Regimen Monograph

A - Regimen Name

MTRX(HD) Regimen

High-Dose Methotrexate

Disease Site	Hematologic - Lymphoma - Non-Hodgkin's High Grade
Intent	Curative
Regimen Category	**Evidence-informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use. This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.
Rationale and Uses	For CNS prophylaxis in patients with Diffuse Large B-Cell Lymphoma (DLBCL).

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B - Drug Regimen

methotrexate	2 to 3.5 g /m²	IV	Day 1

Leucovorin IV as per local protocols; one example is:

leucovorin	48 mg /m²	IV	24 hours after the start of MTRX

Then,

leucovorin	12 mg /m²	IV	q6h*

Note: Must ensure adequate hydration/urine alkalinization

*to be adjusted as needed based on methotrexate levels; continue until methotrexate levels are ≤ 0.1 micromol/L.

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C - Cycle Frequency

Alternating with CHOP+R chemotherapy (different schedules have been used) for a usual total of 3-4 cycles.

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J - Administrative Information

Pharmacy Workload (average time per visit)	9.9347 minutes
Nursing Workload (average time per visit)	66.667 minutes

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K - References

Fernandez-Alvarez et al. Outpatient systemic high dose methotrexate as CNS prophylaxis in patients with diffuse large B-cell lymphoma [poster presentation]. EHA Library. Fernandez R. Jun 15, 2018; 214768; PF286.

Ferreri AJM, Bruno-Ventre M, Donadoni G, et al. Risk-tailored CNS prophylaxis in a mono-institutional series of 200 patients with diffuse large B-cell lymphoma treated in the rituximab era. British Journal of Haematology 2015;168:654–662.

Howard et al. Preventing and Managing Toxicities of High-Dose Methotrexate. The Oncologist. 2016;21:1-12.

Widemann, B.C., Asamson, P.C. Understanding and Managing Methotrexate Nephrotoxicity. The Oncologist. 2006;11:694-703.

June 2020 Modified leucovorin dose

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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