乳癌診療指引

一、參與討論同仁

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109 年 修訂版	110 年 修訂版
《乳癌診療指引共識 -1》 1. 臨床檢查 : 病理報告（含 ER/PR/ Her-2） 2. 輔助性治療 ± R/T 3:*Radiotherapy may be omitted in selected low-risk patients with advanced age, extensive comorbidities, or small foci of low-grade disease resected with negative margins (e.g. Age >60y, Tumor ≤ 15mm, Low grade...) *The conditions for not applying hormone therapy are as follows (e.g. Post-total mastectomy, Elderly>60y, Low-risk, optional) #Post-total mastectomy hormone therapy (optional)	**《乳癌診療指引共識 -1》** **1. 修訂：**臨床檢查 : 病理報告（含 ER/PR/ Her-2(optional) **2. 修訂：**輔助性治療 :Whole breast radiotherapy **3. 修訂：*** 乳房保留手術後輔助性全乳放射治療可以顯著減少局部復發達 50%，若患者與乳癌醫療團隊經由醫病共同決策過程 (Shared decision making, SDM) 後同意該個案屬於低復發風險 +，有些患者可以選擇只接受局部切除 + 局部復發的風險因子：可觸及的腫塊、較大的腫瘤、high grade、接近的腫瘤邊緣、年輕患者
《乳癌診療指引共識 -2》 1. 臨床檢查 病史及理學檢查 附註 6.RT*: Whole breast radiotherapy(WBRT) or Partial breast radiotherapy(PBRT), PBRT 符合條件 : 參閱一校三院放腫指引 ; ≥ 70 歲，T1N0 且 ER + PR + 並同時有做 H/T 病患 於 乳房保留手術，經由團隊會議討論後得可慮不用 RT。 7. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional) 8. Hormonal therapy: Tamoxifen 服用 5-10 年 ;AI 服用 5-10 年 . 9. 主要治療 Total mastectomy=Simple mastectomy	**《乳癌診療指引共識 -2》** **1. 修訂：**臨床檢查 病史及理學檢查並加入生殖考量 **2. 修訂：**附註： 6. 輔助性放射治療技術以全乳照射爲原則，低風險患者可考慮加速部分乳房照射，細節請參閱乳癌放射治療共識。7. 若患者符合所有以下條件 (1) >=70 歲、(2) 接受乳房保留手術、(3) pT1N0 、(4)ER+PR+ 且已接受荷爾蒙治療，經團隊會議討論後可選擇不接受輔助性放射治療。 8. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional) 9. Hormonal therapy: Tamoxifen 服用 5-10 年 ;AI 服用 5-10 年 . 10. 主要治療 Total mastectomy=Simple mastectomy

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《乳癌診療指引共識 -3》

1. 臨床檢查　病史及理學檢查
2. 刪除 :

> *MRM->R/T criteria:
> Tumor > 5cm
> LN positive ≥ 4
> LN 1-3 strongly consider（optional）
> Margin positive

3. 附註 :
4. * Trastuzumab 依健保使用規定或自費使用
5. 考慮接受化學治療或 Carrier 液檢查 (需包含化療前 HBsAg 及 Anti-HCV test)
6. RT*: Whole breast radiotheray(WBRT) or Partial breast radiotherapy(PBRT), PBRT 符合條件 :RT*: 參閱一校三院放腫指引
7. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)
8. 主要治療 Total mastectomy=Simple mastectomy
9. TNBC with residual invasive cancer following standard neoadjuvant therapy: Consider adjuvant capecitabine (自費使用)
10. ER (-), PR (-) and Her2 (+) Node (+) patients: Consider adjuvant chemotherapy + Trastuzumab ± Pertuzumab 11.Anti-Her-2
11. treatment:Trastuzumab, Dual-Blockade, TDM-1

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《乳癌診療指引共識 -3》

1. 修訂：臨床檢查　病史及理學檢查並加入生殖考量。

2. 修訂：

> Post-mastectomy radiotherapy (PMRT)
> indications:
> Tumor > 5cm
> N2 or N1 without axillary dissection
> Strongly consider PMRT in N1 cases*
> Positive margins
> ECE (+)

3. 修訂：

附註 :

4. Anti-Her2 treatment 依健保使用規定或自費使用。
5. 考慮接受化學治療或 Carrier 液檢查 (需包含化療前 HBsAg 及 Anti-HCV test)。
6. *N1 低復發風險患者經患者與醫療團隊醫病共同決策過程後，全乳切除術後可免做輔助放療。低復發風險患者須滿足以下所有條件：年齡 >=40 歲，T1，單一淋巴結侵犯，無淋巴血管侵犯，Her2/Neu (-)
7. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)
8. 主要治療 Total mastectomy=Simple mastectomy
9. TNBC with residual invasive cancer following standard neoadjuvant therapy: Consider adjuvant capecitabine (自費使用)
10. ER (-), PR (-) and Her2 (+) Node (+) patients: Consider adjuvant chemotherapy + Trastuzumab ± Pertuzumab

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《 乳癌診療指引共識 -4 》 **1. 臨床檢查：**骨骼掃描；PET scan（optional） **2. 主要治療：**Neoadjuvant C/T±Targeted therapy For Her-2(+) **3. 附註 3** RT*: 參閱一校三院放腫指引 **4. 附註 7 ER (-), PR (-) and Her2 (+) Node (+) patients: Consider adjuvant chemotherapy + Trastuzumab ± Pertuzumab**	**《 乳癌診療指引共識 -4 》** **1. 合併：臨床檢查：Bone scan and or/ PET-CT** **2. 修訂：**主要治療：Neoadjuvant C/T±Anti-Her-2For Her-2(+) **3. 修訂：**附註 3 RT 參閱乳癌放射治療共識 **4. 刪除：**附註 7
《 乳癌診療指引共識 -5 》 **1. 臨床檢查：骨骼掃描；PET scan（optional）** **2. 主要治療** • Systemic chemotherapy ± Hormonal therapy ± Radiotherapy • Her-2(+)-> anti HER-2 therapy • ER and/or PR (+), Her-2 (-): Hormonal therapy ± CD4/6i or mTOR inhibitor or chemotherapy • Best supportive care • Palliative surgery and other forms local treatment if needs • Clinical trial • TNBC → Immunotherapy(PD-L1 ≥ 1%) or PARP inhibitor(gBRCA mutation)	**《 乳癌診療指引共識 -5 》** **1. 合併：臨床檢查：Bone scan and or/ PET-CT** **2. 主要治療** • Systemic chemotherapy ± Hormonal therapy ± Radiotherapy • ER and/or PR (+), Her-2 (-): Hormonal therapy ± CD4/6i or mTOR inhibitor or chemotherapy • Her-2(+)-> anti HER-2 therapy • Hormonal receptor(+)->PIK3CA mutation(optional) → PIK3CA inhibitor • TNBC → Immunotherapy(PD-L1 ≥ 1%) • PARP inhibitor(gBRCA mutation) • Best supportive care • Palliative surgery and other forms local treatment if needs • Clinical trial
無	**整頁新增《 乳癌診療指引共識 -6 》**
無	**整頁新增《 乳癌診療指引共識 -7 》**

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原 :《 乳癌放射治療共識 》 一、治療範圍 1. 患側乳房 (侵襲癌或原位癌經乳房保留手術術後) 2. 患側胸壁 3. 患側高風險淋巴轉移範圍 4. 淋巴引流區可包涵內乳淋巴結 二、治療劑量 / 次數 乳房保留術後輔助治療 患側乳房 / 高風險淋巴轉移範圍 (劑量：50-50.4Gy / 次數：25-28 次) 或 (劑量：40-42.5Gy / 次數：15-16 次) 原位癌 / 腫瘤原發部位 / 高風險淋巴轉移範圍追加劑量：10-16 Gy / 次數：4-8 次 分次劑量：1.8~2.0Gy 或 2.6~2.7Gy 改良型乳房根除術後輔助治療 患側胸壁 / 高風險淋巴轉移：45-50.4Gy / 次數：25-28 次 腫瘤原發部位 / 高風險淋巴轉移範圍 追加劑量：8-12Gy / 次數：4-6 次術中單次放射線治療 (IORT) 基底部位：20~21Gy / 次數：1 次 三、治療方式： 使用斜角對照配合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	**1. 修訂 :《 乳癌放射治療共識 -1 》** 【全乳放射治療】 應以電腦斷層影像定義標靶體積與正常危急器官 適應症：侵襲癌或原位癌經乳房保留手術術後 照射範圍：患側乳房 照射劑量：50-50.4Gy / 次數：25-28 次 或 40-42.5Gy / 次數：15-16 次 追加照射範圍：腫瘤切除空腔與其周圍 追加照射劑量：10-16Gy / 次數：4-8 次 治療技術：使用斜角對照配合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，與心肺保護技術。可選擇先後給予全乳照射與追加照射，或是在放療計畫中同步規劃高低劑量區，同步進行兩部位照射

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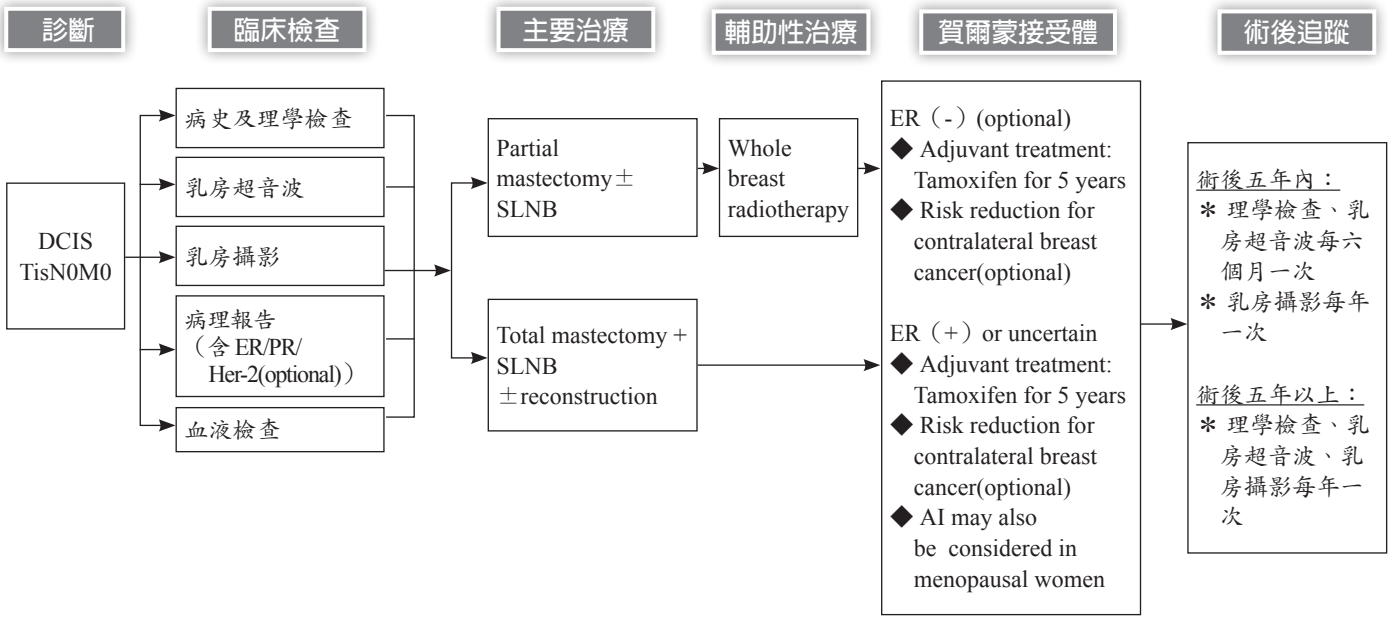
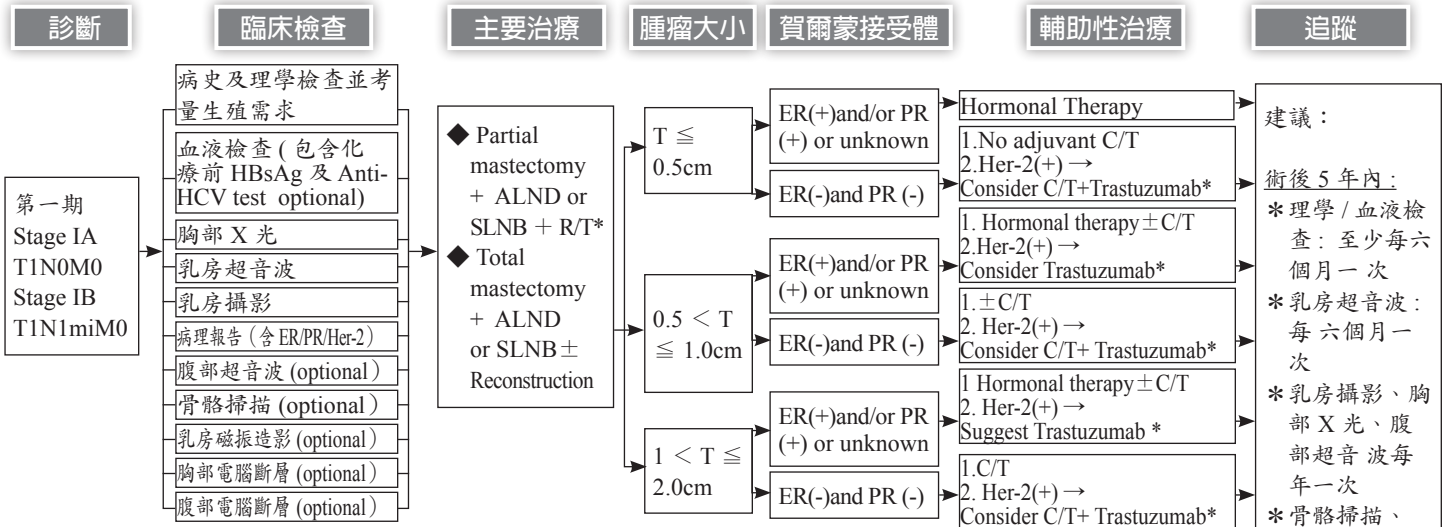
	2. 修訂：《乳癌放射治療共識 -1》 【胸壁放射治療】 應以電腦斷層影像定義標靶體積與正常危急器官 適應症：侵襲癌經乳房全切除手術術後有較大的原發腫瘤 (T stage >= T3)，臨床或病理認定腫瘤侵犯淋巴結 (N stage >= N1) 照射範圍：患側胸壁、手術疤痕與其周圍 照射劑量：50-50.4Gy / 次數：25-28 次 追加照射範圍：手術疤痕周圍 追加照射劑量：10-16Gy / 次數：4-8 次 治療技術：使用斜角對照配合強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，與心肺保護技術。可選擇先後給予胸壁照射與追加照射，或是在放療計畫中同步規劃高低劑量區，同步進行兩部位照射
	3. 修訂：《乳癌放射治療共識 -2》 【淋巴引流區放射治療】 應以電腦斷層影像定義標靶體積與正常危急器官 適應症：較大的原發腫瘤 (T stage >= T3)、臨床或病理認定腫瘤侵犯至少一個淋巴結 (N stage >= N1) 照射範圍：患側高風險淋巴轉移範圍，包括腋下、鎖骨下、鎖骨上淋巴引流區。臨床懷疑內乳淋巴結轉移或正常組織容受許可時，可選擇性考慮照射內乳淋巴引流區。 照射劑量：50-50.4Gy / 次數：25-28 次 治療技術：使用強度調控放射治療技術，選擇性使用斜角對照，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，與心肺保護技術。

《乳癌診療指引共識 -1》



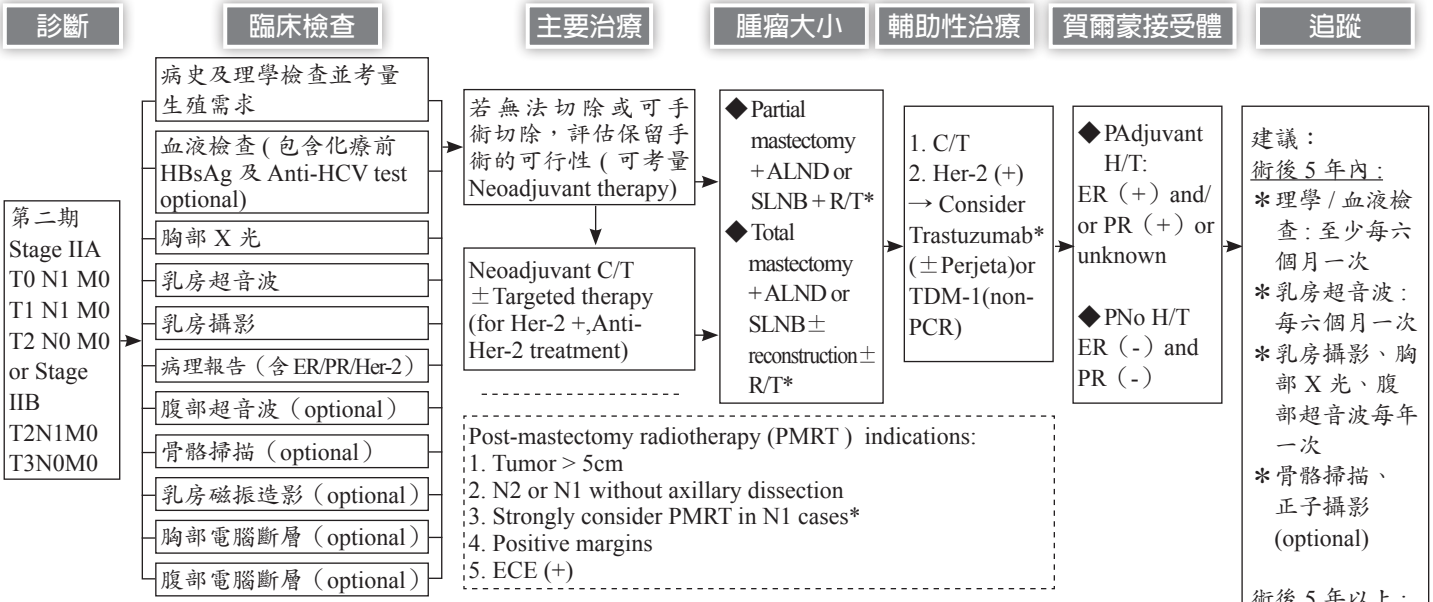
* 乳房保留手術後輔助性全乳放射治療可以顯著減少局部復發達 50%，若患者與乳癌醫療團隊經由醫病共同決策過程 (Shared decision making, SDM) 後同意該個案屬於低復發風險 +，有些患者可以選擇只接受局部切除

\+ 局部復發的風險因子：可觸及的腫塊、較大的腫瘤、high grade、接近的腫瘤邊緣、年輕患者。



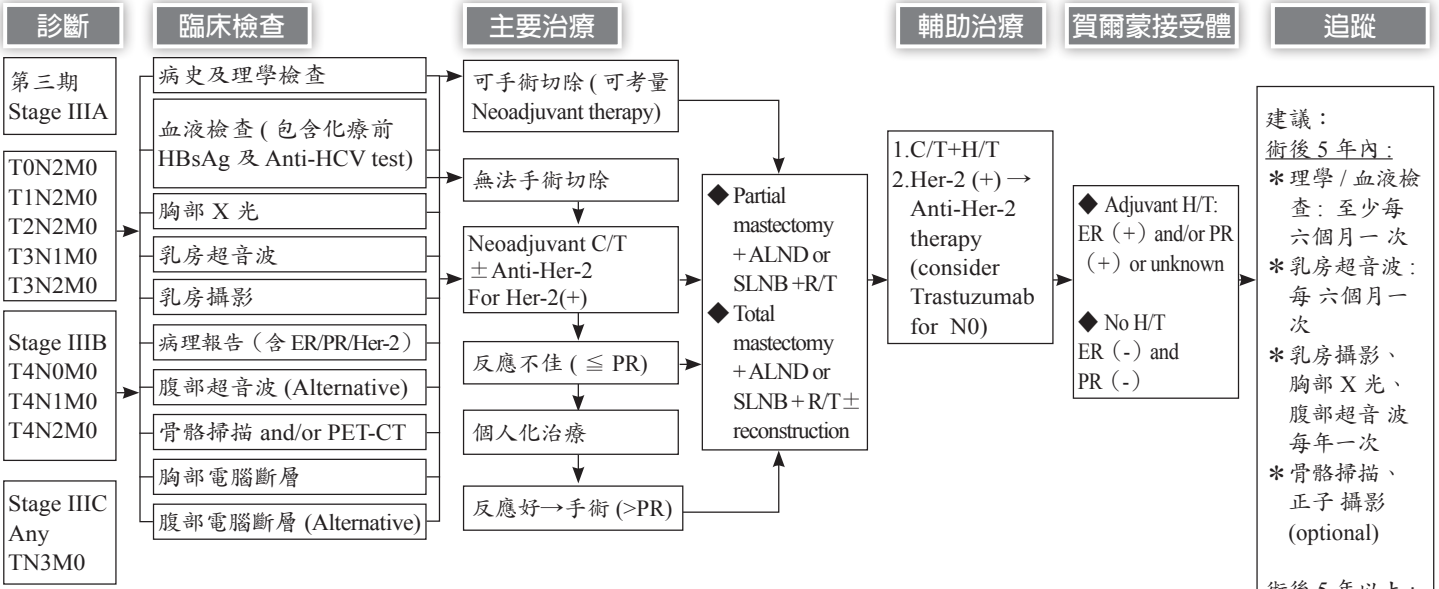
1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. Oncotype or Endopredict、ICT、Mammoprint、Pam50 test is optional examination for ambiguous patients.
4. ＊ Trastuzumab 依健保使用規定或自費使用
5. 考慮接受化學治療或 Carrier 血液檢查 (需包含化療前 HBsAg 及 Anti-HCV test)
6. 輔助性放射治療技術以全乳照射為原則，細節請參閱乳癌放射治療共識。
7. 若患者符合所有以下條件 (1) >=70 歲、(2) 接受乳房保留手術、(3) pT1N0 、(4)ER+PR+ 且已接受荷爾蒙治療，經團隊會議討論後可選擇不接受輔助性放射治療。
8. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)
9. Hormonal therapy: Tamoxifen 服用 5-10 年 ;AI 服用 5-10 年 .
10. 主要治療 Total mastectomy=Simple mastectomy

《乳癌診療指引共識 -3》



附註：1.Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2.Clinical trial is always an option of treatment.
3.Oncotype or Endopredict、ICT、Mammoprint、Pam50test is optional examination for ambiguous patients.
4.Anti-Her2 treatment 依健保使用規定或自費使用
5. 考慮接受化學治療或 Carrier 做液檢查 (需包含化療前 HBsAg 及 Anti-HCV test)
6. *N1 低復發風險患者經患者與醫療團隊醫病共同決策過程後，全乳切除術後可免做輔助放療。低復發風險患者須滿足以下所有條件：年齡 >=40 歲，T1，單一淋巴結侵犯，無淋巴血管侵犯，Her2/Neu (-)。
7. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)
8. 主要治療 Total mastectomy=Simple mastectomy
9.TNBC with residual invasive cancer following standard neoadjuvant therapy: Consider adjuvant capecitabine (自費使用)
10.ER (-), PR (-) and Her2 (+) Node (+) patients: Consider adjuvant chemotherapy + Trastuzumab ± Pertuzumab

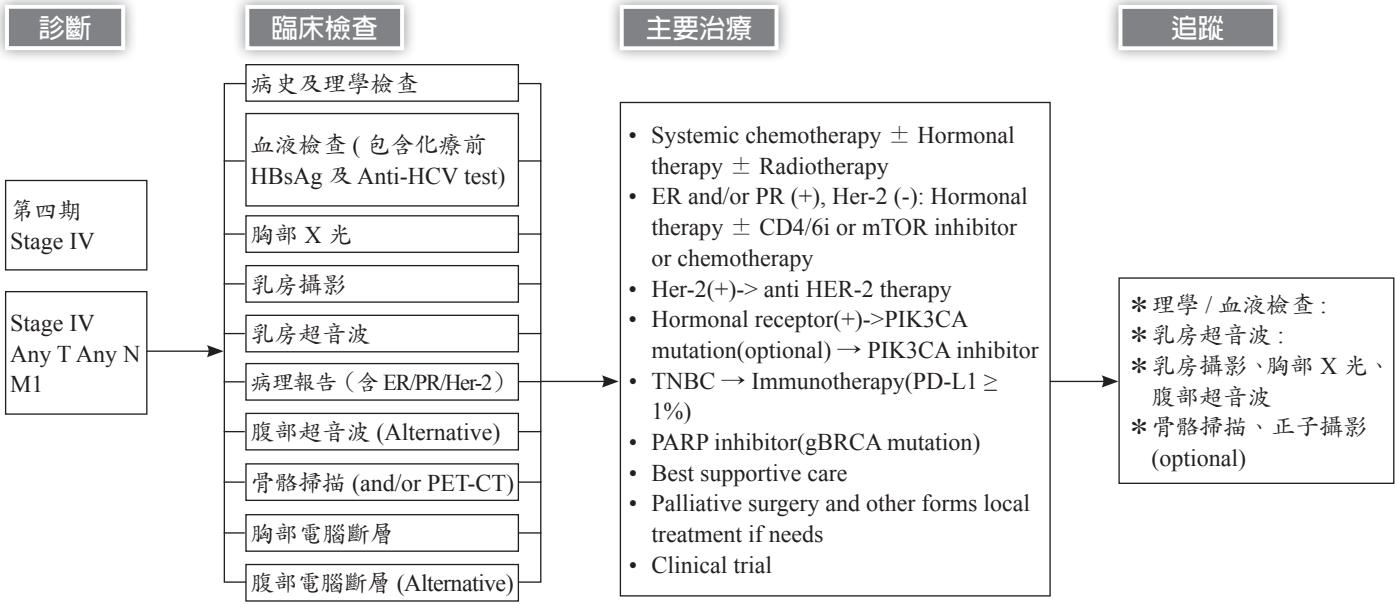
《乳癌診療指引共識 -4》



附註：

1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. RT 參閱乳癌放射治療共識
4. Abdomen sono or abdomen CT Alternative
5. 主要治療 Total mastectomy=Simple mastectomy
6. TNBC with residual invasive cancer following standard neoadjuvant therapy: Consider adjuvant capecitabine (自費使用)
7. 完全緩解 (Complete Response，CR), 部分緩解 (Partial Response，PR), 無變化 (No Change，NC；疾病穩定，SD), 疾病進展 (Progressive Disease，PD)

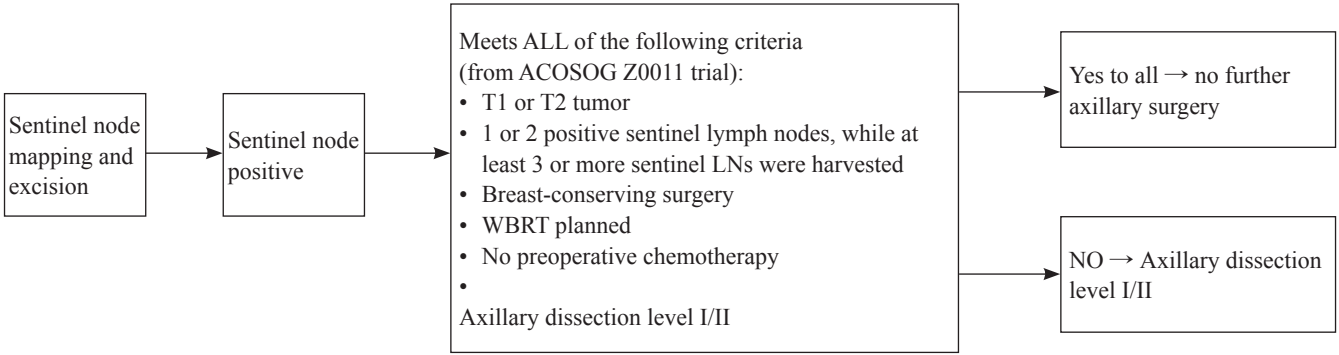
《乳癌診療指引共識 -5》



附註：

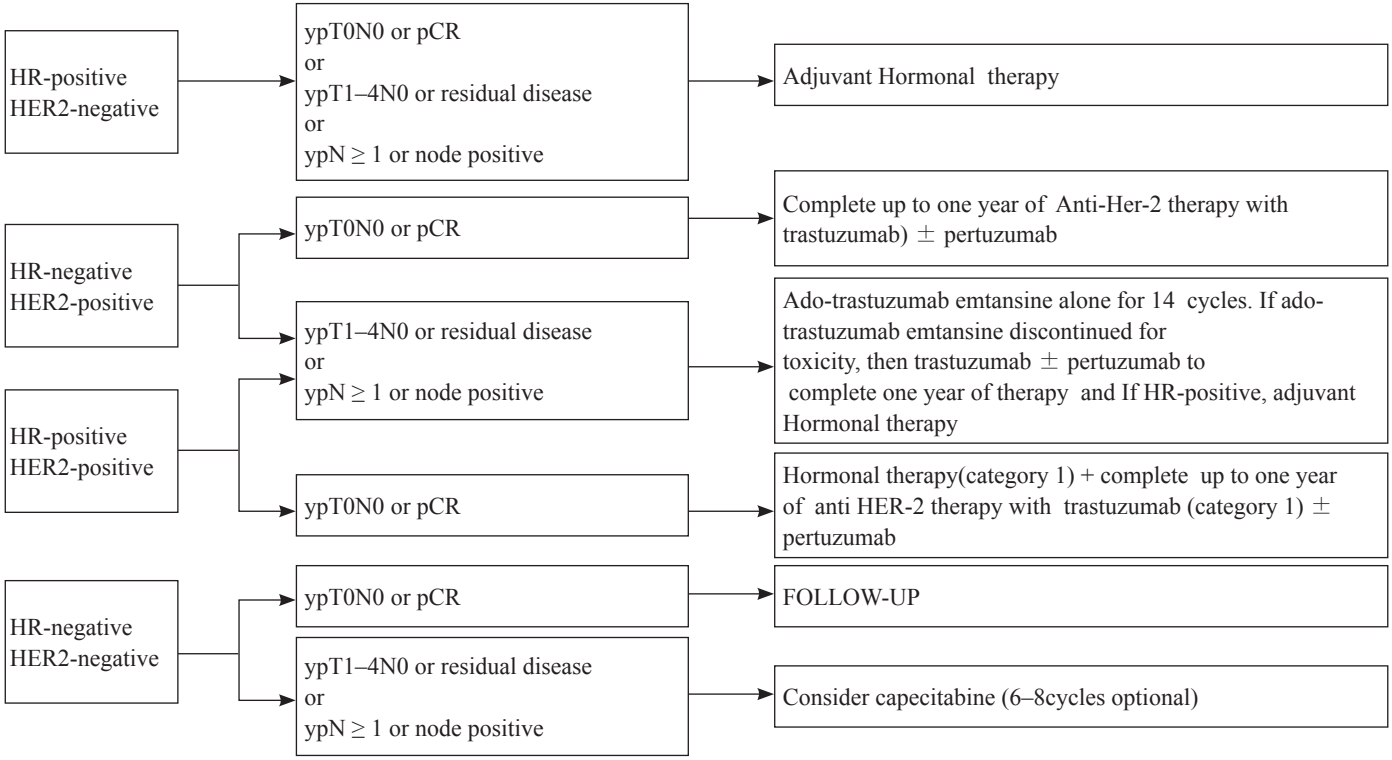
1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. Abdomen sono or abdomen CT Alternative
4. Anti -HER-2 therapy 依健保規範或自費使用

《乳癌診療指引共識 -6》


Sentinel node mapping and excision
Sentinel node positive
Meets ALL of the following criteria (from ACOSOG Z0011 trial):
• T1 or T2 tumor
• 1 or 2 positive sentinel lymph nodes, while at least 3 or more sentinel LNs were harvested
• Breast-conserving surgery
• WBRT planned
• No preoperative chemotherapy
•
Axillary dissection level I/II
Yes to all → no further axillary surgery
NO → Axillary dissection level I/II

《乳癌診療指引共識 -7》

After complete course of neoadjuvant chemotherapy



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《乳癌抗癌藥物治療指引》

Chemotherapy as Primary or Adjuvant Therapy (HER2-POSTIVE)

The safety of switching treatment between Herceptin IV and Herceptin SC and vice versa, using a three-weekly (q3w) dosing regimen has been proved[8].

PREFERRED REGIMENS

AC followed by Paclitaxel with Trastuzumab

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	1
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab	4 → 2 mg/kg	1	QW	12	
Paclitaxel	80	1	QW	12	
Followed by					
Trastuzumab	2 (6) mg/kg	1	QW (Q3W)	40 (13)	

AC followed by Paclitaxel with Trastuzumab + Pertuzumab (optional)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	6
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab	8 → 6 mg/kg	1	Q3W	17	
Pertuzumab*	840 → 420 mg	1	Q3W	17	
Paclitaxel	80	1, 8, 15	Q3W	4	

*Optional

Dose-dense AC followed by Paclitaxel with Trastuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	2
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Trastuzumab	4 → 2 mg/kg	1, 8	Q2W	4	
Paclitaxel	175	1	Q2W	4	
Followed by					
Trastuzumab	2 (6) mg/kg	1	QW (Q3W)	44 (14)	

TCH

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab	4 → 2 mg/kg	1, 8 ,15	Q3W	6	3
Docetaxel	75	1	Q3W	6	
Carboplatin	6 AUC	1	Q3W	6	
Followed by					
Trastuzumab	6 mg/kg	1	Q3W	11	

TCH + Pertuzumab (optional)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 mg/kg	1	Q3W	17	4
Pertuzumab*	840 → 420 mg	1	Q3W	17	
Docetaxel	75	1	Q3W	6	
Carboplatin	6 AUC	1	Q3W	6	

*Optional

Trastuzumab + Pertuzumab

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 mg/kg	1	Q3W	17	7
Pertuzumab*	840 → 420 mg	1	Q3W	17	

*Optional

T-DM1

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	1	Q3W	14	7

OTHER REGIMENS

AC followed by Docetaxel with Trastuzumab

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab	4 → 2 mg/kg	1, 8, 15	Q3W	4	
Docetaxel	80-100	1	Q3W	4	
Followed by					
Trastuzumab	6 mg/kg	1	Q3W	13	

AC followed by Docetaxel with Trastuzumab + Pertuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab	8 → 6 mg/kg	1	Q3W	17	
Pertuzumab*	840 → 420 mg	1	Q3W	17	
Docetaxel	80-100	1	Q3W	4	

*Optional

Paclitaxel + Trastuzumab (APT trial)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab	4 → 2 mg/kg	1	QW	12	5
Paclitaxel	80	1	QW	12	
Followed by					
Trastuzumab	2 (6) mg/kg	1	QW (Q3W)	40 (13)	

TC + Trastuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab	4 → 2 (8 → 6) mg/kg	1, 8, 15 (1)	Q3W	4	6
Docetaxel	75	1	Q3W	4	
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab	6 mg/kg	1	Q3W	13	

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Chemotherapy as Primary or Adjuvant Therapy (HER2-NEGATIVE)

PREFERRED REGIMENS

Dose-dense AC followed by Paclitaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Paclitaxel	175	1	Q2W	4	

Dose-dense AC followed by weekly Paclitaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Paclitaxel	80	1	QW	12	

TC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	4	2
Cyclophosphamide	600	1	Q3W	4	

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Capecitabine	1000-1250 BID	1-14	Q3W	6-8	

(If triple-negative breast cancer and residual disease after preoperative therapy with taxane, alkylator, and anthracycline based chemotherapy)

Useful in certain circumstances

Dose-dense AC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	

AC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	

TAC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	4
Doxorubicin	60	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

TEC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	14
Epirubicin	75	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

FAC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	500	1, 8 or 1, 4	Q3W	6	5, 6
Doxorubicin	50	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

CEF

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Cyclophosphamide	500	1, 8	Q3W	6	7
Epirubicin	80	1, 8	Q3W	6	
5-FU	500	1, 8	Q3W	6	

CMF

藥品名*	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO	1-14	Q4W	6	8
Methotrexate	40	1, 8	Q4W	6	
5-FU	600	1, 8	Q4W	6	

AC followed by Docetaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	9
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Docetaxel	80-100	1	Q3W	4	

AC followed by Paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	10
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Paclitaxel	175	1	Q3W	4	

AC followed by weekly Paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	10
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Paclitaxel	80	1	QW	4	

EC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Epirubicin	90-100	1	Q3W	4	11
Cyclophosphamide	600	1	Q3W	4	

FEC followed by Docetaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	500	1	Q3W	3	12
Epirubicin	100	1	Q3W	3	
Cyclophosphamide	500	1	Q3W	3	
Followed by					
Docetaxel	100	1	Q3W	3	

FEC followed by weekly Paclitaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	600	1	Q3W	4	13
Epirubicin	90	1	Q3W	4	
Cyclophosphamide	600	1	Q3W	4	
Followed by					
3 Weeks no treatment					
Followed by					
Paclitaxel	100	1	QW	8	

FLC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	500	1	Q3W	6	17
Lipo-Doxorubicin	35-40	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

Cisplatin + Docetaxel (Triple negative)

藥品名★	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cisplatin	60	1			15, 16
Docetaxel	60	1			

Carboplatin + Docetaxel (Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cisplatin	AUC 6	1	Q3W		19, 20
Docetaxel	75	1	Q3W		

Weekly Paclitaxel + Carboplatin

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q3W	4	21
Carboplatin	AUC 6	1	Q3W	4	

★三院有個別版本

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Adjuvant Endocine Therapy

Anti-estrogen

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Tamoxifen	20-40 mg PO QD				1

Aromatase inhibitor

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Exemestane	25 mg PO QD				2

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Anastrozole	1 mg PO QD				3

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Letrozole	2.5 mg PO QD				4

Ovarian suppression or ablation

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Goserelin Acetate	3.6 mg SC	1	Q4W		5

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Leuprolide Acetate	3.75 mg SC	1	Q4W		6

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Chemotherapy for Recurrent or Metastatic Breast Cancer

HER2-NEGATIVE

PREFERRED SINGLE AGENTS

Anthacyclins

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60-75	1	Q3W	7	1

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	20	1	QW		2

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Lipo-Doxorubicin	50	1	Q4W		3

Taxanes

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		4

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1	QW		5

Antimetabolites

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Capecitabine	1000-1250 PO BID	1-14	Q3W	6	6

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Gemcitabine	800-1200	1, 8, 15	Q4W		7

Other microtubule inhibitors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Vinorelbine	25	1	QW		8

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Eribulin	1.4	1, 8	Q3W		9

PARP inhibitors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Olaparib	300 mg PO BID				46

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Talazoparib	1 mg PO QD		Q4W		47

Atezolizumab + albumin-bound paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Atezolizumab	840 mg	1, 15	Q4W		48
Nab-Paclitaxel	100	1, 8, 15	Q4W		

(An option for patients with PD-L1-positive TNBC)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W-Q4W		11

(An option for patients with triple-negative tumors and germline BRCA1/2 mutation)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cisplatin	75	1	Q3W	4	17

(An option for patients with triple-negative tumors and germline BRCA1/2 mutation)

OTHER SINGLE AGENTS

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	50 PO QD	1-21	Q4W		10

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	60-100	1	Q3W	6	12, 13

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	35	1, 8, 15, 22, 29, 36	Q8W		14

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Albumin-Paclitaxel	100 or 150	1, 8, 15	Q4W		15, 16

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Albumin-Paclitaxel	260	1	Q3W		15

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Epirubicin	75	1	Q3W		18

COMBINATIONS

Carboplatin + Docetaxel (triple negative)

藥品名 *	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W	6	49, 50
Docetaxel	75	1	Q3W	6	

Paclitaxel+Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	175-200	1	Q3W		51
Carboplatin	AUC 6	1	Q3W		

Paclitaxel+Carboplatin (weekly)(Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	100	1, 8, 15	Q3W		52
Carboplatin	AUC 2	1, 8, 15	Q3W		

Albumin-bound Paclitaxel + Carboplatin (weekly) (Triple negative, preoperative setting)

藥品名 *	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Ab-Paclitaxel	125	1, 8	Q3W		53
Carboplatin	AUC 2	1, 8	Q3W		

CAF

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO	1-14	Q4W		19
Doxorubicin	30	1, 8	Q4W		
5-FU	500	1, 8	Q4W		

FAC

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
5-FU	500	1, 8 or 1, 4	Q3W		20
Doxorubicin	50	1	Q3W		
Cyclophosphamide	500	1	Q3W		

FEC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	400	1, 8	Q4W	6-9	21
Epirubicin	50	1, 8	Q4W		
5-FU	500	1, 8	Q4W		

AC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	8	22
Cyclophosphamide	600	1	Q3W	8	

EC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Epirubicin	75	1	Q3W	6	23
Cyclophosphamide	600	1	Q3W	6	

CMF

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO QD	1-14	Q4W		24, 45
Methotrexate	40	1, 8	Q4W		
5-FU	600	1, 8	Q4W		

Docetaxel + Capecitabine

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	25
Capecitabine	950 PO BID	1-14	Q3W	6	

GT

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		26
Gemcitabine	1250	1, 8	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q4W		44
Gemcitabine	800	1, 8, 15	Q4W		

Gemcitabine + Carboplatin

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Gemcitabine	1250	1, 8	Q3W		27
Carboplatin	AUC 2	1, 8	Q3W		

Bevacizumab + Paclitaxel

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Bevacizumab	10 mg/kg	1, 8	Q4W		28
Paclitaxel	90	1, 8, 15	Q4W		

HER2-POSATIVE

The safety of switching treatment between Herceptin IV and Herceptin SC and vice versa, using a three-weekly (q3w) dosing regimen has been proved[55].

PREFERRED AGENTS

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Pertuzumab	840 → 420 mg	1	Q3W		29
Trastuzumab	8 → 6 mg/kg	1	Q3W		
Docetaxel	75-100	1	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Pertuzumab	840 → 420 mg	1	Q3W		30, 31
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		
Paclitaxel	175 (80)	1	Q3W (QW)		

OTHER AGENTS

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 32
Paclitaxel	175	1	Q3W		
Carboplatin	AUC 6	1	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 33, 34
Paclitaxel	175 (80-90)	1	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 35, 36
Docetaxel	80-100 (35)	1, 8, 15 (1)	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 37
Vinorelbine	30-35 (25)	1, 8 (1)	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 33, 38, 39
Capecitabine	1000-1250	1-14	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	1	Q3W		40

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Lapatinib	1250 mg PO QD	1-21	Q3W		41
Capecitabine	1000 PO BID	1-14	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 43
Lapatinib	1000 mg PO QD		Q3W		

藥品名★	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Neratinib	240 mg PO QD	1-21	Q3W		54
Capecitabine	750 PO BID	1-14	Q3W		

★三院有個別版本

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Endocrine Therapy Regimens for Recurrent or Metastatic Breast Cancer

PREMENOPAUSAL

SERM

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Tamoxifen	20-40 mg PO QD				1

Ovarian ablation or suppression

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Goserelin Acetate	3.6 mg SC		Q4W		5

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Leuprolide Acetate	3.75 mg SC		Q4W		6

Postmenopausal

Aromatase inhibitor

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Exemestane	25 mg PO QD				2

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Anastrozole	1 mg PO QD				3

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Letrozole	2.5 mg PO QD				4

SERD

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Fulvestrant	500 IM		Q4W		7

CDK4/6 inhibitor+AI (for Her2-negative)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Letrozole	2.5 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Anastrozole	1 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Exemestane	25 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Letrozole	2.5 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Anastrozole	1 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Exemestane	25 mg PO QD	1-28	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Letrozole	2.5 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Anastrozole	1 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Exemestane	25 mg PO QD				

CDK4/6 inhibitor + SERD

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		10
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	600 mg PO QD	1-21	Q4W		11
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				16
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD				12
Exemestane	25 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD		Q4W		13
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD				14
Tamoxifen	20-40 mg PO QD				

Fulvestrant + Alpelisib for PIK3CA-mutated tumors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Alpelisib	300 mg PO QD				17
Fulvestrant	500 IM	1, 15 → 1	Q4W		

USEFUL IN CERTAIN CIRCUMSTANCES

Abemaciclib

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	200 mg PO BID				18

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《乳癌放射治療共識 -1》

一、全乳放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：侵襲癌或原位癌經乳房保留手術術後

◎照射範圍：患側乳房

◎照射劑量：50-50.4Gy / 次數：25-28 次 或 40-42.5Gy / 次數：15-16 次

◎追加照射範圍：腫瘤切除空腔與其周圍

◎追加照射劑量：10-16Gy / 次數：4-8 次

治療技術：使用斜角對照配合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，與心肺保護技術。可選擇先後給予胸壁照射與追加照射，或是在放療計畫中同步規劃高低劑量區，同步進行兩部位照射。

二、胸壁放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：侵襲癌經乳房全切除手術術後有較大的原發腫瘤 (T stage >= T3)，臨床或病理認定腫瘤侵犯淋巴結 (N stage >= N1)

◎照射範圍：患側胸壁、手術疤痕與其周圍

◎照射劑量：50-50.4Gy / 次數：25-28 次

◎追加照射範圍：手術疤痕周圍

◎追加照射劑量：10-16Gy / 次數：4-8 次

治療技術：使用斜角對照配合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，與心肺保護技術。可選擇先後給予胸壁照射與追加照射，或是在放療計畫中同步規劃高低劑量區，同步進行兩部位照射。

三、淋巴引流區放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：較大的原發腫瘤 (T stage >= T3)、臨床或病理認定腫瘤侵犯至少一個淋巴結 (N stage >= N1)

◎照射範圍：患側高風險淋巴轉移範圍，包括腋下、鎖骨下、鎖骨上淋巴引流區。臨床懷疑內乳淋巴結轉移或正常組織容受許可時，可選擇性考慮照射內乳淋巴引流區。

◎照射劑量：50-50.4Gy / 次數：25-28 次

治療技術：使用強度調控放射治療技術，選擇性使用斜角對照，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，與心肺保護技術。

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