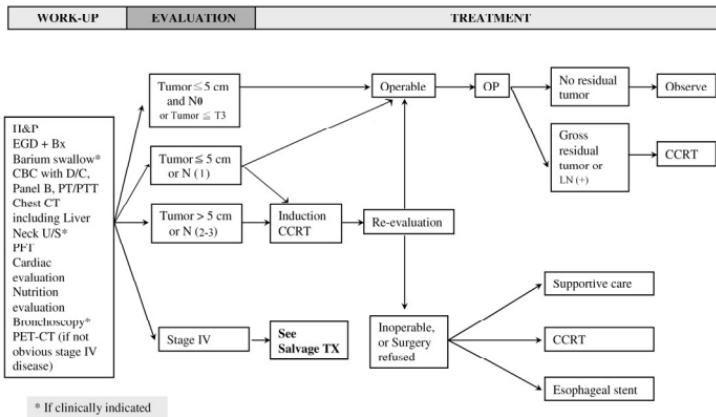
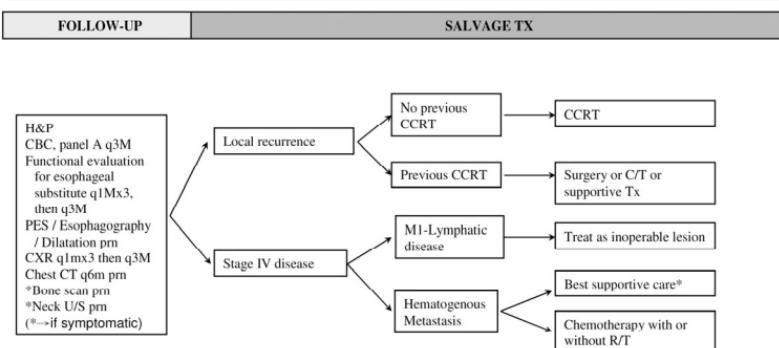


### 3. 食道癌治療計劃

## Esophageal Cancer



## Esophageal Cancer



- \*Best supportive care  
 • Obstruction: Stent, R/T  
 • Nutrition: J-tube (for potential surgical candidate), PEG, G-tube,  
 • Pain control: R/T or medications

## ***Chemo-radiotherapy for SCC of esophagus***

台中榮總胸腔外科食道癌常見治療 protocol

### **Definite CCRT**

- (1) Cisplatin 20 mg/m<sup>2</sup> + 5-FU 800 mg/m<sup>2</sup>, day 1~4, on week 1,5,8,11  
R/T 5600cGy in 25 fractions within 5 weeks
- (2) Cisplatin 20 mg/m<sup>2</sup> + 5-FU 800 mg/m<sup>2</sup>, day 1~4, on week 1,5,8,11  
R/T 5600cGy in 25 fractions within 5 weeks  
Cetuximab 400 mg/m<sup>2</sup> today on week 1 + maintain dose 250 mg/m<sup>2</sup> weekly  
for 11 weeks concurrent with R/T

### **Adjuvant CCRT**

- (1) Cisplatin 16 mg/m<sup>2</sup> + 5-FU 600 mg/m<sup>2</sup>, day 1~4, on week 1,5,8,11  
R/T 5000cGy in 25 fractions within 5 weeks

### **Neoadjuvant CCRT**

- (1) Cisplatin 20 mg/m<sup>2</sup> + 5-FU 1000 mg/m<sup>2</sup>, day 1~5, on week 1 and 5  
R/T 4500cGy in 25 fractions within 5 weeks
- (2) Cisplatin 18 mg/m<sup>2</sup> + 5-FU 800 mg/m<sup>2</sup>, day 1~4, on week 1 and 5  
R/T 4500cGy in 25 fractions within 5 weeks  
Cetuximab 400 mg/m<sup>2</sup> today on week 1 + maintain dose 250 mg/m<sup>2</sup> weekly  
for 8 weeks concurrent with R/T

- (1) 外科治療：

- A. 外科手術以 Radical esophagectomy 為主，Mediastinal tissue 儘可能與 Tumor 一併切除。
- (A) Curative resection: 2 or 3 field node dissection
- (B) Palliative resection:
- a. Margins are not free.

b. Celiac or gastric nodes metastasis.

B. 腫瘤無法切除之病人因營養問題可施行

(A) Bypass Surgery .

(B) 食道內管或食道支架放置術 (intubation or stent) ,

(C) Feeding gastrostomy 或 PEG

(D) Feeding jejunostomy .

(2) 放射治療： 請參考 CTC 的治療手冊。

(3) 合併化學治療及放射線治療後再追加手術治療 (Salvage esophagectomy) 。