

Methotrexate Post Glucarpidase, Serum

# **Overview**

#### **Useful For**

Monitoring methotrexate concentrations post-glucarpidase therapy

Documenting failure to respond that may be due to noncompliance

Guiding dosage adjustments in patients with kidney failure

#### **Method Name**

Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS)

#### **NY State Available**

Yes

# **Specimen**

# **Specimen Type**

Serum

#### **Shipping Instructions**

Ship specimen in amber vial to protect from light.

#### Specimen Required

Supplies: Amber Frosted Tube, 5 mL (T915)

**Collection Container/Tube:** 

**Preferred**: Red top **Acceptable**: Serum gel

Submission Container/Tube: Amber vial

Specimen Volume: 1 mL

**Collection Instructions:** Within 2 hours of collection, centrifuge and aliquot serum into an amber vial.

#### **Forms**

If not ordering electronically, complete, print, and send a <u>Therapeutics Test Request</u> (T831) with the specimen.

#### **Specimen Minimum Volume**

0.5 mL

#### Reject Due To

Gross	OK
hemolysis	



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Gross lipemia	OK
Gross icterus	OK
Exposed to	Reject
light >24 hours	

## **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	LIGHT PROTECTED
	Ambient	7 days	LIGHT PROTECTED
	Frozen	14 days	LIGHT PROTECTED

# **Clinical & Interpretive**

#### **Clinical Information**

Methotrexate (MTX) is a folate antimetabolite that reversibly inhibits dihydrofolate reductase. MTX is used alone or in combination with other agents to treat a variety of cancers (ie, breast, leukemia, lymphoma, head and neck, lung, and sarcomas). Administration of intravenous high-dose MTX (ie, 1-15 g/m2) occurs at different intervals in treatments and depends on the regimen being used. Therapy is guided by measurement of serum concentration: 24 hours after dosage, the serum concentration should be less than 10 mcmol/L; 48 hours after therapy, concentration should be less than 1 mcmol/L; and 72 hours after dosage, the concentration should be less than 0.1 mcmol/L or less than 0.05 mcmol/L, depending on clinical protocol. MTX can also be used at lower doses (ie, a single dose of 5-15 mg/wk) to treat patients with rheumatoid arthritis and severe psoriasis. In adults, oral absorption appears to be dose dependent. Peak serum concentrations are reached within 1 to 3 hours after oral dosing and 0.5 to 1 hour after intramuscular injection. Protein binding is approximately 50%. Volume of distribution is 0.4 to 0.8 L/kg. Elimination is concentration dependent with an apparent elimination half-life of 3 to 10 hours for patients on low dose therapy (<30 mg/m2) compared to 8 to 15 hours for patients on high doses of MTX.

#### **Reference Values**

Nontoxic drug concentration after 72 hours: <0.1 mcmol/L

#### Interpretation

Following a 4- to 6-hour intravenous infusion of methotrexate, postinfusion concentrations greater than the following indicate an increased risk of toxicity if conventional low-dose leucovorin rescue is given:

- -24-hour postinfusion concentration: 5.0 to 10.0 mcmol/L
- -48-hour postinfusion concentration: 0.5 to 1.0 mcmol/L
- -72-hour postinfusion concentration: 0.1 mcmol/L

# **Cautions**

The specimen must be protected from light.

#### Clinical Reference

1. Cadman EC, Durivage HJ. Cancer chemotherapy: alkylating agents. In: Wilson JD, Braunwald E, Isselbacher KJ, eds. Harrison's Principles of Internal Medicine. 12th ed. McGraw-Hill Book Company; 1991:1592-1594



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- 2. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, eds. Harrison's Principles of Internal Medicine. 20th ed. McGraw-Hill Education; 2018
- 3. Rifai N, Horvath AR, Wittwer CT. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2017
- 4. Voraxaze (Gl ucarpidase). Package insert. BTG International Inc; 2012

#### **Performance**

# **Method Description**

The serum sample is diluted in a methanol containing internal standard. The protein precipitate is mixed and centrifuged, and a portion of the supernatant is diluted with mobile phase for detection by tandem mass spectrometry. (Unpublished Mayo method)

# **PDF Report**

No

# Day(s) Performed

Monday through Sunday

### **Report Available**

Same day/1 day

#### **Specimen Retention Time**

14 days

# **Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Superior Drive

#### **Fees & Codes**

#### **Fees**

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

#### **Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

# **CPT Code Information**

80204

#### **LOINC®** Information



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Test ID	Test Order Name	Order LOINC® Value
MTXSG	Methotrexate Post Glucarpidase, S	51602-1

Result ID	Test Result Name	Result LOINC® Value
62580	Methotrexate Post Glucarpidase, S	51602-1