

高雄榮民總醫院

胃癌臨床診療指引

2016年第一版

癌症中心胃癌醫療團隊擬定

2016年第一版為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2016.02.16由胃癌團隊相關人員陳以書、蔡忠育、康蒼翔、江佳陵、陳海雄、高崧碩、張博閔、李懷寶、張國楨等人討論後共同修訂。

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，直接引用這個研究資訊及診療準則並不恰當。
只有你的醫師才能決定給你最恰當的治療。

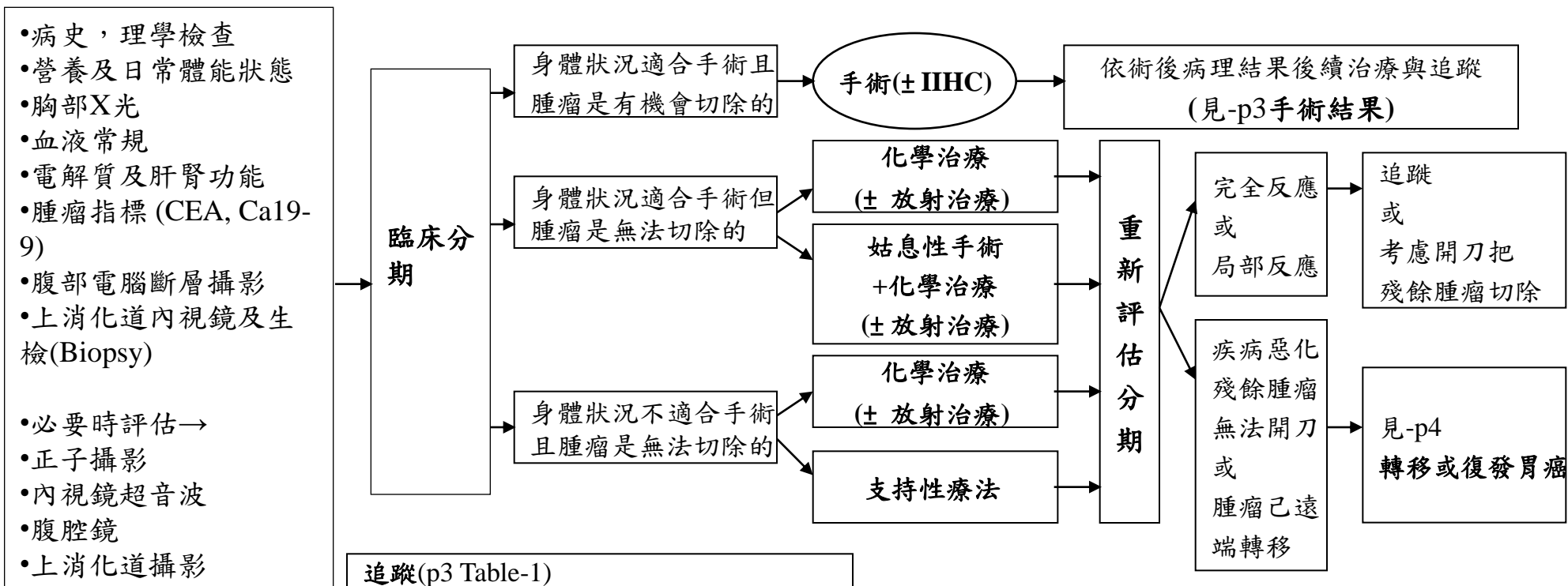
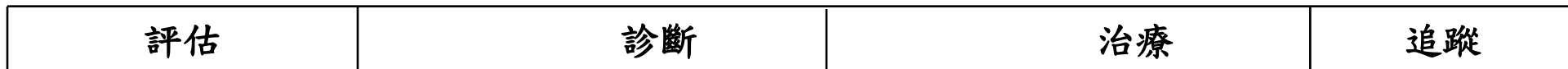
會議討論日期

- 上次會議：20150915
- 本共識與上一版的差異
 - 修改行ESD適應症
 - 刪除D0淋巴結清除手術
 - 增加TS-1服用方法的選擇

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- 追蹤(p3 Table-1)
- 手術(p5-6 Table-2)
- IHC(p7 Table-3)
- 化學治療 (p8-9 table-4.1, 4.2)
- 標靶治療(p10 table-5)
- 放射治療(p11 table-6)

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評估	診斷	治療	追蹤
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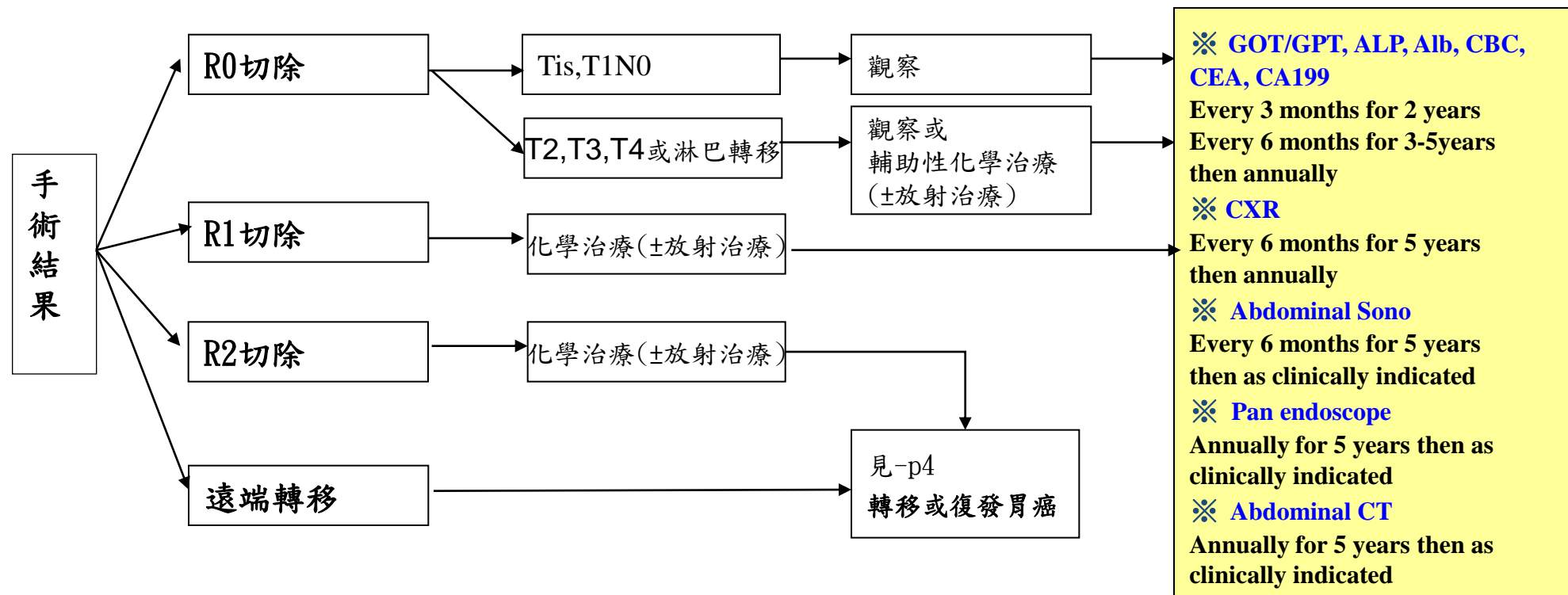


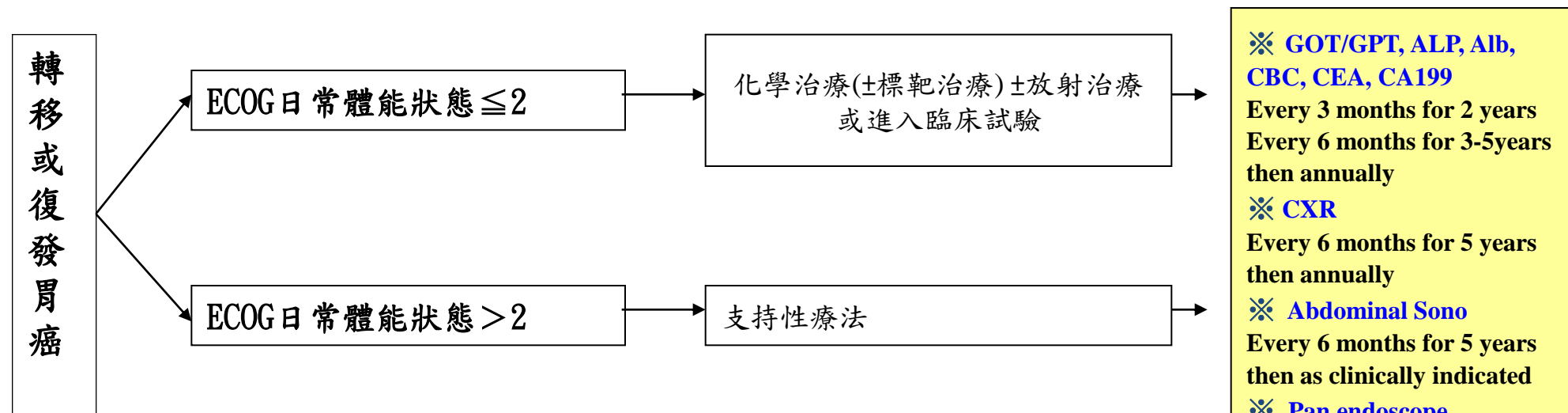
Table-1 術後追蹤建議表

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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 3-5years
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

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Table-2 手術建議表(1)

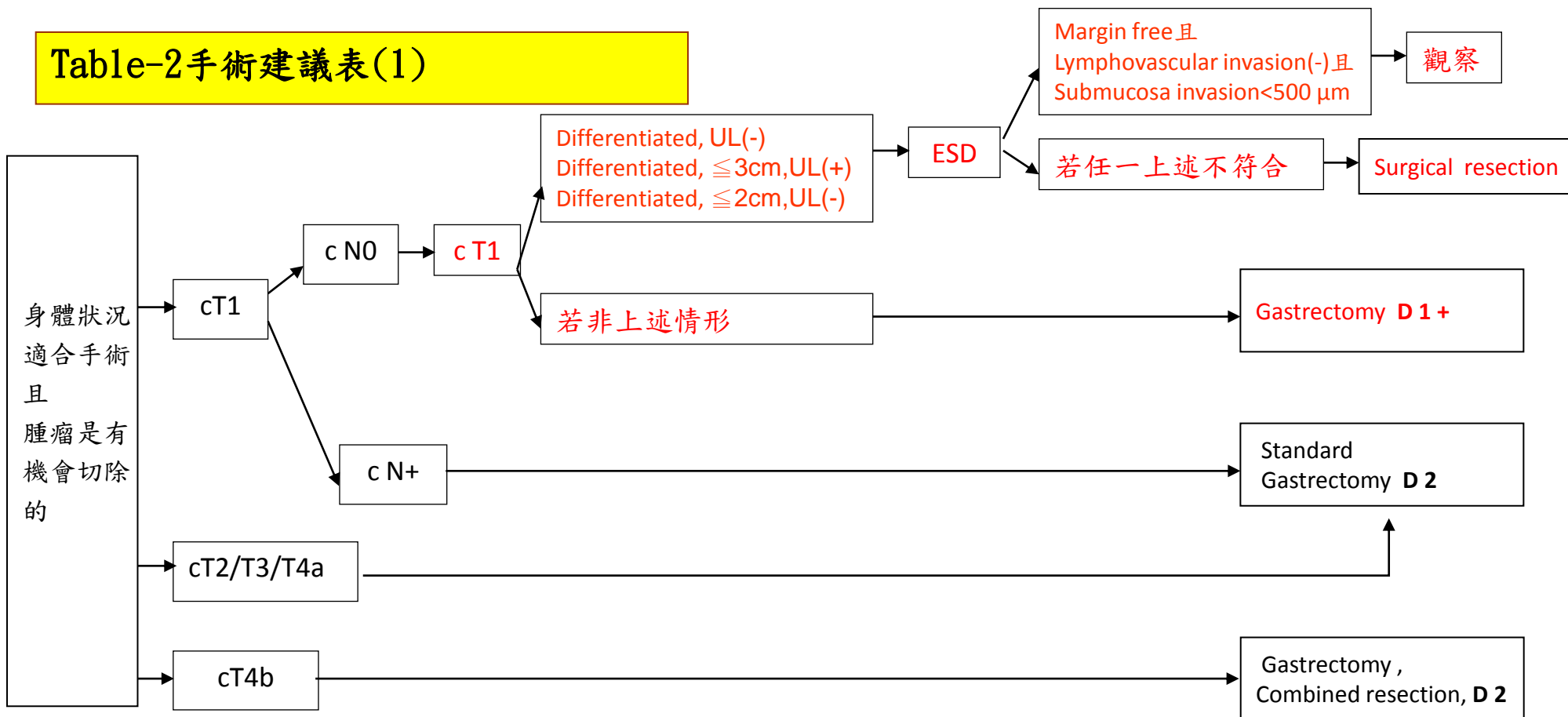


Table-2 手術建議表(2)

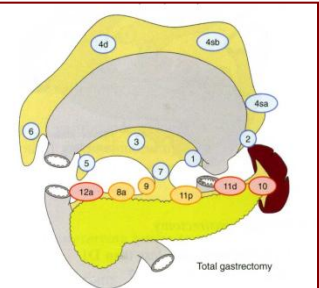
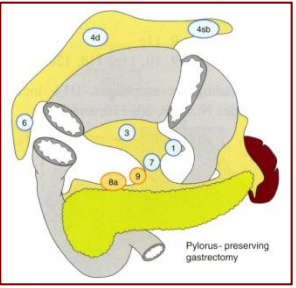
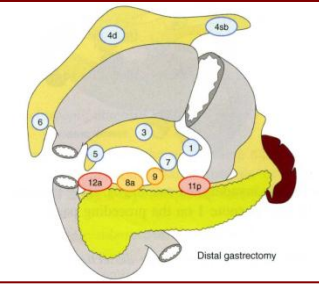
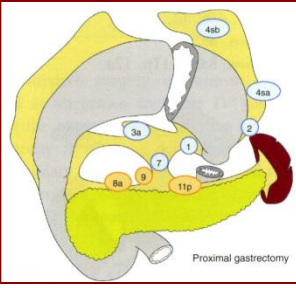
Type of Gastrectomy with lymph node dissection		
Gastrectomy	Extent of LN dissection	圖表
Total gastrectomy	D1 :Nos 1-7 D1+:D1+Nos 8a,9,11p D2 :D1+Nos 8a,9,10,11p,11d,12a For tumor invading the esophagus D1+Includes No,110 ¹ D2 includes Nos.19,20,110,and 111	 
Distal gastrectomy	D1 :Nos 1,3,4sb,4d,5,6,7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

Intraoperative Intraperitoneal Hyperthermochemotherapy (IIHC)

※Indication : \geq T4a

※Regimen:

Cisplatin 90 mg/3-4 L Lactated Ringer solution

Etoposide 90 mg/3-4 L Lactated Ringer solution

Mitomycin C 30 mg/3-4 L Lactated Ringer solution

41-42°C for 20-60 minutes

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

Table-4.1 化學治療處方建議表

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 $\geq 1.5\text{m}^2$: 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 (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
Cisplatin 80 mg/m ² , IV,D1 【 XP】 Xeloda 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m ²)	Q21 d x 8-12cycles	No.12 /Level I

Table-4.2 化學治療處方建議表

Chemotherapy for unresectable/recurrent disease	Schedule	Reference (No)/ strength of Evidence
TS-1 40-60mg bid(口服21days休14days) (SPIRITS trial) Cisplatin 60 mg/m ² , IV, D8	Q35d /cycle For 12 months	No.13 /Level I
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.14 /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
Cisplatin 80 mg/m ² , IV,D1 【 XP 】 Xeloda 2#poQAM(Day1-14) ,3#PM (Day1-14) (825-1000mg/m ²)	Q21 d x 8-12cycles	No.12 /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, 15 /Level II
Cisplatin 80 mg/m ² , IV, D1 【 FP 】 5-FU 800mg/m ² , IV, D1-5	Q21 d x 8-12cycles	No.16 /Level II

Table-5 標靶治療處方建議表

Trastuzumab (Ref. No 17 / 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。

Table-6 放射治療處方建議表

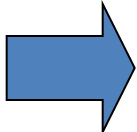
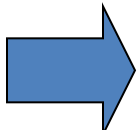
<p>※ Protocol of adjuvant chemoradiotherapy</p>	<p>※.For R0 resection \geq stage IIA ※ For R1 resection and R2 resection</p>
<p> Radiation therapy: Target volume: tumor/ gastric bed and pertinent nodal group Dose: 45-50.4 Gy /(1.8 Gy/day) Chemotherapy regimen: 5-FU (400 mg/m² per day) and leucovorin (20 mg/m² per day) on the first four and the last three days of RT. Reference :No 18/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 18/strength of Evidence :level 1</p>	

Table-7 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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