

Stm 天主教聖馬爾定醫院

乳癌化療處方集

最初出版日期:95.03

最後更新日期:115.02

癌別：乳癌		
CCRT	最近改版日期	115.02
	處方內容	C/T agents, except for anthracycline, taxanes
Neoadjuvant (術前)	最近改版日期	115.02
	處方內容	<p>(1) CEF : Endoxan 600mg/ m² (N/S 300 c.c.; 2hrs)+ Epirubicin 60mg/ m² (N/S 100 c.c.; 1hr)+ 5-FU 600mg/ m² (N/S 500 c.c.; ≥3hrs) (Epi: 50mg/ m² (JCO 1988;6:679-88); 60mg/ m² (Br J Cancer 1995Mar ;71(3)587-91)</p> <p>(2) TEC Epirubicin 60mg/ m² (N/S 100 c.c.; 1hr)+Endoxan 600mg/ m² (N/S 300 c.c.; 2hrs) + Docetaxel 60,75mg / m² (N/S 100 c.c.; 1hr) or Epirubicin 60mg/ m²+ Docetaxel 35,40mg (N/S 100 c.c.; 1hr)↔Endoxan 600mg/ m² + Docetaxel 35,40mg q2wks (Breast J 2007 May-Jun; 13(3):274-80)</p> <p>(3) Docetaxel+ Capecitabine(1250-1500 mg/ m²/d(2:1 or 5:2))(for failure to anthracycline)</p> <p>(4) Consider combination with (A)Trastuzumab 4mg/kg/2wks (or 6 mg/kg/3wks or 8 mg/kg/4 wks) (or Trastuzumab 600 mg S.C. /q3wks) (B) Perjeta(pertuzumab) 840 mg →420mg (N/S 300 c.c.; 2hrs) + Trastuzumab (dose as above) (Am NIH Feb.26 2015) (C)Phesgo (600mg/600mg) q3wk(113/12/1,114/5/1)</p> <p>(5) Triple negative breast cancer Pembrolizumab 200mg on D1+Paclitaxel+ Carboplatin (AUC=4 or 5) q3wk*4 Pembrolizumab 200mg on D1+Epirubicin 80mg/ m² on D2+ Cyclophosphamide 600mg/ m² on D2</p>

癌別：乳癌

<p>Adjuvant (術後)</p>	<p>最近改版日期</p> <p>處方內容</p>	<p>115.02</p> <p>(1)CEF (6 cycles) : Endoxan 600mg/ m² (N/S 300 c.c.; 2hrs)+ Epirubicin 60mg/ m² (N/S 100 c.c.; 1hr)+ 5-FU 600mg/ m² (N/S 500 c.c.; ≥3hrs) (Epi: 50mg/ m²(JCO 1988;6:679-88) ; 60mg/ m² (Br J Cancer 1995Mar ;71(3)587-91)</p> <p>(2) TEC (6 cycles) : Epirubicin 60mg/ m² +Endoxan 600mg/ m² + Docetaxel 60,75mg / m² (N/S 100 c.c.; 1hr) or Epirubicin 60mg/ m²+ Docetaxel 35,40mg (N/S 100 c.c; 1hr)↔Endoxan 600mg/ m² + Docetaxel 35,40mg (Breast J 2007 May-Jun; 13(3):274-80)</p> <p>(3)CMF (6 cycles) : Endoxan 600mg/ m² + MTX 60mg/ m² (N/S 100 c.c.; 1hr) + 5-FU 600mg / m² (NEJM 1976; 294; 405-10)</p> <p>(4) Epirubicin 80 mg/ m² (N/S 100 c.c.; 1hr) IV → CMF IV (Annals of Oncology Vol.16 Nov. 2005, pp 1762-1771)</p> <p>(5)EC IV→T IV (Endoxan 600mg/ m²+ Epirubicin 80 mg/ m²) IV→Docetaxel IV (60,75 mg / m²/ 4 wks or biweekly 35,40mg / m²) or Paclitaxel IV(135 mg/ m²/ 4 wks (N/S 500 c.c.;3 hrs) or biweekly 85 mg/ m² (N/S 300 c.c.; 2hrs) (Anticancer Res 2009 May; 29(5):1515-20)</p> <p>(6)以上處方可考慮 combined with (A)Trastuzumab 4mg/kg/2wks (or 6 mg/kg/3wks or 8 mg/kg/4 wks) or Trastuzumab 600 mg S.C. /q3wks. (or + Perjeta(pertuzumab) 840 mg→420mg (N/S 300 c.c.; 2hrs)) (Am NIH Feb.26 2015) (B)Phesgo (600mg/600mg) q3wk</p> <p>(7) Abemaciclib (113/3/1,113/6/1) 150mg BID * 2 years (申請條件依健保規範)</p> <p>(8) Olaparib 300mg BID * 1 year (BRCA(+))</p>
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	最近改版日期	115.02
Palliative (無法手術)	處方內容	<p>(1) CEF q3 wks Endoxan 600mg/ m² (N/S 300 c.c.; 2hrs)+ Epirubicin 60mg/ m² (N/S 100 c.c.; 1hr)+ 5-FU 600mg/ m² (N/S 500 c.c.; ≥3hrs) (Epi: 50mg/ m² (JCO 1988;6:679-88) ; 60mg/ m² (Br J Cancer 1995Mar ;71(3)587-91)</p> <p>(2) Vinorelbine (p.o) 55-70 mg/m² q2 wks (Breast Cancer Res. 2005;7 (Suppl 1):S25)</p> <p>(3) Vinorelbine (v.) 25-35 mg/m² (N/S 50 c.c.; 10 mins) q2 wks (Ann Oncol. 1994 May; 5(5):423-6)</p> <p>(4) UFUR(324 mg) 900-1100mg/ m² qd (健保條例)</p> <p>(5) Paclitaxel 135 mg/ m²/ 4 wks (N/S 500 c.c.;3 hrs) or biweekly 85 mg/ m² (N/S 300 c.c.; 2hrs)(健保條例)</p> <p>(6) (Gemcitabine 1000 mg / m² (N/S 100 c.c.; 30 mins) +Paclitaxel 85 mg/ m²) q2wks or (+ Cisplatin 60mg/ m² (500 c.c. ≥4hrs)) q4wks (健保條例)</p> <p>(7) Docetaxel 60,75mg / m² (N/S 100 c.c.; 1hr) or 35,40 mg / m² (N/S 100 c.c; 1hr) q2wks (健保條例)</p> <p>(8) Capecitabine 1250-1500 mg/m²/d (2:1 or 5:2) (健保條例 ; for failure to taxanes & anthracycline)</p> <p>(9) Eribulin 0.7-1.4mg/m² (N/S 50 c.c.; 5 mins)×II/cycle (健保條例)</p> <p>(10) Eribulin+ Gemcitabine (dose as above) (European Journal of Cancer 2017 NOV ; 86 : 385-393)</p> <p>(11) (11a)Ixabepilone 20 mg/m² (q2 wks) or 40 mg/m²(q4wks) (L/R 500 c.c.4 hrs) (JCO 2010 p.3248-3366) (11b) Ixabepilone+Xeloda (dose as above) (健保條例)</p> <p>(12) Lipo-dox (for heart disease) 35 mg/ m² or 45 mg/ m²(for used alone) (D5W 300 c.c.; 90 mins) q 4wks or 20 mg/ m² (D5W 300 c.c.; 90 mins) q 2wks</p> <p>(13) Docetaxel+ Capecitabine (for failure to anthracycline)</p> <p>(14) Bevacizumab 5mg/kg q3-4wks (The Oncologist Jan 15, 2004)</p> <p>(15) Trastuzumab 4mg/kg/2wks (or 6 mg/kg/3wks or 8 mg/kg/4 wks)</p>

		<p>or Trastuzumab 600 mg S.C. /q3wks.</p> <p>(16) Perjeta(pertuzumab) 840 mg→420mg (N/S 300 c.c.; 2hrs) + Trastuzumab (dose as above) (Am NIH Feb.26 2015)</p> <p>(17) Pertuzumab+ Trastuzumab+ Docetaxel (dose as above) (健保條例)</p> <p>(18) Kadcylla(TDM-1) 3.6mg/kg (N/S 300 c.c.; 2hrs) q3-4 wks (Ther Adv Med Oncol. 2014 Sep;615):202-209) (健保條例)</p> <p>(19) Lapatinib 1250mg/d (D1-21/28d) (Am NIH Jan 29 2010) (健保條例)</p> <p>(20) CDK4/6 Inhibitors (健保條例)</p> <p>Ribociclib 600mg/d 21d/28d(3:1) (ribociclib was well tolerated can taken without regard to food)</p> <p>Palbociclib 125mg/d 21d/28d(3:1) (palbociclib should be administered with food)</p> <p>Abemaciclib 150mg bid (abemaciclib can be taken with or without food)</p> <p>(21)Olaparib 300mg po (AC)bid) (200 mg bid) (健保條例)</p> <p>(22) Sacituzumab govitecan (如 Trodelvy) (健保條例)</p> <p>(23) Trastuzumab deruxtecan (如 Enhertu) (健保條例)</p> <p>(24) PARP 抑制劑(如 olaparib、niraparib、talazoparib) (健保條例)</p> <p>(25) Alpelisib+ Fulvestrant (依健保規範)(115/1/1)</p> <p>(26) Fulvestrant (115/1/1)</p>
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Immunotherapy: PD-1, PD-L1 抑制劑 (如 atezolizumab ; nivolumab ; pembrolizumab ; avelumab ; ipilimumab ; durvalumab ; tremelimumab 製劑)