Total So

- FDG Distribution
- Flexible Upgrade Paths
- Multimodality Packaging
- Financing
- Reimbursement Guidance
- Referral Marketing
- Education
- Site Planning
- Flexible Service Options
- Calibration Sources

*Product is a work-in-progress and not commercially available.
Existing Mobile PET

FOR PET IMAGING

lutions

ECAT EXACT HR*

LSO PET (WIP)*

PET/CT (WIP)*

RDS-111 Cyclotron

Siemens Medical Systems, Inc. • North and South America 847.304.7700 • Canada 905.819.8000 • Europe 49.9131.84.6685 • Asia and Pacific Rim 81.3.5423.4066 • E-mail: feedback@nmg.sms.siemens.com • Web site: http://www.sms.siemens.com/nmg
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A complete, hand-held counting instrument that can be used for a variety of pinpoint localization measurements, such as demanded by Sentinel Lymph Node Biopsy (SLNB) techniques. Two high efficiency detectors with superior angular sensitivity:
* allow for precision marking of the sentinel node site on the skin surface
* provide the surgeon with the ability to verify target nodes in-vivo, thus avoiding removal of healthy or unaffected tissue

The usefulness of the Gammed IV Surgical Probe goes far beyond SLNB—it was built with the future in mind. Visit our Web site at www.capintec.com for more information and references, or call to arrange a convincing demonstration.
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Make PET a reality with GE’s financial strength. Hundreds of organizations rely on our lease and purchase options for flexible financial solutions.

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Understand your market, plan your facility. GE will help you evaluate everything to ensure PET will be a viable service.

GE Medical Systems
We bring good things to life.
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-BERLEX4**

**AT FIRST SIGHT**

**QUADRAMET.**
(Samarium SM-153 Lexidronam Injection)

www.quadramet.com

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
Brief Summary—Before Prescribing Concast Full Prescribing Information

INDICATIONS: Quadrant is indicated for relief of pain in patients with confirmed osteosclerotic metastatic bone lesions that enhance on radionuclide bone scan.

CONTRAINDICATIONS: Quadrant is contraindicated in patients who have known hypersensitivity to EDTMP or similar phosphate compounds.

WARNINGS: Quadrant causes bone marrow suppression. In clinical trials, white blood cell counts and platelet counts decreased to a nadir of approximately 40% to 50% of baseline in 32% (95%) of patients within 3 to 5 weeks after Quadrant, and tended to return to pretreatment levels by 8 weeks. The grade of marrow toxicity is shown in Table 5 below.

Number and percent of patients who experienced marrow toxicity in clinical trials of Quadrant

<table>
<thead>
<tr>
<th>Toxicity Grade</th>
<th>Toxicity</th>
<th>Placebo</th>
<th>Quadrant 1.0 mg/kg</th>
<th>Quadrant 1.0 mg/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0</td>
<td>Toxicity</td>
<td>Placebo</td>
<td>Quadrant 1.0 mg/kg</td>
<td>Quadrant 1.0 mg/kg</td>
</tr>
<tr>
<td>Toxicity</td>
<td>Placebo</td>
<td>1.0 mg/kg</td>
<td>Placebo</td>
<td>1.0 mg/kg</td>
</tr>
<tr>
<td>0-2</td>
<td>60%</td>
<td>162 (86%)</td>
<td>165 (100%)</td>
<td>169 (95%)</td>
</tr>
<tr>
<td>3</td>
<td>6%</td>
<td>20 (11%)</td>
<td>0 (0%)</td>
<td>15 (9%)</td>
</tr>
<tr>
<td>4</td>
<td>0%</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Table 5

Adverse events reported in ≥1.0% of patients who received Quadrant in controlled clinical trials

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Placebo</th>
<th>Quadrant 1.0 mg/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients</td>
<td>N = 90</td>
<td>N = 139</td>
</tr>
<tr>
<td>If Patients</td>
<td>72 (80%)</td>
<td>169 (85%)</td>
</tr>
<tr>
<td>Body As Whole</td>
<td>56 (62%)</td>
<td>160 (95%)</td>
</tr>
<tr>
<td>Pain/Flare Reaction</td>
<td>5 (5.5%)</td>
<td>14 (7.9%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>19 (21%)</td>
<td>32 (18%)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>2 (2.2%)</td>
<td>10 (5.0%)</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>4 (4.4%)</td>
<td>8 (4.0%)</td>
</tr>
<tr>
<td>Hypersensitivity</td>
<td>0</td>
<td>6 (3.0%)</td>
</tr>
<tr>
<td>Hypersensitivity</td>
<td>2 (2.2%)</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>77 (85%)</td>
<td>12 (6.0%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3 (3.3%)</td>
<td>12 (6.0%)</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>37 (41%)</td>
<td>65 (32.7%)</td>
</tr>
<tr>
<td>Hematologic/Erythropoietic</td>
<td>12 (13%)</td>
<td>54 (27%)</td>
</tr>
<tr>
<td>Congestion Disorder</td>
<td>0</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Hemoglobin Decreased</td>
<td>21 (23.3%)</td>
<td>81 (40.7%)</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>6 (6.7%)</td>
<td>119 (59.3%)</td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>0</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>8 (8.9%)</td>
<td>138 (71.7%)</td>
</tr>
<tr>
<td>Any Blood Manifestations</td>
<td>8 (9.9%)</td>
<td>32 (16.1%)</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>1 (1.1%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>1 (1.1%)</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Hematruia</td>
<td>3 (3.3%)</td>
<td>19 (10.0%)</td>
</tr>
<tr>
<td>Infection</td>
<td>10 (11.1%)</td>
<td>34 (17.1%)</td>
</tr>
<tr>
<td>Fever and/or Chills</td>
<td>10 (11.1%)</td>
<td>17 (8.5%)</td>
</tr>
<tr>
<td>Infection NOS</td>
<td>4 (4.4%)</td>
<td>14 (7.0%)</td>
</tr>
<tr>
<td>Oral Manifestations</td>
<td>1 (1.1%)</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1 (1.1%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>28 (31%)</td>
<td>55 (27%)</td>
</tr>
<tr>
<td>Mucositis</td>
<td>8 (8.9%)</td>
<td>13 (6.5%)</td>
</tr>
<tr>
<td>Pathologic Fracture</td>
<td>2 (2.2%)</td>
<td>5 (2.5%)</td>
</tr>
<tr>
<td>Nervous</td>
<td>39 (43%)</td>
<td>59 (30%)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1 (1.1%)</td>
<td>8 (4.0%)</td>
</tr>
<tr>
<td>Parasthenia</td>
<td>7 (7.8%)</td>
<td>4 (2.0%)</td>
</tr>
<tr>
<td>Spinal Cord Compression</td>
<td>5 (5.5%)</td>
<td>13 (6.5%)</td>
</tr>
<tr>
<td>Cardiovascular/Aortic</td>
<td>0</td>
<td>2 (1.0%)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>24 (27%)</td>
<td>35 (18%)</td>
</tr>
<tr>
<td>Bronchitis/Cough Increased</td>
<td>2 (2.2%)</td>
<td>8 (4.0%)</td>
</tr>
<tr>
<td>Special Sensitivities</td>
<td>11 (12%)</td>
<td>11 (6%)</td>
</tr>
<tr>
<td>Skin &amp; Appetite</td>
<td>17 (19%)</td>
<td>13 (7%)</td>
</tr>
<tr>
<td>Purpura</td>
<td>0</td>
<td>2 (1.0%)</td>
</tr>
<tr>
<td>Rash</td>
<td>2 (2.2%)</td>
<td>2 (1.0%)</td>
</tr>
</tbody>
</table>

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

Table 6

In an additional 200 patients who received Quadrant in uncontrolled clinical trials, adverse events that were reported at a rate of ≥1.0% were similar except for 9 (4.5%) patients who had anaphylaxis. Other adverse events that were reported in > 1% of the patients who received Quadrant 1.0 mg/kg in any clinical trial include: alopecia, angina, congestive heart failure, sinus bradycardia, and vasodilation.

OVERDOSAGE: Overdose with Quadrant is not known. An antidote for Quadrant overdose is not known. The anticipated complications of overdose would likely be secondary to bone marrow suppression from the radioactivity of “Sn” or secondary to hypocalcemia and cardiac arrhythmias related to the EDTMP.

BIOLOGIC AND ADMINISTRATION: The recommended dose of Quadrant is 1.0 mg/kg, 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. The dose should be monitored by a suitable radioactivity calibration system, such as a radiospectroscopic calibration, immediately before administration.

The radioactive dose to be administered and the patient should be verified before administering Quadrant. Patients should not be released until their radiotracers levels and exposure rates comply with federal and local regulations. The patient should ingest (or receive by i.v. administration) a minimum of 500 mL (2 cups) of fluids prior to injection and should void as often as possible after injection to minimize radiation exposure to the bladder.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. The solution should not be used if it is cloudy or if it contains particulate matter. Quadrant contains calcium and may be incompatible with solutions that contain molecules that can form calcium precipitates. Quadrant should not be diluted or mixed with other solutions.

The room temperature before administration and use within 8 hours of thawing.
It's hard to believe this vial contains something so small it is actually big enough to change the way we diagnose and treat diseases. Yet the radioisotopes used in nuclear medicine are an integral part of patient care. The many applications for nuclear medicine imaging are having a dramatic impact on early diagnosis and staging of illnesses including heart disease and cancer.

MDS Nordion is one of the world's leading producers of radioisotopes—a role we're proud of, and an obligation we take very seriously. That's why we are forging ahead with a significant investment by building two new reactors, MAPLE 1 and 2, dedicated to medical radioisotope production.

Backed by 50 years' experience, MDS Nordion offers its customers superior quality, reliable distribution, 24-hour customer service and specialized expertise.
AcuTect offers a greater measure of confidence, clearly imaging even the most difficult-to-find iliac clots

As the first imaging modality to target acute DVT, AcuTect increases your ability to detect dangerous clots in those patients with signs and symptoms — even in the most difficult patient types. Whether the patient is obese, has a suspected deep iliac clot, is immobile or in a cast or other constraints, AcuTect finds its target — binding preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets. AcuTect is specific to the acute disease process — not just the anatomical obstruction. Its state-of-the-art peptide technology offers a choice when other modalities may not measure up to detecting an actively forming acute DVT.

Clinical follow-up studies of patients with negative AcuTect scans have not been performed to determine if negative image findings mean the absence of acute venous thrombosis. If a patient has clinical signs and symptoms of acute venous thrombosis, a clinical management decision to withhold treatment with anticoagulants should not be based on a negative AcuTect study alone.

After administration of AcuTect, as with the administration of other intravenous drugs, patients with a history of drug reactions, other allergies, or immune system disorders should be observed for several hours.

The difference is acute.

(Kit for the Preparation of Technetium Tc 99m Aptide Injection)
ADVERSE REACTIONS

Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m labeled to approximately 70-100% of biphasite. Of these adults, 46% were women and 54% were men. The mean age was 57.9 years (17 to 95 years). In all patients, adverse events were monitored for at least 3 hours. In a subset of 189 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m biphasite, a serious episode of hyporesonance occurred in one patient who had acute hyporesonance that began within 10 minutes of injection and, over 60 minutes, progressed to a systolic pressure of 70 mm Hg. At least one adverse event occurred in 256 (43.4%) of patients injected with technetium Tc 99m biphasite injection. Pain was the most commonly reported adverse event (1.7% of patients or healthy volunteers). Table 1 lists adverse events reported in 0.5% or more of patients who received technetium Tc 99m.

<table>
<thead>
<tr>
<th>Table 1: ADVERSE EVENTS REPORTED IN &gt;0.5% OF PATIENTS FOLLOWING ACUTECT Injection in CLINICAL STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Exposed to ACUTECT™</td>
</tr>
<tr>
<td>Number of Patients With At Least One Adverse Event</td>
</tr>
<tr>
<td>Body As a Whole</td>
</tr>
<tr>
<td>Pain, Back, leg, chest</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Cardiovascular System</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Hypersensitivity</td>
</tr>
</tbody>
</table>

Other adverse events which occurred in < 0.5% of patients following receipt of ACUTECT™ included: agitation, anaphylaxis, angina, arrhythmias, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hyporesonance, injection site reaction, liver enzyme elevation, nausea, paroxysmal dyskinesia, pruritus, sweat, tachycardia, twitch, urticaria, and vomiting.

OVERDOSAGE: Clinical consequences of overdosage with technetium Tc 99m have not been studied.

DOSE AND ADMINISTRATION: To direct acute venous thrombosis in a lower extremity, reconstituted ACUTECT™ should be administered as a peripheral intravenous injection in an extremity, at a dose of approximately 100 μg of biphasite radiolabeled with 20 μCi of technetium 99m.

Table 2: Radiiodination Absorption Doses for a 70kg Adult

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>rad/mCi</th>
<th>mCi/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Bladder</td>
<td>0.22</td>
<td>0.006</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.050</td>
<td>0.001</td>
</tr>
<tr>
<td>Upper Large Intestinal Wall</td>
<td>0.039</td>
<td>0.001</td>
</tr>
<tr>
<td>Lower Large Intestinal Wall</td>
<td>0.037</td>
<td>0.001</td>
</tr>
<tr>
<td>Throat</td>
<td>0.037</td>
<td>0.001</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.002</td>
<td>0.00001</td>
</tr>
<tr>
<td>Testes/Ovaries</td>
<td>0.0025 (mCi)</td>
<td>0.000025 (mCi)</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.016</td>
<td>0.0043</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.0091</td>
<td>0.0025</td>
</tr>
<tr>
<td>Breast</td>
<td>0.0050</td>
<td>0.0013</td>
</tr>
</tbody>
</table>

Dosage 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 0.0003/0.005 (0.00044 rem/mCi).

HOW SUPPLIED

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of biphasite, stannous chloride dihydrate and sodium glucophosphate dihydrate, together with a package insert and adverse event reporting cards. Kits are available in packs of 5 vials.

Storage

Store the kit in a refrigerator at 2 to 8°C (36 to 46°F). The reconstituted solution injection at 20-25°C (68 to 77°F), using appropriate radiation shielding, for up to 6 hours.

The kit should be protected from light.

BIBLIOGRAPHY

Upon Suspicion of Pulmonary Malignancy

NeoTect, a noninvasive nuclear imaging agent, characterizes pulmonary masses as being rich in somatostatin receptors.1,2

- Many malignant pulmonary masses and some inflammatory processes overexpress somatostatin receptors (SSTRs)1
- For use 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

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

NeoTect, like other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.1

Please see brief summary of prescribing information on following page.
Brief Summary of Prescribing Information

DESCRIPTION
NeoTect™ (kit for the Preparation of Technetium Tc 99m Depreotide Injection) is intended for use in the preparation of Technetium Tc 99m Depreotide, a diagnostic radiopharmaceutical to be used by intravenous injection. Each vial contains a sterile, non- pyrogenic lyophilized mixture of 50 μCi of Depreotide, 5 mg of sodium glucophosphate 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 administered, 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 Depreotide 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 Depreotide binds to somatostatin receptors, caution should be exercised when administering this drug to patients with insulinomas. NeoTect™, as other small peptides, may induce hypersensitivity reactions or anaphylactic reactions. Adequate treatment provisions, including resuscitation supplies, should be available for immediate use. In preliminary studies of 18 subjects, NeoTect™ did not produce increases in IgG or IgM production 3 weeks following injection. Other immune parameters such as eosinophils, other immunoglobulins, complement, lymphocytes or cytokines were not studied.

Technetium Tc 99m Depreotide Injection, like other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize radiation exposure to clinical personnel. Care should also be taken to minimize radiation exposure to the patient consistent with proper patient management.

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

Urinary excretion of radioactivity occurs primarily during the first 4 hours following injection. These 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 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), white blood cell count, and eosinophil count following administration of Technetium Tc 99m Depreotide Injection.

Drug Interaction
Drug interactions were noted in clinical studies in which Technetium Tc 99m Depreotide 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 Depreotide Injection or with deprecotide were negative: Salmonella/E. coli reverse mutation assay, in vitro mouse lymphoma assay and with no metabolic activation, and in vivo mouse micronucleus assay.

Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Depreotide Injection. It is not known whether Technetium Tc 99m Depreotide Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Depreotide 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 deprecotide to determine its excretion in human milk. Technetium Tc 99m Pertechnetate is excreted in human milk. It is not known whether Technetium Tc 99m Depreotide Injection is excreted in human milk. Caution should be exercised when Technetium Tc 99m Depreotide Injection is administered to a nursing woman. Wherever possible, infant formula should be substituted for breast milk until the technetium has been eliminated.

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 15.0 to 20.0 mCi Technetium Tc 99m labeled to approximately 50 μCi of deprecotide. Of these adults, 58% were men and 42% women. The mean age was 58.0 years (18-86 years). Deaths did not occur during the clinical study period. After Technetium Tc 99m Depreotide Injection, serious adverse events were not reported.

At least one adverse event occurred in 29/97 (4.5%) patients after Technetium Tc 99m Depreotide Injection. Headache was the most commonly reported adverse event (1% of patients). Table 8 lists adverse events reported in 0.5% or more of patients who received Technetium Tc 99m Depreotide Injection.

PHARMACOLOGICAL PROPERTIES
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.

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 μCi of Technetium Tc 99m radiolabeled Depreotide peptide.

Patients should drink at least an 8 oz. glass of water prior to drug administration.

The contents of Kit for the Preparation of Technetium Tc 99m Depreotide Injection are intended only for use in the preparation of Technetium Tc 99m Depreotide 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 of Technetium Tc 99m Depreotide Injection for further details.)

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
Scans 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 9. The values are listed in descending order as rad/mCi and mGy/mCi and assume urinary bladder emptying at 4.8 hours.

Table 9
<table>
<thead>
<tr>
<th>Target Organ</th>
<th>rad/mCi</th>
<th>mGy/mCi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.16</td>
<td>0.042</td>
</tr>
<tr>
<td>Liver</td>
<td>0.078</td>
<td>0.021</td>
</tr>
<tr>
<td>Heart</td>
<td>0.054</td>
<td>0.014</td>
</tr>
<tr>
<td>Bone</td>
<td>0.045</td>
<td>0.015</td>
</tr>
<tr>
<td>Lung</td>
<td>0.053</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>0.033</td>
<td>0.0089</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.031</td>
<td>0.0084</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.019</td>
<td>0.0006</td>
</tr>
<tr>
<td>Upper Large intestine</td>
<td>0.019</td>
<td>0.0066</td>
</tr>
<tr>
<td>Ovary</td>
<td>0.016</td>
<td>0.0042</td>
</tr>
<tr>
<td>Lower Large intestine</td>
<td>0.0088</td>
<td></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 Depreotide, stannous chloride dihydrate, sodium glucophosphate dihydrate and edetate disodium dihydrate. Kits are available as individual vials or as packs of five.

NDC 4570-511-10 - single vial
NDC 4570-511-05 - five vial pack

STORAGE
Store the kit at 5°C to 30°C (41°F to 86°F) using appropriate radiation shielding. Use within 5 hours of reconstitution.

The kit should be protected from light.

No Only
Distributed by: Diatex, Inc.
8 Delta Drive
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REVISED AUGUST 1999

REFERENCES

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


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MYOVIEW™

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

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

DESCRIPTION
The Med-Physica Myoview kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin injection to be used for the scintigraphic delineation of regions of reversible myocardial ischemia in the presence or absence of... (text continues)

CLINICAL PHARMACOLOGY

GENERAL
When technetium Tc99m pertechnetate is added to tetrofosmin in the presence of stannous... (text continues)

CLINICAL TRIALS
A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason... (text continues)

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 ischemic myocardium.

CONTRAINDICATIONS
None known.

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

PRECAUTIONS

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

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

As with all injectable drug products, allergic reactions and anaphylaxis may occur. Sometimes Tc99m labeled myocardial imaging agents may produce planar and SPECT images with different imaging information.

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

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

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

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies have not been conducted to evaluate carcinogenic potential or effects on fertility. Tetrofosmin... (text continues)

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

Nursing Mothers
Technetium Tc99m pertechnetate can be excreted in human milk. Therefore, formula should be substituted for breast milk until the technetium has cleared from the body of the nursing woman.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS
Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 58.7 years (range 26-94 years). The subjects received a mean dose of 7.67 mCi on the first injection... (text continues)

DOSE AND ADMINISTRATION
For exercise and rest imaging, Myoview™ is administered in two doses:

1. The first dose of 5-6 mCi (185-256 MBq) is given at peak exercise.
2. The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest.

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

RADIATION DOSIMETRY
Based on human data, the absorbed radiation doses to an average human adult (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in the following table. The values are listed in descending order as rad/cm² and mGy/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 rad/cm²</th>
<th>mGy/MBq</th>
<th>Rest rad/cm²</th>
<th>mGy/MBq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gall bladder wall</td>
<td>0.123</td>
<td>33.2</td>
<td>0.180</td>
<td>48.6</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
<td>20.1</td>
<td>0.113</td>
<td>30.4</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.058</td>
<td>15.6</td>
<td>0.071</td>
<td>19.3</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
<td>15.3</td>
<td>0.082</td>
<td>22.2</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
<td>12.1</td>
<td>0.063</td>
<td>17.0</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
<td>10.4</td>
<td>0.046</td>
<td>12.5</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>0.030</td>
<td>8.04</td>
<td>0.043</td>
<td>11.6</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
<td>7.88</td>
<td>0.035</td>
<td>9.55</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
<td>7.34</td>
<td>0.031</td>
<td>8.36</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
<td>6.23</td>
<td>0.021</td>
<td>5.58</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
<td>5.00</td>
<td>0.018</td>
<td>4.98</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
<td>4.60</td>
<td>0.017</td>
<td>4.63</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
<td>4.34</td>
<td>0.022</td>
<td>5.83</td>
</tr>
<tr>
<td>Adrenal</td>
<td>0.016</td>
<td>4.34</td>
<td>0.015</td>
<td>4.11</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
<td>4.14</td>
<td>0.015</td>
<td>3.93</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
<td>4.14</td>
<td>0.015</td>
<td>3.97</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
<td>4.12</td>
<td>0.014</td>
<td>3.82</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
<td>3.52</td>
<td>0.012</td>
<td>3.32</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
<td>3.41</td>
<td>0.011</td>
<td>3.05</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
<td>3.22</td>
<td>0.015</td>
<td>4.15</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.012</td>
<td>3.11</td>
<td>0.009</td>
<td>2.54</td>
</tr>
<tr>
<td>Brain</td>
<td>0.010</td>
<td>2.72</td>
<td>0.008</td>
<td>2.15</td>
</tr>
<tr>
<td>Legs</td>
<td>0.008</td>
<td>2.27</td>
<td>0.006</td>
<td>2.06</td>
</tr>
<tr>
<td>Skin</td>
<td>0.008</td>
<td>2.22</td>
<td>0.007</td>
<td>1.91</td>
</tr>
<tr>
<td>Breasts</td>
<td>0.008</td>
<td>2.22</td>
<td>0.007</td>
<td>1.83</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No 1: New Society of Nuclear Medicine, 1976). Effective dose equivalents (EDE) were calculated in accordance with ICRP 66 (1990, ICRP 18 (1-4,1988) and gave values of 8.61 x 10⁻³ mSv/MBq and 1.12 x 10⁻³ mSv/MBq after exercise and rest, respectively.

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NMP Research Grant
Nihon Medi-Physics Co., Ltd. (NMP) is a Japanese company engaged in the development, manufacturing and sale of in vivo short half-life radiopharmaceuticals. NMP announces the availability of financial support for research and development projects intended to discover new radiopharmaceuticals and radionuclide-related devices for in vivo diagnostic and/or therapeutic applications.

Grants of up to US $100,000 will be awarded for 2000/2001. Grants may be used to support the research and/or salary of the researcher for a 12-month project. Applications for extension will be considered.

An independent Scientific Advisory Board within and outside NMP will review applications. For more information or an application form, please contact:

Nihon Medi-Physics Co., Ltd.
California Office
2200 Powell St., Suite 765
Emeryville, CA 94608
Fax: (510) 420-8927
E-mail: jw@ao.com
or akiharu_otake@men.com

Application deadline: June 30, 2000
Funding announcements: by mail
Fund available: from October 2000

Assistant/Associate/Full Professor
Nuclear Medicine
The University of Washington (#010700)
The University of Washington, Department of Radiology, Division of Nuclear Medicine is seeking an academic physician specializing in Nuclear Medicine. The successful candidate should be able to work at a supervisory level in the areas of: Nuclear Cardiology, including stress testing; general clinical Nuclear Medicine; Clinical PET including oncologic, cardiac, and neurologic applications; and diagnosis and management of thyroid diseases including thyroid cancer. In addition, the candidate must be capable of performing independent research in Nuclear Medicine. Candidates for this position must be board certified in Nuclear Medicine, have teaching experience in both Nuclear Medicine and the basic sciences associated with Nuclear Medicine, and have greater than two years of experience in an academic radiology department. Responsibilities include the clinical practice, instruction of medical student, residents and fellows in Nuclear Medicine, and the generation and conduct of fundable research projects (the expectation is that at least half of this position will be supported by sponsored research). The position carries a faculty appointment at the rank of Assistant Professor, Associate Professor or Professor, with salary commensurate with qualifications and experience.

Address inquiries and current curriculum vitae to:
Janet Eary, MD, Director
Division of Nuclear Medicine, Department of Radiology
Box 357115
University of Washington
Seattle, WA 98195-7115

The University of Washington is building a culturally diverse faculty and strongly encourages applications from female and minority candidates.

The University of Washington is an Affirmative Action/Equal Opportunity employer.
Research Positions in the Imaging Sciences Program at the National Institutes of Health (Equivalent to Assistant Professor)

The Imaging Sciences Program at the National Institutes of Health (NIH) is accepting applications for two-year research fellowship positions at the Assistant Professor level beginning July 2000 and July 2001. This training program provides opportunities in clinical and basic imaging research available in the Departments of Diagnostic Radiology, Nuclear Medicine, Positron Emission Tomography, and the Laboratory of Diagnostic Radiology Research. The program emphasizes research in all aspects of clinical and imaging sciences and image processing. Applicants can choose to work in areas of research including: Neuroimaging, Interventional, Oncological, Vascular and Metabolic Imaging using various imaging techniques as well as basic areas of research in Magnetic Resonance Imaging and Spectroscopy, MR Microscopy, unique PET Radioligands as probes for receptors, specific uptake and metabolic pathways, Targeted Contrast Agent development and evaluation for Molecular Imaging, Tissue Perfusion and Metabolism, and innovative image processing and visualization algorithms. Qualified applicants will also be able to have clinical exposure to a unique research patient population found at the NIH. Fellows in the Imaging Sciences Program have access to state-of-the-art imaging and computer facilities dedicated to research found in the Clinical Center, In Vivo NMR Research Center, and basic science laboratories including both “hot” and “cold” wet chemistry labs and tissue culture facilities.

Applicants who have completed Radiology, Nuclear Medicine, or other imaging Subspecialty post-residency or post-doctoral training are encouraged to apply. U.S. citizenship or permanent residency is required for these full-time appointments. Salary will vary with a potential up to $117,000 depending upon qualifications including years post-residency or graduate training or experience. NIH also provides a generous benefit package. Qualified Applicants may also be eligible for the NIH Student Loan Repayment program that will pay from $5,000 to $35,000 per year for two years in the Training Program.

*Candidates should submit a Curriculum Vitae, at least 3 letters of reference, and a statement of research interests to:*

Joseph A. Frank, MD, Chief
Laboratory of Diagnostic Radiology Research
National Institutes of Health
Building 10, Room B1N256
10 Center Drive MSC 1074
Bethesda, Maryland 20892-1074
Fax: (301) 402-3216
E-mail: jafrank@helix.nih.gov

*NIH is an Equal Opportunity Employer*
Nuclear Medicine Faculty Position

The Department of Radiology at The University of Iowa College of Medicine has an opening for a Nuclear Medicine physician. This position is full-time, open rank and can be either tenure-track or non-tenure clinical track. One of the largest teaching hospitals in the country, The University of Iowa Hospitals and Clinics provides research and clinical facilities—a PET Center, state-of-the-art nuclear imaging equipment, and extensive image processing capabilities. Applicants must be certified in Nuclear Medicine and preferably in diagnostic radiology. PET expertise, administrative experience, and strong evidence of scientific productivity including extramurally funded research are desirable. Women and minority candidates are encouraged to apply.

Send resume and cover letter to:
Michael Graham, MD
Professor and Director
The University of Iowa
Department of Radiology, Division Nuclear Medicine
200 Hawkins Drive
Iowa City, IA 52242

The University of Iowa is an Affirmative Action/Equal Opportunity Employer

Nuclear Medicine Technologist

Full-time, 40 hour position in a brand new, state of the art department. Qualified applicants will have ARRT(N) or certified by the NMTCB in Nuclear Medicine and licensed by the State of Maine. Responsible for performing nuclear medicine procedures including Nuclear Cardiology. Knowledge on operation of nuclear medicine equipment to include computer software operation and general computer knowledge. Bangor is centrally located in the Vacationland State well known for its four seasons. An abundance of outdoor sports is available including hiking, skiing, snowmobiling, boating, swimming, camping. A shopping Mall complex is located in Bangor and in 2 1/2 hours you can be in Portland, Canada or along the rugged coast of Maine.

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Call for Papers

The Journal of Nuclear Medicine (JNM)

Members and nonmembers are invited to submit papers for publication in the JNM. Papers reporting results from clinical and research investigations of all specialties are welcome. Brief communications detailing preliminary research results in an abridged paper are especially desired. JNM is indexed in Index Medicus and on MEDLINE.

Information for authors is available at:
www.snm.org/pdf/infoauth_999.pdf

Please forward submissions to:
Martin P. Sandler, MD
The Journal of Nuclear Medicine
Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190-5316

SOCIETY OF NUCLEAR MEDICINE

Interested in Placing an Advertisement?

To place a classified advertisement in the JNM or JNMT please e-mail or fax the copy to the Advertising Department who will furnish an estimate. Hospital and company logos are accepted electronically for an additional charge. Line ads are $30 per line.

For display rates contact Stacey Silver at:

Phone: (703) 326-1183
Fax: (703) 708-9018

BONUS
Job postings may be added to the SNM website free of charge.
Call for details.
Nuclear Medicine Physician

Brigham and Women's Hospital, an affiliate of Harvard Medical School, is currently recruiting for a full time physician in the Department of Nuclear Medicine. Applicants must be experienced in general nuclear medicine as well as nuclear cardiology. The department performs 10,000 studies per year and provides a stimulating academic and research environment. Successful candidates will be eligible for academic appointment at Harvard Medical School.

Interested candidates should send their CV to:
Finn Manntting, MD
Brigham and Women's Hospital
Department of Nuclear Medicine
75 Francis Street
Boston, MA 02115
fmanntting@medscape.com

Chairman of Department of Nuclear Medicine

The Division of Nuclear Medicine at the Cleveland Clinic Foundation is recruiting a Chairman of the Department of Nuclear Medicine as a full time staff position. The Cleveland Clinic provides research and clinical facilities, including a radiology residency program, PET scanning and a full complement of nuclear imaging capabilities. The Cleveland Clinic Foundation is a multi-specialty group practice and teaching hospital consisting of a main campus and affiliated regional hospitals within the Cleveland Clinic Health System. Candidates should be certified in Diagnostic Radiology and have Special Competency Certification in Nuclear Radiology. Administrative experience and a demonstrated commitment to scientific productivity are essential.

Interested candidates should send a cover letter and curriculum vitae to:
Gordon R. Bell, MD (Head of Search Committee)
Department of Orthopaedic Surgery-Desk A-41
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195

Nuclear Radiology Tech

Providence Hospital and Medical Center in Southfield, MI, offers excellent radiology jobs in our state-of-the-art Diagnostic Imaging Dept. The Nuclear Radiology Tech must be a graduate of a Nuclear Medicine Technology program. Registered through ARRT, RT(N), or NMTCB, or registry eligible. $1,000 sign-on bonus for Full Time. We offer a competitive pay structure with excellent benefits.

For consideration, send resume to:
Providence Hospital
Employment Services
15900 W. Nine Mile Rd
Southfield, MI 48075
Fax: (248) 424-5437
E-mail: recruiter@providence-hospital.org
(No relocation available)

Nuclear medicine procedures are your specialty—
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We're continually finding new ways to use nuclear medicine to diagnose and treat illness. **How can you be sure you've got the latest information to conduct these procedures safely and effectively?**

It's easier than you might think. Spend just a few days at the world's largest event devoted exclusively to nuclear medicine and come away with a solid review of established practices and discover future directions of the field. Hear from leading experts, swap ideas with peers, and meet the vendors whose products offer solutions to even your most pressing challenges.

To obtain more information, visit our website 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.
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