

高雄榮民總醫院

胃癌臨床診療指引

2015年第一版

癌症中心胃癌醫療團隊擬定

2015年第一版為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2015.02.03由胃癌團隊相關人員陳以書、周楠華、蔡忠育、康蒼翔、江佳陵、蔡駱圳、高崧碩、張國楨、葉昶宏等人討論後共同修訂。

注意事項：這個診療準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，直接引用這個研究資訊及診療準則並不恰當。
只有你的醫師才能決定給你最恰當的治療。

會議討論日期

- 上次會議：

200811,20090911,20091218,20100611,20100813,
20101112,20110610,20120113,20120810,201302
21,20140213,20150203

- 本共識與上一版的差異

- T2N0術後可考慮做輔助性化學治療

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評估

診斷

治療

追蹤

- 病史，理學檢查
 - 營養及日常體能狀態
 - 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→
 - 正子攝影
 - 內視鏡超音波
 - 腹腔鏡
 - 上消化道攝影

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-p3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-p4
轉移或復發胃癌

- 追蹤 (p3 Table-1)
手術 (p5-6 Table-2)
IHC (p7 Table-3)
化學治療 (p8-9 table-4.1, 4.2)
標靶治療 (p10 table-5)
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評估	診斷	治療	追蹤
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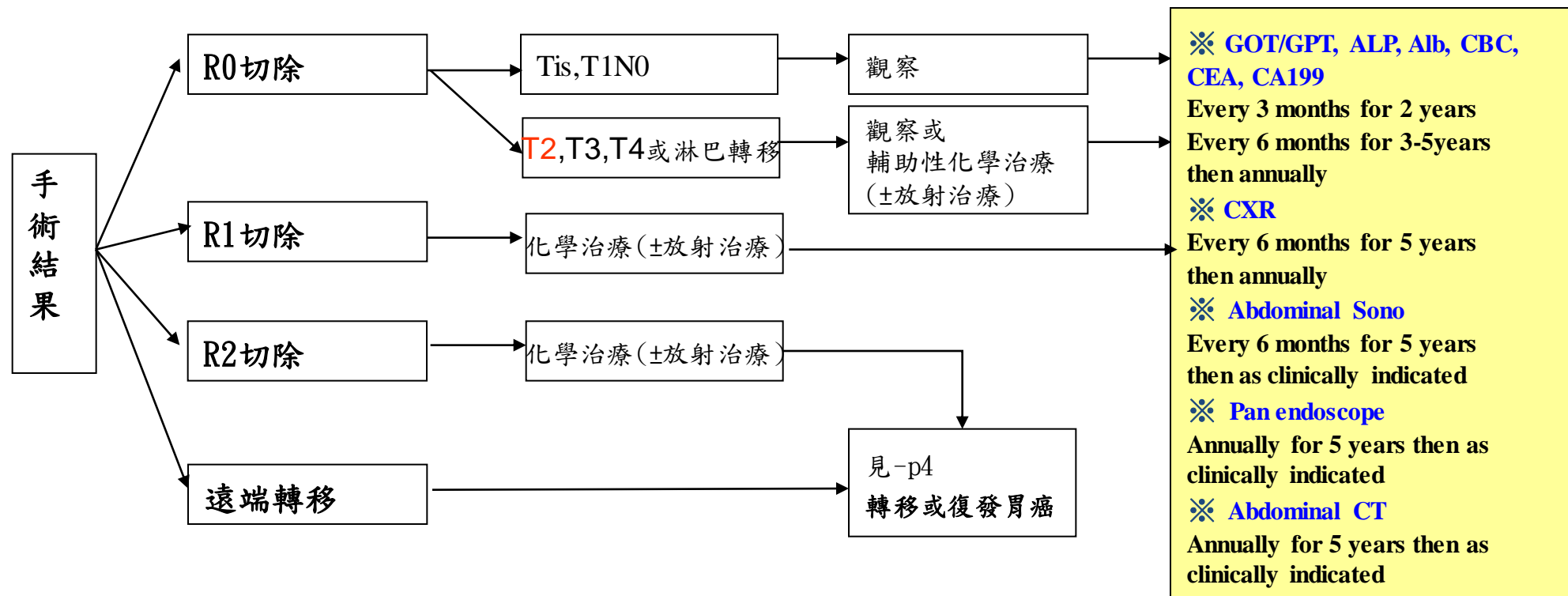


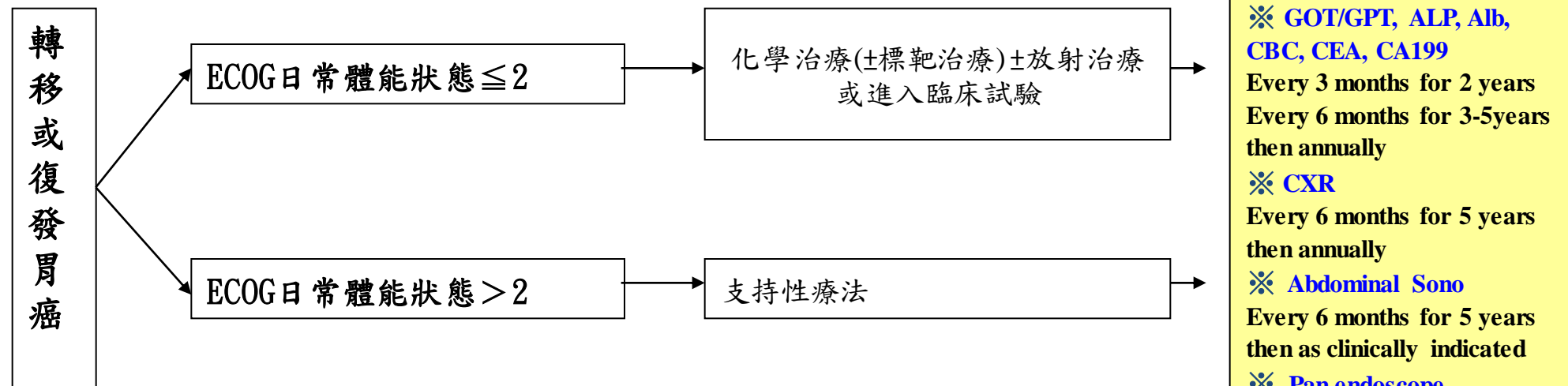
Table-1 術後追蹤建議表

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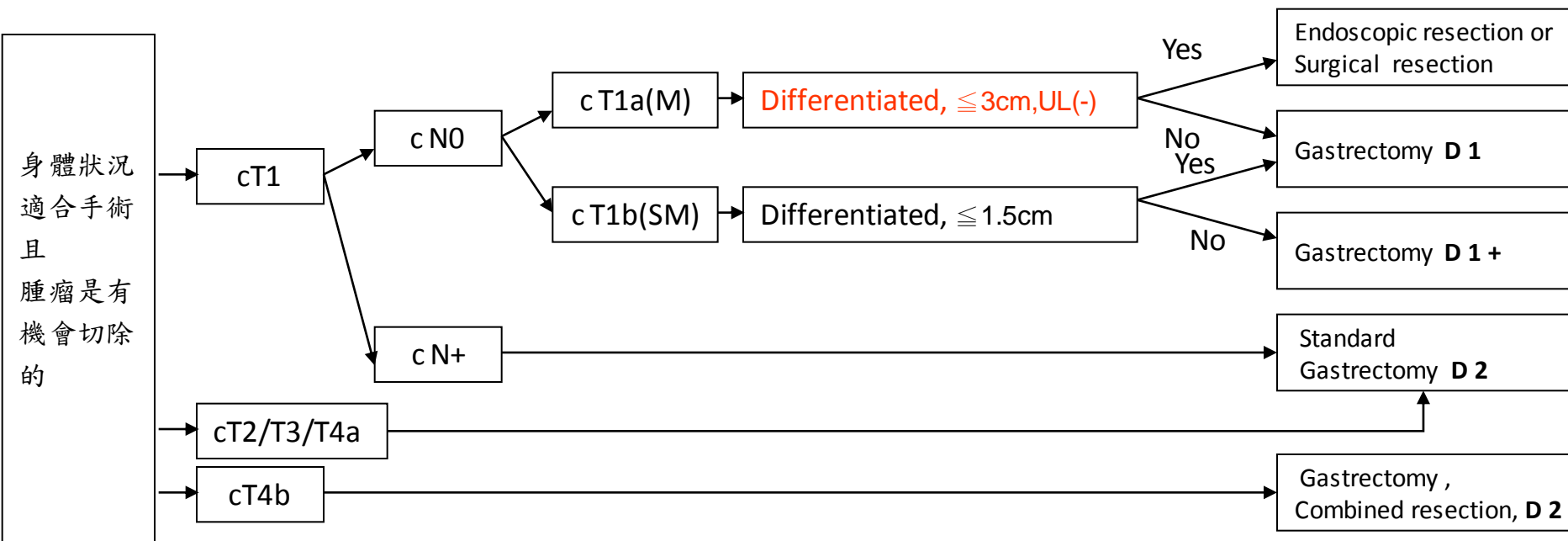
評估	診斷	治療	追蹤
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- ※ GOT/GPT, ALP, Alb, CBC, CEA, CA199
Every 3 months for 2 years
Every 6 months for 3-5 years then annually
- ※ CXR
Every 6 months for 5 years then annually
- ※ Abdominal Sono
Every 6 months for 5 years then as clinically indicated
- ※ 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

Table-2 手術建議表(1)



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Table-2 手術建議表(2)

Type of Gastrectomy with lymph node dissection		
Gastrectomy	Extent of LN dissection	圖表
Total gastrectomy	D0 :lymphadenectomy less than D1 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	D0 :lymphadenectomy less than D1 D1 :Nos 1,3,4sb,4d,5,6,7 D1+:D1+Nos 8a, 9 D2 :D1+Nos 8a,9,10,11p,12a	
Pylorus-preserving gastrectomy	D0 :lymphadenectomy less than D1 D1 :Nos 1,3,4sb,4d,6,7 D1+:D1+Nos 8a, 9	
Proximal gastrectomy	D0 :lymphadenectomy less than D1 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

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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 (po 4 weeks on, 2 weeks off) (ACTS-GC trial) BSA $\geq 1.5\text{m}^2$: 60mg bid, 1.25m^2 - 1.5m^2 : 50mg bid, $<1.25\text{m}^2$: 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
Cisplatin 80 mg/m ² , IV,D1 【 XP 】 Xeloda 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m ²)	Q21 d x 8-12cycles	No.12 /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.13 /Level I
TS-1 40-60mg bid (po 4 weeks on, 2 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.14 /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
Cisplatin 80 mg/m ² , IV,D1 【 XP 】 Xeloda 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m ²)	Q21 d x 8-12cycles	No.12 /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, 15 /Level II
Cisplatin 80 mg/m ² , IV, D1 【 FP 】 5-FU 800mg/m ² , IV, D1-5	Q21 d x 8-12cycles	No.16 /Level II

Table-5 標靶治療處方建議表

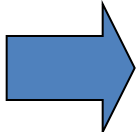
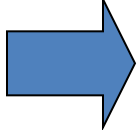
Trastuzumab (Ref. No 17 / Level I)

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 18/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 18/strength of Evidence :level 1</p>	

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