

SPECTAMINE®

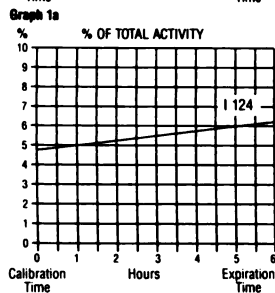
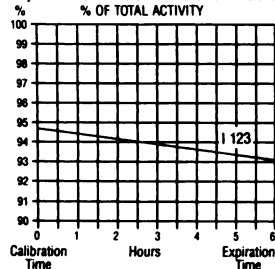
Iofetamine HCl I 123 Injection

DIAGNOSTIC—FOR INTRAVENOUS USE

DESCRIPTION: SPECTAMINE® Iofetamine HCl I 123 Injection, is supplied as a sterile, apyrogenic, aqueous, isotonic sodium chloride solution for intravenous administration. Each milliliter of the solution contains 37 megabecquerels (1 millicurie) of Iofetamine HCl I 123 at calibration time, 0.15 milligram Iofetamine HCl, 0.017 millimole sodium phosphate, and 8.0 milligrams sodium chloride for isotonicity. The pH is adjusted to 4.5-6.0 with sodium hydroxide or hydrochloric acid. SPECTAMINE contains no bacteriostatic preservative. The radio-nuclidic composition at calibration time is not less than 94.7 percent I 123, not more than 4.8 percent I 124, and not more than 0.5 percent all others (I 125, I 126, I 130 and Te 121). The radio-nuclidic composition at the 6-hour expiration time is not less than 93.1 percent I 123, not more than 6.2 percent I 124, and not more than 0.7 percent all others.

The ratio of the concentration of I 123 to I 124 decreases with time. Graph 1 shows the minimum concentration of I 123 and the maximum concentration of I 124 as a function of time.

Graph 1. Radio-nuclidic Concentration of I 123 and I 124

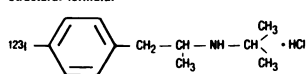


The chemical names are ¹²³I-D,L-N-isopropyl-p-iodoamphetamine hydrochloride; (+)-4-(iodo-¹²³I)-α-methyl-N-(1-methylethyl)benzeneethanamine hydrochloride; and (+)-p-iodo-¹²³I-N-isopropyl-α-methylphenethylamine hydrochloride.

Molecular formula: C₁₂H₁₉N¹²³I

Molecular weight: 335.74

Structural formula:



PHYSICAL CHARACTERISTICS: Iodine I 123 decays by electron capture with a physical half-life of 13.2 hours¹. The photon that is useful for detection and imaging studies is given in Table 1. The user should be aware that I 124, which is present as a long-lived contaminant in I 123, has a high energy gamma ray (602.7 keV) with an absolute intensity of 59%; thus, a high² energy collimator may be advantageous.

Table 1. Principal Radiation Emission Data¹

Radiation	Mean %/Disintegration	Mean Energy (keV)
Gamma-2	83.4	159

¹ Kocher, David C. "Radioactive Decay Data Tables." DOE/TIC-11026, 122 (1981)

EXTERNAL RADIATION: The specific gamma ray constant for I 123 is 1.60 R/hr-mCi at 1 cm. The first half-value thickness of lead (Pb) for I 123 is 0.005 cm. A range of coefficients of attenuation of the radiation emitted by this radionuclide can be achieved by the interposition of various thicknesses of Pb and is shown in Table 2. For example, the use of 1.63 cm of Pb will decrease the external radiation exposure by a factor of about 1,000.

Table 2. Radiation Attenuation by Lead (Pb) Shielding²

Shield Thickness (Pb) cm	Coefficient of Attenuation
0.005	0.5
0.10	10 ⁻¹
0.88	10 ⁻²
1.63	10 ⁻³
2.48	10 ⁻⁴

² Method of calculation: Data supplied by Oak Ridge Associated Universities, Radiopharmaceutical Internal Dose Information Center, 1984

Note that these estimates of attenuation do not take into consideration the presence of longer-lived contaminants with higher energy photons, namely, I 124, I 126, I 130 and Te 121. To permit correction for physical decay of I 123, the fractions that remain at selected intervals after the time of calibration are shown in Table 3.

CLINICAL PHARMACOLOGY: Iofetamine HCl I 123 is lipid soluble. In humans, the percentages remaining in the brain, liver and lungs, respectively, at 1, 5 and 22 hours, were: 5.7, 4.1, 2.1; 12.5, 14.1, 5.5; and, 16.8, 10.6, 6.1. None of these studies demonstrated any constant plateaus in concentration within any organ. Animal studies have shown that Iofetamine HCl I 123 is removed from the circulation via first pass metabolism primarily by the brain and liver; the extraction fraction in the brain is 74-92%. This metabolism may be partially dependent on pH. The ratio of concentration in gray to white matter in primate studies varied considerably with time, being 2.4 at 15 minutes, 2.2 at 1 hour, 1.8 at 4 hours and 0.6 at 24 hours. Animal data suggest that retention in the brain is due to binding by relatively non-specific, high-capacity binding sites.

Table 3. Physical Decay Chart:
Iodine I 123, Half-life 13.2 hours

Hours	Fraction Remaining
0*	1.000
1	0.949
2	0.900
3	0.854
4	0.811
5	0.769
6	0.730

* Calibration Time

due to binding by relatively non-specific, high-capacity binding sites. Iofetamine HCl I 123 distributes rapidly from the blood into body tissues. The concentration in the blood falls to about 3-8.5% of the injected dose, 6-10 minutes after administration and to about 2.5% after 20 minutes. The apparent volume of distribution is 582 ± 146 liters (mean ± 1 S.D.) and less than 10% is bound to plasma proteins. Elimination of the drug from the plasma is biexponential with a fast biological half-life of 1.6 ± 1.2 hours and a slow biological half-life of 10.9 ± 6.1 hours. The total plasma clearance and urinary clearance are 1550 ± 500 and 21 ± 12 ml per minute, respectively. The principal route of excretion is renal. About 20% of the dose is excreted after one day, 40% after two days and 48% after three days. Most of the radioactivity in plasma beyond 24 hours following the dose is due to metabolites of the parent drug which have comparatively slower clearance. Therefore, plasma radioactivity may appear approximately similar from one hour to 96 hours post dosing.

The two major metabolites are p-iodoamphetamine and p-iodobenzonic acid. Plasma p-iodoamphetamine levels initially increase up to 8 to 10 hours post-dosing and then decrease with a terminal half-life of approximately 48 hours. p-iodoamphetamine is further metabolized to p-iodobenzonic acid. Continuous accumulation of p-iodobenzonic acid in plasma is noticed up to 44 hours post dose; it is excreted in the urine as p-iodohippuric acid after conjugation with glycine.

INDICATIONS AND USAGE: SPECTAMINE (Iofetamine HCl I 123 Injection) is recommended for use as a lipid-soluble brain-imaging agent. It has been shown to be useful in the evaluation of nonlacunar stroke especially when used within 96 hours of onset of focal neurological deficit. The rates of agreement between abnormal images and the neurological examination suggestive of ischemic cerebrovascular insufficiency, appear to increase with the severity of symptoms. Its usefulness for the measurement of cerebral blood flow has not been established.

CONTRAINDICATIONS: None known.

WARNINGS: SPECTAMINE (Iofetamine HCl I 123 Injection) should not be administered to individuals with known hypersensitivity to sympathomimetic amines or to those individuals taking monoamine oxidase inhibitors.

PRECAUTIONS: General: Some primate (Macaca fascicularis) studies have shown marked eye uptake of Iofetamine HCl I 123. Localization has not been studied in the isolated human eye although in vivo images suggest the concentration of Iofetamine HCl I 123 is below the limit of detection. Individual human variations in pharmacokinetics of this drug and the long-term effect on the eye have not been elucidated.

The contents of the vial are radioactive. Adequate shielding of the preparation must be maintained at all times.

Do not use after the expiration time and date (6 hours after calibration time) stated on the label.

Potassium Iodide Oral Solution should be administered before the examination to minimize thyroid uptake of iodine I 123.

The prescribed Iofetamine HCl I 123 dose should be administered as soon as practical from the time of receipt of the product (i.e., as close to calibration time or before, if possible), in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time.

To minimize radiation dose to the bladder, the patient should be encouraged to drink fluids and void frequently.

SPECTAMINE, as well as other radioactive drugs, must be handled with care. 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 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.

Drug Interactions: There has been a single report of elevated diastolic hypertension (about 30 mm Hg) occurring 18 hours after administration of SPECTAMINE in a patient maintained on therapeutic doses of valproic acid.

Concurrent use of monoamine oxidase (MAO) inhibitors and compounds containing the amphetamine structure has been known to result in hypertensive crisis. Caution, therefore, should be exercised when administering SPECTAMINE (Iofetamine HCl I 123 Injection) to individuals taking medications known to potentiate the effects of sympathomimetic amines. It is recommended that SPECTAMINE not be administered during or within 14 days following administration of MAO inhibitors.

Sympathomimetic amines may affect the biodistribution of SPECTAMINE and, thus, may influence the image quality and diagnostic utility of the image.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential or effects on fertility in male or female animals. The Ames test was negative for mutagenic effects.

Pregnancy Category C: Animal reproduction studies have not been conducted with SPECTAMINE. It is also not known whether SPECTAMINE can cause fetal harm when administered to a man or a pregnant woman or can affect reproduction capacity. SPECTAMINE should be given to a pregnant woman only if clearly needed.

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

Nursing Mothers: Since Iodine I 123 is excreted in human milk, formula

feeding should be substituted for breast feeding if the agent must be administered to the mother during lactation.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In a clinical study in 93 patients with sudden onset of focal neurological deficit, e.g., cerebral infarction, 7 patients died within 2 to 55 days after administration. The deaths were considered to be a result of the disease state. Although there was no concurrent control group, statistics from historical controls support this evaluation.

There is evidence suggesting that the administration of 1 to 2 milligrams of Iofetamine HCl, the carrier in SPECTAMINE, may increase systolic blood pressure by about 10 mm Hg. In a patient with a history of hypertension, there has been a single report of sudden onset of hypertension and dizziness with transient chest tightness which occurred 5-10 minutes after administration of SPECTAMINE. One case of transient unilateral hearing loss also was reported several hours after the use of SPECTAMINE in a patient with a coincidental upper respiratory infection.

As with all organic-iodine-containing compounds, the possibility of allergic reactions must be considered.

DOSE AND ADMINISTRATION: The recommended intravenous dose for SPECTAMINE (Iofetamine HCl I 123 Injection) in the average adult patient (70 kg) is 111 to 222 megabecquerels (3 to 6 millicuries).

It is desirable to decrease thyroid accumulation of radioactive iodine by administering three drops of Potassium Iodide Oral Solution 1/2-1 hour before injection of SPECTAMINE.

Use contents of the vial up to six (6) hours after calibration time and date. Thereafter, discard the vial with its contents in accord with standard safety procedures.

SPECTAMINE is supplied as a sterile, apyrogenic, aqueous, isotonic sodium chloride solution in vials. Aseptic procedures and a shielded syringe should be employed when withdrawing doses for administration. The user should wear waterproof gloves during the administration procedure.

The patient dose should be measured by a suitable radioactivity calibration system immediately before administration.

SPECTAMINE should be administered by direct venipuncture. Imaging is optimal at about 10 minutes to 5 hours after injection of the drug.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

RADIATION DOSIMETRY: The estimated absorbed radiation dose to an average adult patient (70 kg) from an intravenous administration of a maximum recommended dose of 222 megabecquerels (6 millicuries) of SPECTAMINE at time of calibration and time of expiration are shown in Table 4. Radiation dose estimates include contributions from I 124, I 125, I 126, and I 130 impurities. Estimates are based on complete thyroid blockage.

Table 4. Estimated Absorbed Radiation Dose¹

Target Organ	At Calibration Time		At Expiration Time (6 hours after calibration)	
	mGy/222 MBq	rad/6 mCi	mGy/222 MBq	rad/6 mCi
Brain	5.88	0.58	6.6	0.66
Retina	4.4	4.4	4.7	4.7
Lens	7.6	0.76	9.0	0.90
Lung	14	1.4	16	1.6
Liver	13	1.3	14	1.4
Kidneys	4.2	0.42	4.7	0.47
Bladder	2.2	2.2	2.5	2.5
Thyroid	2.02	0.202	2.32	0.232
Testes	3.8	0.38	4.4	0.44
Ovaries	4.7	0.47	5.3	0.53
Red Marrow	5.2	0.52	5.8	0.58
Total Body	4.6	0.46	5.2	0.52

¹ Data supplied by Oak Ridge Associated Universities, Radiopharmaceutical Internal Dose Information Center, 1987; Rocky Mountain Medical Physics, Inc., Lakewood, Colorado, 1985
² If thyroid uptake of iodine I 123 is not blocked with potassium iodide and thyroid uptake is 25%, the estimated absorbed radiation dose to the thyroid is 370 milligrays (37 rads) if 222 MBq (6 mCi) of the drug is administered at calibration time and 470 milligrays (47 rads) if it is administered at expiration time

HOW SUPPLIED: SPECTAMINE is supplied in nominal 3.5 ml vials as a sterile, apyrogenic, aqueous, isotonic sodium chloride solution for intravenous injection. Each milliliter contains 37 megabecquerels (1 mCi) of Iofetamine HCl I 123 at calibration time.

It is available in individual vials containing 111 megabecquerels (3 mCi) of Iofetamine HCl I 123 at calibration time in a volume of 3 ml.

Vials are packaged in individual lead shields with plastic outer container.

Special Handling and Precautions: The contents of the vial are radioactive and adequate shielding and handling precautions must be maintained. The user should wear waterproof gloves and use shielding at all times when handling the vial.

National Drug Code number is: 17156-211-09

Storage: Store vial in its lead shield at a temperature of 5-30°C. Do not freeze.

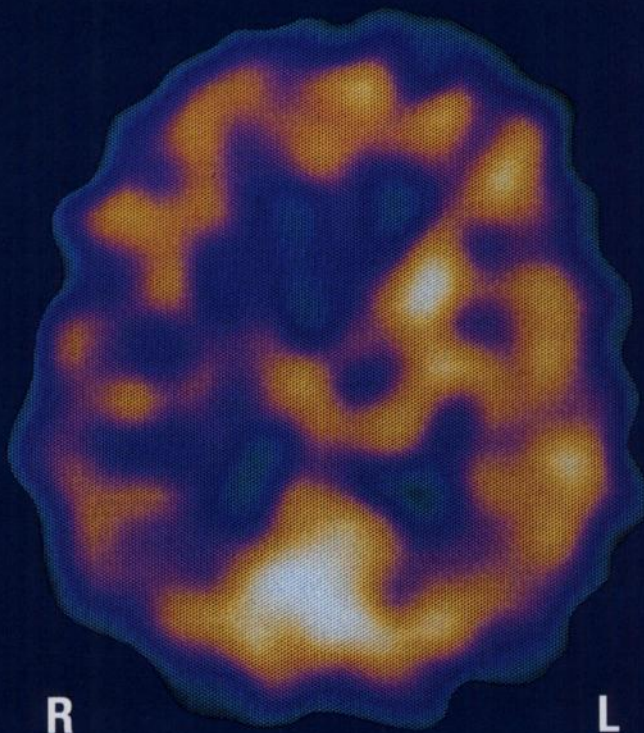
Disposal: Users should monitor the amount of radioactivity present prior to disposal of this product. Storage and disposal of SPECTAMINE should be in accordance with the conditions of Agreement State or Licensing State licenses and regulations, or other regulatory agency authorized to license the use of radionuclides.

Issued December 1987



Medi-Physics, Inc.
140 East Ridgewood Avenue
Paramus, NJ 07652

The dawn of metabolic brain imaging in the evaluation of stroke... and a new day for nuclear medicine



Patient history:

Patricia M, a 44-year-old woman with a history of hypertension, previous TIAs, right carotid endarterectomy

Reason for admission:

Onset of left-sided weakness and numbness

CT interpretation:

Normal

SPECTamine interpretation:

Decreased right hemisphere uptake in the region of the caudate nucleus, and less pronounced decrease in uptake in the right temporal lobe and lower right parietal lobe

SPECTamine image courtesy of the Medical College of Wisconsin, Milwaukee, WI

Medi-Physics proudly announces the availability of

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NEW!

Wipe Test Counters



- Measure surface contamination levels in areas where radiopharmaceuticals are prepared, used or stored.
- Meet new Nuclear Regulatory Commission requirements for determining contamination levels.
- Dedicated instruments are low in cost, easy to use.

Both the Deluxe Wipe Test Counter (with LED digital display) and the Standard Wipe Test Counter include a ¹³⁷Cs, 1 μ Ci test source, plus a package of 200 pre-numbered 1/2" diameter wipes.

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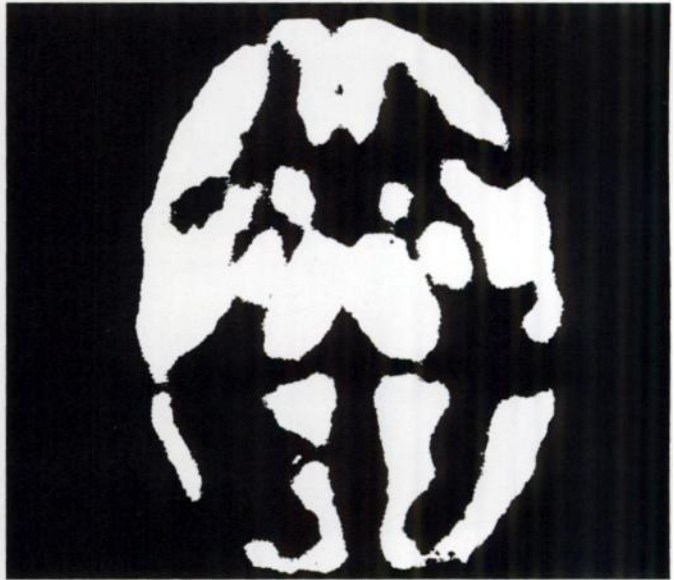
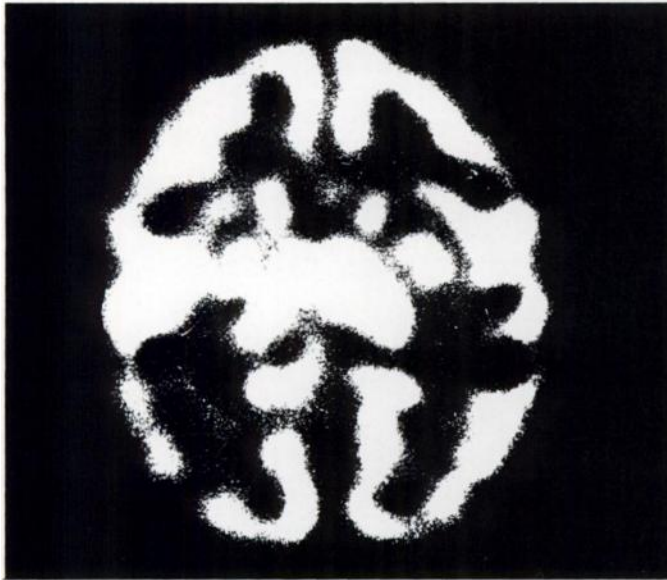


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- ▶ Quality Single Slice Images in Less Than One (1) Minute
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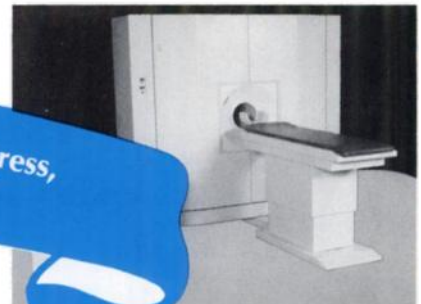
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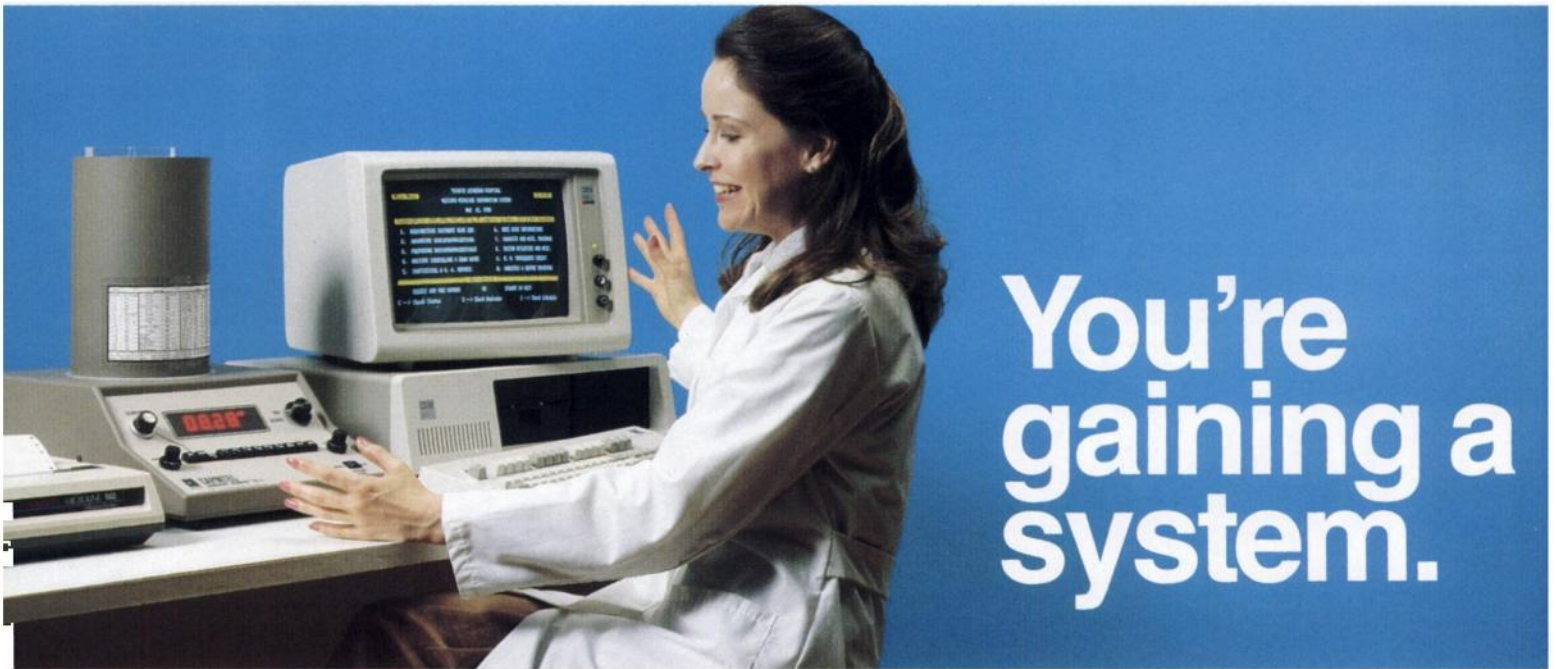
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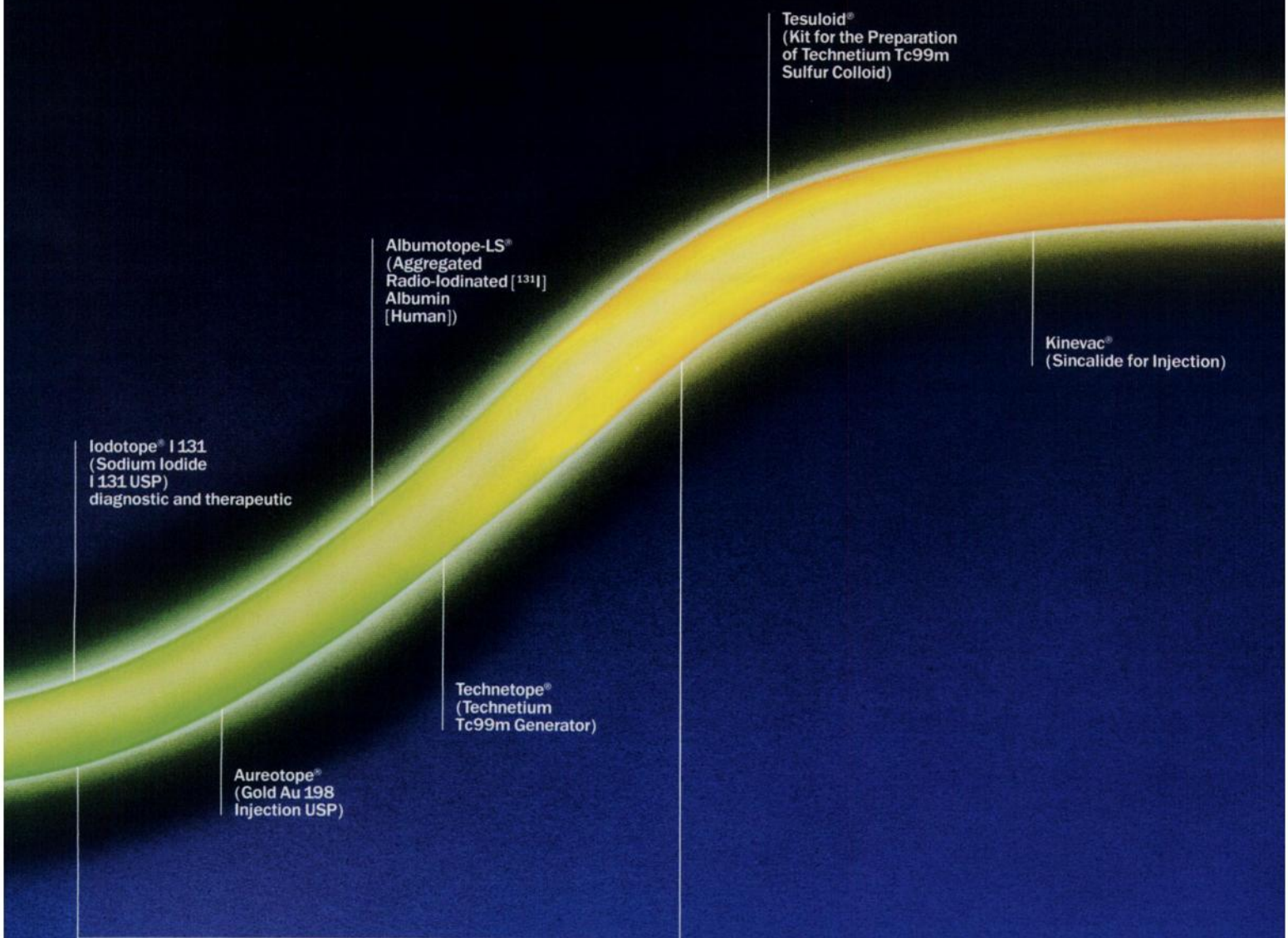
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A Profile of Progress in Nuclear Medicine



The Years of Growth

Nuclear medicine emerged from the experimental stage into a phase of rapid clinical growth. The number of procedures performed rose rapidly during the 1960s. During this same period, Squibb Diagnostics developed

and introduced important products and services for nuclear medicine, including the first sterile technetium generator, nuclear medicine training seminars and technical support through the Technical Associates Program.

The Years of Refinement

The '70s saw the development of other imaging modalities which drew procedures away from nuclear medicine and slowed its growth. Developments and advances continued, however, and Squibb

introduced a variety of radiopharmaceutical products, including Macrotec. Squibb's Choletec* was introduced in 1987, and quickly became the premier hepatobiliary imaging agent.

Nuclear Medicine: A Distinguished Past, A Promising Future

Macrotec®
(Kit for the
Preparation of
Technetium Tc99m
Albumin Aggregated)

Choletec®
(Kit for the
Preparation of
Technetium Tc99m
Mebrofenin)

New heart imaging agents

New brain imaging agent

The Years of Promise

The future of nuclear medicine is bright, and Squibb's contributions to it continue. New Squibb brain and heart agents are now in clinical development. In addition to extensive research and development, the Squibb

contribution to nuclear medicine continues with technical support and professional education programs.

*See brief summary on following page.

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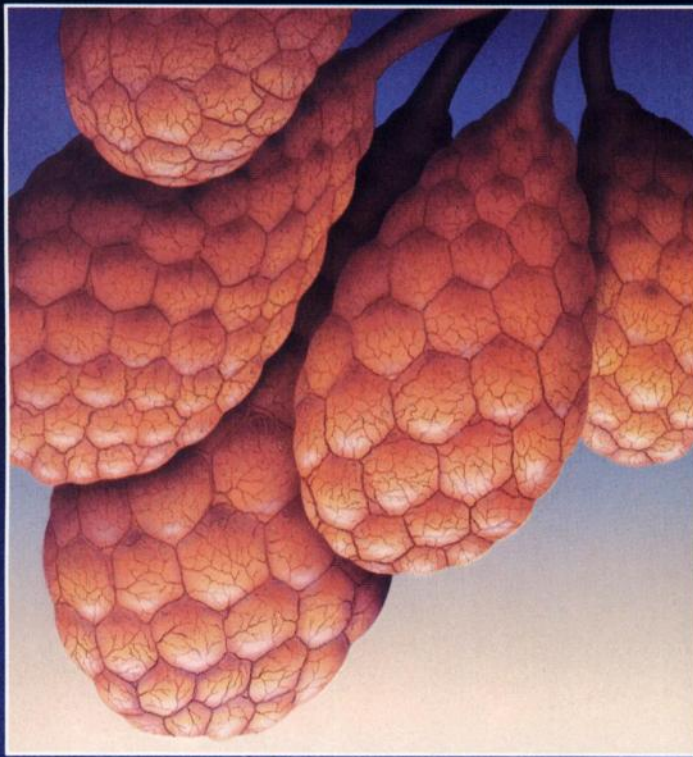


SQUIBB™
Diagnostics

MACROTEC™

(Kit for the Preparation of Technetium Tc 99m Albumin Aggregated)

The Highest Radiochemical Purity, The Lowest Supernatant Activity*



“It can be assumed that maximum target-to-background ratios in lung perfusion imaging are associated with minimum supernatant activity levels.”**

In a multicenter in vitro evaluation of MAA kits, MACROTEC demonstrated the highest radiochemical purity and the lowest supernatant activity of all kits tested.* MACROTEC tested consistently better than other kits, with the lowest supernatant activity levels at the time of reconstitution and 6 hours postpreparation.

*Callahan RJ, Swanson DP et al. A multi-institutional in vitro evaluation of commercial Tc 99m Macroaggregated Albumin Kits. J Nucl Med Tech;14:(No. 4)206-209, 1986

MACROTEC demonstrated the highest radiochemical purity (RCP) as measured by supernatant activity

LOW SUPERNATANT ACTIVITY—for high target-to-background ratios

OPTIMAL PARTICLE SIZE—more than 90% of particles in the 10-90 micron range for diagnostic efficacy and reduced activity in the liver and nontarget areas

LOW RADIATION EXPOSURE—consistent with ALARA (as low as reasonably achievable)

A UNIQUE INDICATION—the only MAA product indicated for use in isotopic venography

MACROTEC™ Kit for the Preparation of Technetium Tc 99m Albumin Aggregated Diagnostic—For Intravenous Use DESCRIPTION

Macrotec is a sterile, nonpyrogenic, lyophilized preparation of albumin aggregated. Each 5 mL vial of Macrotec contains 1.5 mg of Albumin Aggregated, 10.0 mg Albumin Human, 0.07 mg (minimum) stannous chloride ($\text{SnCl}_2 \cdot 2\text{H}_2\text{O}$) and 0.19 mg total tin, maximum (as stannous chloride, $\text{SnCl}_2 \cdot 2\text{H}_2\text{O}$), 1.8 mg of sodium chloride with trace amounts of sodium acetate, acetic acid and hydrochloric acid. Macrotec contains no preservatives. The pH of the reconstituted product is between 3.8 and 8.0.

The aggregated particles are formed by denaturation of Albumin Human in a heating and precipitation process. Each vial contains 2-7 million particles, 90% of which are between 10 and 90 microns in size. The average size is 20 to 40 microns; no particles are greater than 150 microns.

Reconstitution of Macrotec with sterile sodium pertechnetate Tc 99m forms an aqueous suspension of Technetium Tc 99m Albumin Aggregated for diagnostic use by intravenous injection. No less than 90% of the pertechnetate Tc 99m added to the reaction vial is bound to the aggregates at preparation time and remains bound throughout the 6-hour lifetime of the suspension.

INDICATIONS AND USAGE

Lung Imaging

Macrotec (Kit for the Preparation of Technetium Tc 99m Albumin Aggregated) is a lung imaging agent which may be used as an adjunct in the evaluation of pulmonary perfusion in adults and children. It is useful in the early detection of pulmonary emboli and in the evaluation of the status of the pulmonary circulation in such conditions as pulmonary neoplasm, pulmonary tuberculosis and emphysema.

Isotopic Venography

Macrotec is also indicated for use in isotopic venography as an adjunct in the screening, diagnosis and management of deep vein thrombosis in the lower extremities.

Combined isotopic venography of the lower extremities and the pulmonary vasculature may be performed.

CONTRAINDICATIONS

Technetium Tc 99m Albumin Aggregated Injection should not be administered to patients with severe pulmonary hypertension.

The use of Technetium Tc 99m Albumin Aggregated Injection is contraindicated in persons with a history of hypersensitivity reactions to products containing human serum albumin.

WARNINGS

The literature contains reports of deaths occurring after the administration of Albumin Aggregated to patients with pre-existing severe pulmonary hypertension. Instances of hemodynamic or idiosyncratic reactions to preparations of Technetium Tc 99m Albumin Aggregated have been reported.

PRECAUTIONS

General

In patients with right to left heart shunts, additional risk may exist due to the rapid entry of Albumin Aggregated into the systemic circulation. The safety of this agent in such patients has not been established.

Hypersensitivity reactions are possible whenever protein-containing materials such as pertechnetate labeled Albumin Aggregated are used in man. Epinephrine, antihistamines and corticosteroids should be kept available for immediate use.

The intravenous administration of any particulate material such as Albumin Aggregated imposes a temporary, small mechanical impediment to blood flow. While this effect is probably physiologically insignificant in most patients, the administration of Albumin Aggregated is possibly hazardous in acute cor pulmonale and other states of severely impaired pulmonary blood flow.

The components of the Macrotec (Kit for the Preparation of Technetium Tc 99m Albumin Aggregated) are sterile and nonpyrogenic. It is essential to follow directions carefully and adhere to strict aseptic procedures during preparation.

Contents of the vial are intended only for use in the preparation of Technetium Tc 99m Albumin Aggregated Injection and are NOT to be administered directly to the patient.

The contents of the kit before preparation are not radioactive. However, after the sodium pertechnetate Tc 99m is added, adequate shielding of the final preparation must be maintained.

The technetium Tc 99m labeling reactions involved depend on maintaining the stannous ion in the reduced state. Hence, sodium pertechnetate Tc 99m containing oxidants should not be employed.

The preparation contains no bacteriostatic preservative. Technetium Tc 99m Albumin Aggregated Injection should be stored at 2-8°C and discarded 6 hours after formulation.

Technetium Tc 99m Albumin Aggregated Injection is a physically unstable suspension and consequently the particles settle with time. Failure to agitate the vial adequately before use may result in non-uniform distribution of radioactive particles.

If blood is drawn into the syringe, unnecessary delay prior to injection may result in clot formation.

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.

As in the use of any other radioactive material, care should be taken to minimize radiation exposure to patients consistent with proper patient management, and to minimize radiation exposure to clinical personnel.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long-term animal studies have been performed to evaluate carcinogenic potential or whether Technetium Tc 99m Albumin Aggregated Injection affects fertility in males or females.

Pregnancy Category C

Animal reproduction and teratogenicity studies have not been conducted with Technetium Tc 99m Albumin Aggregated Injection. It is also not known whether Technetium Tc 99m Albumin Aggregated Injection can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. There have been no studies in pregnant women. Technetium Tc 99m Albumin Aggregated Injection should be given to a pregnant woman only if clearly needed.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, in women 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

The lowest possible number of particles should be used in the right-to-left shunting, in neonates and in severe pulmonary disease.

ADVERSE REACTIONS

Although adverse reactions specifically attributable to the Technetium Tc 99m Albumin Aggregated Injection have not been noted, the literature contains reports of deaths occurring after the administration of Albumin Aggregated to patients with pre-existing severe pulmonary hypertension. Instances of hemodynamic or idiosyncratic reactions to preparations of Technetium Tc 99m Albumin Aggregated have been reported.

HOW SUPPLIED

Macrotec (Kit for the Preparation of Technetium Tc 99m Albumin Aggregated) is supplied as a kit containing 10 reaction vials (5 mL size), 10 pressure sensitive labels and 1 package insert. (J3-436L)

CIRCLE 67 ON READER SERVICE CARD

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Diagnostics

608-504

Issued July 1988

IN A FOG??

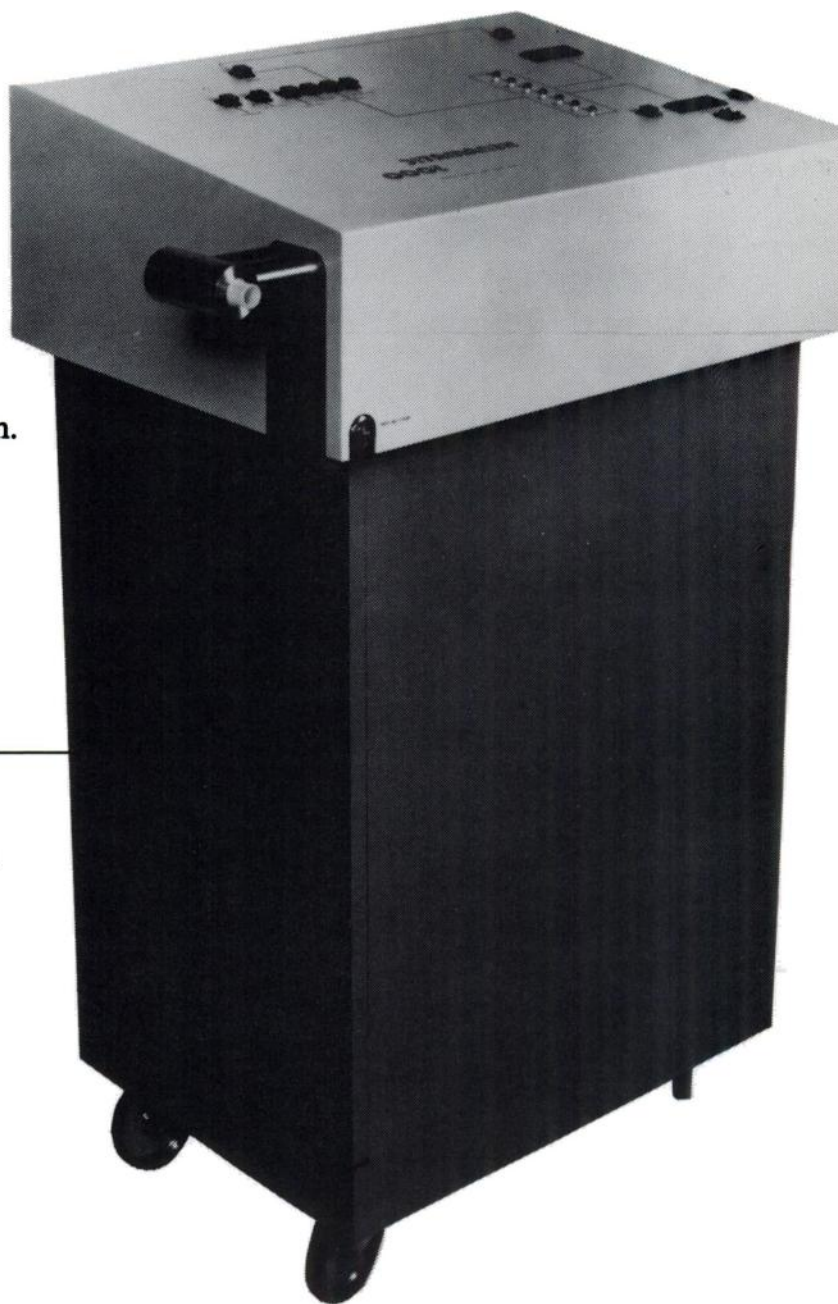
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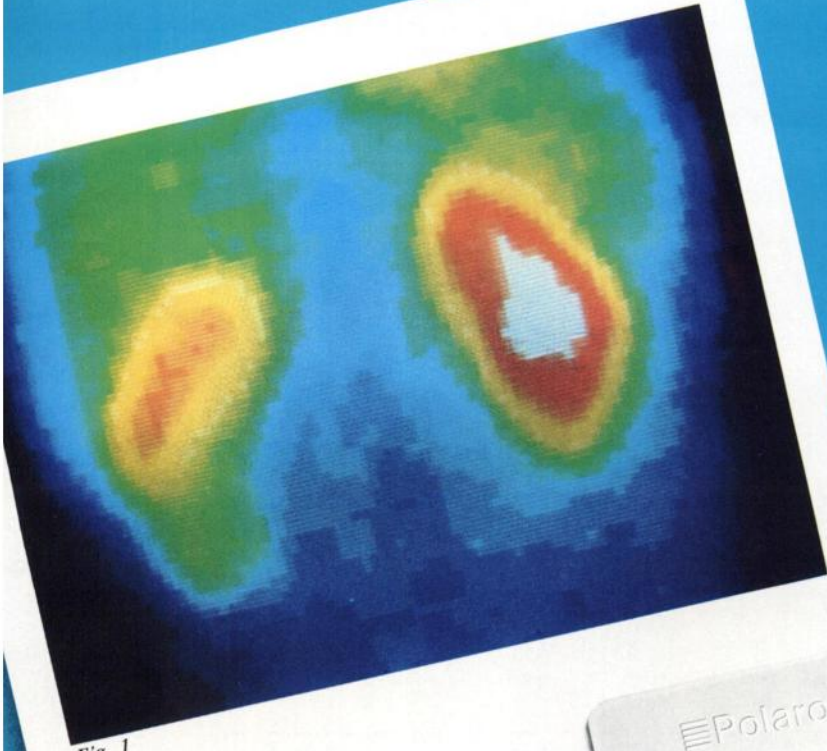


Fig. 1

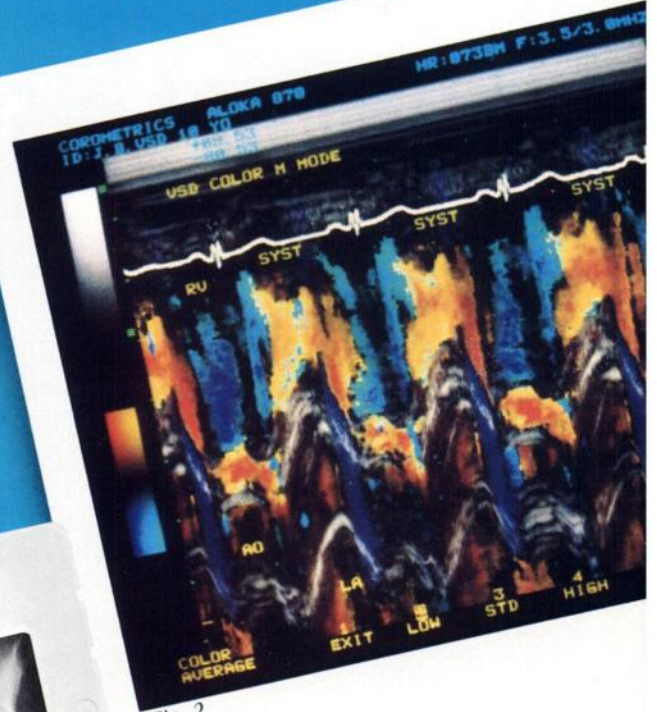


Fig. 2



Fig. 5

Instant Slide



Fig. 4

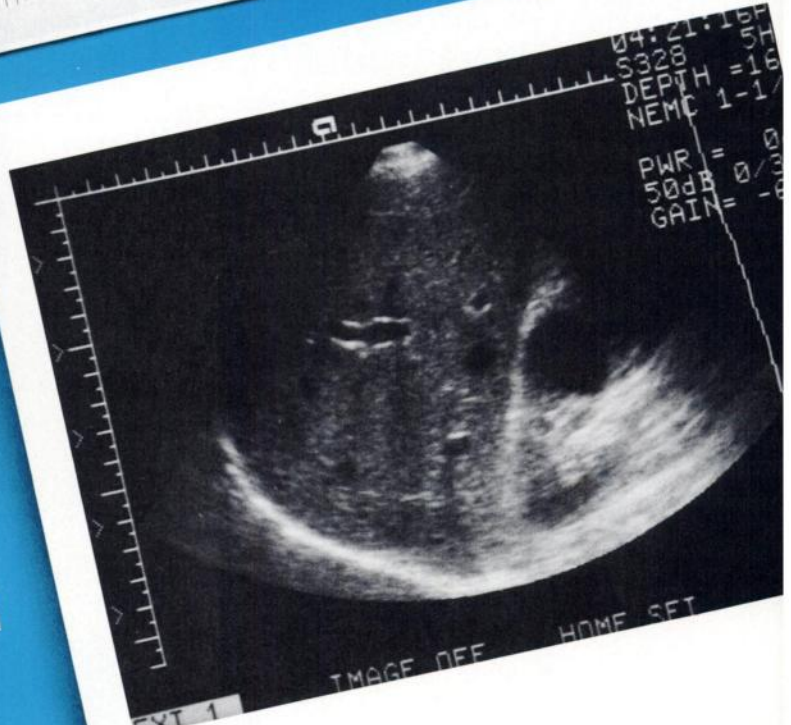


Fig. 3

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For cardiology (Fig. 2), this color M-Mode of a ventricular septal defect was taken on Type 339 AutoFilm. This film is used with most new color flow mapping systems and displays consistent, accurate color and requires no pulling, timing or peeling.

The abdominal ultrasound image (Fig. 3) taken with the Aspect video image recorder, shows the liver and right kidney on Type 331 AutoFilm. The AutoFilm image ejects and develops automatically and delivers excellent gray scale reproduction and long-term stability unmatched by thermal images.

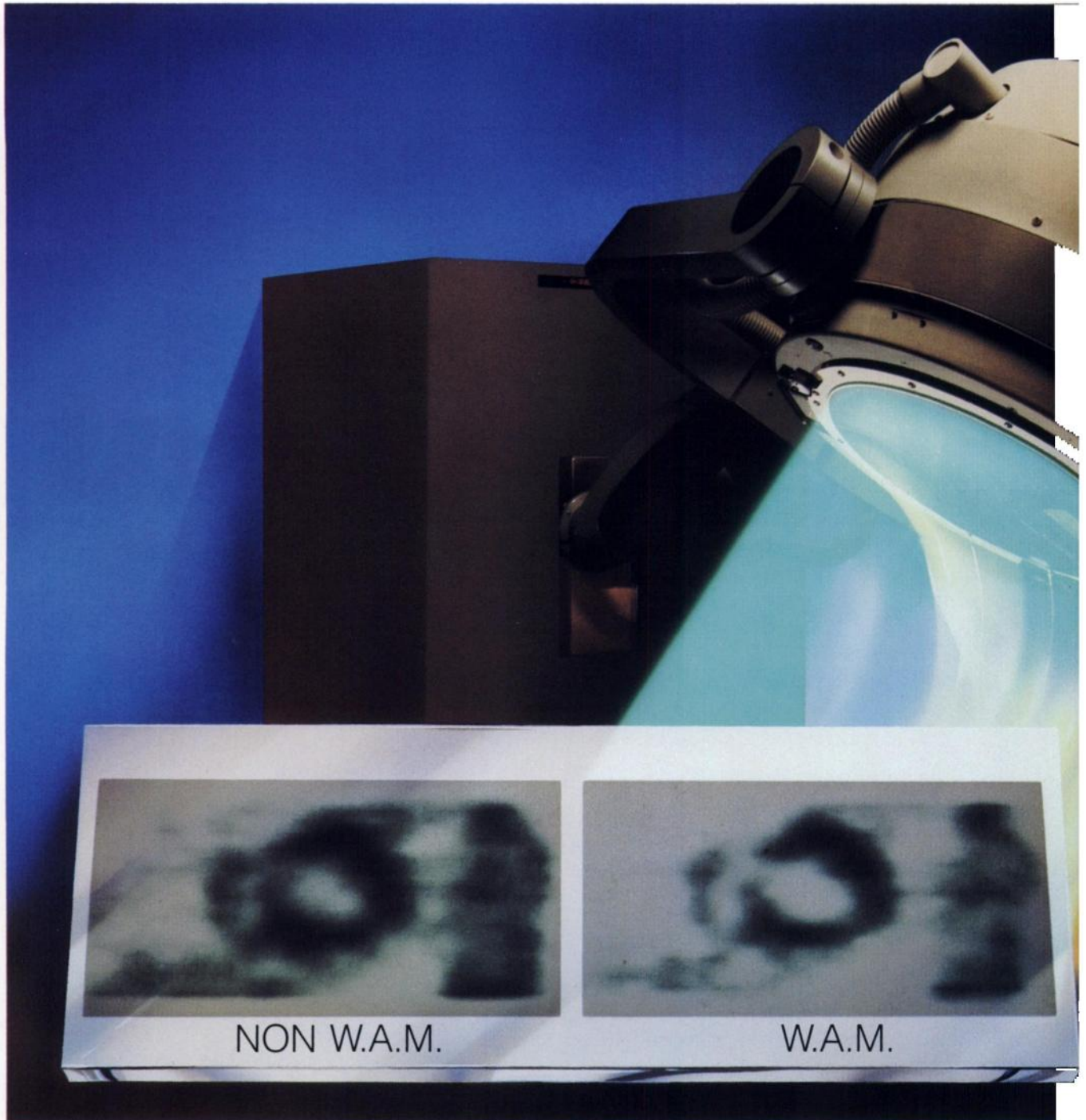
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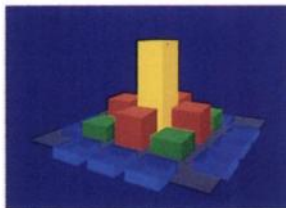
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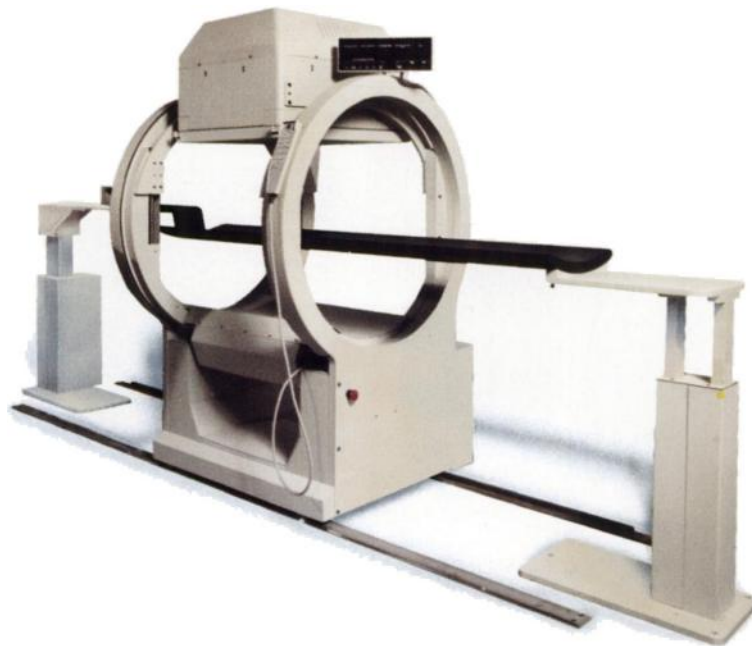
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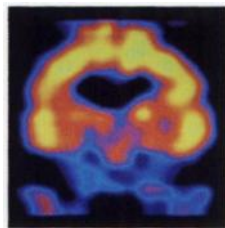


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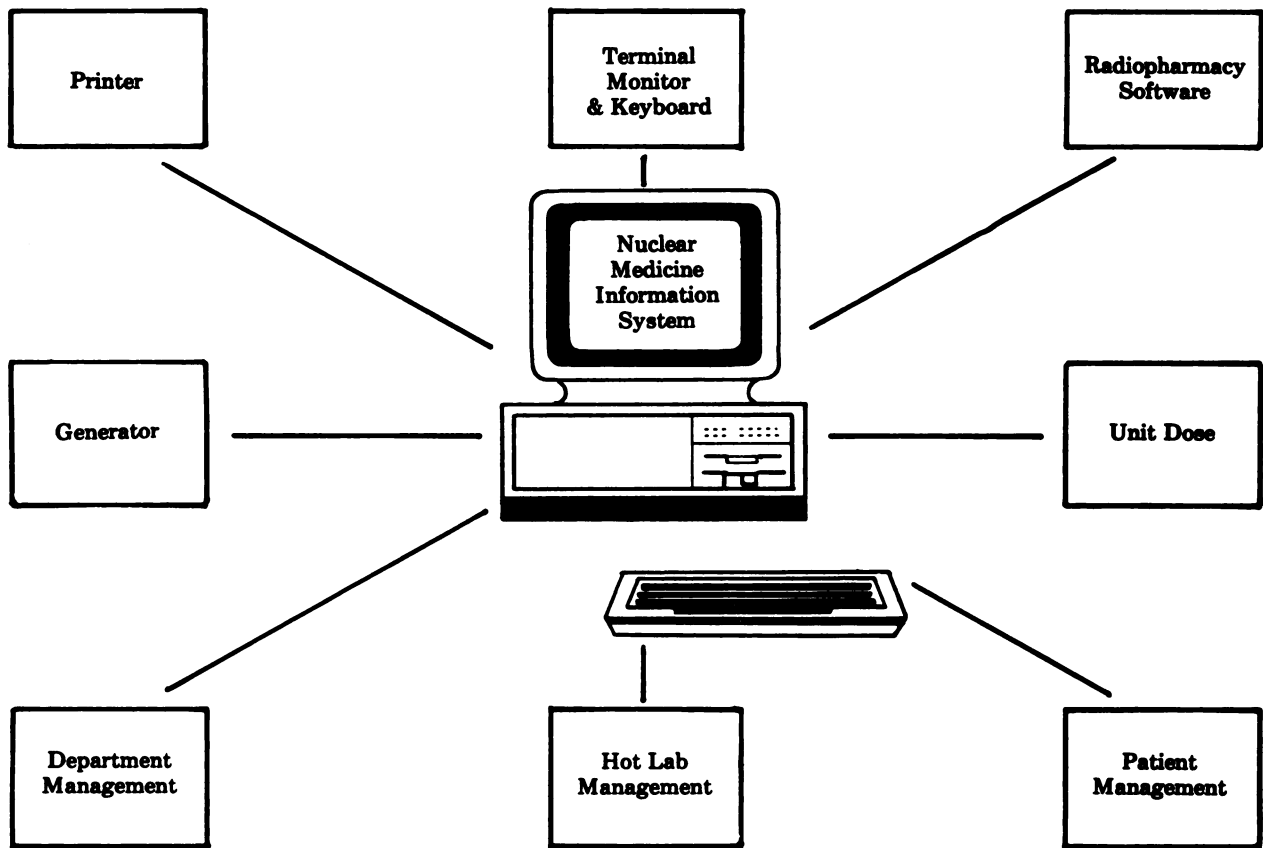


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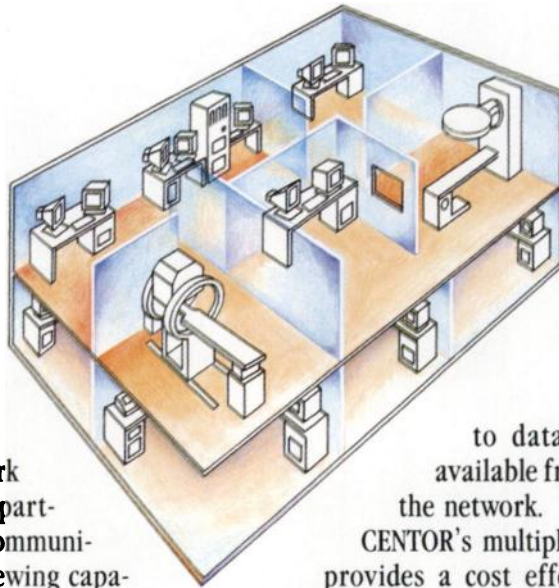


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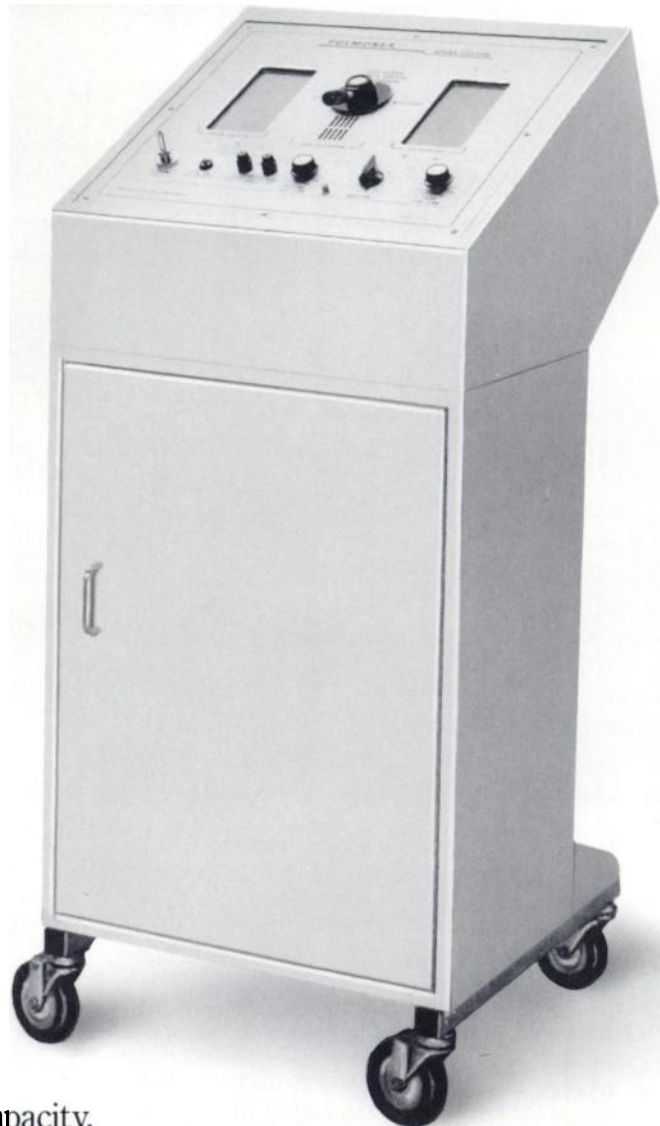
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From The Technologist Section . . .

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This publication is designed to aid allied health and nuclear medicine technology educators in developing appropriate assessment instruments for evaluating student performance.

The 6 assessment tools described are: checklists, rating scales, anecdotal records, critical incident technique, questionnaires, and data forms.

While indispensable to professionals in nuclear medicine and related technology programs, the information contained herein will also be useful to those involved in personnel evaluation.

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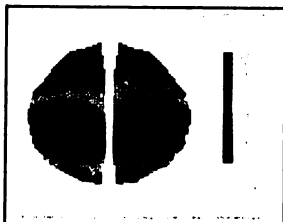
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BRIEF SUMMARY

THALLOUS CHLORIDE TI 201 INJECTION

Diagnostic - For Intravenous Use

DESCRIPTION—Thallous Chloride TI 201 Injection is supplied in an isotonic solution as a sterile, non-pyrogenic diagnostic radiopharmaceutical for intravenous administration. Each milliliter contains 37 megabecquerels (1 millicurie) Thallous Chloride TI 201 at calibration time, made isotonic with 9 milligrams sodium chloride and preserved with 0.9% (v/v) benzyl alcohol. The pH is adjusted to between 4.5 to 7.0 with hydrochloric acid and/or sodium hydroxide. Thallium TI 201 is cyclotron produced. At the time of calibration it contains no more than 1.0% Thallium TI 200, no more than 1.0% Thallium TI 202, no more than 0.25% radionuclides Leads and no less than 98% Thallium TI 201 as a percentage of total activity. No carrier has been added.

INDICATIONS AND USAGE—Thallous Chloride TI 201 may be useful in myocardial perfusion imaging and for the diagnosis and localization of myocardial infarction.

It may also be useful in conjunction with exercise stress testing as an adjunct in the diagnosis of ischemic heart disease (atherosclerotic coronary artery disease).

It is usually not possible to differentiate recent from old myocardial infarction, or to differentiate exactly between recent myocardial infarction and ischemia.

CONTRAINDICATIONS—None known.

WARNINGS—When studying patients suspected or known to have myocardial infarction or ischemia, care should be taken to assure continuous clinical monitoring and treatment in accordance with safe, accepted procedures. Exercise stress testing should be performed only under the supervision of a qualified physician and in a laboratory equipped with appropriate resuscitation and support apparatus.

PRECAUTIONS—Data are not available concerning the effect on the quality of Thallous Chloride TI 201 images of marked alterations in blood glucose, insulin or pH (such as is found in diabetes mellitus). Attention is directed to the fact that thallium is a potassium analog, and since the transport of potassium is affected by these factors, the possibility exists that the Thallous Chloride TI 201 may likewise be affected.

General—This drug should not be used after six (6) days from the calibration date, or nine (9) days from date of manufacture, whichever comes first.

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

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

Carcinogenesis, Mutagenesis, Impairment of Fertility—No long-term animal studies have been performed to evaluate carcinogenic potential, mutagenic potential or whether this drug affects fertility in males or females.

Pregnancy Category C—Animal reproductive studies have not been conducted with Thallous Chloride TI 201. It is also not known whether Thallous Chloride TI 201 can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Thallous Chloride TI 201 should be given to a pregnant woman only if clearly needed.

Ideally, examination using radiopharmaceutical drug products - especially those elective in nature - of women of childbearing capability should be performed during the first ten days following the onset of menses.

Nursing Mothers—It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, as a general rule nursing should not be undertaken when a patient is administered radioactive material.

Pediatric Use—Safety and effectiveness in children below age 18 have not been established.

ADVERSE REACTIONS—A single adverse reaction to the administration of Thallous Chloride TI 201 has been reported consisting of hypotension accompanied by pruritus and a diffuse rash which responded to antihistamines and steroids within one hour.

DOSAGE AND ADMINISTRATION—The recommended adult (70 kg) dose of Thallous Chloride TI 201 is 37 to 74 MBq (1 to 2 mCi). Thallous Chloride TI 201 is intended for intravenous administration.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if contents are turbid.

Waterproof gloves should be worn during the handling procedures.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

With a shielded sterile syringe, aseptically withdraw the material for use.

For resting Thallous Chloride TI 201 studies, imaging should begin 10 to 20 minutes after injection. Myocardial-to-background ratios are improved when patients are injected upright and in the fasting state; the upright position reduces the hepatic and gastric Thallium TI 201 concentration.

When utilized in conjunction with exercise stress testing, Thallous Chloride TI 201 should be administered at the inception of a period of maximum stress which is sustained for approximately 30 seconds after injection. Imaging should begin within ten minutes after administration to obtain maximum target-to-background ratios. Several investigators have reported that within two hours after the completion of stress testing the target-to-background ratios may decrease significantly in lesions that are attributable to transient ischemia.

HOW SUPPLIED—Thallous Chloride TI 201 is supplied in a sterile, non-pyrogenic solution for intravenous administration. Each ml contains 37 MBq (1 mCi) Thallous Chloride TI 201 at calibration time, 9 mg sodium chloride and 0.9 percent (v/v) benzyl alcohol. The pH is adjusted to between 4.5 to 7.0 with hydrochloric acid and/or sodium hydroxide solution. Vials are available in the following quantities of radioactivity: 74, 111, 148, 296, and 333 megabecquerels (2, 3, 4, 8, and 9 millicuries) of Thallium TI 201.



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EUROPEAN NUCLEAR MEDICINE CONGRESS 1988

**AUGUST 26-SEPTEMBER 2
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SCIENTIFIC PROGRAM

Plenary sessions, with lectures given by invited speakers, will concern the following main topics: Oncology, Emission Tomography, Cardiology, Pediatrics, Neurology. Scientific Papers, "Works-in-Progress," Technicians' Program, Scientific and Commercial Exhibition, Pre- and Post-Congress Meetings are also included.

Topics related to nuclear medicine will be considered for inclusion in the scientific program as follows:

Instrumentation: Instrumentation and New Technologies, Emission Computed Tomography (SPECT and PET), NMR, Computers, Image Processing, Artificial Intelligence, Quality Control of Instrumentations.

Radiopharmaceuticals: Radiopharmaceutical Chemistry, New Radiopharmaceuticals, Radiolabeled Monoclonal Antibodies for Cancer Diagnosis and Therapy, Studies on Cell and Animal Models, Kinetics of Tracers, Quality Control of Radiopharmaceuticals, Dosimetry.

In Vitro Applications: Tumor Markers, Radioimmunoassays, Cell Labeling Quality Control, Genetic Engineering.

Clinical Applications: Cardiology and Circulation, Gastroenterology, Nephrology, Neurology, Hematology, Endocrinology, Pediatrics, Bone/Joint Diseases, Pulmonary Diseases, Thyroid Diseases, Metabolic Therapy, Radiation Risks.

EXHIBITION

A comprehensive exhibition of equipment and radiopharmaceutical manufactures will be on display.

GENERAL INFORMATION

Call for Abstracts: Official Abstract Sheets may be obtained by writing to the Official Organizing Offices, O.I.C. Incentive -Viale Majno, 21-1 20122 Milano. The deadline for the receipt of abstracts is March 1, 1988.

Registrations and Fees: Members of the European Association of Nuclear Medicine (EANM), regularly registered, will have free admission to the Congress, provided that they present their 1988 Membership card at the Registration Desk, or send a copy to the Official Organizing Offices. EANM Members must pay their fees by April 15, 1988. New EANM membership applications will be accepted only until April 15, 1988.

The registration fees for non-members will be Lit. 220.000 + VAT by June 15, 1988 and Lit. 300.000 + VAT after June 15, 1988.

Social Program: A comprehensive social program has been planned, including the Opening Ceremony with a concert and welcome cocktail (inclusive in the registration fee); an organ concert in one of the most beautiful churches of Milano; a dancing dinner in an old villa near Milano; the Farewell Party.

PRESIDENT OF THE CONGRESS: Prof. Dott. Gian Luigi Buraggi

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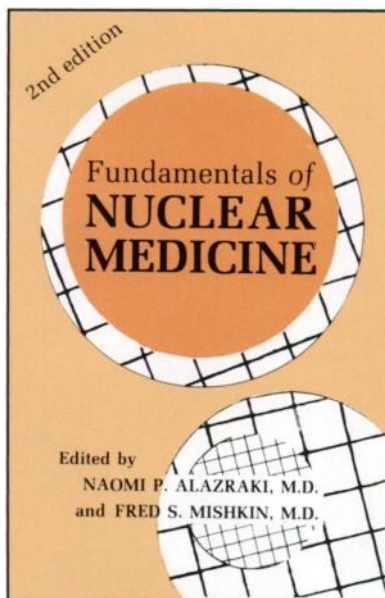
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Fundamentals of Nuclear Medicine, 2nd Edition, provides physicians, physicians-in-training, scientists, and technologists with a comprehensive introduction to the basic principles of nuclear medicine, including the most recent advances in this fast-changing field.

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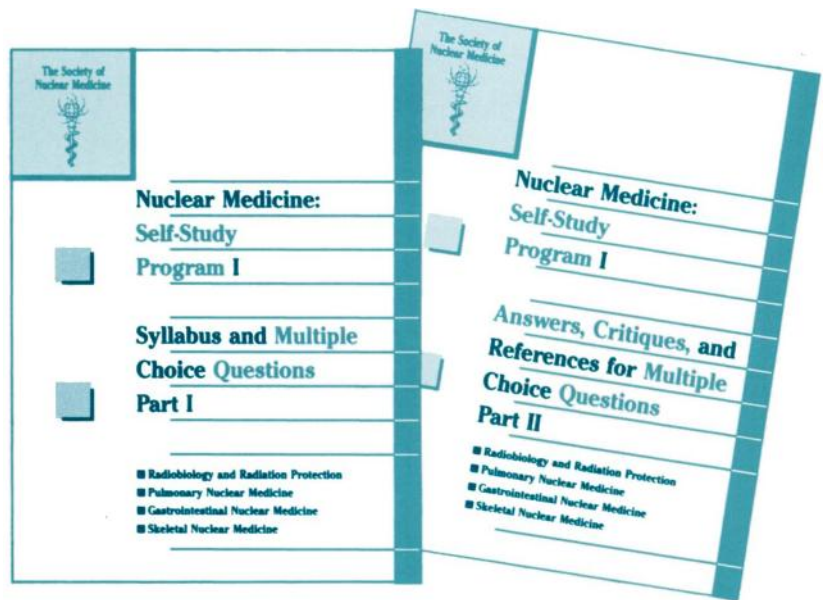
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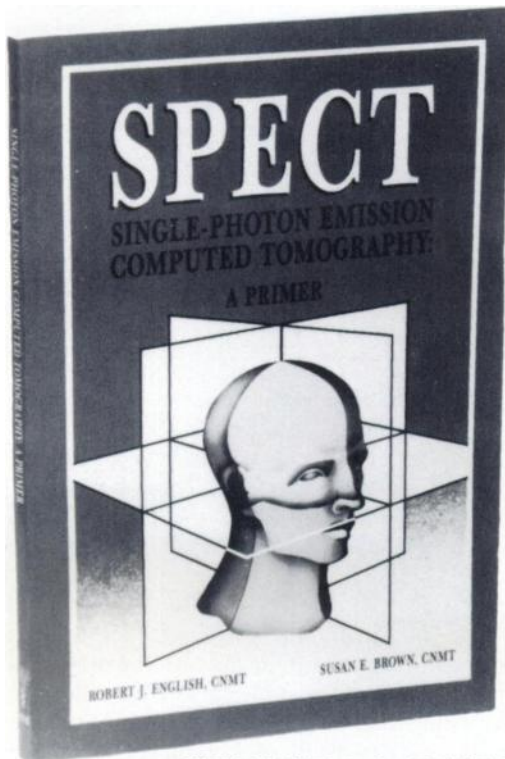
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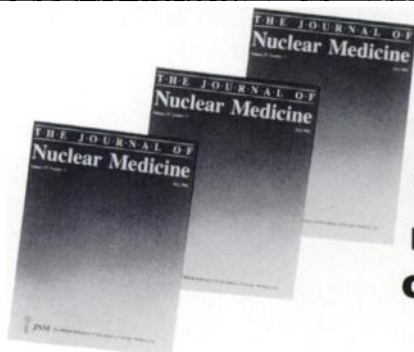


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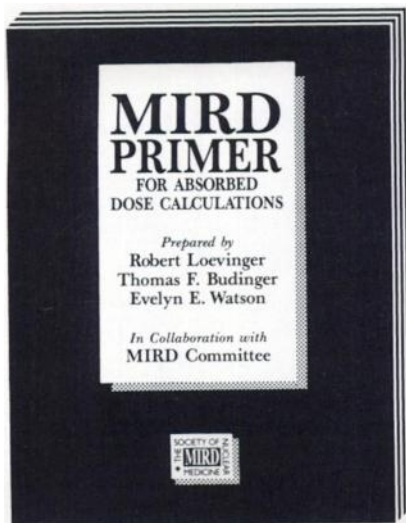
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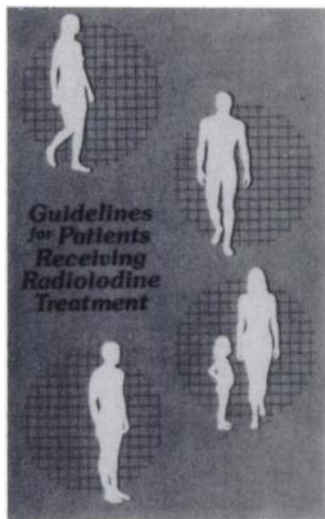
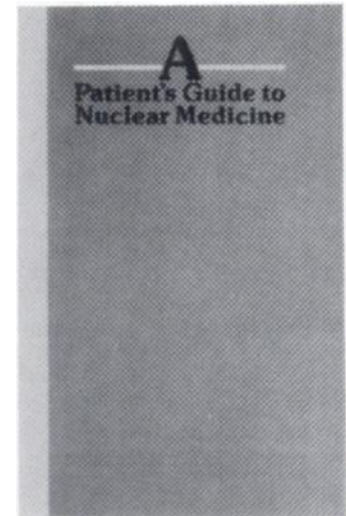
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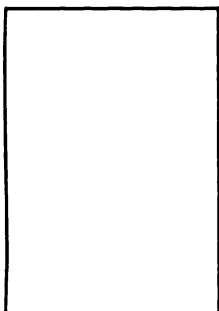
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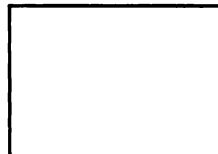
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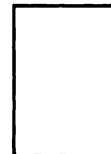
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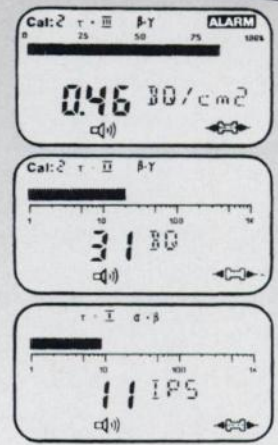
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Nuclear Medical Technologists (CNMT)

The diagnostic lab at OUR LADY OF THE LAKE Regional Medical Center in Baton Rouge, LA is currently seeking Nuclear Medical Technologists who are CNMT registered or registry eligible. We offer assistance with interviewing and moving expenses, an excellent salary structure, and a comprehensive benefit package.

We are located one hours drive from historic New Orleans and three hours drive from the sandy beaches of Florida.

Interested candidates call or send confidential resume to:

Dawn Abbott
Human Resources Dept.
Our Lady of the Lake
Regional Medical Center
5000 Hennessy Blvd.
Baton Rouge, LA 70809
(504)765-8803



NUCLEAR MEDICINE TECHNOLOGIST PANAMA CITY, FLORIDA

Bay Medical Center, a 284-bed growing regional medical center on northwest Florida's beautiful gulfcoast, has an opening for a Nuclear Medicine Tech. Modern state-of-the-art department offering an excellent work environment and a commitment to quality health care.

We are located in the heart of Florida's finest recreational and educational opportunities.

Excellent salary and benefits. For more information, contact **Phillip Wright, Human Resources Department, BAY MEDICAL CENTER, 615 N. Bonita Ave., Panama City, FL 32401. (904) 769-4688.**



Equal Opportunity Employer

NUCLEAR MEDICINE TECHNOLOGIST

Registered or registry eligible position available in our 615-bed teaching hospital located in Dearborn, Michigan.

Equipment in our progressive Nuclear Medicine Department includes 2 SPECT Cameras, a Single Pass Dual Head Whole Body Camera, Portable Camera with Computer, and 2 LFOV Cameras.

We offer a competitive salary and benefits package including paid vacation and sick benefits, tuition assistance program and an on-site day care facility. For immediate consideration, send resume or call: **Personnel Employment Office, Oakwood Hospital, 18101 Oakwood Blvd., Box 2500, Dearborn, MI 48123-2500, (313) 593-7145.**



Oakwood Hospital

Equal Opportunity Employer

Chief Technologist

Nuclear Medicine

Challenging opportunity exists for individual to work as a Chief Technologist in the Department of Nuclear Medicine. The department is a very active and progressive one which includes clinical care, education and research. Instrumentation includes ten scintillation cameras, four of which are SPECT units. Seven are interfaced with Micro-Delta cameras, which are in turn linked to a VAX/750 and VAX/780 network. The installation of a Posicam PET unit with dual PDAS computer systems and a Trionix Triad SPECT scanner with a Sun Computer will be clinically operational within 2-3 months.

Successful candidate must be a registered Nuclear Medicine Technologist with a BS, BA or AA degree with Certification by ARRT and CNMT. A minimum of 5 years' experience as a Nuclear Medicine Technologist in an active and progressive department with 1-2 years' supervisory experience. Experience in SPECT is required with a strong interest or experience in PET and research preferred. Excellent salary and benefits program.

Please send resume to Patricia Portaro, Staffing Manager, The Cleveland Clinic Foundation, One Clinic Center, 9500 Euclid Avenue, Cleveland, Ohio 44195.

**THE CLEVELAND CLINIC
FOUNDATION**

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Staff Physician

Nuclear Medicine Department, Division of Radiology, The Cleveland Clinic Foundation, has a position available for a full-time staff physician, board certified/eligible, ABR with special competency in Nuclear Radiology or ABNM with experience in Nuclear Cardiology and experience or training in SPECT.

Active and progressive department that includes clinical care, education and research. Large, busy department performs 14,000 procedures/year with state-of-the-art equipment including 4 SPECT units, 7 computers interfaced with Vax 750,780. PET and Triad SPECT units will be clinically operational within 2-3 months. Salary and benefits are competitive and commensurate with training and experience.

Send inquiry and CV to R.T. Go, M.D., Chairman, Department of Nuclear Medicine, The Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, Ohio 44106. (216) 444-2665.

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Nuclear Medicine Physician

Marshfield Clinic Section of Nuclear Medicine is seeking a BE/BC Nuclear Medicine physician to join its expanding out-patient/in-patient practice. State of the art equipment and facilities. 270 physician multispecialty private group practice physically adjacent to a 524 bed acute care teaching hospital. Major secondary and tertiary level referral center in unique rural setting. Please send curriculum vitae to:

Richard W. Miller, M.D.
Nuclear Medicine

1000 North Oak Avenue
Marshfield, WI 54449
or call collect at
(715) 387-5394



Marshfield Clinic

An Equal Opportunity Employer M/F

NUCLEAR MEDICINE TECHNOLOGIST

In our three decades, Holy Cross Hospital, located in sunny Fort Lauderdale, has grown to become a 597-bed center for health care that embraces virtually every medical specialty. We attribute our success to a teamwork of caring, dedicated professionals like you.

At present, we need a Nuclear Medicine Technologist, registered or registry eligible, with a Florida license. You must have experience with SPECT and cardiovascular experience is preferred. This is a full-time, day shift position with on-call rotation.

For more information on excellent salary and exceptional benefits including on-site wellness facility, a child care center, and temporary housing and/or relocation, call (305) 492-5792 collect, or send resume to: Personnel Services, Holy Cross Hospital, 4725 N. Federal Highway, Ft. Lauderdale, FL 33308. An Equal Opportunity Employer.



Holy Cross Hospital

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Nuclear Medicine Technologist

Full Time Days

Our 450-bed teaching medical center located in beautiful Western Connecticut offers an immediate opportunity for a Nuclear Medicine Technologist.

Our Nuclear Medicine Department seeks a candidate who is Certified (or eligible) in Nuclear Medicine and although prior experience is preferred, it is not essential.

Danbury Hospital offers an excellent salary and benefit package and an outstanding working environment.

Interested candidates should contact our Personnel Department at (203) 797-7330 or send a resume to:

 **Danbury hospital**
Hospital Ave., Danbury, CT 06810
an equal opportunity employer m/f

NUCLEAR MEDICINE TECHNOLOGIST

Maryview Medical Center, located 30 miles from Virginia Beach and within an hours drive of Colonial Williamsburg, has an opening for a full-time Nuclear Medicine Tech. Our department has some of the latest technologies while providing quality patient care to a broad patient population. Our department serves two cardiology groups along with the needs of many other general and specialty physicians. Maryview has a complete list of benefits including medical insurance, long term disability, dental coverage, paid sick leave, vacation, and much more. We offer a competitive salary plus call pay. Maryview Medical Center values you as a professional as reflected in our Bon Secours mission "Good Help To Those In Need". Interested and qualified candidates should send resume to:



Maryview Medical Center
Human Resources Department
3636 High St.
Portsmouth, VA 23707.

An Equal Opportunity Employer

NUCLEAR MEDICINE TECHNOLOGIST

Clinical research and teaching position available for an experienced certified nuclear medicine technologist to participate in project to transfer the technologies for utilizing monoclonal antibodies for imaging and therapy of cancer into community practice. Knowledge of SPECT and computer, knowledge of New Jersey hospitals; interest in education of other professionals. Send resume and list of references to:

Director of Technology Transfer Center
Center for Molecular Medicine and Immunology
1 Bruce St.
Newark, NJ 07103.
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NUCLEAR MEDICINE PROFESSIONALS

Parkland Memorial Hospital, an expanding 940-bed acute care facility and teaching hospital serving Dallas County, is seeking a registered or registry eligible Nuclear Medicine Technologist.

For the new graduate, we offer excellent experience and an opportunity to refine your newly developed skill; for the experienced technologist we offer continued career growth in a state-of-the-art environment.

The nuclear medicine division will be installing a Diasonics ultra low field magnetic resonance imaging (MRI) unit for clinical and research use. Our Nuclear Medicine Technologists will be cross trained to have responsibility in MRI as well as nuclear medicine. The nuclear cardiology division has just received the first Prism Ohio Imaging Three Detector Tomographic Camera to be used for heart and brain research.

Parkland offers a comprehensive salary and benefit package. Our affiliation with the University of Texas Southwestern Medical Center offers excellent educational opportunities. For more information, please call (214)590-8064 or send resume to: Parkland Memorial Hospital, Professional Placement Office, 5201 Harry Hines Blvd., Dallas, TX 75235.

An Equal Opportunity Affirmative Action Employer



NUCLEAR MEDICINE TECHNOLOGIST

Winchester Medical Center, a 340-bed acute care general hospital, is currently accepting applications for a Nuclear Medicine Technologist. Our Nuclear Medicine Department, which is staffed by a supervisor and two technicians, features three Siemens cameras (one with SPECT capability) and a rapidly expanding nuclear cardiology section. Applicants must be registered or registry eligible. Previous experience is strongly preferred. For consideration, forward resume to:



Employment Coordinator
Winchester Medical Center, Inc.
P.O. Box 3340
Winchester, VA 22601
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Nuclear Medicine Technologist

Gessler Clinic, PA, a 33 physician multi-specialty clinic, has an opening for a technologist in nuclear medicine.

Gessler Clinic is located in Winter Haven, FL, home of Cypress Gardens and is 50 miles from Orlando and Tampa. Our work week is Monday-Friday, 8:00 AM-5:00 PM with good working conditions and benefits.

For more information contact:

Ms. Deborah Kerr, CNMT, RT(N)
635 1st St., North
Winter Haven, FL 33881
(813)294-0670.



You are cordially invited to join

The Society of Nuclear Medicine

and the

Technologist Section



The Society of Nuclear Medicine (SNM) is a multi-disciplinary organization of physicians, physicists, chemists, radiopharmacists, technologists, and others interested in the diagnostic, therapeutic, and investigational use of radiopharmaceuticals.

The Technologist Section of The Society of Nuclear Medicine is a scientific organization formed with, but operating autonomously from, the Society to promote the continued development and improvement of the art and science of nuclear medicine technology. Membership in the Section is open to any member of the Society regardless of category, who can provide evidence of training and/or experience in nuclear medicine technology that is satisfactory to the Membership Committee of the Section.

Benefits of Membership

- Receipt of the quarterly publication the *Journal of Nuclear Medicine Technology* and monthly *The Journal of Nuclear Medicine*.
- The right to hold elective office in the Section and SNM.
- Local networking with regional chapters and representation through the National Council and the Board of Trustees.
- Legislative representation on both local and national issues.
- An Annual Meeting each year, which includes scientific and continuing education sessions, workshops, and scientific and technical exhibits at member discounts.
- Books, educational aids, and audiovisuals at member discounts.
- Awards for outstanding achievements, and contributions to the technologist meetings, publications, and exhibits.
- Enrollment in the computerized continuing education accounting system (VOICE).

For more information, contact the Membership Department at:

The Society of Nuclear Medicine

**136 Madison Avenue
New York, NY 10016-6760
(212)889-0717**

Contributions or gifts to The Society of Nuclear Medicine, Inc. are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense.

THE SOCIETY OF NUCLEAR MEDICINE

Application for Membership

(see reverse side for instructions)



Last Name Dr, Mr, Mrs, Ms, Miss (CIRCLE ONE) _____	First Name _____	Middle Initial _____
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Check Degree(s) Earned:

MD ___ PhD ___ MA ___ MS ___ BA ___ BS ___ AA ___ AS ___ Other _____

Indicate Board Certification(s): ABNM ABR ABP ABIM ABSNM ABHP NMTCB

ASCP ARRT(N) ARRT(T) ARRT(R) Other _____

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Institutional Home Address

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IN-TRAINING STATUS
 YES NO Program Director _____

Projected Completion Date: _____ month/year PROGRAM DIRECTOR'S TELEPHONE NO. _____

Would you like to join the TECHNOLOGIST SECTION? Yes No

COUNCIL MEMBERSHIP (OPTIONAL) Academic Council Correlative Imaging Council Radioassay Council

Cardiovascular Council Instrumentation Council Radiopharmaceutical Council

Computer Council

NAME OF SNM MEMBER WHO SUGGESTED THAT YOU JOIN _____ (optional)

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPLICATION FEE _____ CHAPTER _____ ACCOUNT # _____	<input type="checkbox"/> Full <input type="checkbox"/> TS _____ <input type="checkbox"/> AM <input type="checkbox"/> R _____ <input type="checkbox"/> TM <input type="checkbox"/> IT _____ <input type="checkbox"/> AF	CHAIRMAN, MEMBERSHIP COMMITTEE (sign) _____ TECHNOLOGIST SECTION DESIGNEE (sign) _____
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THE SOCIETY OF NUCLEAR MEDICINE

Instructions to Application for Membership

1. Please complete and sign the enclosed application form, either printing or typing the information. Make sure you have completed all information requested in order to avoid unnecessary delays in processing.
2. A membership category will be assigned to you in accordance with the Society's Bylaws based on the information supplied on your application form.
3. To be eligible for "In-Training" status, at least 90 days must be remaining in your formal training program. No application processing fee is required.
4. Upon acceptance by the Society, you will automatically become a member of the regional chapter that covers your area of residence. If you wish membership in some other chapter, you should submit your request with your application. If no regional chapter exists for the area of your residence, you will be assigned "Membership-at-Large."
5. **A \$10.00 non-refundable processing fee must accompany the completed application form. Otherwise applications will not be processed.**
6. Receipt of your application will be acknowledged. Allow 4-6 weeks for processing and for receipt of the appropriate journals. DO NOT prepay your dues. An invoice will be sent to you upon approval of your application.

Guide to Membership Dues—1988

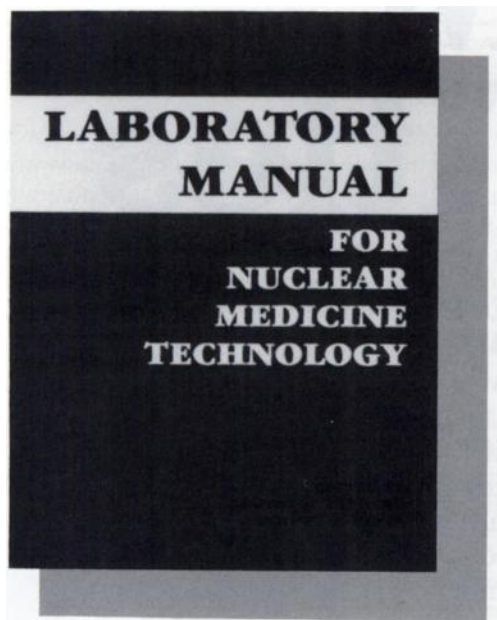
Membership Categories	Society	Technologist Section	Total
Full	\$100.00	—	\$100.00
Full-in-training	50.00	—	50.00
With Tech Section membership			
Doctoral degrees (MD, DO, PhD)	80.00	\$33.00	113.00
Doctoral degrees-in-training	40.00	16.50	56.50
All other degrees	75.00	33.00	108.00
All other degrees-in-training	37.50	16.50	54.00
Associate	75.00	—	75.00
Associate-in-training	37.50	—	37.50
With Tech Section membership			
Doctoral degrees	50.00	33.00	83.00
Doctoral degrees-in-training	25.00	16.50	41.50
All other degrees	50.00	33.00	83.00
All other degrees-in-training	25.00	16.50	41.50
Technologist (must be Tech Section member)	35.00	33.00	68.00
Technologist-in-training	17.50	16.50	34.00
Doctoral degrees	80.00	33.00	113.00
Doctoral degrees-in-training	40.00	16.50	56.50
Affiliate	100.00	—	100.00
With Tech Section membership	50.00	33.00	83.00
Doctoral degrees	100.00	33.00	133.00

- Society and Technologist Section chapter dues are additional and vary by chapter. A chapter dues table is available upon request.
- Council dues are an additional \$5.00 per Council.
- Dues for those applicants joining during the year are prorated to January 1st.

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136 Madison Avenue
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LABORATORY MANUAL for Nuclear Medicine Technology

Edited by Wanda M. Hibbard, CNMT,
and Sue P. Lance, CNMT

In response to a need for standardizing the learning experiences of student technologists, the *Laboratory Manual for Nuclear Medicine Technology* has been prepared for nuclear medicine technology training programs. The exercises were written by educators with years of experience in their respective areas of expertise and were field tested by technologists in nuclear medicine schools—both instructors and students.

Individual exercises have been grouped into major subject areas. The purpose of each exercise is clearly defined in the rationale; and the objectives, materials to be used, step-by-step procedures, study questions, and selected references are included. Instructors may rearrange the format according to the facilities and requirements of their particular programs.

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ABBREVIATED CONTENTS

- Part I: Radiation Safety**
- Part II: Instrumentation**
- Part III: Physics**
- Part IV: Radiopharmacy**
- Part V: Radiochemistry**
- Part VI: Patient Care**

CONTRIBUTORS

Charles T. Adams, Robert T. Anger, Nancy A. Clifton, Robert J. English, Casimir Eubig, Michael Freeman, Wanda M. Hibbard, Kenneth A. Holmes, Ronnie D. Jeffcoat, Judith E. Kosegi, Rebecca W. Lam, Sue P. Lance, Joan A. McKeown, Evelyn R. Merritt, Maria Nagel, James A. Ponto, John H. Powell, Raymond Wilenzick, James J. Wirrell

Softcover format, 8½ x 11", 163 pp. Publication date: July 1984

SNM New Titles

MIRD Primer for Absorbed Dose Calculations, edited by Robert Loevinger, Thomas F. Budinger, and Evelyn E. Watson.

Provides a fresh explanation of the MIRD schema with examples designed to illustrate applications. The Primer contains revised and updated MIRD dose estimate reports, along with a detailed explanation of the MIRD method. The MIRD Primer also contains a substantive index, a detailed glossary and list of symbols. 1988. 128 pp. Hardcover. \$35 for members; \$50 for non-members.

Fundamentals of Nuclear Medicine, 2nd Edition, edited by Naomi P. Alzaraki, MD, and Fred S. Mishkin, MD.

Designed as a basic text to acquaint practitioners and students with the possibilities and limitations of nuclear medicine in detecting and evaluating common disorders, this completely revised and updated edition is essential to all those who want an understanding of this rapidly evolving technology. 1988. 256 pp. Paper. \$15; accredited instructors may purchase a minimum of 10 copies at \$4 each.

The Scintillation Camera, edited by Guy Simmons, PhD.

Targeted to advanced technologists, physicians, and other scientists, this book provides, in a single volume, easily accessible state-of-the-art information on all aspects of the scintillation camera, from instrument selection and performance evaluation to operation monitoring in the clinical environment. The Scintillation Camera should be especially helpful to those teaching the principles of scintillation cameras. 1988. 160 pp. Paper. \$30 members; \$35 non-members.

SPECT: A Primer, by Robert J. English, CNMT, and Susan E. Brown, CNMT.

Now in its fourth printing, the Primer answers the technologists' fundamental questions about SPECT, as both a textbook and as an extension of any manufacturers operating manual. It is regarded by many as one of the *the* two handbooks on SPECT. 1986. 148 pp. Paper. \$15 members; \$17 non-members.

Nuclear Medicine: Self-Study Program I, edited by Barry A. Siegel, MD, and Peter T. Kirchner, MD

Nuclear Medicine: Self-Study Program I is divided into a syllabus, with questions, and answer sheets; a separate book, with answers and detailed critiques; and a personal psychometric evaluation, complete with a norms booklet.

Self-Study Program I is designed to strengthen your knowledge of nuclear medicine, sharpen your clinical skills, and keep you abreast of recent developments. The self-assessment test, with its answers and critiques, should provide additional help in identifying strengths and gaps in your knowledge.

It can be used to obtain CME or CEU credits, to prepare for board and/or recertification exams, or as a reference and teaching aid. The first volume covers Radiobiology and Radiation Protection, including regulatory matters; Gastrointestinal Nuclear Medicine; Skeletal Nuclear Medicine; and Pulmonary Nuclear Medicine. Publication date for *Nuclear Medicine: Self-Study Program I* is July 15 1988. It will be available to members for \$90; to nonmembers for \$115; and to residents and technologists for \$75. Answer sheets will be accepted for psychometric evaluation, for CME and CEU credit, and for inclusion in the norms tables through December 15, 1988.

Each description of the products below was condensed from information supplied by the manufacturer. The reviews are published as a service to the professionals working in the field of nuclear medicine, and their inclusion herein does not in any way imply an endorsement by the Editorial Board of The Journal of Nuclear Medicine or by The Society of Nuclear Medicine.

Portable Video Recording System



The Du Pont Company has developed a compact digital recording, playback, and storage system for medical imaging. The medical image recording system captures video signals from any electronic imaging modality (ultra-sound, nuclear medicine, CT, or MRI), digitizes them, and records the information on magnetic tapes or optical disk. The diagnostic-quality images can be played back at any time and stored for future reference. The lightweight unit is small enough to rest atop most portable imaging equipment. Up to 4000 images

can be recorded on a single digital tape cassette. Two thousand images can be saved on an optical disk. The technology was developed primarily to assist hospitals doing portable ultrasound scans at a patient's bedside. With the system, a sonographer can now quickly and accurately record images for numerous patients in one trip, eliminating the time and effort required to expose traditional multiformat films and travel time back and forth to a darkroom to process them. In smaller and medium sized hospitals, an entire morning's portable ultrasound scans can now be recorded in one trip through the hospital. The unit captures black and white images with resolution up to 1024×523 , and can be modified to accept higher resolution images. Images can be retrieved in analog format through a video monitor or camera. Hard film copies can be obtained using Du Pont's medical hardcopy system. Control information includes border type, greyscale level, and reverse position video. Medical information recording systems can be configured to drive other output devices. **Du Pont Company, External Affairs Dept., Wilmington, Delaware 19898.**

Circle Reader Service No. 101

RTAS Can Now Call the Physician

The RTAS Voice Management System, offering telephone access to dictated reports, has now incorporated a new capability: STATcall. Radiology reports can be automatically outcalled to the referring physician as soon as they are dictated. If requested by the referring physician or the radiologist, the physician's phone number and the patient's ID are entered into the system at X-ray reception. The instant the report is dictated, STATcall dials the phone number. If the phone is busy or not answered, STATcall will redial at pre-programmed intervals. When the phone is answered, an introductory message instructs the individual to enter a security

code on the telephone keypad when the physician is ready to listen to the report. Alternatively, the physician's assistant can enter the security code, write down the patient's name and number, and then press a key to jump to the impression in order to write it down. That may be all the doctor needs, or he/she can call RTAS back to hear the entire report—now armed with the patient ID number and the knowledge that the report has been dictated. **Sudbury Systems, Inc., 490 Boston Post Road, Sudbury, MA 01776 (800) 876-8888 (inside the US), (508)443-1100 (outside the US).**

Circle Reader Service No. 102

A New Microprocessor-Based Linear Ratemeter



Victoreen announces the model 425A Frisker—a new microprocessor-based linear ratemeter for field and laboratory applications. Features previously associated with fixed monitoring equipment are now available in a portable, microprocessor-based instrument. The Model 425A can measure alpha, beta or x-ray radiation depending on the detector probe attached. A wide variety of Geiger-Mueller (GM) tube, scintillation, and solid-state detector probes are available. It also features automatic zeroing and ranging, preset or variable deadtime correction factor, and variable setpoint scale alarm. Count rate or total accumulated count is displayed on a 3.5-inch edgewise meter. The instrument can be used as a linear ratemeter or counter. In the ratemeter mode, the count rate is displayed in counts per minute. Maximum full-scale range is 500 to 500,000 cpm in four ranges with manual or automatic ranging. Additional features include preset or variable dead-time correction factor for probe correction, percent-of-scale alarm with variable setpoint, choice of response time, and capability to freeze the highest reading. In the counter mode, counts are accumulated until manually reset. Maximum full-scale range is 50 to 500,000 counts full-scale in five ranges with automatic ranging. Variable dead-time, percent of scale, and freeze features are also available in this mode. The product is housed in a plastic instrument case which measures $9.25 \times 8.5 \times 3.75$ in and weighs 5 lb. Environmental specifications are -20° to $+50^{\circ}$ C operating temperature range and 0 to 95% non-condensing relative humidity. A 12-V Gel-Cell battery provides 15 hr of continuous operation between charges. Power requirements are 115/250 ac, 50/60 Hz. **Victoreen, Inc., 6000 Cochran Road, Cleveland, OH 44139-3395 (216) 248-9300.**

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HEADTOME SET-031, together with newly developed radiopharmaceuticals for functional brain imaging, opens the way for nuclear medicine clinicians to specialize once more in neuroimaging. An in-house cyclotron is not even needed.

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For the same reasons you spent years refining your special skills, Shimadzu has devoted as many years perfecting HEADTOME® SET-031 Single Photon Emission Computed Tomograph (SPECT). This specialized equipment provides the *best* means of measuring brain functions, such as blood flow, with *both* high sensitivity and high spatial resolution.

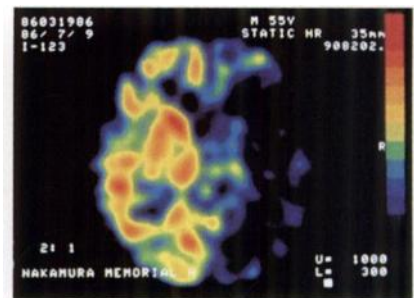
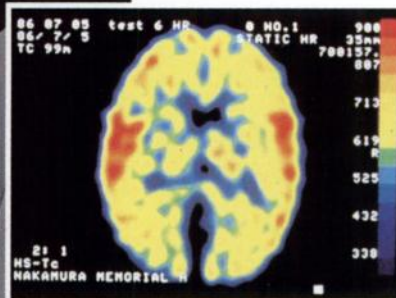
Using newly developed radiopharmaceuticals, HEADTOME presents SPECT images having outstanding spatial resolution. Within one minute, it can be switched to absolute measurement of regional cerebral blood flow studies using ¹³³Xe. No other imaging equipment has such versatility.

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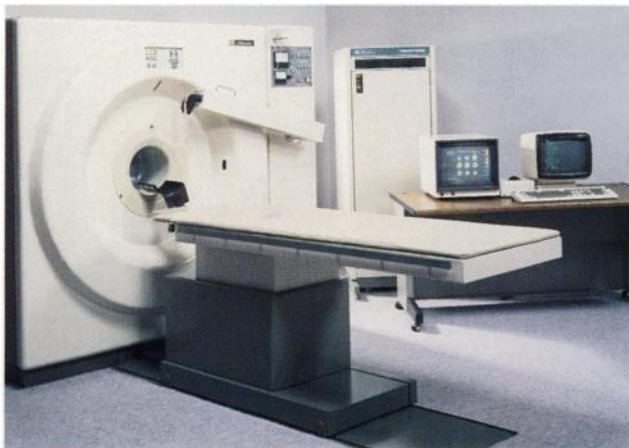
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