

# 高雄榮民總醫院

## 鼻咽癌診療原則

2019年03月06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：2018/05/23

## 本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none"><li>1. Definitive RT</li><li>2. 無± Neck Sono</li><li>3. 無Clinical trials</li></ol>	<ol style="list-style-type: none"><li>1. Elective RT to neck (p1)</li><li>2. FOLLOW-UP → ± Neck Sono (p1)</li><li>3. 新增治療選項：Clinical trials(p3)</li><li>4. 核對線上化藥處方集與診療指引化藥處方集一致性，未列出者將補齊(p9-10)</li></ol> <p>Regimen 9: weekly Methotrexate •Methotrexate (40-60mg/ m2)</p> <p>Regimen 5: FL •Covorin (250 mg/ m2) D1 Fluorouracil (5-FU) (2500 mg/ m2) D1</p> <p>Regimen 6: MEP •Mitomycin (8mg/ m2) D1 Epicin (60mg/ m2) D1 Cisplatin (60mg/ m2) D1</p> <p>Regimen 7: PEB •Epicin (50-70mg/ m2) D1 Cisplatin (60-100mg/ m2) D1</p>

# Carcinoma of Nasopharynx

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WORK-UP	STAGING & TREATMENT	FOLLOW-UP
<ul style="list-style-type: none"><li>• <u>History &amp; PE</u></li><li>• <u>Biopsy &amp; Pathology</u></li><li>• <u>Image</u><ul style="list-style-type: none"><li>→ MRI* or CT of H&amp;N* or PET</li><li>→ Chest X-ray *</li><li>→ Bone scan *</li><li>→ Abd. Sono *</li><li>→ ± PET scan</li></ul></li><li>• <u>EBV status</u>: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA</li><li>• <u>Dental evaluation*</u><ul style="list-style-type: none"><li>→ Panorex ± teeth extraction</li></ul></li><li>• <u>Hearing evaluation</u><ul style="list-style-type: none"><li>→ PTA, tympanogram</li></ul></li><li>• <u>Multidisciplinary consultation</u> ( * 期別之相關之主要檢查)</li></ul>	<ul style="list-style-type: none"><li>• <u>[T1, N0, M0]</u> <b>Definitive RT</b> <b>Elective RT to neck</b></li><li>• <u>[T1, N1-3, M0] or [T2-4, any N, M0]</u> 詳見 Page 2</li><li>• <u>[Any T, any N, M1]</u> 詳見 Page 3</li><li>• <u>[M1]</u> 詳見 Page 4</li></ul>	<ul style="list-style-type: none"><li>• <u>[Post-Tx within 6 months]</u><ul style="list-style-type: none"><li>→ Baseline MRI and/or CT</li><li>→ every 1-2 month: PE</li><li>→ ± <b>Neck Sono</b></li></ul></li><li>• <u>[0.5-3 years after Tx]</u><ul style="list-style-type: none"><li>→ Every 2-3 months: PE, nasopharyngoscopy</li><li>→ Every 1 year: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA; MRI ± CT, CxR, bone scan &amp; Abd. Sono as indicated</li></ul></li><li>• <u>[ 3-5 years after Tx]</u><ul style="list-style-type: none"><li>→ Every 4-6 months: PE, nasopharyngoscopy</li></ul></li><li>• <u>[ 5 years later after Tx]</u><ul style="list-style-type: none"><li>→ Every 6-12 months: PE, nasopharyngoscopy</li></ul></li></ul>

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

Primary treatment

**CCRT ± Adjuvant CT** 註1-3

High risk for distant failure (clinical cT4 or cN3) 建議加打 2-3 courses of adjuvant CT。

**Induction CT + CCRT or RT** 註1-3

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。

**Definitive RT** 註1

Poor medical condition or patient's preference。

**Clinical trials**

Response and salvage treatment

Complete clinical response

Follow-up

Residual disease or clinically suspicious residue

Surgery if operable\* #

Adjuvant CT  
註3

# Salvage neck dissection is indicated if residual neck disease.

\* Salvage nasopharyngectomy is indicated for operable residual primary tumor.

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**Any T, any N, M1**

Primary treatment

**Platinum-based combination CT**  
± RT or CCRT 註1-3

**CCRT** 註1-2

**Definitive RT** 註1  
Poor medical condition or patient's preference

**Palliative care**

**Clinical trials**

Adjuvant treatment

Complete clinical response

Residual disease

Follow-up

Palliative CT 註3

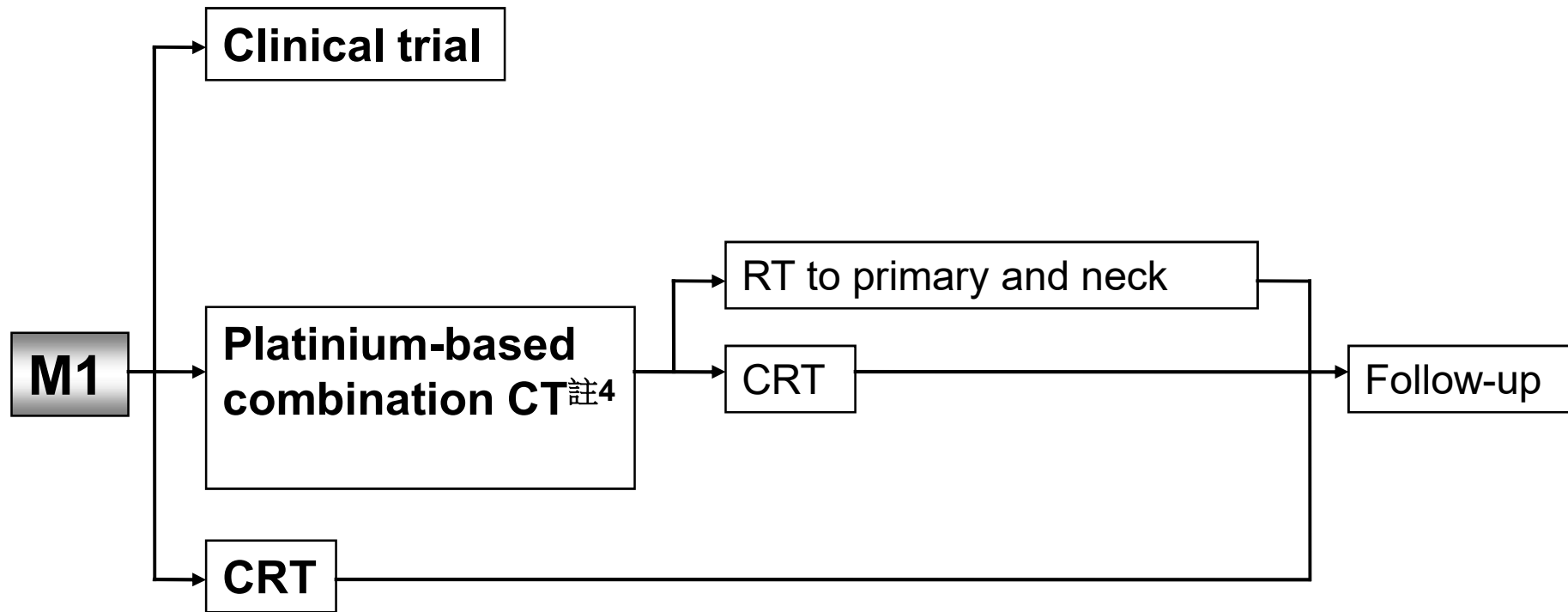
Palliative RT 註1

Supportive care

Surgery if applicable

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# ***Carcinoma of Nasopharynx***

註1 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於2019.03.06 Page 5 (Ref. 1,5,6)

## **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2019.03.06 Page 6 (Ref. 1,5-9)

## Principles of Chemotherapy

### Concurrent with RT

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

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

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

- Cisplatin (30-40mg/ m<sup>2</sup>) weekly during R/T
- Cetuximab(400mg/ m<sup>2</sup>) loading dose first week, and then Cisplatin (30-40mg/ m<sup>2</sup>) weekly D1 + Cetuximab(250mg/ m<sup>2</sup>) 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<sup>2</sup>) loading dose first week, then Cetuximab(250mg/ m<sup>2</sup>) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

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

- Cetuximab(400mg/ m<sup>2</sup>) loading dose first week, then Cetuximab(250mg/ m<sup>2</sup>) 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2019.03.06 Page 7 (Ref. 5-8)

## Regimens of Chemotherapy

*Induction or adjuvant, 建議2-3cycles*

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

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

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

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

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

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

# Carcinoma of Nasopharynx

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於2019.03.06 Page 8 (Ref. 5-12)

## Regimens of Chemotherapy

*Induction or adjuvant, 建議2-3cycles*

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

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

### **Regimen 5: weekly Cetuximab 註5**

- Cetuximab (400mg/ m<sup>2</sup>) loading dose first week, then Cetuximab (250mg/ m<sup>2</sup>) 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***

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## **Regimens of Chemotherapy**

*Induction or adjuvant, 建議2-3cycles*

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

- Gemcitabine (1000mg/ m<sup>2</sup>) D1, 8, 15
- Cisplatin (50-60mg/ m<sup>2</sup>) D22

### **Regimen 8: P-FL**

- Cisplatin (60mg/ m<sup>2</sup>) week 1, 3, 5, 7
- Fluorouracil (5-FU)(2500mg/ m<sup>2</sup>) + Leucovorin (250mg/ m<sup>2</sup>) mixed week 2, 4, 6, 8

### **Regimen 9: weekly Methotrexate**

- Methotrexate (40-60mg/ m<sup>2</sup>)

# Carcinoma of Nasopharynx

註4

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## Regimens of Chemotherapy

### Recurrent or metastatic

#### **Regimen 1: q3-4 weeks CDDP ± F**

- Cisplatin (80-100mg/ m<sup>2</sup>) D1 or Cisplatin (20mg/ m<sup>2</sup>) D1-D5
- Fluorouracil (5-FU) (600-1000 mg/m<sup>2</sup>) D2-D5

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

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ m<sup>2</sup>) D2-D5

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

- Gemcitabine (1000mg/ m<sup>2</sup>) D1, 8, 15
- Cisplatin (50-60mg/ m<sup>2</sup>) D22

#### **Regimen 4: weekly Gemcitabine**

- Gemcitabine (1000mg/ m<sup>2</sup>) D1

#### **Regimen 5: FL**

- Covorin (250 mg/ m<sup>2</sup>) D1
- Fluorouracil (5-FU) (2500 mg/ m<sup>2</sup>) D1

#### **Regimen 6: MEP**

- Mitomycin (8mg/ m<sup>2</sup>) D1
- Epicin (60mg/ m<sup>2</sup>) D1
- Cisplatin (60mg/ m<sup>2</sup>) D1

#### **Regimen 7: PEB**

- Epicin (50-70mg/ m<sup>2</sup>) D1
- Cisplatin (60-100mg/ m<sup>2</sup>) D1
- Bleomycin (15mg) D1

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## **Regimens of Chemotherapy**

### **Recurrent or metastatic**

#### **Regimen 5: q3-4 weeks T ± CDDP**

- Taxotere(60 mg/ m<sup>2</sup>) D1 註5
- Cisplatin(60-75 mg/ m<sup>2</sup>) D1

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

- Taxotere(60 mg/ m<sup>2</sup>) 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<sup>2</sup>) loading dose first week, then weekly Cetuximab (250mg/ m<sup>2</sup>)

#### **Regimen 8: weekly Methotrexate**

- Methotrexate (40-60mg/ m<sup>2</sup>)

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## 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  $\geq 70$  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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