarrhea, fatigue, gait abnormality, glosisoma, hematosis, hypotension, hypoxemia, ileus, infection, injection site reactions, jaundice, lathy, lymphadenopathy, malaise, pharyngitis, somnolence, taste perversion.

DOSE AND ADMINISTRATION
For imaging, NeoTect™ is administered as a peripheral intravenous injection at a single dose of 15 to 20 mCi containing approximately 50 µg of Technetium Tc 99m radiolabeled Deproteotide peptide. Patients should drink at least an 8 oz. glass of water before drug administration.

The contents of Kit for the Preparation of Technetium Tc 99m Deproteotide Injection are intended only for use in the preparation of Technetium Tc 99m Deproteotide Injection and are not to be administered directly to the patient. Only one patient dose should be drawn from each reconstituted vial. (See Instructions for the Preparation Section.)

The potential need for dose adjustment has not been studied in patients with renal insufficiency, or in pediatric or geriatric patients, or in patients on therapeutic somatostatin analogues.

IMAGING
Planar and SPECT images of the chest should be obtained between 2-4 hours after NeoTect™ administration. SPECT images of the chest are required for optimal image interpretation.

RADIATION DOSIMETRY
Based on human data, the absorbed radiation dose to an average human adult (70 kg) from an intravenous injection of the agent are listed in Table 9. The values are listed in descending order as rad/min and mCi/Mg and assume urinary bladder emptying at 4.8 hours.

| Table 9 Estimated Absorbed Radiation Dose |
|-----------------|-----------------|-----------------|
| Target Organ    | rad/min          | mCi/Mg          |
| Kidneys         | 0.33             | 0.080           |
| Spine           | 0.19             | 0.042           |
| Testes          | 0.11             | 0.031           |
| Remote Bladder  | 0.086            | 0.022           |
| Renal Mucosa    | 0.078            | 0.021           |
| Liver           | 0.078            | 0.021           |
| Heart wall      | 0.054            | 0.014           |
| Bone surface    | 0.054            | 0.015           |
| Lungs           | 0.053            | 0.014           |
| Adrenal glands  | 0.044            | 0.012           |
| Pancreas        | 0.037            | 0.009           |
| Urinary bladder | 0.032            | 0.008           |
| Uterus          | 0.031            | 0.009           |
| Small intestine | 0.019            | 0.0050          |
| Upper Large Intestine | 0.019 | 0.0050           |
| Ovaries         | 0.016            | 0.0042          |
| Lower Large Intestine | 0.016 | 0.0042          |

Dose calculations were performed using the standard MIDR method (MIDR Pamphlet No. 1 rev., Soc. Nucl. Med., 1976). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-4, 1988) and given a value of 0.023 mCi/Mg (0.004 rem/Mg).

HOW SUPPLIED
Each kit is comprised of one vial containing a sterile, non-pyrogenic, freeze-dried mixture of Deproteotide, stannous chloride dihydrate, sodium glutathione disulfate and edetate disodium dihydrate. Kits are available as individual vials or as packs of five.

NDC 64570-511-10 - single vial
NDC 64570-511-05 - five vial pack

STORAGE
Store the kit at -10°C to 14°C. Store the reconstituted injection solution at 30-35°C (86-95°F) with appropriate radiation shielding. Use within 5 hours of reconstitution. The kit should be protected from light.

Rx Only
Distributed by:
Diatide, Inc.
9 Delta Drive
London, New Hampshire 03053

Declared: 1999

References:

NeoTect™ is a trademark of Diatide, Inc.

EXPANDING YOUR VISION
Start your day with crisper images

Introducing the
UP-D70XR
Dual Mode
Digital Imager

Now get high-quality prints in just seconds
Never before has image reproduction, especially on film-like transparency media, looked crisper or printed faster.

With the new UP-D70XR Dual Mode Digital Imager, you’ll see a striking difference in full-page print output—sharp, clear transparencies in as little as 45 seconds; clean color and black & white prints in under a minute. Plus, changing from paper to film is fast and easy. The UP-D70XR is DICOM compatible when used with the optional Sony UPA-D3 DICOM print server, and very compatible with your budget.

So if you want to improve your image, call Sony Medical Systems at 1-800-892-SONY Ext. 70XR or pop over to our Web site at www.sony.com/medical.

Circle Reader Service No. 188

The art of the image™
Sharper Images
Sharper Pencils

Clearer diagnostic images – in a shorter time – with higher proven reliability. Combine these qualities with the lowest price available and your business picture just got sharper. We’ve done our homework.

Best Performance
3.0 mm F.W.H.M. resolution; 8.8% energy resolution; linearity, energy and all other corrections; FPGA programmable electronics; 0.01 sec/slice reconstruction; 0.5 sec gated cardiac analysis; smallest footprint; requires only standard 120V 10 amp. power outlet; Microsoft Word® automated reports*

Best Price
$135,000 sus
single circular T

$155,000 sus
single rectangular T

Better Patient Diagnosis means better business Prognosis

Circle Reader Service No. 86

Contact IS2 Research for a free CD containing a compendium of clinical images.

IS2 RESEARCH INC., 20 Gurdware Road, Nepean, Ontario, Canada K2E 8B3 Tel: (613) 228-8755 Fax: (613) 228-8328 email: is2research.com www.is2research.com

Prices subject to change without notice, may not apply in all jurisdictions. Microsoft Word® and Windows NT® are registered trademarks of Microsoft Corporation. * optional
SNM BOOKS
Nuclear Medicine’s Most Targeted, Most Authoritative Sources

Because the SNM publishes only clearly focused research on areas of specific clinical importance, as well as on the most advanced findings in the field, our books offer information available nowhere else. And SNM educational books set the gold standard for proficiency in key areas of the discipline.

Our books are:
• Clinically Practical
• Competitively Priced
• Educationally Targeted

Book topics include: nuclear cardiology and oncology updates, instrumentation, compliance with NRC regulations, and more.

To order books contact SNM’s book distributor, Matthews Medical Books at (800) 633-2665 or (314) 432-1401. Order online at www.snm.org/about/catalog.html.

SOCIETY OF NUCLEAR MEDICINE

Macrocyclicals

Specializing in high performance chelating agents for biomedicine

We offer a variety of high purity ligands including:

• Bifunctional ligands
• DOTA based
• DTPA based
• Chelates for MR Imaging
• Chelates for Nuclear Medicine

Custom ligands and GMP synthesis available.

Check out our product line at: http://www.macrocyclics.com
contact us by e-mail at info@macrocyclics.com
or fax (972) 644-9715
Circle Reader Service No. 108

Your Voice.

Your Choice.

Vote Today to Strengthen Your Specialty Society’s Voice

Every specialty society seated in the American Medical Association House of Delegates — the AMA’s policy-making body — is guaranteed at least one delegate. Beginning in 1997, specialty societies are awarded additional delegates based on the number of AMA members who choose that society to speak on their behalf. For every 1,000 physicians who designate a specialty society to represent them, that society is awarded an additional delegate.

Make a Difference — Make Your Voice Heard

You can make a difference in the number of delegates awarded to your specialty society by voting. But remember, you must vote by December 31, 1999, to make your vote count in 2000!

Register your vote by telephone or e-mail:
• Telephone 800 652-0605 and follow the simple instructions
• Fax to 847 517-7229
• E-mail to ballot@ama-assn.org
You must provide your 11-digit medical education (ME) number to vote. To obtain your ME number, refer to your AMA membership card or call 800 262-3211.

Strengthen Your Voice in the House of Medicine!
Vote Today!

SOCIETY OF NUCLEAR MEDICINE
920
The Society of Nuclear Medicine, in partnership with the Medical Imaging Division of DuPont Pharmaceuticals Company, is offering a one year fellowship available July 1, 2000 in the amount of $30,000 to support diagnostic, prognostic or outcomes research focused on the use of nuclear medicine or nuclear cardiology techniques that will assist clinicians and post-menopausal patients with respect to hormone replacement therapy. Primary research areas of the fellowship are known or suspected coronary artery disease, elevated serum cholesterol, breast cancer and/or osteoporosis.

Funds can be used to support the research and/or salary of the investigator. Grants are limited to research performed in the United States or Canada. Eligible applicants are those who are: (a) currently serving as Residents or Fellows in accredited Nuclear Medicine, Cardiology, Gynecology, Oncology or Radiology training programs, or have just recently completed training; or (b) have completed at least one year of an accredited residency or fellowship training program.

Deadline for receipt of applications and all supporting materials is February 1, 2000.

For further information and to obtain application materials, contact the Society of Nuclear Medicine, Attn: Committee on Awards, 1850 Samuel Morse Drive, Reston, VA 20190. Phone: (703) 708-9000, ext. 1246. Fax: (703) 708-9020. Downloadable application materials are also available on the Society’s homepage at www.snm.org.
Providing you with the resources to be successful is ours.

The Society of Nuclear Medicine (SNM) represents the entire nuclear medicine spectrum—from physicians and scientists to technologists and pharmacists. Our members come from a wide variety of specialties related to nuclear medicine, including cardiology, neurology, oncology, pathology and radiology. This diversity truly enables us to be THE world leader in providing knowledge that advances and promotes the use of nuclear medicine. Members enjoy benefits that help them to be leaders and decision-makers in their organizations and in the field at large.

Join now to begin receiving:

**The Latest Information**
- A subscription to the monthly *Journal of Nuclear Medicine* (JNM)
- Up to 40% discounts on books, monographs and audiovisuals addressing the latest topics in nuclear medicine

**Continuing Education Opportunities**
- Discounts on registration to the SNM Annual Meeting, the premier nuclear medicine event of the year
- CE credits through special articles in the JNM

**Access to Your Peers**
- Connect with colleagues quickly and easily using the Online Membership Directory, only accessible to members
- Enrollment in your local chapter
- The opportunity to join Councils, SNM’s special interest groups

**Advocacy of Your Profession**
- Working hand-in-hand with SNM membership, positions on pending legislation and regulatory issues are determined and communicated to governmental agencies and to the Congress on your behalf.

**And Just for Technologists**
- *Journal of Nuclear Medicine Technology*
- *Uptake* (the technologist newsletter)
- Free tracking of your continuing education credits through the VOICE program

**Join Today**
Join online today by visiting our site at [www.snm.org](http://www.snm.org) or calling us toll-free at (800) 513-NUKE (6853). International callers may reach us at (703) 708-9000. Or use our Fax-on-Demand Service at (888) 398-7662 (domestic) or (703) 531-1514 (international) and request document #201.
Updates in Nuclear Medicine: Quantitative Cardiac Imaging and New Innovations in Instrumentation

February 13-14, 2000 • Westin Canal Place • New Orleans, Louisiana

The field of nuclear cardiology has experienced tremendous growth in the past decade as evidenced by the increased use of myocardial perfusion studies. Using today’s instrumentation, we can greatly improve the speed and accuracy of coronary artery disease diagnosis.

Two of SNM’s special interest Councils—the Computer and Instrumentation Council and the Cardiovascular Council—have teamed up to develop a program that examines state-of-the-art instrumentation and computer techniques available to quantify myocardial perfusion distribution. Get the technical information you need and visit with commercial vendors who will demonstrate the latest cardiac software tools.

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.

<table>
<thead>
<tr>
<th>Rates</th>
<th>Until Jan. 7, 2000</th>
<th>On-Site Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians/Scientists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNM Members</td>
<td>$200*</td>
<td>$250*</td>
</tr>
<tr>
<td>Non-members</td>
<td>$260</td>
<td>$305</td>
</tr>
<tr>
<td>Technologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNM-TS Members</td>
<td>$105*</td>
<td>$140*</td>
</tr>
<tr>
<td>Non-members</td>
<td>$135</td>
<td>$165</td>
</tr>
<tr>
<td>Students</td>
<td>$75</td>
<td>$75</td>
</tr>
</tbody>
</table>

*Attendees may apply the registration fee toward next year’s membership in one of the sponsoring SNM Councils.

Society of Nuclear Medicine
Need to get up-to-speed **FAST** on new, revised and deleted CPT codes for nuclear medicine?

Get all you need to understand the major procedural aspects of nuclear medicine services, including proper code selection, claim submission and documentation in this one-day workshop. Discover how to use the current CPT and ICD-9-CM manuals. Find out how to cost a procedure. Get tips for working with your hospital billing department to assure nuclear medicine procedures are correctly covered by third party payers. Evaluate your coding and billing practices in light of the recent rebundling initiative. And so much more.

For additional information, call (703) 708-9000 x1255.

Society of Nuclear Medicine
Applications are invited for the 2000 Paul C. Aebersold Award for outstanding achievement in basic science applied to Nuclear Medicine. This award commemorates the contributions of Dr. Paul Clarence Aebersold to the applications of nuclear physics to Nuclear Medicine and radiation biology, as well as his contributions to the Society of Nuclear Medicine (SNM). Dr. Aebersold contributed greatly to the emergence of Nuclear Medicine as a discipline by his energetic leadership in the provision of cyclotron-generated and reactor-produced radionuclides, and by his numerous publications and lectures. In giving this award, the Society thus symbolically signifies its appreciation of the warm and vital person who became the Society’s first Honorary Member.

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.

Nominations deadline: December 31, 1999. Please submit nominations and supporting documents to William J. MacIntyre, Ph.D., c/o Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, Virginia 20190-5316.
The 2000 examination will be given Sunday, June 4, 2000 in St. Louis, MO in conjunction with the 47th Annual Meeting of the Society of Nuclear Medicine.

The examination is written and consists of two parts —

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

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

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

**Completed Applications must be postmarked by March 10, 2000.**
The examination fee is $650 ($550 refundable if you do not qualify).

For applications and more information, please contact:

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

Nuclear Medicine physician with background in IM and Pathology seeks position in Nuclear Medicine or Nuclear Cardiology. E-mail: MarcMD1@aol.com.

Nuclear Medicine Physician
ABNM certified nuclear medicine physician with 20 years experience. Available for FT/PT position. Strongly prefer NJ or NY. Contact Society of Nuclear Medicine, Box #1299, 1850 Samuel Morse Dr., Reston, VA 20190 or e-mail brianbreno@aol.com.

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

Positions Needed

ACGME Accredited Nuclear Radiology Fellowship
One year program is available beginning July 1, 2000. Strong emphasis on cardiology and clinical PET. Apply to Donald R. Neumann, MD, PhD, Cleveland Clinic Foundation (F93), 9500 Euclid Avenue, Cleveland, OH 44195.

Interventional Radiologist
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
Progressive subspecialized large private practice radiology group is seeking a qualified body imaging radiologist comfortable with all modalities of diagnostic radiology except angiography and interventional. 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 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.

Nuclear Medicine Fellowship
Progressive subspecialized large private practice radiology group is seeking an 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 eventual 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 an 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.

Fellowship in Nuclear Medicine
The Nuclear Medicine/Diagnostic Radiology Department at Wyckoff Heights Medical Center is offering a one-year fellowship in General Nuclear Medicine beginning July 1, 2000. The department performs approximately 25,000 studies per year utilizing 23 gamma cameras (10 SPECT systems). New cyclotron and PET camera beginning January 2000. Active research areas are cardiology, oncology, gastroenterology and endocrinology. Please send curriculum vitae to Douglas A. Collins, MD, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Mayo Clinic is an Equal Opportunity Employer.

Nuclear Medicine Chief
Immediate opening for partnership-track position with 10-person radiology group in beautiful Northwest, a division of 60-MD specialty-only professional corporation. Busy, exclusive practice at 483-bed Providence Regional Medical Center, a leading tertiary hospital in a metropolitan community of 1.7 million. Require Fellowship in Nuclear Medicine and at least 3 years experience directing a hospital-based nuclear program. Please submit CV and 3 references to: Michael H. Sutton, MD, Chief, Radiology Division, The Oregon Clinic, P.O. Box 4805 NE Glisan, Portland, OR 97213. Phone: (503) 215-6342.

Postdoctoral Research Associate
Yale University/VA PET center is seeking a radiopharmacist for the research and development of positron emitting radiotracers. Applicant must have a strong background in both radiochemistry and synthetic organic chemistry. If interested, please send a copy of your resume and list of three references to: Pradeep K. Garg, PhD, Director, PET Radiochemistry, Yale University/VA PET Center (115A), 950 Campbell Avenue, West Haven, CT 06516. Fax: (203) 937-4509. E-mail: garg@biomed.med.yale.edu. EOE.

Nuclear Medicine
Ochsner Clinic in New Orleans seeks a Board Certified Section Head for Nuclear Medicine to join our ten-person Nuclear Medicine Department. This section does approximately 500-600 exams per month. The candidate must also be qualified to teach in the Nuclear Medicine residency program. Candidates should have completed an accredited training program. Fellowship training in PET is desirable. Ochsner is a physician owned and directed multi-specialty group practice, which includes more than 400 physicians in 27 locations across Southeast Louisiana. We offer an excellent salary, fringe benefit package and paid vacation. Interested physicians should send CV and contact: Edward J. Bluth, MD, Chairman, Department of Radiology, Ochsner Clinic, 1514 Jefferson Highway, New Orleans, LA 70121. Phone: (504) 842-3470. E-mail: eb@ochsner.org.

Nuclear Medicine Technologist
VA North Texas Health Care System
Dallas, TX

A full-time career opportunity exists at the VA North Texas Health Care System, VA Medical Center, Dallas, Texas. Incumbent will serve as a technologist for a large Nuclear Medicine Service. Qualifications: Must be certified in nuclear medicine by the NMTCB or the ARRT. Applicants must be a U.S. citizen and meet the physical requirements of the position. Subject to drug testing. Excellent benefits package.

Send resume and salary history to:
Andrew Jackson, Human Resource Management Service 4500 S. Lancaster Rd., Dallas, TX 75218 Phone: (214) 957-1985

**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

---

**Associate Director for**  
**Radiology & Imaging Sciences**  
**WARREN G. MAGNUSON CLINICAL CENTER**  
**NATIONAL INSTITUTES OF HEALTH**

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 Chair, Department of Radiology and the CC Associate Director for Imaging. 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 or Nuclear Medicine 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 12/20/99. Additional information about the position and the department is available at http://www.cc.nih.gov/ddrd/.

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*

---

**Supervisory Nuclear Medicine Technologist**  
**VA NORTH TEXAS HEALTH CARE SYSTEM**  
**DALLAS, TX**

A full-time career opportunity exists at the VA North Texas Health Care System, Dallas, TX. This Health Care System is affiliated with the UTHSC at Dallas. Incumbent will serve as chief Technologist for a large Nuclear Medicine Service.

Qualifications: Must be certified in nuclear medicine by the NMTCB or the ARRT; at least two years of clinical nuclear medicine technology experience; demonstrated supervisory skills; applicants must be a U.S. citizen and meet the physical requirements of the position. Subject to drug testing. Excellent benefits package.

Send resume and salary history to:

Andrew Jackson  
Human Resources Management Service  
4500 S. Lancaster Rd.  
Dallas, TX 75216  
Phone: (214) 857-1685

Equal Opportunity Employer  
Smoke-Free Facility
Tenure-Track Faculty Positions

The Purdue University Department of Medicinal Chemistry and Molecular Pharmacology invites outstanding scientists to apply for faculty positions at any level. We seek scientists with research interests at the interface of chemistry/biology/medicine who use molecular approaches to understand mechanisms or treatment of human disease. Areas of specific interest include, but are not limited to: biophysical/bioanalytical sciences, bioorganic or synthetic medicinal chemistry, computational chemistry/biology, and diagnostic imaging or targeted radiotherapy. A successful candidate is expected to establish and/or maintain a strong research program with extramural funding. Commitment to excellence in teaching at the undergraduate and graduate levels will be required. The Department offers a vigorous and growing research environment with first-rate instrumentation; numerous opportunities exist to participate in interdepartmental programs such as the Purdue Cancer Center, Purdue University Neuroscience, and related graduate programs. Candidates must hold a PhD; junior level applicants are expected to have at least two years of postdoctoral training. Minority and women scientists are especially encouraged to apply. Applicants should submit a curriculum vitae, a detailed description of research plans, and names and addresses of three references to:

Purdue University
Chair, CB Faculty Search Committee
Department of Medicinal Chemistry and Molecular Pharmacology
1333 Robert Heine Pharmacy Building
West Lafayette, Indiana 47907-1333

Review of the candidates will begin on January 3, 2000 and continue until the positions are filled.

Purdue University is an Equal Opportunity/Equal Access Employer

Call for Papers

The Journal of Nuclear Medicine (JNM)

Members and nonmembers are invited to submit papers for publication in the JNM. Papers reporting results from clinical and research investigations of all specialties are welcome. Brief communications detailing preliminary research results in an abridged paper are especially desired. JNM is indexed in Index Medicus and on MEDLINE.

Information for authors is available at: www.snm.org/pdf/infoauth_999.pdf

Please forward submissions to:

Martin P. Sandler, MD
The Journal of Nuclear Medicine
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190-5316

SOCIETY OF NUCLEAR MEDICINE

Nuclear Medicine/Research Technologist
Seattle, WA

Children's Hospital and Regional Medical Center has a position available for an ARRT (N) or CNMT registered person to work with our Nuclear Medicine team. CHRM is beginning to use radiolabeled antibodies to treat cancer in children and desires an individual that could perform clinical studies and research duties. This is a challenging position that involves clinical duties, staff education and follow-up of patients. This motivated individual should have 2-3 years experience in Nuclear Medicine with a strong radiation safety background and antibody research experience. Pediatric expertise is highly preferred. Good communication and interpersonal skills are necessary for this highly participative position. Relocation assistance is available.

If you're interested in improving the lives of children on a daily basis in an area consistently rated one of the best in the country to live, forward your resume to: Children's Hospital, CL-31, HR, 4800 Sand Point Way NE, Seattle, WA 98105. Fax: (206) 368-4820. For more information, visit us at www.seattlechildrens.org EOE.

Assistant/Associate Professor
University of Virginia
Department of Radiology

The University of Virginia Department of Radiology is seeking an Assistant/Associate Professor to head its Division of Nuclear Medicine. Applicants can be either board-certified radiologist capable of cross covering in other imaging areas or dedicated Nuclear Medicine physicians. The successful applicant will develop new Nuclear Medicine applications, increase utilization, and approve efficiency of operations. The University of Virginia Health System includes the University of Virginia Hospital, a 600-bed tertiary care Academic Health Center located in Charlottesville, Virginia. The equipment in the Division of Nuclear Medicine is state-of-the-art including coincident PET scanning and the division participates in Nuclear Cardiology. There is a Nuclear Medicine research laboratory and a federally funded PhD scientist interested in Nuclear Medicine detective of research. Rank and salary are commensurate with experience and accomplishments. Interested applicants should send a letter of interest accompanied with a curriculum vitae to the attention of:

Bruce J. Hillman, MD
Department of Radiology
Box 170
University of Virginia Health System
Charlottesville, VA 22908

An e-mail can also be directed to: bjh8a@virginia.edu.

The University of Virginia is an equal opportunity/affirmative action employer.
The microPET facility houses two state-of-the-art small animal PET scanners, with a third system currently under development. The facility is used by many different laboratories at UCLA for in vivo imaging studies in cancer, the nervous system, the immune system and the cardiovascular system. It has become a focus for cutting-edge, multidisciplinary research involving molecular biology, genetics, drug discovery and the imaging sciences. The facility currently performs more than 750 studies/year, anticipated to grow to over 2000 studies/year as full capacity is reached. Two new positions have been created within the facility for which applications are invited:

MICROPET FACILITY DIRECTOR
The Director will have overall responsibility for the management of the microPET facility and personnel. Duties include implementing, adapting or developing methods related to data collection, data correction, image reconstruction, data analysis, quantification and quality control with the goal of improving the accuracy, quality or efficiency of microPET imaging. Position requires an M.S. or Ph.D. in the physical or engineering sciences, and excellent computer skills (C or C++, IDL and UNIX at a minimum). Previous experience in nuclear medicine imaging is highly desirable. Management experience a plus. Must be willing to work in a multidisciplinary environment.

DATA MODELING SCIENTIST
This position is primarily responsible for helping investigators from different fields to design microPET protocols, quantify microPET images and to perform statistical analyses and tracer kinetic modeling. It involves interaction with multidisciplinary groups of scientists and with the facility Director, and implementing, adapting or developing software to optimize the accuracy and efficiency of microPET data analysis. The position requires a M.S. or Ph.D. in an appropriate field, excellent computer skills (C or C++, IDL and UNIX at a minimum) and good communication skills. Previous experience in nuclear medicine imaging is highly desirable.

Level of appointment and salary will be commensurate with experience. To apply, send your CV, the names of three references and a brief statement outlining why you are a good candidate, to: Simon Cherry, PhD, Crump Institute for Biological Imaging, Box 951770, UCLA, Los Angeles, CA 90095-1770. More detailed information about the positions can be found at: www.crump.ucla.edu. Applications will be considered until positions are filled. The University of California is an Equal Opportunity Employer committed to excellence through diversity.

Mark Your Calendar for the Society of Nuclear Medicine’s 47th Annual Meeting
June 3-7, 2000 • America’s Center • St. Louis, Missouri

If you have answered yes to any of these questions, then you should attend the SNM’s 47th Annual Meeting.
Hear from leading experts, swap ideas with peers and meet the vendors whose products offer solutions to even your most pressing challenges. Witness firsthand how the SNM shares and distributes new ways nuclear medicine can be used to diagnose and treat illness.

To obtain more information visit our website at www.snm.org, call our Fax-on-Demand Service at (888) 398-7662 or call the SNM Meeting Department at (703) 708-9000, ext. 1229.

We look forward to seeing you in St. Louis.

SOCIETY OF NUCLEAR MEDICINE
Introducing Forte™ with MCD/AC™

Vertex™ & Solus™ with MCD/AC™

C-PET™: Optimized Oncology Imaging

ADAC offers a complete range of PET imaging solutions from MCDPET™ and MCD/ACPET™, which allows a cost-effective entry to PET imaging, to C-PET™, a dedicated PET scanner designed for high throughput PET facilities. ADAC now extends its leadership in oncology with MCD/ACPET™ on its new open gantry system, the Forte™.
Leadership Defined

True leadership can be measured. It stands the test of time and scrutiny.

At GE Medical Systems, we define and measure leadership by what our customers say about us:

♦ Number One Ranking for Nuclear Medicine in 1998 by the medical industry leading consultant, MDB Information Network (formally M.D. Byline)

♦ Number One Medical Imaging Company as recognized by Medical Imaging Magazine’s 1998 Readers Choice Award

♦ Number One Most admired company as designated by the Business Leaders Poll, Fortune Magazine, for 1998 and 1999

#1 Ranking

World’s Largest Customer Base

GE Medical Systems
We bring good things to life.

Visit us at www.ge.com/medical/nuclear or call 1-800-643-5439

For more than 100 years, healthcare providers have relied on GE for high quality medical technology, services, and productivity solutions

©1999 General Electric Company

Circle Reader Service No. 62