乳腺癌和卵巢癌研討會

活動時間: 110年1月9日(星期六)晚上16:00-20:00

活動地點:高雄市萬豪酒店

活動住址: 804 高雄市鼓山區龍德新路 222 號

時間	主題	講師	主持人
16:00~16:10	Opening	義大癌醫院 饒坤銘 醫師	
16:10~16:50	The best sequence to improve OS in HR+,Her2- MBC	台北榮總 趙大中 醫師	義大癌醫院 饒坤銘 醫師
16:50~17:30	New era of Ovarian cancer management	高雄長庚 吳貞璇 醫師	高雄長庚 林浩 醫師
17:30~18:10	Interpretation of BRCA gene testing	台北榮總 彭昱璟 醫師	高醫 蕭惠樺 醫師
18:10~18:30	Discussion	ALL	
18:30~20:00	Closing Remark & Dinner	義大癌醫院	
		饒坤銘 醫師	

醫生簡介

趙大中 醫師

學歷:國立陽明大學臨床醫學研究所 臺北醫學大學醫學系

經歷:

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台灣癌症安寧緩和醫學會 秘書長

國防醫學院 醫學系 臨床副教授

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彭昱璟 醫師

學歷:

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2019- 迄今 主治醫師,臺北榮民總醫院病理檢驗部

經歷:

主治醫師, 和信治癌中心醫院

臨床研究醫師, 美國斯隆-凱特琳癌症中心(Memorial Sloan Kettering Cancer Center)病理部(泌尿病理)

住院醫師, 美國紐約大學醫學中心(NYU Langone Medical Center)病理部

課程摘要:

The best sequence to improve OS in HR+,Her2- MBC

Hormone receptor positive (HR +), human epidermal growth factor receptor 2 negative (HER2-) is the most prevalent subtype of invasive breast cancer and accounts for approximately 70% of all cases [1]. Metastatic breast cancer (MBC) remains a universally fatal disease, with overall survival (OS) limited to 2 to 3 years on average [2]. Despite the availability of endocrine therapy for the treatment of HR+, HER2- MBC, benefits progressively diminish with the development of resistance and progressive disease (PD).

New era of Ovarian cancer management

Epithelial ovarian cancer (OC), a common gynecologic malignancy, continues to be a leading cause of death in women, with just under 50% of patients surviving 5 years after diagnosis. Survival is often tied to the tumor stage; however, many women are diagnosed with advanced disease because of the asymptomatic nature of earlier stages. To date, surgery and systemic chemotherapy with platinum-based agents remain the standards of care. Recently, poly (adenosine diphosphate-ribose) polymerase inhibitors have demonstrated a significant benefit for patients diagnosed with OC. Accordingly, it is critical for the pharmacist to be familiar with the OC treatment armamentarium in order to ensure an optimal outcome for the patient.

Interpretation of BRCA gene testing

BRCA1 (BReast CAncer gene 1) and BRCA2 (BReast CAncer gene 2) are genes that produce proteins that help repair damaged DNA. Everyone has two copies of each of these genes—one copy inherited from each parent. BRCA1 and BRCA2 are sometimes called tumor suppressor genes because when they have certain changes, called harmful (or pathogenic) variants (or mutations), cancer can develop.

People who inherit harmful variants in one of these genes have increased risks of several cancers—most notably breast and ovarian cancer, but also several additional types of cancer. People who have inherited a harmful variant in BRCA1 and BRCA2 also tend to develop cancer at younger ages than people who do not have such a variant.

A harmful variant in BRCA1 or BRCA2 can be inherited from either parent. Each child of a parent who carries any mutation in one of these genes has a 50% chance (or 1 in 2 chance) of inheriting the mutation. Inherited mutations—also called germline mutations or variants—are present from birth in all cells in the body.

Even if someone has inherited a harmful variant in BRCA1 or BRCA2 from one parent, they would have inherited a normal copy of that gene from the other parent (that's because in most cases, embryos with a harmful variant from each parent cannot develop). But the normal copy can be lost or change in some cells in the body during that person's lifetime. Such a change is called a somatic alteration. Cells that don't have any functioning BRCA1 or BRCA2 proteins can grow out of control and become cancer.