

## Regimen Monograph

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## A - Regimen Name

# MEGE Regimen

## Megestrol

**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.

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** Fertility preservation treatment for endometrial cancer

**Supplementary Public Funding** [megestrol](#)  
ODB - General Benefit (megestrol - oral tablets)

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## B - Drug Regimen

[megestrol](#) 160 to 320 mg PO Daily

(Available as 40mg and 160mg 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 aspirin 80 mg/day for patients taking megestrol 320 mg/day (Eftakhar et al).

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## J - Administrative Information

Outpatient prescription for home administration

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## K - References

Megestrol drug monograph, Cancer Care Ontario.

Colombo N, Creutzberg C, Amant F, et al. ESMO-ESGO-ESTRO Consensus Conference on Endometrial Cancer: Diagnosis, Treatment and Follow-up. Int J Gynecol Cancer 2016;26(1):2-30.

Eftekhar Z, Izadi-Mood N, Yarandi F, et al. Efficacy of Megestrol Acetate (Megace) in the Treatment of Patients With Early Endometrial Adenocarcinoma: Our Experiences With 21 Patients. Int J Gynecol Cancer 2009;19:249-52.

Rodolakis A, Biliatis I, Morice P, et al. European Society of Gynecological Oncology Task Force for Fertility Preservation: Clinical Recommendations for Fertility-Sparing Management in Young Endometrial Cancer Patients. Int J Gynecol Cancer.2015;25(7):1258-65.

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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.*

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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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