中山醫學大學附設醫院

鼻咽癌診療指引

本臨床指引參考台灣國家衛生研究院、美國NCCN版本

頭頸癌多專科醫療團隊編修

2025/12/10 Version18.0
2024/12/18 Version17.0
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2016/11/02 Version 9.0
2015/11/04 Version 8.0
2014/12/10 Version 7.0
2013/12/25 Version 6.0
2012/12/05 Version 5.0
2011/11/16 Version 4.0
2010/12/08 Version 3.1
2010/05/19 Version 3.0
2009/12/09 Version 2.0
2008/04/09 Version 1.0

癌症委員會主任委員	癌症委員會執行長	癌症中心主任	抗癌藥物安全小組	團隊負責人

修訂內容

頁數	第 17 版	第 18 版
2	➢ **分期** 根據 2017 年美國癌症醫學會(AJCC)第 8 版 鼻咽癌分期：	**分期** 根據 2024 年美國癌症醫學會(AJCC)第 9 版 鼻咽癌分期：
2	T1:腫瘤侷限在鼻咽或腫瘤侵犯口咽和/或鼻腔但不伴有咽旁侵犯 N2:雙側頸部淋巴結轉移，最大直徑≦6 公分，淋巴結位於環狀軟骨尾端以上 【M 則是遠端轉移之有無】 M0:無遠端轉移 M1:有遠端轉移	T1:腫瘤侷限在鼻咽或腫瘤侵犯口咽和/或鼻腔但不伴有咽旁侵犯(1)口咽部；(2)鼻腔（含鼻中隔） N2:雙側頸部淋巴結轉移，最大直徑≦6 公分，淋巴結位於環狀軟骨尾端以上，無晚期淋巴結外侵犯 【M 則是遠端轉移之有無】 cM0:無遠端轉移 cM1:有遠端轉移 cM1a:≤3 個轉移灶在 1 個或多個器官/部位存在 cM1b: ＞3 個轉移灶在 1 個或多個器官/部位存在 pM1:遠處轉移的顯微鏡確認 pM1a:遠處轉移的顯微鏡確認/ ≤ 3 個轉移灶在 1 個或多個器官/部位存在 pM1b:遠處轉移的顯微鏡確認＞ 3 個轉移灶在 1 個或多個器官/部位存在

3.4

鼻咽癌分期表:

Stage	T	N	M
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T0-1	N1	M0
	T2	N0-1	M0
Stage III	T0-2	N2	M0
	T3	N0-2	M0
Stage IVA	T4	N0-2	M0
Stage IVA	AnyT	N3	M0
Stage IVB	AnyT	AnyN	M1

鼻咽癌分期表:

Stage	T	N	M
Stage 0	Tis	N0	M0
Stage IA	T1-T2	N0	M0
Stage IB	T0-T2	N1	M0
Stage II	T0-T2	N2	M0
	T3	N0-N2	M0
Stage III	T4	AnyN	M0
	AnyT	N3	M0
Stage IVA	AnyT	AnyN	M1a
Stage IVB	AnyT	AnyN	M1b

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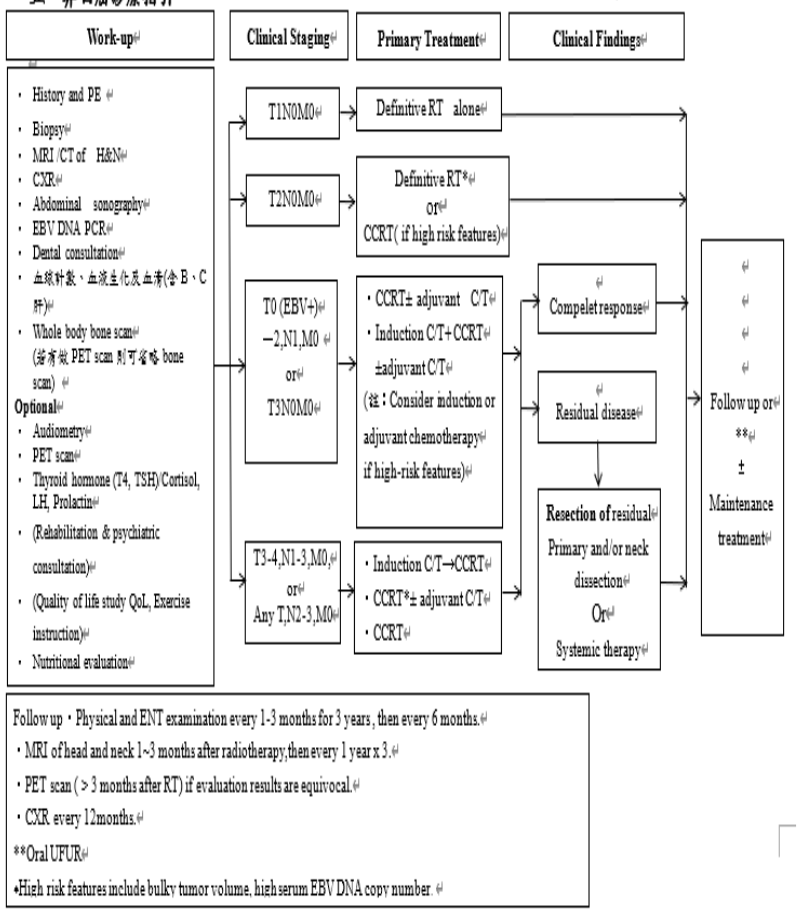
五、鼻咽癌診療指引



➢ 外科治療：

雖然放射線照射是治療鼻咽癌的主要方法，但與所有癌症治療一樣，仍不免有少數治療失敗的現象，包括對放射線反應不佳的局部復發以及頸部殘留腫塊或復發。因再次放射治療可能造成嚴重的放射線傷害，因此可考慮作顱底手術切除及頸部腫瘤及淋巴清除，有機會可完全切除病灶。但傷口因曾接受過放射線照射過癒合較慢，且顱底手術相當繁複，術後的後遺症也較多。

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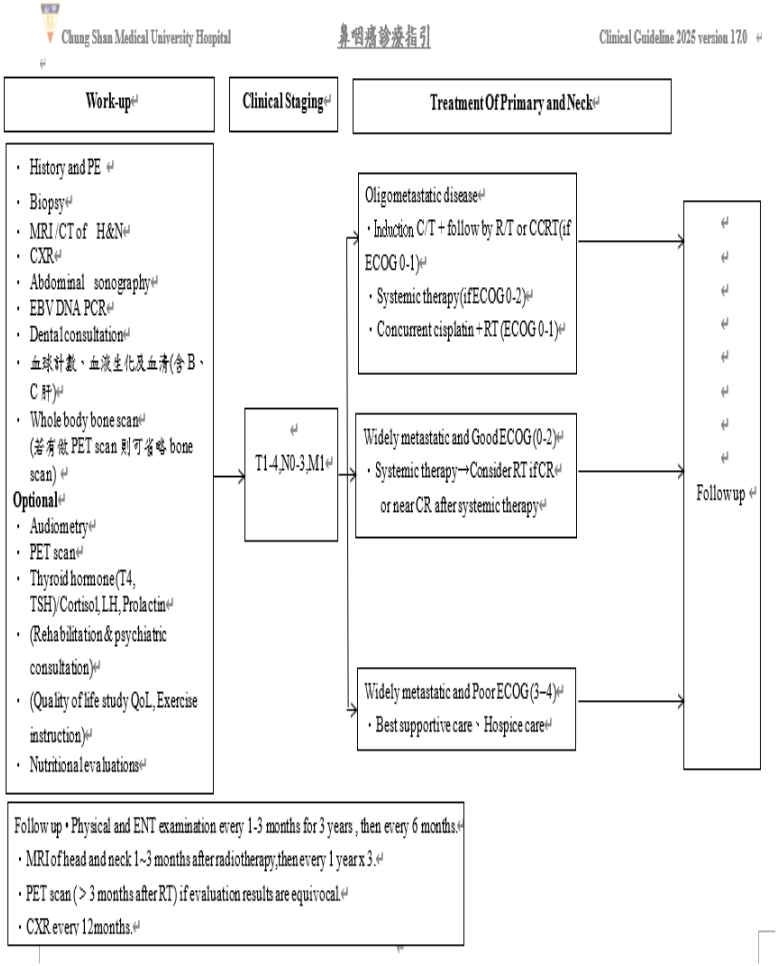
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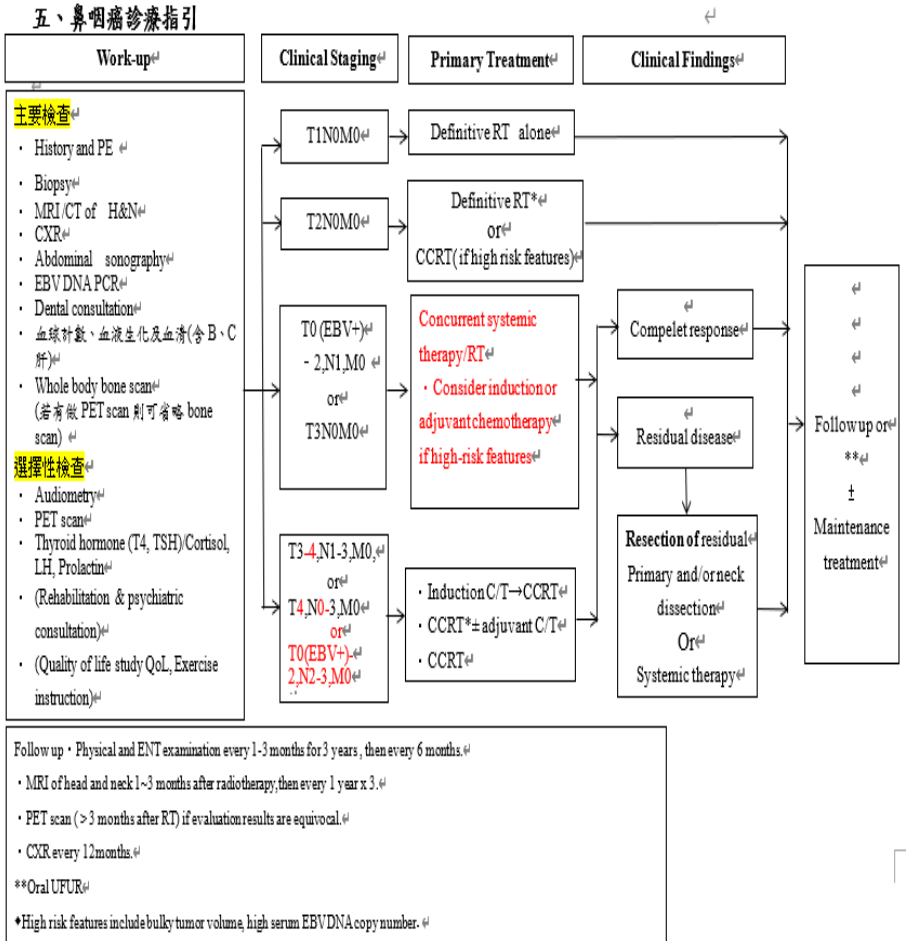
鼻咽癌診療指引
Clinical Guideline 2025 version 17.0
Work-up
Clinical Staging
Treatment Of Primary and Neck
· History and PE
· Biopsy
· MRI/CT of H&N
· CXR
· Abdominal sonography
· EBV DNA PCR
· Dental consultation
· 血球計數、血液生化及血清(含B、C肝)
· Whole body bone scan (若有做 PET scan 則可省略 bone scan)
Optional
· Audiometry
· PET scan
· Thyroid hormone(T4, TSH)/Cortisol, LH, Prolactin
· (Rehabilitation & psychiatric consultation)
· (Quality of life study QoL, Exercise instruction)
· Nutritional evaluations
T1-4,N0-3,M1
Oligometastatic disease
· Induction C/T + follow by R/T or CCRT(if ECOG 0-1)
· Systemic therapy(if ECOG 0-2)
· Concurrent cisplatin + RT (ECOG 0-1)
Widely metastatic and Good ECOG (0-2)
· Systemic therapy→Consider RT if CR or near CR after systemic therapy
Widely metastatic and Poor ECOG (3-4)
· Best supportive care、Hospice care
Follow up
Follow up · Physical and ENT examination every 1-3 months for 3 years, then every 6 months.
· MRI of head and neck 1~3 months after radiotherapy, then every 1 year x 3.
· PET scan (> 3 months after RT) if evaluation results are equivocal.
· CXR every 12months.


五、鼻咽癌診療指引
Work-up
Clinical Staging
Primary Treatment
Clinical Findings
主要檢查
· History and PE
· Biopsy
· MRI/CT of H&N
· CXR
· Abdominal sonography
· EBV DNA PCR
· Dental consultation
· 血球計數、血液生化及血清(含B、C肝)
· Whole body bone scan (若有做 PET scan 則可省略 bone scan)
選擇性檢查
· Audiometry
· PET scan
· Thyroid hormone (T4, TSH)/Cortisol, LH, Prolactin
· (Rehabilitation & psychiatric consultation)
· (Quality of life study QoL, Exercise instruction)
T1N0M0
T2N0M0
T0 (EBV+) - 2,N1,M0 or T3N0M0
T3-4,N1-3,M0, or T4,N0-3,M0 or T0(EBV+)-2,N2-3,M0
Definitive RT alone
Definitive RT* or CCRT(if high risk features)
Concurrent systemic therapy/RT
· Consider induction or adjuvant chemotherapy if high-risk features
· Induction C/T→CCRT
· CCRT*±adjuvant C/T
· CCRT
Compelet response
Residual disease
Resection of residual Primary and/or neck dissection Or Systemic therapy
Follow up or **
±
Maintenance treatment
Follow up · Physical and ENT examination every 1-3 months for 3 years, then every 6 months.
· MRI of head and neck 1~3 months after radiotherapy, then every 1 year x 3.
· PET scan (> 3 months after RT) if evaluation results are equivocal.
· CXR every 12months.
**Oral UFUR
♦High risk features include bulky tumor volume, high serum EBV DNA copy number.

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六、化療處方

Concurrent chemoradiation therapy

Cisplatin

Cisplatin	30-35 mg/m2 iv	d1
Qw, total > 200 mg/m2		

Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36.

UFT

Uracil-tegafur	250 – 300 mg/m2 po	QD
7 days/week		

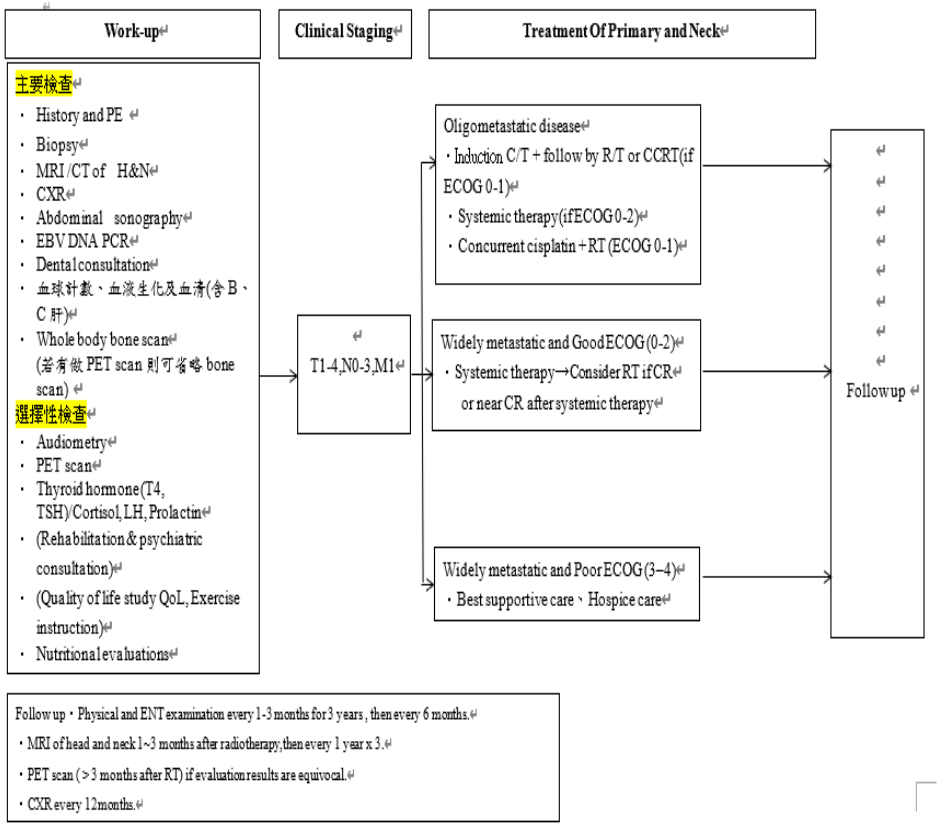
Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

Concurrent targeted-radiation therapy

Cetuximab

Cetuximab loading dose 400 mg/m2 iv, then 250 mg/m2 iv qw
Cetuximab loading dose 400 mg/m2 iv, then 500 mg/m2 iv q2w

Bonner JA et al. Radiotherapy plus cetuximab for squamous cell carcinoma of the head and neck. N Engl J Med 2006; 354:567.



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Neoadjuvant chemotherapy

Modified TPF at CSMUH

Docetaxel (Optional)	33 mg/m2 iv	d1, 8
Cisplatin	75 mg/m2 iv	d1
5-FU	750 mg/m2/d civi	d1-4
Q3w x 3-4 cycles		

Vermorken JB et al. Cisplatin, fluorouracil, and docetaxel in unresectable head and neck cancer. N Eng J Med 2007; 357:1695.

PF

Cisplatin	70 - 80 mg/m2 iv	d1
5-FU	800 - 1000 mg/m2/d civi	d1-4
Q3w x 3-4 cycles		

Al-Sarraf et al. Chemoradiotherapy versus radiotherapy in patients with advanced nasopharyngeal cancer: Phase III randomized intergroup study 0099. J Clin Oncol 1998; 16:1310.

Gemcitabine+Cisplatin

Gemcitabine	1000 mg/m2 iv	d1,8,15
Cisplatin	50-75 mg/m2/d civi	d1
Q4w x 3-4 cycles		

Zhang L et al. Phase II clinical study of gemcitabine in the treatment of patients with advanced nasopharyngeal carcinoma after the failure of platinum-based chemotherapy. Cancer Chemother Pharmacol 2008;61:33.

六、化療處方

Neoadjuvant chemotherapy

Modified PF

Cisplatin	50 mg/m2 iv	d1
5-FU	400 mg/m2/d civi	d1
5-FU	1200 mg/m2/d	46-48 hrs
Q2w x 3 cycles		

N Engl J Med.2019 Sep 19;381(12):1124-1135. doi:10.1056/NEJMoa1905287.Epub2019May31.

Gemcitabine+Cisplatin

Gemcitabine	1000 mg/m2 iv	d1,8,15
Cisplatin	50-75 mg/m2/d civi	d1
Q4w x 3-4 cycles		

N Engl J Med.2019 Sep 19;381(12):1124-1135. doi:10.1056/NEJMoa1905287.Epub2019May31.

Modified PFL at CSMUH

Cisplatin	50 mg/m2 iv	d1
5-FU	2000 - 3000 mg/m2/d civi	d1
Leucovorin	200 mg/m2	d1
Q2w		

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Gemcitabine

Gemcitabine	1000 mg/m2 iv	d1,8,15
Q4w x 3-4 cycles		

Zhang L et al. Phase II clinical study of gemcitabine in the treatment of patients with advanced nasopharyngeal carcinoma after the failure of platinum-based chemotherapy. Cancer Chemother Pharmacol 2008;61:33.

Adjuvant chemotherapy

UFT

Uracil-tegafur	400 mg	till PD
5 days/week		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

Recurrent /matastasis chemotherapy

PF

Cisplatin	70 - 100 mg/m2 iv	d1
5-FU	800 - 1000 mg/m2/d civi	d1-4
Q3w		

Al-Sarraf et al. Chemoradiotherapy versus radiotherapy in patients with advanced nasopharyngeal cancer: Phase III randomized intergroup study 0099. J Clin Oncol 1998; 16:1310.

Concurrent chemoradiation

Cisplatin

Cisplatin	30-35 mg/m2 iv	Qw
total > 200 mg/m2		

Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36.

Cisplatin

Cisplatin	100 mg/m2 iv	Q3w
total > 200 mg/m2		

Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36

Maintenance chemotherapy

UFT

Uracil-tegafur	400 mg/day po	1year
7 days/week		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

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Modified PFL at CSMUH

Cisplatin	50 mg/m2 iv	d1
5-FU	2400 - 3000 mg/m2/d civi	d1
Leucovorin	200 mg/m2	d1
Q2w		

Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245.

P-HDFL

Cisplatin	30 mg/m2 iv	d1, 8, 15
5-FU	2000 - 2600 mg/m2/d civi	d1, 8, 15
Leucovorin	200 mg/m2/d	d1, 8, 15
Q4w		

Chi KH et al. Elimination of dose limiting toxicities of cisplatin, 5-fluorouracil, and leucovorin using a weekly 24-hour infusion schedule for the treatment of patients with nasopharyngeal carcinoma. Cancer 1995;76:2186.

Paclitaxel

Paclitaxel	80 mg/m2	d1, 8, 15
Q4w		

Grau JJ et al. Weekly paclitaxel for platin-resistant stage IV head and neck cancer patients. Acta Otolaryngol 2009;129:1294.

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TS-1

TS-1	80mg/m2 po	1year
7 days/week 4 wks on/2wk off or 2wks/1wk off		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

Recurrent /matastasis chemotherapy

PF

Cisplatin	50 mg/m2 iv	d1
5-FU	400 mg/m2/d civi	d1
5-FU	1200 mg/m2/d civi	d1
Leucovorin	200 mg/m2	d1
Q2w		

Clin Oncol.2021 Oct 10;39(29):3273-382.doi:10.1200/JCO.21.00396.Epub2021Aug 11.

Gemcitabine+Cisplatin

Gemcitabine	1000 mg/m2 iv	d1,8,15
Cisplatin	50-75 mg/m2/d civi	d1
Q4w x 3-4 cycles		

Clin Oncol.2021 Oct 10;39(29):3273-382.doi:10.1200/JCO.21.00396.Epub2021Aug 11.

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Modified Paclitaxel + PF at CSMUH

Paclitaxel	80 mg/m2 iv	d1, 8
Cisplatin	70 – 80 mg/m2 iv	d1
5-FU	750 mg/m2/d civi	d1-4
Q3w		

Hitt R et al. Phase III study comparing cisplatin plus fluorouracil to paclitaxel, cisplatin, and fluorouracil induction chemotherapy followed by chemoradiotherapy in locally advanced head and neck cancer. J Clin Oncol 2005;23:8636.

Docetaxel

Docetaxel	30-40 mg/m2	d1, 8, 15
Q4w		

Guardiola E et al. Results of a randomised phase II study comparing docetaxel with methotrexate in patients with recurrent head and neck cancer. Eur J Cancer 2004;40:2071.

Modified TPF at CSMUH

Docetaxel	33 mg/m2 iv	d1, 8
Cisplatin	75 mg/m2 iv	d1
5-FU	750 mg/m2/d civi	d1-4
Q3w		

Vermorken JB et al. Cisplatin, fluorouracil, and docetaxel in unresectable head and neck cancer. N Eng J Med 2007; 357:1695.

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MEMOCLUB

Methotrexate	30 mg/m2	d1
Epirubicin	30 mg/m2	d1
Mitomycin-C	4 mg/m2	d8
Vincristin	1 mg/m2	d8
Cisplatin	25 mg/m2	d8
Leucovorin	120 mg/m2	d8
5-fluorouracil	1000 mg/m2	d8
Bleomycin	10 mg/m2	d8
Q2w		

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

Methotrexate

Methotrexate	30 mg/m2	d1
Qw		

Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245

PT

Cisplatin	30 mg/m2 iv	d1
Paclitaxel	60-80 mg/m2 iv	d1
Qw		

Cisplatin, fluorouracil, and docetaxel in unresectable head and neck cancer. N Engl J Med. 2007 Oct 25;357(17):1695-704.

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Methotrexate +/- Cyclophosphamide

Methotrexate	30 - 40 mg/m2	d1
Cyclophosphamide	200 mg/m2	d1
Qw		

Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245.

Gemcitabine

Gemcitabine	1000 mg/m2	d1, 8, 15
Q4w		

Zhang L et al. Phase II clinical study of gemcitabine in the treatment of patients with advanced nasopharyngeal carcinoma after the failure of platinum-based chemotherapy. Cancer Chemother Pharmacol 2008;61:33.

MEMOCLUB

Methotrexate	30 mg/m2	d1
Epirubicin	30 mg/m2	d1
Mitomycin-C	4 mg/m2	d8
Vincristin	1 mg/m2	d8
Cisplatin	25 mg/m2	d8
Leucovorin	120 mg/m2	d8

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

七、放射線治療

Radiotherapy alone	Concurrent Chemoradiotherapy
Radiotherapy*, 70-76 Gy to GTV, Neck 45-63Gy	Radiotherapy*, 70-76 Gy to GTV , Neck 45-60Gy

八、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)。

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Cetuximab +/- Chemotherapy

Cetuximab loading dose 400 mg/m2 iv, then 250 mg/m2 iv qw
Cetuximab loading dose 400 mg/m2 iv, then 500 mg/m2 iv q2w

Hitt R et al. Phase II study of combination cetuximab and weekly paclitaxel in patients with metastatic/recurrent squamous cell carcinoma of head and neck (SCCHN): Spanish Head and Neck Cancer Group (TTCC). 2007 ASCO annual meeting. Abstract 6012.

Maintenance chemotherapy

UFT

Uracil-tegafur	400 mg/day po	1year
7 days/week		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

Recurrent, Unresectable, Oligometastatic, or Metastatic Disease (with no surgery or RT option)

Preferred Regimens
First-Line • Cisplatin/gemcitabine (category 1) • Cisplatin/gemcitabine + PD-1 inhibitor (eg, pembrolizumab or nivolumab)
Other Recommended Regimens
First-Line • Combination Therapy Cisplatin/5-FU

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九、追蹤

Follow-up Program

	OPD	Dental consultation	CXR	CBC/BCS/血清(含 BC 肝)	Abd sono	MRI/CT	Bone Scan	Audiometry	PET	EBV DNA PCR
Pre- Tx	※	※	※	※	※	※	※	※	◎	※
Post- Tx 1-3 month	※	◎				※				◎
＊ Follow-up H&N MRI/CT regularly at 1nd – 3rd month after primary treatment is completed.										
6th month	※	◎								◎
9th month	※									◎
12 month	※	◎	※			※				◎
15th month	※									◎
18th month	※	◎								◎
21st month	※									◎
24th month	※	◎	※			※				◎
30th month	※	◎								
36th month	※	◎	※			※				

※表示需做項目 ◎表示 Optional

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Cisplatin or carboplatin/docetaxel or paclitaxel
Carboplatin/cetuximab
Gemcitabine/carboplatin

Subsequent-Line

- Immunotherapy

Nivolumab if previously treated, recurrent or metastatic non-keratinizing disease (category 2B)
Pembrolizumab if previously treated, PD-L1–positive,recurrent or metastatic disease (category 2B)

Single Agents

Cisplatin
Carboplatin
Paclitaxel
Docetaxel
5-FU
Methotrexate
Gemcitabine
Capecitabine

Useful in Certain Circumstances

Subsequent-Line

- Pembrolizumab (for tumor mutational burden-high [TMB-H] tumors [≥10 mut/Mb])

七、放射線治療

Radiotherapy alone	Concurrent Chemoradiotherapy
Radiotherapy*, 70-76 Gy to GTV, Neck 45-63Gy	Radiotherapy*, 70-76 Gy to GTV , Neck 45-60Gy

十、參考文獻

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6.Lee NY, Harris J, Garden A, et al. Phase II multi-institutional study of IMRT ± chemotherapy for nasopharyngeal carcinoma (RTOG 0225): Preliminary results. Int J Radiat Oncol Biol Phys 2007;69:S13-S14.
7.Yap YY, Hassan S, Chan M, et al. Epstein-Barr virus DNA detection in the diagnosis of nasopharyngeal carcinoma. Otolaryngol Head Neck Surg 2007;136(6):986-991.
8. Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.
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10.Wen-Shan Liu, Hsiang-Chi Kuo, Jin-Ching Lin, Mao-Chang Su, Jong-Kang Lee, Ming-Jen Chou, Ming-Chih Chou Huei Lee. Assessment of Salivary Function Change in Nasopharyngeal Carcinoma Treated by Parotid-Sparing Radiotherapy. Cancer J 2006;12:494–500.
11. Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36.
12.Al-Sarraf M, LeBlanc M, Giri PG, et al. Chemoradiotherapy versus radiotherapy in patients with advanced nasopharyngeal cancer: phase III randomized Intergroup study 0099. J Clin Oncol 1998;16:1310-1317.
13.Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245

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八、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，證實臨床上被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)。

九、追蹤

Follow-up Program

	OPD	Dental consultation	CXR	CBC/BCS/血清(含 BC 肝)	Abd sono	MRI/CT	Bone Scan	Audiometry	PET	EBV DNA PCR
Pre- Tx	※	※	※	※	※	※	※	※	◎	※
Post- Tx 1-3 month	※	◎				※				◎
＊ Follow-up H&N MRI/CT regularly at 1nd – 3rd month after primary treatment is completed.										
6th month	※	◎								◎
9th month	※									◎
12 month	※	◎	※			※				◎
15th month	※									◎
18th month	※	◎								◎
21st month	※									◎

頭頸癌完治率定義:

1、分子定義：分母中有完成首次治療或整個治療組合（手術、化療、放療）之個案數，

2、分母定義:當年度癌症新診斷（Class 1-2），並在本院進行癌症治療之個案數（扣除治療中人數）

癌別	期別		治療方式	完治定義
鼻咽癌	治療期	I II	RT	RT 結束日
		III	CCRT	CCRT 結束日
		IVA	ICT → CCRT	CCRT 結束日
		IVB	C/T or R/T	1. Palliative C/T(含 Palliative UFUR)治療持續達 3 個月 2. Palliative R/T 治療劑量達 3000cGy 3. 治療中轉安寧

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24th month	※	◎	※			※				◎
30th month	※	◎								
36th month	※	◎	※			※				

※表示需做項目 ◎表示 Optional

十、參考文獻

1. NCCN Clinical Practice Guidelines in Oncology, v.2.2022.
2. Wen-Shan Liu, Hsiang-Chi Kuo, Jin-Ching Lin, Mao-Chang Su, Jong-Kang Lee, Ming-Jen Chou, Ming-Chih Chou Huei Lee. Assessment of Salivary Function Change in Nasopharyngeal Carcinoma Treated by Parotid-Sparing Radiotherapy. Cancer J 2006;12:494–500.
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4. Zhang L, Zhang Y, Huang PY, et al. Phase II clinical study of gemcitabine in the treatment of patients with advanced nasopharyngeal carcinoma after the failure of platinum-based chemotherapy. Cancer Chemother Pharmacol 2008;61(1):33-38.
5. Lee NY, Harris J, Garden A, et al. Phase II multi-institutional study of IMRT ± chemotherapy for nasopharyngeal carcinoma (RTOG 0225): Preliminary results. Int J Radiat Oncol Biol Phys 2007;69:S13-S14.
6. Yap YY, Hassan S, Chan M, et al. Epstein-Barr virus DNA detection in the diagnosis of nasopharyngeal carcinoma. Otolaryngol Head Neck Surg 2007;136(6):986-991.

無

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頭頸癌完治率定義:

1、分子定義：分母中有完成首次治療或整個治療組合（手術、化療、放療）之個案數，

2、分母定義:當年度癌症新診斷（Class 1-2），並在本院進行癌症治療之個案數（扣除治療中人數）

癌別	期別		治療方式	完治定義
鼻咽癌	治療期	I II	RT	RT 結束日
		III	CCRT	CCRT 結束日
		IVA	ICT→CCRT	CCRT 結束日
		IVB	C/T or R/T	1. Palliative C/T(含 Palliative UFUR)治療持續達 3 個月 2. Palliative R/T 治療劑量達 3000cGy 3. 治療中轉安寧

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無

目 錄 CONTENTS

一、 前言

鼻咽癌為華人常見的頭頸癌，盛行於中國南方，香港，以及台灣。流行病學顯示，男性每十萬人每年罹患鼻咽癌的人數在台灣是 7.7 人，然而在美國只有 0.63 人，在日本只有 0.27 人；即使移居美國的第二代華人也比當地白人罹患率多 7 倍，顯示不同族裔之間罹病的機率有很大的差異。以性別而言，男性比女性容易罹患鼻咽癌，其比例約為 3 比 1。近幾年國內的統計顯示，每年約有 1200 人左右發病，根據 109 年癌症登記年報，發生率的排名於男性為第 14 位、女性為第 20 位。由於鼻咽癌之好發年齡在 40 至 50 歲之壯年期，而且發生疾病的鼻咽部位不像口腔癌容易檢查，因此比較容易延誤診斷疾治療，進而對社會、經濟、勞力及家庭造成衝擊。

鼻咽癌確切的致病機轉仍不清楚，不過其發生之原因可能為多重因素所構成，醫學研究顯示約有三大類，包括遺傳因子、EB 病毒感染、以及環境因素 (食用過多醃漬食物或鹹魚或是工作環境之空氣污染)。
因為鼻咽癌不像口腔癌常有所謂的「癌前病變」，而且鼻咽部位不像口腔癌容易檢查，因此病患本身及醫師對於鼻咽癌相關症狀更要特別留意、提高警覺，及時就醫檢查，才是鼻咽癌防治的最好方式。

本鼻咽癌診斷及治療指引的內容除了依據已發表的實證醫學及專家意見外，並參考國家衛生研究院鼻咽癌臨床指引、美國 National Comprehensive Cancer Network(NCCN)的 Practice Guide-line in Head and Neck Cancer2025 年版及中山醫學大學附設醫院鼻咽癌治療經驗進行編修。

二、 組織病理分類、分化、分期

➢ 病理分類:

鼻咽癌組織學一般可分為三種型態
1. 角質化鱗狀細胞癌(keratinizing squamous cell carcinoma)：預後最差
2. 非角質化鱗狀細胞癌(nonkeratinizing carcinoma)
3. 未分化癌(undifferentiated carcinoma)：最常見

➢ **分期** 根據 2024 年美國癌症醫學會(AJCC)第 9 版鼻咽癌分期：

【T 為腫瘤大小及位置】

Tx:無法評估原發腫瘤
T0:沒看到原發腫瘤，但 EBV-positive 且有頸部淋巴結
Tis:原位癌
T1:腫瘤侷限在鼻咽或腫瘤侵犯口咽和/或鼻腔但不伴有咽旁侵犯(1)口咽部；(2)鼻腔（含鼻中隔）
T2:腫瘤侵犯咽旁（parapharynx）間隙，和/或鄰近軟組織侵犯(內側翼狀肌、外側翼狀肌、椎前肌肉)
T3:腫瘤侵犯顱底骨質、頸部椎骨、翼狀肌結構、和/或副鼻竇
T4:腫瘤侵犯顱內和/或顱神經、下咽、眼眶、腮腺、和/或翼狀肌外側表面的軟組織

【N 為頸部淋巴結之轉移情形】
Nx:區域淋巴結無法評估
N0:無區域淋巴結轉移
N1:單側頸部(不論哪一側)淋巴結轉移，和/或單側或雙側咽後淋巴結轉移，最大直徑≦6 公分，淋巴結位於環狀軟骨尾端以上
N2:雙側頸部淋巴結轉移，最大直徑≦6 公分，淋巴結位於環狀軟骨尾端以上，無晚期淋巴结外侵犯
N3: 單側或雙側淋巴結轉移，最大徑>6 公分和/或環狀軟骨尾端以下;伴有鄰近肌肉、皮膚和/或神经血管结構受侵犯的晚期淋巴结外侵犯。
*中線淋巴結認為是同側淋巴結
【M 則是遠端轉移之有無】
cM0:無遠端轉移
cM1:有遠端轉移

cM1a: ≤3 個轉移灶在 1 個或多個器官/部位存在
cM1b: ＞3 個轉移灶在 1 個或多個器官/部位存在
pM1:遠處轉移的顯微鏡確認
pM1a:遠處轉移的顯微鏡確認/ ≤ 3 個轉移灶在 1 個或多個器官/部位存在
pM1b:遠處轉移的顯微鏡確認＞ 3 個轉移灶在 1 個或多個器官/部位存在

鼻咽癌分期表:

Stage	T	N	M
Stage 0	Tis	N0	M0
Stage IA	T1-T2	N0	M0
Stage IB	T0-T2	N1	M0
Stage II	T0-T2	N2	M0
	T3	N0-N2	M0
Stage III	T4	AnyN	M0
	AnyT	N3	M0

Stage IVA	AnyT	AnyN	M1a
Stage IVB	AnyT	AnyN	M1b

三、 症狀、診斷和檢查

鼻咽癌不像口腔癌常有「癌前病變」，而且鼻咽部位不容易檢查，因此注意鼻咽癌相關的症狀是早期診斷鼻咽癌的最好方式。鼻咽癌常見之症狀如下：

1. 頸部腫塊：約有百分之七十至八十之病患在確立診斷時已有頸部腫塊，這是因為鼻咽部具有豐富的淋巴管道，癌細胞很容易經由這些淋巴管轉移到頸部淋巴結。
2. 鼻涕或痰帶血絲：鼻咽腫瘤表面潰爛出血導致鼻涕或痰 (尤其是由鼻部倒吸的痰) 帶血絲，經由前鼻孔大量流鼻血的現象其實並不多見。
3. 鼻部症狀：鼻部症狀包括鼻塞、膿鼻涕、惡臭分泌物等，主要是由於鼻咽腫瘤堵塞鼻孔、鼻腔或因腫瘤潰爛而產生。
4. 耳部症狀：耳部症狀主要是因為耳咽管功能受損所產生，耳咽管具有平衡中耳腔壓力的功能，因此，當鼻咽癌腫瘤侵犯耳咽管時，就會產生耳塞、耳鳴、中耳積液、聽力障礙等症狀。
5. 頭痛：鼻咽部位於頭顱中央，與鼻竇、顱腔相隔，當鼻咽癌腫瘤侵犯到鼻竇、腦膜或顱腔時，便會造成頭痛現象，此種頭痛通常是單側性。
6. 腦神經症狀：鼻咽部周圍有血管與神經通道，鼻咽癌腫瘤細胞可以沿著這些孔道侵犯到顱腔內，造成上述之頭痛現象，或甚至侵犯腦神經引起其功能障礙。如第五腦神經 (三叉神經) 受損，便會造成臉部皮膚感覺麻木；如第六腦神經 (外展神經) 受損，便會造成眼球運動障礙而產生複視現象。其他舌下神經、迷走神經障礙，則會造成吞嚥困難或聲音沙啞的症狀。

因此，有上述症狀之病人，就必須作鼻咽部檢查，以確定是否罹患鼻咽癌。由於鼻咽部之特殊解剖位置，無法直接目

視，需借助鼻後鏡或鼻咽內視鏡才能檢查。鼻咽切片通常採用局部麻醉方式，經由鼻部夾下懷疑的組織送病理檢查，如腫瘤很小或位置特殊時，最好在鼻咽內視鏡監視下操作，必要時需要重複切片才能得到診斷。鼻咽切片是診斷鼻咽癌必要之檢查，通常不太疼痛或出血，也不會造成癌細胞擴散或轉移。

診斷組織病理確立鼻咽炎診斷之後，需要先行判定其臨床分期，其中包括耳鼻喉科理學檢查、腦神經理學檢查、肺部X光、肝臟超音波、全身骨骼同位素掃描、頭頸部之電腦斷層掃描或磁振造影、正子攝影檢查等。

四、 鼻咽癌的治療

➢ 放射線治療

放射治療即俗稱電療，但正確的簡稱應為「放療」而非「電療」，利用高能量電磁波或粒子射束治療病灶，與外科手術性質相同，屬局部性之療法，其作用僅局限於照射的部分。高能量放射線可以將細胞殺死或阻止細胞繼續生長及分裂。放射治療進行時，正常的細胞亦會受放射線影響，但他們與癌細胞不同，大部分的正常細胞被放射線傷害後，均會由細胞自體的修補而恢復正常功能。放射治療可以治癒癌症、減輕病人的痛苦、改善病人的生活品質。放射治療可單獨使用，或配合手術、化學治療使用。對於鼻咽癌患者，放射治療為主要且效果良好的治療方式。

由於每個人的疾病特徵及程度各不相同，每次給予的治療劑量及全程治療所需時間，都將由主治醫師在擬妥治療計劃後才能決定。通常全程治療所需時間約在接近2個月。由週一至週五每週做五日的治療，每次治療僅約10-15分鐘。為提升醫療品質，放射治療在模擬定位後需要3-5天的準備時間才會進行。而週末和週日兩天休息，其目的為了恢復病人的體力和讓正常細胞修復。

➢ 化學治療

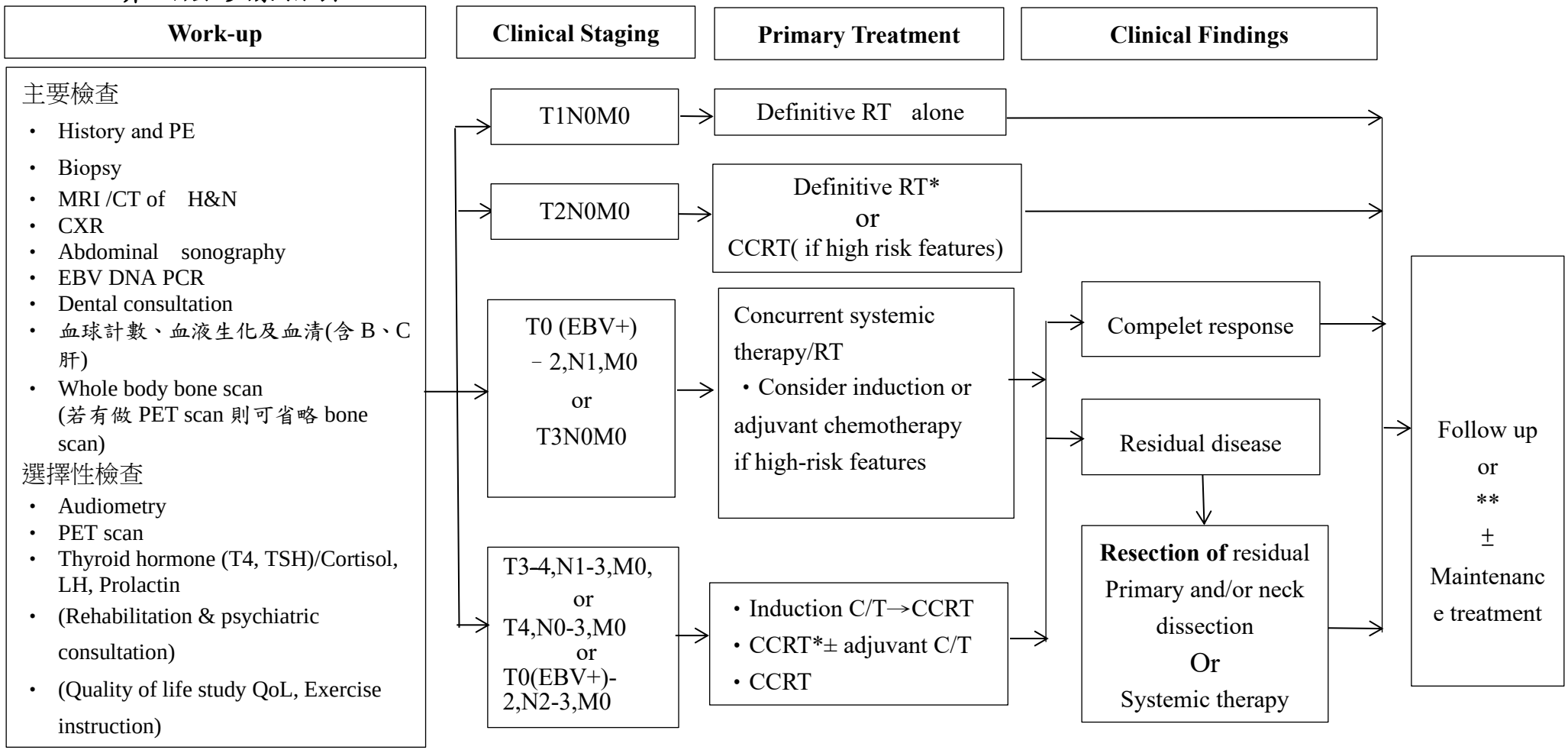
使用藥物去治療癌症，這些藥物通常被稱為抗癌藥物。化學治療的藥物藉著血液循環而至癌細胞處，藥物進入癌細胞內，抑制癌細胞生長及分裂的能力，而達到治療的目的。化學治療的目的為 1.抗癌或抑癌作用 2.預防腫瘤細胞轉移 3.增強放射線治療效果。

化學治療可以單獨使用一種藥物或是多種藥物一起治療，而藥物的選擇，醫生會依據每位病人疾病的種類、程度、疾病分期、腫瘤位置、病人的身體狀況等因素來加以選擇。化學治療亦可作為輔助性治療，以便完全的消滅肉眼看不到的腫瘤細胞。大部分的抗癌藥物是經由靜脈注射，通常是在大靜脈植入人工血管，作為長久靜脈化學治療使用。

➢ 外科治療：

雖然放射線照射是治療鼻咽癌的主要方法，但與所有癌症治療一樣，仍不免有少數治療失敗的現象，包括對放射線反應不佳的局部復發以及頸部殘留腫塊或復發。因再次放射治療可能造成嚴重的放射線傷害，因此可考慮作顱底手術切除及頸部腫瘤及淋巴清除，有機會可完全切除病灶。但傷口因曾接受過放射線照射過癒合較慢，且顱底手術相當繁複，術後的後遺症也較多。

五、鼻咽癌診療指引



Follow up • Physical and ENT examination every 1-3 months for 3 years , then every 6 months.

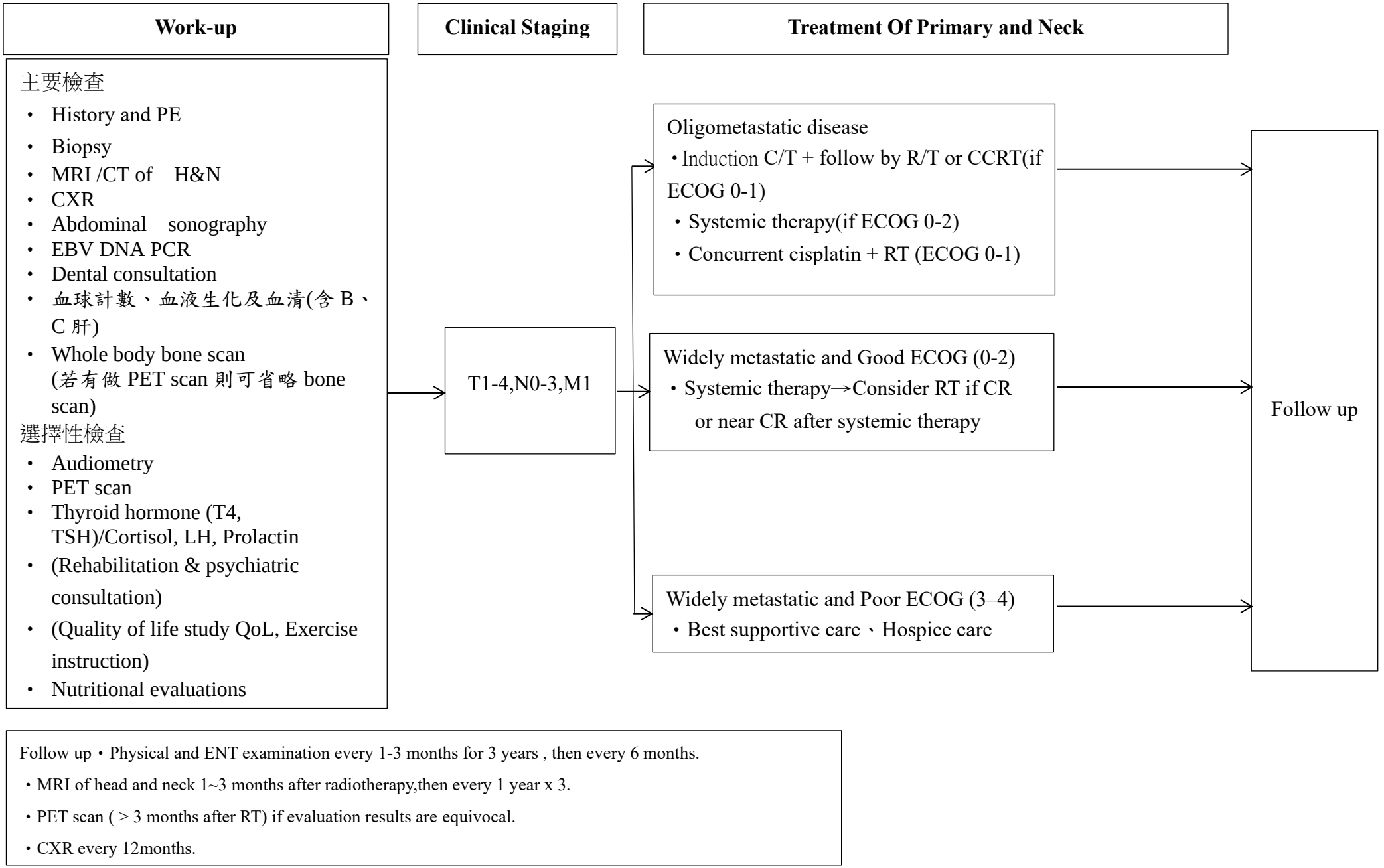
• MRI of head and neck 1~3 months after radiotherapy,then every 1 year x 3.

• PET scan (> 3 months after RT) if evaluation results are equivocal.

• CXR every 12months.

**Oral UFUR

◆High risk features include bulky tumor volume, high serum EBV DNA copy number.



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• MRI of head and neck 1~3 months after radiotherapy,then every 1 year x 3.

• PET scan (> 3 months after RT) if evaluation results are equivocal.

• CXR every 12months.

六、化療處方

Neoadjuvant chemotherapy

Modified PF

Cisplatin	50 mg/m2 iv	d1
5-FU	400 mg/m2/d civi	d1
5-FU	1200 mg/m2/d	46-48 hrs
Q2w x 3 cycles		

N Engl J Med.2019 Sep 19;381(12):1124-1135. doi:10.1056/NEJMoa1905287.Epub2019May31.

Gemcitabine+Cisplatin

Gemcitabine	1000 mg/m2 iv	d1,8,15
Cisplatin	50-75 mg/m2/d civi	d1
Q4w x 3-4 cycles		

N Engl J Med.2019 Sep 19;381(12):1124-1135. doi:10.1056/NEJMoa1905287.Epub2019May31.

Modified PFL at CSMUH

Cisplatin	50 mg/m2 iv	d1
5-FU	2000 - 3000 mg/m2/d civi	d1
Leucovorin	200 mg/m2	d1
Q2w		

Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245.

Concurrent chemoradiation

Cisplatin

Cisplatin	30-35 mg/m2 iv	Qw
total > 200 mg/m2		

Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36.

Cisplatin

Cisplatin	100 mg/m2 iv	Q3w
total > 200 mg/m2		

Beckmann GK et al. Hyperfractionated accelerated radiotherapy in combination with weekly cisplatin for locally advanced head and neck cancer. Head Neck 2005;27:36

Maintenance chemotherapy

UFT

Uracil-tegafur	400 mg/day po	1year
7 days/week		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

TS-1

TS-1	80mg/m2 po	1year
7 days/week 4 wks on/2wk off or 2wks/1wk off		

Yuzuru Nibe et al. Effectiveness of Concurrent Radiation Therapy with UFT or TS-1 for T2N0 Glottic Cancer in Japan. Anticancer Res 2007;27:3497.

Recurrent /matastasis chemotherapy

PF

Cisplatin	50 mg/m2 iv	d1
5-FU	400 mg/m2/d civi	d1
5-FU	1200 mg/m2/d civi	d1
Leucovorin	200 mg/m2	d1
Q2w		

Clin Oncol.2021 Oct 10;39(29):3273-382.doi:10.1200/JCO.21.00396.Epub2021Aug 11.

Gemcitabine+Cisplatin

Gemcitabine	1000 mg/m2 iv	d1,8,15
Cisplatin	50-75 mg/m2/d civi	d1
Q4w x 3-4 cycles		

Clin Oncol.2021 Oct 10;39(29):3273-382.doi:10.1200/JCO.21.00396.Epub2021Aug 11.

MEMOCLUB

Methotrexate	30 mg/m2	d1
Epirubicin	30 mg/m2	d1
Mitomycin-C	4 mg/m2	d8
Vincristin	1 mg/m2	d8
Cisplatin	25 mg/m2	d8
Leucovorin	120 mg/m2	d8
5-fluorouracil	1000 mg/m2	d8
Bleomycin	10 mg/m2	d8
Q2w		

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

Methotrexate

Methotrexate	30 mg/m2	d1
Qw		

Forastiere AA et al. Randomized comparison of cisplatin plus fluorouracil and carboplatin plus fluorouracil versus methotrexate in advanced squamous-cell carcinoma of the head and neck. J Clin Oncol 1992; 10:1245

PT

Cisplatin	30 mg/m2 iv	d1
Paclitaxel	60-80 mg/m2 iv	d1
Qw		

Cisplatin, fluorouracil, and docetaxel in unresectable head and neck cancer. N Engl J Med. 2007 Oct 25;357(17):1695-704.

七、放射線治療

Radiotherapy alone	Concurrent Chemoradiotherapy
Radiotherapy*, 70-76 Gy to GTV, Neck 45-63Gy	Radiotherapy*, 70-76 Gy to GTV , Neck 45-60Gy

八、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）。

九、追蹤

Follow-up Program

	OPD	Dental consultation	CXR	CBC/BCS/血清(含 BC 肝)	Abd sono	MRI/CT	Bone Scan	Audiometry	PET	EBV DNA PCR
Pre- Tx	※	※	※	※	※	※	※	※	◎	※
Post- Tx 1-3 month	※	◎				※				◎
∗ Follow-up H&N MRI/CT regularly at 1nd – 3rd month after primary treatment is completed.										
6th month	※	◎								◎
9th month	※									◎
12 month	※	◎	※			※				◎
15th month	※									◎
18th month	※	◎								◎
21st month	※									◎
24th month	※	◎	※			※				◎
30th month	※	◎								
36th month	※	◎	※			※				

※表示需做項目　　◎表示 Optional

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頭頸癌完治率定義:

1、分子定義：分母中有完成首次治療或整個治療組合（手術、化療、放療）之個案數，

2、分母定義:當年度癌症新診斷（Class 1-2），並在本院進行癌症治療之個案數（扣除治療中人數）

癌別	期別		治療方式	完治定義
鼻咽癌	治療期	I II	RT	RT 結束日
		III	CCRT	CCRT 結束日
		IVA	ICT → CCRT	CCRT 結束日
		IVB	C/T or R/T	1. Palliative C/T(含 Palliative UFUR)治療持續達 3 個月 2. Palliative R/T 治療劑量達 3000cGy 3. 治療中轉安寧

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