天主教聖馬爾定醫院

化療處方集

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癌症類別	口腔癌、口咽癌、下咽癌、鼻咽癌
Induction	1.Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m^2 (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs] * 4 doses q4wks (Cancer 1984;53:1819-24) 2.交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II 3.Cisplatin 60 mg/m^2 q4wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30 mg/d (93/04/01 健保條例 9.11) 4. (A)↔ (B) q2wks (A) Cisplatin 60 mg/ m^2 + Bleomycin 8 mg/m^2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m^2 (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^2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m^2 (N/S 100 c.c.;1 hr) (MTX 200 mg/ m^2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m^2 + 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) 5.Cisplatin 60 mg/m^2 /4 wks+ Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV(dose as above) (JCO Nov.1999; 3503-3511) ;(100/1/1 健保條例 9.3) 6.Cisplatin 60 mg/m^2/4 wks + Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30mg/d (100/1/1 健保條例 9.3) 7.C/T for CCRT (combined with R/T)： (A) Cisplatin 30 mg/ m^2 or 40 mg/ m^2 (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990) (B)Cisplatin 60 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m2 (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/m2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II

(D)Cisplatin 60 mg/m2 q4wks + UFUR 900-1100 mg/m2/d＋LV (P.O.) 30 mg/d (93/04/01 健保條例 9.11)

(E) (A)↔ (B) q2wks

(A) Cisplatin 60 mg/m2 + Bleomycin 8 mg/m2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m2 (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/m2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m2 (N/S 100 c.c.;1 hr) (MTX 200 mg/ m2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m2 + 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/m2 (N/S 500 c.c. ; ≥ 4hrs) q3wks * 3(JCO.2017.35.15 suppl.6007)

8.Consider Cetuximab 250 mg/m^2 run 2 hrs(N Engl J Med 2006; 354:567.)

9.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/m2 + 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.)

10.Weekly C/T

(1)ME：

MTX 30mg/m^2 加在 100 cc N/S IVD ST 施打約 0.5hr

Epirubicin 30 mg/m^2 加在 100 cc N/S 全速 IVD 15mins（不可外漏）

<ME: Paccagnella, Adriano et al. Epirubicin, methotrexate and bleomycin in the management of recurrent squamous cell head and neck cancer. A GSTTC randomised phase II study.A7:G16. European Journal of Cancer, Volume 29, Issue 5, 704 – 708>

(2)CDDP 60：

Cisplatin 60 mg/m^2 加入 N/S 至 total 500 cc IVD 2hrs

(3) Docetaxel 40 mg/m^2 加在 N/S 500cc IVD 2hrs

<DOCETAXEL: Catimel1 G, Verweij J, Mattijssen V, et al. Docetaxel (Taxotere): An active drug for the treatment of patients with advanced squamous cell carcinoma of the head and neck. Ann Oncol 1994;5:533-537>

(4) 5FU：
【門診】
N/S 250cc + Dexamethasone 12 mg+ Leucovorin 100mg 混在一起 IVD for 1hr
Fluorouracil 2500 mg/m^2+0.9%N/S，總共約 240cc，加入 250cc Infusor pump，回家滴 24hrs(每小時滴 10cc，滴到隔天早上)
口服藥(FOL1)Folina 15mg/Tab 芙琳亞(Folinate) 2 tab QID x 1 day
【住院】
Fluorouracil 2500 mg/m^2+0.9%N/S 500cc IVD for 24 hrs(住院)
N/S 500cc + Dexamethasone 20 mg+ Leucovorin 250mg/m^2 旁插 IVD for 24 hrs
CDFLEM<J-C. Lin, Y-C. Liu, P-J. Lin, Comparison of the toxicity and response of a novel outpatient weekly CDFLEM (cisplatin, docetaxel, fluorourcil, leucovorin, epirubicin, methotrexate) induction chemotherapy versus triweekly TPF or PF in locally advanced SCCHN, Annals of Oncology, Volume 27, Issue suppl_6, 1 October 2016>
P-FL<Forastiere AA, Metch B, Schuller DE, et al. Randomized comparison of cisplatin plus flurouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous cell carcinoma of the head and neck: A Southwest Oncology>
Group Study. J Clin Oncol 1992;10:1245-1251.>

(5) Gemcitabine 1000 mg/m^2(自費)加在 100 cc N/S IVD 30mins
GGGP <Zhang Y et al. Gemcitabine and Cisplatin Induction Chemotherapy in Nasopharyngeal Carcinoma. N Engl J Med. 2019 Sep 19;381(12):1124-1135>

(6) Vinorelbine 30 mg/m^2 加在 50 cc N/S IVD 10mins (不可外漏）
GVGV<C.C. Wang, J.Y. Chang, T.W. Liu, C.Y. Lin, Y.C. Yu, R.L. Hong. Phase II study of gemcitabine plus vinorelbine in the treatment of cisplatin-resistant nasopharyngeal carcinoma. Head Neck, 28 (2006), pp. 74-80>
GV<Airoldi M, Cattel L, Cortesina G et al. Gemcitabine and vinorelbine in recurrent head and neck cancer: pharmacokinetic and clinical results. Anticancer Res 2003 ; 23 : 2845 –2852>

(7) Paclitaxel 60 mg/m^2(自費) 加在 250cc 5% G/W 玻璃瓶 IVD 1hr
口服(自費)TS-1 20mg/5.8mg/19.6mg(Tegafur/ Gimeracil/ Oteracil) 1cap BID for 7 days
<Grau et al. Weekly paclitaxel for platin-resistant stage IV head and neck cancer patients.Acta Otolaryngol. 2009 Nov;129(11):1294-9>

11.Cetuximab (Erbitux) 400 or 250 mg/m^2 直接加入 volume control bag， IVD 1hr or 2hrs
Bonner JA et al. Radiotherapy plus cetuximab for squamous cell carcinoma of the head and neck. N Engl J Med 2006; 354:567.

12.IO
Pembrolizumab 100-200 mg in 250cc N/S IVD 1hr Q3W
Nivolumab 3 mg/kg in 250cc N/S IVD 1hr Q2W
Immunotherapy: PD-1, PD-L1 抑制劑 (如 atezolizumab、nivolumab、Pembrolizumab、avelumab)(109.06.01) 健保條例

13. Triweekly MEP regimen
Mitomycin-C 8 mg/m^2 in 100cc N/S IVD ST 10mins (避免外漏，全速滴)
Epirubicin 60 mg/m^2 in 100cc N/S IVD ST 15mins(避免外漏，全速滴)
Cisplatin 60 mg/m^2 加入 N/S 至 total 500cc IVD 2hrs
<Falkson, C. I., & Cohen, G. L. (1998). Mitomycin C, epirubicin and cisplatin versus mitomycin C alone as therapy for carcinoma of unknown primary origin. Oncology, 55(2), 116-121>

14. Biweekly MEMOCLUB
(1) week1：
MTX 30 mg/m^2 加在 100 cc N/S IVD ST (施打約 0.5hr)
Epirubicin 30 mg/m^2 加在 100 cc N/S 全速滴 IVD ST 15mins（不可外漏）
<ME: Paccagnella, Adriano et al. Epirubicin, methotrexate and bleomycin in the management of recurrent squamous cell head and neck cancer. A GSTTC randomised phase II study.A7:G16. European Journal of Cancer, Volume 29, Issue 5, 704 – 708>

(2)week2：
【門診】
1.Mitomycin 4mg/m^2+0.9%N/S→100mL I.V by pump run 10mins (full run，不可外漏)
2.Vincristine 1.0mg/m^2+0.9%N/S→100mL I.V by pump run 10mins (full run，不可外漏)
3.Bleomycin 10mg/m^2+0.9%N/S→100mL I.V by pump run 30mins
4.Cisplatin 30mg/m^2+0.9%N/S→300mL I.V by pump run 1hr
5.[KCLH_0.149%KCL/0.9%N/S /G5W 500ml 1bot + MAGA_Magnesium Sulfate 10% 20ml/amp 1amp + Leucovorin 100mg IVD] run 1hr After Cisplatin
6.Fluorouracil 1000mg/m^2+0.9%N/S→240mL I.V by Infusor pump run 24hrs 回家滴注 24 小時
7.FOL1_Folina 15mg/Tab 芙琳亞(Folinate) 2tab Q6H 1 天

【住院】
1.Mitomycin 4mg/m^2+0.9%N/S→100mL I.V by pump run 10mins (full run，不可外漏)
2.Vincristine 1.0mg/m^2+0.9%N/S→100mL I.V by pump run 10mins (full run，不可外漏)
3.Bleomycin 10mg/m^2+0.9%N/S→100mL I.V by pump run 30mins
4.Cisplatin 30mg/m^2+0.9%N/S→300mL I.V by pump run 1hr

	5.Fluorouracil 1000mg/m^2+0.9%N/S→500mL I.V by pump run 24hrs 6.N/S 500cc + Dexamethasone 20 mg+ Leucovorin 120mg/m^2 旁插 IVD for 24 hrs <Jin-Ching Lin et al.Experience of cetuximab in the salvage treatment for recurrent/metastatic oral squamous cell carcinoma. 2012 ASCO Annual Meeting. Abstract e16006> <Jin-Ching Lin , Shih-An Liu , Chen-Chi Wang , Ching-Ping Wang et al. Experience of cetuximab in the salvage treatment for recurrent/metastatic oral squamous cell carcinoma. Journal of Clinical Oncology 2012 30:15_suppl, e16006-e16006>
CCRT	C/T for CCRT (combined with R/T)： 1. Cisplatin 30 mg/ m^2 or 40 mg/ m^2 (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990) 2. Cisplatin 60 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m2 (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs] * 4 doses q4wks (Cancer 1984;53:1819-24) 3.交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II 4.Cisplatin 60 mg/m2 q4wks + UFUR 900-1100 mg/m2/d＋LV (P.O.) 30 mg/d (93/04/01 健保條例 9.11) 5. (A)↔ (B) q2wks (A) Cisplatin 60 mg/m2 + Bleomycin 8 mg/m2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m2 (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/m2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m2 (N/S 100 c.c.;1 hr) (MTX 200 mg/ m2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m2 + 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) 6.Consider Cetuximab 250 mg/m^2 run 2 hrs(N Engl J Med 2006; 354:567.) 7. Cisplatin 100 mg/m2 (N/S 500 c.c. ; ≥ 4hrs) q3wks * 3(JCO.2017.35.15 suppl.6007) 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) 9.Weekly Cisplatin 50 mg/m^2 加入 N/S 至 total 500 cc IVD 2hrs 10.Triweekly CDDP 100mg/m^2 Cisplatin 100 mg/m^2 加入 N/S 至 total 500 cc IVD 2hrs Yusuke Uchinami et al. Treatment outcomes of radiotherapy with concurrent weekly cisplatin in older patients with locally advanced head and neck squamous cell carcinoma Discov Oncol 2023 Dec 8;14(1):226. doi:10.1007/s12672-023-00844-7.

Adjuvant	1.Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m^2 (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) 2.交通不便+不住院+poor compliance to oral UFUR : Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg (N/S 500 c.c.; ≥ 4hrs)] q2wks * II VI 3.Cisplatin 60 mg/m^2 q4wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30 mg/d VI (93/04/01 健保條例 9.11) 4. (A)↔ (B) q2wks VI (A) Cisplatin 60 mg/ m^2 + Bleomycin 8 mg/m^2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m^2 (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^2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m^2 (N/S 100 c.c.;1 hr) (MTX 200 mg/ m^2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m^2 + 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) 5.Cisplatin 60 mg/m^2 /4 wks+(自費)Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV (dose as above) VI (JCO Nov.1999; 3503-3511) 6.Cisplatin 60 mg/m^2/4 wks +(自費)Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30mg/d VI 7.C/T for CCRT (combined with R/T)： (A) Cisplatin 30 mg/ m^2 (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990) (B)Cisplatin 60 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m2 (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/m2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II VI (D)Cisplatin 60 mg/m2 q4wks + UFUR 900-1100 mg/m2/d＋LV (P.O.) 30 mg/d VI (93/04/01 健保條例 9.11) (E) (A)↔ (B) q2wks VI (A) Cisplatin 60 mg/ m2 + Bleomycin 8 mg/m2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m2 (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/m2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m2 (N/S 100 c.c.;1 hr) (MTX 200 mg/m2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m2 + 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) 8.Consider Cetuximab 250 mg/m^2 run 1-2 hrs qw；Cetuximab 500 mg/m^2 run 2-4 hrs Q2W(N Engl J Med 2006; 354:567.)

	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) 10.Weekly C/T (1)ME： MTX 30 mg/m^2 加在 100 cc N/S IVD ST (施打約 0.5hr) Epirubicin 30 mg/m^2 加在 100 cc N/S 全速 run IVD 15mins（不可外漏） <ME: Paccagnella, Adriano et al. Epirubicin, methotrexate and bleomycin in the management of recurrent squamous cell head and neck cancer. A GSTTC randomised phase II study.A7:G16. European Journal of Cancer, Volume 29, Issue 5, 704 – 708> (2)CDDP 60： Cisplatin 60 mg/m^2 加入 N/S 至 total 500 cc IVD 2hrs (3) Docetaxel 40 mg/m^2 加在 N/S 500cc IVD 2hrs <DOCETAXEL: Catimel1 G, Verweij J, Mattijssen V, et al. Docetaxel (Taxotere): An active drug for the treatment of patients with advanced squamous cell carcinoma of the head and neck. Ann Oncol 1994;5:533-537> (4) 5FU 【門診】 N/S 250cc + Dexamethasone 12 mg+ Leucovorin 100mg 混在一起 IVD for 1hr Fluorouracil 2500 mg/m^2+0.9%N/S 總共約 240cc，加 250cc Infusor pump，回家滴 24 小時(每小時滴 10cc，滴到隔天早上) FOL1_Folina 15mg/Tab 芙琳亞(Folinate) 2 tab QID x 1 day 【住院】 Fluorouracil 2500 mg/m^2+0.9%N/S 500cc IVD for 24 hrs(住院) N/S 500cc + Dexamethasone 20 mg+ Leucovorin 250mg/m^2 旁插 IVD for 24 hrs CDFLEM<J-C. Lin, Y-C. Liu, P-J. Lin, Comparison of the toxicity and response of a novel outpatient weekly CDFLEM (cisplatin, docetaxel, fluorourcil, leucovorin, epirubicin, methotrexate) induction chemotherapy versus triweekly TPF or PF in locally advanced SCCHN, Annals of Oncology, Volume 27, Issue suppl_6, 1 October 2016> P-FL<Forastiere AA, Metch B, Schuller DE, et al. Randomized comparison of cisplatin plus flurouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous cell carcinoma of the head and neck: A Southwest Oncology> Group Study. J Clin Oncol 1992;10:1245-1251.>

	(5) Gemcitabine 1000 mg/m^2(自費)加在 100 cc N/S IVD　30mins GGGP <Zhang Y et al. Gemcitabine and Cisplatin Induction Chemotherapy in Nasopharyngeal Carcinoma. N Engl J Med. 2019 Sep 19;381(12):1124-1135> (6) Vinorelbine　30 mg/m^2 加在 50 cc N/S　IVD　10mins (不可外漏） GVGV<C.C. Wang, J.Y. Chang, T.W. Liu, C.Y. Lin, Y.C. Yu, R.L. Hong. Phase II study of gemcitabine plus vinorelbine in the treatment of cisplatin-resistant nasopharyngeal carcinoma. Head Neck, 28 (2006), pp. 74-80> GV<Airoldi M, Cattel L, Cortesina G et al. Gemcitabine and vinorelbine in recurrent head and neck cancer: pharmacokinetic and clinical results. Anticancer Res　2003 ; 23 : 2845 –2852> (7) Paclitaxel 60 mg/m^2(自費)　加在 500cc　0.9%N/S　IVD　2hrs 口服(自費)TS-1 20mg/5.8mg/19.6mg(Tegafur/ Gimeracil/ Oteracil) 1cap BID for 7 days <Grau et al. Weekly paclitaxel for platin-resistant stage IV head and neck cancer patients.Acta Otolaryngol. 2009 Nov;129(11):1294-9> 11.Cetuximab (Erbitux) 400 or 250 mg/m^2 直接加入 volume control bag，IVD 1hr or 2hrs Bonner JA et al. Radiotherapy plus cetuximab for squamous cell carcinoma of the head and neck. N Engl J Med 2006; 354:567. 12.IO Pembrolizumab 100-200 mg in 250cc N/S　IVD　1hr　Q3W Nivolumab 3 mg/kg in 250cc N/S IVD　1hr　Q2W Immunotherapy: PD-1, PD-L1 抑制劑 (如 atezolizumab、nivolumab、Pembrolizumab、avelumab)(109.06.01 健保條例) 13.Triweekly MEP regimen Mitomycin-C　8 mg/m^2 in 100cc N/S IVD ST　10mins (避免外漏，全速滴) Epirubicin　60 mg/m^2 in 100cc N/S IVD ST　15mins(避免外漏，全速滴) Cisplatin　60 mg/m^2　加入 N/S 至 total 500cc IVD 2hrs <Falkson, C. I., & Cohen, G. L. (1998). Mitomycin C, epirubicin and cisplatin versus mitomycin C alone as therapy for carcinoma of unknown primary origin. Oncology, 55(2), 116-121> 14.Biweekly MEMOCLUB (1) week1： MTX 30 mg/m^2 加在 100 cc N/S　IVD　ST(施打約 0.5hr) Epirubicin 30 mg/m^2 加在 100 cc N/S 全速 run　IVD　ST　15mins（不可外漏） <ME: Paccagnella, Adriano et al. Epirubicin, methotrexate and bleomycin in the management of recurrent squamous

	cell head and neck cancer. A GSTTC randomised phase II study.A7:G16. European Journal of Cancer, Volume 29, Issue 5, 704 – 708> (2)week2： 【門診】 1.Mitomycin 4mg/m^2+0.9%N/S→100mL I.V by pump run 10mins(full run，不可外漏) 2.Vincristine 1.0mg/m^2+0.9%N/S→100mL I.V by pump run 10mins(full run，不可外漏) 3.Bleomycin 10mg/m^2+0.9%N/S→100mL I.V by pump run 30mins 4.Cisplatin 30mg/m^2+0.9%N/S→300mL I.V by pump run 1hr 5.[KCLH_0.149%KCL/0.9%N/S /G5W 500ml 1bot + MAGA_Magnesium Sulfate 10% 20ml/amp 1amp + Leucovorin 100mg IVD] run 1hr After Cisplatin 6.Fluorouracil 1000mg/m^2+0.9%N/S→240mL I.V by Infusor pump run 24hrs 回家滴注 24 小時 7.FOL1-Folina 15mg/Tab 芙琳亞(Folinate) 2tab Q6H 1 天 【住院】 1.Mitomycin 4mg/m^2+0.9%N/S→100mL I.V by pump run 10mins(full run，不可外漏) 2.Vincristine 1.0mg/m^2+0.9%N/S→100mL I.V by pump run 10mins(full run，不可外漏) 3.Bleomycin 10mg/m^2+0.9%N/S→100mL I.V by pump run 30mins 4.Cisplatin 30mg/m^2+0.9%N/S→300mL I.V by pump run 1hr 5.Fluorouracil 1000mg/m^2+0.9%N/S→500mL I.V by pump run 24hrs 6.N/S 500cc + Dexamethasone 20 mg+ Leucovorin 120mg/m^2 旁插 IVD for 24 hrs <Jin-Ching Lin et al.Experience of cetuximab in the salvage treatment for recurrent/metastatic oral squamous cell carcinoma. 2012 ASCO Annual Meeting. Abstract e16006> <Jin-Ching Lin , Shih-An Liu , Chen-Chi Wang , Ching-Ping Wang et al. Experience of cetuximab in the salvage treatment for recurrent/metastatic oral squamous cell carcinoma. Journal of Clinical Oncology 2012 30:15_suppl, e16006-e16006>
Palliative	1.Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m^2 (N/S 500 c.c.; ≥ 3hrs) + Leucovorin (LV) 100 mg (N/S 500 c.c.; ≥ 3hrs] * 4 doses q4wks (Cancer 1984;53:1819-24) 2.交通不便+不住院+poor compliance to oral UFUR: Cisplatin 60 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m^2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II 3.Cisplatin 60 mg/m^2 q4wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30 mg/d (93/04/01 健保條例 9.11) 4. (A)↔ (B) q2wks (A) Cisplatin 60 mg/ m^2 + Bleomycin 8 mg/m^2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m^2 (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^2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m^2 (N/S 100 c.c.;1 hr) (MTX 200 mg/ m^2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m^2 + 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) 5.Cisplatin 60 mg/m^2 /4 wks+(自費)Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + 5-FU/LV(dose as above) (JCO Nov.1999; 3503-3511) 6.Cisplatin 60 mg/m^2/4 wks + (自費)Docetaxel 35,40 mg/m^2 (N/S 100 c.c.; 1 hr)* II /4 wks + UFUR 900-1100 mg/m^2/d＋LV (P.O.) 30mg/d 7.C/T for CCRT (combined with R/T)： (A) Cisplatin 30 mg/ m^2 (N/S 500 c.c.; ≥ 3hrs) q wk * 4-6 doses (with R/T) (Cancer Nov.1 1990) (B)Cisplatin 60 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + [5-FU 1000 mg/m2 (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/m2 (N/S 500 c.c.; ≥ 4hrs) q4wks +[5-FU 1500 mg/m2 (N/S 500 c.c.; ≥ 4hrs) + Leucovorin (LV) 200 mg(N/S 500 c.c.; ≥ 4hrs)] q2wks * II (D)Cisplatin 60 mg/m2 q4wks + UFUR 900-1100 mg/m2/d＋LV (P.O.) 30 mg/d (93/04/01 健保條例 9.11) (E) (A)↔ (B) q2wks (A) Cisplatin 60 mg/ m2 + Bleomycin 8 mg/m2 (N/S 100 c.c.; 30 mins) + 5-FU 1500 mg/ m2 (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/m2 (N/S 100 c.c.; 30 mins) + MTX 100 mg/m2 (N/S 100 c.c.; 1 hr) (MTX 200 mg/m2, N/S 500 c.c.; ≥ 3 hrs; for high grade, extensive, multiple foci, R1 resection) + 5-FU 1500 mg/ m2 + 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) 8.Consider Cetuximab 250 mg/m^2 run 2 hrs(N Engl J Med 2006; 354:567.) 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) 10.由 1st line (curative regimen)依病人體力調整運用

Immunotherapy：PD-1, PD-L1 抑制劑 (如 atezolizumab、nivolumab、Pembrolizumab、avelumab)(109/06/01 健保條例)