高雄榮民總醫院

子宮內膜癌

診療指引

2021年 第一版 2021/02/23

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. 2021)
  - 子宮內膜癌臨床指引：國家衛生研究院
  - 婦癌研究委員會

會議討論

上次會議：2020/02/25

本共識與上一版的差異

上一版	新版
1. 未建議病理檢體要檢測MMR/MSI相關染色。(p.8)	1. 建議常規在D&C檢體, 或是分期手術後的子宮檢體中**常規檢測MMR/MSI** (p.8)
2. 未列出建議基因檢測的時機。(p.8)	2. 在特定條件下建議患者接受基因檢測及遺傳諮詢。(p.8)
3. Stage II disease經過根除性子宮切除後，若切緣無病灶，可考慮『觀察』。(p.13)	**3. Stage II disease的後續治療中刪除『觀察』選項**。(p.13)
4. 『不完整分期手術』(流程八 p.15)、『非endometrioid carcinoma子宮內膜癌 』(流程十二 p.19)治療流程未更新。	4. 更新『不完整分期手術』(流程八 p.15)、『非endometrioid carcinoma子宮內膜癌 』(流程十二 p.19)治療流程。
5. 無生育保留治療流程。 (流程九 p.16)	5. 新增生育保留治療流程。 (流程九 p.16)
6. 無局部區域復發疾病的治療流程(流程十一 p.18)。	6. 新增局部區域復發疾病的治療流程(流程十一 p.18)。
7. 針對**stage III/IV or 復發的serous carcinoma with HER2 positive，無 Carboplatin + Paclitaxel + Trastuzumab化療處方。** (p.20)	7. 針對**stage III/IV or 復發的serous carcinoma with HER2 positive，加入新的regimen: Carboplatin + Paclitaxel + Trastuzumab。** (p.20)
8. 針對復發/轉移/高風險，無Topotecan alone (1mg/m2) on D1-D5, Q3W化療處方。 (p.20)	8. 針對復發/轉移/高風險，新增Topotecan alone (1mg/m2) on D1-D5, Q3W。 (p.20)
9. 針對復發或是遠端轉移的endometrioid carcinoma，無『Everolimus + Letrozole』此處方。(p.21)	9. 針對復發或是遠端轉移的endometrioid carcinoma，新增『Everolimus + Letrozole』。(p.21)

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 及/或 adnexa (direct extension or metastasis)
T3b	IIIB	Vaginal involvement (direct extension or metastasis) or parametrial involvement
T4	IVA	Tumor invading the bladder mucosa 及/或 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). (It excludes metastasis to pelvic or para-aortic lymph nodes, vagina, uterine serosa, or adnexa).

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)

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

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

初步評估

病史詢問

身體檢查

血液常規

病理審視 (※)

考慮基因檢驗 (@)

影像學檢查:

胸部X光 (若有發現異常, 進一步安排胸部電腦斷層)、及骨盆腔核磁共振、或腹部及骨盆腔電腦斷層或 PET

初步臨床發現

Endometrioid carcinoma

- 疾病侷限在子宮 → **流程二**
- 懷疑或巨觀下有子宮頸侵襲 → **流程三**
- 懷疑有子宮外病灶 → **流程四**

Serous carcinoma
或
Clear cell carcinoma
或
Undifferentiated / dedifferentiated carcinoma
或
Carcinosarcoma

→ **流程 十二**

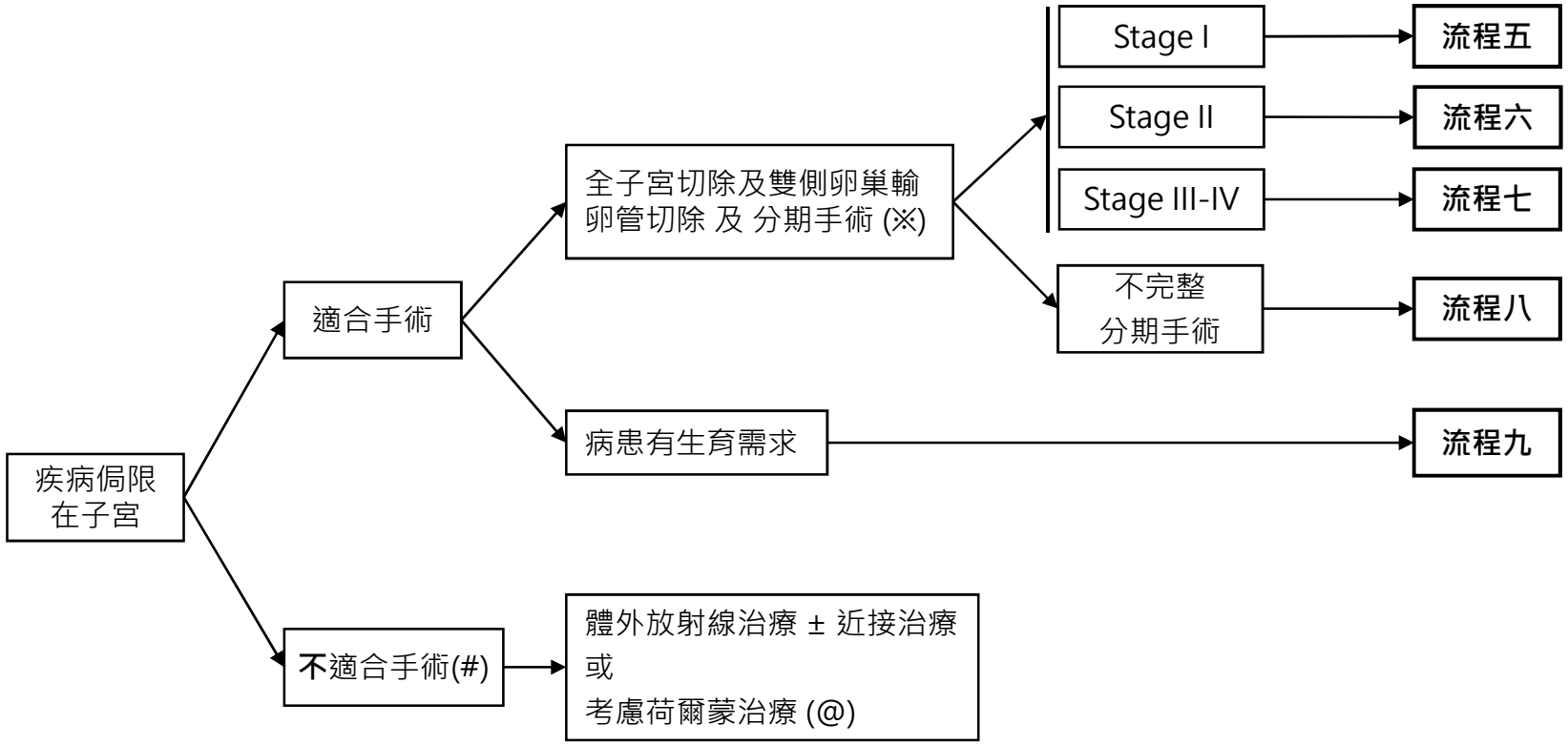
※: 建議在D&C的檢體，或是在最後手術切除的子宮檢體上常規進行MMR protein / MSI 染色檢測

@:特別是在D&C檢體中發現有MMR proteins deficiency或是有MSI的病人, 以及雖然MMR proteins完整/MSI穩定, 卻有子宮內膜癌 及/或大腸直腸癌家族史的病人, 建議接受基因檢測及諮詢

流程一

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

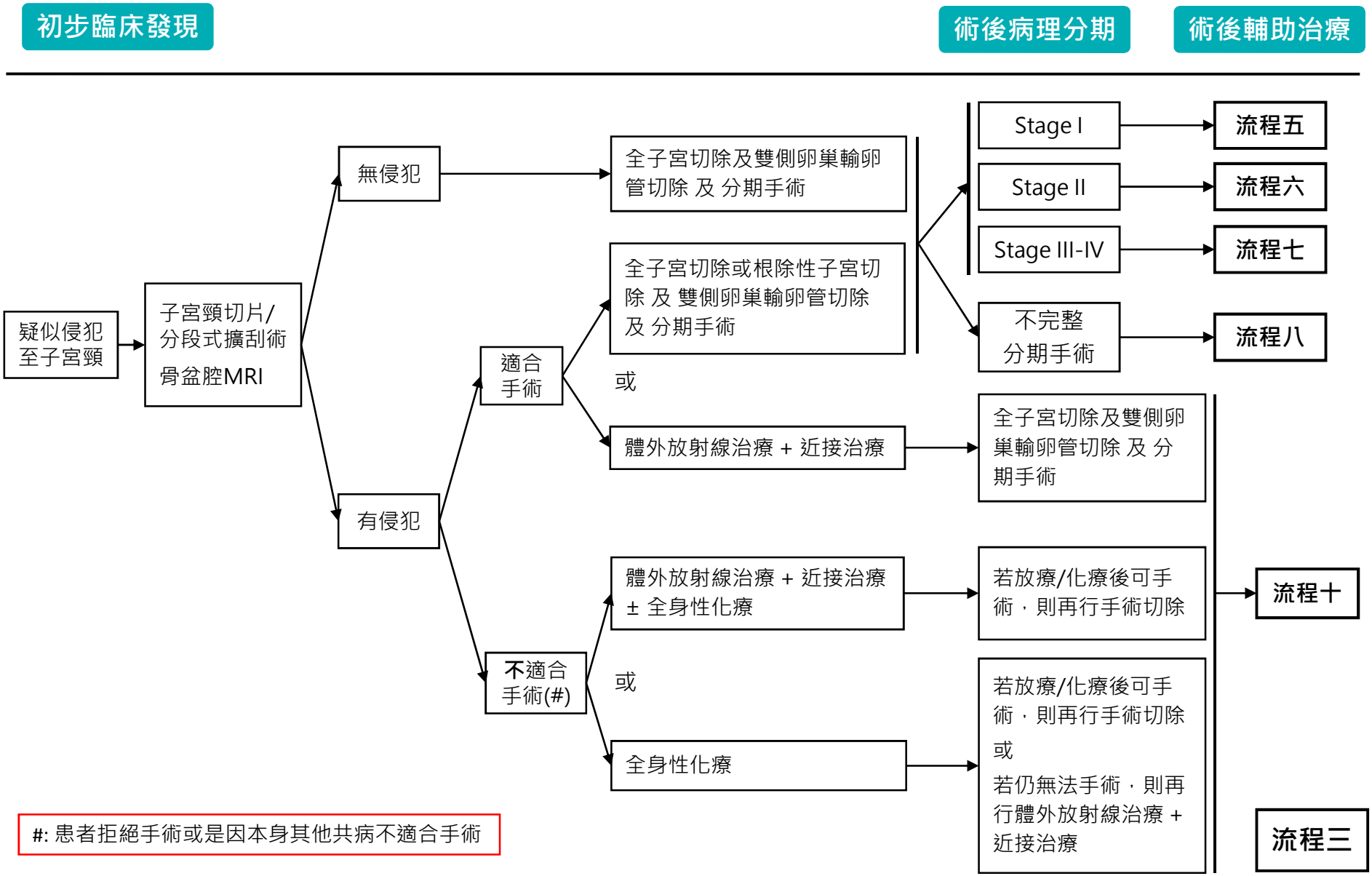
初步臨床發現　　術後病理分期　　術後輔助治療



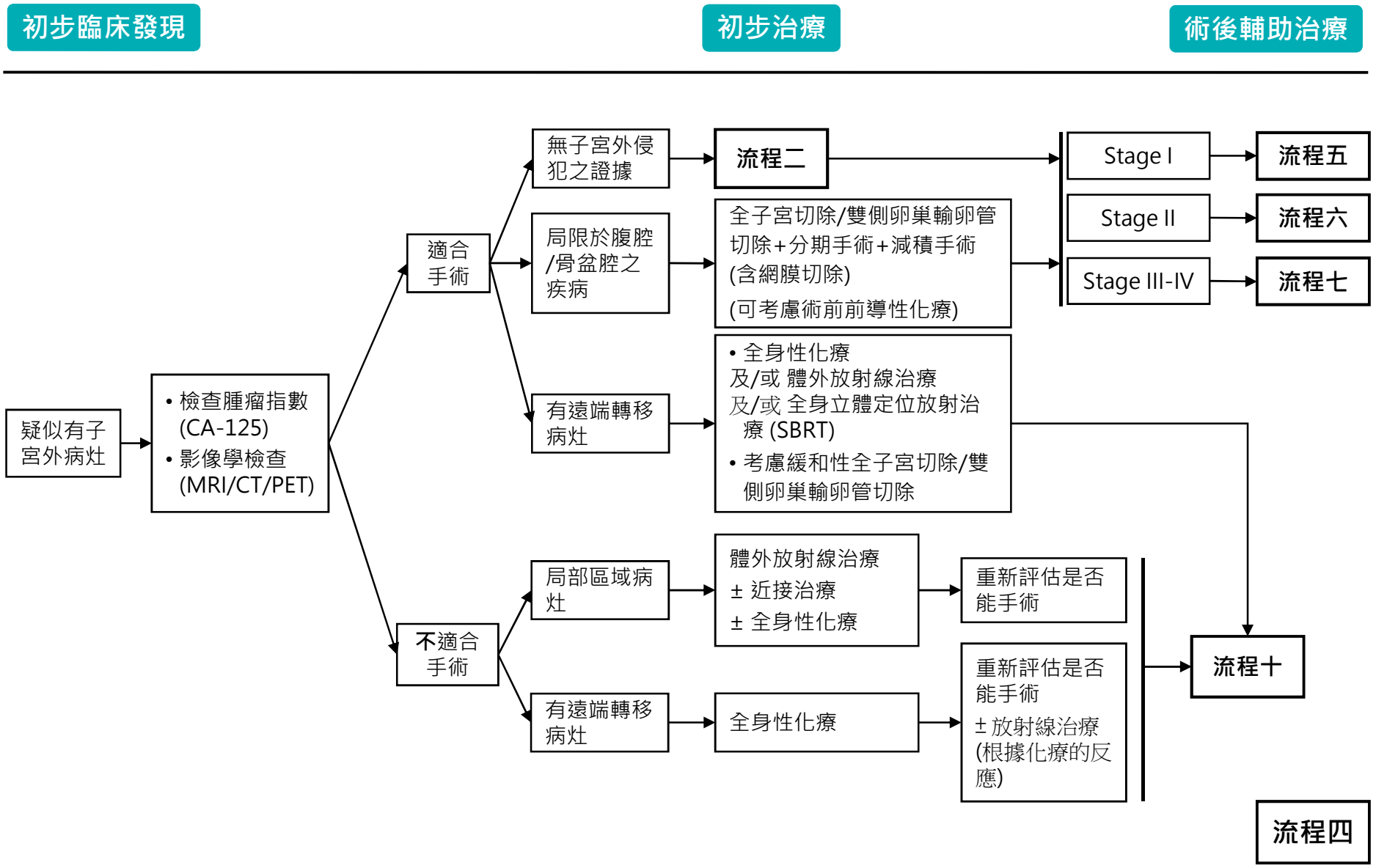
流程二

※: 若執刀醫師及病患病況許可，建議微創手術
#: 患者拒絕手術或是因本身其他共病不適合手術
@: 多用於low-grade endometrioid carcinoma, 且患者的腫瘤體積小或是病灶生長緩慢

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



FIGO stage I 分期手術術後輔助治療

FIGO stage	Histologic grade	輔助治療
IA	Gr. 1 / Gr. 2	觀察 (建議) 或 考慮陰道近接治療，若LVSI (+) 及/或 age ≧ 60 y/o (※)
	Gr.3	陰道近接治療(建議) 或 觀察 (若無子宮侵犯) 或 考慮體外放射治療 (#)
IB	Gr.1	陰道近接治療(若# 則建議) 或 考慮觀察，若無其他危險因子 (#, @)
	Gr.2	陰道近接治療(建議) 或 體外放射線治療 (#) 或 考慮觀察，若無其他危險因子 (#, @)
	Gr.3	放射治療 (體外放射治療 ± 近接治療) ± 全身性化療 (§)

※: 若同時LVSI(+)且年紀≧60歲則強烈建議陰道近接治療

#: ≧70 y/o 合併一項risk factors; 50-69 y/o合併兩項risk factors; < 50 y/o 合併三項risk factors。【Risk factors】Gr.2/3, myometrium invasion ≧ 1/2, LVSI (+)

@: Age ≧ 60y/o, myometrium invasion > 1/2, LVSI (+)

§: Age ≧ 60y/o, LVSI (+), myometrium ≧ 1/2

流程五

FIGO stage II 分期手術術後輔助治療

FIGO stage	Histologic grade	輔助治療
II	Gr. 1 – Gr. 3	體外放射線治療 (建議) 及/或 陰道近接治療 (※) ± 全身性化療

※: 若Gr.1/2, myometrium invasion ≦ 1/2, LVSI (-), and 子宮頸顯微侵犯 (microscopic invasion) 可考慮做近接治療

流程六

FIGO stage III-IV 分期手術術後輔助治療

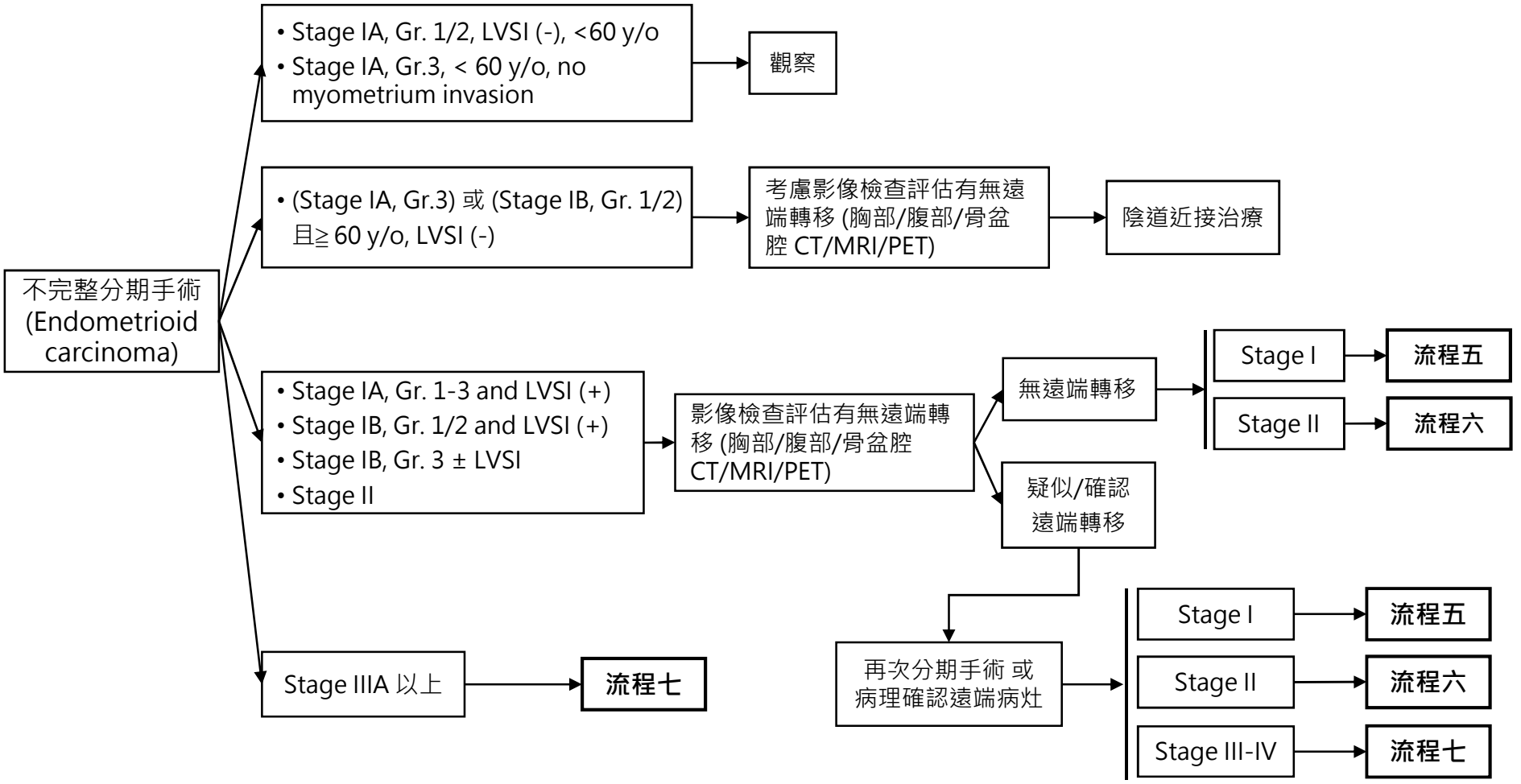
FIGO stage	輔助治療
III-IV	全身性化療 ± 體外放射線治療 ± 陰道近接治療 (※)

※: 若為stage III則傾向合併治療

流程七

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

不完整分期手術後輔助治療 (Endometrioid carcinoma)



流程八

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

生育保留治療方式

必須滿足以下條件

- Gr. 1 endometrioid carcinoma (經病理確認)
- 經影像(MRI)確認病灶侷限於內膜層
- 影像檢查顯示無遠端轉移
- 無藥物治療的禁忌症或懷孕狀態
- 患者應了解生育保留治療方式並非標準治療內膜癌之方法

初始治療

- 和生殖科醫師諮詢
- 基因檢測與遺傳諮詢 (※)
- 確認藥物治療過程中沒有懷孕

- 持續性黃體素治療
  - Megestrol
  - Medroxyprogesterone
  - Levonorgestrel IUD
- 控制體重及改變生活型態

每3-6個月接受D&C或EM biopsy

復發後治療

在六個月內達到complete response

- 鼓勵懷孕, 同時每六個月追蹤內膜
- 若無懷孕準備則應持續黃體素治療

完成生育後, 或是疾病進展時應接受完整分期手術治療

在6-12個月時發現仍有EM cancer

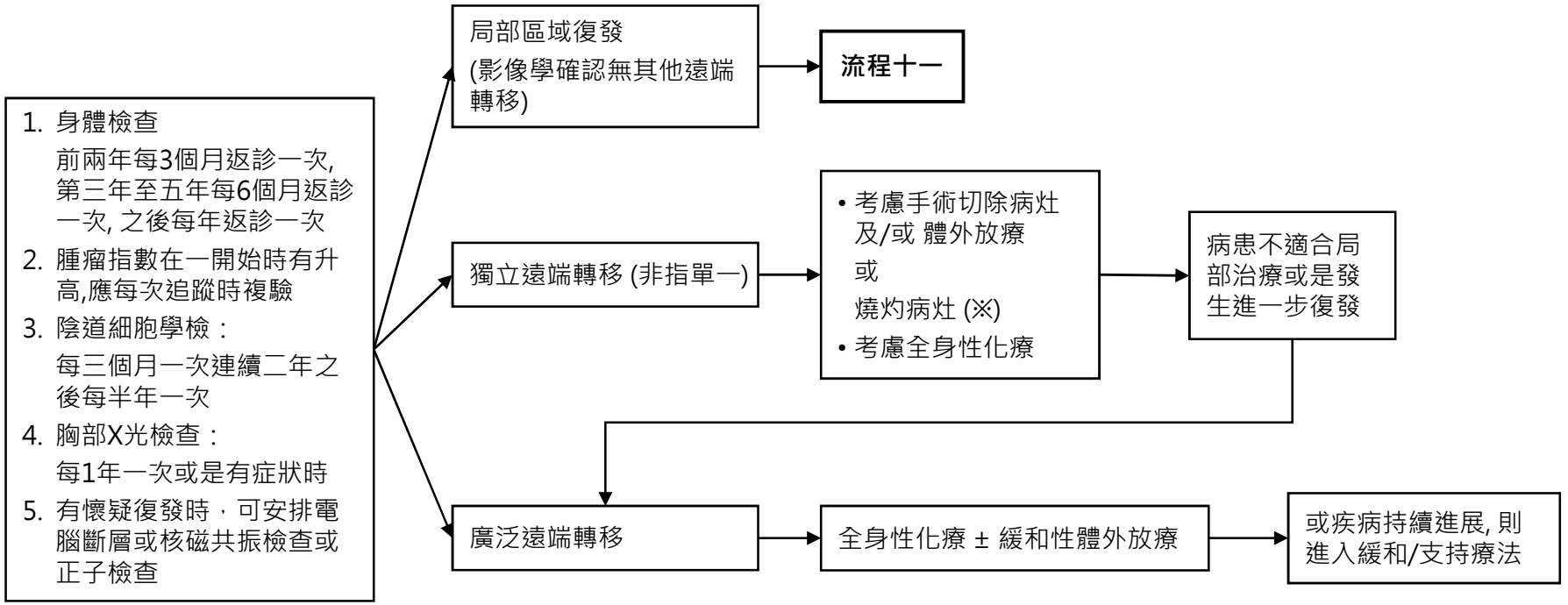
完整分期手術治療

※:特別是在D&C檢體中發現有MMR proteins deficiency或是有MSI的病人, 以及雖然MMR proteins完整/MSI穩定卻有子宮內膜癌 及/或大腸直腸癌家族史的病人, 建議接受基因檢測及諮詢

流程九

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

追蹤及監測　　**臨床表現**　　**復發後治療**

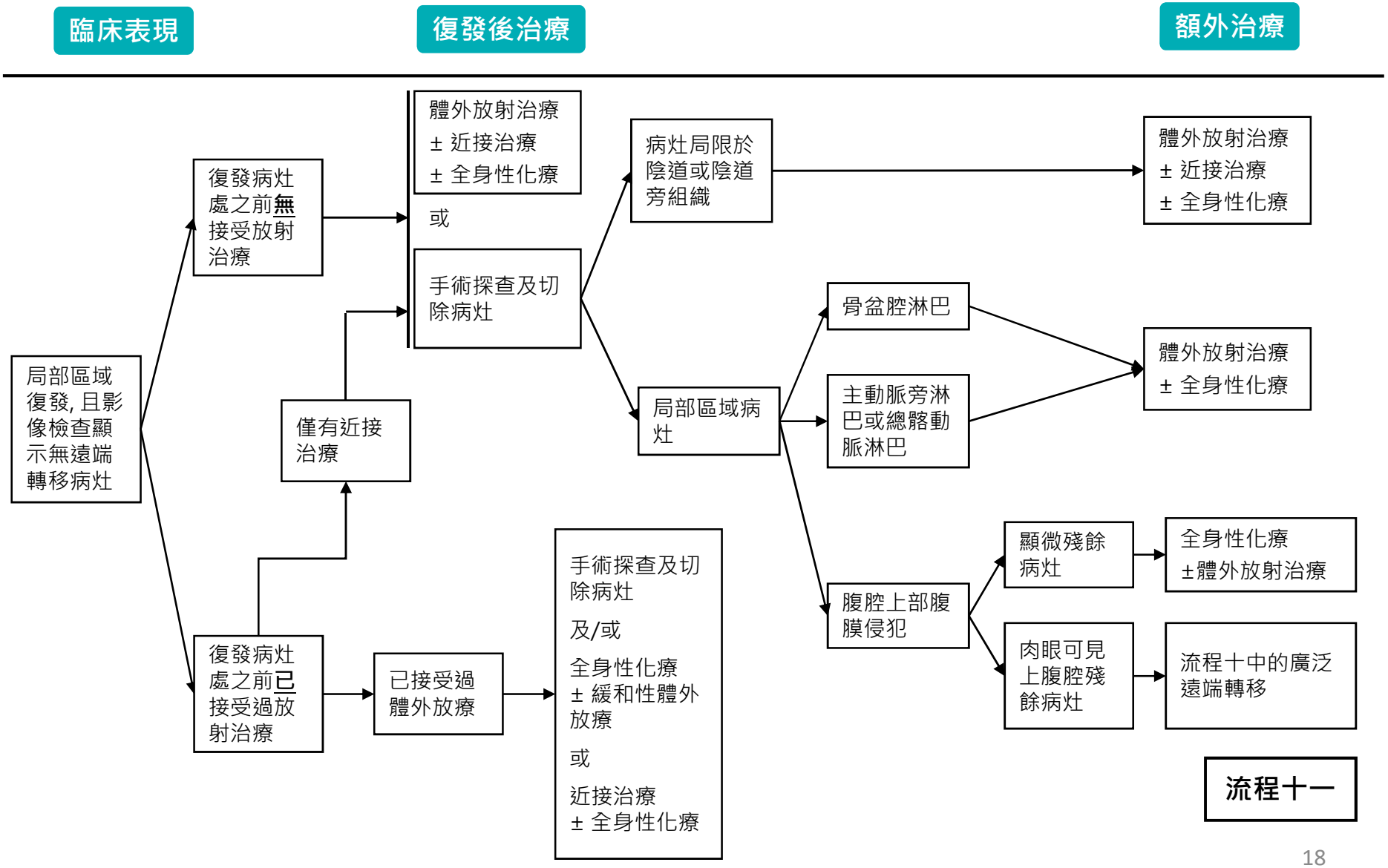


※: 若遠端轉移病灶數為 1-5 個且原始病灶部位已獲得控制時可考慮遠端病灶燒灼術

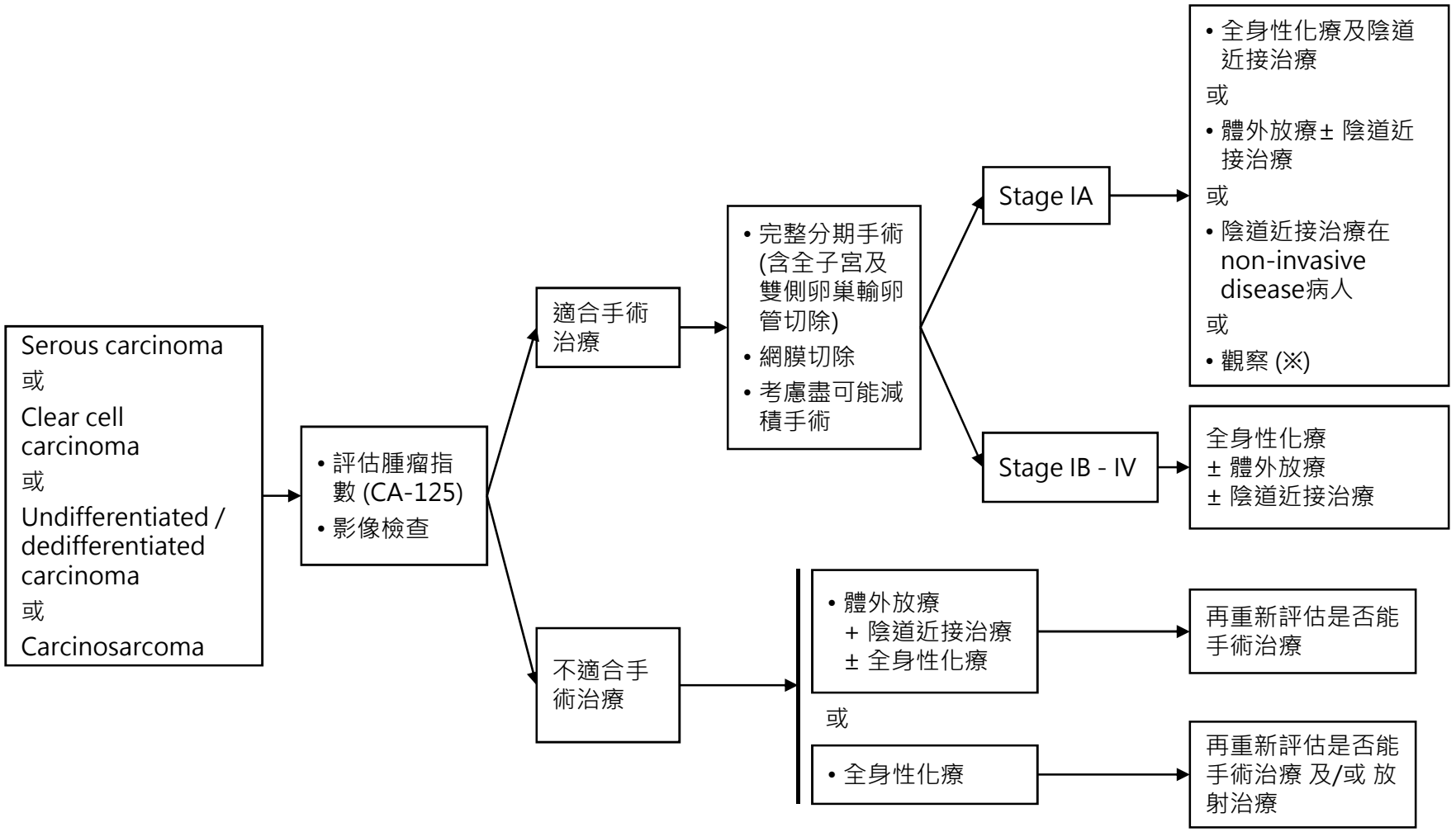
流程十

高雄榮總婦癌團隊　子宮內膜癌臨床治療指引

局部區域復發治療方式



高雄榮總婦癌團隊　子宮內膜癌臨床治療指引



流程十二

※: 僅限於子宮病理組織為serous or clear cell carcinoma，且無肌肉層侵犯及無殘餘病灶者

子宮內膜癌 化療藥物指引

可選用配方	
Taxol (payself) (175 mg/m^2) + Cisplatin (50 mg/m2) if CCr > 60ml/min Taxol (payself) (175 mg/m^2) + Carboplatin (AUC=5) if CCr < 60ml/min	病灶 **侷限於子宮** 時建議使用
PEI (Epirubicine 為optional) (8) Epirubicine (50mg/m^2) +Cisplatin(50mg/m^2) + Ifosfamide+mesna (4gm/m^2) if CCr > 60ml/min Epirubicine (50mg/m^2) + Carboplatin(AUC=5) + Ifosfamide+mesna (4gm/m^2) if CCr < 60ml/min	**針對 復發/轉移/高風險疾病時可選用**
Topotecan(0.75mg/m^2) + Cisplatin (50mg/m^2), if CCr > 60ml/min (30,31) Topotecan(0.75mg/m^2) + Carboplatin (AUC=5), if CCr < 60ml/min	
Lipodoxorubicin (payself) (30 mg/m^2) + Cisplatin(50mg/m^2), if CCr > 60ml/min (32,33) Lipodoxorubicin (payself) (30 mg/m^2) + Carboplatin(AUC=5), if CCr > 60ml/min (32,33)	
Lipodoxorubicin (payself) (40 mg/m^2), every 28 days (32, 33)	
Weekly topotecan (4mg/m^2) (34) Topotecan alone (1mg/m^2) on D1-D5, every 21 days (**Ref Walder S. et al., 2003**)	
Taxol (payself) (175 mg/m^2) + Carboplatin (AUC=5) + Avastin (5-15mg/kg) (**36, 37**)	
Avastin (payself) (5~15mg/kg) (29)	
針對stage III/IV or 復發的serous carcinoma with HER2 positive Carboplatin (AUC=5) + Paclitaxel (175 mg/m^2)+ Trastuzumab (8mg/kg in 1st cycle, then 6mg/kg since 2nd cycle) (38)	
針對有 MSI-H / MMR proteins deficiency 的病患 Pembrolizumab (Keytruda) (200mg), Every 21 days (35, 39, 40)	

子宮內膜癌 荷爾蒙藥物指引

可選用配方
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)
針對復發或是遠端轉移的endometrioid carcinoma Everolimus 10mg QD + Letrozole 2.5mg QD (41)

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