Program at a Glance

Nov. 14 (Sat.)

Time	Room 101	Room 102
08:30-08:50	Registration	
08:50-09:00	Grand Opening	x
09:00-09:40	Symposium 1	Meet Professor - Expert Video Show 1~3 (09:10-11:30)
09:40-10:00	**Break**	
10:00-11:10	Symposium 2	
11:10-11:45	Invited Special Lecture 1	
11:45-12:25	Lunch Lecture 1	x
12:25-13:05	Satellite Lecture 1	x
13:05-13:25	**Break**	
13:25-14:05	Plenary Lecture 1	Meet Professor - Expert Video Show 4~6 (13:50-16:00)
14:05-15:20	Symposium 3	
15:20-15:55	Invited Special Lecture 2	
15:55-16:15	**Break**	Meet Professor - Expert Video Show 7~9 (16:00-17:30)
16:15-16:55	Satellite Lecture 2	
16:55-17:15	Symposium	
17:15-17:50	Invited Special Lecture 3	
17:50-17:55	Award Ceremony	

Program at a Glance

Nov. 15 (Sun.)

<table>
<tr><th>Time</th><th>Room 101</th><th>Room 102</th></tr>
<tr><td>08:40-09:00</td><td>Early Bird Morning Section</td><td>x</td></tr>
<tr><td>09:00-10:00</td><td>Symposium 4</td><td rowspan="3">Young Doctor Forum
(09:05-11:30)</td></tr>
<tr><td>10:00-11:10</td><td>Symposium 5</td></tr>
<tr><td>11:10-11:30</td><td>Break</td></tr>
<tr><td>11:30-12:10</td><td>Plenary Lecture 2</td><td>x</td></tr>
<tr><td>12:10-12:50</td><td>Lunch Lecture 2</td><td>x</td></tr>
<tr><td>12:50-13:30</td><td>Satellite Lecture 3</td><td>x</td></tr>
<tr><td>13:30-13:45</td><td colspan="2">Break</td></tr>
<tr><td>13:45-14:20</td><td>Invited Special Lecture 4</td><td rowspan="2">Selected Oral (Video) Presentation
(13:45-14:25)</td></tr>
<tr><td>14:20-15:00</td><td>Satellite Lecture 4</td></tr>
<tr><td>15:00-15:55</td><td>Symposium 6</td><td>x</td></tr>
<tr><td>15:55-16:55</td><td>Symposium 7</td><td>x</td></tr>
<tr><td>16:55-17:00</td><td colspan="2">Adjourn</td></tr>
</table>

Annual Scientific Meeting of Taiwan Oncoplastic Breast Surgery Society 2026

Date：2026/11/14-2026/11/15
Venue：Taipei International Convention Center
Organizer：Taiwan Oncoplastic Breast Surgery Society

Day 1 :

2026-11-14 (Saturday)				
Room 101				
Time	Min	Topic	Speaker	Moderator
08:30 08:50	20	Registration		
08:50 09:00	10	Grand Opening	Hsien-Tang Yeh (葉顯堂) Ling-Ming Tseng (曾令民)	
Symposium 1：Artificial Intelligence in Breast Cancer Care				
09:00 09:20	20	Artificial intelligence in mammography	Chen-Pin Chou (周春平)	Liang-Chih Liu (劉良智) Chen-Hsiang Chang (張振祥)
09:20 09:40	20	Artificial intelligence in breast ultrasound	Won-Hwa Kim (金椋花)	
09:40 10:00	20	**Break**		
Symposium 2：Management of Oligometastasis in Breast Cancer				
10:00 10:20	20	Surgeon’s perspective	Toshiyuki Ishiba (石場俊之)	Takashi Ishikawa (石川孝) Shih-Che Shen (沈士哲)
10:20 10:40	20	Medical oncologist perspective	Ching-Hung Lin (林季宏)	
10:40 11:00	20	Oligometastatic and Oligoprogressive Breast Cancer: A Radiation Oncologist's Perspective in 2026	Jee-Suk Chang	
11:00 11:10	10	Panel Discussion	All	
11:10 11:45	30+5	*Invited Special Lecture 1* Optimizing nipple sparing mastectomy outcome	Hideko Yamauchi (山內英子)	Chiun-Sheng Huang (黃俊升)
11:45 12:25	35+5	*Lunch Lecture 1* A New Era in HER2-Positive Early Breast	Joseph Lin (林敬翰)	King-Jen Chang (張金堅)

		Cancer: Evolving Evidence Across the Treatment Continuum		
12:25 13:05	35+5	*Satellite Lecture 1* Targeting the PI3K/AKT Pathway in HR+/HER2-Metastatic Breast Cancer: Evidence and Evolving Strategies	Meng-Ting Peng (彭夢婷)	Shyr-Ming Sheen-Chen (沈陳石銘)
13:05 13:25	20	**Break**		
13:25 14:05	35+5	*Plenary Lecture 1* The management for Ductal Carcinoma in Situ	Hiroji Iwata (岩田廣治)	Shin-Cheh Chen (陳訓徹)
Symposium 3：De-escalation Surgery in Axillary, Upfront Surgery Status				
14:05 14:25	20	Omit axillary surgery in cN0	Jai-Min Ryu (柳在昊)	Guo-Shiou Liao (廖國秀) Wen-Hung Kuo (郭文宏)
14:25 14:45	20	Targeted axillary surgery in cN(+)	Kaori Terata (寺田香織)	
14:45 15:05	20	The impact of omit axillary surgery on systemic treatment	Chi-Cheng Huang (黃其晟)	
15:05 15:20	15	Panel Discussion	All	
15:20 15:55	30+5	*Invited Special Lecture 2* Minimal residual disease in breast cancer: Are we ready to act on ctDNA?	Wei-Wu Chen (陳偉武)	Yuan-Ching Chang (張源清)
15:55 16:15	20	**Break**		
16:15 16:55	35+5	*Satellite Lecture 2* Evolving Early Breast Cancer Care: Extending Survival of CDK4/6 Inhibitors Across a Broader Stage II and Stage III HR+/HER2- Population	Yen-Jen Chen (陳彥蓁)	Jyh-Cherng Yu (俞志誠)
16:55 17:15	15+5	Artificial intelligence in breast cancer surgical care	Jung-Ju Huang (黃嵱茹)	Liang-Chih Liu (劉良智)
17:15 17:50	30+5	*Invited Special Lecture 3* Level II oncoplastic procedure to replace mastectomy	Hisamitsu Zaha (座波久光)	Dar-Ren Chen (陳達人)
17:50 17:55	5	Award Ceremony	Hsien-Tang Yeh (葉顯堂)	

TOPBS 2026

Day 2 :

2026-11-15 (Sunday)				
Room 101				
Time	Min	Topic	Speaker	Moderator
08:20 08:40	20	Registration		
08:40 09:00	20	SLNB Using OSNA and Precision Axillary Surgery: From Molecular Nodal Staging to Individualized Treatment	Kenzo Shimazu (島津研三)	Hsien-Tang Yeh (葉顯堂)
Symposium 4：Multifoci and Multicentric Lesion Management				
09:00 09:20	15+5	Conservative approach	Chiao Lo (羅喬)	Ming-Yang Wang (王明暘) Cheng-Che Wu (巫承哲)
09:20 09:40	15+5	Optimizing the oncologic outcome and patient safety	Shih-Che Shen (沈士哲)	
09:40 10:00	15+5	Beyond the First Battle: Modern Surgical Management of Ipsilateral Breast and Axillary Recurrence	Takehiko Sakai (坂井威彦)	
Symposium 5：Evolving of Minimal Approach Surgery for Nipple Sparing Mastectomy				
10:00 10:20	20	Robotic approach	Hyung-Seok Park	Yao-Jen Chang (張耀仁) Chao-Ming Hung (洪朝明)
10:20 10:40	20	Laparoscopic approach	Hung-Wen Lai (賴鴻文)	
10:40 11:00	20	Patient report outcome and oncologic result from MIS	Chin-Sheng Hung (洪進昇)	
11:00 11:10	10	Panel Discussion	All	
11:10 11:30	20	**Break**		
11:30 12:10	35+5	*Plenary Lecture 2* *(TBCS & TOPBS joint section)* Optimizing axillary surgery: more precision, less harm	Jana de Boniface	Fang-Ming Chen (陳芳銘)
12:10 12:50	35+5	*Lunch Lecture 2* HER2 MBC Treatment	Po-Hsiang Huang (黃柏翔)	Ming-Feng Hou (侯明鋒)
12:50 13:30	35+5	*Satellite Lecture 3* The Next Era of HER2-Positive Metastatic Breast Cancer: Extending	Hsu-Huan Chou (周旭桓)	Shou-Tung Chen (陳守棟)

		Control and Improving Outcomes		
13:30 13:45	15	**Break**		
13:45 14:20	30+5	*Invited Special Lecture 4* Management of DCIS: Toward De-escalation of Local Therapy and Active Surveillance	Tadahiko Shien (枝園忠彦)	Kuo-Ting Lee (李國鼎)
14:20 15:00	35+5	*Satellite Lecture 4* Tailoring Adjuvant Therapy in High-Risk HR+ Early Breast Cancer for Asian Patients	Chia-Chen Li (李佳真)	Shen-Liang Shih (施昇良)
Symposium 6：Contralateral Prophylactic Mastectomy and Risk Reduction Mastectomy				
15:00 15:20	20	For whom, when, how to perform CPM	Hsu-Huan Chou (周旭桓)	Ling-Ming Tseng (曾令民) Chung-Chin Yao (姚忠瑾)
15:20 15:40	20	The Clinical Benefit of Risk-Reducing Mastectomy in women who carry germline pathogenic variants of high- or moderate-penetrance genes of breast cancer	Po-Han Lin (林柏翰)	
15:40 15:55	15	Panel Discussion	All	
Symposium 7：De-escalation of Axillary Surgery after NACT				
15:55 16:15	15+5	When cN(+) to ypN0	Sung-Gwe Ahn	Chia-Herng Yue (于家珩) Chi-Chang Yu (游啓昌)
16:15 16:35	15+5	Extend of axillary surgery when ypN(+)	Han-Byoel Lee	
16:35 16:55	15+5	Role of RTO in de-escalation axillary surgery	Tzu-Yu Lai (賴姿妤)	
16:55 17:00	5	Adjourn	Hsien-Tang Yeh (葉顯堂)	

Annual Scientific Meeting of Taiwan Oncoplastic Breast Surgery Society 2026

Date：2026/11/14-2026/11/15
Venue：Taipei International Convention Center
Organizer：Taiwan Oncoplastic Breast Surgery Society

Day 1 ：

2026-11-14 (Saturday)				
Room 102				
Time	Min	Topic	Speaker	Moderator
Meet Professor - Expert Video Show				
09:10 09:50	40	*Expert Video Show 1*	Hisamitsu Zaha (座波久光)	Shyi-Gen Chen (陳錫根) Hsin-Shun Tseng (曾信順)
Transition Time				
10:00 10:40	40	*Expert Video Show 2* Efficacy and Safety of the Suture Scaffold Technique as an Oncoplastic Procedure in Breast-Conserving Surgery for Breast Cancer	Yasuaki Sagara (相良安昭)	
Transition Time				
10:50 11:30	40	*Expert Video Show 3*	Hyung-Seok Park	
11:10 11:45	Live with Room 101 (Invited Special Lecture 1)			
11:45 12:25	Live with Room 101 (Lunch Lecture 1)			
12:25 13:05	Live with Room 101 (Satellite Lecture 1)			
13:05 13:25	20	**Break**		
Meet Professor - Expert Video Show				
13:50 14:30	40	*Expert Video Show 4*	Norie Abe (阿部典恵)	Cha-Chun Chen (陳柵君) Li-Kun Ko (高理鈞)
Transition Time				
14:35 15:15	40	*Expert Video Show 5* Microdochectomy for Intraductal Lesions of the Breast	Chia-Ming Hsieh (謝家明)	
Transition Time				

15:20 16:00	40	*Expert Video Show 6* How to Achieve Optimal Outcomes in Implant-based Breast Reconstruction	Chin-Jung Feng (馮晉榮)	
Transition Time				
16:05 16:45	40	*Expert Video Show 7* nipple–areola complex reconstruction	Takako Komiya (小宮貴子)	Fiona Cheng (鄭翠芬) Wen-Ke Wang (王文科)
Transition Time				
16:50 17:30	40	*Expert Video Show 8* Robotic Minimum Invasive Surgery	Fiona Cheng (鄭翠芬)	

TOPBS 2026

Day 2 :

2026-11-15 (Sunday)				
Room 102				
Time	Min	Topic	Speaker	Moderator
Young Doctor Forum				
09:05 09:10	5	Opening	Fiona Cheng (鄭翠芬)	
09:10 09:30	15+5	Use ICG to optimizing precision axillary surgery	Joseph Lin (林敬翰)	Chin-Sheng Hung (洪進昇) Chin-Yao Lin (林金瑤)
09:30 09:50	15+5	The role of TAS in precision axillary management	Chih-Hao Huang (黃至豪)	
09:50 10:10	15+5	Non-operative management of early breast cancer	Eisuke Fukuma (福間英祐)	
10:10 10:30	15+5	How to select my first case for nipple sparing mastectomy	Chi-Wei Mok (莫繼偉)	Ming-Jenn Chen (陳明鎮) (郭玟伶)
10:30 10:50	15+5	Optimizing Cosmetic Outcomes in Nipple-Sparing Mastectomy: Surgical Precision, Envelope Preservation, and Oncoplastic Integration	An-Chieh Feng (馮安捷)	
10:50 11:10	15+5	Post mastectomy Radiotherapy, to do or not to do, ¨Reborn ¨ study from JOPBS	Wakako Tsuji (辻和香子)	
11:10 11:30	15+5	The pitfall and prevention of complication in NSM	Chieh-Huei Huang (黃傑慧)	
11:30 12:10	Live with Room 101 (Plenary Lecture 2)			
12:10 12:50	Live with Room 101 (Lunch Lecture 2)			
12:50 13:30	Live with Room 101 (Satellite Lecture 3)			
13:30 13:45	15	**Break**		
Selected Oral (Video) Presentation				
13:45 13:53	8	Will be selected before Oct. 2026		Hsien-Tang Yeh (葉顯堂)
13:53 14:01	8			

14:01 14:09	8			
14:09 14:19	10	Panel Discussion	All	
14:19 14:25	6	Presentation of Certificates	All	

2026 TOPBS



Speaker 11.14 (sat.) 09:00-09:20

Chen-Pin Chou, MD (周春平)

Dr. Chen-Pin Chou is Chief of the Department of Radiology at Kaohsiung Veterans General Hospital and Associate Professor at Fuying University, Kaohsiung, Taiwan. His clinical and research work focuses on breast imaging — digital breast tomosynthesis, contrast-enhanced mammography, breast MRI, ultrasound, and AI-assisted breast cancer screening — with extensive peer-reviewed publications in these areas.

Educational Background

1989 – 1996	Medical School, National Defense Medical Center, Taipei, Taiwan
1996 – 2001	Residency in Radiology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan
2005 – 2006	Visiting Research Fellow of Radiology, UMass Memorial Health Care, Worcester, MA, USA
2007 – 2009	Master of Clinical Medicine, National Yang-Ming University School of Medicine, Taipei, Taiwan

Work Experience

Chief, Department of Radiology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan

Associate Professor, Department of Medical Laboratory Science and Biotechnology, Fuying University, Kaohsiung, Taiwan

Artificial Intelligence in Mammography

Symposium 1: Artificial Intelligence in Breast Cancer Care
November 14 (Sat) · Room 101 · 09:00–09:20

Clinical Need

Artificial intelligence (AI) can improve breast cancer screening by helping radiologists find more cancers and reduce reading workload. These benefits are important in Taiwan, where screening ages have expanded. Dense breasts, rising examination numbers, limited radiologist staffing, and single-radiologist reading remain challenges.

Evidence and Limitations

PRAIM, MASAI, and AI-STREAM showed that AI-assisted mammography can increase cancer detection by about 13%-29% without an increase in recall rates. AI-supported screening may also reduce reading workload by about 44%. AI can act as a safety net by asking radiologists to review examinations read as normal but given a high cancer score by AI. Finding small invasive cancers earlier may improve biopsy planning, referral to breast surgeons, and treatment decisions. However, AI cannot find all interval cancers. It may detect cancers missed because of reading errors or very subtle signs on earlier mammograms, but it cannot find cancers that are not visible on mammography. Supplemental ultrasound, contrast-enhanced mammography, or breast MRI remains important for women with dense breasts, high cancer risk, suspicious clinical findings, or a mismatch between imaging and pathology. AI may also increase detection of ductal carcinoma in situ and slow-growing cancers, raising concern about overdiagnosis and unnecessary treatment.

Implications for Breast Cancer Management

This presentation reviews clinical studies and our experience with digital breast tomosynthesis and AI at Kaohsiung Veterans General Hospital. Key measures include sensitivity, specificity, recall rate, and interval cancer detection. The discussion will address biopsy selection, preoperative assessment, team-based treatment decisions, and patient counseling. Before routine use, each AI system should be tested in Taiwanese women and local screening settings. AI should support radiologists and breast care teams, not replace clinical judgment. Understanding its benefits and limits will help clinicians explain AI results and plan further assessment. The goal is earlier and more accurate diagnosis, better treatment planning, and fewer unnecessary recalls, biopsies, and treatments.

2026 TOPBS



Speaker 11.14 (sat.) 09:20-09:40

Won Hwa Kim (金榎花)

Assistant professor of KNUCH
CEO of BeamWorks

Educational Background

2000-2002	College of Liberal Arts and Science, Kyungpook National University
2002-2006	Kyungpook National University College of Medicine, M.D.
2009-2011	Seoul National University Graduate School, M.S.
2012-2014	Seoul National University Graduate School, Ph.D.

Work Experience

2006-2007	Rotating Internship, Seoul National University Hospital
2007-2011	Radiology Residency, Seoul National University Hospital
2011-2012	Radiology Fellowship (Breast Section), Seoul National University Hospital
2012-2015	Clinical Assistant Professor of Radiology (Breast Section), Seoul National University Hospital
2015-2017	Clinical Assistant Professor of Radiology (Breast Section), Kyungpook National University Chilgok Hospital
2017-present	Assistant Professor of Radiology (Breast Section), Kyungpook National University Chilgok Hospital
2021-present	CEO of BeamWorks

2026 TOPBS



Speaker 11.14 (sat.) 10:00-10:20

Toshiyuki Ishiba (石場俊之)

Associate professor at Institute of Science Tokyo (formerly Tokyo Medical and Dental University)

Educational Background

1993 - 1996	Toin High School
1996 - 1999	Agricultural economics, Tokyo University
1999 - 2005	Tokyo Medical and Dental University
2010 – present	Graduate School of Tokyo Medical and Dental University

Work Experience

2005 - 2006	Surgeon at Nissan Tamagawa Hospital
2006 - 2008	Surgeon at Tsuchiura Kyodo General Hospital
2008 - 2010	Surgeon at Musashino RedCross Hospital
2010 - 2013	Surgeon & research fellow at Tokyo Medical and Dental University
2013 - 2014	Medical Director at Nakano General Hospital
2014 – 2015	Surgeon at Tokyo Medical and Dental University
2015 – 2016	International Researcher at University of Southern California
2016 – 2018	Medical Director at Soka Municipal Hospital
2018 – 2023	Medical Director at Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital
2023 – 2024	Assistant Professor at Tokyo Medical and Dental University
2024 - present	Associate professor at Institute of Science Tokyo (formerly Tokyo Medical and Dental University)

The Current Status of oligometastatic breast cancer and the potential of JCOG2110 (OLIGAMI trial)

Oligometastases are defined by the ESO-ESMO guidelines as a state with a limited number of metastatic lesions and small tumor size, where complete eradication by local therapy is potentially achievable. Metastasis-directed therapy (MDT) for distant metastases includes surgery and stereotactic body radiotherapy (SBRT).

Most reports on MDT in breast cancer are retrospective in nature, and MDT is not recommended in the 2022 Japanese Breast Cancer Society Clinical Practice Guidelines. Against this backdrop, the SABR-COMET randomized phase II trial, which enrolled patients with oligometastases including breast cancer, reported a 24% improvement in 5-year overall survival with SBRT. However, the NRG-BR002 randomized phase II/III trial, which specifically targeted breast cancer oligometastases, failed to demonstrate the efficacy of MDT in the phase II portion and was terminated early. Given that NRG-BR002 has faced criticism regarding its trial design, the need for clinical trials to validate the efficacy of MDT has become increasingly urgent.

JCOG2110 (the OLIGAMI trial), which has been initiated in Japan, is a randomized phase III trial evaluating whether the addition of MDT prolongs overall survival in patients with breast cancer who have three or fewer oligometastatic lesions, each measuring 5 cm or smaller at the time of initial distant metastasis diagnosis as confirmed by imaging including PET, show no apparent tumor growth or new lesions after 12 weeks of subtype-specific systemic therapy, and have residual oligometastatic lesions measuring 3 cm or smaller. The primary endpoint is overall survival, with a planned primary registration of 340 patients and a planned secondary registration of 270 patients; as of August 2026, 150 patients have been enrolled. A correlative study evaluating the association between ctDNA dynamics and prognosis has also been initiated.

2026 TOPBS



Speaker 11.14 (sat.) 10:20-10:40

Ching-Hung Lin, MD, PhD (林季宏)

Clinical Professor in the Department of Internal Medicine at the National Taiwan University College of Medicine in Taipei, Taiwan, and currently serves as Director of the Department of Medical Oncology at the National Taiwan University Cancer Center Hospital.

Educational Background

Dr. Lin received his medical degree from the College of Medicine, National Taiwan University, where he also completed his residency and fellowship training in oncology and hematology at the National Taiwan University Hospital. He later earned a Ph.D. from the Graduate Institute of Clinical Medicine at National Taiwan University.

Work Experience

Dr. Lin is actively engaged in academic activities related to medical and breast oncology. He served as Secretary General of the Taiwan Oncology Society from 2019 to 2021. As a medical oncologist, he is dedicated to both translational and clinical research in breast cancer, with a particular focus on the epidemiology, etiology, and genetic alterations associated with early-onset breast cancer among young women in East Asia. He has authored or co-authored more than 100 peer-reviewed publications in leading journals, including Journal of the National Cancer Institute, Clinical Cancer Research, International Journal of Cancer, PNAS, Cancer Research, Breast Cancer Research, and npj Breast Cancer.

Dr. Lin's major research contributions include: (a) Epidemiological studies highlighting the contrasting patterns of breast cancer incidence and clinicopathology between Asian and Western populations; (b) Investigations into disparities in molecular subtypes, tumor genetics, and the immune microenvironment of breast cancers across ethnic groups; (c) Etiological studies on breast cancer in Taiwan, examining factors such as perfluoroalkyl substances (PFAS) exposure, estrogen-DNA adduct formation, adiposity, and inflammation. In recognition of his contributions, Dr. Lin received the 13th Breast Cancer Research Award from the Taiwan Breast Cancer Foundation in 2023.

Management of Oligometastasis in Breast Cancer — Medical Oncologist Perspective

Oligometastatic breast cancer (OMBC) occupies a biologically distinct space between localized and widely disseminated disease, a concept tracing its intellectual lineage from Halsted's stepwise model, through Fisher's systemic hypothesis, to Hellman's spectrum theory. Consensus definitions (ABC-3, ESTRO-ASTRO) characterize OMBC as ≤5 metastatic lesions potentially amenable to local therapy with curative intent, while de novo metastatic breast cancer (dnMBC)—synchronous metastases at initial diagnosis—accounts for roughly 6–8% of all breast cancer, with 20–30% of these being oligometastatic. Modern imaging, including FES-PET for estrogen receptor–avid disease, has improved detection and staging precision, refining candidate selection for local therapy.

This talk reviews the evidence base for two principal local interventions: primary tumor resection and metastasis-directed therapy (surgery/SBRT to metastatic sites). Theoretical rationale for locoregional therapy (LRT)—reduced tumor burden, decreased circulating tumor cell shedding, attenuated immunosuppression, and limited clonal heterogeneity—has not translated uniformly into survival benefit across randomized trials. Landmark studies (Tata Memorial, EA2108/ECOG-ACRIN 2108, JCOG 1017) consistently demonstrate improved locoregional control without overall survival or quality-of-life benefit, while MF07-01 uniquely reported durable 10-year survival gains, particularly in hormone receptor–positive, younger, bone-only oligometastatic subgroups. The BOMET MF14-01 registry similarly showed a striking 60% mortality reduction in bone-only dnMBC. A pooled meta-analysis (Villacampa et al.) found no significant overall survival benefit across five RCTs (HR 0.93), underscoring substantial trial heterogeneity in design, biology, and treatment timing. For metastasis-directed ablative therapy, SABR-COMET demonstrated a survival advantage across mixed solid tumors, but the breast-specific NRG-BR002 trial showed only modest progression-free survival gains without an overall survival signal, leading to its early closure.

Synthesizing this evidence, primary tumor resection and metastasectomy should not be adopted as routine practice in stage IV breast cancer but may be considered in carefully selected patients— limited (≤3) metastases, bone-predominant disease, and favorable response to induction systemic therapy. From a medical oncologist's vantage point, the priority is integrating rapidly advancing systemic therapies (CDK4/6 inhibitors, antibody-drug conjugates, immunotherapy) with judicious, multidisciplinary-vetted local intervention, reserving aggressive LRT for symptom palliation or biologically favorable oligometastatic presentations. Future trials must evolve endpoints alongside systemic therapy advances and emphasize shared decision-making within multidisciplinary tumor boards to responsibly push the boundaries of cure in this heterogeneous population.

2026 TOPBS



Speaker 11.14 (sat.) 10:40-11:00

Jee-Suk Chang

Associate Professor, Radiation Oncologist, MD, PhD Yonsei University College of Medicine Yonsei Cancer Center, Seoul, Korea

Educational Background

09-2016 to 08-2021	Ph.D. Course of Medical Science, Yonsei University College of Medicine
09-2011 to 08-2013	Master's Degree of Medical Science, Yonsei University College of Medicine
03-2003 to 02-2009	M.D., Yonsei University College of Medicine

Work Experience

08-2022 to 01-2024	Visiting Professor, Division of Radiation Oncology & Developmental Radiotherapeutics, Department of Surgery, Faculty of Medicine, The University of British Columbia
03-2019 to Present	Yonsei University College of Medicine, Department of Radiation Oncology, Seoul, Republic of Korea, Associate Professor (Current)
03-2018 to 02-2019	Yonsei Cancer Center, Radiation Oncology, Seoul, Republic of Korea, Clinical Assistant Professor
01-2024 to 07-2024	Clinical Fellow in SABR team, Radiation Oncology, BC Cancer, Vancouver, BC, Canada
03-2017 to 02-2018	Fellow, Radiation Oncology, Yonsei University College of Medicine, Yonsei University Health System
03-2010 to 02-2014	Resident, Radiation Oncology, Severance Hospital, Yonsei University Health System
03-2009 to 02-2010	Intern, Severance Hospital, Yonsei University Health System

Oligometastatic and Oligoprogressive Breast Cancer: A Radiation Oncologist's Perspective in 2026

The oligometastatic paradigm — ablating limited metastatic disease to change the trajectory of stage IV cancer — is supported by durable randomized data across solid tumors, most notably SABR-COME. Breast cancer, however, remains the most contested territory. In the oligometastatic setting, the two dedicated randomized trials that selected patients by lesion count alone — NRG-BR002 and the EXTEND breast cohort — showed no benefit from adding ablation to systemic therapy, a result more likely reflecting the dissemination biology of breast cancer and the strength of modern systemic therapy than a failure of local ablation itself. In 2026, the field reached an inflection point: OLIGOMA, presented at ESTRO 2026, became the first randomized trial to demonstrate a progression-free survival benefit of metastasis-directed radiotherapy added to systemic therapy (median 35.8 vs 20.4 months; hazard ratio 0.48; p=0.021) with non-inferior quality of life, in a predominantly first-line, endocrine-sensitive population with one to three lesions. Though early-terminated, this signal awaits confirmation from ongoing phase III trials (TAORMINA, STEREO-SEIN, OLIGAMI).

Oligoprogression — limited progression on otherwise effective systemic therapy — poses a different question: not cure, but preservation of a working treatment line. Here, patient selection appears decisive. In the randomized CURB trial, the benefit of SBRT was confined to lung cancer; the breast cohort, largely heavily pretreated and progressing predominantly at new sites, did not benefit. In contrast, AVATAR, conducted in ER-positive/HER2-negative disease oligoprogressing on CDK4/6 inhibition, met its primary endpoint: SABR to all progressing lesions enabled 44% of patients to maintain CDK4/6 inhibitor therapy at 12 months without grade ≥3 toxicity — findings echoed by RADIANT and large real-world series, with randomized successor trials underway. Looking ahead, circulating tumor cells and ctDNA may enable patient selection by biology rather than imaging alone, as suggested by the NRG-BR002 CTC analysis, while new consensus endpoints — systemic-therapy-free survival and polymetastatic progression-free survival — better capture the value of serial local therapy. This lecture will synthesize the latest evidence into a practical framework for multidisciplinary selection — whom to refer and when to treat, with surgery and SBRT as complementary ablative tools — aligning escalation of local control with wellness, and de-escalation of systemic-therapy switching with precision.

2026 TOPBS



Speaker 11.14 (sat.) 11:10-11:45

Hideko Yamauchi (山内英子)

Professor, University of Hawai'i Cancer Center • Director of Clinical Affairs, University of Hawai'i Cancer Center • Clinical Professor of Surgery, John A. Burns School of Medicine • Breast Surgical Oncologist, The Queen's Medical Center

Educational Background

1981–1987	Juntendo University School of Medicine, MD

Work Experience

2024 – Present	Director of Clinical Affairs, University of Hawaii Cancer Center, Honolulu, HI
2023 – Present	Clinical Professor, Department of Surgery, John A. Burns School of Medicine, University of Hawaii, Honolulu, HI Breast Surgical Oncologist, The Queen's Medical Center, Honolulu, HI Professor, University of Hawaii Cancer Center, Honolulu, HI
2017 – 2023	Vice President of St. Luke's International Hospital, Tokyo, Japan
2015 – 2023	Clinical Professor, St. Luke's International University, Tokyo, Japan
2010 – 2023	Director of Breast Center & Head of Department of Breast Surgery, St. Luke's International Hospital, Tokyo, Japan
2009 – 2010	Associate Director, Department of Breast Surgery, St. Luke's International Hospital, Tokyo, Japan
2008 – 2009	Clinical & Research Fellow, Musculoskeletal Oncology Fellowship Program, Moffitt Cancer Center, Tampa, FL
2008 – Present	Adjunct Instructor, Department of Breast and Endocrine Surgery, Juntendo University, School of Medicine, Tokyo, Japan
2006 – 2009	Adjunct Staff, Department of Breast Surgery, St. Luke's International Hospital, Tokyo, Japan
2005 – 2006	Fellow, Surgical Critical Care, University of Hawaii, Honolulu, HI
2004 – 2005	Chief Surgical Resident, Department of Surgery, University of Hawaii, Honolulu, HI

Breast Cancer Survivorship Surgery: Advancing Oncoplastic and Survivorship-Focused Care

Breast cancer generally has a favorable prognosis compared with many other malignancies and often affects women at a relatively young age. Therefore, the goals of breast cancer surgery extend beyond oncologic safety to encompass long-term quality of life and survivorship. For women who must undergo surgery on the breast, providing a postoperative breast appearance and function that allow them to move forward with confidence is an important part of cancer care. From this perspective, oncoplastic breast surgery, including breast reconstruction, has an increasingly important role.

After completing my surgical training in Japan, I became involved in breast cancer research and clinical practice in the United States, subsequently returned to Japan, and practiced breast cancer surgery there for 14 years. In 2023, I again transitioned to clinical practice in the United States, this time in Hawai‘i. Moving between these two surgical environments has highlighted important differences in breast anatomy, lifestyle, available technologies, and operative approaches.

For example, localization of nonpalpable lesions during breast-conserving surgery differs considerably between regions. In Japan and many Asian countries, intraoperative or preoperative ultrasound mapping is commonly used, in part because of differences in average breast size. In Western countries, ultrasound localization may be more challenging, and wire localization or various wireless localization devices are frequently employed. As body habitus and breast size continue to change in Asia, and as the breast cancer population ages, techniques commonly used for larger breasts—including reduction mammoplasty and mastopexy-based approaches—may become increasingly relevant to Asian breast surgery.

At the same time, favorable breast cancer survival has led to greater attention to the long-term consequences of surgery. Advances in nipple-sparing mastectomy and reconstruction can achieve excellent cosmetic outcomes; however, loss of sensation in the breast skin and nipple–areolar complex remains an important limitation. Although complete restoration of normal sensation remains difficult, techniques for nerve preservation, repair, and reinnervation are now being explored and incorporated into reconstructive surgery in the United States.

Another major survivorship concern is breast cancer-related lymphedema following axillary lymph node dissection. Lymphaticovenous anastomosis has been used for established lymphedema associated with several malignancies. More recently, immediate lymphatic reconstruction performed at the time of axillary dissection has emerged as a strategy aimed at reducing the subsequent risk of lymphedema.

These developments illustrate how breast cancer surgery is evolving from a focus on cancer removal alone toward preservation of appearance, sensation, function, and long-term quality of life. They also underscore the growing importance of close collaboration between breast surgeons and plastic surgeons. Drawing on experiences from both Japan and the United States, this presentation will explore how such multidisciplinary approaches may shape the future of breast cancer surgery and survivorship care.

2026 TOPBS



Speaker 11.14 (sat.) 11:45-12:25

Joseph Lin

Dr. Joseph Lin is an attending surgeon at Changhua Christian Hospital's Comprehensive Breast Cancer Center, specializing in breast cancer and oncoplastic surgery. He earned his medical degree from Semmelweis University and a bachelor's degree in biochemistry from the University of Lethbridge. He is pursuing a PhD at Tunghai University and holds the rank of Assistant Professor. Dr. Lin also serves as Secretary General of the Taiwan Oncoplastic Breast Surgery Society and Deputy Secretary General of the Taiwan Breast Cancer Society, contributing actively to clinical care, research, and professional development.

Educational Background

2019–Present	**PhD Candidate**, Department of Animal Science and Biotechnology, Tunghai University, Taichung, Taiwan
2006–2012	**M.D.**, Doctor of Medicine, Semmelweis University, Budapest, Hungary
2002–2006	**B.Sc. in Biochemistry**, University of Lethbridge, Lethbridge, AB, Canada

CERTIFICATION

2024	Assistant Professor, Ministry of Education
2014	USMLE Step 3
2013	ECFMG Certification
2012	USMLE Step 2 CS
2012	USMLE Step 2 CK
2011	USMLE Step 1

Work Experience

POSTGRADUATE TRAINING

2022–Present	Attending Surgeon, Comprehensive Breast Cancer Center, Changhua Christian Hospital, Changhua, Taiwan
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)
2025–Present	Deputy Secretary General, Taiwan Breast Cancer Society (TBCS)
2022–Present	Deputy Director, Cancer Research Center, Changhua Christian Hospital, Changhua, Taiwan
2019–2022	Deputy Secretary General, Taiwan Oncoplastic Breast Surgery Society (TOPBS)

2026 TOPBS

A New Era in HER2-Positive Early Breast Cancer: Evolving Evidence Across the Treatment Continuum

Despite substantial progress with HER2-targeted therapy, a meaningful proportion of patients with HER2-positive early breast cancer (eBC) continue to experience disease recurrence. Unmet needs persist at both ends of the curative-intent treatment continuum: at treatment initiation, for patients presenting with high-risk features such as nodal involvement, larger tumor burden, or locally advanced disease; and after neoadjuvant therapy, for patients with residual invasive disease, whose outcomes under current standards of care remain suboptimal.

Recent phase III evidence is now reshaping the treatment landscape in both of these critical settings simultaneously. In the neoadjuvant setting, novel antibody–drug conjugate (ADC)–based strategies have demonstrated superior pathologic complete response (pCR) rates compared with standard anthracycline-based regimens, with consistent benefit observed across clinically defined high-risk subgroups. In the post-neoadjuvant setting, the latest trial data in patients with residual disease likewise demonstrate improved outcomes over the current standard of care, establishing an evidence-based new option for this population at highest risk of recurrence.

Together, these findings mark the first time that treatment options in HER2-positive eBC have been redefined by high-level evidence in both the preoperative and postoperative settings concurrently. This session will take a risk-adapted perspective to review the evolving evidence across the full treatment continuum: identifying patients who warrant upfront treatment escalation, assessing response during neoadjuvant therapy, and individualizing post-neoadjuvant strategies for patients with residual disease. Findings from pivotal trials, DESTINY series studies will be discussed in the context of contemporary clinical decision-making, with the goal of translating emerging data into practical, patient-centered treatment algorithms.

2026 TOPBS



Speaker 11.14 (sat.) 12:25-13:05

Peng, Meng-Ting

Attending Physician, Division of Hematology-Oncology, Department of Internal Medicine, Linkou Chang Gung Memorial Hospital, Taiwan

Educational Background

2022.09 - present	Master Student, Clinical Informatics and Medical Statistics Research Center, Chang Gung University, Taiwan
2022.07	Visiting Scholar, Academic Medicine Program, St Edmund Hall, University of Oxford, United Kingdom
2010.06	Medical Degree, Chang Gung Medical College, Chang Gung University, Taiwan

Work Experience

2021.03 - present	Director, Taiwan Society of Immunotherapy for Cancer
2020.08 - present	Chairman of Chemotherapy Safety Committee, Linkou Chang Gung Memorial Hospital (LK-CGMH)
2018.03 - 2021.03	Secretary General, Taiwan Society of Immunotherapy for Cancer
2016.08 - 2022.12	Director of Outpatient Chemotherapy Center, LK-CGMH
2016.08 - present	Lecturer, Chang Gung Memorial Hospital
2015.08 - present	Attending Physician, Division of Hematology-Oncology, Department of Internal Medicine, LK-CGMH
2013.07 - 2015.07	Fellowship, Division of Hematology-Oncology, CGMH-LK

Targeting the PI3K/AKT Pathway in HR+/HER2-Metastatic Breast Cancer: Evidence and Evolving Strategies

The PI3K/AKT/mTOR axis is the well-understood pathway for endocrine resistance from the first-line Endocrine therapy (ET) plus a cyclin-dependent kinase 4/6 inhibitor (CDK4/6i). As previous literature, CDK4/6i rechallenge adds only 0.7 to 2.5 months of median progression-free survival (PFS), and real-world PFS with everolimus after CDK4/6i plateaus is 4 to 6 months. Therapeutic strategies targeting on the PI3K/AKT/mTOR open another promising window for metastatic HR+/HER2- breast cancer patients.

Capivasertib, an ATP-competitive inhibitor of all three AKT isoforms, targets the convergent node of this pathway. The phase 2 FAKTION trial first showed that benefit concentrates in pathway-altered tumours. CAPItello-291 trial confirmed its clinical efficacy. In the phase 3 prospective, multi-contries, double-blined randomized trial. 289 of the 708 patients had a centrally confirmed PIK3CA/AKT1/PTEN alteration and approximately 70% had received a prior CDK4/6i. Capivasertib plus fulvestrant achieved a median PFS of 7.3 versus 3.1 months (hazard ratio, HR 0.50; 95% CI 0.38 to 0.65; $p < 0.001$), an objective response rate of 28.8% versus 9.7%, PFS2 of 15.5 versus 10.8 months and time to first subsequent chemotherapy of 11.0 versus 6.0 months. Benefit was directionally consistent across age, metastatic burden, endocrine resistance type, prior CDK4/6i exposure and every line of ET, with hazard ratios clustered near 0.5. Overall survival in the altered population did not reach statistical significance (28.5 versus 30.4 months; HR 0.83) in an analysis powered at only 53% and confounded by imbalanced subsequent targeted therapy.

Tolerability is predictable and mechanism-specific: diarrhoea 72.4% (grade 3 or above 9.3%), rash 38.0% (12.1%) and hyperglycaemia 16.3% (2.3%), with treatment discontinued in 13% of patients. Notably, CAPItello-291 remains the only phase 3 trial to enroll patients with either PIK3CA, AKT, PTEN alterations. Around 50% HR+/HER2- MBC patients harbored the PIK3CA/AKT1/PTEN alterations. Cross-trial comparison across these agents is not appropriate given differences in line of therapy, biomarker selection and control arms.

2026 TOPBS



Speaker 11.14 (sat.) 13:25-14:05

Hiroji Iwata, MD, PhD (岩田廣治)

Hiroji Iwata is specially appointed professor, Nagoya City University, Department of Advanced Clinical Research and Development. He is an author of about 400 publications on a wide range of subjects in the treatment of early stage and metastatic breast cancer. He served as the former Chair of the Japan Clinical Oncology Group (JCOG) Breast Cancer Study Group and led numerous investigator-initiated clinical trials. He has also served for many years on the Steering Committees of numerous international clinical trials and has made significant contributions to establishing standards of care in breast cancer treatment worldwide. He served as President of the 28th Annual Meeting of the Japanese Breast Cancer Society in 2020 and President of the 21st Annual Meeting of the Japanese Society of Medical Oncology in 2024. He negotiates daily with overseas companies to eliminate Japan's drug lag and works to introduce new drugs into Japan.

Educational Background

1994	Dr. of Medical Science: Nagoya City University (Thesis: Analyses of Matrix Metalloproteinases and Their Inhibitors in Human Breast Cancer Tissues)
1987 M.D.	Nagoya City University, Medical School, Nagoya

Work Experience

2024 - present	Specially Appointed Professor, Nagoya City University, Department of Advanced Clinical Research and Development
2012 - present	Vice Director and Chief of Breast Oncology, Aichi Cancer Center Hospital
2007 - present	Clinical professor of Nagoya City University, Medical School
2005 - present	Chief of Department of Breast Oncology, Aichi Cancer Center Hospital
2003 - present	Chief of Department of Breast Surgery, Aichi Cancer Center Hospital
1998 - 2002	Stuff of department of Breast Surgery, Aichi Cancer Center Hospital
1995 - 1997	Clinical assistant of 2nd department of Surgery, Nagoya City University Medical School, Nagoya
1994 - 1995	Stuff of Surgery, National Health Insurance Sakishima Hospital, Mie
1991 - 1994	Research Fellow of 2nd department of Surgery, Nagoya City University Medical School, Nagoya

The Management for Ductal Carcinoma in Situ

Ductal carcinoma in situ (DCIS) accounts for approximately 15% of all breast cancers at diagnosis, and its incidence has increased with the widespread implementation of mammographic screening. The current standard treatment for DCIS is surgery with or without radiotherapy. For patients with limited disease, breast-conserving surgery followed by radiotherapy is generally selected, whereas mastectomy is considered for those with extensive disease, with breast reconstruction performed according to patient preference. DCIS is characterized by malignant cells confined within the breast ducts without invasion into the surrounding stroma or access to blood vessels; therefore, it theoretically has no potential for distant metastasis. Accordingly, the prognosis is excellent when the lesion is completely excised, and adjuvant systemic therapy is generally not required.

Although DCIS has traditionally been managed with local treatment strategies similar to those used for invasive breast cancer, a large database (SEERA) study from the United States suggested that omission of surgery in patients with low-risk DCIS may not adversely affect prognosis. These findings raised the possibility that selected patients with low-risk DCIS could be safely managed without surgery and prompted several prospective clinical trials worldwide evaluating non-operative management.

Results from two such trials have now been reported: the COMET trial from the United States and the JCOG1505 (LORETTA) trial from Japan. These studies provide important evidence regarding the feasibility of active monitoring as an alternative management strategy for selected patients with low-risk DCIS. In this presentation, I will discuss potential new approaches to the management of DCIS, with a particular focus on the detailed findings of JCOG1505 and a comparison of the results and treatment strategies of these two trials. I would also like to discuss the overall management of DCIS.

2026 TOPBS

Speaker 11.14 (sat.) 14:05-14:25



Jai Min Ryu, MD, PhD

Associate Professor, Division of Breast Surgery,
Samsung Medical Center,
Sungkyunkwan University School of Medicine

2025-present Deputy Secretary General, Organizing committee of Global Breast Cancer Conference (GBCC) 2026-2027
2025-present Deputy Secretary General of Korean Breast Cancer Society (KBCS)
2019-present Member of Academic Program Committee and Scientific Program Committee, GBCC, KBCS
2024-present Secretary General of Korean Robot and Endoscopic Minimal Access Breast Surgery Study Group (KoREa-BSG), KBCS

Educational Background

2017.03 - 2019.08	Ph.D. in Medicine Sungkyunkwan University School of Medicine
2010.03 - 2016.08	Master of Science Sungkyunkwan University School of Medicine
2001.03 - 2007.02	Medical Doctor Yeungnam University School of Medicine

Work Experience

2022.03 - Present	**Associate Professor,** Department of Surgery, Division of Breast Surgery, Samsung Comprehensive Cancer Center, Samsung Medical Center
2018.3-2022.2	Clinical Assistant Professor, Assistant Professor Department of Surgery, Division of Breast Surgery, Samsung Comprehensive Cancer Center, Samsung Medical Center

Omit axillary surgery in cN0 / De-escalation surgery in the axilla, Upfront surgery status

In early breast cancer, axillary lymph node status has historically served as one of the most critical prognostic determinants, guiding systemic treatment decisions. Sentinel lymph node biopsy (SLNB) replaced axillary lymph node dissection (ALND) as the standard staging procedure for clinically node-negative (cN0) patients, substantially reducing surgical morbidity. However, SLNB itself carries well-documented adverse effects, including persistent lymphedema, arm dysfunction, paresthesia, and shoulder mobility restriction. Moreover, with advances in axillary imaging (ultrasound, MRI), genomic profiling tools (Oncotype DX, MammaPrint), highly effective systemic therapies, and modern radiotherapy regimens, the clinical utility of nodal staging for treatment decision-making has diminished considerably in carefully selected patients. These converging developments have motivated a paradigm shift toward further de-escalation: the prospective omission of SLNB in selected. cN0 patients undergoing upfront surgery.

The current frontier targets a well-defined population: women with cT1–T2, cN0 tumors, negative axillary ultrasound findings, and planned breast-conserving surgery (BCS) followed by whole-breast irradiation (WBI).

The SOUND, INSEMA, and BOOG 2013-08 trials have demonstrated that this approach is oncologically safe. Results from the NAUTILUS trial are highly anticipated, particularly because of their potential implications for Asian clinical practice and guideline integration, as well as for expanding the indications to include T2 tumors and younger patients.

2026 TOPBS



Speaker

Kaori TerataKaori Terata, M.D., Ph.D.
Specially Appointed Junior Associate Professor
Department of Advanced Clinical Research and Development,
Nagoya City University Graduate School of Medical Sciences

Her main research interest is axillary surgery and its de-escalation in breast cancer. She serves as principal investigator of the prospective multicenter phase II TAS feasibility trial in patients with cN+ breast cancer undergoing upfront surgery (jRCTs061220113) and the WJOG18123B (SAKURA) randomized trial. She is a representative committee member of the JCOG Breast Cancer Study Group and a member of the Surgical Treatment Committee for the Japanese Breast Cancer Society Clinical Practice Guidelines. She also serves on the Education and Training Committee and Health Insurance Committee of the Japanese Oncoplastic Breast Surgery Society.

Educational Background

2009.03	M.D., Akita University School of Medicine, Japan
2017.09	Ph.D. in Medicine, Akita University Graduate School of Medicine, Japan
2025.07–2025.10	Clinical Observership, The Royal Melbourne Hospital, Peter MacCallum Cancer Centre, and The Royal Women's Hospital, Melbourne, Australia

Work Experience

2009.04–2011.03	Resident, Akita Kousei Medical Center, Japan
2011.04–2017.11	Department of Breast and Endocrine Surgery, Akita University Hospital, Japan
2017.12–2019.03	Assistant Professor, Akita University Hospital, Japan
2019.04–2026.06	Senior Lecturer, Akita University Hospital, Japan
2026.07–Present	Specially Appointed Junior Associate Professor, Nagoya City University Graduate School of Medical Sciences, Japan

De-escalating Axillary Surgery in cN+ Breast Cancer: Upfront Surgery

Axillary surgery for breast cancer has undergone substantial de-escalation, particularly in clinically node-negative disease and after neoadjuvant systemic therapy. However, axillary lymph node dissection (ALND) remains the standard of care for patients with clinically node-positive (cN+) breast cancer undergoing upfront surgery.

We conducted a prospective, multicenter, single-arm phase II trial of tailored axillary surgery (TAS) in patients with pathologically confirmed cN+ breast cancer undergoing upfront surgery. Eligible patients had cT1–3 invasive breast cancer and one to three suspicious level I axillary lymph nodes on imaging. TAS comprised removal of the marked metastatic lymph node, sentinel lymph nodes, and palpable suspicious lymph nodes, followed by completion ALND to assess residual metastases in non-TAS lymph nodes.

A total of 212 patients were enrolled across 42 institutions. The median age was 53.5 years, and most tumors were estrogen receptor-positive (94.8%). The marked lymph node was successfully retrieved in all patients, sentinel lymph nodes were identified in 89.7%, and the median number of lymph nodes removed by TAS was four, demonstrating the feasibility of TAS in a multicenter setting.

Several randomized trials worldwide are evaluating less extensive axillary surgery in cN+ breast cancer undergoing upfront surgery. Based on our phase II findings, we are also preparing a randomized phase III trial in Japan.

This presentation will review the evolving evidence for axillary de-escalation in cN+ breast cancer, present the results of our TAS feasibility trial, and discuss the future role of TAS within multidisciplinary treatment.

2026 TOPBS



Speaker 11.14 (sat.) 14:45-15:05

Chi-Cheng Huang (黃其晟)

Attending Physician and Director, Comprehensive Breast Health Center and Division of Breast Surgery, Taipei Veterans General Hospital

Educational Background

2006 - 2014	PhD, Institute of Biomedical Electronics and Bioinformatics, National Taiwan University
2004 - 2006	Master's in Preventive Medicine, National Taiwan University
1992 - 1999	Bachelor's in Medicine, Chang Gung University

Work Experience

2018 - present	Attending Physician and Director, Comprehensive Breast Health Center and Division of Breast Surgery, Taipei Veterans General Hospital
2021 - present	Adjunct Professor, Institute of Epidemiology and Preventive Medicine, National Taiwan University
2019 - 2019	Professor, Department of Medicine, Fu Jen Catholic University
2017 - 2019	Director, General Surgery and Breast Surgery, Fu Jen Catholic University Hospital
2015 - 2017	Deputy Director, Medical Research Department, Cathay General Hospital

The impact of omit axillary surgery on systemic treatment

Background: Axillary surgery has historically served two purposes in early breast cancer: regional disease control and staging to guide adjuvant systemic therapy. Over the past decade, a series of randomized trials — SOUND, INSEMA, and SENOMAC — have demonstrated that de-escalating axillary surgery, whether by omitting sentinel lymph node biopsy (SLNB) entirely in clinically node-negative patients or by omitting completion axillary lymph node dissection (ALND) in patients with limited sentinel-node metastatic burden, does not compromise disease-free or overall survival, while substantially reducing lymphedema, arm morbidity, and impairment of physical and psychosocial quality of life. As axillary surgery is de-escalated, however, a critical question has emerged: does the resulting loss of nodal staging information meaningfully alter adjuvant systemic treatment decisions, particularly with the introduction of nodal-status-dependent therapies such as the CDK4/6 inhibitors abemaciclib and ribociclib?

Objective: This talk reviews the evidence supporting axillary surgical de-escalation and critically examines its downstream implications for systemic treatment selection, synthesizing trial data, national registry analyses, and pooled multi-trial modeling.

Content: The SOUND and INSEMA trials established that omitting SLNB in older, predominantly postmenopausal, hormone receptor-positive patients with small (cT1–T2), clinically node-negative tumors undergoing breast-conserving surgery is oncologically safe, with pathologic occult nodal involvement of four or more nodes occurring in under 1% of patients (Reimer et al., New England Journal of Medicine, 2025; Morrow, New England Journal of Medicine, 2025). SENOMAC similarly supports omitting completion ALND in patients with one to two sentinel-node macrometastases. These findings raise concern that eligibility for high-risk-defining, node-based systemic therapies could be obscured. A National Cancer Database analysis of cT1N0 hormone receptor-positive patients found that SLNB omission would have affected at least one adjuvant decision (chemotherapy, CDK4/6 inhibitor, or regional nodal irradiation) in 7.9% of postmenopausal and 13.7% of premenopausal women (Wanis et al., Cancer, 2025). A single-institution registry similarly found SLNB omission would have excluded 18% of women under 50 and 8.8% of women 50 or older from CDK4/6 inhibitor or partial breast irradiation consideration, though risk was markedly lower (2.1%) in women 60 or older with grade 1 cT1a/b disease (Jackson et al., Annals of Surgical Oncology, 2026). A pooled analysis across five randomized trials (SOUND, INSEMA, SENOMAC, monarchE, NATALEE) quantified this trade-off directly, reporting that performing SLNB or completion ALND solely to determine CDK4/6 inhibitor eligibility requires a number needed to diagnose and treat of 106 to 807, adding substantial morbidity and cost for only marginal survival benefit (Pfob et al., Lancet Oncology, 2026). Consistent with this, a multi-institutional mastectomy cohort found no significant difference in adjuvant chemotherapy administration between ALND and SLNB-alone groups among patients with one to two positive sentinel nodes.

Conclusion: Current evidence supports selective, risk-adapted omission of axillary surgery, since occult nodal involvement of prognostic magnitude is rare in appropriately selected patients and rarely alters guideline-concordant systemic therapy. Younger, premenopausal patients and those with higher-grade or larger tumors remain populations in whom nodal staging retains greater decision-relevance, and multidisciplinary discussion of systemic and radiotherapy implications should precede any decision to omit axillary surgery.



Speaker 11.14 (sat.) 00:00-00:00

Tom Wei-Wu Chen, MD (陳偉武)

Attending physician
Department of Oncology
National Taiwan University Hospital
National Taiwan University Cancer Center
Taipei, Taiwan

Dr. Tom Wei-Wu Chen is currently an attending physician at the Department of Oncology, National Taiwan University Hospital (NTUH) and National Taiwan University Cancer Center in Taipei, Taiwan. Dr. Chen received internal medicine training followed by a fellowship course as a medical oncologist in NTUH. Afterwards, he joined Drug Development Program (DDP) in Princess Margaret Cancer Centre in Toronto, Canada as a clinical fellow to study early phase clinical trials with Dr. Lillian Siu and Dr. Phil Bedard. During his stay in Princess Margaret, he gained more experience with next-generation sequencing and precision medicine, as well as interest in breast cancer patients.

During my fellowship in medical oncology, I had the privilege of training under Professor Ann-Lii Cheng and Professor Yen-Shen Lu, focusing on breast cancer research. Our first major research effort targeted patients with breast cancer brain metastases who had experienced disease progression despite prior standard whole-brain radiotherapy. Based on our clinical observations, we developed a globally novel treatment regimen combining the anti-angiogenic monoclonal antibody bevacizumab with cisplatin and etoposide (the BEEP regimen) for this patient population.

A key innovation of the BEEP regimen lies in the administration schedule: bevacizumab is given 24 hours prior to chemotherapy. This interval allows for vascular normalization within brain metastases, transiently modifying tumor vascular permeability and thereby enhancing chemotherapy penetration into metastatic lesions. Our clinical trial demonstrated a 70% tumor response rate in patients with breast cancer brain metastases, representing one of the most effective regimens reported in this setting. The results were published in Clinical Cancer Research, and the BEEP regimen has since been widely adopted in Taiwan, significantly influencing clinical practice.

We subsequently extended the BEEP regimen to patients with leptomeningeal metastasis, a population with historically poor prognosis (median survival of 3–4 months). Our findings published in the Journal of Neuro-Oncology, demonstrated survival exceeding one year in a subset of patients, confirming meaningful therapeutic benefit even in late-stage central nervous system metastases. Following these promising results, we initiated the A-PLUS study to evaluate whether early use of the BEEP regimen could further improve intracranial disease control. In this randomized clinical trial, newly diagnosed, treatment-naïve patients with breast cancer brain metastases were assigned to receive upfront BEEP followed by whole-brain radiotherapy versus immediate whole-brain radiotherapy alone. The A-PLUS study demonstrated that upfront BEEP significantly prolonged intracranial tumor control (hazard ratio 0.71). This landmark study was accepted by JAMA Oncology in 2024.

Minimal Residual Disease in Breast Cancer: Are We Ready to Act on ctDNA?

Circulating tumor DNA (ctDNA) has created the possibility of identifying minimal residual disease (MRD) and molecular relapse in breast cancer months before recurrence becomes clinically apparent. However, as increasingly sensitive assays become available, breast oncologists face a more important question: how should these results influence patient care?

This talk will first provide a practical overview of ctDNA testing strategies, including tumor-informed, tumor-naïve, fixed-panel, genome-wide, methylation, and fragmentomic approaches. We will examine how assay design affects sensitivity and specificity and clarify commonly used technical concepts, including variant allele frequency, parts per million, mean tumor molecules, and the 95% limit of detection. Particular emphasis will be placed on why a lower reported LOD does not necessarily indicate a clinically superior assay, and why a negative result cannot completely exclude residual disease. Plasma volume, the number of variants tracked, timing of sampling, tumor shedding, clonal hematopoiesis, and serial testing must all be considered when interpreting results.

The second part will review the prognostic significance of ctDNA in early breast cancer. Persistent or newly detectable ctDNA after surgery or systemic therapy consistently identifies patients at substantially increased risk of recurrence, often with a clinically meaningful lead time. Conversely, sustained ctDNA negativity may help define patients with exceptionally favorable responses, although whether it can safely support treatment de-escalation or discontinuation remains uncertain.

Finally, we will discuss trials evaluating MRD-guided intervention, including c-TRAK TN, ZEST, DARE, LEADER, TRAK-ER, and TREAT ctDNA. Their designs and early experiences highlight the difference between demonstrating prognostic value and proving clinical utility. The central message is that ctDNA MRD is already a powerful tool for risk stratification, but its use to escalate, switch, or discontinue therapy must ultimately be supported by randomized evidence showing improved patient outcomes.

2026 TOPBS



Speaker 11.14 (sat.) 16:15-16:55

陳彥蓁 (Yen-Jen Chen)

Department of Surgery, Taipei Veterans General Hospital (台北榮民總醫院)
National Yang-Ming University, M.D.

Educational Background

2004/08 - 2011/08	National Yang-Ming University, M.D.

Work Experience

2021/12 - Present	Attending Breast Surgeon, Comprehensive Breast Health Center, Department of surgery, Taipei Veterans General Hospital
2022 - Present	Instructor, School of Medicine, National Yang Ming Chiao Tung University
2025 - Present	Committee Member, TBCS International Exchange Committee
2019/11 - 2021/11	Clinical Fellow, Comprehensive Breast Health Center, Taipei veterans General Hospital
2018/09 - 2019/11	Attending General Surgeon, Taipei Hospital, MOHW
2017/08 - 2018/08	Attending General Surgeon, PengHu Hospital, MOHW
2016/07 - 2017/06	Chief Resident, Taipei Veterans General Hospital, General Surgery
2012/08 - 2016/06	Resident, Taipei Veterans General Hospital, General Surgery

Broad Certificates and Awards

2021/07/01	Specialist of Breast Surgery and Oncology, Taiwan
2021/07/01	Specialist of Breast Cancer Medicine, Taiwan
2019/01/01	Surgery in gastroenterology, Taiwan
2016/12/16	General surgery, Taiwan
2011/10/04	Physician, Taiwan
Awards	2026 Best Presentation Award, GBCC 2026 Mini-Oral Presentation
	2024 Outstanding Paper Award, Taiwan Surgical Society

Evolving Early Breast Cancer Care: Extending Survival of CDK4/6 Inhibitors Across a Broader Stage II and Stage III HR+/HER2- Population

Despite the advantages of current standard-of-care treatments, which include adjuvant endocrine therapy (ET), the risk of disease recurrence remains. The Phase III NATALEE trial was conducted to evaluate the efficacy and tolerability of 3 years of adjuvant ribociclib combined with a nonsteroidal aromatase inhibitor (NSAI), compared to NSAI alone, in a broad population of patients with hormone receptor (HR)-positive/human epidermal growth factor receptor 2 (HER2)-negative early breast cancer (EBC). This group included both premenopausal and postmenopausal women as well as men, with some patients having no nodal involvement. Participants were randomized 1:1 into two groups: one group received ribociclib (n = 2549; 400 mg/day, 3 weeks on/1 week off for 36 months) along with NSAI (letrozole 2.5 mg/day or anastrozole 1 mg/day for 60 months), while the other group received NSAI alone (n = 2552). Men and premenopausal women were additionally treated with goserelin (3.6 mg every 28 days). The patients included in the trial had anatomical stage IIA (N0 with additional risk factors or N1), IIB, or III disease.

This presentation will discuss the key findings of the NATALEE trial, highlighting its uniqueness and long-term efficacy. With a 6-year follow-up, the trial consistently demonstrated significant benefits in improving invasive disease-free survival (iDFS), distant disease-free survival (dDFS), and recurrence-free survival (RFS), thereby reducing the risk of recurrence across a broad EBC patient population. Furthermore, subgroup analyses revealed advantages across various subsets, including menopausal status, nodal involvement, and disease staging. Most importantly, the NATALEE six-year follow-up study demonstrated clinically meaningful overall survival (OS) results in the broadest at-risk early breast cancer (eBC) population, providing further evidence of the long-term clinical benefit and sustained treatment impact for patients.

Overall, the NATALEE trial results underscore the potential of ribociclib in combination with endocrine therapy as a promising treatment option for patients with HR+/HER2− stage II or III early breast cancer who are at risk of recurrence.



Speaker 11.14 (sat.) 16:55-17:15

Jung-Ju Huang (黃嫆茹)

Dr. Huang is a board-certified plastic surgeon and currently works in Chang Gung Memorial Hospital as a Professor. She is a well-trained and experienced microsurgeon who majors in microsurgical breast reconstruction, gynecological reconstruction and lymphedema surgeries. Her recent breakthrough is in robot-assisted breast reconstruction, including implant-based and microsurgical breast reconstructions, and robot-assisted DIEP flap elevation. She has published 121 peer-reviewed papers and 13 book chapters regarding plastic surgery, microsurgical reconstructive surgeries, and basic research; and she leads several research projects in the field of tissue engineering and lymphedema-related research. Her professional achievement has brought her several awards and the most significant one would be being awarded as one of the TEN OUTSTADING YOUNG WOMEN in Taiwan of the year 2017. In 2021, she was awarded Fu-Chan Wei Young Microsurgeon Award by Taiwan Society for Reconstructive Microsurgery. Her recent achievement in collaboration with breast surgeon Dr. Wen-Ling Kuo, titled "Microsurgical Perforator Flap Breast Reconstruction After Robotic-Assisted Mastectomy: Toward Precision Breast Cancer Surgery and Natural Recovery," has earned them the National Innovation Award from the Research Center for Biotechnology and Medicine Policy in Taiwan in 2023.

Educational Background

1994.07- 2001.06	MD, Taipei Medical University, Taipei
2015.07- 2016.06	Research Fellow/Visiting Investigator, Memorial Sloan Kettering Cancer Center, New York, USA

Work Experience

2007.08 - 2009.06	Attending Physician, Department of Plastic Surgery, Chang Gung Memorial Hospital
2009.07 – 2011.06	Clinical Instructor, Department of Plastic Surgery, Chang Gung Memorial Hospital
2011.07 – 2015.06	Assistant Professor, Department of Plastic Surgery, Chang Gung Memorial Hospital
2015.07 – 2024.06	Associate Professor, Department of Plastic Surgery, Chang Gung Memorial Hospital
2024.07 - Present	Professor, Department of Plastic Surgery, Chang Gung Memorial Hospital,



Speaker 11.14 (sat.) 17:15-17:50

Hisamitsu Zaha (座波久光)

Educational Background

1983.04 - 1990.03: Faculty of Medicine, University of Ryukyus, Okinawa, Japan

Work Experience

1990 - 1999: Department of surgery, St. Lukes international hospital, Tokyo, Japan
1999 - 2002: Department of surgery, Nakagami hospital, Okinawa, Japan
2002 - 2007: Department of surgery, director of surgery, Nakagami hospital,
2008 - 2017: Department of Breast surgery, director of breast surgery, Nakagami hospital,
2017 - present: Vice Director of the Hospital, director of breast center, Nakagami hospital,

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Speaker 11.15 (sun.) 08:40-09:00

Kenzo Shimazu, MD, PhD (島津研三)

Professor and Chairperson
Department of Breast and Endocrine Surgery
Osaka University Graduate School of Medicine

Educational Background

1988 - 1994	Osaka University, Medical School

Work Experience

1994 - 1995	Intern, Osaka University Hospital
1995 - 1996	Resident, Surgery, Osaka General Hospital
1996 - 1999	Resident, Surgery, Tokyo Komagome Hospital
1999 - 2003	Fellow, Department of Breast and Endocrine Surgery, Osaka University Hospital
2003 - 2006	Instructor, Department of Breast and Endocrine Surgery, JCHO Osaka Hospital
2006 - 2012	Assistant Professor, Department of Breast and Endocrine Surgery, Osaka University Graduate School of Medicine
2012 - 2020	Lecturer, Department of Breast and Endocrine Surgery Osaka University Graduate School of Medicine
2020 - present	Professor and Chairperson, Department of Breast and Endocrine Surgery, Osaka University Graduate School of Medicine

SLNB Using One-step nucleic acid amplification (OSNA) and Precision Axillary Surgery: From Molecular Nodal Staging to Individualized Treatment

Sentinel lymph node biopsy (SLNB) has dramatically reduced the morbidity associated with axillary surgery in patients with clinically node-negative breast cancer. With increasing evidence supporting further de-escalation of axillary surgery, accurate assessment of nodal status and tumor burden has become increasingly important for individualized treatment.

One-step nucleic acid amplification (OSNA) is an automated molecular method for the intraoperative detection of lymph node metastasis based on the quantification of cytokeratin 19 (CK19) mRNA. Because the entire lymph node can be analyzed within a short period of time(17mins), OSNA reduces the potential sampling error associated with conventional histopathological assessment and provides quantitative results as CK19 mRNA copy numbers.

Whole-node assessment may also improve the accuracy of identifying truly node-negative disease. In a cohort of 500 patients with estrogen receptor-positive/HER2-negative breast cancer, we compared outcomes between OSNA-negative (osN0) and pathologically node-negative (pN0) patients. Among node-negative patients treated with endocrine therapy alone, distant recurrence occurred in only one of 237 osN0 patients compared with five of 103 pN0 patients. Moreover, osN0 was independently associated with a lower risk of distant recurrence. These findings suggest that accurate molecular confirmation of node-negative disease may provide additional prognostic information and contribute to appropriate omission of chemotherapy in selected low-risk patients.

Another important advantage of OSNA is the quantitative assessment of nodal tumor burden. Using total tumor load (TTL), defined as the sum of CK19 mRNA copy numbers in all positive sentinel lymph nodes, we developed an intraoperative nomogram incorporating clinical tumor size and TTL to predict non-sentinel lymph node metastasis. We also developed a model using clinical tumor size, TTL, and the number of macrometastatic sentinel nodes to predict four or more metastatic axillary lymph nodes.

We have applied this OSNA-based nomogram clinically to patients undergoing mastectomy since 2018. Among 124 patients with one or two positive sentinel nodes, ALND was omitted in 31 patients (25.0%) using a predefined <13% cutoff, with no locoregional recurrence during a median follow-up of 16.6 months. Exploratory analysis suggested that a 20% cutoff could increase ALND omission to 46.0%, while retaining all patients with four or more metastatic nodes in the ALND group in this cohort.

Thus, OSNA provides information beyond a simple positive or negative diagnosis. By combining accurate whole-node molecular staging with quantitative assessment of tumor burden, OSNA may facilitate precision axillary surgery and individualized systemic treatment—avoiding unnecessary treatment in low-risk patients while identifying those who require appropriate treatment escalation.

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Speaker 11.15 (sun.) 09:00-09:20

Chiao-Lo, , MD, PhD

Dr. Chiao Lo is an attending surgeon at the Department of Surgery and the Breast Medical Center, National Taiwan University Hospital.

Specialties: Breast Surgery, Surgical Oncology, Breast Ultrasound, Breast Cancer Screening

Educational Background

- Bachelor of Medicine
  College of Medicine, National Taiwan University, 1996 ~ 2003
- Ph.D.
  Graduate Institute of Clinical Medicine,
  College of Medicine, National Taiwan University, 2016 ~ 26

Work Experience

2008/07 - 2010/07	Attending Surgeon, Department of Surgery, National Taiwan University Hospital Yunlin Branch
2010/08 - 2011/06	Attending Surgeon, Department of Surgery, West Garden Hospital
2011/07 - present	Attending Surgeon, Department of Surgery, National Taiwan University Hospital
2025/08 - present	Assistant Professor, Department of Surgery, College of Medicine, National Taiwan University
2025/03- present	Associate Chief Secretary of Taiwan Oncoplastic Breast Surgery Society
2025/05 - present	Associate Chief Secretary of Taiwan Breast Cancer Society

Symposium 5：Multifocal and Multicentric Lesion Management — Conservative approach

Multifocal and multicentric breast cancers account for approximately 10–24% of all breast cancer cases. Multifocal disease is generally defined as the presence of multiple tumor foci within the same breast quadrant, whereas multicentric disease refers to multiple tumor foci located in anatomically distinct quadrants. Proposed mechanisms underlying these patterns include clonal intramammary spread and the development of independent primary tumors. The clinicopathological and biological characteristics may differ between multifocal and multicentric breast cancers.

Historically, mastectomy has been considered the standard surgical approach for patients with multifocal or multicentric breast cancer. However, growing evidence supports the oncologic safety of breast-conserving surgery in appropriately selected patients, including findings from the prospective, single-arm ACOSOG Z11102 (Alliance) trial as well as systematic reviews and meta-analyses. Favorable oncologic outcomes depend on careful preoperative assessment, including comprehensive imaging and histopathological evaluation of individual tumor foci; complete surgical excision with adequate margins; appropriate systemic therapy and radiotherapy; and coordinated multidisciplinary management.

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Speaker 11.15 (sun.) 09:20-09:40

Shih-Che Shen (沈士哲)

Attending physician, General surgery, Chang Gung Memorial Hospital

Educational Background

1992-1999	Taipei Medical College, Taipei, Taiwan

Work Experience

2005.08 - Now	Attending Staff, Division of General Surgery, Department of Surgery, Chang Gung Memorial Hospital, Taipei, Taiwan
2004.08 - 2005.07	Surgical Fellow, Division of General Surgery, Chang Gung Memorial Hospital, Linko, Taiwan
2003.08 - 2004.07	Surgical Chief Resident, Division of General Surgery, Chang Gung Memorial Hospital, Linko, Taiwan
2000.08 - 2003.07	Surgical resident, Department of Surgery, Chang Gung Memorial Hospital, Linko, Taiwan
1999.09 - 2000.06	Medical resident, Department of Internal Medicine, Taipei Municipal Jen Ai Hospital

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Speaker 11.15 (sun.) 09:40-10:00

Takehiko Sakai, M.D., Ph.D. (坂井威彦)

Vice Director of Breast Surgical Oncology, Breast Oncology Center, Cancer Institute Hospital, Tokyo, Japan

Educational Background

1992-1998	M.D., Shinshu University School of Medicine
2002-2006	Ph.D., Shinshu University School of Medicine
2017 -2019	Research Fellow, Dana-Faber Cancer Institute

Work Experience

2009-present	Cancer Institute Hospital of JFCR, Department of Breast Surgery, Breast Oncology Center
2006-2009	Kofu Municipal Hospital, Department of Breast and Endocrine Surgery
2003-2005	Cancer Institute Hospital of Japanese Foundation for Cancer Research, Resident in Breast Pathology
1998-2002	Shinshu University Hospital, Department of Surgery

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Speaker 11.15 (sun.) 10:00-10:20

Hyung Seok Park (朴炯碩)

Prof. Park is a breast surgeon and surgical oncologist, currently serving as a professor in the Department of Surgery at Yonsei University College of Medicine, Severance Hospital, Breast Cancer Center & Cancer Prevention Center of Yonsei Cancer Center, and Yonsei University Health System.

Educational Background

2018	Ph.D., Yonsei University College of Medicine
2005	Master of Science, Graduate School, Kosin University
2000	M.D., Kosin University College of Medicine

Work Experience

2024 – Present	Professor, Division of Breast Surgery, Department of Surgery, Yonsei University College of Medicine, Seoul, Republic of Korea
2021 – 2024	Associate Professor, Division of Breast Surgery, Department of Surgery, Yonsei University College of Medicine, Seoul, Republic of Korea
2014 – Present	Member of the multi-disciplinary team of Hereditary Breast and Ovarian Cancer Clinic at Cancer Prevention Center, Yonsei Cancer Center
2019 – 2020	Chief of Division of Breast Surgery, Department of Surgery, Yonsei University College of Medicine, Seoul, Republic of Korea
2018 – 2021	Clinical Associate Professor, Division of Breast Surgery, Department of Surgery, Yonsei University, Seoul, Republic of Korea
2012 – 2017	Clinical Assistant Professor, Division of Breast Surgery, Department of Surgery, Yonsei University, Seoul, Republic of Korea
2011 – 2012	Clinical Fellow, Division of Breast and Endocrine Surgery, Department of Surgery, Seoul St. Mary Hospital and The Catholic University of Korea College of Medicine, Seoul, Republic of Korea
2009 – 2011	Clinical and Research Fellow, Division of Breast Surgery, Department of Surgery, Yonsei University, Seoul, Republic of Korea

Evolving of Minimal Approach Surgery for Nipple-Sparing Mastectomy

Nipple-sparing mastectomy (NSM) has evolved toward minimally invasive approaches with the aim of improving cosmetic outcomes while maintaining surgical and oncologic safety. Robotic and endoscopic techniques allow breast surgery to be performed through small and less visible incisions, and advances in robotic platforms have further facilitated precise dissection and expanded the potential applications of minimally invasive breast surgery.

Growing clinical evidence suggests that minimally invasive NSM can achieve acceptable postoperative and oncologic outcomes compared with conventional NSM. Recent prospective multicenter studies and ongoing randomized trials are further evaluating its safety, patient-reported outcomes, and long-term oncologic efficacy.

This presentation will review the evolution of minimally invasive NSM, with a particular focus on robotic techniques, technical refinements, clinical evidence, and expanding indications. Representative surgical videos will demonstrate key operative steps and practical considerations. Future perspectives, including advanced robotic platforms and image- and AI-guided surgery, will also be discussed.

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Speaker 11.15 (sun.) 10:20-10:40

Hung-Wen Lai (賴鴻文)

Deputy Chief, Department of Surgery, Changhua Christian Hospital, Taiwan

Educational Background

1995.09- 2001.06	Medical Doctor (M.D.),, College of Medicine, National Cheng-Kung University, Tainan, Taiwan
2007.09 – 2011.07	-Post-Graduate Education (PhD.):, Department of Pharmacology, National Yang-Ming University School of Medicine, Taipei, Taiwan

Work Experience

Deputy Chief, Department of Surgery, Changhua Christian Hospital, Taiwan
Director of Endoscopy and Oncoplastic Breast Surgery Center, Changhua Christian Hospital, Taiwan
Associate Director of Comprehensive Breast Cancer Center (CCBC), Changhua Christian Hospital, Taiwan
Associate Professor, Department of Surgery, Chung Shan Medical University, Taiwan.
Director of Robotic Mastectomy Case Observation Center, Changhua Christian Hospital, Taiwan
Director of Minimal Invasive Research Center, CCH, Taiwan
Founder of IERBS.org (international endoscopic and robotic breast surgery)
Faculty of Taiwan Oncoplastic Breast Surgery (T-OPBS)

Evolving of Minimal Approach Surgery for Nipple Sparing Mastectomy — Laparoscopic approachpic

Nipple-sparing mastectomy (NSM)has become increasingly popular due to its excellent aesthetic outcomes in suitable patients. Minimal access mastectomy incorporating both endoscopic-assisted and robotic-assisted NSM has improved upon the conventional aesthetic outcomes by using small incisions hidden away in the lateral chest wall or axilla. Endoscopic-assisted nipple-sparing mastectomy (E-NSM) in particular has become an important part of minimal access breast surgery with its significantly lower costs compared to robotic-assisted surgery and comparable aesthetic outcomes.

The advent of endoscopic-assisted NSM began with a two-dimensional (2D) videoscope assisted system before three-dimensional (3D) videoscope technology became more widely available. E-NSM is technically challenging due to limited mobility and visualization compared to conventional NSM. However, there remains a lack of high-quality studies regarding the clinical and oncologic outcomes comparing 2D and 3D E-NSM. Similar studies in laparoscopic colorectal surgery have shown that the 3D system can reduce operative duration compared to the 2D system due to improved depth perception and reduced visual and cognitive strain. We hypothesize that the improved visual depth perception offered by the 3D system in 3D E-NSM could reduce operative duration and possibly reduce surgical complications compared to the 2D system. As such, we investigate this through a retrospective cohort study with a focus on clinical, oncologic as well as patient-reported outcome measurements (PROMs) comparing the 2D E-NSM and 3D E-NSM groups.



Speaker 11.15 (sun.) 10:40-11:00

Hung Chin-Sheng (洪進昇)

Breast surgeon. Major focus on minimal access breast surgery, including endoscopic or robotic breast surgery. Also research about ctDNA methylation in breast cancer early detection and monitoring.

Educational Background

1993-2000	Bachelor of Medicine College of Medicine, National Taiwan University
2006-2008	Master in Clinical Medicine College of Medicine, National Taiwan University
2009-2013	Ph.D. Graduate Institute of Clinical Medicine College of Medicine, Taipei Medical University

Work Experience

2005.7-2008.10	Attending Physician; Division of General Surgery, Tzu-Chi Buddish General Hospital, Taipei Branch
2008.11- 2018.5	Attending Physician; Division of General Surgery, Taipei Medical University Hospital
2015-2017	Deputy Chief of Breast Surgery; Department of Surgery, Taipei Medical University Hospital
2018.8- 2021.6	Chief of Surgery, Department of Surgery, Shuang-Ho Hospital - Taipei Medical University
2021.7- 2025.7	Chief of Surgery, Department of Surgery, Taipei Medical University Hospital
2025.8-	Director of Medical Administration Department

Patient report outcome and oncologic result from MIS

We examine the effectiveness and safety of minimally invasive breast cancer surgery, including robotic and endoscopic techniques, compared to traditional open procedures. Research indicates that these advanced methods achieve comparable oncologic outcomes in terms of survival and recurrence while often improving patient-reported quality of life and breast satisfaction. Specifically, robotic nipple-sparing mastectomy is associated with significantly lower rates of tissue necrosis, though it typically requires longer operative times and higher costs. The literature emphasizes that while these techniques offer aesthetic and recovery benefits, they are currently most appropriate for carefully selected patients with early-stage disease and favorable anatomical characteristics. Ultimately, the evidence suggests that minimal-access approaches are a safe and viable alternative to conventional surgery for many women, provided clinical guidelines for candidacy are followed.



Speaker 11.15 (sun.) 11:30-12:10

de Boniface, Jana Marit

Adjunct Professor of Clinical Epidemiology, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Sweden
Consultant Oncoplastic Surgeon, Capio St. Göran's Hospital, Stockholm, Sweden

Educational Background

2001	Medical degree, Humboldt University, Berlin, Germany (full certification as a doctor)
2005	Doctoral thesis "Depressivität bei Patienten mit chronischer Hepatitis C vor und während der Behandlung mit alpha-Interferon und Ribavirin" vid Charité, Berlin
2007	PhD awarded June 1st: "Sentinel node biopsy in breast cancer patients – clinical and immunological aspects", Uppsala University, Sweden. Supervisor: Prof. Leif Bergkvist

Work Experience

2024 –	Adjunct Professor of Clinical Epidemiology, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Sweden
2016 –	Consultant Oncoplastic Surgeon, Capio St. Göran's Hospital, Stockholm, Sweden
2014 – 2024	Associate Professor of Surgery, Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden
2008 – 2016	Consultant, Dept. of Breast and Endocrine Surgery, Karolinska University Hospital
2007 – 2008	Department of Surgery, Southern General Hospital Stockholm, Sweden
1999 – 2006	Department of Surgery, Västmanland Hospital, Västerås, Sweden.

Optimizing axillary surgery: more precision, less harm

In recent years, the role of axillary surgery has been thoroughly debated. While axillary surgery was previously seen as a means to achieve locoregional control and improve survival, an increasing body of evidence shows that it is more of a staging tool in many clinical situations and does not necessarily contribute to survival. Axillary surgery is fraught with the risk of arm-related complications, and the more extensive the axillary surgery, the higher the risk of long-term harm. Therefore, the balance between benefit and harm, and the specific role of axillary surgery need to be re-evaluated in our modern era of individualized treatment. In this lecture, we will discuss up-to-date evidence with a focus on node-positive breast cancer and identify areas of potential down-sizing of axillary surgery.

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Speaker 11.15 (sun.) 12:10-12:50

Brett Po-Hsiang Huang, M.D. (黃柏翔)

Dr. Brett Po-Hsiang Huang is an accomplished medical oncologist and attending physician at National Taiwan University Hospital, currently pursuing his Ph.D. at National Taiwan University's Graduate Institute of Oncology. Triple-boarded in Internal Medicine, Medical Oncology, and Cancer Palliative Medicine, he brings extensive clinical experience alongside a distinguished research portfolio focusing on breast cancer, hepatocellular carcinoma, and innovative oncological therapies. His excellence and contributions to the field are further highlighted by multiple international honors, including Young Investigator and Best Oral Presentation awards at major global breast cancer conferences

Educational Background

2021 - Ongoing	Ph.D. Graduate Institute of Oncology, College of Medicine, National Taiwan University
2003 - 2009	M.D. National Cheng Kung University, Department of Medicine

Work Experience

2021 – Now	Attending Physician - Department of Oncology, National Taiwan University Hospital
2017 – 2021	Attending Physician - Department of Oncology, NTUH, Hsin-Chu Branch
2014 – 2017	Fellow and Chief Resident - Department of Oncology, National Taiwan University Hospital
2011 – 2014	Resident - Department of Internal Medicine, National Taiwan University Hospital
2010 – 2011	Resident - Department of Internal Medicine, NCKU Hospital
2009 – 2010	2010Intern - Department of Internal Medicine, NCKU Hospital

HER2 MBC Treatment

The management of HER2-positive metastatic breast cancer (MBC) continues to investigate subtype-specific first-line (1L) strategies through trials such as PATINA, HER2CLIMB-05, DESTINY-Breast09 (DB-09), and DEMETHER. Although DB-09 evaluates frontline trastuzumab deruxtecan (T-DXd) combined with pertuzumab (currently Category 2A), deploying T-DXd in the 1L setting creates a critical sequencing dilemma. At present, there is no established, evidence-based pathway for therapies following frontline T-DXd progression, leaving subsequent lines of care entirely undefined.

To preserve a definitive therapeutic sequence, the CLEOPATRA regimen—dual HER2 blockade (pertuzumab and trastuzumab) alongside a taxane—remains the Category 1 standard of care for 1L therapy. This is reaffirmed by NCCN Guidelines (v6.2026) based on long-term survival outcomes. Sustaining this dual blockade is clinically essential. Evidence demonstrates that extending pertuzumab and trastuzumab until disease progression yields a 31% reduction in mortality risk compared to trastuzumab monotherapy. Clinicians must prioritize continuous blockade, even when navigating regional logistical barriers like Taiwan's National Health Insurance (NHI) policy, which currently caps dual HER2 therapy reimbursement at 18 months (26 cycles).

Strategically reserving T-DXd for the second-line (2L) setting guarantees a proven continuum of care. The phase 3 DESTINY-Breast03 (DB-03) trial established T-DXd as the definitive 2L standard, while T-DM1 remains a vital alternative for patients with contraindications or ineligibility for T-DXd. Following T-DXd progression, T-DM1 is the preferred third-line (3L) standard endorsed by both NCCN and ESMO guidelines. Notably, the robust overall survival and second progression-free survival (PFS2) benefits observed in DB-03 were achieved in a cohort where 52% of patients crossed over to receive T-DM1. Utilizing T-DM1 in the 3L setting ensures patients retain a clinically validated, highly effective, and tolerable therapeutic option as their disease advances.

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Speaker 11.15 (Sun.) 12:50-13:30

Hsu-Huan Chou (周旭桓)

Educational Background

2002.9 – 2008.6	Doctor of Medicine M.D. Chang Gung University, Taoyuan, Taiwan
2018.9 – 2026.7	Doctor of Philosophy Ph.D, Graduate Institute of Clinical Medical Science, Chang Gung University, Taoyuan, Taiwan

Work Experience

2014.8 - Now	Attending Staff, Assistant professor, Division of General Surgery, Department of Surgery, Chang Gung Memorial Hospital, Taipei, Taiwan
2013.8 - 2014.7	Surgical Chief Resident, Division of General Surgery, Chang Gung Memorial Hospital, Linko, Taiwan
2009.8 - 2013.7	Surgical resident, Department of Surgery, Chang Gung Memorial Hospital, Linko, Taiwan

The Next Era of HER2-Positive Metastatic Breast Cancer: Extending Control and Improving Outcomes

The treatment landscape of human epidermal growth factor receptor 2-positive metastatic breast cancer (HER2-positive MBC) has evolved rapidly, enabling patients to achieve longer survival across multiple lines of therapy. Nevertheless, disease progression following prior HER2-directed treatments remains a significant clinical challenge. Brain metastases are also common during the disease course, highlighting the need for effective treatment strategies that provide meaningful and durable control of both systemic and intracranial disease.

Tucatinib is an oral, highly selective HER2-directed tyrosine kinase inhibitor. The pivotal randomized phase III HER2CLIMB trial evaluated tucatinib in combination with trastuzumab and capecitabine in patients with previously treated HER2-positive MBC. Importantly, the trial enrolled a broad and clinically relevant population, including patients with untreated, previously treated stable, and previously treated progressing brain metastases. The addition of tucatinib demonstrated significant and clinically meaningful improvements in progression-free survival and overall survival. Consistent clinical benefit was observed in patients both with and without brain metastases, supporting the tucatinib-based regimen as an important evidence-based treatment option when sustained systemic and intracranial disease control are key therapeutic priorities.

As the HER2-positive MBC treatment sequence continues to evolve, understanding the effectiveness of tucatinib following contemporary HER2-directed therapies has become increasingly relevant. A growing body of real-world evidence supports the effectiveness of tucatinib-based treatment in heavily pretreated populations, including patients who have received prior antibody-drug conjugate therapy and those with brain metastases. Although differences exist among real-world studies in patient characteristics, treatment settings, and outcome assessments, the overall findings remain broadly consistent with the clinical benefit demonstrated in HER2CLIMB. These data complement the pivotal trial results and further support the applicability of tucatinib in contemporary clinical practice.

The strength of the evidence is reflected in major international guidelines. NCCN recognizes the tucatinib-based regimen as a Category 1 preferred treatment option in the relevant second and third-line setting, while ESMO assigns Level I, Grade A evidence in defined clinical scenarios.

This presentation will integrate pivotal trial findings, real-world evidence, and international guideline recommendations to clarify the clinical role of tucatinib in modern HER2-positive MBC treatment sequencing. Appropriate patient selection based on prior therapy, brain metastasis status, systemic disease burden, tolerability, and individual treatment goals may help extend disease control and improve long-term outcomes.

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Speaker

Tadahiko Shien, MD, PhD (枝園忠彦)

Professor and Chief, Department of Breast and Endocrine Surgery
Okayama University Hospital, Okayama, Japan

Dr. Shien is Professor and Chief of Breast and Endocrine Surgery at Okayama University Hospital. He trained at Okayama University Hospital and the National Cancer Center Hospital, Tokyo, and received his PhD from Okayama University in 2005.

He is Chair of the JCOG Breast Cancer Study Group, a Member of the Board of Directors of the Japanese Breast Cancer Society (2026–), and a Council Member of Breast Surgery International. His work focuses on de-escalation of surgery in early breast cancer, oncoplastic surgery and multicentre clinical trials.

Educational Background

1993.04 - 1999.03	M.D., Faculty of Medicine, Kagawa Medical University, Japan
1999.04 - 2005.03	Ph.D., Medical Science (Surgery), Okayama University Graduate School of Medicine, Japan

Work Experience

1999.04 - 2003.03	Resident in Surgery, Okayama University Hospital / Mitoyo General Hospital
2003.04 - 2006.03	Clinical Fellow, Department of Breast Surgery, National Cancer Center Hospital, Tokyo
2008.04 - 2022.03	Assistant Professor → Lecturer → Associate Professor, Department of Breast and Endocrine Surgery, Okayama University Hospital
2022.04 - 2023.03	Associate Professor and Chief, Department of Breast and Endocrine Surgery, Okayama University Hospital
2023.04 - present	Professor and Chief, Department of Breast and Endocrine Surgery, Okayama University Hospital

Management of DCIS: Toward De-escalation of Local Therapy and Active Surveillance

Ductal carcinoma in situ (DCIS) accounts for roughly 15–20% of newly diagnosed breast cancers wherever organised mammographic screening is established. Yet 20-year breast cancer–specific mortality after treatment is only about 3%, and local therapy reliably reduces in-breast recurrence without improving survival. A substantial proportion of women with DCIS are therefore exposed to treatment from which they cannot benefit. Deciding who needs less — and how much less — has become the central question in the management of DCIS.

This lecture reviews the evidence for stepwise de-escalation. Radiotherapy after breast-conserving surgery halves the risk of any ipsilateral breast event (EBCTCG) without altering mortality, and in prospectively defined good-risk disease the 15-year absolute benefit is modest (RTOG 9804). Twenty-year outcomes from ECOG-ACRIN E5194, genomic tools such as the Oncotype DX DCIS Score and DCISionRT, and endocrine strategies from NSABP B-24 and B-35 through low-dose tamoxifen (TAM-01) have progressively narrowed the population that requires maximal local therapy — although none of the biomarker approaches yet rests on level-1 evidence.

Surgery itself is the final frontier. Four trials have tested omission of surgery for low-risk DCIS. COMET found active monitoring non-inferior to guideline-concordant care for 2-year ipsilateral invasive cancer; LORD reported reassuring early European data in 2026; LORIS closed under-accrued; and LORETTA (JCOG1505), the Japanese single-arm confirmatory trial of tamoxifen alone, did not meet its primary endpoint, with a 5-year cumulative incidence of ipsilateral invasive cancer of 9.8% against a 7% threshold — even though 82% of patients remained surgery-free at 5 years and there were no breast cancer deaths.

I will discuss why two trials with almost identical 2-year invasive cancer rates reached opposite conclusions, what this teaches us about endpoint selection and non-inferiority margins in de-escalation trials, and how these data should — and should not — be applied to the individual patient through shared decision-making.



Speaker 11.15 (sun.) 14:20-15:00

Dr. Chia-Chen Li (李佳真)

I'm Dr. Zola Chia-Chen Li, attending physician in Medical Oncology at National Taiwan University Cancer Center. My work spans breast cancer and sarcoma, with PhD research in tumor immunology.

Educational Background

2025 –	Ph.D. Student, Graduate Institute of Oncology, National Taiwan University, Taipei, Taiwan
2007 – 2015	Doctor of Medicine (M.D.), Chang Gung University, Taoyuan, Taiwan
2004 – 2007	National Tainan Girls' Senior High School, Tainan, Taiwan

Work Experience

2022 –	Attending physician, Department of Medical Oncology, National Taiwan University Cancer Center, Taiwan
2019 – 2022	Fellowship, Department of Oncology, National Taiwan University Hospital, Taipei, Taiwan
2016 – 2019	Residency, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
2015 – 2016	Post-graduate year, Chang Gung Memorial Hospital, Keelung, Taiwan

Tailoring Adjuvant Therapy in High-Risk HR+ Early Breast Cancer for Asian Patients

Despite standard endocrine therapy (ET), high-risk hormone receptor–positive (HR+), HER2-negative early breast cancer (EBC) carries a high risk of relapse and cancer-related death. Patients with adverse clinicopathologic features, including extensive nodal disease (≥ 4 positive nodes), tumor size over 5 cm or grade 3 histology, face poor oncologic outcomes and need treatment intensification. This need is especially critical in East Asia. Breast cancer incidence in Asian women peaks at ages 45-49, resulting in a premenopausal majority at presentation. Given that younger age at diagnosis (<40 years) and premenopausal status correlate with more aggressive disease and early recurrence, standard single-agent ET is often insufficient.

Adding CDK4/6 inhibitors to adjuvant ET addresses this therapeutic gap. In the phase 3 monarchE trial, 2 years of abemaciclib plus ET provided persistent invasive disease-free survival (IDFS) benefits well after treatment completion. Importantly, the 7-year landmark analysis demonstrated a statistically significant improvement in overall survival (OS) in the intent-to-treat population (HR 0.842, P = 0.0273). These benefits were consistent and clinically pronounced across key subgroups. Patients aged ≤ 40 years and premenopausal women achieved substantial risk reductions with abemaciclib (IDFS HR 0.60–0.64). Similarly, Asian patients in monarchE, who presented at a younger median age (48 years), had higher premenopausal rates (59%), and carried greater baseline nodal burden (≥ 4 nodes in 65%), achieved strong risk reductions (5-year IDFS HR 0.63). Data from the NATALEE trial further support the efficacy of CDK4/6 inhibition across stage II–III and high-risk node-negative settings.

Clinical practice in Asia should focus on individualized, risk-stratified therapy. Premenopausal patients benefit from an ovarian function suppression (OFS) backbone paired with an aromatase inhibitor or tamoxifen, supported by 15-year SOFT/TEXT trial data. Integrating adjuvant CDK4/6 inhibitors requires balancing nodal status, tumor genomics, proven OS benefits, and distinct toxicities. Appropriate dose modifications preserve therapeutic efficacy while minimizing adverse events, supporting treatment completion and long-term survival in Asian patients.



Speaker 11.15 (sun.) 15:20-15:40

Po-Han Lin (林柏翰)

Dr. Lin is a board-certified internist and medical oncologist who subsequently received specialized training in medical genetics at National Taiwan University Hospital. He currently serves as an attending physician, with a clinical focus on breast cancer treatment and hereditary cancer genetics.

Educational Background

1996.09 - 2003.06	MD, Department of Medicine, School of Medicine, Taipei Medical University
2011.09-2016.06	PhD, Graduate Institute of Clinical Medical Science, China Medical University, Taichung, Taiwan

Work Experience

2003 – 2006	Resident doctor, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
2006 – 2008	Fellow, Division of hematology, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
2008 – 2010	Fellow, Department of Medical Oncology and Medical Genetics, National Taiwan University Hospital, Taipei, Taiwan
2010 – 2013	Attending Physician, Department of Medical Genetics and Internal Medicine (Division of Hematology/Oncology), China Medical University Hospital, Taichung, Taiwan
2013 – now	Attending Physician, Department of Medical Genetics, National Taiwan University Hospital, Taipei, Taiwan
2017 – 2025	Clinical Assistant Professor, Graduate Institute of Medical Genomics and Proteomics, College of Medicine, National Taiwan University, Taipei, Taiwan
2025 - now	Clinical Associate Professor, Graduate Institute of Medical Genomics and Proteomics, College of Medicine, National Taiwan University, Taipei, Taiwan

The Clinical Benefit of Risk-Reducing Mastectomy in women who carry germline pathogenic variants of high- or moderate-penetrance genes of breast cancer

Women harboring germline pathogenic or likely pathogenic variants in breast cancer susceptibility genes are at substantially increased risk of developing breast cancer. The magnitude of this risk varies according to gene penetrance, with BRCA1, BRCA2, TP53, PTEN, PALB2, CDH1, and STK11 associated with high lifetime risks, whereas CHEK2 and ATM generally confer more moderate risks. Bilateral risk-reducing mastectomy (RRM) is the most effective preventive intervention for women with hereditary breast cancer predisposition. Among BRCA1/2 carriers, RRM reduces the incidence of primary breast cancer by approximately 90–95%. However, whether this substantial reduction in cancer incidence translates into improved breast cancer-specific or overall survival remains uncertain. Long-term observational studies have not consistently demonstrated a significant survival advantage of RRM over intensive imaging surveillance, particularly in the era of annual breast magnetic resonance imaging, which facilitates detection of breast cancers at early stages.

RRM is an established risk-management option for women carrying BRCA1/2 and other high-penetrance pathogenic variants, whereas evidence supporting routine RRM for carriers of moderate-penetrance variants remains limited. Individual decision-making should incorporate the affected gene, age, family history, remaining lifetime risk, reproductive plans, feasibility of intensive surveillance, and reconstructive options. Potential benefits, including substantial reduction in breast cancer incidence, decreased surveillance burden, and relief of cancer-related anxiety, should be balanced against surgical complications and potential effects on breast sensation, body image, sexuality, and quality of life. Cultural values and healthcare accessibility may further influence patient preferences. Therefore, RRM should be considered an individualized and elective risk-reduction strategy rather than a universal requirement for improving survival. Multidisciplinary counseling and shared decision-making are essential to optimize patient-centered management of women with hereditary breast cancer susceptibility.

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Speaker

English name: Sung Gwe Ahn

Professor, Department of Surgery
Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, Korea

Research interests: Breast surgical oncology, neoadjuvant chemotherapy response assessment, biomarker-guided surgical de-escalation, precision oncology, TILs, HER2-low, multigene assay-directed treatment

Educational Background

1997 - 2004	M.D., Yonsei University College of Medicine
2007 - 2012	M.S. (Medical Science), Yonsei University College of Medicine
2012 - 2019	Ph.D. (Medical Science), Yonsei University College of Medicine

Work Experience

2004 - 2009	Intern & Resident, Severance Hospital, Yonsei Univ.
2009 - 2012	Military Physician, Yangjoo Military Hospital
2012 - 2014	Clinical Fellow, Gangnam Severance Hospital
2014 - 2016	Clinical Assistant Professor, Gangnam Severance Hospital
2016 - 2020	Assistant Professor, Gangnam Severance Hospital
2019 - 2021	Visiting Scholar, Lineberger Comprehensive Cancer Center, UNC (Chapel Hill, NC, USA)
2020 - 2024	Associate Professor, Gangnam Severance Hospital
2024 - Present	Professor, Gangnam Severance Hospital, Yonsei Univ.

When cN(+) to ypN0 / De-escalation of axillary surgery after NACT

Axillary surgery serves two purposes, nodal staging and removal of nodal metastasis, so de-escalation becomes possible when neither is needed. After neoadjuvant systemic therapy, the biology that responds best is also the biology in which de-escalation is now being tested. Nodal pCR in initially node-positive disease ranges from about 30% in HR+/HER2- tumours to roughly 60% in HR-/HER2+ and triple-negative disease. Even so, about 15% of cN1 patients with a breast pCR still have residual nodal disease, so response alone cannot replace careful patient selection.

The prospective ASLAN trial (KBCSG-28) asks whether axillary staging can be omitted in TNBC or HER2-positive patients (cT1-3, N0-1) with an excellent clinical and MRI response who undergo breast-conserving surgery. Patients with a breast pCR receive radiotherapy without axillary surgery (N=178; primary endpoint 5-year RFS of at least 84.0%). At the 3-year interim analysis (median follow-up 32.7 months; median age 51, 16.1% aged 40 or younger), 3-year RFS was 98.0% (95% CI 93.7-99.4) with only two RFS events. The non-pCR cohort, managed with SLNB with or without ALND, had a 3-year RFS of 94.8%.

When micrometastases remain, the retrospective OPBC-07/microNAC study (Lancet Oncol 2026; 84 centres, 30 countries) compared ALND (n=804) with no ALND (n=781) in 1,585 patients with ypN1mi disease, of whom 79.9% received nodal radiotherapy. At a median follow-up of 3.1 years, the 3-year rate of any axillary recurrence was 2.0% overall and did not differ by ALND (1.7% vs 2.3%, p=0.92). Triple-negative disease was the exception: 8.7% without ALND vs 2.4% with ALND (p=0.018). On multivariable analysis, TNBC (HR 3.83) and omission of nodal radiotherapy (HR 2.62), but not omission of ALND (HR 0.86), predicted axillary recurrence. Together, these data suggest that tumour biology and careful selection, rather than clinical stage alone, should guide how far axillary surgery can be de-escalated after NACT.

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Speaker 11.15 (sun.) 16:15-16:35

Han-Byoel Lee, MD, PhD 李한별

Associate Professor
Department of Surgery, Seoul National University Hospital
Biomedical Research Institute, Seoul National University Hospital

Educational Background

2015.03 - 2021.02	Ph.D., Seoul National University College of Medicine
2010.03 - 2015.02	M.S., Seoul National University College of Medicine
2002.03 - 2006.02	M.D., Seoul National University College of Medicine
1998.03 - 2002.02	B.S., Biological Sciences, KAIST (Korea Advanced Institute of Science and Technology)

Work Experience

2024.09 - 2025.06	Visiting Scholar, Department of Surgery, University of California Irvine Health
2021.09 - present	Associate Professor, Division of Breast and Endocrine Surgery, Department of Surgery, Seoul National University Hospital
2016.03 - 2021.08	Assistant Professor, Division of Breast and Endocrine Surgery, Department of Surgery, Seoul National University Hospital
2014.03 - 2016.02	Clinical Fellow, Division of Breast and Endocrine Surgery, Department of Surgery, Seoul National University Hospital
2011.04 - 2014.04	Flight Surgeon, Republic of Korea Air Force
2007.03 - 2011.02	Resident, Department of Surgery, Seoul National University Hospital
2006.03 - 2007.02	Intern, Seoul National University Hospital

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Speaker 11.15 (sun.) 16:35-16:55

Tzu-Yu Lai

Attending physician, Department of Heavy Particles & Radiation Oncology, Taipei Veterans General Hospital, Taipei, Taiwan

Assistant Professor, School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan

Educational Background

2018/9~2024/4	PhD, Institute of Public Health, National Yang Ming Chiao Tung University, Taipei, Taiwan
2004/9-2011/6	Doctor of Medicine, School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Work Experience

2012/8~2012/12	Resident, Department of Internal Medicine, Taipei Veterans General Hospital, Taipei, Taiwan
2013/1~2017/10	Resident, Department of Heavy Particles & Radiation Oncology, Taipei Veterans General Hospital, Taipei, Taiwan
2017/11~2018/7	Research Fellow, Department of Heavy Particles & Radiation Oncology, Taipei Veterans General Hospital, Taipei, Taiwan
2018/8~	Attending physician, Department of Heavy Particles & Radiation Oncology, Taipei Veterans General Hospital, Taipei, Taiwan
Award	1. Taiwan Oncology Society Young Investigator Paper Award for Cancer Research, 2024 2. Taipei Veterans General Hospital Paper Award, second place, 2024 3. Best Paper Award, Taiwan Breast Cancer Foundation, 2025

De-escalation of Axillary Surgery after NACT — Role of radiation therapy in de-escalation axillary surgery

Neoadjuvant chemotherapy (NACT) has changed the way we approach the axilla in breast cancer. Increasing numbers of patients with initially node-positive disease achieve nodal downstaging after NACT, creating an opportunity to reduce the extent of axillary surgery while maintaining oncologic safety. In this setting, radiation therapy may play an increasingly important role in surgical de-escalation. For patients who convert to pathologically node-negative disease (ypN0) after NACT, the NRG-NSABP B-51/RTOG 1304 trial showed that regional nodal irradiation (RNI) did not significantly improve invasive recurrence-free interval, disease-free survival, or overall survival. These findings support a more selective approach to nodal treatment and suggest that patients achieving ypN0 may be managed similarly to node-negative disease in appropriately selected settings. The challenge remains for patients with residual nodal disease (ypN+). Although axillary lymph node dissection (ALND) remains the conventional standard, its morbidity has encouraged investigation of less invasive strategies. The ongoing Alliance A011202 trial is evaluating whether axillary radiation can replace ALND in patients with residual nodal disease after NACT, potentially shifting radiation therapy from an adjunctive treatment to an alternative to surgery. This presentation will review the evolving evidence for axillary de-escalation after NACT, with particular emphasis on the role of radiation therapy in patients with ypN0 and ypN+ disease. The goal is to explore how surgery and radiation can be integrated to achieve effective disease control while minimizing treatment-related morbidity.

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Speaker 11.14 (sat.) 16:50-17:30

Fiona Cheng 鄭翠芬

Associate Professor
Chief of Department of General Surgery Shin Kong Wu Ho-Su Memorial Hospital
Chief of Breast Cancer Center Shin Kong Wu Ho-Su Memorial Hospital
Chairmen of Robotic Steering Committee

Educational Background

1987	Graduate from China Medical University M.D
2010	Graduate from Institute of Forensic Medicine, National Taiwan University Master Degree

Work Experience

1987~1993	Surgical resident Mackay Memorial Hospital ,Taipei
1994~2017	Attending ,Department of General Surgery Shin Kong Wu Ho-Su Memorial Hospital (SKH)
2014 ~	Chief, Breast Cancer Center, SKH
2017 ~	Chief, Department of General Surgery, SKH
2024 ~	Chairmen of The Robotic Steering Committee of SKH
1997 ~	Director of the Taiwan Breast Cancer Society TIBCS
2022~2025	President of Taiwan Oncoplastic Breast Surgery Society TOPBS
2022~	Director of Taiwan Surgical Association
2025~	Honorary president of TOPBS

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Robotic Minimum Invasive Surgery

Robotic-assisted mastectomy represents an important evolution in minimally invasive breast surgery. robotic technology enables the entire mastectomy to be performed through a small, remote incision, while maintaining the fundamental principles of oncologic surgery.

The integration of robotic mastectomy with immediate implant-based reconstruction provides an opportunity to minimize surgical access while optimizing breast contour and scar placement. With increasing experience, robotic techniques have evolved from multi-port systems toward single-port platforms, further expanding the potential of minimally invasive breast surgery and enabling improved access to the axilla

Robotic mastectomy should therefore be viewed not simply as a technological alternative, but as a new surgical approach combining oncologic safety, minimal access, precision, and aesthetic considerations.

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Speaker 11.15 (sun.) 09:30-09:50

Chih-Hao Huang (黃至豪)

Dr. Huang is specializing in breast cancer treatment for many years with long-standing expertise. He is also a certificated specialist of Surgical Oncology in Taiwan, the Taiwan Surgical Society of Gastroenterology, the Breast Cancer Society of Taiwan, and the Society of Colon and Rectal Surgeons of Taiwan.

Educational Background

1994.09 - 2010.06	Bachelor, School of Medicine, National Yang-Ming Chiao Tung University, Taipei, Taiwan
2021.03 – Present	Ph.D program, Graduate Institute of Biomedical Sciences, China Medical University, Taichung, Taiwan

Work Experience

2011.10 - 2015.09	Resident, Department of Surgery, Feng Yuan Hospital, Taichung, Taiwan
2015.10 – 2017.09	Doctor, Department of Surgery, Chia Yi Hospital, Chiayi Hospital , Taiwan
2017.10 – 2019. 11	Chief resident / Fellowship Division of General Surgery and Division of Colorectal Surgery , Chi Mei Hospital , Tainan, Taiwan
2020.01 - Present	Attending Physician, Breast Medical Center, China Medical University Hospital, Taichung, Taiwan

Young Doctor Forum —
The role of TAS in precision axillary management

In the early development of breast cancer surgery, the prevailing principle was "more is more." With increasing understanding of the disease, it became evident that achieving cure required axillary lymph node dissection, which was regarded as a necessary evil.

However, rapid advances in modern oncology have transformed treatment strategies. A growing array of modalities has been incorporated, including more precise radiotherapy techniques and systemic therapies—such as chemotherapy and endocrine therapy—whose efficacy has steadily improved over time. Furthermore, advances in molecular medicine have revealed that breast cancer is not a single disease entity but rather a heterogeneous group of malignancies. Distinct molecular subtypes demand tailored therapeutic strategies, and the overall prognosis varies substantially according to these classifications. Against this backdrop, the concept of breast cancer surgery can no longer be confined to the pursuit of cure through a single operative approach. Instead, surgical decision-making must adapt to different clinical contexts, balancing oncologic control with the potential adverse effects of treatment. Contemporary breast cancer surgery has therefore shifted toward a "less is more" paradigm—seeking to achieve equivalent therapeutic outcomes while minimizing the physical and functional burden on patients.

An increasing number of clinical trials have demonstrated that, in carefully selected patients across diverse clinical scenarios, axillary lymph node dissection is no longer considered the standard of care. Comparable oncologic outcomes can be achieved with sentinel lymph node biopsy, and the most recent evidence even suggests that axillary surgery may be safely omitted in patients at extremely low risk. Nevertheless, the eligibility criteria of these trials vary considerably, and the applicability of their findings depends on the patient's overall treatment plan. In addition, novel axillary procedures and prognostic-enhancing techniques, such as lymphatic reconstruction, are emerging rapidly. Clinicians must therefore possess a comprehensive understanding of the therapeutic landscape and remain aware of evolving approaches in order to identify the most appropriate strategy for each patient.

The ultimate goal remains cure, yet there is now a growing opportunity to achieve this with progressively less morbidity and treatment burden.

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Speaker 11.15 (Sun.) **Invited Lecturer**

An-Chieh Feng, M.D., Ph.D.

Director, Division of Breast Surgery, Tri-Service General Hospital
Director, Women's Integrated Health Management Center, Tingzhou Branch

Educational Background

2016 - 2021	Ph.D., Molecular Biology, University of California, Los Angeles
2015 - 2016	Chief Residency, Surgery, Tri-Service General Hospital
2012 - 2015	Residency, Surgery, Tri-Service General Hospital
2011 - 2012	Postgraduate Medical Training, Tri-Service General Hospital
2002 - 2009	M.D., National Defense Medical Center (ranked first in class)

Work Experience

2025 - Present	Director, Division of Breast Surgery, Tri-Service General Hospital
2025 - Present	Director, Women's Integrated Health Management Center, Tingzhou Branch
2021 - Present	Attending Surgeon, General Surgery and Breast Surgery, TSGH
2025 - 2026	Young Doctors Program Chair, Taipei International Breast Cancer Symposium
2023 - Present	Scientific Committee Member, Global Breast Cancer Conference
2026	Invited Speaker, 8th Indonesian Issues on Breast Cancer
2023	Invited Speaker, Global Breast Cancer Conference
2021, 2024	Speaker, Post-SABCS Highlights, Taipei
2022 - 2023	Speaker, Post-ESMO Highlights, Taipei
2018 - 2019	Teaching Assistant, Introductory Virology, UCLA
2015 - 2016	Chief Resident, Tri-Service General Hospital
2009 - 2011	Lieutenant, National Chung-Shan Institute of Science and Technology
	Clinical focus: oncoplastic, endoscopic and robotic breast surgery
	Research focus: precision oncology, endocrine resistance and epigenomics
	Vice Secretary General, Taiwan Breast Cancer Society

Optimizing Cosmetic Outcomes in Nipple-Sparing Mastectomy: Surgical Precision, Envelope Preservation, and Oncoplastic Integration

Nipple-sparing mastectomy (NSM) has redefined surgical oncology for early-stage and risk-reducing breast procedures by coupling radical oncologic safety with maximal aesthetic preservation. However, achieving superior cosmetic outcomes while maintaining strict oncologic margins remains a nuanced challenge requiring meticulous pre-operative planning, precise technical execution, and tailored reconstructive strategies.

Optimal aesthetic results begin with strategic patient selection and individualized incision design. Incisions—whether inframammary fold, periareolar with lateral extension, or robotic/endoscopic remote ports—must be chosen to balance surgical exposure with minimal visible scarring. Preservation of skin flap viability is paramount; uniform subcutaneous tissue dissection at the ideal plane avoids both residual breast tissue retention and ischemic necrosis of the nipple-areolar complex (NAC) or skin envelope. Intraoperative evaluation of flap perfusion, including real-time indocyanine green (ICG) angiography, has emerged as a key adjunct to mitigate tissue loss.

Content

Reconstructive synthesis plays an equally crucial role. Direct-to-implant (DTI) approaches using prepectoral acellular dermal matrix (ADM) assistance offer significant advantages by maintaining natural breast ptosis and eliminating animation deformity associated with subpectoral placement. Alternatively, autologous tissue reconstruction provides durable, warm, and natural contours, particularly in patients undergoing post-mastectomy radiation therapy (PMRT). Fine-tuning the IMF position, symmetry matching via contralateral procedures, and immediate pocket optimization are essential elements to prevent displacement or capsular contracture.

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Speaker 11.15 (sun.) 11:10-11:30

Huang, Chieh-Huei

Board-certified plastic and reconstructive surgeon specializing in microsurgery, complex tissue transplantation, and breast reconstruction. Combines robust clinical practice with a strong dedication to resident mentorship and medical education. Focused on optimizing surgical outcomes, continuous clinical innovation, and advancing evidence-based plastic surgery through active research and international collaboration.

Educational Background

2007.06—2011.06	National Taiwan University Hospital, Taipei, Taiwan Residency in Plastic Surgery
2005.06—2007.06	National Taiwan University Hospital, Taipei, Taiwan Residency in Department of Surgery
1998.09—2005.06	National Taiwan University, College of Medicine, Taipei, Taiwan Degree of M.D.

Work Experience

2016.08 – Present	National Taiwan University Hospital, Taipei, Taiwan Division of Plastic Surgery, Department of Surgery Attending Surgeon
2011.07 – 2016.07	National Taiwan University Hospital, Yunlin Branch, Yunlin, Taiwan Division of Plastic Surgery, Department of Surgery Attending Surgeon

Young Doctor Forum — The pitfall and prevention of complication in NSM

Nipple-sparing mastectomy (NSM) offers oncologic safety and improved aesthetic outcomes for carefully selected patients, but its benefits can be undermined by complications such as nipple-areolar complex (NAC) necrosis, infection, and capsular contracture. This talk, designed for breast oncological surgeons and plastic surgeons, reviews common pitfalls in NSM and immediate reconstruction and emphasizes practical strategies for prevention, early recognition, and multidisciplinary management.

NAC ischemia and necrosis remain defining complications of NSM. Risk is associated with smoking, diabetes, obesity, previous radiotherapy, large or ptotic breasts, compromised skin perfusion, incision design, mastectomy flap thickness, and tension after reconstruction. Prevention begins with careful patient selection, oncologic assessment, and incision planning that preserves the subdermal vascular network. Intraoperative priorities include gentle flap elevation, avoidance of excessive thermal injury, assessment of skin-flap perfusion, preservation of perforators when feasible, and tension-free implant or tissue-expander placement.

Infection may lead to delayed healing, reoperation, or implant loss. Preventive measures include optimization of comorbidities, appropriate antibiotic prophylaxis, strict sterile technique, atraumatic tissue handling, meticulous hemostasis, management of dead space, judicious drain use, and early treatment of seroma, hematoma, cellulitis, or wound breakdown.

Capsular contracture is a longer-term reconstructive pitfall affecting softness, symmetry, and patient satisfaction. Contributing factors include bacterial biofilm, hematoma, seroma, implant malposition, radiotherapy, and excessive inflammation. Prevention relies on meticulous pocket dissection, sterile implant handling, minimizing contamination, secure control of bleeding, appropriate implant selection and positioning, and careful coordination of adjuvant therapy.

By integrating oncologic safety with reconstructive planning, this forum provides young surgeons with a stepwise framework for safer NSM and reinforces the importance of communication between oncologic and reconstructive teams when risk factors or tissue perfusion concerns require modification of the surgical plan.