乳癌診療指引

一、參與討論同仁

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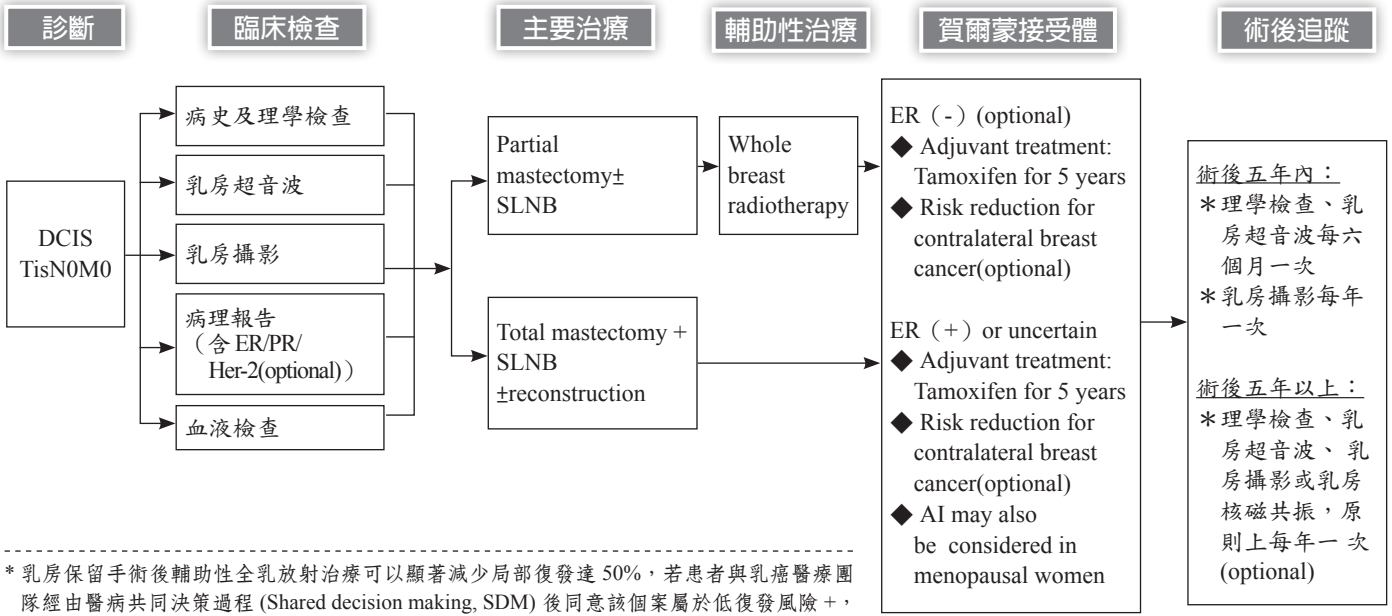
二、討論日期：114 年 11 月 07 日

三、校稿人員：趙祖怡教授 / 廖立民醫師 / 陳欣韻個管師

114 年版與上一版差異：

113 年版	114 年修訂版
《乳癌診療指引共識 -1》無異動	《乳癌診療指引共識 -1》 新增附註 13. 腹部檢查建議擇一完成（腹部 US 或胸腹部 CT）；若已完成全身性評估（如 PET/CT），可免重複。
《乳癌診療指引共識 -1》 無異動	《乳癌診療指引共識 -1》無異動
《乳癌診療指引共識 -2》無異動	《乳癌診療指引共識 -2》無異動
《乳癌診療指引共識 -3》 輔助治療新增 : HR(+), HER2(–) high-risk breast cancer (註 12) considered adjuvant abemaciclib for 2 years 附註新增 :12. high-risk : breast cancer (with ≥ 4 positive lymph nodes, or 1–3 positive lymph nodes with one or more of the following: Grade 3 disease, Ki67 ≥ 20% ,tumor size ≥ 5 cm。	《乳癌診療指引共識 -3》 輔助治療新增建議及附註： 對 HR(+)、HER2(–) 之中高風險早期乳癌，可考慮術後輔助 TS-1 (註 13) 一年或 ribociclib 三年 (註 14) 。
《乳癌診療指引共識 -4》 輔助治療新增 : 3.HR(+), HER2(–) high-risk breast cancer (註 12) considered adjuvant abemaciclib for 2 years 附註新增 :11. high-risk : breast cancer (with ≥ 4 positive lymph nodes, or 1–3 positive lymph nodes with one or more of the following: Grade 3 disease, Ki67 ≥ 20% ,tumor size ≥ 5 cm。	《乳癌診療指引共識 -4》 輔助治療新增建議及附註： 新增建議： 對 HR(+)、HER2(–) 之中高風險早期乳癌，可考慮術後輔助 TS-1 (註 12) 一年或 ribociclib 三年 (註 13) 。

113 年版	114 年修訂版
《乳癌診療指引共識 -5》無異動	《乳癌診療指引共識 -5》無異動
《乳癌診療指引共識 -6 》無異動	《乳癌診療指引共識 -6》 新增：Stage IV 治療中納入 Her-2(+) 病患可使用包含 ADC 在內的 Anti-HER-2 治療，並新增 gBRCA ／ PALB2 變異病患可使用 PARP inhibitor。
《乳癌診療指引共識 -7》無異動	《乳癌診療指引共識 -7》 無異動
《乳癌診療指引共識 -8 》 輔助性治療 : 新增 2. 1.For high-risk(4)：Adjuvant pembrolizumab (if pembrolizumab containing regimen was given preoperatively)	《乳癌診療指引共識 -8 》 新增 BRCA 檢驗時機
《乳癌診療指引共識 -8 》 輔助性治療 : 新增 1.Adjuvant capecitabine (6–8cycles) and or 2.Adjuvant olaparib for 1 year if germline BRCA1/2 mutation and or or 3.Adjuvant pembrolizumab (if pembrolizumab containing regimen was given preoperatively)	
《乳癌診療指引共識 -8 》 附註 : 新增 4. High-risk criteria include stage II–III TNBC. The use of adjuvant pembrolizumab (category 2A) may be individualized	



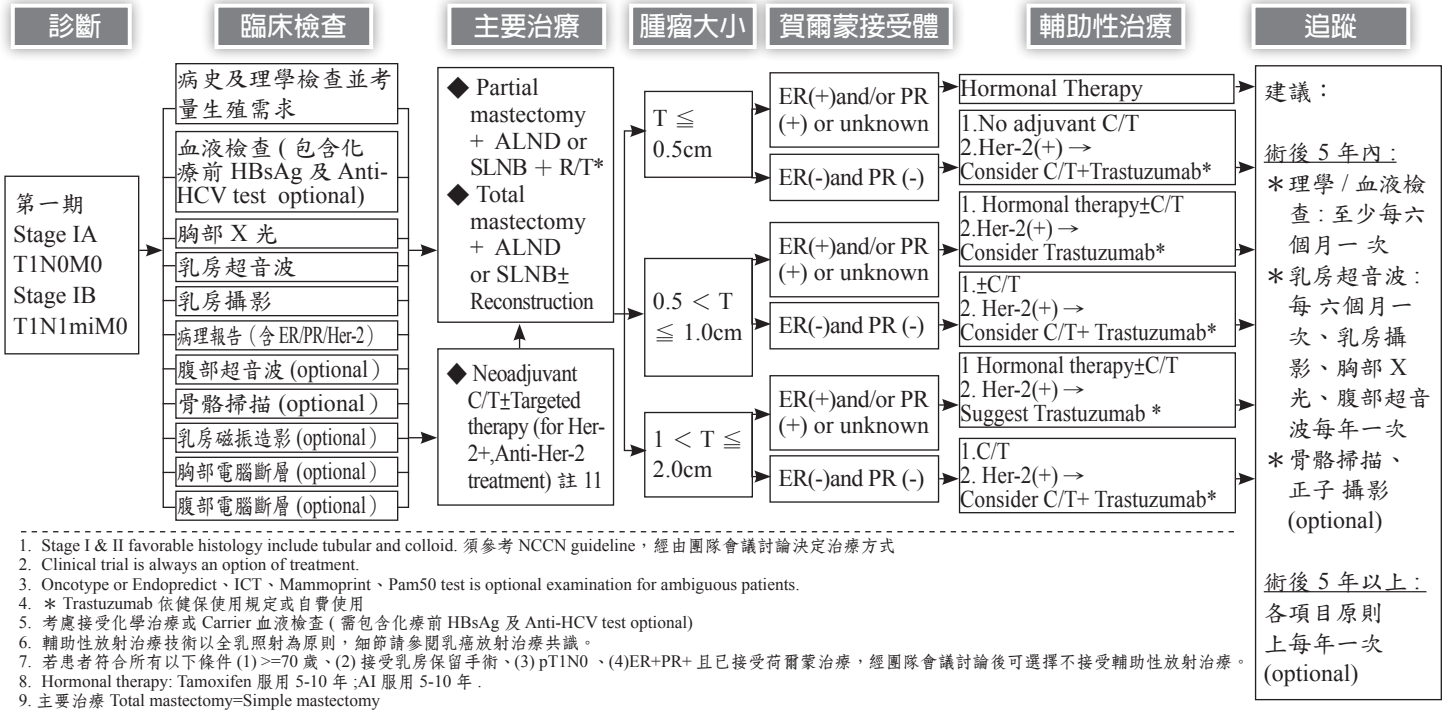
* 乳房保留手術後輔助性全乳放射治療可以顯著減少局部復發達 50%，若患者與乳癌醫療團隊經由醫病共同決策過程 (Shared decision making, SDM) 後同意該個案屬於低復發風險＋，有些患者可以選擇只接受局部切除＋局部復發的風險因子：可觸及的腫塊、較大的腫瘤、high grade、接近的腫瘤邊緣、年輕患者。

* 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。

* Encapsulated or solid papillary carcinoma 已歸類在 DCIS

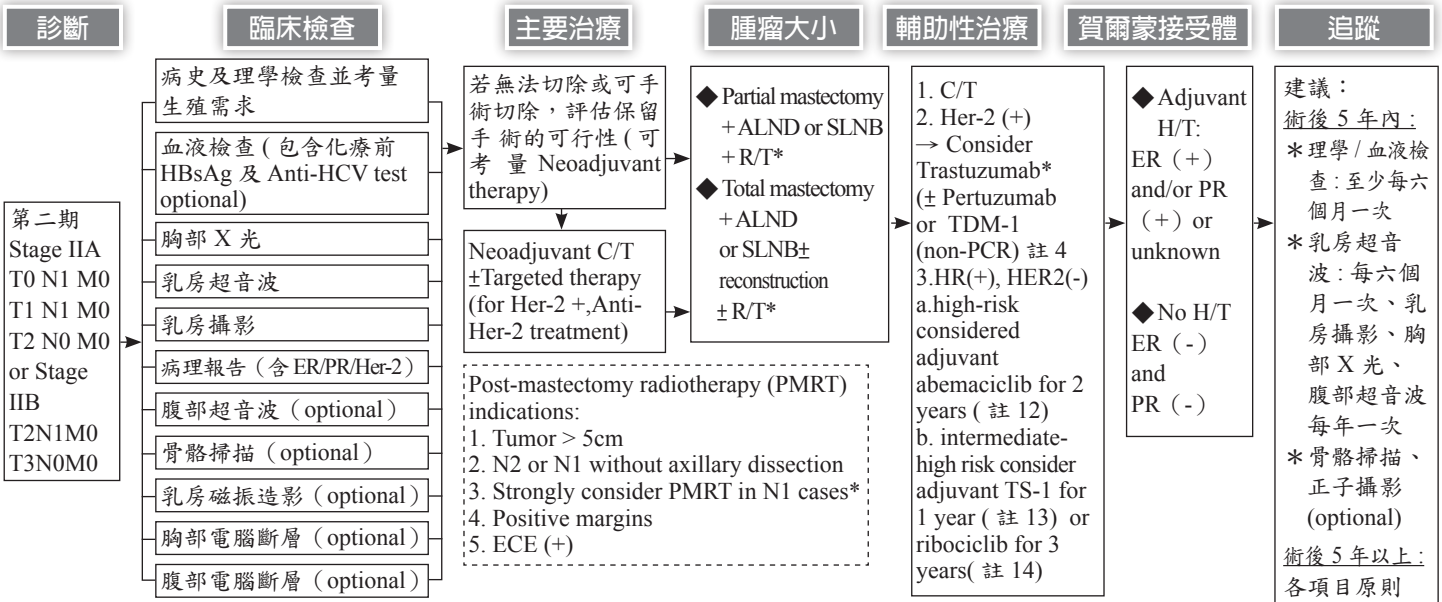
* 本治療共識謹做為參考，因每人狀況不同，而由各醫師選擇最適當之處置方式，不做為醫療訴訟用。

《乳癌診療指引共識 -2》



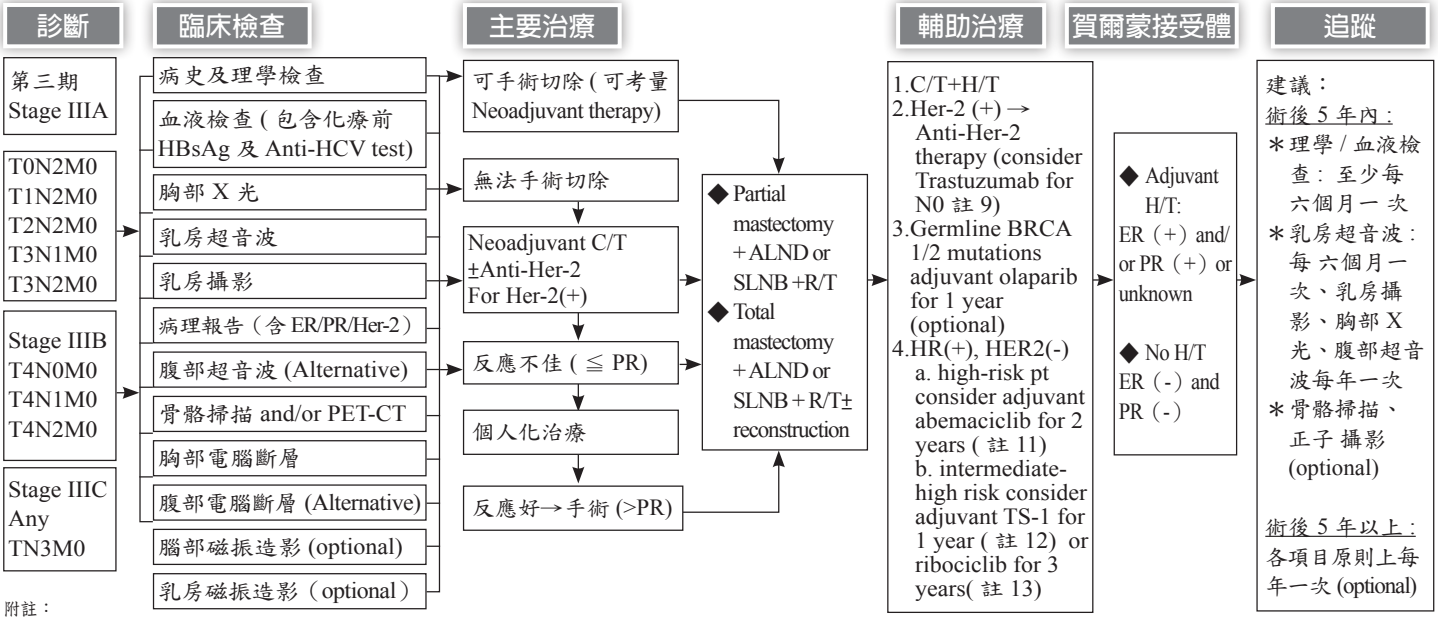
1. Stage I & II favorable histology include tubular and colloid. 須參考 NCCN guideline，經由團隊會議討論決定治療方式
2. Clinical trial is always an option of treatment.
3. Oncotype or Endopredict、ICT、Mammoprint、Pam50 test is optional examination for ambiguous patients.
4. ＊ Trastuzumab 依健保使用規定或自費使用
5. 考慮接受化學治療或 Carrier 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。
13. 腹部檢查建議擇一完成（腹部 US 或胸腹部 CT）；若已完成全身性評估（如 PET/CT），可免重複。

《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。
12. high-risk : breast cancer (with ≥ 4 positive lymph nodes, or 1–3 positive lymph nodes with one or more of the following: Grade 3 disease, Ki67 ≥ 20% ,tumor size ≥ 5 cm。
13（TS-1 1 年）：N+, 腫瘤 >3 cm,Grade 3, 腫瘤 2–3 cm 且 Grade 2,Ki-67 ≥ 30%, 術前化療後仍有殘存病灶，合併 HT 治療 1 年。
14（Ribo 3 年）：任何 N+ 皆可；N0 則需 G3，或 G2 + Ki-67 ≥ 20%，或 high genomic score（如 Oncotype RS ≥ 26）；與 HT 併用。

《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。
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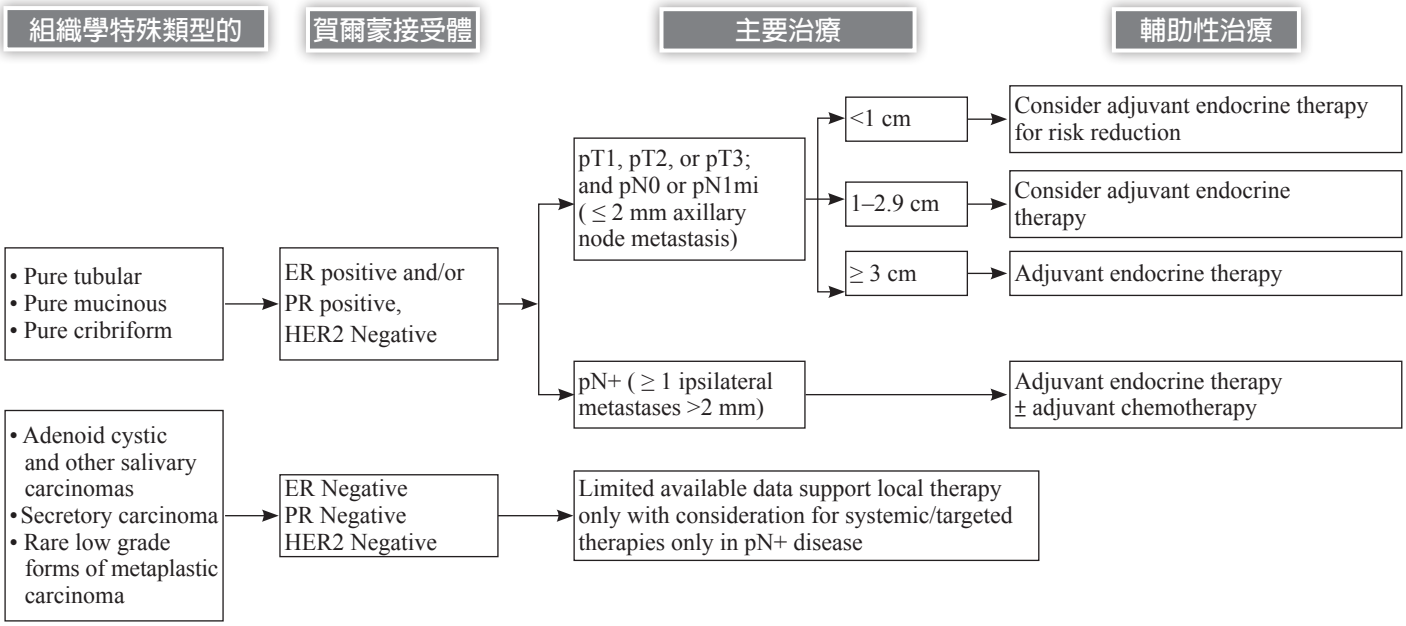
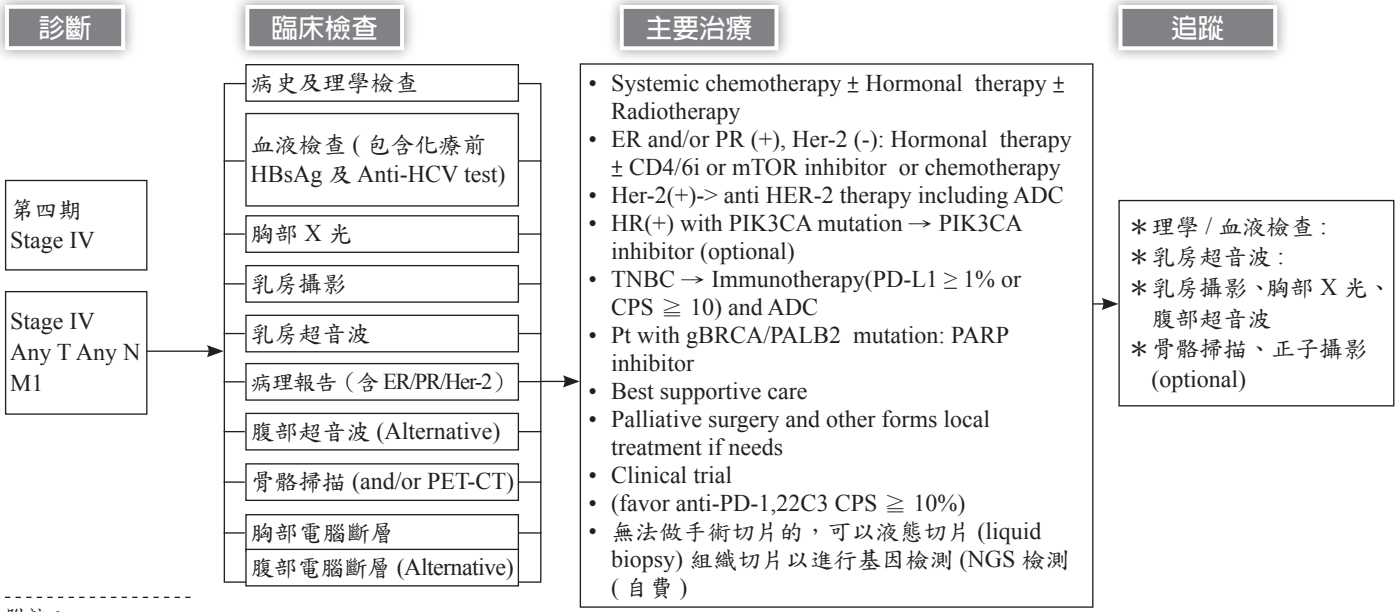
12. (TS-1 1 年)：N+, 腫瘤 >3 cm,Grade 3, 腫瘤 2–3 cm 且 Grade 2,Ki-67 ≥ 30%, 術前化療後仍有殘存病灶，合併 HT 治療 1 年，自費使用
13. (Ribo 3 年)：任何 N+ 皆可；N0 則需 G3，或 G2 + Ki-67 ≥ 20%，或 high genomic score (如 Oncotype RS ≥ 26)；與 HT 併用，自費使用



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。

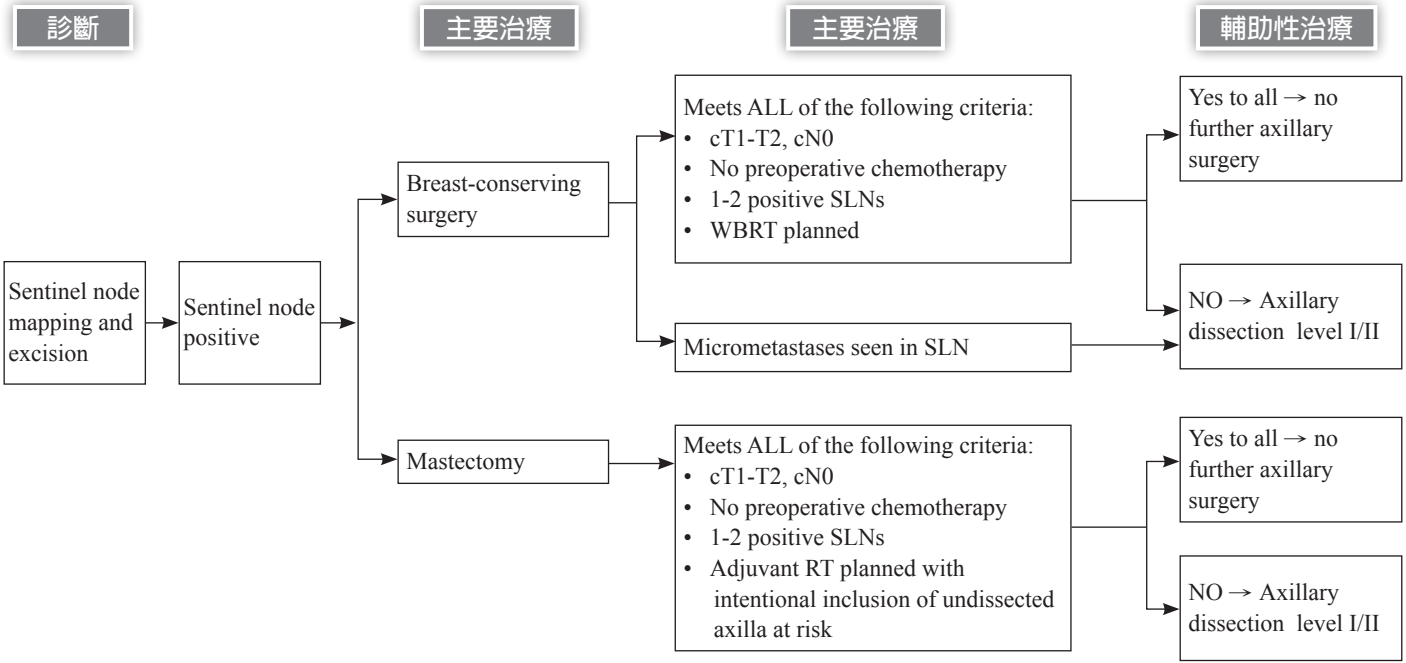
《乳癌診療指引共識 -6》



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. HER2 陽性轉移性乳癌依健保規範或自費使用
7. 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。

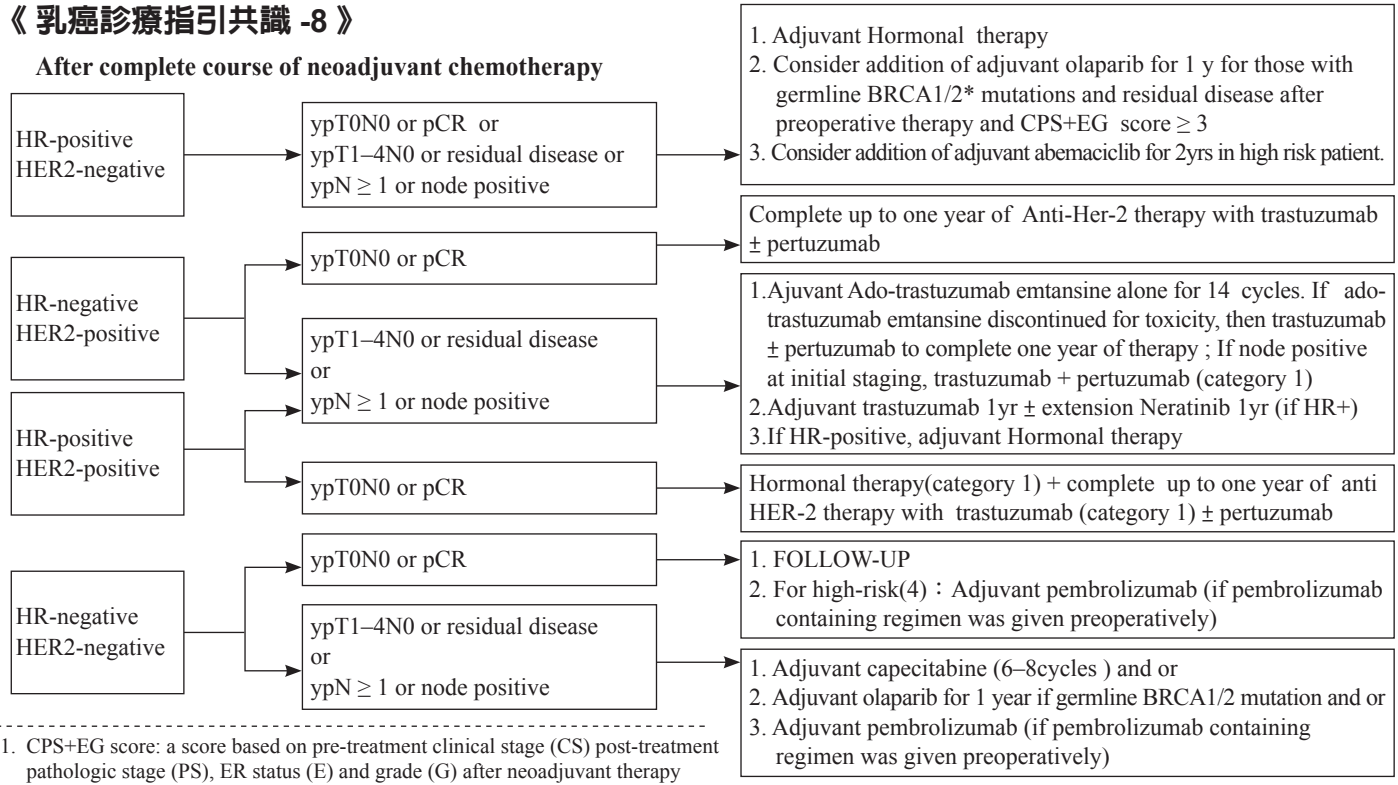
《乳癌診療指引共識 -7》



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。
4. High-risk criteria include stage II–III TNBC. The use of adjuvant pembrolizumab (category 2A) may be individualized. * BRCA 檢驗時機詳見下頁

BRCA 檢驗時機：

一、具乳癌個人病史者（符合以下任一情形）

◎診斷年齡

- 診斷年齡 ≤ 50 歲

◎任何年齡但符合下列之治療指引或病理特徵：

【治療指引（Treatment indications）】

- 爲轉移性乳癌之全身治療決策評估 PARP 抑制劑
- 爲高風險、HER2 陰性之早期乳癌評估術後輔助 Olaparib 的使用

【病理 / 組織學（Pathology / histology）】

- 三陰性乳癌（TNBC）
- 多發性原發乳癌（同時性或異時性）
- 小葉型乳癌（lobular）且本人或家族有瀰漫性胃癌病史
- 男性乳癌

二、任何年齡但具家族史者（符合以下任一）

◎至少 1 位一等或二等血親符合以下任一：

- 乳癌且發病年齡 ≤ 50 歲
- 男性乳癌
- 卵巢癌
- 胰臟癌
- 攝護腺癌：轉移性，或屬高風險 / 極高風險族群

◎同一家系的同側（父系或母系）累計 ≥ 3 例乳癌與 / 或攝護腺癌（任何分級），包含當事者本人

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《乳癌抗癌藥物治療指引》

115 年版與上一版差異：

114 年版 修訂日 113/11/11	115 年版 修訂日 114/11/03
Chemotherapy as Primary or Adjuvant Therapy (HER2-NEGATIVE)	Chemotherapy as Primary, Neoadjuvant, or Adjuvant Therapy (HER2-NEGATIVE) ■ 新增 Tegafur/Gimeracil/Oteracil potassium
Chemotherapy for Recurrent or Metastatic Breast Cancer (HER2-NEGATIVE)	Chemotherapy for Recurrent or Metastatic Breast Cancer (HER2-NEGATIVE) ■ 新增 Tegafur/Uracil + Leucovorin

《乳癌抗癌藥物治療指引》

Chemotherapy as Primary, Neoadjuvant, or Adjuvant Therapy (HER2-POSTIVE)

Preferred Regimens

● The dosages of IV Trastuzumab are presents as [initial → maintenance] mg/kg

★ Trastuzumab may be used in single SC form at fixed dose of 600 mg Q3W; Trastuzumab and Pertuzumab may be used in combination SC form with a loading dose of 600/1200 mg, followed by a maintenance dose of 600/600 mg

Preferred Regimens

AC followed by Paclitaxel with Trastuzumab ± Pertuzumab

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	4	1, 6
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W	17	
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Paclitaxel	175#	≥ 3 hrs	d1	Q3W	4	

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W (weekly trastuzumab)

#or 80 mg/m2 infusion ≥ 1 hr on d1, 8, 15 with Q3W (weekly paclitaxel)

EC followed by Docetaxel with Trastuzumab ± Pertuzumab

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	90	≥ 30 mins	d1	Q3W	4	6, 13
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W	17	
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Docetaxel	75	1 hr	d1	Q3W	4	

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W (weekly trastuzumab)

Dose-dense AC followed by Paclitaxel with Trastuzumab

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q2W	4	2
Cyclophosphamide	600	30 mins	d1	Q2W	4	
Followed by						
Trastuzumab ★	4 → 2 mg/kg*	90 → 30 mins	d1, 8	Q2W	26	
Paclitaxel	175	≥ 3 hrs	d1	Q2W	4	

TCH

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W	6	3
Docetaxel	75	1 hr	d1	Q3W	6	
Carboplatin	AUC 6	1 hr	d1	Q3W	6	
Followed by						
Trastuzumab ★	6 mg/kg	30 mins	d1	Q3W	11	

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W (weekly trastuzumab)

TCH ± Pertuzumab

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	17	4
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Docetaxel	75	1 hr	d1	Q3W	6	
Carboplatin	AUC 6	1 hr	d1	Q3W	6	

Trastuzumab + Pertuzumab + Neratinib

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	17	7
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Followed by						
± Neratinib	240 mg PO QD				1 year	8

T-DM1

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	90 mins	d1	Q3W	14	7

Other Regimens

AC followed by Docetaxel with Trastuzumab ± Pertuzumab

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	4	3
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	17	
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Docetaxel	80-100	1 hr	d1	Q3W	4	

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W (weekly trastuzumab)

Paclitaxel + Trastuzumab (APT trial)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	4 → 2 mg/kg*	90 → 30 mins	d1, 8, 15	Q3W	4	5
Paclitaxel	80#	≥ 1 hr	d1, 8, 15	Q3W	4	
Followed by						
Trastuzumab ★	2 mg/kg	30 mins	d1, 8, 15	Q3W	13	

*or 8 → 6 mg/kg on d1 Q3W

#or 175 mg/m2 infusion ≥ 3 hrs on d1 with Q3W

TC + Trastuzumab

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	4	6
Docetaxel	75	1 hr	d1	Q3W	4	
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Trastuzumab ★	6 mg/kg	30 mins	d1	Q3W	13	

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W (weekly trastuzumab)

Paclitaxel + Trastuzumab + Pertuzumab

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	4	11
Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	4	
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W	4	

Neratinib (adjuvant setting only)

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
	120 mg PO	d1-7			
Neratinib	160 mg PO	d8-14	Q4W	1	9
	240 mg PO	d15-28			
Followed by					
Neratinib	240 mg PO	d1-28	Q4W	12	

T-DM1 (adjuvant setting only)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	90 mins	d1	Q3W	17	10

Paclitaxel + Carboplatin + Trastuzumab + Pertuzumab

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W	17	12
Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W	17	
Paclitaxel	80	≥ 1 hr	d1, 8	Q3W	9	
Carboplatin	AUC 6*	1 hr	d1	Q3W	9	

* or AUC 3 on d1 ,8 Q3W

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Chemotherapy as Primary, Neoadjuvant, or Adjuvant Therapy (HER2-NEGATIVE)

Preferred Regimens

EC followed by Docetaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	90	≥ 30 mins	d1	Q3W	4	27
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Docetaxel	75	1 hr	d1	Q3W	4	

EC followed by Docetaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	90	≥ 30 mins	d1	Q3W	4	28
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Paclitaxel	175	≥ 3 hrs	d1	Q3W	4	

Dose-dense AC followed by Paclitaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q2W	4	1
Cyclophosphamide	600	30 mins	d1	Q2W	4	
Followed by						
Paclitaxel	175*	≥ 3 hrs	d1	Q2W	4	

*or 80 mg/m2 on d1, 8 with Q2W with 6 cycles (weekly paclitaxel)

TC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	75	≥ 30 mins	d1	Q3W	4	2
Cyclophosphamide	600	30 mins	d1	Q3W	4	

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

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W	4	22
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W	4	
Carboplatin	AUC 5	1 hr	d1	Q3W	4	
Followed by						
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W	4	
Doxorubicin*	60*	≥ 30 mins	d1	Q3W	4	
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W	9	

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

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Capecitabine	1000-1250 PO BID	d1-14	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

Useful in certain circumstances

Dose-dense AC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q2W	4	1
Cyclophosphamide	600	30 mins	d1	Q2W	4	

AC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	4	3
Cyclophosphamide	600	30 mins	d1	Q3W	4	

TAC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	75	1 hr	d1	Q3W	6	4
Doxorubicin	60	≥ 30 mins	d1	Q3W	6	
Cyclophosphamide	500	30 mins	d1	Q3W	6	

TEC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	75	1 hr	d1	Q3W	6	14
Epirubicin	75	≥ 30 mins	d1	Q3W	6	
Cyclophosphamide	500	30 mins	d1	Q3W	6	

FAC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
5-FU	500	30 mins	d1, 8 or d1, 4	Q3W	6	5, 6
Doxorubicin	50	≥ 30 mins	d1	Q3W	6	
Cyclophosphamide	500	30 mins	d1	Q3W	6	

CEF

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Cyclophosphamide	500	30 mins	d1, 8	Q3W	6	7
Epirubicin	80	≥ 30 mins	d1, 8	Q3W	6	
5-FU	500	30 mins	d1, 8	Q3W	6	

CMF

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO		d1-14	Q4W	6	8
Methotrexate	40	10 mins	d1, 8	Q4W	6	
5-FU	600	10 mins	d1, 8	Q4W	6	

AC followed by Docetaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	4	9
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Docetaxel	80-100	1 hr	d1	Q3W	4	

AC followed by Paclitaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	4	10
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Paclitaxel	175*	≥ 3 hrs	d1	Q3W	4	

*or 80 mg/m2 infusion ≥ 1 hr on d1, 8, 15 with Q3W (weekly paclitaxel)

EC

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	90-100	≥ 30 mins	d1	Q3W	4	11
Cyclophosphamide	600	30 mins	d1	Q3W	4	

LC followed by Docetaxel

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Lipo-Doxorubicin	40	2 hrs	d1	Q3W	4	29
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
Docetaxel	75	1 hr	d1	Q3W	4	

FEC followed by Docetaxel

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
5-FU	500	30 mins	d1	Q3W	3	12
Epirubicin	100	≥ 30 mins	d1	Q3W	3	
Cyclophosphamide	500	30 mins	d1	Q3W	3	
Followed by						
Docetaxel	100	1 hr	d1	Q3W	3	

FEC followed by weekly Paclitaxel

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
5-FU	600	30 mins	d1	Q3W	4	13
Epirubicin	90	≥ 30 mins	d1	Q3W	4	
Cyclophosphamide	600	30 mins	d1	Q3W	4	
Followed by						
3 Weeks no treatment						
Followed by						
Paclitaxel	100	≥ 3 hrs	d1	QW	8	

FLC

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
5-FU	500	30 mins	d1	Q3W	6	17
Lipo-Doxorubicin	35-40	2 hrs	d1	Q3W	6	
Cyclophosphamide	500	30 mins	d1	Q3W	6	

Cisplatin + Docetaxel (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Cisplatin	60	≥ 4 hrs	d1			15, 16
Docetaxel	60	1 hr	d1			

Carboplatin + Docetaxel (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1 hr	d1	Q3W		19, 20
Docetaxel	75	1 hr	d1	Q3W		

Weekly Paclitaxel + Carboplatin

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W	4	21
Carboplatin	AUC 6	1 hr	d1	Q3W	4	

Weekly Paclitaxel + weekly Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W	6	24, 25
Carboplatin	AUC 1.5-2	≥ 30 mins	d1, 8, 15	Q3W	6	

Weekly Paclitaxel + weekly Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W	6	24, 25
Carboplatin	AUC 1.5-2	≥ 30 mins	d1, 8, 15	Q3W	6	

Capecitabine (maintenance therapy for TNBC after adjuvant chemotherapy)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Capecitabine	650 PO BID	d1-28	Q4W	1 year	26

Tegafur/Gimeracil/Oteracil (TS-1) (adjuvant)

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Tegafur/Gimeracil/ Oteracil (TS-1)	60-100 mg/day* PO	d1-14	Q3W	17 (1 year)	30

* BSA<1.25: 60 mg/day; BSA 1.25~<1.5: 80 mg/day; BSA ≥ 1.5: 100 mg/day

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Adjuvant Endocine Therapy

Anti-estrogen

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

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

Ovarian suppression or ablation

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Goserelin	3.6 mg SC*	1	Q4W*		5

*or 10.8mg SC Q3M

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Leuprolide	3.75 mg SC*	1	Q4W*		6

* or 11.25 mg SC Q3M

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4. Product Information: Femara oral tablets, letrozole oral tablets. Novartis Pharmaceuticals Corporation, East Hanover, NJ, 2010.
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Chemotherapy for Recurrent or Metastatic Breast Cancer

HER2-NEGATIVE

Preferred Single Agents

Anthacyclins

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60-75	≥ 30 mins	d1	Q3W	7	1

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	20	≥ 10 mins	d1	QW		2

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Lipo-Doxorubicin	50	2 hrs	d1	Q4W		3

Taxanes

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	175	≥ 3 hrs	d1	Q3W		4

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	80	≥ 1 hr	d1	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	d1-14	Q3W	6	6

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Gemcitabine	800-1200	30 mins	d1, 8, 15	Q4W		7

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Tegafur/Uracil	100 PO TID	d1-28	Q35D		62
Leucovorin	15 PO TID	d1-28	Q35D		

Other microtubule inhibitors

藥品名	劑量 mg/m^2		給藥日	頻率	週期	參考文獻
Vinorelbine	25	30 mins	d1	QW		8

藥品名	劑量 mg/m^2		給藥日	頻率	週期	參考文獻
Eribulin	1.4	5 mins	d1, 8	Q3W		9

PARP inhibitors

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Olaparib	300 mg PO BID				46

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Talazoparib	1 mg PO QD		Q4W		47

Other Single Agents

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1 hr	d1	Q3W-Q4W		11

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

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Cisplatin	75	≥ 4 hrs	d1	Q3W	4	17

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

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Fam-trastuzumab deruxtecan-nxk	5.4 mg/kg	90 mins	d1	Q3W		60

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

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Sacituzumab Govitecan-hziy	10	3 hrs	d1, 8	Q3W		61

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Cyclophosphamide	50 PO QD	d1-21	Q4W		10

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	60-100	1 hr	d1	Q3W	6	12, 13

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	35	1 hr	d1, 8, 15, 22, 29, 36	Q8W		14

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	100 or 150	≤ 30 mins	d1, 8, 15	Q4W		15, 16

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	260	≤ 30 mins	d1	Q3W		15

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	75	≥ 30 mins	d1	Q3W		18

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Larotrectinib	100 mg BID PO				56

NTRK fusion

藥品名	劑量 mg/m^2	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/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W		58, 59

MSI-H/dMMR and TMB-H (≥ 10 muts/mb)

Combinations

Pembrolizumab + Nab-Paclitaxe

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W		55
Nab-Paclitaxel	100	≤ 30 mins	d1, 8, 15	Q4W		

TNBC, CPS ≥ 10

Pembrolizumab + Paclitaxel

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W		55
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q3W		

TNBC, CPS ≥ 10

Pembrolizumab + Gemcitabine + Carboplatin

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Pembrolizumab	200 mg	≥ 30 mins	d1	Q3W		55
Gemcitabine	1000	30 mins	d1, 8	Q3W		
Carboplatin	AUC 2	≥ 30 mins	d1, 8	Q3W		

TNBC, CPS ≥ 10

Atezolizumab + albumin-bound paclitaxel

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Atezolizumab	840 mg	1 hr	d1, 15	Q4W		48
Nab-Paclitaxel	100	≤ 30 mins	d1, 8, 15	Q4W		

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

Carboplatin + Docetaxel (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Carboplatin	AUC 6	1 hr	d1	Q3W	6	49, 50
Docetaxel	75	1 hr	d1	Q3W	6	

Paclitaxel+Carboplatin (Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	175-200	≥ 3 hrs	d1	Q3W		51
Carboplatin	AUC 6	1 hr	d1	Q3W		

Paclitaxel+Carboplatin (weekly)(Triple negative)

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	100	≥ 3 hrs	d1, 8, 15	Q3W		52
Carboplatin	AUC 2	≥ 30 mins	d1, 8, 15	Q3W		

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

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Nab-Paclitaxel	125	≤ 30 mins	d1, 8	Q3W		53
Carboplatin	AUC 2	≥ 30 mins	d1, 8	Q3W		

CAF

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO QD		d1-14	Q4W		19
Doxorubicin	30	≥ 30 mins	d1, 8	Q4W		
5-FU	500	10-30 mins	d1, 8	Q4W		

FAC

藥品名 ※	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
5-FU	500	30 mins	d1, 8 or d1, 4	Q3W		20
Doxorubicin	50	≥ 30 mins	d1	Q3W		
Cyclophosphamide	500	30 mins	d1	Q3W		

FEC

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Cyclophosphamide	400	30 mins	d1, 8	Q4W	6-9	21
Epirubicin	50	≥ 30 mins	d1, 8	Q4W		
5-FU	500	30 mins	d1, 8	Q4W		

AC

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Doxorubicin	60	≥ 30 mins	d1	Q3W	8	22
Cyclophosphamide	600	30 mins	d1	Q3W	8	

EC

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Epirubicin	75	≥ 30 mins	d1	Q3W	6	23
Cyclophosphamide	600	30 mins	d1	Q3W	6	

CMF

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Cyclophosphamide	100 PO QD		d1-14	Q4W		24, 45
Methotrexate	40	10 mins	d1, 8	Q4W		
5-FU	600	10 mins	d1, 8	Q4W		

Docetaxel + Capecitabine

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Docetaxel	75	1 hr	d1	Q3W	6	25
Capecitabine	950 PO BID		d1-14	Q3W	6	

GT

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	175	≥ 3 hrs	d1	Q3W		26
Gemcitabine	1250	30 mins	d1, 8	Q3W		

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Paclitaxel	80	≥ 1 hr	d1, 8, 15	Q4W		44
Gemcitabine	800	30 mins	d1, 8, 15	Q4W		

Gemcitabine + Carboplatin

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Gemcitabine	1250	30 mins	d1, 8	Q3W		27
Carboplatin	AUC 2	≥ 30 mins	d1, 8	Q3W		

Bevacizumab + Paclitaxel

藥品名	劑量 mg/m^2		給藥日	頻率	週期	參考文獻
Bevacizumab	10 mg/kg	≥ 30 mins	d1, 8	Q4W		28
Paclitaxel	90	≥ 1 hr	d1, 8, 15	Q4W		

HER2-POSATIVE

Preferred Agents

First line

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg	90 → 30 mins	d1	Q3W		29
Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W		
Docetaxel	75-100	1 hr	d1	Q3W		

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		30, 31, 33, 34
± Pertuzumab ★	840 → 420 mg	90 → 30 mins	d1	Q3W		
Paclitaxel	175#	≥ 3 hrs	d1	Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

#or 80 mg/m2 on d1, 8, 15 with Q3W

Second line

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Fam-trastuzumab deruxtecan-nxk	5.4 mg/kg	90 mins	d1	Q3W		63

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
T-DM1	3.6 mg/kg	90 mins	d1	Q3W		40

Other Agents

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		31, 32
Paclitaxel	175	≥ 3 hrs	d1	Q3W		
Carboplatin	AUC 6	1 hr	d1	Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		31, 35, 36
Docetaxel	80-100#	1 hr	d1	Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

#or 35 mg/m^2 on d1, 8, 15 with Q3W

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		31, 37
Vinorelbine	30-35#		d1, 8	Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

#or 25 mg/m^2 on d1, 8, 15 with Q3W

藥品名	劑量 mg/m^2	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		31, 33, 38, 39
Capecitabine	1000-1250		d1-14	Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Lapatinib	1250 mg PO QD	d1-21	Q3W		41
Capecitabine	1000 PO BID	d1-14	Q3W		

藥品名	劑量 mg/m²	輸注時間	給藥日	頻率	週期	參考文獻
Trastuzumab ★	8 → 6 mg/kg*	90 → 30 mins	d1	Q3W		31, 43
Lapatinib	1000 mg PO QD			Q3W		

*or 4 → 2 mg/kg on d1, 8, 15 with Q3W

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Neratinib	240 mg PO QD	d1-21	Q3W		54
Capecitabine	750 PO BID	d1-14	Q3W		

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Endocrine Therapy Regimens for Recurrent or Metastatic Breast Cancer

Premenopausal

SERM

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

Ovarian ablation or suppression

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

*or 10.8mg SC Q3M

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

*or 11.25 mg SC Q3M

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/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 mg IM	d1	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	d1-21	Q4W		8
Letrozole	2.5 mg PO QD	d1-21	Q4W		

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	d1-21	Q4W		8
Anastrozole	1 mg PO QD	d1-21	Q4W		

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	d1-21	Q4W		8
Exemestane	25 mg PO QD	d1-21	Q4W		

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	d1-21	Q4W		9
Letrozole	2.5 mg PO QD	d1-21	Q4W		

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	d1-21	Q4W		9
Anastrozole	1 mg PO QD	d1-21	Q4W		

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Ribociclib	600 mg PO QD	d1-21	Q4W		9
Exemestane	25 mg PO QD	d1-28	Q4W		

藥品名	劑量 mg/m^2	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/m^2	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/m^2	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/m^2	給藥日	頻率	週期	參考文獻
Palbociclib	125 mg PO QD	d1-21	Q4W		10
Fulvestrant	500 mg IM	d1, 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	d1-21	Q4W		11
Fulvestrant	500 mg IM	d1, 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 mg IM	d1, 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	d1, 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 mg PO QD				

Inavolisib + Palbociclib + Fulvestrant

藥品名	劑量 mg/m²	給藥日	頻率	週期	參考文獻
Inavolisib	9 mg PO QD	d1-28	Q4W		20
Palbociclib	125 mg PO QD	d1-21	Q4W		
Fulvestrant	500 mg IM	d1, 15 → 1	Q4W		

Alpelisib + Fulvestrant for PIK3CA-mutated tumors

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Alpelisib	300 mg PO QD				17
Fulvestrant	500 mg IM	d1, 15 → 1	Q4W		

Capivasertib + Fulvestrant for PIK3CA-mutated tumors or AKT1 activating mutations or PTEN alterations

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Capivasertib	400 mg PO BID	d1-4, 8-11, 15-18, 22-25	Q4W		19
Fulvestrant	500 mg IM	d1, 15 → d1	Q4W		

Useful in certain circumstances

Abemaciclib

藥品名	劑量 mg/m^2	給藥日	頻率	週期	參考文獻
Abemaciclib	200 mg PO BID				18

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《乳癌放射治療共識》

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 GyE（25 次）或 50.4 GyE（28 次）；40 GyE（15 次）或 42.5 GyE（16 次）；28.5 GyE（5 次）（每週一次，僅適用於病人符合以下全部條件：大於 50 歲、腫瘤小於 3 公分、手術經完整切除邊緣無殘留腫瘤、淋巴結無轉移腫瘤、放療計畫無須接受腫瘤原發部位加強放射治療（tumor bed boost）、治療計畫不包含化學治療者）

◎追加照射範圍：腫瘤切除空腔與其周圍

◎追加照射劑量：10 GyE（5 次）至 16 GyE（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 限制須考慮質子射束戈 相對生物等效劑量。

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 GyE（25 次）或 50.4 GyE（28 次）或若未進行乳房重建時可考慮 40 GyE（15 次）或 42.5 GyE（16 次）

◎追加照射範圍：手術疤痕周圍

◎追加照射劑量：10 GyE（5 次）至 16 GyE（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 限制須考慮質子射束戈 相對生物等效劑量。

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 GyE（25 次）或 50.4 GyE（28 次）或若未進行乳房重建時可考慮 40 GyE（15 次）或 42.5 GyE（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 GyE（5 次）至 16 GyE（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，以及質子治療，可考慮搭配影像導引治療，與心肺保護技術。

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