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, radiopharmaceuticals…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.

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a clear outcome in onco
the standard in clinical excellence

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Give us your tired, your poor, your old dose calibrators...

...and we’ll give you credit towards a new Capintec Dose Calibrator!

We are pleased to announce the return of our Trade-In Program. By popular demand this special offer open to our customers through June 30, 1999.

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If you don’t have a Capintec Dose Calibrator, don’t despair. Call us and we’ll do our best to accommodate you. We are certain that once you’ve used one of our calibrators you’ll never want another.

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

MYOVIEW™
Technetium Tc99m Tetrofosmin For Injection

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.

MYOVIEW is not indicated for use with pharmacologic stress agents.

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.


MYOVIEW. The image of efficiency.
Caution: Federal (USA) law prohibits dispensing without a prescription.

Clinical Pharmacology

General

When technetium Tc-99m pertechnetate is added to tetrofosmin in the presence of stannous reduction, a lipophilic, carboxylic technetium Tc-99m complex is formed, Tc99m tetrofosmin. This complex is the active ingredient in the reconstituted drug product, on whose biodistribution and pharmacokinetic properties the indications for use depend.

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study A and study B). Of these 252 patients there were 212 (83%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum exercise 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 had exercise SPECT and thallium-201 SPECT 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 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74 MBq (1.5-2.0 mCi) at peak exercise.

The images were evaluated for the quality of the image (excellent, good or poor) and the diagnostic value (scores of 0 = normal, 1 = ischemia, 2 = mixed, 3 = mixed intact and ischemia). The primary outcome variable was the percentage of correct diagnoses in comparison to the final clinical diagnosis. Patients’ exercise SPECT images were blindly evaluated by the imager and an independent reader 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 a radiopharmaceutical intended for scintigraphic imaging of the myocardium following separate administrations during exercise and resting conditions. It is used in the delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium.

Contraindications

None known.

Warnings

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

Precautions

General

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

The contents of the Myoview vial are intended only for use in the preparation of technetium Tc-99m 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 Tc-99m tetrofosmin injection, like other radioactive drugs must be handled with care and appropriate precautions 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.

Radioactive pharmaceuticals should be used 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.

Cardiomyopathies, Myocarditis, Infection of Fertility

Studies have not been conducted to evaluate cardiogenic 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 Tc-99m 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 58 years (range 20-94 years). The subjects received a mean dose of 7.67 MBq on the first injection and 22.4 MBq on the second injection of Myoview.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days after the first 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.

DOSAGE AND ADMINISTRATION

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

- The first dose of 5.6 mCi (195-266 MBq) is given at peak exercise.
- The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

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

Radiation 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 rest conditions are listed in Table 1. The values are listed in descending order as rad/mCi and pGy/MBq and assume urinary bladder emptying at 3.5 hours.

Table 1 Estimated Absorbed Radiation Dose (Technetium Tc-99m Tetrofosmin Injection)

<table>
<thead>
<tr>
<th>Target organ</th>
<th>Exercised</th>
<th>Rested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/mCi</td>
<td>pGy/MBq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>33.2</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>20.1</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>15.6</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>15.3</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>12.1</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>10.4</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.030</td>
<td>8.04</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
<td>7.98</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>7.34</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>6.23</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>5.00</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>4.60</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.34</td>
</tr>
<tr>
<td>Adrenal glands</td>
<td>0.016</td>
<td>4.32</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>4.12</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>3.52</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>3.41</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>3.22</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>3.11</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>2.72</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.008</td>
<td>2.22</td>
</tr>
<tr>
<td>Skin</td>
<td>0.006</td>
<td>2.12</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard NIRD method (NIRD Pamphlet No. 1 (rev). Society of Nuclear Medicine, 1978). Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. ICRP, 21 (1),- (1991) and gave values of 8.81 x 10² mrad/mCi and 1.12 x 10² mrad/MBq after exercise and rest, respectively.

Manufactured by Amersham International plc

Amerham, United Kingdom

Patent No. 5,045,302 (R)

Distributed by Med-Physics, Inc., Amerham Healthcare, 1230 S. Clearfork Dr., Arlington Heights, IL 60005 1-800-633-4123 (Toll Free)

Printed in UK February 1996

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BS-43-1011

Circle Reader Service No. 135
In managing the moderate-to-low risk acute chest pain patient...

Is it ok to send him home?

Measure LVEF and perfusion\(^{1-5}\) with Cardiolite; and your decision becomes clear.

He's waiting. You need to decide. With Cardiolite\(^{6}\), you get crucial, post-chest pain risk assessment information to help you make appropriate patient management decisions.\(^{3-5}\)

An abnormal rest perfusion study with Cardiolite\(^{6}\) suggests he's had an MI, while a normal rest perfusion study rules out the possibility of MI. When gated, that same rest Cardiolite\(^{6}\) study also lets you assess LVEF and wall motion\(^{6-9}\)—providing greater insight into the patient's condition.

And, a follow-up stress study with Cardiolite\(^{6}\) adds even more information—including assessment of myocardial ischemia\(^{12,3}\).

That's the kind of clear, reliable, and reproducible information you need to make patient management decisions with confidence. So, when the question is whether you should send him home or not, order Cardiolite\(^{6}\). 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.

Please see brief summary of prescribing information on the following page.


Correlation of Cardiac Outcomes With Cardiolite\(^{6}\) SPECT Findings After 1 Year

Cardiac death

AMI

Revascularization

Normal (n=338)

Abnormal (n=100)

Perfusion Imaging Results

*P<0.01 compared with revascularization with normal imaging

Adapted with permission from Tepe et al.

Patients with chest pain were included within 48 minutes of presentation to the ED, and were assigned to one of four levels on the basis of the history and/or physical exam findings.

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Cardiolite

Kit for the Preparation of Technetium Tc99m Sestamibi for Injection

It clears your line of vision
In managing the moderate-to-low risk acute chest pain patient...

"Is it ok to send him home?"

Measure LVEF and perfusion\(^1\)\(^5\) with Cardiolite\(^6\); and your decision becomes clear.

He's waiting. You need to decide. With Cardiolite\(^6\), you get crucial, post-chest pain risk assessment information to help you make appropriate patient management decisions.\(^1\)\(^5\)

An abnormal rest perfusion study with Cardiolite\(^6\) suggests he's had an MI, while a normal rest perfusion study rules out the possibility of MI. When gated, that same rest Cardiolite\(^6\) study also lets you assess LVEF and wall motion\(^6\)\(^9\)—providing greater insight into the patient's condition.

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**References:**

Correlation of Cardiac Outcomes With Cardiolite\(^6\) SPECT Findings After 1 Year:

<table>
<thead>
<tr>
<th>Perfusion Imaging Results</th>
<th>Cardiac death</th>
<th>AMI</th>
<th>Reroseparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (n=138)</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Abnormal (n=100)</td>
<td>3</td>
<td>11</td>
<td>12*</td>
</tr>
</tbody>
</table>

*P<.001 compared with reroseparation with normal imaging.
Adapted with permission from Takum-At et al.

Patients with chest pain were admitted within 60 minutes of presentation to the ED, and were assigned to any of two levels on the basis of (his) or her Q wave MI at UA. Patients represented in this graph were assigned to level 3 (stable UA) and level 4 (possible UA).

Cardiolite®

Kit for the Preparation of Technetium Tc99m Sestamibi for Injection

It clears your line of vision.
INDICATIONS AND USAGE: Myocardial imaging: CARDIOLITE®, Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is 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. CARDIOLITE® 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). It is usually not possible to determine the age of a myocardial infarction or to differentiate a recent myocardial infarction from ischemia.

Precautions: MIRALUMA®, Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is indicated for the preparation of a second diagnostic dose of a radioactive drug that may be administered after the injection of breast lesions in patients with an abnormal mammogram or a palpable breast mass. MIRALUMA® is not indicated for breast cancer screening, to confirm the presence or absence of malignancy, and is not useful in staging patients with known breast carcinoma.

CONTRAINDICATIONS: None known.

WARNINGS: Cardiac disease is known or suspected, care should be taken to assure continuous monitoring and treatment in accordance with safe, accepted clinical procedures.

In studies label each woman as lactation. Inspect the tissue before injection. The component of the kit is sterile and non-pyrogenic. It is essential to follow directions carefully and to adhere to strict aseptic procedures during preparation.

Technetium Tc99m labeling reactions involve during the preparation of the isotope. Surveillance during treatment of 30% (0.1%) and 40% (0.2%) of the patients may be required to maintain the stable to injection. Absorbed the kit before radioactivity is not necessary. However, after the Sestamibi dose of Technetium Tc99m injection is added, adequate shielding of the final preparation must be maintained.

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The diagnostic advantages of CardioGen-82® PET myocardial perfusion imaging have always been clear.\textsuperscript{1,2} Now, with the establishment of favorable reimbursement and advancements in equipment technology, the cost-effectiveness story just got even stronger. That's why there's no better time to take a new look at CardioGen-82® PET imaging. Call your Bracco Diagnostics Representative (or call 1-800-257-5181) to see what this combination can mean to you and your practice.
Am
utilizing
References:
Safety
Animal
Pediatric
lactation.
are
and
No
thorough
and
use
General
with
INDICATIONS
CONTRAINDICATIONS
or
2220
rubidium
INDICATIONS
Rubidium
Rubidium 82 Generator
For Eletion of Rubidium Chloride
Rb 82 Injection
Diagnostic: Intravenous
INDICATIONS AND USAGE
Rubidium chloride Rb 82 injection is a myocardial perfusion agent that is useful in distin-
guishing normal from abnormal myocardium in patients with suspected myocardial infarction.
CardioGen® (Rubidium Rb 82 Generator) must be used with an infusion system
specifically labeled for use with the generator and capable of accurate measurement and
delivery of doses of rubidium chloride Rb 82 injection not to exceed a single dose of
2220 MBq (60 mCi) and a cumulative dose of 4440 MBq (120 mCi) at a rate of 50 mL/min
with a maximum volume per infusion of 100 mL and a cumulative volume not to exceed
200 mL. These performance characteristics reflect the conditions of use under which
the drug development clinical trials were conducted.
Adequate data from clinical trials to determine precise localization of myocardial infarction
or identification of stress-induced ischemia have not been collected.
Positron emission tomographic (PET) instrumentation is recommended for use with
rubidium chloride Rb 82 injection.
CONTRAINDICATIONS
None known.
WARNINGS
Caution should be used during infusion as patients with congestive heart failure may experience
a transitory increase in circulatory volume load. These patients should be observed for several
hours following the Rb-82 procedure to detect delayed hemodynamic disturbances.
PRECAUTIONS
General
Data are not available concerning the effect of marked alterations in blood glucose, insulin,
or pH (such as is found in diabetes mellitus) on the quality of rubidium chloride Rb 82
scans. Attention is directed to the fact that rubidium is physiologically similar to potassium,
and since the transport of potassium is affected by these factors, the possibility exists that
rubidium may likewise be affected.
Rubidium chloride Rb 82 injection must be administered only with an appropriate infu-
sion system capable of meeting the performance characteristics previously described. (See
INDICATIONS AND USAGE). The drug should be used only by those practitioners with a
thorough understanding of the use and performance of the infusion system.
Repeat doses of rubidium chloride Rb 82 injection may lead to an accumulation of the
longer lived radioactive contaminants strontium Sr 82 and strontium Sr 85.
Since eluate obtained from the generator is intended for intravenous administration, aseptic
techniques must be strictly observed in all handling. Only additive free Sodium Chloride
Injection USP should be used to elute the generator. Do not administer eluate from the gen-
erator if there is any evidence of foreign matter.
As in the use of any radioactive material, care should be taken to minimize radiation exposure
to the patient consistent with proper patient management and to insure minimum radiation
exposure to occupational workers.
Radiochemicals should be used only by physicians who are qualified by training and
experience in the safe use and handling of radiochemicals and whose experience and
training have been approved by the appropriate government agency authorized to license the
use of radiochemicals.
Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term studies have been performed to evaluate carcinogenic potential, mutagenicity
potential, or to determine whether rubidium Rb 82 may affect fertility in males or females.
Pregnancy Category C
Animal reproductive studies have not been conducted with rubidium Rb 82. It is also not
known whether rubidium Rb 82 can cause fetal harm when administered to a pregnant
woman or can affect reproductive capacity. Rubidium Rb 82 should be given to pregnant
women only if the expected benefits to be gained clearly outweigh the potential hazards.
Ideally, examinations using radiochemicals, especially those examinations which
are elective in nature, in women of childbearing capability should be performed during the
first few (approximately 10) days following the onset of menses.
Nursing Mothers
It is not known whether rubidium Rb 82 is excreted in human milk. Due to the short half-life
of rubidium Rb 82 (75 sec) it is unlikely that the drug would be excreted in human milk during
lactation. However, because many drugs are excreted in human milk, caution should be
exercised when rubidium Rb 82 is administered to nursing women.
Pediatric Use
Safety and effectiveness in children have not been established.
ADVERSE REACTIONS
No adverse reactions specifically attributable to rubidium Rb 82 have been reported during
controlled clinical trials.
Issued: March, 1996
(J4-263E)

emission tomography and thallium-201 SPECT imaging for detection of coronary artery disease.
comparison of rubidium-82 PET and thallium-201 SPECT myocardial perfusion imaging
utilizing a single dipyridamole stress in the diagnosis of coronary artery disease. J Nucl

Nuclear Medicine Prostate Cancer Imaging
As a clinician, you know nuclear medicine procedures are safe and effective. But you also know
that patients are sometimes uneasy about them. Give your patients peace of mind by providing them with concise and thorough information.
This pamphlet describes what patients will experience when they have a nuclear medicine test for prostate cancer. The pamphlet explains how monoclonal antibody imaging is used to detect tumors and to determine the extent or spread of various types of cancers, and prepares patients for the exam. The pamphlet answers questions such as, “What is a nuclear medicine test?” “How should I prepare for the test?” and “What will I experience during the test?”
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Oncology Topic Booklets
Series Editor: Thomas P. Haynie, MD
Oncology Series Writers: Gerald L. Denardo, MD, Randall Hawkins, MD, PhD, E. Edmund Kim, MD, Alexander J. McEwan, MD, Hani A. Nabi, MD, Patrice K. Rehm, MD, Edward B. Silberstein, MD and Richard Wahl, MD

Published Topic Booklet 1: Oncology Overview (July 1997)
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Topic Booklet 4: PET Tumor Imaging (Spring 1999)

Topic Booklet 5: Nonantibody Cancer Therapy (1999)
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Cardiology Topics
Series Editor: Elias H. Botvinick, MD

Published

Topic 1: Physical and Technical Aspects of Nuclear Cardiology (October 1997)
Contributors: Ernest Garcia, MD, Elias Botvinick, MD, Bruce Hasagawa, PhD and Neil Ratzlaff, MS, CNMT
ISBN 0-932004-52-0
Price: $25 (SNM members); $35 (nonmembers)

Published

Topic 2: Pharmacologic Stress (June 1998)
Contributors: Mario S. Verani, MD, Jeffrey Leppo, MD, Elias H. Botvinick, MD, Michael W. Dae, MD and Susan Alexander, MD
ISBN 0-932004-60-1
Price: $45 (SNM members); $60 (nonmembers)

Published

Topic 3: Cardiac PET Imaging (September 1998)
Contributors: Richard A. Goldstein, MD, Randall A. Hawkins, MD, PhD, Edward M. Geltman, MD, Carl Hoh, MD, Richard Brunken, MD, Yong Choi, PhD, Maria Sciammarella and Elias H. Botvinick, MD
ISBN 0-932004-54-7
Price: $35 (SNM members); $50 (nonmembers)

Published

Topic 4: Radionuclide Assessment of Congenital Heart Disease (September 1998)
Contributor: Michael W. Dae, MD

Note: Topics 3 and 4 appear in one volume.

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

Published

Topic 5: Myocardial Perfusion Imaging by Single-Photon Radionuclides, part I (February 1998)
ISBN: 0-932004-57-1

Published

Topic 6: Myocardial Perfusion Imaging by Single-Photon Radionuclides, part II (Spring 1999)

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Last Day for Housing Reservations: April 29, 1999

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Sunday, June 6, 1999
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Department: Meeting Services
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3. The Journal of Nuclear Medicine, February Issue
4. Journal of Nuclear Medicine Technology, March Issue

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## European Association Nuclear Medicine Congress

### BARCELONA OCTOBER 9-13, 1999

#### PROGRAMME OUTLINE

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<td>Plenary Review Lectures</td>
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<td><strong>11.30-13.00</strong></td>
<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td><strong>13.00-15.00</strong></td>
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<td>Lunch and Industry Symposium</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Opening Ceremony &amp; 21.00 Welcome Reception</td>
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### 1999 - DATES TO REMEMBER:

- **March 25**: Deadline for submission of abstracts
- **Before May 31**: Confirmation of accepted abstracts
- **June 10**: End of reduced rate registration
- **October 1**: Beginning of on site registration rate
- **October 9-13**: European Association of Nuclear Medicine Congress

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WHAT IS THE UA DATA BASE?
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- Outpatient encounters (visits)
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#21 (3 Tapes, 533) ANIMAL IMAGING IN NUCLEAR MEDICINE: ADVANCED INSTRUMENTS, METHODS AND APPLICATIONS — Michael V. Chary, PhD; C. William Vang, PhD; Raj P. Bely. PhD; C. Thompson, Duncan; David A. Weber, PhD; and Adriaan A. Lammensa, PhD.

#22 (4 Tapes, 544) TECHNOLOGY & OUTCOMES ASSESSMENT IN NUCLEAR MEDICINE — Frank J. Papathanasi, MD, PhD; Dory Rachmanovitch, MD; Leslie E. Shaw, PhD; Dennis D. Patton, MD; William M. Enom, Wendy Smith, MPH; Naomi A. A. Aronson, PhD; Robert L. Ams. PhD; and James W. Persi, PhD.

#23 (3 Tapes, 533) MYOCARDIAL PERSISISSION AGENTS - COMBINED SESSION — Stephen L. Barchus, PhD; Stephen S. Collins, PhD; and James R. Goodson, PhD.

#24 (4 Tapes, 544) NUCLEAR CARDIOLOGY: CATEGORICAL PROGRAM - RESEARCH PROGRAM — George A. Beller, MD; Jack A. Ziffer, MD; and Daniel S. Berman, MD.

#25 (4 Tapes, 544) MEDITATE SKELETAL SCINTIGRAPHY: OPTIMIZING TECHNIQUE AND INTERPRETATION — Robert Heimann-Gales, MD; 21l Bar-Sever, MD; Helen Nadel, MD.

#26 (4 Tapes, 544) ADVANCES IN THERAPEUTIC NUCLEAR MEDICINE — Edward B. Stenberg, MD; Alexander D. I. McEwan, MD; Donald A. Podoloff, MD.

#27 (4 Tapes, 544) NUCLEAR MEDICINE STUDIES IN NEPHROLOGY - READ WITH THE EXPERTS — Andrew T. Taylor, Jr., MD; Donald Blattor, PhD.

#28 (4 Tapes, 544) MYOCARDIAL VIABILITY - READ WITH THE EXPERTS — Robert D. Brown, MD; James L. Udelson, James M. Mankel, PhD; and Michael C. W. Zev.

#29 (4 Tapes, 544) CLINICAL ROLE & COST-EFFECTIVENESS OF PET IN THE MANAGEMENT OF TUMORS — Sari F. Gambrell, MD; Martin F. Simonett, K. Green, MD; Sebastian, MD.

#30 (4 Tapes, 544) SIGNAL PROCESSING FOR IMAGING INFECTION AND INFLAMMATION — A. Michael Peters, PhD; W. G. O. O. Payne, PhD; Wolfgang J. Becker, MD.

#31 (4 Tapes, 544) THE ROLE OF NUCLEAR MEDICINE IN DIAGNOSIS AND TREATMENT OF SCHIZOPHRENIA — Robert M. Murray, MD; Robert W. Kersey, MD; L. P. Ploway, PhD; and M. B. Rye.

#32 (4 Tapes, 544) SPEECH BRAIN IMAGING PRACTICAL TECHNICAL ASPECTS — David L. Lewis, PhD; Allan D. Waing, PhD; and David L. R. K. Wharton, MD.

Continued on Opposite Side
#34 45 DIAGNOSTIC USES OF MONOCLONAL ANTIBODIES — Jorge A. Carancho, MD, PhD. FACP.

#35 RADIATION SAFETY — Frederick J. L. Royal, MD, PhD. FACP. David V. Becker, MD. Pat B. Zanconato, PhD. Roy E. Shore, PhD.

#36 QUALITY CONTROL AND PERFORMANCE EVALUATION OF SPECIFIC CAMERAS — James M. Bont, MS. Henry A. Harkness, MS. Stephen Graham, PhD.

#37 ELECTRON STORAGE FOR VIDEO IMAGE RECONSTRUCTION — Wesley E. Bush, PhD. Darrell R. Fisher, PhD.

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#61 CALCULATION OF ABSORBED Dose USING THE NIRD METHOD — Wesley E. Bush, PhD. Darrell R. Fisher, PhD.

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Positions Wanted

Nuclear Medicine Physician
BC, NMM seeks employment. Experience in nuclear radiology, SPECT, PET and therapy. Will relocate. E-mail: romnar_717@yahoo.com orwrite to: The Nuclear Medicine, Box 640-99, 1850 Samuel Morse Dr., Reston, VA 20190-5316.

Positions Available

Nuclear Medicine Practice Opportunity
Board-certified general radiologist with expertise in nuclear medicine to join an established mid-sized radiology practice. The practice is in a rapidly expanding medical community and covers a 340-bed referral hospital, two small community hospitals, outpatient imaging office and a large multi-specialty clinic. Anticipating PET service in 2000. Intention of long-term partnership is a necessity. Contact James Bonifield, MD, 3417 Ensign Rd., NE, Olympia, WA 98506-5075. Phone: (360) 493-4692. Fax: (360) 493-4603.

Research Fellowship Position—PET Imaging
Science Center
University of Southern California, Department of Radiology
The Department of Radiology at the University of Southern California is recruiting two Fellows to train in Nuclear Medicine and PET. This year-long program provides a broad clinical experience in all aspects of nuclear radiology including general nuclear medicine, SPECT and PET. Training emphasis will be placed on the use of multi-modality imaging approach to the diagnosis of disease. The qualified candidates will have successfully completed board certification or be board eligible in Diagnostic Radiology or Nuclear Medicine in an ACGME accredited program and hold a California License. Candidates are encouraged to participate in active ongoing research programs in oncology, neurology, cardiology and infectious disease. USC offers competitive salary and excellent fringe benefits. EOEs. Qualified applicants should send CV, 3 letters of recommendation (including one from your Program Chairman), a personal statement of interest and current certificates to Peter S. Conti, MD, PhD, PET ISC, 1510 San Pablo St., Suite 230, Los Angeles, CA 90033 or fax to (323) 442-5778.

New Department Chief
Radiology group needs radiologist with extensive Nuclear Medicine experience to run new department. This is an exciting and rare opportunity. Contact C. Morgan, MD, 507 NE 47th Ave., Portland, OR 97213. Phone: (503) 215-6342. E-mail: morganch@providence.org.

Full-Time Nuclear Medicine Physician
ABNM, 40-year level, D/P center Boca Raton, FL. Dedicated PET (Solara 551R8), ADAC, Lunar Research. Avail 6/1/99. P.O. Box 11697 Ft. Lauderdale, FL 33339. http://www.mydoctor.com/pet. E-mail: jkotler@pol.net.

BC IM/NM
Unique practice opportunity available for expanding two-man group practice for BC IM/NM physician. Practice responsibilities include hospital-based and outpatient NM facilities and private practice of IM with special emphasis on thyroid disease, osteoporosis and diabetes. Qualified applicants send CV to Carolina Nuclear Medicine, 841 Heather Rd., Burlington, NC 27215.

Nuclear Medicine Technologist
Clincare, a member of Health Midwest has an opening for a Nuclear Medicine Technologist who performs either in vivo or in vitro tasks with limited supervision. Individual must demonstrate competence in performing all procedures with quality to assist physicians in the care of patients. Must be a graduate from an approved school of Nuclear Medicine technology or equivalent and have certification in Nuclear Medicine technology or eligibility for certification. This position requires the technologist to travel to multiple sites and a chauffeur’s license is required in some states. Please send resume to: Clinishare, Attn: John Schario, 2316 E. Meyer, 2 North, Kansas City, MO 64132. EOE/Drug Screen Required.

Postdoctoral Fellowship in PET/SPECT/IMRI Imaging
Unique opportunity for postdoctoral training in functional imaging research. Emphasis on neurotransmitter, psycho-pharmacologic, oncology imaging and quantification techniques. Excellent mix of clinical and basic research. Opportunity for IMRI/PET correlation. MD/clinical credentials required. May start as early as June 1999. Applications to Dean F. Wong, MD, PhD, Johns Hopkins Medical Inst, Radiology-JHOC Bldg, Rm. 3245, 601 N. Caroline St., Baltimore, MD 21287-0807. E-mail: dfwong@rad.jhu.edu.

Locum Tenens (June & July 1999)
ABNM to serve as associate in active nuclear department in 600-bed hospital in Ft. Lauderdale. Contact Kotler, MD, Holy Cross Hospital, 4725 North Federal Highway, Ft. Lauderdale, FL 33308. Phone: (954) 492-5748. Fax: (954) 351-5983.

Mid-Eastern Chapter, SNM

29th Annual Meeting
Tumor Imaging: Nuclear Medicine for the Next Century
April 16 & 17, 1999, Hyatt/Dulles Hotel, 2300 Dulles Corner Blvd., Herndon, Virginia

Meeting hours:
Friday, April 16th - 10:00 AM to 8:30 PM
Saturday, April 17th - 8:00 AM to 5:30 PM


Hotel rooms are available at a “special rate” until March 25th. To make your reservation, call (800) 233-1234 and identify the meeting as “Mid-Eastern Chapter, SNM”. Room rates are $104/night for a single or double.

All meals will be by ticket sale only, during pre-registration. A group lunch and dinner is planned for Friday evening (cash bar Friday night) as well as a group lunch on Saturday.

Registration fees:

<table>
<thead>
<tr>
<th>Full/Associate SNM members</th>
<th>Pre-Registration</th>
<th>Door</th>
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<tbody>
<tr>
<td>$130</td>
<td>$160</td>
<td></td>
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<tr>
<td>Technologist, SNM members</td>
<td>$50</td>
<td>$65</td>
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<tr>
<td>Fellows/Scientists (training)</td>
<td>$50</td>
<td>$65</td>
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<tr>
<td>Student Technologists (with letter)</td>
<td>Free</td>
<td>Free</td>
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<tr>
<td>Physician, senior scientists, non-SNM members</td>
<td>$120</td>
<td>$150</td>
</tr>
<tr>
<td>Technologist/Scientists, non-SNM members</td>
<td>$75</td>
<td>$95</td>
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Pre-registration will end April 2, 1999.

Herndon is approximately: 55 miles from Baltimore, 15 miles from DC, 105 miles from Richmond, 105 miles from Charlottesville and 160 miles from Philadelphia. We will accept VISA, MasterCard & Amex for registration and meals.

Contact: Dick Gramm, (410) 465-8323.
The Department of Radiology at the University of Southern California has an immediate opening for a Nuclear Medicine Physician to join the Radiology staff, with responsibilities for clinical, teaching and research. Qualified candidate will have successfully completed board certification in Nuclear Medicine in an ACGME accredited program or ABR certified with CAQ in Nuclear Radiology. Must have a California License.

Position will be Assistant or Associate Professor on a clinical or tenure track depending on qualifications. Located on the USC/LA County Health Science Campus, which encompasses a large public hospital, a tertiary care university teaching hospital, an NCI supported cancer center, outpatient imaging facilities and PET center. Performing 13,000 procedures per year, the facilities encompasses 13 state-of-the-art gamma cameras and a dedicated PET scanner.

USC offers competitive salary and excellent fringe benefits. EOE. Qualified applicants should send CV, 3 letters of recommendations, a personal statement of interest and current certificates to Peter S. Conti, MD, PhD, PET ISC, 1510 San Pablo St., Suite 350, Los Angeles, CA 90033 or fax to (323) 442-5778.

The University of Missouri-Columbia invites applications and nominations for a tenure track tumor biologist at the level of Assistant Professor. Candidates should have a PhD or D.V.M. with extensive research experience in the area of animal tumor models. The successful candidate will facilitate the development and utilization of novel radiopharmaceuticals, using rodent and spontaneous domestic animal cancer models. As such, candidates are expected to have experience in the use of rodent tumor models and/or veterinary oncology. The candidate is expected to establish an independent laboratory program in cancer research with an emphasis on therapeutic and/or diagnostic nuclear oncology. He/she will be expected to collaborate with a nationally recognized research program coordinated within the Radiopharmaceutical Sciences Institute comprised of faculty from the School of Medicine, College of Arts and Sciences, College of Veterinary Medicine and the MU Research Reactor. Previous experience with radiopharmaceutical research is desirable, but not required. The successful candidate will be expected to develop an independent, extramurally funded research program in collaboration with other faculty in the radiopharmaceutical group. The research program of the candidate should complement, contribute to and enhance the research directions of the faculty.

Review of applications will begin May 15, 1999, and continue until the position is filled. Please send curriculum vitae, a statement of career plans, and three letters of reference to: Dr. Carolyn J. Henry, Department of Veterinary Medicine and Surgery, College of Veterinary Medicine, 379 E. Campus Dr., University of Missouri-Columbia, Columbia, MO 65211. Phone: (573) 882-7621.

The University of Missouri-Columbia is an equal opportunity/ADA institution. For ADA accommodations, please contact Dr. Everett Aronson, W, 203 Vet. Med. Bldg. at the address above. Phone: (573) 882-1902.

The Nuclear Medicine Section of the Department of Radiology, Mayo Clinic, has an immediate opening for a specialist physician. The qualified candidate should have a MD degree and should have board certification in either diagnostic radiology or nuclear medicine with experience in clinical PET, particularly oncology. A track record in research in the field of PET and nuclear medicine would also be desirable. The responsibilities of this clinically funded position include clinical duties with occasional on-call, research, teaching and professional advancement.

The Nuclear Medicine section currently performs approximately 23,000 studies per year and operates a total of 23 gamma camera systems. There are 11 dual-head systems and 10 systems with SPECT capability. We have approximately 40 image processing workstations and are developing our own NT-based system. In the next 6 months we will be installing a cyclotron and PET scanner. The successful candidate will join a group of 5 MD's, 2 PhD physicists, 1 PhD radiopharmacist and 1 MS PET chemist, together with a large support staff of fellows and technologists. This position is an excellent opportunity for a physician who is highly motivated to help develop a clinical PET program and desires to work in a setting with a strong clinical research component.

Interested candidates should send or fax a copy of their resume, together with the names of three references to:

Brian P. Mullan, MD
Mayo Clinic
Section of Nuclear Medicine
Charlton 1N-215
Rochester, MN 55905
Fax (507) 266-4461
E-mail: bmullan@mayo.edu

Mayo Clinic is an equal opportunity employer.
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As a clinician, you know nuclear medicine procedures are safe and effective. But you also know that patients are sometimes uneasy about them. Give your patients peace of mind by providing them with concise and thorough information.

This pamphlet describes what patients will experience when they have a nuclear medicine liver or hepatobiliary scan. This pamphlet explains liver scans and how they help diagnose hepatic disorders such as cirrhosis, hepatitis, tumors, as well as problems in other parts of the digestive system. The Nuclear Medicine Liver and Hepatobiliary Imaging pamphlet provides instructions to the patient before, during and after their exam.

To order, simply contact SNM's book distributor, Matthews Medical Books, at their toll free number (800) 633-2665 (non-U.S. 314-432-1401), or Fax: (314) 432-7044. Check SNM's on-line book catalog (www.snm.org) for future patient pamphlets and books.

E-mail the Publications Department for pamphlet samples at ssilver@snm.org. Whatever your most commonly ordered procedure, you’ll find an SNM patient pamphlet that will address your patient education needs.

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