

高雄榮民總醫院

胃癌診療指引

2017年03月07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2017.03.07由胃癌團隊相關人員陳以書、蔡忠育、康菴翔、江佳陵、陳海雄、高崧碩、葉昶宏、簡竹君、張國楨等人討論後共同修訂。

會議討論

上次會議：2016/02/16

本共識與上一版的差異

上一版	新版
<p>1.原化學治療處方中Adjuvant chemotherapy: TS-1、UFUR、XO、EOX、XP。Chemotherapy for unresectable/recurrent disease有:TS-1、TS-1+P、UFUR、EOX、XP、XO、FP。</p> <p>2.原化學治療處方分Adjuvant chemotherapy跟Chemotherapy for unresectable/recurrent disease。</p> <p>3.原標靶治療處方:Trastuzumab</p>	<p>1.刪除XP化學藥物處方。(Page 10、11)</p> <p>2.增加第二線化學藥物:Irinotecan、Docetaxel、Paclitaxel、Ramucirumab、Ramucirumab + Paclitaxel 及文獻。(Page 12、17-18)</p> <p>3.修改Trastuzumab標靶處方用藥: Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m2(D1) + Xeloda 1000mg/m2 BID(D1-14) Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m2(D1) +5-FU 800mg/m2 BID(D1-5) Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1) +Xeloda 1000mg/m2 BID(D1-14) Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1)+5-FU 800mg/m2 BID(D1-5) (Page 13)</p>

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評估

診斷

治療

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- 胸部X光
- 血液常規
- 電解質及肝腎功能
- 腫瘤指標 (CEA, Ca19-9)
- 腹部電腦斷層攝影
- 上消化道內視鏡及生檢(Biopsy)

- 必要時評估→
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臨床分期

身體狀況適合手術且
腫瘤是有機會切除的

手術(± IHC)

依術後病理結果後續治療與追蹤
(見-p5手術結果)

身體狀況適合手術但
腫瘤是無法切除的

化學治療

(± 放射治療)

姑息性手術

+化學治療

(± 放射治療)

重新評估分期

完全反應
或
局部反應

追蹤
或
考慮開刀把
殘餘腫瘤切除

身體狀況不適合手術
且腫瘤是無法切除的

化學治療

(± 放射治療)

支持性療法

疾病惡化
殘餘腫瘤
無法開刀
或
腫瘤已遠
端轉移

見-p6
轉移或復發胃癌

追蹤(p3 Table-1)

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評估	診斷	治療	追蹤
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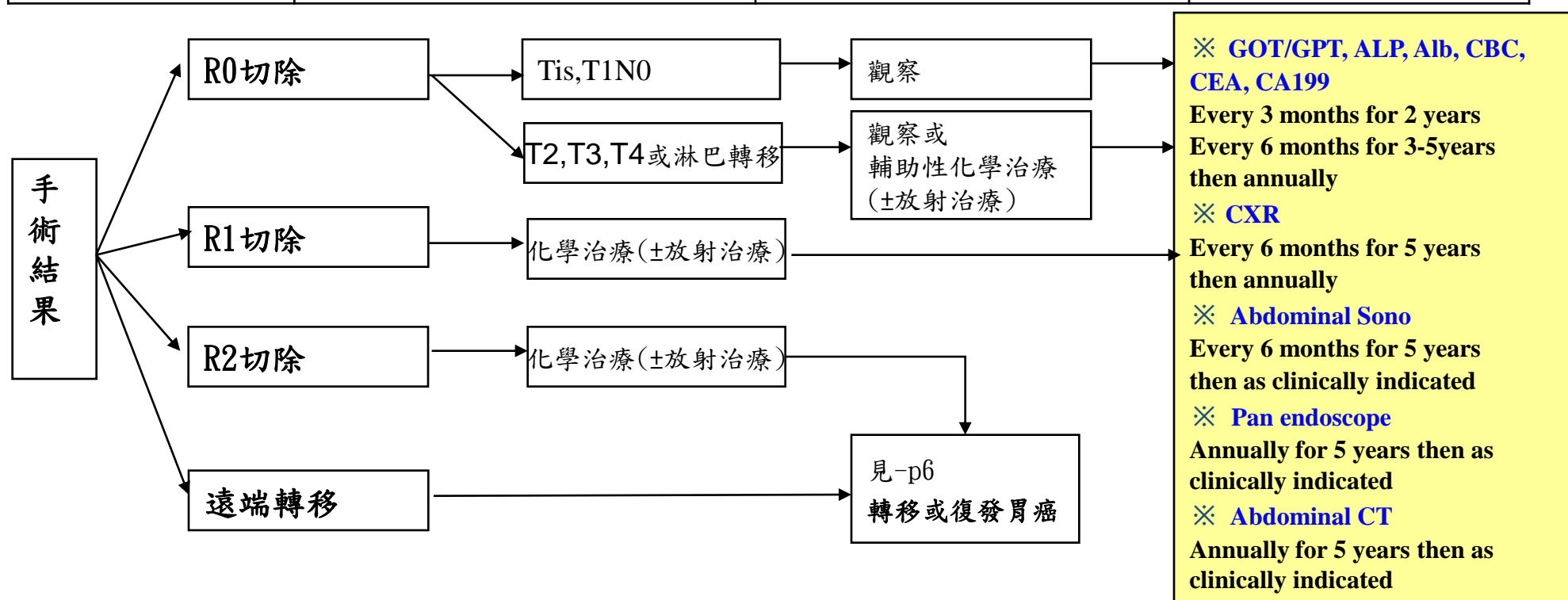
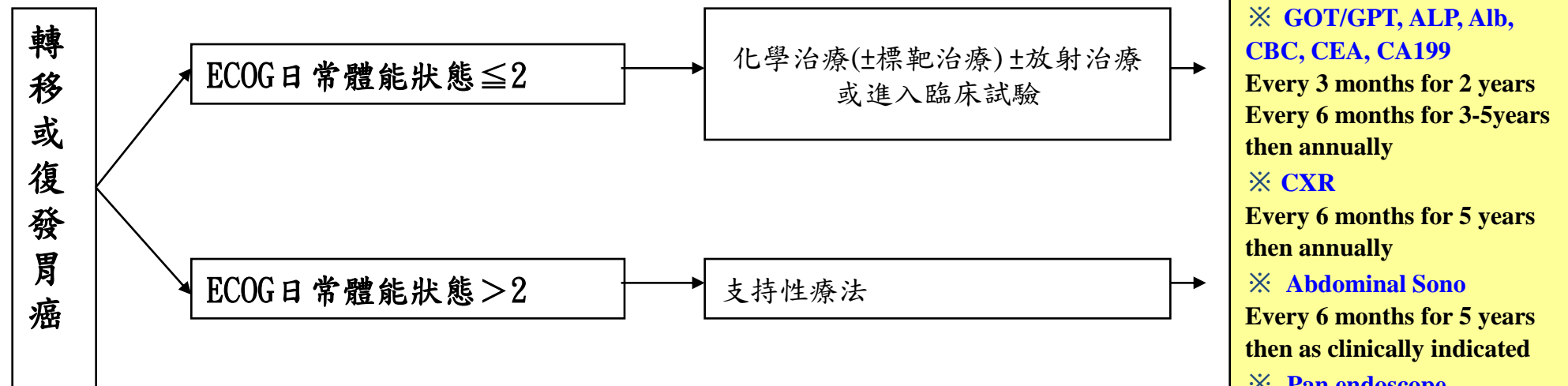


Table-1 術後追蹤建議表

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- ※ GOT/GPT, ALP, Alb, CBC, CEA, CA199
Every 3 months for 2 years
Every 6 months for 3-5 years
then annually
- ※ CXR
Every 6 months for 5 years
then annually
- ※ Abdominal Sono
Every 6 months for 5 years
then as clinically indicated
- ※ Pan endoscope
Annually for 5 years then as
clinically indicated
- ※ Abdominal CT
Annually for 5 years then as
clinically indicated

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

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Table-2 手術建議表(1)

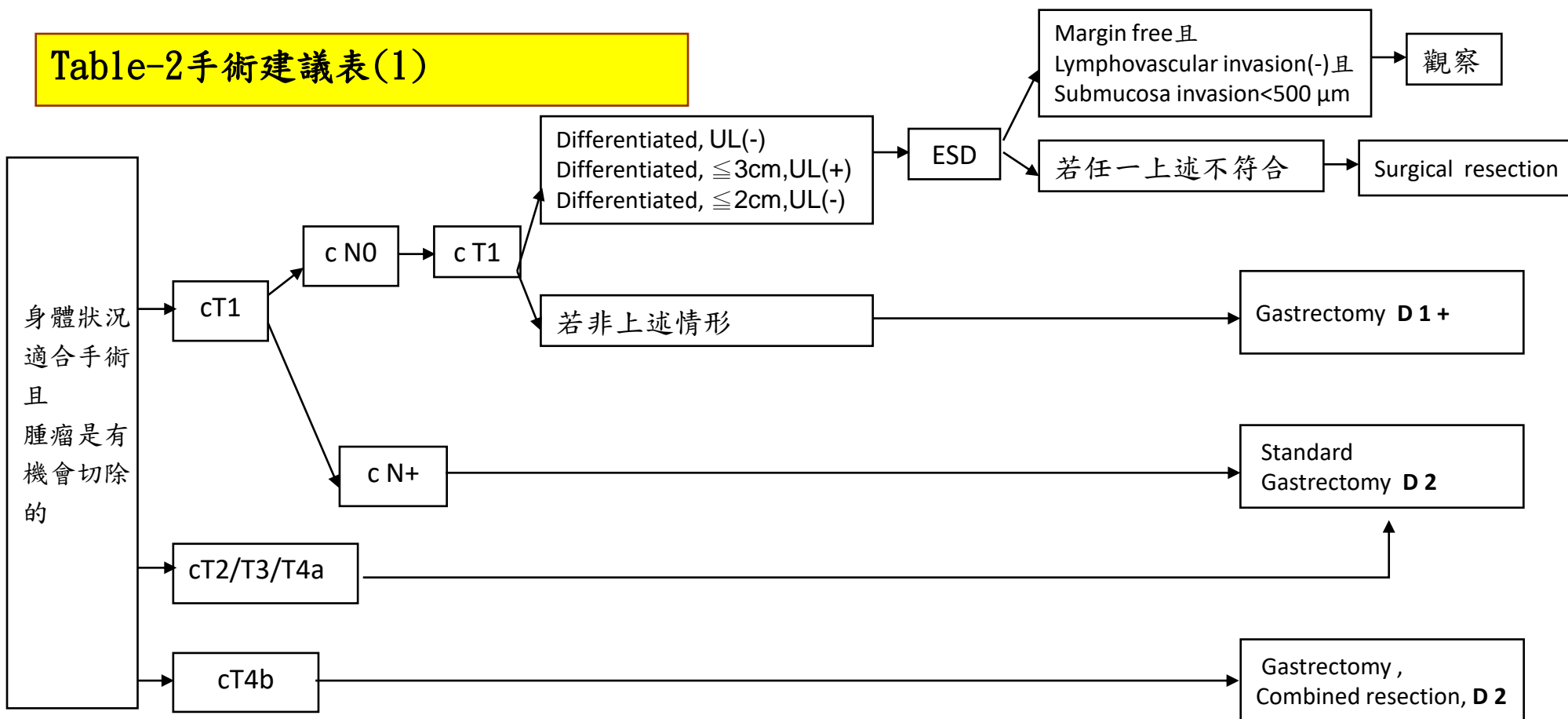


Table-2 手術建議表(2)

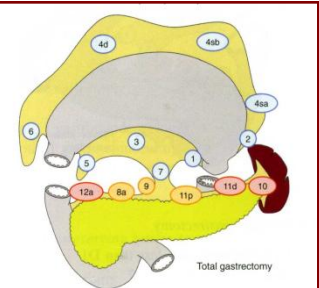
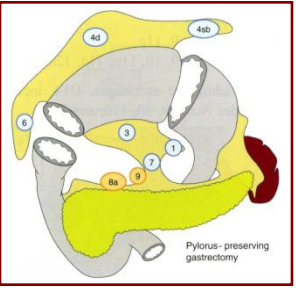
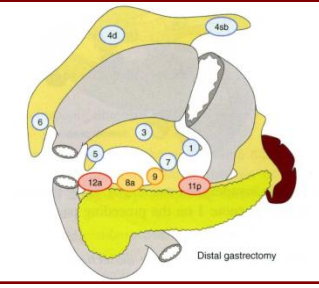
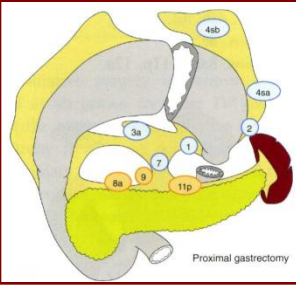
Type of Gastrectomy with lymph node dissection		
Gastrectomy	Extent of LN dissection	圖表
Total gastrectomy	D1 :Nos 1-7 D1+:D1+Nos 8a,9,11p D2 :D1+Nos 8a,9,10,11p,11d,12a For tumor invading the esophagus D1+Includes No,110 ¹ D2 includes Nos.19,20,110,and 111	 
Distal gastrectomy	D1 :Nos 1,3,4sb,4d,5,6,7 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 IIHC 適應症建議表

Intraoperative Intraperitoneal Hyperthermochemotherapy (IIHC)

※Indication : \geq T4a

※Regimen:

Cisplatin 90 mg/3-4 L Lactated Ringer solution

Etoposide 90 mg/3-4 L Lactated Ringer solution

Mitomycin C 30 mg/3-4 L Lactated Ringer solution

41-42°C for 20-60 minutes

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

Table-4.1 化學治療處方建議表

Adjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
TS-1 40-60mg bid(ACTS-GC trial) (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 m^2 - 1.5 m^2 : 50mg bid, <1.25 m^2 : 40mg bid	Q42 d /cycle For 12 months	No.8 /Level I
UFUR 2# po bid (NSAS-GC trial)	For 16 months	No.9 /Level I
Oxaliplatin 130 mg/ m^2 , IV,D1 【 XO 】 (CLASSIC trial) Xeloda 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/ m^2)	Q21 d x 8-12cycles	No.10 /Level I
Oxaliplatin 130mg/ m^2 , IV, D1 【 EOX】 Epirubicin 50mg/ m^2 , IV, D1 Xeloda 625mg/ m^2 bid X 3 weeks	Q21 d x 8 cycles	No.11 / Level I

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Table-4.2 化學治療處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
TS-1 40-60mg bid(口服21days休14days) (SPIRITS trial) Cisplatin 60 mg/m ² , IV, D8	Q35d /cycle For 12 months	No.12 /Level I
TS-1 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, 1.25m ² - 1.5m ² : 50mg bid, <1.25m ² : 40mg bid	Q42 d /cycle For 12 months	No.8 /Level I
UFUR 2# po bid	For 16 months	No.13 /Level I
Oxaliplatin 130mg/m ² , IV, D1 【 EOX 】 Epirubicin 50mg/m ² , IV, D1 Xeloda 625mg/m ² bid X 3 weeks	Q21 d x 8 cycles	No.11 /Level I
Oxaliplatin 130 mg/m ² , IV,D1 【 XO 】 Xeloda 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m ²)	Q21 d x 8-12cycles	No.1, 14 /Level II
Cisplatin 80 mg/m ² , IV, D1 【 FP 】 5-FU 800mg/m ² , IV, D1-5	Q21 d x 8-12cycles	No.15 /Level II

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Table-4.3 化學治療（二線）處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
Irinotecan 150 mg/m ² , IV, D1	Q14d /cycle Until progression	No.20, 21 /Level I
Docetaxel 60 – 75 mg/m ² , IV, D1	Q21d /cycle Until progression	No.21, 22 /Level I
Paclitaxel 80 mg/m ² , IV, D1, D8, D15	Q28d/cycle Until progression	No.23 /Level I
Ramucirumab 8 mg/kg, IV, D1	Q14d/cycle Until progression	No. 24 /Level I
Ramucirumab (8 mg/kg, IV, D1, D15) + Paclitaxel (80 mg/m ² , IV, D1, D8, D15)	Q28d/cycle Until progression	No. 25 /Level I

Table-5 標靶治療處方建議表

Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m²(D1)+Xeloda 1000mg/m² BID(D1-14)

Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m²(D1)+5-FU 800mg/m² BID(D1-5)

Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1)+Xeloda 1000mg/m² BID(D1-14)

Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1)+5-FU 800mg/m² BID(D1-5)

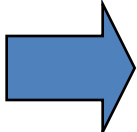
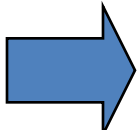
(Ref. No 16/Level I)

1.使用條件：Her-2/neu免疫染色3+, 或2+且FISH positive for amplification

2.使用劑量：8 mg/kg IV loading dose, 6 mg/kg IV every 3 weeks

3.若病患於治療中發生疾病復發、惡化或產生無法忍受之毒性，則停用藥物。

Table-6 放射治療處方建議表

<p>※ Protocol of adjuvant chemoradiotherapy</p>	<p>※.For R0 resection \geq stage IIA ※ For R1 resection and R2 resection</p>
<p> Radiation therapy: Target volume: tumor/ gastric bed and pertinent nodal group Dose: 45-50.4 Gy /(1.8 Gy/day) Chemotherapy regimen: 5-FU (400 mg/m² per day) and leucovorin (20 mg/m² per day) on the first four and the last three days of RT. Reference :No 17/strength of Evidence :level 1</p>	
<p>※ Protocol of chemoradiation as the primary treatment</p>	<p>※ For medically fit patients but unresectable cancer without distant metastasis ※ For medically unfit patients without distant metastasis</p>
<p> Radiation therapy: Target volume: tumor/ gastric bed and pertinent nodal group Dose: 45-50.4 Gy /(1.8 Gy/day) Chemotherapy regimen: 5-FU (400 mg/m² per day) and leucovorin (20 mg/m² per day) on the first four and the last three days of RT. Reference :No 17/strength of Evidence :level 1</p>	

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Table-7 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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