

Doença Trofoblástica Gestacional

EP/EMA

Etoposide: 150 mg/m² IV D1

Cisplatina*: 75 mg/m² IV D1

Etoposide: 100 mg/m² IV D8

Methotrexate: 300 mg/m² IV(12hs) D8

Actinomicina: 0,5 mg IV D8

Leucovorin: 15 mg VO ou IV (4 doses; 12/1 2 hs)

D9 (24hs após metotrexato) a cada 14 dias

* Aplicar em 3 doses de 25/mg/m² por 4 horas cada, diluído em 1000ml de solução de Cloreto de Sódio a 0,9%.

Ref. (1)

Methotrexate

Methotrexate: 1 mg/kg IM D1, D3, D5 e D7

Leucovorin: 0,1 mg/kg IM D2, D4, D6 e D8 a cada 14 dias

Ref. (2)

Actinomicina

Actinomicina: 1,25 mg/m² IV D1 a cada 14 dias

Ref. (3)

EMA-CO

Etoposide: 100 mg/m² IV D1 e D2

Methotrexate: 300 mg/m² IV (12hs) D1

Actinomicina: 0,5 mg IV D1 e D2

Leucovorin: 15 mg VO ou IV (4 doses; 12/1 2 hs)

D2 (24 hs após Methotrexate)

Vincristina: 0,8 mg/m² (máx. 2mg) IV D8

Ciclofosfamida: 600 mg/m² IV D8 a cada 14 dias

Ref. (4)

1. Newlands ES, *et al.* Etoposide and Cisplatin/Etoposide, Methotrexate, and Actinomycin D (EMA) Chemotherapy for Patients With High-Risk Gestational Trophoblastic Tumors Refractory to EMA/Cyclophosphamide and Vincristine Chemotherapy and Patients Presenting With Metastatic Placental Site Trophoblastic Tumors *J Clin Oncol* 200;18:854-9.
2. Berkowitz RS, *et al.* Ten years' experience with methotrexate and folinic acid as primary therapy for gestational trophoblastic disease. *Gynecol Oncol* 1986;23:111-8.
3. Chen LM, *et al.* Single-agent pulse dactinomycin has only modest activity for methotrexate-resistant gestational trophoblastic neoplasia. *Gynecol Oncol* 2004;94:204-7.
4. Bower M, *et al.* EMA/CO for high-risk gestational trophoblastic tumors: results from a cohort of 272 patients [published erratum appears in *J Clin Oncol* 1997 Sep;15(9):3168]. *J Clin Oncol* 1997;15:2636-43.