

高雄榮民總醫院

鼻咽癌診療原則

2017年05月17日第一版

鼻咽癌醫療團隊擬訂

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：2016/04/13

本共識與上一版的差異

上一版	新版
<ol style="list-style-type: none">1. 無weekly methotrexate化療處方。2. 無PET scan檢查項目。3. Induction CT (2-3 courses for locally advanced cT44. M1無Palliative care選項。	<ol style="list-style-type: none">1. 化學治療regimen加入：weekly methotrexate (p8)2. 治療前評估 (± PET scan) (<u>Dental evaluation</u>→ Panorex ± teeth extraction) (<u>Hearing evaluation</u>→ PTA, tympanogram)(p1)3. 治療後F/U (參考頭頸癌原則) (p1)4. Induction CT (2-3 courses for locally advanced cT4 or cN3) (p2)5. Destal meta新增Palliative care(p3)6. 治療後F/U (參考頭頸癌原則) (p1)

Carcinoma of Nasopharynx

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WORK-UP	STAGING & TREATMENT	FOLLOW-UP
<ul style="list-style-type: none">• <u>History & PE</u>• <u>Biopsy & Pathology</u>• <u>Image</u><ul style="list-style-type: none">→ MRI and/or CT of H & N→ Chest X-ray→ Bone scan→ Abd. Sono→ ± PET scan• <u>EBV status</u>: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA• <u>Dental evaluation</u><ul style="list-style-type: none">→ Panorex ± teeth extraction• <u>Hearing evaluation</u><ul style="list-style-type: none">→ PTA, tympanogram• <u>Multidisciplinary consultation</u>	<ul style="list-style-type: none">• <u>[T1, N0, M0]</u> Definitive RT • <u>[T1, N1-3, M0] or [T2-4, any N, M0]</u> 詳見 <i>Page 2</i> • <u>[Any T, any N, M1]</u> 詳見 <i>Page 3</i>	<ul style="list-style-type: none">• <u>[Post-Tx within 6 months]</u><ul style="list-style-type: none">→ Baseline MRI and/or CT→ every 1-2 month: PE• <u>[0.5-3 years after Tx]</u><ul style="list-style-type: none">→ Every 2-3 months: PE, nasopharyngoscopy→ Every 1 year: viral load, ± EB-EA/NA, ± EB-VCA IgG/IgA; MRI ± CT, CxR, bone scan & Abd. Sono as indicated• <u>[3-5 years after Tx]</u><ul style="list-style-type: none">→ Every 4-6 months: PE, nasopharyngoscopy• <u>[5 years later after Tx]</u><ul style="list-style-type: none">→ Every 6-12 months: PE, nasopharyngoscopy

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**Clinical T1, N1-3
or T2-4, any N, M0**

Primary treatment

CCRT ± Adjuvant CT 註1-3

High risk for distant failure (clinical cT4 or cN3) 建議加打 2-3 courses of adjuvant CT。

Induction CT + CCRT or RT 註1-3

2-3 courses for locally advanced cT4 or cN3；若只打1 cycle 且與後續CCRT間隔小於 2 weeks，視為CCRT only。

Definitive RT 註1

Poor medical condition or patient's preference。

Response and salvage treatment

Complete clinical response

Follow-up

Residual disease or clinically suspicious residue

Surgery if operable* #

Adjuvant CT註3

Salvage neck dissection is indicated if residual neck disease.

* Salvage nasopharyngectomy is indicated for operable residual primary tumor.

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Any T, any N, M1

Primary treatment

Platinum-based combination CT
± RT or CCRT 註1-3

CCRT 註1-2

Definitive RT 註1
Poor medical condition or patient's preference

Palliative care

Adjuvant treatment

Complete clinical response

Residual disease

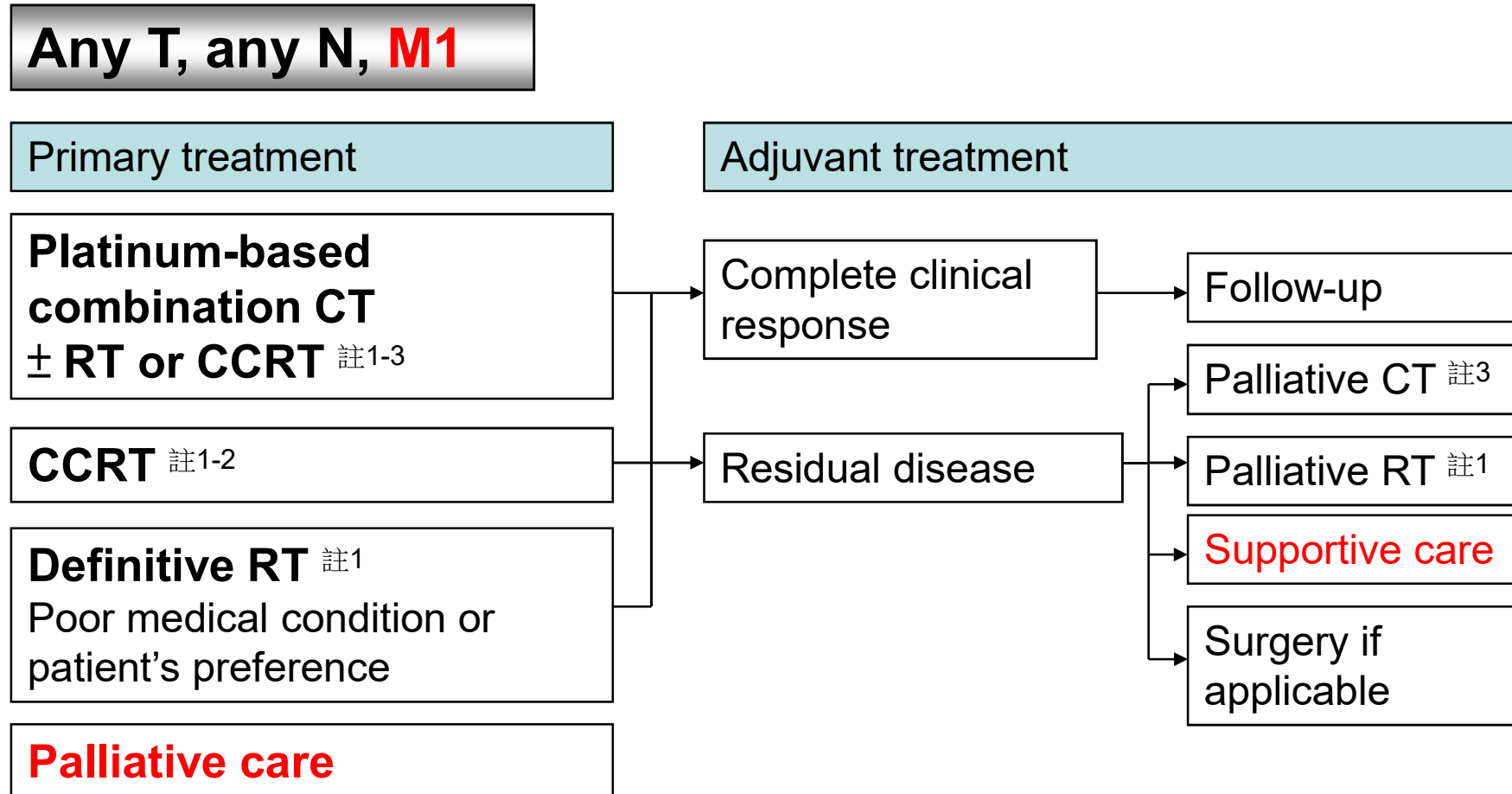
Follow-up

Palliative CT 註3

Palliative RT 註1

Supportive care

Surgery if applicable



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註1

Principles of Radiotherapy

Definitive Radiotherapy

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

CCRT or RT

- RT alone if : Old age, Impaired renal function, Poor condition

Palliative RT

- Indicated in : Relieve local symptoms, Prevent debilitation such as spinal cord compression and pathological fracture, Achieve durable locoregional control.

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註2

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Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab + RT 註4

- Cisplatin (80-100mg/ m²) q3w during R/T
- Cetuximab(400mg/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose D1 + Cisplatin (80-100mg/ m²) q3w D2 during R/T

Regimen 2: Weekly CDDP ± Cetuximab + RT 註4

- Cisplatin (30-40mg/ m²) weekly during R/T
- Cetuximab(400mg/ m²) loading dose first week, and then Cisplatin (30-40mg/ m²) weekly D1 + Cetuximab(250mg/ m²) maintain dose D2 during R/T

Regimen 3: q3w Carboplatin ± Cetuximab + RT 註4

- Carboplatin (AUC x 5mg) q3w during R/T
- Cetuximab(400mg/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose D1 + **Carboplatin (AUC x 5mg) q3w** D2 during R/T

Regimen 4: Weekly Cetuximab + RT 註4

- Cetuximab(400mg/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose during RT

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註3

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Regimens of Chemotherapy

Induction, salvage or adjuvant, 建議2-3cycles

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

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

Regimen 2: q3-4 weeks CDDP ± F ± weekly Cetuximab 註4

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

Regimen 3: q3-4 weeks Carboplatin ± F ± weekly Cetuximab 註4

- Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (1000mg/ m²) D2-D5
- Cetuximab(400mg/ m²) loading dose first week, then weekly Cetuximab (250mg/ m²)

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註3

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Regimens of Chemotherapy

Induction, salvage or adjuvant, 建議2-3cycles

Regimen 4: q3-4 weeks T + P ± F ± weekly Cetuximab

- Taxotere(60 mg/ m²) D1 註4
- Cisplatin(60-75 mg/ m²) D1
- Fluorouracil (5-FU)(600-750mg/ m²) D2-D5
- Cetuximab (400mg/ m²) loading dose first week, then Cetuximab (250mg/ m²) maintain dose

Regimen 5: weekly Cetuximab 註4

- Cetuximab (400mg/ m²) loading dose first week, then Cetuximab (250mg/ m²) maintain dose

Regimen 6: oral Fluorouracil

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

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註3

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Regimens of Chemotherapy

Induction, salvage or adjuvant, 建議2-3cycles

Regimen 7: q4w GGGP (6 courses)

- Gemcitabine (1000mg/ m²) D1, 8, 15
- Cisplatin (50-60mg/ m²) D22

Regimen 8: P-FL

- Cisplatin (60mg/ m²) week 1, 3, 5, 7
- Fluorouracil (5-FU)(2500mg/ m²) + Leucovorin (250mg/ m²) mixed week 2, 4, 6, 8

Regimen 9: weekly Methotrexate

- Methotrexate (40-60mg/ m²)

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註4

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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。

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