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  - Wall motion analysis
  - Defect extent/reversibility maps
  - Transient ischemic dilatation ratio
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- Laminar Flow and Radioisotope Fume Hoods available.
- Shown is a dual system (one shielded and one unshielded).
- Also shown is Capintec’s “Body Shield” which moves between the two hoods.
- Capintec provides shielding to meet your customers requirements from 1 1/4” up to 3”, as needed.

Visit the Capintec booth at the SNM Meeting in Los Angeles, where we will have on display a new Spring-Arm Dose Dispensing System. The same Spring-Arm design used on our CAPTUS® systems makes positioning the heavy-leaded vial virtually effortless, while giving you maximum protection.

Capintec has developed valuable new tools for safely preparing patient doses...

...Designed with the safety and convenience of our user in mind.

SNM Annual Meeting Booth # 157

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

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

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

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

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

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

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

References:
2. DePuey EG et al. J Nucl Med. 1996;37:652-5. This includes patients with large, dense breasts; COPD; narrow intercostal space; or mixed ischemia and scar; as well as those who are obese, unable to exercise, or have nondiagnostic EKGs. Please see brief summary of prescribing information on the following page.

<table>
<thead>
<tr>
<th>Increase Specificity With Gated SPECT Using Cardiolite®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thallium-201</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>67.2%</td>
</tr>
<tr>
<td>86.4%</td>
</tr>
<tr>
<td>Stenosis ≥70%</td>
</tr>
</tbody>
</table>

*Refers to diagnostic specificity, defined as the probability that, given the absence of disease, a normal test result excludes disease.
Adapted with permission from Taillefer et al.*
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 (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 stress 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.

Breast Imaging: MIRALUMA®, Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is indicated for use in a single injection diagnostic test for mammary pathology to assist in the evaluation of breast lesions in patients with an abnormal mamogram or a palpable breast mass.

MIRALUMA® is not indicated for breast cancer screening, to confirm the presence or absence of malignancy, and is not appropriate to use in the staging of breast cancer.

CONTRAINDICATIONS: None known.

WARNINGS: In studying patients with cardiac disease is known or suspected, care should be taken to assure complete understanding and treatment in accordance with safe, accepted clinical procedure. Infrequent death has occurred 4 to 24 hours after Technetium Sestamibi use and is usually associated with extreme stress testing (see PRECAUTIONS).

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

Technetium Tc99m Sestamibi has been reported to be associated with acute severe allergic and anaphylactic events of angioedema and generalized urticaria. In some patients the allergic symptoms developed on the second injection during CARDIOLITE® imaging. Patients who receive CARDIOLITE® or MIRALUMA® imaging are receiving the same dose of Technetium Tc99m as will be excreted and the equipment should be available when administering Technetium Tc99m Sestamibi. Also, before administering either CARDIOLITE® or MIRALUMA®, patients should be asked about the possibility of allergic reactions to either drug.

PRECAUTIONS: General: The contents of the vial are intended only for use in the preparation of Technetium Tc99m Sestamibi and are not to be administered directly to the patient without first undergoing the preparatory procedure.

Radioactive drugs must be handled with care and appropriate safety measures should be used to minimize radiation exposure to personnel. Also, care should be taken to minimize radiation exposure to the patients consistent with proper patient management.

Contrast agents before preparation are not radioactive. However, after the Sodium Pertechnetate Technetium injection is adequate, shielding of the final preparation must be maintained.

The components of the kit are sterile and non-pyrogenic. It is essential to follow directions carefully and to adhere to proper aseptic technique during preparation.

Technetium Tc99m labeling reactions involved depend on maintaining the stannous ion in the reduced state. Hence, Sodium Pertechnetate Technetium injection containing sodium should not be used. Technetium Tc99m Sestamibi should not be used more than 2 hours after preparation.

Radiopharmaceuticals should be used by physicians who are trained in radiopharmacy and in the safe and effective administration of radiopharmaceuticals. Technetium Tc99m Sestamibi should only be used by persons who have been trained and whose training has been approved by the appropriate government agency authorized to license the use of radiopharmaceuticals.

Stress testing should be performed only under the supervision of a qualified physician and in a laboratory environment and supportive care.

The most frequent exercise stress test endpoints, which resulted in termination of the test during controlled Technetium Sestamibi studies (two-thirds were cardiac patients):

- Fatigue
- Dyspnea
- Chest Pain
- ST Depression

Information for Patients: CARDIOLITE® and MIRALUMA® are different names for the same drug.

Patients should be advised to inform their health care provider if they had any allergic reaction to either drug in a previous study with either drug.

Cardiograms: Metastasis, Impairment of Fertility: In comparison with other diagnostic techniques, metastases with Technetium Tc99m Sestamibi often require higher doses of administered technetium than with other conditions in which imaging is performed. (See Dosimetry in DOSAGE AND ADMINISTRATION section.)

The safety and effectiveness of this product have not been evaluated in pregnant women. Patients should be advised that the risk of pregnancy in patients with chest pain and a history of myocardial infarction cannot be avoided.

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

ADVERSE REACTIONS: Adverse events were evaluated in 2741 adults who were evaluated in clinical studies. Of these patients, 25% (689) were women and 25% (689) were men. Of the patient's genders were not recorded were in cardiac clinical trials and 673 (1000 women) in breast imaging trials. Cases of angina, chest pain, and death have occurred (see WARNINGS AND PRECAUTIONS).

Adverse events reported at a rate of 0.5% or greater after receiving Technetium Tc99m Sestamibi are shown in the following table:

<table>
<thead>
<tr>
<th>Category</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>0.2%</td>
</tr>
<tr>
<td>Breast</td>
<td>0.2%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hematologic</td>
<td>0.1%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>0.1%</td>
</tr>
<tr>
<td>Neurologic</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>0.1%</td>
</tr>
<tr>
<td>Skin</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

For the purposes of the product, the vials are shipped and stored under nitrogen. Store at 15 to 20°C before and after reconstitution.

HOW SUPPLIED: DuPont Pharmaceuticals' CARDIOLITE®, Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is supplied as a kit containing a Technetium Tc99m Sestamibi vial (DuMobil®, DuTetra®, DuRiga®, DuTiger®) with an activity of 2.7 MBq (0.07 mCi) of Technetium Tc99m Sestamibi and a Sodium Pertechnetate Technetium injection as well as storage stability labels. The vials are also included with preservative-free, sodium chloride solution for injection (0.9% w/v) and a Technetium Tc99m Sestamibi solution for injection (0.18% 0.016 mL) of Technetium Tc99m Sestamibi in a single dose to be employed in the average patient (70 kg) to 370 to 1110 MBq (10 to 30 mCi).

For Breast Imaging: The recommended dose range for I.V. administration of MIRALUMA® is a single dose of 740 to 1110 MBq (20 to 30 mCi) Technetium Tc99m Sestamibi intravenously are shown in Table 10.

<table>
<thead>
<tr>
<th>Region</th>
<th>Lower Limit</th>
<th>Upper Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>740 MBq</td>
<td>1110 MBq</td>
</tr>
</tbody>
</table>

*In accordance with the product labeling, the vials are shipped and stored under nitrogen. Store at 15 to 20°C before and after reconstitution. Technetium Tc99m Sestamibi contains no preservatives. Included in each two (2) vial kit is one (1) package insert, five (5) vial shield labels and five (5) vial administration labels. Included in each five (5) vial kit is one (1) package insert, five (5) vial shield labels and five (5) radiation warning labels. Included in each thirty (30) vial kit is one (1) package insert, thirty (30) vial shield labels and thirty (30) radiation warning labels.

This rapid kit is approved for distribution to persons licensed pursuant to the Code of Massachusetts Regulations 105 CMR 120.500 for the use listed in the 105 CMR 120.533 under equivalent licenses of the U.S. Nuclear Regulatory Commission, Agreement States or Licensing State.

Marketed by:

DuPont Pharmaceuticals Company

Medical Imaging

DuPont Pharmaceuticals Company Medical Imaging

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Billerica, Massachusetts, 01821 USA

For ordering Tel. Toll Free: 800-225-1672

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August 1998

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See what you are Missing
40% more coverage in 50% less time with the DST-XL

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

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

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

Increased tracer uptake in left calf

AcuTect™
(Kit for the Preparation of Technetium Tc 99m Apcitide Injection)

The first imaging modality to target acute DVT

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

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

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

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

For customer service, call 1-877-DIATIDE.
ACUTECT
(Kit for the Preparation of Technetium Tc 99m Aprotide Injection)

BRIEF SUMMARY OF PRESCRIBING INFORMATION
Please consult Full Product Information before using.

DESCRIPTION
ACUTECT™ Kit for the Preparation of Technetium Tc 99m Aprotide Injection, is intended for use in the preparation of technetium Tc 99m aprotide, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, nonpyrogenic lyophilized mixture which is formulated with 100 μg of aprotide, 75 μg of sodium glucoheptonate dihydrate, 125 μg of disodium edetate, 8 mg of sodium chloride, and sufficient sodium hydroxide or hydrochloric acid to adjust the pH to 7.4 prior to lyophilization. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product does not contain an antimicrobial preservative.

INDICATIONS AND USAGE: ACUTECT™ is indicated for scintigraphic imaging of acute venous thrombosis in the lower extremities of patients who have signs and symptoms of acute venous thrombosis.

CONTRAINDICATIONS: None known.

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

Adverse events that occurred in the administration of other intravenous drugs, patients with a history of drug reactions, other allergies, or immune system disorders should be observed for several hours. A fully equipped emergency cart, or equivalent supplies and equipment, and personnel competent in recognizing and treating anaphylactic reactions should be available (See Adverse Reactions Section.)

PRECAUTIONS
General
The contents of ACUTECT™ Kit are intended only for use in the preparation of technetium Tc 99m aprotide, and are not to be administered to the patient without reconstitution.

Hypersensitivity: Small peptides may be immunogenic. Of 642 patients evaluated for 3 hours after ACUTECT™ injection and of whom 169 were monitored for 24 hours, one patient had acute hypotension that began within 10 minutes of injection and, over 3.8 mg, which preceded to a systolic pressure of 70 mm Hg. In preliminary studies of IgG binding to anti-BSA assay, IgG binding was not detected. Other measures of immune function (e.g., complement, immune complexes, lymphopenia) have not been studied. In practical animal models, there was a reduction in the absolute or relative weight of the spleen. The clinical significance of the reduced splenic weight to immune function is not known.

Technetium Tc 99m aprotide, like other radioactive drugs, must be handled with care and appropriate safety measures should be taken to minimize radiation exposure to hospital personnel. Care should also be taken to minimize radiation exposure to the patient consistent with appropriate patient management.

Radiopharmaceutical agents should be used only by physicians who are qualified by training and experience in the use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental agencies authorized to license the use of radionuclides.

Urinary excretion of radioactivity occurs over about 24 hours (with 75% occurring during the first 8 hours). Special precautions, such as bladder catheterization, should be taken with incontinent patients to minimize the risk of radiocative contamination of clothing, bed linens, and the patient's environment. Studies have not been done to evaluate the need to adjust the dose of ACUTECT™ in patients with renal impairment.

For Information Patients
To minimize the absorbed radiation dose to the body, the radiopharmaceutical should be administered in sufficient volume to give the first few hours after ACUTECT™ injection. To help protect themselves and others in their environment, patients need to take the following precautions for 12 hours following injection. Whenever possible, a toilet should be used, rather than a urinal, and the toilet should be flushed several times after each use. Spilled urine should be cleaned up completely. Patients should wash their hands thoroughly after each voiding. If blood or urine gets onto clothing, the clothing should be washed separately.

Laboratory Tests
ACUTECT™ has been shown to inhibit platelet aggregation. The effect of ACUTECT™ on bleeding time in humans has not been studied.

Moderate elevations in liver enzymes were noted in rare cases at times and persisted to at least 24 hours following administration of ACUTECT™.

Drug Interactions
Clinically detectable drug interactions were not seen or explicitly studied in patients who received technetium Tc 99m aprotide and other concomitant medications. The effect of drugs that increase or decrease prothrombin time on the binding of ACUTECT™ to activated platelets has not been studied.

The effect of heparin, warfarin, or aspirin on platelet binding has not been studied in humans. In vitro data indicate that ACUTECT™ and aspirin do not interact.

Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with technetium Tc 99m aprotide and other concomitant medications. The effect of drugs that increase or decrease prothrombin time on the binding of ACUTECT™ to activated platelets has not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. ACUTECT™ was not mutagenic in the Ames test or mouse lymphoma test, and it was not carcinogenic in the mouse micromed test.

Nursing Mothers
Technetium Tc 99m aprotide is secreted in human milk. It is not known whether technetium Tc 99m aprotide is secreted in human milk. Caution should be exercised when technetium Tc 99m aprotide is administered to nursing women.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS
Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m 20.0 μCi labeled to approximately 70-100 μg of aprotide. Of these adults, 40% were women and 54% men. The mean age was 57 years (17 to 82 years). All patients, adverse events were monitored for at least 3 hours. In a subset of 189 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m aprotide, a serious episode of hypotension occurred in one patient who had acute hypotension that began within 10 minutes of injection and, over 60 minutes, progressed to a systolic pressure of 70 mm Hg.

At least one adverse event occurred in 256/421 (49.0%) of patients after technetium Tc 99m aprotide injection. Pain was the most commonly reported adverse event (1.7% of patients or healthy volunteers). Table 1 lists adverse events reported in 0.5% or more of patients who received technetium Tc 99m aprotide.

Other adverse events which occurred in <0.5% of patients following receipt of ACUTECT™ included: asthenia, angina, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hypotension, injection site reaction, liver enzyme elevation, muscle, pain, paresthesia, pain, pruritus, rash, tachycardia, urticaria, and vomiting.

DOSAGE AND ADMINISTRATION: To detect acute venous thrombosis in a lower extremity, reconstituted ACUTECT™ should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 μg of aprotide radiolabeled with 20 μCi of technetium 99m.

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

Other Imaging
ACUTECT™ imaging should begin between 10 and 60 minutes after injection. Patients should wait just before imaging in order to limit the influence of urinary bladder radioactivity since technetium Tc 99m aprotide is cleared from the body by the kidneys. It is determined that imaging needs to be repeated, additional images may be obtained up to 180 minutes without rejetion. The safety of more than one dose has not been studied.

Positive ACUTECT™ uptake in the deep venous structures is defined as asymmetric vascular uptake (with or without superimposed diffuse uptake) in contrast enhanced images, and asymmetry in both anterior and posterior projections. If asymmetry appears only after extreme contrast enhancement, then diffuse asymmetry must also be present for scoring an image as positive. Superficial increased uptake is not to be interpreted as acute deep vein thrombosis.

RADIATION DOSIMETRY
Based on human data, the absorbed radiation doses to an average adult (70 kg) from an intravenous injection of technetium Tc 99m aprotide are listed in Table 2. The values are listed in descending order as rad/mCi and mGy/mBq and assume urinary bladder emptying at 48 hours.

Table 2: Radiation Absorbed Doses for a 70 kg Adult

Target Organ rad/mCi mGy/mBq

Urinary Bladder Wall 0.22 0.008
Kidneys 0.056 0.002
Upper Large Intestine Wall 0.039 0.001
Lower Large Intestine Wall 0.017 0.0005
Urethra 0.024 0.0009
Tunica Gefald 0.022 0.0008
Testes/Ovaries 0.0026/0.023 0.0001/0.0003
Lungs 0.016 0.0043
Rectal Mucosa 0.0091 0.0025
Breasts 0.0063 0.0013

Dose calculations were performed using the standard NRPB method (NRPB Pamphlet No. 1 rev, Soc. Nucl. Med., 1976.) Effective dose equivalent was calculated in accordance with ICRP 53 (Rev. ICRP 18, 1-4, 1988) and gave a value of 0.0033Gy/mCh (0.0034 rad/mCi).

HOW SUPPLIED
Each kit contains one vial containing a sterile, nonpyrogenic, dried-dried mixture of biphosphate, stromulus carbonate dihydrate and sodium glucoheptonate dihydrate, together with a package insert and adverse event reporting cards. Kits are available in packs of 5 vials.

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

The kit should be protected from light.

Rx only
Diatide, Inc.
Rev. September 1998
9 Delta Drive, Londonderry, New Hampshire 03053
Distributed by Diatide, Inc. and Nycomed Amersham
800-450-0100

ACUTECT™ is a trademark of Diatide, Inc.


The difference is acute.
Where pharm stress should be from start to finish

**FAST START**
- Onset of action is rapid and predictable.
- Maximum coronary hyperemia within 2-3 minutes in most cases.

**WIDE OPEN**
- Consistently produces maximal vasodilation.
- Blood flow increases 3- to 4-fold over baseline.¹

**RAPID RETURN**
- <10-second half-life.
- Side effects usually resolve quickly and spontaneously.*

**STRONG FINISH**
- Imaging comparable to exercise.
- Lower cost-per-case than dipyridamole.²

SNM Annual Meeting Booth #606
* Despite the short half-life, 10.6% of the side effects occurred not with the infusion of Adenoscan but several hours after infusion. Also, 8.4% of the side effects that began coincident with infusion persisted for up to 24 hours after infusion was completed. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

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

For Intravenous Injection Only

DESCRIPTION

Adenosine is a white crystalline powder. It is soluble in water and practically insoluble in alcohol. Solubility increases by warming and lowering the pH of the solution.

Each Adenoscan will contain a sterile, non-pyrogenic solution of adenosine 3 mg/ml, and sodium chloride 9 mg/ml, in Water for Injection, q.s. The pH of the solution is between 4.5 and 7.5.

INDICATIONS AND Usage

Intravenous Adenoscan is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately. (See WARNINGS).

CONTRAINDICATIONS:

Intravenous Adenoscan should not be administered to individuals with:
1. Second- or third-degree AV block (except in patients with a functioning pacemaker).
2. Sino-atrial node disease, such as sick sinus syndrome or symptomatic bradycardia (except in patients with a functioning pacemaker).
3. Known or suspected bronchospasm or bronchopulmonary lung disease, such as asthma.
4. Known hypersensitivity to adenosine.

WARNINGS

Fetal Cardiac Arrest, Life-Threatening Vasovagal Reactions, and Myocardial Infarction

Fetal cardiac arrest, sustained ventricular tachycardia (requiring resuscitation), and nonfatal myocardial infarction have been reported concurrent with Adenoscan injection. Patients with unstable angina may be at greater risk. See CONTRAINDICATIONS.

Simultaneous and Administration with Beta Blockers

Adenosine (adenosine) causes a direct depressant effect on the SA and AV nodes and has the potential to cause first-, second-, or third-degree AV block, or sinus bradycardia. Approximately 6.5% of patients develop AV block with Adenoscan, including first-degree (2.9%), second-degree (2.9%), and third-degree (0.7%) heart block. AV node block has been asymptomatic, transient, and did not require intervention. Adenoscan can cause sinus bradycardia. Adenoscan should be used with caution in patients with pre-existing first-degree AV block or bundle branch block and should be avoided in patients with high-grade AV block or sinus node dysfunction (except in patients with a functioning pacemaker). Adenoscan should be discontinued in any patient who develops persistent or significant high-grade AV block. Sinus pauses have been rarely observed with adenosine infusion.

Hypertension

Adenoscan (adenosine) is a potent peripheral vasodilator and can cause significant hypotension. Patients with an intact baroreceptor reflex mechanism are able to maintain blood pressure and ensure perfusion in response to Adenoscan by increasing heart rate and cardiac output. However, Adenoscan should be given to patients with caution in patients with underlying cardiovascular disease, particularly those with left ventricular dysfunction, peripheral or coronary artery disease, or other conditions in which hypotension may be deleterious, such as mitral stenosis or severe aortic stenosis.

INTRAVENTRICULAR INFUSION

Adenoscan (adenosine) is a direct depressant on the SA and AV nodes and has the potential to cause first-, second-, or third-degree AV block. Approximately 6.5% of patients develop AV block with Adenoscan, including first-degree (2.9%), second-degree (2.9%), and third-degree (0.7%) heart block. AV node block has been asymptomatic, transient, and did not require intervention. Adenoscan can cause sinus bradycardia. Adenoscan should be used with caution in patients with pre-existing first-degree AV block or bundle branch block and should be avoided in patients with high-grade AV block or sinus node dysfunction (except in patients with a functioning pacemaker). Adenoscan should be discontinued in any patient who develops persistent or significant high-grade AV block. Sinus pauses have been rarely observed with adenosine infusion.

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BRIEF OVERVIEW OF MYOCARDIAL PERFUSION IMAGING

AN OVERVIEW OF MYOCARDIAL PERFUSION IMAGING

You’’ll find:
- A pictorial comparison of nuclear images with human anatomy
- An interactive exercise in image interpretation
- A comprehensive reference compilation

...all designed specifically for the medical professional: practicing physicians, medical education faculty, residents, and students.

Visit this interactive new educational website dedicated to myocardial perfusion imaging. You’’ll find a wealth of information plus practical instruction in the principles and clinical applications of this important diagnostic modality.

Available now at:
www.adenoscan.com

Available now at:
www.adenoscan.com

SNM Annual Meeting Booth #606

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12/98

Circle Reader Service No. 50
RAPID RESPONSE
Change in weekly pain scores based on patient assessment¹

<table>
<thead>
<tr>
<th>Week Number</th>
<th>Placebo (n=50)</th>
<th>Quadrarne! (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Statistically significant difference from baseline vs. placebo.

OPIOID REDUCTION
Mean change from baseline in daily opioid analgesic use²

<table>
<thead>
<tr>
<th>Week Number</th>
<th>Placebo (n=50)</th>
<th>Quadrarne! (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on weekly means of daily opioid use.
‡ Statistically significant difference from baseline vs. placebo.

REVERSIBLE AND PREDICTABLE MYELOSUPPRESSION
Bone marrow function recovers rapidly with Quadrarne!; WBC and platelet counts decrease to a nadir of 40% to 50% of baseline within 3 to 5 weeks, and tend to return to pretreatment levels within 8 weeks.¹

Before Quadrarne! is administered, consideration should be given to the patient's current clinical and hematologic status and bone marrow response history to treatment with myelotoxic agents. Quadrarne! causes bone marrow suppression.

Reference: 1. Prescribing information for Quadrarne!.

Bring quality to life

RELIEVE BONE PAIN DUE TO CANCER WITH QUADRAMET

For confirmed osteoblastic metastases in patients with prostate, breast, or other cancers, relieve bone pain with Quadrarne!: the control you need, the relief they need.

Patients who respond to Quadrarne! may begin to notice the onset of pain relief 1 week after administration.¹

Quadrarne! is a single-injection radiopharmaceutical treatment for bone pain in patients with osteoblastic metastases. Quadrarne! is administered in a single outpatient visit. The individually tailored dose (1.0 mCi/kg) accumulates specifically in osteoblastic lesions.¹

Quadrarne!
(Samarium Sm 153 Lexidronam Injection)

www.quadramet.com • 1-888-BERLEX-4

Quadrarne! is a registered trademark of the Dow Chemical Company. Please see brief summary of prescribing information on following page.

© 1999 Berlex Laboratories All rights reserved
INDICATIONS: Quadramet is indicated for relief of pain in patients with confirmed osteoblastic metastatic bone lesions that enhance on radionuclide scan.

CONTRAINDICATIONS: Quadramet is contraindicated in patients who have known hypersensitivity to EDTMP or similar phosphonates.

WARNINGS: Quadramet causes bone marrow suppression. In clinical trials, while blood cell counts and platelet counts decreased to a nadir of approximately 40% to 50% of baseline in 123 (95%) of patients within 3 to 5 weeks after Quadramet, and tended to return to pretreatment levels by 8 weeks. The grade of marrow toxicity is shown in Table 5 below.

ADVERSE EVENTS:

Number and percent of patients who experienced marrow toxicity in clinical trials of Quadramet

<table>
<thead>
<tr>
<th>Grade</th>
<th>N  = 50</th>
<th>N  = 65</th>
<th>N  = 85</th>
<th>N  = 94</th>
<th>N  = 106</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0</td>
<td>3 (6%)</td>
<td>4 (7%)</td>
<td>5 (6%)</td>
<td>5 (10%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Grade 1</td>
<td>10 (20%)</td>
<td>10 (15%)</td>
<td>12 (14%)</td>
<td>12 (26%)</td>
<td>10 (15%)</td>
</tr>
<tr>
<td>Grade 2</td>
<td>16 (32%)</td>
<td>34 (52%)</td>
<td>46 (54%)</td>
<td>43 (90%)</td>
<td>39 (60%)</td>
</tr>
<tr>
<td>Grade 3</td>
<td>10 (20%)</td>
<td>8 (12%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

ADVERSE EVENT:

<table>
<thead>
<tr>
<th>Event</th>
<th>Placebo</th>
<th>Quadramet 1.0 mg/Av</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>3 (6%)</td>
<td>10 (20%)</td>
</tr>
<tr>
<td>%</td>
<td>20 (40%)</td>
<td>46 (54%)</td>
</tr>
<tr>
<td>Patients with Adverse Event</td>
<td>72 (90%)</td>
<td>169 (95%)</td>
</tr>
<tr>
<td>Body As A Whole</td>
<td>56 (63%)</td>
<td>100 (100%)</td>
</tr>
<tr>
<td>Pain Reaction</td>
<td>5 (5.5%)</td>
<td>14 (7.2%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>19 (21%)</td>
<td>32 (18%)</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>2 (2.2%)</td>
<td>10 (5.5%)</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>4 (4.4%)</td>
<td>8 (4.5%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0 (0%)</td>
<td>5 (3.5%)</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>2 (2.2%)</td>
<td>6 (3.5%)</td>
</tr>
<tr>
<td>Digestive</td>
<td>44 (44%)</td>
<td>82 (40%)</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>7 (7.6%)</td>
<td>12 (6.2%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3 (3.3%)</td>
<td>12 (6.2%)</td>
</tr>
<tr>
<td>Nausea &amp; Vomiting</td>
<td>37 (41.1%)</td>
<td>65 (32.7%)</td>
</tr>
<tr>
<td>Hematologic &amp; Lymphatic</td>
<td>12 (13%)</td>
<td>54 (27%)</td>
</tr>
<tr>
<td>Coagulation Disorder</td>
<td>0 (0%)</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>Hemoglobin Decreased</td>
<td>21 (23.2%)</td>
<td>81 (40.0%)</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>6 (6.7%)</td>
<td>113 (60.0%)</td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>0 (0%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>8 (8.9%)</td>
<td>138 (68.3%)</td>
</tr>
<tr>
<td>Any Blood Manifestations</td>
<td>8 (8.9%)</td>
<td>30 (16.1%)</td>
</tr>
<tr>
<td>Eczematous</td>
<td>1 (1.1%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>1 (1.1%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Hematoma</td>
<td>3 (3.3%)</td>
<td>10 (5.5%)</td>
</tr>
<tr>
<td>Infection</td>
<td>10 (11.1%)</td>
<td>34 (17.1%)</td>
</tr>
<tr>
<td>Fever and/or Chills</td>
<td>10 (11.1%)</td>
<td>17 (8.5%)</td>
</tr>
<tr>
<td>Infection EOS</td>
<td>4 (4.4%)</td>
<td>14 (7.0%)</td>
</tr>
<tr>
<td>Oral Moniliasis</td>
<td>1 (1.1%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0 (0%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>28 (31%)</td>
<td>55 (27%)</td>
</tr>
<tr>
<td>Myelosclerosis</td>
<td>8 (8.9%)</td>
<td>30 (16.1%)</td>
</tr>
<tr>
<td>Phlebitic/Fracture</td>
<td>2 (2.2%)</td>
<td>5 (2.5%)</td>
</tr>
<tr>
<td>Nervous System</td>
<td>36 (43%)</td>
<td>59 (30%)</td>
</tr>
<tr>
<td>Dryness</td>
<td>1 (1.1%)</td>
<td>8 (4.0%)</td>
</tr>
<tr>
<td>Paresthesia</td>
<td>7 (7.6%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>Spinal Cord Compression</td>
<td>5 (5.5%)</td>
<td>13 (6.5%)</td>
</tr>
<tr>
<td>Cardiovascular Accident/Stere</td>
<td>0 (0%)</td>
<td>2 (1.0%)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>24 (27%)</td>
<td>35 (18%)</td>
</tr>
<tr>
<td>Bronchitis/Cough Increased</td>
<td>2 (2.2%)</td>
<td>8 (4.0%)</td>
</tr>
<tr>
<td>Skin &amp; Appendages</td>
<td>11 (12%)</td>
<td>12 (6.2%)</td>
</tr>
<tr>
<td>Purpura</td>
<td>0 (0%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Rash</td>
<td>2 (2.2%)</td>
<td>2 (1.0%)</td>
</tr>
</tbody>
</table>

Selected adverse events reported in ≥ 1.5% of patients who received Quadramet or placebo in controlled clinical trials

The most common adverse events observed in controlled clinical studies of Quadramet, are given in Table 6 below.

The cumulative incidence of osteosarcoma has been reported in 1% of patients who received 1 mg/Av of Quadramet in any clinical trial including all: atypical, angiosarcoma, congestive heart failure, sinus bradycardia, and vasculitis.

OVERDOSAGE: Overdose with Quadramet has not been reported. An antidote for Quadramet overdose is not known. The anticipated complications of overdose would likely be secondary to bone marrow suppression from the radioactivity of 131I, or secondary to hypocalcemia and cardiac arrhythmias related to the EDTMP.

BIOLOGIC AND ADMINISTRATION: The recommended dose of Quadramet is 1.0 mg/Av, administered intravenously over a period of one minute through a secure in-dwelling catheter and followed by a saline flush. Dose adjustment in patients at the extremes of weight should not have been studied. Caution should be exercised when determining the dose in very thin or very obese patients.

The dose may be measured by a suitable radioactive calibration system, such as a radiocap dose calibrator, immediately before administration.

The radioactive dose to be administered and the patient should be verified before administering Quadramet. Patients should not be released until their radioactivity levels and exposure rates comply with federal and local regulations.

The patient should ingest (or receive by i.v. administration) a minimum of 500 ml of 2% cane sugar before injection and should void as soon as possible after injection to minimize radiation exposure to the bladder.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. The solution should not be used if it is cloudy or if it contains particulate matter.

Quadramet contains calcium and may be incompatible with solutions that contain molecules that can complex with and form calcium precipitates.

Quadramet should not be diluted or mixed with other solutions.

They are recommended to be administered and use within 6 hours of thawing.
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\(^1\)\(^2\) for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection).\(^1\) The clearance properties of MYOVIEW allow for highly flexible camera scheduling and enhanced patient management. Any way you look at it, you’re cleared for efficiency with MYOVIEW.

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.

Please see Brief Summary of Prescribing Information on adjacent page.

References:
The following events were noted in less than 1% of patients:

- Cardiovascular: angina, hypertension, Torsades de Pointes
- Gastrointestinal: vomiting, abdominal discomfort
- Hypersensitivity: cutaneous allergy, hypotension, dyspnea
- Special Senses: metallic taste, burning of the mouth, smelly something

There was a low incidence (less than 4%) of a transient and clinically insignificant rise in white blood cell counts following administration of the agent.

**Dosage and Administration**

For exercise and rest imaging, Myoview is administered in two doses:
- The first dose of 5-8 mCi (185-295 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 renally or liver impaired, pedi child 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 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**

<table>
<thead>
<tr>
<th>Absorbed radiation dose</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target organ</strong></td>
<td>rad/mCi</td>
<td>µGy/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>0.068</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>Salythygic glands</td>
<td>0.030</td>
<td>8.04</td>
</tr>
<tr>
<td>Overies</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>4.69</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.34</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>4.32</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.15</td>
</tr>
<tr>
<td>Renes renner</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>Testis</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>Lung</td>
<td>0.008</td>
<td>2.27</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.006</td>
<td>2.22</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.006</td>
<td>2.22</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No.1 (rev), Society of Nuclear Medicine, 1976). Effective dose equivalents (EDE) were calculated in accordance with ICRP 83 (Ann. ICRP 18 (1988)) and given values of 0.81 x 10^5 mrad/mCi and 1.18 x 10^5 mrad/mCi for exercise and rest, respectively.
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® SNM Annual Meeting Booth #315
Kit for the Preparation of Indium In-111 Pentetreotide

Please see adjacent page for brief summary of prescribing information.
Octreoscan®
Kit for the Preparation of Indium In-111 Pentetreotide

BRIEF SUMMARY OF PRESCRIBING INFORMATION

DESCRIPTION
Octreoscan® is a kit for the preparation of Indium In-111 pentetreotide, a diagnostic radiopharmaceutical. It is a kit consisting of two components:

1) A 10-mL Octreoscan Reaction Vial which contains a lyophilized 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) admixtures or inject into TPN in vivo.

Indium In-111 pentetreotide is contraindicated in the following situations:

1. Patients with a known allergy to Indium In-111 or its component, In-111 chloride.
2. Patients with a history of severe anaphylactic reactions to a related radiopharmaceutical.
3. Patients with a history of severe reactions to Indium In-111 or its component.

PRECAUTIONS

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

2. The contents of the 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 administered primarily by renal excretion, use in patients with impaired renal function should be carefully considered.

4. To help reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be well hydrated before and during administration of Indium In-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a bed-sideinel (e.g., beacoat or lactate) 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 radiopharmaceutical 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, presumably by altering fat absorption and possibly by decreasing motility of the gallbladder. A single dose of Indium In-111 pentetreotide should not be expected to cause cholestasis.

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

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

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been performed with Indium In-111 pentetreotide to evaluate carcinogenic potential or effects on fertility. In vitro studies were 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 reproductive capacity. Therefore, Indium In-111 pentetreotide should not be administered to a pregnant woman unless the potential benefit justifies the potential risk to the fetus.

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

Pediatric Use
Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
The following adverse effects were observed in clinical trials at a frequency of less than 1% of 528 patients: dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, vomiting, and weakness. These adverse effects were transient. In clinical trials, there was one reported case of headache and one case of decreased hemoglobin and hematocrit.

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

DOSEAGE AND ADMINISTRATION
Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids liberally. Elimination of extra fluid intake will help reduce the radiation dose by flushing out unbound, labeled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., beacoat or lactate) be given to the patient starting the evening before the radiopharmaceutical is administered, and continuing for 48 hours. Ample fluid intake is necessary during this period as a support both to renal elimination and the bowel-cleansing process. In a patient with an 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 radionuclide activity chamber immediately before administration. As with all intravenously administered products, Octreoscan should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Preparations containing particulate matter or discoloration should not be administered. They should be disposed of in a safe manner, in compliance with applicable regulations.

Aseptic techniques and effective shielding should be employed in withdrawing doses for administration to patients. Waterproof gloves should be worn during the administration procedure.

Do not administer Octreoscan in TPN solutions or through the same intravenous line.

RADIATION DOSE
The estimated radiation dose to the average adult (70 kg) from intravenous administration of 111 MBq (3.0 mCi) and 222 MBq (6.0 mCi) are presented. These estimates were calculated by Oak Ridge Associated Universities using the data published by Kengen, et al.

<table>
<thead>
<tr>
<th>Dose Group</th>
<th>Radiation Dose (R)</th>
<th>Effective Dose (ED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>13.03</td>
<td>1.30</td>
</tr>
<tr>
<td>Moderate</td>
<td>26.06</td>
<td>2.40</td>
</tr>
<tr>
<td>High</td>
<td>63.13</td>
<td>5.97</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% Indium In-111 in concentrate at calibration.
3. Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) model for gastrointestinal tract calculations.
4. Estimated according to ICRP Publication S3.

HOW SUPPLIED
The Octreoscan kit, NDC 0019-9550-40, is supplied with the following components:

1. A 10-mL Octreoscan Reaction Vial which contains a lyophilized mixture of:
   - (ii) 2.0 mg argentate [2-7] (5-[2-7] ditolylacetic acid), also known as octreotide DTPA.
   - (iii) 4.9 mg sodium citrate, anhydrous.
   - (iv) 0.37 mg citric acid, anhydrous.
   - (v) 10.0 mg sodium bicarbonate.

2. A 10-mL vial of Indium In-111 Chloride sterile solution, which contains 1.1 mL of 111 MBq (3.0 mCi/mL) Indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains tetracaine hydrochloride at a concentration of 3.5 μg/mL, (tetracaine, 1.2 μg/mL). The vial contains sterile and nonpyrogenic. No bacteriostatic preservative is present.

3. In addition, the kit also contains the following items:
   - (a) 25 g 6⁄8 in (8-0, Monocord) used to transfer Indium In-111 Chloride Sterile Solution to the Octreoscan Reaction Vial.
   - (b) A pressure sensitive label, and (c) a package insert.

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SNM Annual Meeting Booth #461
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Rubidium Rb 82 Generator

Diagnostic: Intravenous

INDICATIONS AND USAGE
Rubidium chloride Rb 82 injection is a myocardial perfusion agent that is useful in distinguishing normal from abnormal myocardium in patients with suspected myocardial infarction.

CardioGen-82 (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.

Adverse 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 infusion 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 generator 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.

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

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 radiopharmaceuticals, especially those examinations which are elective in nature, in women of childbearing capacity 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 (7.8 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)

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ISBN 0-932004-50-4

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Katherine M. Elliott
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## PROGRAMME OUTLINE

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<th>Sunday 10 October</th>
<th>Monday 11 October</th>
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<td>Plenary Review Lectures</td>
<td>Plenary Review Lectures</td>
<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Lunch and Industry Symposia</td>
<td>Lunch and Industry Symposia</td>
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<td>15.00-16.30</td>
<td>Business &amp; Committee Meetings</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>16.30-17.00</td>
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<td>Submitted Oral Presentations (Parallel Sessions)</td>
<td>Submitted Oral Presentations (Parallel Sessions)</td>
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<td>Members' Assembly</td>
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<td>19.00-20.30</td>
<td>20.00</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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Part IX: Peri-Diaphragmatic Disease
Part X: Pulmonary System
Part XI: Skeletal System
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For more information please contact Katrina Young, SNM PEP Coordinator, at (703) 708-9000 x255 or e-mail: kyoung@snm.org.

SNM PEP is sponsored by an educational grant from DUPS Nordion, Science Advancing Health Radiopharmaceuticals.

This activity was planned and produced in accordance with the ACCME Essentials.
WHERE DO YOU FIT IN?

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

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

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

WHY SHOULD YOU PARTICIPATE?
Participants receive standard reports on utilization by procedure, place of service, type of patient, etc.

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

Subscribers may query reports on-line or receive printed reports quarterly via mail.

This is a free service. As long as you input your data quarterly, you will be able to obtain data and reports.

All information is confidential.
For more information or to participate in this program, contact Katrina Young, UA Project Coordinator, at (703) 708-9000 x255 or e-mail: kyoung@snm.org.
Management of the cancer patient has significantly grown with better diagnostic techniques and chemotherapeutic agents. Learn about these exciting advances in nuclear oncologic imaging with the Self-Study Program series in Oncology. These Self-Study Programs offer an innovative package and approach to ensure that you receive timely, targeted materials as soon as they’re available.

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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)
Price: $15 (SNM members); $20 (nonmembers)

**Published**

**Topic Booklet 2:** Conventional Tumor Imaging (October 1999)
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**Prices for future topics range from $20 to $35.**

**Topic Booklet 3:** Antibody Tumor Imaging (January 1999)
ISBN 0-932004-61-x

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

**Published**

**Topic Booklet 5:** Nonantibody Cancer Therapy (1999)
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**Published**

**Topic Booklet 6:** Antibody Cancer Therapy (1999)
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**Published**

**Topic Booklet 7:** Bone Cancer Therapy (1999)

**Published**

**Topic Booklet 8:** The Future of Nuclear Medicine Oncology (June 1999)
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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. If you choose to order the complete series, please have your credit card number ready when calling Matthews Medical Books. Each topic booklet will be automatically sent to you as they are released. Your credit card will only be charged once a booklet is ready for shipping.

A similar Self-Study Series on Nuclear Cardiology is also available. Look for advertisements in JNM and check SNM’s on-line book catalog (www.snm.org) for future updates.
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DEADLINES:
Pre-Registration Ends: April 29, 1999
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REGISTRATION FEES:
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Saturday, June 5, 1999
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Non-Member $155 $165
(Boxed lunch is provided for the Saturday Categorical only, the cost of which is included in the fee)

Continuing Education
Monday, June 7, 1999 through Thursday, June 10, 1999
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Contact Jane Day at jday@snm.org for further information.

HOW TO OBTAIN PRE-REGISTRATION AND HOUSING FORMS:
1. The SNM Web Site, www.snm.org
2. Fax-On-Demand*, 888-398-7662 or 703-7531-1514
3. The Journal of Nuclear Medicine, February Issue
4. Journal of Nuclear Medicine Technology, March Issue

* Fax-on-Demand is an automated system that faxes you those portions of the Annual Meeting Preview you request. If you do not know exactly which portion you would like to receive (or which is available), you can request an index of documents when prompted by the system.
Nuclear Medicine Staff Position

Candidate with strong interest in an academic career to join an active and well-equipped laboratory. Excellent research and clinical facilities are available and include all modern imaging modalities. Appointment will be at the rank of Assistant or Associate Professor depending on the years of experience and other qualifications. Candidates must be board eligible or certified in nuclear medicine, radiology and cardiology. Contact: Abass Alavi, MD, Chief, Division of Nuclear Medicine, Hospital of the University of Pennsylvania, 3400 Spruce St., Philadelphia, PA 19104. AA/EOE.

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 a Research Fellow for the PET Imaging Science Center, starting July 1, 1999. The qualified candidates will have a PhD or MD. The program includes functional and metabolic imaging using SPECT and PET with a special interest in clinical oncology. Interdisciplinary research opportunities in the areas of pharmacy and pharmacology, biomedical engineering and physiology that are directed at improving the diagnosis of cancer and the treatment of cancer management are available. Candidates will be expected to participate in clinical and/or basic science research and publish findings. We offer competitive salary and fringe benefits. EOE. Qualified applicants should send CV, 3 letters of recommendation, 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.

Nuclear Medicine Technologist

Part-time—cardiology office Teaneck, N.J. Fax resume attn: Susan (201) 907-0205.

Residency/Fellowship Openings in Nuclear Medicine at UCLA

The UCLA Department of Molecular & Medical Pharmacology (www.nuc.ucla.edu) is training the next generation of world-wide leaders in academic and clinical Nuclear Medicine. If you desire a challenge of a lifetime, that combines the best residency/fellowship training in basic nuclear and medical pharmacology and clinical nuclear medicine, then the UCLA program may be right for you. The UCLA Ahmanson Center for Biological Imaging (a division of the Molecular & Medical Pharmacology Dept.) combines very unique features in order to offer a solid training program in Nuclear Medicine. We offer a clinical program centered at the UCLA Center for Health Sciences with Nuclear Medicine satellites that include a wide variety of hospitals. We also offer research possibilities with several basic science departments, and the Crump Institute for Biological Imaging which offers advances in small animal microPET technology and assays for imaging gene expression. Residency/fellowships ranging from 2-7 years which include options to obtain a PhD in a basic science department are available starting June, 2000. Applicants desiring an academic career in Nuclear Medicine and/or a joint nuclear medicine/internal medicine training program are especially encouraged to apply. For further consideration please send resume and two letters of recommendation to: Dr. Sam Gambhir, Head, Nuclear Medicine Residency Admissions, UCLA School of Medicine, A-222 CIB, P.O. Box 951770, Los Angeles, CA 90095-1770.

Fellowship Positions (2)—Nuclear Medicine, Department of Radiology

University of Southern California

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. EOE. 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 350, Los Angeles, CA 90033 or fax to (323) 442-5778.

Assistant/Associate Professor

The Department of Diagnostic Imaging at Temple University School of Medicine is recruiting additional Board Certified Nuclear Medicine faculty at the Assistant/Associate Professor level to participate in our clinical, research and teaching programs based at affiliated hospitals. Training and experience in adult and pediatric diagnosis and therapy are essential. Research and clinical experience in PET imaging is desirable. Included in Nuclear Medicine are: a radiopharmaceutical laboratory (Hotlab), seven imaging rooms with fully dedicated single photon emission computed tomography (SPECT) gamma camera systems and a dedicated triple-headed brain SPECT device. All non-SPECT gamma cameras (3) are interfaced to a Macintosh-based imaging computer network (NUCLEAR Mac). This network provides remote coverage of three additional imaging facilities. Additional equipment includes a 133-Xenon cerebral blood flow device and a Holmium 153 device. A seventh room is devoted to in-vitro measurements, including thyroid uptake, Schilling tests, as well as thyroid imaging and biopsies. PET Scanner to be installed. Candidates should send a current CV and letter to: Robert A. Gatenby, M.D., Professor and Chairman, Department of Diagnostic Radiology, Temple University School of Medicine, 3401 N. Broad Street, Philadelphia, PA 19140. Temple University School of Medicine is an Affirmative Action/Equal Opportunity Employer and strongly encourages applications from women and minorities.

Nuclear Medicine Technologist

Clinisource, 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: Clinisource, Attn: John Schario, 2316 E. Meyer, 2 North, Kansas City, MO 64132. EOE/Drug Screen Required.

Nuclear Medicine Physician

Midwest Nuclear Medicine Group has a full-time position opening for a well-trained, Board Certified Nuclear Physician with good interpretive and communicative skills. Prefer experienced candidate with radiology or internal medicine background. Well-established, active department with state-of-the-art equipment and computer performing a complete range of studies for a large, suburban hospital. Reply with C.V. and list of references to: Society of Nuclear Medicine, Box #501-99, 1850 Samuel Morse Dr., Reston, VA 20190-5316.
Nuclear Medicine Fellowship Position
University of Alabama at Birmingham

A one or two year fellowship position in Nuclear Medicine imaging is available beginning July 1, 1999 in the Division of Nuclear Medicine, Department of Radiology, at the University of Alabama at Birmingham Medical Center. The Imaging Fellowship will emphasize brain SPECT imaging but will also include PET imaging and other Nuclear Medicine clinical research projects. Applicants should have at least one year of experience in Nuclear Medicine or Radiology, have an intense interest in imaging research, and be eligible for licensure in the state of Alabama. Successful candidates will assume a significant role on multiple research projects involving all aspects of clinical brain SPECT imaging, triple head dynamic brain SPECT, quantitative Xe-133 brain SPECT on the Picker Prism, F-18 FDG PET imaging using the ADAC MCD coincidence camera and conventional PET, 4.1T NMR spectroscopic imaging, and 4.1T functional MRI (fMRI).

Please send letter of interest and curriculum vitae to: James M. Mountz, MD, PhD, Director of Neuro-Nuclear Imaging, Division of Nuclear Medicine, Department of Radiology, The University of Alabama at Birmingham, 619 South 19th Street, Birmingham, AL 35233-6835. Phone: (205) 975-8336. Fax: (205) 934-5589. E-mail: jmmountz@uab.edu. UAB is an Affirmative Action/Equal Opportunity Employer.
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