

高雄榮民總醫院

肺癌診療原則

(小細胞癌)

2018年09月5日 第一版

肺癌醫療團隊擬訂

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 Practice Guideline in Oncology™ ,SCLC, **V.4.2018**

會議討論

上次會議：2017/05/10

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none">1. 一線處方Vincristine 無最大用藥量(p. 9)2. 二線處方無新增藥物 (p. 10)	<ol style="list-style-type: none">1. 一線處方增加Vincristine 的最大用藥量 (p. 9)2. 二線處方有增加Cisplatin 及Etoposide的藥物(p. 10)

小細胞肺癌

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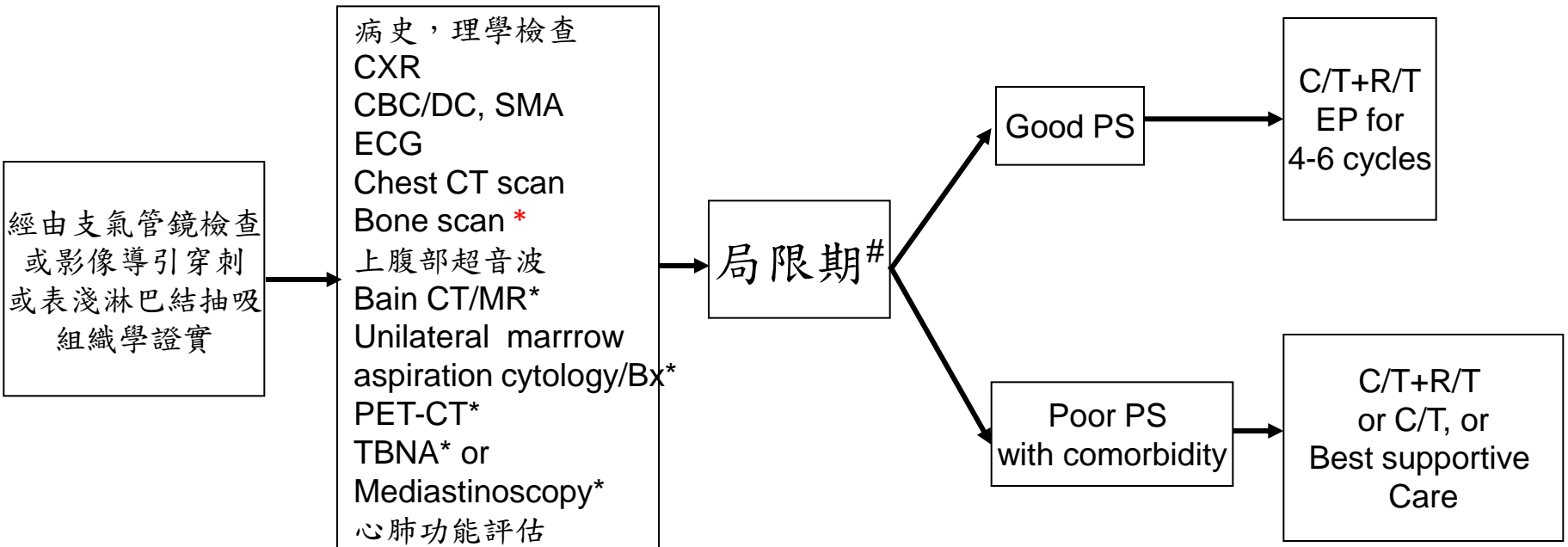
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診斷

初步評估

分期

初始治療



* Optional

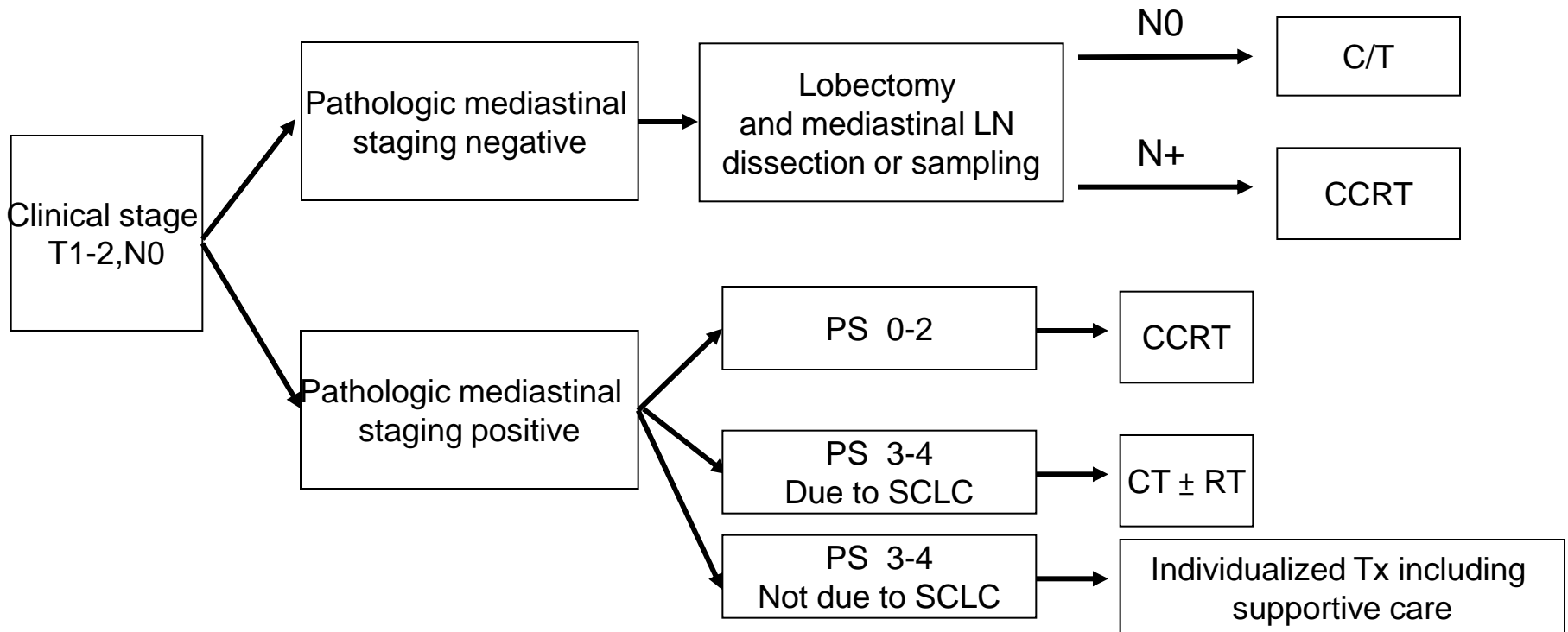
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分期	再評估	結果	治療
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* Optional

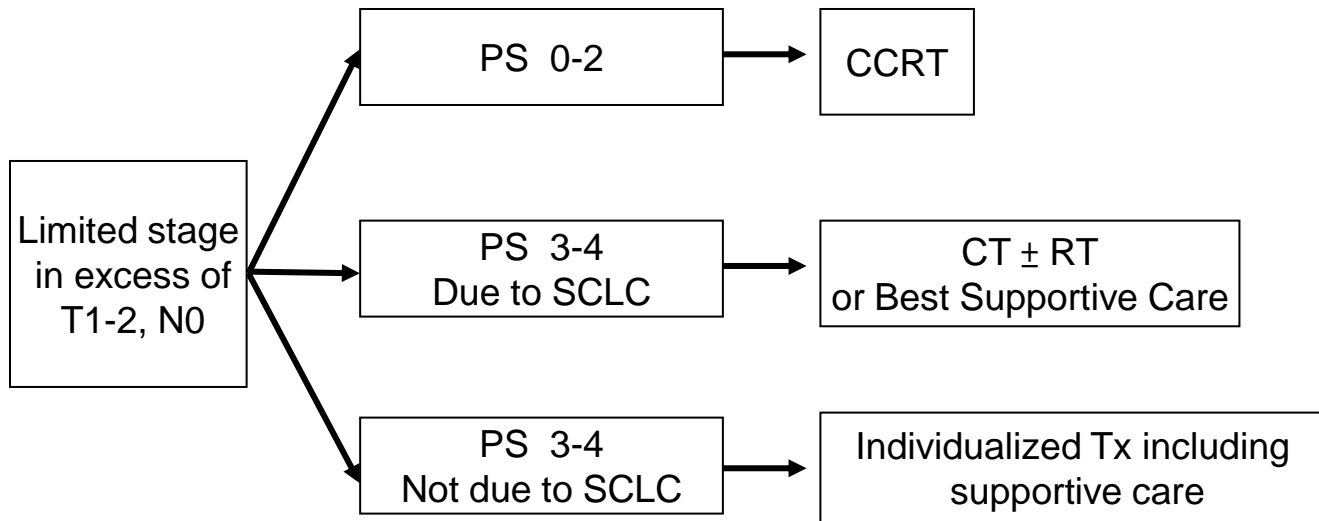
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分期	評估	治療
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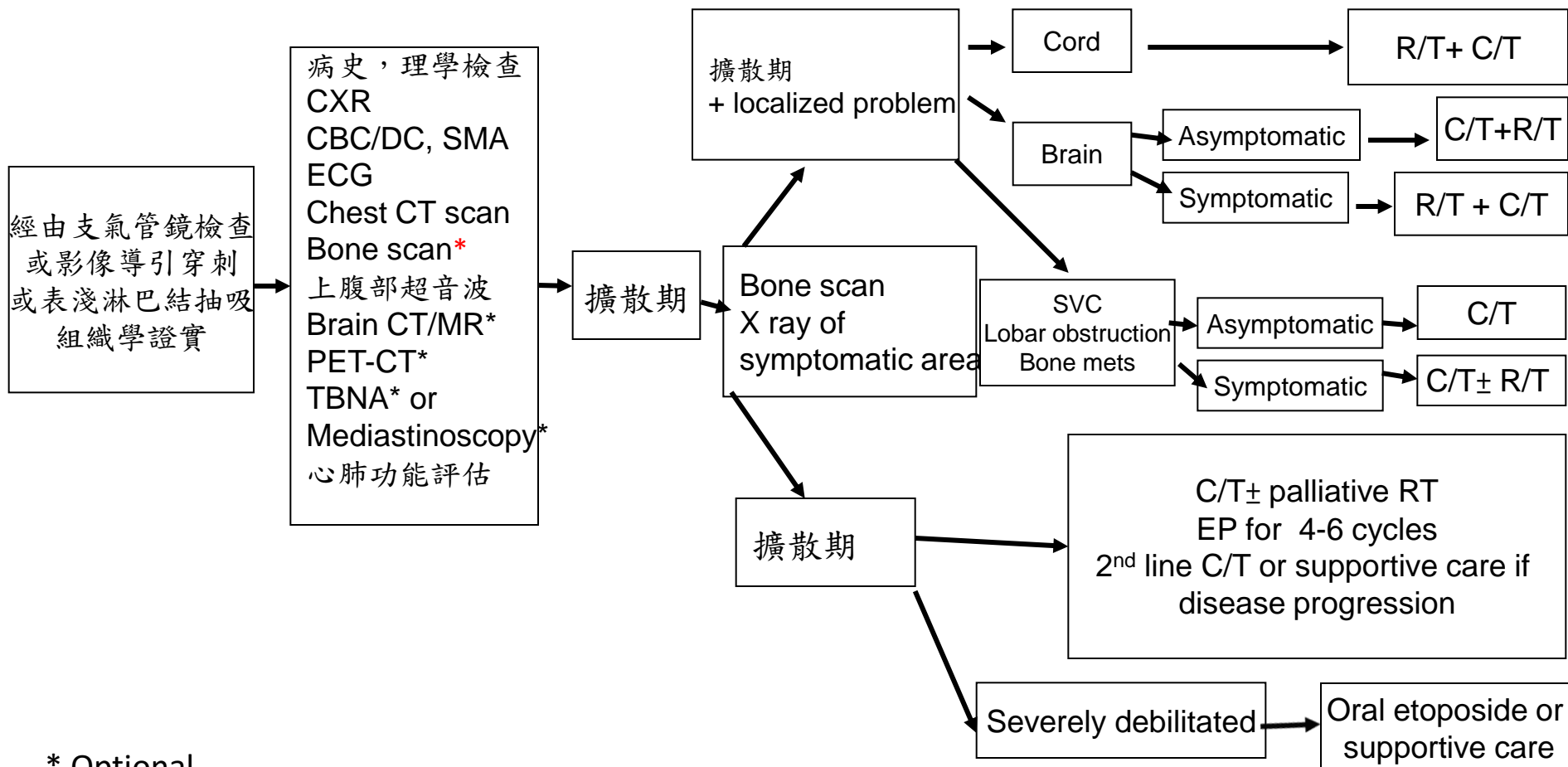
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診斷	初步評估	分期	進一步評估	初始治療
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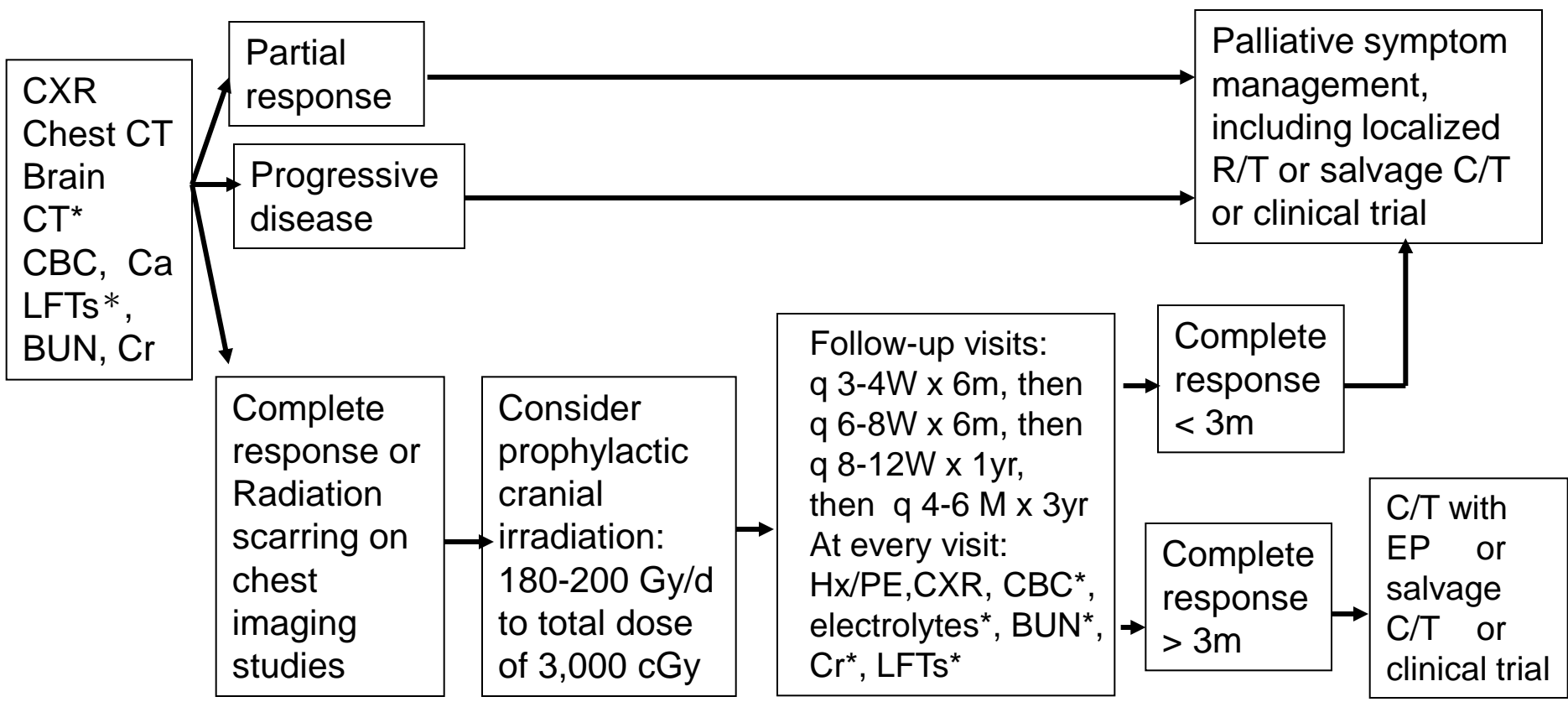
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初步治療後的反應評估	輔助治療	SURVEILLANCE	SALVAGE / PALLIATION
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•Optional

•# 擴散期：T any, N any, M1a/b; T3-4 due to multiple lung nodules

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一線化學治療處方

Published C/T Regimens	Schedule
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3	Q28 d x 4-6 cycles
Cisplatin 60 mg/m ² , IV, D1 Irinotecan 60 mg/ m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m ² , IV, D1 Doxorubicin 45 mg/ m ² IV, D1 Vincristine 1.4 mg/ m ² , IV, D1 (maximal 2 mg)	Q28 d x 4-6 cycles

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

二線化學治療處方

Published C/T Regimens	Schedule
Topotecan 1.2 mg/m ² , IV, D1-3	Q28 d x 4-6 cycles
Topotecan 2.3 mg/m ² , PO, D1-3	Q28 d x 4-6 cycles
Etoposide 120-150 mg/m ² , PO, D1~5	Q28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m ² , IV, D1 Doxorubicin 45 mg/ m ² IV, D1 Vincristine 1.4 mg/ m ² , IV, D1 (maximal 2 mg)	Q28 d x 4-6 cycles
Cisplatin 60-80 mg/m ² , IV, D1 Etoposide 60-80 mg/ m ² , IV, D1-3	Q28 d x 4-6 cycles
Paclitaxel 60 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Vinorelbine 25 mg/ m ² IV, D1,8,15	Q28 d x 4-6 cycles
Vinorelbine 60 mg/m ² , PO, D1,8	Q21 d x 4-6 cycles
Irinotecan 60 mg/m ² IV, D1,8,15	Q28 d x 4-6 cycles

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

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