

食道癌診療指引

胸腔腫瘤暨食道癌多專科團隊

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參考資料：NCCN Guidelines Version

Esophageal and Esophagogastric Junction Cancers V1.2017

全民健康保險藥品給付規定行政院衛生署一百零六年版

Table of Contents

一、 Guidelines.....	1
二、 Chemotherapy Regimens.....	12
三、 Principles of Radiation Therapy.....	16
四、 AJCC Cancer Staging Manual 8 th (2018).....	20

WORKUP

檢查

- **H&P** 病史及身體評估
- **Upper GI endoscopy and biopsy** 上消化鏡檢查及切片
- **Chest/abdominal CT with oral and IV contrast**
胸部/腹部 電腦斷層 如無遠處轉移可考慮正子攝影
- **PET-CT evaluation if no evidence of M1 disease**
- **CBC and comprehensive chemistry profile** 血液檢查
- **Endoscopic ultrasound (EUS), if no evidence of M1 disease** 內視鏡超音波
- **Bronchoscopy, if tumor is at or above the carina with no evidence of M1 disease** 支氣管鏡檢
(如果腫瘤位於氣管分岔處以上)
- **Nutritional assessment and counseling** 營養諮詢
- **Smoking cessation advice, counseling, and pharmacotherapy as indicated** 建議戒菸
- **Screen for family history** 檢視家族病史

CLINICAL STAGE^g

臨床期別

Stage I-III^{g,h}
(locoregional disease)

無遠處轉移

Stage IV^g
(metastatic disease)

有遠處轉移

HISTOLOGIC CLASSIFICATION^c

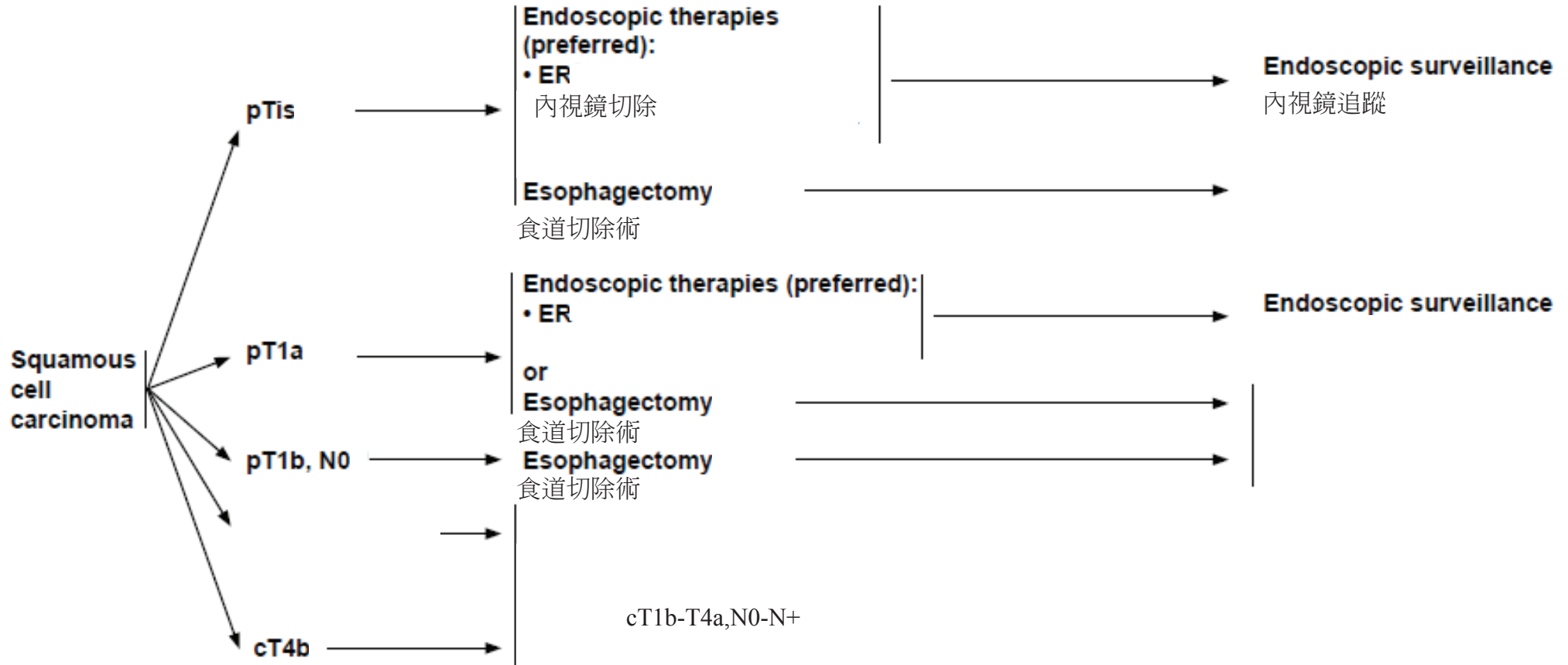
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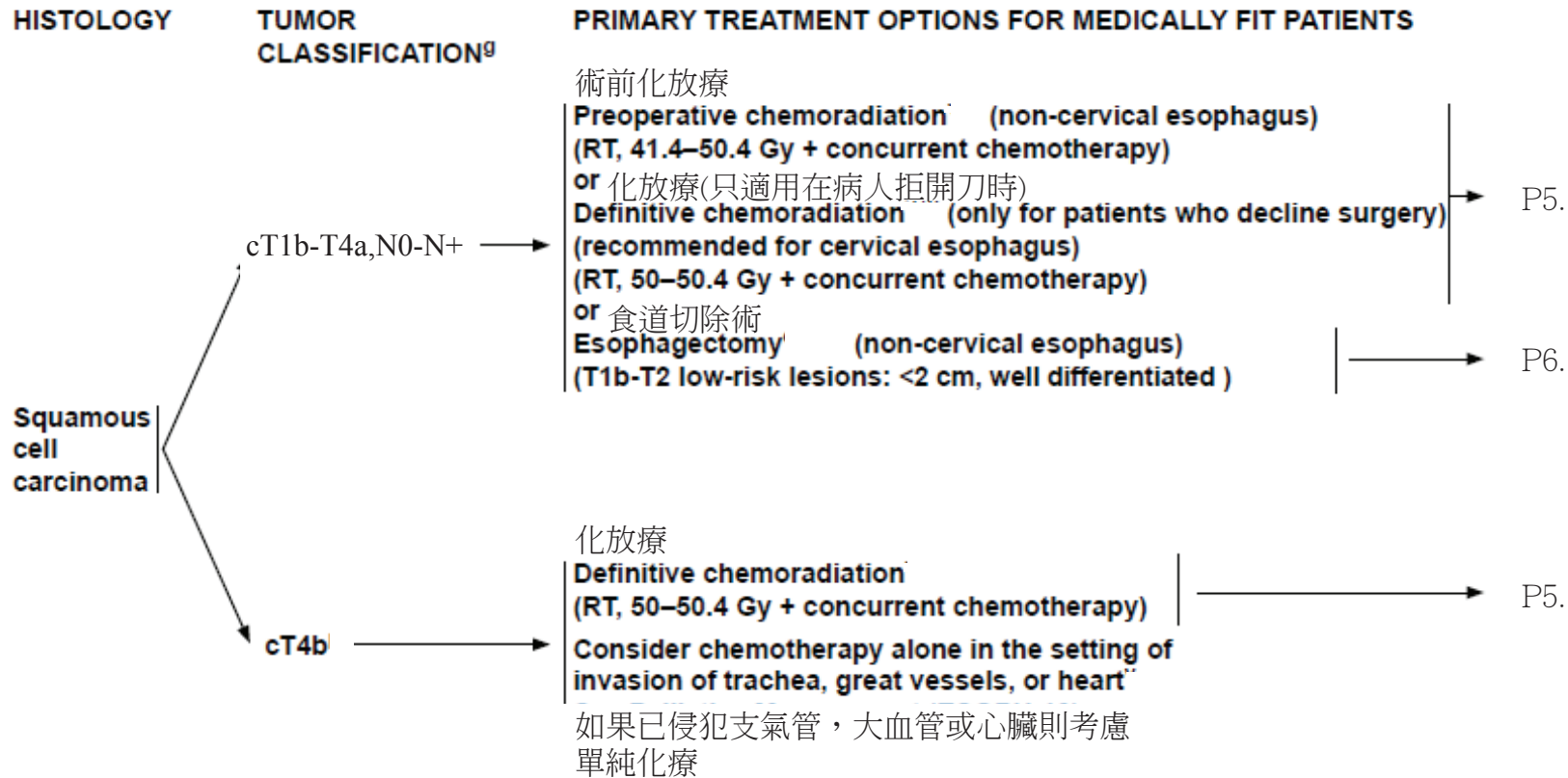
→ P2.

ps 正子攝影轉介新光或榮總



PRIMARY TREATMENT OPTIONS FOR MEDICALLY FIT PATIENTS





PRIMARY TREATMENT FOR MEDICALLY FIT PATIENTS WITH SQUAMOUS CELL CARCINOMA

RESPONSE ASSESSMENT

OUTCOME

ADDITIONAL MANAGEMENT

Preoperative chemoradiation
術前化放療

- CT scan with contrast
電腦斷層
- PET/CT or PET 正子攝影
- Upper GI endoscopy and biopsy
(optional if surgery is planned)
上消化道內視鏡檢及切片
(已計畫開刀者可選擇)

No evidence of disease^z
無殘餘疾病

Persistent local disease
持續局部病灶

Unresectable or Metastatic disease
不可切除或遠端轉移

Esophagectomy or 食道切除
Surveillance 持續追蹤

Esophagectomy (preferred) 食道切除 or Palliative Management ->p10.
緩和醫療

Palliative Management ->p10.
緩和醫療

Definitive chemoradiation
治癒性化放療

- CT scan with contrast
電腦斷層
- PET/CT or PET 正子攝影
- Upper GI endoscopy and biopsy
上消化道內視鏡檢及切片

No evidence of disease^z
無殘餘疾病

Persistent local disease
持續局部病灶

New metastatic disease
不可切除或遠端轉移

Surveillance 持續追蹤

Esophagectomy or 食道切除

Palliative Management ->p10.
緩和醫療

P7.

P9.

P7.

P9.

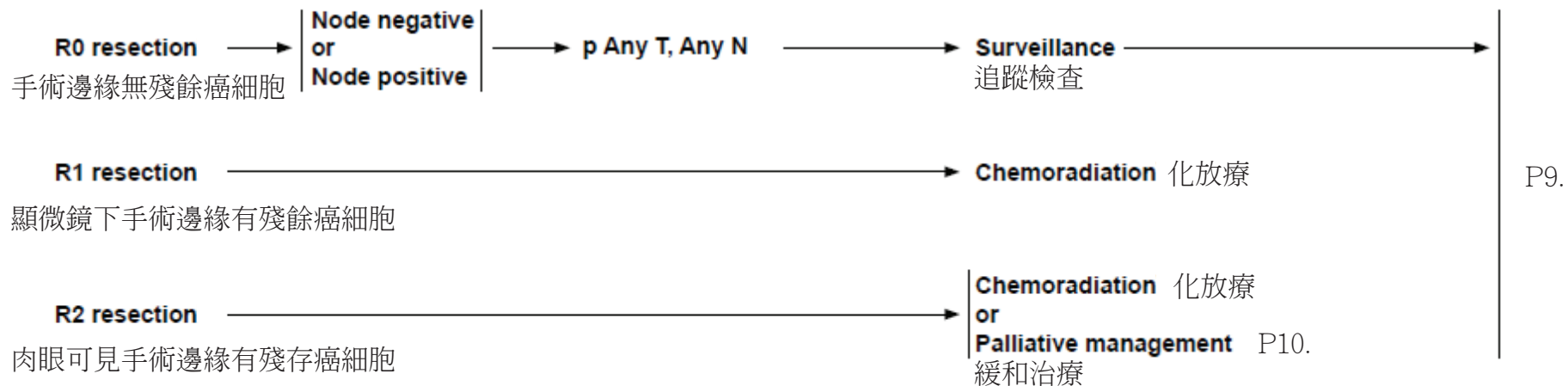
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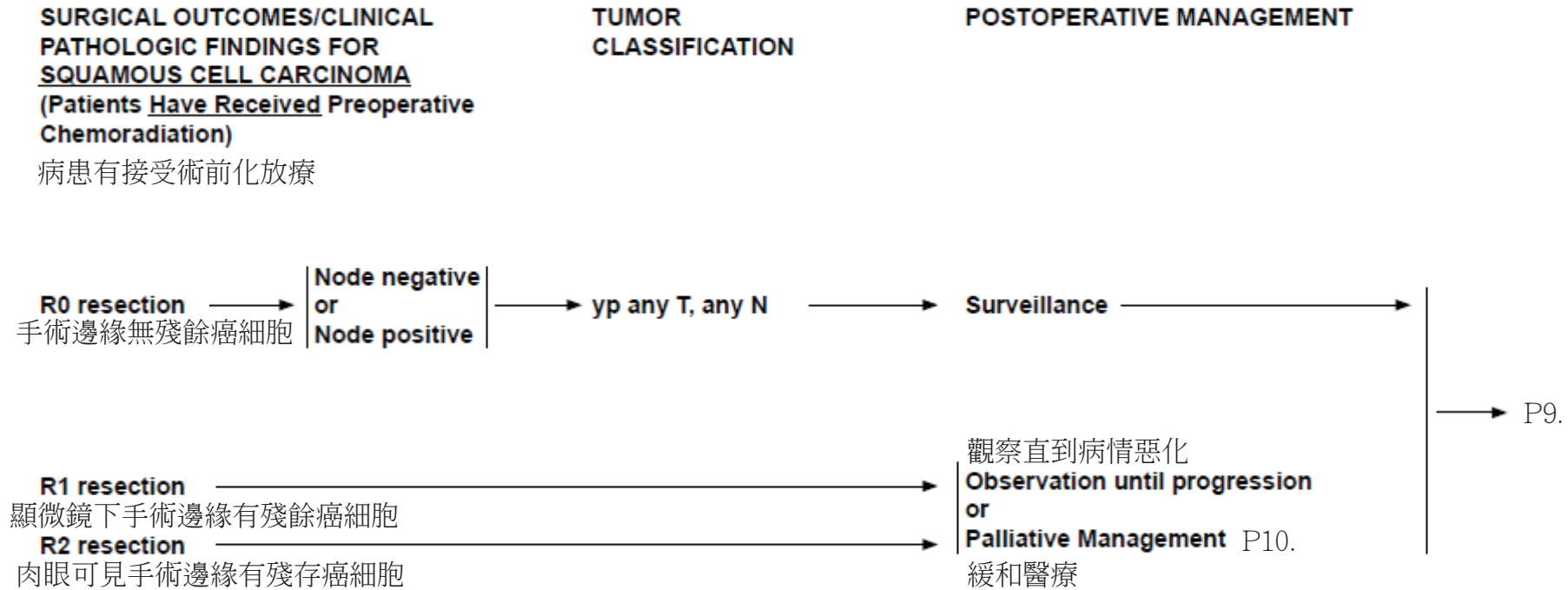
SURGICAL OUTCOMES/CLINICAL PATHOLOGIC FINDINGS FOR SQUAMOUS CELL CARCINOMA (Patients Have Not Received Preoperative Chemoradiation)

TUMOR CLASSIFICATION⁹

POSTOPERATIVE MANAGEMENT

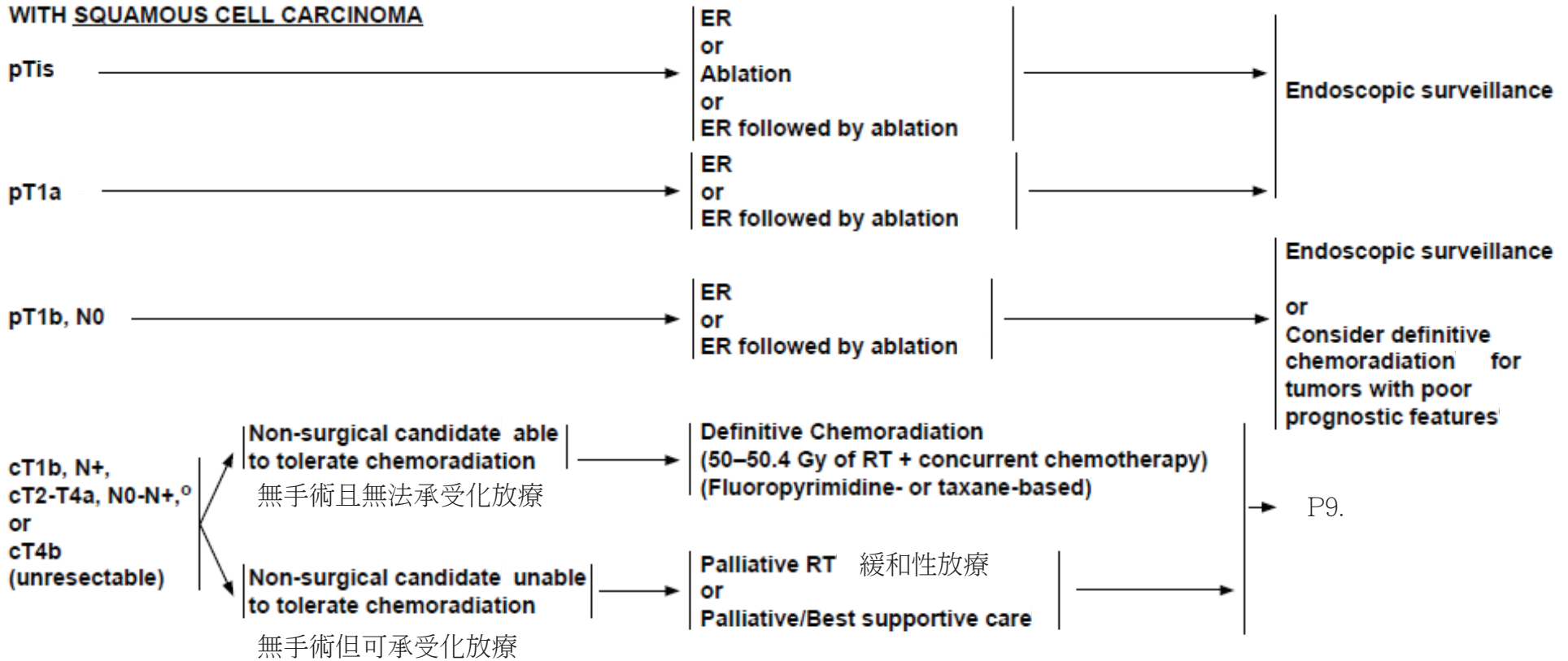
病患未接受術前化放療





TUMOR CLASSIFICATION⁹ FOR PATIENTS WITH SQUAMOUS CELL CARCINOMA

MANAGEMENT OF NON-SURGICAL CANDIDATES¹



FOLLOW-UP/SURVEILLANCE FOR SQUAMOUS CELL CARCINOMA^{ee}

RECURRENCE

PALLIATIVE MANAGEMENT

- **H&P** 病史及身體評估
無症狀每3~6月做檢查共兩年
每6~12月做檢查，第三到五年
之後每年做檢查
- **Chemistry profile and CBC**,
生化及血液檢查
- **Imaging studies** 影像檢查
- **Upper GI endoscopy and biopsy** 上消化道鏡檢+切片
- **Dilatation for anastomotic stenosis**
若吻合處狹窄可考慮擴張術
- **Nutritional assessment and counseling**
營養諮詢

Locoregional recurrence: Prior esophagectomy, no prior chemoradiation
局部復發
先前手術治療過未行過化放療

Locoregional recurrence (Prior chemoradiation, no prior esophagectomy)
局部復發
先前化放療過未手術

Metastatic disease
已轉移

Resectable and medically operable
可切除

Unresectable or medically inoperable
不可切除

Concurrent chemoradiation
同步化放療
or
Surgery 手術
or
Chemotherapy 化療
or
Palliative/ Best supportive care
緩和或支持療法

Esophagectomy
食道切除術

P10.

→ **Recurrence** → P10.
復發

→ **Recurrence** → P10.
復發

**FOR SQUAMOUS CELL
CARCINOMA**

PERFORMANCE STATUS

PALLIATIVE MANAGEMENT

**Unresectable locally advanced,
Locally recurrent or
Metastatic disease**
無法切除
局部復發或遠端轉移

Karnofsky performance score $\geq 60\%$
or
ECOG performance score ≤ 2

**Systemic therapy 藥物治療
and/or
Palliative/Best supportive care**
緩和或支持療法

Karnofsky performance score $< 60\%$
or
ECOG performance score ≥ 3

Palliative/Best supportive care
緩和或支持療法

Karnofsky*	Scales	Zubrod-ECOG-WHO**
Normal, no complaints (常沒有任何抱怨, 確定沒有疾病)	100	0 Normal activity fully ambulatory (無症狀)
Able to carry on normal activities, Minor signs or symptoms of disease (可以正常活動, 有一些疾病症狀)	90	1 Symptoms, but nearly fully ambulatory (有症狀, 完全步行, 但對生活無影響)
Normal activity with effort (可以稍微正常活動, 已經有一些疾病的症狀)	80	
Cares for self. Unable to carry on normal activity or to do active work (需要自己照顧, 無法從事正常活動)	70	2 Some bed time, but needs to be in bed less than 50% of normal daytime (躺在床上的時間<50%) ≤2分才能接受針劑化學治療
Requires occasional assistance, but able to care for most of his needs (有時需要別人幫助, 能照顧患者大部分的需要)	60	
Requires considerable assistance, and frequent medical care(需 要考慮別人幫助, 經常給予醫療照顧)	50	3 Needs to be in bed more than 50% of normal daytime (躺在床上的時間>50%)
Disabled. Requires special care and assistance (傷殘, 需要特別照顧及幫助)	40	
Severely disabled. Hospitalization indicated though death not imminent (嚴重傷殘, 尚未有死亡的危險)	30	4 Unable to get out of bed (長期完全臥床)
Very sick. Hospitalization Necessary. Active supportive Treatment necessary (病情嚴重, 尚未有死亡的危險)	20	
Moribund (病況緊急, 很快有死亡的危險)	10	
Dead	0	5 Dead

<http://www2.cch.org.tw/lungcancer/QOL.htm> (何明霖醫師)

* From D.A. Karnofsky, J.H. Burchenal: The clinical evaluation of chemotherapeutic agents. In: Evaluation of chemotherapeutic Agents, ed. by Mcleod, Columbia University Press, New York, 1949, 191-205.

** From A.B. Miller, B. Hoogstraten, M. Staquet, A. Winkler: Reporting Results of Cancer Treatment, Cancer 1981, 147: 207.

Chemotherapy Regimens

Preoperative chemoradiation

- **Cisplatin and Fluorouracil (常用處方)**
Cisplatin 75-100 mg/m²IV on Days 1 and 29
5-FU 750-1000 mg/m²IV continuous infusion
over 24 hours daily on Days 1-4 and 29-32 35-Day cycle

- **Paclitaxel and cisplatin (可選擇但要自費)**
Paclitaxel 50 mg/m²IV on Day 1
Cisplatin 30mg/m² IV on Day 1

註記：腎功能不佳CCr<60或曾做單側或以上腎切除之惡性腫瘤患者可使用Carboplatin

Definitive Chemoradiation

- **Cisplatin and Fluorouracil (常用處方)**
Cisplatin 75-100 mg/m²IV on Day 1
Fluorouracil 750-1000 mg/m²IV continuous infusion over 24 hours daily on Days 1-4
Cycled every 28 days for 2-4 cycles for 2 cycles with radiation followed by 2 cycles without radiation
- **Cisplatin 30 mg/m²IV on Day 1 (可選擇但要自費)**
Capecitabine 800 mg/m²PO BID on Days 1-5
Weekly for 5 weeks
- **Paclitaxel and cisplatin (可選擇但要自費)**
Paclitaxel 50 mg/m²IV on Day1
Cisplatin 30 mg/m²IV on Day1
weekly for five weeks

FIRST-LINE THERAPY

Fluoropyrimidine and cisplatin

Cisplatin 75-100 mg/m² IV on Day 1

Fluororacil 750-1000 mg/m² IV continuous

Infusion over 24 hours daily on Days 1-4

Cycled every 28 days

Oxalipatin 85 mg/m² IV on Day 1 (自費)

Leucovorin 400 mg/m² IV on Day 1

Fluorouracil 400 mg/m² IV 15mins on Day 1

Fluorouracil 1200 mg/m² IV continuous infusion over 24 hours on Day 1

Cycled every 14 days

DCF

Docetaxel 75 mg/m² IV on Day 1 (自費)

Carboplatin AUC 6 IV on Day 2 (自費)

Fluorouracil 1200 mg/m² IV continuous infusion over 24 hours daily on Days 1-3

Cycled every 21 days

Paclitaxel 90 mg/m² IV on Day 1 (自費)

Cisplatin 50 mg/m² IV on Day 1

Cycled every 14 days

Fluorouracil and irinotecan (自費)

Irinotecan 180 mg/m² IV on Day 1

Leucovorin 400 mg/m² IV on Day 1

Fluorouracil 400 mg/m² IV 10mins on Day 1

Fluorouracil 1200 mg/m² IV continuous infuseon over 24 hours daily on Days 1 and 2

Cycled every 14 days (only for adenocarcinoma)

ECF

Epirubicin 50 mg/m² IV on Day 1

Cisplatin 60 mg/m² IV on Day 1

Fluorouracil 1200 mg/m² IV continuous infusion over 24 hours daily

on Days 1-4Cycled every 21 days

食道癌放射治療線治療

放射治療的適應症：

- (一) 第 II-III 期並可進行根治手術者：手術前進行新輔助合併化學放射治療 (neoadjuvant CCRT)，或在手術後進行輔助性合併化學放射治療 (adjuvant CCRT)。
- (二) 第 I-III 期無法進行根治手術者：合併化學放射治療(CCRT)或單純治癒性放射治療(definitive curative radiotherapy alone)(拒絕或不適化療者)
- (三) 第 IV 期：針對轉移部位(如骨骼、腦等部位)或原發部位施行緩解性放射治療

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PRIMARY TUMOR (T)	
TX	無法發現腫瘤之存在。
T0	沒有原發腫瘤存在。
Tis	原位癌
T1	腫瘤侵犯到固有層，黏膜肌肉層或黏膜下層
T1a	腫瘤侵犯到固有層，黏膜肌肉層
T1b	腫瘤侵犯到黏膜下層
T2	腫瘤侵犯到固有肌肉層
T3	腫瘤侵犯到外膜
T4	腫瘤侵犯到鄰近器官
T4a	腫瘤侵犯到肺，心包，橫隔膜但可切除
T4b	腫瘤侵犯到其他器官但不可切除（如動脈，椎體，支氣管）

REGIONAL LYMPH NODES (N)	
NX	無法判斷是否有局部淋巴結轉移
N0	無局部淋巴結的轉移
N1	1-2 顆局部淋巴結的轉移
N2	3-6 顆局部淋巴結的轉移
N3	大於 7 顆局部淋巴結的轉移

DISTANT METASTASIS (M)	
M0	無遠處轉移
M1	有遠處轉移

ANATOMIC STAGE • PROGNOSTIC GROUPS					
Squamous Cell Carcinoma					
GROUP	T	N	M	Grade	Tumor Location**
0	Tis(HGD)	N0	M0	N/A	Any
IA	T1a	N0	M0	1,X	Any
IB	T1a	N0	M0	2-3	Any
	T2-3	N0	M0	1-3,X	Any
IIA	T2-3	N0	M0	1,X	Upper,middle
	T2-3	N0	M0	2-3	Lower,X
IIB	T3	N0	M0	2-3,X	Upper,middle
	T1	N1	M0	Any	e Any ,X
IIIA	T1	N2	M0	Any	Any
	T2	N1	M0	Any	Any
IIIB	T2	N2	M0	Any	Any
	T3	N1-2	M0	Any	Any
	T4a	N0-1	M0	Any	Any
IVA	T4a	N2	M0	Any	Any
	A4b	N0-2	M0	Any	Any
	AnyT	N3	M0	Any	Any
IVB	AnyT	AnyN	M1	Any	Any