DOSTARLIMAB (Jemperli)

INDICATION (ICD10) C54

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (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 advanced or metastatic endometrial carcinoma with progressive disease after prior platinum-based chemotherapy. No symptomatic brain or leptomeningeal metastases. PS 0 or 1. (TA1189)

REGIMEN

Cycles 1 and 2

Days 1 and 22	**DOSTARLIMAB**	500mg	IV infusion	#ml sodium chloride 0.9% over 30 minutes

Cycle 3 onwards

Day 1	**DOSTARLIMAB**	1000mg	IV infusion	#ml sodium chloride 0.9% over 30 minutes

diluent volume for dose prescribed as per national standardised product specification

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 42 days for up to maximum 3 years.
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 including Mg^{++} (>0.4) and LFTs Neutrophils x 10^9/L ≥1.0 provided patient is well Platelets ≥100x10^9/L	baseline and every cycle
Thyroid function	baseline and every cycle
Random cortisol	baseline and every cycle
Random glucose	baseline and every cycle
Virology	before cycle 1 if not previously checked
Weight	baseline and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Dostarlimab	Immune related toxicities - pneumonitis, colitis or hepatitis etc

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC)

Dostarlimab	-

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 ≤grade 1 (except for pneumonitis)

Grade 3 to 4	Permanently discontinue.

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×ULN or total bilirubin >1.5 and up to 3×ULN	Withhold dose. Restart dosing when toxicity resolves to grade 0 to 1.
Grade ≥3 with AST or ALT >5×ULN or total bilirubin >3×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 ≥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.

Hypothyroidism or hyperthyroidism

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

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.

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

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Every cycle
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every SACT
U&E, calcium, magnesium & LFT	X	X	X	X	X	Every cycle
CT scan	X					At cycle 6, Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle