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| 治療方針番号 | P | GE | 1 |
| 疾患名 | | | |
| 局所進行子宮頸癌, 子宮体癌 | | | |
| 適応 | | | |
| 腹部/骨盤照射の適応となる子宮頸癌, 子宮体癌 | | | |
| 病態 | | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> 切除非適応 <input type="checkbox"/> 化学療法不応 <input type="checkbox"/> <input checked="" type="checkbox"/> 再発性 <input checked="" type="checkbox"/> 転移性 <input type="checkbox"/> 他 | | | |
| 照射方法 | | | |
| 1) 総線量59.4GyE/33回(腫大リンパ節), 50.4GyE/28回(領域リンパ節), 1日1回連日照射(週5回法) | | | |
| 併用療法 | | | |
| 根拠となる論文, ガイドライン, 実績等 | | | |
| 1) Marnitz S, Wlodarczyk W, Neumann O, et al. Which technique for radiation is most beneficial for patients with locally advanced cervical cancer? Intensity modulated proton therapy versus intensity modulated photon treatment, helical tomotherapy and volumetric arc therapy for primary radiation – an intraindividual comparison. Radiation oncology (London, England)10:91, 2015. 2) Lin LL, Kirk M, Scholey J, et al. Initial Report of Pencil Beam Scanning Proton Therapy for Posthysterectomy Patients With Gynecologic Cancer. International journal of radiation oncology, biology, physics 2015. | | | |
| 備考 | | | |