

# 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

2024年第一版 2024年2月27日修訂

Reference: NCCN Clinical Practice Guideline in Oncology™, SCLC, V.2.2024

# 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。

2024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：2023/02/22

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none"><li>1. 無 (p.7)</li><li>2. Molecular profiling (never smoke, light smoke (&lt; 10/day), pathologic dilemma) (p.7)</li><li>3. 無 (p.11)</li></ol>	<ol style="list-style-type: none"><li>1. 新增 add steroid if symptomatic</li><li>2. 刪除 never smoke, light smoke (&lt; 10/day), pathologic dilemma</li><li>3. 新增 Lurbinectedin 後線抗腫瘤治療處方</li></ol>

# 小細胞肺癌

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臨床診療指引

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診斷

初步評估

分期

初始治療

經由支氣管鏡檢查  
或影像導引穿刺  
或表淺淋巴結抽吸  
組織學證實

病史，理學檢查  
CXR  
CBC/DC, SMA  
ECG  
Chest CT scan  
Whole body bone scan\*  
上腹部超音波  
Bain CT/MR\*  
Unilateral marrow  
aspiration cytology/Bx\*  
PET-CT\*  
Pathologic mediastinal  
LN evaluation\*  
肺功能評估\*

局限性#

Good PS

CCRT  
EP for  
4-6 cycles

Poor PS  
with comorbidity

CT±RT  
or  
Best supportive Care

- Optional

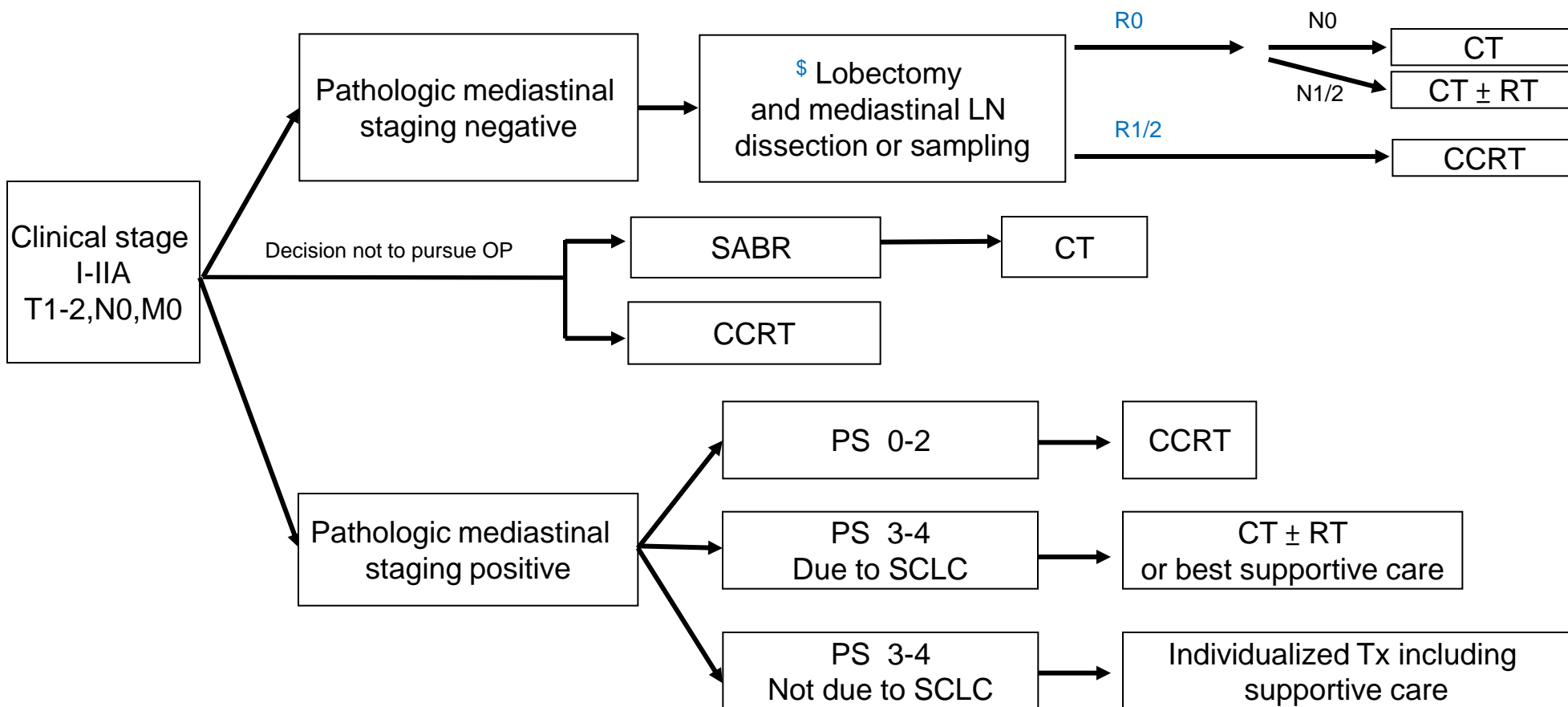
# 局限性：T any, N any, M0; except T3-4 due to multiple lung nodules

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分期	再評估	結果	治療
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# 局限期：T any, N any, M0; except T3-4 due to multiple lung nodules

\$ Multidisciplinary evaluation is recommended before surgery.

# 小細胞肺癌

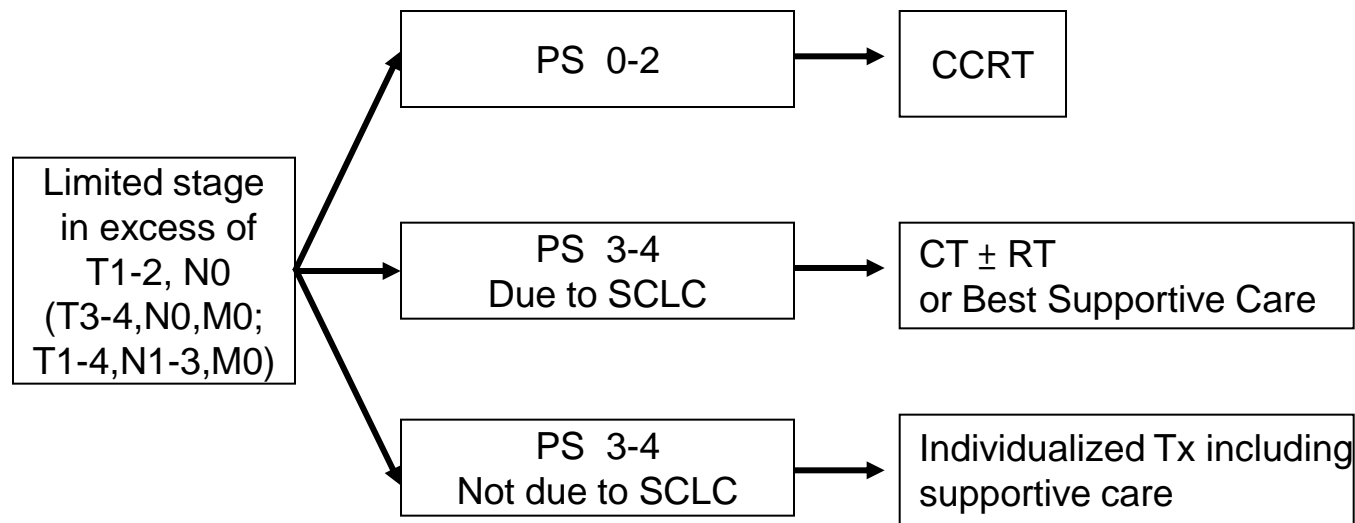
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分期

評估

治療



\* Optional

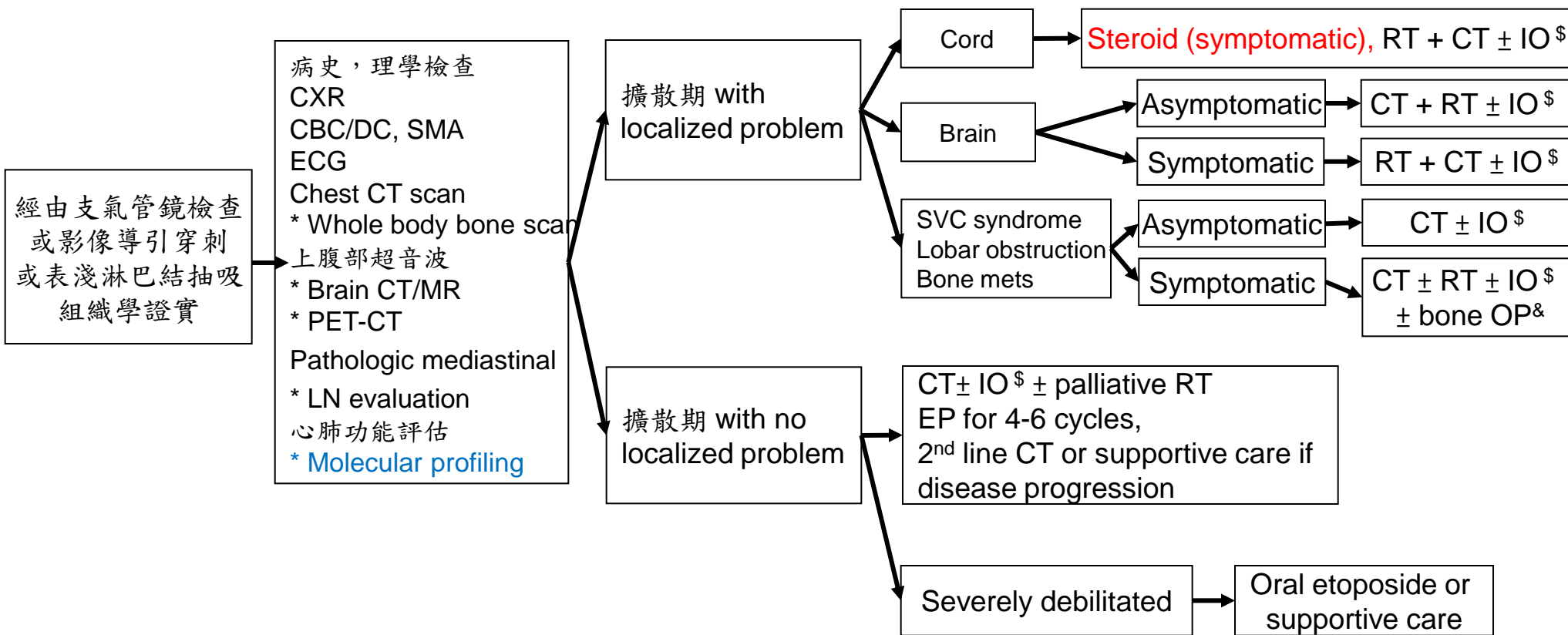
# 局限期：T any, N any, M0; except T3-4 due to multiple lung nodules

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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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\* Optional

# 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

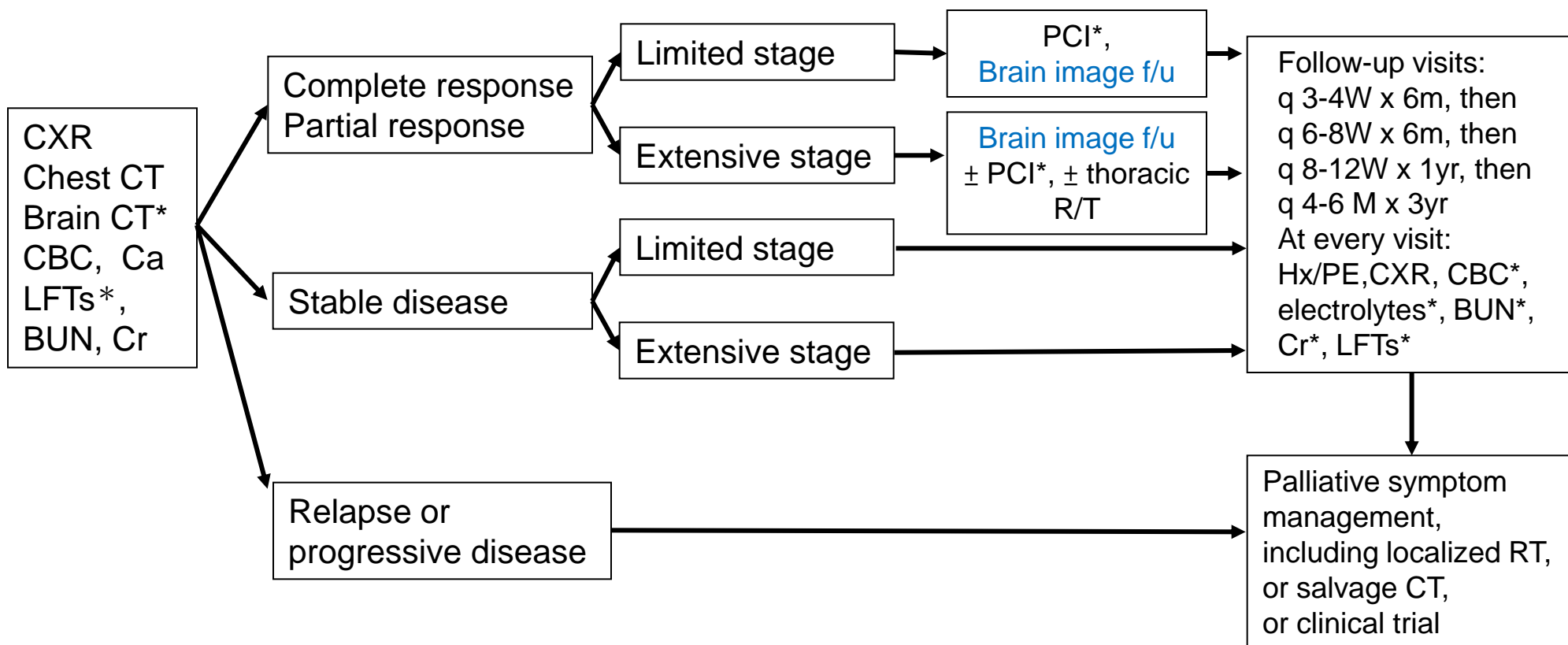
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初步治療後的反應評估

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



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## 一線抗腫瘤治療處方

Published C/T Regimens	Schedule
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Irinotecan 60 mg/ m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m <sup>2</sup> , IV, D1 Doxorubicin 45 mg/ m <sup>2</sup> IV, D1 Vincristine 1.4 mg/ m <sup>2</sup> , IV, D1(maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , 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 <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , 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

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## 後線抗腫瘤治療處方(1)

Published C/T Regimens	Schedule
Topotecan 1.2 mg/m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Topotecan 2.3 mg/m <sup>2</sup> , PO, D1-3	Q21-28 d x 4-6 cycles
Etoposide 120-150 mg/m <sup>2</sup> , PO, D1~5	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m <sup>2</sup> , IV, D1 Epirubicin 60-80 mg/ m <sup>2</sup> IV, D1 Vincristine 1.4 mg/ m <sup>2</sup> , IV, D1 (maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Paclitaxel 60 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Docetaxel 30 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 25 mg/ m <sup>2</sup> IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 60 mg/m <sup>2</sup> , PO, D1,8	Q21-28 d x 4-6 cycles
Irinotecan 60 mg/m <sup>2</sup> 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
Lurbinectedin 3.2 mg/m <sup>2</sup> IV	Q3w

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