



2025 肝癌與脂肪肝 聯合國際研討會

Event Agenda

臺北醫學大學 醫學綜合大樓前棟4樓 誠樸廳

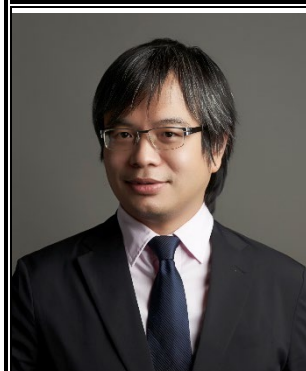
7/19 13:30 - 17:40
(Sat.)

| Time | Topic | Speaker | Moderator |
|--------------------------------|--|-------------------------------------|-------------------------|
| 13:00-13:10 | Opening | 吳麥斯校長/施俊明院長 北醫大/北醫大附設醫院 | |
| Hepatocellular Carcinoma (HCC) | | | |
| 13:10-13:30 | Histotripsy-New weapon for HCC | 吳志宏 醫師 臺大醫院 | 梁博欽 主任 臺大醫院 |
| 13:30-13:50 | Multiple-electrode RFA-Long-term (10-year) experience for HCC | 林成俊 副部長 土城長庚醫院 | 黃怡翔 主任 臺北榮民總醫院 |
| 13:50-14:10 | TATA consensus: Metastatic liver tumor ablation | 吳明順 主任 萬芳醫院 | 張經緯 主任 台北馬偕醫院 |
| 14:10 -14:30 | Comprehensive Overview of Current systemic therapy for HCC | 陳三奇 醫師 臺北榮民總醫院 | 蘇建維 主任 臺北榮民總醫院 |
| 14:30-15:10 | Keynote speech: Malnutrition, frailty, and sarcopenia in patients with advanced chronic liver diseases | Prof. Jennifer C. Lai, UCSF, USA | 高嘉宏 副院長 臺大醫院 |
| 15:10-15:30 | Break | | |
| Fatty liver Disease | | | |
| 15:30-15:50 | Genetic contributions to fatty liver disease-related liver cancer | 張瀞文 助理教授 北醫大代謝與肥胖科學研究所 | 高偉育 主任 北醫大附設醫院 |
| 15:50-16:10 | The impact of MASLD on outcomes in cured HCV patients | 劉振驊 教授 臺大醫院 | 林志陵 副院長 臺北市立聯合醫院仁愛院區 |
| 16:10-16:30 | Taiwan guidance in patients with diabetes and MASLD: A joint consensus | 鄭斌男 教授 成大附設醫院 | 黃志富 教授 高醫大附設醫院 |
| 16:30-16:50 | Medical, Endoscopic and Surgical Treatments for Obesity | 戴啟明 主任 義大醫院 | 方文良 主任 臺北榮民總醫院 |
| 16:50 17:10 | Genetic predisposition of MASLD | 王嘉齊 教授 臺北慈濟醫院 | 張君照 副院長 北醫大消化醫學研究中心 |
| Satellite Symposium | | | |
| 17:10-17:30 | Finite therapy vs. continuous NUCs therapy for patients with chronic hepatitis B | 許耀峻 副院長 義大醫院 | 彭成元 主任 中國醫藥大學附設醫院 |
| Discussion | | | |
| 17:30-17:40 | Close & remark | 張君照 副院長 北醫大消化醫學研究中心 | |
| 18:00-20:00 | GALA DINNER | 寒舍艾美酒店 2 樓 室宿廳 台北市信義區松仁路 38 號 | |



主辦單位／臺北醫學大學消化醫學研究中心脂肪肝組、
臺北癌症中心肝癌團隊、臺北醫學大學附設醫院研究部

PERSONAL INFORMATION



| | |
|-------------------------|---|
| Family Name (Last Name) | Wu |
| Given Name (First Name) | Chih-Horng |
| Official Title | M.D., Ph.D. |
| Position / Department | Attending Physician/Department of Medical Imaging Clinical Assistant Professor/Department of Radiology |
| Institute | National Taiwan University Hospital College of Medicine, National Taiwan University |
| E-Mail | chw1020@ntuh.gov.tw |

Education Background

| | |
|-------------------|---|
| 1999.07 ~ 2006.06 | Medical degree, NTU School of Medicine |
| 2005.07 ~ 2006.06 | Intern, National Taiwan University Hospital, Taiwan |
| 2006.07 ~ 2010.06 | Resident, Department of Medical Imaging, NTUH |
| 2010.07 ~ 2010.12 | Fellow, Department of Medical Imaging, NTUH |
| 2011.07 ~ 2013.06 | Master degree, NTU Graduate Institute of Clinical Medicine |
| 2016.09 ~ 2021.09 | Doctor of Philosophy, NTU Graduate Institute of Clinical Medicine |
| 2024.04 ~ 2024.10 | Visiting Scholar, University of Michigan |

Professional Career

| | |
|-------------------|--|
| 2011.01 ~ 2011.12 | Attending physician, Department of Medical Imaging, NTUH |
| 2012.01 ~ 2013.12 | Vice director, Department of Medical Imaging, NTUH Hsin-Chu Branch |
| 2014.01 ~ | Attending, Department of Medical Imaging, NTUH |
| 2014.06 ~ 2015.12 | Adjunct lecturer, Department of Radiology, NTU |
| 2016.01 ~ 2021.07 | Clinical lecturer, Department of Radiology, NTU |
| 2021.07 ~ | Clinical Assistant Professor, Department of Radiology, NTU |

Membership

Member, Radiological Society of the Republic of China (RSROC)
Secretary General, Taiwan Academy of Tumor Ablation (TATA)
Secretary General, Taiwan Society of Interventional Radiology (TSIR)
Executive Supervisor, Taiwan Association of Interventional & Therapeutic Ultrasound (TAITU)

Awards

2015 The Radiological Society of the Republic of China (RSROC) annual article award
2016 The Radiological Society of the Republic of China (RSROC) annual journal award
2019 The Asia Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) young IR award
2022 The Asia Conference on Tumor Ablation: Best Oral Presentation
2023 Asian Pacific Society of Cardiovascular and Interventional Radiology: Best Oral Presenter
2024 The Radiological Society of the Republic of China (RSROC) annual article award
2024 Asian Pacific Association for the Study of the Liver: Investigator Award.

Publications in recent five years

1. Computed Tomography-Defined Sarcopenia in Outcomes of Patients with Unresectable Hepatocellular Carcinoma Undergoing Radioembolisation: Assessment with Total Abdominal, Psoas, and Paraspinal Muscles. **Wu CH**, Ho MC, Chen CH, Liang JD, Huang KW, Cheng MF, Chang CK, Chang CH, Liang PC. Liver Cancr. doi.org/10.1159/000529676. **(First author)**
2. Effects of transjugular intrahepatic portosystemic shunt on abdominal muscle mass in patients with decompensated cirrhosis. **Wu CH**, Ho MC, Kao JH, Ho CM, Su TH, Hsu SJ, Huang HY, Lin CY, Liang PC. J Formos Med Assoc. 2023 Mar 1;S0929-6646(23)00061-X. doi: 10.1016/j.jfma.2023.02.007. **(First author)**
3. Ultrasound single-phase CBE imaging for monitoring radiofrequency ablation of the liver tumor: A preliminary clinical validation. Wang CY, Zhou Z, Chang YH, Ho MC, Lu CM, **Wu CH**, Tsui PH. Front Oncol. 2022 Jul 22;12:894246. doi: 10.3389/fonc.2022.894246. eCollection 2022. PMID: 35936752 Free PMC article. **(Corresponding author)**
4. Iodized oil computed tomography versus ultrasound-guided radiofrequency ablation for early hepatocellular carcinoma. **Wu CH**, Liang PC, Su TH, Lin MC, Chang YH, Shih TT, Kao JH. Hepatol Int. 2021 Oct;15(5):1247-1257. doi: 10.1007/s12072-021-10236-0. Epub 2021 Aug 2. PMID: 34338971. **(First author)**
5. Total skeletal, psoas and rectus abdominis muscle mass as prognostic factors for patients with advanced hepatocellular carcinoma. **Wu CH**, Liang PC, Hsu CH, Chang FT, Shao YY, Ting-Fang Shih T. J Formos Med Assoc. 2021 Jan;120(1 Pt 2):559-566. doi: 10.1016/j.jfma.2020.07.005. Epub 2020 Jul 8. PMID: 32651043 Free article. **(First author)**

申請繼續教育積分講師基本資料表及課程大綱

講師資料表

| | | | | | | | |
|-----------------|--|---------|---|------------|---|----------|----------|
| 講師姓名 | 吳志宏 | | 照片 | |  | | |
| 身份證字號 | A129277246 | | | | | | |
| 教職 | 助理教授 | | | | | | |
| 教職證書號 | 助理字第 152301 號 | | | | | | |
| 電子信箱 | chw1020@ntuh.gov.tw | | | | | | |
| 學歷 | 學校 | 科系 | 級別 | | | | 畢業年度 |
| | 台灣大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 95 |
| | 台灣大學 | 臨床醫學研究所 | <input checked="" type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 110 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 台大醫院 | 主治醫師 | 103/1 | 114/6 | 11 | 11 | 11 |
| 經 歷 (至多 5 項) | 台大醫院新竹分院 | 副主任 | 101/1 | 102/12 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 專 長 | 超音波，磁振造影，經動脈栓塞，經皮消融術 | | | | | | |
| 中文題目 | 組織碎化術-治療肝癌的新武器 | | | | | | |
| 英文題目 | Histotripsy - New weapon for HCC | | | | | | |
| 摘要 100 字 | 組織碎化術（Histotripsy）是一種創新的非熱性、高精度超音波消融技術，透過聲波產生微氣泡破壞腫瘤組織，避免熱傷害與鄰近結構損傷。其無侵入性特性特別適合靠近血管或膽管的肝腫瘤，為傳統消融療法的有力補充，開啟肝癌治療新篇章。 | | | | | | |

Curriculum Vitae

林成俊 Chen-Chun Lin 出生地: 台灣台北市

E-mail: lincc53@cgmh.org.tw; lincc53@gmail.com

現任職務:

長庚學術組副教授

內科部副部長兼胃腸肝膽科主任, 新北市立土城醫院(委託長庚醫療財團法人興建經營)

新北市立土城醫院醫學教育委員會副主席

台灣腫瘤消融醫學會常務理事

中華民國醫用超音波學會理事

台灣肝癌醫學會理事



學歷:

1987 國立台灣大學 藥學系畢業

1993 國立成功大學 學士後醫學系

2006 日本九州久留米醫學中心見習

教職:

長庚大學助理教授

長庚學術組副教授

歷任醫院職務 :

1993~1995 台南永康榮民醫院外科住院醫師

1995~2001 台北榮民總醫院內科部住院及住院總醫師

2001~2002 署立宜蘭醫院(委託台北榮總經營)胃腸科主治醫師

2002~2023 林口長庚醫院胃腸肝膽科主治醫師

2011~2016 林口長庚醫院胃腸肝膽科 8C 病房主任

2016~2023 林口長庚醫院超音波中心主任

歷任醫學會職務

2012~2016 台灣腫瘤消融醫學會秘書長

2018~2020 中華民國醫用超音波學會理事

2017~2023 台灣肝癌醫學會秘書長

Professional Affiliations: 台灣消化系內科專科醫師; 台灣消化系內視鏡專科醫師
中華民國消化系專業超音波醫師; 台灣肝癌醫學會專科醫師
台灣腫瘤消融醫學會專業醫師

Research Interest: 肝炎治療, 肝癌診斷及治療, 介入性超音波檢查及治療

Abstract

Multiple-electrode RFA – Long-term (10-year) experience for HCC

Chen-Chun Lin (林成俊) MD 土城長庚胃腸肝膽科

Hepatocellular carcinoma (HCC) is one of the leading causes of cancer-related death in Taiwan. Radiofrequency ablation (RFA) is recommended as a first-line treatment for solitary tumors less than 2 cm, and as an alternative for unresectable HCC, limited to no more than three nodules, each measuring ≤ 3 cm. Long-term survival outcomes following RFA have been reported, with 5-year overall survival (OS) rates ranging from 50–70%, and 10-year OS rates from 30–50%. In contrast, recurrence-free survival (RFS) rates are lower, estimated at 25–45% at 5 years and 10–20% at 10 years. Recent advancements in RFA technology, such as multiple-electrode techniques, image-guidance with navigation systems, and contrast-enhanced ultrasound have significantly improved treatment efficacy. These innovations not only enlarge the ablation zone but also enhance the likelihood of achieving an adequate safety margin, thereby reducing local recurrence and improving long-term survival. In our previous study, we demonstrated that complete ablation rates for HCCs measuring 3–5 cm and 5–7 cm were comparable when using multiple-electrode RFA. We further reported that switching multiple-monopolar RFA (SW-mRFA) significantly increased the rate of achieving adequate safety margins for HCCs between 3–5 cm, compared with single-electrode overlapping ablation. Patients treated with SW-mRFA showed superior 5-year OS and RFS. Inadequate safety margins were identified as a major contributor to post-ablation recurrence and reduced survival. Recently, we analyzed outcomes from 192 patients with solitary HCCs up to 7 cm in size. The majority had tumors larger than 3 cm and Child-Pugh A liver function. All underwent SW-mRFA as first-line treatment. The observed 5-year and 10-year OS rates were 54.0% and 32.2%, respectively, while RFS rates were 31.9% and 23.6%. Notably, there was no significant difference in OS between patients with tumors measuring 3–5 cm and those with tumors 5–7 cm. Conclusion: In selected patients, SW-mRFA can be considered a first-line, locally-curative treatment for solitary HCC, especially for those who are not ideal candidates for surgical resection.

Ming-Shun Wu. M.D., Ph.D.



Contact Information:

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Membership in Professional Societies

- Taiwan Society of Internal Medicine
- The Gastroenterological Society of Taiwan
- The Digestive Endoscopy Society of Taiwan
- Taiwan Society of Ultrasound in Medicine
- Taiwan liver cancer association
- Taiwan Academy of Tumor Ablation

Area of Research Interest

- Immune profiles of radiofrequency ablation (RFA) with immunotherapy
- Research on the effect of anti-oxidant, phytochemicals and herbal medicine in liver diseases
- Research on the effect of functional food in Chronic viral hepatitis and MASLD
- Research on the effect of acupuncture in neuroimmunology and functional gastrointestinal disorders

Education:

| | |
|------|--|
| 2014 | Ph.D. Graduate Institute of Clinical Medicine, Taipei Medical University |
| 1991 | Doctor of Medicine, Department of Medicine, College of Medicine, Taipei Medical University |

Professional Training and Appointment:

| | |
|-----------|--|
| 2021~ | Associate Professor, Division of Gastroenterology and Hepatology, Taipei Medical University Director, Department of medical education, Wan Fang Hospital |
| 2015-2021 | Assistant professor, Associate Professor in the Division of Gastroenterology and Hepatology at Taipei Medical University Director, Division of Gastroenterology, Department of Internal Medicine, Wan Fang Hospital |
| 1999-2015 | Attending Physician, Division of Gastroenterology, Department of Internal Medicine, Wan Fang Hospital |
| 1997-1999 | Fellow, Division of Gastroenterology, Department of Internal Medicine, Wan Fang Hospital |
| 1993-1997 | Resident, Department of Internal Medicine, Wan Fang Hospital |

TATA consensus: Metastatic liver tumor ablation

Ming-Shun Wu, MD, PhD^{1*}, Wei-Yu Kao, MD, PhD², Chia-Chi Wang, MD, PhD³

¹ Division of Gastroenterology, Department of Internal Medicine, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan.

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

³ Buddhist Tzu Chi Medical Foundation and School of Medicine, Taipei Tzu Chi Hospital, Tzu Chi University, Taipei, Taiwan.

Abstract


Metastatic liver tumors (MLTs) are the most common type of malignant liver tumors, primarily because the liver is a frequent target organ for metastasis. Metastatic cancer is generally considered a systemic disease, so the mainstay of treatment should be systemic therapies, including chemotherapy, targeted therapies, and immunotherapy. Currently, it is believed that a multimodal approach, combining local and systemic treatments, can improve tumor control and potentially prolong patient survival. Local treatments, in addition to surgery, include ablation therapy as one of the options. Ablation therapy has its limitations and advantages for local tumor control but can also be combined with other locoregional treatments such as surgical resection, transarterial embolization, and stereotactic body radiotherapy (SBRT) to manage appropriate subsets of patients. Ablation of hepatocellular carcinoma (HCC) has been performed for many years. In recent years, the number of MLTs cases treated with ablation has been increasing. However, the characteristics of primary liver tumors and MLTs, as well as their responses to ablation therapy, are distinct. At present, there is no established international guideline specifically for the ablation treatment of MLTs.

The consensus guidelines developed by the Taiwan Academy of Tumor Ablation (TATA) represent evidence-based medical statements. These guidelines are created and reviewed by an expert team including hepatologists, medical oncologists, radiation oncologists and intervention radiologists through comprehensive medical literature searches, discussions and voting. The process adheres to evidence-based standards, such as evaluating levels of evidence and grading recommendations. Furthermore, the guidelines are finalized through thorough discussions among all experts and by calculating voting consistency. In cases where clinical evidence is

unclear or lacking, expert opinions are also incorporated. Additionally, the guidelines provide recommendations on the future development of ablation therapy for MLTs.


申請繼續教育積分講師基本資料表及課程大綱

講師資料表

| | | | | | | | |
|-----------------|---|---------|---|---|----------|----------|----------|
| 講師姓名 | 陳三奇 | | 照片 |  | | | |
| 身份證字號 | R122695375 | | | | | | |
| 教職 | 國立陽明交通大學醫學系臨床學科 兼任講師 | | | | | | |
| 教職證書號 | 講字第 142662 號 | | | | | | |
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| 學歷 | 學校 | 科系 | 級別 | | | | 畢業 年度 |
| | 國立陽明交通大學 | 臨床醫學研究所 | <input checked="" type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 114 |
| | 台北醫學大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 95 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 臺北榮民總醫院腫瘤醫學部腫瘤內科 | 主治醫師 | 2017/8 | | | | |
| | 台灣免疫治療暨腫瘤學會 | 秘書長 | 2021/5 | | | | |
| 經 歷 (至多 5 項) | 台北榮民總醫院內科部血液腫瘤科 | 主治醫師 | 2014 | 2017 | | | |
| | 台北榮民總醫院內科部血液腫瘤科 | 總醫師 | 2011 | 2014 | | | |
| | 台北榮民總醫院內科部 | 住院醫師 | 2008 | 2011 | | | |
| | | | | | | | |
| 專 長 | 肝癌治療、免疫治療 | | | | | | |
| 中文題目 | 肝細胞癌全身性治療的最新進展 | | | | | | |
| 英文題目 | Comprehensive overview of current systemic therapy for HCC | | | | | | |
| 摘要 100 字 | HCC treatment has evolved significantly in recent years. This talk will provide an overview of systemic therapy advancements, including the emergence of targeted therapies, immune checkpoint inhibitors, and their integration as combination regimens in the frontline setting for advanced-stage HCC. We will also share clinical insights and real-world experience from our institute. In the intermediate stage, combining TACE with systemic therapy offers a promising approach to improve outcomes. Lastly, the talk will explore future directions in HCC treatment, including biomarker-driven strategies and novel therapeutic combinations that may reshape the clinical landscape. | | | | | | |


申請繼續教育積分講師基本資料表及課程大綱

講師資料表

| | | | | | | | |
|-----------------|--|---------|---|------------|---|----------|----------|
| 講師姓名 | 張瀨文 | | 照片 | |  | | |
| 身份證字號 | A227694590 | | | | | | |
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| 電子信箱 | changc11@tmu.edu.tw | | | | | | |
| 學歷 | 學校 | 科系 | 級別 | | | | 畢業 年度 |
| | 陽明交通大學 | 口腔生物研究所 | <input checked="" type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2015 |
| | 宜蘭大學 | 食品科學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2009 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 臺北醫學大學 | 助理教授 | 2023/2 | | 2 | 2 | 2 |
| 經 歷 (至多 5 項) | 美國國家衛生研究院 | 博士後研究 | 2018/1 | 2023/2 | | | 5 |
| | 陽明交通大學 | 博士後研究 | 2016/1 | 2017/12 | | | 2 |
| | | | | | | | |
| | | | | | | | |
| 專 長 | <ul style="list-style-type: none"> ● Steatohepatitis and liver cancer: diagnosis and molecular analysis ● Metabolic reprogramming in liver diseases ● Biomedical big data analysis ● Genomics and multi-omics applications ● Animal models of fatty liver-related cancer | | | | | | |
| 中文題目 | 脂肪肝所誘導的肝癌的遺傳貢獻 | | | | | | |
| 英文題目 | Genetic contributions to fatty liver disease-related liver cancer | | | | | | |
| 摘要 100 字 | Obesity-driven MASH is a rising cause of HCC, with PNPLA3 I148M as a key risk allele. Our study identifies DNAJA3 rs3747579-TT as a novel modifier promoting mitochondrial dysfunction and lipid dysregulation. Its synergy with PNPLA3 amplifies HCC risk. This work highlights the genetic-metabolic axis in MASH-related carcinogenesis, advancing biomarker-driven precision strategies. | | | | | | |

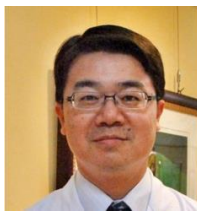
申請繼續教育積分講師基本資料表及課程大綱

講師資料表

| | | | | | | | |
|-----------------|--|---------|---|---|----------|----------|----------|
| 講師姓名 | 劉振驊 | | 照片 |  | | | |
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| | 台灣大學 | 臨床醫學研究所 | <input checked="" type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2015 |
| | 台灣大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 1997 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 台大醫院內科部 | 臨床教授 | 2023/07 | 至今 | 2 | 2 | 2 |
| 經 歷 (至多 5 項) | 台大醫院內科部 | 住院醫師 | 1999/07 | 2004/07 | 0 | 5 | 0 |
| | 台大醫院雲林分院內 科部 | 主治醫師 | 2004/07 | 2006/07 | 2 | 2 | 2 |
| | 台大醫院內科部 | 主治醫師 | 2006/07 | 至今 | 18 | 18 | 18 |
| | | | | | | | |
| 專 長 | 肝臟學 | | | | | | |
| 中文題目 | C 型肝炎病患經治療成功後代謝失能相關脂肪肝病對預後之影響 | | | | | | |
| 英文題目 | The impact of MASLD on outcomes in cured HCV patients | | | | | | |
| 摘要 100 字 | Hepatitis C virus (HCV) infection is a global health problem which is associated with an increase risk of metabolic dysfunction-associated steatotic liver disease (MASLD). While patients tend to have improved health-related outcomes following treatment-induced viral cure. Co-existence of MASLD may pose a threat to adversely for liver- and non-liver related health. Current evidence indicate that the prevalence of MASLD decreases after viral cure using antiviral treatment. However, patients with MASLD have a higher time-dependent risk of hepatocellular carcinoma (HCC). Additionally, those with MASLD have a poorer trend of fibrosis evolution using non-invasive biomarkers, compared to those without MASLD. Moreover, patients with MASLD may face an increased risk of extrahepatic outcomes. Based on the adverse effect of MASLD despite achieving HCV cure using potent antiviral agents, life style modification, therapeutic intervention to cardiometabolic risk factors (CMRFs) and steatotic liver disease (SLD), and prudential post-viral cure surveillance are vital to secure the long-term prognosis in these patients. | | | | | | |


申請繼續教育積分講師基本資料表及課程大綱

講師資料表

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| 講師姓名 | 鄭斌男 | | 照片 |  | | | |
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| 學歷 | 學校 | 科系 | 級別 | | | | 畢業年度 |
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| | | | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 國立成功大學醫學院 | 教授 | 2020/8 | | 29 | 34 | 29 |
| 經 歷 (至多 5 項) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 專 長 | 肝臟學，肝炎，肝腫瘤 | | | | | | |
| 中文題目 | | | | | | | |
| 英文題目 | Taiwan guidance in patients with diabetes and MASLD: A joint consensus | | | | | | |
| 摘要 100 字 | Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent chronic liver disease worldwide, affecting >30% of the global population. Insulin resistance serves as the fundamental pathogenesis of MASLD. The interaction and impacts are bidirectional between MASLD and diabetes in terms of disease course, risk, and prognosis. Therefore, there is an urgent need to highlight the multifaceted links between MASLD and diabetes for both hepatologists and diabetologists. The surveillance strategy, risk stratification of management, and current therapeutic achievements of metabolic liver disease remain the major pillars in a clinical care setting. | | | | | | |

申請繼續教育積分講師基本資料表及課程大綱

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| | 高雄醫學大學 | 臨床醫學研究所 | <input checked="" type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 100 |
| | 國立台灣大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 97 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 義大醫院內科部 | 部長 | 111/02 | | 20 | 20 | 20 |
| 經 歷 (至多 5 項) | 義大醫院內科部 | 副部長 | 107/07 | 111/02 | | | |
| | 義大醫院胃腸肝膽科 | 主任 | 106/07 | 111/11 | | | |
| | 義大醫院消化內視鏡科 | 主任 | 105/09 | 108/01 | | | |
| | | | | | | | |
| 專 長 | B 型及 C 型肝炎、脂肪肝、內視鏡減重治療、小腸疾病之診斷和治療、發炎性腸道疾病 | | | | | | |
| 中文題目 | 肥胖症的藥物治療、內視鏡治療及外科手術治療 | | | | | | |
| 英文題目 | Medical, Endoscopic and Surgical Treatments for Obesity | | | | | | |
| 摘要 100 字 | Obesity is a global health concern and a major risk factor for metabolic-associated steatotic liver disease (MASLD). Comprehensive obesity management, tailored to patient profile and disease severity, is essential in MASLD treatment. Pharmacotherapy using GLP-1 receptor agonists has shown significant efficacy in achieving weight loss, and offers non-invasive options with growing evidence of liver benefit. Metabolic surgery remains the most effective strategy, with sustained >20% total weight loss and significant improvements in MASLD. Endoscopic bariatric and metabolic therapies (EBMT), especially endoscopic sleeve gastropasty, offer moderate but durable weight loss, making them suitable for patients unfit for surgery. EBMT also appear effective in treating MASLD. However, the follow-up period is only 6-12 months. | | | | | | |

Curriculum Vitae

Chia-Chi Wang, M.D.



**Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation and School of Medicine,
Tzu Chi University, Hualien, Taiwan**

Present position:

Head; Medical Department

Professor; Tzu Chi University

Executive director, Taiwan Liver Cancer Association

President, Taiwan Academy of Tumor Ablation

MAIDEN, APASL

Previous:

Head; Department of Internal Medicine: 2016-2018

Chief; department of gastroenterology and hepatology: 2005-2016

Part-time attending physician: National Taiwan University Hospital

Resident and fellowship: National Taiwan University Hospital: 1993-1998

Education:

September 1984–June 1991: Doctor of Medicine (MD); Taipei Medical University,
Taipei, Taiwan


September 2003–June 2005: Master's Degree; Graduate Institute of Clinical
Medicine, National Taiwan University

Recent publication:

1. Wang SW, Wang C, Cheng YM, Hsieh TH, Wang CC, Kao JH. Liver and atherosclerotic risk of alcohol consumption in patients with metabolic dysfunction-associated Steatotic Liver Disease. *Atherosclerosis*. 2025;403:119161.
2. Wang SW, Wang C, Cheng YM, Chen CY, Hsieh TH, Wang CC, Kao JH. Genetic predisposition of metabolic dysfunction-associated steatotic liver disease: a population-based genome-wide association study. *Hepatol Int*. 2025;19(2):415-427.
3. Wang SW, Chang YW, Wang C, Cheng YM, Hsieh TH, Wang CC, Kao JH. Clinical profiles and their interaction of concurrent metabolic associated steatotic liver disease and hepatitis B virus infection. *World J Hepatol*. 2024;16(12):1429-1440.
4. Cheng YM, Hsieh TH, Wang SW, Wang CC, Kao JH. Metabolic associated steatotic liver disease misses fewer high-risk patients than metabolic associated fatty liver disease. *Clin Exp Hepatol*. 2024;10(4):249-256.
5. Wang SW, Hsieh TH, Cheng YM, Wang CC, Kao JH. Liver and atherosclerotic risks of patients with cryptogenic steatotic liver disease. *Hepatol Int*. 2024;18(3):943-951.
6. Wang CC, Cheng YM, Kao JH. Letter to the Editor: Statement of steatotic liver disease-A great leap toward the global standardization. *Hepatology*. 2024;79(1):E7-E8.
7. Cheng YM, Wang CC. Achieving global uniformity for the new name and diagnostic criteria of non-alcoholic fatty liver disease. *J Formos Med Assoc*. 2024:S0929-6646(24)00047-0. doi: 10.1016/j.jfma.2024.01.014. Epub ahead of print. PMID: 38220560.


申請繼續教育積分講師基本資料表及課程大綱

講師資料表

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|-----------------|--|---------|---|------------|---|----------|----------|
| 講師姓名 | 王嘉齊 | | 照片 | |  | | |
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| | 台北醫學大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 <input checked="" type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | 1991 | |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 醫務部 | 主任 | 2019/7 | 2025/6 | | 6 | |
| 經 歷 (至多 5 項) | 內科部 | 主任 | 2016/7 | 2019/7 | | 3 | |
| | 胃腸科 | 主任 | 2006/7 | 2016/7 | | 10 | |
| | | | | | | | |
| | | | | | | | |
| 專 長 | B 型肝炎，代謝異常脂肪肝病，肝癌，肝腫瘤消融 | | | | | | |
| 中文題目 | 代謝異常脂肪肝病的遺傳傾向 | | | | | | |
| 英文題目 | Genetic Predisposition of Metabolic Dysfunction-Associated Steatotic Liver Disease | | | | | | |
| 摘要 100 字 | Metabolic dysfunction-associated steatotic liver disease (MASLD) is an increasingly prevalent condition with complex etiologies. While lifestyle and metabolic factors are well recognized, genetic predisposition plays a crucial role in individual susceptibility. Previous studies have identified key variants, including PNPLA3, TM6SF2, and MBOAT7, that influence lipid metabolism, inflammation, and fibrosis risk of NAFLD. Understanding these genetic contributors enhances our ability to stratify risk, guide personalized interventions, and improve outcomes. This talk will explore genetic predisposition of MASLD and their clinical relevance especially in Taiwanese population. This is the first large-scale GWAS study in Taiwanese population and by using the new diagnostic name and criteria of MASLD in the world. Our findings demonstrate a distinct genetic architecture in the Taiwanese cohort, highlighting population-specific risk alleles. These results enhance understanding of MASLD susceptibility and provide valuable insights for precision medicine, risk stratification, and the development of targeted prevention strategies in East Asian populations. | | | | | | |

申請繼續教育積分講師基本資料表及課程大綱

講師資料表

| | | | | | | | |
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| 講師姓名 | 許耀峻 | | 照片 |  | | | |
| 身份證字號 | E122023628 | | | | | | |
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| 學歷 | 學校 | 科系 | 級別 | | | | 畢業年度 |
| | 台灣大學 | 醫學系 | <input type="checkbox"/> 博士 <input type="checkbox"/> 碩士 V 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2002 |
| | 台灣大學 | 臨床醫學研究所 | <input type="checkbox"/> 博士 V 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2009 |
| | 中國醫藥大學 | 臨床醫學研究所 | V 博士 <input type="checkbox"/> 碩士 <input type="checkbox"/> 大學 <input type="checkbox"/> 技術學院 <input type="checkbox"/> 專科 | | | | 2014 |
| 工作經驗 | 單位名稱 | 職稱 | 起 (年/月) | 迄 (年/月) | 教學 年資 | 實務 年資 | 研究 年資 |
| 現 職 | 義大醫院 | 研究副院長 | 2024/12 | 在職 | 15 | 23 | 16 |
| 經 歷 (至多 5 項) | 義守大學 | 醫學研究所所長 | 2023/08 | 在職 | | | |
| 專 長 | 慢性 B 型肝炎 | | | | | | |
| 中文題目 | 慢性 B 型肝炎類核苷酸治療: 有限療程與持續治療的比較 | | | | | | |
| 英文題目 | Finite therapy versus continuous NUCs therapy for patients with chronic hepatitis B | | | | | | |
| 摘要 100 字 | <p>Nucleos(t)ide analogues (NUCs) are currently the mainstay of therapy for chronic hepatitis B (CHB). They effectively suppress viral replication and reduce the risk of liver-related complications. However, NUCs alone rarely achieve viral clearance, and the optimal treatment duration remains controversial.</p> <p>Since the ideal treatment endpoint, i.e., HBsAg seroclearance, is uncommon during NUC therapy, the treatment duration is usually indefinite for most CHB patients. As an alternative, finite therapy has been proposed, which involves discontinuing NUCs after a defined period of viral suppression without the prerequisite of HBsAg seroclearance.</p> <p>In this talk, Dr. Hsu will review available evidence from clinical trials and observational studies, discussing the pros and cons of these two treatment strategies. He will provide an overview of current literature and future perspectives to help optimize treatment approaches with the goal to improve outcomes for individual patients.</p> | | | | | | |