

# 高雄榮民總醫院

## 肺癌診療原則

(小細胞癌)

2020年02月12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。

# 肺癌（非小細胞癌）診療原則

- 本共識依下列參考資料修改版本
  - NCCN Clinical Practice Guideline in Oncology™, SCLC, **V.2.2020**

# 會議討論

上次會議：2019/03/06

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none"><li>1. 局限期的分期原未寫分期(p. 5)。</li><li>2. 局限性手術(加縱膈腔淋巴結廓清)，若LN為0，術後輔助化療為CCRT(p. 5)。</li><li>3. 擴散期的初始治療無± IO方面治療(p. 7)。</li><li>4. 一線化學治療處方，schedule 為q28 (p.9)。</li><li>5. Cisplatin+Irinotecan 的 cisplatin dose 為 Cisplatin 60mg/m<sup>2</sup>, IV, D1 (p.9)。</li><li>6. 上一版無下列 regimen (p.9)<ol style="list-style-type: none"><li>a. Cisplatin 60-80 mg/m<sup>2</sup>, IV, D1 + Etoposide 60-80 mg/ m<sup>2</sup>, IV, D1-3 + Atezolizumab 1,200 mg IV,D1, Q21-28 d x 4 cycles , Followed by maintenance atezolizumab q21-28d 。</li><li>b. Cisplatin 60-80 mg/m<sup>2</sup>, IV, D1 + Etoposide 60-80 mg/ m<sup>2</sup>, IV, D1-3 + Durvalumab 1,500 mg IV,D1, Q21-28 d x 4-6 cycles, Followed by maintenance durvalumab q21-28d 。</li></ol></li></ol>	<ol style="list-style-type: none"><li>1. 新增局限期的<b>Clinical stage</b> (p. 5)。</li><li>2. 局限性手術(加縱膈腔淋巴結廓清)，若LN為0，術後輔助化療更改為<b>CT+RT</b> (p. 5)。</li><li>3. 擴散期的初始治療加上 ± IO* 及註解 *<b>Atezolizumab or Durvalumab</b> (p.7)。</li><li>4. 一線化學治療處方，schedule 修正為 <b>q21-28</b>(p.9)。</li><li>5. Cisplatin+Irinotecan 的 cisplatin dose 更改為 <b>Cisplatin 60-80 mg/m<sup>2</sup>, IV, D1</b>(p.9)。</li><li>6. 新增兩個 regimen (p.9)。<ol style="list-style-type: none"><li>a. <b>Cisplatin 60-80 mg/m<sup>2</sup>, IV, D1 + Etoposide 60-80 mg/ m<sup>2</sup>, IV, D1-3 + Atezolizumab 1,200 mg IV,D1, Q21-28 d x 4 cycles , Followed by maintenance atezolizumab q21-28d 。</b></li><li>b. <b>Cisplatin 60-80 mg/m<sup>2</sup>, IV, D1 + Etoposide 60-80 mg/ m<sup>2</sup>, IV, D1-3 + Durvalumab 1,500 mg IV,D1, Q21-28 d x 4-6 cycles, Followed by maintenance durvalumab q21-28d 。</b></li></ol></li></ol>

# 小細胞肺癌

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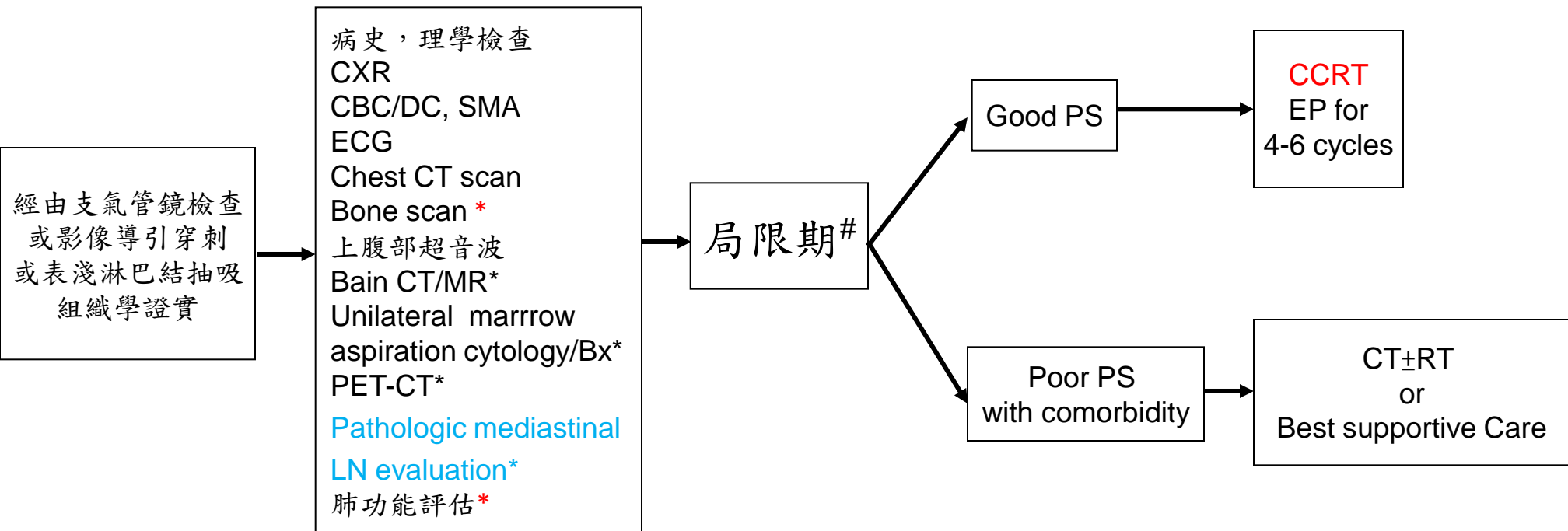
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診斷

初步評估

分期

初始治療



\* Optional

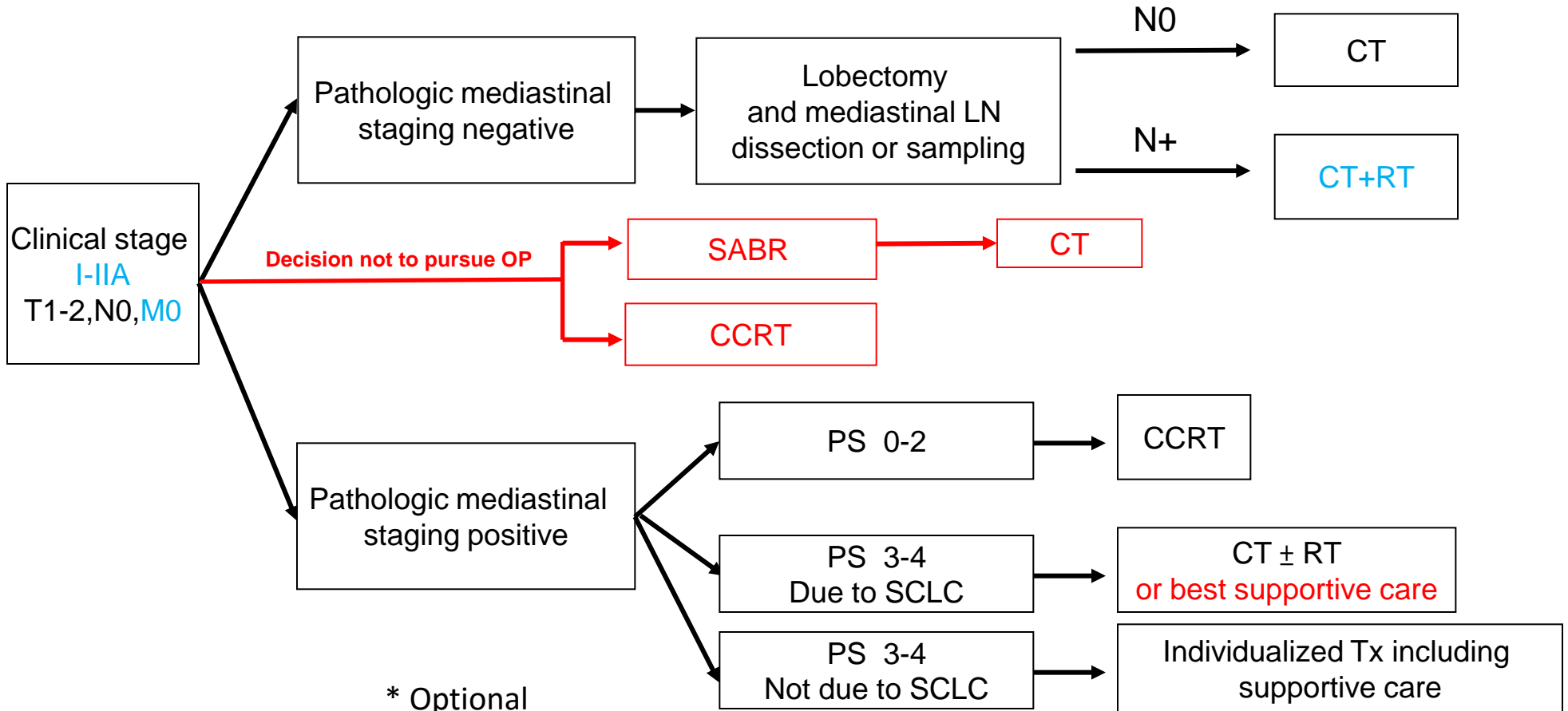
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分期	再評估	結果	治療
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\* Optional

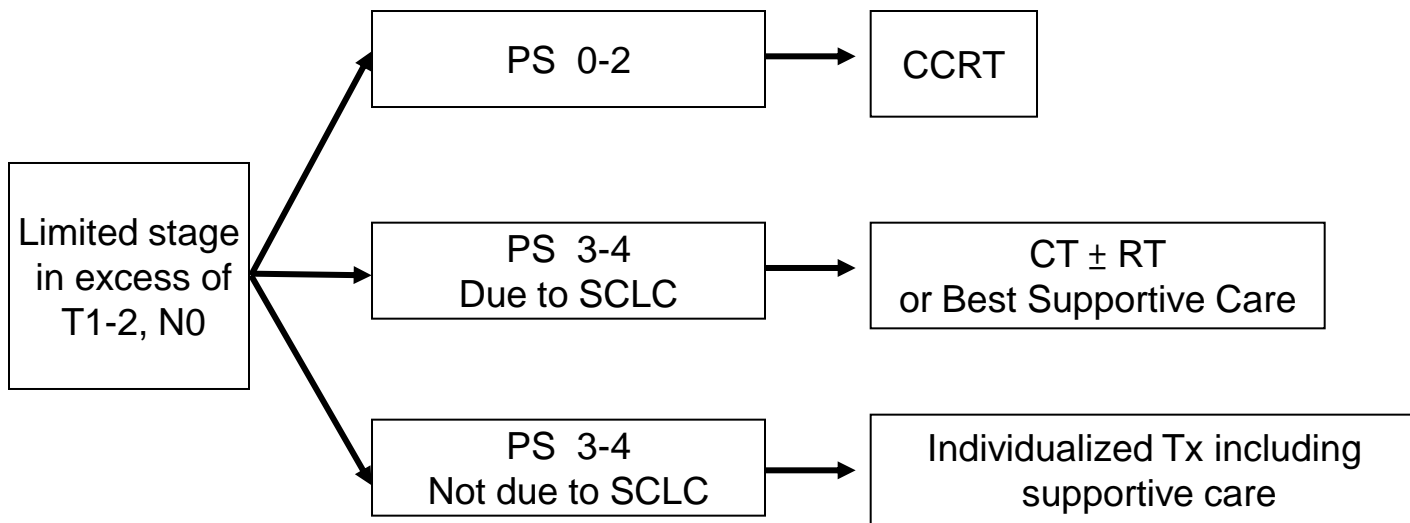
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分期	評估	治療
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\* Optional

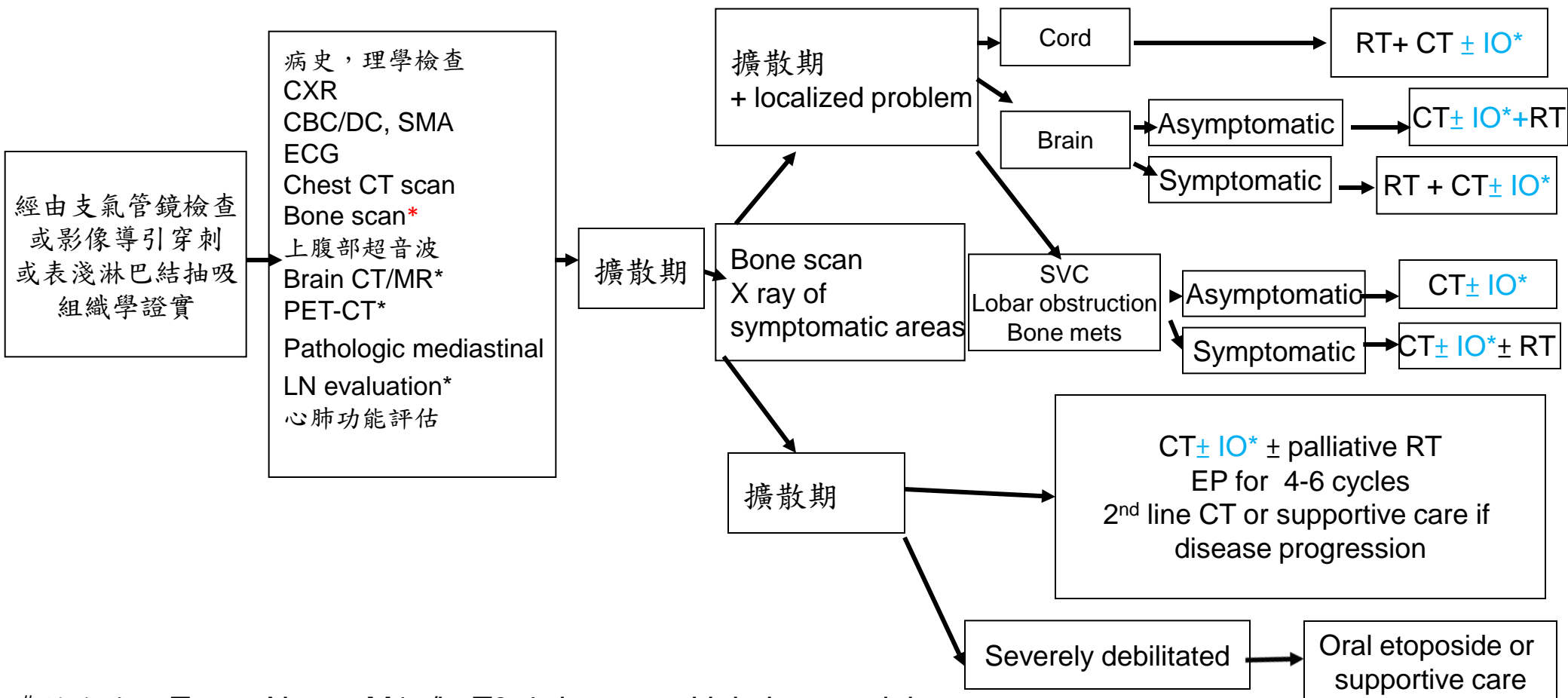
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診斷	初步評估	分期	進一步評估	初始治療
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# 擴散期：T any, N any, M1a/b; T3-4 due to multiple lung nodules

\* Atezolizumab or Durvalumab

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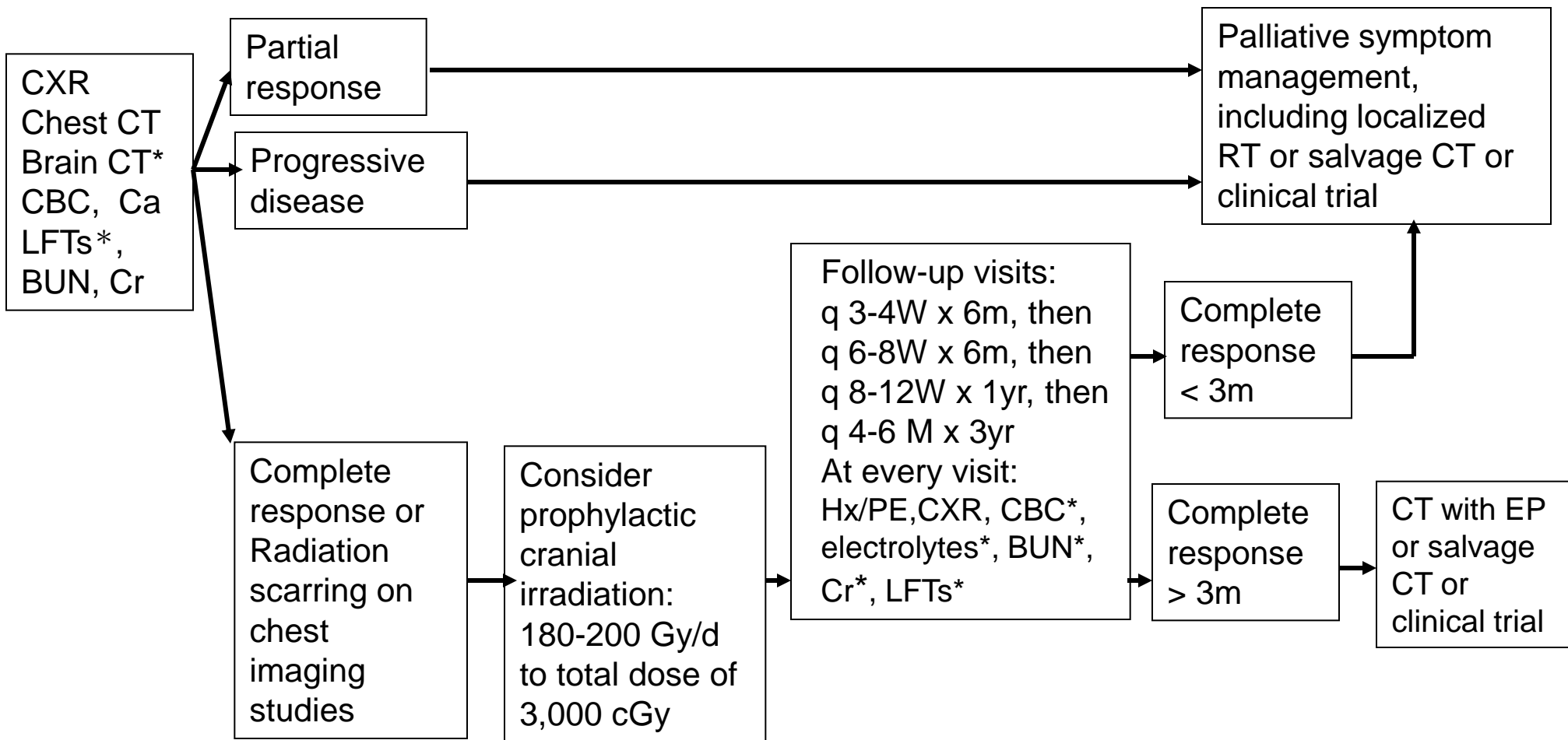
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初步治療後的反應評估

輔助治療

SURVEILLANCE

SALVAGE /  
PALLIATION





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## 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	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Irinotecan 60 mg/ m <sup>2</sup> , IV, D1,8,15	Q21-28 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)	Q21-28 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 Atezolizumab 1,200 mg IV,D1	Q21-28 d x 4 cycles Followed by maintenance atezolizumab q21-28d
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3 Durvalumab 1,500 mg IV,D1	Q21-28 d x 4-6 cycles Followed by maintenance durvalumab q21-28d

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

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## 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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