NM/CT 860

THE IDEAL BALANCE OF CT PERFORMANCE AND CLINICAL CAPABILITY

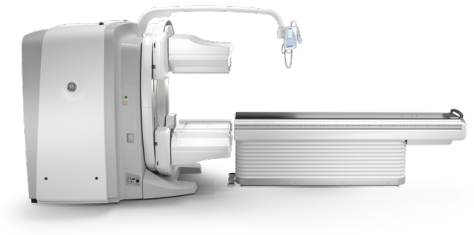
NM/CT 860 combines the SPECT and productivity enhancements of the 800 Series with the optimal balance of CT technology to succeed in high-performance clinical environments.

SPECT enhancements include the Elite NXT detectors with the new LEHRS (Low Energy High Resolution and Sensitivity) collimator, which can be combined with either SPECT Step & Shoot Continuous scanning mode or our Planar Clarity 2D processing to increase sensitivity and enable a reduction of scan times or injected dose[1]. It's called SwiftScan SPECT and SwiftScan Planar.

We paired these great SPECT enhancements with our Revolution™ ACTs, an eight-slice CT system with fine resolution and contrast, as well as IQ Enhance, a reconstruction technology that makes it possible to scan at a faster helical pitch to cover more anatomy at similar image quality.

- Enable a reduction of dose or scan times by up to 25 percent with the increased sensitivity of SwiftScan Planar and SwiftScan SPECT[1]
- Improved small lesion detectability with SwiftScan Planar and SwiftScan SPECT[2]
- ASiR™ technology can help you achieve your low-dose CT needs[3]
- Exceptional NEMA resolution for SPECT in a detector box that is 13 cm slimmer
- Collimators optimized for high sensitivity, low septal penetration and high resolution
- Evolution technology for up to 50 percent reduction of scan time or patient dose[4]

OPTIMIZED FOR EVERYDAY IMAGING



Until now, many advanced hybrid and quantitative protocols have been limited to research institutions with the extra resources needed to complete complex protocols. Through SmartConsole and Xeleris™, NM/CT 860 makes these protocols available in routine settings by reducing the resources needed to perform them.

By automating SPECT/CT reconstruction, SmartConsole simplifies the workflow for complex hybrid and quantitative protocols and makes advanced procedures more accessible by transferring processed exams directly to the PACS, all with the information necessary for quantitative review. NM/CT 860 with SmartConsole can also be paired with the Xeleris workstation, a combination designed to leverage the latest in SPECT quantitative applications for routine clinical use, accelerated workflow and improved diagnostic confidence.

With SmartConsole, Xeleris and the right mix of SPECT and CT capabilities, NM/CT 860 allows you to provide both advanced SPECT/CT exams and the most common overflow standalone CT exams. All without adding duplicate capabilities to your asset mix.

- Enhance productivity with simplified workflows for complex procedures
- Improve workflow with automated transfer and archive features
- Streamline access to SPECT/CT and quantitative SPECT/CT studies
- Optimize image quality post-exam with retrospective processing features
- Access future image quality enhancements and Cloud Analytics with the future-ready SmartConsole
- Reduce cost and save space by sharing collimators with existing 600 Series and 800 Series systems

SITING REQUIREMENTS

- Minimum exam room size: 19’6.5” x 10’11.7” (5.96 m x 3.35 m)

References:

[1] Compared to LEHR collimator, with Step & Shoot scan mode (for SPECT)/without Clarity 2D (for Planar). As demonstrated in phantom testing using a bone scan protocol, Evolution processing (for SPECT), and a model observer. Because model observer results may not always match those from a human reader, the actual time/dose reduction depends on the clinical task, patient size, anatomical location and clinical practice. A radiologist should determine the appropriate scan time/dose for the particular clinical task.

[2] As demonstrated in phantom testing using a model observer. For SPECT, compared to using the LEHR Collimator and a SPECT Step and Shoot acquisition. For Planar, compared to using LEHR without Clarity 2D.

[3] In clinical practice, the use of ASiR or VISR may reduce CT patient dose depending on the clinical task, patient size, anatomical location and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task.

[4] In clinical practice, Evolution options[4a] (Evolution for Bone, Evolution for Cardiac, Evolution for Bone Planar) and Evolution Toolkit[4b] are recommended for use following consultation of a Nuclear Medicine physician, physicist and/or application specialist to determine the appropriate dose or scan time reduction to obtain diagnostic image quality for a particular clinical task, depending on the protocol adopted by the clinical site.

[4a] Evolution Options - Evolution claims are supported by simulation of count statistics using default factory protocols and imaging of 99mTc based radiotracers with LEHR collimator on anthropomorphic phantom or realistic NCAT – SIMSET phantom followed by quantitative and qualitative images comparison.

[4b] Evolution Toolkit - Evolution Toolkit claims are supported by simulation of full count statistics using lesion simulation phantom images based on various radiotracers and collimators and by showing that SPECT image quality reconstructed with Evolution Toolkit provide equivalent clinical information, but have better signal-to-noise, contrast, and lesion resolution compared to the images reconstructed with FBP/OSEM.

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