2026 大林慈濟消化系國際研討會-1

日　　期：2026年03月28日(六)13:30 ～ 17:30
地　　點：大林慈濟醫院大愛樓2樓第一會議室
（嘉義縣大林鎮民生路2號）
認定積分：台灣內科醫學會、台灣消化系醫學會、台灣消化系內視鏡醫學會、
中華民國護理師護士公會全國聯合會（護理師）-皆申請中
主辦單位：大林慈院腸胃內科

時間	題目	演講者	座長
13:30～14:00	報 到		
14:00～14:10	開場致詞	大林慈濟醫院 內科部 曾國枝副院長	
14:10～14:40	Optimizing SpyGlass Utilization: Difficult Stones, Tumor Diagnosis, and Practical Management	Kazuyuki Matsumoto, Assistant Professor, Department of Gastroenterology, Okayama University Hospital	大林慈濟醫院 內科部 曾國枝副院長
14:40～14:50	問與答		
14:50～15:10	茶歇		
15:10～15:40	Surgical strategy of hepatocellular carcinoma	高雄長庚醫院 一般外科 李韋鋒主任	台中慈濟醫院 消化醫學中心 許景盛主任
15:40～15:50	問與答		
15:50～16:20	Painless ERCP? Anesthesia and sedation for endoscopic retrograde cholangiopancreatography	亞東醫院 麻醉部 簡吉聰醫師	大林慈濟醫院 內科部 曾志偉部長
16:20～16:30	問與答		
16:30～17:00	The Immunotherapy in Gastrointestinal Oncology	奇美醫院 血液腫瘤科 吳鴻昌主任	台中慈濟醫院 放射腫瘤科 王慈慧醫師
17:00～17:10	問與答		
17:10～17:30	討論	大林慈濟醫院 腸胃內科 洪宗興主任	

Kazuyuki Matsumoto

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EDUCATION

2005-2015
Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama, Japan.
Division of Gastroenterology and Hepatology. Degree in Doctor of Philosophy
1998-2004
Faculty of Medicine, Kochi University, Kochi, Japan
M.D. (Japanese National Board of Medicine)

RESEARCH and PROFESSIONAL EXPERIENCES

2023 -present	Assistant Professor, Department of Gastroenterology, Okayama University Hospital, Okayama, Japan
2016 -2023	Assistant Professor, Department of Endoscopy, Okayama University Hospital, Okayama, Japan
2014 -2016	Medical doctor, Department of Gastroenterology, Okayama University Hospital, Okayama, Japan
2012 -2014	Chief physician, Center for Gastroenterology, Teine-keijinkai Hospital, Hokkaido, Japan
2009 -2012	Medical doctor, Department of Gastroenterology, Okayama University Hospital, Okayama, Japan
2006 -2009	Senior Resident, Mitoyo General Hospital, Kagawa, Japan
2004 -2009	Junior Resident, Tsuyama Central Hospital, Okayama, Japan

PUBLICATIONS

(English Literature)　Total: 116 articles

first author: 39、corresponding author: 11

Original Article: 64, Review: 2, Case series/report: 44, Protocol article: 6

CERTIFICATION and LICENSURE

SPECIALTY CERTIFICATION:

Board Certified Member of the Japanese Society of Internal Medicine
Board Certified Member of the Japan Gastroenterological Endoscopy Society
Board Certified Member of the Japanese Society of Gastroenterology
Board Certified Member of the Japanese Board of Cancer Therapy
Board Certified Member of the Japan Biliary Association
Board Certified Member of the Japan Pancreas Society

MEDICAL PROFESSIONAL LICENSURE:

2004 Japan Medical License Registration

PROFESSIONAL MEMBER

The Japanese Society of Internal Medicine
The Japan Gastroenterological Endoscopy Society
The Japanese Society of Gastroenterology
The Japan Biliary Association
The Japan Pancreas Society
The Japanese Society of Ultrasonography
The Japanese Board of Cancer Therapy

Speaker : Kazuyuki Matsumoto

Topic :The Expanding Role of SpyGlass Cholangioscopy: Overview of Diagnostic and Therapeutic Applications in Pancreatobiliary Endoscopy

Abstract :

The advancement of digital cholangioscopy has significantly transformed the way clinicians approach complex biliary diseases. The SpyGlass DS System offers direct visualization of the biliary and pancreatic ducts, enabling more precise diagnosis and targeted therapeutic interventions.

In this lecture, will share clinical experience and strategies in optimizing the use of SpyGlass, with a focus on three key areas:

1. Management of difficult biliary stones, particularly in cases where conventional ERCP fails.
2. Cholangioscopy-guided diagnosis and tissue acquisition in suspected biliary and pancreatic tumors.
3. Practical tips for successful scope navigation, cannulation, and use of associated devices (e.g., SpyBite, EHL).

Through case-based discussion and procedural insights, this session aims to enhance understanding of the full clinical potential of the SpyGlass platform and promote its integration into daily endoscopic practice.

講師個人簡歷

一、基本資料

中 文 姓 名｜李韋鋒

二、學歷

學校名稱	科/系/所	學位	畢業年月
慈濟大學	醫學系	學士	2002/06

三、現職及相關經歷

單位名稱		職稱	起迄年月
現職	高雄長庚-一般外科	主治醫師	2009/07-迄今
	高雄長庚-一般外科	主任	2023/07-迄今
經歷	高雄長庚-一般外科	住院醫師	2004/07-2009/06
	高雄長庚-腫瘤中心	副主任	2018/01-2021

四、課程摘要

主題：**Surgical Strategies for HCC Treatment**

摘要：

Hepatocellular carcinoma (HCC) is among the ten most common malignant diseases in Taiwan. Curative treatment options include surgical resection, ablation therapy, and liver transplantation.

However, not all patients are suitable candidates for surgical resection due to factors such as advanced disease stage, impaired liver function, cirrhosis, or insufficient residual liver volume. To address these challenges, we have introduced strategies aimed at overcoming these limitations and improving patient outcomes.

Importantly, liver transplantation should be discussed with patients at an early stage—particularly those with HCC and cirrhosis or those prone to recurrence—before they fall outside the established transplantation criteria.

講師個人簡歷

一、基本資料

中 文 姓 名｜簡吉聰

二、學歷

學校名稱	科/系/所	學位	畢業年月
陽明大學	腦科學研究所	碩士	2009/07

三、現職及相關經歷

單位名稱		職稱	起迄年月
現職	亞東紀念醫院麻醉部	主治醫師	2012-迄今
	亞東紀念醫院醫療審議撰稿	委員	2020-迄今
	台灣麻醉醫學會	理事	2017-迄今
	台灣麻醉醫學會法律委員會	主任委員	2019-迄今
經歷	汐止國泰醫院	主治醫師	2009-2012
	台中慈濟醫院	主治醫師	2007-2009
	台中榮民總醫院	住院醫師、研究醫師	2002-2007

四、課程摘要

主題：**Painless ERCP? Anesthesia and sedation for endoscopic retrograde cholangiopancreatography**

摘要：

內視鏡逆行性膽胰管攝影術（ERCP）的最佳麻醉管理方式仍具爭議，必須在醫療效率與病人安全之間取得平衡。臨床共識指南基於資源效率，通常建議在常規手術中使用監測麻醉照護（MAC），但近期的文獻則顯示有其安全代價。如針對透過護理人員施予 Propofol 鎮靜的研究顯示，其血氧飽和度下降比率與 30 天死亡率較高，這顯示執行內視鏡的醫師往往低估了鎮靜風險。相反地，在一般風險病人中比較全身麻醉（GA）與 MAC 的隨機對照試驗證明，儘管 GA 的誘導時間

較長，但其產生的鎮靜相關不良事件顯著較少，且內視鏡醫師的滿意度更高，更能顯著降低手術失敗率。

另外，藥理學的進展也提供了新選擇，Remimazolam 在年長者中展現出優於異丙酚的血流動力學穩定性及更少的不良反應；Dexmedetomidine 因具備有效的鎮靜效果且能保留呼吸機能而受到關注。配合其餘呼吸道技術在穩定周術期血流動力學方面展現出更好的應用前景。最終，對於複雜的 ERCP 介入處置，全身麻醉可能提供了更優越的呼吸道保護和手術成功率，在臨床上應根據個別病人的風險因素，評估合適的麻醉方案。

講師個人簡歷

一、基本資料

中 文 姓 名｜吳鴻昌

二、學歷

學校名稱	科/系/所	學位	畢業年月
成功大學	臨床醫學研究所	碩士	2013/07

三、現職及相關經歷

	單位名稱	職稱	起迄年月
現職	奇美醫院-血液腫瘤科	主治醫師	2011-迄今
經歷	成大醫院-血液腫瘤科	專科醫師	2007-2009
	奇美醫院-血液腫瘤科	主治醫師	2009-2010
	台大醫院-血液科	專科醫師	2010-2011

四、課程摘要

主題：**The Immunotherapy in Gastrointestinal Oncology (2025–2026)**

摘要：

The therapeutic landscape for gastrointestinal (GI) malignancies has undergone a fundamental shift between 2025 and 2026, transitioning from conventional cytotoxic regimens to a biological-driven paradigm centered on immunotherapy. This era is defined by the integration of Immune Checkpoint Inhibitors (ICIs) into earlier lines of therapy and the emergence of next-generation targeted agents that address the complex, immunosuppressive microenvironments inherent to the GI tract.

One of the most significant trends in this period is the success of perioperative immunotherapy. The clinical community has moved beyond treating only metastatic disease, with major trials like KEYNOTE-585 and

MATTERHORN providing critical data on the role of pembrolizumab and durvalumab in the neoadjuvant setting for gastric and gastroesophageal junction (GEJ) cancers. By initiating treatment before surgical resection, clinicians are seeing improved pathological complete response (pCR) rates. Furthermore, the 2025 approval of tislelizumab in triplet combinations for resectable high-risk cholangiocarcinoma has set a new benchmark for biliary tract cancers, which were previously limited to palliative chemotherapy.

The "one-size-fits-all" approach has been replaced by strict molecular stratification. In MSI-H/dMMR colorectal cancer, the dual inhibition of CTLA-4 and PD-1 via ipilimumab and nivolumab has established a chemo-free first-line standard, demonstrating durable survival outcomes. Beyond mismatch repair status, the targeting of CLDN18.2 has emerged as a frontline strategy. The integration of zolbetuximab with ICIs for advanced gastric adenocarcinoma has shown that targeting structural proteins can synergistically enhance immune-mediated cell death.

For HER2-positive GI cancers, the introduction of bispecific antibodies like zanidatamab represents a leap forward. These agents, which can bind two different epitopes of the HER2 receptor, have shown superior potency when combined with chemotherapy and PD-1 inhibitors, potentially overcoming the resistance mechanisms commonly seen with traditional trastuzumab-based therapies.