



Single-agent regimens for low-risk gestational trophoblastic neoplasms (GTN)

Methotrexate (MTX) regimens*	Primary remission rates (%)
1) MTX five-day regimen: 0.3 to 0.5 mg/kg IV or IM daily for five days every two weeks (maximum 25 mg per dose)	87 to 93
2) MTX weekly regimen: 30 to 50 mg/m ² IM weekly	49 to 74
3) MTX-Leucovorin¶ eight-day regimen:	74 to 90
MTX 1 mg/kg IM or IV on days 1, 3, 5, and 7	
Leucovorin¶ 15 mg orally on days 2, 4, 6, and 8 given 24 hours after each MTX dose	
4) High-dose IV MTX-Leucovorin¶	69 to 90
MTX 100 mg/m ² IV over 30 minutes followed by	
MTX 200 mg/m ² IV infusion over 12 hours	
Leucovorin¶ 15 mg every 12 hours in six doses IM or orally beginning 24 hours after starting MTX	
Dactinomycin regimens (Vesicant: If administered peripherally, give through free-flowing IV)	
1) Dactinomycin 10 to 12 micrograms/kg IV push daily for five days	77 to 94
2) Dactinomycin 1.25 mg/m ² IV push every two weeks	69 to 90
Sequential chemotherapy	100

Recommendations for monitoring response and determining the duration of treatment are provided in the topic.

MTX: methotrexate; IV: intravenous; IM: intramuscular.

* Several different single-agent regimens are used based upon local experience as there is a lack of consensus on the optimal dosing regimen. Available data suggest the five or eight-day schedule for methotrexate is more effective than pulsed regimens. Refer to topic.

¶ Also known as folinic acid.

Courtesy of Ross Berkowitz, MD; Donald Goldstein, MD; and Neil Horowitz, MD. Complete references are provided within the topic.

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