ESMO Virtual Congress 2020 Industry Satellite Symposium

Dear colleague,

It is a great pleasure to invite you to this virtual symposium, sponsored by Advanced Accelerator Applications, taking place during the ESMO Virtual Congress 2020

Optimising NET treatment: the place of radioligand therapy

Available on demand from
14 September 2020 09:00 CET
Live Q&A
14 September 16:00-16:30 CET

This symposium will focus on the various treatment options of neuroendocrine tumours (NETs) and discuss how radioligand therapy (RLT), specifically ^{177}Lu-DOTATATE, offers an opportunity for the targeted treatment of NETs.

Featuring our expert faculty in the field of NETs, this symposium will review and discuss:

- **targeted treatment options for patients with NETs**
- **clinical and real-world outcomes using RLT, specifically ^{177}Lu-DOTATATE, to manage NETs**
- **case studies using ^{177}Lu-DOTATATE in patients with NETs**

We hope to see you there!

Faculty

Prof. Marianne Pavel (Chair)
Germany

Dr Nicola Fazio
Italy

Dr Angela Lamarca
UK

AGENDA

Time	Presentation	Speakers
5 mins	Chair's welcome and introduction	**Prof. Marianne Pavel**
15 mins	Targeted treatments of NETs	**Prof. Marianne Pavel**
30 mins	Evidence into practice with ^{177}Lu-DOTATATE	**Dr Nicola Fazio**
20 mins	Changing lives: taking control of NET management	**Drs Angela Lamarca and Nicola Fazio**
15 mins	Panel discussion: How can we improve outcomes for patients with NETs?	**All faculty, led by Prof. Marianne Pavel**
5 mins	Summary and close	**Prof. Marianne Pavel**

This symposium is organised and sponsored by Advanced Accelerator Applications International, A Novartis Company, Rue de la Tour de L'Ile 4, 1204 Geneva, Switzerland.

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Lutathera 370 MBq/mL solution for infusion. Composition Lutetium (^{177}Lu)-Oxodotreotid. 1 mL of solution contains 370 MBq of lutetium (^{177}Lu) oxodotreotide at the date and time of calibration. The total amount of radioactivity per vial is 7,400 MBq at the date and time of infusion. **Indication:** Lutathera is indicated for the treatment of unresectable or metastatic, progressive, well differentiated (G1 and G2), somatostatin receptor positive gastroenteropancreatic neuroendocrine tumours (GEP NETs) in adults. **Posology/instructions for use:** Medicinal product for hospital use only. Considering that nature of the medicinal product and the quantity of radioactivity administered during the infusion, the patient must be placed in an isolated room during minimum 48 hours following the infusion. Lutathera should be administered only by persons authorized to handle radiopharmaceuticals in designated clinical settings and after evaluation of the patient by a qualified physician. Precaution measures recommended in the Radiological Protection Ordinance should be taken into consideration. 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. Posology: *Adults*: The recommended treatment regimen of Lutathera in adults consists of 4 infusions of 7,400 MBq each. The recommended interval between 2 successive administrations is 8 weeks. This interval could be extended up to 16 weeks in case of dose modifying toxicity.For renal protection purpose, an amino acid solution must be administered intravenously during 4 hours. The infusion of the amino acid solution should start 30 minutes prior to start of Lutathera infusion. *Special populations*: *Elderly patients*: Clinical experience has not identified differences in responses between the elderly and younger patients. However, since increased risk of presenting haematotoxicity has been described in elderly patients (≥ 70 years old), a close follow up allowing for prompt dose adaptation (DMT) in this population is advisable. *Renal impairment:* Careful consideration of the activity to be administered is required since an increased radiation exposure is possible in these patients. *Hepatic impairment:* Careful consideration of the activity to be administered to patients with hepatic impairment is required since an increased radiation exposure is possible in these patients. *Paediatric population:* There is no relevant use of Lutathera in the paediatric population in the indication of treatment of GEP NETs (excluding neuroblastoma, neuroganglioblastoma, phaeochromocytoma). The safety and efficacy of Lutathera in children under 18 have not yet been established. Premedication: Premedication with antiemetics should be injected 30 minutes before the start of amino acid solution infusion.Method of administration: Lutathera is for intravenous use under special precautions. It is a ready to use radiopharmaceutical medicinal product for single use only. 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. **Contraindications**: Hypersensitivity to the active substance or to any of the excipients according to the composition. Established or suspected pregnancy or when pregnancy has not been excluded (see section « Pregnancy, breast-feeding »). Severe kidney failure with creatinine clearance < 30 mL/min. **Special warnings and precautions for use:** Patients with risk factors: Given the mechanism of action and tolerance profile of Lutathera, treatment is not recommended in the following cases: previous external beam radiotherapy involving more than 25% of the bone marrow; severe heart failure; kidney failure: impaired haematological function, liver impairment; patients with somatostatin receptor negative or mixed visceral lesions. Risk from Radiation Exposure: Lutathera contributes to a patient's overall long-term radiation exposure. Long-term cumulative radiation exposure is associated with an increased risk for cancer. Other risks: myelosuppression, secondary myelodisplastic syndrome and acute leukaemia, renal toxicity, hepatic impairment, neuroendocrine hormonal crises. **Interactions**: Somatostatin and its analogues competitively bind to somatostatin receptors. **Undesirable effects:** The most common adverse reactions in patients receiving Lutathera treatment were nausea and vomiting, thrombocytopenia, lymphopenia, anaemia and pancytopenia. Fatigue and decreased appetite were reported as other very common adverse reactions. Category A. **Marketing authorization holder**: Advanced Accelerator Applications International SA, Geneva, **Information status**: January 2019
Full professional information is available from swissmedicinfo.

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