Objective
To describe the pemetrexed desensitization protocol and our experience in one patient with a previous anaphylactic reaction to pemetrexed.

Material and methods

<table>
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<tr>
<th>PREMEDICATION</th>
<th>Administration in the Medical Intensive Care Unit</th>
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<tbody>
<tr>
<td><strong>Before admission:</strong> Cetirizine 10mg + Rantidine 150 mg + Montelukast 10 mg + Acetylsalicylic acid 300 mg + dexamethasone 20 mg</td>
<td>3 sequential pemetrexed solutions (rate of infusion):</td>
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<td><strong>On admission:</strong> iv premedication: ranitidine 50mg + dexchlorpheniramine 5 mg + dexamethasone 8 mg</td>
<td>1st</td>
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<td>2nd</td>
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<td>3rd</td>
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Continuous monitoring was performed during desensitization; no reactions occurred. The patient did not receive anymore pemetrexed.

Results:

43 year-old-man
Stage IV lung adenocarcinoma

**Treated with:**
- Cisplatin + Pemetrexed
- Pemetrexed 880 mg

**During nineteenth cycle**
- Face and hand erythema with urticaria
- Skin testing with: Pemetrexed 25 mg/ml
- Intradermal testing. Dilutions 1/10.000 to 1/10
- Published standardized desensitization protocol by Castells et al (J Allergy Clin Immunol. Sept 2008) was adapted to pemetrexed desensitization.

Resolved with dexchlorpheniramine + hydrocortisone

Conclusions:
The protocol was safe and well tolerated by our patient.
Desensitization protocols stand out as an alternative to a standard continuous treatment in patients who are allergic to their chemotherapy agents.