

# 高雄榮民總醫院

## 胃癌臨床診療指引

2015年第二版

癌症中心胃癌醫療團隊擬定

2015年第二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2015.09.15由胃癌團隊相關人員陳以書、周楠華、蔡忠育、康暮翔、江佳陵、陳海雄、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。

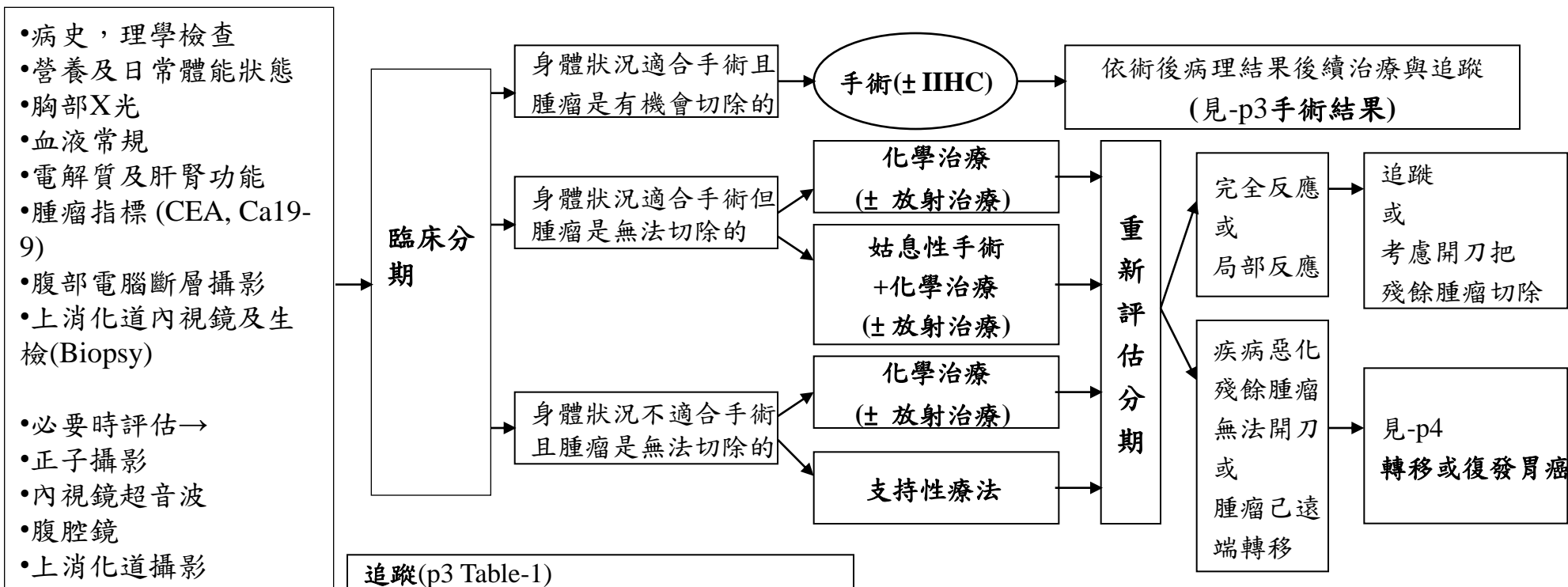
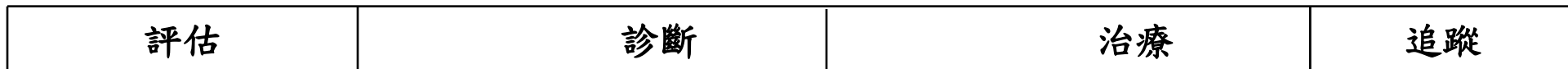
# 會議討論日期

- 上次會議：  
200811,20090911,20091218,20100611,20100813,  
20101112,20110610,20120113 ,20120810,201302  
21,20140213,20150203,20150915
- 本共識與上一版的差異
  - 增加癌症藥物停藥準則

# 胃腺癌

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評估	診斷	治療	追蹤
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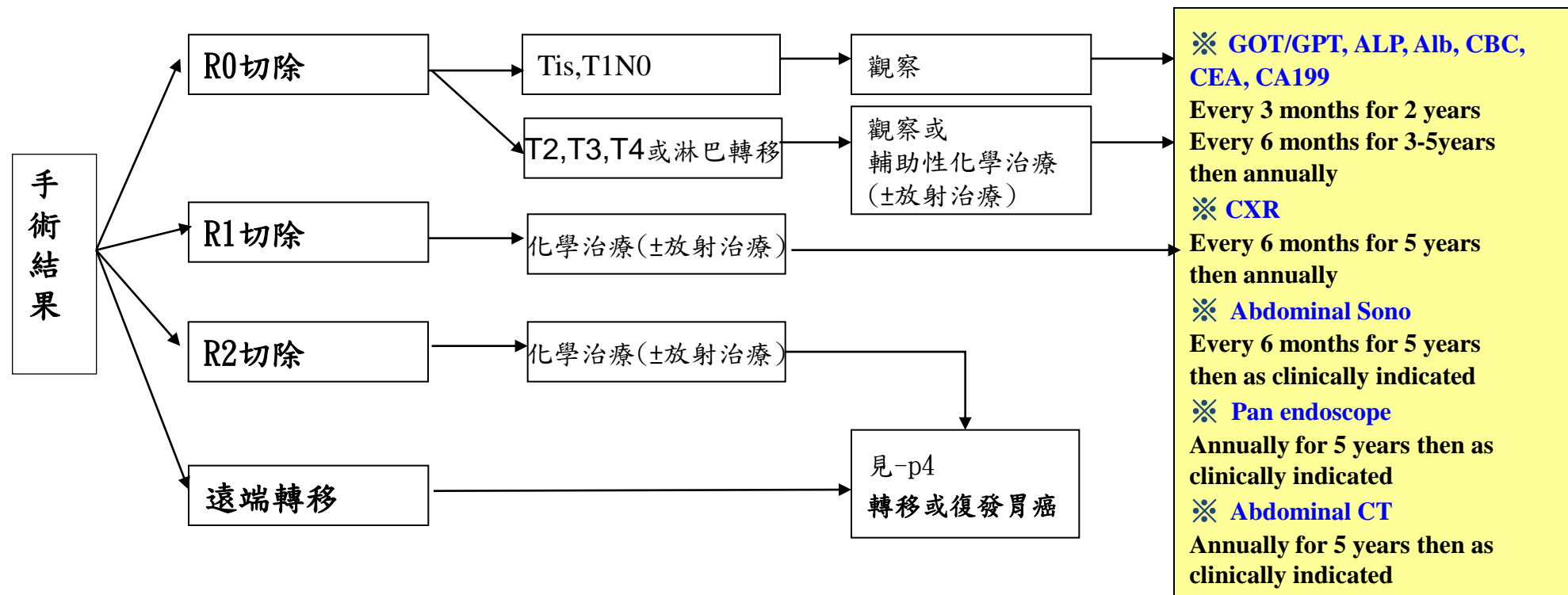


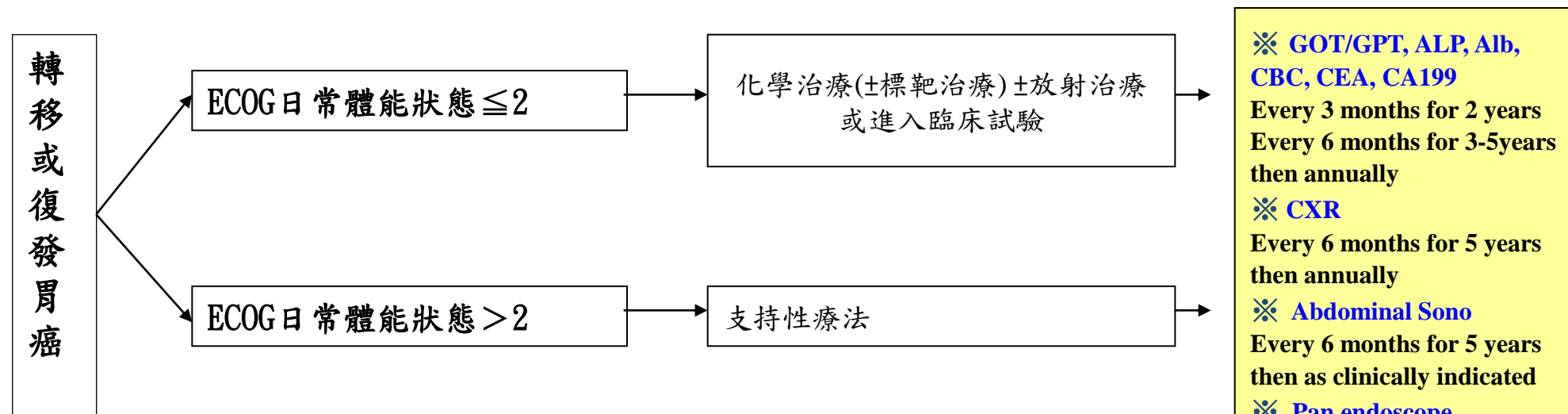
Table-1 術後追蹤建議表

# 胃腺癌

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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)

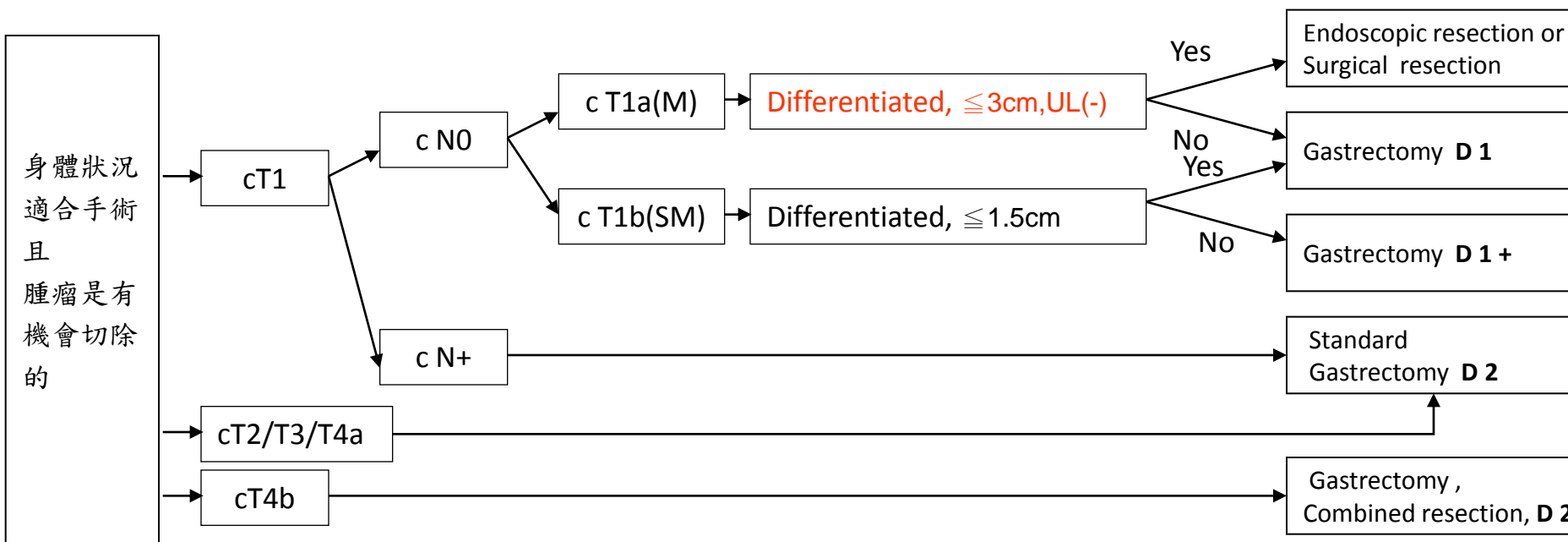


Table-2 手術建議表(2)

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 <sup>1</sup> 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



Table-4.1 化學治療處方建議表

Adjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
<b>TS-1</b> 40-60mg bid (po 4 weeks on, 2 weeks off) ( <b>ACTS-GC trial</b> ) BSA $\geq 1.5\text{m}^2$ : 60mg bid, $1.25\text{m}^2$ - $1.5\text{m}^2$ : 50mg bid, $<1.25\text{m}^2$ : 40mg bid	Q42 d /cycle For 12 months	No.8 /Level I
<b>UFUR</b> 2# po bid ( <b>NSAS-GC trial</b> )	For 16 months	No.9 /Level I
<b>Oxaliplatin</b> 130 mg/m <sup>2</sup> , IV,D1 【 <b>XO</b> 】 ( <b>CLASSIC trial</b> ) <b>Xeloda</b> 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.10 /Level I
<b>Oxaliplatin</b> 130mg/m <sup>2</sup> , IV, D1 【 <b>EOX</b> 】 <b>Epirubicin</b> 50mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 625mg/m <sup>2</sup> bid X 3 weeks	Q21 d x 8 cycles	No.11 / Level I
<b>Cisplatin</b> 80 mg/m <sup>2</sup> , IV,D1 【 <b>XP</b> 】 <b>Xeloda</b> 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.12 /Level I

Table-4.2 化學治療處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
<b>TS-1</b> 40-60mg bid(口服21days休14days) ( <b>SPIRITS trial</b> ) <b>Cisplatin</b> 60 mg/m <sup>2</sup> , IV, D8	Q35d /cycle For 12 months	No.13 /Level I
<b>TS-1</b> 40-60mg bid (po 4 weeks on, 2 weeks off) BSA $\geq 1.5\text{m}^2$ : 60mg bid, 1.25m <sup>2</sup> - 1.5m <sup>2</sup> : 50mg bid, <1.25m <sup>2</sup> : 40mg bid	Q42 d /cycle For 12 months	No.8 /Level I
<b>UFUR</b> 2# po bid	For 16 months	No.14 /Level I
<b>Oxaliplatin</b> 130mg/m <sup>2</sup> , IV, D1 【 <b>EOX</b> 】 <b>Epirubicin</b> 50mg/m <sup>2</sup> , IV, D1 <b>Xeloda</b> 625mg/m <sup>2</sup> bid X 3 weeks	Q21 d x 8 cycles	No.11 / Level I
<b>Cisplatin</b> 80 mg/m <sup>2</sup> , IV,D1 【 <b>XP</b> 】 <b>Xeloda</b> 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.12 /Level I
<b>Oxaliplatin</b> 130 mg/m <sup>2</sup> , IV,D1 【 <b>XO</b> 】 <b>Xeloda</b> 2#po QAM(Day1-14) ,3# PM (Day1-14) (825-1000mg/m <sup>2</sup> )	Q21 d x 8-12cycles	No.1, 15 /Level II
<b>Cisplatin</b> 80 mg/m <sup>2</sup> , IV, D1 【 <b>FP</b> 】 <b>5-FU</b> 800mg/m <sup>2</sup> , IV, D1-5	Q21 d x 8-12cycles	No.16 /Level II

Table-5 標靶治療處方建議表

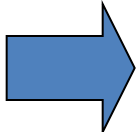
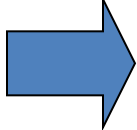
Trastuzumab (Ref. No 17 / Level I )

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 <math>\geq</math> stage IIA                  ※ For R1 resection and R2 resection</p>
<p> <b>Radiation therapy:</b>                  Target volume: tumor/ gastric bed and pertinent nodal group                  Dose: 45-50.4 Gy /(1.8 Gy/day)  <b>Chemotherapy regimen:</b>                  5-FU (400 mg/m<sup>2</sup> per day) and leucovorin (20 mg/m<sup>2</sup> per day) on the first four and the last three days of RT. <b>Reference :No 18/strength of Evidence :level 1</b></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> <b>Radiation therapy:</b>                  Target volume: tumor/ gastric bed and pertinent nodal group                  Dose: 45-50.4 Gy /(1.8 Gy/day)  <b>Chemotherapy regimen:</b>                  5-FU (400 mg/m<sup>2</sup> per day) and leucovorin (20 mg/m<sup>2</sup> per day) on the first four and the last three days of RT. <b>Reference :No 18/strength of Evidence :level 1</b></p>	

## 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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