

# 高雄榮民總醫院

## 子宮頸癌診療指引

2019年01月22日 第一版

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™ Cervical Cancer (II. 2019)<sup>(1)</sup>
  - 婦癌研究委員會(2011)，子宮頸癌篩檢臨床指引與子宮頸癌臨床指引：國家衛生研究院<sup>(2-3)</sup>
  - 其他相關子宮頸癌臨床指引<sup>(4-10)</sup>

# 會議討論

上次會議：2018/11/20

## 本共識與上一版的差異

上一版	新版
<p>1. 診療指引有陳列及線上有建置神經內分泌癌手術後輔助化學治療或放療以 platinum-based 為原則中之 VP-16/ platinum (VP-16 100mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles) 的化療處方 (p. 13)</p>	<p>1. 刪除診療指引及線上建置之神經內分泌癌手術後輔助化學治療或放療以 platinum-based 為原則中之 VP-16/platinum (VP-16 100mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles) 的化療處方 (p. 13)</p>

Primary Tumor (T)		
T	FIGO	T Criteria
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
T1	I	Cervical carcinoma confined to the uterus (extension to corpus Should be disregarded)
T1a	IA	Invasive carcinoma diagnosed only by microscopy. Stromal Invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less. Vascular space involvement, venous or lymphatic, does not affect Classification.
T1a1	IA1	Measured stromal invasion of 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
T1a2	IA2	Measured stromal invasion of more than 3.0 mm and not more than 5.0 mm, with a horizontal spread of 7.0 mm or less
T1b	IB	Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2. Includes all macroscopically visible lesions, even those with superficial invasion.
T1b1	IB1	Clinically visible lesion 4.0 cm or less in greatest dimension
T1b2	IB2	Clinically visible lesion more than 4.0 cm in greatest dimension
T2	II	Cervical carcinoma invading beyond the uterus but not to the pelvic wall or to lower third of the vagina
T2a	IIA	Tumor without parametrial invasion
T2a1	IIA1	Clinically visible lesion 4.0 cm or less in greatest dimension
T2a2	IIA2	Clinically visible lesion more than 4.0 cm in greatest dimension
T2b	IIB	Tumor with parametrial invasion
T3	III	Tumor extending to the pelvic sidewall* and/or involving the lower Third of the vagina and/or causing hydronephrosis or nonfunctioning kidney
T3a	IIIA	Tumor involving the lower third of the vagina but not extending to the pelvic wall
T3b	IIIB	Tumor extending to the pelvic wall and/or causing hydronephrosis or nonfunctioning kidney
T4	IVA	Tumor invading the mucosa of the bladder or rectum and/or extending beyond the true pelvis (bullous edema is not sufficient to classify a tumor as T4)

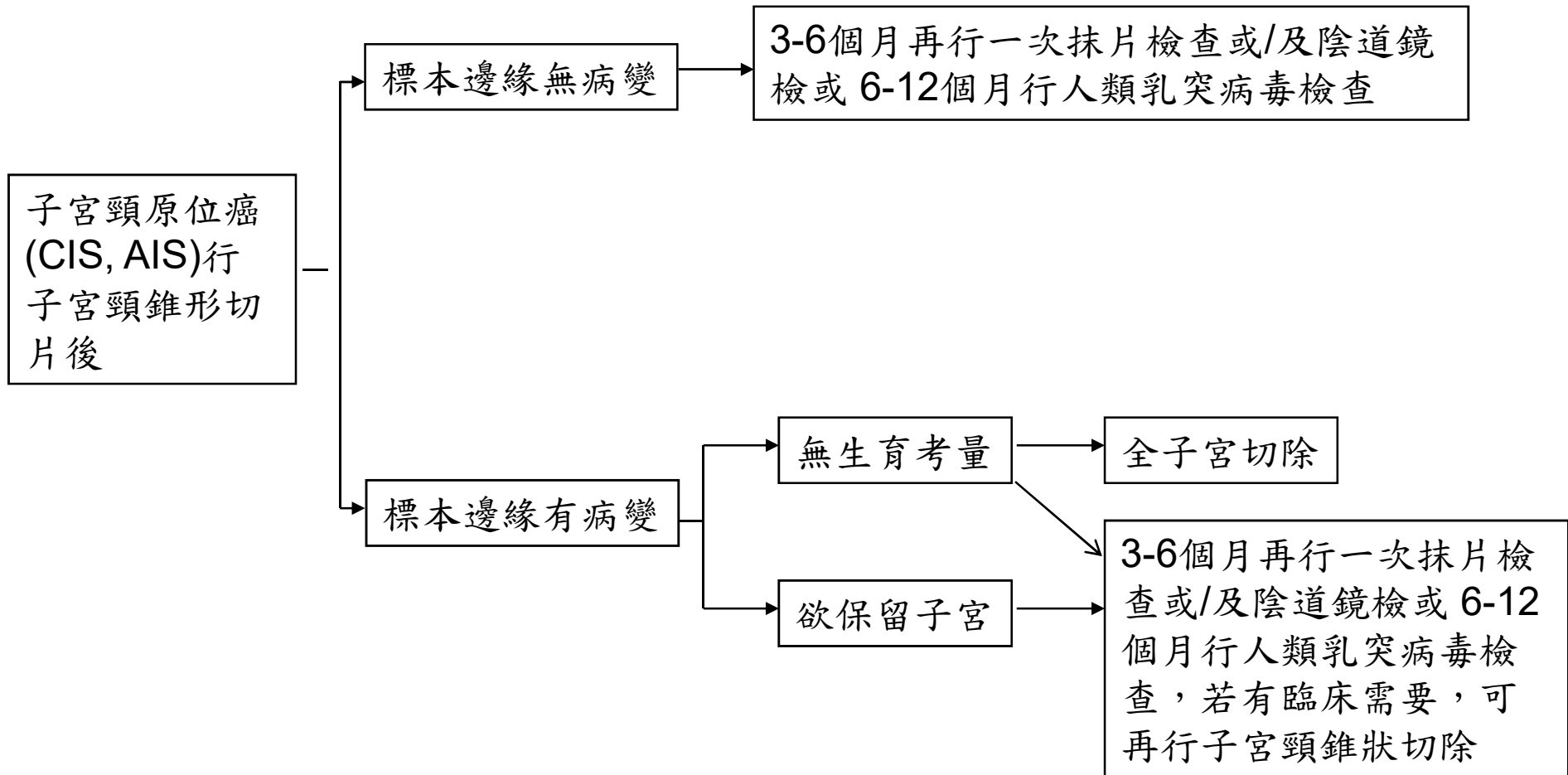
\*The pelvic sidewall is defined as the muscle, fascia, neurovascular structures, and skeletal portions of the bony pelvis. On rectal examination, there is no cancer-free space between the tumor and pelvic sidewall.

<b>Regional Lymph Node (N)</b>		
<b>N</b>	<b>FIGO</b>	<b>N Criteria</b>
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		Regional lymph node metastasis

<b>Distant Metastasis (M)</b>		
<b>M</b>	<b>FIGO</b>	<b>M Criteria</b>
M0		No distant metastasis
M1	IVB	Distant metastasis (including peritoneal spread or involvement of the supraclavicular, mediastinal, or distant lymph nodes; lung; liver; or bone)

<b>STAGE GROUPS</b>			
<b>T</b>	<b>N</b>	<b>M</b>	<b>stage</b>
T1	Any N	M0	I
T1a	Any N	M0	IA
T1a1	Any N	M0	IA1
T1a2	Any N	M0	IA2
T1b	Any N	M0	IB
T1b1	Any N	M0	IB1
T1b2	Any N	M0	IB2
T2	Any N	M0	II
T2a	Any N	M0	IIA
T2a1	Any N	M0	IIA1
T2a2	Any N	M0	IIA2
T2b	Any N	M0	IIB
T3	Any N	M0	III
T3a	Any N	M0	IIIA
T3b	Any N	M0	IIIB
T4	Any N	M0	IVA
Any T	Any N	M1	IVB

# 高雄榮總婦癌團隊 子宮頸原位癌臨床診療指引



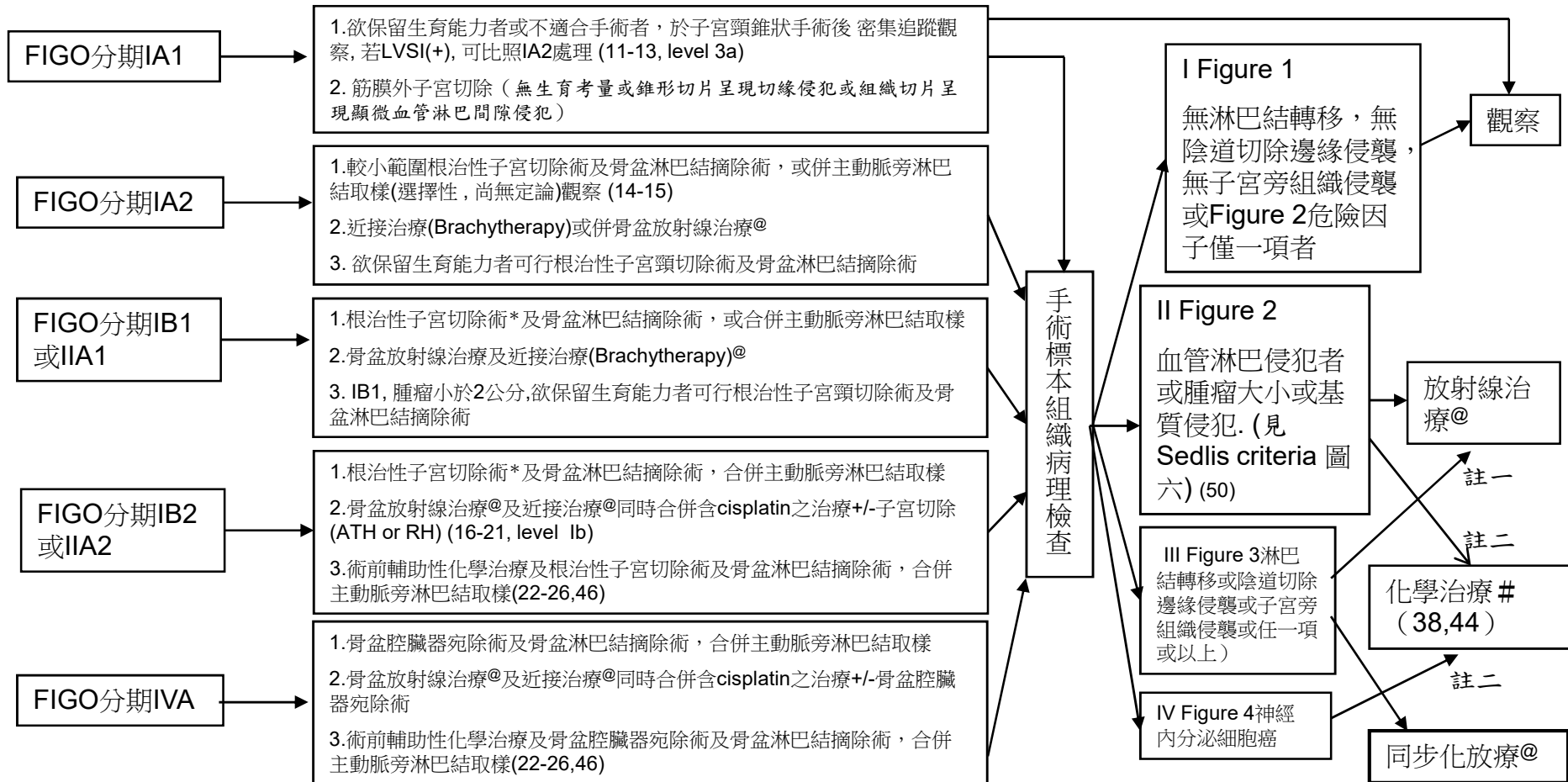
# 高雄榮總婦癌團隊 子宮頸癌臨床診療指引

## 子宮頸癌治療流程

治療前檢查：1.病史及理學檢查\*；2.全血球計數；3.子宮頸切片之組織病理檢查；4.子宮頸錐狀手術+子宮頸管搔刮術(當子宮頸切片之組織病理檢查結果為微侵襲癌者)；5.胸部X光\*；6.分期高於IA者，安排腹部及骨盆電腦斷層\*或核磁共振\*(52)；7.常規生化檢驗；8.血清腫瘤標記檢驗(鱗狀細胞癌者:SCC、CEA；腺癌者:CEA、CA-125,CA-199)

選擇性檢查：#分期為IB2或以上者，膀胱或直腸鏡檢；#葡萄糖正子攝影 \*與期別相關之檢查

輔助治療



\*:含神經保留式根治性子宮切除術 (nerve sparing radical hysterectomy)；#:請見表一；註一：病患年紀太大或合併多重內科疾病者；註二：年輕女性考慮避免性功能障礙者或接受過放射線治療者；@: 放射治療、近接治療或同步化放療請見放射腫瘤部治療指引

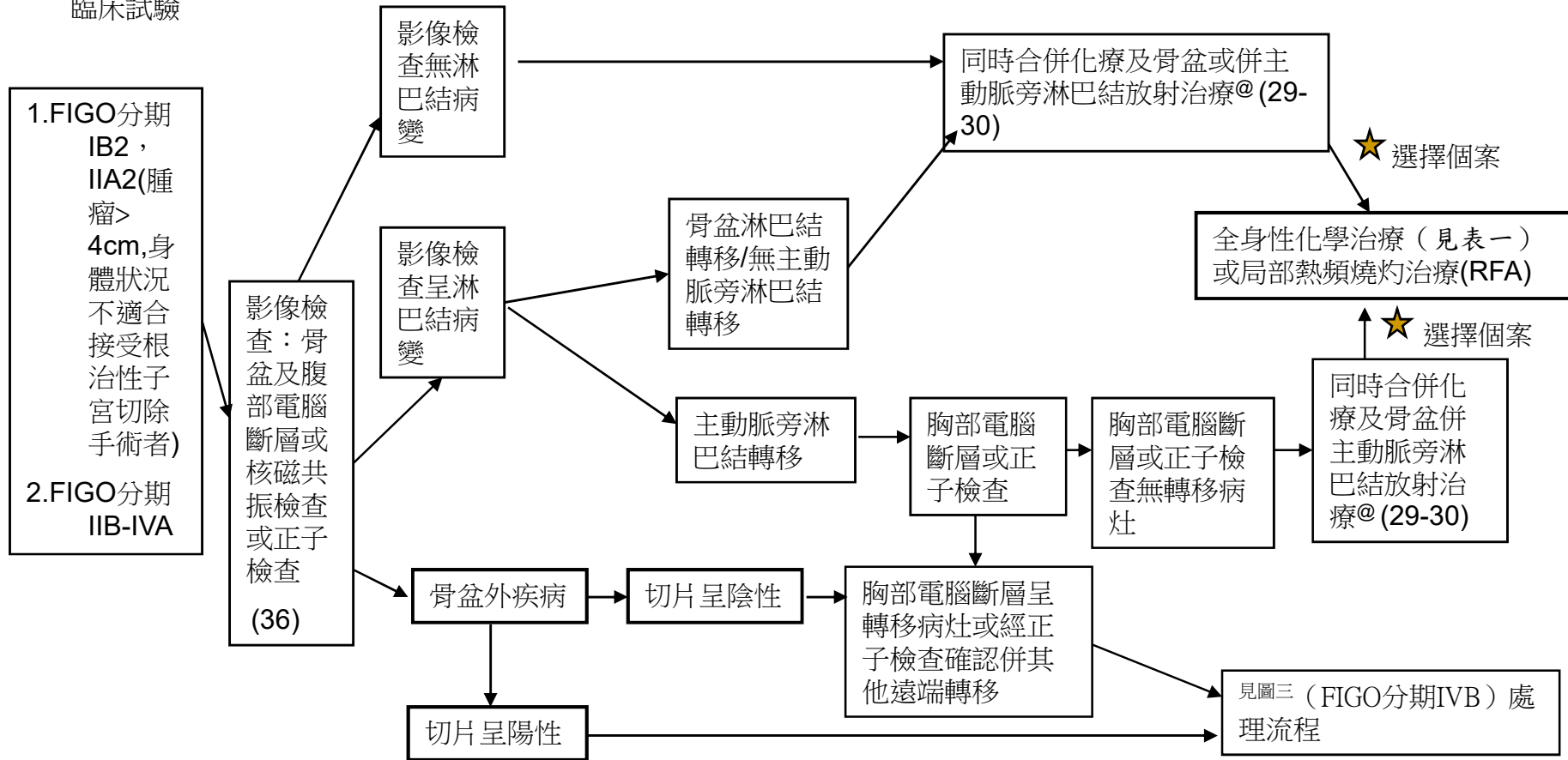
圖一

FIGO分期IIB-IVA(局部晚期)子宮頸癌，或不適合施行根治性子宮切除手術之IB、IIA治療流程

1.放射治療包括體外放射治療及近接治療<sup>@</sup>

2.同步化放療時使用含cisplatin 40 mg/m<sup>2</sup> /carboplatin 100 mg/m<sup>2</sup> or AUC2 weekly x 6 courses（或配合放療療程）之化療或

臨床試驗



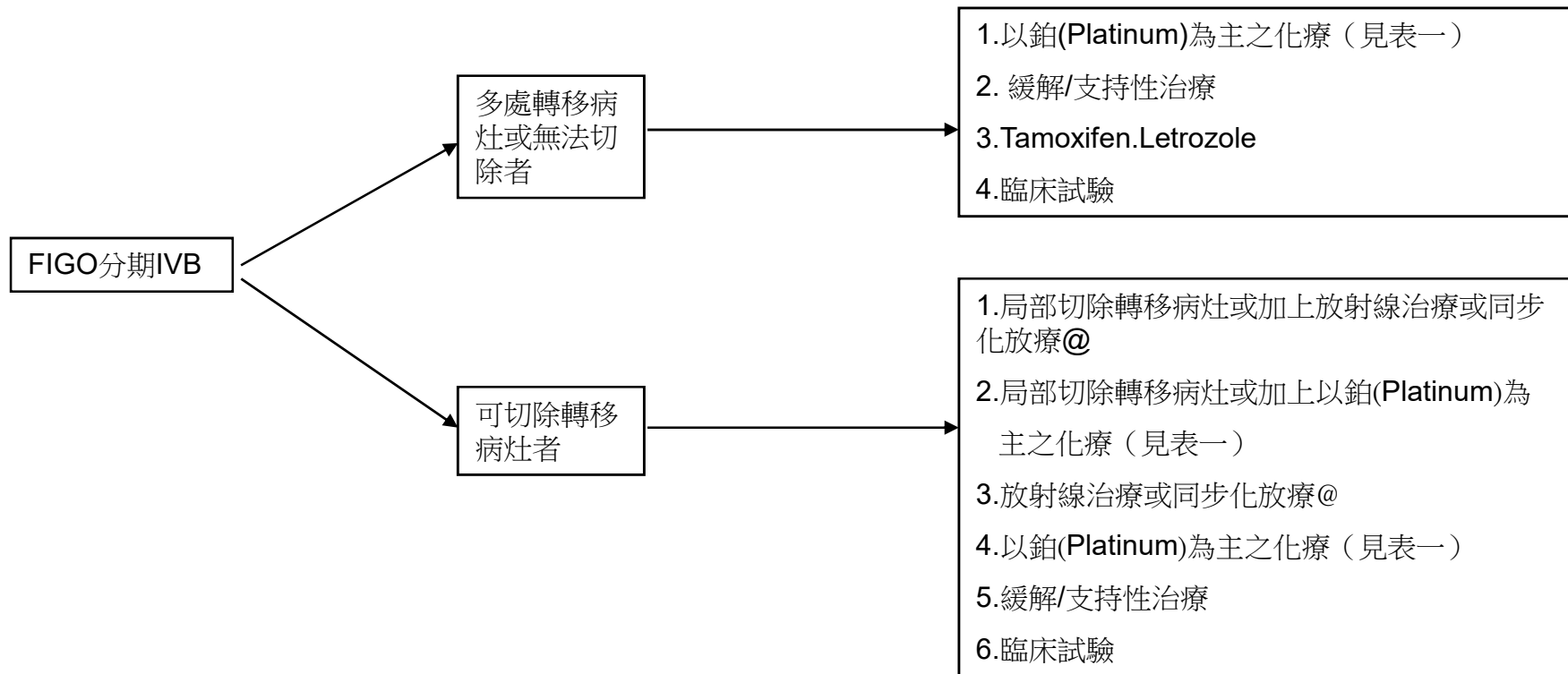
圖二

<sup>@</sup>：放射治療或同步化放療及併主動脈旁淋巴結放射治療請見放射腫瘤部治療指引

★：仍有residual tumor



FIGO分期IVB(遠端轉移)子宮頸癌治療流程



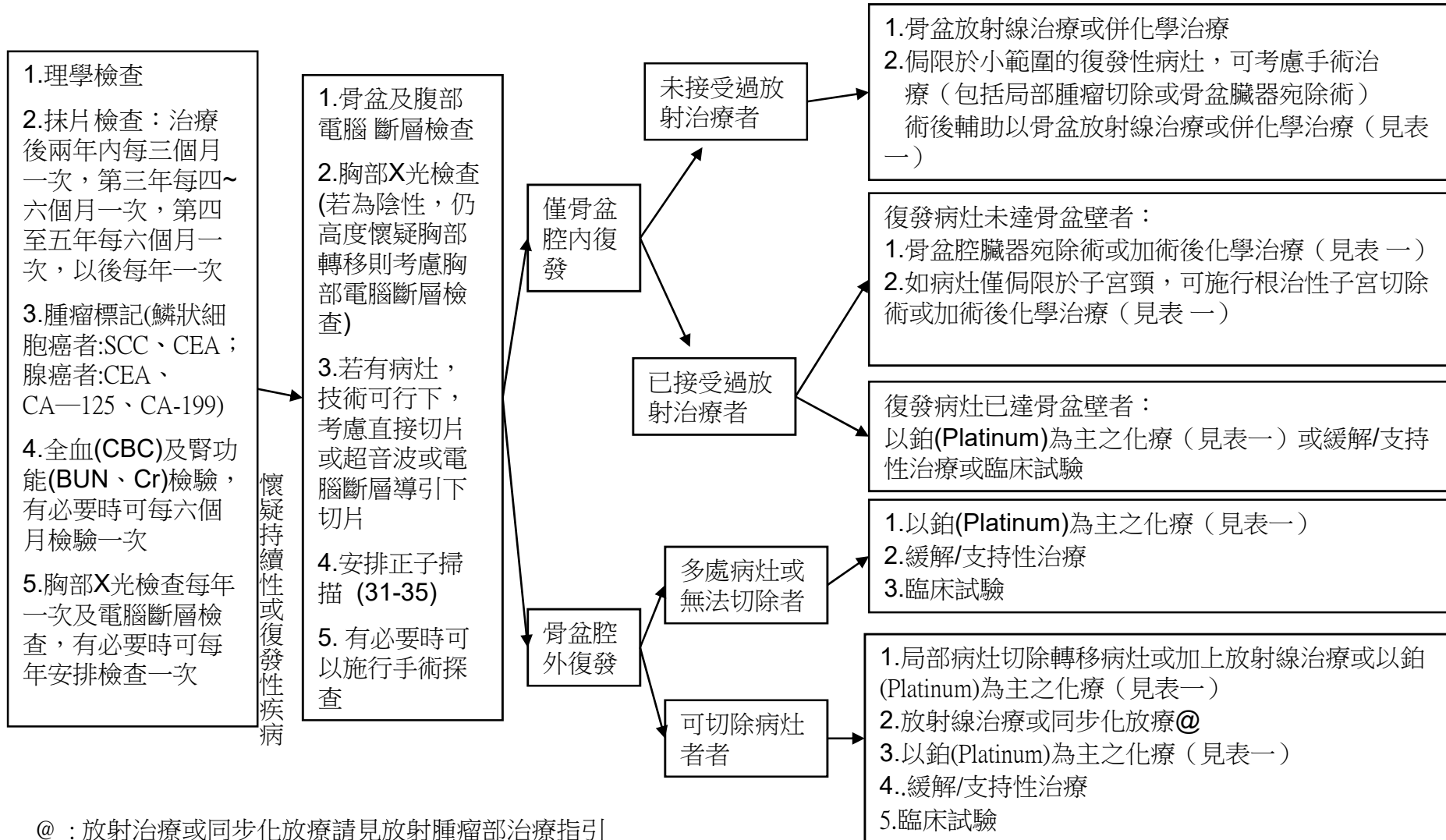
圖三

## 子宮頸癌治療後追蹤及復發的處置

定期追蹤方法

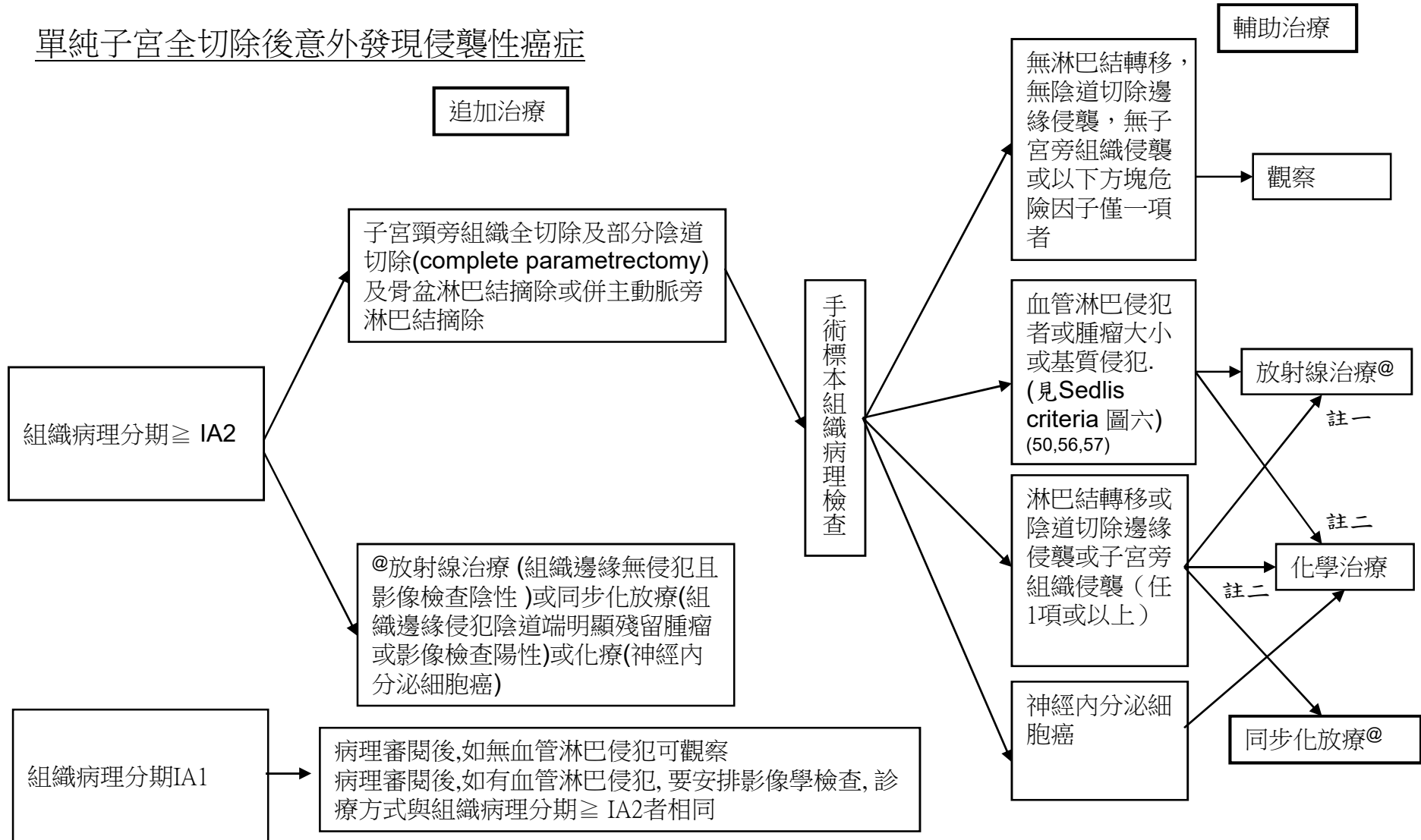
進一步檢查

救援性(Salvage)治療



@：放射治療或同步化放療請見放射腫瘤部治療指引

## 單純子宮全切除後意外發現侵襲性癌症



圖五

#:請見表一；註一：病患年紀太大或合併多重內科疾病者；註二：年輕女性考慮避免性功能障礙者或接受過放射線治療者；

@: 放射治療或同步化放療請見放射腫瘤部治療指引

**SEDLIS CRITERIA FOR EXTERNAL PELVIC RADIATION AFTER RADICAL HYSTERECTOMY IN NODE-NEGATIVE, MARGIN-NEGATIVE, PARAMETRIA-NEGATIVE CASES<sup>1,2,3,4</sup>**

<b>LVSI</b>	<b>Stromal Invasion</b>	<b>Tumor Size (cm) (Determined by clinical palpation)</b>
<b>+</b>	<b>Deep 1/3</b>	<b>Any</b>
<b>+</b>	<b>Middle 1/3</b>	<b>≥2</b>
<b>+</b>	<b>Superficial 1/3</b>	<b>≥5</b>
<b>-</b>	<b>Middle or Deep 1/3</b>	<b>≥4</b>

**LVSI: Lymphovascular space invasion**

圖六

## 高雄榮總婦癌團隊 子宮頸癌臨床治療指引-化學治療或同步化學與放射治療

術前新輔助化學治療：以 platinum-based 為原則，可使用以下的選擇

- 1.IP (ifosfamide 4 gm/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 3~6 cycles)(48,49)
- 2.Irinotecan 60mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 28 days x 3~6 cycles (optional )(43,47)
- 3.(IB2-IIB) weekly Taxol + Carboplatin(AUC=2) (D1,D8,D15)x 9 cycles(59)
- 4.Clinical trials

手術後輔助化學治療：以 platinum-based 為原則，可使用以下的選擇

- 1.IP (ifosfamide 4 gm/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles) (38,45,49)
- 2.Clinical trials

神經內分泌癌手術後輔助化學治療或化放療以 platinum-based 為原則可使用以下的選擇

- 1.VP-16/cyclophosphamide/platinum (VP-16 100mg/m<sup>2</sup>+cyclophosphamide 500mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles) (53,54)

第IV期B，持續性疾病 (persistent disease)復發或轉移性疾病 (recurrent/metastatic disease) 之全身性化學治療或免疫療法為原則，可使用以下的選擇

- 1.Topotecan 0.75mg/m<sup>2</sup> x 3 days+ cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles(GOG 179, level Ib) (42) ± Bevacizumab 7.5~15 mg/kg
- 2.IP (ifosfamide 4gm/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles)(GOG 110, level Ib)
- 3.Paclitaxel 175mg/m<sup>2</sup>+ cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles)(optional)(GOG 169, GOG 204, level Ib) (51) ± Bevacizumab 7.5~15 mg/kg (GOG 240) (55)
- 4.Irinotecan/platinum (Irinotecan 60mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 28 days x 6 cycles) (optional) (43,47)
5. Gemcitabine(1000mg/m<sup>2</sup>) + Cisplatin 50mg/m<sup>2</sup> or Carboplatin AUC=5 (58)
6. Tamoxifen 10mg QD (62,63)
- 7.Keytruda(Pembrolizumab) for PD-L1(+) or MSI-H/dMMR tumor ((60, 61 (KEYNOTE-028,158)) / 8.Clinical trials

同步化放療時使用含cisplatin 40 mg/m<sup>2</sup> /carboplatin 100 mg/m<sup>2</sup> or AUC2 weekly x6 cycles 之化療或臨床試驗藥物(29,58)

高雄榮總婦癌團隊 子宮頸癌臨床治療指引-化學治療或同步化學與放射治療

1. CCRT-CISPLATIN(40MG/M<sup>2</sup>)
2. CCRT-CARBOPLATIN(100MG/M<sup>2</sup>) OR AUC<sub>2</sub>
3. CCRT-WEEKLY CISPLATIN(40MG/M<sup>2</sup>) + GEMCITABINE(120MG/M<sup>2</sup>)
4. P(CARBOPLATIN(AUC=5))C(CYCLOPHOSPHAMIDE (500MG/M<sup>2</sup>))+VP-16(100MG/M<sup>2</sup>)-CCR. <60ML/MIN
5. P(CISPLATIN(50MG/M<sup>2</sup>)) C+VP-16-CCR. >60ML/MIN
6. 1ST LINE. I(IFOSFAMIDE+MESNA(4GM/M<sup>2</sup>)) P(CARBOPLATIN(AUC=5))-CCR.< 60ML/MIN
7. 1ST LINE. IP(CISPLATIN(50MG/M<sup>2</sup>))-CCR.> 60ML/MIN
8. 2ND LINE GEMCITABINE(1000MG/M<sup>2</sup>)+ CARBOPLATIN (AUC=5)-CCR<60 (D1)
9. 2ND LINE. GEMCITABINE(1000MG/M<sup>2</sup>) -CCR<60 (D8)
10. 2ND LINE GEMCITABINE(1000MG/M<sup>2</sup>) + CISPLATIN (50MG/M<sup>2</sup>) -CCR>=60 (D1)

高雄榮總婦癌團隊 子宮頸癌臨床治療指引-化學治療或同步化學與放射治療

11. 2ND LINE GEMCITABINE(1000MG/M<sup>2</sup>)-CCR $\geq$ 60 (D8)
12. 2ND LINE. IRINOTECAN(PAYSELF) (60MG/M<sup>2</sup>)  
+CARBOPLATIN(AUC=5) (D1)
13. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M<sup>2</sup>)+CISPLATIN  
(50MG/M<sup>2</sup>) (D1)
14. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M<sup>2</sup>)-D8 OR D15
15. 2ND LINE. TAXOL (PAYSELF)(175MG/M<sup>2</sup>)+ CARBOPLATIN  
(AUC=5)-CCR.< 60ML/MIN
16. 2ND LINE. TAXOL (PAYSELF) (175MG/M<sup>2</sup>) +CISPLATIN  
(50MG/M<sup>2</sup>)-CCR.> 60ML/MIN
17. 2ND LINE. TOPOTECAN(0.75MG/M<sup>2</sup>) +CARBOPLATIN  
(AUC=5)-CCR.< 60ML/MIN
18. 2ND LINE. TOPOTECAN (0.75MG/M<sup>2</sup>) +CISPLATIN  
(50MG/M<sup>2</sup>)-CCR.> 60ML/MIN
19. 3RD LINE. WEEKLY TAXOL(80MG/M<sup>2</sup>) +CISPLATIN(20MG/M<sup>2</sup>)  
(D1 OR D8 OR D15)

**20. AVASTIN (PAYSELF)(5MG/KG)**

**21. TAMOXIFEN 10mg QD**

**22. PEMBROLIZUMAB(KEYTRUDA)**



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