高雄榮民總醫院

子宮內膜癌

診療指引

2023年 第一版 2023/02/14

婦癌醫療團隊擬訂

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。

修訂指引

- 本共識依下列參考資料修改版本
  - NCCN Clinical Practical Guidelines in Oncology, Uterine Neoplasms (Version 1. 2023)
  - 子宮內膜癌臨床指引：國家衛生研究院
  - 婦癌研究委員會

會議討論

上次會議：2022/02/22

本共識與上一版的差異

上一版	新版
1. 流程一：原初步評估的地方為：建議基因檢測且評估其他遺傳性癌症之風險。(p.8) 2. 流程三：不適合手術的部分，處置其中之一原本為「體外放射線治療 + 近接治療 ± 全身性化療」。(p.10) 3. 流程四：原有遠端轉移病灶的部分敘述為「及/或」。(p.11) 4. 流程七：原若為stage III則傾向合併治療。(p14) 5. 流程十：第三年至五年原為每6個月返診一次。(p17) 6. 流程十二、流程十三：原先若腹腔細胞學檢查無惡性細胞：陰道近接治療或觀察 (p19、p20) 7. 流程十五：原先不適合手術治療的部分無區分疾病是否限制於子宮腔內。(p22) 8. 化療藥物指引:原先分為病灶侷限於子宮及針對復發/轉移及病時可選用。(p23) 9. 荷爾蒙藥物指引：原先Levonorgestrel IUD (for fertility sparing)（p24）	1. 流程一：修改為考慮germline基因檢測及多基因遺傳檢測（multigene panel testing）。(p.8) 2. 流程三：不適合手術的部分，處置其中之一改為「體外放射線治療 + 近接治療 ± 含鉑化療增敏」。(p.10) 3. 流程四：有遠端轉移病灶的部分敘述字眼修改為「±」。(p.11) 4. 流程七：修改成若為stage IIIB-IIIC則可考慮合併治療。(p.14) 5. 流程十：修改成第三年至五年每6-12個月返診一次。(p17) 6. 流程十二、流程十三：修改為若腹腔細胞學檢查無惡性細胞：陰道近接治療± 全身性化療或觀察(p19、p20) 7.流程十五：不適合手術治療的部分區分疾病侷限於子宮內 ± 影像學有懷疑骨盆淋巴結轉移及轉移性疾病。(p22) 8.化療藥物指引:原先分為病灶侷限於子宮及針對復發/轉移及病時可選用，修改為全身性化療。(p23) 9.荷爾蒙藥物指引：原先for fertility sparing改成生育保留或是特定臨床情境考量（p24）

高雄榮總婦產部 子宮內膜癌臨床治療指引
2017 New FIGO and TNM staging (AJCC 8th)

Primary Tumor (T)		
T	**FIGO**	**T Criteria**
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
T1	I	Tumor confined to the corpus uteri, including endocervical glandular involvement
T1a	IA	Tumor limited to the endometrium or invading less than half the myometrium
T1b	IB	Tumor invading one half or more of the myometrium
T2	II	Tumor invading the stromal connective tissue of the cervix but not extending beyond the uterus. Does NOT include endocervical glandular involvement.
T3	III	Tumor involving serosa, adnexa, vagina, or parametrium
T3a	IIIA	Tumor involving the serosa and/or adnexa (direct extension or metastasis)
T3b	IIIB	Vaginal involvement (direct extension or metastasis) or parametrial involvement
T4	IVA	Tumor invading the bladder mucosa 及/或 bowel mucosa (bullous edema is not sufficient to classify a tumor as T4)

Regional Lymph Node (N)		
N	**FIGO**	**N Criteria**
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N0 (i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
N1	IIIC1	Regional lymph nodes metastasis to pelvic lymph nodes
N1mi	IIIC1	Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to pelvic lymph nodes
N1a	IIIC1	Regional lymph node metastasis (greater than 2.0 mm in diameter) to pelvic lymph nodes
N2	IIIC2	Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes
N2mi	IIIC2	Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes
N2a	IIIC2	Regional lymph node metastasis (greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvie lymph nodes

Distant Metastasis (M)		
M	**FIGO**	**M Criteria**
M0		No distant metastasis
M1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone). (It excludes metastasis to pelvic or para-aortic lymph nodes, vagina, uterine serosa, or adnexa).

STAGE GROUPS			
T	**N**	**M**	**stage**
T1	N0	M0	I
T1a	N0	M0	IA
T1b	N0	M0	IB
T2	N0	M0	II
T3	N0	M0	III
T3a	N0	M0	IIIA
T3b	N0	M0	IIIB
T1-T3	N1/N1mi/N1a	M0	IIIC1
T1-T3	N2/N2mi/N2a	M0	IIIC2
T4	Any N	M0	IVA
Any T	Any N	M1	IVB

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

初步評估

病史詢問

身體檢查

血液常規

病理審視 (※)

建議基因檢測且評估其他遺傳性癌症之風險

考慮germline基因檢測及多基因遺傳檢測（multigene panel testing）

影像學檢查:

胸部X光 (若有發現異常, 進一步安排胸部電腦斷層)、及骨盆腔核磁共振、或腹部及骨盆腔電腦斷層或 PET

初步臨床發現

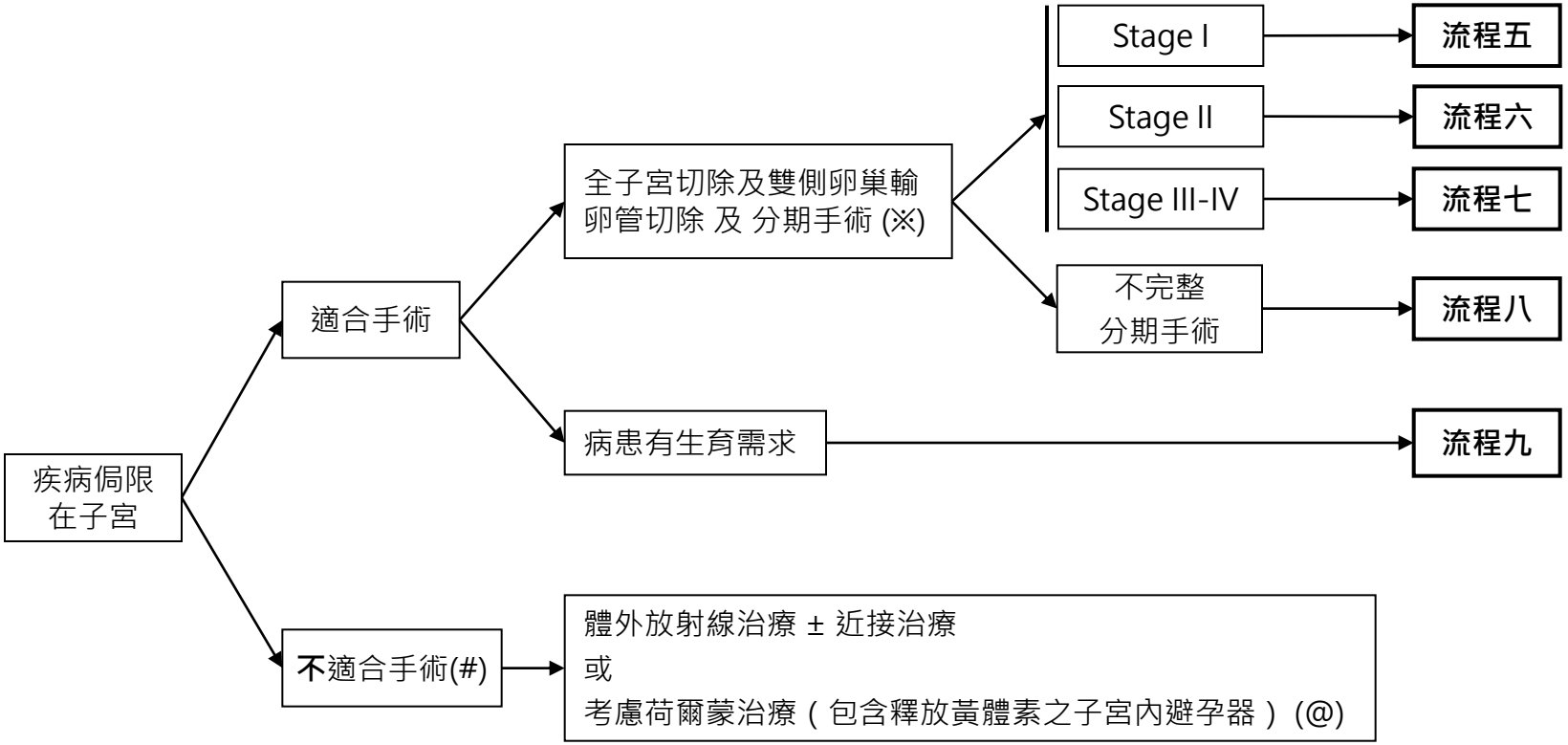
- Endometrioid carcinoma
  - 疾病侷限在子宮 → **流程二**
  - 懷疑或巨觀下有子宮頸侵襲 → **流程三**
  - 懷疑有子宮外病灶 → **流程四**
- Serous carcinoma → **流程十二**
- Clear cell carcinoma → **流程十三**
- Undifferentiated / dedifferentiated carcinoma → **流程十四**
- Carcinosarcoma → **流程十五**

流程一

※: 建議在D&C的檢體，或是在最後手術切除的子宮檢體上常規進行MMR protein / MSI 染色檢測

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

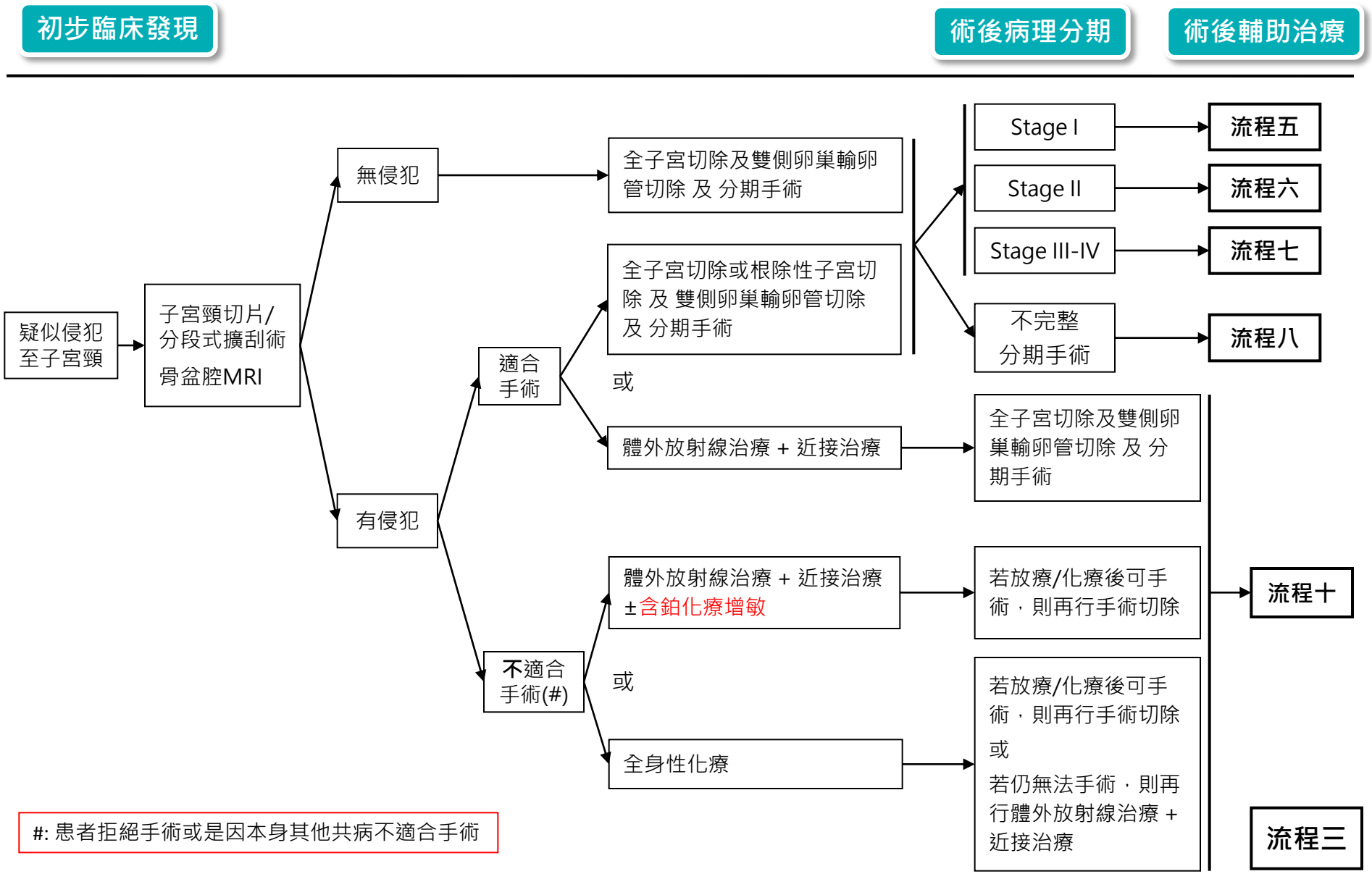
初步臨床發現　　術後病理分期　　術後輔助治療



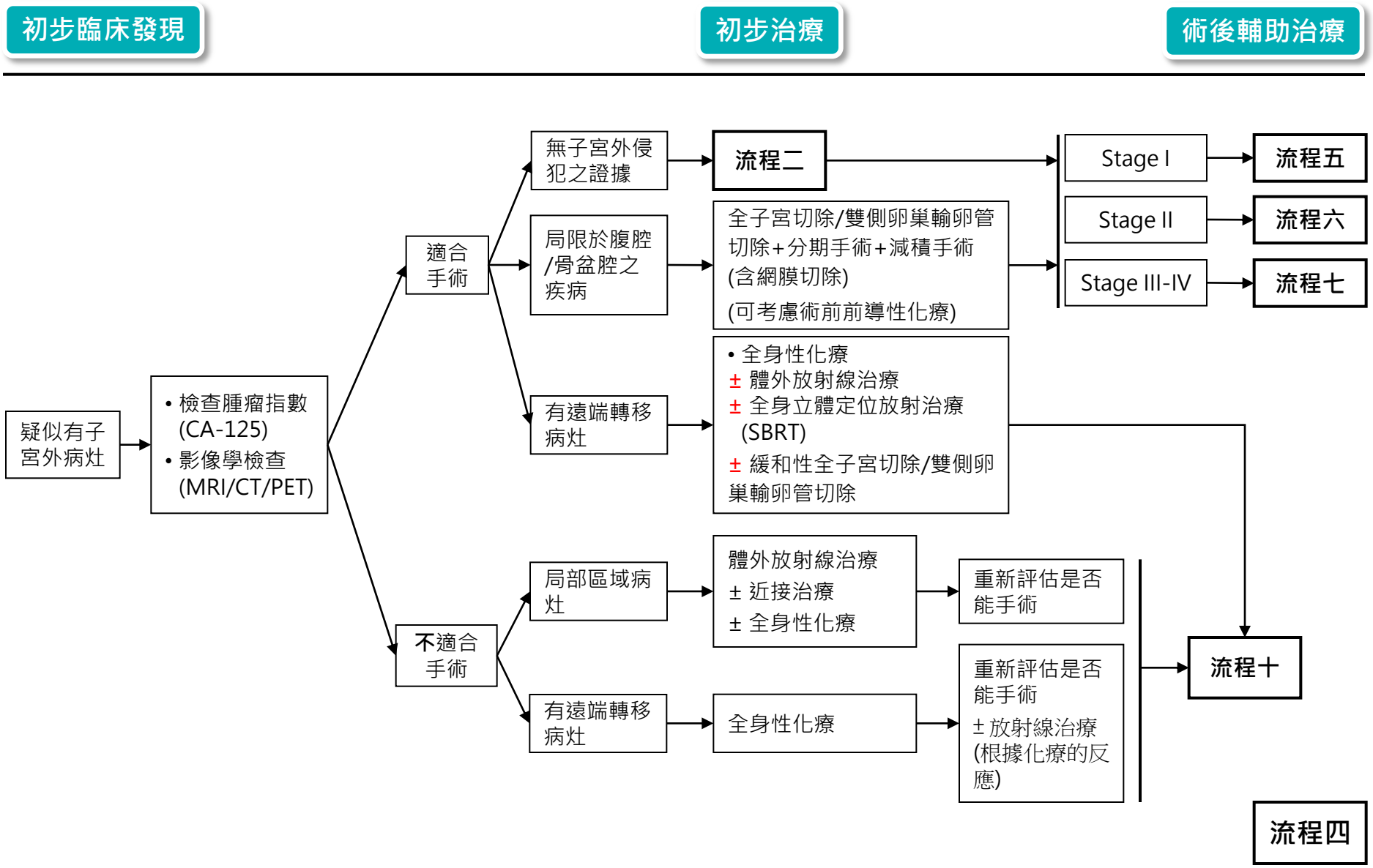
流程二

※: 若執刀醫師及病患病況許可，建議微創手術
#: 患者拒絕手術或是因本身其他共病不適合手術
@: 多用於low-grade endometrioid carcinoma, 且患者的腫瘤體積小或是病灶生長緩慢

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



FIGO stage I 分期手術術後輔助治療

FIGO stage	Histologic grade	輔助治療
IA	Gr. 1 / Gr. 2	觀察 (建議) 或 考慮陰道近接治療，若LVSI (+) 及/或 age ≧ 60 y/o (※)
	Gr.3	陰道近接治療(建議) 或 觀察 (若無子宮侵犯) 或 若≧70歲或LVSI(+)，考慮體外放射治療
IB	Gr.1	陰道近接治療(建議) 或 考慮觀察，若<60歲且LVSI(-)
	Gr.2	陰道近接治療(建議) 或 考慮體外放射線治療 ，若>60歲及/或LVSI(+) 或 考慮觀察，若<60歲且LVSI(-)
	Gr.3	放射治療 (體外放射治療 ± 近接治療) ± 全身性化療

※: 若同時LVSI(+)且年紀≧60歲則強烈建議陰道近接治療

流程五

FIGO stage II 分期手術術後輔助治療

FIGO stage	Histologic grade	輔助治療
II	Gr. 1 – Gr. 3	體外放射線治療 (建議) 及/或 陰道近接治療 (※) ± 全身性化療

※: 若Gr.1/2, myometrium invasion ≦ 1/2, LVSI (-), and 子宮頸顯微侵犯 (microscopic invasion) 可考慮做近接治療

流程六

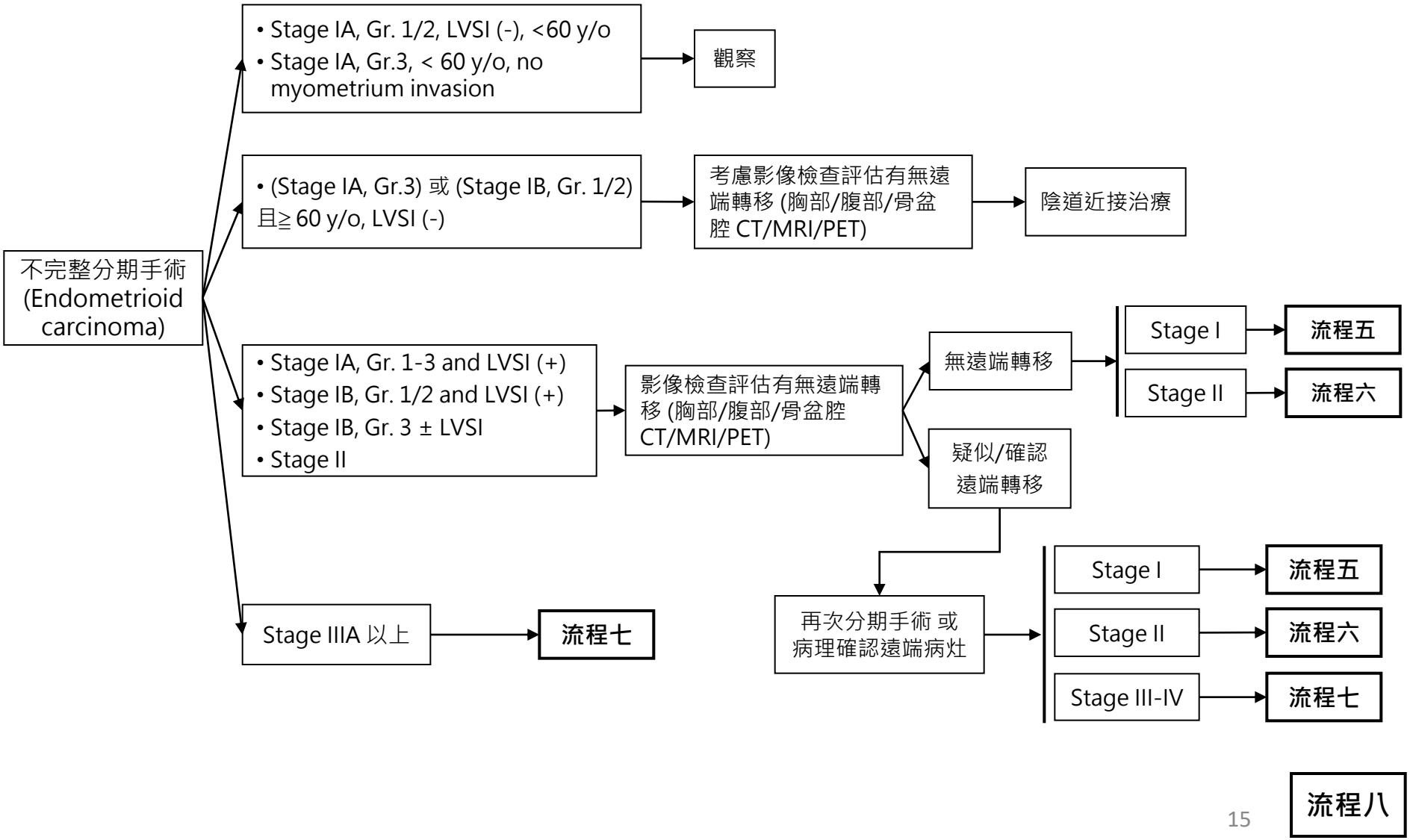
FIGO stage III-IV 分期手術術後輔助治療

FIGO stage	輔助治療
III-IV	全身性化療 ± 體外放射線治療 ± 陰道近接治療 (※)

※: 若為stage IIIB-IIIC則可考慮合併治療

流程七

不完整分期手術後輔助治療 (Endometrioid carcinoma)



高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

生育保留治療方式

必須滿足以下條件

- Gr. 1 endometrioid carcinoma (經病理確認)
- 經影像(MRI)確認病灶侷限於內膜層
- 影像檢查顯示無遠端轉移
- 無藥物治療的禁忌症或懷孕狀態
- 患者應了解生育保留治療方式並非標準治療內膜癌之方法

初始治療

- 和生殖科醫師諮詢
- 建議基因檢測且評估其他遺傳性癌症之風險(※)
- 確認藥物治療過程中沒有懷孕

- 持續性黃體素治療
  - Megestrol
  - Medroxyprogesterone
  - Progestin IUD
- 控制體重及改變生活型態

每3-6個月接受D&C或EM biopsy

復發後治療

在六個月內達到complete response

- 鼓勵懷孕, 同時每六個月追蹤內膜
- 若無懷孕準備則應持續黃體素治療

完成生育後, 或是疾病進展時應接受完整分期手術治療

- 在停經前特定病人可考慮保留卵巢

在6-12個月時發現仍有EM cancer

完整分期手術治療

- 在停經前特定病人可考慮保留卵巢

流程九

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

追蹤及監測　　**臨床表現**　　**復發後治療**

1. 身體檢查
   前兩年每3個月返診一次, 第三年至五年每6-12個月返診一次, 之後每年返診一次
2. 腫瘤指數在一開始時有升高,應每次追蹤時複驗
3. 陰道細胞學檢：
   每三個月一次連續二年之後每半年一次
4. 胸部X光檢查：
   每1年一次或是有症狀時
5. 有懷疑復發時，可安排電腦斷層或核磁共振檢查或正子檢查

局部區域復發
(影像學確認無其他遠端轉移) → **流程十一**

獨立遠端轉移 (非指單一) →
- 考慮手術切除病灶及/或 體外放療

或

燒灼病灶 (※)
- 考慮全身性化療

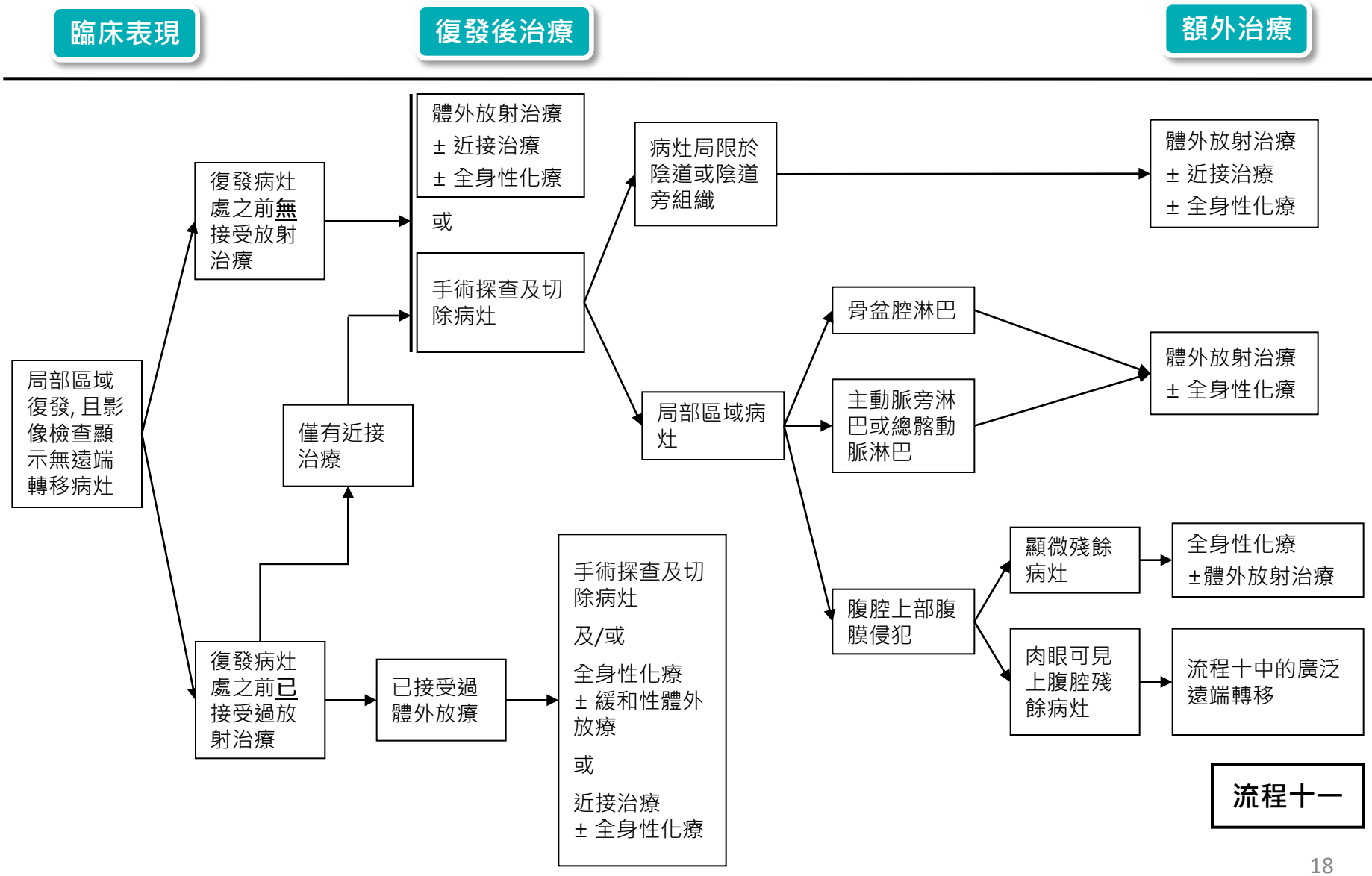
→ 病患不適合局部治療或是發生進一步復發

廣泛遠端轉移 → 全身性化療 ± 緩和性體外放療 → 或疾病持續進展, 則進入緩和/支持療法

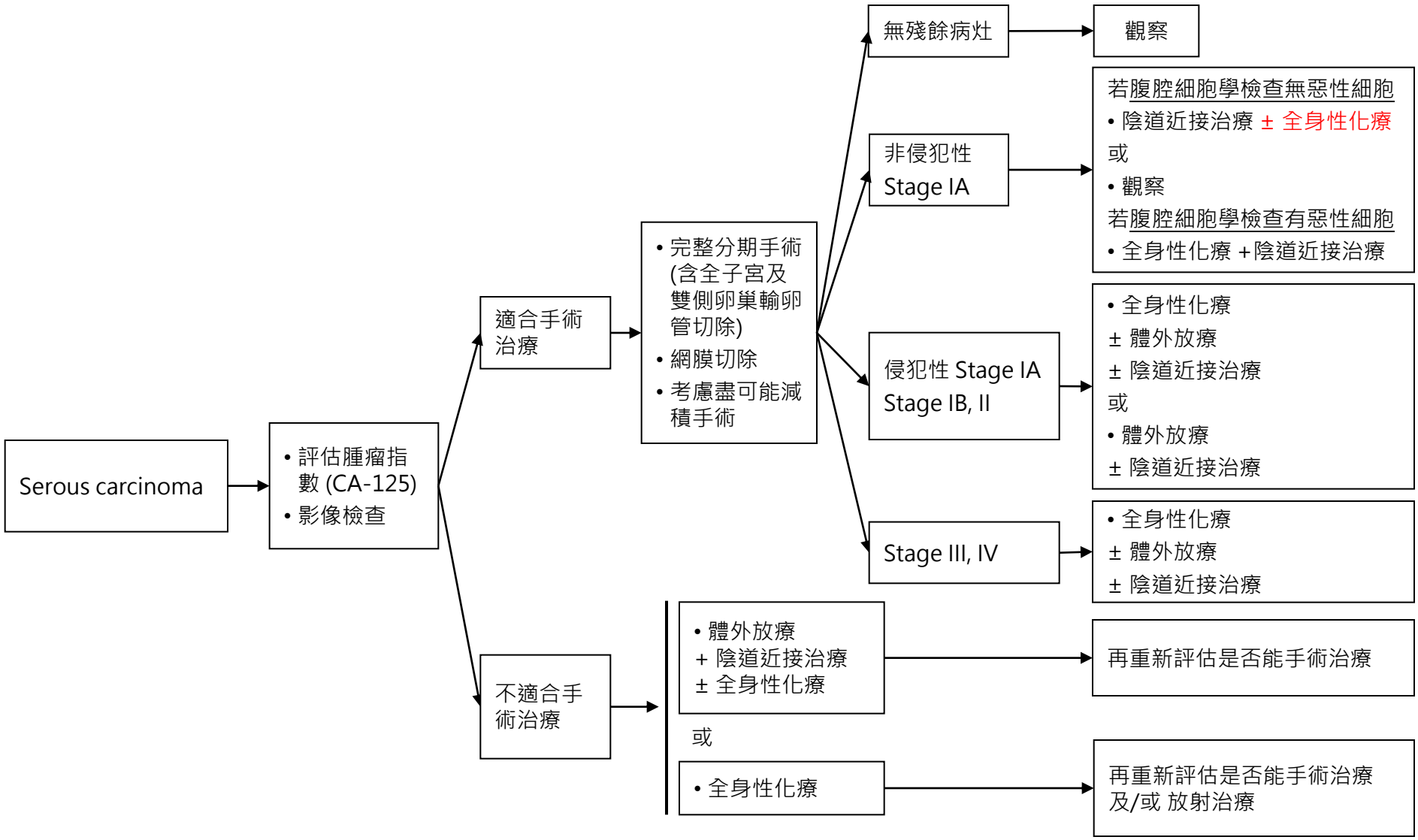
※: 若遠端轉移病灶數為 1-5 個且原始病灶部位已獲得控制時可考慮遠端病灶燒灼術

流程十

局部區域復發治療方式

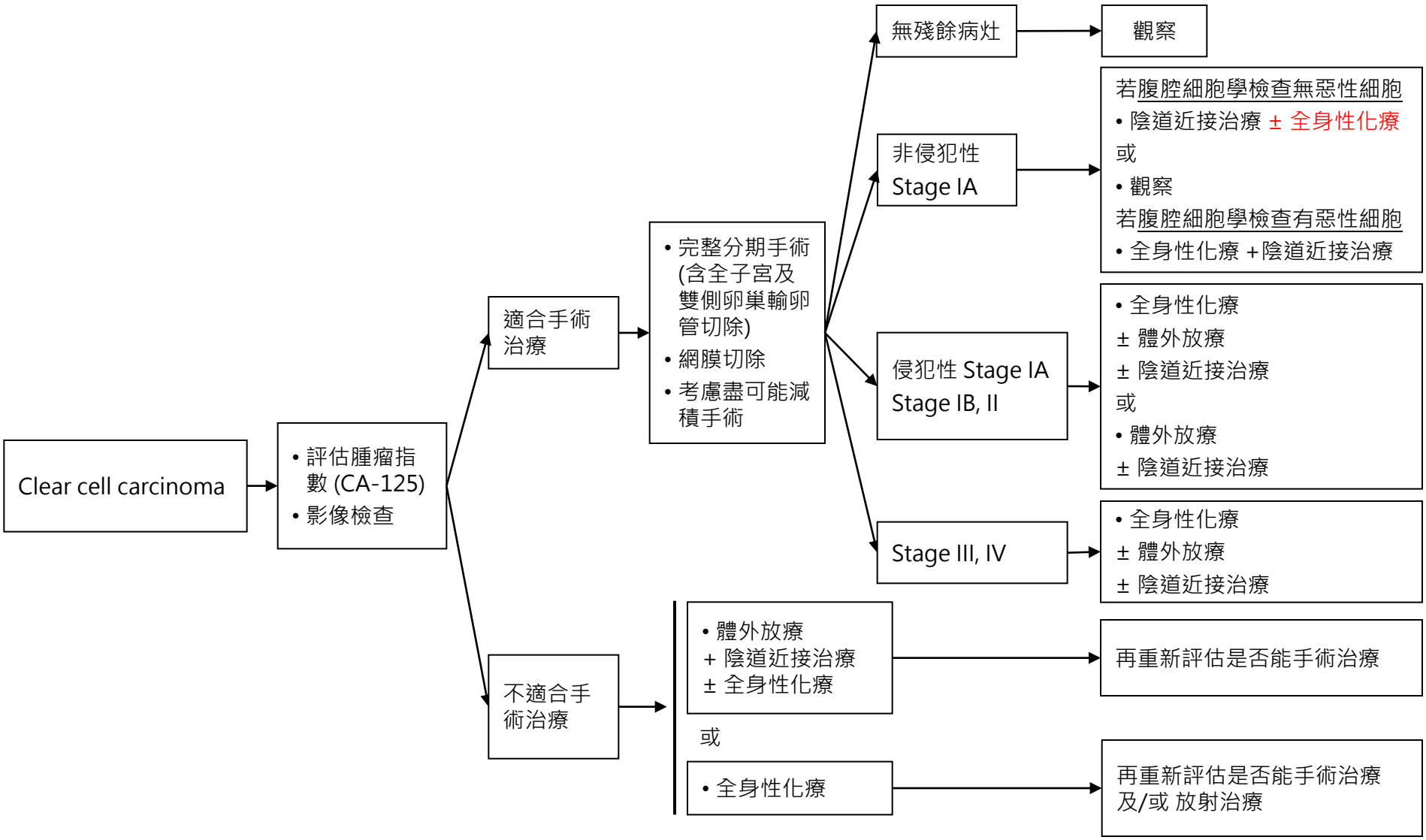

臨床表現
復發後治療
額外治療
局部區域復發, 且影像檢查顯示無遠端轉移病灶
復發病灶處之前無接受放射治療
僅有近接治療
復發病灶處之前已接受過放射治療
已接受過體外放療
體外放射治療
± 近接治療
± 全身性化療
或
手術探查及切除病灶
手術探查及切除病灶
及/或
全身性化療
± 緩和性體外放療
或
近接治療
± 全身性化療
病灶局限於陰道或陰道旁組織
局部區域病灶
體外放射治療
± 近接治療
± 全身性化療
骨盆腔淋巴
主動脈旁淋巴或總髂動脈淋巴
體外放射治療
± 全身性化療
腹腔上部腹膜侵犯
顯微殘餘病灶
全身性化療
±體外放射治療
肉眼可見上腹腔殘餘病灶
流程十中的廣泛遠端轉移
流程十一

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



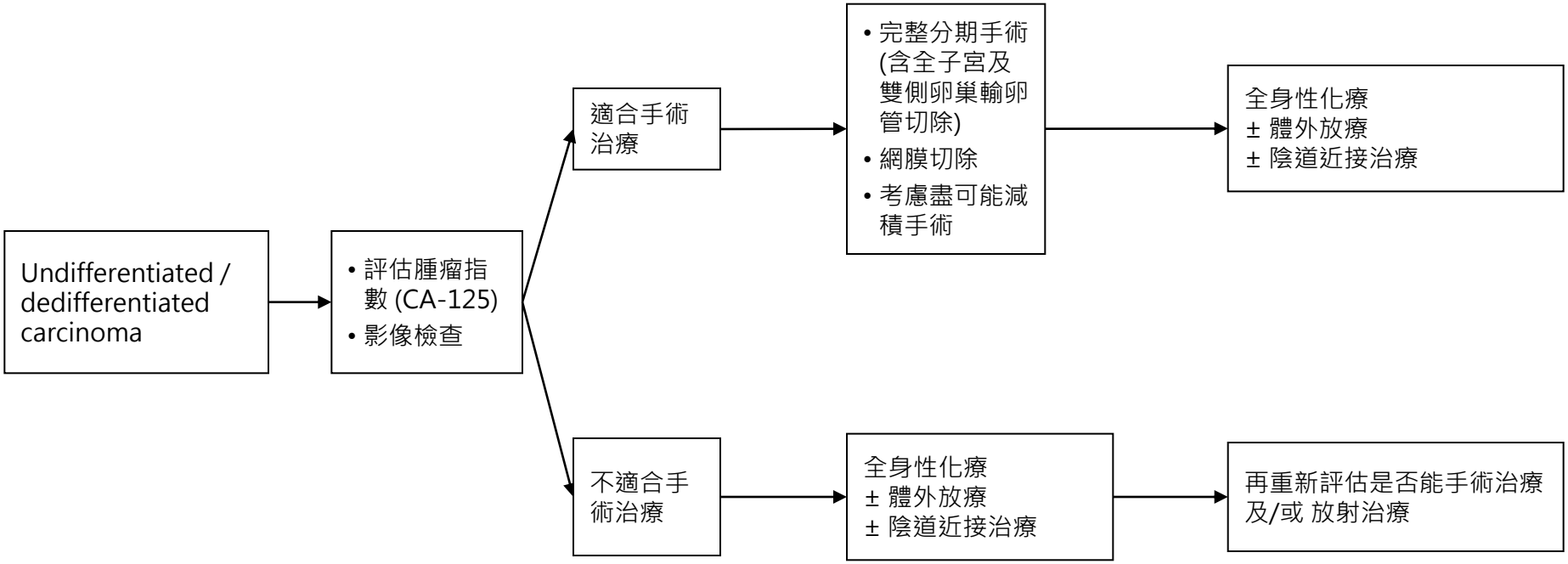
流程十二

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



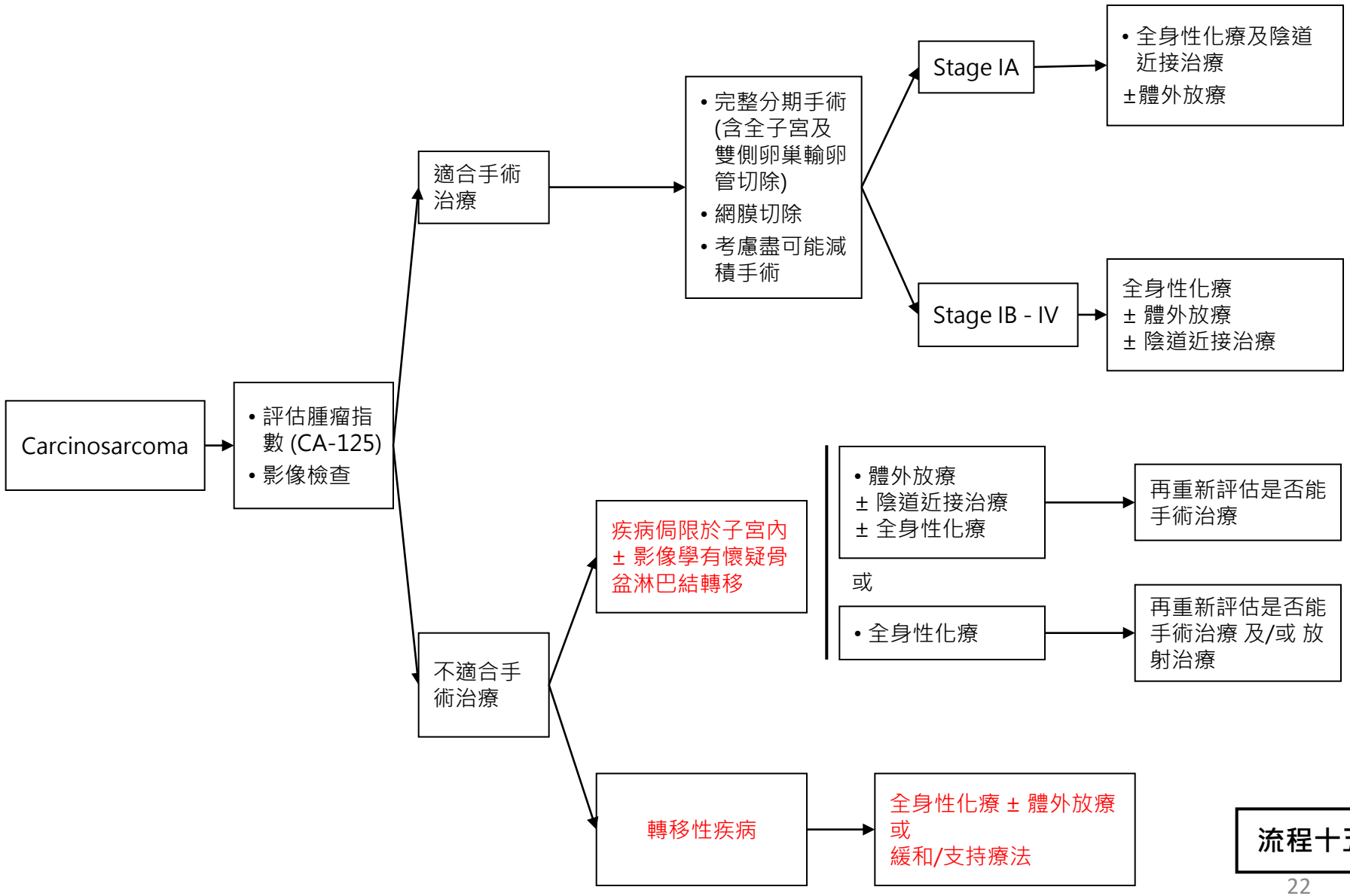
流程十三

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



流程十四

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



流程十五

子宮內膜癌 化療藥物指引

全身性治療（Systemic Therapy）
Taxol (payself) (175 mg/m^2) + Cisplatin (50 mg/m2) if CCr > 60ml/min Taxol (payself) (175 mg/m^2) + Carboplatin (AUC=5) if CCr < 60ml/min
PEI (Epirubicine 為optional) (8) Epirubicine (50mg/m^2) +Cisplatin(50mg/m^2) + Ifosfamide+mesna (4gm/m^2) if CCr > 60ml/min Epirubicine (50mg/m^2) + Carboplatin(AUC=5) + Ifosfamide+mesna (4gm/m^2) if CCr < 60ml/min
Topotecan(0.75mg/m^2) + Cisplatin (50mg/m^2), if CCr > 60ml/min (30,31) Topotecan(0.75mg/m^2) + Carboplatin (AUC=5), if CCr < 60ml/min
Lipodoxorubicin (payself) (30 mg/m^2) + Cisplatin(50mg/m^2), if CCr > 60ml/min (32,33) Lipodoxorubicin (payself) (30 mg/m^2) + Carboplatin(AUC=5), if CCr > 60ml/min (32,33)
Lipodoxorubicin (payself) (40 mg/m2), every 28 days (32, 33)
Weekly topotecan (4mg/m2) (34) Topotecan alone (1mg/m2) on D1-D5, every 21 days (Ref Walder S. et al., 2003)
Taxol (payself) (175 mg/m2) + Carboplatin (AUC=5) + Avastin (5-15mg/kg) (36, 37)
Avastin (payself) (5~15mg/kg) (29)
針對stage III/IV or 復發的serous carcinoma 或是 carcinosarcoma with HER2 positive Carboplatin (AUC=5) + Paclitaxel (175 mg/m2)+ Trastuzumab (8mg/kg in 1st cycle, then 6mg/kg since 2nd cycle) (38)
針對有 (MSI-H / MMR proteins deficiency) 的病患 Pembrolizumab (Keytruda) (200mg), Every 21 days (35, 39, 40)
針對接受過至少一線含鉑金類化療後復發，且沒有 (MSI-H / MMR proteins deficiency) 的病患 Lenvatinib(20mg orally QD) + Pembrolizumab (Keytruda) (200mg), Every 21 days (42)

子宮內膜癌 荷爾蒙藥物指引

可選用配方
Medroxyprogesterone acetate (Farlutal) 500mg 1# QD (27)
Megestrol 160 mg/QD
Levonorgestrel IUD (生育保留或是特定臨床情境考量)
Letrozole 2.5mg 1# QD (28)
Tamoxifen 10mg 1# BID (26)
針對復發或是遠端轉移的endometrioid carcinoma Everolimus 10mg QD + Letrozole 2.5mg QD (41)

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