The E.CAM offers extensive cardiac-specific assessment tools that increase clinical quality and accuracy. The result...an unsurpassed level of clinical confidence.

Featuring unique clinical solutions...
- Profile non-uniform attenuation correction
- Efficient comprehensive review displays
- Advanced telemedicine and connectivity packages
- Cedars gated SPECT quantification
- Emory cardiac quantitative ‘toolbox’
  - EF, volumes and mass
  - Wall motion analysis
  - Defect extent/reversibility maps
  - Transient ischemic dilatation ratio
  - 3D cardiac displays
  - Coronary artery overlays/image fusion

When it comes to clear outcomes, the E.CAM delivers a level of performance second to none.
Capintec's new Captus 2000 Thyroid Uptake System, it's all you've ever wanted.

Capintec is proud to introduce its Captus® 2000 Thyroid Uptake System. With many new features it's the best Thyroid Uptake System yet. Features include: Enhanced data viewing, increased data storage capacity, direct read-outs in CPM, DPM, Curies, and Bequerels with energy spectrum displayed, unique spring-arm for easy collimator positioning, flared collimator swivels 360°, and complete year 2000 compliance.

These features, combined with the solid dependability of Capintec, combine to make the Thyroid Uptake System better than ever. The new Captus 2000 Thyroid Uptake System is just another example of Capintec's dedication to the nuclear medicine industry.
When making patient management decisions...

"Should he go to cath or not?"

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

You need to know. So does he. With Cardiolite\(^9\), you get perfusion and function in a single, noninvasive test\(^3\) for actionable, clinically relevant information to help you decide if cardiac catheterization is appropriate.\(^7\)

By measuring perfusion defect size, you can determine extent and severity of CAD.\(^4\) From the same test, you also get an extra measure of information with left ventricular function.\(^9\) If his stress study with Cardiolite\(^9\) is normal, you'll know he has a very low risk of a serious cardiac event during the next year.\(^9\) If his stress study with Cardiolite\(^9\) is abnormal, cath may be the next step,\(^4\) especially if EF is low, or if the defect size is moderate to severe.\(^9\)

That's the kind of clear, reliable, and reproducible information you need to make patient management decisions with confidence. So, when the question is whether to cath or not, order Cardiolite\(^9\). 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 Tc\(^99m\) Sestamibi.

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

Cardiolite®

Kit for the Preparation of Technetium Tc\(^99m\) Sestamibi for Injection

It clears your line of vision
INDICATIONS AND USAGE: Myocardial imaging: CARDIOTOP, Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is a myocardial perfusion agent that is indicated for the visualization of myocardial perfusion abnormalities, including reversible (ischemic) and non-reversible (infarct) defects, in patients with known or suspected coronary artery disease. CARDIOTOP evaluation of myocardial ischemia can be accomplished with rest and stress cardiac imaging studies in the presence of chest pain and/or electrocardiographic (ECG) changes consistent with ischemic heart disease. Sestamibi is also indicated for the imaging of the thyroid gland and parathyroid glands and for the localization of parathyroid tissue.

NURSING MOTHERS: Technetium Tc99m Sestamibi is excreted in human milk. The effect of Sestamibi on the breast-fed infant is unknown. Because of the potential for adverse reactions in nursing infants, decide whether to discontinue breastfeeding or to avoid the use of this agent, taking into consideration the importance of the drug to the mother.

ADVERSE REACTIONS: Adverse reactions reported in 3.5% or greater of healthy patients are:

- Fatigue
- Dizziness
- Chest Pain
- ST Depression
- Arthralgia

ADVERSE REACTIONS: Adverse reactions reported in 0.2% or less of healthy patients are:

- Anaphylactic Reactions
- Chest Pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Headache
- Pyrexia
- Rash
- Pruritus

RADIATION DOSEMETRY: The radiation dose to organs and tissues of a average patient (70 kg) per 20 MBq (0.5 mCi) of Technetium Tc99m Sestamibi for bone imaging is approximately 1.0 mSv (100 mrem). The radiation dose to the thyroid gland is approximately 0.7 mSv (70 mrem). For diagnostic imaging, the radiation doses to organs and tissues of a patient (70 kg) per 110 MBq (3 mCi) of Technetium Tc99m Sestamibi for myocardial perfusion imaging is approximately 0.5 mSv (50 mrem) to the thyroid gland. The radiation doses to organs and tissues of a patient (70 kg) per 3 MBq (100 mCi) of Technetium Tc99m Sestamibi for thyroid imaging is approximately 7.0 mSv (700 mrem) to the thyroid gland.

For complete skin and scintigraphy, and in the skin and scintigraphy, the radiation dose to the skin is approximately 0.2 mSv (20 mrem). For complete skeletal imaging, the radiation dose to the skin is approximately 1.0 mSv (100 mrem). For complete skeletal imaging, the radiation dose to the skin is approximately 0.5 mSv (50 mrem). The radiation dose to the skin is approximately 0.1 mSv (10 mrem). For complete skeletal imaging, the radiation dose to the skin is approximately 0.01 mSv (1 mrem).

REFERENCES: References from earlier editions of this package insert may be found in the Bibliography at the end of this package insert.
THEY’RE ALL DEADLY CHARACTERS—
AND NOW, DIATIDE HAS THEIR FINGERPRINTS

Our patented CellSeek™ technology finds and treats disease at its earliest stages, by identifying its unique biochemical markers.

From earlier cancer detection and pinpoint-accurate treatment, to distinguishing benign from malignant disease processes, to easing the pain of bone cancer, treating cardiovascular disease and more...Diatide’s patented technology is opening up a world of diagnostic and therapeutic opportunity that’s only been hinted at before.

Our unique technology links synthetic peptides with the commonly used radioisotope technetium-99m. This inspired combination gives our patented compounds the ability to bind to molecular targets on diseased tissue, for the earliest possible detection of disease.

As exciting as our Techtides® are for diagnosis, the therapeutic extension of this technology—Theratides™—can deliver therapy directly to disease sites, for magnified treatment efficacy with minimized side effects.

The promise of our innovative approach has been recognized by expedited evaluation of our first two new drug applications. And with a steady pipeline of products in various stages of development, we’re doing some expediting of our own: ushering in an era of new hope for millions of patients.

www.diatide.com
NASDAQ:DITI
1-877-DIATIDE

Diatide, Inc.
For a better way to find—and fight—disease.

April 1999
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.
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 GLYCOHYDROXY-OCYTECIDE CONJUGATE MAY FORM.

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

PRECAUTIONS

General
1. Therapy with octreotide acetate can produce severe 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 well hydrated before the administration of Indium In-111 pentetreotide. They should increase fluid intake and void frequently for one to two days after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of Indium In-111 pentetreotide (see Dosage and Administration section).
5. Indium In-111 pentetreotide should be tested for boiling 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. Aspecific technique must be used in the preparation and administration of Indium In-111 pentetreotide.
7. Octreotide acetate and the natural somatostatin hormone may be associated with cholecystitis, presumably 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 cholecystitis.
8. As with any other radioactive material, appropriate shielding should be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other persons.
9. Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides.

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 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 secreted in human milk. Because many drugs are secreted 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, lowness, flush, headache, hypertension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects are not transitory. Also in clinical trials, there was one reported case of bradycardia and one case of decreased hematocrit and hemoglobin.

Pentetreotide is derived from octreotide which is used as a therapeutic agent to control symptoms from certain tumors. The usual dose for Indium In-111 pentetreotide is approximately 0.03 to 0.20 mg less than for octreotide and is subtherapeutic. The following adverse reactions have been associated with octreotide in 5% to 10% of patients: nausea, reaction at site pain, decreased abnormally parvocellular, loose stools, vomiting. Hypertension and hyper- and hypo-lymphocytosis have also been reported with the use of octreotide.

DOSAGE AND ADMINISTRATION
Before administration, a patient should be well hydrated. After administration, the patient must be encouraged to drink fluids liberally. Elimination of extra fluid intake will help reduce the radiation dose by flushing out bound, labeled pentetreotide by glomerular filtration. It is also recommended that a mild laxative (e.g., bisacodyl or lactulose) be given to the patient starting the evening before the radioactive drug is administered, and continuing for 48 hours. Ample fluid intake is necessary during this period as a support both to renal elimination and the lowering of radiation dose. In a patient with an insulinoma, bowel-drying 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 252 MBq (7.0 mCi) of Indium In-111 pentetreotide.

The dose should be confirmed by a suitably calibrated radiation detection 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.

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

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

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

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></td>
<td></td>
</tr>
<tr>
<td>Kidneys</td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
</tr>
<tr>
<td>Spleen</td>
<td></td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
</tr>
<tr>
<td>Bones</td>
<td></td>
</tr>
<tr>
<td>Rectum</td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
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<tr>
<td>Urinary</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
</tr>
<tr>
<td>Small Intestine</td>
<td></td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td></td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td></td>
</tr>
<tr>
<td>Adrenals</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Equivalent Effective Dose*</td>
<td>13.03</td>
</tr>
<tr>
<td></td>
<td>1.30</td>
</tr>
<tr>
<td></td>
<td>26.06</td>
</tr>
<tr>
<td></td>
<td>2.61</td>
</tr>
</tbody>
</table>

1. Values listed include a correction for a maximum of 0.1% Indium In-114 radionuclide at calibration.
3. Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculations.
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:
   - (i) 10 μg pentetreotide [N-[d-decylglycyl]-N-[4'-(4-[ethyl]acetoxy)-3-[3-[111]indium]-l-hydroxy-l-phenylalanyl-D-lysinyl-D-lysyl-L-threonyl-L-lysyl-D-aenyl-cyclic (2-7)] disulfide, (also known as octreotide DTPA),
   - (ii) 2.0 mg gentisic acid [2,5-dihydroxybenzoic acid],
   - (iii) 4.5 mg trisodium citrate, anhydrous,
   - (iv) 0.37 mg citric acid, anhydrous, and
   - (v) 10.0 mg sodium bicarbonate.

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

2. A 10-ml vial of Indium In-111 Chloride Sterile Solution, which contains 1.1 ml of 111 MBq (3.0 mCi/mL) indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains lercitin chloride at a concentration of 0.5 μg/mL, lercitin, 1.0 μg/mL. The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

In addition, the kit also contains the following items:
- (i) 125 G x 5/8" needle (B-D. Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial,
- (ii) A package sensitive, label, and (iii) a package insert.

Mallinckrodt, Inc.
Mallinckrodt Nuclear Medicine Division
PO Box 5840
St. Louis, MO 63134


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M22701
12/97
Circle Reader Service No. 110
The diagnostic advantages of CardioGen-82® PET myocardial perfusion imaging have always been clear.¹,² Now, with the establishment of favorable reimbursement and advancements in equipment technology, the cost-effectiveness story just got even stronger. That's why there's no better time to take a new look at CardioGen-82® PET imaging. Call your Bracco Diagnostics Representative (or call 1-800-257-5181) to see what this combination can mean to you and your practice.

CARDIOGEN-82®
(Rubidium Rb 82 Generator)
Comparison utilizing Rubidium-82

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.

Adequate data from clinical trials to determine precise localization of myocardial infarction or identification of stress-induced ischemia have not been collected.

Positron emission tomographic (PET) instrumentation is recommended for use with rubidium chloride Rb 82 injection.

CONTRAINDICATIONS
None known.

WARNINGS
Caution should be used during infusion as patients with congestive heart failure may experience a transient 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 radionuclides 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.

Radiopharmaceuticals 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 capability should be performed during the first few (approximately 10) days following the onset of luteal.

Nursing Mothers
It is not known whether rubidium Rb 82 is excreted in human milk. Due to the short half-life of rubidium Rb 82 (75 sec) it is unlikely that the drug would be excreted in human milk during lactation. However, because many drugs are excreted in human milk, caution should be exercised when rubidium Rb 82 is administered to nursing women.

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

ADVERSE REACTIONS
No adverse reactions specifically attributable to rubidium Rb 82 have been reported during controlled clinical trials.

Issued: March, 1996

(J4-263E)

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

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

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

What's more, the DST-XLi delivers its **increased coverage in 50% less time.** Instead of requiring two complete scans to cover the entire torso - as with conventional short axis detector cameras - the DST-XLi does it in one. Think of the efficiency this will give your department. Not to mention the increased patient comfort from getting them off the table in half the time.
If you insist on making your diagnosis based on seeing the most information possible - but scanning patients twice to image the entire torso is more than your schedule and staff can handle - get the big picture with the DST-XLi. Not only do you get more information, you get image quality that is second to none. And, with the unique design of the DST-XLi, you will have the flexibility to image patients in virtually any position. The detectors independently swivel to easily accommodate patients on any type of bed. Rotate the patient table 90 degrees and the 54.0cm long axis FOV becomes the premium single-pass whole body camera system you have always wanted. For more information on the DST-XLi and the many benefits you will enjoy, give us a call or visit our web site at http://www.smvnet.com.
RAPID CLEARANCE IN CARDIAC NUCLEAR IMAGING

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

The image of efficiency.

MYOVIEW™
Technetium Tc99m Tetrofosmin For Injection

Give your nuclear department “rapid clearance” capability with MYOVIEW. MYOVIEW clears quickly from the blood, liver, and lungs1-3 for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection).1 The clearance properties of MYOVIEW allow for highly flexible camera scheduling and enhanced patient management. Any way you look at it, you’re cleared for efficiency with MYOVIEW.

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. ©1998 Nycomed Amersham


MYOVIEW. The image of efficiency.
The following events were noted in less than 1% of patients:
- Cardiovascular: angina, hypertension, Torsade 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.

**Dosage and Administration**

For exercise and rest imaging, Myoview is administered in 2 doses:
- The first dose of 5-8 mCi (185-298 MBq) is given at peak exercise.
- The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

Imaging may begin 15 minutes following administration of the agent.

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

**Radiation Dosimetry**

Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in Table 1.

The values are listed in descending order as radCl and pGyMBq and assume urinary bladder emptying at 3.5 hours.

<table>
<thead>
<tr>
<th>Target organ</th>
<th>Absorbed radiation dose</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal wall</td>
<td>33.2</td>
<td>0.180</td>
<td>48.6</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>20.1</td>
<td>0.113</td>
<td>30.4</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>15.6</td>
<td>0.071</td>
<td>19.3</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>15.3</td>
<td>0.082</td>
<td>22.2</td>
</tr>
<tr>
<td>Small intestine</td>
<td>12.1</td>
<td>0.063</td>
<td>17.0</td>
</tr>
<tr>
<td>Kidney</td>
<td>10.4</td>
<td>0.046</td>
<td>12.5</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>8.0</td>
<td>0.043</td>
<td>11.6</td>
</tr>
<tr>
<td>Ovaries</td>
<td>7.88</td>
<td>0.035</td>
<td>8.55</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>7.34</td>
<td>0.031</td>
<td>8.36</td>
</tr>
<tr>
<td>Bone surface</td>
<td>6.23</td>
<td>0.021</td>
<td>5.58</td>
</tr>
<tr>
<td>Pancreas</td>
<td>5.00</td>
<td>0.018</td>
<td>4.98</td>
</tr>
<tr>
<td>Stomach</td>
<td>4.80</td>
<td>0.017</td>
<td>4.63</td>
</tr>
<tr>
<td>Thyroid</td>
<td>4.34</td>
<td>0.022</td>
<td>5.83</td>
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<tr>
<td>Adrenals</td>
<td>4.32</td>
<td>0.015</td>
<td>4.11</td>
</tr>
<tr>
<td>Heart wall</td>
<td>4.14</td>
<td>0.015</td>
<td>3.93</td>
</tr>
<tr>
<td>Red marrow</td>
<td>4.14</td>
<td>0.015</td>
<td>3.97</td>
</tr>
<tr>
<td>Speculum</td>
<td>4.12</td>
<td>0.014</td>
<td>3.82</td>
</tr>
<tr>
<td>Muscle</td>
<td>3.52</td>
<td>0.012</td>
<td>3.32</td>
</tr>
<tr>
<td>Teeth</td>
<td>3.41</td>
<td>0.011</td>
<td>3.05</td>
</tr>
<tr>
<td>Liver</td>
<td>3.22</td>
<td>0.015</td>
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<td>3.11</td>
<td>0.009</td>
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<td>Brain</td>
<td>2.72</td>
<td>0.008</td>
<td>2.15</td>
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<tr>
<td>Lungs</td>
<td>2.27</td>
<td>0.008</td>
<td>2.08</td>
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<tr>
<td>Skin</td>
<td>2.22</td>
<td>0.007</td>
<td>1.91</td>
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<tr>
<td>Breasts</td>
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<td>0.007</td>
<td>1.83</td>
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Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No.1 rev. Society of Nuclear Medicine, 1978). Effective dose equivalents (EDE) were calculated in accordance with ICRP 53 (Ann. 1982). MBq was used for radioactivity and Bq for rad and count rates, respectively.

Manufactured by Amersham International plc
Amersham, United Kingdom

Patent No. 5,045,302 (r)

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## BARCELONA OCTOBER 9-13, 1999

### PROGRAMME OUTLINE

<table>
<thead>
<tr>
<th>Saturday 9 October</th>
<th>Sunday 10 October</th>
<th>Monday 11 October</th>
<th>Tuesday 12 October</th>
<th>Wednesday 13 October</th>
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<tr>
<td><strong>08.00-0930</strong></td>
<td><strong>Continuing</strong></td>
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<tr>
<td><strong>09.30-11.00</strong></td>
<td><strong>Plenary Review</strong></td>
<td><strong>Lectures</strong></td>
<td><strong>Plenary Review</strong></td>
<td><strong>Lectures</strong></td>
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<td><strong>11.00-11.30</strong></td>
<td><strong>Break</strong></td>
<td><strong>Break</strong></td>
<td><strong>Break</strong></td>
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<td><strong>11.30-13.00</strong></td>
<td><strong>Submitted Oral</strong></td>
<td><strong>Submitted Oral</strong></td>
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<td><strong>Presentations</strong></td>
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<td>(Parallel Sessions)</td>
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<tr>
<td><strong>13.00-15.00</strong></td>
<td><strong>Lunch and</strong></td>
<td><strong>Lunch and</strong></td>
<td><strong>Lunch and</strong></td>
<td><strong>Farewell</strong></td>
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<td></td>
<td><strong>Industry Symposia</strong></td>
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<td><strong>Industry Symposia</strong></td>
<td><strong>Cocktail</strong></td>
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<td><strong>15.00-16.30</strong></td>
<td><strong>Poster Session</strong></td>
<td><strong>Submitted Oral</strong></td>
<td><strong>Submitted Oral</strong></td>
<td><strong>Members'</strong></td>
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<td><strong>Presentations</strong></td>
<td><strong>Assembly</strong></td>
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<td></td>
<td>(Parallel Sessions)</td>
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<td><strong>16.30-17.00</strong></td>
<td><strong>Break</strong></td>
<td><strong>Break</strong></td>
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<td><strong>17.00-18.30</strong></td>
<td><strong>Submitted Oral</strong></td>
<td><strong>Submitted Oral</strong></td>
<td><strong>Members'</strong></td>
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<tr>
<td></td>
<td><strong>Presentations</strong></td>
<td><strong>Presentations</strong></td>
<td><strong>Assembly</strong></td>
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<td></td>
<td>(Parallel Sessions)</td>
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<tr>
<td><strong>EVENING</strong></td>
<td><strong>19.00-20.30</strong></td>
<td><strong>20.00</strong></td>
<td><strong>21.00</strong></td>
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<tr>
<td></td>
<td><strong>Opening</strong></td>
<td><strong>Concert</strong></td>
<td><strong>Mediterranean</strong></td>
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<tr>
<td></td>
<td><strong>Ceremony</strong></td>
<td><strong>Palau de la Música</strong></td>
<td><strong>Dinner</strong></td>
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<td><strong>&amp; 21.00</strong></td>
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<tr>
<td></td>
<td><strong>Welcome</strong></td>
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<tr>
<td></td>
<td><strong>Reception</strong></td>
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### DETAILS OF THE PROGRAMME

appear in the EANM 99 Congress Web Page:

www.pacifico-meetings.com

### 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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Featured on this page is the 1999 Nuclear Medicine Week merchandise entitled, “Nuclear Medicine: Getting the Picture” designed by the Society of Nuclear Medicine Technologist Section (SNM-TS).
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<td>Magnetic picture frame</td>
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Dallas, TX 75216

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