

medi+physics*

MEDI-PHYSICS, INC., EMERYVILLE, CALIF. SUBSIDIARY OF HOFFMANN-LA ROCHE INC.



TECHNETIUM 99m

GENERATORS

Technetium Tc 99m Generators for the Production of Sodium Pertechnetate Tc 99m







Featuring:

- Indicated for use in adults and children for urinary bladder imaging (direct isotopic cystography).
- The only Generator with an "open/closed" valve to eliminate possible leakage, both during shipment and in your hot lab.
- Unique horizontal elution procedure increases ease of use and eliminates needle-vial alignment problems.
- A new sterile needle is utilized for each elution, reducing the chances of a septic or pyrogenic
- situation occurring in routine clinical usage. This method is superior to competitive dry column systems where the same needle assembly is used for the life of the product.
- Fission product molybdenum 99 is used in the Technetium 99m Generator to provide Sodium Pertechnetate Tc99m activity concentrations sufficient for bolus injections.
- Internal saline reservoir eliminates the need to stock saline vials.

- Evacuated elution vials are available in 5cc, 10cc, and 20cc volumes, allowing you to optimize the elution concentration to meet your needs.
- Optimum shielding design minimizes radiation to personnel in work areas, providing maximum protection.
- Generator is compact, providing for optimum maneuverability. Generator handle and shipping carton provide for ease in handling and lifting.



TECHNETIUM Tc 99m GENERATOR for the Production of Sodium Pertechnetate Tc 99m

DESCRIPTION: The Technetium Tc 99m Generator is prepared with fission produced Molybdenum Mo 99 absorbed on alumina in a lead-shielded column and provides a means for obtaining sterile pyrogen-free solutions of Sodium Pertechnetate Tc 99m in sodium chloride injection. The eluate should be crystal clear. With a plf of 4.5-75, hydrochloric acid and/or sodium hydroxide may have been used for pH adjustment. Over the life of the generator, an elution will contain a yield of 80% to 100% of the theoretical amount of Technetium Tc 99m available from the Molybdenum Mo 99 on the generator column.

Each eluate of the generator should not contain more than 0.15 microcurie of the Molybdenum Mo 99 per millicurie Technetium To 98m per administered dose at the time of administration, and not more than 10 micrograms of aluminum per milliliter of the generator relutate, both of which must be determined by the user before administration.

INDICATIONS AND USAGE: Sodium Pertechnetate To 99m is used IN ADULTS as an agent for: brain imaging including cerebral radionuclide angiography; thyroid imaging; salivary gland imaging; placenta localization; blood pool imaging including radionuclide angiography; and urinary bladder imaging (direct isotopic cystography) for detection of vesico-ureteral reflux.

Sodium Pertechnetate Tc 99m is used IN CHILDREN as an agent for: brain imaging including cerebral radionuclide angiography; thyroid imaging; blood pool imaging including radionuclide angiography; and urinary bladder imaging (direct isotopic cystography) for the detection of vesico-ureteral reflux.

CONTRAINDICATIONS: None known.

WARNINGS: Radiation risks associated with the use of Sodium Perfechnetate Tc 99m are greater in children than in adults. In general, the younger the child the greater the risk owing to greater absorbed radiation doses and longer life expectancy. These greater risks should be taken firmly into account in all benefit-risk assessments involving children.

PRECAUTIONS: As in the use of any radioactive material, care should be taken to minimize radiation exposure to the patient consistent with proper patient management and to insure minimum radiation exposure to occupational workers.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have been performed to evaluate carcinogenic potential or whether Technetium Tc 99m may
affect fertility in males or females.

Pregnancy Category C
Animal reproductive studies have not been conducted with Technetium Tc 99m. It is also not known whether Technetium

Pediatric Use
See Indications and Usage, dosage and administration. See also description of additional risk under warnings. Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

To 99m can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium To 99m should be given to a pregnant woman only if the expected benefits to be gained clearly outweigh the potential hazards. Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses.

Nursing Mothers

Technetium Tc 99m is excreted in human milk during lactation, and therefore formula feedings should be substituted for breast feedings.

The generator should not be used after 16 days from the date and time of calibration.

At time of administration, the solution should be crystal clear.

ADVERSE REACTIONS: Allergic reactions including anaphylaxis have been reported infrequently following the administration of Sodium Pertechnetate Tc 99m.

HOW SUPPLIED: Sodium Pertechnetate Tc 99m is supplied as a Molybdenum Mo 99/Technetium Tc 99m generat in sizes from 830 millicuries up to 16,600 millicuries (in approximately 830 millicurie increments) of Molybdenum Mo as of 10:00 P.M. Eastern Time of the day of calibration. The TECHNETIUM Tc 99m GENERATOR consists of:

1) sterile generator, 2) Sodium Chloride Injection source, 3) 10 cc sterile evacuated vials, 4) sterile needles, 5) elution vial shield* 6) finished drug labels. Elution vials in 5 cc and 20 cc sizes are available upon request. "initial order only

The TECHNETIUM Tc 99m GENERATOR should not be used after sixteen (16) days from the date and time of calibration.

and

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June, 1983 UNION CARBIDE CORPORATION

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The Novo BMC-LAB 22a measures BMC in the lumbar spine, the femoral neck and other parts of the skeleton.

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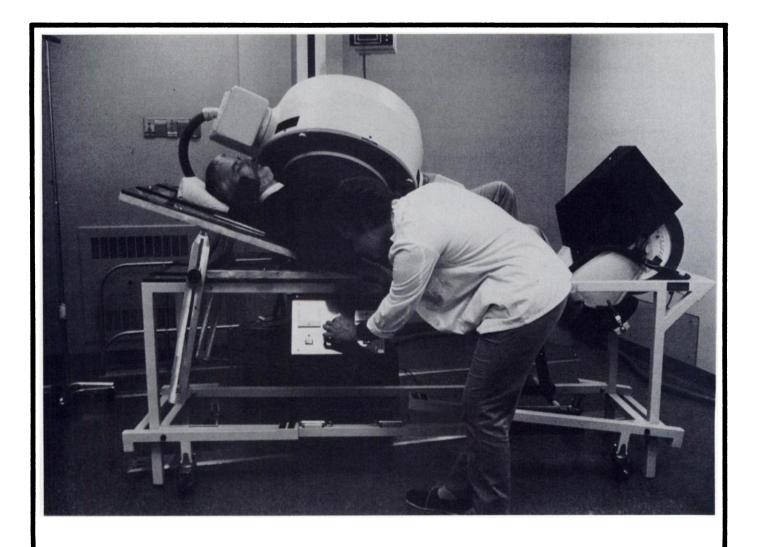
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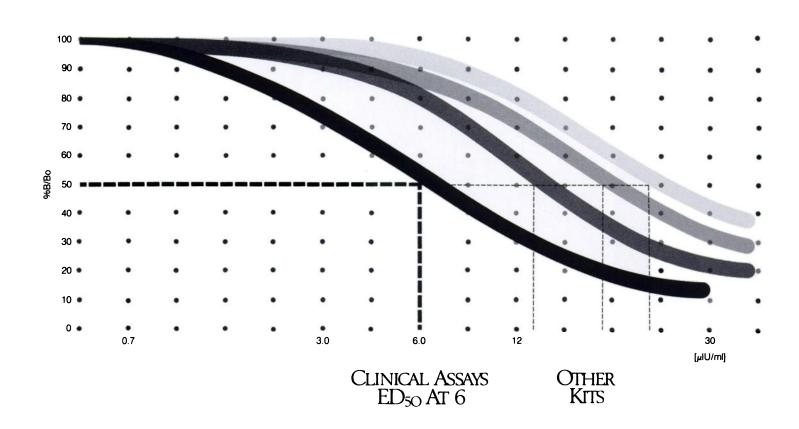
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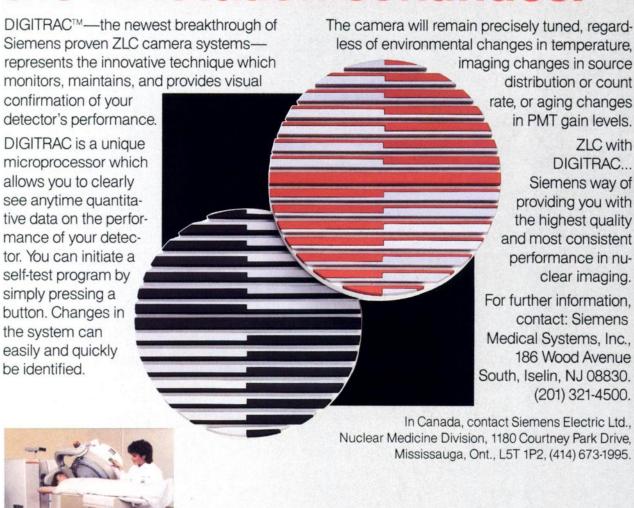
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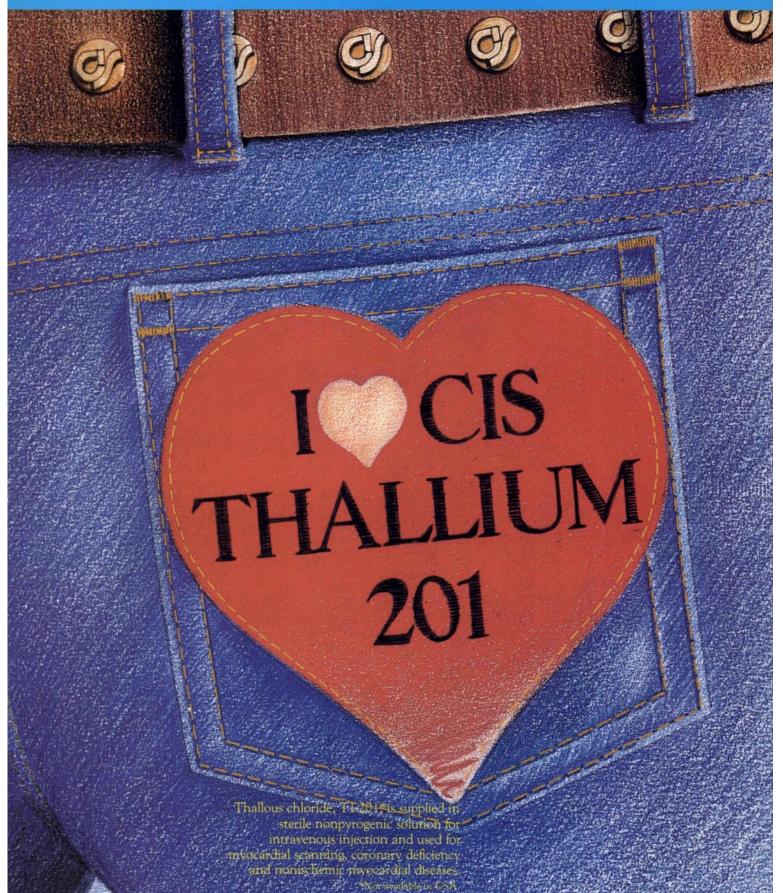


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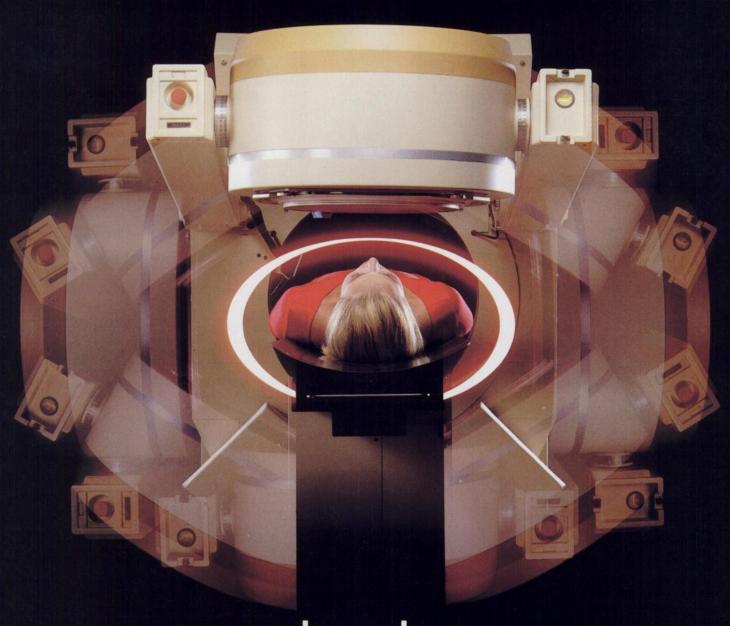
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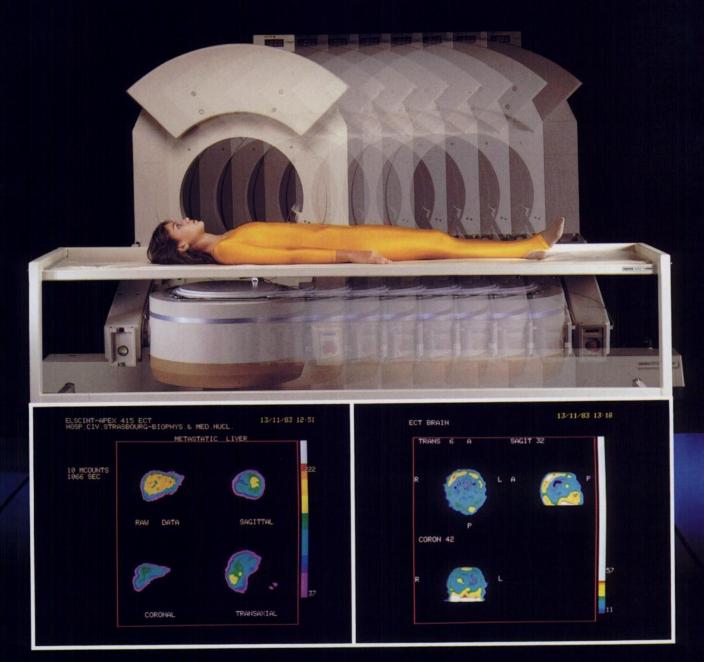
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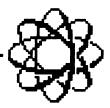


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NUCLEAR MEDICINE REVIEW SYLLABUS

Peter T. Kirchner, M.D., Editor

The rapid growth of clinical nuclear medicine poses a formidable challenge to the physician seeking a high level of competence in all areas of nuclear medicine. To help meet this challenge, The Society of Nuclear Medicine prepared the *Nuclear Medicine Review Syllabus*...a comprehensive review of the major scientific and clinical advances that have occurred over the last decade.

The Syllabus offers in-depth reviews of 12 topical areas: Radio-pharmacology; Instrumentation; Radiation Effects and Radiation Protection; Cardiovascular; Central Nervous System; Endocrinology; Gastroenterology; Genito-Urinary System; Hematology-Oncology; Pulmonary; Radioassay; Skeletal System.

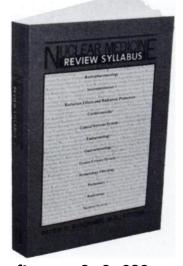
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PATIENT I.D.	312-44-5905	TECHNICIAN			PAU
ISOTOPE DOSE (UCI)	400	I-123 OR I-131			1-12
ACQUISITION TIME (HH:MM:SS	0:00:10	PROBE DISTANCE	(CM)		2
BACKGROUND CPM	606.000	10:01:04	5-JAN-84		
CAPSULE CPM	69912.000	10:01:23	5-JAN-84		
BACKGROUND CPM	606,000	10:01:04	5-JAN-84		
CAPSULE CPM (D)	69884.461	10:01:50	5-JAN-84		
PATIENT CPM	14100.000	10:01:51	5-JAN-84		
THYROID UPTAKE 1	19.478%				
BACKGROUND CPM	606.000	10:01:04	6-JAN-84*		
CAPSULE CPM (D)	19766. 197	10:03:28	6-JAN-84		
PATIENT CPM	4464.000	10:04:52	6-JAN-84		
THYROID UPTAKE 2	20.135%				
BACKGROUND CPM	606.000	10:01:04	6-JAN-84*		
CAPSULE CPM (D)	19807.508	10:05:21	6-JAN-84		
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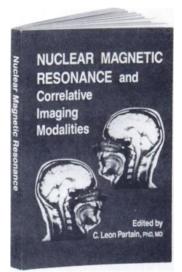
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Volume 25, Number 4 25A

NEW!

NUCLEAR MAGNETIC RESONANCE and Correlative Imaging Modalities

Edited by C. Leon Partain, PhD, MD



6 × 9" softcover; 312 pages \$35.00 SNM members; \$47.00 non-members Publication Date: January 1984

This multi-authored book contains state-ofthe-art summaries on ultrasound, x-ray, computed tomography, and digital radiography in addition to NMR. The correlative aspects of each modality with nuclear medicine are investigated. Material devoted to NMR covers topics such as basic principles and instrumentation; considerations of site preparation; safety and quality control; pulse sequences and tissue contrast; and the current clinical results at certain hospital installations. Facts on the economic, legal, and political aspects of NMR are also included.

Anyone in nuclear medicine—from professional to student—interested in new technologies to ensure a quantitative, physical, and biochemical basis for accurate medical diagnosis will profit from reading this comprehensive publication.

HIGHLIGHTS FROM THE CONTENTS

NMR Spectroscopy
M.R. Willcott and Gary E. Martin

The Basis of Imaging and Chemical Analysis by NMR
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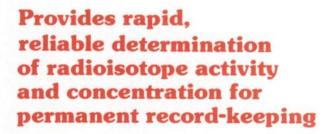
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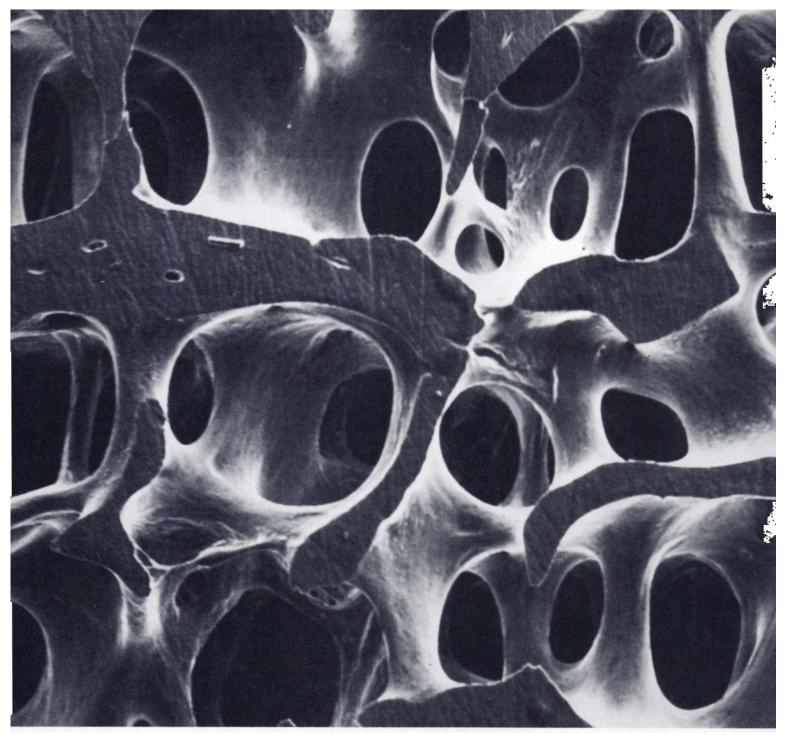
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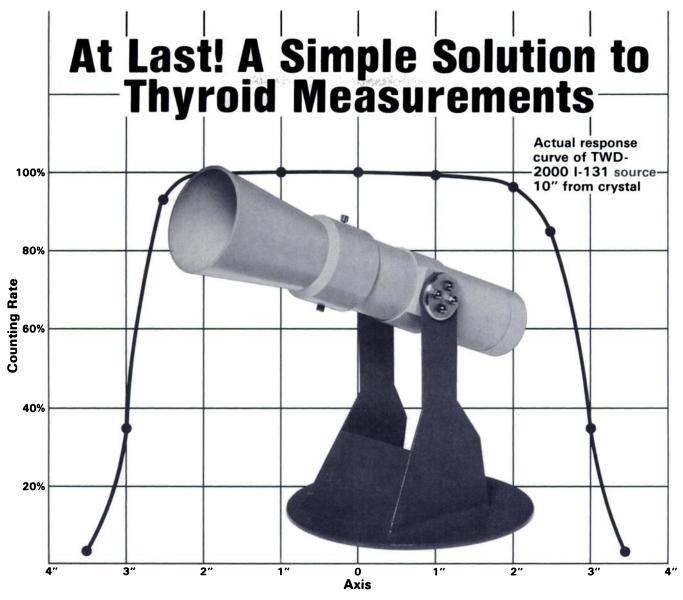


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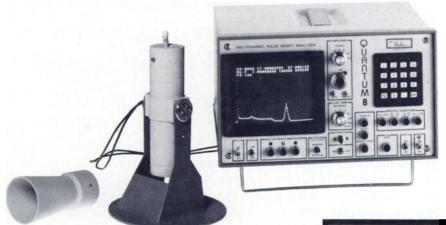
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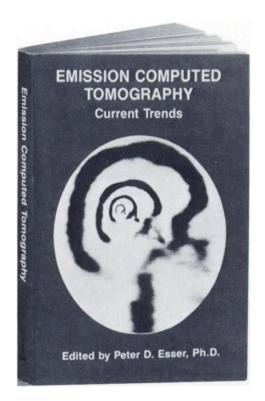
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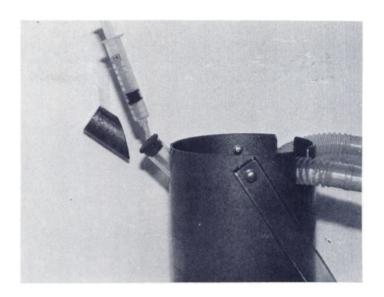
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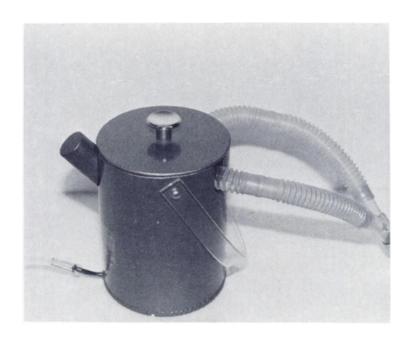
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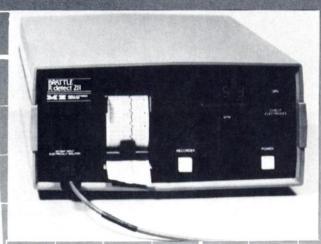
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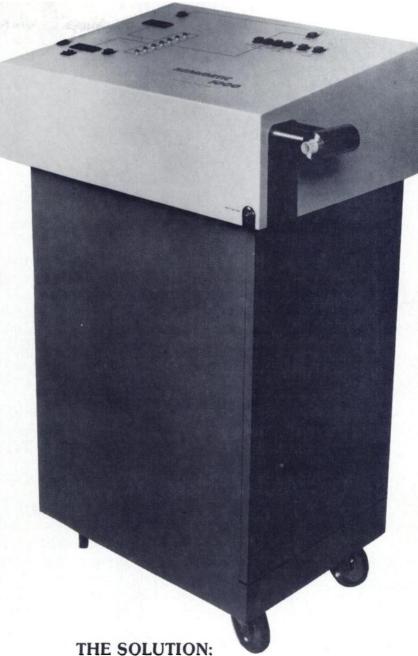
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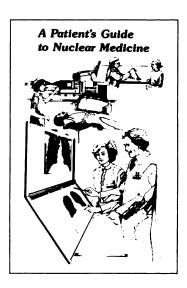
A Patient's Guide to Nuclear Medicine

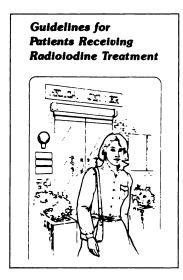
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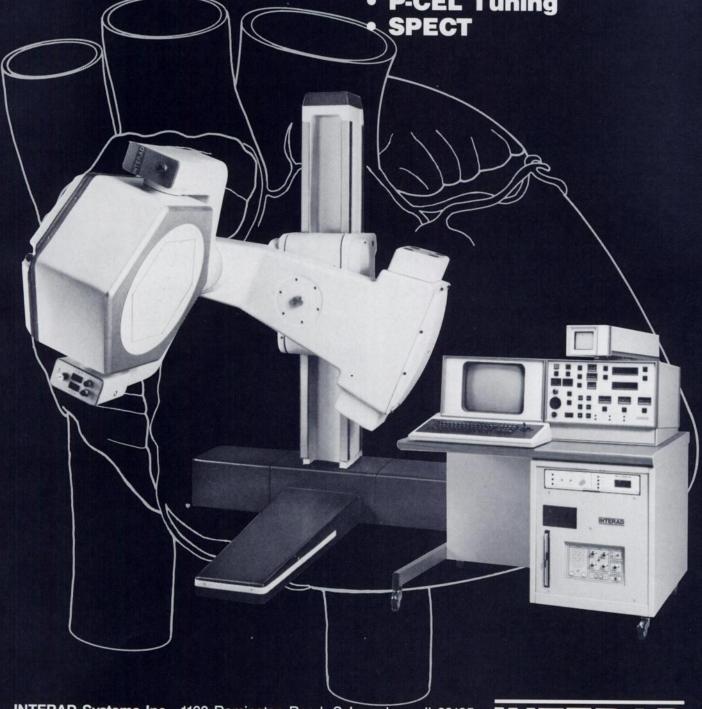
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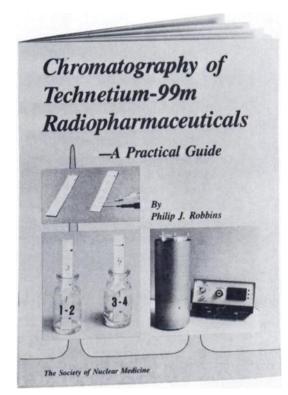
Chromatography of Technetium-99m Radiopharmaceuticals —A Practical Guide By Philip J. Robbins

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This new manual offers readers a collection of miniaturized chromatographic methods for the rapid and precise determination of the radiochemical purity of commonly used Tc-99m radiopharmaceuticals.

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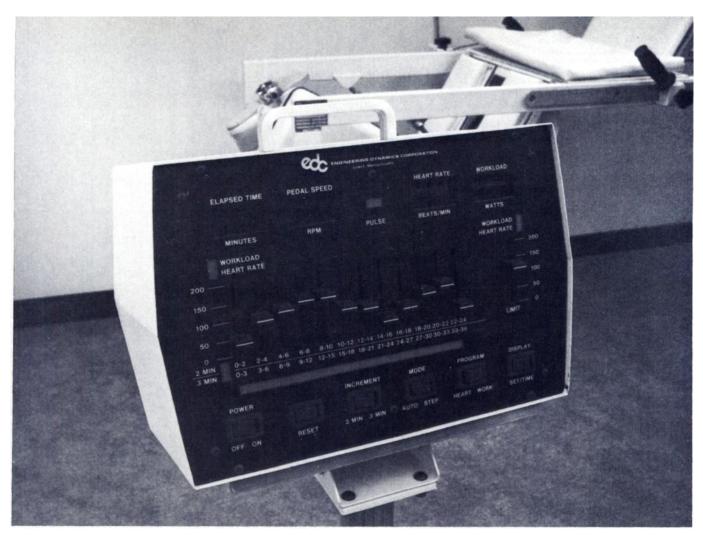


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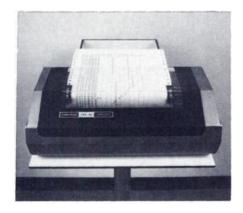
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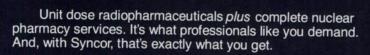








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Helping our customers respond

What will be the outcome of these changes? That depends a lot on how the nuclear medicine department responds. At New England Nuclear/Du Pont we believe the challenges of Prospective Payment can be turned into

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DRG symposia at your hospital

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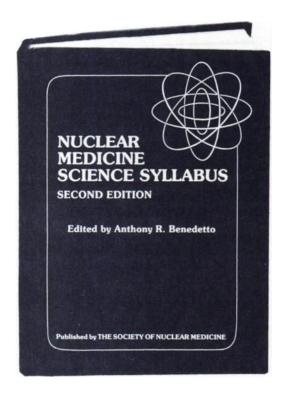
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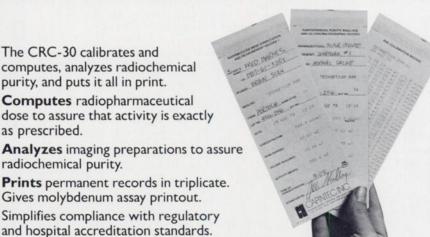


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RESIDENCY and FELLOWSHIP PROGRAM BAYLOR COLLEGE OF MEDICINE NUCLEAR MEDICINE SECTION

Baylor College of Medicine is now accepting applications for residency and fellowship positions starting July 1984 and July 1985. The residency program includes training in three large nuclear medicine laboratories: St. Luke's Episcopal Hospital-Texas Children's Hospital-Texas Heart Institute joint facilities, Ben Taub General Hospital, and Veterans Administration Medical Center.

Residency training encompasses the full spectrum of nuclear medicine procedures, both in vivo and in vitro, in pediatric and adult inpatients and outpatients. Instruction includes clinical nuclear medicine, radiopharmacy, radioimmunoassay, and basic sciences, as well as experience with computer applications and tomographic imaging.

Fellowships with emphasis on cardiac and pulmonary disease are available in association with the Texas Heart Institute. With mobile capabilities and a large population of critically ill patients (total hospital beds, 1260; intensive care beds, 190) there is ample potential for participation in research projects related to cardiovascular, pulmonary, and critical care medicine.

Requests for further information should be directed to: John A. Burdine, MD, Chief or Paul H. Murphy, PhD, Training Coordinator Nuclear Medicine Section, Department of Radiology Baylor College of Medicine Houston, TX 77030



Nuclear Medicine Review—1984 August 27th-30th, 1984 Mount Sinai Medical Center New York, NY

This course will provide an intense review of nuclear medicine including the basic science of radiation physics, instrumentation, radiochemistry and pharmacy, in vitro and radiobioassay, scintigraphic imaging, radionuclide in vivo function tests, and radionuclide therapy. It is a supplement to residency training in nuclear medicine and nuclear radiology and is not designed to substitute for this type of training. The course may serve as a survey of nuclear medicine science for physicians or others seeking an overview of this subject.

The faculty consists of members of the Andre Meyer Department of Physics-Nuclear Medicine and invited guests.

Course Director:

Stanley J. Goldsmith, M.D.

For further information contact: Ms. Mary Farrell-Batista (212)650-7888

Nuclear Medicine Technologist

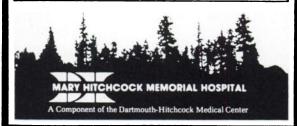
Mary Hitchcock Memorial Hospital, a 411-bed component of the Dartmouth-Hitchcock Medical Center, combines a sophisticated academic referral facility with unusual social, cultural and recreational opportunities.

We are currently seeking a registered Nuclear Medicine Technologist in our progressive department, where the full range of nuclear-cardiology procedures are being performed.

The qualified candidate should have one year's experience and be registered under ARRT or NMTSB. We provide competitive salary and benefits.

For prompt consideration, please send resume to the Personnel Department, Mary Hitchcock Memorial Hospital, 2 Maynard Street, Hanover, NH 03756. (603) 646-5777.

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ASSOCIATE CHIEF NUCLEAR MEDICINE DEPARTMENT CLINICAL CENTER NATIONAL INSTITUTES OF HEALTH

The Clinical Center of the National Institutes of Health currently has an opening for Associate Chief of its Nuclear Medicine Department.

The Clinical Center is a 541-bed biomedical research facility whose mission includes patient care, research, and education. The clinical departments support research activities of the component institutes and engage in research and education as appropriate to the mission of the department. The Nuclear Medicine Department has responsibility for the full range of diagnostic and therapeutic procedures in nuclear medicine. Current research activities include positron emission tomography, the development of radiopharmaceuticals, data management in the field of nuclear medicine, and monoclonal antibody research. The department is divided into three sections: Clinical Studies, Imaging Physics, and Radiopharmaceutical Chemistry.

As Associate Chief, the incumbent will be responsible for directing the daily activities of the department to include participating in technical and administrative supervision of professional and nonprofessional staff, conducting investigations of promising new methods, and initiating new procedures and techniques as well as reviewing problem situations which may interfere with the accomplishment of desired objectives. The incumbent will be consulted concerning sophisticated special examinations performed in the department

which involve difficult patient management problems and difinitive hazards. The incumbent will also represent the department in special conferences and national meetings, presenting material in the field of nuclear medicine. The incumbent will coordinate the educational programs of the department (i.e., nuclear medicine residency, international fellowships, and technology training).

Candidates for the position should be completely trained in the specialty of nuclear medicine and have an outstanding record in academic medicine and biomedical research. Prior experience in managing a large staff is essential. Prior experience in matters pertinent to the development and management of a cyclotron facility is desirable.

Appointment will be made either in the Federal Civil Service or the U.S. Public Health Service Commissioned Corps. Salary and benefits will be commensurate with qualifications and method of appointment.

Applications will be accepted until May 1, 1984. Please address inquiries to:

Ms. Nancy Saltzman, Clinical Center Personnel Office Bidg. 10, Room 7C306, National Institutes of Health 9000 Rockville Pike, Bethesda, MD 20205 (301) 496-6924

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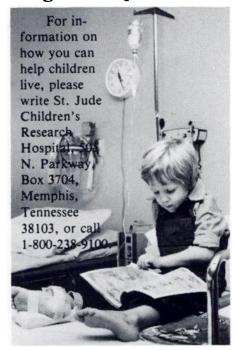
Western Region Office, Barbara Nixon, JONATHAN WALSH & ASSOCIATES, LTD., Dept. 1209, 1055 West Georgia Street, Suite 2002, Vancouver, British Columbia, V6E 3B3, Canada. (604) 684-2339.

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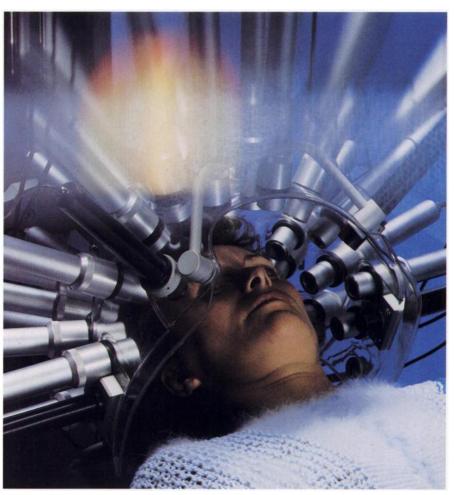
 monitoring vasodilator responsiveness, autoregulation and cerebrovascular functional capacity in patients with CVD.

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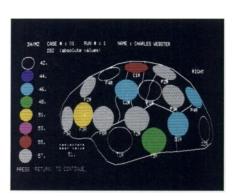
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MPI DMSA Kidney Reagent (Technetium Tc 99m Succimer Kit)

For complete prescribing information consult package insert, a summary of which follows:

DESCRIPTION: Each reagent ampul of the kit contains 2.2 ml of a sterile, pyrogen free aqueous solution containing 1.2 mg of succimer and 0.42 mg of anhydrous stannous chloride in aqueous solution under a nitrogen gas atmosphere. When sterile, oxidant-free, pyrogen-free sodium pertechnetate Tc 99m in isotonic saline is combined with the reagent, following the instructions provided with the kit, a complex is formed. Administration is by intravenous injection for diagnostic use.

The succimer component of MPI Kidney Reagent consists of more than 90% meso isomer and less than 10% d,l isomer.

INDICATIONS AND USAGE: MPI DMSA Kidney Reagent is to be used as an aid in the scintigraphic evaluation of renai parenchymal disorders.

CONTRAINDICATIONS: None known.

WARNINGS: None.

General

As in the use of any radioactive material, care should be taken to minimize radiation exposure to the patient consistent with proper patient management and to insure minimum radiation exposure to occupational workers.

CARCINGENESIS, MUTAGENESIS. IMPAIRMENT OF FERTILITY: No long-term animal studies have been performed to evaluate carcinogenesis potential or whether Technetium Tc 99m Succimer affects fertility in males or females.

PREGNANCY CATEGORY C: Animal reproduction studies have not been conducted with the MPI DMSA Kidney Reagent either with or without Tc 99m.

It is also not known whether Technetium Tc 99m alone or with Succimer can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. Technetium Tc 99m should be administered to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses.

NURSING MOTHERS: Technetium Tc 99m is excreted in human milk during lactation, therefore, formula feedings should be substituted for breast-feedings.

PEDIATRIC USE: Safety and effectiveness in children have not been established

nadiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

MPI DMSA Kidney Reagent should be formulated within 30 minutes prior to clinical use. The product must be used within 30 minutes after preparation. Any unused portion should be discarded after that time.

Some patients with advanced renal failure may exhibit poor renal intake of Tc 99m DMSA. It has been reported that satisfactory images may be obtained in some of these patients by delaying imaging for up to 24 hours.

ADVERSE REACTIONS: Rare instances of syncope, fever, nausea and maculopapular skin rash have been reported.

skin rash have been reported.

- HOW SUPPLIED: Each kit package contains the following components:

 (1) Five sealed glass reagent ampuls, each containing 2.2 ml of a sterile, pyrogenfree aqueous solution of 1.2 mg succimer and 0.42 mg anhydrous stannous chloride. The solution is under a nitrogen gas atmosphere.

 (2) Five sterile and pyrogen-free mixing vials (10 ml).

 (3) Five mixing vial labels.

 (4) Five courtesy record labels.

 (5) One package insert.