CERVICAL CANCER

COMBINED MODALITY THERAPY

CISPLATIN (WEEKLY) – RADIATION THERAPY – ADJUVANT HYSTERECTOMY

Cisplatin 40 mg/m² IV Q Week **
Radiation 1.8 – 2 Gy daily, 5 days per week for a total dose of 45 Gy, followed by local brachytherapy.

*Routine pre- and post-hydration required; **Maximum 6 doses. Cap weekly dose at 70 mg.

NOTE: Hysterectomy followed by 3 – 6 weeks after completion of chemo-radiotherapy.


CISPLATIN – 5-FLUOROURACIL – PELVIC RADIATION

Cisplatin 75 mg/m² IV Day 1
5-Fluorouracil 1000 mg/m²/day CIVI Days 1 – 4
Radiation 1.8 Gy daily, 5 days per week for a total dose of 45 Gy followed by local brachytherapy.

*Administer over 4 hours with routine pre- and post-hydration;
Repeat cycle every 21 days for 3 total cycles. The final cycle should be concurrent with brachytherapy placement.

CERVICAL CANCER CHEMOTHERAPY

CISPLATIN (ADVANCED/UNRESECTABLE)
Cisplatin $50 - 100 \text{ mg/m}^2$ IV* Day 1

*Adequate pre– and post–hydration should be administered. Administer at a rate of 1 mg/minute.

Repeat cycle every 21 days for up to 4 cycles or 400 mg/m$^2$ total dose.


CISPLATIN – IFOSFAMIDE (ADVANCED/RECURRENT)
Cisplatin $50 \text{ mg/m}^2$ IV* Day 1
Ifosfamide $5000 \text{ mg/m}^2$ CIVI** Day 1
Mesna $6000 \text{ mg/m}^2$/day CIVI** Days 1 and 2#

*Adequate pre– and post–hydration; **Administer as a continuous 24 hour infusion; #Mesna infusion to run for an additional 12 hours following completion of the ifosfamide dose.

Repeat cycle every 21 days for a maximum of 6 cycles.


CISPLATIN – TOPOTECAN
Topotecan $0.75 \text{ mg/m}^2$/day IV* Days 1 – 3
Cisplatin $50 \text{ mg/m}^2$ IV** Day 1

*Administer over 30 minutes; **Adequate pre– and post–hydration should be administered; Administer at a rate of 1 mg/minute.

NOTE: Dose calculations were based on a maximum BSA of 2 m$^2$.

DOSE MODIFICATIONS: The cisplatin dose was reduced by 50% for grade 2 renal toxicity and held for the present cycle for grade 3 or 4 renal toxicity on the scheduled day of re–treatment. Topotecan was reduced by 20% for grade 3 and by 40% for grade 4 interval hematological toxicity for the entire course of therapy. Patients were able to receive filgrastim during subsequent cycles of therapy if febrile neutropenia occurred after dose modification for hematological toxicity during the previous cycle of therapy.

Repeat cycle every 21 days to a maximum of 6 cycles.

GEMCITABINE – CISPLATIN

Cisplatin 30 mg/m² IV* Days 1 and 8

Gemcitabine 800 mg/m²** IV Days 1 and 8

*Routine pre- and post-hydration should be administered; **Gemcitabine increased to 1000 mg/m² at cycle 2 in those with less than grade 3 nausea and vomiting, less than grade 2 other non-hematologic toxicity, and less than grade 2 hematologic toxicity during cycle 1.

Repeat cycle every 28 days until intolerance or disease progression.


PACLITAXEL – CISPLATIN

Paclitaxelǂ 135 mg/m² CIVI* Day 1

Followed immediately by

Cisplatin 50¹ – 75² mg/m² IV” Day 2

ǂRoutine premedication administered; *Administer as a continuous 24-hour infusion; ”Administer at a rate of 1 mg/minute. Routine pre- and post-hydration required.

Repeat cycle every 21 days to a maximum of 6 cycles.


PACLITAXEL – CISPLATIN

Paclitaxelǂ 175 mg/m² IV* Day 1

Followed by

Cisplatin 75 mg/m² IV” Day 1

ǂRoutine premedication administered; *Administer over 3 hours; ”Administer over 2 hours. Routine pre- and post-hydration required.

Repeat cycle every 21 days for a maximum of 6 cycles.