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
- Age 18 to 75 years
- 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.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISplatin</td>
<td>40 mg/m²</td>
<td>IV in NS 500 mL with mannitol 30 g and magnesium sulfate 2 g, over 1 h</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>ANC</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 0.8</td>
<td>Proceed with CISplatin</td>
</tr>
<tr>
<td>less than 0.8</td>
<td>Consider dose reduction or delay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Platelets</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>greater than or equal to 80</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>less than 80</td>
<td>Hold CISplatin</td>
</tr>
</tbody>
</table>

2. Renal dysfunction:

<table>
<thead>
<tr>
<th>Creatinine Clearance (mL/min)</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 50 mL/min</td>
<td>Delay chemotherapy, recheck in 1 week</td>
</tr>
<tr>
<td>less than 50 mL/min after overnight hydration</td>
<td>Discontinue protocol</td>
</tr>
</tbody>
</table>
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.