Dear Colleague,

On behalf of UKI NETS and Advanced Accelerator Applications, a Novartis company, we have the pleasure of inviting you to a satellite symposium:

**Lutathera®: Optimisation of patient selection and assessment of disease response – From evidence to real life**

Sheffield City Hall, Sunday 3rd December 2023, 17:00 hours

(Registration from 16:30 hours)

Themes of the meeting include “patient selection”, “assessment of disease response” and “from evidence to real life” with an interactive case presentation, including panel discussions throughout the meeting. Please see the full programme agenda on the next page.

The satellite symposium is approved by the UKI NETS Executive and is part of the UKI NETS conference, which continues the following day.

Where travel distance or time creates a requirement for accommodation, please submit your request through the registration portal. This will be on first come first serve basis so please register as soon as possible to avoid disappointment.

We look forward to seeing you on 3rd December.

This is an invitation only event which will be held face to face in a private room.

Please register by 29th November at: www.cvent.me/9DEPEV

Christos Toumpanakis
Satellite Chair

Mark Pritchard
Chair, UKI NETS

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UK: Adverse events should be reported. Reporting form and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report.

ROI: All suspected adverse reactions should be reported via HPRA Pharmacovigilance, website: www.hpra.ie. Adverse events could also be reported to Novartis preferably via www.report.novartis.com or by email: drugsafety.dublin@novartis.com or by calling 01 2080 612.
YOU ARE CORDIALLY INVITED TO ATTEND:
Lutathera®: Optimisation of patient
selection and assessment of disease
response – From evidence to real life

<table>
<thead>
<tr>
<th>DATE:</th>
<th>Sunday, 3rd December 2023</th>
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<tbody>
<tr>
<td>VENUE:</td>
<td>Sheffield City Hall, Barkers Pool, Sheffield, S1 2JA</td>
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<tr>
<td>CHAIR:</td>
<td>Professor Christos Toumpanakis</td>
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<td>PANEL:</td>
<td>Dr Ruth Casey, Dr Amy Eccles, Dr Prakash Manoharan, Stacey Smith, Dr Raj Srirajaskanthan, Prof. Jonathan Wadsley</td>
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16:30–17:00 Registration and refreshments

PART A  Patient selection (60 min)

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<th>Time</th>
<th>Session</th>
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| 17:00–17:05 | Introduction  
Professor Christos Toumpanakis, Royal Free Hospital |
| 17:05–17:15 | “Clinical point of view”  
Dr Raj Srirajaskanthan, Kings College Hospital |
| 17:15–17:25 | “Serum and tissue biomarkers”  
Dr Ruth Casey, Addenbrooke's Hospital |
| 17:25–17:40 | “Imaging”  
Dr Prakash Manoharan, The Christie Hospital |
| 17:40–18:00 | Panel discussion |
| 18:00–18:20 | Tea and coffee break |

PART B  Assessment of disease response (35 min)

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<th>Time</th>
<th>Session</th>
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| 18:20–18:30 | “When and how”  
Professor Jonathan Wadsley, Weston Park Cancer Centre, Sheffield |
| 18:30–18:45 | “Interpretation of imaging results”  
Dr Amy Eccles, Imperial College London |
| 18:45–18:55 | Panel discussion |

PART C  The real life (35 minutes)

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<th>Time</th>
<th>Session</th>
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<tr>
<td>18:55–19:25</td>
<td>Panel and audience case discussion</td>
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</table>
| 19:25–19:30 | Summary  
Professor Christos Toumpanakis |
| 19:30–22:00 | Dinner and close |
Important note: Before prescribing, consult Summary of Product Characteristics (SmPC). Presentation: Solution for infusion. Clear, colourless, sterile, ready for use solution. One ml of solution contains 370 MBq of lutetium (177Lu) oxodotreotide at the date and time of calibration. The total amount of radioactivity per single-dose vial is 7.400 MBq at the date and time of infusion. Indication(s): The treatment of unresectable or metastatic, progressive, well differentiated (G1 and G2), somatostatin receptor positive gastroenteropancreatic neuroendocrine tumours (GEP NETs) in adults. Dosage and administration: Lutathera should be administered only by persons authorised to handle radiopharmaceuticals in designated clinical settings and after evaluation of the patient by a qualified physician. Before starting treatment with Lutathera, somatostatin receptor imaging (scintigraphy or positron emission tomography [PET]) must confirm the overexpression of these receptors in the tumour tissue with the tumour uptake at least as high as normal liver uptake. Additionally, before each administration and during the treatment, laboratory tests are required to re-assess haematological condition and antiemetics should be injected at least 30 minutes prior to the start of treatment. For each patient, the total amount of radioactivity at the date and time of infusion. Lutathera must be administered by slow intravenous infusion over approximately 30 minutes, concomitantly with amino acid solution administered by contralateral intravenous infusion. This medicinal product must not be injected as a bolus. Premedication with antiemetics should be injected at least 30 minutes prior to the start of amino acid infusion to prevent nausea and vomiting. The recommended infusion method for administration of Lutathera is the gravity method. Treatment physicians may use other methods deemed appropriate, including the use of infusion pumps. Use not recommended in patients with creatinine clearance <40mL/min. Use not recommended in patients with creatinine clearance <30mL/min. Use not recommended in patients with renal impairment. Hepatic impairment: The activity to be administered should be decreased in patients with hepatic impairment. The activity to be administered should be decreased in patients with severe heart failure risk (risk of volume overload) and in patients receiving total parenteral nutrition, severe hypothyroidism, hyperkalaemia, dehydration, controlled diet. For patients with creatinine clearance <50 mL/min, an adjustment recommended in mild or moderate hepatic impairment. The pharmacokinetic profile and safety of the product has not been studied in patients with severe hepatic impairment therefore a careful risk-benefit assessment is required prior to treatment. For renal protection purpose, an amino acid solution must be administered intravenously in order to provide the required amount of radioactivity at the date and time of infusion. In addition, care should be taken in patients receiving total parenteral nutrition. Corticosteroids may induce down-regulation of SST2 receptors. Repeated administration of high-doses of corticosteroids should be avoided during Lutathera treatment. Patients with a history of chronic use of corticosteroids should be carefully monitored and a decreased dose of corticosteroids should be avoided as preventive anti-emetic treatment. Where other treatments for nausea and vomiting are insufficient, a single dose of corticosteroids can be used, as long as it is not given before initiating or modifying somatostatin analogues. Administration of long acting somatostatin analogues should be avoided within 30 days prior to the use of Lutathera. If necessary, assistance in managing somatostatin analogues treatment may be possible. If Lutathera treatment is stopped, the patient may be at risk of rebound or development of tolerance. Additionally, before each administration of Lutathera, somatostatin receptor imaging (scintigraphy or positron emission tomography [PET]) must confirm the overexpression of these receptors in the tumour tissue with the tumour uptake at least as high as normal liver uptake. Additionally, before each administration and during the treatment, laboratory tests are required to re-assess haematological condition and antiemetics should be injected at least 30 minutes prior to the start of treatment. Adverse events should be reported. Reporting forms and instructions should be used, as the number, quantities and price: PLGB 35145/0003 – 1 vial: £17,875.
ADVERSE EVENT REPORTING: Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report If you have a question about the product, please contact Medical Information on 01276 680370 or by email at medicalinfo@uk.novartis.com.

ADVERSE EVENT REPORTING: Reporting suspected adverse reactions after administration of the medicinal product is important. It allows continuous monitoring of the benefit/risk profile of the medicinal product. All suspected adverse reactions should be reported to HPRA Pharmacovigilance at www.hpra.ie. Adverse events can also be reported to Novartis preferably at www.novartis.com/report, by emailing drugsafety.dublin@novartis.com or by calling 01 2080 612.