

## DOSTARLIMAB (Jemperli)

### INDICATION (ICD10) C54

Check the most recent Blumetq eligibility criteria before prescribing. Blumetq registration required. ([www.england.nhs.uk/publication/national-cancer-drugs-fund-list/](http://www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)) (DOS1)

1. Dostarlimab monotherapy for patients with microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) recurrent or locally advanced or metastatic endometrial carcinoma with progressive disease after prior platinum-based chemotherapy. No symptomatic brain or leptomeningeal metastases. PS 0 or 1.

### REGIMEN

#### Cycles 1 and 2

Days 1 and 22 DOSTARLIMAB 500mg in 250ml sodium chloride IV infusion over 30 minutes

#### Cycle 3 onwards

Day 1 DOSTARLIMAB 1000mg in 250ml sodium chloride IV infusion over 30 minutes

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 42 days until disease progression.

A formal medical review as to whether treatment with dostarlimab should continue will occur at least by the end of the 2nd 3-weekly cycle of treatment.

NB once dostarlimab is stopped for disease progression or unacceptable toxicity or withdrawal of patient consent, dostarlimab cannot be re-started.

### ANTI-EMETICS

None required

### CONCURRENT MEDICATION REQUIRED

None required

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Dostarlimab - neutral

Administer dostarlimab via a 0.2 or 0.22micron in-line polyethersulfone (PES) filter  
Peripheral line

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10<sup>9</sup>/L ≥1.5

Platelets x 10<sup>9</sup>/L ≥100

Thyroid function baseline, then every cycle

Random cortisol baseline, then every cycle

Random glucose every cycle

Baseline weight and every cycle

### MAIN TOXICITIES AND ADVERSE REACTIONS

Dostarlimab	Immune related toxicities - pneumonitis, colitis or hepatitis etc
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## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC)

Dostarlimab	-
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## DOSE MODIFICATIONS

### Non-haematological

Dostarlimab

Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline

Recurrence of immune-related adverse reactions after resolution to  $\leq$  grade 1 (except for pneumonitis)

Grade 3 to 4	Permanently discontinue.
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### Colitis

Grade 2 to 3	Withhold dose. Restart dosing when toxicity resolves to grade 0-1.
Grade 4	Permanently discontinue.

### Hepatitis

Grade 2 with AST or ALT $>3$ and up to $5 \times$ ULN or total bilirubin $>1.5$ and up to $3 \times$ ULN	Withhold dose. Restart dosing when toxicity resolves to grade 0 to 1.
Grade $\geq 3$ with AST or ALT $>5 \times$ ULN or total bilirubin $>3 \times$ ULN	Permanently discontinue. For patients with liver metastases who begin treatment with grade 2 increase of AST or ALT, if AST or ALT increases by $\geq 50\%$ relative to baseline and lasts for at least 1 week, then treatment should be discontinued.

### Hypophysitis or adrenal insufficiency

Grade 2 to 4	Withhold dose. Restart dosing when toxicity resolves to grade 0 to 1. Permanently discontinue for recurrence or worsening while on adequate hormonal therapy.
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### Hypothyroidism or hyperthyroidism

Grade 3 to 4	Withhold dose. Restart dosing when toxicity resolves to grade 0 to 1.
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### Infusion-related reactions

Grade 2	Withhold dose. If resolved within 1 hour of stopping, may be restarted at 50% of the original infusion rate, or restart when symptoms resolve with pre-medication. If grade 2 recurs with adequate premedication, permanently discontinue.
Grade 3 to 4	Permanently discontinue.

### Nephritis

Grade 2	Withhold dose. Restart dosing when toxicity resolves to grade 0-1.
Grade 3 to 4	Permanently discontinue.

**Pneumonitis**

Grade 2	Withhold dose. Restart dosing when toxicity resolves to grade 0-1. If grade 2 recurs, permanently discontinue.
Grade 3 to 4	Permanently discontinue.

**Immune-mediated rash**

Grade 3	Withhold dose. Restart dosing when toxicity resolves to grade 0-1.
Grade 4	Permanently discontinue.

Other immune-related adverse reactions (including but not limited to myositis, myocarditis, encephalitis, demyelinating neuropathy including Guillain Barré syndrome, sarcoidosis, autoimmune haemolytic anaemia, pancreatitis, iridocyclitis, uveitis, diabetic ketoacidosis, arthralgia, solid organ transplant rejection, graft-versus-host disease)

Grade 3	Withhold dose. Restart dosing when toxicity resolves to grade 0-1.
Grade 4	Permanently discontinue.

**Type 1 diabetes mellitus (T1DM)**

Grade 3 to 4 (hyperglycaemia)	Withhold dose. Restart dosing in appropriately managed, clinically and metabolically stable patients.
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**Hepatic impairment**

Dostarlimab

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

**Renal impairment**

Dostarlimab

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

**REFERENCES**

1. SPC 2024