

台灣生育力保存學會 2026 年會暨學術研討會

時間：2026 年 10 月 04 日 (星期日)

地點：台北張榮發基金會國際會議中心 8F

議程表

時間	主題	講者	座長
08:30-08:50	Registration		
08:50-09:00	TSFP一周年回顧	蔡永杰理事長	
09:00-09:05	貴賓致詞	國健署 沈靜芬署長	李茂盛院長 國策顧問
09:10-09:50	Testicular Tissue Cryo-preservation in Pre-pubertal Boys: Current Practice and Future Translation	Professor Kyle Orwig 線上演講+Q&A	黃志賢院長 鄭裕生教授
09:50-10:20	Improving systems to deliver oncofertility care	Professor Irene Su	陳芳銘理事長 陳明哲監事長
10:20-10:40	Coffee Break		
10:40-11:20	Building a National Fertility Preservation Program in Japan: Registry Development, Public Subsidies, and Multidisciplinary Collaboration	Professor Miyuki Harada	侯信安理事長 黃楚琄秘書長
11:20-11:50	Uterine Transposition in Fertility Preservation: Patient Selection, Surgical Technique, and Clinical Challenges	蕭聖謀教授 預錄+線上Q&A	陳怡仁部長 莊乙真主任
12:00-14:30	Lunch Symposium		
12:00-12:30	1. Reproductive Life Planning in the Modern Era: The Emerging Role of Estetrol (美時)	邱上琪醫師	翁順隆院長 張訓銘教授
12:30-13:00	2. GnRH Antagonists in Fertility Preservation: Current Roles, Clinical Applications, and Future Perspectives(健喬信元)	崔冠濠教授	藍國忠院長 葉顯堂副院長 蔡永杰理事長

13:00–13:30	3. Intravaginal DHEA Therapy: Restoring Vaginal Health in Cancer Survivors Post-Chemotherapy? (李氏藥業)	吳文毅主任	吳信宏副院長
13:30–14:00	4. Less Surgery, More Fertility: The Role of Dienogest in Modern Endometriosis Care (拜耳)	吳孟興教授	吳憲銘教授 林時羽教授
14:00–14:20	綜合Q&A		
14:20–14:40	Coffee Break		
14:40–15:10	Update on Efficacy and Safety of Fertility Preservation in Patients with Breast Cancer.	林敬翰秘書長	張金堅院長 陳明鎮部長
15:10–15:40	Ethical Considerations on Clinical Application of Artificial Intelligence	蔡甫昌教授	張芳維副總院長 賴宗炫理事長
15:40–16:00	Coffee Break		
16:00–16:40	Gonado-protection Against Chemotherapy, the Challenge of the Future	Professor. Marie-Madeleine Dolmans 線上演講+Q&A	曾啟瑞院長 李宗賢部長
16:40–17:20	Evaluation of fertotoxicity – what do we know today and where are we headed?	Professor Irene Su	林東燦理事長 黃建榮院長
17:20-18:00	會員大會	蔡永杰理事長	

邀請外籍講員簡介

1. Professor Kyle Orwig, Ph.D

Item	Details
Photo	
Name	Kyle Orwig, PhD
Current Primary Position	Professor, Department of Obstetrics, Gynecology & Reproductive Sciences, University of Pittsburgh School of Medicine
Secondary / Joint Appointments	• Professor, Department of Microbiology & Molecular Genetics, University of Pittsburgh School of Medicine • Professor, Department of Developmental Biology, University of Pittsburgh School of Medicine
Leadership & Administrative Roles	• Director, Fertility Preservation Program of Pittsburgh (UPMC) • Director, UPMC Magee Center for Reproduction & Transplantation • Director, Genome Editing, Transgenic & Virus Core Facility, Magee-Womens Research Institute
Education	PhD in Biochemistry & Biophysics and Animal Sciences, Oregon State University
Postdoctoral Training	• Postdoctoral Training, University of Kansas Medical Center • Senior Postdoctoral Fellow, University of Pennsylvania
Research Areas / Expertise	Reproductive biology, germline cell development, stem cell biology, male and female fertility preservation, translational regenerative medicine

2. Professor H. Irene Su, MD, MSCE

Item	Details
Photo	
Name	H. Irene Su, MD, MSCE
Current Primary Position	• Director, Fertility Preservation Program & Associate Professor, Reproductive Endocrinology, University of California San Diego
Experience	University of California San Diego • Professor, OBGYN & Reproductive Sciences • Director, Fertility Preservation Program
Education	University of Pennsylvania • Master of Science in Clinical Epidemiology • Fellow, Reproductive endocrinology and infertility • Resident, Obstetrics and gynecology Albert Einstein College of Medicine, New York • Doctor of Medicine Stanford University • Bachelor of Science
Expertise	• Reproductive endocrinology • Fertility preservation
Awards & Distinctions	• Top Doctor, Reproductive Endocrinology and Infertility, San Diego County Medical Society, 2019 • Top Doctor, Reproductive Endocrinology and Infertility, San Diego County Medical Society, 2013 • Prize Paper Award, American Society of Reproductive Medicine, 2009 • Alpha Omega Alpha Medical Honor Society, Albert Einstein College of Medicine, 2000

3. Professor Miyuki Harada, M.D., Ph.D.

Photo	
Name	Miyuki Harada, M.D., Ph.D.
Current Primary Position	Department of Obstetrics and Gynecology, Graduate School of Medicine, The University of Tokyo
Experience	• Editorial Board member of J Clin Med • Vice president of Japan Society for Fertility Preservation (JSFP)
Education	• M.D. and Ph.D. from the University of Tokyo • Postdoctoral training included a fellowship at Prof. KMJ Menon Lab in ObGyn/Biochemistry, Medical School, at University of Michigan in Ann Arbor, USA.
Expertise	• Follicular microenvironment regulating ovarian pathophysiology including PCOS, chemotoxicity, and ovarian aging.

4. Prof. Marie-Madeleine Dolmans, MD, PhD

Photo	
Name	Prof. Marie-Madeleine Dolmans, MD, PhD
Current Primary Position	Head of the Gynecology Research Unit at the University Catholique de Louvain
Experience	• Past President of the International Society for Fertility Preservation (ISFP).
Education	• Medical degree from the Université Catholique de Louvain in Brussels in 2000 • Ph.D. degree in “Cryopreservation and transplantation of human ovarian tissue” in 2006, Université Catholique de Louvain
Publication	Published over 260 peer-reviewed articles
Expertise	Human ovarian cryopreservation and transplantation, fibroids and adenomyosis.



Kyle Orwig, Ph.D.

Professor, Department of Obstetrics, Gynecology & Reproductive Sciences, University of Pittsburgh School of Medicine

BIOGRAPHY

Dr. Orwig is a Professor of Obstetrics, Gynecology and Reproductive Sciences at the University of Pittsburgh School of Medicine. He is also the founding director of the Fertility Preservation Program and the Center for Reproduction and Transplantation at Magee-Womens Hospital of UPMC. Research in the Orwig laboratory focuses on stem cells, germ lineage development, fertility and infertility. The Orwig lab is ideally located in Magee-Womens Research Institute and Magee-Womens Hospital of the University of Pittsburgh and is committed to translating lab bench discoveries to the clinic for diagnosis, prevention and treatment of infertility.

Testicular Tissue Cryopreservation in Prepubertal Boys: Current Practice and Future Translation

Medical treatments for cancer, bone marrow transplantation, gender dysphoria or other conditions can cause infertility. Adult patients have the option to cryopreserve eggs, embryos or sperm prior to treatment, which can be thawed in the future and used to achieve pregnancy with standard assisted reproductive technologies. Those fertility preservation options are not available to all adult patients (e.g., women who do not have time for controlled ovarian stimulation to collect eggs) or to prepubertal patients who are not yet producing mature eggs or sperm. For those patients, ovarian tissue and testicular tissue cryopreservation are experimental options to preserve fertility. This lecture will describe the infrastructure of our UPMC Magee Center for Reproduction and Transplantation for providing those experimental fertility preservation options across a coordinated network of academic centers in the United States. I will also describe the state of technologies for using cryopreserved testicular tissues in reproduction.



H. Irene Su, MD, MSCE

Professor, Obstetrics, Gynecology and Reproductive Sciences, University of California, San Diego

EDUCATION AND TRAINING

Undergraduate

- 1993-1997, Stanford University, Stanford, California, BS, Biological Sciences, AB, East Asian Studies

Graduate

- 1997-2001, Albert Einstein College of Medicine, Bronx, New York, MD
- 2006-2008, University of Pennsylvania, Philadelphia, Pennsylvania, MSCE, Master's of Science in Clinical Epidemiology

Postgraduate

- 07/2001-06/2005, University of Pennsylvania, Philadelphia, Pennsylvania Intern and Resident, Obstetrics and Gynecology
- 07/2005-06/2008, University of Pennsylvania, Philadelphia, Pennsylvania, Fellow, Reproductive Endocrinology and Infertility

APPOINTMENTS AND POSITIONS

Academic

- 07/2019-present, Professor, Division of Reproductive Endocrinology and Infertility, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Diego, San Diego, California
- 09/2023-present, Co-Director, Center for Obstetrics and Gynecology Research Innovations, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Diego, San Diego, California
- 7/2024-present, Associate Director, Moores Cancer Center Leadership Academy, San Diego, San Diego, California

Hospital

- 09/2009-present, UCSD Medical Center, Attending Staff
- 4/2012-present, Reproductive Partners – San Diego, Scripps Memorial Hospital, La Jolla, Attending Staff
- 1/2020-present, Rady's Children Hospital, Attending Staff

HONORS AND AWARDS

- 2000 Alpha Omega Alpha Honor Medical Society
- 2001 American Medical Women's Association Janet M. Glasgow Achievement Citation
- 2004 Department of Obstetrics and Gynecology Resident Teaching Award for Excellence in Medical Student Education, University of Pennsylvania

Improving Systems to Deliver Oncofertility Care

Pediatric, adolescent, and young adult cancer patients face risks of iatrogenic infertility from cancer treatment, a devastating but preventable outcome. Oncofertility care is the evidence-based practice of counseling young cancer patients on cancer-related reproductive risks and supporting their engagement with fertility preservation (FP) services. FP services are medically effective in decreasing infertility after cancer, thus recommended in clinical guidelines for nearly 20 years. Yet, we identify significant oncofertility care gaps and variation across the disparate settings where young people receive cancer care, informed by implementation science methodology. This talk will disseminate key steps of oncofertility care: screening and risk counseling of all young cancer patients at diagnosis for fertility goals and treatment-related reproductive risk, followed by indicated referral from oncology to fertility, fertility specialist consultation, and FP services. Development, testing and assessment of a multi-component oncofertility care intervention across adult oncology, children's oncology, and fertility settings will be overviewed.

Evaluation of Fertotoxicity What Do We Know Today And Where Are We Headed?

Fertotoxicity of cancer treatments is central to oncofertility risk counseling and decision-making on fertility preservation services. Yet, clinical practice is mired by limited measurement of clinically relevant reproductive outcomes and conflicting risk stratification tools. This talk will overview preclinical and clinical fertotoxicity outcomes and their attributes and limitations. Common risk stratification tools will be described, compared, and contrasted, with a proposal for hierarchical use. Finally, recent ASCO and FDA recommendations on the future of fertotoxicity measurements will be discussed.



Miyuki Harada, M.D., Ph.D

Professor, Department of Obstetrics and Gynecology,
Graduate School of Medicine, at the University of Tokyo

BIOGRAPHY

Miyuki Harada, M.D., Ph.D., is a Professor of the Department of Obstetrics and Gynecology, Graduate School of Medicine, at the University of Tokyo. She is a board-certified specialist in Obstetrics/Gynecology, Reproductive Science, Women's Health, Laparoscopic Surgery, Robotic Surgery, and Anti-aging Medicine. Dr. Harada received her degrees, M.D. and Ph.D., from the University of Tokyo. Her postdoctoral training included a fellowship at Prof. KMJ Menon Lab in ObGyn/Biochemistry, Medical School, at University of Michigan in Ann Arbor, USA.

Her research goal is to overcome ovarian dysfunction caused by various environmental and/or chronological insults and to provide preconception care targeting ovarian function to women who may desire child-bearing in future. Dr. Harada has published 197 articles in leading medical journals, as of Mar. 2026. She serves as an Associate Editor of J Ov Res and an Editorial Board member of J Clin Med. Her basic science research has focused on follicular microenvironment regulating ovarian pathophysiology including PCOS, chemotoxicity, and ovarian aging. She is also interested in gut microbiome in the pathophysiology of PCOS, given that PCOS consists of reproductive and metabolic dysfunction and furthermore, intervention to intestinal environment is well-acceptable for women who want to conceive. Furthermore, her recent research includes prediction of ovarian reserve using machine learning.

Dr. Harada has contributed a lot to various national and international societies; notably, she serves as a member of REI committee of AOFOG (The Asia & Oceania Federation of Obstetrics & Gynaecology), Board member of ISIVF (International Society for In Vitro Fertilization), Founding member and Secretary General of Asian PCOS Society, and Vice President of Japan Society for Fertility Preservation (JSFP).

Building a National Fertility Preservation Program in Japan: Registry Development, Public Subsidies, and Multidisciplinary Collaboration”

Fertility preservation for CAYA patients is recognized as a part of cancer treatments. In my talk, I'll introduce the medical care system in fertility preservation in Japan. It is characterized by the 2 main characteristics; guidelines and a subsidy system combined with registry. The guidelines, first published in 2017 by Japan Society of Clinical Oncology (JSCO), played a significant role in awareness of oncofertility and substantially contributed to the start of public subsidy systems. Then, the revised version JSCO GLs 2024 were published, including 3 new disease areas and totally different methods from the previous one, following the Minds manual for the clinical guideline creation 2020 ver3.0. The public subsidy program for fertility preservation was started in 2021 and for ART using preserved materials in 2022, which is operated as a part of the Research Promotion Project, led by the Japanese Ministry of Health, Labour and Welfare. In this context, this subsidy program is coupled with the registry system, the Japan Oncofertility Registration (JOFR), that is, the enrollment in the JOFR is required to qualify for the subsidy. I'll also share with you the reality of oncofertility in Japan, as revealed by analyzing the data in JOFR.



蕭聖謀 醫師

Sheng-Mou Hsiao M.D., M.S.

亞東紀念醫院婦產部 部主任

現職

- 亞東紀念醫院婦產部部主任
- 台灣大學醫學系兼任教授
- 元智大學生物科技與工程研究所合聘教授

學經歷

- 台大醫學士
- 台大臨床醫學研究所碩士
- 台灣婦癌醫學會婦癌專科醫師
- 台灣婦女泌尿暨骨盆重建專科醫師
- 台灣福爾摩莎婦女泌尿醫學會常務監事

Uterine Transposition in Fertility Preservation: Patient Selection, Surgical Technique, and Clinical Challenges

In this presentation, I will discuss, based on my limited experience, how I perform uterine transposition and repositioning, the indications for uterine transposition, the difficulties of uterine transposition and repositioning, and the clinical outcomes after uterine repositioning and repositioning.



邱上琪 醫師

Shan-Chi Chiu, M.D.

馬偕紀念醫院婦產部不孕症科 資深主治醫師

學歷

- 2001-2005, Double Major Psychology & English, University of Toronto, Toronto, Canada
- 2003-2004, Exchange, Clinical Psychology, University of Nottingham, Nottingham, UK
- 2005-2009, Post-Graduate, Medicine, Poznan University of Medical Sciences, Poland
- 2023-now, Ph.D, 基因體暨蛋白體醫學研究所, 臺大醫學院

經歷

- 2013/04~2016/06, 馬偕紀念醫院婦產部住院醫師
- 2016/07~2017/06, 馬偕紀念醫院婦產部總醫師
- 2017/07~2019/06, 馬偕紀念醫院婦產部不孕症科研修醫師
- 2019/07~2024/06, 馬偕紀念醫院婦產部不孕症科主治醫師
- 2024/07~至今, 馬偕紀念醫院婦產部不孕症科資深主治醫師

現任職務

- 婦產科專科醫師
- 台灣婦產科醫學會會員
- 台灣生殖醫學會會員及TSRM學術演講會演講者
- 台灣生育力保存學會會員(編號T117)
- 衛福部人工生殖施術醫師
- 淡水馬偕紀念醫院婦產部教學病房主治醫師
- 台灣婦產科醫學會婦女健康照護委員會委員
- 台灣婦產科醫學會環境保護小組委員
- 台灣婦產科醫學會HPV疫苗接種校園衛教講師
- 台灣醫學教育學會OSCE考官
- 亞太婦產科醫學會AOFOG講師

Reproductive Life Planning in the Modern Era: The Emerging Role of Estetrol

As reproductive life planning becomes increasingly individualized, clinicians are challenged to support women through a spectrum of reproductive goals—from effective contraception and fertility preservation to assisted reproductive technologies (ART) and eventual conception. Combined oral contraceptives have long played an important role in cycle control and reproductive planning, yet their effects on metabolic health, hemostasis, and recovery of ovarian function remain important considerations, particularly in women who may pursue fertility treatment in the future.

Estetrol (E4), a native fetal estrogen, represents a new generation of estrogen therapy with a unique pharmacologic profile. When combined with drospirenone, E4 provides highly effective contraception while demonstrating predictable ovarian suppression, rapid recovery of ovulatory function following discontinuation, and a favorable hepatic and hemostatic profile compared with traditional ethinyl estradiol-containing contraceptives. Although clinical evidence in IVF and ART remains limited, these characteristics raise important questions regarding its potential role in reproductive life planning, including cycle scheduling, fertility preservation pathways, and pre-ART management.

This presentation will review the physiology and pharmacology of estetrol, summarize current clinical evidence on ovarian suppression, and discuss how E4-based contraception may fit into the evolving continuum of reproductive care. Finally, the lecture will explore future research directions and the evidence needed to define the role of estetrol in fertility preservation and assisted reproduction.



崔冠濠 醫師

Kuan-Hao Tsui M.D., Ph.D. EMBA

高雄榮民總醫院婦女醫學部 副部主任

學歷

- 國立中山大學生物科學系博士
- 國立中山大學高階經營管理碩士
- 國防醫學院醫學系學士

經歷

- 台灣婦產身心醫學會理事長
- 台灣婦產科醫學會監事
- 台灣生殖醫學會理事
- 台灣子宮內膜異位症學會理事
- 台灣婦產科內視鏡暨微創醫學會理事
- 台灣多囊性卵巢症學會監事
- 國家科學及技術委員會計畫複審委員
- 國民健康署諮詢委員
- 人工生殖機構評鑑委員
- 人工生殖機構施術醫師資格評審委員
- 婦產專科醫師評鑑審查委員
- 國防醫學院臨床教授
- 教育部部定教授
- 中山大學生物醫學研究所合聘教授
- 中山大學醫學院合聘教授

專長

- 不孕症治療：人工授精、試管嬰兒、精卵顯微注射、雷射助孵化、胚胎植入、精卵捐贈、冷凍儲存（胚胎、精液、卵子）、胚胎著床前基因篩檢PGT-A (PGS)、胚胎著床前基因診斷PGT-M (PGD)。
- 子宮內膜異位症、子宮肌瘤。
- 內分泌治療：多囊性卵巢症候群。
- 腹腔鏡手術、子宮鏡、海芙刀等生殖外科手術。

獲獎

- 2025年國軍退除役官兵輔導委員會優良醫師
- 2025年全球前2%頂尖科學家
- 2025年高雄榮民總醫院醫療創新獎
- 2024年中華民國醫師公會全國聯合會台灣醫療貢獻獎
- 2024年高雄榮民總醫院醫療創新獎
- 2024年高雄榮民總醫院特優研究獎
- 2023年高雄市醫師公會高杏獎
- 2023年高雄榮民總醫院特優研究獎
- 2023年高雄榮民總醫院教學績優部科獎
- 2022年高雄榮民總醫院特優研究獎
- 2022年高雄榮民總醫院教學績優部科獎
- 2022年國軍退除役官兵輔導委員會研究計畫報告特優獎
- 2022國家生技醫療產業策進會SNQ國家品質標章醫院特色醫療組認證通過
- 2022年不孕症基金會優秀論文
- 2021年國軍退除役官兵輔導委員會優良醫師
- 2020年台灣生殖醫學會優秀論文

GnRH Antagonists in Fertility Preservation: Current Roles, Clinical Applications, and Future Perspectives

GnRH促效劑作用初期會誘發性腺激素flare-up效應，GnRH拮抗劑則可立即、劑量依賴性抑制LH、FSH與雌二醇，無突增期之虞，此藥理特性奠定其於婦科良性疾病與生殖醫學臨床應用之理論基礎。目前Relugolix、Linzagolix與Elagolix三款口服GnRH拮抗劑均已完成三期試驗與延伸研究，共同優勢為口服、效果快速、藥效可逆、劑量彈性可調。

子宮肌瘤盛行率隨年齡上升，35歲前達40-60%，50歲前更達70-80%，約四分之一至半數患者因經血過多需治療，黑人與亞裔女性風險又顯著高於白人。PRIMROSE 1、2兩項安慰劑對照三期試驗證實，Linzagolix（Yselti®）200 mg無論併用或不併用add-back therapy (ABT)，中位僅需3天即可達到並維持臨床顯著經血改善，使用第4週即減少經血量約六成、第8週達八至九成，24週子宮與肌瘤體積分別縮小31-43%與43-49%；併用ABT可兼顧止血、縮瘤療效與骨本保護，骨密度流失控制於3%警戒值以下。

於子宮內膜異位症，EDELWEISS 3試驗顯示，Linzagolix 200 mg併用ABT於6個月時痛經反應率達80%，優於安慰劑，疼痛與生活品質指標均顯著改善；延伸研究EDELWEISS 6追蹤12個月，反應率維持78-91%，建議劑量下腰椎骨密度流失僅約0.8-1.1%，遠低於警戒值。

於人工生殖領域，新一代口服拮抗劑SHR7280第二期劑量探索試驗顯示，每12小時給藥可穩定抑制LH surge，療效與傳統針劑型拮抗劑相近：平均取卵約10顆，每週期臨床懷孕率達43%，未見治療相關嚴重不良事件，OHSS發生率偏低，為口服藥物取代皮下注射之控制性排卵刺激療程提供實證基礎。

綜言之，口服GnRH拮抗劑以效果快速、劑量彈性、療效確立與可逆等特質，已從婦科良性疾病之保守治療，延伸至輔助生殖之排卵抑制應用，為兼顧治療成效與生育保存需求之個人化診療策略，提供兼具實證與臨床可行性之選項。



吳文毅 醫師

Wen-Yi Wu, M.D.

亞東紀念醫院婦產部婦科 主任

學歷

- 台大醫學院臨床醫學研究所碩士

現職

- 亞東紀念醫院婦產部婦科主任
- 輔仁大學醫學院醫學系臨床助理教授
- 台大醫院婦產部兼任主治醫師
- 台灣福爾摩莎婦女泌尿醫學會理事
- 台灣婦科機器人手術學會理事
- 台灣婦女泌尿暨骨盆醫學會理事
- 台灣婦科醫學會監事
- 台灣醫院協會醫院醫療服務審查委員
- 台灣婦產科醫學會達文西機器手臂手術認證指導醫師
- 台灣醫學教育學會醫師臨床技能測驗考試委員
- 台灣婦產科醫學會醫院評鑑委員

經歷

- 台大醫院婦產部住院醫師
- 台大醫院婦產部總醫師
- 台大醫院婦產部研修醫師
- 澳洲Bethesda及Glengary醫院骨盆重建手術進修
- 亞洲達文西機械人手臂訓練中心進修
- 韓國首爾延世大學附設醫院達文西手術進修
- 新加坡國立大學醫院腹腔內視鏡手術進修
- 亞洲微創手術訓練中心進修
- 台灣性教育學會青少年性健康專家諮詢委員

獲獎

- 衛生福利部國民健康署防癌尖兵獎
- 台灣婦女泌尿暨骨盆醫學會優秀論文獎
- 國際醫療服務奉獻獎
- 亞東紀念醫院最佳教學主治醫師
- 榮獲嬰兒與母親雜誌婦產科好醫師

Intravaginal DHEA Therapy : Restoring Vaginal Health in Cancer Survivors Post-chemotherapy?

Available evidence, though based mainly on observational data, does not show an increased risk of breast cancer recurrence or mortality with low-dose vaginal estrogen used for genitourinary syndrome of menopause (GSM) in women with a history of breast cancer, supporting its cautious use as second-line therapy after shared decision-making. [1-4]

First-line therapy remains nonhormonal: silicone-, polycarbophil-, or water-based lubricants, hyaluronic acid, polyacrylic acid, and vitamin E/D vaginal suppositories, per the American College of Obstetricians and Gynecologists (ACOG) Clinical Consensus. [1]

If nonhormonal options fail, low-dose vaginal estrogen (e.g., 10-microgram estradiol tablets/inserts, estradiol vaginal ring, low-dose vaginal cream – formulations associated with serum estradiol <20 pg/mL) may be considered:

In patients on tamoxifen: ACOG states low-dose vaginal estrogen may be used, since tamoxifen blocks estrogen's effects on breast tissue. [1]

In patients on aromatase inhibitors (AIs): use requires shared decision-making among patient, gynecologist, and oncologist, because AIs do not block exogenous estrogen's effects on breast tissue, and combined use theoretically could stimulate breast estrogen receptors. Most pharmacokinetic studies show only transient or no sustained rise in serum estradiol, but the Lancet Oncology review by Franco et al. and Hickey et al. flag that a 2022 Danish data-linkage study found a small increase in recurrence specifically in AI-treated patients using vaginal estrogen (though without worse survival), so caution and oncology co-management are advised in this subgroup. [1][5-6]

Supporting outcome data:

1. A large U.S. claims-based study (TriNetX, n=42,113) found no increased recurrence risk with vaginal estrogen (risk ratio 1.03, 95% CI 0.91–1.18 overall; 0.94, 95% CI 0.77–1.15 in ER-positive disease). [2]
2. A systematic review/meta-analysis of 8 observational studies found no increased recurrence (OR 0.48, 95% CI 0.23–0.98), breast cancer mortality (OR 0.60, 95% CI 0.18–1.95), or overall mortality (OR 0.46, 95% CI 0.42–0.49). [3]
3. A 2024 UK registry study of 49,237 breast cancer patients showed no increased breast cancer mortality with vaginal estrogen use, though only 5% used it. [5]
4. The FDA has removed boxed warnings regarding breast cancer risk from vaginal estrogen labeling, acknowledging a safety profile distinct from systemic hormone therapy. [4]
5. Alternatives if vaginal estrogen is undesired: vaginal DHEA (prasterone) or testosterone for dyspareunia.[1][5] Ospemifene, an oral SERM, is FDA-approved for moderate-to-severe dyspareunia/vaginal dryness, but long-term safety data specifically in breast cancer survivors are limited. [1][5][7]

6. Pilot data suggesting benefit in AI-treated patients: The VIBRA pilot study (n=10, open-label, single-arm) of vaginal prasterone in breast cancer survivors on aromatase inhibitors found significant improvement in dyspareunia (VAS 8.5 to 0.4, $p=0.0178$), Vaginal Health Index (9.75 to 15.8, $p=0.0277$), Female Sexual Function Index (11.2 to 20.6, $p=0.0277$), and vaginal pH (8.1 to 6.5, $p=0.033$), with serum estradiol remaining low and stable throughout (3.4 to 4.3 pg/mL, $p=0.91$). [8]

Emerging Evidence

ASCO Annual Meeting

Emerging evidence from a 2025 ASCO abstract analyzing the SEER-MHOS registry (18,620 breast cancer patients ≥ 65 years) suggests that local vaginal estrogen use was associated with improved overall survival (HR 0.56, $p<0.0001$) and breast cancer-specific survival (HR 0.53, $p=0.014$) compared with non-use, with a similar survival benefit in the hormone receptor-positive subgroup (overall survival HR 0.62, $p=0.0007$). [9]

These findings, while hypothesis-generating and subject to potential confounding inherent to observational registry data, add to a growing body of evidence that local vaginal estrogen does not adversely affect oncologic outcomes in breast cancer survivors.

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吳孟興 醫師

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BIOGRAPHY

Meng-Hsing Wu M.D.,Ph.D. graduated from School of Medicine, Kaohsiung Medical College, Taiwan, in 1989, and got his PhD degree at Institute of Clinical Medicine, College of Medicine, National Cheng Kung University. He obtained his specialty in obstetrics and gynecology from the National Cheng University Hospital, Taiwan. He is currently working there as professor and director of ART center and the Division of Reproductive Endocrinology there since 1999. His current research interests include infertility, assisted reproductive technology, endometriosis, PCOS, ultrasound in obstetrics and gynecology, and minimal invasive surgery.

Less Surgery, More Fertility: The Role of Dienogest in Modern Endometriosis Care

Endometriosis is increasingly recognized not as a localized pelvic condition but as an estrogen-dependent, progesterone-resistant, systemic inflammatory disease that progresses when left untreated—altering a patient's life-course trajectory from adolescence through menopause and carrying downstream risks to fertility and long-term health. This lecture makes the case for early, symptom-driven medical management and examines the growing body of evidence that dienogest can control disease while helping to preserve ovarian reserve and fertility potential.

Contemporary guidance has shifted the diagnostic and therapeutic paradigm. In line with ESHRE 2022 and the ACOG 2026 update, laparoscopy is no longer the diagnostic gold standard: empiric treatment can begin on the basis of clinical assessment, running in parallel with imaging, rather than waiting years for surgical confirmation. Within this framework, progestogens—and dienogest in particular—are positioned as first-line therapy for all phenotypes of endometriosis (OMA, EOU, DIE) and as maintenance therapy after surgery, a stance endorsed by ESHRE, Asian expert consensus, and the Taiwan Endometriosis Society.

The talk reviews clinical evidence demonstrating that dienogest significantly reduces dysmenorrhea, dyspareunia, lesion score, endometrioma volume, and CA-125, with sustained quality-of-life benefits over 24 months. Particular emphasis is placed on ovarian reserve: whereas cystectomy can reduce serum AMH by up to 40%, randomized and prospective data show that dienogest maintains or increases AMH and antral follicle count, and that incorporating it into segmented ART protocols and peri-surgical management may improve pregnancy, implantation, and live-birth rates.

Attendees will leave with a practical, guideline-aligned approach to initiating early medical therapy, protecting ovarian reserve, and integrating dienogest into fertility-preserving care for women with endometriosis.



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EDUCATION

- 2019-present PhD Candidate Department of Animal science and Biotechnology, Tunghai University, Taichung, Taiwan (東海大學畜產與生物科技學系)
- 2006-2012 M.D. Doctor of Medicine, Semmelweis University, Budapest, Hungary
- 2002-2006 B.Sc in Biochemistry University of Lethbridge, Lethbridge, AB, Canada

POSTGRADUATE TRAINING

- 2022-present, Attending surgeon, Comprehensive Breast Cancer Center, Changhua Christian Hospital, Changhua, Taiwan (彰化基督教醫院乳房腫瘤中心主治醫師)
- 2021-2022, Surgical Fellow, Division of General Surgery, Changhua Christian Hospital, Changhua, Taiwan
- 2020-2021, Surgical Chief Resident, Division of General Surgery, Changhua Christian Hospital, Changhua, Taiwan
- 2016-2020, Surgical Resident, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan
- 2014-2015, Medical Resident, Department of Internal Medicine, New York Medical College/Metropolitan Hospital Center, New York, NY, USA

EMPLOYMENT RECORD

- 2025-present Secretary General, Taiwan Oncoplastic Breast Surgery Society (TOPBS) (台灣乳房腫瘤手術暨重建醫學會祕書長)
- 2025-present Deputy Secretary General, Taiwan Breast Cancer Society (TBCS) (台灣乳房醫學會副祕書長)
- 2022-present Deputy Director, Cancer Research Center, Changhua Christian Hospital, Changhua, Taiwan (彰化基督教醫院癌症醫學研究中心副主任)
- 2019-2022, Deputy Secretary General, Taiwan Oncoplastic Breast Surgery Society (TOPBS)

EMPLOYMENT RECORD

- 2024 Assistant Professor, Ministry of Education (部定助理教授)
- 2014 USMLE STEP 3
- 2013 ECFMG Certification
- 2012 USMLE STEP 2 CS
- 2012 USMLE STEP 2 CK
- 2011 USMLE STEP 1

Update on Efficacy and Safety of Fertility Preservation in Patients with Breast Cancer.

The increasing incidence of breast cancer in younger women, together with continued improvements in survival, has made fertility preservation (FP) an increasingly important component of comprehensive breast cancer care. As more patients are diagnosed during their reproductive years, preserving future fertility has become a key survivorship issue. Accumulating evidence demonstrates that fertility preservation does not increase the risk of breast cancer recurrence or compromise disease-free or overall survival, including in patients with hormone receptor-positive disease undergoing letrozole-based controlled ovarian stimulation. Although fertility preservation may result in a modest delay in treatment initiation, these delays have not been associated with inferior oncologic outcomes. Furthermore, current evidence supports the safety of pregnancy and assisted reproductive technology after breast cancer treatment, including temporary interruption of endocrine therapy in appropriately selected patients. Fertility preservation is both effective and oncologically safe for women with breast cancer. Early multidisciplinary counseling, timely referral to reproductive specialists, and individualized treatment planning are essential to maximize future reproductive opportunities while maintaining optimal oncologic outcomes.



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EDUCATION

National Taiwan University School of Medicine、 PhD in Bioethics, University of Manchester, UK

CURRENT POSITION

- Professor, Department & Research Institute of Medical Education & Bioethics, National Taiwan University College of Medicine
- Attending Physician, Department of Medical Research; Director, Ethics Center; Chairman, Research Ethics Committee, National Taiwan University Hospital
- Executive Secretary & member, Clinical Ethics Committee, National Taiwan University Hospital
- Director, Center for Biomedical Ethics, National Taiwan University
- Research Fellow, Institute for Advanced Studies in Humanities and Social Sciences (IHS), National Taiwan University
- Merck Ethics Advisory Panel, Germany
- Head of Taiwan Unit, International Chair in Bioethics
- Executive Director, Taiwan Association of IRBs (TAIRB)
- Hastings Center Fellow, USA

PAST POSITION

- Director, Department of Social Medicine, Department of Medicine, National Taiwan University School of Medicine
- Attending Physician, Department of Family Medicine, National Taiwan University Hospital
- Director of Jinshan Township Health and Group Medical Practice Center
- Member of the Medical Ethics Committee of the Department of Health
- Member of the Life and Medical Ethics Committee of the National Institutes of Health Forum
- Convener of the Department of Medical Education, Department of Humanities, Ministry of Science and Technology
- President, Taiwan Association of IRBs (TAIRB)
- Head of Taiwan Unit, International Network of UNESCO Chair in Bioethics
- Merck Bioethics Advisory Panel, Germany
- Member, Expert Advisory Committee, the Central Epidemic Command Center, Ministry of Health & Welfare

AWARDS AND HONORS:

- Honorary Membership, UNESCO Chair in Bioethics (2015)
- Vice-President, International Association of Bioethics (2016-17)
- Goldman-Berland Lectureship in Palliative Medicine, USA (2019)
- Hastings Center Fellow, USA (2021)

Ethical Considerations on Clinical Application of Artificial Intelligence

AI技術突破性之進展與其在各領域的廣泛應用，已帶給社會各層面結構性之衝擊與轉變，成為當前重要的社會議題。這種技術浪潮不僅改變工作性質，導致自動化與職能轉型，也催生大量新興工作機會，使傳統技能之需求面臨挑戰並重新定義工作型態與能力。本演講將探討AI於醫院、醫療照護、醫學研究等應用發展現況，並從個人資訊的隱私保護與知情同意、資料管理與使用、建立社會信任三方面來分析其所涉倫理議題，並將進一步探討照護機器人、聊天機器人醫療應用所衍生倫理法律問題，並分析AI帶來人類毀滅之風險。



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CURRENT POSITION

Full time job: Chef de clinique, Cliniques universitaires Saint Luc :

- 50% clinical activities, Cliniques universitaires Saint Luc
- 50% research activities Head of Gynecology Research laboratory, Fonds National de Recherche Scientifique (FNRS)

STUDIES

SECONDARY STUDIES:

- 1987-1993: Greek- Latin section, Final result: 83%, Establishment: Institut de la Vierge Fidèle (Brussels)

UNIVERSITARY STUDY :

- Sept 1993 – June 2000 : Medical doctor, Cum maxima laude (Université catholique de Louvain, UCL)

Research:

- 1994-1997: Anatomy, Professor Antoine Dhem: research on calcification and ossification of the costal cartilage in humans
- 1997-2000: Gynecology, Professor Jacques Donnez: research on cryopreservation of human ovarian tissue
- 2002–2006: Gynecology, Professor Jacques Donnez, PhD student on “Cryopreservation and transplantation of human ovarian tissue”

SPECIALIZATION :

- 05/2000: First place in the Gynecology and Obstetrics competition, UCL, Cliniques Universitaires St-Luc
- 09/2000-09/2007: Specialization in Gynecology and Obstetrics (Professor Jacques Donnez), at the Cliniques universitaires St-Luc, Brussels
- 06/2006: PhD Degree on “Cryopreservation and transplantation of human ovarian tissue”, UCL. Promoter: Prof. Jacques Donnez, copromoter: Dr. Anne Van Langendonck

AWARDS AND HONORS:

- Best free communication. 1st world congress on ovarian cryopreservation and transplantation, Brussels, June 27-28, 2003
- Pfizer Educational Grants, 2006
- Exemplary reviewer award from Fertility and Sterility
 - ASRM meeting, San Diego, October 20-24, 2012
 - Honolulu meeting, October 20, 2014
- Exemplary reviewer award from Fertility and Sterility
 - ASRM scientific Congress, Salt Lake City, Ut, October 15-19, 2016

Gonadoprotection Against Chemotherapy, the Challenge of the Future

Chemotherapy-induced gonadotoxicity is a serious concern for cancer survivors, particularly children and women of reproductive age. The mechanisms by which chemotherapy depletes the ovarian reserve and impairs fertility are multifactorial. Chemotherapy can induce apoptosis of growing and primordial follicles, as well as excessive activation of primordial follicles, leading to burnout of the ovarian reserve. Stromal damage may further exacerbate these effects. Preclinical studies have aimed to safeguard the ovary against chemotherapy by targeting follicle apoptosis through inhibition of specific pathway mediators (tyrosine kinase inhibitors, serine/threonine kinase inhibitors, sphingolipids) or use of mesenchymal stem cell-derived factors, specific microRNAs and antioxidant molecules. Other studies have focused on inhibiting follicle activation by targeting direct pathways (PI3K and mTOR modulators) or indirect regulators like anti-Müllerian hormone (1). Finally, some approaches aim to protect the ovarian stroma, which may be crucial to preserving ovarian function.

An updated overview of the effects of chemotherapy on the ovary and current and emerging gonadoprotective strategies has been published very recently in RBMO by L. Houeis et al (2).

References:

- (1): Houeis L, van der Plancke G, Cacciottola L, Goudmaeker A, Kluyskens C, Zipponi M, Dehoux JP, Donnez J, Dolmans MM. Temsirolimus and antimüllerian hormone protect fertility and the ovarian reserve against chemotherapy-induced damage in a murine model. *Fertil Steril*. 2026 Jan;125(1):137-147.
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