

高 雄 榮 民 總 醫 院

肺癌診療原則

(非小細胞肺癌)

2023年02月22日第一版

肺癌醫療團隊擬訂

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 Practice Guideline in Oncology™,
NSCLC, V2.2023

會議討論(一)

上次會議：2022/02/09

本共識與上一版的差異

上一版	新版
1. 無 (p. 5)	1. 新增 stage IIB (T3, N0) (p. 5)
2. 無 (p. 5, 6, 8)	2. 新增:術前 neoadjuvant C/T± Nivolumab (p. 5, 6, 8)
3. 無 (p. 5, 6, 8)	3. 新增:術後抗腫瘤治療 Pembrolizumab (p. 5, 6, 8)
4. 無 (p. 6)	4. 新增 stage IIB (T1abc-2ab, N1) (p. 6)
5. 無 (p. 6)	5. 新增 stage II 可以考慮 CCRT, followed by Durvalumab if PR/SD (p. 6)
6. 無 (p. 12, 21)	6. 新增 Adagrasib (p. 12, 21)
7. 無 (p. 23)	7. 新增術前新輔助化學治療處方 (p. 23)
8. 無 (p. 25)	8. 新增術後輔助化學治療處方 (p. 25)
9. 無 (p. 26)	9. 新增同步化學治療放射線治療處方 (p. 26)

非小細胞肺癌

高雄榮民總醫院
臨床診療指引

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診斷

評估

初步治療

輔助治療

追蹤

Stage IA
disease
(peripheral
T1abc, N0)

- 病史，理學檢查
- CXR, Chest CT
- CBC/DC , SMA
- Tumor markers*
- ECG
- 經由痰液、支氣管鏡檢查或影像導引穿刺組織學證實
- 檢體 EGFR mutation 檢測*
- 檢體 ALK IHC 檢測*
- 檢體 ROS1 IHC 檢測*
- 檢體 BRAF IHC 檢測***
- 檢體 PD-L1 檢測*
- 次世代定序癌症基因檢測*
- Brain CT/MR #
- 上腹部超音波#
- 支氣管鏡檢查#
- Bone scan #
- PET-CT #
- Pathologic mediastinal LN evaluation*
- 肺功能檢查

Curative surgery with radical LN dissection or systemic LN sampling

Margin (+) (R1,R2):
Reresection or R/T

Margin (-) (R0)

Baseline Chest CT after Tx,
Hx, PE and CXR,
Tumor markers*
Q3-6M x 2 yrs
then q6M every yr
F/U for 5 yrs

Definitive R/T, preferably SABR if not OP

*As clinical indicated

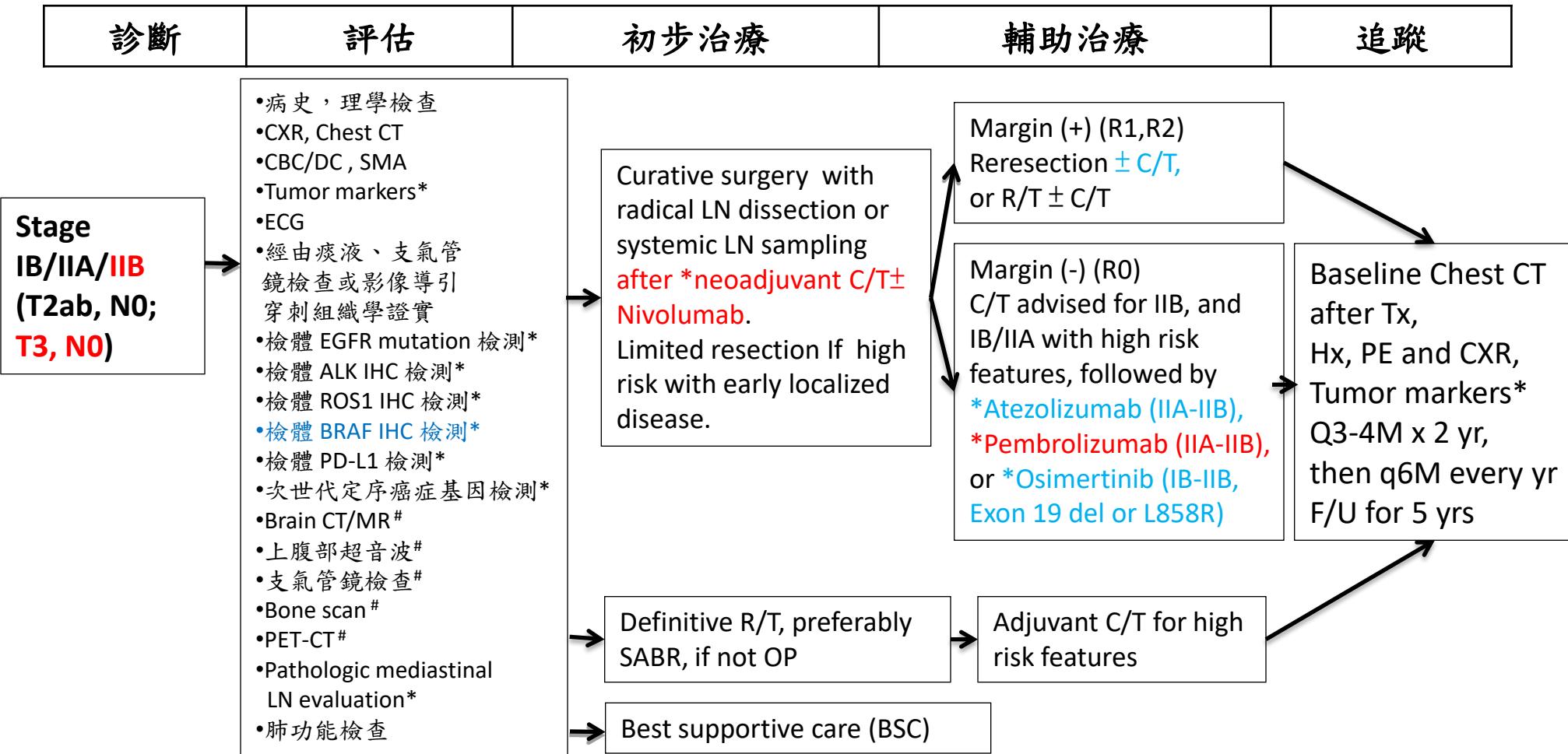
May not needed for GGO lesion

SABR: Stereotactic ablative radiotherapy

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* As clinical indicated, optional treatment. # May not needed for GGO lesion.

- High risk features include poorly differentiated tumors, vascular invasion, wedge resection, tumor > 4 cm, visceral pleural involvement and unknown lymph node status (Nx). SABR: Stereotactic ablative radiotherapy.

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初步治療

輔助治療

追蹤

Stage IIB
**(T1abc-2ab, N1;
T3 invasion, N0)**

Stage IIIA
**(T4 extension,
N0-1; T3, N1;
T4, N0-1)**

- 病史，理學檢查
- CXR, Chest CT
- CBC/DC, SMA
- Tumor markers*
- ECG
- 經由痰液、支氣管鏡檢查或影像導引穿刺組織學證實
- 檢體 EGFR mutation 檢測*
- 檢體 ALK IHC 檢測*
- 檢體 ROS1 IHC 檢測*
- 檢體 BRAF IHC 檢測***
- 檢體 PD-L1 檢測*
- 次世代定序癌症基因檢測*
- Brain CT/MR
- 上腹部超音波
- 支氣管鏡檢查
- Bone scan*
- PET-CT
- Pathologic mediastinal LN evaluation*
- 肺功能檢查

Curative surgery with radical LN Dissection or systemic LN sampling# **after *neoadjuvant C/T± Nivolumab.**

Margin (+) (R1,R2):
Rerection + C/T,
or R/T + C/T

Margin (-) (R0):
C/T followed by
***Atezolizumab,**
***Pembrolizumab,** or
***Osimertinib (Exon 19 del or L858R)**

CT ± RT, or TKI (with driver oncogene)

CCRT

PR or SD

Durvalumab*

TKI (with driver oncogene) in poor PS

Best supportive care (BSC)

Baseline Chest CT after Tx,
Hx, PE and CXR,
Tumor markers*
Q3-4M x 2 yr,
then q6M every yr
F/U for 5 yrs

*As clinical indicated, optional treatment

Limited resection is appropriate in poor pulmonary reserve or other major comorbidity that contraindicate lobectomy.

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診斷

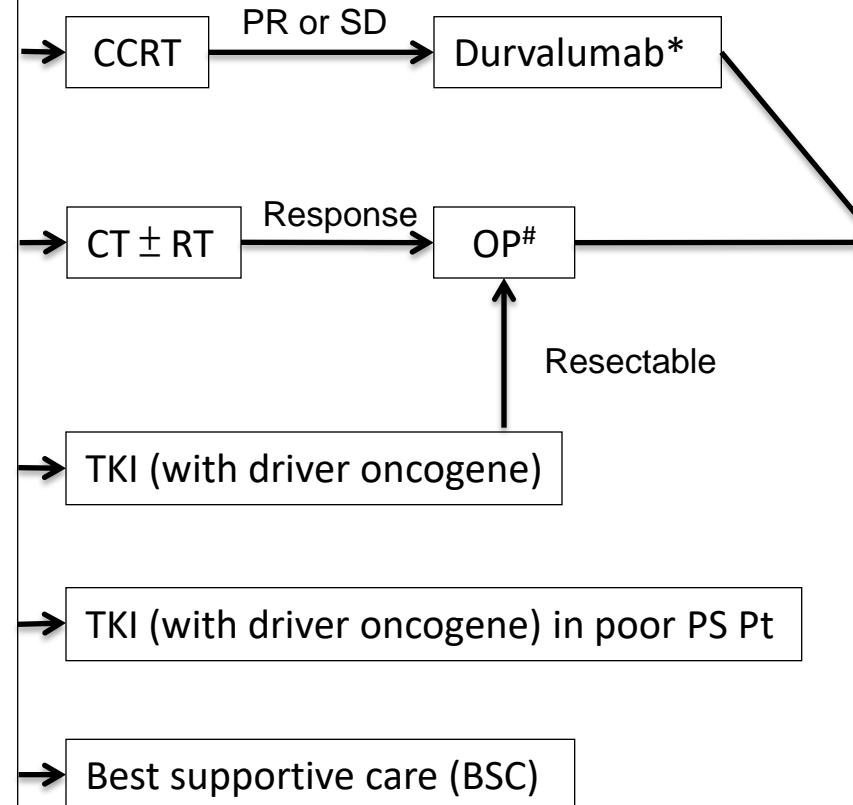
評估

初步治療

輔助治療

追蹤

- Stage IIIA (T4, N0-1), Unresectable**
- 病史，理學檢查
 - CXR, Chest CT
 - CBC/DC, SMA
 - Tumor markers*
 - ECG
 - 經由痰液、支氣管鏡檢查或影像導引穿刺組織學證實
 - 檢體 EGFR mutation 檢測*
 - 檢體 ALK IHC 檢測*
 - 檢體 ROS1 IHC 檢測*
 - 檢體 BRAF IHC 檢測*
 - 檢體 PD-L1 檢測*
 - 次世代定序癌症基因檢測*
 - Brain CT/MR
 - 上腹部超音波
 - 支氣管鏡檢查
 - Bone scan*
 - PET-CT
 - Pathologic mediastinal LN evaluation*
 - 肺功能檢查



Baseline Chest CT after Tx, Hx, PE and CXR, Tumor markers* Q3-4M x 2 yrs, then q6M every year F/U for 5 yrs

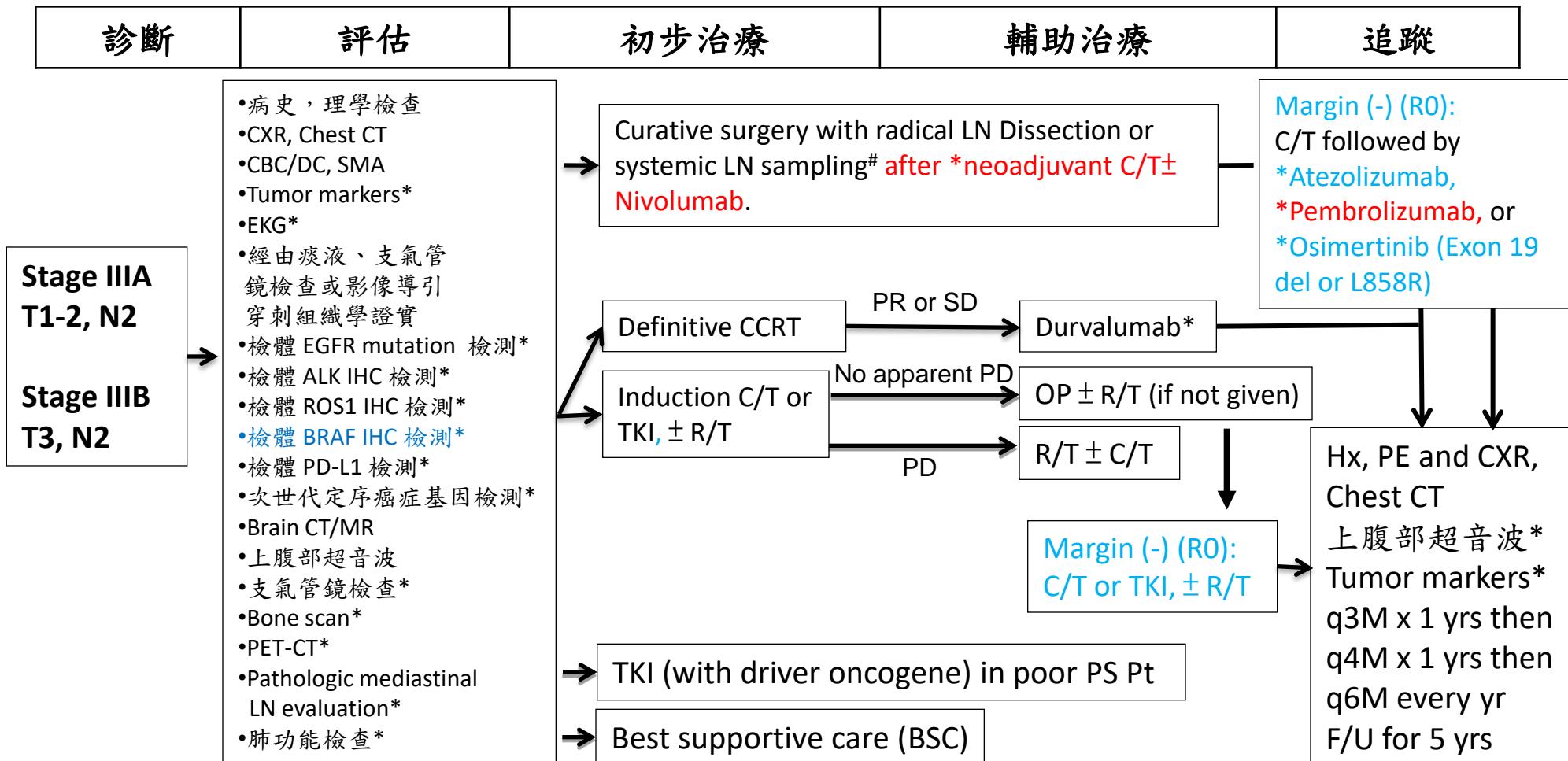
*As clinical indicated, optional treatment

Limited resection is appropriate in poor pulmonary reserve or other major comorbidity that contraindicate lobectomy.

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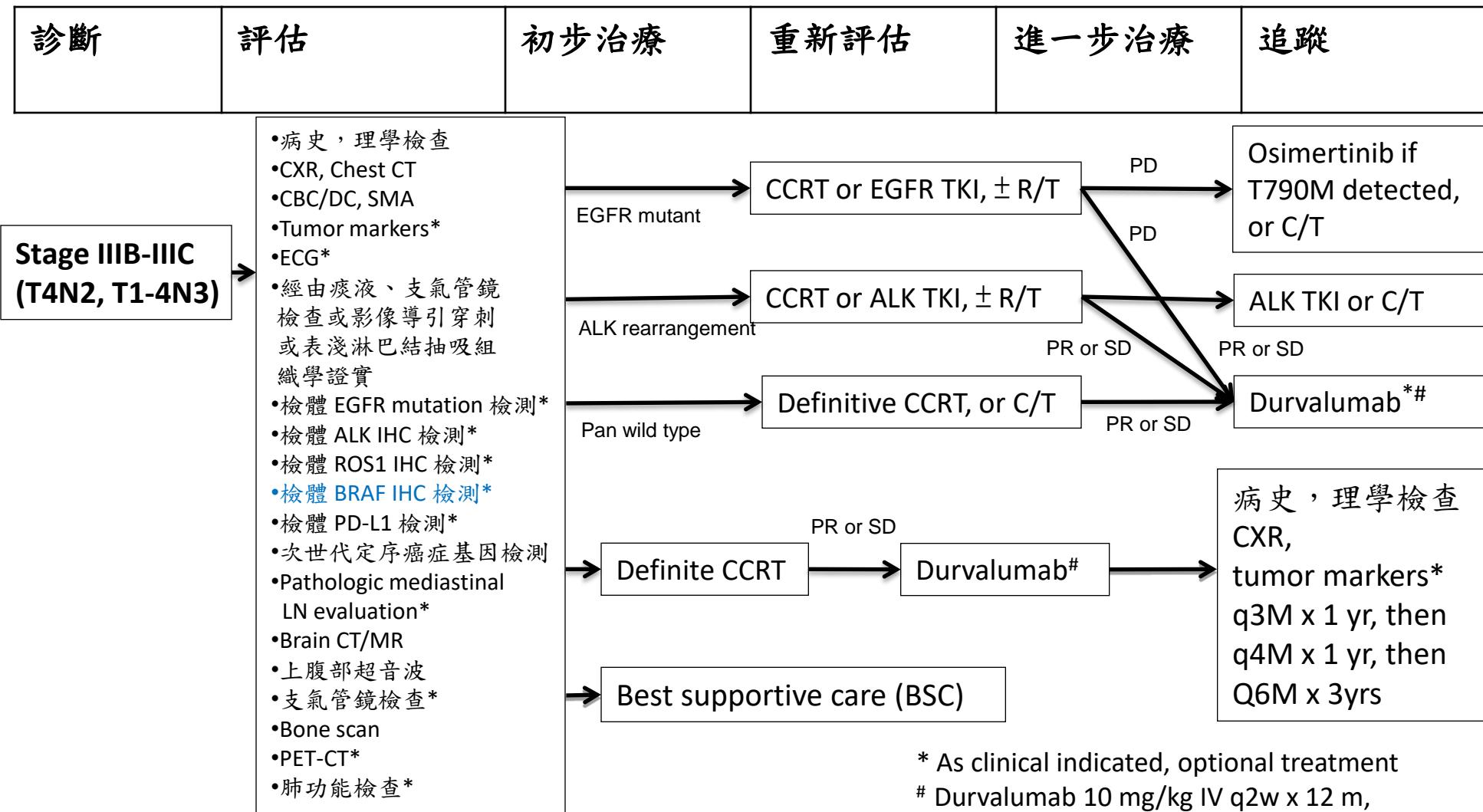
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Limited resection is appropriate in poor pulmonary reserve or other major comorbidity that contraindicate lobectomy.

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* As clinical indicated, optional treatment

Durvalumab 10 mg/kg IV q2w x 12 m, or Durvalumab 1,500 mg IV q4w x 12m

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評估

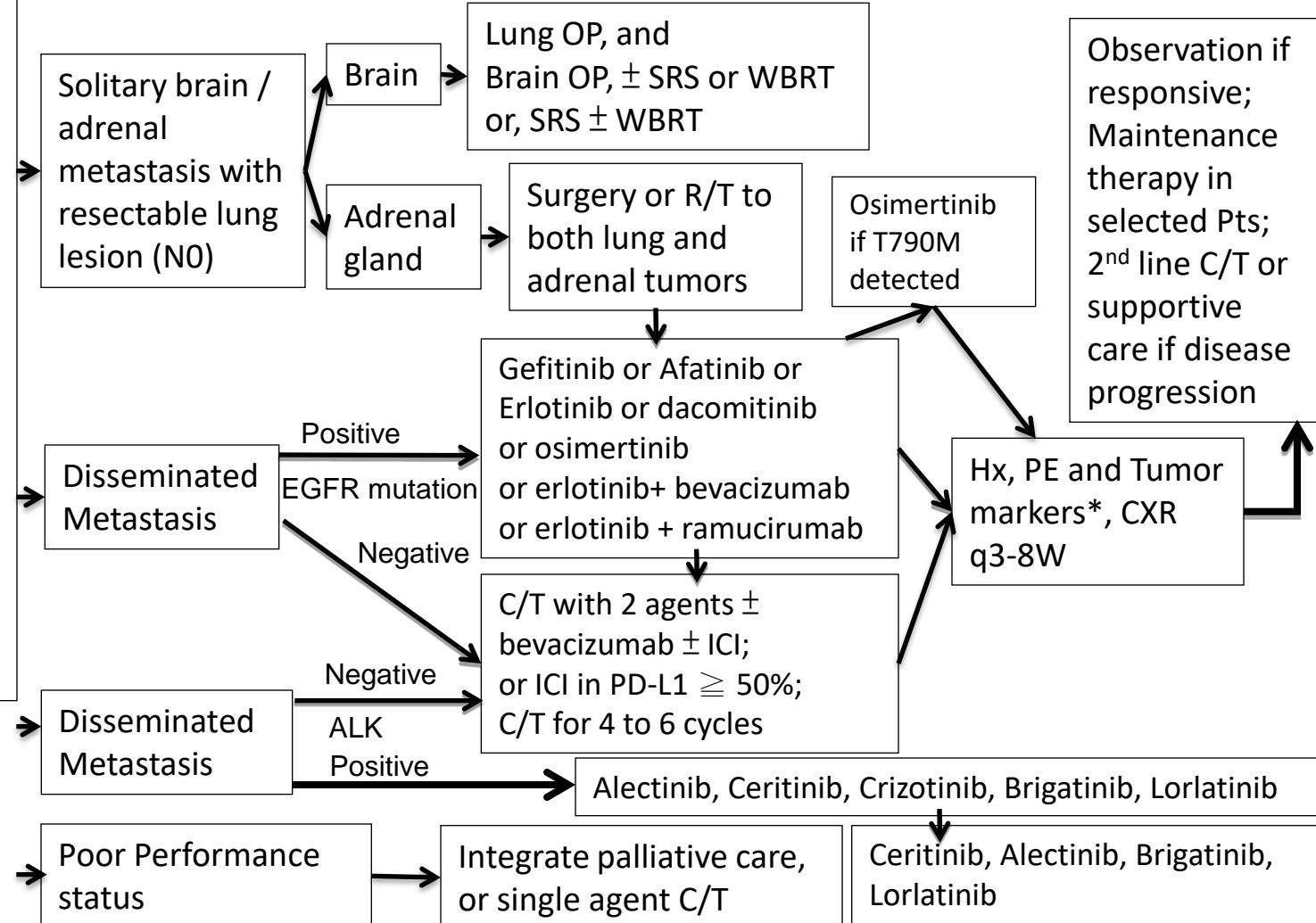
治療

重新評估

治療

- 病史，理學檢查
- CXR
- Chest CT
- CBC/DC, SMA
- Tumor markers*
- EKG*
- 經由痰液、肋膜積液、支氣管鏡檢查或影像導引穿刺或表淺淋巴結抽吸組織學證實
- 檢體 EGFR mutation 檢測*
- 檢體 ALK IHC 檢測*
- 檢體 ROS1 IHC 檢測*
- 檢體 BRAF IHC 檢測***
- 檢體 PD-L1 檢測*
- 次世代定序癌症基因檢測*
- 上腹部超音波檢查
- Bone scan *
- Brain CT/MRI
- PET-CT*

Stage
IVA,B
M1a
M1b
M1c



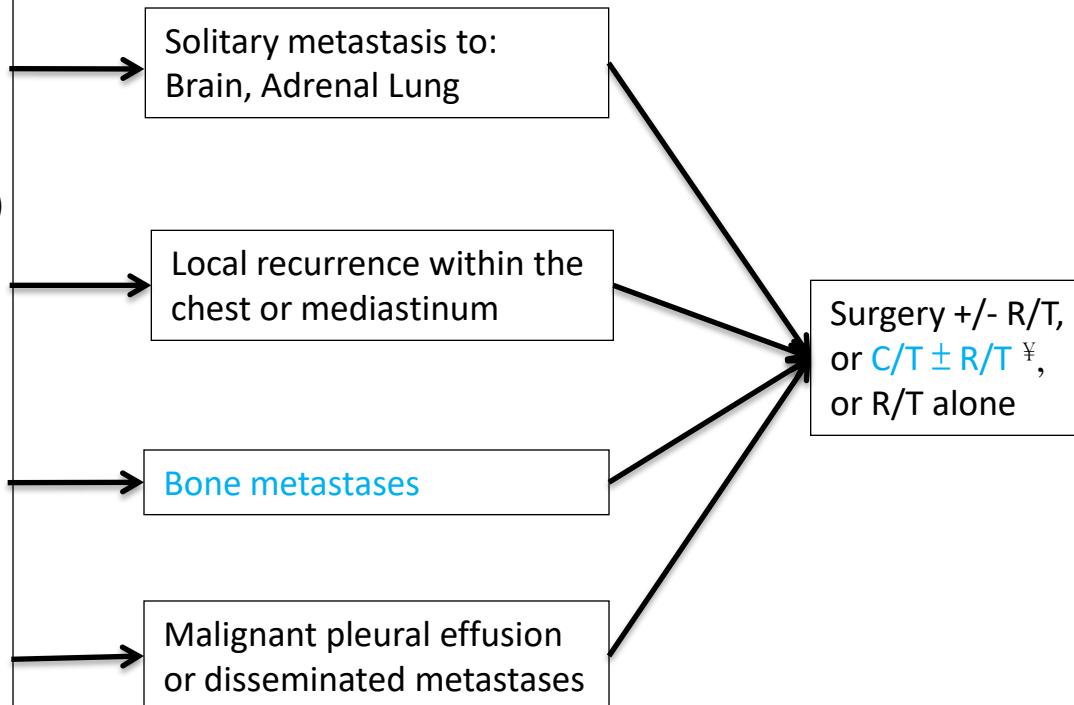
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復發

- 病史，理學檢查
- CXR
- CBC/DC, SMA
- Tumor markers*
- Chest CT
(including liver/ adrenal gland)
- 經由支氣管鏡檢查
或影像導引穿刺或
表淺淋巴結抽吸組織學證實*
- 檢體 EGFR mutation 檢測*
- 檢體 ALK IHC 檢測*
- 檢體 ROS1 IHC 檢測*
- 檢體 BRAF IHC 檢測*
- 檢體 PD-L1 檢測*
- 次世代定序癌症基因檢測*
- Bone scan*
- Brain MRI*
- Mediastinoscopy* or TBNA[§]
- PET-CT*



Optional:

§Transbronchoal fine needle aspiration

¥Concurrent chemoradiotherapy

非小細胞肺癌

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SENSITIZING DRIVER ONCOGENE

Exon 19 deletion
or L858R

S768I
L861Q
G719X

Exon 20
insertion

KRAS G12C

First line therapy

Osimertinib
Gefitinib
Afatinib
Dacomitinib
Erlotinib
+/- Bevacizumab
or +/ - Ramucirumab

Osimertinib
Gefitinib
Afatinib
Dacomitinib
Erlotinib

Platinum-based
chemotherapy
+/- Bevacizumab

Platinum-based
chemotherapy
+/- Bevacizumab

Subsequent therapy

Osimertinib
if newly acquired T790M positive*

Platinum-based chemotherapy
+/- Bevacizumab

Osimertinib
if newly acquired T790M positive*

Platinum-based chemotherapy
+/- Bevacizumab

Amivantamab-vmjw or
Mobocertinib or
Chemotherapy +/- Bevacizumab

Sotorasib or
Adagrasib
Chemotherapy +/- Bevacizumab

* First line did not receive osimertinib

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SENSITIZING DRIVER ONCOGENE

First line therapy

Subsequent therapy

ALK rearrangement positive

Alectinib
Ceritinib
Crizotinib
Brigatinib
Lorlatinib

Ceritinib or alectinib or brigatinib or lorlatinib

ROS1 rearrangement positive

Crizotinib
Ceritinib
Entrectinib

Platinum-based chemotherapy +/- Bevacizumab

Stage
IVA,B
M1a
M1b
M1c

BRAF V600E mutation positive

Dabrafenib + trametinib, or Vemurafenib

Platinum-based chemotherapy +/- Bevacizumab

NTRK 1/2/3 fusion positive

Larotrectinib
Entrectinib

Platinum-based chemotherapy +/- Bevacizumab

MET exon14 skipping

Capmatinib
Tepotinib
Crizotinib

Platinum-based chemotherapy +/- Bevacizumab

RET rearrangement positive

Selpercatinib
Pralsetinib
Cabozantinib

Platinum-based chemotherapy +/- Bevacizumab

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診斷

評估

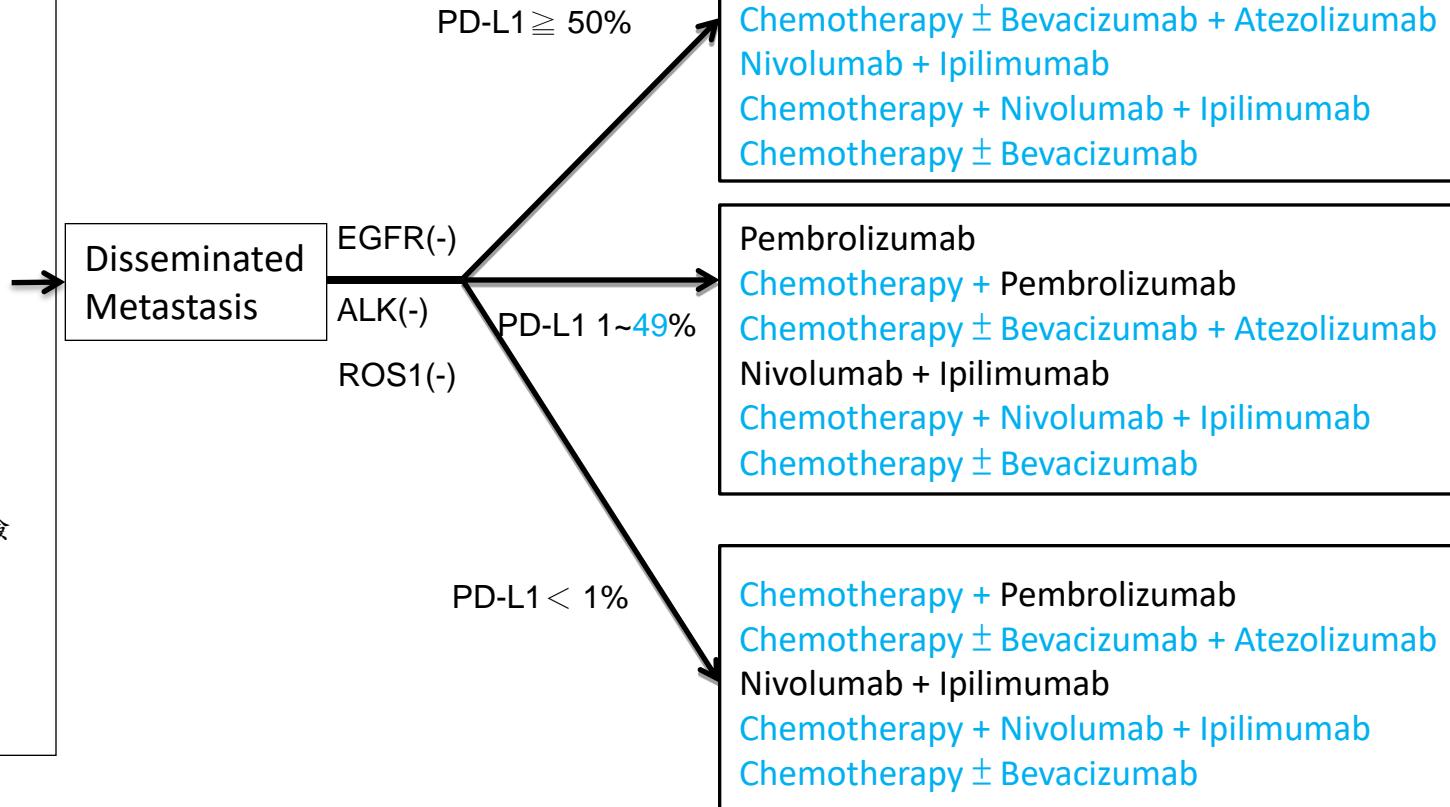
治療

重新評估

治療

- 病史，理學檢查
- CXR
- Chest CT
- CBC/DC, SMA
- Tumor markers*
- EKG
- 經由痰液、肋膜積液、支氣管鏡檢查或影像導引穿刺或表淺淋巴結抽吸組織學證實
- 檢體 EGFR mutation 檢測*
- 檢體 ALK IHC 檢測*
- 檢體 ROS1 IHC 檢測*
- 檢體 BRAF IHC 檢測*
- 檢體 PD-L1 檢測*
- 次世代定序癌症基因檢測*
- 上腹部超音波檢查
- Bone scan*
- Brain CT/MRI*
- PET-CT*

Stage
IVA,B
M1a
M1b
M1c

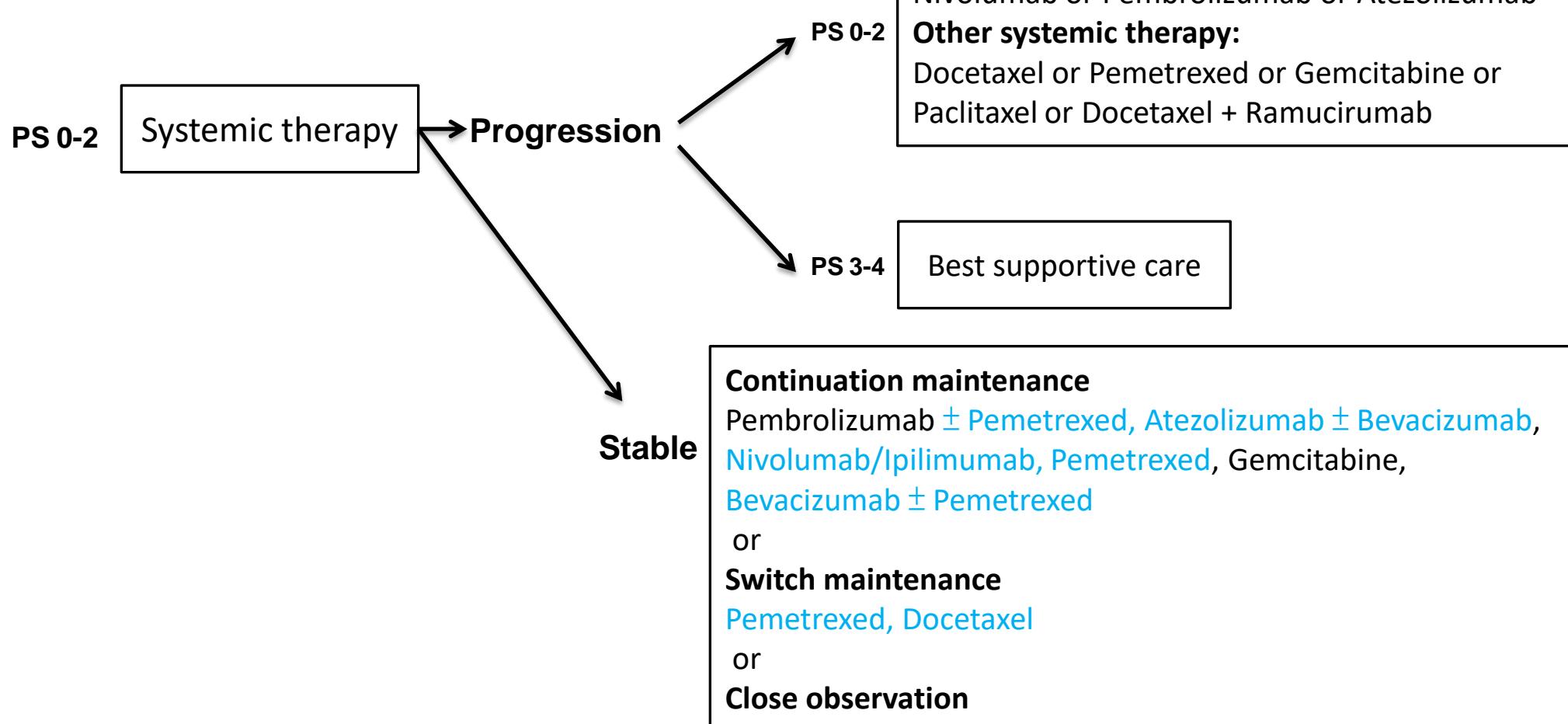


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ADENOCARCINOMA, SQUAMOUS, LARGE CELL,
NSCLC NOS
INITIAL CYTOTOXIC THERAPY



一線抗腫瘤治療處方（一）

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m ² , IV, D15 + Vinorelbine 25 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m ² , IV, D8 + Vinorelbine 60-75 mg/m ² , PO, D1,8	Q21 d x 4 -6 cycles
Cisplatin 60-75 mg/m ² , IV, D15 + Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m ² , IV, D15 + Paclitaxel 60 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m ² , IV,D15 + Gemcitabine 900-1000 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m ² , IV, D1 + Pemetrexed 500 mg/m ² , IV, D1 *	Q21 d x 4-6 cycles
Gefitinib 250 mg po qd (EGFR mutant)	Till PD or unacceptable toxicity
Erlotinib 150 mg po qd (EGFR mutant)	Till PD or unacceptable toxicity
Afatinib 40 mg po qd (EGFR mutant)	Till PD or unacceptable toxicity
Dacomitinib 45 mg po qd (EGFR mutant)	Till PD or unacceptable toxicity
Osimertinib 80 mg po qd (EGFR mutant)	Till PD or unacceptable toxicity
Crizotinib 250 mg po bid (ALK rearrangement or ROS1 rearrangement)	Till PD or unacceptable toxicity
Alectinib 600 mg po bid (ALK rearrangement)	Till PD or unacceptable toxicity
Ceritinib 450 mg po qd (ALK rearrangement or ROS1 rearrangement)	Till PD or unacceptable toxicity

一線抗腫瘤治療處方（二）

Published C/T Regimens	Schedule
Brigatinib 90 mg (first 7 days lead-in) -> 180 mg (ALK rearrangement)	Till PD or unacceptable toxicity
Entrectinib 600 mg po qd	Till PD or unacceptable toxicity
Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV	Q3w until PD or 2yr
Atezolizumab 1200 mg IV #	Q3w
Nivolumab 3mg/kg IV + Ipilimumab 1mg/kg IV	Nivolumab Q2w, Ipilimumab Q6w
Cisplatin 60-75 mg/m ² , IV, D1 + *Pemetrexed 500 mg/m ² , IV, D1 + Pembrolizumab 2 mg/kg iv or Pembrolizumab 200 mg IV × 6 cycles and then Pemetrexed 500 mg/m ² ,IV,D1 + Pembrolizumab 2mg/kg or 200 mg,IV,D1	Q3w until PD
Dabrafenib 150 mg PO bid + trametinib 2mg PO qd	Till PD or unacceptable toxicity
Vemurafenib 960 mg PO bid	Till PD or unacceptable toxicity
Larotrectinib 100 mg PO bid	Till PD or unacceptable toxicity
Capmatinib 400 mg PO bid	Till PD or unacceptable toxicity
Tepotinib 450 mg PO qd	Till PD or unacceptable toxicity

一線抗腫瘤治療處方（三）

Published C/T Regimens	Schedule
Selpercatinib 120 mg PO bid (< 50 kg) or 160 mg PO bid (\geq 50 kg)	Till PD or unacceptable toxicity
Pralsetinib 400 mg po qd	Till PD or unacceptable toxicity
Cabosantinib 60 mg PO qd	Till PD or unacceptable toxicity

- 一線，二線及二線之後的化學治療，術後輔助化學治療，依據分子生物標記、病人年齡、性別、組織學型態、體能狀況、器官功能狀況、副作用的考量（血液學毒性、掉髮、皮疹、色素沈著、周邊神經病變等）、曾接受過的治療、及病人的喜好來選擇病人的化學治療處方，給於客製化（personalized treatment）的治療。
- 若年齡大，器官功能及體能狀況不佳，可以單獨治療，不需合併治療。
- 若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代
- 若是 nonsquamous histology, 沒有 bevacizumab 的 contraindication，platinum doublet 可以併用 bevacizumab 化學治療藥物劑量與標靶藥物劑量根據毒性副作用及病人耐受性做調整
- * 使用於不是 squamous cell carcinoma 純組織學型態的病人
- # 使用於 PD-L1 expression \geq 50% 的病人

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維持治療處方

Published C/T Regimens	Schedule
*Pemetrexed 500 mg/m ² IV D1	Q21 d Till PD or unacceptable toxicity
*Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d Till PD or unacceptable toxicity
#Gemcitabine 900-1000 mg/m ² , IV, D1,8,15	Q28d Till PD or unacceptable toxicity
#Bevacizumab 7.5 mg/kg IV q3w	Q21d Till PD or unacceptable toxicity
#Pemetrexed 500 mg/m ² IV + Bevacizumab 7.5 mg/kg IV	Q21d Till PD or unacceptable toxicity
#Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV	Q21d Till PD or unacceptable toxicity or 2yr
#Atezolizumab 1200 mg IV	Q21d Till PD or unacceptable toxicity
#Nivolumab 3mg/kg IV + Ipilimumab 1mg/kg IV	Nivolumab Q2w, Ipilimumab Q6w

Continuous maintenance therapy：在沒有疾病惡化的情況下，一線化學治療 4-6 個療程後，持續使用一線化學治療配方中的一個藥物。使用於不是 squamous cell carcinoma 細胞型態的病人。

* Switch maintenance therapy：在沒有疾病惡化的情況下，一線化學治療 4-6 個療程後，使用與一線化學治療配方不同的藥物。

後續的抗腫瘤治療處方（一）

Published C/T Regimens	Schedule
Gefitinib 250 mg PO QD	Till PD or unacceptable toxicity
Erlotinib 150 mg PO QD	Till PD or unacceptable toxicity
Crizotinib 250 mg PO BID (ALK rearrangement or ROS1 rearrangement)	Till PD or unacceptable toxicity
Ceritinib 450 mg PO QD (ALK rearrangement or ROS1 rearrangement)	Till PD or unacceptable toxicity
Alectinib 600mg PO BID (ALK rearrangement)	Till PD or unacceptable toxicity
Brigatinib 90 mg (first 7 days lead in) → 180 mg (ALK rearrangement)	Till PD or unacceptable toxicity
Lorlatinib 100 mg po qd (ALK rearrangement)	Till PD or unacceptable toxicity
Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
#Pemetrexed 500 mg/m ² , IV, D1	Q21 d x 4-6 cycles
Paclitaxel 60 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m ² , IV, D1,8,15	Q28 d x 4-6 cycles

後續的抗腫瘤治療處方（二）

Published C/T Regimens	Schedule
Vinorelbine 25 mg/ m ² IV, D1,8,15	Q28 d x 4-6 cycles
Vinorelbine 60-75 mg/m ² , PO, D1,8	Q21 d x 4-6 cycles
Docetaxel 30 mg/m ² , IV, D1,8,15 + Ramucirumab 10 mg/kg IV	Q28 d x 4-6 cycles
Nivolumab 3mg/kg IV	Q2w
Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV *	Q3w
Atezolizumab 1200 mg IV	Q3w
TS-1 40 mg/m ² po bid, D1-28 #	Q42d
Afatinib 40 mg po qd (2L therapy for squamous histology)	Till PD or unacceptable toxicity
Amivantamab-vmjw 1,050 mg (1,400 mg, ≥ 80 kg) given once weekly for the first 4 weeks and then once every 2 weeks starting at week 5	Till PD or unacceptable toxicity
Mobocertinib 160 mg po qd	Till PD or unacceptable toxicity
Sotorasib 960 mg PO qd	Till PD or unacceptable toxicity
Adagrasib 600 mg PO bid	Till PD or unacceptable toxicity

• 一線，二線及二線之後的化學治療，術後輔助化學治療，依據分子生物標記、病人年齡、性別、組織學型態、體能狀況、器官功能狀況、副作用的考量（血液學毒性、掉髮、皮疹、色素沈著、周邊神經病變等）、曾接受過的治療、及病人的喜好來選擇病人的化學治療處方，給於客製化（personalized treatment）的治療。# 使用於不是 squamous cell carcinoma 純組織學型態的病人 * PD-L1 expression ≥ 1% 的病人

術前新輔助化學治療處方(一)

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m ² , IV, D1 Pemetrexed 500 mg/m ² ,IV, D1 #	Q21 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15. Gemcitabine 900-1000 mg/m ² ,IV, D1,8,15.	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Vinorelbine 25 mg/m ² , IV , D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D8 Vinorelbine 60-75 mg/m ² , PO, D1,8	Q21 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Paclitaxel 60 mg/m ² , IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D1 Etoposide 60-75 mg/m ² , IV, D1-3	Q28d x 2-4 cycles

• 若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

使用於不是 squamous cell carcinoma 級別的病人

術前新輔助化學治療處方(二)

Published C/T Regimens	Schedule
*Nivolumab 360 mg, IV, D1 Cisplatin 60-75 mg/m ² , IV, D1 Pemetrexed 500 mg/m ² , IV, D1 #	Q21 d x 3 cycles
*Nivolumab 360 mg, IV, D1 Cisplatin 60-75 mg/m ² , IV, D1 Gemcitabine 1000-1250 mg/m ² , IV, D1,8	Q21 d x 3 cycles
*Nivolumab 360 mg, IV, D1 Cisplatin 60-75 mg/m ² , IV, D1 Paclitaxel 175-200 mg/m ² , IV, D1	Q21 d x 3 cycles
*Nivolumab 360 mg, IV, D1 Cisplatin 60-75 mg/m ² , IV, D1 Paclitaxel 60 mg/m ² , IV, D1,8,15	Q21 d x 3 cycles

• 若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

使用於不是 squamous cell carcinoma 細胞型態的病人

*For those patient with tumor ≥ 4 cm, or node positive, and no contraindications to immune checkpoint inhibitors. Contraindications for treatment with PD-1/PD-L1 inhibitors may include previously documented autoimmune disease, and/or current use of immunosuppressant agent.

非小細胞肺癌

高雄榮民總醫院
臨床診療指引

2023年第一版

術後輔助化學治療處方（一）

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m ² , IV, D1 # Pemetrexed 500 mg/m ² ,IV, D1	Q21 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15. Gemcitabine 900-1000 mg/m ² ,IV, D1,8,15.	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Docetaxel 30 mg/m ² , IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Vinorelbine 25 mg/m ² , IV , D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D8 Vinorelbine 60-75 mg/m ² , PO, D1,8	Q21 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D15 Paclitaxel 60 mg/m ² , IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m ² , IV, D1 Etoposide 60-75 mg/m ² , IV, D1-3	Q28d x 2-4 cycles
Tagafur/Uracil 300-500 mg PO QD #	Maintenance for 2 years

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代

使用於不是 squamous cell carcinoma 級組織學型態的病人

術後輔助化學治療處方（二）

Published C/T Regimens	Schedule
Osimertinib 80 mg PO QD	Till PD or unacceptable toxicity
Atezolizumab 840 mg, IV, Q2W & Atezolizumab 1200 mg, IV, Q3W & Atezolizumab 1680 mg, IV, Q4W &	Up to 1 year.
Pembrolizumab 200 mg, IV, Q3W % Pembrolizumab 400 mg, IV, Q6W %	Up to 1 year

- 若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4-6 取代
- & Atezolizumab for patients with completely resected stage IIB-IIIA, stage IIIB (T3, N2), or high-risk stage IIA NSCLC with PD-L1 ≥ 1% and negative for EGFR exon 19 deletion or exon 21 L858R mutation or ALK rearrangement who received previous adjuvant chemotherapy and no contraindications to immune checkpoint inhibitors.
- % Pembrolizumab for patient with completely resected stage IIB-IIIA, stage IIIB (T3, N2), or high-risk stage IIA NSCLC, and negative for EGFR exon 19 deletion or exon 21 L858R mutation or ALK rearrangement who received previous adjuvant chemotherapy and no contraindications to immune checkpoint inhibitors.

同步化學治療放射線治療處方（一）

Published C/T Regimens	Schedule
Cisplatin 50-60 mg/m ² , IV, D1 # Pemetrexed 500 mg/m ² ,IV, D1	Q21 d x 3 cycles with concurrent thoracic RT
Carboplatin AUC 5, IV, D1 # Pemetrexed 500 mg/m ² ,IV, D1	Q21 d x 4 cycles with concurrent thoracic RT
Carboplatin AUC 2, IV, QW Paclitaxel 45-50 mg/m ² , IV, QW	Concurrent thoracic RT
Cisplatin 50-60 mg/m ² , IV, D1 Docetaxel 20-25 mg/m ² ,IV,D1,8,15	Q28 d x 2-4 cycles with concurrent thoracic RT
Cisplatin 50-60 mg/m ² , IV, D1 Docetaxel 30-35 mg/m ² ,IV,D1,15	Q28 d x 2-4 cycles with concurrent thoracic RT

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4取代

使用於不是 squamous cell carcinoma 細胞型態的病人

同步化學治療放射線治療處方（二）

Cisplatin 50 mg/m ² , IV, D15 Vinorelbine 20-25 mg/m ² , IV , D1,8,15	Q28 d x 4 cycles with concurrent thoracic RT
Cisplatin 50 mg/m ² , IV, D15 Vinorelbine 60-75 mg/m ² , PO,D1,8	Q21 d x 4 cycles with concurrent thoracic RT
Cisplatin 50 mg/m ² , IV D1,8,29,36 Etoposide 50 mg/m ² , IV, D1-5,29-33	Concurrent thoracic RT
Durvalumab 10 mg/kg IV q2w or 1,500 mg IV q4w (Body weight of \geq 30 kg)	Up to 1 year

若腎功能不佳，CCr < 60 ml/min，cisplatin 可以 carboplatin AUC 4取代

使用於不是 squamous cell carcinoma 細胞型態的病人

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