

高雄榮民總醫院

肺癌診療原則 (非小細胞肺癌)

2025年02月11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, V3.2025 (2025/01/14)
 - ▣ 2024台灣肺癌藥物治療共識-V3-2024 (2024/12/05)

會議討論(一)

上次會議：2024/02/27

本共識與上一版的差異

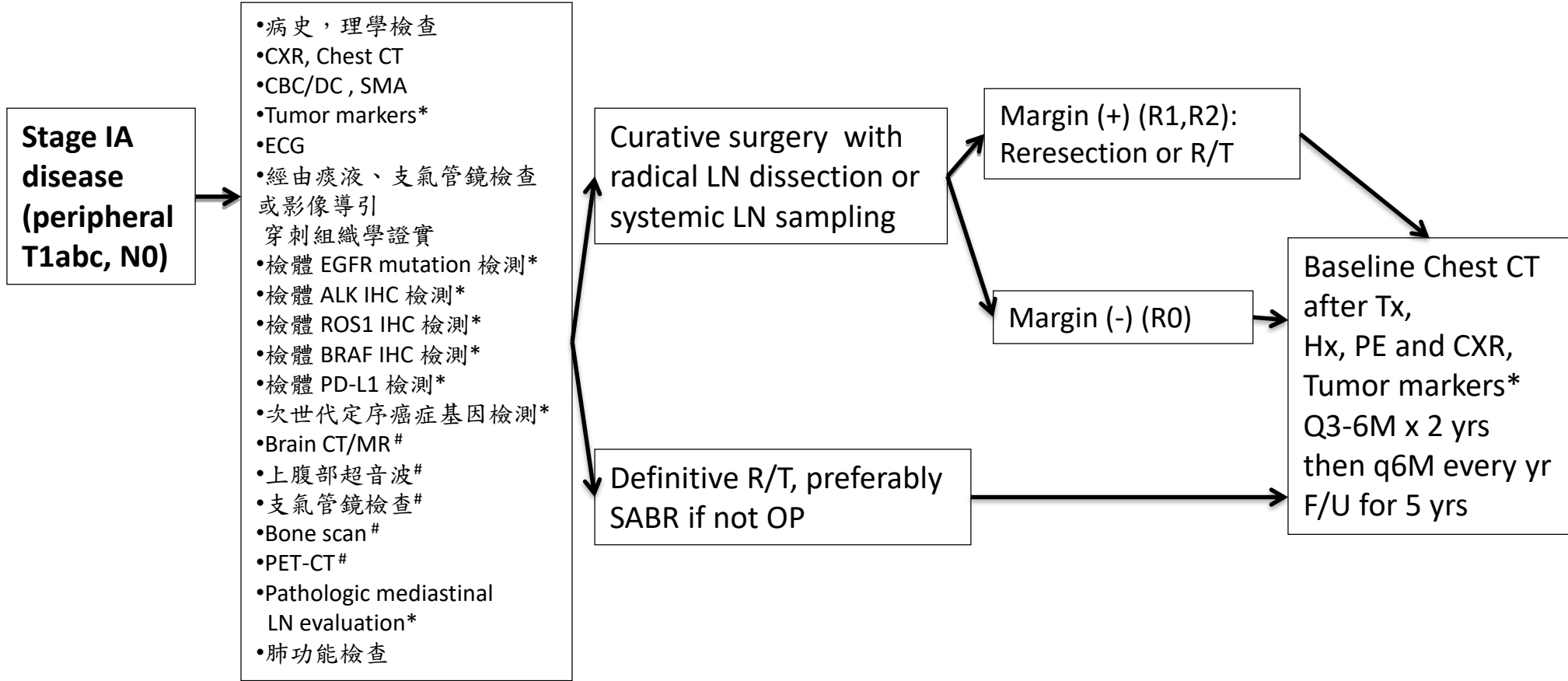
上一版	新版
<ol style="list-style-type: none">1. 無2. 無3. 無4. 無5. TS-1 40-60 mg po bid D1-10 + Gemcitabine 800 mg/ m² D1	<ol style="list-style-type: none">1. 新增perioperative Durvalumab (p. 5,6,8,25)2. 新增adjuvant alectinib (p.5,6,8,27)3. 新增Osimertinib post CCRT (p 6,7,8,9,27, 29)4. 新增adjuvant nivolumab (p.5,6,8,25)5. TS-1 60 mg/m²/d po bid D1-14 + Gemcitabine 1000 mg/ m² D8, 15

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診斷	評估	初步治療	輔助治療	追蹤
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*As clinical indicated

May not needed for GGO lesion

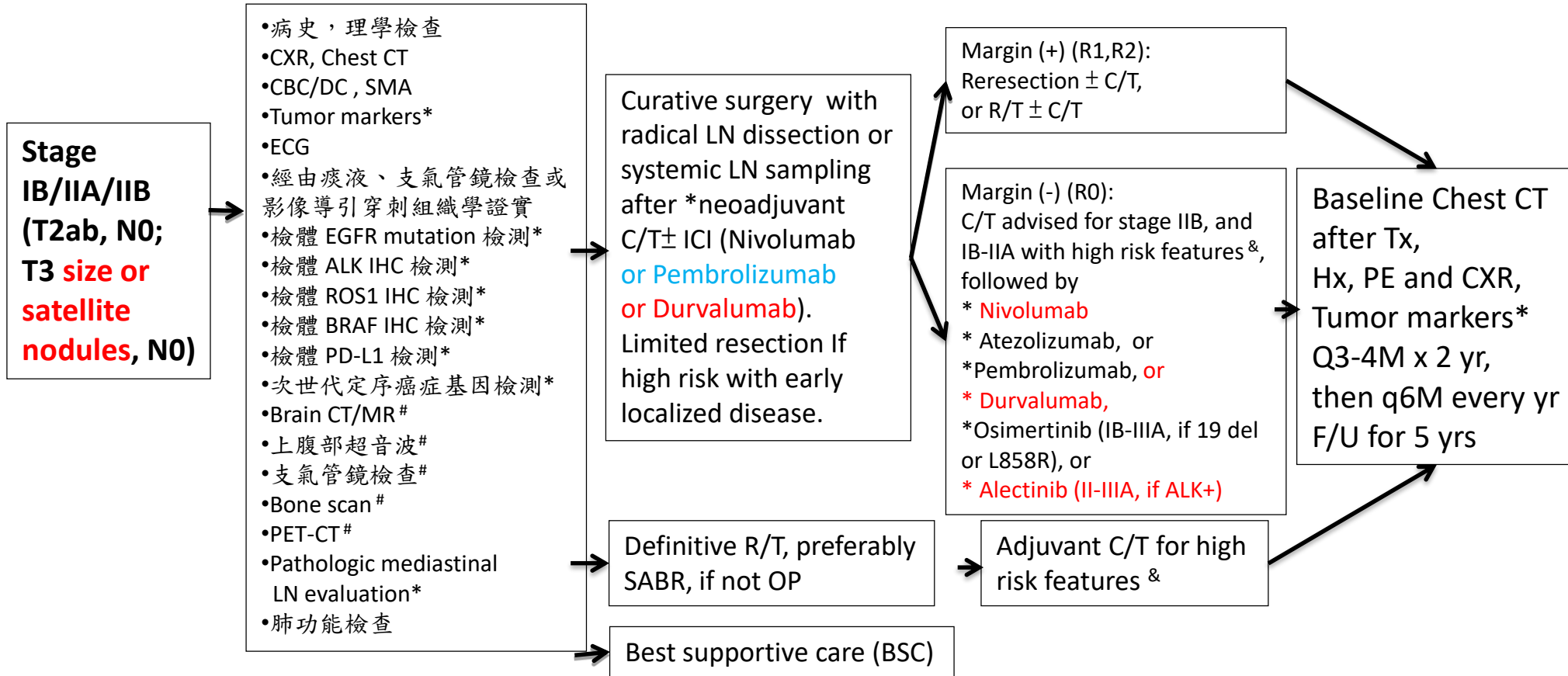
SABR: Stereotactic ablative radiotherapy

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* As clinical indicated, optional treatment. # May not needed for GGO lesion. ICI: Immune Checkpoint Inhibitors.

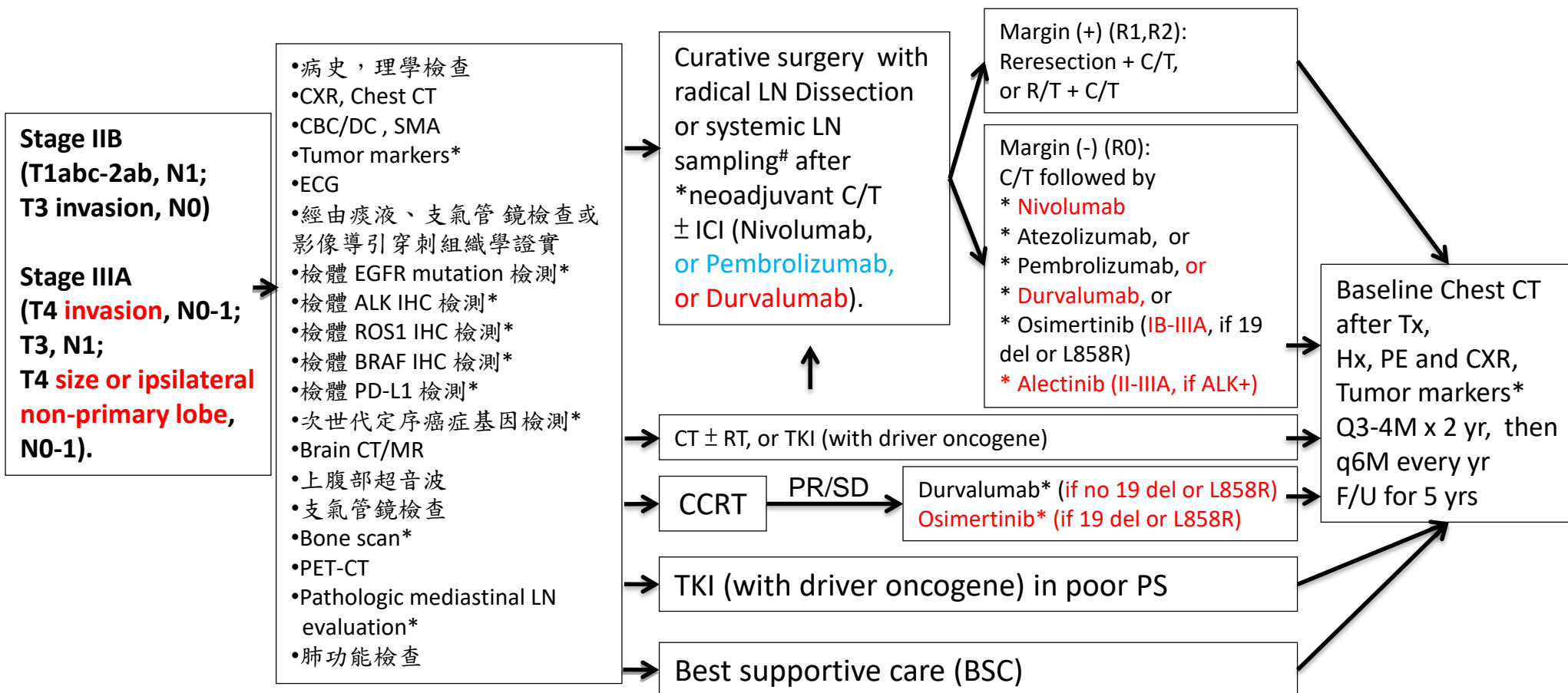
& High risk features include poorly differentiated tumors, vascular invasion, wedge resection, visceral pleural involvement and unknown lymph node status (Nx). SABR: Stereotactic ablative radiotherapy.

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診斷	評估	初步治療	輔助治療	追蹤
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*As clinical indicated, optional treatment. ICI: Immune Checkpoint Inhibitors.

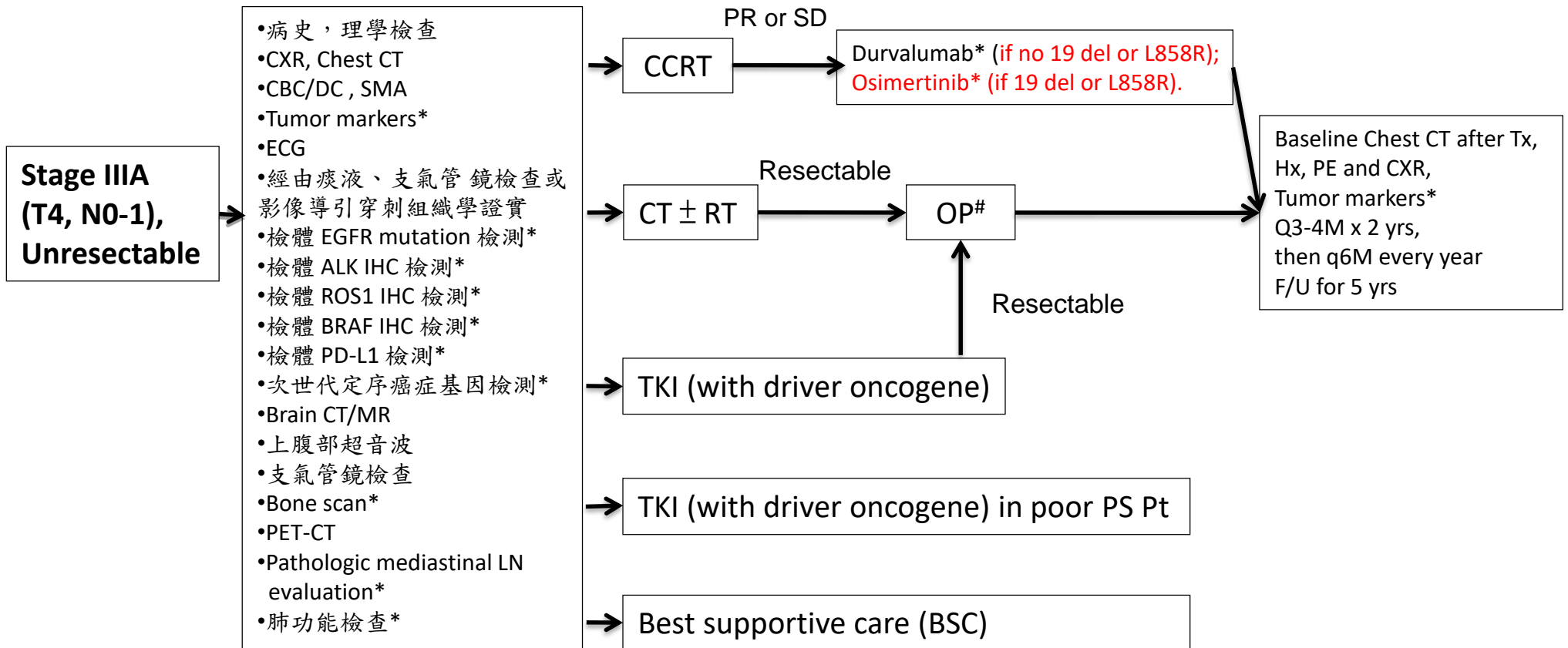
Limited resection is appropriate in poor pulmonary reserve or other major comorbidity that contraindicate lobectomy.

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診斷	評估	初步治療	輔助治療	追蹤
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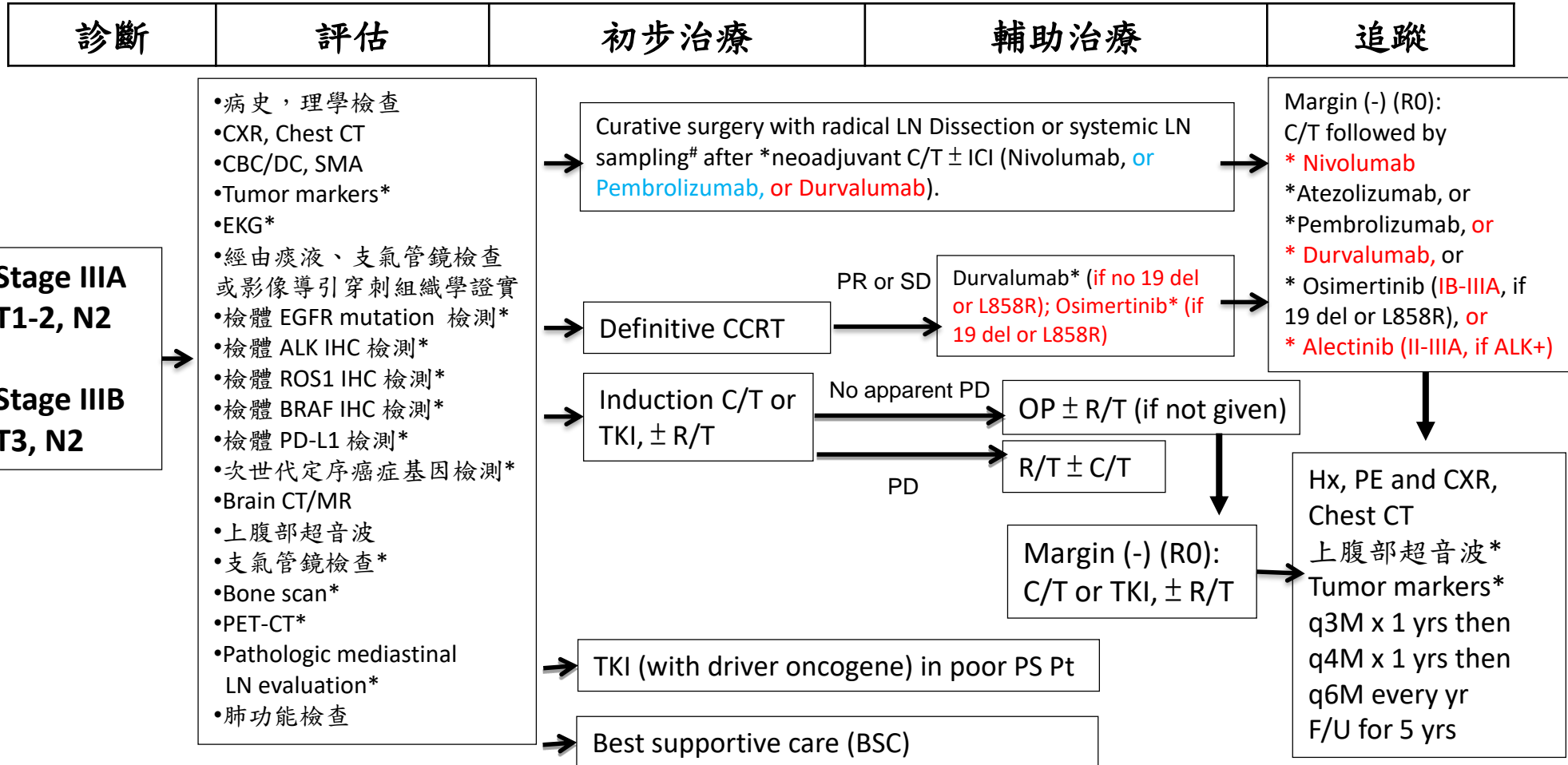
*As clinical indicated, optional treatment.

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

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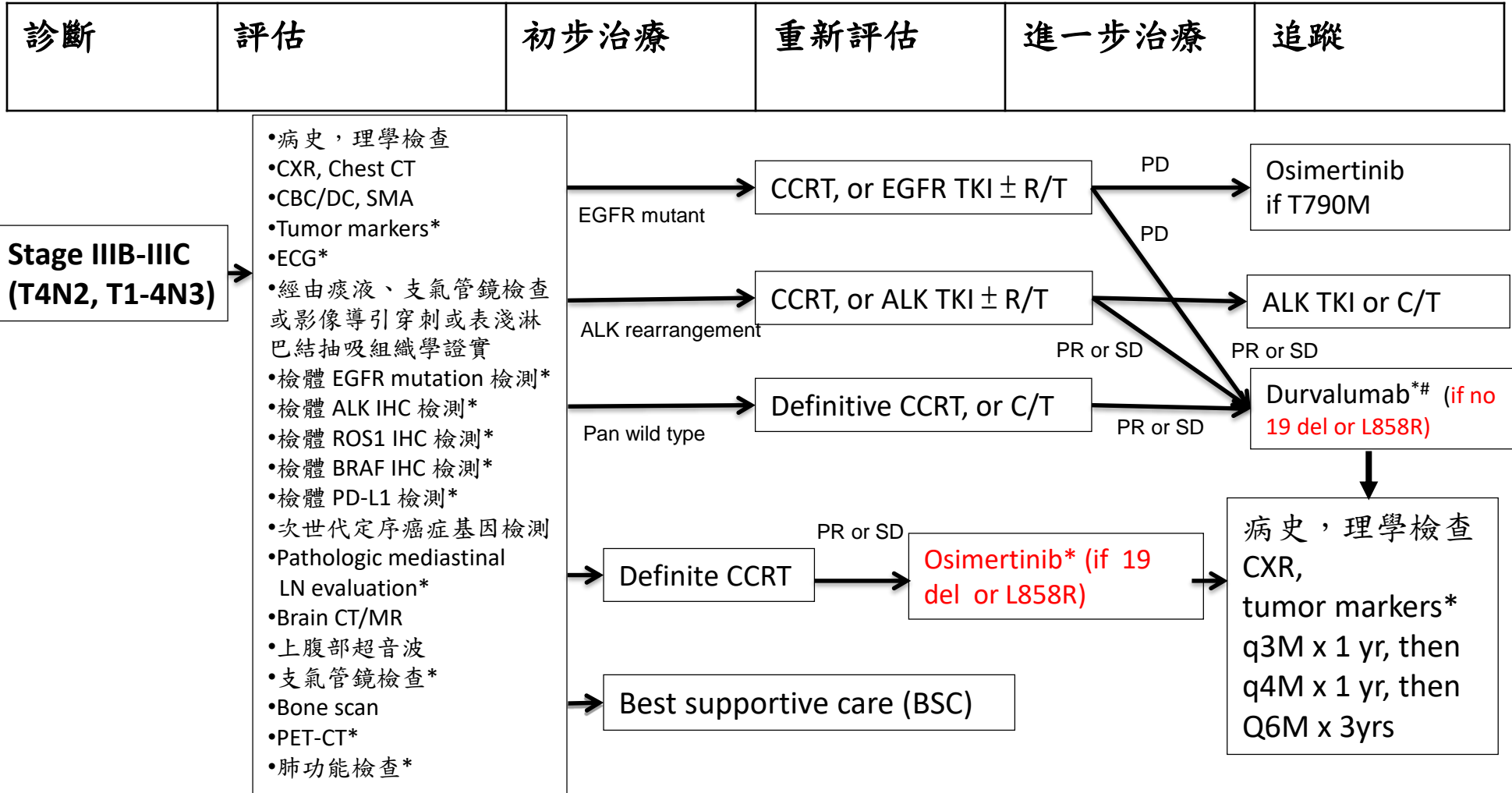
* As clinical indicated, optional treatment. ICI: Immune Checkpoint Inhibitors.

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

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* As clinical indicated, optional treatment.

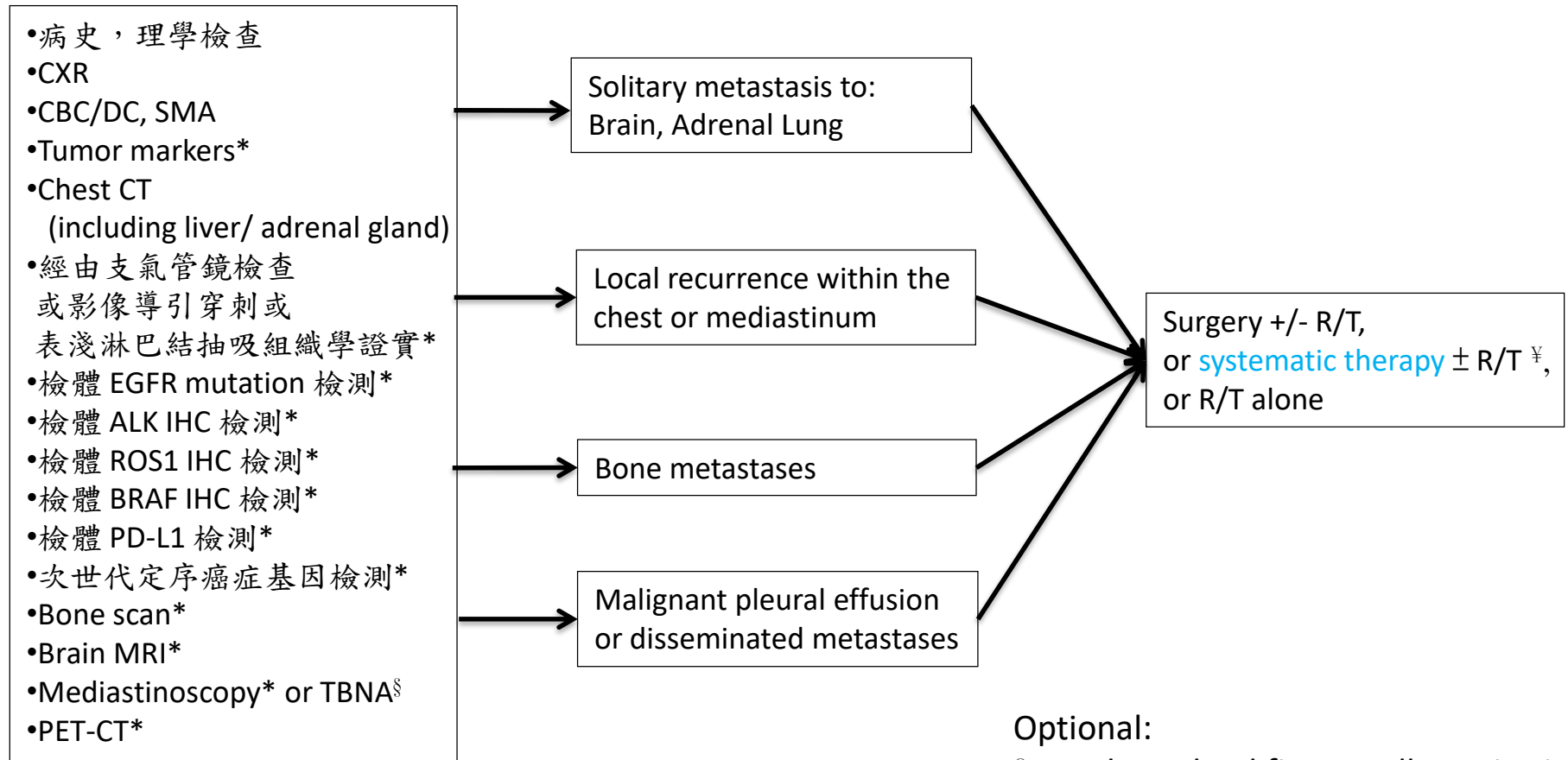
Durvalumab 10 mg/kg IV q2w x 12 m, or Durvalumab 1,500 mg IV q4w x 12m

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復發



Optional:

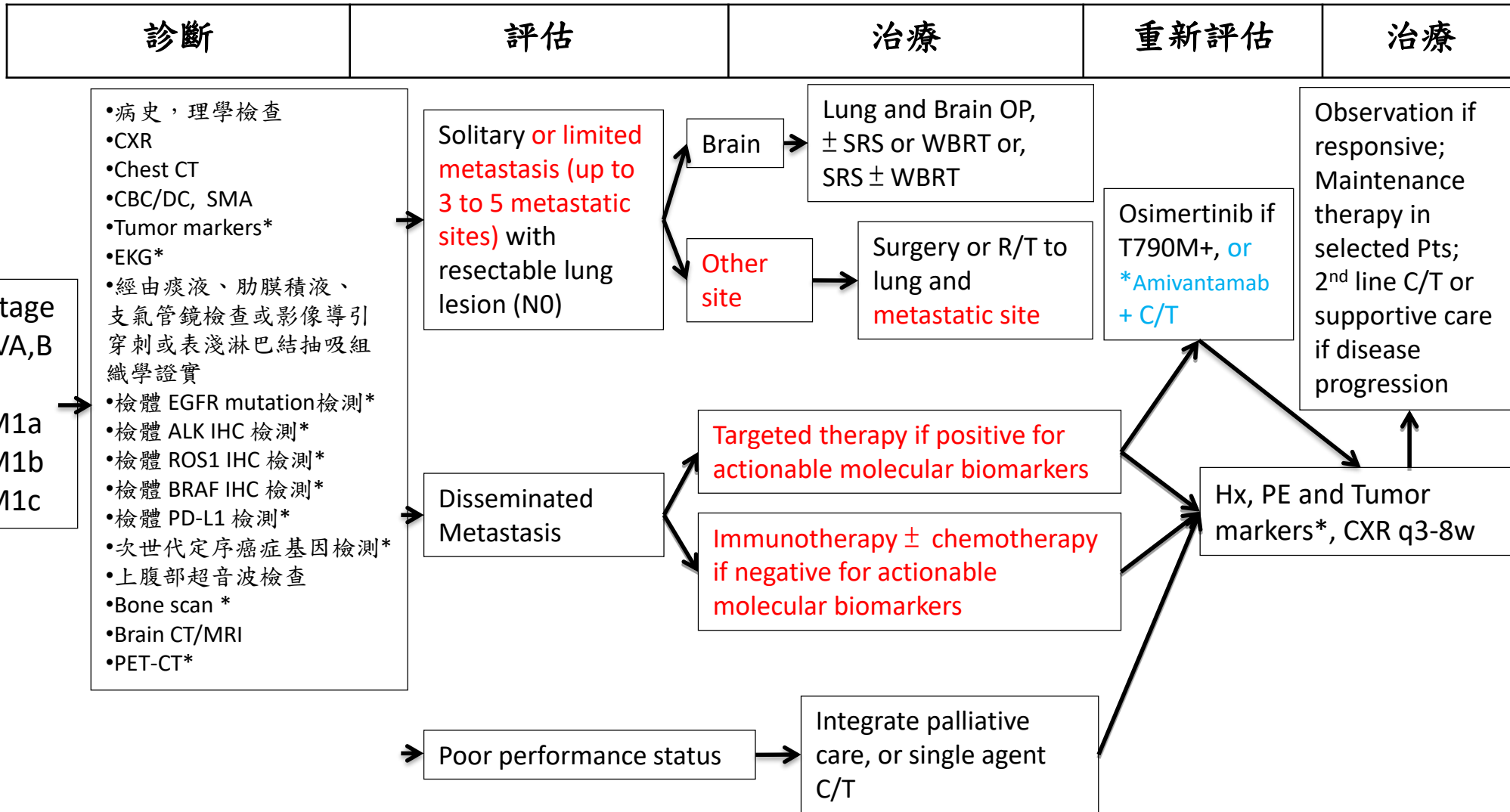
§Transbronchoal fine needle aspiration

¥Concurrent chemoradiotherapy

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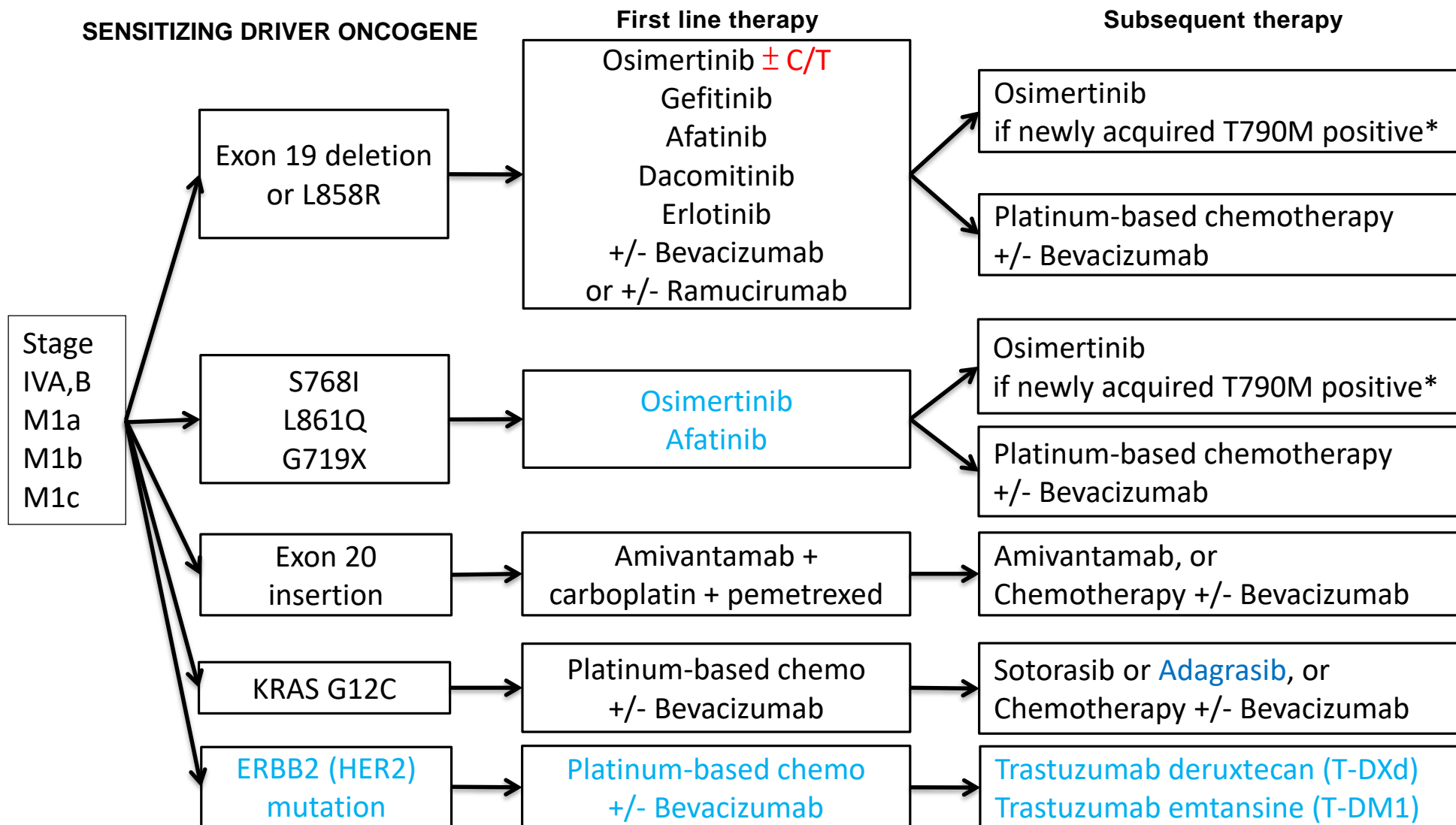


* High risk of pneumonitis when using osimertinib in combination with or following checkpoint inhibitors.

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* First line did not receive osimertinib

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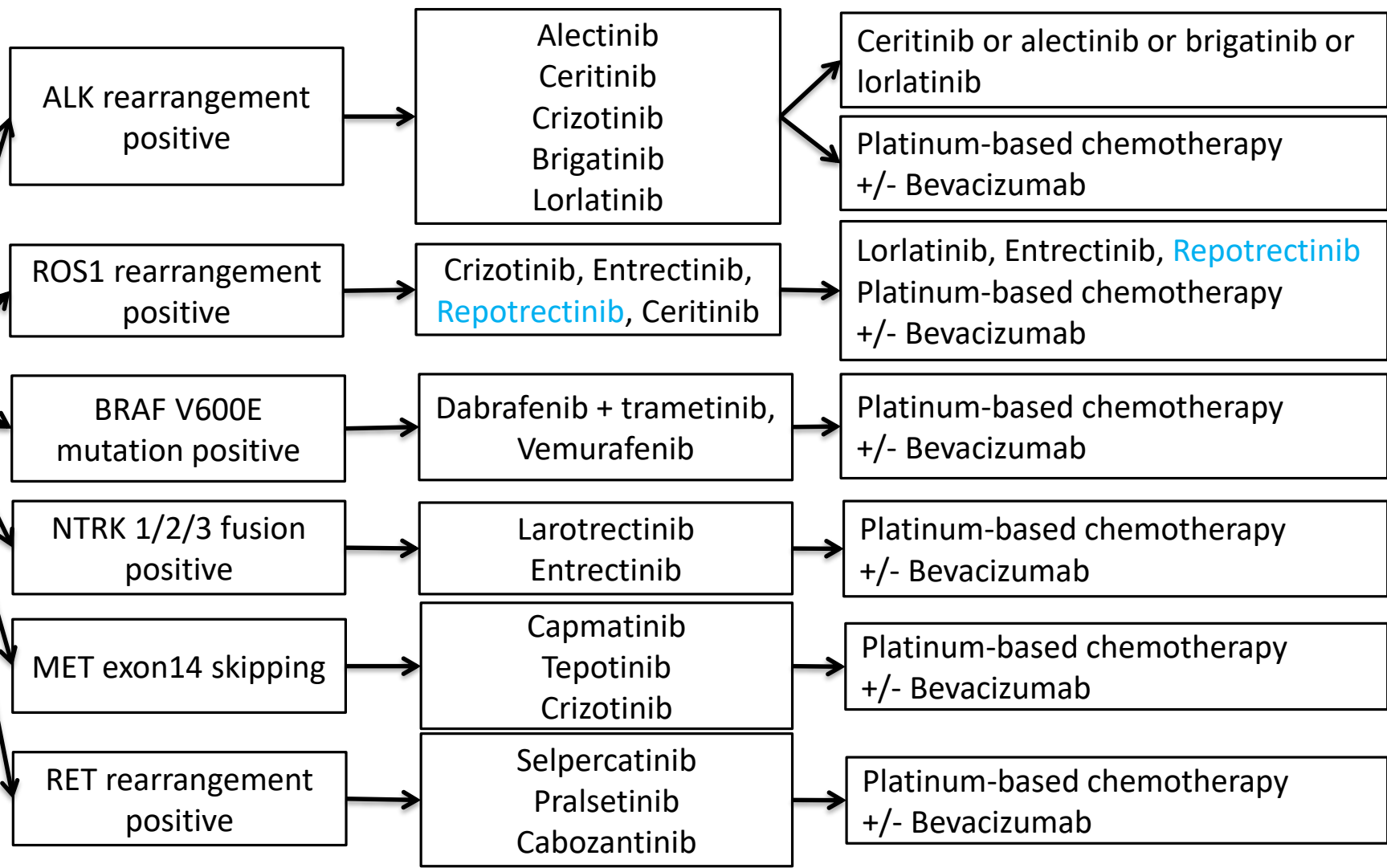
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SENSITIZING DRIVER ONCOGENE

First line therapy

Subsequent therapy

Stage
IVA,B
M1a
M1b
M1c

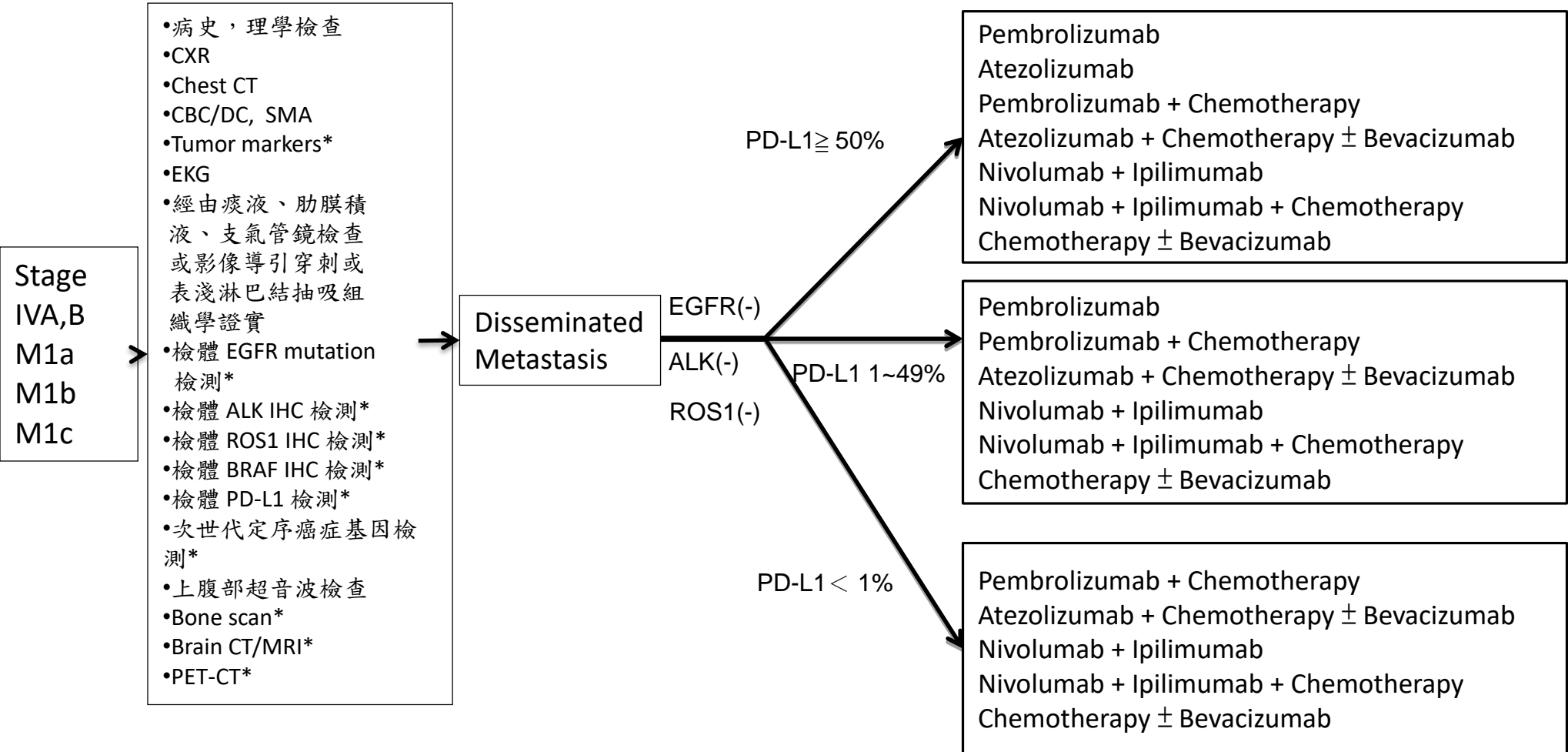


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診斷	評估	治療	重新評估	治療
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ADENOCARCINOMA, SQUAMOUS, LARGE CELL,
NSCLC NOS
INITIAL CYTOTOXIC THERAPY

PS 0-2

Systemic therapy

Progression

PS 0-2

PS 3-4

Stable

Systemic immune checkpoint inhibitors:
Nivolumab or Pembrolizumab or Atezolizumab
Other systemic therapy:
Docetaxel or Pemetrexed or Gemcitabine or
Paclitaxel or Docetaxel + Ramucirumab

Best supportive care

Continuation maintenance
Pembrolizumab ± Pemetrexed,
Atezolizumab ± Bevacizumab,
Nivolumab/Ipilimumab, Pemetrexed,
Gemcitabine, Bevacizumab ± Pemetrexed
or
Switch maintenance
Pemetrexed, Docetaxel
or
Close observation

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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
Osimertinib 80 mg po qd + Pemetrexed 500 mg/m ² , IV, D1 + (Cisplatin 60-75 mg/m ² , IV, D1 or Carboplatin AUC 4-6 D1) (EGFR mutant)	Till PD or unacceptable toxicity
Erlotinib 150 mg po qd + ramucirumab 10 mg/kg IV (EGFR mutant)	Till PD or unacceptable toxicity
Erlotinib 150 mg po qd + bevacizumab 7.5-15 mg/kg IV (EGFR mutant)	Till PD or unacceptable toxicity

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一線抗腫瘤治療處方（二）

Published C/T Regimens	Schedul
Amivantamab 1400 mg (1750 mg, ≥ 80 kg) qw for the first 4 weeks up tp C2D1, and then 1750 mg (2100 mg, ≥ 80 kg) q3w starting at C3D1 + carboplatin AUC 4-6 q3w for 4 cycles + *Pemetrexed 500 mg/m ² till PD (Exon 20 insertion)	Till PD or unacceptable toxicity
Crizotinib 250 mg po bid (ALK or ROS1 rearrangement or MET Exon 14 Skipping)	Till PD or unacceptable toxicity
Alectinib 600 mg po bid (ALK rearrangement)	Till PD or unacceptable toxicity
Ceritinib 450 mg po qd (ALK or ROS1 rearrangement)	Till PD or unacceptable toxicity
Brigatinib 90 mg po qd (first 7 days lead-in) -> 180 mg po qd (ALK rearrangement)	Till PD or unacceptable toxicity
Lorlatinib 100 mg po qd (ALK rearrangement or ROS1 rearrangement)	Till PD or unacceptable toxicity
Entrectinib 600 mg po qd (ROS1 rearrangement or NTRK1/2/3 Gene Fusion)	Till PD or unacceptable toxicity
Repotrectinib 160 mg po qd (ROS1 rearrangement or NTRK1/2/3 Gene Fusion)	Till PD or unacceptable toxicity
Dabrafenib 150 mg PO bid + trametinib 2mg PO qd (BRAF V600E Mutation)	Till PD or unacceptable toxicity
Dabrafenib 150 mg PO bid (BRAF V600E Mutation)	Till PD or unacceptable toxicity
Vemurafenib 960 mg PO bid (BRAF V600E Mutation)	Till PD or unacceptable toxicity
Larotrectinib 100 mg PO bid (NTRK1/2/3 Gene Fusion)	Till PD or unacceptable toxicity
Capmatinib 400 mg PO bid (MET Exon 14 Skipping)	Till PD or unacceptable toxicity
Tepotinib 450 mg PO qd (MET Exon 14 Skipping)	Till PD or unacceptable toxicity

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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 (≥ 50 kg) (RET Rearrangement)	Till PD or unacceptable toxicity
Pralsetinib 400 mg po qd (RET Rearrangement)	Till PD or unacceptable toxicity
Cabosantinib 60 mg PO qd (RET Rearrangement)	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 x 6 cycles, and then Pemetrexed 500 mg/m ² ,IV,D1 + Pembrolizumab 2mg/kg or 200 mg,IV,D1	Q3w until PD

- 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 non-squamous 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 non-squamous cell carcinoma 組織學型態的病人

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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 組織學型態的病人。

* 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。

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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
Afatinib 40 mg po qd (2 nd -line therapy for squamous histology)	Till PD or unacceptable toxicity
Osimertinib 80 mg po qd (if T790M detected)	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 qd (first 7 days lead in) → 180 mg qd (ALK rearrangement)	Till PD or unacceptable toxicity
Lorlatinib 100 mg po qd (ALK rearrangement or ROS1 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
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

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後續的抗腫瘤治療處方（二）

Published C/T Regimens	Schedule
TS-1 40 mg/m ² po bid, D1-28	Q42d
TS-1 60 mg/m ² /d po bid D1-14 + Gemcitabine 1000 mg/m ² D8, 15	Q21d
Entrectinib 600 mg po qd (ROS1 rearrangement or NTRK1/2/3 Gene Fusion)	Till PD or unacceptable toxicity
Repotrectinib 160 mg po qd (ROS1 rearrangement or NTRK1/2/3 Gene Fusion)	Till PD or unacceptable toxicity
Nivolumab 3mg/kg IV	Q2w
Pembrolizumab 2mg/kg IV or Pembrolizumab 200 mg IV *	Q3w
Atezolizumab 1200 mg IV	Q3w
Amivantamab 1400 mg (1750 mg, ≥ 80 kg) qw for the first 4 weeks up to C2D1, and then 1750 mg (2100 mg, ≥80 kg) q3w starting at C3D1 + carboplatin AUC 4-6 q3w for 4 cycles + *Pemetrexed 500 mg/m ² till PD (EGFR mutant)	Till PD or unacceptable toxicity
Amivantamab 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 (Exon 20 insertion)	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。

* PD-L1 expression ≥ 1% 的病人

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後續的抗腫瘤治療處方（三）

Published C/T Regimens	Schedule
Sotorasib 960 mg PO qd	Till PD or unacceptable toxicity
Adagrasib 600 mg PO bid	Till PD or unacceptable toxicity
Trastuzumab deruxtecan (T-DXd) 5.4 mg/kg IV q3w (ERBB2 (HER2) Mutation)	Till PD or unacceptable toxicity
Trastuzumab emtansine (T-DM1) 3.6 mg/kg IV q3w (ERBB2 (HER2) Mutation)	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 non-squamous cell carcinoma 組織學型態的病人

* PD-L1 expression \geq 1% 的病人

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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 組織學型態的病人

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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 non-squamous cell carcinoma 組織學型態的病人

† 使用於 squamous cell carcinoma 組織學型態的病人

*For those patient with tumor \geq 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.

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手術周術期輔助化學治療處方(三)

Published C/T Regimens	Schedule
Pembrolizumab 200 mg day 1 + Cisplatin 75 mg/m ² day 1, gemcitabine 1000 mg/m ² days 1 and 8 [§] , then pembrolizumab 200 mg as adjuvant treatment after surgery	Q21 d x 4 cycles (neoadjuvant) Q21 d x up to 13 cycles (adjuvant)
Pembrolizumab 200 mg day 1 + Cisplatin 75 mg/m ² day 1, pemetrexed 500 mg/m ² day 1 [#] , then pembrolizumab 200 mg as adjuvant treatment after surgery	Q21 d x 4 cycles (neoadjuvant) Q21 d x up to 13 cycles (adjuvant)
Durvalumab 1500 mg and platinum-based doublet chemotherapy, then Durvalumab 1500 mg as adjuvant treatment after surgery	Q21 d x 4 cycles (neoadjuvant) Q28 d, up to 12 cycles (adjuvant)
Nivolumab 360 mg and platinum-based doublet chemotherapy, then Nivolumab 480 mg as adjuvant treatment after surgery	Q21 d x 4 cycles (neoadjuvant) Q28 d, up to 13 cycles (adjuvant)

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

[#] 使用於 non-squamous cell carcinoma 組織學型態的病人

[§] 使用於 squamous cell carcinoma 組織學型態的病人

*For those patient with tumor \geq 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.

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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 組織學型態的病人

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術後輔助化學治療處方（二）

Published C/T Regimens	Schedule
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
Osimertinib 80 mg PO QD	3 years is preferred
Alectinib 600 mg po bid	2 years is preferred

- 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-III A, stage IIIB (T3, N2), or high-risk stage IIA NSCLC with PD-L1 \geq 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-III A, 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.

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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 組織學型態的病人

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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)	If no disease progression after definitive CCRT. Up to 1 year
Osimertinib 80 mg PO QD	Till PD or unacceptable toxicity

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 組織學型態的病人

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