CHEMOTHERAPY REGIMENS

Gynecologic Cancers

Endometrial Carcinoma Chemotherapy and Other Treatment Regimens

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The chemotherapy regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: Grey shaded boxes contain updated regimens.

ENDOMETRIAL CARCINOMA CHEMOTHERAPY AND OTHER TREATMENT REGIMENS

General treatment notes:

- Chemotherapy regimens for endometrioid histologies, papillary serous carcinoma, or clear cell carcinoma; some agents can be used for carcinosarcoma as indicated. Multi-agent regimens preferred, if tolerated.
- Participation in clinical trial strongly recommended.
- Regimens denoted with an * or † are considered by the NCCN as Category 1, which means the recommendations are based on high-level evidence (i.e., randomized controlled trials) and there is uniform NCCN consensus.
- Hormone therapy for metastatic disease consists mainly of progestational agents. Tamoxifen and aromatase inhibitors have also been investigated. Thus far, no particular drug, dose or schedule has been found to be superior.[1]

REGIMEN	DOSING
Chemotherapy Regimens	
Cisplatin (Platinol; CDDP) **+ doxorubicin** (Adriamycin)*[2]	**Day 1:** Doxorubicin 45mg/m² IV **+** cisplatin 50mg/m² IV, **followed by** **Days 2–11:** Optional filgrastim 5mcg/kg/day. Repeat cycle every 3 weeks; maximum 6 cycles.
Cisplatin + doxorubicin + paclitaxel (Taxol)*[3]	**Day 1:** Doxorubicin 45mg/m² IV **+** cisplatin 50mg/m² IV **followed by** **Day 2:** Paclitaxel 160mg/m² 3-hr IV infusion, **followed by** **Days 3–12:** Filgrastim 5mcg/kg SC. Repeat cycle every 3 weeks for max 7 cycles.
Ifosfamide (Ifex) **+ paclitaxel**†[4]	**Day 1:** Paclitaxel 135mg/m² administered as a 3-hr IV infusion, **plus** **Days 1–3:** Ifosfamide 1.6g/m²/day IV (1.2g/m²/day if patient received prior radiation). Repeat cycle every 3 weeks for 8 cycles.
Carboplatin (Paraplatin) **+ paclitaxel**[5]	**Day 1:** Carboplatin AUC=6mg/mL/min IV **+** paclitaxel 175mg/m² IV. Repeat cycle every 3 weeks.
CIM (cisplatin + ifosfamide + mesna) **for carcinosarcoma**[6]	**Days 1–4:** Cisplatin 20mg/m²/day IV **+** ifosfamide 1.5g/m²/day 1-hr IV infusion. **Day 1:** Mesna 120mg/m² IV bolus (loading dose), **followed by** **Days 2–4:** Mesna 1.5g/m²/day continuous IV infusion. Repeat cycle every 3 weeks for 3 cycles.
Bevacizumab (Avastin)[7]	**Day 1:** Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks until disease progression or toxicity occurs. May be considered for use in patients who have progressed on prior cytotoxic chemotherapy.
Hormonal Regimens (for Endometrioid Histologies Only)	
Tamoxifen (Nolvadex)[8]	Tamoxifen 20mg orally twice daily.
Medroxyprogesterone acetate (MPA)[9]	Medroxyprogesterone acetate 200mg orally once daily until toxicity or disease progression.
Tamoxifen + medroxyprogesterone acetate[10]	Medroxyprogesterone acetate 80mg orally twice daily for 3 weeks alternating with tamoxifen 20mg orally twice daily. Repeat cycle every 3 weeks.

References

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