

## Regimen Monograph

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## A - Regimen Name

# MTRX Regimen

## Methotrexate

**Disease Site** Gynecologic - Gestational Trophoblastic Disease (GTN) Low-risk

**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** Treatment of non-metastatic or metastatic Low Risk (WHO 0-6) GTN. The weekly methotrexate (30mg/m<sup>2</sup>) regimen has been compared to dactinomycin in a phase III trial; subgroup analyses suggest that both regimens were less effective in patients with risk scores of 5-6 or in choriocarcinoma.

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**B - Drug Regimen**[methotrexate](#)30-50 mg /m<sup>2</sup>

IV / IM

Day 1

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Treatment continued until hCG level normal for 3 consecutive weeks, unless disease progression or unacceptable toxicity

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Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	15.714 minutes
Nursing Workload (average time per visit)	36.667 minutes

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Homesley HD, Blessing JA, et al. Weekly intramuscular methotrexate for nonmetastatic gestational trophoblastic disease. *Obstet Gynecol* 1988 Sep; 72(3 Pt 1): 413-8.

Homesley HD, Blessing JA, Schlaerth J, et al. Rapid Escalation of Weekly Intramuscular Methotrexate for Nonmetastatic Gestational Trophoblastic Disease: A Gynecologic Oncology Group Study. *Gynecologic Oncology* 1990;39;305-8.

Osborne RJ, Filiaci V, Schink JC, et al. Phase III trial of weekly methotrexate or pulsed dactinomycin for low-risk gestational trophoblastic neoplasia: a gynecologic oncology group study. *J Clin Oncol* 2011;29:825-31.

Society of Gynecologists and Obstetricians of Canada Clinical Practice Guidelines: Gestational Trophoblastic Disease, 2002.

Roberts JP, Lutrain JR. Treatment of low-risk metastatic gestational tumors with single-agent chemotherapy. *American Journal of Obstetrics and Gynecology* 1996;174:191-7.

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## M - Disclaimer

### **Regimen Abstracts**

*A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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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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