

肛門癌診療指引

大腸直腸癌醫療團隊修訂

2011 年 07 月制訂

2012 年 07 月修訂

2013 年 05 月修訂

2014 年 10 月修訂

2015 年 10 月修訂

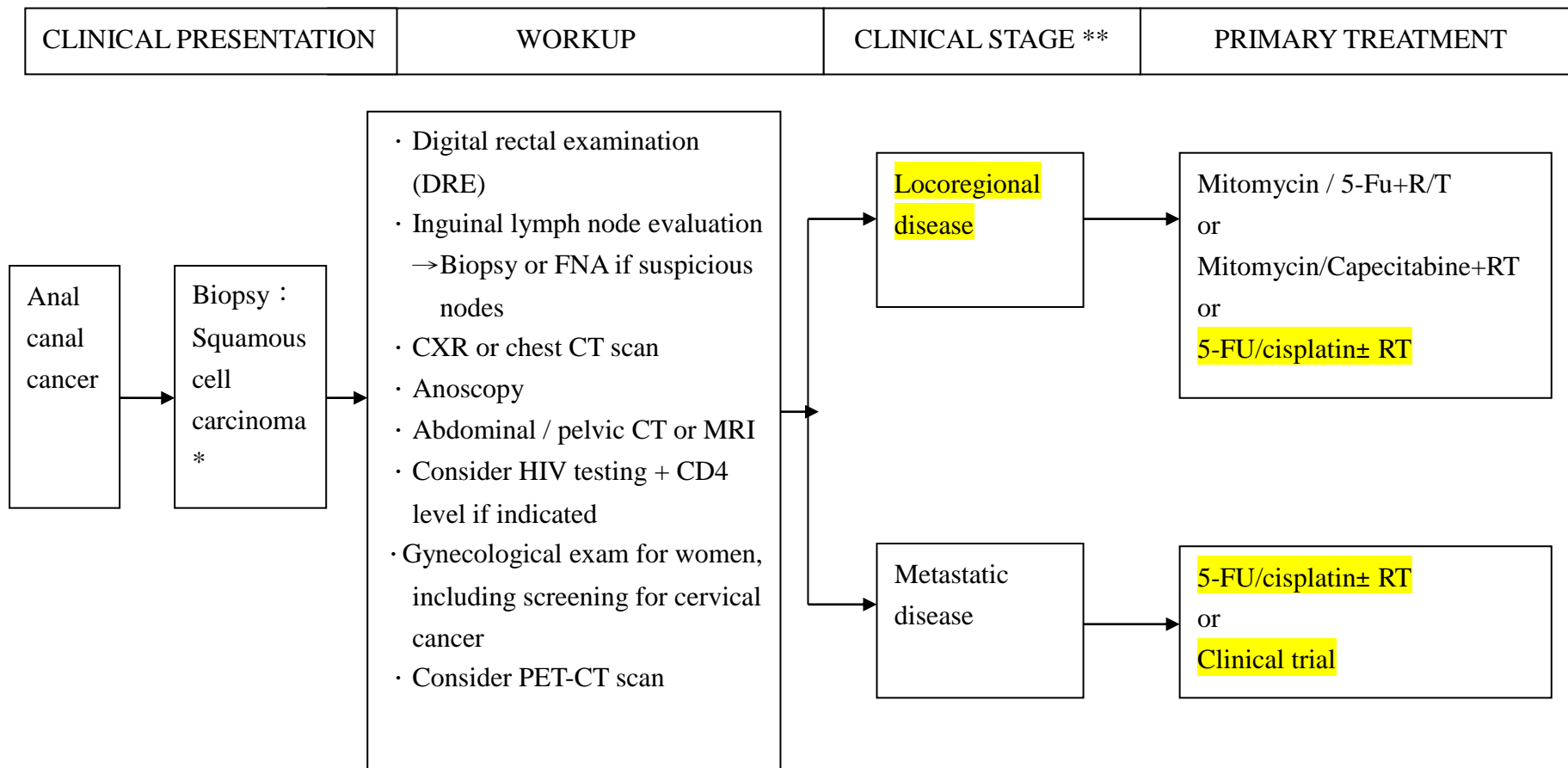
2016 年 12 月修訂

2017 年 06 月修訂



參考資料：

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) Anal Carcinoma version 1.2017
2. 全民健康保險局醫療給付標準:行政院衛生署一百零五年版
3. Physicians' Cancer Chemotherapy Drug Manual 2017





* Anal adenocarcinoma, see the Rectal Cancer Clinical Practice Guideline.

** Anal Squamous cell carcinoma 之分期依 7th AJCC staging.

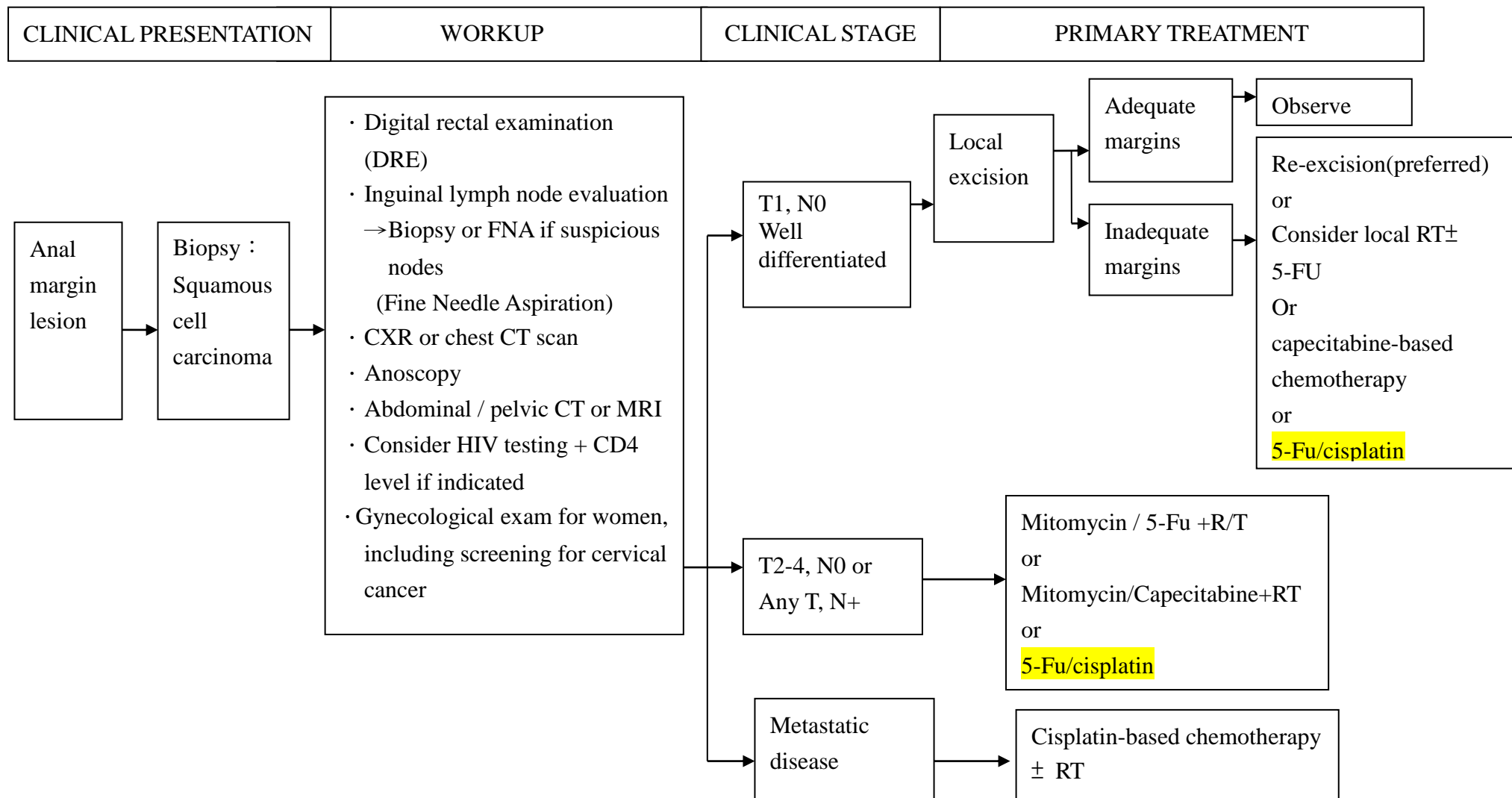
1. The superior border of the functional anal canal, separating it from the rectum, has been defined as the palpable upper border of the anal sphincter and puborectalis muscles of the anorectal ring. It is approximately 3 to 5 cm in length, and its inferior border starts at the anal verge, the lowermost edge of the sphincter muscles, corresponding to the introitus of the anal orifice.

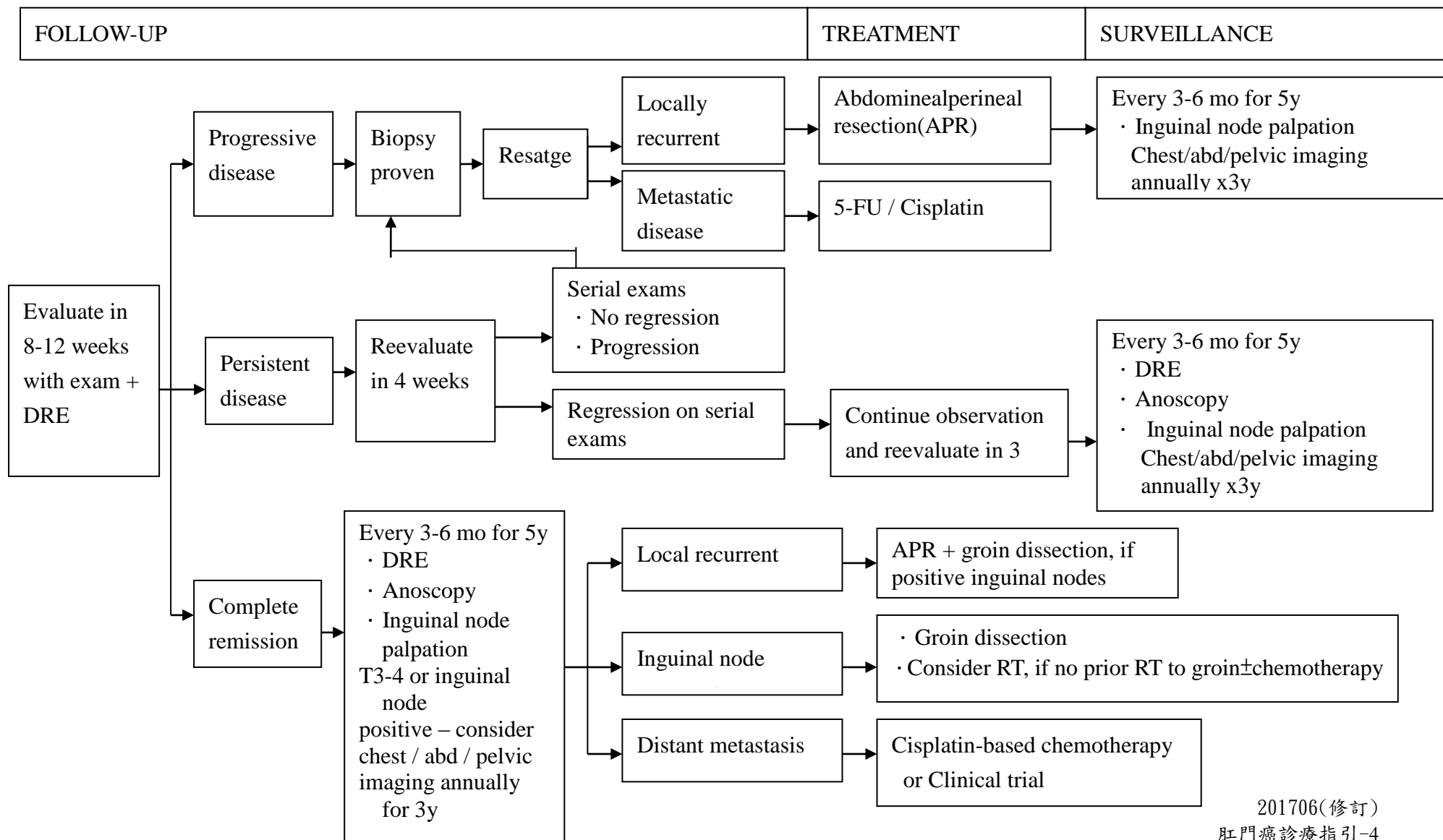
2. For melanoma histology, see the NCCN Guidelines for Melanoma; for adenocarcinoma, see the NCCN Guidelines for Rectal Cancer.

3. CT should be with IV and oral contrast. Pelvic MRI with contrast.

4. PET/CT scan does not replace a diagnostic CT.

5. Patients with anal cancer as the first manifestation of HIV may be treated with the same regimen as non-HIV patients. Patients with active HIV/AIDS-related complications or a history of complications (eg, malignancies, opportunistic infections) may not tolerate full-dose therapy or may not tolerate mitomycin and require dosage adjustment or treatment without mitomycin





PRINCIPLES OF CHEMOTHERAPY

Localized cancer

CCRT:

5-FU<5-FLUOROURACIL > + Mitomycin <MITOMYCIN-C> + RT^{1,2}

Continuous infusion 5-FU<5-FLUOROURACIL > 1000 mg/m²/d IV days 1-4 and 29-32

Mitomycin 10 mg/m² IV bolus days 1 and 29

Concurrent radiotherapy

Capecitabine + Mitomycin + RT^{3,4}

• Capecitabine 825 mg/m² PO BID, Monday–Friday,

on each day that RT is given, throughout the duration

of RT (typically 28 treatment days) Mitomycin 10 mg/m² days 1 and 29 Concurrent radiotherapy

• Capecitabine 825 mg/m² PO BID days 1–5 weekly x 6 weeks

Mitomycin 12 mg/m² IV bolus day 1

Concurrent radiotherapy

5-FU + Cisplatin⁵

Continuous infusion 5-FU 1000 mg/m²/d IV days 1–5 Cisplatin 100 mg/m² IV day 2

Repeat every 4 weeks

Concurrent radiotherapy

Metastatic cancer

5-FU<5-FLUOROURACIL > + ABIPLATIN < Cisplatin>²

Continuous infusion 5-FU<FLUOROURACIL > 1000mg/m²/d IV days 1-5

Cisplatin <ABIPLATIN> 100mg/m²IV day 2

Repeat every 4 weeks

Reference:

1. Ajani JA, Winter KA, Gunderson LL, et al. Fluorouracil, mitomycin, and radiotherapy vs fluorouracil, cisplatin, and radiotherapy for carcinoma of anal canal: a randomized controlled trial. JAMA 2008; 299: 1914-1921. Copyright © (2008) American Medical Association. All rights reserved.
2. Faivre C, Rrugier P, Ducreux M, et al. 5-fluorouracil and cisplatin combination chemotherapy for metastatic squamous-cell anal cancer. Bull cancer 1999; 86: 861-5.
3. Goodman KA, Rothenstein D, Cambridge L, et al. Capecitabine plus mitomycin in patients undergoing definitive chemoradiation for anal squamous cell carcinoma. Int J Radiat Oncol Biol Phys 2014 (in press).
4. Thind G, Johal B, Follwell M, & Kennecke HF. Chemoradiation with capecitabine and mitomycin-C for stage I-III anal squamous cell carcinoma. Radiation Oncology 2014;9:124.
5. Faivre C, Rougier P, Ducreux M, et al. 5-fluorouracil and cisplatin combination chemotherapy for metastatic squamous-cell anal cancer. Bull Cancer 1999;86:861-5.

STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ (Bowen's disease, High-grade Squamous Intraepithelial Lesion (HSIL), Anal Intraepithelial Neoplasia II-III (AIN II-III))
T1	Tumor 2 cm or less in greatest dimension
T2	Tumor more than 2 cm but not more than 5 cm in greatest dimension
T3	Tumor more than 5 cm in greatest dimension
T4	Tumor of any size invades adjacent organ(s), e.g., vagina, urethra, bladder*
*Direct invasion of the rectal wall, perirectal skin, subcutaneous tissue, or the sphincter muscle(s) is not classified as T4.	
REGIONAL LYMPH NODES (N)	
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in perirectal lymph node(s)
N2	Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
N3	Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes
DISTANT METASTASIS (M)	
M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)
M1	Distant metastasis

ANATOMIC STAGE . PROGNOSTIC GROUPS			
GROUP	T	N	M
0	Tis	N0	M0
I	T1	N0	M0
II	T2	N0	M0
	T3	N0	M0
IIIA	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
	T4	N0	M0
IIIB	T4	N1	M0
	AnyT	N2	M0
	AnyT	N3	M0
IV	AnyT	AnyN	M1
Stage unknown			