

Bedside treatment algorithm for safe administration of 24-hour high-dose methotrexate in adult acute lymphoblastic leukemia

Authors

Anna-Karin Hamberg,¹ Jessica Schubert,¹ Emma Lennmyr² and Helene Hallböök²

¹Department of Clinical Chemistry and Pharmacology and

²Department of Medical Sciences, Haematology, Uppsala University Hospital, Uppsala, Sweden

Correspondence:

H. HALLBÖÖK - helene.hallbook@medsci.uu.se

<https://doi.org/10.3324/haematol.2025.300203>

Received: November 10, 2025.

Accepted: March 16, 2026.

Early view: March 26, 2026.

©2026 Ferrata Storti Foundation

Published under a CC BY-NC license 

Supplementary Table and Figures to

Bedside treatment algorithm for safe administration of 24-hour high-dose methotrexate in adult acute lymphoblastic leukemia.

AK Hamberg¹, J Schubert¹, E Lennmyr², H Hallböök²

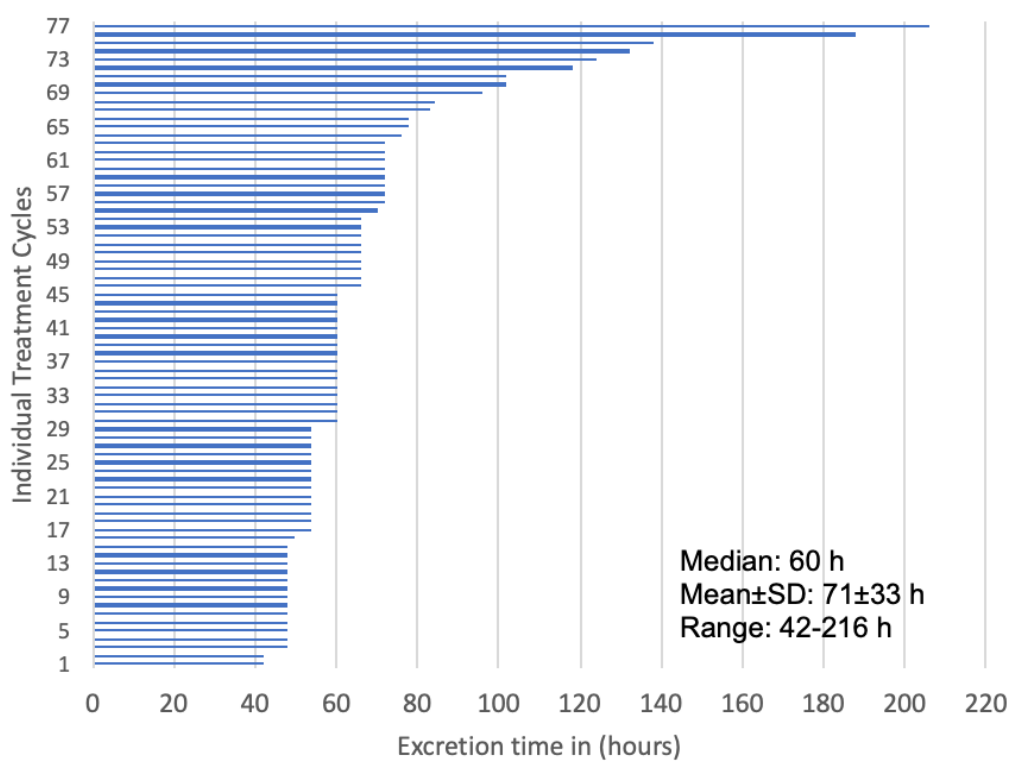
¹Dept of Clinical Chemistry and Pharmacology, Uppsala University Hospital, Sweden, ²Dept of Haematology, Uppsala University Hospital, Sweden

Table S1 Frequencies of dose reductions recommended by the algorithm based on all treatment cycles or divided based on age or planned dose

	No change of infusion rate	20% reduction of infusion rate	50% reduction of infusion rate
All treatment cycles n=106	69%	23%	8%
Per age group Patients < 46 years n=56	50%	38%	12%
Patients 46–55 years n=50	90%	6%	4%
Per dose group Dose ≥ 4 g/m ² n=50	40%	46%	14%
Dose < 4 g/m ² n=56	94%	4%	2%

Figure S1 Excretion time (time to MTX < 0.2 µM) for all patients comparing a) Standard protocol (78 cycles) versus b) Bedside algorithm (106 cycles)

a)



b)

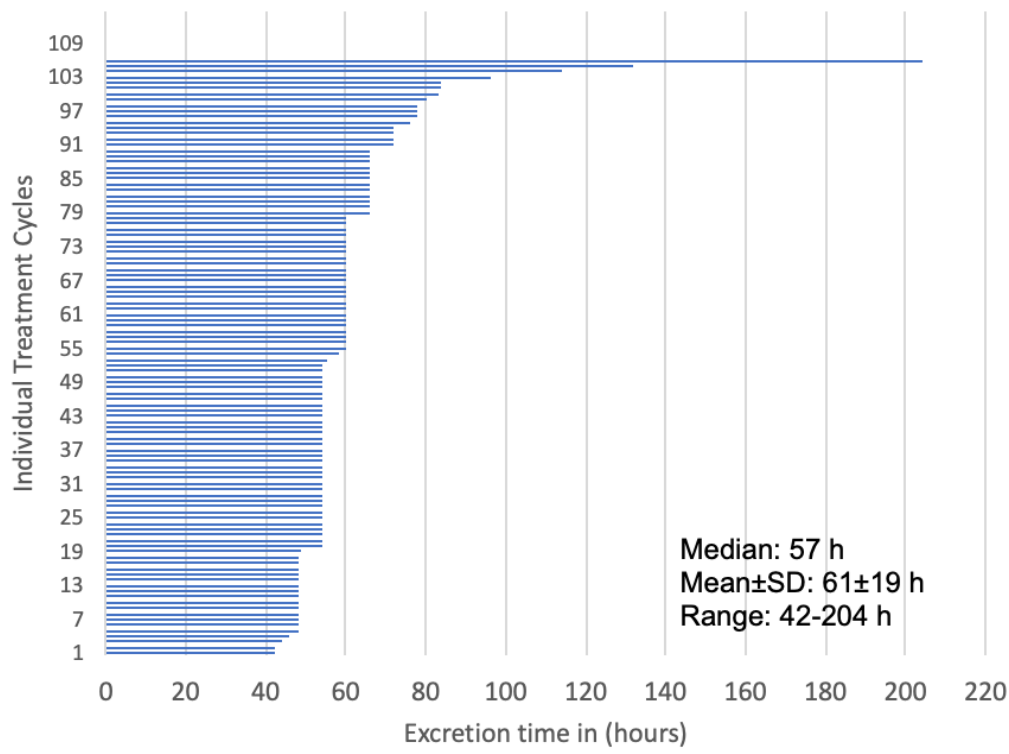


Figure S2 Excretion time (time to MTX < 0.2 μ M) for patients < 46 years comparing a) Standard protocol (55 cycles) versus b) Bedside algorithm (56 cycles). If excluding one patient in the Bedside algorithm where the algorithm was not followed (50% reduction of infusion rate due to >25% increase in S-Crea at 6h), the mean $\pm$ SD was reduced to 60 $\pm$ 14 h and the range to 42–132 h.

