For UK and ROI healthcare professionals only. Not for further distribution. Lutathera® (lutetium [^{177}Lu] oxodotreotide) prescribing information (GB, Northern Ireland and Republic of Ireland) and adverse event reporting instructions are available at the end of this document.

This promotional meeting has been initiated and funded by Advanced Accelerator Applications, a Novartis company. Advanced Accelerator Applications products will be discussed at this meeting.

SYMPOSIUM INVITATION

Sunday, 3rd December 2023

SHEFFIELD CITY HALL, BARKERS POOL, SHEFFIELD, S1 2JA

UKI NETS

Advanced Accelerator Applications
A Novartis Company

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.

Christos Toumpanakis
Satellite Chair

Mark Pritchard
Chair, UKI NETS

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

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.

Lutathera® is indicated for the treatment of unresectable or metastatic, progressive, well-differentiated (grade 1 and 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours (GEP-NETs) in adults.

AAA-Lu177-UK-2105
September 2023

YOU ARE CORDIALLY INVITED TO ATTEND:

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

UKI NETS

Advanced Accelerator Applications
A Novartis Company

DATE:	Sunday, 3rd December 2023
VENUE:	Sheffield City Hall, Barkers Pool, Sheffield, S1 2JA
CHAIR:	Professor Christos Toumpanakis
PANEL:	Dr Ruth Casey, Dr Amy Eccles, Dr Prakash Manoharan, Stacey Smith, Dr Raj Srirajaskanthan, Prof. Jonathan Wadsley

16:30–17:00	Registration and refreshments
PART A	**Patient selection (60 min)**
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)**
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)**
18:55–19:25	**Panel and audience case discussion**
19:25–19:30	**Summary** Professor Christos Toumpanakis
19:30–22:00	**Dinner and close**

Prescribing Information (Great Britain) LUTATHERA® (lutetium (^{177}Lu) oxodotreotide)

Important note: Before prescribing, consult Summary of Product Characteristics (SmPC). Presentation: Solution for infusion. Clear, colourless to slightly yellow solution. One mL of solution contains 370 MBq of lutetium (^{177}Lu) 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. I**ndication(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 the patient's condition and adapt the therapeutic protocol as necessary (dose, infusion interval, number of infusions). See SmPC for further details. The recommended treatment regimen consists of 4 infusions of 7,400 MBq each at 8 week intervals. Management of severe or intolerable adverse drug reactions may require temporary dose interruption, extension of the dosing interval from 8 weeks up to 16 weeks, dose reduction, or permanent discontinuation of treatment with Lutathera. See SmPC for further details. *Elderly patients:* no dosage adjustment required however close follow up advised due to increased risk of presenting with haematotoxicity. *Renal impairment:* contraindicated in patients with creatinine clearance <30mL/min. Use not recommended in patients with creatinine clearance <40mL/min. The activity to be administered should be carefully considered as increased radiation exposure is possible. Renal function should be more frequently monitored in patients with renal impairment. *Hepatic impairment:* The activity to be administered should be carefully considered as increased radiation exposure is possible. No dose 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 for 4 hours. See SmPC for further details. Given the fixed volumetric activity of 370 MBq/mL at the date and time of calibration, the volume of the solution is adjusted between 20.5 mL and 25.0 mL in order to provide the required 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 solution infusion to reach the full antiemetic efficacy of the selected product, according to the respective product information. See SmPC for further details. The recommended infusion method for administration of Lutathera is the gravity method. Treating physicians may use other methods deemed appropriate, including the use of infusion pumps, particularly when dose reduction is required. During the administration the recommended radiation safety precaution measures should be undertaken regardless of the infusion method. Lutathera should be infused directly from its original container. The vial must not be opened or the solution transferred to another container. During the administration, only disposable materials should be used. The medicinal product should be infused through an intravenous catheter placed in the vein exclusively for its infusion. See SmPC for further details of storage, room and equipment requirements, as well as detailed administration procedure. In some circumstances, it might be necessary to temporarily discontinue treatment with Lutathera, adapt the dose after the first administration or discontinue the treatment. **Contraindications**: Hypersensitivity to the active substance or to any of the excipients, established or suspected pregnancy or when pregnancy has not been excluded, kidney failure with creatinine clearance <30 mL/min. **Warnings/Precautions**: Careful monitoring in hepatic impairment, renal impairment/urinary tract abnormalities, prior chemotherapy, haematological toxicities, bone metastasis, prior oncologic radiometabolic therapies or history of other malignant tumours. It is not recommended to start treatment in the following cases: previous external beam radiotherapy involving more than 25% of the bone marrow, severe heart failure, liver impairment, renal impairment with creatinine clearance <40 mL/min, severely impaired haematological function, somatostatin receptor negative or mixed visceral lesions according to somatostatin receptor imaging. For each patient, the radiation exposure must be justifiable by the likely benefit. Somatostatin and its analogues competitively bind to somatostatin receptors and may interfere with the efficacy of Lutathera. Late-onset myelodysplastic syndrome (MDS) and acute leukaemia (AL) have been observed after treatment with Lutathera. Aetiology of these therapy-related secondary myeloid neoplasms is unclear. Factors such as age > 70 years, impaired renal function, baseline cytopenias, prior number of therapies, prior exposure to chemotherapeutic agents (specifically alkylating agents), and prior radiotherapy are suggested as potential risks and/or predictive factors for MDS/AL. Crises due to excessive release of hormones or bioactive substances may occur following treatment with Lutathera, therefore observation of patients by overnight hospitalisation should be considered in some cases (e.g. patients with poor pharmacologic control of symptoms). Tumour lysis syndrome has been reported. Patients with a history of renal insufficiency and high tumour burden may be at greater risk and should be treated with increased caution. Patients with hepatic metastasis or pre-existing advanced hepatic impairment may be at increased risk of hepatotoxicity due to radiation exposure. There are no efficacy data in patients with known brain metastases, therefore individual benefit risk must be assessed in these patients. Cases of hypersensitivity reactions (including isolated angioedema events) have been reported in the post-marketing setting in patients treated with Lutathera. In the event of serious hypersensitivity reactions, treatment with Lutathera should be discontinued immediately. Appropriate medicinal products and equipment to manage such reactions should be available for immediate use. Radioprotection rules and precautions should be followed including special care in the event of extravasation and urinary incontinence. The product contains up to 3.5 mmol sodium and this should be considered in patients on a sodium-controlled diet. For patients with creatinine clearance <50 mL/min, an increased risk of transient hyperkalaemia due to the amino acid solution should also be taken into consideration. In addition, care should be taken co- administering the amino acid solution in patients with severe heart failure (risk of volume overload) and in patients receiving total parenteral nutrition protocols (risk of metabolic acidosis). See SmPC for further details of all warnings/precautions. **Interactions**: Somatostatin and its analogues competitively bind to somatostatin receptors and may interfere with the efficacy of Lutathera. Administration of long acting somatostatin analogues should be avoided within 30 days prior to the use of Lutathera. If necessary, patients may be treated with short-acting somatostatin analogues up to 24 hours preceding Lutathera administration. 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 evaluated for sufficient somatostatin receptor expression. 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 within one hour after the end of Lutathera infusion. **Fertility, pregnancy and lactation**: Pregnancy must be excluded prior to the use of Lutathera. Appropriate contraception must be used by male and female patients during treatment with Lutathera and for a minimum of 6 months after the end of treatment. Breast-feeding must be avoided during treatment with Lutathera. Ionising radiation may have toxic effects on female and male gonads. **Undesirable effects:** *Very common (≥1/10):* Thrombocytopenia, lymphopenia, anaemia, pancytopenia, decreased appetite, nausea, vomiting, fatigue. *Common (≥1/100 to <1/10):* Refractory cytopenia with multilineage dysplasia (myelodysplastic syndrome), leukopenia, neutropenia, secondary hypothyroidism, hyperglycaemia, dehydration, hypomagnesaemia, hyponatraemia, sleep disorders, dizziness, dysgeusia, headache, lethargy, syncope, electrocardiogram QT prolonged, hypertension, flushing, hot flush, hypotension, dyspnoea, abdominal distension, diarrhoea, abdominal pain, constipation, abdominal pain upper, dyspepsia, gastritis, hyperbilirubinaemia, alopecia, musculoskeletal pain, muscle spasms, acute kidney injury, haematuria, renal failure, proteinuria, injection site reaction, oedema peripheral, administration site pain, chills, influenza like illness, blood creatinine increased, GGT increased, ALT increased, AST increased, blood ALP increased, transfusion. *Not known:* Angioedema. *Other Adverse Effects:* Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Legal classification:** POM **Marketing Authorisation (MA) number, quantities and price:** PLGB 35145/0003 – 1 vial: £17,875. **Date of last revision of prescribing information**: May 2023 **Full Prescribing Information available from**: Novartis Pharmaceuticals UK Limited, 2nd Floor, The WestWorks Building, White City Place, 195 Wood Lane, London, W12 7FQ. Telephone: (01276) 692255.

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 698370** or by email at **medinfo.uk@novartis.com**

Prescribing Information (Northern Ireland) LUTATHERA® (lutetium (^{177}Lu) oxodotreotide)

Important note: Before prescribing, consult Summary of Product Characteristics (SmPC). Presentation: Solution for infusion. Clear, colourless to slightly yellow solution. One mL of solution contains 370 MBq of lutetium (^{177}Lu) 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 the patient's condition and adapt the therapeutic protocol as necessary (dose, infusion interval, number of infusions). See SmPC for further details. The recommended treatment regimen consists of 4 infusions of 7,400 MBq each at 8 week intervals. Management of severe or intolerable adverse drug reactions may require temporary dose interruption, extension of the dosing interval from 8 weeks up to 16 weeks, dose reduction, or permanent discontinuation of treatment with Lutathera. See SmPC for further details. *Elderly patients:* no dosage adjustment required however close follow up advised due to increased risk of presenting with haematotoxicity. *Renal impairment:* contraindicated in patients with creatinine clearance <30mL/min. Use not recommended in patients with creatinine clearance <40mL/min. The activity to be administered should be carefully considered as increased radiation exposure is possible. Renal function should be more frequently monitored in patients with renal impairment. *Hepatic impairment:* The activity to be administered should be carefully considered as increased radiation exposure is possible. No dose 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 for 4 hours. See SmPC for further details. Given the fixed volumetric activity of 370 MBq/mL at the date and time of calibration, the volume of the solution is adjusted between 20.5 mL and 25.0 mL in order to provide the required 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 solution infusion to reach the full antiemetic efficacy of the selected product, according to the respective product information. See SmPC for further details. The recommended infusion method for administration of Lutathera is the gravity method. Treating physicians may use other methods deemed appropriate, including the use of infusion pumps, particularly when dose reduction is required. During the administration the recommended radiation safety precaution measures should be undertaken regardless of the infusion method. Lutathera should be infused directly from its original container. The vial must not be opened or the solution transferred to another container. During the administration, only disposable materials should be used. The medicinal product should be infused through an intravenous catheter placed in the vein exclusively for its infusion. See SmPC for further details of storage, room and equipment requirements, as well as detailed administration procedure. In some circumstances, it might be necessary to temporarily discontinue treatment with Lutathera, adapt the dose after the first administration or discontinue the treatment. **Contraindications**: Hypersensitivity to the active substance or to any of the excipients, established or suspected pregnancy or when pregnancy has not been excluded, kidney failure with creatinine clearance <30 mL/min. **Warnings/Precautions**: Careful monitoring in hepatic impairment, renal impairment/urinary tract abnormalities, prior chemotherapy, haematological toxicities, bone metastasis, prior oncologic radiometabolic therapies or history of other malignant tumours. It is not recommended to start treatment in the following cases: previous external beam radiotherapy involving more than 25% of the bone marrow, severe heart failure, liver impairment, renal impairment with creatinine clearance <40 mL/min, severely impaired haematological function, somatostatin receptor negative or mixed visceral lesions according to somatostatin receptor imaging. For each patient, the radiation exposure must be justifiable by the likely benefit. Somatostatin and its analogues competitively bind to somatostatin receptors and may interfere with the efficacy of Lutathera. Late-onset myelodysplastic syndrome (MDS) and acute leukaemia (AL) have been observed after treatment with Lutathera. Aetiology of these therapy-related secondary myeloid neoplasms is unclear. Factors such as age > 70 years, impaired renal function, baseline cytopenias, prior number of therapies, prior exposure to chemotherapeutic agents (specifically alkylating agents), and prior radiotherapy are suggested as potential risks and/or predictive factors for MDS/AL. Crises due to excessive release of hormones or bioactive substances may occur following treatment with Lutathera, therefore observation of patients by overnight hospitalisation should be considered in some cases (e.g. patients with poor pharmacologic control of symptoms). Tumour lysis syndrome has been reported. Patients with a history of renal insufficiency and high tumour burden may be at greater risk and should be treated with increased caution. Patients with hepatic metastasis or pre-existing advanced hepatic impairment may be at increased risk of hepatotoxicity due to radiation exposure. There are no efficacy data in patients with known brain metastases therefore individual benefit risk must be assessed in these patients. Cases of hypersensitivity reactions (including isolated angioedema events) have been reported in the post-marketing setting in patients treated with Lutathera. In the event of serious hypersensitivity reactions, treatment with Lutathera should be discontinued immediately. Appropriate medicinal products and equipment to manage such reactions should be available for immediate use. Radioprotection rules and precautions should be followed including special care in the event of extravasation and urinary incontinence. The product contains up to 3.5 mmol sodium and this should be considered in patients on a sodium-controlled diet. For patients with creatinine clearance <50 mL/min, an increased risk of transient hyperkalaemia due to the amino acid solution should also be taken into consideration. In addition, care should be taken co- administering the amino acid solution in patients with severe heart failure (risk of volume overload) and in patients receiving total parenteral nutrition protocols (risk of metabolic acidosis). See SmPC for further details of all warnings/precautions. **Interactions**: Somatostatin and its analogues competitively bind to somatostatin receptors and may interfere with the efficacy of Lutathera. Administration of long acting somatostatin analogues should be avoided within 30 days prior to the use of Lutathera. If necessary, patients may be treated with short-acting somatostatin analogues up to 24 hours preceding Lutathera administration. 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 evaluated for sufficient somatostatin receptor expression. 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 within one hour after the end of Lutathera infusion. **Fertility, pregnancy and lactation**: Pregnancy must be excluded prior to the use of Lutathera. Appropriate contraception must be used by male and female patients during treatment with Lutathera and for a minimum of 6 months after the end of treatment. Breast-feeding must be avoided during treatment with Lutathera. Ionising radiation may have toxic effects on female and male gonads. **Undesirable effects:** *Very common (≥1/10):* Thrombocytopenia, lymphopenia, anaemia, pancytopenia, decreased appetite, nausea, vomiting, fatigue. *Common (≥1/100 to <1/10):* Refractory cytopenia with multilineage dysplasia (myelodysplastic syndrome), leukopenia, neutropenia, secondary hypothyroidism, hyperglycaemia, dehydration, hypomagnesaemia, hyponatraemia, sleep disorders, dizziness, dysgeusia, headache, lethargy, syncope, electrocardiogram QT prolonged, hypertension, flushing, hot flush, hypotension, dyspnoea, abdominal distension, diarrhoea, abdominal pain, constipation, abdominal pain upper, dyspepsia, gastritis, hyperbilirubinaemia, alopecia, musculoskeletal pain, muscle spasms, acute kidney injury, haematuria, renal failure, proteinuria, injection site reaction, oedema peripheral, administration site pain, chills, influenza like illness, blood creatinine increased, GGT increased, ALT increased, AST increased, blood ALP increased, transfusion. *Not known:* Angioedema. *Other Adverse Effects:* Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Legal classification:** POM **Marketing Authorisation (MA) number, quantities and price:** EU/1/17/1226/001 – 1 vial: £17,875. **Date of last revision of prescribing information**: May 2023 **Full Prescribing Information available from**: Novartis Pharmaceuticals UK Limited, 2nd Floor, The WestWorks Building, White City Place, 195 Wood Lane, London, W12 7FQ. Telephone: (01276) 692255.

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If you have a question about the product, please contact Medical Information on **01276 698370** or by email at **medinfo.uk@novartis.com**

Prescribing Information (Republic of Ireland) LUTATHERA® (lutetium (^{177}Lu) oxodotreotide)

Important note: Before prescribing, consult Summary of Product Characteristics (SmPC).
Presentation: Solution for infusion. Clear, colourless to slightly yellow solution. One mL of solution contains 370 MBq of lutetium (^{177}Lu) 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. **Indications:** 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. Before each administration and during the treatment, laboratory tests are required to assess the patient's condition and adapt the therapeutic protocol as necessary (dose, infusion interval, number of infusions). See SmPC for further details. The recommended treatment regimen consists of 4 infusions of 7,400 MBq each at 8-week (± 1 week) intervals. Management of severe or intolerable adverse drug reactions may require temporary dose interruption (extension of the dosing interval from 8 weeks up to 16 weeks), dose reduction, or permanent discontinuation of treatment with Lutathera. See SmPC for further details. *Elderly patients*: no dose adjustment required however close follow up advised due to increased risk of presenting with haematotoxicity. *Renal impairment:* contraindicated in patients with creatinine clearance <30mL/min. Use not recommended in patients with creatinine clearance <40mL/min. Renal function should be more frequently monitored in patients with renal impairment. The activity to be administered should be carefully considered as increased radiation exposure is possible. *Hepatic impairment:* The activity to be administered should be carefully considered as increased radiation exposure is possible. No dose adjustment recommended in baseline mild or moderate hepatic impairment. The pharmacokinetic profile and safety of the product has not been studied in patients with baseline severe hepatic impairment therefore a careful risk-benefit assessment is required prior to treatment. For renal protection purposes, an amino acid solution must be administered intravenously over 4 hours starting 30 minutes before the start of Lutathera infusion. Lutathera must be administered over 30 ± 10 minutes. Premedication with an antiemetic should be injected at least 30 minutes prior to the start of amino acid solution infusion to reach the full antiemetic efficacy See SmPC for further details. The gravity method, the peristaltic pump method or the syringe pump method may be used for administration of Lutathera. Treating physicians may use other methods deemed appropriate and safe, particularly when dose reduction is required. When using the gravity or peristaltic pump method Lutathera should be infused directly from its original container. Radiation safety precaution measures should be considered regardless of the infusion method. See SmPC for further details of storage, room and equipment requirements, as well as detailed administration procedure. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients, established or suspected pregnancy or when pregnancy has not been excluded, kidney failure with creatinine clearance < 30 mL/min. **Warnings/Precautions:** For each patient, the radiation exposure must be justifiable by the likely benefit. Radiation exposure should be minimized to patients, medical personnel, and household contacts during and after treatment for at least 7 days. Concurrent administration of amino acid solution is recommended to decrease the radiation exposure to the kidneys. Renal function must be assessed at baseline, during and for at least a year after treatment. Increased risk of toxicity in patients with baseline renal impairment/urinary tract abnormalities. Careful monitoring in hepatic impairment, prior chemotherapy, prior external beam radiotherapy (involving >25% of the bone marrow), bone marrow impairment, bone metastasis, prior oncologic radiometabolic therapies or history of other malignant tumours. Treatment of patients with severely impaired hematological function at baseline and during treatment is not recommended unless solely due to lymphopenia. It is not recommended to start treatment in the following cases: somatostatin receptor negative or mixed visceral lesions according to somatostatin receptor imaging. Late-onset myelodysplastic syndrome (MDS) and acute leukaemia (AL) occurred after treatment with Lutathera. Aetiology of these therapy-related secondary myeloid neoplasms is unclear. Factors such as age > 70 years, impaired renal function, baseline cytopenias, prior number of therapies, prior exposure to chemotherapeutic agents (specifically alkylating agents), and prior radiotherapy are suggested as potential risks and/or predictive factors for MDS/AL. Crises due to excessive release of hormones or bioactive substances may occur following treatment with Lutathera, therefore observation of patients by overnight hospitalisation should be considered in some cases (e.g. patients with poor pharmacological control of symptoms). Tumour lysis syndrome has been reported. Patients with a history of renal insufficiency and high tumour burden may be at greater risk and should be treated with increased caution. Patients with hepatic metastasis or pre-existing advanced hepatic impairment at increased risk of hepatotoxicity. Cases of hypersensitivity (including isolated angioedema) occurred during treatment. If serious hypersensitivity reactions occur, the ongoing Lutathera infusion should be discontinued immediately. Appropriate medications and equipment should be available for immediate use. There are no efficacy data in patients with known brain metastases therefore individual benefit risk must be assessed in these patients. Radioprotection rules and precautions should be followed including special care in the event of extravasation and urinary incontinence. See SmPC for further details. Transient hyperkalaemia may occur following amino acid solution administration. Pre-existing hyperkalaemia must be corrected before starting the infusion and patients closely monitored. Patients with creatinine clearance < 50 mL/min are at an increased risk of transient hyperkalaemia due to the amino acid solution. In addition, care should be taken co-administering the amino acid solution in patients with severe heart failure (risk of volume overload) and in patients receiving total parenteral nutrition protocols (risk of metabolic acidosis). See SmPC for further details. The product contains up to 3.5 mmol sodium per vial. **Interactions:** Somatostatin and its analogues competitively bind to somatostatin receptors and may interfere with the efficacy of Lutathera. Administration of long-acting somatostatin analogues should be avoided within 30 days prior to the use of Lutathera. If necessary, patients may be treated with short-acting somatostatin analogues up to 24 hours preceding Lutathera administration. Glucocorticoids may induce down-regulation of SSTR2 receptors. Repeated administration of high-doses of glucocorticoids should be avoided during Lutathera treatment. Patients with a history of chronic use of glucocorticoids should be carefully evaluated for sufficient somatostatin receptor expression. Glucocorticoids 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 within one hour after the end of Lutathera infusion. **Fertility. Pregnancy and Lactation:** Pregnancy must be excluded prior to the use of Lutathera. Effective contraception must be used by male and female patients during treatment and for a minimum of 4 and 7 months respectively after the end of treatment. Breast-feeding must be avoided during treatment with Lutathera. Ionising radiation may have toxic effects on female and male gonads. **Undesirable Effects:** *Very common (≥1/10):* Thrombocytopenia, lymphopenia, anaemia, pancytopenia, decreased appetite, nausea, vomiting, fatigue. *Common (≥1/100 to <1/10):* Refractory cytopenia with multilineage dysplasia (myelodysplastic syndrome), leukopenia, neutropenia, secondary hypothyroidism, hyperglycaemia, dehydration, hypomagnesaemia, hyponatraemia, sleep disorders, dizziness, dysgeusia, headache, lethargy, syncope, electrocardiogram QT prolonged, hypertension, flushing, hot flush, hypotension, dyspnoea, abdominal distension, diarrhoea, abdominal pain, constipation, abdominal pain upper, dyspepsia, gastritis, hyperbilirubinaemia, alopecia, musculoskeletal pain, muscle spasms, acute kidney injury, haematuria, renal failure, proteinuria, injection site reaction, oedema peripheral, administration site pain, chills, influenza like illness, blood creatinine increased, GGT increased, ALT increased, AST increased, blood ALP increased, transfusion. *Not known (cannot be estimated from the available data)*: Angioedema. Please see SmPC for a full list of undesirable effects **Pack Size(s):** Vial containing a volume varying from 20.5 to 25.0 mL of solution corresponding to an activity of 7,400 MBq at date and time of infusion. The vial is enclosed within a lead container for protective shielding. **Legal Category:** Prescription Only Medicine. **Marketing Authorisation Holder:** Advanced Accelerator Applications, 8-10 Rue Henri Sainte-Claire Deville, 92500 Rueil-Malmaison, France. **Marketing Authorisation Number:** EU/1/17/1226/001. Full prescribing information is available upon request from: Novartis Ireland Limited, Vista Building, Elm Park Business Park, Elm Park, Dublin 4. Tel: 01-2601255 or at www.medicines.ie. Detailed information on this product is also available on the website of the European Medicines Agency http://www.ema.europa.eu **Prescribing Information last revised:** April 2023

ADVERSE EVENT REPORTING: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued 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**.