# 高 雄 榮 民 總 醫 院
# 子宮內膜癌診療指引

2019年01月17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 (Version 1. 2019)
  - 婦癌研究委員會(2011)，子宮內膜癌臨床指引：國家衛生研究院

# 會議討論

上次會議：2018/01/18

## 本共識與上一版的差異

| 上一版 | 新版 |
| --- | --- |
| 1. 在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。(p. 9)<br>2. 原線上有建置TEP:Taxol (payself) (175mg/m2) +Epirubicin (50mg/m2) +Carboplatin(AUC 5)/ Cisplatin(50mg/m$^2$)之化學治療處方。(p. 18)<br>3. 原線上建置之Weekly Topotecan(4mg/m2)化療處方及免疫療法Pembrolizumab (Keytruda)(200mg)未陳列診療指引中。(p. 18, 19)<br>4. 賀爾蒙治療使用原則未比照NCCN GUIDLINE優先順序呈現。(p. 20) | 1. 在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，改成建議切除輸卵管。(p. 9)<br>2. 刪除線上建置之TEP:Taxol (payself) (175mg/m2) +Epirubicin (50mg/m2) +Carboplatin(AUC 5)/ Cisplatin(50mg/m$^2$) 之化學治療處方。<br>3. 將線上建置之Weekly Topotecan(4mg/m2)化療處方及免疫療法Pembrolizumab (Keytruda)(200mg)增列呈現。(p. 18, 19)<br>4. 賀爾蒙治療使用原則比照NCCN GUIDLINE依優先順序呈現。(p. 20) |

# 高雄榮總婦產部 子宮內膜癌臨床治療指引 2010 New FIGO and TNM staging (AJCC 8th)

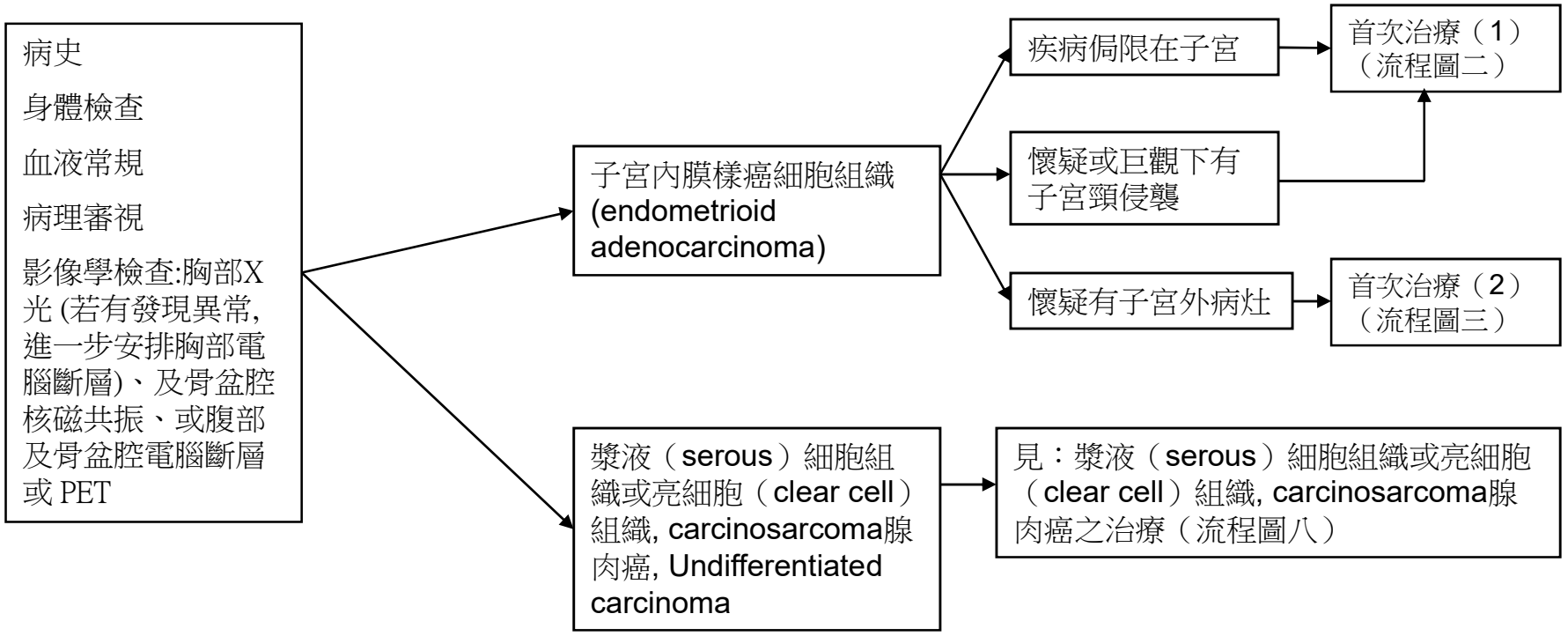
| **Primary Tumor (T)** | | |
|---|---|---|
| **T** | **FIGO** | **T Criteria** |
| TX | | Primary tumor cannot be assessed |
| T0 | | No evidence of primary tumor |
| T1 | I | Tumor confined to the corpus uteri, including endocervical glandular involvement |
| T1a | IA | Tumor limited to the endometrium or invading less than half the myometrium |
| T1b | IB | Tumor invading one half or more of the myometrium |
| T2 | II | Tumor invading the stromal connective tissue of the cervix but not extending beyond the uterus. Does NOT include endocervical glandular involvement. |
| T3 | III | Tumor involving serosa, adnexa, vagina, or parametrium |
| T3a | IIIA | Tumor involving the serosa and/or adnexa (direct extension or metastasis) |
| T3b | IIIB | Vaginal involvement (direct extension or metastasis) or parametrial involvement |
| T4 | IVA | Tumor invading the bladder mucosa and/or bowel mucosa (bullous edema is not sufficient to classify a tumor as T4) |

| Regional Lymph Node (N) | | |
|---|---|---|
| **N** | **FIGO** | **N Criteria** |
| NX | | Regional lymph nodes cannot be assessed |
| N0 | | No regional lymph node metastasis |
| N0 (i+) | | Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm |
| N1 | IIIC1 | Regional lymph nodes metastasis to pelvic lymph nodes |
| N1mi | IIIC1 | Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to pelvic lymph nodes |
| N1a | IIIC1 | Regional lymph node metastasis (greater than 2.0 mm in diameter) to pelvic lymph nodes |
| N2 | IIIC2 | Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes |
| N2mi | IIIC2 | Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes |
| N2a | IIIC2 | Regional lymph node metastasis (greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvie lymph nodes |

| Distant Metastasis (M) | | |
|---|---|---|
| **M** | **FIGO** | **M Criteria** |
| M0 | | No distant metastasis |
| M1 | IVB | Distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone).<br>(It excludes metastasis to pelvic or para-aortic lymph nodes, vagina, uterine serosa, or adnexa). |

| **STAGE GROUPS** | | | |
|---|---|---|---|
| **T** | **N** | **M** | **stage** |
| T1 | N0 | M0 | I |
| T1a | N0 | M0 | IA |
| T1b | N0 | M0 | IB |
| T2 | N0 | M0 | II |
| T3 | N0 | M0 | III |
| T3a | N0 | M0 | IIIA |
| T3b | N0 | M0 | IIIB |
| T1-T3 | N1/N1mi/N1a | M0 | IIIC1 |
| T1-T3 | N2/N2mi/N2a | M0 | IIIC2 |
| T4 | Any N | M0 | IVA |
| Any T | Any N | M1 | IVB |

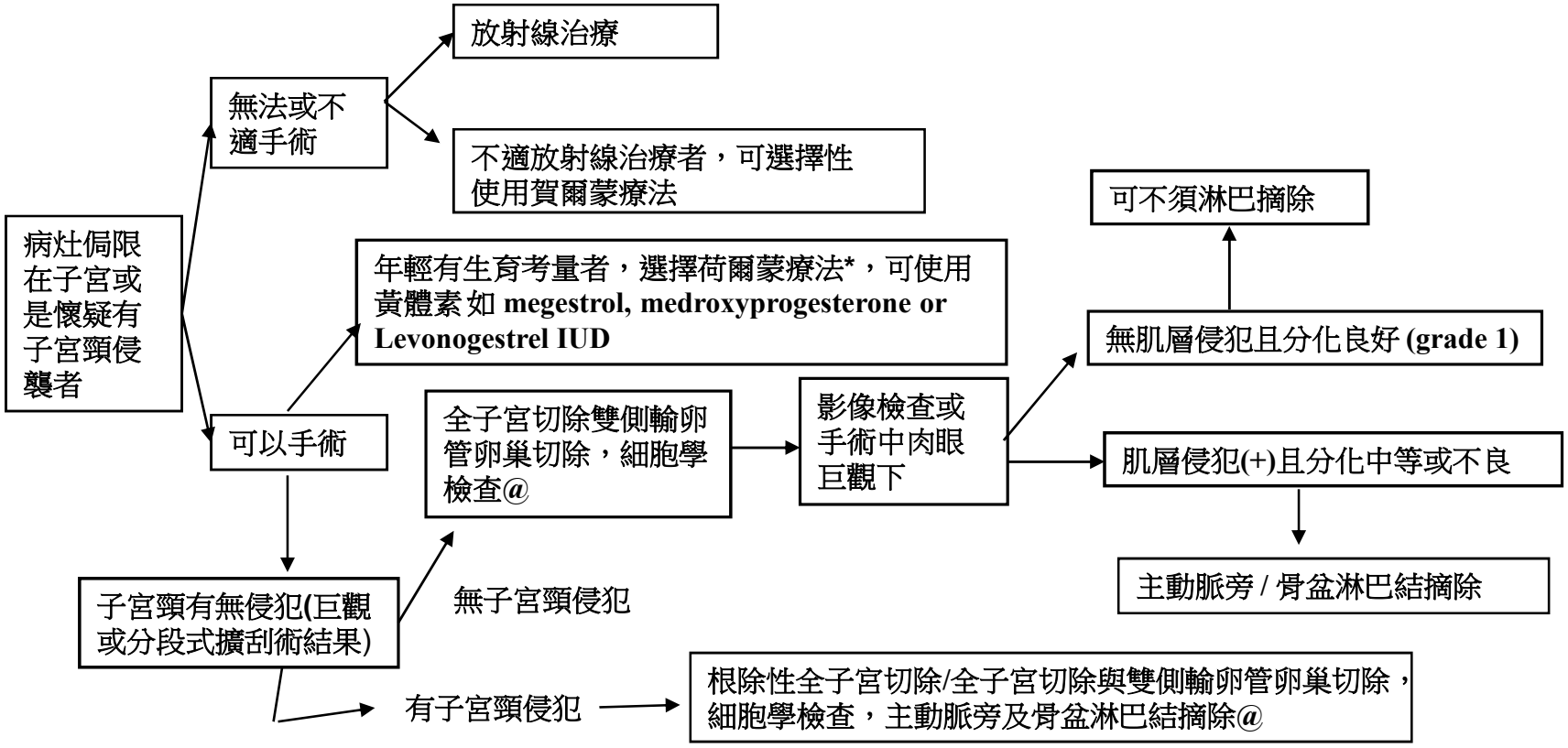
初步評估　　初步臨床發現




流程圖一

# 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)　　*與期別相關之主要檢查



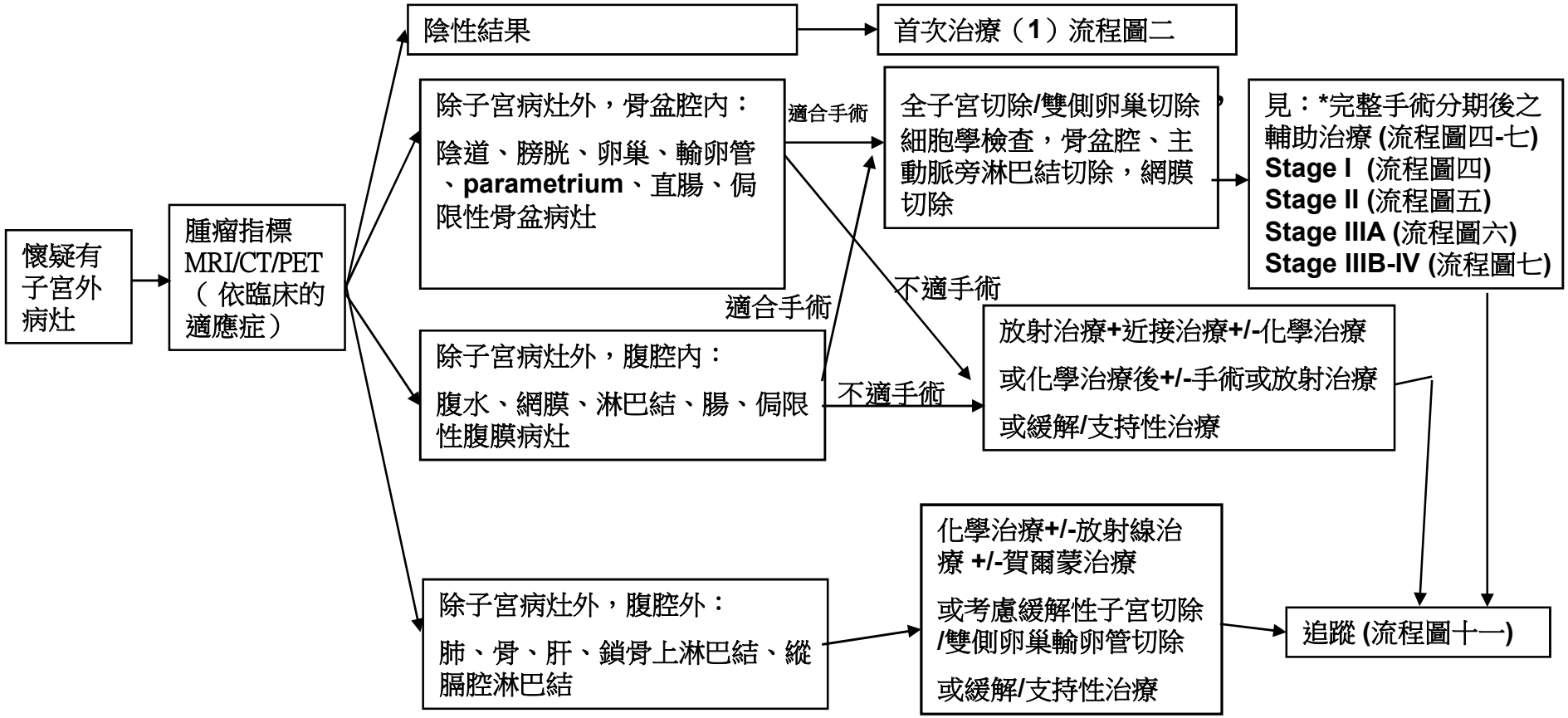

@: 卵巢是否全切抑或保留由臨床醫師視病情與年齡及病人意願決定, **<45 y/o**, 子宮肌肉層侵犯**<50%** 且為**grade I**，可考慮保留卵巢，建議 切除輸卵管。

＊ 影像檢查僅內膜病灶且細胞分化程度為**Grade 1**者

流程圖二

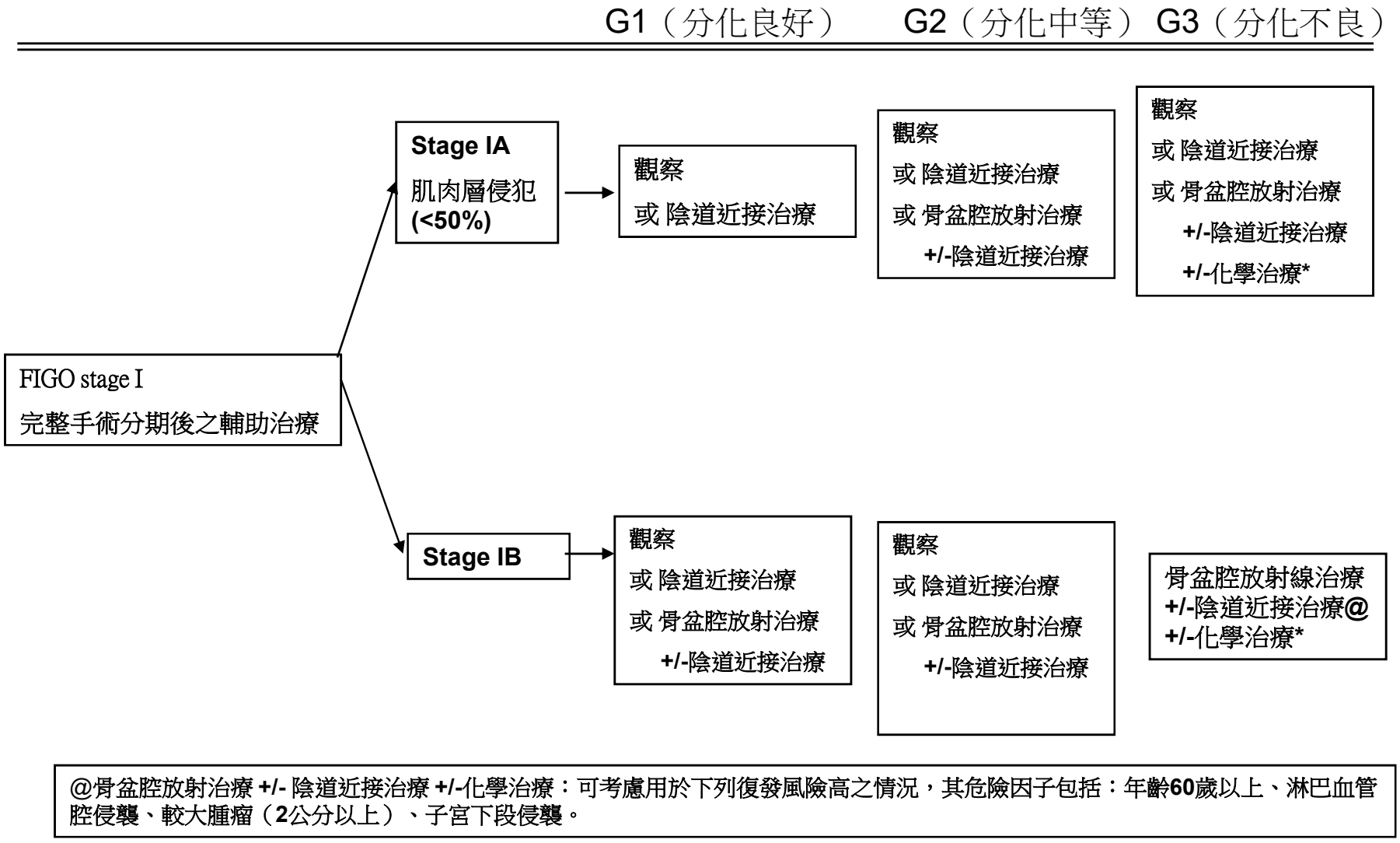
# 首次治療（2）

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*或電腦斷層*或正子掃描*, 腫瘤指標(CEA,CA-125,CA-199)　　*與期別相關之主要檢查




流程圖三

*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

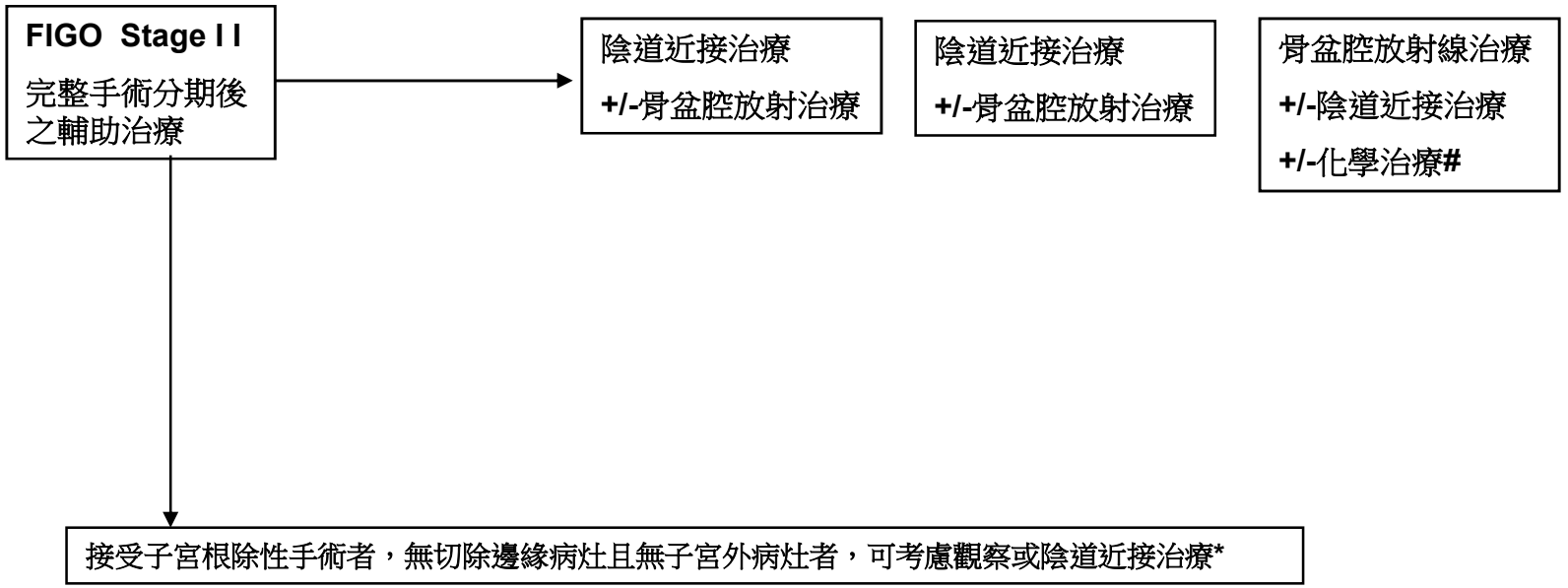



@骨盆腔放射治療 +/- 陰道近接治療 +/-化學治療：可考慮用於下列復發風險高之情況，其危險因子包括：年齡60歲以上、淋巴血管腔侵襲、較大腫瘤（2公分以上）、子宮下段侵襲。

＊：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

流程圖四

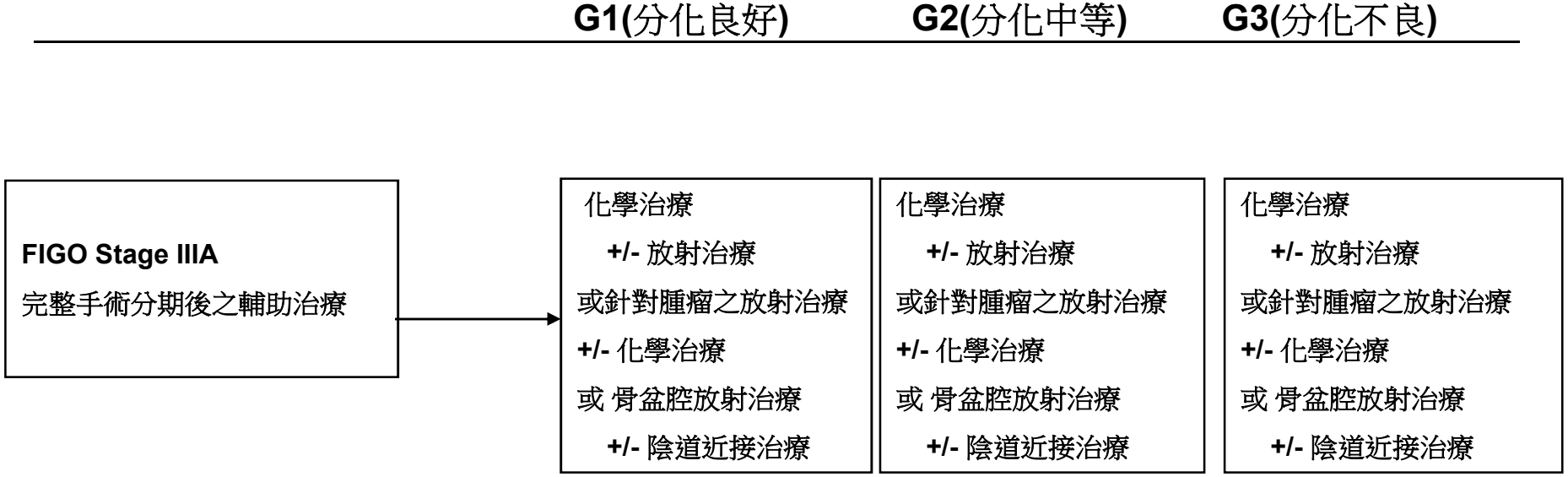
G1（分化良好）　G2（分化中等）G3（分化不良）




＊：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

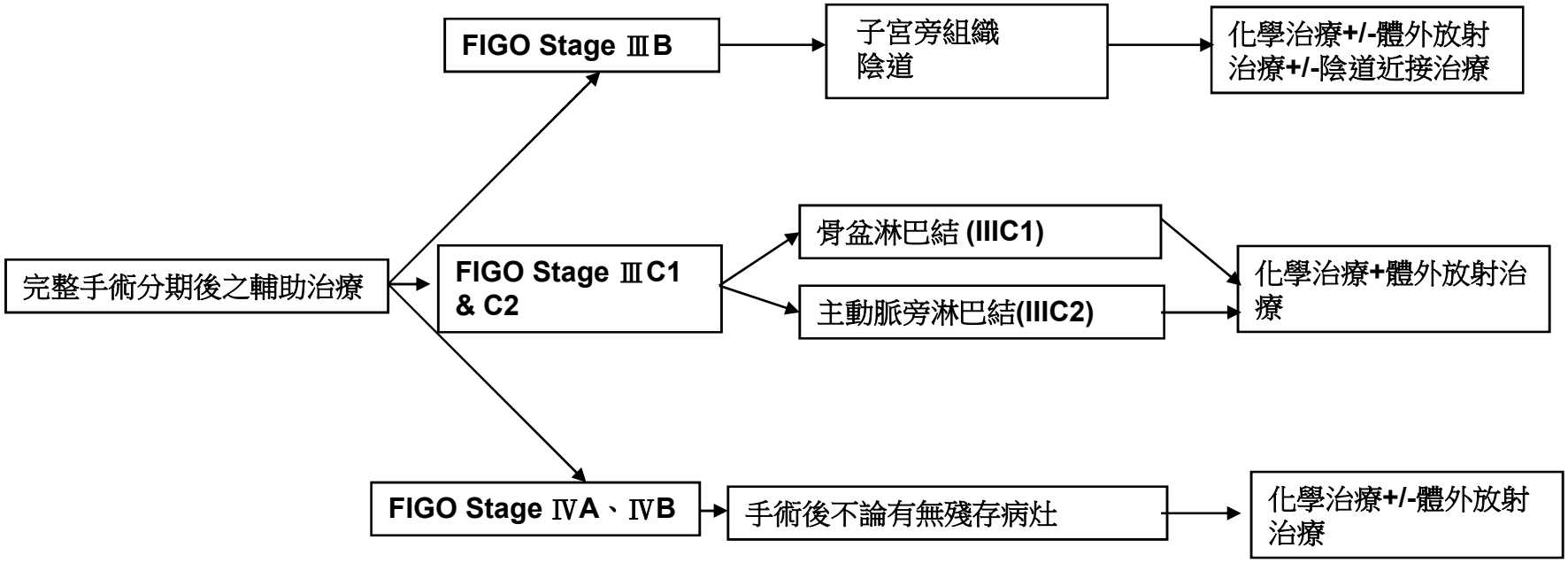
**#：尚未定論: 若年輕女性考慮生活品質想避免因放射治療引起的性功能障礙可考慮使用化學治療**

流程圖五


G1(分化良好)
G2(分化中等)
G3(分化不良)
FIGO Stage IIIA
完整手術分期後之輔助治療
化學治療
+/- 放射治療
或針對腫瘤之放射治療
+/- 化學治療
或 骨盆腔放射治療
+/- 陰道近接治療
化學治療
+/- 放射治療
或針對腫瘤之放射治療
+/- 化學治療
或 骨盆腔放射治療
+/- 陰道近接治療
化學治療
+/- 放射治療
或針對腫瘤之放射治療
+/- 化學治療
或 骨盆腔放射治療
+/- 陰道近接治療

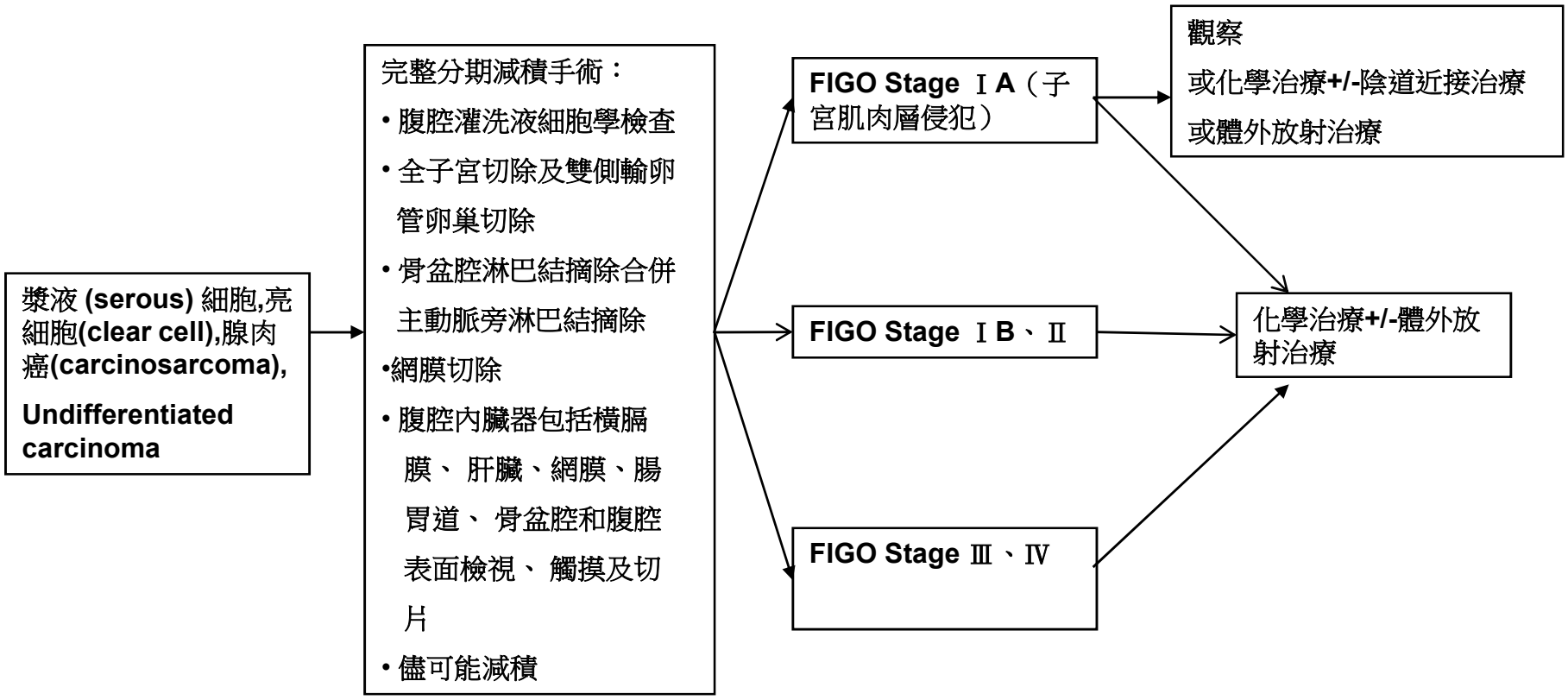
流程圖六

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

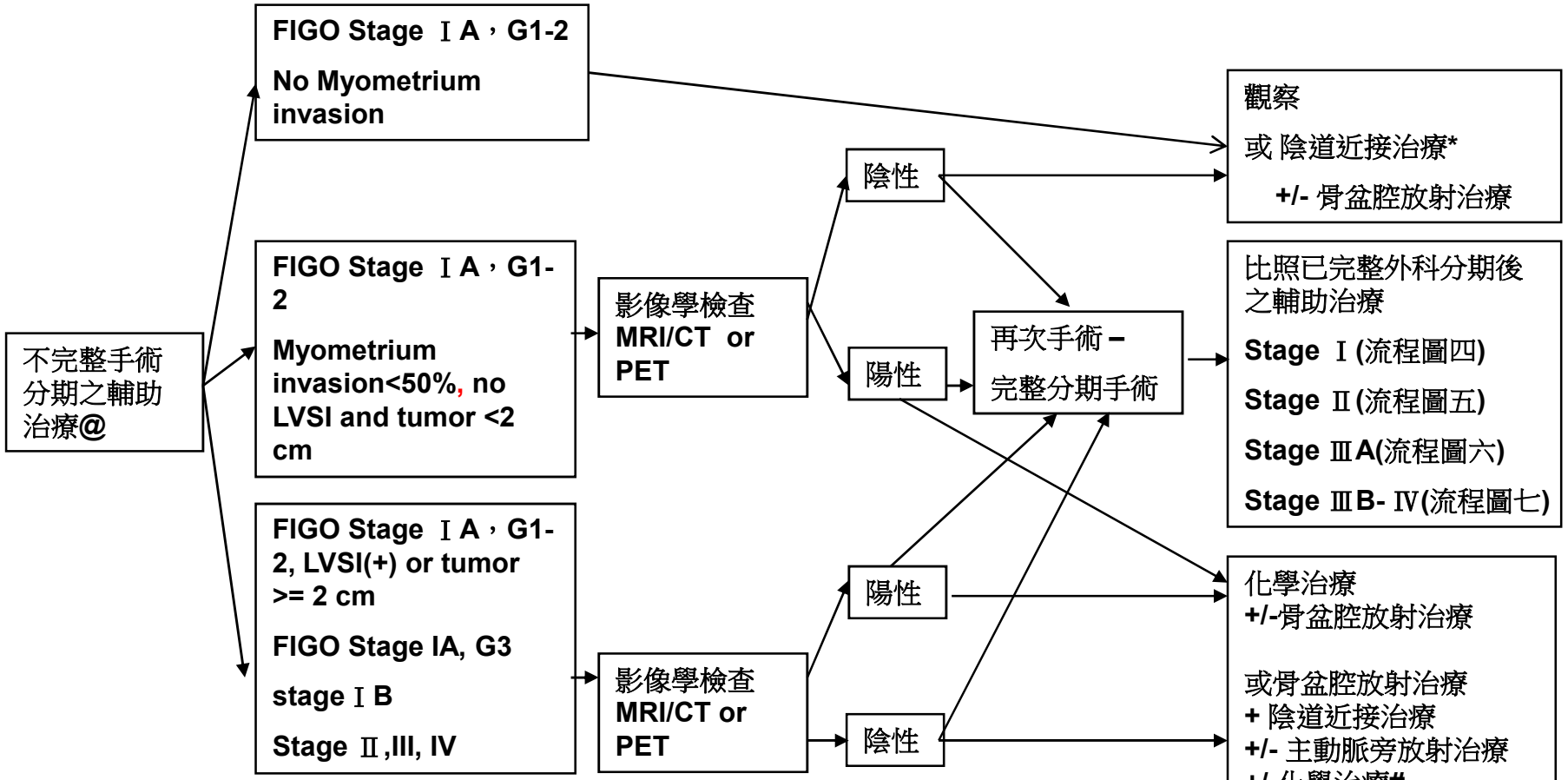
流程圖七


漿液 (serous) 細胞,亮細胞(clear cell),腺肉癌(carcinosarcoma),
Undifferentiated carcinoma
完整分期減積手術：
• 腹腔灌洗液細胞學檢查
• 全子宮切除及雙側輸卵管卵巢切除
• 骨盆腔淋巴結摘除合併主動脈旁淋巴結摘除
•網膜切除
• 腹腔內臟器包括橫膈膜、 肝臟、網膜、腸胃道、 骨盆腔和腹腔表面檢視、 觸摸及切片
• 儘可能減積
FIGO Stage ⅠA（子宮肌肉層侵犯）
FIGO Stage ⅠB、Ⅱ
FIGO Stage Ⅲ、Ⅳ
觀察
或化學治療+/-陰道近接治療
或體外放射治療
化學治療+/-體外放射治療

*：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



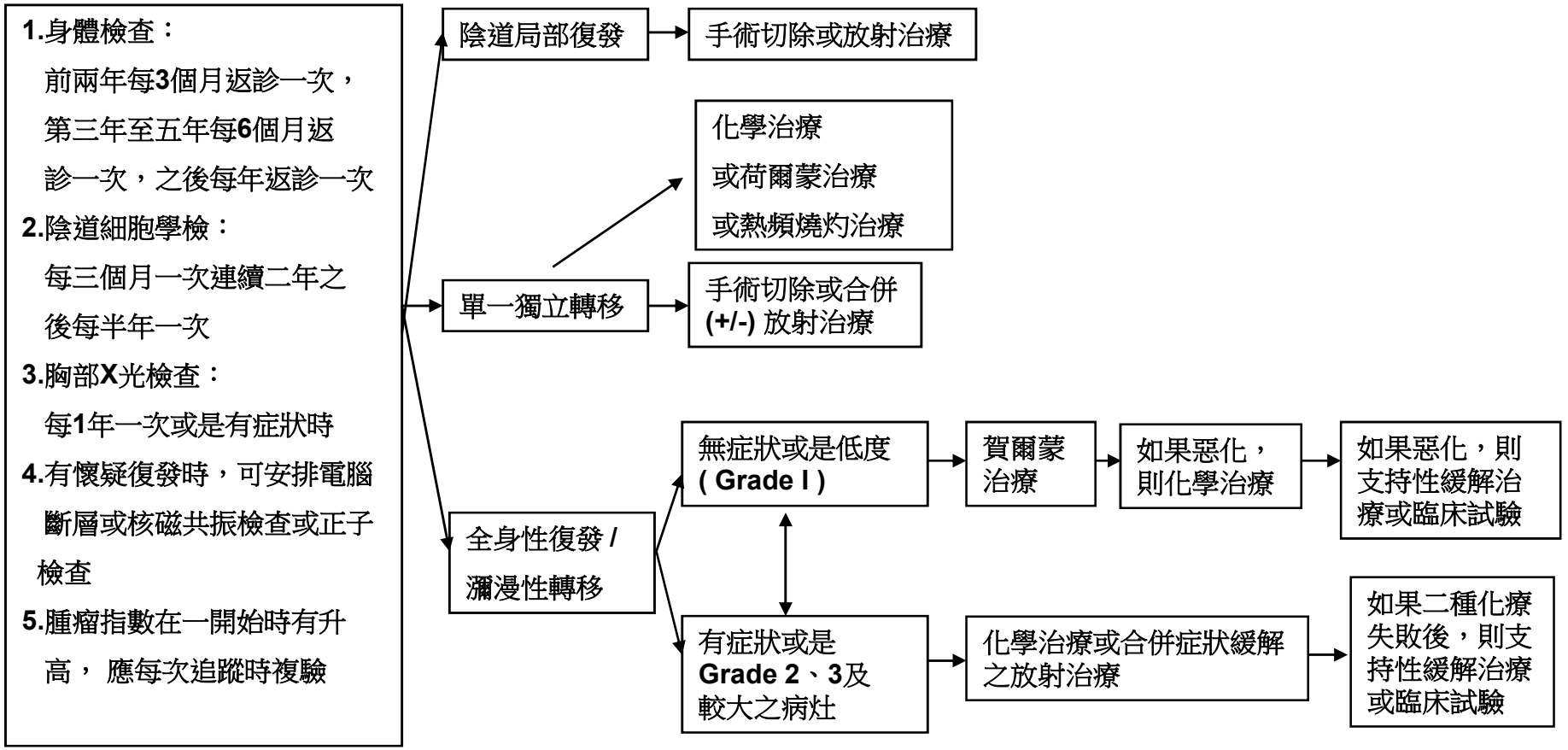

@腹腔鏡式全子宮切除後的不完整分期手術之輔助治療，另待學會公佈

**#**：尚未定論

***:** 腫瘤大小，年紀，腫瘤在下段

流程圖九

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

Taxol (payself)(175mg/m2)+Cisplatin(50mg/$m^2$) -Ccr.> 60ml/min (23)

2. PEI:（8）

Epirubicine(50mg/m2)+Carboplatin(AUC=5)+Ifosfamide+mesna(4gm/m2) - Ccr<60ml/min

Epirubicine(50mg/m2)+Cisplatin(50mg/$m^2$)+Ifosfamide+mesna(4gm/m2) -Ccr>60ml/min

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

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

4. PLD (payself) (30 mg/m2)+ Cisplatin(50mg/m2)-Ccr.> 60ml/min(32,33)

PLD (payself) (30 mg/m2)+ Carboplatin(AUC=5)-Ccr.< 60ml/min (32,33)

5. PLD (payself) (40 mg/m2) (32,33)

6. Weekly Topotecan（4mg/m2)(34)

7.Avastin (payself)(5~15mg/kg) (29)

化療使用原則(針對復發性、轉移性及高風險性)可使用以下配方

1.Taxol (payself)(175mg/m2)+Carboplatin(AUC 5)-Ccr.< 60ml/min
Taxol (payself)(175mg/m2)+Cisplatin(50mg/$m^2$) -Ccr.> 60ml/min (23)

2. PEI:(8)
Epirubicine(50mg/m2)+Carboplatin(AUC=5)+Ifosfamide+mesna(4gm/m2)
Epirubicine(50mg/m2)+Cisplatin(50mg/$m^2$)+Ifosfamide+mesna(4gm/m2)

3.Topotecan(0.75mg/m2) +Carboplatin(AUC=5)-Ccr.< 60ml/min (30,31)
Tpotecan(0.75mg/m2) +Cisplatin(50mg/m2)-Ccr.> 60ml/min

4. PLD (payself) (30 mg/m2)+ Cisplatin(50mg/m2)-Ccr.> 60ml/min(32,33)
PLD (payself) (30 mg/m2)+ Carboplatin(AUC=5)-Ccr.< 60ml/min (32,33)

5. PLD (payself) (40 mg/m2) (32,33)

6. Avastin (payself)(5~15mg/kg) (29)

7. Weekly Topotecan (4mg/m2)(34)

8. Pembrolizumab(Keytruda) (200mg) (35)

賀爾蒙治療使用原則可使用以下配方

Medroxyprogesterone acetate (Farlutal)  500mg 1# qd [27]
Megestrol 160 mg/qd
Levonorgestrel IUD ( For fertility sparing)
Letrozole 2.5mg 1# qd [28]
Tamoxifen 10mg 1# bid [26]

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