

頭頸癌診療指引

一、參與討論同仁

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二、討論日期：108 年 10 月 30 日

三、校稿人員：吳家佑醫師 / 張淑涵個管師

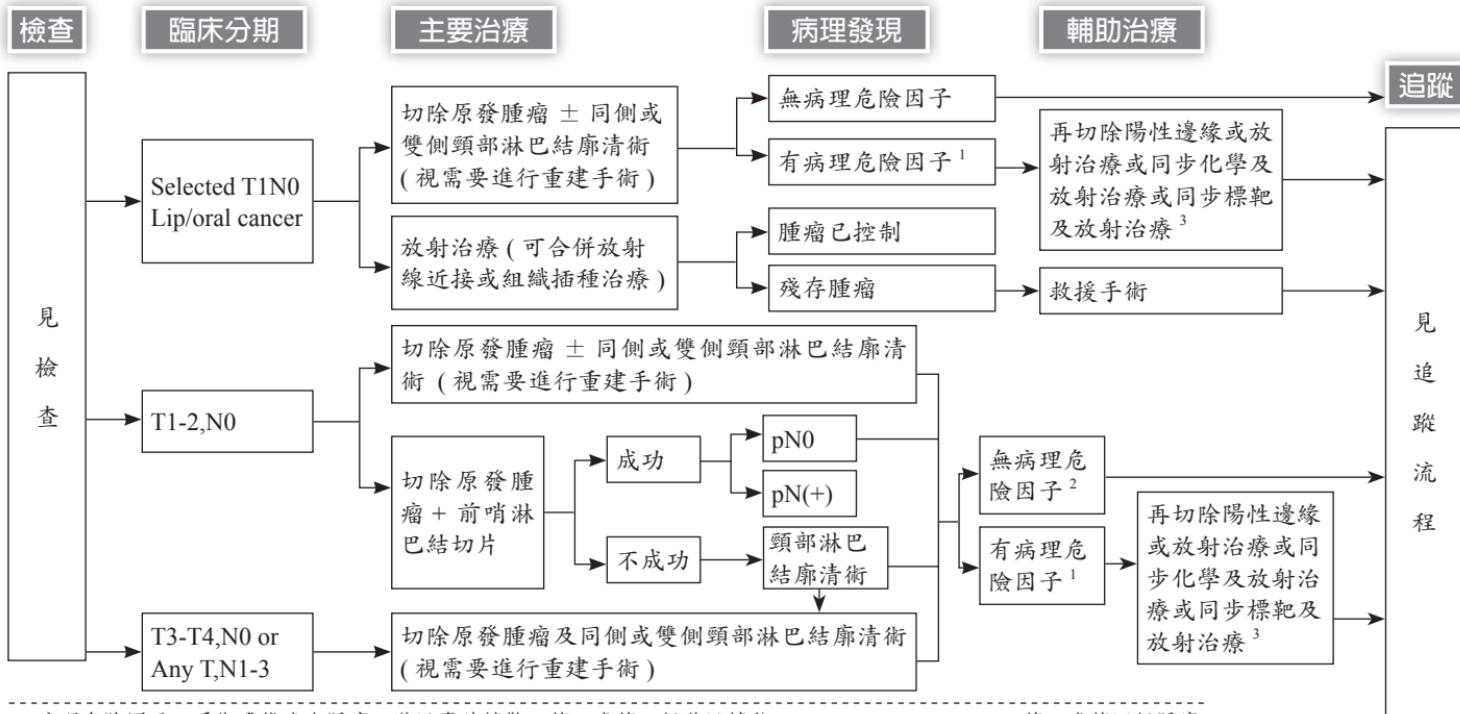
107 年版與上一版差異：

107 年版修訂版

108 年版修訂版

無，維持原 107 年版本

《口腔癌診療指引共識 -1 》



*1 病理危險因子：手術邊緣殘存腫瘤、淋巴囊外擴散、第二或第三級淋巴轉移 (N2 or N3 nodal disease)、第三或第四級腫瘤 (pT3 or pT4 primary)、第四或第五區淋巴結轉移 (nodal disease in Levels IV or V)、血管淋巴管侵犯、神經旁侵犯 (註)、Type V - WPOI

*2 無病理危險因子：T1-T2,N1 → 觀察 or 放射線治療

註：在 T1-T2 若只有單一此項危險因子為選擇性治療

*3 對於手術切除邊緣仍有腫瘤細胞，如果可能，考慮再切除以達到邊緣無腫瘤。

《口腔癌診療指引共識 -2》

檢查

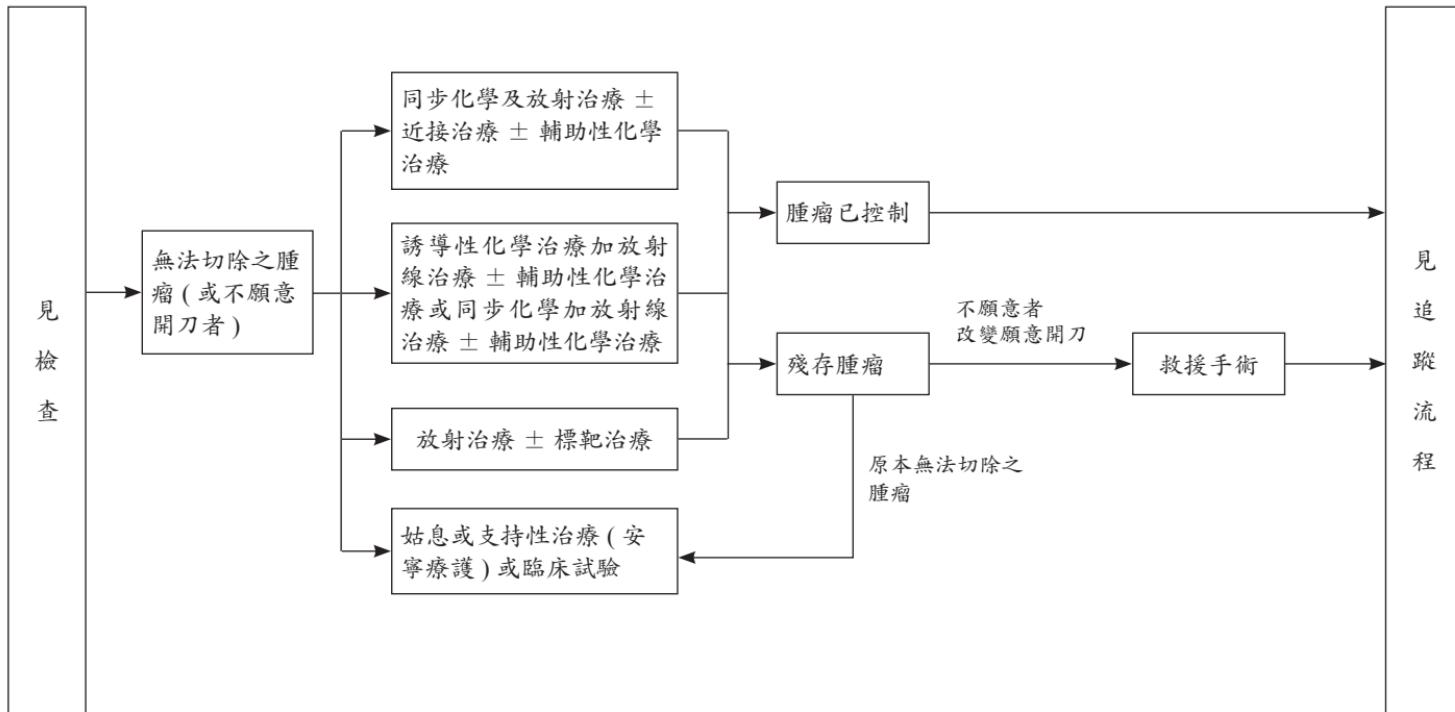
臨床分期

主要治療

病理發現

輔助治療

追蹤



《口腔癌診療指引共識檢查內容》

檢查內容

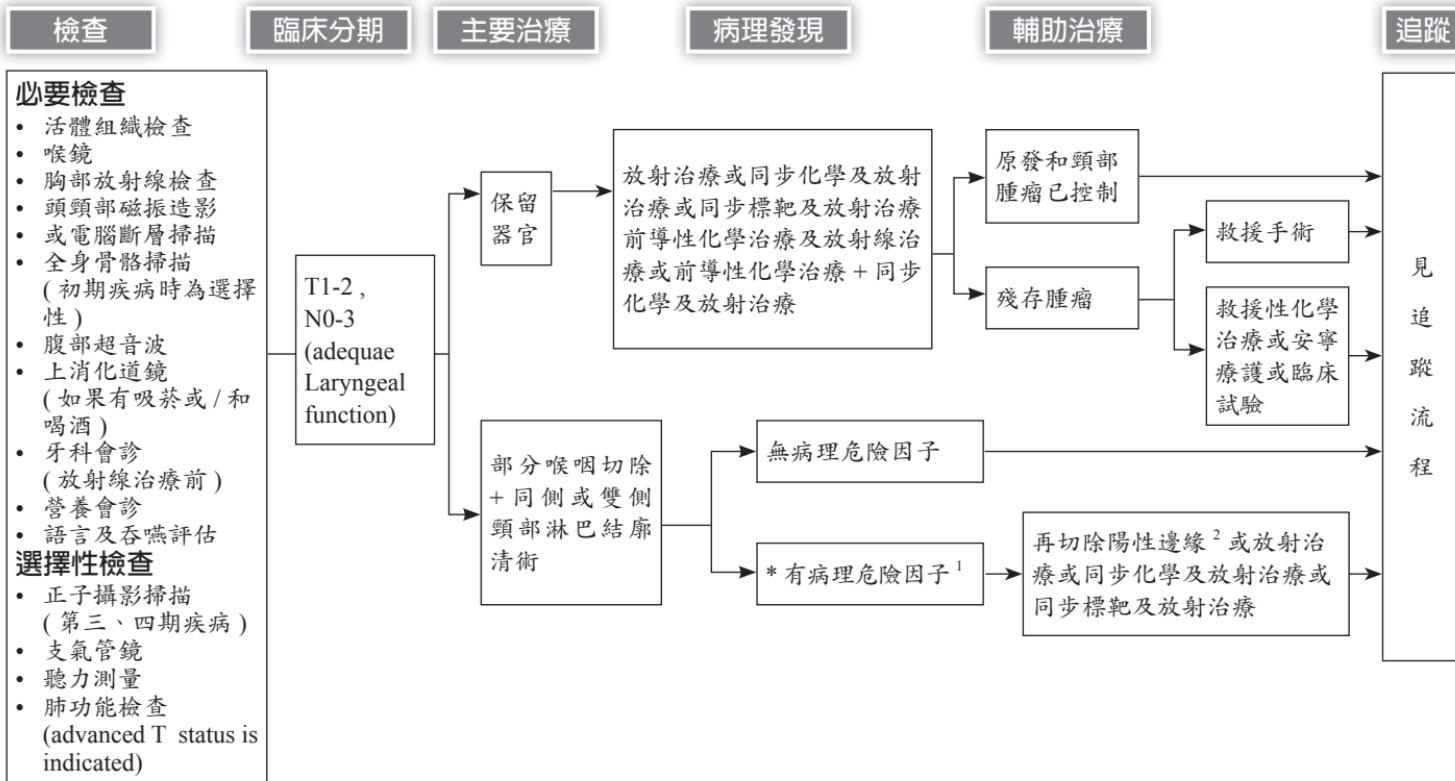
必要檢查

- 活體組織檢查
- 胸部放射線檢查
- 頭頸部磁振造影或電腦斷層掃描
- 全身骨骼掃描(初期疾病時為選擇性)
- 腹部超音波
- 牙科會診(放射線治療前)
- 營養會診

選擇性檢查

- 耳鼻喉科會診
- 正子攝影掃描(第三、四期疾病)
- 上消化道鏡(如果有吸菸或 / 和喝酒)
- 語音及吞嚥評估(advanced T status is indicated)

《下咽癌診療指引共識 -1 》



• LN $\geq 6\text{cm}$ 或 central necrosis 先行性頸部淋巴廓清術 → 同步化學及放射治療或同步標靶及放射治療

* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

《下咽癌診療指引共識 -2》

檢查

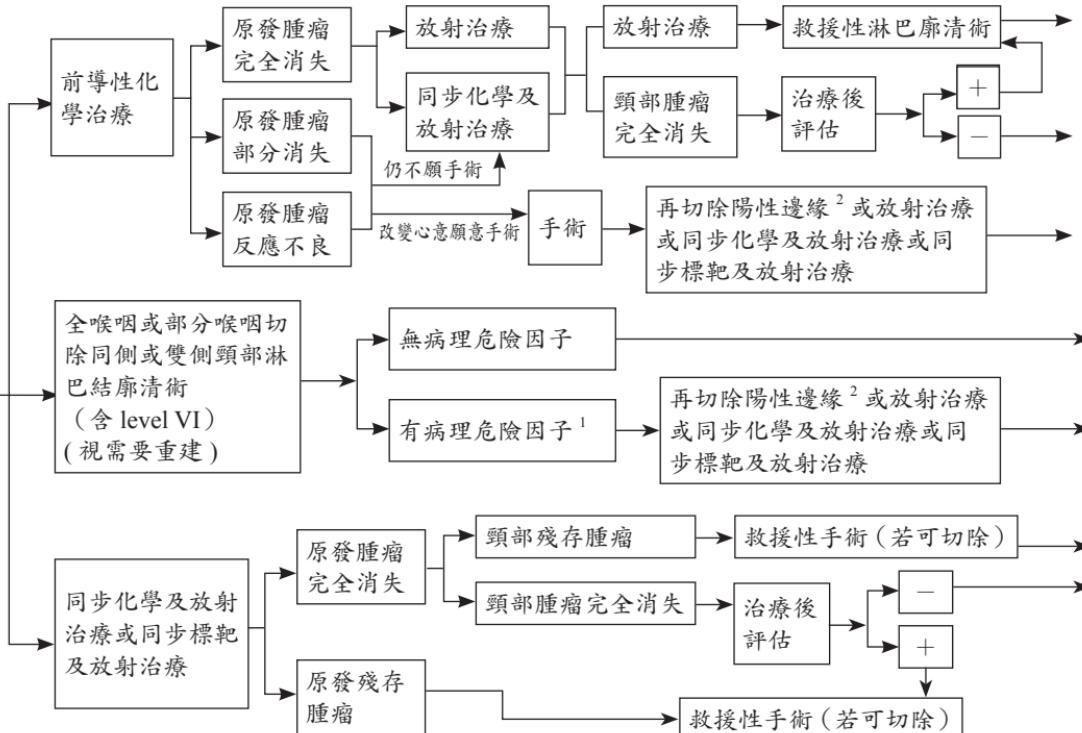
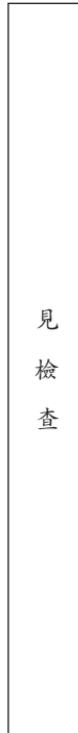
臨床分期

主要治療

病理發現

輔助治療

追蹤



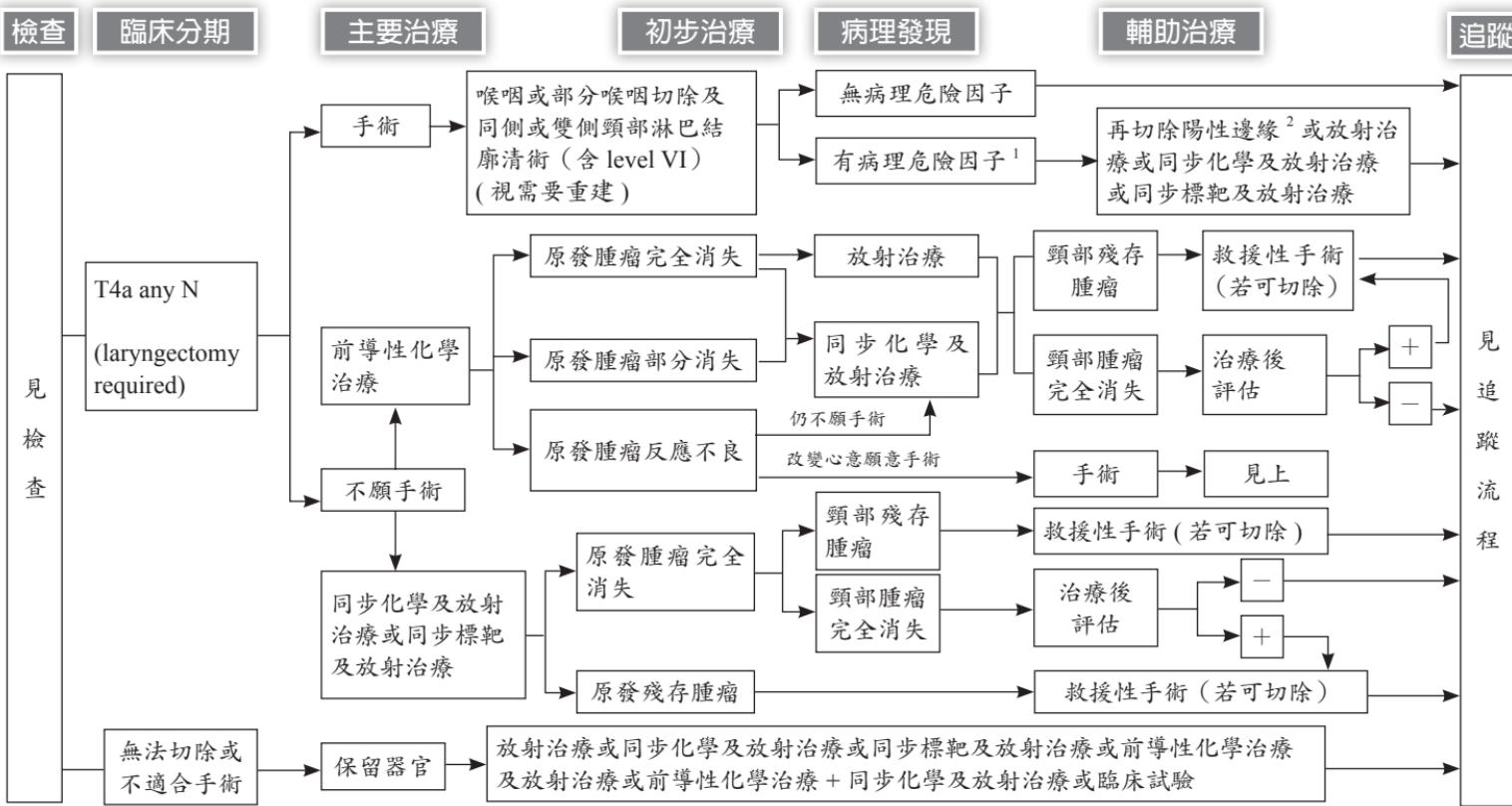
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追
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流
程

* LN $\geq 6\text{cm}$ 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療

* 1 Extronal extension, positive margins, close margins,pT3 or pT4 primary,pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

《下咽癌診療指引共識 -3》

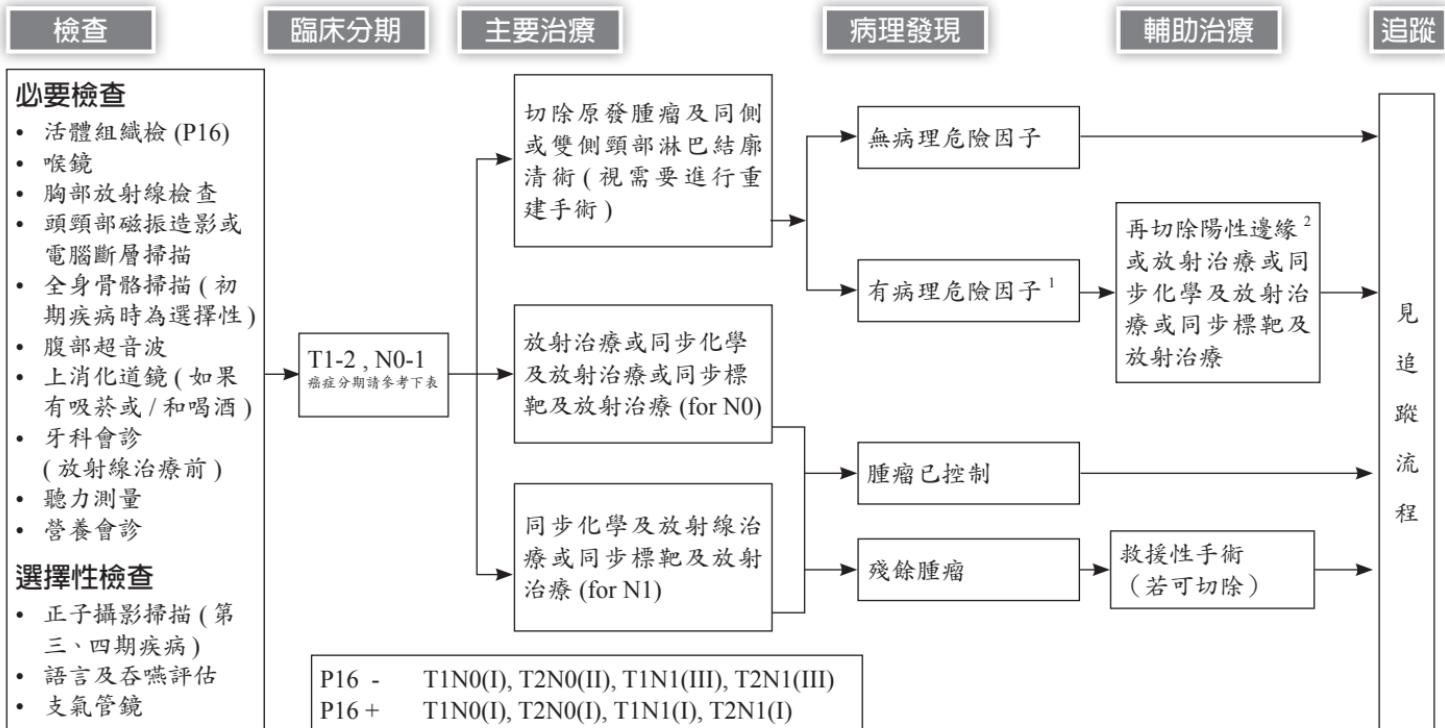


• LN ≥ 6 cm 或 central necrosis 先行性頸部淋巴廓清術 → 同步化學及放射治療或同步標靶及放射治療

* Extrnodal extension, positive margins, close margins,pT3 or pT4 primary,pN2 or pN3 nodal disease,perineural invasion,vascular invasion,lymphatic invasion.

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

《口咽癌診療指引共識 -1 》

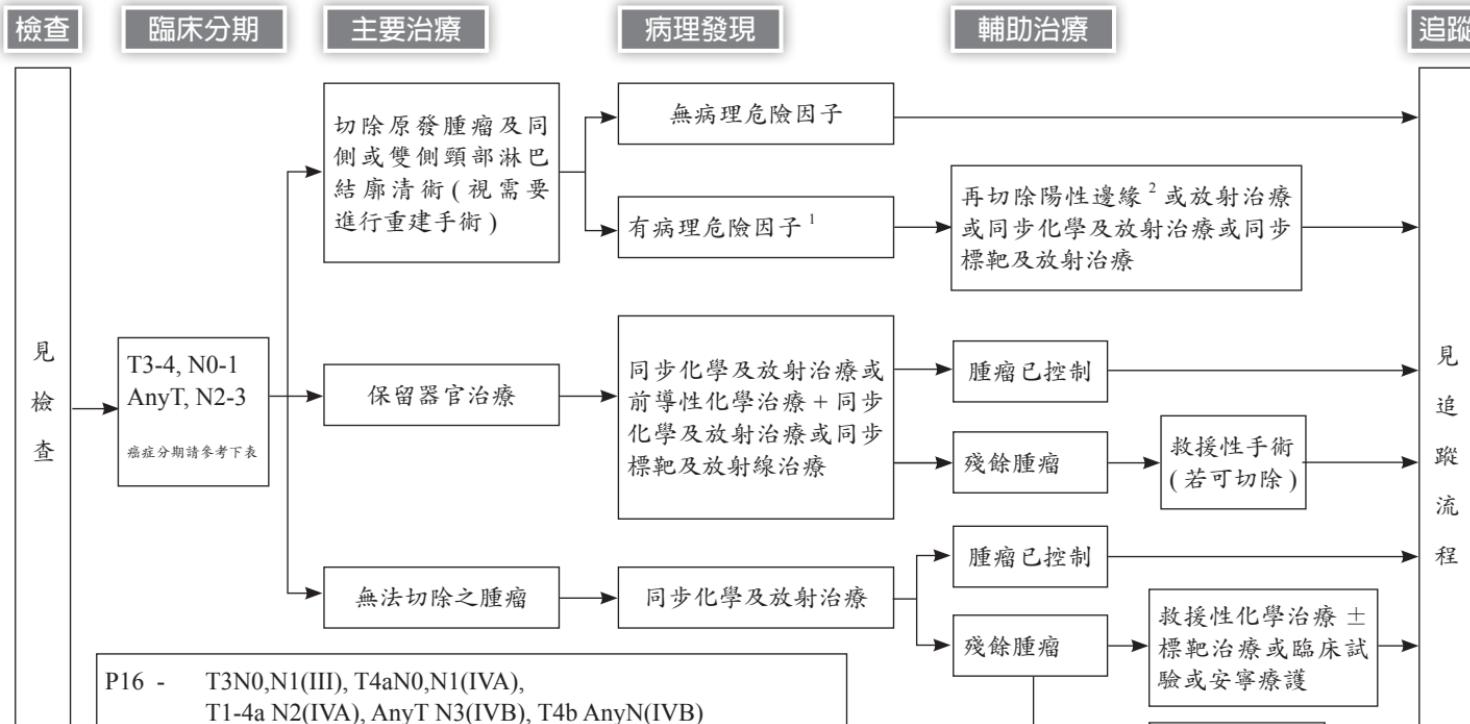


* LN $\geq 6\text{cm}$ 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療

* 1 Extrnodal extension, positive margins, close margins,pT3 or pT4 primary,pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

《口咽癌診療指引共識 -2》

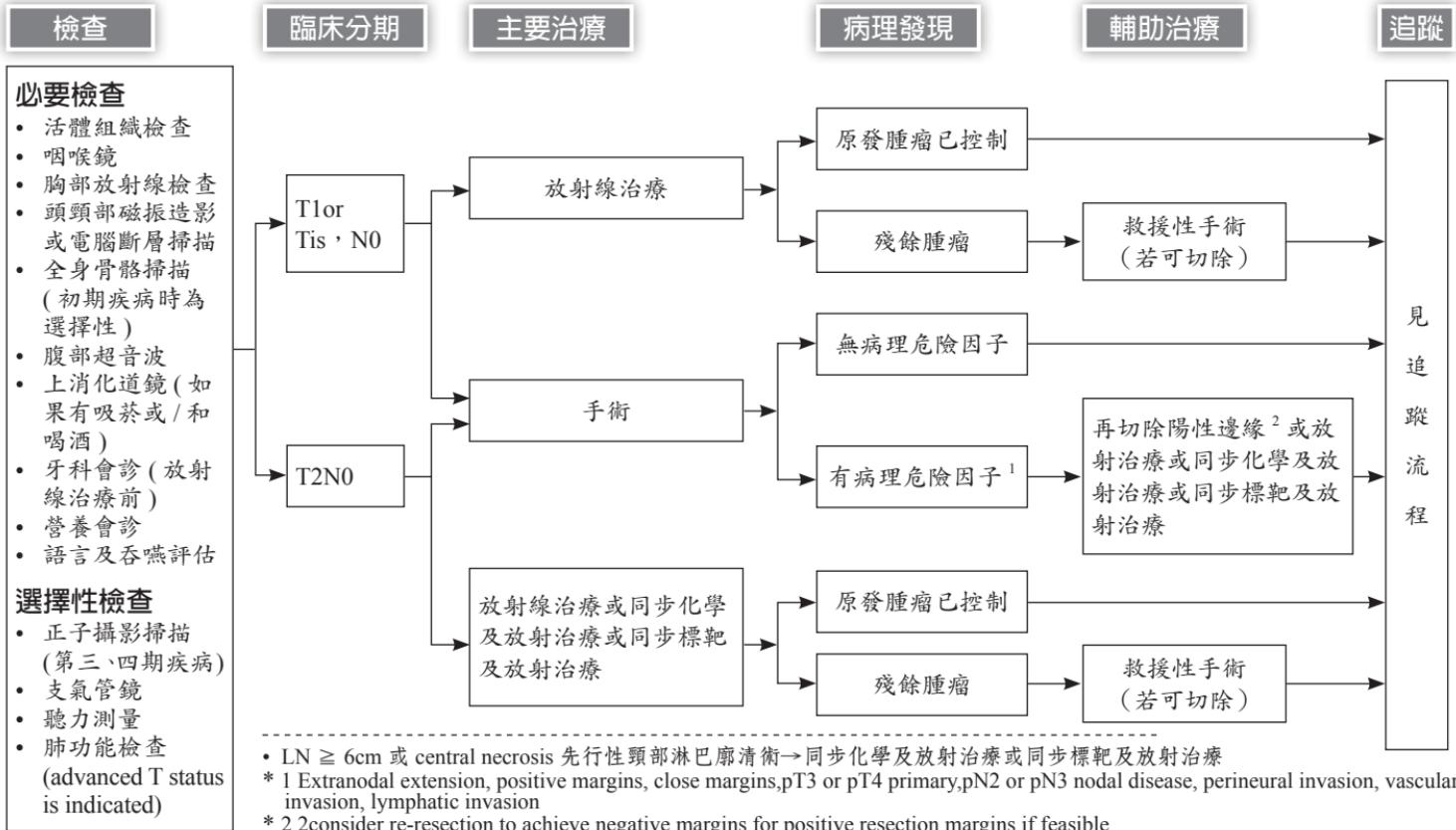


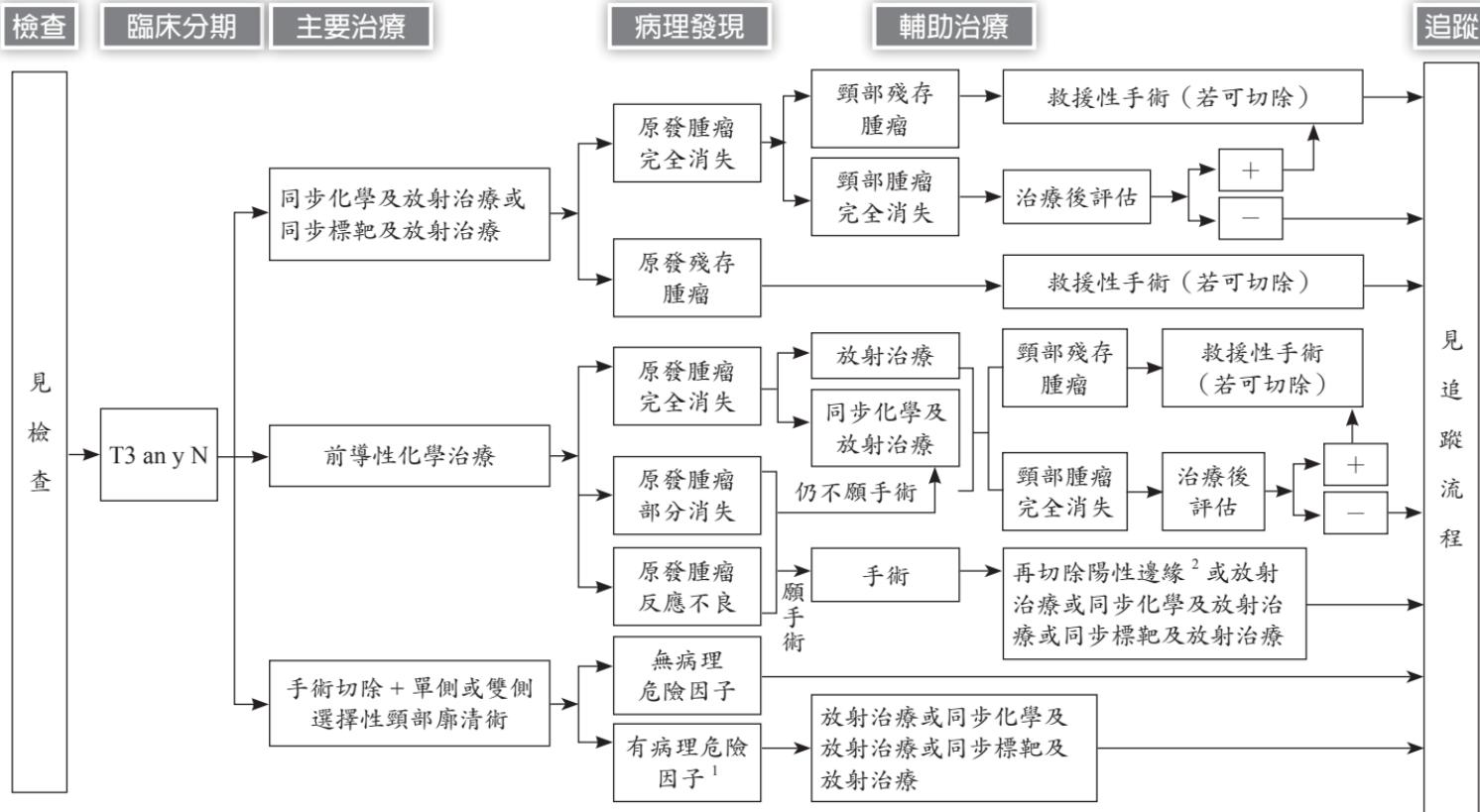
* LN $\geq 6\text{cm}$ 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療

* 1 Extranoval extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

《喉癌診療指引共識 -1 》

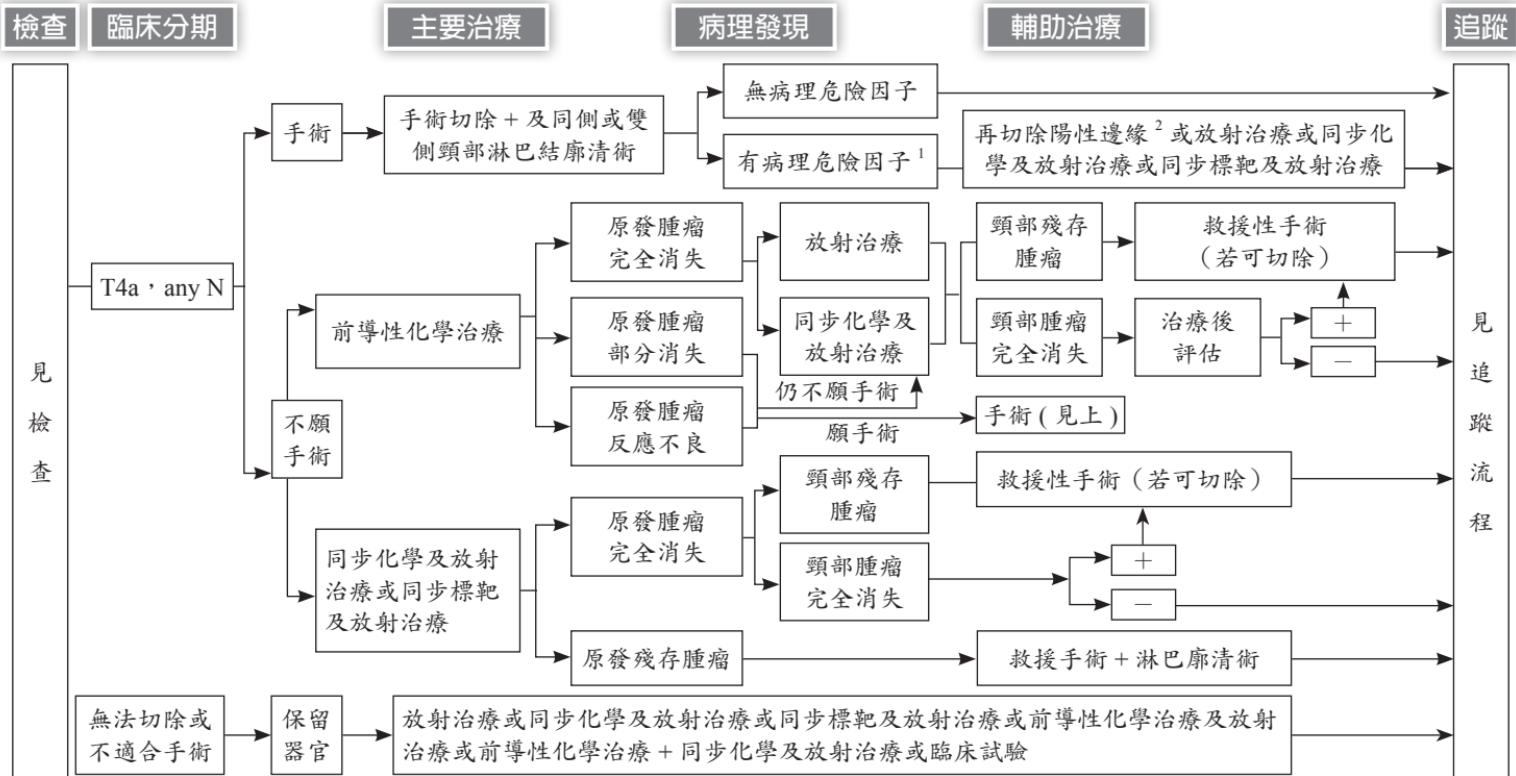




* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

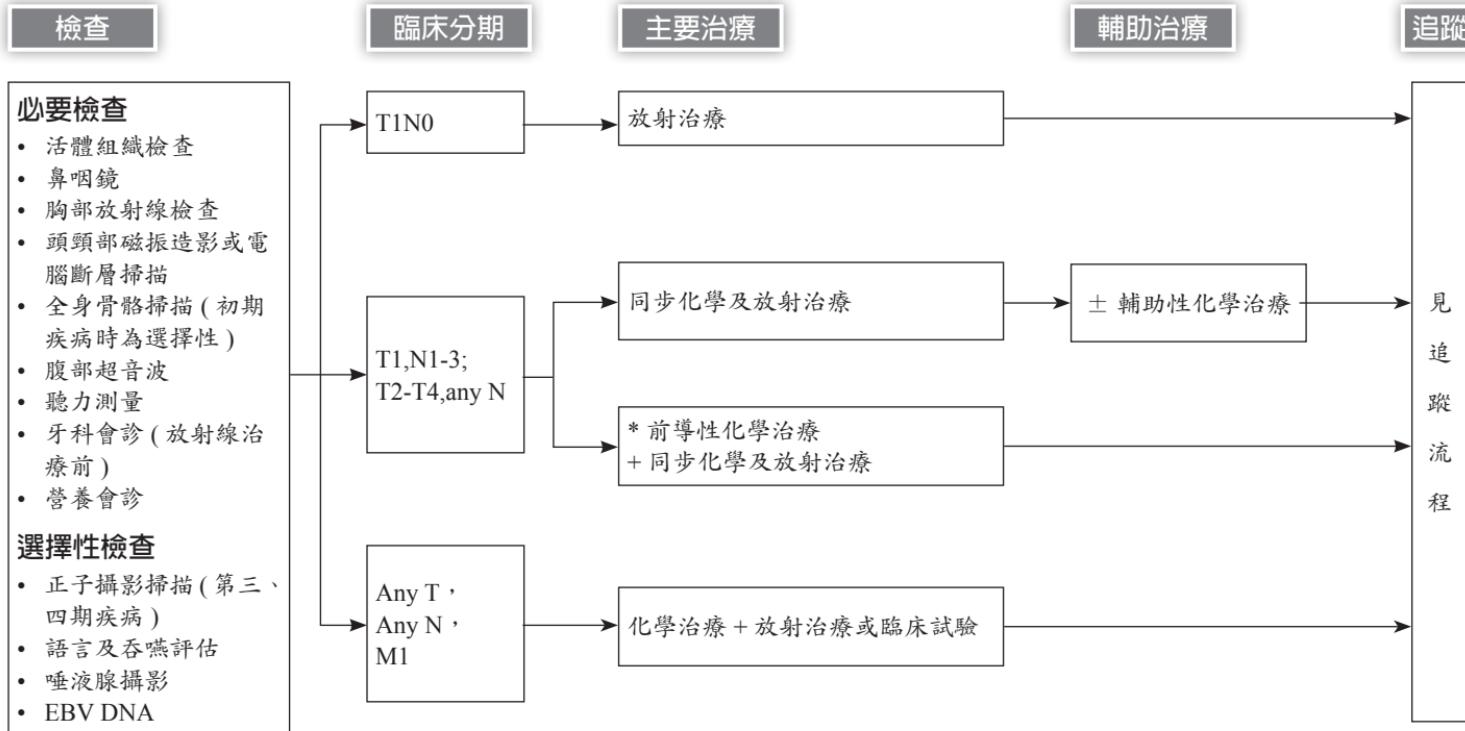
* 2 Consider re-resection to achieve negative margins for positive resection margins if feasible

《喉癌診療指引共識 -3》



* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, perineural invasion, vascular invasion, lymphatic invasion

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible



* 僅 T4 or N3a 可建議行前導性化學治療

《頭頸癌診療指引追蹤流程》

臨床追蹤頻率

- 治療後一年內，每個月追蹤一次
- 治療後第二年，每二到三個月追蹤一次
- 治療後第三年，每三個月追蹤一次
- 治療後第四、五年，每六個月追蹤一次

頭頸部磁振造影或電腦斷層掃描

- 治療完成後 3 年內建議每 3-6 個月一次
- 治療完成後 3 年以後建議 6-12 個月一次

腹部超音波

- 治療完成後 3 年內建議每 3-6 個月一次
- 治療完成後 3 年以後建議 6-12 個月一次

正子攝影掃描及全身骨骼掃描及上消化道鏡檢查

- 臨床上必要時

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《頭頸癌抗癌藥物治療指引》

Squamous Cell Cancers

Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary

Primary systemic therapy + concurrent radiotherapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3 with RT	1, 2

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	8	3

*1st dose 400 mg/m² then followed by 250 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	70	1-4	Q3W	3 with RT	4
5-FU	600	1-4	Q3W	3 with RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	70	1-5	Q4W	2 with RT	5
5-FU	600	1-5	Q4W	2 with RT	

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
5-FU	800	1-5	Q2W	6 with RT	6
Hydroxyurea	1g PO Q12H	11 doses	Q2W	6 with RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	30	1	QW	7	6
Cisplatin	20	2	QW	7	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W	Min 6	18
Cisplatin	75	1	Q3W	Min 6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3 with RT	7
5-FU	1000*	1-5	Q3W	3 with RT	

*Continuous infusion

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	60	1	Q2W	7 with RT	7
5-FU	800*	1-5	Q2W	7 with RT	

*Continuous infusion

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	5*	1-4	Q4W	2 with RT	19
5-FU	250*	1-4	Q4W	2 with RT	

*Continuous infusion

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	Min 6	18
5-FU	1000*	1-4	Q3W	Min 6	

*Continuous infusion

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	100	1	QW	8	8
Paclitaxel	40	1	QW	8	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	4	9, 10

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	25	1-5	QW	5 with RT	16

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	50	1	Q2W	6	30
UFUR	800 mg* PO QD	1-14	Q2W	6	
Leucovorin	60 mg PO QD	1-14	Q2W	6	

*Or 300 mg/m²

Postoperative Chemoradiation

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	75-100	1	Q3W	3 with RT	11-13, 15, 31

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	30*	1	QW	6	14, 31

*50 mg for 7-9 cycles with RT

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	#	20
Cisplatin	30	1	QW	#	

*1st dose 400 mg/m² then followed by 250 mg/m²
#1st cycle before RT and continued cycles during RT

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	#	20
Docetaxel	15	1	QW	#	

*1st dose 400 mg/m² then followed by 250 mg/m²
#1st cycle before RT and continued cycles during RT

Induction/Sequential chemotherapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	3-4	22, 24
Cisplatin	75	1	Q3W	3-4	
5-FU	750	1-5	Q3W	3-4	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	3	23
Cisplatin	100	1	Q3W	3	
5-FU	1000*	1-4#	Q3W	3	

*Continuous infusion for 24 h

May extend to day 5 if tolerable

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W	3	25
Cisplatin	100	2	Q3W	3	
5-FU	500	2-6	Q3W	3	

Following induction, agents to be used with concurrent chemoradiation typically include weekly carboplatin or cisplatin or cetuximab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	QW	6 with RT	26

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 1.5	1	QW	7	27

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	7 with RT	28

*1st dose 400 mg/m² then followed by 250 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	50	1	Q2W	6	29
UFUR	800 mg* PO QD	1-14	Q2W		
Leucovorin	60 mg PO QD	1-14	Q2W		

*Or 300 mg/m²

★三院有個別版本

參考文獻

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Recurrent, Unresectable, or Metastatic (incurable)

First line

Combination therapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW		1
Cisplatin	100	1	Q3W	Max 6	
5-FU	1000	1-4	Q3W	Max 6	

*1st dose 400 mg/m² then followed by 250 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW		1
Carboplatin	AUC 5	1	Q3W	Max 6	
5-FU	1000	1-4	Q3W	Max 6	

*1st dose 400 mg/m² then followed by 250 mg/m²

Immunotherapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	34 (24 mo)	18
Cisplatin	100	1	Q3W	6	
5-FU	1000	1-4	Q3W	6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	34 (24 mo)	18
Carboplatin	AUC 5	1	Q3W	6	
5-FU	1000	1-4	Q3W	6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	34 (24 mo)	18, 19

Other combination therapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	65	1	Q3W		2
Carboplatin	AUC 6	1	Q3W		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		3
Cisplatin	75	1	Q3W		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		3
Carboplatin	AUC 6	1	Q3W		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	200* → 125	1	QW		4
Cisplatin	100	1	Q4W	2-6	

*1st dose 200 mg/m² then followed by 125 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	Min 6	3, 5
5-FU	1000	1-4	Q3W	Min 6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400 → 250 → 500*	1	QW → QW → Q2W*		6
Docetaxel	75	1	Q3W	4	
Cisplatin	75	1	Q3W	4	

*1st dose 400 mg/m² and 2nd dose 250 mg/m² QW then followed by 500 mg/m² Q2W

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400 → 250 → 500*	1	QW → QW → Q2W*		15
Docetaxel	75	1	Q3W	4	
Carboplatin	AUC 5	1	Q3W	4	

*1st dose 400 mg/m² and 2nd dose 250 mg/m² QW then followed by 500 mg/m² Q2W

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W	2	16, 17
Cisplatin	75	1	Q3W	2	
Followed by					
Cetuximab	400* → 250	1	QW		
Cisplatin	75	1	Q3W	4	

*1st dose 400 mg/m² then followed by 250 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W	2	16, 17
Carboplatin	AUC 6	1	Q3W	2	
Followed by					
Cetuximab	400* → 250	1	QW		
Carboplatin	AUC 6	1	Q3W	4	

*1st dose 400 mg/m² then followed by 250 mg/m²

Single agents

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3-4W		7, 8

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1	QW	6	9

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	100	1	Q3W		10

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
5-FU	1000	1	Q3W		8

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Methotrexate	40	1	QW		11, 12

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	Min 7	13

*1st dose 400 mg/m² then followed by 250 mg/m²

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	1250 PO BID	1-14	Q3W	Min 2	14

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Nasopharynx Carcinoma

Chemoradiation followed by adjuvant chemotherapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3 with RT	1
Followed by					
Cisplatin	80	1	Q4W	3 after RT	
5-FU	1000	1-4	Q4W	3 after RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W	3-5 with RT	2
Followed by					
Carboplatin	AUC 5	1	Q3W	2 after RT	
5-FU	1000*	1-4	Q3W	2 after RT	

*Continuous infusion for 24 h

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	7	3

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	50	1	Q2W	6	12
UFUR	800 mg* PO	1-14	Q2W		
Leucovorin	60 mg PO	1-14	Q2W		

*Or 300 mg/m²

Induction (Category 3)/Sequential chemotherapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	70	1	Q3W	3	4
Cisplatin	75	1	Q3W	3	
5-FU	1000*	1-4	Q3W	3	
Followed by					
Cisplatin	100	1	Q3W	With RT	

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	60	1	Q3W	3	13
Cisplatin	60	1	Q3W	3	
5-FU	600	1-5	Q3W	3	
Followed by					
Cisplatin	100	1	Q3W	With RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	2	5
Cisplatin	75	1	Q3W	2	
Followed by					
Cisplatin	40	1	QW	With RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3	6
5-FU	1000*	1-4	Q3W	3	

*Continuous infusion for 24 h

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Epirubicin	75	1	Q3W	3	7
Paclitaxel	175	1	Q3W	3	
Cisplatin	75	2	Q3W	3	
Followed by					
Paclitaxel	60	1	QW	During RT	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	7 during RT	8

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Epirubicin	60-75	1	Q4W	3	9
Mitomycin	10	1	Q4W	Cycle 1, 3 only	
Cisplatin	60-100	1	Q4W	3	

Adjuvant CT (post RT or CCRT completion on day 29) (category 2B)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	80	1	Q4W	3	10
5-FU	1000	1-4	Q4W	3	

Following induction, agents to be used with concurrent chemoradiation typically include weekly cisplatin or carboplatin

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	7	11

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 2	1	QW	6 (Max 7)	14

★三院有個別版本

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Recurrent, Unresectable, or Metastatic (incurable)

First line

Preferred Regimens

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	20-30*	1-3	Q3W	Max 6	5
Gemcitabine	1000	1, 8	Q3W	Max 6	

*80 mg/m² in divided doses on 3 days

Other Recommended Regimens

Combination therapy

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	65	1	Q3W		1
Carboplatin	AUC 6	1	Q3W		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W	Min 6	2
Cisplatin	75	1	Q3W	Min 6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W	Min 6	2
Paclitaxel	175	1	Q3W	Min 6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	Min 6	2, 3
5-FU	1000*	1-4	Q3W	Min 6	

*Continuous infusion for 24 h

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	Max 8	4
Carboplatin	AUC 5	1	Q3W		

*1st dose 400 mg/m² then followed by 250 mg/m²

Single agents

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3-4W	Min 4	6, 7

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W		14

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1	QW	6	8

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Docetaxel	100	1	Q3W		9

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
5-FU	1000	1	Q3W		7
藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Methotrexate	40	1	QW		10, 11
藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Gemcitabine	1000	1, 8, 15	Q4W		12
藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	1250 PO BID	1-14	Q3W	Min 2	13

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《頭頸癌放射治療共識》

口腔癌

一、治療範圍

1. 口腔腫瘤或腫瘤原發部位
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~76Gy；中低劑量區 45~66Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

三、治療方式：

使用強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，治療選擇可使用同步照射高與低危險部位的方式或先給予整個照射部位部份劑量照射後，再針對高危險部位加強劑量。

四、參考文獻：

1. NCCN clinical practice guidelines in oncology-Head and Neck cancers. version 3, 2019
2. Adelstein DJ, et al. An intergroup phase III comparison of standard radiation therapy and two schedules of concurrent chemoradiotherapy in patients with unresectable squamous cell head and neck cancer. J Clin Oncol 2003; 21: 92-8
3. Cooper JS, et al. Postoperative concurrent radiation therapy and chemotherapy in high-risk SCCA of the head and neck: The RTOG 9501/Intergroup phase III trial. NEJM 2004; 350(19): 1937-44
4. Bernier J, et al. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer. NEJM 2004; 350(19): 1945-52

鼻咽癌

一、治療範圍

1. 鼻咽腫瘤
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~76Gy；中低劑量區 45~66Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

三、治療方式：

使用強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，治療選擇可使用同步照射高與低危險部位的方式或先給予整個照射部位部份劑量照射後，再針對高危險部位加強劑量。

四、參考文獻：

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口咽癌

一、治療範圍

1. 口咽腫瘤或腫瘤原發部位
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~76Gy；中低劑量區 45~66Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

三、治療方式：

使用強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，治療選擇可使用同步照射高與低危險部位的方式或先給予整個照射部位部份劑量照射後，再針對高危險部位加強劑量。

四、參考文獻：

1. NCCN clinical practice guidelines in oncology for head and neck cancers. Version 3, 2019.
2. Bernier J, Cooper JS, Pajak TF. Defining risk levels in locally advanced head and neck cancers: A comparative analysis of concurrent postoperative radiation plus chemotherapy trials of the EORTC (#22931) and RTOG (# 9501). Head & Neck. 27 (10) : 843-50, 2005.
3. Cooper JS, Pajak TF, Forastiere AA, et al. Postoperative concurrent radiation therapy and chemotherapy in high-risk SCCA of the head and neck: The RTOG 9501/Intergroup phase III trial. NEJM. 350 (19) :1937-44, 2004.
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下咽癌

一、治療範圍

1. 下咽腫瘤或腫瘤原發部位
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~76Gy；中低劑量區 45~66Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

三、治療方式：

使用強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，治療選擇可使用同步照射高與低危險部位的方式或先給予整個照射部位部份劑量照射後，再針對高危險部位加強劑量

四、參考文獻：

1. NCCN clinical practice guidelines in oncology for head and neck cancers. Version 3, 2019.
2. A phase III study of postoperative radiation therapy (IMRT) +/- Cetuximab for locally-advanced resected head and neck cancer. Radiation Therapy Oncology Group, Protocol 0920.
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