

# 高雄榮民總醫院 乳癌診療原則

乳癌醫療團隊共同擬訂

2016.5.13修訂

(2016第1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。

※ 2016 年 月第一版修正說明：

- 一、 新增化學藥物處方：Eribulin:1.4mg/ m<sup>2</sup> on days 1 and 8, 21-day cycle
- 二、 2016/4/29 乳癌多專科團隊會議治療共識
- 三、 Clinical Stage I、II 治療途徑新增 Systemic treatment 選項

## 《住院條件》

1. 全身麻醉手術
2. 化學治療：
  - 容許第一次化療，病患接受人工血管植入手術，並需觀察是否有嚴重副作用。
  - 有些化療費時較長，如 cisplatin。
3. 轉移癌治療：不包括單純無適應症之化療、標靶治療、賀爾蒙治療。有些昂貴藥物需要住院才能得到保險公司補償的，可轉介到馨惠馨醫院，或右昌聯合醫院。

## 《化學治療藥物選擇》

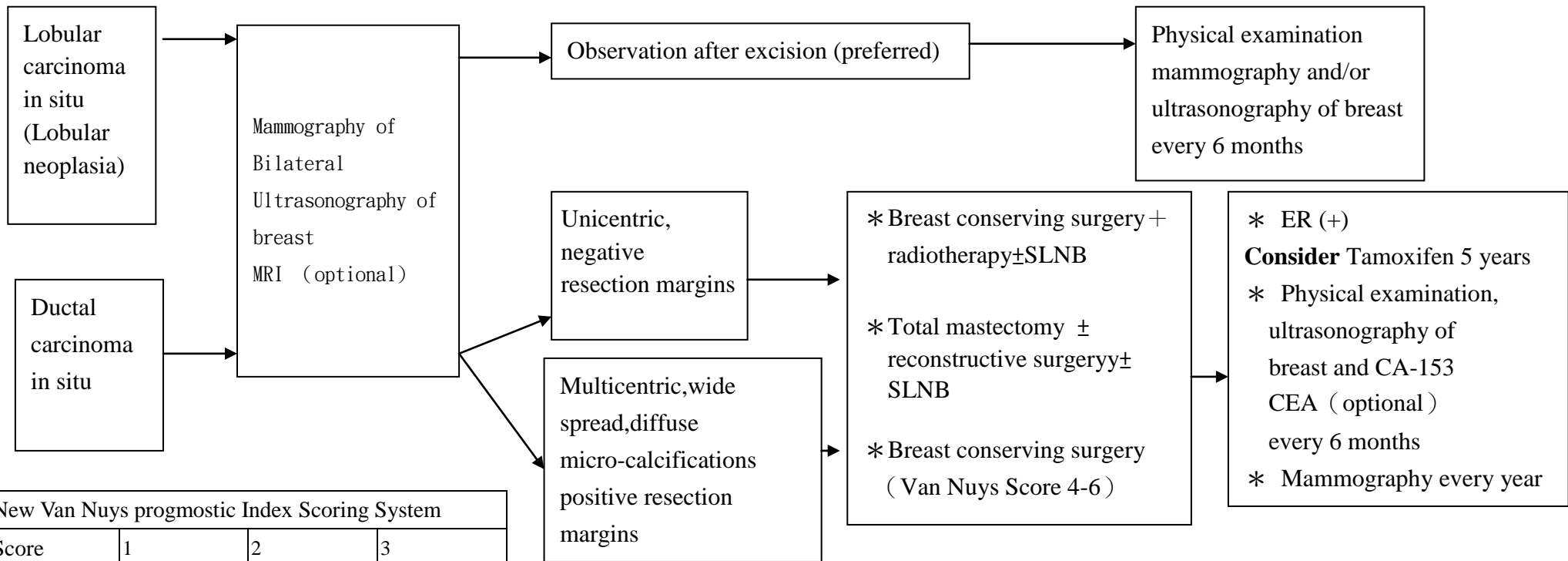
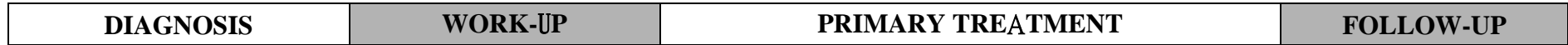
1. 輔助治療：依照治療指引及團隊會議討論結果
2. 轉移癌治療：
  - Pulse therapy 時機：短時間注射較大量藥物，如 EC, Taxane, Vinorelbine, eribulin, cisplatin, gemcitabine, 應用在生長快速，臨床惡化迅速的腫瘤。
  - Metronomic therapy 時機：像在 chest wall, bone, lymph node 生長速度較慢的腫瘤，可使用小劑量長時間的口服化學治療，優先使用 cyclophosphamide, methotrexate, UFUR, 若 progression 再考慮使用 daily Vinorelbine 或 Xeloda

## 《停藥機制》

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

# Breast Cancer

Kaohsiung Veterans General Hospital  
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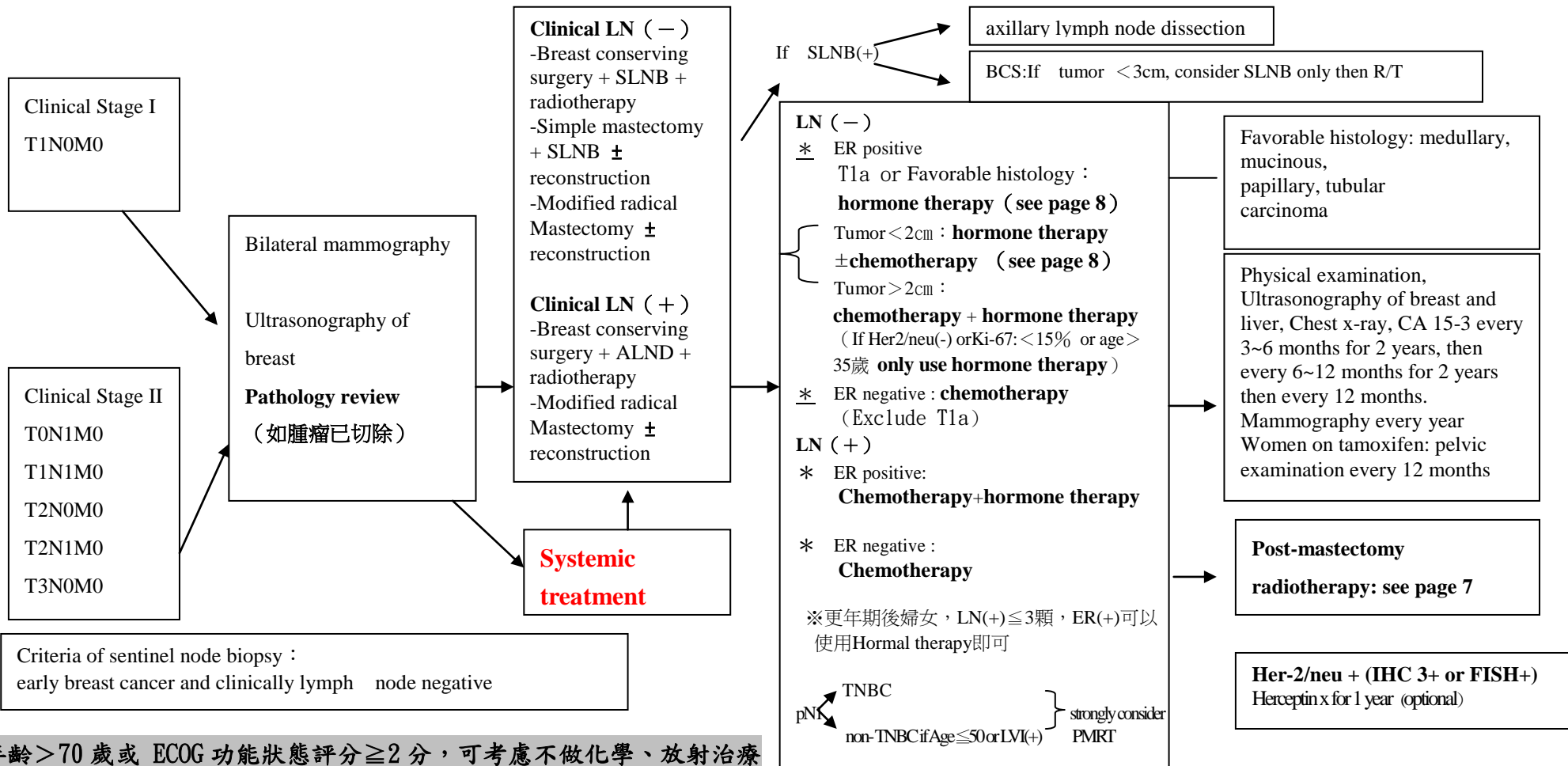


Score	1	2	3
Size	≤ 15mm	16-40mm	≥ 40mm
Margin width	≥ 10mm	1-9mm	< 1mm
Pathologic classification	Non-high-Grade w/o necrosis	Non-high-Grade with necrosis	High-grade With or w/o necrosis
Age	> 60	40-60	< 40

# Breast Cancer

**Kaohsiung Veterans General Hospital  
Clinical Practice Guideline 2016.01 Version**

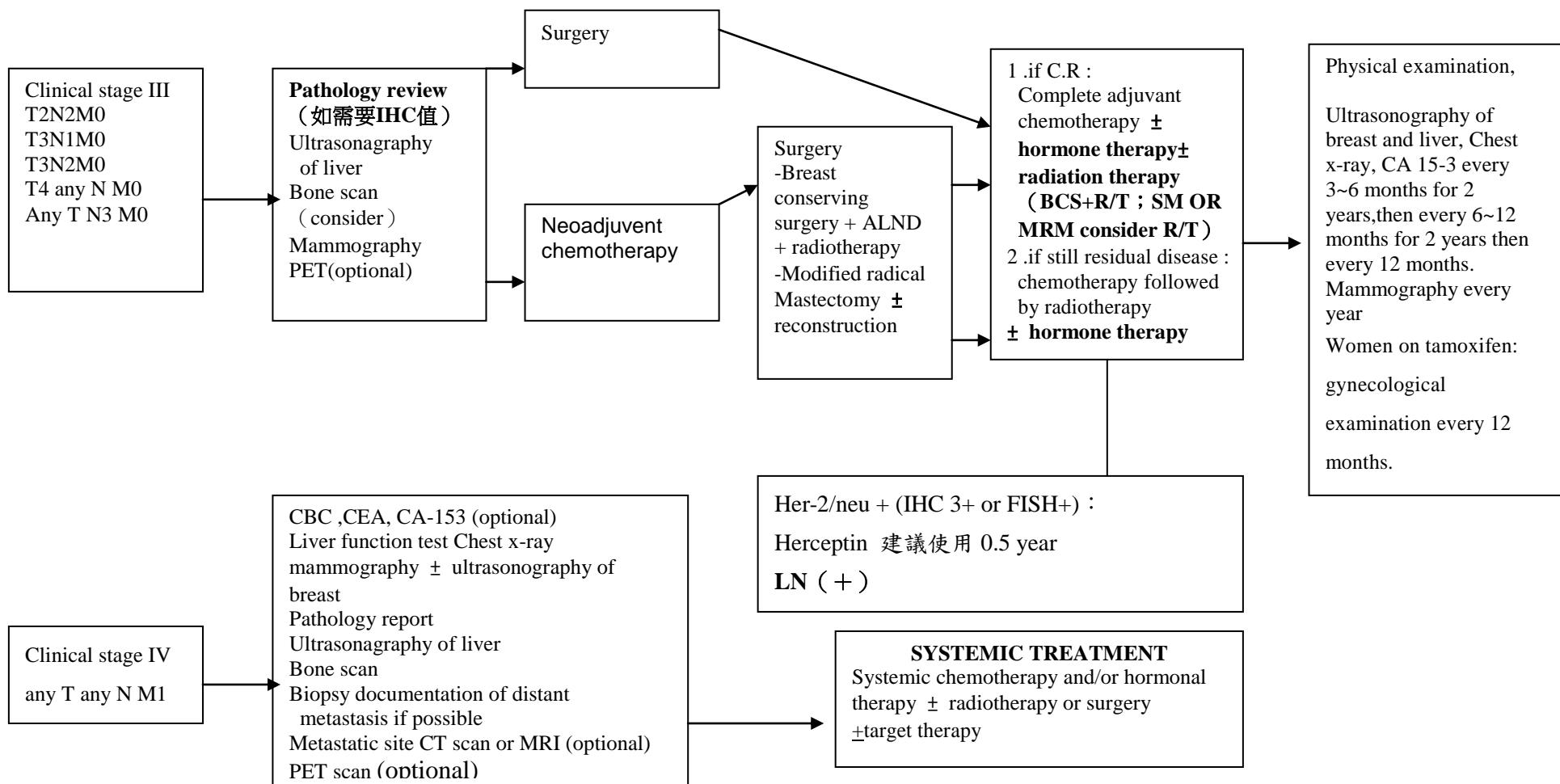
DIAGNOSIS	WORK-UP	PRIMARY TREATMENT	ADJUVANT TREATMENT	FOLLOW-UP
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# Breast Cancer

Kaohsiung Veterans General Hospital  
Clinical Practice Guideline 2016.01 Version

DIAGNOSIS	WORK-UP	PRIMARY TREATMENT	ADJUVANT TREATMENT	FOLLOW-UP
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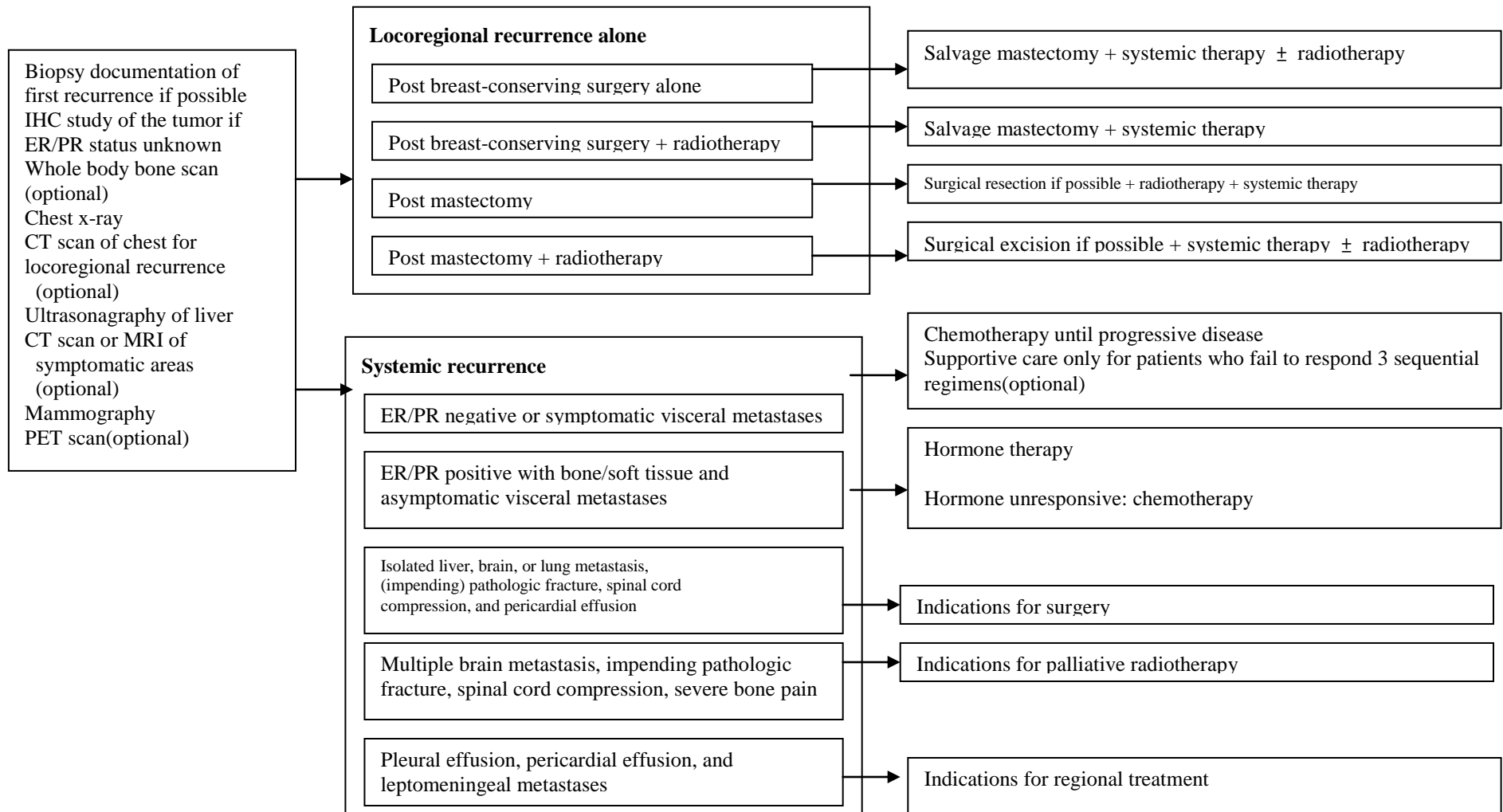


年齡 > 70 歲或 ECOG 功能狀態評分 ≥ 2 分，可考慮不做化學、放射治療

# Breast Cancer

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RECURRENCE WORK-UP	STATUS	SALVAGE TREATMENT
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# Breast Cancer

## Kaohsiung Veterans General Hospital Clinical Practice Guideline 2016.01 Version

### INDICATIONS FOR POST-MASTECTOMY RADIOTHERAPY

- 1.skin involvement(skin nodule, ulceration, dorms lymphatic involvement)
- 2.Chest wall involvement
- 3.positive axillary lymph nodes  $\geq 4$ , lymph nodes positive 1-3 (Strongly consider)
- 4.positive or close surgical margin
- 5.tumor  $\geq 5\text{cm}$  · 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  $\geq 7$ )

### 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  $< 3\text{ cm}$
- 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 2015 年

Adjuvant / Neoadjuvant	最近改版	2015/9/25		
	處方內容	Chemotherapy formula	schedule	Reference (No) /strength of evidence
		Carboplatin AUC x5mg+ Docetaxel 75mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Carboplatin AUC 4~6+ 5-FU 1000mg/m <sup>2</sup>	Q3WKLY(新增)2015/9/11	No 17 / Level I
		Cisplatin 50mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Cisplatin 50mg/m <sup>2</sup> + 5-FU 500mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Gemcitabine 1250mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Lipo-Dox 50mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Mitoxantrone 12mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Taxol 80 mg/m+Gemcitabine 800mg/m <sup>2</sup>	QWKLY or Q3WKLY or Q4WKLY (刪)	No 17 / Level I
		Taxol 80 mg/m+Cisplatin 50mg/m <sup>2</sup>	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 <sup>2</sup> +Cisplatin 50mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Docetaxel 75mg/m <sup>2</sup> +Gemcitabine 1000mg/m <sup>2</sup>	Q3WKLY (刪) 2015/8/28	No 17 / Level I
		Docetaxel 75mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		Vinorelbine 25~30mg/m	D1 or D8	No 17 / Level I
		Docetaxel 75mg/m <sup>2</sup> x1+Xeloda 2.5tab x14 day	Q3WKLY+14 day	No 17 / Level I
		Afinitor 5mg	2tab QD x 14 day	No 17 / Level I
		Xeloda 500mg	2tab Bid x 14 day	No 17 / Level I
		Cyclophosphamide	2tab QD x 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 cap1 + 1cap (QW) x 14 day	No 17 / Level I
	Bleomycin 50mg	once	No 17 / Level I	
	FEC(5-FU500mg/m <sup>2</sup> , Epirubicin75mg/m, cyclophosphamide 500mg/m <sup>2</sup> )	2-6 cycles	No 2 / Level I	

		FLC (5-FU 500mg/m <sup>2</sup> , Lipo-Dox 35mg/m <sup>2</sup> , cyclophosphamide 500mg/m <sup>2</sup> )	2-6 cycles	No 16 / Level I
		FEC or FLC + Taxol (taxol 175 mg/m <sup>2</sup> ) (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 <sup>2</sup> )	2-4 cycles (Q3W)	No 9 / Level I
		CMF (Cyclophosphamide 2tab/m <sup>2</sup> +Methotrexate 40mg/m <sup>2</sup> + Fluorouracil 500-600mg/m <sup>2</sup> )	6-12 cycles	No 2 / Level I
		EC or LC (Epirubicin 75mg/m <sup>2</sup> or Lipo-Dox 35mg/m <sup>2</sup> + cyclophosphamide 500mg/m <sup>2</sup> )	6 cycles	No 16 / Level I
		TEC (Docetaxel 75mg/m <sup>2</sup> + Epirubicin 75mg/m <sup>2</sup> + cyclophosphamide 500mg/m <sup>2</sup> )	6 cycles	No 3 / Level I
		Mitoxantrone 10mg/m <sup>2</sup> +Leucovorine 170mg/m <sup>2</sup> +5-FU 600mg/m <sup>2</sup> +Cisplatin 60 mg/m <sup>2</sup>	Q3WKLY	No 17 / Level I
		IAIC for Epicin 60mg	once	No 17 / Level I
		Eribulin: 1.4mg/ m <sup>2</sup>	on days 1 and 8, 21-day cycle	No 17 / Level I
	最近改版	2015/9/25		
Hormone therapy	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
	最近改版	2015/9/25		
Target therapy	處方內容	Docetaxel 75mg/m <sup>2</sup> +Herceptin 6~8 mg/kg	Q3WKLY (刪)	No 17 / Level I
		Perjeta 420~840mg +Herceptin 6~8 mg/kg + Docetaxel 75mg/m <sup>2</sup>	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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