高 雄 榮 民 總 醫 院

攝護腺癌診療原則

2019 年 02 月 19 日第一版

泌尿道癌醫療團隊擬訂

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：2018/05/22

本共識與上一版的差異

上一版	新版
1.攝護腺癌復發(癌病惡化)風險評估以格里森分數做分類. 2. Low risk group 預期餘命 <10 年：lActive Surveilance: PSA at least every 6 months; DRE at least yearly; TRBx depends. 3.Intermediate risk group 預期餘命 <10 年 Standard: Active Surveilance (as above)Standard: EBR/T± ADT 4~6 m. ±brachytherapy；預期餘命 ≧10 年 Standard: Radical prostatectomy, Standard: External Bean Radiation Therapy (EBRT), with 4-6 months ADTIf high operation risk, or unwilling to have radical operation. 4.High risk group Standard: Radical prostatectomy, Standard: External Bean Radiation Therapy (EBRT), with 2-3 years ADT Optional : 4~6 months ADT if only one risk factor. Optional: cryoablation or HIFU 5. Locally advanced Standard: EBRT + neoadjuvant (2 months) and concomintant Androgen Deprivation Therapy (ADT, definition see below) for 2 -3years Standard: Radical prostatectomy Standart: ADT. Optional: cryoablation or HIFU	1.攝護腺癌復發(癌病惡化)風險評估修改以格里森分數群做分類. 2. Low risk group 預期餘命 <10 年：Observation: monitor the course of disease with the expectation to deliver palliative therapy for the evelopment of symptoms or a change in exam or PSA that suggests symptoms are imminent. 3.Intermediate risk group 預期餘命 <10 年：Standard: Observation (as above)Standard: EBR/T± ADT 4~6 m. ±brachytherapy，預期餘命 ≧10 年 Standard: Radical prostatectomy +/- PLND (if LN mets > 2% prediction) Standard: External Bean Radiation Therapy (EBRT), with 4-6 months ADT If high operation risk, or unwilling to have radical operation Standard: Active Surveilance (as above) In favorable intermediate risk group. 4. High risk group 新增預期餘命 >5 年 Standard: Radical prostatectomy, Standard: EBRT + neoadjuvant (2 months) and concomintant Androgen Deprivation Therapy (ADT, definition see below) for 2 -3years 刪除 Optional: cryoablation or HIFU 5. Locally advanced 新增預期餘命 < 5 年 Standard: Observation ADT or

6.無 7. Radical prostatectomy :Standard: retroperitoneal radical prostatectomy 8. Radical Prostatectomy pT2-3aN0M0 with positive margin Optional: regular fu PSA, salvage EBRT when PSA > 0.5ng/mL 9. Radical Prostatectomy Local Recurrence Standard: Salvage EBRT before PSA 1.5ng/mL 10. EBRT Local Recurrence 無 Optional: cryoablation or HIFU 11.去勢難治性攝護腺癌--CRPC 12.無.	EBRT in selected patient 刪除 Optional: cryoablation or HIFU 6.新增 Regional Pca N1+M0, (any T) Standard: EBRT + ADT 2~3 years (prefer) Standard: BRT + ADT 2~3 years + ABI +prednisoneStandard: ADT +/- ABI +prednisone. Optional: Radical prostatectomy + PLND(cytoreductive) Metastatic Pca Optional: Radical prostatectomy + PLND (if low volume) 7. Radical prostatectomy :Standard: retroperitoneal radical prostatectomy 新增 + pelvic lymph node dissection (PLND). 8.修改 Radical Prostatectomy pT2-3aN0M0 with positive margin Optional: regular fu PSA, salvage EBRT when PSA > 0.2ng/mL. 9. Radical Prostatectomy Local Recurrence Standard: Standard: Salvage EBRT 刪除 before PSA 1.5ng/Ml. 10. EBRT Local Recurrence 新增 Optional: cryoablation or HIFU 11.修改轉移性去勢難治性攝護腺癌：新增 Enzalutamide、Abiraterone + prednisone、Radium-223 for symptomatic bone M+. 12.新增 Androgen deprivation therapy 藥物種類. 13.更新參考文獻 NO2,新增 NO5-7.

攝護腺癌檢測診斷原則

1． 血清攝護腺特異抗原(PSA)測定
年齡大於等於 50 歲者 或是有攝護腺癌直系血親家族史者年齡大於等於 40 歲者，皆建議每年至少一次檢驗血清 PSA。

2． 攝護腺切片手術
當血清 PSA 大於 4 ng/mL 或是肛門指診有攝護腺硬塊者應接受攝護腺切片手術，並依據病理報告決定後續治療或是追蹤策略。
Optional: 可以依年齡別預期餘命(life expectancy)及可能罹患高風險攝護腺機率決定是否接受攝護腺切片 。

攝護腺癌臨床分期指引

1． 所有診斷出攝護腺癌病人都應有肛門指診結果記錄
2． 臨床分期以影像檢查(核磁共振及全身骨骼掃描)及肛門指診結果並行
3． 對於淋巴腺轉移影像學有疑慮的病人，可考慮進行切片或是腹腔鏡淋巴腺摘除術進行病理檢查。

攝護腺癌復發(癌病惡化)風險評估後分類成：
臨床局限腫瘤
★ 非常低度復發風險 : T1c 及格里森分數群 1 及 PSA< 10ng/ml
及小於三片切片陽性每一片癌細胞≦50%
及 PSA 密度< 0.15ng/ml/g
★ 低復發風險 : T1-T2a 及格里森分數群 1 及 PSA< 10ng/ml
★ 中度復發風險 : T2b-T2c 或 格里森分數群 2 或 3 或 PSA10-20 ng/ml
有利: 1 個中度風險因子或 格里森分數群 1, 2 且 < 50% 陽性切片數
不利: 2 或 3 個中度風險因子或 格里森分數群 3 +/- > 50% 陽性切片數
★ 高度復發風險 : T3a 或 格里森分數群 4 或 5, 或 PSA>20 ng/m
★ 極高度復發風險 :T3b-T4 或 第一格里森分數 5 或 4 片以上的格里森分數群 4 或 5
局部侵犯腫瘤
★ 任何 T, N1
轉移腫瘤
★ 任何 T,任何 N, M1

攝護腺癌--主要初始治療
First Definitive Therapy

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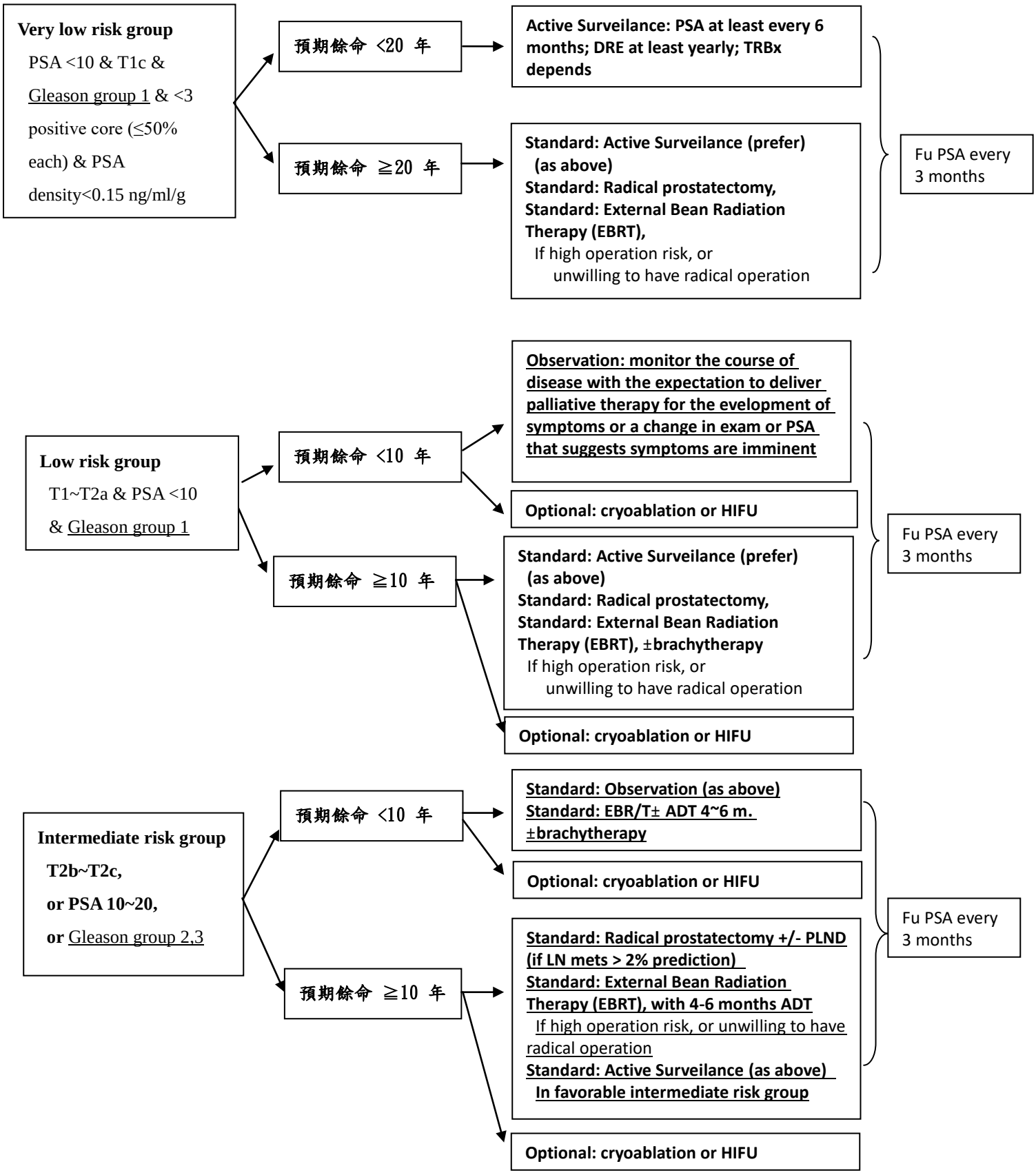
臨床診療指引　2019 年第一版



攝護腺癌--主要初始治療
First Definitive Therapy

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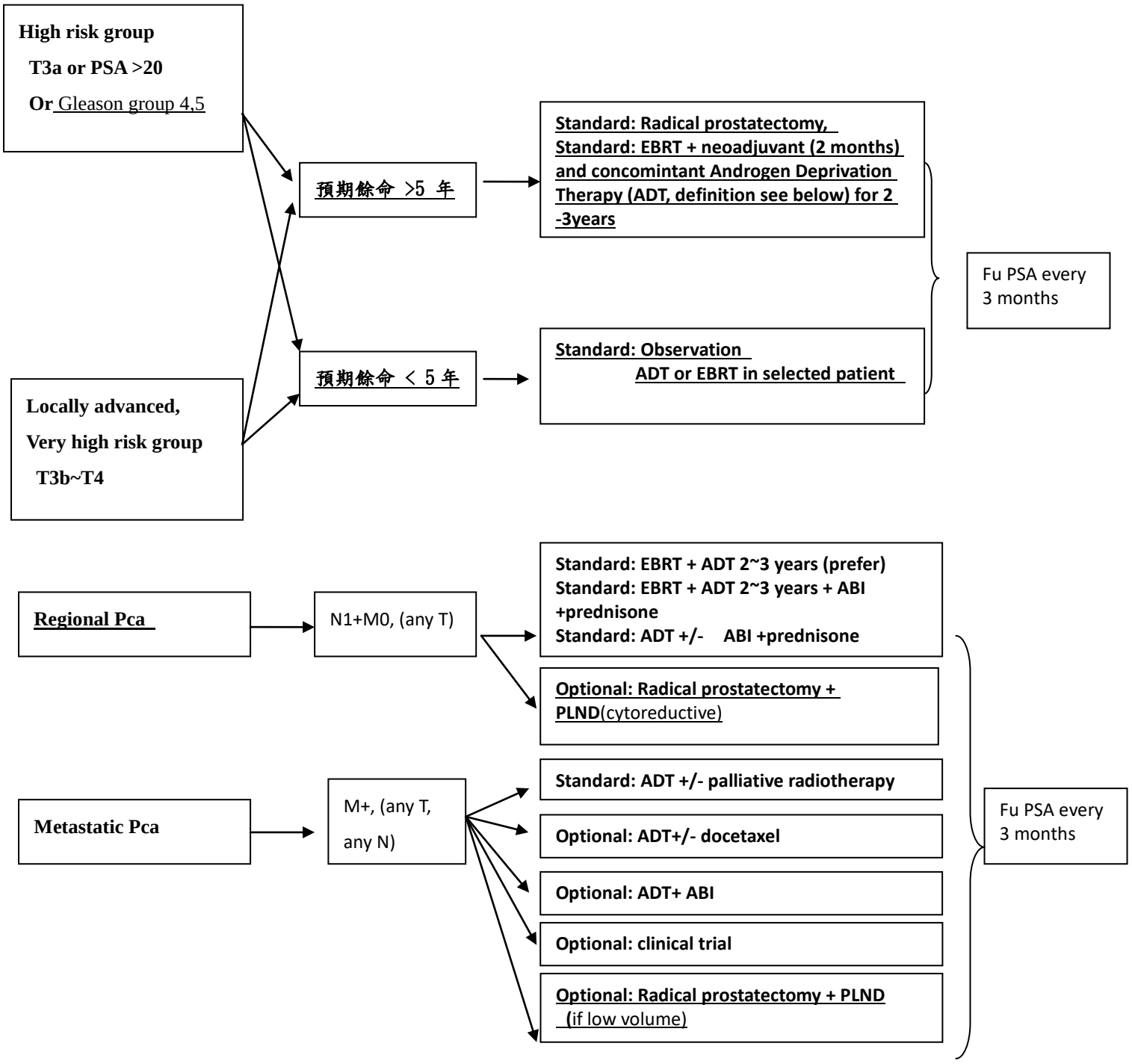
風險組別/是否轉移	預期餘命	治療	追蹤



Radical prostatectomy :
Standard: retroperitoneal radical prostatectomy + pelvic lymph node dissection (PLND)
Standard: laparoscopic radical prostatectomy ± robot-assisted
ADT:
Standard: continuous LHRH-A with antiandrogen (ie. Casodex) covering initial PSA surge
Optional: intermittent LHRH-A
Optional: orchiectomy if poor medication compliance

攝護腺癌--輔助治療
Adjuvant Therapy

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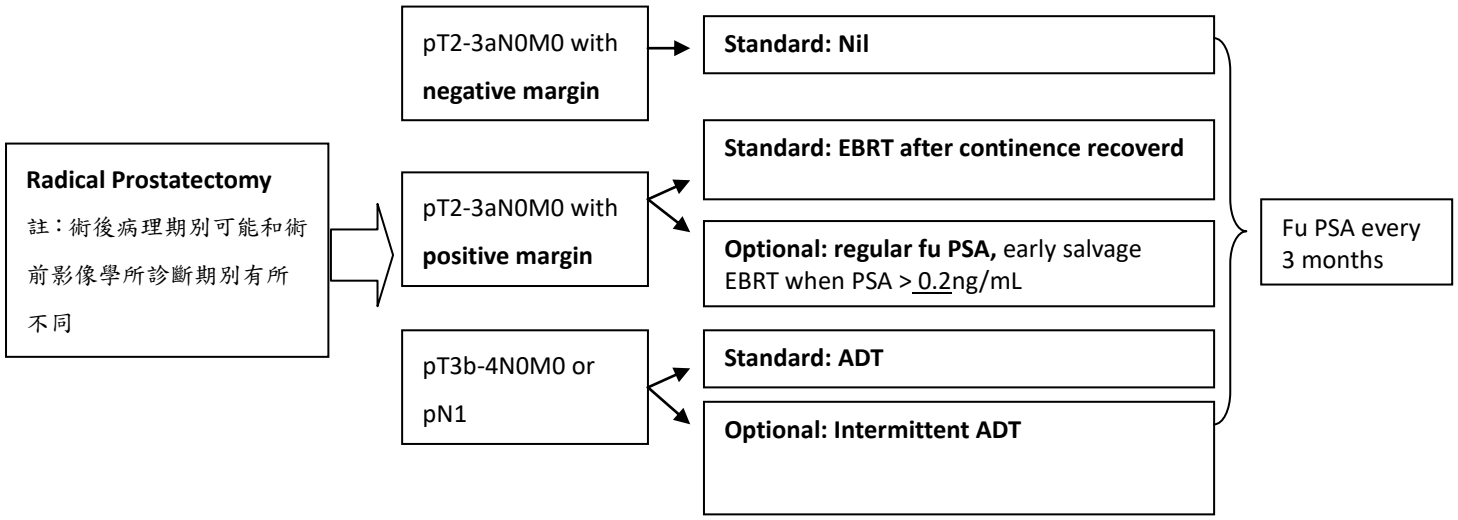
主要初始治療	診斷	輔助治療	追蹤



攝護腺癌--主要起始治療失敗後 Salvage Therapy

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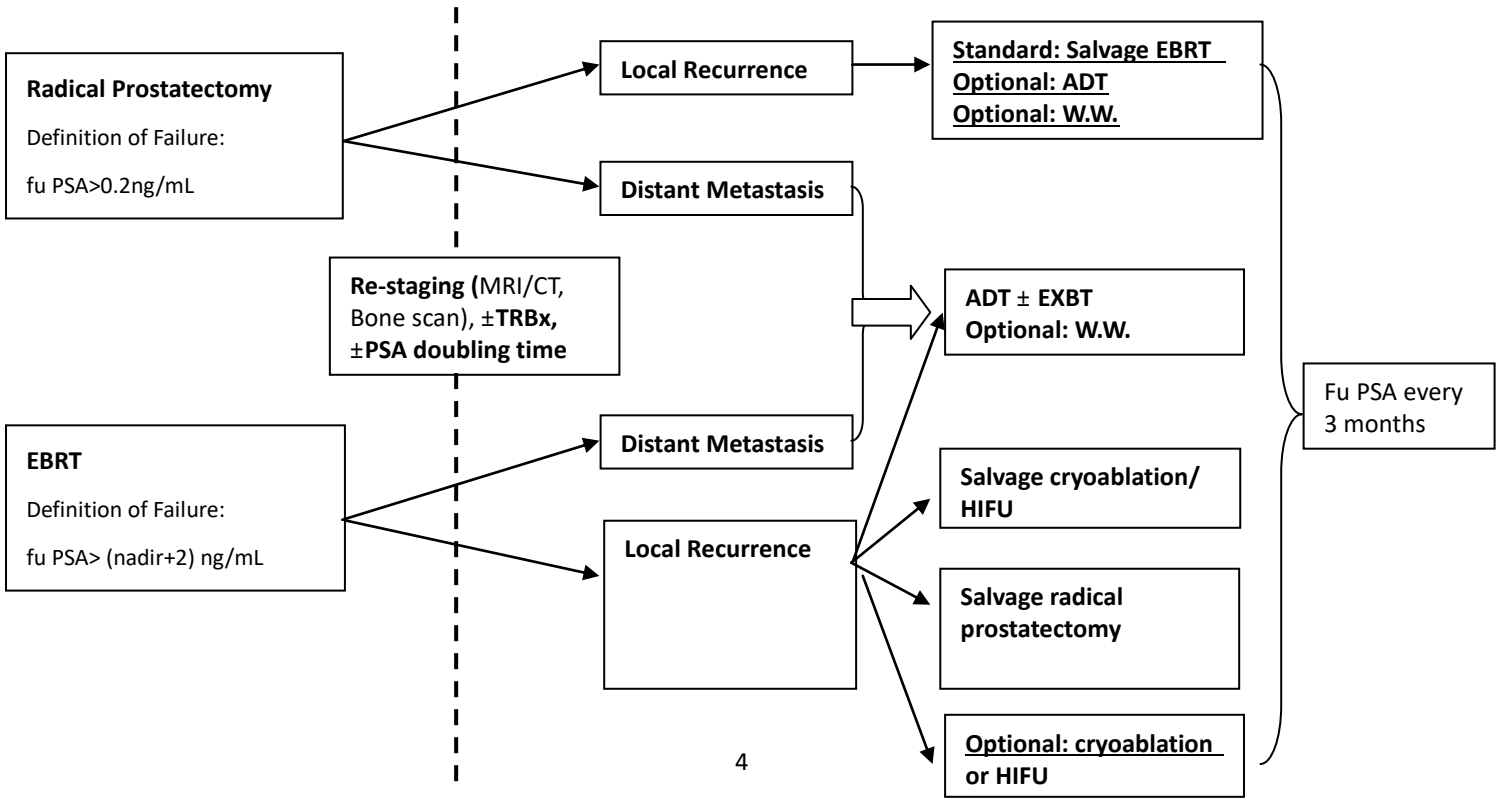
主要初始治療	評估	診斷	**Salvage Therapy**	追蹤



轉移性去勢難治性攝護腺癌—
(metastatic Castration Resistant Prostate Cancer)

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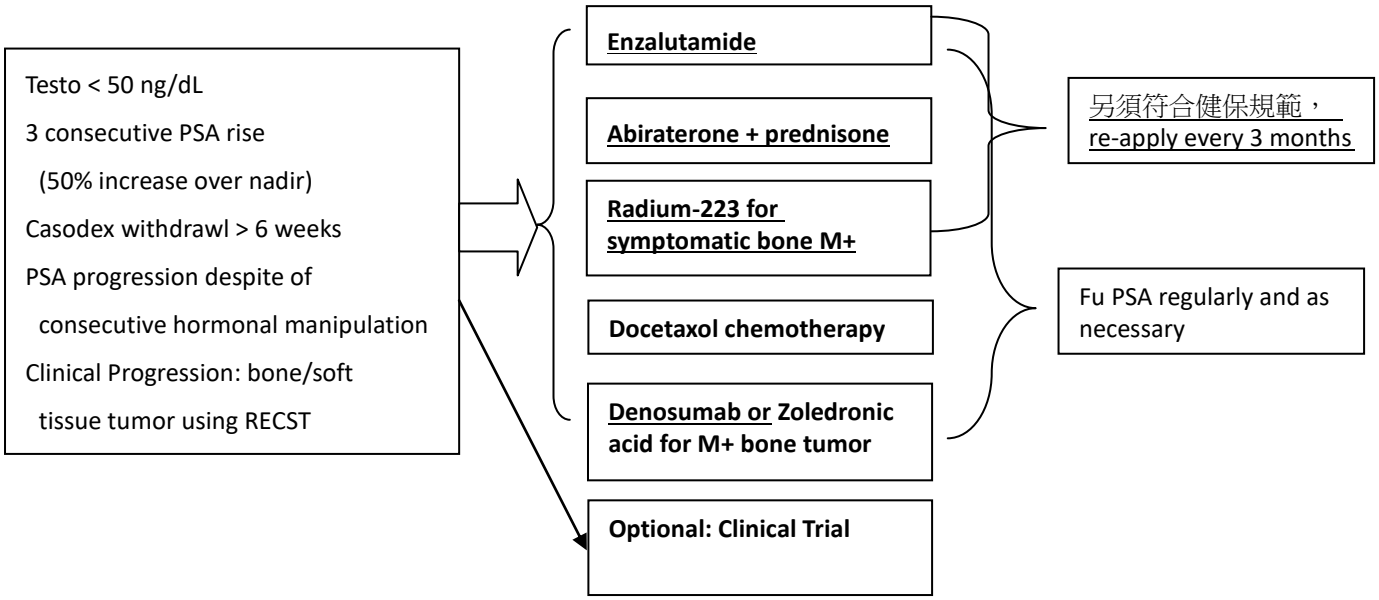
CRPC 定義/診斷	治療	追蹤



Systemic Therapy: Docetaxol regimen for M1 CRPC

regimen		reference
D1	Dexamethasone 20MG IVA STAT	Reference:NO3、7
	Docetaxel Inj 75MG/M2 in NS250ml keep1hr/Q3W or Docetaxel Inj 50MG/M2 in NS250ml keep1hr/Q2W	

Androgen deprivation therapy, ADT(reference NO3、5、6、7)

LHRH-agonists: Leuprorelin、Dipherelin3.75mg 每月一次/11.25mg 每 3 個月一次、Goserelin acetate 3.6mg 每個月一次

LHRH-antagonist: Degarelix 每個月 1 次

Steroidal anti-androgen: Cyproterone acetate 50mg 2#po BID

Non-steroidal anti-androgen: Bicalutamide 50mg 1#po QD、Flutamide 250mg1#po TID

Second-generation anti-androgen: Enzalutamide 40mg 4#po QD

Anti-androgen metabolism inhibitor: Abiraterone250mg 4#po QD with prednisone 5mg 1# po BID

Reference:

1. 台灣泌尿科醫學會訂 2016 年攝護腺癌治療指引
2. NCCN guidelines version2. 2019
3. Scher HI, Fizazi K, Saad F, et al. Increased Survival eith enzalutamide in protate cancer after chemotherapy. N Engl Med 2012;367:1187-1197.
4. 國家衛生研究院攝護腺癌臨床診療指引
5. Maximum androgen blockade in advanced prostate cancer: an overview of the randomised trials. Lancet 2000; 355: 1491–1498.
6. Ryan CJ,Smith MR,de Bono JS,et al. Abiraterone in metastatic prostate cancer without previous chemotherapy. N Engl J Med 2013;368:138-148.
7. Tannok Lf,de Wit R.Berry WR,et al. Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer. N Engl J Med 2004;351:1502-1512.