高 雄 榮 民 總 醫 院
口咽癌診療原則

2017年05月17日 第一版

頭頸癌醫療團隊擬訂

注意事項：這個診療原則主要作為醫師和其他保健專家診療癌症病人參考之用。假如你是一個癌症病人，直接引用這個診療原則並不恰當，只有你的醫師才能決定給你最恰當的治療。

會議討論

上次會議：2016/06/08

本共識與上一版的差異

上一版	新版
1. [Post-Tx 3-6 months]→ Baseline MRI and/or CT 2. [0-3 years after Tx]→ Every 2-3 months: PE 3. 無吞嚥評估檢查 4. 無消化道內視鏡檢查項目 5. 無p16病理染色項目 6. T4b化療後，無手術之治療選項 7. 無weekly methotrexate化療處方	1. 治療後F/U [Post-Tx within 6 months] → Every 1-2 months 2. 治療後F/U [0.5-3 years after Tx] → Every 2-3 months(p1) 3. 新增治療前吞嚥評估選項(p1) 4. 新增上消化道內視鏡評估選項(p1) 5. 強調p16的重要性(p1) 6. 新增T4b化療後，可OP之選項(p5) 7. 化學治療regimen加入weekly methotrexate(p7)

Carcinoma of Oropharynx

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WORK-UP

- History & PE
- Biopsy & Pathology
- Image
  - → MRI or CT of H & N
  - → Chest X-ray
  - → Bone scan
  - → Abd. Sono
  - → ± Neck Sono
  - → ± PET scan
- Dental evaluation
  - → Panorex
  - → ± teeth extraction
- UGI series exam
- Multidisciplinary consultation

± Swallowing evaluation

- p16 status

STAGING & TREATMENT

- [T1-2, N0-1, M0]

  詳見 *Page 2*

- [T3-4a, N0-1, M0]

  詳見 *Page 3*

- [Any T, N2-3, M0]

  詳見 *Page 4*

- Very advanced stage

  詳見 *Page 5*

FOLLOW-UP

- [Post-Tx within 6 months]
  - → Every 1-2 months: PE
  - → Baseline MRI or CT
- [0.5-3 years after Tx]
  - → Every 2-3 months: PE
  - → Every 1 year:

H & N MRI or CT, CxR, Bone scan & Abd. Sono ± Neck Sono as clinically indicated

- [3-5 years after Tx]
  - → Every 4-6 months: PE
- [5 years later after Tx]
  - → Every 6-12 months: PE

Carcinoma of Oropharynx

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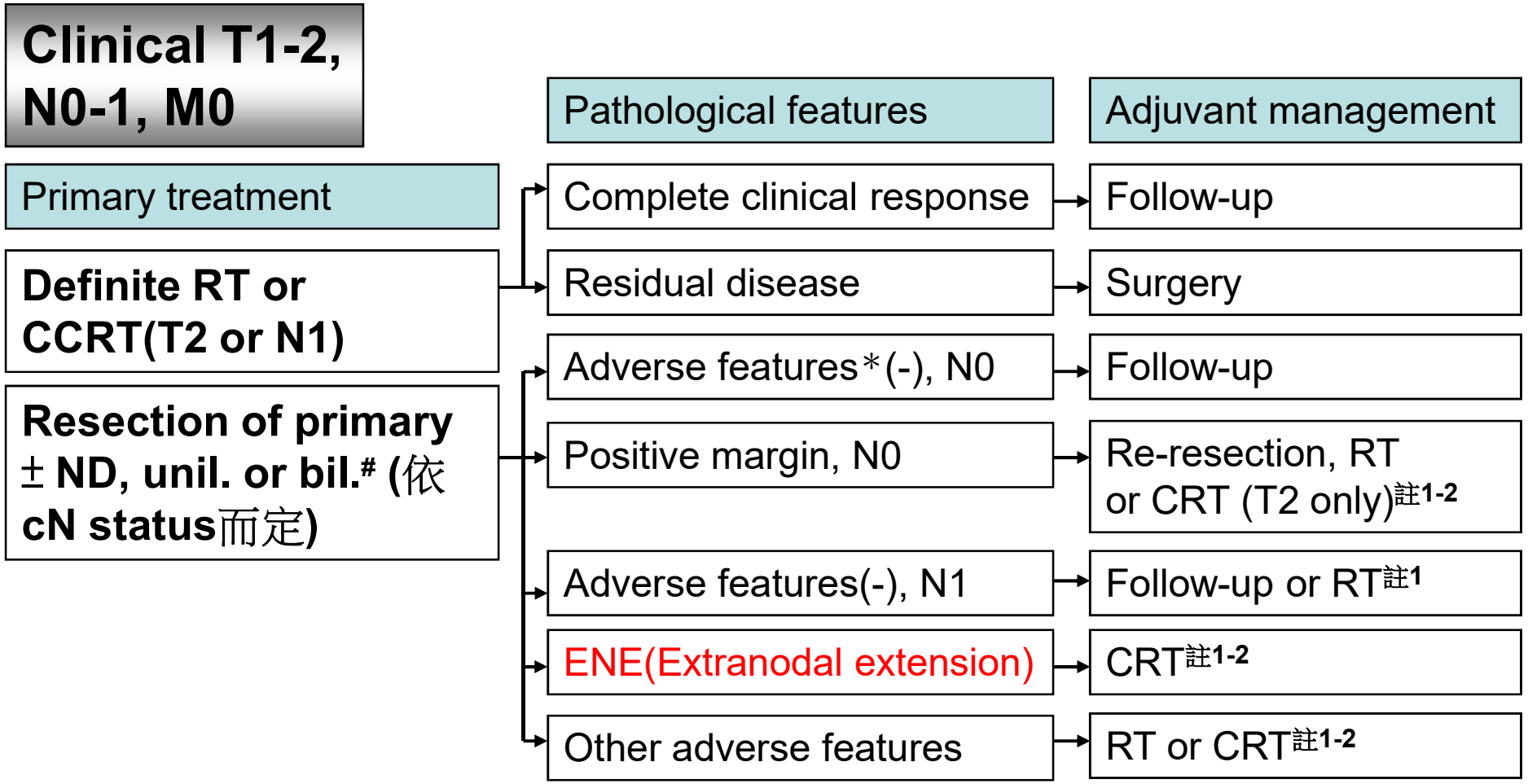

#可考慮Elective neck dissection或close follow-up

*Adverse features: Extranodal extension, positive or close margins, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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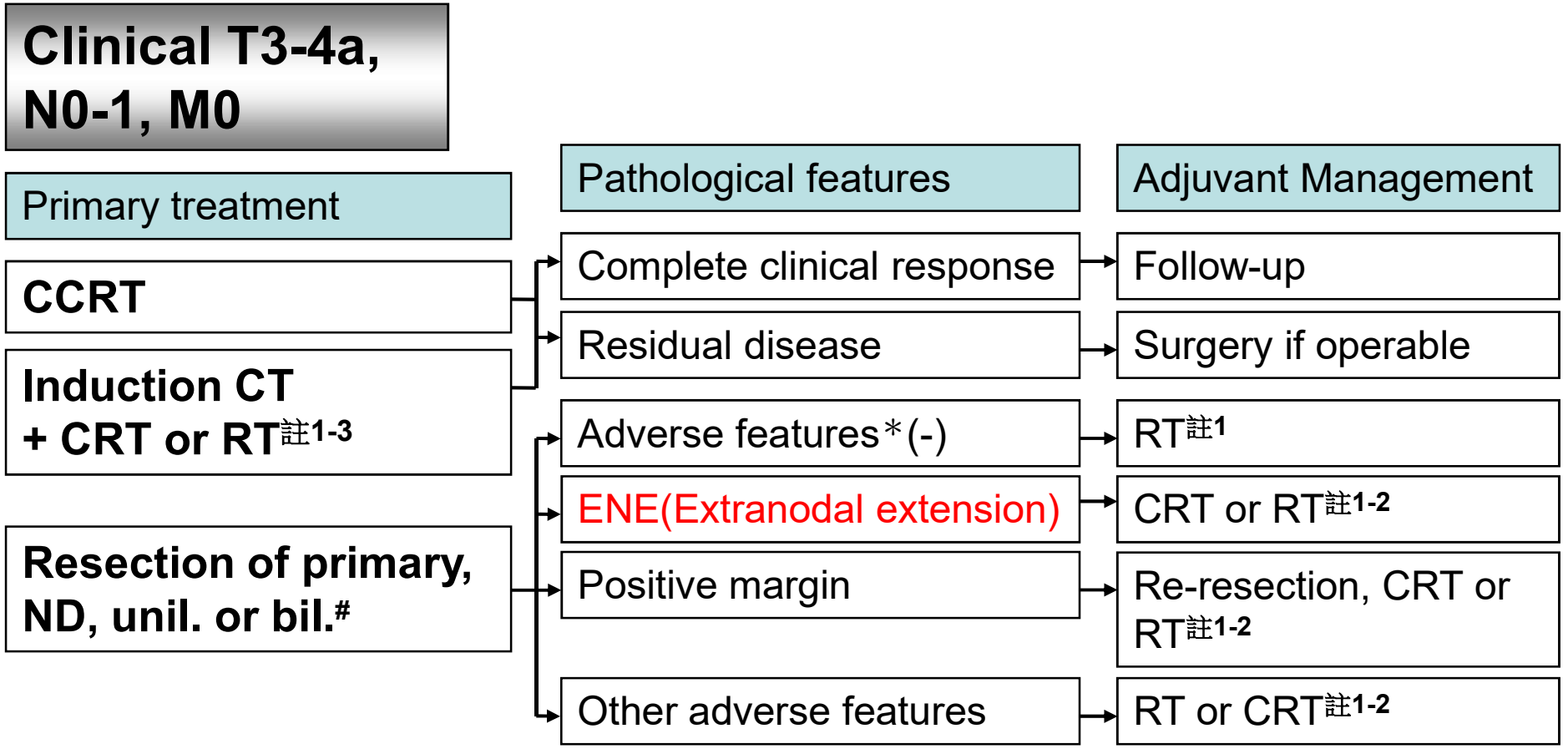

#Neck dissection level 依cN status而定。

*Adverse features：Extranodal extension, positive margins, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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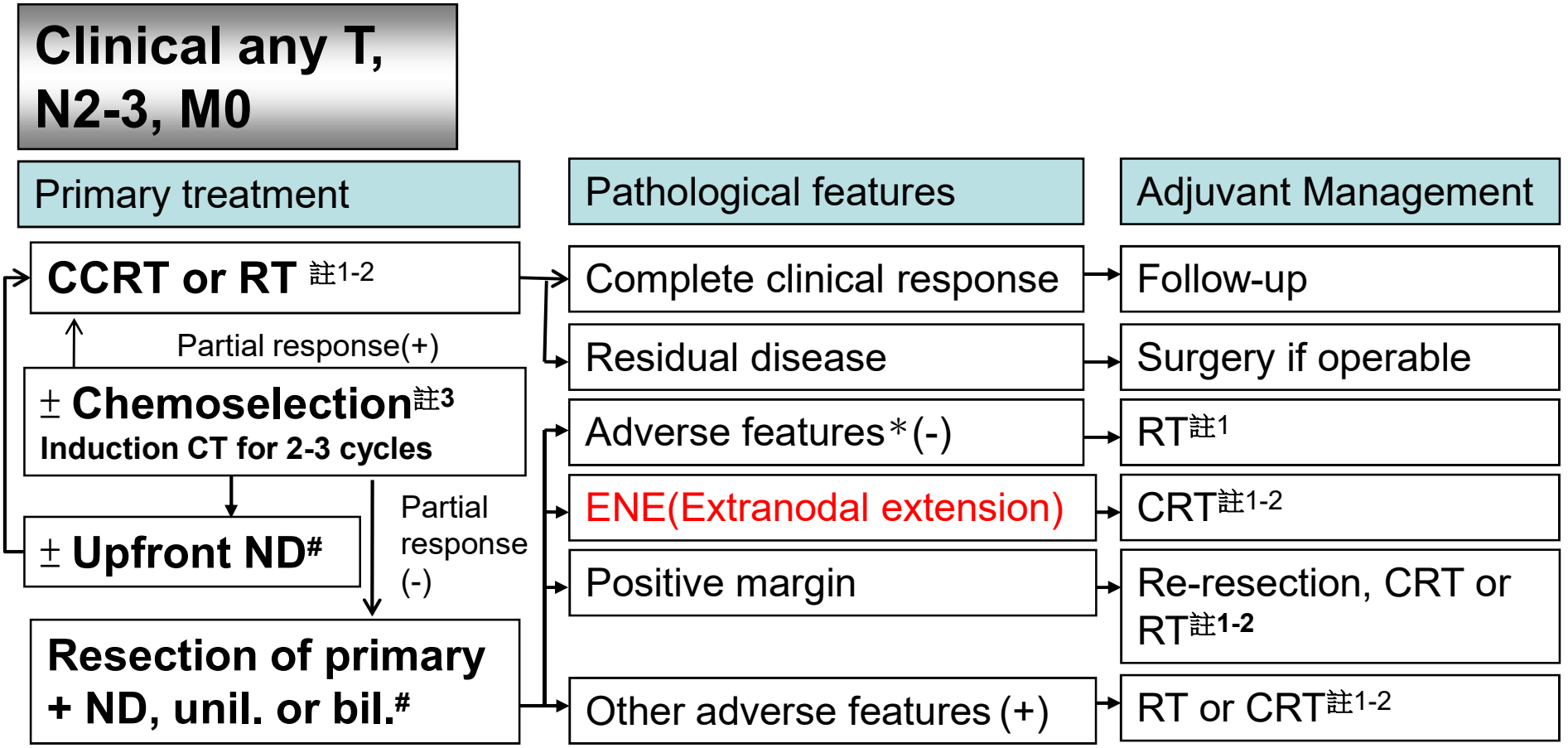

#Neck dissection level 依primary部位及cN status而定。

*Adverse features：Extranodal extension, positive margins, pT3-4, N2-3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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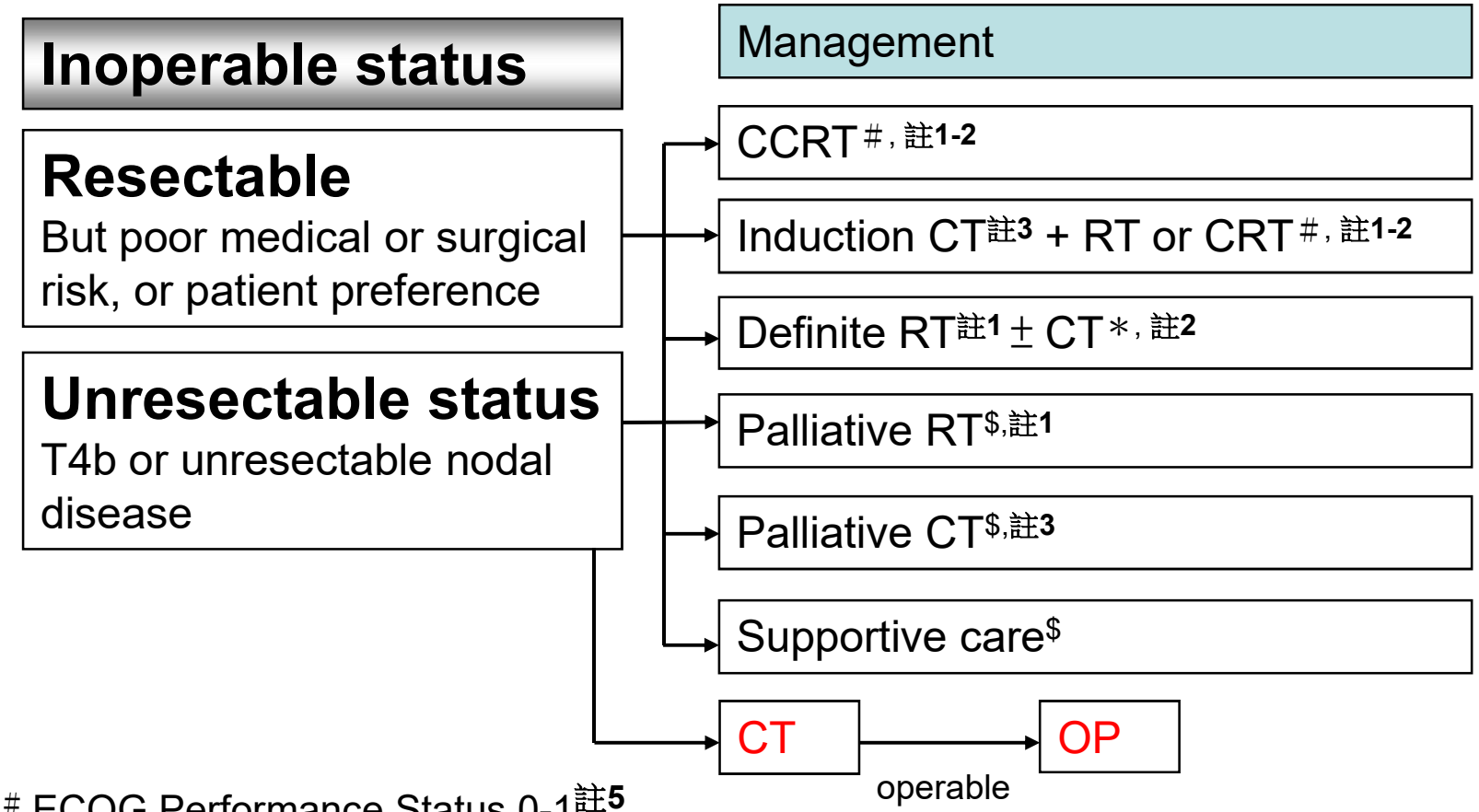

ECOG Performance Status 0-1註5
* ECOG Performance Status 2
$ ECOG Performance Status 3

Carcinoma of Oropharynx

註1

Principles of Radiotherapy

Definitive Radiotherapy

• Primary and gross adenopathy：66 - 74 Gy (1.8-2.0 Gy/fraction)
• Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fractions)

Postoperative Radiotherapy

• Preferred interval between operation and radiotherapy is ≤ 6 weeks.
• Primary：60-66 Gy (1.8-2.0 Gy/fraction)
• Neck involved nodal stations：60 - 66 Gy (1.8-2.0 Gy/fraction)
• Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fraction)

CCRT or RT

• RT alone if：old age, impaired renal function, poor condition or refused chemotherapy

Palliative RT

• Indicated in：relieve local symptoms, prevent debilitation such as spinal cord compression and pathological fracture, achieve durable locoregional control.

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註2 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 *Page 7 (**Ref. 8-13**)*

Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab註4 + RT

•Cisplatin (80-100mg/ m^2) q3w during R/T

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Cisplatin (80-100mg/ m^2) q3w D2 during R/T

Regimen 2: Weekly CDDP ± Cetuximab註4 + RT

•Cisplatin (30-40mg/ m^2) weekly during R/T

•Cetuximab(400mg/ m^2) loading dose first week, and then Cisplatin (30-40mg/ m^2) weekly D1 + Cetuximab(250mg/ m^2) maintain dose D2 during R/T

Regimen 3: q3w Carboplatin註4 ± Cetuximab註4 + RT

•Carboplatin (AUC x 5mg) q3w during R/T

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

Regimen 4: Weekly Cetuximab註4 + RT

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose during RT

Carcinoma of Oropharynx

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 *Page 8 (**Ref. 8-13)***

Regimens of Chemotherapy

Induction, salvage or adjuvant, *建議2-3cycles*

Regimen 1: q3-4 weeks CDDP ± F ± weekly Cetuximab[註4]

- Cisplatin(80-100mg/ m^2) D1
- Fluorouracil (5-FU) (600-1000 mg/m^2) D2-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 2: q3-4 weeks P ± F ± weekly Cetuximab[註4]

- Cisplatin (20mg/ m^2) D1-D5
- Fluorouracil (5-FU) (600-1000 mg/ m^2) D1-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 3: q3-4 weeks Carboplatin ± F ± weekly Cetuximab[註4]

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000 mg/ m^2) D2-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Carcinoma of Oropharynx

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Regimens of Chemotherapy

Induction, salvage or adjuvant, *建議2-3cycles*

Regimen 4: q3-4 weeks T + P ± F ± weekly Cetuximab[註4]

- Taxotere(60 mg/ m^2) D1
- Cisplatin(60 mg/ m^2) D1
- Fluorouracil (5-FU) (600 mg/m^2) D1-D5
- Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose

Regimen 5: weekly Cetuximab[註4]

- Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose

Regimen 6: oral Fluorouracil

- Ufur cap (tegafur 100mg+uracil 224mg) 2# BID-TID

(Salvage or palliative CT中作為取代iv-formed 5-FU之替代藥物)

Regimen 7: weekly Methotrexate

- Methotrexate (40-60mg/ m^2)

Carcinoma of Oropharynx

特殊用藥健保給付規定

Taxotere

- 頭頸部癌，限局部晚期且無遠端轉移之頭頸部鱗狀細胞癌且無法手術切除者。
- 與Cisplatin 及5-FU 併用，作為放射治療前的引導治療，限使用四個療程。

Cetuximab

- 限與放射線療法合併使用於局部晚期之口咽癌、下咽癌及喉癌患者，且符合下列條件之一：

1.年齡 ≧ 70 歲
2.Ccr ＜50ml/min
3.聽力障礙者 (聽力障礙定義為500Hz、1000Hz、2000Hz 平均聽力損失大於25 分貝)
4.無法耐受platinum-based 化學治療。

- 使用總療程以接受8 次輸注為上限。
- 需經事前審查核准後使用。

Carboplatin

- 限腎功能不佳 (CCr < 60) 或曾作單側或以上腎切除之惡性腫瘤患者使用。

Carcinoma of Hypopharynx

Eastern Cooperative Oncology Group (ECOG) Performance Status

Grade	Description	Suggestion
0	Normal activity fully ambulatory (無症狀)	按照標準化療評估及療程。
1	Symptoms, but nearly fully ambulatory (有症狀，完全步行，但對生活無影響)	按照標準化療評估及療程。
2	Some bed time, but needs to be in bed less than 50% of normal daytime (躺在床上的時間<50%)	按照標準化療評估及療程。
3	Needs to be in bed more than 50% of normal daytime (躺在床上的時間>50%)	可視情況考慮停止化學治療。
4	Unable to get out of bed (長期完全臥床)	建議停止化學治療。
5	Dead	

Carcinoma of Oropharynx

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