

PRODUCT MONOGRAPH
INCLUDING PATIENT MEDICATION INFORMATION

NETSPOT®

40 microgram kit for the preparation of gallium (^{68}Ga) oxodotreotide for injection

Diagnostic Radiopharmaceutical Kit

Advanced Accelerator Applications
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TABLE OF CONTENTS

TABLE OF CONTENTS	2
PART I: HEALTH PROFESSIONAL INFORMATION.....	4
1 INDICATIONS	4
1.1 Pediatrics.....	4
1.2 Geriatrics.....	4
2 CONTRAINDICATIONS	4
3 SERIOUS WARNINGS AND PRECAUTIONS BOX	4
4 DOSAGE AND ADMINISTRATION.....	4
4.1 Dosing Considerations	4
4.2 Dosage	5
4.3 Administration	5
4.4 Image Acquisition and Interpretation	5
4.5 Instructions for Preparation and Use.....	5
4.6 Directions for Quality Control	9
5 RADIATION DOSIMETRY.....	10
6 OVERDOSAGE	12
7 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING.....	12
8 DESCRIPTION.....	13
9 WARNINGS AND PRECAUTIONS	14
9.1 General.....	14
9.2 Radiation Risk.....	14
9.3 Risk for Image Misinterpretation.....	14
9.4 Immune	14
10 Special Populations	14
10.1 Pregnant Women.....	14
10.2 Nursing Women	15
10.3 Pediatrics.....	15
10.4 Geriatrics.....	15
11 ADVERSE REACTIONS.....	15
11.1 Adverse Reaction Overview.....	15
12 DRUG INTERACTIONS.....	16
12.1 Drug-Drug Interactions	16
12.2 Drug-Food Interactions	16
12.3 Drug-Herb Interactions	16
12.4 Drug-Laboratory Interactions.....	16
12.5 Drug-Lifestyle Interactions	17
13 ACTION AND CLINICAL PHARMACOLOGY	17
13.1 Mechanism of Action.....	17

13.2	Pharmacodynamics	17
13.3	Pharmacokinetics	17
14	STORAGE, STABILITY AND DISPOSAL.....	17
15	SPECIAL HANDLING INSTRUCTIONS.....	18
PART II: SCIENTIFIC INFORMATION		19
16	PHARMACEUTICAL INFORMATION.....	19
17	CLINICAL TRIALS.....	20
18	NON-CLINICAL TOXICOLOGY	20
19	References.....	23
PATIENT MEDICATION INFORMATION		24

PART I: HEALTH PROFESSIONAL INFORMATION

1 INDICATIONS

NETSPOT[®] [kit for the preparation of gallium (⁶⁸Ga) oxodotreotide injection], after radiolabeling with gallium (⁶⁸Ga), is indicated for use with positron emission tomography (PET), as an adjunct to other diagnostic tests for localization of somatostatin receptor-positive neuroendocrine tumors (NETs).

1.1 Pediatrics

Pediatrics (<18 years of age): Based on the data submitted and reviewed by Health Canada, the safety and efficacy of NETSPOT[®] in pediatric patients has not yet been established, therefore, Health Canada has not authorized a specific indication for pediatric use [see **SPECIAL POPULATIONS (10.3)**].

1.2 Geriatrics

Geriatrics (> 65 years of age): Clinical studies of NETSPOT[®] did not include sufficient numbers of subjects aged 65 and over, to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

2 CONTRAINDICATIONS

None

3 SERIOUS WARNINGS AND PRECAUTIONS BOX

Serious Warnings and Precautions

Radiopharmaceuticals should be used only by those health professionals who are appropriately qualified in the use of radioactive prescribed substances in or on humans.

4 DOSAGE AND ADMINISTRATION

4.1 Dosing Considerations

Drug Preparation

NETSPOT[®] requires reconstitution and radiolabeling prior to use. Following reconstitution and radiolabeling, handle gallium (⁶⁸Ga) oxodotreotide injection with appropriate safety measures to minimize radiation exposure [see **WARNINGS AND PRECAUTIONS (9.1)**].

Prior to use, visually inspect the prepared gallium (⁶⁸Ga) labelled NETSPOT[®] injection behind a lead glass shield for radioprotection purposes. Only use solutions that are clear without visible particles. Using a single-dose syringe fitted with a sterile needle and protective shielding, aseptically withdraw the prepared gallium (⁶⁸Ga) oxodotreotide injection prior to administration.

Patient Preparation

Patients should have discontinued all medications that could interfere with uptake of NETSPOT[®] [see **DRUG INTERACTIONS (12)**].

Instruct patients to drink a sufficient amount of water to ensure adequate hydration prior to administration of gallium (^{68}Ga) oxodotreotide [see **Section 9.2 WARNINGS AND PRECAUTIONS**].

4.2 Dosage

In adult and pediatric patients, the recommended amount of radioactivity to be administered for PET imaging is 2 MBq/kg of body weight (0.054 mCi/kg) up to a total of 200 MBq (5.4 mCi).

4.3 Administration

Gallium (^{68}Ga) oxodotreotide is to be administered by intravenous bolus injection.

Prior to injection, verify the injected radioactivity by measuring the radioactivity of the vial containing the gallium (^{68}Ga) oxodotreotide injection with a dose calibrator before administration to the patient. Ensure that the injected radioactivity is within $\pm 10\%$ of the recommended dose.

4.4 Image Acquisition and Interpretation

For gallium (^{68}Ga) oxodotreotide PET imaging, the acquisition must include a whole-body acquisition from skull to mid-thigh. Images can be acquired 40 to 90 minutes after the intravenous administration of the gallium (^{68}Ga) oxodotreotide. Adapt imaging acquisition delay and duration according to the equipment used, and the patient and tumor characteristics, in order to obtain the best image quality possible.

Gallium (^{68}Ga) oxodotreotide binds to somatostatin receptors. Based upon the intensity of the signals, PET images obtained using gallium (^{68}Ga) oxodotreotide indicate the presence and density of somatostatin receptors in tissues. Tumors that do not bear somatostatin receptors will not be visualized [see **WARNINGS AND PRECAUTIONS (9.3)**].

4.5 Instructions for Preparation and Use

The NETSPOT[®] kit is supplied as 2 vials [see **DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING (7)**] which allows for direct preparation of gallium (^{68}Ga) oxodotreotide injection with the eluate from the following Germanium 68/Gallium 68 ($^{68}\text{Ge}/^{68}\text{Ga}$) generator that is authorized by Health Canada.

- IRE ELiT Galli Eo Germanium 68/Gallium 68 ($^{68}\text{Ge}/^{68}\text{Ga}$) generator

The $^{68}\text{Ge}/^{68}\text{Ga}$ generator is not supplied with the NETSPOT[®] kit.

Components of the kit:

- **Vial 1** (reaction vial with lyophilized powder) contains: 40 μg oxodotreotide, 5 μg 1, 10-phenanthroline; 6 μg gentisic acid; 20 mg mannitol.
- **Vial 2** (buffer vial) contains: 60 mg formic acid; 56.5 mg sodium hydroxide and water for injection.

Prepare gallium (^{68}Ga) oxodotreotide for injection according to the following aseptic procedure:

Set-up

- a) Use suitable shielding to reduce radiation exposure [see **SPECIAL HANDLING INSTRUCTIONS (15)**].
- b) Wear waterproof gloves.
- c) Test periodically (weekly) the ^{68}Ga chloride eluate for ^{68}Ge breakthrough by suitable method. ^{68}Ge breakthrough and other gamma emitting radionuclides should be $< 0.001\%$.
- d) Set the temperature of a shielded dry bath to 203 °F (95 °C), and wait for the temperature to reach the set point and stabilize.
- e) Prepare syringes for elution and reconstitution steps per Table 1 below. Prior to piercing vial septums, flip-off cap and swab top of vial closure with an appropriate antiseptic to disinfect the surface, and allow the stopper to dry.

Table 1. Solutions for Generator Elution and Radiolabeling Reactions

Solutions for use with the IRE GalliEo Generator		
5 mL sterile syringe	3.9 mL sterile water for injection	For preliminary dilution of Vial 1
N/A	1.1 mL $^{68}\text{GaCl}_3$ in HCl (0.1M) eluate from generator	Add eluate directly into Vial 1
1 mL sterile syringe	Vial 2 buffer Calculate the volume (in mL) by multiplying the volume of HCl eluate from the generator in mL by its molarity: Reaction buffer volume in mL = HCl volume in mL x HCl molarity (1.1 mL x 0.1 N = 0.11 mL of reaction buffer)	For radiolabeling reaction Buffer to be added to Vial 1

- f) Pierce the **Vial 1** septum with a sterile needle connected to a 0.22 micron sterile vented filter (not supplied) to maintain atmospheric pressure within the vial during the reconstitution process.
- g) ***Follow the generator specific reconstitution procedures below. Then continue with incubation step h.***

Reconstitution

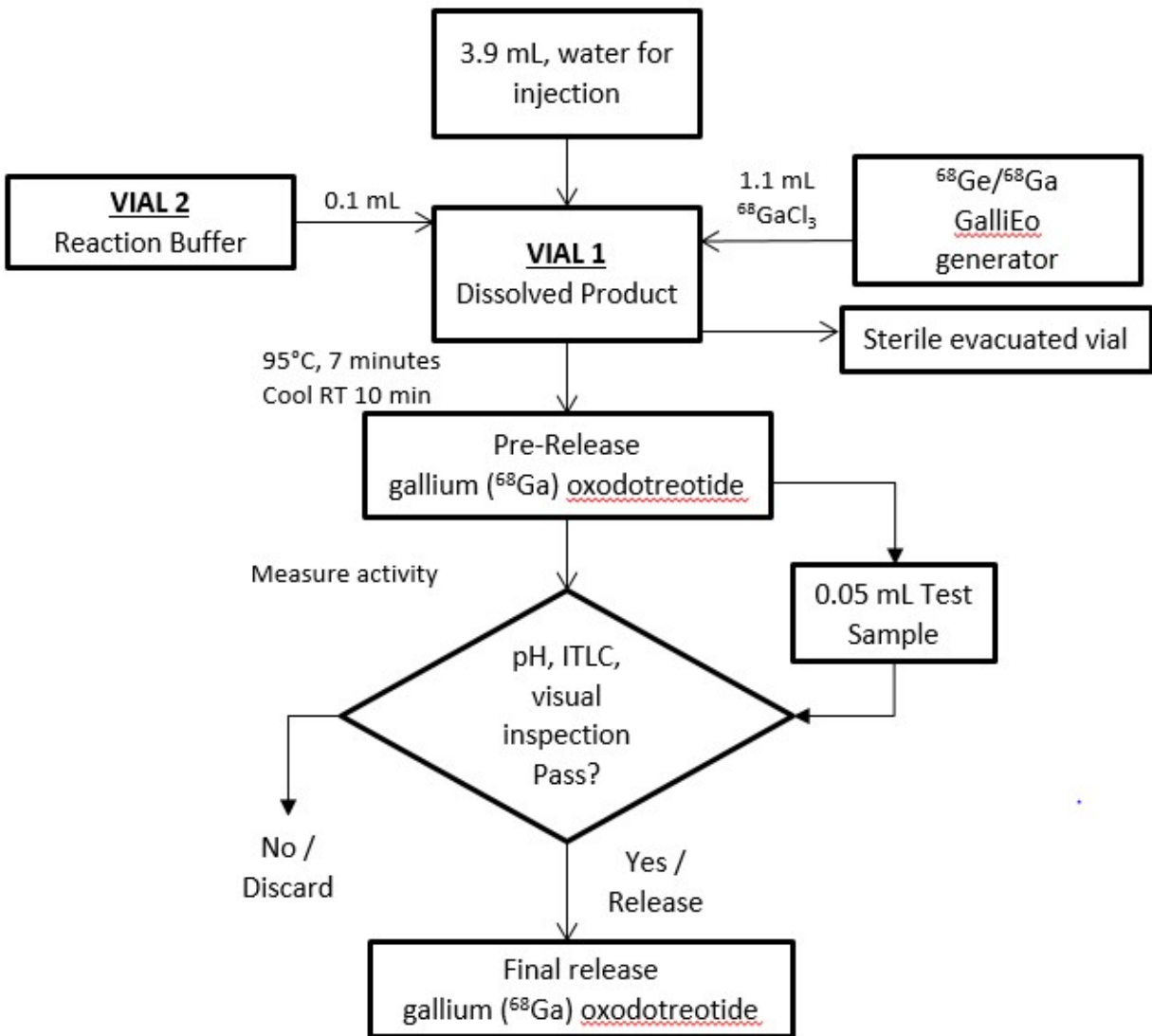
- Set the generator for the elution according to manufacturer instructions. Connect a sterile needle to the outlet tube of the generator, turn the button by 90° to loading position then wait 10 seconds before turning the button back to the initial position.
- Reconstitute **Vial 1** with the 3.9 mL of sterile water for injection as per Table 1.
- Add the 0.1 mL reaction buffer to **Vial 1** as per Table 1.
- Connect **Vial 1** to the outlet line of the generator by pushing the needle through the rubber septum.
- Connect one end of the two male luer ends of the sterile extension line to the 0.2 µm sterile vent filter inserted into **Vial 1**.
- Assemble a sterile needle on the second male luer end of the sterile extension line and connect it to a sterile evacuated vial (17 mL minimum volume) by pushing the needle through the rubber septum. The generator elution will start.

- Wait for the elution to be completed (minimum 3 minutes, according to the generator manufacturer instructions for use).
- At the end of the elution, first withdraw the needle from the evacuated vial in order to establish atmospheric pressure into **Vial 1**, then disconnect **Vial 1** from the generator by removing the needle from the rubber septum and remove the 0.2 µm sterile vent filter from **Vial 1**.

Incubation

- h) Using a tong, move **Vial 1** to the heating hole of the dry bath, and leave the vial at 95 °C (203 °F, not to exceed 98 °C) for at least 7 minutes (do not exceed 10 minutes heating) without agitation or stirring. Do not invert or shake the reaction vial because contact between the solution and the rubber septum can lead to zinc leaching and can interfere with binding of ⁶⁸Ga to the peptide.
- i) After 7 minutes, remove the vial from the dry bath, place it in an appropriate lead shield and let it cool down to room temperature for approximately 10 minutes.
- j) Assay the whole vial containing the gallium (⁶⁸Ga) oxodotreotide injection for total radioactivity concentration using a dose calibrator and record the result.
- k) Perform the quality controls according to the recommended methods in order to check the compliance with the specifications [see **4.6 Directions for Quality Control**].
- l) Prior to use, visually inspect the solution behind a shielded screen for radioprotection purposes. Only use solutions that are clear without visible particles.
- m) Keep the vial containing the gallium (⁶⁸Ga) oxodotreotide injection upright in a radio-protective shield container at a temperature below 25 °C (77 °F) until use.
- n) After addition of Ga 68 chloride to the reaction vial, use gallium (⁶⁸Ga) oxodotreotide injection within 4 hours.

Figure 1. Reconstitution Procedure for IRE Galli Eo Generator



4.6 Directions for Quality Control

Perform the quality controls in **Table 2** behind a lead glass shield for radioprotection purposes.

Table 2. Specifications of the Radiolabeled Imaging Product Gallium (⁶⁸Ga) Oxodotreotide

Test	Acceptance Criteria	Method
Appearance	Colorless and particulate free	Visual Inspection
pH	3.2 to 3.8	pH indicator strips
Labeling Efficiency	gallium (⁶⁸ Ga) oxodotreotide ≥ 95% and Other Ga 68 species ≤ 5%	Thin layer chromatography (ITLC, see details below)

Determine labeling efficiency of gallium (⁶⁸Ga) oxodotreotide applying one of the following recommended methods.

Obtain the following materials:

- ITLC SA or ITLC SG
- Ammonium acetate 1M: Methanol (1:1 V/V)
- Developing tank
- Radiometric ITLC scanner

ITLC Method 1 – using ITLC SA or ITLC SG (longer development length)

Perform the following:

- a. Pour ammonium acetate 1M: Methanol (1:1 V/V) solution to a depth of 3 to 4 mm in the developing tank, cover the tank, and allow it to equilibrate.
- b. Apply a drop of the gallium (⁶⁸Ga) oxodotreotide injection on a pencil line 1 cm from the bottom of the ITLC strip.
- c. Place the ITLC strip in the developing tank and allow it to develop for a distance of 10 cm from the point of application (i.e. to the top pencil mark).
- d. Scan the ITLC with a radiometric ITLC scanner
- e. Calculate radiochemical purity (RCP) by integration of the peaks on the chromatogram. Do not use the reconstituted product if the RCP is less than 95%.
- f. The retention factor (Rf) specifications are as follows for ITLC SA or ITLC SG:
ITLC SA: Non-complexed ⁶⁸Ga species, Rf = 0 to 0.1; gallium (⁶⁸Ga) oxodotreotide, Rf = 0.6 to 0.8
ITLC SG: Non-complexed ⁶⁸Ga species, Rf = 0 to 0.1; gallium (⁶⁸Ga) oxodotreotide, Rf = 0.8 to 1

ITLC Method 2 – using ITLC SG (shorter development length)

Perform the following:

- a) Pour ammonium acetate 1M: Methanol (1:1 V/V) solution to a depth of 3 to 4 mm in the developing tank, cover the tank, and allow it to equilibrate.
- b) Apply a drop of the gallium (⁶⁸Ga) oxodotreotide injection on a pencil line 1 cm from the bottom of an ITLC SG strip.
- c) Place the ITLC SG strip in the developing tank and allow it to develop for a distance of 6 cm from the point of application (e.g. to 7 cm from the bottom of the ITLC strip).
- d) Scan the ITLC SG strip with a radiometric ITLC scanner.

- e) Calculate radiochemical purity (RCP) by integration of the peaks on the chromatogram. Do not use the reconstituted product if the RCP is less than 95%.
- f) The retention factor (Rf) specifications are as follows:
 Non-complexed ⁶⁸Ga species, Rf = 0 to 0.1, gallium (⁶⁸Ga) oxodotreotide, Rf = 0.8 to 1

5 RADIATION DOSIMETRY

Estimated radiation dose per injected activity for organs and tissues of adult patients following an intravenous bolus of gallium (⁶⁸Ga) oxodotreotide are shown in **Table 3**. The estimates were taken from different sources (Sandstrom 2013, Josefsson 2018). The absorbed doses for the tissues with higher absorbed dose per unit activities (adrenals, kidney, liver, gall bladder wall, urinary bladder wall, pituitary gland) are those reported by Josefsson (2018), obtained using more updated formalisms, based on ICRP 110 reference voxel phantoms. For the other tissues, the estimated absorbed doses are those reported by Sandstrom (2013), which were obtained using standard phantom-based dosimetry (Stabin 1996 and Stabin 2005). Estimated radiation effective doses per injected activity for adult and pediatric patients following an intravenous bolus of gallium (⁶⁸Ga) oxodotreotide are shown in **Table 4** (Soares Machado 2016) These effective dose estimates were calculated starting from available gallium (⁶⁸Ga) oxodotreotide biokinetic data for adults (Sandstrom 2013), using Cristy-Eckerman age-dependent phantoms provided by OLINDA/EXM software.

Gallium (⁶⁸Ga) decays with a half-life of 68 minutes to stable zinc (⁶⁸Zn):

- 89% through positron emission with a mean energy of 836 keV followed by photonic annihilation radiations of 511 keV (178%),
- 10% through orbital electron capture (X-ray or Auger emissions), and
- 3% through 13 gamma transitions from 5 excited levels.

The effective radiation dose resulting from the administration of 150 MBq (4.05 mCi) [within the range of the recommended gallium (⁶⁸Ga) oxodotreotide injection dose] to an adult weighing 75 kg, is about 3.45 mSv. For an administered activity of 150 MBq (4.05 mCi), the typical radiation dose to the critical organs, which are the urinary bladder wall, the spleen, kidneys and adrenals, are about 6, 37.5, 21 and 16.5 mGy, respectively. Because the spleen has one of the highest physiological uptakes, higher uptake and radiation dose to other organs or pathologic tissues may occur in patients with splenectomy.

Table 3. Estimated Radiation Absorbed Dose per Unit Activity and Total Injected Activity in Selected Organs and Tissues of Adults after a Gallium (⁶⁸Ga) Oxodotreotide Injection Dose in Adults

Absorbed Dose per Injection Activity in Selected Organs and Tissues of Adults	mGy/MBq		mGy/150 MBq
	Mean	SD	
Adrenals*	0.11	0.037	16.50
Brain	0.010	0.002	1.50
Breasts	0.010	0.002	1.50
Gallbladder wall*	0.043	0.008	6.45
Lower large intestine wall	0.015	0.002	2.25
Small intestine	0.025	0.004	3.75
Stomach wall	0.013	0.002	1.95

Upper large intestine wall	0.021	0.003	3.15
Heart wall	0.018	0.003	2.70
Kidneys*	0.14	0.048	21.00
Liver*	0.084	0.019	12.60
Lungs	0.006	0.001	0.90
Muscle	0.012	0.002	1.80
Ovaries	0.016	0.001	2.40
Pancreas	0.015	0.002	2.25
Red marrow	0.015	0.003	2.25
Osteogenic cells	0.021	0.005	3.15
Skin	0.010	0.002	1.50
Spleen	0.25	0.097	37.50
Testes	0.010	0.001	1.50
Thymus	0.012	0.002	1.80
Thyroid	0.011	0.002	1.65
Pituitary gland*	0.15	0.062	22.50
Urinary bladder wall*	0.040	0.011	6.00
Uterus	0.015	0.002	2.25
Total body	0.014	0.002	2.10
Effective dose per injection activity	mSv/MBq		mSv/150 MBq
	0.023	0.003	3.45

*Absorbed dose values from Anders 2018. The others are taken from Sandstrom 2013.

Table 4. Estimated Radiation Effective Dose per Unit Injected Activity after a Gallium (⁶⁸Ga) Oxodotreotide Injection Dose

Age	Effective Dose per Unit Injected Activity (mSv/MBq)
Adult	0.023
15 years	0.025
10 years	0.040
5 years	0.064
1 year	0.13
Newborn	0.35

Table 4 indicates how the effective dose per unit injected activity scales with body habitus in computational models of adult and pediatric patients.

6 OVERDOSAGE

In the event of a radiation overdose, the absorbed dose to the patient should be reduced where possible by increasing the elimination of the radionuclide from the body using reinforced hydration and frequent bladder voiding. A diuretic might also be considered. If possible, an estimate of the radioactive dose given to the patient should be performed.

For management of a suspected drug overdose, contact your regional poison control centre.

7 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING

Table 5. Dosage Forms, Strengths, Composition and Packaging

Route of Administration	Dosage Form / Strength/Composition	Non-medicinal Ingredients
Intravenous	Kit for the preparation of gallium (⁶⁸ Ga) oxodotreotide Vial 1: 40 µg lyophilized oxodotreotide Vial 2: buffer vial	Vial 1: 5 µg 1,10-phenanthroline; 6 µg gentisic acid, 20 mg D-mannitol Vial 2: 60 mg formic acid, 56.5 mg sodium hydroxide

NETSPOT[®] is supplied as a single-dose kit, containing two vials for preparation of gallium (⁶⁸Ga) oxodotreotide injection:

- **Vial 1** (reaction vial with lyophilized powder): 40 µg of oxodotreotide, 5 µg of 1,10-phenanthroline, 6 µg gentisic acid and 20 mg D-mannitol for injection as a white lyophilized powder in a 10 mL glass vial with light-blue flip-off cap
- **Vial 2** (buffer vial): clear, and colorless reaction buffer solution (60 mg formic acid, 56.5 mg sodium hydroxide in approximately 1 mL volume) in a 10 mL olefin polymer vial with a yellow flip-off cap

Gallium (^{68}Ga) is obtained from a Germanium 68/Gallium 68 ($^{68}\text{Ge}/^{68}\text{Ga}$) generator that is authorized by Health Canada.

After reconstitution with gallium (^{68}Ga) and pH adjustment with Reaction Buffer, Vial 1 contains a sterile solution of gallium (^{68}Ga) oxodotreotide at a strength of 79.3 to 201.8 MBq/mL (2.1 to 5.45 mCi/mL).

8 DESCRIPTION

Physical Characteristics

NETSPOT[®] is supplied as a sterile, single-dose kit for preparation of gallium (^{68}Ga) oxodotreotide for injection.

After reconstitution and radiolabeling, [see **DOSAGE AND ADMINISTRATION (4.5)**], gallium (^{68}Ga) oxodotreotide injection also contains hydrochloric acid as an excipient derived from the generator eluate. The prepared gallium (^{68}Ga) oxodotreotide for injection is a sterile, pyrogen-free, clear, colorless, buffered solution, with a pH between 3.2 and 3.8, having the following physical properties.

Physical data

Gamma constant: 0.67 mrem/hr per mCi at 1 meter [1.8E-4 mSv/hr per MBq at 1 meter]
 Specific activity: Maximum 4.1E7 Ci/g [1.51E18 Bq/g] max

Table 6 and **Table 7** provide the principle radiation emission data, radiation attenuation by lead shielding and physical decay of gallium (^{68}Ga).

Table 6. Principal Radiation Emission Properties (>1%) of Gallium (^{68}Ga)

Radiation/Emission	% Disintegration	Mean Energy (MeV)
beta+	88%	0.8360
beta+	1.1%	0.3526
Gamma	178%	0.5110
Gamma	3%	1.0770
X-ray	2.8%	0.0086
X-ray	1.4%	0.0086

External Radiation

Table 7. Physical Decay Chart for Gallium (^{68}Ga)

Minutes	Fraction Remaining
0	1.000
15	0.858
30	0.736
60	0.541
90	0.398
120	0.293
180	0.158
360	0.025

9 WARNINGS AND PRECAUTIONS

Please see the Serious Warnings and Precautions Box at the beginning of Part I: Health Professional Information.

9.1 General

NETSPOT[®] should only be handled, prepared and administered by authorized persons in designated clinical settings [see **SPECIAL HANDLING INSTRUCTIONS (15)**].

Gallium (⁶⁸Ga) oxodotreotide should be administered under the supervision of a health professional who is experienced in the use of radiopharmaceuticals. Appropriate management of therapy and complications is only possible when adequate diagnostic and treatment facilities are readily available.

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 occupational workers [see **DOSAGE AND ADMINISTRATION (4.5)**].

9.2 Radiation Risk

Gallium (⁶⁸Ga) oxodotreotide contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk of cancer. To reduce radiation exposure, ensure patients are well hydrated prior to administration of gallium (⁶⁸Ga) oxodotreotide and advise patients to drink and void frequently during the first hours following administration.

9.3 Risk for Image Misinterpretation

The uptake of gallium (⁶⁸Ga) oxodotreotide reflects the level of somatostatin receptor density in NETs. However, uptake can also be seen in some other tumor types. Increased uptake might also be seen in other pathologic conditions (e.g. thyroid disease or subacute inflammation) or it might occur as a normal physiologic variant (e.g. uncinated process of the pancreas). The uptake may need to be confirmed by histopathology or other assessments [see **DOSAGE AND ADMINISTRATION (4.4)**].

9.4 Immune

Hypersensitivity associated symptoms (erythema, pruritus, rash and urticaria) have been rarely reported following NETSPOT[®] administration. Prior to administration, the patient should be questioned for a history of reactions to NETSPOT or to other somatostatin analogues.

10 SPECIAL POPULATIONS

10.1 Pregnant Women

Risk Summary

There are no studies with gallium (⁶⁸Ga) oxodotreotide in pregnant women to inform any drug-associated risks; however, all radiopharmaceuticals, including gallium (⁶⁸Ga) oxodotreotide have the potential to

cause fetal harm. Animal reproduction studies have not been conducted with gallium (^{68}Ga) oxodotreotide.

In the Canadian general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is estimated at 3.85% and 5%, respectively.

Clinical Considerations

All female patients of reproductive age should be questioned on the possibility of being pregnant. A pregnancy test should be considered if clinically indicated. Ideally examinations using radiopharmaceuticals, especially those elective in nature in women of childbearing capability should be performed during the first ten days following the onset of menses.

10.2 Nursing Women

Risk Summary:

There is no information on the presence of gallium (^{68}Ga) oxodotreotide in human milk, the effect on the breastfed infant, or the effect on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for gallium (^{68}Ga) oxodotreotide injection and any potential adverse effects on the breastfed child from gallium (^{68}Ga) oxodotreotide injection or from the underlying maternal condition.

Clinical Considerations:

Advise a lactating woman to interrupt breastfeeding and pump and discard breast milk for 12 hours after gallium (^{68}Ga) oxodotreotide administration in order to minimize radiation exposure to a breastfed infant. Formula feeding in place of breast feeding may also be considered.

10.3 Pediatrics

As documented by available bibliographic data, the safety and efficacy of gallium (^{68}Ga) oxodotreotide in children and adolescents below 18 years of age have not yet been established. The use in children and adolescents must be considered carefully, based upon clinical needs and assessing the risk/benefit ratio in this patient group. The effective dose resulting from administration of gallium (^{68}Ga) oxodotreotide may be higher in children than in adults [see **RADIATION DOSIMETRY (5)**].

10.4 Geriatrics

Clinical studies of gallium (^{68}Ga) oxodotreotide did not include sufficient numbers of subjects aged 65 and over, to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

11 ADVERSE REACTIONS

11.1 Adverse Reaction Overview

Because clinical trials are conducted under very specific conditions, the adverse reaction rates observed in clinical trials may not reflect the rates observed in practice and should not be compared to the rates in the clinical trials of another drug. Adverse reaction information from clinical trials is useful for identifying drug-related adverse events and for approximating rates.

The safety of gallium (^{68}Ga) oxodotreotide was evaluated in a survey of the scientific literature. No serious adverse reactions were identified in these studies.

Deppen 2016 reported safety data from a clinical study of 97 patients (41 males, 56 females) with mean age of 54 years. Of these patients, 90 had a proven diagnosis of neuroendocrine tumor (NET) [see **CLINICAL TRIALS (17)**]. Patients were treated with a single dose gallium (^{68}Ga) oxodotreotide (196 MBq, 5.3 mCi), the amount of oxodotreotide peptide administered was 50 micrograms or less. Safety and toxicity were assessed by comparing vital signs and laboratory values before and after the administration of gallium (^{68}Ga) oxodotreotide. No serious adverse events were observed and no participants had a trial related event requiring additional medical care. Events that were considered clinically relevant were as follows: mild tachycardia in one patient, hyperglycemia in two patients, and increased aspartate aminotransferase in one patient. Other observed variances in blood and physiological measurements were transitory and minor or did not vary out of normal ranges.

Post-marketing Safety Experience:

The following adverse reactions have been identified during post-approval use of NETSPOT[®]. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to the drug.

Gastrointestinal Disorders: Nausea and vomiting

General Disorders and Administration Site Conditions: Injection site pain and burning sensation

Skin and subcutaneous tissue disorders: Erythema, pruritus, rash and urticaria

12 DRUG INTERACTIONS

12.1 Drug-Drug Interactions

Somatostatin analogs

Non-radioactive somatostatin analogs competitively bind to the same somatostatin receptors as gallium (^{68}Ga) oxodotreotide. To prevent interference in visualization, image patients with gallium (^{68}Ga) oxodotreotide PET just prior to dosing with long-acting analogs of somatostatin. Short-acting analogs of somatostatin can be used up to 24 hours before imaging with gallium (^{68}Ga) oxodotreotide.

Corticosteroids

Some evidence exists that corticosteroids can induce down-regulation of SST2 receptors. Repeated administration of high-doses of glucocorticosteroids prior to gallium (^{68}Ga) oxodotreotide administration may cause insufficient SST2 receptor expression for adequate visualization of somatostatin receptor-positive neuroendocrine tumors.

12.2 Drug-Food Interactions

As gallium (^{68}Ga) oxodotreotide is administered by the intravenous route, interactions with food are not expected.

12.3 Drug-Herb Interactions

As gallium (^{68}Ga) decays rapidly, interactions with herbal products are not expected.

12.4 Drug-Laboratory Interactions

Interactions with laboratory tests have not been established.

12.5 Drug-Lifestyle Interactions

As gallium (^{68}Ga) decays rapidly, interactions with lifestyle factors are not expected.

13 ACTION AND CLINICAL PHARMACOLOGY

13.1 Mechanism of Action

Gallium (^{68}Ga) oxodotreotide binds to somatostatin receptors, with highest affinity for subtype 2 receptors (sstr2). It binds to cells that express somatostatin receptors including malignant cells, which overexpresssstr2 receptors. Gallium (^{68}Ga) is a β^+ emitting radionuclide with an emission yield that allows positron emission tomography (PET) imaging.

13.2 Pharmacodynamics

The relationship between gallium (^{68}Ga) oxodotreotide plasma concentrations and successful imaging was not explored in clinical trials.

13.3 Pharmacokinetics

Absorption: NETSPOT[®] prepared gallium (^{68}Ga) oxodotreotide is administered intravenously, it is thus immediately and completely bioavailable.

Distribution: Gallium (^{68}Ga) oxodotreotide distributes at varying levels in SSTR2-expressing organs such as pituitary, thyroid, spleen, adrenals, kidney, pancreas, prostate, liver, and salivary glands. There is no significant uptake in the cerebral cortex or in the heart, and usually thymus and lung uptakes are low.

Elimination: A total of 12% of the injected dose is excreted in urine in the first four hours post-injection.

Special Populations and Conditions

No studies evaluating the pharmacokinetics of gallium (^{68}Ga) oxodotreotide in special populations were conducted.

14 STORAGE, STABILITY AND DISPOSAL

NETSPOT[®] is supplied as a single-dose kit for preparation of a single-dose of gallium (^{68}Ga) oxodotreotide for injection. The radionuclide is not part of the kit. Before reconstitution and radiolabeling with gallium (^{68}Ga), the contents of this kit are not radioactive.

The expiry date is indicated on the original outer packaging, and on the vials. This medicinal product must not be used beyond the date indicated on the packaging.

For prolonged storage, store NETSPOT[®] in its original packaging at room temperature below 25 °C (do not freeze). After reconstitution and radiolabeling [see **DOSAGE AND ADMINISTRATION (4.5)**] with activities of up to 1110 MBq (30 mCi), keep gallium (^{68}Ga) oxodotreotide injection upright with an appropriate shielding to protect from radiation, at a temperature below 25 °C (do not freeze), and for a maximum of 4 hours.

The storage of the radiolabeled product must comply with regulatory requirements for radioactive materials.

15 SPECIAL HANDLING INSTRUCTIONS

NETSPOT[®] is supplied as a single-dose kit for preparing a single-dose of gallium (⁶⁸Ga) oxodotreotide for injection. The radionuclide is not part of the kit. Before reconstitution and radiolabeling with gallium (⁶⁸Ga), the contents of the kit are not radioactive.

NETSPOT[®] should be prepared, administered and disposed only by authorized persons in designated clinical settings. Their receipt, storage, use, transfer and disposal are subject to the regulations and/or appropriate licenses of the competent official organization.

Always use the principles of time, distance and shielding to minimize the radiation dose, especially to the person administering gallium (⁶⁸Ga) oxodotreotide.

Recommended protective measures:

- Use disposable plastic, latex or rubber gloves.
- Wear a lab coat, which must be monitored for radioactivity before taken from the laboratory.
- Wear safety glasses.
- Minimize handling time.
- Use tongs to handle unshielded sources and potentially contaminated vessels.
- Use disposable absorbent liners on trays

Radiation shielding information:

1. Shielding

Lead [Pb]	Half Value Layer [HVL]:	6 mm (0.24 in)
	Tenth Value Layer [TVL]:	17 mm (0.67 in)

Table 8. Radiation Attenuation of 511 keV Photons by Lead (Pb) Shielding

Shield Thickness (Pb) mm	Coefficient of Attenuation
6	0.5
12	0.25
17	0.1
34	0.01
51	0.001

PART II: SCIENTIFIC INFORMATION

16 PHARMACEUTICAL INFORMATION

Drug Substance

Oxodotreotide, also known as dotatate or DOTA-0-Tyr³-Octreotate, is a cyclic 8 amino acid peptide with a covalently bound metal chelator (DOTA). The peptide has the amino acid sequence: H-D-Phe-Cys-Tyr-D-Trp-Lys-Thr-Cys-Thr-OH, and contains one disulfide bond. Oxodotreotide has a molecular weight of 1435.6 Daltons and its chemical structure is shown in Figure 2.

Proper name: oxodotreotide

Chemical name: [(4,7,10-Tricarboxymethyl-1,4,7,10-tetrazacyclododec-1-yl)acetyl]-(D)-Phenylalanyl-(L)Cysteinyl-(L)-Tyrosyl-(D)-Tryptophanyl-(L)-Lysyl-(L)-Threoninyl-(L)-Cysteinyl-(L)-Threonine-cyclic(2-7)disulfide]

Structural formula:

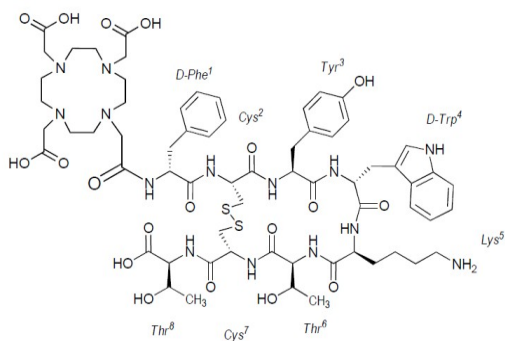


Figure 2. Chemical Structure of Oxodotreotide

Product Characteristics

NETSPOT[®] is a kit with the following components:

- **Vial 1** (10-mL Ultra inert Type I Plus glass vial, light-blue flip-off cap): 40 mcg of oxodotreotide, 5 mcg 1,10-phenanthroline, 6 mcg gentisic acid, 20 mg mannitol as lyophilized powder
- **Vial 2** (10 mL cyclic olefin polymer vial, with a yellow flip-off cap): reaction buffer solution (approximately 1 mL volume), 60 mg formic acid, 56.5 mg sodium hydroxide and water for injection

After reconstitution and radiolabeling [see **DOSAGE AND ADMINISTRATION (4.5)**], gallium (⁶⁸Ga) oxodotreotide injection also contains hydrochloric acid as an excipient derived from the generator eluate. The prepared gallium (⁶⁸Ga) oxodotreotide for injection, is a sterile, pyrogen free, clear, colorless, buffered solution with a pH-between 3.2 to 3.8.

17 CLINICAL TRIALS

The safety and clinical benefit of NETSPOT® is based on a systematic review of the scientific literature on the use of gallium (⁶⁸Ga) oxodotreotide as a radiodiagnostic agent in the management of patients with neuroendocrine tumors (NETs). No serious adverse reactions were identified in these literature reports.

The efficacy of gallium (⁶⁸Ga) oxodotreotide was investigated in three clinical studies as described below.

Deppen 2016

In Deppen 2016, 97 adult patients (41 male, 56 female) with known or suspected neuroendocrine tumors (NETs) were evaluated with gallium (⁶⁸Ga) oxodotreotide PET. Mean age was 54 ± 11 years. Patients received a single i.v. dose of 196 MBq gallium (⁶⁸Ga) oxodotreotide and PET/CT images were collected beginning at 65 minutes (range 55-93 minutes) after injection. The gallium (⁶⁸Ga) oxodotreotide images were read by two independent readers blinded to clinical information. The reads were compared to CT and/or MR images and to indium (¹¹¹In) pentetreotide images obtained with Single Photon Emission Computed Tomography (SPECT) within previous 3 years.

Among 78 patients in whom CT and/or MRI images and indium (¹¹¹In) pentetreotide images were available, gallium (⁶⁸Ga) oxodotreotide PET was in agreement with the reference standard in 74 patients. Out of 50 patients with NETs as per the reference standard, gallium (⁶⁸Ga) oxodotreotide was positive in 48 patients including 13 patients in whom indium (¹¹¹In) pentetreotide was negative. Gallium (⁶⁸Ga) oxodotreotide was negative in 26 out of 28 patients in whom the reference standard was negative.

Haug 2012

Haug 2012 reported results from a study in 104 patients (52 men, 52 women) with suspected NETs due to clinical symptoms, elevated levels of tumor markers, or indeterminate tumors suggestive of NET. Mean age \pm SD was 57.6 ± 16.1 years (range 1-83 years). Patients received a single 200 MBq dose of gallium (⁶⁸Ga) oxodotreotide and PET/CT scans were taken 60 minutes later. Diagnostic performance of gallium (⁶⁸Ga) oxodotreotide PET in localizing tumor sites was retrospectively assessed using a reference standard: histopathology (n=49) or clinical follow-up of up to 5 month duration (n=55). Images were interpreted by consensus between two on-site readers who were not blinded to clinical information. NET sites were localized by reference standard in 36 patients (all by histopathology). Out of these, gallium (⁶⁸Ga) oxodotreotide was positive, correctly identifying a NET site, in 29 out of 36 patients and was falsely negative in seven. In 68 patients with no NET identified by a reference standard, the images were negative in 61 and falsely positive in seven patients.

Haug 2014

Haug 2014 reported results of a study which involved 63 adult patients (34 men, 29 women) evaluated for NET recurrence using gallium (⁶⁸Ga) oxodotreotide PET/CT scans. Patients were treated with a single 200 MBq i.v. dose and PET/CT scans were taken 60 minutes later. Gallium (⁶⁸Ga) oxodotreotide images were interpreted independently by two central readers blinded to clinical information.

Reader 1 correctly localized NETs in 23 out of 29 reference standard-positive patients and reader 2 correctly localized NETs in 22 such patients. In 34 patients with no NET identified by a reference standard, reader 1 was correct in 29 patients and reader 2 in 32.

18 NON-CLINICAL TOXICOLOGY

The safety of gallium (⁶⁸Ga) oxodotreotide was assessed in an extensive preclinical package including safety pharmacology, toxicology and genotoxicity studies conducted with the non-radioactive surrogate

lutetium (^{175}Lu) oxodotreotide, and the results showed that the product has a favorable safety profile. Because of the lower mass dose of DOTA-peptide administered to patients injected with gallium (^{68}Ga) oxodotreotide, the safety margin of the non-radioactive molecule is even higher compared to LUTATHERA[®].

Regarding the potential toxicity related to the radioactivity, this is based on dosimetric assessments in animals and humans, and on the clinical experience showing a good safety profile for this agent. The radiation absorbed doses in the different organs and the total effective dose are known for humans [see **RADIATION DOSIMETRY (5)**].

General toxicology (single and repeat dose studies)

- An acute toxicity study was conducted in female rats using a non-radioactive form of lutetium (^{177}Lu) oxodotreotide (lutetium (^{175}Lu) oxodotreotide). The compound was given intravenously, as a bolus, to three groups of three animals each at increasing doses (1.2, 4.8 and 20.5 mg/kg respectively) at an administration volume of 5 mL/kg. The administered doses were about 40, 170 and 700 fold the recommended human dose. Animals were observed for 11 to 14 days after the treatment.

The results of the study showed that the compound was well tolerated after single i.v. administration, without inducing any toxicity signs, up to the highest tested dose. Therefore, the Maximum Tolerated Dose (MTD) in female rats is higher than 20.5 mg/kg.

- In the maximum tolerated dose (MTD) study conducted in male and female dogs, lutetium (^{175}Lu) oxodotreotide formulation was administered intravenously, as a bolus, at ascending doses from 0.4 to 3.2 mg/kg (0.4, 0.8, 1.6 and 3.2 mg/kg, that is about 50 to 400 fold the recommended human dose) to a group of 1 male and 2 female dogs, and as single doses of 6.4 mg/kg and 10 mg/kg (about 800 and 1200 fold the intended human dose) to two groups of 1 male and 1 female dog each. The administration volume was 2.5 mL/kg. Animals were observed for a 13 to 15 day period following administration.

The results of this MTD study in dogs show that intravenous bolus of lutetium (^{175}Lu) oxodotreotide did not induce mortality and any evident drug-related signs of toxicity in male and female Beagle dogs, except for soft to liquid faeces observed on the days following treatment at all doses, and spread red (at 0.4 to 3.2 mg/kg) or dark red (at 6.4 and 10 mg/kg) areas on the mucosa of the gastro-intestinal tract (jejunum, duodenum or rectum). No changes on haematology, coagulation and clinical chemistry parameters were observed. Based on the results of this study, the doses chosen for the repeated dose toxicity study in dogs were 0.08, 0.5 and 3.2 mg/kg.

- In the repeat dose toxicity study in rats lutetium (^{175}Lu) oxodotreotide formulation was administered intravenously at 1.25, 5 or 20 mg/kg (that is, 40, 170, and 700 fold the recommended human dose) for four times, once every two weeks, to mimic the schedule applied in human but with a reduced time between treatments to increase the possibility of occurrence of any toxic effects linked to the non-radioactive compound. The treatment groups were composed of 10 male and 10 female rats. The study included additional animals (5 males and 5 females) administered with the vehicle and with the highest dose, in order to study the reversibility, persistence or delayed occurrence of toxic effects for 3 months post-treatment.

The compound induced no mortality and no major signs of toxicity. The primary target organ was the pancreas, a high SSTR2 expressing organ. Pancreatic acinar apoptosis occurred at lutetium (^{175}Lu) oxodotreotide intermediate and high doses (≥ 5 mg/kg). These findings were consistent with high uptake of the peptide in the pancreas in animal biodistribution studies.

Therefore, the NOEL corresponds to 1.25 mg/kg that is around 40 times the human dose.

- A repeated dose toxicity study was also conducted in dogs. Lutetium (¹⁷⁵Lu) oxodotreotide formulation was administered intravenously four times, once every two weeks, at three different doses (0.08, 0.5 and 3.2 mg/kg, corresponding to about 10, 65 and 400 fold the recommended human dose).

The compound induced no mortality and no major signs of toxicity at any dose tested. The signs observed (salivation, vocalisation and soft to liquid faeces, associated at the highest dose to slight increase in body temperature and a slight decrease of food consumption) were mild and reversible. As for rats, the primary target organ was the pancreas. Moderate and reversible pancreatic acinar apoptosis occurred in few animals at doses ≥ 0.5 mg/kg.

At recovery sacrifice there was no incidence of pancreatic acinar apoptosis in the 4 male dogs of the control group and male dogs of the group treated with the highest dose. In female dogs there was a single case of pancreatic acinar apoptosis in highest dose group and also in the control group, both at minimal degree, confirming the reversible nature of this change.

Acinar apoptosis was the only histological change observed in the high dose group. Therefore, considering also the reversibility of this change after recovery, 3.2 mg/kg was considered to be the NOAEL in the repeated dose toxicology study in dogs, which is equivalent to 400 times the human dose.

- In addition to the toxicology studies mentioned above, performed with (¹⁷⁵Lu) oxodotreotide, a single dose toxicity and local tolerability study was performed in rats using gallium (⁶⁸Ga) oxodotreotide formulation (including all excipients at the final pH of 3.5 ± 0.3). This study showed that the kit formulation is safe and well tolerated, at a dose corresponding to about 450 times the dose in humans.

Carcinogenesis

No long term animal studies have been performed to evaluate carcinogenic potential of gallium (⁶⁸Ga) oxodotreotide. However, radiation is a carcinogen and mutagen.

Mutagenesis

As with other radiopharmaceuticals, there may be increased risk of chromosome damage.

Lutetium (¹⁷⁵Lu) oxodotreotide formulation was examined for the ability to induce gene mutations in tester strains of *Salmonella typhimurium* and *Escherichia coli*, as measured by reversion of auxotrophic strains to prototrophy. The five tester strains TA1535, TA1537, TA98, TA100 and WP2 uvrA were used. Experiments were performed both in the absence and presence of metabolic activation, using liver S9 fraction from rats.

Lutetium (¹⁷⁵Lu) oxodotreotide formulation was also assayed for its ability to induce mutations (5-trifluorothymidine resistance) in L5178Y TK[±] mouse lymphoma cells after in vitro treatment, in the absence and presence of S9 metabolizing system, using a fluctuation method.

These genotoxicity studies showed that lutetium (¹⁷⁵Lu) oxodotreotide formulation does not induce mutation at the TK locus of L5178Y mouse lymphoma cells in vitro, nor reverse mutation in *Salmonella typhimurium* or *Escherichia coli* in the absence or presence of S9 metabolic activation.

Impairment of Fertility

No long term animal studies have been performed to evaluate whether gallium (⁶⁸Ga) oxodotreotide affects fertility in males and females.

Cardiac Safety Study

The effects of lutetium (¹⁷⁵Lu) oxodotreotide on blood pressure, heart rate, body temperature and electrocardiogram (duration of PR, PQ, QT and QRS) after single i.v. administration were investigated in dogs. The compound did not show any effect on cardiac conduction times or body temperature and did not cause arrhythmia at the doses tested (from 0.08 to 0.8 mg/kg).

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READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE
PATIENT MEDICATION INFORMATION

NETSPOT[®]
40 microgram kit for preparation of gallium (⁶⁸Ga) oxodotreotide injection

Read this carefully before you receive NETSPOT[®]. This document provides a short summary of information about NETSPOT[®]. This document will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about NETSPOT[®].

Serious Warnings and Precautions

- **Because gallium (⁶⁸Ga) oxodotreotide injection is a radiopharmaceutical (radioactive substance), it can only be given by doctors and other health professionals who are specially trained and experienced in the safe use and handling of these substances.**

What is NETSPOT[®] used for?

NETSPOT[®] is a kit used to prepare the radiopharmaceutical (radioactive) product **gallium (⁶⁸Ga) oxodotreotide injection**, which is used to find and diagnose certain cancer tumors called somatostatin receptor positive neuroendocrine tumors (NETs).

How does NETSPOT[®] work?

The active ingredient in NETSPOT[®] is called oxodotreotide. This ingredient binds to tumors that have certain proteins (somatostatin receptors) on their surface. Before it can be used, NETSPOT[®] must be mixed with another solution and radioactive gallium (⁶⁸Ga) chloride to make gallium (⁶⁸Ga) oxodotreotide. This process is called radiolabeling.

Gallium (⁶⁸Ga) oxodotreotide injection prepared using the NETSPOT[®] kit contains a small amount of radioactivity. After it is injected into a vein, **gallium (⁶⁸Ga) oxodotreotide** can help doctors see parts of the body containing somatostatin receptors on their surface, including some types of tumors. Your doctor will use a procedure called positron emission tomography (PET) to develop a picture of where **gallium (⁶⁸Ga) oxodotreotide** has gone in your body. This picture will help your doctor locate tumors and abnormal cells. This picture provides your doctors with valuable information about your disease.

The use of **gallium (⁶⁸Ga) oxodotreotide** involves exposure to small amounts of radioactivity. Before you are treated with **gallium (⁶⁸Ga) oxodotreotide**, your doctor will determine whether the benefits of **gallium (⁶⁸Ga) oxodotreotide** outweigh the potential risks due to radiation exposure.

What are the ingredients in NETSPOT[®]?

- The active substance is called oxodotreotide, which is combined with the radioactive substance gallium.
- The other ingredients are: 1,10-phenanthroline, gentisic acid, mannitol, formic acid, sodium hydroxide and water for injection

NETSPOT[®] comes in the following dosage forms:

Kit for the preparation of gallium (⁶⁸Ga) oxodotreotide for injection

Do not use NETSPOT[®] if:

- If you are allergic to **gallium (⁶⁸Ga) oxodotreotide** or any of the other ingredients of this medicine

BEFORE receiving NETSPOT[®], talk to your physician about any health conditions or problems you may have, including:

- If you have experienced any signs of allergic reaction after previous administration of NETSPOT[®] prepared **gallium (⁶⁸Ga) oxodotreotide** or other somatostatin analogs;
- If you are under 18 years of age;
- If you have signs of dehydration (feeling very thirsty) before or after the examination;
- If you have any other medical condition as these could affect the interpretation of the image
- If you have been taking other medicines such as somatostatin-type drugs, and glucocorticoids, which may interact with NETSPOT[®];
- If you are pregnant or believe you may be pregnant;
- If you are breast-feeding.

Children and adolescents

The safety and efficacy of this medicine in children and adolescents under 18 years of age has not yet been established.

Pregnancy and breast feeding

If you are breast-feeding the nuclear medicine doctor may either delay the medical procedure until you no longer breast-feed or ask you to stop breastfeeding and to collect then discard your milk until there is no radioactivity in your body (usually 12 hours after treatment with NETSPOT[®]). Be sure to ask your nuclear medicine doctor when you can resume breast-feeding.

NETSPOT[®] contains sodium

This medicine contains up to 32.4 mg of sodium per dose.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may interact with NETSPOT[®]

- Other somatostatin drugs – you may be asked to stop and/or change your treatment for a short period of time while receiving **gallium (⁶⁸Ga) oxodotreotide**.
- Corticosteroids – speak to your doctor if you are taking a corticosteroid

How to take NETSPOT[®]:

There are strict laws on the use, handling and disposal of radiopharmaceutical products. NETSPOT[®] prepared **gallium (⁶⁸Ga) oxodotreotide** will be given to you by a healthcare professional who is experienced in the use of radiopharmaceuticals.

Usual dose:

The doctor or specialist supervising the procedure will decide on the dose of NETSPOT[®] prepared **gallium (⁶⁸Ga) oxodotreotide** you will receive. The dose will be the smallest amount needed to get the desired information. The dose is based on your weight. The recommended dose for an adult is usually 100 MBq to 200 MBq (MBq = megabecquerel, which is the unit used to express radioactivity).

Administration of NETSPOT[®] prepared gallium (⁶⁸Ga) oxodotreotide and conduct of the procedure:

- NETSPOT[®] prepared **gallium (⁶⁸Ga) oxodotreotide** is administered by intravenous injection (directly into the vein).

- A single injection is enough for your doctor to conduct the test and make a diagnosis.
- You will be asked to urinate just before the test. After injection, you will be offered something to drink and you will be asked to urinate as often as possible.

After gallium (⁶⁸Ga) oxodotreotide administration, you should:

- Avoid any close contact with young children and pregnant women for 8 hours after the injection
- Urinate frequently in order to eliminate the medicine from the body.

The nuclear medicine doctor will tell you if you need to take any special precautions after receiving this medicine. Contact your nuclear medicine doctor if you have any questions.

Duration of the procedure

Your nuclear medicine doctor will inform you about the usual amount of time the procedure requires.

Overdose:

An overdose is unlikely because you will only receive a single dose in a controlled clinical setting. However, in the case of an overdose, you will receive the appropriate treatment. Drinking water and emptying your bladder frequently will help remove the medicine from your body more quickly.

Should you have any further question on the use of this medicine, please ask your doctor who supervises the procedure.

What are possible side effects from using gallium (⁶⁸Ga) oxodotreotide?

Like all medicines, this medicine can cause side effects, although not everybody gets them.

In a literature report of a clinical study with gallium (⁶⁸Ga) oxodotreotide, there were no serious adverse events reported and no participants had a trial related event requiring additional medical care, however there were rare reports of mild changes in heart rate, increased liver protein (aspartate amino transferase), and increased blood sugar.

Short term Non-serious nausea, vomiting, injection site reactions (pain, burning sensation), hives, rash, redness and itching have been reported following NETSPOT[®] prepared **gallium (⁶⁸Ga) oxodotreotide** administration.

Reporting of side effects

If you have experienced a side effect, talk to your healthcare professional. This includes any possible side effects not listed in this leaflet.

Symptom/effect	Talk to your healthcare professional	
	Only if severe	In all cases
Injection site reactions (itching, swelling, redness, warm feeling at the injection site)		X
Nausea and vomiting		X

Reporting Side Effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (<http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/index-eng.php>) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.

Storage:

You will not have to store this medicine. This medicine is stored under the responsibility of your healthcare specialist.

If you want more information about NETSPOT®:

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals by visiting the Health Canada website (<http://hc-sc.gc.ca>), or the manufacturer's website <http://www.adacap.com>.

This leaflet was prepared by Advanced Accelerator Applications

Last Revised