大腸直腸癌

召集人:徐宇辰主任

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第十二版

大腸直腸癌診療指引修訂

2025-01-19 修訂第十一版	2026-01-09 修訂第十二版
• 文獻更新	• 文獻更新
大腸癌臨床診療指引-1	
• 文獻更新	• 文獻更新
大腸癌臨床診療指引-2	
• 文獻更新 • 新增龐大淋巴結疾病或臨床分期T4b，治療處置考慮新輔助性化療/放療 • 病理分期pT3,N0,M0(no risk factor and MSS or dMMR) • 病理分期pT3N0M0 (*high risk factor)pT4N0M0(MSS or dMMR)	• 文獻更新 • 病理分期途徑三pT3修訂為p T3-4N0M0 (*high risk factor) or pT4N0M0(MSS or dMMR)
大腸癌臨床診療指引-3	
• 文獻更新 • 評估檢查BRAF • 評估檢查HER2由必要檢查挪至選擇性檢查 • 診斷同時伴有腹部/腹膜轉移新增或同時伴有其他部位無法切除的轉移 • 切除或腸造口新增或腸繞道手術	• 文獻更新 • 評估檢查HER2由選擇性檢查挪至必要性檢查 • 同時伴有單一肝臟和/或單一肺臟轉移途徑->轉移處不可以切除->化學治療、±標靶治療、±放射治療、新增or免疫治療
大腸癌復發臨床診療指引	
• 文獻更新 • 治療處置刪除~~新導性化學治療(2-3個月)~~ • 治療處置新增化學治療、±標靶治療、±放射線治療、±免疫治療或支持性治療	• 文獻更新

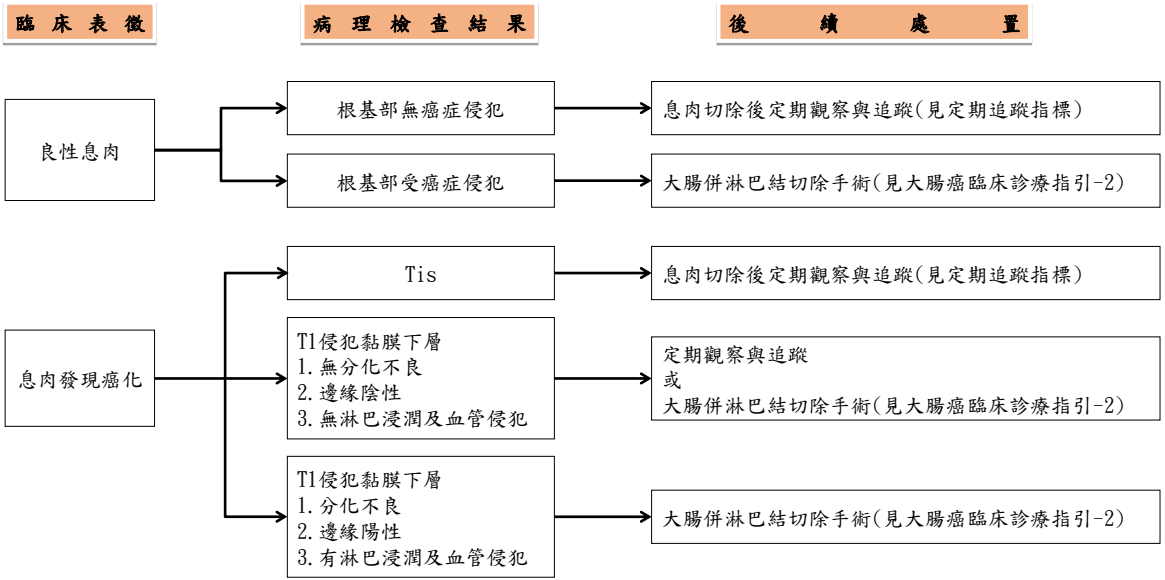
大腸直腸癌診療指引修訂

2025-01-19 修訂第十一版	2026-01-09 修訂第十二版
直腸癌臨床診療指引-1	
• 文獻更新	• 文獻更新 • 途徑良性息肉->根基無法完全切除->再次結腸癌息肉切除，修訂為直腸癌
直腸癌臨床診療指引-2	
• 文獻更新 • 診斷修改成直腸癌	• 文獻更新 • 直腸癌定義：修訂距離肛門口15公分以內之直腸，依病灶下緣距肛門口的距離分為上~~(>11cm)~~(>10cm)、中~~(>7cm&≤11cm)~~(>5cm&≤10cm)、下~~(≤7cm)~~(≤5cm)三段。 • 必要性檢查新增Pelvis MRI
直腸癌臨床診療指引-3	
• 文獻更新	• 文獻更新 • 修訂新增輔助性化學治療(若~~近端腫瘤切緣陰性~~->修訂為有危險因子)
直腸癌臨床診療指引-4	
• 文獻更新	• 文獻更新 • 輔助治療途徑:~~可考慮化、放療(*1)或~~，修訂定期觀察與追蹤
直腸癌臨床診療指引-5	
• 文獻更新 • 評估檢查刪除必要檢查欄位HER2，改新增於選擇性檢查 • 診斷同時伴有腹部/腹膜轉移新增或同時伴有其他部位無法切除的轉移 • 治療處置切除或腸造新增或腸繞道手術	• 文獻更新
直腸癌復發臨床診療指引	
• 文獻更新 • 臨床分期骨盆腔局部復發/吻合處復發新增/多處復發 • 治療處置可切除刪除前導性±化學治療、±放射線治療、±標靶治療 • 治療處置手術切除後新增±化學治療、±放射線治療、±標靶治療 • 治療處置不可處置±化學治療、±放射線治療、±標靶治療增加±免疫治療或支持性療法	• 文獻更新

大腸直腸癌診療指引修訂

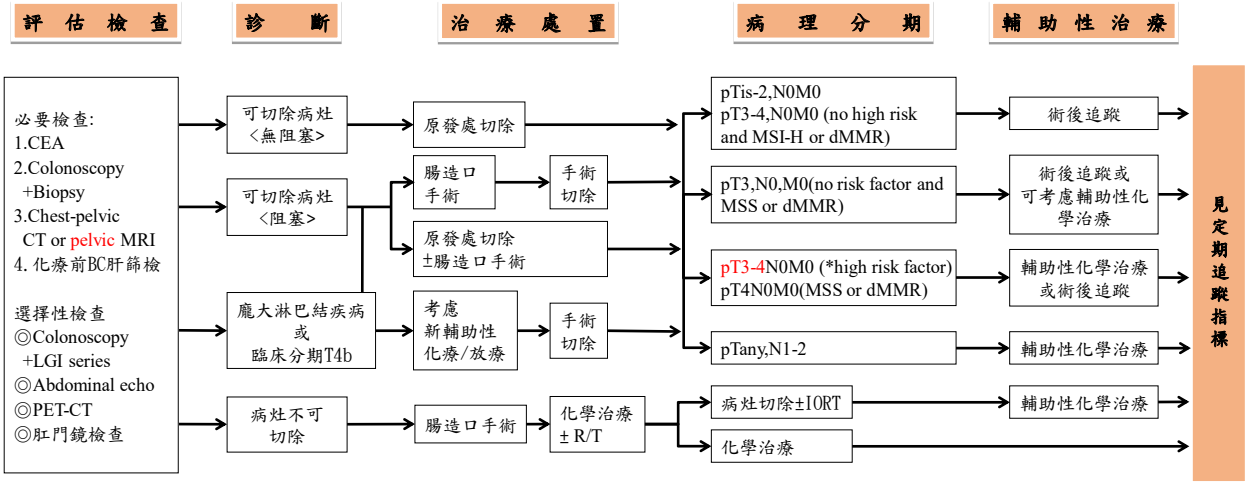
2025-01-19 修訂第十一版	2026-01-09 修訂第十二版
大腸直腸癌化學治療指引	
• 文獻更新 • 理學檢查:手術後兩年內每三個月一次、手術後兩年~五年每六個月一次、手術後五年每年一次 • CEA:術後第一個月、兩年內每三~六個月一次、兩年後每六個月一次 • Chest/Abdomen+pelvic CT:Stage Ⅰ、II、III每3-6個月一次，共追蹤五年 • Chest/Abdomen+pelvic CT:Stage Ⅳ兩年內每三個月一次、兩年後每六個月一次，共追蹤五年 • Colonoscopy or Barium enema Sigmoidoscopy：第一年一次，之後有息肉者每一~兩年一次，無息肉者每兩~三年一次。術前為阻塞型病灶，未完全做完大腸鏡檢者，術後3-6個月內即應再施行檢查一次 • 腹部超音波(選擇性):每半年一次 • PET-CT scan(選擇性):臨床評估需要時 • Bone scan/Brain CT/Chest CT(選擇性):臨床評估需要時	• 文獻更新
肛門癌臨床診療指引-1	
• 文獻更新	• 文獻更新
肛門癌臨床診療指引-2	
• 文獻更新	• 文獻更新 • 大腸癌臨床診療指引-2:病理分期
肛門癌臨床診療指引-3	
• 文獻更新	• 文獻更新
肛門癌定期追蹤指標	
• 文獻更新	• 文獻更新
肛門癌化學治療指引	
• 文獻更新 • 新增共識處方	• 文獻更新

大腸癌臨床診療指引-1


臨床表徵
病理檢查結果
後續處置
良性息肉
根基部無癌症侵犯
息肉切除後定期觀察與追蹤(見定期追蹤指標)
根基部受癌症侵犯
大腸併淋巴結切除手術(見大腸癌臨床診療指引-2)
息肉發現癌化
Tis
息肉切除後定期觀察與追蹤(見定期追蹤指標)
T1侵犯黏膜下層
1. 無分化不良
2. 邊緣陰性
3. 無淋巴浸潤及血管侵犯
定期觀察與追蹤
或
大腸併淋巴結切除手術(見大腸癌臨床診療指引-2)
T1侵犯黏膜下層
1. 分化不良
2. 邊緣陽性
3. 有淋巴浸潤及血管侵犯
大腸併淋巴結切除手術(見大腸癌臨床診療指引-2)

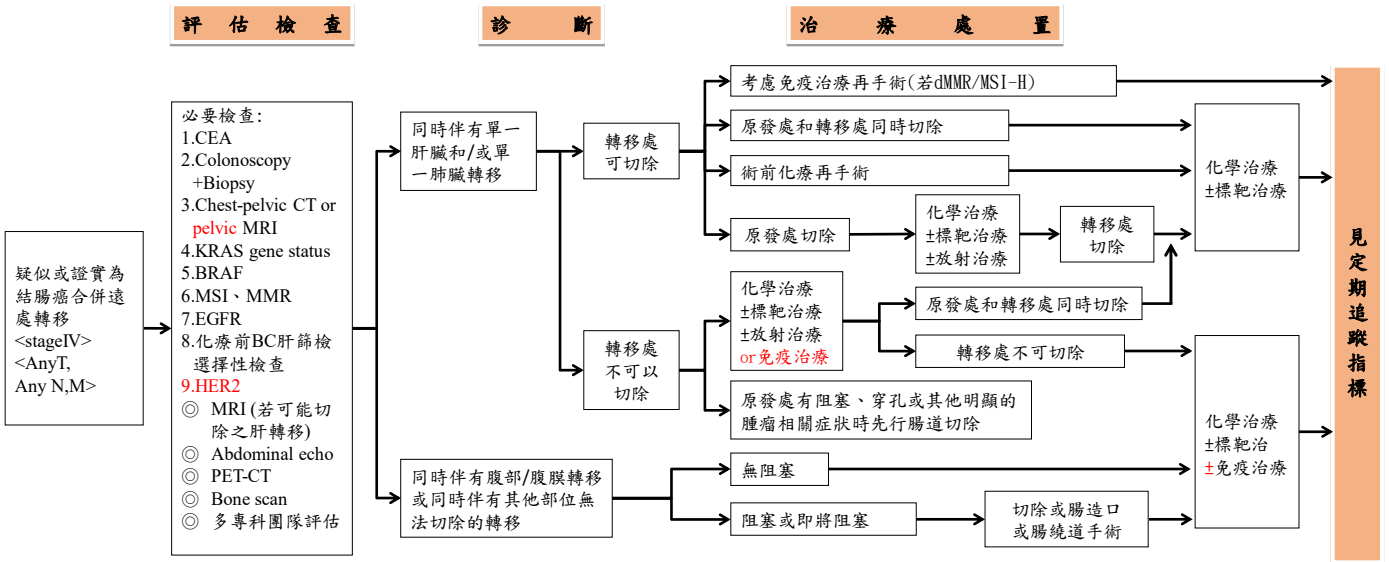
大腸癌臨床診療指引-2

*High risk factors
1. 分化不良
2. 淋巴血管內腫瘤侵犯或神經週圍浸潤
3. 淋巴摘除<12顆
4. 穿孔
5. 完全腸道阻塞
6. 非R0 resection



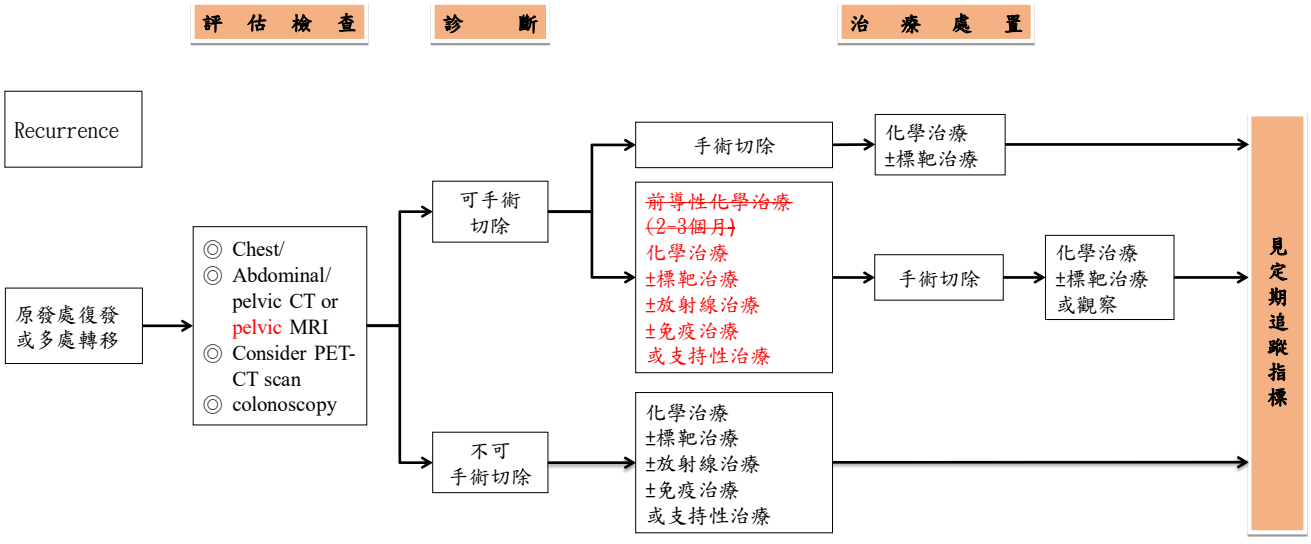
*MSI=microstatellite instability 微小衛星體的不穩定性
MMR=mismatch repair 核酸錯配修復

大腸癌臨床診療指引-3 合併疑似或實證遠處轉移

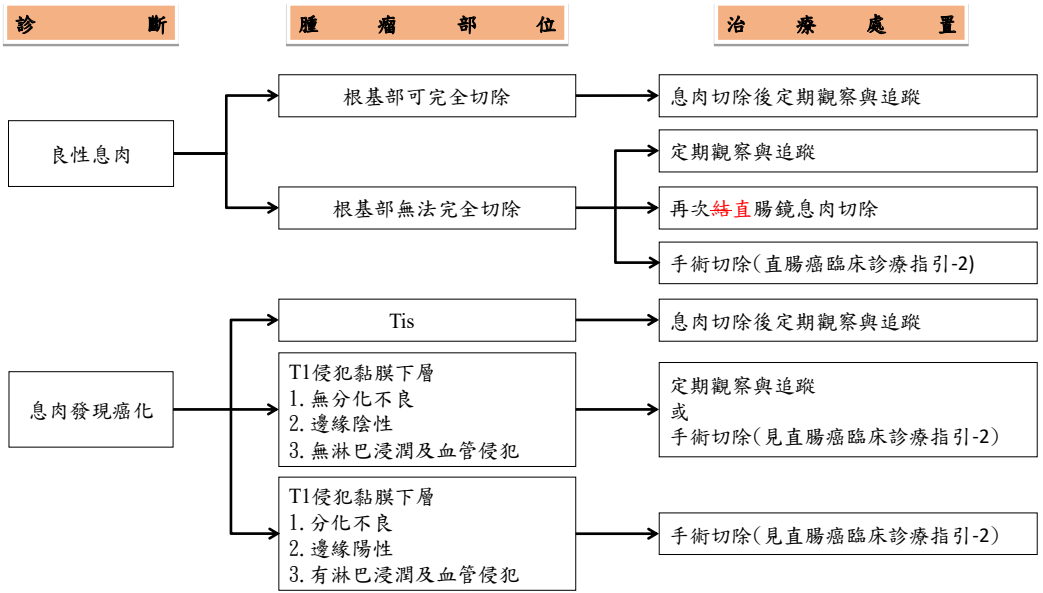


註：大腸癌僅腹膜轉移未合併肝肺轉移，且ECOG:0-1，心臟、肺、腎功能正常者→腫瘤減量手術±腹腔內熱化學治療(轉台北榮總或萬芳醫院治療)

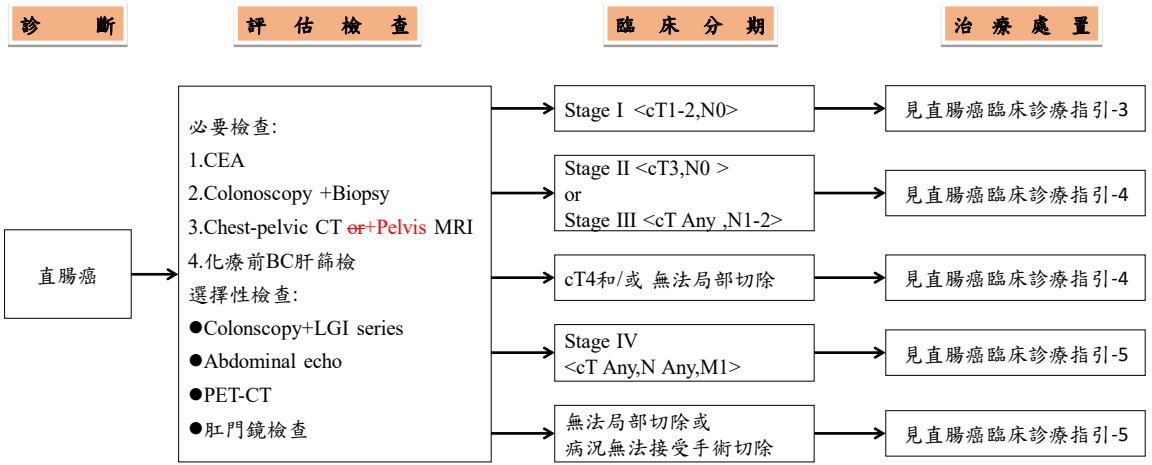
大腸癌復發臨床診療指引



直腸癌臨床診療指引-1

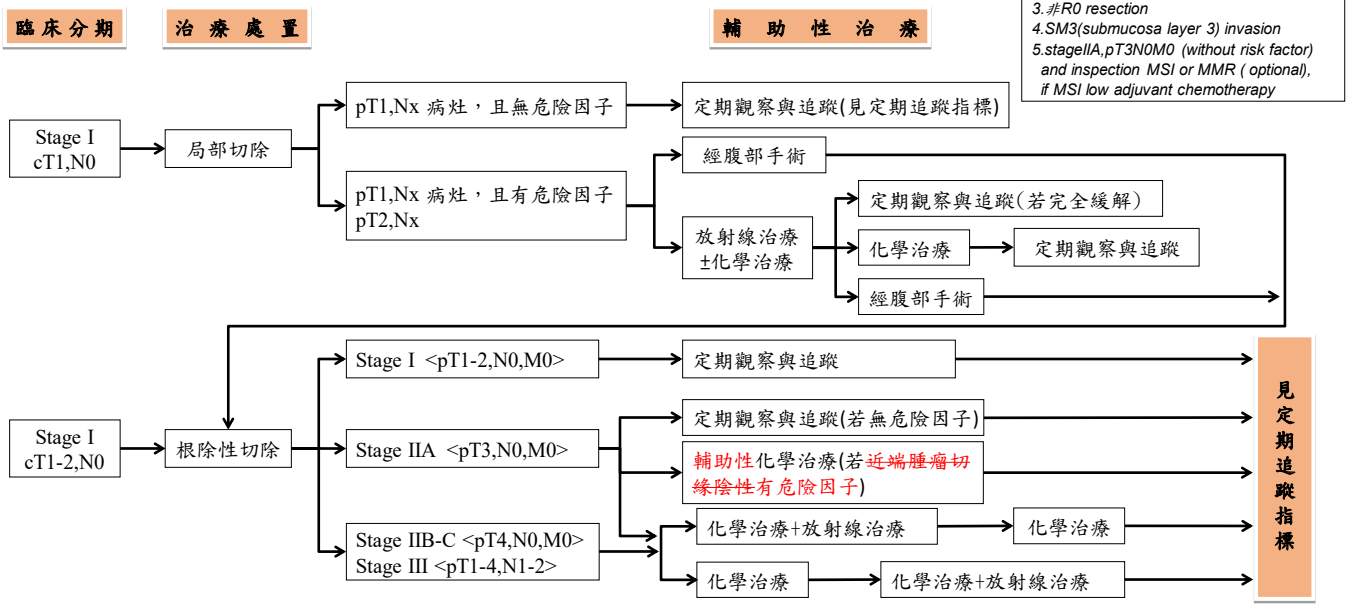

診斷
腫瘤部位
治療處置
良性息肉
根基部可完全切除
息肉切除後定期觀察與追蹤
根基部無法完全切除
定期觀察與追蹤
再次結直腸鏡息肉切除
手術切除(直腸癌臨床診療指引-2)
息肉發現癌化
Tis
息肉切除後定期觀察與追蹤
T1侵犯黏膜下層
1. 無分化不良
2. 邊緣陰性
3. 無淋巴浸潤及血管侵犯
定期觀察與追蹤
或
手術切除(見直腸癌臨床診療指引-2)
T1侵犯黏膜下層
1. 分化不良
2. 邊緣陽性
3. 有淋巴浸潤及血管侵犯
手術切除(見直腸癌臨床診療指引-2)

直腸癌臨床診療指引-2

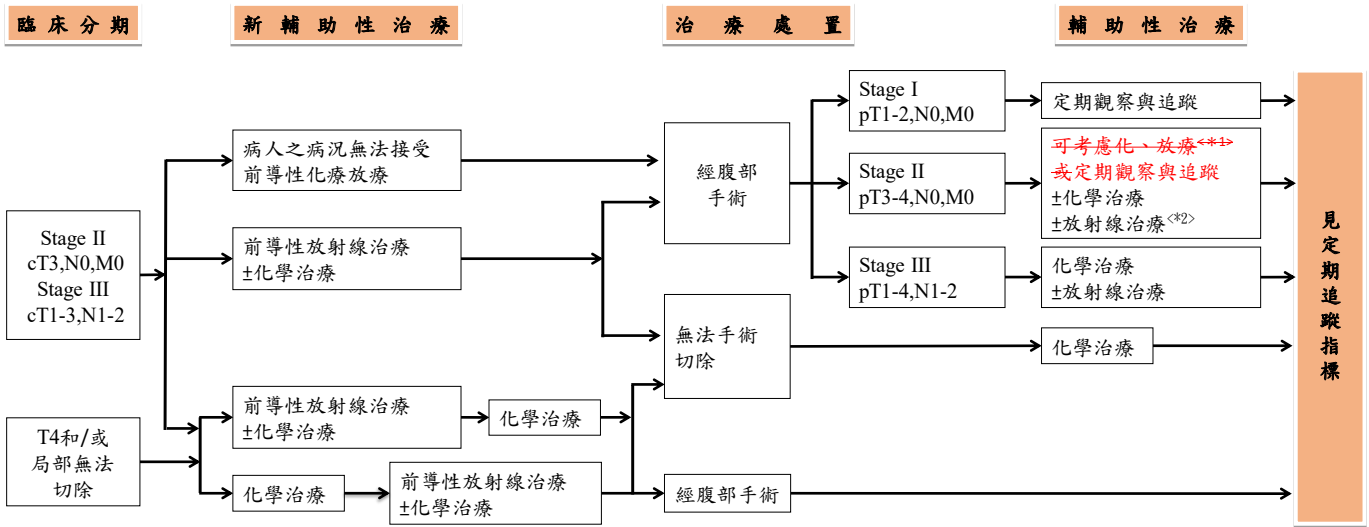


直腸癌定義：
距離肛門口15公分以內之直腸，依病灶下緣距肛門口的距離分為上~~(>11cm)~~(>10cm)、中~~(>7cm&≤11cm)~~(>5cm&≥10cm)、下~~(≤7cm)~~(≤5cm)三段。
中、下段局部廣泛性的癌症，且年齡介於18至75歲的病人，可接受手術前放射及化學治療，之後再實施根除性手術切除。
對於上段直腸癌患者，則建議由臨床醫師是患者狀況而定，可直接進行手術，或採取手術前放射及化學治療，之後再實施根除性手術切除。

直腸癌臨床診療指引-3

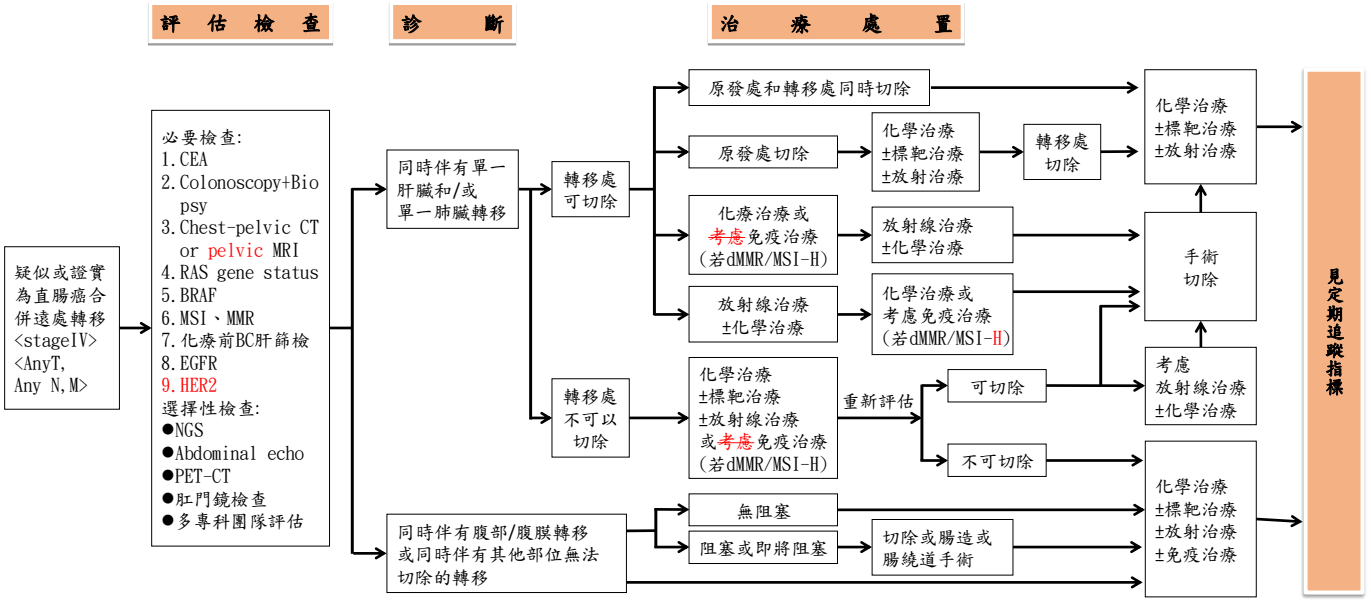

臨床分期
治療處置
輔助性治療
risk factors
1.分化不良
2.淋巴血管內腫瘤侵犯或周邊神經侵犯
3.非R0 resection
4.SM3(submucosa layer 3) invasion
5.stageIIA,pT3N0M0 (without risk factor) and inspection MSI or MMR (optional), if MSI low adjuvant chemotherapy
Stage I cT1,N0
局部切除
pT1,Nx 病灶，且無危險因子
定期觀察與追蹤(見定期追蹤指標)
pT1,Nx 病灶，且有危險因子 pT2,Nx
經腹部手術
放射線治療 ±化學治療
定期觀察與追蹤(若完全緩解)
化學治療
定期觀察與追蹤
經腹部手術
Stage I cT1-2,N0
根除性切除
Stage I <pT1-2,N0,M0>
定期觀察與追蹤
Stage IIA <pT3,N0,M0>
定期觀察與追蹤(若無危險因子)
輔助性化學治療(若近端腫瘤切緣陰性有危險因子)
Stage IIB-C <pT4,N0,M0> Stage III <pT1-4,N1-2>
化學治療+放射線治療
化學治療
化學治療
化學治療+放射線治療
見定期追蹤指標

直腸癌臨床診療指引-4



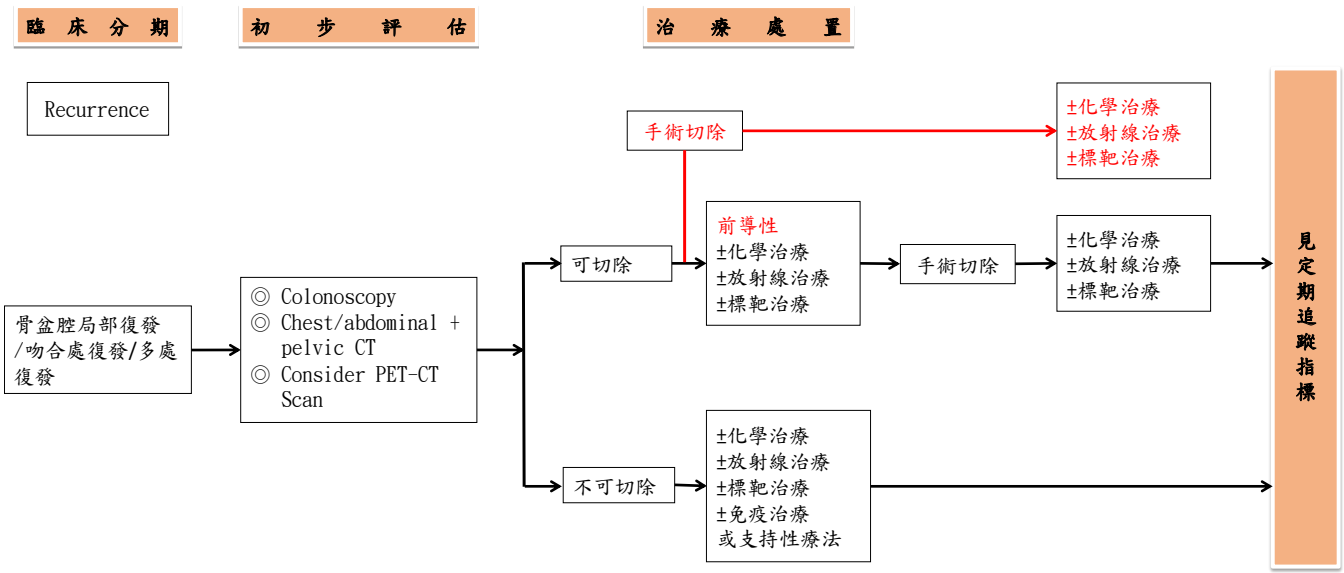
*1. 若所選擇的化療藥物為Fluoropyrimidines類<oxaliplatin>,則不建議同步接受放射線治療
*2. 若病人的分期接近T3,N0 且手術的安全邊距足夠，以及預後特徵良好，RT的治療成效較小，建議單獨使用化學治療

直腸癌臨床診療指引-5



註:原發處有阻塞、穿孔或其他明顯的腫瘤相關症狀時先行腸道切除或腸造口

直腸癌復發臨床診療指引



大腸直腸癌定期追蹤指標

理學檢查	手術後兩年內每三個月一次、手術後兩年~五年每六個月一次、手術後五年每年一次
CEA	術後第一個月、兩年內每三~六個月一次、兩年後每六個月一次
Chest/Abdomen+pelvic CT	Stage I、II、III每3-6個月一次，共追蹤五年
	Stage IV兩年內每三個月一次、兩年後每六個月一次，共追蹤五年
Colonoscopy Or LGI series Barium enema + Sigmoidoscopy	第一年一次，之後由息肉者每一~兩年一次，無息肉者每兩~三年一次。 術前為阻塞型病灶，未完全做完大腸鏡檢者，術後3-6個月內即應再施行檢查一次。
腹部超音波(選擇性)	每半年一次。
PET-CT scan(選擇性)	臨床評估需要時。
Bone scan/Brain CT/ Chest CT	臨床評估需要時。

*術前為阻塞型病灶，未全程做完大腸鏡檢者，術後3-6 個月內即應再施檢一次。

大腸直腸癌化學治療指引

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
C001-1	mFOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	12	16、17、18
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	2400	IVD	40h	D1			
C001-3	CapeOX	Oxaliplatin	135	IVD	2h	D1	Q3W	3-6 (with RT)	3
		Capecitabine	1000-1250	PO	BID	D1-14			

大腸直腸癌化學治療指引

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
C001-1	FOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	12	16、17、18
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
C001-2	FOLFOX in 攜帶式 2日	Oxaliplatin	85	IVD	2h	D1	Q2W	12	16、17、18
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
C001-3	CapeOX	Oxaliplatin	135	IVD	2h	D1	Q3W	6-8	3
		Capecitabine	1000-1250	PO	BID	D1-14			
C02-0	HDFL	Leucovorin	400	IVD	2h	D1	Q2W	12	19
		Fluorouracil	3000	IVD	40h	D1			
C02-1	HDFL in 攜帶式2日	Leucovorin	400	IVD	0.5h	D1	Q2W	12	19
		Fluorouracil	3000	IVD	40h	D1			

大腸直腸癌化學治療指引

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
	Xeloda	Capecitabine	1000-1250	PO	BID	D1-14	Q3W	6-8	13
	Modified UFT	UFUR	300	PO	BID-TID	6 mo			14

大腸直腸癌化學治療指引

Neoadjuvant chemotherapy for rectal cancer

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
	UFUR	UFUR	350	PO	BID	D1-14	Q28D		40

大腸直腸癌化學治療指引

CCRT(Concurrent chemoradiotherapy) for rectal cancer

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
	Fluorouracil	Fluorouracil	220-225	IVD	24h	5-7	QW	With RT	23
	Capecitabine	Capecitabine	825	PO	BID	D1-5	QW	With RT	31-32
	UFUR	UFUR	200	PO	BID	D1-28			12
		Leucovorin	45mg/d	PO	BID	D1-28			
		UFUR	250	PO	BID	D36-43			
		Leucovorin	45mg/d	PO	BID	D36-43			

大腸直腸癌化學治療指引

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

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
C002-1	FOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	12	1、2
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	2400	IVD	40h	D1			
C002-2	FOLFOX in 攜帶式 2日	Oxaliplatin	85	IVD	2h	D1	Q2W	12	1、2
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	2400	IVD	40h	D1			
C002-3	CapeOX	Oxaliplatin	135	IVD	2h	D1	Q2W	6-8	3
		Capecitabine	1000-1250	PO	BID	D1-14			
C003-0 C003-8	FOLFIRI	Irinotecan	180	IVD	1.5h	D1	Q2W	12	6、7
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			

大腸直腸癌化學治療指引

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

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
C003-1 C004-0	Bevacizumab+ FOLFIRI (第一次)	Irinotecan	180	IVD	1.5h	D1	Q2W	9-18	8
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
		Bevacizumab	5mg/kg	IVD	1.5h	D2			
C003-2 C004-1	Bevacizumab+ FOLFIRI (第二次)	Bevacizumab	5mg/kg	IVD	1.5h	D1	Q2W	9-18	8
		Irinotecan	120, 180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
C003-5 C004-2	Bevacizumab+ FOLFIRI in 攜帶式2日	Bevacizumab	5mg/kg	IVD	0.5h	D1	Q2W	9-18	8
		Irinotecan	120, 180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			

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

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
C003-3	Erbitux+ FOLFIRI	Irinotecan	180	IVD	1.5h	D1	Q2W	5-10	9
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
		Cetuximab	500	IVD	2h	D2			
C003-4	Erbitux+ FOLFIRI in 攜帶式2日	Cetuximab	250, 500	IVD	2h	D1	Q2W	5-10	9
		Irinotecan	180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
C002-4	Erbitux+ FOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	9-18	20
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Cetuximab	500	IVD	2h	D2			

大腸直腸癌化學治療指引

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

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
C03-6	Vectibix+ FOLFOX (第一次)	Oxaliplatin	85	IVD	2h	D1	Q2W	6-12	10
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Panitumumab	6mg/kg	IVD	1h	D2			
C03-7 C03-8	Vectibix+ FOLFOX (第二次以後)	Panitumumab	6mg/kg	IVD	1h	D1	Q2W	6-12	10
		Oxaliplatin	85	IVD	2h	D1			
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
C003-9 C004-3 C004-5 C004-6	Bevacizumab+ FOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	9-18	21
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Bevacizumab	5mg/kg	IVD	1.5h	D2			

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

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
	FOLFOXIRI+ bevacizumab	Bevacizumab	5mg/kg	IVD	0.5h	D1	Q2W		24
		Irinotecan	165	IVD	1.5h	D1			
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Oxaliplatin	85	IVD	2h	D1			
C006	FOLFOXIRI	Irinotecan	165	IVD	1.5h	D1	Q2W		34
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Oxaliplatin	85	IVD	2h	D1			

大腸直腸癌化學治療指引

Palliative/ Subsequent-line 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
C003-1 C004-0	Bevacizumab+ FOLFIRI (第一次)	Irinotecan	120, 180	IVD	1.5h	D1	Q2W	9-18	8
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
		Bevacizumab	5mg/kg	IVD	1.5h	D2			
C003-2 C004-1	Bevacizumab+ FOLFIRI (第二次)	Bevacizumab	5mg/kg	IVD	1.5h	D1	Q2W	9-18	8
		Irinotecan	120, 180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
C003-5 C004-2	Bevacizumab+ FOLFIRI in 攜帶式2日	Bevacizumab	5mg/kg	IVD	0.5h	D1	Q2W	9-18	8
		Irinotecan	120, 180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			

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Palliative/ Subsequent-line 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
C03-6	Vectibix+ FOLFOX (第一次)	Oxaliplatin	85	IVD	2h	D1	Q2W	6-12	10
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Panitumumab	6mg/kg	IVD	1h	D2			
C03-7 C03-8	Vectibix+ FOLFOX (第二次以後)	Panitumumab	6mg/kg	IVD	1h	D1	Q2W	6-12	10
		Oxaliplatin	85	IVD	2h	D1			
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
C004-4 C003-9	Bevacizumab+ FOLFOX	Oxaliplatin	85	IVD	2h	D1	Q2W	9-18	21
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	3000	IVD	40h	D1			
		Bevacizumab	5mg/kg	IVD	1.5h	D2			

大腸直腸癌化學治療指引

Palliative/ Subsequent-line 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
C007 C007-1	Vectibix+ FOLFIRI	Irinotecan	120, 180	IVD	1.5h	D1	Q2W	6-12	35
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
		Panitumumab	6mg/kg	IVD	1h	D2			
C002-31	Avastin+ CapeOX	Oxaliplatin	135	IVD	2h	D1	Q3W	6-8	36
		Capecitabine	1000	PO	BID	D1-14			
		Bevacizumab	5 or 7.5 mg/kg	IVD	1.5h	D2			
C003-10	Avastin+ CAPIRI	Irinotecan	200	IVD	1.5h	D1	Q3W		38
		Capecitabine	1000	PO	BID	D1-14			
		Bevacizumab	7.5 mg/kg	IVD	1h	D2			

大腸直腸癌化學治療指引

Palliative/ Subsequent-line 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
C003-10	Erbitux+ CAPOX	Oxaliplatin	85	IVD	2h	D1	Q2W		37
		Capecitabine	1000-1250	PO	BID	D1-14			
		Cetuximab	500	IVD	1.5h	D2			
C003-3	Erbitux+ FOLFIRI	Irinotecan	180	IVD	1.5h	D1	Q2W	5-10	9
		Leucovorin	400	IVD	1.5h	D1			
		Fluorouracil	2000	IVD	40h	D1			
		Cetuximab	500	IVD	2h	D2			
C003-4	Erbitux+ FOLFIRI in 攜帶式2日	Cetuximab	500	IVD	2h	D1	Q2W	5-10	9
		Irinotecan	180	IVD	1.5h	D1			
		Leucovorin	400	IVD	1h	D1			
		Fluorouracil	2000	IVD	40h	D1			

大腸直腸癌化學治療指引

Palliative/ Subsequent-line 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
C003-3	Encorafenib+ FOLFOX+ Cetuximab (BRAF V600E+)	Encorafenib	180	IVD	1.5h	D1	Q2W		39
		Oxaliplatin	85	IVD	2h	D1			
		Leucovorin	400	IVD	2h	D1			
		Fluorouracil	2800	IVD	40h	D1			
		Cetuximab	500	IVD	2h	D2			

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Palliative/ Subsequent-line 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
	Capecitabine	Capecitabine	1000-1250	PO	BID	D1-14	Q3W	6-8	33
	Modified UFT	UFUR	300	PO	BID	6 mo			14
	Regorafenib	Regorafenib	160 mg	PO	QD	21	Q28D		15
	Lonsurf	Trifluridine + tipiracil	35	PO	BID	D1-5, D8-12	Q28D		22
	TS-1	TS-1	50-75 mg	PO	BID	D1-28	Q42D		30

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First-line Immunotherapy

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 (MSI-H)	Pembrolizumab	2mg/kg	IVD	0.5h	D1	Q3W		25
	Nivolumab (MSI-H)	Nivolumab	3mg/kg 240mg	IVD	0.5h	D1	Q2W Q3W		26
	Nivolumab + Ipilimumab (MSI-H)	Nivolumab Ipilimumab Followed by Nivolumab	3mg/kg 1mg/kg 3mg/kg, 240mg	IVD IVD IVD	0.5h 0.5h 0.5h	D1 D1 D1	Q3W Q2W	4	27
	Pertuzumab/ Trastuzumab (HER2-amplified and RAS WT)	Pertuzumab Trastuzumab Pertuzumab Trastuzumab	840mg 8mg/kg 420mg 6mg/kg	IVD IVD IVD IVD	1h 1.5h 1h 1h	D1 D1 D1 D1	Q3W Q3W	Cycle1 Cycle2~	28

參考文獻

1. Gramont A, Figer A, Seymour M, et al. (2000). "Leucovorin and fluorouracil with or without oxaliplatin as first-line treatment in advanced colorectal cancer". J Clin Oncol 18 (16): 2938–47.
2. Goldberg R, Sargent D, Morton R et al. (2004). “A randomized controlled trial of fluorouracil plus leucovorin, irinotecan, and oxaliplatin combinations in patients with previously untreated metastatic colorectal cancer”. J Clin Oncol 22 (1): 23–30.
3. Daniel G. Haller, Josep Tabernero, Jean Maroun et al.(2011) "Capecitabine Plus Oxaliplatin Compared With Fluorouracil and Folinic Acid As Adjuvant Therapy for Stage III Colon Cancer". J Clin Oncol 29:1465-1471.
4. Yeh KH, Cheng AL, Lin MT. (1997). ” A phase II study of weekly 24-hour infusion of high-dose 5-fluorouracil and leucovorin (HDFL) in the treatment of recurrent or metastatic colorectal cancers.” Anticancer Res. 17(5B):3867-71.
5. Buroker TR, O'Connell MJ, Wieand HS. (1994).” Randomized comparison of two schedules of fluorouracil and leucovorin in the treatment of advanced colorectal cancer.” J Clin Oncol.12(1):14-20.
6. Andre T, Louvet C, Maindrault-Goebel F, et al.(1999) “CPT-11 (irinotecan) addition to bimonthly, high-dose leucovorin and bolus and continous-infusion 5-fluorouracil (FOLFIRI) for pretreated metastatic colorectal cancer.” Eur J Cancer .35(9):1343-7.
7. Fuchs CS, Marshall J, Mitchell E, et al.(2007) “Randomized, controlled trial of irinotecan plus infusional, bolus, or oral fluoropyrimidines in first-line treatment of metastatic colorectal cancer:” results from the BICC-C Study. J Clin Oncol.25:4779-4786.
8. Kwon HC, Oh SY, Lee S, Kim SH, Kim HJ. (2007). ”Bevacizumab plus infusional 5-fluorouracil, leucovorin and irinotecan for advanced colorectal cancer that progressed after oxaliplatin and irinotecan chemotherapy: a pilot study.” World J Gastroenterol. 13(46):6231-5.
9. Martín-Martorell P, Roselló S, Rodríguez-Braun E, et al.(2008) ”Biweekly cetuximab and irinotecan in advanced colorectal cancer patients progressing after at least one previous line of chemotherapy:results of a phase II single institution trial.” Br J Cancer.99:455-458
10. J. Y. Douillard, S. Siena, J. Cassidy et al. (2014) Final results from PRIME: randomized phase III study of panitumumab with FOLFOX4 for first-line treatment of metastatic colorectal cancer. Annals of Oncology 25: 1346–1355.
11. Twelves C, Wong A, Nowacki MP, et al. (2005) Capecitabine as adjuvant treatment for stage III colon cancer. N Engl J Med; 352: 2696-2704.
12. Wang LW, Yang SH, Lin JK, et al. (2005). Pre-operative chemoradiotherapy with oral tegafur-uracil and leucovorin for rectal cancer. J Surg Oncol. 2005 Mar 15;89(4):256-63; discussion 263-4.

參考文獻

13. Twelves C, Wong A, Nowacki MP, et al. Capecitabine as adjuvant treatment for stage III colon cancer. N Engl J Med 2005;352:2696-2704.
14. Shimada, Hamaguchi T, Mizusawa J, et al.(2014) Randomised phase III trial of adjuvant chemotherapy with oral uracil and tegafur plus leucovorin versus intravenous fluorouracil and levofolinate in patients with stage III colorectal cancer who have undergone Japanese D2/D3 lymph node dissection: final results of JCOG0205. European Journal of Cancer;50, 2231–2240
15. Axel Grothey, Eric Van Cutsem, Alberto Sobrero, et al. .(2013) Regorafenib monotherapy for previously treated metastatic colorectal C, Sfakiotaki G, Androulakis N, et al. Front-line bevacizumab in combination with oxaliplatin, leucovorin and 5-fluorouracil(FOcancer (CORRECT): an international, multicentre, randomised, placebo-controlled, phase 3 trial. Lancet; 381: 303–12.
16. Andre T, Boni C, Mounedji-Boudiaf L, et al. Oxaliplatin, fluorouracil, and leucovorin as adjuvant treatment for colon cancer. N Engl J Med 2004;350:2343-2351.
17. Cheeseman SL, Joel SP, Chester JD, et al. A 'modified de Gramont' regimen of fluorouracil, alone and with oxaliplatin, for advanced colorectal cancer. Br J Cancer 2002;87:393-399. Available at: http://www.ncbi.nlm.nih.gov/pubmed/12177775.
18. Maindrault-Goebel F, deGramont A, Louvet C, et al. Evaluation of oxaliplatin dose intensity in bimonthly leucovorin and 48-hour 5- fluorouracil continuous infusion regimens (FOLFOX) in pretreated metastatic colorectal cancer. Annals of Oncology 2000;11:1477-1483.
19. Andre T, Louvet C, Maindrault-Goebel F, et al. CPT-11 (irinotecan) addition to bimonthly, high-dose leucovorin and bolus and continous-infusion 5-fluorouracil (FOLFIRI) forpretreated metastatic colorectal cancer. Eur J Cancer 1999;35(9):1343-7.
20. Venook AP, Niedzwiecki D, Lenz H-J, et al. CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab or cetuximab for patients with KRAS wild-type untreated metastatic adenocarcinoma of the colon or rectum [abstract]. ASCO Meeting Abstracts 2014;32:LBA3.
21. Emmanouilides C, Sfakiotaki G, Androulakis N, et al. Front-line bevacizumab in combination with oxaliplatin, leucovorin and 5-fluorouracil (FOLFOX) in patients with metastatic colorectal cancer: a multicenter phase II study. BMC Cancer 2007;7:91.
22. Mayer RJ, Van Cutsem E, Falcone A, et al. Randomized Trial of TAS-102 for Refractory Metastatic Colorectal Cancer (RECOURSE). N Engl J Med 2015;372:1909-19. (NCCN 2019)

參考文獻

23. Cancer and Leukemia Group B 899011, Ryan DP, Niedzwiecki D, et al. Phase I/II study of preoperative oxaliplatin, fluorouracil, and external-beam radiation therapy in patients with locally advanced rectal cancer: Cancer and Leukemia Group B 89901. J Clin Oncol. 2006 Jun 1;24(16):2557-62
24. Cremolini C, Loupakis F, Antoniotti C, et al. FOLFOXIRI plus bevacizumab versus FOLFIRI plus bevacizumab as first-line treatment of patients with metastatic colorectal cancer: updated overall survival and molecular subgroup analyses of the open-label, phase 3 TRIBE study. Lancet Oncol 2015;16:1306-1315.
25. Le DT, Uram JN, Wang H, et al. PD-1 Blockade in Tumors with Mismatch-Repair Deficiency. N Engl J Med. Jun 25 2015;372(26):2509-2520.
26. Overman MJ KS, McDermott RS, et al. Nivolumab {+/-} ipilimumab in treatment of patients with metastatic colorectal cancer (mCRC) with and without high microsatellite instability (MSI-H): CheckMate-142 interim results [abstract]. ASCO Meeting Abstracts 2016;34:3501. 2016.
27. Overman MJ, Lonardi S, Wong K, et al. Durable Clinical Benefit With Nivolumab Plus Ipilimumab in DNA Mismatch Repair–Deficient/Microsatellite Instability–High Metastatic Colorectal Cancer. J Clin Oncol 2018;36:773-779.
28. Meric-Bernstam F, Hurwitz H, et al. Pertuzumab plus trastuzumab for HER2-amplified metastatic colorectal cancer (MyPathway): an updated report from a multicentre, open-label, phase 2a, multiple basket study. Lancet Oncol. 2019;20(4):518-530.
29. Atreya CE, Van Custem E, et al. Phase 1/2 study of the MEK inhibitor trametinib, BRAF inhibitor Dabrafenib, and anti-EGFR antibody Panitumumab in patients with BRAF V600E-mutated metastatic colorectal cancer. J Clin Oncol 2015:33(suppl; abstr 103).
30. Product Information: TS-1 capsules. Tegafur, Gimeracil, Oteracil potassium oral capsules. 2015.
31. O'Connell MJ, Colangelo LH, Beart RW, et al. Capecitabine and oxaliplatin in the preoperative multimodality treatment of rectal cancer: surgical end points from National Surgical Adjuvant Breast and Bowel Project trial R-04. J Clin Oncol 2014;32:1927-1934.
32. Hofheinz R, Wenz FK, Post S, et al. Chemoradiotherapy with capecitabine versus fluorouracil for locally advanced rectal cancer: A randomized, multicentre, noninferiority, phase 3 trial. Lancet Oncol 2012;13:579-588.
33. Cunningham D, Lang I, Marcuello E, et al. Bevacizumab plus capecitabine versus capecitabine alone in elderly patients with previously untreated metastatic colorectal cancer (AVEX): an open-label, randomised phase 3 trial. Lancet Oncol 2013;14:1077-1085.
34. Falcone A, Ricci S, Brunetti I, et al. Phase III trial of infusional fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFOXIRI) compared with infusional fluorouracil, leucovorin, and irinotecan (FOLFIRI) as first-line treatment for metastatic colorectal cancer: the Gruppo Oncologico Nord Ovest. J Clin Oncol. 2007;25(13):1670-1676. doi:10.1200/JCO.2006.09.0928

參考文獻

35. Peeters M, Price TJ, Cervantes A, et al. Randomized phase III study of panitumumab with fluorouracil, leucovorin, and irinotecan (FOLFIRI) compared with FOLFIRI alone as second-line treatment in patients with metastatic colorectal cancer. J Clin Oncol 2010; 28:4706.
36. Saltz LB, Clarke S, Diaz-Rubio E, et al. Bevacizumab in combination with oxaliplatinbased chemotherapy as first-line therapy in metastatic colorectal cancer: a randomized phase III study. J Clin Oncol 2008;26:2013-2019
37. Zekri J, Baghdadi MA, Ibrahim RB, Meliti A, Sobahy TM. Biweekly cetuximab in combination with capecitabine and oxaliplatin (XELOX) or irinotecan (XELIRI) in the first-line and second-line treatment of patients with RAS wild-type metastatic colorectal cancer. Ecancermedicalscience. 2022;16:1490. Published 2022 Dec 15. doi:10.3332/ecancer.2022.1490
38. Moehler, M., Sprinzl, M. F., Abdelfattah, M., Schimanski, C. C., Adami, B., Godderz, W., Majer, K., Flieger, D., Teufel, A., Siebler, J., Hoehler, T., Galle, P. R., & Kanzler, S. (2009). Capecitabine and irinotecan with and without bevacizumab for advanced colorectal cancer patients. World journal of gastroenterology, 15(4), 449–456. https://doi.org/10.3748/wjg.15.449
39. Kopetz S, Yoshino T, Cutsem EV, et al. Encorafenib, cetuximab and chemotherapy in BRAF-mutant colorectal cancer: a randomized phase 3 trial. Nat Med 2025.
40. Feliu J, Calvilio J, Escribano A, et al. Neoadjuvant therapy of rectal carcinoma with UFT-leucovorin plus radiotherapy. Ann Oncol. 2002;13(5):730-736. doi:10.1093/annonc/mdf116

大腸/直腸癌分期指引 AJCC 8

Stage groups									
TNM	N0	N1a	N1b	N1c	N2a	N2b	M1a	M1b	M1c
Tis	0								
T1	I	IIIA	IIIA	IIIA	IIIA	IIIB	IVA	IVB	IVC
T2	I	IIIA	IIIA	IIIA	IIIB	IIIB	IVA	IVB	IVC
T3	IIA	IIIB	IIIB	IIIB	IIIB	IIIC	IVA	IVB	IVC
T4a	IIB	IIIB	IIIB	IIIB	IIIC	IIIC	IVA	IVB	IVC
T4b	IIC	IIIC	IIIC	IIIC	IIIC	IIIC	IVA	IVB	IVC

大腸直腸癌分期類別定義		
腫瘤(T)		
TX	Primary tumorcannot be assessed	原發腫瘤無法評估
T0	No evidence of primary tumor	沒有原發腫瘤的證據
Tis	Carcinoma iv situ,intramucosal carcinoma(involvement of laminapropria with no extension through muacularis mucosae)	原位癌,黏膜內癌 (侵犯固有層,未侵犯肌肉層)
T1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)	腫瘤侵犯黏膜下層 （通過肌層黏膜，但不侵入肌肉層）
T2	Tumor invades the muscularis propria	腫瘤侵犯肌肉層
T3	Tumor invades through the muscularis propria into pericolorectal tissues	腫瘤穿透肌肉層,進入大腸直腸周圍組職
T4a	Tumor invades through the visceral peritoneum (including gross perforation of the bowel through tumor and continuous invasion of tumor through areas of inflammation to the surface of the visceral peritoneum)	腫瘤穿透臟壁腹膜的表面 （包括穿過腫瘤徹底穿透腸道和通過腫瘤持續侵入腫瘤）
T4b	Tumor directly invades or adheres to adjacent organs or structures	腫瘤直接侵入或黏附於鄰近的器官或構造

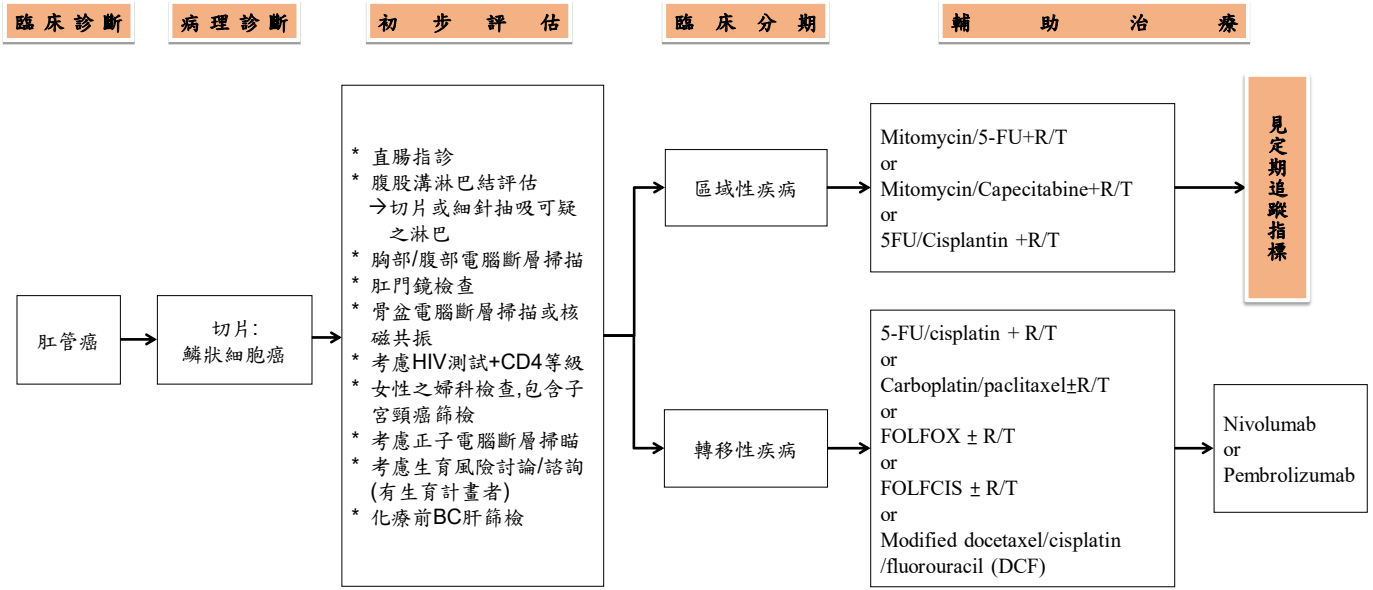
淋巴結(N)		
NX	Regional lymph nodes cannot be assessed	區域淋巴結無法評估
N0	No regional lymph node metastasis	無區域淋巴結轉移
N1a	One regional lymph node is positive (tumor in lymph nodes measuring >0.2 mm)	1個淋巴結轉移(淋巴結腫瘤> 0.2mm)
N1b	Two or three regional lymph nodes are positive (tumor in lymph nodes measuring >0.2 mm)	2-3個淋巴結轉移(淋巴結腫瘤> 0.2mm)
N1c	No regional lymph nodes are positive, but there are tumor deposits in the •subserosa •mesentery •or nonperitonealized pericolic, or perirectal/mesorectal tissues.	沒有淋巴結轉移,但有腫瘤沉積在 •漿膜 •腸繫膜 •或沒有腹膜覆蓋的大腸周圍或直腸周圍組職
N2a	Four to six regional lymph nodes are positive	4-6個淋巴結轉移
N2b	Seven or more regional lymph nodes are positive	7個或更多區域淋巴結轉移

轉移(M)		
M0	No distant metastasis by imaging, etc.; no evidence of tumor in distant sites or organs (This category is not assigned by pathologists.)	沒有遠處轉移;沒有遠處部位或器官的腫瘤證據（此類別由病理學家指定）
M1a	Metastasis to one site or organ is identified without peritoneal metastasis	在沒有腹膜轉移的情況下,侷限一個部位或器官的轉移
M1b	Metastasis to two or more sites or organs is identified without peritoneal metastasis	在沒有腹膜轉移的情況下,兩個或更多個或器官的轉移
M1c	Metastasis to the peritoneal surface is identified alone or with other site or organ metastases	單獨或與其他部位或器官轉移併轉移至腹膜表面

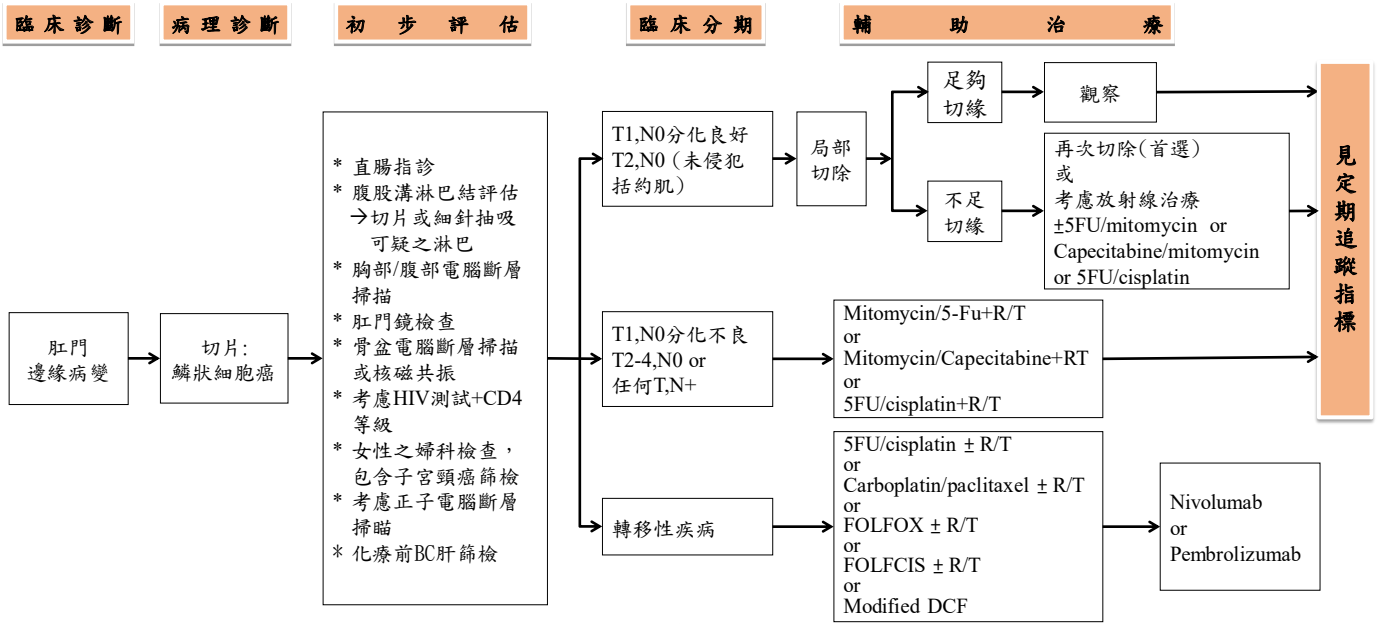
參考文獻

1. NCCN Clinical Practice Guidelines in Oncology- Colon Cancer **Version 5.2025**.
2. NCCN Clinical Practice Guidelines in Oncology- Rectal Cancer Version 3.2022.
3. Charnsangavej, C., B. Clary, et al. (2006). “Selection of patients for resection of hepatic colorectal metastases: expert consensus statement." Ann Surg Oncol 13(10): 1261-8.
4. Adams, R. B., D. G. Haller, et al. (2006). "Improving resectability of hepatic colorectal metastases: expert consensus statement by Abdalla et al." Ann Surg Oncol 13(10): 1281-3.
5. Morris-Stiff, G., Y. M. Tan, et al. (2008). "Hepatic complications following preoperative chemotherapy with oxaliplatin or irinotecan for hepatic colorectal metastases." Eur J Surg Oncol 34(6): 609-14
6. Abdalla, E. K. and J. N. Vauthey (2008). "Chemotherapy prior to hepatic resection for colorectal liver metastases: helpful until harmful?" Dig Surg 25(6): 421-9.
7. Shah, A., S. Alberts, et al. (2008). "Accomplishments in 2007 in the management of curable metastatic colorectal cancer." Gastrointest Cancer Res 2(3 Suppl): S13-8.
8. Toshiaki W , et al. (2012). Japanese Society for Cancer of the Colon and Rectum (JSCCR) guidelines 2010 for the treatment of colorectal cancer. Int J Clin Oncol (2012) 17:1–29.
9. Grothey A,, et al. Lancet. 2013;381:303-312

肛門癌臨床診療指引-1


臨床診斷
病理診斷
初步評估
臨床分期
輔助治療
肛管癌
切片:
鱗狀細胞癌
* 直腸指診
* 腹股溝淋巴結評估
→切片或細針抽吸可疑之淋巴
* 胸部/腹部電腦斷層掃描
* 肛門鏡檢查
* 骨盆電腦斷層掃描或核磁共振
* 考慮HIV測試+CD4等級
* 女性之婦科檢查,包含子宮頸癌篩檢
* 考慮正子電腦斷層掃瞄
* 考慮生育風險討論/諮詢(有生育計畫者)
* 化療前BC肝篩檢
區域性疾病
轉移性疾病
Mitomycin/5-FU+R/T
or
Mitomycin/Capecitabine+R/T
or
5FU/Cisplantin +R/T
5-FU/cisplatin + R/T
or
Carboplatin/paclitaxel±R/T
or
FOLFOX ± R/T
or
FOLFCIS ± R/T
or
Modified docetaxel/cisplatin/fluorouracil (DCF)
Nivolumab
or
Pembrolizumab
見定期追蹤指標

肛門癌臨床診療指引-2



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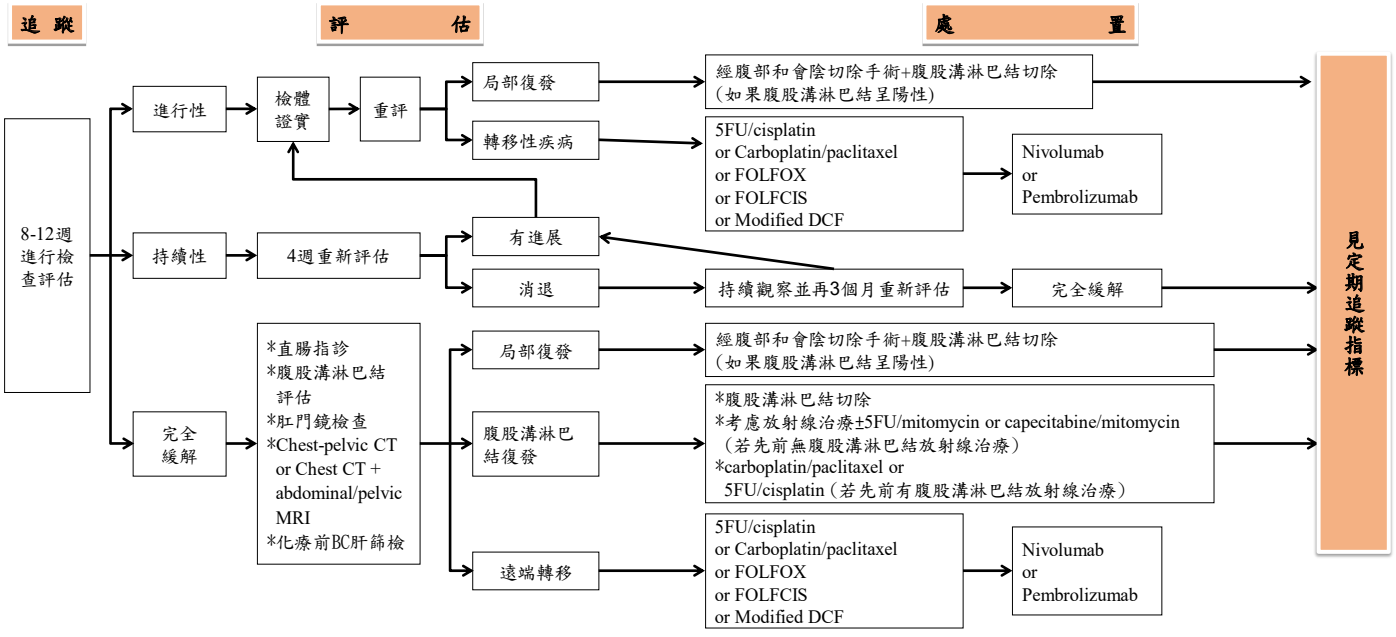
肛門癌臨床診療指引-3



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肛門癌定期追蹤指標

時間 / 檢查	手術後3年內	手術後4-5年內
直腸指診	每3個月	每6個月
肛門鏡檢查	每6-12個月	每12個月
腹股溝淋巴結評估	每3個月	每6個月
胸部電腦斷層及 腹部/骨盆核磁共振	每一年	每一年

肛門癌化學治療指引

Localized cancer: CCRT(Concurrent chemoradiotherapy)

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
C005-1	5-FU+ Mitomycin	Mitomycin	10,20	IVD	0.5h	D1	Q4W	2	1、2
		Fluorouracil	1000	IVD	20h	D1-4			
	Capecitabine+ Mitomycin	Capecitabine	825	PO	BID	D1-5	QW	QW*4 With RT	3、4
		Mitomycin	10	IVD		D1,D29			
	Capecitabine+ Mitomycin	Capecitabine	825	PO	BID	D1-5	QW	QW*6 With RT	
		Mitomycin	12	IVD		D1			
	5-FU+ Cisplatin	Fluorouracil	1000	IVD		D1-4	Q4W	With RT	5
		Cisplatin	75	IVD		D2			

肛門癌化學治療指引

Metastatic cancer: Palliative 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
	5-FU+ Cisplatin	Fluorouracil	1000	IVD		D1-4	Q4W		5
		Cisplatin	60	IVD		D2			
	Carboplatin + Paclitaxel	Carboplatin	AUC5	IVD		D1	Q3W		6
		Paclitaxel	175	IVD		D1			
	FOLFCIS	Cisplatin	40	IVD		D1	Q2W		7
		Leucovorin	400	IVD		D1			
		Fluorouracil	400	bolus		D1			
		Fluorouracil	1000	IVD	24h	D1-2			

*Cisplatin and leucovorin are given concurrently

肛門癌化學治療指引

Metastatic cancer: Palliative 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
	mFOLFOX	Oxaliplatin	85	IVD		D1	Q2W		8
		Leucovorin	400	IVD		D1			
		Fluorouracil	400	bolus		D1			
		Fluorouracil	1200	IVD	24h	D1-2			
	Modified DCF	Docetaxel	40	IVD	2h	D1	Q2W		10
		Cisplatin	40	IVD	BID	D1			
		Fluorouracil	1200	IVD	BID	D1-2			
	Nivolumab	Nivolumab	240mg	IVD		D1	Q2W		11
		Nivolumab	3mg/kg	IVD		D1	Q2W		
		Nivolumab	480mg	IVD		D1	Q4W		
	Pembrolizumab	Pembrolizumab	200mg	IVD		D1	Q3W		12
		Pembrolizumab	2mg/kg	IVD		D1	Q3W		
		Pembrolizumab	400mg	IVD		D1	Q6W		

參考文獻

1. Ajani JA, Winter KA, Gunderson LL, et al. (2008) Fluorouracil, mitomycin, and radiotherapy vs fluorouracil, cisplatin, and radiotherapy for carcinoma of the anal canal: a randomized controlled trial. JAMA,299:1914-1921.
2. James RD, Glynne-Jones R, Meadows HM, et al. (2013)Mitomycin or cisplatin chemoradiation with or without maintenance chemotherapy for treatment of squamous cell carcinoma of the anus (ACT II): a randomised, phase 3, open-label, 2 x 2 factorial trial. Lancet Oncol,14:516-524.
3. Goodman KA, Rothenstein D, Cambridge L, et al.Capecitabine plus mitomycin in patients undergoing definitive chemoradiation for anal squamous cell carcinoma. Int J Radiat Oncol Biol Phys2014 (in press).
4. Thind G, Johal B, Follwell M, & Kennecke HF. Chemoradiation with capecitabine and mitomycin-C for stage I-III anal squamous cell carcinoma. Radiation Oncology 2014;9:124.
5. Faivre C, Rougier P, Ducreux M, et al. 5-fluorouracil and cisplatin combination chemotherapy for metastatic squamous-cell anal cancer.Bull Cancer1999,86:861-5.
6. Kim R, Byer J, Fulp WJ, et al. Carboplatin and paclitaxel treatment is effective in advanced anal cancer. Oncology 2014;87:125-32.
7. Mondaca S, Chatila WK, Bates D, et al. FOLFCIS treatment and genomic correlates of response in advanced anal squamous cell cancer. Clin Colorectal Cancer 2019;18:e39-e52.
8. Matsunaga M, Miwa K, Oka Y, et al. Successful treatment of metastatic anal canal adenocarcinoma with mFOLFOX + bevacizumab. Case Rep Oncol 2016;9:249- 254.
9. Rao S,Sclafani F, Eng C, et al. InterAACT: A multicentre open label randomised phase II advanced anal cancer trial of cisplatin (CDDP) plus 5-fluorouracil (5-FU) vs carboplatin (C) plus weekly paclitaxel (P) in patients (pts) with inoperable locally recurrent (ILR) or metastatic treatment naïve disease - An International Rare Cancers Initiative (IRCI) trial.Ann Oncol 2018;29:Abstract LBA21.
10. Kim S, Francois E, Andre T, et al. Docetaxel, cisplatin, and fluorouracil chemotherapy for metastatic or unresectable locally recurrent anal squamous cell carcinoma (Epitopes-HPV02): a multicentre, single-arm, phase 2 study. Lancet Oncol 2018;19:1094-1106.
11. Morris VK, Salem ME,Nimeiri H, et al. Nivolumab for previously treated unresectable metastatic anal cancer (NCI9673): a multicentre, single-arm, phase 2 study.Lancet Oncol 2017;18:446-453.
12. Ott PA, Piha-Paul SA, Munster P, et al. Safety and antitumor activity of the anti-PD-1 antibody pembrolizumab in patients with recurrent carcinoma of the anal canal.Ann Oncol 2017;28:1036-1041.

肛門分期指引 AJCC 8

肛門癌分期類別定義		
腫瘤(T)		
TX	Primary tumor cannot be assessed	原發腫瘤無法評估
T0	No evidence of primary tumor	沒有原發腫瘤的證據
Tis	High-grade squamous intraepithelial lesion (previously termed carcinoma in situ, Bowen disease, anal intraepithelial neoplasia II-III, high-grade anal intraepithelial neoplasia)	高度鱗狀上皮內病變（原位癌, Bowen disease, anal intraepithelial neoplasia II-III, high-grade anal intraepithelial neoplasia）
T1	Tumor≦2 cm	腫瘤≦2公分
T2	Tumor >2 cm but≦5 cm	腫瘤2~5公分
T3	Tumor >5 cm	腫瘤>5公分
T4	Tumor of any size invading adjacent organ(s), such as the vagina, urethra, or bladder	侵犯鄰近構造，例如,陰道、尿道、膀胱
淋巴結(N)		
NX	Regional lymph nodes cannot be assessed	區域淋巴結無法評估
N0	No regional lymph node metastasis	無區域淋巴結轉移
N1a	Metastasis in inguinal, mesorectal, or internal iliac lymph nodes	鼠蹊,直腸系膜或內腸骨淋巴結轉移
N1b	Metastasis in external iliac lymph nodes	外腸骨淋巴結轉移
N1c	Metastasis in external iliac with any N1a nodes	外腸骨及N1a任何淋巴結轉移

肛門分期指引 AJCC 8

轉移(M)		
M0	No distant metastasis	沒有遠處轉移
M1	Distant metastasis	遠處轉移

stage groups	N0	N1	M1
Tis	0		
T1	I	IIIA	IV
T2	IIA	IIIA	IV
T3	IIB	IIIC	IV
T4	IIIB	IIIC	IV

參考文獻

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) Anal Carcinoma version 2.2021
2. 全民健康保險局醫療給付標準:行政院衛生署一百零五年版
3. Physicians'Cancer Chemotherapy Drug Manual 2017

大腸/直腸/肛門癌放射診療指引

一. 放射治療的適應症

1. 最初不可切除或醫學上無法手術的非轉移性結腸癌，可考慮同時進行基於Fluoropyrimidine化學療法的新輔助放療，以提高可切除性。
2. 直腸癌cT1N0只進行經肛門切除(transanal excision)者，術後若屬於pT1NX with high risk (positive margins,LVSI(+),poorly differentiated,or sm3[lower third submucosa] invasion)或pT2NX，應考慮輔助性合併化學放射治療(post-operative adjuvant CCRT)或行經腹部直腸切除，如行腹部直腸切除後屬pT3-4N0 or pT1-4,N1-2應考慮輔助性合併化學放射治療。
3. 直腸癌臨床第II、III期或cT4和/或局部無法切除者，可進行手術前合併化療放射治療或在手術後進行輔助性合併化學放射治療。
4. 因腫瘤特性或病人體況而無法手術根除的大腸直腸癌的轉移病灶。
5. 肛門癌輔助治療。

二. 治療標準政策及執行程序，請參閱本院放射線治療指引。

大腸/直腸/肛門癌放射診療指引

※安寧/緩和照護原則

- 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。
- 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。
- ECOG＞2分。
- 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。