

早期子宮內膜癌之治療建議

Treatment Recommendations for Early-Stage Endometrial Cancer

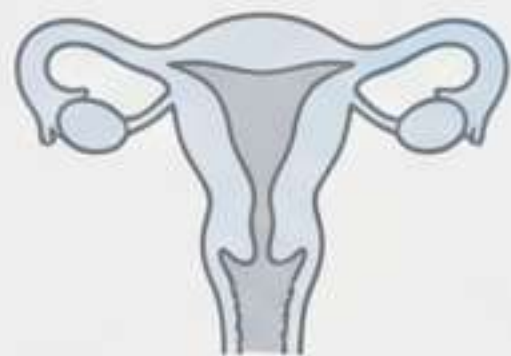


從手術分期到輔助治療決策
(From Surgical Staging to Adjuvant Decision Making)

2026年二月

作者：癌症資訊雜貨店與BCOP圖書會

臨床分期導向之手術策略 (Surgical Strategy by Clinical Staging)



侷限於子宮
(Confined to Uterus)



**全子宮切除術 (TH) +
雙側輸卵管卵巢切除術
(BSO)**

腹膜內可疑結構活檢



子宮頸侵犯
(Cervical Invasion)



**根除性子宮切除術
(Radical Hysterectomy)
+ BSO**

需排除膀胱/直腸侵犯



子宮外疾病
(Extrauterine Disease)



**術前全身性治療
(Neoadjuvant Therapy)**



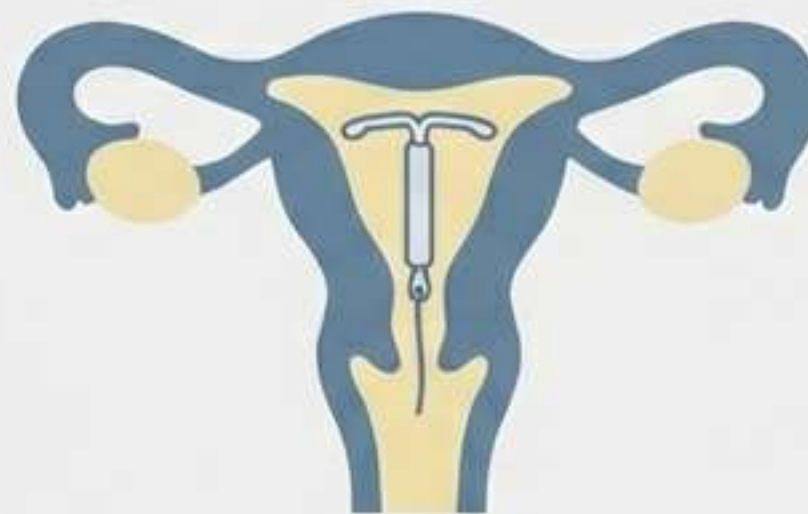
降級後手術

關鍵概念：手術分期 (Surgical Staging) 為後續輔助治療之基石。

保留生育能力之治療選擇 (Fertility-Sparing Therapy)

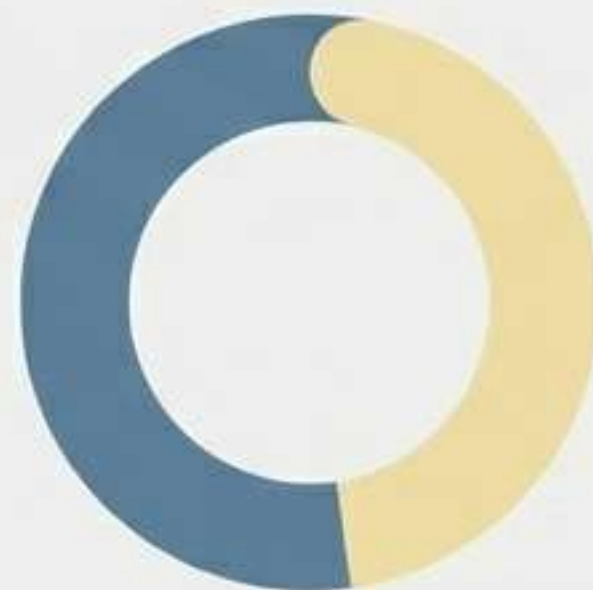
納入條件 (Criteria)

- ✓ 目標：絕經前，第IA期
G1 內膜樣癌
- ✓ 排除：卵巢/乳癌家族史，
Lynch Syndrome，p53異常
- ✓ 必要檢查：MRI排除肌層浸潤
+ D&C確認



介入措施 (Intervention)：持續性黃體素療法

- 首選：Levonorgestrel IUD (Mirena)
- 替代：Megestrol acetate / Medroxyprogesterone



48.2%
完全緩解率
(Complete Response Rate)

微創手術 (MIS) 與開腹手術之實證比較

PICO Definitions & Outcomes

GOG-LAP2 Trial

PICO: Stage I-IIA | Laparoscopy vs. Laparotomy

✓ 存活率相同，住院時間縮短，生活品質更佳

LACE Trial

PICO: Stage I | TLH vs. TAH

Comparative Bar Charts

GOG-LAP2: 5-Year Overall Survival



LACE: 4.5-Year DFS



嚴禁碎瘤術 (No Morcellation) - 需整塊切除，避免腫瘤播散。

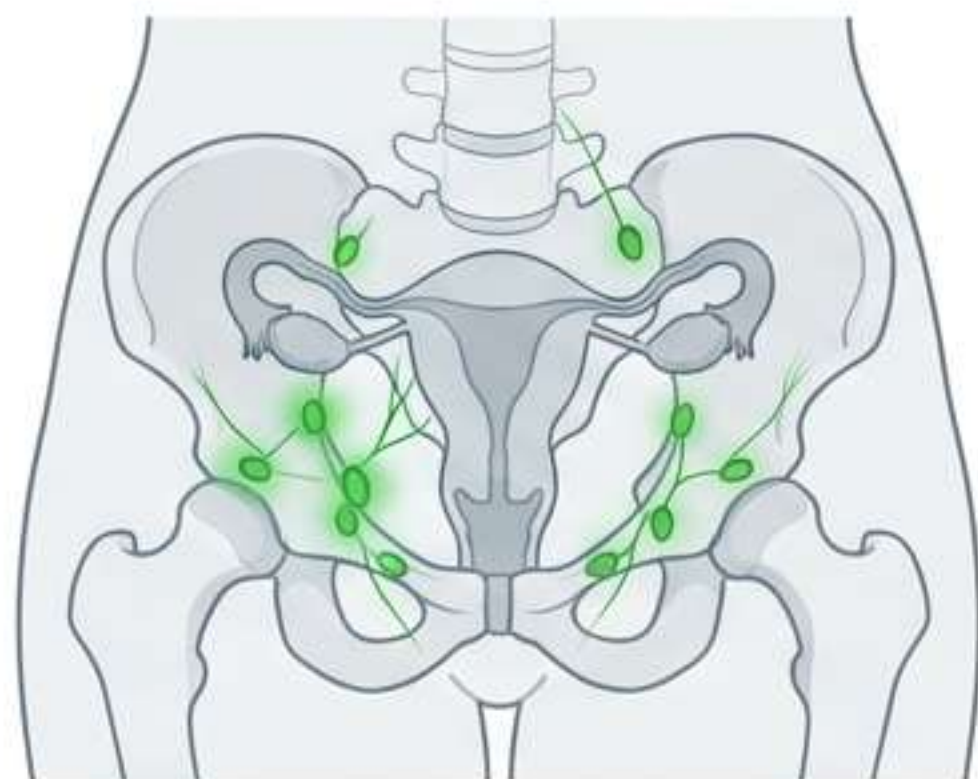
淋巴結評估：從全面廓清到前哨淋巴結 (SLN)

過去：全面淋巴結廓清 (Systemic LND)



ASTEC Trial: 5-year OS (81% vs 80%) 無顯著差異。

結論：早期低風險患者不建議常規執行。



現在：前哨淋巴結定位 (SLN Mapping)

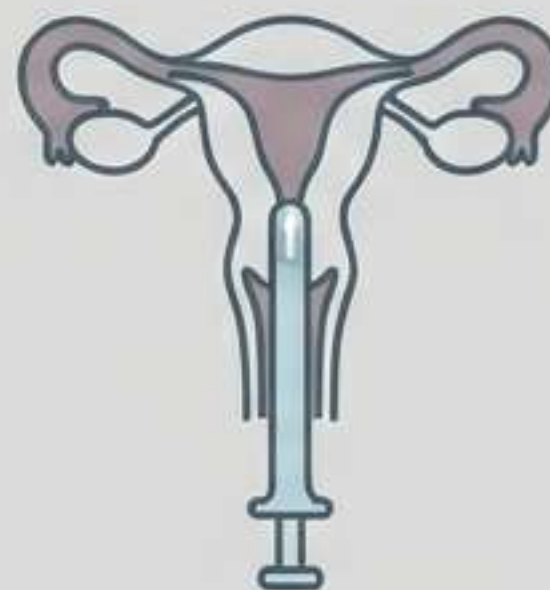
FIRES Trial (Stage I)	Sensitivity 97.2%	NPV 99.6%
SENTOR Trial (High Grade)	Sensitivity 96.0%	NPV 99.0%

術後輔助放射治療：治療模式與適應症



體外放射治療 (EBRT)

- 目標: 骨盆腔淋巴結 + 上陰道
- 適應症: 深層肌層浸潤, High grade, 淋巴結陽性
- 副作用: 腸胃道症狀 (GI), 膀胱炎



陰道近接放射治療 (VBT)

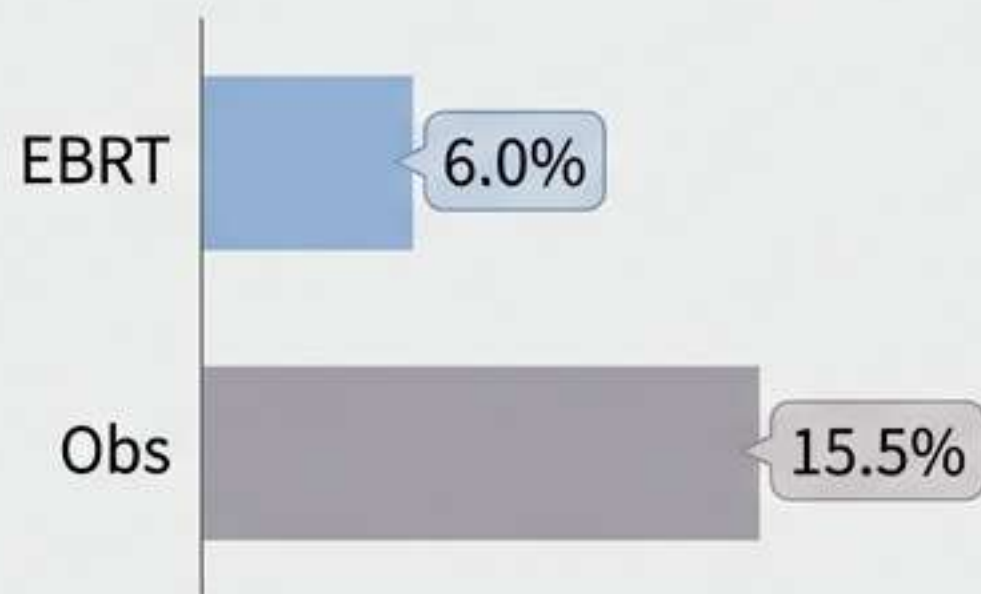
- 目標: 陰道上段 (Upper 1/3) + 術後疤痕 (Cuff)
- 適應症: 中高風險 (HIR) 控制局部復發
- 副作用: 局部為主 (陰道乾燥/狹窄)

放射治療之實證：PORTEC 系列試驗

1 PORTEC-1 (Is RT needed?)

比較: EBRT vs. Observation

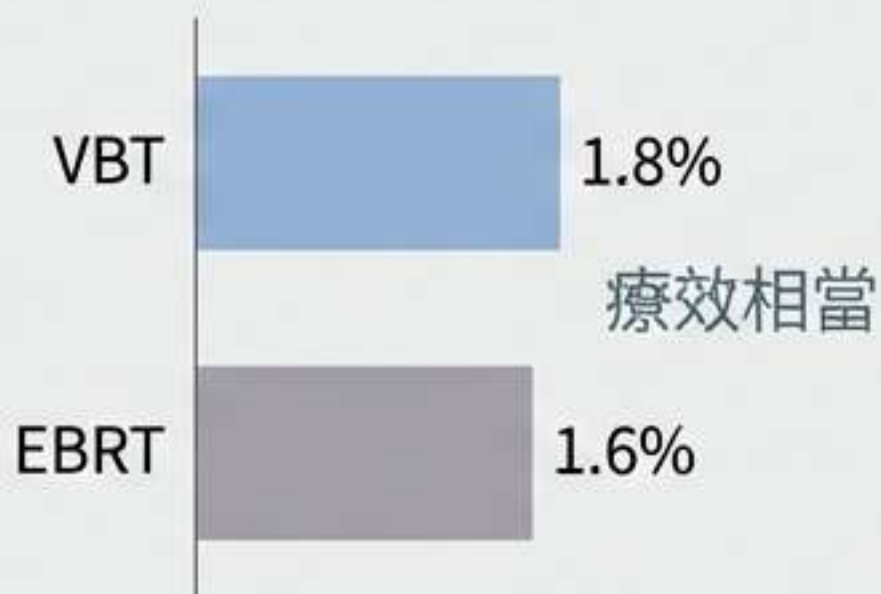
15-year Locoregional Recurrence



2 PORTEC-2 (Is VBT enough for HIR?)

比較: VBT vs. EBRT (High-Intermediate Risk)

A 5-year Vaginal Recurrence



B Acute GI Toxicity

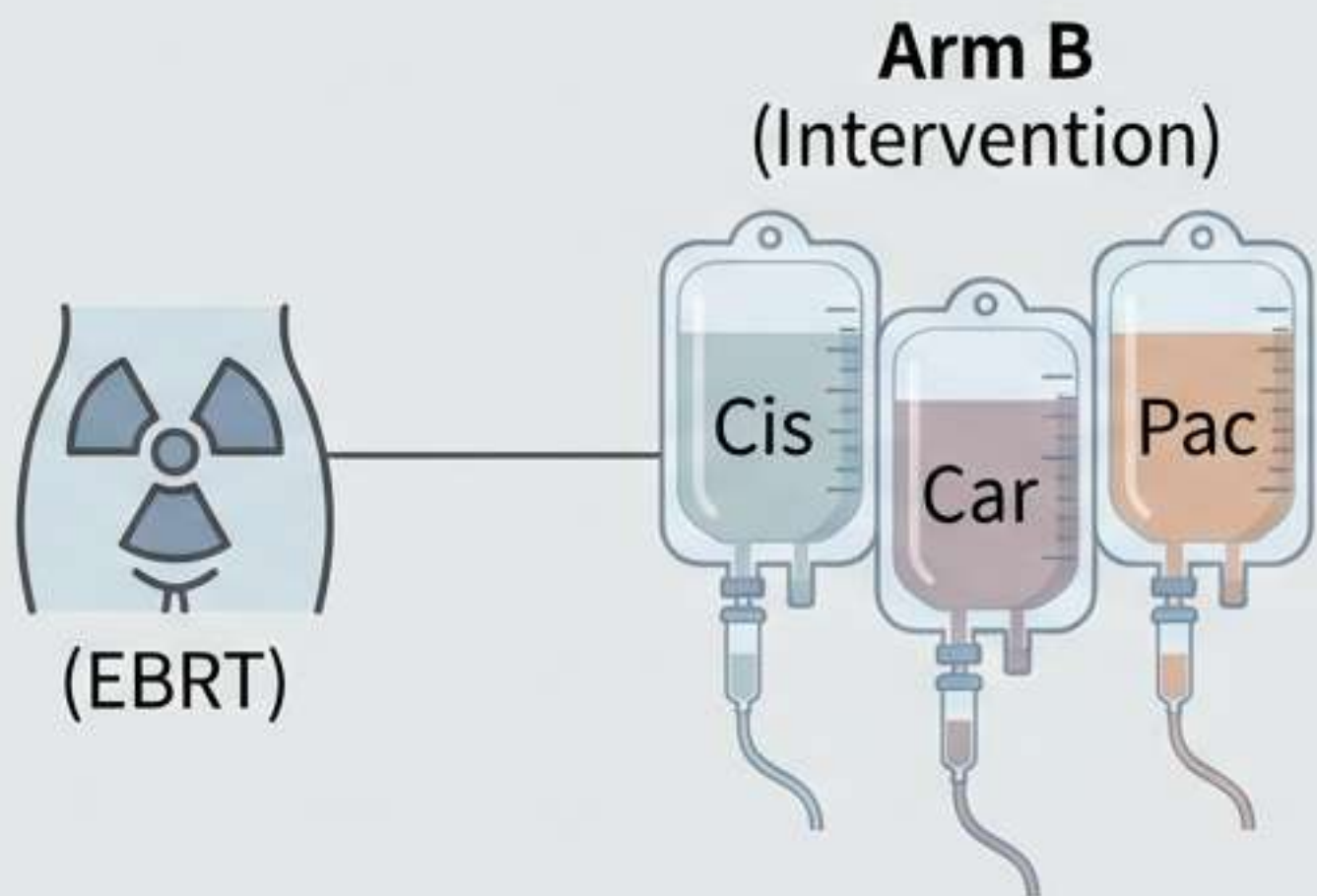


對於 HIR 患者，VBT 為標準治療 (Standard of Care)，副作用顯著較低。

高風險疾病之輔助治療：PORTEC-3 試驗

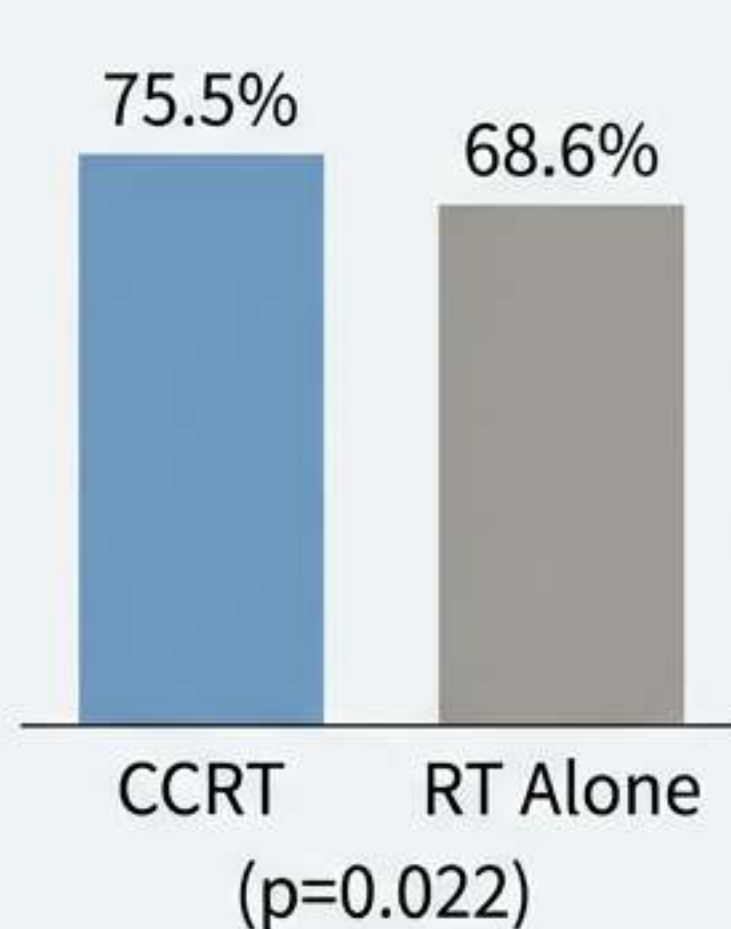
PORTEC-3 Study Design

族群: High-Risk Stage I or Stage II-III

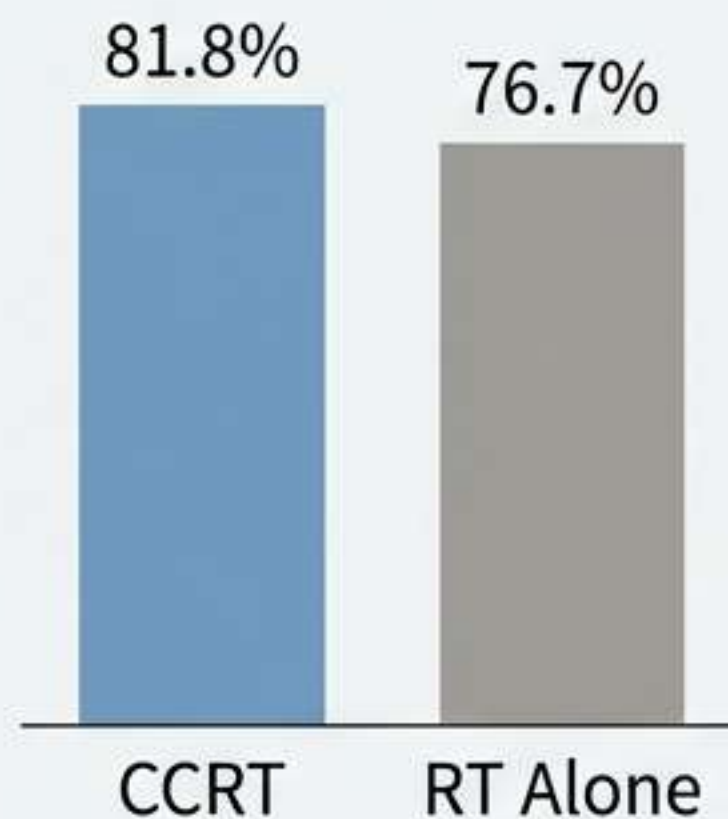


Results

5-year Failure-Free Survival (FFS)



5-year Overall Survival (OS)

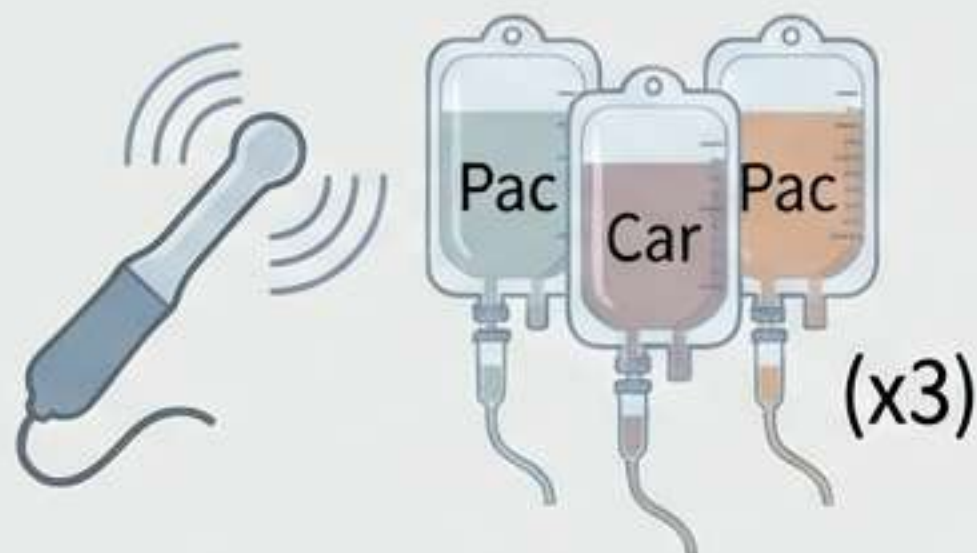


結論：雖然毒性增加，但在第III期與漿液性癌患者中，CCRT顯著改善無復發存活率。

替代療法之檢驗：GOG-249 試驗

VBT 加上化療能否取代骨盆腔放療 (EBRT)？

Arm A



VBT + 化療
(VBT + Chemo)

Arm B



骨盆腔放療
(EBRT)

5-year Recurrence-Free Survival (RFS)

76% vs 76% (No Difference)

骨盆/主動脈旁淋巴結復發
(Pelvic/Para-aortic Node Recurrence)

9% (Higher Risk)



Arm A
(VBT+Chemo)

4%

Arm B
(EBRT)

單純 VBT 無法控制淋巴結復發，EBRT 仍是骨盆控制的首選。

術後追蹤與監測建議 (Surveillance Strategy)



症狀驅動
(Symptom-driven)

出血 (Bleeding), 疼痛 (Pain),
體重減輕 (Weight loss)



常規影像檢查
(Routine CT/MRI)

無症狀者不建議



陰道細胞學
(Pap Smear)

偵測率極低 (1%)

倖存者照護：低雌激素症狀與 HRT

Context

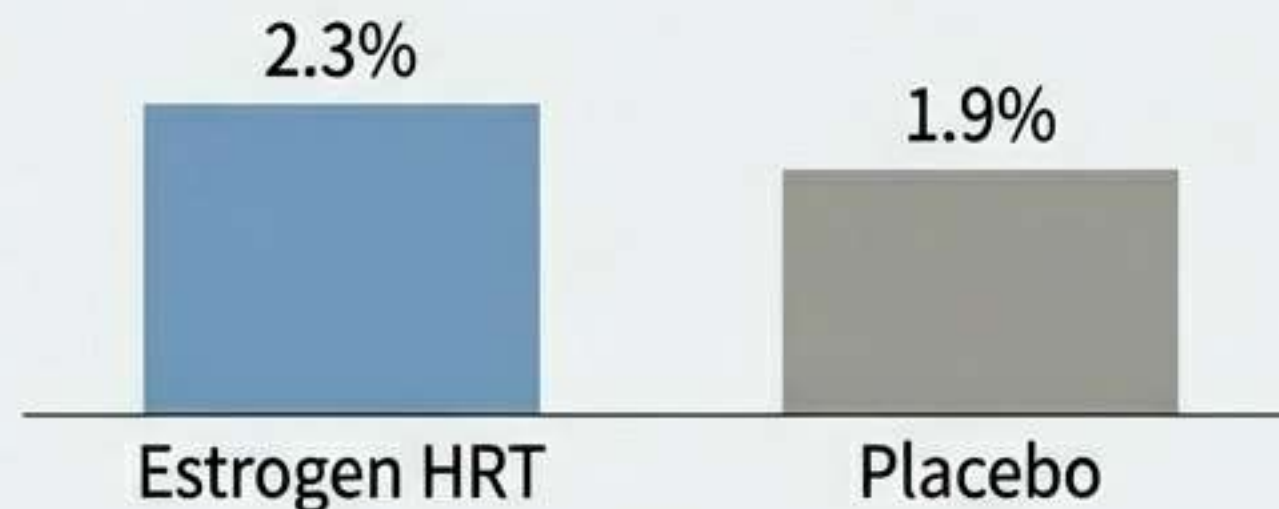
困境：手術停經導致潮熱、骨質疏鬆

Quality of Life vs Recurrence Risk



The Evidence (GOG Study)

Recurrence Rate (Stage I-II)



無統計學顯著差異 (Not Statistically Significant)

建議 (Recommendation):

- ✓ 可行 (Allowed): 第 I/II 期 內膜樣癌 (Endometrioid)
- ✗ 禁忌 (Caution): 乳癌病史 (Breast Cancer Survivors)
- 📅 時機 (Timing): 治療結束後 6-12 個月

早期子宮內膜癌治療總結 (Summary)

