

肝癌診療指引

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二、討論日期：108 年 10 月 16 日

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107 年版與上一版差異：

107 年版	108 年修訂版
<p>肝癌診療指引共識 -4 BCLC：B、C 處置部分</p>	<p>修訂 將標靶、免疫、化療 (全身 /IA) 用 Systemic therapy(全身治療) 概括</p>

《 肝癌診療指引共識 -1 》

高危險群評估

危險群評估

* 肝硬化

- 慢性 B、C 型肝炎
- 酒精性肝炎
- 非酒精性脂肪性肝炎
- 血色素沉著症
- 第四期原發性膽汁肝硬化
- 其他原因造成之肝硬化

* 無肝硬化

- B、C 型肝炎帶原者

超音波 ± 甲型胎兒蛋白 (AFP) 每 3-6 個月

甲型胎兒蛋白異常
或超音波結節 ≥ 1 公分

電腦斷層 / 磁振造影
異常

肝癌診療
指引共識 -2

電腦斷層 / 磁振造影
正常

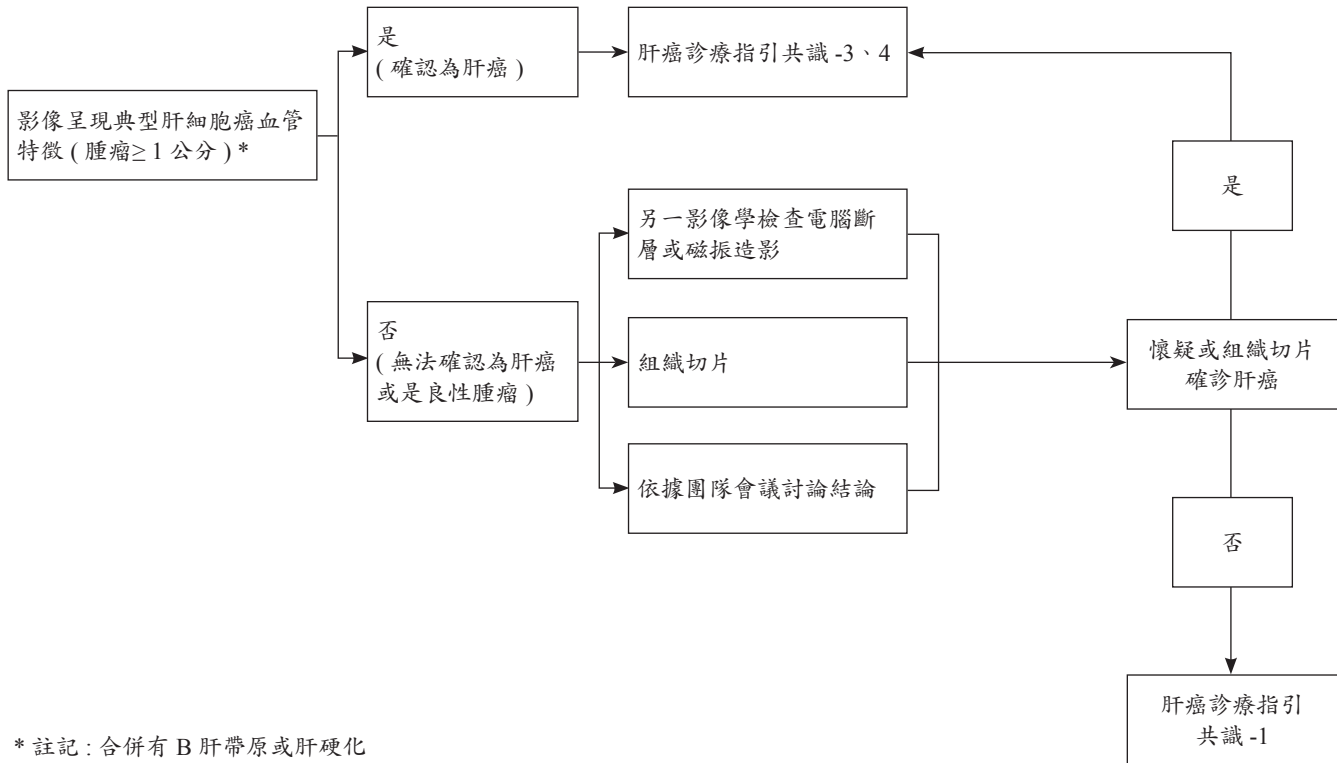
超音波 ±
甲型胎兒蛋白 (AFP) 每 3-6
個月

超音波結節 < 1 公分

每 3-6 個月追蹤影像
學及甲型胎兒蛋白

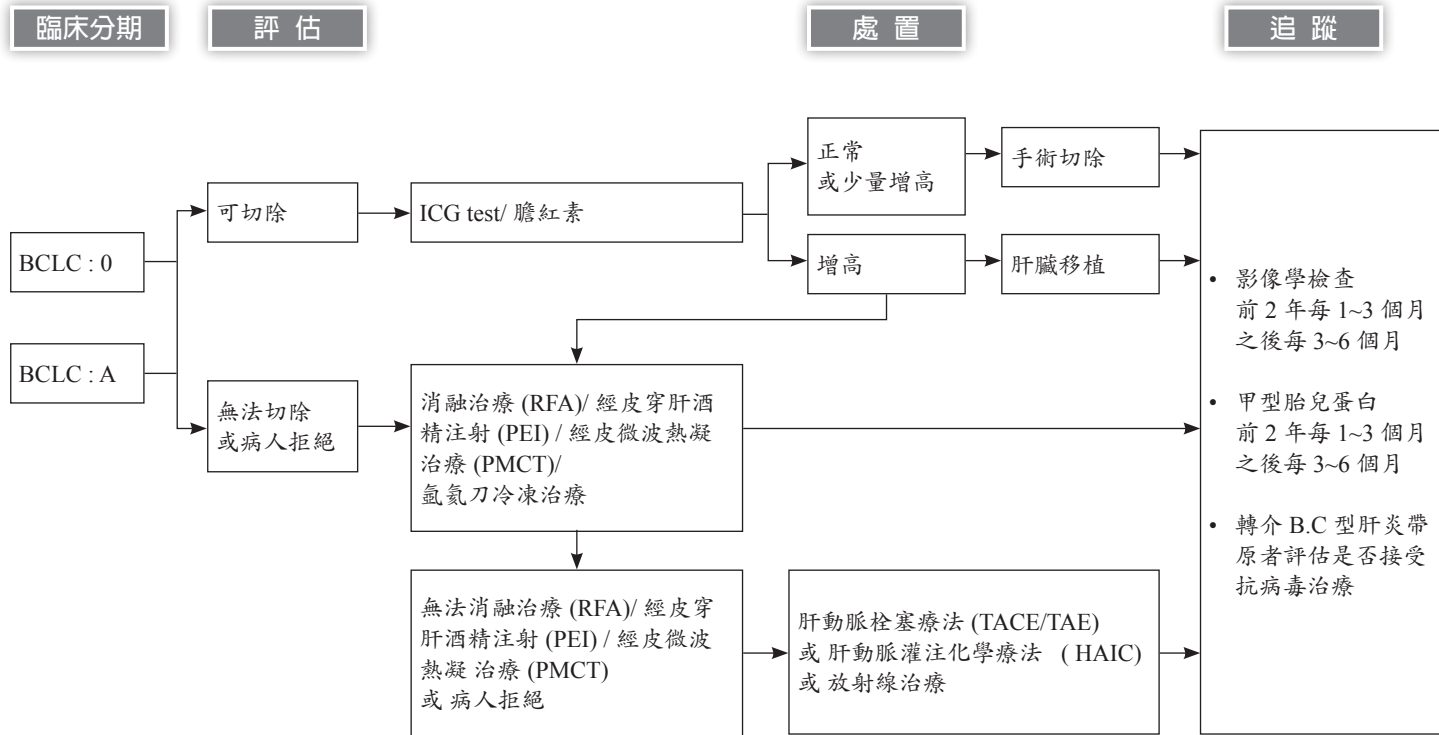
超音波無發現

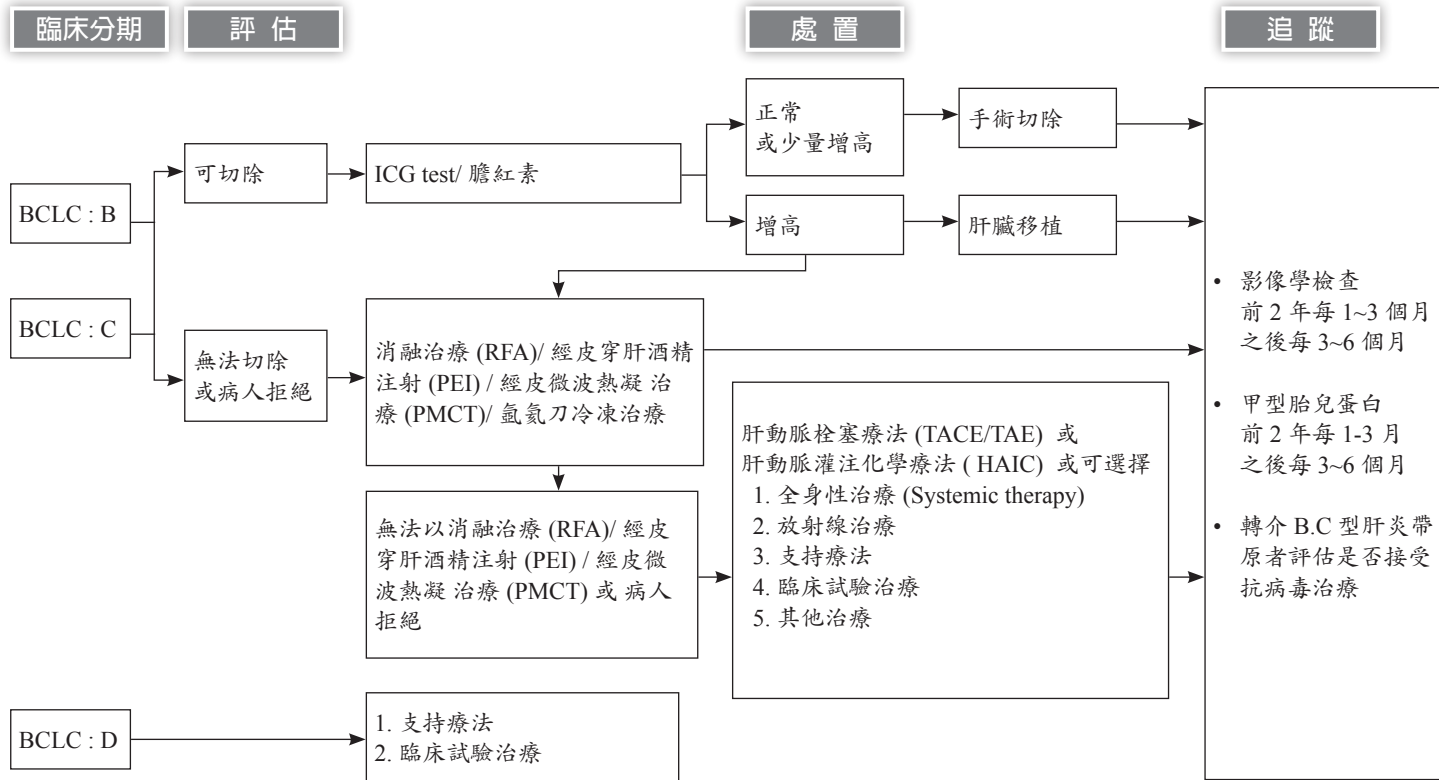
每 6 個月追蹤影像學
及甲型胎兒蛋白



* 註記：合併有 B 肝帶原或肝硬化

《肝癌診療指引共識 -3》





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《肝癌抗癌藥物治療指引》

Hepatocellular Carcinoma

Sorafenib (Child-Pugh Class A [category 1] or B7)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Sorafenib	400mg PO BID				1, 2

Lenvatinib (Child-Pugh Class A only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Lenvatinib	8 or 12mg* PO QD				5

*8 mg/day for BW <60 kg; 12 mg/day for BW ≥ 60 kg

Progression on or after Sorafenib

Regorafenib (Child-Pugh Class A only [category 1])

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Regorafenib	160mg PO QD	1-21	Q4W		3

Nivolumab (Child-Pugh Class A or B7 only)

藥品名	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Nivolumab	3 mg/kg	1	Q2W		4

Ramucirumab (AFP ≥ 400mg/mL only [category 1])

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Ramucirumab	8 mg/kg	1	Q2W		6

Pambrolizumab (Child-Pugh Class A [category 2B])

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Pambrolizumab	200 mg	1	Q3W	up to 35	7

Atezolizumab + Bevacizumab

藥品名 *	劑量 mg/m ²	給藥日	頻率	週期	參考文獻
Atezolizumab	1200 mg	1	Q3W		8
Bevacizumab	15 mg/kg	1	Q3W		

★三院有個別版本

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《 肝癌放射治療共識 》

一、治療範圍

1. 肝腫瘤
2. 栓塞肝門靜脈

二、治療劑量 / 次數 (依正常肝臟劑量調整)

▲ 常規治療：

30-66Gy

次數 10 次 -33 次

▲ 立體定位高劑量分次治療

1. 分次劑量：6-20Gy
2. 治療次數：3-6 次

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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