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.
Profile Attenuation Correction

Emory Cardiac Toolbox

Cedars Gated SPECT Quantification

ology

Siemens medical Solutions that help
The presence of coronary artery disease necessitates patient management tools which go beyond diagnosis. **The Generation II Vest** combines the functionality of a full disclosure holter monitor and an ambulatory ejection fraction meter. The holter is a compact device, with reusable flash card memory. The new smaller system is flexible and allows the patient a large range of activities while being monitored.

The **Generation II Vest** is comprised of a new smaller Sodium Iodide Crystal detector, mounted on a new, lighter-weight vest garment. No other system provides synchronized ECG and ambulatory ejection fraction measurements.

A state-of-the-art, holter and Capintec’s detector expertise make the **Generation II Vest** one tool with a dual purpose...

Allowing you, the clinician to decide.
Functional Anatomic Mapping

The first technology ever to combine the power of CT/PET and CT/SPECT in a single device. Available only from GE.
Before you spend another dime on a diagnostic imaging system, invest a minute in this ad.

Introducing Functional Anatomic Mapping—breakthrough diagnostic imaging technology that will, quite possibly, change the way you manage patients.

Never before has functional imaging been this precise, this exact. By combining the anatomical landmarks of CT with functional images, GE Medical Systems has created a new category of imaging that not only detects the presence of disease, but pinpoints its specific location. In fact, Functional Anatomic Mapping is the first technology ever to combine the power of CT/PET and CT/SPECT in a single device.

Through GE’s commitment to functional imaging and technological innovation, Functional Anatomic Mapping is a clinical reality. This diagnostic imaging breakthrough will be available worldwide on the Millennium VG system. Proof of the GE Continuum, our pledge to cost-effectively keep you at the forefront of technology.

To contact a GE representative, or for more information on Functional Anatomic Mapping, call 1-800-643-6439.
In managing the moderate-to-low risk acute chest pain patient...

"Is it ok to send him home?"

Measure LVEF and perfusion\(^1\)\(^5\) with Cardiolite® and your decision becomes clear.

He’s waiting. You need to decide. With Cardiolite®, you get crucial, post-chest pain risk assessment information to help you make appropriate patient management decisions.\(^1\)\(^5\)

An abnormal rest perfusion study with Cardiolite® suggests he’s had an MI, while a normal rest perfusion study rules out the possibility of MI. When gated, that same rest Cardiolite® study also lets you assess LVEF and wall motion\(^1\)\(^2\), providing greater insight into the patient’s condition.

And, a follow-up stress study with Cardiolite® adds even more information— including assessment of myocardial ischemia.\(^1\)\(^2\)\(^3\)\(^5\)

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 you should send him home or not, order Cardiolite®. 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 Tc99m Sestamibi.

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


For the Preparation of Technetium Tc99m Sestamibi for Injection

It clears your line of vision
INDICATIONS AND USAGE: Myocardial Imaging: CARDIOLITE Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is a myocardial perfusion agent that is indicated for detecting coronary artery disease by localizing myocardial ischemic (reperfused or reversible) defect and infarction (non-reperfused defect), in evaluating myocardial function and developing information for use in patient management decisions. CARDIOLITE evaluation of myocardial ischemia can be accomplished with rest and cardiovascular stress tests (e.g., treadmill or pharmacologic stress in accordance with the pharmacologic stress agent's labeling).

CARDIOLITE may be used to determine the age of a myocardial infarction or to differentiate a recent myocardial infarction from ischemia. Breast Imaging: MIRALUMA. Kit for the Preparation of Technetium Tc99m Sestamibi for Injection, is indicated for the detection of a suspected lesion in the lateral aspect of the breast area by administering Technetium Tc99m Sestamibi. Any patients with an abnormal mamagram or a palpable breast mass. MIRALUMA is not indicated for breast cancer screening, to confirm the presence or absence of malignancy, and it is not indicated for breast diagnostic evaluation.

CONTRAINDICATIONS: None known.

WARNING: Use of Technetium Tc99m Sestamibi is known or suspected, care should be taken to assure continuous monitoring and treatment in accordance with safety, accepted clinical procedure.

Infrrequently, death has occurred 4 to 24 hours after Technetium Sestamibi use and is usually associated with exercise testing (See PRECAUTIONS).

Pharmacokinetic evaluation of cardiovascular stress may be associated with serious adverse events such as myocardial infarction, arrhythmia, hypotension, bronchospasm, and cardiovascular events. Care should be indicated and in accordance with the pharmacologic stress agent's labeling.

Technetium Tc99m Sestamibi has been rarely associated with acute severe allergic and anaphylactic events of angioedema and generalized urticaria. In some patients the allergic symptoms developed on the second injection during CARDIOLITE imaging. Patients who receive CARDIOLITE or MIRALUMA imaging are recommended not to be exposed to the radioactive environment should be observed for allergy reactions.

CONTRAINDICATIONS: MIRALUMA. In patients with known allergy to Technetium Tc99m Sestamibi should be used. MIRALUMA should be used only by physicians who are qualified by training and experience in the safe use and handling of radioactive substances and whose training and whose handling have been approved by the appropriate government agency authorized to issue the license.

PRECAUTIONS: Stress testing should be performed only under the supervision of a qualified physician and in a laboratory organization with appropriate arrangements and support apparatus. The most frequent exercise stress test endpoint, which resulted in termination of the test during controlled Technetium Tc99m Sestamibi studies (two-thirds were cardiac patients) were:

Fatigue 35%
Dyspnea 17%
Anxiety, Post Pain 16%
ST Depression 7%
Arrhythmia 1%

Information for Patients: CARDIOLITE and MIRALUMA are different names for the same drug.

Patients should be advised to inform other health care provider if they have any allergic reaction to either drug.

Cardiogreen, Metamagne, Impairment of Fertility: In contrast with most other diagnostic technetium-labeled radiopharmaceuticals, the radiation dose to the ovaries (1.5 rad/20 min at rest, 1.2 rads/day at maximal exposure) (ALARA) is less to women of childbearing age (See Dosimetry subsection in DOSAGE AND ADMINISTRATION section.)

The active intermediate, [Cr(VI)O4]3-, was evaluated for genotoxic potential in a battery of five tests. No genotoxicity was observed in the Ames, CHO/Repl test and rat chromosome exchange test (all in vivo).

At cytotoxic concentrations (2 x 10-6 M), an increase in cells with chromosome aberrations was observed in the human lymphocyte assay. This increase was dose related, and the data show genotoxic effects in the in vitro micronucleus test at a dose which caused systemic and bone marrow toxicity (9 mg/ml, >800 x maximal human dose).

Pathology Category C: Animal reproduction and teratology studies have not been conducted with Technetium Tc99m Sestamibi. It is also not known whether Technetium Tc99m Sestamibi can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no data in pregnant women. Technetium Tc99m Sestamibi should be given to a pregnant woman only if clearly needed.

Nursing Mothers: Technetium Tc99m Sestamibi is excreted in human milk during lactation. It is not known whether Technetium Tc99m Sestamibi is excreted in human milk. Therefore, formula feedings should be substituted for breast feeding.

Pediatric Use: Safety and effectiveness in the pediatric population have not been established.

ADVERSE REACTIONS: Adverse event evaluations in 5741 adults who were evaluated in clinical studies. Of these patients, approximately 22%, 22%, and 1% of the patient's genders were not recorded. The data were received in clinical trials and 873 (100% women) in breast imaging trials. Cases of angina, chest pain, and death have occurred (see WARNINGS and PRECAUTIONS). Adverse event reported at a rate of 0.5% or greater after receiving Technetium Tc99m Sestamibi administration are shown in the following table:

Table 8. Selected Adverse Reactions Reported to > 0.5% of Patients Who Received Technetium Tc99m Sestamibi in Either Breast or Cardiac Clinical Studies*  

<table>
<thead>
<tr>
<th>Body System</th>
<th>Breast Studies</th>
<th>Cardiac Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Men</td>
<td>Total</td>
</tr>
<tr>
<td>N = 673</td>
<td>N = 238</td>
<td>N = 911</td>
</tr>
<tr>
<td>Body as a Whole</td>
<td>31 (3.1%)</td>
<td>6 (0.9%)</td>
</tr>
<tr>
<td>11 (1.6%)</td>
<td>9 (1.0%)</td>
<td>20 (2.2%)</td>
</tr>
<tr>
<td>Cardiogreen</td>
<td>12 (1.8%)</td>
<td>12 (1.3%)</td>
</tr>
<tr>
<td>Chest Pain/Anxiety</td>
<td>11 (1.6%)</td>
<td>7 (0.9%)</td>
</tr>
<tr>
<td>ST Depression</td>
<td>11 (1.6%)</td>
<td>6 (0.9%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>4 (0.6%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>2 (0.3%)</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Other</td>
<td>8 (1.2%)</td>
<td>6 (0.8%)</td>
</tr>
</tbody>
</table>

*Excludes the 23 patients whose genders were not recorded.

In the clinical studies for breast imaging, breast pain was reported in 11 (1.7%) of the patients. In 11 of these patients the pain appears to be associated with ischemic procedures.

The following adverse reactions have been reported in ≤ 0.5% of patients: signs and symptoms consistent with acne occurring shortly after administration of the agent; transient arthritis; angioneurosis, dyspnea, arthralgia, headache, abdominal pain, peripheral edema, and severe hypotension characterized by hypotension, bradycardia, anxiety, and vomiting within two hours after a second injection of Technetium Sestamibi. A few cases of flushing, edema, injection site inflammation, dry mouth, fever, pruritus, rash, tachycardia, and tachypnea have also been reported in < 0.5% of patients.

DOSAGE AND ADMINISTRATION: For Myocardial Imaging: The suggested dose range for I.V. administration of CARDIOLITE in a single dose is to be employed in the average patient (70 kg) to 370 to 1110 MBq (10 to 30 mCi).

For Breast Imaging: The recommended dose range for I.V. administration of MIRALUMA is a single dose of 740 to 1110 MBq (20 to 30 mCi).

Table 10. Radiation Absorbed Doses From Tc99m Sestamibi

<table>
<thead>
<tr>
<th>Organ</th>
<th>30 mCi</th>
<th>1110 MBq</th>
<th>30 mCi</th>
<th>1110 MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>0.2</td>
<td>2.0</td>
<td>0.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Liver</td>
<td>3.0</td>
<td>20.0</td>
<td>3.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Kidneys</td>
<td>2.0</td>
<td>20.0</td>
<td>2.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>2.0</td>
<td>40.0</td>
<td>2.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Total Body</td>
<td>3.5</td>
<td>48.5</td>
<td>3.5</td>
<td>48.5</td>
</tr>
</tbody>
</table>

(ESRT)

For breast imaging: The radiation dose to organs and tissues of an average patient (70 kg) per 1110 MBq (30 mCi) of Technetium Tc99m Sestamibi injected intravenously are shown in Table 10.
IN BONE PAIN DUE TO CANCER

Maintain your treatment options with Quadramet®

Quadramet® is indicated for the treatment of pain in patients with osteoblastic metastatic lesions that enhance on radionuclide bone scan. In clinical trials, this unique radiopharmaceutical has delivered measurable benefits in

RESPONSE Rapid onset of action—as soon as one week after administration.

RELIEF Effective and durable pain relief with reduced or eliminated need for opioids.

RECOVERY Generally mild and transient myelosuppression and predictable nadirs.

Your Berlex representative can show you how these benefits can support your cancer treatment strategies. Ask for information about the Quadramet® sampling program. 1-888-BERLEX

Quadramet® causes myelosuppression. Prior to administration, clinical benefits should be judged to outweigh the risks in patients having compromised bone marrow reserves or undergoing other therapies that cause myelosuppression.

Please see brief summary of prescribing information following this advertisement.


Circle Reader Service No. 9
**Table 5**

<table>
<thead>
<tr>
<th>Number of patients</th>
<th>Pain Flare Reaction</th>
<th>Myelosuppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>5 (5.0%)</td>
<td>3 (2.8%)</td>
</tr>
<tr>
<td>Quadramet 1.0 mc/g</td>
<td>14 (7.0%)</td>
<td>8 (4.9%)</td>
</tr>
</tbody>
</table>

**Table 6**

<table>
<thead>
<tr>
<th>Selected adverse events reported in ≥ 1.0% of people who received Quadramet or placebo in controlled clinical trials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADVERSE EVENT</strong></td>
</tr>
<tr>
<td>Patient &amp; Adverse Event</td>
</tr>
<tr>
<td>Abdominal Pain</td>
</tr>
<tr>
<td>Body As A Whole</td>
</tr>
<tr>
<td>Cardiac</td>
</tr>
<tr>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Chest Pain</td>
</tr>
<tr>
<td>Diarrhea</td>
</tr>
<tr>
<td>Hypersensitivity</td>
</tr>
<tr>
<td>Hypotension</td>
</tr>
<tr>
<td>Myelosuppression</td>
</tr>
<tr>
<td>Nausea/Emesis</td>
</tr>
<tr>
<td>Neurologic</td>
</tr>
<tr>
<td>Nervous System</td>
</tr>
<tr>
<td>Pain Flare Reaction</td>
</tr>
<tr>
<td>Pulmonary</td>
</tr>
<tr>
<td>Respiratory</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Skin &amp; Appendages</td>
</tr>
<tr>
<td>Special Sensitivity</td>
</tr>
<tr>
<td>Special Sensitivity</td>
</tr>
<tr>
<td>Urinary</td>
</tr>
<tr>
<td>Vascular</td>
</tr>
</tbody>
</table>

The most common adverse events observed in controlled clinical studies of Quadracent, are given in Table 6 below.

**Examples**

- **Precautions**
  - **EDTMA**: EDTMA is a chelating agent. Although the chelating effects have not been evaluated thoroughly in humans, dogs that received non-radioactive samarium (EDTMA) (at the human dose based on body weight, 3 times based on body surface area) developed a variety of electrocardiographic (ECG) changes (without the presence of hypocalcemia). The causal relationship between the hypocalcemia and ECG changes has not been studied. Caution and appropriate monitoring should be given when administering Quadracent to patients (See Laboratory Tests).

- **Radiopharmaceutical agents should be used only by physicians who are trained in and experienced in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency registered to license the use of radionuclides.**

- **In an additional 200 patients who received Quadracent in uncomplicated clinical trials, adverse events that were reported at a rate of ≥ 1.0% were similar except for 9 (4.5%) patients who had arthralgias. Other adverse events that were reported in <1% of the patients who received Quadracent 1.0 mc/g in any clinical trial include: atecopia, angina, congestive heart failure, sinus bradycardia, and vasodilatation.**

**OVERDOSE:** Overdose with Quadracent has not been reported. An antidote for Quadracent overdose is not known. The anticipated complications of overdose would likely be secondary to bone marrow suppression from the radioactivity of one of the radionuclides and cardiac arhythmias related to the EDTMA.

**BENEFITS AND ADMINISTRATION:** The recommended dose of Quadracent is 1.0 mc/g, administered intravenously over a period of one minute through a secure in-dwelling catheter and followed with a saline flush. Dose adjustment in patients at the extremes of weight have not been studied. Caution should be exercised when determining the dose in very thin or very obese patients.

**Dose and administration should be used by a suitable radiocardiogenic calibration system, such as a radioscopie dose calibrator, immediately before administration.**

**The dose should be measured by a suitable radiocardiogenic calibration system, such as a radioscopie dose calibrator, immediately before administration.**

**The dose should be measured by a suitable radiocardiogenic calibration system, such as a radioscopie dose calibrator, immediately before administration.**

**The dose should be measured by a suitable radiocardiogenic calibration system, such as a radioscopie dose calibrator, immediately before administration.**
Upon suspicion of pulmonary malignancy

NOW BEYOND X-RAY...

BEYOND CT...
Indicated to identify somatostatin receptor-bearing pulmonary masses in patients who are known to have or are highly suspect for malignancy and have pulmonary lesions on CT and/or chest x-ray.¹
Noninvasively Characterizes Pulmonary Masses

- **NeoTect™**, a unique small synthetic peptide radiopharmaceutical, characterizes pulmonary masses as being rich in somatostatin receptors (SSTRs)
  - Many malignant pulmonary masses and some inflammatory processes overexpress SSTRs

**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, with little generalized pulmonary uptake

- Achieves high specificity and sensitivity values, reliable readings

- Offers an excellent safety profile without the serious complications (eg, pneumothorax) 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%).
  - NeoTect, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.

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

Please see brief summary of prescribing information on following page.

EXPANDING YOUR VISION
Brief Summary of Prescribing Information

DESCRIPTION
NeoTect¿ (Kits for the Preparation of Technetium Tc 99m Deprodate Injection) is intended for use in the preparation of Technetium Tc 99m, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, non-pyrogenic lyophilized mixture of 50 µg of Deprodate, 5 mg of sodium glucuronate dihydrate, 50 µg of stannous chloride dihydrate (with a minimum stannous content of 15 µg), 180 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 STARTED, non-pyrogenic Sodium Partexatinate Tc 99m Injection, in 0.9% Sodium Chloride Injection, U.S.P., is added to the vial, a Technetium Tc 99m complex of Deprodate is formed.

INDICATIONS AND USAGE
NeoTect¿ is a scintigraphic imaging agent that identifies somatostatin receptor-bearing pulmonary masses in patients presenting with 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
Therapy with somatostatin analogues can produce severe hypoglycemia in patients with insulinomas. Since Deprodate binds to somatostatin receptors, caution should be exercised when administering this drug to patients with insulinomas.

NeoTect¿, as other somatostatin analogues, may induce hypersecretion 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 IGFI production 3 weeks following injection. Other immune parameters such as eosinophils, other immunoglobulins, complement, lymphocytes or cytokines were not studied.

Technetium Tc 99m Deprodate 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.

Radiochemicals 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 radiochemicals, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radiochemicals.

Urinary excretion of radiocactivity 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 incompetent patients to minimize the risk of radioactive contamination of clothing, bed linens, and the patient's environment.

Information for Patients
To minimize radiation absorbed dose to the bladder, adequate hydration should be encouraged to permit 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 protect themselves and others 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), bilirubin, white blood cell count, and eosinophil count following administration of Technetium Tc 99m Deprodate Injection.

Drug Interactions
Drug interactions were not noted in clinical studies in which Technetium Tc 99m Deprodate 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 Deprodate Injection or with depo date were negative: Salmonella/Escherichia coli reverse mutation assay, in vitro mouse lymphoma assay with and without metabolic activation, and in vivo mouse micronuclear assay.

Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Deprodate Injection. It is not known whether Technetium Tc 99m Deprodate Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Deprodate 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 depo date to determine its excretion in human milk. Technetium Tc 99m Partexatinate is excreted in human milk. It is not known whether Technetium Tc 99m Deprodate Injection is excreted in human milk. Caution should be exercised when Technetium Tc 99m Deprodate Injection is administered to a nursing woman. Whenever possible, the use of a hypoallergenic formula should be substituted at least until the technetium has been excreted.

Pediatric Use
Safety and effectiveness of Depreotide 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 15.9 to 20.8 mCi Technetium Tc 99m labeled to approximately 50 µg of Deprodate. Of these adults, 58% were men and 42% were women. The mean age was 58.0 years (18-98 years).

Death did not occur during the clinical study period. After Technetium Tc 99m Deprodate Injection, serious adverse events were not reported.

At least one adverse event occurred in 29/647 (4.5%) patients after Technetium Tc 99m Deprodate Injection. Headache was the most commonly reported adverse event (1% of patients). Table 6 lists adverse events reported in 0.5% or more of patients who received Technetium Tc 99m Deprodate Injection.

Other adverse events which occurred in < 0.5% of patients following administration of NeoTect¿ included: arthrosis, back pain, chest pain, diarrhea, fatigue, gait abnormality, glossitis, hypotension, hypoesthesia, 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 radiolabeled Deprodate 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 Deprodate Injection are intended only for use in the preparation of Technetium Tc 99m Deprodate 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.) The 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 the chest images are of the chest to obtain imaging 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 2. The values are listed in descending order as rad/mCi and mGy/MBq and assume urinary bladder emptying at 4.8 hours.

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>rad/mCi</th>
<th>mGy/MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>0.030</td>
<td>0.03</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.018</td>
<td>0.004</td>
</tr>
<tr>
<td>Testes</td>
<td>0.011</td>
<td>0.003</td>
</tr>
<tr>
<td>Throat Gland</td>
<td>0.009</td>
<td>0.002</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.027</td>
<td>0.007</td>
</tr>
<tr>
<td>Liver</td>
<td>0.078</td>
<td>0.021</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.004</td>
<td>0.001</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.065</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>0.037</td>
<td>0.010</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>0.032</td>
<td>0.008</td>
</tr>
<tr>
<td>Urethra</td>
<td>0.031</td>
<td>0.008</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>0.019</td>
<td>0.005</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>0.006</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., Soc. Nucl. Med., 1976). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-4, 1988) and gave a value of 0.023 mSv/mCi (0.004 rem/mCi).

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

NDC 04570-511-10 - single vial
NDC 04570-511-05 - 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.

Distributed by:
Diadite, Inc.
9 Datta Drive
Londonerry, New Hampshire 03053

Revised August 1999


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EXPANDING YOUR VISION

40-4300000708

Diadite, Inc.
See your way clear

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).  
- 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) ADMIIXTURES OR INJECT INTO TPN INTRAVENOUS ADMINISTRATION LINES, IN THESE SOLUTIONS, A COMPLEX GLUCOSE, OCTREOTIDE 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 monitoring the patient for any signs of withdrawal.

**PRECAUTIONS**

**General**
1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulins. 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 administered primarily by intravenous route, 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 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 In-111 pentetreotide (see Dosage and Administration section).
5. Indium In-111 pentetreotide should be tested for labeling yield of radiotracity prior to administration. The product must be used within six hours of preparation.
6. Components of the kit are sterile and nonpyrogenic. To maintain sterility, it is essential that directions are followed carefully. Aseptic technique must be used during the preparation and administration of Indium In-111 pentetreotide.
7. Octreotide acetate and the natural somatostatin hormone may be associated with cholethiasis, 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 cholethiasis.
8. As with any other radiopharmaceutical 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 radiopharmaceuticals.

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

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

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

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

**Adverse Reactions**
The following adverse effects were observed in clinical trials at a frequency of less than 1% of 538 patients: dizziness, fever, flushing, headache, hypotension, changes in liver enzymes, pain, nausea, vomiting, and weakness. These adverse reactions were transient. 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 of certain tumors. The usual dose for Indium In-111 pentetreotide is approximately 5 to 20 times less than for octreotide and is subtherapeutic. Etc.
The following adverse reactions have been associated with octreotide in 3% to 10% of patients: nausea, injection site pain, diarrhea, abdominal pain/discomfort, loose stools, and vomiting. Hypertension and hyper- and hypoglycemia have also been reported with the use of octreotide.

**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 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 esophagus, bowel-clearing should be undertaken only after consultation with an endocrinologist.

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

The dose should be confirmed by a suitably calibrated radioactivity ionization chamber immediately before administration.

As with all intravenously administered products, OctreoScan should be inspected visually for particulate matter and discoloration prior to administration, wherever 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.

Aerobic techniques and effective shielding should be employed in withdrawing doses for administration to patients. Protective 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.:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Planar Dose</th>
<th>SPECT Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidneys</td>
<td>54.16</td>
<td>108.32</td>
</tr>
<tr>
<td>Liver</td>
<td>12.15</td>
<td>24.31</td>
</tr>
<tr>
<td>Spleen</td>
<td>73.86</td>
<td>147.73</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>6.34</td>
<td>12.67</td>
</tr>
<tr>
<td>Overes</td>
<td>4.89</td>
<td>9.79</td>
</tr>
<tr>
<td>Testes</td>
<td>2.90</td>
<td>5.80</td>
</tr>
<tr>
<td>Red</td>
<td>3.46</td>
<td>6.91</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>30.42</td>
<td>60.48</td>
</tr>
<tr>
<td>GI tract</td>
<td>2.97</td>
<td>6.05</td>
</tr>
<tr>
<td>Change in glucose</td>
<td>0.57</td>
<td>11.34</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.48</td>
<td>9.56</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.58</td>
<td>11.59</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.76</td>
<td>15.46</td>
</tr>
<tr>
<td>Adrenals</td>
<td>7.55</td>
<td>15.11</td>
</tr>
<tr>
<td>Thyroid</td>
<td>4.74</td>
<td>14.88</td>
</tr>
</tbody>
</table>

1 Values listed include a correction for a maximum of 0.1% Indium In-114m radiocomponent at calibration.
3 Assumes 4.8 hour voiding interval and International Commission on Radiological Protection (ICRP) 30 model for the urine of the gastrointestinal tract calculations.
4 Estimated according to ICRP Publication 53.

**How Supplied**
The OctreoScan kit, NDC 0019-9590-40, 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[ethylamide-N-Methyl-N,N,N'-hexafluoroacetate-N'-acyclo-D-phenylalanine-L-hemicyclic-L-phenylalanine-D-typrophyl-L-tyrosyl-L-threonyl-L-hemicyclic-L-threonine (DTPA)),
   (ii) 2.0 mg gentamic acid (2,5-dihydroxynicotinic acid),
   (ii) 4.9 mg sodium citrate, citric acid,
   (ii) 0.37 mg calcium citrate.

2. 1 vial of Indium In-111 Chloride Sterile Solution, which contains 1.1 mL of 111 MBq (3.0 mCi/L) Indium In-111 chloride in 0.02 N HCl at time of calibration. The vial also contains tetracycline at a concentration of 3.5 μg/mL (tetramic acid, 1.2 μg/mL). The vials contain sterile and nonpyrogenic. No bacteriostatic preservative is present.

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

In addition, the kit also contains the following items:
1. (1) 25 G x 5/8” needle (B-D. Monoject) used to transfer Indium In-111 Chloride Sterile Solution to the OctreoScan Reaction Vial, (2) a pressure sensitive label, and (3) a package insert.
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Introducing the
UP-D70XR
Dual Mode
Digital Imager

Now get high-quality prints in just seconds
Never before has image reproduction, especially on film-like transparency media, looked crisper or printed faster.
With the new UP-D70XR Dual Mode Digital Imager, you’ll see a striking difference in full-page print output—sharp, clear transparencies in as little as 45 seconds; clean color and black & white prints in under a minute. Plus, changing from paper to film is fast and easy. The UP-D70XR is DICOM compatible when used with the optional Sony UPA-D3 DICOM print server, and very compatible with your budget.
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The art of the image™

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

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

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:

MYOVIE. The image of efficiency.
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 six 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 preservative, sterile, non-pyrogenic, lyophilized mixture of 0.23 mg tetrofosmin [38-3,4-bis(2-ethoxyethyl)-3,12-dioxo-6,9-diphenyltetradecene], 30 μg stannous chloride dinitrate (minimum stannous tin 5.0 μg; maximum total elannous and stannic tin 15.8 μg), 0.32 mg disodium edrophosylate and 1.0 mg sodium D-glucaronate, 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 stigmatical 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 (85%) males and 40 (17%) females with a mean age range of 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 185-256 MBq (5-8 mCi) Tc99m tetrofosmin at peak exercise and 552-888 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.

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 vials 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 anaphylactoids 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 radiodiagnostic 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.

Cardiogenesis, Mutagenesis, Impairment of Fertility

Studies have not been conducted to evaluate cardiogenic potential or effects on fertility. Tetrofosmin sulphosylate was not mutagenic in vitro in the Ames test, mouse lymphoma, or human lymphocyte test, 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

Tc99m 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 23-94 years). The subjects received a mean dose of 7.87 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 57/64 (less than 1%) of patients after Myoview injection.

The following events were noted in less than 1% of patients:

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

Special senses: metallic taste, worsening of symptoms

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.

DOSEAGE AND ADMINISTRATION

For exercise and rest imaging, Myoview is administered in two doses: The first dose of 5-6 mCi (185-206 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 injection 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)

<table>
<thead>
<tr>
<th>Target organ</th>
<th>Exercise</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rad/mCi</td>
<td>μGy/MBq</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>0.190</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>0.113</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>0.071</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>0.082</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>0.063</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>0.046</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
<td>0.043</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.029</td>
<td>0.035</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>0.017</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>0.021</td>
</tr>
<tr>
<td>Prostate</td>
<td>0.019</td>
<td>0.018</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.016</td>
<td>0.022</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
<td>0.015</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>0.015</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>0.014</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>0.014</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>0.012</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>0.011</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>0.015</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>0.009</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>0.008</td>
</tr>
<tr>
<td>Lung</td>
<td>0.008</td>
<td>0.008</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>0.007</td>
</tr>
<tr>
<td>Breast</td>
<td>0.008</td>
<td>0.007</td>
</tr>
</tbody>
</table>

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 63 (Ann. ICRP 18 [1-4],1988) and gave values of 8.61 x 10<sup>-2</sup> mSv/MBq and 1.12 x 10<sup>-2</sup> mSv/MBq after exercise and rest, respectively.

Manufactured by: Nycomed Ammann AG
Amsheral United Kingdom

Patent No. 5,045,302 (t)

Distributed by: Med-Physics, Inc.,
Arlington Heights, IL 60004
1-800-653-4123 (Toll Free)

Circle Reader Service No. 135

Revised December 1998

Myoview is a trademark of Nycomed Ammann AG.

BS-43-1011A

Amersham HEALTHCARE
Certification Board of Nuclear Cardiology

2000 CERTIFICATION EXAMINATION IN NUCLEAR CARDIOLOGY

Date: October 29, 2000
Time: 7:45 AM to 12:45 PM (Central Time)
Location: Rosemont Convention Center
5555 North River Road
Rosemont, Illinois

Deadline for Receipt of Applications:
Early—May 19, 2000
Late—July 21, 2000

You are urged to write as soon as possible for the Candidate Bulletin and Application Form to:
Certification Board of Nuclear Cardiology
9111 Old Georgetown Road
Bethesda, MD 20814-1699

Mid-Eastern Chapter, SNM 30th Annual Meeting

NUCLEAR MEDICINE IN THE NEW MILLENIUM
Pulmonary Embolism/Venous Thrombosis [NM, CT, angiography] Imaging, Tumor Imaging/Therapy, Thyroid Cancer Dx & Rx
April 14-16, 2000 • Williamsburg Hospitality House • 415 Richmond Rd., Williamsburg, VA

Meeting Hours:
Friday, April 14—9:00 AM to 6:00 PM
Saturday, April 15—8:00 AM to 1:30 PM. Afternoon open to visit Williamsburg attractions.
Sunday, April 16—9:00 AM to 12:00 Noon. Afternoon open to visit Williamsburg attractions.

Invited speakers include: R. Edward Coleman, MD; Alexander Gottschalk, MD; Matthew S. Johnson, MD; Kenneth Kopecky, MD; Steven M. Larson, MD; Susan J. Mandel, MD; Darrell W. McIndoe, MD; Matthew Thakur, PhD; Henry N. Wagner, MD, and more.

Hotel rooms special rates are available until March 12, 2000. Room rate is $119/night, single or double.

Call 800-932-9192 for reservations and identify yourself as “Mid-Eastern Chapter, Society of Nuclear Medicine,” or “Group #1116.” All meals will be by ticket only, acquired during pre-registration. We are planning a cash bar for the Exhibitor’s Reception on Friday.

Registration Fees:

<table>
<thead>
<tr>
<th>Registration</th>
<th>Pre-Registration</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full/Assoc. SNM members; Senior Scientists</td>
<td>$130</td>
<td>$160</td>
</tr>
<tr>
<td>Technologist SNM member</td>
<td>$50</td>
<td>$65</td>
</tr>
<tr>
<td>Fellow/Scientist in training</td>
<td>$50</td>
<td>$65</td>
</tr>
<tr>
<td>Student Technologist [with letter]</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td>Physician, Senior Scientist, non-SNM member</td>
<td>$160</td>
<td>$190</td>
</tr>
<tr>
<td>Technologist, Scientist, non-member</td>
<td>$75</td>
<td>$95</td>
</tr>
</tbody>
</table>

Pre-registration ends Monday April 3rd, 2000. For information, call Dick Gramm, voice or fax 410-564-8323. If you leave a message, please identify yourself, and leave a fax number if possible.
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Additional information will be available in January. To obtain more information at that time, visit our web site at www.snm.org, call our Fax-on Demand Service at (888) 398-7662, or call the SNM Meetings Department at (703) 708-9000 ext. 1229.
The 2000 examination will be given Sunday, June 4, 2000 in St. Louis, MO in conjunction with the 47th Annual Meeting of the Society of Nuclear Medicine.

The examination is written and consists of two parts —

**Part One** (3.5 hours) assesses knowledge of basic aspects of Nuclear Medicine Science.

**Part Two** (2.5 hours) examines in depth the knowledge of a predetermined subspecialty area of the candidate’s choice including:

- Nuclear Medicine Physics and Instrumentation
- Nuclear Pharmaceutical Science and Radiochemistry
- Radiation Protection

Completed Applications must be postmarked by March 10, 2000. The examination fee is $650 ($550 refundable if you do not qualify).

For applications and more information, please contact:

ABSNM Exam Coordinator
American Board of Science in Nuclear Medicine
c/o The Society of Nuclear Medicine
1850 Samuel Morse Drive, Reston, Virginia 20190-5316
Tel: (703) 708-9000, ext. 227 • Fax: (703) 708-9013
Positions Needed
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 CV to Douglas A. Collins, MD, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Mayo Clinic is an Equal Opportunity Employer.

Nuclear Medicine/Diagnostic Radiologist—Private Practice Position in Dallas, Texas
Excellent opportunity for a highly trained diagnostic radiologist with fellowship training in Nuclear Medicine to join a well-established 17 person group that covers two hospitals, one a sophisticated 400 bed tertiary care facility, the other a rapidly growing 170 bed primary care facility. ABNM or ABR (with special competency in Nuclear Medicine) certification or eligibility required. The hospitals provide excellent imaging equipment. Position is partnership track, open immediately. Generous compensation and benefits package. Practice is in a dynamic urban setting, sophisticated cultural opportunities. Please call and/or send cover letter to: Lennard Nadalo, MD; Phone: (214) 947-2614; E-mail: lnadalo@aim.net; Fax: (214) 947-2651; Zulfik Alikhan, MD; Phone: (214) 947-2600; or Joyce Yamada, MD; Phone: (214) 947-2600; Fax: (214) 943-5110.

Nuclear Medicine Technology—Florida

Nuclear Medicine Physician
Progressive single specialty Nuclear Medicine practice offers career opportunity for full time, board certified/diplomate Nuclear Medicine physician. Practice enjoying 10% growth per year, offers benefits of private practice, research opportunities and University affiliation. Prime central California location offers affordable cost of living, easy access to beach, mountains, and National Parks. Competitive benefits and compensation leading to partnership. Please contact Daniel Stobbe, MD, Valley Nuclear Medical Group Inc., 1303 E. Herndon #200, Fresno, CA 93720. E-mail: destobbe@msn.com; Phone: (559) 449-3109. Fax: (559) 298-5549.

Nuclear Medicine Technologist
St. John's Health System has an immediate opening for the position of Nuclear Medicine Technologist. The available schedule includes full-time days and "on call" rotation. The selected candidate must be able to perform technical duties of radiocisides for diagnosis/treatment under direction of physicians and Admin. Director. Nuclear Medicine Registry is a prerequisite. Formal training of Nuclear Medicine Degree or certificate program required. St. John's offers employees a competitive salary and benefits package—not to mention a positive working environment. Interested candidates should apply in person or send a resume to: St. John's Health System, Human Resources, 1235 E. Cherokee, Springfield, MO 65804-2263. Fax: (417) 880-7799; http://www.stjohns.net. EO/EAA Employer.

Postdoctoral Research Associate
Yale University/VA PET center is seeking a radiochemist for the research and development of positron emitting radionuclides. Applicant must have a strong background in both radiochemistry and synthetic organic chemistry. If interested, please send a copy of your resume and list of three references to: Pradeep K. Garg, PhD, Director, PET Radiochemistry, Yale University/VA PET Center (112A), 950 Campbell Avenue, West Haven, CT 06516. Fax: (203) 997-3899. E-mail: garg@biomed.med.yale.edu. EOE.

Nuclear Medicine Technologist
Montgomery County Cardiology group is seeking a second nuclear tech for our busy cardiac imaging lab. This position is full time. Monday thru Friday with no on call or weekend requirements. We offer a competitive salary and excellent benefits. NMTCB certification and a Maryland Nuclear Medical Technology license are required. Please FAX resumes to (301) 897-9589.

Academic Nuclear Radiologist
Tufts University School of Medicine and New England Medical Center, a full-service hospital with its own radiology residency, seeks a second ABR-certified/diplomate Nuclear Radiologist (full-time). With 6 gamma cameras (3 headhead SPECT), this interesting practice opportunity includes nuclear cardiology, pediatrics, and coincidence imaging. Would consider ABNM-certified/diplomate Nuclear Medicine physician (half-time). Position available: July 1st or sooner. Please send CV to: Daniel H. O'Leary, MD, Chairman, Department of Radiology, New England Medical Center, Box 388, 790 Washington St., Boston, MA 02111. Phone: (617) 636-8050. Fax: (617) 636-0041. E-mail: doleary@lifespan.org.

Imaging Physicist
The Department of Nuclear Medicine in the Clinical Center, NIH, is looking for an Imaging Physicist. Must have experience with gamma cameras, SPECT, and associated computer systems. Responsibilities will include oversight of quality control for all equipment, acceptance testing, development of new acquisition and analysis software, as needed, and participation in collaborative research projects. Incumbent will also be involved in our upcoming transition to a "filmless environment" with the installation of a new PACS/RIS system. The department currently has 6 gamma cameras and 2 bone densitometers, and performs both clinical and research studies, including dosimetry. Interested candidates must call the Human Resources Dept. at 301-496-6924 for application instructions. Please reference the following vacancy announcement number: CC-00-1494.
Nuclear Medicine Technologist
Mayo Clinic
Scottsdale, AZ

Mayo Clinic Scottsdale seeks a nuclear medicine technologist who is registered or registry-eligible by the NMTCB. BS in nuclear medicine technology preferred. Knowledge and technical competence with nuclear equipment and procedures is required. This is a day position with rotating hours and 4 days of call a month.

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Fax: (480) 301-3524
Phone: Pam Duckett at (480) 301-3454


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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 detective of 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: bjhs8a@virginia.edu

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October 12-14, 2000
Princeton Marriott Forrestal Village
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David M. Goldenberg, Sc.D., M.D.
Garden State Cancer Center and Center for Molecular Medicine and Immunology,
Belleville, NJ
Jean-François Chatal, M.D., Ph.D.
INSERM, Institut de Biologie, Nantes, France

ABSTRACT DEADLINE: May 1, 2000

For abstract forms and further information contact:
Lois Gillespie, Garden State Cancer Center, 520 Belleville Avenue, Belleville, NJ 07109
Telephone: (973) 844-7007; Fax: (973) 844-7020;
e-mail: gscancer@att.net

Registration: Before July 15, 2000 $552; $585 after July 15, 2000 (Fee includes 2 lunches, coffee breaks, evening reception, banquet dinner and printed materials.)
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**Annual Meeting Sessions**

Various categorical seminars and continuing education sessions at the SNM Annual Meeting will address nuclear cardiology, as will several vendors on the exhibit floor. CME credit is available for the courses. To obtain more information visit our website at www.snm.org, call our Fax-on-Demand Service at (888) 398-7662 or call the Meetings Department at (703) 708-9000, ext. 1229.

**Cardiovascular Council**

Team up with over 750 professionals who currently hold membership in the Cardiovascular Council. This group provides a forum for discussion and development of cardiac scintigraphic methods in an effort to apply the most beneficial applications. To join contact the Membership Department at (703) 708-9000, ext. 1234 or via e-mail at slazarte@snm.org.

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Listed below are the companies that have advertised in this issue. Simply circle the numbers of those companies you are interested in, fill out the information below and mail or FAX this to the Society of Nuclear Medicine, Advertising Department, 1850 Samuel Morse Drive, Reston, VA 20190, Fax: 703-708-9018. We will forward this information to the advertiser(s).

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