台灣癌症安寧緩和醫學會
線上年會暨學術研討會

110年11月27日 星期六 9:00~17:50

目錄

14	15:40-16:10	如何與化療副作用共處 Tips to make chemotherapy a little easier.	45
15	16:10-16:40	如何良好控制轉移性賀爾蒙陽性乳癌病人之標靶藥物副作用 Optimal AE Management in HR+ HER2- mBC with target therapy.	51
16	16:40-17:10	從 RWE 資訊談化療在轉移性乳癌之更新 Clinical effectiveness of RWE chemotherapy data in metastatic breast cancer.	54
17	17:10-17:40	Ixabepilone 在第一線化療後轉移性乳癌病患的治療角色 Chemotherapy resistance in metastatic breast cancer: the role of ixabepilone.	57
18	銘謝		60

理事長的話

何景良 理事長

敬愛的會員們：

非常感謝您今日的與會。

今年初，本會各委員會都緊鑼密鼓的開會，為學會規劃一系列專案，包含護理海報徵選，以及早期緩和教材改編等。我們也連結許多各地的醫護團隊，即將開展一連串的衛教課程。但不幸的，五月初台灣又再度籠罩在疫情之中，許多專案以及衛教課程迫於當下疫情以及相關規範，不得不採取延期，我們預計明年初(111 年)，將陸續落實各項規劃，在此敬請 各位醫護前輩見諒，也希望明年初執行時能夠繼續給予支持與協助。

疫情之中，我們採行線上方式辦理學術研討會，謝謝各位熱情的參與。今年我們將「愛你不累，擊退癌疲憊！」-癌因性疲憊症衛教影片剪輯製作精簡版，包含國語版、英文版及閩南語版，將在大會休息時間播放，希望能夠更有效協助各位先進在照護病人的衛教作業，當然我們也已放在學會網站上，可供大家轉傳及免費下載使用。

上星期，我們有幸參與第五屆亞洲腫瘤護理國際會議 The 5th Asian Oncology Nursing Society Conference (AONS 2021)，在會中向各國醫護同仁介紹早期緩和概論，以及本會在台灣推動早期緩和的豐富而多元歷程，再次感謝各位前輩對於本會的提攜與支持，讓我們一路走來多采多姿。

期許疫情可以趕快平安落幕，讓我們能夠擁有安全的生活環境，也期待明年年會與大家見面。

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

時　　間：110 年 11 月 27 日(六) 09:00-18:00

時　間	題　目	演講者	主持人
09:00-09:10	年會開幕–理事長致詞	何景良理事長	
09:10-09:40	放射治療新進展 The role of radiotherapy in oligometastatic cancer palliative care.	三軍總醫院 羅承翔主任	國泰綜合醫院 吳錦榕主任
09:40-10:10	優化營養介入於化療期間的癌症病患 Optimizing nutrition intervention during chemotherapy for cancer patients.	臺北榮民總醫院 趙大中醫師	高雄醫學大學附設醫院 黃孟娟教授
10:10-10:40	化療止吐新藥 NEPA 於高致吐性化療的臨床效果 The clinical effectiveness of NEPA in the prevention of high emetogenic chemotherapy induced nausea and vomiting.	中山醫學大學附設醫院 呂學儒主任	中國醫藥大學附設醫院 白禮源主任
10:40-10:50	休　息		
10:50-11:20	精進癌因性疲憊症病人之免疫功能與臨床成效 Advances to improve clinical outcomes and immune function for patients with cancer related fatigue.	林口長庚紀念醫院 楊展庚醫師	萬芳醫院 彭汪嘉康院士
11:20-11:50	癌症個人化醫療的現在與未來 Personalized Healthcare in Oncology.	臺北榮民總醫院 陳明晃教授	萬芳醫院 邱宗傑主任
11:50-13:00	會　員　大　會		
13:00-13:30	胃癌治療新進展 Recent advance of immunotherapy for metastatic gastric cancer.	臺大癌醫中心分院 陳國興醫師	林口長庚紀念醫院 陳仁熙主任
13:30-14:00	腸效佈局：台灣晚期腸癌藥物治療經驗 Preference criteria for Stivarga in treating refractory mCRC, exploring from real world.	臺北榮民總醫院 鄧豪偉醫師	國立陽明交通大學 王緯書教授

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

時　間	題　目	演講者	主持人
14:00-14:30	晚期肝癌治療的臨床選擇 Clinical Insights for DECISION MAKING in treatment management of HCC.	三軍總醫院 樊修龍醫師	馬偕紀念醫院 林炯森醫師
14:30-15:00	如何優化晚期 EGFR 突變肺癌病人治療 How to optimize EGFR mut+ NSCLC treatment.	亞東醫院 張晟瑜醫師	彰濱秀傳紀念醫院 張正雄副院長
15:00-15:10	休　息		
15:10-15:40	三期無法手術治療之非小細胞肺癌新里程碑 The Future is Now: A new milestone for patients with stage III unresectable NSCLC.	中山醫學大學附設醫院 吳銘芳教授	基隆長庚紀念醫院 王正旭主任
15:40-16:10	如何與化療副作用共處 Tips to make chemotherapy a little easier.	林口長庚紀念醫院 黃姵瑋醫師	大千綜合醫院 黃明立主任
16:10-16:40	如何良好控制轉移性賀爾蒙陽性乳癌病人之標靶藥物副作用 Optimal AE Management in HR+ HER2- mBC with target therapy.	臺北榮民總醫院 劉峻宇主任	高雄醫學大學附設醫院 侯明鋒教授
16:40-17:10	從 RWE 資訊談化療在轉移性乳癌之更新 Clinical effectiveness of RWE chemotherapy data in metastatic breast cancer.	臺中榮民總醫院 周政緯醫師	義大癌治療醫院 饒坤銘副院長
17:10-17:40	Ixabepilone 在第一線化療後轉移性乳癌病患的治療角色 Chemotherapy resistance in metastatic breast cancer: the role of ixabepilone.	三軍總醫院 戴明燊主任	國泰綜合醫院 宋詠娟主任
17:40-17:50	Closing	何景良理事長	

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

學分申請進度如下:

台灣癌症安寧緩和醫學會 A 類 60 學分、

台灣醫療繼續教育推廣學會醫師繼續教育積分專業 8.4 分、

台灣醫療繼續教育推廣學會護理人員繼續教育積分專業 8.4 分、

台灣醫療繼續教育推廣學會專科護理師繼續教育積分專業 8.4 分、

台灣臨床藥學會專業 8.4 分、

台灣內科醫學會 B 類 10 分、

台灣放射腫瘤醫學會 2 分、

台灣乳房醫學會 2 分、

台灣家庭醫學會 7 點、

台灣肺癌醫學會 1 分、

台灣臨床腫瘤醫學會 3 分、

台灣腫瘤護理學會 5 分、

中華民國癌症醫學會 A 類 3 分、

中華民國營養師公會全國聯合會專業 0.6 分/品質 7.8 分、

中華民國醫務社會工作協會專業知能 8.4 分、

健保署安寧繼續教育時數(8 小時)、

公務人員時數(8 小時)

三軍總醫院
羅承翔主任
個人簡歷

＊現職

三軍總醫院放射腫瘤部主治醫師 2016 年 1 月～迄今

三軍總醫院放射腫瘤部放射物理科 科主任

＊學位

國防醫學院醫學系 101 期，民國 97 年 (2008) 畢業

＊進修

日本 International Training course on Carbon-ion Radiotherapy (ITCCIR)訓練

＊教職

國防醫學院醫學系放射腫瘤學科臨床助理教師 2012 年 8 月～2014 年 7 月

國防醫學院醫學系放射腫瘤學科臨床講師 2014 年 8 月～迄今

教育部 部定講師 2016 年 2 月～迄今

＊經歷

三軍總醫院放射腫瘤部住院醫師 2011 年 7 月～2014 年 7 月

三軍總醫院放射腫瘤部總住院醫師 2014 年 8 月～2015 年 7 月

三軍總醫院放射腫瘤部資深住院醫師 2015 年 8 月～2015 年 12 月

三軍總醫院放射腫瘤部主治醫師 2015 年 12 月～迄今

三軍總醫院澎湖分院安寧病房主任 2017 年 7 月～2018 年 6 月

＊專長學科

放射腫瘤學

頭頸部腫瘤、肺癌、乳癌、肝癌、直腸癌、攝護腺癌等腫瘤放射治療

影像導引放射治療

立體定位放射治療

＊專業證照

放射腫瘤科專科醫師

台灣癌症安寧緩和專科醫師

頭頸癌專科醫師

時間	**09:10-09:40**
題目	**放射治療新進展** **The role of radiotherapy in oligometastatic cancer palliative care.**
講師	**三軍總醫院 羅承翔主任**

More than 40% of cancer patients with metastatic disease receive palliative radiotherapy (PRT). Selecting appropriate PRT for a patient requires a multidisciplinary framework hinging on treatment intent. With advances in cancer care and the recognition of the oligometastatic state as a unique opportunity for long-term survival or potentially cure, defining treatment intent has become more nuanced. Historically, PRT was mostly delivered to symptomatic sites but is now also considered for minimally symptomatic or asymptomatic sites with the goal of providing durable local control and/or modifying the natural history of disease especially those with longer life expectancies. Mounting evidence have shown patients with oligometastatic disease (<3–5 metastases) may benefit from prolonged survival following early local consolidative therapy. Certain clinical scenarios may benefit from more aggressive palliative radiation for local control, such as stereotactic body radiotherapy (SBRT), which may be considered to be disease-modifying. In this presentation, we will review the updated literatures supporting aggressive radiotherapy of oligometastatic disease.

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

臺北榮民總醫院
趙大中醫師

個人簡歷

＊學歷

台北醫學大學醫學士

國立陽明大學臨床醫學研究所博士

＊經歷

1. 國立台灣大學附設醫院實習醫師
2. 台北榮民總醫院內科部住院醫師
3. 台北榮民總醫院內科部腫瘤科住院總醫師
4. 台北榮民總醫院內科部血液腫瘤科主治醫師
5. 台北榮民總醫院腫瘤醫學部藥物治療科主治醫師
6. 國立陽明大學醫學系內科助理教授
7. 國防醫學院醫學系臨床副教授

＊專業證書：

1.ECFMG/USMLE

2.內科專科醫師

3.血液病專科醫師與指導醫師

4.腫瘤內科專科醫師

5.乳房專科醫師

6.癌症安寧緩和醫學專科醫師

7.血液及骨髓移植專科醫師

＊現職：

台北榮民總醫院腫瘤醫學部藥物治療科主治醫師

台灣癌症安寧緩和醫學會理事

台灣癌症臨床研究發展基金會執行長

＊專長學科：腫瘤內科學、乳癌內科治療、惡性肉瘤內科治療

＊通訊處：臺北市石牌路二段 201 號台北榮民總醫院腫瘤醫學部藥物治療科

E-mail: tcchao@vghtpe.gov.tw

時間	**09:40-10:10**
題目	優化營養介入於化療期間的癌症病患 **Optimizing nutrition intervention during chemotherapy for cancer patients.**
講師	臺北榮民總醫院　趙大中醫師

Patients with cancer are at particularly high risk for malnutrition because both the disease and its treatments threaten their nutritional status. Malnutrition, anorexia, and cachexia are common findings in patients with cancer. They become more evident with tumor growth and spread. These mechanisms can involve primary tumor or damage by specific treatment such as anticancer therapies (surgery, chemotherapy and radiotherapy) also in cancers that usually are not directly responsible for nutritional and metabolic status alterations. Cancer cachexia has detrimental effects on quality of life (QOL), performance status, and physical function. As cancer cachexia is a multifactorial process, the treatment approach should be multi-targeted. The use of optimized nutrition intervention programs such as dietitian consults, periodic monitoring and appropriate nutrition supplements (EN & PN) throughout the treatment period markedly improves treatment tolerance and outcomes in patients with cancer.

中山醫學大學附設醫院
呂學儒主任
個人簡歷

＊基本資料

姓名: 呂學儒 (Hsueh-Ju, Lu)
Email: hsuehju0311@gmail.com

＊現任

中山醫學大學附設醫院血液腫瘤科主任
中山醫學大學附設醫院血液腫瘤科主治醫師
中山醫學大學醫學系專任助理教授

＊學歷

陽明大學生命科學院分子醫學博士學位學程博士
中國醫藥大學醫學系學士

＊經歷

美國西雅圖 Institute of Systems Biology (ISB)進修
秀傳醫療社團法人秀傳紀念醫院血液腫瘤科主治醫師暨彰濱院區癌症防治中心主任
台北榮總內科部血液腫瘤科主治醫師、總醫師、住院醫師

＊教職

中山醫學大學醫學系專任助理教授
教育部部定助理教授
國立陽明大學醫學系內科學兼任講師

＊專科證書

中華民國腫瘤內科專科醫師

中華民國血液病專科醫師

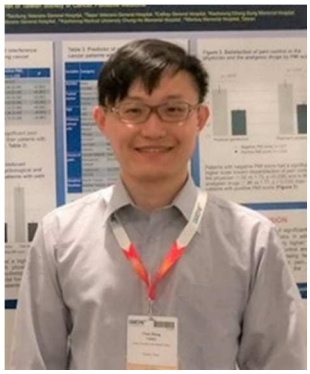
台灣癌症安寧緩和醫學專科醫師

中華民國內科專科醫師

時間	**10:10-10:40**
題目	**化療止吐新藥 NEPA 於高致吐性化療的臨床效果** **The clinical effectiveness of NEPA in the prevention of high emetogenic chemotherapy induced nausea and vomiting.**
講師	**中山醫學大學附設醫院 呂學儒主任**

Oral netupitant/palonosetron (NEPA) is an innovative product that combines two drugs (netupitant and palonosetron) in a single capsule to prevent nausea and vomiting associated with certain types of chemotherapy. In this paper which pooled together the results of three studies comparing the efficacy of NEPA to two drugs from the same classes administered separately (aprepitant regimen) in patients with various solid tumors receiving cisplatin, a type of chemotherapy with a high likelihood of causing nausea and vomiting. In summary, NEPA was more effective than the aprepitant regimen in preventing nausea and vomiting in the later days (days 3–5) following chemotherapy.

桃園長庚紀念醫院
楊展庚醫師
個人簡歷



＊服務單位：

桃園長庚醫院腫瘤科

＊職稱：

講師級主治醫師

＊學歷：

長庚大學醫學系

＊經歷：

長庚醫院腫瘤科總醫師

＊學會與認證：

腫瘤內科專科醫師

內科專科醫師

時間	**10:50-11:20**
題目	**精進癌因性疲憊症病人之免疫功能與臨床成效** **Advances to improve clinical outcomes and immune fuction for patients with cancer related fatigue.**
講師	**林口長庚紀念醫院 楊展庚醫師**

台灣癌症安寧緩和醫學會與台灣腫瘤護理學會共同制訂「臺灣癌因性疲憊症之臨床治療指引」，綜合整理完善之醫學實證文獻，提供臨床醫護人員在診療及照護癌因性疲憊症病人時之參考和引導的具體建議，期能增進病人及其家屬與醫護人員對癌因性疲憊症的重視，並提昇癌症腫瘤臨床診療與照護品質。

癌因性疲憊症(cancer related fatigue, CRF)的定義為：與癌症或癌症治療相關，和近期活動量不成比例的疲累感，具有持續、令人感到不適、而主觀的特性，且足以影響正常生活。依據國際疾病診斷準則 ICD-10，癌因性疲憊症為臨床疾病且有其診斷標準及診斷碼 R530。2015 年全台灣之癌因性疲憊症之流行病學調查研究結果顯示，台灣癌症病人在罹癌期間有 92%有癌因性疲憊的困擾，臨床研究指出，癌因性疲憊症不僅明顯影響癌症病人在癌症療程上的順從性和生活品質，更是癌症存活預後顯著因子之一。

根據國際相關癌症醫學會治療指引，及台灣「癌因性疲憊症之臨床治療指引」，對於疲憊嚴重程度分數為 4 分或以上之中重度癌因性疲憊症，已顯著影響病人生活品質與功能，臨床上需藥物治療的介入。指引中所列藥物包含精神刺激藥物、類固醇、黃耆多醣注射劑及中草藥藥物(蔘類)，其中黃耆多醣注射劑為指引中 Level IA 及 Grade A 之建議治療藥物，並自 2021 年 3 月 1 日納入健保給付藥品品項之一。

黃耆多醣注射劑(PG2 Lyo. Injection)適應症為用於癌症末期因疾病進展所導致中重度疲勞症狀之改善，其臨床前研究顯示可促進與造血幹細胞的相關生長因子，亦可降低發炎因子和調節發炎反應，藥理作用機轉則是透過刺激骨髓造血機能及調節免疫的藥理作用治療癌因性疲憊症。在 2019 年所發表大型上市後臨床試驗三百多人之研究報告，再次驗證治療

疲憊之療效，病患接受 PG2 Lyo. Injection 500 mg 治療四週，疲憊有效改善的病人比率亦為 65%以上；並從多變數分析結果顯示，體能狀態較佳(KPS≧60，即 ECOG 為 0-2)的中重度癌疲憊病人族群，可預測其從黃耆多醣注射劑將有較高機會獲得較多疲憊改善與進步。

於接受黃耆多醣注射劑治療的癌疲憊病人之免疫血液研究發現，接受黃耆多醣注射劑治療的病人血液中有較高比例之 CD80+而有較低的 CD206+，顯示黃耆多醣注射劑能促進巨噬細胞在分化時，多朝 M1 型進行、降低朝 M2 類型進行分化，目前認為，巨噬細胞朝向 M1 類型再極化有助於強化 T 細胞辨識腫瘤及抗腫瘤作用。該研究並取得「Method for enhancing effect of immunotherapy for cancer」之專利許可。

以病歷回溯研究的方式，分析在接受 Immune checkpoint inhibitors 合併化學治療之肺癌病人併用黃耆多醣注射劑(PG2 Lyo. Injection)之 NLR 值(neutrophil lymphocyte ratio)變化。此研究結果顯示，合併黃耆多醣注射劑治療，超過 90%病患在接受免疫合併化療兩週後 NLR 維持穩定或降低，未合併使用者則約為 63%；若評估 NLR 值惡化(升高)的比例，接受合併黃耆多醣注射劑治療者，8.7%出現惡化，低於未合併使用者的 36.7%。過去文獻已指出 NLR 值高低影響免疫治療肺癌病患整體存活期，此研究追蹤分析結果顯示，黃耆多醣注射劑對 NLR 數值的變化具有正面影響(降低或維持 NLR)，而較低的 NLR(<5)對整體存活期具有正面影響。

綜合以上，癌因性疲憊症主要成因為癌症和/或癌症治療所產生大量促進發炎的細胞激素所引起的發炎反應，進而影響全身的生理與功能。具適應症之治療藥物黃耆多醣注射劑，藉由調節免疫的藥理作用治療癌症病人之疲憊症，相關免疫研究亦顯示黃耆多醣注射劑可促進巨噬細胞在分化時，多朝 M1 型進行、降低朝 M2 類型進行分化，並對 NLR 數值的變化具有正面影響(降低或維持 NLR)，有助於癌症治療的抗腫瘤作用與對整體存活期。

References:

1. 台灣癌症安寧緩和醫學會『癌因性疲憊症之臨床治療指引』https://www.wecare.org.tw/wp-content/uploads/2017/11/Cancer-Fatigue-第二刷手冊.pdf
2. NCCN. NCCN Clinical Practice Guidelines in Oncology: Cancer-Related Fatigue, Version 1.2021.
3. K. M. Rau et. al., Japanese Journal of Clinical Oncology, 2020, 1–9.
4. C. T. Yeh & L. S. Wang. Formosan Journal of Surgery 2014; 47: 173-182.
5. C. H. Wang et.al., Cancers 2019; 11(2):128-140.
6. O. A. Bamodu et. al., Nutrients 2019; (11): 2264-2283.
7. S.M. Tsao et. al., Integr Cancer Ther 2021; (20): 1–7.

臺北榮民總醫院
陳明晃教授
個人簡歷

Professional Experience：

2020-present, Director of Center for Immuno-Oncology, Department of Oncology, Taipei Veterans General Hospital

2017-2019, Attending physician, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)

2017-present Associate Professor, National Yang-Ming University, Taiwan

2017, Visitor, National Cancer Center, Tokyo, Japan

2011, Visitor, Cancer Therapy Evaluation Program, National Cancer Institute, Bethesda, Maryland (USA)

Education and medical Training：

<Education>

2002, Bachelor of Medicine, China Medical University, Taiwan

2013, Ph.D., Institute of Clinical Medicine, National Yang-Ming University, Taiwan

<Medical training>

2005-2008 Fellowship in Division of Hematology & Oncology, Department of Internal Medicine, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)

2002-2005 Residency, Department of Internal Medicine

2001-2002 Internship, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)

Board Certification：

Board of Oncology

Board of Hematology

Board of the Internal Medicine

Board of Hospice care

Board of Bone Marrow Transplantation

Memberships：

Taiwan Oncology Society

The Society of Internal Medicine

American Society of Clinical Oncology

European Neuroendocrine Tumor Society

Study Experiences

IIT trial

1. Chen MH, et al. A Phase II Study of Sequential Capecitabine Plus Oxaliplatin Followed by Docetaxel Plus Capecitabine in Patients With Unresectable Gastric Adenocarcinoma: The TCOG 3211 Clinical Trial. *Medicine (Baltimore).* 2016 Jan;95(3):e2565.

2. Chen MH, et al. An Open-Label, Single-Arm, Two-Stage, Multicenter, Phase II Study to Evaluate the Efficacy and Safety of TLC388 as Second-line Treatment in Subjects with Poorly Differentiated Neuroendocrine Carcinomas, *Oncologist*. 2020 May;25(5):e782-e788

Publications (only first author or corresponding author):

Tan KT, Yeh CN, Chang YC, Cheng JH, Fang WL, Yeh YC, Wang YC, Hsu DSS, Wu CE, Lai JI, Chang PMH, Chen MH, Lu ML, Chen SJ, Chao Y, Hsiao M, **Chen MH.** *PRKDC*: New Biomarker and Drug Target for Checkpoint Blockade Immunotherapy. *J Immunother Cancer*. 2020 Mar;8(1):e000485

Pan YR, Wu CE, Wang YC, Yeh YC, Lu ML, Hung YP, Chao Y, Yeh DW, Lin CH, Hsieh

JCH, **Chen MH**[#] and Chun-Nan Yeh[#] . Establishment of a novel gene panel as a biomarker of immune checkpoint inhibitor response.. Accepted by *Clinical & Translational Immunology*

Chen MH, Chang SC, Lin PC, Yang SH, Lin CC, Lan YT, Lin HH, Lin CH, Lai JI , Liang WY, Lu ML, Yang MH, Chao Y. Combined Microsatellite Instability and Elevated Microsatellite Alterations at Selected Tetranucleotide Repeats (EMAST). Might Be a More Promising Immune Biomarker in Colorectal Cancer.. *Oncologist.* 2019 Dec;24(12):1534-1542.

Chen MH, Weng JJ, Cheng CT, Wu RC, Huang SC, Wu CE, Chung YH, Liu CY, Chang MH, Chen MH, Chiang KC, Yeh TS, Su Y, Yeh CN. ALDH1A3, the Major Aldehyde Dehydrogenase Isoform in Human Cholangiocarcinoma Cells, Affects Prognosis and Gemcitabine Resistance in Cholangiocarcinoma Patients. *Clin Cancer Res*. 2016 Aug 15;22(16):4225-35.

Cheng CT, Chen YY, Wu RC, Tsai CY, Chiang KC, Yeh TS, **Chen MH*, Yeh CN.** MET-RON dual inhibitor, BMS-777607, suppresses cholangiocarcinoma cell growth, and MET-RON upregulation indicates worse prognosis for intra-hepatic cholangiocarcinoma patients. Oncol Rep. 2018 Sep;40(3):1411-1421.

Chou WC, Lin PH, Yeh YC, Shyr YM, Fang WL, Wang SE, Liu CY, Chang PM, Chen MH, Hung YP, Li CP, Chao Y, **Chen MH.** Genes involved in angiogenesis and mTOR pathways are frequently mutated in Asian patients with pancreatic neuroendocrine tumors. *Int J Biol Sci*. 2016 Nov 25;12(12):1523-1532.

Chen MH, Yen CC, Cheng CT, Wu RC, Huang SC, Yu CS, Chung YH, Liu CY, Chang PM, Chao Y, Chen MH, Chen YF, Chiang KC, Yeh TS, Chen TC, Huang CY, Yeh CN. Identification of SPHK1 as a therapeutic target and marker of poor prognosis in

cholangiocarcinoma. *Oncotarget.* 2015 Sep 15;6(27):23594-608.

Chen MH, Chiang KC, Cheng CT, Huang SC, Chen YY, Chen TW, Yeh TS, Jan YY, Wang HM, Weng JJ, Chang PM, Liu CY, Li CP, Chao Y, Chen MH, Huang CY, Yeh CN. Antitumor activity of the combination of an HSP90 inhibitor and a PI3K/mTOR dual inhibitor against cholangiocarcinoma. *Oncotarget*. 2014;5:2372-89.

Chen MH, Jan YH, Chang PM, Chuang YJ, Yeh YC, Lei HJ, Hsiao M, Huang SF, Huang CY, Chau GY. Expression of GOLM1 correlates with prognosis in human hepatocellular carcinoma. *Ann Surg Oncol.* 2013;20:616-24.

Chen MH, Lin KJ, Yang WLR, Kao YW, Chen TW, Chao SC, Chang PMH, Liu CY, Tzeng CH, Chao Y, Chen MH, Yeh CN, Huang CYF. Gene Expression-Based Chemical Genomics Identifies Heat Shock Protein 90 Inhibitors as Potential Therapeutic Drugs in Cholangiocarcinoma. *Cancer*. 2013;119:293-303.

Chen MH, Yeh YC, ShyrYM, Jan YH, Chao Y, Li CP, Wang SE, Tzeng CH, Chang PMH, Liu CY, Chen MH, Hsiao M, Huang CYF. Expression of Gremlin 1 Correlates with Increased Angiogenesis and Progression-Free Survival in Patients with Pancreatic Neuroendocrine Tumors. *Journal of Gastroenterology*. 2013;48:101-8.

Chen MH, Yang WL, Lin KT, Liu CH, Liu YW, Huang KW, Chang PM, Lai JM, Hsu CN, Chao KM, Kao CY, Huang CY. Gene expression-based chemical genomics identifies potential therapeutic drugs in hepatocellular carcinoma. *PLoS One*. 2011;6:e27186.

時間	**11:20-11:50**
題目	**癌症個人化醫療的現在與未來** **Personalized Healthcare in Oncology.**
講師	**臺北榮民總醫院 陳明晃教授**

Cancer treatment has rapidly evolved over the last few decades owing to technological advances that have enabled scientists to better understand cancer at the molecular level. The idea of using a tumor's unique genomic fingerprint to match patients to their most effective treatment is the cornerstone of precision (or personalized) medicine. What was once thought of as a daunting and futuristic endeavour, precision medicine is now a realistic goal and necessity for the treatment of cancer. This emphasizes the growing value of precision medicine in cancer care and reinforces the need for all patients to have access to these therapies and the molecular tests needed to prescribe them.

The development of new drugs traditionally followed an organ- or tumor type-dependent concept. The identification of the same distinct molecular alterations in a variety of different tumor types and the consecutive responsiveness to the same targeted therapies resulted in a shift of paradigm away from a tumor type gnostic to a tumor type agnostic choice of therapy which is exclusively based on the proof of the presence of distinct molecular alterations.

With the rapid growth in the understanding of the cancer genome, the drug approval process has progressed from the historical assumption that cancers classified by tumor histology represent a homologous underlying population. Recently, the US Food and Drug Administration (FDA) granted approval for three molecularly targeted therapeutic agents for biomarker-defined diseases, agnostic to tumor histology. This paradigm shift in drug development has driven the field of precision medicine to seriously consider the molecular depths of cancer biology to identify opportunities to improve the treatment of patients with cancer.

Targeted therapies have reshaped the landscape of the development of cancer

therapeutics. Recent biomarker-driven, tissue-agnostic clinical trials represent a significant paradigm shift in precision cancer medicine. Despite their growth in preclinical and clinical studies, to date only a few biomarker-driven, tissue-agnostic indications have seen approval by the US Food and Drug Administration (FDA). These approvals include pembrolizumab in microsatellite instability-high or mismatch repair deficient solid tumors, as well as both entrectinib and larotrectinib in NTRK fusion-positive tumors. Complex cancer biology, clinical trial design, and identification of resistance mechanisms represent some of the challenges that future tissue-agnostic therapies have to overcome.

Tissue-agnostic drug approvals represent a paradigm shift in drug development, which will continue to provide more precise therapy to patients. It is likely that tissue-agnostic drug approvals will continue to grow through enhanced understanding of cancer biology, improvements in technology, and translation of this knowledge into therapeutic targets. However, we must balance our enthusiasm for novel targets with evidence provided through clinical trials. The rationale for the biomarkers and therapeutic agents being investigated should be strongly supported by optimized preclinical models and thoughtfully designed to yield meaningful data. These data must be robust enough to be translated into clinical decision making as well as inform future clinical trials.

臺大癌醫中心分院
陳國興醫師
個人簡歷

Department of Medical Oncology, National Taiwan University Cancer Center
臺大癌症中心醫院腫瘤內科部專任主治醫師
No.57, Ln. 155, Sec. 3, Keelung Rd., Da'an Dist., Taipei City 106, Taiwan
Tel: 886-2- 3366 8275
Email: jeff40537@gmail.com

EDUCATION

Taipei Medical University, Taipei, MD. July, 1998- June, 2005
臺北醫學大學醫學系畢業
Graduate Institute of Oncology, National Taiwan University College of Medicine, July, 2015-
臺大醫學院腫瘤醫學研究所博士候選人

PROFESSIONAL EXPERIENCES

Attending physician: Department of Medical Oncology, National Taiwan University Cancer Center. March, 2019- present.
臺大癌症中心醫院腫瘤內科部專任主治醫師, 2019/03-迄今
Attending physician: Department of Oncology, National Taiwan University Hospital, Taipei, Taiwan. July, 2015- March, 2019
臺大醫院腫瘤醫學部化學治療科主治醫師, 2015/07-2019/03
6th Clinical Research Skill Advancement Workshop (J-HOPE), Chiba, Japan, 2017

第六屆臨床研究技能精進工作坊(J-HOPE)研修，千葉，日本, 2017

3rd Paul Carbone Academy, Taipei, 2013-2014

第三屆 Paul Carbone 學院研修，台北, 2013-2014

Attending physician: Oncology Department of National Taiwan University Hospital, Yun-Lin Branch. July, 2013- June, 2015

臺大醫院雲林分院腫瘤醫學部主治醫師, 2013/07-2015/06

Fellowship: Oncology Department of National Taiwan University Hospital. July, 2010- June, 2013

臺大醫院腫瘤醫學部研修醫師, 2010/07-2013/06

Resident: Internal Medicine Department of National Taiwan University Hospital. July, 2007- June, 2010

臺大醫院內科部住院醫師, 2007/07-2010/06

MILITARY SERVICE

Taiwanese Army. October, 2005- January, 2007

中華民國聯勤預官, 2005/10-2007/01

LICENSES / CERTIFICATION

License: National Board of Medicine, 2005

醫師執照

Certification: Board of Internal Medicine, 2010

內科專科醫師執照

Board of Medical Oncology, 2013

腫瘤內科專科醫師執照

FIELDS OF INTERESTS

Colorectal Cancer, Epigenetics, Gastric Cancer, Immunooncology

大腸直腸癌、胃癌、表徵遺傳學、腫瘤免疫學

PUBLICATIONS:

1.Chen, KH., Lin, LI., Yuan, CT. et al. Association between risk factors, molecular features and CpG island methylator phenotype colorectal cancer among different age groups in a Taiwanese cohort. Br J Cancer 125, 48–54 (2021). https://doi.org/10.1038/s41416-021-01300-5

2.Liang YH, Tsai JH, Cheng YM, Chan KY, Hsu WL, Lee CC, Chen KH, Yeh KH. Chemotherapy agents stimulate dendritic cells against human colon cancer cells through upregulation of the transporter associated with antigen processing. Sci Rep. 2021 Apr 27;11(1):9080. doi: 10.1038/s41598-021-88648-z.

3.Chen KH, Lin LI, Tseng LH, Lin YL, Liau JY, Tsai JH, Liang JT, Lin BR, Cheng AL, Yeh KH. CpG Island Methylator Phenotype May Predict Poor Overall Survival of Patients with Stage IV Colorectal Cancer. *Oncology*. 2019;96(3):156-163. doi: 10.1159/000493387.

4.Chen KH, Shao YY, Chen HM, Lin YL, Lin ZZ, Lai MS, Cheng AL, Yeh KH. Primary tumor site is a useful predictor of cetuximab efficacy in the third-line or salvage treatment of KRAS wild-type (exon 2 non-mutant) metastatic colorectal cancer: a nationwide cohort study. *BMC Cancer. 2016 May 24;16(1):327.*

5.Chen KH, Lin YL, Liau JY, Tsai JH, Tseng LH, Lin LI, Liang JT, Lin BR, Hung JS, Chang YL, Yeh KH, Cheng AL. BRAF mutation may have different prognostic implications in early- and late-stage colorectal cancer. *Med Oncol. 2016 May;33(5):39.*

6.Chen KH, Yuan CT, Tseng LH, Shun CT, Yeh KH. Case report: mismatch repair proficiency and microsatellite stability in gastric cancer may not predict programmed death-1 blockade resistance. *J Hematol Oncol. 2016 Mar 24;9(1):29.*

7.Chen KH, Shao YY, Yeh YC, Shau WY, Kuo Raymond NC, Lin ZZ, Chen HM, Yeh KH, Cheng AL, Lai MS. Association of Diabetes Mellitus with Increased Mortality in Patients Receiving Curative Surgery for Colon Cancer. *Oncologist. 2014 Sep;19(9):951-8.*

8.Chen KH, Lin CH. Dramatic Antitumor Effect of Megestrol Acetate In A Metastatic Breast Cancer Premenopausal Patient During Hospice Care. *J Cancer Res Pract. 2013, 29(2): 84-88*

9.Chen KH, Chou YH, Cheng AL. Primary Squamous Cell Carcinoma of the Thyroid With Cardiac Metastases and Right Ventricle Outflow Tract Obstruction. *J Clin Oncol. 2012 Sep, 30(26):e260-3.*

時間	**13:00-13:30**
題目	胃癌治療新進展 **Recent advance of immunotherapy for metastatic gastric cancer.**
講師	臺大癌醫中心分院 陳國興醫師

The immune checkpoint blockade (anti-PD-1) has a breakthrough in metastatic/recurrent gastric cancer recently. The global study CHECKMATE 649 demonstrated that nivolumab plus FOLFOX/XELOX prolonged overall survival and progression-free survival in patients who had metastatic/recurrent gastric cancer compared to chemotherapy alone in the first-line setting last year. In the ASCO meeting this year, the expended efficacy and safety data were also presented. In this lecture, I will discuss the advance of immune checkpoint inhibitor in metastatic/recurrent gastric cancer and the application of it in the future.

臺北榮民總醫院
鄧豪偉醫師
個人簡歷

＊學歷

國立陽明大學醫學系學士

國立陽明大學臨床醫學研究所博士

＊現職

臺北榮民總醫院內科部血液科主治醫師

國立陽明大學 內科學科 助理教授

＊經歷

臺北榮民總醫院內科部住院醫師

臺北榮民總醫院內科部血液腫瘤科總醫師

＊專長學科

血液科、 腫瘤內科、大腸直腸腫瘤、腸胃道腫瘤、婦癌、 凝血及血小板疾患

＊專科證書

中華民國內科專科醫師

中華民國血液病專科醫師

中華民國腫瘤內科專科醫師

中華民國安寧緩和專科醫師

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

＊專科學會

中華民國內科醫學會

中華民國血液病醫學會

中華民國癌症醫學會

中華民國安寧緩和醫學會

時間	**13:30-14:00**
題目	**腸效佈局：台灣晚期腸癌藥物治療經驗** **Preference criteria for Stivarga in treating refractory mCRC, exploring from real world.**
講師	**臺北榮民總醫院 鄧豪偉醫師**

Given the unclear preference criteria for regorafenib in treating refractory metastatic colorectal cancer (mCRC), this study aimed to construct an algorithm in selecting right patients for regorafenib. This was a multicenter retrospective cohort study. Patients with pathology confirmed mCRC and administered with regorafenib for > 3 weeks were enrolled. Patients with good response were defined to have progression-free survival (PFS) of ≥ 4 months. The Kaplan–Meier plot was used to analyze survival. A Cox proportional hazards model was used to analyze univariate and multivariate prognostic factors and was visualized using forest plot. A clustering heatmap was used to classify patients according to responses. The decision tree and nomogram were used to construct the approaching algorithm. A total of 613 patients was analyzed. The median PFS and overall survival (OS) were 2.7 and 10.6 months, respectively. The partial response and stable disease rate are 2.4% and 36.4%. The interval between metastasis (M1) and regorafenib, metastatic status (number, liver, and brain), and CEA level were independent prognostics factors of PFS that classifies patients into three groups: good, bad and modest-1/modest-2 group with PFS > = 4 months rates of 51%, 20%, 39% and 30%, respectively. Results were used to develop the decision tree and nomogram for approaching patients indicated with regorafenib. The preference criteria for regorafenib in treating patients with refractory mCRC are small tumor burden (CEA), slow growth (interval between metastasis and regorafenib) and poor/scanty spread (metastatic status: number and sites of metastasis): The 3S rules.

三軍總醫院
樊修龍醫師
個人簡歷

＊現職

三軍總醫院外科部移植外科科主任

三軍總醫院一般外科主治醫師

＊學位

國防醫學院醫學士

＊教職

國防醫學院外科學系助理教授

＊經歷

消化外科專科醫師

肝臟移植小組成員

器官捐贈暨移植作業審議會執行秘書

＊專長學科

消化外科

內視鏡外科

肝臟手術

肝臟移植手術

時間	**14:00-14:30**
題目	**晚期肝癌治療的臨床選擇** **Clinical Insights for DECISION MAKING in treatment management of HCC.**
講師	**三軍總醫院 樊修龍醫師**

Hepatocellular carcinoma (HCC) is one of the leading causes of cancer-related mortality worldwide and especially in Taiwan. Alongside improvement in local approaches for early stages, the prognosis of patients with advanced disease remains poor. The tyrosine kinase inhibitor sorafenib was the first drug approved for advanced HCC. After 10 years, the multikinase inhibitor lenvatinib was approved in first-line setting. The Phase III REFLECT trial established the non-inferiority of lenvatinib compared with sorafenib in terms of overall survival, meanwhile exploratory analysis suggests a potential benefit over sorafenib for patients with HBV chronic infection and positive alpha-fetoprotein value.

Among the developed systemic therapies in recent years, Pembrolizumab has been approved by the FDA for the treatment of patients with HCC when used as single agents. The Phase III study KEYNOTE 240, although did not meet its predetermined level of statistical significance but still showed a clinical meaningful evidence. The findings in KEYNOTE-240 reinforce the clinical activity of pembrolizumab as demonstrated in the KEYNOTE-224 trial in HCC patients previously treated with sorafenib, which supported its accelerated approval by the US Food and Drug Administration with a favorable disease control and toxicity profile.

The next phase of studies is focused on combination strategies to improve outcomes in the first-line setting and there are already early clinical data supporting this approach. KEYNOTE-524 is a Phase 1b, open-label, single-arm trial evaluating the Pembrolizumab plus Lenvatinib combination in 100 patients with unresectable HCC with no prior systemic therapy. The primary endpoints

are ORR and duration of response (DOR), and the secondary endpoints include progression-free survival (PFS), time to progression (TTP) and overall survival (OS). The final analysis of the study's primary endpoints showed the Pembrolizumab plus Lenvatinib combination demonstrated an ORR of 36% and a median DOR of 12.6 months, using RECIST v1.1 criteria per IIR. As assessed using mRECIST criteria per IIR, the Pembrolizumab plus Lenvatinib combination demonstrated an ORR of 46% and a median DOR of 8.6 months. Treatment-related adverse events (TRAEs) led to discontinuation of Pembrolizumab and Lenvatinib in 6% of patients, discontinuation of Pembrolizumab in 10% of patients, and discontinuation of Lenvatinib in 14% of patients. This study result showed that Lenvatinib + Pembrolizumab has promising antitumor activity with a tolerable safety profile. An ongoing phase 3 trial (LEAP-002) is assessing Lenvatinib + Pembrolizumab vs Lenvatinib alone as 1L therapy for uHCC.

亞東醫院
張晟瑜醫師
個人簡歷

＊學經歷

1994-2001 中山醫學大學醫學士

2002-2005 台灣大學附設醫院內科住院醫師

2006-2007 台灣大學附設醫院胸腔內科總醫師

2008-2009 台灣大學附設醫院兼任主治醫師

2010-2012 台灣大學流行病學與預防醫學研究所碩士

2008-2014 亞東紀念醫院胸腔內科主治醫師

2017-2021 東吳大學科技法律研究所碩士

2015-迄今 亞東紀念醫院胸腔內科病房主任

2019-迄今 亞東醫院肺癌團隊召集人

＊現職

亞東醫院胸腔內科主治醫師兼病房主任

亞東醫院院聘副教授

亞東醫院肺癌團隊召集人

＊專長

肺癌、流行病學與預防醫學、重症加護醫學、氣喘、慢性阻塞性肺病、肺結核、老人急重症醫學

＊專業證照

1. 台灣內科專科醫師暨指導訓練醫師

2. 台灣胸腔暨重症專科醫師暨指導訓練醫師
3. 台灣老人急重症專科醫師
4. 台灣胸腔超音波專科醫師
5. 台灣肺癌醫學會會員
6. 台灣臨床腫瘤醫學會會員
7. 台灣結核暨肺部疾病醫學會會員

＊得獎紀錄

1. 2019 年亞東醫院傑出教學主治醫師
2. 2016 年亞東醫院傑出教學主治醫師
3. 2014 年亞東醫院傑出教學主治醫師
4. 2012 年亞東醫院傑出教學主治醫師
5. 2012 年台灣胸腔暨重症醫學會傑出海報獎
6. 2011 年台大流行病學與預防醫學研究所傑出論文獎

＊著作目錄

- **Cheng-Yu Chang**，Chung-Yu Chen，Shih-Chieh Chang， Yi-Chun Lai，Yu-Feng Wei
  - Efficacy and Prognosis of First-Line EGFR-Tyrosine Kinase Inhibitor Treatment in Older Adults Including Poor Performance Status Patients with EGFR-Mutated Non-Small-Cell Lung Cancer Cancer Management and Research 2021:13 7187–7201

- **Cheng-Yu Chang**, Yi-Chun Lai, Yu-Feng Wei, Chung-Yu Chen, Shih-Chieh Chang
  PD-L1 Expression and Outcome in Patients with Metastatic Non-Small Cell Lung Cancer and EGFR Mutations Receiving EGFR-TKI as Frontline Treatment

Onco Targets Ther . 2021 Mar 31;14:2301-2309.

- Chang SC, Lai YC, Hung JC, **Chang CY** (coresponder)
  Oral glutamine supplements reduce concurrent chemoradiotherapy induced esophagitis in patients with advanced non-small cell lung cancer
  Medicine (Baltimore) 2019, 98:e14463.

- Chang SC, Lai YC, **Chang CY**, Huang LK, Chen SJ, Tan KT, Yu PN, Lai JI
  Concomitant Genetic Alterations are associated with worse clinical outcome in EGFR mutant NSCLC patients treated with tyrosine kinase inhibitors
  Translational Oncology 2019,12:1425-1431

- Shu CC , Chang SC, Lai YC, **Chang CY**, Wei YF, Chen CY
  Factors for the Early Revision of Misdiagnosed Tuberculosis to Lung Cancer: A Multicenter Study in A Tuberculosis-Prevalent Area
  Journal of Clinical Medicine 2019, 8:E700.

- Yuan MK, Lai YC, **Chang CY** and Chang SC
  Chest X-Ray Finding of Pulmonary Tuberculosis and Nontuberculous Mycobacterial Lung Diseases in Patients with Acid-Fast Bacilli Smear-Positive Sputum
  Austin Tuberc Res Treat. 2017; 2(1): 1008.

- Hsu Hui Wang, Shih-Chieh Chang, Hou-Tai Chang, **Cheng-Yu Chang**
  Factors Affecting Cuff Leak Test Results of Adult Patients under

Mechanical Ventilation Thoracic Medeicine 2016 ; 31: 261-267 (coresponder)

- Tsai CH, Lai YC, Chang SC, **Chang CY**, Wang WS, Yuan MK
  Video-assisted thoracoscopic surgical decortication in the elderly with thoracic empyema: Five years' experience
  J Chin Med Assoc. 2016, 79:25-8.

- Chung-Jen Wang, Hou-Tai Chang, **Cheng-Yu Chang**
  Docetaxel-related interstitial pneumonitis
  Therapeutics and Clinical Risk Management 2015 ; 11: 1813–1816.(coresponder)

- Jeng-Sen Tseng, Chih-Liang Wang, Ming-Shyan Huang, Chung-Yu Chen, **Cheng-Yu Chang**,Tsung-Ying Yang, Chi-Ren Tsai, Kun-Chieh Chen, Kuo-Hsuan Hsu, Meen-Hsin Tsai,Sung-Liang Yu, Kang-Yi Su, Chih-Wei Wu, Cheng-Ta Yang, Yuh-Min Chen,Gee-Chen Chang
  Impact of EGFR Mutation Detection Methods on the Efficacy of Erlotinib in Patients with Advanced EGFR-Wild Type Lung Adenocarcinoma
  PLoS One. 2014 Sep 12;9(9):e107160

- Mei-Kang Yuan, **Cheng-Yu Chang**, Ping-Huang Tsai, Yuan-Ming Lee, Jen-Wu Huang, Shih-Chieh Chang
  Comparative chest computed tomography findings of non-tuberculous mycobacterial lung diseases and pulmonary tuberculosis in patients with acid fast bacilli smear-positive sputum
  BMC Pulmonary Medicine 2014, 14:65-71 (co-first author)

- **Cheng-Yu Chang**, Jen-Yee Hong, Mei-Kang Yuan, Shu-Ju Chang, Yuan-Ming Lee, Shih-Chieh Chang, Li-Cho Hsu, Shin-Lung Cheng
  Risk factors in patients with AFB smear-positive sputum who receive inappropriate antituberculous treatment
  Drug Design, Development and Therapy 2013:7 53–58

- Li-Fu Chen, **Cheng-Yu Chang**, Li-Cho Hsu, Ping-Huang Tsai, Shu-Ju Chang,Shih-Chieh Chang, Mei-Kang Yuan, Yi-Chun Lai, Yu-Chang Liu, Wei-Shu Wang
  Bacterial pneumonia following acute ischemic stroke
  - Journal of the Chinese Medical Association 2013 Feb;76(2):78-82

- **Cheng-Yu Chang**, Shu-Ju Chang, Shih-Chieh Chang, Mei-Kang Yuan
  The value of positron emission tomography in early detection of lung cancer in high-risk population: a systematic review
  Clin Respir J 2013; Jan;7(1):1-6

- Shih-Chieh Chang, **Cheng-Yu Chang**, Shu-Ju Chang, Mei-Kang Yuan,Yi-Chun Lai, Yu-Chang Liu, Cheng-Yu Chen, Li-Chiao Kuo, Chong-Jen Yu
  Gefitinib-Related Interstitial Lung Disease in Taiwanese Patients With Non–Small-Cell Lung Cancer
  Clinical Lung Cancer, 2013,14: 55-61 (co-first author)

- Ko-Fan Wang, **Cheng-Yu Chang**, Shih-Chieh Chang, Yu-Chang Liu, Mei-Kang Yuan, Yuan-Hao Yang
  Both gefitinib and erlotinib induced drug-related interstitial lung disease

in a patient with pulmonary adenocarcinoma.
Journal of the Chinese Medical Association 2013 Feb 76 (3):173-175

- Jen-Yee Hong, Yi-Chun Lai, **Cheng-Yu Chang**, Shih-Chieh, Chang, Gau-Jun Tang.
  Successful Treatment of Severe Heat Stroke with Therapeutic Hypothermia via Non-invasive External Cooling System
  Annals of Emergency Medicine 2012 Jun;59(6):491-3

- **Cheng-Yu Chang** , Yi-Chun Lai, and Shih-Chieh Chang
  Superior Vena Cava Syndrome related Fluid collection in Retropharyngeal Space
  Q J Med 2012; 105:907–909

- **Cheng-Yu Chang** , Yi-Chen Chang, and Shih-Chieh Chang
  A Huge Diaphragmatic Schwannoma Mimicking Diaphragm Palsy
  Q J Med 2012; 105:701–703

- Yuan MK, **Chang CY**, Chang SC, Chang SJ, Tang GJ, Wei YF, Liu YC, Chen CY, Yu CJ. Imaging patterns and prognosis of patients with gefitinib-related interstitial lung disease.
  Int J Clin Pharmacol Ther. 2011 Oct. 49(10):587-93.

- Y.-F. Wei, **C.-Y. Chang,** S.-C. Chang
  Tuberculosis Manifesting as An Invasive Pulmonary Mass and Liver Nodules Mimicking Malignancy with Metastases
  Q J Med 2012; 105:203–204 (**Co-first author**)

- **Cheng-Yu Chang**, Shih-Lung Cheng, Shih-Chieh Chang

Conservative Treatment of Severe Tracheal Laceration after Endotracheal Intubation

- Respir Care. 2011 Jun 56(6):861-2

- Shih HW, Cheng SL, Chang SC, **Chang CY**
  Minocycline-induced chemical pneumonitis and its successful treatment: a case report
  Int J Clin Pharmacol Ther. 2011 Jan;49(1):49-50 (**coresponder**)

- **Cheng-Yu Chang**, Shin-Lung Cheng, Shih-Chieh Chang Adenoid Cystic Carcinoma of Trachea Treated with Tumor Curettage and Adjuvant Intensity Modulated Radiation Therapy
  South Med J. 2011 Jan;104(1):68-70

- Shih-Chieh Chang, **Cheng-Yu Chang**, Chiung-Yu Chen, and Chong-Jen Yu
  Successful Erlotinib Rechallenge after Gefitinib-Induced Acute Interstitial Pneumonia
  Journal of Thoracic Oncology • Volume 5, Number 7, July 2010, 1105-06
- Comparative Efficacy and Safety of Antibiotics for the Treatment of Gram-Positive Bacterial Infections- A systematic review and metaanalysis **Cheng Yu Chang (碩士論文)**

時間	**14:30-15:00**
題目	**如何優化晚期 EGFR 突變肺癌病人治療** **How to optimize EGFR mut+ NSCLC treatment.**
講師	**亞東醫院　張晟瑜醫師**

Nearly 85% of primary lung cancers worldwide are of the non-small-cell lung cancer (NSCLC) type, and most patients present with advanced or metastatic disease at diagnosis. Epidermal growth factor receptor (EGFR) mutation-driven NSCLC occurs at frequencies of about 10–20% in white patients and 40–60% in Asian patients.The discovery of activating mutations in the EGFR gene and development of tyrosine kinase inhibitors (TKIs) of EGFR have provided a tremendous impact on treatment strategy for advanced NSCLC patients. For advanced NSCLC harboring activating EGFR mutations, an EGFR-TKI is preferably prescribed as it provides a superior survival benefit over platinum-based chemotherapy. In a recent clinical trial, the 3rd generation, an irreversible EGFR-TKI showed a superior survival benefit with lower toxicity profile. Angiogenesis is an integral process for growth of solid tumors dependent on endothelial cell proliferation and migration. In addition, recent several studies have shown that combination blockade of the epidermal growth factor receptor (EGFR) and vascular endothelial growth factor (VEGF) pathways leads to synergistic antitumor effects. This talk will review and discuss the current status and future perspectives of treatment for EGFR-mutated NSCLC.

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

中山醫學大學附設醫院

吳銘芳教授

個人簡歷

現職： 中山醫學大學 內科教授

中山醫學大學附設醫院 腫瘤內科主任/ 胸腔內科醫師

臺灣免疫暨腫瘤學會理事

臺灣臨床腫瘤醫學會監事

學歷：	中山醫學大學醫學研究所博士	2000/09 ~2005/01
	台北醫學大學醫學系學士	1976/09 ~1983/06
經歷：	中山醫學大學附設醫院腫瘤內科主任	2000/02~2007/07, 2016/04 ~
	中山醫學大學附設醫院胸腔內科呼吸照護中心主任	2007/04~ 2011/07
	台北榮民總醫院胸腔部胸腔腫瘤科主治醫師	1993/01~ 2000/01
	美國科羅拉多大學癌病中心研究員 Study with Professor Paul A. Bunn	1995/04~ 1996/09
	中央研究院腫瘤內科專科醫師訓練 (主持人 彭汪嘉康院士)	1991/10~ 1993/09
	台北榮民總醫院胸腔部住院醫師、總住院醫師	1985/09~ 1990/06

榮譽： 台中市醫師公會 108 年度醫療貢獻獎 學術研究類

中山醫學大學附設醫院 108 年度研究表現傑出獎

中山醫學大學醫學系 107 學年度優良教師

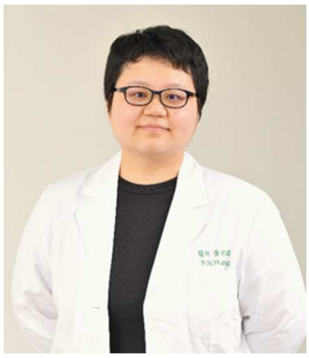
專長： 肺癌及癌症精準醫療、腫瘤免疫治療、癌症標靶藥物治療

時間	**15:10-15:40**
題目	**三期無法手術治療之非小細胞肺癌新里程碑** **The Future is Now: A new milestone for patients with stage III unresectable NSCLC.**
講師	**中山醫學大學附設醫院 吳銘芳教授**

針對第三期不可開刀之非小細胞肺癌患者來說，近二十年沒有新的治療進展，而 PACIFIC 試驗的結果首次打破了這個僵局，於同步放化療後接續 Durva 鞏固性治療， 不管在 PFS 或 OS，相比於對照組，都有顯著的延長 。

今年 ASCO 所更新的 5 年長期追蹤結果，為 PACIFIC 試驗之 post hoc analysis，觀察到在同步放化療後使用 Durvalumab 鞏固性治療所帶來的存活顯著好處，趨勢從始至終維持一致，到了 5 年 OS rate 來到了 42.9 %，超過四成的病人存活期可超過五年，且近三分之一的病人獲得了長期疾病控制，於 5 年追蹤追期時仍無疾病惡化。PACIFIC 試驗在以”治癒”為目的的治療領域當中，讓人期待未來的可能。

林口長庚紀念醫院
黃姵瑋醫師
個人簡歷



PERSONAL INFORMATION:

Name: Huang, Pei-Wei 黃姵瑋

Year of Birth: 1986

CITIZENSHIP:

Taiwan, Republic of China (R.O.C.)

OFFICE ADDRESS:

Division of Hematology-Oncology,
Department of Internal Medicine, Chang Gung Memorial Hospital,
5, Fushing St., Gueishan Dict., Taoyuan City 333, Taiwan

EDUCATION:

Sep. 2021 – Expected 2026	Ph.D, Graduate Institute of Clinical Medical Science Chang-Gung Univisity Taoyuan, Taiwan
Sep. 2005 – June 2012	Medical Degree, Taipei Medical University, Taipei, Taiwan

EMPLOYMENT RECORD:

September 2019–	Lecturer, Division of Hematology-Oncology, Chang Gung Memorial Hospital (CGMH), Taipei.

September 2018 – June 2019	Visiting Staff, Division of Hematology-Oncology, Chang Gung Memorial Hospital (CGMH), Taipei.
July 2016 – August 2018	Oncology Fellowship, Division of Hematology-Oncology, Chang Gung Memorial Hospital (CGMH), Linkuo.
August 2013 – June 2016	Resident, Devision of Internal medicine, Chang Gung Memorial Hospital (CGMH), Linkuo.

BOARD CERTIFICATION:

2018 Borad of Medical Oncology, R.O.C.

2016 Board of Internal Medicine, R.O.C.

PROFESSIONAL AFFILIATIONS:

Society of Internal Medicine, R.O.C.

The Chinese Oncology Society, R.O.C.

Taiwan Society for Immunotherapy of Cancer

REASEARCE INTEREST:

1. Cancer biology
2. Head and neck cancer
3. Breast cancer
4. Gastrointestinal cancer
5. Personalized medicine
6. Immune-check point inhibitors clinical research

PUBLICATIONS:

1. Wu CE, Yang CK, Peng MT, **Huang PW**, Chang CF, Yeh KY, Chen CB, Wang CL, Hsu CW, Chen IW, Lin CT, Ueng SH, Lin G, Lin YF, Cheng CY, Chang JW. The association between immune-related adverse events and survival outcomes in Asian patients with advanced melanoma receiving anti-PD-1 antibodies. BMC Cancer. 2020 Oct 21;20(1):1018. doi: 10.1186/s12885-020-07508-7. PubMed PMID: 33087090; PubMed Central PMCID: PMC7579996.

2. Hung CY, Hsueh SW, Lu CH, Chang PH, Chen PT, Yeh KY, Wang HM, Tsang NM, **Huang PW**, Hung YS, Chen SC, Chou WC. A prospective nutritional assessment using Mini Nutritional Assessment-short form among patients with head and neck cancer receiving concurrent chemoradiotherapy. Support Care Cancer. 2020 Jul 25;. doi: 10.1007/s00520-020-05634-3. [Epub ahead of print] PubMed PMID: 32710174.

3. Lai YC, Chang WC, Chen CB, Wang CL, Lin YF, Ho MM, Cheng CY, **Huang PW**, Hsu CW, Lin G. Response evaluation for immunotherapy through semi-automatic software based on RECIST 1.1, irRC, and iRECIST criteria: comparison with subjective assessment. Acta Radiol. 2020 Jul;61(7):983-991. doi: 10.1177/0284185119887588. Epub 2019 Nov 18. PubMed PMID: 31739675.

4. Wu CE, Yang CK, Peng MT, **Huang PW**, Lin YF, Cheng CY, Chang YY, Chen HW, Hsieh JJ, Chang JW. Immune Checkpoint Inhibitors for Advanced Melanoma: Experience at a Single Institution in Taiwan. Front Oncol. 2020;10:905. doi: 10.3389/fonc.2020.00905. eCollection 2020. PubMed PMID: 32582554; PubMed Central PMCID: PMC7287159.

5. **Huang PW**, Chang JW. Immune checkpoint inhibitors win the 2018 Nobel Prize. Biomed J. 2019 Oct;42(5):299-306. doi: 10.1016/j.bj.2019.09.002. Epub 2019 Nov 5. PubMed PMID: 31783990; PubMed Central PMCID: PMC6889239.

6. Liu KH, Hung CY, Hsueh SW, Chang PH, Chen YY, Lu CH, Chen PT, Yeh KY, **Huang PW**, Tsang NM, Hung YS, Chou WC. Lung Metastases in Patients with Stage IV Pancreatic Cancer: Prevalence, Risk Factors, and Survival Impact. J Clin Med. 2019 Sep 6;8(9). doi: 10.3390/jcm8091402. PubMed PMID: 31500146; PubMed Central PMCID: PMC6780197.

7. **Huang PW**, Chang CF, Hung CY, Hsueh SW, Chang PH, Yeh KY, Chen JS, Chen YY, Lu CH, Hung YS, Chou WC. Validation and application of a prognostic model for patients with advanced pancreatic cancer receiving palliative chemotherapy. Cancer Med. 2019 Sep;8(12):5554-5563. doi: 10.1002/cam4.2483. Epub 2019 Aug 6. PubMed PMID: 31385456; PubMed Central PMCID: PMC6745849.

8. Chang CF, **Huang PW**, Chen JS, Chen YY, Lu CH, Chang PH, Hung YS, Chou WC. Prognostic Factors for Advanced Pancreatic Cancer Treated with Gemcitabine Plus S-1: Retrospective Analysis and Development of a Prognostic Model. Cancers (Basel). 2019 Jan 9;11(1). doi: 10.3390/cancers11010057. PubMed PMID: 30634387; PubMed Central PMCID: PMC6356456.

9. **Huang PW**, Chou WC, Shen WC, Hung CY, Huang KG, Su YL, Lu CH, Liu CT, Chang YS, Liau CT. Hand-foot skin reaction predicts treatment outcome of pazopanib in patients with metastatic soft tissue sarcoma: A

multicenter study in the Asian population. Asia Pac J Clin Oncol. 2018 Aug;14(4):353-360. doi: 10.1111/ajco.13029. Epub 2018 Jun 13. PubMed PMID: 29900662.

10. **Huang PW**, Lin CY, Hsieh CH, Hsu CL, Fan KH, Huang SF, Liao CT, Ng SK, Yen TC, Chang JT, Wang HM. A phase II randomized trial comparing neoadjuvant chemotherapy followed by concurrent chemoradiotherapy versus concurrent chemoradiotherapy alone in advanced squamous cell carcinoma of the pharynx or larynx. Biomed J. 2018 Apr;41(2):129-136. doi: 10.1016/j.bj.2018.04.003. Epub 2018 May 21. PubMed PMID: 29866601; PubMed Central PMCID: PMC6138767.

11. Wang CH, *__Huang PW__, Hung CY, Lee SH, Kao CY, Wang HM, Hung YS, Su PJ, Kuo YC, Hsieh CH, Chou WC. Clinical Factors Associated With Adherence to the Premedication Protocol for Withdrawal of Mechanical Ventilation in Terminally Ill Patients: A 4-Year Experience at a Single Medical Center in Asia. Am J Hosp Palliat Care. 2018 May;35(5):772-779. doi: 10.1177/1049909117732282. Epub 2017 Sep 21. PubMed PMID: 28931308.

*: Co-first author

時間	**15:40-16:10**
題目	**如何與化療副作用共處** **Tips to make chemotherapy a little easier.**
講師	**林口長庚紀念醫院 黃姵瑋醫師**

化學治療，多年來被應用於對抗惡性腫瘤，但它們是把雙面刃，許多患者尚未開始即先打退堂鼓，主要是對於化療有既定的迷思、對副作用的害怕、及未知的恐懼，此次演講將簡短的將多數患者對化療藥物的迷思一一釐清。另外介紹常見化療藥物的副作用，以及如何衛教患者 1.急性與慢性副作用 2.減少副作用發生 3.如何識別嚴重副作用及早就醫 4.常見輔助藥物的使用。希望增進腫瘤護理對於化療副作用處理的了解，進而幫助病人克服對化療的不了解及恐懼，進而成功抗癌。

2021 台灣癌症安寧緩和醫學會年會暨學術研討會

臺北榮民總醫院
劉峻宇主任
個人簡歷

＊學歷：

1993/06 ~ 2000/6　台北醫學大學醫學士

2010/09~ 2013/07　國立陽明大學生物藥學研究所博士

＊現職：

2017~　　台北榮民總醫院輸血醫學科主任

＊教職：

2008/08~　國立陽明大學內科兼任講師

2013/08~　國立陽明大學內科兼任助理教授

＊經歷：

2002/07/15~2005/07 台北榮民總醫院內科部住院醫師

2005/07~2007/05 台北榮民總醫院血液腫瘤科總醫師

2007/06~2008/05 台北榮民總醫院內科部部總醫師

2008/08~2014/04 台北榮民總醫院血液腫瘤科契約主治醫師

2014/04/1~2015/10/30 台北榮民總醫院血液腫瘤科主治醫師(師三級)

2015/11/1 台北榮民總醫院腫瘤醫學部藥物治療科主治醫師(師三級)

＊專長學科：

腫瘤內科學、血液學、周邊血液幹細胞及骨髓移植、抗癌藥物機轉研究

＊專科證書：

中華民國內科專科醫師、

中華民國腫瘤科專科醫師、

中華民國血液病專科醫師、

台灣癌症安寧緩和專科醫師、

中華民國血液及骨髓移植專科醫師

通 訊 處：台北市石牌路二段 201 號台北榮民總醫院

E-mail：cyliu3@vghtpe.gov.tw; liuchunyu_tw@yahoo.com.tw

時間	**16:10-16:40**
題目	**如何良好控制轉移性賀爾蒙陽性乳癌病人之標靶藥物副作用** **Optimal AE Management in HR+ HER2- mBC with target therapy.**
講師	臺北榮民總醫院 劉峻宇主任

Although mBC is unlikely to be cured, there have been more and more evidence shown improvements in survival under effective systemic therapies like endocrine therapy combine with target therapy (CDK4/6i, PIK and mTOR) in the treatment of hormone-sensitive disease.

The PI3K/AKT/mTOR pathway plays an important role in regulating cell proliferation and growth. Stimulation of receptor tyrosine kinase activates this pathway, which in turn triggers activation of PI3K. FDA approved alpelisib (PI3Ki) in combination with fulvestrant for postmenopausal women and men with HR+/HER2 negative, PIK3CA-mutated advanced or metastatic breast cancer following progression on or after an endocrine-based regimen. PIK3CA is an oncogene that encodes the p110α catalytic isoform.

When it comes to the new target PI3K inhibitor in recurrent metastatic breast cancer , there are some adverse effects need to be closely monitor during the consideration of PI3Ki treatment. In this session, we will discuss about the common adverse effect of HR+HER2- mBC target therapy (alpelisib), based on the trial highlight and clinical experience of alpelisib.

臺中榮民總醫院
周政緯醫師
個人簡歷

＊學歷

國立陽明大學

中國醫藥大學生物醫學研究所博士班

＊重要經歷/進修訓練

美國德州大學安德森癌症中心進修(2018.9 ~ 2020.8)

臺中榮民總醫院一般內科主治醫師

臺中榮民總醫院內科部住院醫師

＊專科證照

中華民國內科專科醫師、

中華民國血液病專科醫師、

中華民國腫瘤內科專科醫師、

中華民國骨髓暨周邊血移植專科醫師

＊主治專長

血液科疾病、腫瘤內科、造血幹細胞移植、固態腫瘤、血液病診斷與治療諮詢、癌症化學治療諮詢、骨髓及週邊血幹細胞移植諮詢、安寧緩和醫療

＊專業經驗

1.血液科疾病之診斷及治療

2.惡性腫瘤之診斷及治療

3.造血幹細胞移植

4.癌症-化學治療

5.癌症-生物製劑療法(biotherapy)

6.癌症-標靶藥物療法(targeted therapy)

時間	**16:40-17:10**
題目	**從 RWE 資訊談化療在轉移性乳癌之更新** **Clinical effectiveness of RWE chemotherapy data in metastatic breast cancer.**
講師	臺中榮民總醫院　周政緯醫師

Metastatic breast cancer (MBC) is a heterogenous disease, with metastases commonly located in soft tissue (ie,skin, lymph nodes, and the contralateral breast), bone, and visceral organs (ie, lungs, pleura, peritoneum, liver,and brain). Although treatment for MBC has steadily improved, few agents have been shown to prolong survivaland MBC remains essentially incurable with a median overall survival (OS) of 2–3 years2,3. Moreover, patients with visceral metastases typically have a worse prognosis than patients with nonvisceral metastases.

Survival rates among women with metastatic breast cancer (MBC) and advanced breast cancer(ABC) in the treatment differ by age and site of metastases. We assessed the real-world effectiveness of treatment when used per US prescribing information in subgroups of MBC patients with serval characteristics: older adults (aged≥65), African Americans, and individuals with liver metastases.

Anthracyclines and taxanes are substantial chemotherapeutic agents in breast cancer, both in the adjuvant and metastatic settings. No standard therapy has been established for patients with MBC requiring early line therapy. The results of study showed that eribulin prolongs survival in patients with heavily treated MBC. Eribulin is effective for both prolonging life and improving the quality of life, which are the main goals in the treatment of metastatic or recurrent cancer.

三軍總醫院
戴明燊主任
個人簡歷

Ming-Shen Dai, M.D., Ph.D.

Attending Physician,
Division of Hematology and Oncology,
Department of Internal Medicine,
Tri-Service General Hospital (TSGH),
Associate Professor,
School of Medicine,
National Defense Medical Center (NDMC).

Education:
1990-1997 National Defense Medical Center, M.D. (Doctor of Medicine)
2005-2009 Queen Mary, University of London, Ph.D.
Experiences:

1999-2003 Resident, Department of Medicine, TSGH, NDMC.
2003-2004 Chief Resident, Department of Medicine, TSGH, NDMC.
Lecturer, School of Medicine, TSGH, NDMC.
2004- Attending Physician, Division of Hematology and Oncology, Department of Medicine, TSGH, NDMC
2005-2006 M.Phil, Queen Mary University of London, UK
2006-2009 Ph.D., Queen Mary University of London, UK
2006-2009 Clinical fellow, Queen Mary University of London, UK

2008-2009 Collaborative Research, CHU de Nantes, INSERM U948, France

2010-2015 Assistant Professor, School of Medicine, TSGH, NDMC.

2016- Associate Professor, School of Medicine, TSGH, NDMC.

Memberships:

The Society of Internal Medicine.

The Society of Hematology.

The Society of Bone Marrow Transplantation.

The Society of Clinical Oncology.

The Society of Hospice and Palliative Medicine.

The Society of Taiwan Breast Cancer.

Honor and Award:

- Young Investigators' Award in Clinical Research. Year 2002 and 2004, Tri-Service General Hospital, National Defense Medical Center.
- Mr. Gin-Shi Wang's Award for outstanding clinical research, 2003.
- Outstanding Research Article Award 2004, Taiwan Society of Hematology and BMT.
- International PhD Student Award. 2005-2009. Medical Affairs Bureau, Ministry of National Defense, Taiwan
- Overseas Research Student Award 2006-2008, Queen Mary University of London, UK.

時間	**17:10-17:40**
題目	**Ixabepilone 在第一線化療後轉移性乳癌病患的治療角色** **Chemotherapy resistance in metastatic breast cancer: the role of ixabepilone.**
講師	三軍總醫院 戴明燊主任

Ixabepilone is a microtubule-stabilizing agent that binds directly to b-tubulin subunits and suppresses their dynamic instability, blocking the mitotic phase of the cell division cycle and inducing cell death. Recent analyses of subpopulations within large pooled datasets have characterized the clinical benefit for progression-free survival and overall survival for ixabepilone in special populations, such as patients with triple-negative breast cancer or those who relapsed within 12 months of prior treatment. As with other microtubule stabilizers, ixabepilone treatment can lead to peripheral neuropathy, but evidence-based management strategies may reverse these symptoms. Dose reductions did not appear to have an impact on the efficacy of ixabepilone plus capecitabine. Ixabepilone has been approved of reimbursement by BNHI guideline in combination with capecitabine is indicated for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. This presentation will cover personal experience in treating metastatic breast cancer patients and TNBC patients with ixabepilone and provide clinical therapeutic strategy with this new chemotherapy-partner.

銘謝

本次會員大會暨學術研討會，承蒙下列單位之熱忱贊助，各位會員之共同參與，使大會得以順利舉行，圓滿完成，特此致謝。

友華生技醫藥股份有限公司
台灣小野藥品工業股份有限公司
台灣安進藥品有限公司
台灣東洋藥品工業股份有限公司
台灣阿斯特捷利康股份有限公司
台灣拜耳股份有限公司
台灣費森尤斯卡比股份有限公司
台灣諾華股份有限公司
台灣禮來股份有限公司
瓦里安台灣股份有限公司
吉泰藥品股份有限公司
吉興藥品股份有限公司
行動基因生技股份有限公司
美吾華股份有限公司
美時化學製藥股份有限公司
美商默沙東藥廠股份有限公司
衛采製藥股份有限公司
賽諾菲股份有限公司
羅氏大藥廠股份有限公司

台灣癌症安寧緩和醫學會 敬謝

中華民國一一〇年十一月二十七日