Dostarlimab

Indication

Previously treated advanced or recurrent endometrial cancer with high microsatellite instability (MSI high) or mismatch repair deficiency (MMRd)
Patients must have had progressive disease during or following previous platinum based chemotherapy for recurrent, locally advanced or metastatic endometrial cancer (can have had more than 1 line of treatment

Regimen details

Dostarlimab 500mg in 100mL Sodium Chloride over 30 minute IV infusion
Repeat every **21 days** for **4 cycles**, then

Dostarlimab 1000mg in 250mL Sodium Chloride over 30 minute IV infusion
Repeat every **42 days** until disease progression or unacceptable toxicity

Administration

Patients should be monitored every 15 mins during the infusion (blood pressure, pulse and temp) and assessed for infusion related reactions. For mild to moderate reactions, decrease infusion rate and closely monitor. Premedication with paracetamol and chlorphenamine should then be used for future cycles. For severe infusion related reactions discontinue treatment

Pre-medication

Nil routine

Emetogenicity

Low risk

Additional supportive medication

Nil routine

Extravasation

Neutral (group 1)

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT (including AST)	14 days
Thyroid	14 days
Glucose	14 days
Bone profile	14 days
HbA1c	14 days
Heb B and Hep C serology	14 days
Cortisol (at consultant's discretion)	14 days

Investigations –pre subsequent cycles

Investigation	Validity period
FBC	48 hours

U+E (including creatinine)	48 hours
LFT (including AST)	48 hours
Thyroid	Every 6 weeks unless clinically indicated
Glucose	48 hours
Bone profile	As clinically indicated
Cortisol (at consultant's discretion)	As clinically indicated (consider every 6 weeks)

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	**Limit**
Neutrophil count	≥ 1.5 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 30 mL/min
Bilirubin	≤ 1.5 x ULN (or direct bilirubin <ULN for pt with total bilirubin >1.5 x ULN
ALT/AST	<2.5 x ULN or <5 x ULN with liver metastases

Note changes in renal or liver function may indicate immune related nephrotoxicity or hepatotoxicity – refer to toxicity monitoring tables below

Dose modifications

Do not amend the dose of dostarlimab

Consider immunotherapy driven toxicity as a potential reason for all changing laboratory results and discuss with a consultant if any concerns

Renal impairment

No dose adjustment is recommended for mild to moderate renal impairment. There are limited data in patients with severe renal impairment or end stage renal failure undergoing dialysis

Hepatic impairment

No dose adjustment is recommended in patients with mild liver impairment. There are limited data in patients with moderate liver impairment and no data in patients with severe liver impairment.

Adverse effects –

Note that immune toxicities can occur during or after completion of treatment

Immunotherapy toxicities should be aggressively managed as can cause permanent and life-threatening complications
Refer to UKONS and ESMO guidance for treatment of immune related toxicities. Available at:
https://www.healthierlsc.co.uk/canceralliance/chemotherapy-protocols/immunotherapy-toxicity-guidelines

Toxicity monitoring and dose delays / discontinuation
Add table as per the pembrolizumab protocol

Toxicity
Very common (>1 in 10)
Anaemia
Hyperthyroidism
Nausea
Diarrhoea
Vomiting
Pruritus
Rash
Arthralgia
Pyrexia
Common (>1 in 100 to <1 in 10)
Adrenal insufficiency
Pneumonitis
Colitis
Pancreatitis
Myalgia
Infusion related reactions
Uncommon
Grade 3 or 4 Hepatitis

Significant drug interactions

– for full details consult product literature/ reference texts

Additional comments

References

THIS PROTOCOL HAS BEEN DIRECTED BY DR MOON, DESIGNATED LEAD CLINICIAN FOR GYNAECOLOGICAL CANCER
RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

Date: April 2022
Review: April 2025
VERSION: 1