



Technetium Tc 99m Medronate

Revised: June 30, 2019.

CASRN: 63347-66-0

Drug Levels and Effects

Summary of Use during Lactation

Information in this record refers to the use of technetium Tc 99m medronate (Tc 99m methylene diphosphonate; Tc 99m MDP) as a diagnostic agent. The United States Nuclear Regulatory Commission and the Society for Nuclear Medicine state that breastfeeding need not be interrupted after administration of Tc 99m MDP in doses up to 1000 MBq (30 mCi) to a nursing mother.[1][2] The International Commission on Radiological Protection also recommends that breastfeeding need not be interrupted after administration technetium Tc 99m medronate.[3] However, to follow the principle of keeping exposure "as low as reasonably achievable", some experts recommend nursing the infant just before administration of the radiopharmaceutical and interrupting breastfeeding for 3 to 6 hours after the dose, then expressing the milk completely once and discarding it. 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.[4][5][6][7] Mothers need not refrain from close contact with their infants after usual clinical doses.[8]

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.[9]

For nursing mothers who work with Tc 99m substances in their workplace, there is no need to take any precautions other than those appropriate for general radiation protection.[10]

Drug Levels

Tc 99m is a gamma emitter with a principal photon energy of 140.5 keV and a physical half-life of 6.024 hours. [1] With perchlorate blocking, the effective half-life of Tc 99m medronate averages 4.9 hours and 0.01% of an administered dose appears in breastmilk. Without blocking, the effective half-life is 3.6 hours and 0.027% of an administered dose appears in breastmilk.[11]

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.

Alternate Drugs to Consider

Technetium Tc 99m Mertiatide, Technetium Tc 99m Ethylenedicysteine

References

1. 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/>
2. Segall G, Delbeke D, Stabin MG et al. SNM practice guideline for sodium 18F-fluoride PET/CT bone scans 1.0. J Nucl Med. 2010;51:1813-20. PubMed PMID: 21051652.
3. 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.
4. 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.
5. Early PJ, Sodee DB. Principles and practice of nuclear medicine. 2nd ed. St. Louis. Mosby-Year Book, Inc. 1995:1380-1.
6. International Atomic Energy Agency. Radiation Protection and Safety in Medical Uses of Ionizing Radiation, IAEA Safety Standards Series No. SSG-46, IAEA, Vienna. 2018. Available at: <https://www.iaea.org/publications/11102/radiation-protection-and-safety-in-medical-uses-of-ionizing-radiation>
7. 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
8. Mountford PJ, O'Doherty MJ. Exposure of critical groups to nuclear medicine patients. Appl Radiat Isot. 1999;50:89-111. PubMed PMID: 10028630.
9. Stabin MG, Breitz HB. Breast milk excretion of radiopharmaceuticals: mechanisms, findings, and radiation dosimetry. J Nucl Med. 2000;41:863-73. PubMed PMID: 10809203.
10. Almen A, Mattsson S. Radiological protection of foetuses and breast-fed children of occupationally exposed women in nuclear medicine - Challenges for hospitals. Phys Med. 2017;43:172-7. PubMed PMID: 28882410.
11. Leide-Svegborn S, Ahlgren L, Johansson L et al. Excretion of radionuclides in human breast milk after nuclear medicine examinations. Biokinetic and dosimetric data and recommendations on breastfeeding interruption. Eur J Nucl Med Mol Imaging. 2016;43:808-21. PubMed PMID: 26732471.

Substance Identification

Substance Name

Technetium Tc 99m Medronate

CAS Registry Number

63347-66-0

Drug Class

Breast Feeding

Lactation

Radiopharmaceuticals

Technetium Compounds

Diagnostic Agents