

# 高雄市南屏癌症防治衛教學會肝癌研討會

活動時間：民國 113 年 4 月 27 日

活動地點：高雄 MLD 台鋁晶綺盛宴（高雄市前鎮區忠勤路 8 號）

**HCC Consensus Meeting**  
**南屏癌症防治衛教學會**

2024年4月27日 (六) 14:00-18:00  
MLD 台鋁晶綺盛宴（高雄市前鎮區忠勤路8號）

Time	Topic	Speaker	Moderator
14:00-14:15	Registration		
14:15-14:20	Opening	饒坤銘 教授 義大癌治療醫院	
14:20-15:00	Balancing Act: Clinical Considerations for the Desired Effects and Tolerability of Systemic Therapy in uHCC	邵幼雲 副教授 臺大醫院	饒坤銘 教授 義大癌治療醫院
15:00-15:40	• Current role of surgery in HCC management and unmet needs. needs of immunotherapy in HCC	顏家聖 醫師 高雄榮總	馮盈勳 教授 奇美醫院
15:40-16:20	Refining treatment strategies in intermediate-stage HCC in the era of immunotherapy	曾政豪 主任 義大癌治療醫院	顏家瑞 教授 成大醫院
16:20-16:30	Break		
16:30-17:10	Evaluation uHCC Response: RECIST v1.1 v.s. mRECIST 定義及差異?	歐信佑 醫師 高雄長庚醫院	胡琮輝 教授 高雄長庚醫院
17:10-17:50	AE management & real-world experiences	林恭弘 醫師 高榮	蔡青陽 教授 阮綜合
17:50-18:00	Panel discussion	All	蔡青陽 教授 阮綜合

## 2024 年 4 月 27 日南屏癌症論壇活動課程摘要

### Unmet needs of immunotherapy in HCC

Unmet needs of immunotherapy in HCC include biomarker identification, immune evasion, and toxicity management. However, its benefits are significant: activating the immune system for durable responses, fewer side effects, and hope for advanced patients. Addressing these needs will enhance immunotherapy's potential in HCC treatment.

### Current role of surgery in HCC management and unmet needs of immunotherapy in HCC

The current role of surgery in HCC management involves resection, transplantation, and locoregional therapies, offering curative options. However, challenges persist, including tumor recurrence and limited effectiveness in advanced stages. Immunotherapy presents promise but faces unmet needs such as biomarker identification and immune evasion. Combining surgery's curative potential with

immunotherapy's systemic approach may enhance outcomes, addressing these unmet needs and advancing HCC treatment.

### **Refining treatment strategies in intermediate-stage HCC in the era of immunotherapy**

In the era of immunotherapy, refining treatment strategies for intermediate-stage HCC is imperative. While locoregional therapies are standard, integrating immunotherapy offers new opportunities. Immunotherapy targets systemic disease, potentially reducing recurrence and improving overall survival. Challenges include patient selection and combination therapy optimization. By leveraging immunotherapy's efficacy and addressing these challenges, we can enhance outcomes for intermediate-stage HCC patients, paving the way for more effective and personalized treatment approaches.

### **Evaluation uHCC response: RECIST 1.1 vs mRECIST**

The evaluation of hepatocellular carcinoma (HCC) response poses a critical challenge, with RECIST 1.1 and modified RECIST (mRECIST) being commonly utilized criteria. RECIST 1.1 primarily assesses tumor size, while mRECIST incorporates arterial enhancement. While RECIST 1.1 provides simplicity and reproducibility, mRECIST offers improved sensitivity in assessing treatment response, especially for anti-angiogenic therapies. However, both methods have limitations in capturing treatment effects comprehensively. An integrated approach utilizing both criteria may enhance accuracy in evaluating HCC response to therapy, ensuring optimal patient management and outcomes.

### **AE management and case sharing**

Adverse event (AE) management is crucial in immunotherapy for hepatocellular carcinoma (HCC). While immunotherapy offers promising benefits, it can induce immune-related adverse events (irAEs). These may include dermatologic, gastrointestinal, hepatic, and endocrine toxicities. Early recognition and prompt management of irAEs are essential to prevent severe complications and ensure treatment continuation. Close monitoring, patient education, and interdisciplinary collaboration are key components of successful AE management in immunotherapy for HCC, optimizing patient safety and treatment efficacy.

### **講師簡介**

#### **1. 邵幼雲 醫師**

現職

臺大醫院腫瘤醫學部主治醫師

學歷

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## 2. 顏家聖 醫師

### 現職

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### 學歷

畢業學校:中山醫學院醫學系

### 學經歷

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1998-2003: 高雄榮總外科部住院醫師, 總醫師

2003-2004: 高雄榮總一般外科醫師研究員

2004-2005: 屏東基督教醫院一般外科主治醫師

2007, 01-09: 台北榮總移植外科進行肝臟移植訓練

2005- 2018: 奇美醫學中心一般外科暨移植外科主治醫師

2011- 2019: 國立成功大學臨床醫學研究所博士班

2019-迄今: 高雄榮總一般外科兼移植外科主治醫師

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## 5. 林恭弘 醫師

## **現職**

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## **經歷**

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美國印第安納大學醫學院胃腸肝膽科訪問學者(脂肪肝研究)