口腔癌

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口腔癌診療指引修訂

2025-01-19 修訂第十一版	2026-01-15 修訂第十二版
• 文獻更新	• 文獻更新 • 修改口腔癌診療指引路徑圖(二) (1)臨床分期T3,N0主要治療路徑新增手術、臨床試驗及因患者因素之路徑，手術路徑增加 N0,N1,N2a-b,N3及N2C之路徑。 • 化療處方異動 ➢ 修訂模組名及內容Cisplatin+leucovorin+5-FU（代碼TH009,TH009-1）(修正原因:經調整過劑量與文獻不符) ➢ 刪除模組名及內容Cisplatin+leucovorin+5-FU（代碼TH013）(修正原因:經調整過劑量與文獻不符) ➢ 修訂模組名及內容Cetuximab+Cisplatin+leucovorin+5-FU（代碼TH009-3）(修正原因:經調整過劑量與文獻不符) ➢ 修訂模組名及內容weekly Cetuximab（代碼TH009-2改TH009-4）

一、何謂口腔癌

根據美國癌症聯合委員會 (AJCC)，國際抗癌聯合會 (UICC) 的分類，口腔包括唇、頰黏膜、下齒齦、上齒齦、白齒後三角區、口腔底、硬腭、舌前三分之二；口咽則包含舌後三分之一(舌根)，軟腭，扁桃腺及未明示口咽部份。口腔癌/口咽癌絕大部分是由黏膜上皮細胞惡化所形成的腫瘤，少部分是由小唾液腺體惡化所形成的腺癌。臺灣之口腔癌以頰黏膜癌和舌癌佔大多數；而口咽癌因全國癌症登記資料是合併於口腔癌進行統計，因此未有詳盡資料進行分析，而根據本院民國98年癌症登記年報的統計結果，口腔癌個案，好發部位為舌頭及頰黏膜，而新診斷之口咽癌病人好發部位為扁桃腺。目前已知口腔癌/口咽癌的發生和嚼檳榔、吸菸、喝酒息息相關，可由口腔白斑或紅斑惡化成口腔癌/口咽癌，也可在口腔內的不同位置，出現多處癌瘤。癌症是一種多重因素的基因疾病，其中環境因素 (外來的致癌物質) 在口腔癌扮演非常重要的角色，因此吾人更需要進行口腔癌的預防。

二、口腔癌診斷

正常口腔黏膜是粉紅色或紅色柔軟組織，如果變厚、變成突起不透明白色的斑塊，便是口腔白斑；如果有變薄或略為潰爛的紅色斑塊，便是紅斑，兩者可能是癌前病變，可惡化成口腔癌/口咽癌。口腔癌/口咽癌的臨床表徵是難癒合的潰瘍或突出的潰爛硬塊，常伴有轉移的頸部淋巴腫塊；特別是口咽癌中的扁桃癌，早期症狀並不明顯，可能僅伴隨輕微的喉嚨不適，往往當頸部出現異常腫塊時才被診斷；口咽癌早期常不覺疼痛，偶而出現帶血的唾液，因此不痛的潰瘍或突出硬塊才可怕，常常有人因不痛而忽略早期癌症的存在，錯失早期診斷、正確治療的良機。因此只要發現帶有血液的唾液或痰，張開嘴巴看到兩星期以上不易癒合的潰瘍或不明腫塊，便要尋求耳鼻喉科、頭頸外科、口腔顎面外科或整型外科醫師的幫忙診察。最重要的診斷方法便是病理組織切片檢查。切片檢查可以區分良性或惡性病變。不同的診斷，其治療方式大不相同。組織切片檢查不會造成癌症的擴散或惡化。如果因拒絕切片，而無法得到正確的診斷，一個良性的病變可能被當成惡性腫瘤，使病人接受了不必要的手術或放射治療；而一個惡性病變可能因延誤診斷，使病人變成必須接受更大範圍、更具傷害性的治療，甚至失去治癒的機會。因此，病人應充分與醫師配合，才能達到早期診斷、正確治療，從而提高治癒的機會。

三、分期

口腔癌/口咽癌的分期除了靠視診、觸診外，有時需藉助電腦斷層掃描或磁振影像檢查才得以完整。分期的目的在確立治療方式的選擇，評估預後及比較不同治療方式的結果。目前口腔癌/口咽癌分期是依據原發腫瘤大小 (T)、頸部淋巴結轉移與否 (N)、是否有遠隔轉移 (M) 的TNM系統(AJCC 8th 2018分期) 來決定。

AJCC 8 Ch.7 口腔癌 Oral Cavity

◆ Lip (C00.0~.2-External lip 及 C00.6-Commissure of lip 請見 AJCC 8th ch.6,40,46)			
ICD-10-CM	Description	ICD-10-CM	Description
C00.3	upper lip, inner aspect	C00.8	overlapping sites
C00.4	lower lip, inner aspect	C00.9	lip, unspecified
C00.5	lip, unspecified, inner aspect	---	---
◆ Tongue (C01.9-base of tongue 及 C02.4-lingual tonsil 請見 AJCC 8th ch.6,10,11,14,40)			
ICD-10-CM	Description	ICD-10-CM	Description
C02.0	dorsal surface	C02.3	anterior two-thirds of tongue
C02.1	border	C02.8	overlapping sites
C02.2	ventral surface	C02.9	tongue, unspecified
◆ Gum			
ICD-10-CM	Description	ICD-10-CM	Description
C03.0	upper gum	C03.9	gum, unspecified
C03.1	lower gum	---	---
◆ Mouth floor			
ICD-10-CM	Description	ICD-10-CM	Description
C04.0	anterior floor	C04.8	overlapping sites
C04.1	lateral floor	C04.9	floor of mouth, unspecified
◆ Palate (C05.1-soft palate 及 C05.2-uvula 請見 AJCC 8th ch.6,10,11,14,40)			
ICD-10-CM	Description	ICD-10-CM	Description
C05.0	hard palate	C05.8	overlapping sites
---	---	C05.9	palate, unspecified
◆ Other and unspecified parts of mouth			
ICD-10-CM	Description	ICD-10-CM	Description
C06.0	cheek mucosa	C06.80	overlapping sites
C06.1	vestibule	C06.89	book leaf neoplasm
C06.2	retromolar area	C06.9	mouth, unspecified

Primary tumor (T)	
TX	Primary tumor cannot be assessed
Tis	Carcinoma in situ
T1	Tumor ≤ 2 cm with depth of invasion (DOI)* ≤ 5 mm
T2	Tumor ≤ 2 cm with DOI* > 5 mm *or* tumor > 2 cm and ≤ 4 cm with DOI* ≤ 10 mm
T3	Tumor > 2 cm and ≤ 4 cm with DOI* > 10 mm *or* tumor > 4 cm with DOI* ≤ 10 mm
T4a	Moderately advanced local disease Tumor > 4 cm with DOI* > 10 mm *or* tumor invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla or involves the maxillary sinus or skin of the face) Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4.
T4b	Very advanced local disease Tumor invades masticator space, pterygoid plates, or skull base and/or encases the internal carotid artery
*DOI is depth of invasion and not tumor thickness.	
Regional lymph nodes - Clinical N (cN)	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension ENE(-)
cN2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension, and ENE(-)
cN2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(–)
cN2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(–)
cN3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
cN3b	Metastasis in any node(s) and clinically overt ENE(+)

Regional lymph nodes - Pathological N (pN)	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
pN2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
pN2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(–)
pN2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(–)
pN3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
pN3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes any with ENE(+); *or* a single contralateral node 3 cm or smaller and ENE(+)
Distant metastasis (M)	
M0	No distant metastasis
M1	Distant metastasis

AJCC PROGNOSTIC STAGE GROUPS

stage groups	N0	N1	N2	N3	M1
Tis	0				
T1	I	III	IVA	IVB	IVC
T2	II	III	IVA	IVB	IVC
T3	III	III	IVA	IVB	IVC
T4a	IVA	IVA	IVA	IVB	IVC
T4b	IVB	IVB	IVB	IVB	IVC

AJCC 8 Ch.10 口咽癌(p16+)

HPV-Mediated (p16+) Oropharyngeal Cancer

ICD-10-CM	Description	ICD-10-CM	Description
C01	base of tongue	C09.9	tonsil, unspecified
C02.4	lingual tonsil	C10.0	vallecula
C05.1	soft palate	C10.2	lateral wall of oropharynx
C05.2	uvula	C10.3	posterior wall of oropharynx
C09.0	tonsillar fossa	C10.8	overlapping sites of oropharynx
C09.1	tonsillar pillar	C10.9	oropharynx, unspecified
C09.8	overlapping sites of tonsil	C11.1	pharyngeal tonsil

Primary tumor (T)	
T0	No primary identified
T1	Tumor 2 cm or smaller in greatest dimension
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4	Moderately advanced local disease Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or m andible or beyond*

*Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not eonstitute invasion of the larynx

Regional lymph nodes - Clinical N (cN)	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	One or more ipsilateral lymph nodes, none larger than 6 cm
cN2	Contralateral or bilateral lymph nodes, none larger than 6 cm
cN3	Lymph node(s) larger than 6 cm

Regional lymph nodes - Pathological N (pN)	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in 4 or fewer lymph nodes
pN2	Metastasis in more than 4 lymph nodes

Distant metastasis (M)	
M0	No distant metastasis
M1	Distant metastasis

AJCC PROGNOSTIC STAGE GROUPS

Clinical stage	N0	N1	N2	N3	M1
T0	---	I	II	III	IV
T1	I	I	II	III	IV
T2	I	I	II	III	IV
T3	II	II	II	III	IV
T4	III	III	III	III	IV

Pathological stage	N0	N1	N2	M1
T0	---	I	II	IV
T1	I	I	II	IV
T2	I	I	II	IV
T3	II	II	III	IV
T4	II	II	III	IV

AJCC 8 Ch.11 口咽癌(p16-)及下咽癌 Oropharynx (p16-) and Hypopharynx

ICD-10-CM	Description	ICD-10-CM	Description
C01	base of tongue	C10.0	vallecula
C02.4	lingual tonsil	C10.1	anterior surface of epiglottis
C05.1	soft palate	C10.2	lateral wall of oropharynx
C05.2	uvula	C10.3	posterior wall of oropharynx
C09.0	tonsillar fossa	C10.4	branchial cleft
C09.1	tonsillar pillar	C10.8	overlapping sites of oropharynx
C09.8	overlapping sites of tonsil	C10.9	oropharynx, unspecified
C09.9	tonsil, unspecified	C11.1	pharyngeal tonsil
ICD-10-CM	**Description**	**ICD-10-CM**	**Description**
C12	pyriform sinus	C13.2	posterior wall of hypopharynx
C13.0	postcricoid region	C13.8	overlapping sites of hypopharynx
C13.1	aryepiglottic fold, hypopharyngeal	C13.9	hypopharynx, unspecified

Primary tumor (T) 部位：**Oropharynx (p16-)**	
TX	Primary tumor cannot be assessed
Tis	Carcinoma in situ
T1	Tumor 2 cm or smaller in greatest dimension
T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
T4a	Moderately advanced local disease Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible*
T4b	Very advanced local disease Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery
*Note: Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx	

Primary tumor (T) 部位：Hypopharynx	
TX	Primary tumor cannot be assessed
Tis	Carcinoma in situ
T1	Tumor limited to one subsite of hypopharynx and/or 2 cm or smaller in greatest dimension
T2	Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures larger than 2 cm but not larger than 4 cm in greatest dimension without fixation of hemilarynx
T3	Tumor larger than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophageal mucosa
T4a	Moderately advanced local disease Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, esophageal muscle or central compartment soft tissue*
T4b	Very advanced local disease Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures
*Note: Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat	

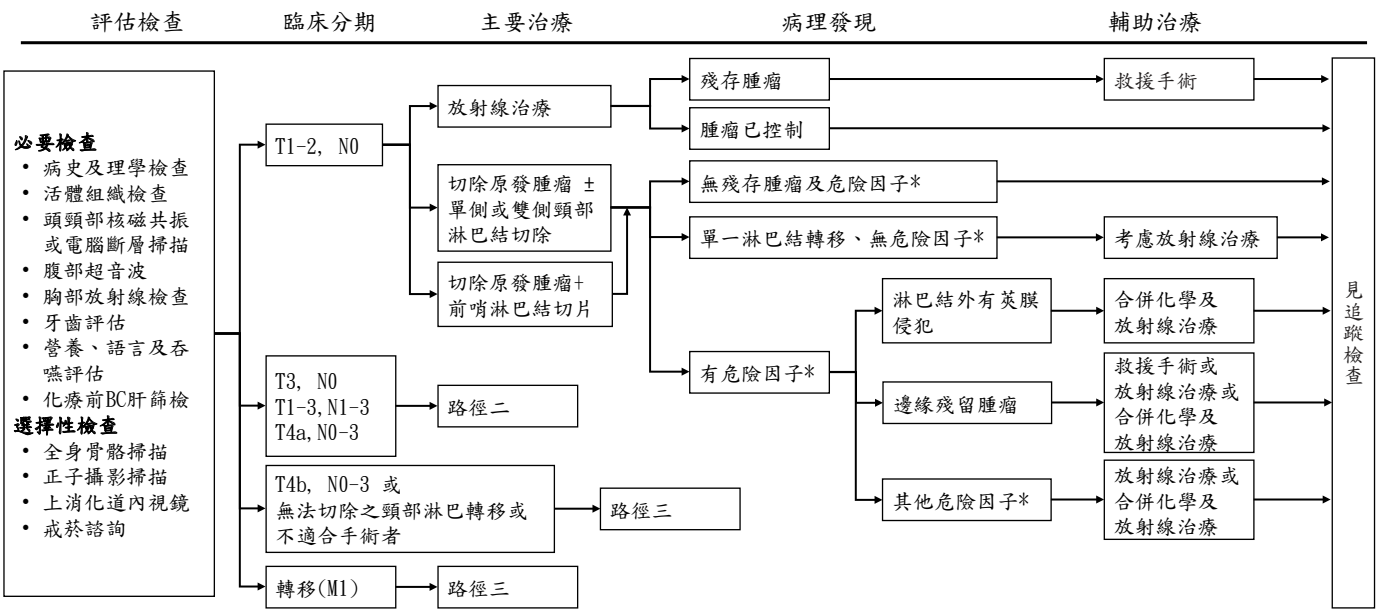
Regional lymph nodes - Clinical N (cN) 部位：Oropharynx (p16-) and Hypopharynx	
cNX	Regional lymph nodes cannot be assessed
cN0	No regional lymph node metastasis
cN1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE (-)
cN2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
cN2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(–)
cN2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(–)
cN3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
cN3b	Metastasis in any node(s) and clinically overt ENE(+)

Regional lymph nodes - Pathological N (pN) 部位：Oropharynx (p16-) and Hypopharynx	
pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
pN2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
pN2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(–)
pN2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(–)
pN3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
pN3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Distant metastasis (M)	
M0	No distant metastasis
M1	Distant metastasis

AJCC PROGNOSTIC STAGE GROUPS

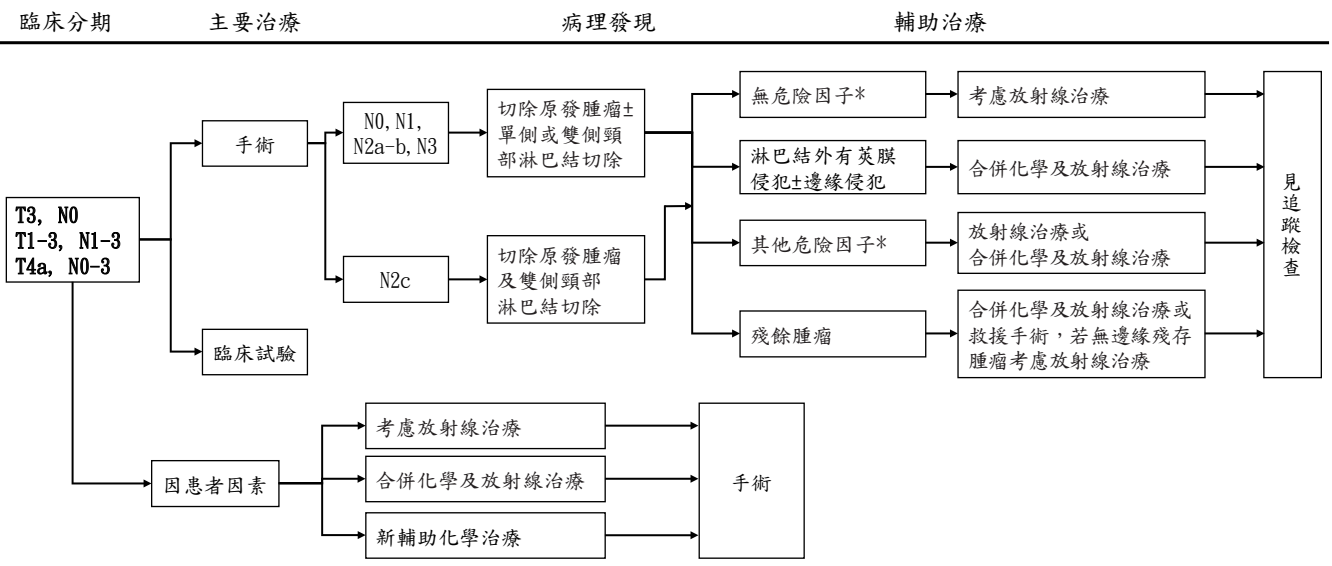
STAGE GROUPS	N0	N1	N2	N3	M1
Tis	0				
T1	I	III	IVA	IVB	IVC
T2	II	III	IVA	IVB	IVC
T3	III	III	IVA	IVB	IVC
T4a	IVA	IVA	IVA	IVB	IVC
T4b	IVB	IVB	IVB	IVB	IVC

四、口腔癌診療指引路徑圖(一)



*註1.危險因子包含邊緣殘存腫瘤或淋巴外有莢膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

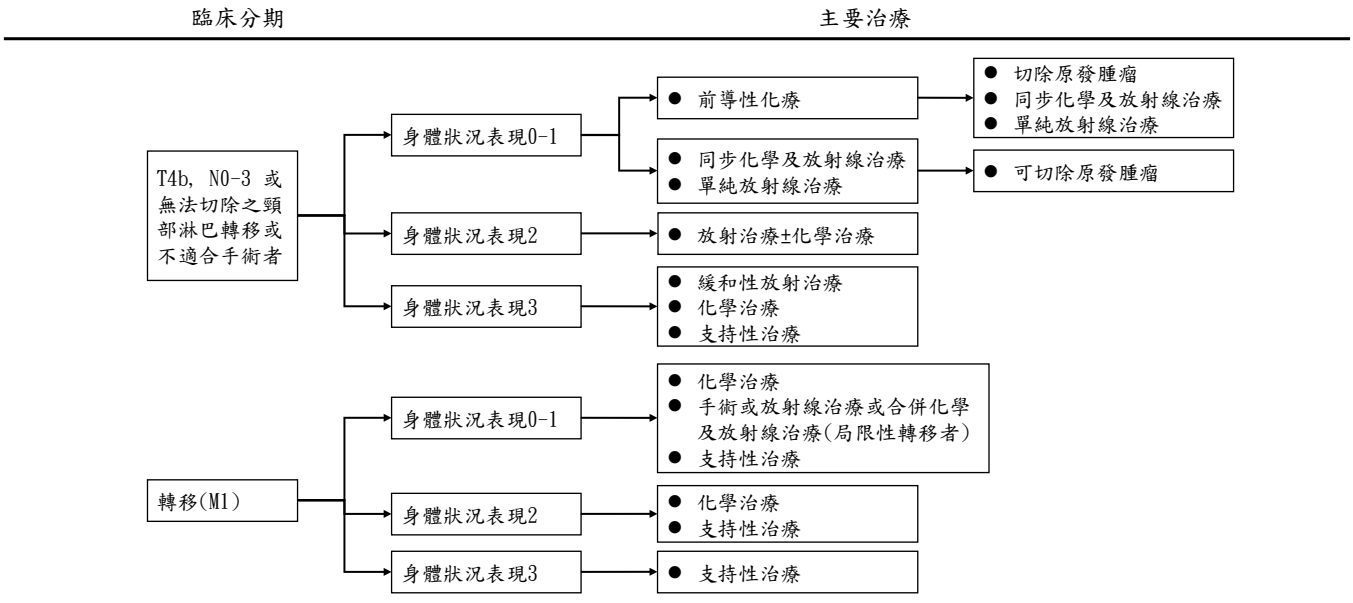
四、口腔癌診療指引路徑圖(二)



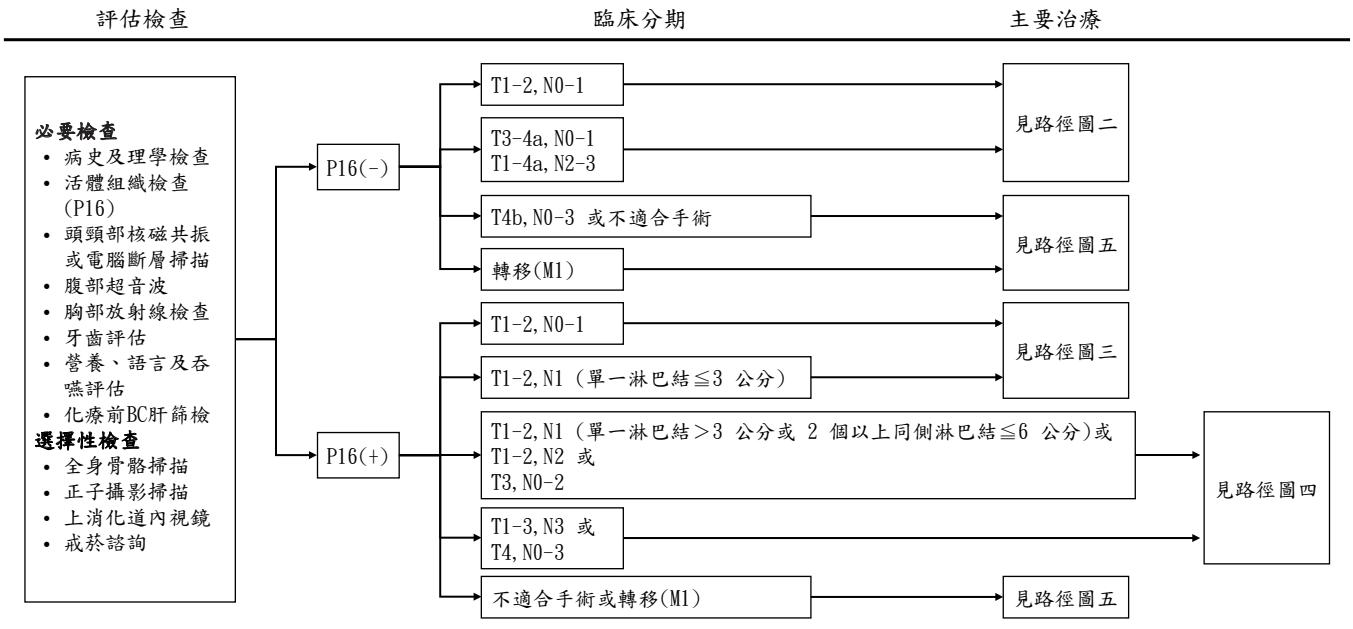
*註1.危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)。

*註2.依個案情況需求轉介至醫學中心接受接受臨床試驗。

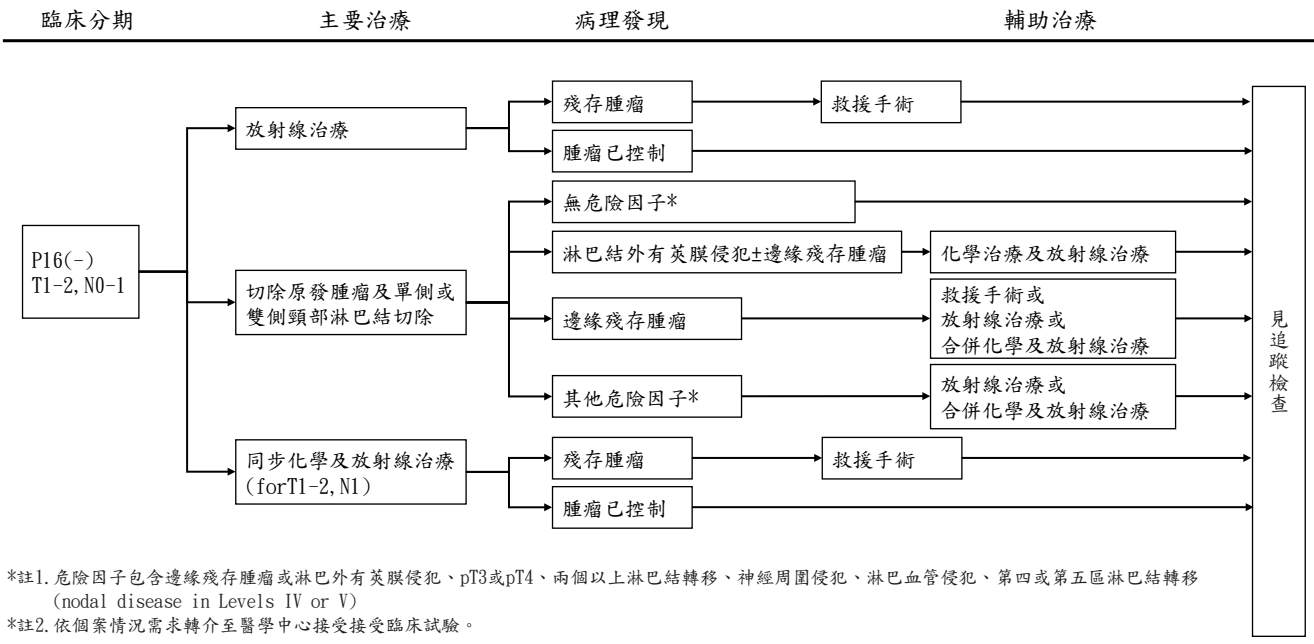
四、口腔癌診療指引路徑圖(三)



四、口咽癌診療指引路徑圖(一)



四、口咽癌診療指引路徑圖(二)

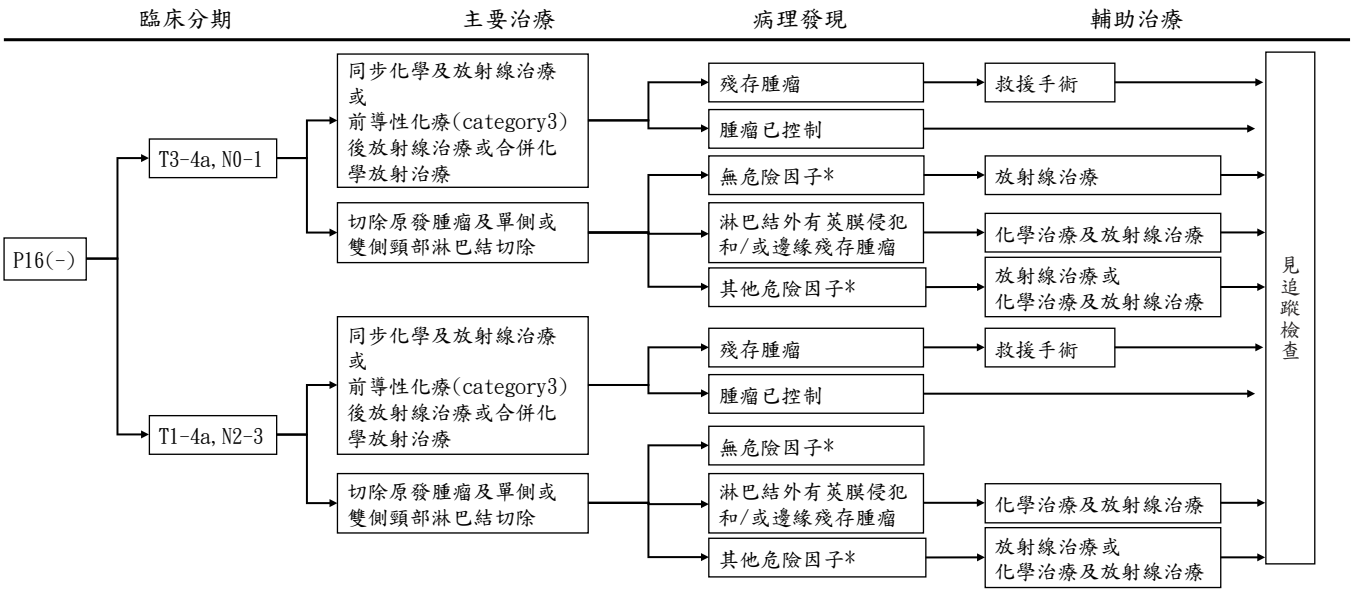


*註1.危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2.依個案情況需求轉介至醫學中心接受接受臨床試驗。

15

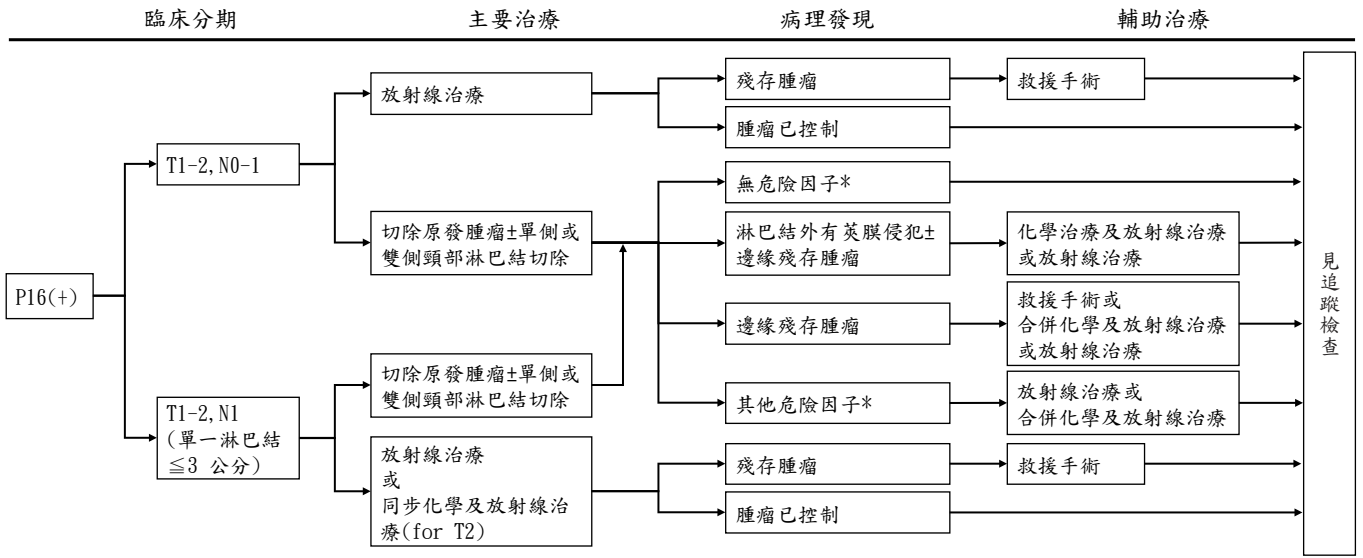
四、口咽癌診療指引路徑圖(三)



*註1. 危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2. 依個案情況需求轉介至醫學中心接受接受臨床試驗。

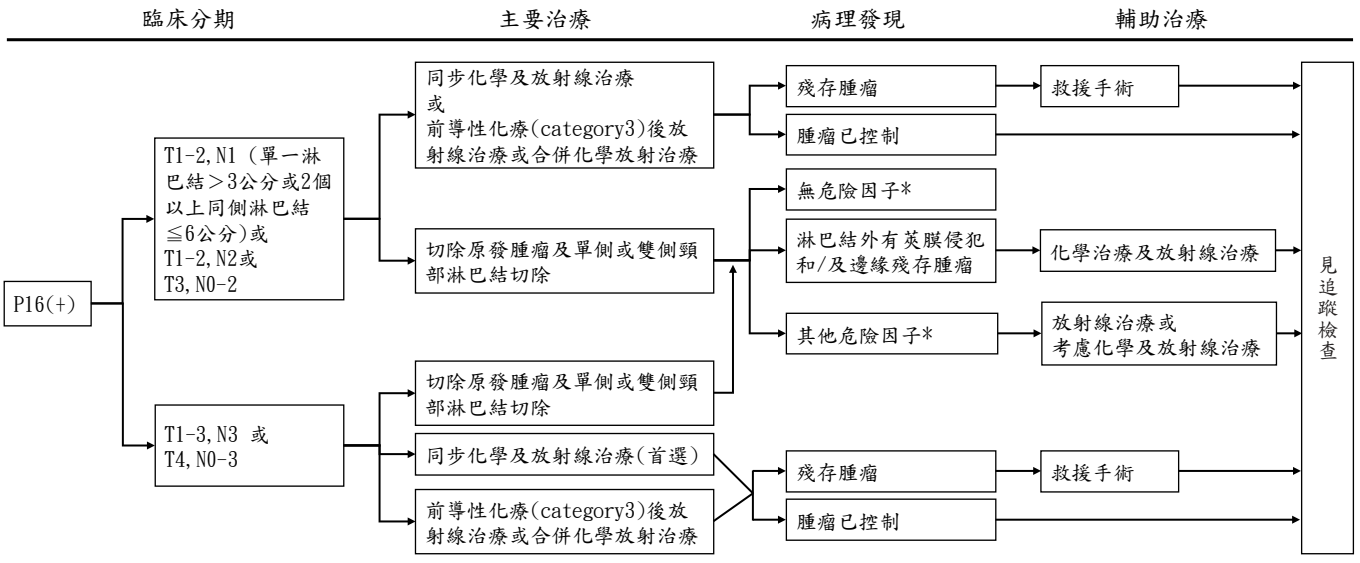
四、口咽癌診療指引路徑圖(四)



*註1.危險因子包含邊緣殘存腫瘤或淋巴外有莢膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2.依個案情況需求轉介至醫學中心接受接受臨床試驗。

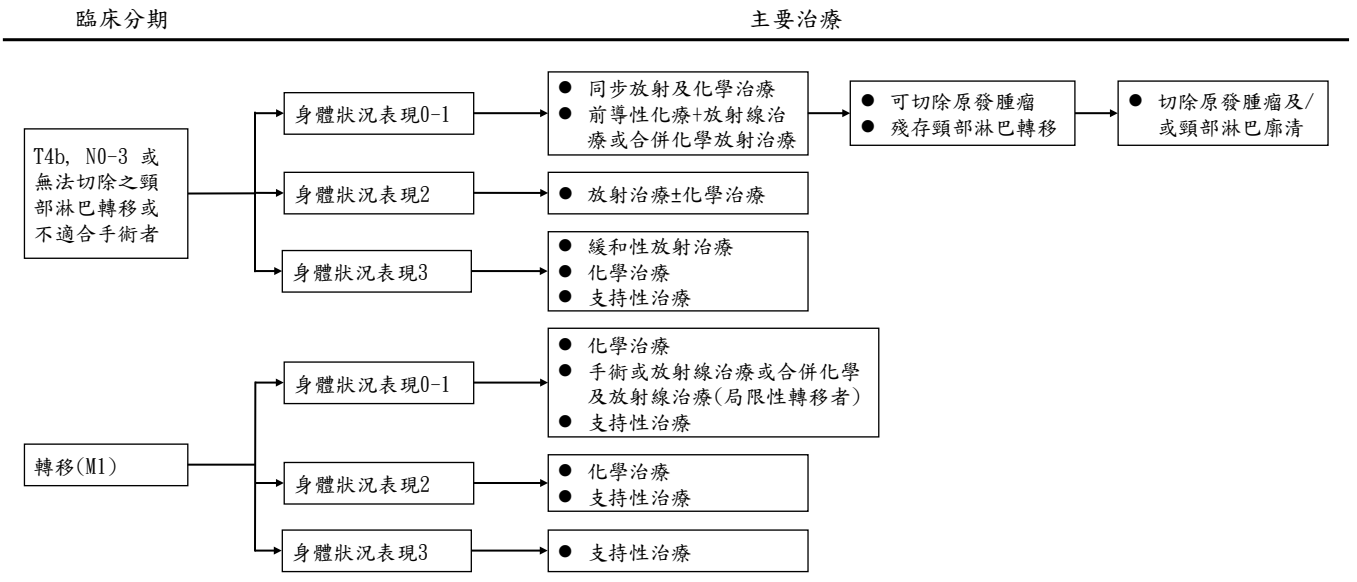
四、口咽癌診療指引路徑圖(五)



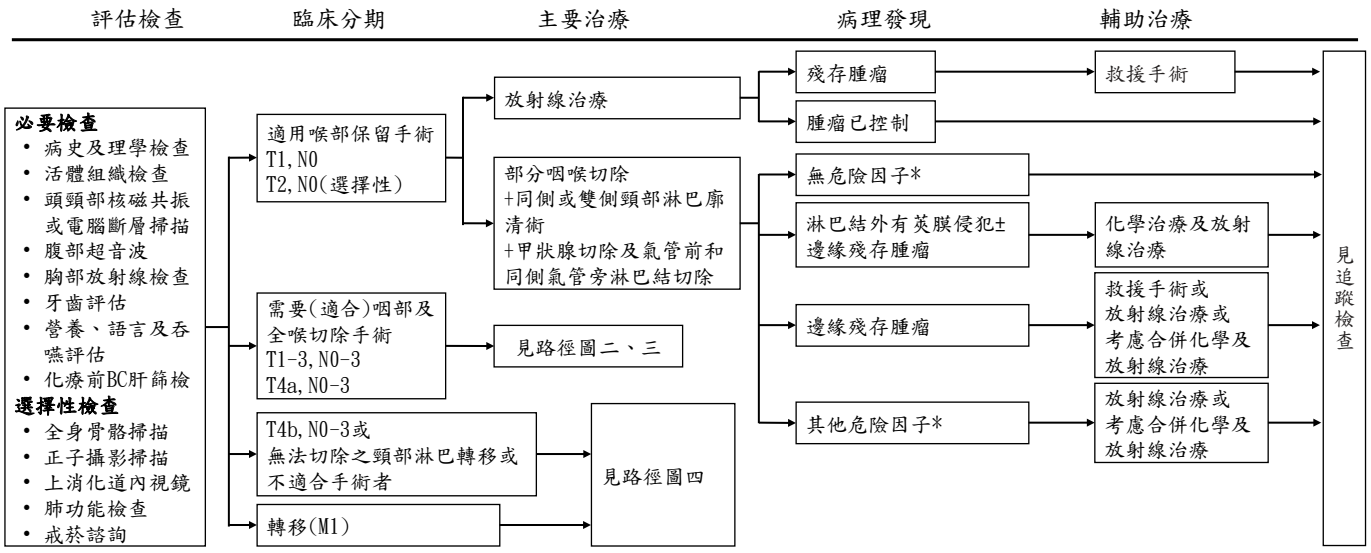
*註1.危險因子包含邊緣殘存腫瘤或淋巴外有莢膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2.依個案情況需求轉介至醫學中心接受接受臨床試驗。

四、口咽癌診療指引路徑圖(六)



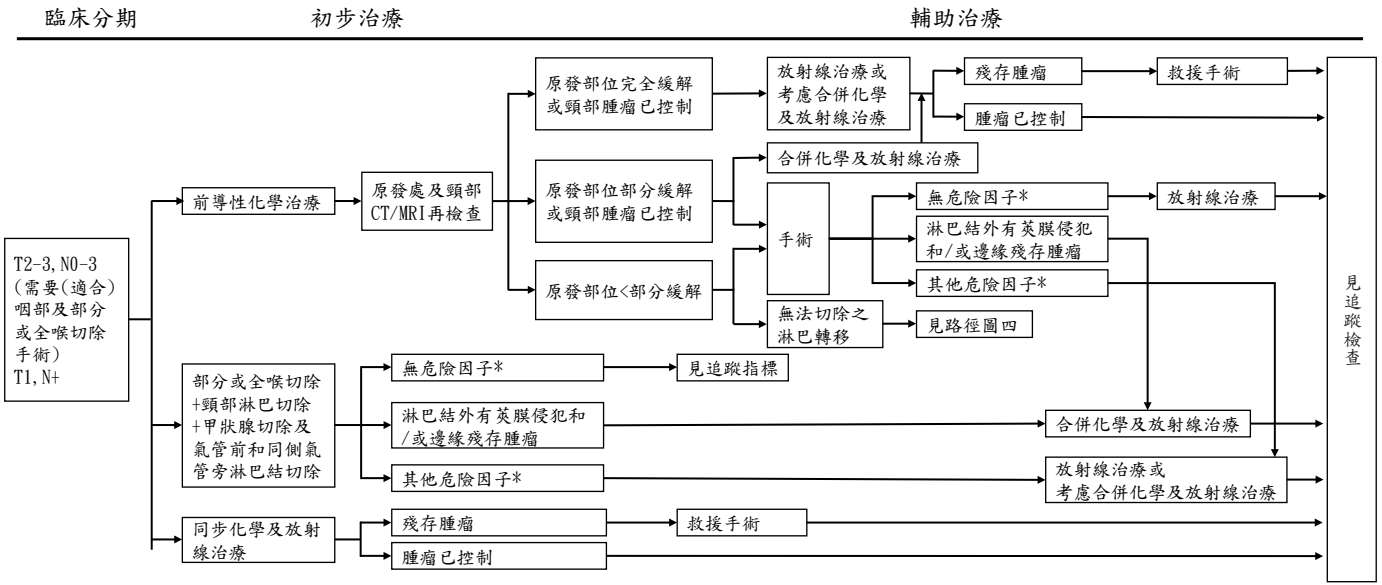
四、下咽癌診療指引路徑圖(一)



*註1.危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2.依個案情況需求轉介至醫學中心接受接受臨床試驗。

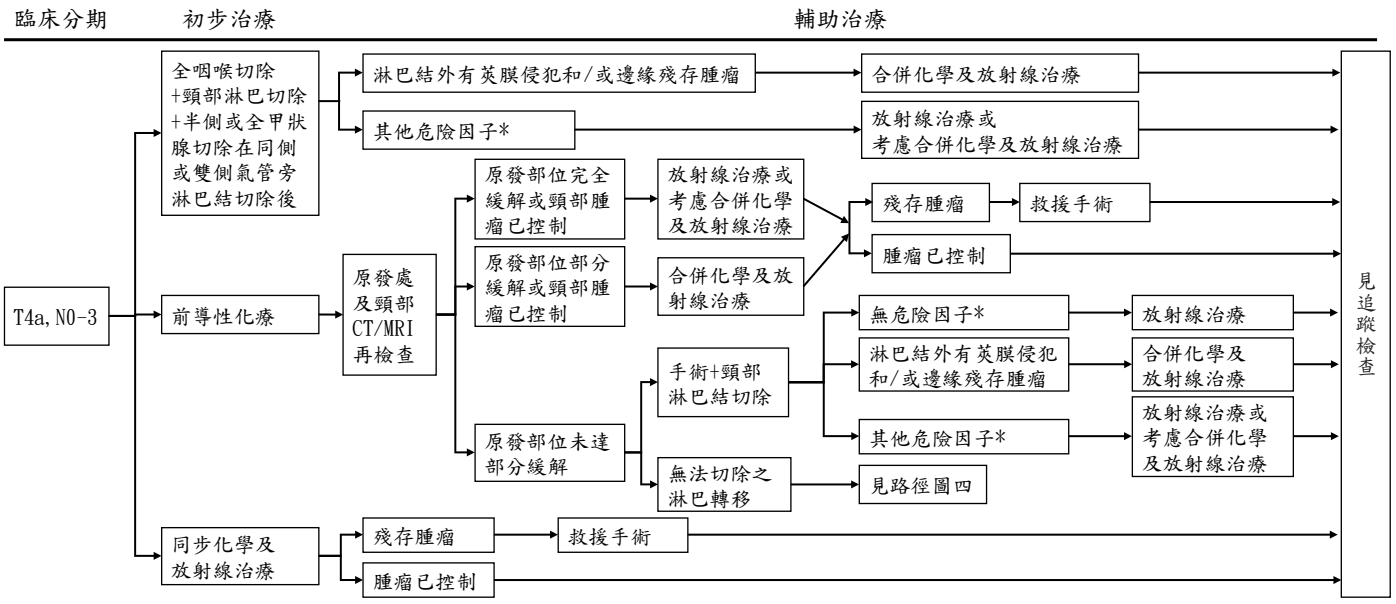
四、下咽癌診療指引路徑圖(二)



*註1. 危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移(nodal disease in Levels IV or V)

*註2. 依個案情況需求轉介至醫學中心接受接受臨床試驗。

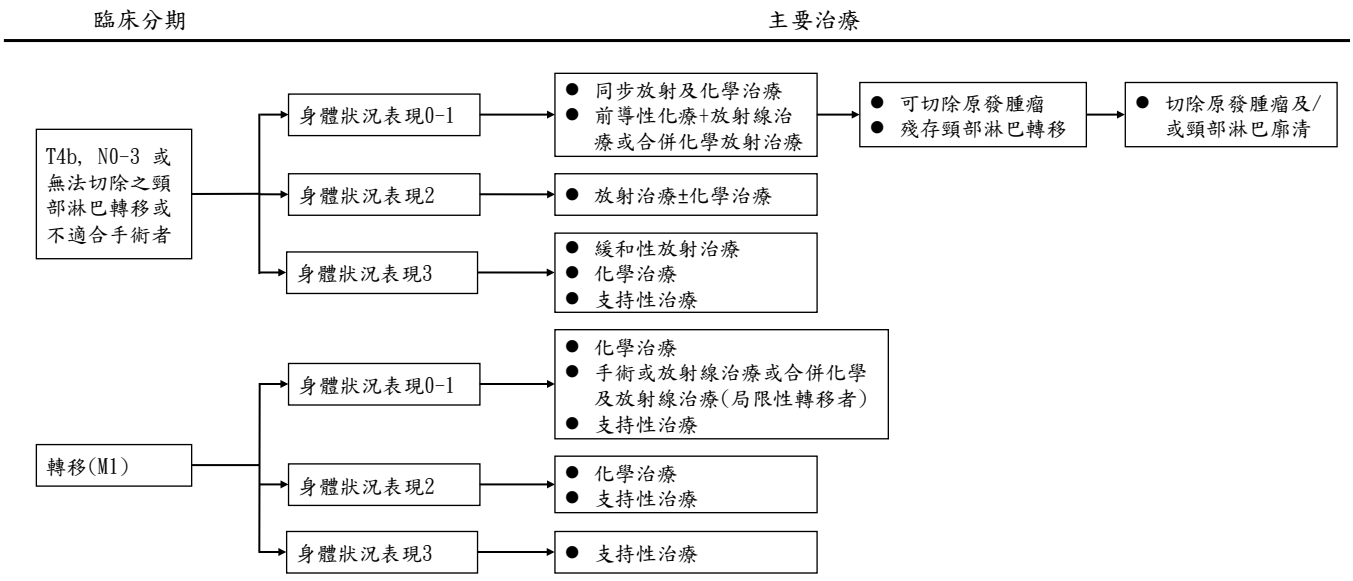
四、下咽癌診療指引路徑圖(三)



*註1. 危險因子包含邊緣殘存腫瘤或淋巴外有英膜侵犯、pT3或pT4、兩個以上淋巴結轉移、神經周圍侵犯、淋巴血管侵犯、第四或第五區淋巴結轉移 (nodal disease in Levels IV or V)

*註2. 依個案情況需求轉介至醫學中心接受接受臨床試驗。

四、下咽癌診療指引路徑圖(四)



五、頭頸癌化學治療指引

Primary systemic therapy + CCRT for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH003	Weekly cisplatin	Cisplatin	30	IVD	2h	D1	QW	6	1
	High-dose Cisplatin	Cisplatin	100	IVD		D1	Q3W	3	2-3
	Cisplatin +5-FU	Cisplatin	100	IVD		D1	Q3W	3	4
		5-FU	1000	IVD		D1-5			
	CARBOplatin +5-FU	CARBOplatin	70	IVD		D1	Q3W	3	5
		5-FU	600	IVD		D1-5			
TH005	CFHx	Cisplatin	20	IVD	2h	D-4	Q3W	2	23
		5-FU	600	IVD	20h	D1-4			
		Hydroxyurea	500mg	PO	BID	D1-5			
TH004	Weekly carboplatin	Carboplatin	AUC2	IVD	2h	D1	QW	7	24

五、頭頸癌化學治療指引

Induction/ Sequential chemotherapy for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH001 TH001-1	TPF	Docetaxel	75	IVD	1h	D1	Q3W	3-4	6-7
		Cisplatin	75	IVD	4h	D1			
		Fluorouracil	750	IVD	24h	D1-5			
TH001-2	TPF (carboplatin AUC5)	Docetaxel	75	IVD	1h	D1	Q3W	3-4	6-7
		Carboplatin	AUC5	IVD	4h	D1			
		Fluorouracil	1500	IVD	40h	D1,3			
		Fluorouracil	750	IVD	40h	D5			
	PUL	Cisplatin	50	IVD	2h	D1	Q2W	6	19
		UFUR	300	PO		D1-14			
		Leucovorin	60mg	PO		D1-14			

五、頭頸癌化學治療指引

Postoperative systemic chemotherapy/ RT for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH002	High-dose Cisplatin Triweekly	Cisplatin	100	IVD	4h	D1	Q3W	3	8-9

五、頭頸癌化學治療指引

Chemotherapy for recurrent and metastatic disease
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH006 TH006-1	Cetuximab+ Carboplatin+ 5-FU	Cetuximab*	400(1st) 250(2nd)	IVD	2.5h 1.5h	D1	QW		10
		Carboplatin	AUC5	IVD	3h	D1	Q3W	6	
		5-FU	600-1000	IVD	20h	D1-4	Q3W	6	
	*1st dose 400 mg/m2 then followed by 250 mg/m2								
	Pembrolizumab	Pembrolizumab	200mg	IVD	1h	D1	Q3W	24 month	11-12
	*If disease progression on or after platinum therapy								
	Nivolumab	Nivolumab	240mg	IVD		D1	Q2W	Until progression	13
	*If disease progression on or after platinum therapy								

五、頭頸癌化學治療指引

Chemotherapy for recurrent and metastatic disease
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
	Cisplatin+5-FU (oropharynx)	Ciaplatin	100	IVD	4h	D1	Q3W	Until progression	20
		Leucovorin	100	IVD	12h	D1-4	Q3W		
		5-FU	1000	IVD	20h	D1-4	Q3W		
TH010	Pembrolizumab +Paclitaxel+ Carboplatin	Pembrolizumab	200mg /day	IVD	1h	D1	Q3W		30
		Paclitaxel	175	IVD	3h	D1			
		Carboplatin	AUC5	IVD	1h	D1			
	Weekly cisplatin	Ciaplatin	40	IVD	2h	D1	QW	4	21-22
	Methotrexate	Methotrexate	40	IVD		D1	QW		14-15
	Docetaxel	Docetaxel	100	IVD	1h	D1	Q3W		16

五、頭頸癌化學治療指引

Palliative chemotherapy for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH007	Modified MUL-B	MTX	50mg/dose	IVD	15min	D1	Q2W		17-18
		Bleomycin	15mg/dose	IVD	15min	D1			
		UFUR	300	PO	QD	D1-14			
		Folina	15mg	PO	QID	D1-14			
TH008	Carboplatin +UFUR	Carboplatin	AUC4	IVD	2h	D1	Q3W		25-26
		UFUR	300	PO	QD				
TH009 TH009-1	Cisplatin +Leucovorin +5-FU	Cisplatin	40	IVD	2h	D1	Q2W		27
		Leucovorin	400	IVD	2h	D1			
		5-FU	2800	IVD	40h	D1			
TH009-3	Cetuximab +Cisplatin +Leucovorin +5-FU	Cetuximab	500	IVD	2.5h	D1	Q2W		27
		Cisplatin	40	IVD	2h	D1			
		Leucovorin	400	PO	2h	D1			
		5-FU	2800	PO	40h	D1			

五、頭頸癌化學治療指引

Palliative chemotherapy for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH009-4 TH009-5	Cetuximab+ Carboplatin+ leucovorin+ 5-FU	Cetuximab	400(cycle1), 250(cycle2~)	IVD	2.5h	D1	QW	6	31
		Carboplatin	AUC5	IVD	1.5h	D1	Q3W		
		5-FU	2000	IVD	40h	D1、3			
TH014	Cetuximab+ TPF regimen	Cetuximab	400(cycle1), 250(cycle2~)	IVD	2.5h	D1,8,15	QW		32
		Docetaxel	40	IVD	1h	D1,8	Q3W		
		Cisplatin	40	IVD	4h	D1,8			
		Fluorouracil	2000	IVD	40h	D1,8			

五、頭頸癌化學治療指引

Palliative chemotherapy for non-nasopharyngeal cancers
(Lip, Oral Cavity, Oropharynx, Hypopharynx, Glottic Larynx, Supraglottic Larynx, Ethmoid Sinus, Maxillary Sinus, Occult Primary)

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
TH006-2 TH006-3 TH006-4	Cetuximab +Cisplatin+ 5-FU	Cetuximab	400 (cycle1) 250 (cycle2~)	IVD	1.5h	D1	QW	8	28
		Cisplatin	100	IVD	1h	D1	Q3W	6	
		5-FU	1000	IVD	20h	D1-4			
TH011 TH012	Carboplatin (AUC5)+ 5-FU	Carboplatin	AUC5	IVD	3h	D1	Q3W		29
		5-FU	1000	IVD	20h	D1-4			
TH013	Cisplatin+ leucovorin+ 5-FU	Cisplatin	50	IVD	3h	D1	Q3W		27
		Leucovorin	400	IVD	2h	D1			
		5-FU	1000	IVD	40h	D1			

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六、口腔癌的治療：

目前口腔癌仍以手術治療為主要選擇，但仍須考慮病人的年齡以及身心狀況以作為是否合適手術的評估。此外，臨床分期IVb或嚴重頸部轉移N≧2之病人，可先以Induction/Neoadjuvant chemotherapy方式治療，待腫瘤縮小後再進行進一步的手術治療。

***各種治療方式介紹：**

1. 外科治療：

手術切除是治療口腔癌最重要的步驟，依期數的不同而有不同程度的切除。

(1)原位癌：只做病變處切除。

(2)第一期：只做病變處切除，視病情需要，加做頸部淋巴結切除。

(3)第二期：病變處及上頸部淋巴結切除。

(4)第三期：廣泛病變處切除及頸部廓清術。

(5)第四期：大範圍切除病變處及頸部廓清術，可能包括臉部皮膚，或部分上、下顎骨。

2. 放射治療：

(1) 放射治療適應症

除了少數例外，放射治療可用於不同大小的口腔癌/口咽癌，對於小的局限性腫瘤，手術切除及放射治療都是有效的療法，但需要考慮到病人的年齡，對於手術或放射治療的意願及容忍性。對於第三及第四期的病人，則視情形可能需要合併手術及放射治療。手術後如有危險因子，如：手術切口邊緣仍有殘存腫瘤細胞、淋巴結轉移(二顆以上)、淋巴結膜外侵犯、神經周圍或淋巴血管侵犯者，需行手術後放射治療。

(2) 放射治療技術

放射治療時需要利用熱塑膠面模或其它輔助器具固定病人頭頸部，配合電腦斷層治療設計系統完成之放射治療計畫，執行放射治療。

(3) 口腔處理

病人在進行治療前都要會診牙科或口腔顎面外科醫師，評估牙齒及牙齦的狀況，如有厲害的牙齦疾病或蛀牙，則在治療前要先治療或拔牙，好的牙齒或可以修補的牙齒不一定要拔。若有需要可製作過渡性閉孔器並評估術後的口腔重建方式。口內若有人工牙根支持的金屬假牙，需考慮的是暫時移除或以牙托隔離口腔黏膜，以減少散射輻射的影響。建議病人在治療期間仍需以軟毛牙刷刷牙，以保持牙齒、牙齦與口腔黏膜的健康。若一般牙膏的刺激性太大時可改用氟膠刷牙。當發生急性口內潰瘍時可以請醫師或牙醫師開藥以減緩不適。使用氟膠及牙托注意口腔衛生，可以使牙齒保持健康，此外，需每天做開口練習，以免發生開口肌纖維化而導致開口困難。癌症治療過後也需要至牙科定期回診以確保牙齒健康。

3. 化學藥物治療：

綜合多個研究系列顯示：手術前或手術後的化學治療可能可以減少部分遠隔轉移，增加少許病人的存活。但是對於頭頸癌而言，局部控制是最重要的；目前有研究發現放射合併化學治療對於晚期頭頸癌（第三、四期），可增加局部控制率、顯著增加病人的存活率。不適或不能手術切除的腫瘤應考慮放射合併化學治療。

至於原本可以完全手術切除的腫瘤，手術前的化學治療並不能改善局部控制或增加病人的存活率。因此可以手術切除的腫瘤不建議給手術前的化學治療。另外，對於一些雖可切除，但是頸部轉移極為嚴重之病人，可考慮先用induction chemotherapy，待病程不再進行時，再考慮進一步手術。

4. 光動力療法：

針對癌前病變以及病灶廣但表淺的口腔癌/口咽癌時，可適用光動力療法。

5. 標靶治療：

在標靶治療的時代，表皮生長因子接受體單株抗體cetuximab（Erbitux）的發明，因為頭頸癌表皮生長因子接受體通常過度表現也和預後相關，在細胞和動物實驗及單獨使用人體有初步的成效，合併使用化療組合可以提升了反應率及存活率。血管新生在頭頸癌非常旺盛，和致病機轉及復發轉移很有相關，血管生長因子接受體單株抗體如Avastin或多重標靶含血管生長因子接受體酪氨酸激酶抑制劑如sunitinib及sorfenib在進行單獨使用或和化療併用都有不錯的效果。當病情嚴重，但因病人身體虛弱，導致無法承擔副作用較大之化學治療及放射治療時，可考慮使用標靶治療。但需考量出血毒性和經濟因素

6. 安寧緩和治療：

針對疾病進展快速之末期病人，經醫師判定在醫療上無法治癒，經簽署安寧緩和醫療意願書者，得以實施安寧緩和治療，相關之規範需符合安寧緩和醫療條例。

7. 其他：

免疫療法、基因療法，或其他生物調適製劑療法尚未成熟，仍在研究階段。

以上所述之外的一些非正統療法，不但沒有科學上及統計上客觀有效的根據，而且會延誤正規治療的時機，不建議使用。

七、口腔癌的追蹤與檢查：

復發的頭頸癌常發生在治療後一年內，應該每個月追蹤檢查一次，第二年每二個月追蹤檢查一次，第三年每三個月一次，第四、五年以後可以每半年追蹤檢查一次。每半年做一次胸部X光檢查。此外在追蹤期間要注意遠隔轉移及第二原發腫瘤（常見於口腔、食道、或肺臟等器官）的可能性。

八、頭頸癌的預防：

癌症是一種多重因素的基因疾病，其中環境因素（外來的致癌物質）在口腔癌扮演非常重要的角色。戒除嚼檳榔、吸菸、喝酒可以預防大部分口腔癌的發生。此外，有頭頸癌症的病人容易發生第二個原發腫瘤，而且預後一般不好，其中頭頸癌出現第二原發腫瘤比率高達15%，目前有研究顯示使用維他命A酸可能會降低頭頸部癌病人出現第二原發腫瘤的比率。曾罹患頭頸癌的病人是發生第二原發腫瘤的高危險群。對這群病人應鼓勵他們參與癌症預防的臨床之計畫治療，期望能找到有效的藥物，從根本上阻止第二癌症發生。

九、結語：

口腔癌發生與嚼檳榔、吸菸、喝酒等習慣有密切關係，隨著吸菸及嚼檳榔人口的增加，臺灣地區頭頸癌的發生率也節節上升。如果發現口腔內有不易癒合的潰瘍或不明腫塊，應及早求醫診治。口腔癌的治療以外科手術為主，並可輔以放射治療及化學治療；口咽癌的治療則以合併化放療為主。腫瘤越大，需要手術的範圍也越大，因此早期診斷及正確治療不僅可提高治癒率，也可減少因治療所帶來之傷害。大部分的口腔癌/口咽癌可經由戒除嚼檳榔、吸菸、喝酒等外來致癌因子而防止其發生。對於已經罹患過口腔癌/口咽癌的病人，由於發生第二原發腫瘤的比率相當高，參與藥物防癌的臨床研究應是值得鼓勵的。

十、注意事項：

（一）此共識將依據國際實証醫學定期改版修訂。

（二）本共識手冊內所提之各種治療意見，為原則性之建議。然而，醫藥科技持續在進步，每位患者的病情亦不盡相同；醫師應就病人之病情做個別的考量，病人和家屬亦應與醫師溝通討論，以決定最適當之治療方式。

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