Pentagastrin

Also called: Peptavlon; ICI 50123

What it is

A diagnostic synthetic peptide approved as Peptavlon (1974), now discontinued in the US.

Approval status

Discontinued. Approved in the US as Peptavlon, NDA 017048, on July 26, 1974; Drugs@FDA (openFDA) lists it as discontinued and DailyMed carries no label (read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Study: calcitonin stimulation test **[Human study]** PMID 19491231	0.5 µg/kg	Single bolus	Samples at 2, 5 and 15 minutes	Intravenous
Study: stimulated gastric acid secretion **[Human study]** PMID 23432534	0.6 µg/kg/h	Continuous infusion	During the measurement	Intravenous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 18 human studies carded on the page (19 study cards in all):

- **Calcium vs pentagastrin for medullary carcinoma** (Human, 1978). In 39 people from affected families, seven showed a calcitonin rise only after pentagastrin injection, and some of these were found at operation to have focal medullary carcinoma and C-cell hyperplasia. **PMID 679097**
- **Separating carcinoma from hyperplasia** (Human, 2010). A pentagastrin-stimulated calcitonin peak of 275 ng/l distinguished medullary thyroid carcinoma from C-cell hyperplasia with 100% sensitivity and 89% specificity before surgery. **PMID 20039894**
- **False positives in MEN 2A families** (Human, 1997). Among non-carriers in three MEN 2A families, 6.6% had false-positive basal calcitonin and 15.4% false-positive pentagastrin tests; the authors concluded RET gene analysis must be the first-line screen. **PMID 9086571**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 5, 2026, 162 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• False-positive calcitonin results in non-carriers	• Historical diagnostic use only in the US

Five questions to ask

1. Pentagastrin is listed here as "Discontinued". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Pentagastrin? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example false-positive calcitonin results in non-carriers?
4. Do any of the cautions on this sheet apply to me, such as: Historical diagnostic use only in the US?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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