

高雄榮民總醫院

子宮內膜癌診療原則

2015年12月1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 (2. 2016)
 - 婦癌研究委員會(2011)，子宮內膜癌臨床指引：國家衛生研究院
 - European society of gynecological oncology (ESGO) 2015

會議討論日期

■ 上次會議：1031202

■ 本共識與上一版的差異

● 流程圖二：

1. 增加<45 y/o, endometrial invasion < 50%, grade 1, FIGO IB, GRADE3, 可考慮保留卵巢，可考慮切除輸卵管

2. 影像檢查僅內膜病灶~~或表淺肌肉層侵犯~~且細胞分化程度為Grade 1~~2~~者

● 流程圖三：腹腔內子宮外病灶不適手術者治療方式改變

● 流程圖四：

1. IA (endometrium only) G3:刪除陰道近接治療

2. IB G3:增加觀察

● 流程圖五：

1. G2修改為陰道近接治療+/-骨盆腔放射治療

2. G3修改為骨盆腔放射線治療+/-陰道近接治療+/-化學治療

會議討論日期

- 流程圖七：
 1. Stage IIIC1, IIIC2輔助治療方式修改為化學治療+/-針對腫瘤之放射治療
 2. Stage IVA, IVB輔助治療方式修改為化學治療+/-放射治療
- 流程圖八：
 1. Stage IA(沒有子宮肌肉層侵犯)輔助治療修改為觀察或化學治療+/-陰道近接治療或針對腫瘤的放射治療
 2. Stage IA(有子宮肌肉層侵犯)輔助治療增加觀察或化學治療+/-陰道近接治療或針對腫瘤的放射治療
- 流程圖九：FIGO Stage I A , G1-2, LVSI(+) or tumor \geq 2 cm 治療增加觀察

會議討論日期

- 流程圖十：單一獨立轉移援救治療增加化學治療或荷爾蒙治療或熱頻燒灼治療
- 刪除化療regimen: TPE- Ccr<60ml/min and TPE- Ccr>60ml/min
- 增加賀爾蒙治療藥物Megestrol 160 mg/qd, Levonorgestrel IUD (For fertility sparing)

Staging uterine carcinoma Δ (TNM and International Federation of Gynecology and Obstetrics [FIGO])

Primary tumor (T) (surgical-pathologic findings)		
TNM categories	FIGO stages	Definition
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)
Regional lymph nodes (N)		
TNM categories	FIGO stages	Definition
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
Distant metastasis (M)		
TNM categories	FIGO stages	Definition
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.)

Anatomic stage/prognostic groups			
CarcinomasΔ			
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).

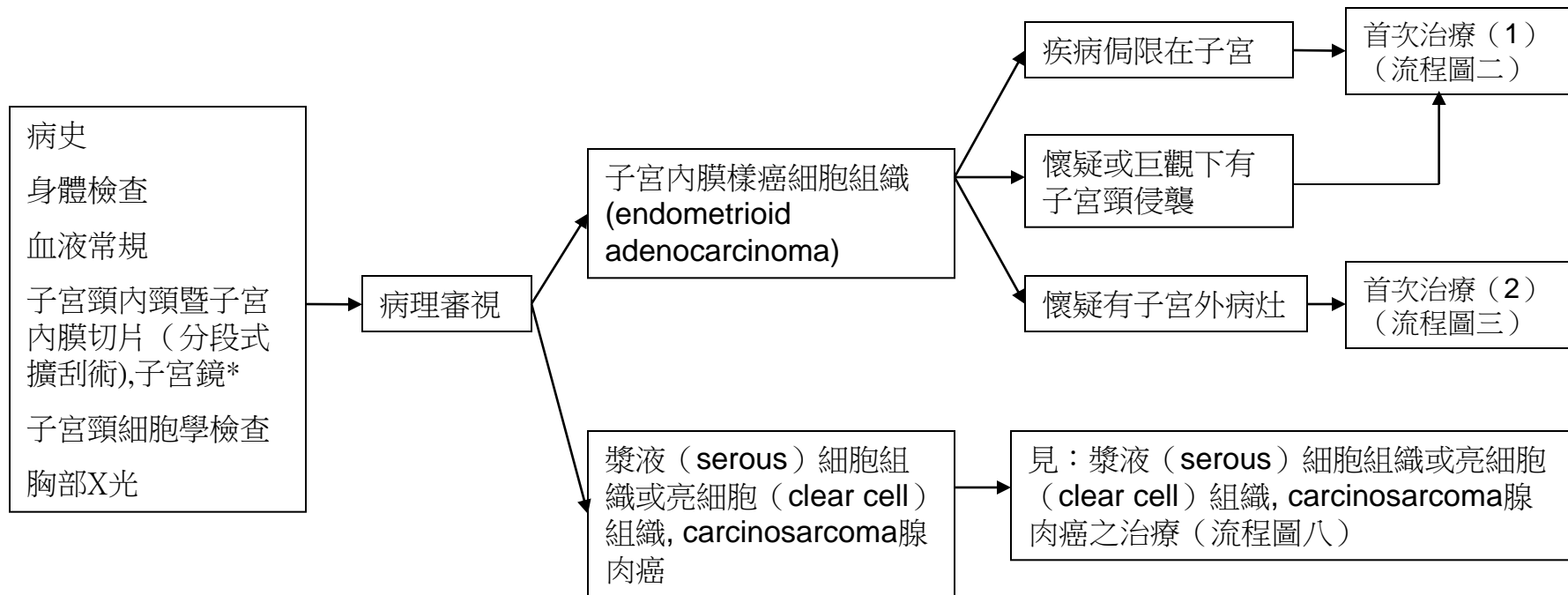
• Endocervical glandular involvement only should be considered as Stage I and not as Stage II.

Δ 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.

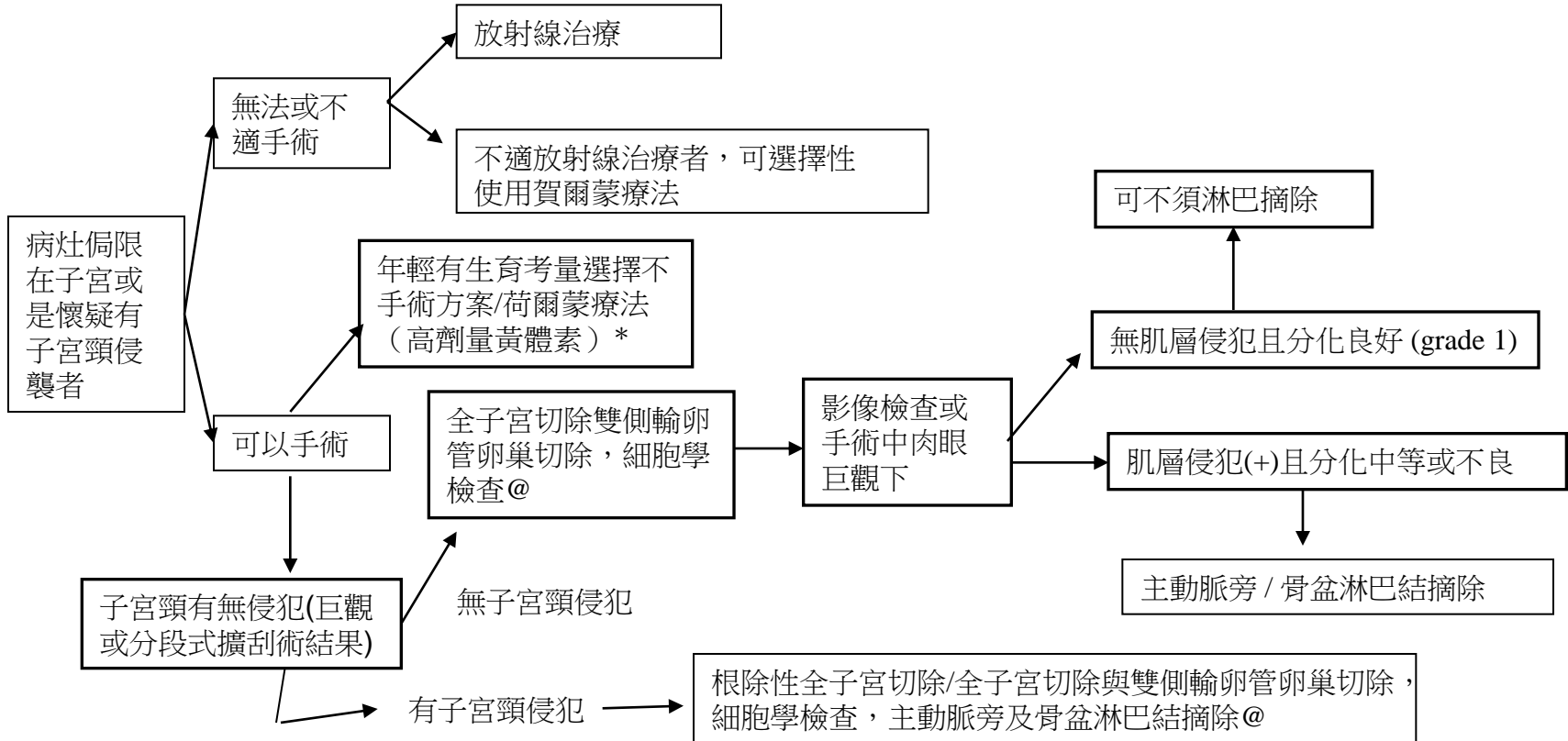
初步評估

初步臨床發現



首次治療(1)

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 (分段式擴刮術) 子宮頸細胞學檢查 胸部X光, 核磁共振或電腦斷層, 腫瘤指標(CEA, CA-125, CA-199)

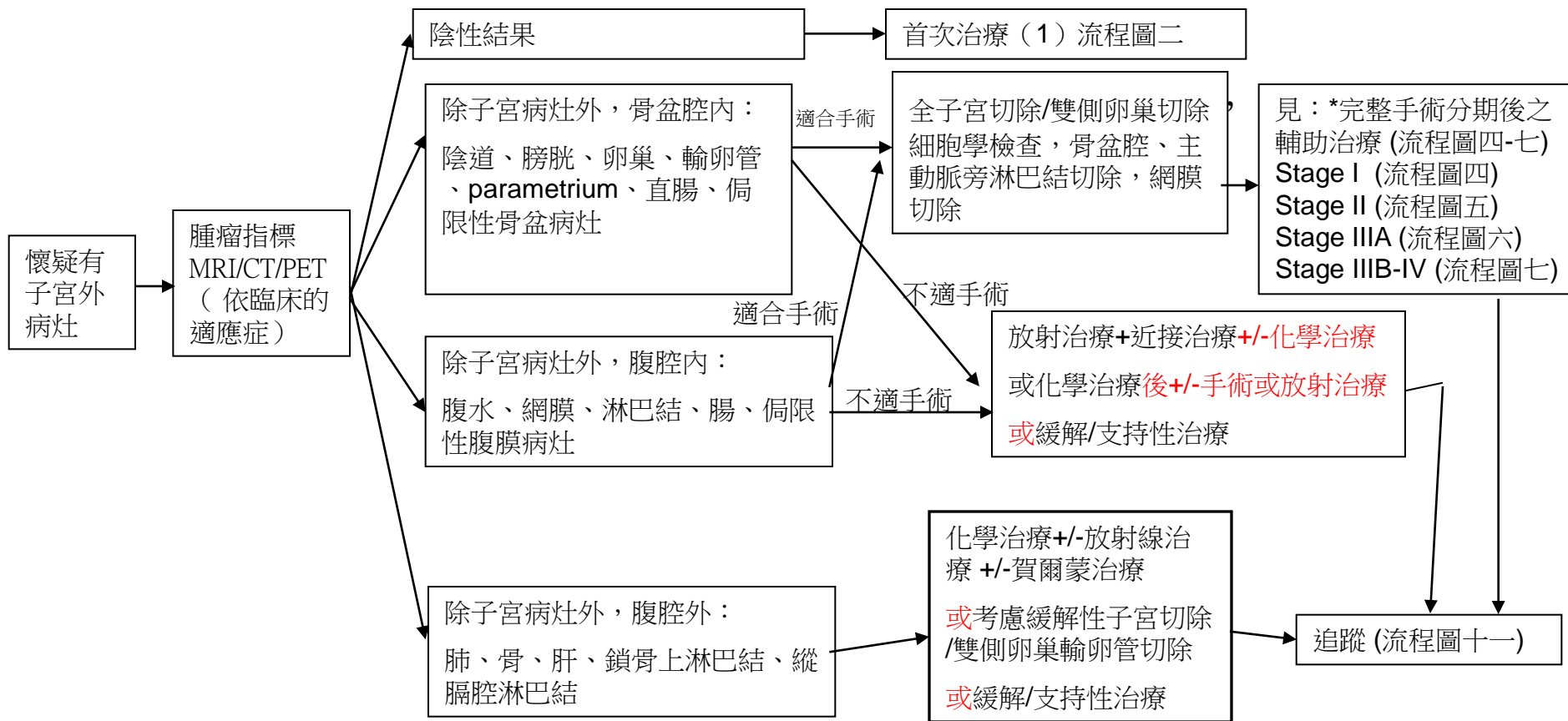


@: 卵巢是否全切抑或保留由臨床醫師視病情與年齡及病人意願決定, <45 y/o, 子宮肌肉層侵犯<50% 且為grade I, 可考慮保留卵巢, 可考慮切除輸卵管。

* 影像檢查僅內膜病灶且細胞分化程度為Grade 1者

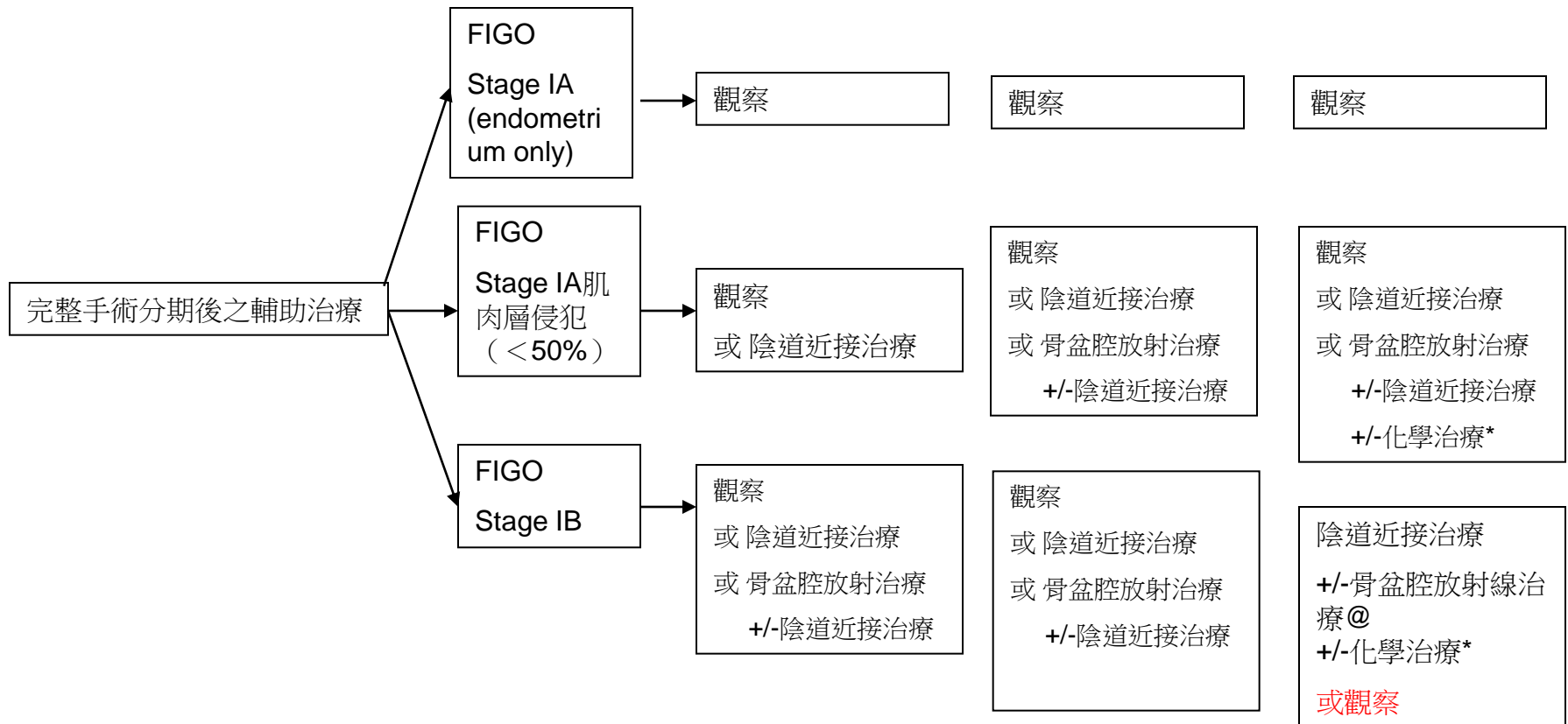
首次治療 (2)

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

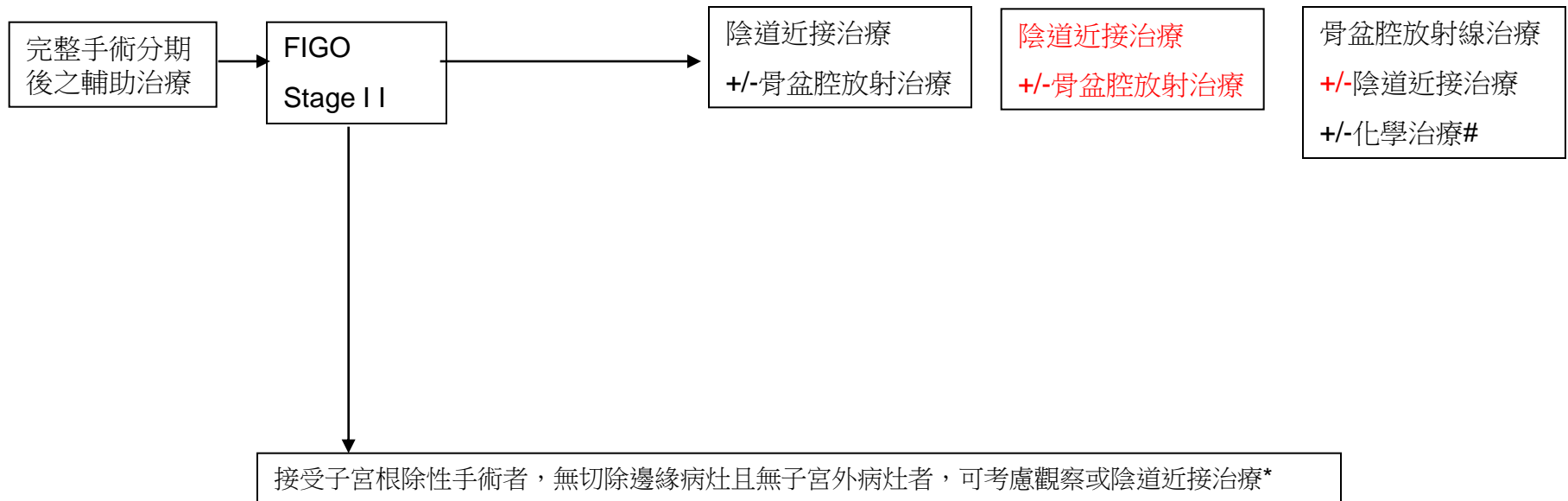
G1 (分化良好) G2 (分化中等) G3 (分化不良)



@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)



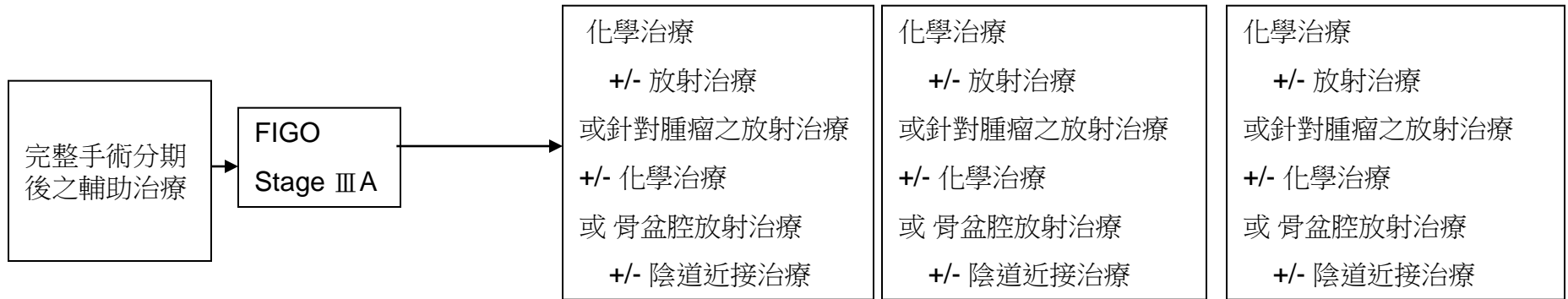
*：觀察或陰道近接治療-可選擇在根除性子宮除後邊緣無病灶，且無子宮外病灶

#：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)

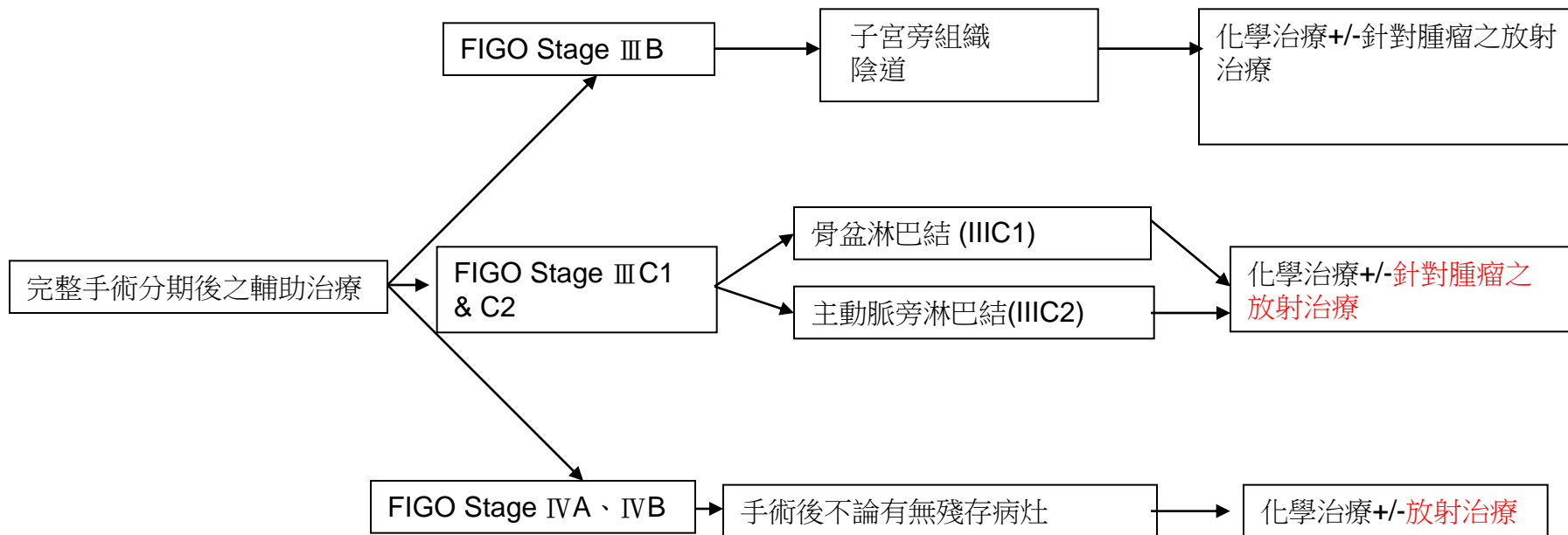
G3(分化不良)



流程圖六

任何分化程度

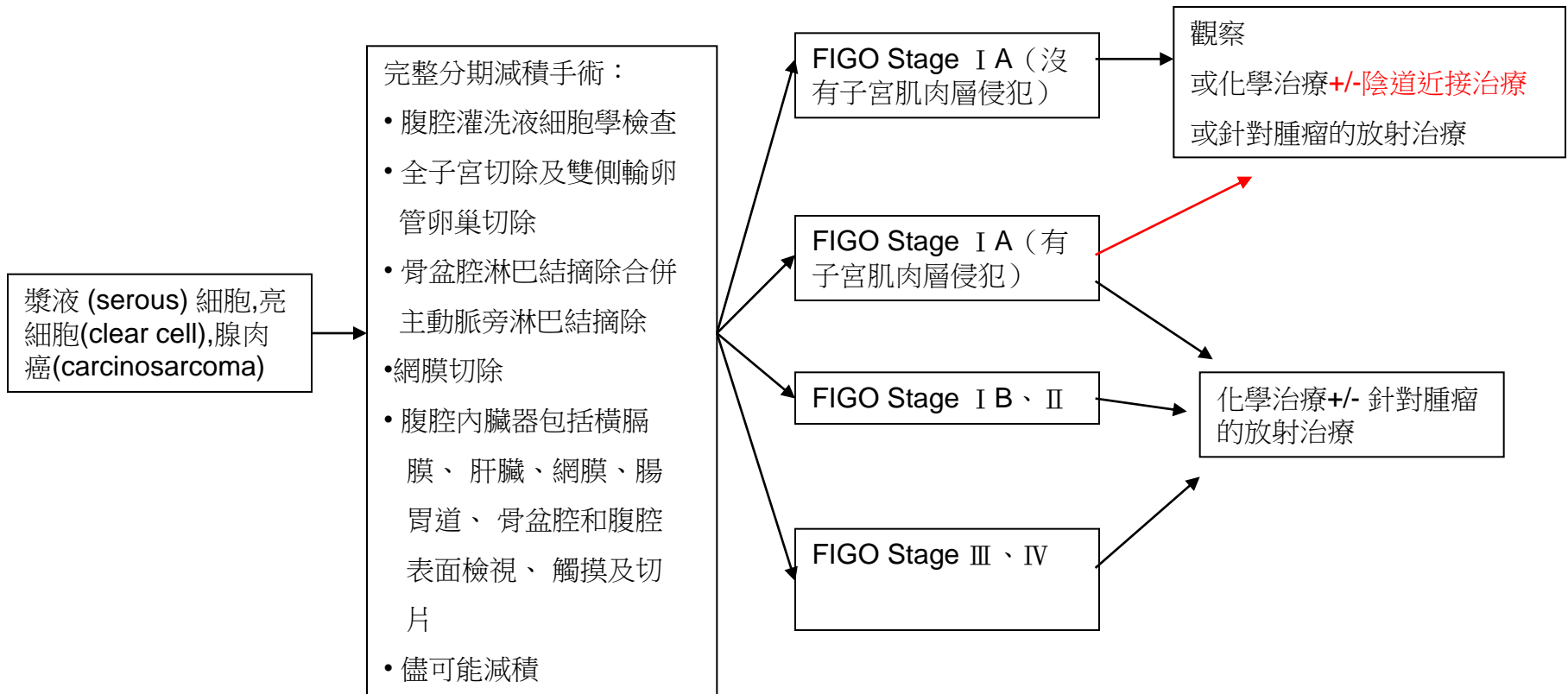
輔助治療



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

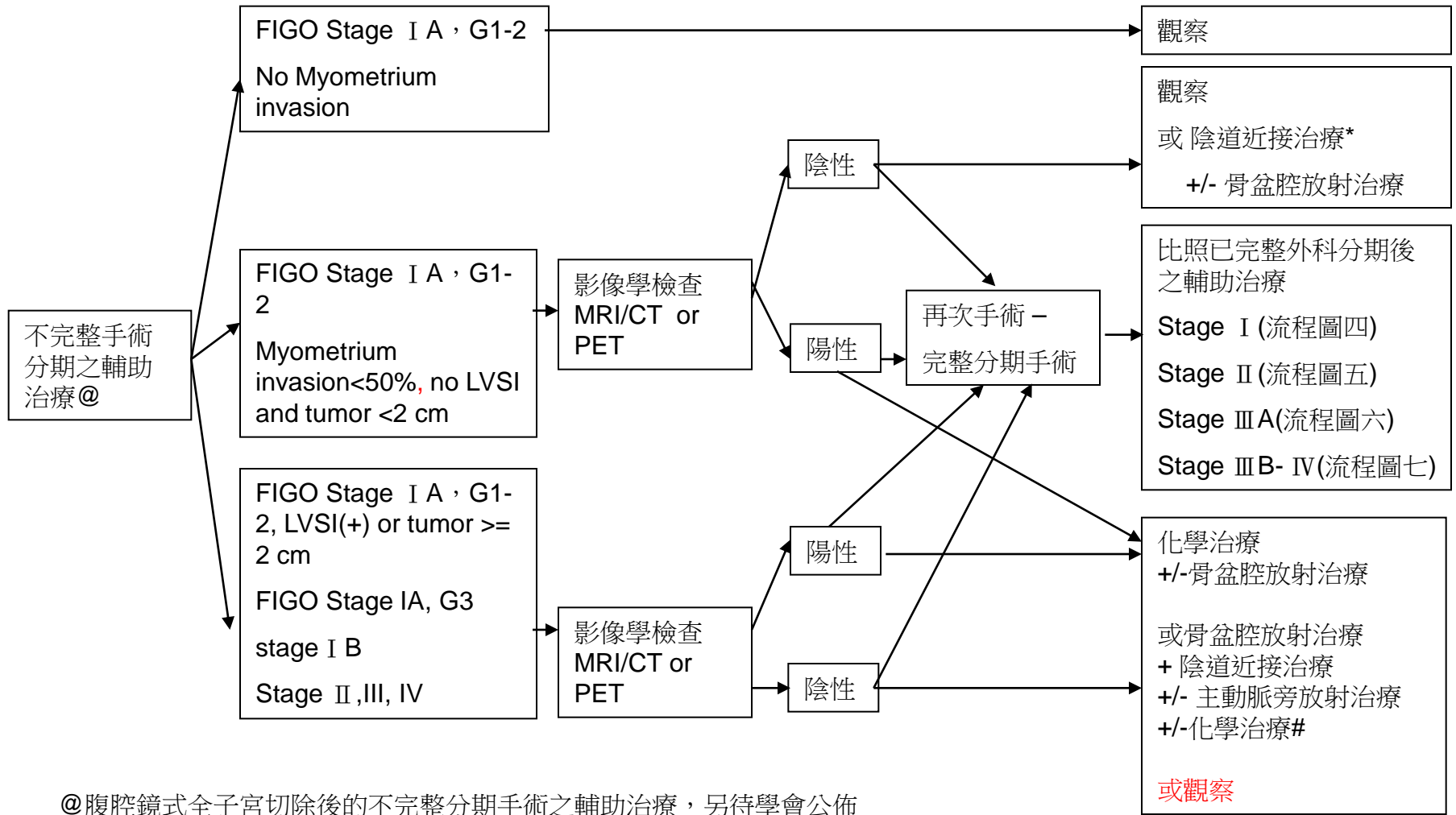
輔助治療



*：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

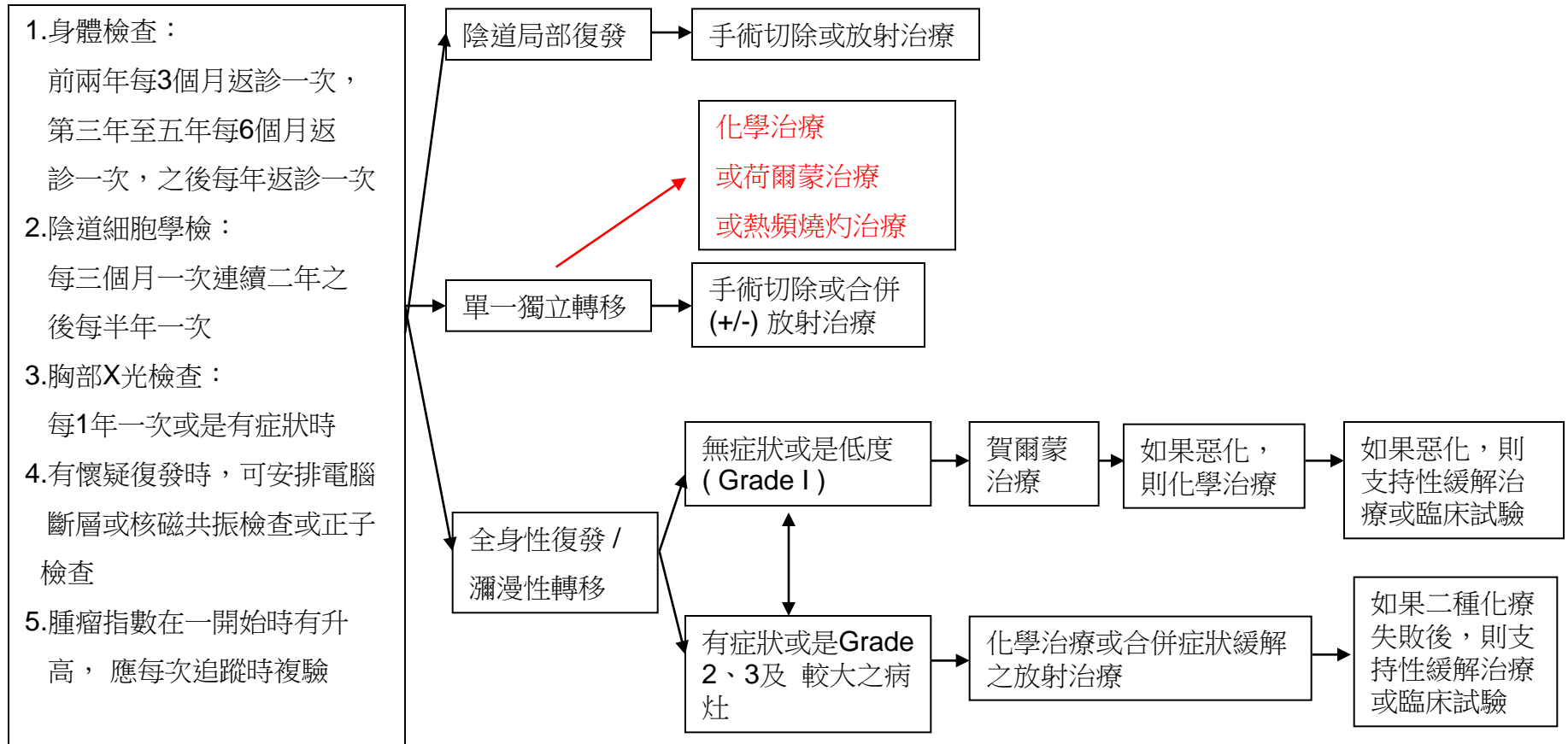
#：尚未定論

*: 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/m²)+Carboplatin(AUC=5)+Ifosfamide+mesna(4gm/m²)

2. PEI-Ccr>60ml/min :

Epirubicine(50mg/m²)+Cisplatin(50mg/m²)+Ifosfamide+mesna(4gm/m²)

3. Taxol (payself)(175mg/m²)+Carboplatin(AUC=5)-Ccr.< 60ml/min (23)

4. Taxol (payself)(175mg/m²)+Cisplatin(50mg/m²)-Ccr.> 60ml/min

5. Topotecan(0.75mg/m²) +Carboplatin(AUC=5)-Ccr.< 60ml/min (30,31)

6. Topotecan(0.75mg/m²) +Cisplatin(50mg/m²)-Ccr.> 60ml/min

7. 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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