

## CERVICAL CANCER TREATMENT REGIMENS (Part 1 of 2)

**Clinical Trials:** The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

### Locally Advanced Cervical Cancer<sup>1</sup>

**NOTE:** All recommendations are category 2A unless otherwise indicated.

#### First-line Therapy with Radiotherapy

REGIMEN	DOSING
<b>Cisplatin</b> <sup>2,3</sup>	40mg/m <sup>2</sup> IV once weekly for up to 6 doses (total dose not to exceed 70mg per week).
<b>Cisplatin + 5-FU</b> <sup>4</sup>	<b>Days 1 and 29:</b> Cisplatin 50mg/m <sup>2</sup> IV infusion (4 hours prior to external-beam radiotherapy) at 1mg/minute with standard hydration, <b>plus</b> <b>Days 2-5, and 30-33:</b> 5-FU 1,000mg/m <sup>2</sup> IV continuous infusion over 24 hours (total dose 4,000mg/m <sup>2</sup> each course).
<b>Cisplatin + 5-FU</b> <sup>5</sup>	<b>Days 1-5 of radiotherapy:</b> Cisplatin 75mg/m <sup>2</sup> IV over 4 hours, <b>followed by</b> 5-FU 4,000mg/m <sup>2</sup> IV over 96 hours (begin chemotherapy within 16 hours after radiotherapy). Repeat cycle every 3 weeks for 2 additional cycles.
<b>Cisplatin + 5-FU + hydroxyurea</b> <sup>3</sup>	<b>Days 1 and 29:</b> Cisplatin 50mg/m <sup>2</sup> IV, followed by 4,000mg/m <sup>2</sup> 5-FU over 96 hours, <b>plus</b> Hydroxyurea 2,000mg PO twice weekly for 6 weeks.
<b>Cisplatin + gemcitabine + radiotherapy + brachytherapy</b> <sup>6</sup>	<b>Induction therapy</b> • Cisplatin 40mg/m <sup>2</sup> IV over 1 hour, <b>followed by</b> gemcitabine 125mg/m <sup>2</sup> IV over 30-60 minutes. Repeat cycle every week for 6 weeks (both drugs to be given 1-2 hours before external-beam radiotherapy 50.4Gy in 28 fractions). • The above completed chemotherapy schedule should be <b>immediately followed by</b> brachytherapy 30-35Gy in 96 hours. <b>Adjuvant therapy (following a 2-week rest)</b> • <b>Day 1:</b> Cisplatin 50mg/m <sup>2</sup> , <b>plus</b> • <b>Days 1 and 8:</b> Gemcitabine 1,000mg/m <sup>2</sup> . Repeat every 3 weeks for 2 cycles.

### Metastatic or Recurrent Cervical Cancer<sup>1</sup>

#### First-line Therapy with Radiotherapy

<b>Paclitaxel + cisplatin</b> <sup>7,8*</sup>	<b>Day 1:</b> Paclitaxel 135mg/m <sup>2</sup> IV over 24 hours <b>Day 2:</b> Cisplatin 50mg/m <sup>2</sup> IV at a rate of 1mg/minute. Repeat cycle every 3 weeks for 6 cycles.
<b>Carboplatin + paclitaxel</b> <sup>9*</sup>	<b>Day 1:</b> Paclitaxel 175mg/m <sup>2</sup> IV over 3 hours, followed by carboplatin (AUC=5) in 500mL 5% dextrose/water over 1 hour. Repeat cycle every 3 weeks for 6-9 cycles or until disease progression or unacceptable toxicity.
<b>Cisplatin + topotecan</b> <sup>10</sup>	<b>Days 1-3:</b> Topotecan 0.75mg/m <sup>2</sup> IV over 30 minute, <b>followed by</b> <b>Day 1:</b> Cisplatin 50mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks.
<b>Cisplatin + gemcitabine</b> <sup>11</sup>	<b>Days 1 and 8:</b> Cisplatin 30mg/m <sup>2</sup> <b>followed by</b> gemcitabine 800mg/m <sup>2</sup> . Repeat cycle every 4 weeks.

#### First-line Monotherapy

<b>Cisplatin</b> (preferred as a single agent) <sup>7,8†</sup>	<b>Day 1:</b> Cisplatin 50mg/m <sup>2</sup> at a rate of 1mg/minute. Repeat cycle every 3 weeks for a total of 6 cycles.
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*continued*

## CERVICAL CANCER TREATMENT REGIMENS (Part 2 of 2)

### Metastatic or Recurrent Cervical Cancer<sup>1</sup> (continued)

#### Second-line Therapy

REGIMEN	DOSING
<b>Bevacizumab</b> <sup>12</sup>	<b>Day 1:</b> Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
<b>Docetaxel</b> <sup>13</sup>	<b>Day 1:</b> Docetaxel 100mg/m <sup>2</sup> IV over 1 hour. Repeat cycle every 3 weeks.
<b>Gemcitabine</b> <sup>14</sup>	<b>Days 1, 8 and 15:</b> Gemcitabine 800mg/m <sup>2</sup> IV over 30 minutes, with a 1-week rest until progression or adverse events prohibit further therapy.

\* For patients receiving paclitaxel, consider pretreating with dexamethasone, diphenhydramine, and an H2 receptor antagonist (e.g., cimetidine or ranitidine).

† 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.

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