高 雄 榮 民 總 醫 院
子宮惡性肉瘤診療原則

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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 ™ Uterine Sarcoma Cancer（V.2.2014）
  - 婦癌研究委員會，子宮惡性肉瘤癌篩檢臨床指引（2011）：國家衛生研究院)
  - 其他相關子宮惡性肉瘤臨床指引)

更改項目

1. 已知或懷疑子宮外病灶在手術不可摘除詳列後續治療流程。
2. Paclitaxel+Cisplatin/Paclitaxel+Carboplatin處方上線

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分期

CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

Clinical — *Extent of disease before any treatment*

Stage Category Definitions

Pathologic — *Extent of disease through completion of definitive surgery*

☐ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery

Tumor Size: _____

Laterality: ☐ left ☐ right ☐ bilateral

☐ y pathologic – staging completed after neoadjuvant therapy and subsequent surgery

TNM Category	FIGO Stage	Primary Tumor (T)	TNM Category	FIGO Stage
		Leiomyosarcoma, Endometrial Stromal Sarcoma		
☐ TX		Primary tumor cannot be assessed	☐ TX	
☐ T0		No evidence of primary tumor	☐ T0	
☐ T1	I	Tumor limited to the uterus	☐ T1	I
☐ T1a	IA	Tumor 5 cm or less in greatest dimens	☐ T1a	IA
☐ T1b	IB	Tumor more than 5 cm	☐ T1b	IB
☐ T2	II	Tumor extends beyond the uterus, within the pelvis	☐ T2	II
☐ T2a	IIA	Tumor involves adnexa	☐ T2a	IIA
☐ T2b	IIB	Tumor involves other pelvic tissues	☐ T2b	IIB
☐ T3	III*	Tumor infiltrates abdominal tissues	☐ T3	III*
☐ T3a	IIIA	One site	☐ T3a	IIIA
☐ T3b	IIIB	More than one site	☐ T3b	IIIB
☐ T4	IVA	Tumor invades bladder or rectum	☐ T4	IVA
		Adenosarcoma		
☐ TX		Primary tumor cannot be assessed	☐ TX	
☐ T0		No evidence of primary tumor	☐ T0	
☐ T1	I	Tumor limited to the uterus	☐ T1	I
☐ T1a	IA	Tumor limited to the endometrium/endocervix	☐ T1a	IA
☐ T1b	IB	Tumor invades to less than half of the myometrium	☐ T1b	IB
☐ T1c	IC	Tumor invades more than half of the myometrium	☐ T1c	IC
☐ T2	II	Tumor extends beyond the uterus, within the pelvis	☐ T2	II
☐ T2a	IIA	Tumor involves adnexa	☐ T2a	IIA
☐ T2b	IIB	Tumor involves other pelvic tissues	☐ T2b	IIB
☐ T3	III*	Tumor involves abdominal tissues	☐ T3	III*
☐ T3a	IIIA	One site	☐ T3a	IIIA
☐ T3b	IIIB	More than one site	☐ T3b	IIIB
☐ T4	IVA	Tumor invades bladder or rectum	☐ T4	IVA

Note: Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors.

* In this stage, lesions must infiltrate abdominal tissues and not just protrude into the abdominal cavity.

TNM Category	FIGO Stage	Regional Lymph Nodes (N)	TNM Category	FIGO Stage
☐ NX		Regional lymph nodes cannot be assessed	☐ NX	
☐ N0		No regional lymph node metastasis	☐ N0	
☐ N1	IIIC	Regional lymph node metastasis	☐ N1	IIIC

TNM Category	FIGO Stage	Distant Metastasis (M)	TNM Category	FIGO Stage
☐ M0		No distant metastasis (no pathologic M0; use clinical M to complete stage group)		
☐ M1	IVB	Distant metastasis (excluding adexa, pelvic, and abdominal tissue)	☐ M1	IVB

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Anatomic Stage · Prognostic Groups

	Clinical					Pathologic			
	GROUP	T	N	M		GROUP	T	N	M
☐	I	T1	N0	M0	☐	I	T1	N0	M0
☐	IA*	T1a	N0	M0	☐	IA*	T1a	N0	M0
☐	IB*	T1b	N0	M0	☐	IB*	T1b	N0	M0
☐	IC**	T1c	N0	M0	☐	IC**	T1c	N0	M0
☐	II	T2	N0	M0	☐	II	T2	N0	M0
☐	IIIA	T3a	N0	M0	☐	IIIA	T3a	N0	M0
☐	IIIB	T3b	N0	M0	☐	IIIB	T3b	N0	M0
☐	IIIC	T1-3	N1	M0	☐	IIIC	T1-3	N1	M0
☐	IVA	T4	Any N	M0	☐	IVA	T4	Any N	M0
☐	IVB	Any T	Any N	M1	☐	IVB	Any T	Any N	M1
☐	Stage unknown				☐	Stage unknown			

* Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma.
** Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma.

Prognostic Factors (Site-Specific Factors)

Required For Staging: None
Clinically Significant:
FIGO Stage: _____
Peritoneal cytology results: _____
Pelvic nodal dissection with number of nodes positive/examined: _____
Para-aortic nodal dissection with number of nodes positive/examined: _____
Percentage of non-endometrioid cell type in mixed histology tumors: _____
Omentectomy performed: _____

Histologic Grade (G) (also known as overall grade)

Grading system	Grade
☐ 2 grade system	☐ Grade I or 1
☐ 3 grade system	☐ Grade II or 2
☐ 4 grade system	☐ Grade III or 3
☐ No 2, 3, or 4 grade system is available	☐ Grade IV or 4

Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the **adenocarcinoma** as follows:
☐ G1 5% **or** less of a non-squamous or non-morular solid growth pattern
☐ G2 6% **to** 50% of a non-squamous or non-morular solid growth pattern
☐ G3 **More** than 50% of a non-squamous or non-morular solid growth pattern

Notes on Pathologic Grading
1. **Notable** nuclear atypia, inappropriate for the architectural grade, raises the grade by one.
2. **Serous**, clear cell, and mixed mesodermal tumors are Grade 3.

Additional Descriptors
Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.
☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified
☐ Lymph-Vascular Invasion Present/Identified
☐ Not Applicable
☐ Unknown/Indeterminate

Residual Tumor (R)
The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.
☐ RX Presence of residual tumor cannot be assessed
☐ R0 No residual tumor
☐ R1 Microscopic residual tumor
☐ R2 Macroscopic residual tumor

General Notes:

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.
m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.
r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.
a prefix designates the stage determined at autopsy: aTNM.
surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.
neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

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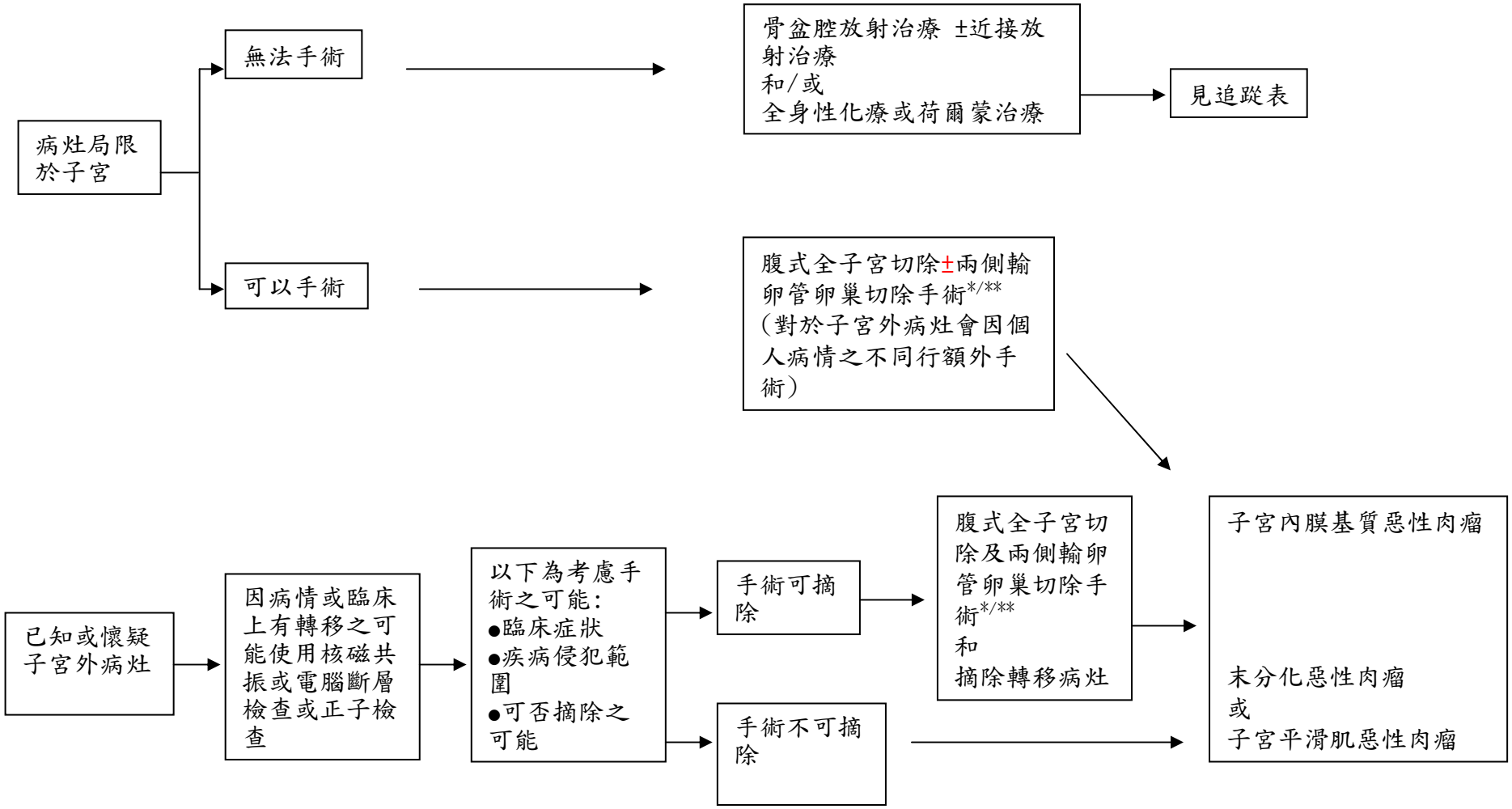

*卵巢摘除會因病人是否為已進入更年期而考慮。
**腹式全子宮切除及兩側輸卵管卵巢切除手術之後病理報告，意外發現為子宮惡性肉瘤:建議行影像學檢查及根據檢查証據考慮手術切除病灶。

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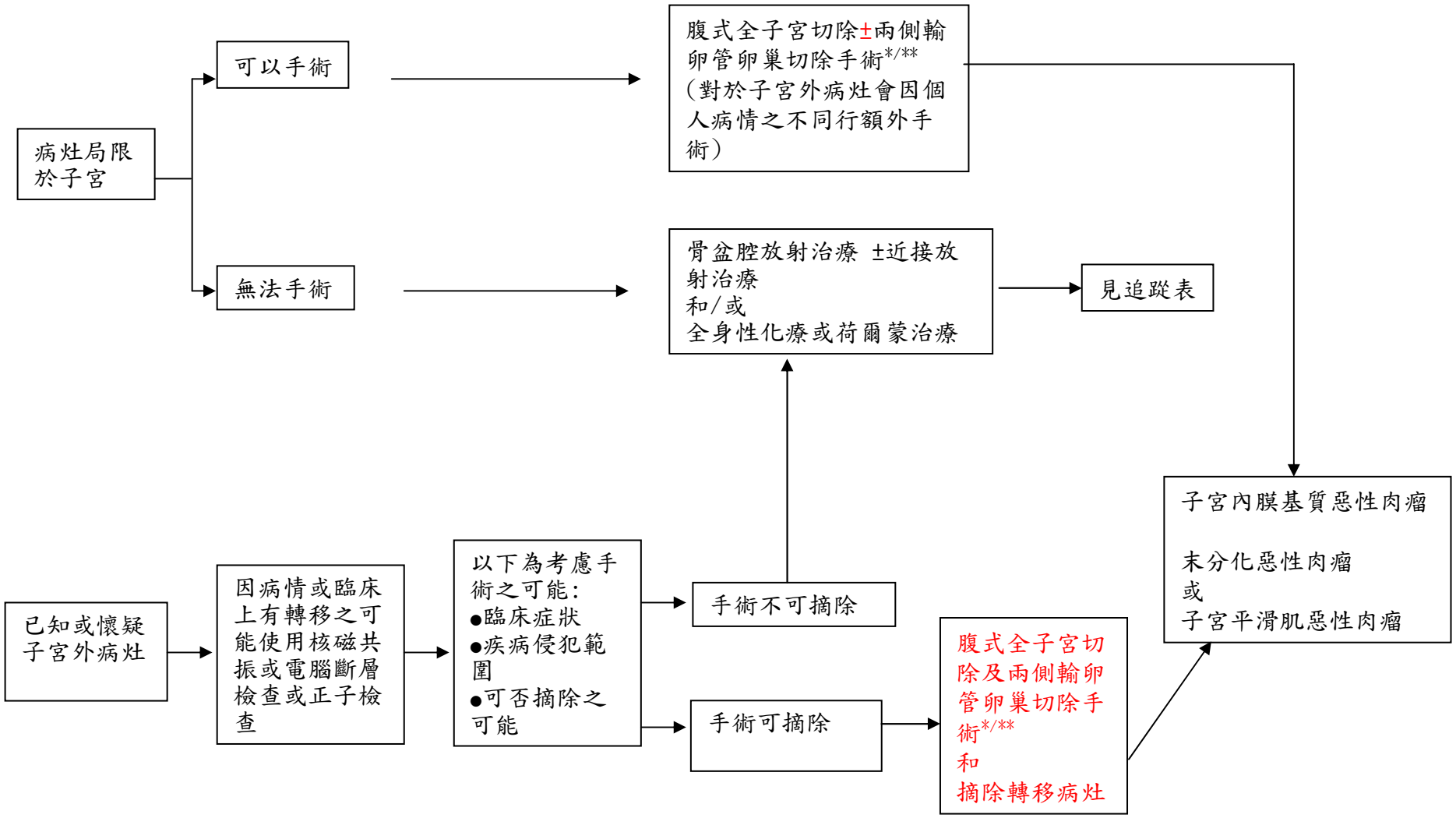

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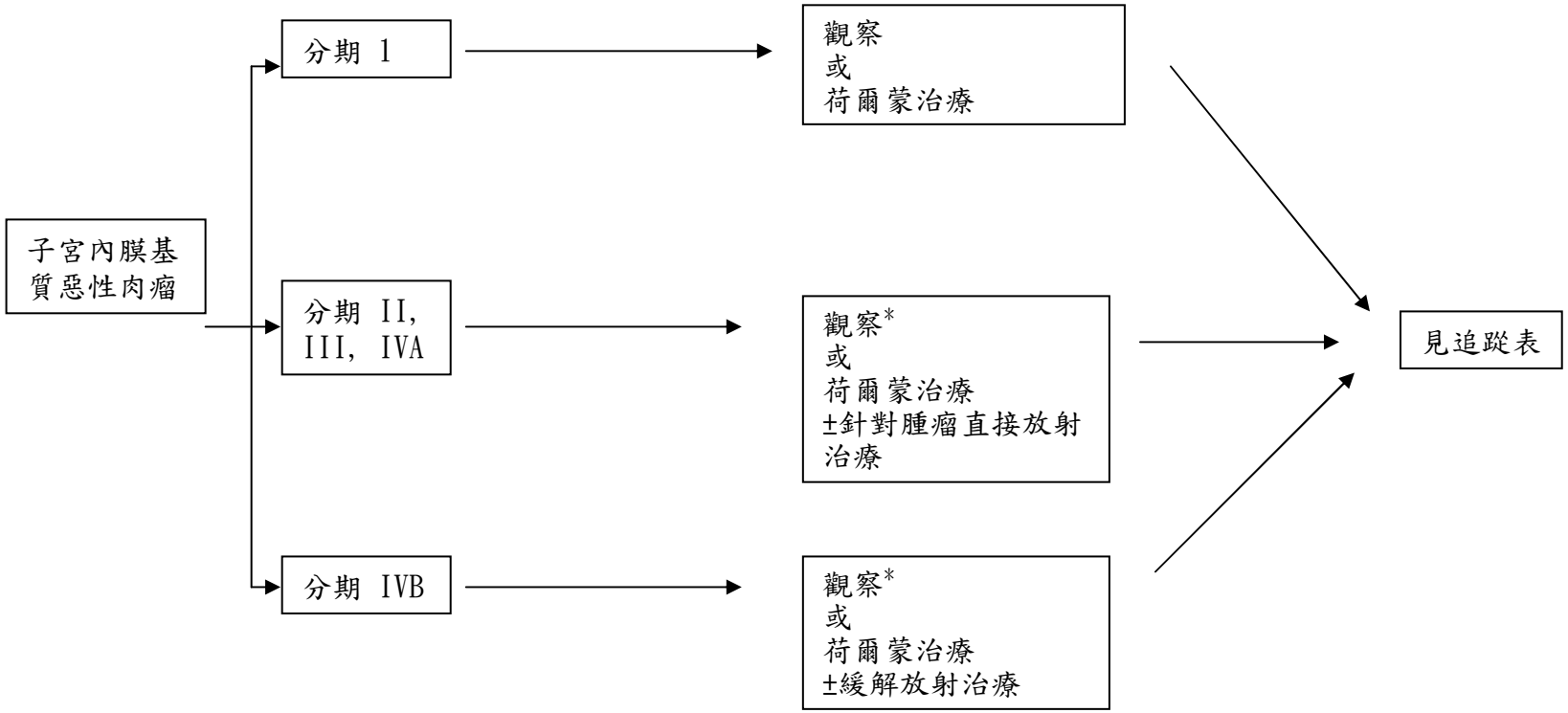

*若手術時已將病灶完全切除。

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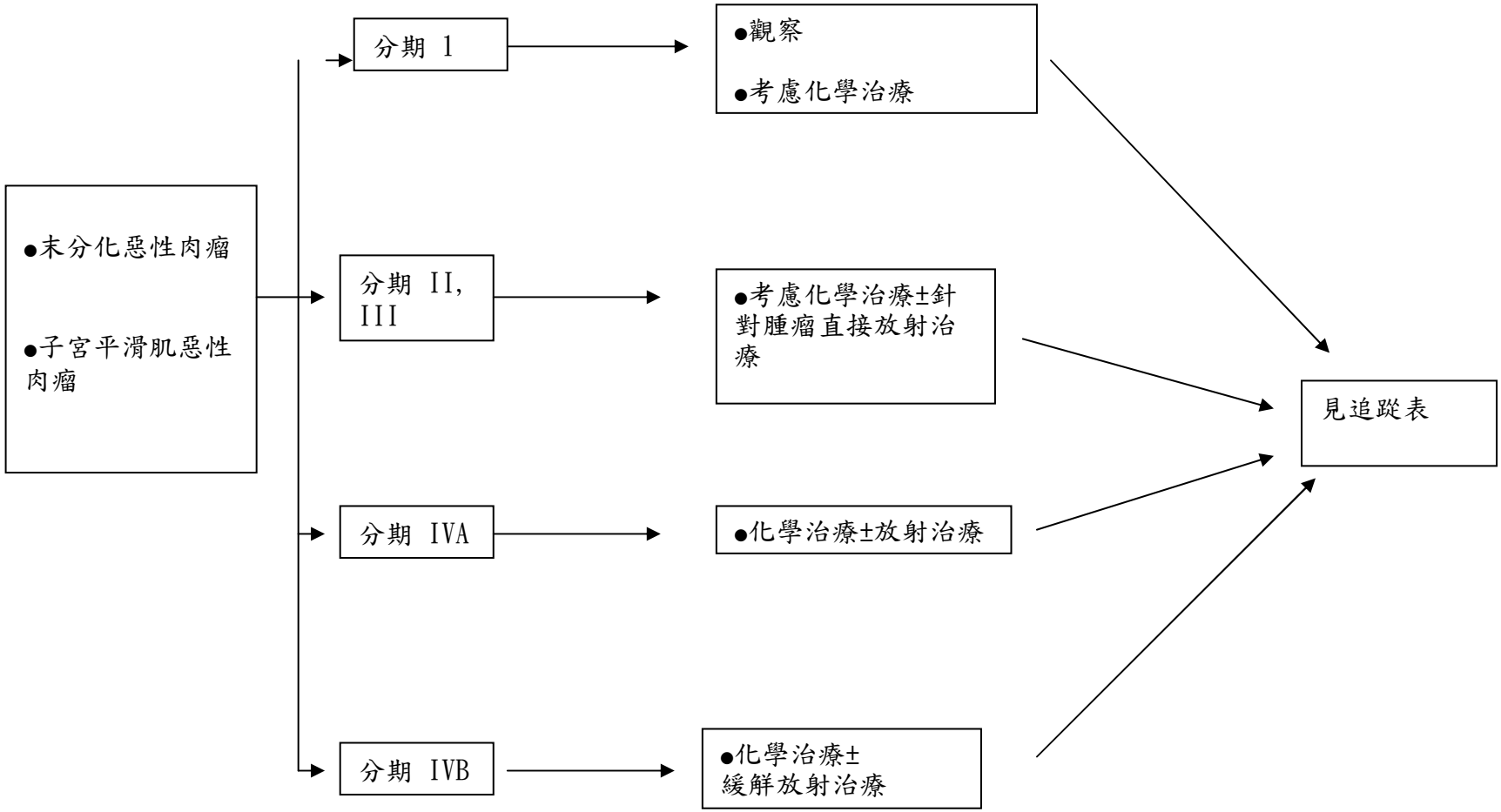

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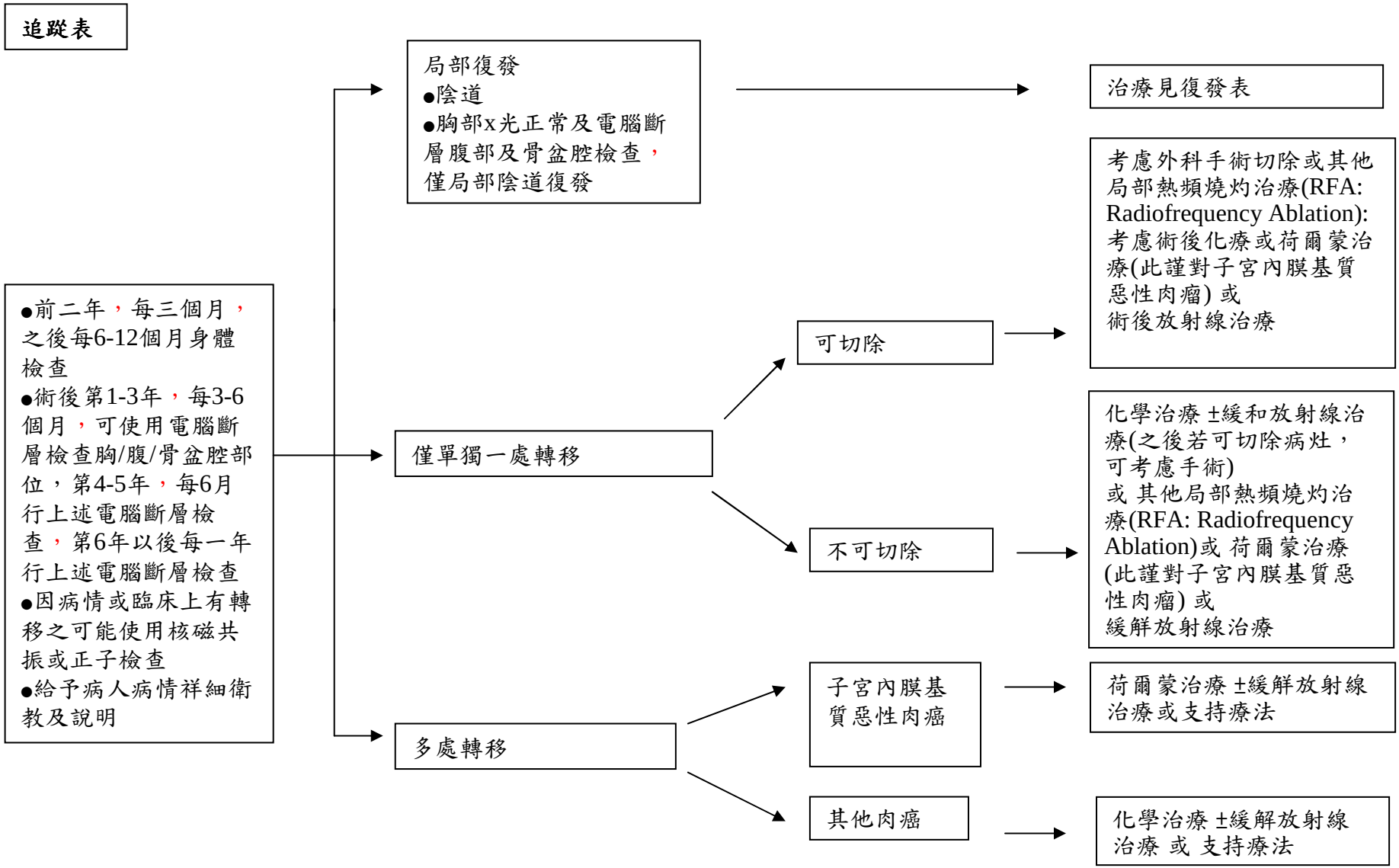

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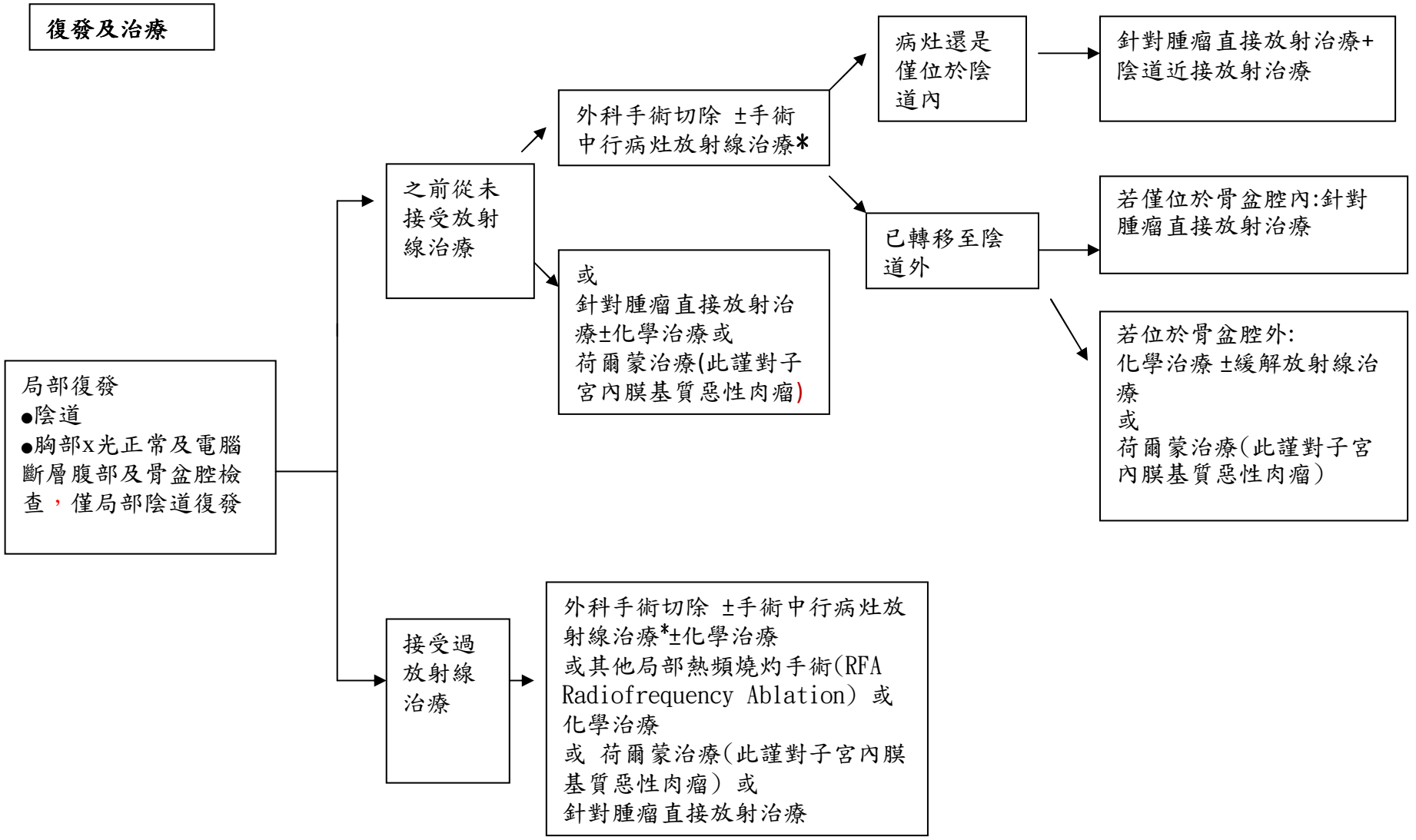
復發及治療



*手術中行病灶放射線治療目前在本科未有此項服務。

高雄榮總婦癌團隊子宮惡性肉瘤臨床治療指引

- 子宮惡性肉瘤之化學治療

化學治療分類

Hormonal therapy	Chemotherapy regimens (Clinical trials strongly recommended)
★Medroxyprogesterone acetate ★Megestrol acetate ★Aromatase inhibitors(category 2B) ★GnRH analogs (category 2B) ★Tamoxifen (category 2B)	The following agents can be used as single or in combination,as clinical appropriate： ★Doxorubicin ★Gemcitabine/docetaxel ★Other single agent options (category 2B)： Dacarbazine,Docetaxel,Epirubicin,Gemcitabine, Ifosfamide,Liposomal doxorubicin,and Paclitaxel could also be considered.

Adjuvant /or Salvage 化學治療		
protocol	劑量	時程
DTIC (Decarbazine, Epirubicin, Platinum, Ifosfamide)	Dacarbazine 200mg qd x 5 days Epirubicin 50mg/m^2 st Carboplatin AUC x5mg st, CCR＜60 （Cisplatin 50mg/m^2 st, CCR≧60） Ifosfamide 4mg/m^2 st	Q3W x 6 cycles
Gemcitabine+Docetaxel	D1/D8 Gemcitabine 675-900 mg/m^2 D8 Docetaxel 75-100 mg/m^2	Q4W x 6 cycles
Paclitaxel+Cisplatin	Paclitaxel 80 mg/m^2 Cisplatin 60 mg/m^2	Q3W x 6 cycles
Paclitaxel+Carboplatin	Paclitaxel 80 mg/m^2 Carboplatin AUC(4-6)/m^2	Q3W x 6 cycles

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