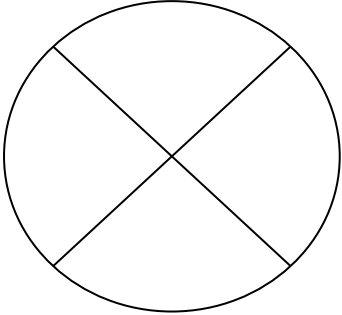
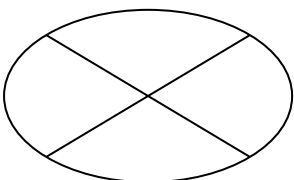


106 年外科聯合學術演講會 台灣消化系外科醫學會 議程簡表

106 年 3 月 18 日(星期六)

地點：國防醫學院

日期	講堂	3F 30 教室	3F 33 教室
3/18 (W6)	08:00 09:00 (60 分鐘)	(1)年輕主治醫師傑出研究獎:李正方 (2)住院醫師優秀論文獎:蕭智陽、 伍希元、張士純(4位皆英文演說) 座長:吳秋文-北榮 座長:鄭隆賓-中國	
	09:00 09:40 (40 分鐘)	(3)特別演講 彭芳谷教授 【一個退休消化外科醫師的回顧】 座長:陳敏夫-林口長庚 座長:林明燦-臺大醫院	
	09:40 10:00	Coffee Break	
	10:00 10:15	五十週年慶(致德堂)	
	10:15 11:15	貴賓演講 Keynote Speech (致德堂) 中研院_魏福全院士	
	11:15 12:00	台灣外科醫學會第 25 屆第 2 次會員代表大會(致德堂)	
	12:00 13:00	Lunch Seminar	
	13:00 14:00 (60 分鐘)	(4)外賓特別演講 Prof. Sohei_Satoi(日本) 座長:田郁文-臺大 座長:鄭國祥-亞東	
	14:00 15:00 (60 分鐘)	(5)專題演講 【Da Vinci Versus Laparoscopic Pancreatic Surgery】 Speaker:王心儀 Dr. 趙盈瑞 Dr. 座長:葉大森-林口長庚 座長:彭正明-中山附醫	
	15:00 15:20	Coffee Break	
15:20 16:20 (60 分鐘)	(6)胰臟口頭報告 (英文演說) 座長:李浩銑-奇美 座長:石宜銘-北榮	(8)肝臟口頭報告 (英文演說) 座長:胡瑞恆-臺大 座長:周嘉揚-北榮	
16:20 17:00 (40 分鐘)	(7)胃腸口頭報告 座長:楊美都-中國 座長:陳炯年-臺大	(9)肝臟口頭報告 座長:李威震-林口長庚 座長:謝宗保-三總	
		(10)肝臟口頭報告 座長:吳耀銘-臺大醫院 座長:游明晉-林口長庚	

CURRICULUM VITAE

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Nationality: Japanese

Education:

1991 M.D. Kansai Medical University
1999 Ph.D. Department of Surgery, Kansai Medical University

Professional Training and Employment:

1991-1994: Resident in Surgery, Kansai Medical University
1994-1996: Medical Staff in Surgery, Yao Tokusyukai Hospital
1996-1999: Postgraduate Student and Investigator, First Department of Surgery, Kansai Medical University
1999-2000: Clinical Fellow in the Liver Unit, the Queen Elizabeth Hospital, United Kingdom
2000 Clinical Fellow in Service de Chirurgie Generale, Digestive et de la Transplantation Hepatique, Hopital de la Croix Rousse, Lyon, France
2000 Clinical Fellow in Allgemeinchirurgie, Klinikum Leverkusen gGmbH, Leverkusen, Germany
2000 Clinical Fellow in Allgemeinchirurgie, Universitaet Krankenhaus Eppendorf, Hamburg, Germany
2001-2009: Lecturer in Hepato-pancreato-biliary division, Department of Surgery, Kansai Medical University
2009-2013: Assistant Professor, Department of Surgery, Kansai Medical University
2013- : **Associate Professor, Department of Surgery, Kansai Medical University**
Visiting Associate Professor, Department of Surgery, Tokyo Medical University
2015- **Visiting Professor, Department of Surgery, Tokyo Medical University**

Licensure and Certification:

1991/5/27 Passed the Examination of National Board Registration (No. 340316)
1995 Surgeon authorized by Japan Surgical Society (No. 10466)
1997 Surgeon authorized by Japanese Society of Gastroenterological Surgery (No. 2781)
2002/12/1 Board Certified Surgeon by Japanese Surgical Society (No. 1801782)
2004/1/1 Board Certified Surgeon by Japanese Society of Gastroenterological Surgery (No. 3001798)
2008 Board Certified Surgeon by Japan Society for Hepatobiliary Pancreas Surgery (08-20280)

Memberships, Offices and Committee Assignments in Professional Societies:

Member, Japan Surgical Society, Japanese Society of Gastroenterological Surgery, Japan Surgical Association, Japan Society of Clinical Oncology, Japanese Society for Abdominal Emergency Medicine, Japanese Association for Acute Medicine, Japan Society for Endoscopic Surgery, Japanese Society of Transplantation, Japanese Society of Hepato-Biliary-Pancreatic Surgery, Japan Pancreas Society, Japanese Society for Clinical Pathway, Japanese Society of Gastroenterology, Japan Biliary Association, International Society of Hepato-pancreato-biliary Association (No. 12093), International Association of Pancreatology (No. 2097)

- 2011 Committee member, Japanese Society of Hepato-Biliary-Pancreatic Surgery
- 2013 Committee member, Japan Pancreas Society
- 2015 Committee member, Japanese Society for Clinical Pathway
- 2016 Committee member, Japanese Society of Gastroenterological Surgery
- 2016 Member of the European Guidelines on cystic tumors of the pancreas: *Surgical strategy chapter*

Honors and Awards:

- 2007 Kansai Medical University, Research Grant Award
- 2010 Ministry of Health, Labour and Welfare Grant-in-Aid for Scientific Research
- 2011 Fujii Setsuro Memorial Foundation, Research Grant Award
- 2013 **International Guest Scholarship 2013 of the American College of Surgeons**
- 2015 the Japanese Foundation for Multidisciplinary Treatment of Cancer, Research Grant Award

What is the key to open the door for improving long-term survival in patients with unresectable pancreatic ductal adenocarcinoma

Sohei Satoi M.D., FACS.

Department of Surgery, Hirakata, Osaka, JAPAN

Pancreatic ductal adenocarcinoma (PDAC) continues to have a dismal prognosis, with a 5-year survival rate of <5%, even in the modern era. Recent progress in chemotherapy has provided an improved median survival time (MST) in patients with unresectable PDAC from 6-8 months to 8.5-11.5 months. The treatment of unresectable PDAC is still a clinical challenge which may require a multidisciplinary approach. Recent chemotherapy provided the good response rates and the increased rate of conversion surgery in locally advanced PDAC as well as metastatic one. Previously, MST in patients with initially unresectable PDAC who underwent conversion surgery has been reported to reach 30-52 months. Moreover, a project study for pancreatic surgery by the Japanese society of hepato-biliary-pancreatic surgery (JHBPS 2013) revealed that the optimal time recommended for adjuvant surgery was more than 240 days after the initial treatment.

The conversion surgery in our institution was indicated in patients with tumor shrinkage, decreased tumor marker and good performance status (JHBPS 2014). The MST in 15 patients who were planned surgical resection was better than in 115 patients who did not have surgical indications (36 vs. 9 months, $p<0.001$). The mortality and morbidity rates in the study group were 0% and 46% respectively, in spite of concomitant organ resections in 77%. Thus, favorable performance of conversion surgery has been revealed but subjects of conversion surgery are mostly limited to the patients with locally advanced PDAC.

The prognosis of metastatic PDAC is extremely poor. Among them, the MST of patients with peritoneal metastasis (PM) has been reported to be 6-7 weeks only. The presence of PM can lead to intestinal obstruction, massive ascites, and malnutrition, resulting in poor performance status, which in turn deprives patients of the opportunity to receive chemotherapy. Compared to systemic chemotherapy, intraperitoneal (i.p.) chemotherapy appears to be advantageous for the treatment of PM due to the high drug concentration in the peritoneal cavity that can directly contact the tumor nodules due to their large molecular weight and fat solubility. Previously, it was shown that i.p. paclitaxel (PTX) provided favorable clinical benefits in patients with PM in clinical trials of ovarian cancer, gastric cancer, and even PDAC. Therefore, we introduced the i.v./i.p. PTX + S-1 combination therapy in chemo-naïve PDAC patients with PM. Most notably, our multicenter phase II study revealed a response rate of 36%, a conversion surgery rate of 24%, and an MST of 16.3 months in 33 chemotherapy-naïve PDAC patients with peritoneal metastasis. MST in 8 patients who underwent conversion surgery (27.8 months) was significantly longer than 14.2 months of 25 nonsurgical patients ($p=0.0062$). This regimen has shown remarkable performance, both in terms of the high conversion rate and the improved outcomes of patients with PM who underwent conversion surgery.

Thus, conversion surgery can be the important key to open the door for improving long-term survival in patients with unresectable PDAC. Sustainable efforts are warranted to explore the appropriate regimen of chemotherapy and measure of tumor remission, surgical indication, optimal time of conversion surgery, extent of surgical resection and so on. 531 words