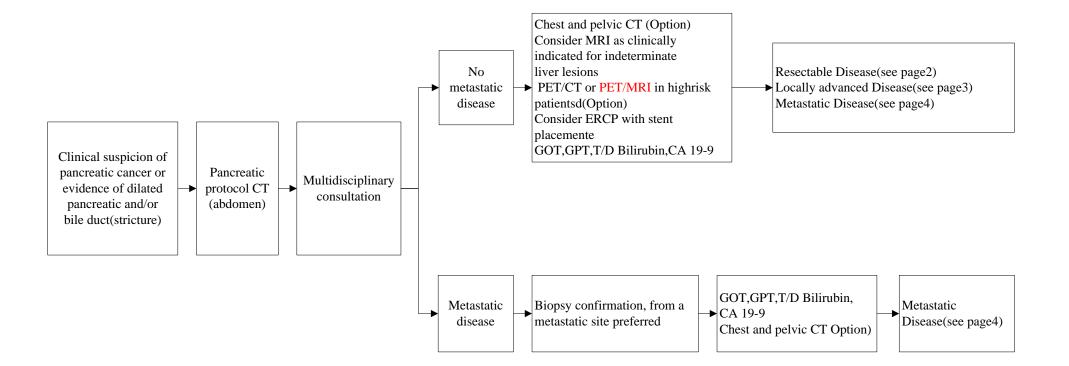
胰臟癌診療指引

胰臟癌多專科團隊擬定

Pancreatic Cancer Treatment Guideline (page 1)

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CLINICAL WORKUP
WORKUP



Pancreatic Cancer Treatment Guideline (page 2)

▶ jaundice

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Metastatic

Disease(see page4)

RESECTABLE **TREATMENT** CA- 199 Chest CT or MRI of No evidence Of Chemotherapy Successful → Surveillance → abdomen and pelvis with metastatic disease $\pm R/T$ resection Contrast Every 3-6 mo For 2 years Consider staging Surgery Proceed to laparoscopy,in surgery (laparotomy high-risk Resectable (without or minimally patients or as neoadjuvant invasive clinically Consider therapy) surgery) indicatedl gastrojejunostomy No Locally advanced , if clinically indicated iaundice Disease(see page3) ± Celiac plexus neurolysis if pain **Biopsy** Unresectable confirmation at surgery

of diagnosis

Consider biliary bypass ±Gastrojejunostomy, if

clinically indicated

± Celiac plexus neurolysis if pain

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LOCALLY ADVANCED **WORKUP TREATMENT** Consider Resection if feasible No disease → Continue systemic therapy progression observe Good performance status Systemic therapy Chemoradiation ► SBRT if not previously given and → Disease progression If jaundice, placement Adenocarcinoma if primary site is the sole site of of stentu preferably via confirmed progression ERCP Palliative and best supportive care Poor performance status Chemotherapy palliative RT Adenocarcinoma Follow pathway above Repeat confirmed Biopsy **Biopsy** and Refer to high-volume center for Locally Cancer not Cancer not confirmation If jaundice evaluation advanced confirmed confirmed of diagnosis present, consider ERCP with stent placement Treatment with appropriate Other cancer confirmed guildline Treatment with appropriate Other cancer confirmed guildline

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METASTATIC DISEASE TREATMENT

