

## Comprehensive Adverse Events and Potential Risks List (CAEPR) for [<sup>18</sup>F]Fluoromisonidazole, (FMISO, NSC 742836)

The Comprehensive Adverse Event and Potential Risks list (CAEPR) provides a single list of reported and/or potential adverse events (AE) associated with an agent using a uniform presentation of events by body system. In addition to the comprehensive list, a subset, the Specific Protocol Exceptions to Expedited Reporting (SPEER), appears in a separate column and is identified with bold and italicized text. This subset of AEs (SPEER) is a list of events that are protocol specific exceptions to expedited reporting to NCI via AdEERS (except as noted below). Refer to the 'CTEP, NCI Guidelines: Adverse Event Reporting Requirements' [http://ctep.cancer.gov/protocolDevelopment/electronic\\_applications/docs/aeguidelines.pdf](http://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/aeguidelines.pdf) for further clarification. Below is the CAEPR for [<sup>18</sup>F]Fluoromisonidazole.

**NOTE:** Report AEs on the SPEER **ONLY IF** they exceed the grade noted in parentheses next to the AE in the SPEER. If this CAEPR is part of a combination protocol using multiple investigational agents and has an AE listed on different SPEERs, use the lower of the grades to determine if expedited reporting is required.

Version 1.1<sup>1</sup>

Category (Body System)	Adverse Events <sup>2</sup> with Possible Relationship to [ <sup>18</sup> F]Fluoromisonidazole (CTCAE v4.0 Term)	Specific Protocol Exceptions to Expedited Reporting (SPEER)  (formerly known as ASAE)
	No AEs reported in human studies.	

<sup>1</sup>This table will be updated as the toxicity profile of the agent is revised. Updates will be distributed to all Principal Investigators at the time of revision. The current version can be obtained by contacting [PIO@CTEP.NCI.NIH.GOV](mailto:PIO@CTEP.NCI.NIH.GOV). Your name, the name of the investigator, the protocol, and the agent should be included in the e-mail.

**Note:** No adverse events have been attributed to Positron-Emission Tomography (PET) imaging/diagnostic administration of [<sup>18</sup>F]Fluoromisonidazole at the levels described in the Investigators Brochure. Therefore, no adverse events are expected as a result of the intravenous (IV) administration of [<sup>18</sup>F]Fluoromisonidazole for typical PET imaging applications such as tumor hypoxia.

**Note:** As with many IV administered agents, [<sup>18</sup>F]Fluoromisonidazole could cause an allergic reaction that could potentially pose a threat to life (anaphylaxis). This has not been observed in limited human exposure to date. Reasonable precautions should be taken, consistent with normal radiologic and clinical facility practice. The patient should be monitored until the PET procedure is completed, and trained personnel and emergency equipment should be available per facility standards.

**For purposes of informed consent regarding reasonably foreseeable risks to subjects in trials utilizing [<sup>18</sup>F]Fluoromisonidazole, the following potential adverse events are considered extremely rare:**

- **Injection-related risks that may include infection, or accidental extravasation of the dose that may lead to discomfort, localized pain, or infection.**
- **Risks related to allergic reaction/anaphylaxis that may be life threatening.**

**Note:** As with all PET imaging agents, [<sup>18</sup>F]Fluoromisonidazole is a radiopharmaceutical that decays with positron emission. As such, it poses an intrinsic radiation exposure risk. However, when administered in accordance with the Investigator's Brochure as a PET imaging agent, this risk is felt to be extremely small. The organ and total body doses associated with [<sup>18</sup>F]Fluoromisonidazole PET imaging are comparable to or lower than those associated with other widely used clinical nuclear medicine procedures.

**Note:** [<sup>18</sup>F]Fluoromisonidazole in combination with other agents could cause an exacerbation of any adverse event currently known to be caused by the other agent, or the combination may result in events never previously associated with either agent.