Protocol: **Carboplatin/Paclitaxel**

Indications: Ovarian Cancer – Adjuvant, Advanced

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel</td>
<td>175mg/m²</td>
<td>500mls 5% dex/3hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>AUC 5</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles:  6

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - Moderately high
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Paclitaxel given first
- Pre-medication with dexamethasone (oral or iv), chlorpheniramine and ranitidine
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 6

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, fluid retention, hypersensitivity reaction, abdominal discomfort, infertility

Symptomatic treatment of side effects: Mouth care, diuretics

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH, CA125
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH, CA125

Mid Treatment: Abdominal CT scan prior to fourth cycle if measurable disease present. Ensure CA125 falling.

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol:  **Paclitaxel**

Indications:  Ovarian Cancer – Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel</td>
<td>175mg/m²</td>
<td>500mls 5% dex/3hrs</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency:  Every three weeks  
Total number of cycles:  6

Dose modifications:  Discuss with Consultant

Administration and safety:
- Anti-emetic group – Low
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Pre-medication with dexamethasone (oral or iv), chlorpheniramine and ranitidine

Toxicities:  Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, fluid retention, hypersensitivity reaction, abdominal discomfort, infertility

Symptomatic treatment of side effects:  Mouth care, diuretics

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH, CA125
- ECG
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH, CA125

Mid Treatment:  Ensure CA125 falling

Post Treatment:  Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Carboplatin**

**Indications:** Ovarian Cancer – Advanced, Recurrent

**Schedule:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
<th>Cycle frequency: Every three weeks</th>
<th>Total number of cycles: 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
<td>AUC 6</td>
<td>500mls 5% dex/1hr</td>
<td>Day 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dose modifications:** Discuss with Consultant

**Administration and safety:**
- Anti-emetic group - Moderately high
- Delay if neutrophils < 1.5 \(10^9/L\) or platelets < 100 \(10^9/L\)
- Carboplatin dose by EDTA or creatinine clearance. If calculated using formula then AUC 7

**Toxicities:** Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting

**Symptomatic treatment of side effects:** Mouth care

**Investigations**

**Pre-treatment:**
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate, creatinine clearance
- LDH, CA125
- ECG
- Staging investigations as per protocol

**Prior to each cycle:**
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH, CA125

**Mid Treatment:** Abdominal CT scan prior to 4\(^{th}\) cycle if measurable disease present. Ensure CA125 falling

**Post Treatment:** Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Cisplatin/Paclitaxel**

Indications: Ovarian Cancer – Adjuvant

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel</td>
<td>175mg/m²</td>
<td>500mls 5% dex/3hrs, Day 1</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>75mg/m²</td>
<td>1L N. Saline/2hrs, Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks  Total number of cycles: 6

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group - High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Paclitaxel given first
- Pre-medication with dexamethasone (oral or iv), chlorpheniramine and ranitidine
- Pre & post hydration, mannitol, potassium & magnesium

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, amenorrhoea, peripheral neuropathy, hypersensitivity reaction, fluid retention, ototoxicity, constipation, nephrotoxicity, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH, CA125
- ECG +/- Audiometry
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH, CA125

Mid Treatment: Abdominal CT scan prior to fourth cycle if measurable disease present. Ensure CA125 falling

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **Liposomal Doxorubicin**

Indications: Ovarian Cancer – Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liposomal Doxorubicin</td>
<td>50mg/m²</td>
<td>250mls 5% dex/1hr</td>
<td>Day 1</td>
<td></td>
</tr>
</tbody>
</table>

Cycle frequency: Every 4 weeks  Total number of cycles: 6-12

Dose modifications: Discuss with consultant

Administration and safety:
- Anti-emetic group - Moderate
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Do not retreat unless all previous skin lesions resolved

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, palmar-plantar syndrome, nausea & vomiting, mucositis, cardiotoxicity, alopecia, amenorrhoea, peripheral neuropathy, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, advice regarding palmar-plantar syndrome

Investigations

Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine, urate
- LDH, CA125
- ECG +/- Echocardiogram
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, creatinine
- LDH, CA125

Mid Treatment: Abdominal CT scan prior to 4th cycle if measurable disease present. Ensure CA125 falling

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **PMB (Cisplatin/Methotrexate/Bleomycin)**

Indications: Cervix Cancer – Advanced, Recurrent

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>60mg/m²</td>
<td>1L N. Saline/1hr</td>
<td>Day 2</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>300mg/m²</td>
<td>1L N. Saline/12hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>Bleomycin</td>
<td>30,000iu</td>
<td>200mls N. Saline/30mins</td>
<td>Day 1</td>
</tr>
</tbody>
</table>

Cycle frequency: Every 2 weeks

Total number of cycles: 3

Dose modifications: Discuss with Consultant

Administration and safety:
- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure alkalinisation of urine
- Pre & post hydration, mannitol, potassium & magnesium
- Calcium Folinate rescue 24 hours after methotrexate infusion

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, mild alopecia, amenorrhoea, peripheral neuropathy, nephrotoxicity, ototoxicity, pneumonitis, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, encourage oral fluids

Investigations
Pre-treatment:
- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG⁺/- Audiometry
- Staging investigations as per protocol

Prior to each cycle:
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH

Mid Treatment: Re-assess after 3 cycles

Post Treatment: Review in Medical Oncology Clinic 4 weeks after last cycle

Protocol: **CF (Cisplatin/5-Fluorouracil)**

Indications: Cervix Cancer – Neoadjuvant, Advanced

Schedule:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>iv/infusion/oral</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin</td>
<td>75mg/m²</td>
<td>1L N. Saline/2hrs</td>
<td>Day 1</td>
</tr>
<tr>
<td>5-Fluorouracil</td>
<td>1g/m²/24 hrs</td>
<td>continuous infusion</td>
<td>Days 2-5</td>
</tr>
</tbody>
</table>

Cycle frequency: Every three weeks Total number of cycles: 3

Dose modifications: Discuss with Consultant

Administration and safety:

- Anti-emetic group – High
- Delay if neutrophils < 1.5 x 10⁹/L or platelets < 100 x 10⁹/L
- Ensure adequate renal function
- Pre & post hydration, mannitol, potassium & magnesium
- Concurrent radiotherapy may be necessary
- Doses may change according to Radiotherapy schedule

Toxicities: Myelosuppression and risk of neutropenic sepsis or haemorrhage, nausea & vomiting, mucositis, alopecia, cardiotoxicity, peripheral neuropathy, palmar-plantar syndrome, nephrotoxicity, ototoxicity, diarrhoea, carcinogenesis, infertility

Symptomatic treatment of side effects: Mouth care, anti-diarrheals, pyridoxine

Investigations

Pre-treatment:

- History and Examination
- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine, urate, creatinine clearance
- LDH
- ECG
- Staging investigations as per protocol

Prior to each cycle:

- Performance score, weight
- FBC
- U & E’s, LFTs, Mg²⁺, Ca²⁺, creatinine
- LDH

Post Treatment: Review in Medical Oncology Clinic 3 weeks after last cycle