Regimen Monograph

A - Regimen Name

MEGE Regimen

Megestrol

Disease Site	Breast
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	Endocrine therapy for advanced breast cancer
Supplementary Public Funding	**megestrol** ODB - General Benefit (oral tablets)

back to top

B - Drug Regimen

megestrol	160 mg	PO	Daily

(Outpatient prescription in multiples of 40mg & 160mg tablets)

back to top

C - Cycle Frequency

CONTINUOUS TREATMENT

Until evidence of disease progression or toxicity

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Not applicable

back to top

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 could be considered.

See appendix 6 for general recommendations.

Dosage with toxicity

Dosage in myelosuppression: No adjustment required

Hepatic Impairment

No information found.

Renal Impairment

No information found.

back to top

F - Adverse Effects

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

Most Common Side Effects	Less Common Side Effects, but may be Severe or Life-Threatening
• Nausea • Vaginal hemorrhage • Edema • Weight gain	• Venous thromboembolism

back to top

G - Interactions

Refer to megestrol drug monograph(s) for additional details

back to top

H - Drug Administration and Special Precautions

Refer to megestrol drug monograph(s) for additional details

back to top

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

- Clinical toxicity assessment for venous thromboembolism, edema and GI effects; at each visit
- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

Suggested Clinical Monitoring

- Liver function tests; Baseline and regular

back to top

J - Administrative Information

Outpatient prescription for home administration

back to top

K - References

Pritchard KI, Sutherland DJ. The use of endocrine therapy. Hematol Oncol Clin North Am 1989 Dec; 3(4): 765-805.

Gregory E, Cohen S, Oines D, et al. Megestrol acetate therapy for advanced breast cancer. J Clin Oncol 1985; 3:155-60.

Megestrol drug monograph, Cancer Care Ontario.

May 2016 removed subsite (already under intent)

back to top

M - Disclaimer

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, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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.

While care has been taken in the preparation of the information contained in the Formulary, 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.

CCO and the Formulary's content providers shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the Formulary.

back to top