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.

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511 keV/PET Protection... Capintec is the Solution.

As growth in the use of high-energy radionuclides expands, Capintec has grown to meet your safety requirements.

CAPCELL® Mini-Cell

- Ideal for all manufacturers radio-synthesis systems.
- “Top-of-the-line” Mini houses one of the larger FDG Systems.
- Optionally, “The Clean Air System” consists of a HEPA and/or Dacron filters for the intake air supply and, if required, a filtered exhaust.

For more information call 800-275-4272

Capintec’s Shielded Hoods

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

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

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:

MYOVIEW. The image of efficiency.

©1998 Nycomed Amersham
The following events were noted in less than 1% of patients:

- **Cardiovascular:** angina, hypertension, Torsades de Pointes
- **Gastrointestinal:** vomiting, abdominal discomfort
- **Hypersensitivity:** cutaneous allergy, hypotension, dyspnea

**Special Senses:** metallic taste, burning of the mouth, smelling something

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

**DOSE 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, pediatric or geriatric patients.

**RADIATION DOSIMETRY**

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in Table 1. The values are listed in descending order as rad/mCi and μGy/mBq and assume urinary bladder emptying at 3.5 hours.

**Table 1**

<table>
<thead>
<tr>
<th>Absorbed radiation dose</th>
<th>Target organ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exertion</td>
</tr>
<tr>
<td></td>
<td>rad/mCi</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
</tr>
<tr>
<td>Large intestine</td>
<td>0.075</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.015</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
</tr>
<tr>
<td>Muscles</td>
<td>0.008</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
</tr>
<tr>
<td>Subcutis</td>
<td>0.008</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 53 (Ann. ICRP 18 (1-4,1988)) and gave values of 8.61 x 10^-9 mSv/mBq and 1.12 x 10^-8 mSv/mBq after exercise and rest, respectively.

**CONTRAINdications**

None known.

**Warnings**

- In studies involving pregnant 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 prevent bladder retention.
  - The contents of the Myoview vial are intended only for use in the preparation of technetium Tc99m tetrofosmin injection and are NOT to be administered directly to the patient.
  - As with all injectable diagnostic products, allergic reactions and anaphylaxis may occur separately as possible.
  - Adequate hydration should be encouraged to prevent bladder retention. The effects of such drugs on imaging results are not known.

- **Cardiogenesis, Mutagenesis, Impairment of Fertility**
  - Studies have not been conducted to evaluate carcinogenic potential or effects on fertility.
  - Tetrofosmin sulphonilic acid is not mutagenic in vitro in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic in vivo in the mouse micronucleus test.

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

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

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

**Adverse Reactions**

- Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 56.7 years (range 29-94 years). The subjects received a mean dose of 7.67 mCi of the initial injection and 22.4 mCi on the second injection.

- Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease rather than to Myoview injection. After Myoview injection, serious cardiovascular events occurred in 3 patients. Overall cardiac adverse events occurred in 5/764 (less than 1%) of patients after Myoview injection.

- **Manufactured by Amersham International plc**

- **Amersham Healthcare**

- **Patent No. 5,045,302 (R)**

- **Distributed by:**
  - Medi-Physics, Inc., Amersham Healthcare
  - 2306 S. Clearbrook Dr., Arlington Heights, IL 60005
  - 1-800-533-4123 (Toll Free)

- **Printed in UK**

- **February 1998**

- **Amersham and Myoview are trademarks of Amersham International plc**

- **BS-43-1011**

- **BS-52-802300**

- **Circle Reader Service No. 135**
There's enhanced dedication to the practice of nuclear medicine coming from a long-standing participant in this medical tradition: CIS. Even as new technologies expand the diagnostic and therapeutic horizons, the nuclear medicine community continues to provide clinically proven, vital services. For imaging and treating disease, CIS is committed to being your leading radiopharmaceutical resource.

Our acquisition this year of PULMOLITE, OSTEOLITE, HEPATOLITE, PYROLITE and DTPA is an important part of the CIS plan to sustain support for the practice of nuclear medicine.
Decisive information keeps you on course

Guiding you to optimal intervention for neuroendocrine tumors

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

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

*Gastroentero-pancreatic neuroendocrine tumors

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

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 INTRAVENOUS ADMINISTRATION LINES; IN THESE SOLUTIONS, A COMPLEX GLYCO-OLIGOSACCHARIDE CONJUGATE MAY FORM.

The sensitivity of somatostin with indium In-111 pentetreotide may be reduced in patients concurrently receiving therapeutic doses of octreotide acetate. Consideration should be given to temporarily suspending octreotide acetate therapy before the administration of indium In-111 pentetreotide and to monitoring the patient for any signs of withdrawal.

PRECAUTIONS

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

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

3. Since indium In-111 pentetreotide is eliminated primarily by renal excretion, use in patients with impaired renal function should be carefully considered.

4. To help reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be encouraged to avoid the ingestion of foods containing iodine 131 before and during administration of indium In-111 pentetreotide. They should include fluid intake and voiding frequency for one day after administration of the drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of indium In-111 pentetreotide (see Dosage and Administration section).

5. Indium In-111 pentetreotide should be tested for labeling yield of radioactivity prior to administration. The product must be used within six hours of preparation.

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

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

8. As with any other radioactive material, 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 persons who are qualified by specific training in the safe use and handling of radiopharmaceuticals.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been performed with indium In-111 pentetreotide to evaluate carcinogenic potential or effects on fertility. Pentetreotide was evaluated for mutagenic potential in an in vitro mouse lymphoma forward mutation assay and in an in vivo mouse micronucleus assay; evidence of mutagenicity was not found.

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

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

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

ADVERSE REACTIONS
The following adverse effects were observed in clinical trials at a frequency of less than 1% of 538 patients: dizziness, nausea, loss, fever, rash, headache, hypotension, changes in liver enzymes, proteinuria, nausea, vomiting, hypereosinophilia, renal dysfunction, and bronchospasm. These adverse effects were transient. Also in clinical trials, there was one reported case of bradyarrhythmia and one case of decreased hemoglobin and hemocrit.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms from certain tumors. The usual dose for indium In-111 pentetreotide is approximately 5 to 20 times less than for octreotide and is subtherapeutic. The following adverse reactions have been associated with octreotide in 3 to 10% of patients: nausea, injection site pain, diarrhea, abdominal pain/discomfort, loose stools, and vomiting. Hypertension 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, labelled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., bisacodyl or lactulose) be given to the patient starting the evening before the radiopharmaceutical is administered, and continuing for 48 hours. Ample fluid uptake is necessary during this period as a support both to renal elimination and to the bowel-clearing process. In a patient with an insulinaemia, bowel-clearing should be undertaken only after consultation with an endocrinologist.

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

The dose should be confirmed by a suitably calibrated radioactivity concentration monitor 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 technique and effective shielding should be employed in withdrawing doses for administration to patients. Waterproof gloves should be worn during the administration procedure.

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

RADIATION DOSE
The estimated radiation doses to the average adult (70 kg) from intravenous administration of 111 MBq (3 mCi) and 222 MBq (6 mCi) are presented below. These estimates were calculated by Oak Ridge Associated Universities using the data published by Krening, et al.

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

<table>
<thead>
<tr>
<th>Planar</th>
<th>SPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>54.16</td>
</tr>
<tr>
<td>Liver</td>
<td>12.15</td>
</tr>
<tr>
<td>Spleen</td>
<td>73.86</td>
</tr>
<tr>
<td>Urine</td>
<td>6.34</td>
</tr>
<tr>
<td>Orinaries</td>
<td>4.88</td>
</tr>
<tr>
<td>Tests</td>
<td>2.90</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>3.46</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>30.42</td>
</tr>
<tr>
<td>GI Track</td>
<td>5.07</td>
</tr>
<tr>
<td>Stomach Wall</td>
<td>4.78</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>5.67</td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td>5.80</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>7.73</td>
</tr>
<tr>
<td>Adrenals</td>
<td>7.55</td>
</tr>
<tr>
<td>Thyroid</td>
<td>7.43</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% indium In-111m radioactive contaminant at calibration.
3. Assumes 8.4 hour working interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculated.
4. Estimated according to ICRP Publication 53.

HOW SUPPLIED
The OctreoScan kit, NDC 0019-9050-40, is supplied with the following components:
1. A 10-ml OctreoScan Reaction Vial which contains a lyophilized mixture of:
   a. 10 μg pentetreotide [(N-(dihydroxyphenyl)aminomethylamine-N,N,N',N'-tetraacetic acid)-N-acetyl-D-phénylamantyl-L-hemylstyril-glycyl-L-lysyl-L-threonyl-L-hemylstyril-cyclo (2-7) diadose], also known as octreotide DTPA.
   b. 20 mg gentamic acid [2,3-dihydroxybenzoic acid].
   c. 0.37 mg sodium citrate, anhydrous.
   d. 0.3 mg sodium bisulfite.
   e. 0.05 mg methylparabiol.

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

2. A 10-ml vial of Indium In-111 Chloride Sterile Solution, which contains 1.1 mL of 111 MBq (3.0 mCi) indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains ferric citrate, at a concentration of 3.5 mg/mL, ferric ion, 1.2 mg/mL. The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

In addition, the kit also contains the following items: (1) a 25 g x 50' needle (B-D Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial, (2) a pressure sensitive label, and (3) a package insert.
ACUTE CLOT?
FROM EQUIVOCA TION TO IDENTIFICATION

AcuTect (Kit for the Preparation of Technetium Tc 99m Apatide 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.

The difference is acute.

For customer service, call 1-877-DIATIDE.

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The difference is acute.

**ADVERSE REACTIONS**

Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m to 20.0 mCi labeled to approximately 70-100 g of biphasic citrate. Of these adults, 46% were women and 54% men. The mean age was 57.0 years (17 to 86 years). In all patients, adverse events were monitored for at least 3 hours. In a subset of 100 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m apcitide, a serious episode of hypotension occurred in one patient who had acute hypotension that began within 10 minutes of injection and, after 60 minutes, progressed to a systolic pressure of 70 mm Hg. At least one adverse event occurred in 29/642 (4.5%) of patients after technetium Tc 99m apcitide 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 apcitide.

**Table 1: ADVERSE EVENTS REPORTED IN ≥ 0.5% OF PATIENTS FOLLOWING ACUTECT® INJECTION IN CLINICAL STUDIES**

<table>
<thead>
<tr>
<th>Number of Patients</th>
<th>Number of Patients with At Least One Adverse Event</th>
<th>Body As A Whole</th>
<th>Pain (back, leg, chest)</th>
<th>Headache</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>642</td>
<td>29 (4.5%)</td>
<td>21 (3.2%)</td>
<td>11 (1.7%)</td>
<td>5 (0.8%)</td>
<td>5 (0.8%)</td>
</tr>
<tr>
<td>36</td>
<td>2 (5.6%)</td>
<td>1 (2.8%)</td>
<td>1 (2.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>5 (12.2%)</td>
<td>3 (7.3%)</td>
<td>2 (4.9%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other adverse events which occurred in < 0.5% of patients following receipt of ACUTECT® included: agitation, anemia, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hypotension, injection site reaction, liver enzyme elevation, nausea, palor, paresthesia, pruritus, sweat, tachycardia, twitch, urticaria, and vomiting.

**OVERDOSE:** Clinical consequences of overdose with technetium Tc 99m apcitide have not been studied.

**DOSEAGE AND ADMINISTRATION**

- To detect acute venous thrombosis in a lower extremity, reconstituted ACUTECT® should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 μg of biphasic citrate radiolabeled with 20 mCi of technetium 99m.
- Technetium Tc 99m apcitide 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 cleaning agents. Unused portions of the drug must be discarded appropriately. (See Instructions for Preparation Section of Full Product Information.)

**Radiation Dosimetry**

Based on human data, the absorbed radiation doses to an average adult (70 kg) from an intravenous injection of technetium Tc 99m apcitide are listed in Table 2. The values are listed in descending order as rad/mCi and mGy/MBq, and assume urinary bladder emptying at 4.8 hours.

**Table 2: Radiation Absorbed Doses for a 70kg Adult**

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>rad/MCi</th>
<th>mGy/MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Bladder Wall</td>
<td>0.22</td>
<td>0.06</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.50</td>
<td>0.14</td>
</tr>
<tr>
<td>Upper Large Intestinal</td>
<td>0.25</td>
<td>0.16</td>
</tr>
<tr>
<td>Lower Large Intestinal</td>
<td>0.07</td>
<td>0.01</td>
</tr>
<tr>
<td>Ureters</td>
<td>0.034</td>
<td>0.001</td>
</tr>
<tr>
<td>Throes/Gland</td>
<td>0.022</td>
<td>0.0006</td>
</tr>
<tr>
<td>Testes/Ovaries</td>
<td>0.0205</td>
<td>0.0003</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.016</td>
<td>0.0003</td>
</tr>
<tr>
<td>Breast</td>
<td>0.0050</td>
<td>0.00013</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard ICRP method (ICRP Publication No. 1, 1976), Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-4, 1988) and gave a value of 0.00003 rad/MCi (0.00004 mGy/MBq).

**HOW SUPPLIED**

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of biphasic citrate, stannous chloride and sodium glucoheptonate/diphosphate, together with a package insert and adverse event reporting cards. Kits are available in packs of 5 units.

**Storage**

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

The kit should be protected from light.

**References**

1. ACUTECT® Prescribing Information.
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The online bookstore offers quick and easy access to any of our self-study topic booklets in cardiology and oncology. Publications range from Nuclear Regulatory Commission (NRC) guidelines to Medical Internal Radiation Dose (MIRD) data. And SNM educational books and study guides set the gold standard for proficiency in key areas of the discipline. In addition, the Society offers highly regarded introductions to the field, both for patients as well as medical students. Because the Society publishes only clearly focused research on areas of broad importance, as well as on the most advanced findings in the field, its books offer information available nowhere else.

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Clinishare, 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 64112. EOE/Drug Screen Required.

Nuclear Medicine
Progressive sub-specialized large private practice radiology group is seeking individual fellowship trained in nuclear medicine. The practice is affiliated with a medical school and residency program, thereby offering the benefits of both private practice and the pursuit of academic interests. Positions will include eventual directorship of Nuclear Medicine Department. The practice is located on the Atlantic coastline with a mild climate and all water sports available. Interested persons should send a CV or contact Stephen Carr, MD, Director of Recruiting, Medical Center Radiologists, 6330 North Center Drive, Building 13, Suite 220, Norfolk, VA 23502. Phone: (757) 466-0089. Fax: (757) 466-8017.

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

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

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

Nuclear Medicine Radiologist
Well-established and rapidly expanding radiology practice in Southwest Florida offering excellent opportunity for board certified, fellowship trained nuclear medicine radiologist. Must have expertise in nuclear cardiology and previous experience with supervision of cardiac stress testing is beneficial. The group includes both hospital-based practice and extensive full service outpatient imaging centers. Hospital has recently installed ADAC Coincidence Scanner with attenuation correction. Department includes five SPECT cameras (two dual heads), position leads to full partnership and provides excellent salary and fringe benefits. Interested individuals should forward CV to Sharon Lindsay, 3680 Broadway, Fort Myers, FL 33901.

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Encyclopedic, yet highly practical, the new, 2nd Edition of Nuclear Medicine in Clinical Diagnosis and Treatment distills the clinical experience of 174 leading international experts into a superbly illustrated and authoritative resource. It offers you comprehensive guidance on every diagnostic and therapeutic technique for all major body systems.

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Classified 31A
Assistant Professor-Nuclear Medicine/Health Physics

The University of Nevada Las Vegas has an Assistant Professor, tenure track faculty position in the Department of Health Physics, College of Health Sciences available (Position # 420).

Primary responsibilities will be to teach and conduct research in the nuclear medicine baccalaureate program. Additionally, the successful applicant will be partially responsible for providing clinical oversight for students in a number of local and regional medical imaging facilities. The ideal candidate will also be able to teach health physics and medical physics courses at the undergraduate and graduate level. The successful candidate will be expected to meet University criteria related to teaching, research and service. Preference will be given to candidates with a PhD in a related area, certification in nuclear medicine (AART, NMTCB, ABMIP), and three years of clinical experience. A Masters degree in a related field is required. However, candidates lacking a PhD will be required to complete a doctorate within four and one-half years of appointment. Salary is commensurate with qualifications and experience and is contingent upon funding. The University has an excellent fringe benefits package.

UNLV is a premier urban university located in the vibrant city of Las Vegas and is surrounded by the Mojave Desert. UNLV is the state's largest comprehensive, doctoral degree granting institution with 20,000 students and more than 700 full-time faculty. UNLV provides traditional and professional academic programs for a diverse student body and encourages innovative and interdisciplinary approaches to teaching, learning and scholarship. For more information, see the UNLV World Wide Web site at: http://www.unlv.edu.

Individuals wishing to be considered for this position should submit a curriculum vitae, original transcripts from all institutions attended and three letters of reference to Dr. Arthur Meyers, Search Committee Chair, Department of Health Physics, University of Nevada Las Vegas, 4505 Maryland Parkway, Las Vegas, NV 89154-3037. Although applications will be accepted until this position is filled, review of completed application files will begin 15 May 1999. Refer to position #420.

Fellowships in Imaging Sciences Program at the National Institutes of Health

The Radiological and Imaging Sciences Program at the National Institutes of Health (NIH) is accepting applications for a two-year fellowship positions beginning July 2000 and July 2001. This fellowship training program provides opportunities in clinical and basic imaging research available in the Departments of Diagnostic Radiology, Nuclear Medicine, Positron Emission Tomography and the Laboratory of Diagnostic Radiology Research. The training program emphasizes research in all aspects of clinical and imaging sciences and image processing. Fellows can choose to work in areas of research including: Neuroimaging, Interventional, Oncological, Vascular and Metabolic Imaging using various imaging techniques as well as basic areas of research in Magnetic Resonance Imaging and Spectroscopy, MR Microscopy, unique PET Radioligands as probes for receptors, specific uptake and metabolic pathways, Contrast Agent development and evaluation for Molecular Imaging, Tissue Perfusion and Metabolism, and innovative image processing and visualization algorithms. Qualified applicants will be able to have clinical exposure to a unique research patient population found at the NIH. Fellows in the Imaging Sciences Program have access to state-of-the-art imaging and computer facilities dedicated to research found in the Clinical Center, In Vivo NMR Research Center and basic science laboratories including both “hot” and “cold” wet chemistry labs and tissue culture facilities.

Applicants should hold a MD or PhD degree and should have completed clinical training in Diagnostic Radiology, Nuclear Medicine or related fields. Applicants from individuals currently in U.S. residency programs may also be considered for research fellowship positions. U.S. citizenship or permanent residents will receive preferance for these full-time appointments.

Candidates should submit a Curriculum Vitae, at least 3 letters of reference and a statement of research interest to:

Joseph A. Frank, MD, Chief, Laboratory of Diagnostic Radiology Research, National Institutes of Health, 9000 Rockville Pike, Bldg. 10, Rm. B1N256, Bethesda, MD 20892-1074. Fax: (301) 402-3216. E-mail: jafrank@helix.nih.gov, http://www.cc.nih.gov/ccr/lisp/html.

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POSTDOCTORAL RESEARCH ASSOCIATE

The Medical Department at Brookhaven National Laboratory has an opportunity for a research associate to carry out research on radiolabeling of proteins, peptides and related bioengineered molecules via preparation of radiometal chelates and bioconjugation techniques. Applicants must have a Ph.D. in Radiochemistry or Organic Chemistry with experience in radiolabeling methodology. Experience in synthetic coordination chemistry and protein-peptide labeling with radiometals is highly desirable, as is experience with radioisotope production/processing and familiarity with radiometal chelates and bioconjugation techniques.

The research program includes the development of bioengineered vehicles for delivering therapeutic isotopes/toxic genes for the combined radioisotopic/gene therapy of cancer and the preparation and evaluation of radiometal chelates for bone cancer therapy. Under the direction of S. Srivastava, interested individuals should send a CV and three letters of reference to: M. Kipperman, Brookhaven National Laboratory, Bldg. 185, P. O. Box 5000, Upton, NY 11973-5000. Visit our website at: www.bnl.gov. BNL is an equal opportunity employer committed to workforce diversity.

Director of Nuclear Medicine

The Department of Radiology at The University of Iowa College of Medicine is recruiting a Director of Nuclear Medicine, as a full-time tenure-track faculty member with open rank. One of the largest teaching hospitals in the country, The University of Iowa Hospitals and Clinics provides research and clinical facilities—a PET Center, state-of-the-art nuclear imaging equipment, and extensive image processing capabilities. Applicants must be certified in Nuclear Medicine and preferably in diagnostic radiology. Candidates with PET expertise, administrative experience and strong evidence of scientific productivity including extramurally funded research are sought. Women and minority candidates are encouraged to apply. Send resume and cover letter to:

Michael W. Vannier, MD
Professor and Head
The University of Iowa
Department of Radiology
200 Hawkins Drive
Iowa City, IA 52242

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Nuclear Medicine
Portland, Oregon

Northwest Permanente, P.C., a physician-managed multispecialty group serving over 440,000 members of Kaiser Permanente in the Northwest has an excellent opportunity in the Portland area for a Radiologist board certified or eligible in Nuclear Medicine.

Our program in Oregon and Washington offers a collegial and professionally stimulating environment in one of the most successful managed care systems in the country, plus a quality lifestyle in the Pacific Northwest. In addition we provide a competitive salary and benefits package which includes a generous retirement program, sabbatical leave, professional liability coverage and more. Please forward CV to:

N.M. Clark, Director, Professional Resources, Northwest Permanente, P.C., 500 NE Multnomah, Suite 100, Portland, OR 97232-2099. EOE.
MEDICAL FELLOW

The Medical Department's Neuroimaging Sciences Group at Brookhaven National Laboratory has a Medical Fellow opportunity available. An M.D. is required, as is board certification in any of the following areas: psychiatry, neurology, radiology, nuclear medicine or internal medicine, as well as an interest in research. The Neuroimaging Sciences Group is involved with imaging studies involving Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT) and Magnetic Resonance Imaging (MRI). These studies focus on functional, biochemical and pharmacological aspects pertaining to substance abuse, neuropsychiatric disease, oncology and aging. Please forward your CV and three letters of reference, indicating position MK8221, to M. Kipperman, Brookhaven National Laboratory, Bldg 185, P.O. 5000, Upton, NY 11973-5000. For more information about BNL, please visit our website at www.bnl.gov. We are an equal opportunity employer committed to workforce diversity.

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NUCLEAR MEDICINE PHYSICIAN (P-4)
Nuclear Medicine Section, Division of Human Health
International Atomic Energy Agency, Vienna, Austria
(Vacancy Notice No. 99/028)

A vacancy has arisen in the Nuclear Medicine Section for a Nuclear Medicine Physician who will be responsible for assisting in formulating, guiding, monitoring and evaluating the Agency’s programme for assisting Member States to apply in vivo radionuclide methods for diagnosis and treatment of diseases and for research in human health. The duties include scientific, administrative, managerial responsibilities and collaborative efforts with other organizations in the creation, review, maintenance and dissemination of systematic overviews in subjects related to nuclear medicine.

Applications are invited from candidates with an advanced postgraduate degree in nuclear medicine with a minimum of 10 years specialized experience in a senior level position in nuclear medicine covering patient care, teaching/training and research. The candidate must have in-depth expertise especially in vivo nuclear medicine procedures with sound knowledge of all technical and clinical aspects of such applications, significant research publications of high quality and experience of nuclear medicine conditions in the developing countries. Fluency in English is essential. Knowledge of Spanish and/or French would be an asset.

Initial contract three years (subject to satisfactory performance and evaluation, the appointment may be renewed for a further period of two years), with total annual tax-free emoluments of approximately Austrian Schillings 750 000,- p.a. which include both net base salary and post adjustment, after deduction of the contributions to the United Nations Joint Staff Pension Fund. Additional allowances for dependants. Travel and removal expenses paid. Assignment and repatriation grants. Six weeks annual leave.

Applicants should quote the vacancy notice No. 99/028, their nationality and send the application along with detailed curriculum vitae and a comprehensive list of publications to the Recruitment Unit, Division of Personnel, International Atomic Energy, P.O. Box: 100, Wagramerstrasse-5, A-1400 Vienna, Austria. Fax: 43-1-26007) before 30 June, 1999. Further information about this post, and the application procedure, may also be obtained from the IAEA’s website at http://www.iaea.or.at/worldatom/vacancies/index.html.

Nuclear Medicine Bone 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.

Since bone scans are used to detect arthritis, osteoporosis, fractures and sports injuries, as well as unexplained bone pain, bone imaging is one of the most commonly performed nuclear medicine tests. The Nuclear Medicine Bone Imaging pamphlet prepares patients for the test, explains exam procedures and informs patients what needs to be done after the test.

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.

SNM Patient Pamphlets Offer the Reassurance Your Patients Need.
Fully expanded and updated, the 1999 Procedure Guidelines Manual features 29 comprehensive nuclear medicine protocols, including three all-new guidelines: Gastric Emptying and Motility, GI Bleeding/Meckel’s Diverticulum Scintigraphy, and Breast Scintigraphy. Learn how your facility’s procedures stack up against the latest recommendations of the SNM experts. Own the definitive collection of the most commonly performed procedures in nuclear medicine for only $35.00 (plus shipping and handling).

To order, contact the Society of Nuclear Medicine at (703) 708-9000 x250.
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The all-new Cardiology Self-Study series offers eight topics, a new topic published every three months. Each topic is clearly written by experts in the field with annotated references, challenging questions and extensive answers with critiques. Publication dates are in parenthesis.

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. Gelman, 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)

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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)

Published

Topic 7: Imaging Acute Myocardial Infarction (Summer 1999)

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Topic 8: Radionuclide Ventriculography (Fall 1999)
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**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**  
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