《子宮頸癌放射治療共識》

一、治療範圍

1. 子宮頸腫瘤
2. 陰道截端及復發高風險範圍
3. 骨盆腔內淋巴轉移病灶
4. 骨盆腔高風險淋巴轉移範圍
5. 腹腔主動脈旁淋巴轉移病灶
6. 腹腔主動脈旁高風險淋巴轉移範圍

二、治療劑量 / 次數

▲體外放射治療

1. 總劑量：無接受手術：早期單獨體外照射需超過等效劑量 (EQD2)80Gy、局部晚期單獨外照射需超過等效劑量 (EQD2)85Gy，或體外照射 45~50.4Gy 後合併近接治療；對於巨觀淋巴轉移病灶，總劑量可至 54-6355-65Gy。接受手術：體外照射 45~50.4Gy 後依風險因子局部加強 5-10 Gy。
2. 分次劑量：1.8~2.0Gy

▲近接放射治療

1. 無手術切除之子宮頸癌病人，除體外放射治療外，另以遠端遙控後荷式近接治療機 (remote after-loading brachytherapy)，採用高劑量率 Ir-192 射源，進行子宮腔內治療 (intra-cavitary brachytherapy)，4-6Gy x 4~6 次、每週 2-3 次。
2. 手術切除之子宮頸癌病人，除體外放射治療外，對於陰道穹隆 (vaginal cuff) 距離不足或陰道殘餘腫瘤病人，另以遠端遙控後荷式近接治療機 (remote after-loading brachytherapy)，採用高劑量率 Ir-192 射源，進行陰道腔內治療 (intra-vaginal brachytherapy)，4-6Gy x 2~4 次、每週 2-3 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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11. QUANTEC

《 子宮內膜癌放射治療共識 》

一、治療範圍

1. 術後陰道截端及近側黏膜
2. 術後殘餘腫瘤 (乳突漿液細胞癌、亮細胞癌或癌性肉瘤)
3. 骨盆腔高風險淋巴轉移範圍

二、治療劑量 / 次數

▲體外放射治療

1. 總劑量：45~50.4Gy
2. 殘餘腫瘤追加劑量：10~16Gy
3. 分次劑量：1.8~2.0Gy

▲陰道腔內近接放射線治療

1. 骨盆腔放射治療後追加 : 陰道黏膜接受 4-6Gy x 2~4 次。
2. 只接受陰道腔內治療 : 陰道黏膜接受 6Gy x 5 次或陰道黏膜下 5mm 接受 7Gy x3 或 5.5Gy x4。

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。

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