

# Young Investigator workshop 如何站上癌症研究的國際舞台

## Program Book

時間／  
2019 **8**／**17** 六

地點／  
台大景福館1樓會議室  
(台北市中正區公園路15-2號)



中華民國癌症醫學會  
Taiwan Oncology Society



# 中華民國癌症醫學會

Taiwan Oncology Society

主辦單位



中華民國癌症醫學會

贊助單位


台灣拜耳股份有限公司、美商默沙東藥廠股份有限公司台灣分公司、  
衛采製藥股份有限公司、台灣小野藥品工業股份有限公司、  
台灣必治妥施貴寶股份有限公司、法商益普生股份有限公司台灣分公司

# Young Investigator workshop

## 如何站上癌症研究的國際舞台

2019 8/17 六

台大景福館1樓會議室（台北市中正區公園路15-2號）

主辦單位  中華民國癌症醫學會

贊助單位 台灣拜耳股份有限公司、美商默沙東藥廠股份有限公司台灣分公司、衛采製藥股份有限公司、台灣小野藥品工業股份有限公司、台灣必治妥施實股份有限公司、法商益普生股份有限公司台灣分公司

活動說明 台灣的癌症臨床以及轉譯研究品質在國際間享有很高的聲譽，對於各種癌症的臨床診療進步也有很大的貢獻。中華民國癌症醫學會學術委員會／國際事務委員會計畫推出系列活動，鼓勵年輕會員以及台灣的腫瘤醫學同道參加國際會議並加強networking。首先將舉行「如何站上癌症研究的國際舞台」的工作坊，邀請資深有經驗的學者指導與分享不同階段的研究生涯需要面對的挑戰以及因應策略。

時間	講題	演講者	主持人
15:00~15:10	Opening	陳立宗 理事長 中華民國癌症醫學會	
15:10~15:20	活動簡介	許駿 醫師 學術委員會主委  張文震 醫師 國際事務委員會主委	陳立宗 理事長 中華民國癌症醫學會
15:20~16:20	踏上國際舞台與腫瘤專業生涯規畫	鄭安理 院長 台大癌醫中心醫院	
16:20~16:40	討論與中場休息	所有參加夥伴	
16:40~17:20	發上等願、結中等緣、享下等福： 建立自己的 career networking	陳偉武 醫師 台大醫院	張文震 主委 國際事務委員會
17:20~18:00	“The next speaker is…” 鄭安理 教授教我的演講密技〔及其他〕	許駿 醫師 台大醫院	
18:00~20:30	晚餐與 networking	所有參加夥伴	

學分認定 中華民國癌症醫學會 腫瘤內/外科 A類10分

報名方式 報名網址(縮短版) <https://reurl.cc/kRdqpb>

備註：免報名費，須於8/15(四)前至 中華民國癌症醫學會 網站線上報名。

報名  
條碼



15:20~16:20

## 踏上國際舞台與 腫瘤專業生涯規畫

**Speaker:** 鄭安理 院長  
台大癌醫中心醫院

**Moderator:** 陳立宗 理事長  
中華民國癌症醫學會

Ann-Lii Cheng, MD., PhD

鄭安理 院長

Distinguished professor, NTU

Superintendent, NTU Cancer Center



Ann-Lii Cheng is distinguished professor and Director of the NTU Cancer Center of National Taiwan University. He received his MD degree, PhD degree, and his specialty training in internal medicine and medical oncology at the Medical School of the National Taiwan University. In 1990, he was a research fellow at the Comprehensive Cancer Center of the University of Wisconsin, Madison, USA. Dr. Cheng has been actively involved in basic and translational research in hepatocellular carcinoma and has published more than 300 peer-reviewed articles. He was elected as Fellow of American Association for the Advancement of Science (AAAS) in 2007. He received the national award of "outstanding contributions for science and technology" in 2008, and a national award for academic excellence in 2010. He served as president of the Taiwan Oncology Society during 2009-2011. He was elected as National Chair Professorship in 2013, and has been the founding director of NTU Cancer Center. He is considered a world leader in the clinical and translational research of hepatocellular carcinoma, and is heavily involved in international academic activities. He currently serves as the president of APPLE (Asia Pacific Primary Liver Cancer Expert) society.

16:40~17:20

# 發上等願、結中等緣、 享下等福：建立自己的 career networking

**Speaker:** 陳偉武 醫師  
台大醫院

**Moderator:** 張文震 主委  
國際事務委員會

Tom Wei-Wu Chen, MD

陳偉武 醫師

Attending physician

Department of Oncology

National Taiwan University Hospital

Taipei, Taiwan



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

After returning to NTUH, he facilitated in the establishment of sarcoma multi-disciplinary team. He is actively involved in many sarcoma clinical trials including the global phase III study of doxorubicin +/- olaratumab in advanced soft tissue sarcoma and is also the institution PI of the single arm phase II study of tazemetostat (an EZH2 inhibitor) for synovial sarcoma, epithelioid sarcoma, and INI-1 negative cancers. He has also initiated investigator-led clinical trials in soft tissue sarcoma.



# 發上等願、結中等緣、享下等福： 建立自己的 Career Networking

陳偉武醫師 Tom Wei-Wu Chen  
臺大醫院腫瘤醫學部/ 臺大癌醫中心醫院



## My Career Path

An Interest in  
early phase  
clinical trial and  
design  
Also interested  
in breast cancer



**Cancer Therapy Clinical**

**Bevacizumab Preconditioning Followed by Etoposide and Cisplatin is Highly Effective in Treating Brain Metastases of Breast Cancer Progressing from Whole-Brain Radiotherapy**

Yin-Shen Lu<sup>1,2</sup>, Tom Wei-Wu Chen<sup>1</sup>, Ching-Hung Lin<sup>1,2</sup>, Dai-Cheng Yeh<sup>1</sup>, Lung-Hing Tsang<sup>3</sup>, Pei-Fang Wu<sup>1</sup>, Kun-Hing Rau<sup>1</sup>, Huang-Rin Chen<sup>4</sup>, Ya-Chung Chao<sup>5</sup>, Shu-Min Huang<sup>6</sup>, Chiu-Sheng Huang<sup>6</sup>, Tiffany Ting-Fang Shih<sup>2</sup>, and Ann-Li Cheng<sup>1,2</sup> for the Taiwan Breast Cancer Consortium

**Clinical Cancer Research**

### Abstract

**Purpose:** We hypothesized that a window period between bevacizumab and cytotoxic agents may enhance drug delivery into tumor tissue through bevacizumab-induced vascular normalization in patients with brain metastases of breast cancer (BRBC).

**Experimental Design:** A single-arm phase II study was conducted in which BRBC patients advancing to whole-brain radiotherapy (WBRT) were enrolled in a 21-day cycle: patients received bevacizumab (15 mg/kg) on day 1, which, with a 1-day window period, was followed by etoposide (75 mg/m<sup>2</sup> day 2-4) and cisplatin (75 mg/m<sup>2</sup> day 5, BE2P regimen). The BE2P regimen was administered for a maximum of 4 cycles. The primary endpoint was the overall response rate (ORR) relative to WBRT. Secondary endpoints were progression-free survival (PFS), time to next treatment (TTNT), and quality of life (QoL).

**Results:** A total of 55 patients were enrolled between January 2011 and January 2013. The median age was 54.3 years (range, 11-75). 57 patients (74.2%) had an Eastern Cooperative Oncology Group performance status of 2 or 3. Twenty-seven patients (77.1%; 95% confidence interval [CI], 59.9-89.4) achieved a CR+ORR response, including 13 patients (57.1%) with a >40% volumetric reduction of CR+lesions. With a median follow-up of 18.1 months, the median CR+ORR progression-free survival and overall survival times were 7.5 months (95% CI, 6.9-8.1) and 10.5 months (95% CI, 7.8-13.2), respectively. Common grade 3 or 4 toxicities included neutropenia (30.9%) and infection (21.8%).

**Conclusion:** By administering bevacizumab 1 day before etoposide and cisplatin, the BE2P regimen appeared highly effective in BRBC relative to WBRT. Further study of vascular normalization window concept is warranted. Clin Cancer Res (2015) 21:4-6.



# Young Investigator workshop

## 如何站上癌症研究的國際舞台





- ❑ What can I do in my hospital?  
(interdisciplinary networking?)
- ❑ What can I do within Taiwan  
(investigator/ institution/  
academic societies  
networking)
- ❑ What can I do outside of  
Taiwan (international  
networking)

Tom Wei-Wu Chen, MD  
National Taiwan University Cancer Center and National Taiwan University Hospital

## In National Taiwan University Hospital

- Establishment of the Sarcoma Multi-disciplinary team
  - With support of senior Profs Dr. 楊榮森 (骨科部)、Dr. 洪瑞隆 (腫瘤部)
- Bring international clinical trials into NTUH
- Tazemetostat (EZH2) inhibitor in soft tissue sarcoma
  - First-in-class EZH2 inhibitor- tazemetostat- ASCO 2019 Oral presentation Sarcoma Session (With the aid from Prof. 楊志新)
  - The only sarcoma institution to open in Asia
  - FDA grants priority review for epithelioid sarcoma
- Olaratumab (PDGFR- $\alpha$  mAb) in STS (phase III)
  - Failed study, but 2019 ASCO Plenary session presentation

Tom Wei-Wu Chen, MD  
National Taiwan University Cancer Center and National Taiwan University Hospital

### Networking in Taiwan

- Taipei Veterans General Hospital
  - Prof. 顏厥全 (oncologist), Dr. 吳博貴 (orthopedics)
  - Multi-institution investigator initiated clinical trial
  - A Single-arm Phase Ib/II Study of the Combination of Lenvatinib and Eribulin in Advanced Adipocytic Sarcoma and Leiomyosarcoma (LEADER Study)
    - Good responders seen
    - Accepted as ePoster (phase Ib part) in ASCO 2019
- Sarcoma Working Group (in Taiwan Oncology Society)
  - Promote Sarcoma Awareness among young oncologist
  - Seminars, invitation of international speakers
- Taiwan Society of Pathology Sarcoma Team

Tom Wei-Wu Chen, MD  
National Taiwan University Cancer Center and National Taiwan University Hospital

### Networking Internationally

- Asia Sarcoma Consortium
  - Sarcoma Institutions from 8 countries in an collaborative effort to understand the sarcoma status in Asia
  - 2016 ESMO Asia Oral presentation of angiosarcoma (the presenter)
- Collaboration with other fellows for a manuscript of Primary Cardiac Sarcoma
- J-STAR/ AOS invited Speaker for Sarcoma session (international meetings)
- Involved in international Sarcoma Society- CTOS : invited as moderators of multiple CTOS meetings
- Recognized as international sarcoma Expert—invited as Chair of the Sarcoma Session of ESMO Asia 2019
- Translational research— the Sarcoma Immune Classification (SIC) in Soft Tissue sarcoma with Profs. Wolf Fridman and Catherine Sautes-Fridman
  - 2018 International Cancer Immunotherapy Conference —Oral presentation
  - 2019 ESMO- Poster discussion

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National Taiwan University Cancer Center and National Taiwan University Hospital

## Network that You may not think of direct linkage

- Your mentors in other cancer field or disciplines
  - Prof. 鄭安理
  - Prof. 盧彥仲
  - Prof. 許駿
- Different colleagues → brain storming, or just pure discussion
- Mentoring others
  - Bring out the enthusiasm
  - Provide future perspective
  - Yourself as a mentor

Tom Wei-Wu Chen, MD  
National Taiwan University Cancer Center and National Taiwan University Hospital



17:20~18:00

**“The next speaker is…”**  
**鄭安理教授教我的演講**  
**密技〔及其他〕**

**Speaker:** 許 駿 醫師  
台大醫院

**Moderator:** 張文震 主委  
國際事務委員會

## Chiun Hsu, MD PhD

### 許 駿 醫師

chsu1967@ntu.edu.tw

Dr. Hsu is currently professor at the Graduate Institute of Oncology, College of Medicine, National Taiwan University and is also deputy director and visiting staff physician at the Department of Oncology, National Taiwan University Hospital.

Dr. Hsu received his medical degree from College of Medicine, National Taiwan University in 1992 and was awarded his PhD by the Graduate Institute of Clinical Medicine at the same institution in 2004. He was a visiting scientist at Department of Molecular and Cellular Oncology, University of Texas MD Anderson Cancer Center from 2004 to 2005.

Dr. Hsu's major research interest is clinical and translational research of new drug development for hepatobiliary cancers, and hepatitis B reactivation in cancer patients. He serves as a council member of the Asia-Pacific Primary Liver Cancer Expert (APPLE) meeting and a member of the European Society of Medical Oncology (ESMO) Faculty, gastro-intestinal tumour group.



#### Representative publications in the past 5 years (\* corresponding author; \*\* equal contribution)

1. Ou DL, Lin YY, Hsu CL, Lin YY, Chen CW, Yu JS, Miaw SC, Hsu PN, Cheng AL, **Hsu C\***. Development of a PD-L1-expressing orthotopic liver cancer model: implications for immunotherapy for hepatocellular carcinoma. *Liver Cancer* 2019; 8: 155-71
2. Yang HC, Tsou HH, Pei SN, Chang CS, Chen JH, Yao M, Lin SJ, Lin J, Yuan Q, Xia N, Liu TW, Chen PJ, Cheng AL, **Hsu C\***, and Taiwan Cooperative Oncology Group. Quantification of HBV core antibodies may help predict HBV reactivation in lymphoma patients with resolved HBV infection. *J Hepatol* 2018; 69: 286-92
3. Lin YY, Tan CT, Chen CW, Ou DL, Cheng AL, **Hsu C\***. Immunomodulatory effects of current targeted therapies on hepatocellular carcinoma: implication for the future of immunotherapy. *Semin Liver Dis* 2018; 38: 379-88
4. **Hsu C\***, Lee SH, Ejadi S, Even C, Cohen RB, Le Tourneau C, et al. Safety and antitumor activity of pembrolizumab in patients with programmed death ligand 1-positive nasopharyngeal carcinoma: results of the KEYNOTE-028 study. *J Clin Oncol* 2017; 35: 4050-6



5. Shao YY, Chen BB, Ou DL, Lin ZZ, Hsu CH, Wang MJ, Cheng AL, **Hsu C\***. Lenalidomide as second-line therapy for advanced hepatocellular carcinoma: exploration of biomarkers for treatment efficacy. *Aliment Pharmacol Ther* 2017; 46: 722-30.
6. El-Khoueiry AB, Sangro B, Yau T, Crocenzi TS, Kudo M, **Hsu C**, et al. Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): an open-label, non-comparative, phase 1/2 dose escalation and expansion trial. *Lancet* 2017 389: 2492-2502.
7. **Hsu C**, Lin LI, Cheng YC, Feng ZR, Shao YY, Cheng AL, Ou DL. Cyclin E1 inhibition can overcome sorafenib resistance in hepatocellular carcinoma cells through Mcl-1 suppression. *Clin Cancer Res* 2016; 22: 2555-64
8. Chen JS\*\*, **Hsu C\*\***, Chiang NJ\*\*, Tsai CS, Tsou HH, Huang SF, et al. A *KRAS* mutation status-stratified randomized phase II trial of gemcitabine and oxaliplatin alone or in combination with cetuximab in advanced biliary tract cancer. *Ann Oncol* 2015; 26: 943-9
9. **Hsu C**, Tsou HH, Lin SJ, Wang MC, Yao M, Hwang WL, Kao WY, Chiu CF, Lin SF, Lin J, Chang CS, Tien HF, Liu TW, Chen PJ, Cheng AL. Chemotherapy-induced hepatitis B reactivation in lymphoma patients with resolved HBV infection: a prospective study. *Hepatology* 2014; 59: 2092 – 100.



- 鄭教授教我的「成功演講五要素」：

邏輯、節奏、聲音、互動、高潮

*真的沒有別的了嗎？*

- Entering the C Suite...
- 上台前一天、上台前一小時...

1

我的「邏輯」與問題：若  $p$  則  $q \rightarrow$  非  $q$  則 非  $p$

若  $p$  〔成功的演講〕 則  $q$  〔具備五要素〕

→ 非  $q$  〔不具備五要素〕 則 非  $p$  〔不成功的演講〕

若  $q$  〔具備五要素〕 則  $p$  〔成功的演講〕？

- How to define 'success'?
- How successful is enough?

## 第一部 總論

- I. 英語的種類和會議英語的地位
- II. 會議英語的特徵
  - 1. 邏輯上的特徵
  - 2. 語言學上的特徵
  - 3. 重要而有趣的語言學特徵的深入探討
- III. 中英語在思考方式和表達上的異同

## 第二部 分論

- 第一章 適合高級官員及來賓的用法
- 第二章 適用於主席的英語表達方式
- 第三章 適合演講者的英語表達方式
- 第四章 適合討論者或與會者的用法

## 第三部 議會中使用的英語



## 第一部 總論

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## 第三部 議會中使用的英語

### 1. 開頭的寒暄

1. 反覆 ( Repetition ) 強調
2. 並行 ( Parallelism ) 強調
3. 對照 ( Antithesis ) 強調
4. 由位置 ( Position ) 、掉尾句 ( Periodic Sentence ) 、漸進法 ( Climax ) 來表示強調
5. 以疑問方式來強調
6. 經由間接肯定法來強調

### 10. 將簡單、清楚地敘述論點

11. 將限制論點於某一範圍內的表達方式
12. 將省略或停止討論某些論點
13. 將闡述論點重心的表達方式
14. 將某些論點放在後面再詳加討論的表達方式
15. 演講中使用幻燈片的表達方式
16. 欲強調論點的表達方式
17. 論點中弱調的表達方式
18. 修正說錯話的表達方式
19. 演講中的轉乘與
20. 歸納重點與總結
21. 演講近尾聲時的致謝辭
22. 結束演講的表達方式

您的老闆原定在ESMO2019 與某研究團隊 ( e.g., MD Anderson Cancer Center, Stanford SPARK team, 某知名國際藥廠... ) 討論後續臨床或轉譯研究的合作，但是老闆臨時有事取消行程，請您代表出席。

請問您會怎麼做？

- 請老闆指派別人
- 接受任務，現場見機行事
- 請老闆指示要談什麼
- 上網查一下對方與會代表的背景
- 跟 local teams 討論可能的會談方向與策略
- 準備一個 oral presentation 介紹您的團隊以及希望合作的內容
- 其他

5

### 上台前一天

- Slide review (logic, animation, grammar, typos, news release...)
- Cue cards, 逐字稿
- 服裝: never 'under-dressed'
- 會場 (if possible)

### 上台前一小時

- 會場 (講台、提示螢幕、投影螢幕、 remote control、pointer、麥克風、etc.)
- 'Power Pose'?

6





Stivarga® (regorafenib)

# BREAK SURVIVAL BARRIERS

Treatment of patients with HCC  
who have been previously treated  
with sorafenib.

## 癌瑞格® 膜衣錠 40 毫克

品名：癌瑞格® 膜衣錠 40 毫克

成分：每錠含有 40 mg 的regorafenib

許可證字號：衛部藥輸字第 026168 號

### 適應症與使用方法：

大腸直腸癌：Regorafenib 適用於治療先前曾接受下列療法的轉移性大腸直腸癌(mCRC)患者，療法包含 fluoropyrimidine、oxaliplatin- 和 irinotecan- 為基礎的化療，和抗血管內皮生長因子(anti-VEGF)等療法；若 KRAS 為野生型(wild type) 則須接受過抗表皮生長因子受體(anti-EGFR) 療法。

腸胃道間質腫瘤：適用於治療先前曾接受 imatinib mesylate 與 sunitinib malate 患者之局部晚期、無法切除或轉移性的腸胃道間質腫瘤患者。

肝細胞癌：STIVARGA 適用於治療曾接受 sorafenib 治療的肝細胞癌(HCC)病患。

### 用法用量：

一個服藥週期為 28 天，建議劑量為每週期的前 21 天，每日一次口服 160mg STIVARGA (四顆 40 mg 藥錠)。持續接受治療直到病況惡化或發生無法接受的毒性。

請於每日同一時間服用 STIVARGA。請在食用一份所含熱量不到 600 卡路里及所含脂肪不到 30% 的低脂餐點後，配水吞服整顆藥錠[請參閱臨床藥理學(12.3)]。請勿為了彌補前一日的劑量，而在一日內服用兩倍劑量的 STIVARGA。

禁忌症：無

北市衛藥廣字第 107110297 號

PP-STI-TW-0036-1 Approval Date 11.2018

### 警語及注意事項：

在臨床試驗中曾出現重度且有時致命的肝中毒性現象[請參閱警語與注意事項(5.1)]。

請在治療之前和治療期間監測肝功能[請參閱警語與注意事項(5.1)]。

藉由肝功能檢測的數值上升程度與肝細胞壞死情形，可了解肝中毒程度，再依據其嚴重程度及持續時間來決定中斷使用 STIVARGA 後，接下來應該降低藥量或中止使用 STIVARGA [請參閱用法用量(2.2)]。

STIVARGA 會提高出血機率，涉及中樞神經系統或呼吸道、腸胃道或生殖泌尿道。

STIVARGA 曾提高感染、高血壓、心臟缺血與梗塞、皮膚毒性風險。曾觀察到可逆性後腦白質病變症候群、胃腸穿孔或瘻管的案例。

先前未曾在 regorafenib 對傷口癒合的影響上進行過正式的試驗。血管內皮生長因子受體 (VEGFR) 抑制劑 (例如 STIVARGA) 會妨礙傷口癒合，因此在排定手術的至少前兩週就須停止使用 STIVARGA。手術後根據臨床上傷口癒合情形來判斷是否再度使用 STIVARGA。傷口裂開的病患停用 STIVARGA。

治療期間及施用最後一劑後 2 個月內，實施有效避孕。

### 常見不良反應：

疼痛(包括胃腸疼痛與腹痛)、HFSR、無力/疲累、腹瀉、食慾減退/食量減少、高血壓、感染、發音困難、高膽紅素血症、發燒、黏膜炎、體重減輕、皮疹以及噁心。

更多產品資訊請參詳產品包裝內完整仿單內容 (US 04 / 2017 / TW07)

本藥須由醫師處方使用，使用前應詳閱說明書警語及注意事項



Stivarga®  
(regorafenib) tablets



**MSD**

INVENTING FOR LIFE

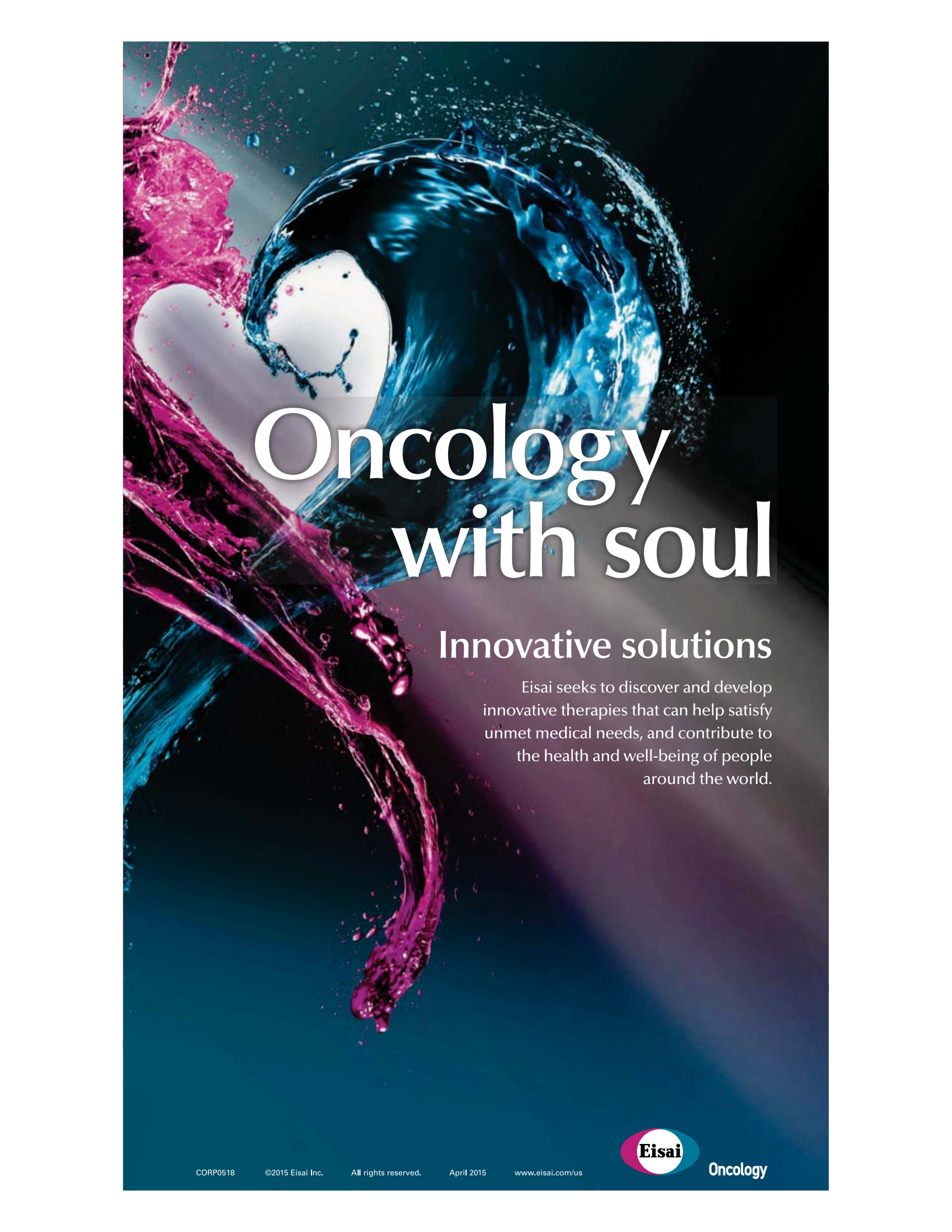
# 我們為何致力於研發

在默沙東，我們致力為更多生命而研發

我們的使命是解決世界上許多最具挑戰性的疾病，因為這個世界仍然需要治療方法來對抗癌症、阿茲海默症、愛滋病，以其許多人類和動物面臨的流行傳染疾病。

我們透過研發，致力於幫助人們繼續前進、解除疾病負擔、體驗甚至創造他們最好的生活。





# Oncology with soul

## Innovative solutions

Eisai seeks to discover and develop innovative therapies that can help satisfy unmet medical needs, and contribute to the health and well-being of people around the world.