

# 攝護腺癌診療指引

泌尿道癌多專科團隊

2010 年 01 月初訂

2010 年 12 月修訂

2011 年 12 月修訂

2012 年 09 月修訂

2013 年 07 月修訂

2014 年 12 月修訂

## Reference:

**NCCN Clinical Practice Guideline in Oncology for Prostate Cancer, Version 2, 2014**

**Physician's Cancer Chemotherapy Drug Manual 2014**

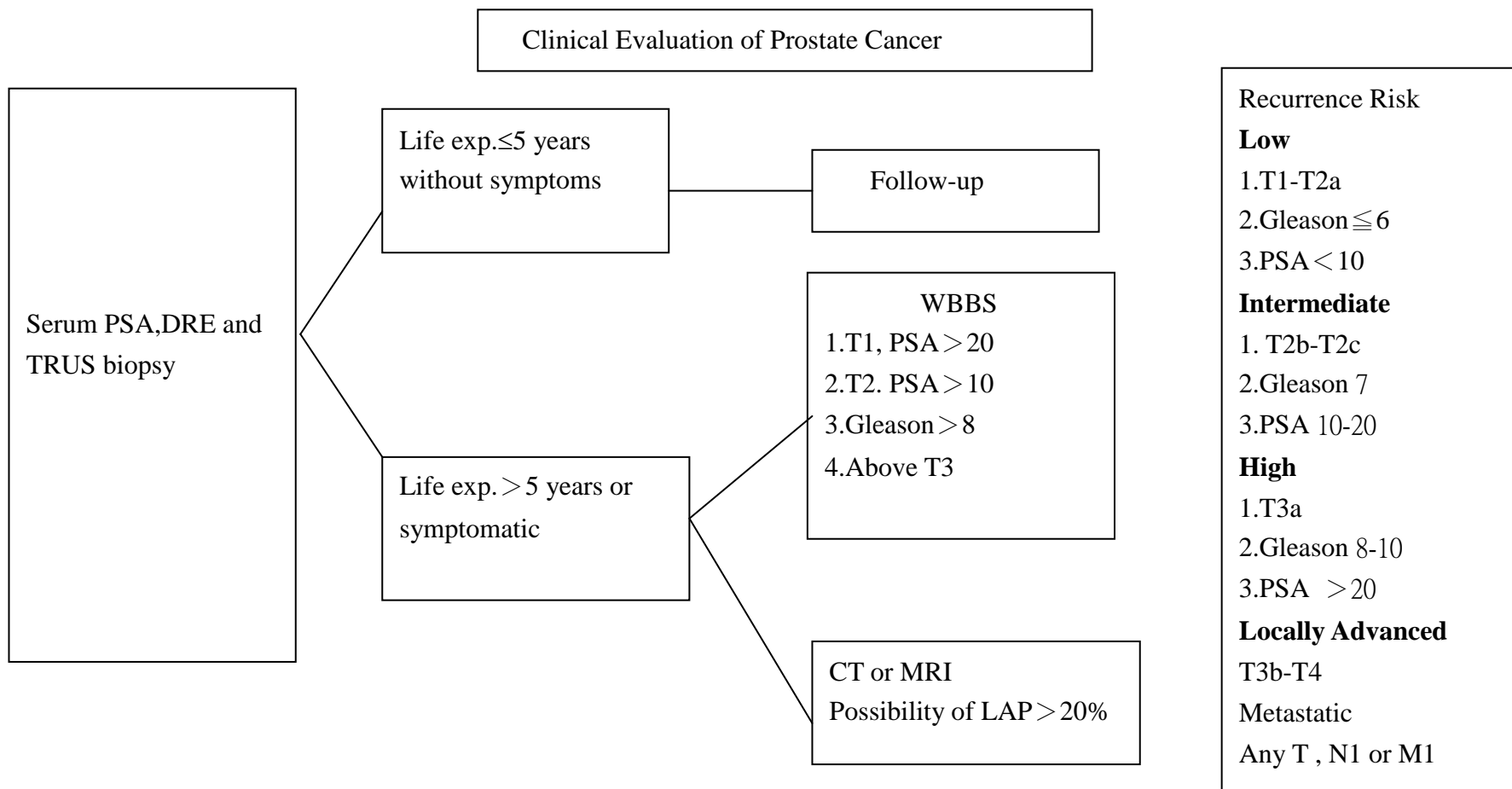
國家衛生研究院:攝護腺(前列腺)癌臨床診療指引 10, 2010.

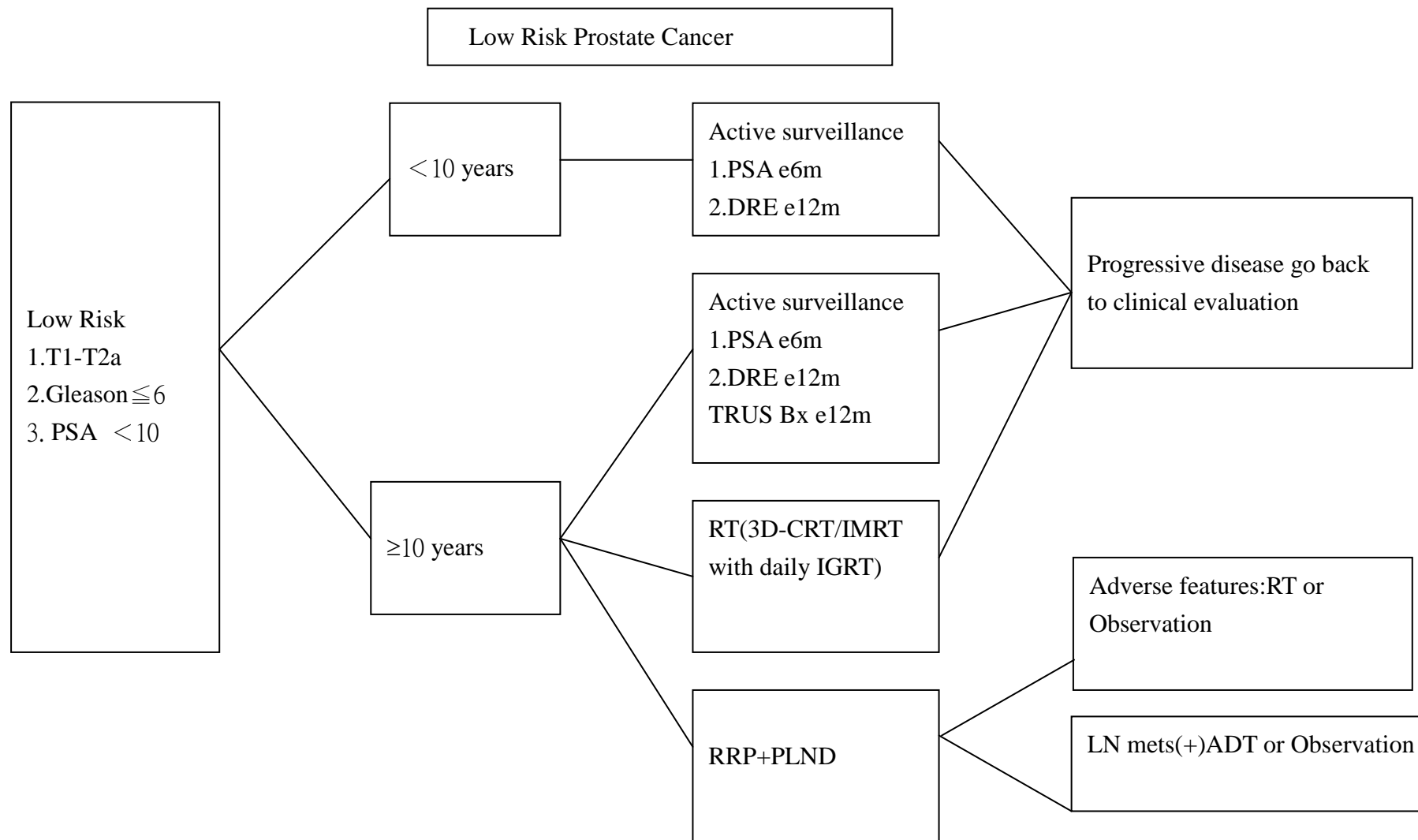
全民健康保險藥品給付規定 行政院衛生署一百零三年版

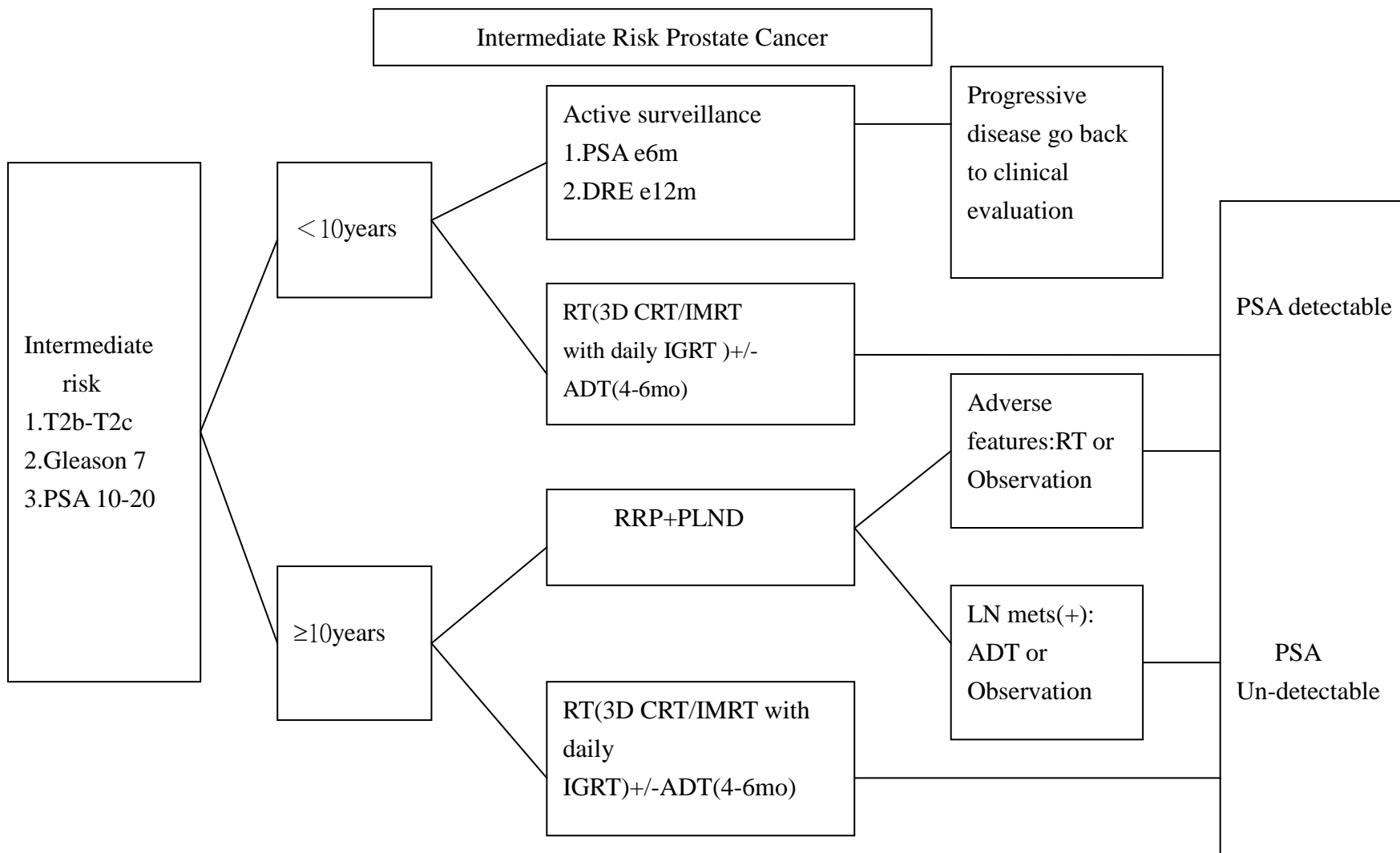
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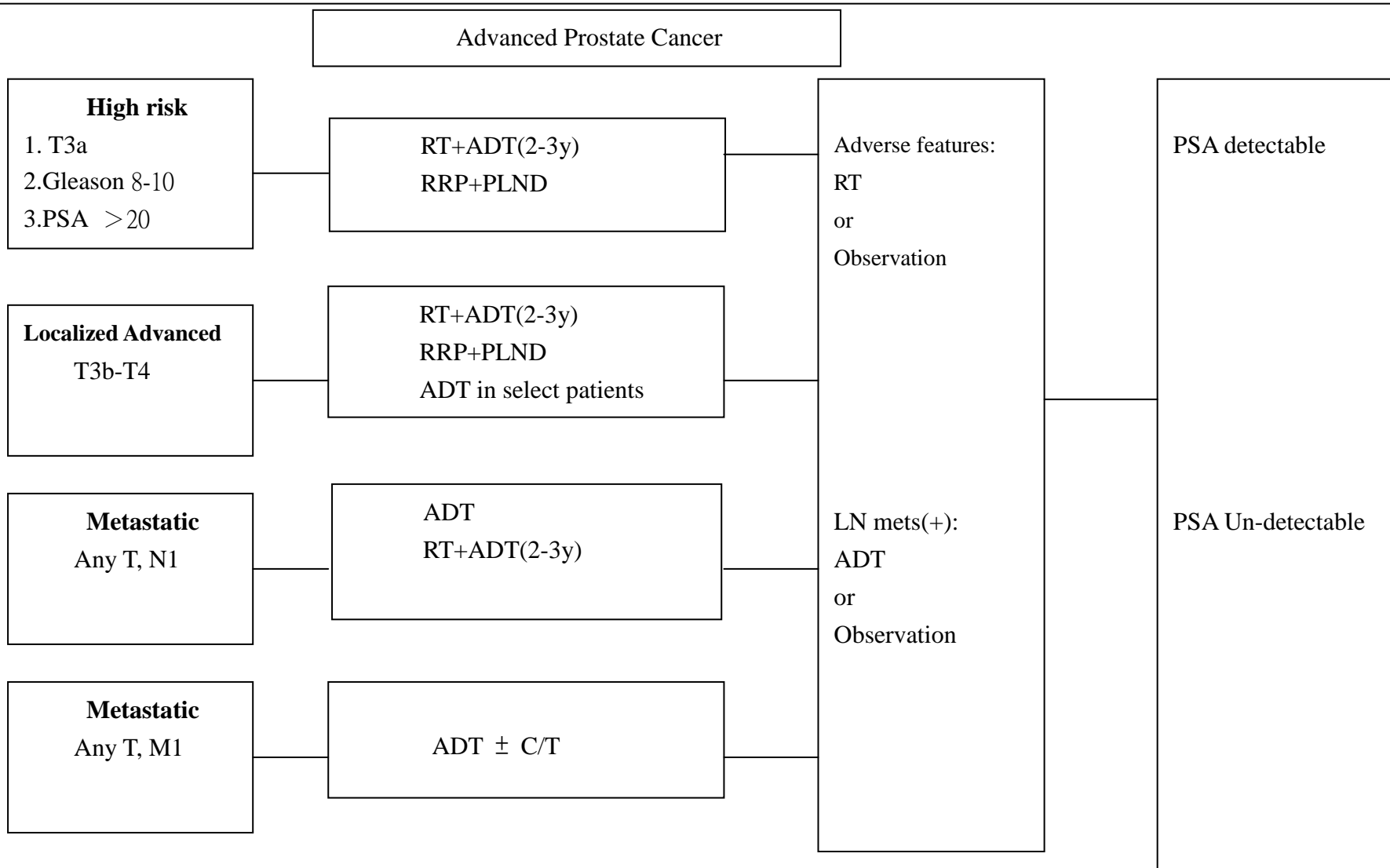
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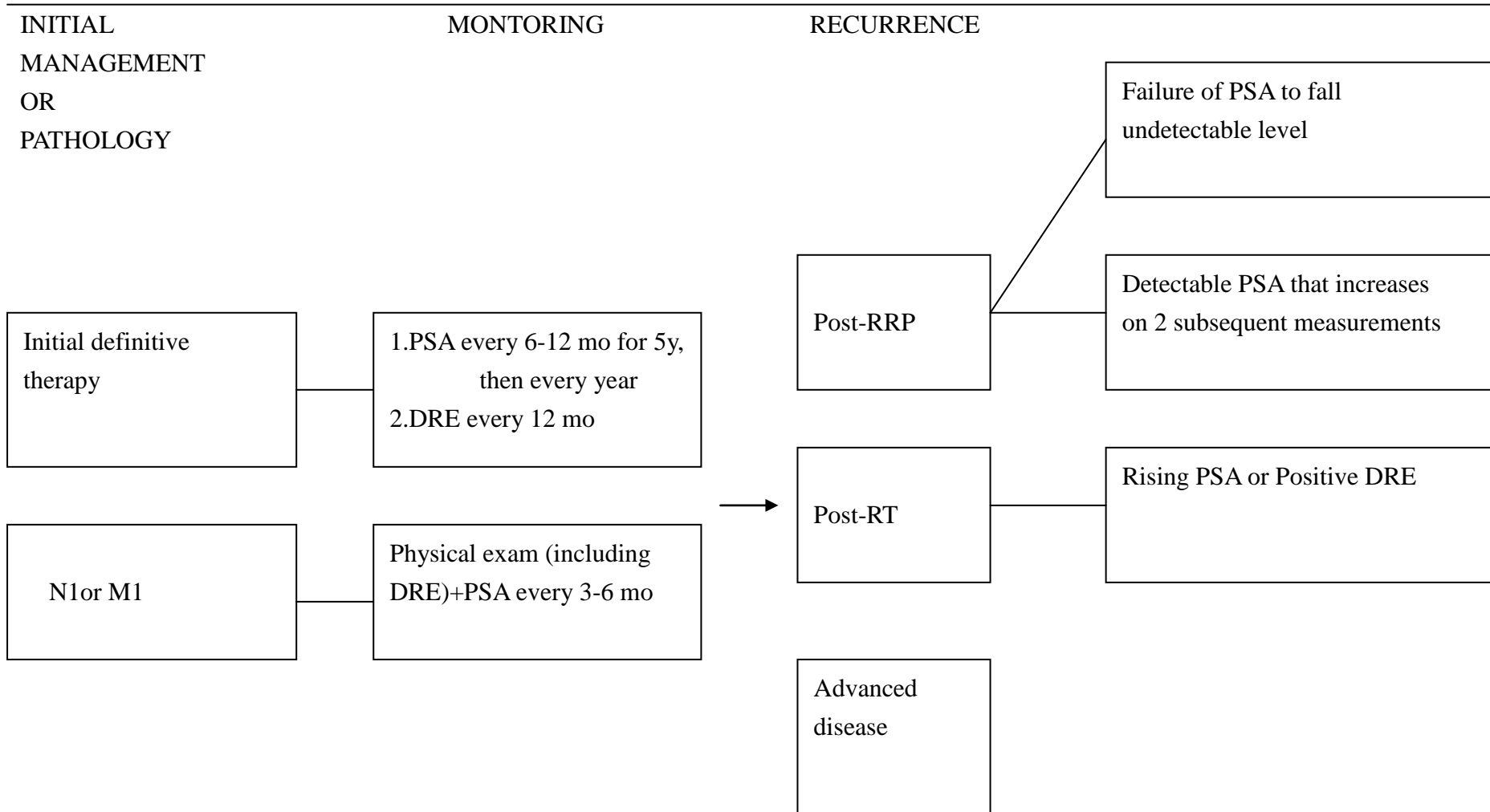
- **Clinical Evaluation of Prostate Cancer**
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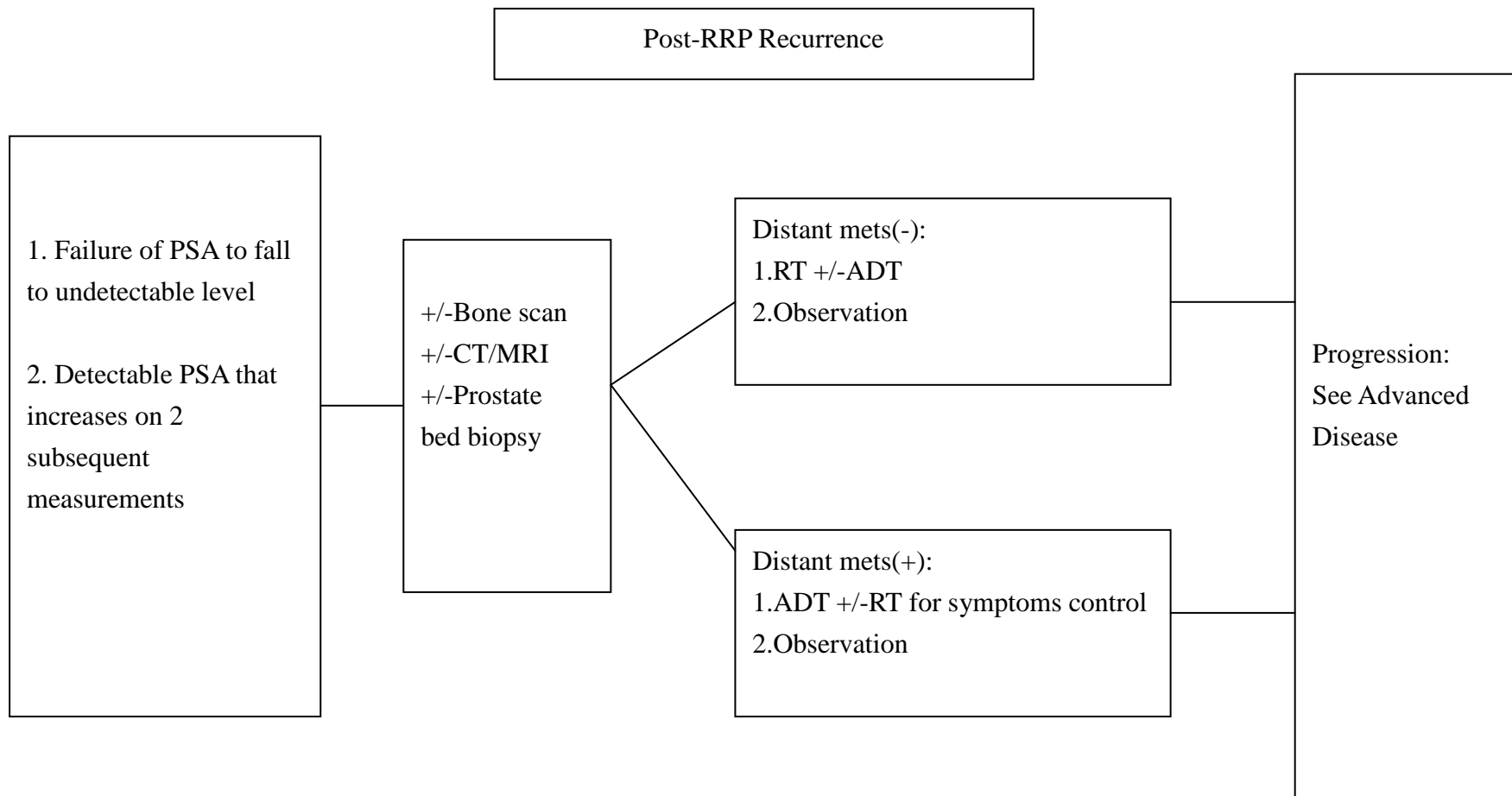


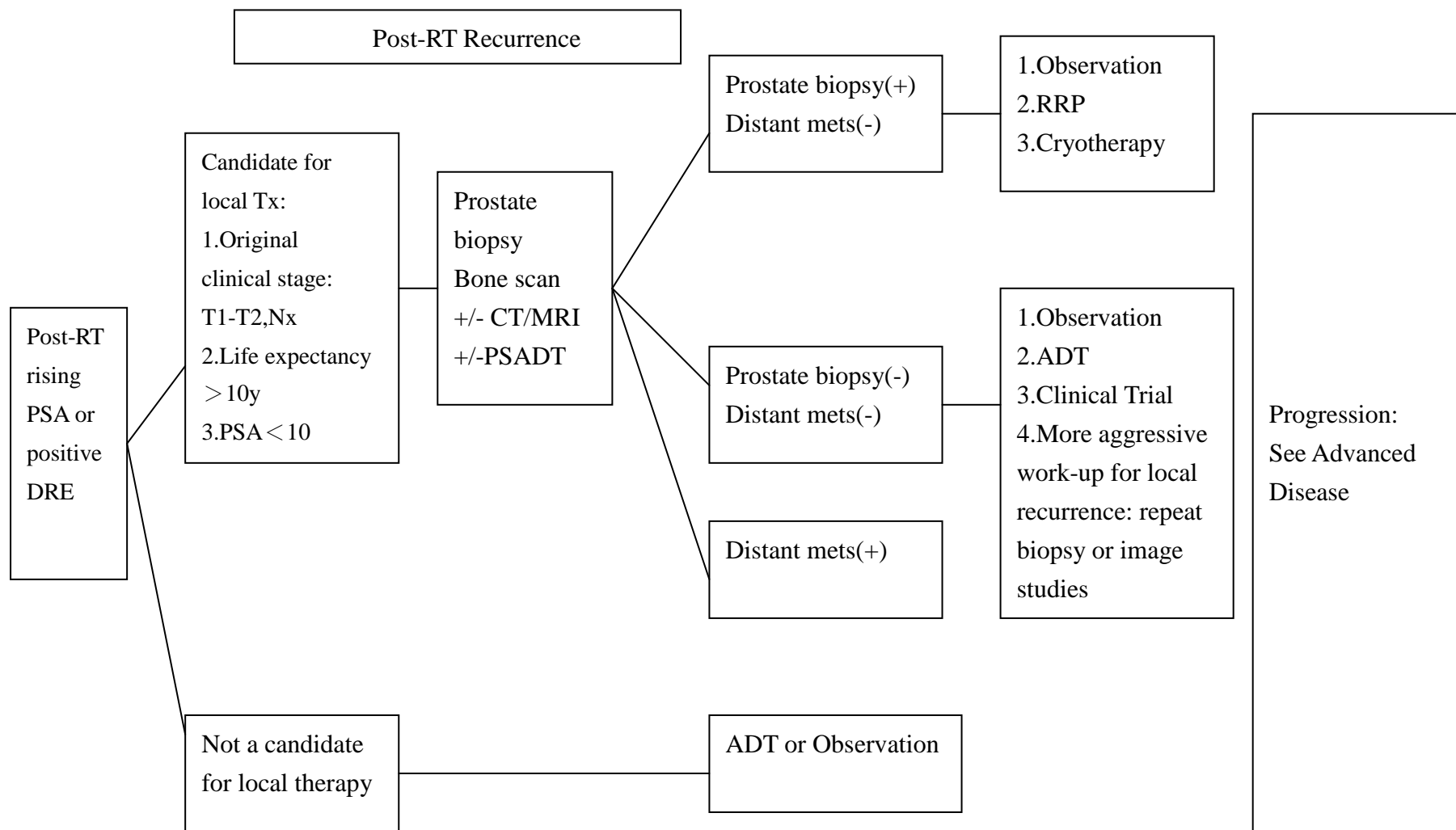


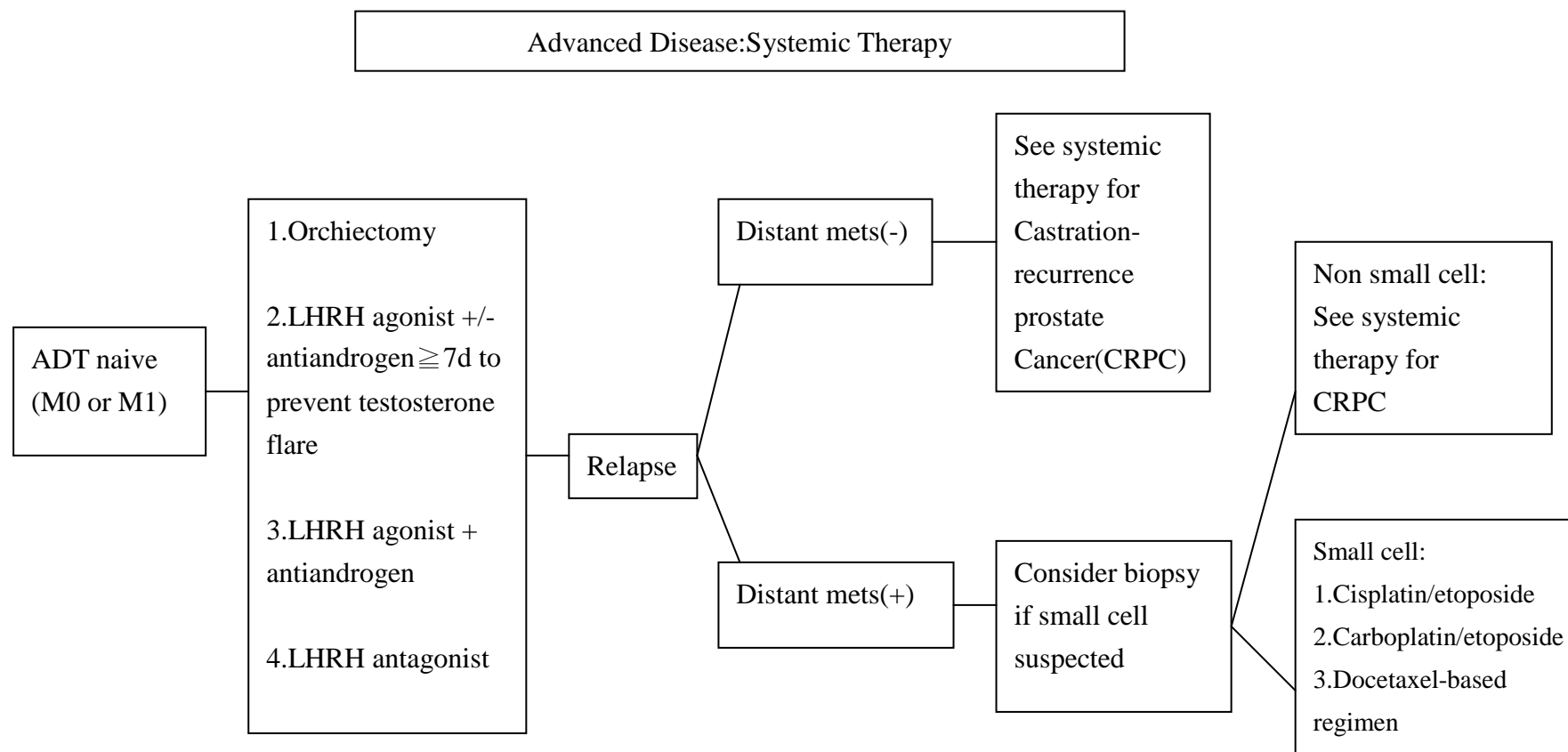


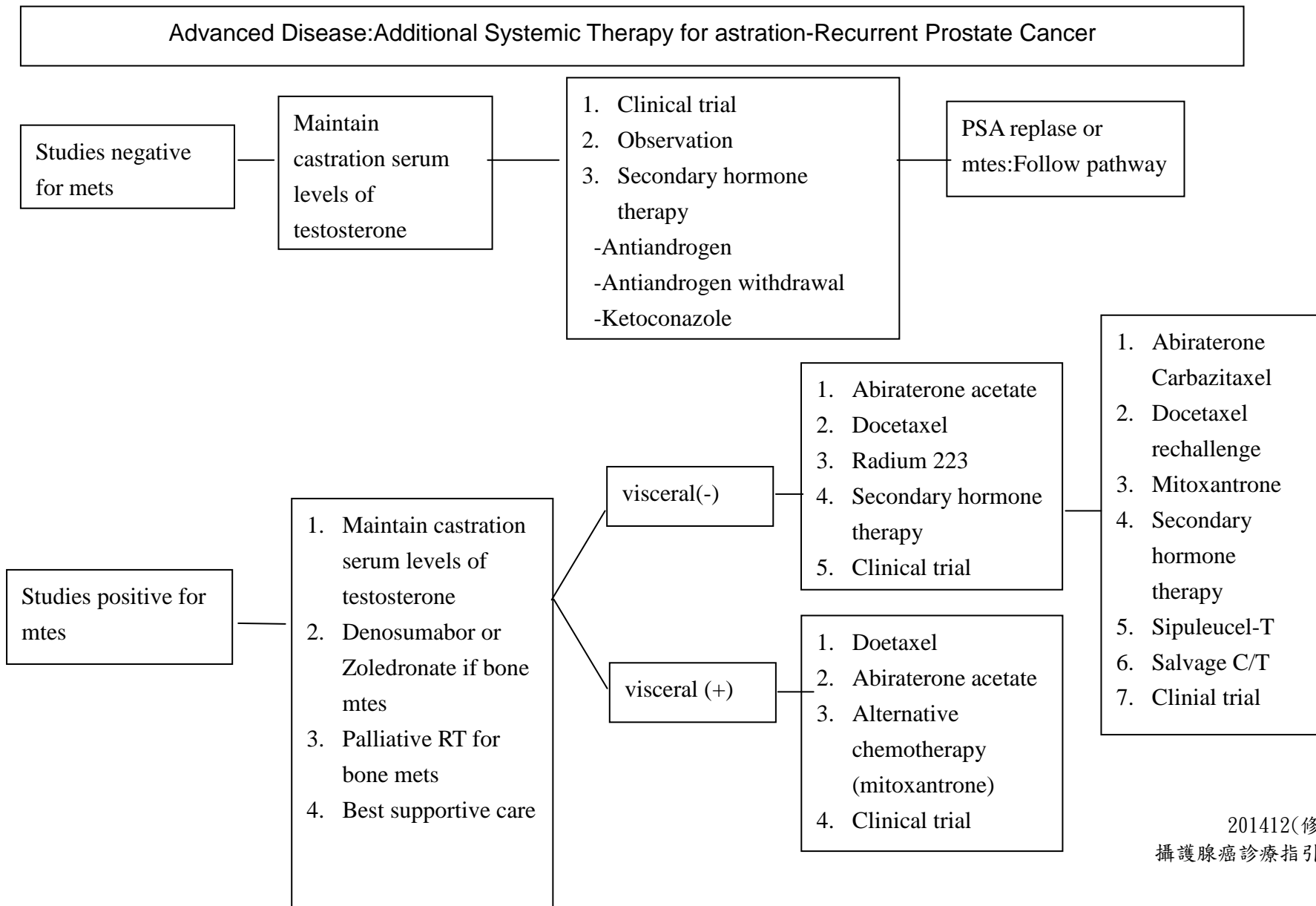












## 攝護腺癌放射線治療

攝護腺癌的治療指引以泌尿道癌多專科團隊訂定的治療準則為依據。以下僅就放射治療的適應症、治療技術、治療劑量、以及正常組織的劑量限制來說明攝護腺癌放射治療政策及執行情序。

### ● 治療政策

#### **Indication:**

##### **Post OP RT**

Positive margin or pT3

PSA > 0.2 ng/ml, or PSA increase on 2 subsequent follow

##### **Definitive RT**

Low Risk: Optional, if life expectancy > 10 years

Intermediate: Indicated if life expectancy > 10 years, may consider hormone therapy

High Risk: Indicated, Hormone therapy is indicated.

### ● 執行情序(procedures)：

#### **Simulation:**

CT simulation is performed in the supine position with arms on the chest. The bladder should be comfortably full to displace the bowel away from the prostate.

Patient should be immobilized with customized immobilization device

## Radiation Technique

CTV: Prostate, Seminal Vesicle, Pelvic LN up to L5/S1

PTV : Expansion 5-10 mm from CTV.

Dose: pelvic LN is 1.8 Gy/fx to 45 Gy. Involved LN 72 Gy. Prophylactic dose to the seminal vesicles is 54 Gy. Documented seminal vesicle disease receives full-dose.

Prostate : 72–78 Gy.

## Post OP

Prostate bed: 64-66Gy, maybe boosted to higher if local residual disease is documented

## Dose Limiting Structures

Bladder: V75 <25%, V40 <50%.

Rectum: V75 <15%, V50 <50%,

Femoral heads: V50 <5%

## 參考資料:

1. Decision Making in Radiation Oncology, V1-2, L.W. Brady, H.-P. et al, 2011
2. Handbook of Evidence-Based Radiation Oncology, Eric K. Hansen et al, 2010

STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Clinically inapparent tumor neither palpable nor visible by imaging
T1a	Tumor incidental histologic finding in 5% or less of tissue resected
T1b	Tumor incidental histologic finding in more than 5% of tissue resected
T1c	Tumor identified by needle biopsy (e.g., because of elevated PSA)
T2	Tumor confined within prostate*
pT2	Organ confined
T2a	Tumor involves one-half of one lobe or less
pT2a	Unilateral, one-half of one side or less
T2b	Tumor involves more than one-half of one lobe but not both lobes
pT2b	Unilateral, involving more than one-half of side but not both sides
T2c	Tumor involves both lobes
pT2c	Bilateral disease
T3	Tumor extends through the prostate capsule**
pT3	Extraprostatic extension
T3a	Extracapsular extension (unilateral or bilateral)
pT3a	Extraprostatic extension or microscopic invasion of bladder neck ***
T3b	Tumor invades seminal vesicle(s)

STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
pT3b	Seminal vesicle invasion
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles: such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall
pT4	Invasion of rectum, levator muscles and/or pelvic wall
	Note: There is no pathologic T1 classification. *Note: Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c. **Note: Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is classified not as T3 but as T2. ***Note: Positive surgical margin should be indicated by an R1 descriptor (residual microscopic disease).

REGIONAL LYMPH NODES (N)	
NX	Regional lymph nodes were not assessed
pNX	Regional nodes not sampled
N0	No regional lymph node metastasis
pN0	No positive regional nodes
N1	Metastasis in regional lymph node(s)
pN1	Metastases in regional node(s)



DISTANT METASTASIS (M)	
M0	No distant metastasis
M1	Distant metastasis
M1a	Non-regional lymph node(s)
M1b	Bone(s)
M1c	Other site(s) with or without bone disease
	*Note: When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced

ANATOMIC STAGE • PROGNOSTIC GROUPS					
CLINICAL					
GROUP	T	N	M	PSA	Gleason
<b>I</b>	T1a-c	N0	M0	PSA<10	Gleason ≤ 6
	T2a	N0	M0	PSA<10	Gleason ≤ 6
	T1-2a	N0	M0		Gleason X
<b>IIA</b>	T1a-c	N0	M0	PSA<20	Gleason 7
	T1a-c	N0	M0	PSA ≥ 10<20	Gleason ≤ 6
	T2a	N0	M0	PSA<20	Gleason ≤ 7
	T2b	N0	M0	PSA<20	Gleason ≤ 7
	T2b	N0	M0	PSA X	Gleason X
<b>IIB</b>	T2c	N0	M0	Any PSA	Any Gleason
	T1-2	N0	M0	PSA ≥ 20	Any Gleason
	T1-2	N0	M0	Any PSA	Gleason ≥ 8
<b>III</b>	T3a-b	N0	M0	Any PSA	Any Gleason
<b>IV</b>	T4	N0	M0	Any PSA	Any Gleason
	Any T	N1	M0	Any PSA	Any Gleason
	Any T	Any N	M1	Any PSA	Any Gleason
*When either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.					
Stage unknown					