

# 頭頸癌診療指引

## 一、參與討論同仁

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二、討論日期：110 年 11 月 09 日

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### 110 年 修訂版

- 《口腔癌診療指引共識 -1.2》
- 《下咽癌診療指引共識 -1.2.3》
- 《喉癌診療指引共識 -1.2.3》

病理發現  
殘存腫瘤

《口腔癌診療指引共識檢查內容》

選擇性檢查

- 上消化道鏡 ( 如果有吸菸或 / 和喝酒 )
- 語言及吞嚥評估 ( advanced T status is indicated )

《口咽癌診療指引共識 -1》

病理發現  
殘存腫瘤  
臨床分期：T1-2, N0-1

《鼻咽癌診療指引共識 -1》

臨床分期：T1,N1-3;T2-T4, any N

《頭頸癌診療指引追蹤流程》

正子攝影

### 111 年 修訂版

- 《口腔癌診療指引共識 -1.2》
- 《下咽癌診療指引共識 -1.2.3》
- 《喉癌診療指引共識 -1.2.3》

修正：  
病理 ( 為主 ) 或影像發現  
殘存腫瘤 \*  
新增：  
\* 病理 ( 為主 ) 或影像發現

《口腔癌診療指引共識檢查內容》

修正：

必要檢查

- 上消化道鏡 ( 如果有吸菸或 / 和喝酒 )

選擇性檢查

- 語言及吞嚥評估

《口咽癌診療指引共識 -1》

修正：

病理 ( 為主 ) 或影像發現  
殘存腫瘤 \*

臨床分期：T1-2, N0-1 or T0-2, N1

新增：

\* 病理 ( 為主 ) 或影像發現

《鼻咽癌診療指引共識 -1》

修正：

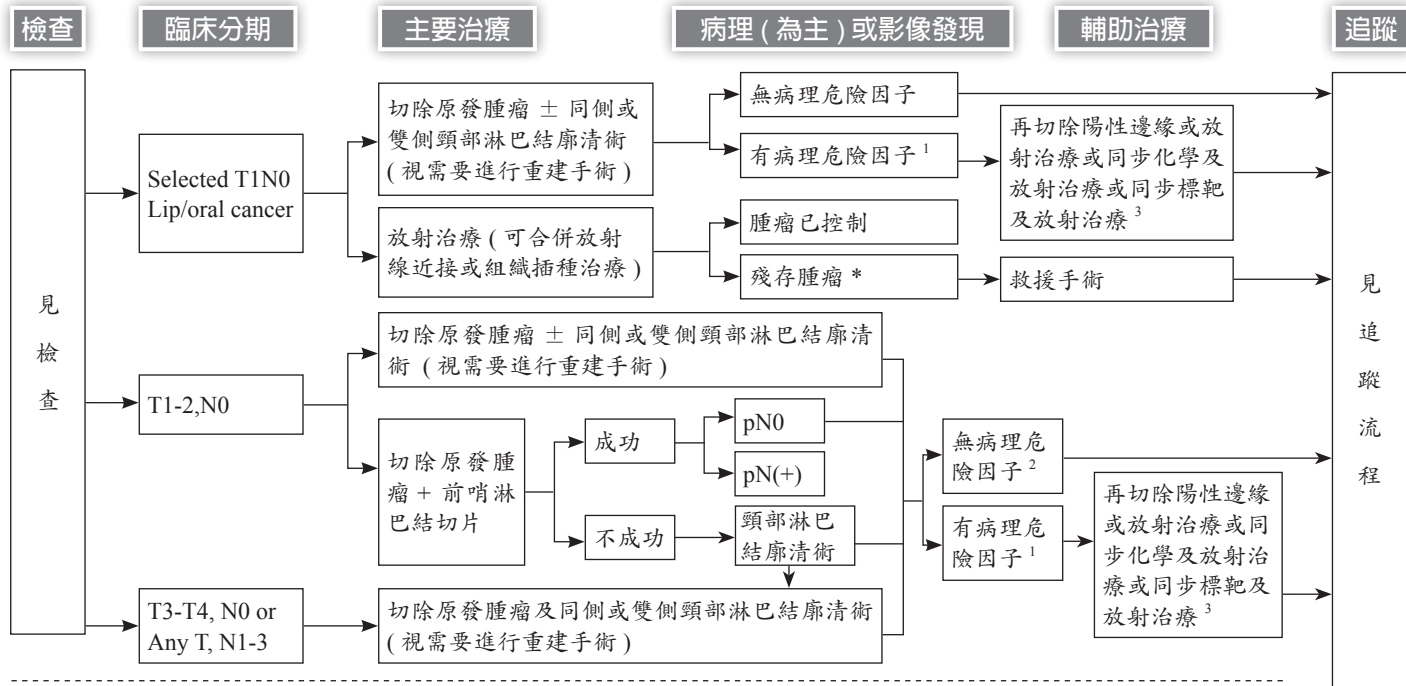
臨床分期：T0-1,N1-3;T2-T4, any N

《頭頸癌診療指引追蹤流程》

修正：

正子攝影

# 《 口腔癌診療指引共識 -1 》



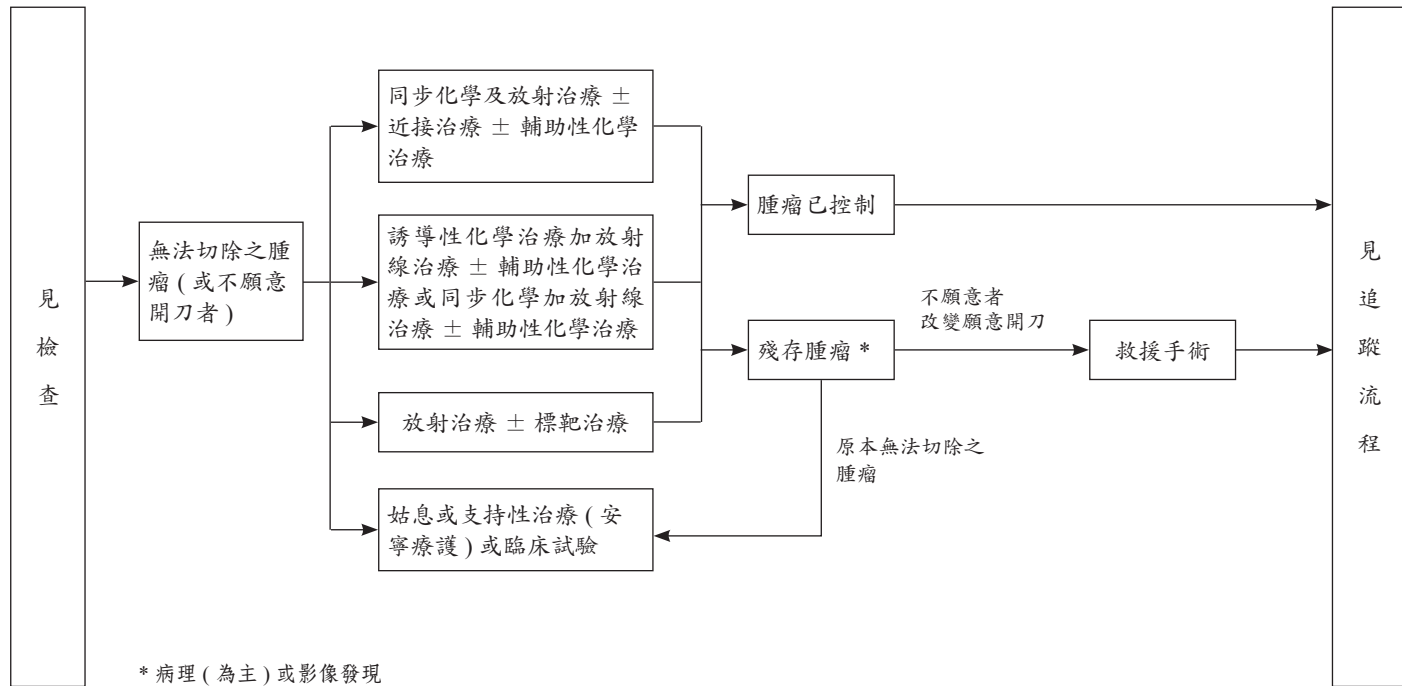
\* 病理 (為主) 或影像發現

\*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

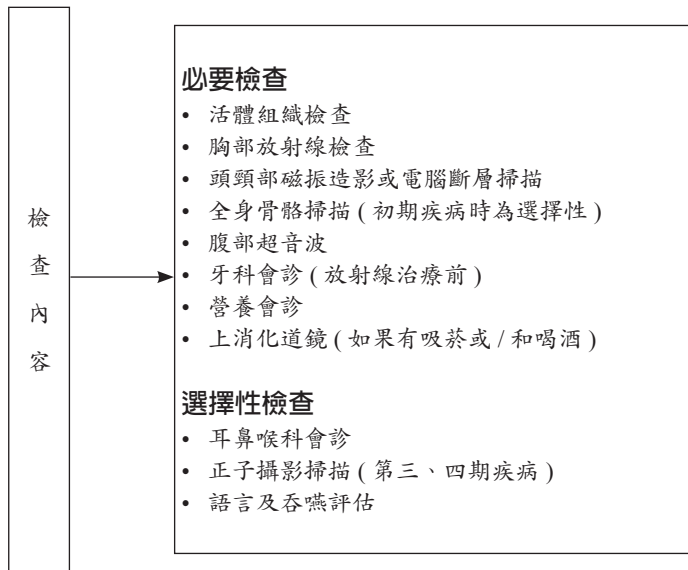
\*2 無病理危險因子：T1-T2, N1 → 觀察或放射線治療 註：在 T1-T2 若只有單一此項危險因子為選擇性治療

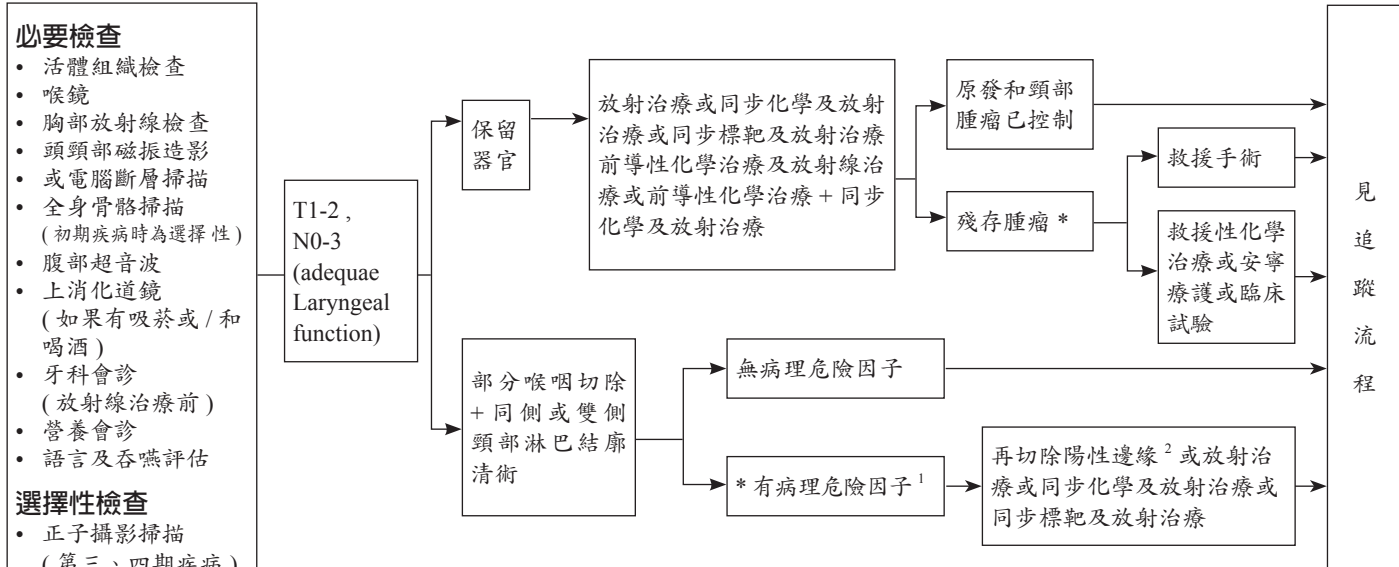
\*3 對於手術切除邊緣仍有腫瘤細胞，如果可能，考慮再切除以達到邊緣無腫瘤。

檢查      臨床分期      主要治療      病理 ( 為主 ) 或影像發現      輔助治療      追蹤



## 《 口腔癌診療指引共識檢查內容 》





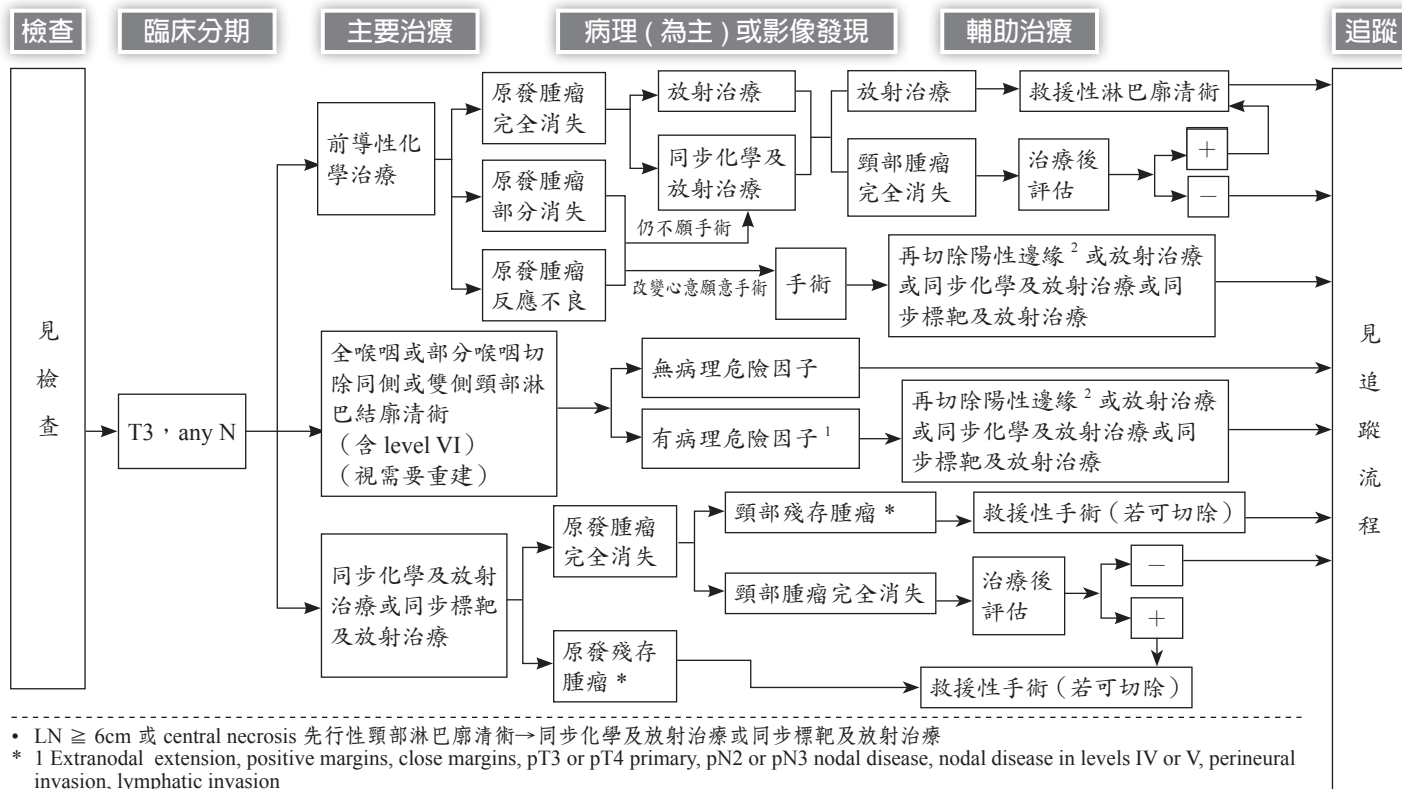
• LN ≥ 6cm 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療

\*1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphatic invasion

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

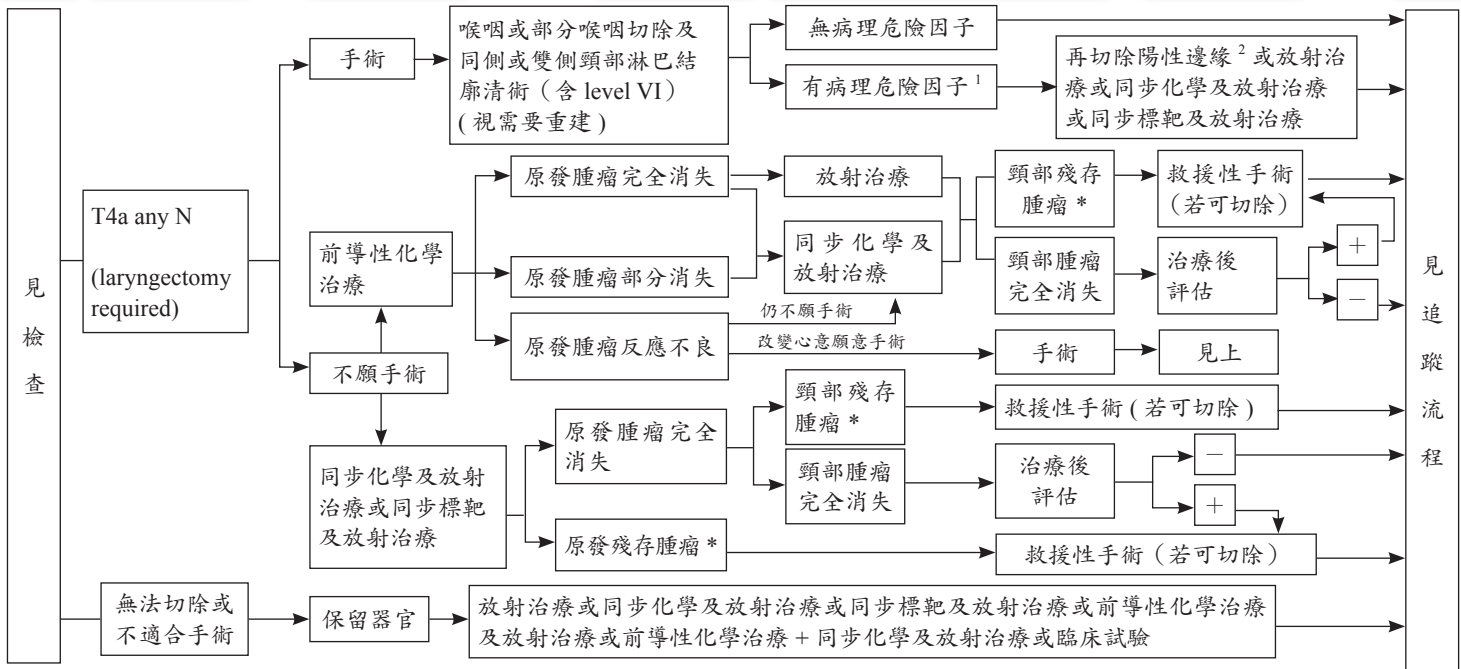
\* 病理 (為主) 或影像發現

## 《下咽癌診療指引共識 -2》



- LN  $\geq$  6cm 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, nodal disease in levels IV or V, perineural invasion, lymphatic invasion
- \* 2 consider re-resection to achieve negative margins for positive resection margins if feasible
- \* 病理 (為主) 或影像發現

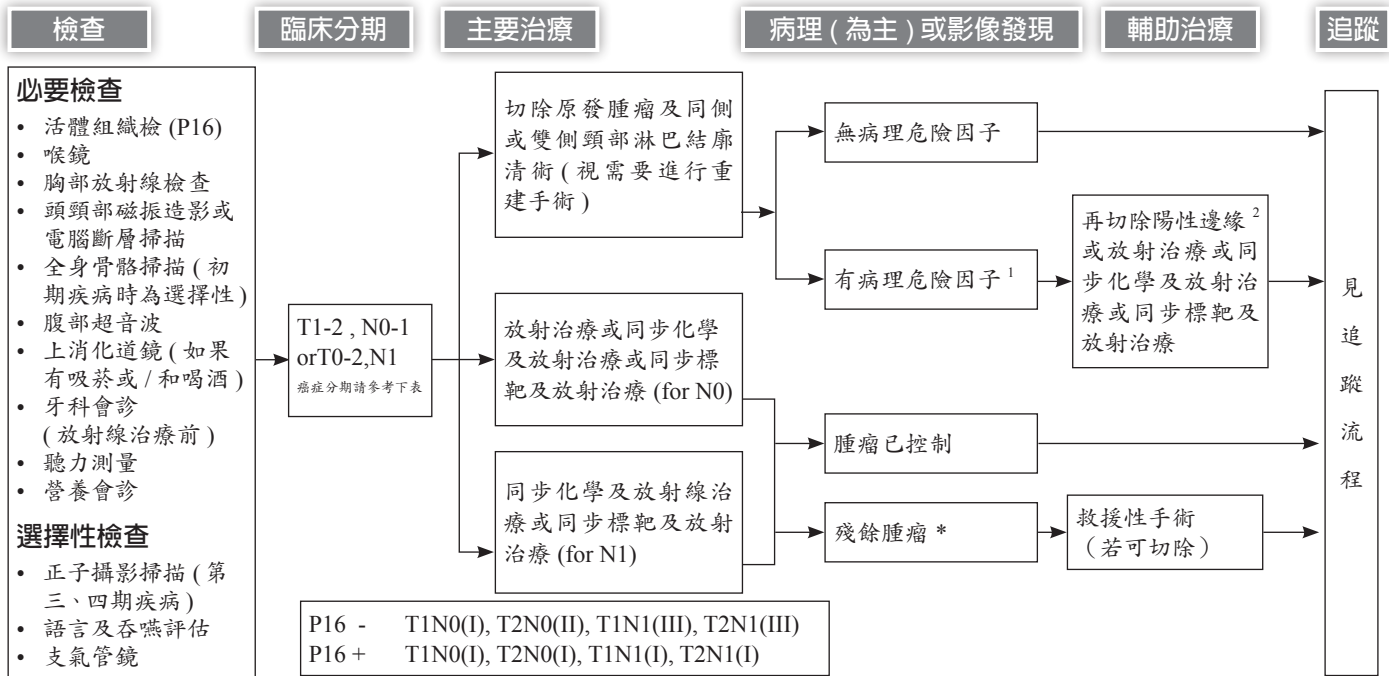
檢查      臨床分期      主要治療      初步治療      病理 (為主) 或影像發現      輔助治療      追蹤



• LN ≥ 6cm 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, nodal disease in levels IV or V, perineural invasion, lymphatic invasion  
 \* 2 consider re-resection to achieve negative margins for positive resection margins if feasible  
 \* 病理 (為主) 或影像發現



# 《口咽癌診療指引共識 -1》

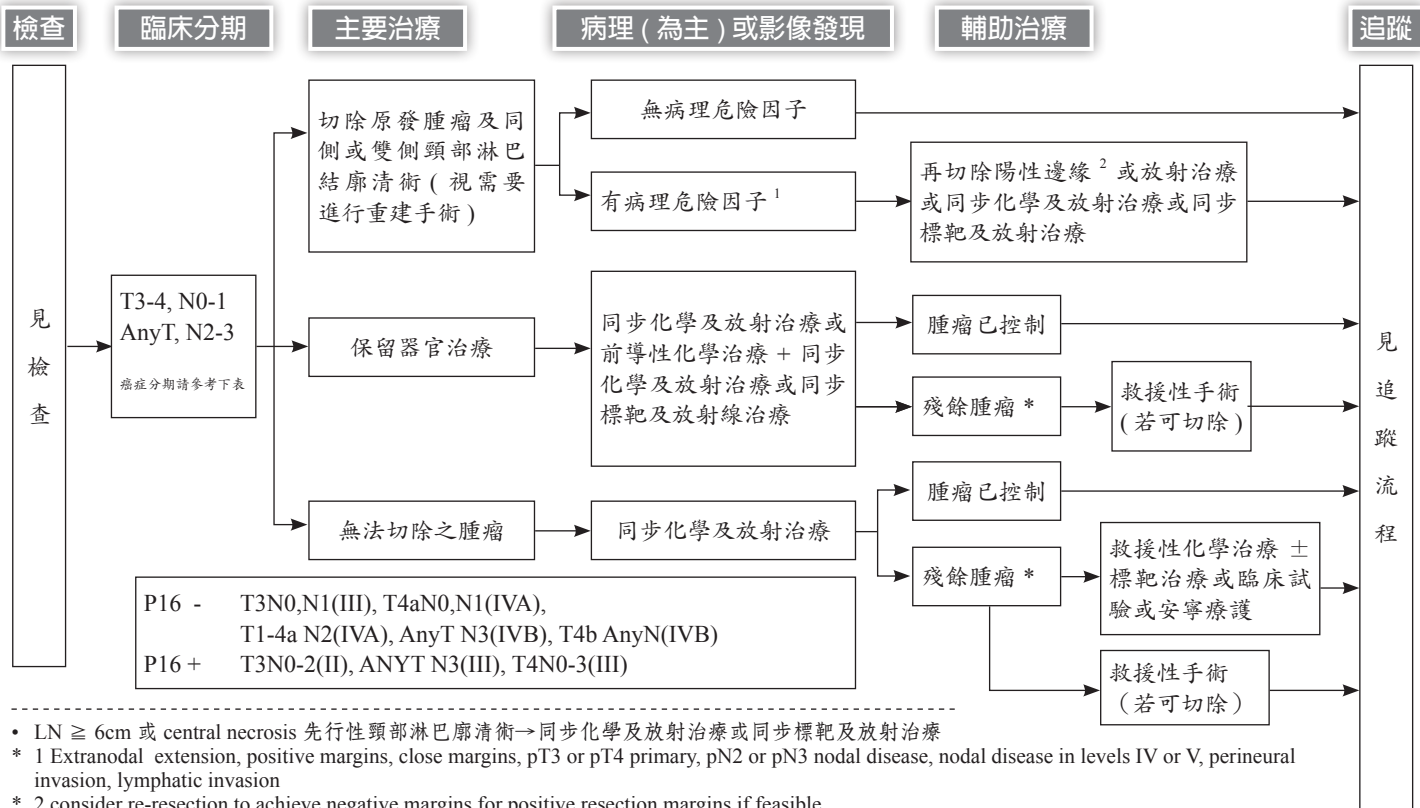


• LN ≥ 6cm 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療

\* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphatic invasion

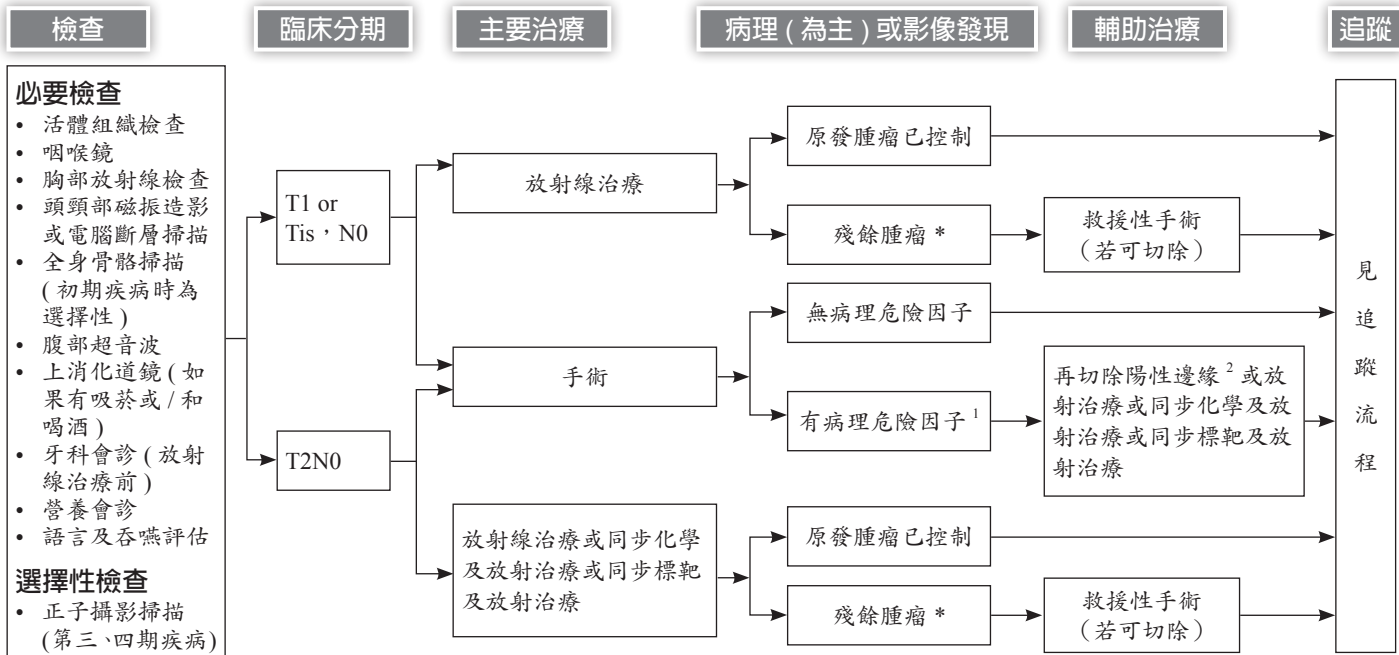
\* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

\* 病理 (為主) 或影像發現

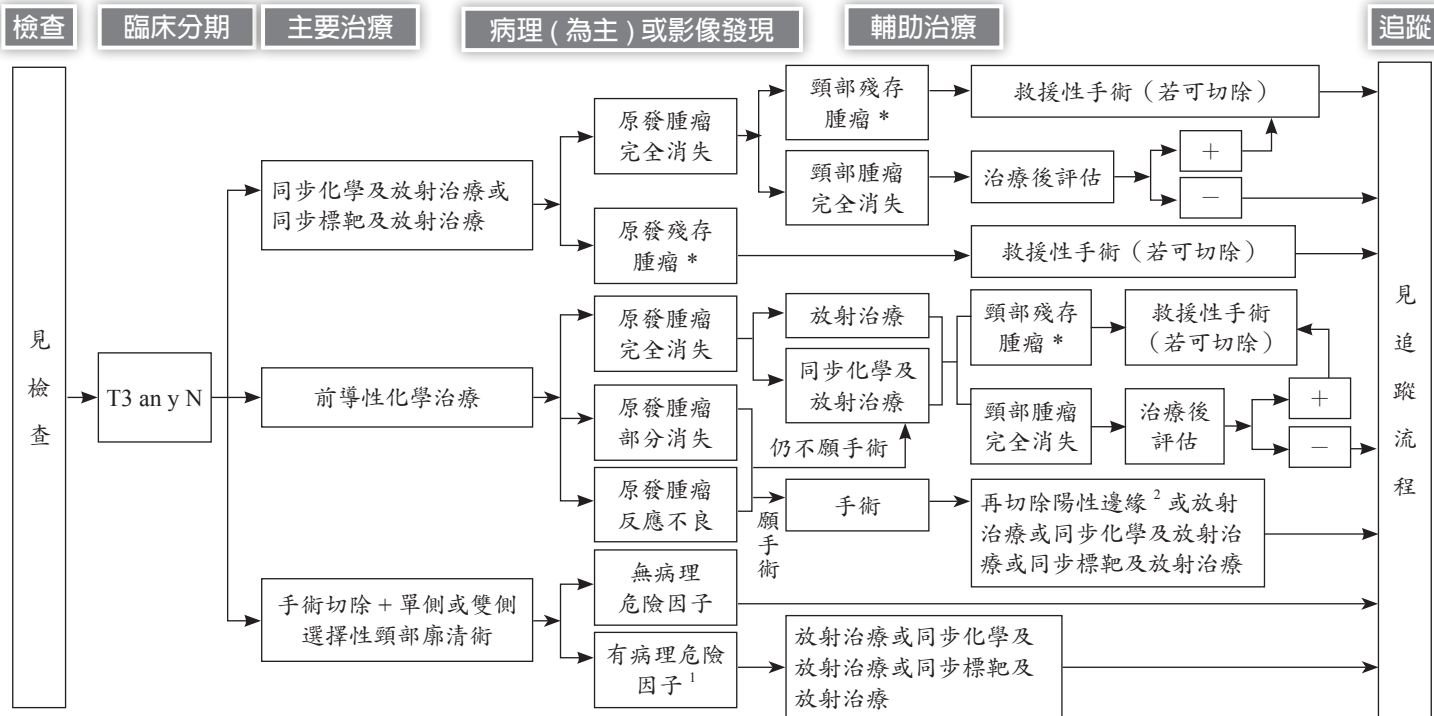


• LN ≥ 6cm 或 central necrosis 先行性頸部淋巴廓清術→同步化學及放射治療或同步標靶及放射治療  
 \* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphatic invasion  
 \* 2 consider re-resection to achieve negative margins for positive resection margins if feasible  
 \* 病理 (為主) 或影像發現

# 《喉癌診療指引共識 -1》



• LN ≥ 6cm 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, nodal disease in levels IV or V, perineural invasion, lymphatic invasion  
 \* 2 consider re-resection to achieve negative margins for positive resection margins if feasible  
 \* 病理 (為主) 或影像發現



• LN ≥ 6cm 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

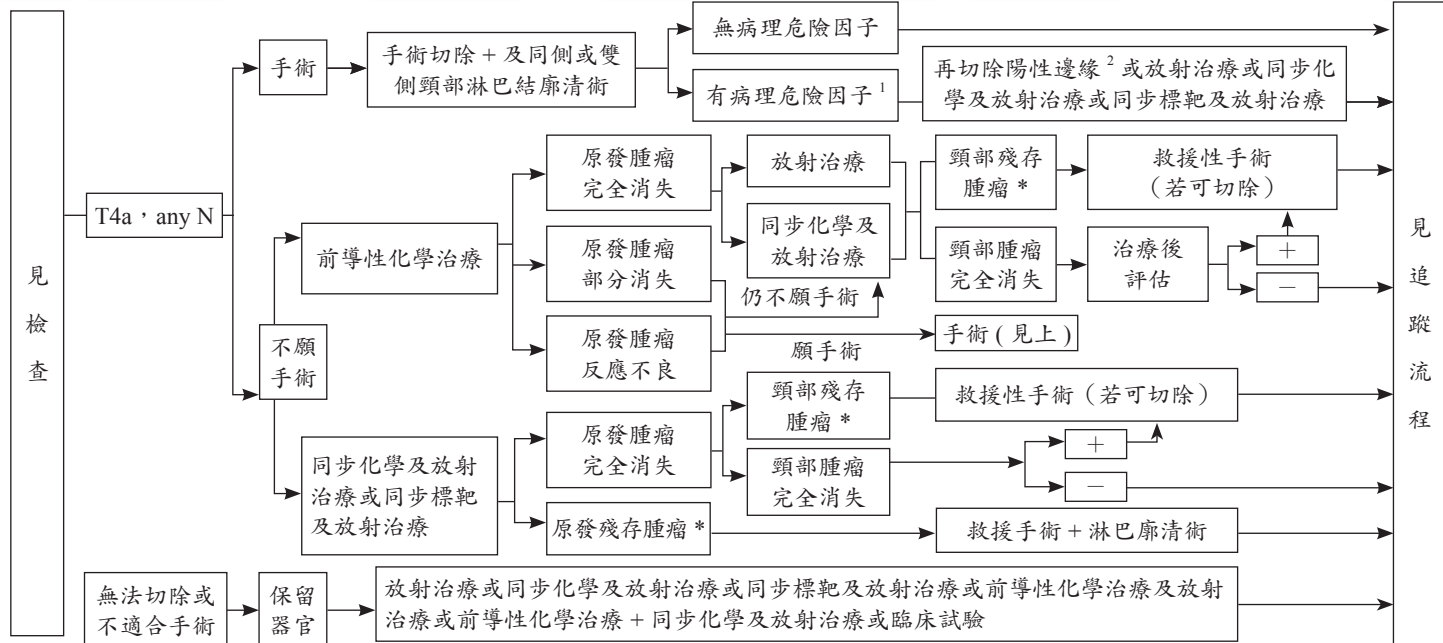
\* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphatic invasion

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

\* 病理 (為主) 或影像發現

# 《喉癌診療指引共識 -3》

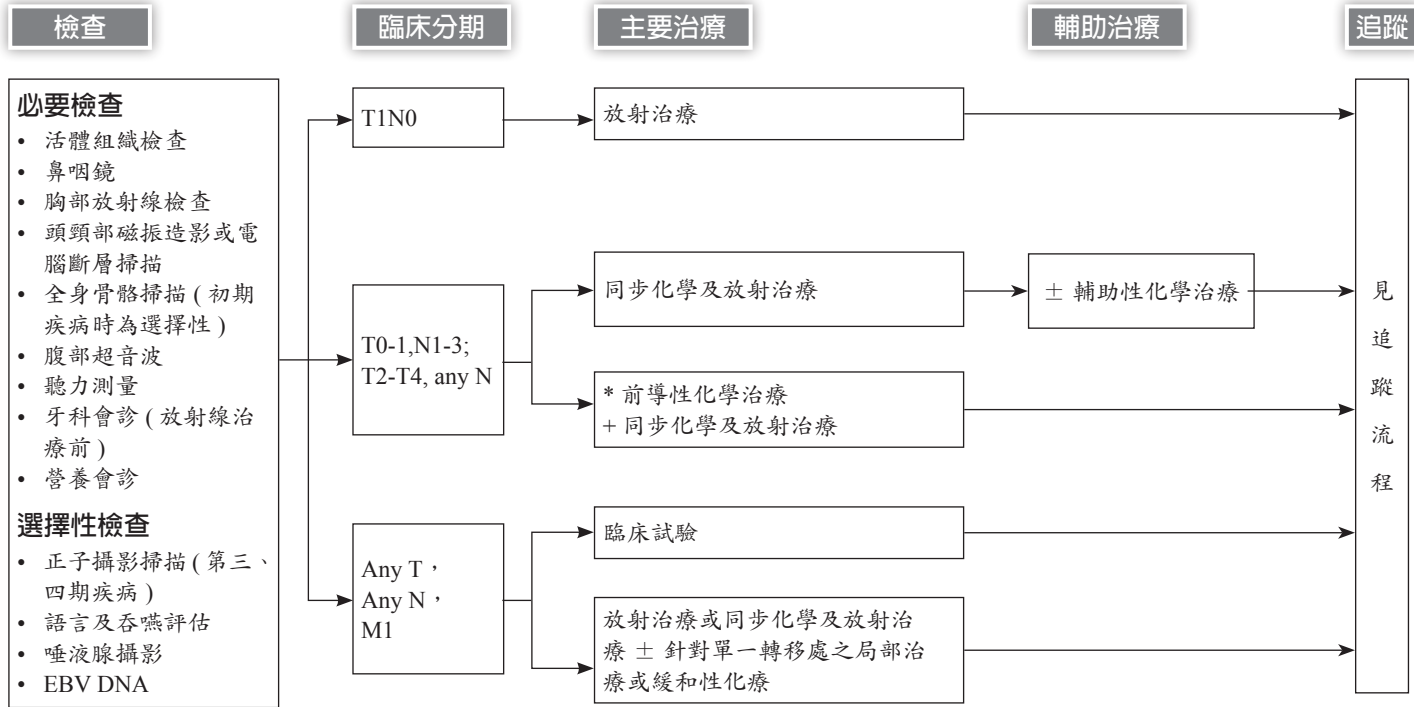
檢查 | 臨床分期 | 主要治療 | 病理 (為主) 或影像發現 | 輔助治療 | 追蹤



《喉癌診療指引共識 3》

癌症診療指引

• LN ≥ 6cm 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, nodal disease in levels IV or V, perineural invasion, lymphatic invasion  
 \* 2 consider re-resection to achieve negative margins for positive resection margins if feasible  
 \* 病理 (為主) 或影像發現



\* 僅 T4 or N3 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

### 頭頸部磁共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

### 正電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

## 《參考文獻》

1. Al-Sarrf M, LeBlanc M, Giri PG, et al. Chemotherapy versus radiotherapy in patients with advanced nasopharyngeal cancer : phase III randomized Intergroup study 0099. J Clin Oncol 1998; 16:1310-1317. Wee J, Tan EH, Tai BC, et al. Randomized trial of radiotherapy versus concurrent chemoradiotherapy followed by adjuvant chemotherapy in patients with American Joint Committee on Cancer/International Union against cancer stage III and IV nasopharyngeal cancer of the endemic variety. J Clin Oncol 2005; 23 : 6730-6738.
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5. Chan AT, Leung SF, Ngan RK, et al. Overall survival after concurrent cisplatin-radiotherapy compared with radiotherapy alone in locoregionally advanced nasopharyngeal carcinoma. J Natl Cancer Inst 2005; 97: 536-539.
6. Chan AT, Hsu M-M, Goh BC, et al. Multicenter, phase II study of cetuximab in combination with carboplatin in patients with recurrent or metastatic nasopharyngeal carcinoma. J Clin Oncol 2005; 23: 3568-3576.
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8. Hartford AC, Palosca MG, Eichler TJ, et al. American Society for Therapeutic Radiology and Oncology (ASTRO) and



American College of Radiology (ACR) Practice Guidelines for Intensity-Modulated Radiation Therapy (IMRT). Int J Radiat Oncol Biol Phys 2009; 73: 9-14.

9. NCCN Head and Neck Cancer Guidelines Version 3, 2021.

## 《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 <sup>2</sup>	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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cetuximab	400* → 250	1	QW	8	3

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Carboplatin	100	1	QW	8	8
Paclitaxel	45	1	QW	8	

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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/m<sup>2</sup>

### Postoperative Chemoradiation

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

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>  
#1<sup>st</sup> cycle before RT and continued cycles during RT

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

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>  
#1<sup>st</sup> cycle before RT and continued cycles during RT

**Induction/Sequential chemotherapy**

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	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 <sup>#</sup>	Q3W	3	

\*Continuous infusion for 24 h

<sup>#</sup>May extend to day 5 if tolerable

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

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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/m<sup>2</sup>

\*三院有個別版本

## 參考文獻

1. Forastiere AA, Zhang Q, Weber RS, et al. Long-term results of radiotherapyOG 91-11: a comparison of three nonsurgical treatment strategies to preserve the larynx in patients with locally advanced larynx cancer. *J Clin Oncol* 2013;31:845-852.
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5. Bourhis J, Sire C, Graff P, et al. Concomitant chemoradiotherapy versus acceleration of radiotherapy with or without concomitant chemotherapy in locally advanced head and neck carcinoma (GORTEC 99-02): an open-label phase 3 randomised trial. *Lancet Oncol* 2012;13:145-153.
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9. Beckmann GK, Hoppe F, Pfreundner L, et al. Hyperfractionated accelerated radiotherapy in combination with weekly



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## Recurrent, Unresectable, or Metastatic (incurable)

### First line

#### Combination therapy

藥品名	劑量 mg/m <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

#### Immunotherapy

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

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	6	2, 20
Cisplatin	75-100	1	Q3W	6	
Paclitaxel	175	1	Q3W	6	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	6	2, 20
Carboplatin	AUC 5	1	Q3W	6	
Paclitaxel	175	1	Q3W	6	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	6	2, 20
Cisplatin	100	1	Q3W	6	
Docetaxel	65	1	Q3W	6	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	6	2, 20
Carboplatin	AUC 5-6	1	Q3W	6	
Docetaxel	65	1	Q3W	6	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W		21
Cetuximab	400 → 250	1	QW		

#### Other combination therapy

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

\*1<sup>st</sup> dose 200 mg/m<sup>2</sup> then followed by 125 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> and 2<sup>nd</sup> dose 250 mg/m<sup>2</sup> QW then followed by 500 mg/m<sup>2</sup> Q2W

藥品名	劑量 mg/m <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> and 2<sup>nd</sup> dose 250 mg/m<sup>2</sup> QW then followed by 500 mg/m<sup>2</sup> Q2W

藥品名	劑量 mg/m <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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	

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

### Single agents

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



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

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

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

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

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	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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## 《鼻咽癌抗癌藥物治療指引》

### Nasopharynx Carcinoma

#### Chemoradiation followed by adjuvant chemotherapy

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

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	50	1	Q2W	6	11
UFUR	800 mg* PO	1-14	Q2W		
Leucovorin	60 mg PO	1-14	Q2W		

\*Or 300 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	200	1	Q3W		17
Followed by Capecitabine	650 PO BID			For 1 year	

## Reirradiation + Concurrent Systemic Therapy

### For patients with HF-IMRT

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3 before RT	15, 16
Gemcitabine	1000	1, 8	Q3W	3 before RT	
Followed by Cisplatin	40	1	QW	6 with RT	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 5	1	Q3W	3 before RT	15, 16
Gemcitabine	1000	1, 8	Q3W	3 before RT	
Followed by Cisplatin	40	1	QW	6 with RT	

**For patients with SF-IMRT**

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	100	1	Q3W	3 before RT	15, 16
5-Fu	1000	1-4	Q3W	3 before RT	
Followed by					
Cisplatin	40	1	QW	6 with RT	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 5	1	Q3W	3 before RT	15, 16
5-Fu	1000	1-4	Q3W	3 before RT	
Followed by					
Cisplatin	40	1	QW	6 with RT	

**Induction (Category 3)/Sequential chemotherapy**

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	80	1	Q3W	3	14
Gemcitabine	1000	1, 8	Q3W	3	

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Docetaxel	60	1	Q3W	3	12
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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	7 during RT	7

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Epirubicin	60-75	1	Q4W	3	8
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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	80	1	Q4W	3	9
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 <sup>2</sup>	給藥日	頻率	週期	參考文獻
Cisplatin	40	1	QW	7	10

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 2	1	QW	6 (Max 7)	13

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## Recurrent, Unresectable, or Metastatic (incurable)

### First line

#### Preferred Regimens

藥品名	劑量 mg/m <sup>2</sup>	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/m<sup>2</sup> in divided doses on 3 days

#### Other Recommended Regimens

##### Combination therapy

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

\*1<sup>st</sup> dose 400 mg/m<sup>2</sup> then followed by 250 mg/m<sup>2</sup>

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Gemcitabine	1000	1, 8	Q3W	Max 8	15
Carboplatin	AUC 5	1	Q3W		

### Cisplatin/Gemcitabine + PD-1 inhibitor

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Pembrolizumab	200	1	Q3W		16, 17
Cisplatin	80	1	Q3W	4-6	
Gemcitabine	1000	1, 8	Q3W	4-6	

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Nivolumab	240	1	Q3W		16, 17
Cisplatin	80	1	Q3W	4-6	
Gemcitabine	1000	1, 8	Q3W	4-6	

## Single agents

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

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

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

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
5-FU	1000	1	Q3W		7

藥品名	劑量 mg/m <sup>2</sup>	給藥日	頻率	週期	參考文獻
Methotrexate	40	1	QW		10, 11

藥品名	劑量 mg/m <sup>2</sup>	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 <sup>2</sup>	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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## 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。

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## 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：

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## 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
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## 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

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## 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
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