

高雄榮民總醫院

肺癌（小細胞癌）診療原則

癌症中心肺癌醫療團隊擬定

2021年第一版 2021年2月24日修訂

Reference: NCCN Clinical Practice Guideline in Oncology<sup>TM</sup>, SCLC, V.1.2021

# 肺癌（非小細胞癌）診療原則

診療指引依據實證醫學資料訂定。

診療指引內容包含了與分期相關的主要檢查。

2021年第一版診療指引修訂內容增修部分以紅字標示。

# 會議討論(一)

上次會議：2020/02/12

本共識與上一版的差異

上一版	新版
1. 原未註明描述 limited stage 。(p. 6)	1. 更 detail 描述 limited stage in excess of T1-2, N0(包括 T3-4, N0, M0 及 T1-4, N1-3, M0)。(p. 6)
2. 標題為一線化學治療處方。(p. 9)	2. 一線化學治療處方改為一線“抗腫瘤”治療處方。(p. 9)
3. 標題為二線化學治療處方。(p. 10)	3. 二線化學治療處方改為“後線抗腫瘤”治療處方。(p. 10)
4. 後線抗腫瘤治療處方 schedule，原為 Q21d。(p. 10)	4. 後線抗腫瘤治療處方 schedule，均改為 Q21-28d。(p. 10)
5. 原無 nivolumab 3 mg/kg IV Q2w 及 Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV Q3w 之處方。(p. 11)	5. 新增兩個後線抗腫瘤治療處方，nivolumab 3 mg/kg IV Q2w 及 Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV Q3w。(p. 11)

# 小細胞肺癌

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臨床診療指引

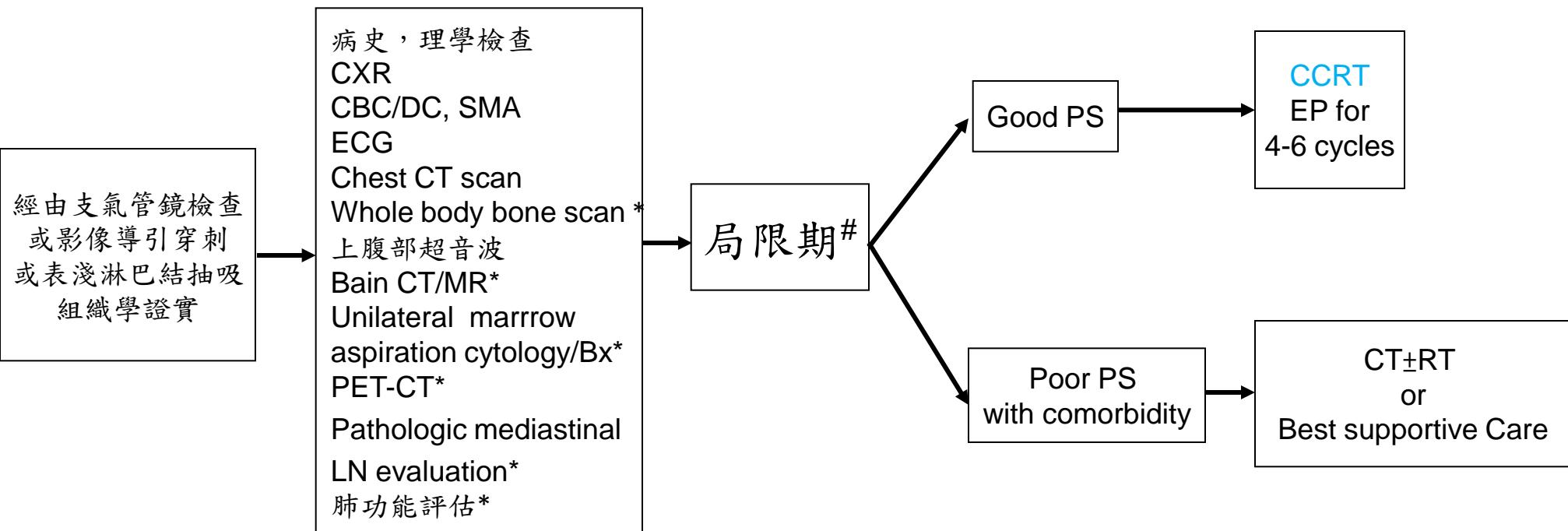
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診斷

初步評估

分期

初始治療



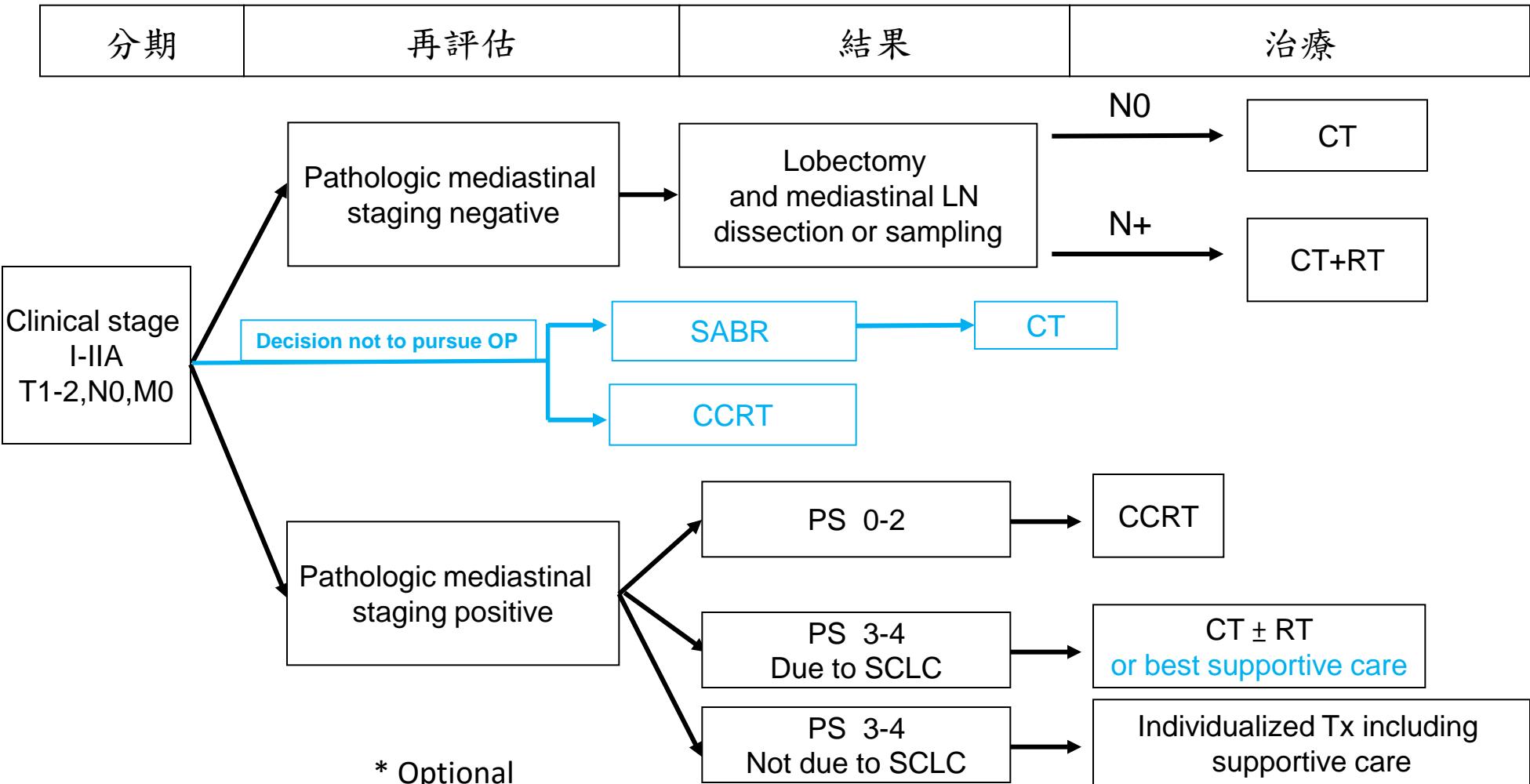
\* Optional

# 局限期 : T any, N any, M0; except T3-4 due to multiple lung nodules

# 小細胞肺癌

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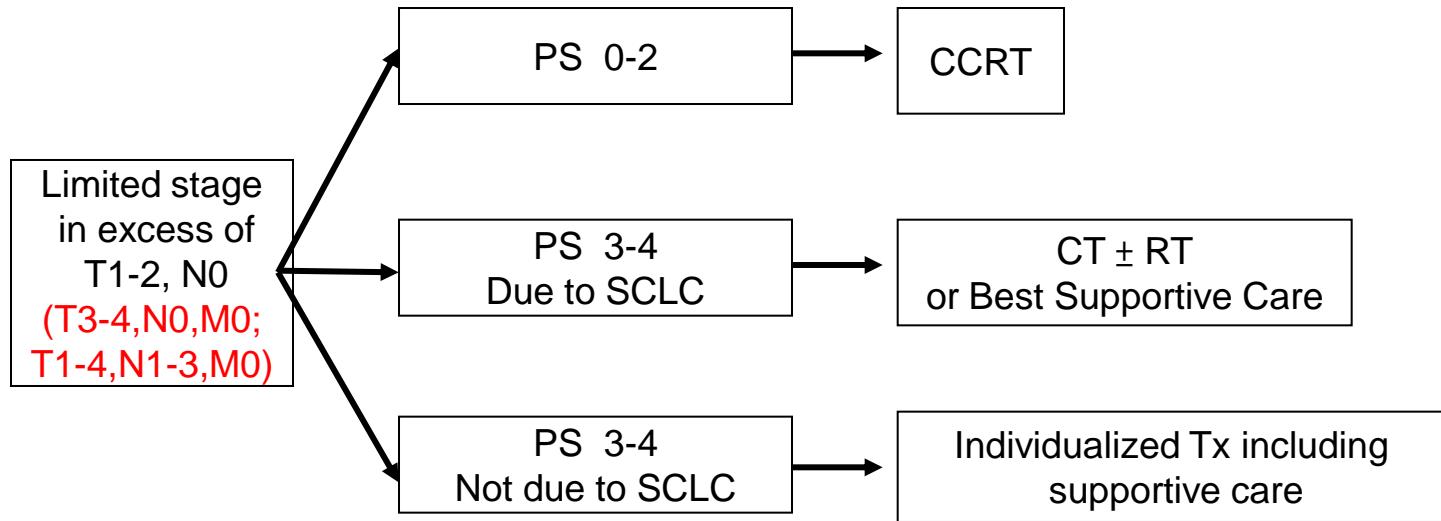
# 局限期 : T any, N any, M0; except T3-4 due to multiple lung nodules

# 小細胞肺癌

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分期	評估	治療
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\* Optional

# 局限期 : T any, N any, M0; except T3-4 due to multiple lung nodules

# 小細胞肺癌

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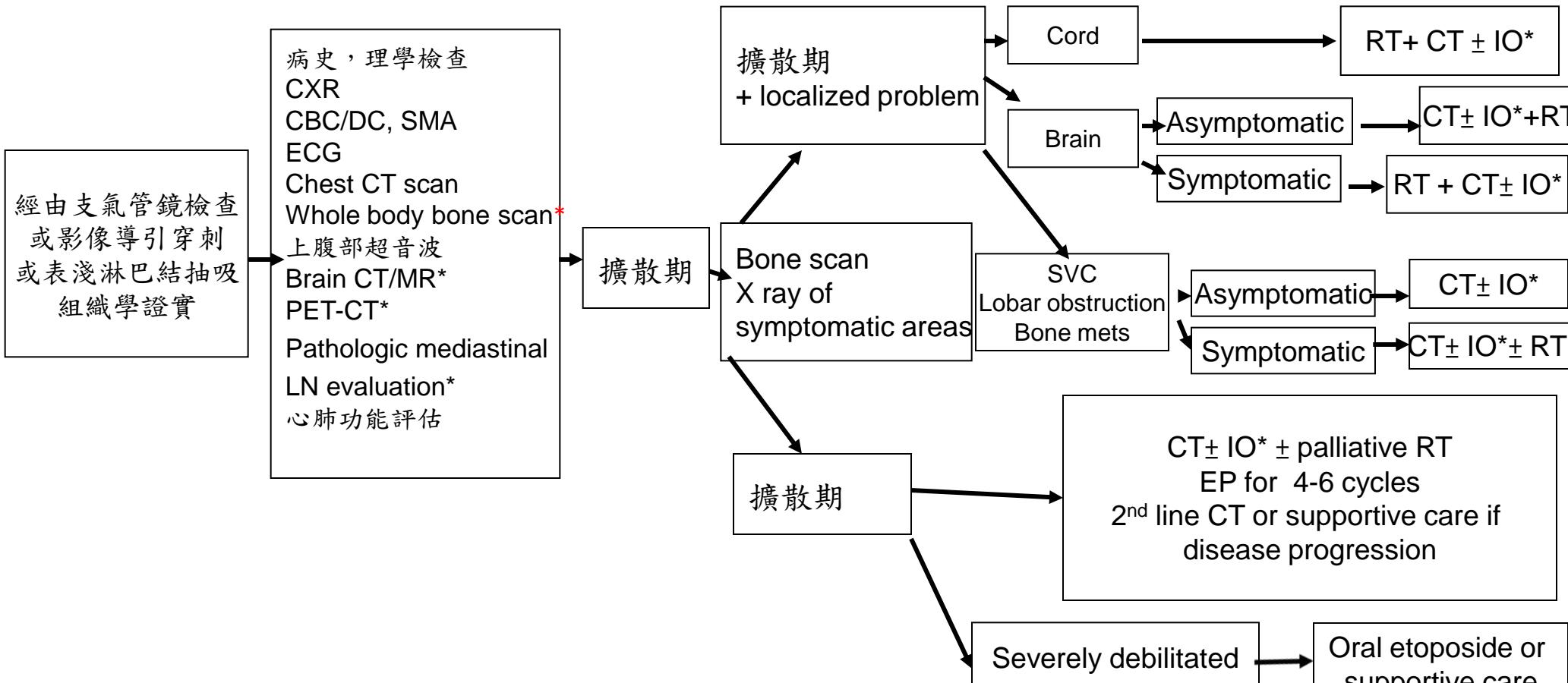
診斷

初步評估

分期

進一步評估

初始治療



# 擴散期 : T any, N any, M1a/b/c; T3-4 due to multiple lung nodules

\* Atezolizumab or Durvalumab

# 小細胞肺癌

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臨床診療指引

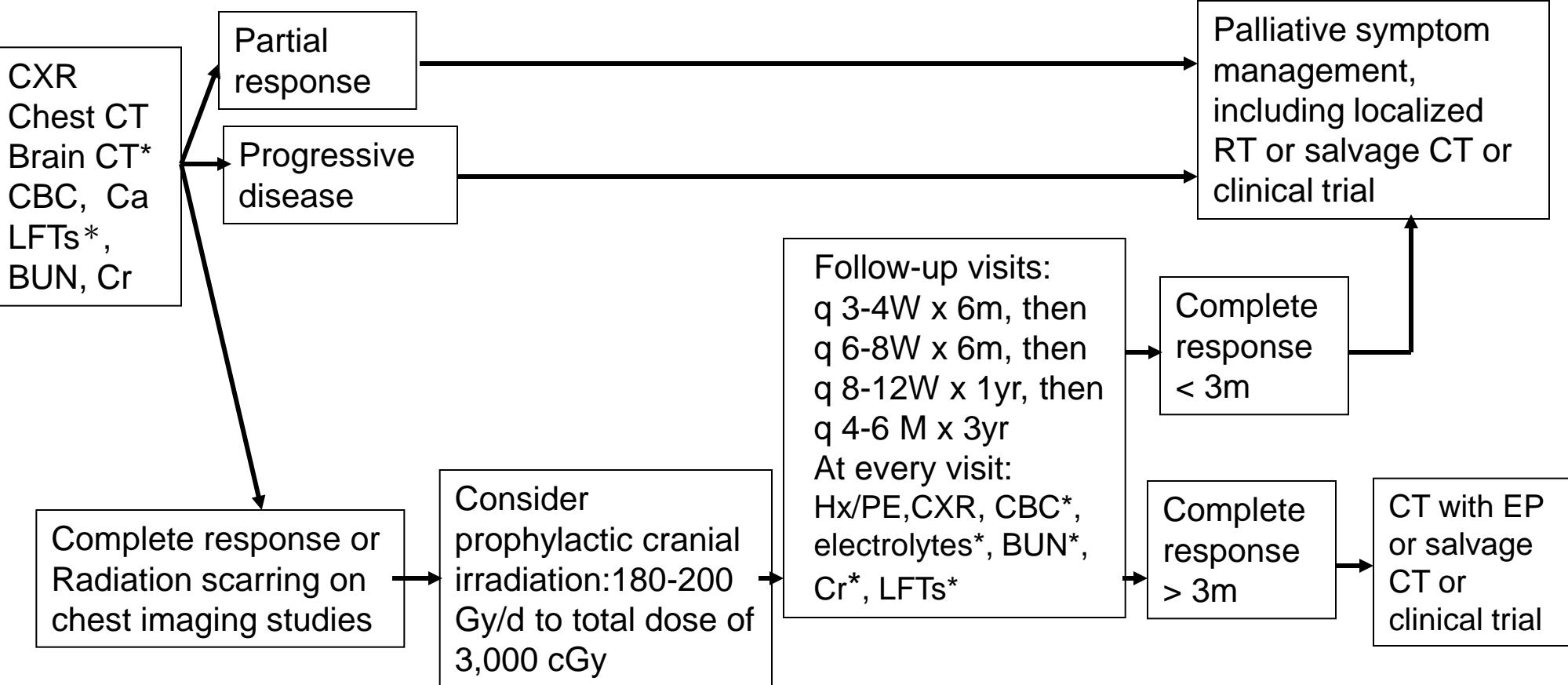
2021年第一版

初步治療後的反應評估

輔助治療

SURVEILLANCE

SALVAGE /  
PALLIATION



## 一線抗腫瘤治療處方

Published C/T Regimens	Schedule
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Irinotecan 60 mg/ m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/ m <sup>2</sup> , IV, D1 Doxorubicin 45 mg/ m <sup>2</sup> IV, D1 Vincristine 1.4 mg/ m <sup>2</sup> , IV, D1(maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3 Atezolizumab 1,200 mg IV,D1	Q21-28 d x 4 cycles Followed by maintenance atezolizumab q21-28d
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/ m <sup>2</sup> , IV, D1-3 Durvalumab 1,500 mg IV,D1	Q21-28 d x 4-6 cycles Followed by maintenance durvalumab q21-28d

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

## 後線抗腫瘤治療處方(1)

Published C/T Regimens	Schedule
Topotecan 1.2 mg/m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Topotecan 2.3 mg/m <sup>2</sup> , PO, D1-3	Q21-28 d x 4-6 cycles
Etoposide 120-150 mg/m <sup>2</sup> , PO, D1~5	Q21-28 d x 4-6 cycles
Cyclophosphamide 1000 mg/m <sup>2</sup> , IV, D1 Doxorubicin 45 mg/m <sup>2</sup> , IV, D1 Vincristine 1.4 mg/m <sup>2</sup> , IV, D1 (maximal 2 mg)	Q21-28 d x 4-6 cycles
Cisplatin 60-80 mg/m <sup>2</sup> , IV, D1 Etoposide 60-80 mg/m <sup>2</sup> , IV, D1-3	Q21-28 d x 4-6 cycles
Paclitaxel 60 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Docetaxel 30 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 25 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles
Vinorelbine 60 mg/m <sup>2</sup> , PO, D1,8	Q21-28 d x 4-6 cycles
Irinotecan 60 mg/m <sup>2</sup> , IV, D1,8,15	Q21-28 d x 4-6 cycles

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

## 後線抗腫瘤治療處方(2)

Published C/T Regimens	Schedule
Nivolumab 3mg/kg IV	Q2w
*Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV	Q3w

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