

Stm 天主教聖馬爾定醫院

食道癌化療處方集

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癌別：食道癌	
CCRT	<p>(1) Cisplatin 30mg/m² (N/S 500 c.c.; ≥ 3hrs) + 5-FU 600 mg/m² (N/S 500 c.c.; ≥ 3hrs) + Leucovorin 100 mg (N/S 500 c.c.; ≥ 3hrs) / wk (during R/T treatment)</p> <p>(2) (A)←→(B) q 2 wks</p> <p>(A) Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + MTX 200 mg/m² (N/S 500 c.c.; ≥3hrs) (or 100 mg/m² (N/S 100 c.c.; 1 hr) for poor P.S.)</p> <p>(B) Epirubicin 50 mg/m² (N/S 100 c.c.;30 mins)+ Bleomycin 8 mg/m² (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) (Gastrointestinal Cancer Research 2008 Mar-Apr.; 2(2):85-92)</p>
Neoadjuvant(術前)	<p>(1) Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + 5-FU 2000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) q 4 wks (European Journal of Cancer Vol.33 July 1997 pp.1216-1220) or Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 100 mg (N/S 500 c.c.; ≥ 4hrs)] * II q 4 wks</p> <p>(2) (A)←→(B) q 2 wks</p> <p>(A) Cisplatin 60 mg/m² + MTX 200 mg/m² (N/S 500 c.c.; ≥3hrs) (or 100 mg/m² (N/S 100 c.c.; 1 hr) for poor P.S.)</p> <p>(B) Epirubicin 50 mg/m² (N/S 100 c.c.;30 mins)+ Bleomycin 8 mg/m² (N/S 100 c.c.; 30 mins)+ 5-FU 1500 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) (Gastrointestinal Cancer Research 2008 Mar-Apr.; 2(2):85-92)</p>

	<p>(3) Docetaxel 60,75mg/ m² (N/S 100 c.c.; 1hr)/ 4wks or 35,40 mg/m² (N/S 100 c.c.; 1hr)/ 2 wks (only for E-G junction adenocarcinoma, ≥ stage IIB) (JCO, Nov. 2006 4991-4997)</p> <p>(4) Cisplatin(劑量同上)+ Docetaxel(劑量同上) (for E-G junction adenocarcinoma, ≥ stage IIB)</p>
<p>Adjuvant(術後)</p>	<p>(1) Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + 5-FU 2000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) q 4 wks *6 cycles (European Journal of Cancer Vol.33 July 1997 pp.1216-1220) or Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 100 mg (N/S 500 c.c.; ≥ 4hrs)] * II q 4 wks</p> <p>(2) (A)←→ (B) q 2 wks *6 cycles</p> <p>(A) Cisplatin 60 mg/m² + MTX 200 mg/m² (N/S 500 c.c.; ≥3hrs) (or 100 mg/m² (N/S 100 c.c.; 1 hr) for poor P.S.)</p> <p>(B) Epirubicin 50 mg/m² (N/S 100 c.c.;30 mins)+ Bleomycin 8 mg/m² (N/S 100 c.c.; 30 mins)+ 5-FU 1500 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) (Gastrointestinal Cancer Research 2008 Mar-Apr.; 2(2):85-92)</p> <p>(3) Docetaxel 60,75mg/ m² (N/S 100 c.c.; 1hr)/ 4wks or 35,40 mg/m² (N/S 100 c.c.; 1hr)/ 2 wks *6 cycles (only for E-G junction adenocarcinoma, ≥ stage IIB) (JCO, Nov. 2006 4991-4997)</p> <p>(4) Cisplatin(劑量同上)+ Docetaxel(劑量同上) *6 cycles (for E-G junction adenocarcinoma, ≥ stage IIB)</p>
<p>Palliative(無法手術)</p>	<p>(1) Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + 5-FU 2000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) q 4 wks (European Journal of Cancer Vol.33 July 1997 pp.1216-1220) or Cisplatin 60 mg/m² (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 100 mg (N/S 500 c.c.; ≥ 4hrs)] * II q 4 wks</p> <p>(2) (A)←→ (B) q 2 wks</p> <p>(A) Cisplatin 60 mg/m² + MTX 200 mg/m² (N/S 500 c.c.; ≥3hrs) (or 100 mg/m² (N/S 100 c.c.; 1 hr) for poor P.S.)</p>

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| | <p>(B) Epirubicin 50 mg/m² (N/S 100 c.c.;30 mins)+ Bleomycin 8 mg/m² (N/S 100 c.c.; 30 mins)+ 5-FU 1500 mg/m² (N/S 500 c.c.; ≥ 4hrs) + Leucovorin 200 mg (N/S 500 c.c.; ≥ 4hrs) (Gastrointestinal Cancer Research 2008 Mar-Apr.; 2(2):85-92)</p> <p>(3) Docetaxel 60,75mg/ m² (N/S 100 c.c.; 1hr)/ 4wks or 35,40 mg/m² (N/S 100 c.c.; 1hr)/ 2 wks (only for E-G junction adenocarcinoma, ≥ stage IIB) (JCO, Nov. 2006 4991-4997)</p> <p>(4) Cisplatin(劑量同上)+ Docetaxel(劑量同上) (for E-G junction adenocarcinoma, ≥ stage IIB)</p> |
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May consider :

- *MMC 8 mg / m² /cycle (Oncology 1993 Apr;50 Supp1 1:53-60)
- * Irinotecan 140,150,160 mg / m² / 2 wks (Oncology Dec.3 2000)
- *Cetuximab 250 mg / m² /dose (The Oncologist July 25,2005)