

大腸直腸癌診療指引

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二、討論日期：110 年 11 月 17 日

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111 年版與上一版差異：

110 年 修訂版	111 年 修訂版
<p><u>直腸癌診療指引共識 -2</u></p> <ol style="list-style-type: none"> 1. 新增 Required 項目 :MMR or MSI testing (Surgery Specimens or Biopsy)。 2. 刪除 所有 Stage, 保留 T N M。 	<p><u>直腸癌診療指引共識 -2</u></p> <p>無修改</p>
<p><u>直腸癌診療指引共識 -3</u></p> <ol style="list-style-type: none"> 1. 刪除 所有 Stage, 保留 T N M。 2. (1) 修訂為 pT1,Nx, 手術安全邊距足夠及無任何危險因子 (2) 修訂為化放療 (see REC-3) 3. (1) 修訂為輔助性化放療 (首選) 或單獨化療 *2.3 或觀察 *5 (2) 修訂為輔助性化放療 + 化療或輔助性化療 *2.3 + 化放療 (3) 新增說明 *4 及說明 *5 	<p><u>直腸癌診療指引共識 -3</u></p> <p>無修改</p>
<p><u>直腸癌診療指引共識 -4</u></p> <ol style="list-style-type: none"> 1. 刪除 所有 Stage, 保留 T N M。 2. 新增 經腹切除 ± IORT 	<p><u>直腸癌診療指引共識 -4</u></p> <p>新增附註 post CCRT and before surgery maintenance add oral chemotherapy with with 5-Flurouracie base (optional)</p>
<p><u>直腸癌診療指引共識 -5</u></p> <ol style="list-style-type: none"> 1. 增加 ± 免疫療法 2. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增 (單獨或作為下一代測序的一部分 [NGS 面板]) (可選) 	<p><u>直腸癌診療指引共識 -5</u></p> <p>無修改</p>

直腸癌診療指引共識 -6

1. See REC-5 增加 ± 免疫療法
2. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

直腸癌診療指引共識 -7

1. 新增：
 - (1)手術和或化學治療 *2 ± 標靶治療 ± 放射線治療 ± 免疫治療
 - (2)化學治療 *2 ± 標靶治療 ± 放射線治療 ± 免疫治療
2. 增加多處復發轉移直腸癌 (Multiple recurrence) 治療路徑 (詳見直腸癌共識 -7)
3. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

大腸癌診療指引共識 -2

1. 新增 Required 項目 :MMR or MSI testing(Surgery Specimens or Biopsy)。
2. 新增及修訂 Bulky nodule disease or Clinical T4b 及可切除手術路徑 (詳見大腸癌共識 -2)

大腸癌診療指引共識 -3

1. 或轉移處無法切除與 COL-5 (大腸癌診療指引共識 -5) 同時伴有其他部位無法切除的轉移整併
2. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

直腸癌診療指引共識 -6

無修改

直腸癌診療指引共識 -7

無修改

大腸癌診療指引共識 -2

無修改

大腸癌診療指引共識 -3

無修改

110 年 修訂版

大腸癌診療指引共識 - 4

1. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

大腸癌診療指引共識 - 5

1. 新增 初步治療路徑, see COL-5
2. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

大腸癌診療指引共識 - 6

1. 新增及修訂為確定腫瘤基因狀態 KRAS.NRAS 和 BRAF 突變以及 HER2 擴增（單獨或作為下一代測序的一部分 [NGS 面板]）（可選）

111 年 修訂版

大腸癌診療指引共識 - 4

無修改

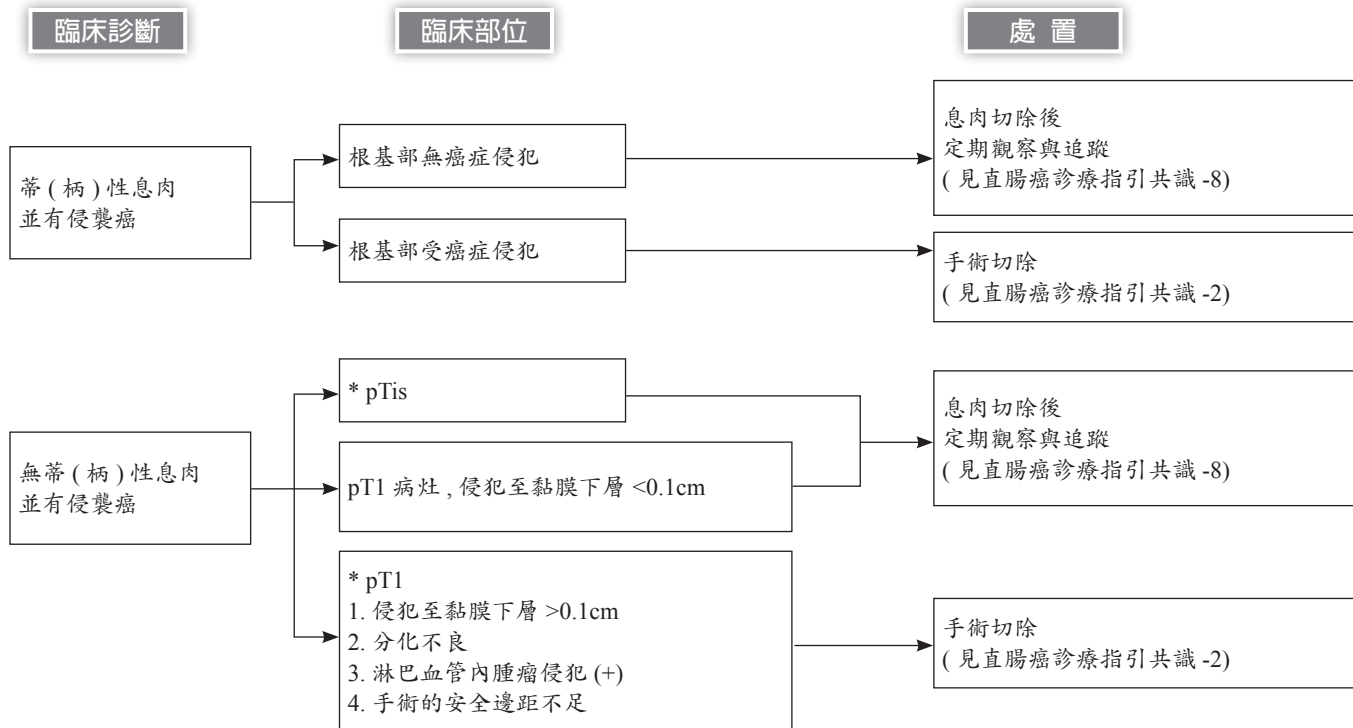
大腸癌診療指引共識 - 5

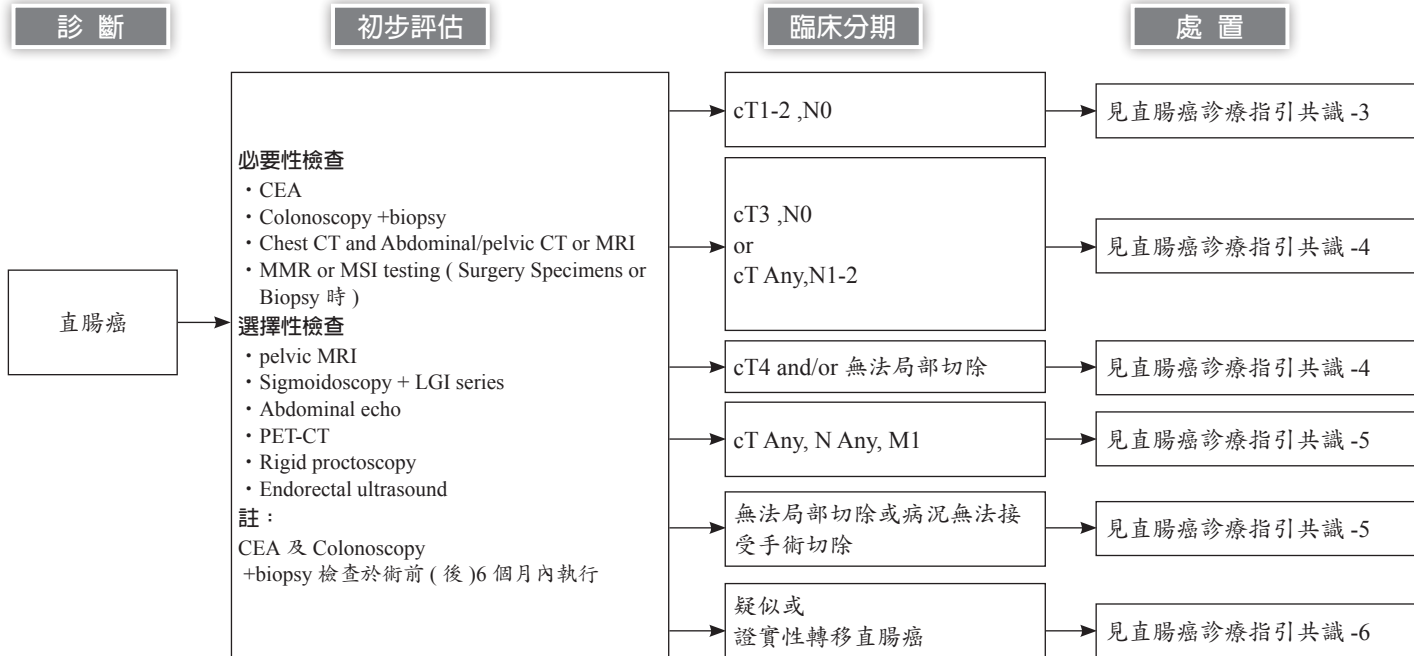
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大腸癌診療指引共識 - 6

無修改

《直腸癌診療指引共識 -1》

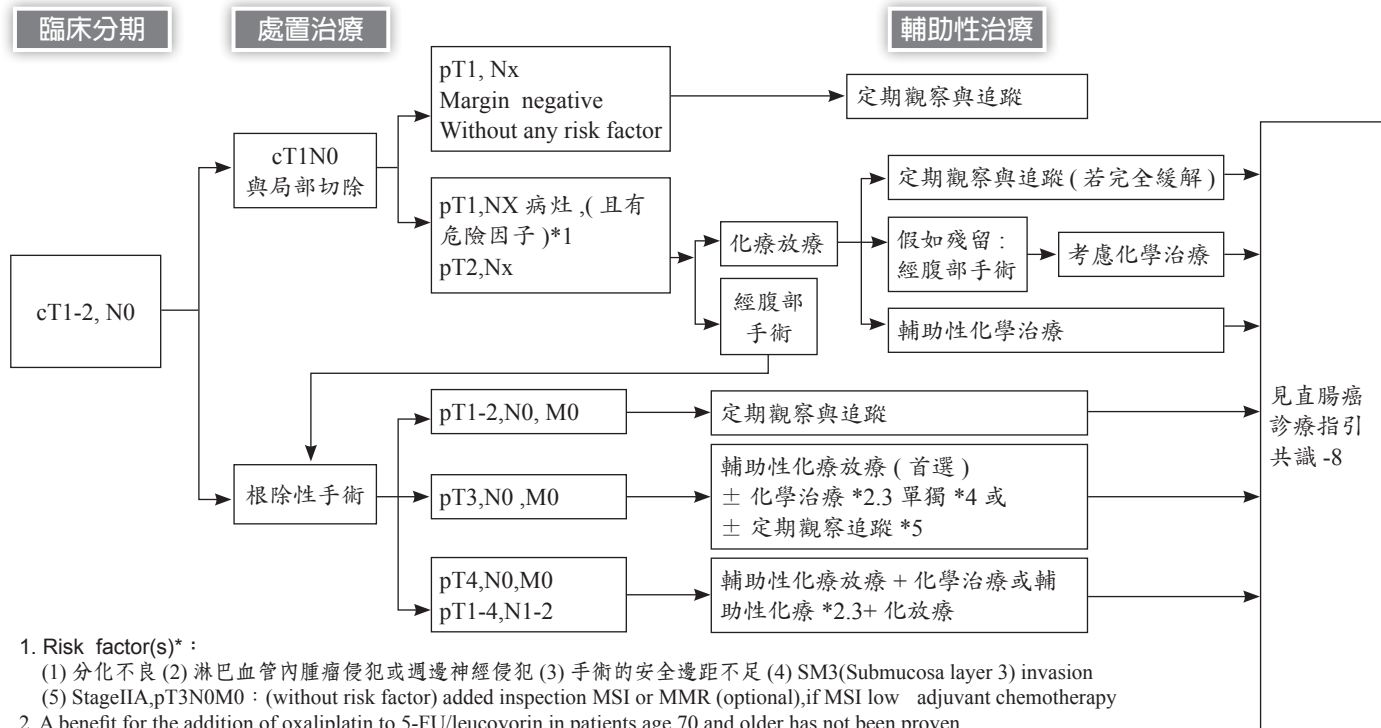




直腸癌定義：

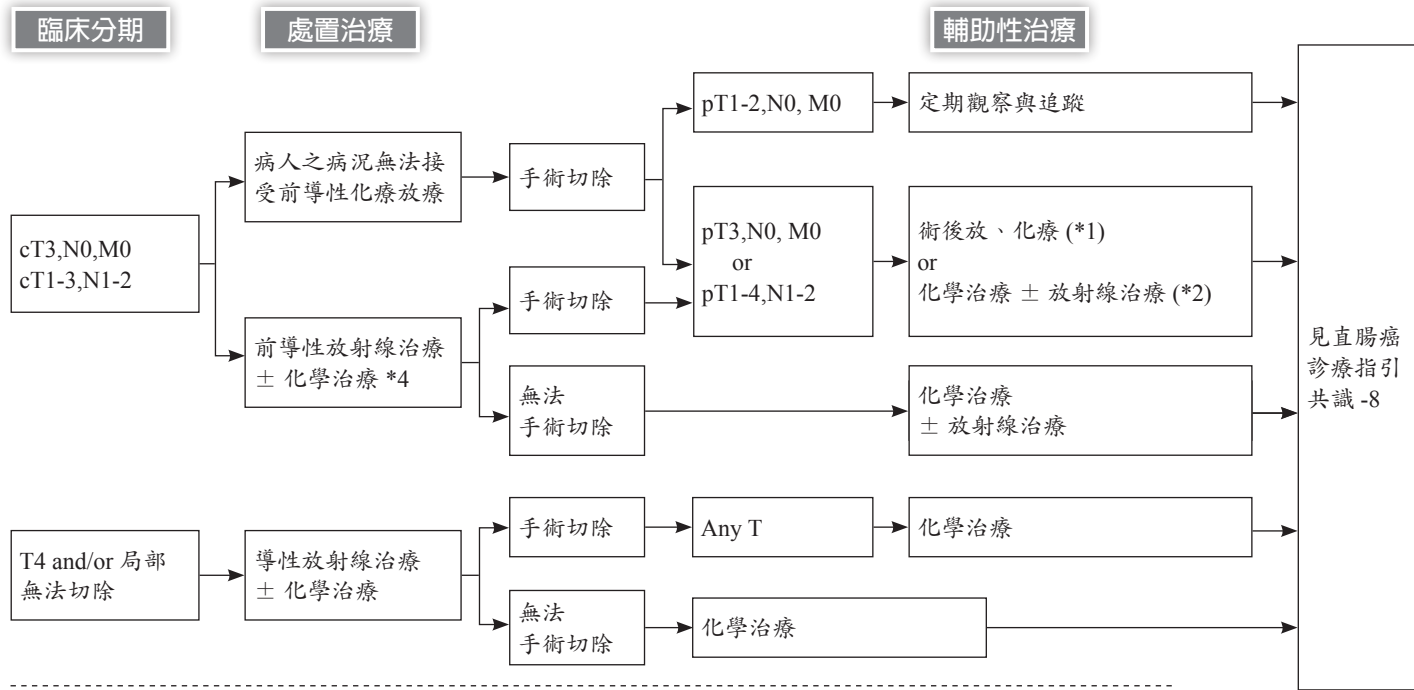
距離肛門口 15 公分以內之直腸，依病灶下緣距肛門口的距離分為上 (>11cm)、中 (>7cm & ≤ 11 cm)、下 (≤ 7 cm) 三段。對於中、下段局部廣泛性的癌症，且年齡介於 18 至 75 歲的病人，可接受手術前放射及化學治療，之後再實施根治性手術切除。對於上段直腸癌患者，則建議由臨床醫師視患者狀況而定，可直接進行手術，或採用手術前放射及化學治療，之後再實施根治性手術切除。

《直腸癌診療指引共識 -3》



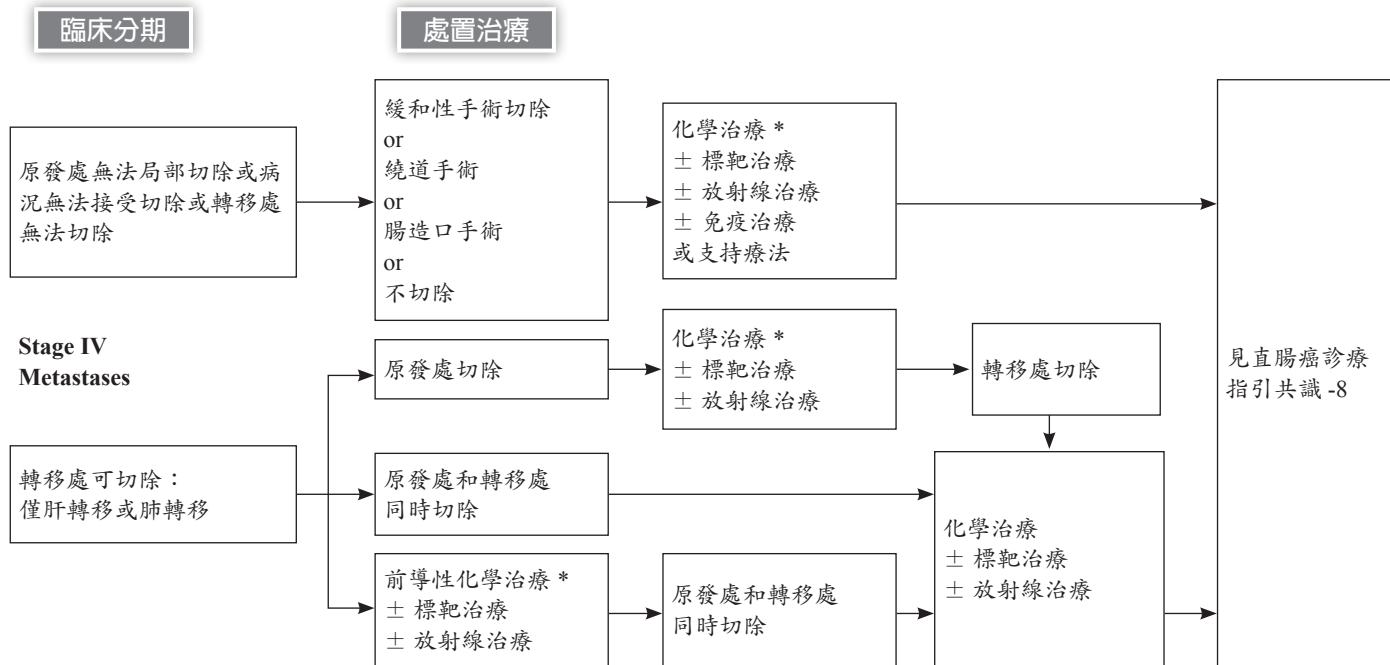
1. Risk factor(s)* :

- (1) 分化不良 (2) 淋巴血管內腫瘤侵犯或週邊神經侵犯 (3) 手術的安全邊距不足 (4) SM3(Submucosa layer 3) invasion (5) StageIIA, pT3N0M0 : (without risk factor) added inspection MSI or MMR (optional), if MSI low adjuvant chemotherapy
2. A benefit for the addition of oxaliplatin to 5-FU/leucovorin in patients age 70 and older has not been proven.
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy
4. Only for R0 resection
5. Observe: only for upper rectum, G1/2, LVSI(-), R0 resection & mesorectum invasion < 2 mm

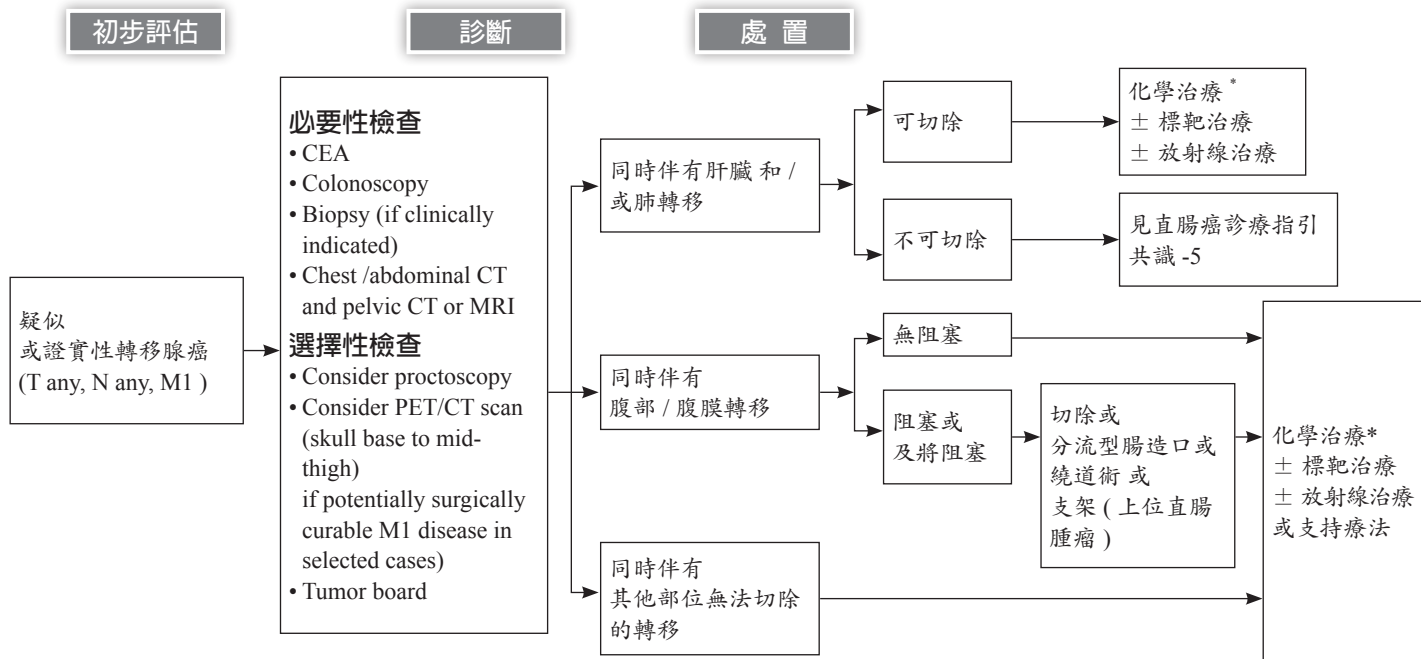


*1. 若所選擇的化療藥物非為 Fluoropyrimidines 類 (如: oxaliplatin), 則不建議同步接受放射線治療。
 *2. 若病人的分期接近 T3,N0 且手術的安全邊距足夠, 以及預後特徵良好, RT 的治療成效較小, 建議單獨使用化學治療。
 3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy
 *4. post CCRT and before surgery maintenance add oral chemotherapy with 5-Fluorouracil base(optional)

《直腸癌診療指引共識 -5》

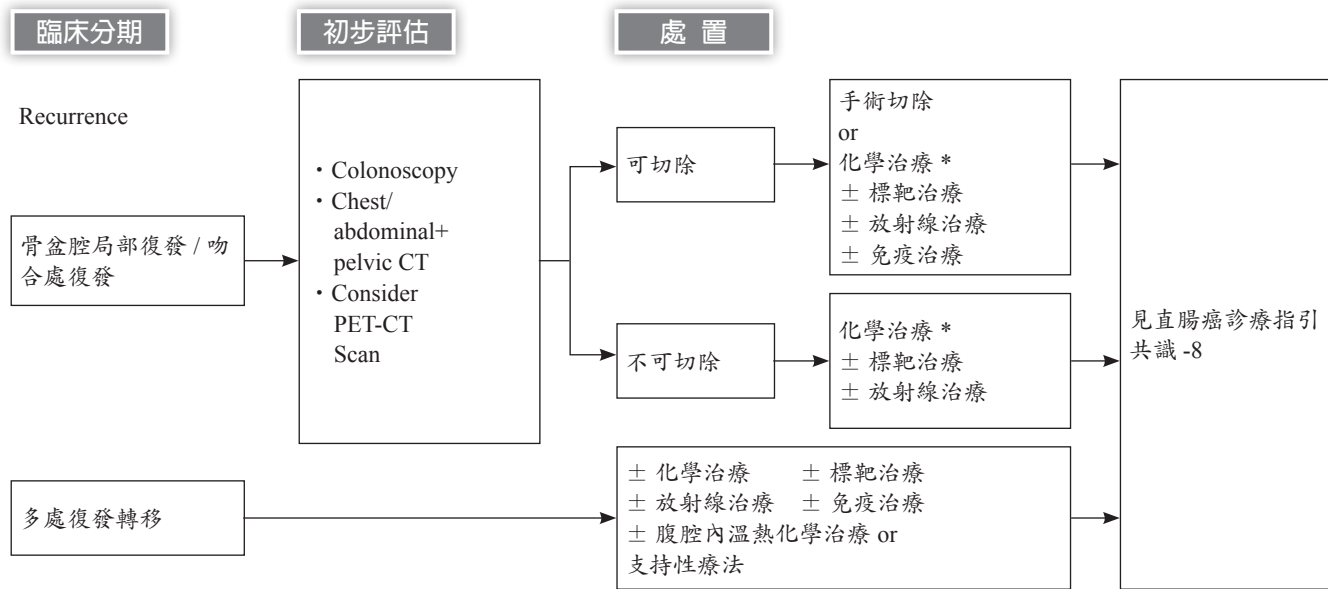


1. Stage IV 化學治療前加驗 RAS Mutation (其餘 Stage Optional , optional 項目包括 :B-RAF、MSI、MMR)
2. If d-MMR,MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy



1. Determination of tumor gene status for KRAS.NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional).
2. If d-MMR,MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy

《直腸癌診療指引共識 -7》

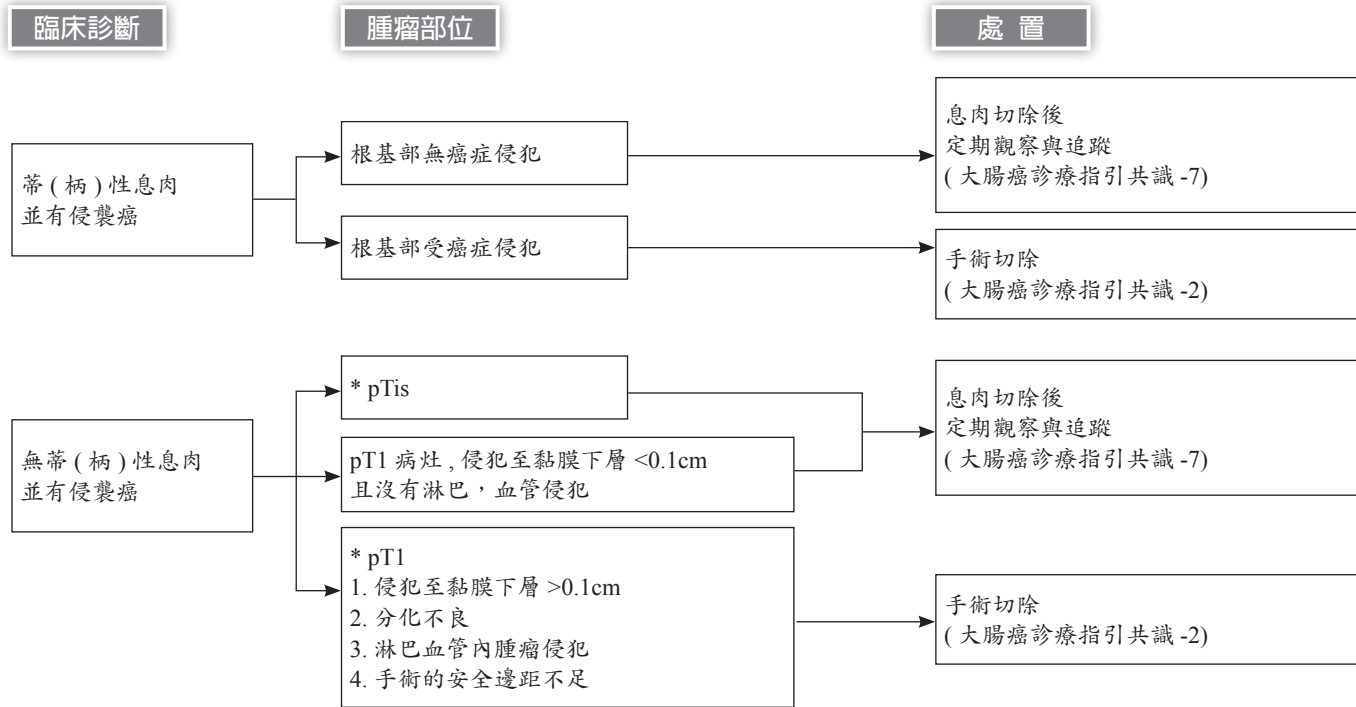


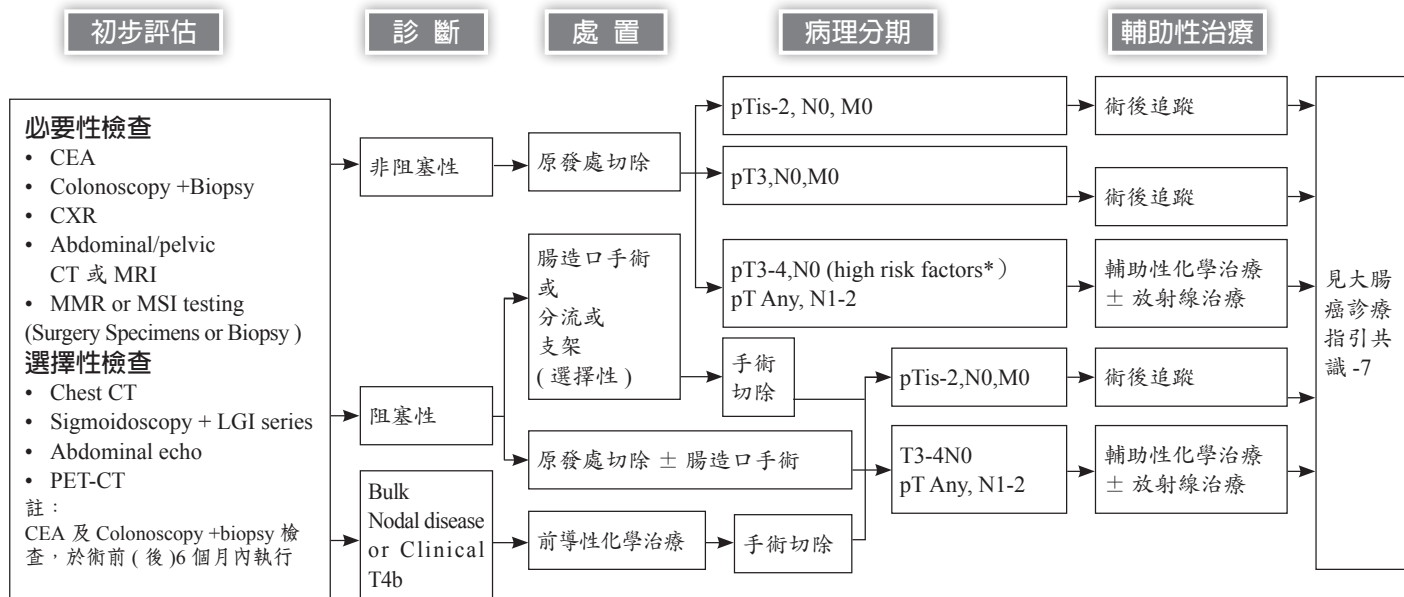
1. Determination of tumor gene status for KRAS, NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional)
2. If d-MMR, MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy
4. 直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，→ 癌細胞減積手術 ± 腹腔內溫熱化學治療 (選擇性)

《直腸癌診療指引共識 -8》

Follow up Program for Rectal Cancer Patients (at least 5 years)	
CEA	術後第一個月，兩年內每 3-6 個月一次，以後每半年一次
Chest /Abdomen + pelvic CT	(1) Stage II~III patients : 每 6-12 個月一次。
	(2) Stage IV patients : 兩年內每 3-6 個月一次，以後每 6-12 個月一次
Colonoscopy or Barium enema + Sigmoidoscopy	<p>第一年一次，之後每隔一年一次。</p> <p>1. 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。</p> <p>2. 若為 advanced adenoma，追蹤 1 年。</p> <p>3. 若非為 advance adenoma，追蹤 3 年而後追蹤 5 年</p>
Rigid proctoscopy (選擇性)	每半年一次。
Abdomen sono (選擇性)	每半年一次。
PET-CT scan (選擇性)	臨床評估需要時

《大腸癌診療指引共識 -1》

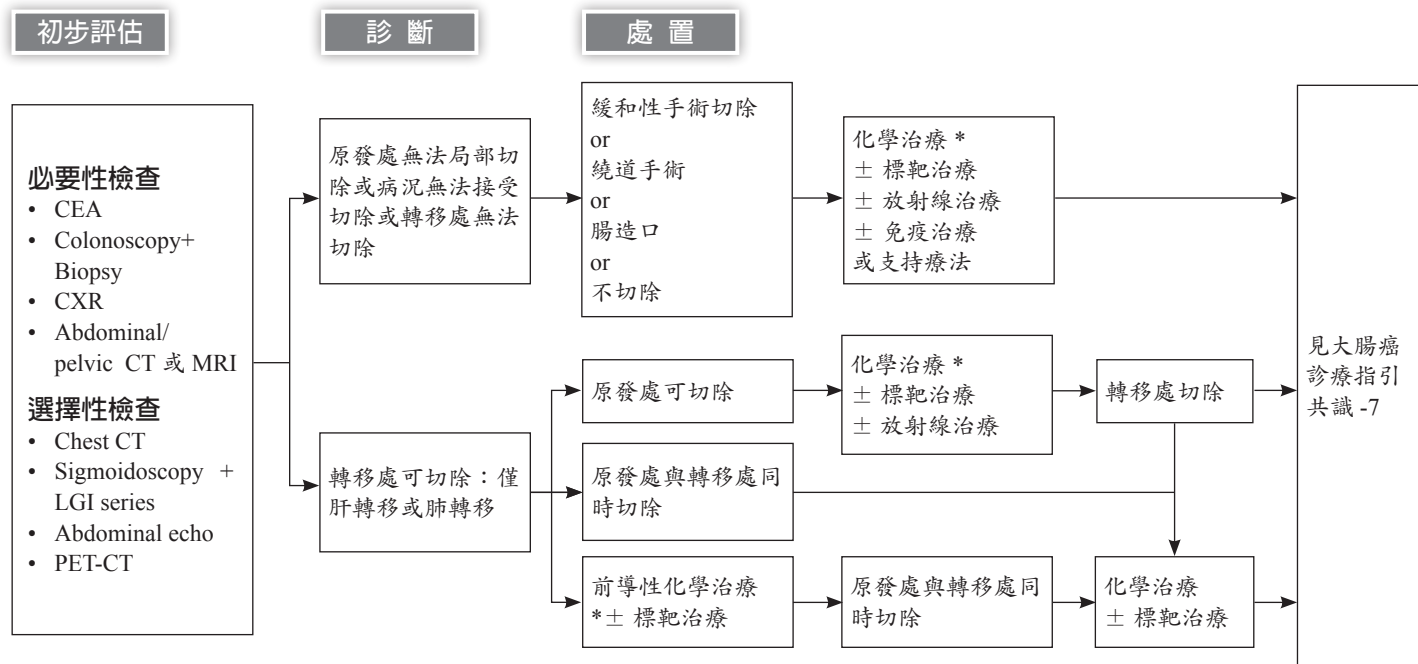




*High risk factors :

1. 分化不良 (poorly differentiated)
2. 淋巴血管內腫瘤侵犯或神經週圍浸潤 (lymphatic/vascular/perineural invasion)
3. 淋巴摘除 <12 顆 (<12 lymph nodes examined)
4. 局部穿孔 (localized perforation)
5. 完全腸道阻塞 (bowel obstruction)
6. 手術的安全邊距不足、無法界定或手術邊距有癌細胞侵犯 (close, indeterminate or positive margins)
7. StageIIA,pT3N0M0 : (without risk factor) 加驗 MSI or MMR (optional),if MSI low → adjuvant chemotherapy
8. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy

《大腸癌診療指引共識 -3》



1. Determination of tumor gene status for KRAS, NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional).
2. If d-MMR, MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy

初步評估

診斷

處置

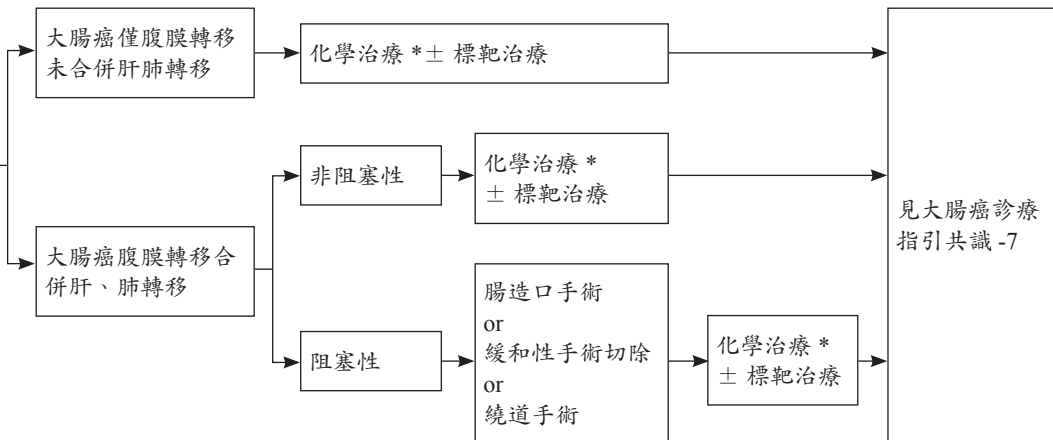
Metastases

必要性檢查

- CEA
- Colonoscopy +Biopsy
- CXR
- Abdominal/pelvic CT 或 MRI
- KRAS gene status

選擇性檢查

- Chest CT
- Sigmoidoscopy + LGI series
- Abdominal echo
- PET-CT
- Needle biopsy, if clinically indicated
- Multidisciplinary team evaluation, including a surgeon experienced in the resection of hepatobiliary and lung metastases



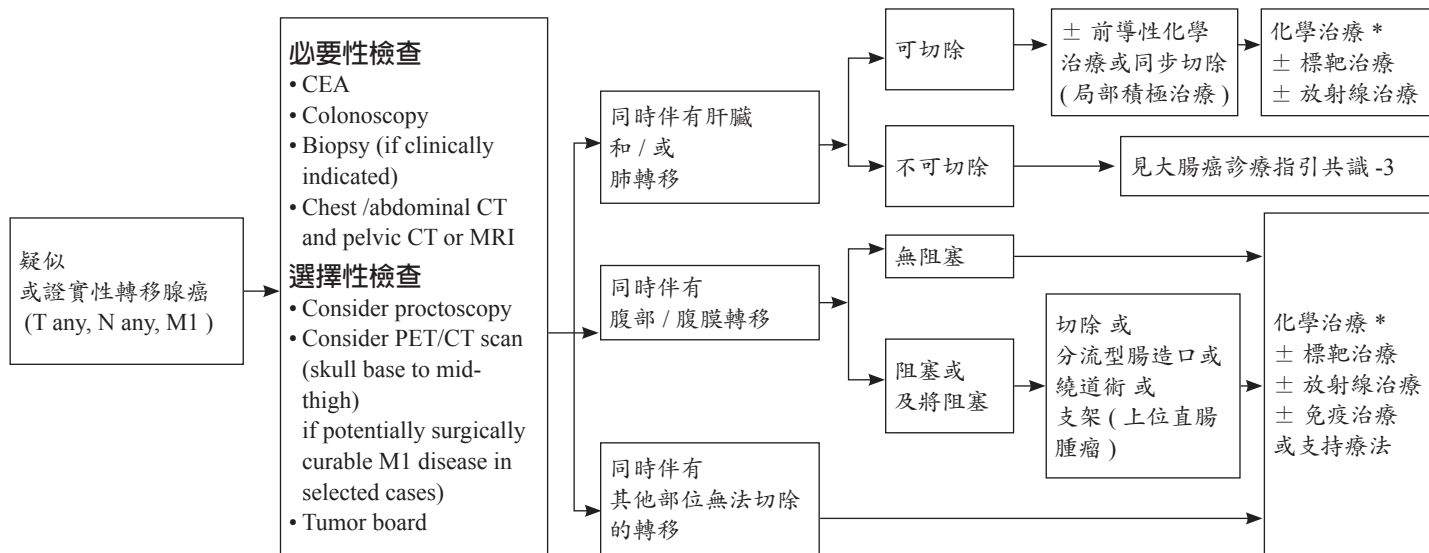
1. Determination of tumor gene status for KRAS, NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional).
2. If d-MMR, MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy
4. 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，→ 癌細胞減積手術 ± 腹腔內溫熱化學治療（選擇性）。

《大腸癌診療指引共識 -5》

初步評估

診斷

處置



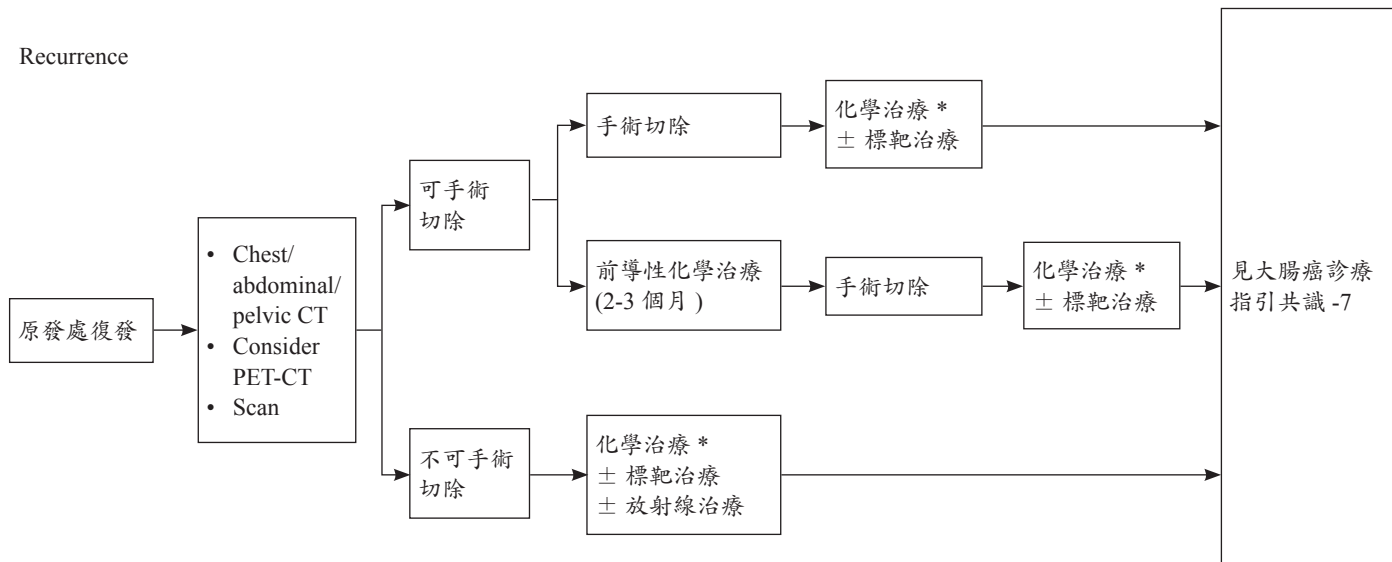
1. Determination of tumor gene status for KRAS.NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional)
2. If d-MMR,MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy
4. 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,→ 癌細胞減積手術 ± 腹腔內溫熱化學治療 (選擇性)。

診斷

評估

處置

Recurrence



1. Determination of tumor gene status for KRAS, NRAS and BRAF mutations and HER2 amplifications (individually or as part of next-generation sequencing [NGS panel]) (optional)
2. If d-MMR, MSI-H consider Immunotherapy
3. For patients who are under 70 years old of age and ECOG: 0-2 points, suggested standard combination chemotherapy

《大腸癌診療指引共識 -7》

Follow up Program for Rectal Cancer Patients (at least 5 years)	
CEA	術後第一個月，兩年內每 3-6 個月一次，以後每半年一次
Chest /Abdomen + pelvic CT	(1) stage II,III：每 6-12 個月一次。
	(2) Stage IV patients：兩年內每 3-6 個月一次，以後每 6-12 個月一次
Colonoscopy or Barium enema + Sigmoidoscopy	第一年一次，之後每隔一年一次。 1. 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。 2. 若為 advanced adenoma，追蹤 1 年。 3. 若非為 advance adenoma，追蹤 3 年而後追蹤 5 年。
Abdomen sono (選擇性)	每半年一次
PET-CT scan (選擇性)	臨床評估需要時。

參考資料：

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2. NCCN Clinical Practice in Oncology : Colon Cancer V.2.2021
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《大腸直腸癌抗癌藥物治療指引》

Adjuvant Therapy of Colon Cancer

mFOLFOX6

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	12	1-3
Leucovorin	400	1	Q2W	12	1-3
5-FU	400	1	Q2W	12	1-3
5-FU	1200*	1-2	Q2W	12	1-3

* Continuous infusion for 24 hours

FOLFOX4

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	12	8
Leucovorin	200	1	Q2W	12	8
5-FU	400	1	Q2W	12	8
5-FU	600*	1-2	Q2W	12	8

* Continuous infusion for 24 hours

FOLFOX7

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W		11
Leucovorin	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

Capecitabine

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	1250 PO BID	1-14	Q3W	8	4

CapeOx

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	130	1	Q3W	8	5
Capecitabine	1000 PO BID	1-14	Q3W	8	5

5-FU+LV

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	500	1, 8, 15, 22, 29, 36	Q8W	4	6
5-FU	500	1, 8, 15, 22, 29, 36	Q8W	4	6

sLV5FU2

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	400	1	Q2W	12	7
5-FU	400	1	Q2W	12	7
5-FU	1200*	1-2	Q2W	12	7

* Continuous infusion for 24 hours

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
UFUR	300-350/day PO	1-28	Q4W	6	9
± Leucovorin	50-150 mg PO QD	1-28	Q4W	6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
TS-1	40 PO BID	1-28	Q6W	4	10

Neoadjuvant Therapy of Colon Cancer

同 1st line therapy of metastatic colon cancer

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Adjuvant Therapy of Rectal Cancer

Chemotherapy

mFOLFOX6

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	12	1-3
Leucovorin	400	1	Q2W	12	
5-FU	400	1	Q2W	12	
5-FU	1200*	1-2	Q2W	12	

* Continuous infusion for 24 hours

sLV5FU2

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	400	1	Q2W	12	4, 13
5-FU	400	1	Q2W	12	
5-FU	1200*	1-2	Q2W	12	

* Continuous infusion for 24 hours

Capecitabine

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	1250 PO BID	1-14	Q3W	8	5

CapeOx

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	130	1	Q3W	8	6, 7
Capecitabine	1000 PO BID	1-14	Q3W	8	

5-FU+LV

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	500	1, 8, 15, 22, 29, 36	Q8W	4	8
5-FU	500	1, 8, 15, 22, 29, 36	Q8W	4	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
UFUR	300-350/day PO	1-28	Q4W	6	14
± Leucovorin	50-150 mg PO QD	1-28	Q4W	6	

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
TS-1	40 PO BID	1-28	Q42D	4	15

Chemotherapy + RT

XRT + continuous infusion 5-FU

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
5-FU	225	1-5 or 1-7	Q4W	During XRT	9

XRT + 5-FU/LV

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
5-FU	400	1-4	Q4W	During week 1, 5 of XRT	10
Leucovorin	20	1-4	Q4W		

XRT + Capecitabine

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	825 PO BID	1-5	QW	5	11, 12

XRT + mFOLFOX6

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1			16
Leucovorin	400	1			
5-FU	400	1			
5-FU	1200*	1-2			

* Continuous infusion for 24 hours

Neoadjuvant Therapy of Rectal Cancer
FOLFOX

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	6	16
Leucovorin	400	1	Q2W	6	
5-FU	400	1	Q2W	6	
5-FU	1200*	1-2	Q2W	6	

* Continuous infusion for 24 hours

CapeOx

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	130	1	Q3W	4	17
Capecitabine	1000 PO BID	1-14	Q3W	4	

Therapy after CCRT

UFUR + LV

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
UFUR	250 mg/m ² PO QD		QW		18, 19
Folina	45 mg PO QD		QW		

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Chemotherapy for Advanced or Metastatic Colon and Rectal Cancer

First-line therapy

mFOLFOX6 or mFOLFOX7

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	8-12	1, 2, 3, 28
Leucovorin	400	1	Q2W	8-12	
5-FU (optional)	400	1	Q2W	8-12	
5-FU	1200*	1-2	Q2W	8-12	

* Continuous infusion for 24 hours

FOLFOX + Bevacizumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Bevacizumab	5 mg/kg	1	Q2W		4
Oxaliplatin	85	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFOX + Panitumumab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		5
Oxaliplatin	85	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFOX + Cetuximab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	500 (400 → 250)	1	Q2W (QW)		6
Oxaliplatin	85	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

Xelox

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q2W	Max 12	33
Capecitabine	1000 PO BID	1-7	Q2W	Max 12	

CapeOx

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	130	1	Q3W	Max 16	7
Capecitabine	1000 PO BID	1-14	Q3W	Max 16	

CapeOx + Bevacizumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Bevacizumab	7.5 mg/kg	1	Q3W	Max 16	7
Oxaliplatin	130	1	Q3W	Max 16	
Capecitabine	1000 PO BID	1-14	Q3W	Max 16	

FOLFIRI

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Irinotecan	180	1	Q2W		8, 9
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFIRI + Bevacizumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Bevacizumab	5 mg/kg	1	Q2W		10
Irinotecan	180	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFIRI + Cetuximab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	500 (400 → 250)	1	Q2W (QW)		11, 12
Irinotecan	180	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFIRI + Panitumumab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		13
Irinotecan	180	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200	1-2	Q2W		

* Continuous infusion for 24 hours

Capecitabine

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Capecitabine	1000 (825-1250) PO BID	1-14	Q3W		16

Capecitabine + Bevacizumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Bevacizumab	7.5 mg/kg	1	Q3W		16
Capecitabine	1000 (825-1250) PO BID	1-14	Q3W		

FOLFOXIRI ± Bevacizumab

藥品名	劑量 * mg/m ²	給藥日	頻率	週期	參考文獻
± Bevacizumab	5 mg/kg	1	Q2W		21, 22
Oxaliplatin	85	1	Q2W		
Irinotecan	165	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU	1600*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFOXIRI ± Cetuximab

藥品名	劑量 * mg/m ²	給藥日	頻率	週期	參考文獻
± Cetuximab	500 (400 → 250)	1	Q2W/QW		40
Oxaliplatin	85	1	Q2W		
Irinotecan	130	1	Q2W		
Leucovorin	200	1	Q2W		
5-FU	1200	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFOXIRI ± Panitumumab

藥品名	劑量 * mg/m ²	給藥日	頻率	週期	參考文獻
± Panitumumab	6 mg/kg	1	Q2W/QW		40
Oxaliplatin	85	1	Q2W		
Irinotecan	130	1	Q2W		
Leucovorin	200	1	Q2W		
5-FU	1200	1-2	Q2W		

* Continuous infusion for 24 hours

Cetuximab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	500 (400 → 250)	1	Q2W (QW)		12, 25

Panitumumab (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		26

Pembrolizumab (MSI-H)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Pembrolizumab	2 mg/kg	1	Q3W		29

Nivolumab (MSI-H)

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		30

Nivolumab (MSI-H)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Nivolumab	240 mg	1	Q2W		30

Nivolumab + Ipilimumab (MSI-H)

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Nivolumab	3 mg/kg	1	Q3W	4	36
Ipilimumab	1 mg/kg	1	Q3W		
Followed by Nivolumab	3 mg/kg or 240 mg	1	Q2W		

Bolus or Infusional 5FU/Leucovorin

Roswell Park

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	500	1, 8, 15, 22, 29, 36	Q8W		17
5-FU	500	1, 8, 15, 22, 29, 36	Q8W		

Simplified biweekly infusional 5-FU/LV (sLV5FU2)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	400	1	Q2W		8
5-FU	400	1	Q2W		
5-FU	1200	1-2	Q2W		

Infusional 5-FU/LV (sLV5FU2) + Bevacizumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Bevacizumab	5 mg/kg	1	Q2W		39
Leucovorin	400	1	Q2W		
5-FU	400	1	Q2W		
5-FU	1200	1-2	Q2W		

Weekly

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	20	1	QW		18
5-FU	500	1	QW		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Leucovorin	500	1	QW		19
5-FU	2600	1	QW		

Second-line and other therapy ★

FOLFIRI + Ziv-aflibercept

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Ziv-aflibercept	4 mg/kg	1	Q2W		14
Irinotecan	180	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

FOLFIRI + Ramucirumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Ramucirumab	8 mg/kg	1	Q2W		15
Irinotecan	180	1	Q2W		
Leucovorin	400	1	Q2W		
5-FU (optional)	400	1	Q2W		
5-FU	1200*	1-2	Q2W		

* Continuous infusion for 24 hours

IROX

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Oxaliplatin	85	1	Q3W		20
Irinotecan	200	1	Q3W		

Irinotecan

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Irinotecan	125 (180) (300-350)	1, 8 (1)	Q3W (Q2W)(Q3W)		23, 24

Cetuximab + Irinotecan (KRAS/NRAS WT gene only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	500 (400 → 250)	1	Q2W (QW)		12, 25
Irinotecan	125 (180) (300-350)	1, 8 (1)	Q3W (Q2W)(Q3W)		

Irinotecan + Panitumumab (KRAS/NRAS/BRAF WT only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		13
Irinotecan	125 (180) (300-350)	1, 8 (1)	Q3W (Q2W)(Q3W)		

Irinotecan + Ramucirumab

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Ramucirumab	8 mg/kg	1	Q2W		15
Irinotecan	125 (180) (300-350)	1, 8 (1)	Q3W (Q2W)(Q3W)		

Irinotecan + Cetuximab + Vemurafenib (BRAF V600E mutation positive)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Irinotecan	180	1	Q2W		35
Cetuximab	500	1	Q2W		
Vemurafenib	960 mg PO BID	1-14	Q2W		

Regorafenib

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Regorafenib	160 mg PO	1-21	Q4W		27

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Regorafenib	80 → 120 → 160 mg PO	1-7 → 8-14 → 15-21	Q4W	1	35
Followed by Regorafenib	160 mg PO	1-21	Q4W		

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
UFUR	200mg PO BID/TID	1-28	Q4W		31

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
TS-1	50-75mg PO BID	1-28	Q42D		32

Trastuzumab + Pertuzumab (HER2-amplified and RAS WT)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Trastuzumab	8 → 6 mg/kg	1	Q3W		37
Pertuzumab	840 → 420 mg	1	Q3W		

Dabrafenib + Trametinib + Cetuximab (BRAF V600E mutation+)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Dabrafenib	150 mg PO BID	1-7	QW		38
Trametinib	2 mg PO QD	1-7	QW		
Cetuximab	400 → 250	1	QW		

Dabrafenib + Trametinib + Panitumumab (BRAF V600E mutation+)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Dabrafenib	150 mg PO BID	1-14	Q2W		38
Trametinib	2 mg PO QD	1-14	Q2W		
Panitumumab	6 mg/kg	1	Q2W		

Encorafenib + Cetuximab (BRAF V600E mutation+)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400 → 250	1	QW		41
Encorafenib	300 mg PO QD				

Encorafenib + Panitumumab (BRAF V600E mutation+)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		41
Encorafenib	300 mg PO QD				

Dabrafenib + Trametinib + Cetuximab (BRAF V600E mutation+)

藥品名*	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Cetuximab	400 → 250	1	QW		42
Dabrafenib	150 mg PO BID	1-7	QW		
Trametinib	2 mg PO QD	1-7	QW		

Dabrafenib + Trametinib + Panitumumab (BRAF V600E mutation+)

藥品名*	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Panitumumab	6 mg/kg	1	Q2W		42
Dabrafenib	150 mg PO BID	1-14	Q2W		
Trametinib	2 mg PO QD	1-14	Q2W		

*三院有個別版本

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《直腸癌放射治療共識》

一、治療範圍

1. 直腸腫瘤 / 低位乙狀結腸腫瘤或腫瘤原發部位
2. 骨盆腔內淋巴轉移病灶
3. 骨盆腔 / 鼠蹊部 高風險淋巴引流範圍

二、治療劑量 / 次數

1. 手術前放射治療：標準療程總劑量：45~50.4 Gy，分次劑量：1.8~2.0 Gy；短療程總劑量 25Gy，分次劑量：5Gy
2. 手術後放射治療：總劑量：45-54Gy，分次劑量：1.8~2.0 Gy
3. 拒絕手術或無法手術切除之放射治療，總劑量：54-59.4Gy，分次劑量：1.8~2.0 Gy

三、治療方式：

以高順型技術為主，包括 3D 順型治療、強度調控放射治療、弧形及螺旋放射規畫皆是選項，可考慮搭配影像導引治療。

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