高 雄 榮 民 總 醫 院
口咽癌診療原則

2023年03月22日 第一版

頭頸癌醫療團隊擬訂

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：2022/03/2

本共識與上一版的差異

上一版	NCCN 新版
無。	1. Multidisciplinary team adjunctive service增加pain management。Supportive service增加Physical therapy (lymphedema management)。 2. HPV(+)分期將原先T1-2,N0，新增為T0-2,N0。 3. 新增:HPV(-): cT1-2, N0-1術後，pN0 無 adverse features → Follow up，pN1無 adverse features → consider RT。Footnote新增:若T1-T2 primary tumor接近中線但有adequate margin且無adverse features，可執行staged contralateral ND以避免RT。側性明顯的tumor且pN0-1無adverse features，可以observation。 4. 針對HPV(-),T1-4aN2-3移除N2a-b,N3以及N2c當作是否做雙側ND的治療流程劃分，而是以primary site為建議是否做雙側ND。 5. 針對HPV(+), T0-2,N0，手術治療建議從±同側或雙側ND，改成合併同側ND或者雙側ND。 6. 針對HPV(+), T0－2,N1 (single node >3 cm, or 2 or more ipsilateral nodes ≤6 cm), or T0－2,N2 or T3,N0－2 移除以單側N0-3以及雙側N2-3當作是否做雙側ND的治療流程劃分，而是以primary site為建議是否做雙側ND。 7. 針對Initial M1且PS3，新增single-agent systemic therapy。 8. 針對Recurrent or persistent disease with M1，建議NGS。 9. CCRT/RT後有response，且8-12wks後Imaging positive，可做PET(≧12wk)，或者ND(if confirmed residual/persistent/progression)。

Oropharyngeal (P16 negative) cancer Clinical staging AJCC 8th

Oropharyngeal (p16 negative) cancer TNM clinical staging AJCC UICC 2017

Primary tumor (T)	
Oropharynx (p16−)	
T category	**T criteria**
TX	Primary tumor cannot be assessed
Tis	Carcinoma *in situ*
T1	Tumor 2 cm or smaller in greatest dimension
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4	Moderately advanced or very advanced local disease
T4a	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible.*
T4b	Very advanced local disease. Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery.
* *NOTE:* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of he tongue and vallecula does not constitute invasion of the larynx.	
Regional lymph nodes (N)	
Clinical N (cN) - Oropharynx (p16−) and hypopharynx	
N category	**N criteria**
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); **or** metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); **or** in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
N2b	Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
N2c	Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); **or** metastasis in any node(s) and clinically overt ENE(+)
N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
N3b	Metastasis in any node(s) and clinically overt ENE(+)
NOTE: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).	

Distant metastasis (M)	
Oropharynx (p16−) and hypopharynx	
M category	**M criteria**
M0	No distant metastasis
M1	Distant metastasis

Prognostic stage groups			
When T is...	**And N is...**	**And M is...**	**Then the stage group is...**
Tis	N0	M0	0
T1	N0	M0	I
T2	N0	M0	II
T3	N0	M0	III
T1, T2, T3	N1	M0	III
T4a	N0, 1	M0	IVA
T1, T2, T3, T4a	N2	M0	IVA
Any T	N3	M0	IVB
T4b	Any N	M0	IVB
Any T	Any N	M1	IVC

TNM: tumor, node, metastasis; AJCC: American Joint Committee on Cancer; UICC: Union for International Cancer Control; ENE: extranodal extension.

Oropharyngeal (P16 negative) cancer Pathological staging AJCC 8th

Oropharyngeal (p16 negative) cancer TNM pathological staging AJCC UICC 2017

Primary tumor (T)	
Oropharynx (p16−)	
T category	**T criteria**
TX	Primary tumor cannot be assessed
Tis	Carcinoma *in situ*
T1	Tumor 2 cm or smaller in greatest dimension
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4	Moderately advanced or very advanced local disease
T4a	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible.*
T4b	Very advanced local disease. Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery.
* *NOTE:* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx.	
Regional lymph nodes (N)	
Pathological N (pN) - Oropharynx (p16−) and hypopharynx	
N category	**N criteria**
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); **or** larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); **or** metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); **or** in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); **or** a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
N2b	Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
N2c	Metastasis in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); **or** in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); **or** multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); **or** a single contralateral node 3 cm or smaller and ENE(+)
N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); **or** multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); **or** a single contralateral node 3 cm or smaller and ENE(+)
NOTE: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).	
Distant metastasis (M)	
Oropharynx (p16−) and hypopharynx	
M category	**M criteria**
M0	No distant metastasis
M1	Distant metastasis

Prognostic stage groups

When T is...	And N is...	And M is...	Then the stage group is...
Tis	N0	M0	0
T1	N0	M0	I
T2	N0	M0	II
T3	N0	M0	III
T1, T2, T3	N1	M0	III
T4a	N0, 1	M0	IVA
T1, T2, T3, T4a	N2	M0	IVA
Any T	N3	M0	IVB
T4b	Any N	M0	IVB
Any T	Any N	M1	IVC

TNM: tumor, node, metastasis; AJCC: American Joint Committee on Cancer; UICC: Union for International Cancer Control; ENE: extranodal extension.

Oropharyngeal (P16 positive) cancer Pathological staging AJCC 8th

HPV related oropharyngeal carcinoma TNM clinical staging AJCC UICC 2017

Primary tumor (T)			
T category	**T criteria**		
T0	No primary identified		
T1	Tumor 2 cm or smaller in greatest dimension		
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension		
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis		
T4	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible or beyond.*		
Regional lymph nodes (N) - Clinical N (cN)			
N category	**N criteria**		
NX	Regional lymph nodes cannot be assessed		
N0	No regional lymph node metastasis		
N1	One or more ipsilateral lymph nodes, none larger than 6 cm		
N2	Contralateral or bilateral lymph nodes, none larger than 6 cm		
N3	Lymph node(s) larger than 6 cm		
Distant metastasis (M)			
M category	**M criteria**		
M0	No distant metastasis		
M1	Distant metastasis		
Prognostic stage groups - Clinical			
When T is...	**And N is...**	**And M is...**	**Then the stage group is...**
T0, T1, or T2	N0 or N1	M0	I
T0, T1, or T2	N2	M0	II
T3	N0, N1, or N2	M0	II
T0, T1, T2, T3, or T4	N3	M0	III
T4	N0, N1, N2, or N3	M0	III
Any T	Any N	M1	IV

HPV: human papillomavirus; TNM: tumor, node, metastasis; AJCC: American Joint Committee on Cancer; UICC: Union for International Cancer Control.

* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx.

HPV related oropharyngeal carcinoma TNM pathologic staging AJCC UICC 2017

Primary tumor (T)			
T category	**T criteria**		
T0	No primary identified		
T1	Tumor 2 cm or smaller in greatest dimension		
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension		
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis		
T4	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible or beyond.*		
Regional lymph nodes (N) - Pathological N (pN)			
N category	**N criteria**		
NX	Regional lymph nodes cannot be assessed		
pN0	No regional lymph node metastasis		
pN1	Metastasis in four or fewer lymph nodes		
pN2	Metastasis in more than four lymph nodes		
Distant metastasis (M)			
M category	**M criteria**		
M0	No distant metastasis		
M1	Distant metastasis		
Prognostic stage groups - Pathological			
When T is...	**And N is...**	**And M is...**	**Then the stage group is...**
T0, T1, or T2	N0, N1	M0	I
T0, T1, or T2	N2	M0	II
T3 or T4	N0, N1	M0	II
T3 or T4	N2	M0	III
Any T	Any N	M1	IV

HPV: human papillomavirus; TNM: tumor, node, metastasis; AJCC: American Joint Committee on Cancer; UICC: Union for International Cancer Control.

* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx.

Carcinoma of Oropharynx

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 1 (**Ref. 1,2**)*

WORK-UP

- History & PE
- Biopsy & Pathology
- Image

→ MRI*or CT of H&N* or PET

→WBBS (if PET/CT not done)/ Abd. Sono/ CXR

→ ± Chest CT* (if PET/CT not done)

→ ± Neck sono

→ ± EUA with endoscopy/ PES

- Dental evaluation

→ Panorex ± teeth extraction

- Multidisciplinary consultation

(± Fertility/reproductive, ± smoking cessation)

± Swallowing evaluation

- p16 status

(*與癌症期別相關之主要檢查)

STAGING & TREATMENT

- (P16-)[T1-2, N0-1, M0]
  詳見 *Page 2*
- (P16-)[T3-4a, N0-1, M0]
  詳見 *Page 3*
- (P16-)[T1-4a, N2-3, M0]
  詳見 *Page 4*
- (P16+)[T0-2, N0-1, M0]
  (single node=<3cm)
  詳見 *Page 5*
- (P16+)[T0-2, N1-2, M0]
  (single node>3cm, 2 or more nodes<=6cm) or [T3, N0-2, M0]
  詳見 *Page 6*
- (P16+)[T0-3,N3, M0] or [T4, N0-3, M0]
  詳見 *Page 7*
- Tonsil *Page 8*
- Very advanced stage
  詳見 *Page 9, 10*

FOLLOW-UP

- [Post-Tx within 3-6 months]

  → Baseline MRI or CT (PET)

  → Every 1-2 months: PE
- [2nd year after Tx]

  → Every 2-3 months: PE
- [3-5 years after Tx]

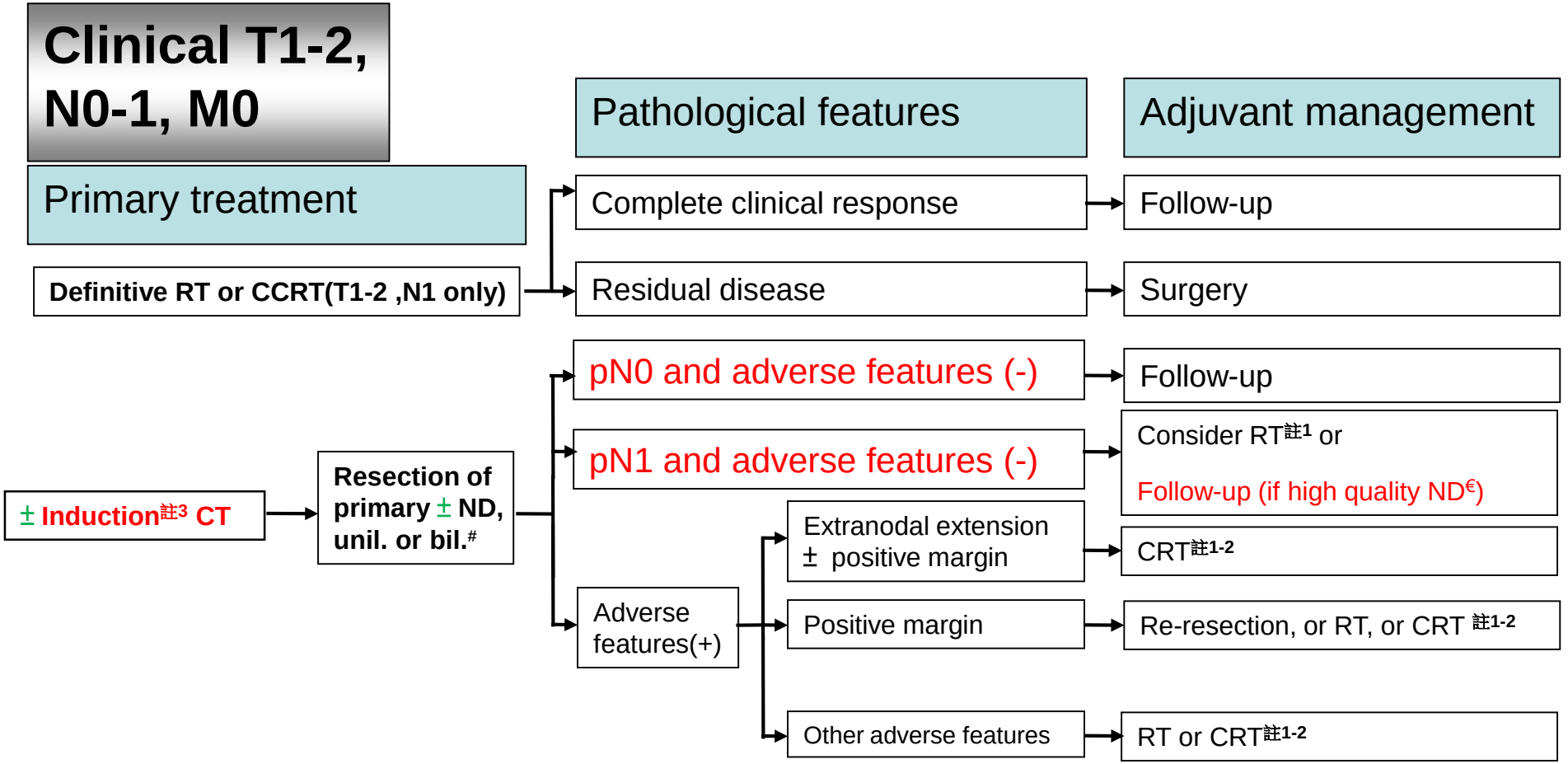
  → Every 4-8 months: PE
- [5 years after Tx]

  → Every 12 months: PE
- Every year:

H & N MRI or CT, CxR, Bone scan & Abd. Sono, Neck Sono, PES, ± TSH、free T4(if RT, 6-12 months) as clinically indicated

Carcinoma of Oropharynx(P16-)

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 2 (**Ref. 1,2**)*



依**primary site**而定，若T1-T2 primary tumor接近中線但有adequate margin且無adverse features，可執行staged contralateral ND以避免RT。側性明顯的tumor且pN0-1無adverse features，可以observation。

＊ Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, vascular embolism lymphatic invasion

€ lymph node yield ≥18

Carcinoma of Oropharynx(P16-)

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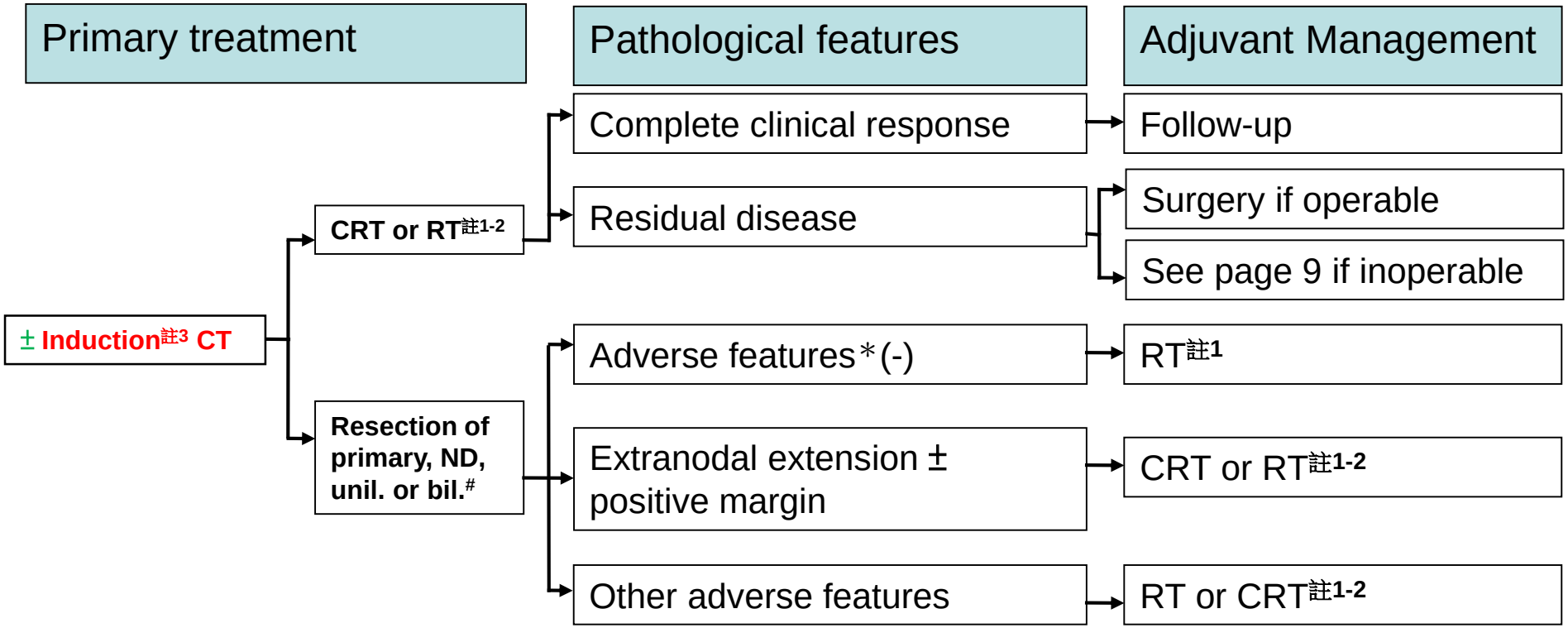
Clinical T3-4a, N0-1, M0

T1-4a, N2-3, M0

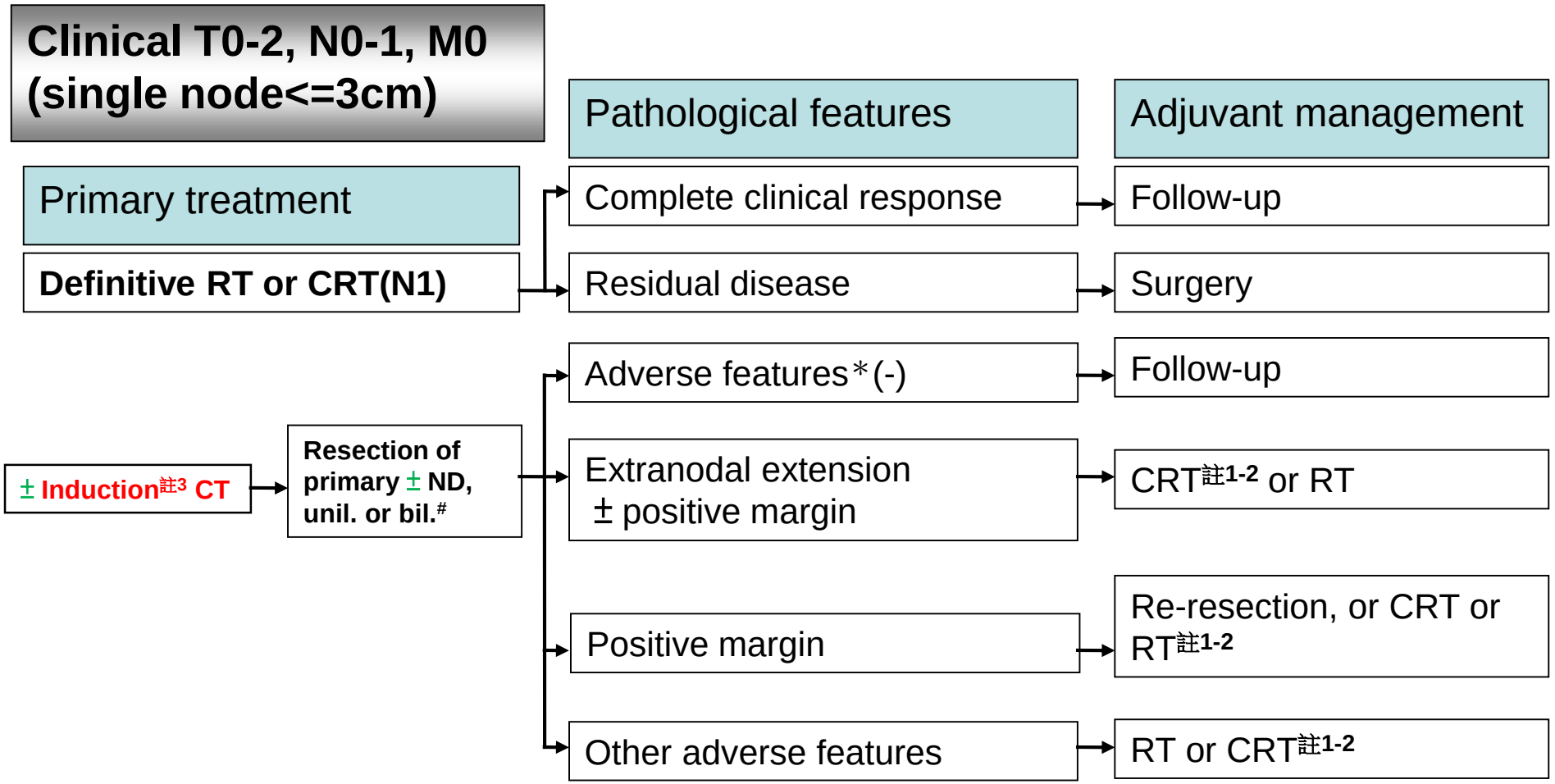


Neck dissection level 跟單雙側依cN status及primary site而定

* Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, N2 or N3 nodal disease, nodal disease in levels IV or V, perineural invasion, vascular embolism lymphatic invasion

Carcinoma of Oropharynx (P16+)

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 4* (***Ref. 1,2***)



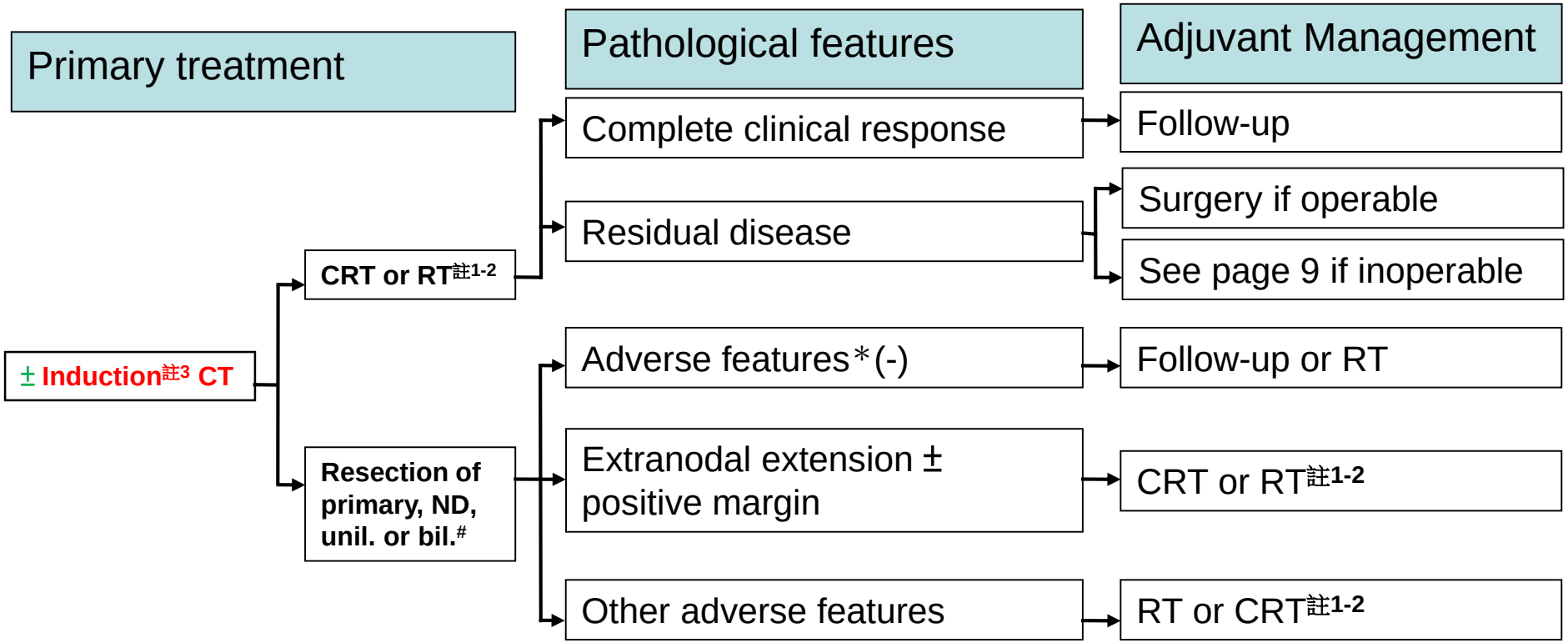
#依primary site而定

* Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, one positive node >3 cm or multiple positive nodes, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion

Carcinoma of Oropharynx (P16+)

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 5* (***Ref. 1,2***)

Clinical T0-2, N1-2, M0 (single node >3cm, 2 or more nodes <=6cm) or T3, N0-2, M0
T0-3, N3, M0, or T4, N0-3, M0



Neck dissection level 跟單雙側依cN status及primary site而定

* Adverse features：Extranodal extension, positive or close margins, pT3 or pT4 primary, one positive node >3 cm or multiple positive nodes, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion

Carcinoma of Oropharynx(VGHKS Option)

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Clinical any T, any N, for both p16(+) and p16(-)

Primary treatment	Response	Treatment
Chemoselection註3 **Induction CT**	ycT0-2,N0 ycT1-2,N1-2	Resection of primary ± ND, unil. or bil.#
	ycT3-4, anyN or yc anyT, N3	CRT or Surgery amendable to TORS⅄ / TOS◈

Pathological features	Adjuvant Management
Positive margin	CRT註1-2
Free margin, N0	Adjuvant CT註3
Free margin, LN ≦3, ENE <2, ENE <1 mm	Adjuvant CT註3
Free margin, LN >3 or ENE ≧2 or ENE ≧1 mm	CRT註1-2 <65 Gy

#Neck dissection level 依primary部位及cN status而定

⅄Transoral Robotic Surgery

◈Transoral Surgery

Carcinoma of Oropharynx

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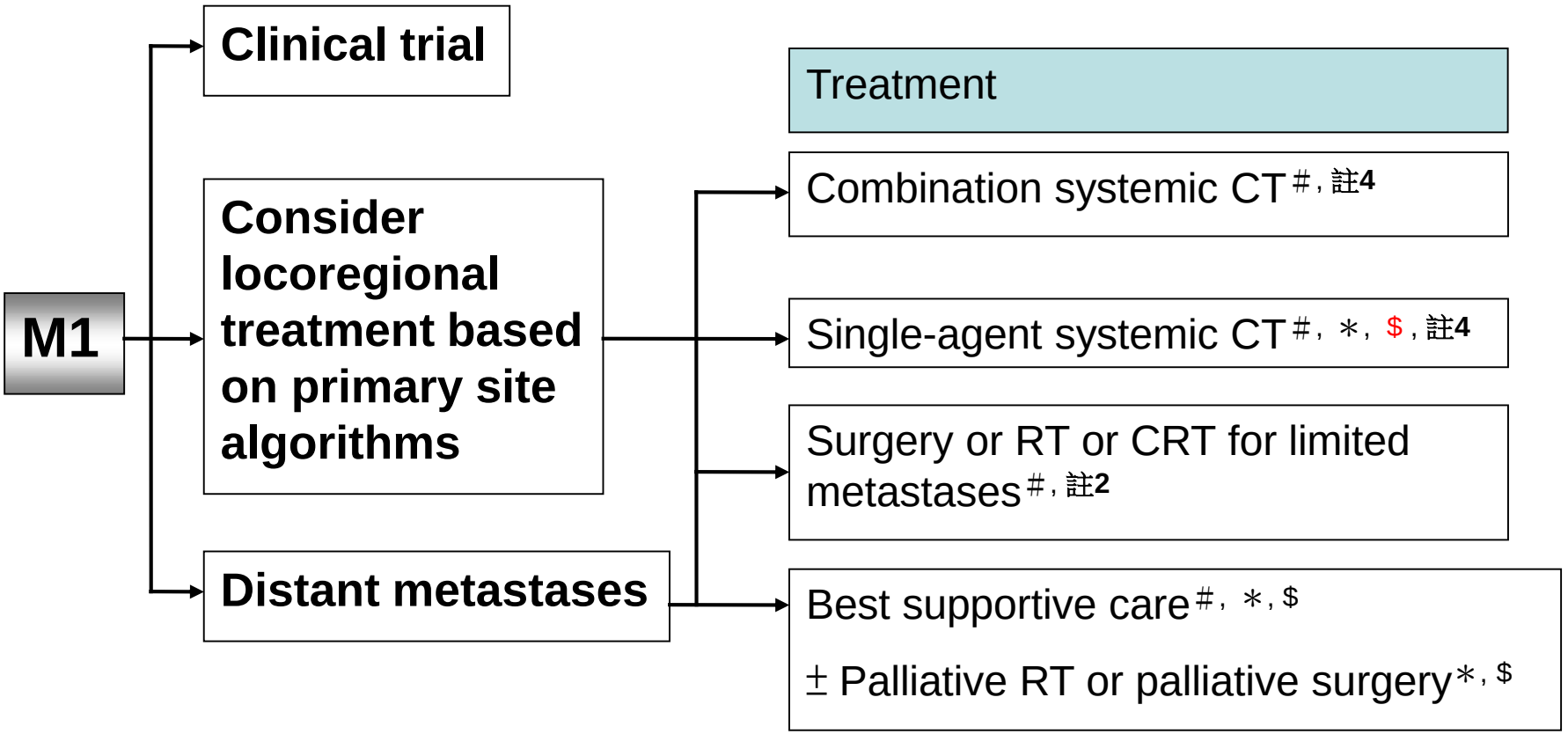
P16(-), Clinical T4b, any N or unresectable primary/nodal disease or inoperable patient status

	Management
PS 0-1	CCRT or RT 註1-2
	Induction CT註3 + RT or CRT註1-2
PS 2	Definite RT註1 ± CT註2
PS 3	Palliative RT註1
	Single agent palliative CT註3
	Best supportive care

ECOG Performance Status 0-1註6
ECOG Performance Status 2
ECOG Performance Status 3

Carcinoma of Oropharynx



ECOG Performance Status 0-1 註6
* ECOG Performance Status 2
$ ECOG Performance Status 3

Carcinoma of Oropharynx

註1

Principles of Radiotherapy

Definitive Radiotherapy

• Primary and gross adenopathy：66 - 72 Gy (2.0-2.2 Gy/fraction)

• Low to intermediate risk：44 - 64 Gy (2.0 Gy/fractions) in 3D RT, 54- 63 Gy (1.6-1.8 Gy/fractions)

Postoperative Radiotherapy

• Preferred interval between operation and radiotherapy is ≤ 6 weeks.

• High risk (adverse feature)：60- 66 Gy (2.0 Gy/fraction)

• Low to intermediate risk：44 – 64 Gy (2.0 Gy/fractions) in 3D RT, 54- 63 Gy (1.6-1.8 Gy/fractions)

CCRT or RT

• RT alone if old age, impaired renal function, poor condition or refused chemotherapy

Palliative RT

• Indicated in：relieve local symptoms, prevent debilitation such as spinal cord compression and pathological fracture, achieve durable locoregional control.

Carcinoma of Oropharynx

Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab[註5] + RT
•Cisplatin (80-100mg/ m^2) q3w during R/T
•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Cisplatin (80-100mg/ m^2) q3w D2 during R/T

Regimen 2: Weekly CDDP ± Cetuximab[註5] + RT
•Cisplatin (30-40mg/ m^2) weekly during R/T
•Cetuximab(400mg/ m^2) loading dose first week, and then Cisplatin (30-40mg/ m^2) weekly D1 + Cetuximab(250mg/ m^2) maintain dose D2 during R/T

Regimen 3: q3w Carboplatin[註5] ± Cetuximab[註5] + RT
•Carboplatin (AUC x 5mg) q3w during R/T
•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

Regimen 4: Weekly Cetuximab[註5] + RT
•Cetuximab(400mg/ m^2) loading dose first week, then Cetuximab(250mg/ m^2) maintain dose during RT

Regimen5 : Carboplatin + 5-FU + Hydroxyurea (CCr < 60) + RT
•Carboplatin (AUC x 1.25mg) D1-D4
•Fluorouracil (5-FU) (850mg/m^2) D1-D4
•Hydroxyurea 1CAP BID D1-D5

Regimen6 : Cisplatin + 5-FU + Hydroxyurea + RT
•Cisplatin(20mg/ m^2) D1-D4
•Fluorouracil (5-FU) (850mg/m^2) D1-D4
•Hydroxyurea 1CAP BID D1-D5

Carcinoma of Oropharynx

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 11 (**Ref. 13-17**)*

Regimens of Chemotherapy

Induction, adjuvant, *建議2-3cycles*

Regimen 1 : q3-4 weeks T + P ± Pembrolizumab ± **F** ± weekly Cetuximab[註5]

- Taxotere(60 mg/ m^2) D1
- Cisplatin(60-75 mg/ m^2) D1
- Fluorouracil (5-FU) (600-750mg/m^2) D2-D5
- Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose
- Pembrolizumab(200mg) D1 (if CPS≧1)

Regimen 2: q3-4 weeks Platinum ± F ± weekly Cetuximab[註5]

- Cisplatin(80-100mg/ m2) D1 or Cisplatin (20mg/ m2) D1-D5 or Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000mg/m^2) D2-D5
- Cetuximab(400mg/m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Carcinoma of Oropharynx

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 12* (***Ref. 13-17***)

Regimens of Chemotherapy

Induction, adjuvant, *建議2-3cycles*

Regimen 3: weekly Cetuximab[註5]

•Cetuximab (400mg/ m^2) loading dose first week, then Cetuximab (250mg/ m^2) maintain dose

Regimen 4: oral Fluorouracil

•Ufur cap (tegafur 100mg+uracil 224mg) 2# BID-TID

(Salvage or palliative CT中作為取代iv-formed 5-FU之替代藥物)

Regimen 5: weekly Methotrexate

•Methotrexate (40-60mg/ m^2)

Carcinoma of Oropharynx

註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 13* (***Ref. 18,19***)

Regimens of Chemotherapy

Recurrent, unresectable, metastatic*

Regimen 1 (First line): q3 weeks Pembrolizumab註5 ± Platinum ± F
- Pembrolizumab(200mg) D1 (if CPS≧1)
- Cisplatin(80-100mg/m^2) D1 or Cisplatin (20mg/ m^2) D1-D5 or Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000 mg/m^2) D2-D5

Regimen 2 (First line): q3 weeks Pembrolizumab註5
- Pembrolizumab(200mg) D1 (if CPS≧1)

Regimen 3 (Subsequent line): q2 weeks Nivolumab註5
- Nivolumab(3mg/kg) D1

Regimen 4 (Subsequent line): q3 weeks Pembrolizumab註5
- Pembrolizumab(200mg) D1 (if disease progression on or after platinum therapy)

Regimen 5: q3-4 weeks Platinum ± F ± weekly Cetuximab註5
- Cisplatin(80-100mg/ m^2) D1 or Cisplatin (20mg/ m^2) D1-D5 or Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000 mg/m^2) D2-D5
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

*針對Recurrent or persistent disease with M1，建議NGS

Carcinoma of Oropharynx

註4 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2023.03.22 *Page 14* (***Ref. 18,19***)

Regimens of Chemotherapy

Recurrent, unresectable, metastatic*

Regimen 6: q3-4 weeks T ± Platinum ± weekly Cetuximab[註5]
- Taxotere(60 mg/ m^2) D1
- Cisplatin(60-75 mg/ m^2) D1 or Carboplatin (AUC x 5mg) D1
- Cetuximab(400mg/ m^2) loading dose first week, then weekly Cetuximab (250mg/ m^2)

Regimen 7: Cisplatin + Epirubicin + 5-FU+ Leucovorin
- Cisplatin (60 mg/ m^2) D1
- Epirubicin (50 mg/ m^2) D1
- Fluorouracil (5-FU) (2000 mg/m2) D1

Regimen 8: q2 weeks Bevacizumab
- Bevacizumab (200 mg/ m^2) D1

Regimen 9: weekly Gemcitabine
- Gemcitabine (1000 mg/m2) D1

*針對Recurrent or persistent disease with M1，建議NGS

Carcinoma of Oropharynx

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，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，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
- 限無法接受局部治療之復發及/或轉移性頭頸部鱗狀細胞癌，且未曾申報 cetuximab 之病患使用。 使用總療程以18週為限，每9週申請一 次，需無疾病惡化情形方得繼續使用。

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。

Carcinoma of Oropharynx

特殊用藥健保給付規定

Pembrolizumab、Nivolumab

• 先前已使用過 platinum 類化學治療失敗後，又有疾病惡化的復發或轉移性頭頸部鱗狀細胞癌成人患者。本類藥品與 cetuximab 僅能擇一使用，且治療失敗時不可互換。

• 符合下列條件：
1.病人身體狀況良好(ECOG≦1)
2.NYHA (the New York Heart Association) Functional Class I 或 II
3.GOT<60U/L及GPT<60U/L，且T-bilirubin<1.5mg/dL；Creatinine<1.5mg/dL，且 eGFR>60mL/min/1.73m2
4.PD-L1 表現量 TPS≧50%

• 初次申請以12 週為限，申請時需檢附以下資料：病理或細胞檢查報告、生物標記(PD-L1)表現量檢測報告、病人身體狀況良好(ECOG≦1)及心肺與肝腎功能之評估資料、符合 i-RECIST 定義之影像檢查及報告(上述影像檢查之給付範圍不包括PET)、先前已接受過之治療與完整用藥資料、使用免疫檢查點抑制劑之治療計畫(treatment protocol)。

• 用藥後每 12 週評估一次，以 i-RECIST 或 mRECIST 標準評定反應，依下列原則給付：
I. 有療效反應者(PR 及 CR)得繼續使用；
II. 出現疾病惡化(PD)或出現中、重度或危及生命之藥物不良反應時，應停止使用；
III. 疾病呈穩定狀態者(SD)，可持續再用藥 4 週，並於 4 週後再次評估，經再次評估若為 PR、CR 者，得再繼續使用 12 週。若仍為 SD 或已 PD 者，應停止使用。

Carcinoma of Oropharynx

Eastern Cooperative Oncology Group (ECOG) Performance Status

Grade	Description	Suggestion
0	Normal activity fully ambulatory (無症狀)	按照標準化療評估及療程。
1	Symptoms, but nearly fully ambulatory (有症狀，完全步行，但對生活無影響)	按照標準化療評估及療程。
2	Some bed time, but needs to be in bed less than 50% of normal daytime (躺在床上的時間<50%)	按照標準化療評估及療程。
3	Needs to be in bed more than 50% of normal daytime (躺在床上的時間>50%)	可視情況考慮停止化學治療。
4	Unable to get out of bed (長期完全臥床)	建議停止化學治療。
5	Dead	

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