高雄榮民總醫院
乳癌診療原則

乳癌醫療團隊共同擬訂

2017.05.12修訂

（2017第一版）

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，直接引用這個診療準則並不恰當，請與你的醫師討論決定對你最恰當的治療。

前言：

『乳癌』是全世界女性最常見的癌症，每年全世界新病人數超過 1,000,000 人，在台灣近幾年來乳癌已經超越子宮頸癌，成為女性好發癌症的首位，發生高峰約在 45-69 歲之間，約為每十萬名婦女 178-188 人。依據衛生福利部死因統計及國民健康署癌症登記資料顯示，女性乳癌標準化發生率及死亡率分別為 64.3 及 11.6（每十萬人口），每年有逾萬位婦女罹患乳癌，近 2,000 名婦女死於乳癌，相當於每天有 28 位婦女被診斷罹患乳癌、5 位婦女因乳癌而失去寶貴性命。

本院從1990年開院第一年病例僅個位數至2009年每年突破300名新病例，在本院完成治療的病人總數累積已超過3200名。本院乳癌的治療較過去20年有長足的進步，進步的原因包括各種最新乳癌影像學早期偵測、詳細標準化的病理檢驗、精細的乳癌切除和重建手術、先進放射線治療的搭配，以及引進國外各種抗癌化學和標靶藥物的搭配應用。尤其追求本院乳癌治療水準齊一也是重要因素，乳癌治療經多專科團隊共同合作，制訂各項標準治療指引並進行持續品質指標嚴格稽核。

※ 2017 年 05 月第一版修正說明：

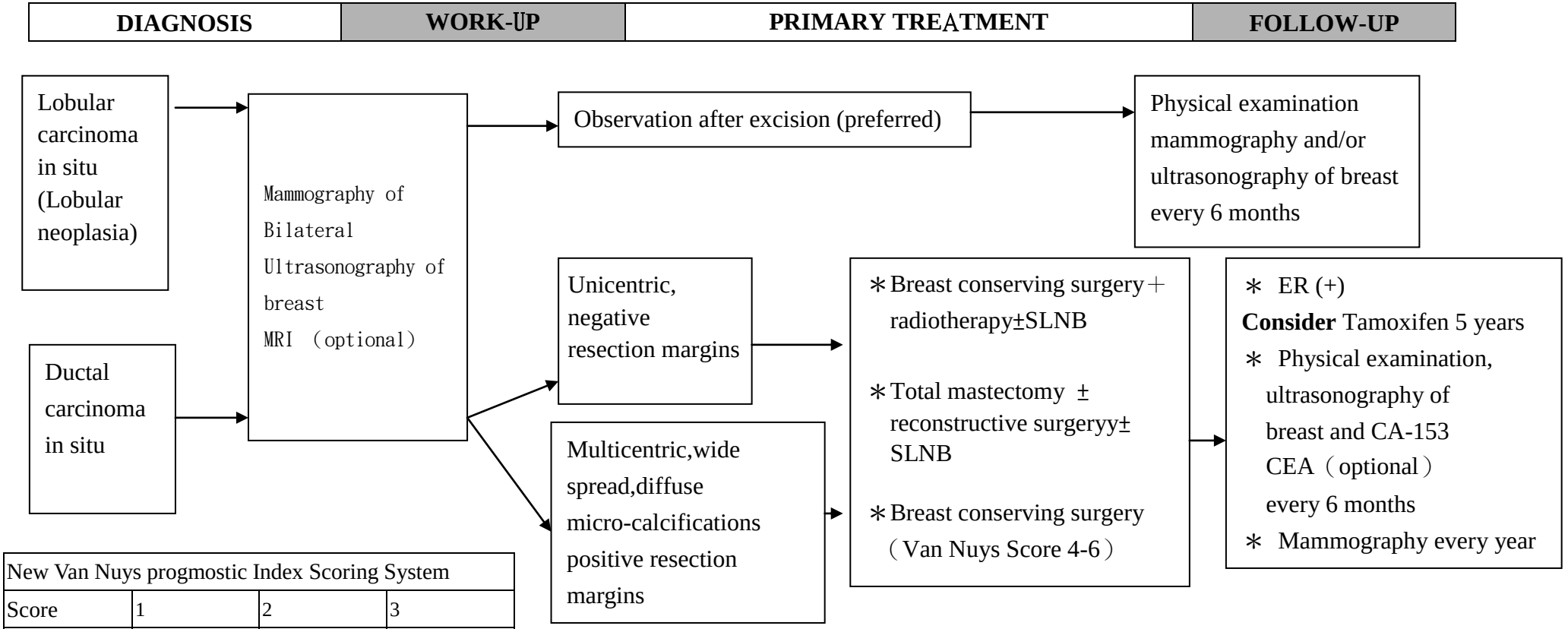
1. 新增乳癌化學處方 Bevacizumab + Paclitaxel (D1 & D8& D15)-2017/1/17
2. Neoadjuvent 治療修訂

《停藥機制》

- Progression: image , tumor marker
- SAE:: severe side effect

Breast Cancer

Kaohsiung Veterans General Hospital
Clinical Practice Guideline 2017.01 Version



New Van Nuys progmostic Index Scoring System			
Score	1	2	3
Size	≦15mm	16-40mm	≧40mm
Margin width	≧10mm	1-9mm	＜1mm
Pathologic classification	Non-high-Grade w/o necrosis	Non-high-Grade with necrosis	High-grade With or w/o necrosis
Age	>60	40-60	<40

Breast Cancer

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DIAGNOSIS	WORK-UP	PRIMARY TREATMENT	ADJUVANT TREATMENT	FOLLOW-UP

Clinical Stage I
T1N0M0

Clinical Stage II
T0N1M0
T1N1M0
T2N0M0
T2N1M0
T3N0M0

Bilateral mammography

Ultrasonography of breast

Pathology review
（如腫瘤已切除）

Criteria of sentinel node biopsy：
early breast cancer and clinically lymph node negative

Systemic treatment

Clinical LN（－）
-Breast conserving surgery + SLNB + radiotherapy
-Simple mastectomy + SLNB ± reconstruction
-Modified radical Mastectomy ± reconstruction

Clinical LN（＋）
-Breast conserving surgery + ALND + radiotherapy
-Modified radical Mastectomy ± reconstruction

If SLNB(+)
- axillary lymph node dissection
- BCS:If tumor ＜3cm, consider SLNB only then R/T

LN（－）
＊ ER positive
T1a or Favorable histology：
hormone therapy（see page 8-10）
Tumor＜2㎝：**hormone therapy ±chemotherapy**（see page 8-10）
Tumor＞2㎝：
chemotherapy + hormone therapy
（If Her2/neu(-) orKi-67:＜15% or age＞35歲 **only use hormone therapy**）
＊ ER negative : **chemotherapy**
（Exclude T1a）

LN（＋）
＊ ER positive:
Chemotherapy+hormone therapy
＊ ER negative :
Chemotherapy

※更年期後婦女，LN(+)≦3顆，ER(+)可以使用Hormal therapy即可

pN1 → TNBC, non-TNBC if Age≦50 or LVI(+) } strongly consider PMRT

Favorable histology: medullary, mucinous, papillary, tubular carcinoma

Physical examination, Ultrasonography of breast and liver, Chest x-ray, CA 15-3 every 3~6 months for 2 years, then every 6~12 months for 2 years then every 12 months.
Mammography every year
Women on tamoxifen: pelvic examination every 12 months

Post-mastectomy radiotherapy: see page 7

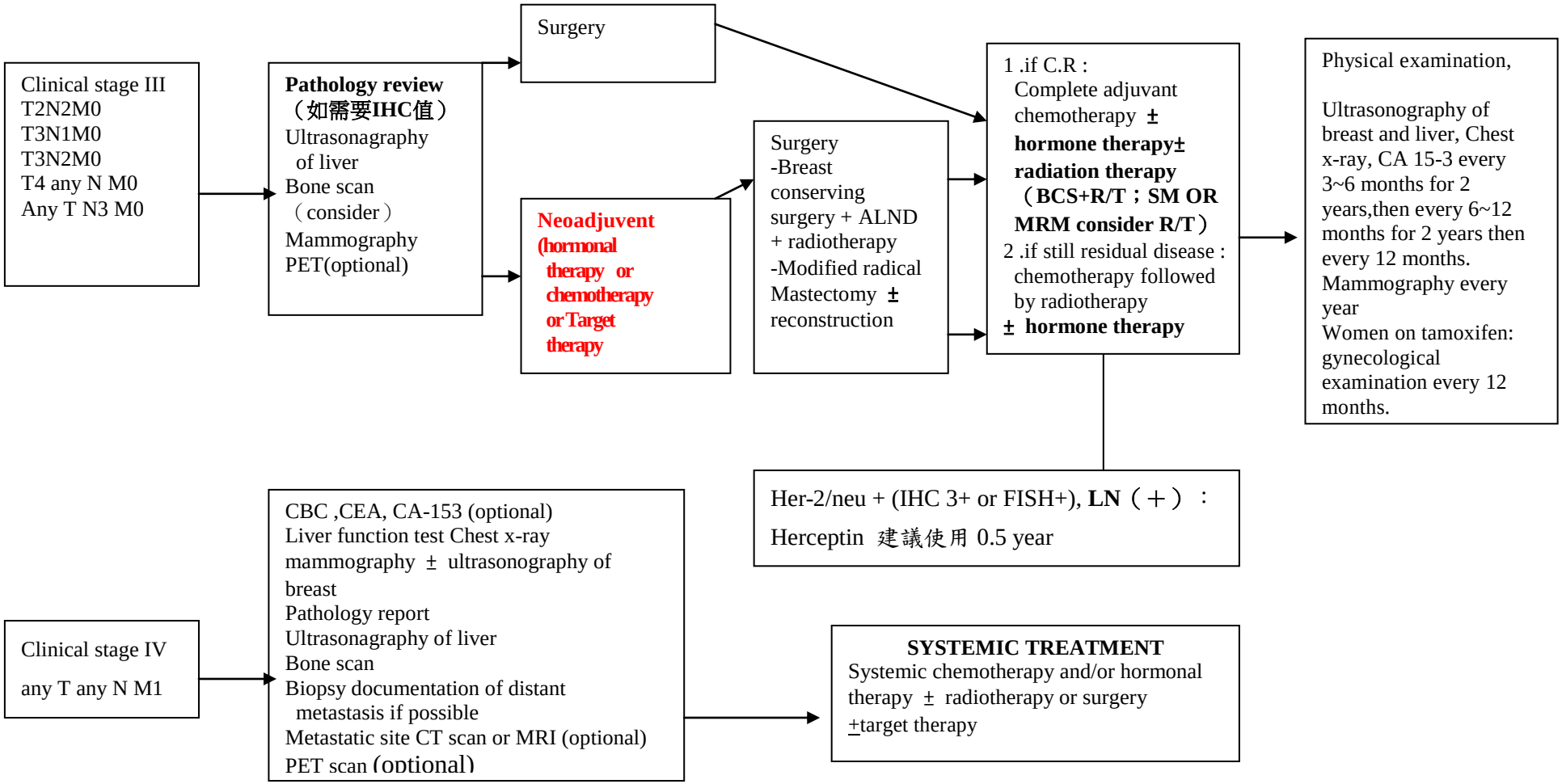
Her-2/neu + (IHC 3+ or FISH+)
Herceptin x for 1 year (optional)

年齡＞70 歲或 ECOG 功能狀態評分≧2 分，可考慮不做化學、放射治療

Breast Cancer

Kaohsiung Veterans General Hospital
Clinical Practice Guideline 2017.01 Version

DIAGNOSIS	WORK-UP	PRIMARY TREATMENT	ADJUVANT TREATMENT	FOLLOW-UP



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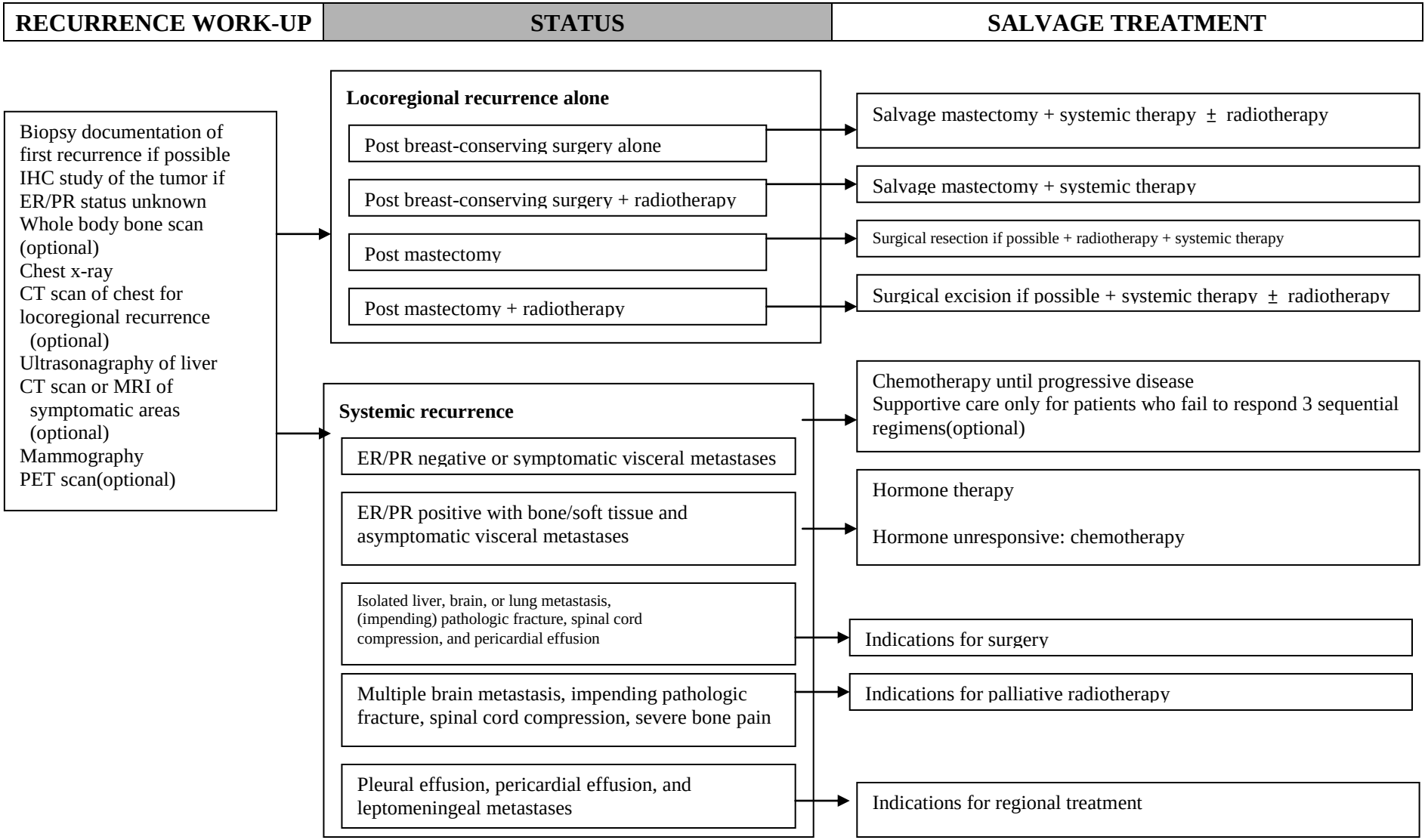

INDICATIONS FOR POST-MASTECTOMY RADIOTHERAPY

1.skin involvement(skin nodule, ulceration, dorms lymphatic involvement)
2.Chest wall involvement
3.positive axillary lymph nodes ≥4, lymph nodes positive 1-3（Strongly consider）
4.positive or close surgical margin
5.tumor ≥5㎝，lymph nodes negative（optional），lymph nodes positive recommendation
6.gross multicentric disease(tumor in more than one quadrant and serpent at least 4cm by clinical or pathology)
7. for breast conservative treatment（if DCIS Van Nuys Score ≥7）

BASIC REQUIREMENTS OF RADIOTHERAPY

- Radiation fields should include ipsilateral chest wall, internal mammary chain and supraclavicular fossa
- Excluding heart from radiation fields
- Central lung distance of the tangential fields < 3 cm
- No axillary irradiation if axillary clearance is adequate

BASIC REQUIREMENTS OF PATHOLOGY EXAMINATION

Excision biopsy with no prior suspicion for malignancy

- Exact tumor size and type of tumor
- Tumor histological and/or nuclear grade
- Margin status (exact distance in mm)
- Status of lymphovascular permeation
- ER and PR study

Ductal carcinoma in situ with wide excision only

- Nuclear grade
- Status of tumor necrosis
- Tumor size
- Margin status (exact distance in mm)
- ER/PR study

Invasive carcinoma with wide excision and axillary lymph node dissection or modified radical mastectomy

- Exact tumor size and type of tumor
- Tumor histological grade
- Margin status (exact distance in mm)
- Status of multifocality and multicentricity
- Presence of DCIS and status of extensive intraductal component
- Status of peritumoral LVI
- Number of involved and total axillary lymph nodes with extranodal extension, total number of axillary nodes examined should not be less than 10.
- If any involvement of skin
- ER and PR study Her-2/neu
- Ki67

癌別：乳癌 2017 年				
Adjuvant / Neoadjuvant	最近改版	2017/1/17		
	處方內容	Chemotherapy formula	schedule	Reference (No) /strength of evidence
		Carboplatin AUC x5mg+ Docetaxel 75mg/m^2	Q3WKLY	No 17 / Level I
		Carboplatin AUC 4~6+ 5-FU 1000mg/m^2	Q3WKLY(新增)2015/9/11	No 17 / Level I
		Cisplatin 50mg/m^2	Q3WKLY	No 17 / Level I
		Cisplatin 50mg/m^2+ 5-FU 500mg/m^2	Q3WKLY	No 17 / Level I
		Gemcitabine 1250mg/m^2	Q3WKLY	No 17 / Level I
		Lipo-Dox 50mg/m^2	Q3WKLY	No 17 / Level I
		Mitoxantrone 12mg/m^2	Q3WKLY	No 17 / Level I
		Taxol 80 mg/m+Gemcitabine 800mg/m^2	QWKLY or Q3WKLY or Q4WKLY (刪)	No 17 / Level I
		Taxol 80 mg/m+Cisplatin 50mg/m^2	Q3WKLY	No 17 / Level I
		Taxol 80 mg/m	QWKLY	No 17 / Level I
		Taxol 175 mg/m	Q3WKLY	No 17 / Level I
		Docetaxel 60mg/m^2+Cisplatin 50mg/m^2	Q3WKLY	No 17 / Level I
		Docetaxel 75mg/m^2+Gemcitabine 1000mg/m^2	Q3WKLY (刪) 2015/8/28	No 17 / Level I
		Docetaxel 75mg/m^2	Q3WKLY	No 17 / Level I
		Vinorelbine 25~30mg/m	D1 or D8	No 17 / Level I
		Docetaxel 75mg/m^2 x1+Xeloda 2.5tab x14 day	Q3WKLY+14 day	No 17 / Level I
		Afinitor 5mg	2tab QD × 14 day	No 17 / Level I
		Xeloda 500mg	2tab Bid × 14 day	No 17 / Level I
		Cyclophosphamide	2tab QD × 14 day	No 17 / Level I
		Methotrexate	2tab (BIW) x14 day	No 17 / Level I
		Ufur	3cap (Bid) x14 day	No 17 / Level I
		Vinorelbine 30mg + Vinorelbine 20mg	2 capl + 1cap (QW) x 14 day	No 17 / Level I
		Bleomycin 50mg	once	No 17 / Level I

		FEC(5-FU500mg/m^2,Epirubicin75mg/m,cyclophosphamide 500mg/m^2)	2-6 cycles	No 2 / Level I
		FLC (5-FU 500mg/m^2,Lipo-Dox 35mg/m^2,cyclophosphamide 500mg/m^2)	2-6 cycles	No 16 / Level I
		FEC or FLC + Taxol(taxol 175 mg/m^2) (Q3W) (taxol 80 mg/m) (QW)	2-4 cycles (Q3W) or 2-12 cycles (QW)	No 7 / Level I
		FEC or FLC+Taxotere (taxotere 75 mg/m^2)	2-4 cycles (Q3W)	No 9 / Level I
		CMF (Cyclophosphamide 2tab/m^2+Methotrexate 40mg/m^2 + Fluorouracil 500~600mg/m^2)	6-12 cycles	No 2 / Level I
		EC or LC (Epirubicin 75mg/m^2 or Lipo-Dox 35mg/m^2+ cyclophosphamide 500mg/m^2)	6 cycles	No 16 / Level I
		TEC (Docetaxel 75mg/m^2 + Epirubicin 75mg/m^2 + cyclophosphamide 500mg/m^2)	6 cycles	No 3 / Level I
		Mitoxantrone 10mg/m^2+Leucovorine 170mg/m^2+5-FU 600mg/m^2 +Cisplantin 60 mg/m^2	Q3WKLY	No 17 / Level I
		IAIC for Epicin 60mg	once	No 17 / Level I
		Eribulin:1.4mg/ m^2	on days 1 and 8, 21-day cycle	No 17 / Level I
		Bevacizumab + Paclitaxel	(D1 & D8& D15)	No 19 / Level I
Hormone therapy	最近改版	2017/1/17		
	處方內容	Faslodex 250mg	Q28D	No 17 / Level I
		Goserelin 3.6mg	Q28D	No 17 / Level I
		Leuprorelin 3.75mg	Q28D	No 17 / Level I
		Anastrozole 1mg	1tab (QD) x14 day	No 17 / Level I
		Exemestane 25mg	1tab (QD) x14 day	No 17 / Level I
		Letrozole 2.5 mg	1tab (QD) x14 day	No 17 / Level I
		Tamoxifen 10mg	1tab (BID) x28 day	No 17 / Level I
		Toremifene	1tab (QD) x28 day	No 17 / Level I
Target	最近改版	2017/1/17		
	處方內容	Docetaxel 75mg/m^2+Herceptin 6~8 mg/kg	Q3WKLY (刪)	No 17 / Level I

therapy		Perjeta 420~840mg ＋Herceptin 6~8 mg/kg + Docetaxel 75mg/m^2	Q3WKLY	No 17 / Level I
		Kadcyla 3.6 mg/kg	Q3WKLY	No 17 / Level I
		Tykerb 250mg + Xeloda 500mg	5 tab (QD) +2tab (Bid) x14 day	No 17 / Level I
		Tykerb 250mg	5 tab (QD) x14 day	No 17 / Level I
		Herceptin 2~8 mg/kg	QWKLY or Q3WKLY	No 17 / Level I

Reference for Neoadjuvant / Adjuvant Chemotherapy Regimens

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NCCN Chemotherapy Order Templates (NCCN Templates™)
The National Comprehensive Cancer Network (NCCN)
NCCN Patient Safety Summit
JNCCN - The Journal of the National Comprehensive Cancer Network
NCCN Drugs & Biologics Compendium (NCCN Compendium™)
NCCN Oncology Research Program (ORP)

NCCN Annual Conference: Clinical Practice Guidelines & Quality Cancer Care™
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