

# 高雄榮民總醫院

## 胃癌診療指引

2020年02月04日 第一版

胃癌醫療團隊擬訂

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

- 本共識參考國家衛生研究院於2012年1月出版之胃癌臨床指引及其他參考文獻，於2020.02.04由胃癌團隊相關人員陳以書、蔡忠育、康朥翔、鄧惠中、蔡駢圳、孫煒智、李恆昇、葉昶宏、張國楨等人討論後共同修訂。

# 會議討論

上次會議：2019/08/20

本共識與上一版的差異

上一版	新版
<p>1. 原Ramuciruma及Ramuciruma + Paclitaxel治療處方歸類在二線化療處方。</p> <p>2. 標靶治療處方： Trastuzumab+CDDP/Carboplatin+Xeloda/5-FU。</p>	<p>1. 標靶治療處方： Trastuzumab+CDDP/Carboplatin+Xeloda/ 5-FU、Ramuciruma + Paclitaxel、 Ramuciruma。</p>

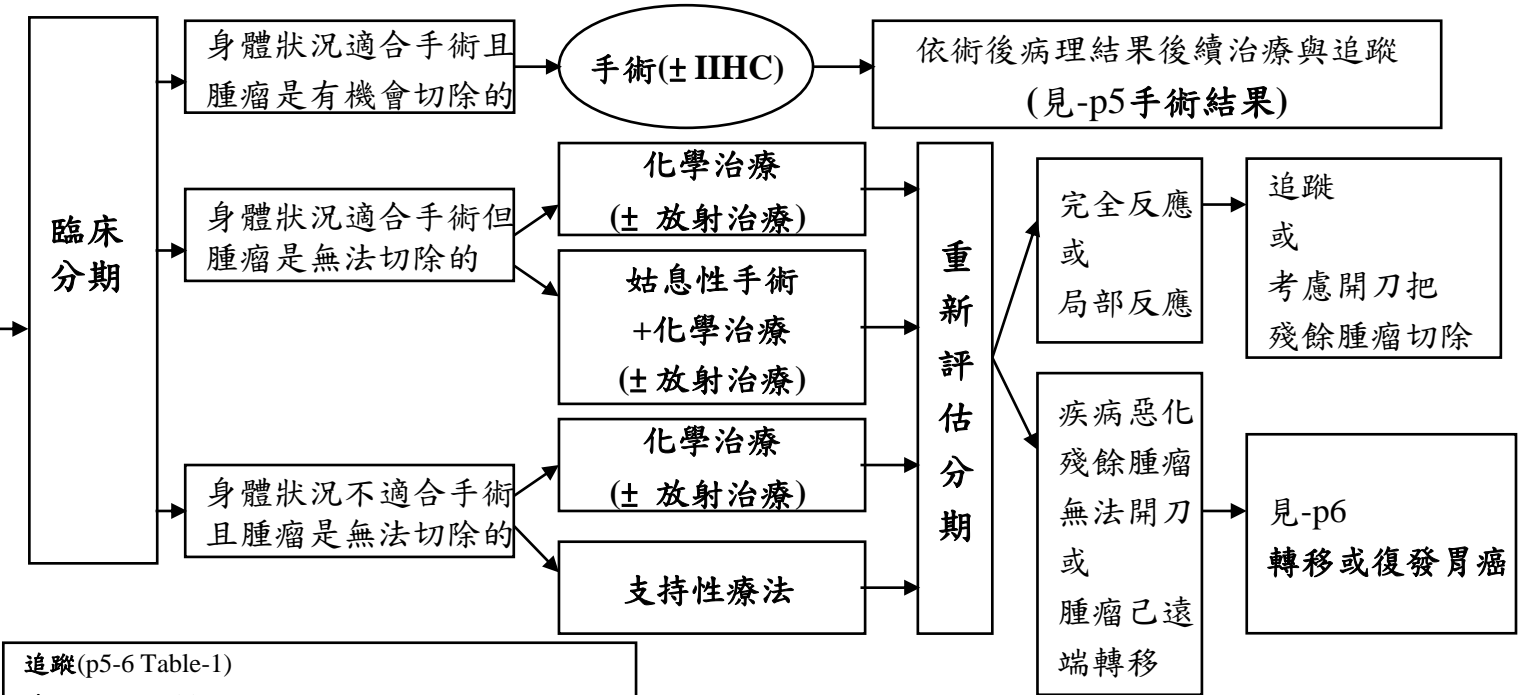
# 胃腺癌

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臨床診療指引

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評估	診斷	治療	追蹤
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- 病史、理學檢查
  - 營養及日常體能狀態
  - 胸部X光
  - 血液常規
  - 電解質及肝腎功能
  - 腫瘤指標 (CEA, Ca19-9)
  - \* 腹部(胃)電腦斷層攝影
  - 上消化道內視鏡及生檢 (Biopsy)
- 
- 必要時評估→
  - \* 正子攝影
  - 內視鏡超音波
  - 腹腔鏡
  - 上消化道攝影
- 
- \* 與期別相關之主要檢查



- 追蹤(p5-6 Table-1)
- 手術(p7-8 Table-2)
- IHC(p9 Table-3)
- 化學治療(p10-16 table-4.1,4.2,4.3,4.4)
- 標靶治療(p17 table-5)
- 免疫治療(p18 table-6)
- 放射治療(p19 table-7)
- 癌症藥物停藥準則(p20 table-8)

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評估	診斷	治療	追蹤
<p>手術結果</p> <ul style="list-style-type: none"> <li>R0切除</li> <li>R1切除</li> <li>R2切除</li> <li>遠端轉移</li> </ul>	<ul style="list-style-type: none"> <li>Tis, T1N0</li> <li>T2, T3, T4 或 淋巴轉移</li> <li>化學治療 (± 放射治療)</li> <li>化學治療 (± 放射治療)</li> </ul>	<ul style="list-style-type: none"> <li>觀察</li> <li>觀察或輔助性化學治療 (± 放射治療)</li> <li>見-p6 轉移或復發胃癌</li> </ul>	<ul style="list-style-type: none"> <li>※ GOT/GPT, ALP, Alb, CBC, CEA, CA199</li> <li>Every 3 months for 2 years</li> <li>Every 6 months for 3-5 years then annually</li> <li>※ CXR</li> <li>Every 6 months for 5 years then annually</li> <li>※ Abdominal Sono</li> <li>Every 6 months for 5 years then as clinically indicated</li> <li>※ Panendoscope</li> <li>Annually for 5 years then as clinically indicated</li> <li>※ Abdominal CT</li> <li>Annually for 5 years then as clinically indicated</li> </ul>

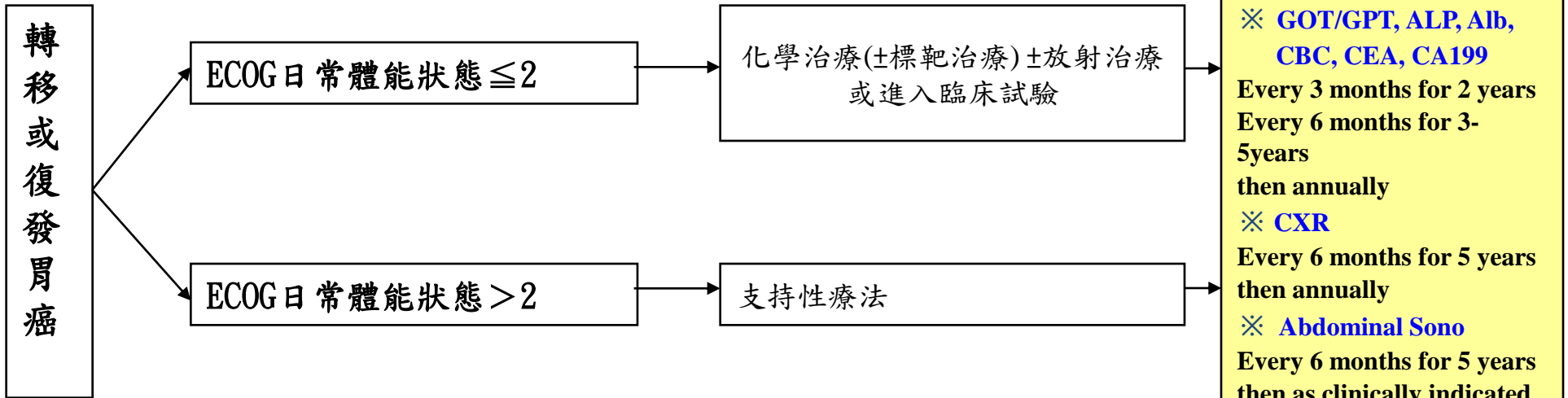
Table-1 術後追蹤建議表

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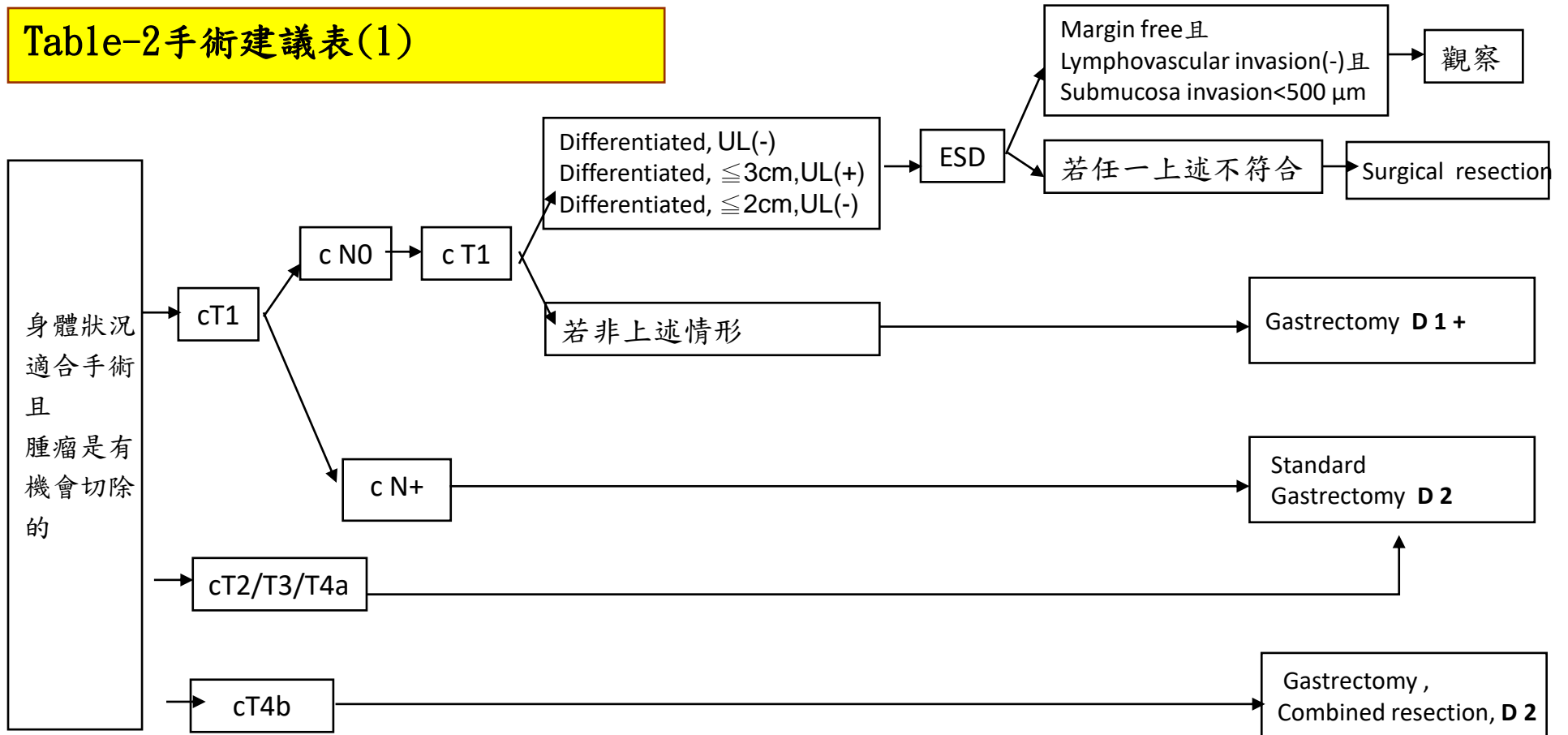
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評估	診斷	治療	追蹤
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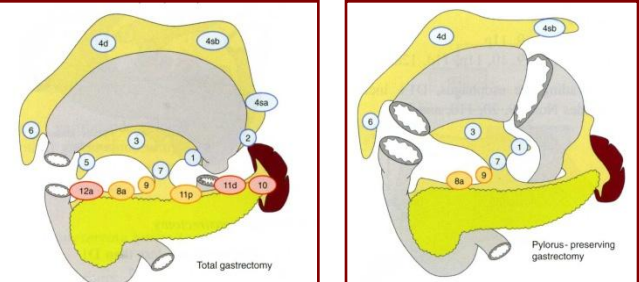
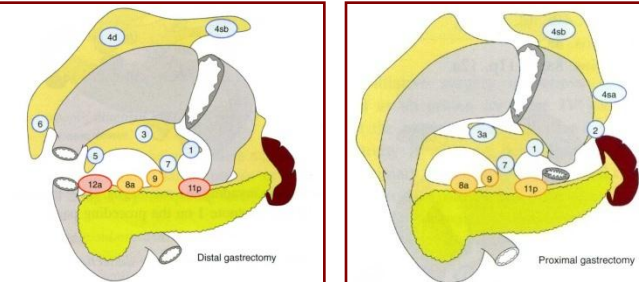
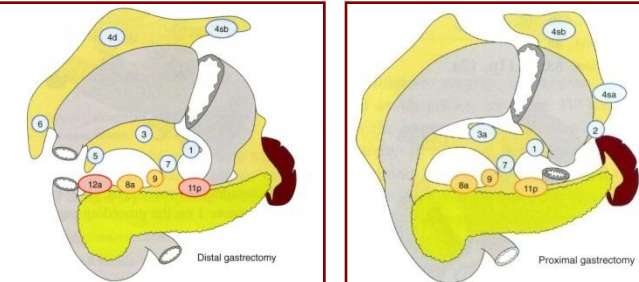
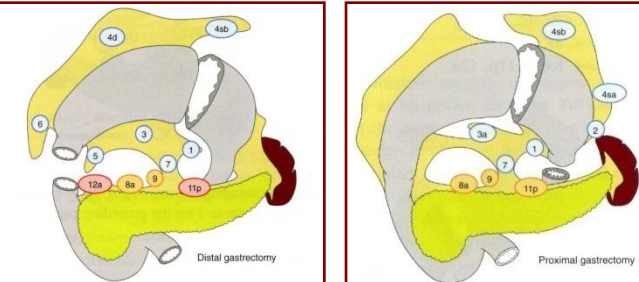
分數	ECOG
0	無症狀
1	有症狀，但可以正常活動，對生活無影響
2	可以照顧自己但無法工作，躺在床上的時間 < 50%的工作時間
3	躺在床上的時間 > 50%的工作時間
4	長期完全臥床
5	死亡

### Table-2手術建議表(1)



### Table-2手術建議表(2)

#### Type of Gastrectomy with lymph node dissection

Gastrectomy	Extent of LN dissection	圖表
Total gastrectomy	D1 :Nos 1-7 D1+:D1+Nos 8a,9,11p D2 :D1+Nos 8a,9,10,11p,11d,12a For tumor invading the esophagus D1+Includes No,110 <sup>1</sup> . D2 includes Nos.19,20,110,and 111	
Distal gastrectomy	D1 :Nos 1,3,4sb,4d,5,6,7 D1+:D1+Nos 8a, 9 D2 :D1+Nos 8a,9,11p,12a	
Pylorus-preserving gastrectomy	D1 :Nos 1,3,4sb,4d,6,7 D1+:D1+Nos 8a, 9	
Proximal gastrectomy	D1 :Nos 1,2,3a,4sa,4sb,7 D1+:D1+Nos 8a, 9,11p	



## Table-3 IHC 適應症建議表

### Hyperthermic IntraPeritoneal Chemotherapy (HIPEC)

※Indication :  $\geq$  T4a

※Regimen 1: (41-42°C for 20-60 minutes )

Cisplatin 90 mg 【IP-1】

Etoposide 90 mg

Mitomycin C 30 mg

Reference :No 4-7/strength of Evidence :Level I

※Regimen 2: (41-42°C for 20-60 minutes)

Paclitaxel 80mg/m<sup>2</sup> 【IP Paclitaxel, high dose】

※Regimen 3:

Paclitaxel 20mg/m<sup>2</sup>/week 【IP Paclitaxel, low dose】

Reference : No 27/strength of Evidence :Level IIA

No 28/strength of Evidence :Level IIB

Table-4.1 化學治療處方建議表：輔助化療

Adjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
<b>TS-1</b> 40-60mg bid ( <b>ACTS-GC trial</b> ) (po 4 weeks on, 2 weeks off/or po 2 weeks on, 1 weeks off) BSA >1.5m <sup>2</sup> : 60mg bid; 1.25m <sup>2</sup> -1.5m <sup>2</sup> : 50mg bid; <1.25m <sup>2</sup> : 40mg bid	Q42 d /cycle For 12 months	No.8 / Level I
<b>UFUR</b> 2# po bid ( <b>NSAS-GC trial</b> )	For 16 months	No.9 / Level I
<b>Oxaliplatin</b> 130 mg/m <sup>2</sup> , IV,D1 <b>【 XO 】</b> ( <b>CLASSIC trial</b> ) <b>Xeloda</b> 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.10 / Level I
<b>Oxaliplatin</b> 130mg/m <sup>2</sup> , IV, D1 <b>【 EOX】</b> <b>Epirubicin</b> 50mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 625mg/m <sup>2</sup> bid X 3 weeks	Q21 d x 8 cycles	No.11 / Level I
<b>Oxaliplatin</b> 100mg/m <sup>2</sup> , IV, D1 <b>【SOX】</b> <b>TS-1</b> 40-60mg bid ,PO, D1~14 BSA >1.5m <sup>2</sup> : 60mg/bid ; 1.25-1.5m <sup>2</sup> : 50mg/bid ; <1.25m <sup>2</sup> : 40mg/bid	TS-1(2 weeks on, 1 weeks off) →SOX Q21 d x 8 cycles	No.31 / Level II
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV, D1 <b>【DOX】</b> <b>Oxaliplatin</b> 100mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 1.25#/m <sup>2</sup> ( 625mg/m <sup>2</sup> ) PO, D1-14	Q21d x 8 cycles	No.34 / Level IB

Table-4.1 化學治療處方建議表：輔助化療

Adjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
<b>Taxotere</b> 50mg/M2, IV, D1 <b>【FLOT】</b> <b>Oxaliplatin</b> 85mg/M2, IV, D1 <b>Leucovorin</b> 200mg/M2, IV, D1 <b>5-FU</b> 2600mg/M2, IV, D1	Q14d x 4-8 cycles 術前4cycles 術後4cycles	No.35 / Level I
<b>Oxaliplatin</b> 85mg/M2, IV, D1 <b>【FOLFOX】</b> <b>Leucovorin</b> 400mg/M2, IV, D1 <b>5-FU</b> 400mg/M2, IV, D1 , <b>5-FU</b> 2400-3000mg/M2, IV, D1-2	Q14d x 8-12cycles	No.36 / Level I
<b>TS-1 + docetaxel</b> *stage III <b>【DS】</b> Docetaxel 40mg/m2,IV,D1 TS-1 80-120mg/day,PO bid ,D1~14 BSA >1.5m <sup>2</sup> : 60mg/bid ; 1.25- 1.5m <sup>2</sup> : 50mg/bid ; <1.25m <sup>2</sup> : 40mg/bid	Q21d x 8 cycles 1 <sup>st</sup> cycle TS-1 2 <sup>nd</sup> ~7 <sup>th</sup> TS-1+ docetaxel 8 <sup>th</sup> 起TS-1 up to 1year	No.37 / Level I

Table-4.2 化學治療處方建議表：新輔助化療

Neoadjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
<b>Oxaliplatin</b> 130 mg/m <sup>2</sup> , IV,D1 <b>【 XO 】 (CLASSIC trial)</b> <b>Xeloda</b> 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d	No.26 / Level IIB
<b>Oxaliplatin</b> 130mg/m <sup>2</sup> , IV, D1 <b>【 EOX】</b> <b>Epirubicin</b> 50mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 625mg/m <sup>2</sup> bid X 3 weeks	Q21 d	No.11 / Level I
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV, D1 <b>【DOX】</b> <b>Oxaliplatin</b> 100mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 1.25#/m <sup>2</sup> ( 625mg/m <sup>2</sup> ) PO, D1-14	Q21d x 2-4 cycles	No.34 / Level IB
<b>Taxotere</b> 50mg/M <sup>2</sup> , IV, D1 <b>【FLOT】</b> <b>Oxaliplatin</b> 85mg/M <sup>2</sup> , IV, D1 <b>Leucovorin</b> 200mg/M <sup>2</sup> , IV, D1 <b>5-FU</b> 2600mg/M <sup>2</sup> , IV, D1	Q14d x 4-8 cycles 術前4cycles 術後4cycles	No.35 / Level I
<b>Oxaliplatin</b> 85mg/M <sup>2</sup> , IV, D1 <b>【FOLFOX】</b> <b>Leucovorin</b> 400mg/M <sup>2</sup> , IV, D1 <b>5-FU</b> 400mg/M <sup>2</sup> , IV, D1 , <b>5-FU</b> 2400-3000mg/M <sup>2</sup> , IV, D1-2	Q14d /cycle	No.36 / Level I

Table-4.3 化學治療處方建議表：轉移癌

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>TS-1</b> 40-60mg bid (po 4 weeks on, 2 weeks off/or po 2 weeks on, 1 weeks off) BSA $\geq 1.5\text{m}^2$ : 60mg bid, $1.25\text{m}^2$ - $1.5\text{m}^2$ : 50mg bid, < $1.25\text{m}^2$ : 40mg bid	Q42 d /cycle For 12 months	No.8 / Level I
<b>UFUR</b> 2# po bid	For 16 months	No.13 / Level I
<b>Oxaliplatin</b> 130mg/m <sup>2</sup> , IV, D1 <b>【EOX】</b> <b>Epirubicin</b> 50mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 625mg/m <sup>2</sup> bid X 3 weeks	Q21 d x 8 cycles	No.11 / Level I
<b>Oxaliplatin</b> 130 mg/m <sup>2</sup> , IV,D1 <b>【XO】</b> <b>Xeloda</b> 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.1, 14 / Level II
<b>Cisplatin</b> 60-80 mg/m <sup>2</sup> , IV, D1 <b>【FP】 【FP-1】</b> <b>5-FU</b> 800-1000mg/m <sup>2</sup> , IV, D1-5	Q21 d x 8-12cycles	No.15 / Level II

Table-4.3 化學治療處方建議表：轉移癌

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>Docetaxel</b> 40mg/m <sup>2</sup> , IV, D1 <b>【mDCF】</b> <b>CDDP</b> 40mg/m <sup>2</sup> , IV, D3 <b>5-FU</b> 2000mg/m <sup>2</sup> , IV, D1-2	Q14d x 6-8 cycles /Until progression	No.29 /Level II
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV, D1 <b>【D-FOX】</b> <b>Oxaliplatin</b> 85mg/m <sup>2</sup> , IV, D1 <b>5-FU</b> 1100mg/m <sup>2</sup> , IV, D1-2	Q14d x 6-8 cycles /Until progression	No.30 /Level II
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV, D1 <b>【DOX】</b> <b>Oxaliplatin</b> 100mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 1.25#/m <sup>2</sup> ( 625mg/m <sup>2</sup> ) PO, D1-14	Q21d x 6-8 cycles /Until progression	No.34 /Level IB

Table-4.4 化學治療（二線）處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>Irinotecan</b> 150 mg/m <sup>2</sup> , IV, D1	Q14d /cycle Until progression	No.20, 21 /Level I
<b>Docetaxel</b> 60 – 75 mg/m <sup>2</sup> , IV, D1	Q21d /cycle Until progression	No.21, 22 /Level I
<b>Paclitaxel</b> 80 mg/m <sup>2</sup> , IV, D1, D8, D15	Q28d/cycle Until progression	No.23 /Level I
<b>Ramucirumab</b> (8 mg/kg, IV, D1, D15) + <b>Paclitaxel</b> (80 mg/m <sup>2</sup> , IV, D1, D8, D15)	Q28d/cycle Until progression	No. 25 /Level I
<b>Docetaxel</b> 40mg/m <sup>2</sup> ,IV ,D1 <b>【mDCF】</b> <b>CDDP</b> 40mg/m <sup>2</sup> ,IV ,D3 <b>5-FU</b> 2000mg/m <sup>2</sup> ,IV ,D1-2	Q14d /cycle Until progression	No.29 /Level II
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV ,D1 <b>【D-FOX】</b> <b>Oxaliplatin</b> 85mg/m <sup>2</sup> ,IV,D1 <b>5-FU</b> 1100mg/m <sup>2</sup> ,IV ,D1	Q14d /cycle Until progression	No.30 /Level II

Table-4.4 化學治療（二線）處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>Docetaxel</b> 50mg/m <sup>2</sup> , IV, D1 <b>【DOX】</b> <b>Oxaliplatin</b> 100mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 1.25#/m <sup>2</sup> ( 625mg/m <sup>2</sup> ) PO, D1-14	Q21d x 6-8 cycles /Until progression	No.34/Level IB



Table-5 標靶治療處方建議表

for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>Trastuzumab</b> 6-8mg/kg ,IV ,D1 <b>CDDP</b> 80mg/m <sup>2</sup> ,IV ,D1 / <b>Carboplatin</b> AUC4-6mg ,IV ,D1 <b>Xeloda</b> 1000mg/m <sup>2</sup> PO,BID ,D1~14 / <b>5-FU</b> 800mg/m <sup>2</sup> ,IV ,D1~5 使用條件： Her-2/neu免疫染色3+, 或2+且FISH positive for amplification	8 mg/kg loading dose, 6 mg/kg every 3 weeks Until progression	No 16 / Level I
<b>Ramucirumab</b> 8 mg/kg, IV, D1	Q14d/cycle Until progression	No. 24 / Level I
<b>Ramucirumab</b> (8 mg/kg, IV, D1, D15) + <b>Paclitaxel</b> (80 mg/m <sup>2</sup> , IV, D1, D8, D15)	Q28d/cycle Until progression	No. 25 /Level I

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Table-6 免疫治療處方建議表

Nivolumab	3mg/kg	D1	Q2W	Until progression	(Ref. No 32/ Level II)
Pembrolizumab	200mg	D1	Q3W	Until progression	(Ref. No 33/ Level II)

**Table-7 放射治療處方建議表**

<p>※ <b>Protocol of adjuvant chemoradiotherapy</b></p>	<p>※.For R0 resection <math>\geq</math> stage IIA                  ※ For R1 resection and R2 resection</p>
<p><b>Radiation therapy:</b>                  Target volume: tumor/ gastric bed and pertinent nodal group Dose: 45-50.4 Gy /(1.8 Gy/day)  <b>Chemotherapy regimen:</b>                  5-FU (400 mg/m<sup>2</sup> per day) and leucovorin (20 mg/m<sup>2</sup> per day) on the first four and the last three days of RT. <b>Reference :No 17/strength of Evidence :level 1</b></p>	
<p>※ <b>Protocol of chemoradiation as the primary treatment</b></p>	<p>※ For medically fit patients but unresectable cancer without distant metastasis                  ※ For medically unfit patients without distant metastasis</p>
<p><b>Radiation therapy:</b>                  Target volume: tumor/ gastric bed and pertinent nodal group Dose: 45-50.4 Gy /(1.8 Gy/day)  <b>Chemotherapy regimen:</b>                  5-FU (400 mg/m<sup>2</sup> per day) and leucovorin (20 mg/m<sup>2</sup> per day) on the first four and the last three days of RT. <b>Reference :No 17/strength of Evidence :level 1</b></p>	

## Table-8 癌症藥物停藥準則

影像學檢查，腫瘤有變大或轉移變多，應停止或改變治療方式。

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