

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	oral	30 hours after methotrexate
Day 3	METHOTREXATE	50mg	IM	
Day 4	Folinic acid	15mg	oral	30 hours after methotrexate
Day 5	METHOTREXATE	50mg	IM	
Day 6	Folinic acid	15mg	oral	30 hours after methotrexate
Day 7	METHOTREXATE	50mg	IM	
Day 8	Folinic acid	15mg	oral	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 Neutrophils x 10 ⁹ /L ≥1.5 Platelets ≥100x10 ⁹ /L	baseline and every cycle
Serum creatinine	baseline and every cycle
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

MAIN TOXICITIES 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

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
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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

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium & LFT	X	X	X	X	X	Every cycle
CrCl	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle