

《頭頸癌放射治療共識》

口腔癌

一、治療範圍

1. 口腔腫瘤或腫瘤原發部位
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~74Gy；中低劑量區 45~63Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

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劃，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。

四、參考文獻：

1. NCCN clinical practice guidelines in oncology-Head and Neck cancers. version 1, 2025.
2. Adelstein DJ, et al. An intergroup phase III comparison of standard radiation therapy and two schedules of concurrent chemoradiotherapy in patients with unresectable squamous cell head and neck cancer. J Clin Oncol 2003; 21: 92-8
3. Cooper JS, et al. Postoperative concurrent radiation therapy and chemotherapy in high-risk SCCA of the head and neck: The RTOG 9501/Intergroup phase III trial. NEJM 2004; 350(19): 1937-44
4. Bernier J, et al. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer. NEJM 2004; 350(19): 1945-52

鼻咽癌

一、治療範圍

1. 鼻咽腫瘤
2. 頸部淋巴轉移病灶
3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 69.96~70.2Gy；中低劑量區 44~63Gy
2. 分次劑量：高劑量區 1.8~2.12Gy；中低劑量區 1.6~2.0Gy

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劃，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。

四、參考文獻：

1. NCCN clinical practice guidelines in oncology-Head and Neck cancers. version 1, 2025.
2. Gregoire V, et al. CT-based delineation of lymph node levels and related CTVs in the node-negative neck: DAHANCA, EORTC, GORTEC, NCIC, RTOG consensus guidelines. Radiother Oncol 2003; 69: 227-36
3. Wolden SL, et al. Intensity-modulated radiation therapy (IMRT) for nasopharynx cancer: update of the Memorial Sloan-Kettering experience. Int J Radiat Oncol Biol Phys 2006; 64: 57-62.

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3. 頸部高風險淋巴轉移範圍

二、治療劑量 / 次數

1. 總劑量：高劑量區 66~76Gy；中低劑量區 45~66Gy
2. 分次劑量：高劑量區 1.8~2.2Gy；中低劑量區 1.6~2.0Gy

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劃，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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1. NCCN clinical practice guidelines in oncology for head and neck cancers. Version 1, 2025.
2. Bernier J, Cooper JS, Pajak TF. Defining risk levels in locally advanced head and neck cancers: A comparative analysis of concurrent postoperative radiation plus chemotherapy trials of the EORTC (#22931) and RTOG (# 9501). Head & Neck. 27 (10) : 843-50, 2005.
3. Cooper JS, Pajak TF, Forastiere AA, et al. Postoperative concurrent radiation therapy and chemotherapy in high-risk SCCA of the head and neck: The RTOG 9501/Intergroup phase III trial. NEJM. 350 (19) :1937-44, 2004.
4. Bernier J, Dornge C, Ozsahin M, et al. Postoperative irradiation with or without concomitant chemotherapy for locally head and neck cancer. NEJM. 350 (19) : 1945-52, 2004.

5. Soo KC, Tan EH, Wee J, et al. Surgery and adjuvant radiotherapy vs. concurrent chemoradiotherapy in stage III/IV metastatic squamous cell head and neck cancer: a randomized comparison. *Br J Cancer*. 93 (3) : 279-86, 2005.
6. Hitt R, Lopez-Pousa A, Martinez-Trufero J, et al. Phase III study comparing cisplatin plus fluorouracil to paclitaxel, cisplatin, and fluorouracil induction chemotherapy followed by chemoradiotherapy in locally advanced head and neck cancer. *J Clin Oncol*. 23: 8636-8645, 2005.
7. QUANTEC Bentzen SM, Constine LS, Deasy JO, et al. Quantitative Analyses of Normal Tissue Effects in the Clinic (QUANTEC): an introduction to the scientific issues. *International journal of radiation oncology, biology, physics* 2010; 76(3 Suppl): S3-9.

下咽癌

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1. 下咽腫瘤或腫瘤原發部位
2. 頸部淋巴轉移病灶
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四、參考文獻：

1. NCCN clinical practice guidelines in oncology for head and neck cancers. Version 1, 2025.
2. A phase III study of postoperative radiation therapy (IMRT) +/- Cetuximab for locally-advanced resected head and neck cancer. Radiation Therapy Oncology Group, Protocol 0920.
3. Cooper JS, Pajak TF, Forastiere AA, et al. Postoperative concurrent radiation therapy and chemotherapy in high-risk SCCA of the head and neck: The RTOG 9501/Intergroup phase III trial. NEJM. 350 (19):1937-44, 2004.
4. Bernier J, Dommenege C, Ozsahin M, et al. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer. NEJM. 350 (19):1945-52, 2004.
5. Adelstein DJ, Li Y, Adams GL, et al. An intergroup phase III comparison of standard radiation therapy and two schedules of concurrent chemoradiotherapy in patients with unresectable squamous cell head and neck cancer. J Clin Oncol. 21: 92-8, 2003.

6. Bentzen SM, Constine LS, Deasy JO, et al. Quantitative Analyses of Normal Tissue Effects in the Clinic (QUANTEC): an introduction to the scientific issues. International journal of radiation oncology, biology, physics 2010; 76(3 Suppl): S3-9.
7. Thomson DJ, Palma D, Guckenberger M, et al. Practice Recommendations for Risk-Adapted Head and Neck Cancer Radiation Therapy During the COVID-19 Pandemic: An ASTRO-ESTRO Consensus Statement. Int J Radiat Oncol Biol Phys. 107(4):618-627, 2020.