SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
TechneScan DMSA, 1.2 mg kit for the preparation

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each vial contains:
Dimercaptosuccinic acid 1.2 mg

The radionuclide is not part of the kit.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
Kit for radiopharmaceutical preparation.
Greyish white to slightly yellow pellets or powder.
To be reconstituted with sodium pertechnetate ($^{99m}$Tc) solution for injection (not included in this kit).

4. CLINICAL PARTICULARS

4.1 Therapeutic indications
This medicinal product is for diagnostic use only.
After radiolabelling with sodium pertechnetate ($^{99m}$Tc) solution the solution obtained is indicated for:
- Static (planar or tomographic) renal imaging
- Morphological studies of renal cortex
- Individual kidney function
- Location of ectopic kidney.

4.2 Posology and method of administration
Posology
Adults

In adults, the recommended activity is 30 to 120 MBq. Other activities may be justifiable. It should be noted that in each country physicians should follow the Diagnostic Reference Levels and the rules set up by local law.

Elderly population
There is no special dosage regimen for the elderly patient.

Paediatric population
The use in paediatric 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 were calculated according to the EANM dosage card (2008) by using the following Formula:
\[ A[MBq]_{\text{Administered}} = \text{Baseline Activity} \times \text{Multiple} \quad \text{(with a baseline activity of 17.0)} \]

The resulting activities to be administered may be found in the following table:

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Activity (MBq)</th>
<th>Weight (kg)</th>
<th>Activity (MBq)</th>
<th>Weight (kg)</th>
<th>Activity (MBq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>17</td>
<td>22</td>
<td>52</td>
<td>42</td>
<td>75</td>
</tr>
<tr>
<td>4</td>
<td>19</td>
<td>24</td>
<td>54</td>
<td>44</td>
<td>77</td>
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<td>6</td>
<td>25</td>
<td>26</td>
<td>57</td>
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<td>79</td>
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<tr>
<td>8</td>
<td>29</td>
<td>28</td>
<td>59</td>
<td>48</td>
<td>81</td>
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<tr>
<td>10</td>
<td>33</td>
<td>30</td>
<td>62</td>
<td>50</td>
<td>83</td>
</tr>
<tr>
<td>12</td>
<td>37</td>
<td>32</td>
<td>64</td>
<td>52 - 54</td>
<td>85</td>
</tr>
<tr>
<td>14</td>
<td>40</td>
<td>34</td>
<td>66</td>
<td>56 - 58</td>
<td>89</td>
</tr>
<tr>
<td>16</td>
<td>43</td>
<td>36</td>
<td>68</td>
<td>60 - 62</td>
<td>93</td>
</tr>
<tr>
<td>18</td>
<td>46</td>
<td>38</td>
<td>71</td>
<td>64 - 66</td>
<td>96</td>
</tr>
<tr>
<td>20</td>
<td>49</td>
<td>40</td>
<td>73</td>
<td>68</td>
<td>98</td>
</tr>
</tbody>
</table>

Method of administration
This medicinal product is for multidose use. Administration is by intravenous injection. This medicinal product should be reconstituted before administration to the patient.

For instruction on reconstitution of the medicinal product before administrations, see section 12.

For patient preparation, see section 4.4.

Image acquisition
The image acquisitions may be performed two to three hours post-injection. If significant hydronephrosis exists late images or furosemide injection may then be useful (4 to 24 hours).

4.3 Contraindications
Hypersensitivity to dimercaptosuccinic acid or to any of the excipients listed in section 6.1 or to any of the components of the labelled 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, exposure to ionising radiation must be justifiable on the basis of likely benefit. The activity administered must be such that the resulting radiation dose is as low as reasonably achievable bearing in mind the need to obtain the intended diagnostic information.

Paediatric population
For information on the use in paediatric population, see section 4.2.
Careful consideration 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 radiation.

**Specific warnings**

Tubular defects such as the Fanconi syndrome or nephronophtisis may result in poor renal visualization (defective binding of the isotope within the tubular cell and urinary excretion).

This medicinal product contains less than 1 mmol 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 products and other forms of interaction

Interference with the acid-base balance, e.g. by ammonium chloride and sodium bicarbonate, results in vivo in a change in valency of the DMSA-\([^{99m}\text{Tc}]\)technetium complex and consequently a reduced accumulation of this complex in the adrenal cortex in context of a marked concentration in the liver and faster urine excretion.

Mannitol causes dehydration and therefore a reduction in extraction of DMSA-\([^{99m}\text{Tc}]\)technetium to the kidney.

ACE inhibitors may cause reversible failure of tubule function as a result of the reduction in filtration pressure in a kidney that is affected by renal artery stenosis. This in turn leads to reduced renal concentration of DMSA-\([^{99m}\text{Tc}]\)technetium.

Experimental research in animals has demonstrated that chemotherapy with methotrexate, cyclophosphamide or vincristine can affect the biodistribution of DMSA-\([^{99m}\text{Tc}]\)technetium.

### 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 doses to the foetus. Only essential investigations should therefore be carried out during pregnancy, when likely benefit exceeds the risks incurred by mother and foetus.

**Breastfeeding**
\(^{99m}\)Tc will be excreted into breast milk. Before administering a radioactive medicinal product to a mother who is breast-feeding, 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. Breast feeding can be restarted when the level in the milk will not result in a radiation dose to the child greater than 1 mSv.

**Fertility**
The effect of administration of \(^{99m}\)Tc-DMSA on pregnant women and fertility is unknown.

4.7 **Effects on ability to drive and use machines**
Technescan DMSA has no or negligible influence on the ability to drive and use machines.

4.8 **Undesirable effects**
Information on adverse reactions is available from spontaneous reporting. The reports describe anaphylactoid, vasovagal and injection site reactions which were mild to moderate and usually resolved with either no or symptomatic treatment.

Anaphylactoid reactions
Reported anaphylactoid reactions were mild to moderate, however the occurrence of severe reactions cannot be excluded. If anaphylactoid reactions occur, the medicinal product must no longer be administered. Appropriate instruments (including endotracheal tube and ventilator) and medications should be to hand so as to be able to react immediately in an emergency.

Vasovagal reactions
Vasovagal reactions are most probably caused by the procedure itself, especially in anxious patients, but a contribution of the product cannot be excluded.

Injection site reactions
Local reactions at the injection site may include rashes, swelling, inflammation and edema. In most cases such reactions are probably caused by extravasation. Extended extravasation may necessitate surgical treatment.

**Adverse Reactions sorted by System Organ Class**

<table>
<thead>
<tr>
<th>Immune system disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency unknown*: Anaphylactoid reaction (e.g. rash, pruritus, urticaria, erythema, hyperhidrosis, periorbital oedema, conjunctivitis, laryngeal oedema, pharyngeal oedema, cough, dyspnoea, abdominal pain, vomiting, nausea, salivary hypersecretion, tongue oedema, hypotension, flushing)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nervous system disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency unknown*: Vasovagal reaction (e.g. syncope, hypotension, headache dizziness, pallor, asthenia, fatigue)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General disorders and administration site conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency unknown*: Injection site reaction</td>
</tr>
</tbody>
</table>
* Adverse reactions derived from spontaneous reporting

Exposure to ionising radiation is linked with cancer induction and a potential for development of hereditary defects. As the effective dose is 1.06 mSv when the maximal recommended activity of 120 MBq is administered these adverse effects are expected to occur with a low probability.

In all cases it is necessary to ensure that the risks of the radiation are less than from the disease itself.

**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 at Statens legemiddelverk.

Website: [www.legemiddelverket.no/meldesjema](http://www.legemiddelverket.no/meldesjema)

**4.9 Overdose**

In the event of the administration of a radiation overdose with technetium DMSA - [\(^{99m}\)Tc]technetium 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. It might be helpful to estimate the effective dose that was applied.

**5. PHARMACOLOGICAL PROPERTIES**

**5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Diagnostic radiopharmaceuticals for the renal system, ATC code V09CA02

At the chemical concentrations and activities used for diagnostic procedures DMSA - [\(^{99m}\)Tc]technetium does not appear to exert any pharmacodynamic activity.

**5.2 Pharmacokinetic properties**

**Distribution**

The DMSA -[\(^{99m}\)Tc]technetium localizes in high concentrations in the renal cortex. Maximal localization occurs within 3-6 hours after intravenous injection, with about 40-50 % of the dose retained in the kidneys. Less than 3 % of the administered dose localizes in the liver. However, this amount can be increased significantly and renal distribution decreases in patients with impaired renal functions.

DMSA -[\(^{99m}\)Tc]technetium concentrates in the proximal renal tube, presumably as a result of peritubular reabsorption.

**Elimination**

After intravenous administration DMSA -[\(^{99m}\)Tc]technetium is eliminated from the blood with a triphasic pattern in patients with normal renal function.

**Half-life**

The effective half-life of DMSA -[\(^{99m}\)Tc]technetium in blood is around 1 hour.
5.3 **Preclinical safety data**
Toxicity with repeated administration of 0.66 mg/kg/day succimer (DMSA) and 0.23 mg/kg/day of SnCl₂ over 14 days in rats was not observed. The dose usually administered to human is 0.14 mg/kg succimer (DMSA). This agent is not intended for regular or continuous administration. Mutagenicity studies and long-term carcinogenicity studies have not been carried out.

6. **PHARMACEUTICAL PARTICULARS**

6.1 **List of excipients**
- Inositol
- Stannous chloride dihydrate
- Hydrochloric acid
- Sodium hydroxide

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
- After radiolabeling: 4 hours. Do not store above 25°C after radiolabeling. Do not refrigerate or freeze.

6.4 **Special precautions for storage**
- Store in a refrigerator (2°C-8°C). Keep the vials in the outer carton in order to protect from light.
- For storage conditions after radiolabeling of the medicinal product, see section 6.3.
- Storage of radiopharmaceuticals should be in accordance with national regulation on radioactive materials.

6.5 **Nature and contents of container**
- 10 ml glass vial closed with a bromobutyl rubber stopper and an aluminium crimp cap.
- Technescan DMSA is supplied as five vials in a carton.

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. Its receipt, storage, use, transfer and disposal are subject to the regulations and/or appropriate licences of the local competent official organisation.

Radiopharmaceuticals should be prepared by the user 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 Technescan DMSA and are not to be administered directly to the patient without first undergoing the preparative procedure.

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

If at any time in the preparation of this product the integrity of this 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. Adequate shielding is mandatory.

The content of this kit before extemporary preparation is not radioactive. However, after sodium pertechnetate ($^{99m}$Tc) 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 of 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
Mallinckrodt Medical B.V.
Westerduinweg 3
1755 LE Petten
The Netherlands

8. MARKETING AUTHORISATION NUMBER
MTnr 8286

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
31 January 1995/10 May 2012

10. DATE OF REVISION OF THE TEXT
01.01.2015

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 $2.13 \times 10^5$ years can be regarded as quasi stable.

The data listed below are from ICRP 80.

<table>
<thead>
<tr>
<th>Organ</th>
<th>Absorbed dose per unit activity administered (mGy/MBq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenals</td>
<td>Adult</td>
</tr>
<tr>
<td></td>
<td>0.012</td>
</tr>
<tr>
<td>Organs</td>
<td>Activity 1</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Bladder</td>
<td>0.018</td>
</tr>
<tr>
<td>Bone surfaces</td>
<td>0.005</td>
</tr>
<tr>
<td>Brain</td>
<td>0.0012</td>
</tr>
<tr>
<td>Breast</td>
<td>0.0013</td>
</tr>
<tr>
<td>Gall bladder</td>
<td>0.0083</td>
</tr>
<tr>
<td>GI tract</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>0.0052</td>
</tr>
<tr>
<td>SI</td>
<td>0.0050</td>
</tr>
<tr>
<td>Colon</td>
<td>0.0043</td>
</tr>
<tr>
<td>(ULI)</td>
<td>0.0050</td>
</tr>
<tr>
<td>(LLI)</td>
<td>0.0033</td>
</tr>
<tr>
<td>Heart</td>
<td>0.0030</td>
</tr>
<tr>
<td>Kidneys</td>
<td>0.18</td>
</tr>
<tr>
<td>Liver</td>
<td>0.0095</td>
</tr>
<tr>
<td>Lungs</td>
<td>0.0025</td>
</tr>
<tr>
<td>Muscles</td>
<td>0.0029</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>0.0017</td>
</tr>
<tr>
<td>Ovaries</td>
<td>0.0035</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0.0090</td>
</tr>
<tr>
<td>Red marrow</td>
<td>0.0039</td>
</tr>
<tr>
<td>Skin</td>
<td>0.0015</td>
</tr>
<tr>
<td>Spleen</td>
<td>0.013</td>
</tr>
<tr>
<td>Testes</td>
<td>0.0018</td>
</tr>
<tr>
<td>Thymus</td>
<td>0.0017</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.0015</td>
</tr>
<tr>
<td>Uterus</td>
<td>0.0045</td>
</tr>
<tr>
<td>Remaining organs</td>
<td>0.0029</td>
</tr>
<tr>
<td><strong>Effective dose (mSv/MBq)</strong></td>
<td>0.0088</td>
</tr>
</tbody>
</table>

The effective dose resulting from the administration of a (maximal recommended) activity of 120 MBq for an adult weighing 70 kg is about 1.06 mSv.

### 12. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS

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

**Method of preparation**

Add aseptically an undiluted amount of sodium pertechnetate ({$^{99m}$Tc}) solution (maximum 3.7 GBq) in a volume of 5 ml to a DMSA vial and shake for 1 minute. After incubation for 15 minutes at room temperature, the preparation is ready for dilution or injection.

The preparation can be diluted with 0.9 % saline solution. Do not introduce air into the vial. The reconstituted product is a colourless, clear to slightly opalescent solution.

**Quality control**
Examine by TLC on silica gel coated glass-fibre sheets according the European pharmacopoeia (Ph.Eur.) (Monograph 643). Apply 5 to 10 µl and develop 10-15 cm in methyl ethyl ketone R; the pertechnetate ion migrates near the solvent front, technetium succimer complex remains at the start. Requirement: pertechnetate ≤ 2 %. Percentage of the total radioactivity found in the spot corresponding to technetium succimer complex: ≥ 95 %. The $^{99m}$Tc binding generally exceeds 98%.