第 28 屆台灣癌症聯合學術年會

The 28th Taiwan Joint Cancer Conference

Cooperation for Best Holistic Cancer Care

2024/5/4(六) - 5(日)

主辦單位 | 台灣臨床腫瘤醫學會

合辦單位 | 台灣乳房醫學會、中華民國婦癌醫學會、台灣肺癌學會、台灣婦癌醫學會、台灣放射腫瘤學會、台灣基因體暨遺傳學會、中華民國癌症醫學會

協辦單位 | 台灣病理學會

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Minimum Supported Operating System: Android 9.0 and later, iOS 13.0 and later

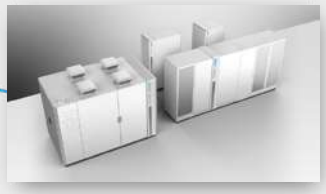
HERON

Neutron Medical Corp
禾榮科技

Neutron Generator Room

Irradiation Room

Control Room



Accelerator Equipment Room

Accelerator Room

ACCELERATOR BASED BORON NEUTRON CAPTURE THERAPY

AB-BNCT Total Solution Provider

OUR HISTORY

Heron Neutron Medical Corp was established in 2017, in Taiwan. Technology transfer from National Tsing Hua University and Industrial Technology Research Institute.

OUR VISION

A targeted-radiotherapy technology provider, curing cancer and improving quality of life of patients

OUR MISSION

AB-BNCT total solution provider with leading technology as well as professional service

AWARDS

The 19th National Innovation Award in 2022 Enterprise Innovation Award

The 20th Taipei Biotech Awards in 2023 Innovation Silver Medal Award

The Hsinchu Science Park Innovation Award in 2023

PRECISION CARE FOR RENEWED LIFE

SCAN FOR MORE INFORMATION !

下載大會APP
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目錄 Table of Contents

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主席歡迎詞

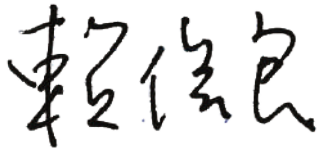
台灣癌症聯合學術年會各學會的會員們與醫學界的先進同好們大家好：

很高興也很榮幸能邀請大家一起來參與「第二十八屆台灣癌症聯合學術年會」。台灣癌症聯合學術年會可以說是台灣腫瘤界一年一度最大的盛事，2024年的大會將於5月4日及5月5日（週六、日），假台北市萬豪酒店舉行實體會議。

經歷了三年的全球疫情，雖然癌症的研究與病人的治療一度面臨某種程度的衝擊與延遲，但疫情過後，我們很快又可以迎接許多新的醫療突破，特別是健保署加速開放了次世代基因定序的給付，同時也增加了精準醫療概念下的許多藥物治療選項；而近幾年來，許多新藥的加速進入臨床使用，也讓真實世界的數據檢視變得更重要，更標準化。也因此，今年大會主題訂為「以多團隊合作共創最好的癌症全人照護-Cooperation for Best Holistic Cancer Care」。我們深知癌症治療，從基礎到臨床，是精準醫學最好的實踐，同時，病理部門與臨床醫師的密切溝通，各癌症團隊的多模態（multimodality）治療模式，還有各職類的共同照護，都是現今癌症治療的主流。而不同醫院間的共同合作，才更有機會讓台灣的癌症治療成果，與世界分享。

我們希望新的一年，隨著更多診斷與治療的方式到位，國人的癌症研究與照護能追趕上世界先進的國家。台灣癌症聯合學術年會自1996年開辦以來，每年都有超過2,000名以上的癌症先進同好們共同參與，同時九個學會也分別邀請世界各國的專家學者們到台灣來分享與交流。如前面提到的，除了歡迎大家來發表這一年的研究成果以外，大會更鼓勵多個癌症中心一起，合作整理國內自己的資料，展現台灣癌症照護的量能與創新。

在此，謹代表大會誠摯地邀請大家參加2024年的台灣癌症聯合學術年會。
您的共襄盛舉，將使癌症學術交流的火花更加亮麗，讓我們一起預祝大會圓滿成功！



第二十八屆台灣癌症聯合學術年會 大會主席
台灣臨床腫瘤醫學會 理事長
賴俊良

Welcome Message

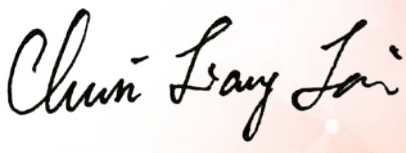
Hello to the members of various associations participating in the Taiwan Cancer Joint Academic Conference and esteemed colleagues in the medical field,

I am delighted and honored to invite everyone to participate in the "28th Taiwan Cancer Joint Academic Conference." The Taiwan Cancer Joint Academic Conference can be considered the largest annual event in Taiwan`s oncology community. The conference for 2024 will be held on May 4th and May 5th (Saturday and Sunday) at the Taipei Marriott Hotel.

We hope that in the coming year, with the implementation of more diagnostic and treatment methods, cancer research and care in Taiwan can catch up with the advanced countries in the world. Since its inception in 1996, the Taiwan Cancer Joint Academic Conference has seen the participation of over 2,000 cancer experts each year. Additionally, nine associations have invited experts and scholars from around the world to Taiwan to share and exchange knowledge. As mentioned earlier, besides welcoming everyone to present their research findings for the year, the conference also encourages collaboration among multiple cancer centers to organize domestic data, showcasing the capacity and innovation of cancer care in Taiwan.

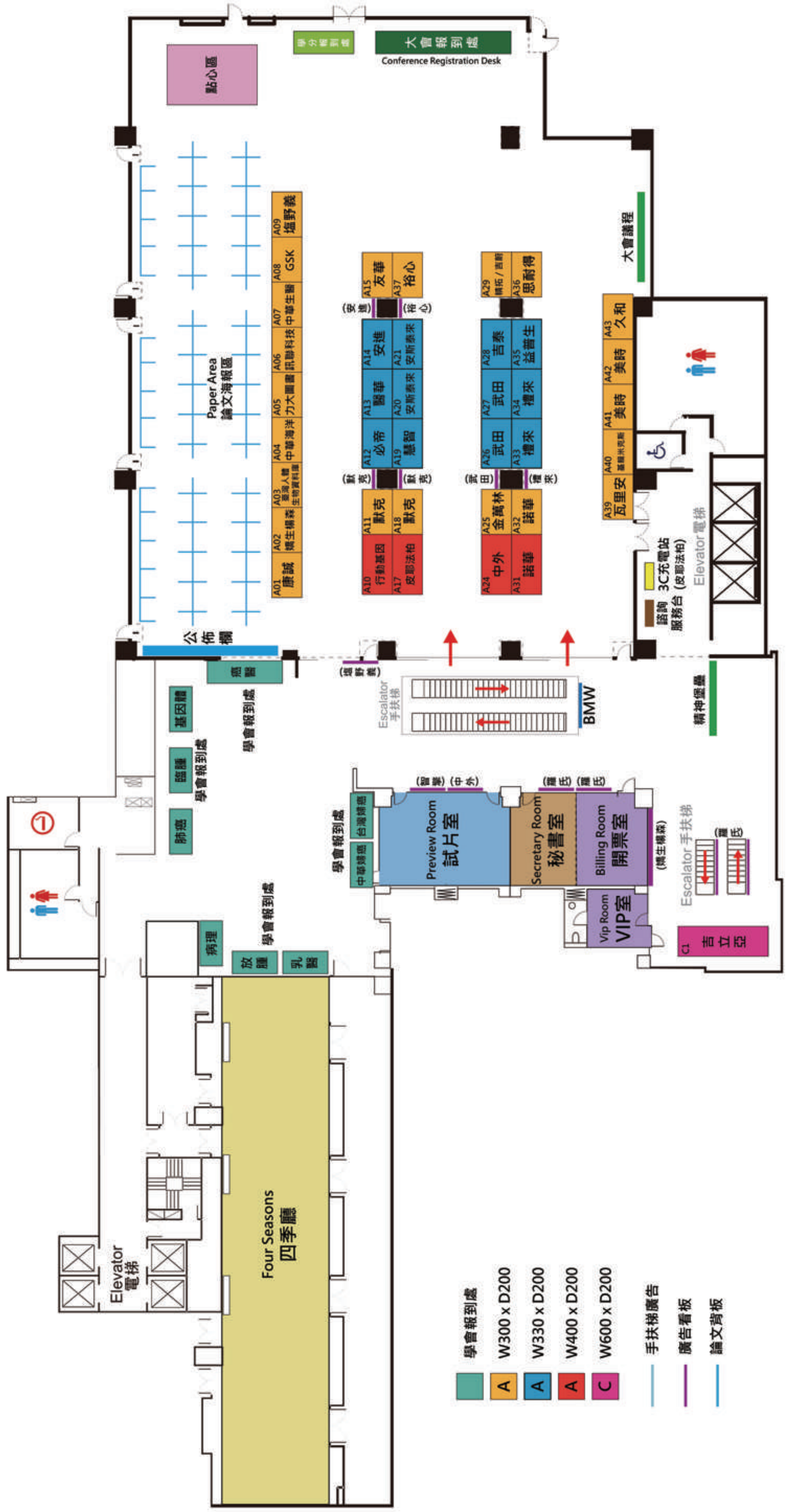
Since its establishment in 1996, the Taiwan Cancer Joint Academic Conference has seen the participation of over 2,000 members from relevant fields each year, inviting experts and scholars from around the world to gather together. This provides members from different professional fields with the opportunity to mutually learn and exchange new knowledge in cancer medicine. This promises to be an anticipated and fruitful year, and I sincerely invite you to participate and present your esteemed research. With your contribution, this conference will be even more successful.

On behalf of the conference, I sincerely invite everyone to participate in the 2024 Taiwan Cancer Joint Academic Conference. Your participation will make the sparks of academic exchange in cancer research shine even brighter. Let us together anticipate the complete success of the conference!



Chun-Liang Lai
Chairperson
Organizing Committee of Taiwan Joint Conference Committee (TJCC 2024)

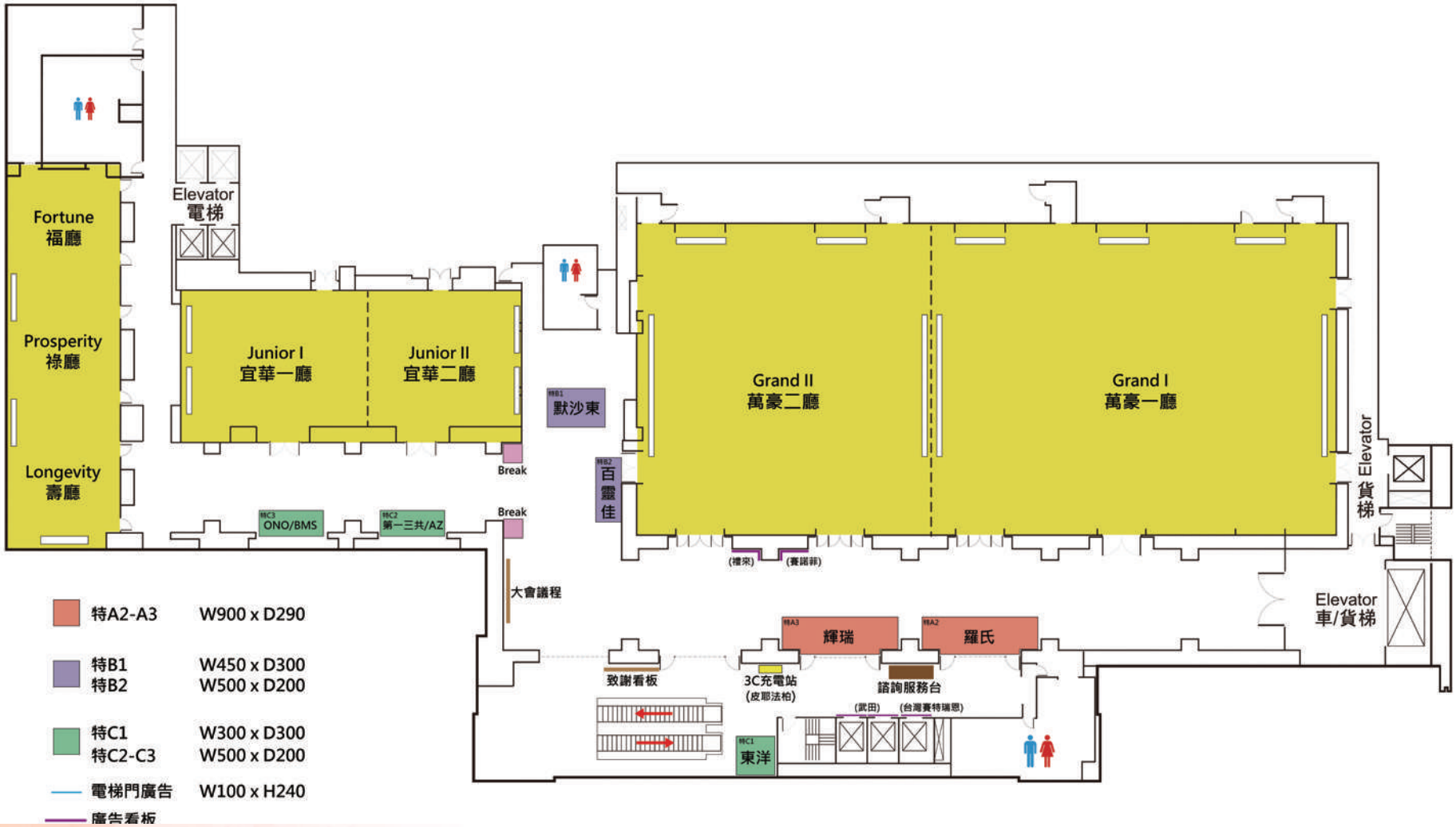
場地配置圖



Level 3 / 三樓

場地配置圖

Level 5 / 五樓



大會議程簡表

2024.05.04 (Sat.) | DAY 1

時段 / 會議室	3F | 四季廳 FOUR SEASONS BALLROOM	5F | 萬豪1廳 GRAND BALLROOM 1	5F | 萬豪2廳 GRAND BALLROOM 2	5F | 宜華1廳 JUNIOR BALLROOM 1	5F | 宜華2廳 JUNIOR BALLROOM 2	5F | 福祿壽廳 FORTUNE・PROSPERITY・LONGEVITY	3F | Salon 1 (開票用 For Vote Counting)	3F | Bridal Room (VIP Room)
0830 - 0900	報到 Registration							
0900 - 0930		開幕式 Opening (09:00-09:40)	台灣放射腫瘤學會會員大會暨年會 TASTRO (08:50-12:30)					
0930 - 1000	中華民國婦癌醫學會會員大會暨改選 SGOROC (09:30-12:50)							
1000 - 1030		Keynote Speech (09:40-11:30)				中華民國癌症醫學會會員大會暨頒獎 TOS (10:00-12:30)		
1030 - 1100								
1100 - 1130								
1130 - 1200		羅氏 Roche (11:30-12:30)		皮耶法柏 Pierre Fabre (11:30-12:30)	阿斯特捷利康 AstraZeneca (11:30-12:30)			
1200 - 1230								
1230 - 1300		百靈佳殷格翰 Boehringer Ingelheim (12:30-13:30)	台灣肺癌學會會員大會暨改選 TLCS (12:30-14:30)	必治妥 / 小野 BMS / ONO (12:30-13:30)	因美納 Illumina (12:30-13:30)			
1300 - 1330	台灣婦癌醫學會會員大會暨年會 TAGO (13:00-16:30)					台灣臨床腫瘤醫學會會員大會暨年會 TCOS (13:00-17:30)	中華民國婦癌醫學會開票 SGOROC Vote Counting (12:50-14:30)	
1330 - 1400		中華民國癌症醫學會年會 TOS (13:30-17:40)			羅氏 Roche (13:30-14:30)			
1400 - 1430				台灣基因體暨遺傳學會會員大會暨年會 TGGS (14:10-16:30)				
1430 - 1500			台灣肺癌學會年會 TLCS (14:30-17:30)		阿斯特捷利康 AstraZeneca (14:30-15:30)		台灣肺癌學會開票 TLCS Vot Counting (14:30-17:30)	
1500 - 1530								
1530 - 1600					諾華/山德士 Novartis /Sandoz (15:30-16:30)			
1600 - 1630								
1630 - 1700	東洋 TTY/TOT (16:40-17:40)				安進 Amgen (16:30-17:30)			
1700 - 1730								
1730 - 1800								

大會主辦單位保留一切修改、變更內容之權利，議程內容將以大會官網、APP為主
The organizing committee reserves the right to modify and change the progrom. The progrom will be announce on the official website and app.

Program at Glance

2024.05.05 (Sun.) | DAY 2

時段 / 會議室	3F | 四季廳 FOUR SEASONS BALLROOM	5F | 萬豪1廳 GRAND BALLROOM 1	5F | 萬豪2廳 GRAND BALLROOM 2	5F | 宜華1廳 JUNIOR BALLROOM 1	5F | 宜華2廳 JUNIOR BALLROOM 2	5F | 福祿壽廳 FORTUNE・PROSPERITY・LONGEVITY	3F | Bridal Room (VIP Room)
0800 - 0830	報到 Registration						
0830 - 0900	台灣病理學會 TSP (08:30-12:30)		台灣乳房醫學會會員大會暨年會 TBCS (08:20-1230)				
0900 - 0930							
0930 - 1000				諾華/山德士 Novartis /Sandoz (09:30-10:30)		台灣臨床腫瘤醫學會年會 TCOS (09:30-11:30)	
1000 - 1030		中華民國癌症醫學會 TOS (10:10-12:30)					
1030 - 1100				安斯泰來 Astellas (10:30-11:30)			
1100 - 1130							
1130 - 1200				默沙東 MSD (11:30-12:30)	安斯泰來 Astellas (11:30-12:30)	必治妥 / 小野 BMS / ONO (11:30-12:30)	
1200 - 1230							
1230 - 1300		美吾華 Maywufa (12:30-13:30)	默沙東 MSD (12:30-13:30)	默沙東 MSD (12:30-13:30)		羅氏 Roche (12:30-13:30)	
1300 - 1330							
1330 - 1400				論文決賽 基轉組 Oral Presentation - Basic (including Translation) (13:30-15:30)	論文決賽 Oral Presentation - Real World Oncology Cooperative in Taiwan (13:30-15:30)	論文決賽 臨床組 Oral Presentation - Clinical (13:30-15:30)	
1400 - 1430							
1430 - 1500							
1500 - 1530							
1530 - 1600		頒獎暨抽獎 Awards & Lucky Draw (15:30-16:00)					
1600 - 1630							

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05/04 (Sat.) 09:00 - 11:30

大會開幕式暨專題演講
Opening Ceremony and Keynote Speech

5F - 萬豪一廳
GRAND BALLROOM 1

Time	Topic	Speaker	Moderator
09:00-09:10	開幕式-大會主席致詞 Opening-Welcome Message	**賴俊良理事長 Chun-Liang Lai** 台灣臨床腫瘤醫學會 President, Taiwan Society of Clinical Oncology	
09:10-09:20	Hold our hands and raise us up. - Video Introduction		
09:20-09:30	向彭汪嘉康院士致敬: 台灣癌症醫學-終身奉獻獎 Award- Taiwan Cancer Medicine - Lifetime Dedication Award	**彭汪嘉康院士** **Jacqueline Whang-Peng** 中央研究院 Academician, Academia Sinica 	**陳育民理事長 Yuh-Min Chen** 台灣胸腔暨重症加護醫學會 President, Taiwan Society of Pulmonary and Critical Care Medicine **陳立宗教授 Li-Tzong Chen** 高雄醫學大學癌症研究中心 Chair Professor of Internal Medicine, Kaohsiung Medical University
09:30-09:40	大合照 Group photo	**各學會代表**	
09:40-10:35	Twenty Years of Expanding Precision Medicine for Patients with Lung Cancer Panel discussion	**Prof. Bruce E. Johnson** Institute Physician, Dana-Farber Cancer Institute 	**彭汪嘉康院士** **Jacqueline Whang-Peng** 中央研究院 Academician, Academia Sinica
10:35-11:30	Fostering collaboration between cancer treatment and research, Australian and European experience. Panel discussion	**Prof. Ken O'byrne** Princess Alexandra Hospital, Translational Research Institute and Queensland University of Technology, Brisbane 	**賴俊良理事長 Chun-Liang Lai** 台灣臨床腫瘤醫學會 President, Taiwan Society of Clinical Oncology

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05/04 (Sat.) 13:00 - 17:30

台灣臨床腫瘤醫學會
Taiwan Clinical Oncology Society

5F - 福祿壽廳
FORTUNE•PROSPERITY•LONGEVITY

Time	Topic	Speaker	Moderator
13:00-13:30	台灣臨床腫瘤醫學會第十一屆第三次會員大會		
13:30-13:35	Opening	**賴俊良理事長 Chun-Liang Lai** 台灣臨床腫瘤醫學會 President, Taiwan Society of Clinical Oncology	
13:35-13:55	頒獎-終身奉獻獎 Award-Lifetime Dedication Award **彭瑞鵬教授 Reury-Perng Perng** 臺北榮總 Taipei Veterans General Hospital	**高尚志教授 Shang-Jyh Kao** 新光醫院 Shin Kong Wu Ho-Su Memorial Hospital	
13:55-14:45	Fostering collaboration between cancer treatment and research, Japan experience.	**Dr. Yasushi Goto** Assistant Chief Division of Thoracic Oncology, National Cancer Center Hospital, Tokyo	**黃明賢教授 Ming-Shyan Huang** 義大癌治療醫院 E-DA Healthcare Group Executive Committee **趙恒勝醫師 Heng-sheng Chao** 臺北榮總 Taipei Veteran's General Hospital
	Panel Discussion	**ALL**	
14:45-15:35	Cancer Evolution, Immune Evasion and Metastasis Driven by Chromosomal Instability	**Dr. Nnennaya Kanu** Principal Research Fellow, UCL Cancer Institute	**吳銘芳教授 Ming-Fang Wu** 中山附醫 Chung Shan Medical University Hospital **徐培菘秘書長 Pei-Sung Hsu** 台灣臨床腫瘤醫學會 Secretary-General, Taiwan Clinical Oncology Society
	Panel discussion	**ALL**	
15:35-15:50	Break		
15:50-16:40	Harmonizing electronic health records to support cancer research – National Biobank Consortium Taiwan	**楊奕馨研究員 Yi-Hsin Yang** 國衛院癌症研究所 National Institute of Cancer Research, National Health Research Institutes	**李毓芹院長 Yu-Chin Lee** 西園醫院 Westgarden Hospital **邱昭華副院長 Chao-Hua Chiu** 台北癌症中心 Taipei Cancer Center
	Panel discussion	**ALL**	
16:40-17:30	Empowering Cancer Research: The Role of Taiwan Biobank and Big Data.	**蘇明威博士 Ming-Wei Su** 中研院 Taiwan Biobank, Academia Sinica Taiwan Biobank, Academia Sinica	**賴基銘教授 Gi-Ming Lai** 萬芳醫院 Taipei Municipal Wanfang Hospital **施金元教授 Jin-Yuan Shih** 臺大醫院 National Taiwan University Hospital
	Panel discussion	**ALL**	
17:30-17:40	Closing	**顏上惠教授 Sang-Hue Yen** 萬芳醫院 Wanfang Hospital	

05/05 (Sun.) 09:30 - 11:30

台灣臨床腫瘤醫學會
Taiwan Clinical Oncology Society

5F - 福祿壽廳
FORTUNE•PROSPERITY•LONGEVITY

Time	Topic	Speaker	Moderator
09:30-09:35	Opening	**陳育民理事長 Yuh-Min Chen** 台灣胸腔暨重症加護醫學會 President, Taiwan Society of Pulmonary and Critical Care Medicine	
09:35-10:20	How to Conduct Real-World Study in Cancer Treatment, from Data to Paper.	**Prof. Ken O'byrne** Princess Alexandra Hospital, Translational Research Institute and Queensland University of Technology, Brisbane	**陳育民理事長 Yuh-Min Chen** 台灣胸腔暨重症加護醫學會 President, Taiwan Society of Pulmonary and Critical Care Medicine
	Panel Discussion	**ALL**	
10:20-11:05	Peri-operative Chemoimmunotherapy in Major Cancers, from Rationale to Clinical Outcomes.	**吳教恩醫師 Chiao-En Wu** 林口長庚 Chang Gung Memorial Hospital, Linkou	**蔡俊明教授 Chun-Ming Tsai** 臺北榮總 Taipei Veterans General Hospital
	Panel discussion	**ALL**	
11:05-11:15	Closing	**賴俊良理事長 Chun-Liang Lai** 台灣臨床腫瘤醫學會 President, Taiwan Society of Clinical Oncology	

05/05 (Sun.) 08:30 - 12:30

台灣乳房醫學會
Taiwan Breast Cancer Society

5F - 萬豪二廳
GRAND BALLROOM 2

Time	Topic	Speaker	Moderator
08:20-08:40	Opening	陳守棟理事長 Shou-Tung Chen 台灣乳房醫學會 Taiwan Breast Cancer Society	
08:40-09:15	The Sustainable Efficacy of CDK4/6 Inhibitor in HR+/Her2- Node+ High Risk Early Breast Cancer	**Sung Gwe Ahn** Gangnam Severance Hospital	**陳芳銘教授 Fang-Ming Chen** 高醫附設醫院 Kaohsiung Medical University Chung-Ho Memorial Hospital
09:15-09:50	Unlocking the potentials of anti-Trop2 ADC in metastatic breast cancer	**劉峻宇主任 Chun-Yu Liu** 臺北榮民總醫院 Taipei Veterans General Hospital	**曾令民教授 Ling-Ming Tseng** 臺北榮民總醫院 Taipei Veterans General Hospital
09:50-10:10	Timing of vaccination while chemotherapy, target therapy, immunotherapy	**黃玉成教授 Yhu-Chering Huang** 林口長庚醫院 Chang Gung Memorial Hospital, Linkou	**侯明鋒教授 Ming-Feng Hou** 高醫附設醫院 Kaohsiung Medical University Chung-Ho Memorial Hospital **張獻崑醫師 Hsien-Kun Chang** 聖保祿醫院 Saint Paul Hospital
10:10-10:25	Coffee Break		
10:25-10:45	Ways to reduce positive margins in breast-conserving surgery	**葉顯堂副院長 Hsien-Tang Yeh** 羅東博愛醫院 Lotung Poh-Ai Hospital	**俞志誠教授 Jyh-Cherng Yu** 三軍總醫院 Tri-Service General Hospital **張振祥主任 Chen-Hsiang Chang** 新樓醫院 SinLau Hospital
10:45-11:05	Utility of PET/CT in breast cancer	**張宇捷主任 Yu-Chieh Chang** 中國醫藥大學新竹附設醫 China Medical University Hsinchu Hospital	**沈陳石銘教授 Shyr-Ming Sheen-Chen** 北醫附設醫院 Taipei Medical University Hospital **趙祖怡副院長 Tsu-Yi Chao** 北醫癌症中心 Taipei Cancer Center
11:05-11:40	Personalizing Local Breast Cancer Treatment	**Emiel Rutgers** Netherlands Cancer Institute	**黃俊升教授 Chiun-Sheng Huang** 臺大醫院 National Taiwan University Hospital **陳達人教授 Dar-Ren Chen** 彰化基督教醫院 Changhua Christian Hospital
11:40-11:55	Panel discussion	**劉峻宇主任 Chun-Yu Liu / 黃玉成教授 Yhu-Chering Huang / 葉顯堂副院長 Hsien-Tang Yeh / 張宇捷主任 Yu-Chieh Chang / Emiel Rutgers / 陳訓徹教授 Shin-Cheh Chen / 盧彥伸教授 Yen-Shen Lu / 趙大中主任 Ta-Chung Chao**	
11:55-12:00	Closing	**張金堅教授 King-Jen Chang** 臺大醫院 National Taiwan University Hospital	
12:00-12:30	台灣乳房醫學會第九屆第三次會員大會 Annual general meeting		

大會主辦單位保留一切修改、變更內容之權利，議程內容將以大會官網、APP為主
The organizing committee reserves the right to modify and change the progrom. The progrom will be announce on the official website and app.

05/04 (Sat.) 09:30 - 12:50

中華民國婦癌醫學會
Society of Gynecologic Oncology, Republic of China

3F - 四季廳
FOUR SEASONS BALLROOM

Time	Topic	Speaker	Moderator
09:30-09:35	Opening Remarks	**呂建興理事長 Chien-Hsing Lu** 中華民國婦癌醫學會 Society of Gynecologic Oncology, Republic of China	
09:35-10:05	Expansion of ICI in EC: to the future and beyond for primary advanced and recurrent EC.	**David Shao Peng Tan** National University Cancer Institute, Singapore	**許博欽副院長 Bor-Ching Sheu** 臺大醫院 National Taiwan University Hospital
10:05-10:35	Evidence-based strategies to reduce the risk of surgical site infections in gynecologic oncology patients	**Charles E. Edmiston, Jr** Medical College of Wisconsin, Milwaukee, Wisconsin USA	**劉文雄副部主任 Wen-Shiung Liou** 高雄榮總 Kaohsiung Veterans General Hospital
10:35-11:05	Current treatment landscape and future role in drug development for endometrial cancer	**Kosei Hasegawa** Saitama Medical University International Medical Center	**洪耀欽副院長 Yao-Ching Hung** 亞洲大學附屬醫院 Asia University Hospital
11:05-11:15	Coffee Break		
11:15-11:35	子宮內膜癌的生育保留處置	**王毓淇主任 Yu-Chi Wang** 三軍總醫院 Tri-Service General Hospital	**賴鴻政教授 Hung-Cheng Lai** 雙和醫院 Taipei Medical University – Shuang Ho Hospital
11:35-11:55	卵巢癌的生育保留處置	**許世典主任 Shih-Tien Hsu** 臺中榮總 Taichung Veterans General Hospital	**張廷彰教授 Ting-Chang Chang** 林口長庚 Chang Gung Memorial Hospital, Linkou
11:55-12:15	子宮頸癌的生育保留處置	**歐育哲主任 Yu-Che Ou** 嘉義長庚 Chang Gung Memorial Hospital, Chiayi	**顏明賢主任 Ming-Shyen Yen** 臺北榮總 Taipei Veterans General Hospital
12:15-12:50	中華民國婦癌醫學會第 15 屆第 1 次會員大會暨第 15 屆理監事改選	**呂建興理事長 Chien-Hsing Lu** 中華民國婦癌醫學會 Society of Gynecologic Oncology, Republic of China	

05/04 (Sat.) 12:30 - 17:30

台灣肺癌學會
Taiwan Lung Cancer Society

5F - 萬豪二廳
GRAND BALLROOM 2

Time	Topic	Speaker	Moderator
12:30-14:30	台灣肺癌學會第九屆第一次會員大會暨理監事選舉		
14:30-14:35	Opening	**楊政達理事長 Cheng-Ta Yang** 台灣肺癌學會 Taiwan Lung Cancer Society	
Section 1：New ideas in pathology and molecular analysis			
14:35-15:15	Lung cancer pathology: Twenty years progress and the future	**Ming-Sound Tsao, FRCPC, MD** University of Toronto	**彭汪嘉康院士 Jacqueline Whang-Peng** 中央研究院 Academician, Academia Sinica **周德盈教授 Teh-Ying Chou** 北醫附醫 Taipei Medical University Hospital
15:15-15:55	Clinical application of next-generation sequencing in all stages of lung cancer	**Victor Ho-fun Lee, MD** The University of Hong Kong	**蔡俊明教授 Chun-Ming Tsai** 臺北榮總 Taipei Veterans General Hospital **余忠仁院長 Chong-Jen Yu** 臺大新竹 National Taiwan University Hospital, Hsinchu Branch
15:55-16:05	Break		
Section 2：Management of Treatment-Related Side Effects – An Expert's Viewpoint			
16:05-16:45	Onco-cardiology in lung cancer Overview (25 mins) -Case Sharing (10mins) -Discussion (5 mins)	**徐千彝醫師 Chien-Yi Hsu** 北醫附醫 Taipei Medical University Hospital **黃彥翔醫師 Yen-Hsiang Huang** 臺中榮總 Taichung Veterans General Hospital	**彭瑞鵬院長 Reury-Perng Perng** 臺北榮總 Taipei Veterans General Hospital **陳育民教授 Yuh-Min Chen** 臺北榮總 Taipei Veterans General Hospital
16:45-17:25	Onco-nephrology in lung cancer Overview (25 mins) -Case Sharing (10mins) -Discussion (5 mins)	**蔡明村醫師 Ming-Tsun Tsai** 臺北榮總 Taipei Veterans General Hospital **沈佳儀醫師 Chia-I Shen** 臺北榮總 Taipei Veterans General Hospital	**黃明賢教授 Ming-Shyan Huang** 義大癌治療醫院 Healthcare Group Executive Committee **夏德椿教授 Te-Chun Hsia** 中國附醫 China Medical University Hospital
17:25-17:30	Closing	**王金洲教授 Chin-Chou Wang** 高雄長庚 Chang Gung Memorial Hospital, Kaoshiung	

05/04 (Sat.) 13:00 - 16:30

台灣婦癌醫學會
Taiwan Association of Gynecologic Oncologists

3F - 四季廳
FOUR SEASONS BALLROOM

Time	Topic	Speaker	Moderator
13:00-13:30	Taiwan Association of Gynecologic Oncologists Annual General Meeting 台灣婦癌醫學會第十三屆第二次會員大會		
13:30-13:40	Opening	**王鵬惠理事長 Peng-Hui Wang** 台灣婦癌醫學會 President, Taiwan Association of Gynecologic Oncologists	
13:40-14:20	Treatment paradigm of endometrial cancer management in the era of molecular oncology	**Winnie Yeo** Professor, Department of Clinical Oncology, Faculty of Medicine, the Chinese University of Hong Kong	**賴瓊慧醫師 Chyong-Huey Lai** 林口長庚 Vice Superintendent, Chang Gung Memorial Hospital, Linkou
14:20-15:00	Ovarian Cancer Management in an Era of Advancements	**Jae-Weon Kim** Professor and Chairman, Dept. of Ob/Gyn, Seoul National University, Seoul, Korea	**王鵬惠理事長 Peng-Hui Wang** 台灣婦癌醫學會 President, Taiwan Association of Gynecologic Oncologists
15:00-15:10	Break		
15:10-15:50	Enhancing care for cancer patients undergoing chemotherapy by addressing cytopenia, neuropathy, and sarcopenia	**沈孟儒醫師 Meng-Ru Shen** 成功大學 President, National Cheng Kung University	**王鵬惠理事長 Peng-Hui Wang** 台灣婦癌醫學會 President, Taiwan Association of Gynecologic Oncologists
15:50-16:30	Current status and prospects of robotic surgery in Japan	**Masaki Mandai** Professor and Chairman, Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University	**魏凌鴻醫師 Lin-Hung Wei** 臺灣大學 Professor, School of Medicine, National Taiwan University
16:30-	Closing	**王鵬惠理事長 Peng-Hui Wang** 台灣婦癌醫學會 President, Taiwan Association of Gynecologic Oncologists	

05/04 (Sat.) 08:50 - 12:30

台灣放射腫瘤學會
Taiwan Society for Therapeutic Radiology and Oncology

5F - 萬豪二廳
GRAND BALLROOM 2

Time	Topic	Speaker	Moderator
08:50-09:00	開幕致詞 Opening Remarks	**邱仲峯理事長 Jeng-Fong Chiou** 台灣放射腫瘤學會 Taiwan Society for Therapeutic Radiology and Oncology	
09:00-10:00	Experience in clinical trials combining immunotherapy and radiotherapy.	**Hee Chul Park** Samsung Medical Center, Korea	**邱仲峯理事長 Jeng-Fong Chiou** 臺北醫學大學附設醫院放射腫瘤科暨質子中心 Proton Therapy Center, Taipei Cancer Center, Taipei Medical University, Taiwan **趙興隆主任 HsingLung Chao** 萬芳醫院放射腫瘤科 Department of Radiation Oncology, Wanfang Hospital, Taiwan
10:00-10:10	Coffee Break		
10:10-11:10	Personalizing Therapy using SABR Perturbations	**Robert Timmerman** University of Texas Southwestern Medical Center, USA	**趙坤山院長 K. S. Clifford Chao** 中國附醫質子醫學中心 Center of Proton Therapy and Sciences, China Medical University Hospital, Taiwan **熊佩韋主任 Pei-Wei Shueng** 亞東紀念醫院放射線部 Department of Radiology, Far Eastern Memorial Hospital, Taiwan
11:10-12:10	International Initiatives in Head and Neck Cancer	**Sue Yom** University of California, San Francisco, USA	**陳海雯教授 Helen, H.W., Chen** Department of Radiation Oncology, National Cheng Kung University Hospital, Taiwan **陳裕仁部長 Yu-Jen Chen** 馬偕醫院生物科技醫學部 Department of Biotechnology Medicine, MacKay Memorial Hospital, Taiwan
12:10-12:30	台灣放射腫瘤學會-會員大會 TASTRO Assembly	**邱仲峯理事長 Jeng-Fong Chiou** 台灣放射腫瘤學會 Taiwan Society for Therapeutic Radiology and Oncology	

05/04 (Sat.) 14:10 - 16:30

台灣基因體暨遺傳學會
Taiwan Genomics and Genetics Society

5F - 宜華一廳
JUNIOR BALLROOM 1

Time	Topic	Speaker	Moderator
14:10-14:20	Opening	**俞松良理事長 Sung-Liang Yu** 台灣基因體暨遺傳學會 Taiwan Genomics and Genetics Society, Taiwan	
14:20-15:10	Dissecting the genetic and epigenetic pathways for non-alcoholic fatty liver diseases	**Ng Huck Hui** Assistant Chief Executive for Research and Talent Development / Agency for Science, Technology and Research, Singapore	**俞松良理事長 Sung-Liang Yu** 台灣基因體暨遺傳學會 President, Taiwan Genomics and Genetics Society, Taiwan
15:10-16:00	Immunotherapy strategies for EGFR-mutated advanced NSCLC after EGFRTKI failure	**Chao-Chi Ho** Department of Internal Medicine National Taiwan University Hospital	**陳璿宇秘書長 Hsuan-Yu Chen** 台灣基因體暨遺傳學會 Secretary-general, Taiwan Genomics and Genetics Society, Taiwan
16:10-16:30	台灣基因體暨遺傳學會會員大會 TGGS Assembly	**俞松良理事長 Sung-Liang Yu** **陳璿宇秘書長 Hsuan-Yu Chen** 台灣基因體暨遺傳學會 Secretary-general, Taiwan Genomics and Genetics Society, Taiwan	

05/04 (Sat.) 10:00 - 12:30

中華民國癌症醫學會
Taiwan Oncology Society

5F - 福祿壽廳
FORTUNE•PROSPERITY•LONGEVITY

Time	Topic	Moderator
10:00-10:10	Young Investigator Paper Award of TOS for Cancer Research 年輕研究者癌症研究傑出論文獎頒獎 **Awardee:** **賴姿妤醫師 Tzu-Yu Lai、** **蘇勇曄醫師 Yung-Yeh Su**	**陳仁熙理事長 Jen-Shi Chen** 中華民國癌症醫學會 President, Taiwan Oncology Society
10:10-10:50	Young Investigator Award of TOS for Cancer Research 年輕研究者癌症研究傑出獎頒獎暨研究成果發表 **Awardee:** **林佩瑩醫師 Pei-Ying Lin、** **高祥豐醫師 Hsiang Fong Kao**	
10:50-11:30	Chien-Tien Hsu's Outstanding Cancer Research Award 徐千田癌症研究傑出獎頒獎暨專題演講 **Awardee:** **田蕙芬教授 Hwei-Fang Tien**	**陳仁熙理事長 Jen-Shi Chen** 中華民國癌症醫學會 President, Taiwan Oncology Society **彭汪嘉康董事 Jacqueline Whang-Peng** 財團法人徐千田防癌研究基金會 Chien-Tien Hsu Cancer Research Foundation
11:30-12:30	會員大會 (腫瘤內科專科醫師授證、JCRP 優秀論文獎頒獎、癌症醫學終身成就獎頒獎-獲獎人：鄭安理教授)	

05/04 (Sat.) 13:30 - 17:40

中華民國癌症醫學會
Taiwan Oncology Society

5F - 萬豪一廳
GRAND BALLROOM 1

Time	Topic	Speaker	Moderator
13:30-13:40	Opening Remarks	陳仁熙理事長 Jen-Shi Chen 中華民國癌症醫學會 President, Taiwan Oncology Society	
13:40-14:10	**Japan/Taiwan joint Symposium (1)** SCRUM-MONSTAR & CIRCULATE-Japan/Taiwan platform to accelerate precision oncology innovations; achievement and perspective	**Takayuki Yoshino** President, JSCO Deputy Director of Hospital, Head, Division for the Promotion of Drug and Diagnostic Development, and Chief for the Department of Gastrointestinal Oncology. Japan Cancer Center Hospital East, Japan	**張文震主任 Wen-Cheng Chang** 林口長庚醫院血液腫瘤科 Director, Department of Oncology, Chang Gung Memorial Hospital, Linkou
14:10-14:40	**Japan/Taiwan joint Symposium (2)** Future-Proofing insurance in Taiwan: The Genomic Sequencing Dilemma – Personal Perspectives	**陳立宗執行長 Li-Tzong Chen** 高雄醫學大學癌症研究中心 Chair Professor of Internal Medicine, Kaohsiung Medical University	**葉坤輝主任 Kun-Huei Yeh** 臺灣大學醫學院附設醫院腫瘤醫學部部 Director, Department of Oncology, National Taiwan University Hospital
14:40-15:10	Building Taiwan's Precision Medicine Ecosystem	**石崇良署長 Chung-Liang Shih** 衛生福利部中央健康保險署 Director General, National Insurance Administration, Ministry of Health and Welfare	**何景良主任 Ching-Liang Ho** 台北慈濟醫院血液腫瘤科 Director, Hematology Oncology, Taipei Tzu Chi Hospital
15:10-15:30	Break		
15:30-16:00	**Japan/Taiwan joint Symposium (3)** Clinical impact of next-generation sequencing: case studies and molecular tumor board in Japan	**Chikashi Ishioka** President, JSMO Director, Personalized Medicine Center, Tohoku University Hospital, Sendai, Japan	**盧彥伸教授 Yen-Shen Lu** 臺灣大學醫學院附設醫院乳房醫學中心 Professor, Department of Oncology, National Taiwan University Hospital
16:00-16:30	**Japan/Taiwan joint Symposium (4)** Advancing Precision Oncology in Taiwan: A closer look at Molecular tumor board practices	**吳教恩醫師 Chiao-En Wu** 林口長庚醫院腫瘤科 Professor, Department of Oncology, Chang Gung Memorial Hospital, Linkou	**白禮源主任 Li-Yuan Bai** 中國醫藥大學附設醫院血液腫瘤科 Director, Hematology & Medical Oncology, China Medical University Hospital
16:30-16:50	Bioinformatics: from bench to translational applications	**阮雪芬教授 Hsueh-Fen Juan** 國立臺灣大學生命科學系 Professor, Institute of Molecular and Cellular Biology, National Taiwan University	**沈延盛院長 Yan-Shen Shan** 國立成功大學醫學院 Dean, College of Medicine, National Cheng Kung University
16:50-17:10	Navigating Genetic Testing: Preliminary Analysis and Avoiding Traps	**李宛珊主任 Wan-Shan Li** 奇美醫學中心病理部分子病理科 Director, Department of Molecular Pathology, Chi Mei Medical Center	**饒坤銘副院長 Kun-Ming Rau** 義大癌治療醫院 Vice President of Cancer Medicine, E-Da Cancer Hospital
17:10-17:30	Proteogenomics Paves Pathway to Precision Oncology in Asian Breast and Lung Cancer	**陳玉如教授 Yu-Ju Chen** 中央研究院化學研究所 Professor, Institute of Chemistry, Academia Sinica	**邱昌芳院長 Chang-Fang Chiu** 中國醫藥大學附設醫院癌症中心 Vice Superintendent of the Cancer Center, China Medical University Hospital
17:30-17:40	Discussion & Closing	陳仁熙理事長 Jen-Shi Chen 中華民國癌症醫學會 President, Taiwan Oncology Society	

05/05 (Sun.) 09:30 - 12:20

中華民國癌症醫學會
Taiwan Oncology Society

5F - 萬豪一廳
GRAND BALLROOM 1

Time	Topic		Moderator
09:30-10:10	Ta-Cheng Tung's Basic Cancer Research Award 董大成博士癌症基礎醫學研究傑出獎頒獎暨專題演講 **Awardee:** **洪文俊教授 Wen-Chun Hung**		**陳仁熙理事長 Jen-Shi Chen** 中華民國癌症醫學會 President, Taiwan Oncology Society
10:10-10:20	Opening Remarks		**陳仁熙理事長 Jen-Shi Chen** 中華民國癌症醫學會 President, Taiwan Oncology Society
10:20-10:50	**ESMO/TOS joint Symposium (1)** Immunotherapy Breakthroughs in Europe: The Journey of Cancer Vaccine	**Giuseppe Curigliano** Professor, Medical Oncology at the University of Milano, Italy Chief, Clinical Division of Early Drug Development at European Institute of Oncology, Milano, Italy	**楊志新院長 James Chih-Hsin Yang** 臺大癌醫中心分院 Superintendent, National Taiwan University Cancer Center Hospital
10:50-11:20	**ESMO/TOS joint Symposium (2)** Advances in the development of mRNA-based vaccines and therapeutics	**吳漢忠主任 Han-Chung Wu** 中央研究院國家生技研究園區生醫轉譯研究中心 Professor, Institute of Cellular and Organismic Biology, Academia Sinica	
11:20-11:30	Break		
11:30-11:50	Stem Cells vs Cancer Stem Cells of Lung – The Jekyll and Hyde Duality Within the Cells	**林泰元副教授 Thai-Yen Ling** 臺灣大學醫學院藥理學科暨研究所 Associate professor, Department and Graduate Institute of Pharmacology, National Taiwan University	**顏家瑞主任 Chia-Jui Yen** 成大醫院癌症中心 Director, National Cheng Kung University Hospital Cancer Center
11:50-12:10	Future and Prospects of Cellular Therapy in Taiwan	**李冠德教授 Kuan-Der Lee** 臺北醫學大學醫學院 Professor, College of Medicine, Taipei Medical University	**張俊彥院長 Jang-Yang Chang** 臺北癌症中心 Superintendent, Taipei Cancer Center, Taipei Medical University
12:10-12:20	Discussion & Closing		**陳仁熙理事長 Jen-Shi Chen** 中華民國癌症醫學會 President, Taiwan Oncology Society

05/05 (Sun.) 08:00 - 12:30

台灣病理學會
Taiwan Society of Pathology

3F - 四季廳
FOUR SEASONS BALLROOM

Time	Topic	Speaker	Moderator
08:30-08:40	Opening	**黃玄贏主任 Hsuan-Ying Huang** 高雄長庚醫院解剖病理科 Department of Pathology, Chang Gung Memorial Hospital, Kaohsiung	
08:40-09:40	Recent advances in the diagnostic pathology and the molecular genetics of soft tissue tumors	**Dr. Masanori Hisaoka** Department of Pathology and Oncology, School of Medicine, Dean of Graduate School of Medical Science, UOEH	**黃玄贏主任 Hsuan-Ying Huang** 高雄長庚醫院解剖病理科 Department of Pathology, Chang Gung Memorial Hospital, Kaohsiung
09:40-10:40	Recent advances in the treatment of soft tissue sarcomas	**陳偉武醫師 Wei-Wu Chen** 臺大醫院腫瘤醫學部 Department of Oncology, National Taiwan University Hospital	**李仁傑醫師 Jen-Chieh Lee** 臺大醫院病理部 Department of Pathology, National Taiwan University Hospital
10:40-11:15	Coffee Break		
11:15-12:15	Recent advances in the pathogenetic understanding of bone tumors	**Dr. Akihiko Yoshida** Department of Diagnostic Pathology National Cancer Center Hospital.	**李仁傑醫師 Jen-Chieh Lee** 臺大醫院病理部 Department of Pathology, National Taiwan University Hospital
12:15-12:30	Panel Discussion		

衛星演講
Satellite Symposium

臺灣東洋藥品工業股份有限公司 TTY

3F 四季廳 Four Seasons Ballroom			
TIME	TOPIC	SPEAKER	MODERATOR
16:40-17:00	Breaking Boundaries: Trabectedin as a New Standard for Leiomyosarcoma Treatment	**顏厥全醫師** **Chueh-Chuan Yen** 台北榮總 Taipei Veterans General Hospital	**王鵬惠醫師** **Peng-Hui (Peter) Wang** 台北榮總 Taipei Veterans General Hospital
17:00 - 17:20	New Strategic Approach of Radiation Combine Systemic Therapy in Soft Tissue Sarcoma	**陳偉武醫師** **Wei-Wu (Tom) Chen** 臺大醫院 National Taiwan University Hospital	**蘇祐立醫師** **Yu-Li Su** 高雄長庚 Kaoshiung Chang Gung Memorial Hospital
17:20 - 17:35	Panel Discussion	**蘇祐立醫師 Yu-Li Su /** **陳偉武醫師 Wei-Wu (Tom) Chen /** **呂建興醫師 Chien-Hsing Lu /** **王鵬惠醫師 Peng-Hui (Peter) Wang /** **顏厥全醫師 Chueh-Chuan Yen**	
17:35 - 17:40	Closing	**蘇祐立醫師** **Yu-Li Su** 高雄長庚 Kaoshiung Chang Gung Memorial Hospital	

羅氏大藥廠股份有限公司 Roche

5F 萬豪一廳 Grand Ballroom 1			
TIME	TOPIC	SPEAKER	MODERATOR
11:30	Opening	**張基晟醫師** **Gee-Chen Chang** 中山附醫 Chung Shan Medical University Hospital	
11:30 - 11:50	Neoadjuvant and adjuvant immunotherapy: new horizons for patients with stage II - stage IIIA resectable NSCLC	**蔡鎮良醫師** **Chen-Liang Tsai** 三軍總醫院 Tri-Service General Hospital	**張基晟醫師** **Gee-Chen Chang** 中山附醫 Chung Shan Medical University Hospital
11:50 - 12:10	Subsequent systemic therapy for recurrent or progressive TKIs in EGFR mutation-positive NSCLC	**吳尚俊醫師** **Shang-Gin Wu** 臺大醫院 National Taiwan University Hospital	**楊宗穎醫師** **Tsung-Ying Yang** 台中榮總 Taichung Veterans General Hospital
12:10 - 12:30	Panel Discussion	ALL	
12:30	Closing	**楊宗穎醫師** **Tsung-Ying Yang** 台中榮總 Taichung Veterans General Hospital	

衛星演講
Satellite Symposium

05/04 (Sat.)

台灣百靈佳殷格翰股份有限公司 Boehringer Ingelheim

5F 萬豪一廳 Grand Ballroom 1			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 12:55	Optimizing Treatment Strategy in EGFRm+ NSCLC: Go Beyond Target Therapy	**夏德椿醫師** **Hsia Te-Chun** 中國附醫 China Medical University Hospital	**蔡俊明醫師** **Chun Ming Tsai** 台北榮總 Taipei Veterans General Hospital
12:55 - 13:20	Treatment Considerations for Advanced SQCC Patients: From IO to Target Therapy	**魯維丞醫師** **Wei-Chen Lu** 臺大雲林 National Taiwan University Hospital Yunlin Branch	**褚乃銘醫師** **Nei-Min Chu** 和信醫院 Koo Foundation Sun Yat-Sen Cancer Center
13:20 - 13:30	Panel Discussion		

臺灣皮耶法柏股份有限公司 Pierre Fabre

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
11:30 - 12:30	Integrating Precision Strategies Into BRAF V600E-Mutant mCRC Treatment: Advancements and Opportunities	**Prof. Jayesh Desai** Peter MacCallum Cancer Centre, Australia	**林本仁主任** **Been-Ren Lin** 臺大醫院 National Taiwan University Hospital

台灣必治妥施貴寶股份有限公司 BMS
台灣小野藥品工業股份有限公司 ONO

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 – 13:00	How ICI improve the OS of metastatic esophageal cancer treatment: From ATTRACTION 3 to CheckMate 648	**陳敬左醫師** **Ching-Tso Chen** 新竹台大 National Taiwan University Hospital Hsinchu Branch	**洪逸平醫師** **Yi-Ping Hung** 台北榮總 Taipei Veterans General Hospital
13:00 - 13:30	Panel Discussion: The impact of immunotherapy in metastatic esophageal cancer	**謝孟哲醫師 Meng-Che Hsieh /** **李劭軒醫師 Shau-Hsuan Li/** **曹朝榮醫師 Jung Tsao Chao**	

衛星演講
Satellite Symposium

臺灣阿斯特捷利康股份有限公司 AstraZeneca

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
11:30 - 12:30	Treatment Strategy for First-line Treatment in Advanced EGFRm NSCLC.	**Zenke Yoshitaka** Department of Thoracic Oncology, National Cancer Center Hospital East	**王金洲部主任** **Chin-Chou Wang** 高雄長庚紀念醫院 Kaohsiung Chang Gung Memorial Hospital

因美納台灣生物科技股份有限公司 Illumina

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 13:30	Briefing of NGS CGP and Clinical Advancing in Genitourinary cancers	**賴峻毅醫師** **Jiun-I Lai** 台北榮總 Taipei Veterans General Hospital	**陳明晃主任** **Ming-Huang Chen** 台北榮總 Taipei Veterans General Hospital

羅氏大藥廠股份有限公司 Roche

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
13:30 - 14:30	Optimize the first line treatment of atezolizumab plus bevacizumab for uHCC patients: focusing on hepatic safety and viral kinetics	**陳三奇醫師** **San-Chi Chen** 台北榮總 Taipei Veterans General Hospital	**許駿教授** **Chiun Hsu** 臺灣大學醫學院 College of Medicine, National Taiwan University

臺灣阿斯特捷利康股份有限公司 AstraZeneca

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
14:30 - 15:30	Management of HR+ Breast Cancer: Changing Paradigms by Maximizing the Clinical Potential of Therapeutic Targets	**Mafalda Oliveira** Medical Oncology Department, Vall d'Hebron Barcelona Hospital, Barcelona, Spain	**林季宏主任** **Ching-Hung Lin** 臺大癌醫 National Taiwan University Cancer Center

衛星演講
Satellite Symposium

05/04 (Sat.)

NOVARTIS 台灣諾華股份有限公司 Novartis
SANDOZ 台灣山德士藥業股份有限公司 Sandoz

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
15:30 - 16:00	Illuminating neuroendocrine tumor care with radioligand therapy	**吳宜珍醫師** **I-Chen Wu** 高醫附醫 Kaohsiung Medical University Hospital	**陳明晃主任** **Ming-Huang Chen** 台北榮總 Taipei Veterans General Hospital
16:00 - 16:20	Optimizing treatment strategy for neuroendocrine tumor_center experience sharing	**姚珊汎醫師** **Shan-Fan Yao** 台北榮總 Taipei Veterans General Hospital	
16:20 - 16:30	Panel Discussion		

AMGEN 台灣安進藥品有限公司 Amgen

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
16:30 - 17:30	Clinical management of KRAS G12C in NSCLC, real-world experience from Japan	**Dr. Yasushi Goto** Assistant Chief Division of Thoracic Oncology, National Cancer Center Hospital, Tokyo	**林建中副院長** Chien-Chung Lin 衛福部臺南醫院 Tainan Hospital, Ministry of Health and Welfare

衛星演講
Satellite Symposium

05/05 (Sun.)

懷特生技新藥股份有限公司 PhytoHealth

5F 萬豪一廳 Grand Ballroom 1			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 13:30	Real World Evidence: Astragalus polysaccharides Injection and Breast Cancer Patients with Cancer-related Fatigue	**戴明燊醫師** **Ming-Shen Dai** 三軍總醫院 Tri-Service General Hospital	**饒坤銘醫師** **Kun-Ming Rau** 義大癌醫 E-Da Cancer Hospital

美商默沙東藥廠股份有限公司台灣分公司 MSD

5F 萬豪二廳 Grand Ballroom 2			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 13:30	The role of pembrolizumab in early TNBC: from clinical trial to practice	**郭玟伶醫師** **Wen-Ling Kuo** 林口長庚 Linkou Chang Gung Memorial Hospital	**陳訓徹教授** **Shin-Chieh Chen** 長庚醫院 Chang Gung Memorial Hospital

台灣諾華股份有限公司 Novartis
台灣山德士藥業股份有限公司 Sandoz

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
09:30 - 10:30	Precision medicine: BRAF mutations in Pan-cancer.	**姜乃榕醫師** **Nai-Jung Chiang** 台北榮總 Taipei Veterans General Hospital	**張文震教授** **John Wen-Cheng Chang** 林口長庚 Linkou Chang Gung Memorial Hospital

台灣安斯泰來製藥股份有限公司 Astellas

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
10:30 - 11:30	Embracing the Dawn of A New Era: The Evolutionary Shift of Front-Line ADCs-based Combination in Advanced La/Muc	**郭哲銓醫師** **Jhe-Cyuan Guo** 臺大癌醫 National Taiwan University Cancer Center	**蔡育傑醫師** **Yu-Chieh Tsai** 臺大醫院 National Taiwan University Hospital

衛星演講
Satellite Symposium

05/05 (Sun.)

美商默沙東藥廠股份有限公司台灣分公司 MSD

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
11:30 - 12:30	Evolving Role of Immune Checkpoint Inhibitor in First-line Treatment of Locally Advanced or Metastatic Gastric Cancer	**Minkyu Jung** Yonsei Cancer Center	**顏家瑞醫師** **Chia Jui-Yen** 成大醫院 National Cheng Kung University

美商默沙東藥廠股份有限公司台灣分公司 MSD

5F 宜華一廳 Junior 1			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 12:45	Role of Immunotherapy in Metastatic and Recurrent Endometrial Cancers	**Dr. Kosei Hasegawa,** Saitama Medical University	**許世典醫師** **Shih-Tien Hsu** 台中榮總 Taichung Veterans General Hospital
12:45 - 13:00	Treatment Options for Endometrial Cancers that Progress on Immunotherapy	**許世典醫師** **Shih-Tien Hsu** 台中榮總 Taichung Veterans General Hospital	**Dr. Kosei Hasegawa,** Saitama Medical University
13:00 – 13:30	Q&A	**呂建興主任** **Chien-Hsing Lu** 台中榮總 Taichung Veterans General Hospital	

衛星演講
Satellite Symposium

台灣安斯泰來製藥股份有限公司 Astellas

5F 宜華二廳 Junior 2			
TIME	TOPIC	SPEAKER	MODERATOR
11:30 - 11:35	Opening Remarks	**鄭永銘教授** **Yung-Ming Jeng** 臺大醫院 National Taiwan University Hospital	
11:35 - 11:55	Gastric Cancer Biomarkers: Current Advances and Applications	**顧文輝執行長** **Wen-Hui Ku** 台北病理中心 Taipei Institute of Pathology	**鄭永銘教授** **Yung-Ming Jeng** 臺大醫院 National Taiwan University Hospital
11:55 - 12:20	First-Line Treatment Options for HER2-Negative, Locally Advanced Unresectable or Metastatic Gastric or GEJ Adenocarcinoma	**姜乃榕醫師** **Nai-Jung Chiang** 台北榮總 Taipei Veterans General Hospital	**白禮源教授** **Li-Yuan Bai** 中國附醫 China Medical University Hospital
12:20 - 12:30	Discussion & Closing Remarks	**白禮源教授** **Li-Yuan Bai** 中國附醫 China Medical University Hospital	

台灣必治妥施貴寶股份有限公司 BMS
台灣小野藥品工業股份有限公司 ONO

5F 福祿壽廳 Fortune·Prosperity·Longevity			
TIME	TOPIC	SPEAKER	MODERATOR
11:30 - 12:00	Moving from clinical trials to the current NHIA reimbursement environment: How ICI Provide Efficacy Benefits to mGC Patients	**賴學緯醫師** **Shiue Wei Lai** 三軍總醫院 Tri-Service General Hospital	**陳明晃主任** **Ming-Huang Chen** 台北榮總 Taipei Veterans General Hospital
12:00 - 12:30	From guideline to clinical practice: Case sharing	**黃文冠醫師** **Wen-Kuan Huang** 林口長庚 Linkou Chang Gung Memorial Hospital	

羅氏大藥廠股份有限公司 Roche

5F 福祿壽廳 Fortune·Prosperity·Longevity			
TIME	TOPIC	SPEAKER	MODERATOR
12:30 - 13:30	The application and changes in cancer treatment comes with the NGS reimbursement	**陳明晃主任** **Ming-Huang Chen** 台北榮總 Taipei Veterans General Hospital	**陳仁熙主任** **Jen-Shi Chen** 長庚醫院 Chang Gung Memorial Hospital

Bruce E. Johnson

CURRENT POSITION

- Institute Physician, Dana-Farber Cancer Institute
- Professor of Medicine Emeritus, Harvard Medical School
- Professor of Medicine Emeritus, Brigham and Women's Hospital
- ASCO Translational Research Professor
- Past President, American Society of Clinical Oncology

PROFESSIONAL EXPERIENCES

- 2007-2024: Professor of Medicine, Harvard Medical School
- 1999-2007: Associate Professor of Medicine, Harvard Medical School
- 1985-1999: Investigator, National Cancer Institute, Bethesda, MD
- 1982-1985: Clinical Associate, National Cancer Institute, National Institutes of Health, Bethesda, MD
- 1979-1982: Internal Medicine Training, University of Chicago Hospitals and Clinics, Chicago, IL

EDUCATIONAL EXPERIENCES

- 1979: MD, University of Minnesota, Minneapolis, MN
- 1975: Bachelor of Arts, Harvard College, Cambridge, MA

AWARDS & HONORS

- 2018: Selected as Giant of Cancer Care
- 2016: Waun Ki Hong Visiting Professor, MD Anderson Cancer Center, Houston
- 2015: Elected as a Member of the Association of American Physicians
- 2012: Elected as Fellow of the American Society of Clinical Oncology
- 2010: AACR (American Association for Cancer Research) Team Science Award.
- 2009: IASLC (International Association for the Study of Lung Cancer) Scientific Award.

Twenty Years of Expanding Precision Medicine for Patients with Lung Cancer

The discovery of the association between epidermal growth factor receptor (EGFR) mutations and sensitivity to EGFR-tyrosine kinase inhibitors (TKIs) took place in 2004. Approximately 15% of patients with non-small cell lung cancer in the US and Europe and 30-50% in these patients in East Asia have this mutation. The discovery ushered in the era of precision medicine in lung cancer. The first chromosomal rearrangement that could be effectively targeted, ALK, was discovered 3 years later in 2007, present in approximately 5% of lung cancer patients. The therapeutic agents directed against these two targets have improved so now the EGFR-TKI, osimertinib, works for longer than a year and half and the expected survival is beyond 3 years. Osimertinib use has now expanded from EGFR mutant patients with advanced cancer to adjuvant therapy which reduces the chance or recurrence by 80% after surgical resection. Patients with ALK rearrangements treated with alectinib can be effectively treated for approximately 3 years and an expected survival of longer than 5 years. Eight more genomic changes have led to US FDA approvals for rarer events in lung cancer including ROS1 rearrangements, BRAF V600E mutations, NTRK rearrangements, RET rearrangements, MET exon 14 skip mutations, exon 20 EGFR mutations, HER2 mutations, and KRAS G12C mutations, each making up approximately 1-3% of lung cancer patients. The targeted agents for these oncogenic drivers have a response rate of 40-70% or more and a duration of response of approximately 9 months or longer. The list of genomic abnormalities that can be precisely treated with targeted agents now make up approximately 40% of NSCLC patients in the US and around the world

Kenneth O'Byrne

CURRENT POSITION

- 2023/06-Present: Honorary Chair, University of Queensland
- 2018-Present: Visiting Medical Officer, Consultant Medical Oncologist, Greenslopes Private Hospital
- 2013/04-Present: Staff Specialist (MO4) and Professor in Medical Oncology, Princess Alexandra Hospital and Queensland University of Technology, Brisbane, Queensland

PROFESSIONAL EXPERIENCES

- 2003/11-2013/05 : Consultant Medical Oncologist, St James's Hospital, Dublin
- 2012/06 : Clinical Director, St James's Hospital, Dublin
- 2008 : Clinical Professor in Medical Oncology in Trinity College
- 1997/03-2003/10: Consultant and Senior Lecturer in Medical Oncology, Department of Medical Oncology, Leicester Royal Infirmary (LRI), University Hospitals of Leicester (UHL) NHS Trust, UK,

EDUCATIONAL EXPERIENCES

- 1984/06: MB, BCh, BAO, University College Dublin (UCD)
- 1986/05: Licentiate of the Medical Council of Canada Qualifying Exams
- 1989/06: Diploma in Child Health, National University of Ireland,
- 1997/03: Certificate of Completion Specialist Training, Medical Oncology, UK
- 1998/06: Doctorate Degree in Medicine, PhD equivalent, UCD

大會專題演講

5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 10:35 - 11:30

Fostering collaboration between cancer treatment and research, Australian and European experience

(TO BE PRESENTED)

Yasushi Goto

CURRENT POSITION

- Assistant Chief; Division of Thoracic Oncology, National Cancer Center Hospital, Tokyo
- Division of Data Utilization, National Cancer Center Hospital, Tokyo
- Rare Cancer Center, National Cancer Center Hospital, Tokyo
- Section of Knowledge Integration, Center for Cancer Genomics and Advanced Therapeutics, National Cancer Center, Tokyo
- Lecturer, The University of Tokyo, Tokyo

PROFESSIONAL EXPERIENCES

- 2019-Present: Assistant Chief, Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo
- 2014-2019: Staff Doctor, Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo
- 2009-2014: Staff Doctor, Department of Respiratory Medicine, Graduate School of Medicine, The University of Tokyo
- 2006-2009: Resident / Division of Internal Medicine National Cancer Center Hospital, Tokyo
- 2004-2005: Resident / Department of Internal Medicine, Mitsui Memorial Hospital, Tokyo
- 2003-2004: Resident / Division of Internal Medicine, The University of Tokyo Hospital, Tokyo

EDUCATIONAL EXPERIENCES

- 2006-2010: Graduate School of Medicine, The University of Tokyo (PhD)
- 1997-2003: Faculty of Medicine, The University of Tokyo (MD)

Fostering collaboration between cancer treatment and research, Japan experience.

In Japan, everyone has access to healthcare because of the national insurance system. This is important because it means people can get treatment without worrying about high costs. For cancer care, this is especially valuable. Japan's rules say that new medicines must be backed by good science before they can be used widely. If the government approves a new drug, the insurance will cover it. This makes sure that when doctors find a better way to treat cancer, patients can actually get these treatments.

Another good thing about Japan's system is that it supports research within regular hospital care. If a new cancer treatment is being studied, it can be done as part of normal medical services. This helps doctors and scientists learn more about which treatments work best. For example, they can try new chemotherapy drugs and see how well they work because the insurance will pay for them.

However, this setup is not perfect. Mixing research with regular care can sometimes be tricky. Patients must always know when they are part of a study and agree to it. Also, paying for research through the same system that pays for regular care can make budgeting complicated.

To improve the way cancer care and research work together, everyone involved needs to talk to each other and agree on how to move forward. The government needs to make sure that the rules help patients and support new discoveries. Doctors should use these rules to give the best care while also helping with research. Researchers need to make sure their studies are done well and respect the patients they are working with. And patients should always know what their treatment options are and if they include research.

By working together better, Japan can become a leader in finding new ways to fight cancer. This means doctors can give better care to their patients, and the rest of the world can learn from Japan's discoveries.

Nnenna Kanu

CURRENT POSITION

- 2019-Present: Principal Research Fellow, UCL Cancer Institute, Visiting Scientist, Francis Crick Institute

PROFESSIONAL EXPERIENCES

- 2013-2019: Senior Research Fellow, UCL Cancer Institute
- 2007-2012: Associate Scientist, Cancer Research UK, London Research Institute
- 2003-2006: Postdoctoral Research Fellow, Cancer Research UK, London Research Institute
- 2002: Medical Research Council short-term fellowship, University College London

EDUCATIONAL EXPERIENCES

- 1998-2002: Ph.D. Group: Prof. Jeremy P. Brockes, University College London.
- 1995-1998: Bachelor of Science (Hons.) Biochemistry Class I, University College London.

Cancer Evolution, Immune Evasion and Metastasis Driven by Chromosomal Instability

Chromosomal instability (CIN) is a poor prognostic feature with high prevalence in lung and breast cancer and is responsible for driving Somatic Copy Number Aberrations and Intratumour Heterogeneity (ITH) within subclones during cancer evolution. We have observed that SCNAs are enriched in metastatic samples, including gains in chromosome 11q13.3 (encompassing CCND1) in HER2+ breast cancer. However, there have thus far been no prospective, comprehensive studies of intratumor heterogeneity in breast cancer. We will present data from TRACERx Breast/SCANDARE a prospective, multicentre study of triple-negative breast cancer (TNBC) in which multi-region biopsies have been collected from primary TNBC prior to neoadjuvant treatment, and at longitudinal time points including surgery and relapse. We find prevalent intratumor heterogeneity in somatic mutations and SCNAs in the primary tumor prior to treatment. We find that CIN manifests as oncogenic amplification on extrachromosomal DNA (ecDNA), which plays a pivotal role in driving drug resistance and tumor evolution. Through analysis of Whole Genome Sequencing data from 2936 breast tumors from the Genomics England breast cancer cohort, we have identified focal amplifications driven by ecDNA in 46.4% of HER2+ breast cancers. EcDNA were enriched in metastatic tumors and was associated with poor clinical outcomes. In addition to oncogenic amplifications such as HER2 derived from ecDNA during cancer evolution, ecDNAs contained immunomodulatory genes associated with reduced T cell infiltration. Further, Immune-modulation by CIN results from loss of heterozygosity of the HLA locus (HLA LOH) and is a prevalent subclonal event in breast cancer. CIN is further drives haploid LOH, resulting in the high prevalence of whole genome doubling and further CIN in TNBC. Tumors are heterogeneous compositions of distinct clones with different compliments of SCNAs and varying levels of fitness, hence measuring the proliferation of individual clones to predict future evolutionary outcomes is likely to be critical. We have developed SPRINTER (Single-cell Proliferation Rate Inference in Non-homogeneous Tumours through Evolutionary Routes), a novel computational method to measure proliferation rates in individual tumour clones using single-cell whole-genome DNA sequencing data. We have further developed two new metrics for integrative evolutionary analysis with DNA and RNA sequencing data. I-TMD (intra-tumoral methylation distance) quantifies intra-tumor DNA methylation heterogeneity. MR/MN classifies genes based on the rate of hypermethylation at regulatory (MR) versus non-regulatory (MN) CpGs, to identify driver genes exhibiting recurrent functional hypermethylation. Taken together, these complimentary analyses provide evidence for the importance of CIN in driving ITH, selection, metastasis and immune evasion and provide a framework to determine recurrent evolutionary patterns in cancer evolution.

Yi-Hsin Yang 楊奕馨

CURRENT POSITION
- Investigator, National Institute of Cancer Research, National Health Research Institutes, Taiwan
- Deputy CEO, National Biobank Consortium of Taiwan (NBCT)
- Adjunct Professor, School of Pharmacy, Kaohsiung Medical University

PROFESSIONAL EXPERIENCES
- Professor, School of Pharmacy, Kaohsiung Medical University (KMU), Taiwan
- Director, Medical Informatics and Statistics Center, Office of Research and Development, KMU
- Director, Health and Welfare Data Science Center KMU Research Sub-Center, KMU
- Director, Division of Medical Statistics and Bioinformatics, Department of Medical Research, KMU Hospital

EDUCATIONAL EXPERIENCES
- Ph.D. in Biostatistics, School of Public Health, University of North Carolina at Chapel Hill, US

AWARDS & HONORS
- Kaohsiung Medical University (KMU) Research Outstanding Award/ Excellent Paper Award
- KMU Outstanding Teaching Materials Award

Harmonizing electronic health records to support cancer research – National Biobank Consortium Taiwan

The National Biobank Consortium of Taiwan (NBCT) is a government funded project, and currently managed by the National Health Research Institutes. The NBCT collaborates with 34 biobanks in Taiwan, including 29 hospital biobanks and 5 institutes. The NBCT maintains a Central office to facilitate cooperation of all biobanks, to provide one stop service for applicants, and to implement common data model for electronic health records (EHRs). To accumulate standardized clinical data across hospitals, we design a distributed system to harmonize medical data including in-depth patient journey clinical information. We work with hospitals to generate hospitals' EHRs data into our common data model, and further to provide clinical data for applications. The goals are to assemble a set of common oncology data elements, to maintain sufficient cancer data quality, and to facilitate interoperability of medical data for patient care and research across institutes of NBCT. A comprehensive understanding of genetics, phenotypes, disease variation as well as treatment responses is crucial to fulfill the needs of real-world studies, which potentially would lead to personalized treatment and drug development.

Ming-Wei Su 蘇明威

CURRENT POSITION

- 2022/04-Present: Chief Information Officer, Taiwan Biobank, Academia Sinica

PROFESSIONAL EXPERIENCES

- 2022/04-Present: Chief Information Officer, Taiwan Biobank, Academia Sinica
- 2016/09-2022/03: Group Leader, Data Application and Bioinformatics Section Taiwan Biobank, Academia Sinica
- 2010/08-2016/08: Post-doctoral Research Fellowship, Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei

EDUCATIONAL EXPERIENCES

- 2003/06-2010/09: Ph.D., Institutes of Biomedical Engineering, National Yang-Ming University

AWARDS & HONORS

- 2011/10: Outstanding Poster Award, 2011 Taiwan Public Health Association Annual Meeting, Taiwan

Empowering Cancer Research: The Role of Taiwan Biobank and Big Data.

In the era of precision medicine, the convergence of biobanking and big data analytics has revolutionized cancer research, offering unprecedented insights into the complexities of the disease. Taiwan Biobank emerges as a pioneering force in this paradigm shift, leveraging its vast repository of biospecimens and clinical data to fuel groundbreaking discoveries in oncology. This presentation explores the transformative role of Taiwan Biobank and big data in empowering cancer research, elucidating how the integration of multi-omics data and advanced analytics techniques accelerates the identification of novel biomarkers, therapeutic targets, and predictive models. By harnessing the power of big data, Taiwan Biobank facilitates precision oncology approaches, enabling personalized treatment strategies tailored to individual patients. Taiwan Biobank and big data reshapes our understanding of the disease and offers hope for improved patient outcomes.

Kenneth O'Byrne

CURRENT POSITION

- 2023/06-Present: Honorary Chair, University of Queensland
- 2018-Present: Visiting Medical Officer, Consultant Medical Oncologist, Greenslopes Private Hospital
- 2013/04-Present: Staff Specialist (MO4) and Professor in Medical Oncology, Princess Alexandra Hospital and Queensland University of Technology, Brisbane, Queensland

PROFESSIONAL EXPERIENCES

- 2003/11-2013/05 : Consultant Medical Oncologist, St James's Hospital, Dublin
- 2012/06 : Clinical Director, St James's Hospital, Dublin
- 2008 : Clinical Professor in Medical Oncology in Trinity College
- 1997/03-2003/10: Consultant and Senior Lecturer in Medical Oncology, Department of Medical Oncology, Leicester Royal Infirmary (LRI), University Hospitals of Leicester (UHL) NHS Trust, UK,

EDUCATIONAL EXPERIENCES

- 1984/06: MB, BCh, BAO, University College Dublin (UCD)
- 1986/05: Licentiate of the Medical Council of Canada Qualifying Exams
- 1989/06: Diploma in Child Health, National University of Ireland,
- 1997/03: Certificate of Completion Specialist Training, Medical Oncology, UK
- 1998/06: Doctorate Degree in Medicine, PhD equivalent, UCD

How to Conduct Real-World Study in Cancer Treatment, from Data to Paper.

(TO BE PRESENTED)

Chiao-En Wu 吳教恩

CURRENT POSITION

- Professor, Division of Medical Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital

EDUCATIONAL EXPERIENCES

- Ph.D., Northern Institute for Cancer Research, Newcastle University, UK
- Chang Gung University, College of Medicine, School of Traditional Chinese Medicine, double degree in Chinese Medicine and Medicine

AWARDS & HONORS

- Outstanding research paper award, present at Conference TJCC 2021.

Peri-operative Chemoimmunotherapy in Major Cancers, from Rationale to Clinical Outcomes.

The perioperative period refers to the time frame encompassing preoperative (neoadjvuant) and postoperative (adjuvant) treatments, which holds significant importance in cancer therapy. Chemotherapy and immunotherapy stand as two main modalities in current cancer treatment, each targeting tumor growth and dissemination through distinct mechanisms.

Firstly, it aims to eradicate potential micrometastatic foci before or after surgery, thus reducing the risk of postoperative recurrence and metastasis. Chemotherapy targets tumor cells directly, while immunotherapy enhances the immune system to actively recognize and attack cancer cells, inhibiting tumor growth. Combining these approaches can activate the immune system while eliminating tumor cells, achieving a more comprehensive therapeutic effect.

Secondly, the impact of perioperative chemoimmunotherapy on clinical outcomes is crucial. Clinical studies have demonstrated that compared to chemotherapy alone, perioperative chemoimmunotherapy significantly improves pathological response and patients' survival rates. This integrated approach holds promise for enhancing treatment efficacy and overall outcomes in cancer patients undergoing surgery.

The clinical significance of perioperative chemoimmunotherapy has been extensively studied in various cancers, including lung cancer, breast cancer, and gastric cancer. These studies have shown promising results in terms of improved outcomes for patients undergoing surgery for these malignancies.

In conclusion, perioperative chemoimmunotherapy holds significant theoretical underpinnings and clinical value in the treatment of major cancers. By leveraging the advantages of combining chemotherapy and immunotherapy, maximal treatment efficacy can be achieved, leading to improved clinical outcomes for cancer patients.

Sung Gwe Ahn

CURRENT POSITION

- Associate Professor, Department of Surgery, Gangnam Severance Hospital, Yonsei University Health System, Seoul, Korea

PROFESSIONAL EXPERIENCES

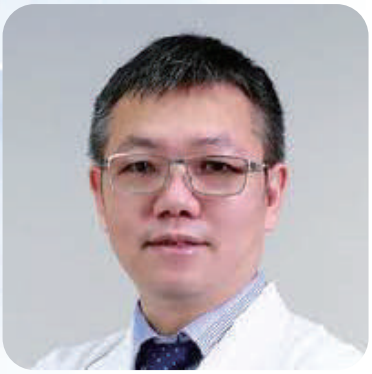
- 2020/02-Present: Associate Professor, Department of Surgery Gangnam Severance Hospital, Yonsei University, Seoul, Korea
- 2019/08-2021/01: Visiting Scholar, Lineberger Comprehensive Cancer Center, UNC
- 2016/03-2020/02: Assistant Professor, Department of Surgery Gangnam Severance Hospital, Yonsei University, Seoul, Korea
- 2014/03-2016/02: Clinical Assistant Professor, Department of Surgery Gangnam Severance Hospital, Yonsei University, Seoul, Korea
- 2012/05-2014/02: Clinical fellow, Department of Surgery Gangnam Severance Hospital, Yonsei University, Seoul, Korea
- 2009/05-2012/04: Military Doctor, Yangjoo Military hospital, Yangjoosi, Keounggido
- 2004/03-2009/02: Intern and Resident training, Department of Surgery, Shinchon Severance Hospital, Yonsei University, Seoul, Korea

EDUCATIONAL EXPERIENCES

- 2012/09-2019/02: Ph.D. Degree of Medical Science, Yonsei University College of Medicine, Seoul, Korea
- 2007/03-2012/02: Master's Degree of Medical Science, Yonsei University College of Medicine, Seoul, Korea
- 1997/03-2004/02: Bachelor Degree, Yonsei University College of Medicine, Seoul, Korea

The Sustainable Efficacy of CDK4/6 Inhibitor in HR+/Her2- Node+ High Risk Early Breast Cancer

Since the introduction of aromatase inhibition in the early 2000s, there have been limited advancements to the standard (neo)adjuvant therapies available for patients with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) early breast cancer (EBC). Many patients with HR+, HER2- EBC will not experience recurrence or have distant metastasis with currently available standard therapies. However, up to 30% of patients with high-risk clinical and/or pathologic features may experience distant metastasis, many in the first few years. Superior treatment options are needed to prevent early recurrence and development of metastases for this group of patients. MonarchE is an open-label, phase III study included patients with HR+, HER2-, high-risk EBC, who had surgery and, as indicated, radiotherapy and/or adjuvant/neoadjuvant chemotherapy. Patients with four or more positive nodes, or one to three nodes and either tumor size ≥ 5 cm, histologic grade 3, or centrally-confirmed Ki-67 ≥ 20%, were eligible and randomly assigned to standard-of-care adjuvant endocrine therapy (ET) with or without abemaciclib. The results shown that abemaciclib when combined with ET is the first CDK4/6 inhibitor to demonstrate a significant improvement in IDFS in patients with HR+, HER2- node-positive EBC at high risk of recurrence. Moreover, the benefit is sustained beyond the completion of treatment with an absolute increase at 5 years, further supporting the use of abemaciclib in patients with high-risk hormone receptor-positive, HER2-negative early breast cancer.



Chun Yu Liu 劉峻宇

CURRENT POSITION

- Attending Physician, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan
- Assistant Professor, School of Medicine, National Yang-Ming University, Taipei, Taiwan

PROFESSIONAL EXPERIENCES

- 2021/08-Present: Associate Professor, School of Medicine, National Yang-Ming Chiao-Tung University, Taipei
- 2013/08-Present: Assistant Professor, School of Medicine, National Yang-Ming University, Taipei
- 2008/08-Present: Lecturer, School of Medicine, National Yang-Ming University, Taipei
- 2018/02-Present Director, Division of Transfusion Medicine, Department of Medicine, Taipei Veterans General Hospital
- 2015/11-2018/01: Attending physician, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital, Taiwan.
- 2008/08-2015/10: Attending physician, Division of Hematology/Oncology, Department of Medicine, Taipei Veterans General Hospital, Taiwan
- 2007-2008: Chief Resident, Department of Medicine, Taipei Veterans General Hospital, Taiwan
- 2006~2007: Fellowship, Division of Hematology/Oncology, Department of Medicine, Taipei Veterans General Hospital, Taiwan
- 2002-2005: Residency, Department of Medicine, Taipei Veterans General Hospital, Taiwan
- 2000-2002: Military Medical Doctor, Second Lieutenant, Zuo-Ying Navy Base, Kaohsiung, Taiwan, ROC

Unlocking the potentials of anti-Trop2 ADC in metastatic breast cancer

Metastatic triple-negative breast cancer (mTNBC) and Hormone receptor positive (HR+) mBC after depleting options of endocrine therapy are associated with aggressive tumor biology and lower survival rates. Chemotherapy has been the mainstay of treatment and management, but it is not always effective and can be quite toxic. Developing new therapeutic approaches such ADCs and combinations therefore represents a major unmet clinical need and is essential to providing patients with more effective and less toxic therapies that impact survival.

In this talk, Dr. Liu will address how anti-Trop2 ADC plays a role in TNBC/HR+ mBC treatment from his experience in both clinical study and real-world practice. Also, what we could look forward to in the future and how we could unlock potential of anti-Trop2 ADC in 1L or even early setting.

Yhu-Chering Huang 黃玉成

CURRENT POSITION
- Attending physician, professor-level, Chang Gung Memorial Hospital at Linkou

PROFESSIONAL EXPERIENCES
- Pediatric residency, Mackay Memorial Hospital, Taiwan
- Attending Physician, Department of pediatrics, Lo-Tung St. Mary's Hospital, Taiwan
- Attending Physician, Department of pediatrics, Chang Gung Memorial Hospital at Linkou

EDUCATIONAL EXPERIENCES
- Graduate Institute of Clinical Medical Science, Chang Gung University College of Medicine, Ph.D
- Department of Medicine, China Medical University, Taiwan, MD

AWARDS & HONORS
- Enlisted on the World's top 2% Scientists identified by Stanford University-Scopus (1960-2020, -2021, -2022 and in 2020, 2021, 2022)

Timing of vaccination while chemotherapy, target therapy, immunotherapy

Vaccines can be categorized broadly as live and non-live. Live vaccines are attenuated and must replicate within the host to create an immune response. Live vaccines are contraindicated in immunosuppressed patients. Non-live vaccines include inactivated, toxoid, subunit, conjugate, mRNA, and viral vector vaccines. Non-live vaccines can be administered to patients receiving chemotherapy, target therapy, immunotherapy; however, immunosuppression may diminish immune response, so consideration of a patient's treatment schedule is important to optimize response to vaccination. Even with suboptimal response, there is minimal risk with non-live vaccines and the possibility of some benefit.

Generally, live vaccines are contraindicated during immunosuppressive therapy; if needed, can be administer either 4 weeks before therapy or 3 months after. It is safe to administer non-live vaccines during immunosuppressive therapy. For optimal immune response, administer these vaccines 2 weeks before start of therapy or 3 months after completion of treatment. If time sensitive (eg, influenza, COVID-19), administer these vaccines when immunosuppression is at its lowest level.

Hsien Tang Yeh 葉顯堂

CURRENT POSITION

- Chief deputy superintendent, Lo-Hsu medical foundation Lotung Poh-Ai hospital
- Director, Taiwan Breast Cancer Foundation
- Director, Dr. T Y Lin's Medical Research Foundation

PROFESSIONAL EXPERIENCES

- 2011-Present: Deputy superintendent,PohAi Hospital.
- 2002-2023: Director,Cancer center,PohAi Hospital.
- 1998-2015: Chief, devision of general surgery,PohAi Hospital.
- 1994-Present: Attending surgeon.Lotung PohAi Hospital.

EDUCATIONAL EXPERIENCES

- School of Medicine,China Medical University,TaiChung, Taiwan. (1980-1987)
- Research Fellow,Devision of Gastric Surgery, National Cancer Center,Tokyo.
- Research fellow, division of gastric surgery, Cancer institute hospital, Tokyo.

Ways to reduce positive margins in breast conserving surgery

Breast cancer is the number one incidence of female malignancy in Taiwan for years in recent decade and new cases up to 18,000 in recent years(including in situ carcinoma).Because of mammography screening gradually increased uptaken by population, even there is great space for improving, the incidence of early cancer(stage I and II) increased a lot. For those early cancer, the surgical management of primary tumors tend to be partial mastectomy. We need to improve the surgical management to reduce positive margins in those cases to improve the long term survival and quality of life. This talk will focus on ways could be taken to approach this goal.

Yu-Chieh Chang 張宇捷

CURRENT POSITION

- China Medical University Hsinchu Hospital
- Director of Nuclear Medicine Department
- Member of Colorectal cancer multidisciplinary team
- Member of Breast cancer multidisciplinary team
- Member of Lung cancer multidisciplinary team
- Member of Lymphoma multidisciplinary team
- Member of Head & Neck cancer multidisciplinary team
- Member of Esophageal cancer multidisciplinary team

PROFESSIONAL EXPERIENCES

- China Medical University Hospital
- Resident Physician of Nuclear Medicine Department
- Attending Physician of Nuclear Medicine Department

EDUCATIONAL EXPERIENCES

- MD, School of Medicine, National Cheng Kung University

Utility of PETCT in breast cancer

Role in early-stage breast cancer

PETCT vs traditional images

FDG PETCT for liver metastasis

The effect of Bisphosphonate on PETCT

False Positive: Brown fat

False Positive: Vaccination

Chemotherapy

Emiel Rutgers

CURRENT POSITION

- Emeritus surgeon Netherlands Cancer Institute Extraordinary staff member
- Emeritus Professor Surgical Oncology University of Amsterdam

PROFESSIONAL EXPERIENCES

- 1987-2021: Staff Surgeon NKI
- 2006-2018: Head dept surgery NKI
- 1993-2015: Chair NKI Breast Group
- 1999-2003: EORTC Breast Cancer Group Secretary
- 2003-2006: EORTC Breast Cancer Group Chair
- 2006-2017: EORTC Breast Cancer Group Treasurer
- 2010-2012: Secretary General EORTC Board
- 2012-2015: Treasurer EORTC Board
- 2010-2015: Member EORTC Board
- 2005-2023: Member St Gallen panel

EDUCATIONAL EXPERIENCES

- 2007-2021: Prof. Surgical Oncology University Amsterdam
- 2006-2019: Trainer residents in Surgical oncology rotations
- Supervised and mentored 25 MD's to their PhD thesis
- Co- author 450 peer reviewed papers

AWARDS & HONORS

- 2023: Gold Medal Dutch Surgical Society for lifetime achievements
- 2021: Fellow EACS (European Academy of Cancer Sciences)
- 2021: Appointed Knight in the Order of the Dutch Lion by the Dutch King
- 2019: ESSO Lifetime Achievement Award
- 2017: ECCO Clinical Research Award

Personalizing Local Breast Cancer Treatment

For many years the role of surgery in breast cancer treatment has been challenged. Some twenty years ago optimism was heralded by medical oncologist and radiation oncologist that the need for surgery in breast cancer could be eliminated by chemotherapy or hormonal therapy followed by radiotherapy. So far, the real world and daily clinical practice is more refractory. For the time being, surgery is the main stay for achieving optimal local control and staging information.

What are the issues at stake in breast cancer managment?

- Optimal local control.
- Optimal regional control.
- Best cosmetic outcome.
- Less invasive procedures.
- Less side-effects and mutilation.
- Better information on prognosis.

What do we need to know to perform optimal breast surgery?

For local control we need to have as exactly as possible information on the extent of the disease in the breast. Further we need to know the risk of lymphatic involvement for optimal regional control. And we need to know the risk of distant disease to improve survival through -neo- adjuvant systemic treatments.

What are the tools to know what we need to know?

First, to know the nature of the lesion, image directed minimal invasive needle biopsies are mandatory: FNA-cytology for fast track diagnosis, and core biopsy for histology and tumor characteristics indispensable in case of suspected DCIS and when up front chemotherapy is considered. At a minimum, optimal –digital- mammography and ultrasound of the primary must be performed in all patients to best estimate the extent of the cancer, particularly when breast conservation or neoadjuvant chemotherapy is at stake. The role of contrast enhanced breast dedicated MRI is important, particularly in the upfront chemotherapy setting, in ILC, and when significant discrepancy in tumor size is encountered.

For the diagnosis of lymphatic invasion, PET-CT-scanning and ultrasound followed by ultrasound directed biopsy of suspicious lymph nodes can be really of help.

Where can we personalize local breast cancer treatment, first the options:

- Do nothing, wait and see
- Optimal breast conservation by surgery only, omitting radiotherapy.
- Optimal breast conserving surgery, image guided surgery, oncoplastics
- Mastectomy, reconstructions
- No SNP
- SNP only selected patients
- Positive SN: wait and see, up front chemo and pCR, RT
- Axillary clearance; only as salvage procedure?
- Radiotherapy: none, partial breast, whole breast hypofractionation, IRT, Integrated boost, nodal irradiation with different modalities

Then the opportunities and challenges:

- Optimal up front systemic treatments: the right indications and the optimal compounds
- Adjust local breast treatment according to the post-chemo imaging and clinical result
- Selection of EBC for local management by gene profiling
- New Image guided surgery techniques.
- Application of pre-surgery planned oncoplastics
- RT management according to biology and extend of the primary and LN

Breast cancer management is complicated, requires optimal teamwork, and treatments should be executed after a shared decision making process. The biology of the cancer dictates largely the treatment options, not the anatomy!

David Shao Peng Tan

CURRENT POSITION

- Senior Consultant Medical Oncologist, National University Cancer Institute, Singapore, National University Hospital (NUH)
- Associate Professor, Yong Loo Lin School of Medicine, National University of Singapore (NUS)
- Head, Innovation Transfer Office (Research Office), National University Health System (NUHS)
- Principal Investigator, Cancer Science Institute, National University of Singapore (NUS)

PROFESSIONAL EXPERIENCES

- 2016: Fellow of the Royal College of Physicians of Edinburgh (FRCP Edin)
- 2012-2013: Clinical Research Fellowship in Drug Development and Gynaecologic Oncology, Princess Margaret Cancer Centre, Toronto, Canada
- 2012: MRCP (UK)(Medical Oncology), Certificate of Completion of Training (CCT) in Medical Oncology (Joint Royal Colleges of Physicians Training Board, UK) - Training Number: LDN/012/003/C
- 2010: MRCP (UK) Specialty Certificate Examination in Medical Oncology
- 2005: Membership of the Royal College of Physicians (MRCP) London, UK

EDUCATIONAL EXPERIENCES

- 2012: Doctor of Philosophy (PhD) in Oncology (The Institute of Cancer Research, University of London)
- 2011: Postgraduate Diploma (PG Dip) in Oncology (The Institute of Cancer Research, University of London)
- 1995- 2001: Bachelor of Medicine, Bachelor of Surgery (MBBS) with Distinction, Guy's King's & St Thomas' (GKT) School of Medicine, University of London.
- 1998: Bachelor of Science (BSc) in Experimental Pathology, 1st Class Honours, United Medical & Dental Schools (UMDS) of Guy's & St Thomas' Hospitals, University of London

Expansion of ICI in EC: to the future and beyond for primary advanced and recurrent EC.

(TO BE PRESENTED)

Charles E. Edmiston

CURRENT POSITION

- Emeritus Professor of Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin USA

PROFESSIONAL EXPERIENCES

- 2016: Present Emeritus Professor of Surgery
- 1984-2016: Professor of Surgery, Medical College of Wisconsin, Milwaukee, Wisconsin USA

EDUCATIONAL EXPERIENCES

- 1982: Ph.D., Vanderbilt University 1982
- 1972: MS, Michigan State University

AWARDS & HONORS

- 2005: Distinguished Service Award - Food and Drug Administration, Washington, DC, USA

Evidence-based strategies to reduce the risk of surgical site infections in gynecologic oncology patients

Surgical site infections (SSI) play a significant role in contributing to patient morbidity and mortality in the gynecologic oncology patient population. SSIs represent a significant burden to healthcare, accounting for more than 20 percent of healthcare associated infections. The rate of SSI following surgery for gynecologic malignancy has been estimated to range between 10%-15%.

Perioperative surgical care bundles have been embraced across the surgical spectrum and documented as providing moderate to 1A level risk-reduction benefit including: appropriate preoperative hair removal, effective perioperative skin antisepsis, weight-based antibiotic prophylaxis, maintenance of perioperative hypothermia, effective control of perioperative blood glucose, use of antibacterial sutures for all layers of wound closure (with avoidance of skin staples), smoking cessation, and use of separate wound closure tray. Other measures reviewed in the peer literature suggest: a risk reduction benefit associated with the mechanical bowel preparation in patient with gynecologic cancer undergoing colon surgery, two standardized preoperative antiseptic showers using 4% chlorhexidine gluconate the night before and morning of surgery, significantly reduces the microbial burden in the perineum region, glove and gown change prior to wound closure, and wound irrigation with an antiseptic solution using 0.85% povidone iodine or 0.05% chlorhexidine gluconate. There is increasing evidence suggesting that use of incisional negative pressure wound therapy is an effective strategy for reducing the risk of postoperative infection in selective gynecologic patient populations. All co-morbid patient risk factors must be considered prior to surgery, keeping in mind that oncology patients pose a selective consideration due to their gynecologic malignancy. A recent meta-analysis evaluated the surgical site infection risk factors in patients following hysterectomy for endometrial cancer. The authors found the risk of SSI was 2.66 times higher in laparotomy with endometrial cancer patients than in minimally invasive surgery. The authors also documented that the risk of SSI was 4.38 times greater in patient with blood glucose greater than or equal to 10 mmols/L, suggesting that pre, intra and postoperative glycemic control was an effect risk reduction strategy in selective hyperglycemic patients. Another risk factor noted upon analysis was BMI >30 which was an independent risk factor for infection. It is important to note that 1/3 of obese patients are malnourished, lacking micronutrients important for immune process and postoperative healing. Finally, the microbiome of obese patients poses a significant challenge for effective perioperative antisepsis, numerous skin folds harbor microbial populations ranging from 4-9 log10 colony forming units/cm2 skin surface. Therefore, a 2-fold standardize antiseptic shower will effectively reduce skin surface microbial burden by 4 to 6 logs.

The success of implementing an evidence-based intervention strategy requires 4 sentinel components: (1) Engagement with stakeholders - Begin the dialogue, how can we complement each other in our efforts to improve patient outcomes, (2) Educate – Share evidence supporting the benefits of selective components of the evidence-based care bundle using peer publications and sectional discussions, (3) Execute - Design an intervention “toolkit” targeted at barriers, standardization, independent checks, reminders, and learning from mistakes, and finally (4) Evaluate - Regularly assess for performance measures.

Kosei Hasegawa

CURRENT POSITION

- Professor of Obstetrics and Gynecology, Saitama Medical University
- Director of Gynecologic Oncology, Saitama Medical University International Medical Center

PROFESSIONAL EXPERIENCES

- 2019/04-Present: Professor and Director, Department of Gynecologic Oncology Saitama Medical University International Medical Center
- 2016/09-2019/03: Professor and Deputy director, Department of Gynecologic Oncology Saitama Medical University International Medical Center
- 2013/08-2016/08: Associate professor and Deputy director, Department of Gynecologic Oncology Saitama Medical University International Medical Center

EDUCATIONAL EXPERIENCES

- 2004/03: Ph.D. Okayama University Graduate School of Medicine and Dentistry
- 1997/03: M.D. Okayama University Medical School

AWARDS & HONORS

- Patent Applications, Cancer Testis Antigen, Eiichi Nakayama, Toshiro Ono, Kosei Hasegawa, Hirokazu Matsushita, Application No. LICR REF 5797 1-Oct-02 (U.S. filing)
- Number of clinical trials experienced, PI: 32 clinical trials including 9 phase 1, 10 phase 2 and 15 phase 3 trials. Sub-PI: 17 clinical trials

Current and future treatment landscape (drugs in development) for endometrial cancer

Endometrial cancer is a prevalent gynecologic malignancy affecting women worldwide. Despite advancements in diagnosis and treatment, there is a need for continued research and development of novel therapeutics to improve patient outcomes. This presentation aims to provide an overview of the current treatment landscape for endometrial cancer and discuss the potential future role of drug development in this field.

Endometrial cancer treatment landscape is evolving. The choice of treatment depends on various factors such as tumor stage, histological type, and patient characteristics. However, the prognosis for advanced or recurrent endometrial cancer remains poor, highlighting the urgency for the development of targeted therapies.

Recent advancements in molecular profiling have identified potential molecular targets and biomarkers, paving the way for precision medicine approaches in endometrial cancer treatment. Targeted therapies, such as hormone therapy, immune checkpoint inhibitors, and poly (ADP-ribose) polymerase (PARP) inhibitors, have shown promising results in certain subsets of patients. Additionally, combination therapies strategies hold potential for improved clinical outcomes.

In the future, drug development for endometrial cancer should focus on identifying and targeting specific molecular alterations driving tumor growth and resistance. This will require collaborative efforts between researchers, clinicians, and pharmaceutical companies to conduct robust clinical trials and validate novel therapeutic approaches. Moreover, integrating genomic profiling and molecular characterization into routine clinical practice can aid in selecting the most appropriate treatment options for individual patients.

In conclusion, the current treatment landscape for endometrial cancer, but there is a need for more. The future of drug development in this field lies in personalized medicine approaches, precision therapies, and continuous research to identify novel targets and biomarkers. By advancing our understanding of the molecular mechanisms involved in endometrial cancer, we can strive towards improving patient outcomes and ultimately achieving better control of this disease.

Yu-Chi Wang 王毓淇

CURRENT POSITION

- Director of division of Gynecologic oncology, Department of Obstetrics & Gynecology, Tri-Service General Hospital

PROFESSIONAL EXPERIENCES

- Gynecologic oncology

EDUCATIONAL EXPERIENCES

- Ph.D. of Graduate school of Medical sciences National Defense Medical Center
- M.D. of National Defense Medical Center

子宮內膜癌的生育保留處置
Fertility-sparing treatment in endometrial cancer

Endometrial cancer is the most common gynecologic malignancy in the world. Its incidence is rising, particularly in younger women of reproductive age and this trend has necessitated the development of fertility-sparing treatment options for patients with a desire for future fertility. The standard treatment for endometrial cancer has been total hysterectomy with bilateral salpingo-oophorectomy, which precludes the possibility of childbearing. However, recent advances in understanding the pathophysiology of endometrial cancer have led to the exploration of conservative treatments that preserve fertility. Fertility-sparing treatment in endometrial cancer offers hope to young women with a desire for children. It requires careful patient selection, close monitoring, and a multidisciplinary approach to ensure oncologic safety while preserving reproductive potential.

Shih Tien Hsu 許世典

CURRENT POSITION

- Chief of Division, Gynecologic Oncology, Department of Obstetrics and Gynecology, Taichung Veterans General Hospital, Taichung, Taiwan
- Assisted professor, Center for General Education, Ling Tung University, Taichung, Taiwan.

PROFESSIONAL EXPERIENCES

- 2007-Present: Attending Physician, Department of Obstetrics and Gynecology, Taichung Veterans General Hospital
- 2005-2006: Clinical Fellow, Department of Obstetrics and Gynecology, Taichung Veterans General Hospital
- 2004: Chief Resident, Department of Obstetrics and Gynecology, Taichung Veterans General Hospital
- 2000-2003: Resident, Department of Obstetrics and Gynecology, Taichung Veterans General Hospital
-

EDUCATIONAL EXPERIENCES

- 2019: PhD, Graduate institute of basic medicine, China Medical University
- 2006: MS, Graduate institute of Integrated medicine, China Medical University
- 1998: MD, School of Chinese Medicine, China Medical University

卵巢癌的生育保留處置
Fertility preservation in women with ovarian malignancy

Although ovarian cancer typically occurs in older age, it can also affect patients during their reproductive years. In modern societies, an increasing number of women are choosing to delay childbearing until after the age of 35. Consequently, offering treatment options for fertility preservation has become a vital aspect of cancer survivorship care for women with ovarian cancer. We will explore the latest knowledge on fertility-sparing surgical techniques and some assisted reproductive technologies that can help preserve reproductive potential in women with early-stage ovarian cancer and borderline malignancy.

Yu-Che Ou 歐育哲

CURRENT POSITION

- Director, Department of OBS & GYN, Chia-Yi Chang Gung Memorial Hospital

PROFESSIONAL EXPERIENCES

- 2016/07-Present: Director, Department of OBS & GYN, Chia-Yi Chang Gung Memorial Hospital
- 2016/07-2019/06: Associate Director, Division of Gynecologic Oncology, Kaohsiung Chang Gung Memorial Hospital
- 2013/07-2016/06: Chief, Division of Gynecologic Oncology, Kaohsiung Chang Gung Memorial Hospital
- 2016-Present: Taiwan Association of Obstetrics and Gynecology (TAOG), Deputy Secretary-General
- 2021-Present: Society of Gynecologic Oncology, Republic of China, Deputy Secretary-General

EDUCATIONAL EXPERIENCES

- 1990-1997: China Medical University, Taichung, Taiwan

AWARDS & HONORS

- 2013: The 18th Taiwan Joint Cancer Conference, Taipei, Honorable Mention Oral Presentation Award.

子宮頸癌的生育保留處置
Fertility-Sparing Management in Cervical Cancer

Cervical cancer is recognized as one of the leading causes of morbidity and mortality among women worldwide, especially among women of reproductive age. While the effectiveness of standard treatment modalities such as radical hysterectomy and chemoradiotherapy is effective in controlling the disease, but often it leads to infertility, which poses a huge challenge for young patients desiring future fertility. When offering fertility sparing treatments, it is important to consider not only the efficacy in cancer treatment but also the chances of preserving fertility, and the possible complications. In recent years, fertility-sparing approaches have emerged as promising alternatives, offering the possibility of preserving reproductive potential without compromising oncologic outcomes.

The current strategies for fertility preservation in the treatment of cervical cancer, these include a variety of modalities such as conization, simple trachelectomy, radical trachelectomy, and neoadjuvant chemotherapy (NACT). There are a number of surgical procedures utilized for fertility sparing surgery for cervical cancer. These vary from traditional cone biopsy, to cervical amputation (simple trachelectomy), to radical trachelectomy (vaginal, open or minimal access). Many of the approaches for trachelectomy are either purely minimal access or contain some type of minimal access approach for lymphadenectomy or sentinel lymph node dissection. Recent doubt has been placed on the oncological safety of minimal access surgery for cervical cancer. Patients who would be optimal candidates for fertility-sparing surgery but have a lesion >2 cm have two therapeutic options neoadjuvant chemotherapy or upfront abdominal radical trachelectomy. The impact of NACT is to reduce the size of the tumor, making it possible for good responders to undergo fertility-sparing surgery.

Evaluating the oncologic safety and reproductive outcomes associated with each fertility-sparing approach reveals promising results, with high rates of disease control and satisfactory fertility outcomes reported in appropriately selected patients. Close surveillance and long-term follow-up are essential to monitor disease recurrence and fertility outcomes, ensuring optimal patient care and informed decision-making.

In conclusion, fertility-sparing strategies represent a valuable option for young women diagnosed with early-stage cervical cancer who wish to preserve their fertility. By providing a nuanced understanding of the various approaches and their outcomes, this review aims to inform clinicians and empower patients in making individualized treatment decisions that balance oncologic efficacy with reproductive goals, ultimately improving the quality of life for women affected by this disease.

Ming Sound Tsao

CURRENT POSITION

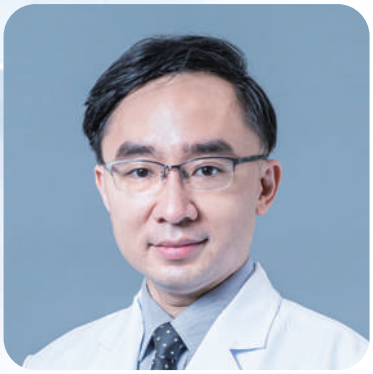
- Professor of Laboratory Medicine and Pathobiology, Professor of Medical Biophysics, University of Toronto.
- Consultant Pathologist and Senior Scientist, Princess Margaret Cancer Centre.

PROFESSIONAL EXPERIENCES

- 2021: Member and Secretary, Board of Directors, International Assoc. for the Study of Lung Cancer (IASLC)
- 2019-2020: External Advisory Board Member: Centre for Thoracic Oncology, The Tisch Cancer Institute, Mount Sinai Hospital System, New York
- 2017-2020: Standing Editorial Board Member: International Agency on Research on Cancer (IARC), WHO Blue Books Classification of Tumors 5th edition
- 2015: Member, College of Reviewers, Canadian Institutes of Health Research
- 2015: Director, Princess Margaret Cancer Centre Living Biobank core facility
- 2003-2024: M. Qasim Choksi Chair in Lung Cancer Translational Research, University of Toronto/PMH
- 2001: Director, Advanced Molecular Profiling and Drug Discovery Program Biomarker Laboratory
- 1997: Consultant Pathologist, University Health Network
- 1996: Professor of Medical Biophysics, University of Toronto
- 1996: Senior Scientist, Princess Margaret Cancer Centre
- 1996: Professor of Laboratory Medicine and Pathobiology, University of Toronto
- 1996-1997: Active Staff Pathologist, Princess Margaret Hospital, Toronto
- 1995: Senior Pathologist, Montreal General Hospital, Can.
- 1995: Professor of Pathology, McGill University

Lung Cancer Pathology: Twenty Years Progress and the Future

In 2021, the International Agency for Research on Cancer (IARC), in collaboration with the International Association for the Study of Lung Cancer (IASLC), the International Mesothelioma Panel (IMP) and the International Thymic Malignancy Interest Group (ITMIG) published the 5th Edition of the WHO Classification of Tumours - Thoracic Tumours. The current classification for lung cancer represents a major improvement from the 3rd Edition published in 2004, which was primarily based on tumour histo-morphology. The current classification not only incorporates the critical role of lineage-specific immunohistochemistry-based markers in the more precise classification of lung tumour diagnoses, but also provides guidelines on the diagnostic terminologies to use with cytology and small biopsy samples. The recognition that various growth patterns in adenocarcinoma are associated with survival outcome also provides evidence-based tumour subtyping, and a system for clinically meaningful tumour grading. The seminal discoveries of driver oncogenic mutations and gene fusions (e.g., EGFR, ALK, etc) and resurgence of immunotherapy have also revolutionized the importance of predictive biomarker testing in lung cancer diagnosis. This lecture will provide some historical perspective on this progress, with a discussion on the current challenges alongside personal perspectives on the future directions in lung cancer pathology.



Victor Ho-Fun Lee

CURRENT POSITION

- Department Chairperson and Clinical Associate Professor

EDUCATIONAL EXPERIENCES

- 2015: MD (HK)
- 2010: FHKAM (Radiology)
- 2010: FHKCR
- 2007: FRCR (UK)
- 2002: MBBS (HK)

AWARDS & HONORS

- 2019: Faculty Teaching Medal, LKS Faculty of Medicine, The University of Hong Kong
- 2018: Outstanding Young Researcher Award, The University of Hong Kong
- 2014: HKCR 15A Travelling Fellowship
- 2013: Distinguished Young Fellow of Hong Kong Academy of Medicine

Clinical application of next-generation sequencing in all stages of lung cancer

Next-generation sequencing (NGS) which provides a comprehensive genomic profiling of cancers has been increasingly employed in lung cancer diagnosis and management. In recent years, apart from tumour-based NGS, liquid-based NGS with blood or other body fluid can allow us to perform serial monitoring of tumour evolution for any treatment-emergent drug resistance mechanisms. This will offer us information genomic information when deciding subsequent lines of therapy. In Hong Kong, our institution has initiated a territory-wide NGS project to screen for any targetable and non-targetable drug mutations in all previously untreated stage IV non-squamous non-small-cell lung cancer since 2021. We have successfully recruited more than 500 patients and performed 900 tumour-based and blood-based NGS tests for our patients. The challenges and their possible solutions encountered in our NGS project will be shared and discussed.

Chien-Yi Hsu 徐千彝

CURRENT POSITION

- Director of the Heart Failure Team, Division of Cardiology and Cardiovascular Research Center, Taipei Medical University Hospital
- Deputy Director, Department of Medical Research, Taipei Medical University Hospital
- Associate Professor, School of Medicine, College of Medicine, Taipei Medical University
- Director (member of a council), Taiwan Hypertension Society (THS, 8th and 9th terms)
- Chairman of the Young Cardiologist Working Group, Taiwan Society of Cardiology (TSOC, 28th term)
- Chairman of the International Committee, Taiwan Myocardial Infarction Society (TAMIS, 2nd term)
- Fellow of the European Society of Cardiology (FESC)
- Fellow of the Asian-Pacific Society of Cardiology (FAPSC)

PROFESSIONAL EXPERIENCES

- Resident, General Physician, and Attending Physician in the Department of Internal Medicine, Taipei Veterans General Hospital, Taipei, Taiwan.
- Visiting Scientist, Professor John Y-J Shyy's Lab, Division of Cardiology, Department of Medicine, University of California, San Diego (UCSD), CA, U.S.A.
- Physician in the Royal Medical Team, Kingdom of Eswatini.
- Chief of VIP Wards and International Wards, Taipei Medical University Hospital.
- Academic Committee Member, Taiwan Myocardial Infarction Society (TAMIS, 1st term)
- Editorial Board Member, Taiwan Society of Cardiovascular Interventions (TSCI, 9th term)

EDUCATIONAL EXPERIENCES

- Ph.D. Institute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan
- M.D., Faculty of Medicine, National Yang-Ming University, Taipei, Taiwan

Onco-cardiology in lung cancer (Overview)

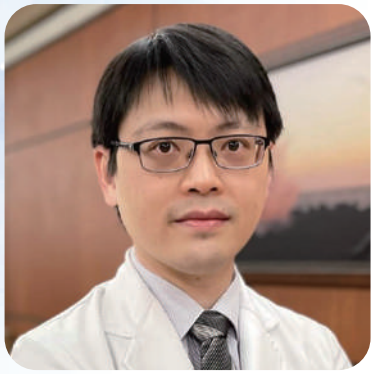
Onco-cardiology, also known as cardio-oncology, is an emerging field that addresses the intersection of cancer and cardiovascular disease, focusing on the complex interplay between cancer and heart health. This overview aims to shed light on the current understanding, challenges, and advancements in onco-cardiology as it relates to lung cancer, a leading cause of cancer-related mortality worldwide.

Lung cancer and cardiovascular disease share several risk factors, including smoking, sedentary lifestyle, and age, which contribute to the prevalence of co-existing conditions in patients. The evolution of cancer treatments, particularly for lung cancer, has led to improved survival rates; however, these treatments often have cardiotoxic effects. Chemotherapy agents, targeted therapies, and radiation therapy can all contribute to acute and chronic cardiovascular complications, including arrhythmias, heart failure, myocardial ischemia, and hypertension.

The role of onco-cardiology in lung cancer involves early detection and management of cardiovascular complications, optimizing patient outcomes through a multidisciplinary approach. Cardiotoxicity can manifest at any point during cancer treatment, necessitating ongoing cardiovascular monitoring from diagnosis through survivorship. This includes baseline cardiovascular assessment, regular monitoring during treatment, and long-term follow-up to identify late-onset effects.

Advancements in the field have led to the development of cardioprotective strategies to mitigate treatment-related cardiovascular risks. These include the use of specific medications to protect the heart, adjustments in cancer treatment regimens, and lifestyle interventions aimed at reducing cardiovascular risk factors. Research into the molecular mechanisms underlying cardiotoxicity has also paved the way for the development of targeted therapies with reduced cardiac side effects.

Despite these advancements, several challenges remain in onco-cardiology, particularly regarding the early detection of subclinical cardiotoxicity and the long-term management of cardiovascular health in lung cancer survivors. Ongoing research is focused on improving diagnostic tools for early cardiotoxicity detection, understanding the long-term cardiovascular impact of cancer treatments, and developing novel therapeutics that are effective against cancer while being gentle on the heart.



Yen-Hsiang Huang 黃彥翔

CURRENT POSITION

- Attending Physician of Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan
- Assistant Professor in School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan
- Deputy Director of Lung Cancer Comprehensive Care and Research Center, Taichung Veterans General Hospital, Taichung, Taiwan

PROFESSIONAL EXPERIENCES

- Resident of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan
- Chief Resident of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan
- Attending Physician of Critical Care Medicine, Taichung Veterans General Hospital, Taichung, Taiwan
- Attending Physician of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan

EDUCATIONAL EXPERIENCES

- Ph.D., Institute of Biomedical Science, National Chung Hsing University, Taichung, Taiwan
- M.D., School of Medicine, Chung Shan Medical University, Taichung, Taiwan

AWARDS & HONORS

- APSR 2021 KF-CB Lung Cancer Research Young Investigator Award
- TSPCCM 2021 Congress Young Investigator Award

Onco-cardiology in Lung Cancer Overview – Case Sharing

Lung cancer is one of the leading causes of mortality in the world. Currently, the treatment of lung cancer lies in the era of personalized and precision medicine. The standard treatment methods for lung cancer patients include surgery, radiotherapy, chemotherapy, targeted therapy, and immunotherapy. During the period of lung cancer treatment, some medications could lead cardiac toxicities. Thus, the field of cardio-oncology sprung up. Cancer therapy-related cardiovascular toxicity involved cardiomyopathy and heart failure, myocarditis, vascular toxicities, hypertension, cardiac arrhythmias, and corrected QT interval prolongation. This time, I will share one case of advanced epidermal growth factor receptor-mutant non-small cell lung cancer patient who receiving a third-generation tyrosine kinase inhibitor as first-line treatment and getting arrhythmia with heart failure.

Ming-Tsun Tsai 蔡明村

CURRENT POSITION

- 2018-Present: Physician in Nephrology: Taipei Veterans General Hospital
- 2022-Present: Assistant Professor, School of Medicine, College of Medicine, National Yang Ming Chiao Tung University

PROFESSIONAL EXPERIENCES

- 2016-2018: Physician in Nephrology: Taipei Veterans General Hospital Taoyuan Branch
- 2014-2016: Physician in Nephrology: Wei-Gong Memorial Hospital, Miaoli
- 2012-2014: Physician in Nephrology: Taipei Veterans General Hospital Taitung Branch

EDUCATIONAL EXPERIENCES

- 2014-2022: Ph.D., National Yang Ming Chiao Tung University, Taipei, Taiwan, (Institute of Clinical Medicine)
- 1998-2005: M.D., Chung Shan Medical University, Taichung, Taiwan, (Medicine)

Diagnosis and Management of Immune Checkpoint Inhibitor-Associated Kidney Injury

The introduction of immune checkpoint inhibitors (ICIs) has significantly changed cancer patient management. However, their increased use has led to a rise in immune-related adverse events, including ICI-associated acute kidney injury (ICI-AKI), although it's rare. Various mechanisms, such as tolerance loss and T cell reactivation, contribute to ICI-AKI. It often presents as acute tubulointerstitial nephritis and responds well to early corticosteroid treatment. Despite the potential diagnostic benefits from novel biomarkers, evaluating suspected ICI-AKI requires careful diagnostic work-up and kidney biopsy for accurate diagnosis and treatment guidance.

Chia-I Shen 沈佳儀

CURRENT POSITION

- Attending Physician, Division of Thoracic Oncology, Department of Chest Medicine, Taipei Veterans General Hospital

PROFESSIONAL EXPERIENCES

- Residency program, Department of Internal Medicine, Taipei Veterans General Hospital
- Fellowship, Department of Chest Medicine, Taipei Veterans General Hospital

EDUCATIONAL EXPERIENCES

- School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan.

AWARDS & HONORS

- Poster acceptance 2022 ASCO Annual Meeting
- Poster acceptance 2022 World Conference on Lung Cancer
- Oral Presentation 2019 Japan Lung Cancer Society Annual Meeting

Onco-nephrology in lung cancer- Case Sharing

With the advancement of targeted therapy and immunotherapy, an increasing number of reports have underscored the potential for kidney injury. The use of more complex combination therapies undoubtedly raises the likelihood of nephrotoxic effects. Here we present two clinical cases of nephrotoxicity resulting from anticancer treatments. The first patient underwent a combination of immunotherapy and chemotherapy, leading to acute kidney injury. The clinical symptoms and progression of the disease suggested that the adverse effects might be related to the immunotherapy. The patient's condition improved following treatment with steroids. The second patient received targeted therapy in conjunction with anti-VEGF antibody treatment, which resulted in progressive proteinuria. The AKI showed improvement after we discontinued bevacizumab. Through consultations and collaborations with nephrologists and pathologists, we were able to achieve a more accurate diagnosis and administer appropriate treatments. These cases highlight the importance of being vigilant about the risk of nephrotoxicity associated with anticancer treatments.

Winnie Yeo

CURRENT POSITION

- Professor of the Department of Clinical Oncology, Faculty of Medicine, the Chinese University of Hong Kong.
- Chief of Service in the Department of Clinical Oncology, Prince of Wales Hospital, Hong Kong.
- President of the Hong Kong Breast Oncology Group and Co-Director of the Comprehensive Cancer Trials Unit of the Department of Clinical Oncology, the Chinese University of Hong Kong.

PROFESSIONAL EXPERIENCES

Prof. Winnie Yeo was the Chairman of the Medical Oncology Specialty of the Hong Kong College of Physicians between 2007 and 2013.
Prof. Winnie Yeo serves as a member and advisor in various expert panels and committees within the University, the Hong Kong Hospital Authority and various health advisory panels.

EDUCATIONAL EXPERIENCES

Professor Winnie Yeo graduated from King's College Hospital, University of London. She underwent postgraduate training in Addenbrooke's Hospital, Cambridge, and at King's College, Westminster and Royal Marsden Hospitals in London before returning to Hong Kong.

AWARDS & HONORS

Prof. Winnie Yeo has authored and coauthored over 270 papers including Journal of the National Cancer Institute, Lancet, Lancet Oncology, Journal of Clinical Oncology, Hepatology etc. Prof. Winnie Yeo's main research interests are management of breast, gynecological and gastric cancer patients.

Treatment paradigm of endometrial cancer management in the era of molecular oncology.

(TO BE PRESENTED)

Jae-Weon Kim

CURRENT POSITION

- 2010: Professor/ (Chairman), Dept of Ob/Gyn, Seoul National University, Seoul, Korea

PROFESSIONAL EXPERIENCES

- Korean Society of Gynecologic Oncology (President Elect)
- 2016-2018: Korean Society of Obstetrics and Gynecology (Chair, Scientific Committee)
- 2016-Present: National Academy of Medicine of Korea (Member) (since 2016)
- 2012/04-Present: Asian Society of Gynecologic Oncology (Secretary/Treasurer, Editor-in-Chief)
- 2008-2013: American Society of Clinical Oncology (JCO, Editorial Board)
- 2012/04-Present: Korean Society of Gynecologic Oncology (Editor-in-Chief)
- 2004-2018: European Society of Gynaecological Oncology, Int'l Gynecologic Cancer Society (IJGC, Senior Editor)
- 2004-Present: Gynecologic Cancer InterGroup (Board of Directors, Representative of KGOG)

EDUCATIONAL EXPERIENCES

- 1982/03-1988/02: M.D., Seoul National University
- 1998/03-2000/02: Ph.D., Seoul National University (Obstetrics and Gynecology)

AWARDS & HONORS

- 2004: IS Award, 56th Japanese Society of Obstetrics and Gynecology, 93rd Korean Society of Obstetrics and Gynecology
- 2010: Special Achievement Award for the development of the Journal of Gynecologic Oncology, 16th Spring Symposium, Korean Society of Gynecologic Oncology and Colposcopy
- 2012: Grand Prize Award for Scientific Achievement, 27th Annual Meeting, Korean Society of Gynecologic Oncology

Ovarian Cancer Management in an Era of Advancements

An emerging approach to maintenance therapy with potentially positive survival outcomes is the use of PARP inhibitors in combination with immune checkpoint inhibitors (ICIs), which appears to produce synergistic effects.1 But some research suggests triplet therapy with a PARP inhibitor, an ICI, and an antiangiogenic agent could be even more effective.

This was the focus of the phase 2 MEDIOLA trial of olaparib, durvalumab, and bevacizumab for patients with relapsed ovarian cancer and without BRCA mutations.2,3 The triplet combination resulted in greater rates of 24-week disease control (77.4% vs 28.1%) than therapy with just olaparib and durvalumab.2 Median PFS was 14.7 months with the triplet versus 5.5 months with the doublet. The median follow-up for OS was 23.2 months for olaparib plus durvalumab arm, and was 31.9 months for the triplet arm. The median OS was 26.1 months for olaparib plus durvalumab, and 31.9 for the triplet arm.3

Building on these findings, the DUO-O trial was launched to investigate the safety and efficacy of maintenance therapy with bevacizumab monotherapy (378 patients) versus bevacizumab in combination with durvalumab and olaparib (378 patients) in patients with newly diagnosed advanced ovarian cancer and no BRCA mutations.

1. Musacchio L, Cicala CM, Camarda F, et al. Combining PARP inhibition and immune checkpoint blockade in ovarian cancer patients: a new perspective on the horizon? ESMO Open. 2022;7(4):100536.
2. Drew Y, Penson RT, O'Malley DM, et al. Phase II study of olaparib (O) plus durvalumab (D) and bevacizumab (B) (MEDIOLA): initial results in patients (pts) with non-germline BRCA-mutated (non-gBRCAm) platinum sensitive relapsed (PSR) ovarian cancer (OC). Ann Oncol. 2020;31:4s (suppl; abstr 814MO).
3. Banerjee S, Imbimbo M, Roxburgh P, et al. Phase II study of olaparib plus durvalumab with or without bevacizumab (MEDIOLA): final analysis of overall survival in patients with non-germline BRCA-mutated platinum-sensitive relapsed ovarian cancer. Ann Oncol. 2022;33:7s (suppl; abstr 529MO).

Meng-Ru Shen 沈孟儒

CURRENT POSITION

- President, National Cheng Kung University
  國立成功大學校長
- Chair Professor of Pharmacology, Clinical Medicine, Obstetrics and Gynecology, National Cheng Kung University
  國立成功大學藥理學科暨研究所、婦產學科及臨床醫學研究所講座教授
- Managing Director, College Entrance Examination Center
  財團法人大學入學考試中心基金會常務董事
- Director, Taiwan Bio-development Foundation
  財團法人台灣生技醫藥發展基金會董事
- Board Member, Taiwan Medical Center Association
  台灣醫學中心協會理事
- Board Member, Institute for Biotechnology and Medicine Industry
  社團法人國家生技醫療產業策進會理事
- Board Member, The Kaohsiung Branch of Chinese institute of Engineers
  中國工程師學會高雄市分會理事
- Coordinator, Sustainable Platform for Big Data in Healthcare Program, National Science and Technology Council
  國家科學及技術委員會健康大數據永續平台計畫召集人

EDUCATIONAL EXPERIENCES

- M.D., Kaohsiung Medical University
- 高雄醫學大學醫學士
- Ph.D., University of Oxford, UK
- 英國牛津大學博士

Enhancing care for cancer patients undergoing chemotherapy by addressing cytopenia, neuropathy, and sarcopenia

Cancer patients undergoing chemotherapy commonly experience side effects such as myelosuppression, neurotoxicities, and sarcopenia, presenting immediate and long-term challenges. With a focus on the pivotal role of nerve injury, our study is to comprehend the underlying mechanisms and enhance patients' quality of life through tailored solutions. Chemotherapy-induced sympathetic neuropathy in bone marrow contributes to niche damage and impairs hematopoiesis, exacerbating hematologic toxicity. In our study, we observed accelerated recovery from leukopenia and thrombocytopenia in carboplatin-treated rats following a tailored electrical stimulation (ES) protocol targeting the sciatic nerve innervating femoral bone marrow. This intervention reduced chemotherapy-related mortality, preserved sympathetic nerves, and maintained the bone marrow microenvironment. Molecular analysis revealed increased expression of hematopoietic growth factors, indicating the potential of ES in mitigating chemotherapy-induced cytopenia. Our efforts to address chemotherapy-induced peripheral neuropathy (CIPN) involve the development of CN016, a neuroprotective compound demonstrating promise in preventing paclitaxel-induced neuropathy and ameliorating oxaliplatin-induced peripheral neuropathy. Utilizing the Lasso algorithm, we identified risk factors for the severity of CIPN and associated gene polymorphisms with clinical laboratory data. Notably, the BDNF variant exhibited neuroprotective properties against oxaliplatin-induced neuropathy. In tackling cancer sarcopenia, our approach incorporates metabolomic profiling and body composition imaging to define and grade body composition phenotypes using CT-defined metrics. An AI algorithm was developed for core muscle and visceral fat segmentation from abdominal CT images. Metabolomic profiling identified key metabolites distinguishing normal subjects from cancer patients and variations related to different severities of sarcopenia. Prognostic investigations utilizing CT-defined body composition metrics indicated that increased visceral adipose tissue after chemotherapy correlated with worse recurrence-free survival, providing valuable insights into cancer progression. Taken together, our research endeavors to comprehend and mitigate the significant adverse effects of chemotherapy, with the aim of proposing interventions to alleviate their impact on patients undergoing cancer treatment.

Masaki Mandai

CURRENT POSITION

- Professor and Chairman, Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University
- President, Asian Society of Gynecologic Oncology
- President, Japan Society of Gynecological and Obstetrical Surgery
- President, Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy
- Vice President, Japan Society of Obstetrics and Gynecology
- Vice President, Japan Society of Gynecologic Oncology
- Vice President, Japan Gynecologic Oncology Group

PROFESSIONAL EXPERIENCES

- 2017/03: Professor & Chairman, Department of Gynecology and Obstetrics, Kyoto University Graduate School of Medicine
- 2013/01: Professor, Department of Obstetrics and Gynecology, Kindai University Faculty of Medicine
- 2007/03: Associate Prof., Department of Gynecology and Obstetrics, Graduate School of Medicine, Kyoto University

EDUCATIONAL EXPERIENCES

- 1997/01: Ph.D.; Kyoto University Graduate School of Medicine
- 1988/03: M.D.; Faculty of Medicine, Kyoto University

Current status and prospects of robotic surgery in Japan

The field of gynecology is globally one of the most extensively utilized areas for robotic surgery. In Japan, several robotic surgeries for gynecological diseases are covered by national health insurance and gradually gaining popularity. Additionally, over the past two years, Japan has introduced three domestically developed surgical robots: hinotori, Saroa, and ANSUR, in addition to the existing da Vinci Xi and X models. Furthermore, international robots such as HUGO and da Vinci Si have been adopted, indicating an explosive growth in robotic surgery. Unlike laparoscopic surgery, robotic surgery is based on digital technology, allowing for the integration of various IT techniques. Currently, the Japanese Surgical Society is leading the way in conducting proof-of-concept experiments for remote robotic surgery. The results have generally been favorable, and clinical implementation is expected within the next few years. Additionally, numerous initiatives involving AI technology for surgical assistance and education are underway. It is anticipated that robotic surgery will surpass open and laparoscopic approaches, becoming a prominent trend in various surgical procedures, including gynecology.

Hee Chul Park

CURRENT POSITION

- Director, Office of Communication and Public relation, Samsung Medical Center
- Director, Samsung Proton Therapy Center
- Chairman and Chief Professor, Department of Radiation Oncology, Samsung Medical Center, Sungkyunkwan University School of Medicine
- President, The Korean Society for Radiation Oncology

PROFESSIONAL EXPERIENCES

- 2006: Honorable Visiting Instructor, Hokkaido University Hospital, Japan
- 2006-2007: Visiting Scientist, MD Anderson Cancer Center, USA

EDUCATIONAL EXPERIENCES

- 1992: MD, Yonsei University College of Medicine, Republic of Korea
- 2004: PhD, Yonsei University Graduate School, Republic of Korea

Experience in clinical trials combining immunotherapy and radiotherapy.

While systemic therapy is recommended for HCC patients with MVI by many academic guidelines, various liver-directed therapies such as surgical resection, transarterial chemoembolization with or without radiotherapy, and radioembolization have demonstrated significant outcomes. There may be an unmet need for improved treatment strategies integrating systemic and liver-directed therapy in patients with HCC and MVI.

External beam radiation therapy (EBRT) can be applied to patients with HCC in various situations, including those with symptomatic primary liver or metastatic lesions. Recent advances in the EBRT techniques, such as with stereotactic body radiotherapy (SBRT), proton beam therapy (PBT), and carbon ion radiotherapy, have enabled the delivery of higher radiation doses to achieve excellent local control. Proton beam therapy (PBT), an EBRT, demonstrated non-inferiority for local progression-free survival to radiofrequency ablation for small residual or recurrent intrahepatic HCC as a curative option. The combination of EBRT and transarterial chemoembolization (TACE) showed tolerability and superior efficacy for HCC with MVI compared with sorafenib alone. Although little is known about the clinical outcomes of the concurrent use of radiotherapy and immunotherapy, it can be expected to exert a synergistic effect in cancer treatment. Radiation therapy can have immunostimulatory effects. Substantial preclinical studies have shown that radiotherapy may synergize with immunotherapy. Preliminary clinical studies have recently been reported. A phase 1 trial of SBRT combined with immunotherapy (nivolumab with or without ipilimumab) exhibited favorable outcomes, and the combination therapy of EBRT and atezolizumab/bevacizumab demonstrated acceptable safety.

Based on the CheckMate-040 trial, which showed promising clinical activity and a favorable safety profile, nivolumab, a PD-1 inhibitor, obtained accelerated approval from regulatory agencies worldwide, including South Korea, as a second-line treatment, and a global first-line nivolumab trial could be initiated. Nivolumab monotherapy demonstrated a durable response in some patients; however, the response rate still remained at 20%. EBRT has shown good local control in HCC and may potentiate immunotherapy through immunomodulatory effects; therefore, we conducted a phase 2 study evaluating the efficacy and safety of concurrent therapy with nivolumab and EBRT in patients with advanced HCC and MVI.

Robert D. Timmerman

CURRENT POSITION

- 2014-Present: Attending Physician, Department of Radiation Oncology, William P. Clements, Jr. University Hospital, Dallas,TX
- 2006-Present: Attending Physician, Department of Radiation Oncology, Children's Medical Center, Dallas, TX
- 2004-Present: Attending Physician, Department of Radiation Oncology, Parkland Hospital, Dallas, TX

PROFESSIONAL EXPERIENCES

- 2022-Present: Chair, Department of Radiation Oncology, University of Texas Southwestern Medical Center
- 2021-2022: Interim Chair Department of Radiation Oncology, University of Texas Southwestern Medical Center
- 2008-Present: Professor (secondary appointment), Department of Neurosurgery, University of Texas Southwestern Medical Center
- 2004-Present: Professor (with tenure), Department of Radiation Oncology , University of Texas Southwestern Medical Center
- 2003-2004: Associate Professor, Department of Radiation Oncology, Indiana University School of Medicine
- 1998-2003: Assistant Professor, Department of Radiation Oncology, Indiana University School of Medicine
- 1994-1998: Clinical Assistant Professor, Department of Radiation Oncology,Indiana University School of Medicine

EDUCATIONAL EXPERIENCES

- 1990: M.D., Medicine, University of South Dakota
- 1986: M.S., Reactor Physics, University of Tennessee
- 1983: B.S., Nuclear Engineering, Iowa State University
- 1994: Resident, Radiation Oncology, The Johns Hopkins Hospital
- 1991: Intern, Transitional Medical Internship, Sanford School of Medicine

Personalizing Therapy using SABR Perturbations

Radiotherapy is an important modality indicated in the treatment of the majority of patients with cancer and associated with curing a large number of patients. Sadly, though, it is a one-size-fits-all therapy where all patients with a given diagnosis effectively get the same treatment. No doubt, these patients are different from each other, some with “resistant” tumor biology or tolerance and others more curable. Radiotherapy has the opportunity, perhaps more so than other cancer therapies, to personalize itself for each individual therapy, particularly if signals of curability are assayed, evaluated and reacted to longitudinally during a course of therapy. Radiotherapy, being more powerful than many other cancer therapies, constitutes a profound perturbation to the otherwise course of an individual’s cancer course, particularly if the radiation is not completed too quickly. We will discuss this opportunity and how it might be exploited. Baseline assessments and assessments during the treatment course could re-direct how the radiotherapy is delivered offering patients a customized therapy with no more or no less treatment than is actually required to cure their cancer with acceptable side effect.

Sue Yom

CURRENT POSITION
- Professor of Radiation Oncology,
- Vice Chair of Strategic Advisory
- Irwin Mark Jacobs and Joan Klein Jacobs Distinguished Professor in Head and Neck Cancer Radiation Oncology

PROFESSIONAL EXPERIENCES
- Editor in Chief, International Journal of Radiation Oncology Biology Physics
- Committee Chair, Head and Neck Committee, NRG Oncology
- Chair, Guidelines and Protocols Committee, Head and Neck Cancer International Group

EDUCATIONAL EXPERIENCES
- M.D., University of Pennsylvania School of Medicine,
- Anderson Cancer Center Internship and Residency Program

AWARDS & HONORS
- FASTRO, FACR, FAAWR

International Initiatives in Head and Neck Cancer

In an era of increasing global communication and connectivity, we have the opportunity to develop new initiatives in head and neck cancer that engage the international community in an unprecedented manner. This was particularly exemplified during the early COVID pandemic, an experience which demonstrated the power of developing worldwide consensus. Numerous organizations are now extending that experience to issues of staging, study design, and clinical trial implementation. This talk will review several such international initiatives from the perspective of the Head and Neck Cancer International Group as well as the growing international engagement of the NRG Oncology Head and Neck Cancer Committee.

Ng Huck Hui

CURRENT POSITION

- The Assistant Chief Executive for Research and Talent Development, under the Agency for Science, Technology and Research.
- Chief Scientific Advisor, Institute of Molecular and Cell Biology (IMCB) A*STAR

PROFESSIONAL EXPERIENCES

Prof Ng is renowned in the field of gene regulation and genomics. His laboratory is developing diagnostic and therapeutics modalities for brain and liver diseases. Prof Ng had held several administrative positions. He was the Executive Director of the Genome Institute of Singapore and the Executive Director of the A*STAR Graduate Academy.

EDUCATIONAL EXPERIENCES

Professor Ng was a postdoctoral fellow with Harvard Medical School under the prestigious Damon Runyon-Walter Winchell Postdoctoral Fellowship. Professor Ng is renowned in the field of stem cells, having spent more than a decade in research to understand and uncover the intricacies of gene regulation and how they relate to cell biology. He was also the President for the Stem Cell Society Singapore, which is a major platform for educating the public on stem cell research. In 2016, Professor Ng was elected to be an Associate Member of the European Molecular Biology Organization, making him the only associate member to be based in Singapore.

AWARDS & HONORS

- 2023: Public Administration Medal (Bronze), under the National Day Awards (COVID-19)
- 2020: Fellow of the Singapore Academy of Science (SNAS)
- 2019: The Public Administration Medal (Silver), National Day Awards
- 2018: President’s Science Award (Team Award)
- 2011: President's Science Award (Team Award)
- 2010: Singapore Youth Award (Commendation Medal)
- 2009: Junior Chamber International (JCI) The Outstanding Young Persons Singapore Awards

Dissecting the genetic and epigenetic pathways for non-alcoholic fatty liver diseases

Non-alcoholic fatty liver disease (NAFLD) is gaining track as an imminent global pandemic that is estimated to impact up to a quarter of the adult population worldwide. Anticipated to place a significant strain on the healthcare system, NAFLD is expected to have a considerable impact due to its widespread occurrence and the potential health complications associated with obesity and diabetes. NAFLD encompasses a range of disease stages, starting from benign accumulation of fat in the liver (steatosis) to the degeneration, inflammation, and cirrhosis of liver cells. The organoid system is a highly important tool for investigating hepatocyte functions and advancing our understanding of liver biology in NAFLD progression. Our lab has made significant research progress on the generation of liver organoids from pluripotent stem cells (PSCs) and went a step further to develop a one-step protocol for directed differentiation of adult liver stem cells (LSCs) to a hepatocyte-like cell (HLC) lineage. The successful generation of liver organoids from both PSCs and LSCs showcases their versatility, offering promising prospects for their utilization in modeling drug-induced liver injury and fatty liver disease. In addition, our laboratory has also further developed an algorithm that utilizes transcriptomic data from diverse patients across different continents for the continuous staging of patients with NAFLD. In this presentation, we will explore how a multi-disciplinary approach can uncover valuable insights into NAFLD mechanisms and stages, providing promising avenues for tackling this complex disease.

Chao-Chi Ho 何肇基

CURRENT POSITION

- Deputy Director of Internal Medicine NTUH

PROFESSIONAL EXPERIENCES

- Clinical Professor of Internal Medicine, College of Medicine, National Taiwan University

EDUCATIONAL EXPERIENCES

- Ph.D., Institute of Pathology, College of Medicine, National Taiwan University
- M.B., College of Medicine, National Taiwan University

Immunotherapy strategies for EGFR-mutated advanced NSCLC after EGFRTKI failure

The most prevalent form of immunotherapy, immune checkpoint inhibitors (ICI), comprises cytotoxic T lymphocyte-associated antigens-4 (CTLA-4) inhibitors, programmed cell death 1 (PD-1) inhibitors, and programmed cell death ligand 1 (PD-L1) inhibitors. It has now become the standard frontline treatment for advanced non-small cell lung cancer (NSCLC) lacking an oncogenic driver. Patients with EGFR mutations exhibit a limited response to ICI monotherapy, with EGFR tyrosine kinase inhibitors (TKI) remaining the optimal choice for this subset. Despite initial treatment of EGFR TKIs, most EGFR mutant patients experience disease progression within 10-18 months. The standard approach following progression after EGFR TKIs is subsequent platinum-based doublet chemotherapy. Novel strategies are under investigation for patients who do not respond to EGFR TKIs, including bispecific antibodies and antibody-drug conjugates. Clinical studies reveal alterations in the tumor immune microenvironment after EGFR-TKIs targeted therapy, characterized by an increase in CD8+ tumor-infiltrating lymphocytes (TILs) density, tumor mutational burden (TMB), and PD-L1 expression in tumor cells.

These findings suggest the potential for ICI-based combination therapy in this patient population. Several phase 3 trials have compared immunotherapy combined with chemotherapy to chemotherapy alone after EGFR TKI failure, yielding minimal differences. However, the questions of how and when to choose immunotherapy after EGFR TKIs remain unanswered.

Emily Pei-Ying Lin 林佩瑩

CURRENT POSITION

- Associate Professor, Taipei Medical University College of Medicine, Taipei, Taiwan.
- Attending Physician, Taipei Medical University Hospital, Taipei, Taiwan.
- Adjoint Associate Professor, Vanderbilt University School of Medicine, Nashville TN, USA.

PROFESSIONAL EXPERIENCES

- 2023-Present: Associate Professor, Taipei Medical University College of Medicine, Taipei, Taiwan.
- 2023-Present: Adjoint Associate Professor, Vanderbilt University School of Medicine, Nashville TN, USA.
- 2021-2023: Assistant Professor, Taipei Medical University College of Medicine, Taipei, Taiwan.
- 2020-2023 Adjoint Assistant Professor, Vanderbilt University School of Medicine, Nashville TN, USA.
- 2020-Present: Attending physician, Taipei Medical University Hospital, Taipei, Taiwan.
- 2015-2019: Attending Physician, Department of Medical Research, National Taiwan University Hospital, Taipei, Taiwan.
- 2015-2018: Adjunct Attending Physician, Department of Oncology, National Taiwan University Hospital, Taipei, Taiwan.
- 2008-2019: Adjunct Attending Physician, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan.

EDUCATIONAL EXPERIENCES

- 2008-2015: Ph.D., Taiwan International Graduate Program in Molecular Medicine, National Yang-Ming University and Academia Sinica Taiwan.
- 1996-2003: M.D., Taipei Medical University, Taipei, Taiwan.

Targeting Therapeutic Barriers in Lung Cancer

Lung cancer remains the leading cause of cancer death worldwide. Advances in genomic medicine have depicted biomarkers that stratify lung cancer based on driver mutations, and there are, a portion of the lung cancer that does not bear driver mutations. The successful development of targeted therapy represents a major breakthrough for the former, and the implement of immune checkpoint inhibitors is undoubtedly a paradigm shift for the latter. Nevertheless, despite those exciting breakthroughs within the past 20 years, quite a few barriers for lung cancer therapy awaits solutions. This talk will be addressing lung cancer therapeutic barriers, encompassing targeting barriers on CNS drug delivery, EGFR resistance, and immune checkpoint inhibitor clinical trial data interpretation.

Hsiang-Fong Kao 高祥豐

CURRENT POSITION

- Clinical Assistant Professor, Graduate Institute of Oncology, National Taiwan University, Taipei, Taiwan
- Physician, Department of Medical Oncology, National Taiwan University Cancer Center, Taipei, Taiwan

PROFESSIONAL EXPERIENCES

- 2021/01-Present: Attending Physician, Department of Medical Oncology, National Taiwan University Cancer Center
- 2014/07-2020/12: Attending Physician, Department of Oncology, National Taiwan University Hospital
- 2012/07-2014/06: Attending Physician, Department of Oncology, National Taiwan University Hospital, Yun-Lin Branch

EDUCATIONAL EXPERIENCES

- Ph.D., Graduate Institute of Immunology, National Taiwan University, Taipei, Taiwan
- M.D., College of Medicine, National Taiwan University, Taipei, Taiwan

AWARDS & HONORS

- 2022: Excellent Physician Scientist, YuanDa Foundation and College of Medicine, National Taiwan University

Charting the Course: Navigating through the Tumor Microenvironment of Head and Neck Cancer with Investigator-Initiated Trials.

With the emergence of immune checkpoint inhibitors, the prognosis of head and neck squamous cell carcinoma and nasopharyngeal carcinoma improved significantly. While promising, these therapies encounter resistance in a considerable patient subset, necessitating exploring a new combination strategy to overcome intrinsic resistance. To find a better combination strategy, an exploration of the tumor microenvironment could be the key to improvement.

The tumor microenvironment (TME) is a complex and dynamic ecosystem surrounding cancer cells within a tumor. It comprises a diverse array of cellular and non-cellular components, including immune cells, fibroblasts, blood vessels, and extracellular matrix. This intricate network is crucial in influencing tumor behavior, growth, and response to therapies.

EGFR inhibition may modulate the tumor microenvironment and augment antigen-presenting machinery. A phase II trial utilizing afatinib-pembrolizumab in refractory HNSCC revealed an improving clinical response. EGFR amplification and MTAP alteration are possible biomarkers predicting clinical response. Another study used ribociclib-spartalizumab in HNSCC. The study showed tolerable toxicity with modest improvement in survival.

For NPC, a Singapore-Taiwan cooperative trial using nivolumab-ipilimumab showed promising ORR with a durable response. An international collaborative study using deep learning methods in pathological slides also found that a high T-cell infiltration predicted the clinical response to anti-PD1-based therapy in NPC.

The studies using clinical trials and tumor microenvironment paves the way to predicting better combination strategies in cancer therapy. Challenges remain in predicting treatment responses and tailoring therapies. To chart the course for long-term disease control and cure, small-scale trials, international collaborations, and multiplexed tumor microenvironment research could be the solutions in the future.

Hwei-Fang Tien 田蕙芬

CURRENT POSITION
- 亞東紀念醫院顧問醫師
- 台大醫學院內科名譽教授
- 台大醫院內科特聘兼任主治醫師
- 台灣血液病學會理事

PROFESSIONAL EXPERIENCES
- 美國路易佛大學VA醫學中心研究員
- 美國國家癌症研究中心研究員
- 國立台灣大學醫學院內科教授
- 台大醫院內科部血液腫瘤科主任
- 台大醫院病理部合聘教授
- 台大醫院檢驗醫學部合聘教授
- 台灣大學醫學院特聘教授
- 台灣大學講座教授

EDUCATIONAL EXPERIENCES
- 國立台灣大學醫學院臨床醫學研究所博士畢業
- 國立台灣大學醫學系畢業

AWARDS & HONORS
- 國科會學年度傑出研究獎 1982, 1998, 2010
- 癌症醫學會徐千田傑出癌症研究獎
- 台大醫院傑出研究獎(研究卓越團隊組)
- 台灣醫學會學術演講獎
- 教育部學術獎
- 教育部國家講座主持人
- 世界衛生組織(WHO)造血及淋巴組織惡性病分類的臨床諮詢委員會委員
- 歐洲白血病網路(European Leukemia Net, ELN) AML診斷及治療準則專家

Chien-Tien Hsu's Outstanding Cancer Research Award
徐千田癌症研究傑出獎頒獎暨專題演講

急性骨髓性白血病(AML)的基因變異及其在個人化醫療的應用

我選擇血液專科，是從我參加中沙醫療團之前的決定。回到台大醫院後，我到美國進修，學習細胞標記及細胞遺傳學，接著進入台大醫學院的臨床醫學研究所攻，開始接觸分子生物的技術；有了這幾個基本研究的工具後，即開始血液惡性疾病的研究，主要聚焦於急性骨髓性白血病以及骨髓化身不良症候群。當時，染色體及基因變異在這兩種疾病的研究正在萌芽並蓬勃發展，之後隨著科技包括基因定序的進步，越來越多相關的的基因突變被發現，也促成新的疾病分類的制定及標靶治療的開發。例如AML方面，由2001年WHO分類開始，經過2008年及2016年的更新，到了2022年，同時出現兩個國際分類: WHO以及 ICC，除了帶特殊染色體異常的亞型不斷擴增之外，也包括了具特殊基因突變的分型。我們欣逢其會，經過多年努力，逐漸建立了病人的基因變異圖譜，這些變異可以幫忙病人做更精確的分類及風險分級，並可作為追蹤微小殘存疾病的標的，提供臨床醫師治療病人的參考，邁向個人化醫療的理想。非常感謝國科會、衛福部多年來對我們研究的資助，也感謝研究團隊共同的努力，還有血液科臨床醫師細心的診治病人及收集檢體，讓我們的研究成果能受到國際的重視。

Takayuki Yoshino

CURRENT POSITION

- Deputy Director of Hospital
- Head, Division for the Promotion of Drug and Diagnostic Development
- Chief, Department of Gastroenterology and Gastrointestinal Oncology
- National Cancer Center Hospital East,
- Chairman/President, Japan Society of Clinical Oncology

PROFESSIONAL EXPERIENCES

- 2023-Present: Chairman/President, Japan Society of Clinical Oncology
- 2023-Present: Specially Appointed Professor, Department of Gastroenterological surgery/Pediatric surgery, Gifu University, Graduate School of Medicine
- 2023-Present: Chief, Department of Gastroenterology and Gastrointestinal Oncology, National Cancer Center Hospital East
- 2022-Present: Director, Department of Drug Development and Promotion, National Cancer Center Hospital East
- 2022-Present: Deputy Director, National Cancer Center Hospital East
- 2022-2022: Visiting Professor, Institute for Materials Chemistry and Engineering, Kyushu University
- 2022-2023: Director, Department of Data Science, National Cancer Center Hospital East
- 2021-2022: Acting Director, Department of Data Science, National Cancer Center Hospital East
- 2021-2022: Head, Translational Research Division, National Cancer Center Hospital East
- 2014- 2022: Director, Department of Gastroenterology and Gastrointestinal Oncology, National Cancer Center Hospital East

EDUCATIONAL EXPERIENCES

- M.D., University of Pennsylvania School of Medicine,
- Anderson Cancer Center Internship and Residency Program

SCRUM-MONSTAR & CIRCULATE-Japan/Taiwan platform to accelerate precision oncology innovations; achievement and perspective

Advances in precision oncology have highlighted the necessity for genotyping in advanced cancer patients to ensure appropriate therapy selection. However, pace of precision oncology innovations remains limited due to logistical realities of patient identification. Furthermore, because many targets are present in only a small fraction of patients, hundreds or even thousands of patients need to be screened.

Compounding this identification barrier are challenges associated with traditional trial designs - such as high cost of genotyping, lengthy screening periods, and limited access to screening populations - which lead to increasingly low enrollment rates of otherwise eligible patients.

SCRUM-Japan initiated GOZILA, a nationwide plasma genomic profiling platform study (Cancer Sci. 2021). Clinical utility of such rapid screening methods based on ctDNA genotyping has been leveraged in umbrella- and basket-type clinical trials (Nat Rev Gastroenterol Hepatol. 2023). Overall, it led to a statistically significant increase in enrollment in genotype-matched clinical trials relative to enrollment conducted via tumor-based screening without compromising treatment efficacy (Nat Med. 2020). SCRUM-Japan initiated CIRCULATE-Japan/Taiwan since 2020, demonstrating a large and comprehensive prospective analysis of ctDNA in resectable colorectal cancer, support the use of ctDNA testing (molecular residual disease [MRD] detection) to identify patients who are at increased risk of recurrence and are likely to benefit from adjuvant chemotherapy (Nat Med. 2023).

Notably, key elements necessary to maintain such a genomic screening platform include 1. an overall high hit rate, 2. a quick turnaround time between informed consent and enrollment in a molecularly matched trial, 3. actionable targets treated with best-in-class therapies, 4. a dynamic trial structure allowing opening and closing of treatment cohorts based on the best available science, 5. flexibility to maximize academia and biopharma partnerships depending on the target, and 6. financial sustainability (Oncology [Williston Park]. 2021). Also, translational studies with longitudinal liquid biopsy tests have advantage in potentially evaluating early therapeutic effects and elucidating mechanisms of resistance.

Recently, we have reported results of a single-arm phase 2 TRIUMPH trial (UMIN000027887) to evaluate efficacy of pertuzumab plus trastuzumab in metastatic colorectal cancer (mCRC), which enrolled patients with HER2 positivity detected in tissue or ctDNA (Nat Med. 2021). Furthermore, real-world clinical outcomes for patients with HER2-positive mCRC treated with non-HER2-targeted standard-of-care therapies were assessed as a reference using the SCRUM-Japan Registry, an observational cohort study of real-world data from patients with advanced solid tumors (Clin Colorectal Cancer. 2022). These results led to the world's first effective & approved treatment for HER2-positive mCRC patients in Japan.

In this presentation, achievement and perspective in SCRUM-MONSTAR & CIRCULATE-Japan/Taiwan will be presented.

Li-Tzong Chen 陳立宗

CURRENT POSITION

- Chair Professor, Internal Medicine, Kaohsiung Medical University, Taiwan.
- Co-affiliated Investigator, National Institute of Cancer Research, NHRI, TW
- President, Taiwan Neuroendocrine Tumor Society

PROFESSIONAL EXPERIENCES

- 2020/08: Chair Professor of Internal Medicine, College of Medicine, KMU, Kaohsiung, TW.
- 1988/08: Attending Physician, Division of Gastroenterology, Department of Medicine, Kaohsiung Medical University Hospital, Kaohsiung
- 1985/08: Faculty, National Institute of Cancer Research, NHRI, TW

EDUCATIONAL EXPERIENCES

- 1975/08-1982/07: M.D., Kaohsiung Medical University (KMU), Kaohsiung, TW
- 1992/08-2001/07: Ph.D., Post-graduate School, KMU

AWARDS & HONORS

- 2019/05-2021/05: President, Taiwan Oncology Society
- 2014/08-2021/07: Director, National Health Research Institutes, NHRI

Future-Proofing insurance in Taiwan: The Genomic Sequencing Dilemma – Personal Perspectives

Taiwan's National Health Insurance (NHI) is one of the best health care systems globally that covers more than 99.9% of the population, providing comprehensive medical care meaning no patients pay entirely "out of pocket" for drug costs, once the drugs or tests have been approved for reimbursement by the NHI. However, the system faces challenges related to funding sustainability and rising healthcare costs which can delay reimbursement for new drugs. Certification on genetic testing methods poses a challenge as well. Our neighboring Japan and Korean national health systems have provided NGS testing for routine cancer care in 2017 and 2019, respectively; whiles NGS testing has been provided through a registration program supported by the Taiwanese government research funding after August 2021, and is expected to receive conditional, partial NHI reimbursement coverage from 1st May, 2024. NGS is an important step toward precision medicine and its reimbursement is definitively welcome by patients, healthcare providers and physicians. However, the "inequity of cancer care" created by the differences in the availability of reimbursed small molecular targeted agents and/or biologics for detected actionable genetic alterations among different cancer types in Taiwan can be further deteriorated by the a more generalized but selected NGS testing strategies. In addition, there are challenges in NGS applications for the ethical frameworks, such as informed consent, data and privacy protection, and return of results, especially in global trends favoring data sharing and mining, and Big Data researches. More comprehensive discussion to find the ways of resolution is urgently warranted.

Chung-Liang Shih 石崇良

CURRENT POSITION

- 2023/02-Present: Director General, National Health Insurance Administration, Ministry of Health and Welfare
- 2006/02-Present: Adjunct Assistant Professor, College of Medicine, National Taiwan University
- 2006/02-Present: Adjunct Assistant Professor, College of Public Health, National Taiwan University

PROFESSIONAL EXPERIENCES

- 2020/08-2023/02: Vice Minister, Ministry of Health and Welfare
- 2016/07-2020/08: Director-General, Department of Medical Affairs, Ministry of Health and Welfare
- 2015/02-2016/07: Secretary General, Ministry of Health and Welfare
- 2013/07-2015/01: Director-General, Department of Planning, Ministry of Health and Welfare
- 2012/08-2013/07: Director-General, Bureau of Planning, Department of Health, Executive Yuan
- 2008/06-2012/07: Director-General, Bureau of Medical Affairs, Department of Health, Executive Yuan
- 2007/07-2008/05: Medical Secretary, Taoyuan General Hospital, Department of Health, Executive Yuan
- 1998/07-2007/06: Attending Physician, Emergency Medicine, National Taiwan University Hospital

EDUCATIONAL EXPERIENCES

- 2000/09-2006/01: Ph.D., The Institute of Health Policy and Management, National Taiwan University
- 1984/09~1991/06: M.D., Kaohsiung Medical University

中華民國癌症醫學會 TOS
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 14:40 - 15:10

Building Taiwan's Precision Medicine Ecosystem

Precision medicine is a global healthcare trend, with countries worldwide actively engaged in research. Taiwan has recognized precision health as one of its six core strategic industries. Before the COVID-19 pandemic, Europe and the United States had developed numerous cell therapy products and cancer drugs. The products in Asia-Pacific region is poised for rapid growth, and Taiwan, with its advantages in medical technology, talent, and healthcare infrastructure, is well-positioned to advance precision medicine.

Diverging from traditional healthcare, precision medicine extends beyond the developing of new drugs and the enhancing of medical quality and technology. It encompasses precise testing, diagnosis, treatment and prognoasis, which are crucial for understanding local disease characteristics and epidemiological data. Precision treatment includes cell therapy or regenerative medical products, which may have time-limited and pre-storage limitations. Localization also fosters collaboration with healthcare institutions and experts, ensuring the effective implementation and outcomes of precision medicine.

Chikashi Ishioka

CURRENT POSITION

- Professor, Department of Clinical Oncology, Tohoku University Graduate School of Medicine
- Director, Department of Medical Oncology, Tohoku University Hospital (TUH)
- Director, Personalized Medicine Center (P-MEC), TUH
- Vice President, TUH
- President, Japanese Society of Medical Oncology (JSMO)

PROFESSIONAL EXPERIENCES

- 2020-2024: Department of Clinical Oncology, Tohoku University Graduate School of Medicine
- 2000-2024: Department of Medical Oncology, Tohoku University Hospital (TUH) , Sendai, Japan
- 1988-2020: Department of Clinical Oncology, Institute of Development, Aging and Cancer, Tohoku University
- 1992-1994: Division of Molecular Genetics, MGH Cancer Center, Charlestown MA
- 1984-1992: Sendai Kosei Hospital, Sendai, Japan

EDUCATIONAL EXPERIENCES

- 1984: M.D., Tohoku University School of Medicine
- 1988: Ph.D., Tohoku University Graduate School of Medicine

AWARDS & HONORS

- 2022-2023: Findme Specialist Doctors (Findme Specialist Doctors)
- 2021: Best Doctors Network (The Best Doctors in Japan)
- 2014-2021: Best Doctors (The Best Doctors in Japan)
- 2019: Tohoku University Foundation Achievement Award
- 2019: Japanese Society of Medical Oncology Distinguished Service Award
- 1997: Sapporo Biological Science Foundation Research Grant 2003 15th SGH Cancer Research Grant
- 1996: Tokyo Biochemistry Research Foundation Research Grant

中華民國癌症醫學會 TOS
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 15:30 - 16:00

Clinical impact of next-generation sequencing: case studies and molecular tumor board in Japan

In Japan, four years have passed since cancer gene panel testing was included in insurance medical treatment, and to date approximately 70,000 gene panel tests have been conducted as covered medical treatment. Various issues have become apparent during this process. One is that gene panel testing is stipulated to be performed after standard treatment has been completed. However, it is considered medically desirable to perform gene panel testing before starting first-line treatment. Additionally, the requirements for designating an expert panel, which interprets the results of gene panel tests and recommends appropriate treatment, are strict, making it difficult for medical institutions to secure medical personnel. Furthermore, holding expert panels and preparing for them is a burden on doctors and staff. In addition, the rate of treatment recommendations based on expert panel results is low, and the growth in the number of gene panel tests has reached a plateau. One of the reasons for this is that there is little awareness among doctors. Here, we will introduce some cases and report on the current status of cancer gene panel testing in Japan.

Chiao-En Wu 吳教恩

CURRENT POSITION

- Professor, Division of Medical Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital

EDUCATIONAL EXPERIENCES

- PhD, Northern Institute for Cancer Research, Newcastle University, UK
- Chang Gung University, College of Medicine, School of Traditional Chinese Medicine, double degree in Chinese Medicine and Medicine

AWARDS & HONORS

- Outstanding research paper award, present at Conference TJCC 2021.

中華民國癌症醫學會 TOS
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 16:00 - 16:30

Advancing Precision Oncology in Taiwan: A closer look at Molecular tumor board practices

Precision Oncology, a transformative approach to cancer treatment, has witnessed significant global recognition in recent years, reshaping the cancer care landscape. At the forefront of this shift is the Molecular Tumor Board (MTB), an interdisciplinary team of experts dedicated to analyzing the molecular profiles of cancer patients and tailoring personalized treatment strategies.

Precision Oncology centers on comprehending the unique genetic alterations within individual tumors, allowing clinicians to pinpoint specific drivers of cancer growth. This personalized approach aims to optimize therapeutic interventions, enhance treatment efficacy, and minimize adverse effects, representing a departure from traditional cancer treatments.

The MTB serves as the linchpin of Precision Oncology implementation. Comprising oncologists, pathologists, geneticists, and other specialists, the MTB collaboratively reviews genomic data, discusses treatment options, and formulates personalized therapeutic plans for each patient. This collaborative decision-making process harnesses the collective expertise of diverse specialists to ensure a comprehensive understanding of the molecular intricacies of each case.

In the context of Taiwan, the adoption of Precision Oncology and the establishment of MTBs have gained momentum. The significance of these practices lies in their potential to revolutionize cancer care by optimizing treatment outcomes and elevating patient care standards. Precision Oncology, with its focus on the genetic nuances of each tumor, helps identify targeted therapies, immunotherapies, and other tailored interventions that may outperform conventional treatments.

The joint position paper from the Taiwan Oncology Society (TOS) and Taiwan Society of Pathology (TSP) emphasizes the importance of MTBs in medical institutions across Taiwan. The document outlines key recommendations, including diverse molecular analyses, involvement of multidisciplinary participants, prioritization of unique clinical cases, and basing discussions on comprehensive patient data.

This speech will introduce the current situation of MTB and precision medicine in Taiwan.

Hsueh-Fen Juan 阮雪芬

CURRENT POSITION

- Distinguished Professor, Department of Life Science, Graduate Institute of Biomedical Electronics and Bioinformatics,
- Deputy Vice President for Research & Development,
- Director, Center for Computational and Systems Biology, National Taiwan University

PROFESSIONAL EXPERIENCES

- President, 7th Taiwan Proteomics Society
- Council Member, Asia Oceania Human Proteome
- Organization (AOHUPO)
- Vice President, The Emerging Information and Technology
- Association (EITA), U.S.A.
- Vice Chairman, Taiwan Bioinformatics and Systems
- Biology Society

EDUCATIONAL EXPERIENCES

- Ph.D. at Graduate Institute of Biochemical Sciences, National Taiwan University (NTU), Taiwan
- M.S. at Graduate Institute of Botany, NTU, Taiwan
- B.S. at Department of Botany, NTU, Taiwan

AWARDS & HONORS

- Outstanding Research Award from Ministry of Science and Technology (MOST)
- Advisor for College Student Research Creativity Award from Ministry of Science and Technology (MOST)
- Emerging Information and Technology Association (EITA) Service Award, USA
- K. T. Li Breakthrough Award by Institute of Information and Computing Machinery
- Japan Society for the Promotion of Science (JSPS) Fellowship, Japan
- Taiwan's Ten Outstanding Young Persons

中華民國癌症醫學會 TOS
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 16:30 - 16:50

Bioinformatics: from bench to translational applications

In my presentation, I will explore the evolution of bioinformatics, tracing its journey from a foundational instrument in scientific inquiry to a crucial element in applied medical science and healthcare. This journey highlights how bioinformatics serves as a bridge, connecting the theoretical world of laboratory research with practical health solutions in the real world. Additionally, I will illustrate this transformation by presenting a case study. This study demonstrates the application of an integrative approach based on gene expression for identifying prognostic markers, as well as potential single-agent treatments and drug combinations, specifically targeting high-risk neuroblastoma.

Wan-Shan Li 李宛珊

CURRENT POSITION

- Director, Division of Molecular Pathology, Department of Pathology, Chi Mei Medical Center, Tainan, Taiwan
- Assistant Professor, Department of Medical Laboratory Science and Biotechnology, Chung Hwa University of Medical Technology, Tainan, Taiwan

PROFESSIONAL EXPERIENCES

- 2021-Present: Advisory Member, Laboratory Developed Tests Advisory Committee, Taiwan Ministry of Health and Welfare (MOHW)
- 2021-Present: Reviewer, Laboratory Developed Tests Application Review Committee, Joint Commission of Taiwan (JCT)
- 2023-Present: Inspector, Precision Medicine Molecular Testing Laboratory Certification, Taiwan Food and Drug Administration (TFDA), Ministry of Health and Welfare
- 2019-Present: Attending physician, Department of Pathology, Chi Mei Medical Center
- 2016-2019: Attending physician, Department of Pathology, Kaohsiung Medical University Hospital
- 2015-2016: Attending physician, Department of Pathology, E-DA Hospital, I-Shou University, Kaohsiung, Taiwan
- 2010-2015: Resident of anatomic pathology, Department of Pathology and Laboratory Medicine, Taichung Veterans General Hospital, Taiwan

EDUCATIONAL EXPERIENCES

- 2002-2009 Doctor of medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Navigating Genetic Testing: Preliminary Analysis and Avoiding Traps

Next-generation sequencing (NGS) has fundamentally changed our approach to understanding and treating cancer. By enabling rapid genome sequencing, NGS offers an in-depth look into the genetic foundations of various cancers.

In this speech, we will explore how to initially interpret NGS reports, underscoring the significance of quality control (QC) in guaranteeing accurate data. We'll also delve into the complexities of analyzing the extensive data produced by NGS, particularly in identifying crucial genetic markers.

We will then shift our focus to certain pitfalls in NGS interpretation. We place substantial emphasis on the fact that identical genetic variations may not hold the same clinical significance across different cancer types, underscoring the need for interpretation that is specific to each context. The presentation further differentiates between somatic and germline testing, emphasizing the distinct interpretative approaches necessary for each and the criticality of selecting the appropriate test based on the patient's specific condition. Finally, we advocate for customized interpretation strategies that are tailored to the particular type of cancer, thereby avoiding the oversimplification of genetic data.

This speech aims to provide a comprehensive understanding of NGS in cancer analysis, from its groundbreaking role in personalized medicine to the nuances of interpreting its results. The focus is on empowering the audience with knowledge to navigate the complexities of NGS in cancer diagnosis and treatment, ensuring accurate, personalized, and effective healthcare solutions.

Yu-Ju Chen 陳玉如

CURRENT POSITION

- Distinguished Research Fellow

PROFESSIONAL EXPERIENCES

- 2013-2021: Director, Institute of Chemistry, Academia Sinica
- Adjunct Professor, National Taiwan University
- 2021-2022 : President, Human Proteome Organization (HUPO)
- 2023-2024 : President, The Chinese Chemical Society located in Taipei
- 2020-Present: Associate Editor, Analytical Chemistry, ACS

EDUCATIONAL EXPERIENCES

- 1998-1999: Postdoctoral Fellow National TsingHun University, Taiwan
- 1997: Ph.D., Iowa State University, U.S.A

AWARDS & HONORS

- 2023: 16th Taiwan Outstanding Women in Science Award
- 2013, 2023: Outstanding Research Award, National Science Council
- 2021: National Innovation Award (Gastric cancer diagnosis by nanoprobe-based affinity mass spectrometry, technology to JUN ZHI Biomedical Co)
- 2021: R&D Service Platform Achievement award, National Applied Research Laboratories
- Medal of Taiwan Society for Mass Spectrometry

Proteogenomics Paves Pathway to Precision Oncology in Asian Breast and Lung Cancer

Combing proteomics with the long-standing success of genomics, proteogenomics has rapidly advanced as an emerging tool for full delineation of genomic-to-proteomic network associated with disease. In first part of this talk, I will present the first model study in the project, focusing on non-smoking lung cancer in East Asia. Integrated genomic, proteomic, and phosphoproteomic analysis delineated the demographically distinct molecular attributes and hallmarks of tumor progression, high prevalence of APOBEC mutational signature in younger females and over-representation of environmental carcinogen-like mutational signatures in older females. Most excitingly, the proteomics-informed classification demonstrated differentiation of the diverse clinical trajectories of patients within early stages. Following this prospective study, this multi-omic molecular architecture inspired development a few strategies toward precision oncology for management of early-stage non-smoking lung adenocarcinoma. In the second part, I will present our second study on a comprehensive proteogenomic landscape of early-stage breast cancer to understand the etiology and pathogenesis of this heterogeneous disease. This study provides a proteogenomics-transformative early-management guide for patient stratification and new molecular insight to precision therapeutics beyond standard of care

Wen-Chun Hung 洪文俊

CURRENT POSITION

- Distinguished Investigator, National Institute of Cancer Research, National Health Research Institutes
- Secretary General, National Health Research Institutes

PROFESSIONAL EXPERIENCES

- Director, Research Planning and Development, National Health Research Institutes
- Vice President and Distinguished Professor, Kaohsiung Medical University
- Deputy Director, National Institute of Cancer Research, National Health Research Institutes
- Dean and Xi-Wan Chair Professor, College of Science, National Sun Yat-Sen University
- Director, Institute of Biomedical Sciences, National Sun Yat-Sen University

EDUCATIONAL EXPERIENCES

- PhD, Institute of Medicine, Kaohsiung Medical University

AWARDS & HONORS

- 2020: Outstanding Research Award for Memory Lecture of Pin-Wen Lin, The 13th International Pancreatic Cancer Conference
- 2010-2011: Chair, Domain of Microbiology, Immunology and Medical Technology, National Science Council, Taiwan, Republic of China
- 2009-2011: Xi-Wan Chair Professor, National Sun Yat-Sen University
- 2006: The 1st Yung Shin Lee Tian-De Medical and Pharmaceutical Science and Technology Awards-Young Scientist Research Scholarship
- 2004: Outstanding Research Award, The Chinese Oncology Society, Republic of China
- 2003: The Outstanding Research Award, National Science Council, Republic of China

Ta-Cheng Tung's Basic Cancer Research Award
董大成博士癌症基礎醫學研究傑出獎頒獎暨專題演講

Contributions of low penetrance genes in pancreatic tumorigenesis and their implications in precision cancer therapy

Pancreatic cancer stands as a highly malignant tumor lacking effective therapeutic drugs. According to the latest statistical data, by the year 2022, pancreatic cancer has ascended to become the seventh leading cause of cancer-related mortality in Taiwan. Particularly noteworthy is the near-equivalence of the incidence rate and mortality rate of pancreatic cancer, showing the inadequacy of current treatment modalities. The development of novel therapeutic strategies to enhance patient survival has emerged as an urgent challenge. Recent studies employing next-generation sequencing have uncovered highly variable (or high penetrance) genes within pancreatic cancer cells, including K-RAS, TP53, CDKN2A and SMAD4. However, some low penetrance or defective genes exist in pancreatic tumor tissues, and their contributions in pancreatic tumorigenesis remain elusive. Whether pancreatic cancer patients harbor these low penetrance genes are susceptible to specific targeted therapy or combinatory treatment is also unclear. By using various molecular and genetic approaches, my laboratory has revealed the oncogenic/tumor-suppressive roles of several low penetrance genes in pancreatic tumorigenesis. More importantly, we have identified the therapeutic targets in the pancreatic cancers harboring specific genetic alterations. Our studies provide new strategies for precision therapy in pancreatic cancer.

Giuseppe Curigliano

CURRENT POSITION

- Professor of Oncology University of Milano
- Head Early Drug Development at European Institute of Oncology, Milano

PROFESSIONAL EXPERIENCES

Since 2001 he is tenure-track and full-time cancer specialist at European Institute of Oncology – one of the world's leading cancer-research institutes and the premier Cancer Center in Italy, third in Europe and 12th globally. He serves as member of the Italian Higher Health Council. Dr. Curigliano served ESMO as Chair of the Clinical Practice Guidelines Committee from 2019 to 2023. He is the Editor in Chief of ESMO Open.

EDUCATIONAL EXPERIENCES

Giuseppe Curigliano, MD PhD, is Full Professor of Medical Oncology at the University of Milano and Chief of the Clinical Division of Early Drug Development at European Institute of Oncology, Milano, Italy. Dr. Curigliano is an expert in the field of advanced drug development in solid tumors, with specific interest on breast cancer. He contributed to the development of many anticancer treatments actually available as standard of care in the treatment of multiple solid tumors.

AWARDS & HONORS

He was awarded with the first ESO Umberto Veronesi Award in Vienna in 2017 and with the Fellowship of the European Academy of Cancer Sciences in Paris in 2017. Dr Curigliano in 2022 and 2023 was identified as Clarivate™ world's most influential researchers. Dr Curigliano has contributed to over 670 peer-reviewed publications.

Immunotherapy Breakthroughs in Europe: The Journey of Cancer Vaccine

The ability to exploit the immune system as a weapon against cancer has revolutionised the treatment of cancer patients, especially through immune checkpoint inhibitors (ICIs). However, ICIs demonstrated a modest benefit in treating breast cancer (BC), with the exception of certain subsets of triple-negative BCs. An immune-suppressive tumour microenvironment (TME), typically present in BC, is an important factor in the poor response to immunotherapy. After almost two decades of poor clinical trial results, cancer vaccines (CVs), an active immunotherapy, have come back in the spotlight because of some technological advancements, ultimately boosted by coronavirus disease 2019 pandemic. In particular, neoantigens are emerging as the preferred targets for CVs, with gene-based and viral vector-based platforms in development. Moreover, lipid nanoparticles proved to be immunogenic and efficient delivery vehicles. Past clinical trials investigating CVs focused especially on the metastatic disease, where the TME is more likely compromised by inhibitory mechanisms. In this sense, favouring the use of CVs as monotherapy in premalignant or in the adjuvant setting and establishing combination treatments (i.e. CV plus ICI) in late-stage disease are promising strategies. This review provides a full overview of the past and current breast cancer vaccine landscape.

Han-Chung Wu 吳漢忠

CURRENT POSITION
- Director of the Biomedical Translation Research Center (BioTReC), Academia Sinica
- Distinguished Research Fellow of the Institute of Cellular and Organismic Biology, Academia Sinica
- Professor, Institute of Pathology, College of Medicine, National Taiwan University
- Fellow of the National Academy of Inventors (NAI), USA

PROFESSIONAL EXPERIENCES
- Director, Biomedical Translation Research Center, Academia Sinica, Taiwan
- Distinguished Research Fellow, Institute of Cellular and Organismic Biology, Academia Sinica
- Chief Executive Officer, National Biotechnology Research Park/BioHub Taiwan
- Director, Department of Intellectual Property and Technology Transfer, Academia Sinica
- Acting Director, Institute of Cellular and Organismic Biology, Academia Sinica
- Vice Director, Institute of Cellular and Organismic Biology, Academia Sinica
- Professor, Institute of Pathology, College of Medicine, National Taiwan University

EDUCATIONAL EXPERIENCES
- Ph.D. Institute of Pathology, College of Medicine, National Taiwan University

AWARDS & HONORS
- 2022: FutureTec Award
- 2020: National Academy of Inventors (NAI) Fellow
- 2019, 2021: Award for Excellent Contributions in Technology Transfer, Ministry of Science and Technology, Taiwan
- 2018: The Executive Yuan Award for Outstanding Science and Technology Contribution
- 2015-2018: MOST Outstanding Research Award, Ministry of Science and Technology, Taiwan
- 2015: Chair, Taiwan Bio-development Foundation (TBF) Award
- 2011, 2012, 2013, 2020, 2021: National Innovation Award- Excelsior Award

Advances in the development of mRNA-based vaccines and therapeutics

mRNA-based drugs have tremendous potential as clinical treatments; however, a major challenge in realizing the promise of this drug class will be to develop methods for safely delivering the bioactive agents with high efficiency and without activating the immune system. Lipid nanoparticles have been utilized to improve delivery and protect the mRNA cargo from extracellular degradation. This advance was a major milestone in the development of mRNA vaccines and dispelled skepticism about the potential of this technology to yield clinically approved medicines. In this talk, I will summarize potential applications of mRNA-based vaccines and drugs like personal cancer vaccines and immunotherapy, discuss mRNA modification and its delivery vehicle, and discuss how mRNA vaccines are now being used for prevention of infectious diseases and treatment of cancer.

Thai-Yen Ling 林泰元

CURRENT POSITION

- Director, Department of pharmacology, College of Medicine, National Taiwan University

PROFESSIONAL EXPERIENCES

- 2020-Present: Secretary in General, The Pharmacological Society in Taiwan
- 2012-Present: Member of Director Board, Taiwan Society for Stem Cells Research (TSSCR)
- 2021-2024: Member of Director Board, Formosan Association of Regenerative Medicine
- 2020-Present: Member of Director Board, Taiwan Association of Cell Therapy (TACT)
- 2023-Present: Committee Member, Asia Cellular Therapy Organization (ACTO)
- 2019-Present: Committee Member, Ministry of Health and Welfare (MOHW), Taiwan

EDUCATIONAL EXPERIENCES

- Ph.D.: Institute of Agriculture Chemistry, National Taiwan University, Taipei, Taiwan

AWARDS & HONORS

- 2022: 第19屆國家新創獎 -新創精進獎
- 2021: 第18屆國家新創獎 -學研新創
- 2020: 第17屆國家新創獎 -新創精進獎
- 2019: 第16屆國家新創獎 -學研新創

Stem Cells vs Cancer Stem Cells of Lung – The Jekyll and Hyde Duality Within the Cells

Stem cells are undifferentiated cells that can differentiate into various specialized cell types. Cancer stem cells, on the other hand, constitute a small subpopulation of cells within tumors that possess the ability to self-renew and generate different cell types inherent in the tumor. The connection between stem cells and cancer stem cells revolves around the notion that cancer stem cells may originate from normal stem cells or acquire stem cell-like characteristics during tumorigenesis. Understanding this association is crucial for the development of targeted cancer therapies aimed at effectively eradicating cancer stem cells and preventing tumor recurrence. To investigate this concept in the context of lung cancer, we utilized mice as a model system and identified a unique population of pulmonary stem/progenitor cells that could be enriched, isolated, and purified to have a homogenous population capable of differentiating into specialized cell types: Alveolar Type-I pneumocytes (AT-1), in vitro. Through the use of a knock-in mouse model for lineage tracing studies, we observed that pulmonary stem/progenitor cells exhibited the potential to differentiate into AT-1 cells in vivo. In vitro experiments revealed that the cells could be transformed into cancer stem cells by the aberrant overexpression of stem cell-related genes. Consequently, we postulate that the knock-in mouse model for pulmonary stem/progenitor cells serves as a platform for assessing the transformation process from stem cells to cancer stem cells in lung tumors.

Kuan-Der Lee 李冠德

CURRENT POSITION

- Director, Department of Oncology, Taichung Veterans General Hospital, Taichung, Taiwan
- Director, Cell Therapy and Regenerative Medicine Center, Taichung Veterans General Hospital, Taichung, Taiwan
- Professor, Department of Medicine, Taipei Medical University College of Medicine, Taipei, Taiwan

PROFESSIONAL EXPERIENCES

- 2021/01-2022/01: Superintendent, Taipei Cancer Center, Taipei Medical University Hospital, Taipei
- 2017/04-Present: Deputy Superintendent, Taipei Medical University Hospital, Taipei
- 2012-2017: Deputy Superintendent, Chang-Gung Memorial Hospital, Chiayi

EDUCATIONAL EXPERIENCES

- 1996: Ph.D. in Molecular Genetics, University of Maryland, School of Medicine, Baltimore, Maryland, U.S.A.
- 1989: M.D., National Yang-Ming University, College of Medicine, Taipei, Taiwan

Future and Prospects of Cellular Therapy in Taiwan

In the past, cell therapy in Taiwan was mainly based on autologous cells that have not been genetically modified, such as CIK, NK, and DC cells. Cell and Gene Therapy (GCT) is to transduce exogenous therapeutic genes into cells and then use them to treat diseases. In this regard, our industry started later than European and American countries, and the establishment of regulatory review systems was also slower. However, in recent years, due to the strong support of government industrial policies, GCT has begun to develop rapidly in Taiwan, including upstream CRO/CDMO, midstream new R&D companies, downstream medical center clinical trials, and thus cell and gene therapy projects are gradually increasing and moving towards commercialization. Cell therapy in Taiwan is beginning to transform and integrate with international standards. We will introduce the current development status and future prospects of CAR-T, TCR-T, and novel T cell therapy in Taiwan.

過去台灣的細胞治療主要以未基因改造的自體細胞為主，如CIK、NK、DC細胞等。細胞和基因治療（GCT）是將外源性治療基因轉導到細胞中，然後利用它們來治療疾病。在這方面，我國產業起步晚於歐美國家，監管審查制度的建立也較慢。但近年來，由於政府產業政策的大力支持，GCT在台灣開始快速發展，包括上游CRO/CDMO、中游的新研發公司、下游醫療中心臨床試驗，細胞及基因治療計畫逐步落地，不斷增加並走向商業化。台灣的細胞治療正開始轉型並與國際接軌，因此我們將介紹CAR-T、TCR-T以及新型T細胞療法在台灣的發展現狀和未來前景。

Masanori Hisaoka

CURRENT POSITION

- Professor and Chairman of Department of Pathology and Oncology, School of Medicine, and Dean of Graduate School of Medical Science, University of Occupational and Environmental Health, Japan

PROFESSIONAL EXPERIENCES

- 2012: Professor, School of Medicine, UOEH
- 1998-2000: Visiting Professor of Department of Pathology, Sahlgren University Hospital, Sweden
- 1997: Associate Professor, School of Medicine, UOEH
- 1994: Assistant Professor, School of Medicine, UOEH
- 1989: Research Assistant, School of Medicine, UOEH

EDUCATIONAL EXPERIENCES

- 1994: Certificated Surgical Pathologist, Japanese Society of Pathology, PhD degree of UOEH
- 1982-1988: School of Medicine, University of Occupational and Environmental Health, Japan (UOEH)

AWARDS & HONORS

- 2004: Young Investigator Award of the Japanese Division of the International Academy of Pathology

Recent advances in the diagnostic pathology and the molecular genetics of soft tissue tumors

Genetic and chromosomal aberrations are fundamental subjects of research on neoplasms, and the findings obtained from the pathologic research have been reflected in the refinement of tumor classification, establishment of new disease entities, and clinical treatment, contributing to improvement of the quality of medical care. The category of soft tissue tumors has been frequently modified by such new findings or information, and, therefore, the WHO Tumor Classification - Bone and Soft Tissue Tumors, 5th Edition was released in 2020. In this revised edition, information on typical or characteristic gene/chromosome aberrations of tumors is clearly described under the heading of "diagnostic molecular pathology" in addition to "pathogenesis," albeit in a relatively simplified manner. Although the classification of soft tissue tumors is essentially based on the line of differentiation of tumor cells, some of the newly described tumors, such as EWSR1-SMAD3-positive fibroblastic tumor and NTRK-rearranged spindle cell neoplasm, have been designated using the altered gene names that characterize the lesions as well as emphasize molecular genetic identification. There are other cases in which the detection of characteristic gene/chromosome mutations is mandatory for their conclusive tumor diagnoses, and pathologists who tend to primarily rely on histology for a diagnostic purpose may not be familiar with recently emerging molecular genetic alterations. However, we are now in an era in which we are expected to constantly renew relevant information and knowledge, and consider the practical next steps necessary for the comprehensive diagnosis of a given tumor. In this presentation, an overview of some of the recently established soft tissue tumors and their diagnostically useful molecular genetic alterations including some detected in the cases of personal experience or research works will be given and discussed from a clinicopathological point of view.

Wei-Wu Chen 陳偉武

CURRENT POSITION

- 2014-Present: Attending physician, Department of Oncology, National Taiwan University Hospital
- 2014-Present: Member, Sarcoma Multidisciplinary Team, National Taiwan University Hospital
- 2014-Present: Member, Breast Cancer Multidisciplinary Team, NTUH
- 2015-Present: Charter Member, Asia Sarcoma Consortium (ASC)

PROFESSIONAL EXPERIENCES

- 2022: ESMO Annual Meeting Sarcoma Committee Chair
- 2019: ESMO Asia Sarcoma Committee Chair
- 2011-2013: Attending physician, Department of Oncology, National Taiwan University Hospital, Yun-Lin Branch, Yun-Lin, Taiwan

EDUCATIONAL EXPERIENCES

- 1998-2005: M.D. School of Medicine, Taipei Medical University, Taipei, Taiwan
- 2015-2022: Ph.D. Graduate Institute of Oncology, National Taiwan University College of Medicine, Taipei, Taiwan

AWARDS & HONORS:

- 2022: JSMO Outstanding young researchers from Asia-Pacific countries
- 2014: Best Paper Award, 2014 Asian Breast Cancer Conference
- 2012: Travel Grant Award, 10th Annual Meeting of Japanese Society of Clinical Oncology (JSMO)
- 2007: Distinguished Resident of the Year, Department of Internal Medicine, National Taiwan University Hospital

台灣病理學會 TSP

3F 四季廳 FOUR SEASONS BALLROOM
05/05 (Sun.) 10:00 - 10:40

Recent advances in the treatment of soft tissue sarcomas

There are some successes as well as some disappointments for GIST and sarcoma in the year of 2023. For GIST, the failure of the second line phase III study of ripretinib vs sunitinib INTRIGUE study was an obvious disappointment but subgroup analysis suggested that genotyping-based treatment may be the way to go forward and future phase III study is ongoing. For SDH-deficient GIST, clinical trials with FGFR-targeted and temozolomide have shown promising results. In soft tissue sarcoma, the final overall survival results of LMS-04 provided significantly OS benefit of doxorubicin plus trabectedin when compared to doxorubicin single agent alone in advanced leiomyosarcoma patients. We will also touch upon the results of the highly anticipated phase III study of the MDM2 inhibitor milademetan and the future development for MDM2-related pathways in soft tissue sarcoma.

Akihiko Yoshida

CURRENT POSITION

- Assistant Chief, Department of Diagnostic Pathology, National Cancer Center Hospital, Tokyo JAPAN

PROFESSIONAL EXPERIENCES

Dr. Yoshida specializes in the diagnosis of soft tissue, bone, thoracic, and brain tumors. His research focuses on the clinicopathological characterization of rare tumor entities/subtypes and the development of new diagnostic biomarkers. He served as an Editorial Board Member of the WHO classification (Soft Tissue/Bone Tumors, 5e) and is the author of over 300 peer-reviewed papers, reviews, and book chapters. Dr. Yoshida is an Associate Editor of Pathology International and an Editorial Board Member of American Journal of Surgical Pathology, Virchows Archiv, Modern Pathology, and Genes Chromosomes & Cancer.

EDUCATIONAL EXPERIENCES

Dr. Yoshida earned his medical degree (MD) from the University of Tokyo (Tokyo) in 2002. He completed Anatomic Pathology residency training at St. Luke's-Roosevelt Hospital/Beth Israel Medical Center (New York), followed by the Oncologic Pathology fellowship at the Memorial Sloan-Kettering Cancer Center (New York) in 2008. He obtained PhD degree from the University of Tokyo in 2012.

AWARDS & HONORS

Dr. Yoshida received the Young Investigator Award from the Japanese Society of Pathology (2012), the Young Researcher Award from the Japanese Division of International Academy of Pathology (2013), and the Academic Research Award from the Japanese Society of Pathology (2021).

Recent advances in the pathogenetic understanding of bone tumors

Bone tumor diagnosis often poses a challenge because of its rarity, limited samples available, de-calcification, and histological diversity. The standard for assessment is a careful correlation among histology, radiology, and clinical findings. Recently added to this trio is molecular genetics because relatively sensitive and specific biomarkers have been identified in an increasing number of entities. Major examples include IDH1/2 mutations in enchondroma/conventional chondrosarcoma, MDM2 amplification in parosteal osteosarcoma/low-grade central osteosarcoma, H3-3A G34 mutation in giant cell tumor, H3-3B K36M mutation in chondroblastoma, and FOS fusion in osteoid osteoma/osteoblastoma. This talk will provide an update on the diagnostic implications of these genetic changes, along with some pitfalls. Several additional entities will be addressed for which evidence is emerging about their molecular basis (e.g., COL1A1/2 alterations in bizarre parosteal osteochondromatous proliferation, EWSR1/FUS::NFATC2 in simple bone cyst). The lecture also covers undifferentiated round cell sarcomas in bone/soft tissue, including Ewing sarcoma (EWSR1::FLI1), CIC-rearranged sarcoma (CIC::DUX4), BCOR sarcoma (BCOR::CCNB3), and EWSR1::non-ETS sarcoma (EWSR1::NFATC2, EWSR1::PATZ1). While these aggressive sarcomas are increasingly defined by gene fusions, careful morphological study remains the center of diagnostic assessment because each entity is associated with a distinct phenotype.

Chueh-Chuan Yen 顏厥全

CURRENT POSITION

- Chief, Division of Clinical Research, Department of Medical Research
- Attending physician, Division of Medical Oncology, Center for Immuno-oncology, Department of Oncology, Taipei Veterans General Hospital

PROFESSIONAL EXPERIENCES

- Associate Professor, Department of Internal Medicine, School of Medicine, National Yang-Ming University
- Assistant Professor, Department of Internal Medicine, School of Medicine, National Yang-Ming University
- Attending Physician, Division of Hematology-Oncology, Department of Internal Medicine, Taipei Veterans General Hospital
- Resident Physician, Division of Oncology, Department of Internal Medicine, Taipei Veterans General Hospital

EDUCATIONAL EXPERIENCES

- Ph.D. in Clinical Medicine, Institute of Clinical Medicine, National Yang-Ming University
- M.D., School of Medicine, National Yang-Ming University

Breaking Boundaries: Trabectedin as a New Standard for Leiomyosarcoma Treatment

Soft tissue sarcomas, rare mesenchymal tumors, present significant clinical complexity. Its aggressive nature and resistance to standard treatments necessitate specialized approaches. Recent research has delved into the molecular intricacies of sarcoma, identifying genetic alterations that drive its progression. In the realm of treatment, a multidisciplinary approach combining surgery, radiotherapy, and novel therapies is commonly used.

Chemotherapy remains a cornerstone in sarcoma management to improve patient outcomes. Anthracyclines, such as doxorubicin, and alkylating agents like ifosfamide, have been traditionally employed. Despite initial responses, long-term efficacy is often limited.

Recent advancements include trabectedin, a marine-derived compound, has emerged as a promising therapeutic option for sarcoma. Trabectedin exerts its effects through a multifaceted mechanism. It binds to the minor groove of DNA, causing DNA double-strand breaks, ultimately leading to cell cycle arrest and apoptosis.

Clinical trials and real-world studies have demonstrated trabectedin's meaningful response rates and disease control in sarcoma patients. Trabectedin's favorable safety profile enhances its clinical utility. Rigorous management protocols have been developed to minimize common adverse events, include myelosuppression, transaminase elevations, and nausea, ensuring patients can tolerate and adhere to treatment.

Trabectedin has demonstrated synergistic effect with both doxorubicin and radiotherapy.

The combination of trabectedin and doxorubicin exhibits dual mechanisms of action, disrupting multiple pathways crucial for cancer cell survival. Clinical data suggests improved response rates and prolonged progression-free survival in sarcoma patients.

Hereby updated recent clinical studies and guideline recommendation about these combination treatments. Further research and ongoing clinical investigations are essential to refine dosing, optimize outcomes, and establish this combination as a standard of care, ultimately improving the prognosis for individuals battling this aggressive malignancy.

Wei-Wu Chen 陳偉武

CURRENT POSITION

- 2014-Present: Attending physician, Department of Oncology, National Taiwan University Hospital
- 2014-Present: Member, Sarcoma Multidisciplinary Team, National Taiwan University Hospital
- 2014-Present: Member, Breast Cancer Multidisciplinary Team, NTUH
- 2015-Present: Charter Member, Asia Sarcoma Consortium (ASC)

PROFESSIONAL EXPERIENCES

- 2022: ESMO Annual Meeting Sarcoma Committee Chair
- 2019: ESMO Asia Sarcoma Committee Chair
- 2011-2013: Attending physician, Department of Oncology, National Taiwan University Hospital, Yun-Lin Branch, Yun-Lin, Taiwan

EDUCATIONAL EXPERIENCES

- 1998-2005: M.D. School of Medicine, Taipei Medical University, Taipei, Taiwan
- 2015-2022: Ph.D. Graduate Institute of Oncology, National Taiwan University College of Medicine, Taipei, Taiwan

AWARDS & HONORS:

- 2022: JSMO Outstanding young researchers from Asia-Pacific countries
- 2014: Best Paper Award, 2014 Asian Breast Cancer Conference
- 2012: Travel Grant Award, 10th Annual Meeting of Japanese Society of Clinical Oncology (JSMO)
- 2007: Distinguished Resident of the Year, Department of Internal Medicine, National Taiwan University Hospital

New Strategic Approach of Radiation Combine Systemic Therapy in Soft Tissue Sarcoma

Soft tissue sarcomas, rare mesenchymal tumors, present significant clinical complexity. Its aggressive nature and resistance to standard treatments necessitate specialized approaches. Recent research has delved into the molecular intricacies of sarcoma, identifying genetic alterations that drive its progression. In the realm of treatment, a multidisciplinary approach combining surgery, radiotherapy, and novel therapies is commely uesd.

Chemotherapy remains a cornerstone in sarcoma management to improve patient outcomes. Anthracyclines, such as doxorubicin, and alkylating agents like ifosfamide, have been traditionally employed. Despite initial responses, long-term efficacy is often limited.

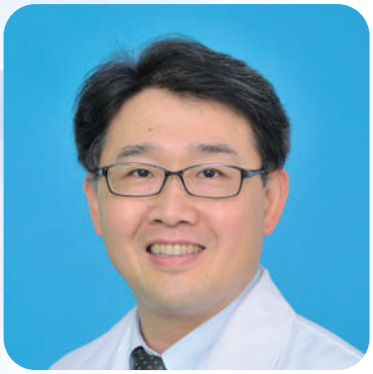
Recent advancements include trabectedin, a marine-derived compound, has emerged as a promising therapeutic option for sarcoma. Trabectedin exerts its effects through a multifaceted mechanism. It binds to the minor groove of DNA, causing DNA double-strand breaks, ultimately leading to cell cycle arrest and apoptosis.

Clinical trials and real-world studies have demonstrated trabectedin's meaningful response rates and disease control in sarcoma patients. Trabectedin's favorable safety profile enhances its clinical utility. Rigorous management protocols have been developed to minimize common adverse events, include myelosuppression, transaminase elevations, and nausea, ensuring patients can tolerate and adhere to treatment.

Trabectedin has demonstrated synergistic effect with both doxorubicin and radiotherapy.

Trabectedin sensitizes cancer cells to radiation, enhancing the efficacy of radiotherapy. It interferes with DNA repair pathways, making tumor cells more susceptible to radiation-induced damage. This synergy results in increased cancer cell death and improved tumor control. Clinical studies exploring this combination therapy have shown encouraging results, indicating enhanced response rates and prolonged progression-free survival.

Hereby updated recent clinical studies and guideline recommendation about these combination treatments. Further research and ongoing clinical investigations are essential to refine dosing, optimize outcomes, and establish this combination as a standard of care, ultimately improving the prognosis for individuals battling this aggressive malignancy.



Chen-Liang Tsai 蔡鎮良

CURRENT POSITION

- Assistant Professor
- Director and Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Tri-Service General Hospital, Taipei, Taiwan.

PROFESSIONAL EXPERIENCES

- Chief of Pulmonary and ICU at the Armed Forces Penghu Hospital
- 2004-Present: Attending Physician in the Pulmonary Department at the Tri-Service General Hospital
- 2021-2015: Director of the Respiratory Care Center
- 2016-2021: Assistant Professor at the National Defense Medical College's Medical Department
- 2016-2017: Visiting Scholar at Duke University

EDUCATIONAL EXPERIENCES

- M.D., School of Medicine, National Defense Medical Center

Roche

羅氏 Roche
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 11:30 - 11:50

Neoadjuvant and adjuvant immunotherapy: new horizons for patients with stage II - stage IIIA resectable NSCLC

The importance of immunotherapy has grown more than ever, ushering in a new paradigm shift in NSCLC treatment. Recently, such a novel therapeutic strategy has been applied to perioperative treatments. Recent trials have shown that perioperative immunotherapy can benefit non-metastatic lung cancer patients, indicating remarkable progress in the field. Two key clinical studies on adjuvant treatment were recently published. The IMpower010 expands on the widely accepted standard of care of surgery followed by adjuvant chemotherapy, and has demonstrated a practice-changing DFS benefit for patients with resected PD-L1+/PD-L1 high, stage II-III NSCLC, which is now translating into a positive OS trend in a well-defined population based on PD-L1 expression. The KEYNOTE-091 subgroup data by PD-L1 status and disease stage are counterintuitive, whereas the equivalent data from IMpower010 are consistent with previous studies in the early-stage and metastatic setting.

Neoadjuvant immunotherapy in operable NLSCL patients has recently demonstrated promising results. In particular, the Checkmate 816 study found that neoadjuvant ICI plus chemotherapy combinations prolonged DFS and resulted in a pathologic major and complete response. These perioperative immunotherapies are expected to improve overall survival rates in patients with early-stage NSCLC.

Shang-Gin Wu 吳尚俊

CURRENT POSITION

- Attending physician, Department of Internal Medicine, National Taiwan University Cancer Center.

PROFESSIONAL EXPERIENCES

- 2008/07-2016/07： Attending physician
  Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital, Yun-Lin Branch
- 2016/08-Present： Attending physician Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital
- 2020/10-Present: Attending physician Department of Internal Medicine, National Taiwan University Cancer Center.
- 2018/11-Present: Associate editor of NNL (Nanoscience and Nanotechnology Letters).
- 2020/01-Present: Deputy Editor-in-Chief of Thoracic Medicine.

EDUCATIONAL EXPERIENCES

- 1996/06–2003/06： Doctor of Medicine (M.D.) Medical College, Taipei Medical University, Taipei, Taiwan
- 2011/09-2016/11： Ph.D College of Medicine, Graduate Institute of Clinical Medicine National Taiwan University, Taipei, Taiwan
- 2018/06-2019/06： Visiting scholar HudsonAlpha Institute for Biotechnology, Huntsville, AL, USA

羅氏 Roche

5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 11:50 - 12:10

Subsequent systemic therapy for recurrent or progressive tyrosine kinase inhibitors (TKIs) in epidermal growth factor receptor (EGFR) mutation-positive non-small cell lung cancer (NSCLC)

TKI is the current first-line treatment for metastatic NSCLC with activating EGFR mutation or ALK translocation. Despite a high initial response and prolonged PFS, almost all patients experience acquired resistance to TKIs. Platinum doublet chemotherapy has remained the standard of care after patients acquired resistance to TKIs from first-line TKIs. Combining immunotherapy with angiogenesis inhibitors, such as bevacizumab, has shown benefits in certain settings. Angiogenesis inhibitors can modulate the tumor microenvironment and enhance the infiltration of immune cells into the tumor. The phase III IMpower150 study revealed the improved efficacy of anti-PD-L1 antibody in combination with anti-angiogenic therapy, particularly in EGFR-mutated NSCLC1. This study also supported the TFDA approval of the regimen in 2021 for the first-line treatment of patients with metastatic nonsquamous NSCLC with EGFR or ALK aberrations. Recently, ATTLAS trial has also shown the combination of bevacizumab plus atezolizumab with carboplatin/paclitaxel had a statistically significant and clinically meaningful improvement of PFS and an increase of ORR compared to pemetrexed/platinum which could be considered a reasonable treatment option for patients with progression on a prior TKI2. Immunotherapy post-TKI treatment represents a promising approach to enhance the efficacy of cancer treatment by harnessing the body's immune system to target cancer cells. Ongoing research and clinical trials aim to further elucidate the role of immunotherapy in combination with TKIs and improve outcomes for patients with cancer.

Resistance inevitably emerges in most patients with EGFR-mutated advanced NSCLC treated with the third-generation EGFR TKI, osimertinib3 and there remains an unmet need for new first-line treatments and options following relapse. The combinations adding amivantamab to chemotherapy lead to clinically meaningful improvements in PFS and ORR over our current standard of care, but come at the cost of increased toxicities. The improvements in intracranial PFS in particular are encouraging, but the added risks will need to be considered carefully when selecting patients who may benefit from this approach.

1. Park S, Kim TM, Han JY, et al. A phase 3, randomized study of atezolizumab plus bevacizumab and chemotherapy in patients with EGFR or ALK mutated non-small cell lung cancer (ATTLAS, KCSG-LU19-04). J Clin Oncol. 2023;10.1200/JCO.23.01891.
2. Nogami N, Barlesi F, Socinski MA, et al. IMpower150 final exploratory analyses for atezolizumab plus bevacizumab and chemotherapy in key NSCLC patient subgroups with EGFR mutations or metastases in the liver or brain. J Thorac Oncol. 2022;17(2):309-323.
3. Ther Adv Med Oncol. 2022;14:17588359221144099

Hsia Te-Chun 夏德椿

CURRENT POSITION

- Vice-chair, Department of Internal Medicine, China Medical University Hospital
- Director of Critical Care Medicine, China Medical University Hospital, Department of Critical Care Medicine

PROFESSIONAL EXPERIENCES

- Vice-chair, Department of Internal Medicine, China Medical University Hospital
- China Medical University Hospital, Department of Critical Care Medicine, Director of Critical Care Medicine
- Director and Associate Professor, Department of Respiratory Therapy, China Medical University
- Chief, Hyperbaric Oxygen Therapy Center, China Medical University Hospital
- China Medical University Hospital, Division of Chest Medicine, Attending Physician

EDUCATIONAL EXPERIENCES

- Ph.D., Institute of Chinese Medicine, China Medical university
- Fellowship, Veteran General Hospital, Taipei
- Master, Institute of Clinical Medicine, China Medical University

Boehringer Ingelheim

百靈佳英格翰
Boehringer Ingelheim
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 12:30 - 12:55

Optimizing Treatment Strategy in EGFRm+ NSCLC: Go Beyond Target Therapy

Targeted therapy has revolutionized the approach to treating non-small cell lung cancer (NSCLC) over the past decade, and the years 2022-2023 are expected to bring even more significant advances in this field. Novel drugs under development, such as EGFR inhibitors and combination therapies that target multiple pathways, are showing promising results in clinical trials, offering hope to those with previously untreatable forms of NSCLC. Additionally, advancements in molecular profiling and the integration of artificial intelligence with precision medicine are set to further improve personalized treatment approaches, leading to better outcomes for patients with NSCLC. Dr. Hsia will give a comprehensive talk about the management of EGFR TKI resistance in NSCLC treatment.

Wei-Chen Lu 魯維丞

CURRENT POSITION

- Division of Medical Oncology, Department of Oncology, National Taiwan University Hospital Yunlin Branch

PROFESSIONAL EXPERIENCES

- Director, Taiwan Breast Tumor Surgery and Reconstruction Medical Association
- Deputy Secretary-General, Taiwan Breast Medicine Association Specialty
- Instructor, Oncological Surgery, Taiwan Cancer Medicine Association
- Educational Trainer, National Health Administration, for Breast Cancer Screening

EDUCATIONAL EXPERIENCES

- 2021/08-Present: Director, Division of Medical Oncology, Department of Oncology, National Taiwan University Hospital Yunlin Branch
- 2016-Present: Vice Director, Oncology Center, National Taiwan University Hospital Yunlin Branch
- 2014/07-Present: Attending Physician , Medical Oncology, Department of Oncology, National Taiwan University Hospital Yunlin Branch
- 2011/07-2014/06: Fellow, Medical Oncology, Department of Oncology, National Taiwan University Hospital
- 2008/07-2011/06: Resident, Internal Medicine, Department of Internal Medicine, National Taiwan University Hospital

AWARDS & HONORS

- 2022: 第27屆台灣癌症聯合學術年會臨床組優良論文獎

Boehringer Ingelheim

百靈佳英格翰
Boehringer Ingelheim
5F 萬豪一廳 GRAND BALLROOM 1
05/04 (Sat.) 12:55 - 13:20

Treatment Considerations for Advanced SQCC Patients: From IO to Target Therapy

Advanced squamous cell carcinoma (SQCC) of the lung presents unique challenges due to its molecular diversity and limited treatment options. While targeted therapies have revolutionized the management of adenocarcinoma, the landscape for SQCC remains an unmet need. Recent real-world studies highlight GIOTRIF efficacy as a second-line treatment for patients who progress after initial chemotherapy. Patients receiving GIOTRIF experience significantly longer PFS compared to chemotherapy. This extension of disease control is crucial for improving patient outcomes. GIOTRIF provides meaningful outcomes in a real-world setting, making it a valuable alternative for immunotherapy-unfit advanced SQCC patients.

GIOTRIF potential Benefits in HNC and ESCC: While the primary focus has been on lung cancer, emerging evidence suggests that GIOTRIF may also benefit patients with head and neck cancer (HNC) and esophageal cancer (ESCC). Its safety profile and manageable side effects enhance patient quality of life. In the evolving landscape of SQCC treatment, GIOTRIF emerges as a beacon of hope. By optimizing our therapeutic choices, we empower patients to face this challenging disease with resilience and improved survival.

Jayesh Desai

CURRENT POSITION

- Associate Director Clinical Research, Peter MacCallum Cancer Centre
- Deputy Director of the Parkville Cancer Clinical Trials Unit, Victorian Comprehensive Cancer Centre
- Chair, Early Drug Development/Phase I Program, Cancer Trials Australia
- Chair of Bone and Soft Tissue Sarcoma Program, Victorian Comprehensive Cancer Centre
- Chair, Board of Directors. Cancer Trials Australia

PROFESSIONAL EXPERIENCES

- 2023-2025: Committee Member- American Society of Clinical Oncology. Developmental Therapeutics
- 2023-Present: ESMO Asia. Track Chair-Developmental Therapeutics
- 2020-2022: Committee Member: European Society of Medical Oncology, Scientific Program Committee (Developmental Therapeutics)

EDUCATIONAL EXPERIENCES

- MBBS, FRACP (Medical Oncology)

AWARDS & HONORS

- 2019: Clinical Oncology Society of Australia, “Best of the Best” Oral Presentation
- 2012: European Society of Medical Oncology, Best Poster Prize

LABORATOIRES Pierre Fabre
New ways to care

皮耶法柏 Pierre Fabre
5F 宜華二廳 JUNIOR BALLROOM 2
05/04 (Sat.) 11:30 - 12:30

Integrating Precision Strategies Into BRAF V600E-Mutant mCRC Treatment: Advancements and Opportunities

BRAF-mutant metastatic colorectal cancer (mCRC) is a particularly aggressive subtype of CRC with poor prognosis. Recently, BEACON regimen improved the prognosis of BRAF V600E-mutant mCRC patients. The BEACON study is a phase III clinical trial that evaluated the efficacy and safety of combining Encorafenib and Cetuximab in patients with BRAF V600E-mutant mCRC who had received one or two prior lines of therapy. This study demonstrated significant improvement in OS, PFS, and ORR, compared to standard chemotherapy. According to the result of BEACON study, FDA and EMA approve encorafenib in combination with cetuximab in the treatment of BRAF-mutant mCRC patients. So far, Encorafenib is the only BRAF inhibitor approved in CRC.

NGS result after progression could guide the treatment strategy of the next treatment. In the exploratory analysis of the BEACON study, the acquired resistance to Encorafenib + Cetuximab could be attributed to alterations in KRAS, NRAS, MET, MAP2K1, etc. In addition, most of the patients could have at least 1 genetic alteration at the time of PD. Therefore, integrating NGS into the management plan could help with the decision-making of treatment selection.

Ching-Tso Chen 陳敬左

CURRENT POSITION

- Medical oncologist, Department of Oncology, National Taiwan University Hospital Hsinchu Branch

PROFESSIONAL EXPERIENCES

- 2006-2013: Taipei Medical University, Department of Medicine

EDUCATIONAL EXPERIENCES

- 2021-Present: Medical oncologist, Department of Oncology, National Taiwan University Hospital Hsinchu Branch
- 2018-2021: Fellowship, Department of Oncology, National Taiwan University Hospital
- 2016-2018: Resident, Department of Internal Medicine, National Taiwan University Hospital
- 2015-2016: Post-gradual year resident, National Taiwan University Hospital

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5F 宜華一廳 JUNIOR BALLROOM 1
05/04 (Sat.) 12:30 - 12:55

How ICI improve the OS of metastatic esophageal cancer treatment: from ATTRACTION 3 to CheckMate 648

Esophageal cancer can be divided into ESCC and EAC two major histology type. In Taiwan, the incidence of ESCC, the most common histologic type, has been stable, whereas the incidences of esophageal and gastroesophageal junction adenocarcinomas continue to increase in Western countries.

Nivolumab, one of the PD-1 inhibitors, which has better response and less side effect compared to chemotherapy. Nivolumab provide a comprehensive trials data from locally advanced to metastatic stage. In ATTRACTION 3, a phase 3 trial of nivolumab mono use in refractory to or intolerant of prior fluoropyrimidine plus platinum, demonstrating strong data with mOS=10.9 months (HR=0.79). Moreover, in CM 658, nivolumab plus chemo provides higher one-year overall survival rate (OS), 54% (58% in nivo+chemo with PD-L1≥1) with mOS over than 1 year (13.2 months). Furthermore, in CM 577, nivolumab mono use in high risk esophageal cancer provides more than 2 years DFS(disease free survival). Which encourage the earlier treatment, the better treatment outcome in esophageal cancer.

Meng-Che Hsieh 謝孟哲

CURRENT POSITION

- Head of Hematology-Oncology, E-Da Cancer Hospital

PROFESSIONAL EXPERIENCES

- 2001/09-2008/07: M.D., School of Medicine, Chung Shan Medical University

EDUCATIONAL EXPERIENCES

- 2018-Present: Attending Physician, Head of Hematology-Oncology, E-Da Cancer Hospital / I-Shou University
- 2014-2018: Attending Physician, Division of Hematology-Oncology, Kaohsiung Chang Gung Memorial Hospital
- 2012-2014: Fellowship, Division of Hematology-Oncology, Chang Gung Memorial Hospital, Kaohsiung
- 2009-2012: Resident, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung
- 2007-2008: Internship, Chang Gung Memorial Hospital, Linko

Shau-Hsuan Li 李劭軒

CURRENT POSITION

- Professor, Division of Hematology & Oncology, Kaohsiung Chang Gung Memorial Hospital
- Attending Physician, Division of Hematology & Oncology, Kaohsiung Chang Gung Memorial Hospital

Tsao Chao-Jung 曹朝榮

CURRENT POSITION

- Head of Hematology-Oncology, E-Da Cancer Hospital

PROFESSIONAL EXPERIENCES

- Professor of Internal Medicine

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5F 宜華一廳 JUNIOR BALLROOM 1
05/04 (Sat.) 12:55 - 13:20

Panel Discussion: The impact of immunotherapy in metastatic esophageal cancer

The treatment of esophageal cancer includes surgery, radiotherapy, chemotherapy, and immunotherapy. Immunotherapy has been developed for years in metastatic stage esophageal cancer, which plays the role in regulating of immune checkpoints in order to eliminate tumor cell. For those unresectable esophageal cancer patients, Nivolumab, one of the PD-1 inhibitors, which has better response and less side effect compared to chemotherapy. In CM648, there are two regimens in esophageal cancer: nivolumab plus chemo and nivolumab plus ipilimumab. Both regimens demonstrated higher one-year overall survival rate (OS), 58% in nivo+chemo with PD-L1≥1; 57% in nivo+ipi with PD-L1≥1) compared chemotherapy (37%). Nivo+chemo provides a better ORR while Nivo+ipi provides better DOR, which both the standard treatment for physicians and EC patients. The real world experience in E-DA can also observed similar trend from CM648.

Zenke Yoshitaka

CURRENT POSITION

- Assistant Chief, Department of Thoracic Oncology, National Cancer Center Hospital East

PROFESSIONAL EXPERIENCES

- 2020-Present: Department of Thoracic Oncology, National Cancer Centre Hospital East Assistant Chief
- 2018-Present: Department of Thoracic Oncology, National Cancer Centre Hospital East Medical Staff
- 2016-2018: Tokyo metropolitan Cancer and Infectious Diseases Center Komagome Hospital Medical Staff
- 2014-2016: Department of Thoracic Oncology, National Cancer Centre Hospital East Senior Resident
- 2011-2014: Department of Thoracic Oncology, National Cancer Centre Hospital East Resident
- 2005-2011: Itabashi central general hospital, Medical Staff

EDUCATIONAL EXPERIENCES

- 2016: Ph.D., Juntendo University, Tokyo, Japan
- 2005: M.D., Dokkyo Medical University, Tochigi, Japan

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5F 宜華二廳 Junior Ballroom 2
05/04 (Sat.) 11:30 - 12:30

Treatment Strategy for First-line Treatment in Advanced EGFRm NSCLC.

Dr. Zenke will highlight clinical evidence and critical considerations for front-line treatment strategies for EGFRm advanced NSCLC. He will address key challenges like CNS metastases to bring the clinical evidence from paper to practice. For future prospects, he will share his views on the evolving treatment paradigm for EGFRm NSCLC.

Jiun-I Lai 賴峻毅

CURRENT POSITION

- Attending Physician, Division of Medical Oncology, Department of Oncology, Veterans General Hospital, Taipei, Taiwan
- Assistant Professor, Institute of Clinical Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan

PROFESSIONAL EXPERIENCES

- Breast cancer, Genitourinary cancers (Prostate, Renal, Urothelial)

EDUCATIONAL EXPERIENCES

- 2010/08-2016/02: Ph.D., The Scripps Research Institute, La Jolla, CA, Cellular and Molecular Biology; Advisor: Professor Joel M. Gottesfeld; Thesis title: Transcriptional profiling in isogenic iPSC derived Friedreich's ataxia neurons
- 1998/06-2005/06: M.D., National Yang-Ming University, Taipei, Taiwan, School of Medicine

AWARDS & HONORS

- 2021: Accepted Poster: San Antonio Breast Cancer Symposium (SABCS), AACR-KCA 2021 Best Poster Award
- 2019: Young Investigator Award, AACR-KCA 2019
- 2019: Accepted Poster, AACR 2019
- 2019: Travel Award, JSMO 2019, Japanese Society of Medical Oncology
- 2017: Travel Award, ESMO ASIA 2017, Taiwan Oncology Society
- 2014: Winner & Finalist, GEN TEN award, Graduate research abstract competition. Genetic & Engineering news. (News link: http://goo.gl/sdWIAQ)
- 2014: Recipient, MD Contact Program. McKinsey & Co.
- 2011-2015: Predoctoral fellowship. Friedreich's ataxia research alliance (FARA)

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5F - 宜華二廳 JUNIOR BALLROOM 2
05/04 (Sat.) 12:30 - 13:30

Briefing of NGS CGP and Clinical Advancing in Genitourinary cancers

This presentation will begin by introducing the basic concepts of Next-Generation Sequencing (NGS) Comprehensive Genomic Profiling (CGP). It will then delve into the field of genitourinary cancers, sharing new clinical and research insights derived from NGS CGP molecular testing. Lastly, with the imminent introduction of NGS coverage by the Taiwan National Health Insurance in Q2 2024, common patient queries and clinical perspectives surrounding this advancement will also be discussed.

San-Chi Chen 陳三奇

CURRENT POSITION

- Attending physician, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan
- Lecturer, Institute of Clinical Medicine, School of Medicine, National Yang Ming Chiao Tung University , Hsinchu , Taiwan
- Secretary general , Taiwan Society for Immunotherapy of Cancer

PROFESSIONAL EXPERIENCES

- 2017-Present: Attending physician, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital
- 2014-2017: Attending physician, Division of Hematology and Oncology, Department of Internal Medicine, Taipei Veterans General Hospital
- 2011-2014: Chief resident, Division of Hematology and Oncology, Department of Internal Medicine, Taipei Veterans General Hospital
- 2008-2011: Resident, Department of Internal Medicine, Taipei Veterans General Hospital

EDUCATIONAL EXPERIENCES

- 1999-2006: Doctorate of Medicine, Faculty of Medicine, Taipei Medical University

AWARDS & HONORS

- 2023: Stunning performances of oral presentation, Taiwan Joint Cancer Conference
- 2023: the High Distinction Award, oral presentation, Taiwan Society for Immunotherapy of Cancer annual meeting
- 2020: the High Distinction Award, oral presentation, Taiwan Society for Immunotherapy of Cancer annual meeting
- 2016: Young investigator high impact factor award, Taipei Veterans General Hospital
- 2014: Stunning performances of oral presentation, Taiwan Joint Cancer Conference

Roche

羅氏 Roche
5F 宜華二廳 JUNIOR BALLROOM 2
05/04 (Sat.) 13:30 - 14:30

Optimize the first line treatment of atezolizumab plus bevacizumab for uHCC patients: focusing on hepatic safety and viral kinetics

Patients with unresectable hepatocellular carcinoma (uHCC), particularly those in advanced stages, necessitate careful consideration in selecting treatment strategies to enhance outcomes. Recent years have seen a paradigm shift in the treatment landscape for advanced HCC, transitioning from single-agent targeted therapies to immunotherapy combinations. Atezolizumab plus bevacizumab has emerged as the new first-line standard of care, demonstrating superior overall survival, progression-free survival, and objective response rates compared to sorafenib, along with a notable improvement in quality of life. Furthermore, the efficacy and safety profile of this combination remain consistent across diverse patient demographics, including ethnicity, age, and etiology.

Initial observations suggest a potential influence of HCC etiology on treatment response, yet current randomized controlled trials lack stratification based on etiology. Evidence regarding the impact of etiology on patient outcomes with immune checkpoint inhibitors (ICIs) primarily stems from post hoc subgroup analyses.

Preclinical studies indicate a potential association between PD-L1/PD-1 blockade and immune dysregulation in patients with acute viral infections, prompting concerns about the risk of viral reactivation with these therapies. This study aims to assess the safety and efficacy of atezolizumab plus bevacizumab in HCC patients with chronic hepatitis B virus (HBV) infection and high viral load. Our findings demonstrate that HBV-infected patients can safely receive this combination therapy without an increased risk of hepatic adverse events or viral reactivation.

Mafalda Oliveira

CURRENT POSITION

- Senior Consultant, Medical Oncology Department, Vall d'Hebron Barcelona Hospital, Barcelona, Spain
- Senior Clinical Investigator of Vall d'Hebron Institute of Oncology (VHIO) ´s Breast Cancer Group

PROFESSIONAL EXPERIENCES

She has completed a Master in Clinical Research in June 2013 and a PhD in Medicine in July 2017, both at the Universidad Autònoma de Barcelona.

EDUCATIONAL EXPERIENCES

Dr. Oliveira's research interest focuses on the study of the molecular alterations and evolution of metastatic breast cancer, the clinical development of new drugs (especially by designing clinical trials with innovative biological hypotheses), and on the application of liquid biopsies as diagnostic, predictive, and prognostic tools in breast cancer. She is involved as Principal Investigator in multiple phase I, phase II, and phase III clinical trials in breast cancer, with drugs that target the PI3K/AKT/mTOR pathway, CDK4/6 inhibitors, oral SERDs, new epigenetic drugs, ADCs, and cancer immunotherapy drugs.
She is also a member of the Executive Board and the Scientific Committee of SOLTI-Breast Cancer Research Group (an academic cooperative research group based in Spain), and a member of ASCO, ESMO, SEOM, and AACR.

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5F 宜華二廳 JUNIOR BALLROOM 2
05/04 (Sat.) 14:30 - 15:30

Management of HR+ Breast Cancer: Changing Paradigms by Maximizing the Clinical Potential of Therapeutic Targets

Recent advancements in treating HR+ advanced breast cancer have highlighted the crucial role of the PI3K/AKT/mTOR pathway in endocrine resistance, significantly impacting patient prognosis. The development of inhibitors targeting key nodes within this pathway is continuously evolving. In this context, Dr. Oliveira will deep dive into the biological rationale for inhibiting AKT in ER-positive mBC and provide a comprehensive analysis of the latest clinical trial evidence related to HR+ aBC. By examining how novel targeted therapies are reshaping current treatment paradigms, Dr. Oliveira will elucidate the specific influence of the PI3K/AKT/mTOR pathway on clinical outcomes and treatment efficacy. This discussion will offer valuable insights into optimizing therapeutic strategies for HR+ aBC patients.

I-Chen Wu 吳宜珍

CURRENT POSITION

- Director of Digestive Disease Center of Kaohsiung Medical University Hospital (KMUH), Taiwan
- Secretariat of Superintendent Office, KMUH
- Professor of College of Medicine, Kaohsiung Medical University (KMU)
- Member of the council of Digestive Endoscopy Society of Taiwan
- Member of the council of Taiwan Neuroendocrine Tumor Society

PROFESSIONAL EXPERIENCES

- 2020/08-2023/07: Chief, Division of Gastroenterology, Department of Internal Medicine, KMUH, Kaohsiung, Taiwan
- 2018-2019: Chief, Center of digestive endoscopy, KMUH

EDUCATIONAL EXPERIENCES

- Visiting scientist, Harvard School of Public Health, USA
- Ph.D., Graduate Institute of Medicine, KMU, Taiwan
- M.D., Medicine, National Taiwan University, Taiwan

AWARDS & HONORS

- The 17th National Innovation Award in the Academic research category for "Smart Endoscope Medical Display" in 2020
- Symbol of National Quality (SNQ) for "Novel multidisciplinary care and management for esophageal cancer" in 2018
- American Society of Clinical Oncology (ASCO) Merit Award, 2015 Gastrointestinal Cancer Symposium
- Young Investigator Award, 7th General Assembly and International Conference of Asian Pacific Organization for Cancer Prevention in 2014

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5F 宜華二廳 JUNIOR BALLROOM 2
5/4 (Sat.) 15:30 - 16:00

Illuminating neuroendocrine tumor care with radioligand therapy

Neuroendocrine tumors (NETs) are a type of cancer that originate in neuroendocrine cells throughout the body and are commonly considered slow-growing malignancies. However, some NETs are associated with rapid progression and poor prognosis. Although NETs are a rare disease, the incidence of NETs in Taiwan has continued to increase from the Taiwan Cancer Registry database. There is a need for additional treatment options for patients with a challenging disease burden. Beyond well-established treatment options, including symptom control and antiproliferative treatment, PRRT (Peptide Receptor Radionuclide Therapy) with 177Lu-DOTATATE has been approved as the 2nd-line therapy for advanced G1-2 gastroenteropancreatic neuroendocrine tumors (GEP-NETs). It is the first radioligand therapy (RLT) approved in human cancer and accumulating evidence has supported it efficacy and safety over double-dosed octreotide long-acting release (LAR) based on published study. Currently, there is no standard 1st-line therapy for higher grade NET, and there is an unmet medical need. In this talk, we will review the treatment guidelines and principle first, and update the latest treatment evidence, including radioligand therapy. With more and more treatment options, holistic cares can be provided to NET patients.

Shan-Fan Yao 姚珊汎

CURRENT POSITION
- Attend physician

PROFESSIONAL EXPERIENCES
- Nuclear Medicine/PET imaging, Radioisotope Therapy, Radiation Emergency Medicine

EDUCATIONAL EXPERIENCES
- MD. School of Medicine, Fu Jen Catholic University

AWARDS & HONORS
- Best Teaching Physician of Year Award of TVGH

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5F 宜華二廳 JUNIOR BALLROOM 2
5/4 (Sat.) 16:00 - 16:20

Optimizing treatment strategy for Neuroendocrine tumor- Center experience sharing

PRRT has been in use for over two decades since its first application in Europe, and it has been three years since its approval by the Taiwan Food and Drug Administration in 2021. PRRT holds a significant position in the treatment of neuroendocrine tumors and within treatment guidelines. However, its clinical utilization remains limited in Taiwan, with timing of use, patient selection, treatment combinations, and sequencing being commonly queried and other discussed issues.

Yasushi Goto

CURRENT POSITION

- Division of Data Utilization, National Cancer Center Hospital, Tokyo
- Rare Cancer Center, National Cancer Center Hospital, Tokyo
- Section of Knowledge Integration, Center for Cancer Genomics and Advanced Therapeutics, National Cancer Center, Tokyo
- Lecturer, The University of Tokyo, Tokyo

PROFESSIONAL EXPERIENCES

- 2019-Present: Assistant Chief, Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo
- 2014-2019: Staff Doctor, Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo
- 2009-2014: Staff Doctor, Department of Respiratory Medicine, Graduate School of Medicine, The University of Tokyo
- 2006-2009: Resident / Division of Internal Medicine National Cancer Center Hospital, Tokyo
- 2005-2006: Resident / Division of Respiratory Medicine Hospital of International Medical Center of Japan, Tokyo
- 2004-2005: Resident / Department of Internal Medicine, Mitsui Memorial Hospital, Tokyo
- 2003-2004: Resident / Division of Internal Medicine, The University of Tokyo Hospital, Tokyo

EDUCATIONAL EXPERIENCES

- 2006-2010: Ph.D., Graduate School of Medicine, The University of Tokyo
- 1997-2003: M.D., Faculty of Medicine, The University of Tokyo (MD)

AMGEN

安進 Amgen
5F 宜華一廳 JUNIOR BALLROOM 1
05/04 (Sat.) 16:35 - 17:30

Clinical management of KRAS G12C in NSCLC, the real-world experience from Japan

KRAS G12C, a notorious oncogenic driver, has emerged as a critical player in NSCLC. Its prevalence demands our attention, as it significantly impacts patient outcomes and therapeutic decisions. While some studies report G12C as the most common subtype, others highlight the importance of understanding interpatient heterogeneity within the broader KRAS mutation spectrum. Dr. Goto will delve into the intricacies of this mutation and its clinical implications.

Clinical trials provide essential insights, but real-world data bridge the gap between controlled environments and everyday practice. Dr. Goto's research leverages the rich tapestry of patient experiences in Japan, offering a pragmatic view of treatment patterns, efficacy, and safety. We eagerly anticipate his exploration of sotorasib (AMG510), a groundbreaking KRAS G12C-specific inhibitor. Early-phase trials have shown promise, but how does it fare in the real-world context? Dr. Goto will reveal the impact of this targeted therapy on patient outcomes.

One size does not fit all. Dr. Goto's lecture will underscore the need for personalized treatment strategies. As we navigate the complexities of KRAS G12C, understanding individual responses becomes paramount. Whether it's immunotherapy, chemotherapy, or novel agents like sotorasib, tailoring interventions to the patient's genetic profile holds immense potential. Dr. Goto's insights will guide us toward optimizing care for our NSCLC patients.

In summary, Dr. Yasushi Goto's lecture promises to be a beacon of knowledge, illuminating the path toward better outcomes for those battling KRAS G12C-mutant NSCLC. Let us learn, collaborate, and forge ahead in our mission to improve lives through evidence-based medicine.

Ming-Shen Dai 戴明燊

CURRENT POSITION

- Associate Professor, School of Medicine, National Defense Medical Center (NDMC)
- Director, Division of Hematology, Department of Hematology and Oncology, Tri-Service General Hospital (TSGH)
- Executive Secretary, Cancer Center, Tri-Service General Hospital (TSGH)
- Attending Physician, Department of Internal Medicine, Tri-Service General Hospital (TSGH)
- Secretary General, Taiwan Psycho-Oncology Society (TPOS)

PROFESSIONAL EXPERIENCES

- 2016-Present: Associate Professor, School of Medicine, TSGH, NDMC.
- 2010-2015: Assistant Professor, School of Medicine, TSGH, NDMC
- 2004-Present: Attending Physician, Division of Hematology and Oncology, Department of Medicine, TSGH, NDMC
- 2003-2004: Chief Resident, Department of Medicine, TSGH, NDMC.
- 2003-2004: Lecturer, School of Medicine, TSGH, NDMC.
- 2008-2009: Collaborative Research, CHU de Nantes, INSERM U948, France
- 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

EDUCATIONAL EXPERIENCES

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

AWARDS & HONORS:

- 2006-2008: Overseas Research Student Award 2006-2008, Queen Mary University of London, UK.
- 2005-2009: International PhD Student Award. 2005-2009. Medical Affairs Bureau, Ministry of National Defense, Taiwan.

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5F 萬豪一廳 GRAND BALLROOM 1
5/5 (Sun.) 1230 - 1330

Real World Evidence: Astragalus polysaccharides Injection and Breast Cancer Patients with Cancer-related Fatigue

In Taiwan, 92% of cancer patients experience CRF during their cancer journey. The primary life impacts for hospitalized and outpatient populations include walking ability and the ability to work, and perform daily chores, with fatigue significantly interfering with overall daily functioning more so in hospitalized patients. The more cancer treatments a breast cancer patient undergoes, the more fatigued they become, with stage II-IV breast cancer patients exhibiting higher fatigue scores than stage I patients.

As per the treatment guidelines, for moderate to severe CRF with a severity score of 4 or above, significantly affecting patients' quality of life and functioning, pharmacological interventions are recommended in clinical practice. The recommended medications in the guideline include psychostimulants, steroids, polysaccharide injection of Astragalus membranaceus (PG2 Lyo. Injection), and herbal medicines (ginseng). Among them, PG2 Lyo. Injection is recommended as a Level IA and Grade A treatment option in the guideline, and has been included in the National Health Insurance coverage since March 1, 2021, for stage IV breast cancer patients with moderate to severe fatigue and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2, with coverage for up to six doses over a lifetime.

Based on real-world data collected after National Health Insurance coverage, the clinical utility of PG2 Lyo. Injection in breast cancer patients meeting insurance criteria was evaluated in terms of clinical usage, fatigue improvement, and satisfaction. Data collection occurred at three time points: before receiving PG2 treatment, after receiving four doses of PG2 treatment, and upon completing six doses of PG2 treatment. Regarding primary efficacy endpoints, statistically significant improvements in the Visual Analog Scale (VAS) fatigue score were observed after the fourth and sixth doses of PG2 treatment compared to baseline, with fatigue scores reduced to below 4 after completing six doses of PG2 treatment. After completing six doses of PG2 treatment, a higher proportion of patients experienced fatigue improvement greater than 30% or VAS fatigue score improvement of more than 3 points. Regarding secondary efficacy endpoints, approximately 90% of patients rated themselves as improved (Clinical Global Impression- Improvement scale [CGI-I] scores of 1-3) after receiving the fourth and sixth doses of PG2 treatment, and expressed willingness to continue PG2 treatment based on physician assessment. Approximately 90% of patients were assessed by physicians as having a positive overall outcome from the medication.

Following the publication of a large-scale clinical trial involving over 300 patients in 2019, PG2 Lyo. Injection demonstrated efficacy in treating fatigue, with over 65% of patients experiencing effective fatigue improvement after four weeks of PG2 Lyo. Injection treatment. Assessment using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC- QLQ-C30) revealed significant improvements in patients' quality of life, particularly in sleep, appetite, and fatigue, with physical status (Karnofsky Performance Status [KPS] ≥ 60, corresponding to an ECOG performance status of 0-2) identified through multivariable analysis as predicting higher chances of fatigue improvement and progression with PG2 Lyo. Injection treatment.

Wen-Ling Kuo 郭玟伶

CURRENT POSITION

- Director, Breast Medicine Center, CGMH-Linkou
- Attending Physician, Department of General Surgery and Breast Surgery, CGMH Taipei

PROFESSIONAL EXPERIENCES

- Director, Taiwan Breast Tumor Surgery and Reconstruction Medical Association
- Deputy Secretary-General, Taiwan Breast Medicine Association Specialty
- Instructor, Oncological Surgery, Taiwan Cancer Medicine Association
- Educational Trainer, National Health Administration, for Breast Cancer Screening

EDUCATIONAL EXPERIENCES

- Visiting scholarship at Tokyo International Cancer Center, Japan
- Visiting Scholarship at Sloan-Kettering Memorial Hospital, New York, USA
- M.D., Taipei Medical College

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5F 萬豪二廳 GRAND BALLROOM 2
05/05 (Sun.) 12:30 -13:30

The role of pembrolizumab in early TNBC: from clinical trial to practice

The treatment landscape of triple negative breast cancer(TNBC) in evolving. Pembrolizumab, an immune checkpoint inhibitor, has shown promising results in improving outcomes for patients with TNBC. KEYNOTE-522 established the role of pembrolizumab in the management of TNBC, from pathologic complete response(pCR) and event-free survival (EFS) data. These findings have paved the way for pembrolizumab‘s approval for neoadjuvant/adjuvant treatment in early TNBC. However, challenges remain, including identifying biomarkers to predict response and managing immune-related adverse events. Despite these challenges, pembrolizumab represents a significant advancement in the treatment of early TNBC and highlights the importance of incorporating immunotherapy into standard practice for this aggressive subtype of breast cancer. In CGMK-Lk, we have accumulated real world experience how to use immunotherapy in treatment of TNBC. Today, I would like to share updated data of immunotherapy in early TNBC and real world experience/evidence from CGMH-LK.

Nai-Jung Chiang 姜乃榕

CURRENT POSITION

- Attending Physician

PROFESSIONAL EXPERIENCES

- 2022/03-Present: Attending Physician, Department of Oncology, Taipei Veterans General Hospital
- 2022/03-Present: Adjunct Assistant Investigator & Attending physician, National Institute of Cancer Research, NHRI.
- 2020/04-2022/02: Assistant Investigator & Attending physician, National Institute of Cancer Research, NHRI
- 2020/04-2022/02: Attending physician, Department of Oncology, National Cheng Kung University Hospital.
- 2013/07-2020/03: Attending physician, National Institute of Cancer Research, NHRI & Department of internal medicine, National Cheng Kung University Hospital.

EDUCATIONAL EXPERIENCES

- 1998/08-2005/07: M.D. National Defense Medical University, Taipei, Taiwan
- 2014/09-2020/07: Ph.D. Institute of Clinical Medicine, College of Medicine, National Cheng Kung University

AWARDS & HONORS

- 2023: 宋瑞樓教授優秀論文獎
- 2022: 第26屆台灣癌症聯合學術年會論文競賽臨床組第一名

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5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 09:30 - 10:30

Precision medicine: BRAF mutations in Pan-cancer.

BRAF gene encodes a RAF kinase that signals downstream of RAS, activating the MAPK pathway. It has been identified as a significant oncogenic driver and a potential target for therapy.

BRAF mutations were present in approximately 7-15% of all cancers. The most common mutation, occurring at position V600, was consistently observed across different cancer types. Dabrafenib in combination with trametinib has been supported to application in melanoma and non-small cell lung cancer with BRAF V600E mutations. Based on recent basket study, consistently good response rates were noted in various tumors carries BRAF V600E mutation, including biliary tract cancer, low-grade glioma, high-grade glioma, hairy cell leukemia, and multiple other malignancies. Due to above efficacy, dabrafenib and trametinib has been approved by FDA and TFDA of a tissue-agnostic indication in adult and pediatric patients older than 6-year-old with BRAF V600E–positive solid tumors.

In this talk, we aim to discuss the treatment strategy of tumors carries BRAF V600E mutation and side effects management.

Jhe-Cyuan Guo 郭哲銓

CURRENT POSITION

- Attending physician, Department of Medical Oncology, National Taiwan University Cancer Center

PROFESSIONAL EXPERIENCES

- Society of Internal Medicine of Taiwan
- Taiwan Oncology Society
- American Society of Clinical Oncology
- Taiwan Society of Cancer Palliative Medicine

EDUCATIONAL EXPERIENCES

- 2015/07-2023/01: Graduate Institute of Clinical Medicine, National Taiwan University
- 1998/07-2005/06: M.D.,Department of Medicine, Tzu Chi University College of Medicine

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安斯泰來 Astellas
5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 10:30 - 11:30

Beyond the Statistics: Experience of Front-Line Enfortumab Vedotin Use with Immunotherapy in Real-World LA/mUC Patients

Enfortumab vedotin (EV) and Pembrolizumab combination is the new frontline standard of care for most patients with locally-advanced or metastatic urothelial carcinoma. As updates in 2023 ESMO, many real-world studies reported durable responses with this regimen, but side effect management remains crucial; through the sharing of this topic, local experiences of treating EV+Pembro and fruitful clinical insights can be shared with all uro-oncologists in Taiwan, bringing more benefit to LA/mUC patients.

Minkyu Jung

CURRENT POSITION

- Associate Professor Division of Medical Oncology

PROFESSIONAL EXPERIENCES

- Associate Professor in Medical Oncology, Yonsei cancer center, Yonsei University Healthy System

EDUCATIONAL EXPERIENCES

- Doctor of Philosophy, Medical Science, Graduate School Yonsei University College of Medicine, Seoul, Korea

AWARDS & HONORS:

- 2020: Editor, Yonsei Medical Journal
- 2022: Associate Editor, Journal of Gastric Cancer
- 2022: Professor of Internal Medicine of the Year Award
- 2014: Reviewer, Korean Journal of Medicine

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默沙東 MSD
5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 11:30 - 12:30

Evolving Role of Immune Checkpoint Inhibitor in First-line Treatment of Locally Advanced or Metastatic Gastric Cancer

Gastric cancer is the fifth most common cancer worldwide and the fourth leading cause of cancer-related death. Unfortunately, it is frequently asymptomatic in the early stages, leading to diagnoses occurring at advanced disease stages worldwide. This directly contributes to high mortality. In the USA, approximately 37% of patients diagnosed with gastric cancer are found to have metastatic disease at presentation with a 5-year relative survival of approximately 6%. The standard first-line palliative chemotherapy is platinum and fluoropyrimidine combination. 5-year survival for advanced gastric cancer is approximately 10% under treatment. In contrast to cytotoxic chemotherapy, immune checkpoint inhibitors provide a different mechanism for antitumour activity. Preclinical models of other cancers suggested that chemotherapy could potentially enhance the antitumour response elicited by immune checkpoint inhibitors by inducing immune-mediated cell death. Pembrolizumab is an IgG4 antibody targeting PD-1 is currently recommended for the treatment of advanced gastric cancer in the first-line setting. KEYNOTE-811 was a randomized, double-blind, placebo-controlled phase III study of pembrolizumab plus trastuzumab and chemotherapy for unresectable or metastatic, HER2-positive gastric or GEJ adenocarcinoma. In the first interim analysis, the researchers found a 74.4% (95% CI, 66.2–81.6) in the pembrolizumab group and of 51.9% (95% CI, 43.0–60.7) in the placebo group. This resulted in a statistically significant 22.7% improvement in objective response rate in the pembrolizumab group (95% CI, 11.233.7; P=0.00006). Additionally, the pembrolizumab group had more CRs (11% vs. 3%) and improved median duration of response (10.6 vs. 9.5 months) when compared to the placebo group. The promising nature of these outcome indicated that inhibiting PD-1 improves clinical outcomes by both augmenting the efficacy and slowing resistance to trastuzumab. Based on this interim analysis the FDA-approved pembrolizumab in combination with trastuzumab and fluoropyrimidine + platinum-containing chemotherapy for first-line treatment of locally advanced or unresectable/metastatic HER2-positive gastric or GEJ adenocarcinoma. KEYNOTE-859 was a double-blind, placebo-controlled phase III trial which evaluated the addition of pembrolizumab to chemotherapy in previously untreated HER2-negative, locally advanced or metastatic gastric/GEJ cancer. Across the entire study population, pembrolizumab + chemotherapy was superior to chemotherapy + placebo with improved overall survival (OS) (median 12.9 vs. 11.5 months; HR: 0.78; 95% CI: 0.70–0.87; P<0.0001) and progression-free survival (PFS) (mPFS 6.9 months vs. 5.6 months; HR: 0.76; 95% CI: 0.67–0.85; P<0.0001). Remarkably, OS and PFS exhibited consistency across various subgroups, encompassing CPS >1, CPS >10, and MSI-H tumors. Taken together with the results from KEYNOTE-811 in HER2-positive disease, and results from KEYNOTE-859 in HER2-negative disease, it showcases a broad utility of pembrolizumab in the first-line treatment of patients with advanced gastric cancer.

Kosei Hasegawa

CURRENT POSITION

- Professor of Obstetrics and Gynecology, Saitama Medical University
- Director of Gynecologic Oncology, Saitama Medical University International Medical Center

PROFESSIONAL EXPERIENCES

- 2019/04-Present: Professor and Director, Department of Gynecologic Oncology, Saitama Medical University International Medical Center
- 2016/09-2019/03: Professor and Deputy director, Department of Gynecologic Oncology, Saitama Medical University International Medical Center
- 2013/08-2016/08: Associate professor and Deputy director, Department of Gynecologic Oncology, Saitama Medical University International Medical Center

EDUCATIONAL EXPERIENCES

- 2004/03: Ph.D. Okayama University Graduate School of Medicine and Dentistry
- 1997/03: M.D. Okayama University Medical School

MSD
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默沙東 MSD
5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 12:30 - 12:45

Integrating Immunotherapy into the Standard of Care for Endometrial Cancer

Endometrial cancer is one of the most common gynecologic malignancies worldwide, with increasing incidence rates. Traditionally, systemic treatment has included combination platinum- and taxane-based chemotherapy. However, the development of immunotherapy, a novel approach that harnesses the body's immune system to fight cancer, has shown promising results in various types of cancer. In the presentation, we focus on the recent update of immunotherapy in EC, as well as their clinical application significance and limitations. In addition to that, we will summarize clinical trial date, ongoing clinical trials, and future direction in EC.

Immunotherapy in endometrial cancer primarily focuses on immune checkpoint inhibitors, which block inhibitory pathways that suppress the immune response against cancer cells. Programmed cell death-1 (PD-1) inhibitors such as pembrolizumab and nivolumab, and programmed death ligand-1 (PD-L1) inhibitors, have been evaluated in clinical trials for advanced or recurrent endometrial cancer. These checkpoint inhibitors have demonstrated durable responses and improved survival rates in certain subsets of patients.

Several clinical trials have investigated the efficacy of immunotherapy in combination with other treatment modalities. Combination therapies such as immune checkpoint inhibitors plus chemotherapy have shown promising results in several phase 3 studies. These combinations may enhance the tumor-specific immune response, improve response rates, and achieve better long-term outcomes.

However, not all patients with endometrial cancer respond to immunotherapy, and identifying biomarkers that predict response to treatment is critical. More recently, molecular classification has been applied to EC, immunotherapy for different EC subtypes (especially POLE and MSI-H) has gradually attracted attention. The identification of molecular subtypes has transformed the treatment paradigms for patients with EC. Multiple clinical trials, involving immune checkpoint inhibitors (ICIs) have confirmed its effect in EC.

In conclusion, immunotherapy has emerged as a promising therapeutic approach in the treatment of endometrial cancer. Although further research is needed to optimize patient selection, identify predictive biomarkers, and improve treatment outcomes, immunotherapy holds great potential to transform the treatment landscape for endometrial cancer patients.

Hsu Shih-Tien 許世典

CURRENT POSITION

- Director, Gyn malignancy Women Health, VGH-Taichung

PROFESSIONAL EXPERIENCES

- Management supervisor of Taiwan Association of Gynecologic Oncologists
- Deputy Secretary, General of Society of Gynecological Cancer, R.O.C.
- Supervisor of the Taiwan Association For Gynecologic Endoscopy and Minimally Invasive Therapy

EDUCATIONAL EXPERIENCES

- Ph.D., China Medical University Graduate Institute of Basic Medical Science
- Master, China Medical University Graduate Institute of Integrated Medicine
- M.D., School of Chinese Medicine, China Medical University

MSD
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5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 12:45 - 13:00

Treatment Options for Endometrial Cancers that Progress on Immunotherapy

Endometrial cancer is one of the most common gynecologic malignancies worldwide, with increasing incidence rates. Traditionally, systemic treatment has included combination platinum- and taxane-based chemotherapy. However, the development of immunotherapy, a novel approach that harnesses the body's immune system to fight cancer, has shown promising results in various types of cancer. In the presentation, we focus on the recent update of immunotherapy in EC, as well as their clinical application significance and limitations. In addition to that, we will summarize clinical trial date, ongoing clinical trials, and future direction in EC.

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In conclusion, immunotherapy has emerged as a promising therapeutic approach in the treatment of endometrial cancer. Although further research is needed to optimize patient selection, identify predictive biomarkers, and improve treatment outcomes, immunotherapy holds great potential to transform the treatment landscape for endometrial cancer patients.

Wen-Hui Ku 顧文輝

CURRENT POSITION

- Chief Executive Officer, Taipei Institute of Pathology

PROFESSIONAL EXPERIENCES

- Attending Physician, Taipei Institute of Pathology
- Attending Physician, Department of Pathology and Laboratory Medicine, Koo Foundation Sun Yat-Sen Cancer Center
- Resident Doctor, Department of Internal Medicine, National Taiwan University Hospital

EDUCATIONAL EXPERIENCES

- M.D., National Taiwan University - Bachelor of Medicine

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5F 宜華二廳 JUNIOR BALLROOM 2
05/05 (Sun.) 11:35 - 11:55

Gastric Cancer Biomarkers: Current Advances and Applications

This meeting addresses biomarkers in gastric cancer, focusing on HER2, PD-L1, and Claudin 18.2. We explore their significance in treatment selection and prognosis assessment for patients. Through the overview of current research, we aim to enhance understanding and utilization of these biomarkers in guiding personalized therapeutic approaches for gastric cancer management.

Nai-Jung Chiang 姜乃榕

CURRENT POSITION

- Attending Physician, Division of Oncology, Department of Oncology, Taipei Veterans General Hospital
- Concurrent Assistant Research Fellow, Cancer Research Institute, National Health Research Institutes
- Assistant Professor (Appointed by the Ministry of Education)

PROFESSIONAL EXPERIENCES

- 2020-2022: Assistant Investigator & Attending physician, National Institute of Cancer Research, NHRI, Tainan, Taiwan and Department of Oncology, National Cheng Kung University hospital.
- 2013-2020: Attending physician, National Institute of Cancer Research, NHRI, Tainan, Taiwan and Division of Oncology-Hematology, Department of internal medicine, National Cheng Kung University hospital.

EDUCATIONAL EXPERIENCES

- 2020: National Cheng Kung University - Ph.D. in Clinical Medicine (2020)
- 2005: National Defense Medical Center - Bachelor of Medicine (2005)

AWARDS & HONORS

- 2019: Travel grand award The 17th Annual Meeting of Japanese Society of Medical Oncology
- 2017: Good Poster Award, 22th Taiwan Joint Cancer Conference
- 2016: Good Poster Award, 21th Taiwan Joint Cancer Conference
- 2012: Good Poster Award, 16th Annual Meeting of the Taiwan Cooperative Oncology Group

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安斯泰來 Astellas
5F 宜華一廳 JUNIOR BALLROOM 1
05/05 (Sun.) 11:55 - 12:20

First-Line Treatment Options for HER2-Negative, Locally Advanced Unresectable or Metastatic Gastric or GEJ Adenocarcinoma

HER2-negative gastric or GEJ adenocarcinoma presents unique challenges in terms of treatment efficacy and patient outcomes. This meeting objective is to overview the clinical data and treatment gaps in the first-line setting for patients with HER2-negative locally advanced unresectable or metastatic gastric or GEJ adenocarcinoma.

Shiue Wei Lai 賴學緯

CURRENT POSITION

- Attending Doctor, Division of Hematology and Oncology, Department of Internal Medicine, Tri Service General Hospital (TSGH)

PROFESSIONAL EXPERIENCES

- 2021: Assistant Professor , School of Medicine, TSGH, NDMC.
- 2018: Attending Physician, Division of Hematology and Oncology, Department of Medicine, TSGH, NDMC
- 2014-2021: Lecturer , School of Medicine, TSGH,
- 2017-2018: Attending Doctor , Neihu Main Facility , Taipei TSGH
- 2015-2016: Attending Doctor , Branch of Penghu , TSGH
- 2013-2014: Chief Resident, Department of Medicine, TSGH, NDMC
- 2009-2013: Resident, Department of Medicine, TSGH, NDMC.

EDUCATIONAL EXPERIENCES

- 2014-2020: Ph.D., Graduate Institute of Clinical Medicine, Taipei Medical University
- 2001-2007: M.D., National Defense Medical Center (Doctor of Medicine)

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Moving from clinical trials to the current NHIA reimbursement environment: How ICI Provide Efficacy Benefits to mGC Patients with mGC

Background: NIVO + chemo demonstrated superior overall survival (OS) and clinically meaningful progression-free survival (PFS) benefit vs chemo and an acceptable safety profile in previously untreated, advanced non-HER2+ GC/GEJC/EAC, leading to approvals in many countries. NIVO + chemo continued to demonstrate clinically meaningful improvement in efficacy at 2 and 3-yr follow-ups. We present 4-yr follow-up results for NIVO + chemo vs chemo from CheckMate 649.

Methods: Adults with previously untreated, unresectable advanced, or metastatic GC/GEJC/EAC were enrolled, regardless of programmed death ligand 1 (PD-L1) expression. HER2+ patients (pts) were excluded. Randomized pts received NIVO (360 mg Q3W or 240 mg Q2W) + chemo (XELOX Q3W or FOLFOX Q2W), NIVO + ipilimumab, or chemo. Dual primary endpoints for NIVO + chemo vs chemo were OS and PFS by blinded independent central review (BICR) in pts with PD-L1 combined positive score (CPS) ≥ 5.

Results: 1581 pts were randomized to NIVO + chemo or chemo. At the 48-month (mo) minimum follow-up, NIVO + chemo continued to demonstrate OS and PFS benefit vs chemo in pts with PD-L1 CPS ≥ 5 and all randomized pts (Table) OS benefit with NIVO + chemo was observed in most prespecified subgroups. Objective response rates (ORR) were higher and responses were more durable with NIVO + chemo vs chemo in pts with PD-L1 CPS ≥ 5 and all randomized pts (Table). In the exploratory analysis of OS by response at the 18-week landmark timepoint, there were numerically more pts achieving response with NIVO + chemo vs chemo, and median OS (95% CI) with NIVO + chemo was numerically longer in responders vs non-responders both in pts with PD-L1 CPS ≥ 5 (20.5 [17.5–25.0] vs 14.0 [11.6–15.7]) and all randomized pts (19.4 [17.5–21.7] vs 13.1 [11.6–14.4]). No new safety signals were identified, consistent with the 3-yr follow-up. Conclusions: NIVO + chemo is the first PD-1 inhibitor/chemo combination to demonstrate long-term efficacy and acceptable safety after 4 yrs of follow up in previously untreated advanced GC/GEJC/EAC. These results are consistent with earlier follow-ups, further supporting NIVO + chemo as a standard 1L treatment in these pts.

Wen-Kuan Huang 黃文冠

CURRENT POSITION

- Associate professor, College of Medicine, Chang Gung University, Taoyuan, Taiwan
- Formosan Medical Association
- The Society of Internal Medicine
- Taiwan Oncology Society

PROFESSIONAL EXPERIENCES

- 2023/02-Present: Associate professor, College of Medicine, Chang Gung University, Taoyuan, Taiwan
- 2021/09-Present: Physician scientist, Department of Medical Research, Chang Gung Memorial Hospital, Taoyuan, Taiwan
- 2012/09-Present: Attending Physician, Division of Hematology/Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital, Taoyuan, Taiwan

EDUCATIONAL EXPERIENCES

- 2014-2020: PhD, Karolinska Institutet, Department of oncology-pathology
- 2010/07-2012/08: Fellowship, Division of Hematology/Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital at Linkou, Taoyuan,Taiwan.
- 2007/09-2010/07: Residentship, Department of Internal Medicine, Chang Gung Memorial Hospital at Linkou, Taoyuan, Taiwan.
- 1999-2006: MD, School of Medicine, Chung Shan Medical College, Taichung, R.O.C.

AWASRDS & HONORS

- 2017: One of the best posters of ESMO

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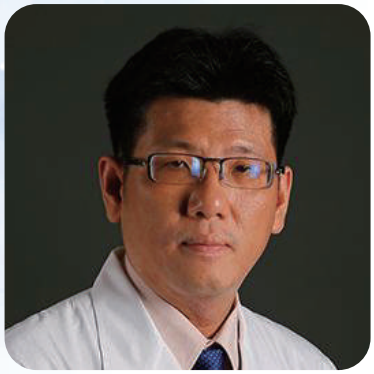
05/05 (Sun.) 11:30 - 11:55

From guideline to clinical practice: case sharing

Continuing from the first topic, Dr. Huang will share his experiences in Chang Gung hospital with using Opdivo + Chemotherapy as a 1st line treatment in mGC patients. Especially for the population with CPS <5, these patients do not meet the criteria for reimbursement this time. Dr. Huang will discuss treatment strategies specifically tailored for this group.



Ming-Huang Chen 陳明晃

CURRENT POSITION

- 2021-Present: Professor, School of Medicine, National Yang-Ming Chiao-Tung University, Taipei, Taiwan, R.O.C.
- 2020-Present: Chief, Center for Immuno-oncology, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan, R.O.C.
- 2020-Present: Attending Physician, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan, R.O.C.

PROFESSIONAL EXPERIENCES

- 2023-Present: Director, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital
- 2021-2023: Secretary General, Taiwan Oncology Society
- 2020-2023: 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)
- 2021: Professor, National Yang Ming Chiao Tung University, Taiwan
- 2017: Visitor, National Cancer Center, Tokyo, Japan
- 2011: Visitor, Cancer Therapy Evaluation Program, National Cancer Institute, Bethesda, Maryland (USA)

EDUCATIONAL EXPERIENCES

- 2013: Ph.D., Institute of Clinical Medicine, National Yang-Ming University, Taiwan
- 2002: Bachelor of Medicine, China Medical University, Taiwan

Roche

羅氏 Roche
5F 福祿壽廳 FORTUNE•PROSPERITY•LONGEVITY
05/05 (Sun.) 12:30 - 13:30

The application and changes in cancer treatment comes with the NGS reimbursement

Recently, the new technology and drugs has significant improved the cancer treatment outcome. In addition to conventional therapies such as surgery, radiation therapy, and chemotherapy, immunotherapy and targeted therapy have emerged as the routine treatment strategies in cancer management. Precision medicine tailors the treatments to individual patients based on their disease characteristics. Molecular testing plays an important role in precision medicine. When patients with the specific genetic variations or molecular profile, targeted therapies or immunotherapies can lead to improved treatment outcomes. For instance, genetic testing has become a standard procedure of disease management for various cancers, including lung cancer, breast cancer, and colorectal cancer. Additionally, it is increasingly utilized for gastrointestinal cancers, gynecological cancers, and urological cancers, etc. Because there are many biomarkers should be examined, the sequential conventional single gene test face of many challenges in clinical practice, including the quite time-consuming, costly, and need amounts of samples. The next-generation sequencing (NGS) technology allows massive parallel sequence amount of genes so that doctors can get comprehensive molecular profiling from one test for saving the sample, cost, and time.

In Taiwan, the development of precision medicine has kept pace with global advancements. The NGS tests are included in the national health insurance policy reflects its importance. In this presentation, we will review the latest developments in genetic testing across different cancer types and discuss the clinical impact and benefits following insurance coverage for these tests.

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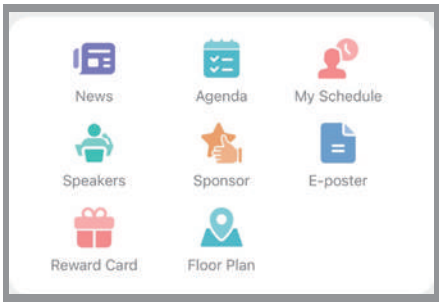

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      Ms. Song is only eligible to redeem a NT$200 gift card for pxmart by attending the conference on May 5th (Sun.) and **accumulating 25 points**.
   B. 郭付城2天會議**都有完成集點活動**，即可兌換200元全聯禮券兩份+抽獎券一張
      Mr. Guo is eligible to redeem two NT$200 gift card for pxmart and one raffle ticket by **completing the point collection on both days** of the conference.
3. 兌換時間 Redemption Time：
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After the keynote speeches from 11:30 to 13:00 on May 4th (Sat.), Go to the conference service desk with number card to redeem NT$200 gift card for FamilyMart and raffle ticket.

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****Please deposit the raffle tickets into the designated ballot box at the conference registration desk before 13:00 on May 5th (Sun.)****

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1. 以上活動參加資格身份：需為TJCC有效會員、已繳費之非會員、講師、座長。
   Qualification: TJCC valid members, registered members, speakers, and moderators.
2. 兌換時間與地點：請參照上述規定時間內至大會3F及5F服務台兌換，換完即止，逾時不補。
   Redeem time & place: Gift card can only be redeemed at conference service desk during designated time.
3. 所有禮券皆為限量發放，換完即止。
   There is limited quantity of gift cards.
4. 所有禮券及抽獎券一經兌換，如有遺失、盜領、拋棄、毀損等恕不補發，請自行保存。
   Once the gift card is redeemed, it won’ t be reissued under any circumstances.
5. 大會主辦單位保留一切修改、變更、終止活動內容細節之權利，且不另行通知。
   The organizer reserves the right to modify, change or terminate the details of the event without any prior notice.
6. 最低支援作業系統：Android 9.0（含）以上；iOS 13.0（含）以上。
   Minimum Supported Operating System: Android 9.0 and later, iOS 13.0 and later

Conference Events

BMW新世代電動車試乘體驗活動及預約辦法
BMW electric car test drive /reservation methods

為增加本次會議活動的多元性，響應提倡節能減碳、環保趨勢的理念，大會今年特別安排專屬TJCC會員參加BMW新世代電動車試乘體驗活動，會議活動期間請至3F BMW試乘攤位進行諮詢與預約，現場名額僅有20組，額滿即止，**當日請務必攜帶大會識別證、駕照或其他身分證明等證件**至現場參與試乘。
During the conference, please visit the BMW booth on the 3rd floor for inquiries and reservations. Only 20 sets are available on-site, and will be allocated on a first-come. Please ensure to bring your conference badge, driver's license, or other forms of identification for test driving participation.

- 線上早鳥搶先預約-限量40組
  Online early bird booking - Limited to 40 sets.
- 請想參加試乘的會員於2024/04/29（一）~05/03（五）將開放TJCC會員早鳥預約試乘，名額有限，額滿即止，請使用預約連結或掃描QR Code進行預約。
  Members who wish to participate in test drives are invited to make reservations from April 29th（Mon.) till May 3rd. (Fri.) Availability is limited and will be allocated on a first-come. Please use the reservation link or scan the QR code to make a reservation.
- 預約連結 Reservation link and QR code:
  https://survey.bmw.com.tw/s/8RG4G

注意事項 Notice:

1. 若於預約時段未到逾時10分鐘(含)者將取消試乘資格，請至3F BMW試乘攤位重新預約。
   If you fail to arrive within 10 minutes of your scheduled appointment, your test drive qualification will be cancelled. Please proceed to the BMW booth on the 3rd floor to reschedule.
2. 請欲參加試乘者皆須於現場簽署試乘活動同意書
   Those wishing to participate in test rides or test drives must sign a test ride activity waiver on-site.
3. 本活動辦法如有修正，依大會主辦單位公告為準，大會主辦單位保留一切修改、變更、解釋及適用、終止活動內容細節之權利，且不另行通知。
   This event reserves the right to modify, change or terminate the details of the event without any prior notice.

大會資訊

大會報到 Registration

會議日期 Date：2024/05/04 (Sat.) – 2024/05/05 (Sun.)
報到地點 Venue：台北萬豪酒店 3F - 大會報到處
Taipei Marriott Hotel 3F - Registration Counter
報到時間 Time：05/04(Sat.) 08:30-16:00
05/05(Sun.) 08:00-14:00

報到流程 Steps

會員 TJCC Members

3F 各學會報到處 Affiliated Societies
領取報到卡 Get Registration Card
→
3F 大會報到處 Conference Registration Counter
依 報到卡/身份證/健保卡 進行報到 Provide Registration Card / ID Card
領取 識別證+大會提袋 Get a name badge + conference bag
→
3F 學分簽到處 CME Credit Counter
完成學分簽到 Sign for the credits

非會員 Non TJCC Members

3F 大會報到處 Conference Registration Counter
依 報到卡/身份證/健保卡 進行報到 Provide Registration Card / ID Card
領取 識別證+大會提袋 Get a name badge + conference bag
→
3F 學分簽到處 CME Credit Counter
完成學分簽到 Sign for the credits

【餐券兌換說明】請務必憑券兌換
兌換時間: 05/04- 12:00-13:30；05/05- 12:00-13:00
兌換地點: 3F & 5F 各會議室外
[Lunch Voucher Exchange Instructions] Please be sure to exchange the lunch box with the voucher.
Exchange time: May 4th - 12:00-13:30 ; May 5th - 12:00-13:00
Exchange location: Conference rooms at 3F & 5F

****會議2天請全程配戴大會識別証****
****Please wear your conference badge at all times during the 2-day meeting****

Conference Information

優秀壁報論文競賽及大會抽獎活動說明 Abstract Competition & Lucky Draw

複賽(壁報評審) Semi-Final Round (Poster)

日期 Date： 2024/05/04 (Sat.)
時間 Time： 12:30-14:00
地點 Venue：台北萬豪酒店 3F - 壁報論文區 | Taipei Marriott Hotel 3F - Poster Area
說明 Note：

1. 大會將於會議當日11點前於台北萬豪酒店3F公布欄、大會官網、APP公布複賽入選名單及報告時間順序。
   List of Semi-final Round will be announced before 11 o' clock via Bulletin Board at 3F in TAIPEI MARRIOTT HOTEL 3F, via TJCC website & TJCC APP.
2. 請入選者於公告指定時間前30分鐘至3F壁報論文區的壁報旁準備接受評審委員之提問。
   Semifinalists need to move your poster from 3F to the poster board at Poster area in TAIPEI MARRIOTT HOTEL 30 minutes and be ready for the interviews.
3. 報告者可自行選擇以中英文擇一進行
   Presenting Language: Mandarin or English.
4. 若於13:30前未出席於壁報前，視同放棄競賽資格。
   If the Presenter did not show up after 13:30, s/he will be deemed disqualified.
5. 決賽名單將於當日17點於台北萬豪酒店3F公布欄、大會官網、APP公布，敬請準時鎖定。
   List of final Round will be announced before 17 o' clock via Bulletin Board at 3F in TAIPEI MARRIOTT HOTEL 3F, via TJCC website & TJCC APP.

評分標準Grading：
總分滿分100分【論文內容佔70分、表達、壁報設計、時間掌控共佔30分】
Total 100 points (content: 70, expression, poster design, and time control: 30)

決賽(口頭報告)Final Round(Oral)

日期：2024/05/05 (Sun.)
時間：13:30-15:30
地點：**臨床組 Clinical**
於 5F福祿壽廳 | at 5F FORTUNE・PROSPERITY・LONGEVITY
基轉組 Basic(including Translation)
於 5F宜華一廳 | at 5F JUNIOR BALLROOM I
Real World Oncologic Co-operation in Taiwan 組
於 5F宜華二廳 | at 5F JUNIOR BALLROOM II

說明Note：

1. 請入選者於05/05 (Sun.)決賽當日上午10點前將簡報檔案：
   Finalists needs to provide the presentation file before 10 o'clock：
   A. 親自繳交至大會試片室 或
      Go to Slide Preview Room or
   B. 以E-mail寄至 alfie@iprc.com.tw
      send it to alfie@iprc.com.tw；
      若當日11點前未收到確認回信，請親自至大會試片室找工作人員
2. 若未於指定時間內提供檔案，將視同放棄決賽資格
   If the file is not provided by 10 o' clock, she/he will be deemed disqualified.

大會資訊

3. 請於決賽開始前5-10分鐘於指定會議室外集合，直至前場會議結束後，工作人員將會開始報到作業
   Please check-in with the staff next to the podium 5-10 minutes earlier.
4. 依公告名單之順序，進行論文決賽口頭報告
   Presenting orders are the same as the announcement.
5. 報告者可自行選擇以中英文擇一進行
   Presenting Language: Mandarin or English.
6. 每位報告者共有10分鐘的時間，其中8分鐘報告、2分鐘QA
   Total 10 minutes includes 8 minutes of presentation & 2 minutes of QA.
7. 8分鐘響鈴1聲、9分鐘響鈴2聲、10分鐘時間到響1長聲
   A bell ring at 8" minutes, another at the 9th, and twice at the 10th.

評分標準：
總分滿分100分【內容佔70分、表達、儀態、簡報設計、時間控制共佔30分】
Total 100 points (content: 70, expression, posture, slide design, and time control: 30)

優秀壁報論文競賽頒獎 Award Presenting

日期： 2024/05/05 (Sun.)
時間： 15:30-16:00
地點： 台北萬豪酒店 - 5F 萬豪一廳
Taipei Marriott Hotel - 5F GRAND BALLROOM 1

頒獎說明Note：

- 待最終分數統計完成並經學術委員確認後，現場將直接進行頒獎儀式
  The award ceremony will be held immediately after the final scores are calculated and confirmed by the scientific committee.
- 若非會員為報告者，獎狀會頒給報告者，獎金則頒給投稿時指定之TJCC有效會員
  If the presenter is a non-member, a designated TJCC member must be onsite to receive the award.
- 請得獎者務必親自到場授獎，若該授獎者不在頒獎現場，視同放棄，大會得取消得獎資格，恕不補發
  If the awardee is not present to receive the award, she/he will be deemed as disqualified immediately.

大會抽獎活動說明 Lucky Draw

抽獎活動將於各組決賽頒獎儀式結束後於5F萬豪一廳開始
The Lucky draw activity will be held immediately after the final scores are calculated and confirmed by the scientific committee.

a. 參加資格: 凡為TJCC有效會員及有報名繳費之非會員
   TJCC valid members, registered members
b. 抽獎券領取說明: 抽獎券請妥善保管，若遺失恕不補發
   Please keep the raffle ticket safe, as lost tickets will not be reissued.

1. 凡於05/04 (Sat.) 當日9:00-11:30入場全程參加大會開幕式及專題演講者，依早鳥禮活動規定領取號碼牌，並於當日大會專題演講結束後11:30-13:00憑號碼牌至大會服務台兌換抽獎券一張
   Attending the opening ceremony of the conference on May 4th (Sat.) from 9:00 to 11:30 and get a number card by early bird award. By 13:00 on the same day, Attender can exchange them for one raffle ticket at the conference service desk.

相關早鳥禮活動規定，請詳閱「早起的鳥兒有蟲吃-早鳥禮活動說明及辦法」
Please refer to the 'Early Bird Gift' for relevant early bird gift activity regulations.

Conference Information

2. 憑TJCC APP大會集點證明，凡連續兩天皆有參加集點活動者，依電子掃碼集點活動規定時間內出示TJCC APP至大會服務台兌換抽獎券一張。
   Those who can provide proof of attending the conference for two days through the APP point collection are also eligible to exchange for one raffle ticket at the conference service desk.

   相關集點活動規定，請詳閱「電子掃碼集點活動說明及辦法」
   Please refer to the 'Collecting points for Gift Card and Lottery' for relevant early bird gift activity regulations.

抽獎獎品 Lucky Draw Prize：

中獎者請務必親自領取，恕不代領或補寄，並備妥大會識別證及身分證明文件，若現場唱名三次未到，視同放棄中獎資格
The winner needs to present to receive and identification badges/ID card or s/he will be deemed disqualified.

x1
Macbook Air 256G

x1
iPhone 15 125G

x1
Nintendo Switch OLED

x5
Airpods Pro 2

[圖片僅供示意，以現場發放為主 Image for reference only]

以上抽獎活動等相關規定，大會保留一切修改、變更及終止活動內容細節之權力，且不另行通知
The organizer reserves the right to modify, change or terminate the details of the event without any prior notice.

大會資訊

教育積分 Credits

項次	積分項目	積分說明
1	台灣臨床腫瘤醫學會	30 分
2	台灣乳房醫學會	15 分
3	台灣肺癌學會	30 分
4	台灣放射腫瘤學會	30 分
5	中華民國癌症醫學會-	腫瘤內外科 A 類 30 分 腫外受訓學員積分-臨床 6 分 or 基礎 6 分 or 次專科 6 分
6	台灣病理學會	4 分
7	台灣內科醫學會	B 類 15 分
8	台灣外科醫學會	10 分
9	台灣消化系醫學會	B 類 4 學分
10	台灣消化系外科醫學會	B 類 3 學分
11	台灣胸腔重症暨加護醫學會	B 類 17 學分
12	中華民國大腸直腸外科醫學會	**審核中**
13	中華民國血液病醫學會	丙類 0.5 分
14	中華民國放射線醫學會	10 分
15	台灣癌症安寧緩和醫學會	4 分
16	中華民國醫用超音波學會	**審核中**
17	台灣疼痛醫學會	3 分
18	台灣婦產科醫學會	B 類 3 學分

註：相關教育積分說明如有更新，請以大會官網及APP公告為主

Conference Information

交通資訊 Transportation

會場地點 Conference Venue

台北萬豪酒店 Taipei Marriott Hotel

(台北市中山區樂群二路199號

No.199, Lequn 2nd Road, ZhongShan District, Taipei, Taiwan.)

大會接駁車 Shutter Bus

於劍南路站2號出口搭乘，每10分鐘一班於捷運站及會場來回接駁

Take Exit 2 at Jiannan Rd. Station. Shuttles run every 10 minutes between the metro station and the venue.

捷運站會有大會工作人員協助舉牌指引、接駁車也會有「2024 TJCC 大會接駁車」**字樣**

At the metro station, conference staff will be available to assist, and the shuttles will display **"2024 TJCC Conference Shuttle"**

接駁時間 Schedule：

05/04 (Sat.) 08:00 - 18:00	05/05 (Sun.) 08:00 - 16:00

大會資訊

自行開車 Driving

【北上】

中山高(往圓山交流道出口23A) - 接濱江路(往大直方向) - 左轉大直橋 - 右轉沿明水路 - 右轉樂群二路 - 左轉敬業四路抵達北二高(往南港交流道出口15) - 接環東大道(往內湖方向) - 沿堤頂大道 - 左轉樂群二路 - 右轉敬業四路抵達

Northbound route on Sun Yat-sen Freeway (Exit at 23A Yuanshan Interchange) Connect to Binjiang Street (toward Dazhi)- Turn left to Dazhi Bridge - Turn right to Mingshui Rd. -Turn right to Lequn 2nd Rd. - Turn left Jingye 4th Rd. to National Highway No.3 (Exit at 15KM Nangang Interchange) - Connect to Huandong Avenue (toward Dazhi) - Connect to Tiding Avenue - Turn left to Lequn 2nd Rd. Turn right to Jingye 4th Rd. and reach the hotel.

【南下】

中山高汐止五股高架段(往內湖堤頂方向出口18) - 接舊宗路二段 - 接堤頂大道二段(往大直方向) - 左轉樂群二路 - 右轉敬業四路抵達

Southbound route on National Highway No.1 Xizhi-Wugu Elevated Highway (toward Exit 18 Neihu Tiding Interchange)> Connect to Sec.2, Jiuzhong Rd. - Connect to Sec.2, Tiding Avenue (toward Dazhi)Turn left to Lequn 2nd Rd.-> Turn right to Jingye 4th Rd. and reach the hotel.

※**停車資訊Parking Information：**台北萬豪酒店地下停車場 Taipei Marriott Hotel Basement Car Park - B2-B4
【會議日期適逢假日，飯店車位有限，停滿為止，建議大家可以多利用大眾運輸交通工具，恕無法事先預約車位。It is recommended to take public transportation. (Parking spaces cannot be reserved in advance.】

捷運 Taipei Metro

【文湖線 Wenhu Line / Brown Line】

捷運劍南路站3號出口-左轉植福路，敬業四路交叉口右轉-執行敬業四路250公尺抵達

Get off at Jiannan Rd. Station and take Exit 3 toward Miramar Entertainment Park > Go straight along Zhifu Rd. and turn right at the cross section of Zhifu Rd. and Jingye 4th Rd. Go straight along Jingye 4th Rd. to reach the cross section of Jingye 4th Rd. and Lequn 2nd Rd.

公車 Taipei City Bus

1. 敬業四路 (敬業四路&樂群三路口) 208、33、42、42區、553、72、藍20區、藍7
   Jingye 4th Rd. 208, 33, 42, 42 (shuttle), 553, 72, Blue Route 20 (shuttle), and Blue Route 7
2. 大直美堤花園二(敬業四路&樂群二路口) 268、42、42區、553、645、645副、棕20、紅3、紅3區、綠16、藍20區、藍26、藍7
   Dazhi Meidi Riverside Park II 268, 42, 42 (shuttle), 553, 645, 645 (sub), Brown Route 20, Red Route 3, Red Route 3 (shuttle), Green Route 16, Blue Route 20 (shuttle), Blue Route 26, and Blue Route 7
3. 大直美堤花園一(樂群二路上) 268、645、645副、677、棕20、紅3、紅3區、綠16、藍26
   Dazhi Meidi Riverside Park I 268, 645, 645 (sub), 677, Brown Route 20, Red Route 3, Red Route 3 (shuttle), Green Route 16, and Blue Route 26

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東生華製藥股份有限公司 tsh biopharm corporation ltd. TTY BIOPHARM 台灣東洋藥品 varian A Siemens Healthineers Company

IMFINZI®
durvalumab
靜脈注射劑

NSCLC

無法切除的第三期非小細胞肺癌病人

相較於安慰劑，經試驗證實，可延長無惡化存活期(PFS)之中位數多達三倍且降低三成以上死亡風險[2,4]

* PFS, stratified HR=0.52; 95% CI, 0.42-0.65; P < 0.001 * OS, stratified HR=0.68, 99.73% CI, 0.47-0.997, P=0.0025

ES-SCLC

擴散期小細胞肺癌第一線療法

經試驗證實，抑癌寧 + EP 相較 EP 單獨治療組，顯著延長存活期並維持生活品質 (QOL)[1,2]

* 整體存活中位數 (mOS) : 抑癌寧 +EP 13 個月 Vs. EP 單獨治療 10.3 個月[2]

Enable the immune system.
RECOGNISE. **RESPOND.**[3]

適應症

局部晚期非小細胞肺癌 (NSCLC)

治療患有局部晚期、無法手術切除的非小細胞肺癌，且接受放射治療合併含鉑化療後病情未惡化的病人。

小細胞肺癌 (SCLC)

併用 etoposide 以及 carboplatin 或 cisplatin 兩者之一，適用於擴散期小細胞肺癌 (ES-SCLC) 病人的第一線治療。

抑癌寧注射劑 IMFINZI Injection 50 mg/ml

【適應症】

1.1 局部晚期非小細胞肺癌 (NSCLC)：治療患有局部晚期、無法手術切除的非小細胞肺癌，且接受放射治療合併含鉑化療後病情未惡化的病人。
1.2 小細胞肺癌：併用 etoposide 以及 carboplatin 或 cisplatin 兩者之一，適用於擴散期小細胞肺癌 (ES-SCLC) 病人的第一線治療。
1.3 膽道癌：與 cisplatin 及 gemcitabine 併用於治療局部晚期或轉移性膽道癌 (biliary tract cancer) 之成人病人。
1.4 肝細胞癌：與 tremelimumab 併用，適用於治療未曾接受全身性療法之晚期或無法切除之肝細胞癌成人病人。

【用法用量】

2.1 建議劑量：IMFINZI 稀釋後靜脈輸注給藥時間為 60 分鐘。IMFINZI 單一藥物治療及 IMFINZI 併用化療，建議劑量如下：局部晚期非小細胞肺癌 (NSCLC)，體重 30 公斤以上之病人：建議劑量 10 mg/kg，每 2 週一次；或 1500 mg，每 4 週一次；體重未滿 30 公斤之病人：建議劑量 10 mg/kg，每 2 週一次，直到疾病惡化或發生無法耐受的毒性為止；最長 12 個月；擴散期小細胞肺癌 (ES-SCLC)，體重 30 公斤以上之病人：每 3 週一次 (21 天) 1500 mg 併用化療[1]，共 4 個週期之後每 4 週一次 1500 mg 單一藥物治療；體重未滿 30 公斤之病人：每 3 週一次 (21 天) 20 mg/kg 併用化療，共 4 個週期之後每 4 週一次 20 mg/kg 單一藥物治療，直到疾病惡化或發生無法耐受的毒性為止；局部晚期或轉移性膽道癌 (BTC)：體重 30 公斤以上的病人：每 3 週一次 (21 天) 1500 mg 併用化療[1]，最多 8 個週期之後每 4 週一次 1500 mg 單一藥物治療，直到疾病惡化或發生無法耐受的毒性為止。體重未滿 30 公斤的病人：每 3 週一次 (21 天) 20 mg/kg 併用化療[1]，最多 8 個週期。之後每 4 週一次 20 mg/kg 單一療法；晚期或無法切除之肝細胞癌 (uHCC)：體重 30 公斤以上的病人：第一週期的第一天給予單一劑量 300 mg 之 tremelimumab[2]，隨後給予 1500 mg 的 IMFINZI，第一週期的合併療法後，每 4 週給予 IMFINZI 1500 mg 做為單一治療劑直到疾病惡化或發生無法耐受的毒性為止。體重未滿 30 公斤的病人：第一週期的第一天給予 4 mg/kg 之 tremelimumab[2]，隨後給予 20 mg/kg 的 IMFINZI，之後每 4 週使用 IMFINZI 20 mg/kg 做為單一治療劑。1. 同一天內必須先施用 IMFINZI，再進行化療。與 IMFINZI 併用的化療藥物用藥劑量請參閱對應之處方資訊。2. 同一天內必須先施用 tremelimumab，再施用 IMFINZI。當施用 tremelimumab 於併用 IMFINZI 時，參見 tremelimumab 的仿單劑量資訊。【禁忌】無。【警語及注意事項】免疫介導性不良反應：IMFINZI 是單株抗體，此類藥物可與計畫性死亡受體 1 (PD-1) 或計畫性細胞死亡配體 1 (PD-L1) 結合，阻斷 PD-1/PD-L1 路徑而消除免疫抑制，可能破壞周邊耐受性並造成免疫介導性不良反應。免疫介導性不良反應可能嚴重或致命，可發生於任何器官系統或組織。開始 PD-1/PD-L1 阻斷抗體治療後的任何時間，皆有可能發生免疫介導性不良反應。免疫介導性不良反應雖然通常在 PD-1/PD-L1 阻斷抗體治療過程中出現，但也可能在停藥之後出現。務必及早識別並處置免疫介導性不良反應，確保安全使用 PD-1/PD-L1 阻斷抗體。密切監測病人是否出現可能反映免疫介導性不良反應的臨床表徵和症狀。根據嚴重程度暫不給藥或永久停用 IMFINZI【見用法及用量】。一般而言，若需要暫停或停止 IMFINZI，應使用全身性皮質類固醇治療 (每日 prednisone 1 mg 至 2 mg/kg 或等效劑量) 直到改善至 1 級以下。改善至 1 級以下後，開始逐步降低皮質類固醇劑量，持續至少 1 個月。病人的免疫介導性不良反應若無法以皮質類固醇治療控制，應考慮使用其他全身性免疫抑制劑。IMFINZI 可能引起之免疫介導性不良反應有：免疫性非感染性肺炎、免疫介導性結腸炎、免疫介導性肝炎、免疫介導性內分泌病變、免疫介導性腎炎伴隨腎功能障礙、免疫介導性皮膚反應、免疫介導性胰臟炎、以及其他免疫介導性不良反應等。輸注相關反應：IMFINZI 可能引起嚴重或危及生命的輸注相關反應。使用 IMFINZI 後的異體 HSCT 併發症：病人接受異體造血幹細胞移植 (HSCT) 前後，若使用 PD-1/L-1 阻斷抗體治療，可能發生致死或嚴重併發症。胚胎-胎兒毒性：根據其作用機制和來自動物研究的數據，當給予孕婦時，IMFINZI 可能導致胎兒危害。【常見不良反應】PACIFIC 研究，最常見的不良反應 (≥20% 的病人發生) 為咳嗽、疲勞、肺炎 (pneumonitis) 或放射性肺炎、上呼吸道感染、呼吸困難和皮疹。CASPIAN 研究，最常見的不良反應 (≥20% 的病人發生) 為噁心、疲倦/虛弱和掉髮。TOPAZ-1 研究，最常見的不良反應 (≥20% 的病人發生) 為倦怠、噁心、便祕、食慾減退、腹痛、紅疹及發熱。HIMALAYA 研究，最常見的不良反應 (≥20% 病人) 是皮疹、腹瀉、疲勞、搔癢、肌肉骨骼疼痛和腹痛。【使用前詳閱說明書警語及注意事項，詳細仿單資料備索】【僅限醫藥專業人員參考：處方藥物請參考衛生福利部核准仿單說明書】

Ref: 1. Paz-Ares L, Dvorkin M, Chen Y, et al; CASPIAN Investigators. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. Lancet. 2019;394(10212):1929-1939. 2. 衛福部核准仿單說明書 3. Stewart R, Morrow M, Hammond SA, et al. Identification and characterization of MEDI4736, an antagonistic anti-PD-L1 monoclonal antibody. Cancer Immunol Res. 2015;3(9):1052-1062. 4. Antonia et al. 2018 NEJM DOI: 10.1056/NEJMoa1809697.

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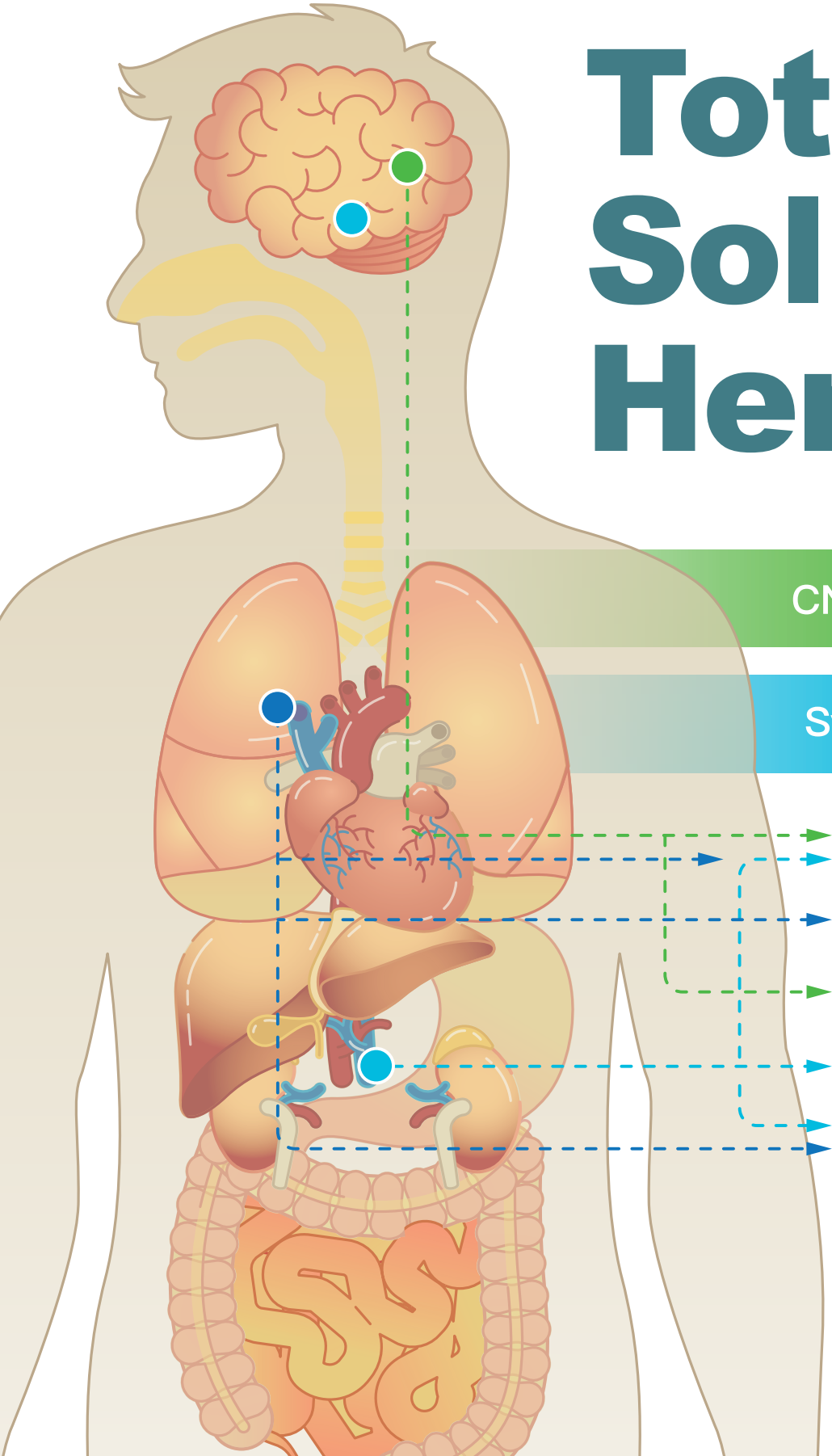

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【適應症】適用於腫瘤帶有表皮生長因子受體 (EGFR) 外顯子 19 缺失或外顯子 21 L858R 突變之非小細胞肺癌 (NSCLC) 病人，作為腫瘤切除後的輔助治療。適用於腫瘤具表皮生長因子受體 (EGFR) 突變之局部侵犯性或轉移性NSCLC病人的第一線治療。適用於治療具有EGFR T790M基因突變之局部侵犯性或轉移性NSCLC在EGFR TKI治療期間或之後疾病惡化的病人。【用法用量】TAGRISSO的建議劑量為每日一次 80 毫克。TAGRISSO 可空腹或與食物併用。若錯過一劑 TAGRISSO，請勿補服錯過的劑量，按照服藥時間表服用下一劑。病人應持續進行輔助治療，直到疾病復發、無法耐受毒性或最多達3年時間為止。轉移性肺癌病人應持續治療，直到疾病惡化或無法耐受毒性為止。【禁忌】無。【警語及注意事項】若病人出現惡化的呼吸道症狀 (如呼吸困難、咳嗽和發燒) 且該症狀可能為ILD表徵，則應暫停TAGRISSO並立即檢查是否發生ILD。若證實為ILD，應永久停用TAGRISSO。發生QTc間期延長伴有危及生命之心律不整表徵/症狀的病人，須永久停用TAGRISSO。對於有症狀的鬱血性心臟衰竭，應永久停用TAGRISSO。病人若出現疑似角膜炎的表徵及症狀，應立即轉介至眼科就醫。若有出現疑似Stevens-Johnson症候群或嚴重多形性紅斑，則暫停服用TAGRISSO。若確認是Stevens-Johnson症候群或嚴重多形性紅斑，則永久停用TAGRISSO。若疑似皮膚血管炎則應暫停TAGRISSO，評估全身性侵犯且考慮諮詢皮膚專科。若無法判定為其他原因，則依嚴重程度考慮永久停用TAGRISSO。根據動物研究數據和其作用機轉，懷孕婦女使用TAGRISSO可能對胎兒有害。【不良反應】接受TAGRISSO 治療的病人，至少20%以上最常見的不良反應為腹瀉、皮疹、肌肉骨骼疼痛、指甲毒性、皮膚乾燥、口腔炎、疲勞、咳嗽、白血球減少症(65%)、淋巴球減少症(62%)、血小板減少症(53%)、貧血(47%)和嗜中性白血球減少症(33%)。ADAURA試驗中，接受TAGRISSO 治療的病人中有16%出現嚴重不良反應。FLAURA 試驗中，接受TAGRISSO 治療的病人中，有4%出現嚴重不良反應。在AURA3 試驗，TAGRISSO 治療組病人的嚴重不良反應發生率為18%。【特殊族群使用】根據動物研究數據和其作用機轉，懷孕婦女使用TAGRISSO可能會導致胎兒傷害。告知懷孕婦女對胎兒的潛在風險。告知婦女在接受TAGRISSO治療期間和末次劑量後2週內應停止哺乳。對於依照 Cockcroft-Gault公式估算肌酸酐清除率(CLcr) 為15-89 mL/min之病人，無須調整TAGRISSO劑量。對於末期腎病病人 (CLcr < 15 mL/min) 沒有TAGRISSO 建議劑量。輕度到中度肝功能不全的病人不需調整劑量(Child Pugh A 和 B，或總膽紅素≤ ULN且 AST>ULN，或總膽紅素介於 1到 3倍 ULN 且有任何 AST 數值)。對於重度肝功能不全病人 (總膽紅素介於3到10倍ULN且有任何AST數值)，沒有TAGRISSO建議劑量。

【使用前請詳閱說明書警語及注意事項，詳細仿單資料備索。】【僅限醫藥專業人員參考；處方藥物請參考衛生福利部核准仿單說明書。】

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