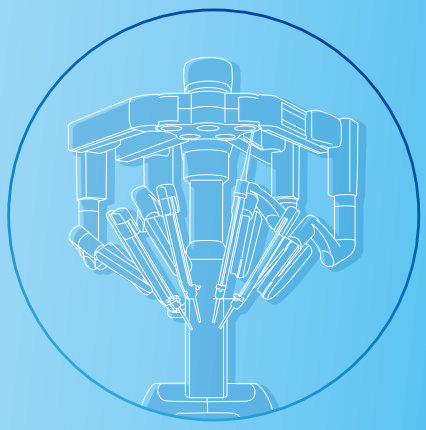
臺北榮民總醫院

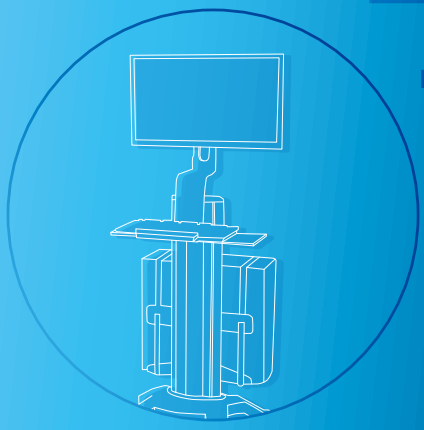
外科週 SURGICAL 2024 WEEK

會議手冊

主辦單位 臺北榮民總醫院外科部

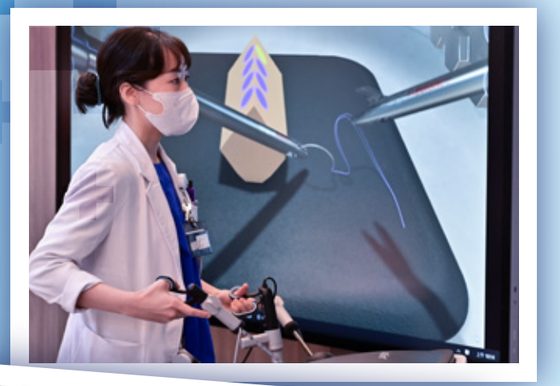
活動地點 臺北榮民總醫院［中正樓·科技大樓·致德樓］





卓越 創新

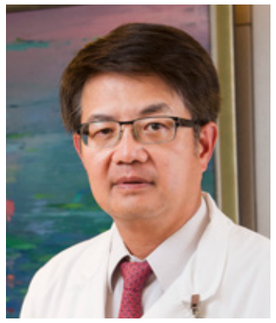
傳承 培育



卓越創新

傳承培育

序言一



曾令民 教授

臺北榮民總醫院 外科系副院長

當外在環境巨變缺工限時成為我們社會運作的常態，精準醫療、智慧醫療已成為現今醫療的顯學，如何在扎實艱難的外科醫師養成教育中讓住院醫師們具備醫學倫理的素養、微創手術等高超的手術技能及最新知識，能將精準、智慧醫療落實在外科病人照顧中備受挑戰！臺北榮民總醫院外科部，擁有長久輝煌的歷史與卓越的成就，台北榮總要培養的外科醫師要能武能文，手要巧，腦袋更要聰明，期望具團隊精神、正直有愛心擁有視病猶親情懷、成為受人尊敬具有俠客精神的外科醫師，將病人的安全放在心中，真正落實病人為中心的全人醫療。

隨著科技演進，從過去的口耳相傳，迅速發展成資訊爆炸的網路時代。如何從中去蕪存菁，融會貫通，是新生代所必備的能力。為期一個星期的活動，內容多元。跨領域的演講，各專科的討論，讓去年的活動備受肯定。也鼓舞全體同仁，繼續舉辦下去的衝勁。今年的內容更是令人期待，斐譽國際的講者勢必帶給大家醍醐灌頂，觸類旁通。針對年輕醫師，更是精心規劃手作練習的大動物實驗與高科技模擬操作，體驗血脈賁張的器官移植手術。這些課程的規劃，無疑是獨步全台的難得機會。而馬旭副院長、周嘉揚、石宜銘教授的退休演講更將為年輕外科學子醫學道路上點亮明燈！

傳承培育，與醫界同仁共好共榮，是我們舉辦外科週的宗旨。我們樂見整個科部蓬勃且茁壯，更欣慰的是同仁們齊心協力，熱情友善。本年度的外科週活動，絕對是精彩可期。也祝福與會嘉賓盡情遨遊於這屬於外科界的盛事，並滿載而歸。

最後要深深感謝陳威明院長、馬旭副院長等長官長期以來對外科部的堅定支持與鼓勵，外科部全體同仁將眾志成城團結大步向前邁進，秉持著承先啟後的精神實踐卓越創新、傳承培育用以回饋師長們對我們的深刻期許。

序言二

姜正愷 教授

臺北榮民總醫院 外科部主任

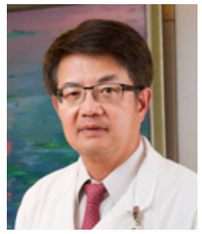
北榮外科跟隨醫院歷經超過六十載奮鬥歷程，這裡不僅是外科的殿堂，更是科技、智慧和奉獻的交匯之地。2024 外科週，將是一場匯聚醫學精英的盛會，也是對外科領域無限熱情的展現。外科，堪稱醫院的引擎，肩負著引領整個醫療機構發展的使命。外科醫師如同匠心獨運的藝術家，為生命奏出壯闊的樂章。本院外科發展歷程令人矚目，站在世界潮流領先的地位，手術方式由過去的傳統開刀進入微創手術的境地，手術平臺更從傳統的開刀器械、胸腹腔鏡進化為機械手臂的時代。科技的導入像是擁有魔法之手，引入 3D 影像系統、3D 列印模擬平台，MR 混合實境的導航，帶領我們走進 AI 的精準醫學時代，展現了現代醫學的奇妙。

外科週，是我們共同探索醫學之路的一次年度盛會。這不僅是對過去一年努力的匯總，更是對未來一年的希冀與規劃。這是一個與時俱進的平臺，對年輕醫師提供了展翅飛翔的機會，是他們在外科領域中翱翔的起點。對於資深醫師，外科週則是一個展示豐富經驗、分享智慧的機會，薪火相傳的祭壇，讓歷經風霜的專業光華再度綻放。我們深信人才是一個團體最珍貴的寶藏，只有透過不斷招募、培育優秀的人才，外科領域才能迎來更燦爛的發展。

感謝翼樓手術室的智慧建置，使外科同仁的工作更具效益，更兼顧生活品質。讓同仁在上班時間內完成工作，減輕了工時外的負擔，實現了醫療的精準與效率的完美結合。2024 外科週的舉辦是對過去成功經驗的延續。2023 年外科週的成功經驗激勵我們繼續辦理。今年的活動更加豐富多元，包括週間的實際臨床手術操作講習和週六的大師演講，我們邀請了國內外外科醫學界的優秀醫師，將帶來一場學術饗宴。我們希望外科週不僅是一場匯聚國內外專業的盛會，更能成為本院外科的傳統，一個凝聚力量的象徵。透過這樣的傳承活動，我們期許能夠培育更多的優秀外科人才，激勵資深醫師，推動醫學領域不斷創新。

感謝陳威明院長、馬旭副院長繼續支持本活動。也感謝曾令民副院長主辦第一屆外科週。感謝所有參與外科週的同仁及學者，期待我們共同為外科領域的未來描繪更加璀璨的藍圖，為患者的健康保駕護航，開創更加輝煌的明天。

Congress Chairman



曾令民 教授

臺北榮民總醫院
副院長

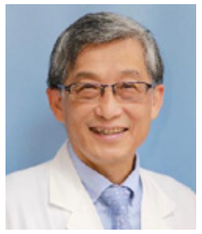
姜正愷 教授

臺北榮民總醫院
外科部主任

Program Committee Consultant

陳威明 教授

臺北榮民總醫院
院長



馬 旭 教授

臺北榮民總醫院
副院長

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許喬博 主任

臺北榮民總醫院
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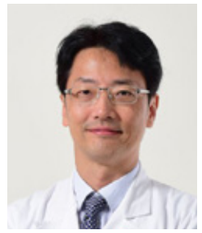

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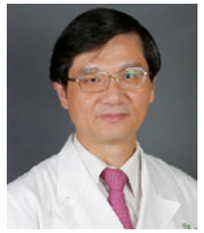

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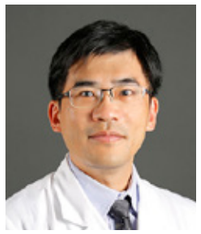

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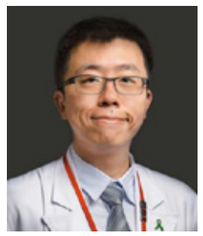


陳正彥 主任

臺北榮民總醫院
移植外科主任

平日議程

SURGICAL 2024 WEEK

JAN. 15 (一) › JAN. 19 (五)

JAN. 15 一 08:50 - 10:20
外科部乳房外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
08:50-09:25	Optimized surgical planning after neoadjuvant therapy in breast cancer	臺北榮民總醫院 乳房外科 鄭涵方醫師	臺北榮民總醫院 曾令民副院長
09:25-10:00	Current approaches of HER2 positive early breast cancer treatment	臺北榮民總醫院 乳房外科 陳柏方醫師	臺北榮民總醫院 乳房外科 蔡宜芳醫師
10:00-10:20	Q & A	臺北榮民總醫院 乳房外科 黃其晟主任	

鄭涵方 醫師

Current position
Attending Surgeon, Division of Breast Surgery, Department of Surgery,
Taipei Veterans General Hospital
Adjunct Lecturer, Department of Surgery, National Yang-Ming Chiao Tung University

Education
Taipei Medical University, Medical Department

Professional Training and Employment
Resident Physician, Department of Surgery, Taipei Veterans General Hospital
Resident Physician, Division of General Surgery, Department of Surgery, Taipei Veterans General Hospital
Clinical Fellow, Comprehensive Breast Health Center, Department of Surgery, Taipei Veterans General Hospital

鄭涵方 醫師

Optimized Surgical Planning after Neoadjuvant Therapy in Breast Cancer

Abstract

Neoadjuvant systemic treatment (NST) has become a standard approach for operable early breast cancer. It offers several benefits, including downstaging locally advanced cases and facilitating breast conservation. The response to NST plays a crucial role in guiding a tailored treatment plan. This abstract focuses on surgical planning after NST and highlights important considerations such as tumor response, size changes, pathological alterations, and molecular subtype variations.

The discussion revolves around four key questions regarding 'response-adjusted' surgery after NST:

1.Which diagnostic outcomes best identify pathologic complete response (pCR) after NST?
2.How can we assess response with minimal complications and maximum accuracy?
3.What are the oncological implications of non-surgical diagnoses, such as biopsy-proven pCR, when minimal residual disease is a possibility?
4.How should clinical trials focused on de-escalation be structured after NST?

Additionally, attention must be given to axillary management after NST, particularly for patients transitioning from initial axillary nodal involvement to post-NST clinical node negativity. This abstract explores strategies like axillary lymph node dissection (ALND), sentinel lymph node biopsy (SLNB), target lymph node biopsy (TLNB), and targeted axillary dissection (TAD), based on national and international guidelines.

In summary, this presentation provides valuable insights into the complexities of surgical planning after NST in breast cancer. By addressing key considerations, exploring axillary strategies, and answering essential questions, it emphasizes the crucial role of optimized surgical planning in comprehensive breast cancer care.

陳柏方 醫師

Current position

Attending Surgeon
Division of Breast Surgery, Department of Surgery,
Taipei Veterans General Hospital

Education

Doctor of Medicine, National Yang-Ming University, Taipei, Taiwan

Professional Training and Employment

Clinical Fellow of Breast Surgery, Taipei Veterans General Hospital
Chief Residency of General Surgery, Taipei Veterans General Hospital
Residency of General Surgery, Taipei Veterans General Hospital

Current Approaches of HER2 Positive Early Breast Cancer Treatment

Abstract

In recent years, HER2-positive early breast cancer treatment has rapidly evolved, significantly improving patient prognosis in both early and metastatic settings. However, the heterogeneity of HER2-positive breast cancer leads to varied treatment sensitivities and survival outcomes.

Trastuzumab's introduction was a landmark, enhancing disease-free survival (DFS) and overall survival (OS). Nevertheless, long-term adjuvant trial results show disease relapse in 15%-31% of patients, with 5% developing central nervous system (CNS) metastases, presenting an unmet need.

A better understanding of tumor biology and HER2 signaling has led to the development of additional HER2-directed therapies including dual HER2 inhibition. Pertuzumab, a potent inhibitor of heterodimers promoting cell proliferation and survival, enriches early-stage HER2-positive breast cancer treatment. Trastuzumab emtansine (T-DM1), an antibody-drug conjugate, is now the standard for patients with residual disease post-neoadjuvant trastuzumab therapy. Extended adjuvant therapy with neratinib, an irreversible pan-HER tyrosine kinase inhibitor (TKI), after chemotherapy and adjuvant trastuzumab, shows promise.

The evolving landscape for HER2-positive early breast cancer underscores the importance of continued research and innovation for better patient outcomes.

JAN. 16 (二) 08:50 - 12:00 外科部大腸直腸外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
08:50-12:00	Live demonstration of colon cancer surgery	臺北榮民總醫院 大腸直腸外科 張哲源醫師	臺北榮民總醫院 大腸直腸外科 張世慶主任

張哲源 醫師

Current position
臺北榮民總醫院大腸直腸外科主治醫師

Education
國立陽明大學醫學系

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院大腸直腸外科住院醫師
臺北榮民總醫院大腸直腸外科總醫師
臺北榮民總醫院外科部臨床研究醫師
日本癌症研究會有明病院大腸外科進修醫師

張哲源 醫師

Live demonstration of colon cancer surgery

Abstract

The majority of primary colorectal cancer are adenocarcinoma. The management for colorectal adenocarcinoma depends on the clinical stage. For clinical stage I-III patients, surgical resection is the treatment of choice. Segmental resection alone may be sufficient for primary tumor removal; however, a wider resection is required for removal of the draining lymph nodes which run along the major blood vessels. When tumor locates in the cecum, ascending colon, and hepatic flexure, a right hemicolectomy is commonly performed. Extended right-hemi colectomy, extended left hemicolectomy, and occasionally transverse colectomy, can be applied to the tumor in the transverse colon, depending on the exact location of the tumor and the length of the transverse colon. Tumor at splenic flexure and descending colon are usually treated with left hemicolectomy. An anterior resection is appropriate for sigmoid colon cancer, while low anterior resection is performed for rectal cancer. Open, laparoscopic, and robotic colectomy are all feasible approaches for uncomplicated colorectal cancer. As laparoscopic anterior resection and right hemicolectomy are commonly performed, the surgical tips will be explained.

Laparoscopic right hemicolectomy:

Medial-to-lateral approach is commonly used. The operative field is eared from the small intestine by putting the patient in Trendelenburg position with the table tilting to the left. The mesocolon is retracted off the retroperitoneal structure so that the ileocolic pedicle can be visualized. The peritoneum under the vessels is scored, and the mesocolic plane is entered by dissection. The dissection is continued medially over the duodenum and pancreas. When doing D2 dissection, the ileocolic vessels are ligated over the duodenum, and the right branch of middle colic vessels are ligated. As for D3 dissection, the ileocolic vessels are ligated at the roots over the SMV, and the right colic vessels and right branch of middle colic vessels are ligated. The lesser sac is entered through the omentum and the hepatic flexure was taken down. The ileal mesentery is dissected from retroperitoneum to achieve a tension-free anastomosis. The ileocolic anastomosis can be constructed by either intra-corporeal or extra-corporeal method.

Laparoscopic anterior resection:

Medial-to-lateral approach is preferred. The operative field is cleared from the small intestine by putting the patient in Trendelenburg position with the table tilting to the right. The rectosigmoid junction is retracted off the retroperitoneal structure. The right lateral superior pelvic peritoneal reflection is incised starting inferior to the sacral promontory and continuing superiorly to the IMA. The mesorectum and mesocolon are dissected from the left ureter and gonadal vessels. The IMA is ligated either at the root or distal to the left colic artery pedicle. The mesocolon is dissected toward the abdominal wall, and the IMV is ligated. The white line of Toldt along the rectosigmoid junction, sigmoid colon, and descending colon is incised. The mesorectum was dissected from the pelvic side walls and sacrum. The anastomosis is usually constructed with end-to-end anastomosis device.

JAN. 17 (三) 08:50 - 10:20 › 外科部一般外科

科技大樓階梯會議室

Time	Topic	Speaker	Moderator
08:50-09:20	The advancement in bariatric field	臺北榮民總醫院 一般外科 邱允寧醫師	臺北榮民總醫院 一般外科 宮慶雲醫師
09:20-09:50	Hand-assisted, laparoscopic and robotic hepatectomy: how and when?	臺北榮民總醫院 一般外科 曾展緯醫師	臺北榮民總醫院 一般外科 江青樹醫師
09:50-10:20	Pancreas transplantation in Taiwan	臺北榮民總醫院 一般外科 施沐姍醫師	臺北榮民總醫院 一般外科 石柏威醫師

JAN. 17 (三) 13:30 - 16:30 › 外科部一般外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
13:30-16:30	Lapsim and Robotix simulator: hands-on course	臺北榮民總醫院 一般外科 石柏軒醫師 宮慶雲醫師 黎瀚棻醫師	臺北榮民總醫院 一般外科 王心儀主任

邱允寧 醫師

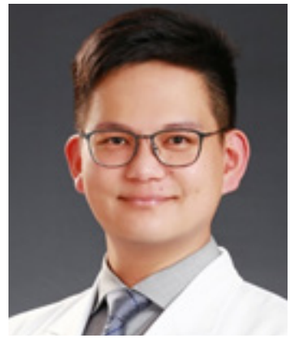
Current position
臺北榮民總醫院一般外科臨床研究員

Education
高雄醫學大學學士後醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師

The advancement in bariatric surgery

Abstract
Obesity management seeks to enhance overall health by addressing associated complications. Weight loss significantly improves conditions such as type 2 diabetes, cardiovascular disease, and sleep apnea. Recent advancements have introduced powerful anti-obesity medications, leading to substantial weight loss in many clinical trial participants. Endoscopic method has been having its role in this field. Bariatric surgery consistently produces significant and lasting weight loss, along with rapid improvements in obesity-related conditions. Further work is required to determine optimal patient-specific treatment strategies, including combinations of lifestyle interventions, anti-obesity medications, endoscopic and bariatric surgical procedures, and to ensure equitable access to effective treatments.



宮慶雲 醫師

Current position
臺北榮民總醫院一般外科主治醫師

Education
高雄醫學大學醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員

曾展緯 醫師

Current position
臺北榮民總醫院一般外科臨床研究員

Education
長庚大學中西醫雙主修中醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師

Hand assisted, Laparoscopic, Robotic Hepatectomy: How and When?

Abstract
Hand-assisted, laparoscopic, and robotic hepatectomies are modern surgical techniques used for liver resections. Each of these methods has its own set of procedures, advantages, and ideal usage situations. They differ in their indications, contraindications, and potential outcomes based on the different skill sets required. We reviewed several articles and gathered data to compare these techniques. Our findings suggest that robotic and pure laparoscopic hepatectomies might have the benefit of reduced blood loss, although they tend to have longer operative times. Conversely, the hand-assisted technique might lead to shorter operation time and lower conversion rate, with similar hospital stays across all three methods. The overall rate of complications appears to be consistent among these techniques. The choice among these methods may be influenced by the specific requirements of the surgical case, the expertise of the surgical team, and the resources available at the healthcare facility.

江青樹 醫師

Current position
臺北榮民總醫院一般外科主治醫師

Education
國防醫學院醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院桃園分院外科部主治醫師

施沐姍 醫師

Current position
臺北榮民總醫院一般外科臨床研究員

Education
中山醫學大學醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師

Pancreas transplantation in Taiwan

Abstract
In 1966, the University of Minnesota achieved the first successful pancreas and simultaneous kidney transplantation. In Taipei Veterans General Hospital, the first pancreas transplantation was successfully performed on September 19, 2003. Today, pancreas transplantation is the most effective method for establishing normal blood sugar levels in individuals with diabetes. Today, we will explore the current state, indications, patient types, surgical methods, and postoperative outcomes of pancreas transplantation, providing insights into its significant impact on the lives of people with diabetes.

石柏威 醫師

Current position
臺北榮民總醫院一般外科主治醫師
國立陽明交通大學醫學系外科學系助理教授

Education
中山醫學大學醫學系學士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院移植外科總醫師
臺北榮民總醫院移植外科總醫師
臺北榮民總醫院移植外科臨床研究員

JAN. 18 (四) 08:50 - 11:50
外科部兒童外科

兒童醫學部會議室

Time	Topic	Speaker	Moderator
08:50-09:50	有限資源下的學術研究嘗試	台北醫學大學附設醫院 小兒外科 黃富煥主任	臺北榮民總醫院 兒童外科 蔡昕霖主任
09:50-11:50	無肛症全面治療與照顧	雙和醫院 小兒外科 魏晉弘主任	臺北榮民總醫院 兒童外科 楊惠馨醫師

黃富煥 主任

Current position
台北醫學大學附設醫院外科部小兒外科主任
台北醫學大學附設醫院醫務部副主任 (醫療)

Education
中國醫藥大學醫學系
中山醫學大學醫學研究所醫學碩士
陽明交通大學生物科技學院生物科技學系博士

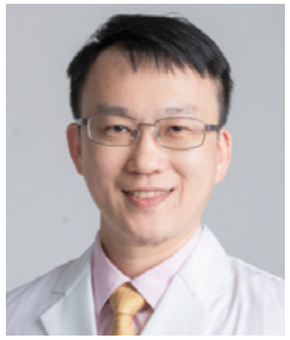
Professional Training and Employment
中國醫藥大學兒童醫院外科部小兒外科主治醫師
新竹馬偕紀念醫院外科部小兒外科主治醫師

有限資源下的學術研究嘗試

Abstract
「出生率低、少子化」已經成為台灣的國安危機，身為照顧兒童族群為主的醫師在職涯種種面向也都深具挑戰。在這樣內外交迫的環境中選擇成為了小兒外科醫師，那自身的價值應該在哪兒？

小兒外科是一個高度次專科化的科別，通常是在醫學中心或是大學附設醫院才有此科別的需求。若是身處在上述的機構，學術研究也是機構的基本要求與條件。然而，病患人數少且收入不足的情況下，研究資源的取得相對其他科別會更加不易。因此，如何尋找資源及選擇適合的研究主題與方法成為必要的課題。

過去幾年間的努力，稍稍在 dry lab 研究上開展了自身的學術研究嘗試。過程中有許多的試誤過程與挑戰，包含研究主題選定、實驗方法及論文投稿等等。希望透過經驗的分享，讓兒童內、外科同好們可以避開雷區、殺出重圍並開展未來研究的可能。



魏晉弘 主任

Current position
雙和醫院小兒外科主任
台北醫學大學附設醫院助理教授

Education
高雄醫學大學醫學系

Professional Training and Employment
教育部部定助理教授
馬偕紀念醫院小兒外科主治醫師
美國辛辛那堤兒童醫院大腸直腸中心訪問醫師

Topic of the Speech
無肛症全面治療與照顧

JAN. 18 四 13:50 - 16:00 外科部胸腔外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
13:50-14:00	Opening		臺北榮民總醫院 胸腔外科 許瀚水主任
14:00-14:40	Mixed reality technology as a platform – Next generation integrated medical systems	National University Hospital Dr. Gao Yujia	臺北榮民總醫院 胸腔外科 許瀚水主任
14:40-15:00	Break		
15:00-15:50	Hands on the mixed reality in thoracic surgery	臺北榮民總醫院 胸腔外科 丁英哲醫師	臺北榮民總醫院 胸腔外科 許瀚水主任
15:50-16:00	Q & A		臺北榮民總醫院 胸腔外科 許瀚水主任

Dr. Gao Yujia

Current position

- Consultant, Division of Hepatobiliary & Pancreatic Surgery, Department of Surgery, National University Hospital
- Consultant, Liver Transplantation, National University Centre for Organ Transplantation, National University Hospital
- Consultant, General Surgery, Ng Teng Fong General Hospital
- Director, Undergraduate Medical Education, Department of Surgery, Yong Loo Lin School of Medicine, National University of Singapore
- Assistant Group Chief Technology Officer, National University Health System
- Director, Holomedicine Program, National University Health System

Professional Training and Employment

Bachelor of Medicine, Bachelor of Surgery: Yong Loo Lin School of Medicine, National University of Singapore
Member of the Royal College of Surgeons (Edinburgh)
Designated Factory Doctor (Compressed Air Works)
Masters of Medicine (Surgery)
Fellow of the Royal College of Surgeons (Edinburgh)
Associate Consultant, Service Senior Resident, Senior Resident, Resident, Medical Officer, House Officer, Department of Surgery, National University Hospital
House Officer, Department of Medicine, Singapore General Hospital
House Officer, Obstetrics and Gynecology, KK Women and Children Hospital

Mixed Reality Technology as a Platform – Next Generation Integrated Medical Systems

Abstract

Mixed Reality (MR) technology is an up-and-coming technology that will enable clinicians and healthcare workers to change the way we practice medicine. At the National University Health System in Singapore, we have been experimenting with MR technology over the last 2 years to evaluate its clinical applications, and to develop solutions based on the MR platform to solve real-world problems. Since the start of the program, NUHS has performed over 100 surgeries across 12 clinical specialties using MR technology, and in the process built an integrated data network using a private 5G enterprise network for secured data transmission.

Ying-Che Ting
丁英哲

Current position

Fellow, Taipei Veterans General Hospital

Education

M.D. China Medical University

Professional Training and Employment

Department of Chest surgery, Taipei Veterans General Hospital

Specialty

Hands on: The mixed reality in Thoracic surgery

JAN. 19 五 07:30 - 09:30 外科部整形外科

第三門診9樓CIC創意谷

我眼中的整形外科

Time	Topic	Speaker	Moderator
07:30-07:45		楊承哲 醫師	臺北榮民總醫院 重建整形外科 王天祥 主任
07:45-08:00		天主教耕莘醫療財團法人 耕莘醫院整形外科 李嘉駿 醫師	
08:00-08:15		基隆長庚紀念醫院整形外科 周宣宇 醫師	
08:15-08:30		佳思優整形醫美診所 黃仁吳 總院長	臺北榮民總醫院 燒傷中心 吳思賢 主任
08:30-08:45		臺安醫院整形外科 劉明偉 主任	
08:45-09:00		臺北榮民總醫院整形外科 王天祥 主任	
09:00-09:30	Panel Discussion		

楊承哲 醫師

Current position
臺北榮民總醫院住院醫師

Topic of the Speech
我眼中的整形外科

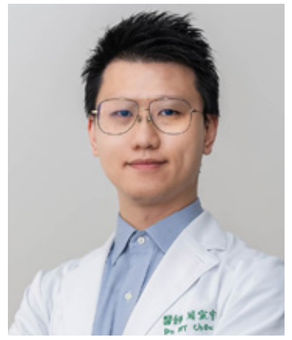
李嘉駿 醫師

Current position
天主教耕莘醫療財團法人耕莘醫院整形外科主治醫師

Education
中山醫學大學醫學系

Professional Training and Employment
臺北榮民總醫院重建整形外科住院醫師
臺北榮民總醫院重建整形外科總醫師
臺北榮民總醫院重建整形外主治醫師

Topic of the Speech
我眼中的整形外科



周宣宇 醫師

Current position
基隆長庚紀念醫院整形外科主治醫師

Education
長庚大學醫學系

Professional Training and Employment
林口長庚紀念醫院外科部住院醫師
臺北榮民總醫院重建整形外科住院醫師
臺北榮民總醫院重建整形外科總醫師
臺北榮民總醫院重建整形外主治醫師
美國亞特蘭大 Children Healthcare of Atlanta 及 Emory University Hospital
整形外科臨床觀察員

Topic of the Speech
我眼中的整形外科

黃仁吳 醫師

Current position
佳思優整形醫美診所總院長

Education
國立陽明大學醫學系
國立陽明大學急重症醫學研究所碩士

Professional Training and Employment
陽明大學附設醫院醫學美容中心主任
陽明大學附設醫院整形外科主治醫師
臺北榮民總醫院整形外科主治醫師
陽明交通大學外科學科助理教授
教育部部定助理教授
OSCE 國考考官

Topic of the Speech
我眼中的整形外科

劉明偉 主任

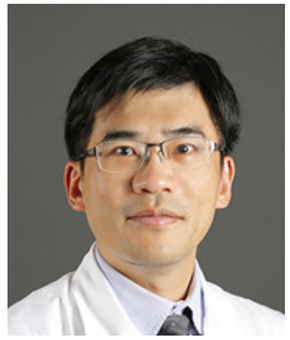
Current position
衛生福利部臺北醫院 整形外科 主任
衛生福利部臺北醫院 醫美中心 主任
臺安醫院 整形外科暨美容中心 兼任主治醫師
臺北榮民總醫院 整形外科 特約主治醫師
大同大學 設計學院 工業設計學系 兼任助理教授
大同大學 化學工程與生物科技學系 兼任助理教授
臺灣芳香醫學醫學會 講師

Education
中國醫藥大學醫學系
臺灣大學醫學工程學研究所博士

Professional Training and Employment

臺北榮民總醫院外科部及整形外科住院醫師
臺北榮民總醫院整形外科總醫師
臺北榮民總醫院整形外科臨床研究員
中國醫藥大學附設醫院 整形外科 主治醫師
臺安醫院 美容中心 主任
安綺整形外科診所 院長
桃園敏盛醫院 美容中心 兼任主治醫師
恩主公醫院 美容中心 兼任主治醫師
國立台北護理健康大學 護理系 兼任助理教授
馬偕醫護管理專科學校 幼兒保育科及化妝品應用與管理科 兼任助理教授
臺北醫學大學 生醫光機電研究所 共同指導教授
臺灣芳香醫學醫學會 秘書長
國防醫學院及中國醫藥大學兼任講師
教育部部定助理教授
國立臺北護理健康大學護理學院碩士班口試委員
臺灣生物多醣體協會理事長
臺灣抗老化學會國際講師
臺安醫院預防醫學執行委員會醫學營養補充品審查會主席
臺安醫院醫訊總編輯

Topic of the Speech
我眼中的整形外科



王天祥 主任

Current position
臺北榮民總醫院外科部重建整形外科主任
臺灣整形外科醫學會監事
臺灣燒傷暨傷口照護學會理事

Education
中國醫藥大學醫學系
國立中央大學機械工程研究所博士

Professional Training and Employment
臺北榮民總醫院整形外科住院醫師
臺北榮民總醫院整形外科總醫師
教育部部定助理教授
臺灣整形外科醫學會副秘書長
羅東博愛醫院整形外科主治醫師

吳思賢 主任

Current position
臺北榮民總醫院外科部重建整形外科燒傷中心主任

Education
高雄醫學大學醫學系

Professional Training and Employment
教育部部定助理教授
宜蘭國立陽明大學附設醫院整形外科兼任主治醫師
臺灣燒傷暨傷口照護學會 第十六屆常務理事
臺灣傷口照護學會 第三屆理事
臺灣燒傷暨傷口照護學會 第十四屆秘書長
台灣擬真醫學教育學會 第五屆常務理事
美國西雅圖華盛頓大學醫學中心重建整形外科訪問學者
日本東京大學附屬病院形成外科脂肪幹細胞實驗室登錄研究員

JAN. 19 五 09:00 - 11:50 › 外科部心臟血管外科

科技大樓階梯會議室

Time	Topic	Speaker
09:00-09:50	主動脈手術的演進	臺北榮民總醫院 心臟血管外科 許喬博 主任
09:50-10:00	Coffee Break	
10:00-10:50	先天性心臟病	臺北榮民總醫院 心臟血管外科 吳飛逸 醫師
09:50-10:00	Coffee Break	
11:00-11:50	三尖瓣逆流的治療：過去、現在和可能的未來	臺北榮民總醫院 心臟血管外科 郭姿廷 醫師

JAN. 19 五 13:30 - 16:20 › 外科部心臟血管外科

致德樓第五會議室

Time	Topic	Speaker
13:30-14:20	深層靜脈血栓物理性清除	臺北榮民總醫院 心臟血管外科 李秋陽醫師
14:30-15:20	Visceral branch preservation in endovascular abdominal aortic aneurysm repair	臺北榮民總醫院 心臟血管外科 陳沂名醫師
15:30-16:20	周邊動脈疾病診斷與治療	臺北榮民總醫院 心臟血管外科 黃竣暘醫師

許喬博 主任

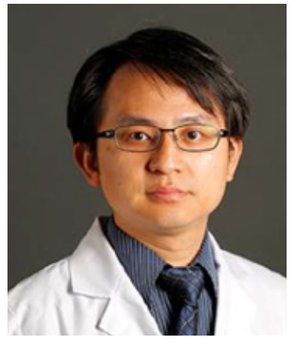
Current position
臺北榮民總醫院實驗外科主任
臺北榮民總醫院心臟血管外科主治醫師
臺北榮民總醫院心臟移植小組主治醫師
國立陽明交通大學醫學系外科教授
台灣血管外科學會榮譽理事長

Education
國立陽明交通大學醫學系畢業
國立陽明交通大學臨床醫學研究所博士

Professional Training and Employment
美國德州心臟醫學中心研究員
美國紐澤西牙醫大學細胞生物與分子醫學研究所博士後研究員
台灣血管外科醫學會理事長

主動脈手術的演進

Abstract
從早期人類克服外傷所致的出血，慢慢發展出各種止血方法，這些方式成為最早血管外科的基本概念，在過去兩百年之間，由於麻醉以及消毒的發現及改進，使得人類可以從事更為複雜的手術，血管外科的進步成就了心臟手術及大動脈手術的基礎。
在這次的演講中，我們將介紹這些血管外科發展的過程以及大動脈手術的過去，現在以及未來可能的走向。



吳飛逸 醫師

Current position
臺北榮民總醫院心臟血管外科主治醫師

Education
國立陽明交通大學醫學系

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院外科部住院總醫師
臺北榮民總醫院外科部 研究員
蘇澳榮民醫院外科部主治醫師
台北市立聯合醫院忠孝院區心臟血管外科主任
美國哈佛大學附設波士頓兒童醫院心臟外科研究員

吳飛逸 醫師

先天性心臟病 Congenital Heart disease

Abstract
由於台灣近年來出生率的下降以及產前檢查的普及，先天性心臟病的發病率逐漸減少。台灣具備處理複雜先天性心臟病案例的醫療專業人員和醫院亦不多見。本次演講旨在介紹這個情況，從小兒心肺機的運作到手術中心肌的保護。
非發紺性先天性心臟病包括多種類型，如心房中膈缺損、心室中膈缺損和主動脈狹窄等。此外，這還包括複雜的發紺型先天性心臟病，如法洛四重症、大血管轉位、左心室發育不全等，以及單心室的處理。治療方法從姑息性照護到完全矯正不等，旨在為年輕的住院醫師提供對先天性心臟病的初步了解。

Due to the recent decline in birth rates in Taiwan and the prevalence of prenatal screenings, the incidence of congenital heart disease has been decreasing. The number of medical professionals and hospitals in Taiwan equipped to handle complex cases of congenital heart disease is also limited. This presentation aims to provide an overview of the condition, from the functioning of pediatric cardiopulmonary machines to intraoperative myocardial protection.
Non-cyanotic congenital heart disease includes various types such as atrial septal defects, ventricular septal defects, and aortic coarctation. Furthermore, this encompasses complex cyanotic congenital heart diseases, including Tetralogy of Fallot, transposition of the great arteries, hypoplastic left heart syndrome, and management of a single ventricle. Treatment approaches range from palliative care to complete correction, with the intention of offering young resident physicians a preliminary understanding of congenital heart disease.

郭姿廷 醫師

Current position
臺北榮民總醫院心臟血管外科主治醫師
國立陽明交通大學醫學系助理教授

Education
國立陽明交通大學醫學系

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院心臟外科住院醫師
臺北榮民總醫院心臟外科總醫師
國立陽明交通大學附設醫院心臟血管外科主治醫師
德國柏林心臟中心臨床研究員

三尖瓣逆流的治療：過去、現在和可能的未來

Abstract
三尖瓣在過去一直是被忽視的疾病，大部分的醫生都著重在左邊心臟的治療，認為只要將左邊心臟功能改善，三尖瓣及右心就會跟著進步。隨著越來越多證據顯示，殘留的三尖瓣逆流及右心衰竭會降低病人的存活率，近年來對三尖瓣的重視才越來越多，早期的介入、治療、扭轉右心衰竭的惡性循環，會是未來的趨勢。

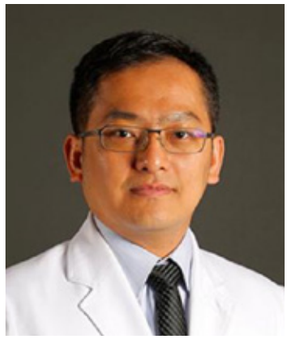
李秋陽 醫師

Current position
臺北榮民總醫院心臟血管外科主治醫師
部定助理教授
健保局醫藥專門委員

Education
國防醫學院醫學系
長榮大學經營管理碩士班
陽明交通大學臨床醫學博士班

Professional Training and Employment
美國北卡羅納 CNU Medical Center 周邊血管訓練
日本東京女子醫院心臟外科訓練
美國德卅休士頓主動脈血管腔內訓練
臺北榮民總醫院心臟外科血管外科周邊血管治療暨研究中心主治醫師
臺北榮民總醫院外科部心臟血管外科主治醫師

Topic of the Speech
深層靜脈血栓物理性清除



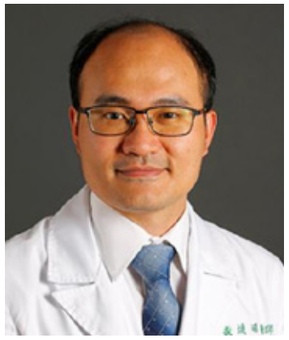
陳沂名 醫師

Current position
臺北榮民總醫院外科部心臟血管外科主治醫師
國立陽明大學醫學系助理教授

Education
國立陽明大學醫學系
國立陽明大學臨床醫學研究所博士

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院外科部住院總醫師
臺北榮民總醫院外科部研究員
臺北榮民總醫院外科部心臟血管外科複合式手術室主任
德國柏林心臟醫學中心臨床研究員
澳洲墨爾本 Epworth 醫院血管中心臨床研究員
美國西北大學紀念醫院血管外科臨床研究員
美國梅約醫院血管外科臨床研究員

Topic of the Speech
Visceral branch preservation in endovascular abdominal aortic aneurysm repair



黃竣暘 醫師

Current position
臺北榮民總醫院心臟血管外科主治醫師
國立陽明交通大學外科學系助理教授

Education
台北醫學大學醫學系

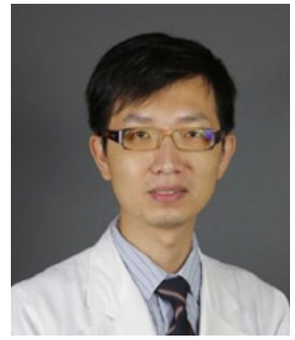
Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院心臟血管外科總醫師
亞東紀念醫院心臟血管外科主治醫師
德國慕尼黑心臟中心臨床進修醫師
美國 New Jersey Rutgers Medical School 分子生物基礎研究員

Topic of the Speech
周邊動脈疾病診斷與治療

JAN. 19 五 15:00 - 17:20 外科部移植外科

科技大樓階梯會議室

Time	Topic	Speaker	Moderator
15:00-15:40	''The impact of gut microbiota on patients with cirrhosis'', what we learned and what can we change	臺北榮民總醫院 胃腸內科 李癸洲醫師	臺北榮民總醫院 移植外科 林釀呈醫師
15:40-16:00	Coffee Break		
16:00-16:40	門脈高壓之內科治療	臺北榮民總醫院 胃腸內科 陳宥任醫師	臺北榮民總醫院 移植外科 陳正彥主任
16:40-17:20	門脈高壓之外科治療	臺北榮民總醫院 移植外科 鄒奕帆醫師	臺北榮民總醫院 國際醫療中心 劉君恕部長



李癸洲 醫師

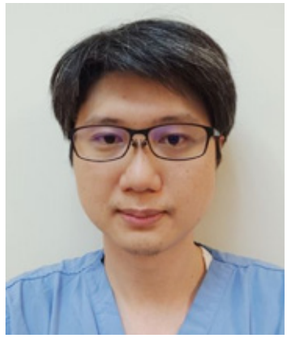
Current position
台北榮民總醫院 內科部胃腸肝膽科 主治醫師
國立陽明交通大學 醫學系 教授

Education
加州大學聖地牙哥分校 博士後研究員
國立陽明交通大學臨床醫學研究所 博士
國立陽明交通大學 醫學系 醫學士

Professional Training and Employment
台北榮民總醫院 內科部 部總醫師
台北榮民總醫院 內科部胃腸科 總醫師
台北榮民總醫院 內科部 住院醫師
玉里榮民醫院 內科 住院醫師

Specialty
肝炎、肝硬化及其合併症治療
消化道疾病及膽道疾病
腹部超音波及消化道內視鏡診斷及治療

Topic of the Speech
The impact of gut microbiota on patients with cirrhosis'', what we learned and what can we change



陳宥任 醫師

Current position
台北榮民總醫院 內科部胃腸肝膽科 主治醫師

Education
國立陽明交通大學 醫學系 學士

Professional Training and Employment
台北榮民總醫院 內科部 部總醫師
台北榮民總醫院 胃腸肝膽科 總醫師
台北榮民總醫院 內科部 住院醫師

Specialty
肝炎、肝硬化及其合併症治療
肝衰竭及肝腫瘤治療
腹部超音波及消化道內視鏡診斷及治療
內視鏡逆行性膽道胰臟攝影、膽道氣球擴張術、膽道支架置放

Topic of the Speech
門脈高壓之內科治療

鄒奕帆 醫師

Current position
台北榮民總醫院 外科部移植外科 主治醫師

Education
高雄醫學大學 學士後醫學系 學士
慈濟大學 醫學檢驗生物技術學系 學士

Professional Training and Employment
臺北榮民總醫院 外科部 移植外科 臨床研究醫師
韓國首爾大學附設醫院 肝膽移外科 臨床研究員
臺北榮民總醫院 外科部 移植外科 總醫師

Specialty
肝臟移植手術
腎臟移植手術
移植重症患者照護

Topic of the Speech
門脈高壓之外科治療

週六議程

SURGICAL 2024 WEEK

JAN. 20 六

JAN. 20 六 08:40 - 12:00

外科部

致德樓第二會議室

Time	Topic	Speaker	Moderator
08:40-09:00	Opening	臺北榮民總醫院 曾令民副院長 姜正愷部主任	
09:00-09:20	致贈 馬旭副院長榮退紀念講座	臺北榮民總醫院 陳威明院長	
09:20-10:00	勿忘初心：馬旭醫師退休演講	臺北榮民總醫院 馬旭副院長	臺北榮民總醫院 陳威明院長
10:00-10:40	全基因體定序在臨床上應用的現況	臺北榮民總醫院 兒童醫學部 牛道明部主任	臺北榮民總醫院 外科部 姜正愷部主任
10:40-11:20	金屬積層製造醫材與生醫應用	工研院 黃偉欽博士	臺北榮民總醫院 醫學工程部 智慧醫療研發科 陳維聆主任
11:20-12:00	Surgery and carbon Ion therapy: a promising alliance in the making. 手術與碳離子治療：充滿潛力的聯盟	臺北榮民總醫院 重粒子及放射腫瘤部 重粒子治療科 藍耿立主任	臺北榮民總醫院 一般外科 石宜銘教授

陳威明 院長

Current position
中華民國骨肉癌關懷協會榮譽理事長
臺北榮民總醫院 院長
國立陽明交通大學醫學院骨科學科教授
2020 年亞太骨骼肌肉系統腫瘤學會主席
美國骨科醫學會國際會員
國際肢體保留協會會員
國際髖關節學會會員
台灣內科醫學會、中華醫學會、中華民國骨科醫學會、台灣外科醫學會雜誌編輯委員
臺北榮民總醫院骨科部主治醫師

Education
國立陽明大學醫學系

Professional Training and Employment
臺北榮民總醫院身障重建中心主任
國立陽明大學醫學院副院長
中華民國骨科醫學會理事長
臺北榮民總醫院骨科部關節重建科科主任
國立陽明大學醫學院骨科學科主任
中華民國關節重建醫學會理事長
中華民國骨科醫學會理事、秘書長
國立陽明大學醫學系骨科學科助理教授
臺北榮民總醫院骨科部骨折創傷科科主任
中華民國關節重建醫學會理事
國立陽明大學醫學系外科學科副教授
國立陽明大學醫學系外科學科助理教授
中華民國關節重建醫學會秘書長
臺北榮民總醫院骨科部主治醫師
美國華盛頓癌症中心進修
美國安德生骨科研究中心研究員
美國明尼蘇達州梅約醫學中心臨床研究員
臺北榮民總醫院骨科部住院醫師、總醫師
鳳林榮院外科住院醫師

馬 旭 副院長

Current position
臺北榮民總醫院副院長
臺北榮民總醫院外科部重建整形外科主治醫師
教育部部定教授
國防醫學院醫學系教授
台灣燒傷暨傷口照護學會榮譽顧問

Education
國立陽明大學醫學系
國立陽明大學醫學院臨床醫學研究所博士

Professional Training and Employment
台灣整形外科醫學會理事長
台灣燒傷暨傷口照護學會理事長
台灣外科醫學會常務理事
臺北榮民總醫院外科部 部主任
新北市立聯合醫院 院長
臺北榮民總醫院外科部重建整形外科 科主任
國立陽明大學醫學院合聘副教授
紐西蘭奧克蘭大學醫學院基因治療中心客座副教授
紐西蘭奧克蘭大學醫學院分子醫學部榮譽高級研究員

Topic of the Speech
勿忘初心：馬旭醫師退休演講

牛道明 部主任

Current position
臺北榮民總醫院兒童醫學部 部主任
臺北榮民總醫院 罕見疾病治療中心主任
國立陽明交通大學 臨床醫學所教授
科技部婦幼醫學學門 學門總召

Education
高雄醫學大學醫學系學士
國立陽明大學臨床醫學研究所博士

Professional Training and Employment
臺北榮民總醫院兒童遺傳內分泌科主任
臺北榮民總醫院遺傳諮詢中心主任
亞太人類遺傳學會委員
臺灣兒科醫學會醫學遺傳學／新陳代謝學 主任委員
亞太人類遺傳學會委員
美國杜克大學醫學遺傳學研究員

Topic of the Speech
Visceral branch preservation in endovascular abdominal aortic aneurysm repair

牛道明 部主任

The current clinical applications of whole genome sequencing
全基因體定序在臨床上應用的現況

Abstract
With the rapid progress in understanding the human genome and the advancement of gene sequencing technology, whole-genome sequencing (WGS) has become more affordable and accessible to a wider range of people. However, handling and analyzing the huge amount of data generated by WGS remains a significant challenge. To tackle this issue, our department has partnered with a bioinformatics service company to develop a real-time WGS analysis system called "Magic Bison." This system combines gene analysis technology, cloud computing, big data processing, and artificial intelligence to help diagnose genetic diseases quickly and accurately.
During this presentation, we will showcase real-life examples of how our analysis system to diagnose genetic diseases effectively. Our collaboration has also led to the development of "strata finder," a specialized AI algorithm within our genomic AI analysis system. Strata finder uses patient WGS data to assess the risk of complex diseases like asthma, heart attacks (AMI), and strokes. Our initial data shows that strata finder consistently achieves accuracy rates of 96% or higher.
Our real-time analysis system offers more than just disease diagnosis. It includes features like pharmacogenomics analysis, constitution analysis, proactive health assessments, HLA typing analysis, and more. This comprehensive approach provides clinicians with precise and detailed patient information.
Throughout the development process, we have focused on creating a simple and user-friendly interface for our genetic analysis system, ensuring that it can be easily used and understood by healthcare professionals. Our main goal is to make WGS analysis accessible to general practitioners. We hope that through our efforts, we can promote everyone to achieve truly personalized precision medicine, precision prevention, and, ultimately, precision health as soon as possible.

黃偉欽 博士

Current position
Industrial Technology Research Institute – Manager

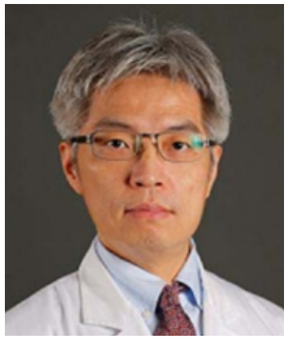
Education
M.S. & Ph.D., Dept. of Materials Science and Engineering,
National Cheng-Kung University, Taiwan

Professional Training and Employment
R&D engineer, Laser & Additive Manufacturing Technology Center, ITRI
Principal Investigator, Laser & Additive Manufacturing Technology Center, ITRI
Project Manager, Laser & Additive Manufacturing Technology Center, ITRI
Manager of Department of Innovative Application Development, Southern Region Campus, ITRI

Honors /Awards
Innovation Award in Taiwan by Research Center for Biotechnology and Medicine Policy (2017)
R&D 100 Award by US R&D Magazine for 3D printing optical engine (2021)
Innovation Award in Taiwan by Research Center for Biotechnology and Medicine Policy (2021)
Silver medal of Edison awards (2022)
"Excellent Young Engineer Award" of China Mechanical Engineering Society (2022)

金屬基層製造醫材與生醫應用

Abstract
積層製造 (3D 列印技術) 這幾年來蓬勃發展，尤其是粉床式雷射金屬積層製造技術，其緻密度、強度與製作品質已經符合航太與生醫領域的高階需求，可透過生醫材料製作各式各樣的醫療器材、製藥等生醫應用。
本次將分享金屬積層製造應用於牙科義齒、骨科植入物、手術導板等各種醫療器材實際應用發展與可能性，以及皮膚生物列印、生物製藥列印的相關成果及未來性。



藍耿立 主任

Current position
臺北榮民總醫院重粒子及放射腫瘤部 重粒子治療科主任
國立陽明交通大學醫學院傳醫所教授

Education
國立陽明大學醫學院醫學士系
美國密西根大學醫學院藥理博士

Professional Training and Employment
臺北榮民總醫院 腫瘤醫學部 放射腫瘤科 科主任
臺北榮民總醫院 腫瘤醫學部 放射腫瘤科 主治醫師
大阪重粒子治療中心進修
日本國立放射線醫學總合研究所（National Institute of Radiological Sciences, NIRS）
輻射生物研究
國立陽明大學 醫工學院生物醫學影像暨放射科學系暨研究所 兼任助理教授
美國德州大學 安德森癌症中心 兼任講師
美國德州大學 安德森癌症中心 博士後研究員

藍耿立 主任

Surgery and Carbon Ion Therapy: A Promising Alliance in the Making.
手術與碳離子治療：充滿潛力的聯盟

Abstract

Carbon Ion Therapy (CIT) has a distinct advantage over typical photon radiation and may be a better pre-surgical treatment choice. The major distinction is CIT's unique physical and biological features, which provide numerous advantages. The energy distribution of CIT, known as the "Bragg Peak," allows for precise tumor targeting. This precision is especially useful in pre-surgical circumstances, when the goal is frequently to decrease the tumor to a size that makes removal easier. The "Bragg Peak" assures that the majority of CIT's energy is deposited in the tumor, reducing damage to nearby healthy tissues. This may result in fewer difficulties and negative effects during surgery. CIT has a high linear energy transfer, which makes it more effective at killing radioresistant cancers. This could potentially improve surgical success by lowering the risk of remaining cancer cells. CIT may minimize the likelihood of cancer recurring in the future by effectively eliminating cancer cells. This is a substantial improvement over photon radiation, which may not be as effective at eliminating all cancer cells. CIT's improved dose distributions and increased radiobiological efficiency make it a promising treatment option for specific forms of cancer, and it may enhance cancer patients' prognoses as a pre-surgical modality.

JAN. 20 六 › 13:30 - 17:00 外科部一般外科

致德樓第二會議室

Time	Topic	Speaker	Moderator
13:30-14:10	甲狀腺分化癌的治療 Treatment for differentiated thyroid carcinoma	臺北榮民總醫院 一般外科 郭栢仲醫師	臺北榮民總醫院 甲狀腺醫學中心 陳瑞裕主任
14:10-14:50	重粒子治療於胰臟癌應用 Heavy particles therapy in pancreatic cancer	臺北榮民總醫院 核醫部 賴宜君醫師	臺北榮民總醫院 一般外科 王心儀主任
14:50-15:30	胃鏡縮胃在高雄榮總的發展與經驗 ESG experience in VGHKS	高雄榮民總醫院 代謝減重中心 陳盛世主任	臺北榮民總醫院 減重及代謝手術中心 方文良主任
15:30-16:10	一般外科的生涯回顧及經驗傳承 The development of general surgery in VGHTPE - from the past to the future	臺北榮民總醫院 一般外科 石宜銘教授 周嘉揚教授	臺北榮民總醫院 人體試驗委員會 行政中心 夏振源主任
16:10-17:00	住院醫師手術影片競賽 Young surgeon video competition	臺北榮民總醫院 一般外科 評審5位	臺北榮民總醫院 一般外科 王心儀主任

臺北榮民總醫院 外科週演講活動(一般外科) 學分:
・消化外科B類3分 ・內視鏡外科15分 ・內分泌外科5分

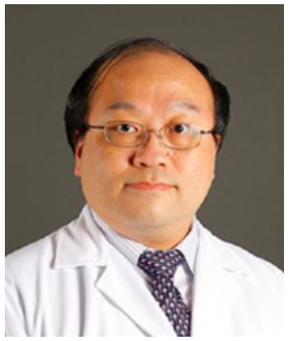
郭栢仲 醫師

Current position
臺北榮民總醫院一般外科主治醫師

Education
高雄醫學大學醫學系學士

Professional Training and Employment
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員

Topic of the Speech
甲狀腺分化癌的治療
Treatment for differentiated thyroid carcinoma



陳瑞裕 主任

Current position
臺北榮民總醫院兼任講師
臺北榮民總醫院一般外科主治醫師
國立陽明交通大學外科學系助理教授
國防醫學院生物及解剖學研究所兼任助理教授

Education
台北醫學大學醫學系學士
國立陽明大學醫學院藥理學研究所博士

Professional Training and Employment
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員
美國哥倫比亞大學醫學中心臨床研究員
美國威斯康辛大學醫院臨床研究員

賴宜君 醫師

Current position
臺北榮民總醫院重粒子及放射腫瘤部放射腫瘤科主治醫師
國立陽明交通大學醫學系兼任講師

Education
國立台灣大學心理系學士
高雄醫學大學學士後醫學系學士
台北醫學大學轉譯醫學博士學位學程博士

Professional Training and Employment
台北醫學大學附設醫院放射腫瘤科住院醫師
臺北榮民總醫院放射腫瘤部放射腫瘤科住院醫師
臺北榮民總醫院放射腫瘤部放射腫瘤科研究醫師
日本重粒子放射治療國際訓練 ITCCIR
日本兵庫縣粒子醫療中心受訓

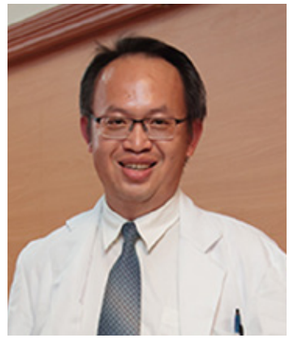
Topic of the Speech
重粒子治療於胰臟癌應用
Heavy particles therapy in pancreatic cancer

王心儀 主任

Current position
臺北榮民總醫院一般外科主任
國立陽明交通大學醫學系外科學科教授

Education
國立陽明大學醫學系學士

Professional Training and Employment
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員
臺北市立聯合醫院陽明院區一般外科主治醫師
臺北榮民總醫院一般外科主治醫師
芝加哥伊利諾伊大學醫學中心進修
威斯康辛大學麥迪遜醫學中心進修



陳盛世 主任

Current position
高雄榮民總醫院代謝減重中心主任
高雄榮民總醫院創傷外科主治醫師
樹人醫專兼任助理教授

Education
中山醫學大學醫學系學士
高雄師範大學人力資源管理研究所碩士
中山大學海洋生物科技博士

Professional Training and Employment
高雄榮民總醫院外科部住院醫師
高雄榮民總醫院一般外科總醫師
臺北榮民總醫院臺東分院一般外科主治醫師
高雄市立聯合醫院兼任一般外科主治醫師

Topic of the Speech
胃鏡縮胃手術在高雄榮總的發展與經驗
ESG experience in VGHKS

方文良 主任

Current position
臺北榮民總醫院 減重及代謝手術中心 主任
國立陽明交通大學醫學系外科學科 部定教授
臺北榮民總醫院一般外科主治醫師

Education
國立陽明大學醫學系學士
國立陽明大學臨床醫學研究所博士

Professional Training and Employment
臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
臺北榮民總醫院一般外科臨床研究員
和信治癌中心醫院外科部專研醫師
財團法人奇美醫院柳營分院一般及消化系外科主治醫師
法國巴黎蒙特梭利醫院減重手術及消化外科手術臨床研究員
美國加州大學舊金山醫學中心 (UCSF) 減重中心及肝膽胰手術中心臨床研究員

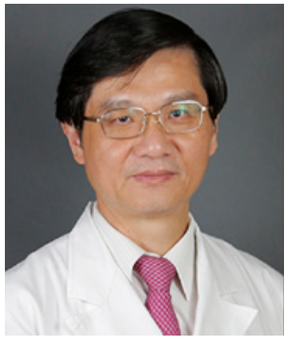
石宜銘 教授

Current position
臺北榮民總醫院胰臟癌治療暨研究中心主任
國立陽明交通大學醫學系外科學科教授
臺北榮民總醫院一般外科主治醫師

Education
國立陽明大學醫學系學士

Professional Training and Employment
臺北榮民總醫院一般外科住院醫師
中央研究院暨臺北榮民總醫院外科腫瘤訓練專科醫師
美國堪薩斯大學醫院基礎醫學及肝膽胰外科臨床進修
美國威斯康辛大學醫院 (Madison) 胰腎移植進修
美國明尼蘇達大學醫院 (Minneapollis) 胰腎移植進修
臺北榮民總醫院一般外科主任

Topic of the Speech
一般外科生涯回顧與經驗傳承
General surgical career review and experience inheritance



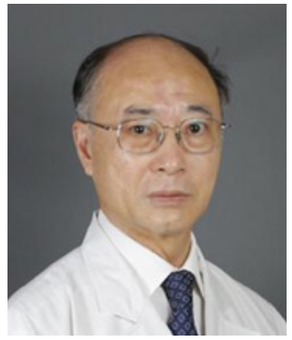
周嘉揚 教授

Current position
臺北榮民總醫院一般外科主任
國立陽明交通大學醫學系外科學科教授
國民健康署委託國家衛生研究院辦理肝癌專家諮詢小組委員

Education
國立台灣大學醫學院醫學系學士
美國紐約哥倫比亞大學公衛碩士

Professional Training and Employment
台灣大學醫學院附設醫院實習醫師
臺北榮民總醫院外科住院醫師
臺北榮民總醫院外科住院總醫師
美國匹茲堡大學醫學中心外科研究室研究員
日本東京大學附設醫院第二外科

Topic of the Speech
一般外科生涯回顧與經驗傳承
General surgical career review and experience inheritance



夏振源 主任

Current position

臺北榮民總醫院人體試驗委員會行政中心主任
臺北榮民總醫院一般外科主治醫師
國立陽明交通大學醫學系外科學科副教授

Education

國立陽明大學醫學系學士

Professional Training and Employment

臺北榮民總醫院一般外科住院醫師
臺北榮民總醫院一般外科總醫師
陸軍步兵少尉軍醫
美國加州大學洛杉機分校肝臟移植中心進修
新北市立聯合醫院副院長

JAN. 20 六 13:30 - 17:30 › 外科部外(創)傷中心

致德樓第三會議室

Time	Topic	Speaker	Moderator
13:30-14:00	報到		
14:00-14:05	開幕	臺北榮民總醫院 外科部外(創)傷中心 蔡佩君主任	
14:05-14:10	貴賓致詞	台灣外傷醫學會/ 亞東紀念醫院外科部創傷科 林恆甫理事長/主任	
14:10-15:10	台灣創傷系統的發展: 現況與展望	台灣外傷醫學會/ 亞東紀念醫院 外科部創傷科 林恆甫理事長/主任	臺北榮民總醫院 外科部外(創)傷中心 蔡佩君主任
15:10-16:10	大量輸血流程改進: 從細節出發	長庚紀念醫院 外傷急症外科 鄭啟桐醫師	長庚紀念醫院 外傷急症外科 康世晴醫師
16:10-17:10	肋骨骨折: 林口長庚之治療現況與 未來研究方向	長庚紀念醫院 外傷急症外科 詹勝宇醫師	臺北榮民總醫院 重症醫學部 王鑑瀛主任
17:10-17:30	綜合討論		

臺北榮民總醫院 外科週演講活動
臺北榮民總醫院外科部外(創)傷中心 及 台灣外傷醫學會 共同主辦

林恆甫 主任

Current position
台灣外傷醫學會理事長
亞東紀念醫院外科部創傷科主任
亞東紀念醫院門診部主任
亞東紀念醫院外科部直腸外科主治醫師
台大醫學院急診醫學科兼任助理教授

Education
台灣大學醫學系
陽明大學急重症醫學研究所碩士

Professional Training and Employment
台大醫院外科部總醫師
亞東醫院一般外科主治醫師
台大醫院外科部兼任主治醫師

林恆甫 主任

Development of Taiwan Trauma System: Current Status and the Prospect
台灣創傷系統的發展：現況與展望

Abstract
The development of trauma system in Taiwan is still evolving and almost every trauma surgeon has dual roles in their clinical practice. Other than caring the trauma patients, trauma surgeons have to participate in the practice of elective operations, acute care surgery, emergency medicine, or intensive care to maintain their clinical expertise and balance their incomes. There are several systems in different hospitals for the treatment of patients with multiple trauma in Taiwan. Each system has its own pros and cons, and there is still not a single solution to handle all the related problems in different hospitals due to the disparity of numbers of trauma patients.
In the past 3 years, COVID-19 pandemic and escalation of conflicts over the world have a tremendous impact on the trauma surgeons' practice including Taiwan. We tried to introduce the current status of trauma system in Taiwan and took the system in Far-Eastern Memorial Hospital as an example to propose a possible mode of hybrid care system for trauma patients in Taiwan. Meanwhile, we will introduce the work Taiwanese trauma surgeons have done to prepare for the treatment of injuries caused by possible escalation of conflicts from the other side cross the strait. Trauma surgeons must play a role in the continuous education of all the physicians in Taiwan.

鄭啟桐 副教授

Current position
林口長庚紀念醫院外傷急症外科主治醫師
Director: Formosa Association for the Surgery of Trauma

Education
Doctor of Medicine, Taipei Medical University, School of Medicine
PhD, Institute of Biomedical Informatics, National Yang-Ming University
Visiting scholar, The Malone Center for Engineering in Healthcare in the Whiting School of Engineering at The Johns Hopkins University

Professional Training and Employment
林口長庚紀念醫院一般外科住院醫師
林口長庚紀念醫院外傷急症外科講師

鄭啟桐 副教授

Current treatment of rib fracture, clinical experience, and future work
大量輸血流程改進 - 從細節出發

Abstract
外傷患者需要大量輸血的原因是因為當患者遭受重傷時，可能會失去大量血液，導致危及生命。因此，及時大量補充血液成為挽救生命的重要關鍵。然而，大量輸血需要良好的流程規劃與協調，以確保輸血的安全性與效果。

本次演講將分享林口長庚建立大量輸血流程的經驗。我們建立了大量輸血流程的臨床單位啟動程序。當外傷患者被送到急診室時，醫療團隊會立即評估患者的傷勢情況並判斷是否需要啟動大量輸血流程。為了確保患者能夠在最短時間內獲得適當的血液產品，我們與血庫單位密切合作。血庫單位會根據臨床單位提供的資訊，選擇適當的血液產品並進行交付。

最後，我們還為每一位外傷患者備妥快速輸血加溫器。當血液在體外流通時，溫度容易下降，甚至低於體溫。這樣的情況不但會造成血小板功能異常、凝血時間延長，也會引起冷凝集素病變等併發症。因此，我們配備快速輸血加溫器，以確保輸血液的溫度適當，並有效避免併發症的發生。

在林口長庚，我們意識到外傷患者大量輸血的重要性，並透過臨床單位的啟動、血庫單位的合作，以及電腦系統的流程建立，有效提高了外傷患者的存活率。我們也會持續探索新的技術和流程，以期進一步提升我們的醫療品質，為每一位需要的病患提供最優質的醫療照護。

詹勝宇 醫師

Current position
林口長庚紀念醫院外傷急症外科主治醫師

Education
輔仁大學醫學系

Professional Training and Employment
林口長庚紀念醫院一般外科住院醫師
Volunteer, Luke international, Malawi

Current treatment of rib fracture, clinical experience, and future work
肋骨骨折 - 林口長庚之治療現況與未來研究方向

Abstract
Rib fracture is the most common injury among blunt thoracic trauma, which cause significant financial and social cost. Multimodality treatment is available in current clinical practice. Traditionally, analgesic agents were the mainstay of treatment in rib fractures. Now, we have paravertebral nerve blocks and surgical rib fixation as multiple treatment options. In this section, I will share the treatment protocol in Linkou Chang Gung Memorial Hospital and discuss how we choose the treatment modality. Second, I will present the clinical outcomes of rib fracture fixation during the past few years. Third, I will present our recent published studies about the timing of rib fixation in patient with traumatic brain injury or geriatric patients. At the end, I will share some scope of the future work in this research field.

JAN. 20 六 12:50 - 17:20 › 外科部胸腔外科

致德樓第四會議室

Time	Topic	Speaker	Moderator
	Management for Locally Advanced Lung Cancer		
12:50-13:00	Opening	胸腔外科醫學會 陳晉興理事長 臺北榮民總醫院 許瀚水主任	
13:00-13:20	CM816 Taipei Veterans General Hospital Experience	臺北榮民總醫院 黃建勝醫師	三軍總醫院 黃才旺 主任
13:20-13:50	Neo-Adjuvant Approach with ICI for Stage II-III NSCLC	Dr. Masahiro Tsuboi National Cancer Center Hospital East, Chiba, Japan	馬偕紀念醫院 黃文傑 主任
13:50-14:20	Zoom in on Stage III NSCLC: The Strategic Consideration for Surgery and Adjuvant Therapy with Molecular Target Drug		
14:20-14:30	Panel Discussion		
14:30-14:40	Coffee Break		
	Keynote Speech		
14:40-15:10	Segmentectomy for Early-stage Lung Cancer, Past, Present, and Future	Dr. Takahiro Nakajima Dokkyo Medical University, Tochigi, Japan	花蓮慈濟醫院 徐中平 副院長 林口長庚紀念醫院 趙盈凱 主任

Metaverse Surgery			
15:10-15:30	The Challenges and Opportunities of Virtual 3D Printing for Digital Twin Organs	臺大醫院 江旰恒醫師	臺北榮民總醫院 黃建勝 醫師 臺北榮民總醫院 徐博奎 主任
15:30-15:50	The Application of Mixed Reality (MR) in Thoracic Surgery	臺北榮民總醫院 丁英哲 醫師	
15:50-16:20	Mixed Reality Technology as a Platform – Next Generation Integrated Medical Systems	Dr. Gao Yujia National University Hospital Singapore	
Management of Early Lung Cancer. Result of National Lung Cancer Screening			
16:20-16:40	Management of Early Lung Cancer. Result of National Lung Cancer Screening- MacKay Memorial Hospital Experience	馬偕紀念醫院 詹梅麟 醫師	臺北榮民總醫院 許文虎 主任 臺中榮民總醫院 莊政諺 主任
16:40-17:00	The review of LDCT Screening and the Primitive Result in TCVGH	臺中榮民總醫院 林志鴻 醫師	
17:00-17:20	Result of National Lung Cancer Screening Program: Tri-Service General Hospital	三軍總醫院 黃敍愷 主任	
17:20	Closing Remarks	臺北榮民總醫院 許文虎主任	

主辦單位 臺北榮民總醫院外科部 | 台灣胸腔外科醫學會

協辦單位 壯生醫療器材股份有限公司 / 台灣必治妥施寶貴股份有限公司

台灣阿斯特捷利股份有限公司 / 台灣小野藥品工業股份有限公司

Dr. Chien-Sheng Huang
黃建勝 醫師

Current position

Attending Physician,Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital

Education

1991.10-1998.06 Bachelor of Medicine, China Medical University
2011.09-2020.06 Doctor of Philosophy, Institute of Clinical Medicine, School of Medicine, National Yang-Ming Chiao Tung University

Professional Training and Employment

Resident training in general surgery at Taipei Veterans General Hospital
Resident training in thoracic surgery at Taipei Veterans General Hospital
Research fellow in thoracic surgery at Taipei Veterans General Hospital
Visiting Scholar, Division of Thoracic & Foregut Surgery of the Heart, Lung and Esophageal Surgery Institute, University of Pittsburgh Medical Center
Visiting Scholar, Showa University International Training Center for Endoscopy (SUITE), Showa University Northern Yokohama Hospital, Yokohama, Japan.

Specialty

Thoracic Surgery
Minimal invasive thoracic surgery
Lung transplantation

Dr. Chien-Sheng Huang
黃建勝 醫師

Checkmate 816 experience in Taipei Veterans General Hospital

Abstract

Neoadjuvant immunotherapy, when combined with chemotherapy, has shown significantly improvement in event-free survival and the likelihood of achieving pathological complete response (pCR) in patients with locally advanced resectable non-small cell lung cancers (NSCLC). However, the effectiveness of preoperative immunotherapy plus chemotherapy as a treatment for locally advanced NSCLC is not yet well-established due to a lack of real-world data on perioperative morbidity and pCR achievement. In this brief report, I will present a review of patients with locally advanced NSCLCs who underwent surgical resection after preoperative immunochemotherapy at Taipei Veterans General Hospital, along with the preliminary surgical results of this treatment modality.

Dr. Masahiro Tsuboi

Current position

1. Division director, Division of Thoracic Surgery & Oncology, National Cancer Center Hospital East, Kashiwa, Japan
2. Visited professor, Department of Surgery, Yokohama City University Graduate school of Medicine, Yokohama, Japan
3. Visited associate professor, Department of Thoracic Surgery & Oncology, Tokyo Medical University, Tokyo, Japan

Education

1987 M.D. Tokyo Medical University, School of Medicine
1991 Ph.D. Tokyo Medical University, Postgraduate School of Surgery

Professional Training and Employment

1987-1991 Resident, Department of Surgery, Tokyo Medical University Hospital
1991-1994 Resident, Division of Thoracic Surgery, National Cancer Center Hospital
1994-1996 Chief-resident, Division of Thoracic Surgery, National Cancer Center Hospital
1996 Attending Surgeon, Department of Surgery & Oncology, Tokyo Medical University & Hospital
1997-2007 Assistant Professor, Department of Surgery & Oncology, Tokyo Medical University & Hospital
2007-2012 Associate Professor, Department of Thoracic Surgery & Oncology, Tokyo Medical University & Hospital
2008-2012 Chief, Department of Thoracic Surgery & Oncology, Kanagawa Cancer Center
2012-2014 Associate professor, Department of Surgery, Yokohama City University Graduate school of Medicine, Yokohama, Japan
2012-2014 Associate professor, Department of Thoracic Surgery, Respiratory disease center, Yokohama City University Medical Center, Yokohama, Japan
2012-2014 Chair, Comprehensive Cancer Center, Yokohama City University Medical Center, Yokohama, Japan
2012-present Visited associate professor, Department of Thoracic Surgery & Oncology, Tokyo Medical University, Tokyo, Japan
2014-present Visited professor, Department of Surgery, Yokohama City University Graduate school of Medicine, Yokohama, Japan
2014-present Division director, Division of Thoracic Surgery & Oncology, National Cancer Center Hospital East, Kashiwa, Japan

Specialty

Clinical trials for Thoracic Malignancies
Surgical Treatment for Thoracic Malignancies
Surgical & Medical Oncology for Thoracic Malignancies
Combined Modality Treatment for Lung Cancer & mesothelioma
Video-Assisted Thoracic Surgery
Endoscopic diagnosis for Thoracic Malignancies (EBUS, OCT)
Surgical Treatment for Myasthenia Gravis

Dr. Tsai-Wang Huang
黃才旺 主任

Current position
Professor, National Defense Medical Center (2021.08-)
Director of Management and Planning Office (2023.03.16-)

Education
1995-2002 M.D. : School of Medicine, National Defense Medical Center
2010-2017 Ph.D. : Institute of Medical Science, National Defense Medical Center

Professional Training and Employment
2004-2009 Residency train, Tri-Service General Hospital
2009-present Attending surgeon, Division of Thoracic surgery
2004-2008 Assistant Professor, National Defense Medical Center
2008-2021 Associate Professor, National Defense Medical Center
2021-present Professor of Surgery, National Defense Medical Center
2013-2023 Chief of Thoracic Division, Tri-Service General Hospital
2022.11-2023.02 Temple University Hospital, Heart & Lung Transplantation center

Honor and Award
2008 Outstanding Young investigator research paper of Taiwan association of Thoracic and Cardiovascular Surgery
2008 Outstanding Young investigator research paper of National Defense Medical Center
2017 National innovation award, Taiwan
2018 Outstanding Research paper of Taiwan association of Thoracic and Cardiovascular Surgery

Specialty
Uniport non-intubation surgery, Navigation bronchoscopy and EBUS
Research: Biomarker of lung cancer, 3D image simulation

Dr. Takahiro Nakajima
M.D., Ph.D., FCCP

Organization/Institute
Dokkyo Medical University, Tochigi, Japan

Current position
Associate Professor, Department of General Thoracic Surgery, Dokkyo Medical University
Tochigi, Japan

Education

Medical Degree	2001	Miyazaki Medical College, Miyazaki, Japan
Ph.D. (Doctor of Medicine)	2008	Graduate School of Medicine, Chiba University, Japan

Professional Training and Employment

Internship	2001-2002	Chiba University Hospital, Chiba, Japan
Residency	2002-2003	Chiba Emergency Medical Center, Chiba, Japan
	2003-2003	Matsudo City Hospital, Chiba, Japan
	2003-2004	Kimitsu Chuo Hospital, Chiba, Japan
Fellow	2004-2005	Chiba Cancer Center, Chiba, Japan
	2005-2008	Chiba University Hospital, Chiba, Japan
Staff Surgeon	2008-2010	Chiba Caner Center, Chiba, Japan
Post-Doctoral Research Fellow		Division of Thoracic Surgery, University of Toronto, Canada
	2010-2011	Latner Thoracic Surgery Research Laboratories
Clinical Fellow 2011-2013		Toronto General Hospital, University Health Network
(Jul 2012 – Dec 2012)		Lung Transplant Surgical Fellow, Toronto Lung Transplant Program
Assistant Professor	2013-2016	Chiba University Hospital, Chiba University, Chiba, Japan
Associate Professor	2016-2021	Chiba University Graduate School of Medicine, Chiba, Japan
Clinical Professor	2019-2021	Chiba University Hospital, Chiba University, Chiba, Japan
Deputy director	2020-2021	Chiba University Hospital, Chiba University, Chiba, Japan Division of Quality and Patient Safety
Associate Professor	2021-present	Dokkyo Medical University, Tochigi, Japan

Specialty
Extended resection, Multimodal treatment for lung cancer,
Minimally invasive thoracic surgery, Image-guided therapeutics
Endobronchial ultrasound, Interventional pulmonology
Clinical lung transplant
Molecular biology in lung cancer, Translational research

Dr. Takahiro Nakajima
M.D., Ph.D., FCCP

Segmentectomy for Early-Stage Lung Cancer: Navigating the Evolution from Past to Future

Abstract

There has been a paradigm shift in thoracic surgery for early-stage lung cancer, with segmentectomy emerging as a crucial option. This presentation explains the historical context, current practices, and future prospects of segmentectomy, focusing on pivotal studies such as JCOG 0802 and CALGB 140503. Additionally, we will explore the future landscape of lung cancer surgery, including segmentectomy, addressing its advantages and limitations.

The concept of segmentectomy for lung cancer originated in the mid-20th century. However, it was initially considered an inferior treatment to lobectomy in terms of oncological efficacy. Segmentectomy only gained traction as an alternative in the pursuit of preserving lung function and was often selected as a more passive surgical method.

The results of the JCOG 0802 Study, published in The Lancet in April 2022, stand as a pivotal contribution to the field. This multi-center, randomized controlled trial investigated the outcomes of segmentectomy compared to lobectomy for patients with early-stage lung cancer. The study's comprehensive data provide valuable insights into survival rates, recurrence patterns, and postoperative complications associated with segmentectomy. Notably, the findings elucidate the superiority of segmentectomy in terms of overall survival compared to lobectomy. In addition, the CALGB 140503 study, published in the New England Journal of Medicine in February 2023, further refines our understanding of limited resection, including segmentectomy. This prospective trial, conducted in a Western context, corroborates the non-inferiority of limited surgery compared to lobectomy.

While segmentectomy has gained recognition for its benefits, recent trends in thoracic surgery underscore the need for personalized treatment approaches. Limited resection, including segmentectomy, offers advantages such as improving overall survival and postoperative lung function. However, challenges persist, including the necessity for accurate patient selection and the potential for locoregional recurrence.

The future of thoracic surgery will involve the further expansion of segmentectomy, and the demand for advancements in imaging modalities, molecular profiling, and minimally invasive techniques will increase. Patient selection and procedural precision are anticipated to ensure optimal integration into lung cancer treatment strategies.

Dr. Chung-Ping Hsu
徐中平 副院長

Current position

Deputy Superintendent and Professor of Surgery,
Hualien Tzu Chi Hospital

Education

1973-1980 Bachelor, National Defense Medical Center
1993-1994 Clinical Research Fellow, Duke University Medical Center Department of Surgery

Professional Training and Employment

1981-1985 Resident, Department of Surgery, Taipei Veterans General Hospital
1985-1986 Chief Resident, Department of Surgery, Taipei Veterans General Hospital
1986-1990 Attending Surgeon, Chief, ICU & General Surgery, Taoyuan Armed Forces General Hospital
1990-2006 Attending Surgeon, Division of Thoracic Surgery, Taichung Veterans General Hospital
1996-2013 Coordinator, Nutrition Therapy Team, Taichung Veterans General Hospital
1990-1997 Chief, SICU, Taichung Veterans General Hospital
1993-1994 Clinical Research Fellow, Department of Surgery, Duke University Medical Center
1997-2006 Chief, Division of Traumatology, Taichung Veterans General Hospital
2006-2013 Chief, Division of Thoracic Surgery, Taichung Veterans General Hospital
2013-2019 Chairman, Department of Surgery, Taichung Veterans General Hospital
2019.03- Present Deputy Superintendent, Hualien Tzu Chi Hospital

Specialty

Treatment of lung cancers & esophageal cancers
Treatment of mediastinal tumor (thymoma & myasthenia gravis)
Minimally invasive surgical procedures (video-assisted thoracic surgery, da-Vinci operation)
Molecular oncology (telomerase)

Dr. Yin-Kai Chao
趙盈凱 主任

Education
1994~2001 MD; Chang Gung University, Taoyuan, Taiwan

Post-Graduate Education
2006/9~2011/8 PHD; Graduate Institute of Clinical Medical Sciences, Change Gung University, Taoyuan, Taiwan

Professional Training and Employment

July 2000~June 2001	Internship, Chang Gung Memorial Hospital
Aug 2001~Aug 2004	R1, R2 & R3, Div of General Surgery, Chang Gung Memorial Hospital
Aug 2004~Aug 2006	Fellow, Div of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital
July 15~31, 2006	Fellow, Div of Thoracic Surgery, National Cancer Center, Tokyo, Japan
Aug 2006~	Attending Staff, Div of Thoracic & Cardiovascular Surgery, CGMH
July 2008~June 2011	Lecturer, Div of Thoracic & Cardiovascular Surgery, CGMH
Aug 2009~Aug 2011	Lecturer, Department of medicine, Chang Gung University
July 2011~June 2014	Assistant professor, Div of Thoracic & Cardiovascular Surgery, CGMH
Aug 2012~Sep 2015	Assistant professor, Department of medicine, Chang Gung University
July 2014~June 2019	Associate professor, Div of Thoracic & Cardiovascular Surgery, CGMH
Oct 2015~ July 2020	Associate professor, Department of medicine, Chang Gung University
Jan 2016~ June 2023	Vice-Director, Robotic surgery center, CGMH
July 2017~ June 2023	Chief, Department of thoracic surgery, CGMH
July 2017~ June 2023	Director, International Medical Center, CGMH
July 2019~	Professor, Div of Thoracic & Cardiovascular Surgery, CGMH
July 2020~	Chief, Department of Thoracic and Cardiovascular Surgery, CGMH
July 2020~	Vice-Director, Cancer center, CGMH
Aug 2020~	Professor, Department of medicine, Chang Gung University
July 2023~	Director, Robotic surgery center, CGMH

Dr. Xu-Heng Chiang
江旰恒 醫師

Organization/Institute
National Taiwan University Hospital

Current position
Attending surgeon and clinical instructor

Education
Medical degree, National Taiwan University

Professional Training and Employment
Department of medical education, National Taiwan University Hospital
Department of surgery, National Taiwan University Hospital, Yun-lin Branch

Specialty
Surgical education, Minimally invasive thoracic surgery

Dr. Xu-Heng Chiang
江旰恒 醫師

The Challenges and Opportunities of Virtual 3D Printing for Digital Twin Organs

Speaker: Xu-Heng Chiang
Organization/Institute: Department of Medical Education, National Taiwan University Hospital

Abstract
Under the concept of the metaverse, the concept of digitized twins refers to the reproduction of real individual organs in the spatial environment of the metaverse through digital technology. This study applies digital twin organs in the metaverse environment for medical education involving challenging cases, disease interpretation, and interdisciplinary team discussions. Based on the thoracic imaging examinations of actual cases, we have developed precise customized organs in the virtual environment of the metaverse, including variations in blood vessels, tumor orientations, and lengths of lung lobes, which can accurately reproduce the differences between different cases. In comparison to traditional physical 3D organ models, virtual 3D models in the metaverse not only allow for arbitrary rotation, zooming, perspectival views, and removal of non-critical organs but also enable cross-temporal and spatial collaboration through the internet, facilitating preoperative planning and discussions involving family members overseas, students in rural areas, and international teams. Immersive experiences can enhance the learning effectiveness and motivation of medical students, improve communication efficiency among teams, and enhance the understanding of disease interpretation. Moreover, it eliminates the need for expensive and time-consuming production processes of physical models, presenting an opportunity for the current metaverse virtual 3D printing system to revolutionize the field of surgery. However, creating and maintaining this system require significant resources and expertise, distinguishing features between metaverse systems and traditional display technologies, and the development of more realistic interactive technologies for digital twin models, which are challenges that may be faced in the future. We will overcome these challenges one by one, enabling this system to bring revolutionary changes and advancements to the field of healthcare.

Dr. Ying-Che Ting
丁英哲 醫師

Organization/Institute
Taipei Veterans General Hospital

Current position
Fellow doctor

Education
China Medical University

Professional Training and Employment
Taipei Veterans General Hospital

Specialty
Thoracic surgery

The application of Mixed Reality (MR) in thoracic surgery

Speaker: Ying-Che Ting

Abstract
With the advance of science and technology, the pre-operative workup has become more and more delicate and precise. Through wearables and remote controllers, surgeons nowadays could manipulate those images intraoperatively, enhancing the surgical accuracy and facilitating the whole operation. Mixed Reality (MR) is one of the examples. It clarifies the anatomical structures through 3D imaging reconstruction, facilitates the communication in the metaverse, and makes the family meeting simpler and more specific. The techniques of projection might be the foundation of further application, especially in the localization of lung lesion. Here, we would like to present the current usage of MR technology in our facility, and review the studies regarding the developing localization technique.

Dr. Wen-Chien Huang Jack
黃文傑 主任

Current position

Chief,
Department of Hospital Security, MacKay Memorial Hospital, Taipei, Taiwan

Chief,
Thoracic Surgery, MacKay Memorial Hospital, Taipei, Taiwan

Attending Physician,
Division of Thoracic Surgery, Department of Surgery, MacKay Memorial Hospital, Taipei, Taiwan

Education

1990.09-1997.06 Medical Doctor, Taipei Medical University
2011.08-2016.06 Ph.D., Institute of Traditional Medicine, School of Medicine, National Yang Ming Chiao Tung University

Professional Training and Employment

1990.09-1997.06 Medical Doctor, Taipei Medical University
1996.12-1997.06 Internship, Taipei-Veterans General Hospital
1999.09-2003.06 Residency in Surgery, Taipei-Veterans General Hospital
2003.07-.2004.06 Chief Residency in Surgery, Taipei-Veterans General Hospital
2007.09-2009.09 Visiting scientist, Molecular and Cellular Oncology Department, MD Anderson cancer center, Tx, USA
2009.09-2009.10 Observer, Thoracic Cardiovascular Department, MD Anderson Cancer Center, Tx, USA
2009. 06 Travel fellowship of 12 SCBA
2004.09- Present Attending Physician, Division of Thoracic Surgery Department of Surgery, Mackay Memorial Hospital, Taipei, Taiwan, Republic of China
2010.10-2018.06 Chief, Division of Thoracic Surgery, Department of Surgery, Mackay Memorial Hospital, Taipei, Taiwan, Republic of China
2011.08-2016.07 PhD Graduate from Institute of Traditional Medicine, School of Medicine, National Yang Ming Chiao Tung University
2018.07- Present Chief, Division of Trauma Surgery, MacKay Memorial Hospital, Taipei, Taiwan

Specialty

Minimally invasive thoracoscopic surgery
Single port VATS
Myasthenia Gravis
General thoracic surgery
Lung cancer
Esophageal cancer

Dr. Po-Kuei Hsu
徐博奎 主任

Current position

Director,
Division of General Examination, Healthcare and Service Center,
Taipei Veterans General Hospital
Attending Physician,
Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital

Education

M.D. School of Medicine, National Yang-Ming University
Ph.D. Institute of Clinical Medicine, National Yang-Ming University

Professional Training and Employment

Resident, Department of Surgery, Taipei Veterans General Hospital
Fellow, Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital
Attending Physician, Department of Surgery, Chu-tung Veterans Hospital
Associate Professor, School of Medicine, National Yang-Ming University
Professor, School of Medicine, National Yang Ming Chiao Tung University

Dr. Mei-Lin Chan James
詹梅麟 醫師

Current position
馬偕紀念醫院胸腔外科主治醫師
國立陽明交通大學傳統醫學研究所博士候選人

Education
高雄醫學大學醫學系

Professional Training and Employment
台大醫院實習醫師
埔里榮民醫院外科住院醫師
臺北榮民總醫院外科、胸腔外科住院醫師
加拿大多倫多總醫院胸腔外科基礎研究員

Specialty
Minimally invasive thoracoscopic surgery
Single port VATS
Myasthenia Gravis
General thoracic surgery
Lung cancer
Esophageal cancer

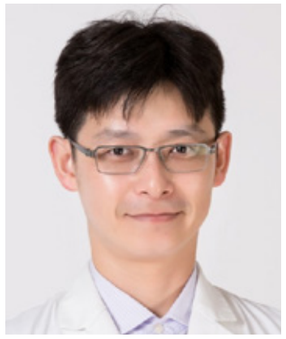
Dr. Mei-Lin Chan James
詹梅麟 醫師

Management of Early Lung Cancer. Result of National Lung Cancer Screening MacKay Memorial Hospital Experience

Abstract

Lung cancer is the leading cause of cancer mortality worldwide. Although the recent advances in precision therapies for lung cancer have greatly improved the treatment response, the overall survival remains poor. The survival of lung cancer is mainly determined by the stage at diagnosis. In 2019, about half patients who were diagnosed with lung cancer were stage IV (50.1%). The 5-year survival rate of patients with stage one, two, three, or four lung cancer is approximately 90%, 60%, 30%, and 10%, respectively. The considerable difference between each stage indicates that increasing the percentage of early-stage lung cancer is pivotal for the improvement of lung cancer survival. On July 1, 2022, the Ministry of Health and Welfare of Taiwan launched the Lung Cancer Early Detection Program to provide biannual low-dose computed tomography (LDCT) lung screening for high-risk groups. Taiwan is the first country to provide lung screening for heavy smokers and individuals with a family history of lung cancer. Those in the following groups at high risk for lung cancer may apply for screening at any given hospital under the program: (1) Individuals with a family history of lung cancer, specifically, men aged between 50 and 74 years and women aged between 45 and 74 years whose parents, children, or siblings have been diagnosed as having lung cancer, and (2) individuals with a history of heavy smoking, specifically, individuals aged between 50 and 74 years with a smoking history of 30 or more pack-years who are willing to quit smoking or who have quit smoking within the past 15 years.

Mackay Memorial Hospital joined the LDCT lung screening program since April 2023. We will report the results of the participants from April. 2023 to Nov. 2023 including positive diagnosed rate, the following interventions and the results.



Dr. Chih-Hung Lin
林志鴻 醫師

Organization/Institute
Department of Thoracic Surgery, Taichung Veterans General Hospital

Current position
Attending Staff

Education
Chung Shan Medical University of Medicine (M.D. 2004)
Institute of Medicine, Chung Shan Medical University (M.D. Ph.D. 2023)

Professional Training and Employment
2005 Resident training, Taichung Veterans General Hospital
2011 Fellowship, Department of Thoracic Surgery, Taichung Veterans General Hospital
2013 Attending staff, Department of Thoracic Surgery, Taichung Veterans General Hospital
2020 Kyoto University Hospital Lung Transplant Clinical Observer .

Specialty
Video-assisted Thoracic Surgery (VATS)
Robotic surgery
Lung Cancer
Esophageal Cancer
Mediastinal Tumor
Chest Trauma

Dr. Chih-Hung Lin
林志鴻 醫師

The review of LDCT screening and the primitive result in TCVGH

Speaker: Chih-Hung Lin

Abstract
Low-dose computed tomography (LDCT) screening has emerged as a groundbreaking medical technology for the early detection of various diseases, particularly in high-risk populations. This innovative imaging technique utilizes significantly reduced radiation exposure compared to conventional CT scans, making it a safer and more accessible option for routine screenings. One of the most significant contributions of LDCT screening is in lung cancer detection. The National Lung Screening Trial (NLST) demonstrated that LDCT can reduce lung cancer mortality rates by up to 20%, compared to traditional chest X-rays. The ability to detect lung cancer at an earlier, more treatable stage has substantial implications for public health. Health Promotion Administration initiated LDCT screening for two major groups in Taiwan since July 2022. This report aims to provide a preliminary analysis report based on the results of LDCT screening conducted at TCVGH. From August 2022 to September 2023, 934 patients underwent LDCT screening, of which 741 had family history and 193 had smoking history. Among these patients, 184 had lung category 3 or 4. Fifteen patients received surgical resection, and all were diagnosed with pulmonary adenocarcinoma except AIS in 2 patients.

Dr. Hsu-Kai Huang
黃敍愷 主任

Organization/Institute
Division of thoracic surgery, Department of surgery, Tri-Service General Hospital, National Defense Medical Center

Current position
Chief of division of thoracic surgery (June, 2023~)

Education
M.D.: School of Medicine, National Defense Medical Center, Taiwan(Aug, 1996- June, 2003)

Professional Training and Employment
Resident, department of surgery(July, 2005~ July, 2009)
Chief resident, division of thoracic surgery (Aug 2009~Aug, 2010)
Attending surgeon, division of thoracic surgery (Aug, 2010~)
Assistant professor of school of medicine, National Defense Medical Center (Feb, 2021~)
Vice-superintendent Tri-Service General Hospital Penghu Branch, National Defense Medical Center, Penghu, Taiwan (Oct, 2019~May, 2023)

Specialty
Minimally invasive surgery for lung, esophageal, mediastinal and pleural disease, high-resolution manometry and POEM, trauma and critical care, Nuss procedure. Robotic-assisted thoracoscopic surgery.

Result of National Lung Cancer Screening Program: Tri-Service General Hospital

Abstract
The Ministry of Health and Welfare launched the Lung Cancer Early Detection Program on July 1, 2022. Tri-Service General Hospital joined this program since September, 2022. Until August, 2023, total 738 patients underwent low-dose CT scan. One hundred and ten cases were classified as Category 3, 4A, 4B/4X. Among patients underwent surgical resection, 6 patients were confirmed lung cancer. We will briefly report the results of LDCT screening program of our institute.

Dr. Cheng-Yen Chuang
莊政諺 主任

Current position
Chief,
Division of Thoracic Surgery, Taichung Veterans General Hospital

Education
1985-1992 Taipei Medical College, MD. Degree
2012 Chung-Shan Medical University, MD. PhD Degree

Post-Graduate Education
1999-2004 Attending Surgeon of Thoracic Surgery (Taichung Veterans General Hospital)
2004-2007 Chief of Thoracic Surgery (Chung-Hwa Show Chwan Memorial Hospital)
2007-2017 Attending Surgeon of Thoracic Surgery (Taichung Veterans General Hospital)
2017-Present Chief of thoracic Surgery

Specialty
Lung Cancer Surgery
Esophageal Cancer
Mediastinal Tumor
Minimally invasive thoracoscopic surgery (Lung cancer, Esophageal Cancer, Mediastinal Tumor, Pneumothorax)

JAN. 20 六 13:30 - 16:30 › 外科部心臟血管外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
13:30-16:30	豬心臟瓣膜置換	臺北榮總 心臟血管外科 郭景源 醫師	臺北榮總 心臟血管外科 郭景源 醫師
13:30-16:30	血管吻合	臺北榮總 心臟血管外科 陳瑞翔 醫師	臺北榮總 心臟血管外科 陳瑞翔 醫師

JAN. 20 六 13:30 - 16:20 › 外科部乳房外科

致德樓第六.七會議室

Time	Topic	Speaker	Moderator
13:30-14:20	AI在乳癌診斷的應用	高雄榮民總醫院 放射線部 周春平部主任	臺北榮民總醫院 放射線部 邱宏仁部主任
14:20-15:00	HAND ON：AI在乳癌診斷的應用	高雄榮民總醫院 放射線部 周春平部主任	
15:00-15:40	APP 虛擬個管師	臺北榮民總醫院 乳房外科 連珮如副技師	高雄榮民總醫院 一般外科 曾彥敦醫師
15:40-16:20	智慧醫療於乳房重建之應用	臺北榮民總醫院 乳房外科 馮晉榮醫師	臺北榮民總醫院 乳房外科 黃其晟主任

周春平 部主任

Current position
高雄榮民總醫院放射線部 部主任

Education
Medical School, National Defense Medical Center
Master of Clinical medicine, National Yang-Ming University School of Medicine.

Professional Training and Employment
Residency in Radiology, Kaohsiung Veterans General Hospital
Visiting research fellow of Radiology, UMass Memorial Health Care, Worcester, MA, USA
Chief of breast imaging, Radiology department, Kaohsiung Veterans General Hospital
Assistant Professor, Department of Medical Laboratory Science and Biotechnology, Fuying University

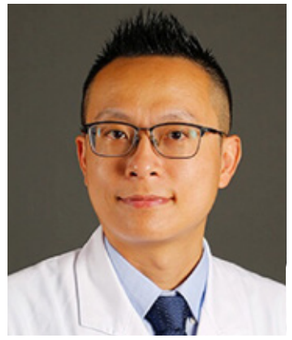
Topic of the Speech
Application of AI in Breast Cancer Diagnosis
AI 在乳癌診斷的應用

JAN. 20 六 13:30 - 16:20 外科部重建整形外科

致德樓第八.九會議室

局部皮瓣手術研討會暨工作坊

Time	Topic	Speaker	Moderator
13:30-14:20	Opening	臺北榮民總醫院 重建整形外科 王天祥主任	
13:40-14:00	局部皮瓣解剖及生理	臺北榮民總醫院 重建整形外科 石育仲醫師	
14:00-14:10	Hands-on workshop 說明	臺北榮民總醫院 重建整形外科 蕭福尹醫師	臺北榮民總醫院 重建整形外科 王天祥主任
14:10-15:10	Hands-on workshop 實作	教師群	
15:10-15:20	Coffee Break		
15:10-15:40	Hands-on workshop 實作	教師群	臺北榮民總醫院 重建整形外科 燒傷中心 吳思賢主任
15:40-16:00	Hands-on 討論	教師群	
16:00-16:20	局部皮瓣實例及變化	臺北榮民總醫院 重建整形外科 陳慶恩醫師	



石育仲 醫師

Current position
臺北榮民總醫院外科部重建整形外科主治醫師
臺北榮民總醫院手術室副主任

Education
台北醫學大學醫學系
國立陽明交通大學臨床醫學研究所博士

Professional Training and Employment
教育部部定助理教授
臺北榮民總醫院外科住院醫師 / 總醫師 / 主治醫師

Topic of the Speech
局部皮瓣解剖及生理

蕭福尹 醫師

Current position
臺北榮民總醫院外科部重建整形外科主治醫師

Education
國立陽明大學醫學系

Professional Training and Employment
臺北榮民總醫院外科住院醫師 / 總醫師
臺北榮民總醫院桃園分院主治醫師

Topic of the Speech
Hands-on Workshop introduction

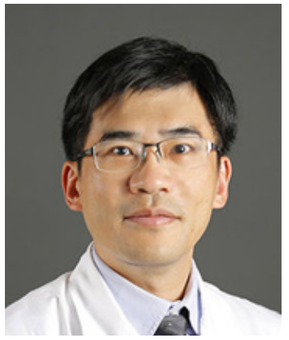
陳慶恩 醫師

Current position
臺北榮民總醫院外科部重建整形外科主治醫師

Education
國立國防醫學院醫學系
國立陽明交通大學臨床醫學研究所 博士候選人

Professional Training and Employment
臺北榮民總醫院住院醫師 / 總醫師
林口長庚醫院創傷重建整形外科進修醫師

Topic of the Speech
局部皮瓣實例及變化

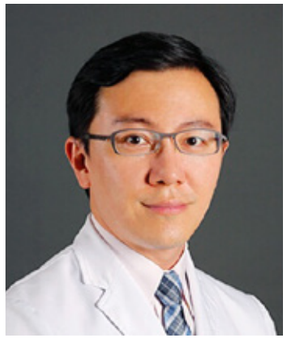


王天祥 主任

Current position
臺北榮民總醫院外科部重建整形外科主任
臺灣整形外科醫學會監事
臺灣燒傷暨傷口照護學會理事

Education
中國醫藥大學醫學系
國立中央大學機械工程研究所博士

Professional Training and Employment
臺北榮民總醫院整形外科住院醫師
臺北榮民總醫院整形外科總醫師
教育部部定助理教授
臺灣整形外科醫學會副秘書長
羅東博愛醫院整形外科主治醫師



吳思賢 主任

Current position
臺北榮民總醫院外科部重建整形外科燒傷中心主任

Education
高雄醫學大學醫學系

Professional Training and Employment
教育部部定助理教授
宜蘭國立陽明大學附設醫院整形外科兼任主治醫師
臺灣燒傷暨傷口照護學會 第十六屆常務理事
臺灣傷口照護學會 第三屆理事
臺灣燒傷暨傷口照護學會 第十四屆秘書長
台灣擬真醫學教育學會 第五屆常務理事
美國西雅圖華盛頓大學醫學中心重建整形外科訪問學者
日本東京大學附屬病院形成外科脂肪幹細胞實驗室登錄研究員

JAN. 20 六 13:30 - 16:30 › 外科部大腸直腸外科

中正樓11樓大腸直腸外科

Time	Topic	Speaker	Moderator
13:30-16:30	高階大腸鏡息肉切除手術訓練課程 ESD Workshop	臺北榮民總醫院 大腸直腸外科 林育如醫師	臺北榮民總醫院 大腸直腸外科 藍苑慈醫師

林育如 醫師

Current position
臺北榮民總醫院大腸直腸外科主治醫師

Education
國立陽明大學醫學系

Professional Training and Employment
臺北榮民總醫院外科部住院醫師
臺北榮民總醫院大腸直腸外科住院醫師
臺北榮民總醫院大腸直腸外科總醫師
臺北榮民總醫院大腸直腸外科臨床研究醫師

林育如 醫師

高階大腸鏡息肉切除手術訓練課程 ESD Workshop

Abstract
Superficial colorectal lesions can be managed by endoscopic mucosal resection (EMR), endoscopic submucosal dissection (ESD), and colectomy. Although colectomy is a more definitive treatment for large and malignant polyps, and also allows lymph node resection, it is associated with increased morbidity and mortality. Compared with EMR, ESD achieves higher rates of en bloc and R0 resection and lower rates of recurrence, but requires longer procedural time and carries higher complication rates. As a result, the indication for ESD varies with local expertise and experience. The commonly endorsed indications by Japanese and European societies and American experts include non-granular lateral spreading tumor (especially ≥ 20 mm in size), depressed-type tumor, large granular lateral spreading tumor (especially ≥ 30 mm), and residual or recurrent adenoma.
The necessary equipment for ESD includes an endoscope with good maneuverability especially for retroflexion such as a pediatric colonoscope or gastroscope, a transparent hood to open the incision and the submucosal space, a short-needle type knife for incision and hemostasis, an injection needle to create submucosal cushion, an insufflator with carbon dioxide, an electrocauterization device, and hemostatic forceps and clips.

It is important to make a strategy for ESD case by case. The specific site, morphology, and the size of the lesion, the maneuverability of the endoscope, and the relationship between the lesion and the gravity are assessed. After submucosal injection, mucosa incision is made about 5-10mm from the edge of the lesion and 2cm in length, followed by submucosa dissection. The submucosa space is entered with the transparent hood. When it is necessary, changing the patient's position can aid the dissection by utilizing the gravity. The commonly used methods for opening the submucosa space in difficult situations are pocket creation method, tunneling method, and traction device. After the lesion is removed, the resected area is checked for perforation and hemostasis. The specimen is stretched and pined on a cork board for pathological examination.

JAN. 20 六 13:00 - 17:00

外科部移植外科

陽明交通大學書田外科訓練中心

Time	Topic	Speaker	Moderator
13:00-13:15	Anatomy of the liver in human vs. pig	臺北榮民總醫院 移植外科 鄒奕帆醫師 郭芳成醫師	臺北榮民總醫院 移植外科 劉君恕主任 蔡昕霖主任 陳正彥主任 林釀呈醫師
13:15-13:30	Modules of hepatectomy in pig		
13:30-17:00	Porcine liver procurement and orthotopic transplantation		

MEMO

MEMO

臺北榮民總醫院外科部

傳承‧培育