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- 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

OctreoScan®
Kit for the Preparation of Indium In-111 Pentetreotide

*Gastroentero-pancreatic neuroendocrine tumors
INDICATIONS

Indium 111 pentetreotide is used to detect functioning metastatic tumors含 pharmaceutical.

PRESCRIBING INFORMATION

1. Therapy with octreotide acetate can produce severe hypoglycemia in patients with insulinoma. 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 111 pentetreotide.

2. Patients who are considered to be at high risk for anaphylactic reaction should be given a tablet, capsule, or, if necessary, an injection of antihistamine before and during administration of indium 111 pentetreotide. An intravenous line should be used to administer indium 111 pentetreotide to patients who are known to be at a high risk for developing anaphylactic reactions.

3. Since indium 111 pentetreotide is administered primarily by renal excretion, use in patients with impaired renal function should be carefully considered.

4. To reduce the radiation dose to the thyroid, kidneys, bladder, and other target organs, patients should be well hydrated before the administration of indium 111 pentetreotide. They should increase fluid intake and void frequency in the 24 hours after administration of the drug. In addition, it is recommended that patients be given a mild laxative (e.g., bisacodyl or lactulose) before and after administration of indium 111 pentetreotide (see Dosage and Administration section).

5. Indium 111 pentetreotide should be stored in a deep freezer for use at the concentration indicated for the appropriate clinical use. The product must be used within 6 hours of preparation.

6. Components of the kit are sterile and nonpyrogenic. To maintain sterility, it is essential that directions are followed carefully. Aseptic technique must be used during the preparation and administration of indium 111 pentetreotide.

7. Octreotide acetate and the natural somatostatin hormone may be associated with cholestasis, presumably by altering lipid absorption and possibly by decreasing motility of the gallbladder. A single dose of indium 111 pentetreotide is not expected to cause cholestasis.

8. As with any other radioactive material, appropriate shielding should be used to avoid unnecessary radiation exposure to the patient, occupational workers, and other persons.

9. Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides.

ADVERSE REACTIONS

1. Values listed include a correction for a maximum of 0.1% indium 111 colloid containing the radiotracer.


3. A. Reis, 4.8 hour half-life interval and International Commission on Radiological Protection (ICRP) 30 model for the gastrointestinal tract calculations.

4. Estimated according to ICRP Publication 53.

HOW SUPPLIED

The OctreoScan kit, NDC 0019-9000-40, is supplied with the following components:

1. A 0.10 mL OctreoScan Reaction Vial which contains a lyophilized mixture of:
   - 10 μg Peptide: [N-d(Desp-hemihemine-N,N,N"-lactimetric acid-N"-acetyl)-D-
     phenylalanyl-L-hemicycl-L-phenylalanyl-L-dihydroxybenzoic acid-L-tryptophyl-L-threonyl-L-hemicycl-L-
     threonine cyclic [2-7 dipeptide] (also known as octreotide DTPH).
   - 2.0 μg gentamic acid (2,3-dihydroxybenzonic acid).
   - 4.9 μg lincomycin, anhydrous, and
   - 0.37 mg chloramphenicol, anhydrous, and
   - 10 μg inositol.

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

2. A 0.10 mL of Indium 111 Chloride Sterile Solution, which contains 1.1 mL of 111 MBq/mL (0.3 mCi/mL) indium 111 chloride in 0.02 N HCl at time of calibration. The vial also contains lactic acid at a concentration of 3.5 g/L, (lactic acid, 0.5 g/mL). The vial contents are sterile and nonpyrogenic. No bacteriostatic preservative is present.

In addition, the kit also includes the following items:

1. A 250 μL 0.5×8″ needle (B-D, Monoject) used to transfer Indium 111 Chloride Sterile Solution to the OctreoScan Reaction Vial (2) a pressure sensitive label, and (3) a package insert.

Circle Reader Service No. 110

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M22701

12/97

OctreoScan®
Kit for the Preparation of Indium In-111 Pentetreotide
Upon Suspicion of Pulmonary Malignancy

NeoTect
Kit for the Preparation of Technetium Tc 99m Deproteide Injection

BOUND TO SEE MORE
Noninvasively Characterizes Pulmonary Masses

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.
Therapy

WARNINGS

There are no known immunoglobulins, hydrochloric acid, or sodium nitrate. NeoTect™ is a semisynthetic 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 Deprootide binds to somatostatin receptors, caution should be exercised when administering the drug to patients with insulinomas. NeoTect™, as other small peptides, may induce hyperglycemia reactions or anaphylactic reactions. Adequate treatment provisions, including epinephrine, should be available for immediate use.

Preclinical studies with the subjects. NeoTect™ did not produce increases in IgG or other antibodies in 3-weeks following injection. Other immune parameters such as immunoglobulins, complement, lymphocytes or cytokines were not studied.

Technetium-99m Deprootide Injection, like other radiopharmaceuticals, 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.

Radioisotopes should be used by or under the control of physicians who are qualified by specific training and experience in the use 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. 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 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 Deprootide Injection.

Drug Interactions

Drug interactions were not noted in clinical studies in which Technetium Tc 99m Deprootide 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 Depro tide Injection or with depotivative were negative. Zebrafish/Scherichia coli reverse mutation assay, in vitro mouse lymphoma assay with and without metabolic activation, and in vivo mouse micronucleus assay.

Pregnancy

Pregnancy Category C. Animal reproduction studies have not been conducted with decayed Technetium Tc 99m Depro tide Injection. It is not known whether Technetium Tc 99m Depro tide Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Depro tide 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 depotivative to determine its excretion in human milk. Technetium Tc 99m Perchinate is excreted in human milk. It is not known whether Technetium Tc 99m Depro tide Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m Depro tide Injection is administered to a nursing woman. Whatever 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 18 years have not been established.

ADVERSE REACTIONS

Adverse events were evaluated in clinical studies of 947 adults who received 15.0 to 20.0 mCi Technetium Tc 99m labeled to approximately 50 µg of depotivative. Of these adults, 58% were men and 42% were women. The mean age was 59.8 years (18-96 years).

Deaths did not occur during the clinical study period. After Technetium Tc 99m Depro tide Injection, serious adverse events were not reported. At least one adverse event occurred in 29/947 (4.5%) patients after Technetium Tc 99m Depro tide 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 Depro tide Injection.

Table 8

Adverse Events Reported in greater than or equal to 3% of Patients Following Technetium Tc 99m Depro tide Injection in Clinical Trials

<table>
<thead>
<tr>
<th>Event</th>
<th>Number of Patients Exposed</th>
<th>Number of Patients with At Least One Adverse Event</th>
<th>Total % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>260</td>
<td>257</td>
<td>10.4% (9.2-11.7)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>128</td>
<td>126</td>
<td>5.8% (4.6-7.1)</td>
</tr>
<tr>
<td>Gastrintestinal System</td>
<td>14</td>
<td>12</td>
<td>1.0% (0.3-1.6)</td>
</tr>
<tr>
<td>Nausea</td>
<td>8</td>
<td>8</td>
<td>0.9% (0.2-1.5)</td>
</tr>
<tr>
<td>Vascular (extracranial) Disorder</td>
<td>4</td>
<td>4</td>
<td>0.6% (0.1-1.1)</td>
</tr>
<tr>
<td>flushing</td>
<td>4</td>
<td>4</td>
<td>0.6% (0.1-1.1)</td>
</tr>
</tbody>
</table>

Other adverse events which occurred in <0.5% of patients following administration of NeoTect™ included: arthrosis, back pain, chest pain, diarrhea, fatigue, gait abnormality, glosis, hematoysis, hyporeflexia, 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 Depreotide peptide. Patients should drink at least an 8 oz glass of water before drug administration. The contents of the kit for the Preparation of Technetium Tc 99m Depro tide Injection are intended only for use in the preparation of Technetium Tc 99m Depro tide 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 optimal image interpretation.

RADIATION DOSEMETRY

Based on human data, the absorbed radiation dose to an average human adult (70 kg) from a single intravenous injection of the agent is listed in Table 9. The values are listed in descending order as rad/MBq and milirad/MgBq and assume urinary bladder emptying at 4.6 hours.

Dose calculations were performed using the standard MIRD method (MIRD Pamphlet No. 7, rev., Soc. Nucl. Med., 1979). Effective dose equivalent was calculated in accordance with ICRP 65 (Ann. ICRP 18, 1:4, 1988) and gave a value of 0.023 mSv/MGy (0.064 rad/MGy).

HOW SUPPLIED

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

NDC 04528-511-10 - single vial
NDC 04528-511-05 - five vial pack

STORAGE

Store the kit at <10°C (<14°F). Store the reconstituted injection solution at 20-25°C (68-77°F) using appropriate radiation shielding. Use within 5 hours of reconstitution. The kit should be protected from light.

Rx Only

Distributed by:
Baxter Healthcare
9 Delta Drive
Londonderry, New Hampshire 03053
Revised August 1999

References:
2. Neotect™ is a trademark of Dade, Inc.

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It may not be apparent but he's only inches from disaster

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) llb/llla 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.

AcuTect (Kit for the Preparation of Technetium Tc 99m Apcitide Injection)

The difference is acute.

For more information call 1-877-342-8433 or visit our Web site, www.AcuTect.com

Please see brief summary of prescribing information on back.
**ADVERSE REACTIONS**

Adverse events were evaluated in clinical studies of 942 adults who received technetium Tc 99m Apiclide injection. At least 10 adverse events occurred in 29/942 (3.1%) of patients after technetium Tc 99m apiclide 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 apiclide injection.

**Table 1: Adverse Events Reported in >5% of Patients Following AcuTect™ Injection in Clinical Studies**

<table>
<thead>
<tr>
<th>Event</th>
<th>Number of Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Order</td>
<td>982</td>
</tr>
<tr>
<td>Hypotension</td>
<td>11 (1.1%)</td>
</tr>
<tr>
<td>Headache</td>
<td>5 (0.5%)</td>
</tr>
<tr>
<td>Cardiovascular System</td>
<td>13 (1.3%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>5 (0.5%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3 (0.3%)</td>
</tr>
</tbody>
</table>

Other adverse events which occurred in <0.5% of patients following receipt of AcuTect™ included: aspiration, anaphylaxis, back pain, bradycardia, cardiovascular disorder, chills, convulsions, diarrhea, fever, hypotension, injection site reaction, liver enzyme elevation, nausea, paronychia, pruritis, rash, salivary gland swelling, sweats, vomiting.

**OVERDOSE**

Clinical consequences of overdose with technetium Tc 99m apiclide have not been studied.

**DOSAGE AND ADMINISTRATION**

To detect acute venous thrombosis in a lower extremity, reconstituted AcuTect™ should be administered as a peripheral intravenous injection in an upper extremity, at a dose of approximately 100 μg of binucleotide reconstituted with 25 μCi of technetium Tc 99m.

Technetium Tc 99m apiclide should be drawn into the syringe and administered using sterile technique. If nondisposable equipment is used, scrupulous care should be taken to prevent residual contamination with traces of cleansing agents. Unused portions of the drug must be discarded appropriately. (See Instructions for Preparation Section of Full Product Information.)

**Lower Extremity Imaging**

AcuTect™ imaging should begin between 10 and 60 minutes after injection. Patients should void just before imaging in order to limit the influence of urinary bladder radiotracer since technetium Tc 99m apiclide is cleared from the blood by the kidneys. It is determined that imaging should not begin if residual urine is not cleared from the patient. Posterior AcuTect™ uptake in the deep venous structures is defined as symmetric vascular uptake with (without and 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 may also be present for scoring an image as positive. Suprarenal increased uptake is not to be interpreted as acute deep venous thrombosis.

**RADIATION DOSIMETRY**

Based on human data, the absorbed radiation doses to an average adult (70 kg) from an intravenous injection of technetium Tc 99m apiclide are listed in Table 2. The values are listed in descending order as mrem/mCi and mGy/mCi and assume urinary bladder emptying at 4.8 hours.

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

<table>
<thead>
<tr>
<th>Organ</th>
<th>mrem/mCi</th>
<th>mGy/mCi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Wall</td>
<td>0.016</td>
<td>0.00001</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.050</td>
<td>0.001</td>
</tr>
<tr>
<td>Upper Large Intestine</td>
<td>0.026</td>
<td>0.0007</td>
</tr>
<tr>
<td>Lower Large Intestine</td>
<td>0.027</td>
<td>0.0008</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.024</td>
<td>0.0005</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.022</td>
<td>0.0004</td>
</tr>
<tr>
<td>Testes/Ovaries</td>
<td>0.0031</td>
<td>0.000003</td>
</tr>
<tr>
<td>Lung</td>
<td>0.016</td>
<td>0.0004</td>
</tr>
<tr>
<td>Red Marrow</td>
<td>0.0091</td>
<td>0.00025</td>
</tr>
<tr>
<td>Breast</td>
<td>0.0050</td>
<td>0.00013</td>
</tr>
</tbody>
</table>

**Notes:**

- 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 11, 1-48), 1988 and gave a value of 0.0035mSv/mCi (0.0034 rev/mCi).

**HOW SUPPLIED**

Each kit contains one vial containing a sterile, nonpyrogenic, freeze-dried mixture of technetium-99m stannous chloroacetate and sodium glutathione disulfite, together with a package insert and adverse event reporting cards.

**Storage**

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

**Rx only**

Diatec, Inc.

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Give your nuclear department “rapid clearance” capability with MYOVIEW. MYOVIEW clears quickly from the blood, liver, and lungs1-3 for quality target-to-background ratios and timely imaging (as soon as 15 minutes or up to 4 hours post-injection).1 The clearance properties of MYOVIEW allow for highly flexible camera scheduling and enhanced patient management. Any way you look at it, you’re cleared for efficiency with MYOVIEW.

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. © 1998 Nycomed Amersham

References:

MYOVIEW. The image of efficiency.
Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS
Adverse events were evaluated in clinical trials of 764 adults (511 men and 253 women) with a mean age of 58.7 years (range 29-94 years). The subjects received a mean dose of 7.67 mCi on the first injection and 22.4 mCi on the second injection of MYOVIEW™. Deaths did not occur during the clinical study period of 2 days. Six cardiac deaths occurred 3 days to 6 months after injection and were thought to be related to the underlying disease or cardiac surgery. After MYOVIEW injection, serious episodes of angina occurred in 3 patients. 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, hypertension, Torsades de Pointes, Gastrointestinal: vomiting, abdominal discomfort
- Hypersensitivity: cutaneous allergy, hypotension, dyspnea
- Special Senses: metallic taste, burning of the mouth, smelling something

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.

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

The first dose of 5-8 mCi (185-296 MBq) is given at peak exercise. The second dose of 15-24 mCi (555-888 MBq) is given approximately 4 hours later, at rest. Imaging may begin 15 minutes following administration of the agent.

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

RADIATION DOSIMETRY
Based on human data, the absorbed radiation doses to an average adult human (70 kg) from intravenous injections of the agent under exercise and resting conditions are listed in the following table. The values are listed in descending order as rad/mCi and μGy/MBq and assume urinary bladder emptying at 3.5 hours.

<table>
<thead>
<tr>
<th>Estimated Absorbed Radiation Dose (Technetium Tc99m Tetrofosmin Injection)</th>
<th>Absorbed radiation dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target organ</td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>rad/mCi</td>
</tr>
<tr>
<td>Gall bladder wall</td>
<td>0.122</td>
</tr>
<tr>
<td>Upper large intestine</td>
<td>0.075</td>
</tr>
<tr>
<td>Bladder wall</td>
<td>0.069</td>
</tr>
<tr>
<td>Lower large intestine</td>
<td>0.057</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0.045</td>
</tr>
<tr>
<td>Kidney</td>
<td>0.039</td>
</tr>
<tr>
<td>Saline gauze</td>
<td>0.030</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.029</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.027</td>
</tr>
<tr>
<td>Bone surface</td>
<td>0.023</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.019</td>
</tr>
<tr>
<td>Stomach</td>
<td>0.017</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.016</td>
</tr>
<tr>
<td>Adrenals</td>
<td>0.016</td>
</tr>
<tr>
<td>Heart wall</td>
<td>0.015</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.015</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.015</td>
</tr>
<tr>
<td>Muscle</td>
<td>0.013</td>
</tr>
<tr>
<td>Testes</td>
<td>0.013</td>
</tr>
<tr>
<td>Liver</td>
<td>0.012</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.012</td>
</tr>
<tr>
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Dose calculations were performed using the standard ICRP method (MIRD Pamphlet No. 1 (rev), 2004, Society of Nuclear Medicine, 1996) and effective dose equivalents (EDE) were calculated in accordance with ICRP 89 (2000). ICRP 103 (2007) and 105 (2009) and give values of 8.81 x 10⁻¹ mSv/MCi and 1.12 x 10⁻¹ mSv/MCi after exercise and rest, respectively.

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Nominations should be supported by the nominee’s curriculum vitae and at least two letters supporting the nomination. These letters should briefly describe the contributions in basic science for which the nominee is proposed. The nominee does not need to be a SNM member.

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SOCIETY OF NUCLEAR MEDICINE

NUCLEAR MEDICINE PHYSICIAN

The Department of Radiology at Stanford University is seeking a board certified Nuclear Medicine physician for a full-time faculty member in the Nuclear Medicine Service at the Palo Alto Veterans Affairs Health Care System. Applicants must be a U.S. citizen. The individual will hold an appointment as an Assistant Professor in the Medical Center Line at Stanford University in addition to the primary appointment at the VA. The Nuclear Medicine Service at the VA Palo Alto Hospital was opened in 1999, and is equipped with a dedicated PET scanner, on-site clinical cyclotron, and coincident capable gamma cameras. The individual should be American Board of Radiology certified, have training and experience in single photon and positron emission tomographic imaging, in-vivo and in-vitro general nuclear medicine procedures, as well as radionuclide therapy. The individual will have responsibility for daily clinical activities at the VA, as well as the education and training of residents in Nuclear Medicine and Radiology. The successful candidates will establish a strong clinical research program through collaborative efforts and participation in interdepartmental programs. In addition to the facilities at the VA, interdepartmental resources include a newly established molecular imaging program with plans for a micro-PET and micro-SPECT, a hospital wide PAC’s system, and the establishment of a PET program at Stanford. Stanford University is committed to increasing representation of women and members of minority groups on its faculty and particularly encourages applications from such candidates. Applicants should submit an introductory letter, curriculum vitae and the names and addresses of three references to:

H. William Strauss, MD
Chair Search Committee, Room H0101
300 Pasteur Dr.
Stanford, CA 94305
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