

表格一（共三頁）（第一頁）

繼續教育課程認定申請表

辦理機構名稱： 臺北醫學大學附設醫院

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表格一（共三頁）（第二頁）

繼續教育課程之內容、時數及講員學經歷

活動主題：2022 台灣國際精準醫療乳房醫學研討會（中文）Taiwan International Breast Precision Medicine Symposium

（英文）

活動時間：2022/4/16 活動地點：100 台北市中正區中山南路 11 號（張榮發基金會）

課程內容：一（請申請單位就下列選項填入）（可複選）

- 一、醫學課程。
- 二、醫學倫理。
- 三、醫療相關法規。
- 四、醫療品質
- 五、感染管控
- 六、性別議題

課程實施方式：一（請申請單位就下列六項擇一填入）

- 一、醫學院校、醫學會、學會、公會、協會、教學醫院或主管機關舉辦之繼續教育課程。
- 二、醫學會、學會、公會或協會年會之學術研討會或國際學術研討會。
- 三、醫學會、學會、公會或協會舉辦之學術研討會。
- 四、經評鑑合格之醫院以上醫院每月或每週臨床討論或專題演講之例行教學活動。
- 五、網路繼續教育課程、醫學雜誌通訊課程。

六、 國內外大學或研究所之醫學相關課程。

表格一（共三頁）（第三頁）

目	題	時間 (分鐘)	講員姓名	講員現職 (服務單位及職稱)	學歷	經歷	課綱
The application of AI in Mammothographic Images		20	姚敏思	台北市立萬芳醫院 影像醫學部 副主任兼主治醫師	中國醫藥大學 醫學系	台北市立萬芳醫院 影像醫學部 主治醫師 新光吳火獅紀念醫院 放射診斷 總住院醫師 新光吳火獅紀念醫院 放射診斷科 住院醫師	Nowadays, breast cancer is the most common diagnosed female cancer as well as the fifth leading cause of mortality worldwide, accounting 2.3 million new cases, 11.7% of all female cancers, and 6.9% died from the disease [1]. Mammography screening seems to have an impact on mortality; randomized controlled trials have shown an approximately 20% reduction in breast cancer-related mortality after mammography was performed in breast cancer screening [2]. Although mammography screening has proven effective, the disadvantage of this technique has also been known: (1) false-positive recall rates leading to additional imaging studies or biopsies, which result of increase medical expenses and emotional stress for the patient; (2) false-negatives when breast cancers are either undetectable on mammography or if interpretation errors occur, cause delaying diagnosis; (3) radiation exposure; and (4) overdiagnosis of cancers that may not be life-threatening such as low risk ductal carcinoma in situ

The role and and current status of oncology nurse navigators in cancer care	20	方慧芬	臺北癌症中心領航護理與教研部主任	臺北醫學大學護理研究所	臺北醫學大學附設醫院護理部副主任	<p>When faced with the powerful enemy of cancer, patients are often full of fear due to incomplete information about their own illness and treatment direction, as if they were trapped in a maze or lost in the vast ocean.</p> <p>We look forward to having someone provide a cancer care plan that meets individual needs from the first moment a patient walks into the hospital, and assist patients and their families in solving related problems in the cancer treatment process.</p>
Oncocardiology for comprehensive breast cancer mangement	20	黃群耀	臺北醫學大學附設醫院內科部主任	臺北醫學大學臨床醫學研究所博士	臺北醫學大學附設醫院心臟內科主任	<p>Cardiovascular disease Is the primary cause of death in patients with breast cancer. Advances in the treatment of breast cancer have greatly increased the life expectancy of breast cancer patients. However, treatment modalities for breast cancer including radiation therapy, chemotherapy, target therapy or immunotherapy all have been demonstrated to impact on female cardiovascular health. In addition, hormone therapy or oophorectomy related menopause further accelerate the progress of atherosclerosis and result in early cardiovascular events.</p> <p>Traditionally, women are often disadvantaged in medical care. In order to improve breast cancer survival, building up the comprehensive onco-cardiology team-base care is imperative.</p>

Precision medicine approach and the impact of DNA damage repair deficiency in breast cancer	20	Filipa Lynce	Director, Inflammatory Breast Center Physician Assistant Professor of Medicine, Harvard Medical School	Universidade Nova Lisboa, Portugal	Board Certification: Hematology, 2014	Cardiovascular disease is the primary cause of death in patients with breast cancer. Advances in the treatment of breast cancer have greatly increased the life expectancy of breast cancer patients. However, treatment modalities for breast cancer including radiation therapy, chemotherapy, target therapy or immunotherapy all have been demonstrated to impact on female cardiovascular health. In addition, hormone therapy or oophorectomy related menopause further accelerate the progress of atherosclerosis and result in early cardiovascular events. Traditionally, women are often disadvantaged in medical care. In order to improve breast cancer survival, building up the comprehensive onco-cardiology team-base care is imperative.
Implant based breast reconstruction	20	李維棠	臺北醫學大學附設醫院整形外科專任主治醫師	臺北醫學大學醫學系醫學士	國立臺灣大學附設醫院外科部住院醫師  • 國立臺灣大學附設醫院整形外科兼任主治醫師	Mastectomy has been used as traditional treatment for breast cancer over than one hundred years with largely unchanged methods. Within implant-based reconstruction, many techniques and reconstructive strategies exist that must be tailored for each individual patient to yield a successful reconstruction. In recent decades, endoscopy-assisted breast surgery has been shown to be an effective technique for skin-sparing mastectomy or nipple-sparing mastectomy with acceptable cosmetic outcome.

Revision of Adjuvant anthracycline chemotherapy in early breast cancer	20	戴明燊	國防醫學院 副教授 三軍總醫院血液科 主任	英國倫敦大學 皇后瑪麗學院 癌症研究中心 博士班畢業	三軍總醫院一般醫學科 主治醫師 三軍總醫院癌症中心 執行秘書	The most effective chemotherapeutic agent in the treatment of breast cancer has been anthracyclines since the 1980's. The taxanes were integrated into breast cancer management as being equally or even more effective than the anthracyclines since the 1990's, and with the advance of new cytotoxic (capecitabine, gemcitabine, vinorelbine) or targeted biological agents (trastuzumab, lapatinib, bevacizumab) since this century, the landscape of systemic breast cancer treatment is undergoing revolutionary changes. Anthracyclines are being re-evaluated in two directions, identification of biomarkers that predict greater benefit, and <del>exploring lower toxicity formulation. Cardiotoxicity</del>
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Patient-centered breast cancer rehabilitation and shared-decision making	20	侯文萱	臺北醫學大學附設醫院復健科專任主治醫師	高雄醫學大學公衛系環境暨職業安全衛生博士 • 哈佛大學公共衛生學院碩士	臺灣大學附設醫院復健部總醫師及兼任醫師	Dr. Hou's is a physician with the specialists of Geriatric Medicine and Physical Therapy and Rehabilitation, as well as the Director of Department of Center for Evidence-based Medicine, of Taipei Medical University Hospital. She is also a full professor in Master Program in Long-Term Care and Graduate Institute of Clinical Medicine of Taipei Medical University. She graduated from the Medical School of Taipei Medical University and pursued her master and doctoral degrees in the field of Public Health and Occupational Medicine. She holds a committee member of Joint Commission of Taiwan and served as a board supervisor of Taiwan Evidence-Based Association with the main role of advocating medicine core competency and quality improvement in health literacy and shared decision making. She is also a researcher of Cochrane Taiwan and published two Cochrane reviews related to the phototherapy and vocational rehabilitation. Her research focuses on the development and validation of assessment tools in functional assessment and patient-reported outcome. She also involved in several kinds of geriatric research related to clinical epidemiology by using Taiwan National Health Insurance Data and conducted several systematic review and meta-analyses for the effectiveness of rehabilitation strategies. Recently, she devoted in advocating both providers'/patients' shared decision-making and empowering people's health literacy for health communication across the life course for health care, disease prevention and health promotion.
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Adjuvant S-1 plus endocrine therapy for oestrogen receptor-positive HER2-negative, primary cancer	20	Masakazu Toi	Professor, Surgery, Graduate School of Medicine, Kyoto University Director, Breast Cancer Unit, Kyoto University Hospital	1982 M.D., Hiroshima University School of Medicine 1988 Ph.D., Hiroshima University, Medical Science	2013 Chairman, 2013 annual conference of The Japanese Association for Molecular Target Therapy of Cancer 2013- Member of the board of directors, Japanese Society of Clinical Oncology	In the past three decades, survival outcomes of patients with primary ER-positive and HER2-negative luminal breast cancer have notably improved, mainly due to early detection of the disease and advances in adjuvant treatments such as endocrine therapy, chemotherapy. This subtype disease is extremely heterogeneous with respect to genetic abnormality, growth speed, disease progression, and therapeutic sensitivity to endocrine treatment. Five-year relative survival for this subtype is high, however, a risk for recurrence remains several years after treatment. To further improve survival outcomes of this disease, a variety of approaches have been investigated. The POTENT trial examined outcomes associated with standard postoperative endocrine therapy
Current Progress in Cardiosparing Radiotherapy Patients	20	呂隆昇	臺北醫學大學附設醫院放射腫瘤科主治醫師	美國休士頓安德森癌症中心與德州心臟研究所博士後研究員 國立台灣大學醫學系畢業	臺北醫學大學附設醫院放射腫瘤科主治醫師 臺北醫學大學附設醫院院長室癌症卓越研究中心副主任 臺北醫學大學附設醫院院長室細胞治療中心醫療副主任	The population of cancer survivors rapidly increased in the past twenty years. It is estimated more than 30% of them has been treated with thoracic irradiation, a new risk factor for cardiovascular diseases. Since radiation-induced CVD (RICVD) is a significant cause of death among cancer survivors, it is very important to promote awareness and take preventive actions. In this talk I will provide a focused update on the clinical practice for RICVD, and risk stratification, detection of cardiotoxicity and management workflow for RICVD in the context of cancer care continuum will be provided. Introduction of cardio-oncology care for RICVD will significantly improve cancer treatment outcome and will facilitate high quality clinical investigations.



Current practices and future trends in breast cancer surgery	20	王文科	臺北醫學大學附設醫院一般外科專任主治醫師	臺北醫學大學醫學系醫學士 臺北醫學大學臨床醫學研究所	林口長庚紀念醫院一般外科系主治醫師 嘉義長庚紀念醫院一般外科主治醫師	Breast cancer has consistently remained the most common cancer among women in Taiwan and worldwide. Breast cancer treatment has seen many advances in recent decades. With advances in science and technology, there are more innovations in the approach to the management of patients with breast cancer. These include smaller surgeries, less axillary surgery, vastly improved reconstructive techniques saving skin and optimizing cosmesis, moving from size or stage-based to biology-based decisions for adjuvant chemotherapy, and the introduction of systemic targeted treatments. Despite it, surgery continues to play a major role used together with other modalities like chemotherapy, radiotherapy, target therapy, endocrine therapy, etc., in treating early and advanced breast cancer. We are experiencing a clear paradigm shift in breast cancer surgery.
Role of combination Strategies for Chemotherapy in Metastatic breast cancer	20	曾慧恩	臺北醫學大學附設醫院血液腫瘤科兼任主治醫師	中國醫藥大學臨床醫學研究所 博士 中山醫學大學醫學研究所 碩士 中國醫藥大學醫學系	臺北醫學大學附設醫院血液腫瘤科科主任 臺北醫學大學校級分子腫瘤團隊 (Molecular Tumor Board) 召集人	Combination chemotherapy are frequently favoured over single agents for the treatment of metastatic breast cancer due to superior tumour response rates. It is not known however whether giving more intensive chemotherapy regimens results in better outcomes, when both survival and toxicity are considered, and whether better response rates and rates of progression free survival actually translate to better overall survival. The decision whether combination chemotherapy is preferable to sequential monochemotherapy is under debate. We would review the recent published clinical trial, systemic review and case series to see the efficacy and adverse effect both in combination chemotherapy in metastatic breast cancer.

KOEB-study,how to use APP software to facilitator real world data collection ?	20	Hayashida	Lecturer, Department of Surgery Keio University School of Medicine, Tokyo, Japan	2008 – 2015 Assistant professor, Dept. of Surgery, Keio University School of Medicine, Tokyo, Japan 2015-present Lecturer, Dept. of Surgery, Keio University School of Medicine, Tokyo, Japan	Lecturer, Department of Surgery Keio University School of Medicine, Tokyo, Japan	Establishment of PRO collecting platform using LINE-ePRO and its application to breast cancer patients Traditionally, Patient Reported Outcomes (PRO) data has been collected every few weeks through medical interviews and paper questionnaires. Recently, it has become possible to use an electronic PRO (ePRO) system that allows patients to report their symptoms in real time using their smartphones. As part of the government's AI hospital project, we have been conducting an observational study on symptoms and QOL of breast cancer patients using "LINE", one of the most popular SNS in Japan, since April 2018. The purpose of this study is to evaluate the usefulness of "LINE-ePRO", which we have developed, by using a big data platform in which patients themselves record their clinical symptoms and QOL over time in patients who have undergone initial surgery or recurrence of breast cancer. Based on the results of this study, it was possible to pick up symptoms efficiently and precisely by conducting a survey of symptoms and QOL using a smartphone application. Since most of the breast cancer patients were relatively young to middle-aged, the use of LINE, which is a very popular tool, allowed the patients to get used to it quickly and easily. A prospective interventional study is currently being planned based on the results of this observational study to examine whether medical intervention through real-time symptom monitoring can improve the quality of medical care for breast cancer patients.
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New insights on PI3K inhibitors in treatment of HR+/HER2-mBC Eva Ciruelos	20	Eva María Ciruelos Gil	Medical Oncologist and coordinator of the Multidisciplinary Breast Cancer Unit at the University Hospital 12 de Octubre, in Madrid, Spain.	Octubre(2001 ). Received Doctorate in internal medicine at the Complutense University of Madrid Faculty of Medicine(2004).	Coordinator of Breast Cancer Unit at HM private hospitals in Madrid. Associate Professor in the Department of Medicine at the Complutense University of Madrid Faculty of Medicine.	Despite the significant achievements in the diagnosis and treatment of metastatic breast cancer (mBC), this condition remains substantially an incurable disease. In recent years, several clinical studies have aimed to identify novel molecular targets, therapeutic strategies, and predictive biomarkers to improve the outcome of women with mBC. Overall, ~40% of hormone receptor HR+/HER2- mBC cases harbor alterations affecting the PI3K/Akt/mTOR pathway. This pathway is a major target in oncogenesis, as it regulates growth, proliferation, cell survival, and angiogenesis. Lately, the pharmacologic targeting of PIK3CA in HR +/HER2 -mBC has shown significant benefits after the occurrence of endocrine therapy resistance. Alpelisib plus endocrine therapy shows promising efficacy for treating postmenopausal women with HR+/HER2- metastatic breast cancer. Available evidence supporting using alpelisib after disease progression on first-line endocrine therapy with or without CDK4/6 inhibitors justifies PIK3CA mutation testing upon diagnosing HR+/HER2- advanced breast cancer, which can be done using either tumor tissue or circulating tumor DNA. With appropriate toxicity management and patient selection using validated testing methods, all eligible patients can potentially benefit from this new treatment.
The evolving landscape of endocrine therapy in HR+ breast cancer-from early high risk to advanced disease	20	洪進昇	臺北醫學大學附設醫院外科部部主任暨一般外科專任主治醫師	國立臺灣大學醫學系畢業 國立臺灣大學臨床醫學研究所碩士 臺北醫學大學臨床醫學研究所博士	臺大醫院外科住院醫師 臺大醫院外科總醫師 臺北醫學大學附設醫院乳房外科主任	In hormone receptor positive (HR+) breast cancer patients, endocrine therapy is important and could effectively reduce recurrence or distant metastasis. With the goal of therapy optimization, it is necessary to stratify the risk, such as lymph node or menstruation status. Oral chemotherapy agents, CDK4/6 inhibitor or GnRH analogue will also be taken into consideration to develop escalate or de-escalate therapy in HR+ breast cancer.

Exploring the secret chamber of CDK4/6 inhibitor-induced dormancy:senescence and its implications	20	趙祖怡	教授/專任主治醫師	國防醫學院醫學系醫學士 國防醫學院醫學科學研究所醫學博士	三軍總醫院內科部血液腫瘤科主任	<p>The combined use of endocrine therapy (ET) and cdk 4/6 inhibitors has successfully extended the overall survival time of advanced/metastatic breast cancers (ABC/MBC). One of the major contributions of cdk 4/6 inhibitor is to induce cancer cell growth arrest at G1 to S phase. Subsequently cancer cells may enter G0 phase, i.e. dormancy state that includes quiescence and senescence. Quiescence and senescence are different. A quiescent cell can return to normal cell cycle but a senescent cell cannot. The hallmarks of a senescence cell include positive <math>\beta</math>-galactose staining, able to produce senescence-associated secretory phenotype (SASP), telomere shortening, and resistance to apoptosis. Senescence can be divided into early/acute- and late/chronic phase. Early/acute senescent cells can be eliminated by immune system. Late/chronic senescent cells can evade immune-mediated attack and accumulate in a tumor mass. These chronic senescent cells can foster cycling tumor cells by producing such SASPs as IL-6/IL-8, eotaxin, CCL 2, CCL 5, CXCL 12, CXCL 5, VEGF, HGF in the microenvironment to support the growth of a cancer. Therefore senotherapy, including clearance of chronic senescent tumor cells, should be an opportunity to further improve the treatment outcome of current ET plus cdk 4/6 inhibitor in ABC/MBC.</p>
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Game chang of HER2 positive breast cancer treatement in various Pandemic era	20	莊捷翰	高雄醫學大學附設中和紀念醫院乳房外科主治醫師	高雄醫學大學醫學系	高雄市立小港醫院醫務秘書 高雄市立小港醫院外科主任	Trastuzumab and Pertuzumab, with chemotherapy, has become standard of care for treatment of metastatic HER2+ breast cancer and for treatment of node-positive early stage HER2+ disease. Subcutaneous administration of antibody therapy can offer patients a more convenient and faster administration of therapy. The subcutaneous (SQ) version of trastuzumab and pertuzumab combines fixed doses of the two agents, plus hyaluronidase, an enzyme that helps the body absorb the medications, into one vial. Randomized studies have demonstrated the SQ version is associated with similar efficacy, and better tolerability. These data will be reviewed in detail in this presentation, along with case studies
How Can We enable our ecosystem toward Presonalized Healthcare ?	20	Devmanyu Singh	Foundation Medicine Transformation Lead, Pharma International at Roche Singapore	Master of Business Administration (MBA), Strategy and Organisation · (2011 - 2012), National University of Singapore	Foundation Medicine Transformation Lead, Pharma International at Roche Singapore	Healthcare demands are increasing, this increases costs and puts a strain on resources. Whilst healthcare demands are increasing, the process of drug development remains costly and time consuming. To bring innovative treatments swiftly to market remains a significant need. Novel innovative approaches are needed to integrate the latest evidence into clinical decision making to ensure that healthcare professionals are able to deliver the best care possible for each and every patient.