VINBLASTINE METHOTREXATE

INDICATION (ICD10) M72
1. Fibromatosis. PS 0, 1, 2

REGIMEN
Day 1 VINBLASTINE 5mg/m^2 in 50ml sodium chloride 0.9% IV infusion over 10 minutes

METHOTREXATE 30mg/m^2 in 100ml sodium chloride 0.9% IV infusion over 30 minutes

Doses capped at BSA 2.0m^2

CYCLE FREQUENCY AND NUMBER OF CYCLES
Every 7 days for 26 weeks, then every 14 days for a further 26 weeks (52 weeks in total)

ANTI-EMETICS
Low emetic risk day 1

CONCURRENT MEDICATION REQUIRED

Vinblastine	None required

EXTRAVASATION AND TYPE OF LINE / FILTERS
Methotrexate – inflammitant
Vinblastine - vesicant

Peripheral or central line

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
Serum creatinine every cycle
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

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

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

Methotrexate	NSAIDs, antibiotics: may reduce renal excretion

DOSE MODIFICATIONS
Hepatic impairment
Methotrexate

Bilirubin >85micromol/L	omit

Vinblastine

Bilirubin 25-51 or AST 60-180u/L	give 50%
Bilirubin >51micromol/L and normal AST	give 50%
Bilirubin >51micromol/L and AST >180u/L	omit

Renal impairment

Methotrexate

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

REFERENCES

1. Azzarelli A, Gronchi A, Bertulli R, Tesoro JD, Baratti D, Pennacchioli E, et al. Low-dose chemotherapy with methotrexate and vinblastine for patients with advanced aggressive fibromatosis. Cancer. 2001;92(5):1259-64.
2. Stephen X. Skapek, William S. Ferguson, et al J Clin Oncol 25 FEBRUARY 10 2007:501-506. Vinblastine and Methotrexate for Desmoid Fibromatosis in Children: Results of a Pediatric Oncology Group Phase II Trial.