



晚期與復發性疾病的全身性治療與其他亞型介紹

子宮癌症診療與藥物治療臨床實務

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本次課程綱要：三大臨床情境

晚期與復發性子宮內膜癌 (Chapter 5)



- 局部區域性復發之放療與手術救挽
- 全身性治療的一線免疫革命 (IO Revolution)
- 生物標記驅動之後線治療

高風險組織學亞型 (Chapter 6)



- 漿液性癌 (Serous) 與透明細胞癌 (Clear Cell)
- 癌肉瘤 (Carcinosarcoma) 之標靶治療

子宮肉瘤 (Chapter 7)



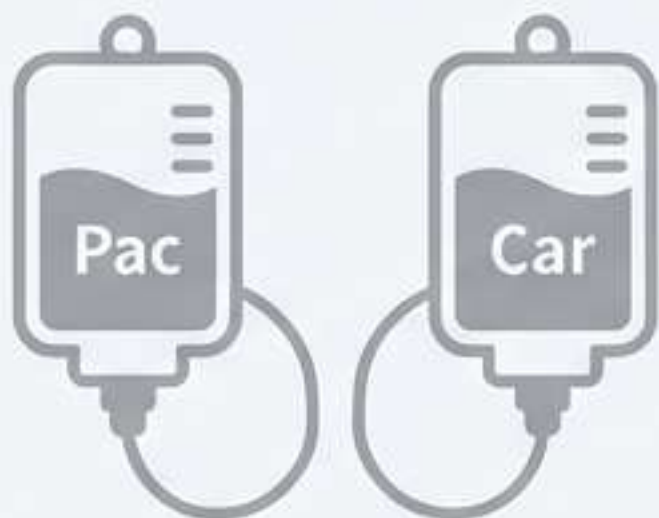
- 平滑肌肉瘤 (LMS) 與內膜間質肉瘤 (ESS)
- 嚴禁碎瘤術 (No Morcellation)
- 特定的化療組合 (Dox + Trabectedin)

局部區域性復發之治療決策演算法



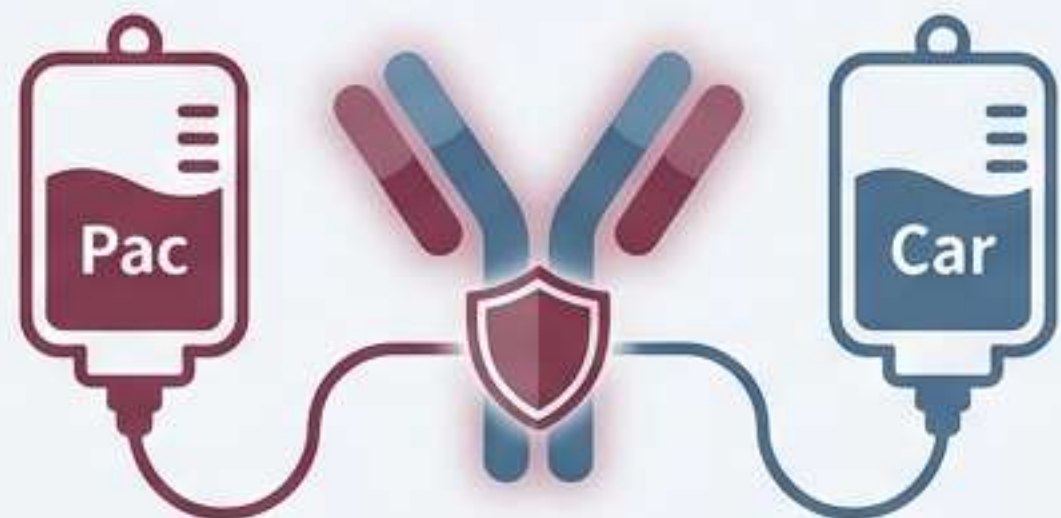
第III/IV期與復發性疾病的一線治療革命：免疫治療的整合

舊標準 (Old Standard)



單純化學治療
(Paclitaxel + Carboplatin)

新標準 (New Standard - Category 1)



化療 + 免疫檢查點抑制劑 (ICIs)

Paradigm
Shift

三大關鍵試驗 (Pivotal Trials)

-  **NRG-GY018:** PCb + Pembrolizumab (dMMR & pMMR)
-  **RUBY:** PCb + Dostarlimab (OS/PFS Benefit)
-  **DUO-E:** PCb + Durvalumab ± Olaparib

Category 2B Option: PCb + Bevacizumab

臨床試驗詳解：NRG-GY018 (Pembrolizumab)

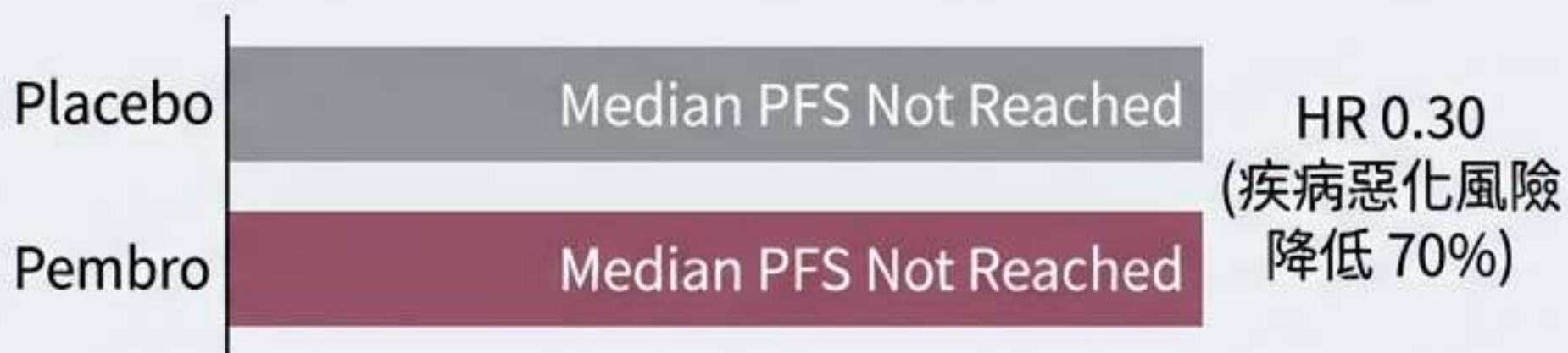
Study Design (PICO)

- **P (Population):**
Stage III/IV or Recurrent EC
(n=816)
- **I (Intervention):**
PCb + Pembrolizumab
- **C (Comparator):**
PCb + Placebo
- **O (Outcome):**
Progression-Free Survival (PFS)



Key Results (PFS)

dMMR 族群 (Mismatch Repair Deficient)



pMMR 族群 (Mismatch Repair Proficient)



臨床試驗詳解：RUBY (Dostarlimab)

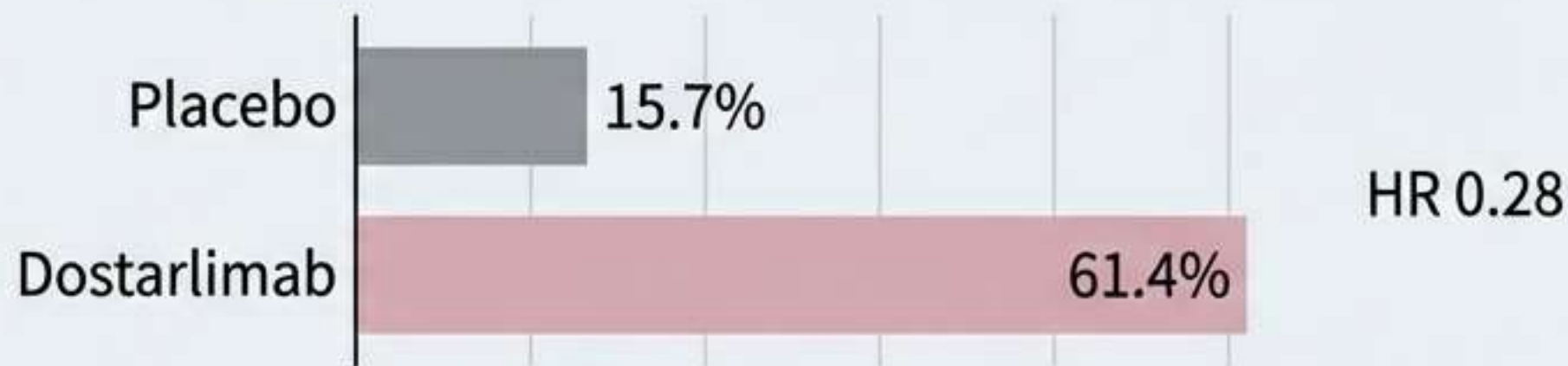
Study Design (PICO)

- **P (Population):**
Stage III/IV/Recurrent EC
(n=494)
- **I (Intervention):**
PCb + Dostarlimab
- **C (Comparator):**
PCb + Placebo
- **O (Outcome):**
PFS & Overall Survival (OS)

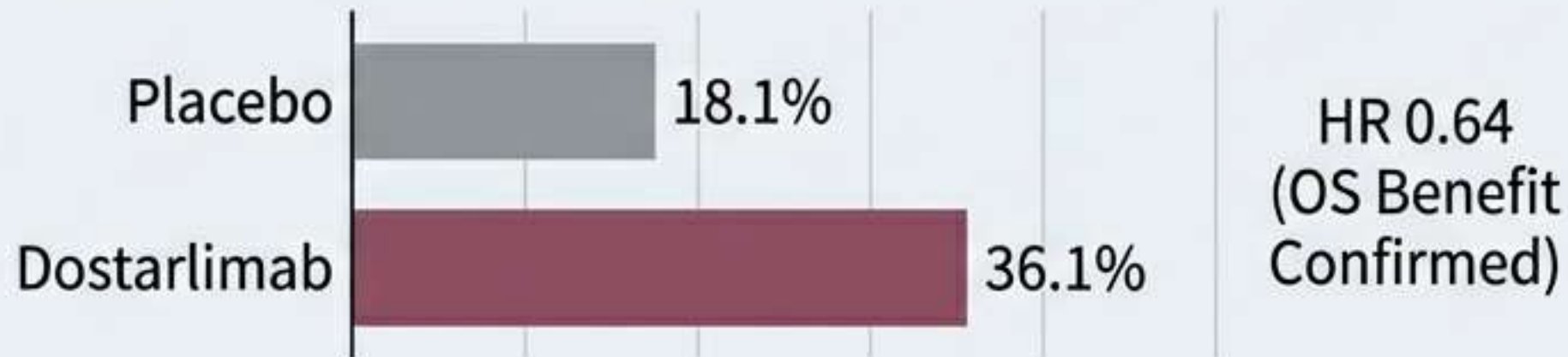


Key Results (PFS - 24 Months)

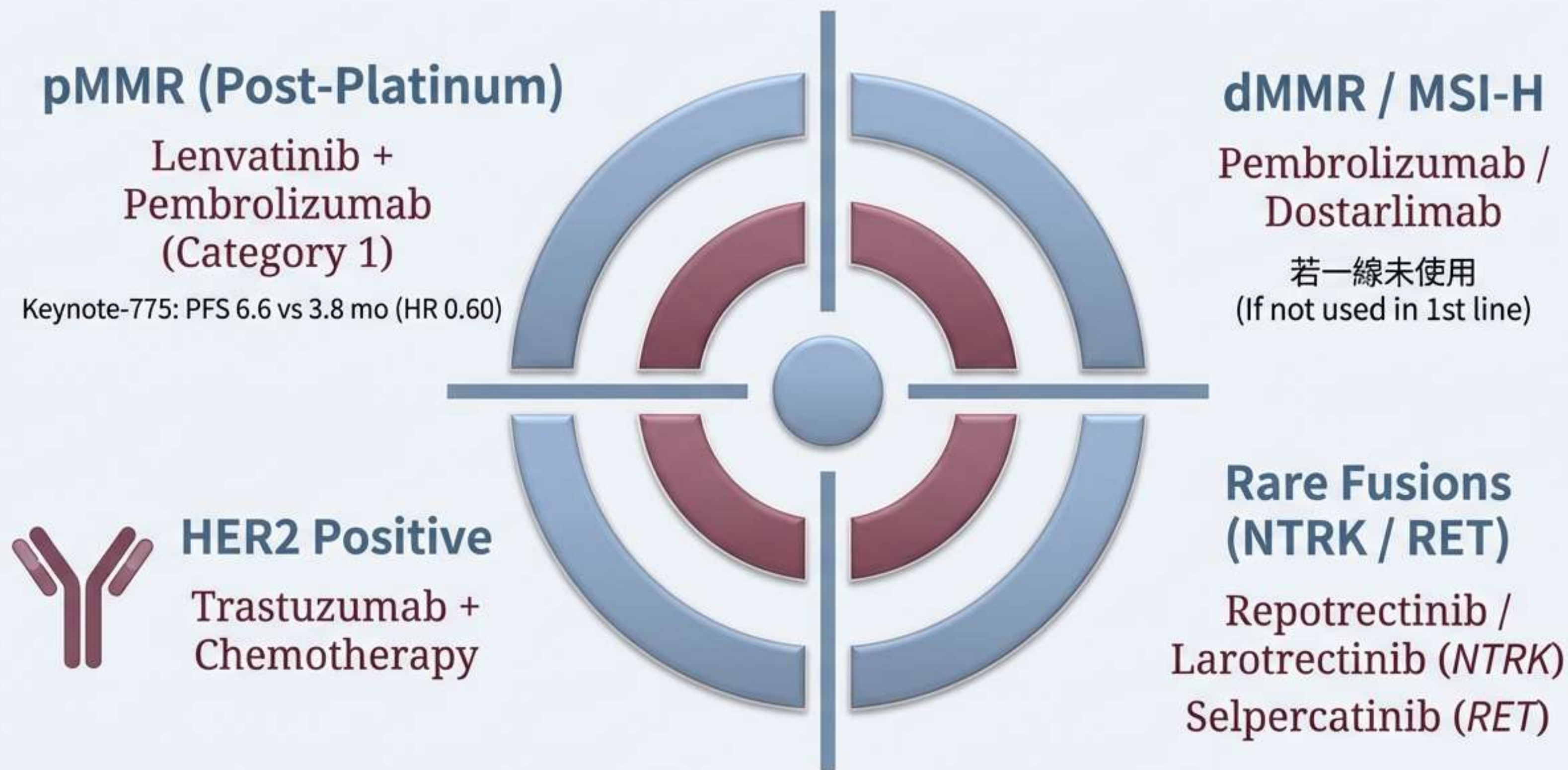
dMMR 族群



總體族群 (Overall Population)



復發性疾病的二線治療：生物標記驅動 (Biomarker-Directed)





高風險組織學亞型：漿液性癌與透明細胞癌

Serous & Clear Cell Carcinoma

Key Concept Box

- 生物學行為接近卵巢癌 (Ovarian-like behavior)
- 即使是 Stage IA，遠端轉移風險高達 10-20%



TH + BSO + 完整分期
(包含大網膜、腹膜切片)



術後輔助
(Adjuvant)

Stage IA
(Non-invasive)

觀察 or VBT
or Chemo

Invasive /
Stage IB+

全身性化療 (PCb)
± EBRT

必須採用激進治療，不建議保留生育能力。

癌肉瘤 (Carcinosarcoma)：化生性癌的治療策略

定義：具有上皮癌與肉瘤特徵的『化生性癌』，非純肉瘤。

標準治療 (Standard of Care)



早期 (Early Stage): Systemic + VBT ± EBRT



晚期 (Advanced):

PCb (Paclitaxel/Carboplatin) – Category 1



救援治療 (Salvage): Ifosfamide + Paclitaxel

HER2 標靶新契機：T-DXd (Trastuzumab Deruxtecan)

Trial: STATICE Trial

Result: 有效於 HER2 Low (1+) 與 HER2 High (3+)

Data: ORR 54.5% (HER2 3+) / 70.0% (HER2 1+/2+)

子宮肉瘤 (Uterine Sarcoma)：分類與手術禁忌

病理分類 (Classification)

1. LMS (Leiomyosarcoma) - 平滑肌肉瘤
 - 最常見 (63%)，高侵襲性
2. ESS (Endometrial Stromal Sarcoma) - 內膜間質肉瘤
 - Low Grade: 荷爾蒙敏感 (ER/PR+)
 - High Grade: 侵襲性高 (YWHA E融合)



嚴禁碎瘤術 (No Morcellation)!

風險：導致腹膜播散 (Peritoneal dissemination)

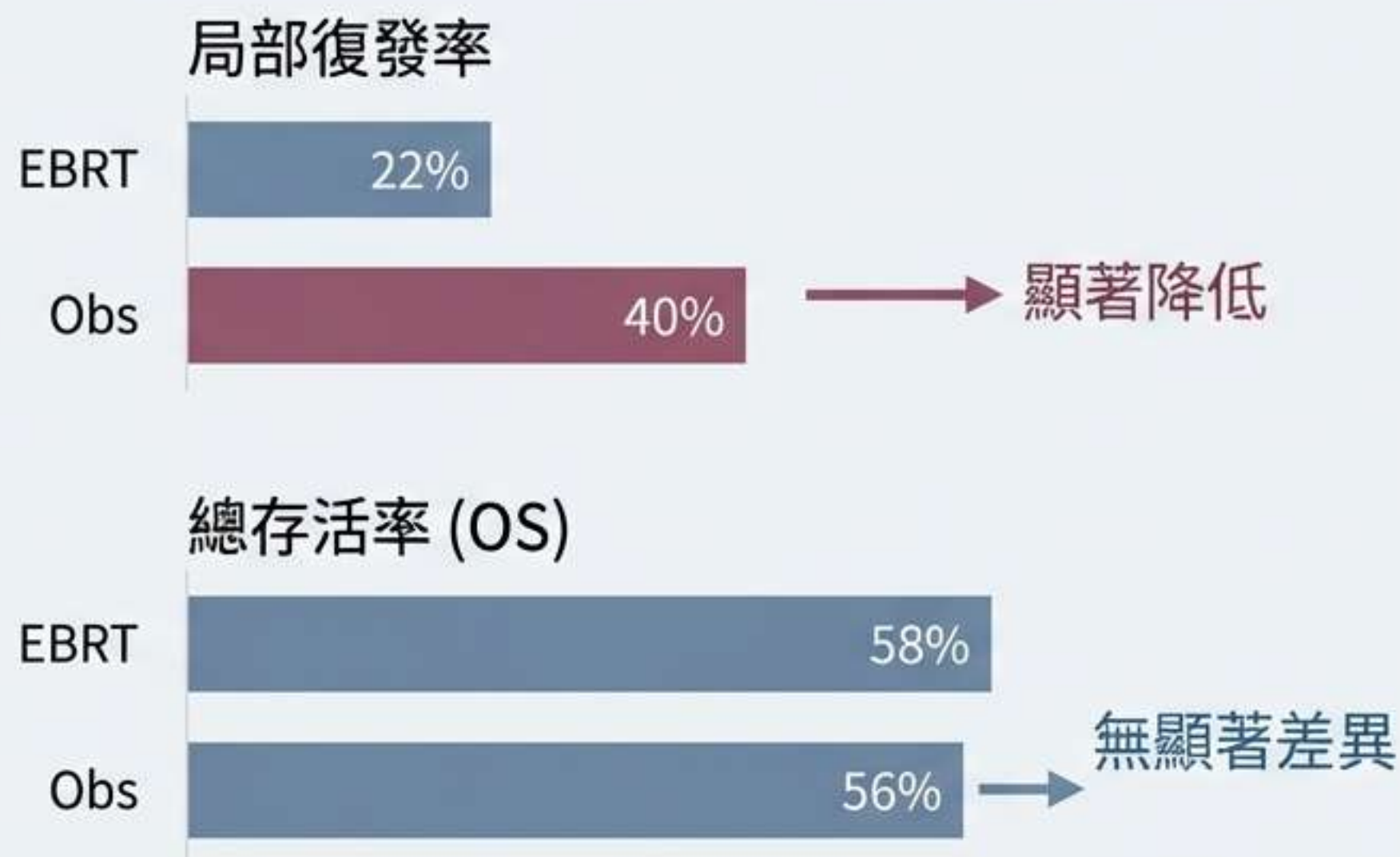
後果：將 I 期推向 IV 期

要求：整塊切除 (En-bloc resection)

肉瘤的術後輔助治療：EORTC 55874 試驗

術後放療的爭議 (The Controversy of Adjuvant RT)

EORTC 55874 Results (EBRT vs Obs)



Clinical Consensus

- Stage I uLMS: 建議觀察 (Observation)
- Stage II-III: 考慮全身性治療 (Gem/Doc) 或 RT
- LG-ESS: 荷爾蒙治療 (Anti-estrogen)

晚期與轉移性平滑肌肉瘤 (LMS) 的全身性治療

第一線治療 (1st Line Standard)

Doxorubicin + Trabectedin

mPFS: 12.2 mo (Combo) vs **6.2 mo** (Monotherapy)

HR: 0.37 (顯著獲益)

第二線治療 (2nd Line Options)

Trabectedin (若一線未使用)

Pazopanib

Gemcitabine / Docetaxel

內膜間質肉瘤 (ESS) 特別考量

荷爾蒙療法 (Hormonal Therapy): Aromatase Inhibitors (Anastrozole / Letrozole)

臨床實務總結：各亞型治療策略對照表

疾病亞型	手術關鍵	一線全身性治療 (晚期)	關鍵分子標的
子宮內膜癌 (Endometrial)	TH/BSO + SLN	PCb + Immunotherapy (Pembro/Dostar)	MMR (dMMR/pMMR), HER2
漿液性/透明細胞癌 (Serous/Clear)	Staging like Ovarian	PCb ± Trastuzumab	HER2
癌肉瘤 (Carcinosarcoma)	Metaplastic Carcinoma	PCb (Category 1)	HER2 (T-DXd)
平滑肌肉瘤 (LMS)	No Morcellation (嚴禁碎瘤)	Doxorubicin + Trabectedin	-

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