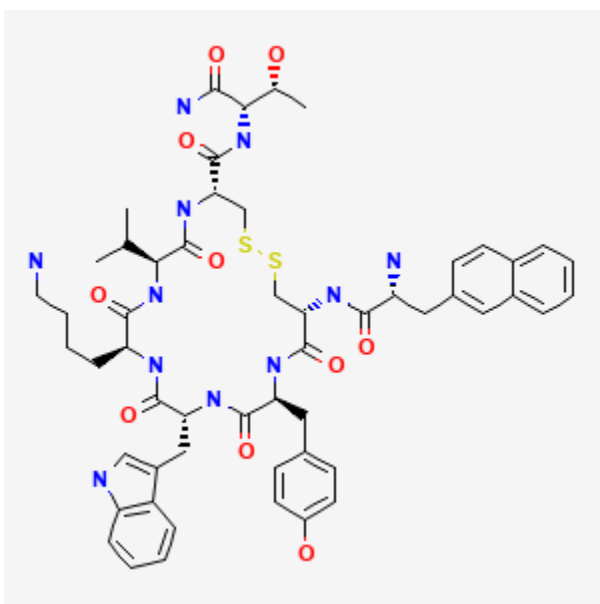




Lanreotide

Revised: November 30, 2022.

CASRN: 108736-35-2



Drug Levels and Effects

Summary of Use during Lactation

The excretion of lanreotide into breastmilk has not been studied. However, because it has a high molecular weight of 1096 daltons it is likely to be poorly excreted into breastmilk and it is a peptide that is likely digested in the infant's gastrointestinal tract, so it is unlikely to reach the clinically important levels in infant serum. Lanreotide has been given by injection to newborn infants with congenital hyperinsulinemia; reversible mild elevation of liver enzymes occurred in some infants.[1] The manufacturer states that women should not breastfeed during treatment with depot lanreotide and for 6 months following the last dose.

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Drug Levels

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

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

Effects in Breastfed Infants

A woman with acromegaly was treated with lanreotide Autogel 120 mg monthly, cabergoline 2 mg weekly and pegvisomant 80 mg weekly. She breastfed (extent not stated) her infant and they were followed for 12 years. Her child had normal growth and development.[2]

Effects on Lactation and Breastmilk

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

Alternate Drugs to Consider

Octreotide

References

1. van der Steen I, van Albada ME, Mohnike K, et al. A multicenter experience with long-acting somatostatin analogues in patients with congenital hyperinsulinism. *Horm Res Paediatr.* 2018;89:82–9. PubMed PMID: 29241206.
2. Popescu AD, Carsote M, Valea A, et al. Approach of acromegaly during pregnancy. *Diagnostics (Basel).* 2022;12:2669. PubMed PMID: 36359512.

Substance Identification

Substance Name

Lanreotide

CAS Registry Number

108736-35-2

Drug Class

Breastfeeding

Lactation

Milk, Human

Hormones

Somatostatin Analogs and Derivatives

Antineoplastic Agents, Hormonal