Summary of the risk management plan for SomaKit TOC (gallium (^{68}Ga) edotreotide)

This is a summary of the risk management plan (RMP) for SomaKit TOC. The RMP details important risks of SomaKit TOC, how these risks can be minimized, and how more information will be obtained about SomaKit TOC's risks and uncertainties (missing information).

SomaKit TOC's summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how SomaKit TOC should be used.

This summary of the RMP for SomaKit TOC should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all which is part of the European Public Assessment Report (EPAR).

Important new concerns or changes to the current ones will be included in updates of SomaKit TOC's RMP.

I. The medicine and what it is used for

SomaKit TOC is authorized for diagnostic use only. It contains gallium (^{68}Ga) edotreotide as the active substance. After radiolabelling with gallium (^{68}Ga) chloride solution, the solution of gallium (^{68}Ga) edotreotide obtained is indicated for PET imaging of somatostatin receptor overexpression in adult patients with confirmed or suspected well-differentiated GEP-NET for localizing primary tumors and their metastases (see SmPC for the full indication). It should only be administered by trained healthcare professionals with technical expertise in using and handling nuclear medicine diagnostic agents and only in a designated nuclear medicine facility. The recommended activity for an adult weighing 70 kg is 100 to 200 MBq, administered by direct slow intravenous injection.

Further information about the evaluation of SomaKit TOC's benefits can be found in SomaKit TOC's EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage: link to the EPAR summary landing page:
www.ema.europa.eu/en/medicines/human/EPAR/somakit-toc

II. Risks associated with the medicine and activities to minimize or further characterize the risks

There are no important potential risks or missing information for SomaKit TOC.

Important identified risks of SomaKit TOC, together with measures to minimize such risks are outlined below.

Measures to minimize the risks identified for medicinal products can be:

Specific information, such as warnings, precautions, and advice on correct use, in the SmPC and package leaflet addressed to healthcare professionals and patients

The medicine's legal status - the way a medicine is supplied to the patient (e.g., with or without prescription) can help to minimize its risks

Together, these measures constitute routine risk minimization measures.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including PSUR assessment (if applicable), so that immediate action can be taken as necessary. These measures constitute routine pharmacovigilance activities.

II.A: List of important risks and missing information

Table 1 List of important risks and missing information

List of important risks and missing information	
Important identified risks	PET findings interpretation errors
Important potential risks	None
Missing information	None

II B: Summary of important risks

Table 2 Important identified risk: PET findings interpretation errors

Evidence for linking the risk to the medicine	Not observed in clinical development. However, there are literature cases describing misinterpretation of physiological uptake of gallium (^{68}Ga) edotreotide by splenic tissue as neuroendocrine tumors, which resulted in unnecessary surgical intervention. Also, there is a potential for incorrect interpretation/ diagnosis due to high physiological uptake of gallium (^{68}Ga) edotreotide by some organs (spleen, kidneys, liver, pituitary gland, thyroid gland and adrenals) as well as in other diseases characterized by high local somatostatin receptor concentrations.
Risk factors and risk groups	- Patients in whom incorrect dose was administered - Drug-drug interaction (somatostatin and its analogues; corticosteroids) - Patients with spleen disorders - Patients with Cushing's syndrome

	- Patients with another disease or pathologic condition characterized by high local somatostatin receptor concentrations such as:
	  - Subacute inflammations (areas of lymphocyte concentrations, including reactive lymph nodes, for example following vaccination)
	  - Thyroid diseases (e.g thyroid autonomy and Hashimoto's disease)
	  - Tumours of the pituitary gland, neoplasms of the lungs (small-cell carcinoma), meningiomas, mammary carcinomas, lymphoproliferative disease (e.g Hodgkin's disease and non-Hodgkin lymphomas)
	  - Tumours arising from tissue embryologically derived from the neural crest (e.g. paragangliomas, medullary thyroid carcinomas, neuroblastomas, pheochromocytomas).

Risk minimization measures	**Routine risk minimization measures** ● SmPC Section 4.4 provides guidance on the interpretation of gallium (^{68}Ga) edotreotide images and limitations of use. Considering that an increased uptake of gallium (^{68}Ga) edotreotide is not specific for GEP-NET, healthcare professionals should be aware that further imaging or histological and/or other relevant investigations may be required to establish the diagnosis. Spleen disorders (e.g. splenectomy, splenosis and accessory intrapancreatic spleen) should be considered as a relevant factor when reporting the outcome of somatostatin receptor targeted diagnostics. Positive results also require evaluating the possibility that another disease, characterized by high local somatostatin receptor concentrations, may be present. In patients with GEP-NET and Cushing syndrome, normalization of hypercortisolism is recommended.

	● SmPC Section 4.5 provides guidance on the use of somatostatins and its analogues, corticosteroids and normalization of endogenous hypercortisolism prior to gallium (^{68}Ga) edotreotide administration ● Package leaflet, Section 2 **Additional risk minimization measure** ● None

II C: Post-authorization development plan

II.C.1 Studies which are conditions of the marketing authorization

There are no studies which are conditions of the marketing authorization or specific obligation of SomaKit TOC.

II.C.2. Other studies in post-authorization development plan

There are no studies in post-authorization development plan for SomaKit TOC.