高雄榮民總醫院
下咽癌診療原則

［ 2016年第1版 ］

頭頸癌治療團隊制訂

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

- 化療藥物Regimen及給予方式單純化
- 強調surgery在positive margin或residual disease狀態的角色
- 加入Up-front neck dissection作為advanced N status的起始治療選擇
- 加入Neck sonography及PET scan為clinical image staging之輔助參考依據

Carcinoma of Hypopharynx

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WORK-UP	STAGING & TREATMENT	FOLLOW-UP
• History & PE • Biopsy & Pathology • Image → MRI or CT of H & N → Chest X-ray → Bone scan → Abd. Sono → ± Neck Sono → ± PET scan • Dental evaluation → Panorex → ± teeth extraction • Multidisciplinary consultation	• [T1-2, N0, M0] *詳見 Page 2* • [T1-3, N1-3, M0] *詳見 Page 3* • [T4a, resectable T4b, any N, M0] *詳見 Page 4* • Inoperable status *詳見 Page 5*	• [Post-Tx within 6 months] → Every month: PE → Baseline MRI or CT • [0.5-3 years after Tx] → Every 3 months: PE → Every 1 year: H & N MRI or CT, CxR, Bone scan & Abd. Sono, ± Neck Sono • [3-5 years after Tx] → Every 4-6 months: PE • [5 years later after Tx] → Every 6-12 months: PE

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Clinical T1-2, N0, M0

Primary treatment

RT or CCRT[註1-2]

Resection of primary (partial laryngopharyngectomy) + ND, unil. or bil.[#] **(依primary部位而定)**

Pathological features	Adjuvant management
Complete clinical response	Follow-up
Residual disease	Surgery
Adverse features*(-), N0	Follow-up
Positive margin, N0	Re-resection, RT or CRT (T2 only)[註1-2]
Adverse features(-), N1	Follow-up or RT[註1]
Extracapsular nodal spread	CRT[註1-2]
Other adverse features	RT or CRT[註1-2]

#Bilateral ND was suggested if the primary site is the posterior pharyngeal wall or the postcricoid area.

*Adverse features：Extracapsular nodal spread, positive or close margins, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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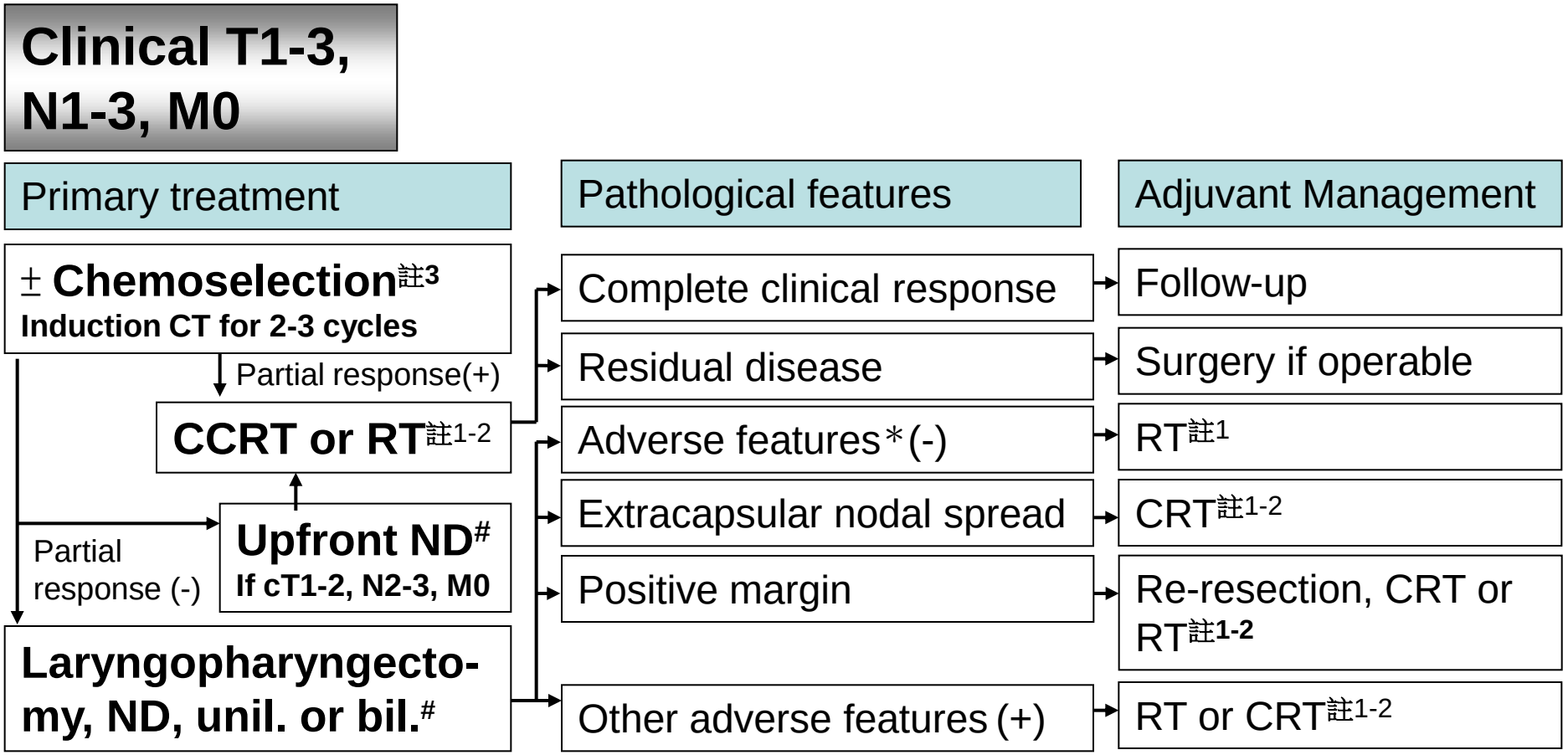

#Neck dissection level 依 primary部位及cN status而定。

*Adverse features：Extracapsular nodal spread, positive margins, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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Clinical T4a, resectable T4b, any N, M0

Primary treatment	Pathological features	Adjuvant Management
Laryngopharyngec-tomy, ND, unil. or bil.# **(Preferred if applicable)**	Adverse features*(-)	RT註1
	Extracapsular nodal spread	CRT註1-2
	Positive margin	Re-resection, CRT or RT註1-2
Partial response(-)		
± **Chemoselection註3** **Induction CT for 2-3 cycles**	Other adverse features	RT or CRT註1-2
Partial response(+)		
CCRT or RT註1-2	Complete clinical responce	Follow-up
	Residual disease	Surgery if operable

#Neck dissection level 依primary部位及cN status而定。

*Adverse features：Extracapsular nodal spread, positive margins, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

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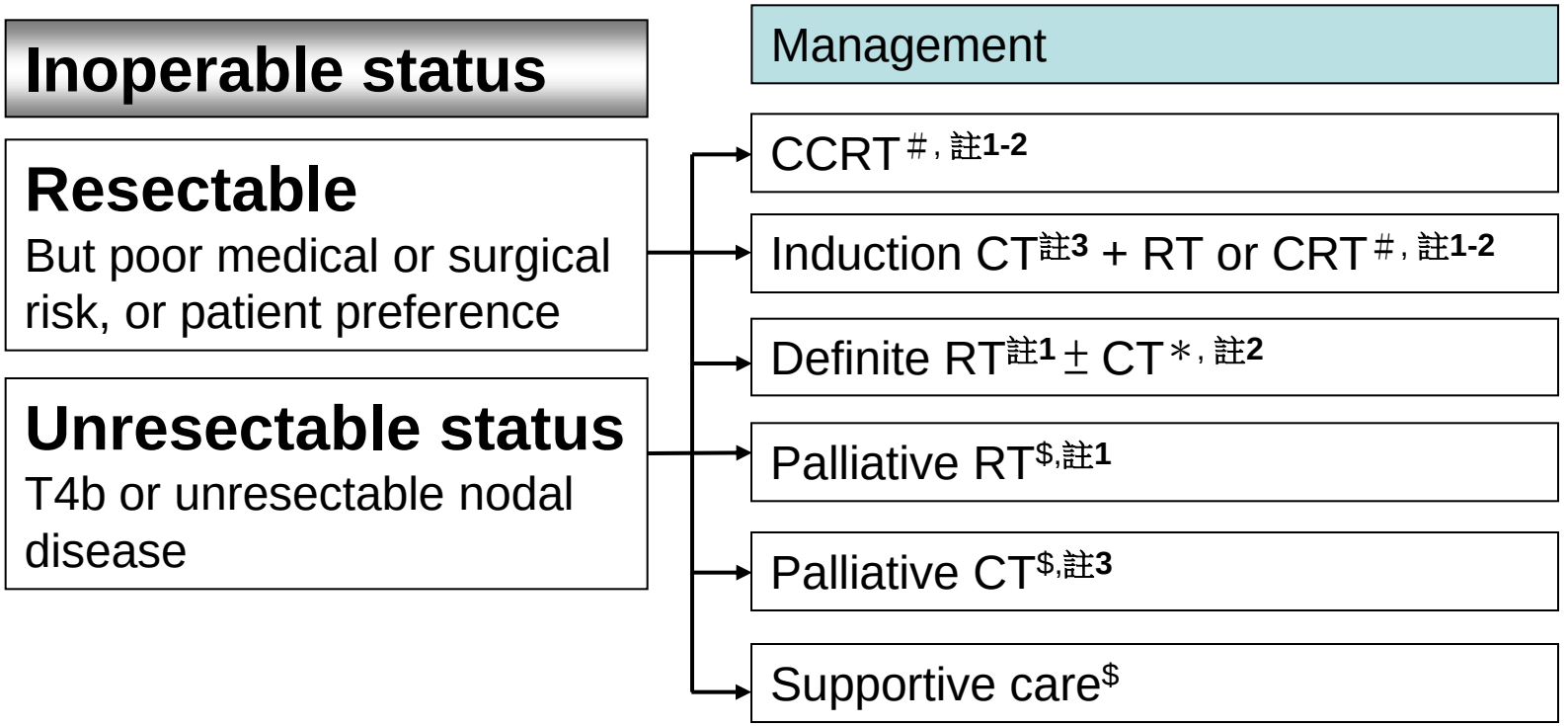

ECOG Performance Status 0-1註5

* ECOG Performance Status 2

$ ECOG Performance Status 3

Carcinoma of Hypopharynx

註1

Principles of Radiotherapy

Definitive Radiotherapy

- Primary and gross adenopathy：66 - 74 Gy (1.8-2.0 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 (1.8-2.0 Gy/fraction)
- Neck involved nodal stations：60 - 66 Gy (1.8-2.0 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 or refused chemotherapy

Palliative RT

- Indicated in：relieve local symptoms, prevent debilitation such as spinal cord compression and pathological fracture, achieve durable locoregional control.

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註2 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2016.06.22 *Page 7 (**Ref. 8-13)***

Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab[註4] + RT

•Cisplatin (80-100mg/ m2) q3w during R/T

•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 CDDP ± Cetuximab[註4] + RT

•Cisplatin (30-40mg/ m2) weekly during R/T

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

Regimen 3: q3w Carboplatin ± Cetuximab[註4] + RT

•Carboplatin (AUC x 5mg) q3w during R/T

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

Regimen 4: Weekly Cetuximab[註4] + RT

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

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註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2016.06.22 *Page 8 (**Ref. 8-13)***

Regimens of Chemotherapy

Induction, salvage or adjuvant, *建議2-3cycles*

Regimen 1: q3-4 weeks CDDP ± F ± weekly Cetuximab註4

- Cisplatin(80-100mg/m2) D1
- Fluorouracil (5-FU) (600-1000mg/m2) D2-D5
- Cetuximab(400mg/m2) loading dose first week, then weekly Cetuximab (250mg/ m2)

Regimen 2: P ± F q3-4 weeks ± weekly Cetuximab註4

- Cisplatin (20mg/ m2) D1-D5
- Fluorouracil (5-FU) (600-1000mg/m2) D1-D5
- Cetuximab(400mg/m2) loading dose first week, then weekly Cetuximab (250mg/ m2)

Regimen 3: q3-4 weeks Carboplatin ± F ± weekly Cetuximab註4

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000mg/m2) D2-D5
- Cetuximab(400mg/ m2) loading dose first week, then weekly Cetuximab (250mg/ m2)

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Regimens of Chemotherapy

Induction, salvage or adjuvant, *建議2-3cycles*

Regimen 4: q3-4 weeks T + P ± F ± weekly Cetuximab[註4]
- Taxotere(60 mg/ m2) D1
- Cisplatin(60-75 mg/ m2) D1
- Fluorouracil (5-FU) (600-750mg/m2) D2-D5
- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose

Regimen 5: weekly Cetuximab[註4]
- Cetuximab (400mg/ m2) loading dose first week, then Cetuximab (250mg/ m2) maintain dose

Regimen 6: oral Fluorouracil
- Ufur cap (tegafur 100mg+uracil 224mg) 2# TID

(Salvage or palliative CT中作為取代iv-formed 5-FU之替代藥物)

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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，作為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 (聽力障礙定義為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 次輸注為上限。
- 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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Eastern Cooperative Oncology Group (ECOG) Performance Status

Grade	Description	Suggestion
0	Normal activity fully ambulatory (無症狀)	按照標準化療評估及療程。
1	Symptoms, but nearly fully ambulatory (有症狀，完全步行，但對生活無影響)	按照標準化療評估及療程。
2	Some bed time, but needs to be in bed less than 50% of normal daytime (躺在床上的時間<50%)	按照標準化療評估及療程。
3	Needs to be in bed more than 50% of normal daytime (躺在床上的時間>50%)	可視情況考慮停止化學治療。
4	Unable to get out of bed (長期完全臥床)	建議停止化學治療。
5	Dead	

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