

1.0 Gynaecological Malignancies

1.1 Cervical Cancer and Vaginal cancers

- Consider pelvic radiotherapy to replace limiting surgical options. Preferred regimes include 45Gy/25# or 50.4Gy/28# for bulky or node positive cancers.
- Concurrent weekly Cisplatin rather than carboplatin should be considered if patients <70y old and fit but consider omitting chemotherapy for the >70y old or unfit patients.
- An SIB technique to boost positive nodes should be considered and a pelvic boost can be delivered if there are limited brachytherapy options (16-20Gy in 8-11 fractions).
- All treatments delivered using IGRT and IMRT techniques.

1.2 Endometrial cancer

- Radical pelvic radiotherapy is offered to replace limiting surgical options, using 40Gy/20# with IMRT and IGRT.
- Adjuvant pelvic radiotherapy should be considered for high risk patients.
- Vault brachytherapy alone should be considered for intermediate risk patients or unfit/older high risk patients.

1.3 Vulva cancer

- Radical chemoradiotherapy (45-50.4Gy/25-28#) with concurrent weekly cisplatin should be considered as alternative to surgery. Consider omitting chemotherapy in >70y olds and unfit patients.
- Adjuvant pelvic radiotherapy should be considered to patients with positive nodes, positive margins or residual disease.