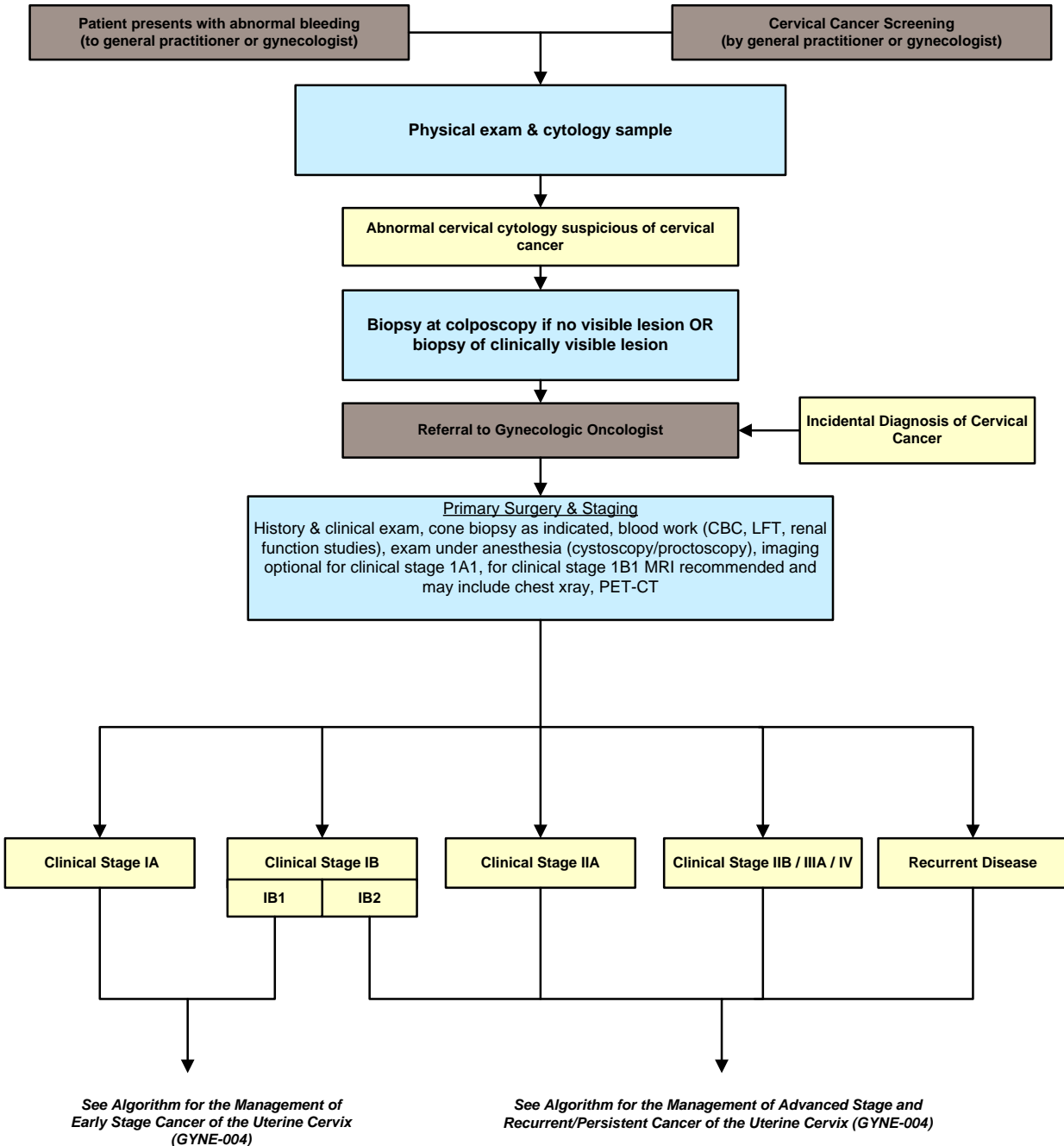
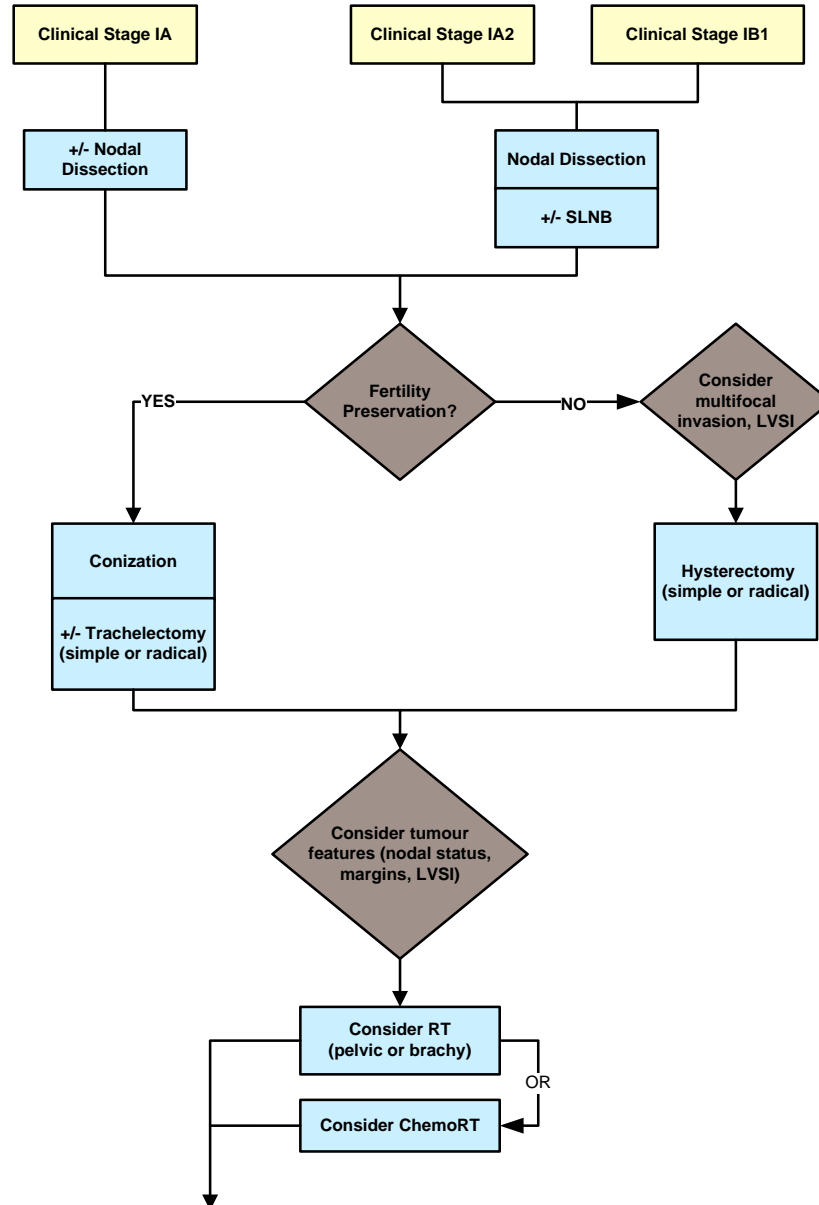


*Algorithm for the Diagnosis of Cancer of the Uterine Cervix  
(GYNE-004)*



Version date: 2013 May 2

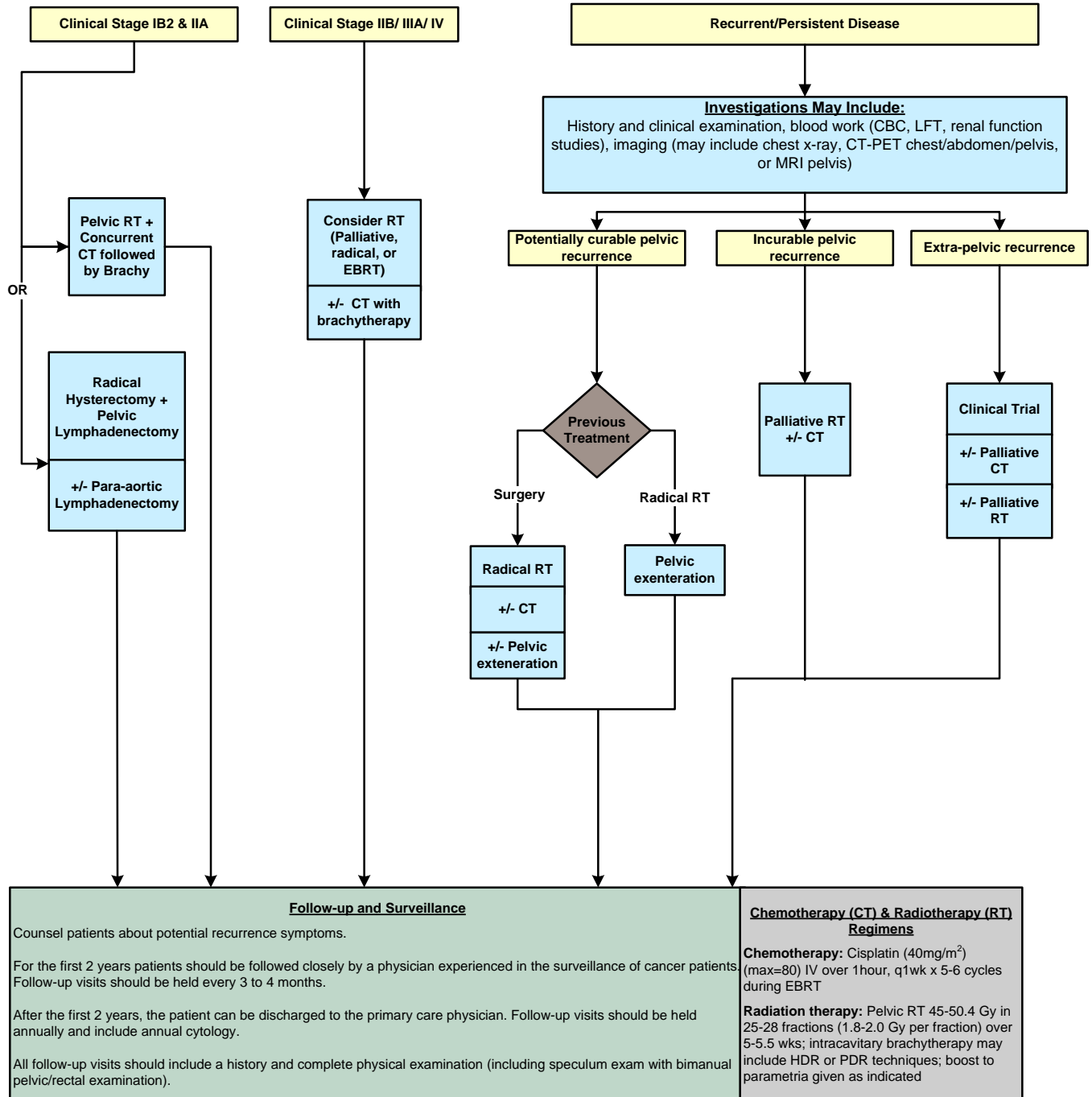
*Algorithm for the Management of Early Stage Cancer of the  
Uterine Cervix (GYNE-004)*



Follow-up and Surveillance	Chemotherapy (CT) & Radiotherapy (RT) Regimens
<p>Counsel patients about potential recurrence symptoms.</p> <p>For the first 2 years patients should be followed closely by a physician experienced in the surveillance of cancer patients. Follow-up visits should be held every 3 to 4 months.</p> <p>After the first 2 years, the patient can be discharged to the primary care physician. Follow-up visits should be held annually and include annual cytology.</p> <p>All follow-up visits should include a history and complete physical examination (including speculum exam with bimanual pelvic/rectal examination).</p>	<p><b>Chemotherapy:</b> Cisplatin (40mg/m<sup>2</sup>) (max=80) IV over 1hour, q1wk x 5-6 cycles during EBRT</p> <p><b>Radiation therapy:</b> Pelvic RT 45-50.4 Gy in 25-28 fractions (1.8-2.0 Gy per fraction) over 5-5.5 wks; intracavitary brachytherapy may include HDR or PDR techniques; boost to parametria given as indicated</p>

Version date: 2015-May-05

*Algorithm for the Management of Advanced Stage and  
Recurrent/Persistent Cancer of the Uterine Cervix (GYNE-004)*



Version date: 2013 May 2