高 雄 榮 民 總 醫 院
口腔癌診療原則

2017年12月27日 第一版

頭頸癌醫療團隊擬訂

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。

會議討論

上次會議：2017/05/17

本共識與上一版的差異

上一版	新版
1. 未公告AJCC 8th 2. 未公告Depth of invasion。 3. 無Adverse features：pT3 or pT4 primary 4. Positive margin優先考慮Re-resection, RT or CRT。 5. 未標示M1之治療指引及第一線C/T 6. 未區分Induction, salvage or adjuvant 化療處方。 7. 無免疫療法之選項	1. Staging部分遵循AJCC 8th edition，因此移除ENE為adverse feature的部分 2. 新增Depth of invasion ≥ 4mm，考慮Elective neck dissection(p2) 3. 新增Adverse features：pT3 or pT4 primary (p2) 4. Positive margin優先考慮CRT ，其次re-resection(p3) 5. 新增M1治療指引及第一線C/T(p1、5) 6. 將salvage C/T併入M1之化療處方(p10-11) 7. 新增免疫療法regimen (Pembrolizumab、Nivolumab)(p11)

Carcinoma of Oral Cavity

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WORK-UP

- History & PE
- Biopsy & Pathology
- Image
  - → MRI or CT of H & N
  - → Chest X-ray
  - → Bone scan
  - → Abd. Sono
  - → ± Neck Sono
  - → ± PET scan
- Dental evaluation
  - → Panorex
  - → ± teeth extraction
- Multidisciplinary consultation

± Swallowing evaluation

- p16 status

STAGING & TREATMENT

- [T1-2, N0, M0]

  詳見 *Page 2*
- [T3, N0; T1-3, N1-3; T4a-resectable T4b, any N, M0]

  詳見 *Page 3*
- Inoperable status

  詳見 Page 4
- [M1]

  詳見Page 5

FOLLOW-UP

- [Post-Tx within 6 months]
  - → Every 1-2 months: PE
  - → Baseline MRI or CT
  - → ± Neck Sono
- [0.5-3 years after Tx]
  - → Every 2-3 months: PE
  - → Every 1 year:

H & N MRI or CT, CxR, Bone scan & Abd. Sono ± Neck Sono

As clinically indicated

- [3-5 years after Tx]
  - → Every 4-6 months: PE
- [5 years later after Tx]
  - → Every 6-12 months:

    Physical exam

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Clinical T1-2, N0, M0

Primary treatment

Resection of primary ± ND, unil. or bil.#

Pathological features	Adjuvant Treatment
Adverse features*(-), N0	Follow-up
Positive margin	Re-resection, RT or CRT註1-2 (T2 only)
Adverse features(-), N1	RT註1 or follow-up
ENE(Extranodal extension)	CRT or RT註1-2 or follow-up
Other adverse features(+)	RT or CRT註1-2 or follow-up

Definite RT$, 註1

Residual disease	Surgery
Complete clinical response	Follow-up

#~~Tumor thickness ≥5mm~~ Depth of invasion ≥ 4mm 可考慮Elective neck dissection (依cN status、腫瘤厚度及位置而定) 或close follow-up

*Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion.

$ RT: external beam RT(EBRT) ± brachytherapy or brachytherapy alone

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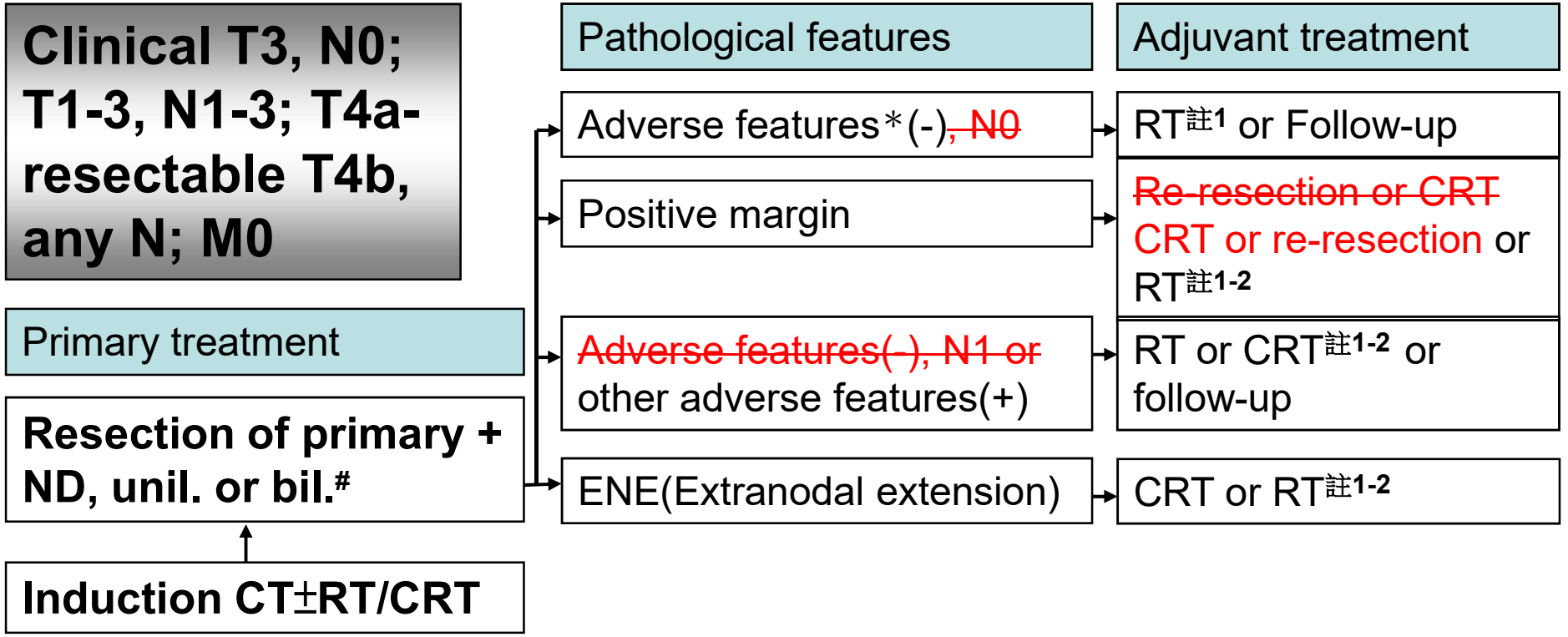

＃Therapeutic neck dissection, level依cN status及腫瘤位置而定

＊Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion

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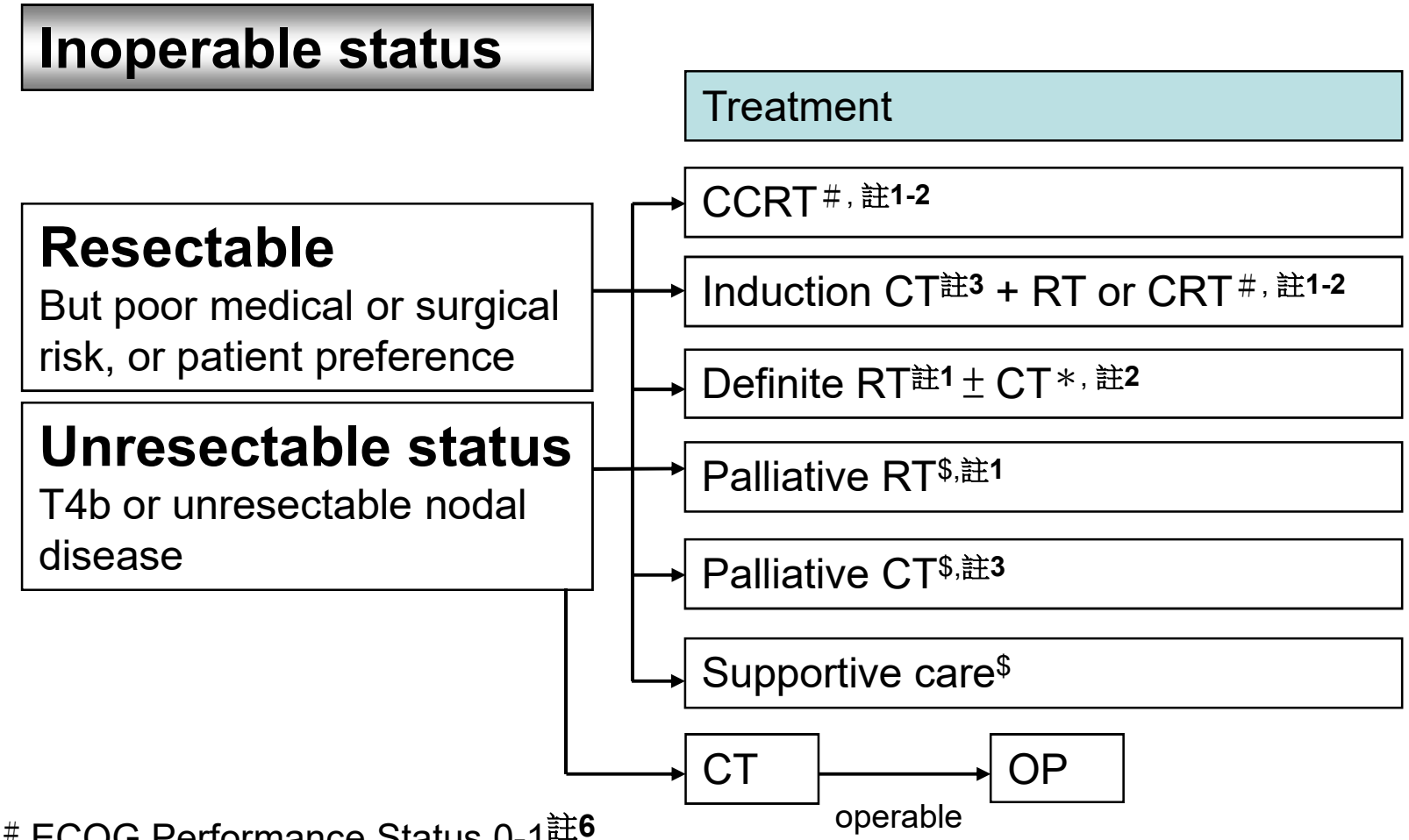

ECOG Performance Status 0-1註6

* ECOG Performance Status 2

$ ECOG Performance Status 3

Carcinoma of Oral Cavity

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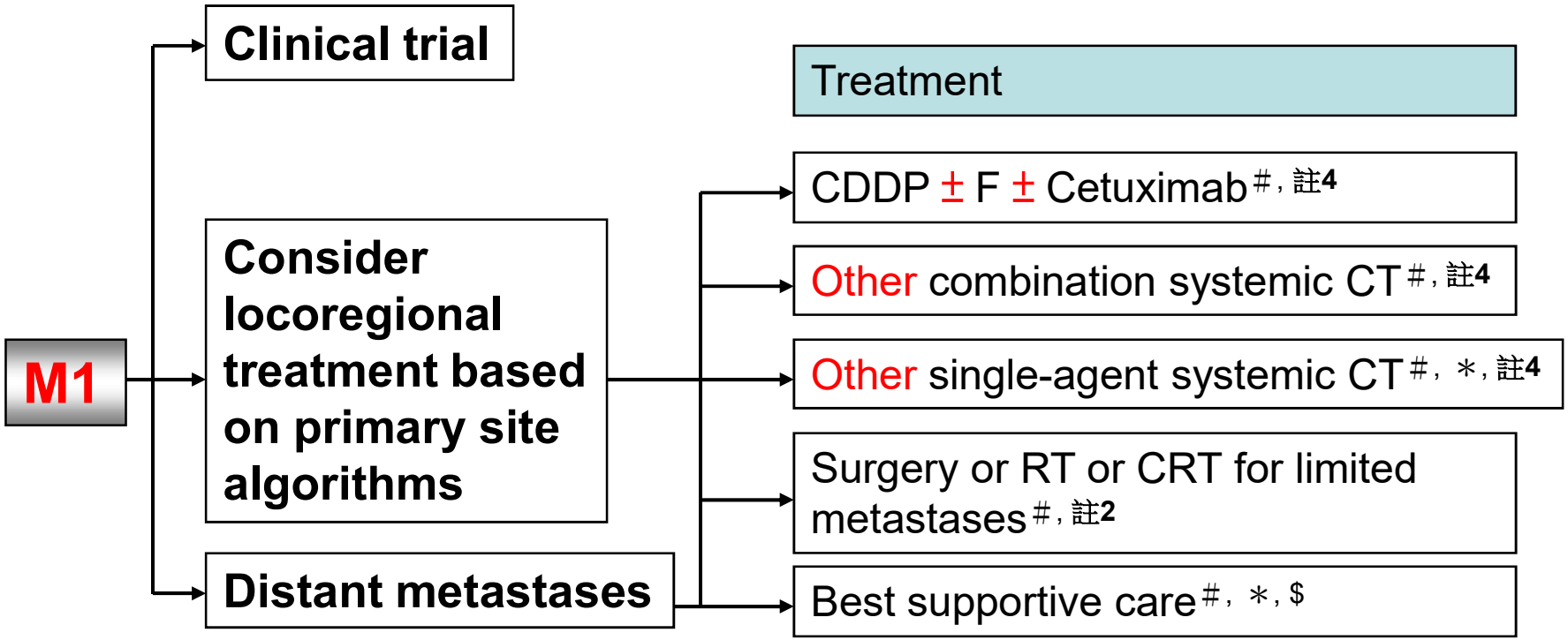

ECOG Performance Status 0-1 註6
* ECOG Performance Status 2
$ ECOG Performance Status 3

Carcinoma of Oral Cavity

註1

Principles of Radiotherapy

Definitive Radiotherapy

- Primary and gross adenopathy：66 - 74 Gy (1.8-2.0 Gy/fraction)
- Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fractions)

Postoperative Radiotherapy

- Preferred interval between operation and radiotherapy is ≤ 6 weeks.
- Primary：60-66 Gy (1.8-2.0 Gy/fraction)
- Neck involved nodal stations：60 - 66 Gy (1.8-2.0 Gy/fraction)
- Neck uninvolved nodal stations：44 - 64 Gy (1.6-2.0 Gy/fraction)

Palliative RT

- Indicated in：relieve local symptoms, prevent debilitation such as spinal cord compression and pathological fracture, achieve durable locoregional control.

CCRT or RT

- RT alone if：old age, impaired renal function, poor condition or refused chemotherapy

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註2 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 7 (**Ref. 8-13)***

Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab註5 + RT

•Cisplatin (80-100mg/ m^2) q3w during R/T

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Cisplatin (80-100mg/ m^2) q3w D2 during R/T

Regimen 2: Weekly CDDP ± Cetuximab註5 + RT

•Cisplatin (30-40mg/ m^2) weekly during R/T

•Cetuximab(400mg/ m^2) loading dose first week, and then Cisplatin (30-40mg/ m^2) weekly D1 + Cetuximab(250mg/ m^2) maintain dose D2 during R/T

Regimen 3: q3w Carboplatin註5 ± Cetuximab註5 + RT

•Carboplatin (AUC x 5mg) q3w during R/T

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

Regimen 4: Weekly Cetuximab註5 + RT

•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose during RT

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註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於2017.12.27 *Page 8 (**Ref. 8-13**)*

Regimens of Chemotherapy

Induction~~, salvage~~ or adjuvant, *建議2-3cycles*

Regimen 1: q3-4 weeks T[註5] + P ± F ± weekly Cetuximab[註5]

- Taxotere(60 mg/ m^2) D1
- Cisplatin(60-75 mg/ m^2) D1
- Fluorouracil (5-FU) (600-750mg/m^2) D2-D5
- Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose

Regimen 2: P ± F q3-4 weeks ± weekly Cetuximab[註5]

- Cisplatin(80-100mg/ m^2) D1
- Fluorouracil (5-FU) (1000mg/ m^2) D2-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 3: q3-4 weeks CDDP ± F ± weekly Cetuximab[註5]

- Cisplatin (20mg/ m^2) D1-D5
- Fluorouracil (5-FU) (1000mg/m^2) D1-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

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Regimens of Chemotherapy

Induction~~, salvage~~ or adjuvant, *建議2-3cycles*

Regimen 4: q3-4 weeks Carboplatin註5 ± F ± weekly Cetuximab註5

•Carboplatin (AUC x 5mg) D1
•Fluorouracil (5-FU) (1000mg/ m^2) D2-D5
•Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 5: weekly Cetuximab註5

•Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose

Regimen 6: oral Fluorouracil

•Ufur cap (tegafur 100mg+uracil 224mg) 2# BID-TID
(Salvage or palliative CT中作為取代iv-formed 5-FU之替代藥物)

Regimen 7: weekly Methotrexate

•Methotrexate (40-60mg/ m2)

Carcinoma of Oral Cavity

註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 10 (**Ref. 14-22**)*

Regimens of Chemotherapy

Recurrent, unresectable, metastatic

Regimen 1: q3-4 weeks CDDP ± F ± weekly Cetuximab[註5]

- Cisplatin(80-100mg/ m2) D1 or Cisplatin (20mg/ m2) D1-D5
- Fluorouracil (5-FU) (600-1000 mg/m2) D2-D5
- Cetuximab(400mg/ m2) loading dose first week, then weekly Cetuximab (250mg/ m2)

Regimen 2: q3-4 weeks Carboplatin ± F ± weekly Cetuximab[註5]

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ m^2) D2-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 3: q3-4 weeks T ± P ± weekly Cetuximab[註5]

- Taxotere(60 mg/ m^2) D1
- Cisplatin(60-75 mg/ m^2) D1
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

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註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2017.12.27 *Page 11 (**Ref. 14-22**)*

Regimens of Chemotherapy

Recurrent, unresectable, metastatic

Regimen 4: q3-4 weeks T ± Carboplatin ± weekly Cetuximab[註5]

- Taxotere(60 mg/ m^2) D1
- Carboplatin (AUC x 5mg) D1
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 5: q3 weeks Pembrolizumab

- Pembrolizumab(200mg) D1

Regimen 6: q2 weeks Nivolumab

- Nivolumab(3mg/kg) D1

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特殊用藥健保給付規定

Taxotere

- 頭頸部癌，限局部晚期且無遠端轉移之頭頸部鱗狀細胞癌且無法手術切除者。
- 與Cisplatin 及5-FU 併用，作為放射治療前的引導治療，限使用四個療程。

Cetuximab

- 限與放射線療法合併使用於局部晚期之口咽癌、下咽癌及喉癌患者，且符合下列條件之一：

1.年齡 ≧ 70 歲
2.Ccr ＜50ml/min
3.聽力障礙者 (聽力障礙定義為500Hz、1000Hz、2000Hz 平均聽力損失大於25 分貝)
4.無法耐受platinum-based 化學治療。

- 使用總療程以接受8 次輸注為上限。
- 需經事前審查核准後使用。

Carboplatin

- 限腎功能不佳 (CCr < 60) 或曾作單側或以上腎切除之惡性腫瘤患者使用。

Carcinoma of Oral Cavity

Eastern Cooperative Oncology Group (ECOG) Performance Status

Grade	Description	Suggestion
0	Normal activity fully ambulatory (無症狀)	按照標準化療評估及療程。
1	Symptoms, but nearly fully ambulatory (有症狀，完全步行，但對生活無影響)	按照標準化療評估及療程。
2	Some bed time, but needs to be in bed less than 50% of normal daytime (躺在床上的時間<50%)	按照標準化療評估及療程。
3	Needs to be in bed more than 50% of normal daytime (躺在床上的時間>50%)	可視情況考慮停止化學治療。
4	Unable to get out of bed (長期完全臥床)	建議停止化學治療。
5	Dead	

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