BC Cancer Protocol Summary for Treatment of High Risk Squamous Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma of the Cervix with Concurrent CISplatin and Radiation

Protocol Code: *GOCXCRT*
Tumour Group: *Gynecology*
Contact Physician: *Dr. Paul Hoskins*

ELIGIBILITY:

- locally-advanced squamous carcinoma, adenocarcinoma, or adenosquamous carcinoma of cervix, vulva, or vagina
- Stage Ib to IV
- if recurrent disease, receiving radiation therapy for the first time
- Creatinine clearance greater than 50 mL/min

EXCLUSIONS:

- contraindication to CISplatin (e.g. deafness, intolerance to fluid load, neuropathy)
- any small cell component (pure or mixed small cell carcinomas should be preferentially treated using BC Cancer protocols GOSCPERT and GOSCPE)
- ECOG status greater than or equal to 3

TESTS:

Baseline:

- CBC (with platelets) & diff; creatinine; sodium, potassium; tumour marker(s) (optional)

Before each treatment (on treatment day or previous day, attempt to coordinate with routine radiation therapy tests):

- CBC (with platelets) & diff; creatinine; sodium, potassium (optional); magnesium (optional); tumour marker(s) (optional)

OPTIONAL PREHYDRATION:

- D5W-1/2NS 1000 mL with potassium chloride 20 mEq and magnesium sulfate 2 g IV over 2 hours, before CISplatin.

PREMEDICATIONS:

ondansetron	8 mg PO 30 minutes prior to CISplatin
dexamethasone	8 mg PO 30 minutes prior to CISplatin

TREATMENT:

note: Since CISplatin is used in this protocol as a radio-sensitizing agent, it is to be administered on a day on which radiation therapy is delivered, preferably on day 1 or 2 of the 5-day radiation. Radiation should be targeted to start shortly after CISplatin is complete: ideally less than 2 hours, but may be given up to four hours, after completion of infusion. If radiation therapy is cancelled, do not give CISplatin that day; postpone until radiation therapy resumes.

Drug	Dose	BC Cancer Administration Guidelines
CISplatin	40 mg/m^2	IV in NS 500 mL with mannitol 30 g and magnesium sulfate 2 g, over 1 h

Repeat weekly x 5 cycles (also see under **RADIATION THERAPY**).

No post-hydration.

ANTI-EMETICS POST- CISplatin:

- dexamethasone 4 mg PO 12 hours after CISplatin, then 4 mg PO q12h x 2 days (3 days if necessary)
- dimenhyDRINATE 50 to 100 mg PO q4h prn
- lorazepam 1 mg SL q3-4h prn
- prochlorperazine 10 mg PO q3h prn

DOSE MODIFICATIONS:

1. **Hematological:**

ANC greater than or equal to 0.8	Proceed with CISplatin
ANC less than 0.8	Consider dose reduction or delay

Platelets greater than or equal to 80	Proceed with treatment
Platelets less than 80	Hold CISplatin

2. **Renal dysfunction:**

Creatinine Clearance (mL/min)	Dose
less than 50 mL/min	Delay chemotherapy, recheck in 1 week
less than 50 mL/min after overnight hydration	Discontinue protocol

RADIATION THERAPY:

45 Gy external beam pelvic radiotherapy in 25 daily fractions with assessment during treatment for either a further 15Gy/8 daily fractions external beam therapy OR two intracavitary (Selectron) brachytherapy treatments one week apart delivering 1350 cGy at point A each.

PRECAUTIONS:

1. **Renal Toxicity:** Nephrotoxicity is common with CISplatin. Encourage oral hydration. Avoid nephrotoxic drugs such as aminoglycosides.
2. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively.

Call Dr. Paul Hoskins or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.