VASCULOCIS 10 mg kit for radiopharmaceutical preparation

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

VASCULOCIS 10 mg kit for radiopharmaceutical preparation.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vial contains 10 mg of human serum albumin

The radionuclide is not part of the kit.

Excipient with known effect:
Each vial contains 3.6 mg of sodium

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Kit for radiopharmaceutical preparation.
White powder.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

This medicinal product is for diagnostic use only.

After labelling with sodium pertechnetate (^{99m}Tc) solution, this medicinal product is indicated for radionuclide ventriculography (first-pass), planar radionuclide ventriculography (equilibrium) and gated-SPECT scintigraphy of the cardiac chambers.

4.2. Posology and method of administration

This medicinal product is intended for use in designated nuclear medicine facilities only, and should only be handled by authorised personnel.

Posology
Adults:
The recommended activity administered to an adult weighing 70 kg varies between
350 – 1 000 MBq.

Paediatric population
The use in children and adolescents has to be considered carefully, based upon clinical needs and assessing the risk/benefit ratio in this patient group. The activities to be administered to children and to adolescents may be calculated according to the recommendations of the European Association of Nuclear Medicine (EANM – May 2008), using the formula below and the correction factor based on the patient's body mass (Table 1).

Recommended activity [MBq] = 56.0 x Correction factor (Table 1)

Table 1

Body mass	Correction factor	Body mass	Correction factor	Body mass	Correction factor
3 kg	= 1*	22 kg	= 5.29	42 kg	= 9.14
4 kg	= 1.14*	24 kg	= 5.71	44 kg	= 9.57
6 kg	= 1.71	26 kg	= 6.14	46 kg	= 10.00
8 kg	= 2.14	28 kg	= 6.43	48 kg	= 10.29
10 kg	= 2.71	30 kg	= 6.86	50 kg	= 10.71
12 kg	= 3.14	32 kg	= 7.29	52-54 kg	= 11.29
14 kg	= 3.57	34 kg	= 7.72	56-58 kg	= 12.00
16 kg	= 4.00	36 kg	= 8.00	60-62 kg	= 12.71
18 kg	= 4.43	38 kg	= 8.43	64-66 kg	= 13.43
20 kg	= 4.86	40 kg	= 8.86	68 kg	= 14.00

*In very young children (up to 1 year) a minimum dose of 80 MBq is necessary in order to obtain images of sufficient quality.

Method of administration
This medicinal product should be reconstituted before administration to the patient.
The radiolabelled solution should be administered by intravenous injection.

For first-pass radionuclide ventriculography: the solution of (^{99m}Tc) human serum albumin should be administered rapidly as a bolus (1-2 mL).
For instructions on extemporaneous preparation of the medicinal product before administration, see section 12.
For patient preparation, see section 4.4.

Image acquisition

The image acquisition starts during the injection of the medicinal product (first-pass images) and continues during 10 to 15 minutes (equilibrium images).

4.3. Contraindications

Hypersensitivity to the active substance, to any of the excipients listed in section 6.1 or to any of the components of the radiolabelled radiopharmaceutical.

4.4. Special warnings and precautions for use

Potential for hypersensitivity or anaphylactic reactions
If hypersensitivity or anaphylactic reactions occur, the administration of the medicinal product must be discontinued immediately and intravenous treatment initiated, if necessary. To enable immediate action in emergencies, the necessary medicinal products and equipment such as endotracheal tube and ventilator must be immediately available.

Individual benefit/risk justification
For each patient, 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.

Paediatric population
For information on the use in paediatric population, see section 4.2.
Careful consideration of the indication is required since the effective dose per MBq is higher than in adults (see section 11).

Patient preparation
The patient should be well hydrated before the start of the examination and urged to void as often as possible during the first hours after the examination in order to reduce the radiation.

Specific warnings
This product is not indicated to be administered in the spinal and cerebral fluid for myeloscintigraphy and cisternography.

This medicinal product contains human serum albumin.

Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective manufacturing steps for the inactivation/removal of viruses.

Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens.

There are no reports of virus transmissions with albumin manufactured to European Pharmacopoeia specifications by established processes.

It is strongly recommended that every time that Vasculocis is administered to a patient, the name and batch number of the product are recorded in order to maintain a link between the patient and the batch of the product.

Warning related to excipients
This medicinal product contains less than 1 mmol of sodium (23 mg) per dose, i. e. essentially “sodium-free”.

Precautions with respect to environmental hazard, see section 6.6.

4.5. Interaction with other medicinal product and other forms of interaction

None known.

4.6. Fertility, pregnancy and lactation

Women of childbearing potential:
When an administration of radiopharmaceuticals to a woman of childbearing potential is intended, 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 potential pregnancy (if the woman has missed a period, if the period is very irregular, etc.), alternative techniques not using ionising radiation (if there are any) 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 carried out during pregnancy, when the likely benefit far exceeds the risk incurred by the mother and the foetus.

Breast-feeding:
Before administering radiopharmaceuticals to a mother who is breastfeeding consideration should be given to the possibility of delaying the administration of radionuclide until the mother has ceased breastfeeding and to what is the most appropriate choice of radiopharmaceuticals, bearing in mind the secretion of activity in breast milk. If the administration is considered necessary, breast feeding should be interrupted for 12 hours and the expressed feeds discarded.

4.7. Effects on the ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed.

4.8. Undesirable effects

For special warnings and precautions of use with respect to transmissible agents, see section 4.4.

Adverse reactions are listed below, sorted by the MedDRA System Organ Class and frequency:

Immune system disorders:
Frequency unknown: hypersensitivity, face oedema.

Nervous system disorders:
Frequency unknown: vertigo

Cardiac disorders:
Frequency unknown: tachycardia

Vascular disorders:
Frequency unknown: circulatory collapse, vasodilatation, hypotension, flushing

Respiratory, thoracic and mediastinal disorders:
Frequency unknown: dyspnoea

Exposure to ionising radiation is linked with cancer induction and a potential for development of hereditary defects. As the effective dose is 6.1 mSv when the maximal recommended activity of 1000 MBq is administered these adverse reactions are expected to occur with a low probability.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system:

Finland
webbplats: www.fimea.fi
Säkerhets- och utvecklingscentret för läkemedelsområdet Fimea
Biverkningsregistret
PB 55
00034 FIMEA

4.9. Overdose

In the event of administration of a radiation overdose with the technetium (^{99m}Tc) human albumin solution, the absorbed dose to the patient should be reduced where possible by increasing the elimination of the radionuclide from the body by forced diuresis and frequent bladder voiding.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Radiopharmaceuticals preparation for diagnostic use, cardiovascular system.
ATC code: V09GA04.
At the chemical concentrations used for diagnostic examinations, technetium (^{99m}Tc) human albumin does not appear to have any pharmacodynamic activity.

5.2. Pharmacokinetics properties

Human serum albumin is a naturally occurring component of blood. It remains within the blood stream for at least four hours.

No significant concentration of technetium (^{99m}Tc) human albumin outside the vascular space is observed, except in excretory organs (kidney, bladder).

5.3. Preclinical safety data

The product used in preclinical studies contained 10 mg of human serum albumin and 0.02 mg of stannous chloride dihydrate.

Doses equivalent to approximately 900 times the human dose of 0.14 mg/kg (126 mg/kg) cause no deaths or adverse reactions in mice and rats injected intravenously with heterologous protein.

Repeated dose toxicity studies performed in rats show no detectable variations in the general behaviour of the animals and in haematological and biochemical parameters taken into consideration after intravenous administration during 14 days of doses equivalent to approximately 50 and 100 times the human dose of 0.14 mg/kg (7.15 mg/kg and 14.3 mg/kg per day). No evidence of pathological changes in the main organs is detected.

This medicinal product is not intended for regular or continuous administration.
Development, mutagenicity, teratogenicity and long-term carcinogenicity studies have not been carried out.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Stannous chloride dihydrate
Sodium chloride
Under nitrogen atmosphere

6.2. Incompatibilities

This medicinal product must not be mixed with other medicinal products except those mentioned in section 12.

6.3. Shelf life

1 year from the manufacturing date.
The expiry date is indicated on the outer packaging and on each vial.
Do not store the labelled product above 25°C, and use within 8 hours.

6.4. Special precautions for storage

Store the kit in a refrigerator (between 2°C and 8°C).

Storage of radiopharmaceuticals should be in accordance with national regulation on radioactive materials.

6.5. Nature and contents of container

15 mL, brown coloured, European Pharmacopoeia type I, drawn glass vials, closed with chlorobutyl rubber stoppers and aluminium capsules.

Pack size: 5 multidose vials.

6.6. Special precautions for disposal and other handling

General warning

Radiopharmaceuticals should be received, used and administered only by authorised persons in designated clinical settings. Their receipt, storage, use, transfer and disposal are subject to the regulations and/or appropriate licences of the competent official organisation.

Radiopharmaceuticals should be prepared in a manner which satisfies both radiation safety and pharmaceutical quality requirements. Appropriate aseptic precautions should be taken.

Contents of the vial are intended only for use in the preparation of the technetium (^{99m}Tc) human albumin and are not administered directly to the patient without first undergoing the preparative procedure.

For instructions on extemporaneous solution of the medicinal product before administration, see section 12.

If at any time in the preparation of this product the integrity of the vial is compromised, it should not be used.

Administration procedures should be carried out in a way to minimise risk of contamination of the medicinal product and irradiation of the operators.

The content of the kit before reconstitution is not radioactive. However, after technetium (^{99m}Tc) human albumin solution is added, adequate shielding of the final preparation must be maintained.

The administration of radiopharmaceuticals creates risks for other persons from external radiation or contamination from spill or urine, vomiting, etc. Radiation protection precautions in accordance with national regulations must therefore be taken.

Any unused product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Finland
CIS bio international
RN 306 - Saclay
BP 32 - 91192 Gif sur Yvette Cedex
FRANCE

Hong Kong
Global Medical Solutions Hong Kong Ltd.
Unit 11-12, 18/F, Wah Wai Centre, 38-40 Au Pui Wan Street,
Fotan, Shatin, New Territories, Hong Kong S.A.R.

8. MARKETING AUTHORISATION NUMBER

Finland: 11240
Hong Kong: HK 44382

9. DATE OF FIRST AUTHORISATION / RENEWAL OF AUTHORISATION

Finland: 29.11.1993 / 18.08.2009
Hong Kong: 01.03.1999 / 01/03/2019

10. DATE OF REVISION OF TEXT

Finland: 05.11.2025
Hong Kong: 01/2026

11. DOSIMETRY

Technetium (^{99m}Tc) is produced by means of a ($^{99}Mo/^{99m}Tc$) generator and decays with the emission of gamma radiation with a mean energy of 140 keV and a half-life of 6.02 hours to technetium (^{99}Tc) which, in view of its long half-life of 2.13 x 10^5 years can be regarded as quasi stable.

According to ICRP 53, 60 and 80 the radiation doses absorbed by the patients are the following:

ORGAN	ABSORBED DOSE PER ACTIVITY ADMINISTERED (mGy/MBq)				
	Adult	15 years	10 years	5 years	1 year
Adrenals	8.3E-03	1.0E-02	1.6E-02	2.5E-02	4.7E-02
Bladder wall	4.0E-03	5.8E-03	8.1E-03	1.1E-02	2.1E-02
Bone surfaces	8.9E-03	1.2E-02	2.2E-02	3.6E-02	7.1E-02
Breast	4.6E-03	4.7E-03	7.4E-03	1.1E-02	2.0E-02
Gastro-intestinal tract					
Stomach wall	5.1E-03	6.5E-03	1.0E-02	1.4E-02	2.5E-02
Small intestine	4.8E-03	5.8E-03	8.8E-03	1.3E-02	2.4E-02
Upper large intestine wall	4.7E-03	6.0E-03	8.6E-03	1.4E-02	2.3E-02
Lower large intestine wall	4.2E-03	5.6E-03	8.6E-03	1.2E-02	2.3E-02
Heart	2.0E-02	2.5E-02	3.6E-02	5.4E-02	9.2E-02
Kidneys	8.1E-03	9.7E-03	1.5E-02	2.4E-02	4.4E-02
Liver	7.3E-03	8.7E-03	1.4E-02	2.1E-02	3.7E-02
Lungs	1.3E-02	1.6E-02	2.6E-02	4.1E-02	7.6E-02
Ovaries	4.4E-03	5.7E-03	8.5E-03	1.3E-02	2.3E-02
Pancreas	6.4E-03	7.7E-03	1.2E-02	1.7E-02	3.0E-02
Red marrow	7.5E-03	9.0E-03	1.3E-02	2.0E-02	3.5E-02
Spleen	1.4E-02	1.6E-02	2.6E-02	4.0E-02	7.6E-02
Testes	2.9E-03	3.9E-03	5.7E-03	8.8E-03	1.6E-02
Thyroid	4.9E-03	7.3E-03	1.2E-02	1.9E-02	3.5E-02
Uterus	4.8E-03	5.7E-03	8.5E-03	1.3E-02	2.3E-02
Other tissue	4.0E-03	4.7E-03	6.9E-03	1.1E-02	2.0E-02
Effective dose (mSv/MBq)	6.1E-03	7.7E-03	1.2E-02	1.8E-02	3.3E-02

The effective dose resulting from the administration of a maximal activity of 1 000 MBq (maximal recommended dose) for an adult weighing 70 kg is about 6.1 mSv.

For an administered activity of 1 000 MBq the typical radiation dose to the target organ such as heart is 20 mGy and the typical radiation doses to the critical organs such as adrenals, kidneys, liver and spleen are respectively 8.3, 8.1, 7.3 and 14 mGy.

12. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS

Withdrawals should be performed under aseptic conditions. The vials must not be opened. The solutions should be withdrawn via the stopper using a single dose syringe fitted with suitable protective shielding and a disposable sterile needle or using an authorised automated application system.

If the integrity of this vial is compromised, the product should not be used.

Vasculocis is a kit for the preparation of technetium (^{99m}Tc) human albumin injection, containing a sterile, pyrogen-free, freeze-dried product under nitrogen.

Method of preparation

Sodium pertechnetate (^{99m}Tc) injection should comply with European Pharmacopoeia specifications.

Use freshly eluted sodium pertechnetate (^{99m}Tc) solution (**less than two hours**), obtained from generators previously eluted **within the last 24 hours**.

Take a vial from the kit and put it in an appropriate lead shielding.

Using a hypodermic syringe, introduce through the rubber stopper 1 to 8 mL of sterile pyrogen-free sodium pertechnetate (^{99m}Tc) injection, activity varying as a function of the volume from 90 MBq to maximum 2200 MBq.

Do not use a breather needle as the contents are under nitrogen.

After introduction of the volume of sodium pertechnetate (^{99m}Tc) injection, without removing the needle, withdraw an equivalent volume of nitrogen in order to avoid excess pressure in the vial.

Shake the vial carefully several times in order to dissolve the dried product, then allow to stand for about 20 minutes.

The obtained preparation is a clear and colourless solution, with a pH ranging between 2.0 and 6.5.

Before use, limpidity of the solution after preparation, pH, radioactivity and radiochemical purity should be checked.

The vial should never be opened.After stopper disinfection, the solution should be removed aseptically through the stopper with a sterile lead protected syringe.

Quality control

The quality of labelling (radiochemical purity) could be checked according to the following procedure.

Method
Thin-layer chromatography

Materials and reagents

1 TLC silica gel plate R of sufficient length and not less than 2.5 cm wide, use silica gel as the coating substance on a glass-fiber sheet, heated as 110°C for 30 min.
On each strip, trace two fine lines parallel to the ends of the strips, the one being called "deposit line" at 2.5 cm, the other one being called "solvent line" at 15 cm from the "deposit line".

2 Mobile phase
Methyl ethyl ketone R

3 Glass tank
Glass tank of suitable size for the chromatographic plate used, ground at the top to take a closely fitting lid.

4 Miscellaneous
Forceps, syringes, needles, appropriate counting assembly.

Procedure

1 Place into the glass tank a layer 2 cm deep of the mobile phase.

2 Apply a spot of the preparation to the "deposit line" of the chromatographic plate using a syringe and needle and dry in air.

3 Using forceps, insert the chromatographic plate into the glass tank. Lower the plate into the mobile phase and close the lid. Then allow the solvent to migrate to the "solvent line".

4 Remove the chromatographic plate with forceps and dry in air.

5 Determine distribution of radioactivity with an appropriate detector.
Identify each radioactive spot by calculating the Rf. The Rf of technetium (^{99m}Tc) human albumin is 0.0 to 0.1, and that of pertechnetate ion (free (^{99m}Tc) technetium) is 0.9. to 1.0.
Measure the radioactivity of each spot by integration of the peaks.

6 Calculations
Calculate the percentage of technetium (^{99m}Tc) human albumin (radiochemical purity)

$$\% \text{ technetium } (^{99m}\text{Tc}) \text{ human albumin} = \frac{\text{Radioactivity of the spot at Rf 0.0 to 0.1}}{\text{Total radioactivity of the plate}} \times 100$$

Calculate the percentage of free (^{99m}Tc) technetium

$$\% \text{ free } (^{99m}\text{Tc}) \text{ technetium} = \frac{\text{Radioactivity of the spot at Rf 0.9 to 1.0}}{\text{Total radioactivity of the plate}} \times 100$$

7 The radiochemical purity should be at least 95 %.

Do not use the radiolabeled solution if the radiochemical purity is less than 95 %.

Any unused product or waste material should be disposed of in accordance with local requirements.