攝護腺癌

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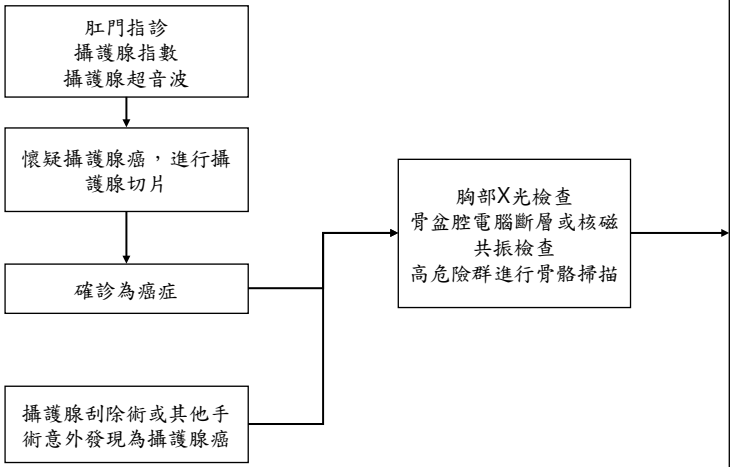
師

攝護腺癌診療指引修訂

2024-12-13 修訂第十一版	2026-01-09修訂第十二版
● 更新文獻	● 更新文獻 ● 只有淋巴轉移，餘命超過5年或是有症狀，放療 ＋ADT新增 ± abiraterone ● 修改轉移性攝護腺癌的治療 ● 更新Atezolizumab+EP參考文獻

攝護腺癌臨床診療指引



按照復發風險分類

1. Very low risk： T1c, 格里森分級 Group 1 ,PSA<10, 切片少於三針癌症且每針占≤50%,PSA密度小於0.15
   預期餘命>20y/o→積極監測，手術或放療
   預期餘命10-20y/o→積極監測
   預期餘命<10 y/o→觀察
2. 低風險： T1-T2a, 格里森分級 Group 1, PSA<10
3. 比較好的中風險： T2b-T2c, 格里森分級 Group 2 or 3, PSA 10-20 這三個條件只有一個，而且是grade group 1 or 2，而且小於一半的切片有癌症
4. 比較差的中風險： grade group3 或超過一半的切片有癌症，或上述三個條件不只有一個
5. 高風險： T3a, 格里森分級 Group 4 or 5, PSA>20
6. Very high risk： T3b or T4 或主要Gleason score 5或超過四針格里森分級 Group 4 or 5 或有兩項以上高風險的特徵
7. 轉移性

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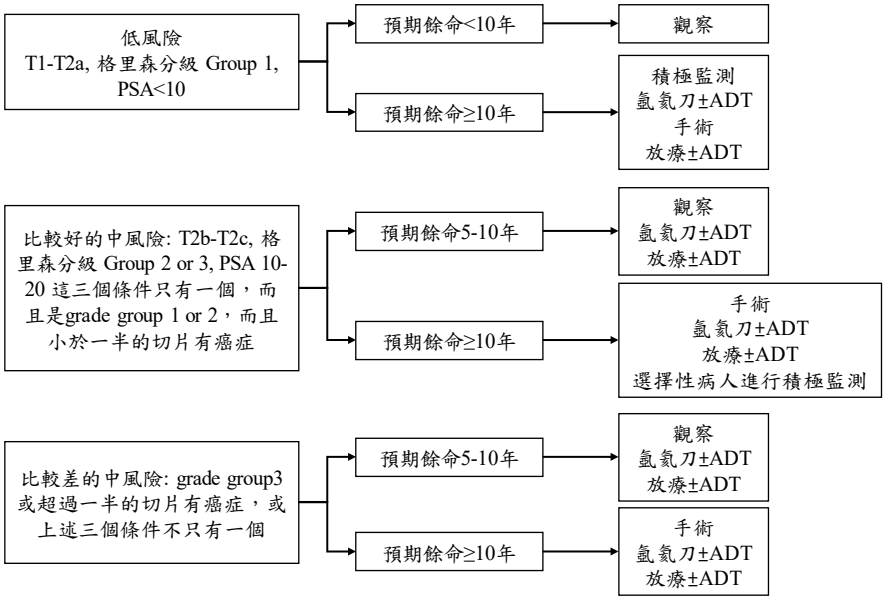
低風險
T1-T2a, 格里森分級 Group 1, PSA<10
預期餘命<10年
觀察
預期餘命≥10年
積極監測
氫氦刀±ADT
手術
放療±ADT
比較好的中風險: T2b-T2c, 格里森分級 Group 2 or 3, PSA 10-20 這三個條件只有一個，而且是grade group 1 or 2，而且小於一半的切片有癌症
預期餘命5-10年
觀察
氫氦刀±ADT
放療±ADT
預期餘命≥10年
手術
氫氦刀±ADT
放療±ADT
選擇性病人進行積極監測
比較差的中風險: grade group3或超過一半的切片有癌症，或上述三個條件不只有一個
預期餘命5-10年
觀察
氫氦刀±ADT
放療±ADT
預期餘命≥10年
手術
氫氦刀±ADT
放療±ADT

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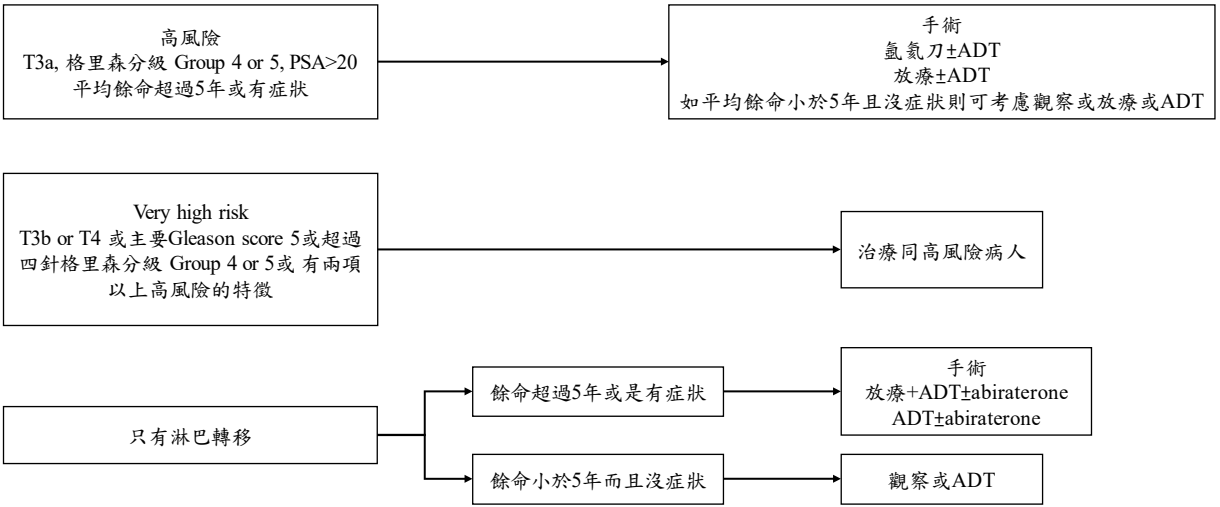
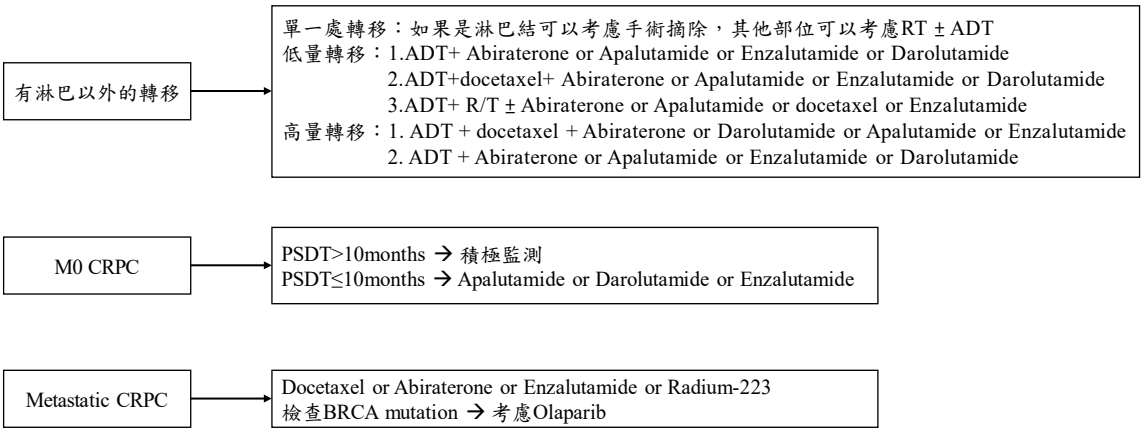

高風險
T3a, 格里森分級 Group 4 or 5, PSA>20
平均餘命超過5年或有症狀
手術
氫氦刀±ADT
放療±ADT
如平均餘命小於5年且沒症狀則可考慮觀察或放療或ADT
Very high risk
T3b or T4 或主要Gleason score 5或超過四針格里森分級 Group 4 or 5或 有兩項以上高風險的特徵
治療同高風險病人
只有淋巴轉移
餘命超過5年或是有症狀
手術
放療+ADT±abiraterone
ADT±abiraterone
餘命小於5年而且沒症狀
觀察或ADT

攝護腺癌臨床診療指引


有淋巴以外的轉移
單一處轉移：如果是淋巴結可以考慮手術摘除，其他部位可以考慮RT ± ADT
低量轉移：1.ADT+ Abiraterone or Apalutamide or Enzalutamide or Darolutamide
2.ADT+docetaxel+ Abiraterone or Apalutamide or Enzalutamide or Darolutamide
3.ADT+ R/T ± Abiraterone or Apalutamide or docetaxel or Enzalutamide
高量轉移：1. ADT + docetaxel + Abiraterone or Darolutamide or Apalutamide or Enzalutamide
2. ADT + Abiraterone or Apalutamide or Enzalutamide or Darolutamide
M0 CRPC
PSDT>10months → 積極監測
PSDT≤10months → Apalutamide or Darolutamide or Enzalutamide
Metastatic CRPC
Docetaxel or Abiraterone or Enzalutamide or Radium-223
檢查BRCA mutation → 考慮Olaparib

攝護腺癌必要檢查：

1. PSA數值
2. Digital rectal exam的檢查結果
3. CT或是MRI看是否有淋巴或遠端轉移

可選擇加做的檢查：

1. bone scan
2. chest X-ray
3. renal ultrasound
4. transrectal ultrasound of prostate
5. uroflowmetry + post voiding residual urine volume

手術後如果出現以下的情況，可以考慮再多進行放射治療：

1. 手術切口界線有癌症
2. 癌症侵犯儲精囊
3. 癌症侵犯超過攝護腺鞘膜
4. 手術後仍持續有上升的PSA
5. 手術後 PSA > 0.1

攝護腺癌之分期(AJCC 8版)

Stage groups													
	PSA	Grade	cT1			cT2			pT2	T3		T4	M1
			a	b	c	a	b	c		a	b		
N0	<10	1	I	I	I	I	---	---	I	IIIB	IIIB	IIIB	IVB
	≧10 <20	1	IIA	IIA	IIA	IIA	---	---	IIA	IIIB	IIIB	IIIB	IVB
	<20	1	---	---	---	---	IIA	IIA	---	IIIB	IIIB	IIIB	IVB
		2	IIB	IIB	IIB	IIB	IIB	IIB	IIB	IIIB	IIIB	IIIB	IVB
		3	IIC	IIC	IIC	IIC	IIC	IIC	IIC	IIIB	IIIB	IIIB	IVB
		4	IIC	IIC	IIC	IIC	IIC	IIC	IIC	IIIB	IIIB	IIIB	IVB
	≧20	1~4	IIIA	IIIA	IIIA	IIIA	IIIA	IIIA	IIIA	IIIB	IIIB	IIIB	IVB
	Any	5	IIIC	IIIC	IIIC	IIIC	IIIC	IIIC	IIIC	IIIC	IIIC	IIIC	IVB
N1	Any	1~5	IVA	IVA	IVA	IVA	IVA	IVA	IVA	IVA	IVA	IVA	IVB

Histologic Grade Group (G)		
Grade Group	Gleason Score	Gleason Pattern
1	≦6	≦3+3
2	7	3+4
3	7	4+3
4	8	4+4, 3+5, 5+3
5	9 or 10	4+5, 5+4, or 5+5

Primary tumor (T) - Clinical T (cT)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
cT1a	Clinically inapparent tumor that is not palpable : Tumor incidental histologic finding in 5% or less of tissue resected
cT1b	Clinically inapparent tumor that is not palpable : Tumor incidental histologic finding in more than 5% of tissue resected
cT1c	Clinically inapparent tumor that is not palpable : Tumor identified by needle biopsy found in one or both sides, but not palpable
cT2a	Tumor is palpable and confined within prostate : Tumor involves one-half of one side or less
cT2b	Tumor is palpable and confined within prostate : Tumor involves more than one-half of one side but not both sides
cT2c	Tumor is palpable and confined within prostate : Tumor involves both sides
cT3a	Extraprostatic extension (unilateral or bilateral)
cT3b	Tumor invades seminal vesicle(s)
cT4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter. rectum, bladder, levator muscles, and/or pelvic wall

Primary tumor (T) - Pathological T (pT)	
pT2	Organ confined
pT3a	Extraprostatic extension (unilateral or bilateral) or microscopic invasion of bladder neck
pT3b	Tumor invades seminal vesicle(s)
pT4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum. bladder, levator muscles, and/or pelvic wall
Note: There is no pathological TI classification. Note: Positive surgical margin should be indicated by an R1 descriptor, indicating residual microscopic disease.	

Regional lymph nodes (N)	
NX	Regional nodes were not assessed
N0	No positive regional nodes
N1	Metastases in regional node(s)
Distant metastasis (M)	
M0	No distant metastasis
M1a	Distant metastasis : Nonregional lymph node(s)
M1b	Distant metastasis : Bone(s)
M1c	Distant metastasis : Other site(s) with or without bone disease

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Systemic therapy for M1 CRPC

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
N001	Docetaxel	Docetaxel	60,75	IVD	1h	D1	Q3W		1-2

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
N003	Atezolizumab+ EP	Atezolizumab	1200mg	IVD	1h	D1	Q3W	4	3,13
		Cisplatin	75	IVD	4h	D1			
		Etoposide	100	IVD	2h	D1-3			
N004	Nab-Paclitaxel	Nab-Paclitaxel	150	IVD	0.5h	D1,8,15	Q4W		4

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Androgen Receptor Pathway Inhibitors(ARPIs)

化療系統 處方代碼	處方	藥名	劑量	途徑	頻率	備註	文獻
MDA03	Abiraterone (Anti-androgen)	Abiraterone	1000mg	PO	QD		5
		+predinisolone	5mg	PO	BID		
MDC03	Cyproterone (Anti-androgen)	Cyproterone	100mg	PO	BID-TID		6
MDE03	Enzalutamide (Anti-androgen)	Enzalutamide	160mg	PO	QD		7
MDD02	Darolutamide (Anti-androgen)	Darolutamide	600mg	PO	BID		8

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Androgen deprivation therapy

化療系統處方代碼	處方	藥名	劑量	途徑	頻率	備註	文獻
PDG01	Goserelin (LHRH agonist)	Goserelin	3.6mg	SC	Q4W		9
PDL03	Leuprorelin (LHRH agonist)	Leuprorelin	3.75mg	SC	Q4W		10
PDT08	Triptorelin (LHRH agonist)	Triptorelin	11.25mg	IM	Q3M		11
PDD08	Degarelix (LHRH antagonist)	Degarelix	240mg	SC		At 1st dose	12
		Degarelix	80mg	SC		Maintenance dose	

Molecular Biomarker-Directed Therapy

化療系統處方代碼	處方	藥名	劑量	途徑	頻率	備註	文獻
MDO02	Olaparib (M1CRPC)	Olaparib	300mg	PO	QD	Until disease progression	14

文獻

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