



Technetium Tc 99m Albumin

Revised: October 15, 2023.

CASRN: 877003-93-5

Drug Levels and Effects

Summary of Use during Lactation

Information in this record refers to the use of technetium Tc 99m aggregated albumin (Tc 99m albumin colloid; Tc 99m microalbumin; Tc 99m HAM) as a diagnostic agent. A US Nuclear Regulatory Commission subcommittee has recommended that nursing be discontinued for 24 hours after administration of all technetium Tc 99m diagnostic products to simplify guidance recommendations, although this time interval may be longer than necessary.[1] Other sources recommend that breastfeeding should be interrupted for 12 to 13 hours after administration of Tc 99m albumin aggregated, although one source recommends a discontinuation period of 20 hours after a dose of 200 MBq.[2-6] 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.[5,7,8] Mothers need not refrain from close contact with their infants after usual clinical doses. However, reducing close contact with the child to the least possible time for 6 hours following injection of the radiopharmaceutical, will ensure that the exposure is "as low as reasonably achievable".

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 keV and a physical half-life of 6.04 hours.[1]

Effects in Breastfed Infants

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

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

Attribution Statement: LactMed is a registered trademark of the U.S. Department of Health and Human Services.

Effects on Lactation and Breastmilk

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

References

1. Dilsizian V, Metter D, Palestro C, Zanzonico P. Advisory Committee on Medical Uses of Isotopes (ACMUI) Sub-Committee on Nursing Mother Guidelines for the Medical Administration of Radioactive Material. Final report submitted: January 31, 2019. 2019. Available at: <https://www.nrc.gov/docs/ML1903/ML19038A498.pdf>
2. Burkhart M, Cockerham A, Cook J, et al. NUREG-1556, Volume 9, Revision 3. Consolidated guidance about materials licenses. Program-specific guidance about medical use licenses. US Nuclear Regulatory Commission Office of Nuclear Material Safety and Safeguards 2019. Available at: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>
3. Leide-Svegborn S, Ahlgren L, Johansson L, Mattsson S. 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.
4. 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>
5. ARSAC notes for guidance: Good clinical practice in nuclear medicine. Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources. 2020. Available at: <https://www.gov.uk/government/publications/arsac-notes-for-guidance>
6. Mitchell KB, Fleming MM, Anderson PO, Giesbrandt JG. ABM Clinical Protocol #30: Radiology and nuclear medicine studies in lactating women. *Breastfeed Med* 2019;14:290-4. PubMed PMID: 31107104.
7. 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.
8. Early PJ, Sodee DB. Principles and practice of nuclear medicine. 2nd ed. St Louis Mosby-Year Book, Inc 1995:1380-1.
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. Almén A, Mattsson S. Radiological protection of fetuses and breast-fed children of occupationally exposed women in nuclear medicine - Challenges for hospitals. *Phys Med* 2017;43:172-7. PubMed PMID: 28882410.

Substance Identification

Substance Name

Technetium Tc 99m Albumin

CAS Registry Number

877003-93-5

Drug Class

Breast Feeding

Lactation

Milk, Human

Radiopharmaceuticals

Technetium Compounds

Diagnostic Agents