

Indication	Patients with cervical cancer who are borderline suitable for chemoradiotherapy.
Treatment Intent	Neo-adjuvant prior to chemoradiotherapy
Frequency and number of cycles	Every 7 days for 6 cycles
Monitoring parameters pre-treatment	<ul style="list-style-type: none"> • See Oncological Treatment of Gynaecological Cancers for detailed dose modification guidelines • EDTA should be used to measure GFR prior to cycle 1. C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result. • Monitor U+Es, LFTs and FBC at each cycle. If CrCl falls by >25% repeat EDTA. • If neuts <1.5 and/or PLT <100 defer treatment one week. Consider dose reduction on subsequent cycles • In the event of \geq grade 2 neuropathy, dose reduce paclitaxel to 60mg/m² and consider delay until recovery to \leq grade 1. • Consider omitting paclitaxel in event of recurrent \geq grade 3 neuropathy OR recurrent or persistent \geq grade 2 neuropathy following a dose reduction. • Patients developing hypersensitivity reactions to Paclitaxel may be rechallenged with full dose Paclitaxel following prophylactic medication (e.g. famotidine 40mg po given 4 hours prior to treatment plus Hydrocortisone 100mg iv and chlorphenamine 10mg iv 30 minutes prior to treatment), then give paclitaxel over 3-6 hours (i.e. starting at over 6 hours and gradually increase rate if possible). • If doses delayed or omitted due to neutropenia, consider use of G-CSF • If more than one dose is delayed or omitted due to thrombocytopenia, dose reduce to Carbo AUC 1.5 and Paclitaxel 60mg/m² • Dose reduction should be considered if any other grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to \leq grade 1.
Reference(s)	K&M ARIA regimen GYN-030 v1.0 and GYN-022 v1.0 Changes made in line with 'SOP for removal of ranitidine on KMCC protocols and on aria regimens

Protocol No	GYN-037	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.
Version	2	Written by C Waters (V1)
Supersedes version	1	Checked by M Archer M Capomir (V1) V2 updated as per SOP-005
Date	21.09.21	Authorising consultant (usually NOG Chair) C Mikropoulos (V1)

Repeat every 7 days for 6 weeks

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1 To be given 30 minutes prior to paclitaxel	Dexamethasone	8mg (may be reduced to 4mg in subsequent cycles)	IV	Bolus	
	Chlorphenamine	10mg	IV	Slow bolus	through the side of a fast running Sodium Chloride 0.9% intravenous infusion.
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	PACLITAXEL	80mg/m² (max 160mg)	IV	1 hr	In 250ml Sodium Chloride 0.9% (non-PVC bag) via in-line 0.22 microns filter. Flush with sodium chloride 0.9%
	CARBOPLATIN Dose = (GFR + 25) x AUC	AUC 2 (max 270mg)	IV	30 mins	Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
	Dexamethasone	4mg	po	om for 2 days	
	Metoclopramide	10mg	po	up to 3 times a day for 3 days, then 10mg up to 3 times a day when required (Maximum of 30mg per day). Do not take for more than 5 days continuously	

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