BCCA 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 or greater
- if recurrent disease, receiving radiation therapy for the first time
- Age 18 to 75 years
- Serum creatinine less than 140 micromol/L (see Dose Modifications section)

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 BCCA protocol GOSMCCRT)
- ECOG status greater than or equal to 3

TESTS:
Baseline:
- CBC (with platelets) & diff; creatinine; electrolytes; tumour marker(s) (optional)
Before each treatment (on treatment day or within two previous days, attempt to coordinate with routine radiation therapy tests):
- CBC (with platelets) & diff; creatinine; electrolytes (optional); magnesium (optional); tumour marker(s) (optional)

OPTIONAL PREHYDRATION:
- 2/3 D5W-1/3 NS 1000 mL with potassium chloride 20 mEq and magnesium sulfate 2 g 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>BCCA Administration Guidelines</th>
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</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>
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</tbody>
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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:**

<table>
<thead>
<tr>
<th>ANC greater than or equal to 0.8</th>
<th>Proceed with CISplatin</th>
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<tbody>
<tr>
<td>ANC less than 0.8</td>
<td>Consider dose reduction or delay</td>
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<tr>
<td>Platelets greater than or equal to 80</td>
<td>Proceed with treatment</td>
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<tr>
<td>Platelets less than 80</td>
<td>Hold CISplatin</td>
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<tr>
<td>Serum creatinine greater than the upper limit of normal (ULN), but less than 1.5 x ULN</td>
<td>Proceed with CISplatin at reduced dose of 30 mg/m$^2$</td>
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<tr>
<td>Serum creatinine greater than 1.5 x ULN</td>
<td>Hold CISplatin.</td>
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<td></td>
<td>Inpatients: hydrate with 2/3 D5W-1/3 NS and</td>
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<td>potassium chloride 20 mEq/L at 125 mL/h overnight,</td>
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<td>repeat creatinine in morning; reassess.</td>
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<td>Outpatients: omit dose. Encourage oral fluids.</td>
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<td>Reassess at next scheduled treatment date</td>
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<td>(one week)</td>
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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.

Date activated: 01 Oct 1998 (as GOCXRADC)

Date revised: 1 Jun 2014 (magnesium infusion time updated)