

高屏區 STS 治療討論會

時間： 113 年 9 月 7 日 (六) 15:00-17:30

地點： 高雄萬豪 8 樓(皇愉會議室 8-1)

時間	Topic	Speaker	Moderator
15:00-15:20	報到		
15:20-15:30	Opening	蘇祐立 醫師 高雄長庚	
15:30-16:00	Breaking Boundaries: Trabectedin as a New Standard for Leiomyosarcoma Treatment	吳佳哲 醫師 高雄長庚	饒坤銘 副院長 義大癌治療醫院
16:00-16:30	New Strategic Approach of Radiation Combine Systemic Therapy in Soft Tissue Sarcoma	許哲瑜 醫師 台大醫院	蘇祐立 醫師 高雄長庚
16:30-17:00	Case Sharing: Yondelis Combination Experience	謝孟哲 主任 義大癌治療醫院	劉益昌 主任 高醫附醫
17:00-17:30	Discussion	All	
17:30-	Closing	饒坤銘 副院長 義大癌治療醫院	

摘要：

1. Breaking Boundaries: Trabectedin as a New Standard for Leiomyosarcoma Treatment :

平滑肌肉瘤在軟組織惡性腫瘤中，佔約 10-20%，主要治療方式還是以開刀為主，一但轉移，依靠化學治療時，效果往往不佳，雖然數種藥物可以選擇，但要增加緩和性手術切除的機率，甚至延長整體存活時間都難以提高。Trabectedin 雖然已經上市一段時間，但近年研究發現，適當的合併其他藥物使用，可以得到一定的療效。

2. 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 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.

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.

3. Case Sharing: Yondelis Combination Experience :

Currently, the only systemic therapy approved for advanced leiomyosarcoma is Doxorubicin-based monotherapy. Despite disappointing progression-free survival (PFS) and overall survival (OS), no combination therapy has formally ever proven to be more effective. In this clinical

setting, selecting the most efficient therapy is key, as most patients become quickly symptomatic with poor performance status. This review aims to describe the current emerging role of Doxorubicin and Trabectedin in first-line setting, compared with doxorubicin alone the current standard of treatment. Previous randomized trials focusing on combination therapies (Doxorubicin + ifosfamide, doxorubicin + evofosfamide, doxorubicin + Olaratumab, or Gemcitabine + Docetaxel) never reported positive results on the primary endpoint (OS or PFS). For the first time, the randomized phase III LMS-04 demonstrated that Doxorubicin and Trabectedin have a better PFS and disease control rate (DCR) compared with Doxorubicin, with higher but still manageable toxicities. In the first-line setting, the results of this trial were pivotal for numerous reasons; Doxorubicin-Trabectedin is the first combination that has been proven to be more effective in terms of PFS, ORR and trend of OS compared with doxorubicin alone; moreover, it is clear that trials regarding soft tissue sarcoma should strive to be histology-driven.

講師簡介

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申請學分：台灣內科醫學會/中華民國癌症醫學會/台灣癌症安寧緩和醫學會/台灣放射腫瘤學會/護

理學分/專科護理師學分/藥師學會(沒有要申請了)