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- FDG Distribution
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- Referral Marketing
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*Product is a work-in-progress and not commercially available.
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FOR PET IMAGING

RDS-111 Cyclotron

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The keenest eye in functional imaging.
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Localization of disease has long remained an elusive diagnostic factor — until now.

The Millennium VG Hawkeye not only detects the presence of disease, it utilizes Functional Anatomic Mapping to identify its location.

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Simply put, Hawkeye has the potential to change the way you manage patients.

What's more, this GE exclusive is available as an upgrade to existing VG systems, giving you an attractive, cost-effective route to an extraordinary new technology.

Hawkeye is the ultimate version of GE's Millennium VG Series. Based on a premium all-digital, variable-geometry, dual-detector nuclear platform already enhanced with breakthrough technologies, our three Millennium VG systems give you total clinical flexibility today and tomorrow.

Millennium VG Hawkeye. Form and function in a single device — with a keen eye on your future.
CONTROL THE PROCEDURE
Precisely.

During SPECT imaging with pharmacologic stress, you don't want any surprises from your vasodilator.

Adenoscan—clockwork precision.

Its rapid action and ultra-short half-life (<10 sec.) mean that you're in control of your procedure. In general, Adenoscan's effects are well tolerated and spontaneously resolve after infusion.

It's predictable. It's reliable.

Adenoscan gives you pharmacologic stress precisely the way you want it.

Control with confidence

Intravenous Adenoscan® (adenosine injection) is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately.

Side effects that were seen most often included flushing (44%), chest discomfort (40%), and dyspnea (28%). Side effects are seldom serious, usually resolve quickly when infusion is terminated, and generally do not interfere with test results.

Despite the short half-life of adenosine, 10.6% of the side effects occurred not with the infusion of Adenoscan but several hours after the infusion terminated. Also, 8.4% of the side effects that began coincident with the infusion persisted for up to 24 hours after the infusion was complete. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

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

For Intravenous Infusion Only

DESCRIPTION

Adenoscan is an endogenous nucleoside occurring in all cells of the body. It is chemically 6-amin-9-beta-D-ribofuranosyl-9-H-purine.

Adenoscan is a white crystalline powder. It is soluble in water and practically insoluble in alcohol. Solubility increases by warming and lowering the pH of the solution.

Each Adenoscan vial contains a sterile, non-pyrogenic solution of adenosine 3 mg/ml and sodium chloride 9 mg/ml. In Water for Injection, q.s. The pH of the solution is between 4.5 and 7.5.

INDICATIONS AND USAGE:

Intravenous Adenoscan is indicated as an adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately. (See WARNINGS.)

CONTRAINDICATIONS:

Intravenous Adenoscan should not be administered to individuals with:

1. Second- or third-degree AV block (except in patients with a functioning pacemaker).
2. Sinus node dysfunction, such as sick sinus syndrome or symptomatic bradyarrhythmias (except in patients with a functioning pacemaker).
3. Known or suspected bronchoconstrictive or bronchospastic lung disease (e.g., asthma).
4. Known hypersensitivity to adenosine.

WARNINGS:

Fetal Cardiac Arrest, Life-Threatening Ventricular Arrhythmias, and Myocardial Infarction

Fetal cardiac arrest, sustained ventricular tachycardia (requiring resuscitation), and nonfatal myocardial infarction have been reported coincident with Adenoscan infusion. Patients with unstable angina may be at greater risk. Appropriate resuscitative measures should be available.

Slow Cardiac and Abdominal Vascular Block

Adenoscan elicits a direct depressant effect on the SA and AV nodes and has the potential to cause first-, second- or third-degree AV block, or sinoatrial arrest. Approximately 6.5 to 11% of patients develop AV block with Adenoscan, including first-degree (2.3%), second-degree (2.9%) and third-degree (0.3%) heart block. First degrees of AV block have been asymptomatic, transient, and did not require intervention. Adenoscan can cause bradycardia. Adenoscan should be used with caution in patients with pre-existing first-degree AV block or bundle branch block and should be avoided in patients with high-grade AV block or sino node dysfunction (except in patients with a functioning pacemaker). Adenoscan should be discontinued in any patient who develops persistent or symptomatic high-grade AV block. Sustained pauses have been rarely observed with adenosine infusion.

Hypotension

Adenoscan is a potent peripheral vasodilator and can cause significant hypotension. Patients with an intact baroreceptor reflex mechanism are able to maintain blood pressure and tissue perfusion in response to Adenoscan by increasing heart rate and cardiac output. However, Adenoscan should be used with caution in patients experiencing autonomic dysfunction, and in patients with cardiovascular disease, peripheral or cerebral inflations, severe cardiac arrhythmias, disease with cardiogenic shock, or uncontrolled hypertension, due to the risk of hypotensive complications in these patients. Adenoscan should be administered cautiously to any patient who develops persistent or symptomatic hypotension.

Hepatotoxicity

Increases in serum and cardiac pressure have been observed (as great as 180 mm Hg in toxic in one case) concurrent with Adenoscan infusion. Most increases resolved spontaneously within several minutes, but in some cases, hypertension lasted for several hours.

Bronchoconstriction

Adenoscan is a bronchoconstrictor (probably through activation of carotid body chemoreception) and intravenous administration in man has been associated with bronchospasm and bronchoconstriction. Approximately 29% of patients experience hypersensitivity symptoms (e.g., urticaria) or an urge to breathe deeply with Adenoscan. These respiratory complaints are transient and only rarely require intervention.

Adenoscan administered by inhalation has been reported to cause bronchoconstriction in asthmatic patients, presumably due to mast cell degranulation and histamine release. These effects have not been observed in normal subjects. Adenoscan has been administered to a limited number of patients with asthma and mild to moderate exacerbation of their symptoms have reported. Respiratory complaints have occurred during adenose in patients with obstructive pulmonary diseases. Adenoscan should be used with caution in patients with obstructive lung disease not associated with bronchospasm (e.g., emphysema, bronchitis, etc.) and should be avoided in association with bronchoconstriction or bronchospasm (e.g., asthma). Adenoscan should be discontinued in any patient who develops severe respiratory difficulties.

PRECAUTIONS:

Drug Interactions

Adenoscan infusion has been given with other cardioactive drugs (such as beta adrenergic blocking agents, cardiotonic glycosides, and calcium channel blockers) without apparent adverse interactions, but all effectiveness with these drugs has not been systematically evaluated. Significant additive effects on blood pressure or depression in the SA and AV nodes, however, Adenoscan should be used with caution in the presence of these agents. The vasodepressor effects of Adenoscan are blocked by adenosine receptor antagonists, such as theophylline. (See CLINICAL PHARMACOLOGY: Pharmacokinetics.)

The safety and efficacy of Adenoscan in the presence of these agents or in patients who have been systemically evaluated. Wherever possible, drugs that might inhibit or augment the effects of Adenoscan should be withheld for at least five half lives prior to the use of Adenoscan.

Cardiovascular, Malignant Neoplasms, Impairment of Fertility

Studies in animals have not been performed to evaluate the carcinogenic potential of Adenoscan. Adenoscan was negative for genotoxic potential in the Salmonella Ames Test and Mammalian Micronucleus Assay.

Adenoscan, however, like other nucleosides at millimolar concentrations prevent for several doubling times of cells in culture, is known to produce a variety of chromosomal alterations in rats and mice, adenocarcinoma administered intraperitoneally once a day for five days at 50, 100, and 150 mg/kg (10-fold less to 9-15 times human dose on a mg/m² basis) caused decreased spermatogenesis and increased numbers of abnormal sperm, a reflection of the ability of adenosine to produce chromosomal damage.

Pregnancy Category C

Animal reproduction studies have not been conducted with Adenoscan; nor have studies been performed in pregnant women. Because it is not known whether Adenoscan can cause fetal harm when administered to pregnant women, Adenoscan should be used during pregnancy only if clearly needed.

Pediatric Use

The safety and effectiveness of Adenoscan in patients less than 18 years of age have not been established.

ADVERSE REACTIONS:

The following reactions with an incidence of at least 1% were reported with intravenous Adenoscan among 1421 patients enrolled in controlled and uncontrolled U.S. clinical trials. Despite the short half-life of adenosine, 10.9% of the side effects observed occurred with the infusion of Adenoscan but several days after the infusion terminated. Also, 6.6% of the side effects were observed 30 to 60 minutes after the infusion was complete. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

Rash

44% Urticarial/urticarial pruritus 13% Second-degree AV block 3% Rash, urticarial-like eruptions

Cheek discomfort 40% Lightheadedness/dizziness 12% Pruritis 2% Dyspnea or urge to breathe deeply 28% Seizures 4% Hypotension 2%

Headache

12% Upset stomach 3% Neurological 1%

Nausea

15% Nausea 3% Pruritis 1%

Adverse experiences of any severity reported in less than 1% of patients include:

Body as a Whole: back discomfort; bone or joint discomfort; weakness; coldness; dryness; fatigue; clinically significant; flushing; pruritus; chills; rash; plethora; urticaria; angioedema; myalgia; fatigue; chills; fever; hematoma; edema; back pain; chest discomfort; abdominal pain; pancreatitis; chest pain; chest tightness; chest discomfort; fever.

Cardiovascular System: tachycardia; chest pain; heart rate change; pulse pressure change; peripheral arterial disease; angina pectoris; congestive heart failure; myocardial infarction; cardiac arrhythmias; hypertension; syncope; hypotension; bradycardia; cardiac arrest; peripheral vasoconstriction; pulmonary embolism; stroke; thallium-201 uptake.

Central Nervous System: dizziness; emotional instability; tremors.

General/Psychiatric System: vagal pressure; urgency.

Respiratory System: cough.

Sensory System: blurred vision; dry mouth; ear discomfort; metallic taste; nasal congestion; strabismus; tongue discomfort.

OVERDOSE:

The half-life of adenosine is less than 10 seconds and side effects of Adenoscan usually resolve within the period during which the infusion is being administered. Methadone, caffeine, or theophylline have been used to effectively terminate adverse side effects. In controlled U.S. clinical trials, theophylline (50-120 mg slow intravenous injection) was used to abort Adenoscan side effects in less than 2% of patients.

DOSEAGE AND ADMINISTRATION:

For intravenous infusion only.

Adenoscan should be given as a continuous peripheral intravenous infusion.

The recommended intravenous dose for adults is 140 mg/min infused for 4 minutes (total dose of 0.84 mg/kg).

The total dose of thallium-201 should be injected at the end of the Adenoscan infusion (i.e., after the first three minutes of Adenoscan). The dose of thallium-201 is compatible with Adenoscan and may be injected directly into the Adenoscan infusion set.

The injection should be as close to the venous access as possible to prevent an inadvertent increase in the dose of Adenoscan (the contents of the N Sunus is estimated). There are no data on the safety or efficacy of alternative Adenoscan infusion protocols.

The safety and efficacy of Adenoscan administered by the intravenous route have not been established.

Nuleo Peripherals: drug products should be inspected visually for particulate matter and discoloration prior to administration.

Ro only

Fujiwara Healthcare, Inc.
Deerfield, IL 60015

47001/Revised: April 2000
As a specialist in nuclear medicine, you understand the value that partnering can bring to your patients. Combining your knowledge and experience with the right equipment, products, and supplies, you create a synergy of elements that offers the best chance for successful diagnosis and treatment.

**Synergy for Better Patient Care**
Berlex Imaging understands your drive to enhance diagnostic and therapeutic performance to deliver your patients the highest level of care. Sharing these same goals, Berlex Imaging has recently created an alliance to raise the level of excellence in nuclear medicine imaging and therapy. Each partner brings a variety of strengths to this alliance:

- **Berlex Imaging** introduced the first MRI intravenous contrast agent and is the undisputed market leader. Central to the philosophy at Berlex Imaging is personal involvement in the fields it serves, as evidenced by its outstanding record of continuing education and customer service programs.
- **Diatide** has pioneered innovative peptide engineering and technetium radiolabeling chemistry, producing “smart drug” technology to “find-fight-follow”™ disease.
- **CIS-US** is a leading supplier of traditional radiopharmaceuticals for the diagnosis and treatment of tumor pathologies and diseases of major organ systems.

**Furthering Our Commitment to Nuclear Medicine**
This new alliance, under the Berlex Imaging name, is committed to continued advancements in nuclear medicine diagnostics and therapies. Berlex Imaging is dedicated to bringing you “everything you need to see,” from radiology to nuclear medicine, and beyond.
AcuTect offers a greater measure of confidence, especially in difficult, time-consuming cases of suspected Deep Vein Thrombosis.

As the first imaging modality to target acute DVT, AcuTect increases your ability to detect dangerous clots in patients with signs and symptoms. AcuTect represents an option for increased confidence — particularly vs. ultrasound — when you’re faced with difficult patient types, such as the obese, or those with deep iliac clots, immobility, casts, or other constraints. AcuTect finds its target, binding preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets. And that means rapid and specific detection of acute DVT — with greater throughput.

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.
ADVERSE REACTIONS

Adverse events were evaluated in clinical studies of 642 adults who received technetium Tc 99m mci labeled to approximately 70–100 μg of bibiopicid. Of these adults, 40% were women and 54% men. The mean age was 57 years (17 to 95 years) at the time of patients, adverse events were monitored for at least 3 hours. In a subset of 180 patients, adverse events were monitored for 24 hours. Deaths did not occur during the clinical study period. Following injection of technetium Tc 99m mci, a serious episode of hypotension occurred in one patient who had acute hypertension 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 26/242 (15%) patients after technetium Tc 99m mci injection. Pain was the most commonly reported adverse event (1.1% of patients or healthy volunteers). Table 1 lists adverse events reported in 0.5% or more of patients who received technetium Tc 99m mci.

### Table 1: ADVERSE EVENTS REPORTED IN 0.5% OR MORE OF PATIENTS FOLLOWING ACUTECTM INJECTION IN CLINICAL STUDIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients Exposed to ACUTECTM</th>
<th>Number of Patients with At Least One Adverse Event</th>
<th>Body As a Whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, back, leg, chest</td>
<td>29 (4.5%)</td>
<td>21 (3.3%)</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>11 (1.7%)</td>
<td>5.6 (9.6%)</td>
<td></td>
</tr>
<tr>
<td>Hypotension</td>
<td>5 (0.8%)</td>
<td>5.0 (9.6%)</td>
<td></td>
</tr>
<tr>
<td>Hypersensitivity</td>
<td>5 (0.8%)</td>
<td>3.6 (6.2%)</td>
<td></td>
</tr>
</tbody>
</table>

Other adverse events which occurred in < 0.5% of patients receiving ACUTECTM included: asthenia, agitation, anxiety, bradycardia, cardiovascular disorder, chills, convulsions, dizziness, fever, hypotension, injection site reaction, liver enzyme elevation, nausea, pallor, pruritus, pruritus, distress, tachycardia, twitch, urticaria, and vomiting.

### DOSAGE AND ADMINISTRATION

To detect acute venous thrombosis in a lower extremity, reconstituted ACUTECTM should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 μg of bibiopicid radiolabeled with 20 μCi of technetium 99m.

Technetium Tc 99m mci should be drawn into the syringe and administered using sterile technique. If nondisposable equipment is used, opacification care should be taken to prevent residual contamination with traces of cleartid agents.

Unused portions of the drug must be discarded appropriately. (See Instructions for Preparation Section of Full Product Information.)

### Nuclear Imaging

ACUTECTM imaging should begin between 10 and 60 minutes after injection. Patients should visit just before imaging in order to limit the influence of urinary bladder radioactivity since technetium Tc 99m mci is cleared from the blood by the kidneys. If it is determined that imaging needs to be repeated, additional images may be obtained up to 180 minutes without reinjection. The safety of more than one dose has not been studied.

Positive ACUTECTM uptake in the deep venous structures is defined as asymmetric vascular uptake (with or without superimposed diffuse uptake) in contrast enhanced images, and asymmetry in both anterior and posterior projections. If asymmetry appears only after extreme contrast enhancement, then diffuse asymmetry must also be present for scoring an image as positive. Superficial increased uptake is not to be interpreted as acute deep venous thrombosis.

### Radiation Dosing

Based on human data, the absorbed radiation dose to an average adult (70 kg) from an intravenous injection of technetium Tc 99m mci are listed in Table 2. The values are listed in descending order as mrad/mCi and mrad/mL/kg and assume urinary excretion of 4.8 hours.

### Table 2: Radiation Absorbed Doses for a 70kg Adult

<table>
<thead>
<tr>
<th>Target Organ</th>
<th>mrad/mCi</th>
<th>mrad/mL/kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Bladder Wall</td>
<td>0.22</td>
<td>0.00</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.050</td>
<td>0.014</td>
</tr>
<tr>
<td>Upper Large Intestine Wall</td>
<td>0.039</td>
<td>0.010</td>
</tr>
<tr>
<td>Lower Large Intestine Wall</td>
<td>0.037</td>
<td>0.010</td>
</tr>
<tr>
<td>Urinary Bladder Wall</td>
<td>0.034</td>
<td>0.0092</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>0.022</td>
<td>0.0080</td>
</tr>
<tr>
<td>Testes/Ovaries</td>
<td>0.0286/0.22</td>
<td>0.0053/0.0063</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>Breathe</td>
<td>0.00800</td>
<td>0.0013</td>
</tr>
</tbody>
</table>

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 1 rev., Soc. Nucl. Med., 1978). Effective dose equivalent was calculated in accordance with ICRP 53 (Ann. ICRP 18, 1-188) and gave a value of 0.00030±mrad/mCi (0.00034 rem/mCi).

### HOW SUPPLIED

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of bibiopicid, stannous chloride dithionate and sodium glucoselamine dithionate, 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). Store the reconstituted injection solution at 25–35°C (77 to 95°F) using appropriate radiation shielding, for up to 6 hours.

### Rx only

Distribution by Diadisc, Inc. and Nycome Amherst 60-010890-A

### References


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Circle Reader Service No. 9

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

Rx ONLY

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

DESCRIPTION

The Medi-Physics Myoview kit is supplied as a pack of five vials for use in the preparation of a technetium Tc99m tetrofosmin intravenous injection to be used for the scintigraphic delineation of regions of reversible myocardial ischaemia in the presence or absence of infarcted myocardium. Each vial contains a predispensed, sterile, non-pyrogenic, lyophilized mixture of 0.23 mg tetrofosmin ([99mTc]ethylenediaminetetraacetate-9-di- phosphonatradecane), 30 μg stannous chloride dihydrate (minimum stannous tin 5.0 μg; maximum total stannous and stannic tin 15.8 μg), 0.32 mg disodium sulphosalicylate and 1.0 mg sodium D-glucurate, 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, a lipophilic, cationic technetium Tc99m complex is formed, Tc99m tetrofosmin. This complex is the active ingredient in the reconstituted drug product, on whose biodistribution and pharmacokinetic properties the indications for use depend.

Clinical Trials

A total of 252 patients with ischemic heart disease or atypical chest pain who had a reason for exercise stress imaging were studied in two open-label, multi-center, clinical trials of Tc99m tetrofosmin (study a and study b). Of these 252 patients there were 212 (84%) males and 40 (17%) females with a mean age of 60 years (range 33.7 to 82.4 years). All peak exercise, maximum heart rate achieved and peak systolic blood pressure were comparable before Myoview and thallium-201 exercise studies.

All patients had exercise and rest planar imaging with Myoview and thallium-201; 191 (76%) patients also had SPECT imaging. The Myoview and thallium-201 images were separated by a mean of 5.1 days (1-14 days before or 2-14 days after Myoview). For Myoview imaging, each patient received 185-296 MBq (5-56 mCi) Tc99m tetrofosmin at peak exercise and 555-888 MBq (15-24 mCi) Tc99m tetrofosmin at rest approximately 4 hours later. For thallium-201 imaging, patients received thallium-201 55.5-74 MBq (1.52-2.0 mCi) at peak exercise.

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

INDICATIONS AND USAGE

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

CONTRAINDICATIONS

None known.

WARNINGS

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

PRECAUTIONS

General

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

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

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

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

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

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

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY

Studies have not been conducted on carcinogenic potential or effects on fertility. Tetrofosmin sulphosalicylate was not mutagenic in vitro in the Ames test, mouse lymphoma, or human lymphocyte tests, nor was it clastogenic in vivo in the mouse micronucleus test.

Pregnancy Category C

Animal reproduction studies have not been conducted with Myoview. It is not known whether Myoview can cause fetal harm when administered to a pregnant woman. Administration to the fetus can cause 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 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.
Providing you with the resources to be successful is ours.

The Society of Nuclear Medicine (SNM) represents the entire nuclear medicine spectrum—from physicians and scientists to technologists and pharmacists. Our members come from a wide variety of specialties related to nuclear medicine, including cardiology, neurology, oncology, pathology and radiology. This diversity truly enables us to be THE world leader in providing knowledge that advances and promotes the use of nuclear medicine. Members enjoy benefits that help them to be leaders and decision-makers in their organizations and in the field at large.

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Molecular Imaging Branch
National Institute of Mental Health

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**Applications should be sent to:**  
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