

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

申請學分:中華民國癌症醫學會、腫瘤護理學會、專科護理師學會、臨床藥師學會、

台灣癌症安寧緩和醫學會、內科醫學會

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.