METHOTREXATE (50)

INDICATION (ICD10) D39.2
1. Low risk gestational trophoblastic disease. PS 0, 1, 2

REGIMEN
Day 1 METHOTREXATE 50mg IM
Day 2 Folinic acid 15mg orally (30 hours after methotrexate)
Day 3 METHOTREXATE 50mg IM
Day 4 Folinic acid 15mg orally (30 hours after methotrexate)
Day 5 METHOTREXATE 50mg IM
Day 6 Folinic acid 15mg orally (30 hours after methotrexate)
Day 7 METHOTREXATE 50mg IM
Day 8 Folinic acid 15mg orally (30 hours after methotrexate)

CYCLE FREQUENCY AND NUMBER OF CYCLES
Every 14 days. Continue until hCG 4 or less and then further 3 cycles of treatment.

ANTI-EMETICS
Minimal risk

CONCURRENT MEDICATION REQUIRED
Folinic acid

EXTRAVASATION AND TYPE OF LINE / FILTERS
Methotrexate – inflammitant

INVESTIGATIONS
Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100

MAIN TOXICITES AND ADVERSE REACTIONS

Methotrexate	Methotrexate induced mucositis - folinic acid (calcium folinate) rescue Caution with pleural effusions or ascites

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Methotrexate	NSAIDs, antibiotics: may reduce renal excretion

DOSE MODIFICATIONS
Non-haematological
Ascites/ pleural effusions – discuss dose of methotrexate and folinic acid with consultant.

Hepatic impairment
Methotrexate
Progressively increasing transaminases – discuss with consultant

Bilirubin >85micromol/L	omit

Renal impairment

Methotrexate

If CrCl exceeds ULN, do EDTA before any methotrexate administered. If EDTA below predicted, request consultant in charge to advise on methotrexate and folinic acid dose.

GFR 20-50mL/min	give 50% dose
GFR <20mL/min	omit dose

REFERENCES