

淋巴癌診療指引

一、參與討論同仁

| | | |
|--------|---------------|---------------|
| 主席 | 彭汪嘉康院長 | |
| 附設醫院 | 廖裕民醫師 (血液腫瘤科) | 李婉玫副主任 (癌症中心) |
| | 吳庠螢個管師 (癌症中心) | 李玉婷個管師 (癌症中心) |
| 萬芳醫院 | 劉興璟醫師 (血液腫瘤科) | 顏上惠醫師 (放射腫瘤科) |
| | 吳思遠醫師 (放射腫瘤科) | 林維君個管師 (癌症中心) |
| 雙和醫院 | 蘇勇誠醫師 (血液腫瘤科) | 王緯婷個管師 (癌症中心) |
| 臺北癌症中心 | 高瑞和醫師 (血液腫瘤科) | 曾慧恩醫師 (血液腫瘤科) |
| | 郭碧蓮領航護理師 | |

二、討論日期：106年10月25日

三、校稿人員：廖裕民醫師 / 吳庠螢個管師

106 年版與上一版差異：

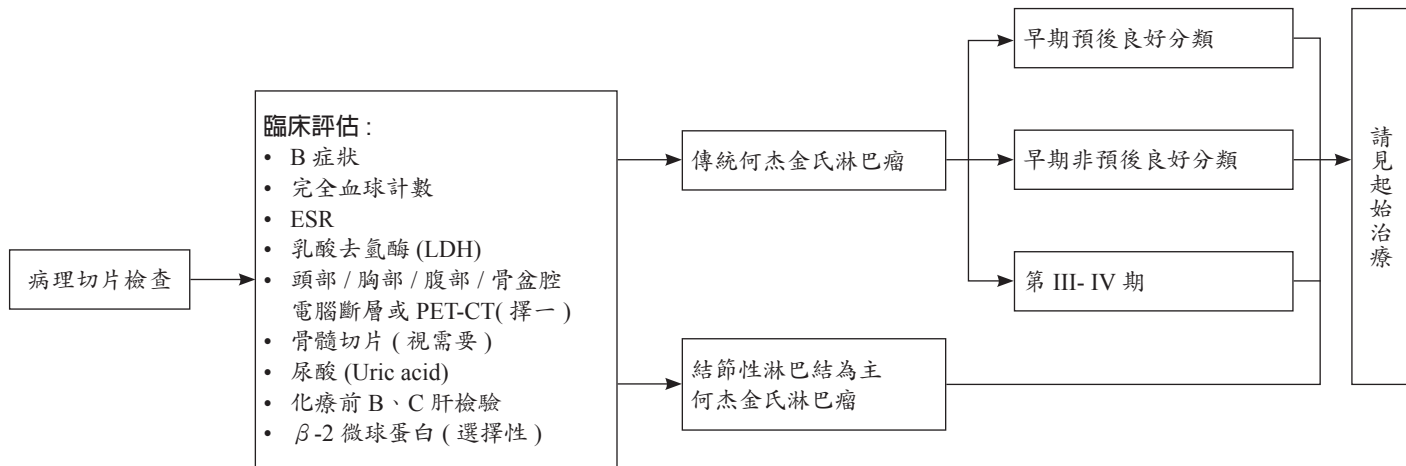
| 105 年版 | 106 年修訂版 |
|--|--------------------------------------|
| 何杰金氏症 - 傳統何杰金氏症淋巴瘤 早期預後良好分類 - 起始治療後組織切片仍有殘餘腫瘤 | 新增 免疫治療、Anti-CD30 單株抗體 (optional) |
| 何杰金氏症 - 傳統何杰金氏症淋巴瘤 早期非預後良好分類 - 起始治療後組織切片仍有殘餘腫瘤 | 新增 免疫治療、Anti-CD30 單株抗體 (optional) |
| 何杰金氏症 - 傳統何杰金氏症淋巴瘤 第 III- IV 期 - 起始治療後組織切片仍有殘餘腫瘤 | 新增 免疫治療、Anti-CD30 單株抗體 (optional) |
| 何杰金氏症 - 結節性淋結為主何杰金氏淋巴瘤 起始治療後組織切片仍有殘餘腫瘤 | 新增 免疫治療 (optional) |
| CLL/SLL 臨床檢查 | 修訂 ESR (optional) |
| CLL 起始治療 -Rai 分期 (III-IV)/Binet 分期 (C) | 新增 Ibrutinib(optional) |
| 非何杰金氏症 - 用藥名詞定義 (免疫療法 /Anti-CD20 單株抗體 /rituximab/R) | 修訂 Anti-CD20 單株抗體 |
| 非何杰金氏症 - 瀰漫性大 B 細胞淋巴瘤 / 濾泡性淋巴瘤 Gr. III (DLBCL/FL Gr. III) 臨床檢查 - 骨髓切片 | 修訂 骨髓切片 (optional for DLBCL) |

《淋巴瘤診療指引共識—何杰金氏症 (Hodgkin lymphoma) -1 》

確診

臨床檢查

臨床分期



1. B symptoms : fever, night sweating, body weight loss.

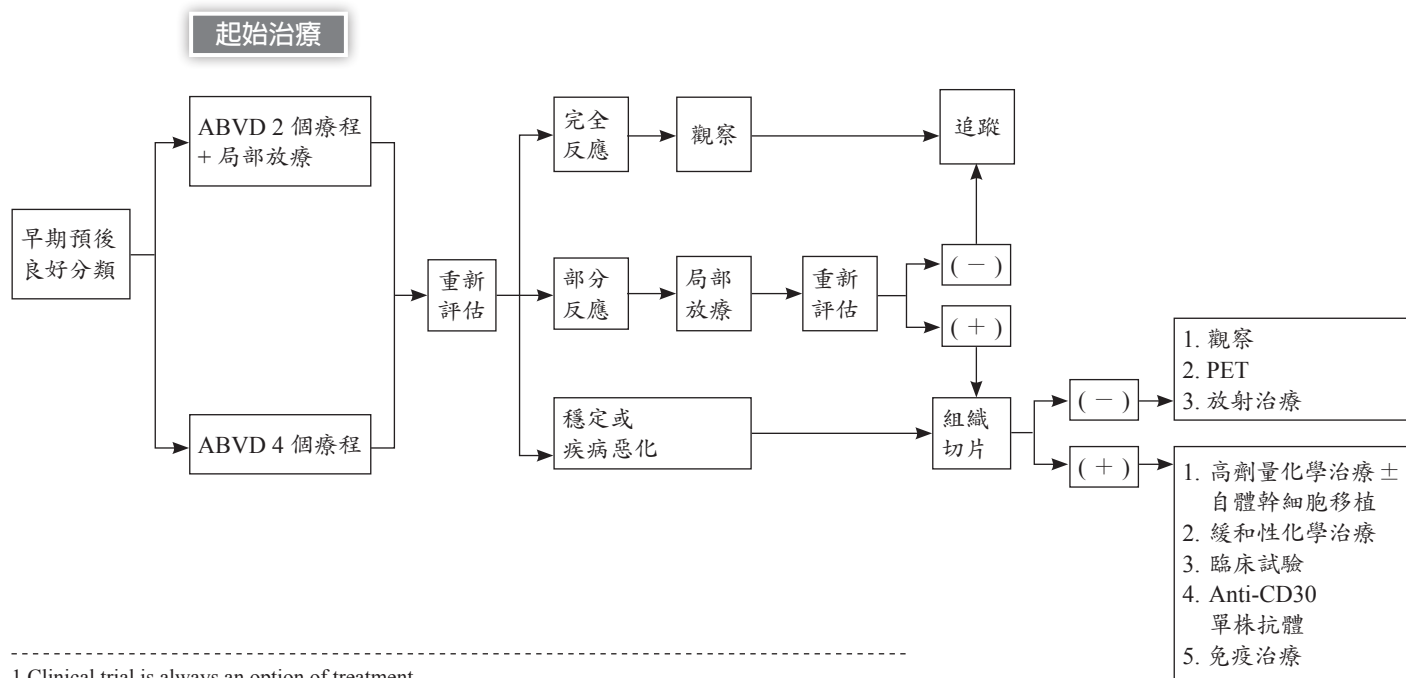
2. 預後不良因子 : ESR>50, B symptoms, Nodal sites >3, bulky tumor(>10) or large mediastinum lesion(MMR>0.33).

3. Clinical trial is always an option of treatment.

| 臨床分期 | 巨大腫瘤 (橫膈膜) | 淋巴結數目 | (ESR) |
|-------------------------------|--------------|--------|-------|
| IA | No | 1 | <50 |
| IB | No | 1 | Any |
| IIA, (E) lesions 沒有淋巴結外淋巴瘤 | No | <3 | <50 |
| IIA ±(E) lesions 有淋巴結外淋巴瘤 | No | <4 | <50 |
| | No | ≥ 4 or | ≥ 50 |
| | Yes | Any | Any |
| IIB ± (E) lesions 有淋巴結外淋巴瘤 | No | Any | Any |
| | Yes | Any | Any |
| III-IV | Yes/No | Any | Any |

《淋巴瘤診療指引共識—何杰金氏症 (Hodgkin lymphoma)-2》

《臨床分期：傳統何杰金氏淋巴瘤》



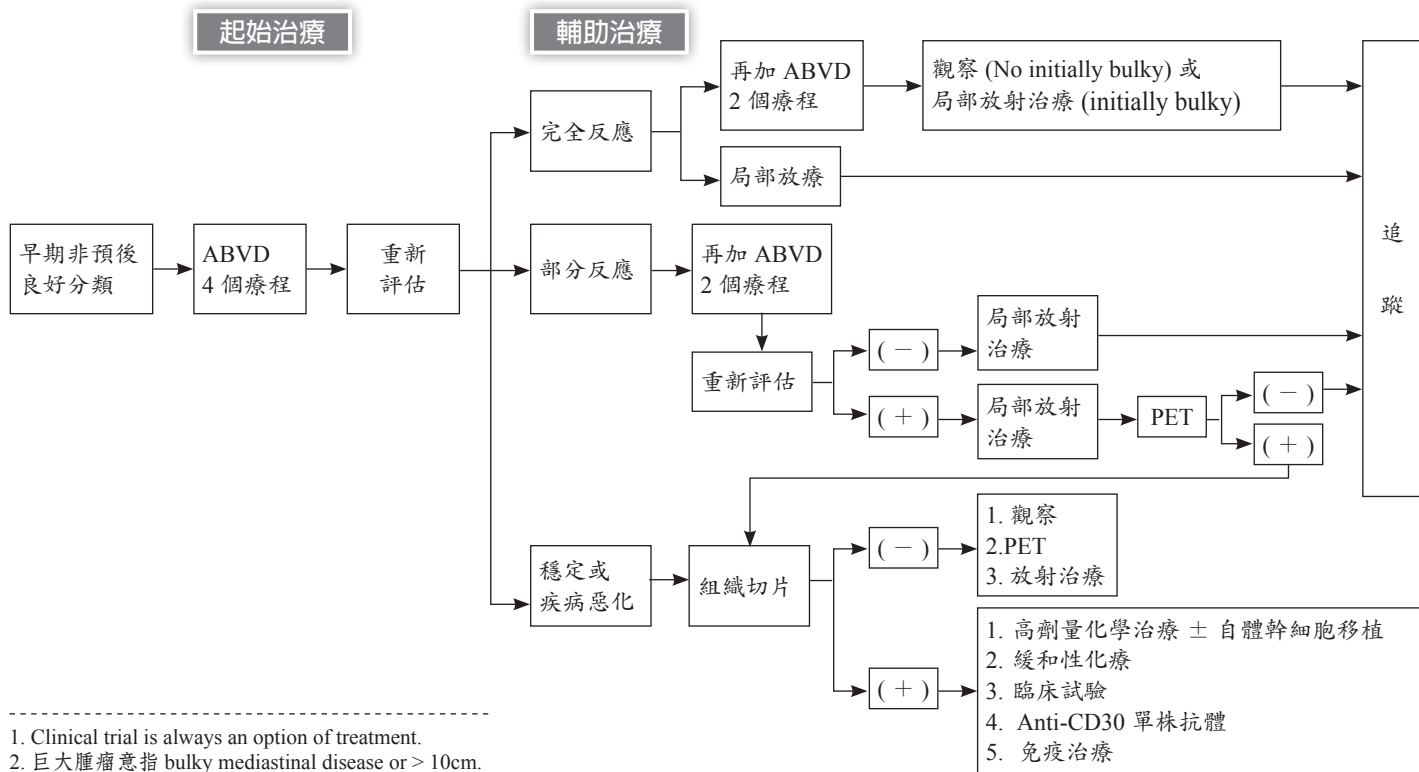
1. Clinical trial is always an option of treatment.

2. Rituximab may be added electively (self-paid) if CD 20 is positive in IHC stain.

3. 早期預後良好定義 : 1. Age < 50 y/o 2. ESR normal 3. Stage I~II 4. No B symptoms 5. No bulky disease

《淋巴瘤診療指引共識—何杰金氏症 (Hodgkin lymphoma)-3》

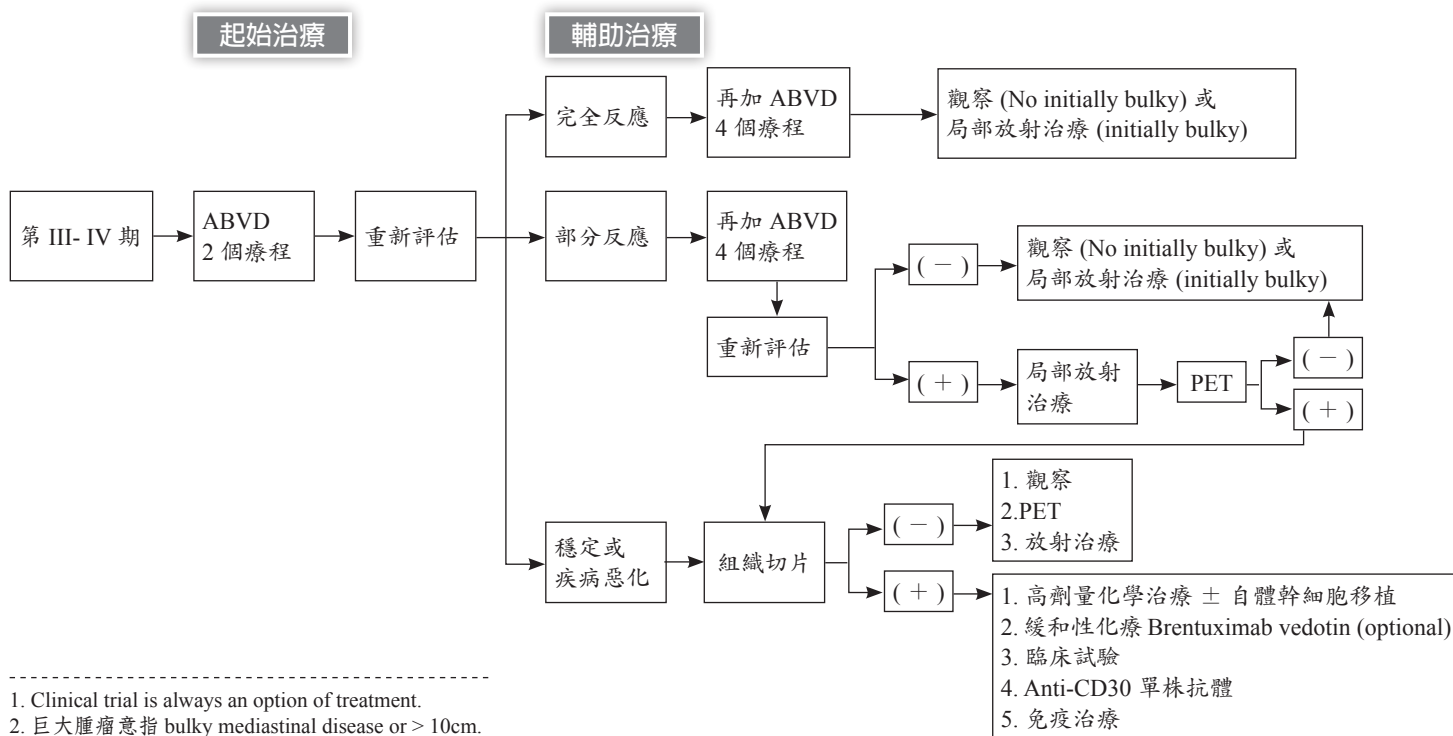
《臨床分期：傳統何杰金氏淋巴瘤》



1. Clinical trial is always an option of treatment.
2. 巨大腫瘤意指 bulky mediastinal disease or > 10cm.

《淋巴瘤診療指引共識—何杰金氏症 (Hodgkin lymphoma)-4》

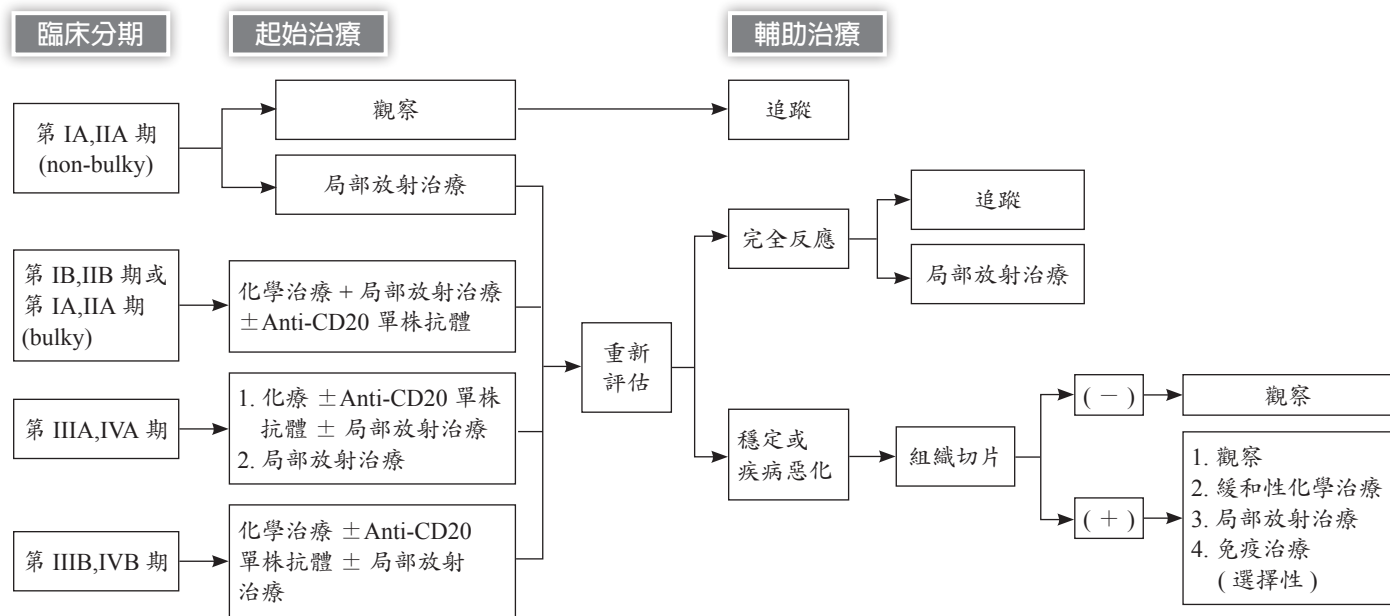
《臨床分期：傳統何杰金氏淋巴瘤》



1. Clinical trial is always an option of treatment.
2. 巨大腫瘤意指 bulky mediastinal disease or > 10cm.

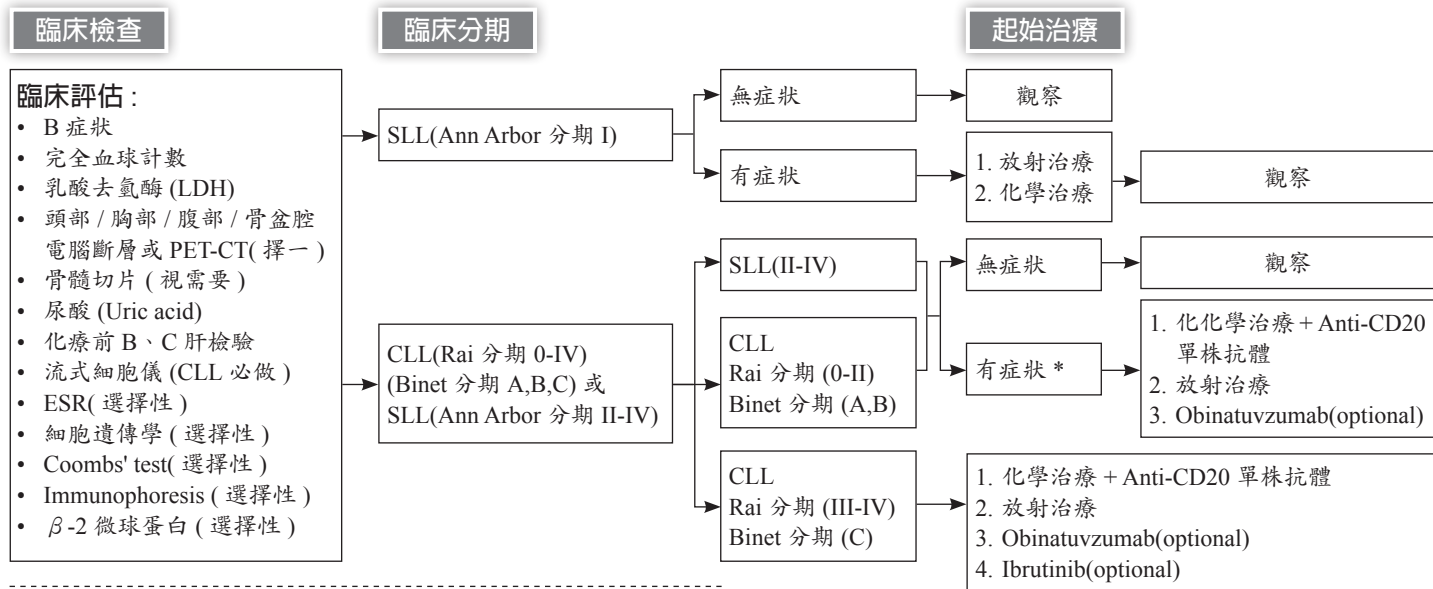
《淋巴瘤診療指引共識—何杰金氏症 (Hodgkin Lymphoma)-5》

《臨床分期：結節性淋巴結為主何杰金氏淋巴瘤》



Clinical trial is always an option of treatment.

《淋巴瘤診療共識—慢性淋巴細胞白血病 (CLL)/ 小淋巴細胞淋巴瘤 (SLL) 》



ˆ Clinical trial is always an option of treatment.

ˆ 評估有以下症狀*：

1. Fatigue(severe) 2. Night sweats 3. Weight loss 4. Fever without infection

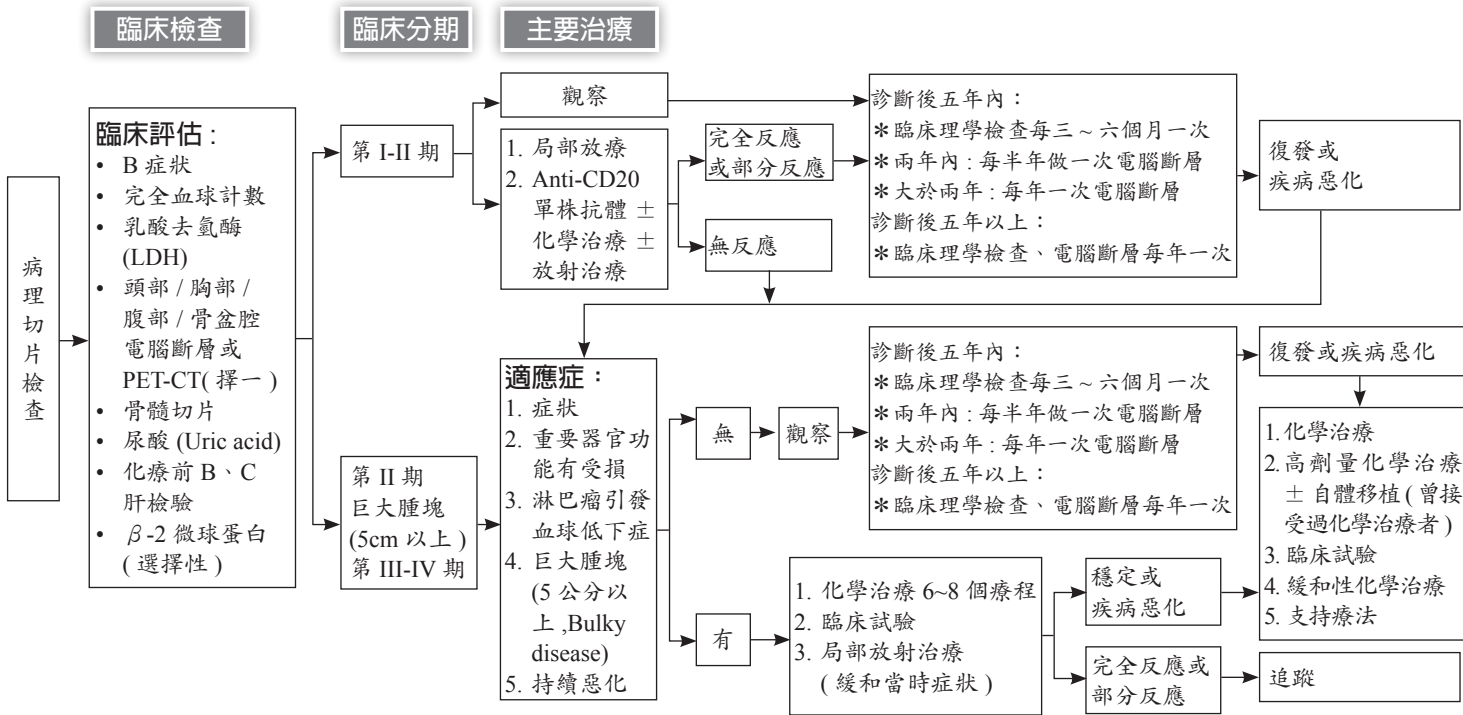
* Threatened end-organ function

* Progressive bulky disease(spleen>6cm below costal margin, lymph nodes>10cm)

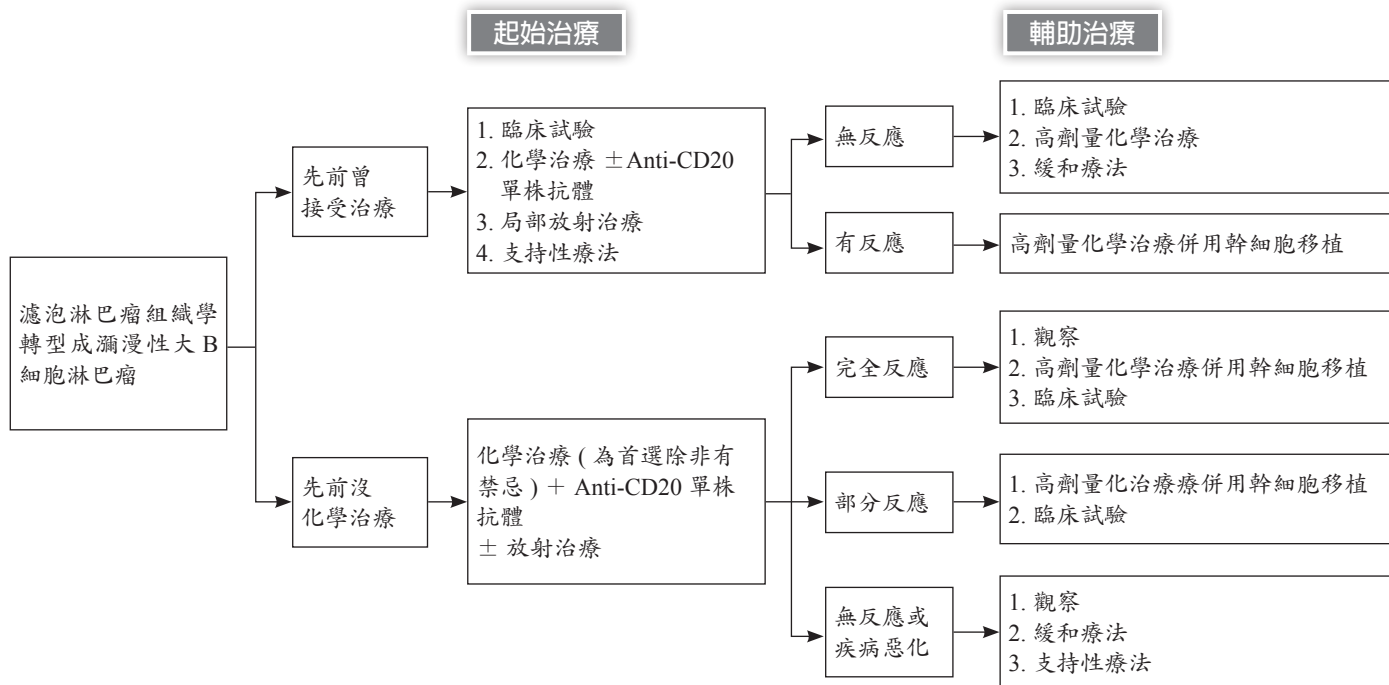
* Progressive anemia

* Progressive thrombocytopenia

ˆ Gazyva(Obinatuvzumab)(optional)



《淋巴瘤診療共識—濾泡淋巴瘤轉型成瀰漫性大 B 細胞淋巴瘤 (FL → DLBCL)》



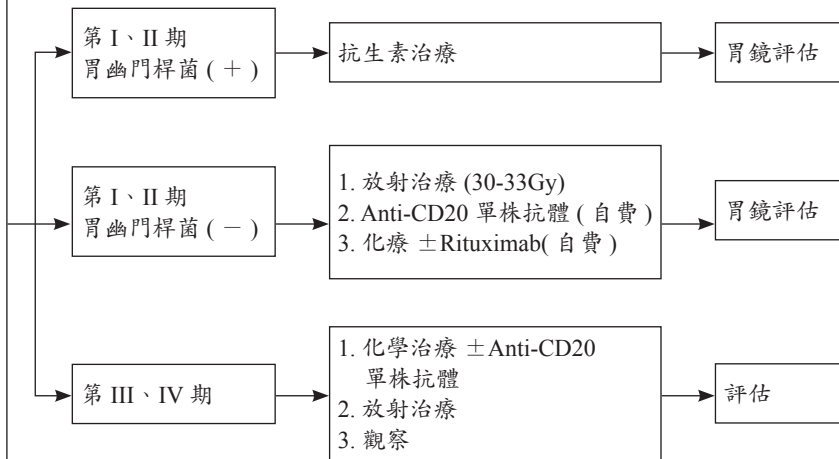
臨床檢查

- 理學檢查、注意胃以外的部位 (眼、皮膚)
- 體能狀態 (EC OG PS)
- CBC、白血球分類、血小板計數
- 生化常規
- LDH
- 如組織病理學檢測幽門螺桿菌陰性、則行幽門螺桿菌非侵入性檢測 (糞便抗原檢測、尿素呼氣試驗、血液抗體檢測)
- 如果擬用 Rituximab、行 B 型肝炎相關檢測
- 胸腔 / 腹腔 / 骨盆腔併顯影劑電腦斷層檢查增強診斷品質
- 超音波內視鏡 (如有) 下多個部位檢體切片
- 育齡期婦女進行妊娠試驗 (如擬行化療)
- 骨髓穿刺切片 (視需要)
- 如果需要 Anthracycline 的療程需顯示 MUGA 掃描 / 心臟超音波數據
- C 型肝炎相關檢測
- 討論生育問題和精子儲存
- 骨髓穿刺切片 (視需要)

臨床分期

起始治療

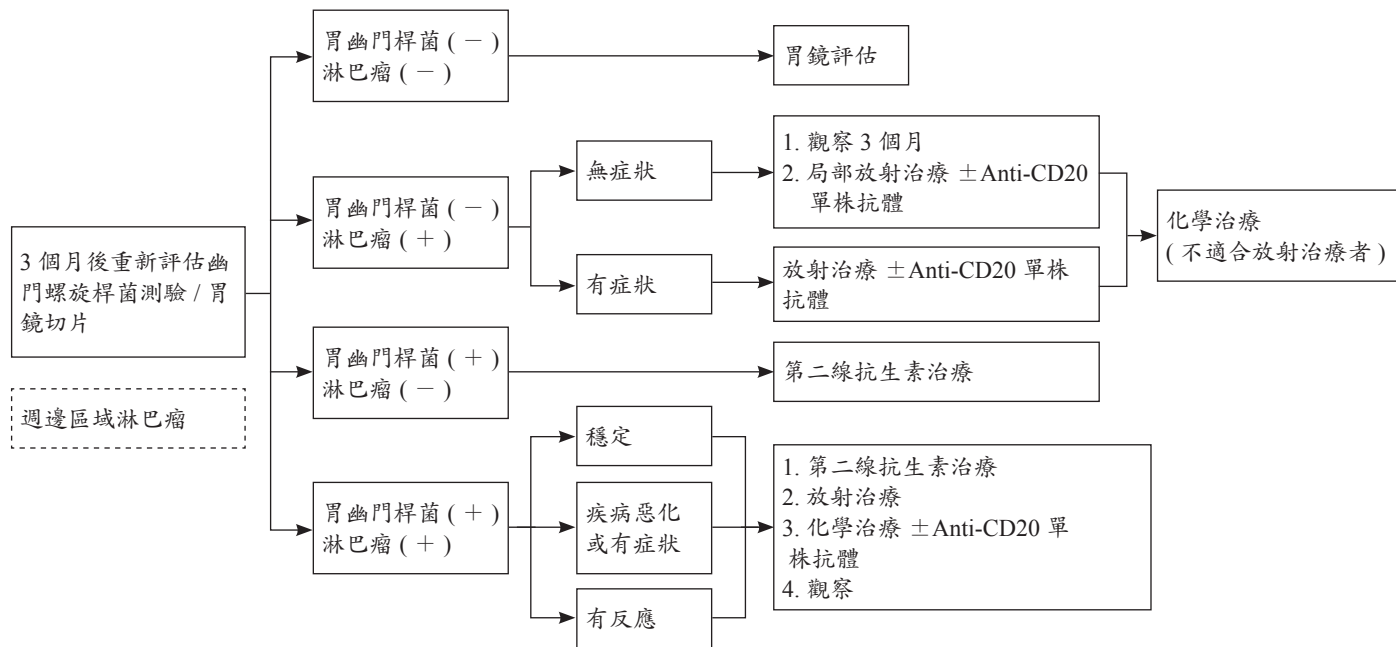
評估



· Clinical trial is always an option of treatment.

《淋巴瘤診療共識—胃黏膜淋巴組織相關淋巴瘤 (Gastric MALT lymphoma) -2》

抗生素使用後



.....
Clinical trial is always an option of treatment

臨床檢查

臨床分期

起始治療

臨床評估：

- B 症狀
- 完全血球計數
- 乳酸去氫酶 (LDH)
- 頭部 / 胸部 / 腹部 / 骨盆腔電腦斷層或 PET-CT (擇一)
- 尿酸 (Uric acid)
- 化療前 B、C 肝檢驗
- 骨髓切片 (選擇性)
- β -2 微球蛋白 (選擇性)

第 I 期

無巨大腫瘤
(< 7.5cm)

Anti-CD20 單株抗體 + 化學治療
3~4 次後評估治療反應

CR

放射治療

完成 Anti-CD20 單株抗體 + 化學治療 total 6~8cycles

觀察

PR

放射治療

完成 Anti-CD20 單株抗體 + 化學治療 total 6~8 cycles

重新評估

CR

非 CR

SD+PD

巨大腫瘤
(\geq 7.5cm)

Anti-CD20 單株抗體 + 化學治療
3~4 次後評估治療反應

CR

完成 Anti-CD20 單株抗體 + 化學治療 total 6~8 cycles

觀察

PR

完成 Anti-CD20 單株抗體 + 化學治療 total 6~8cycles + 放射治療

SD+PD

第 II-IV 期

Anti-CD20 單株抗體 + 化學治療
3~4 次後評估治療反應

CR

完成 Anti-CD20 單株抗體 + 化療 total 6~8 cycles \pm 放射治療 (巨大腫瘤)

觀察

PR

重新評估

CR

非 CR

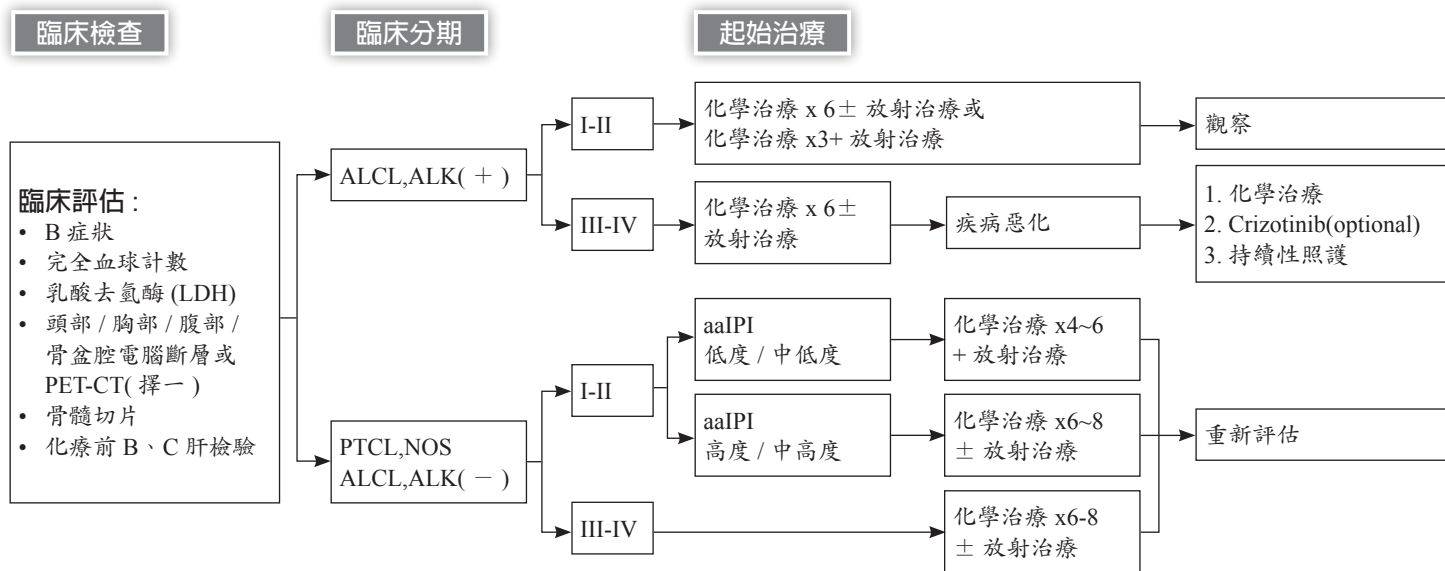
SD+PD

1. 救援性化學治療
2. 高劑量化學治療 + ASCT
3. 臨床試驗
4. 緩和治療

*Rituximab 持續性治療每三個月施打一次，持續 2 年，僅適用於濾泡性淋巴瘤 (Gr. I-II)
• Clinical trial is always an option of treatment.

《 淋巴瘤診療共識—T 細胞淋巴瘤 》

《 (Cutaneous T-cell lymphoma and T-immunoblastic lymphoma are not included) 》



1. Clinical trial is always an option of treatment.
 2. Treatment with diffuse large B cell lymphoma without rituximab.
 3. aaIPI: 年齡調整國際預後指數

1. NCCN clinical practice guidelines in oncology-Hodgkin Lymphoma. version 1.2017.
2. NCCN clinical practice guidelines in oncology-B-cell Lymphomas. Version 3.2017.
3. WHO classification of tumours of haematopoietic and lymphoid tissues. In: Swerdlow SH, Campo E, Harris NL, et al., eds (ed 4). Lyon, France: IARC; 2008.
4. Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol* 2014;32:3059-3068.
5. Meyer R, Gospodarowicz M, Connors J, et al. ABVD alone versus radiation-based therapy in limited-stage Hodgkin's lymphoma. *N Engl J Med* 2012;366:399-408.
6. Radford J, et al. Involved field radiotherapy versus no further treatment in patients with clinical stages IA and IIA Hodgkin Lymphoma and a negative PET scan after 3 cycles of ABVD. Results of the UK NCRI RAPID Trial [abstract]. *Blood* 2012; 120:Abstract 547.
7. Fernández de Larrea C, Martínez C, et al. Salvage chemotherapy with alternating MINE- ESHAP regimen in relapsed or refractory Hodgkin's lymphoma followed by autologous stem cell transplantation. *Ann Oncol* 2010;21(6):1211-1216.
8. Fischer K, Cramer P, Busch R, et al. Bendamustine in combination with rituximab for previously untreated patients with chronic lymphocytic leukemia: A multicenter phase II trial of the German Chronic Lymphocytic Leukemia Study Group. *J Clin Oncol* 2012;30:3209-3216. Knauf WU, Lissichkov T, Aldaoud A, et al. Phase III randomized study of bendamustine
9. Flinn IW, van der Jagt R, Kahl BS, et al. Open-label, randomized, noninferiority study of bendamustine-rituximab or R-CHOP/R-CVP in first-line treatment of advanced indolent NHL or MCL: the BRIGHT study. *Blood* 2014;123:2944-2952.
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11. Salles GA, Seymour JF, Offner F, et al. Rituximab maintenance for 2 years in patients with high tumour burden follicular

- lymphoma responding to rituximab plus chemotherapy (PRIMA): A phase 3, randomised controlled trial. *The Lancet* 2011;377:42-51.
12. Feugier P, Van Hoof A, Sebban C, et al. Long-term results of the R-CHOP study in the treatment of elderly patients with diffuse large B-cell lymphoma: a study by the Groupe d'Etude des Lymphomes de l'Adulte. *J Clin Oncol* 2005;23:4117-4126.
 13. Weidmann E, Kim SZ, Rost A, et al. Bendamustine is effective in relapsed or refractory aggressive non- Hodgkin's lymphoma. *Ann Oncol* 2002;13:1285-1289.
 14. alles GA, Seymour JF, Offner F, et al. Rituximab maintenance for 2 years in patients with high tumour burden follicular lymphoma responding to rituximab plus chemotherapy (PRIMA): A phase 3, randomised controlled trial. *The Lancet* 2011;377:42-51.
 15. Eichhorst B, Fink AM, Busch R, et al. Frontline chemoimmunotherapy with fludarabine (F), cyclophosphamide (C), and rituximab (R) (FCR) shows superior efficacy in comparison to bendamustine (B) and rituximab (BR) in previously untreated and physically fit patients (pts) with advanced chronic chronic lymphocytic leukemia (CLL): Final analysis of an international, randomized study of the German CLL Study Group (GCLLSG) (CLL10 Study)[abstract]. *Blood* 2014;124:Abstract 19.
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 19. Cunningham D, Hawkes EA, Jack A, et al. Rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisolone in patients with newly diagnosed diffuse large B-cell non-Hodgkin lymphoma: a phase 3 comparison of dose intensification with

- 14-day versus 21-day cycles. Lancet 2013;381:1817-1826.
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