胰臟癌治療研討會

活動時間： 109 年 11 月 27 日（星期五）晚上 18:30-20:30
活動地點： 漢來巨蛋
活動住址: 813 高雄市左營區博愛二路 767 號

時間	主題	講師	主持人
18:30~18:40	Opening	國衛院 陳立宗 醫師	
18:40~19:40	Maintenance Treatment for GermlineBRCA-Mutated Metastatic Pancreatic Cancer	高雄長庚醫院 邱泰然 醫師	國衛院 陳立宗 醫師
19:40~19:50	Break		
19:50~20:50	Evolution of First-lineOvarian Cancer Management	義大癌醫院 謝孟哲 醫師	國衛院 陳立宗 醫師
20:50~21:00	Discussion	ALL	
21:10~21:20	Closing Remark	義大癌醫院 饒坤銘 醫師	國衛院 陳立宗 醫師

邱泰然 醫師

現職

高雄長庚醫院 血液腫瘤科主治醫師

學歷

高雄醫學大學醫學系畢業

經歷

高雄榮民總醫院 實習醫師

高雄醫學大學附設醫院 內科部住院醫師

高雄長庚醫院 內科部住院醫師

高雄長庚醫院 血液腫瘤科住院醫師

謝孟哲　醫師　血液腫瘤部腫瘤科主任

科別：血液腫瘤科

現任：義大癌治療醫院血液腫瘤科主治醫師

學經歷：

義大癌治療醫院血液腫瘤科科主任

高雄長庚紀念醫院血液腫瘤科主治醫師

高雄市立聯合醫院血液腫瘤科主治醫師

高雄長庚醫院血液腫瘤科總醫師

長庚大學助理教授

饒坤銘　醫師　義大癌治療醫院癌症醫療副院長

現任：義大癌治療醫院血液腫瘤科主治醫師

學經歷：

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高雄長庚紀念醫院血液腫瘤科主任

美國德州 M.D. Anderson Cancer Center 癌症分子暨細胞學系進修

長庚大學臨床醫學研究所碩士

高雄長庚癌症防治中心主任

長庚大學副教授

Maintenance Treatment for GermlineBRCA-Mutated Metastatic Pancreatic Cance

Olaparib is an inhibitor of PARP enzymes, including PARP1, PARP2, and PARP3. PARP enzymes are involved in normal cellular functions, including DNA transcription and DNA repair. Olaparib inhibits the growth of select tumor cell lines in vitro and decreases tumor growth in mouse xenograft models, both as monotherapy and after platinum-based chemotherapy. Increased cytotoxicity and antitumor activity following treatment with olaparib were observed in cell lines and mouse models with deficiencies in BRCA and non-BRCA proteins involved in homologous recombination repair of DNA damage and were correlated with platinum response. Studies in vitro have shown that olaparib-induced cytotoxicity may involve inhibition of PARP enzymatic activity and increased formation of PARP-DNA complexes, resulting in DNA damage and cancer cell death.

Evolution of First-lineOvarian Cancer Management

Surgery and chemotherapy, based on carboplatin and paclitaxel have been long established as the cornerstone for the primary management of ovarian cancer. The completeness of surgery is prognostic and this has led increasingly to the promotion of specialization and centralization. However, except in some cases of early stage ovarian cancer surgery alone is not curative; systemic therapy remains the most important component for the long-term survival of women with ovarian cancer. The 3- and 5-year survival of ovarian cancer have improved over the last two decades and the question is to what extent has this been due to improvements in first-line therapy? Benefits from new first-line treatments can be measured in several ways. First, there may be a true increase in cure-rate, as measured by a reduced number of patients relapsing after first-line therapy. The key initial indicator that this might be occurring is an improvement in progression-free survival (PFS), or more specifically recurrence-free survival followed by an increase in overall survival (OS). However, improvements in PFS may not translate into an OS benefit if subsequent treatments have a differential effect, so as to annul differences seen in PFS in the first-line treatment. In contrast, there may be no direct benefit from new first-line therapies on PFS but improvements in OS may arise through better use of subsequent lines of treatments.