# 高 雄 榮 民 總 醫 院
# 鼻咽癌診療原則

2017年12月27日 第一版

## 鼻咽癌醫療團隊擬訂

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：2017/05/17

本共識與上一版的差異

| 上一版 | 新版 |
| --- | --- |
| 1. 未公告AJCC 8th edition<br>2. 未標示M1之治療指引及第一線C/T<br>3. 未區分Induction, salvage or adjuvant 化療處方。 | 1. Staging部分遵循AJCC 8th edition<br>2. 新增M1之治療指引及建議第一線C/T(p4、p10-11)。<br>3. 將salvage C/T併入M1之化療處方(p10-11)。 |

# *Carcinoma of Nasopharynx*

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 1 (**Ref. 1**)*

## WORK-UP

- History & PE
- Biopsy & Pathology
- Image

→ MRI and/or CT of H & N

→ Chest X-ray

→ Bone scan

→ Abd. Sono

→ ± PET scan

- EBV status: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA
- Dental evaluation

→ Panorex ± teeth extraction

- Hearing evaluation

→ PTA, tympanogram

- Multidisciplinary consultation

## STAGING & TREATMENT

- [T1, N0, M0]

***Definitive RT***

- [T1, N1-3, M0] or [T2-4, any N, M0]

詳見 *Page 2*

- [Any T, any N, M1]

詳見 *Page 3*

- [M1]

詳見 *Page 4*

## FOLLOW-UP

- [Post-Tx within 6 months]

→ Baseline MRI and/or CT

→ every 1-2 month: PE

- [0.5-3 years after Tx]

→ Every 2-3 months: PE, nasopharyngoscopy

→ Every 1 year: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA; MRI ± CT, CxR, bone scan & Abd. Sono as indicated

- [ 3-5 years after Tx]

→ Every 4-6 months: PE, nasopharyngoscopy

- [ 5 years later after Tx]

→ Every 6-12 months: PE, nasopharyngoscopy

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**Clinical T1, N1-3 or T2-4, any N, M0**

| Primary treatment | Response and salvage treatment | |
|---|---|---|
| **CCRT ± Adjuvant CT** 註1-3<br>High risk for distant failure (clinical cT4 or cN3) 建議加打 2-3 courses of adjuvant CT。 | Complete clinical response | Follow-up |
| **Induction CT + CCRT or RT** 註1-3<br>2-3 courses for locally advanced cT4 or cN3；若只打1 cycle 且與後續CCRT間隔小於 2 weeks，視為CCRT only。 | Residual disease or clinically suspicious residue | Surgery if operable＊ # |
| | | Adjuvant CT註3 |
| **Definitive RT** 註1<br>Poor medical condition or patient's preference。 | | |

#Salvage neck dissection is indicated if residual neck disease.

＊Salvage nasopharyngectomy is indicated for operable residual primary tumor.

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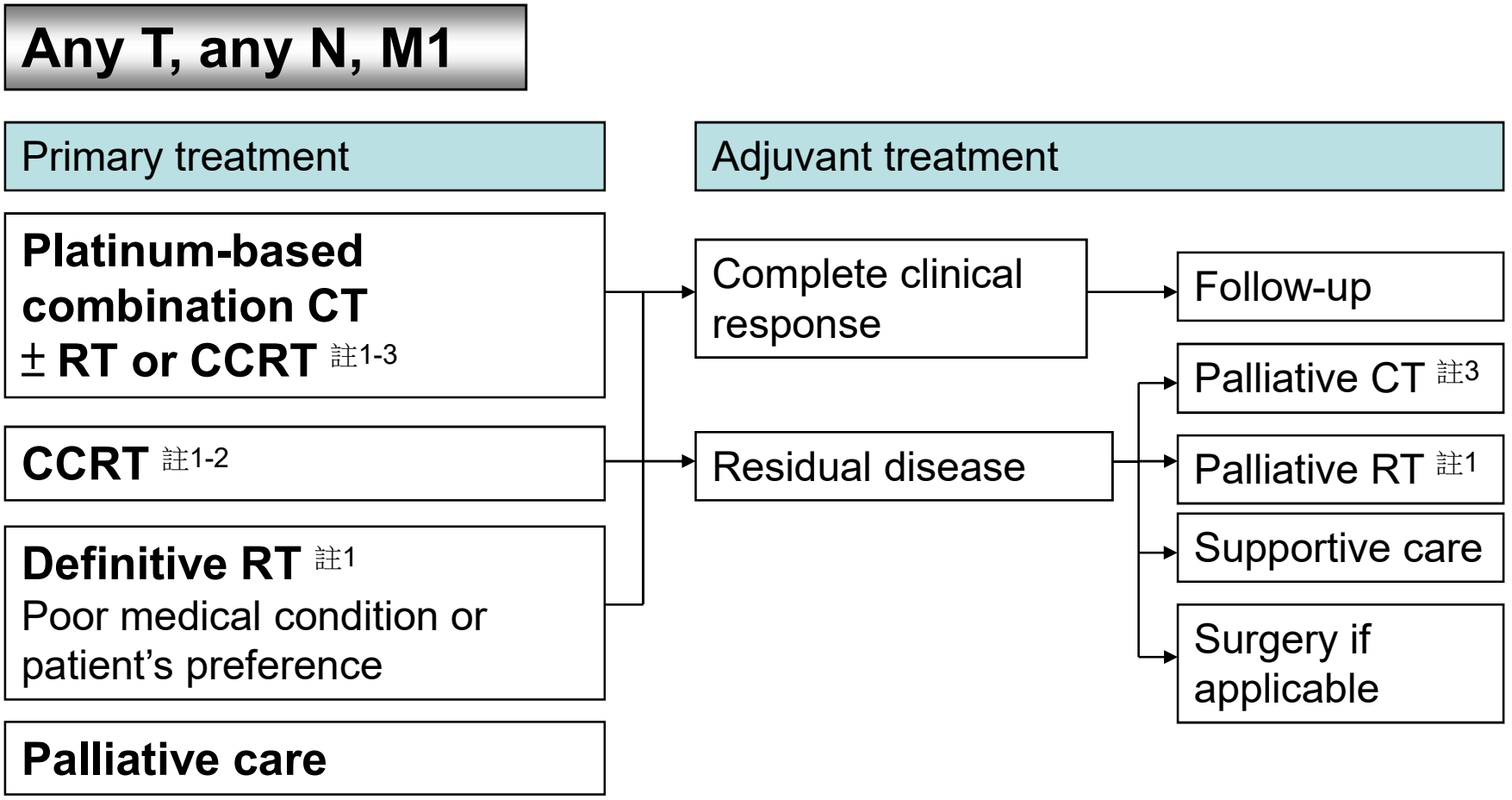

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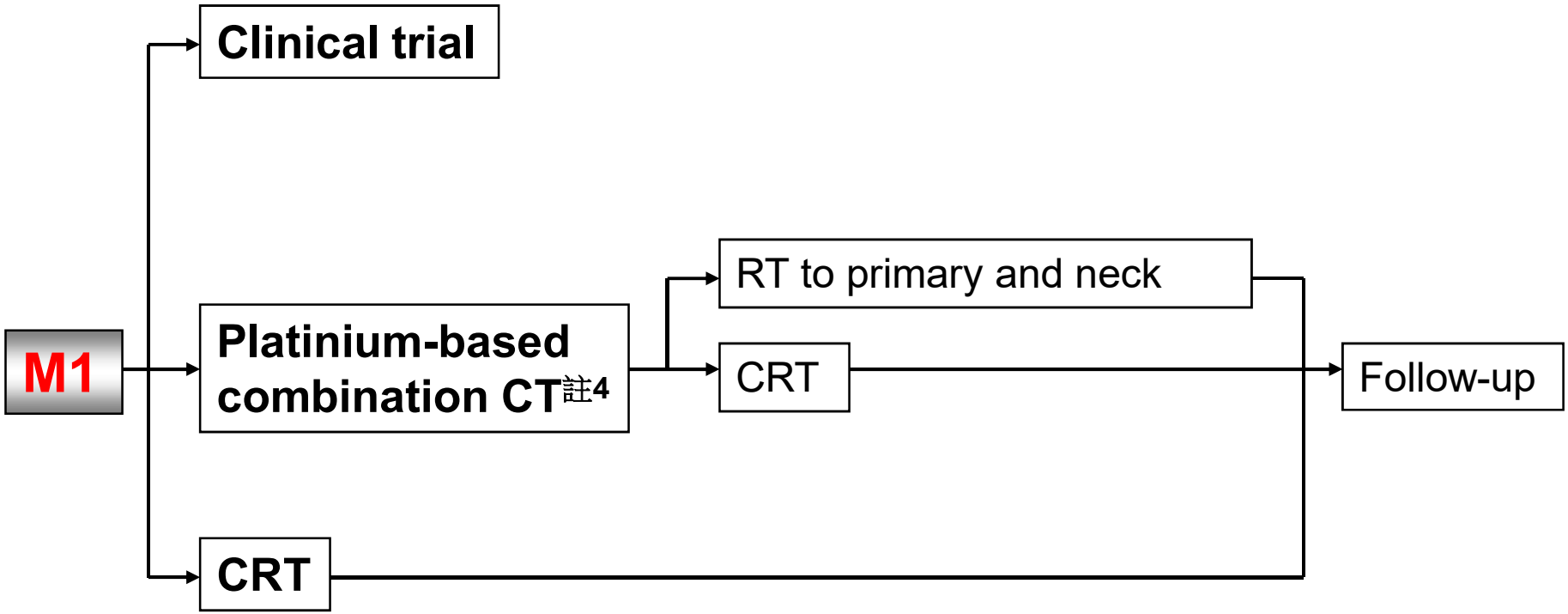

# *Carcinoma of Nasopharynx*



註1

## Principles of Radiotherapy

**Definitive Radiotherapy**

•Primary and gross adenopathy：66 - 74 Gy (2.0 Gy/fraction)

•Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fractions)

**CCRT or RT**

•RT alone if ：Old age, Impaired renal function, Poor condition

**Palliative RT**

•Indicated in：Relieve local symptoms, Prevent debilitation such as spinal cord compression and pathological fracture, Achieve durable locoregional control.

# *Carcinoma of Nasopharynx*

註2 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 6 (**Ref. 1,5-9**)*

## Principles of Chemotherapy

***Concurrent with RT***

**Regimen 1: q3w CDDP ± Cetuximab + RT** 註5

•Cisplatin (80-100mg/ $m^2$) q3w during R/T

•Cetuximab(400mg/ $m^2$) loading dose first week, then Cetuximab(250mg/ $m^2$) maintain dose D1 + Cisplatin (80-100mg/ $m^2$) q3w D2 during R/T

**Regimen 2: Weekly CDDP ± Cetuximab + RT** 註5

•Cisplatin (30-40mg/ $m^2$) weekly during R/T

•Cetuximab(400mg/ $m^2$) loading dose first week, and then Cisplatin (30-40mg/ $m^2$) weekly D1 + Cetuximab(250mg/ $m^2$) maintain dose D2 during R/T

**Regimen 3: q3w Carboplatin ± Cetuximab + RT** 註5

•Carboplatin (AUC x 5mg) q3w during R/T

•Cetuximab(400mg/ $m^2$) loading dose first week, then Cetuximab(250mg/ $m^2$) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

**Regimen 4: Weekly Cetuximab + RT** 註5

•Cetuximab(400mg/ $m^2$) loading dose first week, then Cetuximab(250mg/ $m^2$) maintain dose during RT

# *Carcinoma of Nasopharynx*

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 7 (**Ref. 5-8)***

## Regimens of Chemotherapy

***Induction~~, salvage~~ or adjuvant,*** *建議2-3cycles*

**Regimen 1: q3-4 weeks CDDP ± F ± weekly Cetuximab** 註5

- Cisplatin (20mg/ $m^2$) D1-D5
- Fluorouracil (5-FU) (1000mg/ $m^2$) D1-D5
- Cetuximab(400mg/ $m^2$) loading dose first week, then weekly Cetuximab (250mg/ $m^2$)

**Regimen 2: q3-4 weeks CDDP ± F ± weekly Cetuximab** 註5

- Cisplatin(80-100mg/ $m^2$) D1
- Fluorouracil (5-FU) (1000mg/ $m^2$) D2-D5
- Cetuximab(400mg/ $m^2$) loading dose first week, then weekly Cetuximab (250mg/ $m^2$)

**Regimen 3: q3-4 weeks Carboplatin ± F ± weekly Cetuximab** 註5

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ $m^2$) D2-D5
- Cetuximab(400mg/ $m^2$) loading dose first week, then weekly Cetuximab (250mg/ $m^2$)

# *Carcinoma of Nasopharynx*

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 8 (**Ref. 5-12**)*

## Regimens of Chemotherapy

***Induction~~, salvage~~ or adjuvant,*** *建議2-3cycles*

**Regimen 4: q3-4 weeks T + P ± F ±** weekly Cetuximab

- Taxotere(60 mg/ $m^2$) D1 註5
- Cisplatin(60-75 mg/ $m^2$) D1
- Fluorouracil (5-FU)(600-750mg/ $m^2$) D2-D5
- Cetuximab (400mg/ $m^2$) loading dose first week, then Cetuximab (250mg/ $m^2$) maintain dose

**Regimen 5: weekly Cetuximab** 註5

- Cetuximab (400mg/ $m^2$) loading dose first week, then Cetuximab (250mg/ $m^2$) maintain dose

**Regimen 6: oral Fluorouracil**

- Ufur cap (tegafur 100mg+uracil 224mg) 2# TID

(Salvage or palliative CT中作為取代iv-formed 5-FU之替代藥物)

# *Carcinoma of Nasopharynx*

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 9 (**Ref. 5-12**)*

## Regimens of Chemotherapy

***Induction~~, salvage~~ or adjuvant,*** *建議2-3cycles*

**Regimen 7: q4w GGGP (6 courses)**

•Gemcitabine (1000mg/ $m^2$) D1, 8, 15

•Cisplatin (50-60mg/ $m^2$) D22

**Regimen 8: P-FL**

•Cisplatin (60mg/ $m^2$) week 1, 3, 5, 7

• Fluorouracil (5-FU)(2500mg/ $m^2$) + Leucovorin (250mg/ $m^2$) mixed week 2, 4, 6, 8

**Regimen 9: weekly Methotrexate**

•Methotrexate (40-60mg/ $m^2$)

# *Carcinoma of Nasopharynx*

註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 10 (**Ref. 13-22**)*

## Regimens of Chemotherapy

***Recurrent or metastatic***

**Regimen 1: q3-4 weeks CDDP ± F**

- Cisplatin(80-100mg/ m2) D1 or Cisplatin (20mg/ m2) D1-D5
- Fluorouracil (5-FU) (600-1000 mg/m2) D2-D5

**Regimen 2: q3-4 weeks Carboplatin ± F**

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ $m^2$) D2-D5

**Regimen 3: q4w GGGP (6 courses)**

- Gemcitabine (1000mg/ $m^2$) D1, 8, 15
- Cisplatin (50-60mg/ $m^2$) D22

**Regimen 4: weekly Gemcitabine**

- Gemcitabine (1000mg/ $m^2$) D1

# *Carcinoma of Nasopharynx*

註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 11 (Ref. 13-22)*

## Regimens of Chemotherapy

***Recurrent or metastatic***

**Regimen 5: q3-4 weeks T ± CDDP**

- Taxotere(60 mg/ $m^2$) D1 註5
- Cisplatin(60-75 mg/ $m^2$) D1

**Regimen 6: q3-4 weeks T ± Carboplatin**

- Taxotere(60 mg/ $m^2$) D1 註5
- Carboplatin (AUC x 5mg) D1

**Regimen 7: q3-4 weeks Carboplatin ± weekly Cetuximab** 註5

- Carboplatin (AUC x 5mg) D1
- Cetuximab(400mg/ $m^2$) loading dose first week, then weekly Cetuximab (250mg/ $m^2$)

**Regimen 8: weekly Methotrexate**

- Methotrexate (40-60mg/ $m^2$)

# *Carcinoma of Nasopharynx*



## 特殊用藥健保給付規定

**Taxotere**

- 頭頸部癌，限局部晚期且無遠端轉移之頭頸部鱗狀細胞癌且無法手術切除者。
- 與Cisplatin 及5-FU 併用，作為放射治療前的引導治療，限使用四個療程。

**Cetuximab**

- 限與放射線療法合併使用於局部晚期之口咽癌、下咽癌及喉癌患者，且符合下列條件之一：

1.年齡 ≧ 70 歲
2.Ccr ＜50ml/min
3.聽力障礙者 (聽力障礙定義為500Hz、1000Hz、2000Hz 平均聽力損失大於25 分貝)
4.無法耐受platinum-based 化學治療。

- 使用總療程以接受8 次輸注為上限。
- 需經事前審查核准後使用。

**Carboplatin**

- 限腎功能不佳 (CCr < 60) 或曾作單側或以上腎切除之惡性腫瘤患者使用。

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