

GESTATIONAL TROPHOBLASTIC DISEASE

CVM (CISPLATIN – VINCRISTINE – METHOTREXATE)

Methotrexate	100 mg/m ²	IVB	Day 1
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Followed by

Methotrexate	200 mg/m ²	IV**	Day 1
Vincristine	1 mg/m ²	IV	Day 1
Leucovorin	15 mg	IM	Day 2***
Cisplatin	120 mg/m ²	IV*	Day 4

*Routine pre- and post-hydration should be administered; **IV infusion of methotrexate to run over 12 hours immediately following the bolus; ***Leucovorin to start 24 hours after the start of the methotrexate infusion. Administer every 12 hours for a total of 4 doses.

Reference: [Newlands ES, et al. *Br J Cancer* 1979;40:943 – 5.](#)

EMA-CO (HIGH RISK) (ETOPOSIDE – METHOTREXATE – DACTINOMYCIN – CYCLOPHOSPHAMIDE – VINCRISTINE)

EMA

Dactinomycin	0.5 mg/day	IVP	Days 1 and 2
Etoposide	100 mg/m ² /day	IV*	Days 1 and 2
Methotrexate	100 mg/m ²	IVP	Day 1

Followed by

Methotrexate	200 mg/m ²	CIVI**	Day 1
Leucovorin***	15 mg Q12H	IM/PO	Days 2 and 3

CO

Cyclophosphamide	600 mg/m ²	IV	Day 8
Vincristine	1 mg/m ²	IVP	Day 8

*Administer over 30 minutes; **Administer as a continuous IV infusion over 12 hours; ***Start leucovorin 24 hours after the start of the methotrexate dose. Leucovorin 15 mg by mouth or intramuscularly (IM) for 4 doses.

NOTE: Patients with brain metastases were treated simultaneously with 30 Gy of whole brain irradiation in 2 Gy fractions and dexamethasone. In addition the methotrexate infusion dose was increased to 1000 mg/m² and the leucovorin rescue was increased to 30 mg PO/IM every 12 hours for 6 doses, beginning 32 hours after the methotrexate infusion began.

Repeat cycle every 2 weeks (starting on day 15). Continue until disease progression, toxicity, or two additional cycles beyond normal beta HCG level.

References: [Escobar PF, et al. *Gynecol Oncol* 2003;91:552 – 7;](#) [Newlands ES, et al. *Br J Obstet Gynecol* 1986;93:63 – 9.](#)

MAC (METHOTREXATE – DACTINOMYCIN – CYCLOPHOSPHAMIDE)

Methotrexate	0.3 mg/kg/day	IV	Days 1 – 5
Dactinomycin	8 – 10 mcg/kg/day	IV	Days 1 – 5
Cyclophosphamide	3 mg/kg/day*	IV	Days 1 – 5

*Maximum cyclophosphamide dose is 200 mg/day.

NOTE: CNS metastases treated simultaneously with whole brain radiation (30 – 40 Gy).

Repeat cycle every 14 days.

Reference: [Lurain JR, et al. *Obstet Gynecol* 1985;65:830 – 6.](#)

MAC III (METHOTREXATE – DACTINOMYCIN – CYCLOPHOSPHAMIDE)

Methotrexate	1 mg/kg QOD	IM	Days 1, 3, 5 and 7
Leucovorin	0.1 mg/kg QOD	IM	Days 2, 4, 6 and 8*
Dactinomycin	12 mcg/kg/day	IV	Days 1 – 5
Cyclophosphamide	3 mg/kg/day	IV	Days 1 – 5

*Administer 24 hours after methotrexate.

NOTE: CNS metastases treated simultaneously with whole brain radiation (30 Gy). Escalate dose of dactinomycin and methotrexate if inadequate response by the following: methotrexate 0.5 – 1 mg/kg/day and dactinomycin by 3 micrograms/kg/day.

Repeat cycle every 21 days until 3 consecutively normal HCG levels, then give one further cycle.

Reference: [Berkowitz RS, et al. *Gynecol Oncol* 1984;19:173 – 81.](#)

METHOTREXATE – LEUCOVORIN

Methotrexate	1 mg/kg QOD	IM	Days 1, 3, 5 and 7
Leucovorin	0.1 mg/kg QOD	IM*	Days 2, 4, 6 and 8

*Administer 24 hours after methotrexate.

Repeat cycle every 14 days until serum hCG is within normal limits.

If the response to the first treatment was inadequate increase the dose of methotrexate to 2 mg/kg/day (in 4 divided doses). If the response to 2 consecutive cycles of methotrexate/leucovorin is inadequate, the patient should be considered resistant to methotrexate and switched to:

Dactinomycin	12 – 15 mcg/kg/day	IV	Days 1 – 5
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Repeat cycle every 21 – 28 days.

Reference: [Berkowitz RS, et al. *Gynecol Oncol* 1986;23:111 – 8.](#)