

高雄榮民總醫院

肺癌（小細胞癌）診療原則

癌症中心 肺癌醫療團隊擬定

2022年第一版 2022年2月09日修訂

Reference: NCCN Clinical Practice Guideline in Oncology™, SCLC, **V.2.2022**

肺癌（非小細胞癌）診療原則

診療指引依據實證醫學資料訂定。

診療指引內容包含了與分期相關的主要檢查。

2022年第一版診療指引修訂內容增修部分以紅字標示。

會議討論(一)

上次會議：2021/02/24

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none">1. 擴散期 with localized problem, Bone mets, symptomatic (p.7)2. 原 Complete response or Radiation scarring on chest imaging studies (p.8)3. Extensive stage, PCI (p.8)4. 原無 Stable disease (p.8)	<ol style="list-style-type: none">1. 補充 Bone OP: Orthopedic stabilization if high risk of fracture2. 改為 Complete response / partial response (p.8)3. 改為 MRI f/u ± PCI, ± thoracic R/T (p.8)4. 增加 Stable disease (p.8)

小細胞肺癌

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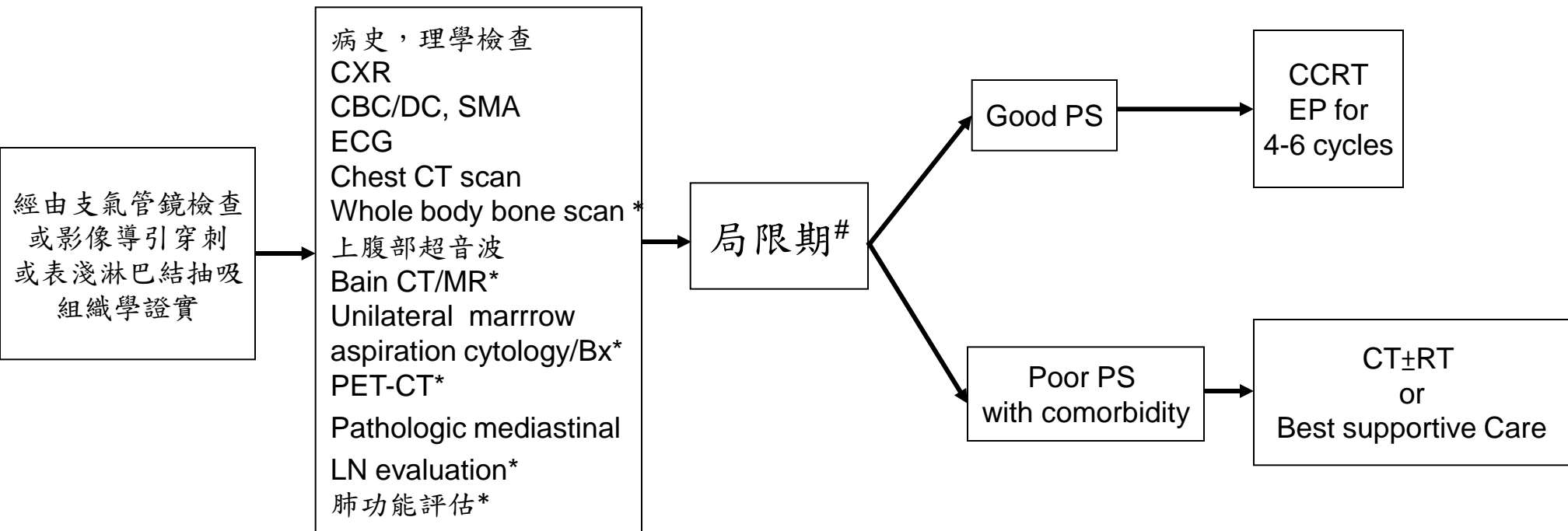
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診斷

初步評估

分期

初始治療



* Optional

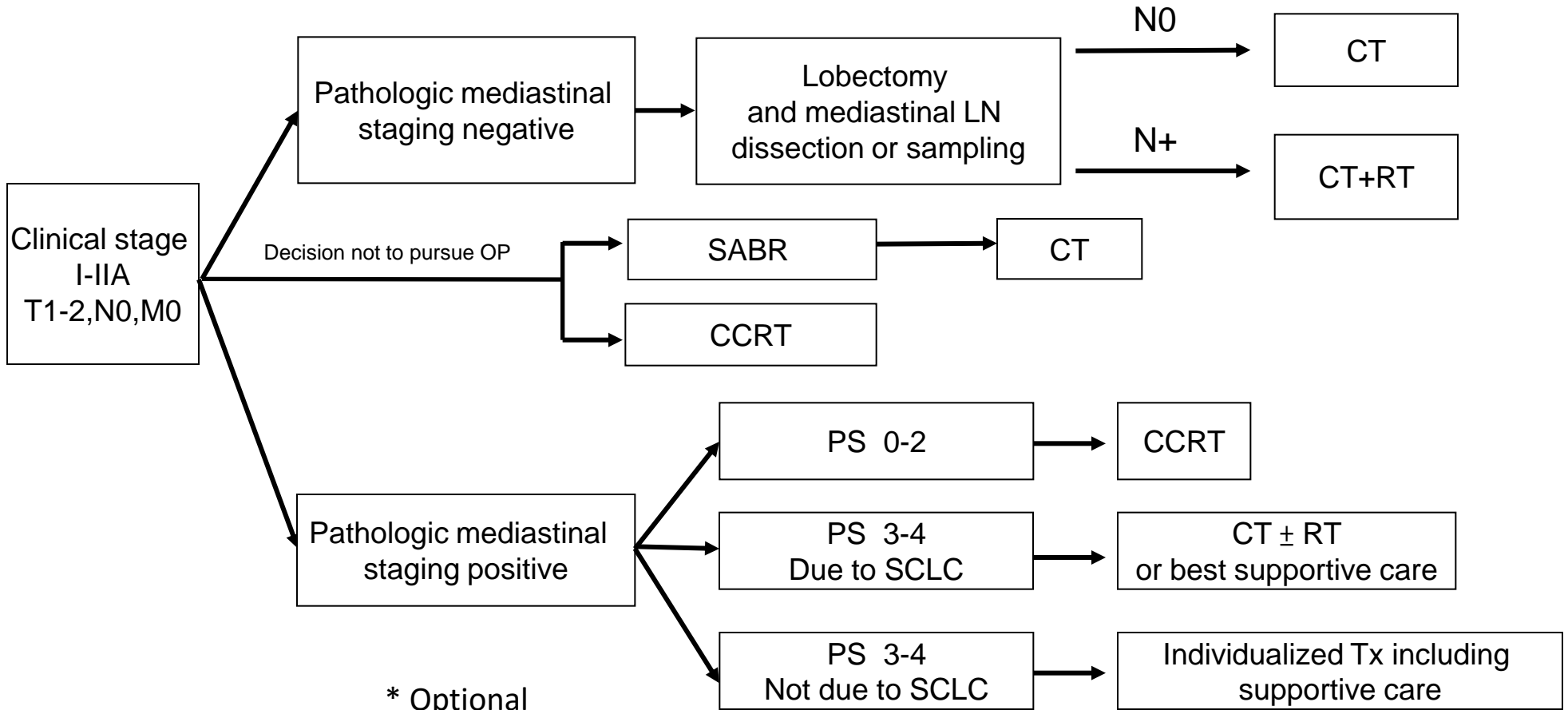
局限性：T any, N any, M0; except T3-4 due to multiple lung nodules

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分期	再評估	結果	治療
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* Optional

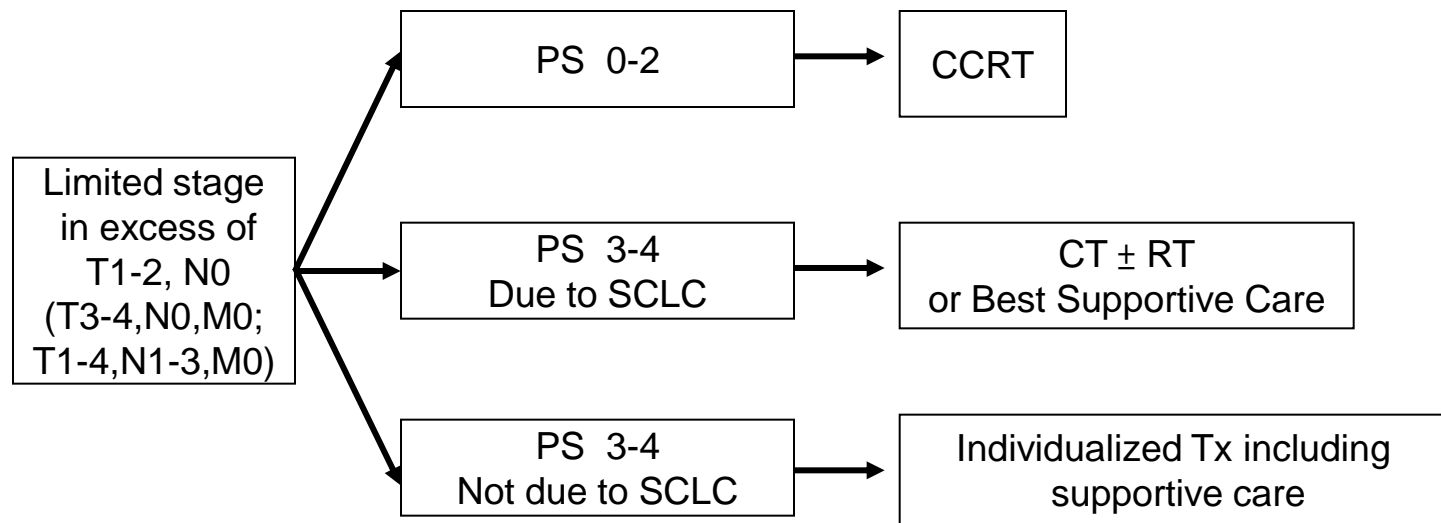
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分期	評估	治療
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* Optional

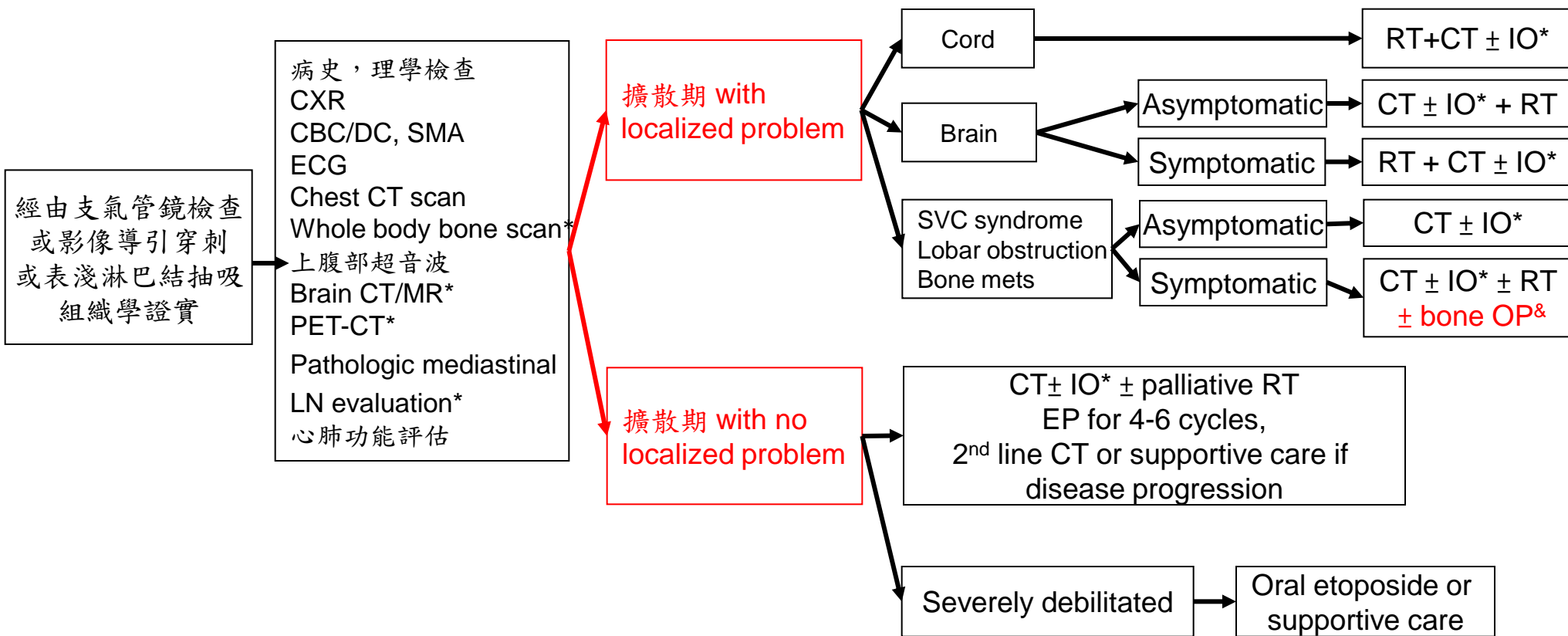
局限期：T any, N any, M0; except T3-4 due to multiple lung nodules

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診斷	初步評估	分期	進一步評估	初始治療
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擴散期：T any, N any, M1a/b/c; T3-4 due to multiple lung nodules

* Atezolizumab or Durvalumab

& Bone OP: Orthopedic stabilization surgery if high risk of fracture

小細胞肺癌

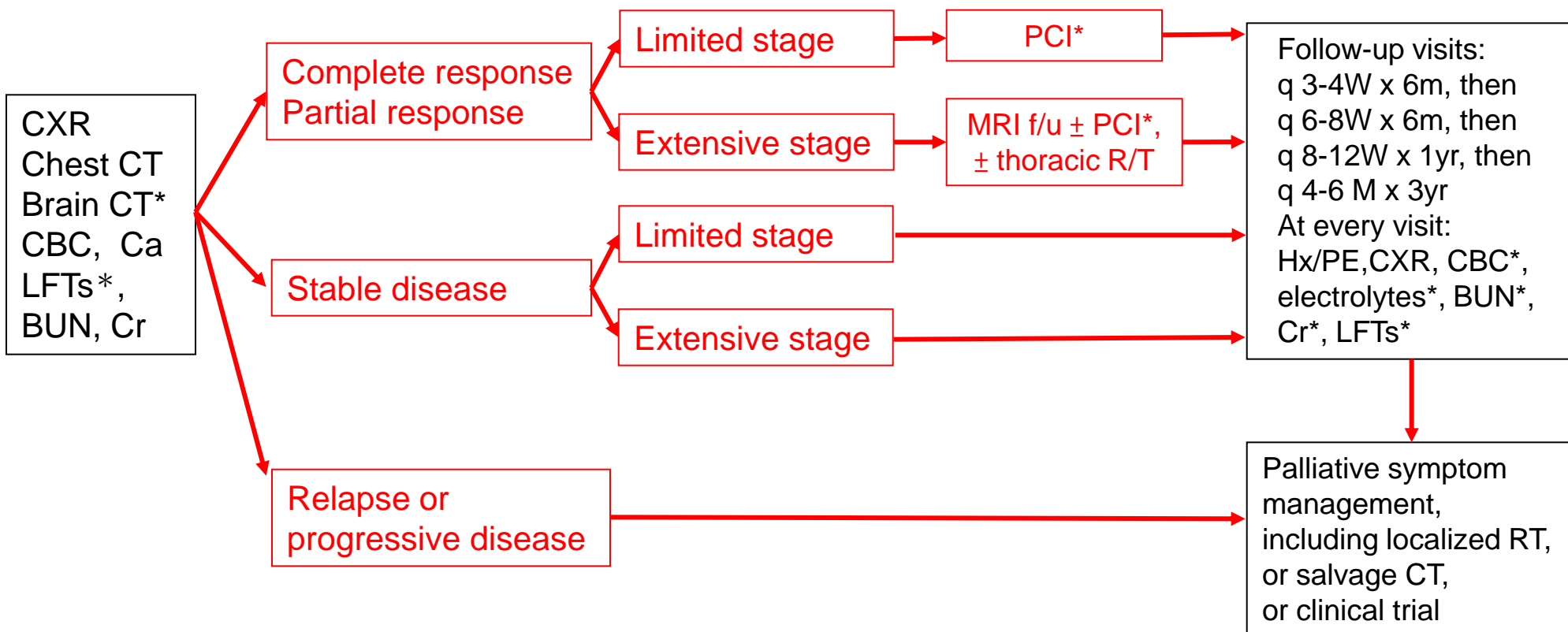
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初步治療後的反應評估

輔助治療

**SALVAGE /
PALLIATION**



•As clinical indicated, optional treatment. PCI (prophylactic cranial irradiation) :1.8-2.0 Gy/d, to total dose of 30 Gy

小細胞肺癌

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一線抗腫瘤治療處方

Published C/T Regimens	Schedule
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m ² , IV, D1 Irinotecan 60 mg/ m ² , IV, D1,8,15	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m ² , IV, D1 Doxorubicin 45 mg/ m ² IV, D1 Vincristine 1.4 mg/ m ² , IV, D1(maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3 Atezolizumab 1,200 mg IV,D1	Q21-28 d x 4 cycles Followed by maintenance atezolizumab q21-28d
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3 Durvalumab 1,500 mg IV,D1	Q21-28 d x 4-6 cycles Followed by maintenance durvalumab q21-28d

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

後線抗腫瘤治療處方(1)

Published C/T Regimens	Schedule
Topotecan 1.2 mg/m ² , IV, D1-3	Q21-28 d x 4-6 cycles
Topotecan 2.3 mg/m ² , PO, D1-3	Q21-28 d x 4-6 cycles
Etoposide 120-150 mg/m ² , PO, D1~5	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m ² , IV, D1 Doxorubicin 45 mg/ m ² IV, D1 Vincristine 1.4 mg/ m ² , IV, D1 (maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3	Q21-28 d x 4-6 cycles
Paclitaxel 60 mg/m ² , IV, D1,8,15	Q21-28 d x 4-6 cycles
Docetaxel 30 mg/m ² , IV, D1,8,15	Q21-28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m ² , IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 25 mg/ m ² IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 60 mg/m ² , PO, D1,8	Q21-28 d x 4-6 cycles
Irinotecan 60 mg/m ² IV, D1,8,15	Q21-28 d x 4-6 cycles

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

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後線抗腫瘤治療處方(2)

Published C/T Regimens	Schedule
Nivolumab 3mg/kg IV	Q2w
Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV	Q3w

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