

# 高雄榮民總醫院

## 口腔癌診療原則

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：2016/05/04

## 本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none"><li>1. 無p16檢驗項目</li><li>2. 無吞嚥評估檢查</li><li>3. T4b化療後，無手術之治療選項</li><li>4. 無weekly methotrexate化療處方</li></ol>	<ol style="list-style-type: none"><li>1. 強調p16的重要性(p1)</li><li>2. 增加治療前吞嚥評估選項(p1)</li><li>3. T4b無法切除患者，如化療後轉變可切除者，增加手術選項(p3-4)</li><li>4. 化學治療regimen加入: weekly methotrexate(p8)</li></ol>

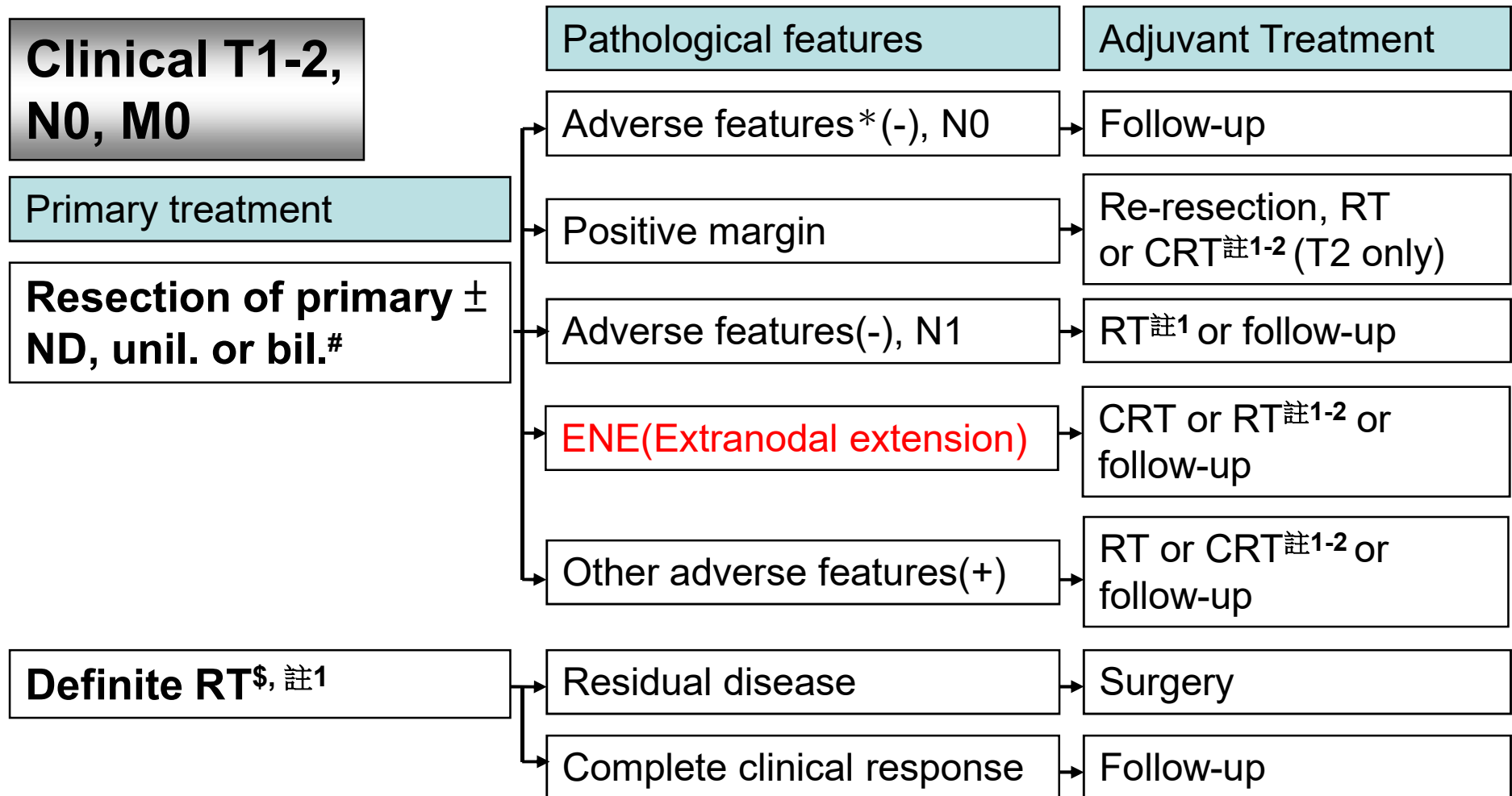
# Carcinoma of Oral Cavity

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 1 (Ref. 1)

WORK-UP	STAGING & TREATMENT	FOLLOW-UP
<ul style="list-style-type: none"><li>• <u>History &amp; PE</u></li><li>• <u>Biopsy &amp; Pathology</u></li><li>• <u>Image</u><ul style="list-style-type: none"><li>→ MRI or CT of H &amp; N</li><li>→ Chest X-ray</li><li>→ Bone scan</li><li>→ Abd. Sono</li><li>→ ± Neck Sono</li><li>→ ± PET scan</li></ul></li><li>• <u>Dental evaluation</u><ul style="list-style-type: none"><li>→ Panorex</li><li>→ ± teeth extraction</li></ul></li><li>• <u>Multidisciplinary consultation</u></li><li>± <u>Swallowing evaluation</u></li><li>• <u>p16 status</u></li></ul>	<ul style="list-style-type: none"><li>• <u>[T1-2, N0, M0]</u> 詳見 <i>Page 2</i></li><li>• <u>[T3, N0; T1-3, N1-3; T4a-resectable T4b, any N, M0]</u> 詳見 <i>Page 3</i></li><li>• <u>Inoperable status</u> 詳見 <i>Page 4</i></li></ul>	<ul style="list-style-type: none"><li>• <u>[Post-Tx within 6 months]</u><ul style="list-style-type: none"><li>→ <b>Every 1-2 months</b>: PE</li><li>→ Baseline MRI or CT</li><li>→ ± Neck Sono</li></ul></li><li>• <u>[0.5-3 years after Tx]</u><ul style="list-style-type: none"><li>→ <b>Every 2-3 months</b>: PE</li><li>→ Every 1 year: H &amp; N MRI or CT, CxR, Bone scan &amp; Abd. Sono ± Neck Sono</li></ul></li><li>As clinically indicated</li><li>• <u>[ 3-5 years after Tx]</u><ul style="list-style-type: none"><li>→ Every 4-6 months: PE</li></ul></li><li>• <u>[ 5 years later after Tx]</u><ul style="list-style-type: none"><li>→ Every 6-12 months: Physical exam</li></ul></li></ul>

# Carcinoma of Oral Cavity

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 2 (Ref. 1-5)



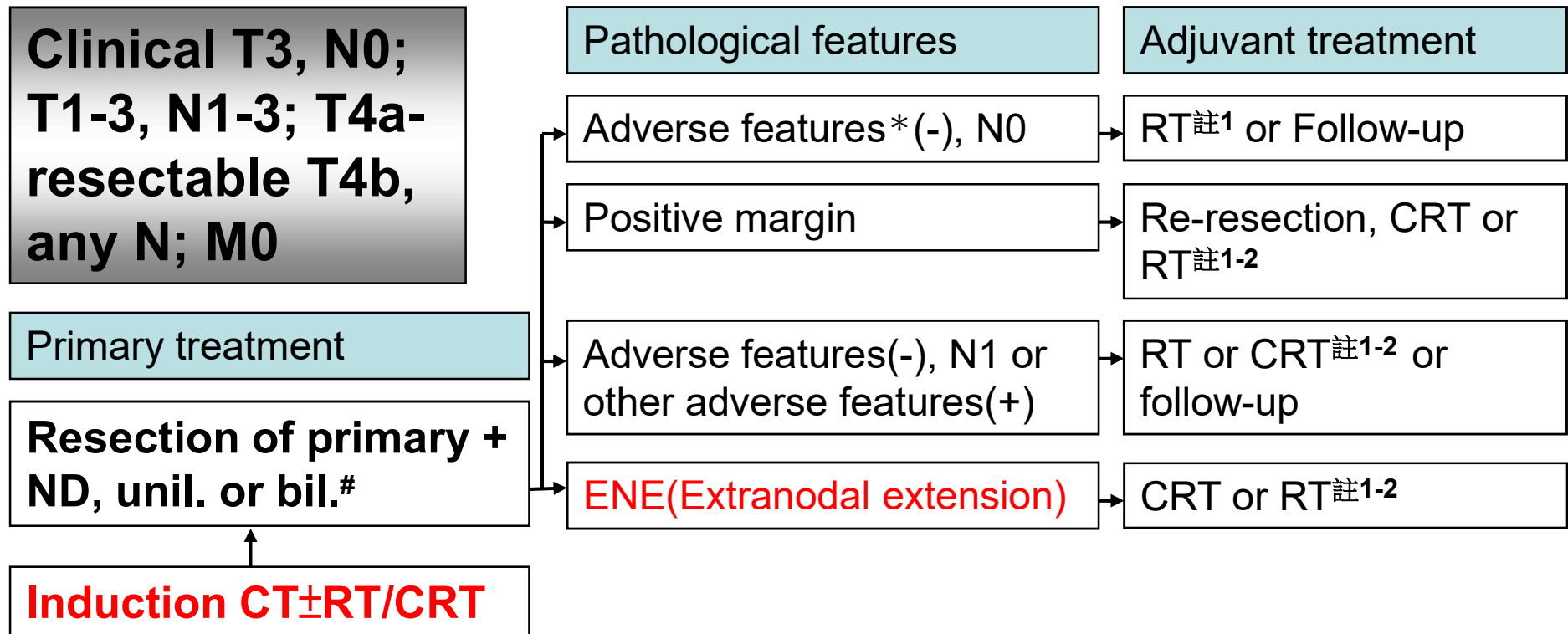
# Tumor thickness  $\geq 5\text{mm}$  可考慮 Elective neck dissection (依cN status、腫瘤厚度及位置而定) 或 close follow-up

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

§ RT: external beam RT(EBRT) ± brachytherapy or brachytherapy alone

# Carcinoma of Oral Cavity

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 3 (Ref. 1-5)

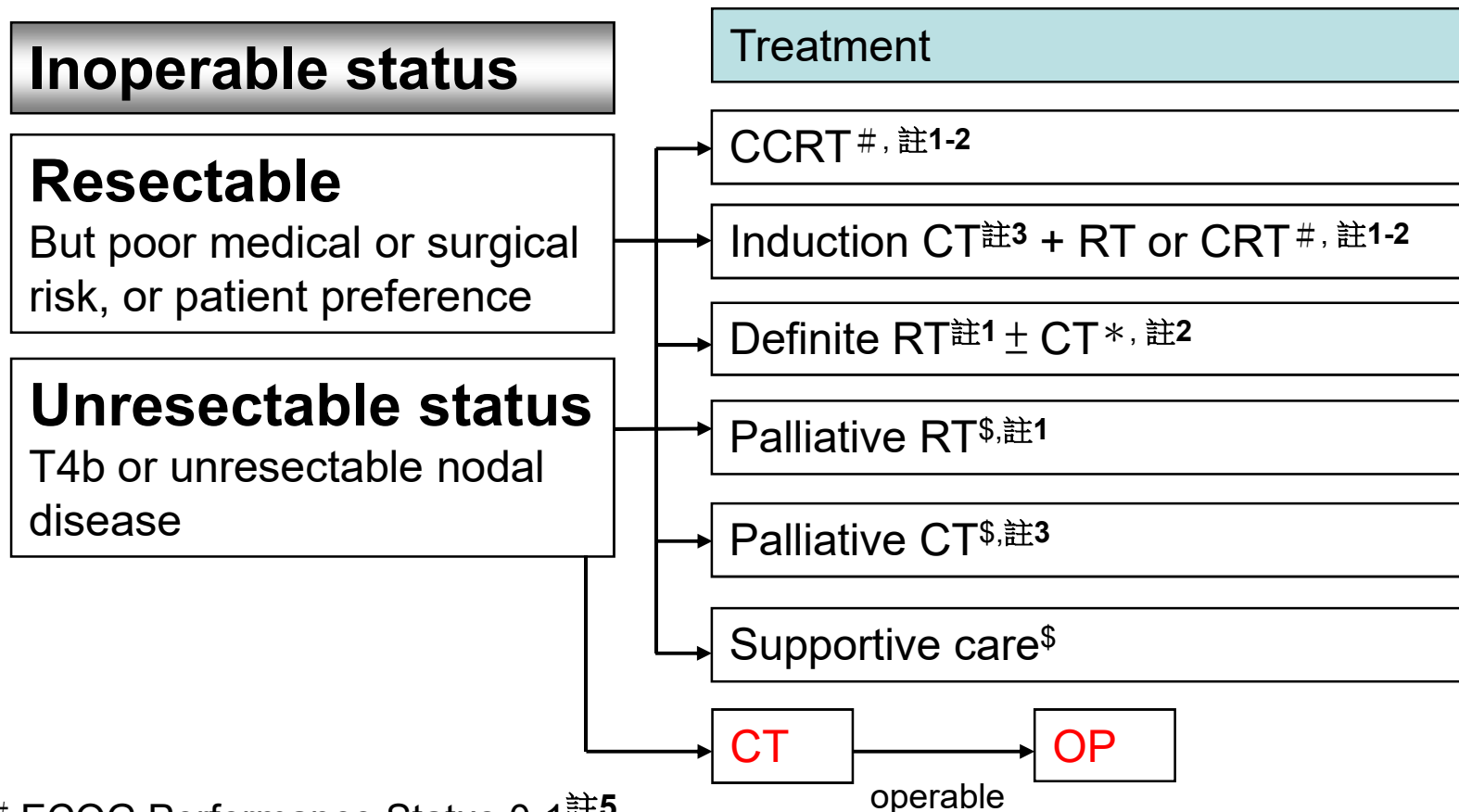


# Therapeutic neck dissection, level 依cN status 及腫瘤位置而定

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

# Carcinoma of Oral Cavity

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 4 (Ref. 1,8)



# ECOG Performance Status 0-1 註5

\* ECOG Performance Status 2

\$ ECOG Performance Status 3

# ***Carcinoma of Oral Cavity***

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 5 (Ref. 6-8)

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  $\leq 6$  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)

### **Palliative RT**

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

### **CCRT or RT**

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

# Carcinoma of Oral Cavity

註2

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 6 (Ref. 8-13)

## Principles of Chemotherapy

### Concurrent with RT

#### Regimen 1: q3w CDDP ± Cetuximab<sup>註4</sup> + RT

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

#### Regimen 2: Weekly CDDP ± Cetuximab<sup>註4</sup> + RT

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

#### Regimen 3: q3w Carboplatin<sup>註4</sup> ± Cetuximab<sup>註4</sup> + RT

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

#### Regimen 4: Weekly Cetuximab<sup>註4</sup> + RT

- Cetuximab(400mg/ m<sup>2</sup>) loading dose first week, then Cetuximab(250mg/ m<sup>2</sup>) maintain dose during RT



# Carcinoma of Oral Cavity

註3

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)

## Regimens of Chemotherapy

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

### **Regimen 1: q3-4 weeks T<sup>註4</sup> + P ± F ± weekly Cetuximab<sup>註4</sup>**

- Taxotere(60 mg/ m<sup>2</sup>) D1
- Cisplatin(60-75 mg/ m<sup>2</sup>) D1
- Fluorouracil (5-FU) (600-750mg/m<sup>2</sup>) D2-D5
- Cetuximab (400mg/ m<sup>2</sup>) loading dose first week, then Cetuximab (250mg/ m<sup>2</sup>) maintain dose

### **Regimen 2: P ± F q3-4 weeks ± weekly Cetuximab<sup>註4</sup>**

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

### **Regimen 3: q3-4 weeks CDDP ± F ± weekly Cetuximab<sup>註4</sup>**

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

# Carcinoma of Oral Cavity

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 4: q3-4 weeks Carboplatin<sup>註4</sup> ± F ± weekly Cetuximab<sup>註4</sup>

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

### Regimen 5: weekly Cetuximab<sup>註4</sup>

- Cetuximab (400mg/ m<sup>2</sup>) loading dose first week, then Cetuximab (250mg/ m<sup>2</sup>) 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<sup>2</sup>)

# ***Carcinoma of Oral Cavity***

註4

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 9

## **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  $\geq 70$  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 Oral Cavity

註5

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 10

## 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 Oral Cavity***

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.05.17 Page 11

## **References**

1. NCCN Clinical Practice Guidelines in Oncology – Head and Neck Cancers Version 1. 2015
2. AJCC (American Joint Committee on Cancer) Manual for Staging of Cancer, 7th ed, Greene, FL, Page, DL, Fleming, ID, et al (Eds), Springer-Verlag, New York 2010.
3. Chen, YK, Huang, HC, Lin, LM, Lin, CC. Primary oral squamous cell carcinoma: an analysis of 703 cases in southern Taiwan. *Oral Oncol* 1999; 35:173.
4. Iro, H, Waldfahrer, F. Evaluation of the newly updated TNM classification of head and neck carcinoma with data from 3247 patients. *Cancer* 1998; 83:2201.
5. Bradley, PJ, MacLennan, K, Brakenhoff, RH, Leemans, CR. Status of primary tumour surgical margins in squamous head and neck cancer: prognostic implications. *Curr Opin Otolaryngol Head Neck Surg* 2007; 15:74.
6. Brockstein, B, Vokes, EE. Concurrent chemoradiotherapy for head and neck cancer. *Semin Oncol* 2004; 31:786.
7. Nair, MK, Sankaranarayanan, R, Padmanabhan, TK. Evaluation of the role of radiotherapy in the management of carcinoma of the buccal mucosa. *Cancer* 1988; 61:1326.
8. Hong, WK, Bromer, RH, Amato, DA, et al. Patterns of relapse in locally advanced head and neck cancer patients who achieved complete remission after combined modality therapy. *Cancer* 1985; 56:1242.
9. Forastiere, AA, Metch, B, Schuller, DE, et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck: A Southwest Oncology Group study. *J Clin Oncol* 1992; 10:1245.
10. Jacobs, C, Lyman, G, Velez-Garcia, E, et al. A phase III randomized study comparing cisplatin and fluorouracil as single agents and in combination for advanced squamous cell carcinoma of the head and neck. *J Clin Oncol* 1992; 10:257.
11. Rowland KM, Taylor SG, O'Donnell MR et al. Cisplatin and 5-FU infusion chemotherapy in advanced recurrent cancer of the head and neck: An Eastern Cooperative Oncology Group pilot study. *Cancer Treat Rep* 1986; 70: 461-464.
12. Vermorken JB, Remenar E, van Herpen C, Gorlia T, Mesia R, Degardin M, Stewart JS, Jelic S, Betka J, Preiss JH, et al. Cisplatin, fluorouracil, and docetaxel in unresectable head and neck cancer. *N Engl J Med*. 2007 Oct 25; 357(17):1695-704
13. Posner MR, Hershock DM, Blajman CR, Mickiewicz E, Winkquist E, Gorbounova V, Tjulandin S, Shin DM, Cullen K, Ervin TJ, et al. Cisplatin and fluorouracil alone or with docetaxel in head and neck cancer. *N Engl J Med*. 2007 Oct 25; 357(17):1705-1