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- 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-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-111 Chloride Sterile Solution.

Indium-111 pentetreotide is prepared by combining the two kit components.

INDICATIONS AND USAGE

Indium-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) ADJUNCTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES, IN THESE SOLUTIONS, A COMPLEX GLYCOSYL OCTREOTIDE CONJUGATE MAY FORM.

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

PRECAUTIONS

General

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

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

3. Since indium-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 prior to the administration of indium-111 pentetreotide. They should increase fluid intake and void frequently for one day after administration of this drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of indium-111 pentetreotide (see Dosage and Administration section).

5. Indium-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-111 pentetreotide.

7. Octreotide acetate and the natural somatostatin hormone may be associated with cholelithiasis, presumably by altering fat absorption and possibly by decreasing motility of the gallbladder. A single dose of indium-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. Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radiocarbons.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies have not been performed with indium-111 pentetreotide to evaluate carcinogenic potential or effects on fertility. Indium-111 pentetreotide is not expected to cause cholelithiasis.

Repromacy Category C

Animal reproduction studies have not been conducted with indium-111 pentetreotide. It is not known whether indium-111 pentetreotide can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Therefore, indium-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-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 536 patients: dizziness, fever, flush, headache, hypotension, changes in liver enzymes, joint pain, nausea, sweating, and weakness. These adverse effects were transient. Also in clinical trials, there was one reported case of bradycardia and one case of increased 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-111 pentetreotide is approximately 5 to 20 times less than that for octreotide and is subtherapeutic. The following adverse reactions have been associated with octreotide in 2% 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, 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 bowel-clearing process. In a patient with an insuloma, bowel-clearing should be undertaken only after consultation with an endocrinologist.

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

The dose should be confirmed by a suitably calibrated radioactivity oximeter chamber immediately before administration.
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Upon suspicion of pulmonary malignancy

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CT...
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Noninvasively Characterizes Pulmonary Masses

NeoTect™, a unique small synthetic peptide radiopharmaceutical, characterizes pulmonary masses as being rich in somatostatin receptors (SSTRs)\(^1\,^2\)

— Many malignant pulmonary masses and some inflammatory processes overexpress SSTRs\(^1\)

Unique mechanism of action

• NeoTect, which is radiolabeled with technetium Tc 99m, produces high contrast resolution single photon emission computed tomography (SPECT) images within 2 to 4 hours\(^1\), with little generalized pulmonary uptake\(^1\)

• Achieves high specificity and sensitivity values, reliable readings\(^1\,^2\)

• Offers an excellent safety profile\(^1\) without the serious complications (eg, pneumothorax\(^3\)) associated with invasive procedures

— Of 647 patients evaluated, one or more adverse events occurred in only 4.5% of all enrolled patients. The most commonly reported adverse events were headache (1.0%), dizziness (0.8%), nausea (0.6%), and flushing (0.5%).\(^1\)

— NeoTect, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.\(^1\)

The clinical benefit of NeoTect as a population-based screening tool has not been studied. NeoTect is not an alternative to CT or biopsy.\(^1\)

Please see brief summary of prescribing information on following page.

EXPANDING YOUR VISION
NEW NeoTect™

Kit for the Preparation of Technetium Tc 99m Deproteidation Injection

Brief Summary of Prescribing Information
DESCRIPTION
NeoTect™ (IKT for the Preparation of Technetium Tc 99m Deproteidation Injection) is intended for use in the preparation of Technetium Tc 99m Deproteidation, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, non-pyrogenic lyophilized mixture of 50 µg of Deproteidation, 5 mg of sodium glucoheptonate dihydrate, 50 µg of stannous chloride dihydrate (with a minimum stannous tin content of 15 µg), 100 µg edetate disodium dihydrate, and sufficient sodium hydroxide or hydrochloric acid for adjustment to pH 7.4 prior to lyophilization. The lyophilized powder is sealed under a nitrogen atmosphere with a rubber closure. The product contains no antimicrobial preservative.

When sterile, non-pyrogenic Sodium Pertechnetate Tc 99m Injection, in 0.9% Sodium Chloride Injection, U.S.P., is added to the vial, a Technetium Tc 99m complex of Deproteidation is formed.

INDICATIONS AND USAGE
NeoTect™ is a scintigraphic imaging agent that identifies somatostatin receptor-bearing pulmonary lesions on computed tomography and/or chest x-ray who have known malignancy or who are highly suspect for malignancy.

CONTRAINDICATIONS
None known.

WARNINGS
None

PRECAUTIONS
General
Technetium with somatostatin analogues can produce severe hypokalemia in patients with insulinsomas. Since Deproteidation binds to somatostatin receptors, caution should be exercised when administering this drug to patients with insulinsomas.

NeoTect™, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use. In preliminary studies of 18 subjects, NeoTect™ did not produce increases in IGF or IGF production 3 weeks following injection. Other immune parameters such as eosinophils, other immunoglobulins, complement, lymphokines or cytokines were not studied.

Technetium Tc 99m Deproteidation 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 radiocarbons, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radioisotopes.

Urinary excretion of radioactivity occurs primarily during the first 4 hours following injection. Studies have not been done to determine the amount of radioactivity that might be eliminated in the feces. (See Clinical Pharmacology Section.) Special precautions should be taken with incontinent patients to minimize the risk of radioactive contamination of clothing, bed linen, and the patient's environment.

Information for Patients
To minimize radiation absorbed dose to the bladder, adequate hydration should be encouraged to prevent frequent voiding during the first few hours after injection of NeoTect™. This may be achieved by having patients drink at least an 8 oz. glass of water prior to drug administration. To help prevent transmitted radioactivity and other in their environment, patients should take the following precautions for 12 hours after injection: whenever possible a toilet should be used and should be flushed several times after each use and patients should wash their hands thoroughly after each voiding or fecal elimination. If blood, urine or feces soil the clothing, the clothing should be washed separately.

Laboratory Tests
There was a low incidence (1% or less) of transient and clinically insignificant changes in alanine aminotransferase (ALT), white blood cell count, and eosinophil count following administration of Technetium Tc 99m Deproteidation Injection.

Drug Interactions
Drug interactions were not noted in clinical studies in which Technetium Tc 99m Deproteidation Injection was administered to patients receiving concomitant medication.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. The results of the following genotoxicity studies with decayed Technetium Tc 99m Deproteidation Injection or with deproteidate were negative. Salmonella/Escherichia coli reverse mutation assay, in vitro mouse lymphoma assay with and without metabolic activation, and in vivo mouse micronucleus assay.

Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Deproteidation Injection. It is not known whether Technetium Tc 99m Deproteidation Injection can cause fatal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Deproteidation Injection should be given to a pregnant woman only if clearly needed. Studies in pregnant women have not been conducted.

Nursing Mothers
Studies have not been conducted with deproteidate to determine its excretion in human milk. Technetium Tc 99m Pertechnetate is excreted in human milk. It is not known whether Technetium Tc 99m Deproteidation Injection is excreted in human milk. Caution should be exercised when Technetium Tc 99m Deproteidation Injection is administered to a nursing woman. Whichever possible, infant formula should be substituted for breast milk until the technetium has been eliminated.

Pediatric Use
Safety and effectiveness of Deproteidation in pediatric patients below the age of 16 years have not been established.

ADVERSE REACTIONS
Adverse events were evaluated in clinical studies of 647 adults who received 15.0 to 20.0 mCi Technetium Tc 99m labeled to approximately 50 µg of Deproteidate. Of these adults, 58% were men and 42% were women. The mean age was 59.0 years (18-86 years). Deaths did not occur during the clinical study period. After Technetium Tc 99m Deproteidation Injection, serious adverse events were not reported. At least one adverse event occurred in 29/647 (4.5%) patients after Technetium Tc 99m Deproteidation Injection. Headache was the most commonly reported adverse event (1/1% of patients). Table B lists adverse events reported in 0.5% or more of patients who received Technetium Tc 99m Deproteidation Injection.

Other adverse events which occurred in > 0.5% of patients following administration of NeoTect™ included: arthrosis, back pain, chest pain, diarrhea, fatigue, gait abnormalities, chills, hemoptysis, hypoaesthesia, infection, leg cramps, lymphocytosis, malaise, pharyngitis, somnolence, taste perversion.

DOSAGE AND ADMINISTRATION
For imaging, NeoTect™ is administered as a peripheral intravenous injection at a single dose of 15 to 20 mCi containing approximately 50 µg of Technetium Tc 99m radioabeled Deproteidate peptide. Patients should drink at least an 8 oz. glass of water before drug administration.

The contents of Kit for the Preparation of Technetium Tc 99m Deproteidation Injection are intended only for use in the preparation of Technetium Tc 99m Deproteidation Injection and are not to be administered directly to the patient. Only one patient dose should be drawn from each reconstituted vial. (See Instructions for the Preparation Section.)

A potential need for dose adjustment has not been studied in patients with renal insufficiency, or in pediatric or geriatric patients, or in patients on therapeutic somatostatin analogues.

IMAGING
Planar and SPECT images of the chest should be obtained between 2-4 hours after NeoTect™ administration. SPECT images of the chest are required for optimal image interpretation.

RADIATION DOSIMETRY
Based on human data, the absorbed radiation dose to an average human adult (70 kg) from an intravenous injection of the agent are listed in Table 8. The values are listed in descending order as red/mCi and millicurie/mg and assume urinary bladder emptying at 4.8 hours.

Table 9 Estimated Absorbed Radiation Dose

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>rad/mCi</th>
<th>millicurie/mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>0.33</td>
<td>0.060</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.16</td>
<td>0.024</td>
</tr>
<tr>
<td>Testes</td>
<td>0.11</td>
<td>0.020</td>
</tr>
<tr>
<td>Throid Blood</td>
<td>0.060</td>
<td>0.012</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.078</td>
<td>0.012</td>
</tr>
<tr>
<td>Liver</td>
<td>0.078</td>
<td>0.012</td>
</tr>
<tr>
<td>Heart</td>
<td>0.054</td>
<td>0.011</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.064</td>
<td>0.015</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.063</td>
<td>0.014</td>
</tr>
<tr>
<td>Adrenal glands</td>
<td>0.044</td>
<td>0.012</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.007</td>
<td>0.001</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>0.032</td>
<td>0.009</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.032</td>
<td>0.009</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.019</td>
<td>0.006</td>
</tr>
<tr>
<td>Upper Large intestine</td>
<td>0.019</td>
<td>0.005</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.018</td>
<td>0.004</td>
</tr>
<tr>
<td>Lower Large intestine</td>
<td>0.014</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1, rev. 2), (1976). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 19, 1-4, 1983) and gave a value of 0.023 mC/mCi (0.004 rem/mCi).

HOW SUPPLIED
Each kit is comprised of one vial containing a sterile, non-pyrogenic, freeze-dried mixture of Deproteidate, stannous chloride dihydrate, sodium glucoheptonate dihydrate and edetate disodium dichloride. Kits are available as individual vials or as packs of five.

IDC 64570-511-10 - single vial
IDC 64570-511-05 - five vial pack

STORAGE
Store the kit at ≤10°C (≤14°F). Store the reconstituted injection solution at 20-25°C (68-77°F) using appropriate radiation shielding. Use within 5 hours of reconstitution.

The kit should be protected from light.
Rx Only

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Revised August 1999

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In today’s high-pressure health care environment, managed care organizations and federal agencies like HCFA want evidence-based data that prove nuclear medicine procedures work. But how do you go about providing that evidence? How do you arrive at outcomes and offer the proof that nuclear medicine procedures are medically sound and cost-effective?

Outcomes and Technology Assessment in Nuclear Medicine shows how templates are created for developing and evaluating outcomes and technology assessment. Also included:

- How clinical guidelines are used in nuclear techniques
- How single-site and multicenter clinical databases are used in evidence development
- What methods to use in outcomes analysis

Featured: Nuclear Cardiology
Because the majority of outcomes studies are in nuclear cardiology, the authors use these assessments as a working model, showing how techniques and methods can be applied to any nuclear medicine procedure. They also provide a template for the development guidelines and disease management strategies used in diagnosing and estimating prognosis in coronary artery disease.

Don’t Be Left Behind
If you’re concerned about your institution’s prospects for reimbursement, you need to understand how technology assessment works. Outcomes and Technology Assessment in Nuclear Medicine does just that—by targeting the methodologies used in assessment of health care technologies.

If you need to take an active role in nuclear medicine referrals or in billing, you need to add Outcomes and Technology Assessment in Nuclear Medicine to your reference shelf.

Price: $35 plus shipping
Authors: Leslee J. Shaw, Rory Hachamovitch and Frank J. Papatheofanis

To order, simply contact the Society of Nuclear Medicine’s Public Affairs Department at (703) 708-9000, ext. 1255.
Need to Assess the Ability of Your Nuclear Medicine Staff and Equipment?

Using phantoms—three-dimensional simulators of various anatomical regions—you can identify whether your cameras are providing quality output and measure the proficiency of your nuclear medicine staff. By interpreting the results and sending them to SNM, you'll also be able to compare your confidential individual results with those of all other participants. VOICE credits are available for nuclear medicine technologists.

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Then look no further than the IQ/SNM Nuclear Medicine Practitioner Acquisition Assessment Program (PAAP).
Authors: Edward B. Silberstein, MD  
John G. McAfee, MD  
Andrew P. Spasoff

This reference book provides a complete list of differential diagnoses for virtually every pattern described in modern nuclear medicine scintigraphy, including the latest findings in nuclear cardiology, PET, antibody and somatostatin receptor imaging. A full list of all diagnostic patterns reported for every organ system is given. Pharmacologic effects on labeling and distribution are fully described.

*Diagnostic Patterns in Nuclear Medicine* assists in image interpretation by providing complete diagnoses for every scintigraphic pattern. All entries are documented by published references. Organization by organ system provides an easy-to-find, detailed differential diagnosis.

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Positions Wanted

Fellowship in Nuclear Medicine
The Nuclear Medicine/Diagnostic Radiology Department at Mayo Clinic has an opening for a one-year fellowship in General Nuclear Medicine beginning July 1, 2000. The department performs approximately 25,000 studies per year utilizing 23 gamma cameras (10 SPECT systems), New cyclotron and PET camera beginning January 2000. Active research areas are cardiology, oncology, gastroenterology and endocrinology. Please send curriculum vitae to Douglas A. Collins, MD, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Mayo Clinic is an Equal Opportunity Employer.

Nuclear Medicine
Ochsner Clinic in New Orleans seeks a Board Certified Section Head for Nuclear Medicine to join our sixteen physician Department of Radiology. This section does approximately 550-600 exams per month. The candidate must also be qualified to teach in our freestanding residency program. Candidates should have completed an accredited training program. Fellowship training in PET is desirable. Ochsner is a physician owned and directed multi-specialty group practice, which includes more than 400 physicians in 27 locations across Southeast Louisiana. We offer an excellent salary, fringe benefit package and paid vacation. Interested physicians should send CV and contact: Edward I. Bluth, MD, Chairman. Department of Radiology, Ochsner Clinic, 1514 Jefferson Highway, New Orleans, LA 70121. Phone: (504) 842-3470. E-mail: ebluth@ochsner.org.

Research Assistant Professor/ Research Associate Professor
The University of Alabama at Birmingham (UAB) is seeking to fill two non-tenure earning faculty positions at the rank of Research Assistant Professor and Research Associate Professor. Research Assistant Professor requires radiochemistry experience. Research Associate Professor requires immunology, molecular biology, and cell biology expertise. Interested candidates should submit their CV to Robert Stanley, MD, Radiology Department, UAB, 619 19th St., South Birmingham, AL 35249. UAB is an affirmative action/equal opportunity employer.

Nuclear Medicine Chief
Immediate opening for partnership-track position with 10-person radiology group in beautiful Northwest, a division of 60-MD specialty-only professional corporation. Busy, exclusive practice at 483-bed Providence Portland Medical Center, a leading tertiary hospital in a metropolitan community of 1.7 million. Require Fellowship in Nuclear Medicine, and prefer at least 3 years experience directing a hospital-based nuclear program. Please submit CV and 3 references to Christopher Morgan, MD, Chief, Radiology Division, The Oregon Clinic, P.O. Box 4805 NE Gilsen, Portland, OR 97213. Phone: (503) 215-8342.

Discover the Idaho Lifestyle!

Nuclear Medicine Tech
Saint Alphonsus Regional Medical Center, located in Boise, Idaho, has an immediate full-time opening for an experienced Nuclear Medicine Tech. You must be registered or registry eligible and at least one year of experience is preferred.

For confidential consideration, please send your resume to: Saint Alphonsus Regional Medical Center, Attn: Human Resources, 1055 N. Curtis Road, Boise, Idaho 83706; Fax: (208) 367-3123; E-Mail: carosnyd@mailstn.sarmc.org

Saint Alphonsus Regional Medical Center
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Assistant/Associate Professor
University of Virginia
Department of Radiology

The University of Virginia Department of Radiology is seeking an Assistant/Associate Professor to head its Division of Nuclear Medicine. Applicants can be either board-certified radiologist capable of cross covering in other imaging areas or dedicated Nuclear Medicine physicians. The successful applicant will develop new Nuclear Medicine applications, increase utilization, and approve efficiency of operations. The University of Virginia Health System includes the University of Virginia Hospital, a 600-bed tertiary care Academic Health Center located in Charlottesville, Virginia. The equipment in the Division of Nuclear Medicine is state-of-the-art including coincident PET scanning and the division participates in Nuclear Cardiology. There is a Nuclear Medicine research laboratory and a federally funded PhD scientist interested in Nuclear Medicine detected research. Rank and salary are commensurate with experience and accomplishments. Interested applicants should send a letter of interest accompanied with a curriculum vitae to the attention of:

Bruce J. Hillman, MD
Department of Radiology
Box 170
University of Virginia Health System
Charlottesville, VA 22908

An e-mail can also be directed to: bjh88@virginia.edu.

The University of Virginia is an equal opportunity/ affirmative action employer.
Nuclear Medicine Technologist

Are you looking for an organization that will recognize your commitment to excellence, understand your desire to make a difference, and reward your contributions? If this sounds like the environment you seek, we would welcome hearing from you. Located in North Houston we offer excellent benefits and the personal care of staff and patients that comes with a smaller facility.

We are in need of a skilled Technologist as well as an Entry Level Technologist. Skilled Tech must have 3-5 yrs imaging experience and possess a TDH license. ARRT or CNMT certification required. Recent graduate will be accepted. Please forward resume with salary expectations to:

Cypress Fairbanks Medical Center
10655 Steepleton Drive
Houston, TX 77065
Fax: (281) 890-0236
E-mail: cfmch.jobs@tenethealth.com
www.tenethealth.com/cypressfairbanks

Nuclear Medicine/Research Technologist
Seattle, WA

Children's Hospital and Regional Medical Center has a position available for an ARRT (N) or CNMT registered person to work with our Nuclear Medicine team. CHRMIC is beginning to use radiolabeled antibodies to treat cancer in children and desires an individual that could perform clinical studies and research duties. This is a challenging position that involves clinical duties, staff education and follow-up inservices. This motivated individual should have 2-3 years experience in Nuclear Medicine with a strong radiation safety background. Pediatric expertise is highly preferred. Good communication and interpersonal skills are necessary for this highly participative position. Relocation assistance is available.

If you're interested in improving the lives of children on a daily basis in an area consistently rated one of the best in the country to live, forward your resume to: Children's Hospital, CL-31, HR, 4800 Sand Point Way NE, Seattle, WA 98105. Fax: (206) 368-4820. For more information, visit us at www.seattlechildrens.org EOE.

LEAD NUCLEAR MEDICINE TECHNOLOGIST

Tucson Medical Center is Tucson's quality leader and employer of choice thanks to its dynamic work setting and reputation as a community leader. We offer excellence in patient care and a desert oasis healing environment for patients and employees. As one of Arizona's finest teaching hospitals, Tucson Medical Center has been named as one of only 130 Quality leaders by the National Research Corporation and is the only Tucson hospital ever to make the Top 100 list in Modern Healthcare Magazine. Our proactive, innovative and personal approach to patient care creates an atmosphere described by employees as diverse, stimulating, challenging and overall, very dynamic. We have an opportunity for a lead nuclear medicine technologist to perform a variety of non-invasive procedures including scanning procedures and the monitoring of patients.

Qualified candidates must be a graduate of an accredited school of Nuclear Medicine and be eligible for registration as a Nuclear Medicine Technologist with the American Registry of Radiologic Technologist or the Nuclear Medicine Technologist Certificate Board. Requires a minimum one year of related hospital experience in the performance of routine nuclear medicine procedures as well as five to eight years of supervisory experience.

Come and enjoy the charming lifestyle in Tucson, America's friendliest city and a rich, cultural mecca. You will find endless outdoor recreation in a year-round climate of sun and blue skies. Qualified candidates please call 1-800-326-5333 ext. 4277 or send resume to: Employment, Tucson Medical Center, PO. Box 42195, Tucson, AZ 85733. Fax: (520) 324-3277. Job Hotline: (520) 324-2500. E-mail: tmc.hr@tmcaz.com EOE.

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www.careermosaic.com/cm/tmc

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.
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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 deliver up to **40% more coverage from a single scan**. That covers the entire torso for most common tomographic procedures – like bone metastasis or spinal evaluation – and is ideally suited for FDG coincidence imaging.

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. And, the unique design of DST-XLi gives you the flexibility to image patients in virtually any position. The detectors independently swivel to easily accommodate patients in any type of bed. Rotate the patient table 90 degrees and the 54.0cm long axis FOV is ideal for single-pass whole body imaging.

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