高 雄 榮 民 總 醫 院

肺癌診療原則

（ 非小 細 胞 癌 ）

2020年02月12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, V.2.2020

會議討論(一)

上次會議：2019/03/06

本共識與上一版的差異

上一版	新版
1. **Stage I/II**之診療指引評估原為Mediastinoscopy且無ROS1 IHC及次世代定序癌症基因檢測(p.5)。 2. **Stae IIB-IIIA(T3 invasion,N0-1 & Resectable T4 extension,N0-1)**之診療指引評估原為Mediastinoscopy且無ROS1 IHC及次世代定序癌症基因檢測(p.6)。 3. **Stage IIIA (T1-2, N2)Stage IIIB (T3, N2)**之診療指引評估原為Mediastinoscopy且無ROS1 IHC及次世代定序癌症基因檢測(p.7) 4. **Stage IIIB-IIIC (T4N2,T1-4N3)**之診療指引評估原為Mediastinoscopy且無ROS1 IHC及次世代定序癌症基因檢測。 5. EGFR TKI ± RT 列於CCRT前面(p.8)。 6. Stage IIIB-IIIC (T4N2,T1-4N3) 之診療指引Definite CCRT 後直接可以接受durvalumab 治療，無Regimen建議(p.8)。	1. **Stage I/II**之診療指引評估新增了檢體 ROS1 IHC 及次世代定序癌症基因檢測(p.5)。 2. **Stae IIB-IIIA (T3 invasion,N0-1 & Resectable T4 extension,N0-1)** 之診療指引評估Mediastinoscopy* 改為 Pathologic mediastinal LN evaluation* ，且新增了檢體 ROS1 IHC 檢測及次世代定序癌症基因檢測，及poor PS Pt with driver oncogene 的 TKI 治療 (p.6)。 3. **Stage IIIA (T1-2, N2) Stage IIIB (T3, N2)** 之診療指引評估新增了檢體 ROS1 IHC 檢測及次世代定序癌症基因檢測。 Mediastinoscopy* 改為 Pathologic mediastinal LN evaluation*。新增了 driver oncogene Pt 的 neoadjuvant TKI 治療(p.7)。 4. **Stage IIIB-IIIC (T4N2,T1-4N3)** 之診療指引評估，新增了檢體 ROS1 IHC 檢測及次世代定序癌症基因檢測。 Mediastinoscopy* 改為 Pathologic mediastinal LN evaluation* 。Definite CCRT 後新增了 PR 或 SD，可以接受 consolidation durvalumab 治療。 5. 將CCRT列於前面， EGFR TKI ± RT 列於後面(p.8)。 6. Stage IIIB-IIIC (T4N2,T1-4N3) Definite CCRT 後新增了 PR 或 SD，可以接受 consolidation durvalumab 治療，並將 Durvalumab 劑量標註10 mg/kg IV q2w x 12 m or Durvalumab 1,500 mg IV q2w x 12m (p.8)。

會議討論(二)

上一版	新版
7. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，ALK positive，一線治療為Crizotinib、Ceritinib、 Alectinib，二線為Ceritinib, Alectinib,Brigatinib (p.9)。	7. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，ALK positive，一線新增 brigatinib 治療，二線新增 lorlatinib 治療(p. 9)。
8. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，poor performance status治療原為best supportive care or single agent C/T (p.9)。	8. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，poor performance status，best supportive care 改為 integrate palliative care(p.9)。
9. 復發診療指引治療，且無ROS1 IHC及次世代定序癌症基因檢測(p. 10)。	9. 復發診療指引治療新增檢體 ROS1 IHC 檢測及次世代定序癌症基因檢測(p. 10)。
10. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，EGFR sensitizing mutation positive ，原治療為Osimertinib、Gefitinib、Afatinib (p.11)。	10. Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引， EGFR sensitizing mutation positive ，新增 erlotinib + ramucirumab 治療。
11.Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，ALK rearrangement positive治療原為Crizotinib、Ceritinib、Alectinib (p.11)。	11.Stage IV A (M1a、M1b)、Stage IV B(M1c)之診療指引，ALK rearrangement positive，一線新增 brigatinib 治療，二線治療新增 lorlatinib 治療 (p. 11)。
12.Stage IV A (M1a、M1b)、Stage IV B(M1c) Disseminated Metastasis之診療指引評估原無ROS1 IHC及次世代定序癌症基因檢測(p. 12)。	12.Stage IV A (M1a、M1b)、Stage IV B(M1c) Disseminated Metastasis之診療指引評估，新增了檢體 ROS1 IHC 檢測及次世代定序癌症基因檢測(p. 12)。
13. 一線治療處方無osimertinib ，brigatinib (p.14)。	13. 一線治療處方新增 osimertinib 在 EGFR mutant 一線，crizotinib 在 ROS1 一線，ceritinib 在 ROS1 一線，brigatinib 在 ALK positive 一線。
14. 維持治療處方無 atezolizumab 1,200 mg IV(p.17)。	14. 維持治療處方新增 atezolizumab 1,200 mg IV (p.17)。
15. 二線及二線後化療處方 crizotinib 及 ceritinib 未使用在 ROS1 rearrangement 的治療 (p. 18)。	15. 二線及二線後化療處方新增 crizotinib 及 ceritinib 在 ROS1 rearrangement 治療。
16. 二線及二線後化療處方無 brigatinib 做為 ALK rearrangement 的治療 (p. 18)。	16. 二線及二線後化療處方，新增 brigatinib 做為 ALK rearrangement 的一線治療(p. 18)。
17. 二線及二線後化療處方，無 TS-1 治療 (p. 19)。	17. 二線及二線後化療處方，新增 TS-1 40 mg/m^2 po bid D1-28, Q42D 在晚期轉移非小細胞肺癌接受過含鉑之化學藥物治療失敗病患(p. 19)。
18. 術前新輔助化療頻次為3-4次 (p. 20)。	18. 術前新輔助化療頻次調整為2-4次 (p. 20)。

非小細胞肺癌

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臨床診療指引　2020年第一版

診斷	評估	初步治療	輔助治療	追蹤

Stage I/II disease

- 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 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 Limited resection If high risk with early localized disease

- Margin（＋）(R1,R2) Reresection or R/T ± C/T
- Margin（-）(R0) C/T advised for Pts with high risk features

Definite R/T ± C/T if not OP

Best supportive care (BSC)

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

- As clinical indicated
- # 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)

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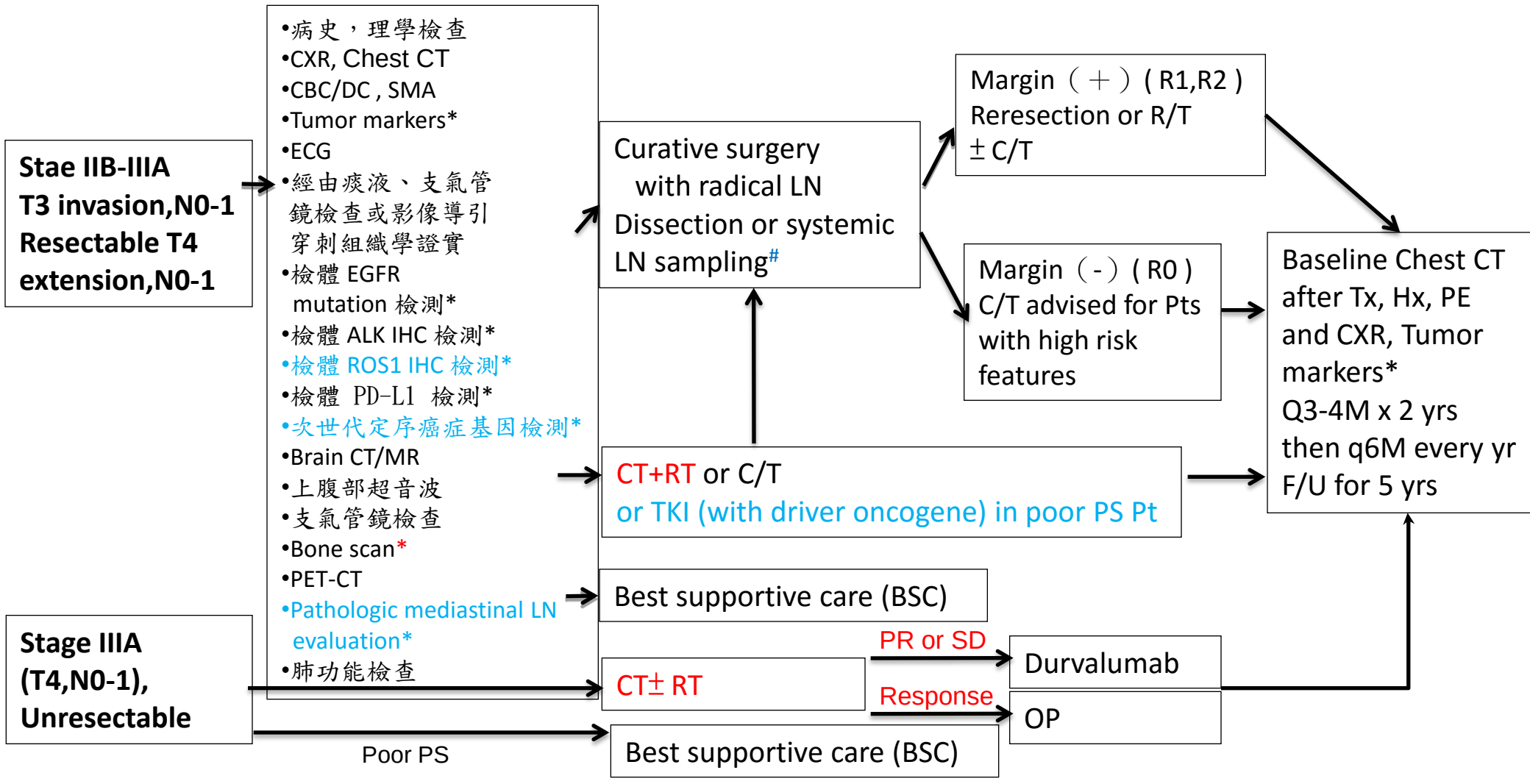
診斷	評估	初步治療	輔助治療	追蹤



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診斷	評估	初步治療	輔助治療	追蹤

Stage IIIA
T1-2, N2
Stage IIIB
T3, N2

- 病史，理學檢查
- CXR, Chest CT
- CBC/DC, SMA
- Tumor markers*
- EKG*
- 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 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#

Definite CCRT → Durvalumab

Induction C/T or TKI ±R/T
- No apparent PD → OP
- PD → R/T ± C/T

Margin（-）(R0)
C/T advised for Pts with high risk features ± **R/T**

Hx, PE and CXR, Chest CT
上腹部超音波*
Tumor markers*
q3M x 1 yrs then
q4M x 1 yrs then
q6M every yr
F/U for 5 yrs

Best supportive care (BSC)

* As clinical indicated

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

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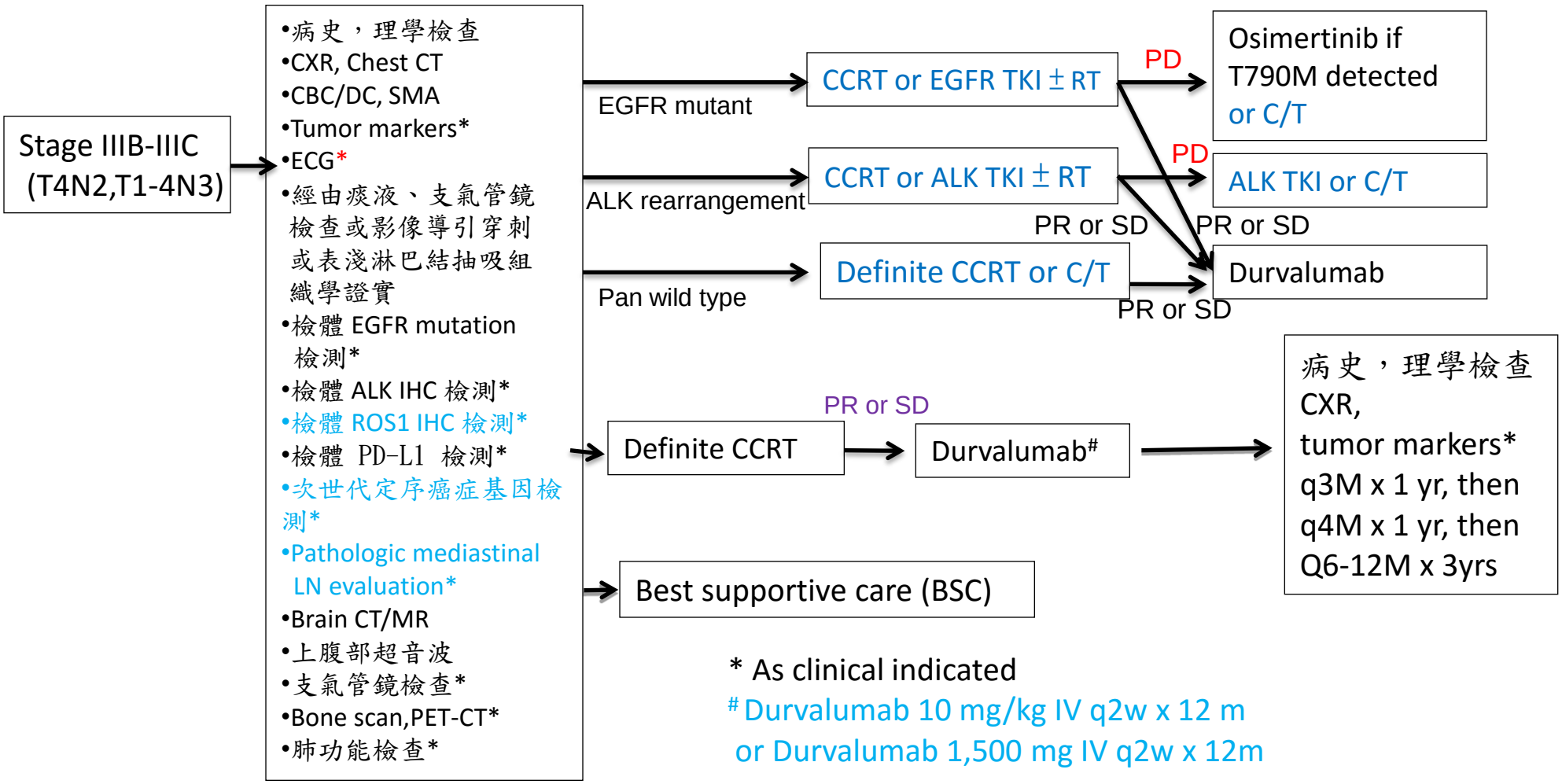
診斷	評估	初步治療	重新評估	進一步治療	追蹤



* As clinical indicated

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

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診斷	評估	治療	重新評估	治療

Stage IVA,B M1a M1b M1c

- 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 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*

Solitary Brain / adrenal Metastasis with resectable Lung lesion

- Brain → Lung OP and Brain OP ± WBRT or SRS or SRS ± WBRT
- Adrenal gland → Surgery or R/T to both lung and adrenal tumors

Disseminated Metastasis

- Positive → Gefitinib or Afatinib or Erlotinib or osimertinib or erlotinib+ bevacizumab
- EGFR mutation
- Negative → C/T with 2 agents ± bevacizumab ± ICI or ICI in PD-L1 ≧50% C/T for 4 to 6 cycles

Disseminated Metastasis

- Negative
- ALK Positive → Crizotinib, Ceritinib, Alectinib, Brigatinib

Poor Performance status → Integrate palliative care or single agent C/T

Osimertinib if T790M detected

Hx, PE and Tumor markers*, CXR q3-6W x 6m then q8W x 1 yr then q12w x 1 yr

Observation if responsive , Maintenance therapy in selected Pts, 2nd line C/T or supportive care if disease progression

Ceritinib, Alectinib, Brigatinib, Lorlatinib

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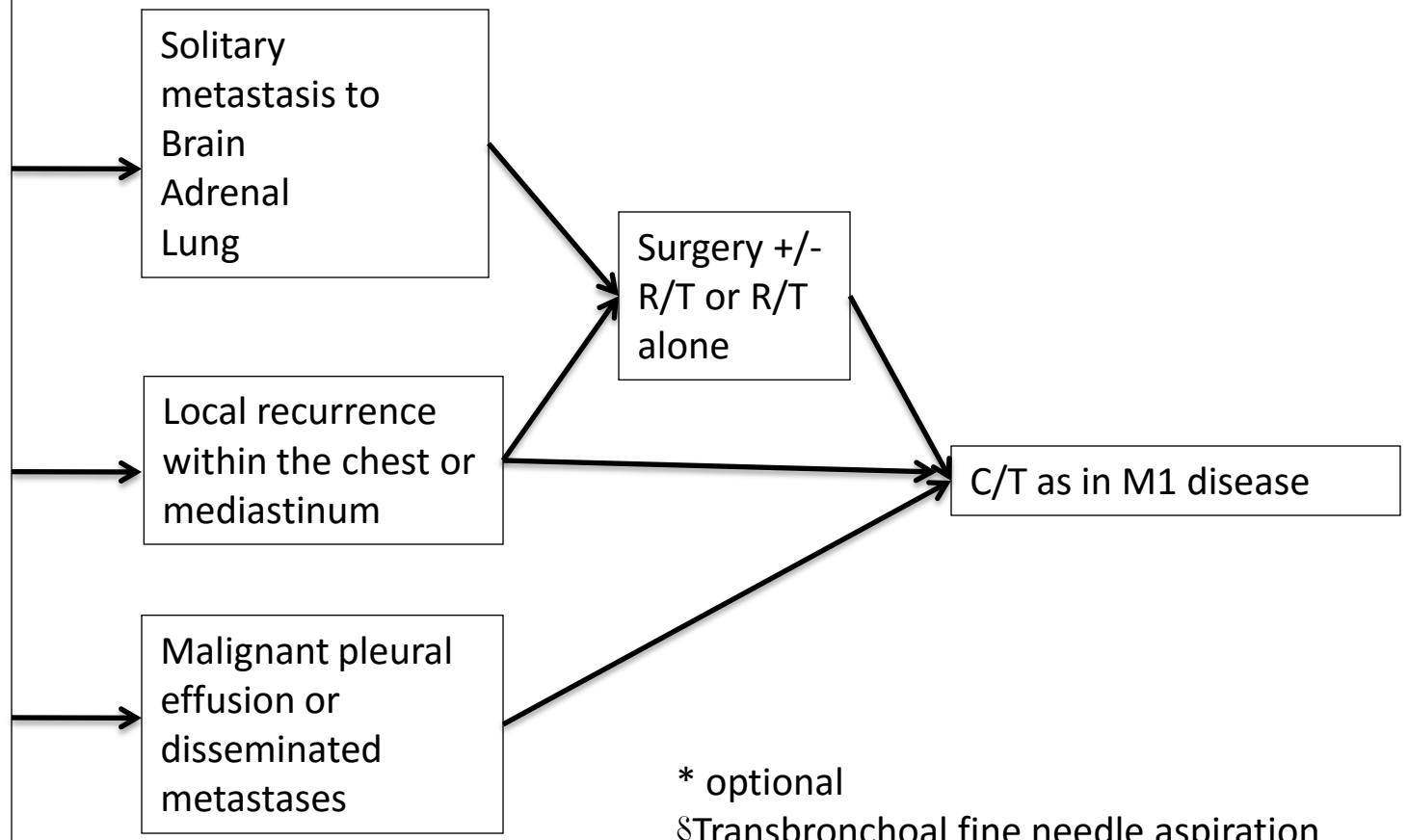
復發

- 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 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

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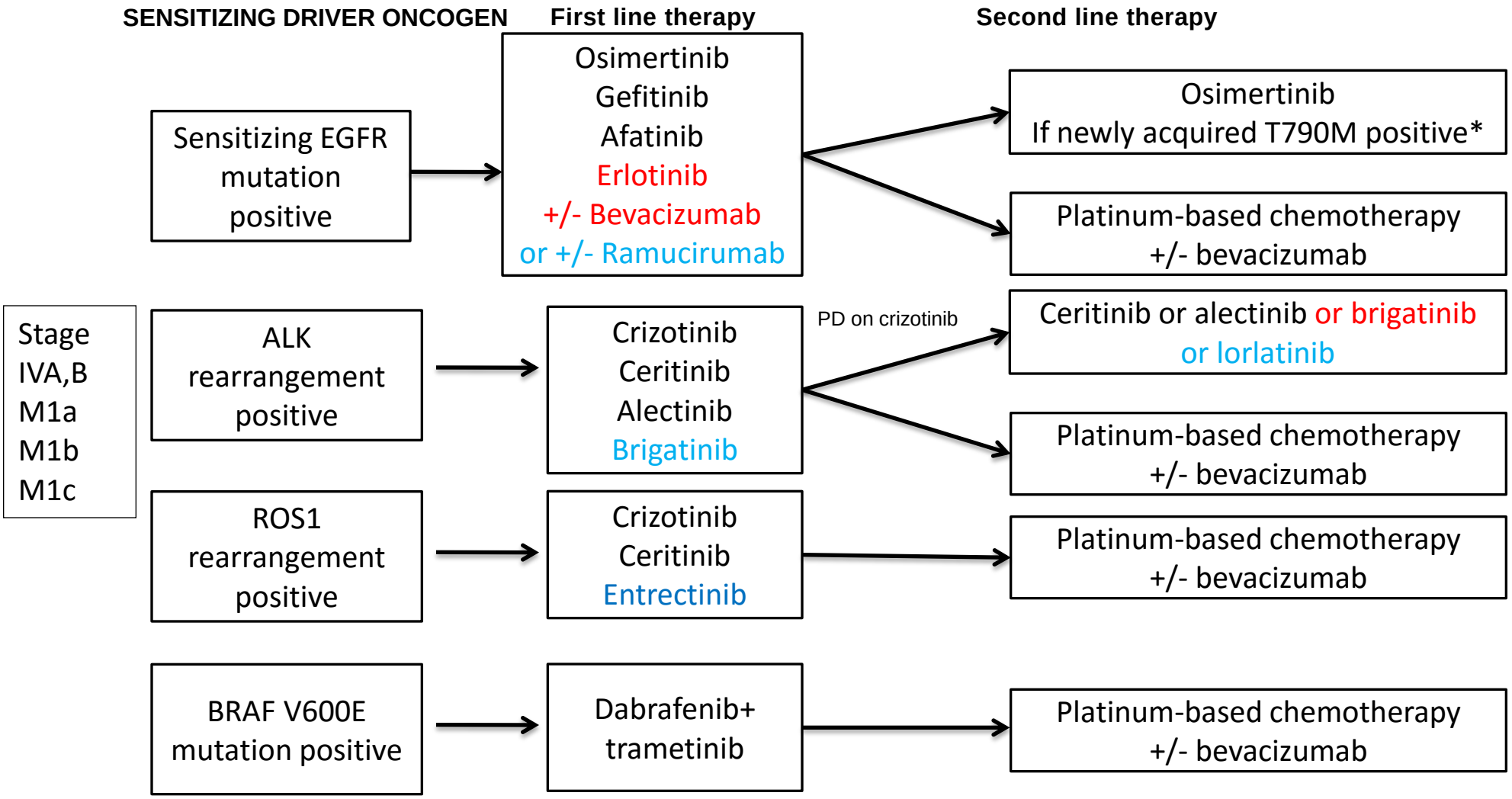

* First line did not received osimertinib

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診斷	評估	治療	重新評估	治療

Stage
IVA,B
M1a
M1b
M1c

- 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 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*

Disseminated Metastasis

EGFR(-)
ALK(-)

PD-L1≧ 50% → Pembrolizumab

PD-L1 0~100% → Carbo/Pemetrexed/Pembrolizumab
Carbo/Paclitaxel/Pembrolizumab
Carbo/Paclitaxel/Bevacizumab/Atezolizumab

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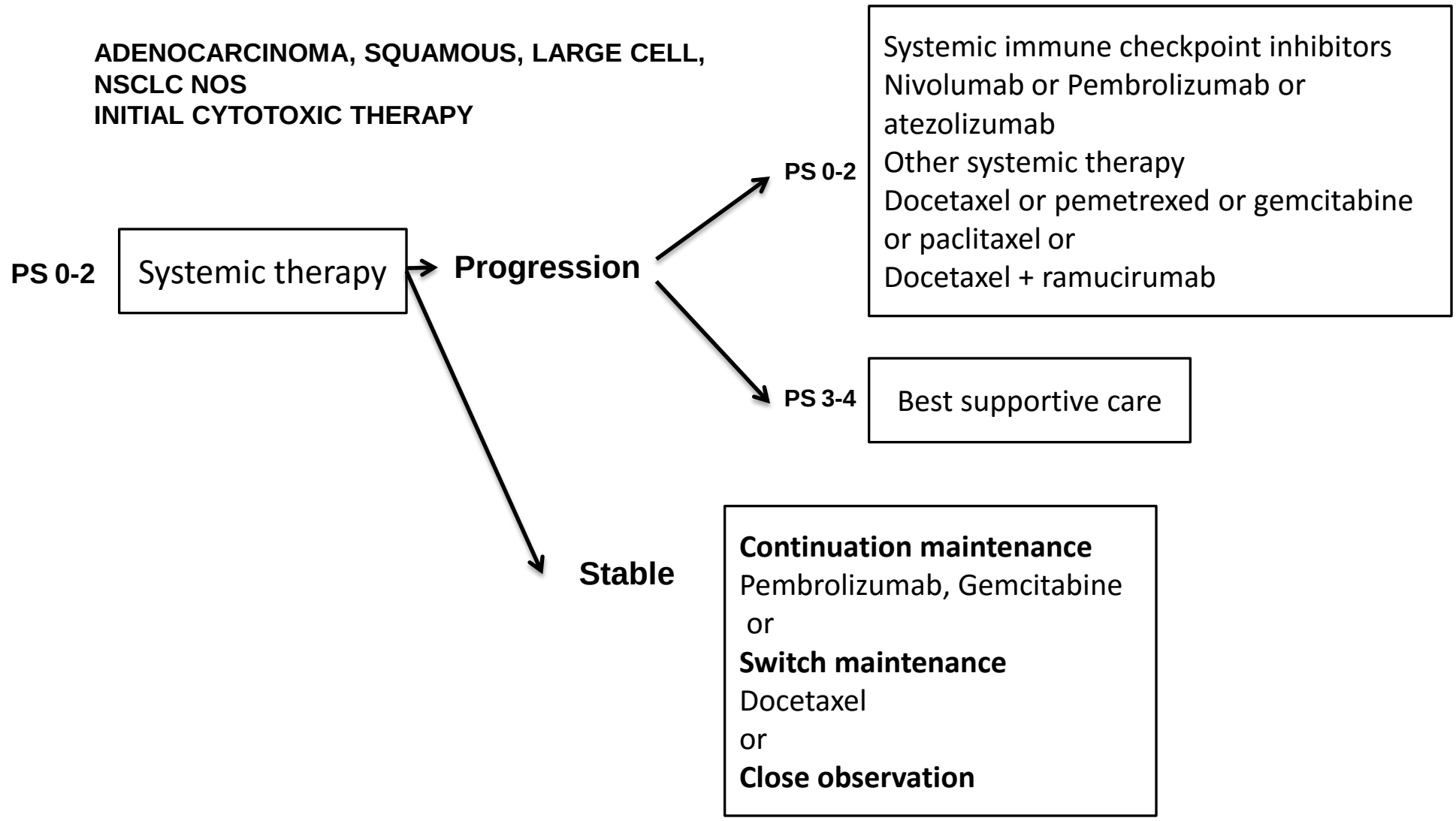
ADENOCARCINOMA, SQUAMOUS, LARGE CELL, NSCLC NOS
INITIAL CYTOTOXIC THERAPY



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一線化學治療處方（一）

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m2, IV, D15 + Vinorelbine 25 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m2, IV, D8 + Vinorelbine 60-75 mg/m2, PO, D1,8	Q21 d x 4 -6 cycles
Cisplatin 60-75 mg/m2, IV, D15 + Docetaxel 30 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m2, IV, D15 + Paclitaxel 60 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m2, IV,D15 + Gemcitabine 900-1000 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Cisplatin 60-75 mg/m2, IV, D1 + *Pemetrexed 500 mg/m2, 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
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
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

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一線化學治療處方（二）

Published C/T Regimens	Schedule
Pembrolizumab # 2mg/kg IV or Pembrolizumab 200 mg IV	Q3w until PD or 2yr
Cisplatin 60-75 mg/m2, IV, D1 + *Pemetrexed 500 mg/m2, IV, D1+ Pembrolizumab 2 mg/kg iv or Pembrolizumab 200 mg IV x 6 cycles and then Pemetrexed 500 mg/m2,IV,D1 + Pembrolizumab 2mg/kg or 200 mg,IV,D1	Q3w until PD

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 組織學型態的病人
# 使用於 PD-L1 expression ≧ 50% 的病人

非小細胞肺癌

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臨床診療指引　2020年第一版

一線的化學治療處方（年紀大，體能狀況不佳）

Published C/T Regimens	Schedule
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
Pemetrexed 500 mg/m2, IV, D1	Q21 d x 4-6 cycles
Docetaxel 30 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Paclitaxel 60 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m2, 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/m2, PO, D1,8	Q21 d x 4-6 cycles
Crizotinib (ALK rearrangement)	Till PD or unacceptable toxicity
Alectinib 600 mg po bid (ALK rearrangement)	Till PD or unacceptable toxicity
Ceritinib 450 mg po qd (with low fat meal)	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、病人的喜好、及分子生物標記來選擇病人的化學治療處方，給於客製化（personalized treatment）的治療。劑量根據毒性副作用及病人耐受性做調整。

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維持治療處方

Published C/T Regimens	Schedule
*Pemetrexed 500 mg/m2 IV D1	Q21 d Till PD or unacceptable toxicity
*Erlotinib 150 mg PO QD	Till PD or unacceptable toxicity
*Docetaxel 30 mg/m2, IV, D1,8,15	Q28 d Till PD or unacceptable toxicity
#Gemcitabine 900-1000 mg/m2, 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/m2 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

#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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二線及二線之後的化學治療處方（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/m2, IV, D1,8,15	Q28 d x 4-6 cycles
#Pemetrexed 500 mg/m2, IV, D1	Q21 d x 4-6 cycles
Paclitaxel 60 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles
Gemcitabine 900-1000 mg/m2, IV, D1,8,15	Q28 d x 4-6 cycles

非小細胞肺癌

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二線及二線之後的化學治療處方（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/m2, PO, D1,8	Q21 d x 4-6 cycles
Docetaxel 30 mg/m2, 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

＊ 一線 crizotinib 治療惡化或不耐受
＊ 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 組織學型態的病人
＊ PD-L1 expression ≧ 1% 的病人

非小細胞肺癌

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術前新輔助化學治療處方

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m2, IV, D15 Vinorelbine 25 mg/m2, IV , D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m2, IV, D8 Vinorelbine 60-75 mg/m2, PO, D1,8	Q21 d x 2-4 cycles
Cisplatin 60-75 mg/m2, IV, D15 Docetaxel 30 mg/m2, IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m2, IV, D15 Paclitaxel 60 mg/m2, IV, D1,8,15	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m2, IV, D15. Gemcitabine 900-1000 mg/m2,IV, D1,8,15.	Q28 d x 2-4 cycles
Cisplatin 60-75 mg/m2, IV, D1 #Pemetrexed 500 mg/m2,IV, D1	Q21 d 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

非小細胞肺癌

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術後輔助化學治療處方

Published C/T Regimens	Schedule
Cisplatin 60-75 mg/m2, IV, D15 Vinorelbine 25 mg/m2, IV , D1,8,15	Q28 d x 4 cycles
Cisplatin 60-75 mg/m2, IV, D15 Vinorelbine 60-75 mg/m2, PO,D1,8	Q21 d x 4 cycles
Cisplatin 60-75 mg/m2, IV, D15 Docetaxel 30 mg/m2, IV, D1,8,15	Q28 d x 4 cycles
Cisplatin 60-75 mg/m2, IV, D15 Paclitaxel 60 mg/m2, IV, D1,8,15	Q28 d x 4 cycles
Cisplatin 60-75 mg/m2, IV, D15. Gemcitabine 900-1000 mg/m2,IV, D1,8,15.	Q28 d x 4 cycles
Cisplatin 60-75 mg/m2, IV, D1 #Pemetrexed 500 mg/m2,IV, D1	Q21 d x 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

非小細胞肺癌

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同步化學治療放射線治療處方

Published C/T Regimens	Schedule
Cisplatin 50 mg/m2, IV, D15 Vinorelbine 20-25 mg/m2, IV , D1,8,15	Q28 d x 4 cycles with concurrent thoracic RT
Cisplatin 50 mg/m2, IV, D15 Vinorelbine 60-75 mg/m2, PO,D1,8	Q21 d x 4 cycles with concurrent thoracic RT
Cisplatin 50 mg/m2, IV D1,8,29,36 Etoposide 50 mg/m2, IV, D1-5,29-33	Concurrent thoracic RT
Carboplatin AUC 2, IV, QW Paclitaxel 45-50 mg/m2, IV, QW	Concurrent thoracic RT
Cisplatin 50-60 mg/m2, IV, D1 #Pemetrexed 500 mg/m2,IV, D1	Q21 d x 3 cycles with concurrent thoracic RT
Carboplatin AUC 5, IV, D1 #Pemetrexed 500 mg/m2,IV, D1	Q21 d x 4 cycles with concurrent thoracic RT
Cisplatin 50-60 mg/m2, IV, D1 Docetaxel 20-25 mg/m2,IV,D1,8,15	Q28 d x 2 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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