

台灣胰臟醫學會 107 年度春季醫學病例研討會

會 議 議 程

時間：107 年 4 月 21 日 (星期六) 下午 13:25 至 17:15

地點：台北凱撒大飯店四樓上海廳 (地址：台北市忠孝西路一段 38 號)

主辦單位：台灣胰臟醫學會、林口長庚醫院一般外科、林口長庚醫院胃腸肝膽科

協辦單位：台灣東洋藥品工業股份有限公司、智擎生技製藥公司

報到時間：13:00 開始 (不收費)

時 間	題 目	報 告 者 / 指 導 者
13:25~13:30	致 詞	李嘉龍 理事長
座 長：王鐘貴/葉大森		
<u>CASE I</u> ： 13:30~14:00	病例報告	蔡駿逸/葉大森 林口長庚一般外科
<u>CASE II</u> ： 14:00~14:50	<u>外賓演講</u> A new guideline to reduce postoperative morbidity after pancreaticoduodenectomy	里井 狀平 (日本)
14:50~15:10	Coffee Break	
座 長：張君照/沈延盛		
<u>CASE III</u> ： 15:10~15:40	病例報告	林寶英/唐瑞祥 臺北醫學大學附設醫院消化內科
<u>CASE IV</u> ： 15:40~16:20	病例報告	陳世欽/王心儀 石宜銘 蘇正熙 台北榮總一般外科
座 長：田郁文		
16:20~17:00	<u>專題演講</u> The Role of Pancreatic Stellate Cells in The Growth and Metastasis of Pancreatic Neuroendocrine Tumor	江采蓁/田郁文
18:00	台灣胰臟醫學會第六屆第八次理事監事聯席會暨晚宴	

學會教育積分：(申請中)

台灣外科醫學會

台灣消化系外科醫學會

台灣消化系醫學會

中華民國放射線醫學會

台灣內科醫學會

台灣消化系內視鏡醫學會

中華民國醫用超音波醫學會

中華民國癌症醫學會

CURRICULUM VITAE

Name: Chun-Yi, Tsai

Gender: Male

Birth date: August 08, 1978

Office address: No.5, Fu-Xing Street, Kueishan District, Taoyuan City, 333, Taiwan

Tel: +886-3-3281200 ext 3219

Fax: +886-3-3285818

e-mail: andreas3048@gmail.com; m7202@cgmh.org.tw

Education:

Chang Gung Medical College, Chang Gung University	1996 - 2003
Division of Surgical Oncology, Nagoya University Graduate School of Medicine	Sep. 2015 – Aug 2016

Employment record:

1. Surgical residency, Chang Gung Memorial Hospital	2005 – 2009
2. Chief Resident, Department of Surgery, Chang Gung Memorial Hospital	2009 – 2010
3. Fellowship, Department of Emergent Surgery and Traumatology, Chang Gung Memorial Hospital	Aug. 2010 – Dec. 2010
4. Attending staff, Department of General Surgery, Chang Gung Memorial Hospital, Linkou branch	Dec.2010 til now
5. Attending staff, Tong Yuan Hospital, Hsinchu county	Jul. 2012 – Jun. 2013
6. Attending staff, Kinmen Hospital, Kinmen	Oct. 2013 – Dec. 2013
7. Lecturer, Chang Gung Memorial Hospital	Jul. 2015 til now

Licenses:

1. Republic of China, License No.035659

2. Board of Surgery, Republic of China, License No.005977
3. Taiwan Surgical Society of Gastroenterology, No.1365
4. Board of Endoscopic Surgery, No.D0371
5. Specialist of Critical Care Medicine, No.02484
6. Advanced Trauma Life Support (ATLS), No.R1050801

Professional affiliations:

1. Surgical Association, ROC
2. Surgical Society of Gastroenterology, ROC
3. Taiwan Association for Endoscopic Surgery (TAES), ROC
4. Taiwan Pancreas Society, ROC
5. Taiwan Society for Metabolic and Bariatric Surgery (TSMBS), ROC
6. The Chinese Oncology Society, ROC
7. Taiwan Association of Endocrine Surgeons, ROC
8. International Association of Surgeons, Gastroenterologists, and Oncologists (IASGO)

Academic interests:

Hepatopancreaticobiliary diseases

Minimal invasive surgery

Complicated GI tract surgery

Gastrointestinal stromal tumor (GIST)

Bibliography:

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(SCI; IF=3.365; Gastroenterology&Hepatology 30/79)
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- Surgical management in metastatic gastrointestinal stromal tumor (GIST) patients after imatinib mesylate treatment. **J Surg Oncol.** 2010 Nov 1;102(6):599-603.
(SCI; IF=2.993; Surgery 43/197)
3. **Tsai CY**, Lin YS (共同第一), Yeh TS*, Cheong CF, Chang CH, Chen TC, Chen MF. Disrupted hepatic adipoonectin signaling impairs liver regeneration of steatotic rats. **Chang Gung Med J.** 2011 May-Jun;34(3):248-59.
 4. **Tsai CY**, Cheng CT (共同第一), Hsu JT*, Vinayak R, Liu KH, Yeh CN, Yeh TS, Hwang TL, Jan YY. Aggressive surgical approach for patients with T4 gastric carcinoma: promise or myth? **Ann Surg Oncol.** 2011 Jun;18(6):1606-14.
(SCI; IF=4.041; Surgery 17/197)
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(SCI; IF=3.025; Oncology107/217)
 6. Chen YH, Liu KH, Yeh CN, Hsu JT, Liu YY, **Tsai CY**, Chiu CT, Jan YY, Yeh TS. Laparoscopic resection of gastrointestinal stromal tumors: safe, efficient, and comparable oncologic outcomes. **J Laparoendosc Adv Surg Tech A.** 2012 Oct;22(8):758-63.
(SCI ; IF=1.255 ; Surgery131/197)
 7. Huang SY, Wang SY, Yeh CN*, Cheng CT, **Tsai CY**, Liu YY, Lin CC, Jan YY, Chen MF. Bladeless trocar versus traditional trocar for patients undergoing laparoscopic cholecystectomy. **European Surgery** 2012 Nov 44(6):408-412.
(SCI; IF= 0.287; Surgery 189/197)
 8. Liu YY, Liao CH, Chen CC, **Tsai CY**, Liu KH, Wang SY, Fu CY, Yeh CN, Yeh TS. Single-incision laparoscopic-assisted jejunostomy tube placement. **J Laparoendosc Adv Surg Tech A.** 2014 Jan;24(1):22-7.
(SCI ; IF=1.255 ; Surgery131/197)
 9. **Tsai CY**, Yeh CN* (共同第一), Cheng CT, Wang SY, Liu YY, Chiang KC, Hsieh FJ, Lin CC, Jan YY, Chen MF. Pain relief from combined wound and intraperitoneal local anesthesia for patients who

- undergo laparoscopic cholecystectomy. **BMC Surg.** 2014 May 12;14:28.
(SCI; IF=1.422; Surgery 118/197)
10. Hsu CC, Wu CE, Chen JS, Tseng JH, Chiang KC, Liu YY, **Tsai CY**, Cheng CT, Chen TW, Jan YY, Yeh TS, Chen YY, Yeh CN. Imatinib escalation or Sunitinib treatment after first-line imatinib in metastatic gastrointestinal stromal tumor patients. **Anticancer Res.** 2014 Sep;34(9):5029-36.
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12. Liao CH, Yeh CN, Yang SJ, Wang SY, Ouyang CH, **Tsai CY**, Liu KH, Liu YY, Kuo IM, Fu CY, Yeh TS*: Effectiveness and feasibility of laparoscopic distal pancreatectomy on patients at high anesthetic risk. **J Laparoendosc Adv Surg Tech A** 2014, 24(12):865-871. (SCI ; IF=1.255 ; Surgery131/197)
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14. Chang SC, Liao CH, Wang SY, **Tsai CY**, Chiang KC, Cheng CT, Yeh TS, Chen YY, Ma MC, Liu CT, Yeh CN*: Feasibility and Timing of Cytoreduction Surgery in Advanced (Metastatic or Recurrent) Gastrointestinal Stromal Tumors During the Era of Imatinib. **Medicine (Baltimore)** 2015, 94(24):e1014. (SCI ; IF=1.804 ; Medicine, general & internal 57/155)
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17. Liao CH, Yeh CN, Wang SY, Fu CY, **Tsai CY**, Liu YY, Cheng CT, Yeh TS*: Surgical option for intestinal gastrointestinal stromal tumors--perioperative and oncological outcomes of laparoscopic surgery. **Anticancer Res** 2015, 35(2):1033-1040. (SCI; IF=1.937, Oncology 161/217)
18. **Tsai CY**, Liu YY (共同第一), Yeh CN*, Chiang KC, Wang SY, Cheng CT, Liao CH, Hsu JT, Yeh TS, Jan YY *et al*: Gastric cancer patients with end-stage renal disease who underwent radical gastrectomy. **Anticancer Res** 2015, 35(4):2263-2268. (SCI; IF=1.937, Oncology 161/217)
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- based on current AJCC staging. **Medicine (Baltimore)** 2015, 94(8):e575. (SCI ; IF=1.804 ; Medicine, general & internal 57/155)
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Learning curve of laparoscopic Roux-en-Y gastric bypass in an Asian low-volume bariatric unit. **Asian J Surg.** 2017 Jan 17. pii: S1015-9584(16)30205-6. doi: 10.1016/j.asjsur.2016.11.007. [Epub ahead of print] (SCI ; IF=1.203 ; Surgery 136/197)
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management of patients with progressing metastatic gastrointestinal stromal tumors receiving sunitinib treatment: A prospective cohort study. **Int J Surg** 2017, 39:30-36. (SCI; IF=2.221)

サトイ ソウヘイ SATOI SOUHEI

里井 壯平

所属 関西医科大学 外科学講座

職種 准教授

■ 資格・免許

医師 博士(医学)

■ 専門領域

消化器外科、肝胆膵外科

■ 公的委員会・協会等

1. 2009/10/08～2010/01/20 医療事故調査委員会 委員
2. 2010/01/12～2010/06/14 診療行為に関連した死亡の調査分析モデル事業 臨床評価医
3. 2014/04/17～ 日本膵臓学会 膵癌取り扱い規約第7版改訂 委員
4. 2016/04/01～ european guideline of cystic tumor of the pancreas member
5. 2017/04～ 日本膵臓学会 膵癌ガイドライン 委員会 委員

■ 所属学会等

1. 1992/07～ 日本外科学会
2004 ～ 専門医
2006 ～ 指導医
2. 1992/07～ 日本救急医学会
3. 1992/07～ 日本消化器外科学会

■ 学術雑誌掲載論文

1. 原著(症例報告除く) A new guideline to reduce postoperative morbidity after pancreaticoduodenectomy. 2008/08
2. 総説 【癌治療クリニカルパス Update】 膵臓癌手術 2008/07
3. 症例報告 肝膿瘍に続発した細菌性眼内炎・腸腰筋膿瘍・脛骨骨髓炎の1例 2008/06
4. 原著(症例報告除く) Neoadjuvant chemoradiation in patients with potentially resectable pancreatic cancer. 2008/01
5. 原著(症例報告除く) Circulating dendritic cells and development of septic complications after pancreatectomy for pancreatic cancer. 2007/12

全件表示(45件)

■ 学会発表

1. 術前 TAE が有効であった外傷性脾断裂の一例（口頭発表，一般） 2008/03
2. 脾腫瘍と鑑別が困難であった黄色肉芽腫性病変の1例（口頭発表，一般） 2008/02
3. GSA シンチによる生体肝移植ドナー残肝の肝再生の検討（口頭発表，シンポジウム・ワークショップ・パネルディスカッション等） 2007/11
4. 十二指腸悪性ラブドイド腫瘍の1例（ポスター，一般） 2007/11
5. 脾 Dermoid cyst の1例（口頭発表，一般） 2007/11

Personal Profile

Name: Lin Pao-Ying, M.D; M.B.B.S,
Attending Physician, Division of Gastroenterology and Hepatology,
Department of Internal Medicine, Taipei Medical University Hospital,
Taipei (2013.04~)

Education:

University of Medicine - 1, Yangon, Myanmar

Trainings:

Resident doctor of Taipei Medical University Hospital

Chief resident and Fellow of Gastroenterology, Taipei Medical University Hospital

Certificate:

United States Medical Licensing Examination; Step I and II

Taiwan Internal Medical Licensing Examination certificate

Taiwan Gastroenterology Specialist certificate

Taiwan Digestive endoscopy specialist certificate

Address:

No.252, Wu Hsing Street, Taipei City 110, Taiwan (R.O.C.)

TEL : +886-2-2737-2181;

linpaoying@gmail.com

Publications:

- **Lin PY**, Wang CY, and Wang JY: Hyperosmolar hyperglycemic state induced myocardial infarction: a complex conjunction of chronic and acute complications with diabetes mellitus. Journal of Cardiovascular Medicine 2010; 11(2):127-9.
- **Lin PY**, Chai CY and Chang CC: Recurrent Abdominal Pain in a 55-Year-Old Woman. Gastroenterology. 2011 Jul; 141(1):36-404.
- **Lin PY**, Cheng CJ, Lou HY and Chang CC: Deep Infiltrating Cervical Endometriosis Mimicking Rectosigmoid Cancer. Am J Med Sci 2011; Sep 342(3): 239.
- Zheng JQ, Wang K, Pei D, Chen YL, Chang YL, Hsu CH, Huang TM, Lin MY, **Lin PY**, Lin JD: Improvement of abnormal liver enzymes after rosiglitazone treatment in Chinese type 2 diabetes. Indian J Pharmacol. May;44(3):372-6, 2012
- **Lin PY**, Lou HY, Chang CC. A rare cause of diffuse abdominal pain and fullness in a 57-year-old man. Gastroenterology. 2014 Aug; 147(2):e5-6.
- **Lin PY**, Tsai JR, Chang CC. A rare cause of intermittent epigastric pain and melena in a 38-year old man. Gastroenterology. 2015 Mar; 148(3):e10-1. Erratum in: Gastroenterology. 2015 Jun; 148(7):1482.
- **Lin PY**, Chang CC, Liu JD. A Rare Cause of Periodic Vomiting With Hematemesis in a 36-Year-Old Man. Gastroenterology. 2015 Oct; 149(4):870-1.

- **Lin PY**, Tang JH, Chang CC. A rare cause of GI bleeding in a 56-year-old man. Gut. 2016 Dec 20. pii: gutjnl-2016-313059.
- Yeh HJ, **Lin PY**, Kao WY, Kun CH, Chang CC. Idiopathic mesenteric phlebosclerosis associated with long-term use of Chinese herbal medicine. Turk J Gastroenterol. 2018 Jan; 29(1):138-140

Intermittent abdominal pain and fullness in 46 year old Female

Pao-Ying Lin,^{1,2} Jui-Hsiang Tang^{1,2} and Chun-Chao Chang^{1,2}

¹Division of Gastroenterology and Hepatology, Department of Internal Medicine, Taipei Medical University Hospital, Taipei, Taiwan.

²Division of Gastroenterology and Hepatology, Department of Internal Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan.

Pancreatic neuroendocrine tumors are a group of endocrine tumors arising from the pancreas. Most of these tumors are indolent in nature but have malignant potential.

Poor prognosis includes larger tumor size, higher tumor grade, lymph node and liver metastasis.

We present a case of 46-year-old female presented with intermittent abdominal pain and fullness, high blood pressure, and poor appetite with body weight loss. Lab data revealed increased liver function test, high chromogranin A, increase aldosterone and renin ratio. Abdominal CT revealed pancreatic tumor with hepatic metastasis.

Ultrasound-guided needle biopsy of the hepatic tumor revealed well differentiated pancreatic neuroendocrine carcinoma. Immunohistochemical stain showed positive pan-cytokeratin (AE1/AE3), synaptophysin and chromogranin A. Her clinical symptoms and blood pressure were improved after sandostatin and afinitor.

CURRICULUM VITAE



陳世欽醫師, Shih-Chin Chen, MD

學歷：臺北醫學大學醫學系畢 (2000 - 2007)

現職：台北榮民總醫院一般外科主治醫師
國立陽明大學醫學系講師

經歷：台北榮民總醫院 一般外科 主治醫師 *Aug.2015 – Currently*
台北榮民總醫院桃園分院 一般外科 主治醫師 *Dec.2015 – Dec.2016*
台北榮民總醫院 一般外科 臨床研究員 *Jul.2014 – Jul.2015*
台北榮民總醫院 一般外科 住院總醫師 *Jul.2013 – Jun.2014*
台北榮民總醫院 一般外科 住院醫師 *Aug.2009. – Jun.2013*

專長：胰臟手術
微創(腹腔鏡、達文西機器人)手術
消化外科
微創疝氣手術
內分泌外科 (甲狀腺及副甲狀腺手術)
腹部急症手術

證照 外科專科醫師
消化外科專科醫師
內視鏡外科專科醫師
達文西機器人手術受訓合格
一般醫學師資完訓認證

電子信箱 scchen19@vghtpe.gov.tw
Cschin0505@gmail.com

Atypical image presentation of serous cystadenoma

陳世欽 王心儀 石宜銘 蘇正熙
台北榮民總醫院 及 振興醫院 一般外科

In this presentation, we will present atypical image presentation of serous cystadenoma, and possibility of malignancy will be discussed.

A 59-year-old male patient had an incidental finding of pancreatic head tumor during health check-up. The tumor markers (CEA and CA 19-9) were within normal limits. Abdominal CT revealed a lobulated poor enhancing hypoattenuating lesion around 2.1cm at pancreatic head with PD dilatation. Pancreatic head malignancy was first impressed. MRI showed a lobulated heterogeneous T2W hyperintense lesion about 2.2x1.8 cm at pancreatic head with some soft tissue component without obvious pancreatic ductal connection, causing upstream pancreatic ductal dilatation, up to 8.6 mm in diameter.

Robotic pancreaticoduodenectomy was performed and frozen section report pancreatic head microcystic lesion. The pancreatic serous cystadenoma with malignancy will be discussed.

江采蓁

Chiang, Tsai-Chen., Ph.D.

Postdoc fellow

Department of Surgery, National Taiwan University Hospital, Taipei, Taiwan

Phone (02)23123456#65083, Mobile: 0928021556

Email address tsaichen.c@gmail.com

Education

Doctor of Philosophy, 2014

Institute of Molecular Medicine, College of Medicine, National Taiwan University

Master of science, 2004

Institute of Biopharmaceutical Sciences, School of Life Sciences, National Yang-Ming University

Bachelor of science, 2002

Department of Life Sciences, Fu Jen Catholic University

Experience

Research assistant 2004~2007

Institute of Molecular Medicine, College of Medicine, National Taiwan University

Postdoctor fellow 2014.Nov~

Department of Surgery, Collage of Medicine, National Taiwan University.

Project: Capture, detection and analysis of cycling tumor cells (CTCs) for diagnosis and treatment of pancreatic cancer. (104-2811-B-039-031)

Project: The role of exosomes in hepatic metastases of pancreatic neuroendocrine tumor. (104-2314-B-002-191 -MY2)

Publication

T.C. Chiang*, and F.J. Lee. 2016 ARL4A promotes cell migration via interacting with p21-activating kinase 1(Pak1). (manuscript prepared)

Patel, M.*, T.C. Chiang*, V. Tran, F.J. Lee, and J.F. Cote. 2011. The Arf Family GTPase Arl4A Complexes with ELMO Proteins to Promote Actin Cytoskeleton Remodeling and Reveals a Versatile Ras-binding Domain in the ELMO Proteins Family. J Biol Chem. 286:38969-38979.* Both authors contributed equally.

Lin, Y.C., T.C. Chiang, Y.T. Liu, Y.T. Tsai, L.T. Jang, and F.J. Lee. 2011. ARL4A acts with GCC185 to modulate Golgi complex organization. J Cell Sci. 124:4014-4026.

Li, C.C., T.C. Chiang, T.S. Wu, G. Pacheco-Rodriguez, J. Moss, and F.J. Lee. 2007. ARL4D recruits Cytohesin-2/ARNO to modulate actin remodeling. Mol Biol Cell. 18:4420-4437.

The Role of Pancreatic Stellate cells in Growth and Metastasis of Pancreatic Neuroendocrine Tumor
**Tsai-Chen Chiang¹, Ph.D., Yung-Ming Jeng² M.D., Ph.D., Shiue-Cheng Tang³ Ph.D., Yu-Wen Tien¹,
M.D., Ph.D.**

¹Department of Surgery, National Taiwan University Hospital

²Department of Pathology, National Taiwan University Hospital, Taipei, Taiwan

**³Institute of Biotechnology and Department of Medical Science, National Tsing Hua University,
Hsinchu, Taiwan**

Abstract

Key word: Pancreatic neuroendocrine tumor; Pancreatic stellate cells; Cancer metastasis.

Pancreas consists of endocrine and exocrine cells. Neoplasm derived from endocrine cells is pancreatic neuroendocrine tumors (PNETs). In contrast, neoplasm derived from exocrine cells is pancreatic ductal or acinar cell adenocarcinoma (PDAC). Clinical manifestation of PNETs is quite different from that of PDAC, in general speaking, being more slowly in progression and much better in patients' survival. In histology, the most striking differences between PNETs and PDAC are degrees of stromal fibrosis and vascularity. Compared to PDAC, PNETs have a much less fibrotic but much more hypervascular stroma. Pancreatic stellate cells (PSCs) have been reported to play a pivotal role in the pathogenesis of fibrosis and hypovascularity in PDAC-associated desmoplastic reaction.

Although considered to be 'indolent' tumours, at the time of diagnosis almost two-thirds of nonfunctional PNETs present with liver metastases, which is the main factor determining the patients' outcome. However, besides the presence of synchronous metastases, there are few consistently reliable criteria for predicting clinical outcome. Two recent studies have identified that low microvessel density (MVD) and presence of fibrosis are useful indicators of patient prognosis. As stated before, fibrotic and hypovascular stroma is the most characteristic histologic features of PDAC. It implies that PNETs with PDAC-like stroma tend to have worse prognosis. PSCs are responsible for PDACs' fibrotic and hypovascular stroma. Therefore, it is reasonable to postulate that PSCs are also responsible for the PDAC-like stroma of malignant-behavior of PNETs.

In clinical study of 61 patients with PNETs, we confirmed that the specimens from patients with liver metastases have more abundant extracellular matrix collagen (collagen type I), and pancreatic stellate cells (defined as α -SMA-positive cells). We found that α -SMA area was significantly correlated to the incidence of liver metastasis ($n=55$). Also, the distribution of α -SMA in PNETs was associated with the presence of fibrosis and necrosis, distant and lymph node metastasis ($p < 0.05$). Our study also performed 3-dimensional histology to reveal the characters of tumor microenvironment in malignant PNETs. We found that the specimen of malignant PNETs have α -SMA-positive stroma, heterogeneous distributed microvascular network and peri-lesional lymphangiogenesis. This is as our suspicion that malignant PNETs have stroma like PDAC.

To study the roles of PSCs in cell growth and metastasis of PNETs, we first perform co-culture of PNET and PSCs. Our results showed conditional media of PSCs promoted QGP1 proliferation and cell cycle progression. Also, animal study showed tumors derived from orthotopical injection of QGP1 and PSCs grew faster and metastasized earlier than tumors derived from injection of QGP1 alone. Both clinical and bench data showed PSCs play an important role in establishment of malignant-behavior PNETs. In conclusion, this study identifies activated PSCs in tumor stroma of PNETs. This is first time to show the interaction of PNETs

and their environment are important in PNETs progress and metastasis. In the future, we further explore the molecular mechanism of PSC-induced proliferation and metastases of PNETs.

