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下咽癌診療原則

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提醒您：此份診療原則為本院關於癌症診斷與治療之參考指引。臨床應用上可能會依照個人情況而有所調整。歡迎與您的醫師討論。

與上一版的差異

- 釐清adverse features 的定義
- 定義induction chemotherapy之概念及使用之條件
- 標靶處方，非必要性之治療選項

Hypopharyngeal Carcinoma

WORK-UP

- History & PE
- Biopsy
- Image
  - MRI of H & N
  - Chest X-ray
  - Bone scan
  - Abd. Sono
- Dental evaluation
  - Panorex
- Multidisciplinary consultation

STAGING & TREATMENT

- [T1-2, N0]
  詳見 *Page 2*
- [T1, N1-3] or
- [T2-3, Any N]
  詳見 *Page 3*
- [T4a, Any N]
  詳見 *Page 4*
- [Very Advanced]
  詳見 *Page 5*

FOLLOW-UP

- [Post-treatment baseline MRI]
  - within 6 months
- [0 - 3 years after treatment]
  - Every 3 months
    - Physical exam
  - Every 1 year
    - H & N MRI, CXR, bone scan & Abd. sono as indicated
- [4-5 years after treatment]
  - Every 4-6 months
    - Physical exam
- [5 years later after treatment]
  - Every 6-12 months
    - Physical exam

Ref. I

Hypopharyngeal Carcinoma

T1-2, N0
(laryngectomy not required)

→ RT [b]
Salvage surgery if residual disease a

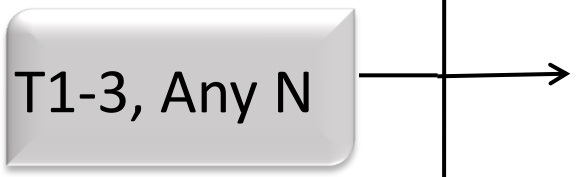
→ Surgery: partial laryngopharyngectomy + Neck dissection

- PSM: re-surgery or RT or CCRT
- N0 without Risk adverse features：Follow up
- N1
  - ECE:CCRT
  - Other adverse feature (+): RT or CCRT
  - Other adverse feature (-):+/- RT

a) By clinical assessment within 8-12 weeks.
b) Adjuvant chemotherapy is not recommended if residual disease

*Abbreviation: PSM: positive surgical margin; RT: radiotherapy; CCRT: concomittent chemoradiotherapy

Hypopharyngeal Carcinoma



CCRT [b], 註3

- Primary tumor, complete remission (-)
  - Residual neck tumor (-): observation
  - Residual neck tumor (+): neck dissection
- Primary tumor, complete remission (+)→ salvage surgery + neck dissection

Surgery (resection of primary + neck dissection)

- ECE: POCRT
- Other adverse feature(+): POCRT or PORT
- Other adverse feature (-): PORT

Chemoselection: Induction CT, 註2

- Primary tumor, PR (-)→ surgery or CCRT option
- Primary tumor, PR (+), CR (-) → CCRT
  - If CR → Observation
  - If residual disease after CCRT→ Salvage surgery
- Primary tumor, CR (+) → CCRT or RT

a) By clinical assessment within 8-12 weeks.

b) Adjuvant chemotherapy is not recommended if residual disease

*abbreviation: PR: partial response; CR: complete response

Ref. 1,4,5

Hypopharyngeal Carcinoma

T4a, Any N

→ Surgery (total laryngopharyngectomy +neck dissection), 為第一優先考量
- ECE: POCRT
- Other adverse feature(+): POCRT or PORT
- Other adverse feature (-): PORT

→ Chemoselection: Induction CT, 註2
- Primary tumor, PR (-) or progressive neck disease→ total laryngopharyngectomy +ND
- Primary tumor, PR (+), CR (-) and stable neck disease→ CCRT
  - If primary tumor and neck, CR (+) → Observation
  - If residual disease → Salvage surgery
- Primary tumor, CR (+) and stable neck disease → CCRT or RT

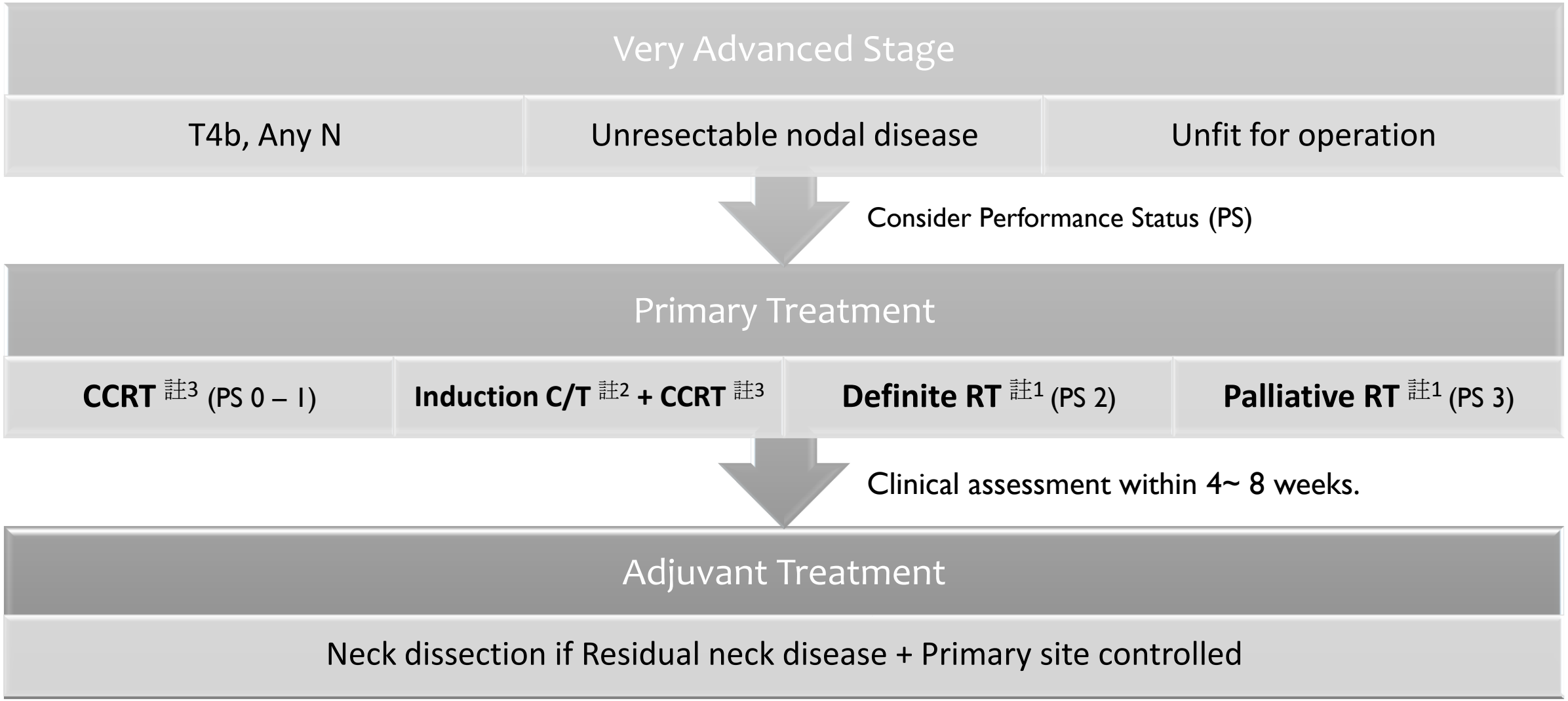
→ CCRT [b], 註3
- Primary tumor, CR (+)
  - Residual neck tumor (-): observation
  - Residual neck tumor (+): neck dissection
- Primary tumor, CR (-)→ salvage surgery +/- neck dissection

- By clinical assessment within 8-12 weeks.
- Adjuvant chemotherapy is not recommended if residual disease

*abbreviation: PR: partial response; CR: complete response

Ref. 1,6,7,8

Hypopharyngeal Carcinoma



Ref. 1,9,10,11

Hypopharyngeal Carcinoma

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)

Postoperative Radiotherapy

- Preferred interval between operation and radiotherapy is ≤ 6 weeks.
- Primary：60-66 Gy (2 Gy/fraction)
- Neck involved nodal stations：60 - 66 Gy (2 Gy/fraction)
- Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fraction)

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.

Hypopharyngeal Carcinoma

註2 Principles of Chemotherapy

適用於 Neoadjuvant 或 Adjuvant
每個療程建議打2-3 cycles

Regimen 1: P ± F q3-4 weeks Ref. 12,13,14

- Cisplatin (20mg/ m2) D1-D5
- Fluorouracil (5-FU) (1000mg/m2) D1-D5

Regimen 2: P ± F q3-4 weeks Ref. 12,13,14

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

Regimen 3: P weekly

- Cisplatin (30-40 mg/ m2) D1

Regimen 4: Carboplatin + F q3-4 weeks

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ m2) D1-D4

Regimen 5: Carboplatin q3-4 weeks

- Carboplatin (AUC x 5mg) D1

Regimen 5: Cetuximab weekly + PF q3-4 weeks (Regimen 1 or Regimen 2)

- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose D1
- Combined Cisplatin (20mg/ m2) D2-D6 + Fluorouracil (5-FU) (1000mg/ m2) D2-D6
- or combined Cisplatin (80-100mg/ m2) D2 + Fluorouracil (5-FU) (1000mg/ m2) D3-D6

Regimen 6: Cetuximab weekly

- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose

Regimen 7: Cetuximab + P weekly

- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose D1
- Combined Cisplatin (30-40mg/ m2) D2

Regimen 8: Cetuximab weekly + P q3-4 weeks

- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose D1
- Combined Cisplatin (80-100mg/ m2) D2

Regimen 9: TPF q3-4 weeks Ref. 15,16

- Taxotere (60mg/ m2) D1
- Cisplatin (75mg/ m2) D1
- Fluorouracil (5-FU) (750mg/ m2) D2-D5

Hypopharyngeal Carcinoma

註3 Regimen of CCRT

(Concurrent chemoradiotherapy)

Preferred agent is high dose Cisplatin. (Category 1)

Regimen 1: P q3-4 weeks ± Cetuximab + RT

- Cisplatin (80-100mg/ m2) q3w during R/T 或
- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose D1 + Cisplatin (80-100mg/ m2) q3w D2 during R/T

Regimen 2: Weekly P ± Cetuximab + RT

- Cisplatin (30-40mg/ m2) weekly during R/T 或
- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose D1 + Cisplatin (30-40mg/ m2) weekly D2 during R/T

Regimen 3: Cetuximab weekly + RT

- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose during RT

Hypopharyngeal Carcinoma

註4 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，作爲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 (聽力障礙定義爲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 次輸注爲上限。
- 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。

Hypopharyngeal Carcinoma

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