

肺癌診療指引

胸腔腫瘤暨食道癌多專科團隊

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參考資料：

Non-small Cell Lung Cancer NCCN Guidelines V9.2017

Small Cell Lung Cancer NCCN Guidelines V1.2018

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Physicians' Cancer Chemotherapy Drug Manual 2010

Table of Contents

| | | |
|----|---|----|
| 一、 | Small Cell Lung Cancer Guidelines | 1 |
| 二、 | Non-Small Cell Lung Cancer Guidelines | 6 |
| 三、 | Chemotherapy Regimens | 22 |
| 四、 | Principles of Radiation Therapy | 33 |
| 五、 | AJCC Cancer Staging Manual 8th(2018) | 37 |
| 六、 | 健保給付規範..... | 40 |

Non Small Cell Lung Cancer

Surgical exploration and resection + mediastinal lymph node dissection or systematic lymph node sampling

| Stage IA | | Stage IB | Stage IIA | | Stage IIA | Stage IIB | Stage IIIA | |
|------------------|------------------------------------|------------------|---|--|------------------|---|-----------------------------|-------------------------------------|
| T1ab, N0 | | T2a, N0 | T2b, N0 | | T1ab-T2a, N1 | T3, N0; T2b, N1 | T1-3, N2; T3 [>7 cm], N1 | |
| Margins(-) R0 | Margins(+) R1.R2 | Margins(-) R0 | Margins(+) R1.R2 | | Margins(-) R0 | Margins(+) R1.R2 | Margins(-) R0 | Margins(+) R1.R2 or nodal ECE |
| Observe | Reresection(preferred) or RT | Observe | Reresection(preferred) + C/T or C/T ±RT (C/T for stage IIA) | | C/T | Reresection + C/T or CCRT +C/T | C/T or RT(N2 only) | CCRT |

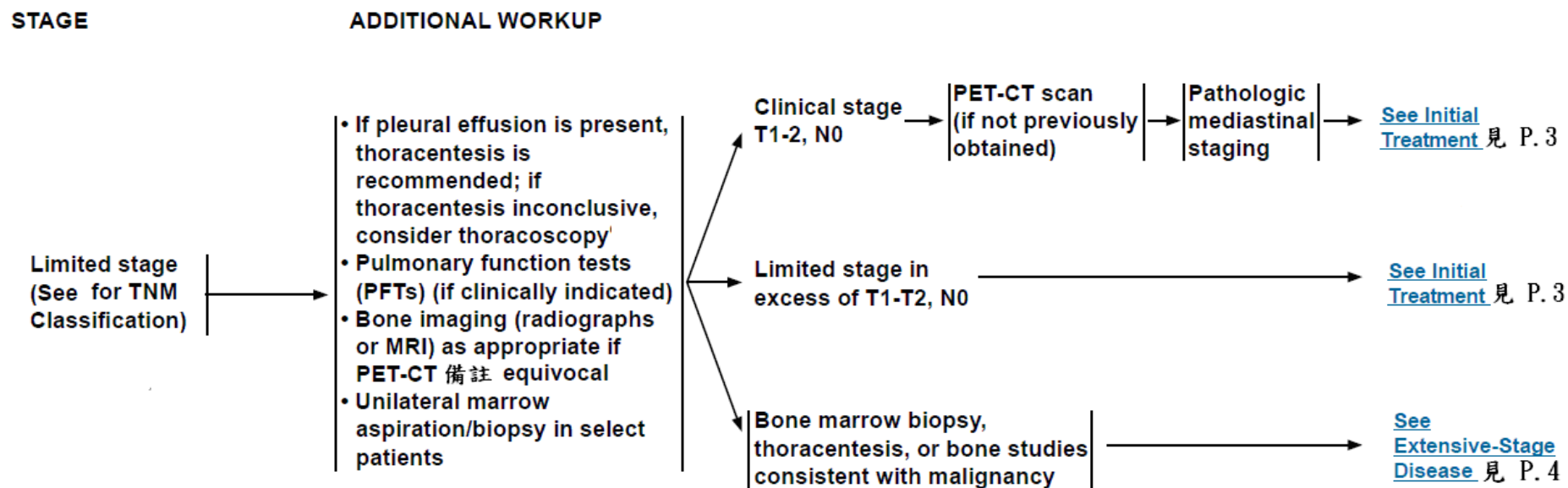
Initial Evaluation

- H&P
- Pathology review
- CBC with differential, platelets
- Electrolytes, liver function tests (LFTs), Ca, LDH
- BUN, creatinine
- Chest/liver/adrenal CT with IV contrast whenever possible
- Brain MRI
- Whole body bone Scan
- ☆PET/CT scan (轉介有此設備的醫院)
- Smoking habit

Non-Small Cell Lung Cancer
P.6

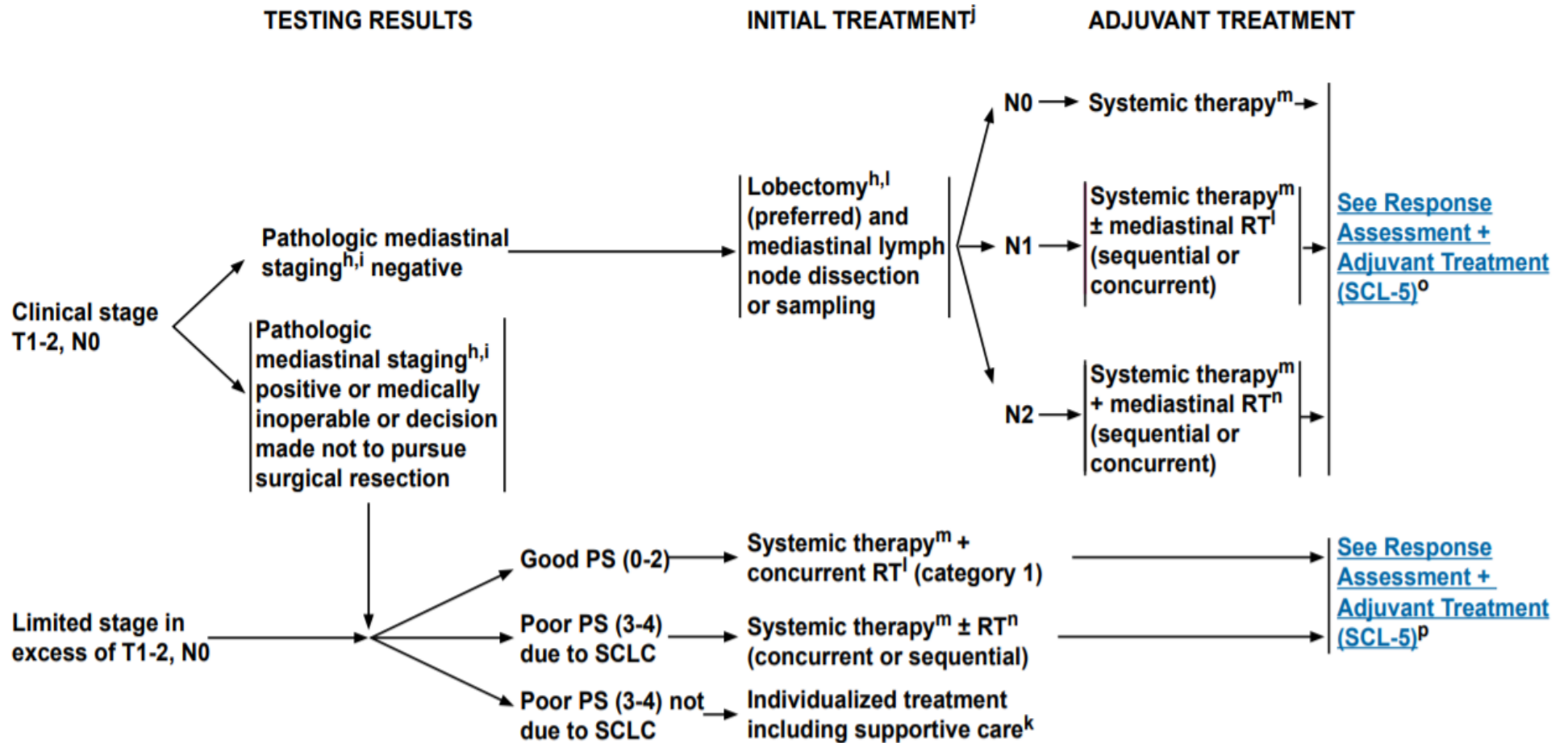
Small Cell Lung Cancer
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Small Cell Lung Cancer

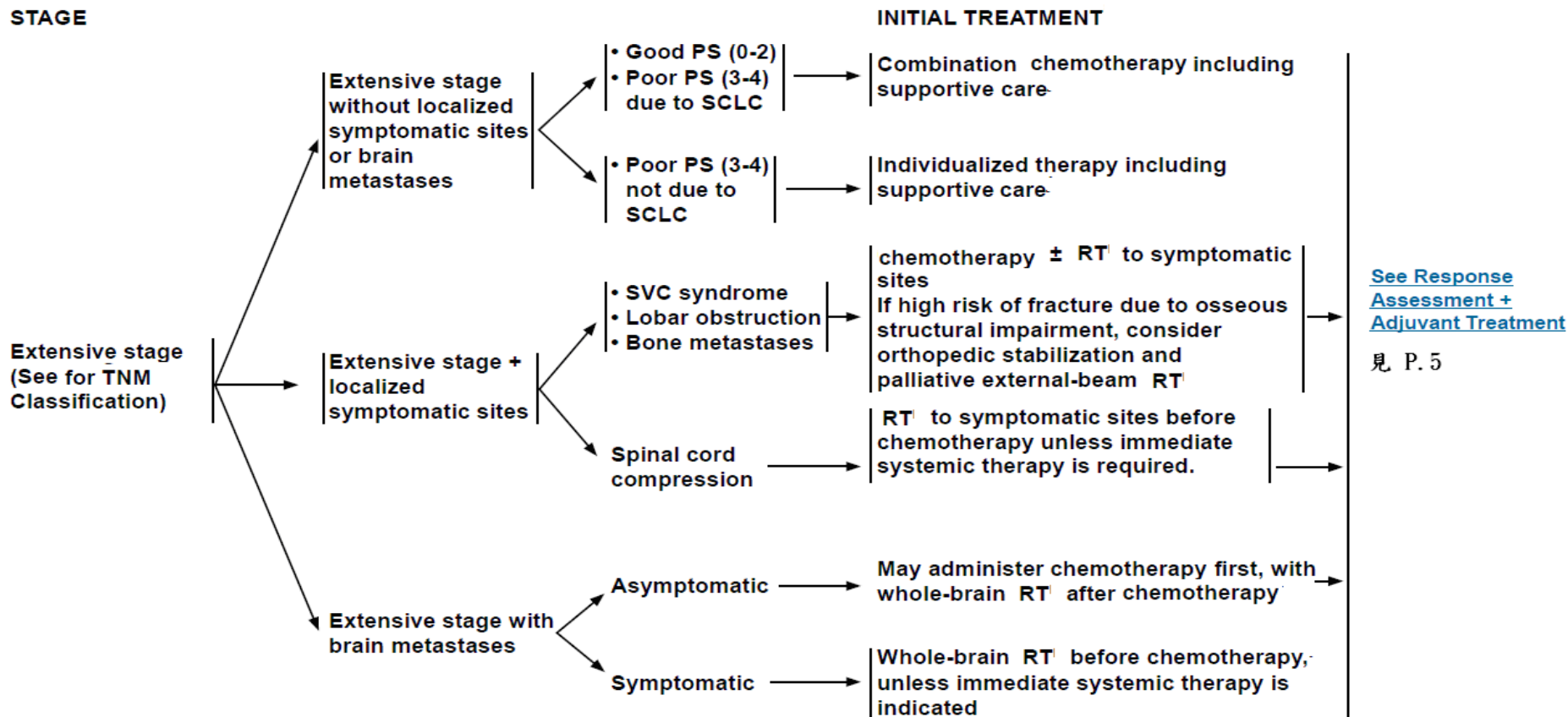


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Small Cell Lung Cancer



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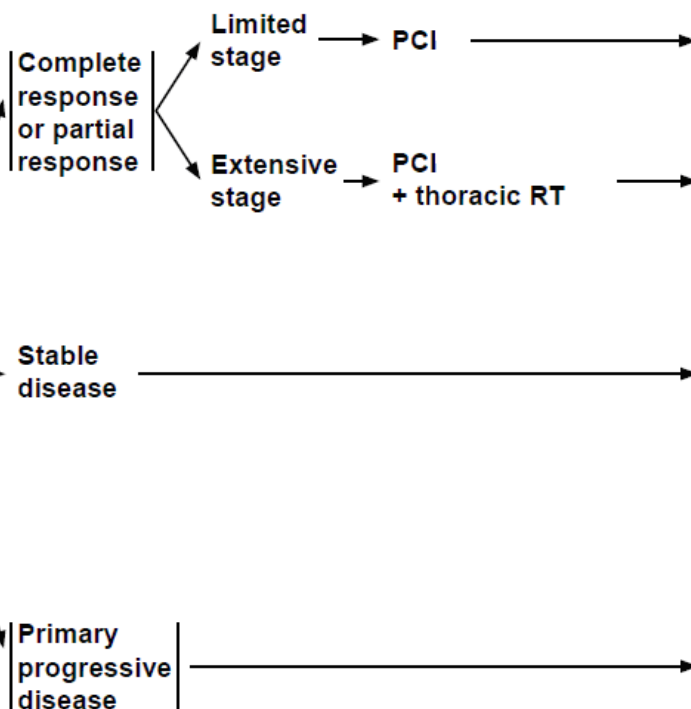


Small Cell Lung Cancer

RESPONSE ASSESSMENT FOLLOWING INITIAL THERAPY

- Chest x-ray (optional)
- Chest/liver/adrenal CT with IV contrast whenever possible
- Brain MRI (preferred) or CT with IV contrast whenever possible, if prophylactic cranial irradiation (PCI) to be given
- Other imaging studies, to assess prior sites of involvement, as clinically indicated
- CBC, platelets
- Electrolytes, LFTs, Ca, BUN, creatinine

ADJUVANT TREATMENT



SURVEILLANCE

- After recovery from primary therapy:
- Oncology follow-up visits every 3–4 mo during y 1–2, every 6 mo during y 3–5, then annually
 - At every visit: H&P, chest imaging, bloodwork as clinically indicated
 - New pulmonary nodule should initiate workup for potential new primary
 - Smoking cessation intervention
 - PET 備註 /CT is not recommended for routine follow-up

[For Relapse, see Subsequent Therapy](#)

見 P.5

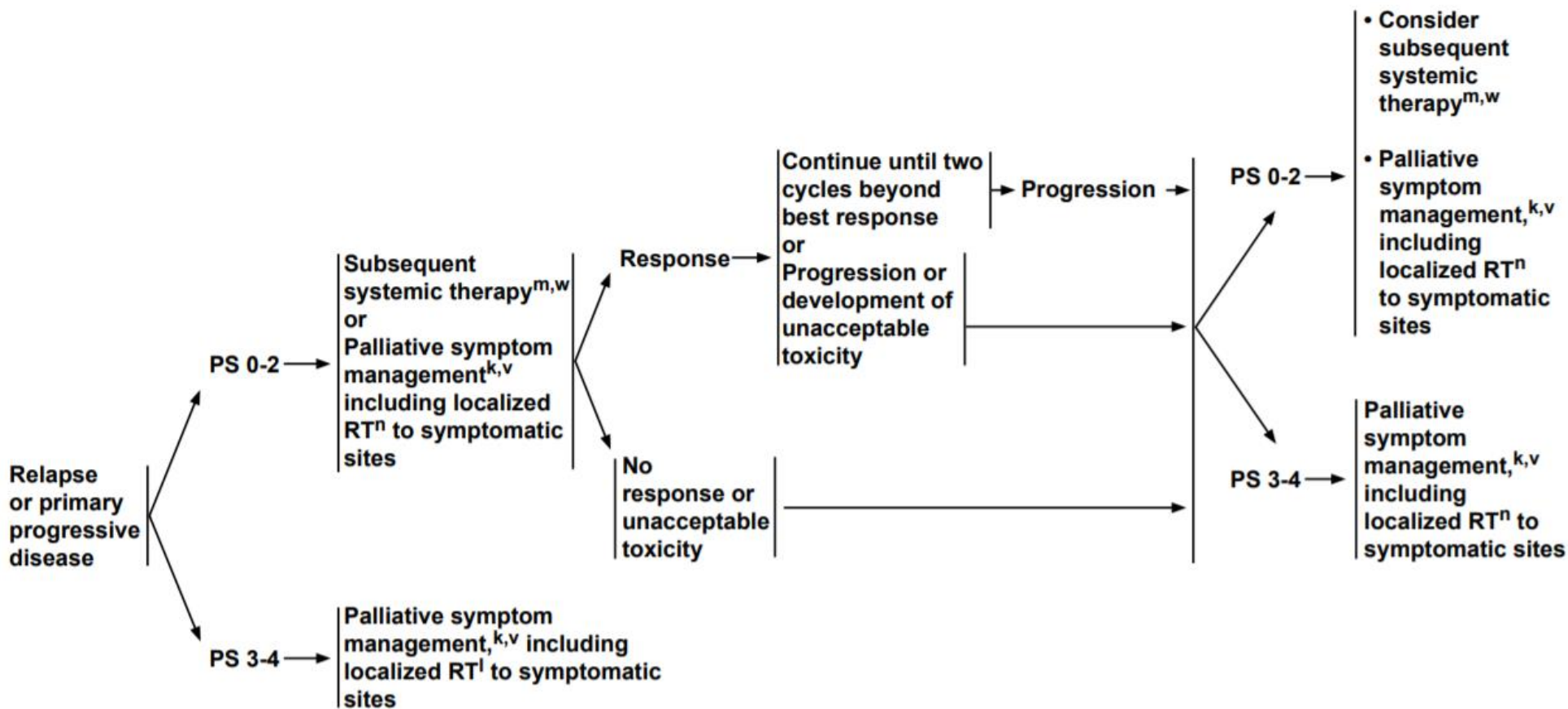
[See Subsequent Therapy/Palliative Therapy](#) 見 P. 6

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Small Cell Lung Cancer

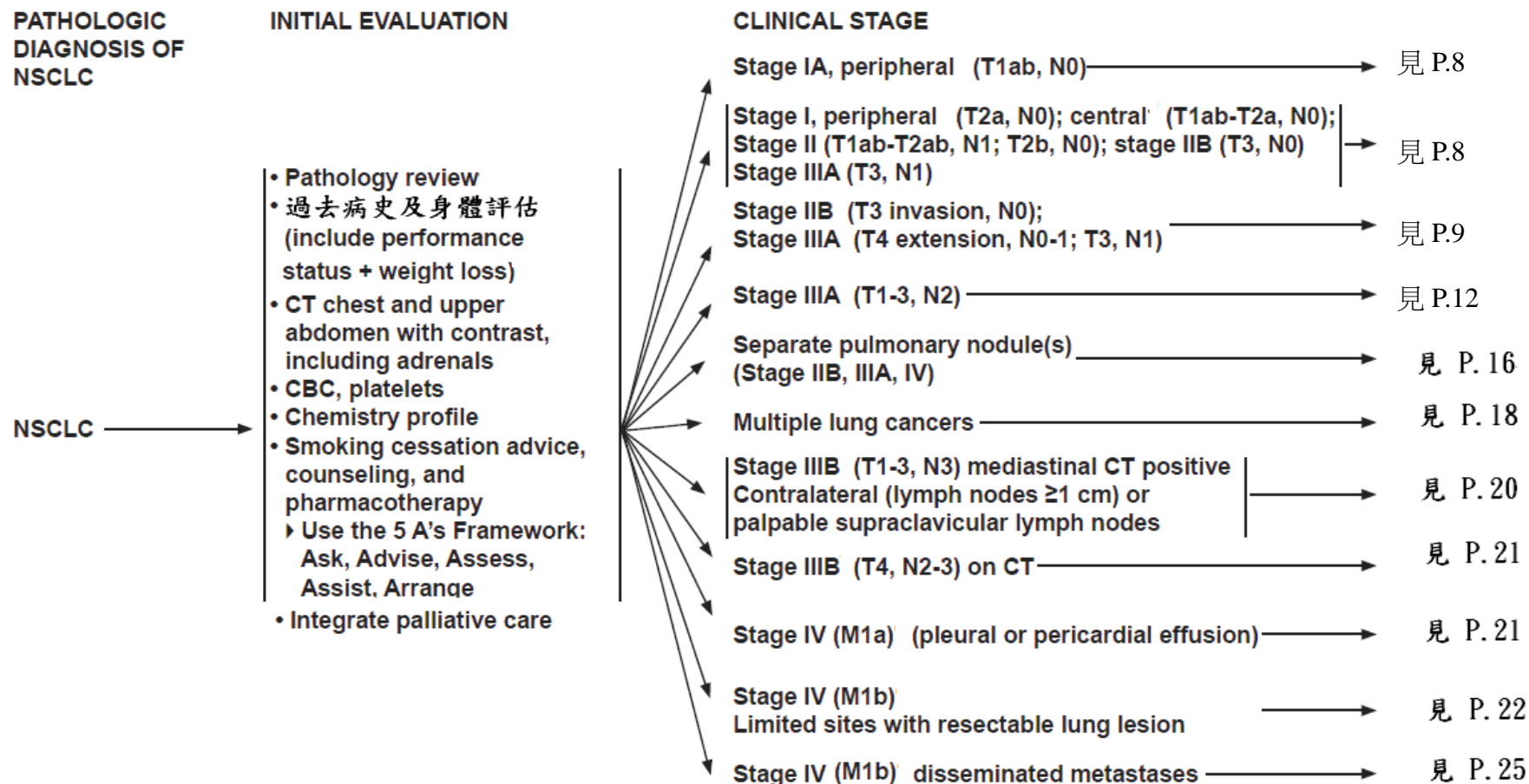
PROGRESSIVE DISEASE

SUBSEQUENT THERAPY/PALLIATIVE THERAPY



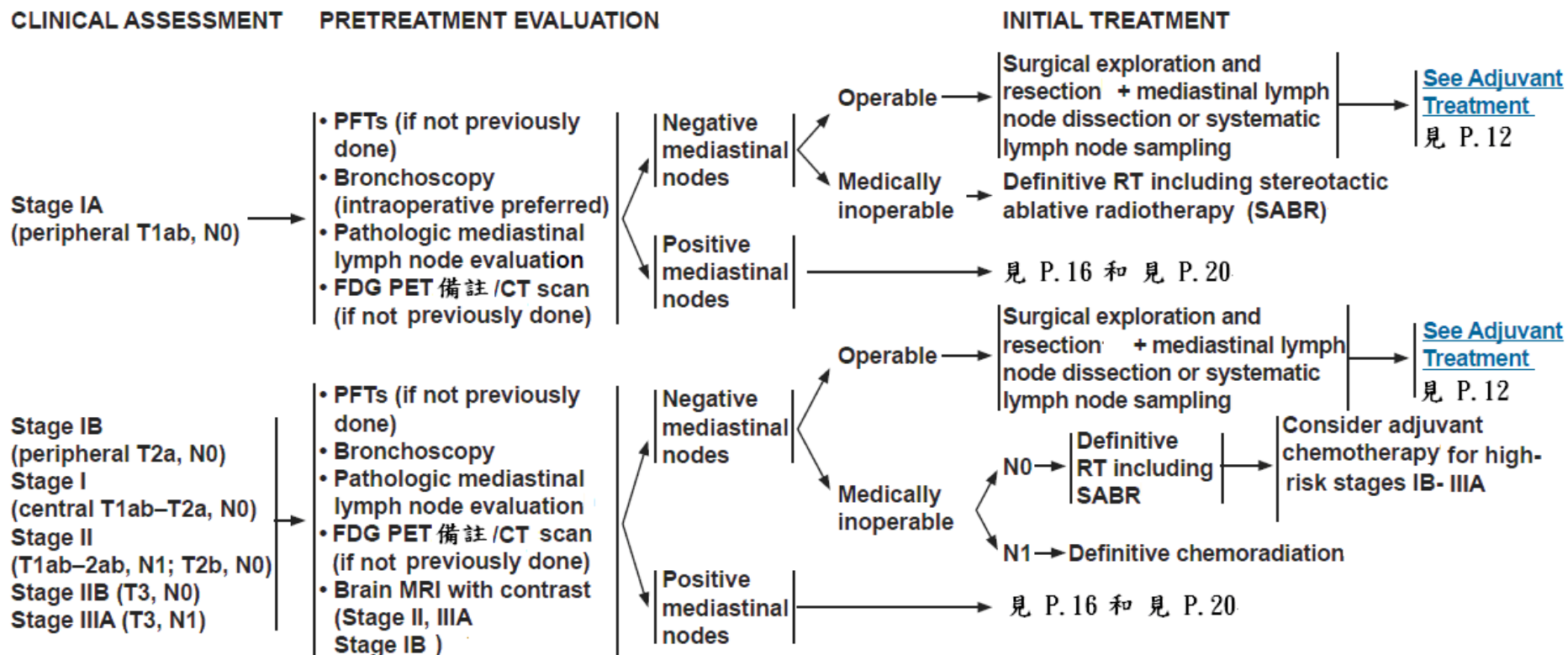


Non Small Cell Lung Cancer





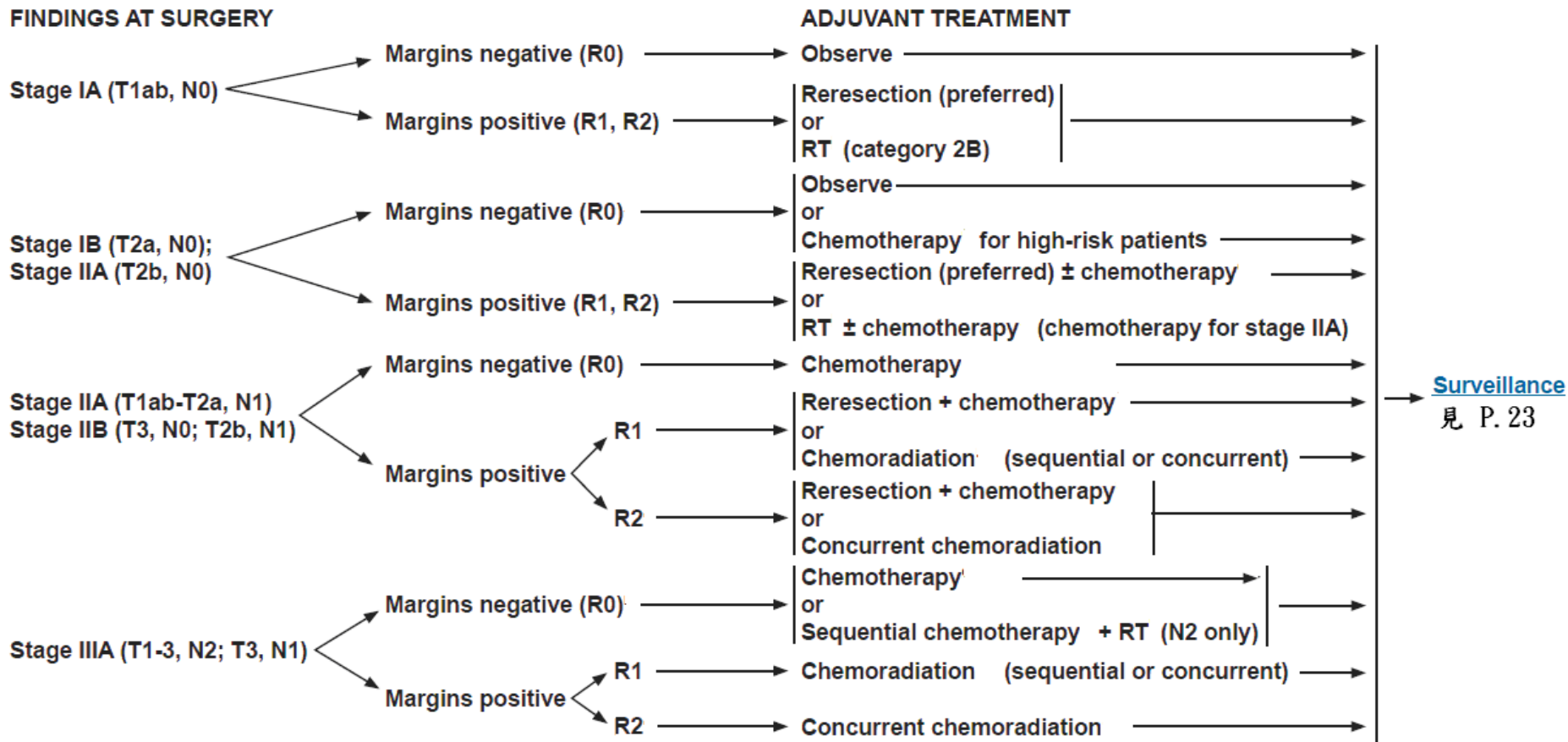
Non Small Cell Lung Cancer



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Non Small Cell Lung Cancer





Non Small Cell Lung Cancer

CLINICAL ASSESSMENT

PRETREATMENT EVALUATION

CLINICAL EVALUATION

Stage IIB (T3 invasion, N0)
Stage IIIA (T4 extension, N0-1; T3, N1)

- PFTs (if not previously done)
- Bronchoscopy
- Pathologic mediastinal lymph node evaluation
- Brain MRI with contrast
- MRI with contrast of spine + thoracic inlet for superior sulcus lesions abutting the spine or subclavian vessels
- FDG PET 備註 /CT scan (if not previously done)

Superior sulcus tumor → [See Treatment](#) 見 P. 14

Chest wall → [See Treatment](#) 見 P. 15

Proximal airway or mediastinum → [See Treatment](#) 見 P. 15

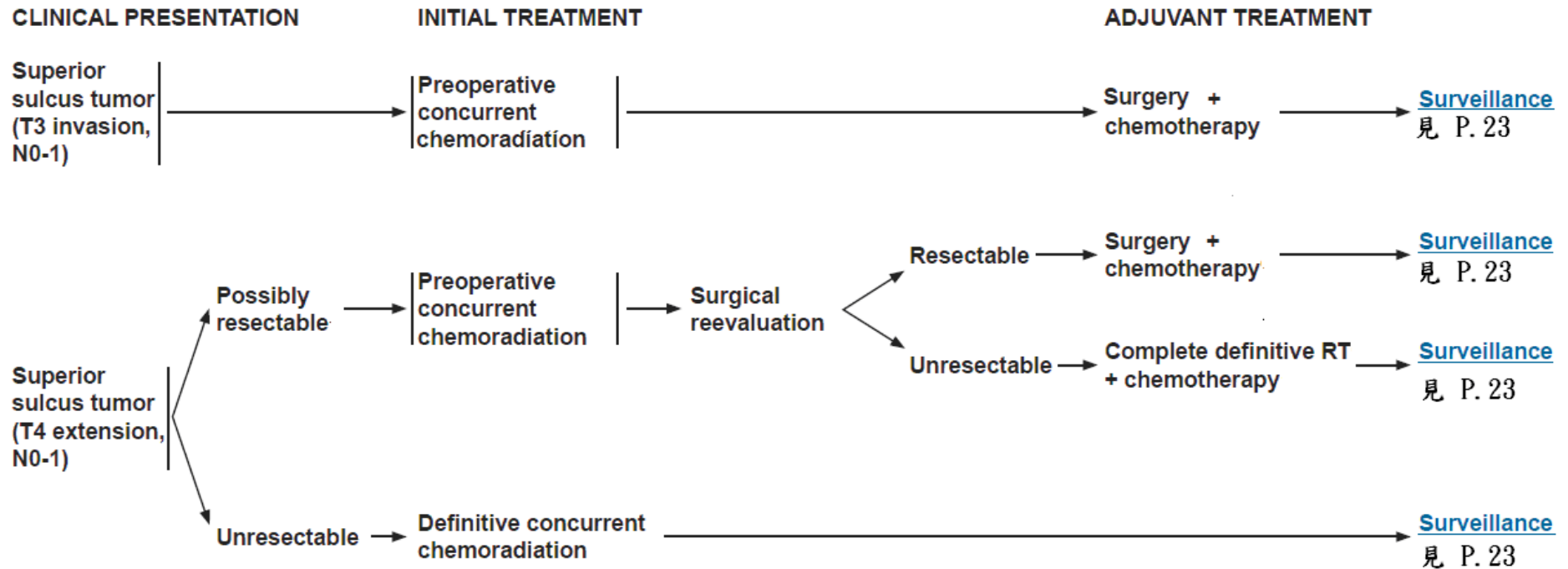
Unresectable disease → [See Treatment](#) 見 P. 15

Metastatic disease → [See Treatment for Metastasis limited sites](#) 見 P. 22 or [distant disease](#) 見 P. 24

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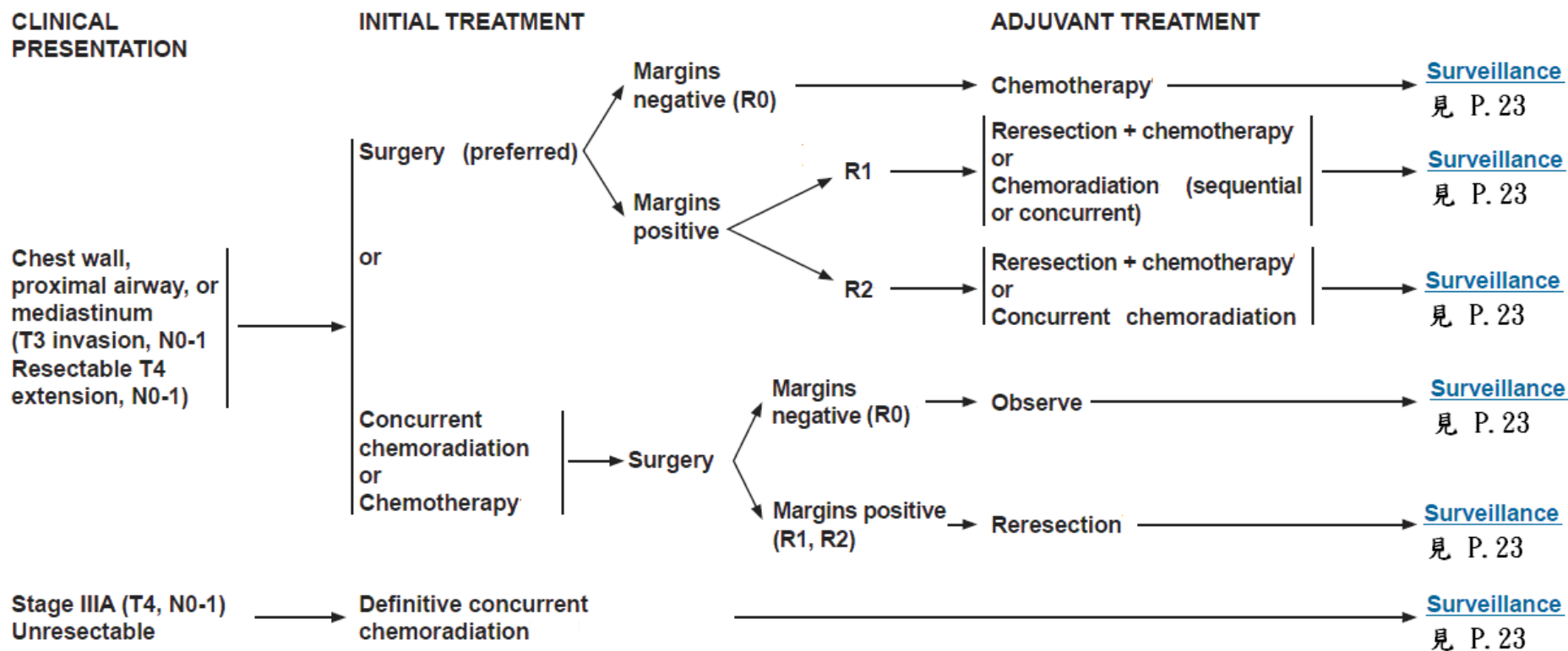


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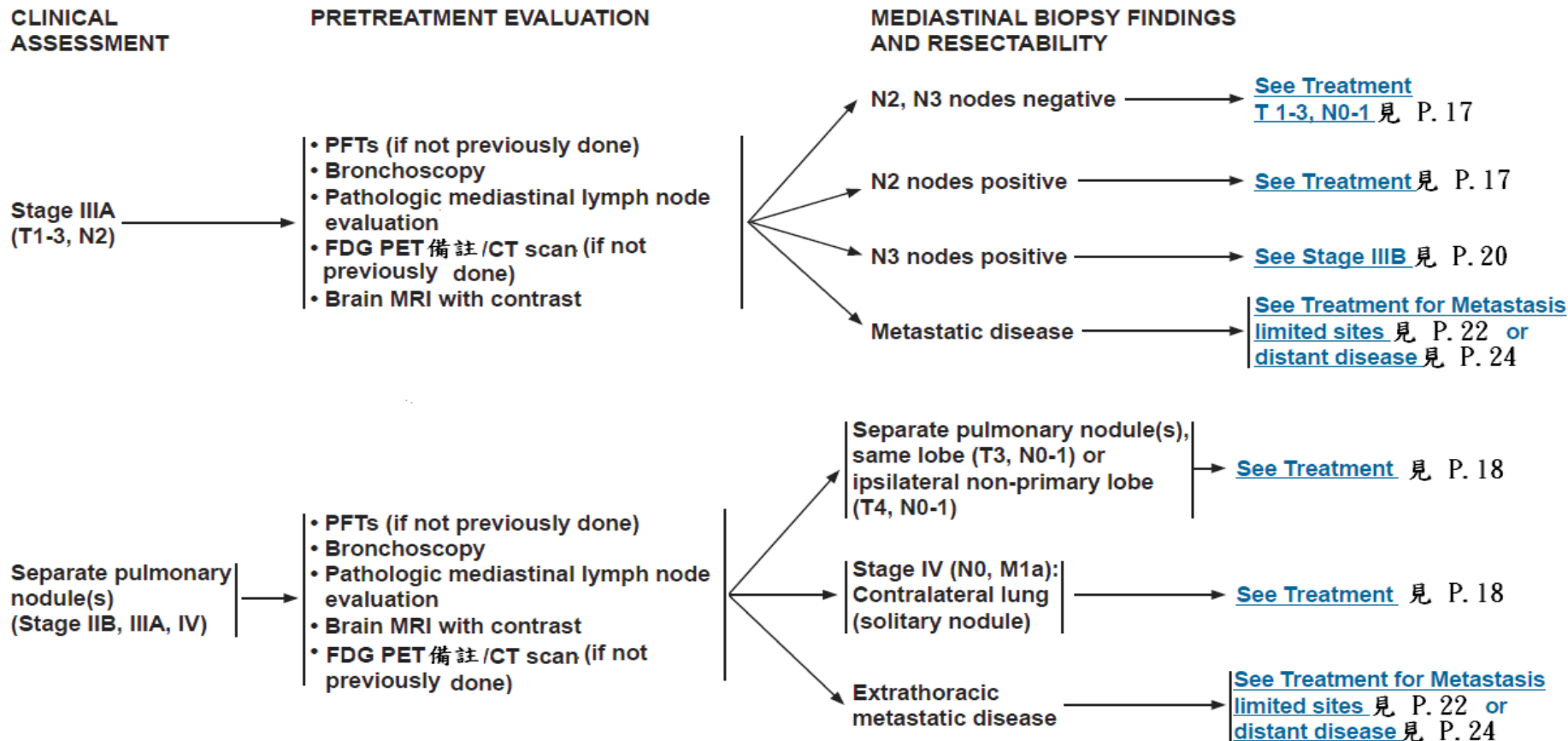


Non Small Cell Lung Cancer





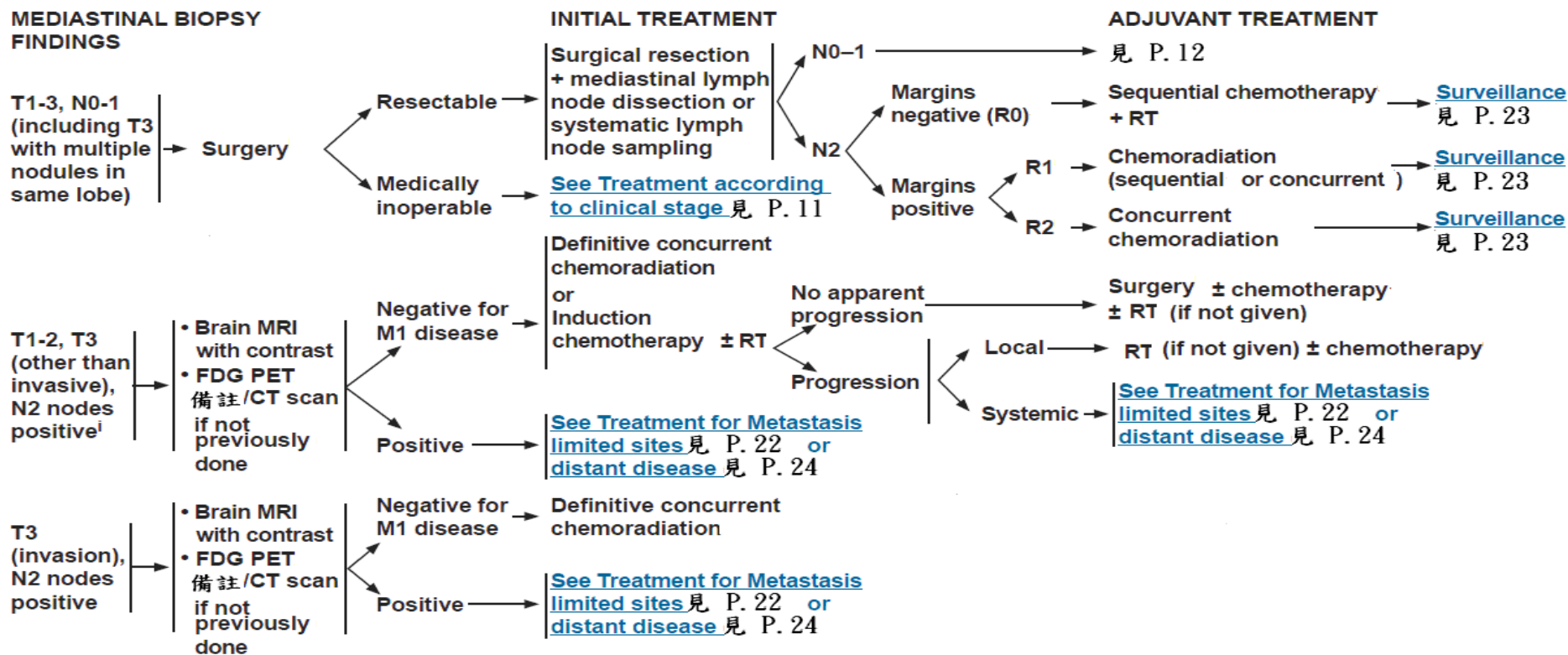
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Non Small Cell Lung Cancer



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Non Small Cell Lung Cancer

CLINICAL PRESENTATION

Separate pulmonary nodule(s), same lobe (T3, N0-1), or ipsilateral non-primary lobe (T4, N0-1)

Surgery

N0-1

Margins negative (R0)

N2

Margins positive

R1

R2

ADJUVANT TREATMENT

Chemotherapy

Sequential chemotherapy + RT

Chemoradiation (sequential or concurrent)

Concurrent chemoradiation

[Surveillance](#)
見 P. 23

[Surveillance](#)
見 P. 23

[Surveillance](#)
見 P. 23

[Surveillance](#)
見 P. 23

Stage IV (N0, M1a): Contralateral lung (solitary nodule)

Treat as two primary lung tumors if both curable

[See Evaluation](#) 見 P. 10

Suspected multiple lung cancers (based on the presence of biopsy-proven synchronous lesions or history of lung cancer)^{w,x}

- Chest CT with contrast
- FDG PET/CT scan
備註 (if not previously done)
- Brain MRI with contrast

Disease outside of chest

No disease outside of chest

[See Systemic Therapy for Metastatic Disease](#) 見 P. 25

Pathologic mediastinal lymph node evaluation^h

N0-1

N2-3

[See Initial Treatment](#)
見 P. 19

[See Systemic Therapy for Metastatic Disease](#)
見 P. 25

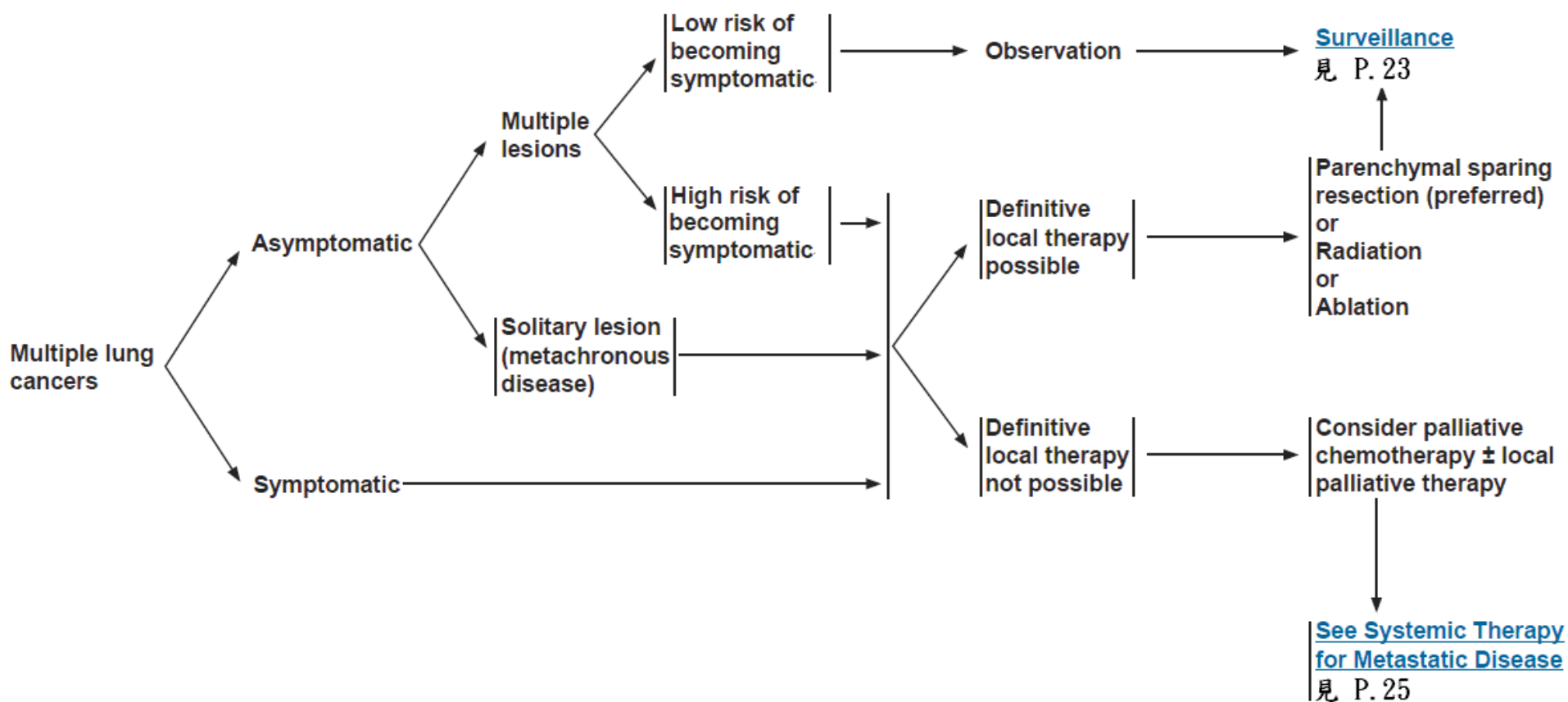
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Non Small Cell Lung Cancer

CLINICAL PRESENTATION

INITIAL TREATMENT



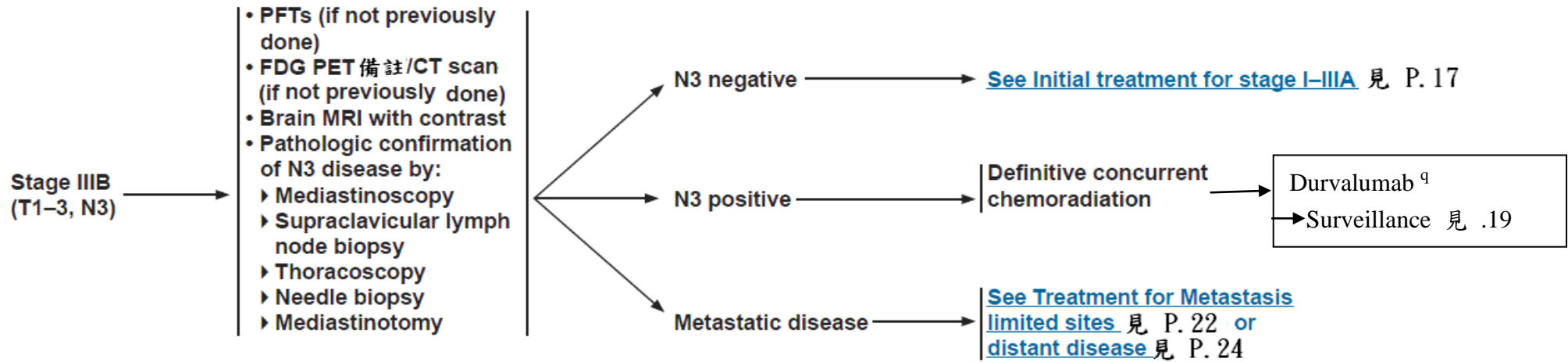


Non Small Cell Lung Cancer

CLINICAL ASSESSMENT

PRETREATMENT EVALUATION

INITIAL TREATMENT

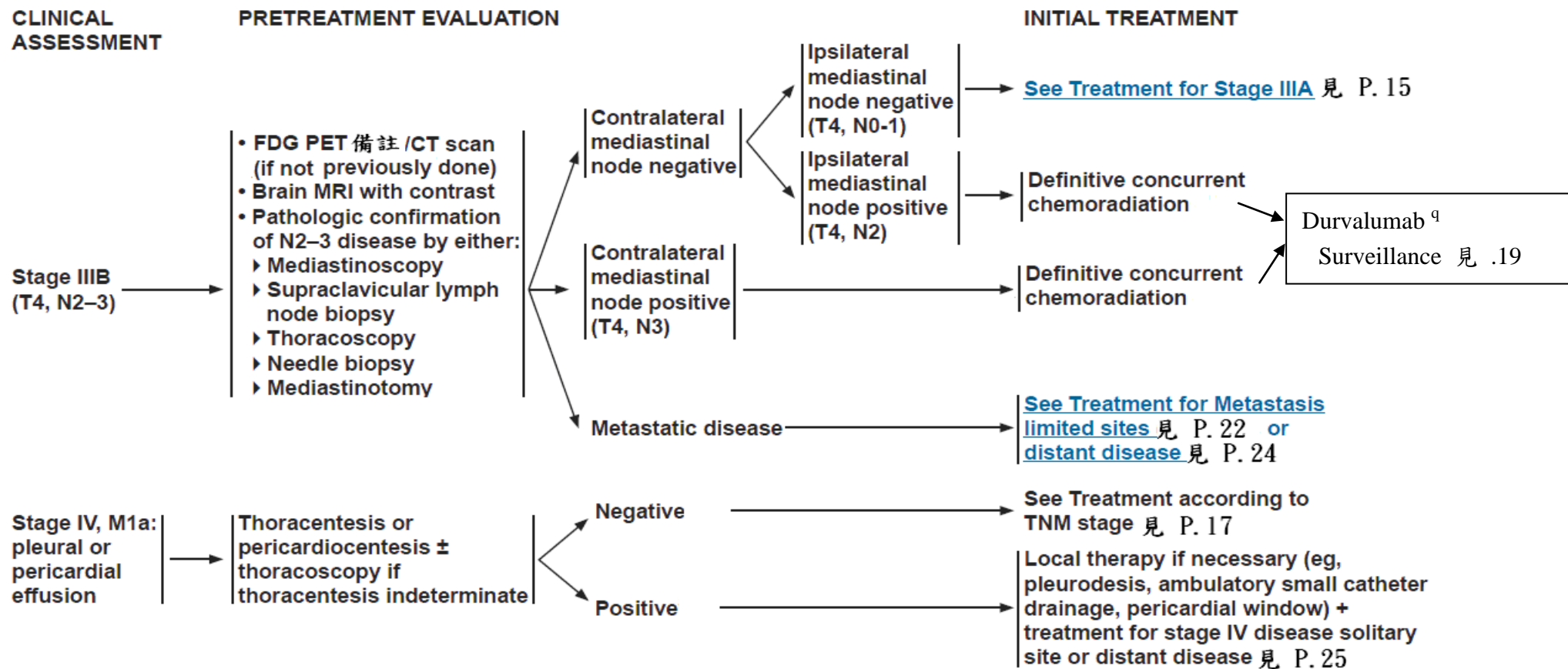


Durvalumab(商品名稱 Imfinzi)

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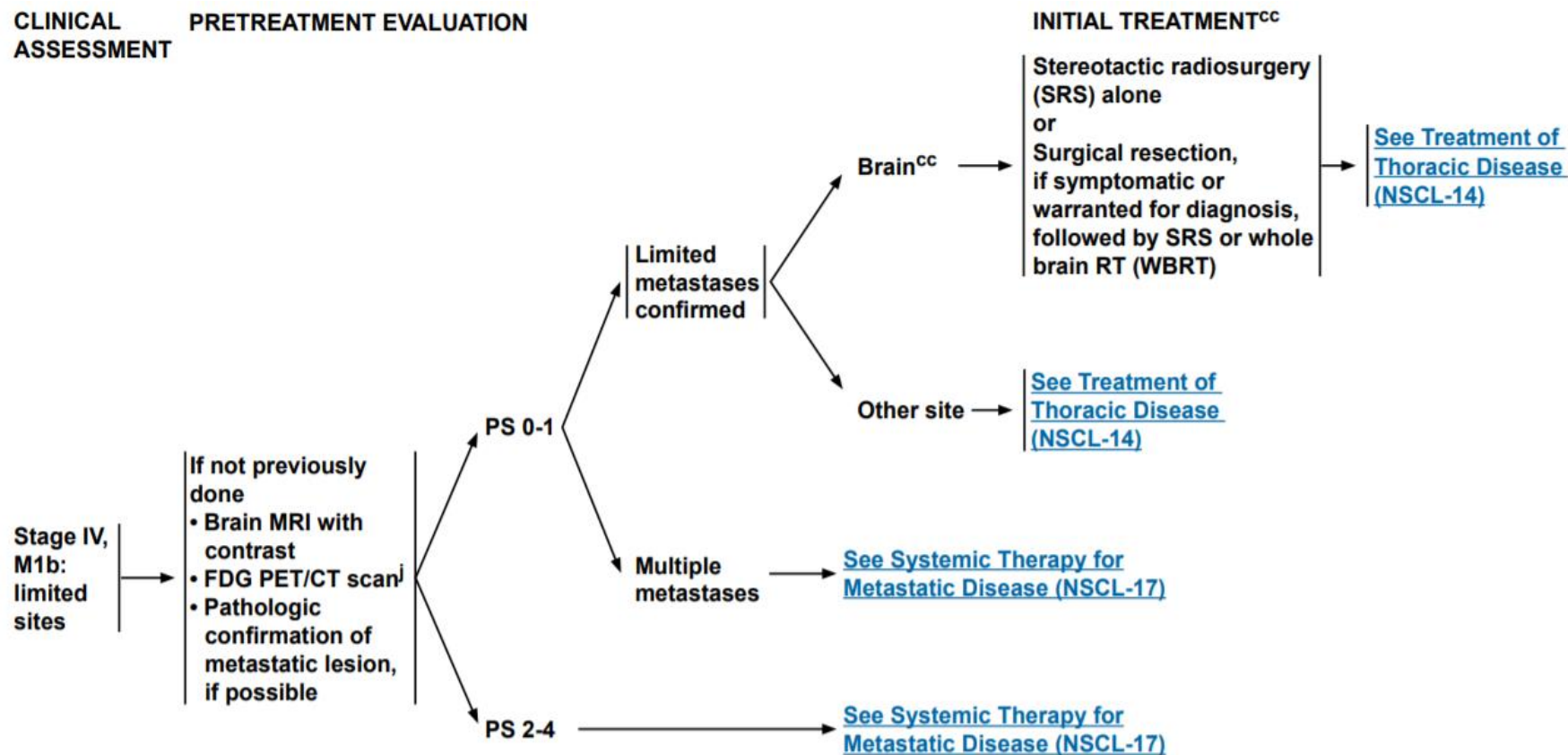
Non Small Cell Lung Cancer



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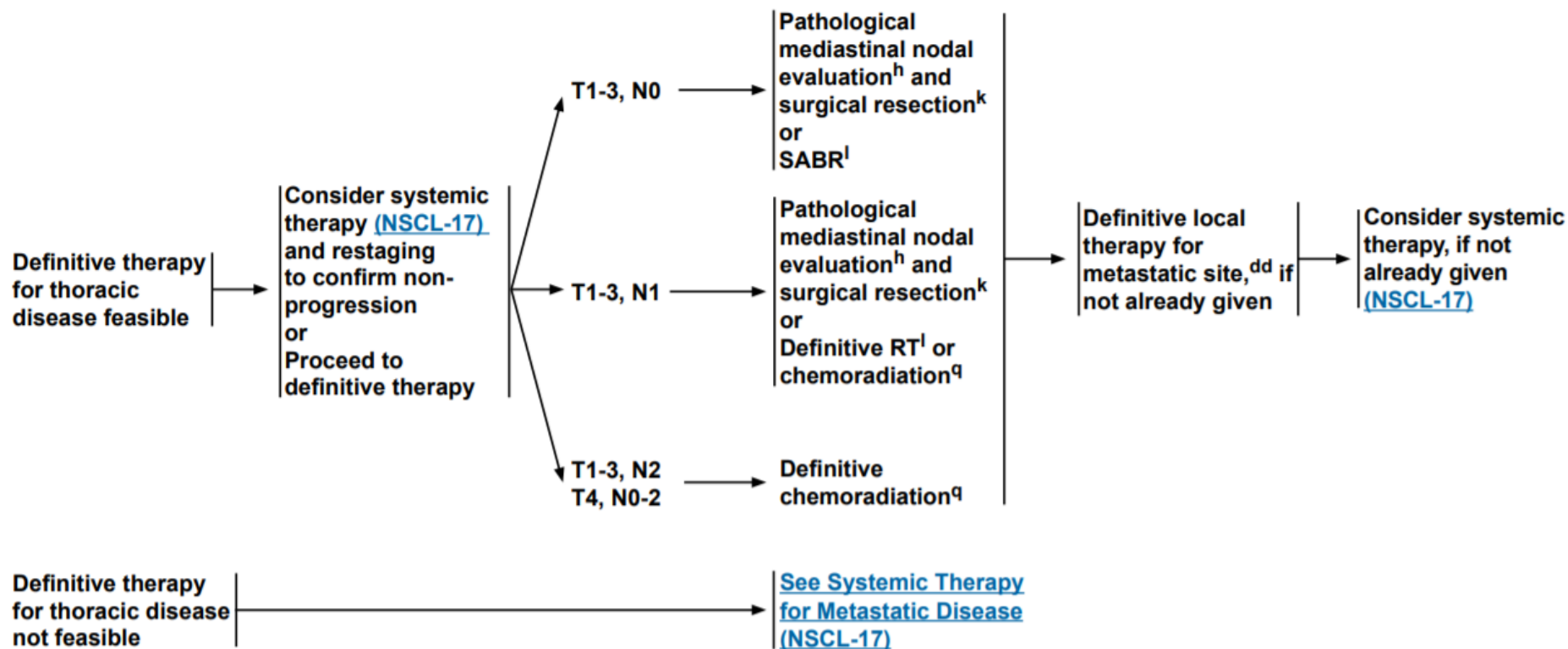


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Non Small Cell Lung Cancer

TREATMENT OF THORACIC DISEASE





Non Small Cell Lung Cancer

SURVEILLANCE

- No evidence of clinical/radiographic disease, stages I-IV:
- 過去病史及身體評估 and chest CT \pm contrast every 6-12 mo for 2 y, then 過去病史及身體評估 and a low-dose non-contrast-enhanced chest CT annually
 - ▶ Patients treated with chemotherapy \pm RT who have residual abnormalities may require more frequent imaging
 - Smoking cessation advice, counseling, and pharmacotherapy
 - FDG PET/CT 備註 or brain MRI is not indicated

Locoregional recurrence

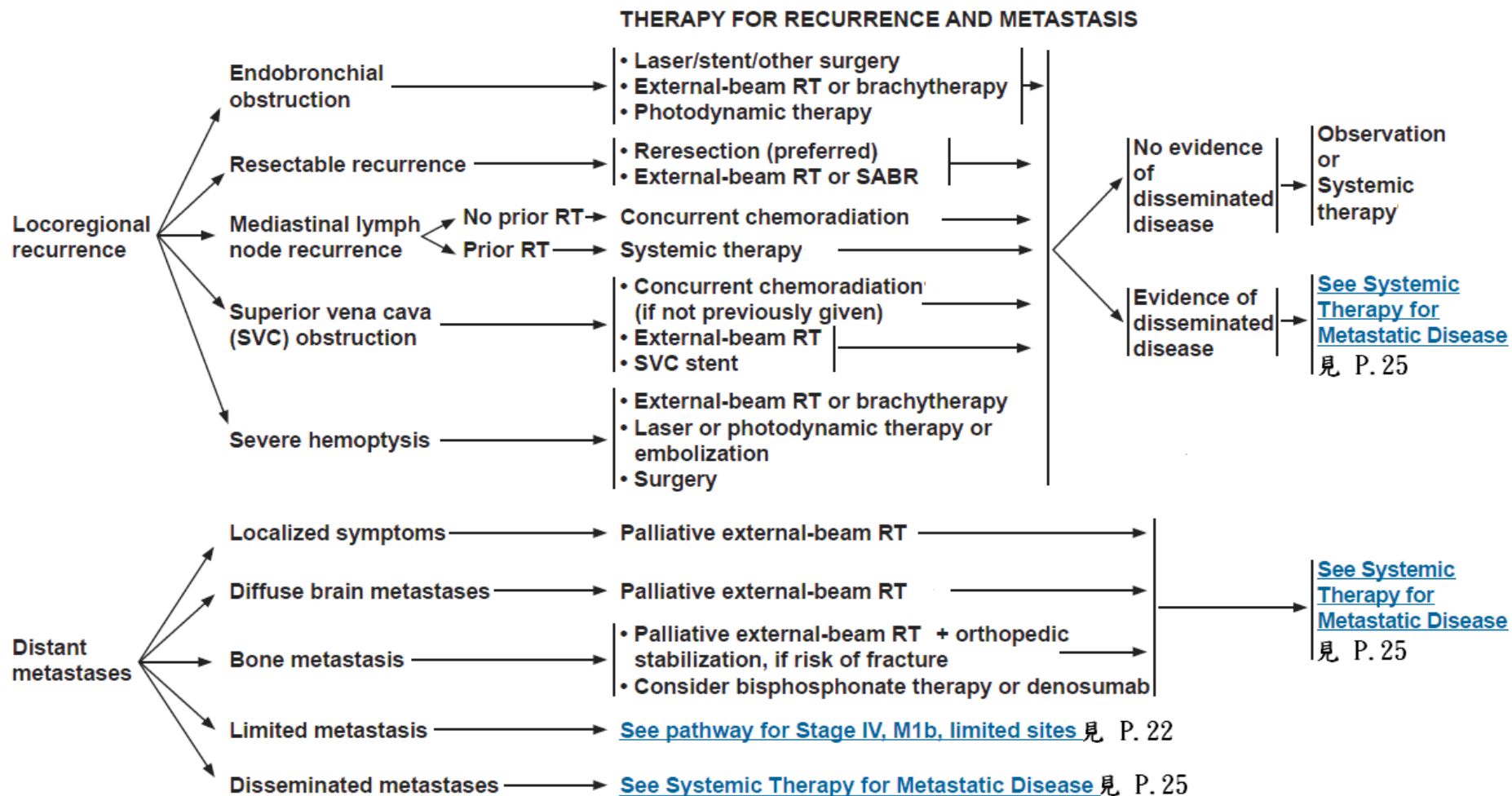
[See Therapy for Recurrence and Metastasis](#) 見 P. 24

Distant metastases

[See Therapy for Recurrence and Metastasis](#) 見 P. 24

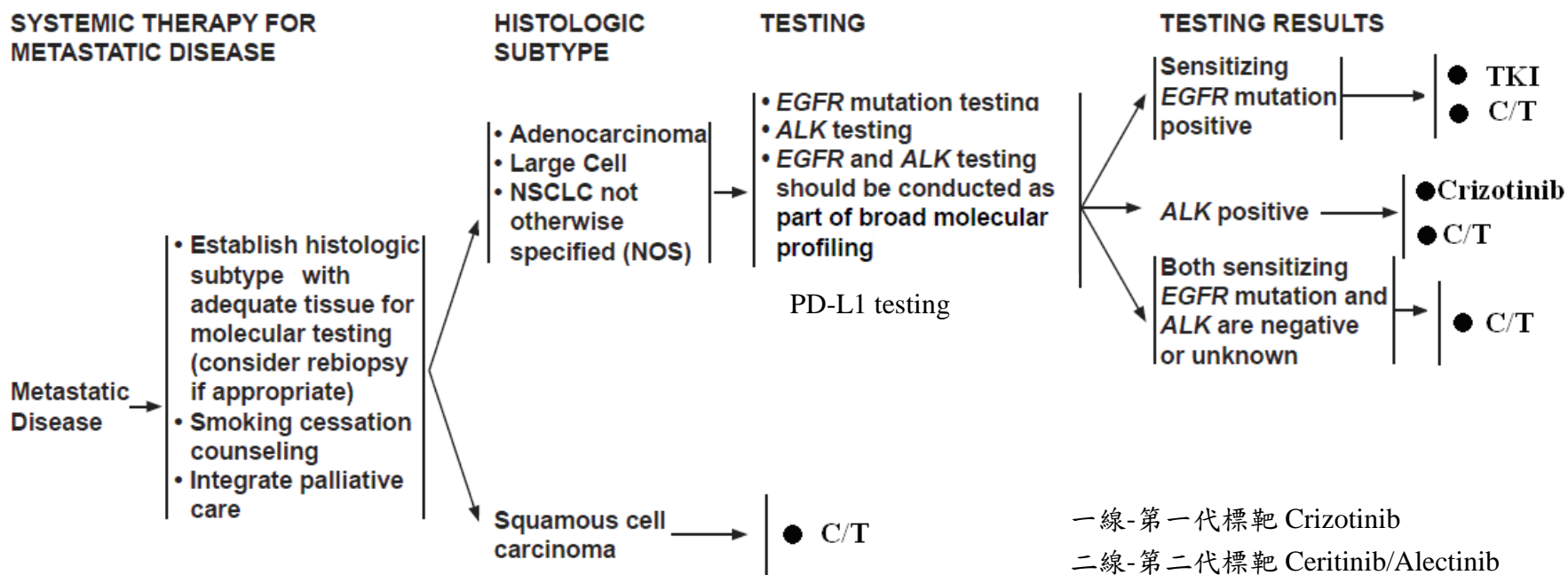
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Non Small Cell Lung Cancer





Non Small Cell Lung Cancer



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肺癌放射線治療政策

Non-Small Cell Lung Cancer

I-II Operable: Adjuvant RT is not indicated except for + margin (PORT meta-analysis Level I)

I-II Inoperable:

Definitive RT .

C/T, if patient can tolerate, maybe added as induction, adjuvant , or concurrent.

IIIA Operable

Post-OP C/T , (+, -) RT indicated for close/+ margin, nodal ECE (SEER, Level IV)

Alternatively, neoadjuvant CCRT followed by re-staging and surgery (SWOG 8805, Level III). Pre-OP RT alone is not recommended for resectable disease (GradeA)

III Inoperable

Combined C/T and RT(prefer)

Radiation Technique

- **Adjuvant**

CTV: Involved LN region \pm ipsilateral hilum \pm subcarinal LN region to 50.4 Gy depending on the extent of node dissection, number, bulk, and location of mediastinal disease and primary tumor. 10–16 Gy boost if extranodal extension with gross residual disease, at least 60Gy, concurrent C/T should be considered (Level II)

- **Definitive Radiation**

At least 60GY with conventional fractionation, concurrent C/T should be considered

GTV is visible tumor on imaging including all nodes on CT \geq 1 cm, or PET/CT (+)

CTV is the region of microscopic disease spread. It expands the GTV by 10-15 mm

PTV: add 0.5–1.0 cm margin on CTV to account for set-up uncertainties and respiratory motion.

IMRT may be advantageous as it better limits dose to normal lung as compared to conventional delivery.

Small Cell Lung Cancer

- **Limited Stage**

ECOG 0-2 CCRT (prefer)

Prophylactic Cranial Irradiation (PCI) is part of the standard treatment for SCLC with complete response after treatment (Grade A)

PCI is also recommended for SCLC with partial response after treatment. (Grade B)

- **Extensive Stage**

Chemotherapy is the mainstay treatment of extensive stage SCLC (Grade A)

Radiotherapy is usually reserved for palliation.

PCI should be considered in all SCLC patients who achieve response to C/T (Grade A, EORTC, Level I)

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| PRIMARY TUMOR (T) | |
|-------------------|---|
| TX | Primary tumor cannot be assessed |
| T0 | No evidence of primary tumor |
| Tis | Tis Carcinoma in situ |
| T1 | Tumor ≤ 3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)* |
| T1mi | Minimally invasive adenocarcinoma:adenocarcinoma (≤ 3 cm in greatest dimension)with a predominantly lepidic pattern and ≤ 5 mm invasion in greatest dimension |
| T1a | Tumor ≤ 1 cm in greatest dimension |
| T1b | Tumor > 1 cm but ≤ 2 cm in greatest dimension |
| T1c | Tumor > 2 cm but ≤ 3 cm in greatest dimension |
| T2 | Tumor > 3 cm but ≤ 5 cm or having any of the folloeing features:Involves the main bronchus regardless of distance to the carina,but without involvement of the carina Invades visceral pleura(IPL1 or PL2)Associated with atelectasis or obstructive pneumonitis that extends to the hilar region,involing part or all of the lung T2 tumors with these features are classified as T2a if ≤ 4 cm or if the size cannot be determined and T2b if >4 cm but ≤ 5 cm |
| T2a | Tumor > 3 cm but ≤ 4 cm in greatest dimension |
| T2b | Tumor > 4 cm but ≤ 5 cm in greatest dimension |
| T3 | Tumor > 5 cm but ≤ 7 cm in greatest dimension or directly invading any of the following:parietal pleura(IPL3),chest wall(including superior sulcus tumors),phrenic nerve,parietal pericardium ; or separate tumor nodule(s) in the same lobe as the primary |

| | |
|-----------|--|
| T4 | Tumor > 7cm or tumor of any size including one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina ; separate tumor nodule(s) in an ipsilateral lobe different from that of the primary |
|-----------|--|

| REGIONAL LYMPH NODES (N) | |
|---------------------------------|--|
| NX | Regional lymph nodes cannot be assessed |
| N0 | No regional lymph node metastasis |
| N1 | Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension |
| N2 | Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s) |
| N3 | Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s) |

| DISTANT METASTASIS (M) | |
|-------------------------------|---|
| M0 | No distant metastasis (no pathologic M0; use clinical M to complete stage group) |
| M1 | Distant metastasis |
| M1a | Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural (or pericardial) effusion** |
| M1b | Single extrathoracic metastasis in single organ |
| M1c | Multiple extrathoracic metastasis in single organ or in multiple organs |

| STAGE | | | |
|---------------|------|----|----|
| GROUP | T | N | M |
| Occult | TX | N0 | M0 |
| 0 | Tis | N0 | M0 |
| IA1 | T1mi | N0 | M0 |
| | T1a | N0 | M0 |
| IA2 | T1b | N0 | M0 |
| IA3 | T1c | N0 | M0 |
| IB | T2a | N0 | M0 |
| IIA | T2b | N0 | M0 |
| IIB | T1a | N1 | M0 |
| | T1b | N1 | M0 |
| | T1c | N1 | M0 |
| | T2b | N1 | M0 |
| | T3 | N0 | M0 |
| IIIA | T1a | N2 | M0 |
| | T1b | N2 | M0 |
| | T1c | N2 | M0 |
| | T2a | N2 | M0 |
| | T2b | N2 | M0 |
| | T3 | N1 | M0 |
| | T4 | N0 | M0 |
| | T4 | N1 | M0 |

| STAGE | | | |
|-------------|-------|-------|-----|
| GROUP | T | N | M |
| IIB | T1a | N3 | M0 |
| | T1b | N3 | M0 |
| | T1c | N3 | M0 |
| | T2a | N3 | M0 |
| | T2b | N3 | M0 |
| | T3 | N2 | M0 |
| | T4 | N2 | M0 |
| IIIC | T3 | N3 | M0 |
| | T4 | N3 | M0 |
| IVA | Any T | Any N | M1a |
| | Any T | Any N | M1b |
| IVB | Any T | Any N | M1c |

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