中山醫學大學附設醫院

淋巴癌診療原則
(Hodgkin Lymphoma)

本臨床指引參考美國NCCN版本與血液腫瘤多專科醫療團隊編修

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目 錄

一、前言

淋巴瘤，是指由淋巴組織所衍生出的惡性腫瘤。淋巴瘤的臨床表現，常常是不正常的淋巴結腫大，有時還會合併發燒，體重減輕，夜間盜汗等症狀，也就是所謂的B症狀 (B Symptom)。這樣的腫瘤，因其具有不正常增生與分化的特性，所以淋巴瘤基本上都是惡性的。為了在名稱上不會混淆，惡性淋巴瘤反而能更精準的讓病人了解其罹患疾病的特性。

淋巴瘤大致上可分為兩大類，一是何杰金氏淋巴瘤 (Hodgkin lymphoma)，一是非何杰金氏淋巴瘤 (Non-Hodgkin's lymphoma)。約莫80%的淋巴瘤屬於非何杰氏金淋巴瘤，而何杰金氏淋巴瘤佔約20%。何杰金氏淋巴瘤與非何杰金氏淋巴瘤的區別在於組織型態的差異。何杰金氏淋巴瘤的癌細胞常常會出現如貓頭鷹眼狀的細胞型態，這類的細胞，我們稱之為Reed-Sternberg Cell (RS cell)。其癌細胞的免疫組織染色，會呈現陽性的 CD15以及CD30。何杰金氏淋巴瘤的組織分類，根據世界衛生組織 (WHO) 的分類，可區分為兩大類，典型 (classic) 何杰金氏淋巴瘤及nodular lmphocyte predominant。而典型何杰金氏淋巴瘤又細分為五大類，分別是 Lymphocyte-rich classic HL, Nodular sclerosis, Mixed Cellularity, Lymphocyte depleted, 以及無法分類的典型何杰金氏淋巴瘤。

非何杰金氏淋巴瘤分類上則相對較複雜。依照其細胞來源，我們簡單的將非何杰金氏淋巴瘤區分為B細胞與T細胞兩大類。非何杰金氏淋巴瘤臨床的分類可以將淋巴瘤分為低惡性度 (Indolent)，高惡性度 (Aggressive)，簡單的說，如果低惡性度的淋巴瘤不治療，病人尚可存活數月甚至數年，如果高惡性度的淋巴瘤不治療，病人恐怕只可存活數月。

二、組織病理分類與分化

2008年WHO淋巴瘤分類 (Classification of lymphoma)

Precursor Lymphoid Neoplasms

B lymphoblastic leukemia / lymphoma NOS

B lymphoblastic leukemia / lymphoma with recurrent genetic abnormalities

B lymphoblastic leukemia / lymphoma with t(9;22); bcr-abl1

B lymphoblastic leukemia / lymphoma with t(v;11q23); MLL rearranged

B lymphoblastic leukemia / lymphoma with t(12:21); TEL-AML1 & ETV6-RUNX1

B lymphoblastic leukemia / lymphoma with hyperploidy

B lymphoblastic leukemia / lymphoma with hypodiploidy

B lymphoblastic leukemia / lymphoma with t(5;14); IL3-IGH

B lymphoblastic leukemia / lymphoma with t(1;19); E2A-PBX1 & TCF3-PBX1

T lymphoblastic leukemia / lymphoma

Mature B-Cell Neoplasms

Chronic lymphocytic leukemia / small lymphocytic lymphoma

B-cell prolymphocytic leukemia

Splenic marginal zone lymphoma

Hairy cell leukemia

Lymphoplasmacytic lymphoma / Waldenstrom macroglobulinemia

Heavy chain disease

Plasma cell myeloma

Solitary plasmacytoma of bone

Extraosseous plasmacytoma
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT) type
Nodal marginal zone lymphoma
Follicular lymphoma
Primary cutaneous follicular lymphoma
Mantle cell lymphoma
Diffuse large B-cell lymphoma, NOS
(T-cell / histiocyte-rich type; primary CNS type ; primary leg skin type & EBV+ elderly type)
Diffuse large B-cell lymphoma with chronic inflammation
Lymphomatoid granulomatosis
Primary mediastinal large B-cell lymphoma
Intravascular large B-cell lymphoma
ALK+ large B-cell lymphoma
Plasmablastic lymphoma
Large B-cell lymphoma associated with HHV8+ Castleman disease
Primary effusion lymphoma
Burkitt lymphoma
B cell lymphoma, unclassifiable, Burkitt-like
B cell lymphoma, unclassifiable, Hodgkin lymphoma-like
Mature T-Cell & NK-Cell Neoplasms
T-cell prolymphocytic leukemia
T-cell large granular lymphocytic leukemia

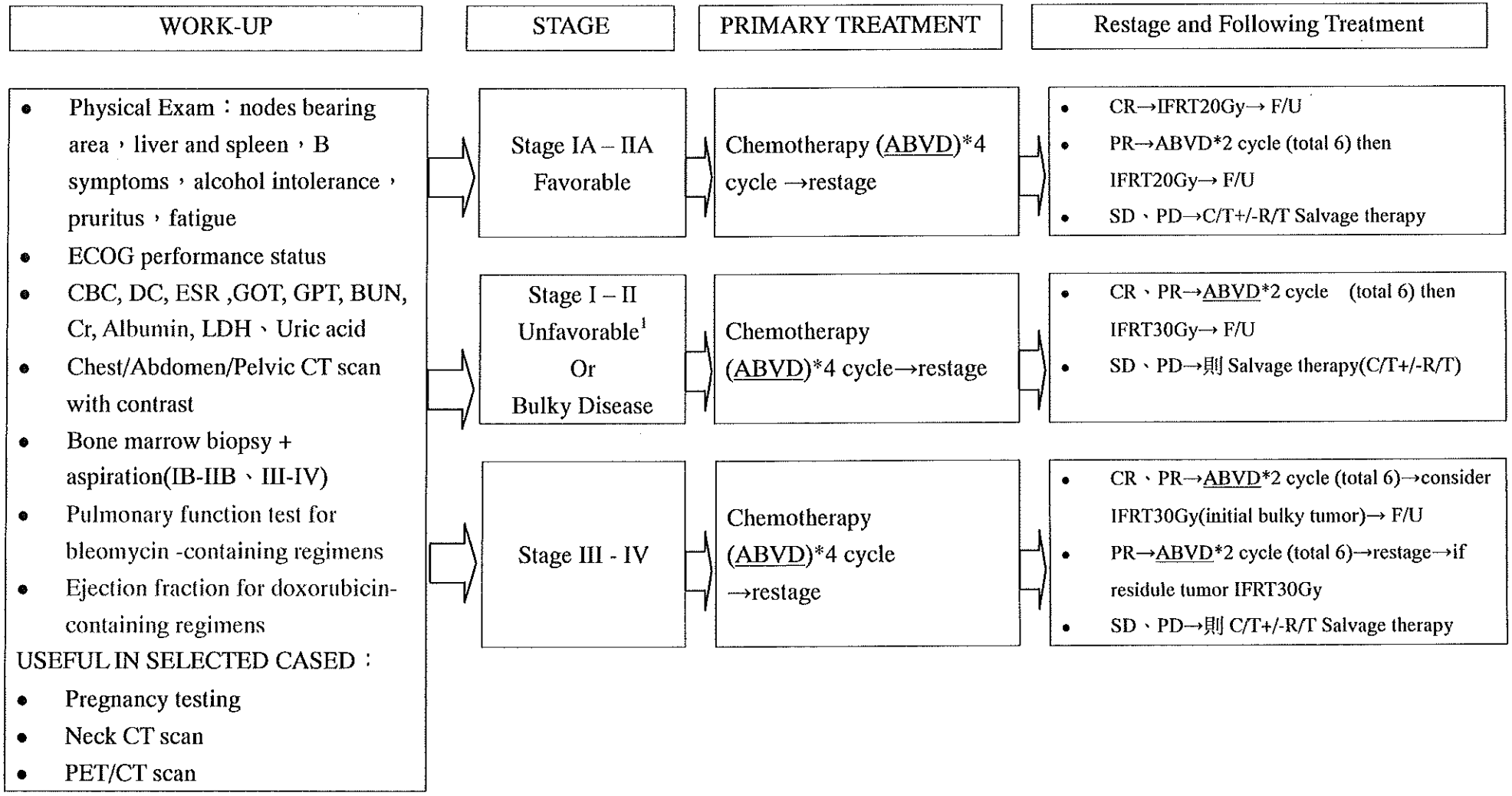
Chronic lymphoproliferative disorder of NK-cells.
Aggressive NK-cell leukemia
Systemic EBV+ T-cell lymphoproliferative disorder of childhood
Hydroa vacciniforme-like lymphoma
Adult T-cell lymphoma/leukemia
Extranodal T-cell/NK-cell lymphoma, nasal type
Enteropathy-associated T-cell lymphoma
Hepato-splenic T-cell lymphoma
Subcutaneous panniculitis-like T-cell lymphoma
Mycosis fungoides
Sézary syndrome
Primary cutaneous CD30+ T-cell lymphoproliferative disorder
Primary cutaneous gamma-delta T-cell lymphoma
Peripheral T-cell lymphoma, NOS
Angioimmunoblastic T-cell lymphoma
Anaplastic large cell lymphoma, ALK+ type
Anaplastic large cell lymphoma, ALK- type
Hodgkin lymphoma (Hodgkin disease)
Nodular lymphocyte-predominant Hodgkin lymphomas
Classic Hodgkin lymphomas
Nodular sclerosis Hodgkin lymphoma
Lymphocyte-rich classic Hodgkin lymphoma

Mixed cellularity Hodgkin lymphoma
Lymphocyte depletion Hodgkin lymphoma
Post-Transplant Lymphoproliferative Disorders (PTLD)
Plasmacytic hyperplasia
Infectious mononucleosis like PTLD
Polymorphic PTLD
Monomorphic PTLD (B & T/NK cell types)
Classic HD type PTLD
Histiocytic and Dendritic Cell Neoplasms
Histiocytic sarcoma
Langerhans cell histiocytosis
Langerhans cell sarcoma
Interdigitating dendritic cell sarcoma
Follicular dendritic cell sarcoma
Fibroblastic reticular cell tumor
Indeterminate dendritic cell sarcoma
Disseminated juvenile xanthogranuloma

三、分期

淋巴瘤的分期，是依照 Ann Arbor Staging System 來分期。淋巴瘤一般分為四期，簡單的說，當淋巴瘤只侵犯單一區域淋巴結時，稱為第一期。當淋巴瘤侵犯兩個區域以上淋巴結，且在橫膈膜同側時，稱為第二期。當淋巴瘤侵犯兩個區域以上淋巴結，且在橫膈膜異側時，稱為第三期。當淋巴瘤侵犯淋巴組織以外的地方，或是侵犯肝臟或骨髓時，則稱為第四期。這樣分期的目的，是為了決定治療方式與評估預後。簡單的說，三,四期病患的預後一般來說比一、二期的病患差。

四、淋巴癌(Hodgkin Lymphoma)臨床指引



1. unfavorable：Bulky Disease(Mass>10cm、mediastinum mass>intrathoracic 1/3)、B symptom、3 sites of disease、>1 extranodal
2. Restage with CT scan or PET/CT scan。

ChemoTherapy regimen

Hodgkin lymphoma：

- Most common variants

ABVD：(doxorubicin、bleomycin、vinblastine、dacarbazine)

Doxorubicin (Adriamycin) 25 mg/m2 iv D1 and 15
Bleomycin 10 U/m2 iv D1 and 15
Vinblastine 6 mg/m2 iv D1 and 15
Dacarbazine (DTIC) 375 mg/m2 iv D1 and 15
Q4w

FOLLOW UP

1. Physical Exam：Every 2-4 months for 1-2 years，then every 3-6 months for next 3-5 years。
2. Laboratory studies：CBC、PL、Bio-chemistry、ESR(initial Dx elevated)，Every 2-4 months for 1-2 years，then every 3-6 months for next 3-5 years。
3. Chest imaging：Chest X-ray or Chest CT Every 6-12 months for 2-5 years。

五、實症醫學

Categories of Evidence and Consensus :

Category 1: There is uniform NCCN consensus, based on high-level evidence, that the recommendation is appropriate.

Category 2A: There is uniform NCCN consensus, based on lower- level evidence including clinical experience, that the recommendationis appropriate.

Category 2B: There is nonuniform NCCN consensus (but no major disagreement), based on lower-level evidence including clinical experience, that the recommendation is appropriate.

Category 3: There is major NCCN disagreement that the recommendation is appropriate.

All recommendations are category 2A unless otherwise noted.

六、安寧緩和照護原則

若預期疾病難以治癒時，病人存活期小於 6 個月便適合安寧療護(Pomeranz & Brustman, 2005；Waldrop & Rinfrette, 2009)。若藉由症狀、檢驗數據、及確切的腫瘤診斷，證實臨床上該惡性腫瘤已經廣泛侵犯、或進展快速；功能分數(Palliative Performance Scale）低於 70%；拒絕進一步腫瘤治癒性治療，或者在治療之下仍持續惡化者，即可轉介緩和醫療團隊（彭等，2006)。

七、參考文獻(Reference)

1. NCCN Clinical Practice Guidelines in Oncology. Hodgkin's Lymphomas V2, 2012

2.McKelvey EM. cancer 1976;38:1484-1493.Lenz G. J clin Oncol 2005;23:1984-1992. Hiddemann W.Blood 2005;106:3725-3732

3.Velasquez WS. Blood 1988;71:117-122.

4.Velasquez WS. J clin Oncol 1994;12:1169-1176.

5.Moskowitz CH0J clin oncol 1999;17:3776-3785.

6.Kewalramans T. blood 2004;103:3684-3688