

# 高 雄 榮 民 總 醫 院

## 肺癌診療原則

### ( 小 細 胞 癌 )

2019年03月06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：2018/09/05

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none"><li>肺功能評估及骨掃瞄檢查非 optional (p. 4)。</li><li>局限期，good PS，原為CT+RT (p. 4)。</li><li>無不手術SABR，之後 adjuvant CT的選擇 (p. 5)。</li><li>clinical stage T1-2N0, pathologic mediastinal staging positive, PS 3-4 due to small cell lung cancer, CT±RT (p. 6)。</li><li>骨掃瞄檢查非optional (p. 7)</li></ol>	<ol style="list-style-type: none"><li>肺功能評估及骨掃瞄檢查為 optional (p. 4)。</li><li>局限期，good PS，原本 CT+RT 改為 CCRT (p. 4)。</li><li>若不手術，考慮 SABR，之後 adjuvant CT (p. 5)。</li><li>clinical stage T1-2N0, pathologic mediastinal staging positive, PS 3-4 due to small cell lung cancer, 除了 CT±RT 外，多加了 best supportive care(p. 6)。</li><li>骨掃瞄檢查為 optional (p. 7)</li></ol>

# 小細胞肺癌

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臨床診療指引

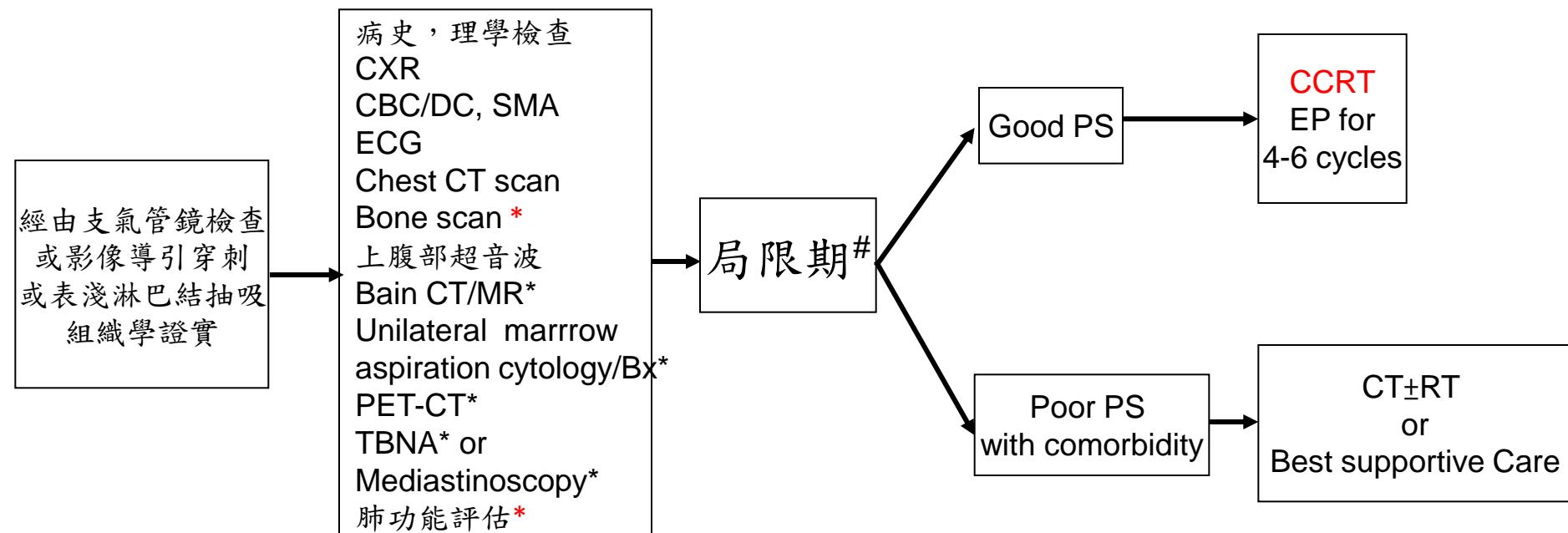
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診斷

初步評估

分期

初始治療



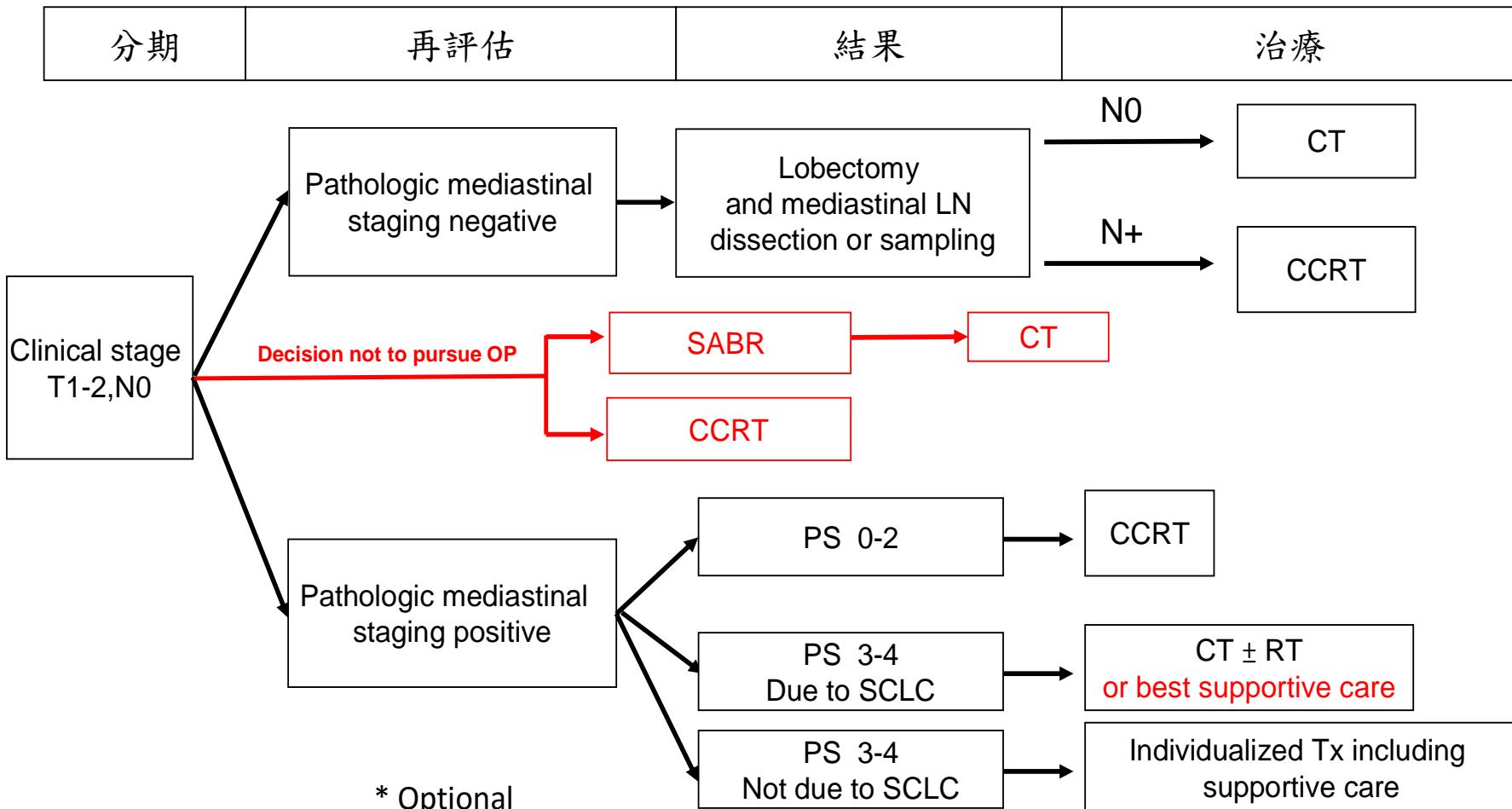
\* Optional

# 局限期 : T any, N any, M0; except T3-4 due to multiple lung nodules

# 小細胞肺癌

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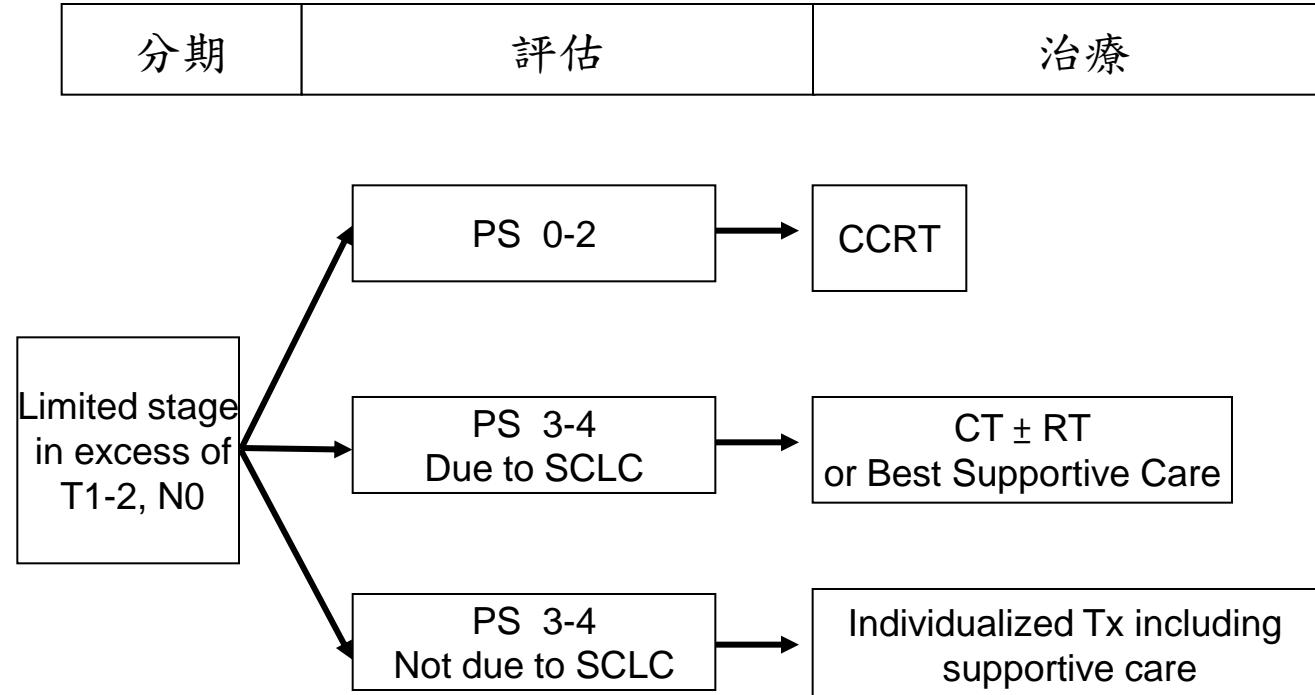


# 局限期 : T any, N any, M0; except T3-4 due to multiple lung nodules

# 小細胞肺癌

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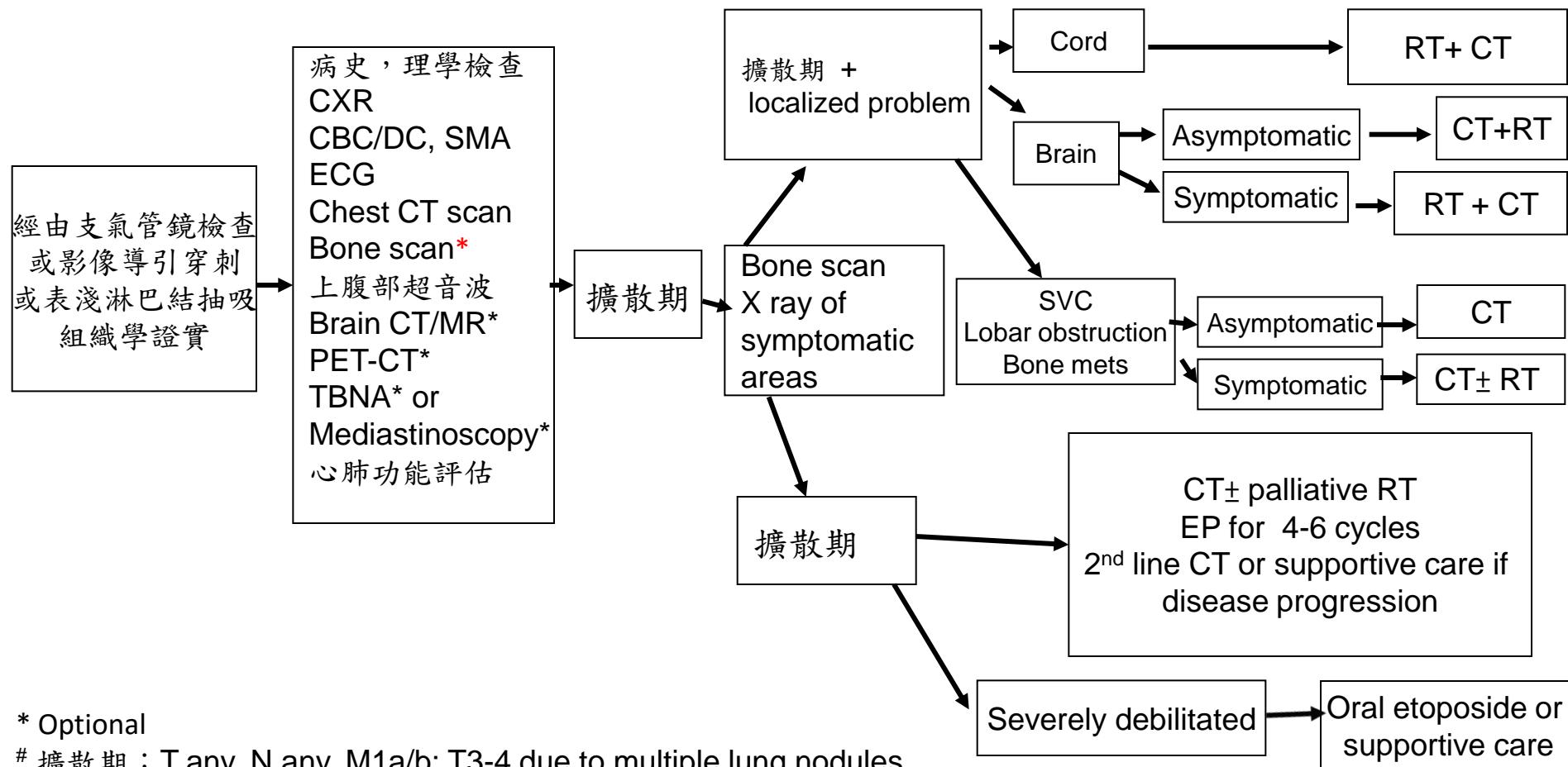
診斷

初步評估

分期

進一步評估

初始治療

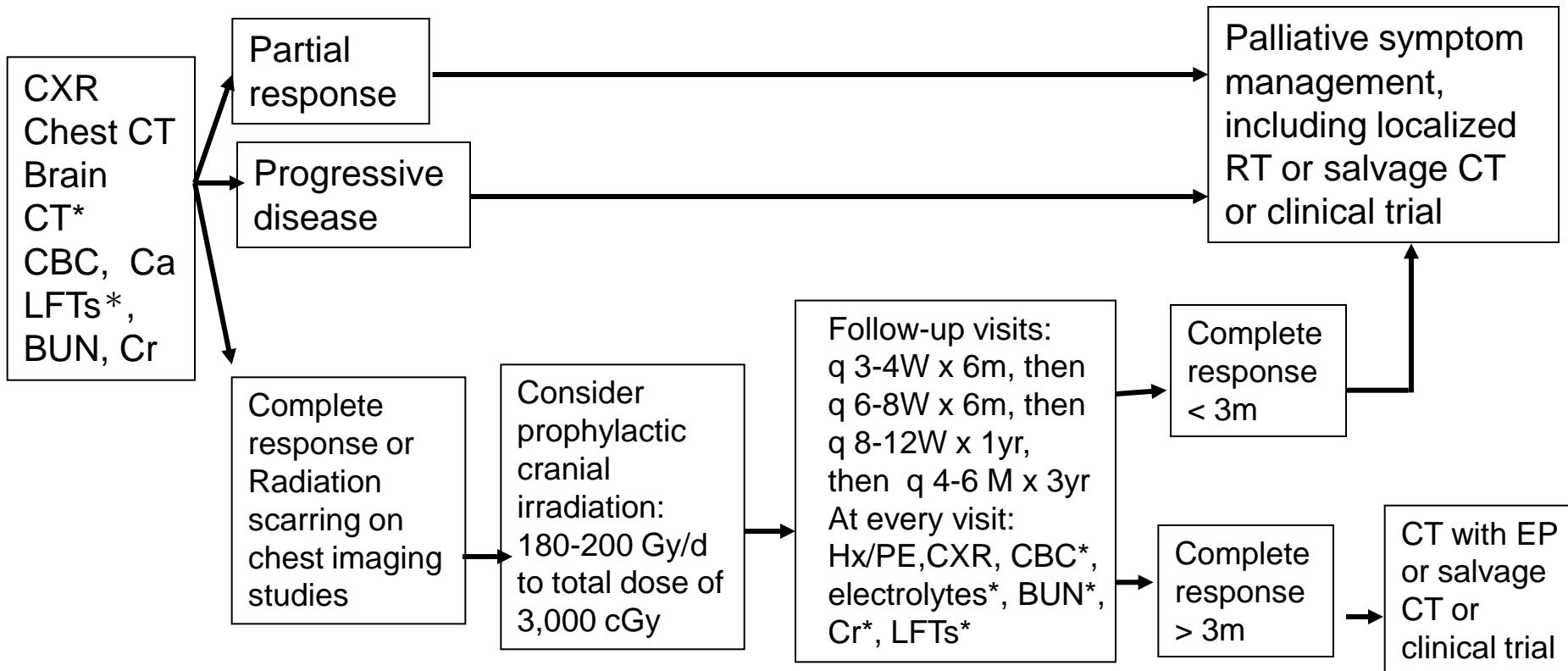


## 初步治療後的反應評估

## 輔助治療

## SURVEILLANCE

## SALVAGE / PALLIATION



## 一線化學治療處方

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