乳癌

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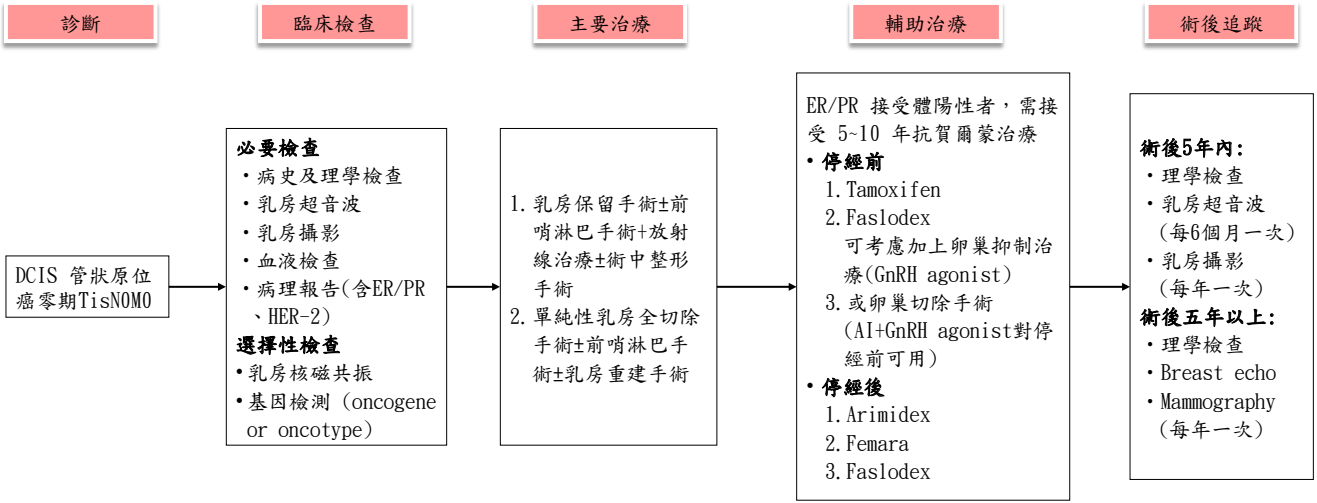
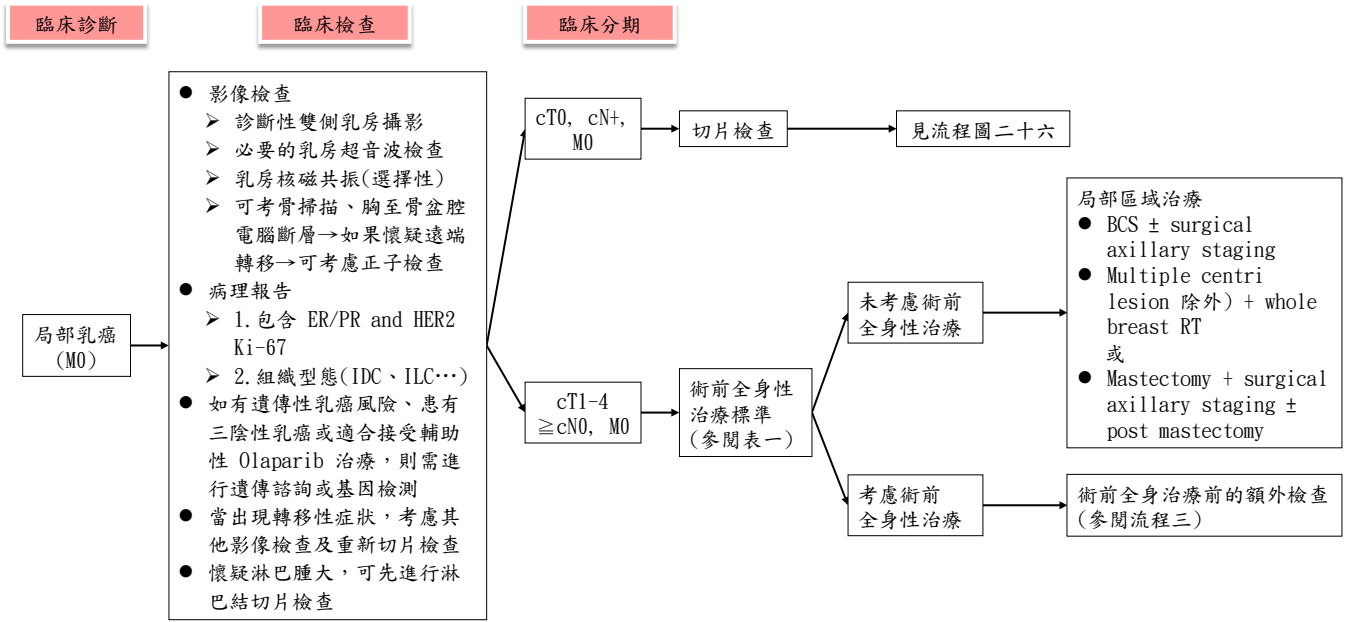
乳癌診療指引修訂	
2025-01-10 修訂第十一版	2026-01-23 修訂第十二版
● 更新文獻 ● 新增手術前-前導性治療流程 ● 新增共識處方	● 更新文獻 ● 刪除第一~三期手術前－前導性治療 ● 刪除第一~三期手術後－輔助治療 ● 刪除乳癌放療診療指引 ● 新增術前適合接受全身性治療的患者評估 ● 新增術前全身治療前檢查 ● 新增可手術治療的疾病：術前全身性治療前進行乳房及腋下評估 ● 新增無法手術或局部晚期疾病(非發炎性)：術前全身性治療及後續治療 ● 新增術前全身性治療後的輔助性全身治療 ● 新增先以手術完後，根據受體狀態考慮術後輔助全身治療 ● 新增全身性輔助治療：HR 陽性－HER2 陽性疾病 ● 新增全身性輔助治療：HR 陽性－HER2 陰性乳癌(停經後pT1-3 且pN0 或pN+腫瘤患者) ● 新增全身性輔助治療：HR 陽性－HER2 陰性乳癌(停經前pT1-3 及pN0 乳癌患者) ● 新增全身性輔助治療：HR 陽性－HER2 陰性乳癌(停經前pT1-3 及pN+乳癌患者) ● 新增全身性輔助治療：HR 陰性－HER2 陽性乳癌 ● 新增全身性輔助治療：HR-陰性－HER2-陰性乳癌 ● 新增ER 和/或PR 陽性乳癌的全身性治療(復發性不可切除(局部或區域性)或IV 期(M1)乳癌) ● 新增CDK4/6 抑制劑治療後，轉移性荷爾蒙受體陽性、HER2 陰性乳癌(MBC)的臨床管理 ● 新增轉移性疾病監測原則(轉移性疾病患者的追蹤間隔建議) ● 新增隱性原發性乳癌 ● 新增發炎性乳癌 ● 化療處方模組原Perjeta 商品名更改為學名Pertuzumab ● 化療處方模組原Taxotere 商品名更改為學名Docetaxel

原位乳癌



註：1.如有服用Tamoxifen ，必要時請每年至婦科追蹤

流程圖一



Inflammatory breast cancer(IBC) → Workup for IBC (見流程圖二十七)

Metastatic (M1) invasive breast cancer → Stage IV (M1) or Recurrent disease → Workup for Recurrent or Stage IV (M1)

流程圖二

4

適合接受術前全身性治療的患者

1. 具有不可切除乳癌的患者

- 發炎性乳癌
- 腋下淋巴結cN2
- cN3淋巴結疾病
- cT4腫瘤

2. 部分具可手術乳癌患者

術前全身性治療較適合以下情況：

- HER2陽性乳癌或TNBC(若腫瘤分期≧cT2或≧cN1)
- 腫瘤相對乳房體積較大、但患者希望保留乳房
- cN+(淋巴結陽性)且術前治療後，有機會成為cN0的患者

術前全身性治療可考慮於以下情況：

- cT1c、cN0的HER2陽性乳癌或TNBC或Luminal B type
- 若腫瘤分期≧cT2或≧cN1, Luminal B 且HER2陰性乳癌

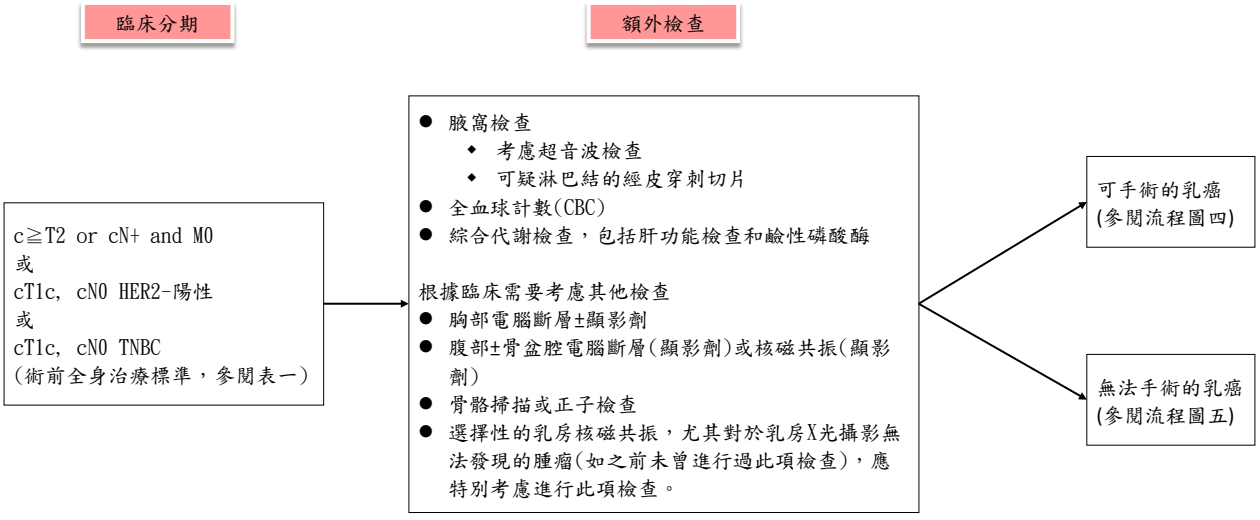
3. 最終手術可能延後的患者

不適合接受術前全身性治療的患者

- 原位病灶範圍廣泛且無法明確界定侵襲性癌症範圍的患者
- 腫瘤邊界不清晰的患者
- 腫瘤無法觸及或無法臨床評估的患者

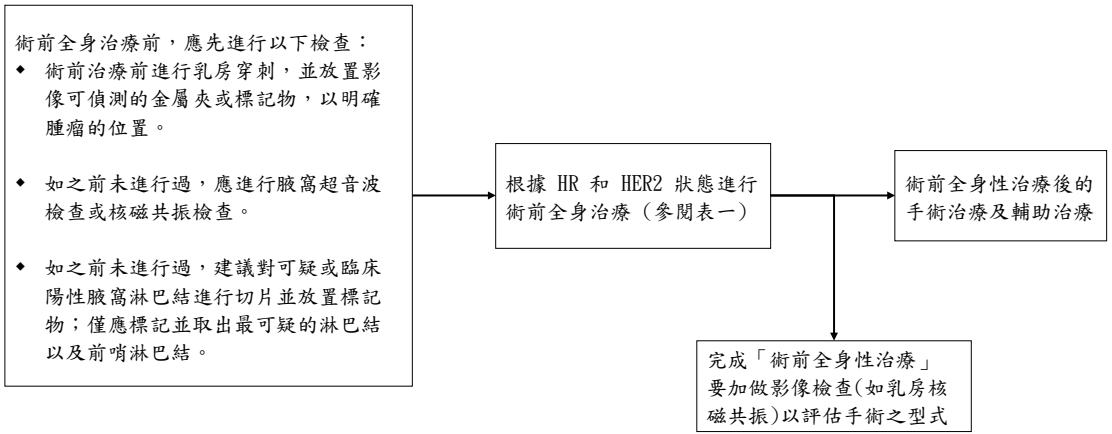
表一

術前全身治療前檢查



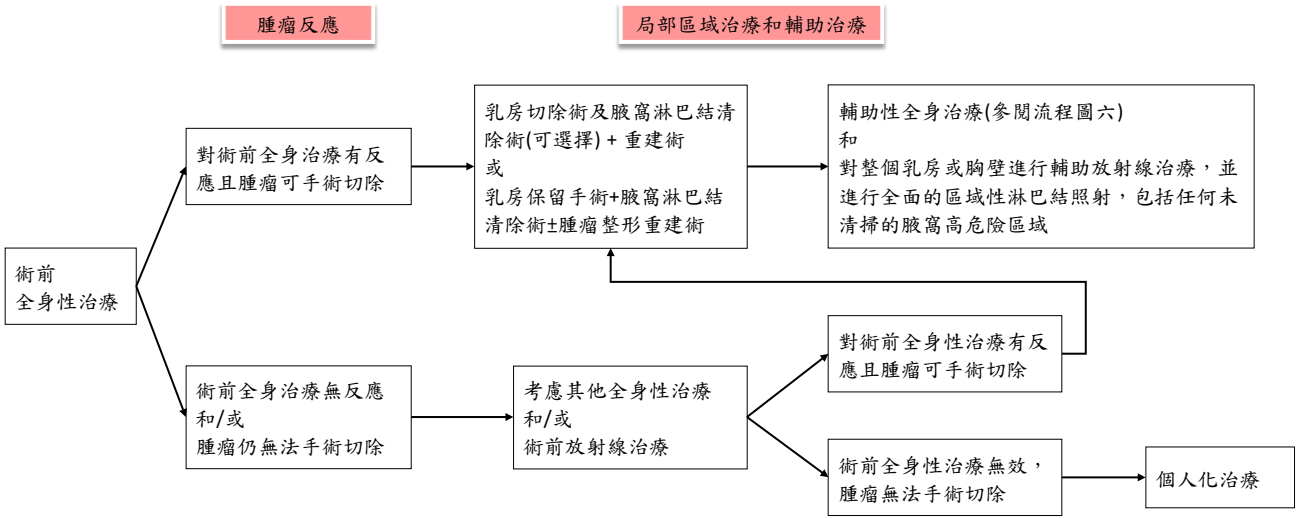
流程圖三

可手術治療的疾病:術前全身性治療前進行乳房及腋下評估



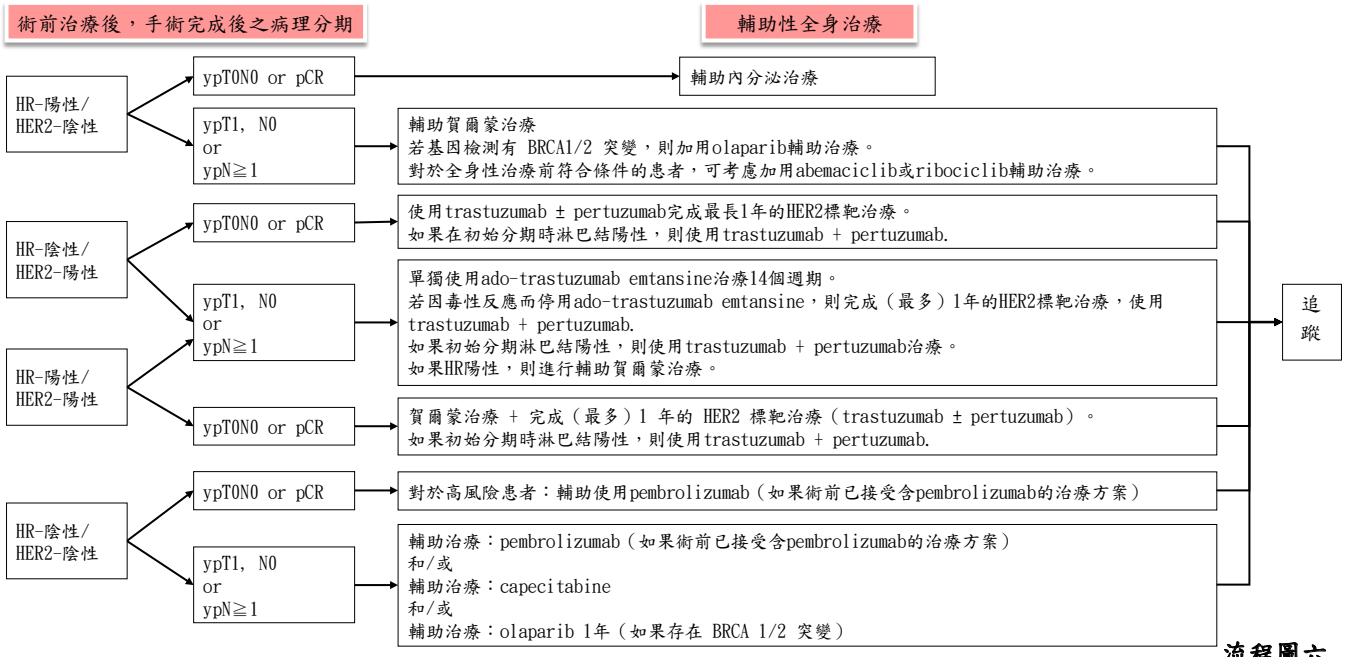
流程圖四

無法手術或局部晚期疾病(非發炎性):術前全身性治療及後續治療



流程圖五

術前全身性治療後的輔助性全身治療



流程圖六

The regimens listed in the table for HER2-negative disease are all category 1 (except where indicated) when used in the adjuvant setting.

<table>
<tr><th colspan="2">HER2-Negative</th></tr>
<tr><td colspan="2">Preferred Regimens:
• Dose-dense AC (doxorubicin/cyclophosphamide) followed or preceded by paclitaxel every 2 weeks
• Dose-dense AC (doxorubicin/cyclophosphamide) followed or preceded by weekly paclitaxel
• TC (docetaxel and cyclophosphamide)
• Olaparib, if germline BRCA1/2 mutations
• High-risk TNBC: Preoperative pembrolizumab + carboplatin + paclitaxel, followed by preoperative pembrolizumab + cyclophosphamide + doxorubicin or epirubicin, followed by adjuvant pembrolizumab
• TNBC and residual disease after preoperative therapy with taxane-, alkylator-, and anthracycline-based chemotherapy: Capecitabine</td></tr>
<tr><td>Useful in Certain Circumstances:
• Dose-dense AC (doxorubicin/cyclophosphamide)
• AC (doxorubicin/cyclophosphamide) every 3 weeks (category 2B)
• CMF (cyclophosphamide/methotrexate/fluorouracil)
• AC followed by weekly paclitaxel
• Capecitabine (maintenance therapy for TNBC after adjuvant chemotherapy)</td><td>Other Recommended Regimens:
• AC followed by docetaxel every 3 weeks
• EC (epirubicin/cyclophosphamide)
• TAC (docetaxel/doxorubicin/cyclophosphamide)
• For TNBC: Paclitaxel + carboplatin (various schedules) (category 2A)
Docetaxel + carboplatin (category 2A)</td></tr>
</table>

表二

術前/輔助治療

HER2-Positive	
Preferred Regimens: • Paclitaxel + trastuzumab • TCH (docetaxel/carboplatin/trastuzumab) • TCHP (docetaxel/carboplatin/trastuzumab/pertuzumab) • If no residual disease after preoperative therapy or no preoperative therapy: Complete up to one year of HER2-targeted therapy with trastuzumab (category 1) ± pertuzumab. • If residual disease after preoperative therapy: Ado-trastuzumab emtansine (category 1) alone. If ado-trastuzumab emtansine discontinued for toxicity, then trastuzumab (category 1) ± pertuzumab to complete one year of therapy. If node positive at initial staging, trastuzumab + pertuzumab (category 1)	
Useful in Certain Circumstances: • Docetaxel + cyclophosphamide + trastuzumab • AC followed by T + trastuzumab (doxorubicin/cyclophosphamide followed by paclitaxel plus trastuzumab, various schedules) • AC followed by T + trastuzumab + pertuzumab (doxorubicin/ cyclophosphamide followed by paclitaxel plus trastuzumab plus pertuzumab, various schedules) • Neratinib (adjuvant setting only) • Paclitaxel + trastuzumab + pertuzumab • Ado-trastuzumab emtansine (TDM-1) (adjuvant setting only)	**Other Recommended Regimens:** • AC followed by docetaxel + trastuzumab (doxorubicin/ cyclophosphamide followed by docetaxel + trastuzumab) • AC followed by docetaxel + trastuzumab + pertuzumab (doxorubicin/cyclophosphamide followed by docetaxel + trastuzumab + pertuzumab) • Paclitaxel/carboplatin + trastuzumab + pertuzumab

表三

劑量：術前/輔助治療

HER2-Negative Preferred Regimens	
Dose-dense AC followed by paclitaxel • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 14 days for 4 cyclesl ◆ Followed by: • Paclitaxel 175 mg/m2 by 3 h IV infusion day 1 ◆ Cycled every 14 days for 4 cyclesl **Dose-dense AC followed by weekly paclitaxel** • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 14 days for 4 cycles ◆ Followed by: • Paclitaxel 80 mg/m2 by 1 h IV infusion weekly for 12 weeks **TC** • Docetaxel 75 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4–6 cycles	**Preoperative pembrolizumab + chemotherapy followed by adjuvant pembrolizumab** • Preoperative: ◆ Pembrolizumab 200 mg IV Day 1 ◆ Paclitaxel 80 mg/m2 IV Days 1, 8, 15 ◆ Carboplatin AUC 5 IV Day 1 Or ◆ Carboplatin AUC 1.5 IV Days 1, 8, 15 – Cycled every 21 days x 4 cycles (cycles 1–4) Followed by: ◆ Pembrolizumab 200 mg IV Day 1 ◆ Doxorubicin 60 mg/m2 IV Day 1 or Epirubicin 90 mg/m2 IV Day 1 ◆ Cyclophosphamide 600 mg/m2 IV Day 1 – Cycled every 21 days x 4 cycles (cycles 5–8) Followed by: • Adjuvant pembrolizumab 200 mg IV Day 1 ◆ Cycled every 21 days x 9 cycles **Capecitabine** • 1000–1250 mg/m2 PO twice daily on days 1–14 ◆ Cycled every 21 days for 6–8 cycles **Olaparib** • 300 mg PO twice daily • Cycled every 28 days for 1 y

表四 12

劑量：術前/輔助治療

HER2-Negative		
Other Recommended Regimens		**Useful in Certain Circumstances**
AC followed by docetaxel every 3 weeks • Doxorubicin 60 mg/m² IV on day 1 • Cyclophosphamide 600 mg/m² IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ Followed by: • Docetaxel 100 mg/m² IV on day 1 ◆ Cycled every 21 days for 4 cycles **EC chemotherapy** • Epirubicin 100 mg/m² IV day 1 • Cyclophosphamide 830 mg/m² IV day 1 ◆ Cycled every 21 days for 8 cycles **TAC chemotherapy** • Docetaxel 75 mg/m² IV day 1 • Doxorubicin 50 mg/m² IV day 1 • Cyclophosphamide 500 mg/m² IV day 1 ◆ Cycled every 21 days for 6 cyclesl	**Paclitaxel + carboplatin** • Weekly paclitaxel + carboplatin (preoperative setting only) ◆ Paclitaxel 80 mg/m2 days 1, 8, and 15 ◆ Carboplatin AUC 5 or 6 day 1; – Cycled every 21 days x 4 cycles • Weekly paclitaxel + weekly carboplatin ◆ Paclitaxel 80 mg/m2 days 1, 8, and 15 ◆ Carboplatin AUC 1.5–2 days 1, 8, and 15 – Cycled every 28 days x 6 cycles **Docetaxel + carboplatin (4–6 cycles)** • Docetaxel 75 mg/m2 day 1 • Carboplatin AUC 6 day 1 ◆ Cycled every 21 days x 4–6 cycles	**Dose-dense AC** • Doxorubicin 60 mg/m² IV day 1 • Cyclophosphamide 600 mg/m² IV day 1 ◆ Cycled every 14 days for 4 cycles **AC** • Doxorubicin 60 mg/m² IV on day 1 • Cyclophosphamide 600 mg/m² IV day 1 ◆ Cycled every 21 days for 4 cycles **CMF chemotherapy** • Cyclophosphamide 100 mg/m² PO days 1–14 • Methotrexate 40 mg/m² IV days 1 & 8 • 5-fluorouracil 600 mg/m² IV days 1 & 8 ◆ Cycled every 28 days for 6 cycles Or • Cyclophosphamide 600 mg/m2 IV day 1 • Methotrexate 40 mg/ m2 IV day 1 • 5-fluorouracil 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 8 cycles

表五

劑量：術前/輔助治療

HER2-Negative		
Other Recommended Regimens		**Useful in Certain Circumstances**
		AC followed by weekly paclitaxel • Doxorubicin 60 mg/m² IV day 1 • Cyclophosphamide 600 mg/m² IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ Followed by • Paclitaxel 80 mg/m² by 1 h IV infusion weekly for 12 weeks **Capecitabine (maintenance therapy)** • 650 mg/m2 PO twice daily on days 1–28 • Cycled every 28 days for 1 year

表五

劑量：術前/輔助治療

HER2-Positive Preferred Regimens			
Paclitaxel + trastuzumab • Paclitaxel 80 mg/m2 IV weekly for 12 weeks ◆ With: • Trastuzumab 4 mg/kg IV with first dose of paclitaxel ◆ Followed by: • Trastuzumab 2 mg/kg IV weekly to complete 1 y of treatment. As an alternative, trastuzumab 6 mg/kg IV every 21 days may be used following the completion of paclitaxel, and given to complete 1 y of trastuzumab treatment.	**TCH** • Docetaxel 75 mg/m2 IV day 1 • Carboplatin AUC 6 IV day 1 ◆ Cycled every 21 days for 6 cycles ◆ With: • Trastuzumab 4 mg/kg IV wk 1 ◆ Followed by: • Trastuzumab 2 mg/kg IV for 17 wks ◆ Followed by: • Trastuzumab 6 mg/kg IV ◆ Cycled every 21 days to complete 1 y of therapy **OR** • Trastuzumab 8 mg/kg IV wk 1 ◆ Followed by: • Trastuzumab 6 mg/kg IV ◆ Cycled every 21 days to complete 1 y of therapy	**TCH + pertuzumab** • Docetaxel 75 mg/m2 IV day 1 • Carboplatin AUC 6 IV day 1 ◆ Cycled every 21 days for 6 cycles With: • Trastuzumab 8 mg/kg IV day 1 • Pertuzumab 840 mg IV day 1 ◆ Followed by: • Trastuzumab 6 mg/kg IV on day 1 • Pertuzumab 420 mg IV day 1 ◆ Cycled every 21 days to complete 1 y of therapy	**TDM-1** • 3.6 mg/kg day 1 ◆ Cycled every 21 days for 14 cycles

表六

劑量：術前/輔助治療

HER2-Positive Useful in Certain Circumstances			
AC followed by T + trastuzumab • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles. ◆ Followed by: • Paclitaxel 80 mg/m2 by 1 h IV weekly for 12 wks ◆ With: • Trastuzumab 4 mg/kg IV with first dose of paclitaxel ◆ Followed by: • Trastuzumab 2 mg/kg IV weekly to complete 1 y of treatment. As an alternative, trastuzumab 6 mg/kg IV every 21 days may be used following the completion of paclitaxel, and given to complete 1 y of trastuzumab treatment.	**Dose-dense AC followed by paclitaxel + trastuzumab** • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 14 days for 4 cycles ◆ Followed by: • Paclitaxel 175 mg/m2 by 3 h IV infusion day 1 ◆ Cycled every 14 days for 4 cycles ◆ With: • Trastuzumab 4 mg/kg IV with first dose of paclitaxel ◆ Followed by: • Trastuzumab 2 mg/kg IV weekly to complete 1 y of treatment. As an alternative, trastuzumab 6 mg/kg IV every 21 days may be used following the completion of paclitaxel, and given to complete 1 y of trastuzumab treatment.	**AC or Dose-Dense AC followed by T + trastuzumab + pertuzumab** • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles or For dose-dense: Cycle every 14 days for 4 cycles ◆ Followed by: • Pertuzumab 840 mg IV day 1 followed by 420 mg IV • Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV • Paclitaxel 80 mg/m2 IV days 1, 8, and 15 ◊ Cycled every 21 days for 4 cycles ◆ Followed by: • Trastuzumab 6 mg/kg IV day 1 • Pertuzumab 420 mg IV day 1 ◊ Cycled every 21 days to complete 1 y of therapy	**Docetaxel/cyclophosphamide + trastuzumab** • Docetaxel 75 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ With: • Trastuzumab 4 mg/kg IV wk 1 ◆ Followed by • Trastuzumab 2 mg/kg IV weekly for 11 wks ◆ Followed by • Trastuzumab 6 mg/kg IV ◆ Cycled every 21 days to complete 1 y of therapy of trastuzumab therapy **OR** • Trastuzumab 8 mg/kg IV wk 1 ◆ Followed by: • Trastuzumab 6 mg/kg IV every 21 days to complete 1 y of trastuzumab therapy

16

表七

劑量：術前/輔助治療

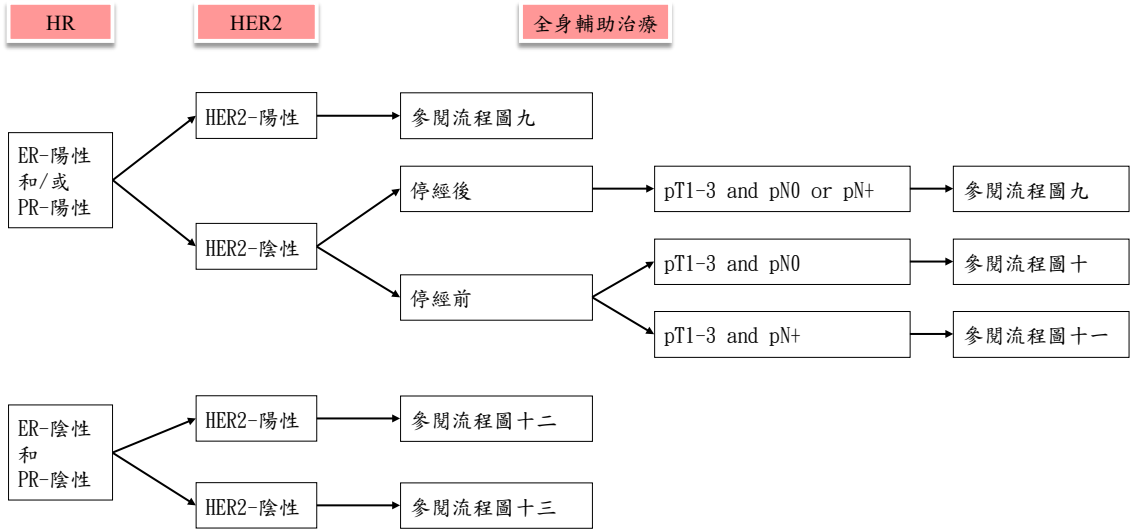
HER2-Positive Other Recommended Regimens		
AC followed by docetaxel + trastuzumab • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ Followed by: • Docetaxel 100 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ With: • Trastuzumab ◆ 4 mg/kg IV wk 1; Followed by: ◆ 2 mg/kg IV weekly for 11 wks; Followed by: ◆ 6 mg/kg IV ◆ Cycled every 21 days to complete 1 y of trastuzumab therapy	**Paclitaxel/carboplatin + trastuzumab + pertuzumab** • Paclitaxel 80 mg/m2 IV day 1 and 8 • Carboplatin AUC 6 IV day 1 ◆ Cycled every 21 days for 9 cycles • Traztuzumab 8 mg/kg IV day 1 • Pertuzumab 840 mg IV day 1 ◆ Followed by: • Trastuzumab 6 mg/kg IV day 1 • Pertuzumab 420 mg IV day 1 ◆ Cycled every 21 days to complete 1 y of therapy	**AC followed by docetaxel + trastuzumab + pertuzumab** • Doxorubicin 60 mg/m2 IV day 1 • Cyclophosphamide 600 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ Followed by: • Pertuzumab 840 mg IV day 1 followed by 420 mg IV • Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV • Docetaxel 75–100 mg/m2 IV day 1 ◆ Cycled every 21 days for 4 cycles ◆ Followed by: • Trastuzumab 6 mg/kg IV • Pertuzumab 420 mg IV day 1 ◆ Cycled every 21 days to complete 1 y of therapy

表八

HER2-Positive Other Recommended Regimens		
Neratinib • 120 mg PO daily on days 1–7; Followed by: • 160 mg PO daily on days 8–14; Followed by: • 240 mg PO daily on days 15–28 ◆ Cycled every 28 days x 1 cycle ◆ Followed by: • 240 mg PO daily on days 1–28 ◆ Cycled every 28 days x 12 cycles beginning with cycle 2	**Paclitaxel + trastuzumab + pertuzumab** • Paclitaxel 80 mg/m2 IV day 1 ◆ Cycled every 7 days x 12 cycles • Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV • Pertuzumab 840 mg IV day 1 followed by 420 mg IV ◆ Cycled every 21 days x 4 cycles ◆ Followed by: • Trastuzumab 6 mg/kg IV; • Pertuzumab 420 mg IV day 1; ◆ Cycled every 21 days to complete 1 y of therapy	**Ado-trastuzumab emtansine (T-DM1)** • 3.6 mg/kg IV day 1 ◆ Cycled every 21 days for 17 cycles

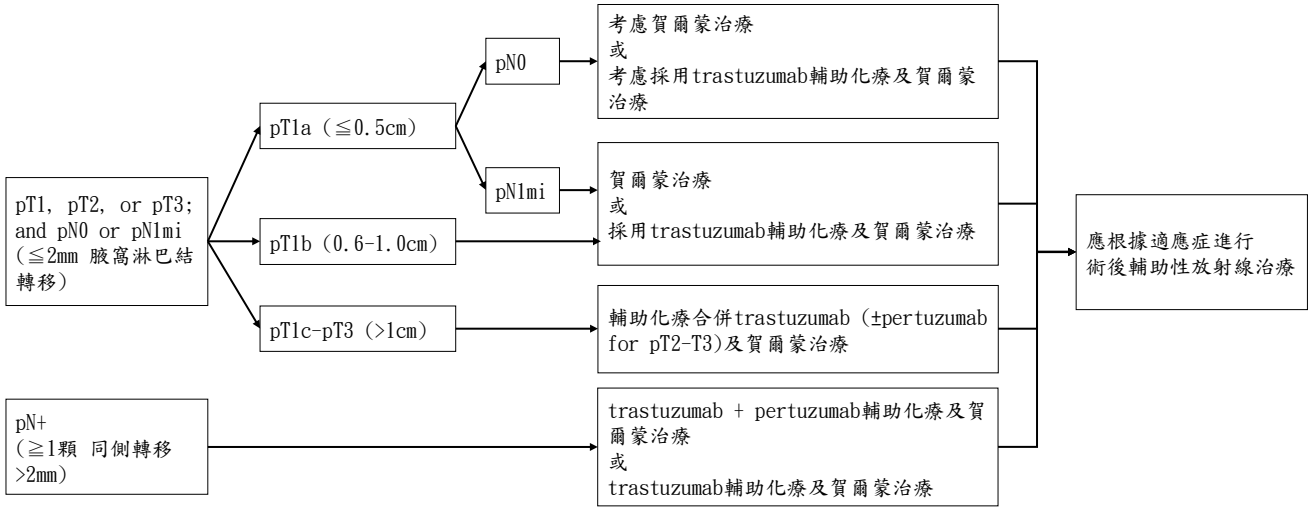
表九

先以手術完後，根據受體狀態考慮術後輔助全身治療



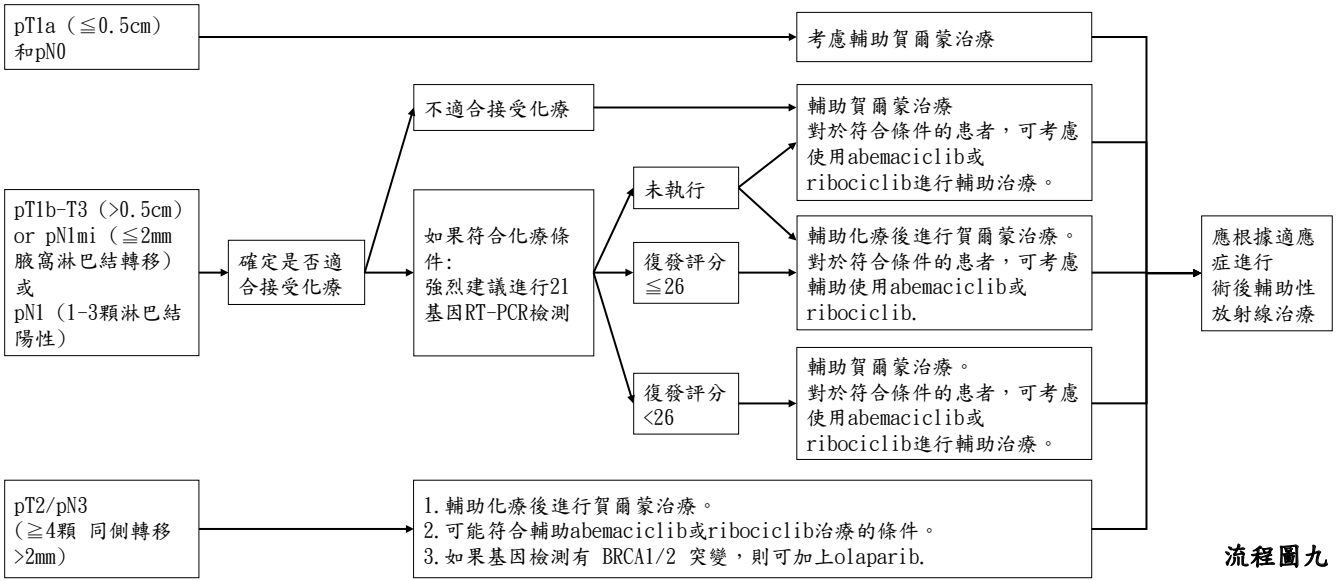
流程圖七

全身性輔助治療：HR陽性 - HER2陽性疾病



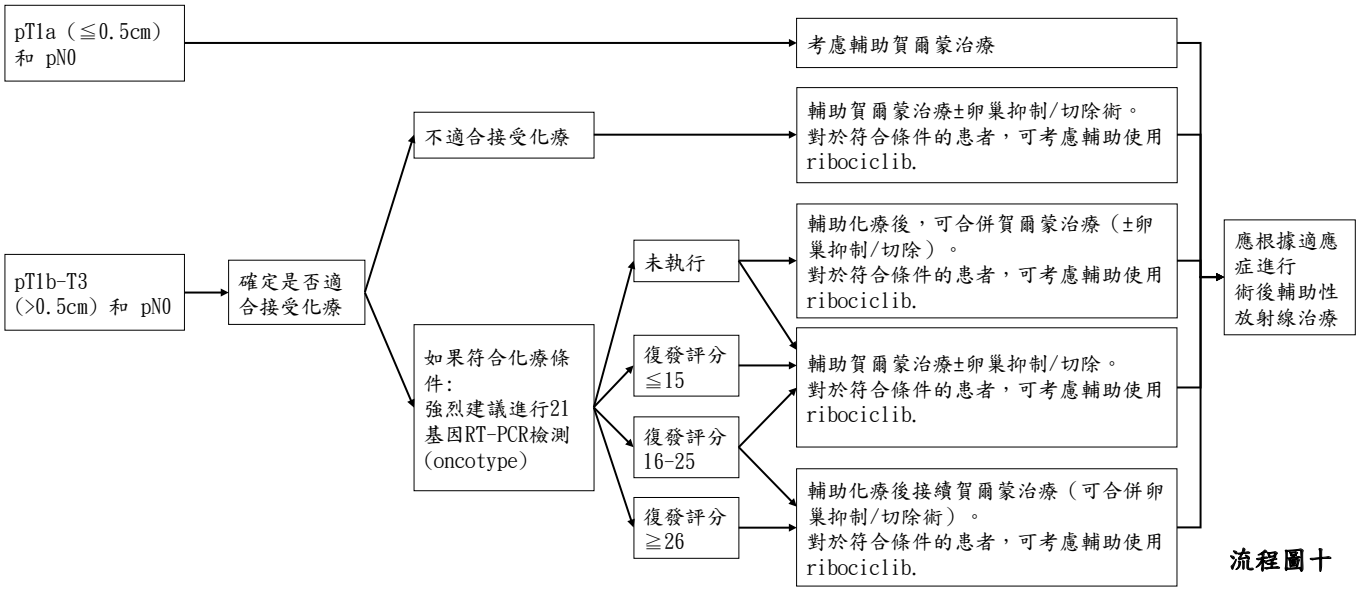
流程圖八

全身性輔助治療：HR陽性 - HER2陰性乳癌停經後pT1-3且pN0或pN+腫瘤患者



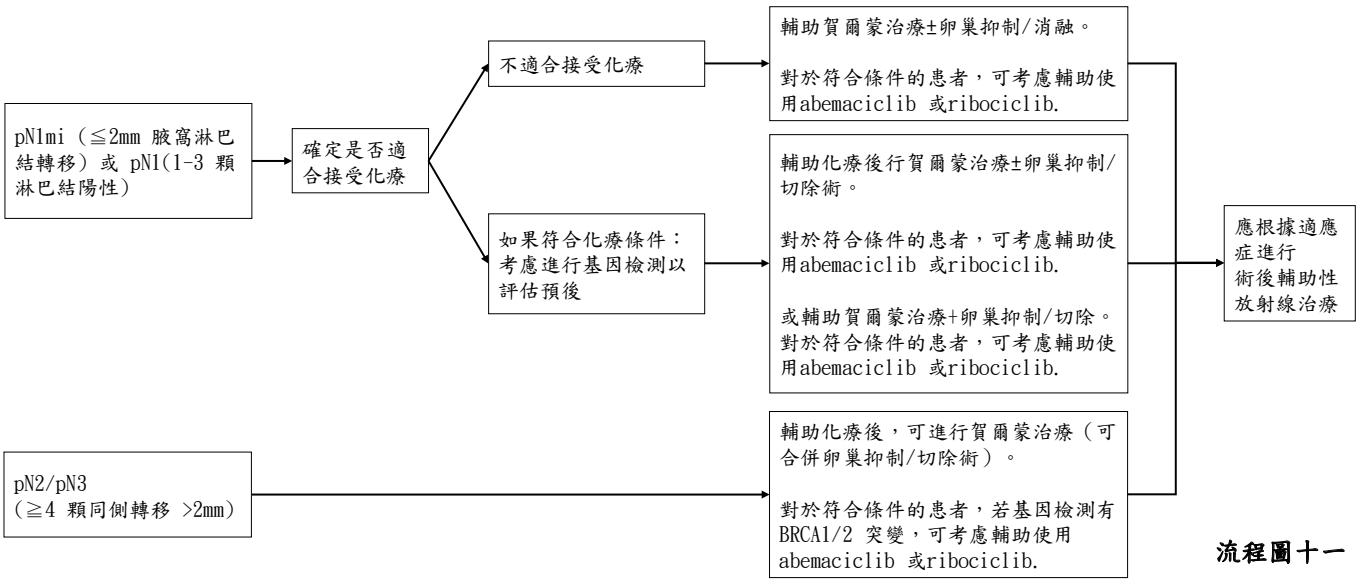
流程圖九

全身性輔助治療：HR陽性 - HER2陰性乳癌停經前pT1-3及pN0乳癌患者



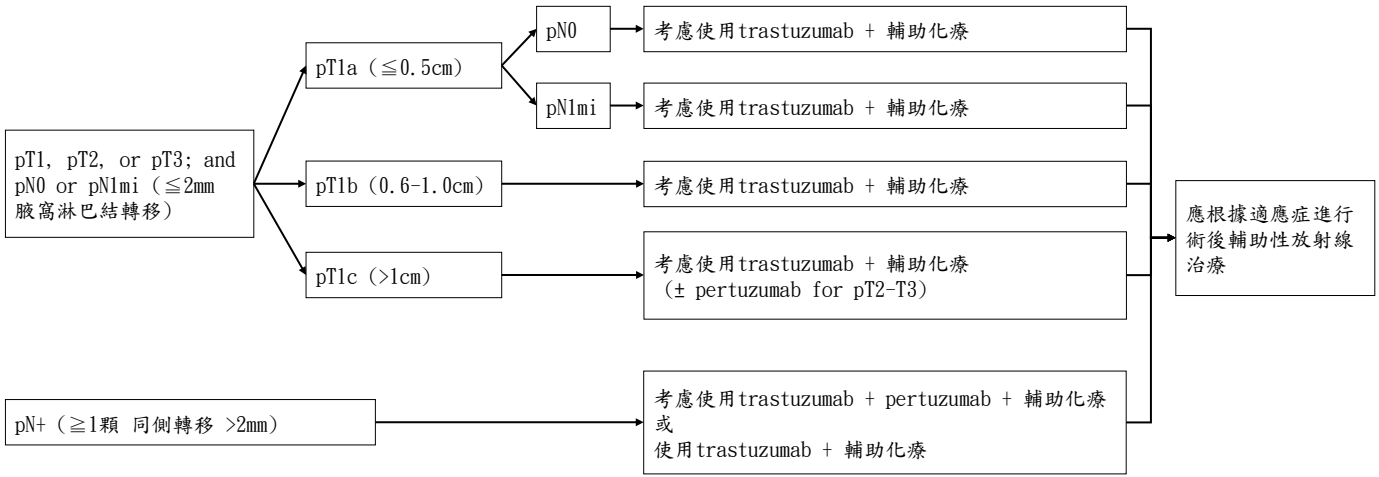
流程圖十

全身性輔助治療：HR陽性 - HER2陰性乳癌停經前pT1-3及pN+乳癌患者



流程圖十一

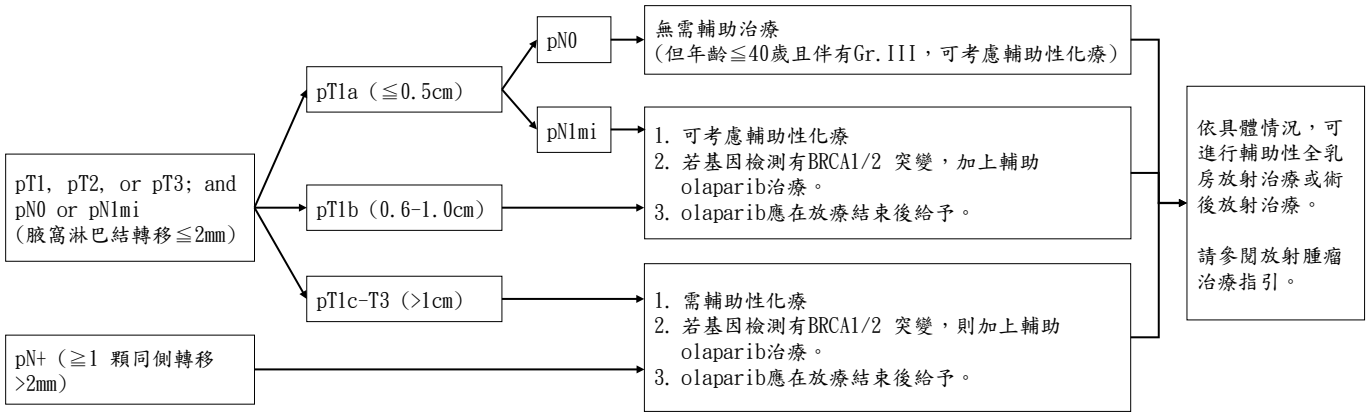
全身性輔助治療：HR陰性 - HER2陽性乳癌



流程圖十二

24

全身性輔助治療：HR-陰性－HER2-陰性乳癌



流程圖十三

對於復發性不可切除(局部或區域性)或IV期(M1)乳癌為ER和/或PR陽性乳癌的全身性治療需考慮之事項

卵巢功能評估：

- 治療開始前評估estradiol血清濃度
- 若患者處於停經前或更年期前期，
  - 卵巢抑制/消融/切除合併抗雌激素治療比單純內分泌治療有效。
  - 卵巢功能抑制(OFS)應在內分泌治療開始或同時進行。

內分泌治療方案的選擇：

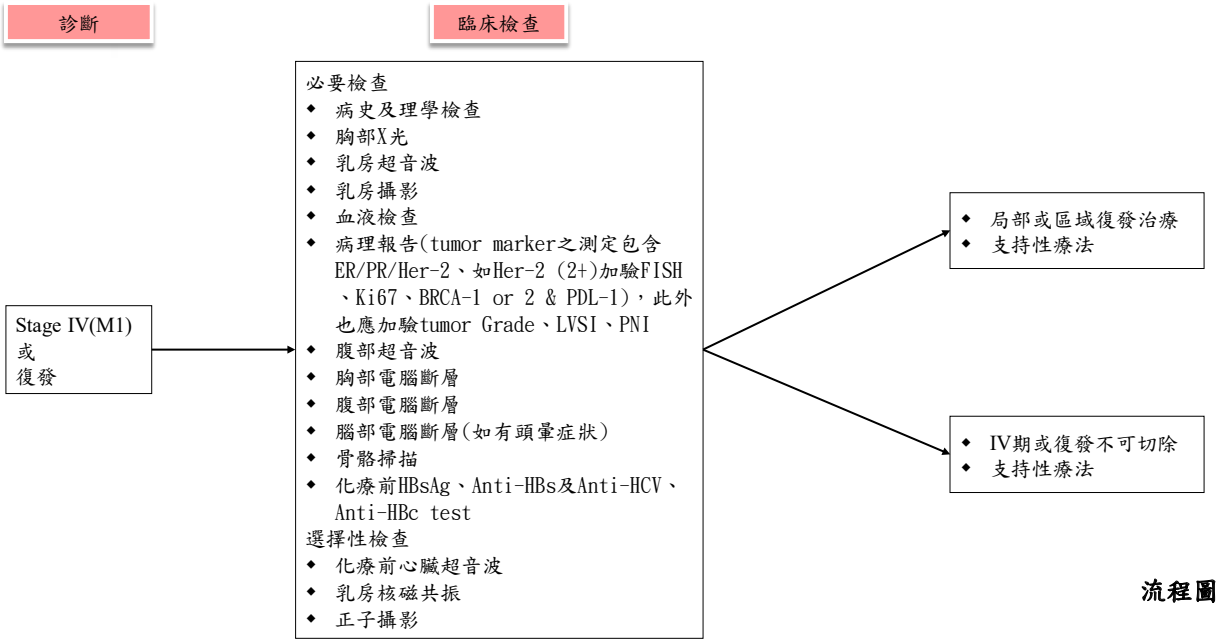
- 取決於既往輔助內分泌治療方案和無疾病存活期
- 必須衡量療效與副作用

內分泌治療合併 CDK4/6 抑制劑治療：

- 即使有廣泛的內臟病變，內分泌治療合併CDK4/6抑制劑也優於化療。〔但Total Bilirubin ≦1.5 (Right choice trail)〕。
- 僅在出現真正的內臟危象時才建議化療。
- 如果患者體弱或合併多種疾病，可考慮單一芳香化酶抑制劑 (AI) 治療。

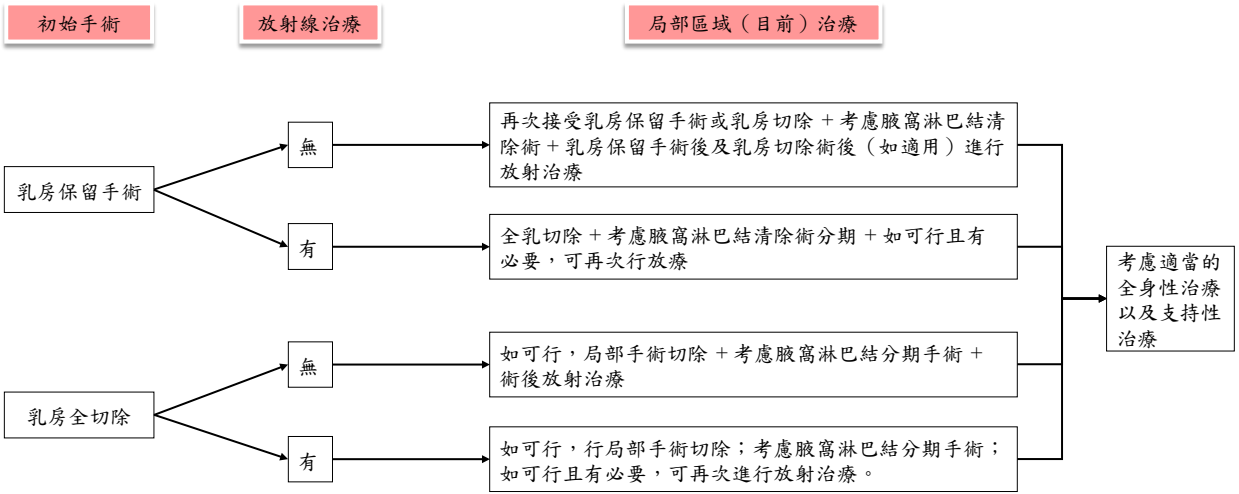
表十

乳癌第四期或復發



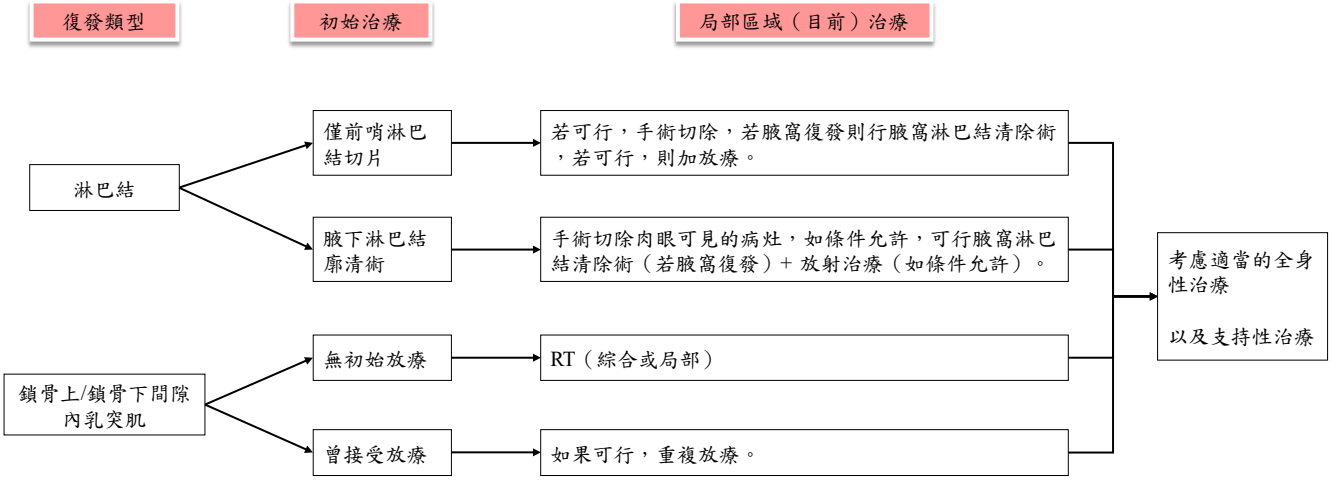
流程圖十四

局部復發的治療：乳房或胸壁復發（臨床上無明顯的腋窩復發）



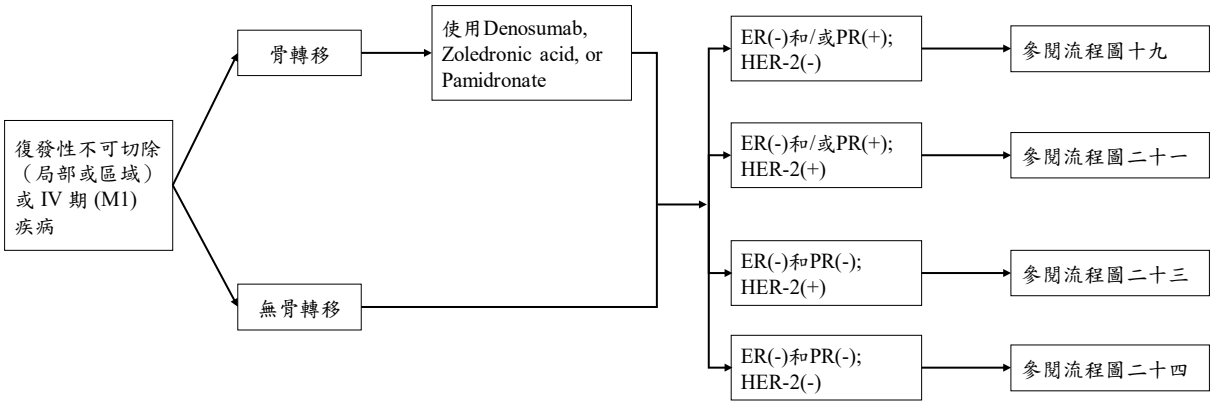
流程圖十五

區域及局部復發治療



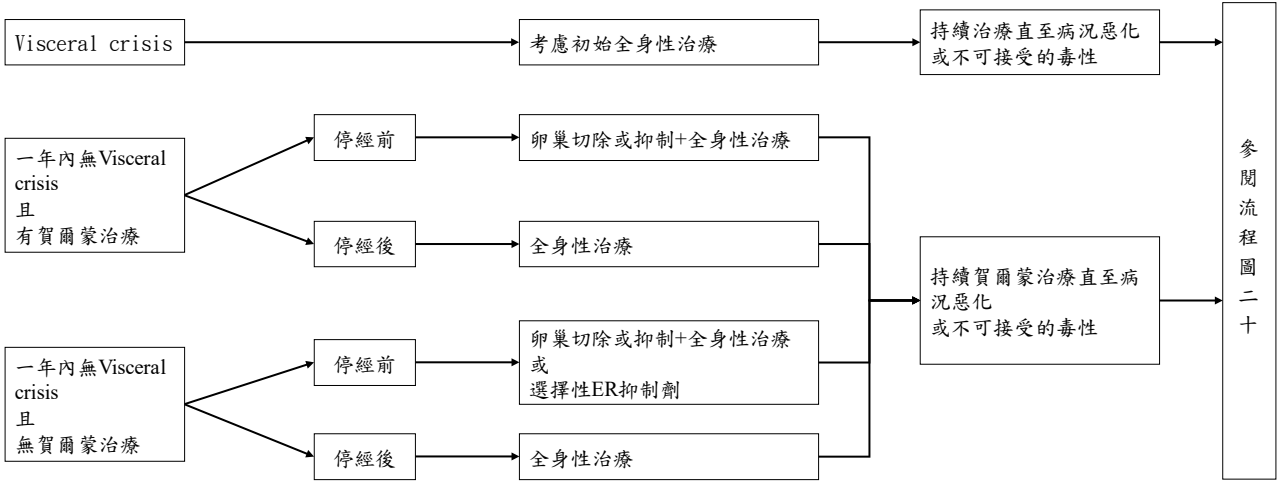
流程圖十六

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療



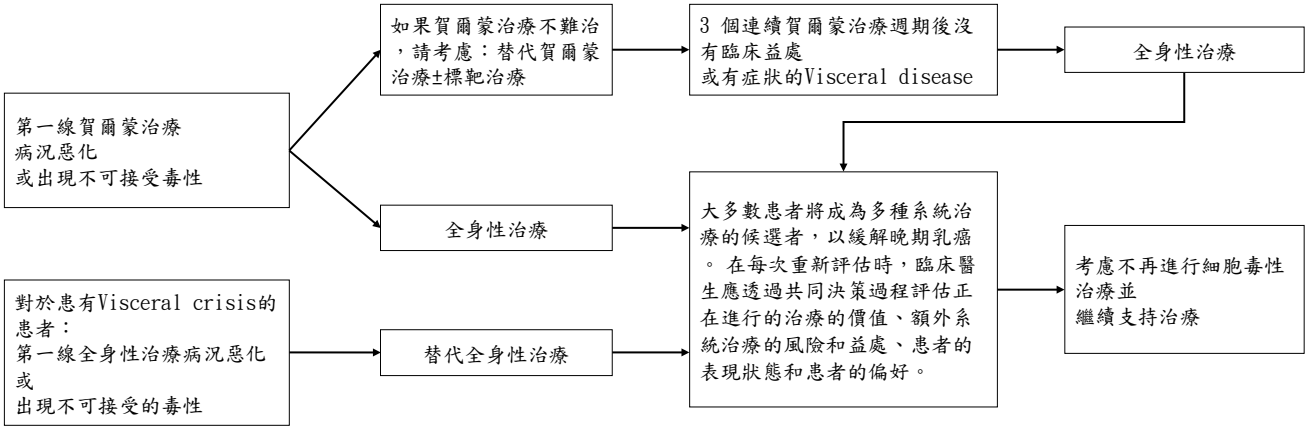
流程圖十七

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陽性；HER2-陰性



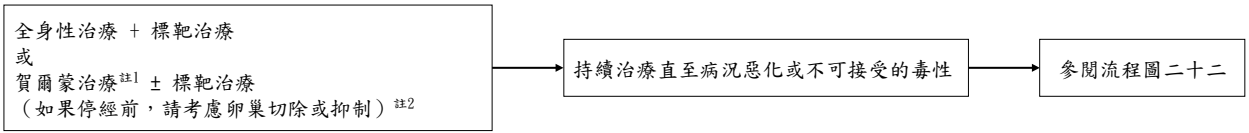
流程圖十八

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陽性；HER2-陰性



流程圖十九

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陽性；HER2-陽性

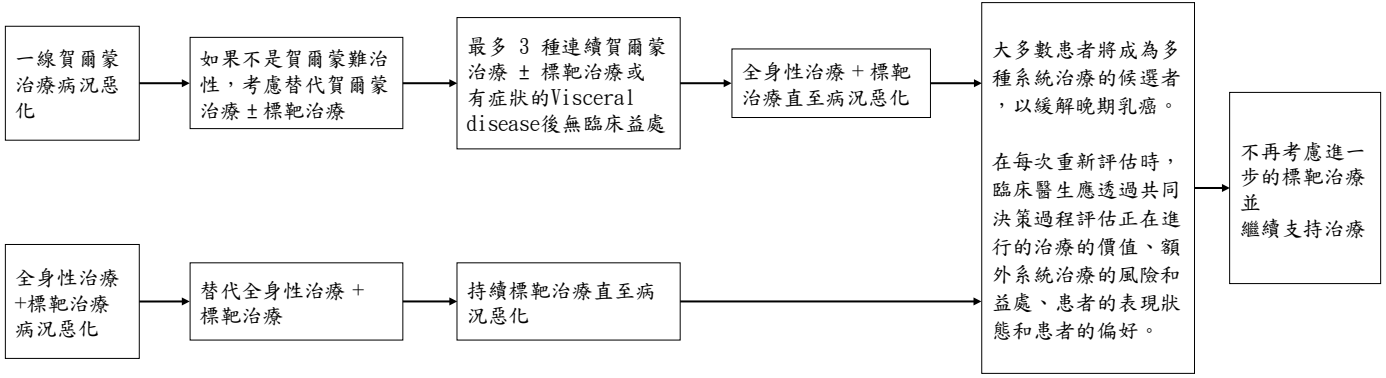


註1：若一年內使用賀爾蒙治療，請考慮不同的賀爾蒙治療。

註2：對於停經前患者，單用Tamoxifen（不進行卵巢切除/抑制）+標靶治療也是一種選擇。

流程圖二十

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陽性；HER2 陽性



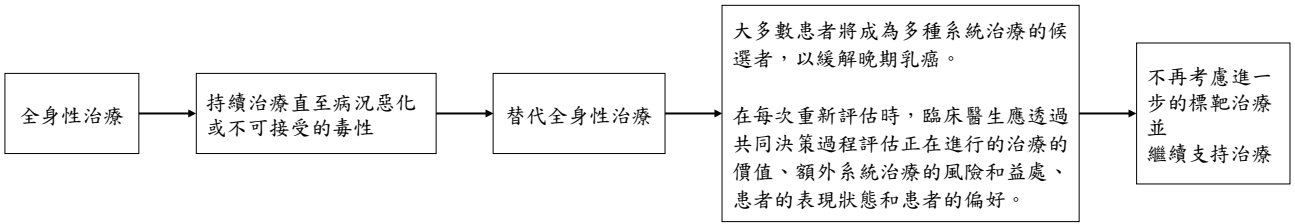
流程圖二十一

34

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陰性；HER2 陽性

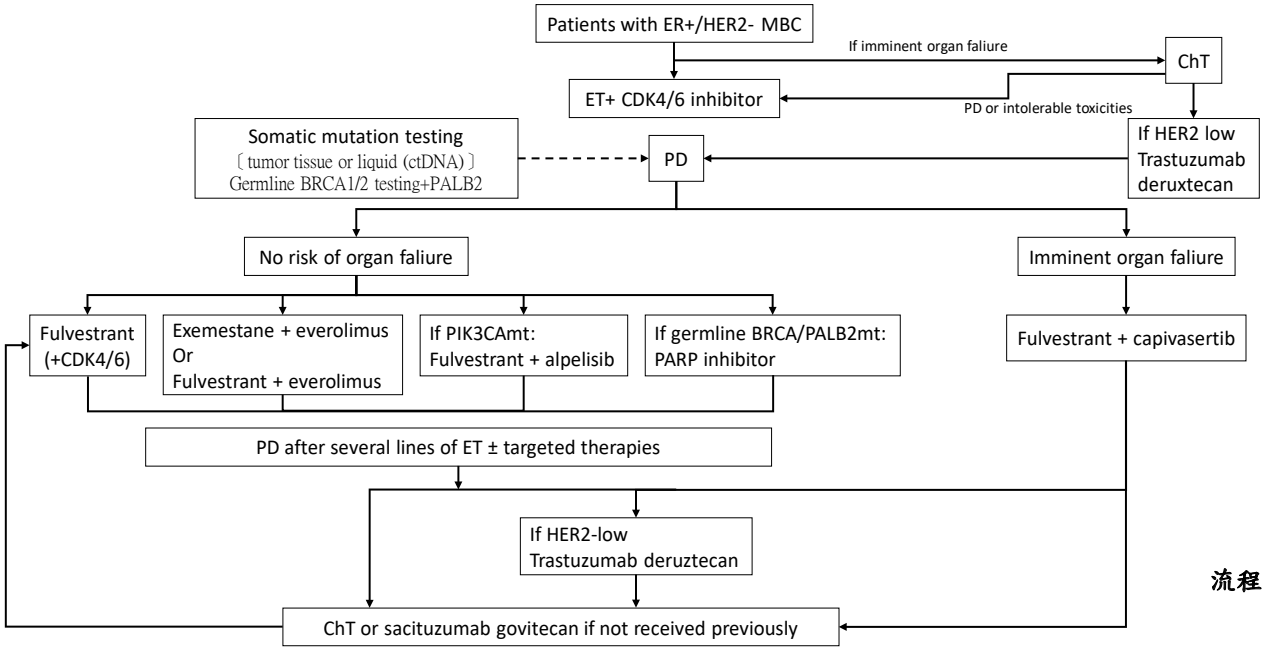
流程圖二十二

復發性不可切除（局部或區域）或 IV 期（M1）疾病的系統性治療：ER 和/或 PR 陰性；HER2-陰性



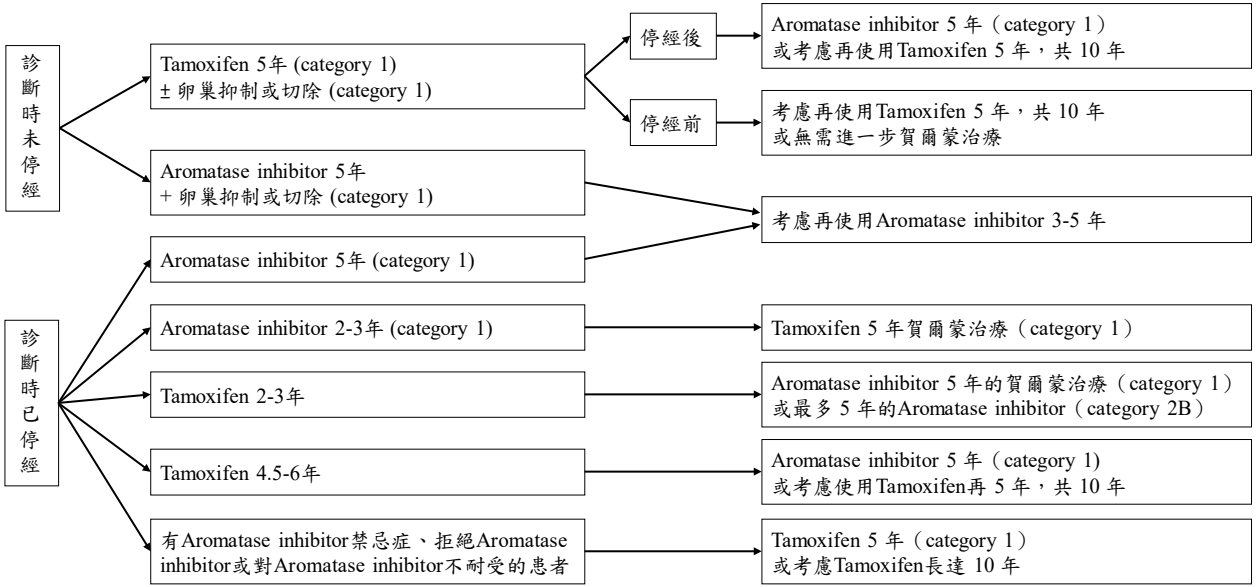
流程圖二十三

CDK4/6抑制劑治療後，轉移性荷爾蒙受體陽性、HER2陰性乳癌(MBC)的臨床管理



流程圖二十四

輔助賀爾蒙治療



流程圖二十五

38

ER 和/或 PR 陽性患者的全身性治療
復發性不可切除（局部或區域）或 IV 期（M1）疾病

HER2陰性且處於停經後或停經前狀態，接受卵巢切除或抑制治療的患者

第一線治療	第二線和/或後續治療
首選方案 • Aromatase inhibitor + CDK4/6 inhibitor ◆ Aromatase inhibitor + ribociclib(Category 1) ◆ Aromatase inhibitor + abemaciclib ◆ Aromatase inhibitor + palbociclib **若在輔助內分泌治療期間病情進展，或在輔助內分泌治療結束後12個月內復發，則應考慮：** • Fulvestrantd + CDK4/6 inhibitorb ◆ Fulvestrant + ribociclib(Category 1) ◆ Fulvestrant + abemaciclib(Category 1) ◆ Fulvestrant + palbociclib	**首選方案** • Fulvestrant + CDK4/6 inhibitor (abemaciclib, palbociclib, or ribociclib) if CKD4/6 inhibitor not previously used(Category 1) • For HER2-negative tumors with PIK3CA or AKT1 activating mutations or PTEN alterations. • Everolimus + endocrine therapy (exemestane, fulvestrant, tamoxifen) • Targeted therapy（見表16、表17）and emerging biomarker options（見表18）
在某些情況下使用 • For HER2-negative tumors with PIK3CA activating mutations and disease progression on adjuvant endocrine therapy or relapse within 12 months of adjuvant endocrine therapy completion（見表16）	**在某些情況下使用** • Megestrol acetate • Estradiol • Abemaciclib • Targeted therapy（見表16、表17）and emerging biomarker options（見表18）
其他建議的第一線和/或後續治療方案	
• For HER2-negative and ESR1 mutated tumors after a prior line of aromatase inhibitor ± CDK4/6 inhibitor therapy (in adjuvant or metastatic setting) **(見表16)** for options. • Fulvestrant + aromatase inhibitor (anastrozole, letrozole)(category 1) • Fulvestrant • Anastrozole • Letrozole • Tamoxifen • Exemestane	

39

表十一

HER2陽性且處於停經後或停經前狀態，接受卵巢切除或抑制治療的患者
• Aromatase inhibitor ± trastuzumab
• Aromatase inhibitor ± lapatinib
• Aromatase inhibitor ± lapatinib + trastuzumab
• Fulvestrant ± trastuzumab
• Tamoxifen ± trastuzumab
• Abemaciclib in combination with fulvestrant and trastuzumab(category 2B)
• Targeted therapy（見表17）and emerging biomarker optopns（見表18）

表十二

復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療

HR-Positive and HER2-Negative with Visceral Crisis† or Endocrine Refractory		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	No germline BRCA1/2 mutation and/or HER2 IHC 0+, 1+, OR 2+/ISH negative	Systemic chemotherapy or fam-trastuzumab deruxtecan-nxki(other recommended regimen)
	Germline BRCA1/2 mutation	PARPi (olaparib, talazoparib) (Category 1, preferred)
Second Line	HER2 IHC 1+ or 2+/ISH negative	Fam-trastuzumab deruxtecan-nxki(Category 1, preferred)
	HER2 IHC 0+	Fam-trastuzumab deruxtecan-nxki(other recommended regimen)
	Not a candidate for fam-trastuzumab deruxtecan-nxki	Sacituzumab govitecan(Category 1, preferred)
		Systemic chemotherapy（見表15）
		Targeted therapy（見表16、表17）
		For HER2 IHC 0, 1+, or 2+/ISH negative: Datopotamab deruxtecan-dlnk (other recommended regimen)
Third Line and beyond	Any	Systemic chemotherapy（見表15）
	Biomarker positive (ie, MSI-H, NTRK, RET, TMB-H)	Targeted agents and emerging biomarker options,（見表16、表17、表18）

表十三

復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療

HR-Negative and HER2-Negative (Triple-Negative Breast Cancer; TNBC)		
Setting	**Subtype/Biomarker**	**Regimen**
First Line	PD-L1 CPS ≥10 regardless of germline BRCA mutation status	Pembrolizumab + chemotherapy (albumin-bound paclitaxel, paclitaxel, or gemcitabine and carboplatin) (Category 1, preferred)
	PD-L1 CPS<10 and no germline BRCA 1/2 mutation	Systemic chemotherapy（見表15）
	PD-L1 CPS<10 and germline BRCA 1/2 mutation	• PARPi (olaparib, talazoparib) (Category 1, preferred) • Platinum (cisplatin or carboplatin) (Category 1, preferred)
Second Line	Germline BRCA 1/2 mutation	PARPi (olaparib, talazoparib) (Category 1, preferred)
	Any	Sacituzumab govitecan(Category 1, preferred)
		Systemic chemotherapy（見表15） or Targeted agents（見表17）
	No germline BRCA 1/2 mutation and HER2 IHC 1+ or 2+/ISH negative	Fam-trastuzumab deruxtecan-nxki (other recommended regimen)
Third Line and beyond	Biomarker positive(ie,MSI-H, NTRK, RET, TMB-H)	Targeted agents and emerging biomarker options（見表17、表18）
	Any	Systemic chemotherapy（見表15）

表十四

復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療

HR-Positive or -Negative and HER2-Positive	
Setting	**Regimen**
First Line	Pertuzumab + trastuzumab + docetaxel(Category 1, preferred)
	Pertuzumab + trastuzumab + paclitaxel(preferred)
Second Line	Fam-trastuzumab deruxtecan-nxki(Category 1, preferred)
Third Line	Tucatinib + trastuzumab + capecitabine(Category 1, preferred)
	Ado-trastuzumab emtansine (T-DM1)
Fourth Line and Beyond (optimal sequence is not known)	Trastuzumab + docetaxel or vinorelbine
	Trastuzumab + paclitaxel ± carboplatin
	Capecitabine + trastuzumab or lapatinib
	Trastuzumab + lapatinib (without cytotoxic therapy)
	Trastuzumab + other chemotherapy agents
	Neratinib + capecitabine
	Margetuximab-cmkb + chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine)
	Abemaciclib in combination with fulvestrant and trastuzumab (for HR+ only)(category 2B)
	Targeted Therapy and emerging biomarker ptions（見表17、表18）

表十五 43

復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療

Systemic Chemotherapy for HR-Positive or -Negative and HER2-Negative		
Preferred Regimens	**Other Recommended Regimens**	**Useful in Certain Circumstances**
• Anthracyclines ◦ Doxorubicin ◦ Liposomal doxorubicin • Taxanes ◦ Paclitaxel • Anti-metabolites ◦ Capecitabine ◦ Gemcitabine • Microtubule inhibitors ◦ Vinorelbin ◦ Eribulin	• Cyclophosphamide • Docetaxel • Albumin-bound paclitaxel • Epirubicin • Ixabepilone	• AC (doxorubicin/cyclophosphamide) • EC (epirubicin/cyclophosphamide) • CMF (cyclophosphamide/ methotrexate/fluorouracil) • Docetaxel/capecitabine • GT (gemcitabine/paclitaxel) • Gemcitabine/carboplatin • Carboplatin + paclitaxel or albumin-bound paclitaxel

表十六

標靶治療和相關生物標記測試
對於復發性不可切除（局部或區域）或 IV 期（M1）疾病

Biomarkers Associated with FDA-Approved Therapies					
Breast Cancer Subtype	**Biomarker**	**Detection**	**FDA-Approved Agents**	**NCCN Category of Evidence**	**NCCN Category of Preference**
HR-positive/ HER2-negative	PIK3CA activating mutation	NGS, PCR	Inavolisib + palbociclib + fulvestrant	Category 1	Useful in certain circumstances first-line therapy
HR-positive/ HER2-negative	PIK3CA activating mutation	NGS, PCR	Alpelisib + fulvestrant	Category 1	Preferred second-or subsequent-line therapy
HR-positive/ HER2-negative	PIK3CA or AKT1 activating mutations or PTEN alterations	NGS, PCR	Capivasertib + fulvestrant	Category 1	Preferred second-or subsequent-line therapy in select patients
HR-positive/ HER2-negative	ESR1 mutation	NGS, PCR	Elacestrant	Category 2A	Other recommended regimen first-line or subsequent-line therapy
			Imlunestrant	Category 2A	Other recommended regimen first-line or subsequent-line therapy

表十七

標靶治療和相關生物標記測試
對於復發性不可切除（局部或區域）或 IV 期（M1）疾病

Biomarkers Associated with FDA-Approved Therapies					
Breast Cancer Subtype	**Biomarker**	**Detection**	**FDA-Approved Agents**	**NCCN Category of Evidence**	**NCCN Category of Preference**
Any	Germline BRCA1 or BRCA2 mutation	Germline sequencing	Olaparib Talazoparib	Category 1	Preferred
Any	Germline PALB2	Germline sequencing	Olaparib	Category 2A	Other recommended regimen
Any	NTRK fusion	FISH, NGS, PCR (Tumor tissue or blood)	Larotrectinib Entrectinib Repotrectinib	Category 2A	Useful in certain circumstances
Any	MSI-H/dMMR	IHC, NGS, PCR	Pembrolizumab Dostarlimab-gxly	Category 2A	
Any	TMB-H (≥10 mut/Mb)	NGS	Pembrolizumab	Category 2A	
Any	RET-fusion	NGS	Selpercatinib	Category 2A	

表十八

新興生物標記為分期患者識別新療法
IV（M1）疾病

Breast Cancer Subtype	Emerging Biomarkers	Detection	Potential Targeted Therapy	NCCN Category of Evidence	NCCN Category of Preference
ER+/HER2- ER-/HER2-	HER2 activating mutations	NGS, PCR	Neratinib ± fulvestrant	Category 2B	Useful in certain circumstances • If ER+/HER2-, in patients who have already received CDK4/6 inhibitor therapy.
			Neratinib + trastuzumab/ fulvestrant	Category 2A	
Any	Somatic BRCA1/2 mutations	NGS	Olaparib	Category 2B	Useful in certain circumstances
Any	FGFR1-3 fusion/mutation	NGS	Erdafitinib	Category 2B	Useful in certain circumstances

表十九

劑量：復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療方案

HER2-Negative Regimens:

- **Anthracyclines:**
  - Doxorubicin 60–75 mg/m2 IV day 1; cycled every 21 days
  - Doxorubicin 20 mg/m2 IV day 1 weekly
  - Liposomal doxorubicin 50 mg/m2 IV day 1; cycled every 28 days
- **Taxanes:**
  - Paclitaxel 175 mg/m2 IV day 1; cycled every 21 days
  - Paclitaxel 80 mg/m2 IV day 1 weekly
- **Antimetabolites:**
  - Capecitabine 1000–1250 mg/m2 PO twice daily days 1–14; cycled every 21 days
  - Capecitabine 1500 mg PO twice daily days 1–7 and days 15–21 cycled every 28 days
  - Gemcitabine8 800–1200 mg/m2 IV days 1, 8, and 15; cycled every 28 days

- **Cyclophosphamide**
  - 50 mg PO daily on days 1–21
  - Cycled every 28 days
- **Datopotamab deruxtecan-dlnk**
  - 6 mg/kg IV day 1
  - Cycled every 21 days
- **Docetaxel**
  - 60–100 mg/m2 IV day 1
  - Cycled every 21 days
- **Docetaxel**
  - 35 mg/m2 IV weekly for 6 weeks followed by a 2-week rest, then repeat
- **Albumin-bound paclitaxel**
  - 100 mg/m2 or 125 mg/m2 IV days 1, 8, and 15
  - Cycled every 28 days
- **Albumin-bound paclitaxel18**
  - 260 mg/m2 IV
  - Cycled every 21 days
- **Epirubicin**
  - 60–90 mg/m2 IV day 1
  - Cycled every 21 days

- **Fam-trastuzumab deruxtecan-nxki (for HER2 IHC 1+ or 2+/ISH negative)**
  - 5.4 mg/kg IV day 1
  - Cycled every 21 days
- **AC**
  - Doxorubicin 60 mg/m2 IV day 1
  - Cyclophosphamide 600 mg/m2 IV day 1
    - ✧ Cycled every 21 days
- **EC**
  - Epirubicin 75 mg/m2 IV day 1
  - Cyclophosphamide 600 mg/m2 IV day 1
    - ✧ Cycled every 21 days
- **CMF**
  - Cyclophosphamide 100 mg/m2 PO days 1–14
  - Methotrexate 40 mg/m2 IV days 1 and 8
  - 5-fluorouracil 600 mg/m2 IV days 1 and 8
    - ✧ Cycled every 28 days

- **Gemcitabine/carboplatin**
  - Gemcitabine 1000 mg/m2 on days 1 and 8
  - Carboplatin AUC 2 IV on days 1 and 8
    - ✧ Cycled every 21 days
- **Carboplatin/albumin-bound paclitaxel**
  - Carboplatin AUC 2 IV on days 1 and 8
  - Albumin-bound paclitaxel 125 mg/m2 IV on days 1 and 8
  - Cycled every 21 days
- **Carboplatin/paclitaxel**
  - Paclitaxel 175–200 mg/m2 IV day 1
  - Carboplatin AUC 6 IV day 1
  - Cycled every 21 days or
  - Paclitaxel 100 mg/m2 IV days 1, 8, and 15
  - Carboplatin AUC 2 IV days 1, 8, and 15
  - Cycled every 28 days

表二十 48

• **Microtubule inhibitors:** ◆ Vinorelbine ✧ 25 mg/m2 IV day 1 weekly; or ✧ 20–35 mg/m2 IV days 1 and 8; cycled every 21 days; or ✧ 25–30 mg/m2 IV days 1, 8, and 15; cycled every 28 days ◆ Eribulin 1.4 mg/m2 IV days 1 and 8; cycled every 21 days • **Platinum (for TNBC and germline BRCA1/2 mutation)** ◆ Carboplatin AUC 6 IV on day 1 ✧ Cycled every 21–28 days ◆ Cisplatin 75 mg/m2 IV on day 1 ✧ Cycled every 21 days	• **Ixabepilone** ◆ 40 mg/m2 IV day 1 ◆ Cycled every 21 days • **Sacituzumab govitecan-hziy (for TNBC or HR+/HER2-)** ◆ 10 mg/kg IV on days 1 and 8 ◆ Cycled every 21 days	• **Docetaxel/capecitabine** ◆ Docetaxel 75 mg/m2 IV day 1 ◆ Capecitabine 950 mg/m2 PO twice daily days 1–14 ✧ Cycled every 21 days • **GT** ◆ Paclitaxel 175 mg/m2 IV day 1 ◆ Gemcitabine 1250 mg/m2 IV days 1 and 8 (following paclitaxel on day 1) ✧ Cycled every 21 days	

表二十

劑量：復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療方案

HER2-Positive Regimens:

- **Pertuzumab + trastuzumab + docetaxel**
  - Pertuzumab 840 mg IV day 1 followed by 420 mg IV
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
  - Docetaxel 75–100 mg/m2 IV day 1
    - ✧ Cycled every 21 days
- **Pertuzumab + trastuzumab + paclitaxel**
  - Pertuzumab 840 mg IV day 1 followed by 420 mg IV
    - ✧ Cycled every 21 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
  - Paclitaxel 80 mg/m2 IV day 1 weekly
    or
  - Paclitaxel 175 mg/m2 day 1
    - ✧ Cycled every 21 days
- **Tucatinib + trastuzumab + capecitabine**
  - Tucatinib 300 mg orally twice daily on days 1–21
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
  - Capecitabine 1000 mg/m2 orally twice daily on days 1–14
  - Cycled every 21 days
- **Ado-trastuzumab emtansine (T-DM1)**
  - 3.6 mg/kg IV day 1
    - ✧ Cycled every 21 days
- **Fam-trastuzumab deruxtecan-nxki**
  - 5.4 mg/kg IV day 1
    - ✧ Cycled every 21 days
- **Paclitaxel/carboplatin + trastuzumab**
  - Carboplatin AUC 6 IV day 1
  - Paclitaxel 175 mg/m2 IV day 1
    - ✧ Cycled every 21 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
- **Weekly paclitaxel/carboplatin + trastuzumab**
  - Paclitaxel 80 mg/m2 IV days 1, 8, and 15
  - Carboplatin AUC 2 IV days 1, 8, and 15
    - ✧ Cycled every 28 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
- **Trastuzumab + paclitaxel**
  - Paclitaxel 175 mg/m2 IV day 1 cycled every 21 days
    or
  - Paclitaxel 80–90 mg/m2 IV day 1 weekly
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days

表二十一

		• **Trastuzumab + docetaxel** ◆ Docetaxel 80–100 mg/m2 IV day 1 cycled every 21 days or ◆ Docetaxel 35 mg/m2 IV days 1, 8, and 15 weekly cycled every 28 days ◆ Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly or ◆ Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days

表二十一

劑量：復發性不可切除（局部或區域）或 IV 期（M1）疾病的全身性治療方案

HER2-Positive Regimens (continued):

- **Trastuzumab + vinorelbine**
  - Vinorelbine
    - ✧ 25 mg/m2 IV day 1 weekly; or
    - ✧ 20–35 mg/m2 IV days 1 and 8; cycled every 21 days; or
    - ✧ 25–30 mg/m2 IV days 1, 8, and 15; cycled every 28 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
- **Trastuzumab + capecitabine**
  - Capecitabine 1000–1250 mg/m2 PO twice daily days 1–14 cycled every 21 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    Or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days34,36
- **Lapatinib + capecitabine**
  - Lapatinib 1250 mg PO daily days 1–21
  - Capecitabine 1000 mg/m2 PO twice daily days 1–14
    - ✧ Cycled every 21 days
- **Trastuzumab + lapatinib**
  - Lapatinib 1000 mg PO daily for 21 days
  - Trastuzumab 4 mg/kg IV day 1 followed by 2 mg/kg IV weekly
    or
  - Trastuzumab 8 mg/kg IV day 1 followed by 6 mg/kg IV day 1 every 21 days
- **Neratinib + capecitabine**
  - Neratinib 240 mg PO daily on days 1–21
  - Capecitabine 750 mg/m2 PO twice daily on days 1–14
    - ✧ Cycled every 21 days
      or
  - Neratinib
    - ✧ 120 mg PO daily on days 1–7; followed by
    - ✧ 160 mg PO daily on days 8–14; followed by
    - ✧ 240 mg PO daily on days 15–21
  - Capecitabine 750 mg/m² PO twice daily on days 1–14
    - ✧ Cycled every 21 days x 1 cycle Followed by
  - Neratinib 240 mg PO daily on days 1–21
  - Capecitabine 750 mg/m² PO twice daily on days 1–14
    - ✧ Cycled every 21 days beginning with cycle 2
- **Margetuximab-cmkb + capecitabine**
  - Margetuximab 15 mg/kg IV day 1
  - Capecitabine 1000 mg/m2 PO twice daily days 1–14
    - ✧ Cycled every 21 days
- **Margetuximab-cmkb + eribulin**
  - Margetuximab 15 mg/kg IV day 1
  - Eribulin 1.4 mg/m2 IV days 1 and 8
    - ✧ Cycled every 21 days
- **Margetuximab-cmkb + gemcitabine**
  - Margetuximab 15 mg/kg IV day 1
  - Gemcitabine 1000 mg/m2 IV days 1 and 8
    - ✧ Cycled every 21 days
- **Margetuximab-cmkb + vinorelbine**
  - Margetuximab 15 mg/kg IV day 1
  - Vinorelbine 25–30 mg/m2 IV days 1 and 8
    - ✧ Cycled every 21 days

52

表二十二

劑量：標靶治療和相關生物標記測試
對於復發性不可切除（局部或區域）或 IV 期（M1）疾病

- **Alpelisib + fulvestrant**
  - Alpelisib 300 mg PO daily on days 1–28; fulvestrant 500 mg IM on days 1 and 15
  - 28-day cycle for 1 cycle
  - Followed by alpelisib 300 mg PO daily on days 1–28; fulvestrant 500 mg IM on day 1
  - Cycled every 28 days until disease progression or unacceptable toxicity
- **Capivasertib + fulvestrant**
  - Capivasertib 400 mg PO twice daily on days 1–4, 8–11, 15–18, 22–25
  - Fulvestrant 500 mg IM day 1 and day 15
  - Cycled every 28 days for 1 cycle
  - Followed by
  - Capivasertib 400 mg PO twice daily on days 1–4, 8–11, 15–18, 22–25
  - Fulvestrant 500 mg IM day 1 starting with cycle 2
  - Cycled every 28 days until disease progression or unacceptable toxicity
- **Dostarlimab-gxly**
  - 500 mg IV on day 1
  - Cycled every 21 days for cycles 1–4
  - Followed by 1000 mg IV on day 1 of cycle 5
  - Cycled every 42 days starting with cycle 5
- **Elacestrant**
  - 345 mg PO daily on days 1-28
  - Cycled every 28 days until disease progression or unacceptable toxicity
- **Olaparib tablet**
  - 300 mg PO twice daily
  - Cycled every 28 days
- **Pembrolizumab**
  - 200 mg IV on day 1, every 21 days until disease progression or unacceptable toxicity, or up to 24 months
    Or
  - 400 mg IV on day 1, every 6 weeks until disease progression or unacceptable toxicity, or up to 24 months
- **Pembrolizumab + chemotherapy (albumin-bound paclitaxel, paclitaxel, or gemcitabine and carboplatin)**
  - Pembrolizumab 200 mg IV day 1 (given every 21 days)
  - Albumin-bound paclitaxel 100 mg/m2 days 1, 8, 15 (given every 28 days)
    OR
  - Paclitaxel 90 mg/m2 IV days 1, 8, 15 (given every 28 days)
    OR
  - Pembrolizumab 200 mg IV day 1
  - Gemcitabine 1000 mg/m2 IV days 1 and 8
  - Carboplatin AUC 2 IV days 1 and 8
    ✧ Given every 21 days • Selpercatinib13 Patients
- **Repotrectinib**
  - 160 mg PO once daily on days 1-14, then 160 mg twice daily until disease progression or unacceptable toxicity

表二十三 53

劑量：標靶治療和相關生物標記測試
對於復發性不可切除（局部或區域）或 IV 期（M1）疾病

- **Entrectinib**
  - 600 mg PO daily on days 1–28
  - Cycled every 28 days until disease progression or unacceptable toxicity
- **Imlunestrant**
  - 400 mg PO daily on days 1-28
    - ✧ Cycled every 28 days until disease progression or unacceptable toxicity
- **Inavolisib + palbociclib + fulvestrant**
  - Inavolisib 9 mg PO daily on days 1–28
  - Palbociclib 125 mg PO daily on days 1-21
  - Fulvestrant 500 mg IM on days 1 and 15
    - ✧ 28-day cycle for 1 cycle
  - Followed by
  - Inavolisib 9 mg PO daily on days 1-28
  - Palbociclib 125 mg PO daily on days 1-21
  - Fulvestrant 500 mg IM on day 1
    - ✧ 28-day cycle until disease progression or unacceptable toxicity
- **Larotrectinib**
  - 100 mg PO twice daily on days 1–28
  - Cycled every 28 days until disease progression or unacceptable toxicity
- **Repotrectinib**
  - 160 mg PO once daily on days 1-14, then 160 mg twice daily until disease progression or unacceptable toxicity
- **Selpercatinib**
  - Patients <50 kg: 120 mg PO twice daily until disease progression or unacceptable toxicity
  - Patients ≧50 kg: 160 mg PO twice daily until disease progression or unacceptable toxicity
- **Talazoparib tablet**
  - 1 mg PO daily
  - Cycled every 28 days

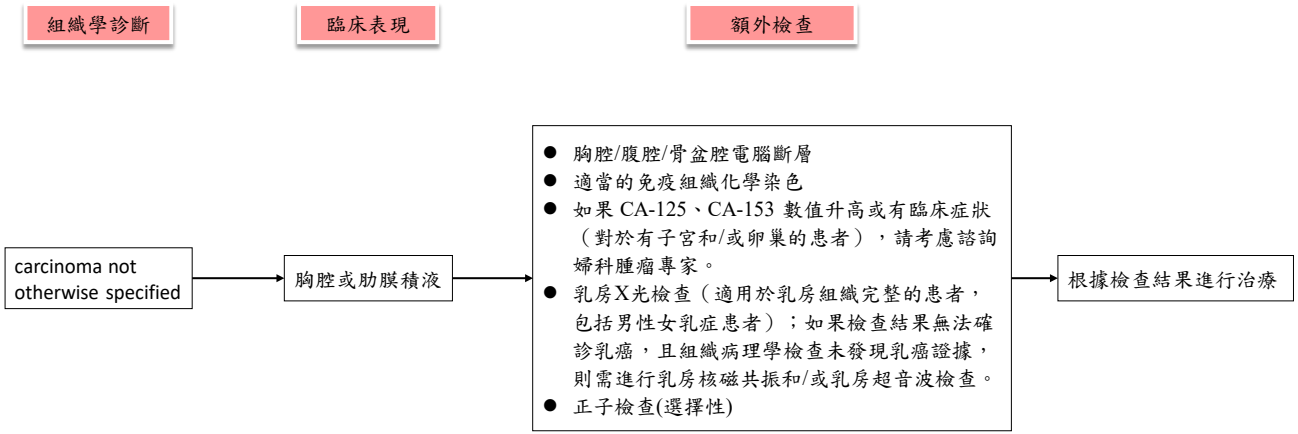
表二十三

轉移性疾病監測原則
轉移性疾病患者的追蹤間隔建議

	Baseline Prior to New Therapy	Chemotherapy or Targeted Therapy	Endocrine Therapy Alone or in Combination with CDK4/6 Inhibitor or Other Targeted Therapy	Restaging if Concern for Progression of Disease
Symptom Assessment	Yes	Prior to each cycle	Every 1-3 months	Yes
Physical Examination	Yes	Prior to each cycle	Every 1-3 months	Yes
Performance Status	Yes	Prior to each cycle	Every 1-3 months	Yes
Weight	Yes	Prior to each cycle	Every 1-3 months	Yes
LFTs, CBC	Yes	Prior to each cycle, as indicated	Every 1-3 months	Yes
CT Chest/Abdomen/ Pelvis with Contrast	Yes	Every 2-4 cycles	Every 2-6 months	Yes
Bone Scan	Yes	Every 4-6 cycles	Every 2-6 months	Yes
PET/CT	As clinically indicated	As clinically indicated	As clinically indicated	As clinically indicated
Tumor Markers	As clinically indicated	As clinically indicated	As clinically indicated	As clinically indicated
Brain MRI with contrast	As clinically indicated	As clinically indicated	As clinically indicated	As clinically indicated

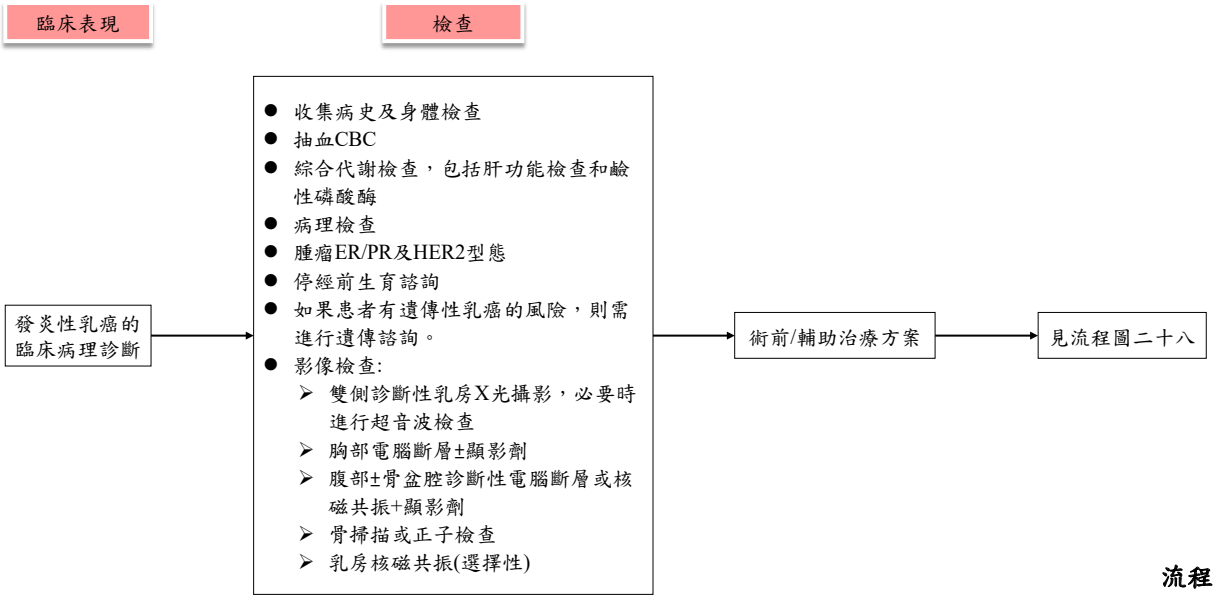
表二十四

隱性原發性乳癌-Occult Primary Breast Cancer



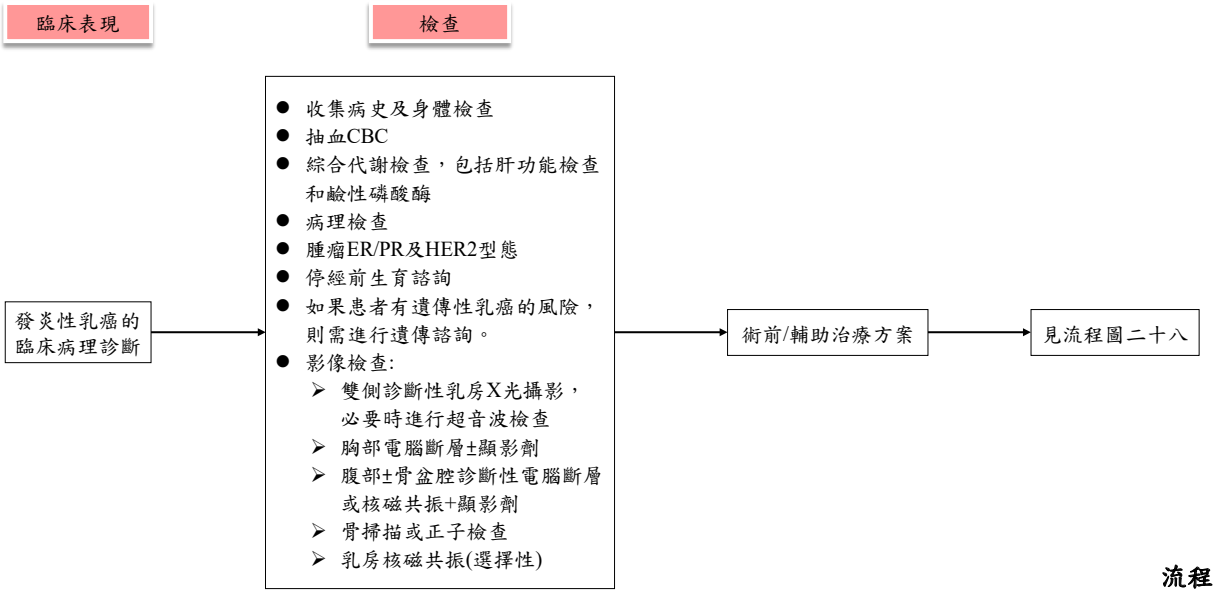
流程圖二十六

發炎性乳癌-Inflammatory Breast Cancer



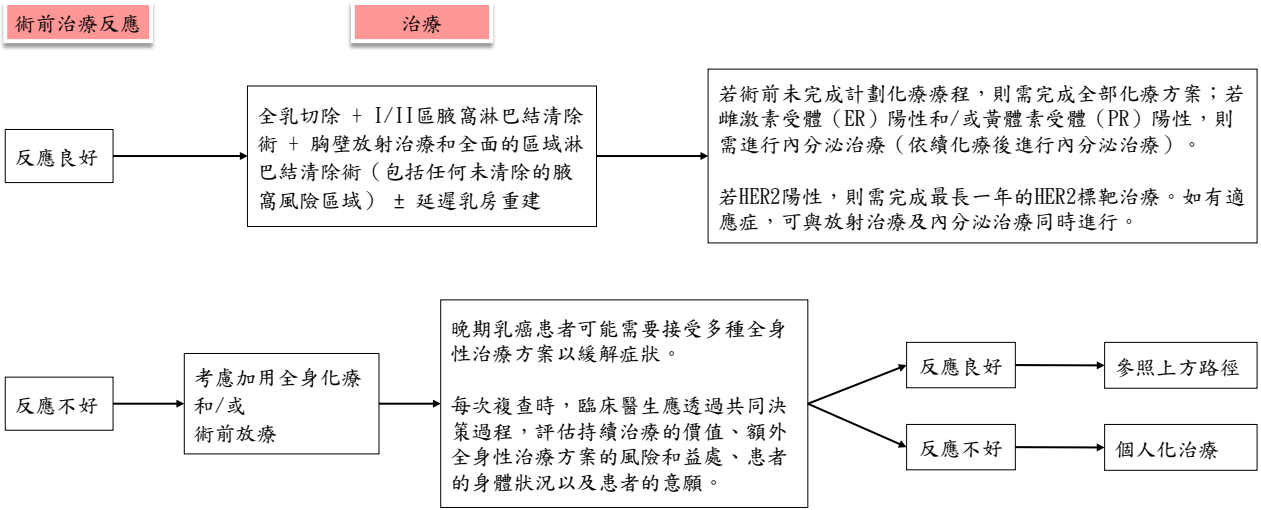
流程圖二十七

發炎性乳癌-Inflammatory Breast Cancer



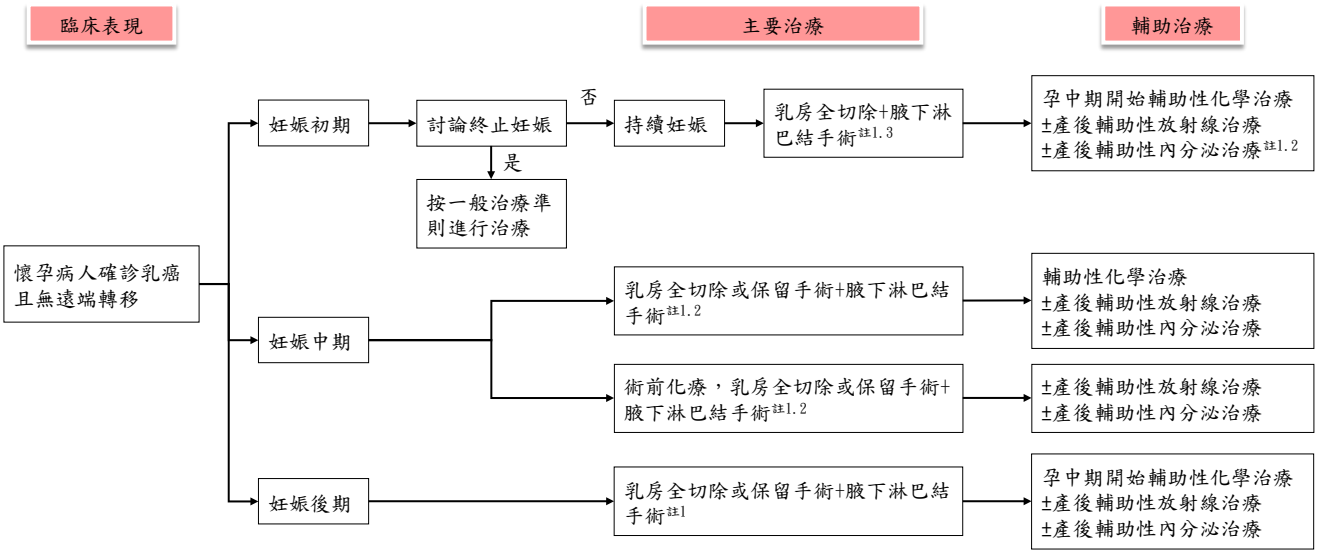
流程圖二十七

發炎性乳癌-Inflammatory Breast Cancer



流程圖二十八

懷孕病人乳癌治療指引



流程圖二十九

60

註1.最佳局部療法和全身療法的考慮和選擇與非妊娠相關之乳癌的推薦相似；參閱乳癌其他診療指引。

孕婦與非孕婦的化學治療，內分泌治療與放射線治療的選擇與時機不同。

在妊娠初期不宜進行化學治療，在妊核妊娠期間都不宜接受放射線治療。

懷孕期間用於乳癌的化學治療，大多數使用Doxorubin, Cyclophosphamide, Fluorouracil的組合。

產後化學治療的注意事項與非妊娠者相同。

註2.沒有足夠的證據顯示在懷孕期間使用紫杉醇類藥物是安全的。

懷孕期間禁止使用標靶治療。

註3.如果在妊娠初期末，可以考慮在妊娠中期進行術前化學治療。

乳癌臨床診療指引

定期追蹤指標

檢查 / 時間	手術後3年內	手術後4-5年內	手術後5年後
理學檢查	每3~6個月	每6個月	每1年追蹤
腫瘤標記	每3~6個月	每6個月	
胸部X光	每3~6個月	每6個月	
乳房超音波	每3-6個月	每6-12個月	
乳房攝影	每1年		
腹部超音波或電腦斷層	每1年		
骨骼掃描、正子攝影	視情況而定		

乳癌化療診療指引

Neoadjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B005	AC	Doxorubicin	60	IVD	1h	D1	Q3W	4	2
		Cyclophophamide	600	IVD	1h	D1			
B005-4	EC	Epirubicin	90	IVD	1h	D1	Q3W	4	3
		Cyclophophamide	600	IVD	1h	D1			
B005-1	AC (Lipodox)	Liposome doxorubicin	40	IVD	2h	D1	Q3W	4	1
		Cyclophophamide	600	IVD	1h	D1			

乳癌化療診療指引

Neoadjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B006	Pertuzumab+ Herceptin+ Docetaxel (第一次)	Pertuzumab	840mg	IVD	1h	D1	Q3W	1	4、5
		Trastuzumab or	8 mg/kg	IVD	1.5h	D2			
		Trastuzumab	600mg	SC	2-5min	D2			
		Docetaxel	75	IVD	1h	D2			
B006-1	Pertuzumab+ Herceptin+ Docetaxel (第二次以後)	Pertuzumab	420mg	IVD	1h	D1	Q3W	3	4、5
		Trastuzumab or	6 mg/kg	IVD	1.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			
		Docetaxel	75	IVD	1h	D1			

乳癌化療診療指引

Neoadjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量(mg/m²)	途徑	輸注時間	天數	頻率	療程數	文獻
B008 B008-1 B008-2	TCH	Docetaxel	75	IVD	1h	D1	Q3W	6	53
		Carboplatin	AUC 6	IVD	3h	D1	Q3W	6	
		Trastuzumab	8 → 6 mg/kg (8mg/kg 1st week)	IVD	1.5h	D1	Q3W	1 year	
			600mg	SC	2-5min				
B009 B009-1 B009-2	TCHP	Pertuzumab	840→ 420mg	IVD	1h	D1	Q3W	1 year	54
		Trastuzumab	8 → 6 mg/kg (8mg/kg 1st week)	IVD	1.5h	D1		1 year	
			600mg	SC	2-5min				
		Carboplatin	AUC6	IVD	3h	D1		6	
		Docetaxel	75	IVD	1h	D1		6	

乳癌化療診療指引

Neoadjuvant chemotherapy

化療系統 處方代碼	處方	藥名	劑量 (mg/m²)	途徑	輸注時間	天數	頻率	療程數	文獻
Pembrolizumab+Chemotherapy									
B011 B011-0	Pembrolizumab +Paclitaxel +Carboplatin	Pembrolizumab	200mg	IVD	1h	D1	Q3W	Cycle1-4	56
		Paclitaxel	80	IVD	1h	D1,8,15	Q3W		
		Carboplatin	AUC5	IVD	2h	D1	Q3W		
Followed by									
B011-1 B011-2	Pembrolizumab +Doxorubicin/Epirubicin +Cyclophophamide	Pembrolizumab	200mg	IVD	1h	D1	Q3W	Cycle5-8	56
		Doxorubicin or	60	IVD	1h	D1	Q3W		
		Epirubicin	90	IVD	1h	D1	Q3W		
		Cyclophophamide	600	IVD	1h	D1	Q3W		
Followed by									
B011-3	Pembrolizumab	Pembrolizumab	200mg	IVD	1h	D1	Q3W	9	56

乳癌化療診療指引

Neoadjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B001-5 B001-6 B001-7	Docetaxel+ Cyclophosphamide +Trastuzumab	Docetaxel	75	IVD	1h	D1	Q3W	4	55
		Cyclophosphamide	600	IVD	1h	D1	Q3W	4	
		Trastuzumab	8 → 6 mg/kg (8mg/kg 1st week)	IVD	1.5h	D1	Q3W	1 year	
		or Trastuzumab	600mg	SC	2-5min	D1			

Neoadjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B016	Pembrolizumab +Docetaxel +carboplatin	Pembrolizumab	200mg	IVD	1h	D1	Q3W	4	69
		Docetaxel	75	IVD	3h	D1			
		Carboplatin	AUC5	IVD	1h	D1			

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B005-5 B005-6	FAC	Cyclophophamide	500	IVD	1h	D1	Q3W	4	7
		Doxorubicin	50	IVD	1h	D1			
		Fluorouracil	500	IVD	3h	D1,8			
B001-2	TEC	Cyclophophamide	500	IVD	1h	D1	Q3W	6	8
		Epirubicin	75	IVD	1h	D1			
		Docetaxel	75	IVD	1h	D1			
B001-3	TCEF	Epirubicin	100	IVD	1h	D1	Q3W	6	9
		Cyclophophamide	500	IVD	1h	D1			
		Fluorouracil	500	IVD	3h	D1			
		Docetaxel	100	IVD	1h	D1			

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B005	AC	Doxorubicin	60	IVD	1h	D1	Q3W	4	10
		Cyclophophamide	600	IVD	1h	D1			
B005-7	AC (Q2W)	Doxorubicin	60	IVD	1h	D1	Q2W	4	11
		Cyclophophamide	600	IVD	1h	D1			
B005-2	AC-T	Paclitaxel	80	IVD	1h	D1	Q3W	6	12
B005-3	AC-TH	Paclitaxel	80	IVD	1h	D1	QW	12	12
		Trastuzumab or	2,4 mg/kg	IVD	1.5h	D1	QW	52	
		Trastuzumab	600mg	SC	2-5min	D1	QW	52	
B005-4	EC	Epirubicin	90	IVD	1h	D1	Q3W	4	13
		Cyclophophamide	600	IVD	1h	D1			

乳癌化療診療指引

Adjuvant chemotherapy

化療系統 處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B002-1	TH-1	Docetaxel	75	IVD	1h	D1	Q3W	17	14
		Trastuzumab or	8 mg/kg	IVD	1.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			
B002-2 B002-9	TH-2	Docetaxel	75	IVD	1h	D1	Q3W	17	14
		Trastuzumab or	6 mg/kg	IVD	0.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			
B002-5	Taxotere	Docetaxel	75	IVD	1h	D1	Q3W	2-4	15
B002-3	Herceptin 第一次	Trastuzumab	8 mg/kg	IVD	1.5h	D1	Q3W	1	14
B002-4	Herceptin 第二次以後	Trastuzumab	6 mg/kg	IVD	0.5h	D1	Q3W	16	14
B002-8	Herceptin SC	Trastuzumab	600mg	SC	2-5min	D1	Q3W	For 1 year	16

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B007-4 B007-5	Pertuzumab+ Herceptin (第一次)	Pertuzumab	840mg	IVD	1h	D1	Q3W	1	17
		Trastuzumab or	8 mg/kg	IVD	1.5h	D2			
		Trastuzumab	600mg	SC	2-5min	D2			
B007-4 B007-6	Pertuzumab+ Herceptin (第二次以後)#	Pertuzumab	420mg	IVD	1h	D1	Q3W	5	17
		Trastuzumab or	6 mg/kg	IVD	1.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			
B007-4	Pertuzumab+ Trastuzumab	Pertuzumab	840mg	IVD	1h	D1(cycle1)	Q3W	1	17
		Pertuzumab	420mg	IVD	1h	D1(cycle2~)			
		Trastuzumab	600mg	SC	2-5min	D2		17	

#後續Herceptin alone ，使用共識處方 (Herceptin SC) or Herceptin(第二次以後)

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B008	TCH (cycle1)	Docetaxel	75	IVD	1h	D1	Q3W	1	18
		Carboplatin	AUC 6	IVD	3h	D1			
		Trastuzumab	8 mg/kg	IVD	1.5h	D1			
B008-1	TCH (cycle2-6)	Docetaxel	75	IVD	1h	D1	Q3W	5	18
		Carboplatin	AUC 6	IVD	3h	D1			
		Trastuzumab	6 mg/kg	IVD	1.5h	D1			
B008-2	TCH (cycle7~)	Trastuzumab	6 mg/kg	IVD	1.5h	D1	Q3W	For 1 year	18
B008-3	TC-Hsc (cycle1-6) #	Docetaxel	75	IVD	1h	D1	Q3W	6	19-21
		Carboplatin	AUC 6	IVD	3h	D1			
		Trastuzumab	600 mg	SC	2-5min	D1			

#後續Herceptin alone ，使用共識處方 (Herceptin SC) or Herceptin(第二次以後)

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B008-3	TCH(皮下)	Docetaxel	75	IVD	1h	D1	Q3W	4	59
		Cyclophosphamide	600	IVD	1h	D1			
		Trastuzumab	600 mg	SC	2-5min	D1			
B010	Kadcyla	Trastuzumab emtansine	3.6 mg/kg	IVD	1.5h	D1	Q3W	14	70

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B009	TCHP (cycle1)	Pertuzumab	840mg	IVD	1h	D1	Q3W	1	17
		Trastuzumab	8 mg/kg	IVD	1.5h	D2			
		Carboplatin	AUC6	IVD	3h	D2			
		Docetaxel	75	IVD	1h	D2			
B009-1	TCHP (cycle2-6)	Pertuzumab	420mg	IVD	1h	D1	Q3W	5	17
		Trastuzumab	6 mg/kg	IVD	1.5h	D2			
		Carboplatin	AUC6	IVD	3h	D2			
		Docetaxel	75	IVD	1h	D2			
B009-2	TCHP (cycle7)	Pertuzumab	420mg	IVD	1h	D1	Q3W	1 year	17
		Trastuzumab or	6 mg/kg	IVD	1.5h	D2			
		Trastuzumab	600mg	SC		D2			

乳癌化療診療指引

Adjuvant chemotherapy

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
MDU01	UFUR	UFUR	300	PO			QD	until disease recurrence	25
MDN01	Neratinib#	Neratinib	240mg	PO			QD	until disease recurrence or 1 year	52
	#Extended adjuvant neratinib following trastuzumab-containing therapy for patient with HR+								
MDO02	Olaparib	Olaparib	300mg	PO			BID	For 1 year	60
MDA06	Abemaciclib	Abemaciclib	150mg	PO			BID	until disease recurrence or 2 year	66

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease (1st-line) Her2-

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B005-1	AC (Lipodox)	Liposome doxorubicin	40	IVD	2h	D1	Q3W	4	28
		Cyclophophamide	600	IVD	1h	D1			
B004-1 B004-2	GT	Paclitaxel	150	IVD	3h	D1	Q4W	6	26-27
		Gemcitabine	850	IVD	0.5h	D1,8			
	Gemcitabine +Carboplatin	Gemcitabine	1000	IVD		D1,8	Q3W		57
		Carboplatin	AUC2	IVD		D1,8			
	Docetaxel	Docetaxel	75	IVD	1h	D1	Q3W	2	31
B003-1	Docetaxel +Xeloda	Docetaxel	75	IVD	2h	D1	Q3W	6-8	32-33
		Capecitabine	1250	PO	BID	D1-14			

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease (1st-line) Her2-

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B001-4	TC	Cyclophophamide	600	IVD	1h	D1	Q3W		34
		Docetaxel	75	IVD	1h	D1			
MDC06	Capecitabine	Capecitabine	1000-1250	PO	BID	D1-14	Q3W	6	35
B012	Weekly paclitaxel	Paclitaxel	80	IVD	1h	D1	QW	until disease progression	58

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease (1st-line) Her2+

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B007	Pertuzumab+ Herceptin+ Docetaxel (cycle1)	Pertuzumab	840mg	IVD	1h	D1	Q3W	1	37
		Trastuzumab or	8 mg/kg	IVD	1.5h	D2			
		Trastuzumab	600mg	SC	2-5min	D2			
		Docetaxel	75	IVD	1h	D2			
B007-1	Pertuzumab+ Herceptin+ Docetaxel (cycle2-6)	Pertuzumab	420mg	IVD	1h	D1	Q3W	2-6	37
		Trastuzumab or	6 mg/kg	IVD	1.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			
		Docetaxel	75	IVD	1h	D1			
B007-3	Pertuzumab+ Herceptin+ Docetaxel (cycle 7~)	Pertuzumab	420mg	IVD	1h	D1	Q3W	For 1 year	37
		Trastuzumab or	6 mg/kg	IVD	1.5h	D1			
		Trastuzumab	600mg	SC	2-5min	D1			

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease (1st-line) Her2+

化療系統 處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
B002-3 B002-4	Herceptin	Trastuzumab	8mg/kg	IVD	1.5h	D1	Q3W	1	29-30
		Trastuzumab	6mg/kg	IVD	0.5h	D1	Q3W	16	
B002-8	Herceptin SC	Trastuzumab	600mg	SC	2-5min	D1	Q3W	1 year	29-30
	Xeloda +Tykerb	Lapatinib	1250mg	PO	QD	D1-21	Q3W		38
		Capecitabine	1000	PO	BID	D1-14			
B001-8	Docetaxel+ Trastuzumab	Trastuzumab	600mg	SC	2-5min	D1	Q3W		68
		Docetaxel	80	IVD	1h	D1			

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease (2nd -line) Her2+

化療系統 處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
	Kadcyla	Trastuzumab emtansine #[HER2(+) terminal stage]	3.6 mg/kg	IVD	1.5h	D1	Q3W		41
B013	Halaven	Eribulin	1.4	IVD	1h	D1,8	Q3W		42
B017	Trodelvy	Sacituzumab govitecan	10 mg/kg	IV	4h	D1,8	Q3W		63-64

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease 2nd-line (targeted therapy associated biomarker)

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
MDO02	Olaparib	Olaparib	300mg	PO	BID				43
	Talazoparib	Talazoparib	1mg	PO	QD		Q4W		44
	Alpelisib + fulvestrant	Alpelisib	300mg	PO	QD	D1-28	Q4W	Cycle1	58
		Fulvestrant	500mg	IM		D1,15			
		Followed by							
		Alpelisib	300mg	PO	QD	D1-28	Q4W	until disease progression or unacceptable toxicity	
		Fulvestrant	500mg	IM		D1			

乳癌化療診療指引

Chemotherapy for advanced and metastatic disease 2nd-line (systemic therapy for ER+ and/or PR+)

化療系統處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
	Palbociclib	Palbociclib	125mg	PO	QD	D1-21	Q4W		36
	Everolimus +Exemestran	Everolimus	10mg	PO	QD				39-40
		Exemestran	25mg	PO	QD				
	Abrexance	Nab-paclitaxel	100 or 125	IV		D1,8,15	Q4W		61-62
B014 B015(贈)	Enhertu (HER2 IHC 1+ or 2+/ ISH negative)	Trastuzumab deruxtecan	5.4 mg/kg	IV	1.5h	D1	Q3W		65
	Vinorelbine+ Capecitabine	Vinorelbine	60	PO	QD	D1,8	Q3W	until disease progression	67
		Capecitabine	1000	PO	QD	D1-14			
	Ribociclib	Ribociclib	600 mg	PO	QD	D1-21	Q4W	until disease progression	71-72

乳癌化療診療指引

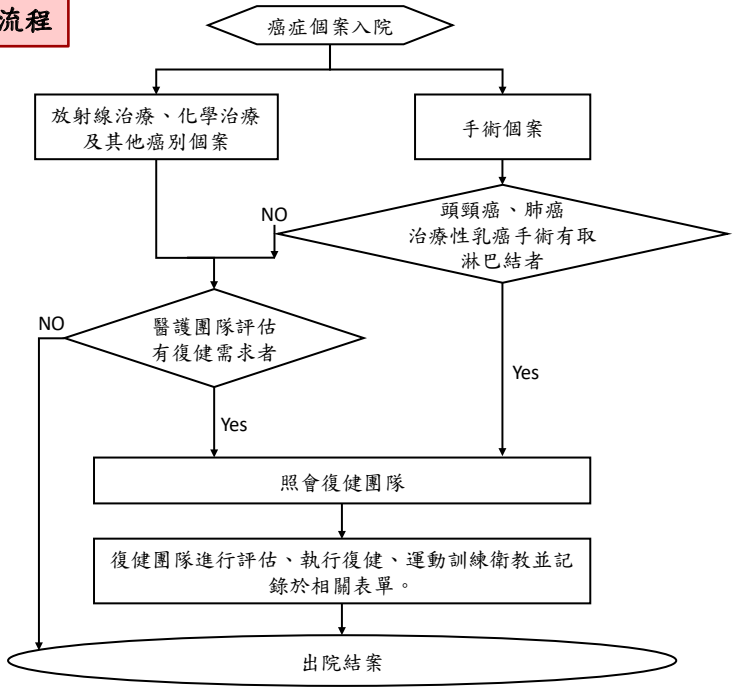
Endocrine therapy

化療系統 處方代碼	處方	藥名	劑量 (mg/m^2)	途徑	輸注時間	天數	頻率	療程數	文獻
Aromatase inhibitors									
MDA02	Anastrozole	Anastrozole	1mg	PO	QD				45
MDE04	Exemestane	Exemestane	25mg	PO	QD				46
MDL02	Letrozole	Letrozole	2.5mg	PO	QD				47
Anti-estrogen agents									
MDT0101	Tamoxifen	Tamoxifen	10-20mg	PO	BID				48
PDF01	Fulvestrant	Fulvestrant	500mg	IM			D1,15,29 QM	1st Month After 1st month	50
LHRH agonists									
PDG01	Goserelin	Goserelin	3.6mg	SC			Q4W		51

乳癌荷爾蒙診療指引

1. ER 或PR 陽性之病人,適合給予抗荷爾蒙治療；有以下情形，可優先考慮抗荷爾蒙治療：
   甲、先前手術到首次復發，有較長之無病期(例如大於2年)
   乙、僅有骨骼或淋巴結之轉移
   丙、無重要臟器(肝、肺、腦)之轉移
   丁、抗荷爾蒙治療藥物之選擇，視病人之年齡與先前有無使用過抗荷爾蒙藥物而定：停經前婦女可使用tamoxifen、或卵巢切除；停經後婦女可選擇tamoxifen，或芳香族酶抑制劑(aromatase inhibitors 如anastrozole,)，或megestrol acetate，或Faslodex
   戊、Faslodex用於已接受輔助抗雌激素療法但疾病仍復發，或使用抗雌激素療法但疾病仍惡化
2. ER 且PR 陰性的病人，適合給予化學治療，不適合給予抗荷爾蒙治療

癌症個案運動與復健照會流程



乳癌安寧/緩和照護指引

※安寧/緩和照護原則

1. 預期疾病難以治癒時，病人存活期小於一年便適合安寧療護。
2. 藉由症狀、檢驗數據、及確切的腫瘤診斷，證實臨床上該惡性腫瘤已經廣泛侵犯、或進展快速。
3. ECOG＞2分。
4. 拒絕進一步腫瘤治癒性治療，或者在治療之下仍持續惡化者，即可轉介緩和醫療團隊。

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