

高雄榮民總醫院

口咽癌診療原則

2026年01月第一版

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：2025/02/05

本共識與上一版的差異

上一版	NCCN 新版
<ol style="list-style-type: none">1. Cancer work up2. p16(-) Clinical T1-2, N0-1, M03. p16(-) Clinical T3-4a, N0-1, M0 or T1-4a, N2-3, M04. Pembrolizumab 健保給付條件	<ol style="list-style-type: none">1. Cancer work up 新增 PD-L1 testing by immunohistochemistry(IHC) (combined positive score [CPS])2. p16(-) Clinical T1-2, N0-1, M0 新增<ul style="list-style-type: none">● ± Neoadjuvant pembrolizumab if PD-L1 positive (CPS ≥ 1), except for N0 disease● If neoadjuvant pembrolizumab received → 術後adjuvant management 為RT + pembrolizumab (with cisplatin if ENE and/or positive margin) followed by adjuvant pembrolizumab3. p16(-) Clinical T3-4a, N0-1, M0 or T1-4a, N2-3, M0 新增<ul style="list-style-type: none">● ± Neoadjuvant pembrolizumab if PD-L1 positive (CPS ≥ 1), except for N3 disease● If neoadjuvant pembrolizumab received → 術後adjuvant management 為RT + pembrolizumab (with cisplatin if ENE and/or positive margin) followed by adjuvant pembrolizumab4. Pembrolizumab 健保給付條件 新增 先前未曾接受全身性治療且無法手術切除之復發性或轉移性(第三期或第四期)頭頸部鱗狀細胞癌成人患者，若CPS ≥ 20可申請健保給付

Carcinoma of Oropharynx

高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2026.1.28 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
- Screening for HBV/HCV
- p16 status
(*與癌症期別相關之主要檢查)
- **PD-L1 testing by IHC (CPS)**

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 3
- (P16+)[T0-2, N0-1, M0]
(single node= \leq 3cm)
詳見 Page 4
- (P16+)[T0-2, N1-2, M0]
(**single node $>$ 3cm, 2 or more ipsilateral nodes \leq 6cm**) or [T3, N0-2, M0]
詳見 Page 5
- (P16+)[T0-3, N3, M0] or [T4, N0-3, M0]
詳見 Page 5
- Tonsil Page 6
- Very advanced stage
詳見 Page 7, 8

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
(AM cortisol, GH, free T4, prolactin, IGF-2, LH, FSH, ACTH, TSH, testosterone levels if RT to the skull base)

Carcinoma of Oropharynx(P16-)

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**Clinical T1-2,
N0-1, M0**

Primary treatment

Definitive RT or CCRT(T1-2 ,N1 only)

Pathological features

Adjuvant management

Complete clinical response

Follow-up

Residual disease

Surgery

pN0 and adverse features (-)

Follow-up

pN1 and adverse features (-)

Consider RT^{註1} or
Follow-up (if high quality ND[€])

Adverse features(+)

Extranodal extension
± positive margin

CRT^{註1-2}

Positive margin

Re-resection, or RT, or CRT^{註1-2}

Other adverse features

RT or CRT^{註1-2}

± Induction^{註3} CT

Resection of
primary ± ND,
unil. or bil.[#]

± Neoadjuvant
pembrolizumab
(If PD-L1 positive (CPS ≥ 1),
except for N0 disease)[@]

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 invasion, lymphatic invasion

€ lymph node yield ≥18

@ If neoadjuvant pembrolizumab received → consider RT + pembrolizumab (with cisplatin if ENE and/or positive margin) followed by adjuvant pembrolizumab

Carcinoma of Oropharynx(P16-)

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Clinical T3-4a, N0-1, M0

T1-4a, N2-3, M0

Primary treatment

Pathological features

Adjuvant Management

Complete clinical response

Follow-up

Residual disease

Surgery if operable

See page 7 if inoperable

CRT or RT^{註1-2}

Adverse features*(-)

RT^{註1}

Extranodal extension ± positive margin

CRT or RT^{註1-2}

Other adverse features

RT or CRT^{註1-2}

± Induction^{註3} CT

Resection of primary, ND, unil. or bil.[#]

± Neoadjuvant pembrolizumab (If PD-L1 positive (CPS ≥ 1), except for N3 disease)[@]

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 invasion, lymphatic invasion

[@] If neoadjuvant pembrolizumab received → RT + pembrolizumab (with cisplatin if ENE and/or positive margin) followed by adjuvant pembrolizumab

Carcinoma of Oropharynx (P16+)

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**Clinical T0-2, N0-1, M0
(single node ≤ 3cm)**

Primary treatment

Definitive RT or CRT(N1)

± Induction^{註3} CT

Resection of
primary ± ND,
unil. or bil.[#]

Pathological features

Adjuvant management

Complete clinical response

Follow-up

Residual disease

Surgery

Adverse features* (-)

Follow-up

Extranodal extension
± positive margin

CRT^{註1-2} or RT

Positive margin

Re-resection, or CRT or
RT^{註1-2}

Other adverse features

RT[€] or CRT^{註1-2}

依primary site而定

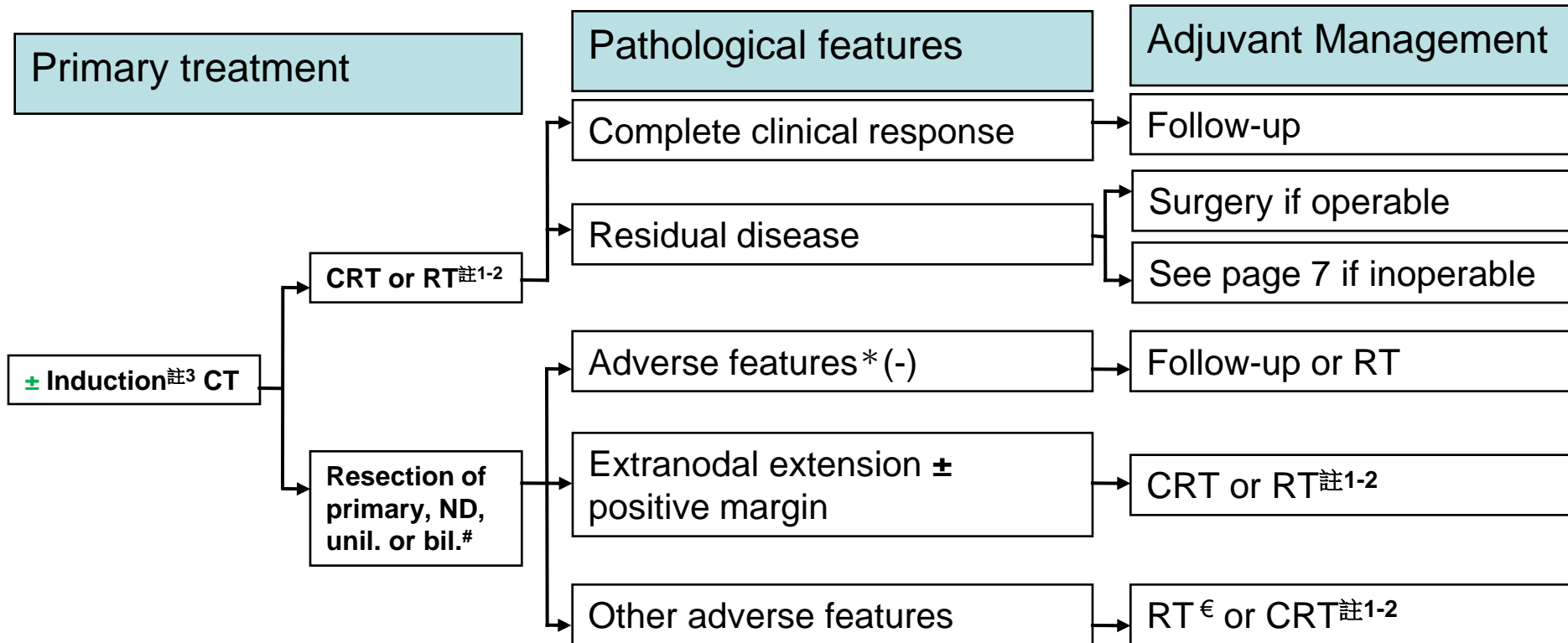
* Adverse features : Extranodal extension, positive or close margins(<3 mm), pT3 or pT4 primary, one positive node >3 cm or multiple positive nodes, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion

€ 最多不超過4個positive LNs,或是切除後的T1-T2 margin為negative或是close margins (<3 mm),或是非雙邊的N1-N2有≤1 mm的ENE, 可以考慮將RT劑量降階至50Gy

Carcinoma of Oropharynx (P16+)

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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(對於疾病對IC沒有反應的病人，手術可以是一個治療選項)

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

€ 最多不超過4個positive LNs,或是切除後的T1-T2 margin為negative或是close margins (<3 mm),或是非雙邊的N1-N2有≤1 mm的ENE，可以考慮將RT劑量降階至50Gy

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

p16(-) : CRT^{註1-2, ☆}
p16(+) : CRT^{註1-2, ☆}

Free margin, N0

OBS or Adjuvant CT^{註3}

Free margin, LN ≤ 3, ENE
< 2, ENE < 1 mm

p16(-) : RT ± Adjuvant CT^{註3, ☆}
p16(+) : Adjuvant CT^{註3, ☆}

Free margin, LN > 3 or
ENE ≥ 2 or ENE ≥ 1 mm

p16(-) : RT ± Adjuvant CT^{註3, ☆}
p16(+) : CRT^{註1-2, ☆}

Neck dissection level 依primary部位及cN status而定

Transoral Robotic Surgery

□ Transoral Surgery

☆放射治療劑量參考口咽癌放射治療政策及執行程序

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

CCRT (preferred) or RT

PS 3-4

Palliative RT 註1

Single agent palliative CT (**PS 3 only**)

Best supportive care

ECOG Performance Status 0-1 註6

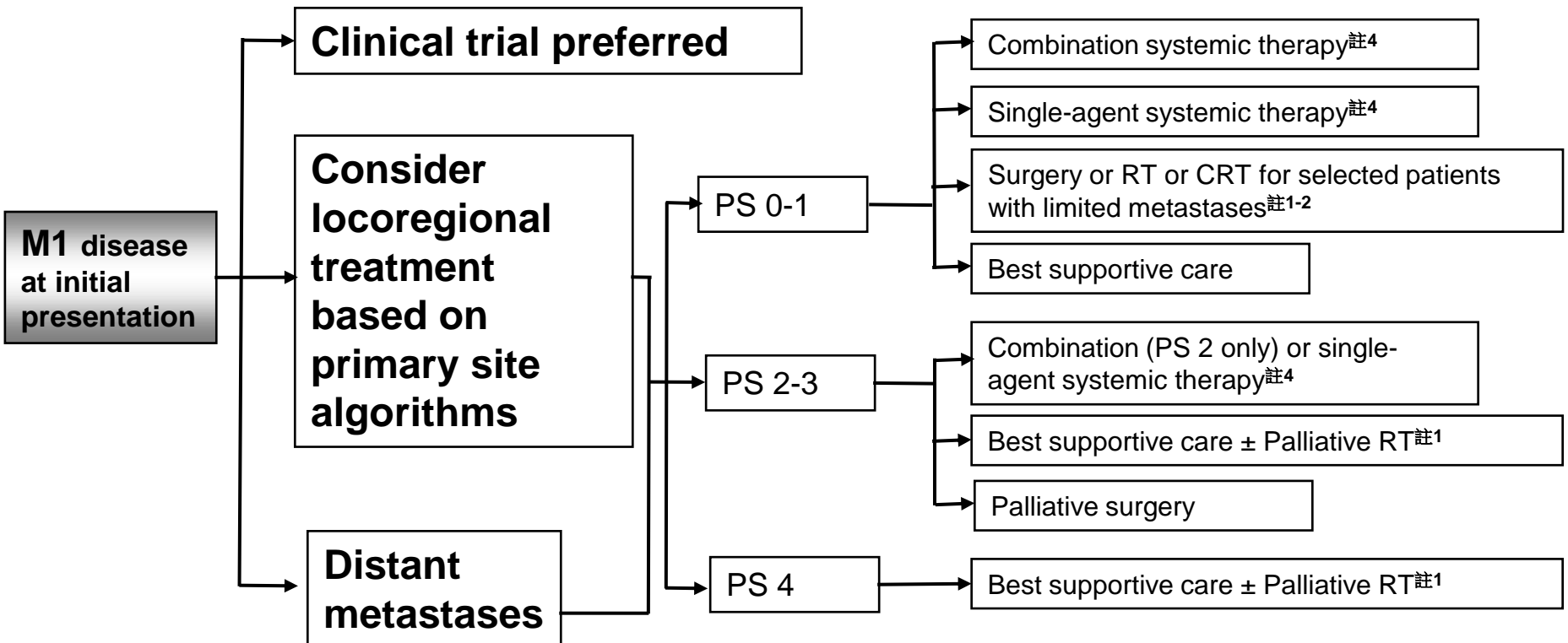
ECOG Performance Status 2

ECOG Performance Status 3-4

Carcinoma of Oropharynx

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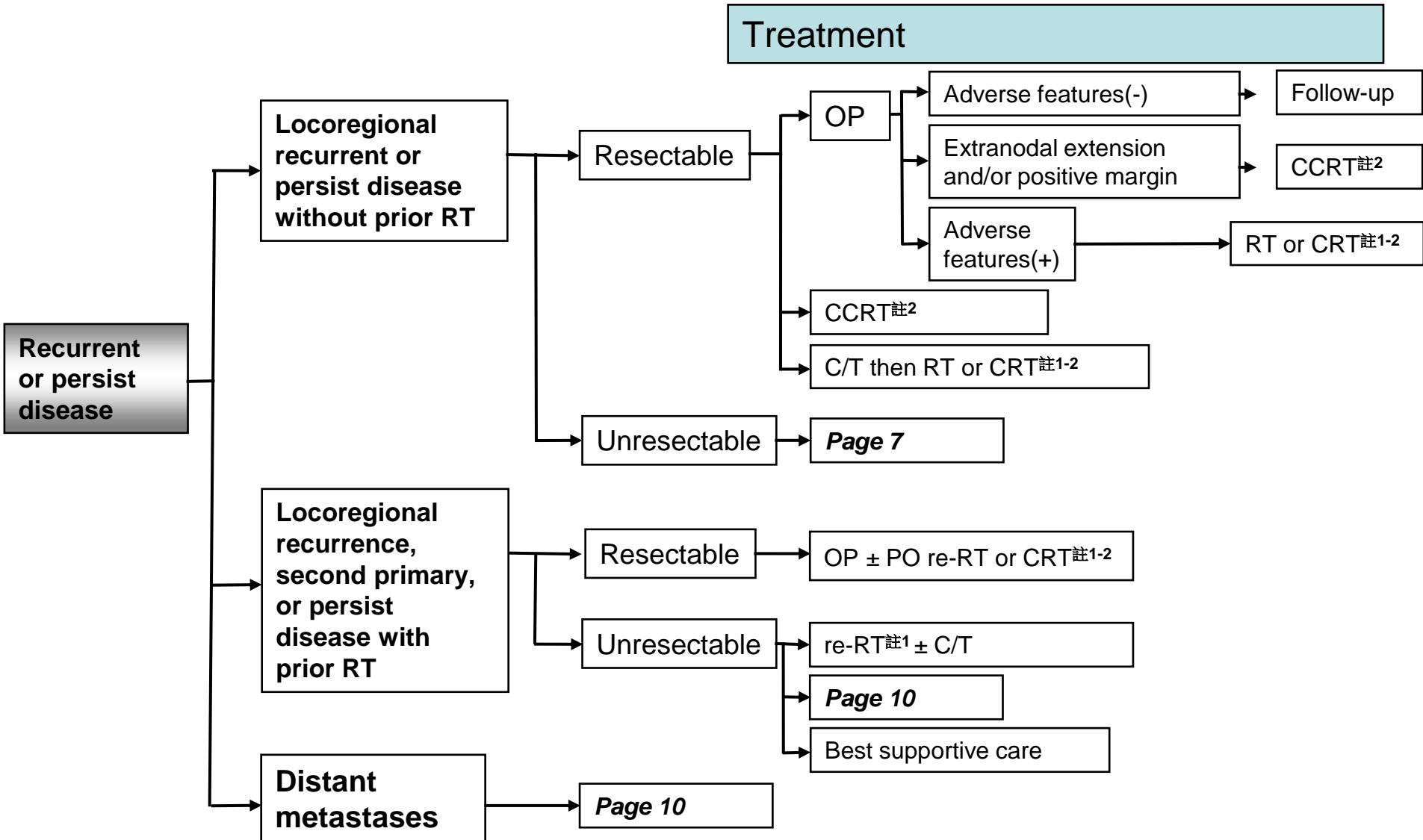
Treatment



1. PS 0-1若治療無效，除 best supportive care 外可再考慮systemic therapy, clinical trial or palliative RT
2. PS 2-3 single agent systemic therapy 若治療無效，除 best supportive care 外可再考慮 alternate single agent systemic therapy or palliative RT

Carcinoma of Oropharynx

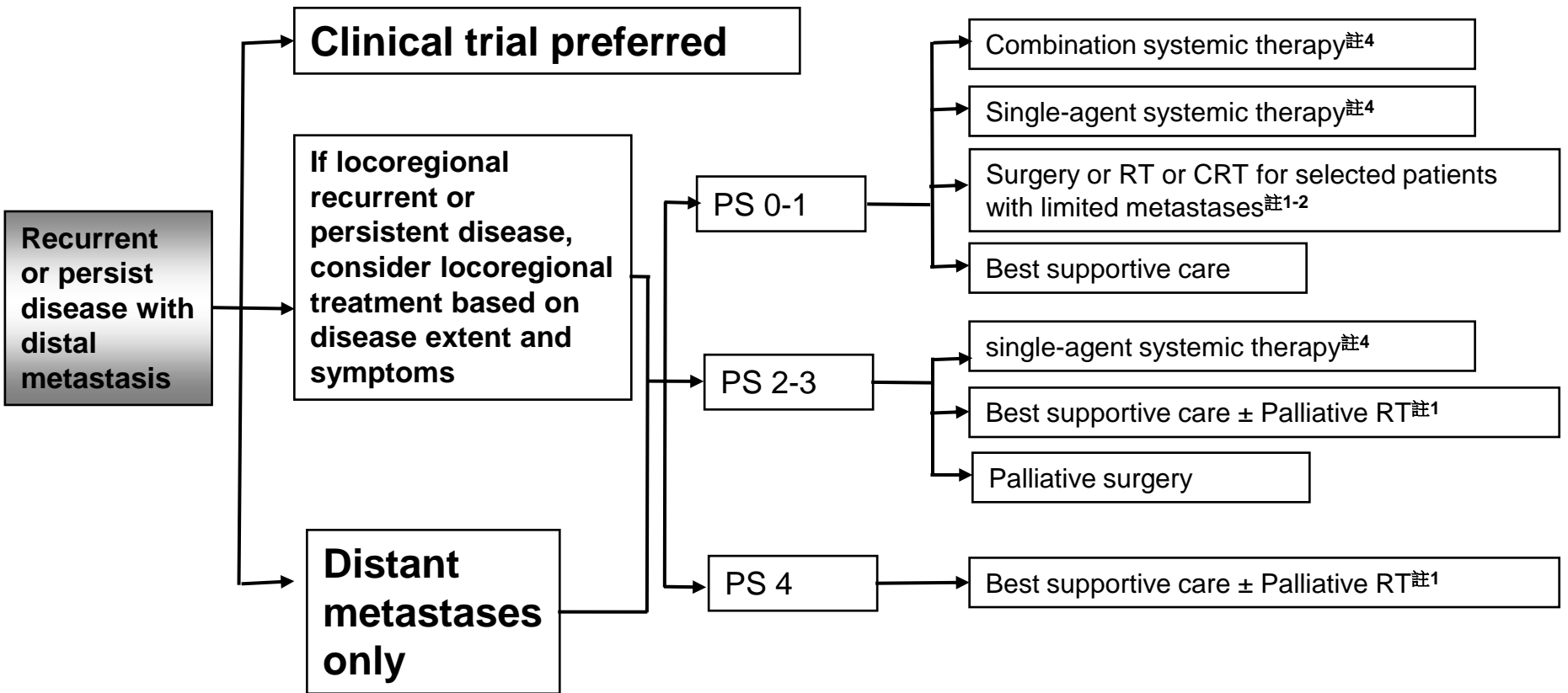
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Carcinoma of Oropharynx

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Treatment



1. PS 0-1若治療無效，除 best supportive care 外可再考慮systemic therapy, clinical trial or palliative RT
2. PS 2-3 single agent systemic therapy 若治療無效，除 best supportive care 外可再考慮 alternate single agent systemic therapy or palliative RT

Carcinoma of Oropharynx

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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)
- De-escalation to 50 Gy may be considered in patients with p16 (HPV)-positive oropharynx cancer who have up to 4 positive lymph nodes, T1-T2 resected to negative or close margins (<3 mm), and/or N1–N2 disease (excluding bilateral disease based on ECOG 3311 criteria) with ≤ 1 mm extranodal extension

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

註2 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2026.1.28 Page 12 (Ref. 8-12)

Principles of Chemotherapy

Concurrent with RT

Regimen 1: q3w CDDP ± Cetuximab^{註5} + RT

- Cisplatin (80-100mg/ m²) q3w during R/T
- Cetuximab(400mg/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose D1 + Cisplatin (80-100mg/ m²) q3w D2 during R/T

Regimen 2: Weekly CDDP ± Cetuximab^{註5} + RT

- Cisplatin (30-40mg/ m²) weekly during R/T
- Cetuximab(400mg/ m²) loading dose first week, and then Cisplatin (30-40mg/ m²) weekly D1 + Cetuximab(250mg/ m²) 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/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose D1 + Carboplatin (AUC x 5mg) q3w D2 during R/T

Regimen 4: Weekly Cetuximab^{註5} + RT

- Cetuximab(400mg/ m²) loading dose first week, then Cetuximab(250mg/ m²) maintain dose during RT

Regimen5 : Carboplatin + 5-FU + Hydroxyurea (CCr < 60) + RT

- Carboplatin (AUC x 1.25mg) D1-D4
- Fluorouracil (5-FU) (850mg/m²) D1-D4
- Hydroxyurea 1CAP BID D1-D5

Regimen6 : Cisplatin + 5-FU + Hydroxyurea + RT

- Cisplatin(20mg/ m²) D1-D4
- Fluorouracil (5-FU) (850mg/m²) 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 2026.1.28 Page 13 (Ref. 13-17)

Regimens of Chemotherapy

Induction, adjuvant, 建議2-3cycles

Regimen 1 : q3-4 weeks T + P ± Pembrolizumab ± F (5-FU or UFUR) ± weekly Cetuximab^{註5}

- Taxotere (60 mg/ m²) D1
- Cisplatin (60-75 mg/ m²) D1
- Fluorouracil (5-FU) (600-750mg/m²) D2-D5 or **UFUR**
- Cetuximab (400mg/ m²) loading dose first week, then Cetuximab (250mg/ m²) maintain dose
- Pembrolizumab (200mg) D1 (if CPS ≥ 1)

Regimen 2: q3-4 weeks Platinum ± F (5-FU or UFUR) ± 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/m²) D2-D5 or **UFUR**
- Cetuximab (400mg/m²) loading dose first week, then weekly Cetuximab (250mg/ m²)

Carcinoma of Oropharynx

註3 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2026.1.28 Page 14 (Ref. 13-17)

Regimens of Chemotherapy

Induction, adjuvant, 建議2-3cycles

Regimen 3: weekly Cetuximab^{註5}

- Cetuximab (400mg/ m²) loading dose first week, then Cetuximab (250mg/ m²) 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/ m²)

Carcinoma of Oropharynx

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Regimens of Immunotherapy Neoadjuvant

Regimen 1 (useful in certain circumstances): for stage III–IVA cancer of p16 negative oropharynx (with PD-L1 positive [CPS \geq 1])

- Neoadjuvant Pembrolizumab followed by adjuvant Pembrolizumab/RT (with Cisplatin if extranodal extension and/or positive margin) followed by adjuvant Pembrolizumab
- **q3 weeks Pembrolizumab** (200mg, if CPS \geq 1)
 - Neoadjuvant 2 cycles + concurrent 3 cycles followed by adjuvant 12 cycles

Carcinoma of Oropharynx

註4

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Regimens of Chemotherapy

Recurrent, unresectable, metastatic*

Regimen 1 (First line): q3 weeks Pembrolizumab^{註5} ± Platinum ± F

- Pembrolizumab(200mg) D1 (if CPS \geq 1)
- Cisplatin(80-100mg/m²) D1 or Cisplatin (20mg/ m²) D1-D5 or Carboplatin (AUC x 5mg) D1
- Fluorouracil (5-FU) (600-1000 mg/m²) D2-D5

Regimen 2 (First line): q3 weeks Pembrolizumab^{註5}

- Pembrolizumab(200mg) D1 (if CPS \geq 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 T + P ± Pembrolizumab 註5

- Taxotere(60 mg/ m²) D1
- Cisplatin(60-75 mg/ m²) D1
- Pembrolizumab(200mg) D1 (if CPS \geq 1)

*針對Recurrent or persistent disease with M1 , 建議NGS

Carcinoma of Oropharynx

註4

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Regimens of Chemotherapy

Recurrent, unresectable, metastatic*

Regimen 6: 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) (600-1000 mg/m²) D2-D5
- Cetuximab(400mg/ m²) loading dose first week, then weekly Cetuximab (250mg/ m²)

Regimen 7: q3-4 weeks T ± Platinum ± weekly Cetuximab^{註5}

- Taxotere(60 mg/ m²) D1
- Cisplatin(60-75 mg/ m²) D1 or Carboplatin (AUC x 5mg) D1
- Cetuximab(400mg/ m²) loading dose first week, then weekly Cetuximab (250mg/ m²)

Regimen 8: Cisplatin + Epirubicin + 5-FU+ Leucovorin

- Cisplatin (60 mg/ m²) D1
- Epirubicin (50 mg/ m²) D1
- Fluorouracil (5-FU) (2000 mg/m²) D1

Regimen 9: q2 weeks Bevacizumab

- Bevacizumab (200 mg/ m²) D1

Regimen 10: weekly Gemcitabine

- Gemcitabine (1000 mg/m²) D1

*針對Recurrent or persistent disease with M1 , 建議

Carcinoma of Oropharynx

註5 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2026.1.28 Page 18

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 < 50 ml/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

註5 高雄榮民總醫院 臨床診療指引 Ver.1 修訂於 2026.1.28 Page 19

特殊用藥健保給付規定

Pembrolizumab、Nivolumab

- 一線: 先前未曾接受全身性治療且無法手術切除之復發性或轉移性(第三期或第四期)頭頸部鱗狀細胞癌成人患者(CPS \geq 20)*
- 二線: 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(第三期或第四期)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 \leq 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 表現量一線: CPS \geq 20 (only for neoadjuvant)*；二線: TPS \geq 50%，TC \geq 10%

- 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 \leq 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

註6

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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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