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11225  April 1999
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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.
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.
Another cardiac adverse events occurred in 5/764 (less than 1%) of patients after Myoview injection.

DOSE AND ADMINISTRATION
For exercise and rest imaging, Myoview is administered in two doses:
The first dose of 5.6 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 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 the following table. The values are listed in descending order as rad/mCi and μGy/MCi and assume urinary bladder emptying at 3.5 hours.

Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)

<table>
<thead>
<tr>
<th>Organ</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rad/mCi</td>
<td>μGy/MCi</td>
<td>Rad/mCi</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>33.2</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>20.1</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>15.6</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>15.3</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>12.1</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>10.4</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.029</td>
<td>7.88</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>7.34</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>6.23</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>5.00</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>4.60</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.32</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>4.14</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>4.12</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>3.52</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>3.41</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>3.22</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>3.11</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>2.72</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.008</td>
<td>2.27</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>2.22</td>
</tr>
<tr>
<td>Breast</td>
<td>0.008</td>
<td>2.22</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No.1 (1)).Society of Nuclear Medicine, 1976). Effective dose equivalents (EDE) were calculated in accordance with ICRP 33 (Ann. ICRP 18 (1-4), 1988) and gave values of 0.61 x 10^4 mSv/MCi and 1.12 x 10^4 mSv/MCi after exercise and rest, respectively.

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Patient No. 5,045,302 (r)

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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.
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**CARDIOGEN-82**

(Rubidium Rb 82 Generator)
BRIEF SUMMARY
CardioGen-82
Rubidium Rb 82 Generator
For Ejection 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. (See INDICATIONS AND USAGE). (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 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.

Radiochemists 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 radiochemists, 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)

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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Australasian Radiology is published quarterly. The subscription rates for 1999 (Volume 43) are Aus$245 (Australasia); US$235 and/or Aus$380 (overseas) per calendar year. Subscribers will automatically receive issues already published in 1999. The journal is despatched to subscribers outside Australia by TNT Mailfast. ISSN 0004-8461.

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Public Relations

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.
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) 788-9000, ext. 1223
Fax: (703) 788-9018

Contest

Public Relations

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
krisakk@mail.map.com

Lisa Hazen
2000-2001
Nuclear Medicine Week Chairperson
lmh@freeway.net

Entry Form

Name:

Hospital/Facility:

Address:

City  State  Zip

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E-mail:

SNM-TS PR Stars Contest
Public Relations

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Series Editor: Elias H. Botvinick, MD

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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)

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)

Topic 3: Cardiac PET Imaging (September 1998)
Contributors: Richard A. Goldstein, MD, Randall A. Hawkins, MD, PhD, Edward M. Geltman, MD, Carl Hoh, MD, Richard Brunkan, MD, Yong Choi, PhD, Maria Sciammarella and Elias H. Botvinick, MD
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Topic 4: Radionuclide Assessment of Congential 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.

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

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

Topic 7: Imaging Acute Myocardial Infarction (Summer 1999)

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