

## METHOTREXATE weekly

### INDICATION (ICD10) C49

1. Palliative treatment for squamous cell carcinoma

### REGIMEN

Day 1 METHOTREXATE 25mg/m<sup>2</sup> IV bolus (may be increased up to 50mg/m<sup>2</sup>)

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 7 days for 6 cycles may be continued according to response.

Once the patient has achieved a response the frequency may be gradually reduced to 3 or 4 weekly.

### ANTI-EMETICS

Minimal risk

### CONCURRENT MEDICATION REQUIRED

None required

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Methotrexate – inflammitant

Filter not required

Central or peripheral line

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every dose

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

### MAIN TOXICITES AND ADVERSE REACTIONS

Methotrexate	Methotrexate induced mucositis - folinic acid (calcium folinate) rescue Caution with pleural effusions or ascites
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### INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Methotrexate	NSAIDs, antibiotics: may reduce renal excretion
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### DOSE MODIFICATIONS

#### Hepatic impairment

Methotrexate

Bilirubin >85micromol/L	omit
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#### Renal impairment

Methotrexate

CrCl 30-59mL/min	give 50% dose
CrCl <30mL/min	omit

### REFERENCES