

高雄榮民總醫院

胰臟癌診療原則

2019年07月16日 第二版

胰臟癌醫療團隊擬訂

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。

會議討論

上次會議：2019/02/26(第一版)

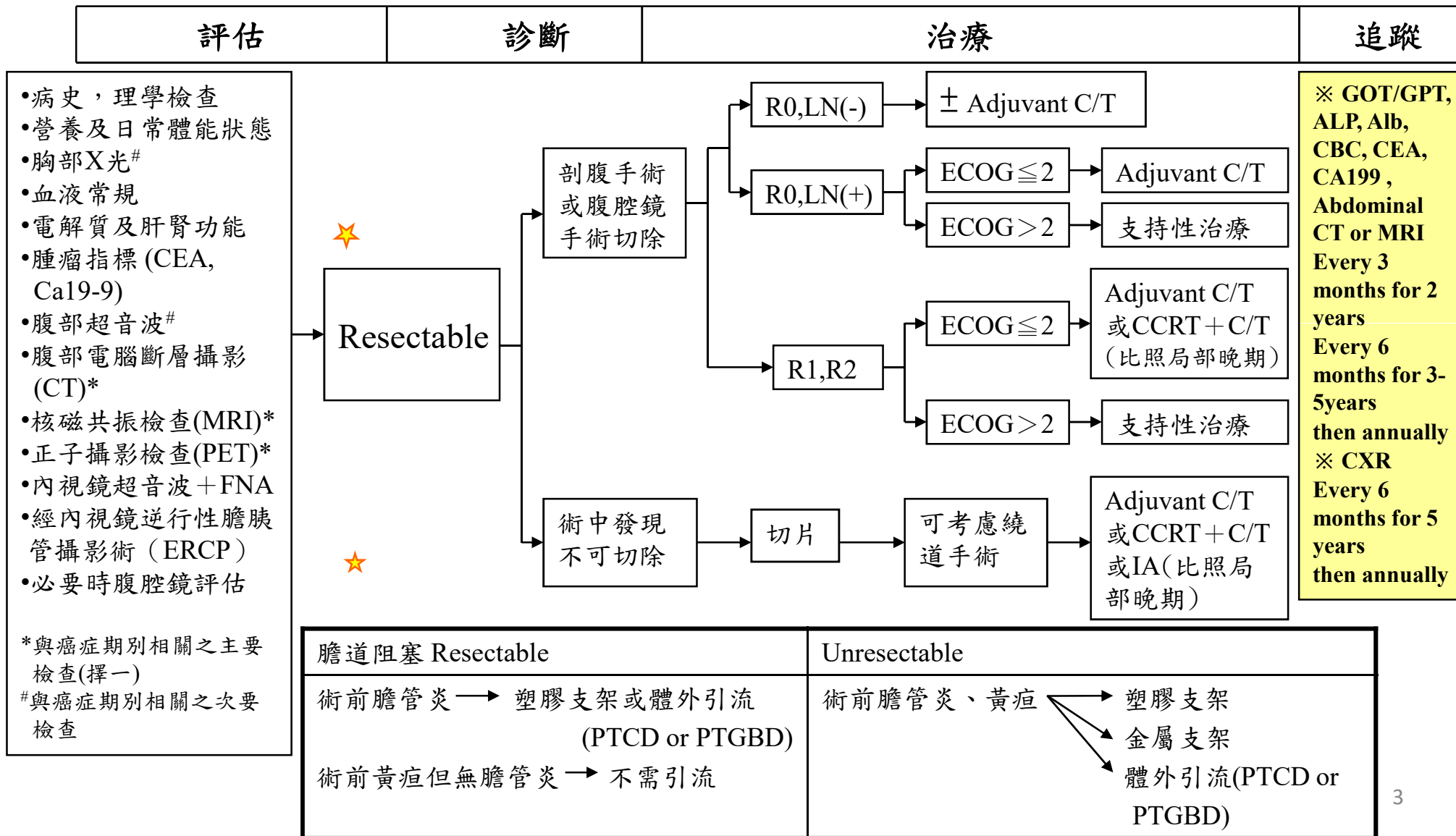
本共識與上一版的差異

上一版	新版
1. 原unresectable、metastasis化療處方: FOLFIRINOX、Gemcitabine、Gemcitabine+ TS-1、TS-1、SLOG。	1. 新增unresectable、metastasis化療處方: nab- paclitaxel + Gemcitabine (P.10)

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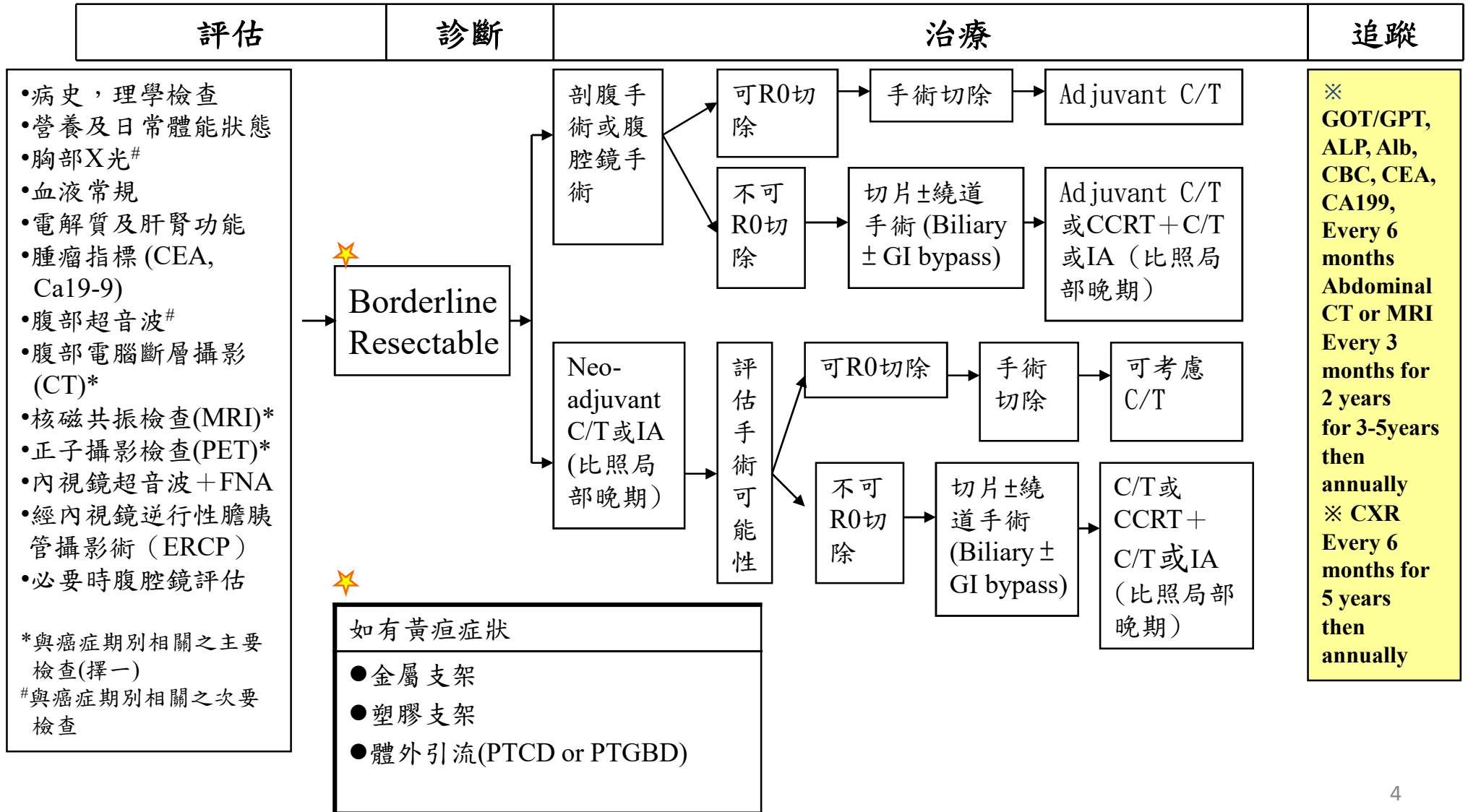
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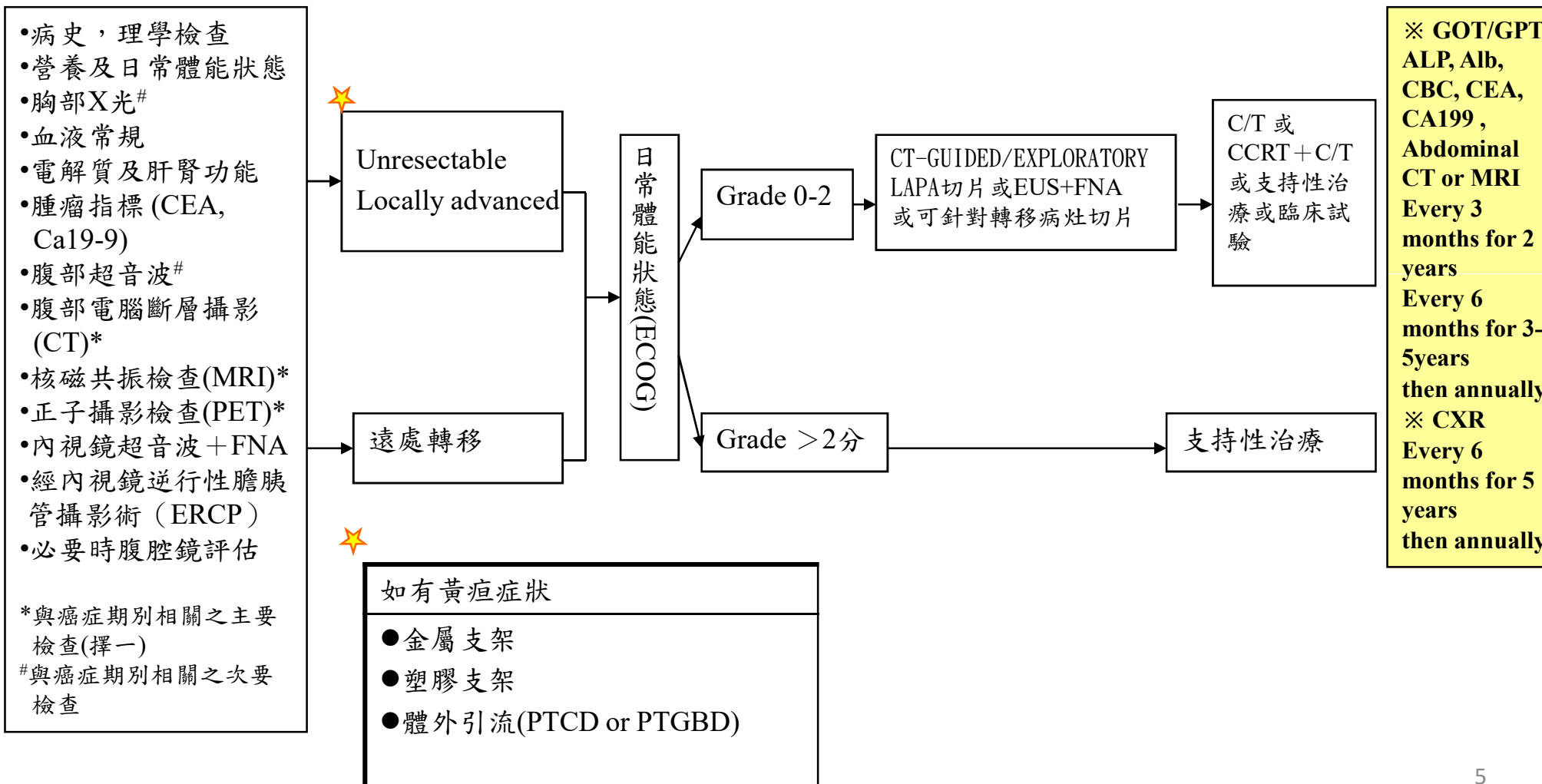


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評估	診斷	治療	追蹤
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* 可手術切除 (MD-CT or MRI) :

- ① 無遠處轉移
- ② 上腸繫膜靜脈(SMV)或肝門靜脈(PV)完好
- ③ 腹腔動脈幹(celiac trunk)、肝動脈(HA)、上腸繫膜動脈(SMA)完好

* Borderline可切除:

- ① 無遠處轉移
- ② 上腸繫膜靜脈(SMV)或肝門靜脈(PV)可能被侵犯，但可手術切除部份血管並清除腫瘤
- ③ 胃十二指腸動脈(GDA)或肝動脈(HA)被侵犯，但可手術切除部份血管並清除腫瘤
- ④ 上腸繫膜動脈(SMA)完好，但未超過 180°

* 不可切除:

胰臟頭部腫瘤

- ① 有遠處轉移
- ② 上腸繫膜動脈(SMA)被侵犯 $>180^\circ$ ，或celiac trunk被侵犯
- ③ 上腸繫膜靜脈(SMV)或肝門靜脈(PV)不可切除(無法重建血管)
- ④ 主動脈或下腔靜脈被侵犯

胰臟體部腫瘤

- ① 有遠處轉移
- ② 上腸繫膜動脈(SMA)被侵犯 $>180^\circ$
- ③ 上腸繫膜靜脈(SMV)或肝門靜脈(PV)不可切除(無法重建血管)
- ④ 主動脈被侵犯

胰臟尾部腫瘤

- ① 有遠處轉移
- ② 上腸繫膜動脈(SMA)被侵犯 $>180^\circ$
- ③ 淋巴結轉移至切除範圍外

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化學治療處方建議表：輔助化療

Adjuvant chemotherapy (R0切除) (ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
TS-1 80-120mg/day (po 4 weeks on, 2 weeks off/ or po 2 weeks on, 1 weeks off) BSA $\geq 1.5\text{m}^2$: 120mg /day, 1.25 m^2 - 1.5 m^2 : 100mg/day, <1.25 m^2 : 80mg/day	Q42 d /cycle x 4	NO.04/Level IB
Gemcitabine 1000 mg/ m^2 , IV,D1,D8,D15	Q28 d /cycle x 6	NO.05/Level IB NO.06 /Level IB
5-FU/LV Leucovorin 20mg/ m^2 , IV bolus, and then 5-FU 425mg/ m^2 , IV bolus, total 5 days	Q28 d/cycle x 6	NO.07/Level IB

健保用藥9.4.1：Gemcitabine限用於晚期或無法手術切除之非小細胞肺癌及胰臟癌病患。

健保用藥9.46：TS-1治療局部晚期無法手術切除或轉移性胰臟癌病人。

a. 若淋巴結陽性，符合「晚期」。可以開立健保給付之Gemcitabine與TS-1。

b. 若淋巴結陰性，不符合「晚期」。Gemcitabine與TS-1需用自費開立；或使用5-FU/LV則無給付之疑慮，但證據強度較Gemcitabine低。

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化學治療處方建議表：新輔助化療

Chemotherapy for neoadjuvant (ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
FOLFIRINOX Oxaliplatin 85 mg/m ² ,IV,2hrs Leukovorin 400 mg/m ² ,IV,2hrs Irinotecan 180 mg/m ² ,IV,90mins 5-FU 400 mg/m ² ,IV bolus 5-FU 2400 mg/m ² ,IV,46hrs	Q2W	NO.08/Level V
Cisplatin 50 mg/m ² , IV,D1, D15 Gemcitabine 1000 mg/m ² , IV,D1,D15	Q28 d	NO.17/Level V

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化學治療處方建議表：轉移癌化療-1

Chemotherapy for unresectable 、metastasis (ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
FOLFIRINOX Oxaliplatin 85 mg/m ² ,IV,2hrs Leukovorin 400 mg/m ² ,IV,2hrs Irinotecan 180 mg/m ² ,IV,90mins 5-FU 400 mg/m ² ,IV bolus 5-FU 2400 mg/m ² ,IV,46hrs	Q2W	NO.08/Level IB
Gemcitabine 1000 mg/m ² , IV,D1,D8,D15	Q28 d	NO.09/Level IA
Gemcitabine 1000 mg/m ² , IV,D1,D8 TS-1 60-100mg/day BSA $\geq 1.5\text{m}^2$: 100mg /day, 1.25m ² - 1.5m ² : 80mg/day, <1.25m ² : 60mg/day,PO,D1-14	Q21 d	NO.10 /Level IB NO.15 /Level III
TS-1 80-120mg/day (po 4 weeks on, 2 weeks off/ or po 2 weeks on, 1 weeks off) BSA $\geq 1.5\text{m}^2$: 120mg /day, 1.25m ² - 1.5m ² : 100mg/day, <1.25m ² : 80mg/day	Q42 d /cycle	NO.10 /Level IB

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化學治療處方建議表:轉移癌化療-2

Chemotherapy for unresectable 、metastasis (ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
SLOG Gemcitabine 800 mg/m ² , IV, D1 Oxaliplatin 85 mg/m ² ,IV,2hrs, D1 TS-1 35mg/m ² /daily, BIDPC (Max daily dose 120mg), D1-D7 Calcium Folate Folic acid(15mg/tab) 20mg/m ² /daily, BID, D1-D7	Q2W/cycle	NO.20 /Level V
nab-paclitaxel (Abraxane) 125 mg/m ² , IV, D1, D8, D15 Gemcitabine 1000 mg/m ² , IV, D1, D8, D15	Q4W/cycle	NO.21 /Level I

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化學治療二線處方建議表

Chemotherapy for unresectable/recurrent disease (ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
Liposomal irinotecan and fluorouracil Onivyde 60-80 mg/m ² ,IV, keep 90mins Leucovorin 400 mg/m ² ,IV, over 30mins 5-FU 2400 mg/m ² , IV, for 46hrs	Q2W/cycle Until progression	NO.16/Level IB

健保用藥9.12.2：Irinotecan微脂體注射劑(如Onivyde):(107/8/1)

- 1.與5-FU及leucovorin合併使用於曾接受過gemcitabine治療後復發或惡化之轉移性胰臟腺癌。
- 2.需經事前審查核准後使用。

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動脈內化學放射治療處方建議表

Indications:

1. Unresectable, only liver metastases, with or without regional lymph nodes
2. Post-operative liver metastasis from pancreatic cancer

Intra-arterial Chemoradiotherapy for unresectable, only liver metastases or post-operative liver metastasis (局部晚期僅肝轉移或術後肝轉移，ECOG grade ≤ 2)	Schedule	Reference (No)/ strength of Evidence
IA Chemotherapy 5-FU D1~D5 and IV Gemcitabine, D1 5-FU 750-1000mg/m ² /d, IA, 5hrs Gemcitabine 1000mg/m ² /d, IV, 30mins	Q4W	NO.13/Level IIB NO.18/Level IV NO.19/Level III

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放射治療處方建議表

Indication :

Reference (No)/ strength of Evidence N0.14/Level

- (1)Adjuvant CCRT for R1 resection and R2 resection
- (2)For medically fit patients but unresectable cancer without distant metastasis
- (3)For medically unfit patients without distant metastasis
- (4)Following CCRT, additional maintenance chemotherapy is suggested

CCRT:

(1)Radiation therapy:

Target volume: tumor bed, adjacent LN and surgical anastomosis (for post OP adjuvant CCRT)

Dose: 45-54 Gy (1.8-2 Gy/day)

(2)Chemotherapy regimen:

Gemcitabine (600 mg/m²) beginning the first day of RT (before RT), then weekly thereafter during RT

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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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14. Gemcitabine Alone Versus Gemcitabine Plus Radiotherapy in Patients With Locally Advanced Pancreatic Cancer: AN Eastern Cooperative Oncology Group Trial. *J Clin Oncol* 2011 Nov 1;29(31):4105-12.
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16. Andrea Wang-Gillam et al. Nanoliposomal irinotecan with fluorouracil and folinic acid in metastatic pancreatic cancer after previous gemcitabine-based therapy (NAPOLI-1): a global, randomised, open-label, phase 3 trial. *Lancet* 2016; 387: 545–57.
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