

# 高雄榮民總醫院

## 子宮內膜癌診療原則

2016年12月6日 第一版

婦癌醫療團隊擬訂

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

- 本共識依下列參考資料修改版本
  - NCCN Clinical Practical Guidelines in Oncology™ Uterine Cancer (Version 1. 2017)
  - 婦癌研究委員會(2011)，子宮內膜癌臨床指引：國家衛生研究院

# 會議討論日期

- 上次會議：20151201
- 本共識與上一版的差異
- 初步評估增加” 影像學檢查:胸部X光 (若有發現異常, 進一步安排胸部電腦斷層)、及骨盆腔核磁共振、或腹部及骨盆腔電腦斷層或 PET “
- 首次治療對於年輕有生育考量者, 選擇荷爾蒙療法, 增加” 可使用黃體素 如 megestrol, medroxyprogesterone or Levonogestrel IUD”
- FIGO stage I, grade 3, 治療方式改為 骨盆腔放射線治療+/-陰道近接治療 @+/-化學治療\*, 刪除觀察
- FIGO stage 3b, 治療方式為化學治療+/-體外放射治療,增加+/-陰道近接治療
- FIGO stage 3c1, 治療方式為化學治療+/-體外放射治療,改為+體外放射治療
- 增加新的化學治療藥物 PLD (payself) (30 mg/m<sup>2</sup>)+ Cisplatin(50mg/m<sup>2</sup>)-Ccr.> 60ml/min; PLD (payself) (30 mg/m<sup>2</sup>)+ Carboplatin(AUC=5)-Ccr.< 60ml/min ; PLD (payself) (40 mg/m<sup>2</sup>)
- 治療方式為” 針對腫瘤的體外放射治療”改為”體外放射治療”

**Staging uterine carcinoma $\Delta$  (TNM and International Federation of Gynecology and Obstetrics [FIGO])**

<b>Primary tumor (T) (surgical-pathologic findings)</b>		
<b>TNM categories</b>	<b>FIGO stages</b>	<b>Definition</b>
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
Tis*		Carcinoma in situ (preinvasive carcinoma)
T1	I	Tumor confined to corpus uteri
T1a	IA	Tumor limited to endometrium or invades less than one-half of the myometrium
T1b	IB	Tumor invades one-half or more of the myometrium
T2	II	Tumor invades stromal connective tissue of the cervix but does not extend beyond uterus•
T3a	IIIA	Tumor involves serosa and/or adnexa (direct extension or metastasis)
T3b	IIIB	Vaginal involvement (direct extension or metastasis) or parametrial involvement
T4	IVA	Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient to classify a tumor as T4)
<b>Regional lymph nodes (N)</b>		
<b>TNM categories</b>	<b>FIGO stages</b>	<b>Definition</b>
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIC1	Regional lymph node metastasis to pelvic lymph nodes
N2	IIIC2	Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes
<b>Distant metastasis (M)</b>		
<b>TNM categories</b>	<b>FIGO stages</b>	<b>Definition</b>
M0		No distant metastasis
M1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa.)

<b>Anatomic stage/prognostic groups</b>			
<b>Carcinomas<math>\Delta</math></b>			
Stage 0*	Tis	N0	M0
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
Stage IIIA	T3a	N0	M0
Stage IIIB	T3b	N0	M0
Stage IIIC1	T1-T3	N1	M0
Stage IIIC2	T1-T3	N2	M0
Stage IVA	T4	Any N	M0
Stage IVB	Any T	Any N	M1

Note: cTNM is the clinical classification, pTNM is the pathologic classification.

\* FIGO no longer includes Stage 0 (Tis).

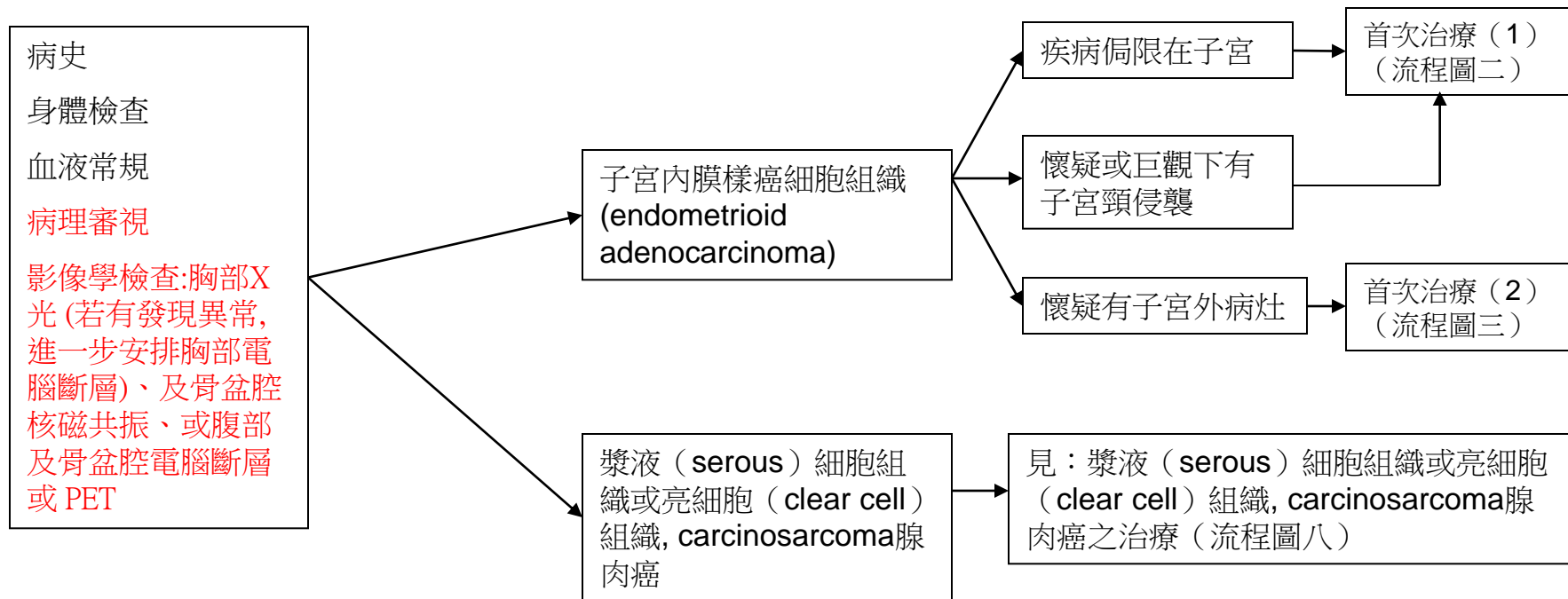
• Endocervical glandular involvement only should be considered as Stage I and not as Stage II.

$\Delta$  Carcinosarcomas should be staged as carcinoma.

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer New York, Inc.

初步評估

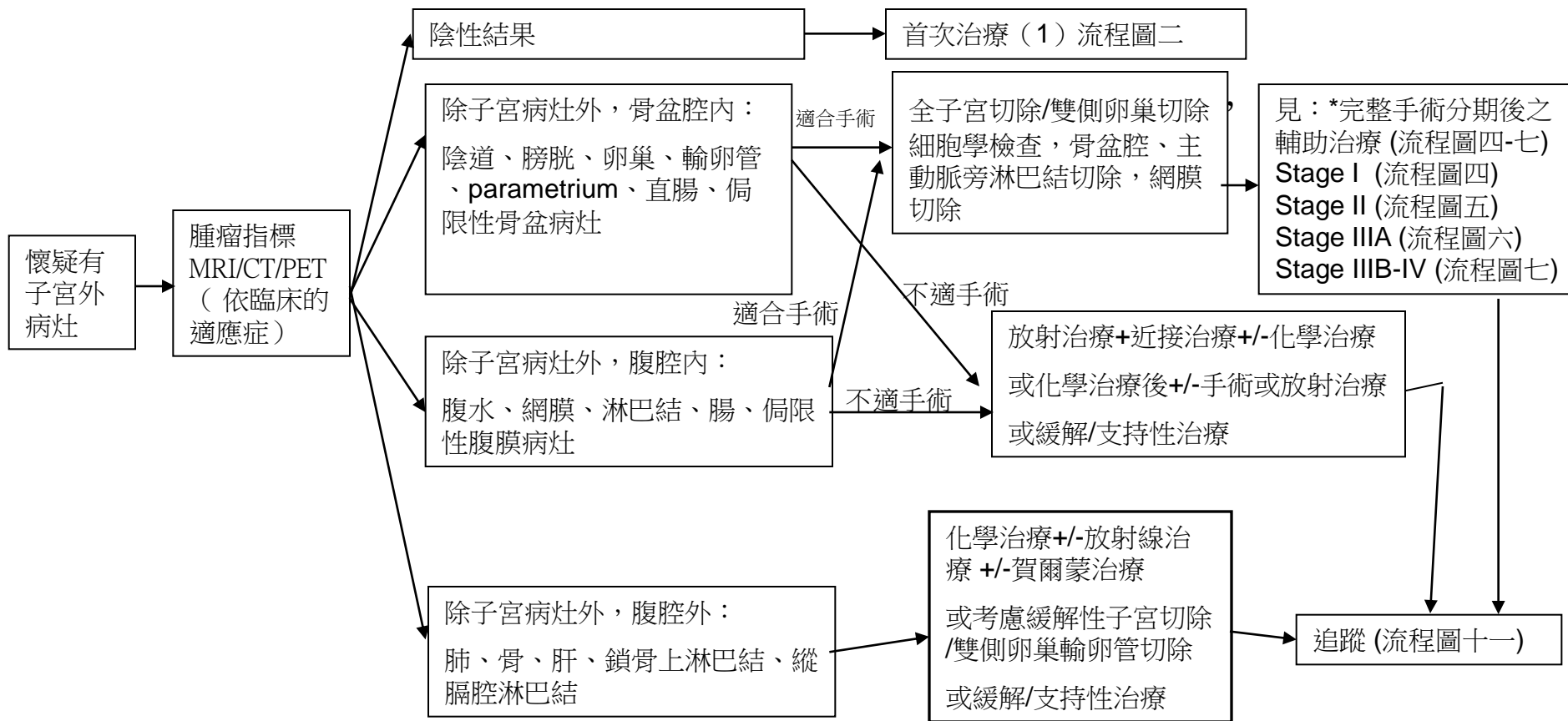
初步臨床發現





## 首次治療 (2)

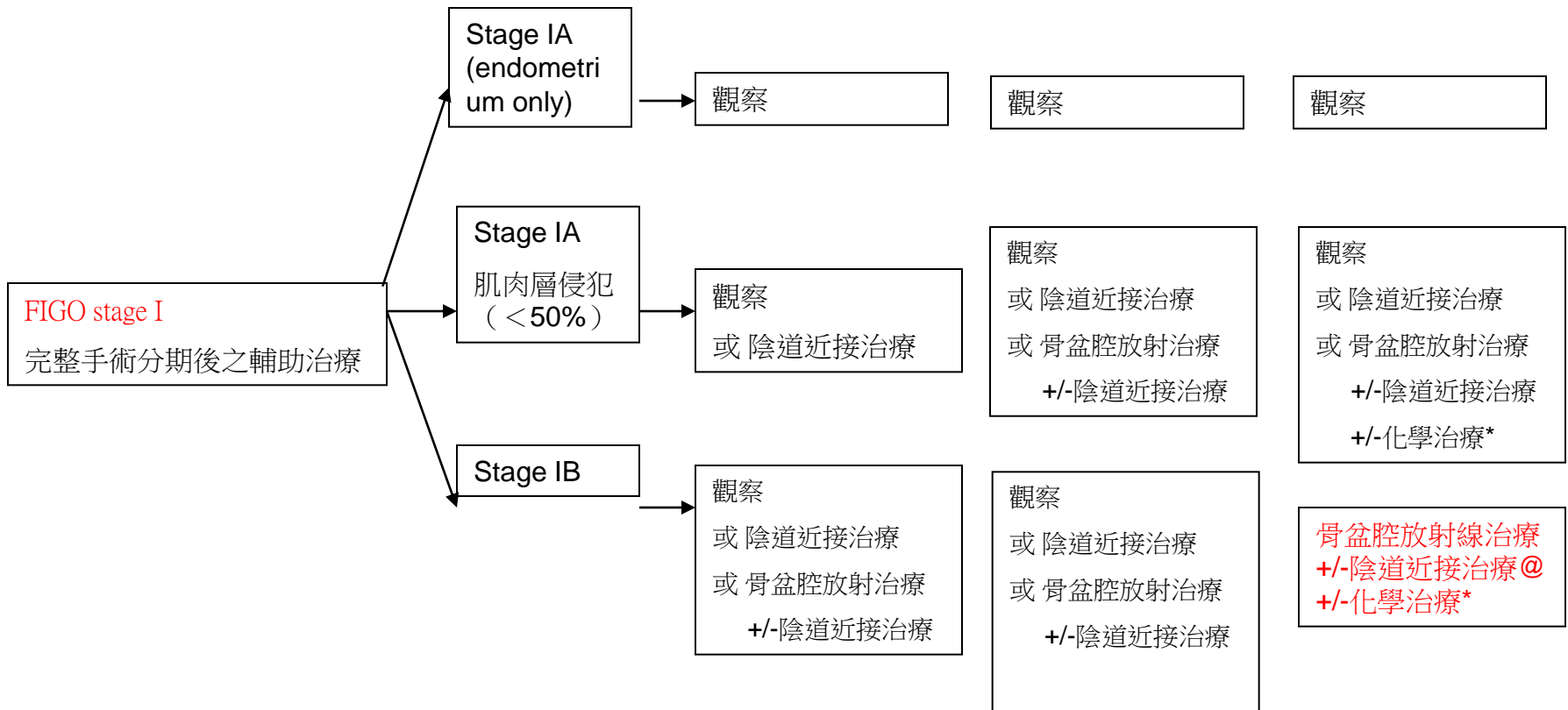
術前評估：病史 身體檢查 血液檢查 子宮頸內頸暨子宮內膜切片 子宮頸細胞學檢查 胸部X光, 核磁共振, 電腦斷層或正子掃描, 腫瘤指標(CEA,CA-125,CA-199)



\*完整手術定義：全子宮切除（或子宮根除術，或骨盆臟器切除手術）±兩側卵巢輸卵管切除併後腹腔淋巴節摘除（骨盆及主動脈旁）及腹腔內沖洗液細胞學檢查 ±網膜切除



G1 (分化良好)      G2 (分化中等)      G3 (分化不良)



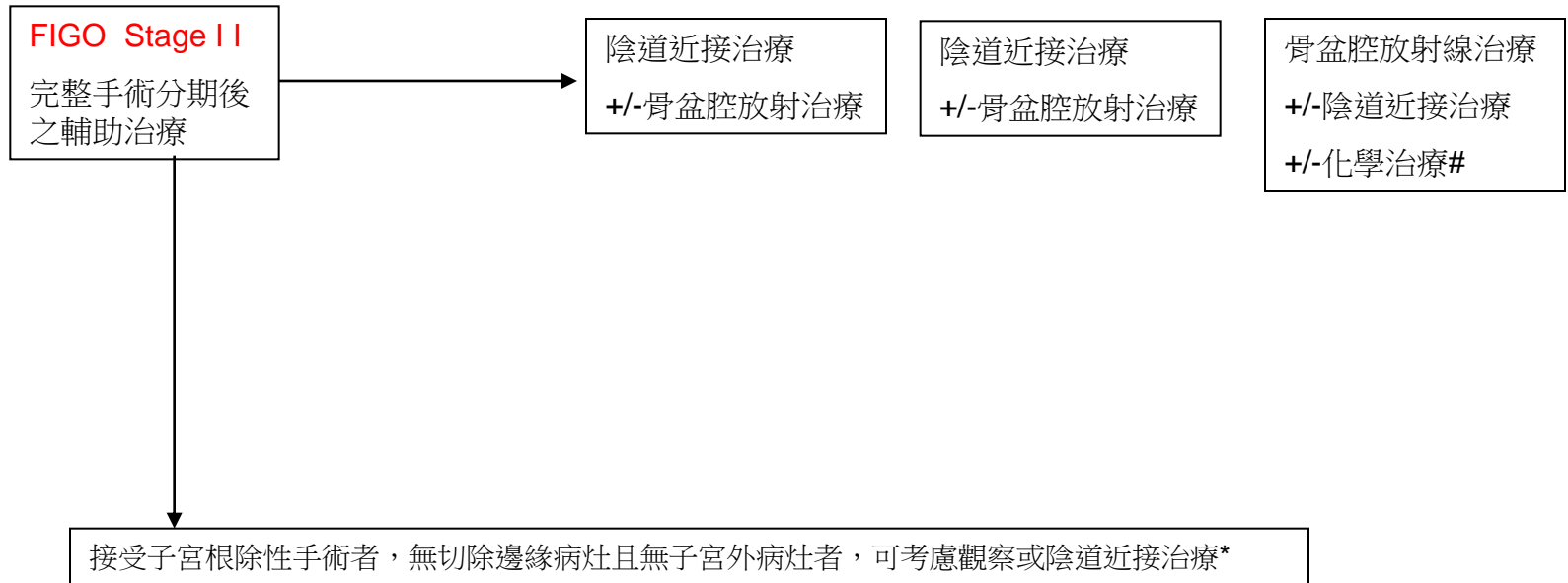
@骨盆腔放射治療 +/- 陰道近接治療 +/-化學治療：可考慮用於下列復發風險高之情況，其危險因子包括：年齡60歲以上、淋巴血管腔侵襲、較大腫瘤（2公分以上）、子宮下段侵襲。

\*：仍未定論：若年輕女性考慮生活品質想避免因放射治療引起的性功能障礙可考慮使用化學治療

G1 (分化良好)

G2 (分化中等)

G3 (分化不良)



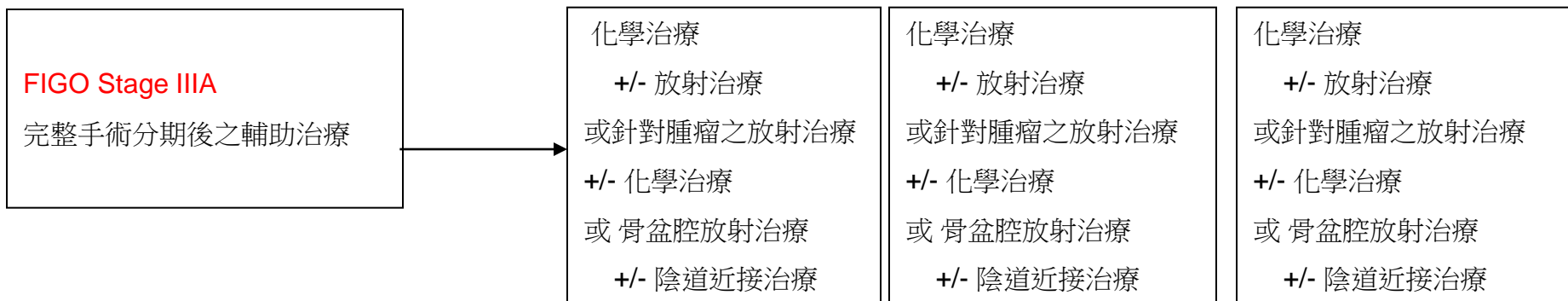
\*：觀察或陰道近接治療-可選擇在根除性子宮除後邊緣無病灶，且無子宮外病灶

#：尚未定論: 若年輕女性考慮生活品質想避免因放射治療引起的性功能障礙可考慮使用化學治療

G1(分化良好)

G2(分化中等)

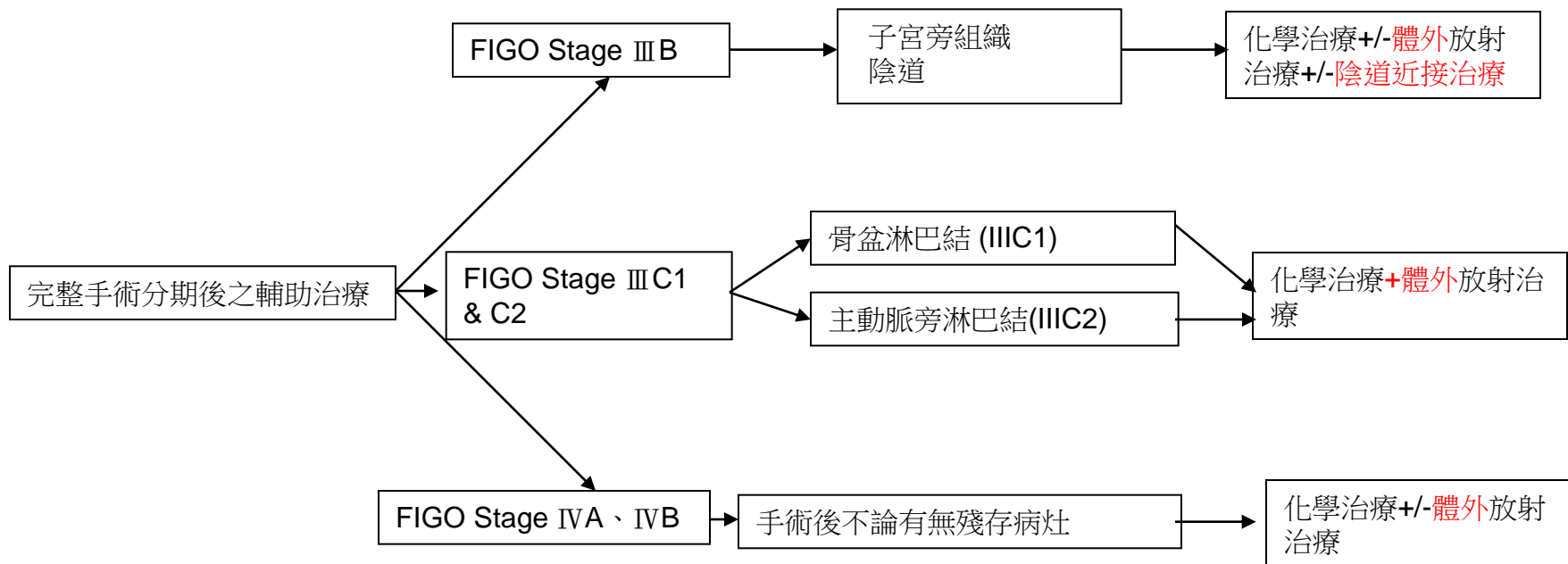
G3(分化不良)



流程圖六

任何分化程度

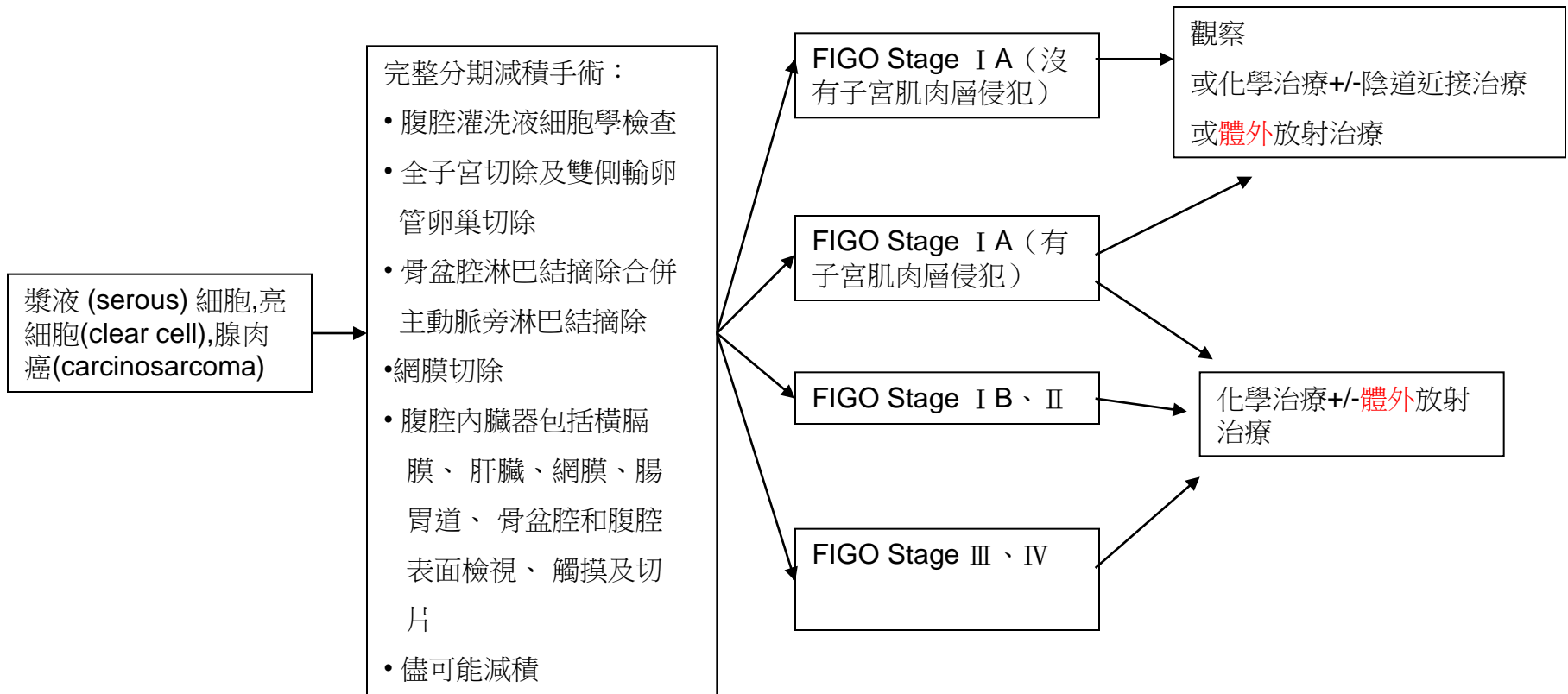
輔助治療



若有嚴重內科合併症或不適合上述治療者，可以使用荷爾蒙治療

流程圖七

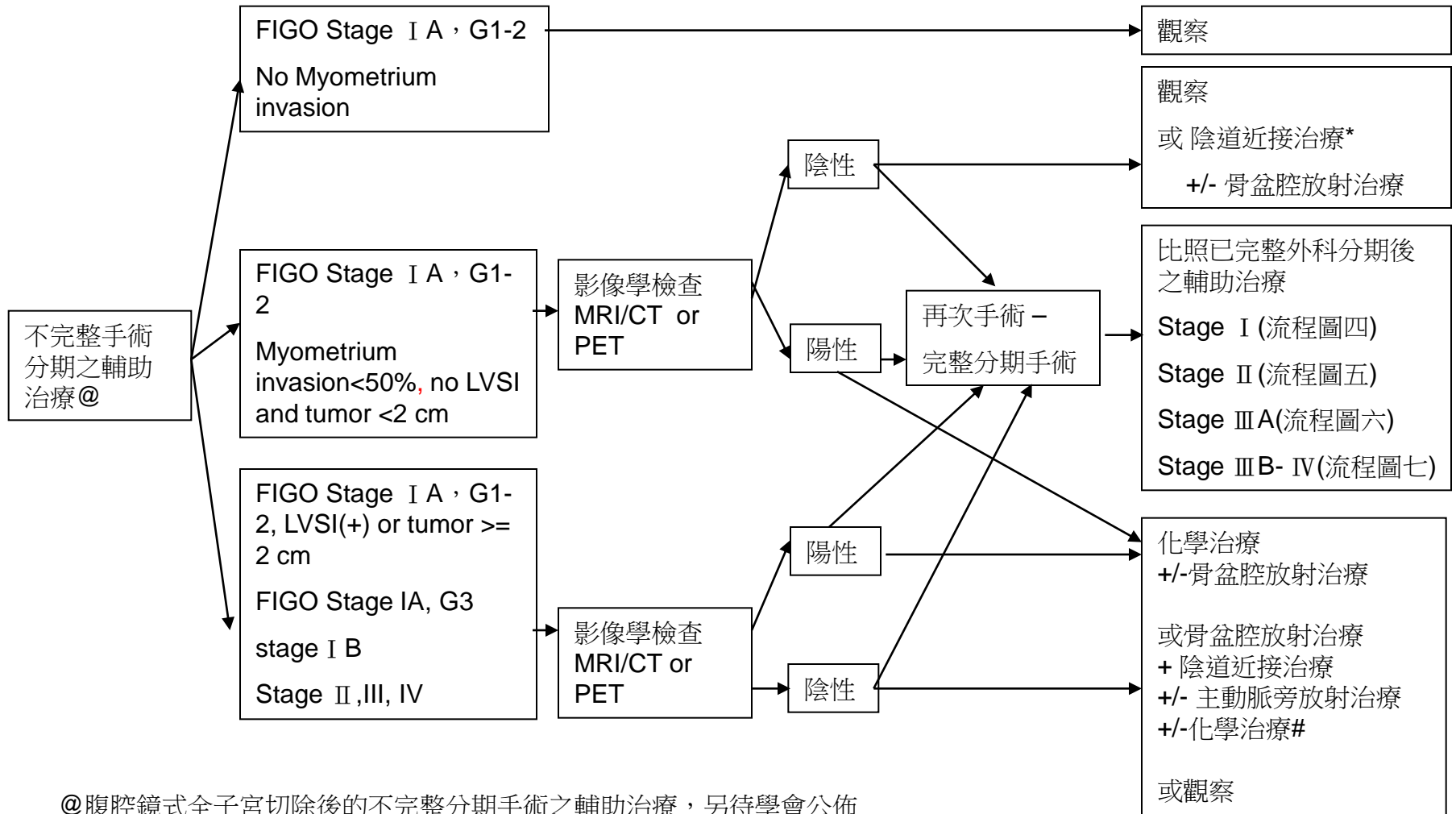
輔助治療



\*：仍未定論

流程圖八

不完全分期手術 (或意外發現) 僅子宮切除 或 +/- 雙側 / 單側輸卵管卵巢切除



@腹腔鏡式全子宮切除後的不完整分期手術之輔助治療，另待學會公佈

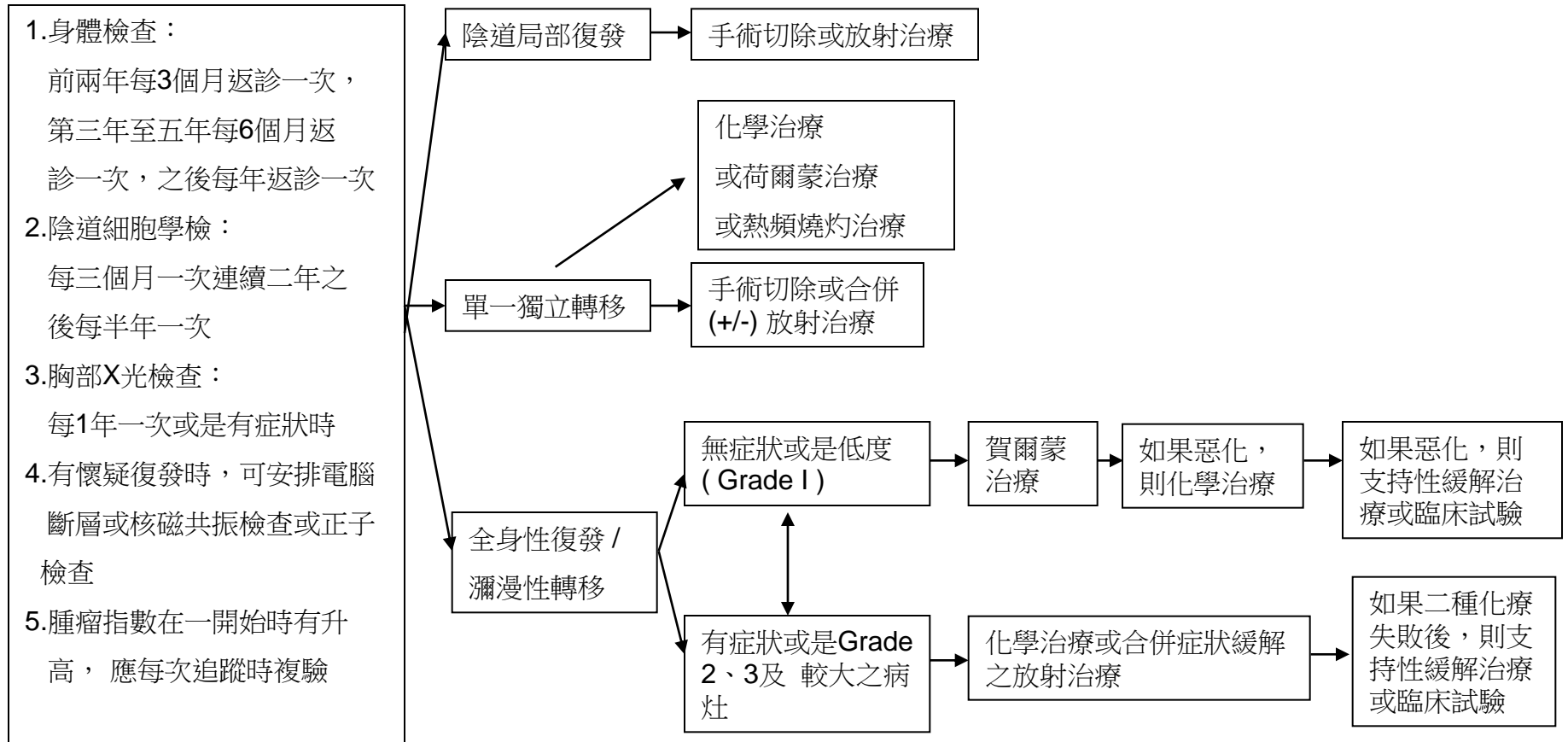
#：尚未定論

\*: 腫瘤大小，年紀，腫瘤在下段

追蹤監測

復發轉移的臨床表徵

援救治療



流程圖十

化療使用原則可使用以下配方

1. PEI- Ccr<60ml/min : (8)

Epirubicine(50mg/m<sup>2</sup>)+Carboplatin(AUC=5)+Ifosfamide+mesna(4gm/m<sup>2</sup>)

2. PEI-Ccr>60ml/min :

Epirubicine(50mg/m<sup>2</sup>)+Cisplatin(50mg/m<sup>2</sup>)+Ifosfamide+mesna(4gm/m<sup>2</sup>)

3. Taxol (payself)(175mg/m<sup>2</sup>)+Carboplatin(AUC=5)-Ccr.< 60ml/min (23)

4. Taxol (payself)(175mg/m<sup>2</sup>)+Cisplatin(50mg/m<sup>2</sup>)-Ccr.> 60ml/min

5. Topotecan(0.75mg/m<sup>2</sup>) +Carboplatin(AUC=5)-Ccr.< 60ml/min (30,31)

6. Tpotecan(0.75mg/m<sup>2</sup>) +Cisplatin(50mg/m<sup>2</sup>)-Ccr.> 60ml/min

7. PLD (payself) (30 mg/m<sup>2</sup>)+ Cisplatin(50mg/m<sup>2</sup>)-Ccr.> 60ml/min(32,33)

8. PLD (payself) (30 mg/m<sup>2</sup>)+ Carboplatin(AUC=5)-Ccr.< 60ml/min (32,33)

9. PLD (payself) (40 mg/m<sup>2</sup>) (32,33)

10. Avastin (payself)(5~15mg/kg) (29)



賀爾蒙治療使用原則可使用以下配方

Letrozole 2.5mg 1# qd (28)

Tamoxifen 10mg 1# bid (26)

Medroxyprogesterone acetate (Farlutal) 500mg 1# qd (27)

Megestrol 160 mg/qd

Levonorgestrel IUD ( For fertility sparing)

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## 參考文獻

- 1. NCCN (national Comprehensive cancer network) Practice guideline in oncology, 2017.
- 2. Benedetti Panici P, Basile S, Maneschi F, Alberto Lissoni A, Signorelli M, Scambia G, et al. Systematic pelvic lymphadenectomy vs. no lymphadenectomy in early-stage endometrial carcinoma: randomized clinical trial. *J Natl Cancer Inst* 2008;100:1707–16.
- 3. ASTEC study group Kitchener H, Swart AM, Qian Q, Amos C, Parmar MK. Efficacy of systematic pelvic lymphadenectomy in endometrial cancer (MRC ASTEC trial): a randomised study. *Lancet* 2009;373:125–36.
- 4. Aalders J, Abeler V, Kolstad P, Onsrud M. Postoperative external irradiation and prognostic parameters in stage I endometrial carcinoma: clinical and histopathologic study of 540 patients. *Obstet Gynecol* 1980;56:419–27.
- 5. Creutzberg CL, van Putten WL, Wárlám-Rodenhuis CC, van den Bergh AC, de Winter KA, Koper PC, et al. Outcome of high-risk stage IC, grade 3, compared with stage I endometrial carcinoma patients: the postoperative radiation therapy in endometrial carcinoma trial. *J Clin Oncol* 2004;22:1234–41.
- 6. Keys HM, Roberts JA, Brunetto VL, Zaino RJ, Spirtos NM, Bloss JD, et al. A phase III trial of surgery with or without adjunctive external pelvic radiation therapy in intermediate risk endometrial adenocarcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol* 2004;92:744–51.
- 7. Lee CM, Szabo A, Shrieve DC, Macdonald OK, Gaffney DK. Frequency and effect of adjuvant radiation therapy among women with stage I endometrial adenocarcinoma. *JAMA* 2006;295:389–97.
- 8. Randall ME, Filiaci VL, Muss H, Spirtos NM, Mannel RS, Fowler J, et al. Randomized phase III trial of whole-abdominal irradiation versus doxorubicin and cisplatin chemotherapy in advanced endometrial carcinoma: a Gynecologic Oncology Group study. *J Clin Oncol* 2006;24:36–44.
- 9. Susumu N, Sagae S, Udagawa Y, Niwa K, Kuramoto H, Satoh S, et al. Randomized phase III trial of pelvic radiotherapy versus cisplatin-based combined chemotherapy in patients with intermediate- and high-risk endometrial cancer: a Japanese Gynecologic Oncology Group study. *Gynecol Oncol* 2008;108:226–33.
- 10. Homesley HD, Filiaci V, Gibbons SK, Long HJ, Cella D, Spirtos NM, et al. A randomized phase III trial in advanced endometrial carcinoma of surgery and volume directed radiation followed by cisplatin and doxorubicin with or without cisplatin: a Gynecologic Oncology Group study. *Gynecol Oncol* 2009;112:543–52.
- 11. Kwon JS, Carey MS, Cook EF, Qiu F, Paszat L. Patterns of practice and outcomes in intermediate- and high-risk stage I and II endometrial cancer: a population-based study. *Int J Gynecol Cancer*. 2007;17:433-40.
- 12. Mariani A, Dowdy SC, Cliby WA, Gostout BS, Jones MB, Wilson TO, et al. Prospective assessment of lymphatic dissemination in endometrial cancer: a paradigm shift in surgical staging. *Gynecol Oncol*. 2008;109:11-8.
- 13. Orr JW Jr, Taylor PT Jr. Surgical management of endometrial cancer: how much is enough? *Gynecol Oncol*. 2008;109:1-3.

## 參考文獻

- 14. Greven K, Winter K, Underhill K, Fontenesi J, Cooper J, Burke T. Final analysis of RTOG 9708: adjuvant postoperative irradiation combined with cisplatin/paclitaxel chemotherapy following surgery for patients with high-risk endometrial cancer. *Gynecol Oncol.* 2006;103:155-9.
- 15. Hogberg T, Rosenberg P, Kristensen G, de Oliveira CF, de Pont Christensen R, Sorbe B, et al. A randomized phase-III study on adjuvant treatment with radiation (RT)/- chemotherapy (CT) in early stage high-risk endometrial cancer (NSGO-EC-9501/EORTC 55991 [abstract 5503]. *J Clin Oncol.* 2007;25:S18.
- 16. Nout RA, Putter H, Jurgenliemk-Schulz IM, Jobsen JJ, Lutgens LC, van der Steen-Banasik EM, Mens JW, et al. Vaginal brachytherapy versus external beam pelvic radiotherapy for high-intermediate risk endometrial cancer: Results of the randomized PORTEC-2 trial [abstract LBA5503]. *J Clin Oncol.* 2008;26 Suppl.
- 17. Hamilton CA, Cheung MK, Osann K, Chen L, Teng NN, Longacre TA, et al. Uterine papillary serous and clear cell carcinomas predict for poorer survival compared to grade 3 endometrioid corpus cancers. *Br J Cancer.* 2006; 94:642-6.
- 18. Frei KA, Kinkel K, Bonel HM, Lu Y, Zaloudek C, Hricak H. Prediction of deep myometrial invasion in patients with endometrial cancer: clinical utility of contrast-enhanced MR imaging—a meta-analysis and Bayesian analysis. *Radiology.* 2000;216:444-9.
- 19. Manfredi R, Mirk P, Maresca G, Margariti PA, Testa A, Zannoni GF, et al. Local-regional staging of endometrial carcinoma: role of MR imaging in surgical planning. *Radiology.* 2004;231:372-8.
- 20. Gallion HH, Brunetto VL, Cibull M, Lentz SS, Reid G, Soper JT, et al. Randomized phase III trial of standard timed doxorubicin plus cisplatin versus circadian timed doxorubicin plus cisplatin in stage III and IV or recurrent endometrial carcinoma: a Gynecologic Oncology Group study. *J Clin Oncol.* 2003;21:3808-13.
- 21. Aapro MS, van Wijk FH, Bolis G, Chevallier B, van der Burg ME, Poveda A, et al. Doxorubicin versus doxorubicin and cisplatin in endometrial carcinoma: definitive results of a randomised study (55872) by the EORTC Gynaecological Cancer Group. *Ann Oncol.* 2003;14:441-8.
- 22. Thigpen JT, Brady MF, Homesley HD, Malfetano J, DuBeshter B, Burger RA, et al. Phase III trial of doxorubicin with or without cisplatin in advanced endometrial carcinoma: a Gynecologic Oncology Group study. *J Clin Oncol.* 2004;22:3902-8.
- 23. Fleming GF, Filiaci VL, Bentley RC, Herzog T, Sorosky J, Vaccarello L, et al. Phase III randomized trial of doxorubicin cisplatin versus doxorubicin 24-h paclitaxel filgrastim in endometrial carcinoma: a Gynecologic Oncology Group study. *Ann Oncol.* 2004;15:1173-8.
- 24. Maggi R, Lissoni A, Spina F, Melpignano M, Zola P, Favalli G, et al. Adjuvant chemotherapy vs radiotherapy in high-risk endometrial carcinoma: results of a randomised trial. *Br J Cancer.* 2006;95:266-71.
- 25. Kuoppala T, Maenpaa J, Tomas E, Puistola U, Salmi T, Grenman S, et al. Surgically staged high-risk endometrial cancer: randomized study of adjuvant radiotherapy alone vs. sequential chemo-radiotherapy. *Gynecol Oncol.* 2008;110:190-5.

## 參考文獻

- 26. Fiorica JV<sup>1</sup>, Brunetto VL, Hanjani P, Lentz SS, Mannel R, Andersen W; Gynecologic Oncology Group study. Phase II trial of alternating courses of megestrol acetate and tamoxifen in advanced endometrial carcinoma: a Gynecologic Oncology Group study. Gynecol Oncol. 2004 Jan;92(1):10-4.
- 27. Thigpen JT<sup>1</sup>, Brady MF, Alvarez RD, Adelson MD, Homesley HD, Manetta A, Soper JT, Given FT. Oral medroxyprogesterone acetate in the treatment of advanced or recurrent endometrial carcinoma: a dose-response study by the Gynecologic Oncology Group. J Clin Oncol. 1999 Jun;17(6):1736-44.
- 28. Ramirez PT<sup>1</sup>, Schmeler KM, Milam MR, Slomovitz BM, Smith JA, Kavanagh JJ, Deavers M, Levenback C, Coleman RL, Gershenson DM. Efficacy of letrozole in the treatment of recurrent platinum- and taxane-resistant high-grade cancer of the ovary or peritoneum. Gynecol Oncol. 2008 Jul;110(1):56-9. doi: 10.1016/j.ygyno.2008.03.014. Epub 2008 May 5.
- 29. Viswanathan AN<sup>1</sup>, Lee H<sup>2</sup>, Berkowitz R<sup>3</sup>, Berlin S<sup>4</sup>, Campos S<sup>4</sup>, Feltmate C<sup>3</sup>, Horowitz N<sup>3</sup>, Muto M<sup>3</sup>, Sadow CA<sup>5</sup>, Matulonis U<sup>4</sup>. A prospective feasibility study of radiation and concurrent bevacizumab for recurrent endometrial cancer. Gynecol Oncol. 2014 Jan;132(1):55-60. doi: 10.1016/j.ygyno.2013.10.031. Epub 2013 Nov 4.
- 30. Hall JB, Higgins RV, Naumann RW et al. Phase II study of topotecan and cisplatin stages III and IV or for recurrent endometrial cancer. *Proc Am Soc Clin Oncol* 2000;19:409a
- 31. Fiorica JV. Update on the treatment of cervical and uterine carcinoma: focus on topotecan. Oncologist. 2002;7 Suppl 5:36-45.
- 32. Justin M. Julius, PharmD, Janos L. Tanyi, MD, PhD, Graciela M. Noguera-Gonzalez, MPH, Jack L. Watkins, PharmD, Robert L. Coleman, MD, Judith K. Wolf, MD, and Judith A. Smith, PharmD, BCOP, CPHQ, FCCP, FISOPP. Evaluation of pegylated liposomal doxorubicin dose on the adverse drug event profile and outcomes in treatment of recurrent endometrial cancer. *International journal of gynecological cancer*. 2013 Feb;23(2):348-354.
- 33. A. du Bois, J. Pfisterer, N. Burchardi, S. Loibl, J. Huober, P. Wimberger, A. Burges, A. Stahle, C. Jackisch, H. Kolbl. Combination therapy with pegylated liposomal doxorubicin and carboplatin in gynecologic malignancies: A Arbeitsgemeinschaft gynaekologische onkologie studiengruppe ovariakarzinom and kommission uterus. *Gynecologic Oncology*. 2007 Oct; 107:518-525.