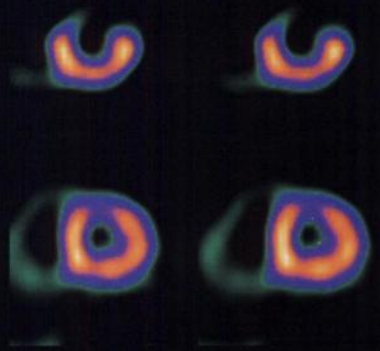

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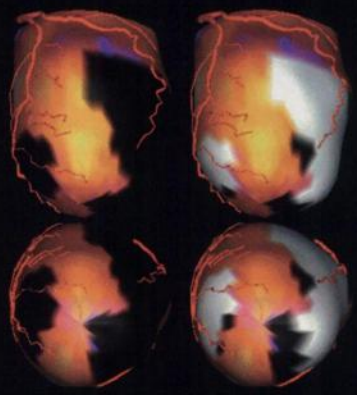
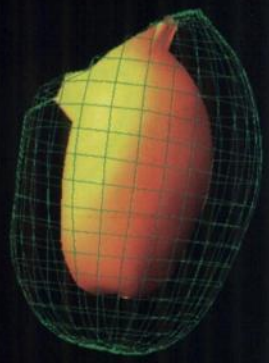


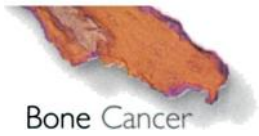
Emory Cardiac Toolbox



Cedars Gated SPECT Quantification

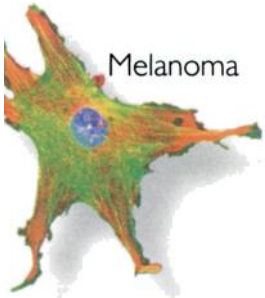
ology

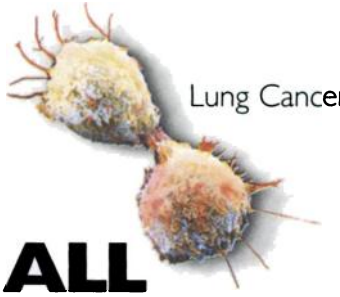
Siemens **medical**
Solutions that help


Bone Cancer


Infection

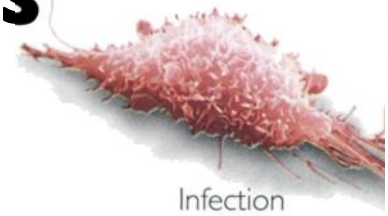

Breast Cancer

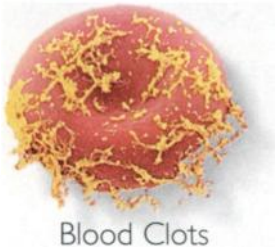

Melanoma


Lung Cancer


Atherosclerosis

THEY'RE ALL DEADLY CHARACTERS— AND NOW, DIATIDE HAS THEIR FINGERPRINTS

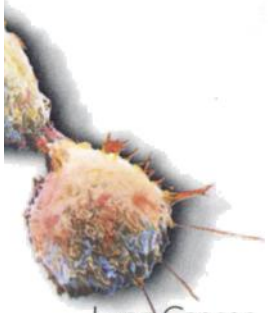

Infection

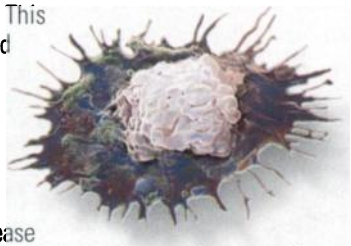

Blood Clots

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.


Lung Cancer


Breast Cancer


Atherosclerosis

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
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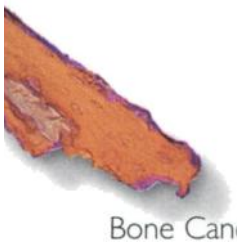
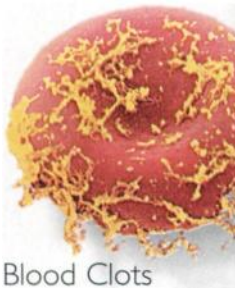
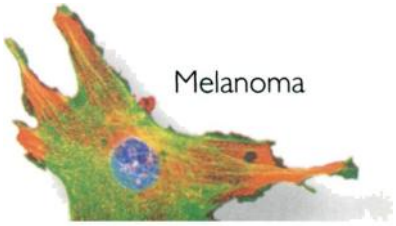

Bone Cancer


Blood Clots

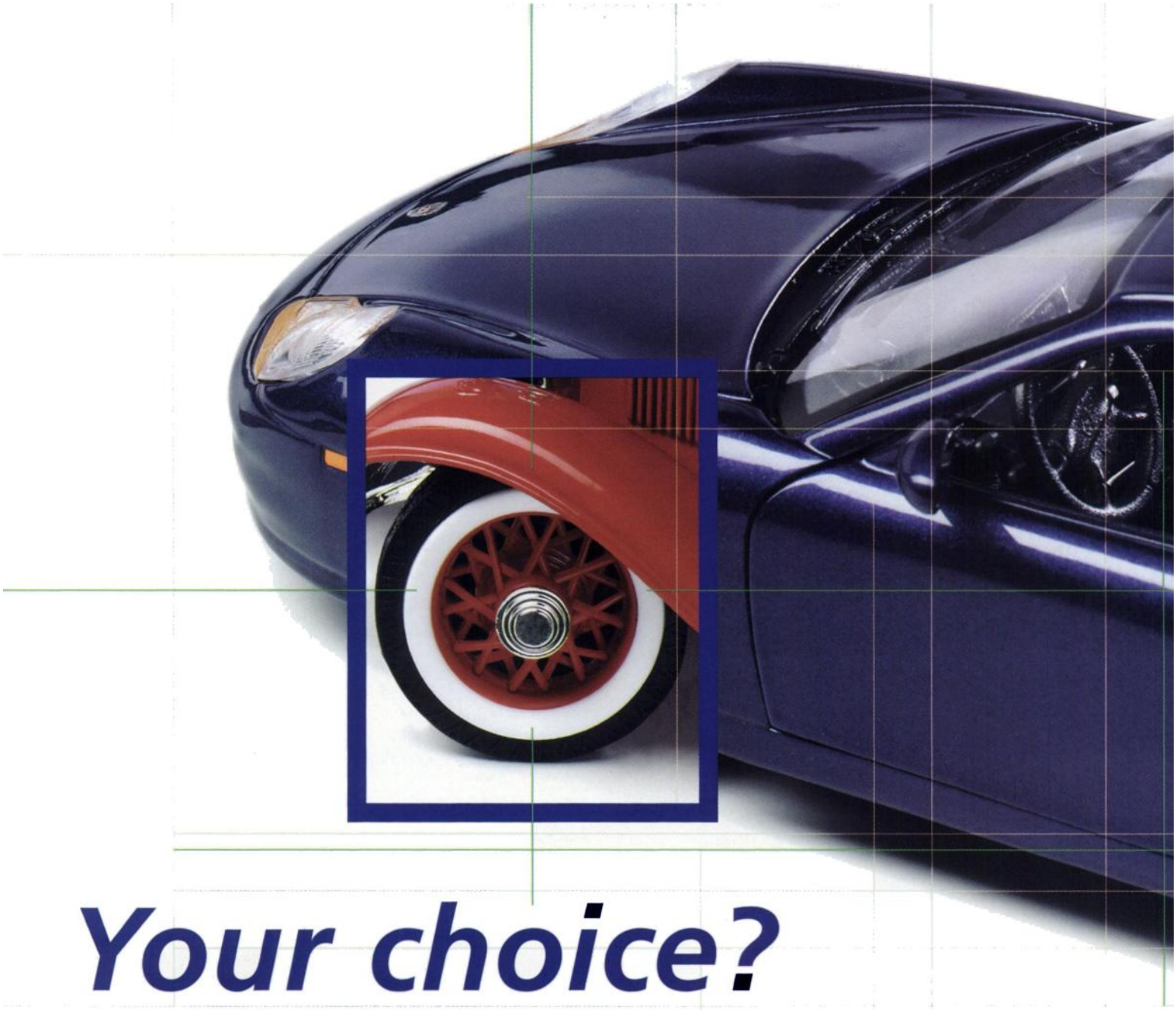
Diatide, Inc.

For a better way to find—and *fight*—disease.

11225 April 1999


Melanoma

Bone Cancer



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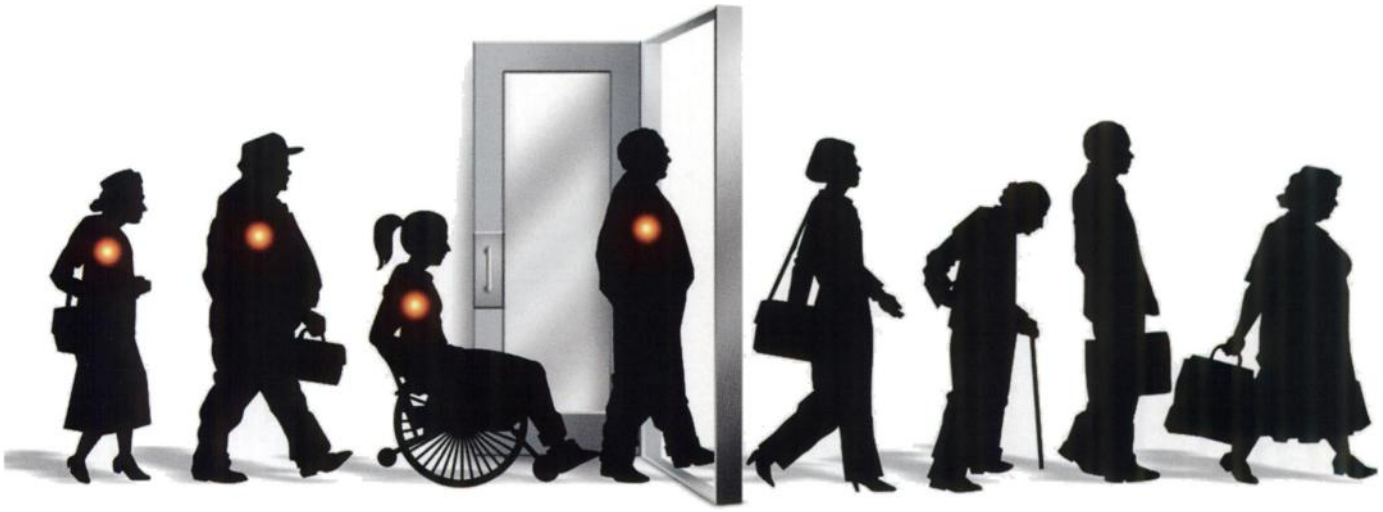
RAPID CLEARANCE
IN CARDIAC NUCLEAR IMAGING



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MYOVIEW™

Technetium Tc99m Tetrofosmin For Injection

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.

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: 1. Sridhara BS, Braat S, Rigo P, et al. Comparison of myocardial perfusion imaging with technetium-99m tetrofosmin versus thallium-201 in coronary artery disease. *Am J Cardiol.* 1993;72(14):1015-1019. **2.** Higley B, Smith FW, Smith T, et al. Technetium-99m-1,2-bis[bis(2-ethoxyethyl)phosphino]ethane: human biodistribution, dosimetry and safety of a new myocardial perfusion imaging agent. *J Nucl Med.* 1993;34(1):30-38. **3.** Kelly JD, Forster AM, Higley B, et al. Technetium-99m-tetrofosmin as a new radiopharmaceutical for myocardial perfusion imaging. *J Nucl Med.* 1993;34(2):222-227.

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MYOVIEW™

BS-43-1011A

Kit for the Preparation of Technetium Tc99m Tetrofosmin for Injection
Diagnostic Radiopharmaceutical for Intravenous use only

Rx ONLY

Please consult full prescribing information before using. A summary follows:

DESCRIPTION

The Medi-Physics Myoview kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for the scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium. Each vial contains a predispensed, sterile, non-pyrogenic, lyophilized mixture of 0.23 mg tetrofosmin [6,9-bis(2-ethoxyethyl)-3,12-dioxa-6,9-diphosphatetradecane], 30 µg stannous chloride dihydrate (minimum stannous tin 5.0 µg; maximum total stannous and stannic tin 15.8 µg), 0.32 mg disodium sulphosalicylate and 1.0 mg sodium D-gluconate, and 1.8 mg sodium hydrogen carbonate. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

CLINICAL PHARMACOLOGY

General

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

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (83%) males and 40 (17%) females with a mean age of 60.5 years (range 33.7 to 82.4 years). At peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable after Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74 MBq (1.5-2.0 mCi) at peak exercise.

The images were evaluated for the quality of the image (excellent, good or poor) and the diagnosis (with scores of 0 = normal, 1 = ischemia, 2 = infarct, 3 = mixed infarct and ischemia). The primary outcome variable was the percentage of correct diagnoses in comparison to the final clinical diagnosis. All planar images were blindly read; SPECT images were evaluated by the unblinded investigator. A subset of 181/252 (71%) patients had coronary angiography comparisons to the planar images of Myoview or thallium-201.

INDICATIONS AND USAGE

Myoview is indicated for scintigraphic imaging of the myocardium following separate administrations under exercise and resting conditions. It is useful in the delineation of regions of reversible myocardial ischemia in the presence or absence of infarcted myocardium.

CONTRAINDICATIONS

None known.

WARNINGS

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

PRECAUTIONS

General

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

The contents of the Myoview vial are intended only for use in the preparation of technetium Tc99m tetrofosmin injection and are NOT to be administered directly to the patient.

As with all injectable drug products, allergic reactions and anaphylaxis may occur.

Sometimes Tc99m labeled myocardial imaging agents may produce planar and SPECT images with different imaging information.

Technetium Tc99m tetrofosmin injection, like other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

Radiopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

Drug Interactions: Drug interactions were not noted and were not studied in clinical studies in which Myoview was administered to patients receiving concomitant medication. Drugs such as beta blockers, calcium blockers and nitrates may influence myocardial function and blood flow. The effects of such drugs on imaging results are not known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate carcinogenic potential or effects on fertility.

Tetrofosmin sulphosalicylate was not mutagenic *in vitro* in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic *in vivo* in the mouse micronucleus test.

Pregnancy Category C

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

Nursing Mothers

Technetium 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 58.7 years (range 29-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi on the second injection of Myoview™.

Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After Myoview injection, serious episodes of angina occurred in 3 patients.

Overall cardiac adverse events occurred in 5/764 (less than 1%) of patients after Myoview injection.

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.

DOSAGE AND ADMINISTRATION

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

The first dose of 5-8 mCi (185-296 MBq) is given at peak exercise.

The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

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 the following table. The values are listed in descending order as rad/mCi and µGy/MBq and assume urinary bladder emptying at 3.5 hours.

Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)

	Absorbed radiation dose			
	Exercise		Rest	
Target organ	rad/mCi	µGy/MBq	rad/mCi	µGy/MBq
Gall bladder wall	0.123	33.2	0.180	48.6
Upper large intestine	0.075	20.1	0.113	30.4
Bladder wall	0.058	15.6	0.071	19.3
Lower large intestine	0.057	15.3	0.082	22.2
Small intestine	0.045	12.1	0.063	17.0
Kidney	0.039	10.4	0.046	12.5
Salivary glands	0.030	8.04	0.043	11.6
Ovaries	0.029	7.88	0.035	9.55
Uterus	0.027	7.34	0.031	8.36
Bone surface	0.023	6.23	0.021	5.58
Pancreas	0.019	5.00	0.018	4.98
Stomach	0.017	4.60	0.017	4.63
Thyroid	0.016	4.34	0.022	5.83
Adrenals	0.016	4.32	0.015	4.11
Heart wall	0.015	4.14	0.015	3.93
Red marrow	0.015	4.14	0.015	3.97
Spleen	0.015	4.12	0.014	3.82
Muscle	0.013	3.52	0.012	3.32
Testes	0.013	3.41	0.011	3.05
Liver	0.012	3.22	0.015	4.15
Thymus	0.012	3.11	0.009	2.54
Brain	0.010	2.72	0.008	2.15
Lungs	0.008	2.27	0.008	2.08
Skin	0.008	2.22	0.007	1.91
Breasts	0.008	2.22	0.007	1.83

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^{-3} mSV/MBq and 1.12 x 10^{-2} mSV/MBq after exercise and rest, respectively.

Manufactured by:
Nycomed Amersham plc
Amersham United Kingdom

Patent No. 5,045,302 (r)

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

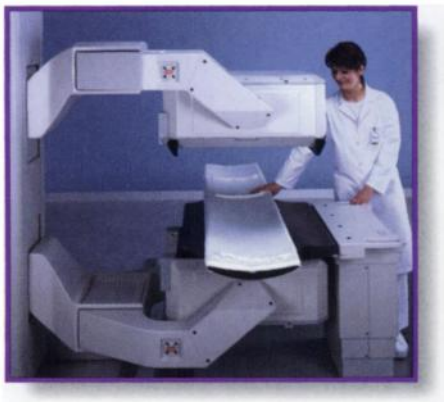
Revised December 1998

Myoview is a trademark of Nycomed Amersham plc.

BS-43-1011A

Amersham HEALTHCARE

Get the Big picture



DST-XLi

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.

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Twinsburg, Ohio 44087
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800.664.0844 toll-free in US
Tel: 330.425.1340
Fax: 330.405.7680

SMV

The Nuclear Medicine Company

SMVInternational
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Z.I. BP 112
78534 Buc Cedex
FRANCE
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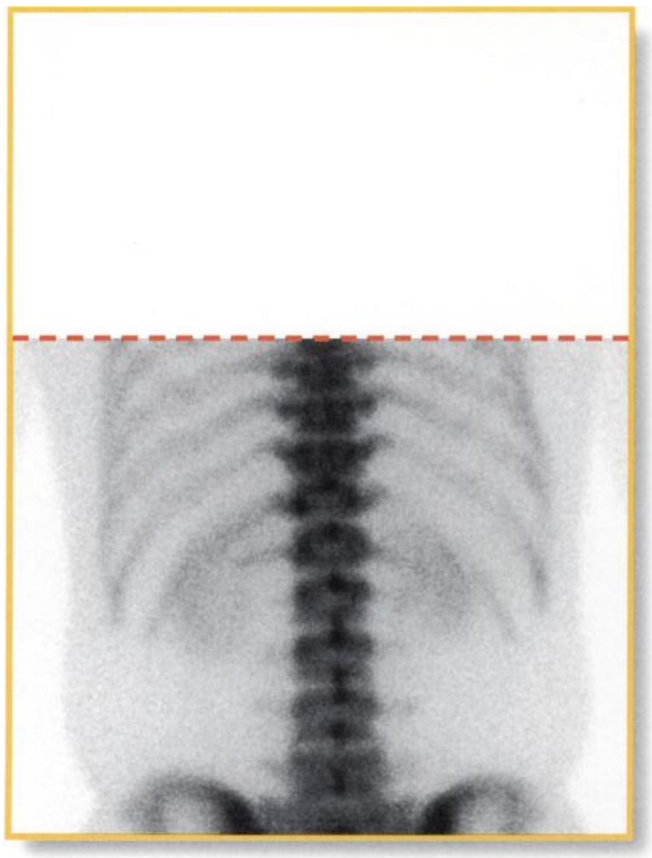
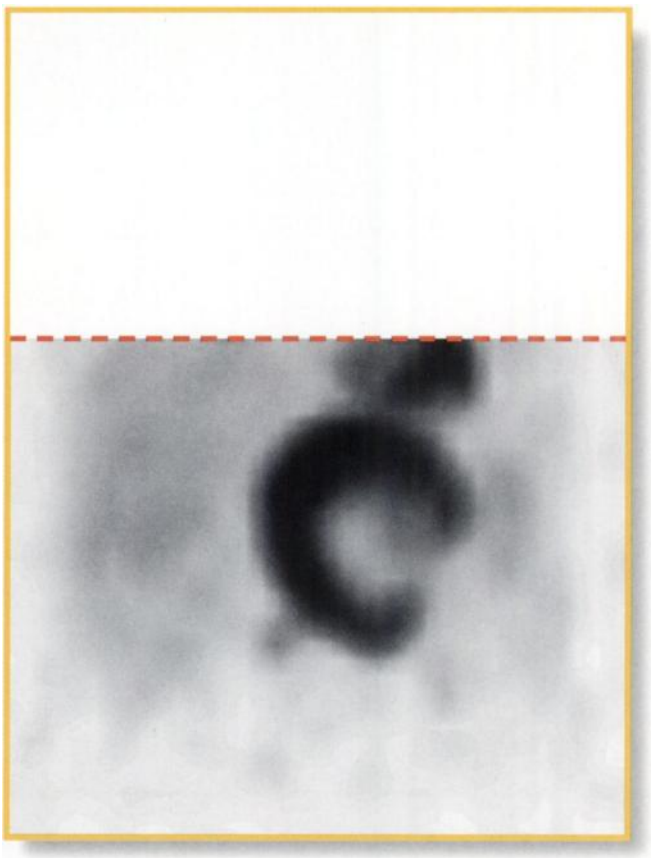
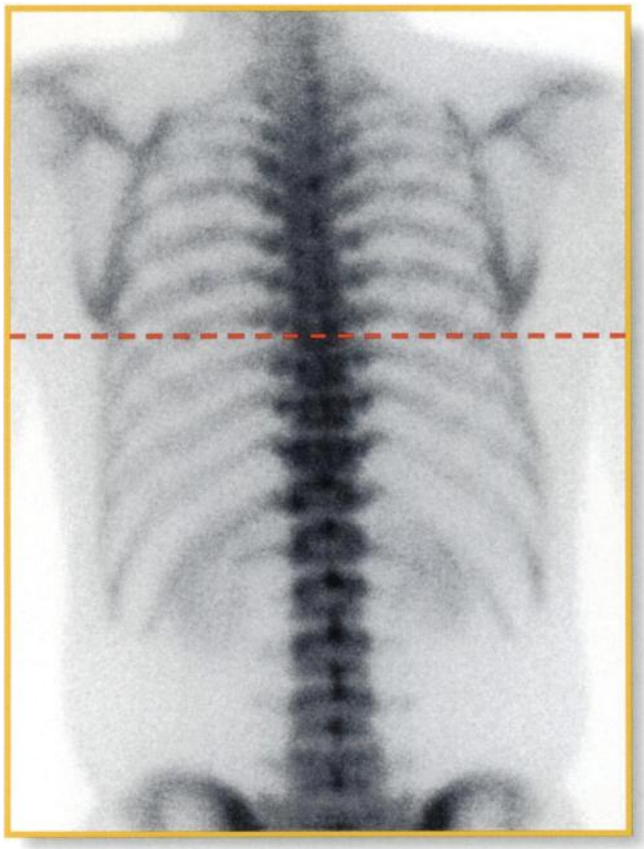
See what you are Missing

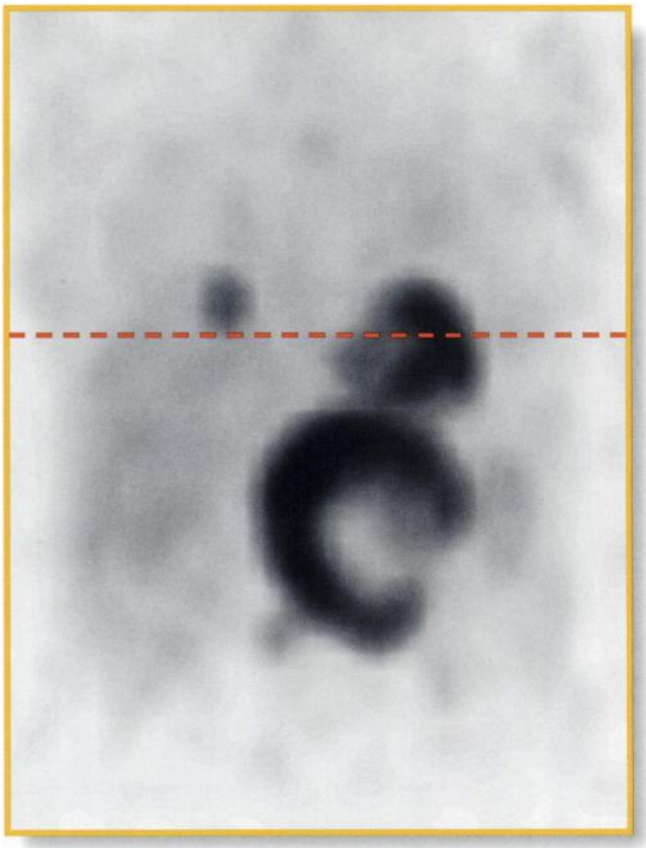




40% more coverage in 50% less time with the DST-XLi



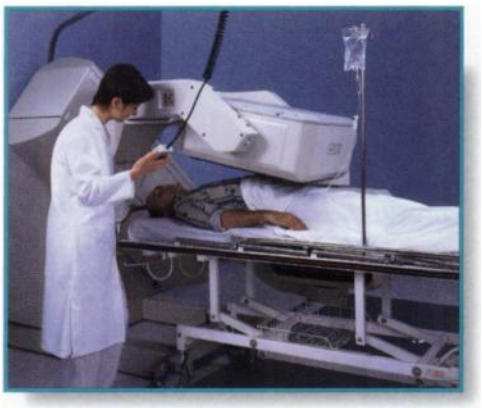
Normal bone scan demonstrating greater long axis coverage and excellent image quality.



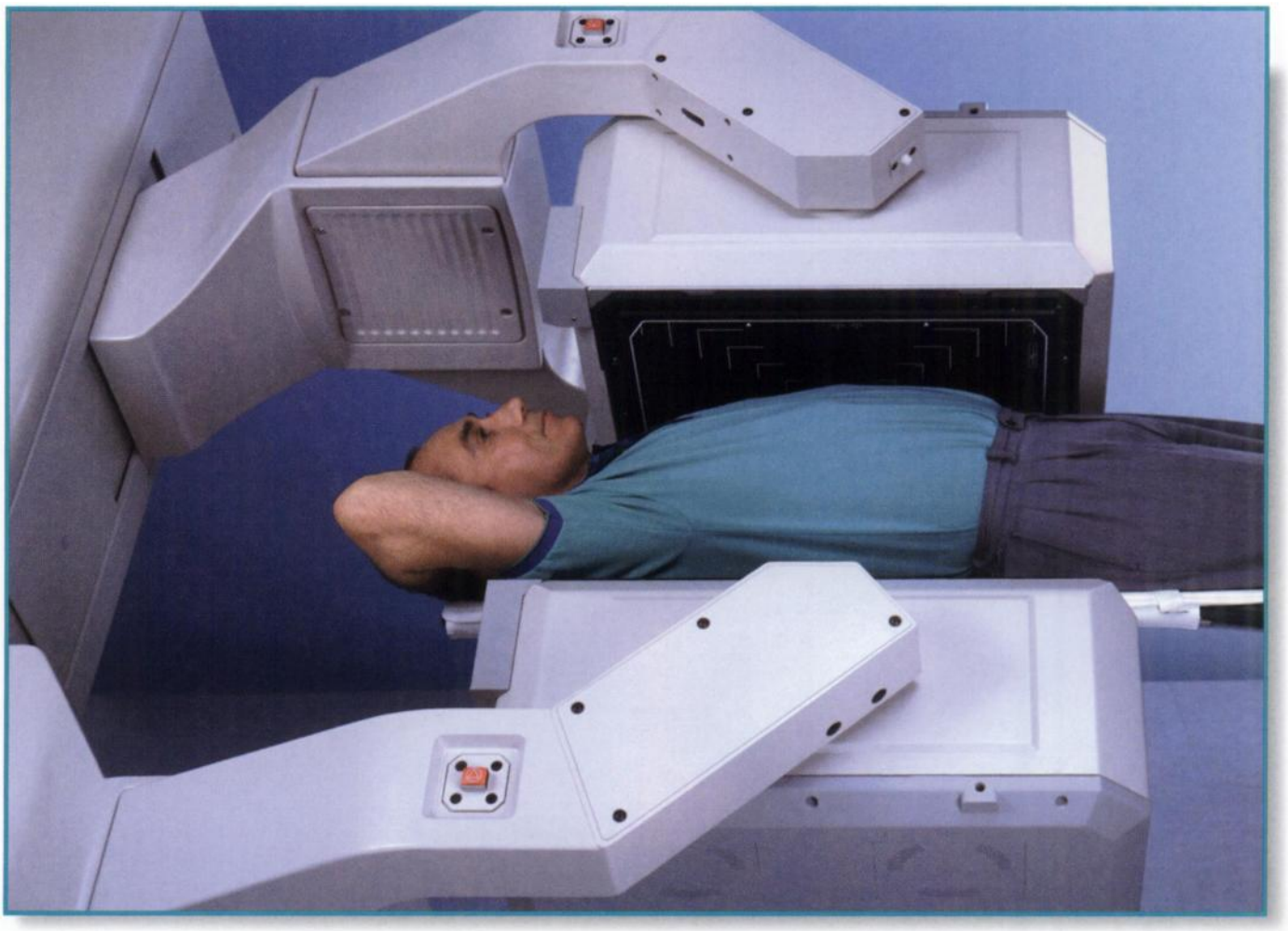
VCR™ FDG coincidence image of a large necrotic tumor in the left lobe of the liver and small metastases in the mediastinum.

More patients, Greater comfort

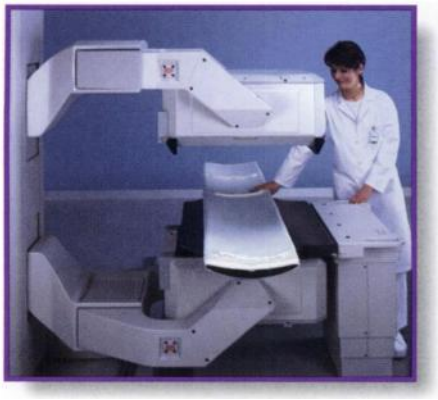
When it comes to giving you the longest viewing area, no other camera comes close to matching the DST-XLi. Its 54.0cm (21.3 inch) FOV and unique long axis orientation delivers up to **40% more coverage from a single scan.** That covers the entire torso for most tomographic procedures - like bone metastasis 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.



Get the Big picture



DST-XLi

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The Nuclear Medicine Company

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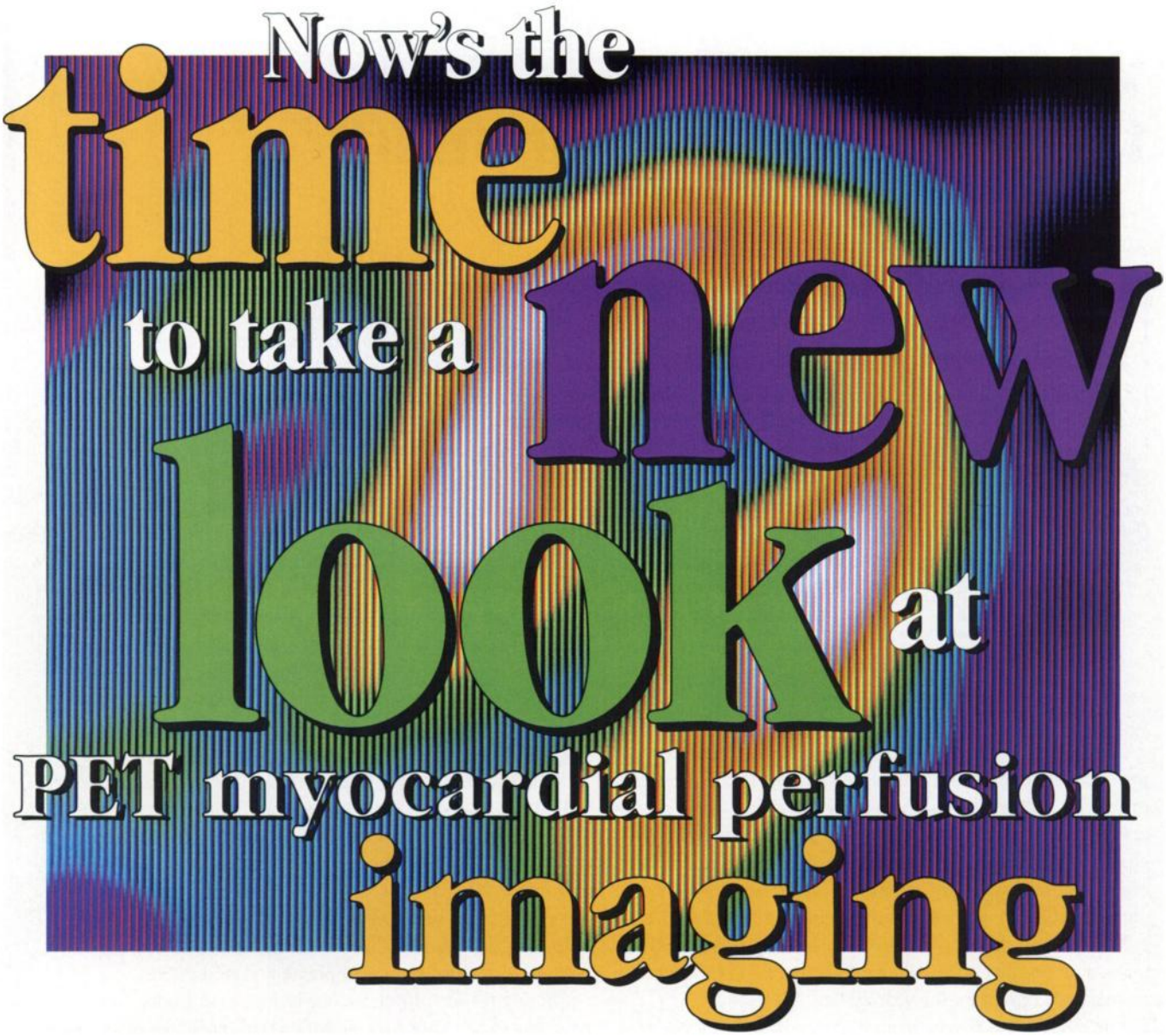
Fax: 33.1.30.84.91.05



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)

BRACCO DIAGNOSTICS

Please see adjacent page for Brief Summary of Prescribing Information and references.

012724NM

Brief Summary
CardioGen-82®
Rubidium Rb 82 Generator

For Elution of Rubidium Chloride
Rb 82 Injection

Diagnostic: Intravenous

INDICATIONS AND USAGE
Rubidium chloride Rb 82 injection is a myocardial perfusion agent that is useful in 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 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.

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 menses.

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

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

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

Issued: March, 1996 (J4-263E)

References: 1. Stewart RE, Schwaiger M, Molina E, et al: Comparison of rubidium-82 positron emission tomography and thallium-201 SPECT imaging for detection of coronary artery disease. *Am J Cardiol* 1991:67:1303-1310. **2.** Go RT, Marwick TH, MacIntyre WJ, et al: A prospective comparison of rubidium-82 PET and thallium-201 SPECT myocardial perfusion imaging utilizing a single dipyridamole stress in the diagnosis of coronary artery disease. *J Nucl Med* 1990;31:1899-1905.

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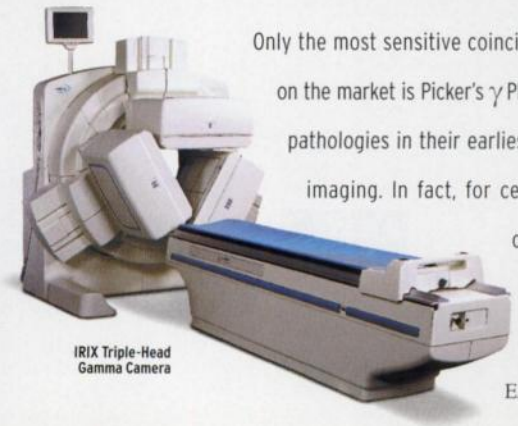
Paul C. Aebersold Award

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

Nominations should be supported by the nominee's curriculum vitae and at least two letters supporting the nomination. These letters should briefly describe the contributions in basic science for which the nominee is proposed. The nominee does not need to be a SNM member.

Nominations deadline: December 31, 1999. Please submit nominations and supporting documents to William J. MacIntyre, Ph.D., c/o Society of Nuclear Medicine, 1850 Samuel Morse Drive, Reston, Virginia 20190-5316.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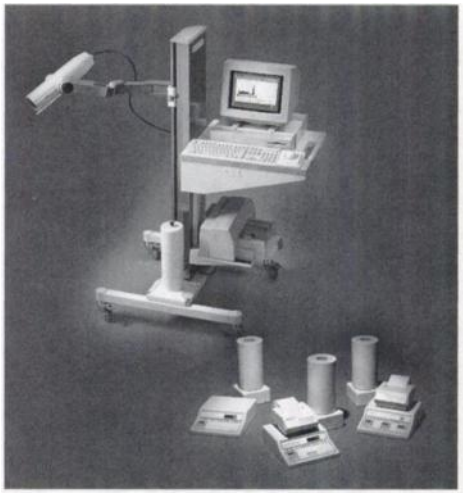

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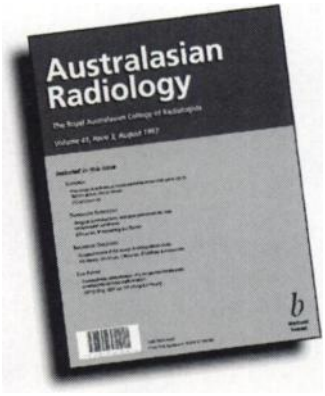

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Public Relations STARS

Show pride in your profession by entering the 1999 PR Stars Contest co-sponsored by the Society of Nuclear Medicine-Technologist Section (SNM-TS) and Capintec, Inc.

Your dedication and efforts to the field of nuclear medicine can now be rewarded. Share your promotional activities and efforts completed during 1999 and enter to win recognition and prizes.

Who is eligible to enter?
All entrants must be a nuclear medicine technologist and a staff member of a hospital or nuclear medicine facility.

What do I need to do?
In short, you need to be creative and persuasive. Describe and document your promotional activities and results throughout the year or for a particular event. Compose a detailed description, including the goals and objectives of your nuclear medicine public relations and promotional activities. More importantly, reinforce nuclear medicine to referring physicians, promote nuclear medicine to healthcare workers, increase community awareness and encourage career paths. Utilize available resources to your advantage and effectively use them to promote and explain the benefits of nuclear medicine to patients and referring physicians.

What are the prizes?
Prizes include up to $800 for individual contest entrants and up to $600 for your hospital or institution, up to $650 in airfare to the 47th SNM Annual Meeting in St. Louis, MO, payment of your registration fee to attend the meeting and your SNM-TS membership dues paid for one year. Ten prizes will be awarded.

Deadline: December 1, 1999

See the back of this ad for entry form and mailing information.

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Contest

This is the official entry form for the 1999 PR Stars Contest co-sponsored by the **SNM-TS and Capintec, Inc.** Please fill out the entry form and complete the requested information. Based on the information you provide, a panel of judges will evaluate the entries using the point system outlined below to select 10 winners.

Eligibility:

- All entrants must be a nuclear medicine technologist
- All entrants must be a staff member of a hospital or nuclear medicine facility
- All entries must be postmarked by December 1, 1999
- All of the following questions must be answered in full

Prizes:

1st Place: $800 for the individual and $600 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

2nd Place: $600 for the individual and $400 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

3rd Place: $350 for the individual and $250 for the institution. Up to $650 in airfare to the 2000 SNM Annual Meeting in St. Louis, MO to receive your prize. Payment of your registration fee to attend the 2000 SNM Annual Meeting. Your SNM-TS membership dues paid for one year. Airfare and registration contingent upon individual attending the SNM-TS business meeting to accept their award.

4th-10th Place: Your SNM-TS membership dues paid for one year.

Mail 3 copies of your entry information (including this completed form) by December 1, 1999 to:

Society of Nuclear Medicine
1999 PR Stars Contest
1850 Samuel Morse Drive
Reston, VA 20190-5316
Phone: (703) 708-9000, ext. 1223
Fax: (703) 708-9018

Please describe and document your promotional activities and results. The following point system will be used to determine 10 winners.

1. Please compose a detailed description, including the goals and objectives, of your nuclear medicine public relations activities. (7 points)

2. Did the goals and objectives you set reflect those of the PR Stars Contest to:
   A. Reinforce nuclear medicine to referring physicians? (10 points)
   B. Promote nuclear medicine to healthcare workers? (5 points)
   C. Increase community awareness? (5 points)
   D. Encourage career paths? (5 points)

3. How effective were you in reaching the goals of the PR Stars Contest?
   A. Increasing physician referrals? (10 points)
   B. Increasing awareness among healthcare workers? (5 points)
   C. Increasing community awareness? (5 points)
   D. Encouraging career paths? (5 points)
   E. Showing pride in your profession. (5 points)

4. What resources did you have available to you and how effectively did you use them (budget, manpower, media, etc. . .)? (13 points)

5. Can your program be used easily by others? Please explain. (5 points)

6. Was your program cost-effective? Please explain. (5 points)

7. When did your nuclear medicine public relations activity(s) take place? (no points)

   _____

8. Please provide a detailed time-line of the planning and implementation of your program. (10 points)

9. Are you currently an active member of the SNM-TS? (5 points) ☆Yes ☆No

Thank you for your entry. On behalf of the SNM-TS and Capintec, Inc., good luck! And remember, promoting nuclear medicine makes everyone a winner.

Kathleen Krisak, CNMT
1999-2000
Nuclear Medicine Week Chairperson
krisakkk@mail.map.com

Lisa Hazen
2000-2001
Nuclear Medicine Week Chairperson
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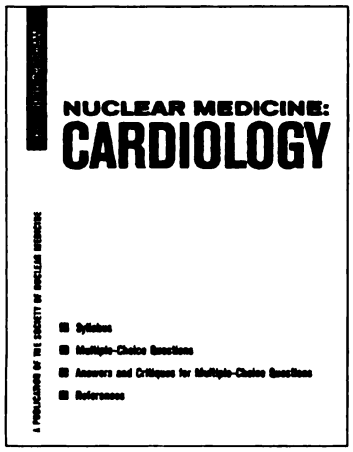

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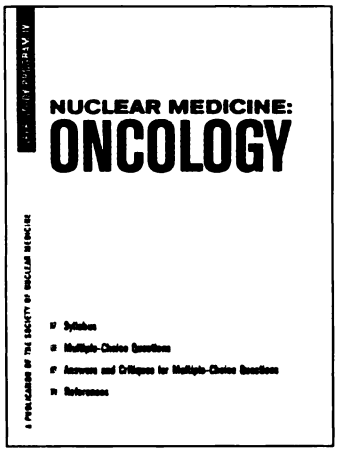

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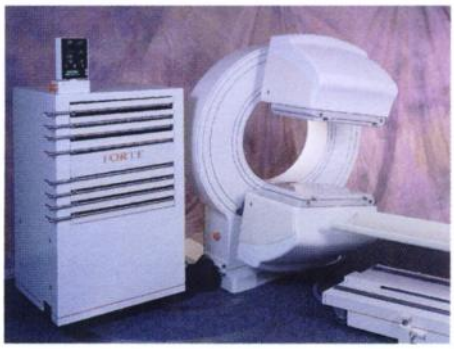

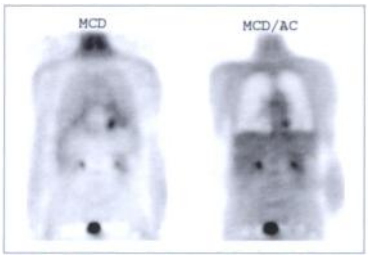

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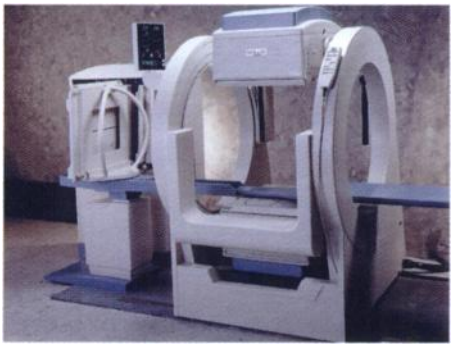

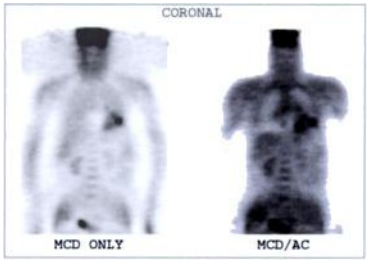

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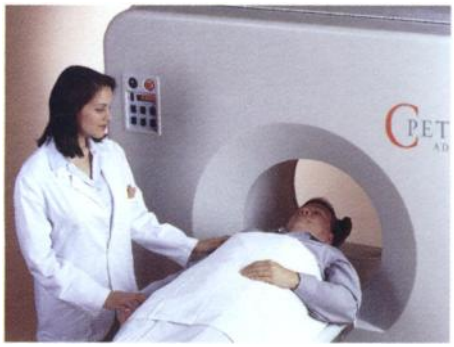

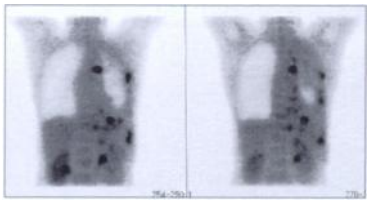

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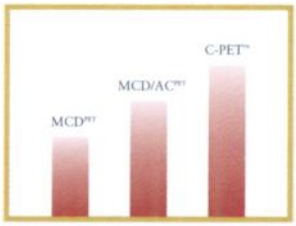

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