BCCA Protocol Summary for Non-Aromatase Inhibitor Hormonal Treatment of Endometrial Cancer

Protocol Code *GOENDH*

Tumour Group *Gynecologic Oncology*

Contact Physician *Dr. Anna Tinker*

ELIGIBILITY:

The following hormonal agents are occasionally useful as single agents in the palliative or symptomatic management of advanced disease. Their use always requires knowledge of the diagnosis, other co-morbid illnesses, prior treatment and toxicity and current goals of treatment. **In general these uses of hormonal agents should be based on prior experience in similar situations. Clinicians without such experience should discuss these uses with a chemotherapist from the Gynecologic Oncology Group.** A usual dose and schedule and a reasonable range is cited. Dose reductions for toxicity must be individualized. For guidance on the use of aromatase inhibitors in this setting refer to BCCA protocol GOENDAI.

TESTS:

No particular tests are routinely recommended for these agents as a group. Refer to BCCA Cancer Drug Manual monograph as a reference to establish appropriate monitoring parameters for each individual agent.

TREATMENT:

Drug	Usual dose	Usual dose range	Usual interval
Tamoxifen (Tamofen®)	20 mg PO daily	10-40 mg per day. Doses greater than 20 mg may be given in two divided doses.	continuous
Megestrol (Megace®)	160 PO daily	40-320 mg as a single daily dose.	continuous
Medroxyprogesterone (Provera®)	200 PO daily	200-400 mg per day. Doses greater than 200 mg may be given in two divided doses.	continuous

PRECAUTIONS:

Refer to BCCA Cancer Drug Manual monographs for each individual agent.

Risk of venous thromboembolism should be considered and discussed with patients.

Call Dr. Anna Tinker or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 1 May 2012

Date revised: 1 Jan 2013 (Megestrol dosing clarified)