**Adverse Event Reporting can be found on the last page.**

[**Click here**](https://www.rlthub.co.uk/sites/rlthub.co.uk/files/NET-PI-reel.pdf) **to access Prescribing information for all Novartis products mentioned in this material.**

**The below document has been adapted, with permission, from Newcastle upon Tyne Hospitals NHS Foundation Trust. Centres should refer to the SMPC for LUTATHERA® (lutetium [177Lu] oxodotreotide) when preparing their own pro-forma guidance and ensure all requirements are fulfilled prior to product administration.**

|  |
| --- |
|  |
| **Lu177 Lutathera® Therapy for the treatment of Metastatic Neuroendocrine Tumors.**  **Referral Form and Treatment Record** |

**The below document has been adapted, with permission, from Newcastle upon Tyne Hospitals NHS Foundation Trust. Centres should refer to the SMPC for Luthathera® when preparing their own pro-forma guidance and ensure all requirements are fulfilled prior to product administration**

Affix patient identification label in box below or complete details

|  |
| --- |
|  |
| **Protocol for Peptide Receptor Radionuclide Therapy** |

|  |  |
| --- | --- |
| **Surname** | **Patient I.d.No.** |
| **Forename** | **D.O.B. DDMMYYYY** |
| **Address** | **NHS No.** |
|  | **Sex. Male/Female** |
|  |  |
|  |  |
| **Postcode** |  |

Patient Name:

Hospital Number:

D.O.B:

Date:

**Diagnosis:**

**Planned Treatment: Peptide Receptor Radionuclide Therapy**

**Previous PRRT: Yes/No Number of cycles:**

All patients for PRRT will be prescribed 8 mg antiemetic i.v, and 1000ml amino acid solution for 4 hours

**History**

**Eligibility Criteria for PRRT.**

Does the patient have, or ever had (for example after chemotherapy):

Renal or urinary tract abnormalities? Y N

Urinary incontinence? Y N

Kidney disease with a GFR <40ml/min? Y N

Haematological toxicity Grade 2 or above? Y N

(Post chemotherapy or immunosuppression)

Bone metastasis? Y N

Previous chemotherapy Y N

If so what chemotherapy and when

Previous radionuclide therapy? Y N

A history of other malignancies? Y N

**Allergies:**

**Medications:**

**Examination:**

**Blood Results**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hb | WBC | PLT | Neut | Lymp | Creat | GFR | Alb | ALT | ALP | Bili | ßHCG |
|  |  |  |  |  |  |  |  |  |  |  |  |

If patient is fit and bloods are satisfactory to have PRRT please ensure discharge letter completed on the day of admission if required so to not delay discharge.

**Is the patient considered fit for treatment? Yes No**

**Ward Doctor signature**:………………………………………………….

**Nuclear Medicine checklist prior to administration of Lu177:**

1. Is the patient fit to have PRRT? Y/N

2. Have the bloods been checked by a doctor? Y/N

3. Is the pregnancy test negative? Y/N

4. Has the patient had at least 30 mins of amino acid infusion? Y/N

5. Has the patient had antiemetic? Y/N

**Activity to be administered**………………………….**MBq**

Signed: ………………………….….….… Date: ……….….….…Time: ……….….….…

|  |
| --- |
| If the answers to questions 1 to 5 are Yes and the form is signed by a doctor, the patient may be given PRRT. |

**Adverse Event Reporting**

**Adverse events should be reported. Reporting forms and information can be found at** [**www.mhra.gov.uk/yellowcard**](http://www.mhra.gov.uk/yellowcard)**. Adverse events should also be reported to Novartis via** [**uk.patientsafety@novartis.com**](mailto:uk.patientsafety@novartis.com) **or online through the pharmacovigilance intake (PVI) tool at** [**www.novartis.com/report**](http://www.novartis.com/report)

**If you have a question about the product, please contact Medical Information on 01276 698370 or   
by email at** [**medinfo.uk@novartis.com**](mailto:medinfo.uk@novartis.com)

This material was developed by Novartis.

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