

Cervical Cancer Treatment Regimens

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 National Comprehensive Cancer Network 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 NCCN 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.

Note: All recommendations are category 2A unless otherwise indicated.

► Chemoradiation as Primary Therapy, Adjuvant Therapy, or Therapy for Recurrent Disease¹

REGIMEN	DOSING
Preferred Regimens	
Carboplatin (if patient is Cisplatin intolerant) ^{2,a}	Day 1: Carboplatin AUC 2 IV over 30 minutes. Repeat cycle weekly for 6 weeks with concurrent radiation.
Cisplatin ^{3,a,b}	Day 1: Cisplatin 40mg/m ² IV over 60 minutes. Repeat cycle weekly for 6 weeks with concurrent radiation.
Other Recommended Regimens	
Cisplatin + Fluorouracil ^{4-6,a,b}	Day 1: Cisplatin 50-75mg/m ² IV over 60 minutes ^b Days 1-4: Fluorouracil 1000mg/m ² IV continuous infusion over 24 hours daily. Repeat cycle every 3 week for 3-4 cycles.

► Systemic Therapy for Recurrent or Metastatic Disease¹

First-line Combination Therapy^{c,d}	
Preferred Regimens	
Carboplatin + Paclitaxel (Category 1 for patients who have received prior Cisplatin therapy) ^{7,a}	Day 1: Paclitaxel 175mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks.
Carboplatin + Paclitaxel + Bevacizumab ^{7-9,a,e}	Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 175mg/m ² IV over 3 hours, followed by: Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle 3 weeks.
Cisplatin + Paclitaxel (Category 1) ^{3,10,11,a,b}	Day 1: Paclitaxel 135mg/m ² IV continuous infusion, followed by: Day 2: Cisplatin 50mg/m ² IV over 60 minutes Repeat cycle every 3 weeks. OR Day 1: Paclitaxel 175mg/m ² IV over 3 hours, followed by: Day 1: Cisplatin 50mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Cisplatin + Paclitaxel + Bevacizumab (Category 1) ^{12,a,b,e}	Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 135mg/m ² IV continuous infusion over 24 hours, followed by: Day 2: Cisplatin 50mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks. OR Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 175mg/m ² IV over 3 hours, followed by: Day 1: Cisplatin 50mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Topotecan + Paclitaxel ^{12,a}	Day 1: Paclitaxel 175mg/m ² IV over 3 hours Days 1-3: Topotecan 0.75mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks.
Topotecan + Paclitaxel + Bevacizumab (Category 1) ^{12,a,e}	Day 1: Bevacizumab 15mg/kg IV Day 1: Paclitaxel 175mg/m ² IV over 3 hours Days 1-3: Topotecan 0.75mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks.

continued

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► Systemic Therapy for Recurrent or Metastatic Disease¹ (continued)

REGIMEN	DOSING
First-line Combination Therapy^{c,d} (continued)	
Other Recommended Regimens	
Cisplatin + Topotecan ^{13,a,b}	Days 1-3: Topotecan 0.75mg/m ² IV over 30 minutes, followed by: Day 1: Cisplatin 50mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Possible First-line Single-Agent Therapy^d	
Preferred Regimens	
Cisplatin ^{14,a}	Day 1: Cisplatin 50mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Other Recommended Regimens	
Carboplatin ^{14,a}	Day 1: Carboplatin AUC 5-6 IV over 30 minutes. Repeat cycle every 3-4 weeks.
Paclitaxel ^{15,16,a}	Day 1: Paclitaxel 175mg/m ² IV over 3 hours. Repeat cycle every 3-4 weeks. OR Day 1: Paclitaxel 155mg/m ² IV over 3 hours, if prior pelvic radiation. Repeat cycle every 3-4 weeks. OR Day 1: Paclitaxel 170mg/m ² IV continuous infusion over 24 hours. Repeat cycle every 3-4 weeks. OR Day 1: Paclitaxel 135mg/m ² IV continuous infusion over 24 hours, if prior pelvic radiation. Repeat cycle every 3-4 weeks. OR Day 1: Paclitaxel 80mg/m ² IV over 60 minutes. Repeat cycle weekly.
Second-line Therapy	
Preferred Regimens	
Pembrolizumab (for PD-L1-positive or MSI-H/dMMR tumors) ^{17,f}	Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks.
Other Recommended Regimens (Category 2B)	
Albumin-Bound Paclitaxel ^{18,19}	Days 1,8,15: Albumin-Bound Paclitaxel 125mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks. OR Day 1: Albumin-Bound Paclitaxel 260mg/m ² IV over 30 minutes. Repeat cycle every 3 weeks.
Bevacizumab ^{20,e}	Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Docetaxel ²¹	Day 1: Docetaxel 100mg/m ² IV over 60 minutes. Repeat cycle every 3 weeks.
Fluorouracil + Leucovorin ²²	Days 1-5: Leucovorin 200mg/m ² IV push daily, followed by: Days 1-5: Fluorouracil 370mg/m ² IV push daily. Repeat every 28 days for 2 cycles, then every 35 days.
Gemcitabine ^{23,24}	Days 1,8,15: Gemcitabine 800mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks.
Ifosfamide ^{25,26,g}	Days 1-5: Ifosfamide 1,500mg/m ² IV over 3 hours daily ^g Days 1-5: Mesna 300mg/m ² IV over 15 minutes before Ifosfamide, then at 4 and 8 hours from the start of each Ifosfamide dose. Repeat cycle every 3 weeks.

continued

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► Systemic Therapy for Recurrent or Metastatic Disease¹ (continued)

REGIMEN	DOSING
Second-line Therapy (continued)	
Other Recommended Regimens (Category 2B) (continued)	
Irinotecan ²⁷	Days 1,8,15,22: Irinotecan 125mg/m ² IV over 90 minutes. Repeat cycle every 6 weeks (4 weeks on followed by 2 weeks off).
Mitomycin ^{28,h}	Day 1: Mitomycin 10mg/m ² IV push. Repeat cycle every 4 weeks.
Pemetrexed ²⁹	Day 1: Pemetrexed 900mg/m ² IV over 10 minutes. Repeat cycle every 3 weeks. OR Day 1: Pemetrexed 700mg/m ² IV over 10 minutes, if prior pelvic radiation. Repeat cycle every 3 weeks.
Topotecan ^{30,31}	Days 1-5: Topotecan 1.5mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks. OR Days 1,8,15: Topotecan 3-4mg/m ² IV over 30 minutes. Repeat cycle every 4 weeks.
Vinorelbine ³²	Days 1,8: Vinorelbine 30mg/m ² IV over 5-10 minutes. Repeat cycle every 3 weeks.

^a Cisplatin, Carboplatin, Docetaxel, and Paclitaxel may cause drug reactions. See NCCN Guidelines for Ovarian Cancer – Management of Drug Reactions.

^b Hydration is required with supplemental electrolytes pre- and post-administration of Cisplatin.

^c Cost and toxicity should be carefully considered when selecting an appropriate regimen for treatment.

^d If not used previously, these agents can be used as second-line therapy as clinically appropriate.

^e An FDA-approved biosimilar is an appropriate substitute for Bevacizumab.

^f Recommended for disease progression on or after chemotherapy in patients whose tumors express PD-L1 (combined positive score [CPS] ≥1) as determined by an FDA-approved test.

^g Hydration is required pre- and post-administration of Ifosfamide.

^h Continue until disease progression or unacceptable toxicity including reaching a lifetime cumulative mitomycin dose.

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