A step toward precision treatment in breast cancer

Staff at the first imaging center in the United States to receive and utilize doses of the new radiopharmaceutical, Cerianna™ (fluoroestradiol F 18) injection, describe how it could impact their practice and the subsequent treatment of patients with recurrent or metastatic breast cancer.

By Linda Brookes | Photography by Winni Wintermeyer

In May 2020, Cerianna™ (Zionexa US, Indianapolis, IN), was approved by the US Food and Drug Administration (FDA) as the first F-18 PET imaging agent to be indicated as an adjunct to biopsy for the detection of estrogen receptor (ER)-positive lesions in patients with recurrent or metastatic breast cancer (MBC).[1,2] Approximately 75% of breast cancers in women and 99% in men are ER-positive,[3,4] and almost all these patients will be candidates for endocrine therapies. Patients with ER-positive MBC may respond well to appropriate therapy, but these therapies will not be effective if there is no ER expression in the metastatic lesions, so it is important to determine ER status to guide therapy.[5,6] In studies, 18F-Fluoroestradiol was shown to be as effective in determining ER status in MBC as immunohistochemistry (IHC) tissue biopsy,[7] and is especially valuable in evaluating cases with multiple metastases.

Cerianna™ (18F-FES)

Indications and Usage

- 18F-FES is a radioactive diagnostic agent indicated for PET imaging.
- 18F-FES is indicated for the detection of ER-positive lesions as an adjunct to biopsy in patients with recurrent or metastatic breast cancer.

Limitations of Use

- Tissue biopsy should be used to confirm recurrence of breast cancer and to verify ER status by pathology. 18F-FES is not useful for imaging other receptors, such as HER2 and PR.

Important Safety Information

Adverse Reactions – Reported adverse reactions include: injection site pain and dysgeusia.
Radiation Risks – Ensure safe drug handling and patient preparation procedures to protect patients and health care providers from unintentional radiation exposure.
Risk of Misdiagnosis – Do not use CERIANNA in lieu of biopsy when biopsy is indicated in patients with recurrent or metastatic breast cancer.
Contraindications – None.
Use in Specific Populations – Lactation: Interrupt breastfeeding.
Advise a lactating woman to avoid breastfeeding for 4 hours after CERIANNA administration

To report SUSPECTED ADVERSE REACTIONS, contact Zionexa US Corp at +1.844.946.6392 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

Dosage and Administration

Dosage form and strengths

- Injection: clear, colorless solution in a multiple-dose vial containing 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) of Cerianna at end of synthesis.

Patient preparation

- Drink water to ensure adequate hydration prior to administration of 18F-FES
- Continue drinking and voiding frequently during the first hours following administration to reduce radiation exposure

Dosage and administration

- Activity recommended is 222 MBq (6 mCi), with a range of 111 MBq to 222 MBq (3 mCi to 6 mCi)
- Administration : single IV injection of 10 mL or less over 1 to 2 minutes
- Use aseptic technique and radiation shielding when withdrawing and administering FES.
- Visually inspect the radiopharmaceutical solution
- FES may be diluted with 0.9% Sodium Chloride Injection, USP
- Assay the dose in a suitable dose calibrator prior to administration

Post administration

- Follow FES injection with an IV flush of 0.9% Sodium Chloride injection, USP

Safety of 18F-FES

Safety was determined from 1,207 patients with breast cancer receiving at least one Fluoroestradiol F18 administration

Age range = 21-91 years

- 98% were women
    - 76% were post-menopausal

Safety profile was based on clinical studies + NCI investigator's brochure:

- No serious adverse events
- Adverse events with <1% frequency
    - Injection site pain
    - Dysgeusia

Cerianna reaches first US imaging center

PETNET Solutions Inc., a Siemens Healthineers company (Knoxville, TN, USA), manufactured and distributed the first commercial dose of Cerianna within the United States in December 2020 at its San Francisco production site.[8] The first location to receive and utilize Cerianna was the Northern California PET Imaging Center (NCPIC) based in Sacramento. Established in 1992 as a non-profit, public-benefit corporation, NCPIC was one of the first free-standing outpatient PET centers and the first non-research-based PET center in the United States. The NCPIC team has helped establish data to support many US clinical indications for PET in oncology, which constitutes around 95% of their work, says Ruth Tesar, NCPIC's CEO. "We have had a very long relationship with PETNET and the company looks to us to pave the way in helping get a new tracer or modality out to the community," Tesar says. "It didn't take long for PETNET to manufacture the product and to provide us with a dose for the first patient. It's as simple as delivering any other radiopharmaceutical, so not difficult at all."

More specific imaging in breast cancer

"PET has been really successful because it can image many types of cancer, but what the PET community has wanted for many years is for the radiopharmaceuticals and the procedures that we offer to be much more specific," Tesar says. Fludeoxyglucose F 18 injection (^{18}F FDG), the most widely used PET and PET/CT radiopharmaceutical in oncology is, "a great agent, very easily accessible, and very inexpensive to use, but one of its limitations is that it is very non-specific," says Jaideep S. Sohi, MD, NCPIC's medical director. "On an FDG PET scan you can see regions that are positive that could be either malignant, benign infectious, or inflammatory disorders. Oftentimes it causes a diagnostic dilemma," he notes. "With Cerianna we get really specific imaging, and that's a huge benefit for patients with ER-positive breast carcinoma. It has the potential to help oncologists choose the most appropriate therapy for their patients, so we're very excited in that respect," he says.

Practical considerations with Cerianna

PET/CT scans with Cerianna are acquired in a very similar way to those with FDG, says Hitesh Patel, CNMT, one of the three nuclear medicine technologists at NCPIC. Yet one noticable difference Hitesh notes is in the patient preparation, in which patients must fast for 4-6 hours before an injection of FDG, whereas this is not necessary with Cerianna. "The recommended dose for Cerianna is 6 (range 3-6) millicuries, whereas FDG is weight dependent, so we average about 12 millicuries per patient," Patel says. Sohi stresses the importance of having patients stop certain breast cancer medications, such as ER modulators or down-regulators like tamoxifen or fulvestrant, that can decrease uptake of Cerianna and reduce detection of ER-positive lesions. "It's crucial to ensure that patients are off these medications for typically 8 weeks (tamoxifen) or 28 weeks (fulvestrant) before the scan. This is a key point compared with other PET tracers," he says.

When interpreting a Cerianna scan, "it is important to take the time to look at prior imaging studies and compare them in detail, because often the findings on Cerianna PET may be subtle and could be missed," Sohi advises. "The great thing about Cerianna is that you only see truly abnormal uptake in tissues that are ER-positive, such as breast carcinoma or pelvic or uterine malignancies, and not in other normal tissues," he says. "Since this tracer is metabolized through the liver and excreted through the biliary tract, these areas will also show high activity," Sohi adds.

Fludeoxyglucose F 18 5-10mCi as an IV injection

Indications and Usage

Fludeoxyglucose F 18 Injection is indicated for positron emission tomography (PET) imaging in the following settings:

- Oncology: For assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnosis of cancer.
- Cardiology: For the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging.
- Neurology: For the identification of regions of abnormal glucose metabolism associated with foci of epileptic seizures.

Important Safety Information

- Radiation Risks: Radiation-emitting products, including Fludeoxyglucose F 18 Injection, may increase the risk for cancer, especially in pediatric patients. Use the smallest dose necessary for imaging and ensure safe handling to protect the patient and health care worker.
- Blood Glucose Abnormalities: In the oncology and neurology setting, suboptimal imaging may occur in patients with inadequately regulated blood glucose levels. In these patients, consider medical therapy and laboratory testing to assure at least two days of normoglycemia prior to Fludeoxyglucose F 18 Injection administration.
- Adverse Reactions: Hypersensitivity reactions with pruritus, edema and rash have been reported; have emergency resuscitation equipment and personnel immediately available. Full prescribing information for Fludeoxyglucose F 18 Injection can be found at the conclusion of this publication.

Dosage Forms and Strengths

Multiple-dose 30 mL and 50 mL glass vial containing 0.74 to 7.40 GBq/mL (20 to 200 mCi/mL) of Fludeoxyglucose F 18 injection and 4.5 mg of sodium chloride with 0.1 to 0.5% w/w ethanolas a stabilizer (approximately 15 to 50 mL volume) for intravenous administration. Fludeoxyglucose F 18 injection is manufactured by Siemens' PETNET Solutions, 810 Innovation Drive, Knoxville, TN 39732

Educating patients, payers, and clinicians

As part of their role in advocating for patient care, the NCPIC team works hard to raise awareness around new imaging opportunities such as Cerianna. "We're focused on patient-centered medicine," Sohi stresses. One challenge for patients—in addition to their willingness to come in and undergo this imaging—is reimbursement, which is still being negotiated as of January 2021, he notes. Tesar is optimistic that this process will not take long. "It is a lot easier than it was 20 years ago when we started, but it takes a team to educate the right people to get coverage for this procedure, because they don't get to see how it changes patients' lives. We're a little more passionate about getting coverage quickly because we get to see how it benefits people," she admits.

Oncologists also need education about what is available to them, Sohi adds. "They're extremely excited about what Cerianna has to offer because they see patients every day who could benefit from it," he says. When the team used Cerianna for the first time, "because this was a new modality and we were the first to use it in the region, I made sure to call the referring physician to discuss what I observed on the scan and how the findings could potentially affect their treatment plan," Sohi recalls. He was able to confirm that, "based on what we saw, the referring physician felt Cerianna PET helped him in the treatment-decision process and was going to modify the therapy for the patient accordingly."

Future of Cerianna and precision oncology

Sohi believes Cerianna can make a difference to the overall treatment planning and care of MBC patients. He anticipates that later in 2021, after it becomes widely available and reimbursement has been finalized, Cerianna will become part of established breast-cancer management guidelines. "Then we will see many more patients being able to utilize this imaging modality," he says. Long term, he foresees combinations of imaging modalities, laboratory tests, and genomic testing being used in precision oncology. "We're slowly but surely increasing our panel of imaging agents to look at specific tumors, and I see that expanding rapidly in the next few years," he predicts. ●

Jaideep S. Sohi, MD, Ruth Tesar, and Hitesh Patel, CNMT, gather to discuss the benefits of Cerianna.

The statements by Siemens Healthineers customers described herein are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption) there can be no guarantee that other customers will achieve the same results.

Linda Brookes, MSc, is a freelance medical writer and editor, dividing her time between London and New York, working for a variety of clients in the healthcare and pharmaceutical fields.

References

[1] PETNET Solutions, Inc, and Zionexa USA. PETNET Solutions and Zionexa USA announce FDA approval of Cerianna (fluoroestradiol F-18). https://www.zionexa.com/wp-content/uploads/2020/05/press-release-zionexa-petnet-cerianna-fda-approval.pdf. Published May 27, 2020. Accessed January 20, 2021.

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[5] National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Breast cancer, version 6.2020. https://www.nccn.org/professionals/physician_gls/default.aspx. Accessed January 9, 2021.

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[7] Kurland BF, Wiggins JR, Coche A, et al. Whole-body Characterization of Estrogen Receptor Status in Metastatic Breast Cancer with 16α-18F-fluoro-17β-Estradiol Positron Emission Tomography: Meta-Analysis and Recommendations for Integration into Clinical Applications. *Oncologist.* 2020;25(10):835-44. doi:10.1634/theoncologist.2019-0967.

[8] Zionexa US Corp. First Cerianna Doses Distributed in San Francisco area. https://www.zionexa.com/2020/12/09/first-cerianna-doses-distributed-in-san-francisco-area/. Published December 9, 2020. Accessed January 9, 2021.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use CERIANNA™ safely and effectively. See full prescribing information for CERIANNA.

CERIANNA™ (fluoroestradiol F 18) Injection, for intravenous use

Initial U.S. Approval: 2020

INDICATIONS AND USAGE

CERIANNA is a radioactive diagnostic agent indicated for use with positron emission tomography (PET) imaging for the detection of estrogen receptor (ER)-positive lesions as an adjunct to biopsy in patients with recurrent or metastatic breast cancer.

Limitations of Use

Tissue biopsy should be used to confirm recurrence of breast cancer and to verify ER status by pathology. CERIANNA is not useful for imaging other receptors, such as human epidermal growth factor receptor 2 (HER2) and the progesterone receptor (PR). (1, 5.1)

DOSAGE AND ADMINISTRATION

- Recommended dose is 222 MBq (6 mCi), with a range of 111 MBq to 222 MBq (3 mCi to 6 mCi), administered as an intravenous injection over 1 to 2 minutes. (2.2)
- Recommended imaging start time is 80 minutes (range 20 minutes to 80 minutes) after drug administration. (2.4)
- See full prescribing information for additional preparation, administration, imaging, and radiation dosimetry information. (2)

DOSAGE FORMS AND STRENGTHS

Injection: 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) of fluoroestradiol F 18 in a multiple-dose vial. (3)

CONTRAINDICATIONS

None (4)

WARNINGS AND PRECAUTIONS

- Risk of Misdiagnosis. Do not use CERIANNA in lieu of biopsy when biopsy is indicated in patients with recurrent or metastatic breast cancer. Pathology or clinical characteristics that suggest a patient may benefit from systemic hormone therapy should take precedence over a discordant negative CERIANNA scan. (5.1)
- Radiation Risks. Ensure safe drug handling and patient preparation procedures to protect patients and health care providers from unintentional radiation exposure. (2.1, 2.3, 5.2)

ADVERSE REACTIONS

Reported adverse reactions include: injection-site pain and dysgeusia

To report SUSPECTED ADVERSE REACTIONS, contact Zionexa US Corp at +1.844.946.6392 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. (6)

USE IN SPECIFIC POPULATIONS

- Lactation: Interrupt breastfeeding. Advise a lactating woman to avoid breastfeeding for 4 hours after CERIANNA administration. (8.2)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 07/2020

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

CERIANNA is indicated for use with positron emission tomography (PET) imaging for the detection of estrogen receptor (ER)-positive lesions as an adjunct to biopsy in patients with recurrent or metastatic breast cancer.

Limitations of Use

Tissue biopsy should be used to confirm recurrence of breast cancer and to verify ER status by pathology. CERIANNA is not useful for imaging other receptors, such as human epidermal growth factor receptor 2 (HER2) and the progesterone receptor (PR).

2 DOSAGE AND ADMINISTRATION

2.1 Radiation Safety - Drug Handling

CERIANNA is a radioactive drug. Only authorized persons qualified by training and experience should receive, use, and administer CERIANNA. Handle CERIANNA with appropriate safety measures to minimize radiation exposure during administration *[see Warnings and Precautions (5.2)]*. Use waterproof gloves and effective radiation shielding, including syringe shields, when preparing and handling CERIANNA.

2.2 Recommended Dosage and Administration Instructions

Recommended Dosage

The recommended amount of radioactivity to be administered for PET imaging is 222 MBq (6 mCi), with a range of 111 MBq to 222 MBq (3 mCi to 6 mCi), administered as a single intravenous injection of 10 mL or less over 1 to 2 minutes.

Preparation and Administration

- For patient preparation instructions, see (2.3).
- Use aseptic technique and radiation shielding when withdrawing and administering CERIANNA.
- Visually inspect the radiopharmaceutical solution. Do not use if it contains particulate matter or if it is cloudy or discolored (CERIANNA is a clear, colorless solution).
- CERIANNA may be diluted with 0.9% Sodium Chloride Injection, USP.
- Assay the dose in a suitable dose calibrator prior to administration.

Post-Administration Instructions

- Follow the CERIANNA injection with an intravenous flush of 0.9% Sodium Chloride injection, USP.
- Dispose of any unused CERIANNA in compliance with applicable regulations.

2.3 Patient Preparation

Assessment for Drug Interactions

Image patients with CERIANNA prior to starting systemic endocrine therapies that target ER (e.g., ER modulators and ER down-regulators) *[see Drug Interactions (7.1)]*.

Patient Hydration and Voiding

Instruct patients to drink water to ensure adequate hydration prior to administration of CERIANNA and to continue drinking and voiding frequently during the first hours following administration to reduce radiation exposure.

Pregnancy Status

Assessment of pregnancy status is recommended in females of reproductive potential before administering CERIANNA.

2.4 Image Acquisition

Position the patient supine with arms above the head, if possible. The recommended start time for image acquisition is 80 minutes after the intravenous administration of CERIANNA. Scan duration adapted from the range of 20 minutes to 30 minutes and imaging start times adapted within the range of 20 minutes to 80 minutes may be customized according to the equipment used and patient and tumor characteristics for optimal image quality.

2.5 Image Interpretation

Uptake of fluoroestradiol F 18 depends on ER density and function in tumors and physiologic tissue, including in liver, ovary, and uterus. Detection of ER-positive tumors should be based on comparison with tissue background outside of organs with high physiologic uptake and regions with high activity due to hepatobiliary and urinary excretion.

2.6 Radiation Dosimetry

Radiation absorbed dose estimates are shown in Table 1 for organs and tissues of adults from intravenous administration of CERIANNA. The radiation effective dose resulting from administration of 222 MBq (6 mCi) of CERIANNA to an adult weighing 70 kg is estimated to be 4.9 mSv. Critical organs include the liver, gallbladder, and uterus. When PET/CT is performed, exposure to radiation will increase by an amount dependent on the settings used for the CT acquisition.

Table 1. Estimated Radiation Absorbed Doses in Various Organs/Tissues in Adults Who Received FLUOROESTRADIOL F 18

Organ	Mean Absorbed Dose Per Unit of Activity Administered (mGy/MBq)
Adrenals	0.023
Brain	0.01
Breasts	0.009
Gallbladder	0.102
Lower large intestine	0.012
Small intestine	0.027
Stomach	0.014
Upper large intestine	0.03
Heart wall	0.026
Kidney	0.035
Liver	0.126
Lungs	0.017
Muscle	0.021
Ovaries	0.018
Pancreas	0.023
Red Marrow	0.013
Bone surface	0.014
Skin	0.005
Spleen	0.015
Testes	0.012
Thymus	0.014
Thyroid	0.012
Urinary bladder	0.05
Uterus	0.039
Lens	0.009
Effective dose = 0.022 mSv/MBq	

3 DOSAGE FORMS AND STRENGTHS

Injection: clear, colorless solution in a multiple-dose vial containing 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) of fluoroestradiol F 18 at end of synthesis.

4 CONTRAINDICATIONS
None.

5 WARNINGS AND PRECAUTIONS

5.1 Risk of Misdiagnosis

Inadequate Tumor Characterization and Other ER-Positive Pathology
Breast cancer may be heterogeneous within patients and across time. CERIANNA images ER and is not useful for imaging other receptors such as HER2 and PR. The uptake of fluoroestradiol F 18 is not specific for breast cancer and may occur in a variety of ER-positive tumors that arise outside of the breast, including from the uterus and ovaries. Do not use CERIANNA in lieu of biopsy when biopsy is indicated in patients with recurrent or metastatic breast cancer.

False Negative CERIANNA Scan
A negative CERIANNA scan does not rule out ER-positive breast cancer *[see Clinical Studies (14)]*. Pathology or clinical characteristics that suggest a patient may benefit from systemic hormone therapy should take precedence over a discordant negative CERIANNA scan.

5.2 Radiation Risks
Diagnostic radiopharmaceuticals, including CERIANNA, expose patients to radiation [see Dosage and Administration (2.6)]. Radiation exposure is associated with a dose-dependent increased risk of cancer. Ensure safe drug handling and patient preparation procedures to protect patients and health care providers from unintentional radiation exposure *[see Dosage and Administration (2.1) and (2.3)]*.

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of CERIANNA was evaluated from published clinical studies of 1207 patients with breast cancer receiving at least one fluoroestradiol F 18 administration. The following adverse reactions occurred at a rate < 1%:
- *General disorders: injection-site pain*
- *Neurological and gastrointestinal disorders: dysgeusia*

7 DRUG INTERACTIONS

7.1 Systemic Endocrine Therapies that Target Estrogen Receptors
Certain classes of systemic endocrine therapies, including ER modulators and ER down-regulators, block ER, reduce the uptake of fluoroestradiol F 18, and may reduce detection of ER-positive lesions after administration of CERIANNA. Drugs from these classes such as tamoxifen and fulvestrant may block ER for up to 8 and 28 weeks, respectively. Do not delay indicated therapy in order to administer CERIANNA. Administer CERIANNA prior to starting systemic endocrine therapies that block ER *[see Dosage and Administration (2.3)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary
All radiopharmaceuticals, including CERIANNA, have the potential to cause fetal harm depending on the fetal stage of development and the magnitude of radiation dose. Advise a pregnant woman of the potential risks of fetal exposure to radiation from administration of CERIANNA.

There are no available data on CERIANNA use in pregnant women. No animal reproduction studies using fluoroestradiol F 18 have been conducted to evaluate its effect on female reproduction and embryo-fetal development.

The estimated background risk of major birth defects and miscarriage for the indicated populations is unknown. All pregnancies have a background risk of birth defects, loss, or other adverse outcomes.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

8.2 Lactation

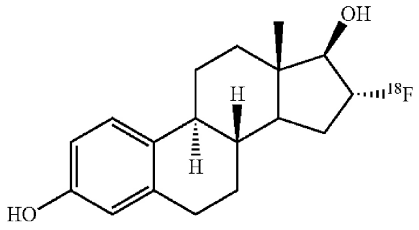
Risk Summary
There are no data on the presence of fluoroestradiol F 18 in human milk, or its effects on the breastfed infant or milk production. Lactation studies have not been conducted in animals. Advise a lactating woman to avoid breastfeeding for 4 hours after CERIANNA administration in order to minimize radiation exposure to a breastfed infant.

8.4 Pediatric Use
The safety and effectiveness of CERIANNA in pediatric patients have not been established.

8.5 Geriatric Use
Clinical studies of fluoroestradiol F 18 injection did not reveal any difference in pharmacokinetics or biodistribution in patients aged 65 and over.

11 DESCRIPTION

11.1 Chemical Characteristics
CERIANNA contains fluoroestradiol fluorine 18 (F 18), a synthetic estrogen analog. Chemically, fluoroestradiol F 18 is [18F]16α-fluoro-3,17β-diol-estratriene-1,3,5(10). The molecular weight is 289.37, and the structural formula is:



CERIANNA is a sterile, clear, colorless solution for intravenous injection, with an osmolarity of 340 mOsm. Its pH ranges between 4.5 to 7.0. The composition of the final product in 40 mL solution is fluoroestradiol no more than 5 µg, fluoroestradiol F 18 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL), sodium ascorbate 0.44% w/v in sodium chloride 0.9% w/v, and ethanol no more than 3.2% w/v.

11.2 Physical Characteristics
CERIANNA is radiolabeled with F 18, a cyclotron produced radionuclide that decays by positron emission to stable oxygen 18 with a half-life of 109.8 minutes. The principal photons useful for diagnostic imaging are the coincident pair of 511 keV gamma photons, resulting from the interaction of the emitted positron with an electron (Table 2).

Table 2. Principal Radiation Produced From Decay of Fluorine 18 Radiation

Radiation	Energy Level (keV)	% Abundance
Positron	249.8	96.9
Gamma	511	193.5

11.3 External Radiation
The point source air-kerma coefficient for F 18 is 3.75 x 10^{-17} Gy m^2 / (Bq s). The first half-value thickness of lead (Pb) for F 18 gamma rays is approximately 6 mm. The relative reduction of radiation emitted by F 18 that results from various thicknesses of lead shielding is shown in Table 3. The use of 8 cm Pb decreases the radiation transmission (i.e., exposure) by a factor of about 10,000.

Table 3. Radiation Attenuation of 511 keV Gamma Rays by Lead Shielding

Shield Thickness cm of Lead (Pb)	Coefficient of Attenuation
0.6	0.5
2	0.1
4	0.01
6	0.001
8	0.0001

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
Fluoroestradiol F 18 binds ER. The following binding affinity: Kd = 0.13 ± 0.02 nM, Bmax = 1901 ± 89 fmol/mg, and IC50 = 0.085 nM, was determined in an ER-positive human breast cancer cell line (MCF-7).

12.2 Pharmacodynamics
The relationship between fluoroestradiol F18 plasma concentrations and image interpretation has not been studied. Fluoroestradiol F18 uptake measured by PET in human tumors is directly proportional to tumor ER expression measured by in vitro assays.

12.3 Pharmacokinetics

Distribution
After intravenous injection, 95% of fluoroestradiol F 18 is bound to plasma proteins. Fluoroestradiol F 18 distributes primarily to hepatobiliary system, and also to small and large intestines, heart wall, blood, kidney, uterus and bladder.

Metabolism
Fluoroestradiol F 18 is metabolized in the liver. At 20 minutes after injection, approximately 20% of circulating radioactivity in the plasma is in the form of non-metabolized fluoroestradiol F 18. At 2 hours after injection, circulating fluoroestradiol F 18 levels are less than 5% of peak concentration.

Excretion
Elimination is by biliary and urinary excretion.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis
No long-term studies in animals were performed to evaluate the carcinogenic potential of CERIANNA.

Mutagenesis
Fluoroestradiol was evaluated by in vitro bacterial reverse mutation assay (Ames test) and in vitro L5178Y/TK+/- mouse lymphoma mutagenesis assay. Fluoroestradiol was negative for genotoxicity by Ames test at up to 1.25 µg per plate for 5 tester strains (*Salmonella typhimurium* tester strains TA98, TA100, TA1535 and TA1537 and *Escherichia Coli* tester strain WP2 uvrA) in the presence or absence of S9 metabolic activation. Fluoroestradiol was negative for genotoxicity by L5178Y/TK+/- mouse lymphoma mutagenesis assay at up to 8 ng/mL in the absence or presence of S9 metabolic activation.

Potential in vivo genotoxicity of fluoroestradiol was evaluated in a rat micronucleus assay. In this assay, fluoroestradiol did not increase the number of micronucleated polychromatic erythrocytes (MN-PCEs) at 51 µg/kg/day, when given for 14 consecutive days. However, CERIANNA has the potential to be mutagenic because of the F 18 radioisotope.

Impairment of Fertility
No studies in animals have been performed to evaluate potential impairment of fertility in males or females.

14 CLINICAL STUDIES

The effectiveness of CERIANNA for detecting ER-positive non-primary breast cancer lesions was evaluated based on published study reports of fluoroestradiol F 18. Study 1 (NCT01986569) enrolled 90 women (median age 55 years, 39% premenopausal) with histologically confirmed invasive breast cancer. The patients had first known or suspected recurrence of treated breast cancer or stage IV metastatic breast cancer. Recent biopsy of lesions outside of bone and areas with high physiologic fluoroestradiol F 18 uptake was also required *[see Dosage and Administration (2.5)]*. Patients concurrently using estrogen receptor modulators or fulvestrant discontinued them 60 days prior to fluoroestradiol F 18 administration. Concurrent use of aromatase inhibitors was permitted. Three image readers were blinded to all clinical information, except for the location of the largest biopsied lesion, for which pathologists independently provided an Allred score (0 to 8). The image readers scored the intensity of FES uptake on a three-point scale relative to normal biodistribution as either "decreased," "equivocal," or "increased" (1 to 3).

Image reader performance for distinguishing between ER-positive and ER-negative fluoroestradiol F 18 uptake was compared to biopsy in 85 patients. Of the 47 patients with positive biopsy (Allred score ≥ 3), 36 were positive on imaging (majority reader score = 3). Ten of 11 patients with false negative imaging had Allred scores between 3 and 6 *[see Warnings and Precautions (5.1)]*. Of the 38 patients with negative biopsy, all 38 were negative on imaging.

Study 2 (NCT00602043) in 13 patients showed similar results.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

CERIANNA is supplied in a 50 mL multiple-dose glass vial (NDC# 72874-001-01) containing a clear, colorless injection solution at a strength of 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) fluoroestradiol F 18 at the end of synthesis. Each vial contains multiple doses and is enclosed in a shield container to minimize external radiation exposure.

16.2 Storage and Handling

Storage
Store CERIANNA at controlled room temperature (USP) 20°C to 25°C (68°F to 77°F). Store CERIANNA upright in the original container with radiation shielding. The expiration date and time are provided on the container label. Use CERIANNA within 10 hours from the time of the end of synthesis.

Handling
This preparation is approved for use by persons under license by the Nuclear Regulatory Commission or the relevant regulatory authority of an Agreement State.

17 PATIENT COUNSELING INFORMATION

Radiation Risks
Advise patients of the radiation risks of CERIANNA *[see Warnings and Precautions (5.2)]*. Instruct patients to drink water to ensure adequate hydration prior to administration of CERIANNA and to continue drinking and voiding frequently during the first hours following administration to reduce radiation exposure *[see Dosage and Administration (2.3)]*.

Pregnancy
Advise a pregnant woman of the potential risks of fetal exposure to radiation doses with CERIANNA *[see Use in Specific Populations (8.1)]*.

Lactation
Advise a lactating woman to avoid breastfeeding for 4 hours after CERIANNA administration in order to minimize radiation exposure to a breastfed infant *[see Use in Specific Populations (8.2)]*.

Distributed by:
ZIONEXA US CORP.
10475 Crosspoint Blvd, Suite 250
Indianapolis, IN 46256

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Fludeoxyglucose F 18 Injection safely and effectively. See full prescribing information for Fludeoxyglucose F 18 Injection.

Fludeoxyglucose F 18 Injection, USP
For intravenous use
Initial U.S. Approval: 2005

INDICATIONS AND USAGE

Fludeoxyglucose F 18 Injection is indicated for positron emission tomography (PET) imaging in the following settings:

- Oncology: For assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnosis of cancer.
- Cardiology: For the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging.
- Neurology: For the identification of regions of abnormal glucose metabolism associated with foci of epileptic seizures (1).

DOSAGE AND ADMINISTRATION

Fludeoxyglucose F 18 Injection emits radiation. Use procedures to minimize radiation exposure. Screen for blood glucose abnormalities.

- In the oncology and neurology settings, instruct patients to fast for 4 to 6 hours prior to the drug's injection. Consider medical therapy and laboratory testing to assure at least two days of normoglycemia prior to the drug's administration (5.2).
- In the cardiology setting, administration of glucose-containing food or liquids (e.g., 50 to 75 grams) prior to the drug's injection facilitates localization of cardiac ischemia (2.3).

Aseptically withdraw Fludeoxyglucose F 18 Injection from its container and administer by intravenous injection (2).

The recommended dose:

- for adults is 5 to 10 mCi (185 to 370 MBq), in all indicated clinical settings (2.1).
- for pediatric patients is 2.6 mCi in the neurology setting (2.2).

Initiate imaging within 40 minutes following drug injection; acquire static emission images 30 to 100 minutes from time of injection (2).

DOSAGE FORMS AND STRENGTHS

Multi-dose 30mL and 50mL glass vial containing 0.74 to 7.40 GBq/mL (20 to 200 mCi/mL) Fludeoxyglucose F 18 Injection and 4.5mg of sodium chloride with 0.1 to 0.5% w/w ethanol as a stabilizer (approximately 15 to 50 mL volume) for intravenous administration (3).

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Radiation risks: use smallest dose necessary for imaging (5.1).
- Blood glucose abnormalities: may cause suboptimal imaging (5.2).

ADVERSE REACTIONS

Hypersensitivity reactions have occurred; have emergency resuscitation equipment and personnel immediately available (6).

To report SUSPECTED ADVERSE REACTIONS, contact PETNET Solutions, Inc. at 877-473-8638 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Lactation: Temporarily discontinue breastfeeding. A lactating woman should pump and discard breastmilk for 9 hours after Fludeoxyglucose F 18 Injection (8.2).
- Pediatric Use: Safety and effectiveness in pediatric patients have not been established in the oncology and cardiology settings (8.4).

See 17 for PATIENT COUNSELING INFORMATION

Revised: 10/2019

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Fludeoxyglucose F 18 Injection is indicated for positron emission tomography (PET) imaging in the following settings:

1.1 Oncology

For assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnosis of cancer.

1.2 Cardiology

For the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging.

1.3 Neurology

For the identification of regions of abnormal glucose metabolism associated with foci of epileptic seizures.

2 DOSAGE AND ADMINISTRATION

Fludeoxyglucose F 18 Injection emits radiation. Use procedures to minimize radiation exposure. Calculate the final dose from the end of synthesis (EOS) time using proper radioactive decay factors. Assay the final dose in a properly calibrated dose calibrator before administration to the patient *[see Description (11.2)]*.

2.1 Recommended Dose for Adults

Within the oncology, cardiology and neurology settings, the recommended dose for adults is 5 to 10 mCi (185 to 370 MBq) as an intravenous injection.

2.2 Recommended Dose for Pediatric Patients

Within the neurology setting, the recommended dose for pediatric patients is 2.6 mCi, as an intravenous injection. The optimal dose adjustment on the basis of body size or weight has not been determined *[see Use in Special Populations (8.4)]*.

2.3 Patient Preparation

- To minimize the radiation absorbed dose to the bladder, encourage adequate hydration. Encourage the patient to drink water or other fluids (as tolerated) in the 4 hours before their PET study.
- Encourage the patient to void as soon as the imaging study is completed and as often as possible thereafter for at least one hour.
- Screen patients for clinically significant blood glucose abnormalities by obtaining a history and/or laboratory tests *[see Warnings and Precautions (5.2)]*. Prior to Fludeoxyglucose F 18 PET imaging in the oncology and neurology settings, instruct patient to fast for 4 to 6 hours prior to the drug's injection.
- In the cardiology setting, administration of glucose-containing food or liquids (e.g., 50 to 75 grams) prior to Fludeoxyglucose F 18 Injection facilitates localization of cardiac ischemia.

2.4 Radiation Dosimetry

The estimated human absorbed radiation doses (rem/mCi) to a newborn (3.4 kg), 1-year old (9.8 kg), 5-year old (19 kg), 10-year old (32 kg), 15-year old (57 kg), and adult (70 kg) from intravenous administration of Fludeoxyglucose F 18 Injection are shown in Table 1. These estimates were calculated based on human[2] data and using the data published by the International Commission on Radiological Protection[4] for Fludeoxyglucose ^{18} F. The dosimetry data show that there are slight variations in absorbed radiation dose for various organs in each of the age groups. These dissimilarities in absorbed radiation dose are due to developmental age variations (e.g., organ size, location, and overall metabolic rate for each age group). The identified critical organs (in descending order) across all age groups evaluated are the urinary bladder, heart, pancreas, spleen, and lungs.

Table 1. Estimated Absorbed Radiation Doses (rem/mCi) After Intravenous Administration of Fludeoxyglucose F 18 Injection[a]

Organ	Newborn (3.4 kg)	1-year old (9.8 kg)	5-year old (19 kg)	10-year old (32 kg)	15-year old (57 kg)	Adult (70 kg)
Bladder wall[b]	4.3	1.7	0.93	0.60	0.40	0.32
Heart wall	2.4	1.2	0.70	0.44	0.29	0.22
Pancreas	2.2	0.68	0.33	0.25	0.13	0.096
Spleen	2.2	0.84	0.46	0.29	0.19	0.14
Lungs	0.96	0.38	0.20	0.13	0.092	0.064
Kidneys	0.81	0.34	0.19	0.13	0.089	0.074
Ovaries	0.80	0.8	0.19	0.11	0.058	0.053
Uterus	0.79	0.35	0.19	0.12	0.076	0.062
LLI wall *	0.69	0.28	0.15	0.097	0.060	0.051
Liver	0.69	0.31	0.17	0.11	0.076	0.058
Gallbladder wall	0.69	0.26	0.14	0.093	0.059	0.049
Small intestine	0.68	0.29	0.15	0.096	0.060	0.047
ULI wall **	0.67	0.27	0.15	0.090	0.057	0.046
Stomach wall	0.65	0.27	0.14	0.089	0.057	0.047
Adrenals	0.65	0.28	0.15	0.095	0.061	0.048
Testes	0.64	0.27	0.14	0.085	0.052	0.041
Red marrow	0.62	0.26	0.14	0.089	0.057	0.047
Thymus	0.61	0.26	0.14	0.086	0.056	0.044
Thyroid	0.61	0.26	0.13	0.080	0.049	0.039
Muscle	0.58	0.25	0.13	0.078	0.049	0.039
Bone surface	0.57	0.24	0.12	0.079	0.052	0.041
Breast	0.54	0.22	0.11	0.068	0.043	0.034
Skin	0.49	0.20	0.10	0.060	0.037	0.030
Brain	0.29	0.13	0.09	0.078	0.072	0.070
Other tissues	0.59	0.25	0.13	0.083	0.052	0.042

[a] MIRDOSE 2 software was used to calculate the radiation absorbed dose.
[b] The dynamic bladder model with a uniform voiding frequency of 1.5 hours was used.
* LLI = lower large intestine; ** ULI = upper large intestine

2.5 Radiation Safety – Drug Handling

- Use waterproof gloves, effective radiation shielding, and appropriate safety measures when handling Fludeoxyglucose F 18 Injection to avoid unnecessary radiation exposure to the patient, occupational workers, clinical personnel and other persons.
- Radiopharmaceuticals should be used by or under the control of physicians who are qualified by specific training and experience in the safe use and handling of radionuclides, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.
- Calculate the final dose from the end of synthesis (EOS) time using proper radioactive decay factors. Assay the final dose in a properly calibrated dose calibrator before administration to the patient *[see Description (11.2)]*.
- The dose of Fludeoxyglucose F 18 used in a given patient should be minimized consistent with the objectives of the procedure, and the nature of the radiation detection devices employed.

2.6 Drug Preparation and Administration

- Calculate the necessary volume to administer based on calibration time and dose.
- Aseptically withdraw Fludeoxyglucose F 18 Injection from its container.
- Inspect Fludeoxyglucose F 18 Injection visually for particulate matter and discoloration before administration, whenever solution and container permit.
- Do not administer the drug if it contains particulate matter or discoloration; dispose of these unacceptable or unused preparations in a safe manner, in compliance with applicable regulations.
- Use Fludeoxyglucose F 18 Injection within 12 hours from the EOS.

2.7 Imaging Guidelines

- Initiate imaging within 40 minutes following Fludeoxyglucose F 18 Injection administration.
- Acquire static emission images 30 to 100 minutes from the time of injection.

3 DOSAGE FORMS AND STRENGTHS

Multiple-dose 30 mL and 50 mL glass vial containing 0.74 to 7.40 GBq/mL (20 to 200 mCi/mL) of Fludeoxyglucose F 18 Injection and 4.5 mg of sodium chloride with 0.1 to 0.5% w/w ethanol as a stabilizer (approximately 15 to 50 mL volume) for intravenous administration.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Radiation Risks

Radiation-emitting products, including Fludeoxyglucose F 18 Injection, may increase the risk for cancer, especially in pediatric patients. Use the smallest dose necessary for imaging and ensure safe handling to protect the patient and health care worker *[see Dosage and Administration (2.5)]*.

5.2 Blood Glucose Abnormalities

In the oncology and neurology setting, suboptimal imaging may occur in patients with inadequately regulated blood glucose levels. In these patients, consider medical therapy and laboratory testing to assure at least two days of normoglycemia prior to Fludeoxyglucose F 18 Injection administration.

6 ADVERSE REACTIONS

Hypersensitivity reactions with pruritus, edema and rash have been reported in the post-marketing setting. Have emergency resuscitation equipment and personnel immediately available.

7 DRUG INTERACTIONS

The interactions of Fludeoxyglucose F 18 Injection with other drugs taken by patients undergoing PET imaging has not been studied.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Data from published case series and case reports describe Fludeoxyglucose F 18 Injection crossing the placenta with uptake by the fetus (see Data). All radiopharmaceuticals have the potential to cause fetal harm depending on the fetal stage of development and the magnitude of the radiation dose. However, published studies that describe Fludeoxyglucose F 18 Injection use in pregnant women have not identified a risk of drug-associated major birth defects, miscarriage, or adverse maternal or fetal outcomes. If considering Fludeoxyglucose F 18 Injection administration to a pregnant woman, inform the patient about the potential for adverse pregnancy outcomes based on the radiation dose from Fludeoxyglucose F 18 Injection and the gestational timing of exposure. The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies are 2-4% and 15-20%, respectively.

Data

Human Data

Data from published case series and case reports describe Fludeoxyglucose F 18 Injection crossing the placental barrier and visualization of radioactivity throughout the body of the fetus. The estimated fetal absorbed radiation dose from the maximum labeled dose (370 MBq) of Fludeoxyglucose F 18 was 10 mGy with first trimester exposure to PET alone and 20 mGy with first trimester exposure to PET/CT scan combination. Long-term adverse radiation effects to a child exposed to Fludeoyxglucose F 18 Injection in utero are unknown. No adverse fetal effects or radiation-related risks have been identified for diagnostic procedures involving less than 50 mGy, which represents less than 20 mGy fetal doses.

8.2 Lactation

Risk Summary

A published case report and case series show the presence of Fludeoxyglucose F 18 Injection in human milk following administration. There are no data on the effects of Fludeoxyglucose F 18 Injection on the breastfed infant or the effects on milk production. Exposure of Fludeoxyglucose F 18 Injection to a breastfed infant can be minimized by temporary discontinuation of breastfeeding (see Clinical Considerations). The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Fludeoxyglucose F 18 Injection, any potential adverse effects on the breastfed child from Fludeoxyglucose F 18 Injection or from the underlying maternal condition.

Clinical Considerations

To decrease radiation exposure to the breastfed infant, advise a lactating woman to pump and discard breastmilk and avoid close (breast) contact with the infant for at least 9 hours after the administration of Fludeoxyglucose F 18 Injection.

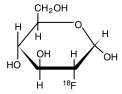
8.4 Pediatric Use

The safety and effectiveness of Fludeoxyglucose F 18 Injection in pediatric patients with epilepsy is established on the basis of studies in adult and pediatric patients. In pediatric patients with epilepsy, the recommended dose is 2.6 mCi. The optimal dose adjustment on the basis of body size or weight has not been determined. In the oncology or cardiology settings, the safety and effectiveness of Fludeoxyglucose F 18 Injection have not been established in pediatric patients.

11 DESCRIPTION

11.1 Chemical Characteristics

Fludeoxyglucose F 18 Injection is a positron emitting radiopharmaceutical that is used for diagnostic purposes in conjunction with positron emission tomography (PET) imaging. The active ingredient 2-deoxy-2-[^{18}F]fluoro-D-glucose has the molecular formula of $C_6H_{11}{}^{18}FO_5$ with a molecular weight of 181.26, and has the following chemical structure:



Fludeoxyglucose F 18 Injection is provided as a ready to use sterile, pyrogen free, clear, colorless solution. Each mL contains between 0.740 to 7.40GBq (20.0 to 200 mCi) of 2-deoxy-2-[^{18}F]fluoro-D-glucose at the EOS, 4.5 mg of sodium chloride and 0.1 to 0.5% w/w ethanol as a stabilizer. The pH of the solution is between 4.5 and 7.5. The solution is packaged in a multiple-dose glass vial and does not contain any preservative.

11.2 Physical Characteristics

Fluorine F 18 has a physical half-life of 109.7 minutes and decays to Oxygen O 16 (stable) by positron decay. The principal photons useful for imaging are the dual 511 keV "annihilation" gamma photons, that are produced and emitted simultaneously in opposite direction when the positron interacts with an electron (Table 2).

Table 2. Principal Radiation Emission Data for Fluorine F 18

Radiation/Emission	% Per Disintegration	Mean Energy
Positron (β+)	96.73	249.8 keV
Gamma (±)*	193.46	511.0 keV

*Produced by positron annihilation

From: Kocher, D.C. Radioactive Decay Tables DOE/TIC-I 1026, 89 (1981)

The specific gamma ray constant (point source air kerma coefficient) for fluorine F 18 is 5.7 R/hr/mCi (1.35 x 10^{-6} Gy/hr/kBq) at 1 cm. The half-value layer (HVL) for the 511 keV photons is 4 mm lead (Pb). The range of attenuation coefficients for this radionuclide as a function of lead shield thickness is shown in Table 3. For example, the interposition of an 8 mm thickness of Pb, with a coefficient of attenuation of 0.25, will decrease the external radiation by 75%.

Table 3. Radiation Attenuation of 511 keV Photons by lead (Pb) shielding

Shield thickness (Pb) mm	Coefficient of attenuation
0	0.00
4	0.50
8	0.25
13	0.10
26	0.01
39	0.001
52	0.0001

For use in correcting for physical decay of this radionuclide, the fractions remaining at selected intervals after calibration are shown in Table 4.

Table 4. Physical Decay Chart for Fluorine F 18

Minutes	Fraction Remaining
0*	1.000
15	0.909
30	0.826
60	0.683
110	0.500
220	0.250

*calibration time

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Fludeoxyglucose F 18 is a glucose analog that concentrates in cells that rely upon glucose as an energy source, or in cells whose dependence on glucose increases under pathophysiological conditions. Fludeoxyglucose F 18 is transported through the cell membrane by facilitative glucose transporter proteins and is phosphorylated within the cell to [^{18}F] FDG-6-phosphate by the enzyme hexokinase. Once phosphorylated it cannot exit until it is dephosphorylated by glucose-6-phosphatase. Therefore, within a given tissue or pathophysiological process, the retention and clearance of Fludeoxyglucose F 18 reflect a balance involving glucose transporter, hexokinase and glucose-6-phosphatase activities. F 18 is used to assess glucose metabolism.

In comparison to background activity of the specific organ or tissue type, regions of decreased or absent uptake of Fludeoxyglucose F 18 reflect the decrease or absence of glucose metabolism. Regions of increased uptake of Fludeoxyglucose F 18 reflect greater than normal rates of glucose metabolism.

12.2 Pharmacodynamics

Fludeoxyglucose F 18 Injection is rapidly distributed to all organs of the body after intravenous administration. After background clearance of Fludeoxyglucose F 18 Injection, optimal PET imaging is generally achieved between 30 to 40 minutes after administration.

In cancer, the cells are generally characterized by enhanced glucose metabolism partially due to (1) an increase in activity of glucose transporters, (2) an increased rate of phosphorylation activity, (3) a reduction of phosphatase activity or, (4) a dynamic alteration in the balance among all these processes. However, glucose metabolism of cancer as reflected by Fludeoxyglucose F 18 accumulation shows considerable variability. Depending on tumor type, stage, and location, Fludeoxyglucose F 18 accumulation may be increased, normal, or decreased. Also, inflammatory cells can have the same variability of uptake of Fludeoxyglucose F 18.

In the heart, under normal aerobic conditions, the myocardium meets the bulk of its energy requirements by oxidizing free fatty acids. Most of the exogenous glucose taken up by the myocyte is converted into glycogen. However, under ischemic conditions, the oxidation of free fatty acids decreases, exogenous glucose becomes the preferred myocardial substrate, glycolysis is stimulated, and glucose taken up by the myocyte is metabolized immediately instead of being converted into glycogen. Under these conditions, phosphorylated Fludeoxyglucose F 18 accumulates in the myocyte and can be detected with PET imaging.

In the brain, cells normally rely on aerobic metabolism. In epilepsy, the glucose metabolism varies. Generally, during a seizure, glucose metabolism increases. Interictally, the seizure focus tends to be hypometabolic.

12.3 Pharmacokinetics

Distribution: In four healthy male volunteers, receiving an intravenous administration of 30 seconds induration, the arterial blood level profile for Fludeoxyglucose F 18 decayed triexponentially. The effective half-life ranges of the three phases were 0.2 to 0.3 minutes, 10 to 13 minutes with a mean and standard deviation (STD) of 11.6 (±) 1.1 min, and 80 to 95 minutes with a mean and STD of 88 (±) 4 min.

Plasma protein binding of Fludeoxyglucose F 18 has not been studied.

Metabolism: Fludeoxyglucose F 18 is transported into cells and phosphorylated to [^{18}F]-FDG-6-phosphate at a rate proportional to the rate of glucose utilization within that tissue. [^{18}F]-FDG-6-phosphate presumably is metabolized to 2-deoxy-2-[^{18}F]fluoro-6-phospho-D-mannose([^{18}F]FDM-6-phosphate).

Fludeoxyglucose F 18 Injection may contain several impurities (e.g., 2-deoxy-2-chloro-D-glucose (ClDG)). Biodistribution and metabolism of ClDG are presumed to be similar to Fludeoxyglucose F 18 and would be expected to result in intracellular formation of 2-deoxy-2-chloro-6-phospho-D-glucose (ClDG-6-phosphate) and 2-deoxy-2-chloro-6-phospho-D-mannose (ClDM-6-phosphate). The phosphorylated deoxyglucose compounds are dephosphorylated and the resulting compounds (FDG, FDM, ClDG, and ClDM) presumably leave cells by passive diffusion. Fludeoxyglucose F 18 and related compounds are cleared from non-cardiac tissues within 3 to 24 hours after administration. Clearance from the cardiac tissue may require more than 96 hours. Fludeoxyglucose F 18 that is not involved in glucose metabolism in any tissue is then excreted in the urine.

Elimination: Fludeoxyglucose F 18 is cleared from most tissues within 24 hours and can be eliminated from the body unchanged in the urine. Within 33 minutes, a mean of 3.9% of the administrated radioactive dose was measured in the urine. The amount of radiation exposure of the urinary bladder at two hours post-administration suggests that 20.6% (mean) of the radioactive dose was present in the bladder.

Special Populations:

The pharmacokinetics of Fludeoxyglucose F 18 Injection have not been studied in renally-impaired, hepatically impaired or pediatric patients. Fludeoxyglucose F 18 is eliminated through the renal system. Avoid excessive radiation exposure to this organ system and adjacent tissues.

The effects of fasting, varying blood sugar levels, conditions of glucose intolerance, and diabetes mellitus on Fludeoxyglucose F 18 distribution in humans have not been ascertained [*see Warnings and Precautions (5.2)*].

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Animal studies have not been performed to evaluate the Fludeoxyglucose F 18 Injection carcinogenic potential, mutagenic potential or effects on fertility.

14 CLINICAL STUDIES

14.1 Oncology

The efficacy of Fludeoxyglucose F 18 Injection in positron emission tomography cancer imaging was demonstrated in 16 independent studies. These studies prospectively evaluated the use of Fludeoxyglucose F 18 in patients with suspected or known malignancies, including non-small cell lung cancer, colo-rectal, pancreatic, breast, thyroid, melanoma, Hodgkin's and non-Hodgkin's lymphoma, and various types of metastatic cancers to lung, liver, bone, and axillary nodes. All these studies had at least 50 patients and used pathology as a standard of truth. The Fludeoxyglucose F 18 Injection doses in the studies ranged from 200 MBq to 740 MBq with a median and mean dose of 370 MBq.

In the studies, the diagnostic performance of Fludeoxyglucose F 18 Injection varied with the type of cancer, size of cancer, and other clinical conditions. False negative and false positive scans were observed. Negative Fludeoxyglucose F 18 Injection PET scans do not exclude the diagnosis of cancer. Positive Fludeoxyglucose F 18 Injection PET scans can not replace pathology to establish a diagnosis of cancer. Non-malignant conditions such as fungal infections, inflammatory processes and benign tumors have patterns of increased glucose metabolism that may give rise to false-positive scans. The efficacy of Fludeoxyglucose F 18 Injection PET imaging in cancer screening was not studied.

14.2 Cardiology

The efficacy of Fludeoxyglucose F 18 Injection for cardiac use was demonstrated in ten independent, prospective studies of patients with coronary artery disease and chronic left ventricular systolic dysfunction who were scheduled to undergo coronary revascularization. Before revascularization, patients underwent PET imaging with Fludeoxyglucose F 18 Injection (74 to 370 MBq, 2 to 10 mCi) and perfusion imaging with other diagnostic radiopharmaceuticals. Doses of Fludeoxyglucose F 18 Injection ranged from 74 to 370 MBq (2 to 10 mCi). Segmental, left ventricular, wall-motion assessments of asynergic areas made before revascularization were compared in a blinded manner to assessments made after successful revascularization to identify myocardial segments with functional recovery.

Left ventricular myocardial segments were predicted to have reversible loss of systolic function if they showed Fludeoxyglucose F 18 accumulation and reduced perfusion (i.e., flow-metabolism mismatch). Conversely, myocardial segments were predicted to have irreversible loss of systolic function if they showed reductions in both Fludeoxyglucose F 18 accumulation and perfusion (i.e., matched defects).

Findings of flow-metabolism mismatch in a myocardial segment may suggest that successful revascularization will restore myocardial function in that segment. However, false-positive tests occur regularly, and the decision to have a patient undergo revascularization should not be based on PET findings alone. Similarly, findings of a matched defect in a myocardial segment may suggest that myocardial function will not recover in that segment, even if it is successfully revascularized. However, false-negative tests occur regularly, and the decision to recommend against coronary revascularization, or to recommend a cardiac transplant, should not be based on PET findings alone. The reversibility of segmental dysfunction as predicted with Fludeoxyglucose F 18 PET imaging depends on successful coronary revascularization. Therefore, in patients with a low likelihood of successful revascularization, the diagnostic usefulness of PET imaging with Fludeoxyglucose F 18 Injection is more limited.

14.3 Neurology

In a prospective, open label trial, Fludeoxyglucose F 18 Injection was evaluated in 86 patients with epilepsy. Each patient received a dose of Fludeoxyglucose F 18 Injection in the range of 185 to 370 MBq (5 to 10 mCi). The mean age was 16.4 years (range: 4 months to 58 years; of these, 42 patients were less than 12 years and 16 patients were less than 2 years old). Patients had a known diagnosis of complex partial epilepsy and were under evaluation for surgical treatment of their seizure disorder. Seizure foci had been previously identified on ictal EEGs and sphenoidal EEGs. Fludeoxyglucose F 18 Injection PET imaging confirmed previous diagnostic findings in 16% (14/87) of the patients; in 34% (30/87) of the patients, Fludeoxyglucose F 18 Injection PET images provided new findings. In 32% (27/87), imaging with Fludeoxyglucose F 18 Injection was inconclusive. The impact of these imaging findings on clinical outcomes is not known.

Several other studies comparing imaging with Fludeoxyglucose F 18 Injection results to subsphenoidal EEG, MRI and/or surgical findings supported the concept that the degree of hypometabolism corresponds to areas of confirmed epileptogenic foci. The safety and effectiveness of Fludeoxyglucose F 18 Injection to distinguish idiopathic epileptogenic foci from tumors or other brain lesions that may cause seizures have not been established.

16 HOW SUPPLIED/STORAGE AND DRUG HANDLING

Fludeoxyglucose F 18 Injection is supplied in a multi-dose, capped 30 mL and 50 mL glass vial containing between 0.740 to 7.40 GBq/mL (20 to 200 mCi/mL), of no carrier added 2-deoxy-2-[^{18}F-fluoro-D-glucose, at end of synthesis, in approximately 15 to 50 mL. The contents of each vial are sterile, pyrogen-free and preservative-free.

NDC 40028-511-30; 40028-511-50

Receipt, transfer, handling, possession, or use of this product is subject to the radioactive material regulations and licensing requirements of the U.S. Nuclear Regulatory Commission, Agreement States or Licensing States as appropriate.

Store the Fludeoxyglucose F 18 Injection vial upright in a lead shielded container at 25°C (77°F); excursions permitted to 15-30°C (59-86°F).

Store and dispose of Fludeoxyglucose F 18 Injection in accordance with the regulations and a general license, or its equivalent, of an Agreement State or a Licensing State.

The expiration date and time are provided on the container label. Use Fludeoxyglucose F 18 Injection within 12 hours from the EOS time.

17 PATIENT COUNSELING INFORMATION

Instruct patients in procedures that increase renal clearance of radioactivity. Encourage patients to:

- drink water or other fluids (as tolerated) in the 4 hours before their PET study.
- void as soon as the imaging study is completed and as often as possible thereafter for at least one hour.

Pregnancy: Advise pregnant women of the risk of fetal exposure to radiation with Fludeoxyglucose F 18 Injection [see Use in Specific Populations (8.1)].

Lactation: Advise lactating women that exposure to Fludeoxyglucose F 18 Injection through breast milk can be minimized by pumping and discarding breast milk and avoiding close (breast) contact with the infant for 9 hours after Fludeoxyglucose F 18 Injection [see Use in Specific Populations (8.2)].

Manufactured and distributed by:
PETNET Solutions, Inc.
810 Innovation Drive
Knoxville, TN 37932

PETNET Solutions