



By eliminating the disadvantages of earlier methods, the Triosorb Sponge has achieved a real breakthrough in thyroid testing. **It is an in vitro test unmatched in accuracy, speed and convenience.**

Accuracy: Because factors such as red blood cells and exogenous iodine have been eliminated from consideration in the Triosorb Test, it is unmatched in accuracy.

Speed: With only 3 washes and no need for double pipettings, shakers, or incubators, the Triosorb Test can be more rapidly performed than any other T-3 test.

Convenience: Triosorb is in a disposable kit ready for immediate use at room temperature, making it the simplest and most convenient thyroid function test to perform.

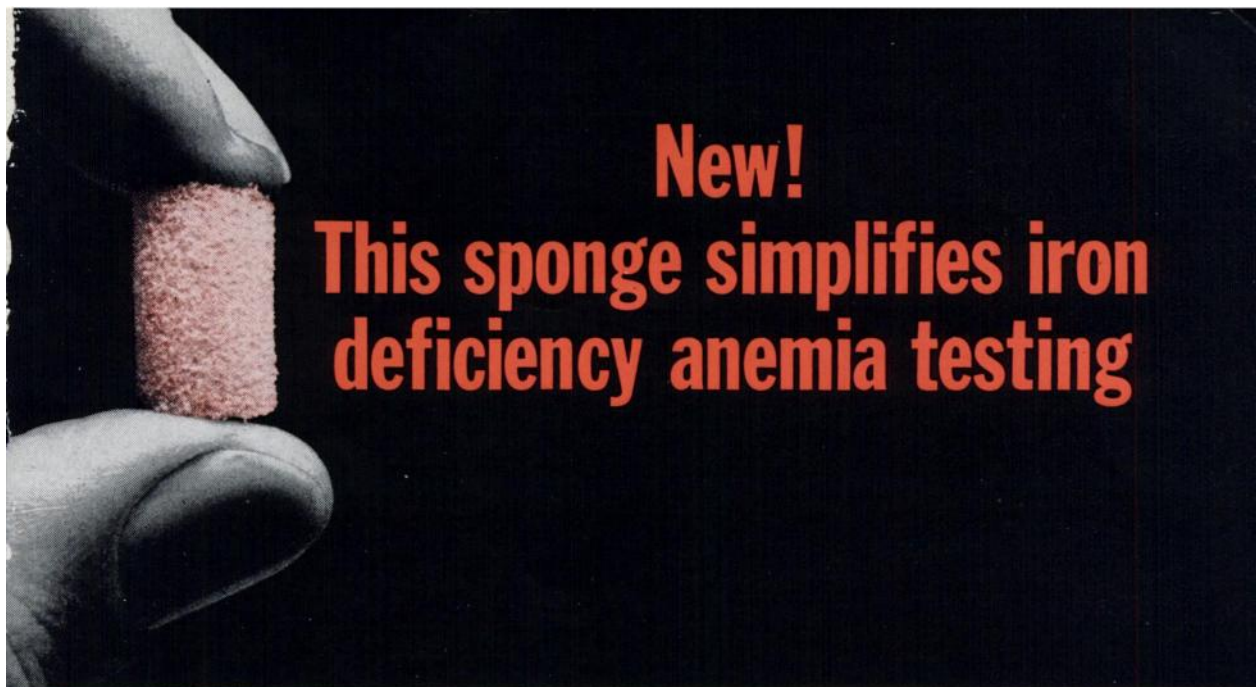
McAdams* reported that "The resin sponge (Triosorb) technique is superior to the erythrocyte method for performing the I^{131} T3 test in terms of simplicity, convenience and elimination of errors characteristic of the erythrocyte procedure."

Triosorb is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required. Because Triosorb will enable far more screenings to be performed, this procedure may soon become as standard as today's blood counts and urinalyses.



*McAdams, G. B. and Reinfrank, R. F., Jnl. Nuclear Med., 5:112, Feb., 1964.

TRIOSORB[®]
T-3 DIAGNOSTIC KIT
ABBOTT LABORATORIES NORTH CHICAGO, ILLINOIS



Announcing IROSORB-59 Diagnostic Kit

Irosorb-59 is the second in a series of in vitro radio-pharmaceuticals tests developed by Abbott Laboratories. The Irosorb-59 sponge consists of a polyether foam in which is embedded a pre-measured finely divided ion-exchange resin. **Irosorb-59 offers a remarkable degree of accuracy and simplicity that makes routine screening a practical matter.**

Accuracy: The diagnostic accuracy of the test is unsurpassed in measuring latent iron-binding capacity. What's more, it can be scheduled where other standard methods may not be applicable. For example, it may be used following the administration of ferrous iron.

Speed: Irosorb-59 can be washed quickly, there being only 3 washes. No incubators or shakers are needed.

Convenience: Irosorb-59 is in a disposable kit form ready for immediate use at room temperature.

Safety: No dilution or pipetting of radioactive material is necessary. Since the patient receives no radioactive material, the test can be used in children, pregnant women, or in adults without any hazard of radioactivity.

Flexibility: The test does not require the presence of the patient for the determination of the radioactivity. The serums can be frozen and saved until a sufficient number has been collected to run a rack full of tubes at one time, or serum samples can be mailed to personnel performing the test.

Irosorb-59 is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required.



IROSORB-59[®]

DIAGNOSTIC KIT

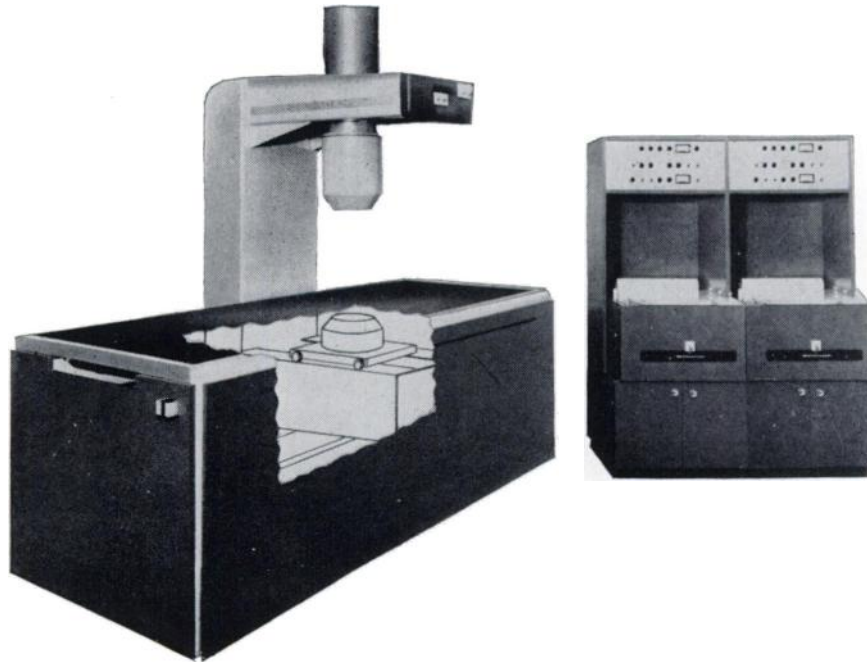
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RADIOISOTOPE SCANNER

MODEL 54-FD

DUAL, OPPOSED, 5-INCH CRYSTALS



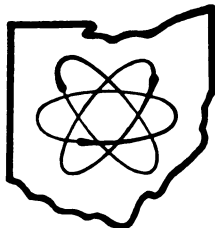
The demonstrable advantages of a dual 5-inch crystal scanner should be investigated by all those with a high clinical load who desire high resolution, rapid scans of both large and small organs or of the whole body.

The two scanning heads, exactly opposite each other, have separate, and complete electronics and print-out so that the data collected by each crystal may be used separately, in coincidence, or additively.

Mechanical and electronic specifications are the same as for our other large-crystal radioisotope scanners Models 54F and 54H:

Scanning speeds continuously variable to 200 inches per minute (500 cm/min.); adequate shielding even for high energy gamma emitters (up to 3 inches lead and 1 inch steel); high resolution crystals (9 per cent or better); accurate, reproducible scanning speeds and line spacing; no scalloping at any speeds; low background crystals (2 inch thick pure NaI light pipe); Gamma-graphic (patent pending) or slit mask photoscans; unequivocal one year warranty anywhere in USA or Canada.

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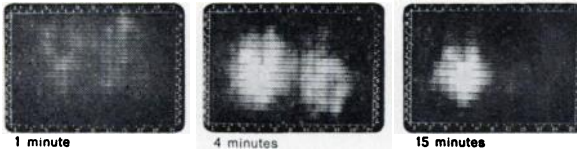
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DYNAMIC STUDIES/ABNORMAL KIDNEY AUTOFLUOROGRAMS (after injection — 30 second accumulation time)

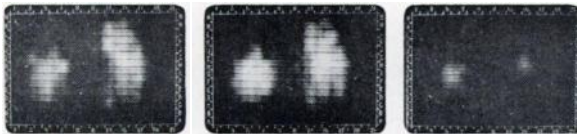


1 minute

4 minutes

15 minutes

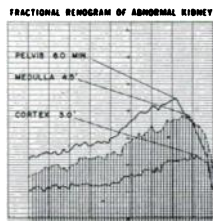
DYNAMIC STUDIES/NORMAL KIDNEY AUTOFLUOROGRAMS



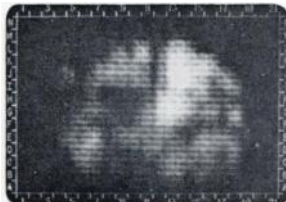
1 minute

4 minutes

15 minutes



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Para-sagittal glioblastoma (Tc-99m)
30 second accumulation time

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A KEY TO GOOD SCAN RESOLUTION

Proper control of aggregate particle size is essential to obtaining good scan resolution.^{1,2} To assure this control, Mallinckrodt/Nuclear has instituted special production techniques which effectively minimize the number of small particles that do not contribute scanning information because they clear the arteriole — capillary bed too rapidly.

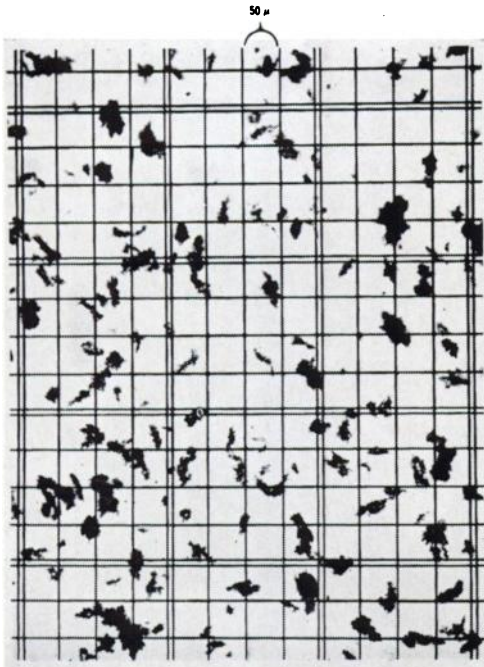
This "controlled uniformity" makes a positive contribution to good scan resolution, providing highly efficient temporary deposition of the scanning agent in the capillary field.

MAA I 131 is available in convenient source

sizes as small as 500 microcuries. It may be used with reliance on its proven safety, shown by thousands of scans in hospitals all over the country. Lung excretion half-time is approximately 1 – 6 hours, and urinary excretion of 50 to 80% of the injected dose occurs in approximately 24 to 48 hours.³

Mallinckrodt/Nuclear (formerly Nuclear Consultants) produces a complete line of radiopharmaceuticals for scanning, diagnostic tests and therapy. For further information: call collect to the Mallinckrodt/Nuclear laboratory nearest you.

1. Wagner, H. N. Jr., Scintillation Scanning in Clinical Medicine, Quinn, J. L., III, Editor, W. B. Saunders Co., Philadelphia and London, 1964, p. 158.
2. Taplin, G. V., et al., Radioactive Pharmaceuticals, AEC Symposium Series #6, U.S.A.E.C., April 1966, p. 547.
3. Taplin, G. V., Health Physics, Dec. 1964, p. 1219.



Photomicrograph of MAA I 131 aggregates



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Specifications

Sterile, non-pyrogenic aqueous suspension of heat produced aggregates of albumin, 90% of which are between 10 and 90 microns in size, and none larger than 150 microns.

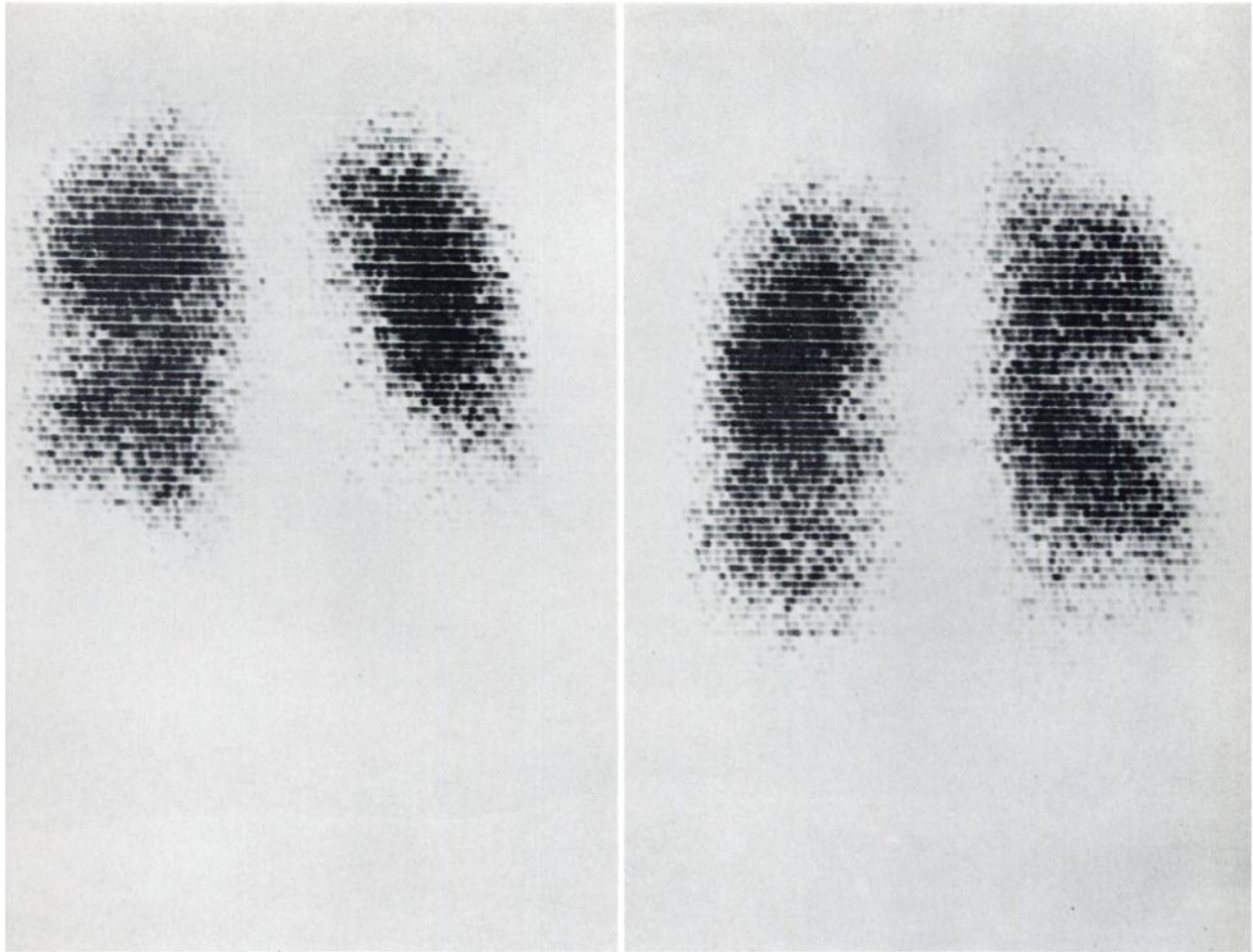
Concentration is approximately 500 $\mu\text{c}/\text{ml}$ and specific activity approximately 500 $\mu\text{c}/\text{mg}$ at time of calibration.

Contraindications

Radiopharmaceuticals are contraindicated in pregnancy and during lactation and in persons less than 18 years old unless, in the judgment of the physician, the situation requires their use. In acute cor pulmonale, the procedure may be hazardous due to the temporary small additional mechanical impediment to pulmonary blood flow.

Side Effects

The results of extensive clinical studies with MAA I 131 have shown it to be extremely well tolerated. However, the literature does reveal one case in which administration of the product was associated with the death of a patient seriously ill with extensive adenocarcinoma involving the lungs. Antigenic reactions have not been reported, but the possibility of such reactions attendant to the introduction of serum albumin into the patient's immunological system should be considered.



Lung scan demonstrating abnormal perfusion of right lung, female patient, age 58; courtesy Washington University School of Medicine. (AP view at left, PA view at right.)

Proven Advantages of Lung Scanning

"... indicate the site and magnitude of pulmonary arterial obstruction before this is recognizable radiographically."¹

"... delineate normally vascularized pulmonary tissue and assess the pulmonary vascularization of roentgenographically obvious abnormalities..."²

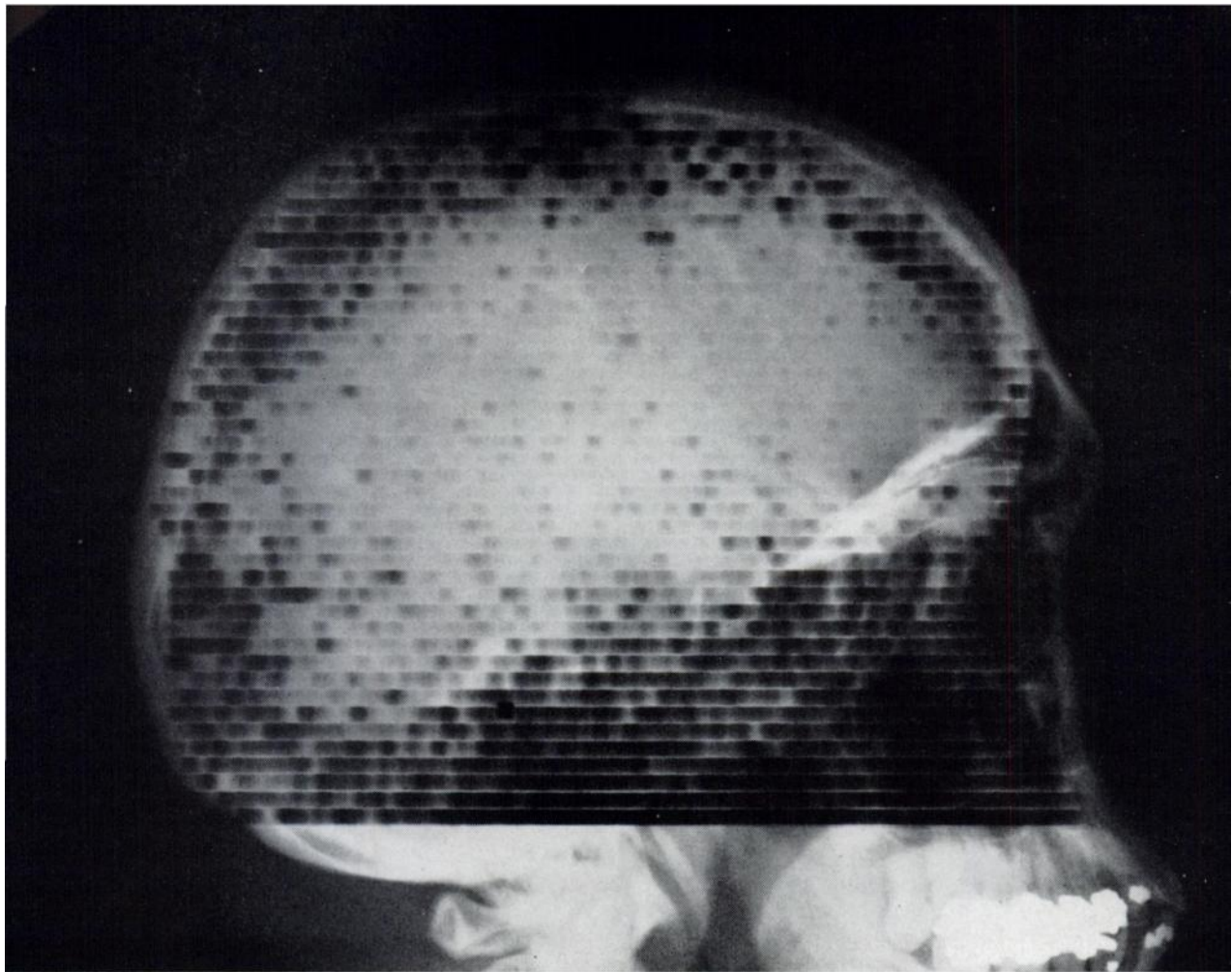
"... estimating the differences in pulmonary arterial perfusion between regions of the same lung."³

"... locates the nonfunctional or avascular region and thus supplements conventional

pulmonary function tests and can replace differential bronchspirometry."⁴

"... estimation of regional pulmonary function, particularly in patients with emphysema, bronchiectasis, and chronic pulmonary tuberculosis."⁵

1. Taplin, G. V., et al., Scientific Exhibit, Society of Nuclear Medicine, June, 17-20, 1964.
2. Quinn, J. L., III, Whitley, J. E., Scintillation Scanning in Clinical Medicine, Quinn, J. L., III, Editor, W. B. Saunders Co., Philadelphia & London, 1964, p. 148.
3. Lopez-Majano, V., et al., Radiology, Vol. 83: No. 4, Oct. 1964, p. 698.
4. Taplin, G. V., et al., Radioactive Pharmaceuticals, AEC Symposium Series #6, USAEC, Apr. 1966, p. 542.
5. Taplin, G. V., et al., Radioactive Pharmaceuticals, AEC Symposium Series #6, USAEC, Apr. 1966, p. 541.



Abbott announces
PertscaTMn-99m
SODIUM PERTECHNETATE Tc 99m

For brain scanning, Pertsca-99m provides more information with less radiation to the patient than any other related cerebral test — whether other radioisotopes or x-rays.

SPEED: Gives each projection fast — 15 minutes or less with rectilinear scanners, 2 to 4 minutes with a camera.

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SAFETY: Carrier-free, non-pyrogenic, sterile, and isotonic.

FLEXIBILITY: Oral or intravenous administration in two sizes: 10 millicuries in 4 ml. and 15 millicuries in 6 ml.

SHIPMENTS: Monday through Friday—and Sunday . . . allows scheduling of brain scans 6 days a week—Monday through Saturday.

INDICATIONS: Adjunctive diagnostic aid in detecting and localizing intracranial neoplastic (primary or metastatic) and non-neoplastic lesions.

CONTRAINDICATION: Radio-pharmaceutical agents should not be administered to pregnant women or to persons less than 18 years old unless the indications are very exceptional.

PRECAUTIONS: Care should be taken to ensure minimum radiation exposure to the patient as well as all personnel; to prevent extracranial contamination because this can lead to erroneous interpretation; and to differentiate areas of abnormal activity from areas of normal vascular activity.

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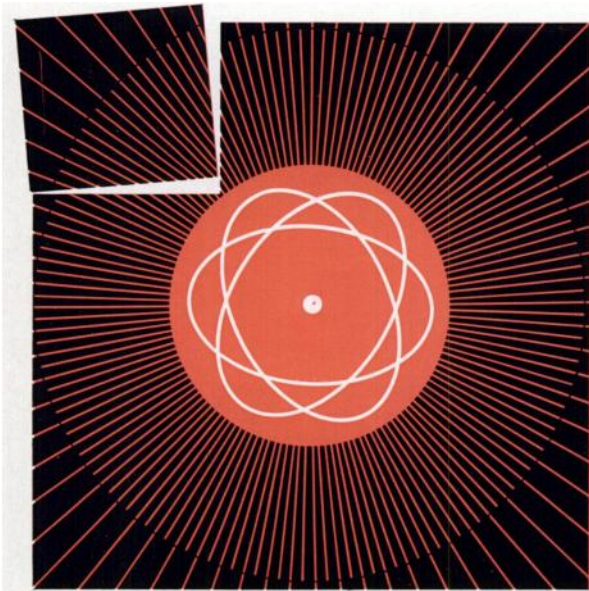


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need for ordering separately after each referral a thing of the past. Most laboratories can pretty well estimate what their approximate weekly need will be, so that everything can be ordered in one shipment to arrive on any given day. Thus, when a patient is referred, the diagnostic agent is already on hand and the test can be run immediately. Moreover, there is only one shipping charge. And if the material arrives for use during the latter part of the working week, Squibb will bear the cost of radioactive decay over weekends.

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It is also important that you know of the unique Squibb "prefill" program that anticipates and programs radiopharmaceutical parenteral production so that sterility and pyrogen test data are "in house" before the material is released. Thus, Squibb good manufacturing practices assure—even with radiopharmaceuticals—the same high standards you would expect in any regular parenteral preparation.

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SQUIBB 'The Priceless Ingredient' of every product
is the honor and integrity of its maker.



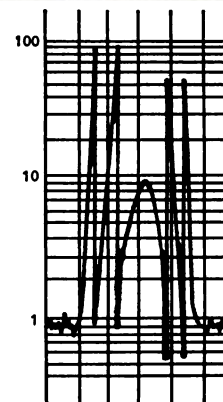
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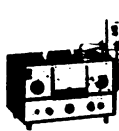
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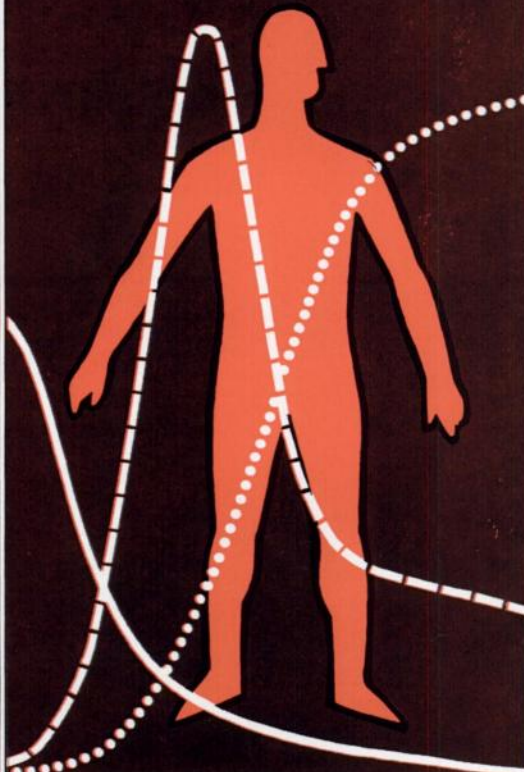


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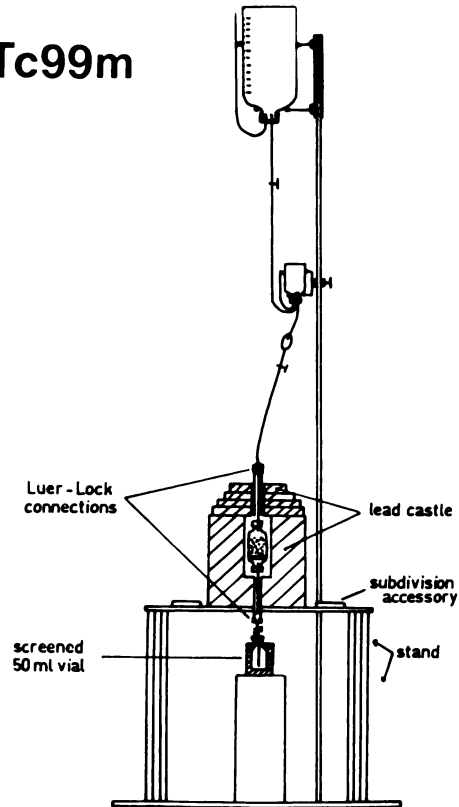
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E655

4 of every 5 new Departments of Nuclear Medicine get started with a Magnascanner®

(What does this suggest to you?)

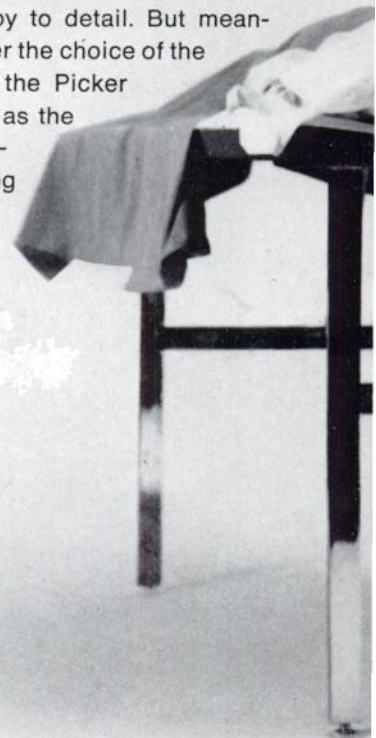
This fact hopefully suggests—to those contemplating the start (or expansion) of such a service—something about this instrument and the organization behind it. Other compelling points: the Magnascanner is far and away the instrument most widely used for diagnostic purposes by new or established Nuclear Medicine Departments; nearly 2000 hospitals are now serviced by Picker Nuclear. (Most Radioisotope Departments start with us and seem to stay with us.)

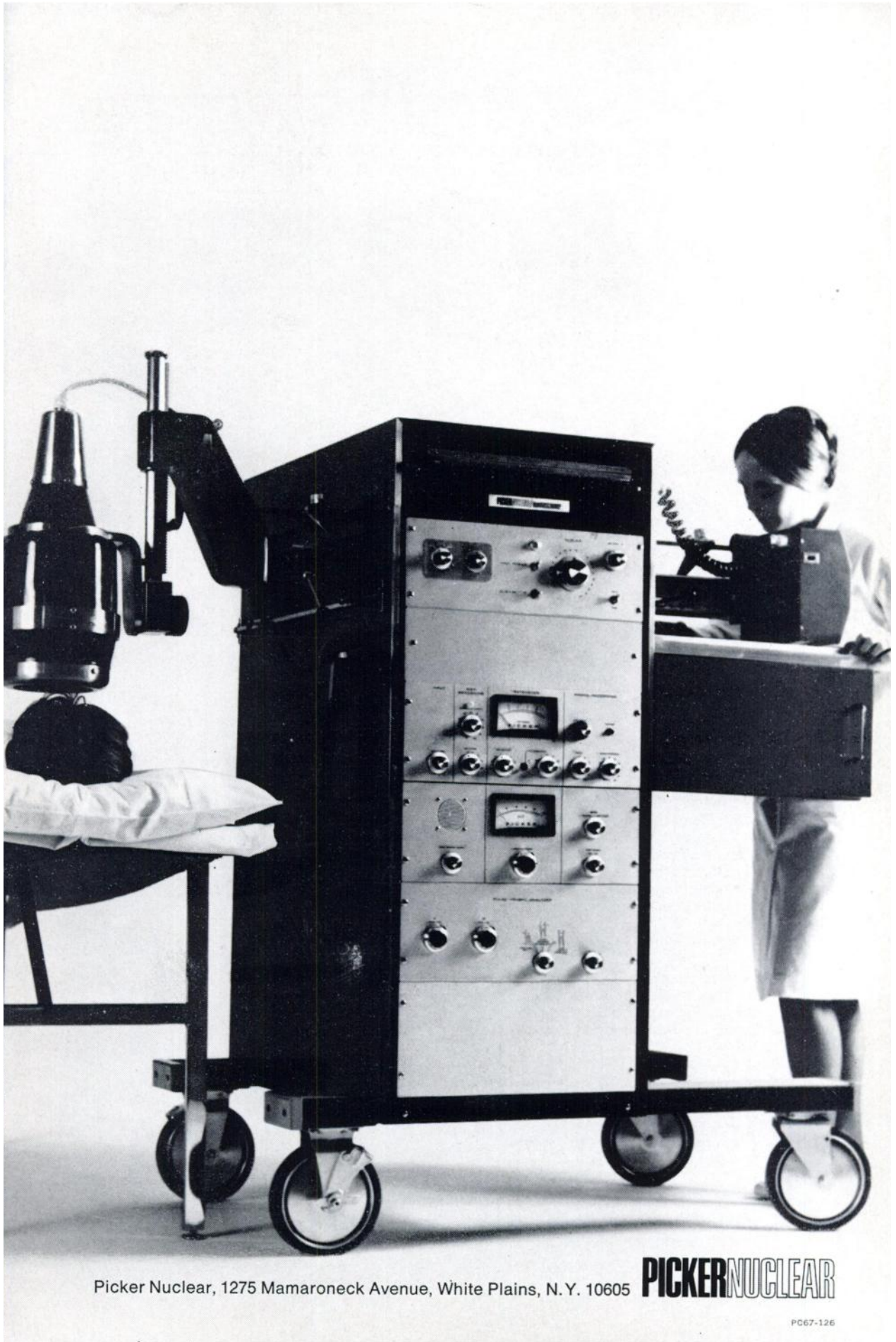
More. In less than 10 years the Magnascanner has become the keystone instrument in most Departments of Nuclear Medicine. This was the instrument that helped Nuclear Medicine specialists develop radioisotope diagnosis from a limited research technique to a practical, valuable, every-day, reliable, routine methodology. And in this rapidly-changing decade, the instrument changed too: multiple improvements and options were (and are always being) incorporated, making this the most up-to-date scanner available. Simultaneously, our line of other instruments for Nuclear Medicine expanded to the point of being the widest around. Nevertheless, nothing *anyone* has been able to do in this area (ourselves or others) has served to dislodge the Magnascanner from its keystone position in most Radioisotope Departments.

Now more about the new Magnascanner's versatility. Every new Magnascanner has both automatic and manual modes of operation—the new automatic mode speeds and simplifies set-up and self-checks the entire photo-recording system prior to the scan. And this is the *only* scanner that supplements the

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A few final words about our obligations to you. We accept the premise that our obligations don't end at time of delivery. We not only install the instrument and show you how to use it, but we feel it our obligation to help train personnel when an institution new to this field doesn't have experienced personnel on staff. We have *other* obligations to you which our people are happy to detail. But meanwhile, consider further the choice of the Magnascanner (and the Picker commitment to you) as the keystone of *your* service too by requesting our new brochure number 126N.



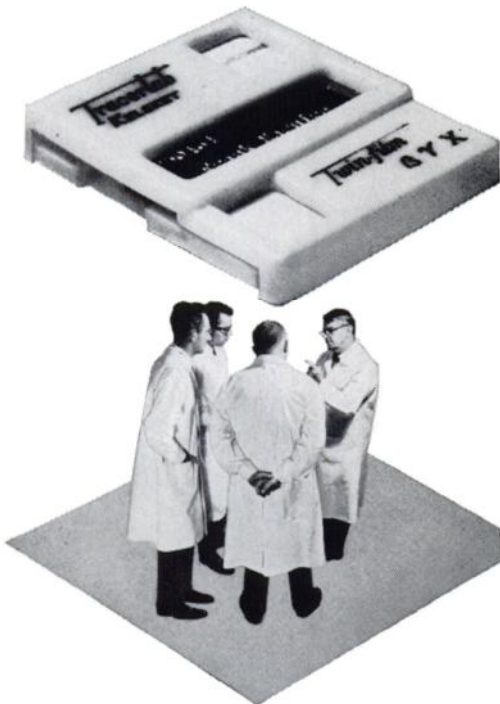


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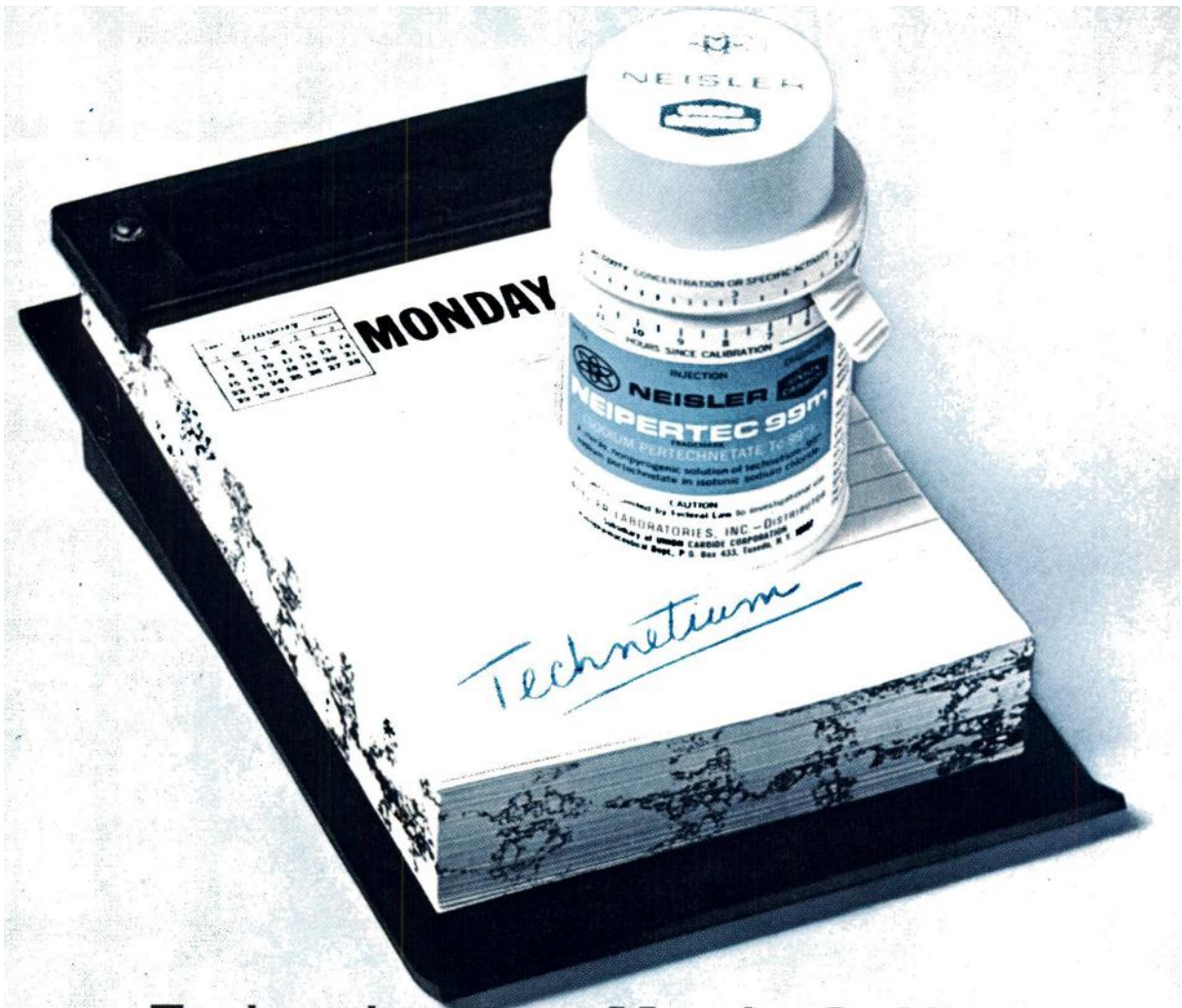
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Journal of Nuclear Medicine

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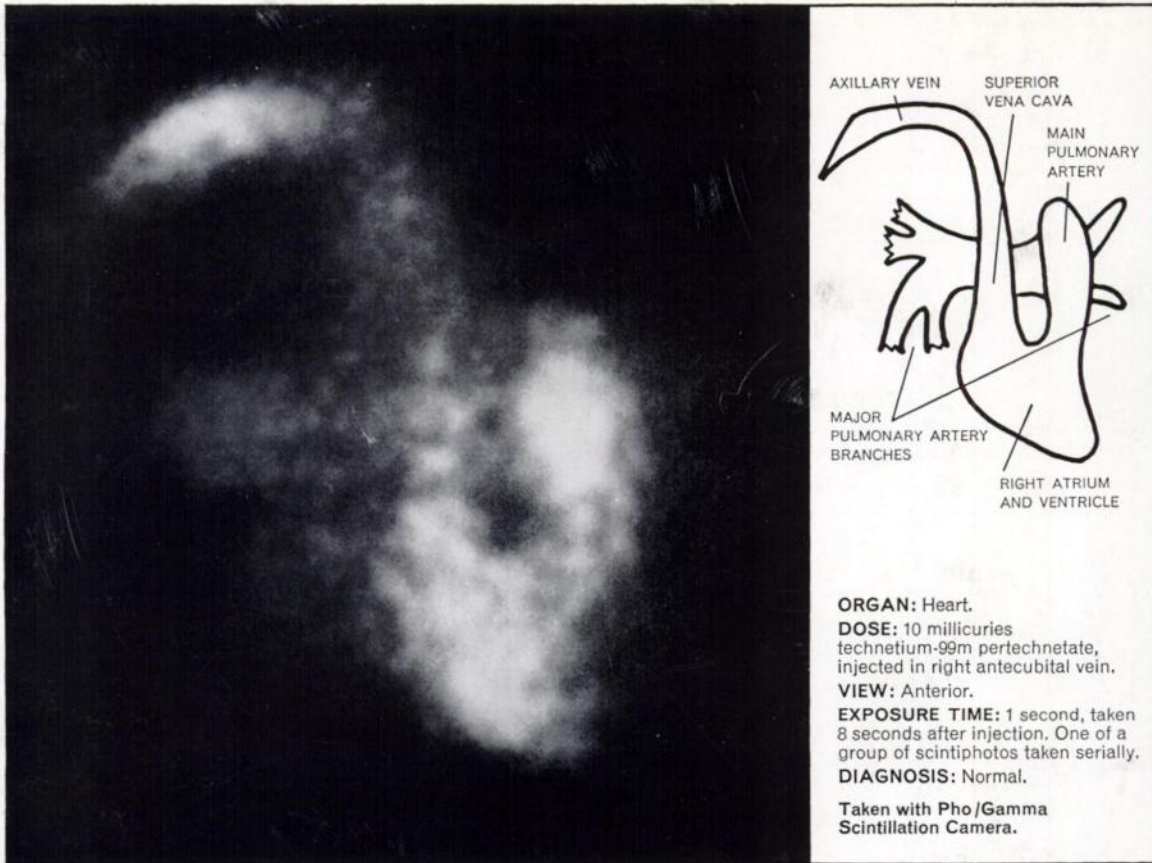
1. J. G. McAfee, C. F. Fueger, H. S. Stern, H. N. Wagner, Jr. and T. Migita: Tc^{99m} pertechnetate for brain scanning, *J. Nucl. Med.*, 5:811, 1964.

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