

淋巴癌診療指引

一、參院參與討論同仁

| | | |
|--------|--------------|--------------|
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107 年版

CLASSICAL HODGKIN LYMPHOMA(CHL) 臨床分期

何杰金氏症 (Hodgkin lymphoma)

原 1. 《臨床分期：Classical Hodgkin's Lymphoma》

原 2. 《臨床分期：Nodular lymphocyte-predominant Hodgkin's Lymphoma》

原 3. 第 IIIA,IVA 期→

1. 化療 ± Anti-CD20 單株抗體 ± 局部放射治療
2. 局部放射治療

原 4. 第 IIIB,IVB 期→化學治療 ± Anti-CD20 單株抗體 ± 局部放射治療

慢性淋巴細胞白血病 (CLL)/ 小淋巴細胞淋巴瘤 (SLL)

原 1. CLL Rai 分期 (0-II) Binet 分期 (A,B) →有症狀治療→

1. 化療 ± Anti-CD20 單株抗體 ± 局部放射治療
2. 局部放射治療
3. 觀察

原 2. CLL Rai 分期 (III-IV) Binet 分期 (C) 治療

1. 化學治療 + Anti-CD20 單株抗體
2. 放射治療
3. Obinativzumab(optional)
4. Ibrutinib

108 年修訂版

修改 1. updated based on guideline revisions. 更新圖表

修改 1. 《組織型態：Classical Hodgkin's Lymphoma》

修改 2. 《組織分期：Nodular lymphocyte-predominant Hodgkin's Lymphoma》

修改 3.III-IV →

1. 化療 ± Anti-CD20 單株抗體 ± 局部放射治療
2. 局部放射治療
3. 觀察

刪除 4. 第 IIIB,IVB 期

修改 1. CLL Rai 分期 (0-II) Binet 分期 (A,B) →有症狀治療→

1. 化學治療 + Anti-CD20 單株抗體
 2. 放射治療
 3. Obinativzumab(optional)
 4. Ibrutinib(if 17p deletion or TP53 mutation)
 5. Venetoclax(if 17p deletion or TP53 mutation)
- 修改 2. CLL Rai 分期 (III-IV) Binet 分期 (C) 治療
1. 化學治療 + Anti-CD20 單株抗體
 2. 放射治療
 3. Obinativzumab(optional)
 4. Ibrutinib(if 17p deletion or TP53 mutation)
 5. Venetoclax(if 17p deletion or TP53 mutation)

107 年版

濾泡淋巴瘤 (Follicular Lymphoma)

原 1: 《淋巴瘤診治共識》—濾泡淋巴瘤 (Follicular Lymphoma)

胃黏膜淋巴組織相關淋巴瘤 (Gastric MALT lymphoma)

原 1.

原 2. 第 I、II 期胃幽門桿菌 (+)

原 3. 第 I、II 期胃幽門桿菌 (-)

原 4. 第 I、II 期胃幽門桿菌 (-) →

1. 放射治療 (30-33Gy)
2. Anti-CD20 單株抗體 (自費)
3. 化療 ±Rituximab(自費)

原 5. III-IV

《淋巴瘤診治共識》—瀰漫性大 B 細胞淋巴瘤 / 濾泡性淋巴瘤

Gr.III(DLBCL/FL Gr.III)

原 1. 第 II-IV 期 → Anti-CD20 單株抗體 + 化學治療 3~4 次後評估治療反應 SD+PD →

1. 救援性化學治療
2. 高劑量化學治療 +ASCT
3. 臨床試驗
4. 緩和治療

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修改 1. 《淋巴瘤診治共識》—濾泡淋巴瘤 (Follicular Lymphoma)
Grade1-2

增加 1. Lugano stage 如表

修改 2. 第 I、II、III 期胃幽門桿菌 (+)

修改 3. 第 I、II、III 期胃幽門桿菌 (-)

修改 4. 第 I、II、III 期胃幽門桿菌 (-) →

1. 放射治療 (30-33Gy) ± 抗生素
2. Anti-CD20 單株抗體 (自費) ± 抗生素
3. 化療 ±Rituximab(自費) ± 抗生素

修改 5. IV

修改路徑 1.

第 II-IV 期 → Anti-CD20 單株抗體 + 化學治療 3~4 次後評估治療反應 SD+PD →

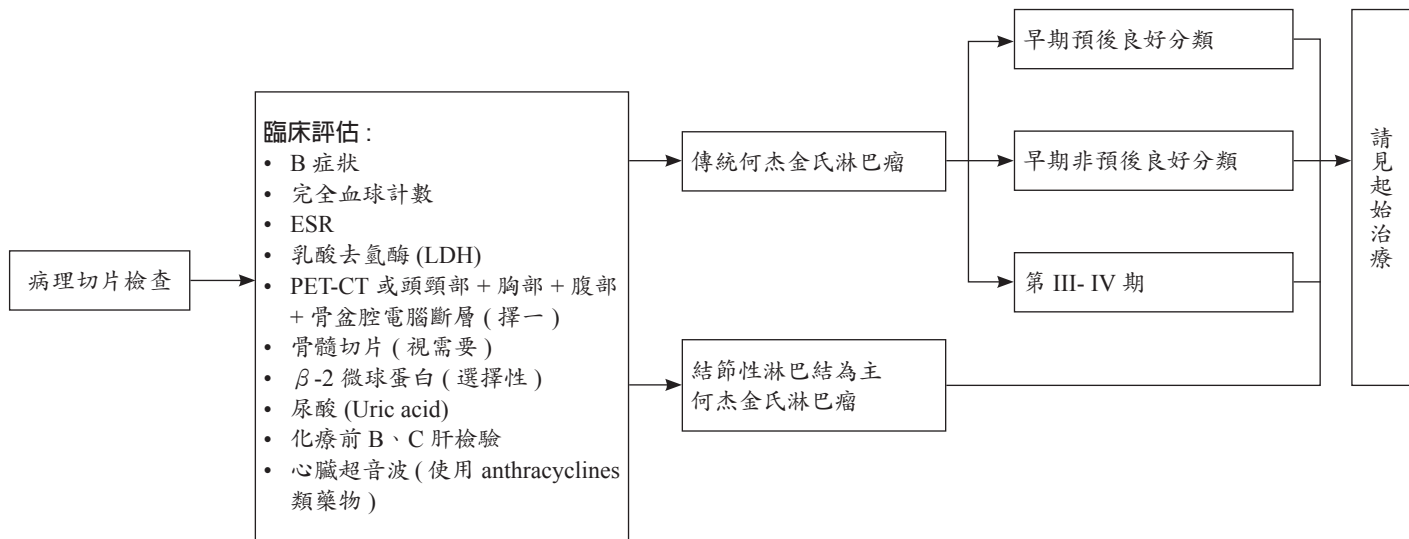
1. 救援性化學治療
2. 高劑量化學治療 +ASCT
3. 臨床試驗
4. 緩和治療

→重新評估

確診

臨床檢查

臨床分期

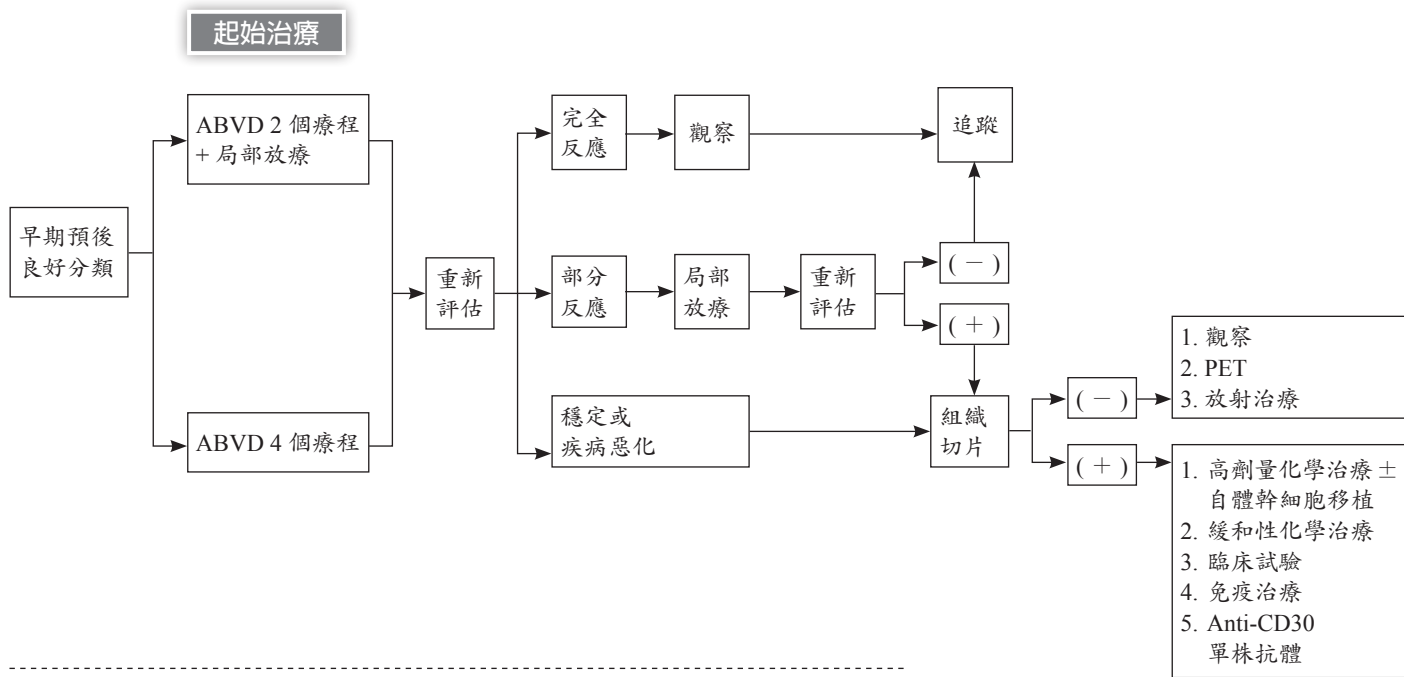


1. B symptoms : fever, night sweating, body weight loss.
2. 預後不良因子 : ESR>50, B symptoms, Nodal sites >3, bulky tumor(>10) or large mediastinum lesion(MMR>0.33).
3. Clinical trial is always an option of treatment.

《淋巴瘤診治共識》—CLASSICAL HODGKIN LYMPHOMA(CHL) 臨床分期

| Clinical Stage | Bulky Disease (mediastinal or peripheral) | Number of nodal sites | Erythrocyte sedimentation rate (ESR) |
|---------------------------------------|--|-----------------------|---|
| I-IIA ± extralymphatic (E) lesions | NO | <4 | <50 |
| | NO | ≥ 4 | Any |
| | NO | Any | ≥ 50 |
| | YES | Any | Any |
| IB/IIB ± E lesions | NO | Any | Any |
| | YES | Any | Any |
| III-IV | YES/NO | Any | Any |

《組織型態：Classical Hodgkin's Lymphoma》



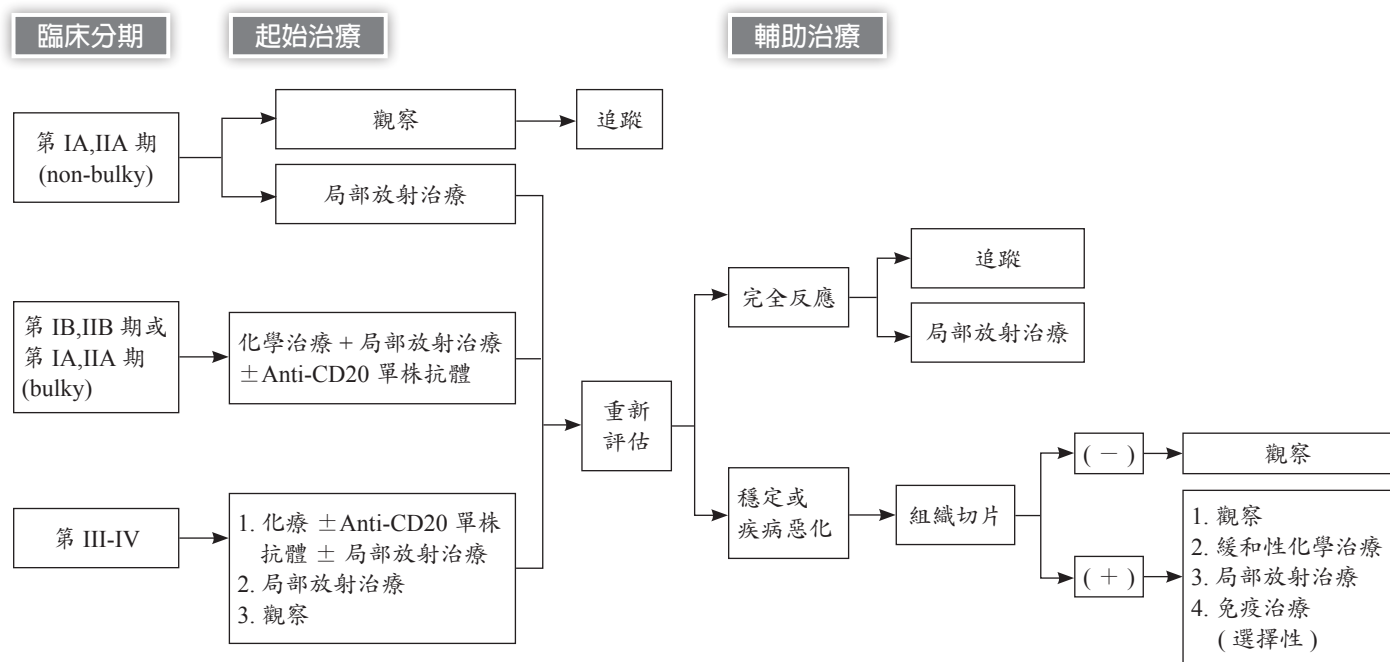
1. Clinical trial is always an option of treatment.

2. Rituximab may be added electively (self-paid) if CD 20 is positive in IHC stain.

3. 早期預後良好定義: 1. Age < 50 y/o 2. ESR normal 3. Stage I-II 4. No B symptoms 5. No bulky disease

《淋巴瘤診治共識》—何杰金氏症 (Hodgkin lymphoma)

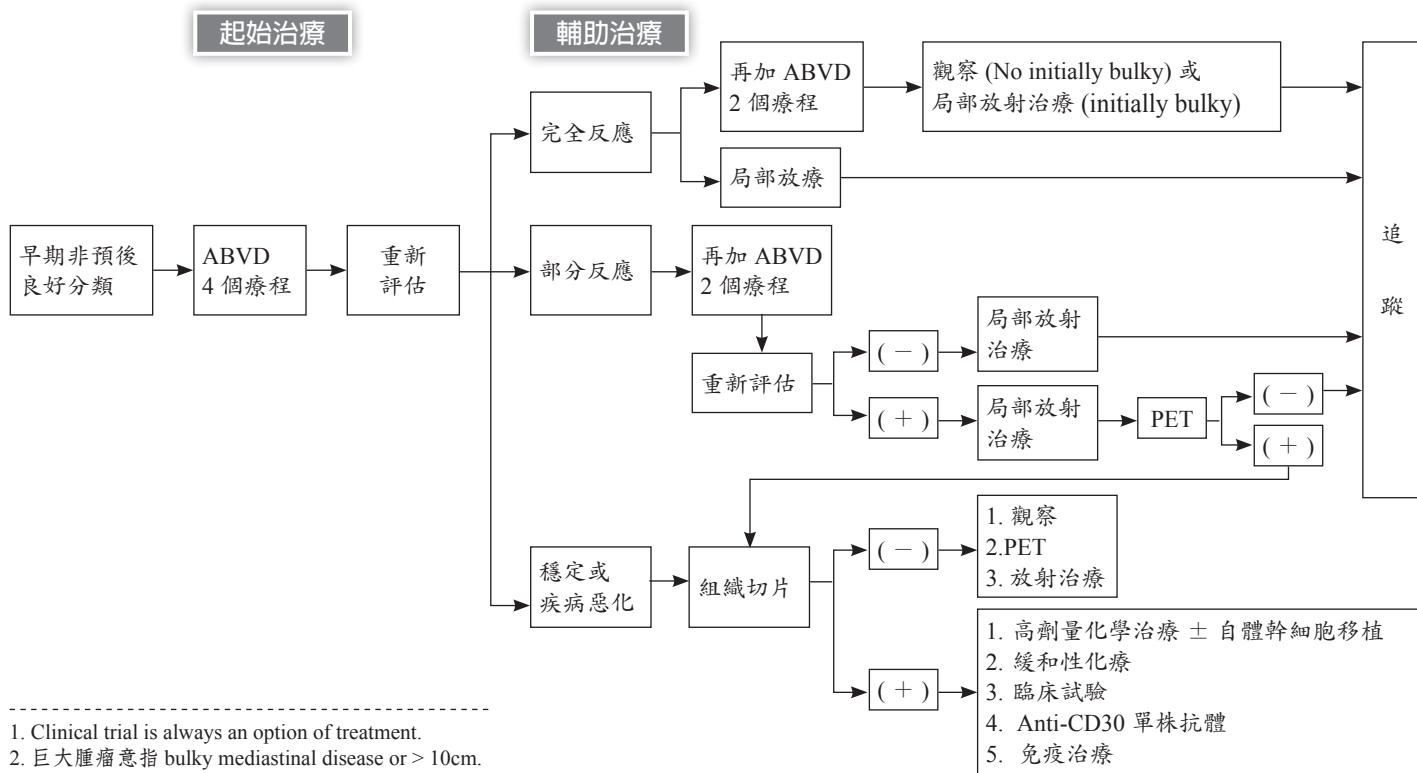
《組織型態：Nodular lymphocyte-predominant Hodgkin's Lymphoma》



Clinical trial is always an option of treatment.

《淋巴瘤診治共識》—何杰金氏症 (Hodgkin lymphoma)

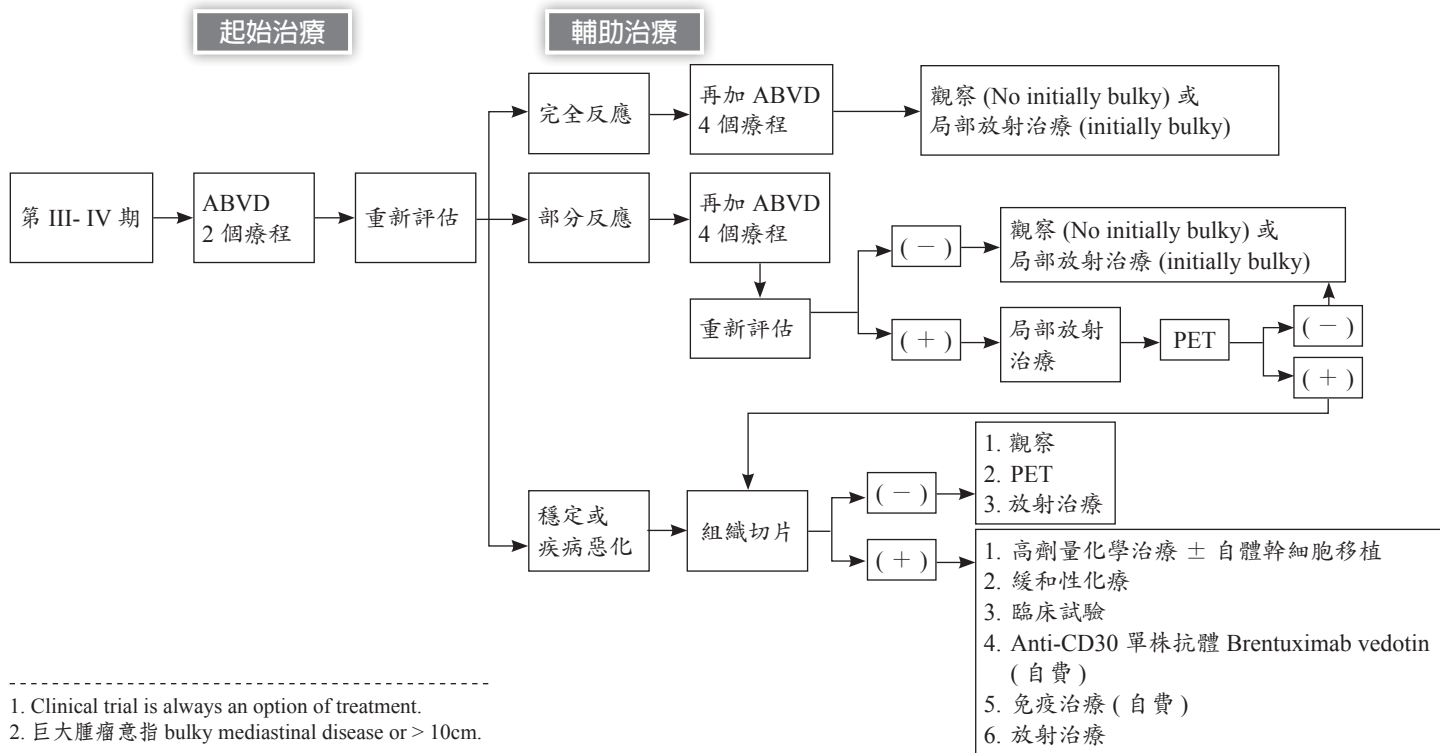
《組織型態：Classical Hodgkin's Lymphoma》



1. Clinical trial is always an option of treatment.
2. 巨大腫瘤意指 bulky mediastinal disease or > 10cm.

《淋巴瘤診治共識》—何杰金氏症 (Hodgkin lymphoma)

《組織型態：Classical Hodgkin's Lymphoma》



-
1. Clinical trial is always an option of treatment.
 2. 巨大腫瘤意指 bulky mediastinal disease or > 10cm.

臨床檢查

臨床評估：

- B 症狀
- 完全血球計數
- 乳酸去氫酶 (LDH)
- 頸頸部 + 胸部 + 腹部 + 骨盆腔電腦斷層或 PET-CT (視需要)
- 骨髓切片 (視需要)
- β -2 微球蛋白 (選擇性)
- 尿酸 (Uric acid)
- 化療前 B、C 肝檢驗
- 流式細胞儀 (CLL 必做)
- ESR (選擇性)
- 細胞遺傳學 (選擇性)
- Coombs' test (選擇性)
- Immunophoresis (選擇性)

臨床分期

SLL(Ann Arbor 分期 I)

CLL(Rai 分期 0-IV)
(Binet 分期 A,B,C) 或
SLL(Ann Arbor 分期 II-IV)

無症狀

有症狀

SLL(II-IV)

CLL
Rai 分期 (0-II)
Binet 分期 (A,B)

CLL
Rai 分期 (III-IV)
Binet 分期 (C)

起始治療

觀察

1. 放射治療
2. 化學治療

觀察

無症狀

有症狀

觀察

1. 化學治療 + Anti-CD20 單株抗體
2. 放射治療
3. Obinatuvmab(optional)
4. Ibrutinib(if 17p deletion or TP53mutation)
5. Venetoclax(if 17p deletion or TP53 mutation)

• Clinical trial is always an option of treatment.

• 評估有以下症狀*：

1.Fatigue(severe) 2. Night sweats 3. Weight loss 4. Fever without infection

* Threatened end-organ function

* Progressive bulky disease(spleen>6cm below costal margin, lymph nodes>10cm)

* Progressive anemia

* Progressive thrombocytopenia

• Gazyva(Obinatuvmab)(optional)

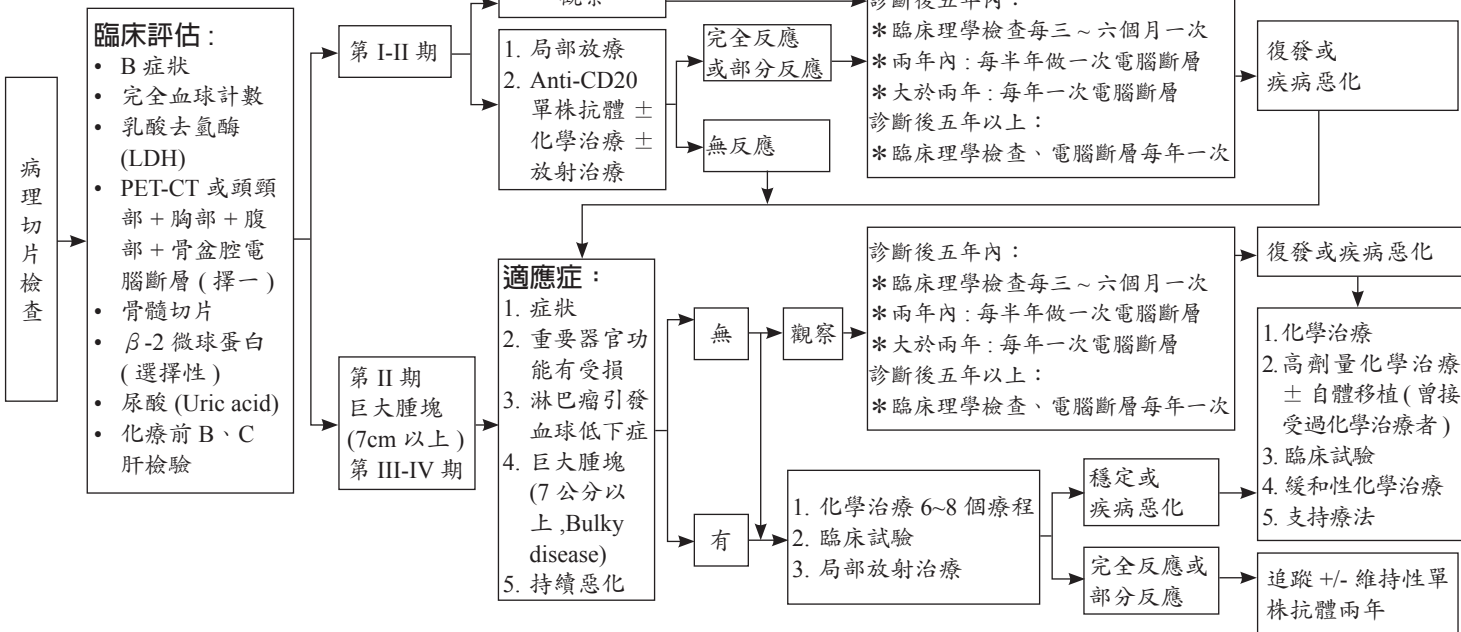
《淋巴瘤診治共識》—濾泡淋巴瘤 (Follicular Lymphoma)

Grade1-2

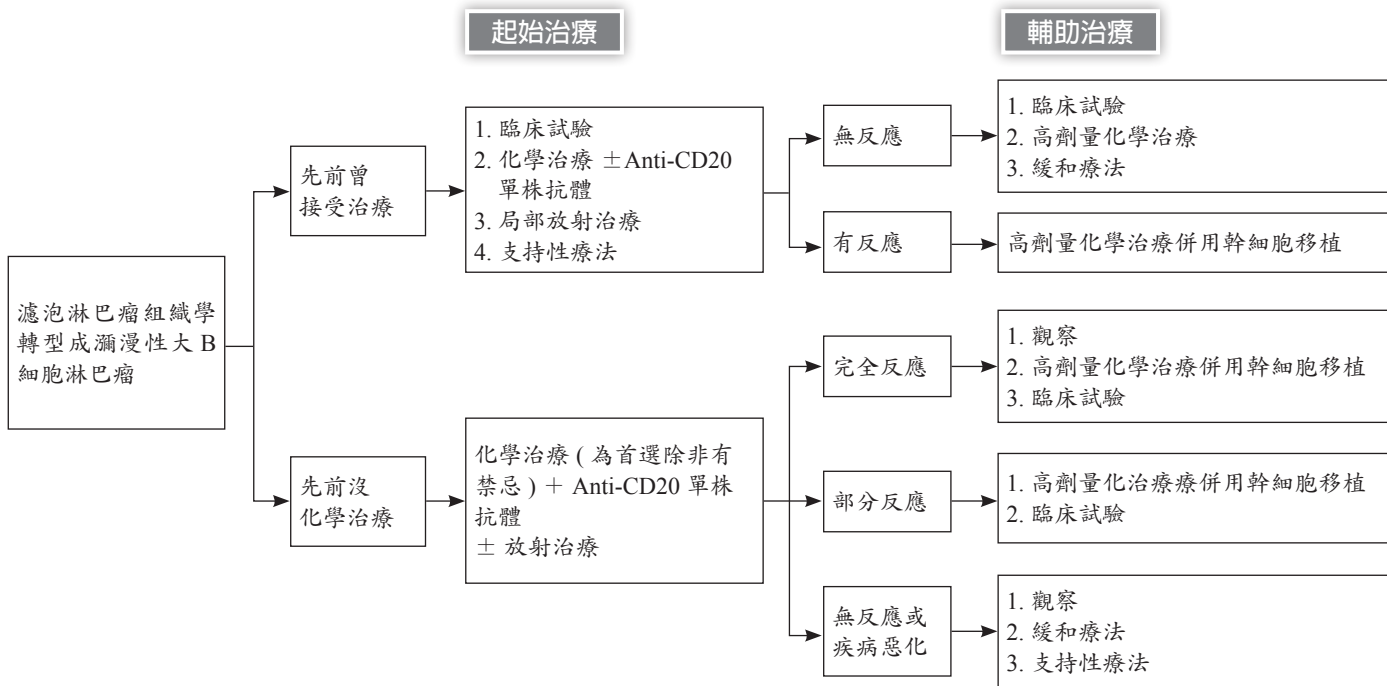
臨床檢查

臨床分期

主要治療



FOLL-1



《 淋巴癌診治共識 》 — 胃黏膜淋巴組織相關淋巴瘤 (Gastric MALT lymphoma) Lugano Staging

| Lugano Staging System for Gastrointestinal Lymphomas | Lugano Modification of Ann Arbor Staging System | TNM Staging System Adapted for Gastric Lymphoma | Tumor Extension | |
|--|---|---|-----------------|---|
| | Confined to GI tract ^a | | | |
| Stage I | I ₁ = mucosa, submucosa | I _E | T1 N0 M0 | Mucosa, submucosa |
| | I ₂ = muscularis propria, serosa | I _E | T2 N0 M0 | Muscularis propria |
| | | I _E | T3 N0 M0 | Serosa |
| | Extending into abdomen | | | |
| Stage II | II ₁ = local nodal involvement | II _E | T1-3 N1 M0 | Perigastric lymph nodes |
| | II ₂ = distant nodal involvement | II _E | T1-3 N2 M0 | More distant regional lymph nodes |
| Stage IIE | Penetration of serosa to involve adjacent organs or tissues | II _E | T4 N0 M0 | Invasion of adjacent structures |
| Stage IV ^b | Disseminated extranodal involvement or concomitant supradiaphragmatic nodal involvement | | T1-4 N3 M0 | Lymph nodes on both sides of the diaphragm/ distant metastases (eg, bone marrow or additional extranodal sites) |
| | | IV | T1-4 N0-3 M1 | |

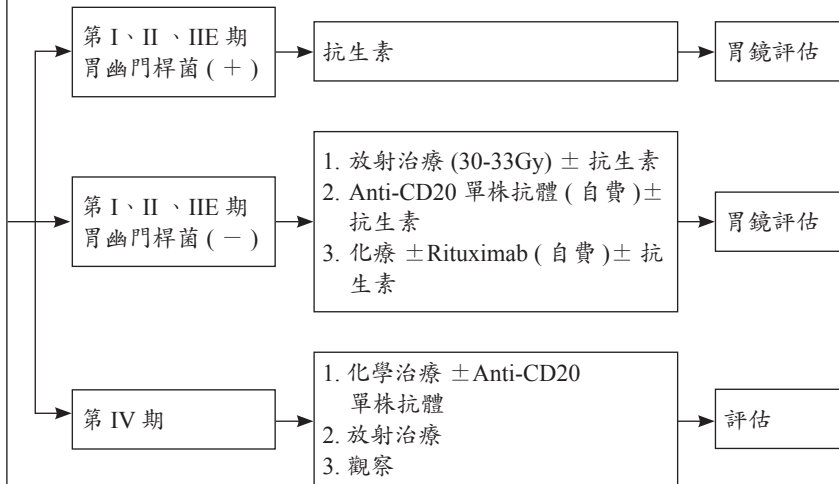
臨床檢查

- 理學檢查、注意胃以外的部位 (眼、皮膚)
- 體能狀態 (EC OG PS)
- CBC、白血球分類、血小板計數
- 生化常規
- LDH
- 如組織病理學檢測幽門螺桿菌陰性，則行幽門螺桿菌非侵入性檢測 (糞便抗原檢測、尿素呼氣試驗、血液抗體檢測)
- 如果擬用 Rituximab、行 B 型肝炎相關檢測
- 胸腔 / 腹腔 / 骨盆腔併顯影劑電腦斷層檢查增強診斷品質
- 超音波內視鏡 (如有) 下多個部位檢體切片
- 育齡期婦女進行妊娠試驗 (如擬行化療)
- 骨髓穿刺切片 (視需要)
- 如果需要 Anthracycline 的療程需顯示 MUGA 掃描 / 心臟超音波數據
- C 型肝炎相關檢測

臨床分期

起始治療

評估



• Clinical trial is always an option of treatment.

《淋巴瘤診治共識》— 瀰漫性大 B 細胞淋巴瘤 / 濾泡性淋巴瘤 Gr.III(DLBCL/FL Gr.III)

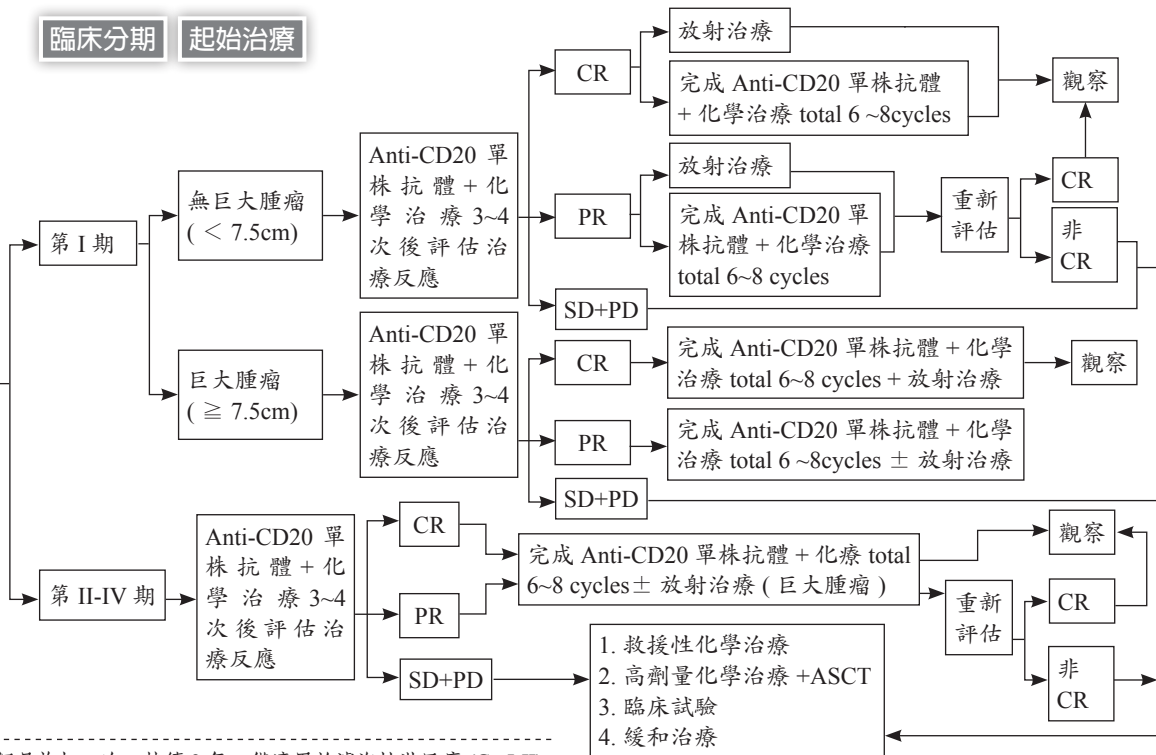
臨床檢查

臨床分期

起始治療

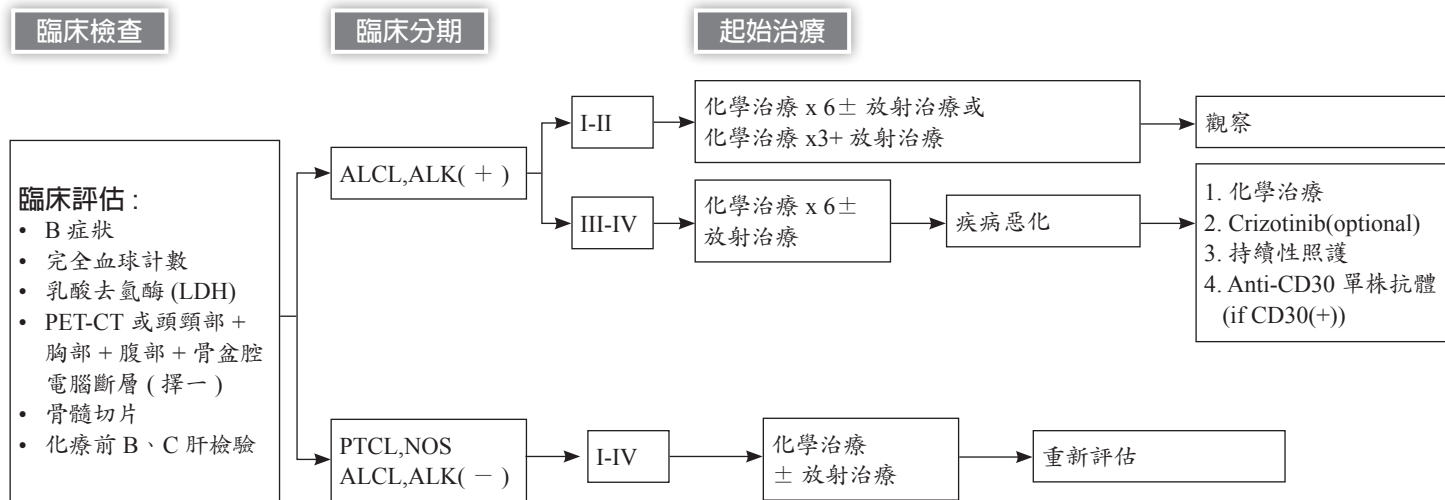
臨床評估：

- B 症狀
- 完全血球計數
- 乳酸去氫酶 (LDH)
- PET-CT 或頭頸部 + 胸部 + 腹部 + 骨盆腔電腦斷層 (擇一)
- 骨髓切片 (選擇性)
- β -2 微球蛋白 (選擇性)
- 尿酸 (Uric acid)
- 化療前 B、C 肝檢驗
- 心臟超音波 (使用 anthracyclines 類藥物)



*Rituximab 持續性治療每三個月施打一次，持續 2 年，僅適用於濾泡性淋巴瘤 (Gr. I-II)

• Clinical trial is always an option of treatment.



1. Clinical trial is always an option of treatment.
2. Treatment with diffuse large B cell lymphoma without rituximab.
3. aaIPI: 年齡調整國際預後指數

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《 淋巴瘤抗癌藥物治療指引 》

Hodgkin Lymphoma (Age ≥ 18 years)

Classical Hodgkin Lymphoma

ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine) ± ISRT

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|------------------------|-------|-----|----|------|
| Doxorubicin | 25 | 1, 15 | Q4W | 4 | 1-4 |
| Bleomycin | 10 unit/m ² | 1, 15 | Q4W | 4 | |
| Vinblastine | 6 | 1, 15 | Q4W | 4 | |
| Dacarbazine | 375 | 1, 15 | Q4W | 4 | |

Escalated BEACOPP (Bleomycin, Etoposide, Doxorubicin, Cyclophosphamide, Vincristine, Procarbazine, Prednisone) followed by

ABVD with ISRT10

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|------------------------|------|-----|-------|------|
| Bleomycin | 10 unit/m ² | 8 | Q2W | 2 + 2 | 5-6 |
| Etoposide | 200 | 1-3 | Q2W | 2 + 2 | |
| Doxorubicin | 35 | 1 | Q2W | 2 + 2 | |
| Cyclophosphamide | 1200 | 1 | Q2W | 2 + 2 | |
| Vincristine | 1.4 | 8 | Q2W | 2 + 2 | |
| Procarbazine | 100 QHS | 1-7 | Q2W | 2 + 2 | |
| Prednisone | 40 PO QD | 1-14 | Q2W | 2 + 2 | |

Brentuximab vedotin+AVD (doxorubicin+ vinblastine+ dacarbazine)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------------|----------------------|-------|-----|----|------|
| Brentuximab vedotin | 1.2 mg/kg | 1, 15 | Q4W | 6 | 7 |
| Doxorubicin | 25 | 1, 15 | Q4W | 6 | |
| Vinblastine | 6 | 1, 15 | Q4W | 6 | |
| Dacarbazine | 375 | 1, 15 | Q4W | 6 | |

*三院有個別版本

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Nodular Lymphocyte-Predominant Hodgkin Lymphoma

ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|------------------------|-------|-----|----|------|
| Doxorubicin | 25 | 1, 15 | Q4W | | 1, 2 |
| Bleomycin | 10 unit/m ² | 1, 15 | Q4W | | |
| Vinblastine | 6 | 1, 15 | Q4W | | |
| Dacarbazine | 375 | 1, 15 | Q4W | | |
| ± Rituximab | 375 | 1 | Q4W | | |

CHOP (Cyclophosphamide, Doxorubicin, Vincristine, Prednisone) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Cyclophosphamide | 750 | 1 | Q3W | | 3 |
| Doxorubicin | 50 | 1 | Q3W | | |
| Vincristine | 1.4 | 1 | Q3W | | |
| Prednisone | 40 | 1-5 | Q3W | | |
| ± Rituximab | 375 | 1 | Q3W | | |

CVP (Cyclophosphamide, Vinblastine, Prednisone) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|------|-------|----|------|
| Cyclophosphamide | 500 | 1 | Q2-3W | | 4 |
| Vinblastine | 6 | 1, 8 | Q2-3W | | |
| Prednisone | 40 | 1-7 | Q2-3W | | |
| ± Rituximab | 375 | 1 | Q2-3W | | |

Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-----------|----------------------|-----|----|----|------|
| Rituximab | 375 | 1 | QW | | 5-9 |

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Systemic therapy for relapsed or refractory disease

Second-Line or Subsequent Therapy Options

CHL

DHAP (Dexamethasone, Cisplatin, high-dose Cytarabine)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|-----|-------|----|------|
| Dexamethasone | 40 mg QD | 1-4 | Q3-4W | | 1, 2 |
| Cisplatin | 100 | 1 | Q3-4W | | |
| Cytarabine | 2000 Q12H | 2 | Q3-4W | | |

ESHAP (Etoposide, Methylprednisolone, Cisplatin, high-dose Cytarabine)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------------|----------------------|-----|-------|----|---------|
| Etoposide | 40 | 1-4 | Q3-4W | | 3, 4, 5 |
| Methylprednisolone | 500 | 1-4 | Q3-4W | | |
| Cisplatin | 25 | 1-4 | Q3-4W | | |
| Cytarabine | 2000 | 5 | Q3-4W | | |

Gemcitabine/Bendamustine/Vinorelbine

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| Gemcitabine | 800 | 1, 4 | Q3W | 4 | 22 |
| Bendamustine | 100 | 2, 3 | Q3W | 4 | |
| Vinorelbine | 20 | 1 | Q3W | 4 | |
| Prednisolone | 100 mg PO | 1-4 | Q3W | 4 | |

GCD (Gemcitabine, Carboplatin, Dexamethasone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|------|-----|----|------|
| Gemcitabine | 1000 | 1, 8 | Q3W | | 6, 7 |
| Carboplatin | AUC 5 | 1 | Q3W | | |
| Dexamethasone | 40 mg | 1-4 | Q3W | | |

GVD (Gemcitabine, Vinorelbine, Lipo-Doxorubicin)

1. For transplant- naïve patients

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|------|-----|----|------|
| Gemcitabine | 1000 | 1, 8 | Q3W | | 8 |
| Vinorelbine | 20 | 1, 8 | Q3W | | |
| Lipo-Doxorubicin | 15 | 1, 8 | Q3W | | |

2. For post-transplant patients

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|------|-----|----|------|
| Gemcitabine | 800 | 1, 8 | Q3W | | 8 |
| Vinorelbine | 15 | 1, 8 | Q3W | | |
| Lipo-Doxorubicin | 10 | 1, 8 | Q3W | | |

ICE (Ifosfamide, Carboplatin, Etoposide)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-----|----|-------|
| Etoposide | 100 | 1-3 | Q3W | | 9, 10 |
| Carboplatin | AUC 5 | 2 | Q3W | | |
| Ifosfamide | 5000 | 2 | Q3W | | |

IGEV (Ifosfamide, Gemcitabine, Vinorelbine, Prednisolone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| Ifosfamide | 2000 | 1-4 | Q3W | | 11 |
| Gemcitabine | 800 | 1, 4 | Q3W | | |
| Vinorelbine | 20 | 1 | Q3W | | |
| Prednisolone | 100 mg | 1-4 | Q3W | | |

Mini-BEAN (Carmustine, Cytarabine, Etoposide, Mephalan)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------|----------------------|-----|-------|----|--------|
| Carmustine | 60 | 1 | Q4-6W | | 12, 13 |
| Cytarabine | 100 | 2-5 | Q4-6W | | |
| Etoposide | 75 | 2-5 | Q4-6W | | |
| Mephalan | 30 | 6 | Q4-6W | | |

MINE (Etoposide, Ifosfamide, Mesna, Mitoxantrone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|-----|-------|----|------|
| Mesna | 1300 | 1-3 | Q3-4W | | 14 |
| Ifosfamide | 1300 | 1-3 | Q3-4W | | |
| Mitoxantrone | 8 | 1 | Q3-4W | | |
| Etoposide | 65 | 1-3 | Q3-4W | | |

Brentuximab vedotin (only for CHL)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|----------------------|----------------------|-----|-----|----|------|
| Brentuximab vedotin* | 1.8 mg/kg | 1 | Q3W | | 15 |

*alone or in combination with the second-line regimens below

Brentuximab vedotin + Bendamustine

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|----------------------|----------------------|------|-----|----|------|
| Brentuximab vedotin* | 1.8 mg/kg | 1 | Q3W | | 23 |
| Bendamustine | 90 (70-90) | 1, 2 | Q3W | | |

Brentuximab vedotin + Nivolumab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|----------------------|----------------------|-------|-----|--|------|
| Brentuximab vedotin* | 1.8 mg/kg | 1 | Q3W | | 24 |
| Nivolumab | 3 mg/kg | 8 → 1 | Q3W | 1 st → 2 nd -4 th | |

Additional Therapy Options: (only for CHL)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| Bendamustine | 120 | 1, 2 | Q4W | | 16 |

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------|----------------------|-----|----|----|------|
| Everolimus | 10 mg PO QD | | | | 17 |

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| Lenalidomide | 25 mg PO QD | 1-21 | Q4W | | 18 |

| 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 | | 19, 20 |

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|-----|-----|----|------|
| Pembrolizumab | 10 mg/kg | 1 | Q2W | | 21 |

NLPHL**DHAP (Dexamethasone, Cisplatin, high-dose Cytarabine) ± Rituximab**

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|-----|-------|----|------|
| ± Rituximab | 375 | 1 | | | 1, 2 |
| Dexamethasone | 40 mg QD | 1-4 | Q3-4W | | |
| Cisplatin | 100 | 1 | Q3-4W | | |
| Cytarabine | 2000 Q12H | 2 | Q3-4W | | |

ESHAP (Etoposide, Methylprednisolone, Cisplatin, high-dose Cytarabine) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------------|----------------------|-----|-------|----|---------|
| ± Rituximab | 375 | 1 | | | 3, 4, 5 |
| Etoposide | 40 | 1-4 | Q3-4W | | |
| Methylprednisolone | 500 | 1-4 | Q3-4W | | |
| Cisplatin | 25 | 1-4 | Q3-4W | | |
| Cytarabine | 2000 | 5 | Q3-4W | | |

ICE (Ifosfamide, Carboplatin, Etoposide) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-----|----|-------|
| ± Rituximab | 375 | 1 | | | 9, 10 |
| Etoposide | 100 | 1-3 | Q3W | | |
| Carboplatin | AUC 5 | 2 | Q3W | | |
| Ifosfamide | 5000 | 2 | Q3W | | |

IGEV (Ifosfamide, Gemcitabine, Vinorelbine, Prednisolone) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 1 | | | 11 |
| Ifosfamide | 2000 | 1-4 | Q3W | | |
| Gemcitabine | 800 | 1, 4 | Q3W | | |
| Vinorelbine | 20 | 1 | Q3W | | |
| Prednisolone | 100 mg | 1-4 | Q3W | | |

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Hodgkin Lymphoma (Age > 60 years)

A(B)VD ± ISRT

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|------------------------|-------|-----|----|--------|
| Doxorubicin | 25 | 1, 15 | Q4W | # | 1-4, 7 |
| Bleomycin* | 10 unit/m ² | 1, 15 | Q4W | # | |
| Vinblastine | 6 | 1, 15 | Q4W | # | |
| Dacarbazine | 375 | 1, 15 | Q4W | # | |

* Bleomycin should be used with caution as it may not be tolerated in older adults.

A(B)VD (2 cycles) followed by AVD (4 cycles), if PET scan is negative after 2 cycles of ABVD.

If stage I-II unfavorable, consider a total of 4 cycles

CHOP ± ISRT

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Cyclophosphamide | 750 | 1 | Q3W | * | 5 |
| Doxorubicin | 50 | 1 | Q3W | * | |
| Vincristine | 1.4 | 1 | Q3W | * | |
| Prednisone | 40 | 1-5 | Q3W | * | |

* Stage I-II favorable disease: 4; Stage I-II favorable or III-IV: 6

PVAG (Prednisone, Vinblastine, Doxorubicin, Gemcitabine)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-----|----|------|
| Prednisone | 40 | 1-5 | Q3W | 6 | 6 |
| Vinblastine | 6 | 1 | Q3W | 6 | |
| Doxorubicin | 50 | 1 | Q3W | 6 | |
| Gemcitabine | 1000 | 1 | Q3W | 6 | |

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Non-Hodgkin's Lymphoma

Diffuse Large B-Cell Lymphoma

First-line Therapy

RCHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q3W | 6 | 1-3 |
| Cyclophosphamide | 750 | 1 | Q3W | 6 | |
| Doxorubicin | 50 | 1 | Q3W | 6 | |
| Vincristine | 1.4 | 1 | Q3W | 6 | |
| Prednisone | 100 mg | 1-5 | Q3W | 6 | |

Dose-dense RCHOP 14

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q2W | 6 | 4 |
| Cyclophosphamide | 750 | 1 | Q2W | 6 | |
| Doxorubicin | 50 | 1 | Q2W | 6 | |
| Vincristine | 1.4 | 1 | Q2W | 6 | |
| Prednisone | 100 mg | 1-5 | Q2W | 6 | |

Dose-adjusted EPOCH + Rituximab**(Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin) + Rituximab**

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|-----|------|
| Rituximab | 375 | 1 | Q3W | 6-8 | 5, 6 |
| Etoposide | 50 | 1-4 | Q3W | 6-8 | |
| Doxorubicin | 10 | 1-4 | Q3W | 6-8 | |
| Vincristine | 0.4 | 1-4 | Q3W | 6-8 | |
| Cyclophosphamide | 750 | 5 | Q3W | 6-8 | |
| Prednisone | 60 | 1-5 | Q3W | 6-8 | |

First-line Therapy for Patients with Poor Left Ventricular Function**CDOP (Cyclophosphamide, Lipo-Doxorubicin, Vincristine, Prednisone) + Rituximab**

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|-----|------|
| Rituximab | 375 | 1 | Q3W | 6-8 | 7, 8 |
| Cyclophosphamide | 750 | 1 | Q3W | 6-8 | |
| Lipo-Doxorubicin | 30 | 1 | Q3W | 6-8 | |
| Vincristine | 1.4 | 1 | Q3W | 6-8 | |
| Prednisone | 60 | 1-5 | Q3W | 6-8 | |

RGCVP (Rituximab, Gemcitabine, Cyclophosphamide, Vincristine, Prednisone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q3W | 6 | 10 |
| Cyclophosphamide | 750 | 1 | Q3W | 6 | |
| Gemcitabine | 750-1000 | 1,8 | Q3W | 6 | |
| Vincristine | 1.4 | 1 | Q3W | 6 | |
| Prednisone | 100 mg | 1-5 | Q3W | 6 | |

DA-EPOCH (Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin) + Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|-----|------|
| Rituximab | 375 | 1 | Q3W | 6-8 | 5, 6 |
| Etoposide | 50 | 1-4 | Q3W | 6-8 | |
| Doxorubicin | 10 | 1-4 | Q3W | 6-8 | |
| Vincristine | 0.4 | 1-4 | Q3W | 6-8 | |
| Cyclophosphamide | 750 | 5 | Q3W | 6-8 | |
| Prednisone | 60 | 1-5 | Q3W | 6-8 | |

RCEOP (Rituximab, Cyclophosphamide, Etoposide, Vincristine, Prednisone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|------|-----|----|------|
| Rituximab | 375 | 1 | Q3W | * | 9 |
| Cyclophosphamide | 750 | 1 | Q3W | * | |
| Etoposide | 50 | 1 | Q3W | * | |
| Etoposide | 100 PO | 2, 3 | Q3W | * | |
| Vincristine | 1.4 | 1 | Q3W | * | |
| Prednisone | 100 mg | 1-5 | Q3W | * | |

*limited stage: 3-4, advanced stage: 6

TREC (Rituximab, Bendamustine, Etoposide, Carboplatin)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q3W | 2 | 15 |
| Bendamustine | 90-120 | 1-2 | Q3W | 2 | |
| Etoposide | 100 | 1-3 | Q3W | 2 | |
| Carboplatin | AUC 5 | 1 | Q3W | 2 | |

Patients >80years of age with comorbidities**R-mini-CHOP**

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q3W | 6 | 11 |
| Cyclophosphamide | 400 | 1 | Q3W | 6 | |
| Doxorubicin | 25 | 1 | Q3W | 6 | |
| Vincristine | 1 mg | 1 | Q3W | 6 | |
| Prednisone | 40 | 1-5 | Q3W | 6 | |

R-COP

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|-------|
| Rituximab | 375 | 1 | Q3W | | 24-25 |
| Cyclophosphamide | 750 | 1 | Q3W | | |
| Vincristine | 1.4 mg | 1 | Q3W | | |
| Prednisone | 100 | 1-5 | Q3W | | |

RGCVP (Rituximab, Gemcitabine, Cyclophosphamide, Vincristine, Prednisolone)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|------|-----|----|------|
| Rituximab | 375 | 1 | Q3W | 6 | 10 |
| Cyclophosphamide | 750 | 1 | Q3W | 6 | |
| Gemcitabine | 750 | 1, 8 | Q3W | 6 | |
| Vincristine | 1.4 | 1 | Q3W | 6 | |
| Prednisone | 100 mg | 1-5 | Q3W | 6 | |

CDOP (Cyclophosphamide, Lipo-Doxorubicin, Vincristine, Prednisone) + Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|-----|------|
| Rituximab | 375 | 1 | Q3W | 6-8 | 7, 8 |
| Cyclophosphamide | 750 | 1 | Q3W | 6-8 | |
| Lipo-Doxorubicin | 30 | 1 | Q3W | 6-8 | |
| Vincristine | 1.4 | 1 | Q3W | 6-8 | |
| Prednisone | 60 | 1-5 | Q3W | 6-8 | |

Concurrent presentation with CNS disease

Parenchymal

3 g/m² or more of systemic Methotrexate given on Day 15 of a 21-day RCHOP cycle that has been supported by growth factors.

Leptomeningeal

IT methotrexate/cytarabine, consider Ommaya reservoir placement and/or systemic methotrexate (3-3.5 g/m²)

Second-line Therapy and Subsequent Therapy (intention to proceed to high-dose therapy)

DHAP (Dexamethasone, Cisplatin, Cytarabine) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|-----|-------|----|------|
| Cisplatin | 100 | 1 | Q3-4W | | 12 |
| Cytarabine | 2000 Q12H | 2 | Q3-4W | | |
| Dexamethasone | 40 mg | 1-4 | Q3-4W | | |

DHAX (dexamethasone, cytarabine, oxaliplatin) ± rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|-----|-------|----|------|
| Oxaliplatin | 100 | 1 | Q3-4W | | 26 |
| Cytarabine | 2000 Q12H | 2 | Q3-4W | | |
| Dexamethasone | 40 mg | 1-4 | Q3-4W | | |

ESHAP (Etoposide, Methylprednisolone, Cytarabine, Cisplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------------|----------------------|-----|-------|----|------|
| ± Rituximab | 375 | 1 | Q3-4W | | 13 |
| Etoposide | 40 | 1-4 | Q3-4W | | |
| Methylprednisolone | 500 mg | 1-4 | Q3-4W | | |
| Cytarabine | 2000 | 5 | Q3-4W | | |
| Cisplatin | 25 | 1-4 | Q3-4W | | |

GDP (Gemcitabine, Dexamethasone, Cisplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 8 | Q3W | | 20 |
| Gemcitabine | 1000 | 1, 8 | Q3W | | |
| Dexamethasone | 40 mg | 1-4 | Q3W | | |
| Cisplatin | 75 | 1 | Q3W | | |

GDP (Gemcitabine, Dexamethasone, Cisplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 8 | Q3W | | 14 |
| Gemcitabine | 1000 | 1, 8 | Q3W | | |
| Dexamethasone | 40 mg | 1-4 | Q3W | | |
| Carboplatin | AUC 5 | 1 | Q3W | | |

GemOx (Gemcitabine, Oxaliplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-------|----|--------|
| ± Rituximab | 375 | 1 | Q2-3W | | 15, 23 |
| Gemcitabine | 1000 | 2 | Q2-3W | | |
| Oxaliplatin | 100 | 2 | Q2-3W | | |

ICE (Ifosfamide, Carboplatin, Etoposide) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-----|----|------|
| ± Rituximab | 375 | 1 | Q2W | | 12 |
| Etoposide | 100 | 1-3 | Q2W | | |
| Carboplatin | AUC 5 | 2 | Q2W | | |
| Ifosfamide | 5000 | 2 | Q2W | | |

MINE (Mesna, Ifosfamide, Mitoxatrone, Etoposide) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|-----|-------|----|------|
| ± Rituximab | 375 | 1 | Q3-4W | | 17 |
| Mesna | 1330 | 1-3 | Q3-4W | | |
| Ifosfamide | 1330 | 1-3 | Q3-4W | | |
| Mitoxantrone | 8 | 1 | Q3-4W | | |
| Etoposide | 65 | 1-3 | Q3-4W | | |

Second-line Therapy (non-candidates for high-dose therapy)

Bendamustine ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|-----|-----|----|------|
| ± Rituximab | 375 | 1 | Q3W | | 18 |
| Bendamustine | 120 | 1-2 | Q3W | | |

CEOP (Cyclophosphamide, Etoposide, Vincristine, Prednisone) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| ± Rituximab | 375 | 1 | Q3W | | 16 |
| Cyclophosphamide | 750 | 1 | Q3W | | |
| Etoposide | 50 | 1 | Q3W | | |
| Etoposide | 100 PO | 2-3 | Q3W | | |
| Vincristine | 1.4 | 1 | Q3W | | |
| Prednisone | 100 | 1-5 | Q3W | | |

DA-EPOCH (Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin) + Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|------------------|----------------------|-----|-----|----|------|
| Rituximab | 375 | 1 | Q3W | | 19 |
| Etoposide | 50 | 1-4 | Q3W | | |
| Doxorubicin | 10 | 1-4 | Q3W | | |
| Vincristine | 0.4 | 1-4 | Q3W | | |
| Cyclophosphamide | 750 | 5 | Q3W | | |
| Prednisone | 60 | 1-5 | Q3W | | |

GDP (Gemcitabine, Dexamethasone, Cisplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 8 | Q3W | | 20 |
| Gemcitabine | 1000 | 1, 8 | Q3W | | |
| Dexamethasone | 40 mg | 1-4 | Q3W | | |
| Cisplatin | 75 | 1 | Q3W | | |

GDP (Gemcitabine, Dexamethasone, Cisplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|---------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 8 | Q3W | | 14 |
| Gemcitabine | 1000 | 1, 8 | Q3W | | |
| Dexamethasone | 40 mg | 1-4 | Q3W | | |
| Carboplatin | AUC 5 | 1 | Q3W | | |

GemOx (Gemcitabine, Oxaliplatin) ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|-----|-----|----|------|
| ± Rituximab | 375 | 1 | Q2W | | 21 |
| Gemcitabine | 1000-1200 | 1 | Q2W | | |
| Oxaliplatin | 100-120 | 2 | Q2W | | |

Gemcitabine, Vinorelbine ± Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 1 | Q3W | 6 | 28 |
| Gemcitabine | 1000 | 1, 8 | Q3W | 6 | |
| Vinorelbine | 30 | 1, 8 | Q3W | 6 | |

Lenalidomide ± Rituximab (non-GCB DLBCL)

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|--------------|----------------------|------|-----|----|------|
| ± Rituximab | 375 | 1 | Q4W | | 27 |
| Lenalidomide | 20 | 1-21 | Q4W | | |

Rituximab

| 藥品名 | 劑量 mg/m ² | 給藥日 | 頻率 | 週期 | 參考文獻 |
|-----------|----------------------|-----|----|----|------|
| Rituximab | 375 | 1 | QW | | 22 |

★三院有個別版本

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《淋巴瘤放射治療共識》

一、治療範圍

1. 淋巴腫瘤
2. 淋巴腫瘤侵犯高風險範圍

二、治療劑量 / 次數

1. 總劑量

▲何杰金氏淋巴瘤：

- (1) 非局部大型腫瘤：劑量：20-30 Gy, 次數：10-20 次, 單次劑量 1.5-2.0 Gy
- (2) 局部大型腫瘤：30-36Gy, 次數：15-24 次, 單次劑量 1.5-2.0 Gy
- (3) 化療後部分反應：36-45Gy, 次數：18-30 次 單次劑量 1.5-2.0 Gy

▲非何杰金氏淋巴瘤：

濾泡淋巴瘤

- (1) 劑量：24-30 Gy, 次數：10-20 次, 單次劑量 1.5-2.0 Gy

早期被套細胞淋巴瘤

- (1) 劑量：24-36 Gy, 次數：12-24 次, 單次劑量 1.5-2.0 Gy

邊緣區型淋巴瘤

- (1) 胃部：劑量：30 Gy, 次數：15-20 次, 單次劑量 1.5-2.0 Gy
- (2) 其他淋巴外處：劑量：24-30Gy, 次數：12-20 次, 單次劑量 1.5-2.0 Gy
- (3) Nodal MZL：劑量：24-36Gy, 次數：12-24 次, 單次劑量 1.5-2.0 Gy

瀰漫性大型 B 細胞淋巴瘤

- (1) 化療後完全反應：劑量：30-36 Gy, 次數：10-20 次
- (2) 化療後部分反應：劑量：40-50Gy, 次數：20-34 次
- (3) 對化療反應不佳或不適合化療：劑量：30-55Gy, 次數：15-37 次
- (4) 與 stem cell transplantation 合併：劑量：20-36Gy, 次數：10-24 次

NK/T 細胞淋巴瘤

- (1) 單獨使用放療：劑量：50-55 Gy, 次數：25-31 次，
- (2) 放療合併其他治療：劑量：45-56Gy, 次數：22-32 次

周邊 T 細胞淋巴瘤

- (1) 化療後完全反應：劑量：30-36 Gy, 次數：15-20 次
- (2) 化療後部分反應：劑量：40-50Gy, 次數：20-34 次
- (3) 對化療反應不佳或不適合化療：劑量：40-55Gy, 次數：20-37 次
- (4) 與 HCT 合併：劑量：20-36Gy, 次數：10-24 次

PCMZL & PCFCL

- (1) 單獨使用放療：劑量：24-30 Gy, 次數：12-17 次

MF & SS

- (1) Individual plaque and tumor lesions：劑量：8-12 Gy, 次數：1-6 次
- (2) Unilesional MF：劑量：40-50Gy, 次數：20-34 次
- (3) TSEBT：劑量：12-36Gy, 次數：2-9f 次，一般每週 4-6 Gy

Primary cutaneous ALCL

- (1) 治癒性劑量：劑量：24-36 Gy, 次數：12-24 次

三、治療方式：

使用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。

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