

高雄榮民總醫院

胃癌診療指引

2019年02月26日 第一版

胃癌醫療團隊擬訂

注意事項：這個診療原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，直接引用這個診療原則並不恰當，只有你的醫師才能決定給你最恰當的治療。

修訂指引

- 本共識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2019.02.26由胃癌團隊相關人員陳以書、蔡忠育、鄧惠中、陳文誌、蔡駢圳、孫煒智、葉昶宏、李恆昇、張國楨等人討論後共同修訂。

會議討論

上次會議：2018/10/16

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none">1. 原輔助化療處方有:TS-1、UFUR、XO、EOX、SOX。2. 原新輔助化療處方有:XO、EOX。3. 原轉移癌化療處方有:TS-1+P、TS-1、UFUR、EOX、XO、FP、mDCF、D-FOX。4. 原二線化療處方有:Irinotecan、Docetaxel、Paclitaxel、mDCF、D-FOX、Ramucirumab、Ramucirumab+Paclitaxel。	<ol style="list-style-type: none">1. 新增輔助化療處方:DOX(Page 10)2. 新增新輔助化療處方:DOX (Page 11)3. 刪除轉移癌化療處方 TS-1+P(Page 12)4. 新增轉移癌化療處方:DOX (Page 13)5. 新增二線化療處方:DOX (Page 15)

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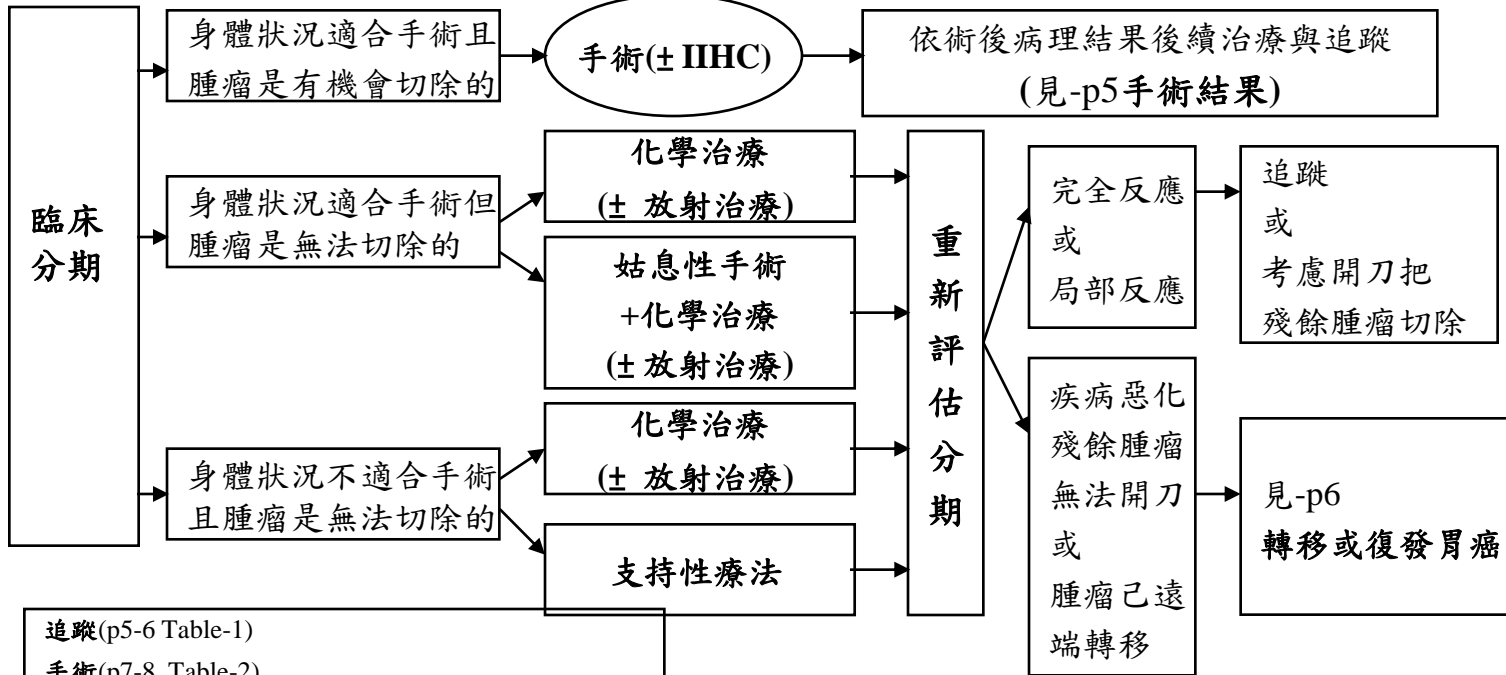
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- 病史、理學檢查
- 營養及日常體能狀態
- 胸部X光
- 血液常規
- 電解質及肝腎功能
- 腫瘤指標 (CEA, Ca19-9)
- * 腹部(胃)電腦斷層攝影
- 上消化道內視鏡及生檢 (Biopsy)

- 必要時評估→
- * 正子攝影
- 內視鏡超音波
- 腹腔鏡
- 上消化道攝影

*與期別相關之主要檢查



- 追蹤(p5-6 Table-1)
- 手術(p7-8 Table-2)
- IIHC(p9 Table-3)
- 化學治療(p10-15 table-4.1,4.2,4.3,4.4)
- 標靶治療(p16 table-5)
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- 放射治療(p18 table-7)
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評估	診斷	治療	追蹤
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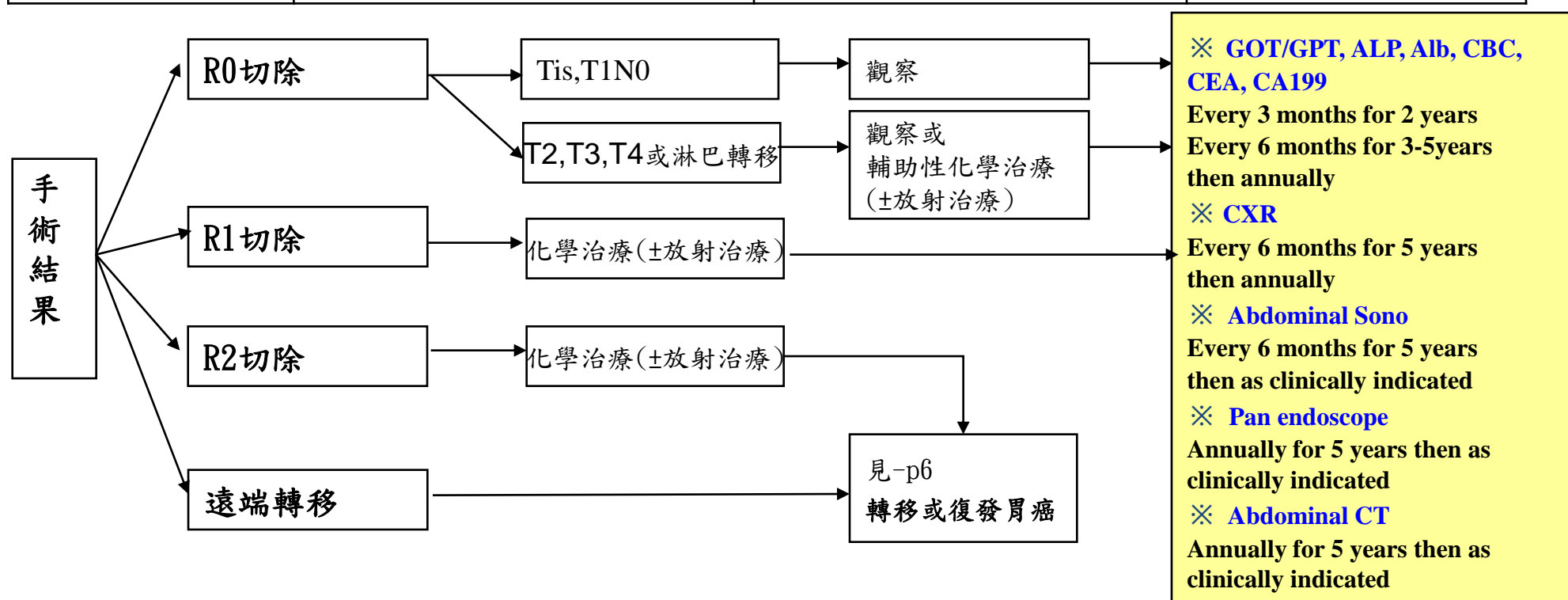


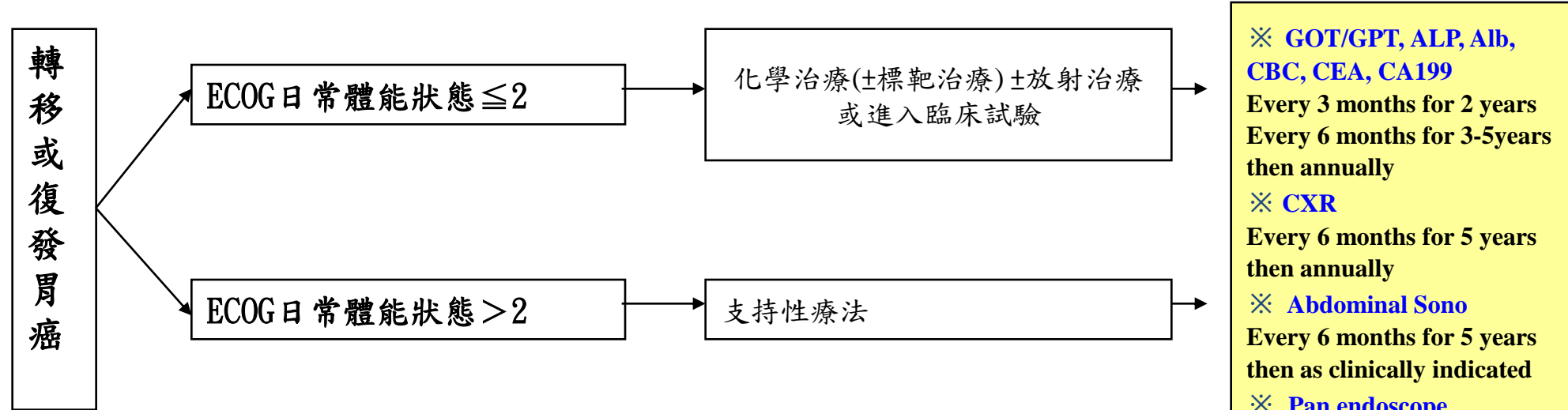
Table-1 術後追蹤建議表

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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)

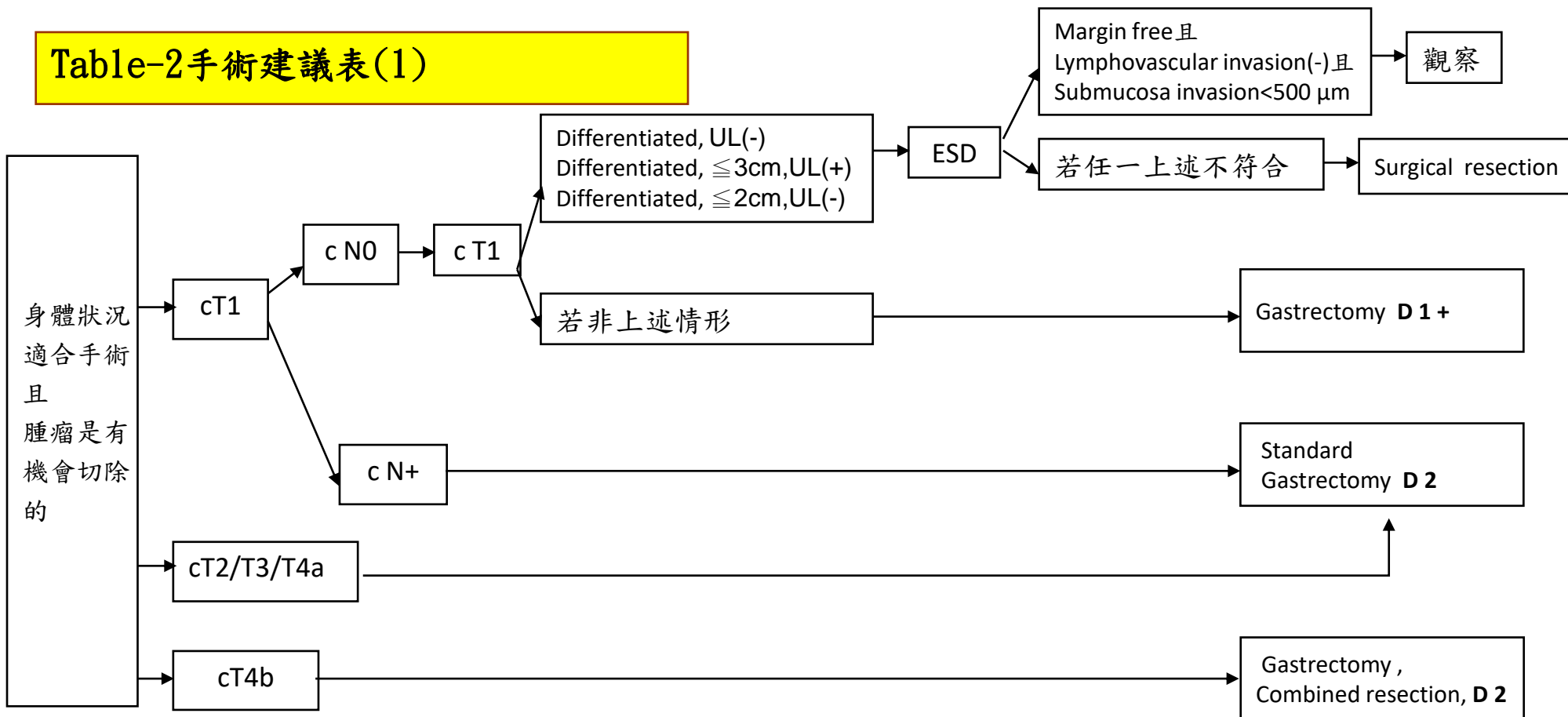


Table-2 手術建議表(2)

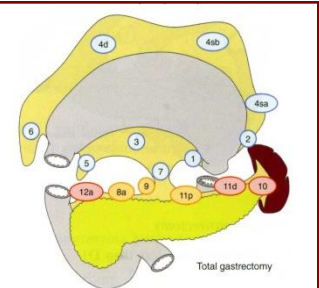
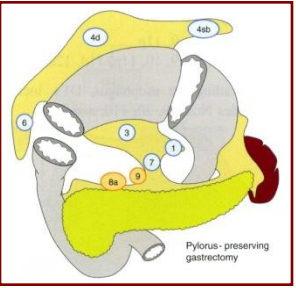
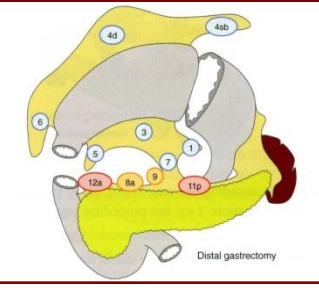
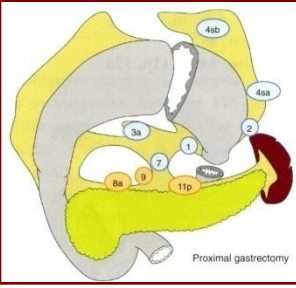
Type of Gastrectomy with lymph node dissection		
Gastrectomy	Extent of LN dissection	圖表
Total gastrectomy	D1 :Nos 1-7 D1+:D1+Nos 8a,9,11p D2 :D1+Nos 8a,9,10,11p,11d,12a For tumor invading the esophagus D1+Includes No,110 ¹ D2 includes Nos.19,20,110,and 111	 
Distal gastrectomy	D1 :Nos 1,3,4sb,4d,5,6,7 D1+:D1+Nos 8a, 9 D2 :D1+Nos 8a,9,11p,12a	 
Pylorus-preserving gastrectomy	D1 :Nos 1,3,4sb,4d,6,7 D1+:D1+Nos 8a, 9	
Proximal gastrectomy	D1 :Nos 1,2,3a,4sa,4sb,7 D1+:D1+Nos 8a, 9,11p	

Table-3 IIHC 適應症建議表

Hyperthermic IntraPeritoneal Chemotherapy (HIPEC)

※ Indication : \geq T4a

※ Regimen 1: (41-42°C for 20-60 minutes)

Cisplatin	90 mg	【IP-1】
Etoposide	90 mg	
Mitomycin C	30 mg	

Reference : No 4-7/strength of Evidence : Level I

※ Regimen 2: (41-42°C for 20-60 minutes)

Paclitaxel	80mg/m ²	【IP Paclitaxel, high dose】
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※ Regimen 3:

Paclitaxel	20mg/m ² /week	【IP Paclitaxel, low dose】
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Reference : No 27/strength of Evidence : Level IIA

No 28/strength of Evidence : Level IIB

Table-4.1 化學治療處方建議表：輔助化療

Adjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
TS-1 40-60mg bid (ACTS-GC trial) (po 4 weeks on, 2 weeks off/or po 2 weeks on, 1 weeks off) BSA >1.5m 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 (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
Oxaliplatin 100mg/m ² , IV, D1 【 SOX】 TS-1 40-60mg bid ,PO, D1~14 BSA >1.5m ² : 60mg bid, 1.25- 1.5m ² : 50mg bid, <1.25m ² : 40mg bid	TS-1(2 weeks on, 1 weeks off) →SOX Q21 d x 8 cycles	No.31/ Level II
Docetaxel 50mg/m ² , IV, D1 【 DOX】 Oxaliplatin 100mg/m ² , IV, D1 Xeloda 1.25#/m ² (625mg/m ²) PO, D1-14	Q21d x 8 cycles	No.34 / Level IB

Table-4.2 化學治療處方建議表：新輔助化療

Neoadjuvant chemotherapy	Schedule	Reference (No)/ strength of Evidence
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	No.26 /Level IIB
Oxaliplatin 130mg/m ² , IV, D1 【 EOX 】 Epirubicin 50mg/m ² , IV, D1 Xeloda 625mg/m ² bid X 3 weeks	Q21 d	No.11 / Level I
Docetaxel 50mg/m ² , IV, D1 【 DOX 】 Oxaliplatin 100mg/m ² , IV, D1 Xeloda 1.25#/m ² (625mg/m ²) PO, D1-14	Q21d x 2-4 cycles	No.34 /Level IB

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Table-4.3 化學治療處方建議表：轉移癌

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
TS-1 40-60mg bid (po 4 weeks on, 2 weeks off/or po 2 weeks on, 1 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.13 /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
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, 14 /Level II
Cisplatin 60-80 mg/m ² , IV, D1 【FP】 【FP-1】 5-FU 800-1000mg/m ² , IV, D1-5	Q21 d x 8-12cycles	No.15 /Level II

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Table-4.3 化學治療處方建議表：轉移癌

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
Docetaxel 40mg/m ² , IV, D1 【mDCF】 CDDP 40mg/m ² , IV, D3 5-FU 2000mg/m ² , IV, D1-2	Q14d x 6-8 cycles /Until progression	No.29 /Level II
Docetaxel 50mg/m ² , IV, D1 【D-FOX】 Oxaliplatin 85mg/m ² , IV, D1 5-FU 1100mg/m ² , IV, D1-2	Q14d x 6-8 cycles /Until progression	No.30 /Level II
Docetaxel 50mg/m ² , IV, D1 【DOX】 Oxaliplatin 100mg/m ² , IV, D1 Xeloda 1.25#/m ² (625mg/m ²) PO, D1-14	Q21d x 6-8 cycles /Until progression	No.34 /Level IB

Table-4.4 化學治療（二線）處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
Irinotecan 150 mg/m ² , IV, D1	Q14d /cycle Until progression	No.20, 21 /Level I
Docetaxel 60 – 75 mg/m ² , IV, D1	Q21d /cycle Until progression	No.21, 22 /Level I
Paclitaxel 80 mg/m ² , IV, D1, D8, D15	Q28d/cycle Until progression	No.23 /Level I
Ramucirumab 8 mg/kg, IV, D1	Q14d/cycle Until progression	No. 24 /Level I
Ramucirumab (8 mg/kg, IV, D1, D15) + Paclitaxel (80 mg/m ² , IV, D1, D8, D15)	Q28d/cycle Until progression	No. 25 /Level I
Docetaxel 40mg/m ² ,IV ,D1 【mDCF】 CDDP 40mg/m ² ,IV ,D3 5-FU 2000mg/m ² ,IV ,D1-2	Q14d /cycle Until progression	No.29 /Level II
Docetaxel 50mg/m ² , IV ,D1 【D-FOX】 Oxaliplatin 85mg/m ² ,IV,D1 5-FU 1100mg/m ² ,IV ,D1	Q14d /cycle Until progression	No.30 /Level II

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Table-4.4 化學治療（二線）處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
Docetaxel 50mg/m ² , IV, D1 【DOX】 Oxaliplatin 100mg/m ² , IV, D1 Xeloda 1.25#/m ² (625mg/m ²) PO, D1-14	Q21d x 6-8 cycles /Until progression	No.34 /Level IB

Table-5 標靶治療處方建議表

Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m²(D1)+Xeloda 1000mg/m² BID(D1-14)

Trastuzumab 6-8mg/kg(D1)+CDDP 80mg/m²(D1)+5-FU 800mg/m² BID(D1-5)

Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1)+Xeloda 1000mg/m² BID(D1-14)

Trastuzumab 6-8mg/kg(D1)+Carboplatin AUC4-6(D1)+5-FU 800mg/m² BID(D1-5)

Until progression

(Ref. No 16/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。

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Table-6 免疫治療處方建議表

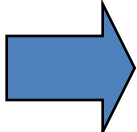
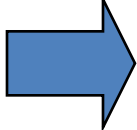
Nivolumab 3mg/kg D1 Q2W Until progression

(Ref. No 32/ Level II)

Pembrolizumab 200mg D1 Q3W Until progression

(Ref. No 33/ Level II)

Table-7 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 17/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 17/strength of Evidence :level 1</p>	

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Table-8 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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