Intrathecal Methotrexate for CNS prophylaxis in GTN

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	*Reimbursement Status
Central nervous system (CNS) prophylaxis in patients with high risk gestational trophoblastic neoplasia (GTN).	D39	00249a	Hospital
Central nervous system (CNS) prophylaxis in patients with low risk gestational trophoblastic neoplasia (GTN) with lung metastases	D39	00249b	Hospital

**If the reimbursement status[i] is not defined, the indication has yet to be assessed through the formal HSE reimbursement process.*

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patients individual clinical circumstances.

Intrathecal methotrexate is administered on Day 1 and repeated every 14 days for a total of 3 doses.
Low risk GTN: Administration of intrathecal methotrexate occurs during the first 3 methotrexate courses (see protocol NCCP00246).

High risk GTN: Administration of intrathecal methotrexate usually coincides with the EMA (etoposide, methotrexate and DACTINomycin) treatment for the high risk patients (see protocol NCCP00248).

Day	Drug	Dose	Route	Diluent & Rate	Cycle
1	Methotrexate	12.5mg	**Intrathecal**	n/a	Every 14 days for 3 doses
2	Folinic acid	15mg	PO	24hrs after start of methotrexate	Every 14 days for 3 doses
Refer to NCCP Guidance on the Safe Use of Intrathecal Chemotherapy in the Treatment of Cancer https://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/safetyreview/itcguidance.pdf					

ELIGIBILTY:

- Indications as above

EXCLUSIONS:

- Hypersensitivity to methotrexate or any of the excipients

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist.

TESTS:

Baseline tests:

- FBC, renal and liver profile

- human chorionic gonadotropin (hCG)

Regular tests:

- FBC renal and liver profile prior to each cycle
- Patient should have hCG levels monitored twice a week during treatment.

Disease monitoring:
Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL: Low (**Refer to local policy).**

PREMEDICATIONS: Not usually required.

OTHER SUPPORTIVE CARE:
No specific recommendations.

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Neutropenia**: There is some systemic absorption of intrathecal chemotherapy. This may be further complicated by systemic therapy if given concurrently or by poor marrow tolerance due to previous therapy. Fever or other evidence of infection must be assessed promptly and treated aggressively.
- **Renal Dysfunction**: Methotrexate, given by any route, should be given with special caution if the creatinine clearance is less than 30 mL/minute with all subsequent doses determined based on hematologic and mucosal tolerance for the first dose given.
- **Precautions for Intrathecal Administration**: Refer to local policy on Intrathecal Therapy.

DRUG INTERACTIONS:

- Current drug interaction databases should be consulted for more information.

ATC CODE:

Methotrexate L01BA01

REFERENCES:

1. Newlands ES, Holden L, Seckl MJ, McNeish I, Strickland S, Rustin GJ. Management of brain metastases in patients with high-risk gestational trophoblastic tumors J Reprod Med. 2002 Jun;47(6):465-71

2. Methotrexate Summary of Product Characteristics Accessed Feb 2018 Available at http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA0437-005-003_22042013144145.pdf3

Version	Date	Amendment	Approved By
1	01/02/2016		Prof Maccon Keane
2	22/02/2018	Updated with new NCCP Regimen Template	Prof Maccon Keane

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

[i] ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes
Further details on the Cancer Drug Management Programme is available at;
http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/