

111 年 10 月中部地區消化系同好會

- ★ 時間：111 年 10 月 6 日 (四) 17:30-19:30
- ★ 地點：裕元花園酒店-4 樓西側包廂(台中市西屯區台灣大道四段 610 號)
- ★ 主辦單位：中山醫學大學附設醫院胃腸肝膽科
- ★ 學分：內科醫學會、消化系醫學會及消化系內視鏡醫學會

17:30-17:40	Registration
17:40~17:50	Opening 中山醫大附醫肝膽腸胃科 蔡明璋主任
病例報告 Moderator: 中山醫大附醫內視鏡室 汪奇志主任	
17:50-18:05	<p>70 years old man visited our GI outpatient department with complaint of tarry stool for over a week <u>謝秉勳</u> 汪奇志 蔡明璋 中山醫大附醫胃腸肝膽科</p> <p>This is a 70 years old male with past history of (1) Psoriasis on Tremfiya subcutaneous injection (2) Insomnia with regular follow up at Neurology. He attended our GI department in February 2022, stating that he experienced bowel habit change (mainly constipation) and occasionally noticing tarry stool for a week. Associated symptoms includes light headedness and easy fatigue after COVID-19 vaccination injection. His lab data at the our GI OPD showed anemia (Hgb 10.4 g/dL). For the above symptoms he received endoscopic examination (EGD + Colonoscopy) which yielded interesting diagnosis.</p>
18:05-18:20	<p>A 74 year-old male with tea-color urine and clay color stool for 2 weeks <u>陳世華</u> 林彥至 顏旭亨 彰化基督教醫院消化系中心</p> <p>A 74 year-old male with history of type 2 diabetes mellitus, hypertension, dyslipidemia and chronic kidney disease. He had an aneurysm over common hepatic artery around 6 centimeters, which received covered stent embolization in Taipei VGH. After 2 months of stent embolization, he visited our hospital for mild fever, anorexia with tea-color urine and clay color stool for 2 weeks. Abdominal MRI with contrast suggest extrinsic mass effect on distal common bile duct and pancreatic duct. ERCP was performed for ERBD replacement. However, he experienced coffee ground vomiting, fever and epigastric pain for 2 days. Upper gastrointestinal endoscopy suggested active oozing over ampulla vater.</p>

專題演講(一)

Moderator : 中山醫大附醫內視鏡室 汪奇志主任

Considerations for the long-term nucleos(t)ide analogs therapy in chronic hepatitis B patients.

蔡炘儒醫師

台中榮民總醫院內科部胃腸肝膽科

18:20-18:45

Chronic hepatitis B (CHB) is related to the development of liver cirrhosis and/or hepatocellular carcinoma, both of which incur a substantial public health burden. Nucleos(t)ide analogue (NA) therapy can effectively suppress hepatitis B virus (HBV) replication and decrease the risk of CHB-related complications. Entecavir, tenofovir disoproxil fumarate (TDF), and tenofovir alafenamide (TAF) are recommended drugs for CHB patients in current guidelines because of their high potency in antiviral efficacy and low rate in virological resistance. However, NA therapy is not considered a curative therapy for chronic HBV infection, and the ideal therapeutic endpoints, including hepatitis B surface antigen seroclearance, is difficult to achieve. Therefore, CHB patients often require long-term HBV suppression to achieve the therapeutic goals, with the safety of long-term NA therapy therefore being an important clinical concern. The potential nephrotoxicity and a decrease in bone mineral density (BMD) of TDF therapy have been reported in previous studies. TAF is a novel prodrug of tenofovir and is formulated to deliver the active metabolite to target cells more efficiently than TDF at a much lower dose, thereby reducing systemic exposure to tenofovir. Improvement in renal function and BMD were also found in chronic hepatitis B patients who switched from TDF to TAF. However, it is still unknown whether the safeties of TAF is compatible to those of ETV. Besides, NA therapy may also influence the lipid profiles change in patients with HBV infection. Therefore, renal safety, bone mineral density and lipid profiles change would be the importance concerns about long-term nucleos(t)ide analogs therapy in CHB patients.

專題演講(二)

Moderator : 中山醫大附醫肝膽腸胃科 林俊哲教授

Systemic Therapy for Advanced Hepatocellular Carcinoma

鄭斌男教授

成大醫院醫學系教授

18:45-19:25

肝癌的發生率在台灣排名第四但死亡率非常高，近十年來，幾乎都穩坐在國人奪命癌症的第一、二名，也讓許多人一聽到肝癌就聞之色變。
為什麼肝癌這麼危險？難道是它的癌細胞特別頑強？倒不盡然。事實上，早期肝癌治癒機會很大，手術切除後和電燒的成功率很高。只是大部分的肝癌被診斷出來時，已經是晚期。晚期的病患，無法手術的病患，可以利用電燒、酒精注射與血管栓塞等方式清除腫瘤。而近年來，也有很多種標靶治療的藥物可以使用。但整體來說，只要是晚期的病患，治療效果都不算太好。

二〇一三年後，癌症免疫治療的觀念獲得證實，科學家找到了癌細胞躲避免疫細胞攻擊的機制，並成功地利用藥物加以阻斷。此後，醫學界幾乎都開始了癌症免疫治療的研究，腫瘤細胞可以強佔這些免疫檢查點，利用它們來壓抑人的免疫反應，降低免疫系統的作戰能力，因此，研發免疫檢查點抑制劑(immune checkpoint inhibitor)的藥物，阻斷免疫檢查點的活動，增強免疫系統破壞腫瘤細胞的能力，便成為重點，我們也在肝癌的應用上看到了令人欣喜的結果。

至於病人的存活期，相關研究則發現，比起單純使用標靶藥物，免疫治療平均可使患者多活將近五個月。而能夠存活超過十八個月的病患，也有將近三成，且在往後的兩年中，這群病患的病情似乎也未再惡化。

未來有更多免疫治療的試驗包括免疫藥物合併標靶藥物，免疫藥物合併標靶藥物應用於肝癌的治療，醫界預期會有更多更令人振奮的結果，讓更多肝癌病人受惠。

19:25~

QA & Closing 蔡明璋主任