



仁愛醫療財團法人  
*JEN-AI HOSPITAL*

# 子宮頸癌診療指引

2009年06月03日制定

2010年06月18日一修

2011年09月07日二修

2012年09月19日三修

2013年09月18日四修

2014年09月17日五修

2015年09月16日六修

2016年05月31日七修

2017年05月31日八修

2018年05月30日九修

婦癌醫療團隊共同制定

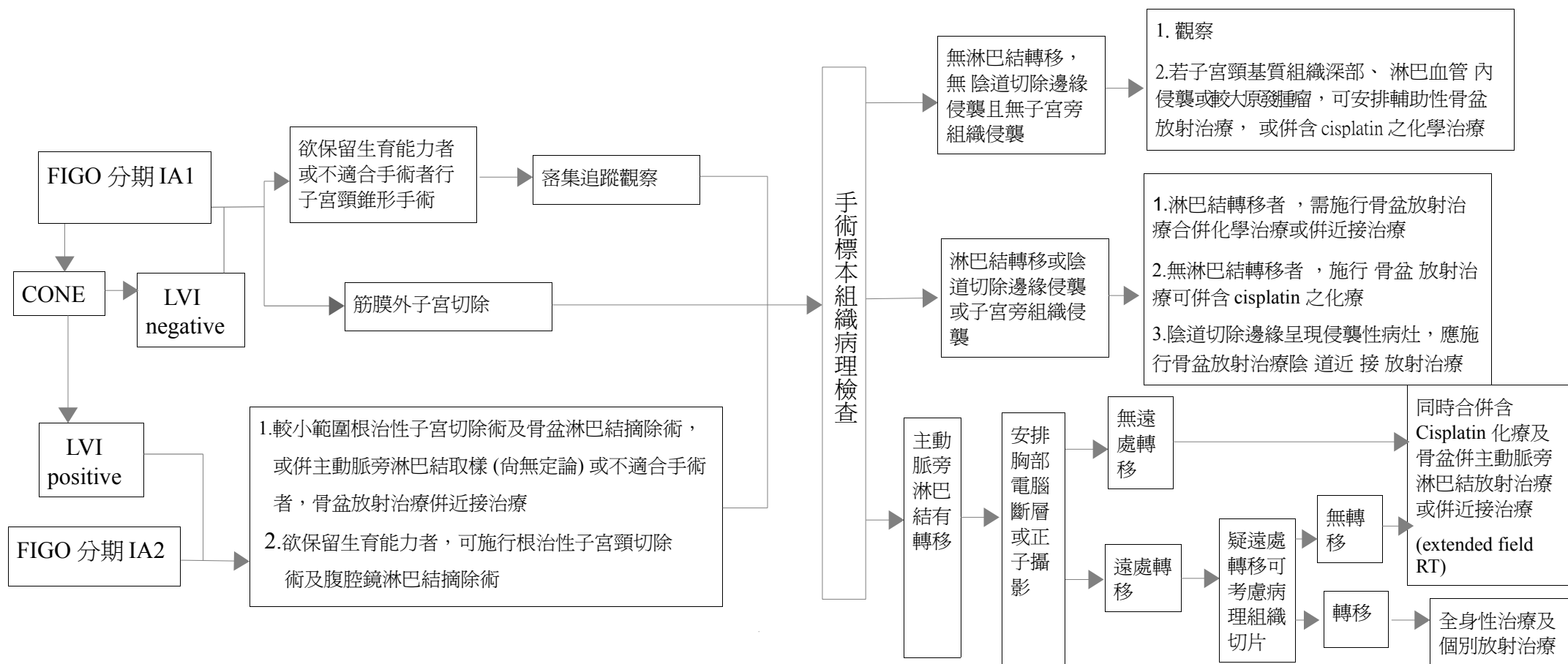
# 修訂原則

- 參與修訂科別：婦產科、放射診斷科、病理科、腫瘤治療科、血液暨腫瘤內科、安寧緩和團隊。
- 診療指引需符合以下原則：
  - 一、依據實證醫學精神，並於指引中註明主要參考文獻（至少為 peer review article，若引用醫院之資料庫資料需提供分析及討論紀錄。
  - 二、參酌國情並經院內共識討論，且有相關會議紀錄佐。
  - 三、定期檢視改版（至少每年一次，且明確標示制訂或修訂日期）。
  - 四、團隊共識後所訂之指引，應提送癌委會核備後公告。

子宮頸癌治療流程(圖一)

治療前檢查：1. 病史及理學檢查；2. 全血球計數；3. 子宮頸切片之組織病理檢查；4. 子宮頸錐狀手術 (當子宮頸切片之組織病理檢查結果為微侵襲癌者)；5. 胸部 X 光；6. 分期高於 IA 者，安排腎盂攝影 (IVP) 或腹部及骨盆電腦斷層或核磁共振檢查；7. 常規生化檢驗

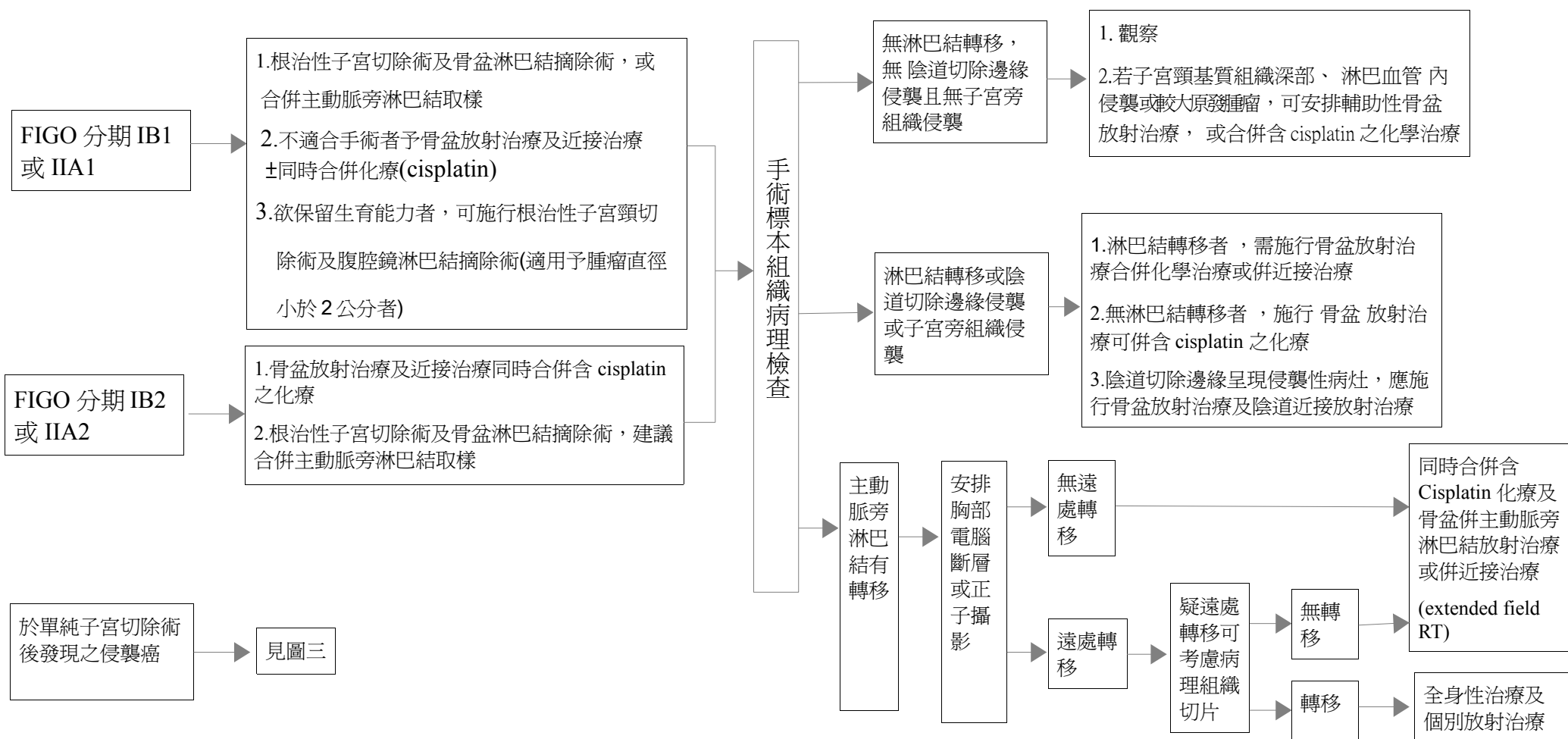
選擇性檢查：# 分期為 IB2 或以上者，膀胱或直腸鏡檢；# 血清腫瘤標記檢驗 (SCC、CEA；腺癌者 CEA、CA-125)；# 正子攝影



### 子宮頸癌治療流程(圖一續)

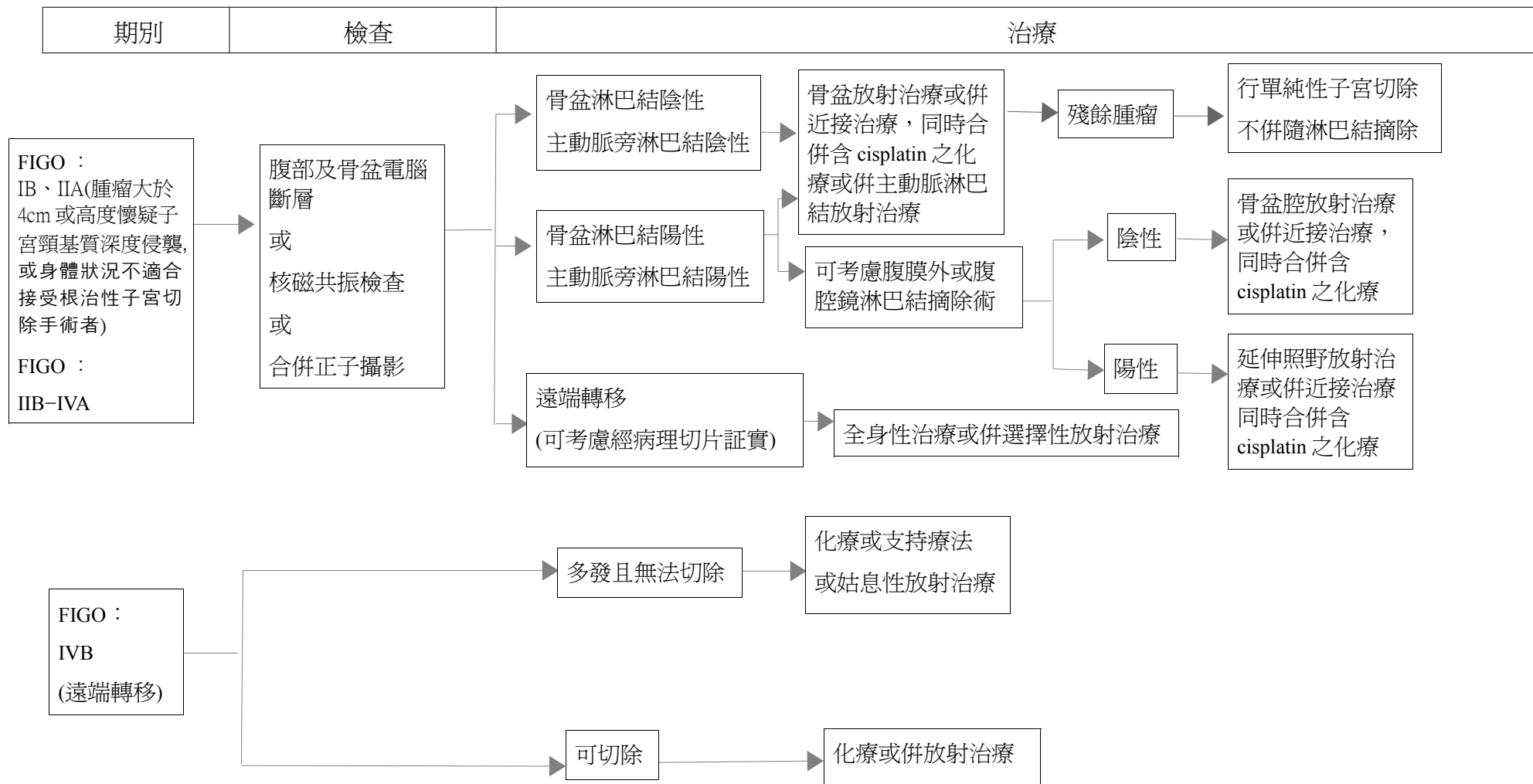
治療前檢查：1. 病史及理學檢查；2. 全血球計數；3. 子宮頸切片之組織病理檢查；4. 子宮頸錐狀手術 (當子宮頸切片之組織病理檢查結果為微侵襲癌者)；5. 胸部 X 光；6. 分期高於 IA 者，安排腎盂攝影 (IVP) 或腹部及骨盆電腦斷層或核磁共振檢查；7. 常規生化檢驗

選擇性檢查：# 分期為 IB2 或以上者，膀胱或直腸鏡檢；# 血清腫瘤標記檢驗 (SCC、CEA；腺癌者 CEA、CA-125)；# 正子攝影

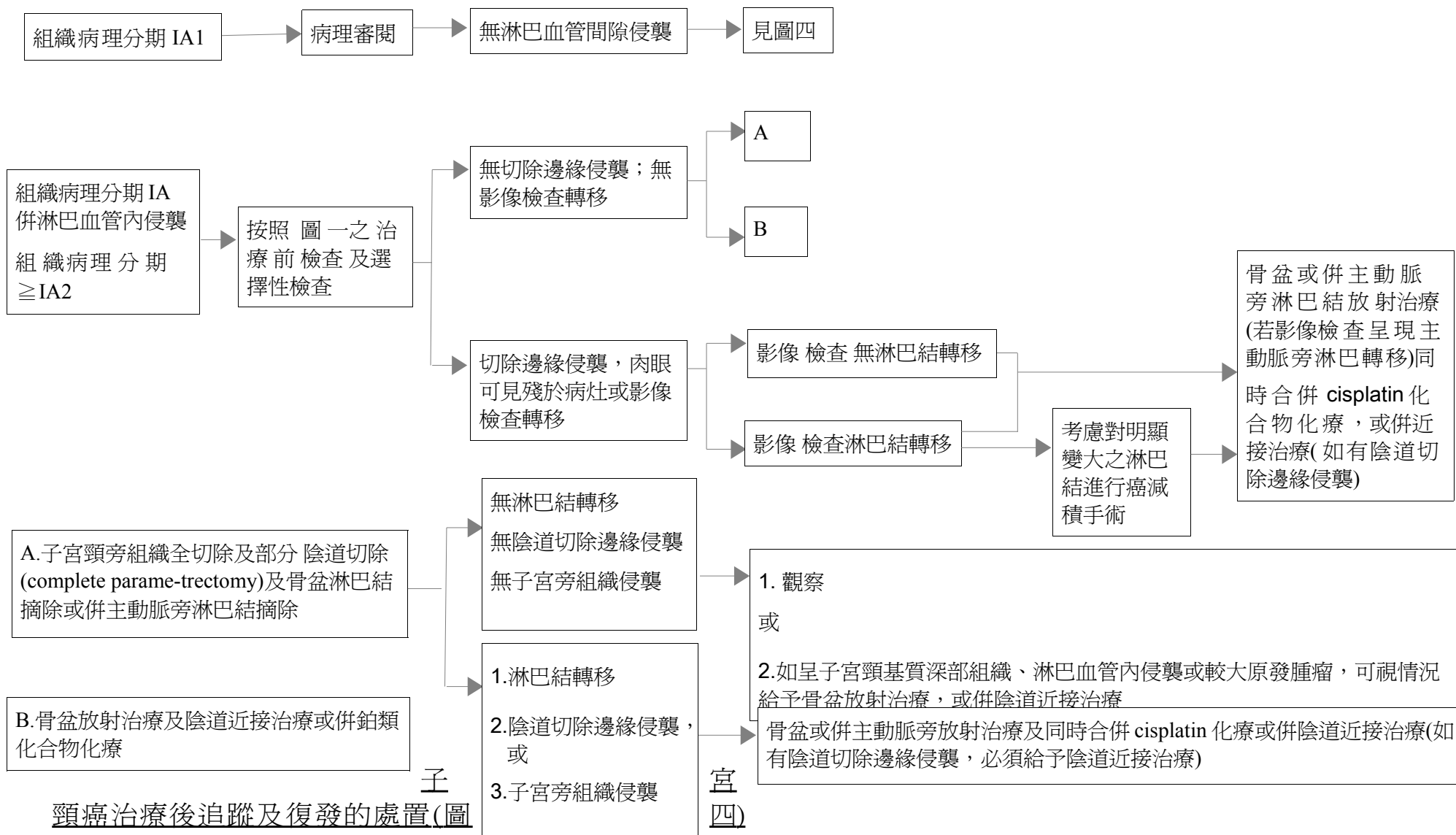


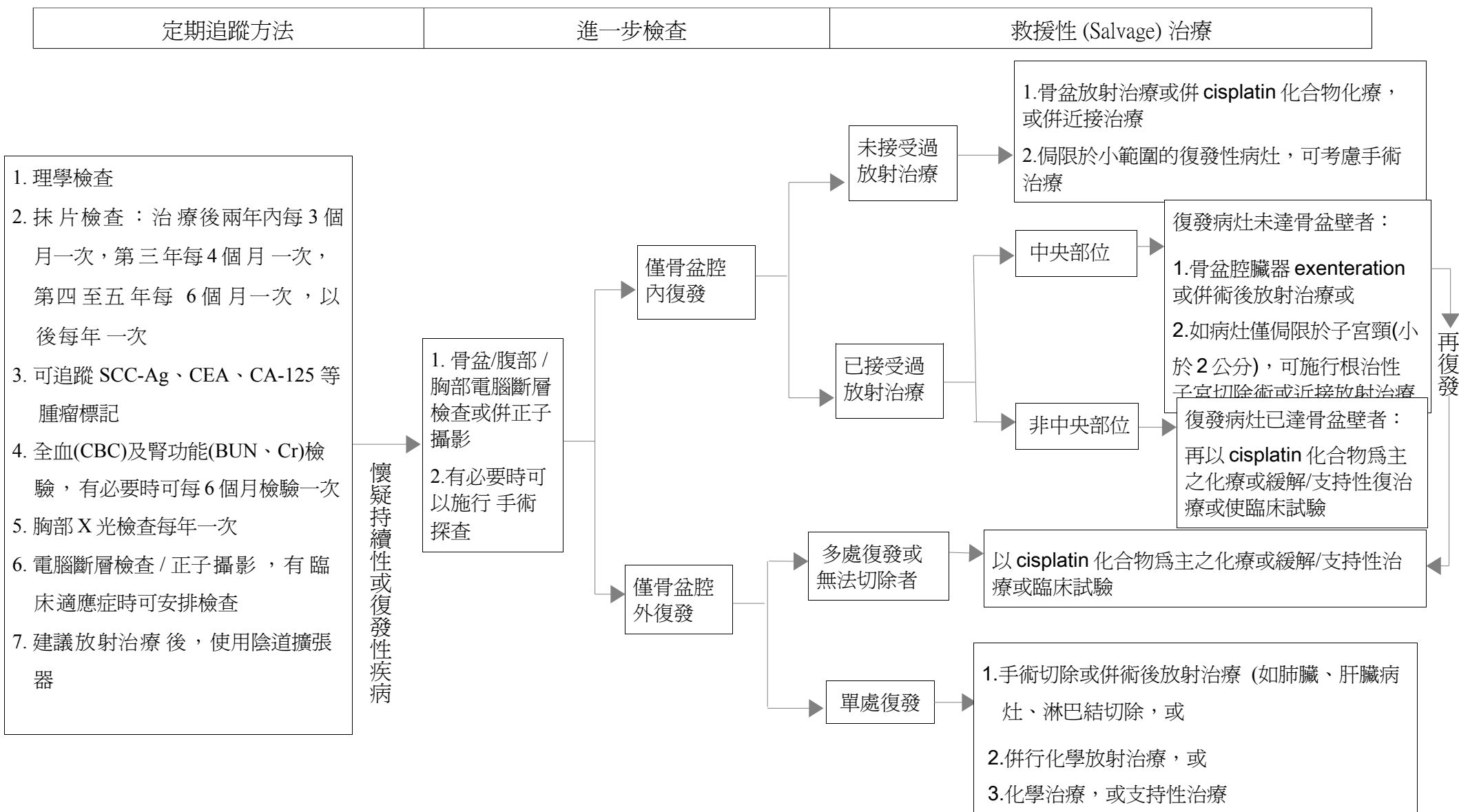
FIGO 分期 IIB - IVB 子宮頸癌，或不適合施行根治性子宮切除手術之 IB、IIA 治療流程(圖二)

1. 放射治療包括體外放射治療及近接治療
2. 鱗狀上皮細胞癌使用含 cisplatin 之化療；非鱗狀上皮細胞癌可使用不同於 cisplatin 之化療藥物



單純子宮全切除後意外發現侵襲性癌症(圖三)





<b>子宮頸癌化療處方 Chemotherapy regimen</b>		
治療目的	組套編碼	處方內容
<b>Neoadjuvant/ Adjuvant CCRT</b>	<b>CERRT-1</b>	<b>Weekly Cisplatin/RT (CCRT)<sup>2,3</sup></b> Cisplatin 40 mg/m <sup>2</sup> , in NS 300 ml, IV over 1 hour (maximum 70mg) Weekly on day 1 of external RT, 1 to 4 hours before RT initiation Weekly x 4-6 cycles (Dr. confirm)
	<b>CERRT-2</b>	<b>Cisplatin/5-FU/RT (CCRT)<sup>1</sup></b> Cisplatin 70 mg/m <sup>2</sup> in NS 300 ml, IV over 2 hours, Day 1 5FU 1000 mg/m <sup>2</sup> /day, in NS 500 ml, IV CI 24hour, Days 2-5 Q 4 W along with RT for 5 consecutive days at 28 day intervals
<b>Recurrent / metastatic</b>	<b>CERP01</b>	<b>Paclitaxel/Cisplatin<sup>5,6</sup></b> Paclitaxel (Taxol) 175 mg/m <sup>2</sup> in NS 500 ml IV over 3 hours, Day 1 Cisplatin 50 mg/m <sup>2</sup> in NS 300 ml IV over 1 hours, Day 1 Repeat cycle of every 21 days
	<b>CERP01-1</b>	<b>Paclitaxel/Cisplatin/Bevacizumab<sup>11</sup></b> Bevacizumab 15 mg/kg in NS 100 ml, IV over 90min Cisplatin 50 mg/m <sup>2</sup> in NS 300 ml IV over 1 hours, Day 1, or Day 2 Paclitaxel (Taxol) 135 or 175 mg/m <sup>2</sup> in NS 500 ml IV over 3 or 24hours, Day 1 Repeat cycle of every 21 days
	<b>CERP02</b>	<b>Paclitaxel/Carboplatin<sup>12,13</sup></b>



		<p>Carboplatin AUC 5, in NS 250 ml, IV over 60 minutes, Day 1 followed by Paclitaxel (Taxol) 175 mg/m<sup>2</sup> in NS 500 ml, IV over 3 hours, Day 1 Repeat cycle every 21 days for 6-9 cycles or until disease progression or unacceptable toxicity.</p>
	<b>CERP02-1</b>	<p><b>Paclitaxel/Carboplatin/Bevacizumab<sup>11</sup></b> Bevacizumab 15 mg/kg in NS 100 ml, IV over 90minutes Paclitaxel (Taxol) 175 mg/m<sup>2</sup> in NS 500 ml IV over 3 hours, Day 1 Carboplatin AUC 5-6, in NS 250 ml, IV over 60 minutes, Day 1 Repeat cycle every 21 days until disease progression or unacceptable toxicity.</p>
	<b>CERP03</b>	<p><b>Cisplatin + Topotecan<sup>8</sup></b> Topotecan 0.75 mg/m<sup>2</sup>/day, in N/S 100ml, IV over 30 min, Day 1,2,3 Cisplatin 50 mg/m<sup>2</sup> in N/S 300ml, IV over 1 hour, Day 1 Repeat cycle every 21 Days</p>
	<b>CERP04</b>	<p><b>Gemcitabine/Cisplatin<sup>7,14</sup></b> Gemcitabine 1000 mg/m<sup>2</sup> in N/S 100 ml, IV over 30 minutes D1,8 Cisplatin 50 mg/m<sup>2</sup> in N/S 300ml IV over 1 hour, day 1 Repeat cycle of every 21 days</p>
	<b>CERP05</b>	<p><b>Paclitaxel<sup>5,6,15</sup></b> Paclitaxel 175 mg/m<sup>2</sup> in NS 500 ml, IV over 3 hours, Day 1 Repeat cycle every 21 Days</p>

	<p><b>CERP06</b></p>	<p><b>Cisplatin</b><sup>5,6</sup> Cisplatin 50 mg/m<sup>2</sup> in NS 300 ml, IV over 1 hours, Day 1 Repeat cycle every 21 Days</p>
	<p><b>CERP07</b></p>	<p><b>Docetaxel</b><sup>9</sup> Docetaxel 100mg/m<sup>2</sup>, in NS 250 ml, IV over 1 hours, Day 1 Repeat cycle every 21 Days</p>
	<p><b>CERP08</b></p>	<p><b>Bevacizumab</b><sup>10</sup> Bevacizumab 15mg/kg , in NS 100 ml, IV over 90 minutes Repeat every 21 Days</p>
	<p><b>CERP09</b></p>	<p><b>Topotecan/Paclitaxel</b><sup>16</sup> Paclitaxel 175 mg/m<sup>2</sup> in NS 500 ml, IV over 3 hours, Day 1 Topotecan 0.75 mg/m<sup>2</sup>/day in NS 100 ml, IV over 30 minutes, Day 1,2,3 Repeat cycle every 21 days until toxicity or disease progression</p>
	<p><b>CERP09-1</b></p>	<p><b>Topotecan/Paclitaxel/Bevacizumab</b><sup>11</sup> Bevacizumab 15 mg/kg in NS 100 ml, IV over 90 mins Paclitaxel 175 mg/m<sup>2</sup> in NS 500 ml, IV over 3 hours, Day 1 Topotecan 0.75 mg/m<sup>2</sup>/day in NS 100 ml, IV over 30 minutes, Day 1,2,3 Repeat cycle every 21 days until toxicity or disease progression</p>
	<p><b>CERP10-1</b></p>	<p><b>Cisplatin/5FU</b><sup>17</sup> Cisplatin 50-75 mg/m<sup>2</sup>,in NS 300 ml,IV over2 hour, day 1</p>

		<p>Fluorouracil 1000 mg/m<sup>2</sup> ,in NS 500 ml,IV CI 24 hour, day 1-4</p> <p>Repeat cycle every 21 Days for a total of 3-4 cycles</p> <p>*Cisplatin can be switch to Carboplatin AUC 5 if poorly renal function or Old age</p>
	<p><b>CERP10-2</b></p>	<p><b>Carboplatin/5FU<sup>17</sup></b></p> <p>Carboplatin AUC 5 ,in NS 250 ml,IV over 60 mins, day 1</p> <p>Fluorouracil 1000 mg/m<sup>2</sup> ,in NS 500 ml,IV CI 24 hour, day 1-4</p> <p>Repeat cycle every 21 Days for a total of 3-4 cycles</p>

## 子宮頸癌 Radiation therapy

Treatment type	RT technique <sup>13</sup>	Total dose	Fraction size / # Fractions	Note
Adjuvant Radiotherapy	Conventionally Fractionated RT IMRT+IGRT ± HDR Intravaginal Brachytherapy	45-50Gy to whole pelvis or extended field ± (依臨床需要規畫執行 IVRT) 10-20Gy to 0.5cm below mucosa of vaginal stump	1.8-2Gy/ fraction ± 2-2.5Gy/Fraction (IVRT)	
Radical Radiotherapy <sup>14</sup> The size of residual tumor ≤4cm	Conventionally Fractionated RT IMRT+IGRT ± HDR Intracavity Brachytherapy	45Gy to whole pelvis or extended field 50Gy to Parametrial area	1.8-2Gy/ fraction	依臨床需要選擇適用治療原則
		40-45Gy to whole pelvis or extended field + ICRT 15-30Gy to Uterine cervix (Point A which defined as 2cm superior to lateral vaginal fornix and 2cm lateral to cervical canal)	1.8-2Gy/ fraction + 3.5-6Gy/Fraction	
		45Gy to whole pelvis or extended field 50Gy to Parametrial area + ICRT 20-25Gy to Uterine cervix (Point A which defined as 2cm superior to lateral vaginal fornix and 2cm	1.8-2Gy/ fraction + 3.5-6Gy/Fraction	

		lateral to cervical canal)		
Radical Radiotherapy The size of residual tumor > 4cm	Conventionally Fractionated RT IMRT+IGRT	45-50Gy to whole pelvis or extended field 70Gy to Cervical tumor	1.8-2Gy/ fraction	

- 註：實際治療分次劑量 × 總治療次數，應與處方劑量差異在±1Gy內。
- 註：放射治療詳細流程請參照 口腔癌放射治療標準政策與執行規範。