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口腔癌診療原則

[2015年 第1版]

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

- 強調腫瘤厚度於T1-2 N0為頸部淋巴廓清的indication
- 釐清adverse features的定義
- 強調術後電療於T3以上腫瘤的必要性
- 簡化advanced T/N腫瘤的治療流程
- 標靶處方，非必要性之治療選項

Oral Cavity Carcinoma

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WORK-UP

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

STAGING & TREATMENT

- [T1-2, N0]
  詳見 *Page 2*
- [T3-4a, N0]
  詳見 *Page 3*
- Advanced BUT Resectable
  詳見 *Page 4*
- Inoperable
  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

Oral Cavity Carcinoma

T1-2, N0

Surgery +/- ND
(unilateral or bilateral)(依腫瘤厚度而定)

- Adverse features* (-) → Follow Up
- N0 AND adverse features* (-) → Follow Up
- N1 AND adverse features* (-) → RT 註1
- Other adverse features(+) → RT 註1
- ECS (+) OR Positive margins → CCRT 註3

Definite RT 註1

＊END: Elective neck dissection; tumor thick≧5mm 則加作END
＊adverse features：Extracapsular nodal spread, Positive margins, others.

Ref. 1,2,3,4

Oral Cavity Carcinoma

T3N0;
T1-3,N1-3;
T4a, any N

Resection of primary + ND

(unilateral or bilateral)(N2c需雙側其他依臨床醫師決定)

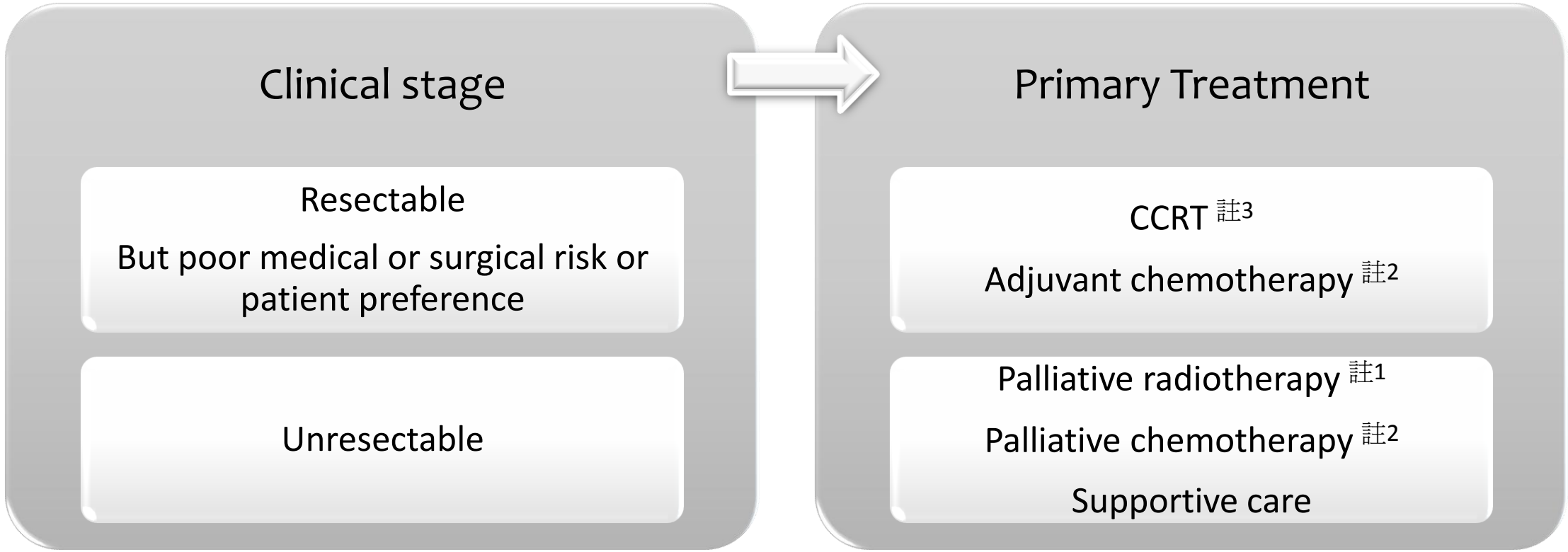
- Adverse features* (-) → RT 註1
- Other adverse features(+) → RT 註1 OR CCRT
- ECS (+) OR Positive margins → CCRT 註3

＊END: Elective neck dissection; tumor thick>5mm 則加作END

＊Risk features：Extracapsular nodal spread, Positive margins, pT3 or T4 primary, N2 or N3 nodal disease, Nodal disease in levels IV or V, Perineural invasion, Vascular embolism.

Ref. 1,4,5,6

Oral Cavity Carcinoma



Ref. I

Oral Cavity 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.

Oral Cavity Carcinoma

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註2 Principles of Chemotherapy

適用於 Neoadjuvant 或 Adjuvant
Neoadjuant C/T 建議打2~3 cycles

Regimen 1: P ± F q3-4 weeks Ref. 9,10,11

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

Regimen 2: P ± F q3-4 weeks Ref. 9,10,11

- 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 6: 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 7: Cetuximab weekly

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

Regimen 8: Cetuximab + P weekly

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

Regimen 9: 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 10: TPF q3-4 weeks Ref. 12,13

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

Oral Cavity Carcinoma

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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

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。

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