乳癌診療指引

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二、討論日期：112 年 11 月 27 日

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113 年版與上一版差異：

112 年版	113 年修訂版
《乳癌診療指引共識 -1》 **術後追蹤** 術後五年以上： ＊理學檢查、乳房超音波、乳房攝影每年一次	《乳癌診療指引共識 -1》 **術後追蹤** 術後五年以上： ＊理學檢查、乳房超音波、乳房攝影或乳房核磁共振，原則上每年一次 (optional)
《乳癌診療指引共識 -1》 附註：	《乳癌診療指引共識 -1》 附註新增： 本治療共識謹做爲參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做爲醫療訴訟用。
《乳癌診療指引共識 -2》 **追蹤** 術後 5 年以上：各項目每年一次	《乳癌診療指引共識 -2》 **追蹤** 術後 5 年以上：各項目原則上每年一次 (optional)
《乳癌診療指引共識 -2》 附註： 5. 考慮接受化學治療或 Carrier 血液檢查 (需包含化療前 HBsAg 及 Anti-HCV test) 8. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)	《乳癌診療指引共識 -2》 附註： 刪除第 8 點，合併於第 5 點加上 optiona 考慮接受化學治療或 Carrier 血液檢查 (需包含化療前 HBsAg 及 Anti-HCV test optional)

112 年版	113 年修訂版
《乳癌診療指引共識 -2》 附註 :	《乳癌診療指引共識 -2》 附註新增 : 11.Pure tubular、Pure mucinous、Pure cribriform、Encapsulated or solid papillary carcinoma(ER+ and/or PR+,HER2-): pT1-3 and pN0: 可考慮 Adjuvant endocrine therapy only(詳見乳癌診療指引共識 -5) 12. 本治療共識謹做爲參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做爲醫療訴訟用。
《乳癌診療指引共識 -3》 **輔助性治療** 2. Her-2 (+) → Consider Trastuzumab* (±Perjeta)or TDM-1(non- PCR)	《乳癌診療指引共識 -3》 **輔助性治療** 2. Her-2 (+) → Consider Trastuzumab* (±Pertuzumab or TDM-1(non-PCR) 註 4
《乳癌診療指引共識 -3》 **追蹤** 術後 5 年以上 : 各項目每年一次	《乳癌診療指引共識 -3》 **追蹤** 術後 5 年以上 : 各項目原則上每年一次 (optional)
《乳癌診療指引共識 -3》 附註 : 4.Anti-Her2 treatment 依健保使用規定或自費使用	《乳癌診療指引共識 -3》 附註 : 4.Anti-Her2 treatment 依健保使用規定或自費使用，N+ patients: Consider adjuvant chemotherapy + Trastuzumab + Pertuzumab (category 1)
《乳癌診療指引共識 -3》 附註 : 7. 血液檢查 (包含化療前 HBsAg 及 Anti-HCV test optional)	《乳癌診療指引共識 -3》 附註 : 刪除第 7 點

112 年版	113 年修訂版
《乳癌診療指引共識 -3》 附註 : 10.ER(-), PR(-) and Her2(+) Node(+) patients: Consider adjuvant chemotherapy+ Trastuzumab±Pertuzumab	《乳癌診療指引共識 -3》 附註 : 10.Pure tubular、Pure mucinous、Pure cribriform、Encapsulated or solid papillary carcinoma(ER+ and/or PR+,HER2-, pT1-3 and pN0): 可考慮 Adjuvant endocrine therapy only(詳見乳癌診療指引共識 -5)
《乳癌診療指引共識 -3》 附註 :	《乳癌診療指引共識 -3》 附註 : 新增 11. 本治療共識謹做爲參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做爲醫療訴訟用。
《乳癌診療指引共識 -4》 **臨床檢查**	《乳癌診療指引共識 -4》 **臨床檢查 新增** 腦部磁振造影 (optional) 乳房磁振造影（optional）
《乳癌診療指引共識 -4》 **輔助治療** 3.TNBC with germline BRCA1/2 mutations adjuvant olaparib for 1 y (optional)	《乳癌診療指引共識 -4》 **輔助治療** 3.Germline BRCA 1/2 mutations adjuvant olaparib for 1 year (optional)
《乳癌診療指引共識 -4》 **輔助治療** 4. HR+, HER2- consider Abemaciclib for 2y (optional) (≧ 4 LN or 1-3LN and least one of the following: · Gr.3 · Ki67 ≧ 20% · Tumor ≧ 5cm)	《乳癌診療指引共識 -4》 **輔助治療** 4. HR+, HER2- consider Abemaciclib for 2y (optional) (≧ 4 LN or 1-3LN and least one of the following: · Gr.3 · Tumor ≧ 5cm)

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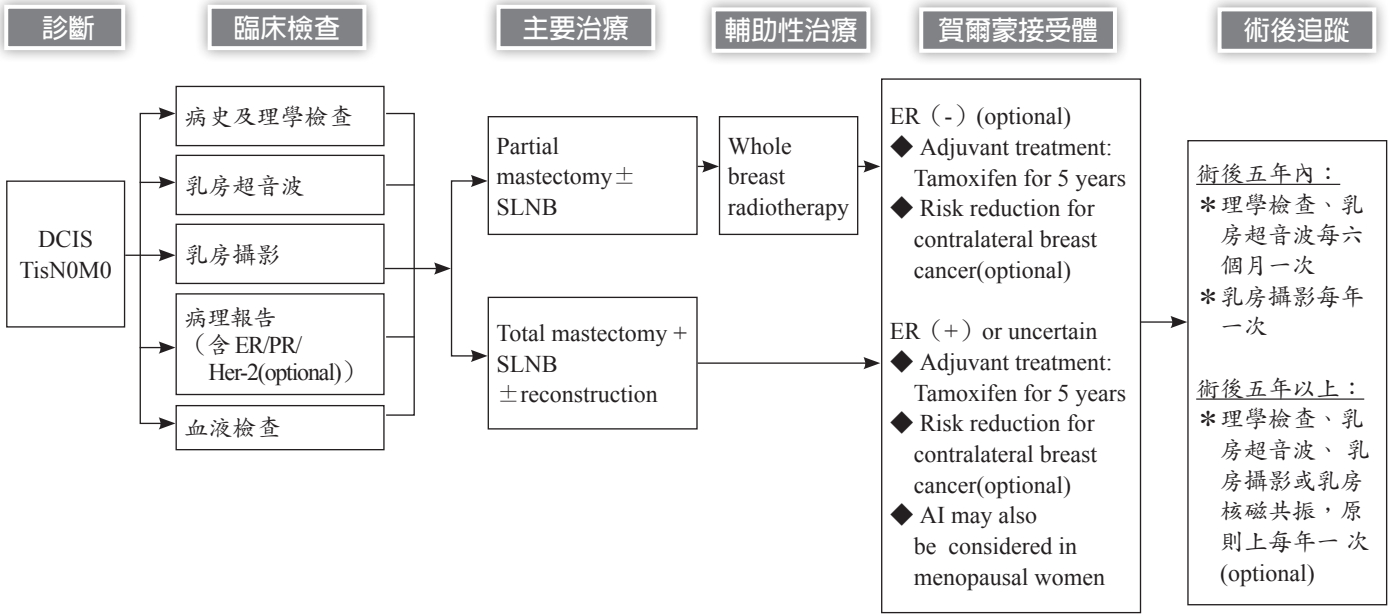
《乳癌診療指引共識 -4》 附註 :	《乳癌診療指引共識 -4 》 附註 : 新增 9. Anti-Her2 treatment 依健保使用規定或自費使用，N+ patients: Consider adjuvant chemotherapy + Trastuzumab + Pertuzumab (category 1) 10. 本治療共識謹做爲參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做爲醫療訴訟用。
《乳癌診療指引共識 -5 》	新增一頁《乳癌診療指引共識 -5 》 原《乳癌診療指引共識 -5 》改標題爲《乳癌診療指引共識 -6 》
《乳癌診療指引共識 -6 》	原《乳癌診療指引共識 -6 》改標題爲《乳癌診療指引共識 -7》
《乳癌診療指引共識 -7》	原《乳癌診療指引共識 -7 》改標題爲《乳癌診療指引共識 -8》
《乳癌診療指引共識 -7》 1.Ajuvant Ado-trastuzumab emtansine alone for 14 cycles. If ado-trastuzumab emtansine discontinued for toxicity, then trastuzumab ± pertuzumab to complete one year of therapy ;	《乳癌診療指引共識 -8》 1.Ajuvant Ado-trastuzumab emtansine alone for 14 cycles. If ado-trastuzumab emtansine discontinued for toxicity, then trastuzumab ± pertuzumab to complete one year of therapy ; If node positive at initial staging, trastuzumab + pertuzumab (category 1)
《乳癌診療指引共識 -7》 附註 :	《乳癌診療指引共識 -8 》 附註 : 新增 3. 本治療共識謹做爲參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做爲醫療訴訟用。



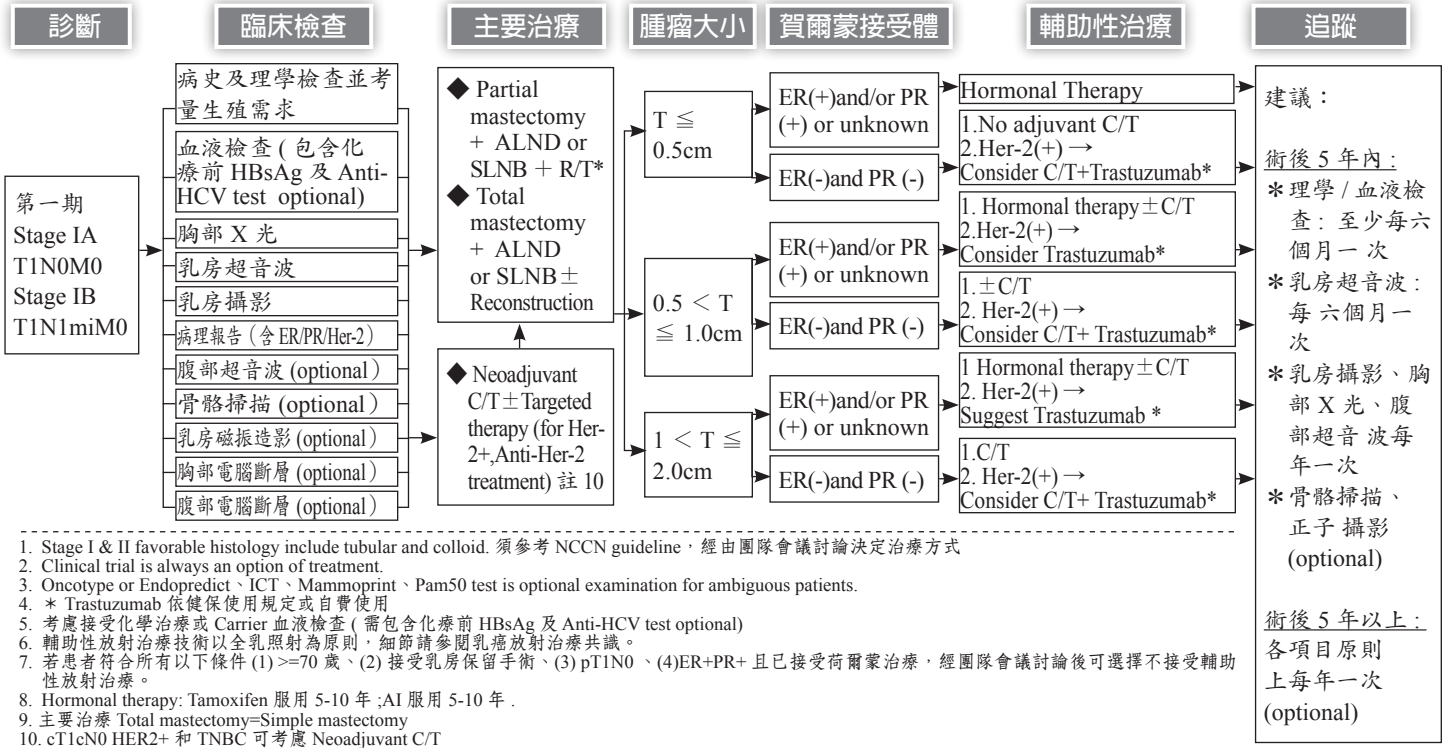
* 乳房保留手術後輔助性全乳放射治療可以顯著減少局部復發達 50%，若患者與乳癌醫療團隊經由醫病共同決策過程 (Shared decision making, SDM) 後同意該個案屬於低復發風險 +，有些患者可以選擇只接受局部切除

+ 局部復發的風險因子：可觸及的腫塊、較大的腫瘤、high grade、接近的腫瘤邊緣、年輕患者。

* tamoxifen 的標準劑量為 20 mg/ day ，持續 5 年。 低劑量 * tamoxifen （5 mg/ day ，連續 3 年）僅在患者服用 20 毫克劑量時出現症狀或患者不願意或不能服用標準劑量時才可選擇。

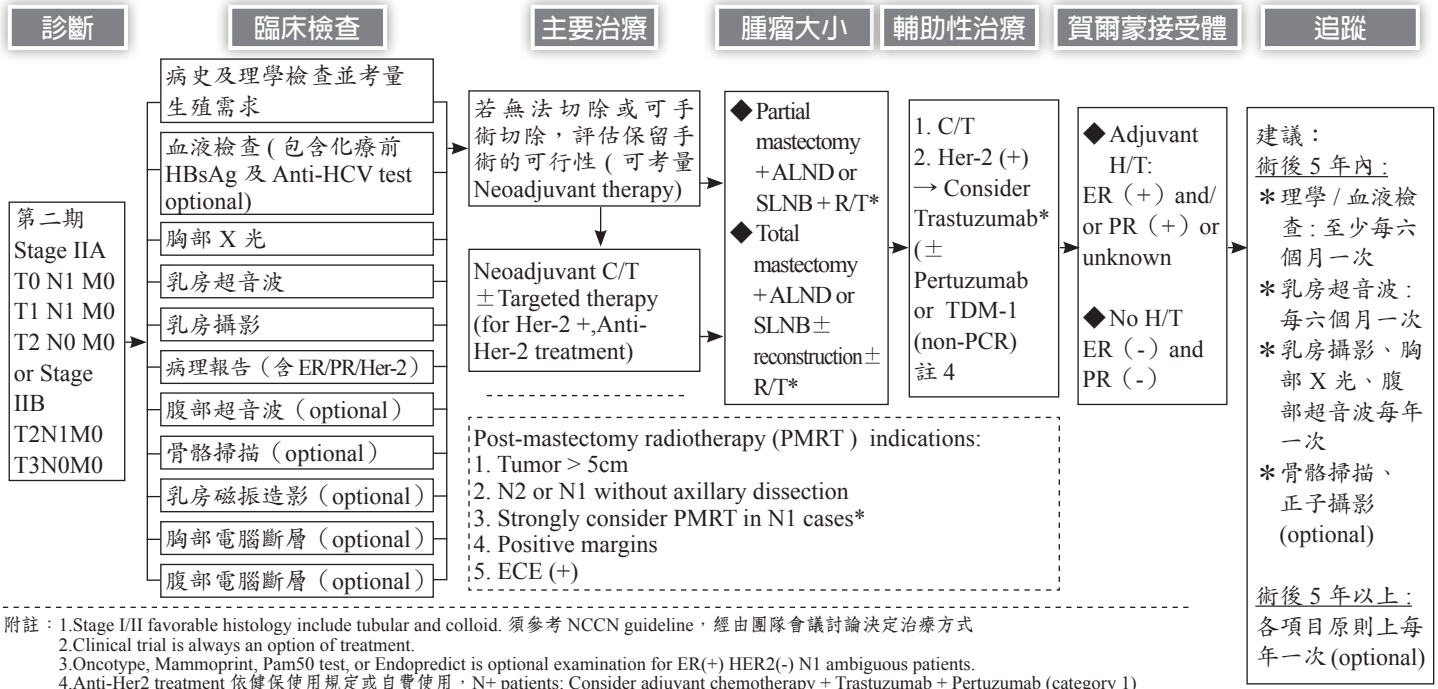
* 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

《乳癌診療指引共識 -2》



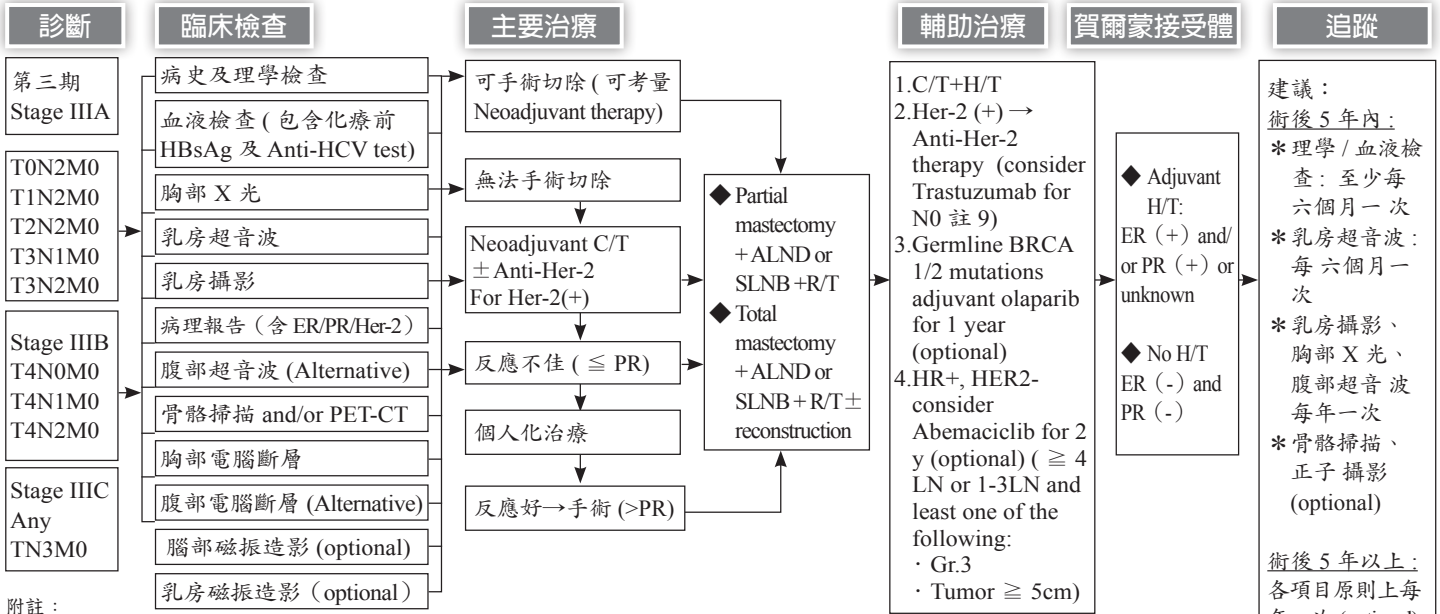
1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. Oncotype or Endopredict、ICT、Mammoprint、Pam50 test is optional examination for ambiguous patients.
4. ＊ Trastuzumab 依健保使用規定或自費使用
5. 考慮接受化學治療或 Carrier 血液檢查 (需包含化療前 HBsAg 及 Anti-HCV test optional)
6. 輔助性放射治療技術以全乳照射為原則，細節請參閱乳癌放射治療共識。
7. 若患者符合所有以下條件 (1) >=70 歲、(2) 接受乳房保留手術、(3) pT1N0 、(4)ER+PR+ 且已接受荷爾蒙治療，經團隊會議討論後可選擇不接受輔助性放射治療。
8. Hormonal therapy: Tamoxifen 服用 5-10 年 ;AI 服用 5-10 年 .
9. 主要治療 Total mastectomy=Simple mastectomy
10. cT1cN0 HER2+ 和 TNBC 可考慮 Neoadjuvant C/T
11. Pure tubular、Pure mucinous、Pure cribriform、Encapsulated or solid papillary carcinoma(ER+ and/or PR+,HER2-): pT1-3 and pN0: 可考慮 Adjuvant endocrine therapy only(詳見乳癌診療指引共識 -5)
12. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

《乳癌診療指引共識 -3》



附註：1.Stage I/II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2.Clinical trial is always an option of treatment.
3.Oncotype, Mammoprint, Pam50 test, or Endopredict is optional examination for ER(+) HER2(-) N1 ambiguous patients.
4.Anti-Her2 treatment 依健保使用規定或自費使用，N+ patients: Consider adjuvant chemotherapy + Trastuzumab + Pertuzumab (category 1)
5. 考慮接受化學治療或 Carrier 液檢查 (需包含化療前 HBsAg 及 Anti-HCV test optional)
6.*N1 低復發風險患者經患者與醫療團隊醫病共同決策過程後，全乳切除術後可免做輔助放療。低復發風險患者須滿足以下所有條件：年齡≧ 40 歲，T1，單一淋巴結侵犯，無淋巴血管侵犯，Her2/Neu (-)
7. 主要治療 Total mastectomy=Simple mastectomy
8.TNBC following standard neo/adjuvant therapy: consider Capecitabine maintenance therapy (self-pay)
9.Stage II/III TNBC neoadjuvant chemotherapy combination with immunotherapy as treatment can be considered
10.Pure tubular、Pure mucinous、Pure cribriform、Encapsulated or solid papillary carcinoma(ER+ and/or PR+,HER2-, pT1-3 and pN0): 可考慮 Adjuvant endocrine therapy only(詳見乳癌診療指引共識 -5)
11. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

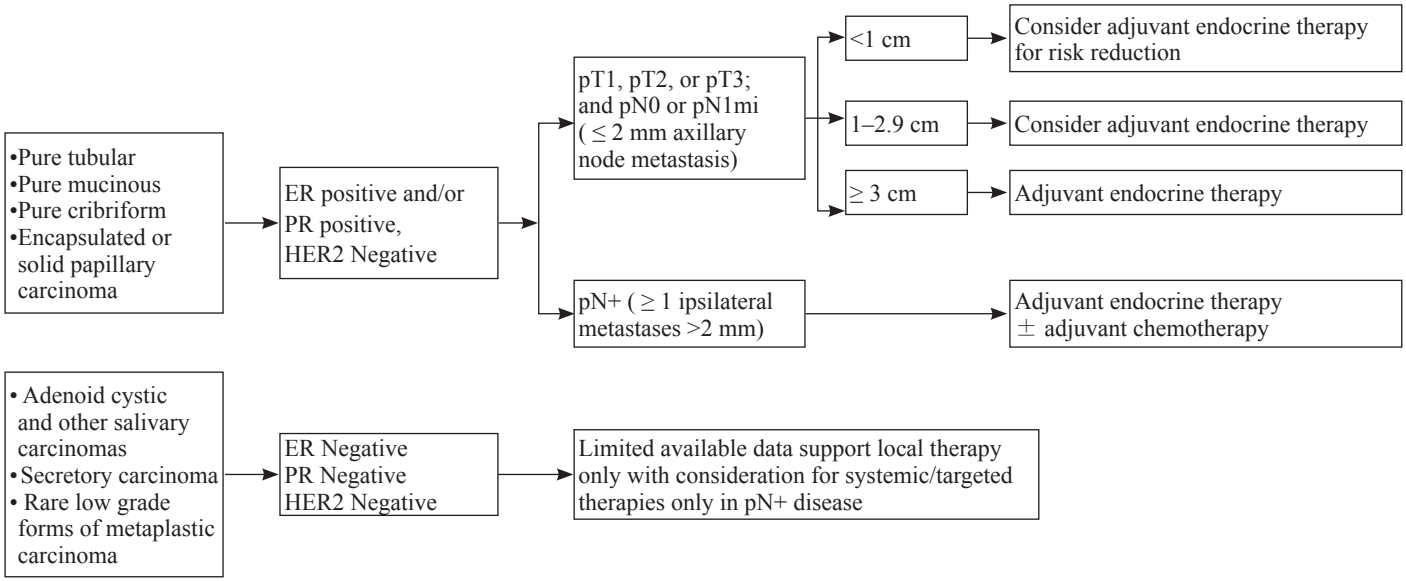
《乳癌診療指引共識 -4》



附註：
1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. RT 參閱乳癌放射治療共識
4. Abdomen sono or abdomen CT Alternative
5. 主要治療 Total mastectomy=Simple mastectomy
6. TNBC with residual invasive cancer following standard neoadjuvant therapy: Consider adjuvant capecitabine (自費使用)
7. 完全緩解 (Complete Response，CR), 部分緩解 (Partial Response，PR), 無變化 (No Change，NC；疾病穩定，SD), 疾病進展 (Progressive Disease，PD)
8. 針對 TNBC high risk 可以考慮 neoadjuvant 及 adjuvant immunotherapy
9. Anti-Her2 treatment 依健保使用規定或自費使用，N+ patients: Consider adjuvant chemotherapy + Trastuzumab + Pertuzumab (category 1)
10. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

《乳癌診療指引共識 -5》

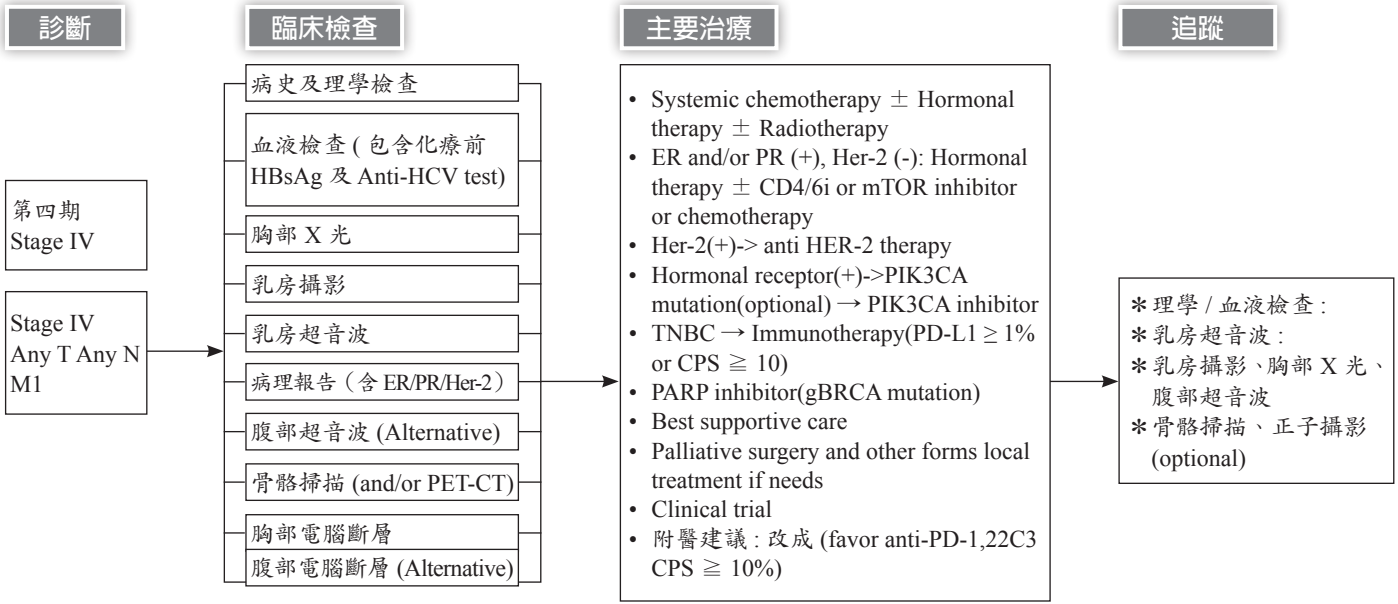
預後良好的病理型態：輔助性藥物指引



附註：

1. There are rare subtypes of metaplastic carcinoma (eg, low-grade adenosquamous and low-grade fibromatosis-like carcinoma) that are considered to have a favorable prognosis without adjuvant systemic therapies.
2. To be associated with favorable prognosis, the favorable histologic type should not be high grade, should be pure (>90% as classified on the surgical excision, not core biopsy alone), and should be HER2 negative. If atypical pathologic or clinical features are present, consider treating as ductal/NST.
3. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

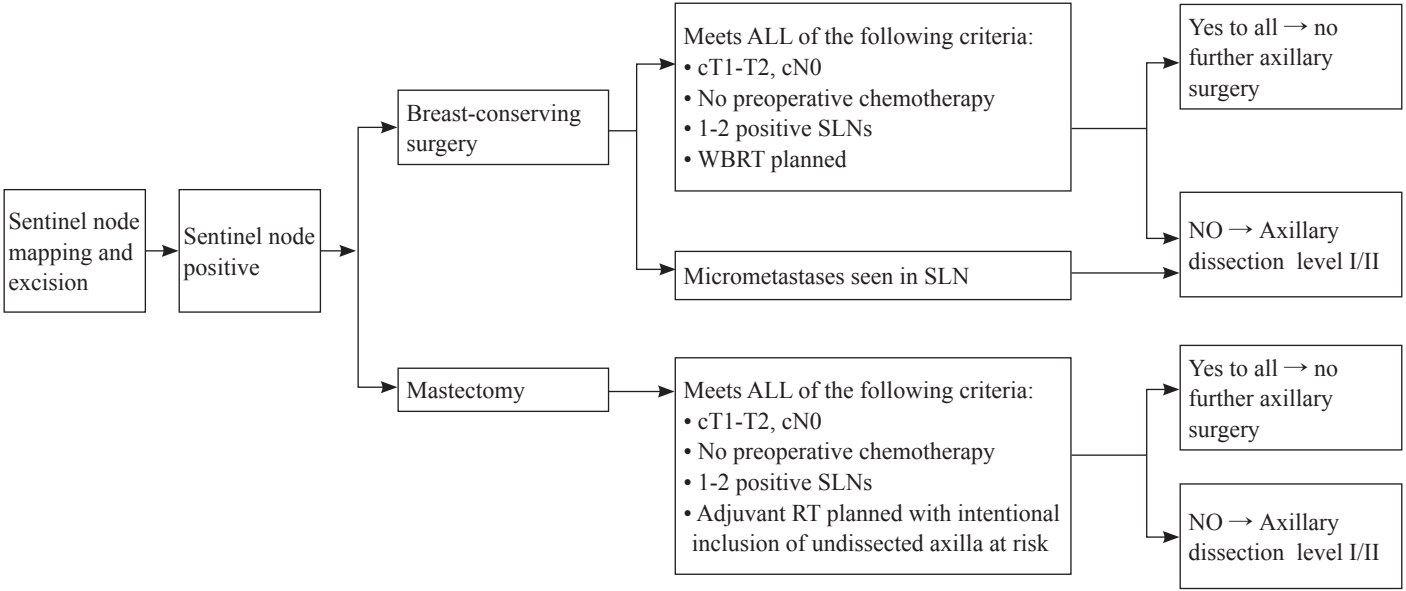
《乳癌診療指引共識 -6》



附註：

1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. Abdomen sono or abdomen CT Alternative
4. Anti -HER-2 therapy 依健保規範或自費使用
5. CPS: combined positive score
6. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

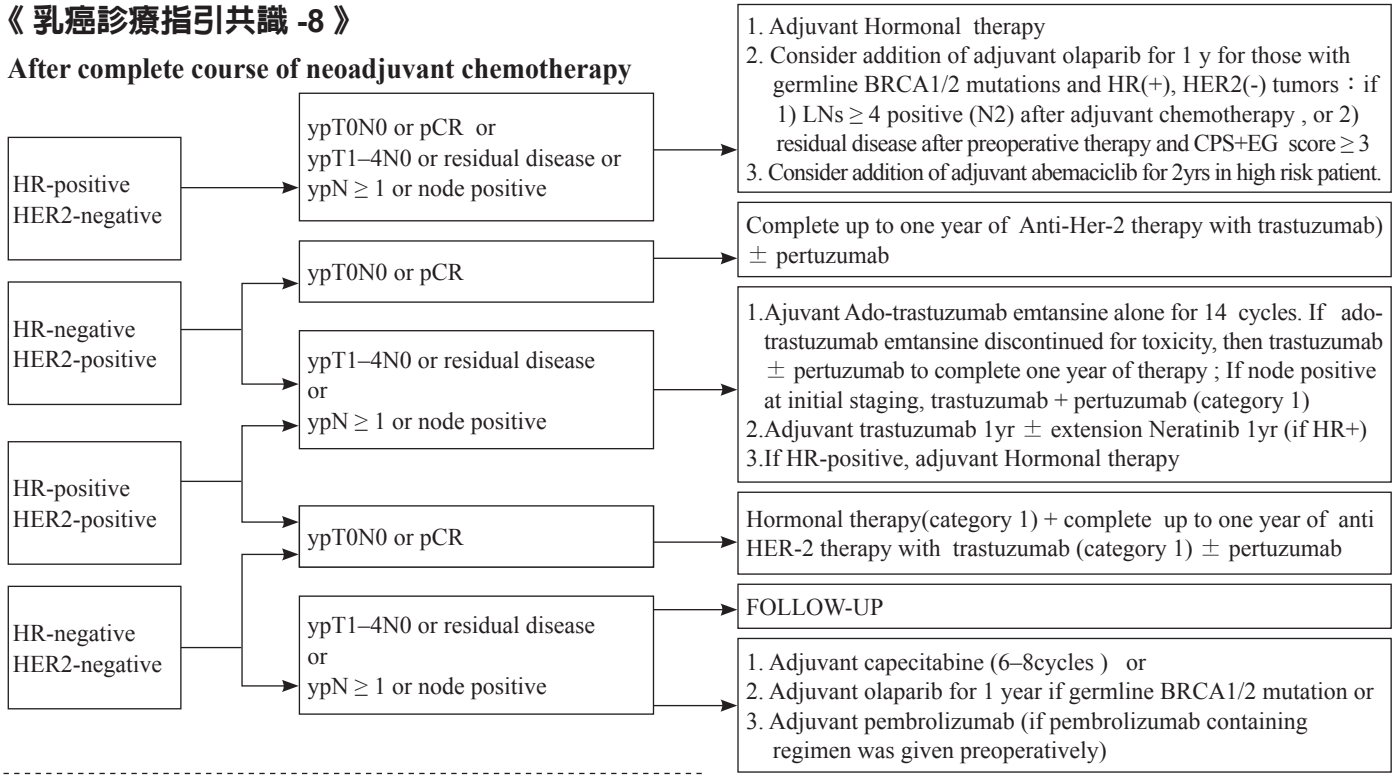
《乳癌診療指引共識 -7》



附註：本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

《乳癌診療指引共識 -8》

After complete course of neoadjuvant chemotherapy



1. CPS+EG score: a score based on pre-treatment clinical stage (CS) post-treatment pathologic stage (PS), ER status (E) and grade (G) after neoadjuvant therapy
2. pCR 定義為 neoadjuvant chemotherapy 之後，無殘存侵犯性乳癌。(亦若僅殘留原位癌，仍為 pCR)
3. 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

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《乳癌抗癌藥物治療指引》

Chemotherapy as Primary or Adjuvant Therapy (HER2-POSTIVE)

Preferred Regimens

★ Trastuzumab may be used in fixed dose 600 mg SC

AC followed by Paclitaxel with Trastuzumab

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	1
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab ★	4 → 2 mg/kg	1	QW	12	
Paclitaxel	80	1	QW	12	
Followed by					
Trastuzumab ★	2 (6) mg/kg	1	QW (Q3W)	40 (13)	

AC followed by Paclitaxel with Trastuzumab ± Pertuzumab

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	6
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab ★	8 → 6 mg/kg	1	Q3W	17	
Pertuzumab (optional)	840 → 420 mg	1	Q3W	17	
Paclitaxel	80	1, 8, 15	Q3W	4	

Dose-dense AC followed by Paclitaxel with Trastuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	2
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Trastuzumab ★	4 → 2 mg/kg	1, 8	Q2W	4	
Paclitaxel	175	1	Q2W	4	
Followed by					
Trastuzumab ★	2 (6) mg/kg	1	QW (Q3W)	44 (14)	

TCH

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab ★	4 → 2 mg/kg	1, 8 ,15	Q3W	6	3
Docetaxel	75	1	Q3W	6	
Carboplatin	6 AUC	1	Q3W	6	
Followed by					
Trastuzumab ★	6 mg/kg	1	Q3W	11	

TCH ± Pertuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	1	Q3W	17	4
Pertuzumab (optional)	840 → 420 mg	1	Q3W	17	
Docetaxel	75	1	Q3W	6	
Carboplatin	AUC 6	1	Q3W	6	

Trastuzumab + Pertuzumab + Neratinib

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	17	7
Pertuzumab (optional)	840 → 420 mg	1	Q3W	17	
Followed by					
Neratinib (optional)	240 mg PO QD			1 year	8

T-DM1

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	1	Q3W	14	7

Other Regimens

AC followed by Docetaxel with Trastuzumab

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab ★	4 → 2 mg/kg	1, 8, 15	Q3W	4	
Docetaxel	80-100	1	Q3W	4	
Followed by					
Trastuzumab ★	6 mg/kg	1	Q3W	13	

AC followed by Docetaxel with Trastuzumab + Pertuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab ★	8 → 6 mg/kg	1	Q3W	17	
Pertuzumab (optional)	840 → 420 mg	1	Q3W	17	
Docetaxel	80-100	1	Q3W	4	

Paclitaxel + Trastuzumab (APT trial)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab ★	4 → 2 mg/kg	1	QW	12	5
Paclitaxel	80	1	QW	12	
Followed by					
Trastuzumab ★	2 (6) mg/kg	1	QW (Q3W)	40 (13)	

TC + Trastuzumab

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Trastuzumab ★	4 → 2 (8 → 6) mg/kg	1, 8, 15 (1)	Q3W	4	6
Docetaxel	75	1	Q3W	4	
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Trastuzumab ★	6 mg/kg	1	Q3W	13	

Paclitaxel + Trastuzumab + Pertuzumab

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	4	11
Pertuzumab (optional)	840 → 420 mg	1	Q3W	4	
Paclitaxel	80	1, 8, 15	Q3W	4	

Neratinib (adjuvant setting only)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
	120 mg PO	1-7	Q4W	1	9
Neratinib	160 mg PO	8-14			
Followed by	240 mg PO	15-28			
Neratinib	240 mg PO	1-28	Q4W	12?	

T-DM1 (adjuvant setting only)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	1	Q3W	17	10

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Chemotherapy as Primary or Adjuvant Therapy (HER2-NEGATIVE)

Preferred Regimens

Dose-dense AC followed by Paclitaxel

藥品名*	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Paclitaxel	175	1	Q2W	4	

Dose-dense AC followed by weekly Paclitaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	
Followed by					
Paclitaxel	80	1	QW	12	

TC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	4	2
Cyclophosphamide	600	1	Q3W	4	

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Capecitabine	1000-1250 PO BID	1-14	Q3W	6-8	18

(If triple-negative breast cancer and residual disease after preoperative therapy with taxane, alkylator, and anthracycline based chemotherapy)

For germline BRCA1/2 mutations

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Olaparib	300 mg PO BID		Q4W	For 1 year	23

For High-risk triple-negative breast cancer (TNBC)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W	4	22
Paclitaxel	80	1, 8, 15	Q3W	4	
Carboplatin	AUC 5	1	Q3W	4	
Followed by					
Pembrolizumab	200 mg	1	Q3W	4	
Doxorubicin*	60*	1	Q3W	4	
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Pembrolizumab	200 mg	1	Q3W	9	

*may be transferred to Epirubicin 90 mg/m^2

Useful in certain circumstances

Dose-dense AC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q2W	4	1
Cyclophosphamide	600	1	Q2W	4	

AC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	3
Cyclophosphamide	600	1	Q3W	4	

TAC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	4
Doxorubicin	60	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

TEC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	14
Epirubicin	75	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

FAC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
5-FU	500	1, 8 or 1, 4	Q3W	6	5, 6
Doxorubicin	50	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

CEF

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	500	1, 8	Q3W	6	7
Epirubicin	80	1, 8	Q3W	6	
5-FU	500	1, 8	Q3W	6	

CMF

藥品名*	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO	1-14	Q4W	6	8
Methotrexate	40	1, 8	Q4W	6	
5-FU	600	1, 8	Q4W	6	

AC followed by Docetaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	9
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Docetaxel	80-100	1	Q3W	4	

AC followed by Paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	10
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Paclitaxel	175	1	Q3W	4	

AC followed by weekly Paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	4	10
Cyclophosphamide	600	1	Q3W	4	
Followed by					
Paclitaxel	80	1	QW	4	

EC

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Epirubicin	90-100	1	Q3W	4	11
Cyclophosphamide	600	1	Q3W	4	

FEC followed by Docetaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	500	1	Q3W	3	12
Epirubicin	100	1	Q3W	3	
Cyclophosphamide	500	1	Q3W	3	
Followed by					
Docetaxel	100	1	Q3W	3	

FEC followed by weekly Paclitaxel

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	600	1	Q3W	4	13
Epirubicin	90	1	Q3W	4	
Cyclophosphamide	600	1	Q3W	4	
Followed by					
3 Weeks no treatment					
Followed by					
Paclitaxel	100	1	QW	8	

FLC

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
5-FU	500	1	Q3W	6	17
Lipo-Doxorubicin	35-40	1	Q3W	6	
Cyclophosphamide	500	1	Q3W	6	

Cisplatin + Docetaxel (Triple negative)

藥品名*	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cisplatin	60	1			15, 16
Docetaxel	60	1			

Carboplatin + Docetaxel (Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cisplatin	AUC 6	1	Q3W		19, 20
Docetaxel	75	1	Q3W		

Weekly Paclitaxel + Carboplatin

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q3W	4	21
Carboplatin	AUC 6	1	Q3W	4	

Weekly Paclitaxel + weekly Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q3W	6	24, 25
Carboplatin	AUC 1.5-2	1, 8, 15	Q3W	6	

Weekly Paclitaxel + weekly Carboplatin (Triple negative)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q3W	6	24, 25
Carboplatin	AUC 1.5-2	1, 8, 15	Q3W	6	

Capecitabine (maintenance therapy for TNBC after adjuvant chemotherapy)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Capecitabine	650 PO BID	1-28	Q4W	1 year	26

★三院有個別版本

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Adjuvant Endocine Therapy

Anti-estrogen

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Tamoxifen	20-40 mg PO QD				1

Aromatase inhibitor

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Exemestane	25 mg PO QD				2

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Anastrozole	1 mg PO QD				3

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Letrozole	2.5 mg PO QD				4

Ovarian suppression or ablation

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Goserelin Acetate	3.6 mg SC	1	Q4W		5

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Leuprolide Acetate	3.75 mg SC	1	Q4W		6

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Chemotherapy for Recurrent or Metastatic Breast Cancer

HER2-NEGATIVE

Preferred Single Agents

Anthacyclins

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60-75	1	Q3W	7	1

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	20	1	QW		2

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Lipo-Doxorubicin	50	1	Q4W		3

Taxanes

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		4

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1	QW		5

Antimetabolites

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Capecitabine	1000-1250 PO BID	1-14	Q3W	6	6

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Gemcitabine	800-1200	1, 8, 15	Q4W		7

Other microtubule inhibitors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Vinorelbine	25	1	QW		8

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Eribulin	1.4	1, 8	Q3W		9

PARP inhibitors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Olaparib	300 mg PO BID				46

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Talazoparib	1 mg PO QD		Q4W		47

Atezolizumab + albumin-bound paclitaxel

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Atezolizumab	840 mg	1, 15	Q4W		48
Nab-Paclitaxel	100	1, 8, 15	Q4W		

(An option for patients with PD-L1-positive TNBC)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W		55

TNBC, CPS ≥ 10

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W-Q4W		11

(An option for patients with triple-negative tumors and germline BRCA1/2 mutation)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cisplatin	75	1	Q3W	4	17

(An option for patients with triple-negative tumors and germline BRCA1/2 mutation)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Fam-trastuzumab deruxtecan-nxk	5.4 mg/kg	1	Q3W		61

(For HER2 IHC 1+ or 2+/ISH negative)

Other Single Agents

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	50 PO QD	1-21	Q4W		10

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	60-100	1	Q3W	6	12, 13

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	35	1, 8, 15, 22, 29, 36	Q8W		14

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	100 or 150	1, 8, 15	Q4W		15, 16

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	260	1	Q3W		15

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Epirubicin	75	1	Q3W		18

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Sacituzumab govitecan-hziy	10	1, 8	Q3W		61

For TNBC (HER2 negative 2nd line)

藥品名★	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Larotrectinib	100 mg BID PO				56

藥品名★	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Entrectinib	600 mg QD PO				57

NTRK fusion

藥品名★	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	1	Q3W		58, 59

MSI-H/dMMR and TMB-H (≥ 10 muts/mb)

Combinations

Carboplatin + Docetaxel (triple negative)

藥品名 ★	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1	Q3W	6	49, 50
Docetaxel	75	1	Q3W	6	

Paclitaxel+Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Paclitaxel	175-200	1	Q3W		51
Carboplatin	AUC 6	1	Q3W		

Paclitaxel+Carboplatin (weekly)(Triple negative)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Paclitaxel	100	1, 8, 15	Q3W		52
Carboplatin	AUC 2	1, 8, 15	Q3W		

Albumin-bound Paclitaxel + Carboplatin (weekly) (Triple negative, preoperative setting)

藥品名 *	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	125	1, 8	Q3W		53
Carboplatin	AUC 2	1, 8	Q3W		

CAF

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO	1-14	Q4W		19
Doxorubicin	30	1, 8	Q4W		
5-FU	500	1, 8	Q4W		

FAC

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
5-FU	500	1, 8 or 1, 4	Q3W		20
Doxorubicin	50	1	Q3W		
Cyclophosphamide	500	1	Q3W		

FEC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	400	1, 8	Q4W	6-9	21
Epirubicin	50	1, 8	Q4W		
5-FU	500	1, 8	Q4W		

AC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Doxorubicin	60	1	Q3W	8	22
Cyclophosphamide	600	1	Q3W	8	

EC

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Epirubicin	75	1	Q3W	6	23
Cyclophosphamide	600	1	Q3W	6	

CMF

藥品名 *	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO QD	1-14	Q4W		24, 45
Methotrexate	40	1, 8	Q4W		
5-FU	600	1, 8	Q4W		

Docetaxel + Capecitabine

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Docetaxel	75	1	Q3W	6	25
Capecitabine	950 PO BID	1-14	Q3W	6	

GT

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	175	1	Q3W		26
Gemcitabine	1250	1, 8	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Paclitaxel	80	1, 8, 15	Q4W		44
Gemcitabine	800	1, 8, 15	Q4W		

Gemcitabine + Carboplatin

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Gemcitabine	1250	1, 8	Q3W		27
Carboplatin	AUC 2	1, 8	Q3W		

Bevacizumab + Paclitaxel

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Bevacizumab	10 mg/kg	1, 8	Q4W		28
Paclitaxel	90	1, 8, 15	Q4W		

HER2-POSATIVE

Preferred Agents

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Pertuzumab	840 → 420 mg	1	Q3W		29
Trastuzumab ★	8 → 6 mg/kg	1	Q3W		
Docetaxel	75-100	1	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Pertuzumab	840 → 420 mg	1	Q3W		30, 31
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		
Paclitaxel	175 (80)	1	Q3W (QW)		

Other Agents

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 32
Paclitaxel	175	1	Q3W		
Carboplatin	AUC 6	1	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 33, 34
Paclitaxel	175 (80-90)	1	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 35, 36
Docetaxel	80-100 (35)	1, 8, 15 (1)	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 37
Vinorelbine	30-35 (25)	1, 8 (1)	Q3W (QW)		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 33, 38, 39
Capecitabine	1000-1250	1-14	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	1	Q3W		40

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Lapatinib	1250 mg PO QD	1-21	Q3W		41
Capecitabine	1000 PO BID	1-14	Q3W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 (4 → 2) mg/kg	1	Q3W (QW)		31, 43
Lapatinib	1000 mg PO QD		Q3W		

藥品名*	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Neratinib	240 mg PO QD	1-21	Q3W		54
Capecitabine	750 PO BID	1-14	Q3W		

*三院有個別版本

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Endocrine Therapy Regimens for Recurrent or Metastatic Breast Cancer

Premenopausal

SERM

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Tamoxifen	20-40 mg PO QD				1

Ovarian ablation or suppression

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Goserelin Acetate	3.6 mg SC		Q4W		5

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Leuprolide Acetate	3.75 mg SC		Q4W		6

Postmenopausal

Aromatase inhibitor

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Exemestane	25 mg PO QD				2

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Anastrozole	1 mg PO QD				3

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Letrozole	2.5 mg PO QD				4

SERD

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Fulvestrant	500 IM		Q4W		7

CDK4/6 inhibitor+AI (for Her2-negative)

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Letrozole	2.5 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Anastrozole	1 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		8
Exemestane	25 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Letrozole	2.5 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Anastrozole	1 mg PO QD	1-21	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	1-21	Q4W		9
Exemestane	25 mg PO QD	1-28	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Letrozole	2.5 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Anastrozole	1 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				15
Exemestane	25 mg PO QD				

CDK4/6 inhibitor + SERD

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	1-21	Q4W		10
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Palbociclib	600 mg PO QD	1-21	Q4W		11
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	150 mg PO BID				16
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD				12
Exemestane	25 mg PO QD				

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD		Q4W		13
Fulvestrant	500 IM	1, 15 → 1	Q4W		

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Everolimus	10 mg PO QD				14
Tamoxifen	20-40 mg PO QD				

Fulvestrant + Alpelisib for PIK3CA-mutated tumors

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Alpelisib	300 mg PO QD				17
Fulvestrant	500 IM	1, 15 → 1	Q4W		

Useful in certain circumstances

Abemaciclib

藥品名	劑量 mg/m2	給藥日	頻率	週期	參考文獻
Abemaciclib	200 mg PO BID				18

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一、全乳放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：侵襲癌或原位癌經乳房保留手術術後

◎照射範圍：患側乳房

◎照射劑量：50-50.4Gy / GyE 次數：25-28 次 或 40-42.5Gy / GyE 次數：15-16 次

◎追加照射範圍：腫瘤切除空腔與其周圍

◎追加照射劑量：10-16Gy / GyE 次數：4-8 次

治療技術：使用斜角對照配合強度調控放射治療技術，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，與心肺保護技術。可選擇先後給予胸壁照射與追加照射，或是在放療計畫中同步規劃高低劑量區，同步進行兩部位照射。質子治療屬放射治療新興技術，其處方劑量、分次與危急器官之劑量限制須考慮質子射束相對生物效應的格雷當量。

二、胸壁放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：侵襲癌經乳房全切除手術術後有較大的原發腫瘤 (T stage >= T3)，臨床或病理認定腫瘤侵犯淋巴結 (N stage >= N1)，腫瘤細胞存在於外科邊緣或距離邊緣 <1mm

◎照射範圍：患側胸壁、手術疤痕與其周圍

◎照射劑量：50-50.4Gy / GyE 次數：25-28 次 (或若未進行乳房重建時可考慮 40-42.5 Gy/GyE 次數：15-16 次)

◎追加照射範圍：手術疤痕周圍

◎追加照射劑量：10-16Gy / 次數：4-8 次

治療技術：使用斜角對照配合強度調控放射治療技術，包含弧形及螺旋放射規劃，以及質子治療，可考慮搭配影像導引治療，與心肺保護技術。可選擇先後給予胸壁照射與追加照射，或是在放療計畫中同步規劃高低劑量區，

同步進行兩部位照射。質子治療屬放射治療新興技術，其處方劑量、分次與危急器官之劑量限制須考慮質子射束相對生物效應的格雷當量。

三、淋巴引流區放射治療

應以電腦斷層影像定義標靶體積與正常危急器官

適應症：較大的原發腫瘤 (T stage >= T3)、臨床或病理認定腫瘤侵犯至少一個淋巴結 (N stage >= N1)

◎照射範圍：患側高風險淋巴轉移範圍，包括腋下、鎖骨下、鎖骨上淋巴引流區。臨床懷疑內乳淋巴結轉移或正常組織容受許可時，可選擇性考慮照射內乳淋巴引流區。

◎照射劑量：50-50.4Gy / GyE 次數：25-28 次 追加照射劑量 (或若未進行乳房重建時可考慮 40-42.5 Gy/GyE 次數：15-16 次)

◎追加照射範圍：未能手術之侵犯或腫大淋巴腺

◎追加照射劑量：10-16Gy / 次數：4-8 次

治療技術：使用強度調控放射治療技術，選擇性使用斜角對照，包含弧形及螺旋放射規劃，可考慮搭配影像導引治療，與心肺保護技術。

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