Program at a Glance

Nov. 15 (Sat.)

<table>
<tr><th>Time</th><th>Room 101</th><th>Room 102</th><th>Room 103</th></tr>
<tr><td>08:10-08:40</td><td colspan="3">Registration</td></tr>
<tr><td>08:40-09:00</td><td>Grand Opening
- Invited VIP
- President TOPBS
- President IOPBS</td><td>x</td><td>x</td></tr>
<tr><td>09:00-09:05</td><td>Group Photo</td><td>x</td><td>x</td></tr>
<tr><td>09:05-10:30</td><td rowspan="2">Symposium 1</td><td>Oncoplastic Breast Conserving Surgery
(09:05-10:20)</td><td rowspan="4">Video -Poster 1
(09:30-11:30)</td></tr>
<tr><td rowspan="3">Local Surgical Treatment in Rare Condition
(10:20-11:30)</td></tr>
<tr><td>10:30-10:50</td><td>Break</td></tr>
<tr><td>10:50-11:30</td><td>Symposium 2</td></tr>
<tr><td>11:30-12:10</td><td>Plenary Lecture 1</td><td>x</td><td rowspan="3">Video -Poster 2
(11:30-13:30)</td></tr>
<tr><td>12:10-12:50</td><td>Satellite Lecture 1</td><td>x</td></tr>
<tr><td>12:50-13:30</td><td>Satellite Lecture 2</td><td>x</td></tr>
<tr><td>13:30-13:45</td><td colspan="3">Break</td></tr>
<tr><td>13:45-14:15</td><td>Invited Special Lecture 1</td><td rowspan="2">Reconstruction Issue
(13:45-15:20)</td><td>Meet Professor - Expert Video Show 1</td></tr>
<tr><td>14:15-15:20</td><td>Symposium 3</td><td>Meet Professor - Expert Video Show 2</td></tr>
<tr><td>15:20-16:00</td><td>Invited Special Lecture 2</td><td>Selected Oral (Video) Presentation</td><td>Meet Professor - Expert Video Show 3</td></tr>
<tr><td>16:00-16:15</td><td colspan="3">Break</td></tr>
<tr><td>16:15-16:50</td><td>Satellite Lecture 3</td><td rowspan="3">Young Breast Cancer Forum
(16:15-18:10)</td><td>Meet Professor - Expert Video Show 4</td></tr>
<tr><td>16:50-18:20</td><td rowspan="2">Symposium 4</td><td>Meet Professor - Expert Video Show 5</td></tr>
<tr><td></td><td></td><td>Meet Professor - Expert Video Show 6</td></tr>
<tr><td>18:30</td><td colspan="3">Welcome Diner (TICC 2F)</td></tr>
</table>

Program at a Glance

Nov. 16 (Sun.)

<table>
<tr><th>Time</th><th>Room 101</th><th>Room 102</th><th>Room 103</th></tr>
<tr><td>08:20-09:00</td><td>Early Bird Morning Section</td><td>x</td><td>x</td></tr>
<tr><td>09:00-10:00</td><td>Symposium 5</td><td rowspan="2">Reduction Mammoplasty for Asian Ptotic Breasts</td><td>Meet Professor - Expert Video Show 7</td></tr>
<tr><td rowspan="2">10:00-11:00</td><td rowspan="2">Symposium 6</td><td rowspan="3">Survivorship Program
(10:00-11:15)</td><td rowspan="2">Meet Professor - Expert Video Show 8</td></tr>
<tr><td rowspan="2">Meet Professor - Expert Video Show 9</td></tr>
<tr><td>11:00-11:15</td><td>Break</td></tr>
<tr><td>11:15-12:00</td><td>Plenary Lecture 2</td><td>x</td><td>Meet Professor - Expert Video Show 10</td></tr>
<tr><td>12:00-12:40</td><td>Satellite Lecture 4</td><td>x</td><td>x</td></tr>
<tr><td>12:40-13:20</td><td>Satellite Lecture 5</td><td>x</td><td>x</td></tr>
<tr><td>13:20-13:35</td><td colspan="3">Break</td></tr>
<tr><td>13:35-14:10</td><td>Invited Special Lecture 3</td><td rowspan="4">Patient Education Seminar
(13:30-16:55)</td><td>E-poster & Video Demo</td></tr>
<tr><td>14:10-14:50</td><td>Satellite Lecture 6</td><td>E-poster & Video Demo</td></tr>
<tr><td>14:50-16:05</td><td>Symposium 7</td><td>x</td></tr>
<tr><td>16:05-17:05</td><td>Symposium 8</td><td>x</td></tr>
<tr><td>17:05-17:10</td><td colspan="3">Adjourn</td></tr>
</table>

Annual Scientific Meeting of 9th IOPBS & TOPBS 2025

Date：2025/11/15-2025/11/16
Venue：Taipei International Convention Center
Organizer：Taiwan Oncoplastic Breast Surgery Society
International Oncoplastic Breast Surgery Symposium

Day 1 ：

2025-11-15 (Saturday)				
Room 101				
Time	Min	Topic	Speaker	Moderator
08:10 08:40	30	Registration		
08:40 09:00	20	Grand Opening	Hsien-Tang Yeh, President TOPBS Shin-Cheh Chen, Organizer IOPBS Ho Yong Park, Honorary Chair IOPBS Special Guest	
09:00 09:05	5	Group photo		
Symposium 1：Issues on Neoadjuvant Chemotherapy				
09:05 09:20	15	Defining an Adequate Surgical Margin Intraoperatively after Neoadjuvant Chemotherapy	Chi-Cheng Huang (黃其晟)	Chia-Ming Hsieh (謝家明) Sharon Chan (陳穎懷)
09:20 09:35	15	De-escalation of Axillary Surgery in ypN1 Micrometastatic Breast Cancer — A Surgeon's Perspective	Han-Byoel Lee	
09:35 09:50	15	Omission of Breast Surgery After Neoadjuvant Chemotherapy: Is It Feasible?	Erica Kung/ Sharon Chan	
09:50 10:10	20	Strategies to Improve Pathological Complete Response Rates in ER-Positive and ER-Negative Early-Stage Breast Cancer	Shih-Che Shen (沈士哲)	
10:10 10:30	20	Panel Discussion	All	
10:30 10:50	20	**Break**		
Symposium 2：Genetic Risk Assessment and Prophylactic Mastectomy				

10:50 11:10	15+5	Is Germline Genetic Testing Necessary for All Asian Breast Cancer Patients?	Po-Han Lin (林柏翰)	Ava Kwong (鄺靄慧)
11:10 11:30	15+5	Should risk-reducing mastectomy be performed bilaterally or only on the contralateral side?	Chi Wei Mok	
11:30 12:10	30+10	*Plenary Lecture 1*	E. Shelley Hwang	Hsien-Tang Yeh (葉顯堂)
12:10 12:50	35+5	*Satellite Lecture 1* Redefining the Treatment landscape of HR+ HER2-expression mBC	Ching-Ting Wei (魏敬庭)	King-Jen Chang (張金堅)
12:50 13:30	35+5	*Satellite Lecture 2* From Evidence to Action: Navigating Clinical Decisions with CDK4/6 Inhibitors in Advanced Breast Cancer	Li-Kun Ko (高理鈞)	Ming-Feng Hou (侯明鋒)
13:30 13:45	15	**Break**		
13:45 14:15	25+5	*Invited Special Lecture 1* Prepectoral with ADM	Jung-Ju Huang (黃嵱茹)	(TBD)
Symposium 3：Debate — Surgery for a ER(+), Large Tumor Size (> 4cm), Invasive Breast Cancer				
14:15 14:30	15	Direct Surgery Indicated: Oncoplastic Breast-conserving Surgery can Offer Better Oncological and Aesthetic Outcomes	Hisamitsu Zaha (座波久光)	Takashi Ishikawa (石川孝) Fang-Ming Chen (陳芳銘)
14:30 14:45	15	Direct Surgery Indicated: Mastectomy as a Safer Option	Ho Yong Park (朴鎬用)	
14:45 15:05	20	Primary Systemic Therapy First	Dwang-Ying Chang (張端瑩)	
15:05 15:20	15	Your decision (voting) and comment		
15:20 16:00	35+5	*Invited Special Lecture 2* Lymphatic flow in the upper extremity before the treatment and after development of lymphedema	Hiroo Suami (須網博夫)	Dar-Ren Chen (陳達人)
16:00 16:15	15	**Break**		
16:15 16:50	30+5	*Satellite Lecture 3* Emerging Strategies for First-Line Treatment of HR+/HER2- mBC with PIK3CA Mutation	An-Chieh Feng (馮安捷)	Shyr-Ming Sheen-Chen (沈陳石銘)

Symposium 4：Lymphedema Prevention in Axillary Lymph Node Surgery				
16:50 17:15	25	Lymphatic Vessel Anastomosis (LVA) or Microsurgical Lymph Node Transfer	Chia-Shen Yang (楊家森)	Jyh-Cherng Yu (俞志誠) Chin-Sheng Hung (洪進昇)
17:15 17:40	25	Anatomical perspectives of preservation and prevention of lymphedema during axillary lymph node dissection	Hiroo Suami (須網博夫)	
17:40 18:00	20	Abandon Axillary Surgery (Sentinel Node Biopsy and Dissection)	Yirong Sim (沈怡融)	
18:00 18:20	20	Panel Discussion	All	

Day 2 :

2025-11-16 (Sunday)				
Room 101				
Time	Min	Topic	Speaker	Moderator
08:00 08:20	20	Registration		
08:20 09:00	35+5	Translating PIK3CA/AKT1/PTEN Alterations into Actionable Targets in HR+/HER2- Breast Cancer	Jiun-I Lai (賴峻毅)	Chen-Hsiang Chang (張振祥)
Symposium 5：Autologous Breast Reconstruction				
09:00 09:20	15+5	Aesthetic Breast Shaping in DIEP Flap Breast Reconstruction after Tissue-expander Placement	Toshihiko Satake (佐武利彦)	Fiona Tsui-Fen Cheng (鄭翠芬) Cheng-Che Wu (巫承哲)
09:20 09:40	15+5	Alternative flaps in free autologous breast reconstruction	Hyun Ho Han	
09:40 10:00	15+5	A sense of wholeness: autologous breast reconstruction and beyond	Jung-Ju Huang (黃嵱茹)	
Symposium 6：Sustainable Breast Shape and Symmetry in Your Practice				
10:00 10:15	15	Through OPBCS	Hiroshi Fujimoto (藤本浩司)	Chiun-Sheng Huang (黃俊升) Ho Yong Park (朴鎬用)
10:15 10:30	15	Through Implant	Takako Komiya (小宮貴子)	
10:30 10:45	15	Applying the ERAS Protocol in Microsurgical Breast Reconstruction: Insights From Our Practice	Chieh-Huei Huang (黃傑慧)	
10:45 11:00	15	Panel Discussion	All	
11:00 11:15	15	**Break**		
11:15 12:00	35+10	*Plenary Lecture 2* Optimizing the Extent of Surgery for Breast Cancer: Where Do We Stand and Where Should We Go?	Jeong Eon Lee (李政彥)	Ling-Ming Tseng (曾令民)
12:00 12:40	35+5	*Satellite Lecture 4* Evolving Treatment Landscape for early Breast Cancer	Benita Tan (陳吉治)	Shou-Tung Chen (陳守棟)

12:40 13:20	35+5	*Satellite Lecture 5* The Sustainable Efficacy of CDK4/6 Inhibitor in HR+/Her2- Node+ High Risk Early Breast Cancer	Wen-Ling Kuo (郭玟伶)	Yao-Jen Chang (張耀仁)
13:20 13:35	15	**Break**		
13:35 14:10	30+5	*Invited Special Lecture 3* Still the Standard: Breast-Conserving Surgery in Breast Cancer Treatment	Takashi Ishikawa (石川孝)	Yuan-Ching Chang (張源清)
14:10 14:50	35+5	*Satellite Lecture 6* Practice changes with broader population at risk of recurrence in HR+HER2-EBC with CDK4/6i continuous benefit	Chih-Chiang Hung (洪志強)	Liang-Chih Liu (劉良智)
Symposium 7：Nipple Sparing Mastectomy				
14:50 15:10	20	Robot-assisted (Taiwan's experiences)	Fiona Tsui-Fen Cheng (鄭翠芬)	Kuo-Ting Lee (李國鼎)
15:10 15:30	20	Endoscopy approach (2D, 3D)	Eisuke Fukuma (福間英祐)	
15:30 15:50	20	Conventional approach - CGMH experience	Ruoh-Yun Gau (高若雲)	
15:50 16:05	15	Panel Discussion	All	
Symposium 8：How to Achieve Free Margin Intraoperatively				
16:05 16:25	15+5	Assessment of Positive Margins: A Pathologist's Perspective	Kuang-Hua Chen (陳冠樺)	Chia-Herng Yue (于家珩) Chi-Chang Yu (游啓昌)
16:25 16:45	15+5	Defining Free Margin Width Before Surgery: Does Molecular Subtype Matter?	Ming-Yang Wang (王明暘)	
16:45 17:05	15+5	Intraoperative Strategies to Achieve Clear Margins	Wonshik Han (韓元湜)	
17:05 17:10	5	Adjourn	Hsien-Tang Yeh (葉顯堂)	

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Day 1 ：

2025-11-15 (Saturday)				
Room 102				
Time	Min	Topic	Speaker	Moderator
Oncoplastic Breast Conserving Surgery				
09:05 09:30	20+5	Three Oncoplastic Surgical Techniques for Enhanced Breast-Conserving Surgery: A Clinical Practice Overview	Dar-Ren Chen (陳達人)	Chung-Chin Yao (姚忠瑾) Chin-Yao Lin (林金瑤)
09:30 09:55	20+5	Level II Oncoplastic Breast Conserving Surgery：Perforator flap	Visnu Lohsiriwat	
09:55 10:20	20+5	Abdominal Advancement Flap in Breast-Conserving Surgery	Tomoko Ogawa (小川朋子)	
Local Surgical Treatment in Rare Condition				
10:20 10:40	20	Contralateral Axillary or Neck Nodal relapse	Hsu-Huan Chou (周旭桓)	Shin-Cheh Chen (陳訓徹) Char Hong Ng (黃楚竑)
10:40 11:00	20	Survival advantage of locoregional and systemic therapy in oligometastatic breast cancer: an international retrospective cohort study (OLIGO-BC1)	Shigeru Imoto (井本滋)	
11:00 11:20	20	Breast Local Surgery for M1 Disease with Well Control	Guo-Shiou Liao (廖國秀)	
11:20 11:30	10	Panel Discussion	All	
11:30 12:10	Live with Room 101 (Plenary Lecture 1)			
12:10 12:50	Live with Room 101 (Satellite Lecture 1)			
12:50 13:30	Live with Room 101 (Satellite Lecture 2)			
13:30	15	**Break**		

13:45				
Reconstruction Issue				
13:45 14:10	20+5	Outcomes of Implant-Based Breast Long-Term Outcomes of Implant-Based Breast Reconstruction: A Malaysian Experience	Mee Hoong See (薛美虹)	Aldine Basa Wen-Hung Kuo (郭文宏)
14:10 14:35	20+5	How to start implant reconstruction-the view from breast surgeon	Hung-Wen Lai (賴鴻文)	
14:35 15:00	20+5	How to start implant reconstruction-the view from plastic surgeon	Cha-Chun Chen (陳柵君)	
15:00 15:20	15+5	The reconstruction strategies after excision of locoregional recurrence of breast cancer	Yur-Ren Kuo (郭耀仁)	
Selected Oral (Video) Presentation				
15:20 16:00	40	Will be selected before Oct. 2025		Wen-Ke Wang (王文科) Chung- Liang Li (李忠良)
16:00 16:15	15	**Break**		
Young Breast Cancer Forum				
16:15 16:35	20	Characteristics of Young Breast Cancer Patients - Biology to Clinic	Ching-Hung Lin (林季宏)	Chao-Ming Hung (洪朝明) Tanakorn Tarapongpun
16:35 16:55	20	Therapy of Chemotherapy - Induced Vasomotor Symptoms - Is Any Difference in Asian Women	Sara Fung (馮惠媛)	
16:55 17:15	20	Breast cancer in adolescents and young adults has a specific biology and poor patient outcome compared with older patients	Masanori Oshi	
17:15 17:35	20	Fertility Preservation - Is there any risk	Yung-Chieh Tsai (蔡永杰)	
17:35 17:55	20	How Long Needed of Anti-hormonal therapy for Young (<35 years) HR(+) Breast Cancer	Hee Jeong Kim	
17:55 18:10	15	Panel Discussion	All	

Day 2 :

2025-11-16 (Sunday)				
Room 102				
Time	Min	Topic	Speaker	Moderator
Reduction Mammoplasty for Asian Ptotic Breasts				
09:00 09:20	20	Oncoplastic reduction mammoplasty: optimal pedicle and surgical technique	Chin-Jung Feng (馮晉榮)	Chih-Hao Huang (黃至豪)
09:20 09:40	20	Timing for contralateral reduction mammoplasty by different issues	Ya-Wei Lai (賴雅薇)	
09:40 10:00	20	Panel Discussion	All	
Survivorship Program (Nursing)				
10:00 10:15	15	How to Improve Cancer-Related Fatigue and Cognitive Function	Jin-Mei Hu (胡君梅)	Cheng-Hsu Wang (王正旭) Chiao Lo (羅喬)
10:15 10:30	15	Treatment-Induced Neuropathy: Is There an Effective Treatment?	Kuan-Lin Lai (賴冠霖)	
10:30 10:45	15	Bone Health After Antihormonal Therapy	Chung-Hwan Chen (陳崇桓)	
10:45 11:00	15	Prevention of Cardiotoxicity Induced by Chemotherapy and Targeted Therapy	Yen-Chou Chen (陳彥舟)	
11:00 11:15	15	Panel Discussion	All	
11:15 12:00	Live with Room 101 (Plenary Lecture 2)			
12:00 12:40	Live with Room 101 (Satellite Lecture 4)			
12:40 13:20	Live with Room 101 (Satellite Lecture 5)			
13:20 13:30	**Break**			
Patient Education Seminar (病友活動)				
13:30 14:00	30	報到		
14:00 14:15	15	Reports of quality of life survey from breast cancer survivors 乳癌患者生活品質調查報告	Hsien-Tang Yeh (葉顯堂)	Ai- Jen Tsai (蔡愛真)

14:15 14:35	20	How to get support for unmet need for Breast Cancer survivors from government and supporting groups. 如何獲取政府及民間團體對乳癌患者的支持	Elaine Su (蘇連瓔)	(黃淑芳)
癌後人生新篇章 Survivorship Care Program---"N E S S plus S"				
14:35 14:55	20	有關好眠及紓壓	Yen-Jung Chen (陳彥蓉)	Elaine Su (蘇連瓔)
14:55 15:15	20	癌後健康促進：運動與飲食在乳癌復原期的整合應用。	Meng-Chuan Huang (黃孟娟)	
15:15 15:35	20	乳癌治療後停經症候群的身心挑戰及因應。	Po-Hsien Lin (林帛賢)	
15:35 15:50	**Break**			
15:50 16:00	10	活力操	羅東博愛醫院 陳晏偵物理治療師	
16:00 16:20	20	Update of Hormone Receptors (+) breast cancer management 荷爾蒙受體陽性乳癌照顧的最近進展	Yen-Jen Chen (陳彥蓁)	King-Jen Chang (張金堅)
16:20 16:40	20	Update of Hormone Receptors (-) breast cancer management 荷爾蒙受體陰性乳癌照顧的最近進展	Zhu-Jun Loh (羅竹君)	
16:40 16:55	15	Update Breast Cancer Surgery 乳癌手術的最新進展	Joseph Lin (林敬翰)	
Closing Ceremony at Room 101				

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Day 1 ：

2025-11-15 (Saturday)				
Room 103				
Time	Min	Topic	By Dr.	Moderator
09:30 11:30	120	Poster and Video – Poster (1)	(投稿者)	
11:30 13:30	120	Poster and Video – Poster (2)	(投稿者)	
13:30 13:40	10	**Break**		
Meet Professor - Expert Video Show				
13:40 14:20	40	*Expert Video Show 1* Immediate Partial Breast Reconstruction with Chest Wall Perforator Flap	Hiroshi Fujimoto (藤本浩司)	Hsin-Shun Tseng (曾信順)
Transition time				
14:30 15:10	40	*Expert Video Show 2* Breast Reconstruction Following Robot-Assisted Mastectomy	Hyun Ho Han	
Transition time				
15:20 16:00	40	*Expert Video Show 3* Nipple-Areola Reconstruction	Takako Komiya (小宮貴子)	
16:00 16:10	10	**Break**		
16:10 16:50	40	*Expert Video Show 4* Inframammary adipofascial flap with crescent dermis	Tomoko Ogawa (小川朋子)	Joseph Lin (林敬翰)
Transition time				
17:00 17:40	40	*Expert Video Show 5* OPERA— Oncoplastic Entirely Robot Assisted approach in breast cancer surgery	Jung-Ju Huang (黃嵱茹)	
Transition time				

17:50 18:30	40	*Expert Video Show 6* Therapeutic mammoplasty for medium but ptotic breasts. ~Focusing on Asian women	Hisamitsu Zaha (座波久光)	

Day 2 :

2025-11-16 (Sunday)				
Room 103				
Time	Min	Topic	By Dr.	Moderator
Meet Professor - Expert Video Show				
09:00 09:40	40	*Expert Video Show 7* Diagnosis of breast lymphedema after breast-conserving treatment	Hiroo Suami (須網博夫)	Jeeyeon Lee
Transition time				
09:50 10:30	40	*Expert Video Show 8* Masculo-Fascial Pocket for DTI (direct to implant) reconstruction Mastery of Breast Reduction - avoid the pitfall ADMSC (adipose derive mesenchymal stromal call) refining techniques	Visnu Lohsiriwat	
Transition time				
10:40 11:20	40	*Expert Video Show 9*	Toshihiko Satake (佐武利彦)	
Transition time				
11:30 12:00	30	*Expert Video Show 10* Volume replacement for Upper Outer Tumor	Fiona Cheng (鄭翠芬)	
12:00 12:40	Live with Room 101 (Satellite Lecture 4)			
12:40 13:20	Live with Room 101 (Satellite Lecture 5)			
13:20 13:35	15	**Break**		
13:35 14:15	40	De-compression rehabilitation video	(video 提供者/單位)	
14:15 14:55	40	Exertcsion -正念影片 show	華人正念減壓中心	

Speaker 11.15 (sat.) 09:05-09:20

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

Defining an Adequate Surgical Margin Intraoperatively after Neoadjuvant Chemotherapy

Neoadjuvant therapy has become integral to the management of locally advanced and biologically aggressive breast cancers, offering the potential for tumor downstaging and breast conservation. However, it presents unique challenges in intraoperative margin assessment due to therapy-induced changes in tumor morphology, fibrosis, and radiologic-pathologic discordance. This presentation explores the evolving definition of “adequate” surgical margins in the post-neoadjuvant setting, emphasizing the limitations of conventional techniques such as palpation, frozen section, and specimen radiography. We review emerging intraoperative tools—including ultrasound guidance, molecular imaging, and targeted localization techniques—that enhance margin precision. Special attention is given to the role of tumor biology and response patterns in guiding margin decisions, as well as the implications for re-excision rates and long-term oncologic outcomes. By integrating surgical expertise with radiologic and pathologic insights, we propose a multidisciplinary framework for margin assessment that balances oncologic safety with aesthetic preservation. This approach aims to refine intraoperative strategies and support personalized surgical planning in the era of neoadjuvant therapy.

Speaker 11.15 (sat.) 09:20-09:35

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

De-escalation of Axillary Surgery in ypN1 Micrometastatic Breast Cancer — A Surgeon's Perspective

The management of the axilla in breast cancer continues to evolve, with increasing emphasis on minimizing treatment morbidity without compromising oncologic safety. For patients who achieve nodal downstaging following neoadjuvant systemic therapy, sentinel lymph node biopsy and targeted axillary dissection have become accepted alternatives to completion axillary lymph node dissection (ALND). However, the optimal approach for patients with residual micrometastatic disease (ypN1mi) remains controversial.

This presentation will review current evidence and ongoing debates regarding axillary de-escalation in the ypN1mi setting. Drawing from recent multicenter data, including the OPBC-07/microNAC study, I will discuss the incidence of additional nodal disease, recurrence outcomes, and the role of regional nodal irradiation as a potential substitute for ALND. Practical considerations, such as tumor biology, systemic therapy advances, and patient-centered decision making, will also be highlighted.

From a surgeon's perspective, ypN1mi disease represents a clinical crossroad: while some advocate routine ALND for staging and locoregional control, others favor selective omission in the context of modern multimodal therapy. The talk will explore how evolving evidence is reshaping practice and will outline the future research directions that may ultimately refine axillary management guidelines for this challenging subgroup.

Speaker 11.15 (sat.) 09:35-09:50

Sharon Wing-Wai Chan陳穎懷

Clinical Director, Kowloon East Cluster Breast Centre
Consultant Surgeon, Department of Surgery, United Christian Hospital
Honorary Associate Professor in Department of Surgery, The University of Hong Kong Honorary Associate Professor in Department of Surgery, The Chinese University of Hong Kong
President, Hong Kong Society of Breast Surgeon
President-Elect, Breast Surgery International

Biography

Dr Chan graduated from the University of Hong Kong and obtained surgical fellowship in Hong Kong. She further specialized in breast surgery and received training in USA and Europe. In 2008, she set up the first government funded breast center in Hong Kong, which provides one stop integrated service to breast cancer patients. The successful service model was shared as a flagship model in Hospital Authority's Cancer Strategy. Dr Chan's vision with her slogan 全人優質服務, 躍動精采人生inspired her team and won the hospital Outstanding Team Award in 2018. Currently, Dr Chan serves at the Cancer Expert Working Group for Cancer Prevention and Screening for Centre for Health Prevention, Department of Health, HKSAR and Central Committee for Cancer of Hospital Authority, HKSAR.

Dr. Chan involves actively in clinical research for the development of breast cancer surgery. She obtained many academic awards for her research. In 2009, she was awarded the Best Paper Prize by Breast Surgery International for her excellent work in oncoplastic breast conserving surgery. Dr Chan is the founding steering committee of Hong Kong Breast Cancer Registry, which provides important data to local research and breast surgery development. Currently, Dr Chan is the ethnic/research committee of Hospital Authority, College of Surgeons of Hong Kong and Hong Kong Breast Cancer Foundation.

Dr Chan lectures internationally and widely. She organizes and teaches cadaveric course, oncoplastic courses and USG courses. She also helps to promote breast surgery development in under-privileged countries. She was the program chairlady of World Congress of Surgery in 2019. Currently, Dr Chan is the President Elect of Breast Surgery International and the President of Hong Kong Society of Breast Surgeons.

Speaker 11.15 (sat.) 09:50-10:10

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

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

Chi Wei Mok

Consultant Breast Surgeon, SingHealth Duke-NUS Breast Centre, SingHealth
Division of Breast Surgery, Changi General Hospital

Biography

Dr. Mok Chi Wei graduated with a Bachelor of Medicine and Bachelor of Surgery (MBBS on a Dean's list in 2010 and subsequently joined Singhealth General Surgery Residency Programme from 2012 to 2017 for his postgraduate training. He was accredited as a specialist in General Surgery in September 2017, with the Fellowship Examinations of the Royal College of Surgeons of Edinburgh (General Surgery), before sub-specializing in breast surgery in particular breast cancer surgery.

He is currently a Consultant in the Department of Surgery, Changi General Hospital with a subspecialty interest in breast surgery. His clinical practice is mainly on breast diseases, both benign and malignant. He completed his advanced fellowship in oncoplastic and minimally invasive (endoscopic and robotic) breast surgery under the tutelage of Dr. Hung-Wen Lai, an expert in endoscopic breast surgery and pioneer in robotic mastectomy. In his relentless pursuit for improved aesthetic outcomes, he has developed two new minimally invasive breast surgery techniques, namely 3D Endoscopic Subcutaneous Mastectomy for treatment of gynaecomastia as well as Endoscopic-assisted ICG (EASI) technique for sentinel lymph node biopsy in breast cancer since returning from his fellowship.

Apart from his clinical commitments, he also teaches undergraduate and postgraduate students from the Yong Loo Lin School of Medicine, Duke-NUS Medical School and Lee Kong Chian School of Medicine. In view of his contributions, he is currently appointed as a Clinical Assistant Professor with Duke-NUS Medical School.

In terms of research, Dr. Mok has published extensively in breast cancer related topics and he also serves as a peer reviewer in Journal of Plastic & Reconstructive Surgery (JPRAS) and other breast & reconstructive surgery subspecialty journals. Notably, he also co-authored the first textbook on minimally invasive (endoscopic and robotic) breast surgery techniques which was published by Elsevier in January 2020.

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

E. Shelley Hwang

Mary and Deryl Hart Distinguished Professor of Surgery
Vice Chair of Research, Department of Surgery
Breast Cancer Disease Group Lead
Duke Cancer Institute

Educational Background

2024	M.B.A. Duke University, Fuqua School of Business Durham
2006	M.P.H. University of California-Berkeley
1991	M.D. University of California-Los Angeles

Work Experience

2021-Present	Leader, Breast Oncology Disease Group, Duke Cancer Institute Durham
2017-2021	Co-Leader, Women's Cancer Program, Duke Cancer Institute Durham
2019-Present	Mary and Deryl Hart Distinguished Chair, Duke University Durham
2015-Present	Vice Chair of Research Department of Surgery, Duke University Durham
2011-Present	Professor with Tenure Department of Surgery, Duke University Durham
2009-2011	Professor in Residence Department of Surgery, University of California San Francisco
2009-2011	Surgeon-in-Chief, UCSF Helen Diller Family Cancer Center
2008-2011	Chief, Division of Breast Surgical Oncology, University of California San Francisco
2004-2009	Associate Professor In Residence, Department of Surgery, University of California San Francisco
1998-2004	Assistant Professor In Residence, Department of Surgery, University of California San Francisco

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

Ching-Ting Wei 魏敬庭

Division of General Surgery, Department of Surgery, E-Da Hospital, Taiwan
Assistant Professor, School of Medicine for International Students, College of Medicine, I-Shou University, Kaohsiung, Taiwan.

Educational Background

M.D. 2000-2007	College of Medicine, Chung Shan Medical University, Taichung, Taiwan
Ph.D. 2018-2022	Department of Electrical Engineering, I-Shou University, Kaohsiung, Taiwan

Work Experience

Attending Physician 2013-present	Division of General Surgery, Department of Surgery, E-Da Hospital, Kaohsiung, Taiwan
Director of Biobank 2016-2017	E-Da Hospital, Kaohsiung, Taiwan
Clinical Observer 2017	Breast Surgical Oncology Service in the Department of Surgery, Memorial Sloan Kettering Cancer Center, U.S.
Official Visitor 2016	Department of Breast Surgical Oncology, The University of Texas MD Anderson Cancer Center, U.S.
Resident and Fellowship 2011-2013	Division of General Surgery, Department of Surgery, E-Da Hospital, Kaohsiung, Taiwan
Resident 2008-2011	Department of Surgery, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan
Internship 2006-2007	Taipei Veterans General Hospital, Taipei, Taiwan

Redefining the Treatment landscape of HR+ HER2-expression mBC

Hormone receptor–positive, human epidermal growth factor receptor 2 (HER2)–negative breast cancer is the most common subtype of breast cancer, accounting for nearly 70% of all cases. Recent developments in the treatment of HR-positive, HER2-negative metastatic breast cancer (mBC) have progressed rapidly, offering new therapeutic avenues for patients. Despite these advances, the inevitable development of resistance to hormonal therapy remains a significant clinical challenge. As patients eventually experience endocrine therapy failure, there is a pressing need to explore and integrate novel treatment strategies to address disease progression and improve patient outcomes. The emergence of novel antibody-drug conjugates such as T-DXd (trastuzumab deruxtecan) has led to a redefinition of HER2 classification, recognizing HER2-low expression as a distinct entity. This evolving paradigm has important implications for patient selection and treatment sequencing. In this presentation, Dr. Wei will discuss current evidence and clinical data supporting the benefits of new therapeutic approaches, focusing on how T-DXd are reshaping sequencing strategies. The session aims to provide insights into optimizing personalized care and improving outcomes for patients with HR+/HER2-low & Ultra-low metastatic breast cancer.

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

Li-Kun Ko 高理鈞

Dr. Li-Kun Ko is an experienced attending physician at Kaohsiung Medical University Hospital, specializing in breast surgery. He earned his medical degree from Kaohsiung Medical University in 2004. Dr. Ko has held key positions at several hospitals across Taiwan, demonstrating a strong commitment to clinical excellence and medical education.

Educational Background

1997.09 - 2004.06	School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
2023.02 - Present	Doctoral Program of Clinical and Experimental Medicine, College of Medicine, National Sun Yat-sen University, Kaohsiung, Taiwan

Work Experience

2012.08 - 2015.07	Attending Physician, Department of Surgery, St. Joseph's Hospital, Yunlin, Taiwan
2015.11 - 2017.07	Attending Physician, Department of Surgery, Fooyin University Hospital, Pingtung, Taiwan
2017.08 - 2022.07	Attending Physician, Department of Surgery, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan
2017.09 - Present	Supervisor, Taiwan Formosa Health Education Society
2022.08 - Present	Attending Physician, Division of Breast Oncology and Surgery, Department of Surgery, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

From Evidence to Action: Navigating Clinical Decisions with CDK4/6 Inhibitors in Advanced Breast Cancer

The treatment landscape for hormone receptor-positive, HER2-negative (HR+/HER2-) advanced breast cancer has undergone a paradigm shift with the introduction of CDK4/6 inhibitors. These agents, when combined with endocrine therapy, have demonstrated significant improvements in progression-free survival (PFS) in randomized clinical trials. However, as clinical practice evolves, the integration of real-world evidence (RWE) becomes increasingly vital in validating and extending these findings to broader patient populations.

This presentation explores the long-term survival benefits of CDK4/6 inhibitors through the lens of real-world data. By comparing outcomes such as overall survival (OS) and PFS between real-world settings and clinical trials, we aim to provide a comprehensive understanding of the true impact of these therapies in routine care. Emerging real-world studies reveal that patients receiving CDK4/6 inhibitors in combination with endocrine therapy experience substantial gains in both OS and PFS, often aligning with or exceeding those observed in controlled trial environments.

The consistency of these outcomes across diverse patient populations underscores the robustness and reliability of CDK4/6 inhibitors as a cornerstone in the treatment of HR+/HER2- advanced breast cancer. Furthermore, real-world data help bridge the gap between clinical research and everyday practice, offering insights into patient adherence, tolerability, and long-term outcomes that are not always captured in trials.

By integrating RWE into clinical decision-making, clinicians can tailor treatment strategies more effectively, ensuring that the benefits of CDK4/6 inhibitors are fully realized across varied clinical scenarios. This presentation will highlight key data, practical considerations, and future directions for optimizing patient outcomes through evidence-based, real-world-informed approaches.

In conclusion, CDK4/6 inhibitors have proven to be transformative in the management of HR+/HER2- advanced breast cancer. Real-world evidence not only reinforces their clinical value but also empowers clinicians to make informed, patient-centered decisions that translate evidence into meaningful action.

Speaker 11.15 (sat.) 14:30-14:45

Hisamitsu Zaha 座波久光

Speaker Introduction

Educational Background

1990 - 1996.06	Faculty of Medicine, University of Ryukyus, Okinawa, Japan

Work Experience

2020 - present	Chief committee of Oncoplastic Breast-conserving surgery working group of Japan Oncoplastic Surgery Society
2017 - present	Vice Director of the Hospital, director of breast center, Nakagami hospital, Okinawa, Japan
2008 -	Department of Breast surgery, director of breast surgery, Nakagami hospital, Okinawa, Japan
2002 - 2007	Department of surgery, director of surgery, Nakagami hospital, Okinawa, Japan
1999 - 2002	Department of surgery, Nakagami hospital, Okinawa, Japan
1996 - 1999	Department of surgery, St. Lukes international hospital, Tokyo, Japan

Speaker 11.15 (sat.) 14:30-14:45

Ho Yong Park 朴鎬用

Speaker Introduction

Educational Background

1991	Graduated in School of Medicine, Kyungpook National University
1995	The degree of Master of medical science, school of medicine, Kyungpook National University
2004	Ph. D., Pusan National University Postgraduate school, Pusan, Korea

Work Experience

2000.03 - 2001.03	Full-time lecturer as a faculty member of Surgery, Kyungpook National University Hospital
2001.04 - 2005.04	Assistant Professor
2005.05 - 2009	Associate Professor
2009 - Present	Professor, Department of Surgery, Kyungpook National University Chilgok Hospital

Direct Surgery indicated : Mastectomy as a safer option

Ho Yong Park

Kyungpook National University Chilgok Hospital

Comprehensive Approach to Large Estrogen Receptor-Positive Breast Cancer

Estrogen receptor-positive (ER+) breast cancer accounts for the majority of breast cancer cases and is characterized by notable responsiveness to endocrine therapy. The prognosis for ER+ breast cancer is generally favorable compared with other subtypes, but persistent risk of recurrence exists, which can last for decades after the initial diagnosis. Large ER+ tumors (>4cm) present distinct challenges requiring individualized, multidisciplinary management.

Tumor Features and Clinical Implications

ER+ breast cancers tend to be slower-growing and lower-grade, often presenting with less aggressive characteristics. Nevertheless, tumor size remains a critical factor. Large tumors are associated with increased risk of lymph node involvement, higher chance of local recurrence, and greater probability of skin or nipple infiltration. These factors directly influence treatment strategy and prognosis.

Standard Treatment Protocols

For most ER+ breast cancers, surgery is the foundational step, either as breast-conserving surgery or mastectomy. Upfront surgery is particularly recommended for large and operable ER+ tumors because neoadjuvant therapy yields low rates of complete pathologic response in this subtype. Surgery ensures prompt removal of the primary tumor and provides crucial information—such as nodal status and margin assessment—for subsequent treatment planning.

Endocrine therapy, with agents such as tamoxifen or aromatase inhibitors, CDK4/6 inhibitors, remains essential for all ER+ patients. These medications substantially reduce the risk of recurrence and improve long-term survival. Chemotherapy is reserved for patients with aggressive features, including large tumor size, nodal involvement, or high histologic grade. Radiation therapy follows breast-conserving surgery and may also be required after mastectomy in cases of high-risk disease.

Topic

Rationale for Mastectomy-First Approach

Large ER+ tumors rarely respond dramatically to neoadjuvant therapy, making upfront mastectomy the preferred approach in most cases. This strategy delivers immediate local control, accurate staging, and reduces the risk of positive surgical margins and re-operation. Patients with extensive or multifocal disease, skin involvement, or central tumors are especially good candidates for primary mastectomy.
Moreover, rapid surgical intervention minimizes delays that may arise with preoperative systemic treatment and avoids unnecessary exposure to ineffective chemotherapy regimens. The psychological reassurance for some patients of "removing everything" should not be underestimated.

Addressing Skin and Nipple Involvement

Tumor extension to the skin elevates the cancer to T4b stage and portends worse outcomes. In these cases, mastectomy—including resection of the involved skin—is required, and postmastectomy radiation targeting chest wall and regional nodes becomes standard. Nipple involvement usually contraindicates nipple-sparing approaches; careful imaging or core biopsy is crucial prior to surgical planning. Sparing the nipple is limited to select cases with peripheral, small, and non-invasive tumors.

Breast Reconstruction and Radiation Planning

Anticipated radiation exposure is a major consideration in reconstructive planning. Autologous tissue reconstruction—using the patient's own tissue—offers better outcomes in irradiated fields with fewer complications and superior cosmetic results. For selected patients, implant-based reconstruction can be considered, with both prepectoral and subpectoral placements viable; recent research suggests prepectoral placement may result in less discomfort and comparable oncologic safety.

Integrated Multidisciplinary Management

Optimal outcomes are achieved through seamless cooperation of surgical oncologists, medical oncologists, radiation oncologists, and reconstructive surgeons. The comprehensive strategy includes early definitive surgery, tailored adjuvant therapies, and personalized reconstruction that considers oncologic safety and patient preference. Long-term surveillance is essential given the ongoing risk of late recurrence in ER+ disease.

In summary, management of large ER+ breast cancer demands prompt, evidence-based surgical intervention, vigilant assessment for skin/nipple involvement, thoughtful adjuvant therapy selection, and reconstruction planning that accommodates anticipated radiation. Multidisciplinary teamwork and individualized care are critical for maximizing survival and quality of life in these patients.

Speaker 11.15 (sat.) 14:45-15:05

Dwan-Ying Chang 張端瑩

Dr. Chang is a well experienced physician and has been practicing medical oncologist for more than 10 years. She is one of the well known breast cancer team led by Prof. Chiun Shen Huang and Prof. Yen Shen Lu in NTUH. She has engaged in clinical trial participation, guideline establishment, refinement, and medical education.

Educational Background

1996.09 - 2003.06	Medical college, National Taiwan University (NTU)
2003.07- 2006.06	Internal medicine residency, NTU hospital (NTUH)
2006.07- 2009.06	Oncology fellowship, NTUH department of oncology

Work Experience

2009.07 - 2011.06	Attending physician, NTUH Yun-Lin Branch
2011.07 ~ now	Attending physician, NTUH
2019.07~ now	Executive secretary, Cancer Administration and Coordination Center, NTUH

Debate — Surgery for a ER(+), Large Tumor Size (> 4cm), Invasive Breast Cancer - Primary Systemic Therapy First

Usually, when we talk of neoadjuvant treatment, primarily we focused on neoadjuvant chemotherapies. The response rate to neoadjuvant chemotherapy (NACT), especially pathological complete remission (pCR) rate is typically higher in HER2(+) and triple negative breast cancer (TNBC) subtypes, therefore, the use of NACT has been more common in HEE2(+) and TNBC subtypes. In recent decades, following the evidences showing that pCR not only predicts prognosis but also help refine the post-surgery strategy, NACT has become standard approach for most HER2(+) and TNBC EBCs.

In contrast, for HR(+)HER2(-) subtypes, the response rate of NACT tend to be lower, and even in high grade tumors, the pCR rate was only around 16% based on a FDA pooled analysis. Furthermore, the correlation of pCR and survival outcome was not that robust for HR(+) subtype.

However, the efficacy of neoadjuvant endocrine therapy (NAET) had been documented in clinical trials, showing tumor shrinkage and good tolerance. This remains a reasonable approach to achieve down staging and breast conserving. Moreover, in recent decade, new armamentarium, such as CDK4/6 inhibitors, has become available, and the combination of NAET and CDK4/6i may further increase response rate. It is high time to reconsider neoadjuvant systemic treatment for these patients.

Speaker 11.15 (sat.) 15:20-16:00

Hiroo Suami 須網 博夫

Dr. Suami (MD, PhD) trained in Japan as a reconstructive microsurgeon in Japan. He started lymphatic research in 2001. Dr Suami developed a novel radiographic technique to demonstrate the lymphatic system in a cadaver model in 2003 and in 2005 he was awarded from the Plastic Surgery Education Foundation in the USA. In 2009, Dr Suami joined the Department of Plastic Surgery at the MD Anderson Cancer Centre in Texas as Assistant Professor. Dr Suami joined Macquarie University in 2015 and works with the Australian Lymphatic Education, Research and Treatment Centre (ALERT) as Associate Professor and Research Lead.

Educational Background

1998	PhD (Plastic Surgery), Keio University, Tokyo, Japan
1991	MD, Shinshu University School of Medicine, Nagano, Japan

Work Experience

2015-present	Associate Professor, ALERT Centre, Department of Health Sciences, Faculty of Medicine, Health and Human Sciences, Macquarie University, Sydney, Australia
2009-2015	Assistant Professor, Department of Plastic Surgery, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, USA
2005-2008	Research Officer, Anatomy and Cell Biology, Reconstructive Plastic Surgery Research Unit, The University of Melbourne, Australia
2003-2005	Research Officer, Reconstructive Plastic Surgery Research Unit, The Royal Melbourne Hospital, Melbourne, Australia
2002-2003	Instructor, Department of Plastic Surgery, Kyorin University, Tokyo, Japan
2001-2002	Postdoctoral Research Fellow, Reconstructive Plastic Surgery Research Unit, The Royal Melbourne Hospital, Melbourne, Australia
1997-2001	Instructor, Department of Plastic Surgery, Kyorin University, Tokyo, Japan
1996-1997	Instructor, Department of Plastic Surgery, Keio University, Tokyo, Japan
1993-1996	Oncological Trainee, National Cancer Center, Tokyo, Japan
1991-2003	Clinical Residency, Keio University, Tokyo, Japan

Lymphatic flow in the upper extremity before the treatment and after development of lymphedema

Introduction: Understanding lymphatic structural changes in the upper extremity in post-breast cancer treatment is a challenge. Lymphoscintigraphy using radioactive tracers is considered the current standard technique for lymphatic imaging. However, lymphoscintigraphy is often not sensitive enough to elucidate the pathophysiology of lymphatic dysfunction. Besides, it is also important to have a reasonable knowledge of the normal lymphatic anatomy in the upper extremity to interpret anatomical changes in lymphedema.

Methods: This presentation includes three topics. First, the anatomy of the lymphatic system in the upper extremity was investigated in human cadavers with/without axillary node dissection using the microinjection technique. Second, an animal study was conducted mimicking axillary node dissection using a canine forelimb model, and the structural changes were evaluated with ICG lymphography and radiographic lymphangiography. Finally, the lymphatic system in the upper extremities of post-breast cancer patients was mapped using the anatomy-based ICG lymphography protocol developed at our center.

Results: In the cadaver studies, we found different types of collateralizations in the affected upper extremity following axillary node dissection. In the canine study, anatomical changes of the lymphatic system were represented in the forelimb, and the collateralization was identified in the lymphatic vessels of the affected forelimb connected to the remaining lymph node. In the clinical study, 386 participants underwent ICG mapping over the past eight years. From these images, we identified original drainage regions (ipsilateral axilla and clavicular) and three additional compensatory drainage regions (contralateral axilla, parasternal and parascapular) following breast cancer treatment.

Conclusions: ICG lymphography can provide real-time imaging of the lymphatic system. This is a useful device for evaluating lymphatic structures and diagnosing lymphedema. However, precise anatomical knowledge is essential to understand how structural changes occur in lymphedematous limbs.

Speaker 11.15 (sat.) 16:50-17:15

Johnson Chia-Shen Yang 楊家森

Director, International Supermicrosurgery Lymphedema Center
Professor and Chair, Plastic and Reconstructive Surgery, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung Taiwan

Educational Background

2009 - 2022 Ph.D.	Graduate Institute of Clinical Medical Sciences, Chang Gung University, Taoyuan, Taiwan
1994 - 2000 M.D.	China Medical University, Taichung, Taiwan

Work Experience

2023.07 -	Professor, Department of Plastic and Reconstructive Surgery, KCMGH
2019.07 - 2023.06	Associate professor
2012.07 - 2019.06	Assistant professor
2010.07 - 2012.06	Lecturer
2006.12 - 2010.06	Attending
2005.12 - 2006.12	Chief Resident

Lymphatic Vessel Anastomosis (LVA) or Microsurgical Lymph Node Transfer

Breast cancer–related lymphedema (BCRL) affects up to 20% of survivors and remains one of the most distressing chronic sequelae of cancer therapy. Marked by progressive swelling, recurrent infections, and impaired function, lymphedema significantly reduces quality of life. Conventional therapies, including compression garments and physiotherapy, provide partial relief but cannot restore normal lymphatic drainage.

Lymphaticovenous anastomosis (LVA), a supermicrosurgical procedure connecting functional lymphatic vessels to venules, has emerged as a minimally invasive and durable treatment. At our center, with more than 3000 anastomoses were performed on > 500 patients, LVA has been refined through a proximal-first approach guided by the lymphosome concept. Innovations such as the lymphatico-lymphatic bridge technique and the safe use of recipient veins with reflux allow more lymphatic vessels to be incorporated, thereby maximizing decompression and ensuring sustained patency.

Clinical outcomes demonstrate not only significant limb-volume reduction but also systemic benefits. In our prospective studies, patients with cancer-related lymphedema exhibited elevated inflammatory cytokines, oxidative stress, and Alzheimer's disease–related biomarkers compared with healthy controls. Remarkably, one month after LVA, these markers were significantly reduced, alongside improved antioxidant capacity and neurotrophic factors. These findings suggest that LVA mitigates not only the local burden of lymphedema but also systemic inflammation and neurodegenerative risk.

For breast cancer survivors, LVA offers distinct advantages: it is oncologically safe, donor-site sparing, and compatible with adjuvant therapies. When performed early, it has the potential to prevent chronic progression and improve survivorship outcomes.

This lecture will highlight our evolving techniques, clinical data, and translational insights on LVA in BCRL. Collectively, the evidence positions LVA as a cornerstone of modern breast cancer survivorship care—providing both durable symptom relief and systemic health benefits.

Speaker 11.15 (sat.) 17:15-17:40

Hiroo Suami 須網 博夫

Dr. Suami (MD, PhD) trained in Japan as a reconstructive microsurgeon in Japan. He started lymphatic research in 2001. Dr Suami developed a novel radiographic technique to demonstrate the lymphatic system in a cadaver model in 2003 and in 2005 he was awarded from the Plastic Surgery Education Foundation in the USA. In 2009, Dr Suami joined the Department of Plastic Surgery at the MD Anderson Cancer Centre in Texas as Assistant Professor. Dr Suami joined Macquarie University in 2015 and works with the Australian Lymphatic Education, Research and Treatment Centre (ALERT) as Associate Professor and Research Lead.

Educational Background

1998	PhD (Plastic Surgery), Keio University, Tokyo, Japan
1991	MD, Shinshu University School of Medicine, Nagano, Japan

Work Experience

2015-present	Associate Professor, ALERT Centre, Department of Health Sciences, Faculty of Medicine, Health and Human Sciences, Macquarie University, Sydney, Australia
2009-2015	Assistant Professor, Department of Plastic Surgery, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, USA
2005-2008	Research Officer, Anatomy and Cell Biology, Reconstructive Plastic Surgery Research Unit, The University of Melbourne, Australia
2003-2005	Research Officer, Reconstructive Plastic Surgery Research Unit, The Royal Melbourne Hospital, Melbourne, Australia
2002-2003	Instructor, Department of Plastic Surgery, Kyorin University, Tokyo, Japan
2001-2002	Postdoctoral Research Fellow, Reconstructive Plastic Surgery Research Unit, The Royal Melbourne Hospital, Melbourne, Australia
1997-2001	Instructor, Department of Plastic Surgery, Kyorin University, Tokyo, Japan
1996-1997	Instructor, Department of Plastic Surgery, Keio University, Tokyo, Japan
1993-1996	Oncological Trainee, National Cancer Center, Tokyo, Japan
1991-2003	Clinical Residency, Keio University, Tokyo, Japan

Anatomical perspectives of preservation and prevention of lymphedema during axillary lymph node dissection

Introduction: Development of lymphedema following axillary lymph node dissection is a well-known iatrogenic side effect. However, even after the sentinel node biopsy, lymphedema can occur, suggesting a close relationship between the breast and the upper extremity lymphatic systems. Unfortunately, the anatomy of the human lymphatics has been little investigated. This study aims to reappraise the gross anatomy of the lymphatic system in the upper extremity and breast regions, and their relationship by using a human model.

Methods: Fresh non-embalmed human cadaver specimens were used for the study (30 upper limbs, 14 anterior upper torsos and 5 forequarters). The original microinjection technique was applied for visualizing the lymphatic vessels, including hydrogen peroxide for inflating the lymphatic vessels to be identified, and cannulating a 30G needle into each of them to inject contrast media. The lymphatic vessels were meticulously dissected under the surgical microscope, and their courses were traced to their corresponding nodes.

Results: Most of the superficial lymph vessels in the upper extremity, especially on the anterior side, connected to one dominant lymph node in the lateral axillary region. In the anterior upper torso, the superficial lymphatic vessels demonstrated no significant difference between males and females. Most of them passed over, and a few through the breast parenchyma. In the forequarter studies, the sentinel lymph node overlapped between the upper extremity and breast or two separate nodes were located in close proximity.

Conclusions: We were able to demonstrate, using the novel microsurgical injection technique, a close spatial relationship between the lymphatic system of the upper extremity and that of the anterior torso. The anatomical findings suggested that preservation of the superficial lymphatic system in the upper extremity may not be possible. Instead, minimizing the surgical gap of the lymphatics may help to prevent the development of lymphedema.

Speaker 11.15 (sat.) 17:40-18:00

Clin Assistant Professor Sim Yirong 沈怡融

Speaker Introduction

Educational Background

2016	FRCS, Royal College of Surgeons, Edinburgh, UK
2014	Master of Medicine (MMed, General Surgery), National University of Singapore
2009	PhD University of Cambridge, UK
2009	MB Bchir, University of Cambridge, UK
2007	MA (Master of Arts) in Medical Sciences, University of Cambridge, UK
2003	BA (Bachelor of Arts) in Medical Sciences, University of Cambridge, UK

Work Experience

2009 - 2016	General Surgery Residency at SingHealth
2016 - to day	National Cancer Centre Singapore
2019 - 2020	Advanced Breast Surgery Fellowship (Oncoplastic Surgery and Translational Research) at Seoul National University Hospital

Abandon Axillary Surgery (Sentinel Node Biopsy and Dissection

The management of breast surgery has been rapidly evolving over the past few decades. With increased screening and public education, breast cancer is increasingly being detected at an earlier stage. With advancement of neoadjuvant systemic therapy, and adjuvant therapies, the aggressive role of surgery to the breast and axilla is now in the spotlight. In my talk, I will discuss the de-escalation of axillary surgery. Less (surgery) is now “more”, and soon, axillary surgery may be “no more”.

Speaker 11.16 (Sun.) 08:20-09:00

Jiun-I Lai 賴峻毅

Associate Professor, Institute of Clinical Medicine, National Yang-Ming University

Educational Background

2010.08 - 2016.02	Ph.D. (Cellular and Molecular Biology), The Scripps Research Institute, La Jolla, CA
1998.08 - 2005.06	M.D. (School of Medicine), National Yang-Ming University, Taipei, Taiwan

Work Experience

2025.08 – Present	Associate Professor, Institute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan
2017.09 – Present	Oncologist, Department of Oncology, Veterans General Hospital, Taipei, Taiwan
2018.08 – 2025.07	Assistant Professor, Institute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan
2018.02 – 2018.07	Adjunct Assistant Professor, School of Medicine, National Yang-Ming University, Taipei, Taiwan

Translating PIK3CA/AKT1/PTEN Alterations into Actionable Targets in HR+/HER2- Breast Cancer

The management of hormone receptor–positive (HR+), HER2-negative breast cancer has been transformed in the past decade by the integration of CDK4/6 inhibitors with endocrine therapy. However, resistance inevitably develops, often through alterations in the PI3K/AKT/PTEN signaling pathway, a critical driver of tumor growth and survival. Molecular profiling now reveals that up to 40% of HR+/HER2– tumors harbor PIK3CA mutations, while less frequent alterations in AKT1 and PTEN loss similarly contribute to pathway activation. Translating these genomic events into actionable therapeutic strategies has become a major clinical priority.

In the SOLAR-1 trial, adding the PI3Kα-specific inhibitor alpelisib to fulvestrant significantly improved progression-free survival (PFS) in patients with PIK3CA-mutated tumors. This established proof of concept that biomarker-driven inhibition of the pathway can extend benefit beyond endocrine therapy alone. However, alpelisib's toxicity profile, including hyperglycemia and rash, remains a challenge in real-world practice.

Efforts to expand the therapeutic window have led to parallel investigations targeting AKT. The CAPItello-291 trial evaluated the addition of the AKT inhibitor capivasertib to fulvestrant, showing a clinically meaningful PFS improvement in an unselected HR+/HER2– population, with the strongest benefit observed in patients harboring PIK3CA, AKT1, or PTEN alterations. These findings highlight that AKT inhibition may represent a broader strategy for patients with pathway activation, especially those not limited to PIK3CA-mutant disease.

The INAVO120 study has further advanced the field by combining inavolisib, a next-generation PI3Kα inhibitor, with palbociclib and fulvestrant in the first-line setting. Results showed a robust PFS benefit in PIK3CA-mutant tumors, reinforcing the rationale for upfront pathway targeting alongside CDK4/6 inhibition.

The BOLERO-2 trial, where adding everolimus, an mTOR inhibitor, to exemestane demonstrated clear PFS benefit after aromatase inhibitor resistance. While not mutation-specific, BOLERO-2 underscored the principle that blockade of the PI3K/AKT/mTOR axis can reverse endocrine resistance.

Taken together, these pivotal studies outline a spectrum of opportunities to translate PIK3CA/AKT1/PTEN alterations into personalized therapy. For practicing oncologists, the key implications are twofold: molecular testing is essential to identify patients most likely to benefit, and therapeutic sequencing must balance efficacy with tolerability. Looking forward, ongoing trials integrating PI3K/AKT inhibitors with CDK4/6 blockade, novel SERDs, and even ADCs may further optimize treatment of HR+/HER2– breast cancer in the era of precision oncology.

Speaker 11.16 (Sun.) 09:00-09:20

Toshihiko Satake MD, PhD, FACS

Professor and Chair, Department of Plastic, Reconstructive and Aesthetic Surgery, Faculty of Medicine, University of Toyama.

Educational Background

1989.03	Graduated from Kurume University School of Medicine
2023.04 - 2024.03	YCU (Yokohama City University) Hospital Management Program
2025.04 -	Yokohama City University Graduate School of International Management (Master's program) SIMBA Program

Work Experience

1989.04 - 1992.04	Resident physician, Department of Plastic Surgery at Tokyo Women's Medical University
1992.05 - 2000.03	Medical Officer, Department of General Surgery, Kawaguchi Municipal Medical Center
2000.04 - 2002.08	Assistant, Department of Plastic Surgery at Tokyo Women's Medical University Medical Center East
2002.09 - 2006.03	Assistant, Department of Plastic Surgery, Yokohama City University Medical Center
2006.04 - 2019.12	Associate Professor, Department of Plastic Surgery, Yokohama City University Medical Center
2020.01 -	Professor and Director, Department of Plastic, Reconstructive Surgery and Aesthetic Surgery, Faculty of Medicine, University of Toyama
2023.04 - 2025.03	Director of Operation Theater, Toyama University Hospital
2024.04 - 2025.03	Assistant Hospital Director, Toyama University Hospital
2025.04 -	Deputy Hospital Director, Toyama University Hospital

Aesthetic Breast Shaping in DIEP Flap Breast Reconstruction after Tissue-expander Placement

Toshihiko Satake, Maya Zuckerman, Yufu Hosoi,
Chikano Amei, Gaku Tachibana, Satoshi Onoda
Plastic, Reconstructive and Aesthetic Surgery, Faculty of Medicine, University of Toyama.

The most standard method for autologous breast reconstruction following mastectomy is the DIEP flap, which offers several advantages for aesthetic restoration. These include a long vascular pedicle, two-layered autologous fat, and skin with a color and texture similar to that of the breast. Additionally, by incorporating sensory nerves and lymph nodes into the DIEP flap, functional reconstruction is also possible.

For breast cancer patients, immediate breast reconstruction using a DIEP flap is desirable. However, this is often difficult in high-volume centers, so it is common to perform expander insertion after mastectomy and reconstruct the breast in a two-stage procedure. Additionally, in cases where the abdominal skin has stretch marks, pigmentation, or scars from abdominal surgery, making it difficult to use for reconstruction, the use of an expander should be considered.

This time, we will explain breast reconstruction procedure using the DIEP flap after tissue expander insertion.

Key points of the reconstruction procedure include: 1. patient positioning and draping, 2. design of the breast incision and subcutaneous pocket creation, 3. preparation of the recipient bed, 4. design of the flap harvest tailored to the patient's body type, 5. flap elevation (selection of perforating branches, pedicle dissection), 6. vascular anastomosis and stabilization of the anastomosis site, 7. wound closure and umbilical formation with consideration for the cosmetic appearance of the donor site, and 8. creation of the breast mound (accurate reproduction of the décolleté line, shape and angle of the cleavage, highest point, lowest point, inframammary fold line, C' region, and shape at the axillary line).

Particularly, the process of matching the shape and size of the breasts should be performed without compromise, and it is important to accurately reproduce the anatomical landmarks of the breasts using an appropriate amount of skin flap and properly position them.

Speaker 11.16 (Sun.) 10:30-10:45

Huang, Chieh-Huei 黃傑慧

Educational Background

2007.07 - 2011.06	National Taiwan University Hospital, Taipei, Taiwan Residency in Plastic Surgery
2005.07 - 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 county, Taiwan Division of Plastic Surgery, Department of Surgery Attending Surgeon

Applying the ERAS Protocol in Microsurgical Breast Reconstruction: Insights From Our Practice

Autologous breast reconstruction is an excellent option for sustainable results of breast shape and symmetry. In the past, these complex microsurgical procedures were associated with prolonged hospital stays, delayed ambulation, and slow recovery.

However, Enhanced Recovery After Surgery (ERAS) protocols have successfully optimized perioperative care and improved outcomes across various surgical disciplines during this decade. In this presentation, we will share our preliminary data and clinical experience in applying an ERAS protocol to microsurgical breast reconstruction, offering practical insights to encourage its broader adoption in breast surgery.

Speaker 11.16 (Sun.) 12:00-12:40

Prof Benita Tan Kiat Tee 陈吉治教授

Professor Benita Tan is a Senior Consultant in the Department of General Surgery in Sengkang General Hospital, and the current Chairman of the Division of Surgery at Sengkang General Hospital. She is also a Senior Consultant at the Department of Breast Surgery, Singapore General Hospital and Division of Surgical Oncology in National Cancer Centre, Singapore. Clinical Professor with the Duke-NUS Medical School, Associate Professor in the Yong Loo Lin School of Medicine, NUS, and Lee Kong Chian School of Medicine.

Prof Benita holds concurrent appointments serving various administrative positions in SingHealth and Sengkang General Hospital such as Member of the Academic Medicine Council for Surgery ACP for Fellowship and Professional Development (FAPD), Office of Academic & Clinical Development, Academic Development Department, (OACD, ADD), Duke-NUS Medical School, Co-Director of the SKH Office of Value based healthcare, Co-chair of the Singhealth Office of Sustainability, and various others. She is also a Member of the Singapore Complaints Committee. Prof Tan also drives the Office of Value Based Healthcare looking to improve the value and outcomes of patient care. She is also passionate about the health of our environment, chairing the SKH Go Green committee since 2017, driving sustainability projects and events over the years and now extends that interest in the Singhealth cluster as the Co-chair of the Singhealth Office of Sustainability.

Educational Background

Bachelor of Medicine, Bachelor of Surgery
Master of Medicine (Surgery)
Fellow, Royal College of Surgeons, Edinburgh
Doctor of Philosophy
Graduate Diploma in Healthcare management and leadership

Work Experience

As a senior consultant breast surgeon, she practices in Sengkang General Hospital and is a visiting consultant to the Division of Surgery & Surgical Oncology, Singapore General Hospital and National Cancer Centre, Singapore. Her breast and surgical oncology practice covers breast cancer screening and detection, benign breast diseases, breast cancer evaluation, diagnosis, counselling, surgical management, and surveillance. Experienced in a wide range of breast procedures, she also performs oncoplastic breast surgery and minimally invasive surgery (endoscopic) breast surgery.

Evolving Treatment Landscape for Early Breast Cancer

Key Points:
-Overview of KN-522
- Importance of adjuvant systemic therapy for both pCR and non-PCR patients
- KN-522 case sharing and reimbursement practice in Singapore
- Perspective for immunotherapy in early stage BC management

Speaker 11.16 (sun.) 12:40-13:20

Wen-Ling Kuo 郭玟伶

Director of Comprehensive Breast Cancer Center, Chang Gung Memorial Hospital Northern Medical Complex
Associate Professor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
Jointly appointed assistant professor, School of Medicine, National Tsing Hua University
Jointly appointed assistant professor, School of Medicine, Chang Gung University

Educational Background

1994 - 2001	M.D. Department of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan
2007 - 2018	PhD, Graduate Institute of Clinical Medicine, College of Medicine, Chang Gung University, Taoyuan, Taiwan
2013 - 2016	Visiting Scientist, Department of Molecular and Cellular Oncology, UT MD Anderson Cancer Center, US

Work Experience

2007 -	Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2012.08 -	Instructor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2008 - 2012	Breast Cancer Society of Taiwan. Deputy Secretary General
2017.08 -	Supervisor, Taiwan Oncoplastic Breast Surgery Society
2012.07 -	Instructor Physician, Surgical Oncologist Specialty Training Program
2024.07 -	Associate Professor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2022.01 -	Director of Comprehensive Breast Cancer Center, Chang Gung Memorial Hospital Northern Medical Complex
2025.05 -	Deputy Chairman of TIBCS International Affairs Committee

The sustainable efficacy in HR+, HER2- Node+ High Risk Early Breast Cancer

Since the introduction of aromatase inhibition in the early 2000s, there have been limited advancements to the standard (neo)adjuvant therapies available for patients with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) early breast cancer (EBC). Many patients with HR+, HER2- EBC will not experience recurrence or have distant metastasis with currently available standard therapies. However, up to 30% of patients with high-risk clinical and/or pathologic features may experience distant metastasis, many in the first few years. Superior treatment options are needed to prevent early recurrence and development of metastases for this group of patients. MonarchE is an open-label, phase III study included patients with HR+, HER2-, high-risk EBC, who had surgery and, as indicated, radiotherapy and/or adjuvant/neoadjuvant chemotherapy. Patients with four or more positive nodes, or one to three nodes and either tumor size ≥ 5 cm, histologic grade 3, or centrally-confirmed Ki-67 ≥ 20%, were eligible and randomly assigned to standard-of-care adjuvant endocrine therapy (ET) with or without abemaciclib. The results shown that abemaciclib when combined with ET is the first CDK4/6 inhibitor to demonstrate a significant improvement in IDFS in patients with HR+, HER2- node-positive EBC at high risk of recurrence. Moreover, the benefit is sustained beyond the completion of treatment with an absolute increase at 5 years, further supporting the use of abemaciclib in patients with high-risk hormone receptor-positive, HER2-negative early breast cancer.

Speaker 11.16 (sat.) 14:10-14:50

Chih-Chiang Hung 洪志強

Division of Breast surgery, Department of Surgery,
Taichung Veterans General Hospital (台中榮民總醫院)

Educational Background

2023.02 - Present	Doctoral Program in Translational Medicine, National Chung Hsing University
2013.08 - 2015.06	Master of medical science, Chung Shan Medical University
2000.08 - 2007.06	M.D., National Defense Medical Center

Work Experience

2022.02 - Present	Assistant professor, Department of Applied Cosmetology, College of Human Science and Social Innovation, Hung Kuang University
2018.01 - Present	Director, Division of Breast surgery, Department of Surgery, Taichung Veterans General Hospital
2015.01 - 2017.12	Attending Surgeon, Division of General Surgery, Department of Surgery, Taichung Veterans General Hospital
2013.01 - 2014.12	Attending Surgeon, Division of General Surgery, Department of Surgery, Chia-Yi Branch, Taichung Veterans General Hospital
2007.08 - 2012.12	Resident, Department of Surgery, Taichung Veterans General Hospital

Practice changes with broader population at risk of recurrence in HR+HER2-EBC with CDK4/6i continuous benefit

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 4-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. While overall survival data remains immature at this time, no new safety concerns were identified throughout the study. Overall, the results from the NATALEE trial underscore the potential of ribociclib in combination with endocrine therapy as a promising treatment option for HR+/HER2− early breast cancer patients with stage II or III disease who are at risk of recurrence.

Speaker 11.16 (sun.) 14:50-15:10

Fiona Cheng 鄭翠芬

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
2022 - 2025	President of Taiwan Oncoplastic Breast Surgery Society

Nipple Sparing Mastectomy - Robot-assisted (Taiwan's experiences)

In recent years, the concept of minimally invasive surgery (MIS) has been burgeoning across various medical specialties, primarily due to its demonstrated benefits for patients. Breast cancer surgery incorporated endoscopic techniques several years ago, marking the advent of MIS in this field. Over the past seven to eight years, further advancements have been made with the introduction of robotic-assisted systems, enabling even more sophisticated MIS procedures.

Taiwan initiated robotic minimally invasive surgery in 2018. To date, the cumulative number of such procedures performed across multiple hospitals has reached approximately 700 to 800 cases. Some of these involved simple mastectomies, but the majority utilized robotic systems for both mastectomy and immediate reconstruction (with implants or rectus abdominis myocutaneous flaps).

The technical difficulty of the procedure itself is not particularly high, and surgeons can master it with relative ease. The primary barriers to its widespread adoption are the challenges in accessing robotic system scheduling and the relatively high costs associated with the technology. As the world continues to advance and patient expectations evolve, whether this approach will become commonplace in the future may be determined through discussions and shared insights among experts in this section from around the world.

Speaker 11.16 (sun.) 15:30-15:50

Gau Ruoh-Yun 高若雲

Attending physician; Division of General Surgery and Breast surgery, Department of Surgery, Chang Gung Memorial Hospital

Educational Background

2010/09 – 2017/08	National Taiwan University School of Medicine

Work Experience

2016/09 – 2017/08	Internship;
2017/08 – 2020/08	Post-Graduated Year; Chang Gung Memorial Hospital
2018/09 – 2020/08	Resident; Department of Surgery, Chang Gung Memorial Hospital
2020/09 – 2023/08	Resident; Division of General Surgery, Department of Surgery, Chang Gung Memorial Hospital
2023/09 – 2024/08	Fellowship; Division of General Surgery and Breast surgery, Department of Surgery, Chang Gung Memorial Hospital
2024/09 –	Attending physician; Division of General Surgery and Breast surgery, Department of Surgery, Chang Gung Memorial Hospital

Conventional approach - CGMH experience

Over the past few decades, nipple-sparing mastectomy (NSM) has emerged as an increasingly important surgical option for selected patients with breast cancer. Among the various surgical strategies, the conventional approach to NSM (NSM-C), performed through established incision placements, continues to serve as the fundamental reference standard in both clinical practice and academic evaluation. This approach has consistently demonstrated acceptable oncologic safety and surgical outcomes, while also providing superior cosmetic results, patient satisfaction, and quality of life when compared with total mastectomy.

Traditionally, NSM-C has been conducted using radial, anti-radial, or elliptical skin incisions positioned over the tumor site, with subsequent refinements including inframammary fold and peri-areolar incisions, with or without an additional axillary incision. While cosmetic outcomes remain a central consideration, incision placement in NSM-C is equally critical for maintaining surgical exposure, preserving blood supply, and facilitating both tumor resection and reconstruction. The presentation will provide an overview and update on conventional approach NSM.

At Chang Gung Memorial Hospital, the practice of NSM has evolved considerably over the past two decades. In addition to the conventional method, current approaches now encompass endoscopic-assisted and robotic-assisted techniques, both through single axillary incision (SAI). The SAI approach offers the advantage of preserving the vascular supply to the nipple-areolar complex (NAC) by maintaining distance between the incision and the NAC; however, it presents technical challenges, particularly limited visualization and restricted instrument maneuverability.

This presentation will provide an overview of our institutional experience, with emphasis on perioperative outcomes and oncologic safety of NSM performed through SAI using the conventional technique. Risk factors for NAC and skin flap necrosis, as well as positive resection margins, will also be reported. By directly comparing NSM-C with the more recently adopted NSM-SAI techniques, we aim to delineate their respective strengths and limitations, thereby contributing to the ongoing refinement of surgical strategies in nipple-sparing mastectomy.

In summary, NSM has continued to evolve through various surgical approaches. While minimally invasive methods may be considered selectively, the conventional approach remains the cornerstone in many clinical scenarios to achieve an optimal balance between oncologic safety and cosmetic outcomes.

Speaker 11.16 (Sun.) 16:05-16:25

Kuang-Hua Chen 陳冠樺

Dr. Chen is an attending physician in anatomic pathology, specializing in breast pathology and dermatopathology. With extensive experience in surgical pathology, she works closely with multidisciplinary teams to provide accurate diagnoses that guide patient care. Additionally, she is dedicated to medical education, teaching residents and medical students, and advancing the field of breast and dermatopathology through lectures, hands-on training, and educational resources.

Educational Background

2003.09 - 2010.06	Doctor of Medicine (M.D.), Kaohsiung Medical University, Kaohsiung, Taiwan

Work Experience

2010.08 - 2014.11	Resident Physician, Department of Anatomic Pathology, Linkou Chang Gung Memorial Hospital, Taiwan
2014.12 - Now	Attending Physician, Department of Anatomic Pathology, Linkou Chang Gung Memorial Hospital, Taiwan
2017.06 – 2018.05	Visiting Scholar, Department of Pathology, Division of Dermatopathology, University of California, San Francisco, CA, USA

Assessment of Positive Margins: A Pathologist's Perspective

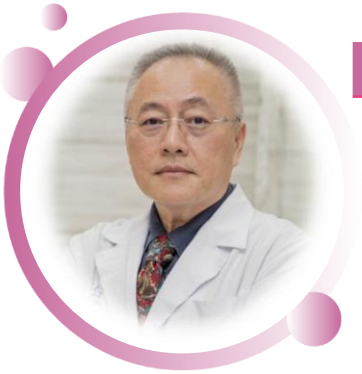
Margin assessment is a crucial aspect of breast-conserving surgery, directly impacting the decision for re-excision or further treatment. Although the concept of a “positive margin” may seem straightforward, its interpretation is often complex. Several factors, such as specimen orientation, tissue quality, inking techniques, and tumor subtypes, can all influence margin evaluation.

This presentation will explore how pathologists assess margins during both intraoperative frozen sections and final permanent sections, addressing common challenges such as fat-containing specimens, cauterized artifacts, tissue fragmentation, and difficulties in identifying certain tumor types—particularly ductal carcinoma in situ (DCIS) and invasive lobular carcinoma—at the edge of specimen. Through case examples, we will demonstrate how these challenges can lead to diagnostic uncertainty and impact clinical decisions.

Institutional data will be presented, focusing on the frequency of positive margins and any discrepancies between frozen and permanent section diagnoses. While false negatives in frozen sections are uncommon, they can have significant clinical implications, which will be discussed in the context of the latest literature.

Beyond simply reporting margin status, pathology reports provide valuable information, such as tumor-to-margin distance, margin direction, positive margin expansion, and histologic subtype, all of which inform surgical planning. Special attention will be given to DCIS, with guidelines recommending a 2 mm margin, though practices may vary based on patient factors and tumor behavior.

In summary, margin assessment is a nuanced process that requires careful consideration of technical, histologic, and clinical factors. Strengthening communication between surgeons and pathologists—and acknowledging the limitations of each technique—can lead to better outcomes for patients undergoing breast-conserving therapy.



Speaker 11.15 (sat.) 09:05-09:30

Dar-Ren Chen 陳達人

Professor of Surgery
Director, Department of Breast Surgical Oncology,
Changhua Christian Hospital.

Educational Background

China Medical University

Work Experience

Professor of Surgery
Director, Department of Breast Surgical Oncology, Changhua Christian Hospital.
Director, Comprehensive Breast Cancer Center, Changhua Christian Hospital.
Director, Cancer Research Center, Changhua Christian Hospital.

Director, Director, Department of General Surgery, Changhua Christian Hospital.

President, Taiwan Oncoplastic Breast Surgery Society.

Chief, Department of Medical Research, Changhua Christian Hospital.

Professor, Department of Surgery, China Medical University Hospital.

Three Oncoplastic Surgical Techniques for Enhanced Breast-Conserving Surgery: A Clinical Practice Overview

Dar-Ren Chen, MD, FACS
Department of breast surgical oncology, Changhua Christian Hospital

Oncoplastic surgery constitutes a significant advancement in breast-conserving treatment by broadening surgical options while minimizing breast deformities and reducing the incidence of both mastectomy and re-excision. Three principal oncoplastic techniques have been evaluated for their clinical applicability.

The modified round-block mammoplasty technique exhibits versatility across all breast quadrants and is particularly indicated for small- to medium-sized breasts. This technique optimizes cosmetic outcomes and mitigates complications by employing partial breast dissection—either half-breast or whole-breast—between the glandular tissue and subcutaneous fat, rather than complete breast dissection. The procedure utilizes monofilament purse-string sutures to prevent widening of the nipple-areolar complex. The matrix rotation technique has been specifically appraised for breast-conserving surgery involving tumors located in the upper and upper inner quadrants, regions that pose substantial cosmetic challenges. Although applicable to other quadrants, this approach is associated with the drawback of producing more extensive breast scarring. Racquet mammoplasty, also known as the “tennis racket technique,” serves as an oncoplastic procedure that concurrently facilitates complete removal of malignant tissue and immediate breast reconstruction. This method ensures oncological safety while preserving superior aesthetic outcomes. Collectively, these three oncoplastic methods are applicable to approximately 90% of breast-conserving surgeries encountered in routine clinical practice, thereby offering a comprehensive repertoire tailored to diverse tumor locations and breast morphologies. The successful implementation of these techniques necessitates meticulous surgical planning and specialized training for breast surgeons to enhance surgical outcomes. The incorporation of these approaches into standard clinical practice holds considerable promise for advancing patient care by harmonizing oncological efficacy with optimal cosmetic results across a spectrum of clinical scenarios.

Speaker 11.15 (sat.) 09:55-10:20

Tomoko Ogawa 小川　朋子

President of the 10th Congress of the Japan Oncoplastic Breast Surgery Society (2022)

Educational Background

1983.04 - 1989.03	Mie University School of Medicine, Mie, Japan
1991.04 - 1995.03	Graduated School of Mie University School of Medicine, Mie, Japan

Work Experience

1989.06 - 1990.05	First Department of Surgery, Mie University Hospital
1990.6 - 1991.03	Department of Surgery, Saiseikai Matsusaka General Hospital
1995.04 - 1997.09	Department of Surgery, Yamamoto General Hospital
1997.10 - 2003.03	Department of Surgery, Yamada Red Cross Hospital
2003.04 - 2006.08	First Department of Surgery, Mie University Hospital
2006.09 - 2008.06	Breast Center, Kameda medical Center <Professor>
2006.07 - 2023.05	Department of Breast Surgery, Mie University Hospital
2023.06 -	Emeritus Professor, Mie University Department of Breast Surgery, Ise Red Cross Hospital

Abdominal advancement flap in breast-conserving surgery

Department of Breast Surgery, Ise Red Cross Hospital
Tomoko Ogawa

An abdominal advancement flap (AAF) is a flap that is pulled up using the skin and the subcutaneous tissue that was under the original inframammary fold (IMF). It is a method that can be used to create the shape of the inferior portion of the breast by making a neo-IMF. This flap first reported as an auxiliary method for breast reconstruction using a prosthesis or autologous tissue after mastectomy. We have been using an AAF to fill the defect after breast-conserving surgery (BCS). In BCS, AAFs are used as volume replacement techniques, causing little damage to the donor site without the need to create an additional scar. To advance the filling tissue from the lateral and caudal side, this technique is performed mainly on patients with tumors on the lateral and caudal side. In AAFs, absorbable sutures those are inserted and interrupted into the subcutaneous tissue and dermis layer of the neo-IMF from the inside are subsequently tied and fixed to the chest wall to create the neo-IMF after partial mastectomy and remodeling of the breast mound by surrounding breast tissue. However, in our previous study, we found that the percentage of unacceptable cases increased when AAFs were used in patients with a high BMI, large breasts, tumors located in the inner portion, and old age. Additionally, AAFs are not good to perform in patients at high risk of impaired blood flow, such as older patients and those with diabetes, because the technique requires extensive skin flap creation. Therefore, we developed an even simpler volume replacement technique based on the AAF in 2017 and named the technique “modified AAF.” In modified AAFs, the absorbable sutures attached to the neo-IMF are fixed to the cranial mammary stamp, rather than to the chest wall as in AAFs. This method allows the neo-IMF to be created while filling the partial resection defect with pulled-up epigastric subcutaneous tissue and pulled-down cranial mammary tissue, and furthermore, the NAC can be pulled down to the same height as the unaffected side. Because of the simplicity of the procedure, we expanded the indications for modified AAF. If the skin on the tumor was not removed during the filling process, the excess skin over the defect would sink in and wrinkle. Therefore, we developed a simple solution to solve the problem of excess skin depression, named the “Ochikomanai method.” In the Ochikomanai method, de-epithelized excess skin props up the skin over the defect and fills it at the time of skin closure. The skin on the cranial side of the wound covered the skin on the caudal side of the wound, and the skin on the caudal side of the overlapping area was de-epithelized. The modified AAF with Ochikomanai method is the technique I most commonly use for oncoplastic surgery in BCS.

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

Shigeru Imoto, MD, PhD

His research fields focus on development of minimally invasive surgery (sentinel node biopsy and radiofrequency ablation) and dynamics on HER2 expression in breast cancer. He is a director of the Japan Surgical Society, the Federation of Asian Clinical Oncology, the Japanese Foundation for Multidisciplinary Treatment of Cancer and the Senologic International Society.

Educational Background

1979.04 - 1985.03	School of Medicine, Keio University
1985.04 - 1986.04	Intern in Surgery, Keio University Hospital
1986.05 - 1987.04	Resident in Surgery, Nippon Kokan Hospital
1987.05 - 1988.04	Resident in Surgery, National Ohkura Hospital
1988.05 - 1990.04	Senior Assistant Resident in Surgery, Keio University Hospital
1990.05 - 1991.04	Chief Resident in Surgery. Keio University Hospital

Work Experience

1991.05 - 1992.09	Surgical Staff, Ashikaga Red Cross Hospital
1992.10 - 2001.08	Surgical Staff, Breast Surgery Division, National Cancer Center Hospital East
2001.09 - 2007.03	Chief, Breast Surgery Division, National Cancer Center Hospital East
2007.04 - present	Professor, Department of Breast Surgery, Kyorin University School of Medicine

Survival advantage of locoregional and systemic therapy in oligometastatic breast cancer: an international retrospective cohort study (OLIGO-BC1)

[Background] Systemic therapy is the standard of care in stage IV and metastatic breast cancer (BC). However, locoregional and systemic therapy in oligometastatic BC is sometimes effective for disease control. The Federation of Asian Clinical Oncology (FACO) conducted an international retrospective cohort study of oligometastatic BC (OLIGO-BC1).

[Patients and methods] Oligometastatic BC patients diagnosed from 2007 to 2012 after curative operation at primary BC were registered from China, Korea and Japan. It was defined as a low-volume metastatic disease at up to five sites and not necessarily in the same organ. Overall survival (OS) period was measured from the diagnosis of oligometastases to the latest follow-up. A hazard ratio (HR) of OS was calculated by using a univariate and multivariate analysis.

[Results] Among 1,295 cases registered from February 2018 to May 2019, 932 remained for analysis after the exclusion of unavailable cases and locoregional recurrence. One metastatic site was found in 400 cases, 2 in 243, 3 in 130, 4 in 86 and 5 in 73. Bone, liver and lung metastases were diagnosed in 389, 196 and 287 cases, respectively. Locoregional and systemic therapy prolonged OS for cases with some type of systemic therapy, younger age, ECOG performance status 0, stage I BC, non-triple negative subtype, fewer metastatic sites, and longer disease-free interval (DFI) (Breast Cancer, doi: 10.1007/s12282-023-01436-7). From a subset analysis, favorable prognostic factors were identified in cases of one oligometastatic site of bone, lung and liver and complete response treated with multidisciplinary approach. In addition, cases of locoregional and systemic therapy and ECOG performance status 0 had advantage of OS at any intrinsic subtype. On the other hand, one oligometastatic site and longer DFI were also favorable prognostic factors at luminal and HER2 subtype, but not at triple-negative subtype.

[Conclusions] While oligometastatic disease after curative operation at primary BC is diagnosed by chance, it is worthwhile to consider locoregional and systemic therapy in some cases with favorable prognostic factors.

Speaker 11.15 (sat.) 13:45-14:10

SEE MEE HOONG 薛美虹

Educational Background

1993.06 - 1998.06	Medical Doctor, University Putra Malaysia
2009 – 2011	Master of General Surgery, Universiti Malaya
2012-2014	Fellowship of Breast Oncoplastic Surgery, Mahidol University，Thailand
2015	Minimally Invasive Breast Surgery, Kameda Medical Centre, Japan
2023	Robotic Breast Surgery, Taiwan

Work Experience

2010.02 - 2012.06	Malacca Hospital,, Malaysia
2012-present	Universiti Malaya Medical Centre
2015- present	Universiti Malaya Specialist Centre

Outcomes of Implant-Based Breast Long-Term Outcomes of Implant-Based Breast Reconstruction: A Malaysian Experience

This presentation details long-term outcomes from a retrospective review of [Number] patients undergoing implant-based breast reconstruction at our Malaysian center, with follow-up exceeding [Time] years. We report **acceptable overall complication rates** and **high implant survival rates** over the study period.

Patient-reported satisfaction remained **favorably high** long-term. Our experience confirms the durability and viability of implant reconstruction within the Malaysian healthcare context. Specific considerations, including the management of **common late complications (e.g., capsular contracture, rupture)** and reoperation patterns, are highlighted as crucial for optimizing sustained success and patient well-being in local practice.**: A Malaysian Experience**

This presentation details long-term outcomes from a retrospective review of [Number] patients undergoing implant-based breast reconstruction at our Malaysian center, with follow-up exceeding [Time] years. We report **acceptable overall complication rates** and **high implant survival rates** over the study period. Patient-reported satisfaction remained **favorably high** long-term. Our experience confirms the durability and viability of implant reconstruction within the Malaysian healthcare context. Specific considerations, including the management of **common late complications (e.g., capsular contracture, rupture)** and reoperation patterns, are highlighted as crucial for optimizing sustained success and patient well-being in local practice.

Speaker 11.15 (sat.) 14:35-15:00

Cha-Chun Chen 陳柵君

Chief of Cosmetic Center in Shin Kong Wu Ho-Su Memorial Hospital

Educational Background

Medical Doctor by Kaohsiung Medical University
Doctoral student in Institute of Traditional Medicine, National Ying-Ming University

Work Experience

2012.08 - to now	Plastic Surgeon (attending physician) in Shin Kong Wu Ho-Su Memorial Hospital
2025.04 - to now	Chief of Cosmetic Center in Shin Kong Wu Ho-Su Memorial Hospital
2016.07 - to now	Adjunct Plastic Surgeon for burn scar laser in New Taipei City Hospital
2017.02 - to now	Lecturer in National Taipei University of Nursing and Health Science
2012.12 - to now	Adjunct Plastic Surgeon in LeedSeed Hospital
2016.06 - 2025.04	Chief of Burn Center in Shin Kong Wu Ho-Su Memorial Hospital
2012.02 - 2012.08	Visiting Fellowship in Case-Western University of Hospital, Ohio State, USA
2011.07 - 2012.01	Fellowship in Shin Kong Wu Ho-Su Memorial Hospital
2007.07 - 2011.06	Resident in the department of plastic surgery in Shin Kong Wu Ho-Su Memorial Hospital
2005.09 - 2007.06	Resident in the department of surgery in Shin Kong Wu Ho-Su Memorial Hospital

Resident in the department of surgery in Shin Kong Wu Ho-Su Memorial Hospital

Cha-Chun Chen
Plastic Surgery, Shin Kong Wu Ho-Su Memorial Hospital

Immediate and delayed Breast reconstruction with implant accounts for 70% mastectomy patients. How to choose your first case with implant-based reconstruction and how to treat following capsular contracture or other morbidity should be educated.
How to start implant reconstruction? No matter pre-pectrol or sub-pectrol methods, we need to cheek the normal position of the original breast before the operation, the perfusion of the skin of breast, with or without nipple perseverance intraoperatively, and the final position and perfusion of the reconstructed breast postoperatively. Here I will make a brief introduction for starting implant reconstruction and what we should know in the whole course of the operation.

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

Ching-Hung Lin 林季宏

Speaker Introduction

Biography

Ching-Hung Lin, MD, PhD, is a 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. 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.

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, 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.

Characteristics of Young Breast Cancer Patients - Biology to Clinic

Breast cancer incidence and clinical behavior vary significantly by race and ethnicity, with emerging evidence highlighting distinct patterns among East Asian populations. This presentation explores racial disparities in breast cancer from epidemiological trends and tumor biology to treatment efficacy, using Taiwan as a case study within the broader East Asian context.

Recent registry data reveal a rapid rise in breast cancer incidence among young women in East Asia, particularly in Taiwan, Japan, Korea, and China, contrasting with plateauing trends in Western countries. Notably, young female breast cancer (YFBC) in Taiwan is not solely driven by westernized lifestyles. Instead, potential etiological contributors include both endogenous and exogenous estrogen exposures, genetic predispositions, and environmental pollutants. Compared to their Western counterparts, East Asian breast cancer patients exhibit a higher prevalence of luminal subtypes, especially in younger cohorts, and demonstrate unique genomic features such as TP53 mutations, lipid metabolism-related signatures, and DNA damage repair (DDR) gene defects.

Moreover, East Asian tumors appear to possess a more active tumor immune microenvironment, potentially contributing to enhanced responses to certain treatments. While the efficacy of conventional therapies—such as chemotherapy, endocrine therapy, and targeted agents including mTOR, PARP, and PI3K inhibitors—is generally comparable across racial groups, emerging data suggest heightened sensitivity to CDK4/6 inhibitors and possibly immune checkpoint inhibitors in Asian populations, particularly in younger women.

Pivotal trials including the MONALEESA-7 and RIGHT Choice studies further substantiate the superior progression-free and overall survival benefits observed in East Asian women treated with ribociclib-based regimens. Mechanistic insights from translational studies suggest that CDK4/6 inhibition may modulate anti-tumor immunity, enhancing the therapeutic impact in hormone receptor-positive/HER2-negative disease.
In conclusion, East Asian breast cancer represents a biologically and clinically distinct entity. Understanding these population-specific features is crucial for optimizing prevention strategies, tailoring treatment approaches, and guiding future research in precision oncology.

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

Fung Wai Wun 馮惠媛

Educational Background

2005.09-2010.08	Bachelor of Medicine and Bachelor of Surgery, The University of Hong Kong
2018.02	FCSHK (General Surgery), The College of Surgeons of Hong Kong
2018.03	FRCSEd (General Surgery), The Royal College of Surgeons of Edinburgh
2018.06	FHKAM (Surgery), The Hong Kong Academy of Medicine

Work Experience

2022.11- Present	Division Chief, Breast Surgery, Kwong Wah Hospital, Hong Kong
2022- Present	Council member, Hong Kong Society of Breast Surgeon
2023- Present	Committee Member, Breast Cancer Registry Steering Committee, Hong Kong
2024.09	Visiting fellow, Changhua Christian Hospital, Changhua, Taiwan
2025.02- 2025.05	Visiting fellow - Brussels University Hospital, Brussels, Belgium - Broomfield Hospital, Essex, United Kingdom - Mount Sinai Hospital, New York, USA - Kyunpook National University Chilgok Hospital, Daegu, Korea

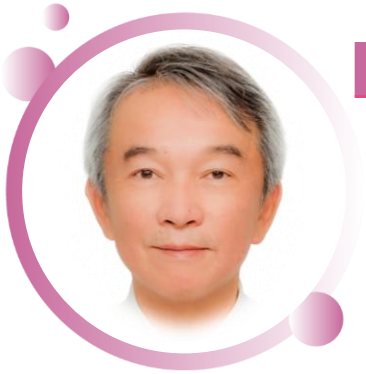
Therapy of Chemotherapy - Induced Vasomotor Symptoms - Is Any Different in Asian Women

Breast cancer accounts for 30% of all cancers in women. Of which hormone receptor positive cancers comprises around 70%. Vasomotor symptoms, similar to menopausal symptoms can arise due to treatment in breast cancer. The commonly known causative agents include chemotherapy, endocrine treatment in hormone positive diseases or newer agents such as immunotherapy. Hot flashes and sweats are the most common vasomotor symptoms experienced by breast cancer patients undergoing treatment. It is believed that breast cancer treatment resulting in hypogonadism and hence causing dysfunction of the thermoregulatory center.

Strategies of vasomotor symptoms treatment generally include medical treatment such as SSRIs, SNRIs, gabapentin etc. Novel agent such as elinzanetrant has been shown to significantly lower frequency of vasomotor symptoms associated with endocrine therapy compared to placebo in the recent OASIS-4 Trial. Non medical strategies include lifestyle and dietary modifications.

Anything special about the Asian population? Data particularly focusing on vasomotor symptoms of Asian breast cancer patient is limited. A report from the Shanghai Breast Cancer Survival Study (SBCSS) investigated menopausal symptoms among the Chinese population 6 months after cancer diagnosis. It showed that 67.2% of premenopausal women and 46.3% postmenopausal women experienced at least one menopausal symptom. It is more prevalent during the age of 46-55. The reported prevalence was similar to results reported from studies conducted in Western countries consisting of mainly Caucasian populations.

Despite lack of large scale studies, it is worth noting that alternative treatment options are available in Asia, especially in China. It includes cocktail traditional chinese medicine regimen, auricular plaster therapy, acupuncture or even the use of phytoestrogen from soy products. Future studies may focus on effectiveness of Asian treatment regimen as well as validation of research data from Western countries in the Asian population.



Speaker 11.15 (sat.) 17:15-17:35

Yung-Chieh Tsai 蔡永杰

Educational Background

1982.07 - 1989.06	China Medical University, Medical College Taichung, Taiwan

Work Experience

1994.09 – 1995.08	Research Fellow, Center for Reproductive Medicine Section of Infertility and Reproductive Endocrinology, Depart of OB/GYN, University Hospital of Cincinnati, Cincinnati, Ohio, USA
1995.09 – 1997.06	Attending Physician, Depart. OB/GYN Chang Gung Memorial Hospital, Kaohsiung, Taiwan
1997.07 – 2019.06	Head, Center for Reproductive Medicine Depart of OB/GYN, Chi Mei Foundation Hospital Tainan, Taiwan
2019.07 – NOW	Director, Depart of OB/GYN Head, Center for Reproductive Medicine Chi Mei Foundation Hospital

Fertility Preservation – Is There Any Risk?

Fertility preservation (FP) has become an essential consideration for young women with breast cancer, yet safety concerns persist among both patients and oncologists. The foremost issue is whether controlled ovarian stimulation increases recurrence risk, especially in estrogen receptor–positive disease. Multiple cohort studies and prospective evidence indicate that stimulation with concurrent letrozole or tamoxifen suppresses estradiol rise and does not increase recurrence or mortality. Importantly, the international POSITIVE trial enrolled 518 premenopausal women with hormone receptor–positive breast cancer who paused adjuvant endocrine therapy after 18–30 months to attempt pregnancy. After a median follow-up of 41 months, the 3-year breast cancer event rate was 8.9%, comparable to 9.2% in matched external controls, confirming no excess recurrence risk. Moreover, 74% achieved pregnancy and 63.8% had at least one live birth, demonstrating both oncologic safety and reproductive efficacy.

Another concern is treatment delay. With random-start protocols, ovarian stimulation can begin at any cycle phase, limiting delay to <10 days, a timeframe widely considered safe. Procedural risks are minimal: OHSS is negligible with antagonist/agonist cycles, and laparoscopic ovarian tissue harvesting carries <2% complication rate. Finally, long-term data from >10,000 FP-related births show no increase in congenital anomalies, developmental disorders, or childhood cancer.

Collectively, current evidence affirms FP as a safe and effective option that preserves reproductive potential without compromising cancer outcomes.

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Speaker 11.16(sun.) 09:20-09:40

Ya-Wei Lai 賴雅薇

(1) Director /Attending Plastic Surgeon, Division of Plastic and Reconstructive Surgery, Department of Surgery, Kaohsiung Medical University Gangshan Hospital
(2) Attending Plastic Surgeon, Division of Plastic and Reconstructive Surgery, Department of Surgery, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
(3) CEO of Espremium Aesthetic Clinic

Educational Background

PhD Candidate, Graduate Institute of Clinical Medicine, College of Medicine, Kaohsiung Medical University

Medical Doctor, Taipei Medical University, Taipei Taiwan

Work Experience

Director , Division of Plastic and Reconstructive Surgery, Department of Surgery, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan

Reduction Mammoplasty for Asian Ptotic Breasts — Timing for contralateral reduction mammoplasty by different issues

Asian patients present unique anatomical and aesthetic challenges in reduction mammoplasty due to smaller breast volumes, distinct skin characteristics, and denser glandular distribution. These factors necessitate individualized approaches when selecting surgical techniques and planning contralateral symmetry procedures. This presentation explores the current techniques applicable to ptotic Asian breasts, including short-scar, vertical, Wise pattern, and central pedicle approaches. Additionally, the choice of implant or tissue placement—prepectoral (pre-PAC) versus subpectoral (sub-PAC)—is examined in the context of anatomical suitability and aesthetic outcomes.

The timing of contralateral reduction remains a pivotal factor in achieving postoperative symmetry. Simultaneous reduction offers logistical and aesthetic advantages but may lead to asymmetry due to unpredictable tissue remodeling. Alternatively, staged correction performed 3–6 months postoperatively allows for more accurate volume and shape matching once the primary breast stabilizes.

This presentation includes clinical case series, outcome comparisons, and proposes a decision-making algorithm tailored to Asian morphology, aiming to optimize bilateral symmetry, patient satisfaction, and long-term outcomes in reduction mammoplasty.

Speaker 11.16 (sun.) 10:00-10:15

Jin-Mei Hu 胡君梅

Educational Background

2013 - 2016	Certified Mindfulness-Based Stress Reduction (MBSR) teacher and train-the-trainer from CFM(Center for Mindfulness in medical school of University of Massachusetts)
2009 - 2012	M.Ed. in Psychology and Counseling, National Taipei University of Education (NTUE)
2003- 2007	M.A. in Religious Studies, National Chengchi University (NCCU)
1987 - 1991	B.B.A. in Accounting, National Chengchi University (NCCU)

Work Experience

2014 - now	Chinese MBSR Services, Founder and CEO
1993 - 2003	Nan Shan Life Insurance Co., Ltd.
1991 - 1993	Deloitte Taiwan (CPA firm)

How to Improve Cancer-Related Fatigue and Cognitive Function
如何改善癌因性疲憊與認知功能

Cancer-related fatigue (CRF) is one of the most common and distressing symptoms experienced by cancer patients. Characterized by persistent or recurrent exhaustion that is disproportionate to activity levels and not adequately relieved by rest, CRF significantly reduces physical strength, emotional well-being, treatment adherence, and overall quality of life. Patients often describe it as being “tired to the bones” or “never rested enough.” Compounding this challenge, cognitive function—including attention, memory, planning, and decision-making—often declines, leading to complaints of “brain fog.” These two conditions interact in a vicious cycle: fatigue worsens cognitive impairment, while cognitive difficulties further intensify the sense of fatigue.

Recent evidence suggests that mindfulness-based interventions, particularly Mindfulness-Based Stress Reduction (MBSR), provide promising benefits for managing CRF and cognitive decline. A systematic review and meta-analysis of 23 randomized controlled trials (n≈2,239, primarily female breast cancer patients) demonstrated that MBSR and related interventions produced moderate-to-large reductions in fatigue (Hedges g≈0.60 immediately post-intervention) and improvements in vitality that persisted at follow-up. Another meta-analysis further confirmed significant decreases in CRF and emotional distress, highlighting MBSR as an effective complementary therapy.

From a clinical perspective, mindfulness cultivates non-judgmental awareness of the present moment, allowing patients to redirect scattered energy away from rumination and resistance toward restorative practices. Through exercises such as breath awareness and body scan meditation, participants often report improved sleep quality, reduced anxiety and depression, and a regained sense of agency. Beyond symptom relief, mindfulness nurtures wisdom and compassion, helping patients shift from asking “Why me?” to “What can I do for myself?”

This presentation will explore how mindfulness practice can help cancer patients break free from the reinforcing loop of fatigue and cognitive dysfunction. By channeling energy toward constructive engagement and inner stability, mindfulness offers patients not only symptomatic relief but also the possibility of living a life that is “more than just fighting cancer.”

Speaker 11.16 (sun.) 10:15-10:30

Kuan-Lin Lai 賴冠霖

Dr. Kuan-Lin Lai graduated from National Yang-Ming University in Taipei, Taiwan, in 2002, and subsequently completed his neurology training at Taipei Veterans General Hospital. He currently serves as a attending physician and clinical consultant at the same institution, specializing in a range of neuromuscular disorders, including inflammatory neuropathies, neuromuscular junction diseases, and myopathies. From 2021 to 2023, Dr. Lai was the section director of the Neuromuscular Division of the Taiwan Neurological Society. He is also an active council member of both the Taiwan Society of Clinical Neurophysiology and the Taiwan Brain Stimulation Society.

Educational Background

1995.09 - 2002.06	M.D. National Yang-Ming University, Taipei, Taiwan
2011.09 - 2020.06	Ph.D. National Yang-Ming University, Taipei, Taiwan

Work Experience

2002.07 - 2006.09	Resident, Taipei Veterans General Hospital
2006.10 - 2017.09	Attending physician, Taipei Municipal Gandau Hospital
2017.10 - now	Attending physician, Taipei Veterans General Hospital
2021.06 - 2023.05	Section director of the Neuromuscular Division of the Taiwan Neurological Society

Treatment-Induced Neuropathy: Is There an Effective Treatment?

Treatment-induced peripheral neuropathy (TIPN), particularly chemotherapy-induced peripheral neuropathy (CIPN), remains a significant clinical challenge across oncology and neurology. Commonly associated with agents such as platinum compounds, taxanes, and vinca alkaloids, TIPN can lead to persistent sensory disturbances, pain, and functional impairment — often necessitating dose reductions that compromise therapeutic efficacy. Despite its prevalence and impact, evidence-based preventative strategies are lacking, and current treatment options offer only modest relief. Emerging data suggest that early patient education, lifestyle interventions, and symptom monitoring may improve patient experience and outcomes. For painful CIPN, some medications (such as serotonin-norepinephrine reuptake inhibitors, gabapentinoids) have been shown with modest benefit, though their effect sizes are limited. Adjunctive therapies such as acupuncture and physical rehabilitation are increasingly explored, yet remain constrained by cost, accessibility, and variable evidence. Ultimately, individualized care — tailored to disease burden, comorbidities, and patient goals — is essential. This talk will examine the pathophysiology, clinical manifestations, and evolving management strategies for TIPN, with a focus on CIPN. It will also highlight current research gaps and propose a pragmatic framework for improving care through multidisciplinary collaboration and patient-centered approaches.

Speaker 11.15 (sat.) 10:45-11:00

Yen-Chou Chen 陳彥舟

Assistant Professor. Taipei Medical University.
IC-OS Certified Cardio-Oncologist.
Program Leader of Taipei Medical University Hospital. ICOS Center of Excellence (Gold Status).

Educational Background

2020.09 - 2025.01	TAIPEI MEDICAL UNIVERSITY, School of Public Health, Doctor of Philosophy (PhD) in Public Health
2014.09 - 2016.05	UNIVERSITY OF NORTH CAROLINA, Kenan-Flagler Business School, Chapel Hill, NC Master of Business Administration (MBA)
1999.09 – 2006.05	CHANG GUNG UNIVERSITY, Doctor of Medicine (MD)

Work Experience

2021.08 - 2025.11	Taipei Medical University Hospital, Attending Cardiologist
2017.02 - 2021.07	University of California, San Francisco Cardio-Oncology Fellow and Research Associate
2017.02 - 2021.07	Taipei Wan-Fang Hospital, Attending Cardiologist
2009.07 - 2014.03	Taipei Wan-Fang Hospital, Residency

Prevention of Cardiotoxicity Induced by Chemotherapy and Targeted Therapy

Cancer treatments such as chemotherapy, targeted therapy, and immunotherapy have transformed patient outcomes, but they also carry risks for the cardiovascular system. Cardiotoxicity—heart damage caused by cancer therapy—can manifest as heart failure, arrhythmias, high blood pressure, or vascular complications. Today, cardiovascular disease is a major cause of illness and death among cancer survivors, sometimes even exceeding the risk of cancer recurrence.

This section will provide an overview of the mechanisms and clinical impact of treatment-related cardiotoxicity, focusing on commonly used drugs such as anthracyclines, trastuzumab, and VEGF inhibitors. The session will also address newer agents, including immune checkpoint inhibitors, which have introduced novel cardiac risks such as myocarditis.

The importance of early detection and prevention will be emphasized. Baseline cardiovascular assessment before therapy, regular monitoring during treatment, and careful follow-up afterward are essential steps in reducing long-term complications. Evidence-based strategies, including echocardiographic surveillance, blood pressure management, and risk factor control, will be discussed in the context of international guidelines.

Special attention will be given to the role of nurses and associate caregivers in patient care. As frontline providers, they are often the first to recognize subtle signs and symptoms of cardiac dysfunction. Understanding red-flag presentations—such as shortness of breath, chest discomfort, palpitations, or peripheral edema—enables timely referral and intervention.

The section will also highlight lifestyle counseling and patient education as integral components of preventive care. By promoting exercise, balanced nutrition, smoking cessation, and medication adherence, caregivers help strengthen the heart's resilience during and after cancer treatment.

Through this session, participants will gain a understanding of how multidisciplinary collaboration between oncology and cardiology improves patient safety. Protecting the heart while treating cancer is central to modern cancer care, ensuring that patients not only survive their disease but also maintain long-term cardiovascular health.

Speaker 11.16 (sun.) 14:00-14:15

Hsien-Tang Yeh 葉顯堂

•Chief Deputy Superintendent, Lo-Hsu Medical Foundation Lotung Poh-Ai Hospital
• Dr. Y Lin' s Medical Research Foundation Supervisor
• Taiwan Breast Cancer Foundation Director
• Taiwan Oncoplastic Breast Surgery Society President

Educational Background

1980-1987	M.D., China Medical University, Taiwan

Work Experience

2011-present	Deputy superintendent,PohAi Hospital.
2002-2023	Director,Cancer center,PohAi Hospital.
1998-2015	Chief, devision of general surgery,PohAi Hospital.
1994-present	Attending surgeon.Lotung PohAi Hospital.
1989-1994	Surgical Residency training, National Taiwan University Hospital.

Clinical Expertise ：
• Diagnosis, surgical treatment, and management of breast tumors
• Surgical treatment of gastric cancer
• Thyroid and parathyroid surgery

Speaker 11.16 (sun.) 14:15-14:35

Elaine Su 蘇連瓔

Educational Background

2013.09 – 2015.06	Fu Jen Catholic University (R.O.C.) Master of Arts in Non-Profit Organization Management
1981.09 – 1986.06	Fooyin University (R.O.C.) Department of Nursing

Work Experience

2002.01 – 迄今	Chief Executive Officer, Hope Foundation For Cancer Care
2011.09 – 迄今	Board Member, Cancer Prevention & Treatment Foundation
2015.12 – 2018.12	Board Member, Taiwan Care Management Association
2006.09 – 2010.05	Advisor, Liver Disease Prevention & Treatment Research Foundation
2006.04 – 2009.04	Board Member, Taiwan Cancer Information Holistic Care Association
1997.01 – 2001.12	Deputy Executive Officer, Der-Tao Cancercaring Foundation
1996.01 – 1997.12	Research Nurse, The Clinical Research Ward of the National Health Research Institutes at National Taiwan University Hospital
1992.07 – 1995.11	Nurse Practitioner, Medical Oncology of the Koo Foundation Sun Yat-Sen Cancer Center
1986.11 – 1991.05	Registry Nurse, Division of Hematology and Oncology of Kaohsiung Medical University Chung-Ho Memorial Hospital

How to get support for unmet need for Breast Cancer survivors from government and supporting groups.
如何獲取政府及民間團體對乳癌患者的支持

乳癌照護正從「治療疾病」走向「長期健康管理」。隨著癌症慢性病化，病友在治療後仍需面對副作用與生活調適，因此持續性支持系統必須跨越醫療場域，延伸至社區與政策面。

在醫療端，與國民健康署共同推動「癌症資源中心」的設立，使其成為核心樞紐，不僅一站式提供系統內跨科別的資源連結，更能協助轉介至社區服務。也建置線上平台【台灣癌症資源網】，整合全台政府及民間團體資源，提升病友與家屬的資源可近性。

未來的重點在於「無縫接軌的癌症照護模式」：結合醫療、心理、社會與經濟層面的多元支持，並透過跨系統跨專業的合作、政策推動及數位科技應用，確保乳癌病友從診斷、治療到康復與長期追蹤，都能獲得持續且全方位的照護。這樣的模式，才能真正幫助病友不僅延長生命，更提升生活品質。

Speaker 11.16 (sun.) 14:35-14:55

Yen-Jung Chen 陳彥蓉

Educational Background

1996.09 - 2003.06	Doctor of Medicine, National Yang-Ming University

Work Experience

2014.07-2025.11	Director of Psychiatry Department, Luodong Pohai Hospital
2009.06-2025.11	Attending Psychiatrist, Luodong Pohai Hospital
2008.07-2009.05	Chief Residency, Taipei City Psychiatric Center
2005.04-2008.06	Residency, Taipei City Psychiatric Center
2003.07-2004.09	Residency, Department of Psychiatry, Mackay Memorial Hospital

癌後人生新篇章：Survivorship Care Program—「N E S S plus S」的好眠與紓壓

乳癌治療的成功不僅在於疾病控制，更在於如何協助患者邁向「癌後人生」的新階段。隨著存活率提升，倖存者面臨的挑戰轉向長期生活品質，包括睡眠障礙、焦慮、壓力調適及心理復原力等議題。Survivorship Care Program 以「N E S S plus S」為核心，整合營養（Nutrition）、運動（Exercise）、社會支持（Social support）、靈性關懷（Spiritual care），並加上睡眠（Sleep）這一重要面向，形成完整的照護架構。

其中，「好眠與紓壓」扮演關鍵角色。研究顯示，睡眠品質不僅影響免疫功能與荷爾蒙平衡，也與癌後疲憊、情緒調節及復發風險密切相關；而有效的紓壓策略（如正念、呼吸練習與支持性心理介入），能降低焦慮憂鬱，促進生理與心理的整合復原。

本演講將探討乳癌倖存者在睡眠與壓力管理上的常見困難，並介紹實證支持的介入方法，說明如何透過「N E S S plus S」建立一個兼顧身心靈的全人照護模式。期望與會同仁能共同推進這一場癌後人生的新篇章，讓患者真正活出健康與希望。

Speaker 11.16 (Sun.) 15:15-15:35

Po-Hsien Lin 林帛賢

Attending Physician, Department of Mental Health / Psychosomatic Medicine, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan

Educational Background

1997.09~2004.06	College of Medicine, National Taiwan University

Work Experience

2011.07.01~Present	Attending Physician, Department of Psychosomatic Medicine, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan 和信治癌中心醫院 身心科主治醫師
2017 – Present	Adjunct Teaching Attending Physician, Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan 臺大醫院精神部兼任教學主治醫師
2010.07.01~2011.06.30	Fellow, Division of Psychosomatic Medicine, Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan 臺大醫院精神部心身醫學科研修醫師
2006.07.01~2010.06.30	Resident Physician, Department of Psychiatry, National Taiwan University Hospital Yunlin Branch, Taiwan 臺大醫院雲林分院精神部 住院醫師

Menopausal Syndrome After Breast Cancer Treatment: Psychosocial Challenges and Management
乳癌治療後停經症候群的身心挑戰與因應

During the follow-up phase, breast cancer patients may experience menstrual irregularities or premature menopause as a result of prior cancer treatments, such as targeted therapy or chemotherapy. Long-term use of endocrine therapy further contributes to a variety of symptoms, including hot flashes, night sweats, musculoskeletal pain, sexual dysfunction, mood disturbances, and sleep disorders. These challenges significantly affect quality of life, work performance, and intimate relationships during the “re-entry” phase of returning to society.

In Taiwan’s clinical setting, supportive care that addresses needs beyond cancer survival is not yet well established as an independent specialty. Menopausal syndrome, in particular, spans physiological, psychological, and social dimensions, requiring a coordinated multidisciplinary approach.

In this lecture, the speaker—serving as a consultation-liaison psychiatrist in a cancer center—will share 14 years of clinical experience in managing the psychosocial impact of menopausal syndrome in breast cancer patients, along with updates on the latest international advances in treatment and care, offering insights for both patients and healthcare teams.

乳癌病人在追蹤期間，因先前的癌症治療（如標靶治療或化學治療）可能導致月經週期紊亂或過早停經，加上長期使用賀爾蒙治療（Endocrine Therapy）藥物，常出現潮紅盜汗、肌肉骨骼痠痛、性功能障礙、情緒困擾與睡眠障礙等多重症狀。這些困擾在病人重返社會（Re-Entry）階段，對生活品質、工作表現與親密關係造成顯著影響。

然而，這類超越抗癌求生範疇的支持性照護（supportive care），在台灣醫療現場尚未容易形成獨立專業；尤其停經症候群橫跨生理、心理與社會多層面，更需要仰賴跨專業團隊的協作。

本演講將由講者身為癌症中心的照會聯合精神科醫師（Consultation-Liaison Psychiatrist），分享14年臨床經驗，探討乳癌病人在治療後停經症候群的身心照護策略，並更新國際最新的治療與處置進展，提供癌症病人與照護團隊參考。

Speaker 11.15 (sat.) 16:20-16:40

Zhu-Jun Loh 羅竹君

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Educational Background

2003 ~ 2010	MD. School of Medicine, National Cheng Kung University, Taiwan.
2017~ 2019	Master of Institute of Clinical Medicine, National Cheng Kung University, Taiwan

Work Experience

2010- 2015	Residency, Department of Surgery, National Cheng Kung University Hospital, Taiwan (R.O.C.)
2015 ~ Present	Visiting Staff, Department of Surgery, National Cheng Kung University Hospital, Taiwan (R.O.C.)
2022 ~Present	Assistant Professor, Department of Surgery, School of Medicine, National Cheng Kung University, Taiwan (R.O.C.)

Update of Hormone Receptors Negative Breast Cancer Management

Triple-negative breast cancer (TNBC) and HER2-enriched breast cancer represent two aggressive, hormone receptor-negative subtypes with historically poor prognoses but rapidly evolving therapeutic landscapes.

For TNBC, the absence of ER, PR, and HER2 targets has traditionally limited therapy to chemotherapy. In recent years, immune checkpoint inhibitors have become standards treatment in combination with chemotherapy for advanced or metastatic settings. Another major breakthrough is the rise of antibody–drug conjugates (ADCs) has significantly improved outcome in metastatic TNBC.

For the HER2-enriched subtype, outcomes have dramatically improved due to targeted therapies. Dual HER2 blockade combined with chemotherapy is now standard in early and advanced disease. ADCs again represent a paradigm shift which has shown unprecedented efficacy in metastatic HER2-positive breast cancer, with meaningful survival benefits and durable responses. Its success has led to expanded indications into HER2-low disease, blurring traditional subtype boundaries.

Together, TNBC and HER2-enriched subtypes illustrate the momentum of precision oncology, where immunotherapy, ADCs, and biomarker-driven strategies are transforming previously high-risk groups into diseases with increasingly personalized and effective treatment options.