

CERVICAL CANCER TREATMENT REGIMENS

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: GREY SHADED BOXES CONTAIN UPDATED REGIMENS.

REGIMEN	DOSING
Locally Advanced Cervical Cancer	
First-Line Therapy with Radiotherapy	
Cisplatin ¹⁻³	40mg/m ² IV on days 1, 8, 15, 22, 29, and 36 (total dose not to exceed 70mg per week).
Cisplatin + 5-FU ^{1,4}	Days 1 and 29: 4 hrs prior to external-beam radiotherapy: Cisplatin 50mg/m ² IV infusion at 1mg/min with standard hydration, plus Days 2-5, and 30-33: 5-FU 1000mg/m ² IV continuous infusion over 24 hrs (total dose 4000mg/m ² each course).
Cisplatin + 5-FU ^{1,5}	Days 1-5 of radiotherapy: Cisplatin 75mg/m ² IV over 4 hrs followed by 5-FU 4000mg/m ² IV over 96 hrs. Repeat cycle every 3 weeks for 2 additional cycles.
Cisplatin + 5-FU + hydroxyurea ^{1,3}	Days 1 and 29: Cisplatin 50mg/m ² IV followed by 4000mg/m ² 5-FU over 96 hrs; hydroxyurea 2g orally twice weekly for 6 weeks.
Cisplatin + gemcitabine + radiotherapy + brachytherapy ^{1,6}	Induction therapy Days 1, 8, 15, 22, 29 and 36: Cisplatin 40mg/m ² + gemcitabine 125mg/m ² + concurrent external-beam radiotherapy 50.4Gy in 28 fractions, followed by brachytherapy 30-35Gy in 96 hrs. Adjuvant therapy Day 1: Cisplatin 50mg/m ² , plus Days 1 and 8: Gemcitabine 1,000mg/m ² . Repeat every 3 weeks for 2 cycles.
Metastatic or Recurrent Cervical Cancer	
First-Line Combination Therapy	
Paclitaxel (Taxol) + cisplatin (Platinol; CDDP) ^{1,7,8}	Day 1: Paclitaxel 135mg/m ² IV, administered over 24 hrs plus Day 2: Cisplatin 50mg/m ² IV at a rate of 1mg/min. Repeat cycle every 3 weeks for 6 cycles.
Carboplatin (Paraplatin) + paclitaxel ^{1,9}	Day 1: Carboplatin AUC=5mg/mL/min administered over 1 hr, followed by paclitaxel 175mg/m ² administered over 3 hrs. Repeat cycle every 3 weeks for 6-9 cycles or until disease progression or unacceptable toxicity.
Cisplatin + topotecan (Hycamtin) ^{1,10}	Days 1-3: Topotecan 0.75mg/m ² IV administered over 30 min plus Day 1: Cisplatin 50mg/m ² IV. Repeat cycle every 3 weeks.
Cisplatin + gemcitabine (Gemzar) ^{1,11}	Days 1 and 8: Cisplatin 30mg/m ² + gemcitabine 800mg/m ² . Repeat cycle every 4 weeks.
First-Line Monotherapy	
Cisplatin (preferred as a single agent) ^{1,7,8}	Day 1: Cisplatin 50mg/m ² . Repeat cycle every 3 weeks for a total of 6 cycles. Most patients who develop metastatic cervical cancer have received concurrent cisplatin/radiotherapy as primary treatment and may no longer be sensitive to single-agent platinum therapy.
Second-Line Therapy	
Bevacizumab (Avastin) ^{1,12}	Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Docetaxel (Taxotere) ^{1,13}	Day 1: Docetaxel 100mg/m ² IV, administered over 1 hr. Repeat cycle every 3 weeks.
Gemcitabine (Gemzar) ^{1,14}	Days 1, 8 and 15: Gemcitabine 800mg/m ² IV, administered over 30 min. Repeat cycle every 4 weeks.

continued

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