



Indium In 111 White Blood Cells

Revised: June 30, 2019.

Drug Levels and Effects

Summary of Use during Lactation

Information in this record refers to the use of indium In 111 white blood cells (In 111 leukocytes) as a diagnostic agent. Breastfeeding should be interrupted temporarily after administration of high doses of In 111 leukocytes to a nursing mother. The duration of breastfeeding interruption depends on the dose administered (see table). During the period of interruption, the breasts should be emptied regularly and completely. If the mother has expressed and saved milk prior to the examination, she can feed it to the infant during the period of nursing interruption.[1][2][3] The milk that is pumped by the mother during the time of breastfeeding interruption can either be discarded or stored frozen and given to the infant after 10 physical half-lives, or about 28 days, have elapsed. After doses greater than 10 MBq, consideration of temporarily limiting close contact between the mother and infant.[3]

Mothers concerned about the level of radioactivity in their milk could ask to have it tested at a nuclear medicine facility at their hospital. When the radioactivity is at a safe level she may resume breastfeeding. A method for measuring milk radioactivity and determining the time when a mother can safely resume breastfeeding has been published.[4]

Drug Levels

Indium 111 decays by electron capture with 171 keV and 245 keV gamma emissions and a physical half-life of 2.83 days.[5] The effective half-life of In 111 white blood cells averages 108 hours (range 82 to 134 hours).[1]

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

References

1. Mountford PJ, Coakley AJ. A review of the secretion of radioactivity in human breast milk: data, quantitative analysis and recommendations. *Nucl Med Commun.* 1989;10:15-27. PubMed PMID: 2645546.

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2. Early PJ, Sodee DB. Principles and practice of nuclear medicine. 2nd ed. St. Louis. Mosby-Year Book, Inc. 1995:1380-1.
3. National Radiation Protection Board (UK). Administration of radioactive substances advisory committee. Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources. 2019. Available at: https://assets.publishing.service.gov.uk/government/.../file/.../ARSAC_NfG_2019.pdf
4. Stabin MG, Breitz HB. Breast milk excretion of radiopharmaceuticals: mechanisms, findings, and radiation dosimetry. J Nucl Med. 2000;41:863-73. PubMed PMID: 10809203.
5. Howe DB, Beardsley M, Bakhsh S. Appendix U. Model procedure for release of patients or human research subjects administered radioactive materials. In, NUREG-1556. Consolidated guidance about materials licenses. Program-specific guidance about medical use licenses. Final report. U.S. Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards. 2008;9, Rev. 2. Available at: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>
6. Mattsson S, Johansson L, Leide Svegborn S et al. Radiation dose to patients from radiopharmaceuticals: A compendium of current information related to frequently used substances. Annex D. Recommendations on breast-feeding interruptions. Ann ICRP. 2015;44 (2 Suppl):319-21. PubMed PMID: 26069086.

Substance Identification

Substance Name

Indium In 111 White Blood Cells

Drug Class

Breast Feeding

Lactation

Radiopharmaceuticals

Indium Radioisotopes

Diagnostic Agents