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子宮頸癌診療指引

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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 ™ Cervical Cancer ((V.I. 2018)[1]
  - 婦癌研究委員會(2011)，子宮頸癌篩檢臨床指引與子宮頸癌臨床指引：國家衛生研究院[2-3]
  - 其他相關子宮頸癌臨床指引[4-10]

會議討論

上次會議：2016/11/29

本共識與上一版的差異

上一版	新版
1. 無AJCC第八版分期。 2. 流程圖三:FIGO stage IVB多處轉移病灶或無法切除者，臨床試驗與Tamoxifen、Letrozole選項原合併呈現。(p.9) 3. CCRT regimen 無weekly carboplatin 100mg/m^2 or AUC2選項。(p.14)	1. 增列AJCC第八版分期。(p.4-5) 2. 流程圖三:FIGO stage IVB多處轉移病灶或無法切除者，將臨床試驗與Tamoxifen、Letrozole選項分別呈現。(p.9) 3. CCRT regimen 增加 weekly carboplatin 100mg/m^2 or AUC2選項。(p.14)

AJCC第八版分期 Cervix Uteri

Primary Tumor (T)		
T	**FIGO**	**T Criteria**
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
T1	I	Cervical carcinoma confined to the uterus (extension to corpus Should be disregarded)
T1a	IA	Invasive carcinoma diagnosed only by microscopy. Stromal Invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less. Vascular space involvement, venous or lymphatic, does not affect Classification.
T1a1	IA1	Measured stromal invasion of 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
T1a2	IA2	Measured stromal invasion of more than 3.0 mm and not more than 5.0 mm, with a horizontal spread of 7.0 mm or less
T1b	IB	Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2. Includes all macroscopically visible lesions, even those with superficial invasion.
T1b1	IB1	Clinically visible lesion 4.0 cm or less in greatest dimension
T1b2	IB2	Clinically visible lesion more than 4.0 cm in greatest dimension
T2	II	Cervical carcinoma invading beyond the uterus but not to the pelvic wall or to lower third of the vagina
T2a	IIA	Tumor without parametrial invasion
T2a1	IIA1	Clinically visible lesion 4.0 cm or less in greatest dimension
T2a2	IIA2	Clinically visible lesion more than 4.0 cm in greatest dimension
T2b	IIB	Tumor with parametrial invasion
T3	III	Tumor extending to the pelvic sidewall* and/or involving the lower Third of the vagina and/or causing hydronephrosis or nonfunctioning kidney
T3a	IIIA	Tumor involving the lower third of the vagina but not extending to the pelvic wall
T3b	IIIB	Tumor extending to the pelvic wall and/or causing hydronephrosis or nonfunctioning kidney
T4	IVA	Tumor invading the mucosa of the bladder or rectum and/or extending beyond the true pelvis (bullous edema is not sufficient to classify a tumor as T4)

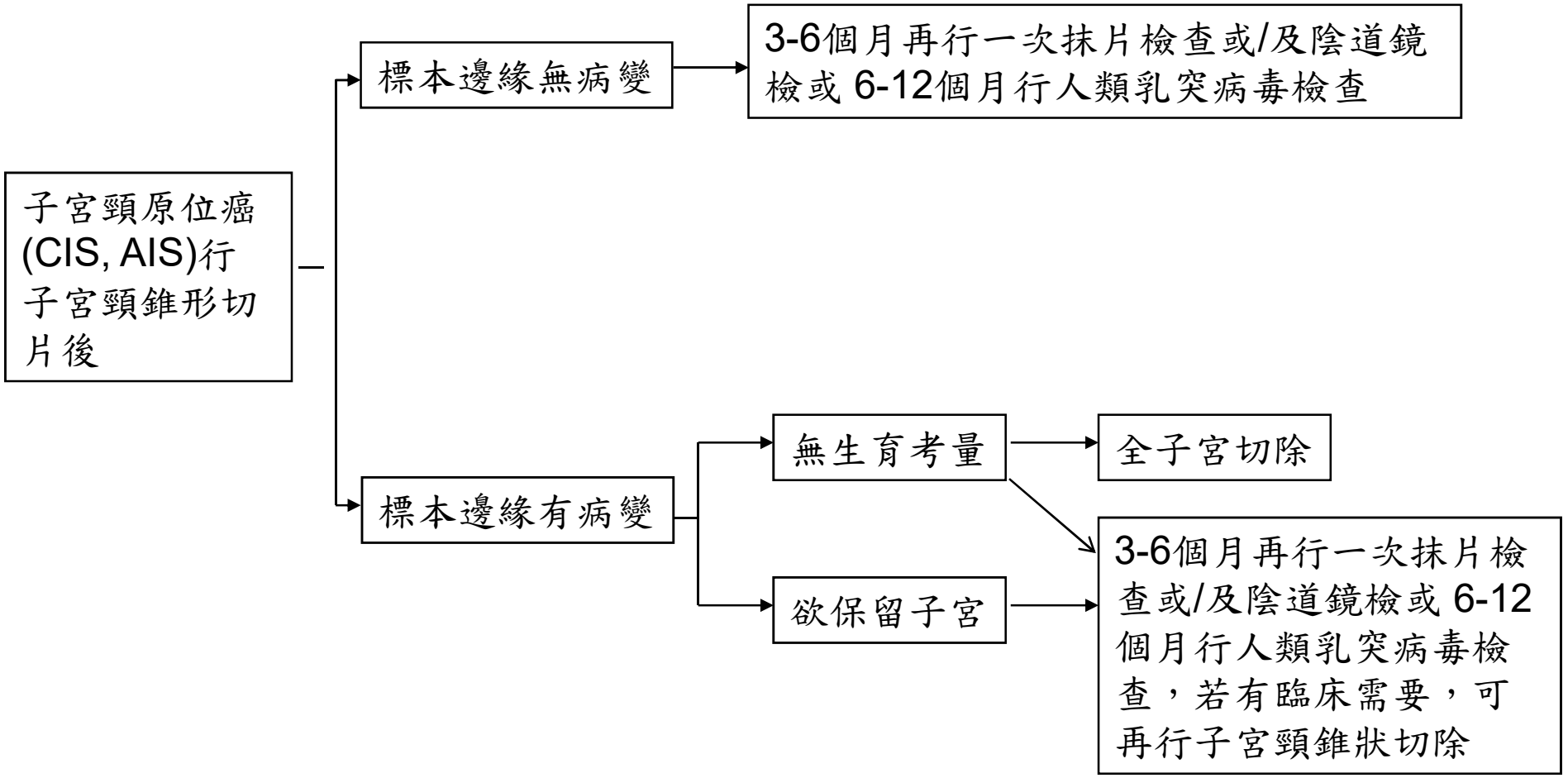
*The pelvic sidewall is defined as the muscle, fascia, neurovascular structures, and skeletal portions of the bony pelvis. On rectal examination, there is no cancer-free space between the tumor and pelvic sidewall.

AJCC第八版分期 Cervix Uteri

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		Regional lymph node metastasis

Distant Metastasis (M)		
M	**FIGO**	**M Criteria**
M0		No distant metastasis
M1	IVB	Distant metastasis (including peritoneal spread or involvement of the supraclavicular, mediastinal, or distant lymph nodes; lung; liver; or bone)

STAGE GROUPS			
T	**N**	**M**	**stage**
T1	Any N	M0	I
T1a	Any N	M0	IA
T1a1	Any N	M0	IA1
T1a2	Any N	M0	IA2
T1b	Any N	M0	IB
T1b1	Any N	M0	IB1
T1b2	Any N	M0	IB2
T2	Any N	M0	II
T2a	Any N	M0	IIA
T2a1	Any N	M0	IIA1
T2a2	Any N	M0	IIA2
T2b	Any N	M0	IIB
T3	Any N	M0	III
T3a	Any N	M0	IIIA
T3b	Any N	M0	IIIB
T4	Any N	M0	IVA
Any T	Any N	M1	IVB


子宮頸原位癌(CIS, AIS)行子宮頸錐形切片後
標本邊緣無病變
3-6個月再行一次抹片檢查或/及陰道鏡檢或 6-12個月行人類乳突病毒檢查
標本邊緣有病變
無生育考量
全子宮切除
欲保留子宮
3-6個月再行一次抹片檢查或/及陰道鏡檢或 6-12個月行人類乳突病毒檢查，若有臨床需要，可再行子宮頸錐狀切除

子宮頸癌治療流程

治療前檢查：1.病史及理學檢查*；2.全血球計數；3.子宮頸切片之組織病理檢查；4.子宮頸錐狀手術+子宮頸管搔刮術(當子宮頸切片之組織病理檢查結果為微侵襲癌者)；5.胸部X光*；6.分期高於IA者，安排腹部及骨盆電腦斷層*或核磁共振 *(52)；7.常規生化檢驗; 8. 血清腫瘤標記檢驗(鱗狀細胞癌者:SCC、CEA；腺癌者:CEA、CA–125,CA-199)

選擇性檢查：#分期為IB2或以上者，膀胱或直腸鏡檢；#葡萄糖正子攝影　　*與期別相關之檢查

輔助治療

FIGO分期IA1 →
1.欲保留生育能力者或不適合手術者，於子宮頸錐狀手術後 密集追蹤觀察, 若LVSI(+), 可比照IA2處理 (11-13, level 3a)
2. 筋膜外子宮切除（無生育考量或錐形切片呈現切緣侵犯或組織切片呈現顯微血管淋巴間隙侵犯）

FIGO分期IA2 →
1.較小範圍根治性子宮切除術及骨盆淋巴結摘除術，或併主動脈旁淋巴結取樣(選擇性，尚無定論)觀察 (14-15)
2.近接治療(Brachytherapy)或併骨盆放射線治療@
3. 欲保留生育能力者可行根治性子宮頸切除術及骨盆淋巴結摘除術

FIGO分期IB1或IIA1 →
1.根治性子宮切除術*及骨盆淋巴結摘除術，或合併主動脈旁淋巴結取樣
2.骨盆放射線治療及近接治療(Brachytherapy)@
3. IB1, 腫瘤小於2公分,欲保留生育能力者可行根治性子宮頸切除術及骨盆淋巴結摘除術

FIGO分期IB2或IIA2 →
1.根治性子宮切除術*及骨盆淋巴結摘除術，合併主動脈旁淋巴結取樣
2.骨盆放射線治療@及近接治療@同時合併含cisplatin之治療+/-子宮切除(ATH or RH) (16-21, level Ib)
3.術前輔助性化學治療及根治性子宮切除術及骨盆淋巴結摘除術，合併主動脈旁淋巴結取樣(22-26,46)

FIGO分期IVA →
1.骨盆腔臟器宛除術及骨盆淋巴結摘除術，合併主動脈旁淋巴結取樣
2.骨盆放射線治療@及近接治療@同時合併含cisplatin之治療+/-骨盆腔臟器宛除術
3.術前輔助性化學治療及骨盆腔臟器宛除術及骨盆淋巴結摘除術，合併主動脈旁淋巴結取樣(22-26,46)

手術標本組織病理檢查

I Figure 1
無淋巴結轉移，無陰道切除邊緣侵襲，無子宮旁組織侵襲或Figure 2危險因子僅一項者 → 觀察

II Figure 2
血管淋巴侵犯者或腫瘤大小或基質侵犯. (見Sedlis criteria 圖六) (50) → 放射線治療@

III Figure 3淋巴結轉移或陰道切除邊緣侵襲或子宮旁組織侵襲或任一項或以上） → 化學治療 #（38,44）

IV Figure 4神經內分泌細胞癌 → 同步化放療@

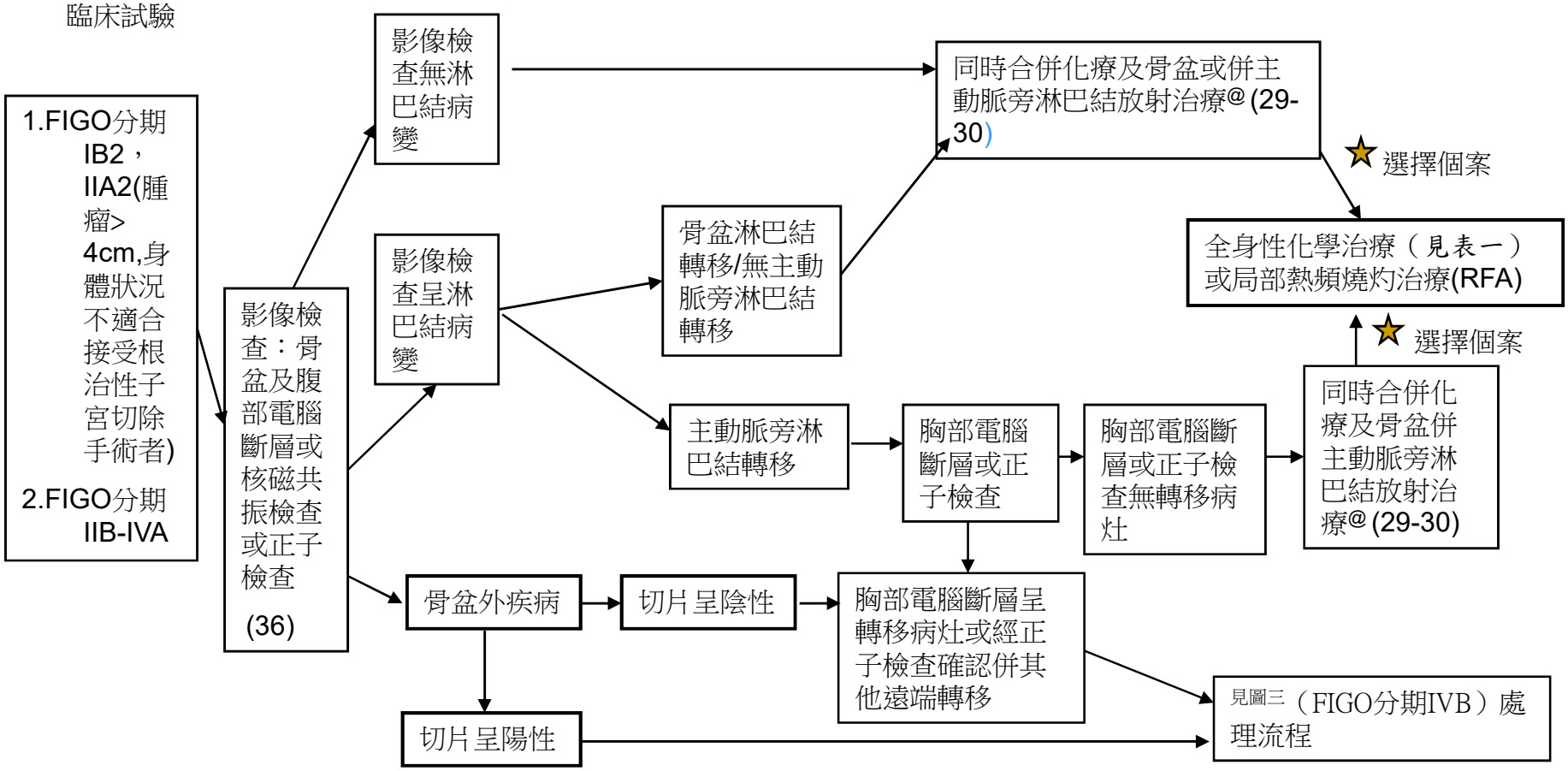
註一　註二　註二

＊:含神經保留式根治性子宮切除術（nerve sparing radical hysterectomy）；#:請見表一；註一：病患年紀太大或合併多重內科疾病者；註二：年輕女性考慮避免性功能障礙者或接受過放射線治療者；@: 放射治療 、 近接治療或同步化放療請見放射腫瘤部治療指引　圖一

FIGO分期IIB-IVA(局部晚期)子宮頸癌，或不適合施行根治性子宮切除手術之IB 、IIA治療流程

1.放射治療包括體外放射治療及近接治療@

2.同步化放療時使用含cisplatin 40 mg/m^2 /carboplatin 100 mg/m^2 or AUC2 weekly x 6 courses （或配合放療療程）之化療或臨床試驗

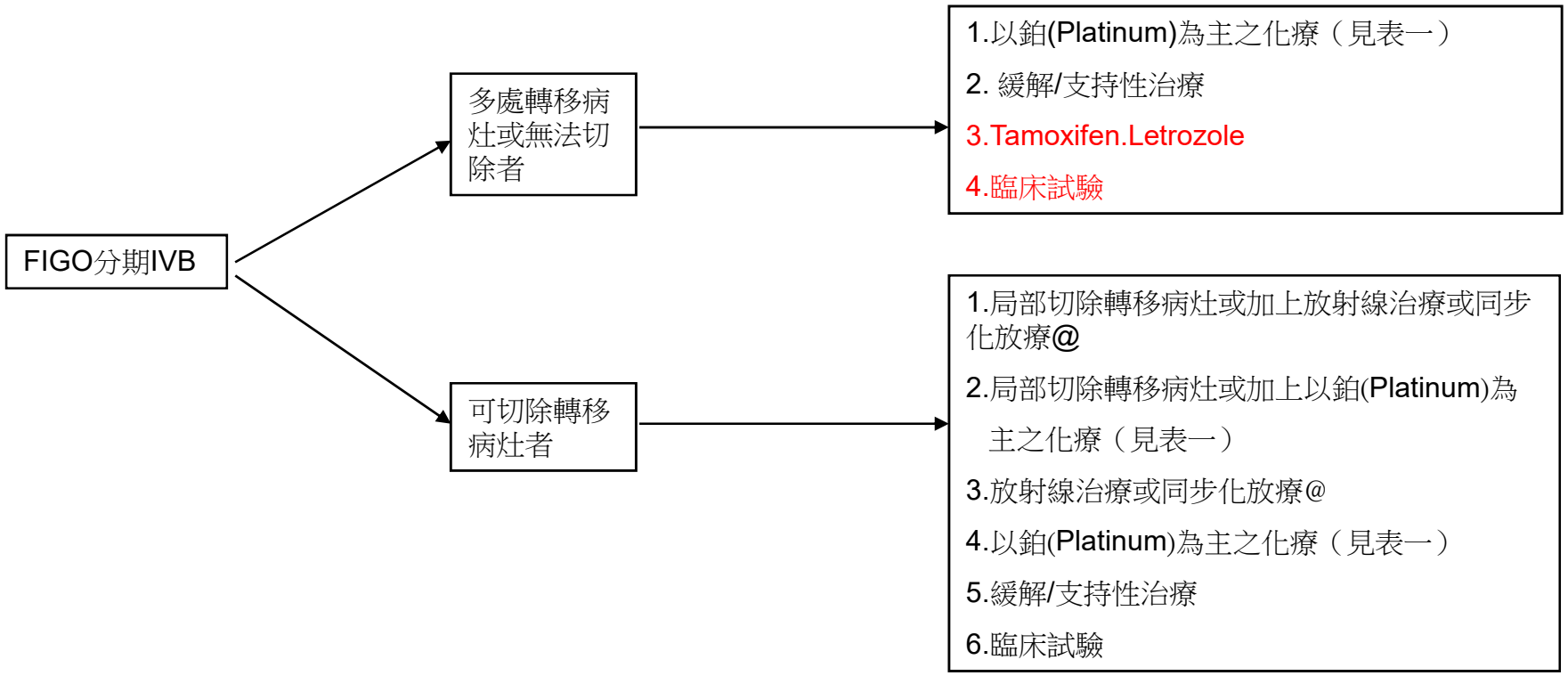


@：放射治療或同步化放療及併主動脈旁淋巴結放射治療請見放射腫瘤部治療指引

★：仍有residual tumor

圖二

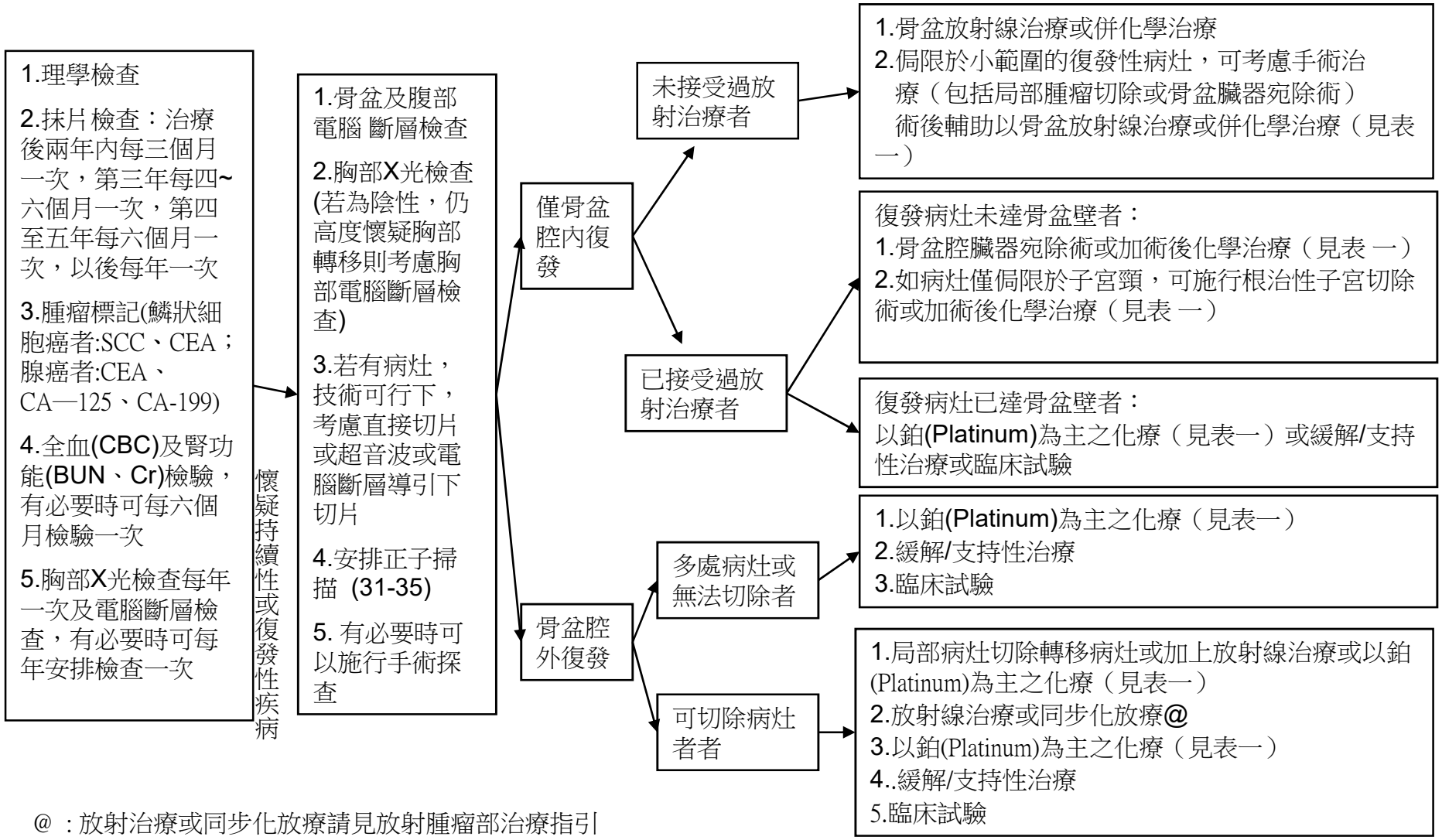
FIGO分期IVB(遠端轉移)子宮頸癌治療流程



圖三

子宮頸癌治療後追蹤及復發的處置

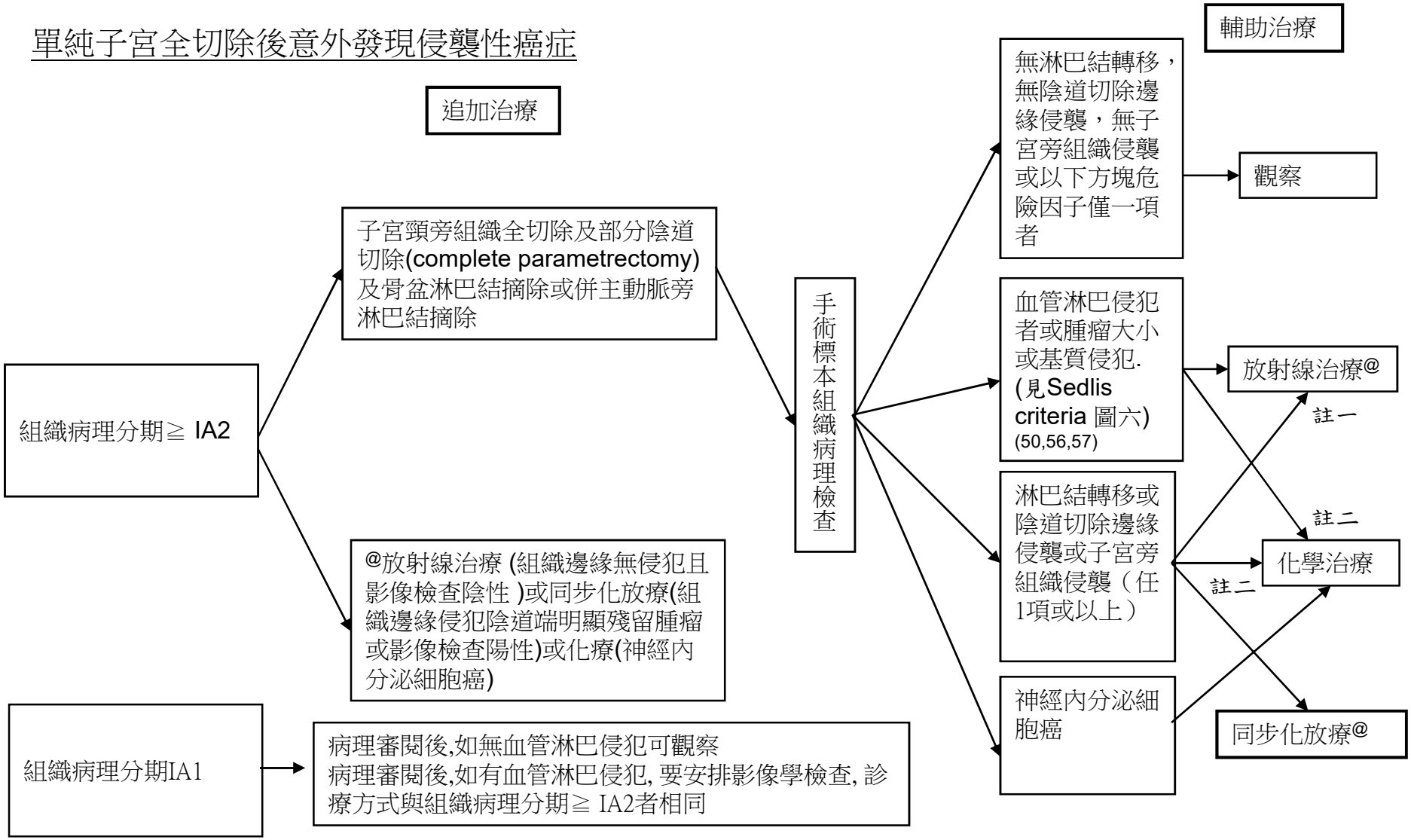
定期追蹤方法　　進一步檢查　　救援性(Salvage)治療



@ : 放射治療或同步化放療請見放射腫瘤部治療指引

圖四

單純子宮全切除後意外發現侵襲性癌症



#:請見表一；註一：病患年紀太大或合併多重內科疾病者；註二：年輕女性考慮避免性功能障礙者或接受過放射線治療者；

@: 放射治療或同步化放療請見放射腫瘤部治療指引

圖五

SEDLIS CRITERIA FOR EXTERNAL PELVIC RADIATION AFTER RADICAL HYSTERECTOMY IN NODE-NEGATIVE, MARGIN-NEGATIVE, PARAMETRIA-NEGATIVE CASES[1,2,3,4]

LVSI	Stromal Invasion	Tumor Size (cm) (Determined by clinical palpation)
+	Deep 1/3	Any
+	Middle 1/3	≥2
+	Superficial 1/3	≥5
-	Middle or Deep 1/3	≥4

LVSI: Lymphovascular space invasion

圖六

高雄榮總婦癌團隊　子宮頸癌臨床診療指引-化學治療或同步化學與放射治療

術前新輔助化學治療：以 platinum-based 為原則，可使用以下的選擇

1.IP (ifosfamide 4 gm/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 3~6 cycles) (48,49)
2.Irinotecan 60mg/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 28 days x 3~6 cycles (optional)(43,47)
3.Clinical trials

手術後輔助化學治療：以 platinum-based 為原則，可使用以下的選擇

1.IP (ifosfamide 4 gm/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles) (38,45,49)
2.Clinical trials

神經內分泌癌手術後輔助化學治療或化放療以 platinum-based 為原則可使用以下的選擇

1.VP-16/cyclophosphamide/platinum (VP-16 100mg/m2+cyclophosphamide 500mg/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles) (53,54)
2.VP-16/platinum (VP-16 100mg/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles)(53,54)

第IV期B,持續性疾病 (persistent disease)復發或轉移性疾病 (recurrent or metastatic disease) 之全身性化學治療以 platinum-based 為主的治療為原則可使用以下的選擇

1.Topotecan 0.75mg/m2 x 3 days+ cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles (GOG 179, level Ib) (42) ± Bevacizumab 7.5~15 mg/kg
2.IP (ifosfamide 4gm/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles)(GOG 110, level Ib)
3.Paclitaxel 175mg/m2+ cisplatin 50mg/m2 or carboplatin AUC=5 every 21 days x 6 cycles)(optional) (GOG 169, GOG 204, level Ib) (51)) ± Bevacizumab 7.5~15 mg/kg (GOG 240) (55)
4.Irinotecan/platinum (Irinotecan 60mg/m2+cisplatin 50mg/m2 or carboplatin AUC=5 every 28 days x 6 cycles) (optional) (43,47)
5.Clinical trials

同步化放療時使用含cisplatin 40 mg/m^2 /carboplatin 100 mg/m^2 or AUC2 weekly x6 cycles 之化療或臨床試驗藥物(29,58)

高雄榮總婦癌團隊　子宮頸癌臨床診療指引-化學治療或同步化學與放射治療

1. **CCRT-CISPLATIN(40MG/M2)**
2. **CCRT-CARBOPLATIN(100MG/M2) OR AUC2**
3. **CCRT-WEEKLY CISPLATIN(40MG/M2) + GEMCITABINE(120MG/M2)**
4. **P(CARBOPLATIN(AUC=5))+VP-16(100MG/M2)-CCR. < 60ML/MIN**
5. **P(CISPLATIN (50MG/M2))+VP-16(100MG/M2)-CCR. > 60ML / MIN**
6. **P(CARBOPLATIN(ACU=5))C(CYCLOPHASPHAMIDE (500MG/M2))+VP-16(100MG/M2)-CCR. <60ML/MIN**
7. **P(CISPLATIN(50MG/M2)) C+VP-16-CCR. >60ML/MIN**
8. **1ST LINE. I(IFOSFAMIDE+MESNA(4GM/M2)) P(CARBOPLATIN(AUC=5))-CCR.< 60ML/MIN**
9. **1ST LINE. IP(CISPLATIN(50MG/M2))-CCR.> 60ML/MIN**
10. **2ND LINE GEMCITABINE(1000MG/M2)+ CARBOPLATIN (AUC=5)-CCR<60 (D1)**

高雄榮總婦癌團隊　子宮頸癌臨床診療指引-化學治療或同步化學與放射治療

11. 2ND LINE. GEMCITABINE(1000MG/M2) -CCR<60 (D8)
12. 2ND LINE GEMCITABINE(1000MG/M2) + CISPLATIN (50MG/M2) -CCR>=60 (D1)
13. 2ND LINE GEMCITABINE(1000MG/M2)-CCR>=60 (D8)
14. 2ND LINE. IRINOTECAN(PAYSELF) (60MG/M2) +CARBOPLATIN(AUC=5) (D1)
15. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M2)+CISPLATIN (50MG/M2) (D1)
16. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M2)-D8 OR D15
17. 2ND LINE. TAXOL (PAYSELF)(175MG/M2)+ CARBOPLATIN (AUC=5)-CCR.< 60ML/MIN
18. 2ND LINE. TAXOL (PAYSELF) (175MG/M2) +CISPLATIN (50MG/M2)-CCR.> 60ML/MIN
19. 2ND LINE. TOPOTECAN(0.75MG/M2) +CARBOPLATIN (AUC=5)-CCR.< 60ML/MIN

20. 2ND LINE. TOPOTECAN (0.75MG/M2) +CISPLATIN (50MG/M2)-CCR.> 60ML/MIN

21. 3RD LINE. WEEKLY TAXOL(80MG/M2) +CISPLATIN(20MG/M2) (D1 OR D8 OR D15)

22. AVASTIN (PAYSELF)(5MG/KG)

23. TAMOXIFEN

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