
癌症診療指引

Clinical Practice Guidelines in Oncology

肝癌診療指引

一、參與討論同仁

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107 年版與上一版差異：

106 年版	107 年修訂版
肝癌診療指引共識 -3 肝癌診療指引共識 -4 影像學檢查—每 1~3 月 甲型胎兒蛋白—前 2 年每 1-3 月之後每 6 個月	修訂 影像學檢查—前 2 年每 1~3 個月，之後每 3~6 個月。 甲型胎兒蛋白—前 2 年每 1~3 個月，之後每 3~6 個月。
肝癌診療指引共識 -4	增訂 BCLC：B、C 處置部分增加免疫治療
肝癌診療指引共識 -4 BCLC：D → 1. 支持療法；2. 臨床試驗治療 → 追蹤	修訂 BCLC：D → 1. 支持療法；2. 臨床試驗治療 箭號不拉到追蹤

高危險群評估

危險群評估

* 肝硬化

- 慢性 B、C 型肝炎
- 酒精性肝炎
- 非酒精性脂肪性肝炎
- 血色素沉著症
- 第四期原發性膽汁肝硬化
- 其他原因造成之肝硬化

* 無肝硬化

- B、C 型肝炎帶原者

超音波 ± 甲型胎兒蛋白 (AFP) 每 3-6 個月

甲型胎兒蛋白異常
或超音波結節 ≥ 1 公分

電腦斷層 / 磁振造影
異常

肝癌診療
指引共識 -2

電腦斷層 / 磁振造影
正常

超音波 ±
甲型胎兒蛋白 (AFP) 每 3-6
個月

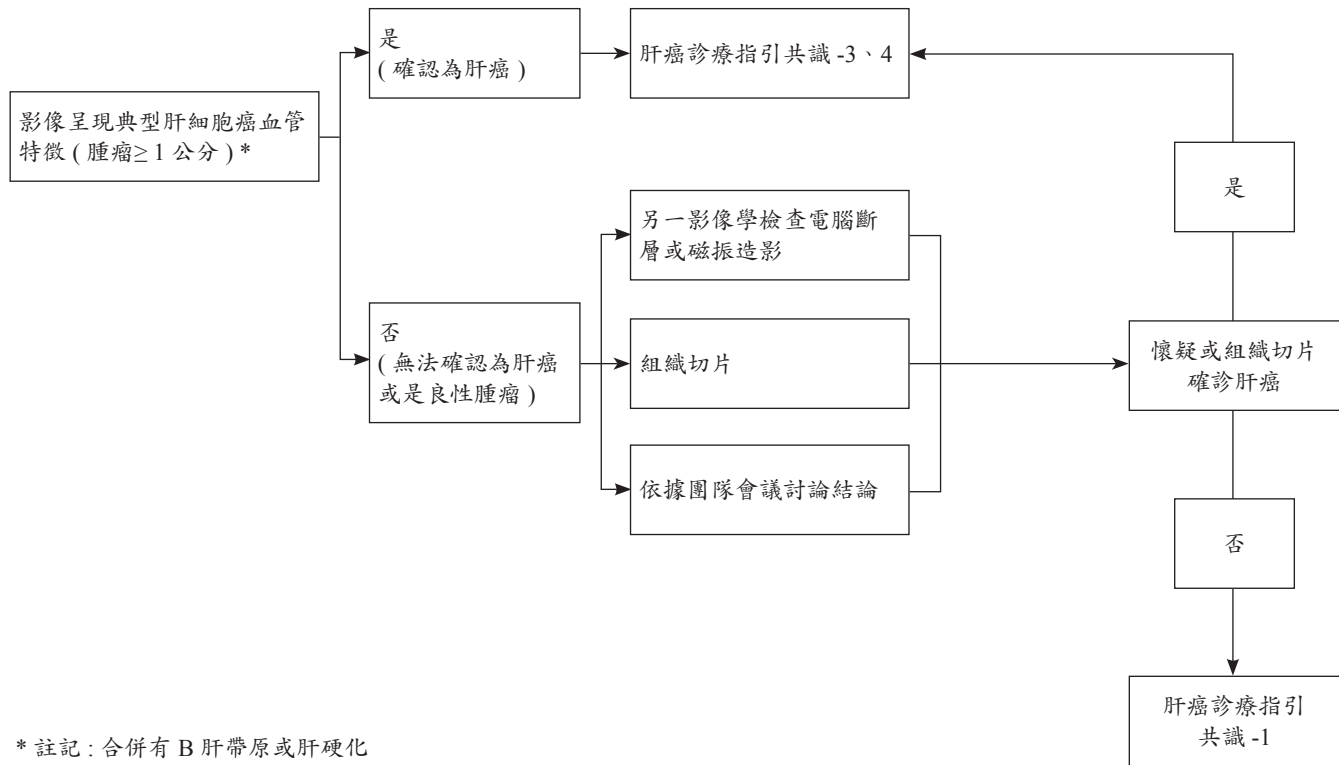
超音波結節 < 1 公分

每 3-6 個月追蹤影像
學及甲型胎兒蛋白

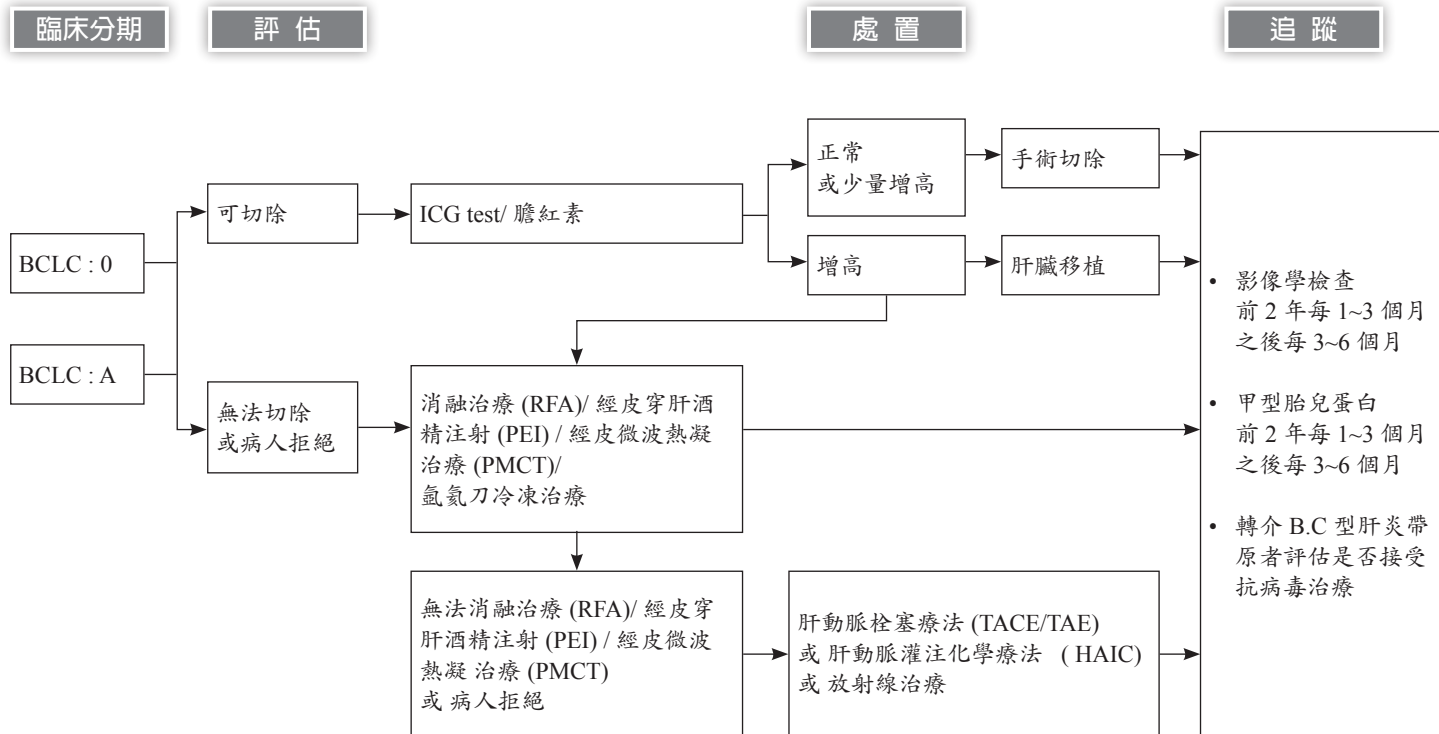
超音波無發現

每 6 個月追蹤影像學
及甲型胎兒蛋白

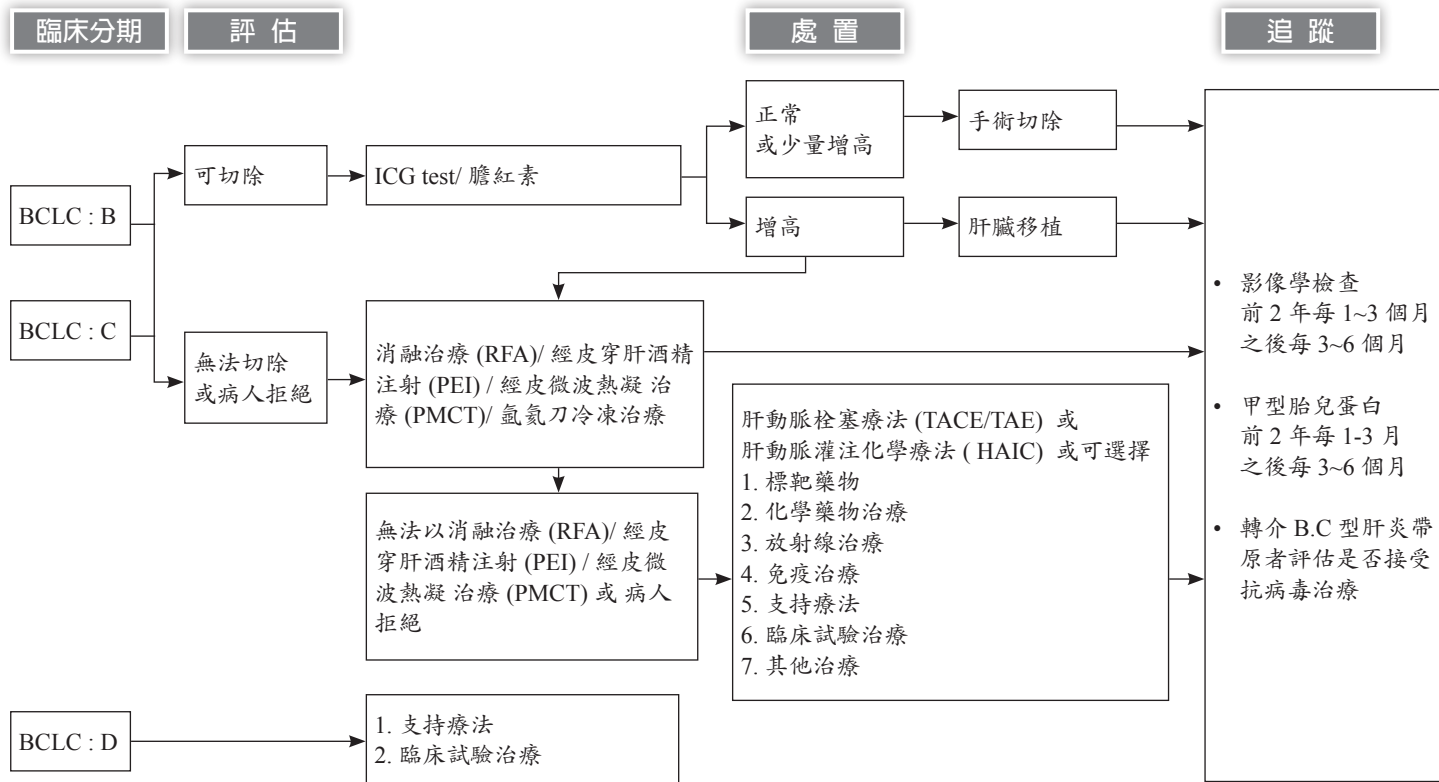
《肝癌診療指引共識-2》



* 註記：合併有 B 肝帶原或肝硬化



《肝癌診療指引共識-4》



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《 肝癌抗癌藥物治療指引 》

Hepatocellular Carcinoma

Sorafenib (Child-Pugh Class A [category 1] or B)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Sorafenib	400mg PO BID				1, 2

Lenvatinib (Child-Pugh Class A only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Lenvatinib	8 or 12mg* PO QD				5

*8 mg/day for BW <60 kg; 12 mg/day for BW ≥ 60 kg

Progression on or after Sorafenib

Regorafenib (Child-Pugh Class A only [category 1])

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Regorafenib	160mg PO QD	1-21	Q4W		3

Nivolumab (Child-Pugh Class A or B7 only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Nivolumab	3 mg/kg	1	Q2W		4

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《肝癌放射治療共識》

一、治療範圍

1. 肝腫瘤
2. 栓塞肝門靜脈

二、治療劑量 / 次數

▲常規治療：

36-56Gy(依正常肝組織體積大小)
次數 13 次(12-14 次)或 23 次(20-25 次)
(依劑量分)

▲立體定位高劑量分次治療

1. 分次劑量：6-20Gy
2. 治療次數：3-6 次

三、治療方式：

使用立體順型與強度調控放射治療技術，包含弧形及螺旋放射規畫，可考慮搭配影像導引治療，治療選擇可使用同步照射高與低危險部位的方式或先給予整個照射部位部份劑量照射後，再針對高危險部位加強劑量。

四、參考文獻：

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