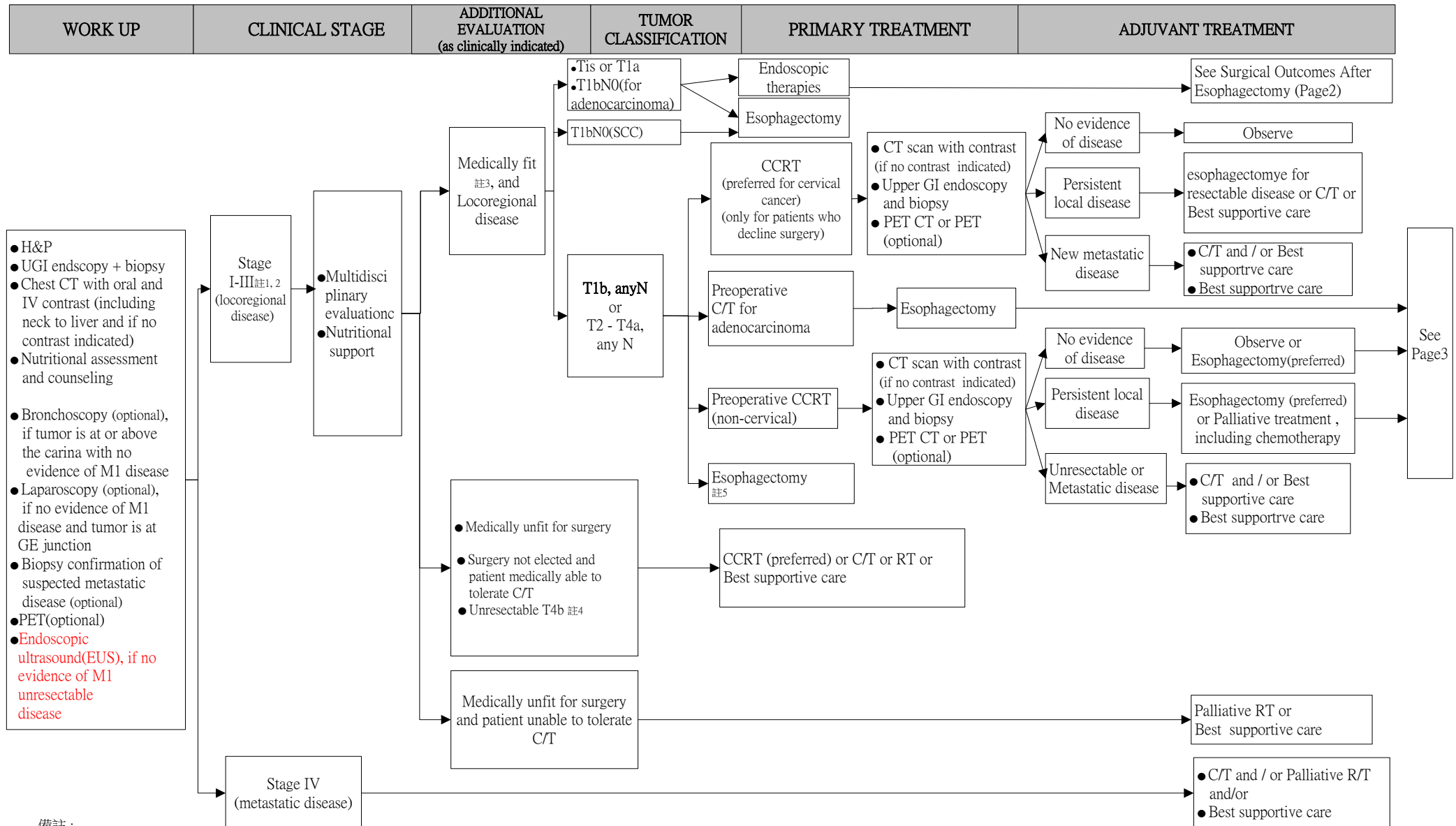


食道癌診療指引

食道癌多專科團隊擬定

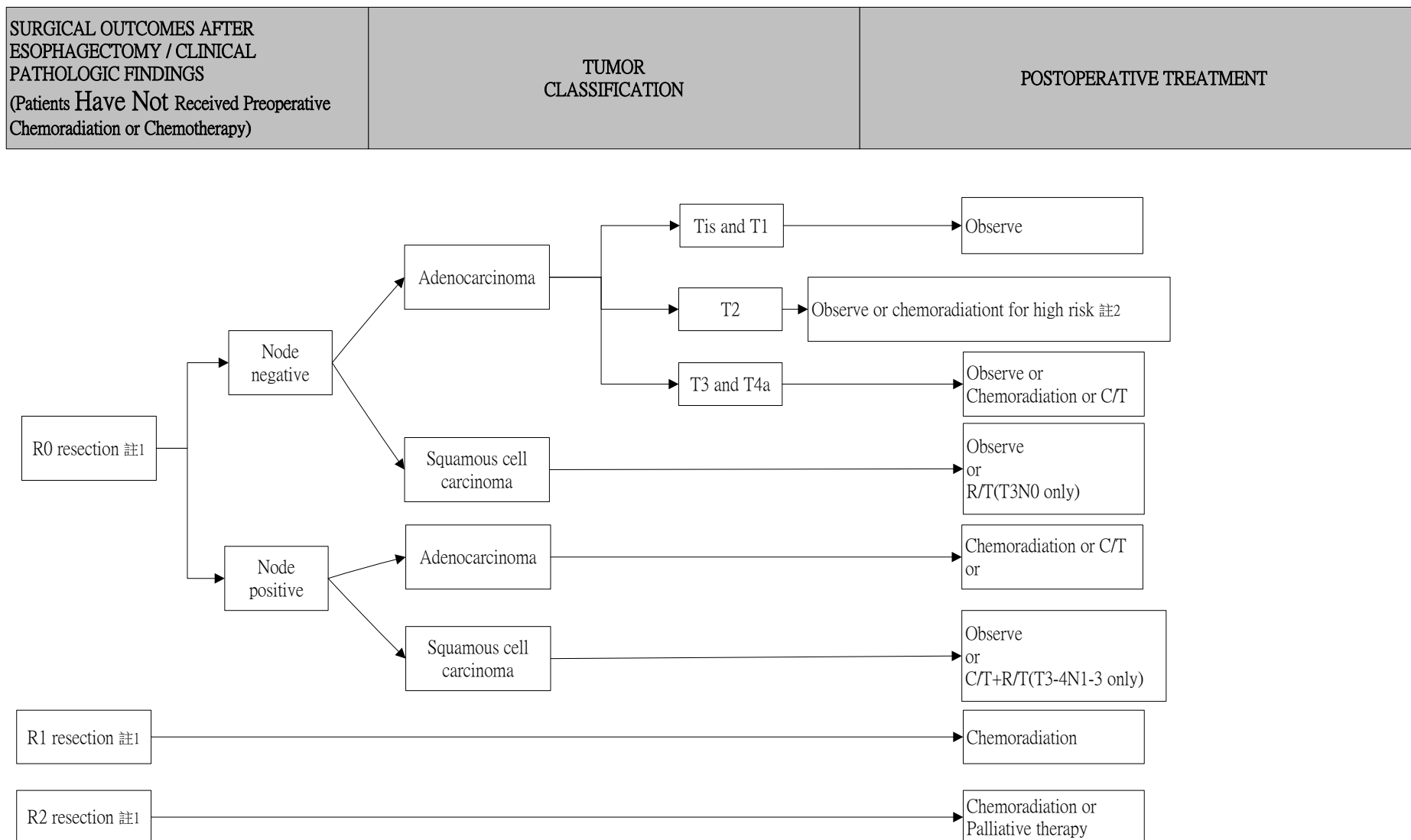
97.05 初定
113.07 修訂



備註：

- 註1. Celiac nodal involvement in cancers of the esophagogastric junction may still be considered for combined modality therapy.
 註2. Resectable T4: Involvement of Pericardium, pleura or diaphragm. T1-3 tumors are resectable even with regional nodal metastases (N+).
 註3. Medically able to tolerate major abdominal and/or thoracic surgery.
 註4. Unresectable Stage IVA: involvement of the heart, great vessels, trachea or adjacent organs including liver, pancreas, lung, and spleen are unresectable.
 註5. SCC: non-cervical esophagus, T1b-T2, low risk lesion, Length < 3cm, well differentiated.

參考資料來源：
NCCN V1.2024 — March 07, 2024
Esophageal and Esophagogastric junction Cancers



備註：

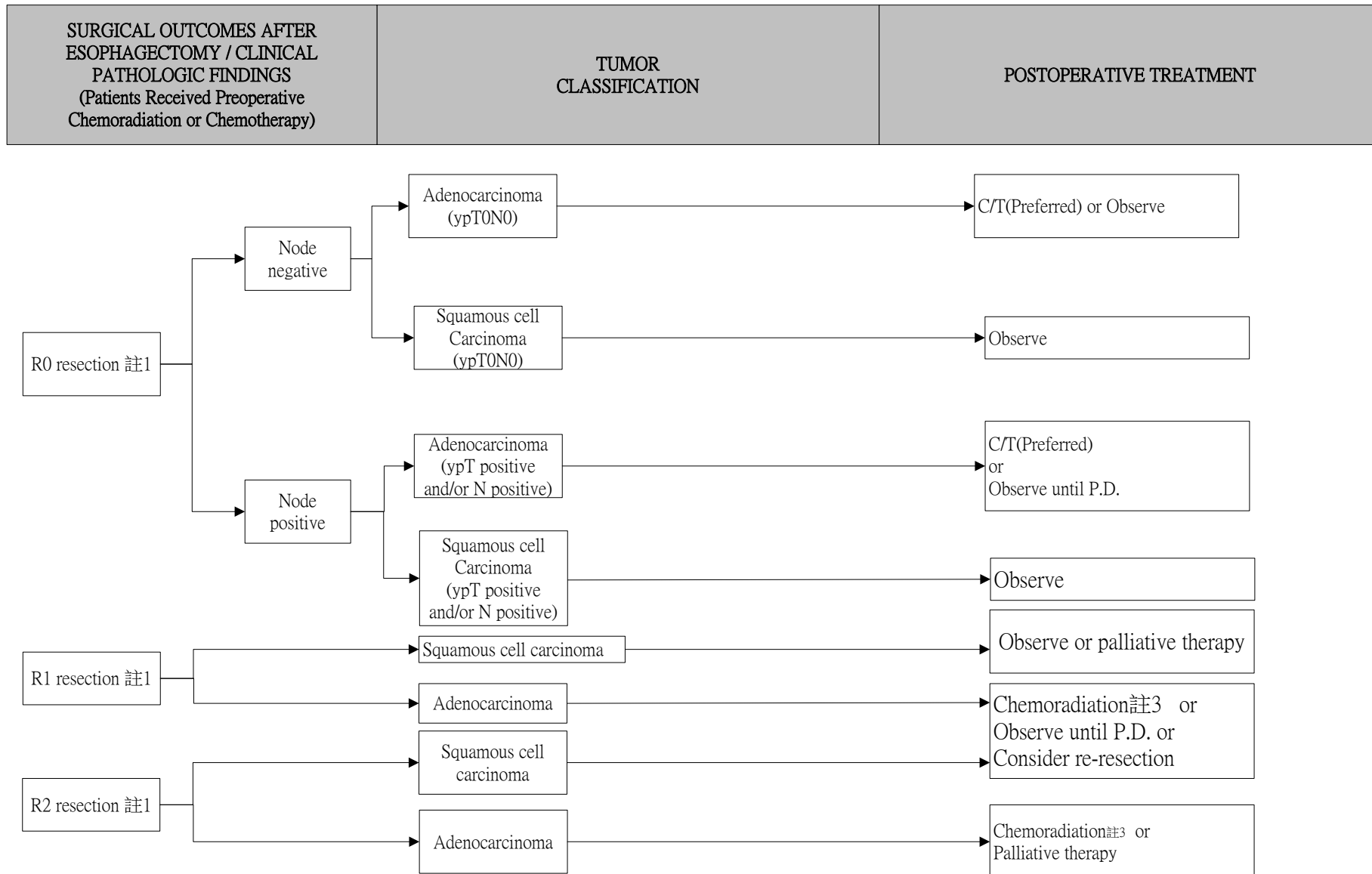
註1.R0= No cancer at resection margins, R1= Microscopic residual cancer, R2= Macroscopic residual cancer or M1B.

註2. Consider chemoradiation for patients with high risk lower esophagus or EGJ adenocarcinoma. High risk features include poorly differentiated or higher grade cancer, lymphovascular invasion, perineural invasion, or < 50 y/o.

參考資料來源：

NCCN V1.2024 — March 07, 2024

Esophageal and Esophagogastric junction Cancers



備註：

註1.R0= No cancer at resection margins, R1= Microscopic residual cancer, R2= Macroscopic residual cancer or M1B.

註3.Postoperative chemoradiation only if not received preoperatively.

參考資料來源：

NCCN V1.2024 — March 07, 2024

Esophageal and Esophagogastric junction Cancers

