

# Stm 天主教聖馬爾定醫院

## 頭頸癌化療處方集

最初出版日期:95.03

最後更新日期:115.02

癌別：口腔癌 口咽癌 下咽癌 鼻咽癌		
Induction	最近改版日期	115.02
	處方內容	<p>1. Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks (Cancer 1984;53:1819-24)</p> <p>2. 交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II</p> <p>3. Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d (健保條例)</p> <p>4. (A) ↔ (B) q2wks (A) Cisplatin 60 mg/ m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs )+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</p> <p>(B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr ) (MTX 200 mg/ m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</p> <p>5. Cisplatin 60 mg/m<sup>2</sup> /4 wks+ Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV(dose as above) (JCO Nov.1999; 3503-3511) ;(健保條例)</p> <p>6. Cisplatin 60 mg/m<sup>2</sup>/4 wks + Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30mg/d (健保條例)</p> <p>7. C/T for CCRT ( combined with R/T ) : (A) Cisplatin 30 or 40 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990)</p>

- (B) Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) \* 4 doses q4wks (Cancer 1984;53:1819-24)
- (C) 交通不便+不住院+poor compliance to oral UFUR:  
Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks \* II
- (D) Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d (健保條例)
- (E) (A) ↔ (B) q2wks
- (A) Cisplatin 60 mg/m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)
- (B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr ) (MTX 200 mg/ m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)
- (F) Cisplatin 100 mg/m<sup>2</sup> (N/S 500 c.c. ; ≥ 4hrs ) q3wks \* 3(JCO.2017.35.15 suppl.6007)
8. Consider Cetuximab 250 mg/m<sup>2</sup>  
Nivolumab 120 mg (N/S 100 c.c., 60 min)  
Pembrolizumab 100 mg or 200 mg(N/S 100 c.c., 60 min)  
Nivolumab 120 mg (N/S 100 c.c., 60 min) + Cetuximab 250 mg/m<sup>2</sup> + C/T  
( J Clin Oncol 39, 6017(2021)  
Clin Cancer Res. (2022); 28 (11): 2329–2338.  
Sci Rep.2025 Oct 8;15(1):35110.  
Cancer Cell.2025 May 12;43(5):925-936.e4.)

癌別：口腔癌 口咽癌 下咽癌 鼻咽癌

CCRT	最近改版日期	115.02
	處方內容	<p>C/T for CCRT ( combined with R/T ) :</p> <ol style="list-style-type: none"> <li>1. Cisplatin 30 or 40 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990)</li> <li>2. Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks (Cancer 1984;53:1819-24)</li> <li>3.交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II</li> <li>4.Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d (健保條例)</li> <li>5. (A)↔ (B) q2wks              (A) Cisplatin 60 mg/m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs)+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</li> <li>             (B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.;1 hr ) (MTX 200 mg/ m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</li> <li>6.Consider Cetuximab 250 mg/m<sup>2</sup> run 2 hrs</li> <li>7. Cisplatin 100 mg/m<sup>2</sup> (N/S 500 c.c. ; ≥ 4hrs ) q3wks * 3(JCO.2017.35.15 suppl.6007)</li> <li>8.自費 Pembrolizumab 100 mg or 200 mg(N/S 100 c.c.,60 min) +/-Cisplatin q3wks * 3 (N Engl Med.2025;393:37-50)</li> </ol>

癌別：口腔癌 口咽癌 下咽癌 鼻咽癌

Adjuvant	最近改版日期	115.02
	處方內容	<p>1. Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks VI (Cancer 1984;53:1819-24)</p> <p>2. 交通不便+不住院+poor compliance to oral UFUR : Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg (N/S 500 c.c.; ≥ 4hrs)] q2wks * II VI</p> <p>3. Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d VI (健保條例)</p> <p>4. (A) ↔ (B) q2wks VI (A) Cisplatin 60 mg/ m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs )+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</p> <p>(B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr ) (MTX 200 mg/ m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</p> <p>5. Cisplatin 60 mg/m<sup>2</sup> /4 wks+(自費)Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV (dose as above) VI (JCO Nov.1999; 3503-3511)</p> <p>6. Cisplatin 60 mg/m<sup>2</sup>/4 wks +(自費)Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30mg/d VI</p> <p>7. C/T for CCRT ( combined with R/T ) : (A) Cisplatin 30 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990) (B) Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks VI (Cancer 1984;53:1819-24) (C) 交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II VI (D) Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d VI (健保條例)</p>

	<p>(E) (A)↔(B) q2wks VI</p> <p>(A) Cisplatin 60 mg/ m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs )+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</p> <p>(B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.;1 hr ) (MTX 200 mg/m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</p> <p>8.Consider Cetuximab 250 mg/m<sup>2</sup> run 2 hrs</p> <p>9.自費 Pembrolizumab 100 mg or 200 mg(N/S 100 c.c.,60 min) q3wks * 1yr (N Engl Med.2025;393:37-50)</p>
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癌別：口腔癌 口咽癌 下咽癌 鼻咽癌

Palliative	最近改版日期	115.02
	處方內容	<p>1. Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks (Cancer 1984;53:1819-24)</p> <p>2. 交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II</p> <p>3. Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d (健保條例)</p> <p>4. (A)↔ (B) q2wks (A) Cisplatin 60 mg/ m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs )+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</p> <p>(B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.;1 hr ) (MTX 200 mg/ m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</p> <p>5. Cisplatin 60 mg/m<sup>2</sup> /4 wks+(自費)Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV(dose as above) (JCO Nov.1999; 3503-3511)</p> <p>6. Cisplatin 60 mg/m<sup>2</sup>/4 wks + (自費)Docetaxel 35,40 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30mg/d</p> <p>7. C/T for CCRT ( combined with R/T ) :</p> <p>(A) Cisplatin 30 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990)</p> <p>(B) Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) + [5-FU 1000 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs ) * 4 doses q4wks (Cancer 1984;53:1819-24)</p> <p>(C) 交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs ) q4wks +[5-FU 1500 mg/m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II</p> <p>(D) Cisplatin 60 mg/m<sup>2</sup> q4wks + UFUR 900-1100 mg/m<sup>2</sup>/d + LV (P.O.) 30 mg/d (健保條例)</p> <p>(E) (A)↔ (B) q2wks</p>

		<p>(A) Cisplatin 60 mg/ m<sup>2</sup> + Bleomycin 8 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m<sup>2</sup> (N/S 500 c.c.; ≥ 4hrs )+ LV 200 mg (N/S 500 c.c.; ≥ 4hrs ) (同上 3., v. 5-FU/LV 亦可以 oral UFUR” 與 “oral LV 取代)</p> <p>(B) Epirubicin 50 mg/m<sup>2</sup> (N/S 100 c.c.; 30 mins) + MTX 100 mg/m<sup>2</sup> (N/S 100 c.c.; 1 hr ) (MTX 200 mg/m<sup>2</sup>, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection ) + 5-FU 1500 mg/ m<sup>2</sup> + LV 200 mg (同上 3., v. 5-FU/LV 亦可以 “oral UFUR” 與 “oral LV” 取代) (European Journal of Cancer 1993 Vol.29 pp 704-708)</p> <p>8.Consider Cetuximab 250 mg/m<sup>2</sup> run 2 hrs</p> <p>9. Pembrolizumab 100 mg or 200 mg(N/S 100 c.c.,60 min) q3wks Nivolumab 120 or 240 mg(N/S 100 c.c.,60 min) q2wks monotherapy or combined C/T(自費)</p>
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Immunotherapy: 免疫檢查點 PD-1, PD-L1 抑制劑 (如 atezolizumab、nivolumab、Pembrolizumab、avelumab、ipilimumab 製劑)

(113/02/01) 健保條例