LONDON CANCER ALLIANCE
West and South

Skin Pathway Group – Methotrexate (Oral) in Cutaneous Malignancy

Indication:	Advanced Mycosis Fungoides, Sezary Syndrome and Lymphomatoid Papulosis Patients able to tolerate oral treatment
Regimen details:	Methotrexate 5mg to 10mg Once weekly Orally Titrate to response by 2.5mg weekly Dosing to be adjusted according response and haematological toxicity
Administration:	Available as 2.5mg tablets Tablets to be swallowed whole, preferably on an empty stomach half an hour before or 2hours after a meal.
Frequency:	Continuous according response and monitoring
Pre-medication:	Not applicable
Anti- emetics:	Minimal emetogenicity Follow Local Anti-emetic Policy
Supportive medication:	Not routinely given
Extravasation:	Not applicable
Regular investigation:	FBC Weekly until stabilised, then every 2-3 months LFTs Weekly until stabilised, then every 2-3 months U&Es Weekly until stabilised, then every 2-3 months ESR, CRP Weekly until stabilised Serum folate Weekly until stabilised p111np 3 monthly

Version: 1.0 Supersedes: all other versions	Approved by LCA Skin Pathway Chemotherapy Lead: Mark Harries
Reason for Update: LCA Protocol Development	Approved by LCA Joint Delivery Subgroup Co-Chairs: Pauline McCalla & Rebecca Johl
Prepared by: Ravi Shaunak	Approved by LCA Medicines & Chemotherapy Steering Group Chair:
Second check by: : Sanna Eestila	Date prepared: January 2015 Review Date: January 2017

Toxicities: Pulmonary reactions, Interstitial pneumonitis, GI toxicity, haematopoietic suppression, lymphomas, mucositis, nausea, anorexia, elevation of liver enzymes and liver toxicity, renal toxicity, rash, radiation recall reactions

Adequate contraceptive methods should be used during and at least 3 months after the therapy.

Patients with relevant third space fluid collections have prolonged excretion of methotrexate and resulting increase in toxicity.

DOSE MODIFICATIONS

Haematological Toxicity

Neutrophils (x 10^9/L)		Platelets (x 10^9/L)	Methotrexate Dose
<1.0	**or**	< 100	Seek advice from the Consultant

Non-haematological Toxicities

Renal Impairment

Creatinine Clearance (ml/min)	Methotrexate Dose
> 50	100% dose
20 - 50	50 - 100% dose
10 – 20	50% dose
< 10	contra-indicated

Hepatic Impairment

Reduce dose, particularly in patients with concomitantly impaired renal function.
In cases of severe hepatic impairment, methotrexate is contra-indicated.

Bilirubin	Methotrexate Dose
2-3 x ULN	50% dose
> 3 x ULN	Omit

Location of regimen delivery: Methotrexate to be supplied to the patient for oral self-administration

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Drug interactions: Drugs with antifolate properties (e.g. co-trimoxazole, trimethoprim)
NSAIDS- increased methotrexate toxicity
Digoxin – decreased efficiency
Theophylline, phenytoin- increased effect/ toxicity
Probenecid, penicillins- increased effect of methotrexate
Hepatotoxic and nephrotoxic drugs- care
Vitamin products containing folic acid may alter response
Avoid use of live vaccines

References: www.medicines.org.uk

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