

行政院國軍退除役官兵輔導委員會台北榮民總醫院
食道癌病人治療計畫

留存病歷

| | | | | | | | | | | |
|-------------|-----|---|----|--|---|-------------------------------------|--------|---|--|--|
| 基本資料 | 姓名 | | | | <input type="checkbox"/> 病理 <input type="checkbox"/> 細胞學 | (1. SqCC 2. Adenoca 3. Others) | 部 位 | (1. Cervical 2. Upper thoracic 3. Middle thoracic 4. Lower thoracic/EGJ) | | |
| | 病歷號 | | | | | | | | | |
| | 性別 | <input type="checkbox"/> 男 <input type="checkbox"/> 女 | 年齡 | | | 癌症既往史： <input type="checkbox"/> NIL | | | | |

本癌症史: 新診斷 (本院外院) 復發/惡化 (西元_____年____月____日, 部位: _____) 階段性治療改變

| | | | | | | | | | | | |
|-------------|---|--|--|--|--|--|--|--|--|--|--|
| 病情摘要 | 組織初診斷日期: _____年____月____日 (病理切片號碼_____ <input type="checkbox"/> 外院_____) | | | | | | | | | | |
| | 腫瘤轉移部位: <input type="checkbox"/> NIL <input type="checkbox"/> Liver <input type="checkbox"/> Trachea <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Bone <input type="checkbox"/> Adrenal <input type="checkbox"/> Brain <input type="checkbox"/> Others: _____ | | | | | | | | | | |

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|-------------|---|-------------------------------------|-------------|--|--|--|--|
| 癌症期別 | Clinical | T__N__M__G__L__Stage_____ (7th ed.) | 檢查項目 | <input type="checkbox"/> Esophagogastroduodenoscopy | | | |
| | Pathological | T__N__M__G__L__Stage_____ (7th ed.) | | <input type="checkbox"/> Chest-CT <input type="checkbox"/> Abdominal -CT | | | |
| | <input type="checkbox"/> Biopsy confirmation of metastatic disease: | | | <input type="checkbox"/> PET/CT <input type="checkbox"/> EUS/FNA | | | |
| | <input type="checkbox"/> Neck Sono/FNA <input type="checkbox"/> Bone biopsy <input type="checkbox"/> 其他:_____ | | | <input type="checkbox"/> Bronchoscopy | | | |
| | | | | <input type="checkbox"/> Laparoscopy <input type="checkbox"/> 其他:_____ | | | |

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|---|---|
| <p>重要共病症 (Comorbidity) : <input type="checkbox"/>NIL <input type="checkbox"/>DM <input type="checkbox"/>HTN</p> <p><input type="checkbox"/>Chronic renal dx <input type="checkbox"/>Chronic liver dx <input type="checkbox"/>COPD</p> <p><input type="checkbox"/>Heart Disease<input type="checkbox"/>Other: _____</p> <p>營養狀態 (Nutrition status) : <input type="checkbox"/>Mildly <input type="checkbox"/>Moderately</p> <p><input type="checkbox"/>Severely compromised</p> | <p>重要影響預後因子及 ECOG PS : <input type="checkbox"/>0<input type="checkbox"/>1<input type="checkbox"/>2<input type="checkbox"/>3<input type="checkbox"/>4<input type="checkbox"/>5</p> <p>Smoking Index : _____包/天_____年 <input type="checkbox"/>Social<input type="checkbox"/>NIL</p> <p>Alcoholic beverage : _____ml/天_____年 <input type="checkbox"/>Social<input type="checkbox"/>NIL</p> <p>Betel nut chewing : _____粒/天_____年 <input type="checkbox"/>Social<input type="checkbox"/>NIL</p> <p>Dysphagia : <input type="checkbox"/>Solid<input type="checkbox"/>Semisolid<input type="checkbox"/>Liquid<input type="checkbox"/>Saliva</p> <p>Body weight loss : _____公斤/_____月 <input type="checkbox"/>NIL</p> |
|---|---|

治療計畫: 原發部位治療順序簡碼: _____ (範例:2-1-3) “+”表同時; “-”表前後 CurativePalliative intent

| | 治療別 | 是否需要執行? | 說明 |
|----|---|---|--------------------|
| 1. | Surgery | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | 手術名稱 |
| 2. | CCRT <input type="checkbox"/> pre-op <input type="checkbox"/> post-op | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | 處方 C/T: 療程 R/T: |
| 3. | CCRT <input type="checkbox"/> definitive <input type="checkbox"/> palliative | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | 處方 C/T: 療程 R/T: |
| 4. | Radiotherapy | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | 劑量 |
| 5. | Chemotherapy | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | 第_____線處方及療程 |
| 6. | Others : _____ (e.g., EMR, ESD, etc) | <input type="checkbox"/> 是 <input type="checkbox"/> 否 | |

簡易討論 會議討論 研究個案 (計畫代碼_____)

主治醫師簽章: _____ 日期: 西元_____年____月____日

| | |
|---|---|
| <p>治療團隊意見:</p> <p><input type="checkbox"/>本治療計畫已遵循診療指引</p> <p><input type="checkbox"/>雖未遵循診療指引, 但經團隊認可</p> <p><input type="checkbox"/>未遵循診療指引, 未經團隊認可</p> <p><input type="checkbox"/>建議:</p> | <p>治療團隊 (召集人) 簽章</p> <p style="text-align: center;">西元_____年____月____日</p> <p style="text-align: center;">MR 9-28-14</p> |
|---|---|

1. From AJCC, 7th edition
 2. Malnutrition universal screening tool (MUST)
 3. ECOG PERFORMANCE STATUS

| CLINICAL | | PATHOLOGIC |
|------------|--|------------|
| | PRIMARY TUMOR (T) | |
| TX | Primary tumor cannot be assessed | TX |
| T0 | No evidence of primary tumor | T0 |
| Tis | High-grade dysplasia * | Tis |
| T1 | Tumor invades lamina propria, muscularis mucosae, or submucosa | T1 |
| T1a | Tumor invades lamina propria or muscularis mucosae | T1a |
| T1b | Tumor invades submucosa | T1b |
| T2 | Tumor invades muscularis propria | T2 |
| T3 | Tumor invades adventitia | T3 |
| T4 | Tumor invades adjacent structures | T4 |
| T4a | Resectable tumor invading pleura, pericardium, or diaphragm | T4a |
| T4b | Unresectable tumor invading other adjacent structures, such as aorta, vertebral body, trachea, etc. *High-grade dysplasia includes all non-invasive neoplastic epithelium that was formerly called carcinoma <i>in situ</i> , a diagnosis that is no longer used for columnar mucosae anywhere in the gastrointestinal tract. | T4b |
| | REGIONAL LYMPH NODES (N) | |
| NX | Regional lymph nodes cannot be assessed | NX |
| N0 | No regional lymph node metastasis | N0 |
| N1 | Regional lymph node metastases involving 1 to 2 nodes | N1 |
| N2 | Regional lymph node metastases involving 3 to 6 nodes | N2 |
| N3 | Regional lymph node metastases involving 7 or more nodes | N3 |
| | DISTANT METASTASIS (M) | |
| M0 | No distant metastasis (no pathologic M0; use clinical M to complete stage group) | M1 |
| M1 | Distant metastasis | |

| CLINICAL / PATHOLOGIC <i>Squamous Cell Carcinoma*</i> | | | | | | CLINICAL / PATHOLOGIC <i>Adenocarcinoma</i> | | | | |
|--|-----------|------|----|-------|-----------------|--|-----------|------|----|--------|
| GROUP | T | N | M | Grade | Tumor Location* | GROUP | T | N | M | Grade |
| 0 | Tis (HGD) | N0 | M0 | 1 | Any | 0 | Tis (HGD) | N0 | M0 | 1, X |
| IA | T1 | N0 | M0 | 1, X | Any | IA | T1 | N0 | M0 | 1-2, X |
| IB | T1 | N0 | M0 | 2-3 | Any | IB | T1 | N0 | M0 | 3 |
| | T2-3 | N0 | M0 | 1, X | Lower, X | | T2 | N0 | M0 | 1-2, X |
| IIA | T2-3 | N0 | M0 | 1, X | Upper, middle | IIA | T2 | N0 | M0 | 3 |
| | T2-3 | N0 | M0 | 2-3 | Lower, X | | IIB | T3 | N0 | M0 |
| IIB | T2-3 | N0 | M0 | 2-3 | Upper, middle | IIIA | | T1-2 | N1 | M0 |
| | T1-2 | N1 | M0 | Any | Any | | T1-2 | N2 | M0 | Any |
| IIIA | T1-2 | N2 | M0 | Any | Any | IIIB | T3 | N1 | M0 | Any |
| | T3 | N1 | M0 | Any | Any | | T4a | N0 | M0 | Any |
| | T4a | N0 | M0 | Any | Any | | IIIC | T3 | N2 | M0 |
| IIIB | T3 | N2 | M0 | Any | Any | T4a | | N1-2 | M0 | Any |
| IIIC | T4a | N1-2 | M0 | Any | Any | IV | T4b | Any | M0 | Any |
| | T4b | Any | M0 | Any | Any | | Any | N3 | M0 | Any |
| | Any | N3 | M0 | Any | Any | | Any | Any | M1 | Any |
| IV | Any | Any | M1 | Any | Any | Stage unknown | | | | |

| | | | | | | |
|--|---|--|---|--|---|--|
| BMI kg/m ² 分數 > 20 =0 分 18.5-20 =1 分 < 18.5 =2 分 | + | *過去 3-6 個月 非計畫性體重喪失 % 分數 < 5 =0 分 5-10 =1 分 > 10 =2 分 | + | Food intake in preceding week (% of normal requirement) % 分數 75% =0 分 50-75% =1 分 25-50% =2 分 | = | 加總分數 0 分 mildly 1 分 moderately ≥ 2 分 severely |
|--|---|--|---|--|---|--|

*一般體重(近一到二年維持的體重) - 現在體重 / 一般體重 × 100%

| ECOG PERFORMANCE STATUS | |
|-------------------------|--|
| 0 | Fully active, able to carry on all pre-disease performance without restriction |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature |
| 2 | Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours |
| 3 | Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours |
| 4 | Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair |
| 5 | Dead |