

# 高雄榮民總醫院

## 子宮頸癌診療原則

2016年11月29日第一版

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. 2017)<sup>(1)</sup>
  - 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<sup>(2-3)</sup>
  - 其他相關子宮頸癌臨床指引<sup>(4-10)</sup>

# 會議討論日期

- 上次會議：20151126
- 本共識與上一版的差異
  - 術後標本組織病理檢查結果，修改在血管淋巴侵犯者或腫瘤大小或基質侵犯危險因子，需加做輔助性放射線治療適應症。

# 高雄榮總婦癌團隊 子宮頸原位癌臨床治療指引

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

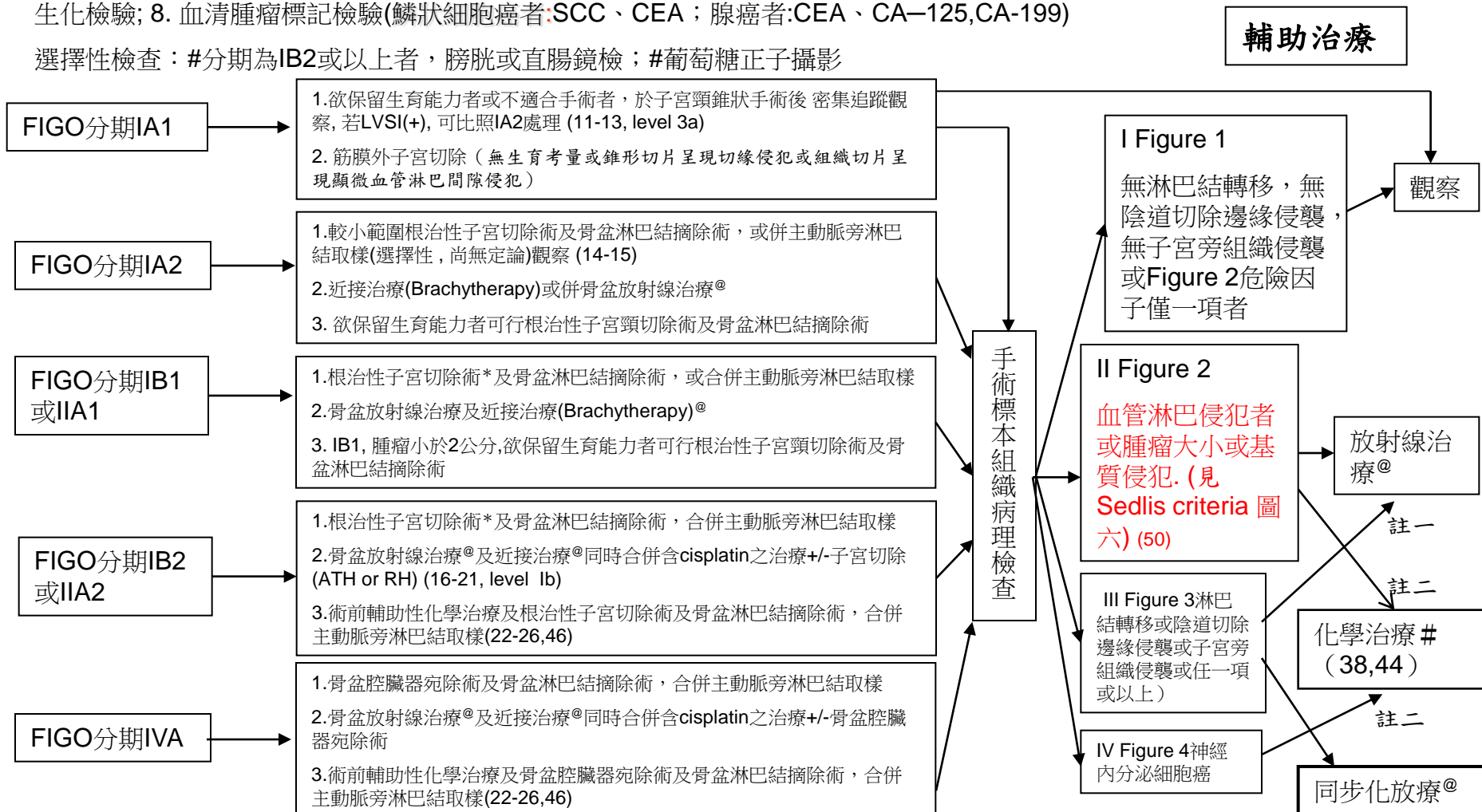
3-6個月再行一次抹片檢  
查或/及陰道鏡檢或 6-12  
個月行人類乳突病毒檢  
查，若有臨床需要，可  
再行子宮頸錐狀切除

# 高雄榮總婦癌團隊 子宮頸癌臨床治療指引

## 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



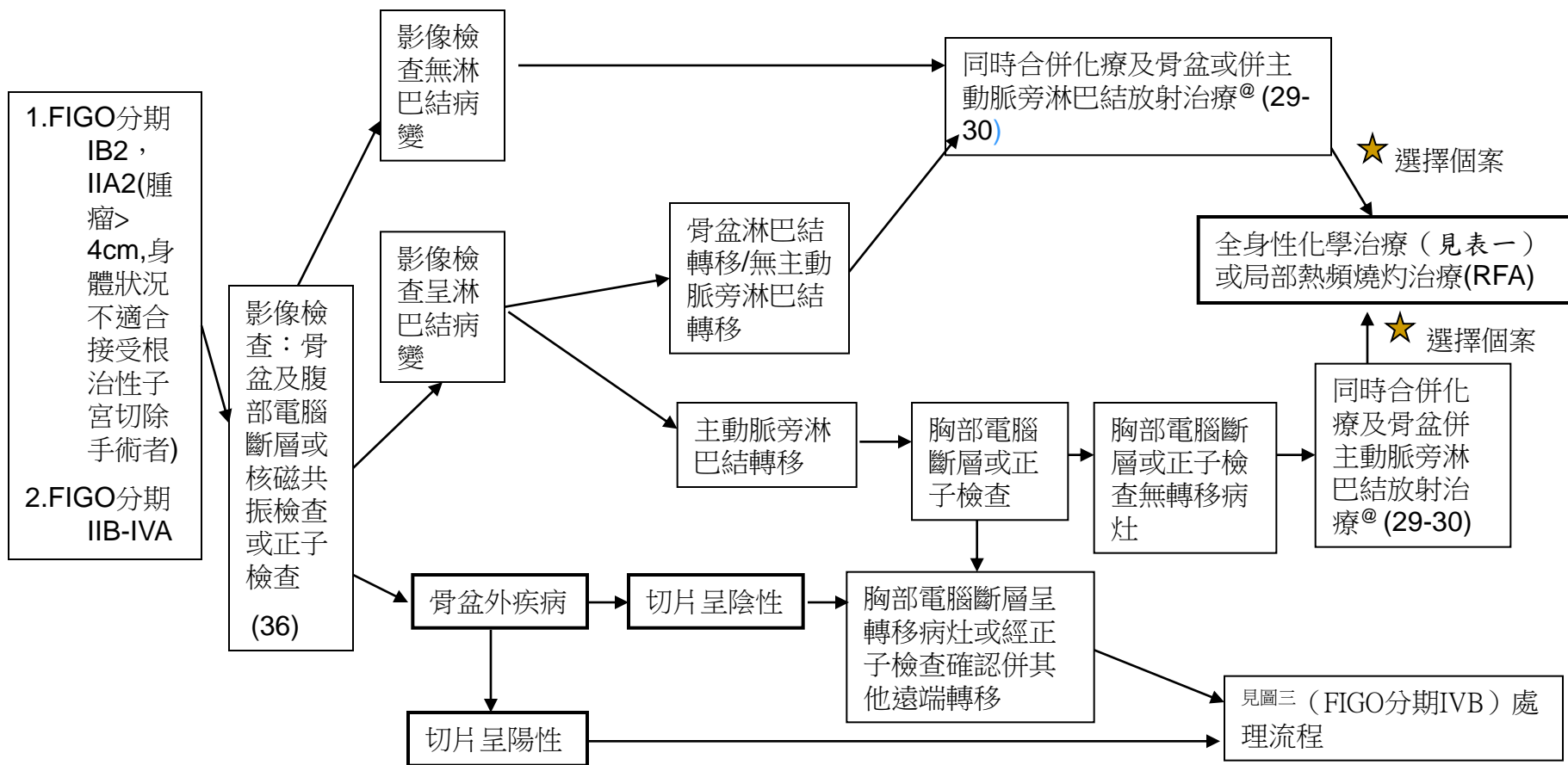
\*:含神經保留式根治性子宮切除術 (nerve sparing radical hysterectomy)；#:請見表一；註一：病患年紀太大或合併多重內科疾病者；註二：年輕女性考慮避免性功能障礙者或接受過放射線治療者；®: 放射治療、近接治療或同步化放療請見放射腫瘤部治療指引

# 高雄榮總婦癌團隊 子宮頸癌臨床治療指引

## 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<sup>®</sup>

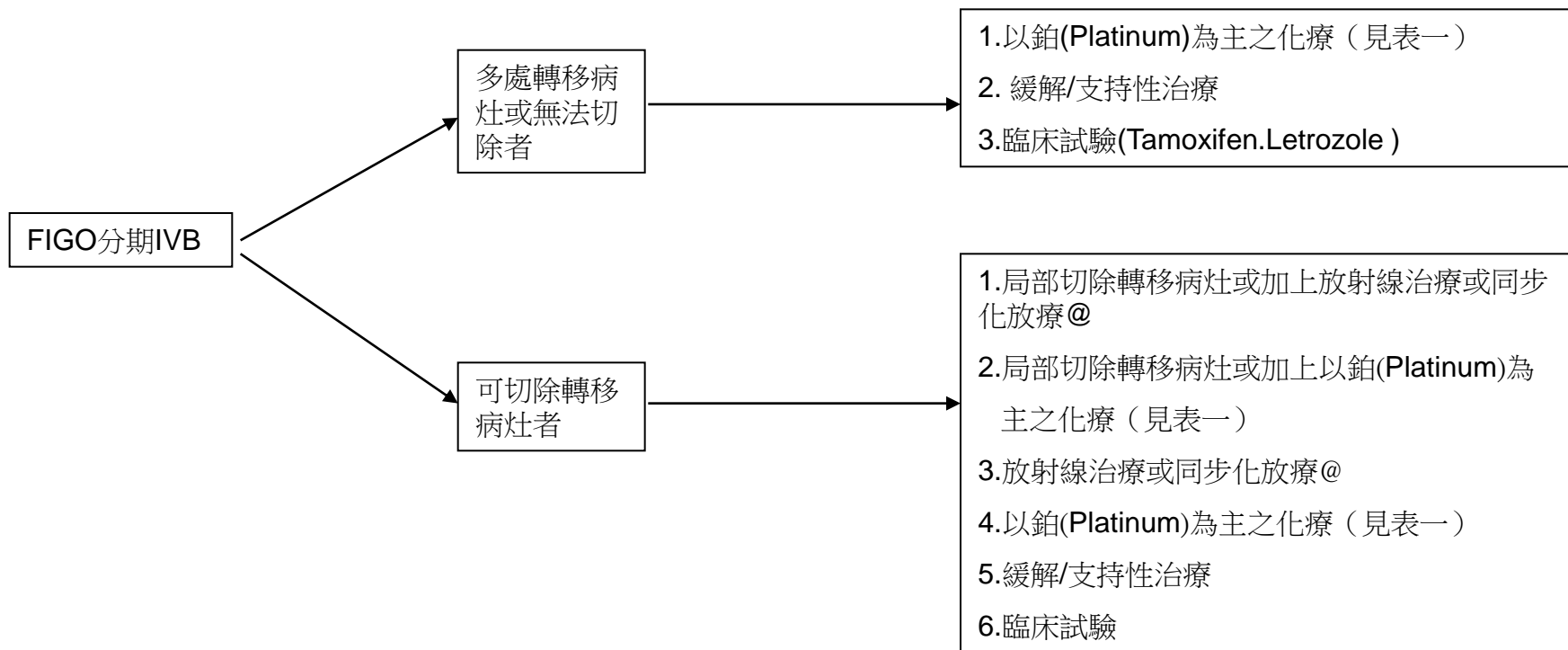
2.同步化放療時使用含cisplatin 40 mg/m<sup>2</sup> weekly x 6 courses（或配合放療療程）之化療或臨床試驗



<sup>®</sup>：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

## FIGO分期IVB(遠端轉移)子宮頸癌治療流程



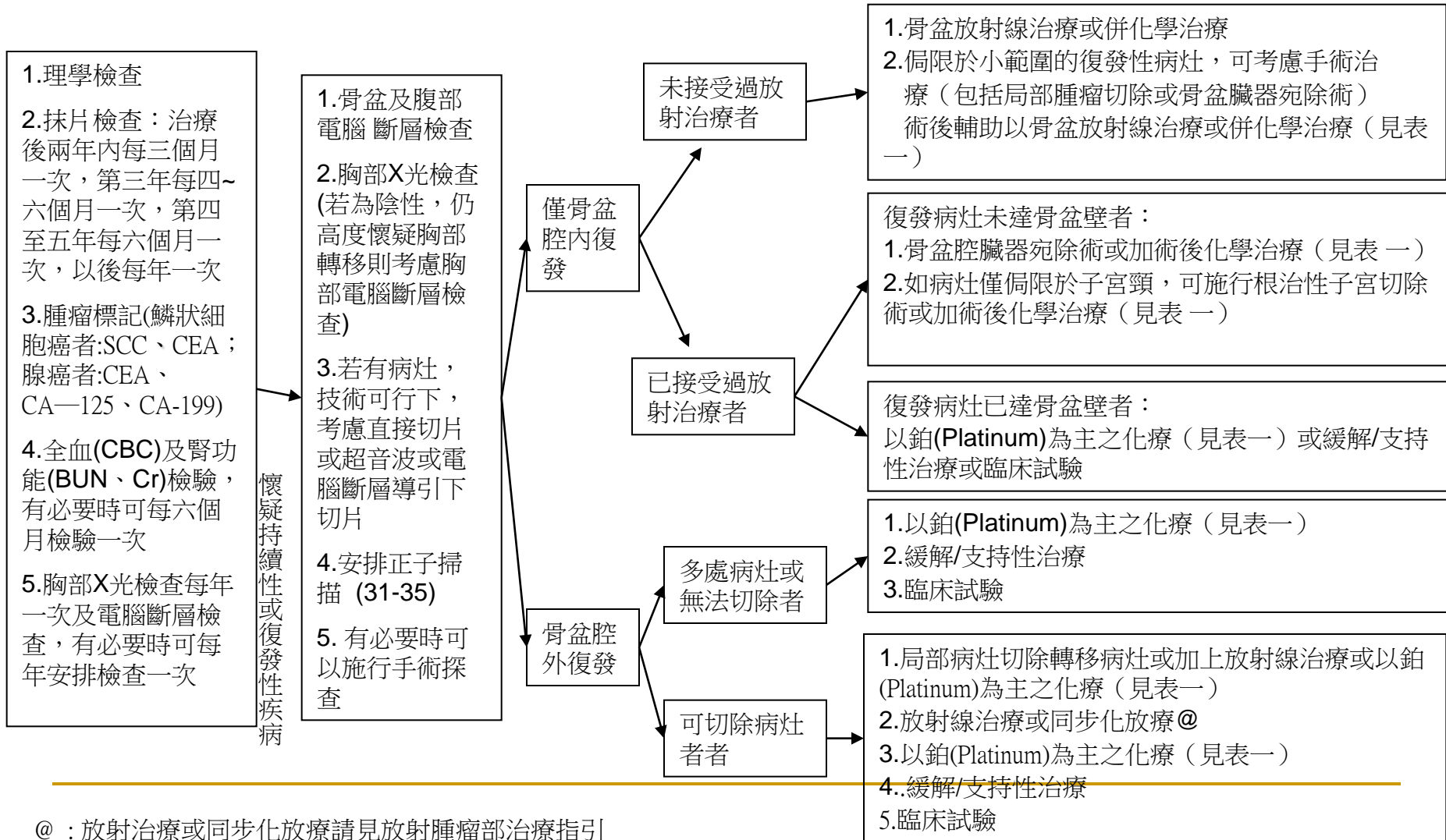
# 高雄榮總婦癌團隊 子宮頸癌臨床治療指引

## 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

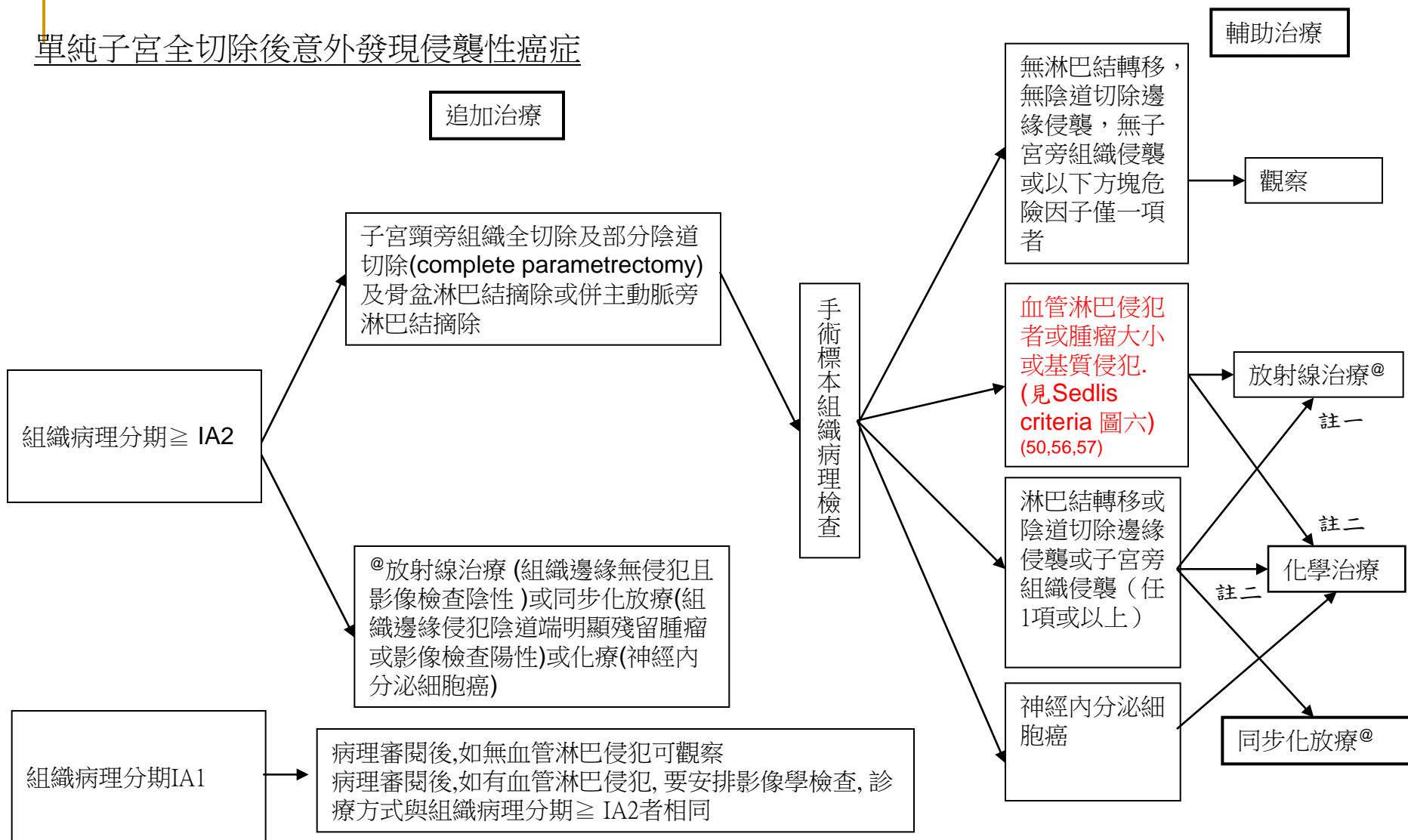


@：放射治療或同步化放療請見放射腫瘤部治療指引



# 高雄榮總婦癌團隊 子宮頸癌臨床治療指引

## 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

**SEDLIS CRITERIA FOR EXTERNAL PELVIC RADIATION AFTER RADICAL HYSTERECTOMY IN NODE-NEGATIVE, MARGIN-NEGATIVE, PARAMETRIA-NEGATIVE CASES<sup>1,2,3,4</sup>**

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

**LVSI: Lymphovascular space invasion**

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/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 3~6 cycles) (48,49)
- 2.Irinotecan 60mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> 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/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> 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/m<sup>2</sup>+cyclophosphamide 500mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles) (53,54)
- 2.VP-16/platinum (VP-16 100mg/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> 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/m<sup>2</sup> x 3 days+ cisplatin 50mg/m<sup>2</sup> 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/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> or carboplatin AUC=5 every 21 days x 6 cycles)(GOG 110, level Ib)
- 3.Paclitaxel 175mg/m<sup>2</sup>+ cisplatin 50mg/m<sup>2</sup> 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/m<sup>2</sup>+cisplatin 50mg/m<sup>2</sup> 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<sup>2</sup> weekly x6 cycles 之化療或臨床試驗藥物(29)

# 高雄榮總婦癌團隊 子宮頸癌臨床治療指引-化學治療或同步化學與放射治療

1. CCRT-CISPLATIN(40MG/M<sup>2</sup>)
  2. CCRT-WEEKLY CISPLATIN(40MG/M<sup>2</sup>) + GEMCITABINE(120MG/M<sup>2</sup>)
  - 3 P(CARBOPLATIN(AUC=5))+VP-16(100MG/M<sup>2</sup>)-CCR. < 60ML/MIN
  4. P(CISPLATIN (50MG/M<sup>2</sup>))+VP-16(100MG/M<sup>2</sup>)-CCR. > 60ML / MIN
  5. P(CARBOPLATIN(ACU=5))C(CYCLOPHOSPHAMIDE (500MG/M<sup>2</sup>))+VP-16(100MG/M<sup>2</sup>)-CCR. <60ML/MIN
  6. P(CISPLATIN(50MG/M<sup>2</sup>)) C+VP-16-CCR. >60ML/MIN
  7. 1ST LINE. I(IFOSFAMIDE+MESNA(4GM/M<sup>2</sup>))  
P(CARBOPLATIN(AUC=5))-CCR.< 60ML/MIN
  8. 1ST LINE. IP(CISPLATIN(50MG/M<sup>2</sup>))-CCR.> 60ML/MIN
  9. 2ND LINE GEMCITABINE(1000MG/M<sup>2</sup>)+ CARBOPLATIN (AUC=5)-CCR<60 (D1)
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10. 2ND LINE. GEMCITABINE(1000MG/M2) -CCR<60 (D8)
  11. 2ND LINE GEMCITABINE(1000MG/M2) + CISPLATIN (50MG/M2) -CCR>=60 (D1)
  12. 2ND LINE GEMCITABINE(1000MG/M2)-CCR>=60 (D8)
  13. 2ND LINE. IRINOTECAN(PAYSELF) (60MG/M2) +CARBOPLATIN(AUC=5) (D1)
  14. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M2)+ CISPLATIN (50MG/M2) (D1)
  15. 2ND LINE. IRINOTECAN(PAYSELF)(60MG/M2)-D8 OR D15
  16. 2ND LINE. TAXOL (PAYSELF)(175MG/M2)+ CARBOPLATIN (AUC=5)-CCR.< 60ML/MIN
  17. 2ND LINE. TAXOL (PAYSELF) (175MG/M2) +CISPLATIN (50MG/M2)-CCR.> 60ML/MIN
  18. 2ND LINE. TOPOTECAN(0.75MG/M2) +CARBOPLATIN (AUC=5)-CCR.< 60ML/MIN
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**19. 2ND LINE. TOPOTECAN (0.75MG/M2) +CISPLATIN (50MG/M2)-CCR.> 60ML/MIN**

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

**21. AVASTIN (PAYSELF)(5MG/KG)**

**22. TAMOXIFEN**

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