

Summary of Recommendations for Radiopharmaceuticals Excreted in Breast Milk

Radiopharmaceutical	Administered Activity (mCi)	Counseling	Advised Action
⁶⁷ Ga-citrate	5	Yes	Complete cessation
^{99m} Tc-DTPA	20	No	None
^{99m} Tc-DTPA aerosol	1	No	None
^{99m} Tc-MAA	4	Yes	12 hr cessation
^{99m} Tc-pertechnetate	5	Yes	4 hr cessation
¹³¹ I-NaI	150	Yes	Complete cessation
^{99m} Tc-choletec	8	No	None
^{99m} Tc-sestamibi	30	No	None
^{99m} Tc-MDP	20	No	None
^{99m} Tc-RBCs in vivo	20	Yes	12 hr cessation
^{99m} Tc-RBCs in vitro	20	No	None
^{99m} Tc-sulfur colloid	12	No	None
¹¹¹ In-WBCs	0.5	No	None
^{99m} Tc-WBCs	5	Yes	48 hr cessation
¹²³ I-NaI	0.4	Yes	24 hr cessation ¹
^{99m} Tc-MAG3	10	No	None
²⁰¹ Tl	3	Yes	96 hr cessation

“No” counseling means that interruption of breast feeding need not be suggested, given criterion of a limit of 1 mSv ED to infant and these amounts of administered activity. “Yes” means that some interruption is required, as noted in the next column.

Reference: *Journal of Nuclear Medicine, Vol. 41, No. 5, May 2000; “Breast Milk Excretion of Radiopharmaceuticals: Mechanisms, Findings, and Radiation Dosimetry”*

¹The above reference recommends complete cessation of breast feeding for I-123 due to the high concentration of I-125 (~2.5%). If no I-125 is present, then only a 24h interruption is required.