4.3 Contraindications
Hypersensitivity to HYNIC-D-Phe1, Tyr3-octreotide[TFA salt, to EDDA (Ethylene-diamine-N,N'-diacetic acid) or any of the excipients of sodium pertechnetate (99mTc) solution for injection.

4.4 Special warnings and precautions for use
The radiolabelled preparation is intended for single use only. Individual benefit/risk justification
Following injection, the radiation exposure must be justifiable by the likely benefit. The activity administered should in every case be as low as reasonably achievable to obtain the required diagnostic information.

Renal impairment
Calculation of the activity to be administered is required since an increased radiation exposure is possible in these patients.

Hepatic impairment
Dosage reduction in hepatic impairment are not necessary, see 5.2.

Paediatric population
For information on the use in paediatric population, see 4.2.

4.5 Interaction with other medicinal products and other forms of treatment

4.6 Fertility, pregnancy and lactation
Women of childbearing potential
Women of childbearing potential is important, it is important to determine whether or not she is pregnant. Any woman who has missed a period should be assumed to be pregnant until proven otherwise. If in doubt about her pregnancy potential (if the woman has missed a period, if the period is very irregular, etc.), alternative techniques using ionising radiation (e.g. transvaginal ultrasound) should be offered to the patient.

Pregnancy
Radionuclide procedures carried out on pregnant women also involve radiation dose to the foetus. Only essential investigations should therefore be performed on pregnant women to avoid the likely benefit for the pregnancy risk incurred by the mother and foetus.

Breastfeeding
Before administering radiopharmaceuticals to a mother who is breastfeeding consideration should be given to the possibility of delaying the administration of the radiopharmaceutical until the mother has ceased breast-feeding, and to what is the most appropriate choice of radiopharmaceutical of activity in milk. If the administration is considered necessary, breastfeeding should be interrupted for 24 hours and the expressed feeds discarded.

4.7 Effects on ability to drive and use machines
Effects on the ability to drive or use machines has not to be expected after use of this product.

4.8 Undesirable effects
Dose-related reactions occurring after administration reactions the following frequency data are taken as a basis: very common (>1/10); common (≥1/100 and <1/10); uncommon (≥1/1000 and <1/100); very rare (<1/10 000).

Tumours which do not bear receptors will not be visualised. In some patients suffering from GEP-NET the receptor density may be insufficient for the radiolabelled preparation to HYNIC-TOC. This may be borne to consider for patients with insulina.

The efficacy of 99mTc-E D D A / H YN IC -TO C for monitoring of treatment (99mTc-E D D A / H YN IC -TOC) has not been established (see section 5.1).

For the limitations of use of staging or re-staging of GEP-NET see section 5.1.

For the limitations of use for staging or re-staging of GEP-NET see section 5.1.

After the procedure
Cloth contact with infants and pregnant women should be avoided during the first 24 hours after administration of the radiopharmaceutical.

Specific warnings
Radioactive material contains less than 1 mCi sodium (23 mg) per dose, i.e. essentially ‘sodium-free’. Precautions with respect to environmental hazard see section 6.6.

In the event of administration of a radiation overdose with 99mTc- EDDA/HYNIC-TOC the dosed creature to the patient should be reduced by increasing the elimination of the renales from the body by administration of fluids and frequent bladder voiding.

5 PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Diagnostically labelled, tumour detection, technetium (99mTc) compounds; ATC code: V09M07 Medicated preparation
Technetium (99mTc) labelled EDDA/HYNIC-TOC specifically binds to somatostatin receptors. It is recommended on an empirical basis to withdraw the treatment with somatostatin analogues temporarily (both “cold” as well as labelled with radioactiv isotopes) to avoid a potential blockade of somatostatin receptors: short acting analogues – at least 3 days before the planned examination.

The withdrawal of therapy with somatostatin analogues as a preparatory to scintigraphy might provoke severe adverse effects, generally of the nature of a return of the symptoms seen before this therapy was started. No interaction studies have been performed. There are limited data concerning possible interactions.

6 PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Vial 1: Technetium (99mTc)hydroxymethylglycine
Stannous chloride dihydrate
Mannitol
Nitrogen (as protective gas)
2. Two developing chambers with a cover
3. Solvents:
   - Methylisethionate (MEK) for impurity A, [99mTc]pertechnetate
   - Water for injection
   - Sodium chloride solution for injection.

**Procedure A. Thin-layer chromatography**

**Preparation of chromatographic media**

1. Two TLC-SS strips (2 cm x 10 cm): Silica gel impregnated glass fibre strips
2. Two developing chambers with a cover
3. Solvents:
   - Methylisethionate (MEK) for impurity A, [99mTc]pertechnetate
   - Water for injection
   - Sodium chloride solution for injection.

**Procedure B. Thin-layer chromatography**

**Preparation of chromatographic media**

1. Two ITLC-SA strips (1 cm x 8 cm): Silica acid impregnated glass fibre strips
2. Two developing chambers with a cover

**Method**

1. Fill in the developing chambers with the prepared solutions of MEK and water for injection to the height of not more than 0.5 cm. Cover the chambers and allow to equilibrate with the solvents vapours.
2. Mark two ITLC-SA strips with a pencil at 1 cm from their bottom margin (the place where the front of the developing solution will move). Mark also cutting positions.
3. Spot the drop (about 1-2 µL) of the solution of mat area (Rf = 0 to 0.3).
4. 1 mL syringe with a needle for subcutaneous injections
5. Suitable counting equipment

**Method**

1. Fill in the developing chambers with the prepared solutions of MEK and water for injection to the height of not more than 0.5 cm. Cover the chambers and allow to equilibrate with the solvents vapours.
2. Mark two ITLC-SA strips with a pencil at 1 cm from their bottom margin (the place where the front of the developing solution will move). Mark also cutting positions.
3. Spot the drop (about 1-2 µL) of the solution of mat area (Rf = 0 to 0.3).
4. 1 mL syringe with a needle for subcutaneous injections
5. Suitable counting equipment