



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Methotrexate / Leucovorin



Ministry of Health

Name:

File #:

Ht (cm):

Nationality:

Civil ID:

Wt (Kg):

Gender/Age:

DOB:

BSA (m²):

Indication(s): Gestational Trophoblastic Disease (Molar pregnancy).

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000; CrCl > 45 ml/min.

Pre-treatment Medications: (30-60 min before starting treatment)

Ondansetron 8 mg PO/IV

Dexamethasone 10 mg PO/IV

Standard Protocol:

DRUG	DOSE	ADMINISTRATION	DAYS
Methotrexate	50 mg	IM intragluteal.	D1, 3, 5, 7
Leucovorin	15 mg PO	One single dose to be given 24 - 30 hr after each methotrexate dose.	D2, 4, 6, 8

To be repeated every 2 weeks for 6 cycles.

Treatment Description:

Cycle	Day	Date	Methotrexate	Leucovorin
C# __	D1			XXXXX
	D2		XXXXX	
	D3			XXXXX
	D4		XXXXX	
	D5			XXXXX
	D6		XXXXX	
	D7			XXXXX
	D8		XXXXX	

Physician (Stamp and signature)

Consultant (Stamp and signature)