Regimen Monograph

A - Regimen Name

MEDR Regimen

Medroxyprogesterone

Disease Site	Gynecological - Endometrial
Intent	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.
Rationale and Uses	Treatment of advanced or recurrent endometrial cancer
Supplementary Public Funding	**medroxyprogesterone** ODB - General Benefit

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B - Drug Regimen

medroxyprogesterone	100 mg	PO	BID

(Outpatient prescription in multiples of 100mg tablets)

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C - Cycle Frequency

CONTINUOUS TREATMENT

Until evidence of disease progression or limited by drug toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Not applicable

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E - Dose Modifications

Hepatic Impairment

Dose adjustment may be required in patients with hepatic impairment.

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F - Adverse Effects

Refer to medroxyprogesterone drug monograph(s) for additional details of adverse effects

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Abdominal pain, bloating • Vaginal bleeding, hormone deprivation symptoms • Fluid retention • Headache	• Arterial thromboembolism • Venous thromboembolism • Arrhythmia • Secondary malignancy • Hypersensitivity • Osteoporosis • Visual changes

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G - Interactions

Refer to medroxyprogesterone drug monograph(s) for additional details

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H - Drug Administration and Special Precautions

Refer to medroxyprogesterone drug monograph(s) for additional details

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I - Recommended Clinical Monitoring

Recommended Clinical Monitoring

- Breast examination, including mammography and self-examination; baseline and routine
- Pelvic examination (including Papanocolaou smear); baseline and routine
- Complete physical examination; baseline and routine

- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

Suggested Clinical Monitoring

- Blood glucose in diabetes; baseline and regular
- Liver function tests; baseline and regular
- Cholesterol and triglycerides; baseline and as indicated
- Electrolytes (including calcium); baseline and as indicated
- Blood pressure; baseline and as indicated

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Medroxyprogesterone drug monograph, Cancer Care Ontario.

Thigpen Jt, Brady MF, Alvarez Rd, et al. Oral medroxyprogesterone acetate in the treatment of advanced or recurrent endometrial carcinoma: A dose-response study by the Gynecologic Oncology Group. J Clin Oncol 1999; 17: 1736-44.

PEBC Advice Documents or Guidelines

- Systemic Therapy for Advanced or Recurrent Endometrial Cancer, and Advanced or Recurrent UPSC

April 2016 Replaced regimen category with evidence-informed

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L - Other Notes

Hormonal therapy may be a therapeutic option for those patients with minimal symptoms or non-life threatening advanced or recurrent endometrial cancer.

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M - Disclaimer

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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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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