

Date: 4/16 (Sat.) -17 (Sun.) Venue: 台北大直萬豪酒店

14:20-14:30	opening	陽大附醫 楊純豪醫師	
14:30-15:10	Optimized first-line treatment strategies for RAS wildtype mCRC-Precise and Prolong	臺大醫院 梁逸歆醫師	三軍總醫院 何景良醫師
15:10-15:50	Intention matters in 1st line treatment, RWE in single center	台北榮總 黃聖捷醫師	台北榮總 張世慶醫師
15:50-16:25	Surgical treatment of locally advanced and advanced rectal cancer	高雄長庚 盧建璋醫師	新竹中國 陳自諒醫師
16:25-16:35	Break		
16:35-17:10	Limited Liver or Lung Colorectal Cancer Metastases. Systemic Treatment and Surgery	嘉義榮總 江世偉醫師	台中榮總 蔣鋒帆醫師
17:10-17:50	MDT working model (enhance resection rate in unresectable patient)	基隆長庚 張沛泓醫師	林口長庚 謝寶秀醫師
17:50:18:30	Sequential therapy with bevacizumab biosimilar follow by panimumab for metastatic colorectal carcinoma	中國附醫 張伸吉醫師	中國附醫 柯道維醫師
18:30-18:40	Closing Remarks		
09:00-09:10	opening		
09:10-09:50	Recommendations for the use of NGS for patients with metastatic cancers from ESMO working group	雙和醫院 謝耀宇醫師	義大癌醫院 饒坤銘醫師
09:50-10:30	BRAF, MEK, and EGFR Triplet Inhibitors as Salvage Therapy in BRAF-Mutated Metastatic Colorectal Cancer-A Case Series Study Target Therapy of BRAF- Mutated mCRC	高醫 蔡祥麟醫師	高醫 王照元醫師
10:30-11:10	Third- or Later-line Therapy for Metastatic Colorectal Cancer: Data review and clinical experience sharing	義大癌醫院 謝孟哲醫師	陽大附醫 王緯書醫師
11:10-11:55	Group discussion session (3個case sharing, 每個人15分鐘)	林口長庚 廖俊凱醫師 中國附醫 黃晟瑋醫師 大同醫院 范文傑醫師	成大醫院 林博文醫師
11:55-12:00	Closing Remarks		

梁逸歆醫師 CURRICULUM VITAE

Education

Graduate Institute of Oncology, College of Medicine, National Taiwan

University, (2015/07~Present) , Ph. D. candidate

Department of Medicine, College of Medicine, National Taiwan University,

(1998/07~2005/06) , M.D. awarded on June 2005

The Affiliated Senior High School of National Taiwan Normal University

(1995/07~1998/06)

Postgraduate Training and Positions

Attending Physician, Department of Oncology, National Taiwan University

Hospital, Taipei, Taiwan, (2016/07~Present)

Chairman, Department of Oncology, National Taiwan University Hospital,

Hsinchu Branch, Hsin-Chu, Taiwan, (2015/05~2016/6)

Attending Physician, Department of Oncology, National Taiwan University

Hospital, Hsinchu Branch, Hsin-Chu, Taiwan, (2014/07~2016/6)

Adjunct Attending Physician, Department of Oncology, National Taiwan

University Hospital, Taipei, Taiwan, (2012/07~2016/6)

Attending Physician, Department of Hemato-Oncology, E-da Hospital,

Kaohsiung, Taiwan, (2012/07~2014/06)

Chief Resident, Department of Oncology, National Taiwan University Hospital,
Taipei, Taiwan, (2009/07~2012/06)

Resident, Department of Internal Medicine, National Taiwan University
Hospital, Taipei, Taiwan, (2006/07~2009/06)

Board Certifications

Medical Doctor , 2005-09-14

Board of Internal Medicine , 2009-12-21 , 內專醫字008306號

Board of Medical Oncology , 2012-05-05 , 中腫內專醫證字第00002號

Board of Taiwan Society of Cancer Palliative Medicine , 2014-10-01 , 癌安專
字第0000000141號

Membership in Societies

Taiwan Medical Association , 2005~Present

Taiwan Society of Internal Medicine , 2009~Present

The Taiwan Oncology Society , 2012~Present

American Society of Clinical Oncology , 2012~Present

Taiwan Society of Cancer Palliative Medicine , 2014~Present

American Association for Cancer Research , 2015~Present

Qualification of Teacher

Clinical Teacher, E-da Hospital, (2013/01~2014/06)

Clinical Teacher, National Taiwan University Hospital, (2016/07~Present)

摘要

臨床上使用於轉移性大腸直腸癌(metastatic colorectal cancer，以下簡稱 mCRC)的藥物發展蓬勃，目前已有約六種標靶藥物、十二種化學治療藥物可以選擇。化療藥物的使用順序對於病人的存活率並沒有顯著影響¹，但隨著標靶藥物的上市，病人在接受多線藥物治療時，每一線的選擇都可能承擔不同的風險。台灣於第一線接受正規治療的病人約七成，但在臨床試驗中，有八成病人能存活到二線治療，能接受三線治療的病人僅有六成，三線治療以後的病人約只有三成以下。若把有效的藥物放在第三線，僅有約 48 %的病人能有機會用到，也因此藥物治療的順序成為重要的議題。另外也會針對健保資料庫的治療作分析，並且即將發表。