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NOTE: This information is for informational purposes only. It is not a definitive resource on megestrol acetate (MA). Consult with your veterinarian to determine if MA is an appropriate option for your cat's situation.

AVAILABILITY		
#	Question	Answer
1	I am a trapper, I have known about this product for years, bought a significant amount of it. I learned about it from some caretakers in California. They all said positive things about it. However, most vets I have dealt with will not support this, especially with feral cats.	As emphasized in the webinar, the risk/benefit situation is different now that we can't perform spay surgeries in many places. Due to the pandemic, veterinarians may be more open to its use in this emergency situation.
2	Are there any issues with buying tablets and compounding in our clinic?	Yes, it would raise a lot of questions on stability, shelf life, etc., plus dispensed compounded drugs must have specific labeling. The available tablets are too big to split for cat doses. This practice is discouraged.
3	What is its pricing and how easy is it to find at local vets?	Your local vet will need to call a prescription into a compounding pharmacy.
4	What is a ballpark estimate of the cost per bottle or per cat?	That is going to vary so much by state and compounding pharmacy, it is best you find out what your local availability and cost is. For examples, see the availability section on our webpage, Using Megestrol Acetate During Covid-19, https://bit.ly/MoreMAresources
5	Is there a specific compounding pharmacy that might be ramping up to provide MA at a better price for shelters and animal welfare providers?	Depending on your state situation, StokesB may be able to provide office stock. We're also talking to additional pharmacies about this.
6	Is it available as a transdermal?	Consult your compounder. We have not seen any research looking at use of MA as a transdermal medication.

USAGE		
#	Question	Answer
7	Can this be used in a spayed female cat for its anti-inflammatory effects? If so, would the dose be different?	According to Plumb's, MA should only be used to treat feline atopy as a "last ditch" because of the potential side effects. Remission of clinical signs of atopy can often be achieved with an oral dose of MA 2.5-5 mg per cat PO every 48 hours for 1-3 weeks. This dose is then used once weekly.
8	Are there any studies on the bio-availability of compounded formulations and when given in food?	Not that we are aware of, and we also don't have pharmacokinetic info on oral dosing of liquid in cats. However, in general, steroidal drugs, like MA, are highly bioavailable.
9	Where can I find a list of the primary literature on this drug?	ACC&D's MA Additional Resources page , provides links to access the peer-reviewed articles - https://bit.ly/MoreMAresources
10	Does the medication decrease the in-heat behaviors that typically drive fosters & pet owners crazy?	Yes, as it suppresses estrus (heat); it reduces those behaviors.
11	If you get them out of heat, will they stay out of heat even if you discontinue the meds?	Female cats will resume cyclicity within 1-2 weeks after MA is discontinued.
12	As a Shelter Manager, is there literature we can share specifically with Veterinarians to provide this information?	Yes, on ACC&D's MA Additional Resources page - https://bit.ly/MoreMAresources
13	How time sensitive is this? Is it like birth control in humans in that it has the best efficacy when given at the same time (and in this case, on the same day of the week)?	Every 7 days is the least frequent interval. If the interval is extended to 8 or 9 days because of a weekend or if the cat is not at a feeding station on the treatment day, she will probably come into heat. In some queens, more frequent (maybe every 2 or 3 days) will be needed.
14	Is it known what dose the caregiver at the government housing complex was using for multi-cat situations?	We assume they were using the micro-dose of an average of 0.1 to 0.2 mg/kg/cat weekly.
15	How quickly does MA suppress estrus? For foster cats that are already in heat, rather than starting at the higher dose, is it possible to try using a q-tip in the vagina to stop estrus?	A single vaginal stimulation does not reliably take cats out of estrus. And hard to do on those ferals! You could do both.

SAFETY		
#	Question	Answer
16	Any concerns with human handling and exposure?	Avoid contact by wearing gloves or using other methods to avoid any contact with skin.
17	Does the micro-dose have an oncogenic effect?	Unfortunately, there is no data on this. It is something that would need to be explored as well as the overall efficacy.
18	Is using MA better than waiting and having them go thru a heat cycle with respect to mammary tumors?	<p>As usual it's a "risk/reward" calculation and up to the individual. If there is no risk of a cat getting pregnant, then you wouldn't need to consider pregnancy as a risk. If a cat is not at risk of getting pregnant then you wouldn't need to consider that in your "calculation."</p> <p>If referring to the increased risk of mammary cancer in a cat spayed after vs. before a first heat, "[o]ne study indicated that cats spayed prior to six months of age had a 91% reduction in risk and those spayed prior to one year of age had an 86% reduction.</p> <p>https://www.vet.cornell.edu/departments-centers-and-institutes/cornell-feline-health-center/health-information/feline-health-topics/mammary-tumors</p> <p>There is not a % risk of mammary cancer for short term use of MA to compare to the risk of spaying a cat before vs. after a first heat. You make a good point about that risk, considering there is a 91% reduction in risk of mammary cancer for cats spayed prior to a first heat.</p>
19	If we were to use this in our shelters, is there anywhere we can report any adverse side-effects and/or our experiences?	Yes, the compounding pharmacy should provide you with a phone number to call to report adverse events; it should be part of the labeling. ACC&D is also planning a survey to help us all learn from this experience, but that should not replace any adverse reporting you do.
20	I work with feral cats who generally can't be handled/ examined; MA would need to be mixed with food after the cat was trapped and caged. If it was given to a pregnant female what would happen? If it was given to a male cat what would happen?	<p>Per Dr. Greenberg's FAQ:</p> <p><i>Pregnant cats:</i> Very little data is available on this. According to one peer-reviewed paper, in a population study of 244 cats in which two pregnancies were reported; one of these cats gave birth to a stillborn kitten while being administered MA. In other species (dogs and humans) offspring of individuals treated with MA occasionally have shown some signs of masculinization.</p> <p><i>Male cats:</i> MA will not prevent male cats from being able to breed. When given high doses males have been reported to develop side effects as described above.</p> <p>https://www.maddiesfund.org/megestrol-acetate-faq.htm</p>

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21	Do side effects resolve when meds are stopped?	In a comprehensive review of the literature on progestins used as contraceptives in cats, Romagnoli (2015) found that side effects were almost exclusively associated with relatively high doses. Even at doses he classified as intermediate, side effects that did occur tended to be temporary, especially for oral MA. See ACC&D's Progestins Product Profile and Position Statement, https://bit.ly/Progestins4P .
22	What type of uterine changes might we expect to see in exposed cats/kittens? (Asking from the perspective of getting back to spay/neuter so looking to know what gross pathology might be present and whether that would/would not affect surgical time/complications/outcomes.)	According to the literature, there are no uterine effects on kittens. However, queens can develop cystic endometrial hyperplasia (thickening and cyst formation within the uterine wall), which predisposes to pyometra (life-threatening condition involving a pus-filled uterus).
23	I've seen references for a side effect in pregnant cats as extending gestation, possibly leading to dystocia...is this a concern?	Yes, administration to pregnant cats is contraindicated. In addition to prolonging gestation, treatment during pregnancy has been associated with masculinization of the female kitten fetuses, mummification of the fetuses and an inability to lactate following delivery. TNR caregivers have reported a few anecdotes that they treated pregnant cats by mistake and the litters were normal. Maybe it's a dose effect?
24	Kittens - if the cat will be spayed, would the uterine changes matter?	If the cat is spayed before developing pyometra, the uterine changes wouldn't matter. Also, it is important to mention that while routine spaying is not allowed, spaying for the treatment of pyometra is still allowed.
25	One way around accidentally prescribing medication to pregnant cats would be to wait until a cat goes into heat. I'm feeling this would be a fair 'middle way'...	This includes weighing the risk of treatment during pregnancy with the risks of higher initial week dose (5 mg x 3) in the first week and you would need to stop heat with the higher dose of MA or keep separate from males until out of heat. If it is not known if a queen is pregnant, she could be administered PGF2-alpha for three days to terminate a pregnancy and then administered the MA.

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26	If a cat is already pregnant, could this be used as an abortifacient at a higher single or multiple dose?	No, MA is not an abortifacient and is administered to cats in the last 3 weeks of gestation to prevent abortion. Giving MA to pregnant cats will prolong pregnancy—not terminate it. It would be better to terminate pregnancy with PGF2-alpha first.
27	if one intends to trap and alter kittens when this COVID thing is done, is it okay if they get dosing (like by accident, not on purpose)	MA will suppress immune response to viral infections and exacerbate FHV-1 and other infections. It would be safer to not treat cats who don't need to have fertility suppressed.
28	Can MA be given to lactating cats?	It should not affect lactation but there has not been any research to provide any safety information on lactation and/or transfer through the milk to the kittens.
29	Could the mammary side effects be reversed by stopping the administration of the drug and spaying?	Feline mammary fibroepithelial hyperplasia (FEH) has been reported following the use of very high doses (mostly) of medroxyprogesterone acetate although high doses of MA may also be responsible. Low-dose MA protocol is unlikely to result in FEH. However, if low-dose MA does induce FEH, discontinuing the medication should allow for spontaneous resolution.
18	Do we have information regarding the incidence of side effects with low dose SIW MA in intact female cats whose pregnancy status is unknown, and may be early? How about late? **During this time of year it is not uncommon for a high percentage of intact females to be pregnant during routine spay. As experts, what is your RBA?	<p>In case of early pregnancy, embryo survival will not be threatened but rather supported by a low dose MA therapy. Embryos will therefore continue to develop until term, at which time the endocrine mechanism of parturition may not be triggered (as this would require a ZERO progesterone level, and MA will mimic progesterone action). Therefore, all fetuses may die in utero. Having one or more dead fetuses may certainly be a problem for a queen if she cannot be checked on a regular basis; if she is under control, she could be taken in for a manual pregnancy check and have OVH surgery as soon as abdominal enlargement is noticed (therefore performing surgery even in mid-late pregnancy). The option of terminating a pregnancy is a valid one in general (for pet or shelter cats particularly) although not an easy one for free roaming cats.</p> <p>If there is a need to terminate pregnancy and no alternative for surgery, oral Cabergoline can be considered. To cite three published research papers, oral Cabergoline at a dose of 25 – 50 micrograms/kg administered to feral cats at 42 days of pregnancy for 3 to 5 days caused abortion in 12/14 pregnancies; however, the two queens that</p>

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		<p>did not abort did not receive the full dosage regimen (Scott PP, 1970). Between days 36 and 57 of gestation, daily oral treatment with 5-15 micrograms/kg of Cabergoline placed on food resulted in abortion in all animals if treatment was started before day 48 (Jochle W & Jochle M, 1993). If treatment was started after day 48, premature delivery occurred. As Cabergoline causes mammary gland regression within 36-48, litters could not be nursed and perished quickly. Unlike PGF2alpha, Cabergoline does not induce side effects or behavioral disturbance (Verstegen JP et al 1993).</p>

COMMUNITY CATS		
#	Question	Answer
31	How are you distributing the drug to TNR/community cats?	People who use it in community cats tend to put it in wet food with the cats separated as much as possible.
32	How long can a colony cat stay on MA at the microdose?	That has not been researched. At this stage, we would not recommend any longer than the 30-week maximum for the other (low) dose.
33	Is anyone compiling a list of states that have regulations that are more stringent than the FDA statement in regard to establishing a VCPR? I know that there is a lot of misinformation out right now and even in Oregon, local vets have interpreted regulations differently	Best Friends and HSUS have compiled a document that lists state regulations to identify whether veterinary care is defined as an essential service. The list also includes telemedicine regulations by state. Copy and paste link: https://docs.google.com/spreadsheets/d/1iRkL6IU7COv9SthGZelfpWyjE7Z6umR9y2WkBLli-Xo/edit#gid=1680051414
34	Are there any standards for physically identifying community cats given MA?	No, there are no standard procedures for marking these cats.
35	If we deliver the birth control to community cats, how can we mark who has been given the meds? Kinda like the ear tip...what can we do instead?	Cats will need to be identified by sight.
36	Is it available or can it be compounded into an effective injectable, which might be more effective than getting a feral cat to ingest it?	Injectable is hard as it has to be sterile - so it theoretically can be compounded as an injectable, but only a few compounding pharmacies will do sterile injectables. It will likely be much more expensive.

MISCELLANEOUS		
#	Question	Answer
37	Are there any other possible pharmacological birth control options for TNR programs?	Unfortunately not.
38	What will the spay neuter push after Covid-19 look like? Like a stateside spayathon?	That is under consideration but will need to comply with state practice acts so they may look a little different.
39	How can we get involved in this post-epidemic spay/ neuter push?!	TBD. Stay on top of developments by receiving the Animal Welfare Daily Digest for COVID-19. Sign up at https://mailchi.mp/animalwelfaredigest/subscribe
40	Isn't it bitter as well?	Cats readily ingest the medication when mixed with wet food.
41	Is the BFVA app available for shelters in Canada?	It is only available for free to shelters in the US who have registered. The app is available as a paid service to individuals, including those in Canada. More info at https://bestfriends.org/best-friends-vet-access
42	Are there any forms already designed to use by clinic/vet when prescribing MA to different colonies?	We are not aware of any forms designed for this purpose. However, ACC&D is planning to develop a tracking form that can be shared.
43	If I send this medication home with an rx label for foster parents, can they send the remaining medication home when the cat is adopted without violating VCPR laws?	If you are speaking as a veterinarian, sending a compounded drug home with the foster parents, and then the medication goes with the cat to its new home, that should be OK, as long as the label is clear on expiration date, and other required label information.
44	Can we put off vaccination as wellness and risk our own veterinary pandemic?	Veterinary recommendations are not to postpone initial (first year) vaccinations but annual boosters can be postponed by a few months.
45	Should these cats receiving MA have the top priorities when we return to S/N due to side effects of long-term use?	That would make a lot of sense to do.