檔　　號：
保存年限：

高雄市南屏癌症防治衛教學會

南屏癌症論壇活動議程表

活動時間：民國115年09月05日至民國115年09月06日

活動地點：高雄洲際酒店 4樓芳苑廳2廳

Time	Topic	Speaker	Moderator
09/05 (Sat)			
14:20-14:30	Registration		
14:30-14:40	Opening	饒坤銘 醫師 義大癌治療醫院	
14:40-15:20	One Target, Multiple Cancers: Advancing BRAF V600E Treatment	謝燿宇 醫師 雙和醫院	饒坤銘 醫師 義大癌治療醫院
15:20-16:00	Fundamental EGFR-TKI Backbone in First-line EGFRm Advanced NSCLC	郭明濬 醫師 高雄長庚醫院	馮盈勳 醫師 奇美醫院
16:00-16:20	Break		
16:20-17:00	First-line Pembrolizumab in Advance GI Cancer: Indication and Reimbursement Update	顏志傑 醫師 成大醫院	曹朝榮 醫師 柳營奇美醫院
17:00-17:40	ASCO update in mCRC Treatments	謝孟哲 醫師 義大癌治療醫院	葉裕民 醫師 成大醫院
17:40-18:00	Advancing 3L+ mCRC Care: Clinical Evidence of Fruzaqla	廖浚凱 醫師 義大大昌醫院	邱泰然 醫師 高雄長庚醫院
18:00-18:10	Discussion & Closing	All	謝孟哲 醫師 義大癌治療醫院

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Time	Topic	Speaker	Moderator
09/06 (Sun)			
09:20-09:30	Opening	謝孟哲 醫師 義大癌治療醫院	
09:30-10:10	Redefining 2L+ SCLC with the First and Only DLL3-Targeting Bite Therapy	蕭聖諺 醫師 柳營奇美醫院	李明陽 醫師 嘉義基督教醫院
10:10-10:50	Current Immunotherapy Advancement in H&N Cancer	張家崙 醫師 萬芳醫院	李劭軒 醫師 高雄長庚醫院
10:50-11:30	Discussion & Warm-up (理監事會議)	All	謝孟哲 醫師 義大癌治療醫院
11:30-12:00	Closing	All	謝孟哲 醫師 義大癌治療醫院

2026年09月05日及06日南屏癌症論壇活動課程摘要

1. One Target, Multiple Cancers: Advancing BRAF V600E Treatment

課程摘要：

BRAF V600E is a well-established oncogenic driver mutation identified across multiple solid tumors, including melanoma, colorectal cancer, non-small cell lung cancer (NSCLC). BRAF V600E–mutated metastatic colorectal cancer (mCRC) is an aggressive subtype with poor prognosis. Traditional chemotherapy offers limited benefit, leading to the rise of targeted strategies. Dual BRAF and EGFR inhibition, exemplified by encorafenib-based therapy, has improved survival outcomes. Ongoing studies focus on optimizing combinations, integrating novel targets and immunotherapy, and refining patient selection through biomarkers and real-world data—advancing precision oncology in this challenging disease.

2. Fundamental EGFR-TKI Backbone in First-line EGFRm Advanced NSCLC

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課程摘要：

Osimertinib, a third-generation, irreversible EGFR-TKI with potent central nervous system (CNS) activity, has become the foundation of first-line therapy for patients harboring common EGFR mutations (Ex19del and L858R). Its favorable efficacy, tolerability, and intracranial activity have established osimertinib as the benchmark against which emerging combination strategies are evaluated.

The phase III FLAURA2 trial showed that adding platinum-pemetrexed chemotherapy to osimertinib further improved progression-free survival versus osimertinib monotherapy. More recently, the final overall survival analysis demonstrated a significant survival advantage with the combination regimen (median OS 47.5 vs. 37.6 months; HR 0.77), supporting osimertinib as the essential therapeutic backbone upon which additional treatment modalities can be integrated. Although combination therapy increased grade ≥3 adverse events, toxicity remained clinically manageable and generally consistent with the known safety profiles of the individual agents.

Current international guidelines recommend osimertinib-based therapy as a preferred first-line option for EGFR-mutated advanced NSCLC, with treatment selection increasingly individualized according to disease burden, CNS involvement, co-mutations, patient fitness, and tolerance for combination therapy.

3. First-line Pembrolizumab in Advance GI Cancer: Indication and Reimbursement Update

課程摘要：

趯Immune checkpoint inhibitors have significantly changed the treatment landscape of advanced gastrointestinal (GI) cancers. Pembrolizumab has become an important first-line treatment option for selected patients with esophageal, gastric, gastroesophageal junction (GEJ), and colorectal cancers based on tumor biomarkers and pivotal clinical trials. As indications continue to expand, updates in reimbursement policies are increasingly important to optimize patient access and treatment selection.

Pembrolizumab-based first-line therapy has demonstrated meaningful survival benefits in biomarker-selected patients with advanced GI malignancies, including PD-L1-positive esophageal and gastric/GEJ cancers, as well as MSI-H/dMMR colorectal cancer. Recent reimbursement updates have expanded access to immunotherapy for eligible patients, facilitating broader implementation of guideline-recommended treatment while emphasizing the importance of appropriate biomarker testing for patient selection.

4. ASCO update in mCRC Treatments

課程摘要：

The treatment landscape of metastatic colorectal cancer (mCRC) continues to evolve through advances in precision oncology, molecular profiling, and biomarker-guided therapies. The 2026 American Society of Clinical Oncology (ASCO) Annual Meeting presented important clinical data that further refined first-line treatment strategies, targeted

therapies, and personalized management across molecularly defined patient populations.

Major advances presented at ASCO 2026 reinforced the importance of molecular stratification in mCRC. New studies also explored novel strategies for RAS-mutant, KRAS G12C, and MSS colorectal cancer, while further validating circulating tumor DNA (ctDNA) as a promising biomarker for treatment monitoring and response assessment. Collectively, these findings highlight the growing role of precision medicine in optimizing treatment selection and improving clinical outcomes across distinct molecular subgroups.

The 2026 ASCO updates underscore the continuing transition toward biomarker-driven management in metastatic colorectal cancer. Advances in targeted therapy, ctDNA-guided disease monitoring, and molecularly tailored treatment strategies are reshaping clinical practice and are expected to further improve individualized patient care.

5. Advancing 3L+ mCRC Care: Clinical Evidence of Fruzaqla

課程摘要：

趨　Patients with metastatic colorectal cancer (mCRC) who progress after standard therapies have limited treatment options and poor prognosis. Fruquintinib (Fruzaqla®), a highly selective oral inhibitor of vascular endothelial growth factor receptors (VEGFR)-1, -2, and -3, was developed to provide sustained anti-angiogenic activity while maintaining a manageable safety profile. Recent global clinical evidence has established fruquintinib as an important treatment option in the third-line and later setting.

Both the FRESCO and FRESCO-2 studies demonstrated that fruquintinib significantly improved overall survival and progression-free survival compared with placebo plus best supportive care in patients with refractory mCRC who had received standard therapies. In the global FRESCO-2 trial, fruquintinib reduced the risk of death by 34% (HR 0.66), with median overall survival of 7.4 versus 4.8 months and median progression-free survival of 3.7 versus 1.8 months. These survival benefits were observed regardless of biomarker status or prior exposure to trifluridine/tipiracil and/or regorafenib. Recent analyses further demonstrated meaningful disease control, greater tumor shrinkage, and maintained quality-adjusted survival, reinforcing the clinical value of fruquintinib in heavily pretreated patients. The safety profile remained predictable and manageable, with adverse events consistent with VEGFR inhibition.

6. Redefining 2L+ SCLC with the First and Only DLL3-Targeting Bite Therapy

課程摘要：

趨　Small cell lung cancer (SCLC) is an aggressive malignancy characterized by rapid disease progression, early relapse, and limited treatment options after first-line platinum-based chemotherapy. Despite recent advances, survival outcomes remain poor in the second-line and later (2L+) setting. Delta-like ligand 3 (DLL3), a cell surface protein highly expressed in SCLC with minimal expression in normal tissues, has emerged as an attractive therapeutic target. Tarlatamab,

the first and only DLL3-targeting bispecific T-cell engager (BiTE®) therapy, redirects T cells to eliminate DLL3-expressing tumor cells, offering a novel immunotherapeutic approach.

Tarlatamab demonstrated durable and clinically meaningful antitumor activity in heavily pretreated patients with SCLC. In the DeLLphi-301 trial, treatment achieved encouraging objective response rates with durable responses, prolonged overall survival, and clinically relevant disease control across patient subgroups, including those with platinum-resistant disease. The safety profile was consistent with the mechanism of T-cell engagement, with cytokine release syndrome (CRS) and neurologic events occurring primarily during early treatment and generally manageable through step-up dosing and established monitoring protocols. These findings supported regulatory approval and established tarlatamab as the first DLL3-targeting BiTE therapy for previously treated extensive-stage SCLC.

Tarlatamab represents a significant advance in the treatment of relapsed SCLC by introducing a first-in-class DLL3-targeted immunotherapy with durable clinical benefit and manageable safety. As the first and only DLL3-targeting BiTE therapy, tarlatamab has redefined the treatment landscape for patients with 2L+ SCLC and provides a new therapeutic option for a population with substantial unmet medical need.

7. Current Immunotherapy Advancement in H&N Cancer

課程摘要：

KEYNOTE-048 trial demonstrated superior survival outcomes for Pembrolizumab-based treatments compared to standard chemotherapy. Further real-world evidence from both local and US datasets supports these findings, while also highlighting the influence of subsequent treatments on observed survival benefits. Key strategies for optimizing efficacy include selecting the appropriate first-line regimen, carefully assessing treatment response to prevent premature discontinuation due to phenomena like pseudo-progression, and strategically planning for sequential therapy options such as EGFR inhibitors.

KN-689 brings the first real breakthrough in resectable LA disease in over 20 years. KEYNOTE-689 is the first phase III study to demonstrate the clinical benefit of adding perioperative pembrolizumab to standard therapy in resectable LA HNSCC. Updated results show improvements in event free survival, distant metastasis free survival, favorable surgical outcomes without compromising resectability, and consistent benefits across key subgroups, including high-risk disease and Asian populations. Patient-reported outcomes further support the tolerability and functional preservation associated with this approach.

This presentation will discuss how these data are reshaping clinical practice in Taiwan, The implications for multidisciplinary decision-making and future research directions will also be highlighted.

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癌症資訊諮詢

癌症標靶治療

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