

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Premedication and Supportive Measures](#) | [Dose Modifications](#) | [Adverse Effects](#) | [Interactions](#) | [Drug Administration and Special Precautions](#) | [Recommended Clinical Monitoring](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

DOST(MNT) Regimen

Dostarlimab (Maintenance)

Disease Site Gynecologic
 Endometrial

Intent Adjuvant
 Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses Maintenance treatment for primary advanced or recurrent endometrial cancer, after completion of CRBPPACL+DOST

[back to top](#)

B - Drug Regimen

dostarlimab 1000 mg IV Day 1

(This drug is not publicly funded. Universal compassionate access program is available.)

[back to top](#)

C - Cycle Frequency

REPEAT EVERY 42 DAYS

For up to 3 years of treatment, including doses given with CRBPPACL, unless disease progression or unacceptable toxicity occurs. Start DOST(MNT) 3 weeks after the last dose of CRBPPACL+DOST

[back to top](#)

D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

- Also refer to [CCO Antiemetic Summary](#)

[back to top](#)

J - Administrative Information

Pharmacy Workload (average time per visit) 19.75 minutes

Nursing Workload (average time per visit) 40.75 minutes

[back to top](#)

K - References

Mirza MR, Chase DM, Slomovitz BM, et al. Dostarlimab for Primary Advanced or Recurrent Endometrial Cancer. N Engl J Med. 2023 Jun 8;388(23):2145-58.

January 2024 new ST-QBP regimen

[back to top](#)

M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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[back to top](#)