Regimen Monograph

A - Regimen Name

MEDR Regimen

Medroxyprogesterone

Disease Site	Gynecologic - Endometrial
Intent	Adjuvant Curative
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	Fertility-preserving treatment for endometrial cancer
Supplementary Public Funding	**medroxyprogesterone** ODB - General Benefit (medroxyprogesterone)

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B - Drug Regimen

medroxyprogesterone	400 to 600 mg	PO	Daily

(Outpatient prescription in multiples of 100mg tablets)

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C - Cycle Frequency

CONTINUOUS TREATMENT

Depending on response (refer to References)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Not applicable

Other Supportive Care:

Prophylaxis with low-dose aspirin was used in some clinical trials (Ushijima et al.)

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E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated. The following recommendations have been adapted from clinical trials or product monographs and may be considered.

Dosage with toxicity

Toxicity	Dose
Myelosuppression	Continue treatment
Vaginal bleeding	Hold and investigate
Ophthalmic vascular disease	Discontinue
Arterial or vascular thromboembolism	Discontinue
↑ LFTs	Hold until ≤ ULN; discontinue if no recovery

Hepatic Impairment

Do not use in patients with abnormal LFTs.

Renal Impairment

No information found

Dosage in the Elderly

No adjustment required. There is an increased risk of arterial thromboembolism and breast cancer in patients ≥ 75 years.

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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

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- Breast examination (including mammography and self-examination); Baseline and routine
- Complete physical examination; Baseline and routine
- Pelvic examination (including Papanocolaou smear); 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
- Blood pressure; Baseline and as indicated
- Cholesterol and triglycerides; Baseline and as indicated
- Electrolytes (calcium); Baseline and as indicated
- Liver function tests; Baseline and regular

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Medroxyprogesterone drug monograph, Cancer Care Ontario.

Columbo N et al. Int J Gynecol Cancer 2016;26:2-30 (ESMO-ESGO-ESTRO Consensus Conference)

Rodolakis A et al. Int J Gynecol Cancer 2015:25:1258-65 (ESGO Task Force)

Ushijima K et al. J Clin Oncol 2007;25:2798-2803.

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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.

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.

Regimen Monographs

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

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses,

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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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