臺北榮民總醫院 臺北榮民總醫院外科部

外科週 2025 SURGICAL WEEK

13 JAN. 一月 ▶ 18 JAN. 一月

面對挑戰 突破未來

臺北榮民總醫院 院長引言

陳威明 教授

臺北榮民總醫院 院長

外科週的活動堂堂邁入第三屆，個人與有榮焉。一則發自肺腑，感佩外科兄弟的積極投入，更重要的是這種從小到大，血濃於水的情感，不是文字能夠表達其萬一。

身為醫院的大家長，坦白說，我的第二個家是開刀房。朝夕相處長達數十年，期間的點點滴滴，相濡以沫。從早期傳統手術的大傷口，進展到微創的迅速恢復，再往前邁進的機械手臂輔助的高科技，無一不是見證了醫療品質與高科技的結合。在臺北榮總外科部裡，這些技術都是層層把關，代代傳承，源遠流長，甚至桃李滿佈，福國利民兼善天下。

現今的醫學領域，從腫瘤的切除，多專科團隊的治療，甚至結合再生醫學的新領域。舉凡個人化服務，病人安全及自主性的策略，我們不但念茲在茲，更是台灣首屈一指的標竿。在Newsweek年度評比結果，臺北榮總在世界的排名250強中，位居第218名，更是臺灣唯一的驕傲，我認為外科部的同仁，居功厥偉，銘感於心。

在此佳節前夕，欣逢外科週充滿熱情與新知的盛宴，祝福這個活動圓滿成功，也期許老戰友們與新進的外科醫師，醫德雙修，福慧增長，萬事如意！

臺北榮民總醫院 副院長引言

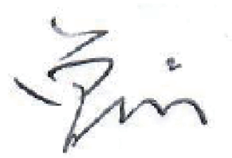
曾令民 教授

臺北榮民總醫院 外科系副院長

身為臺北榮總外科部這個大家庭的一份子，是我一輩子的驕傲，在這裡入門，成長，茁壯，轉眼之間也已經超過三十年。依稀記得當年生澀的在這大樹下受到師長同儕的呵護，如今卻又發現自己已經承擔起灌溉這棵大樹的責任。書劍肝膽，一直是外科醫師與眾不同之處，不諱言說是循環在體內驕傲的基因。臺北榮總外科部，有深厚的歷史與傳承，棒棒強棒的接力演出，也奠定我們在國際間卓越的聲望。

外科週這個活動所彰顯的是整個團隊成員願意分享心得給同道先進以及普羅大眾。分享的基礎來自於團隊日以繼夜，焚膏記晷的努力，內容包羅萬象，精彩絕倫，無疑地是一個值得沉浸其中的寶庫，更是讓大家期待萬分的盛事。

除了祝福與會的講者，嘉賓與同仁們，都沐浴其中，醍醐灌頂滿載而歸。值此歲末年初，感謝所有同仁們一年的辛苦努力，更要對大家的傑出成就表示恭賀！在團隊的努力下，台北榮總外科薪火相傳將永遠居於國內領先地位，一起為守護國人的健康做出最大的努力與貢獻！



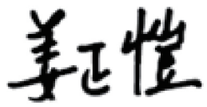
臺北榮民總醫院 外科部部主任引言

姜正愷 教授
臺北榮民總醫院 外科部部主任

繼續舉辦2025年北榮外科部的外科週，就如同北榮外科優良的使命感，傳承 - 承先、精進 - 啟後。近代的外科技術進展隨著科技的進步，手術領域從傳統手術到現代醫療科技的跨越，這不僅是醫療技術的蛻變，更是我們對生命無限敬畏與追求卓越的見證。2025年外科週的主題為「器官移植」，匯聚了「腎臟、肝臟、肺臟、心臟及胰臟」的醫學精英相互分享經驗，展現外科醫師們在科技與智慧之間不斷探索、創新的熱情。北榮的外科發展歷程已經站在世界潮流的前端，從傳統開刀到微創手術，再到機械手臂的引入，外科手術方式的每一次進步，都是對人類生命健康的真摯承諾。

當我們踏入外科醫學領域的前沿，無論是臨床診療、手術技術還是創新研究，每一天都充滿了挑戰。這些挑戰不僅來自於疾病本身的複雜性，還來自於日新月異的科技進步、醫療資源的配置、病患需求的多元化，以及醫學倫理的持續討論。隨著時代的發展，我們所面對的問題愈加複雜，解決這些問題的方式也不斷進化。

本次外科週的Slogan是「面對挑戰，突破未來」，這不僅是對我們當前所處環境的真實寫照，更是對未來醫學外科發展的深刻思考。而面對未來，我們深知挑戰無處不在，每一個挑戰都蘊藏著機會，正是這些挑戰，造就了不斷突破自我的力量。我們將從不同的角度進行深度探討，尋求突破的靈感。讓我們共同勉勵在這個充滿挑戰與機會的時代中，能夠汲取力量，為未來的醫學外科貢獻自己的智慧與創意，攜手走向更美好的明天。



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 部主任

Program Committee Consultant

陳威明 教授
臺北榮民總醫院
院長

臺北榮民總醫院

主辦單位 臺北榮民總醫院外科部

2025 SURGICAL WEEK 外科週

Program Committee Chairman

黃其晟 主任
臺北榮民總醫院
乳房外科主任

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依照科別英文代碼排序

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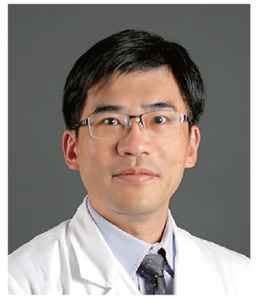
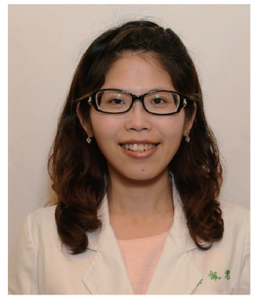
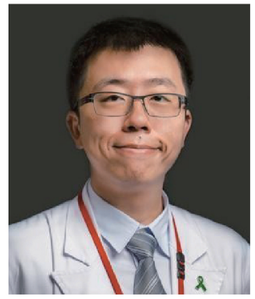


王天祥 主任
臺北榮民總醫院
重建整形外科主任



蔡佩君 主任
臺北榮民總醫院
外(創)傷中心主任



陳正彥 主任
臺北榮民總醫院
移植外科主任

臺北榮民總醫院

主辦單位 臺北榮民總醫院外科部

MEMO

平日議程

TVGH SURGICAL WEEK

13 JAN. 一月 ▶ 17 JAN. 一月

臺北榮民總醫院

主辦單位 臺北榮民總醫院外科部

2025 SURGICAL WEEK 外科週

乳房外科 1/13 08:40-10:00

主辦單位：外科部 乳房外科　　地點：手術模擬創新中心

Time	Topic	Speaker
08:40-09:20	Principles of Axillary Surgery for Breast Cancer	臺北榮民總醫院 乳房外科 陳彥蓁 醫師
09:20-10:00	Precision Oncology for Advanced Breast Cancer	臺北榮民總醫院 乳房外科 黃其晟 主任

大腸直腸外科 1/14 08:50-12:00

主辦單位：外科部 大腸直腸外科　　地點：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

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

Live Demo

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.

一般外科 1/15 08:50-11:10

主辦單位：外科部 一般外科　地點：科技大樓階梯會議室

Time	Topic	Speaker	Moderator
08:50-09:20	Hepatectomy Techniques - From Laparoscopy to Robotics	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 周書正 醫師
09:20-09:50	Stomach Cancer - Surgical Approach In Modern Era	臺北榮民總醫院 一般外科 宮慶雲 醫師	臺北榮民總醫院 一般外科 黃國宏 醫師
09:50-10:20	我離開北榮後的日子 - 敏盛醫院	敏盛醫院 一般外科 黃冠傑 醫師	臺北榮民總醫院 一般外科 石柏軒 醫師
10:20-11:10	我離開北榮後的日子 - 亞大附醫	亞大附醫 一般外科 許璨文 醫師	臺北榮民總醫院 一般外科 黎瀚棻 醫師

一般外科 1/15 13:30-16:30

主辦單位：外科部 一般外科　地點：中正樓10 樓 一般外科會議室

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

MEMO

曾展緯 醫師

現職 Current Position

臺北榮民總醫院一般外科研究醫師
彰濱秀傳醫院醫院一般外科兼任主治醫師

學歷 Education

長庚大學醫學士

經歷 Professional Training and Employment

臺北榮民總醫院 一般外科住院醫師、總醫師
台灣外科專科醫師
台灣消化外科專科醫師
消化系達文西手術認證醫師

演講題目 Topic of the Speech

肝臟手術技巧：從腹腔鏡到機器人手術
Hepatectomy Techniques: From Laparoscopy to Robotics

演講摘要 Abstract

肝切除技術的發展提升了肝病患者的手術成效。從傳統的大切口開放性肝切除逐步演進至微創技術，例如腹腔鏡和機器人輔助手術，這些新技術帶來了諸多優勢。腹腔鏡肝切除利用小切口與專用器械，與開放手術相比，不僅能顯著減輕術後疼痛，還可縮短住院時間並加速恢復。在此基礎上，機器人輔助肝切除進一步提升了操作的精準性和靈活性，可能帶來更理想的手術效果與患者預後。然而，這些技術的應用需要長期地訓練，並伴隨較高的經濟成本。如何學習及評估機器人手術的效益及風險為重要議題。
The development of hepatectomy techniques has significantly improved surgical outcomes for patients with liver diseases. Transitioning from traditional open hepatectomy with large incisions to minimally invasive techniques, such as laparoscopic and robotic-assisted surgeries, these advancements have introduced numerous advantages. Laparoscopic hepatectomy utilizes small incisions and specialized instruments, which, compared to open surgery, not only significantly reduce postoperative pain but also shorten hospital stays and accelerate recovery. Building on this foundation, robotic-assisted hepatectomy further enhances surgical precision and flexibility, potentially leading to better surgical outcomes and improved patient prognoses. However, the application of these technologies requires extensive training and comes with higher economic costs. Understanding and evaluating the benefits and risks of robotic-assisted surgery remain critical challenges.

宮慶雲 醫師

現職 Current Position

臺北榮民總醫院外科部一般外科主治醫師

學歷 Education

高雄醫學大學醫學系學士

經歷 Professional Training and Employment

臺北榮民總醫院外科部一般外科住院醫師、總醫師、研究醫師
外科專科醫師
消化外科專科醫師
代謝及減重外科專科醫師
內視鏡外科專科醫師
營養醫療專科醫師

演講題目 Topic of the Speech

胃癌手術治療的現代趨勢
Stomach Cancer - Surgical Approach in Modern Era

演講摘要 Abstract

胃癌為全球第五大癌症，其手術治療的現代趨勢已經有了顯著的進步，胃癌手術從傳統的開腹手術逐漸演變為微創手術，包括腹腔鏡手術和機器人輔助手術，這些技術不僅減少了手術創傷，還縮短了病人的恢復時間。針對早期胃癌，更有功能保留胃切除術之手術方式，除了根治腫瘤也能增進患者的生活品質。而對於晚期胃癌，現今結合外科、內科、放射科和病理科等多專科，也能為合適的病人提供腹腔溫熱化療以增進預後。會後，與會者將能進一步了解現代胃癌手術的趨勢及發展。
Gastric cancer is the fifth most common cancer worldwide. The modern trends in its surgical treatment have made significant progress. Gastric cancer surgery has gradually evolved from traditional open surgery to minimally invasive surgery, including laparoscopic and robot-assisted surgeries. These techniques not only reduce surgical trauma but also shorten the patient's recovery time. For early-stage gastric cancer, there are function-preserving gastrectomy procedures that improve the patient's quality of life without compromising oncological safety. For advanced gastric cancer, a multidisciplinary approach combining surgery, internal medicine, radiology, and pathology can provide suitable patients with intraperitoneal hyperthermic chemotherapy to improve prognosis. After the meeting, participants will gain a deeper understanding of the trends and developments in modern gastric cancer surgery.

黃冠傑 醫師

現職 Current Position

敏盛綜合醫院一般外科主治醫師

學歷 Education

輔仁大學醫學系醫學士

經歷 Professional Training and Employment

臺北榮民總醫院一般外科住院醫師、總醫師
台灣消化外科專科醫師
台灣外科專科醫師

演講題目 Topic of the Speech

我離開北榮後的日子 - 敏盛醫院

演講摘要 Abstract

在臺北榮總前後加上實習醫生的時間大概有 7 年，甚至比讀醫學系還久，離開北榮這個決定無疑是踏出舒適圈，會下這個決定當然牽涉到家庭、想要的生活型態、對自己工作內容發展的期許，最後也是最現實的……薪水跟貸款壓力。剛來到新的醫院，不熟悉的人事物、設備、器械，往往讓人近乎崩潰，在醫學中心 training 出來嚴謹的醫療方式在區域醫院常常是無法被達成的，幸好這裡也有北榮畢業的學長姊，在最需要的時候幫我一把並適時給予意見，才能讓我逐漸站穩腳步。我認為，做出要選擇來到區域醫院得先認知道會遇到一些困難點，包含助手能力不足、器械不夠齊全或是型號跟之前用過的不一樣、術後照護能力不足……等。最後也是最重要的，出去後沒有人會在後面推著你要精進或是選擇著重的次專科，因此時時了解自己不足的地方，並適時地向院方提出爭取要出去進修或是學刀的機會是很重要的，升上主治醫生後會有大把的時間可以運用，而且區域醫院相對於醫學中心病人量也沒那麼大，因此如何好好把握時間是很重要的，很慶幸，敏盛醫院對於培養想要學習的主治醫師是非常支持的。希望這次演講能稍微給正在思考想不想留在醫學中心的學弟妹一些想法跟概念。

許璨文 醫師

現職 Current Position

亞大附醫一般外科主治醫師

學歷 Education

高雄醫學大學學士後醫學系

經歷 Professional Training and Employment

臺北榮民總醫院外科部一般外科住院醫師、總醫師

演講題目 Topic of the Speech

我離開北榮後的日子 - 亞大附醫
After Leaving Taipei Veterans General Hospital – Asia University Hospital

演講摘要 Abstract

在臺北榮總經歷了五年的訓練，從住院醫師加入一般外科，並且完成總醫師訓練後，離開北榮到了中部發展，藉此分享這五年到離開後的環境改變、心境轉變。分享的方向從硬體、軟體的不同，至遇到的人事物，包含病人特性的不同，接觸到的刀種等等，與學弟妹分享在院內時期可以如何調適，以及離開後有什麼挑戰。
After undergoing five years of training at Taipei Veterans General Hospital, starting as a resident in the General Surgery Department and completing chief residency, I moved to Taichung to further career. I wish to share my experiences from those five years and the changes I encountered after leaving, including shifts in environment and mindset. The discussion will cover differences in infrastructure and systems, as well as the people, patients, and cases I encountered—ranging from variations in patient characteristics to the types of surgeries performed. This is aimed at providing insights for junior colleagues on how to adapt during their training and what challenges to anticipate after transitioning to a new setting.

胸腔外科 1/16 14:00-16:10

主辦單位：外科部 胸腔外科　　地點：手術模擬創新中心

Time	Topic	Speaker	Moderator
14:00-14:10	Opening		臺北榮民總醫院 許瀚水 主任
14:10-14:35	Endobronchial Management for COPD and BTVA Experience Sharing	新竹臺大分院 胸腔內科 張立禹 醫師	臺北榮民總醫院 一般胸腔科 趙恆勝 醫師
14:35-15:00	介入性胸腔醫學介紹	林口長庚紀念醫院 胸腔外科 范馨月 醫師	
15:00-15:10	Coffee Break		
15:10-15:35	The Efficacy and Feasibility of Preoperative Bronchoscopy Navigation Tumor Localization (Lung Vision System): A Promising Introduction	三軍總醫院 胸腔外科 林冠勳 醫師	臺北榮民總醫院 胸腔外科 徐博奎 主任
15:35-16:00	解鎖手術室未來：Mobile Hybrid 的新時代	Dr.Michael Bodky	
16:00-16:10	Closing		臺北榮民總醫院 胸腔內科 徐博奎 主任

MEMO

張立禹 醫師

現職 Current Position

國立臺灣大學醫學院附設醫院
新竹臺大分院新竹醫院胸腔內科 主治醫師

學歷 Education

台北醫學大學醫學系

經歷 Professional Training and Employment

國立臺灣大學醫學院附設醫院 住院醫師
國立臺灣大學醫學院附設醫院雲林分院 住院醫師
日本國立癌症研究中心短期進修
德國海德堡大學附設胸腔醫院短期進修
新竹市衛生局結核病病審委員
疾病管制署諮詢委員
台灣結核暨肺部疾病醫學會秘書長
國立臺灣大學醫學院附設醫院新竹臺大分院新竹醫院 5B 隔離病房主任
國立臺灣大學醫學院附設醫院新竹臺大分院新竹醫院胸腔科檢查室負責人

演講題目 Topic of the Speech

Endobronchial Management for COPD and BTVA Experience Sharing
慢性肺阻塞的內視鏡治療及支氣管鏡熱蒸氣消融術的經驗分享

演講摘要 Abstract

Treatment for COPD has been focused for a long period; however, endobronchial management has been developed recently from emphysema to chronic bronchitis. And endobronchial lung volume reduction (ELVR) has been included into GOLD guideline. This time, we will simply introduce current endobronchial management for COPD, including those have been proved by FDA and those still under clinical trial but have been mentioned in GOLD 2024. Finally, we will share the experience of BTVA performing at NTUH, Hsin Chu branch.
慢性肺阻塞的治療一向是以藥物治療為主軸，但是，不論是對於肺氣腫或是慢性支氣管炎，支氣管鏡介入在近期陸續發展中；而針對肺氣腫的數種支氣管鏡肺減容術，業已被納入 GOLD 指引的治療選項中。這次的內容，會介紹目前慢性肺阻塞的支氣管鏡介入治療。最後，會跟大家分享台大醫院新竹分院的支氣管鏡熱蒸氣消融術的治療經驗。

范馨月 醫師

現職 Current Position

Thoracic surgeon, Chang-Gung memorial hospital, Linkou, Taiwan
Assistant supervisor, CGMH iVATS center, Taiwan

學歷 Education

Chang Gung University, Taiwan

經歷 Professional Training and Employment

2011.09-2012.08 Post-graduate year training, CGMH, Linkou
2012.09-2014.08 R1-R2, Division of Surgery, CGMH, Linkou
2015.09-2017.10 R3-R5, Thoracic & Cardiovascular Surgery, CGMH
2017.11- Present Attending Staff, Thoracic Surgery, CGMH
2021.08-Present Assistant supervisor, CGMH iVATS center

演講題目 Topic of the Speech

介入性胸腔醫學介紹

演講摘要 Abstract

在台灣，氣管內的診斷與治療，在胸腔外科及內科皆有一定程度的介入，譬如在敝院，硬式支氣管鏡、氣切手術由胸腔外科負責；而軟式支氣管鏡、、肋膜腔鏡主要由胸腔內科負責；胸腔引流管及胸腔超音波則是兩科皆有。然而在美國，與氣管、支氣管相關的所有處置，已慢慢移轉至一個新興的次專科來負責：介入性胸腔科 （Interventional pulmonology, IP）。而我所參訪的 Henry ford hospital 是最早成立 IP department 的醫院之一，也是目前美國經驗最豐富、規模最大的教學中心。台灣尚未有機器人支氣管鏡引入，大部分醫師對其也相對陌生。機器人支氣管鏡與傳統的軟式支氣管鏡最主要的差異，在於管徑粗細及操作方式的不同。傳統的軟式支氣管鏡直徑約為 4-5mm，而成人的氣管直徑約為 104-116mm，然而隨著支氣管的分岔，越末端越細，軟式支氣管鏡到約第三個分支就無法繼續探索更深的位置。而第三個分支的位置大約只佔肺部的內 1/2-1/3 的區域，因此大部分的區域都無法藉由軟式支氣管鏡探索，另外，軟式支氣管鏡的前端只能前後彎曲，在更深處的位置會變得非常困難抵達；過去敝科在進行氣管內腫瘤定位的臨床研究時，就已深刻體會到其困難之處。而機器人支氣管鏡的直徑為 2mm，可以探索至第五個分支，且其操作模式相對彈性及容易，配合適當的手術前影像及軟體的規劃，可以非常容易抵達目標處。過去我們認為相當困難的位置，對他們而言只是日常工作的一部分。而且不只單獨機器人手臂的運用，還結合了氣管內超音波（endobronchial ultrasound, EBUS）、C-arm X 光機、傳統軟式支氣管鏡，同時還有麻醉科的管路，一台檢查看似複雜，但一切皆是井井有條且極有效率。除了定位切片等基本的技術，機器人氣管鏡未來在癌症治療上有更多廣泛的運用，相信會為肺癌治療開創新的紀元。

林冠勳 醫師

現職 Current Position

Chief Surgeon, Division of Thoracic Surgery,
Tri-Service General Hospital,
National Defense Medical Center, Taipei, Taiwan
Chief Surgeon, Department of Traumatology, Tri-Service General Hospital
Chief Surgeon, Surgical Intensive Care Unit, Tri-Service General Hospital

學歷 Education

Bachelor of Medicine, National Defense Medical Center (M103)

經歷 Professional Training and Employment

2012.08-2013.07 Resident, Department of General Medicine, Tri-Service General Hospital
2013.08-2015.07 Resident, Department of Surgery, Tri-Service General Hospital
2015.08-2017.07 Resident, Department of Thoracic Surgery, Tri-Service General Hospital
2017.08-2018.07 Chief Resident, Department of Thoracic Surgery, Tri-Service General Hospital
2018.08-2019.07 Attending Physician, Department of Emergency Medicine, Tri-Service General Hospital
2018.08-2019.07 Attending Physician, Taipei Armed Forces Outpatient Center, Tri-Service General Hospital
Clinical Trial Seed Personnel, "Clinical Trial Management Study of Advanced 3D Printed Medical Devices," Ministry of Health and Welfare

演講題目 Topic of the Speech

The Efficacy and Feasibility of Preoperative Bronchoscopy Navigation Tumor Localization (Lung Vision System): A Promising Introduction

演講摘要 Abstract

The rise in chest CT screening has led to increased surgeries for small, subsolid, or ground-glass opacities (GGO), which pose challenges in thoracoscopic surgery due to their size and location. Preoperativelocalization is crucial as lung collapse during surgery can shift lesions, making precise real-time guidance essential for successful resection. Our hospital implemented the Lung Vision system, which combines realtime fluoroscopy with AI-driven technology for accurate, real-time tumor localization by integrating preoperative CT with intraoperative fluoroscopy. Despite the small and hypodense nature of the lesions (mean Hounsfield units -348.89 ± 321.27), Lung Vision demonstrated its value as a real-time imaging tool, effectively navigating the final millimeters to the lesion and confirming tool-in-lesion accuracy. This prospective study compared Lung Vision with other localization methods, including Bronchus Archimedes,ILLUMISITE ™ , and CT-guided localization, using Indocyanine green for Lung Vision and methylene blue for other methods. Lung Vision demonstrated superior precision in lesion localization and resection planning while minimizing radiation exposure and allowing seamless integration with existing systems. All lesions were successfully resected with no intraoperative complications. Lung Vision proved to be an effective and feasible tool for real-time GGO localization, offering enhanced safety and accuracy. Further research is needed to confirm its broader applications in thoracic surgery.

Dr. Michael Bodky

現職 Current Position

Global head of product marketing for mobile C-arms Siemens Healthineers AG Advanced Therapies Clinical

學歷 Education

Georg-Simon-Ohm Fachhochschule, Nürnberg: Studies of micro-engineering, grade: Dipl.-Ing. (FH)
Akademie der Bildenden Künste Stuttgart / Academy of fine arts, Stuttgart: Design of capital goods, grade:
Dipl.-Ing.-Designer
Prize winner and scholarship holder Mia Seeger scholarship, Stuttgart.

經歷 Professional Training and Employment

1996 – 2001: uwe GmbH: product manager for capital goods in the health wellness industry
2001 – now: Siemens Healthineers AG: Responsible in many functions as product and marketing manager in marketing and product definition teams for imaging equipment in the businesses of Surgery, Urology and mobile X-Ray.
Since 2007 in global lead marketing functions, responsible for marketing teams including marketing management, applications management, clinical marketing and communications management, market and competition intelligence functions.

演講題目 Topic of the Speech

解鎖手術室未來：Mobile Hybrid 的新時代

臺北榮民總醫院

主辦單位 臺北榮民總醫院外科部

週六議程

TVGH SURGICAL WEEK

重建整形外科 1/17 07:40-09:30

主辦單位：外科部 重建整形外科　　地點：第三門診9樓CIC創意谷

Time	Topic	Speaker	Moderator
07:40-08:00	如何成為一位整形外科醫師	台灣大學附設醫院 整形外科 鄭乃禎 主任	臺北榮民總醫院 重建整形外科 王天祥 主任
08:00-08:20		三軍總醫院 整形外科 王志信 主任	
08:20-08:40		亞東醫院 整形外科 張惇皓 主任	
08:40-09:00		臺北榮民總醫院 重建整形外科 王天祥 主任	
09:00-09:30	Panel Discussion		

心臟血管外科 1/17 13:30-16:30

主辦單位：外科部 心臟血管外科　　地點：手術模擬創新中心

Time	Topic	Speaker
13:30-16:30	超音波導引管路置放術	臺北榮民總醫院 心臟血管外科 鄭華妤 醫師

18 JAN. 一月

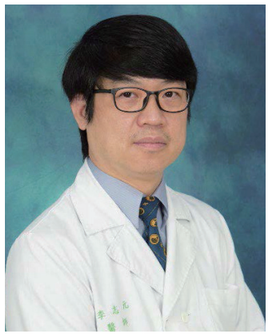
器官移植論壇 1/18 08:40-12:20

主辦單位：外科部 Dep. of Surgery　地點：致德樓第二會議室CHIH-TEH BUILDING.2ND Conference Room

Time	Topic	Speaker	Moderator
08:40-09:00	Opening	臺北榮民總醫院 (TVGH) Jeng-Kai Jiang 姜正愷 部主任 Ling-Ming Tseng 曾令民 副院長 Wei-Ming Chen 陳威明 院長	
09:00-09:40	Kidney Xenotransplantation: Current Status and Future Perspectives	臺大醫院 (NTUH) Chih-Yuan Lee 李志元 主任	臺北榮民總醫院 (TVGH) Niang-Cheng Lin 林釀呈 醫師
09:40-10:20	Minimally invasive living donor liver transplantation.	首爾醫大 (SNUH) Kwang-Woong Lee 李光雄 教授	臺北榮民總醫院 (TVGH) Niang-Cheng Lin 林釀呈 醫師
10:20-11:00	How to build up a successful lung transplantation team	長庚醫院 (CGMH) Wei-Hsun, Chen 陳維勳 主任	臺北榮民總醫院 (TVGH) Po-Kuei Hsu 徐博奎 主任
11:00-11:40	Heart harvesting and organ transportation system	三軍總醫院 (TSGH) 心臟血管外科 加護中心 (CVS ICU) Yi-Chang Lin 林宜璋 主任	臺北榮民總醫院 (TVGH) Hsiao-Huang Chang 張效煌 主任
11:40-12:20	Pancreas Transplant, Taipei Veterans General Hospital Experience	臺北榮民總醫院 (TVGH) Shih-Chin Chen 陳世欽 醫師	臺北榮民總醫院 (TVGH) Shin-E Wang 王心儀 主任

MEMO

李志元 醫師
Dr. Chih-Yuan Lee



現職 Current Position

台大醫院外科部實驗外科主任
台大醫院專任主治醫師
台大醫院臨床副教授

學歷 Education

臺灣大學醫學院醫學系醫學士
臺灣大學醫學院臨床醫學研究所碩士
臺灣大學醫學院分子醫學研究所博士

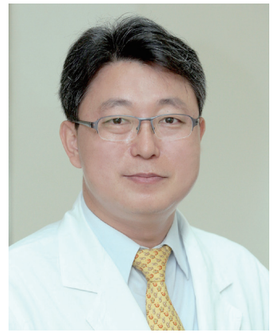
經歷 Professional Training and Employment

美國約翰霍普金斯大學研究員

演講題目 Topic of the Speech

Kidney Xenotransplantation: Current Status and Future Perspectives
慢性肺阻塞的內視鏡治療及支氣管鏡熱蒸氣消融術的經驗分享

李光雄 醫師
Dr. Kwang Woong, Lee



現職 Current Position

Professor, department of Hepatobiliary and Pancreatic Surgery
Professor, Transplantation Center
Professor, Liver cancer center

學歷 Education

1985-1991 Seoul National University College of Medicine
1995-2000 Seoul National University College of Medicine M.S.
2000-2002 Seoul National University College of Medicine Ph.D.

特長 Specialty

1. Liver cancer, Liver transplantation, Hepatocellular carcinoma, Intrahepatic cholangiocarcinoma, Metastatic liver cancer, Benign hepatic tumor, End-stage liver disease, ABO-incompatible liver transplantation
2. Liver transplantation

演講題目 Topic of the Speech

Mini-invasive Donor Hepatectomy and Robotic Liver Transplantation

演講摘要 Abstract

首爾國立大學醫院在微創供體肝切除術和機器人輔助肝移植方面開創了先河。值得注意的是，移植團隊在執行完全機器人輔助受者手術方面取得了突破性的成功，將腹腔鏡供體肝切除術與機器人技術用於受者肝臟移植相結合。
除了在機器人和腹腔鏡手術方面的專業知識外，SNUH 還開發了高位肝門解剖（HHD）和客製化伸縮重建（TTR）等創新技術，顯著減少了移植後的膽道併發症。韓國的器官分配系統、建立基於 MELD 的優先順序以及推進劈離式肝臟移植法規做出了貢獻。在國際上，他支持哈薩克、喬治亞和緬甸的肝臟移植項目，自 2013 年以來在這些地區實施了 80 多例肝臟移植手術。SNUH 的研究興趣涵蓋肝細胞移植、基因傳遞、癌症幹細胞、肝細胞癌的最佳免疫抑制和缺血性膽道損傷。創新方法和全球貢獻使他成為肝臟移植和微創手術領域的領導者。
Prof. Kwang-Woong Lee is a renowned liver transplant surgeon and professor at Seoul National University Hospital. He has pioneered advancements in minimally invasive donor hepatectomy and roboticassisted liver transplantation. Notably, his team achieved groundbreaking success in performing total robotic-assisted recipient surgeries, combining laparoscopic donor hepatectomy with robotic techniques for recipient liver transplantation.In addition to his expertise in robotic and laparoscopic surgery, Prof. Lee has developed innovativetechniques such as High Hilar Dissection (HHD) and Tailored Telescopic Reconstruction (TTR), significantly reducing biliary complications post-transplant.He has also contributed to reforming organ allocation systems in Korea, establishing MELD-basedprioritization and advancing split liver transplantation regulations. Internationally, he has supported liver transplant programs in Kazakhstan, Georgia, and Myanmar, performing over 80 cases in these regions since2013.
Prof. Lee’s research interests span hepatocyte transplantation, gene delivery, cancer stem cells, optimal immunosuppression for hepatocellular carcinoma, and ischemic biliary injuries. His innovative methods and global contributions have established him as a leading figure in liver transplantation and minimally invasivesurgery.

陳維勳 醫師
Dr. Wei-Hsun Chen

現職 Current Position

Chief, Division of Thoracic Surgery, CGMH

學歷 Education

2000 ~ 2007 Taipei Medical University, Taipei, Taiwan
2013 ~ 2014 Clinical observer, Washington University in St. Louis, lung transplantation program

經歷 Professional Training and Employment

Aug 2012~ July 2023 Attending Staff, Division of Thoracic Surgery, CGMH
July 2014~July 2017 Lecturer, Division of Thoracic & Cardiovascular Surgery, CGMH
July 2017~ present Assistant professor of Surgery, Division of Thoracic & Cardiovascular Surgery, CGMH

演講題目 Topic of the Speech

如何佈建成功的肺臟移植團隊
How to build up a successful lung transplantation team

演講摘要 Abstract

肺臟移植是末期肺病病人最後一線的治療，而成功的肺臟移植需要多專科的合作，這專科合作必須涵蓋移植前、移植手術與移植後短、中、長期的照顧。佈建成功的肺移植團隊需要多學科合作和綜合專業技能。首先，團隊需具備成熟的胸心外科醫生，這些專家應具備豐富的手術經驗和臨床知識。其次，麻醉科、胸腔內科和重症監護科的協作至關重要，以確保術中和術後的病人安全。團隊中還應包括專職的呼吸治療師、復健師和護理人員，幫助患者恢復肺功能並管理術後併發症。此外移植協調員在患者管理和術前評估中也扮演關鍵角色。定期的跨部門會議和病例討論，能促進信息交流和決策一致。最後，心理支持和社工團隊有助於患者和家屬應對壓力，提供全方位照護。林口長庚近幾年在多專科合作下，肺臟移植的成績蒸蒸日上，講者將於此次演講中分享關於如何佈建成功的肺臟移植團隊。
Lung transplantation serves as the last line of treatment for patients with end-stage lung disease. Successful lung transplantation requires multidisciplinary collaboration, encompassing care before the transplant, during the surgery, and in the short, medium, and long-term post-transplant periods. Building a successful lung transplant team necessitates comprehensive expertise and cooperation among multiple disciplines. First, the team must include experienced thoracic surgeons and lung transplant specialists who possess extensive surgical experience and clinical knowledge. Additionally, the collaboration of anesthesiology, cardiology, and critical care medicine is essential to ensure patient safety during and after the operation. The team should also involve dedicated respiratory therapists, rehabilitation specialists, and nursing staff to assist in restoring lung function and managing post-operative complications. Moreover, transplant coordinators play a key role in organ allocation, patient management, and pre-operative evaluation. Regular interdisciplinary meetings and case discussions are crucial for facilitating information exchange and ensuring consistent decision-making. Finally, psychological support and social work teams are invaluable in helping patients and their families cope with stress, providing holistic care. In recent years,under the framework of multidisciplinary collaboration, Linkou Chang Gung Memorial Hospital has achieved remarkable progress in lung transplantation. In this presentation, the speaker will share insights on how to build a successful lung transplant team.

林宜璋 醫師

現職 Current Position

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三軍總醫院心臟血管外科加護中心主任
國防醫學院醫學系 助理教授
三總軍醫院器官捐贈暨移植作業審議會執行秘書

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經歷 Professional Training and Employment

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國軍桃園總醫院心臟血管外科指導醫師
國軍花蓮總醫院心臟血管外科指導醫師
加拿大多倫多總醫院訪問學者
日本大阪國立循環器病院訪問學者

演講題目 Topic of the Speech

Heart harvesting and organ transportation system

陳世欽 醫師
Dr. Shih-Chin Chen

現職 Current Position

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Aug.2015 – Present 臺北榮民總醫院一般外科主治醫師
Dec.2015 – Dec.2016 臺北榮民總醫院桃園分院一般外科主治醫師
Aug.2009 – Jul.2015 臺北榮民總醫院一般外科住院醫師、總醫師、臨床研究員

演講題目 Topic of the Speech

Pancreas Transplant, Taipei Veterans General Hospital Experience

演講摘要 Abstract

Pancreatic transplantation is a specialized surgical procedure designed to restore normal insulin production in patients with severe diabetes, particularly Type 1 diabetes. It is typically performed when diabetes is complicated by kidney failure or when blood sugar levels cannot be controlled with medication or insulin alone. Taipei Veterans General Hospital offers three main types of pancreatic transplants: simultaneous pancreas-kidney transplants (SPK), pancreas transplants alone (PTA), and pancreas-beforekidney transplants (PBK).
This presentation highlights Taipei Veterans General Hospital's 20 years of experience in pancreatic transplant surgery. Over this period, we have performed more than 180 pancreatic transplants, representing 76% of the country's total, and have achieved favorable pancreas graft survival rates. While pancreatic transplantation offers significant benefits, it is not without risks. Potential complications include rejection of the transplanted pancreas, infection, and side effects from the immunosuppressive medications required to prevent rejection. As such, patients must undergo lifelong monitoring to ensure the transplant continues to function effectively.
For eligible patients, pancreatic transplantation offers a remarkable improvement in quality of life, with better blood sugar control, reduced risk of severe diabetic complications, and the possibility of returning to a more normal, insulin-free lifestyle.

MEMO

一般外科 1/18 13:30-17:00

主辦單位：外科部 一般外科　　地點：致德樓第二會議室

Time	Topic	Speaker	Moderator
13:30-14:00	達文西肝臟切除手術 Robot-assisted liver surgery	臺北榮民總醫院 一般外科 周書正 醫師	臺北榮民總醫院 一般外科 雷浩然 醫師
14:00-14:30	減重藥物的介紹與應用 Pharmacotherapy in obesity management: An overview and clinical applications	臺北榮民總醫院 國際醫療中心 王怡人 醫師	臺北榮民總醫院 一般外科 方文良 醫師
14:30-15:10	胰臟癌的系統性藥物治療 Systemic treatment for pancreatic cancer	臺北榮民總醫院 胃腸肝膽科 于洪元 醫師	臺北榮民總醫院 一般外科 陳世欽 醫師
15:10-15:40	甲狀腺微小乳突癌治療之發展與當前趨勢 Evolving strategies and current trends in the management of papillary thyroid microcarcinoma	臺北榮民總醫院 一般外科 黎瀚棻 醫師	臺北榮民總醫院 一般外科 陳瑞裕 醫師
15:40-16:10	我離開北榮後的日子 My days after graduating from VGHTPE training	羅東博愛醫院 一般外科 商沛頡 醫師 亞大附設醫院 一般外科 毛士豪 醫師	臺北榮民總醫院 一般外科 王心儀 主任
16:10-17:00	住院醫師手術影片競賽 Young surgeon video competition	評審團 GS VS 5位	臺北榮民總醫院 一般外科 石柏威 醫師

MEMO

周書正 醫師

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經歷 Professional Training and Employment

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演講題目 Topic of the Speech

Robot-assisted Liver Surgery

演講摘要 Abstract

Robotic liver surgery represents a significant advancement in the field of hepatobiliary surgery, enhancing surgical precision and patient outcomes through innovative minimally invasive techniques. This presentation explores the application of robotic assistance in various liver surgical procedures, including liver resections, living donor surgeries, liver transplantation, and the management of perihilar cholangiocarcinoma.
Robotic liver resections leverage high-definition 3D visualization and articulating instruments to facilitate complex manipulations within the confined abdominal space. These advantages lead to reduced postoperative pain, shorter hospital stays, and quicker return to daily activities. In cases of living donor liver surgery, robotic platforms allow for safe and efficient donor hepatectomies, improving recovery profiles and reducing morbidity for living donors.
In liver transplantation, robotic-assisted techniques can be applied to both donor and recipient operations, primarily focusing on donor nephrectomy and hepatic graft positioning. This approach promotes reduced blood loss and minimized trauma to the donor.
Additionally, the management of perihilar cholangiocarcinoma, a challenging malignancy, benefits from robotic surgery's precision, enabling clear delineation of tumor margins and preservation of vascular structures. This technique may improve oncologic outcomes while reducing the risk of complications.
As robotic technology continues to evolve, its integration into liver surgery offers promising benefits,potentially transforming approaches to complex surgical challenges. The ongoing development of robotic systems and surgical techniques will further enhance the capabilities of surgeons, paving the way for improved patient care in hepatobiliary surgery

王怡人 醫師

現職 Current Position

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哈佛大學公共衛生學院碩士
臺北醫學大學醫學士

特長 Specialty

臺北榮民總醫院家庭醫學部住院醫師、總醫師、研究醫師
台灣家庭醫學科專科醫師
台灣安寧緩和醫學專科醫師
中華民國肥胖研究學會肥胖症專科醫師

演講題目 Topic of the Speech

減重藥物的介紹與應用
Pharmacotherapy in obesity management: an overview and clinical applications

演講摘要 Abstract

肥胖症是全球日益嚴重的公共衛生問題，台灣的肥胖率亦持續上升，並導致糖尿病、心血管疾病等共病症的增加。減重手術等外科手術在治療重度肥胖方面具有重要作用，近來新型減重藥物的介入更為治療帶來輔助提升效果。本演講旨在介紹目前肥胖症治療藥物。我們將探討已獲 FDA 批准的藥物、其作用機制、療效、安全性及潛在副作用，並討論如何將這些藥物整合到跨專科的治療計劃中，特別是針對那些不適合或希望避免手術的病人。演講結束後，與會者將能深入了解如何將藥物治療與外科手術結合，以改善肥胖症的臨床管理。
Obesity is a growing public health concern globally, including in Taiwan, where its prevalence continues to rise, contributing to an increased burden of comorbidities such as diabetes and cardiovascular disease. While surgical interventions like bariatric surgery play a significant role in managing severe obesity,pharmacotherapy has emerged as a crucial adjunct to enhance treatment outcomes. This presentation aims to provide a comprehensive overview of current pharmacological approaches for obesity management. We will explore FDA-approved medications, their mechanisms of action, efficacy, safety profiles, and potential side effects, as well as how these treatments can be integrated into multi-disciplinary care plans, particularly in patients not eligible for or those who wish to avoid surgery. By the end of this session, attendees will gain a deeper understanding of how pharmacotherapy can complement surgical options and improve the management of obesity in clinical practice.

于洪元 醫師

現職 Current Position

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經歷 Professional Training and Employment

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臺北榮民總醫院內科部胃腸肝膽全人整合醫學科主治醫師
臺北榮民總醫院內科部胃腸肝膽科主治醫師

演講題目 Topic of the Speech

胰臟癌的系統性藥物治療
Systemic treatment for pancreatic cancer

演講摘要 Abstract

胰臟癌為惡性度極高之癌症，因其極易復發及轉移的特性，往往被稱為癌王。近年來，全身系統性治療藥物及策略的進步，大大提高了胰臟癌的治療成績。目前主要包括化療、標靶藥物和免疫療法。化療藥物如 FOLFIRINOX 和專為台灣轉移性胰臟癌病人所研發的化療複方 SLOG 等配方治療成績卓越，大大提升晚期胰臟癌之存活率。標靶治療的部分，PARP 抑制劑在 BRCA 基因變異的患者的維持治療有重要的角色。近年來次世代基因定序技術的進步，讓胰臟癌標靶治療有了更多的可能與機會。本次演講主題將針對胰臟癌的系統性藥物治療，做深入淺出的簡介與講解，望與會者能近一步了解如何將藥物治療與外科手術結合，為胰臟癌患者制定最合適的治療計畫。
Pancreatic cancer remains one of the most lethal malignancies, with a five-year survival rate of less than 10%. Systemic treatment strategies have evolved significantly in recent years, focusing on enhancing efficacy and improving patient outcomes. Current systemic therapies primarily include chemotherapy, targeted therapies, and immunotherapy. Combination regimens such as FOLFIRINOX and nab-paclitaxel plus gemcitabine demonstrated improved survival rates in advanced stages of the disease. In target therapy, PARP inhibitor plays a significant role in treating patients with BRCA mutation. In the modern era, thanks to the progress of next generation sequencing(NGS) technique, the prospect of target therapy in pancreatic cancer is definitely worth expecting. Ongoing clinical trials are crucial for identifying novel agents and optimizing existing treatments. This abstract underscores the need for personalized approaches and continued research in systemic treatment to tackle the challenges posed by pancreatic cancer effectively.

黎瀚棻 醫師

現職 Current Position

臺北榮民總醫院外科部一般外科主治醫師

學歷 Education

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台灣外科專科醫師
台灣內分泌外科專科醫師
台灣消化外科專科醫師

演講題目 Topic of the Speech

甲狀腺微小乳突癌治療之發展與當前趨勢
Evolving Strategies and Current Trends in the Management of Papillary Thyroid Microcarcinoma

演講摘要 Abstract

甲狀腺微小乳突癌（PTMC）是指直徑 ≤ 10 毫米的甲狀腺乳突癌，其治療策略在近幾十年經歷了重大演變。隨著超音波技術、細針穿刺細胞學檢查（FNAC）及病理技術的進步，PTMC 的診斷顯著提高。PTMC 通常進展緩慢，遠端轉移率低於 2%，疾病相關死亡率低於 1%，其治療方法隨時間演變而有所不同。
起初，採用全甲狀腺切除術作為標準治療，旨在徹底清除病灶。然而，該方法帶來更高的風險，包括副甲狀腺功能低下及神經損傷。隨著時間推移，單側全葉切除術成為低風險、小型、單灶腫瘤的更安全選擇，提供了相似的腫瘤治療結果並伴有較少的併發症。2009 年和 2015 年 ATA 指南加入了這一變化，並引入了針對極低風險 PTMC 患者的非手術選項—積極監測（AS）。研究發現，大多數 PTMC 在 AS 下保持穩定，但患者焦慮和文化因素限制了其廣泛應用。
射頻消融、微波消融及激光消融等微創治療為不願意或不適合手術的患者提供了可行的替代方案。這些技術顯示出良好的效果，但在廣泛應用前需進一步研究。未來的治療策略是個人化治療，平衡觀察、消融治療和手術，減少過度治療及併發症。
Papillary Thyroid Microcarcinoma (PTMC), defined as a papillary thyroid carcinoma ≤ 10 mm, has undergone significant evolution in its management. Early detection became possible through advancementsin ultrasonography, fine needle aspiration cytology (FNAC), and refinements in pathology. While PTMC is generally indolent, with low rates of metastasis (<2%) and disease-specific mortality (<1%), its treatment approaches have varied over time.
Initially, total thyroidectomy with or without lymph node dissection was the standard, aiming for complete disease clearance. However, this approach carried higher risks, including hypoparathyroidism and nerve injury. Over time, lobectomy emerged as a safer alternative for low-risk, small, unifocal tumors, offering similar oncologic outcomes with fewer complications. This was reflected in the 2009 and 2015 ATA guidelines, which introduced active surveillance (AS) as a non-surgical option for very low-risk PTMC.Studies show most PTMCs remain stable under AS, though adoption is limited by patient anxiety and cultural factors.
Minimally invasive therapies, such as radiofrequency, microwave, and laser ablation, are promising alternatives for patients unwilling or unsuitable for surgery. These techniques demonstrate favorable outcomes but require further study for widespread use. Future management focuses on personalized, riskadapted strategies to balance observation, minimally invasive options, and surgery, minimizing overtreatment and complications.

商沛頡 醫師

現職 Current Position

醫療財團法人羅許基金會羅東博愛醫院 一般外科 主治醫師

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台灣外科醫學會外科專科醫師
台灣消化外科醫學會專科醫師

演講題目 Topic of the Speech

我離開北榮後的日子 – 羅東博愛醫院
Life After Leaving Taipei Vertan Genral Hospital - Lotung Poh-Ai Hospital

演講摘要 Abstract

在住院醫師訓練時期，甚或醫學生實習期間，我們都是在醫學中心學習。然而決大部分的醫師，最終就職的地點都不是醫學中心。在離開臺北榮總後，我到羅東博愛醫院執業。在區域醫院裡，除了不同科別的支援程度及醫療設備的差異，病人對於醫院的信任也是有所落差。面對不同的醫療環境，我開始學習在該怎麼做、能怎麼做及想怎麼做中拿捏取捨。同時，努力讓自己不愧對臺北榮總這五年中，老師們傾囊相授的技藝及觀念，使病人、醫院及自我達到最好的結果。
During my residency training and even as a medical student during internships, we primarily learn in academic medical centers. However, most physicians, after completing their training, end up working outside of these centers. After leaving Taipei Veteran General Hospital, I began practicing at Lotung Poh-Ai Hospital. In a regional hospital, aside from differences in the support available from various specialties and the medical equipment, there is also a difference in the trust patients place in the hospital. Facing this new medical environment, I began to learn how to navigate between what I should do, what I can do, and what I want to do. At the same time, I strive to live up to the skills and concepts that my mentors at Taipei Veterans General Hospital imparted to me over the five years, aiming to achieve the best outcomes for my patients, the hospital, and myself.

毛士豪 醫師

現職 Current Position

亞洲大學附屬醫院一般外科主治醫師

學歷 Education

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臺北榮民總醫院外科部一般外科住院醫師、總醫師、主治醫師

演講題目 Topic of the Speech

我離開北榮後的日子

演講摘要 Abstract

以自身經歷為出發點，和與會聽眾分享當時進入臺北榮民總醫院外科部的初衷、在臺北榮民總醫院一般外科學習成長的過程，以及離開後遇到挑戰和心境變化。希望透過這樣的分享，傳達自己對於臺北榮民總醫院一般外科的歸屬感，也同時給予聽眾們一些可以參考的經驗。

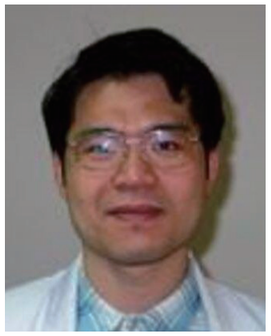
胸腔外科 1/18 12:50-17:10

主辦單位：胸腔外科　地點：致德樓第四會議室

Time	Topic	Speaker	Moderator
12:50-13:00	Opening		臺北榮民總醫院 許瀚水 主任 臺北榮民總醫院 徐博奎 主任
13:00-13:25	RATS-NTUH experience	臺大醫院 郭順文 醫師	羅東博愛醫院 林志銘 副院長 臺北榮民總醫院 黃建勝 醫師
13:25-13:50	Robotic-Assisted Thoracic Surgery-TSGH experience	三軍總醫院醫企室 黃才旺 主任	
13:50-14:15	You're going to drive an electric car eventually, why not do it in the first place?	馬偕紀念醫院 黃文傑 主任	新北市立聯合醫院 謝致政 副院長 雙和醫院 郭光泰 部主任
14:15-14:40	The end justifies the means	和信治癌中心醫院 劉家全 醫師	
14:40-14:50	Panel Discussion		
14:50-15:10	Coffee Break		
15:10-15:35	Transition from vats to rats: what is the real benefit?	台灣胸腔外科醫學會 趙盈凱 理事長	臺北榮總 許瀚水 主任 和信治癌中心醫院 施志勳 醫師
15:35-16:00	Uni-portal robotic anatomic resection with da Vinci Xi system	林口長庚醫院 吳青峰 醫師	
16:00-16:25	From zero to two hundred	高雄醫學大學醫院 李瑞英 醫師	宜蘭陽明交大醫院 蔡建和 部主任 臺北榮民總醫院 洪榮志 醫師
16:25-16:50	A 5-year experience sharing and clinical outcome analysis of video-assist thoracoscopic surgery in Taipei Veterans General Hospital	臺北榮民總醫院 簡宏哲 醫師	
16:50-17:00	Panel Discussion		
17:00-17:10	Closing		台灣胸腔外科醫學會 趙盈凱 理事長 臺北榮總 許文虎 主任

MEMO

郭順文 醫師



現職 Current Position

Attending physician, Surgical intensive care unit,
National Taiwan University Hospital

學歷 Education

Institute of clinical medicine, medical college, National Taiwan University, Taipei, Taiwan

經歷 Professional Training and Employment

1999.07-2004.06
Resident, Division of Thoracic surgery, Department of Surgery, National Taiwan University Hospital, Taipei,Taiwan
2004.07-2008.09
Surgeon, Department of Traumatology, National Taiwan University Hospital, Taipei, Taiwan
2008.10-2010.01
Research fellow, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA
2010.02-Present
Attending physician, Thoracic surgery and Surgical intensive care unit, National Taiwan University Hospital,Taipei, Taiwan

演講題目 Topic of the Speech

RATS-NTUH experience

演講摘要 Abstract

台大醫院自引進達文西手術系統以來，成功將機器人輔助手術應用於胸腔手術領域，包括肺癌切除、縱隔腫瘤切除等。相較於傳統胸腔鏡手術，機器人輔助胸腔手術具有高精確度、3D 視野及更靈活的操作臂，可減少術中出血、降低術後疼痛，並加速患者恢復。
回顧分析台大醫院機器人輔助胸腔手術案例，發現其在安全性及手術效果方面具有良好的成效。經驗顯示，透過多學科團隊合作，結合術前影像規劃與精密操作，機器人輔助胸腔手術能提供患者更優質的治療選擇，尤其適用於高難度及複雜病變。未來將致力於推廣該技術於更多臨床應用，同時進一步優化手術流程及培訓體系。

黃才旺 醫師

現職 Current Position

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

學歷 Education

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

經歷 Professional Training and Employment

2004-2007 Resident, Department of Surgery, Tri-Service General Hospital
2007-2008 Chief resident, Division of Thoracic Surgery, 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
2013-2023 Chief of Thoracic Division, Tri-Service General Hospital
2021-Present Professor of Surgery, National Defense Medical Center
2022-2023 Temple University Hospital, Heart & Lung Transplantation center

演講題目 Topic of the Speech

Robotic-Assisted Thoracic Surgery-TSGH experience

演講摘要 Abstract

100 patients underwent RATS was analyzed. The first case of lobectomy was performed in Dec 2015.Most of the procedure was anatomic lung resection (84%). The docking time was 5 minutes. The console time of lung anatomic lung resection was 108 minutes. There were no immediate complications. Two patients converted to VATS procedure because intraoperative bleeding (Neoadjuvant CCRT for stage 3B lung cancer). There was no in-hospital mortality. The dural port was conducted since Sep. 2024. The docking time was shorter comparing with standard 4 port procedure. There was no conversion of dural port procedure. Dural port RATS for anatomic lung resection is safe and feasible after accumulation experience of standard multiple port RATS procedure.

黃文傑 醫師

現職 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

學歷 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

經歷 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

演講題目 Topic of the Speech

You're going to drive an electric car eventually, why not do it in the first place?

劉家全 醫師

現職 Current Position

和信治癌中心醫院 胸腔外科 主治醫師

學歷 Education

中國醫藥學院醫學系

經歷 Professional Training and Employment

美國杜克大學醫院 胸腔外科受訓

演講題目 Topic of the Speech

The end justifies the means

演講摘要 Abstract

From traditional open thoracotomy to minimally invasive surgery, the most important evolutionary change to thoracic surgeon is video sharing, even more convincing: live demonstration surgery. Thru video recording we surgeons are able to share our work and let the society/ public to know and learn, and eventually benefit from it. Thru video, key anatomical structures should be demonstrated with proper exposure, skills to perform dissection effectively with safety first, follow sound oncologic principles and minimize trauma to get rapid recovery with lowest complications at reasonable cost within shortest operation time. In this talk, I will share my personal learning experience and point of view on current minimally invasive thoracic surgery.

趙盈凱 主任

現職 Current Position

Deputy Director of Surgical Department,
Chang Gung Memorial Hospital (CGMH)
Professor, Department of medicine, Chang Gung University

學歷 Education

1994-2001 MD, Change Gung University, Taoyuan, Taiwan
2006.09-2011.08
Ph.D., Graduate Institute of Clinical Medical Sciences, Change Gung University, Taoyuan, Taiwan

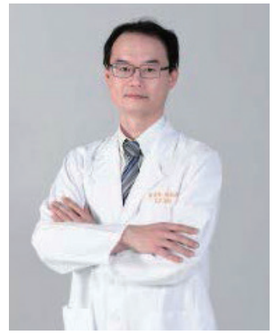
經歷 Professional Training and Employment

2000.07-2004.08 Division of General Surgery, Chang Gung Memorial Hospital
2004.08-2006.08 Fellow, Division of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital
2006.07.15-31 Fellow, Division of Thoracic Surgery, National Cancer Center, Tokyo, Japan
2006.08-Present Attending Staff, Division of Thoracic & Cardiovascular Surgery, CGMH
2008.07-2011.06 Lecturer, Division of Thoracic & Cardiovascular Surgery, CGMH
2009.08-2011.08 Lecturer, Department of medicine, Chang Gung University
2011.07-2014.06 Assistant professor, Division of Thoracic & Cardiovascular Surgery, CGMH
2012.08-2015.09 Assistant professor, Department of medicine, Chang Gung University
2014.07-2019.06 Associate professor, Division of Thoracic & Cardiovascular Surgery, CGMH
2015.10-2020.07 Associate professor, Department of medicine, Chang Gung University
2016.01-2023.06 Vice-Director, Robotic surgery center, CGMH
2017.07-2023.06 Chief, Department of thoracic surgery, CGMH
2017.07-2023.06 Director, International Medical Center, CGMH
2019.07-Present Professor, Division of Thoracic & Cardiovascular Surgery, CGMH
2020-Present Chief, Division of Thoracic and Cardiovascular Surgery, CGMH
2020.07-Present Vice-Director, Cancer center, CGMH
2020.08-Present Professor, Department of medicine, Chang Gung University
2023.07-Present Director, Robotic surgery center, CGM
2024.02-Present Deputy Chief, Department of Surgery, CGMH
2024.07.06-Present President, Taiwan Society of Thoracic Surgeons

演講題目 Topic of the Speech

Transition from vats to rats: what is the real benefit?

吳青峰 醫師



現職 Current Position

Attending Surgeon,
Division of Chest Surgery, Department of Surgery,
Kaohsiung Medical University Hospital

學歷 Education

1999-2003
Biotechnology & Applied chemistry National Chiao Tung University, Hsinchu, Taiwan
2004-2009
Post baccalaureate medicine Kaohsiung medical university

經歷 Professional Training and Employment

Associate professor of Chang Gung Memorial Hospital
Assisted professor of Chang Gung Memorial Hospital
Clinical Fellowship of La Coruna University Hospital, La Coruna, Spain
Clinical Fellowship of Shanghai Pulmonary Hospital, Shanghai, China
Resident of Chang Gung Memorial Hospital, Taoyuan, Taiwan

演講題目 Topic of the Speech

Uni-portal robotic anatomic resection with Da Vinci Xi system

演講摘要 Abstract

Uni-portal robotic-assisted thoracic surgery (uRATS) is an emerging technique in lung resection, combining the benefits of robotic precision and the minimally invasive nature of uni-portal approaches. This technique enhances surgical dexterity, visualization, and ergonomics through advanced robotic instruments while maintaining the reduced trauma and quick recovery associated with uni-portal video-assisted thoracic surgery (uVATS). Recent studies suggest that uRATS is feasible and safe for various lung resections, including lobectomy and segmentectomy, with promising short-term outcomes such as reduced postoperative pain, shorter hospital stays, and low complication rates. Despite its potential, challenges like higher costs, a steep learning curve, and limited availability remain. Further large-scale studies are needed to validate its long-term outcomes and establish uRATS as a standard in minimally invasive thoracic surgery.

李瑞英 醫師

現職 Current Position

Attending Surgeon, Division of Chest Surgery,
Department of Surgery, Kaohsiung Medical University Hospital

學歷 Education

Institute of Clinical Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

經歷 Professional Training and Employment

2001-2002 Internship, Kaohsiung Medical University Hospital
2002-2005 General Surgeon Residency, Kaohsiung Medical University Hospital
2005-2006 Chief resident of Surgery, Kaohsiung Medical University Hospital
2006-2008 Fellowship, Division of Chest Surgery, Department of Surgery,
Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
2008-Present Attending surgeon, Division of Chest Surgery, Department of Surgery, Kaohsiung Medical
University Hospital, Kaohsiung, Taiwan

演講題目 Topic of the Speech

From zero to two hundred

演講摘要 Abstract

Robotic surgery is increasing in recent days. In USA, the number of Da Vinci surgery of thoracic surgery is over VATS now.
In this presentation, we try to introduce how KMUH team build the robotic team of thoracic surgery from zero to now using few video clips.

簡宏哲 醫師

現職 Current Position

Attending Surgeon, Division of Thoracic Surgery,
Department of Surgery, Taipei Veterans General Hospital, Taipei, Taiwan

學歷 Education

Department of Medicine, National Yang-Ming University
Institute of Emergency and Critical Care Medicine, National Yang-Ming University

經歷 Professional Training and Employment

2016-2019
Attending Surgeon, Trauma team, Department of Critical Care Medicine, National Yang-Ming University
Hospital, Ilan, Taiwan
2016-2019
Attending Surgeon, Division of Thoracic Surgery, Department of Surgery, National Yang-Ming University
Hospital, Ilan, Taiwan
2010-2015
Resident doctor, Department of Surgery, National Yang-Ming University Hospital, Ilan, Taiwan; co-training
in Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, Taipei, Taiwan

演講題目 Topic of the Speech

A 5-year experience sharing and clinical outcome analysis of video-assist thoracoscopic surgery in Taipei
Veterans General Hospital

演講摘要 Abstract

Video-assisted thoracoscopic surgery (VATS) successfully allowed minor, major and complex procedures for various lung, mediastinal, and esophageal diseases with small incisions instead of the traditional accesses. Generally, VATS provided benefits in less hospital stay, minor wound pain, less postoperative morbidity, and earlier return to normal activity compared with thoracotomies. And, it had become the major fashion of thoracic surgery since 21st century.
After the introduction of thoracoscopy in the early 1990s, our department dedicated to the clinical application of VATS. By the year of 2009, the number of VATS had exceeded the number of open surgeries. Nowadays, over 95% thoracic surgeries were performed by VATS.
In this analysis, we collected a total of 6686 patients who received surgery under general anesthesia in our hospital during 2018/1 to 2024/9. There were 5496 lung resections (82.2%), 511 mediastinal surgeries (7.6%), 186 esophageal surgeries (2.7%), 404 pleural surgery (6%), 58 stomach/intestine surgeries (0.8%),
and 31 diaphragm surgeries (0.4%). Among these surgical fields, the proportion of thoracoscopic surgery
counted for 98.1% (5394/5496) for lung, 89% (455/511) for mediastinal, and 86.2% (166/186) for esophageal
surgeries, respectively. The post-operative length of hospital stay was significantly shorter in thoracoscopic
group (4.55 vs 8.63 days of lung group, 4.32 vs 5.76 days of mediastinal group, and 14.63 vs 20.86 days of
esophageal group, respectively). The thoracoscopic surgery also showed benefits in operative time and postoperative
complications. Thus, we analyzed the clinical outcomes of thoracoscopic surgery and, hopefully, utilized the results to set a new goal for the next level.

MEMO

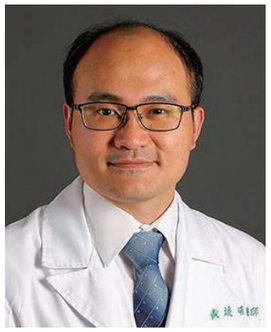
心臟血管外科 1/18 13:20-16:10

主辦單位：外科部 心臟血管外科　　地點：手術模擬創新中心

Time	Topic	Speaker
13:20-13:30	Opening	臺北榮民總醫院 心臟血管外科 何奇恩 醫師
13:30-13:45	Pitfalls and Safeguards in Aortic Valve Replacement	臺北榮民總醫院 心臟血管外科 黃竣暘 醫師
13:45-14:00	Vascular anastomosis technique	臺北榮民總醫院 心臟血管外科 陳泰位 醫師
14:00-14:20	Q&A and Break Time	
14:20-15:20	豬心瓣膜置換 Hands-on	臺北榮民總醫院 心臟血管外科 黃竣暘 醫師 陳柏霖 醫師 陳泰位 醫師 何奇恩 醫師 梅世穎 醫師
15:20-15:30	Break Time	
15:30-16:00	血管縫合 Hands-on	
16:00-16:10	Closing	臺北榮民總醫院 心臟血管外科 何奇恩 醫師

MEMO

黃竣暘 醫師



現職 Current Position

臺北榮民總醫院主治醫師 外科部心臟外科 主治醫師
國立陽明交通大學 外科學系 副教授

學歷 Education

台北醫學大學醫學系

經歷 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

演講題目 Topic of the Speech

Pitfalls and Safeguards in Aortic & Valve Replacement

陳泰位 醫師

現職 Current Position

臺北榮民總醫院主治醫師 外科部心臟外科 主治醫師
國立陽明交通大學 外科學系 講師

學歷 Education

國立陽明大學醫學系

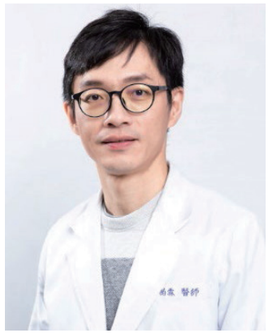
經歷 Professional Training and Employment

臺北榮民總醫院 外科部 住院醫師
臺北榮民總醫院 外科部心臟血管外科 住院總醫師
臺北榮民總醫院 外科部心臟血管外科 臨床研究員
衛生福利部金門醫院 心臟血管外科 主治醫師
日本川崎幸醫院大動脈中心 臨床研究員

演講題目 Topic of the Speech

Vascular anastomosis technique

陳柏霖 醫師



現職 Current Position

行天宮醫療志業醫療財團法人恩主公醫院 - 心臟血管外科 - 主任
國立陽明交通大學生物醫學暨工程學院 助理教授
台北榮民總醫院外科部心臟血管外科 兼任主治醫師

學歷 Education

國立陽明大學醫學系

經歷 Professional Training and Employment

台北市立聯合醫院仁愛院區 一般內科住院醫師
台北榮民總醫院 外科部住院醫師、總醫師、臨床研究員
台北榮民總醫院 心臟血管外科主治醫師及加護病房主任
德國柏林心臟醫學中心 臨床研究員
德國萊比錫 Park 醫院 臨床研究員

訓練營主題 Topic of the Workshop

豬心瓣膜置換與血管縫合 Hands-on

MEMO

乳房外科 1/18 13:30-16:40

主辦單位：外科部 乳房外科　　地點：致德樓第六、七會議室

Time	Topic	Speaker	Moderator
13:30-14:00	ERAS(術後加速康復）麻醉療程在乳房手術的應用	臺北榮民總醫院 麻醉部 鄧惟濃 醫師	臺北榮民總醫院 乳房外科 黃其晟 主任
14:00-14:30	VAB(真空輔助乳房切片）在乳房疾病診斷的應用	臺北榮民總醫院 乳房外科 林燕淑 醫師	
14:30-14:50	Break		
14:50-15:20	Novel Multi-gene Expression Assay: HER2DX and TNBC DX	臺北榮民總醫院 乳房外科 陳彥蓁 醫師	臺北榮民總醫院 乳房外科 蔡宜芳 醫師
15:20-15:50	AI interpretation-assisted ultrasound systemreduces the proportion of solid slices	Won Hwa Kim	新光醫院 一般外科 鄭翠芬 主任
15:50-16:40	Hands-on Course for Novel AI Sono	Jaeil Kim	臺中榮民總醫院 乳房腫瘤外科 洪志強 主任

MEMO

Won Hwa Kim South Korea

CEO of BeamWorks

Assistant Professor (Breast Thyroid Section), Department of Radiology,
School of Medicine, Kyungpook National University,
Kyungpook National University Chilgok Hospital, Daegu, South Korea

Educational Background

2000-2002 College of Liberal Ar ts and Science, Kyungpook National University
2002-2006 Kyungpook National University College of Medicine, M.D.
2009-2011 Seoul National University Graduate School, M.S.
2012-2014 Seoul National University Graduate School, Ph.D

Professional Experience

2006-2007 Rotating Internship, Seoul National University Hospital
2007-2011 Radiology Residency, Seoul National University Hospital
2011-2012 Radiology Fellowship (Breast Section), Seoul National University Hospital
2012-2015 Radiology Clinical Assistant Professor (Breast Section), Seoul National University Hospital University Chilgok Hospital
2015-2017 Radiology Clinical Assistant Professor (Breast Section), Kyungpook National
2017-present Radiology Assistant Professor (Breast Section), Kyungpook National University Chilgok Hospital

Professional Organizations

2001-
Member, Korean Society of Breast Imaging (KSBI)
2020
Member, Korean Societyof Ultrasound in Medicine (KSUM) scientific committee

Professional Experience

2010 Jun
Radiology Observership,The hospital for sick children,Toronto, Canada
2012 Nov
Participant in Introduction to Research for International Young Academics, Radiological Society of North America (RSNA)

Main Scientific Publications

1.Kim WH, Kim HJ, Jung JH, Park HY, Lee J, Kim WW, Park JY, Chae YS, Lee SJ. Ultrasound-Guided Restaging and Localization of Axillary Lymph Nodes After Neoadjuvant Chemotherapy for Guidance of Axillary Surgery in Breast Cancer Patients: Experience with Activated Charcoal. Ann Surg Oncol. 2018 Feb;25(2):494-500. doi: 10.1245/s10434-017-6250-3. Epub 2017 Nov 13.

2.Cheon H, Kim HJ, Kim TH, Ryeom HK, Lee J, Kim GC, Yuk JS, Kim WH. Invasive Breast Cancer: Prognostic Value of Peritumoral Edema Identified at Preoperative MR Imaging. Radiology. 2018 Apr;287(1):68-75. doi: 10.1148/radiol.2017171157. Epub 2018 Jan 9.

3.Kim WH, Kim HJ, Park CS, Lee J, Park HY, Jung JH, Kim WW, Chae YS, Lee SJ, Kim SH. Axillary Nodal Burden Assessed with Pretreatment Breast MRI Is Associated with Failed Sentinel Lymph Node Identification after Neoadjuvant Chemotherapy for Breast Cancer. Radiology. 2020 May;295(2): 275-282. doi: 10.1148/radiol.2020191639. Epub 2020 Mar

4.Jaeil Kim, Hye Jung Kim, Chanho Kim, Won Hwa Kim. Artificial intelligence in breast ultrasonography. Ultrasonography. 2020 Nov 12. Epub ahead of print. https://doi.org/10.14366/usg.20117 pISSN: 2288-5919 • eISSN: 2288 -5943

5.Jaeil Kim, Hye Jung Kim, Chanho Kim, Jin Hwa Lee, Keum Won Kim, Young Mi Park, Hye Won Kim, SoYeon Ki, You Me Kim, Won Hwa Kim. Weakly supervised deep learning for ultrasound diagnosis of breast cancer. Scientifc Reports | (2021) 11:24382 | https://doi.org/10.1038/s41598-021-03806-7

Abstract

Breast cancer screening programs around the world rely on breast ultrasound to reduce breast cancer incidence and mortality, and recent advances in artificial intelligence and machine learning are now beginning to deliver on the promise of improved effectiveness. There are currently more than 20 breast imaging artificial intelligence applications approved by the FDA, but adoption and utilization rates vary widely, and the overall level is low. Breast imaging is unique, and there are a variety of other potential applications of artificial intelligence in breast imaging, including decision support, risk assessment, breast density quantification, workflow and triage, quality assessment, neoadjuvant chemotherapy response assessment, and image enhancement. In this talk, the current status, availability, and future opportunities and barriers to wider use of these applications will be discussed.

Jaeil Kim, Ph. D

Position: Associate Professor, CEO/CTO
Affiliation: Kyungpook National University, School of Computer Science
and Engineering
Company: BeamWorks Inc.
Phone: 010-2641-9810
Email: jaeilkim@knu.ac.kr, threeyears@beamworks.co.kr

Educational

- 2007-2015
  KAIST (Korea Advanced Institute of Science and Technology)
  Major: Computer Science (Medical Image Processing)
  Degree: Ph.D.
- 2000-2007
  Ajou University
  Major: Media and Computer Science
  Degree: B.S.

Career

- 2021-Present
  BeamWorks Inc.
  Position: CEO/CTO
- 2023-Present
  Kyungpook National University, School of Computer Science
  Position: Associate Professor
- 2018-2023
  Kyungpook National University, School of Computer Science
  Position: Assistant Professor
- 2016-2018
  University of North Carolina at Chapel Hill
  Position: Postdoctoral Research Associate
- 2014-2016
  Samsung Electronics, Advanced Institute of Technology
  Position: Senior Research Engineer

Research Projects

- Development of Real-time Ultrasound AI for Breast and Thyroid (PI), 2022-Current
- Development of AI diagnostic technology for imaging diagnostic devices
  2020-2024, Ministry of Trade, Industry and Energy (PI)
- **Development of AI-based architectural design automation technology**
  2021-2025, Ministry of Land, Infrastructure and Transport (Co-PI)
- **Development of AI doctor for cardiovascular diseases**
  2021, ETRI/Ministry of Science and ICT (PI)
- **Body Cancer AI Data**
  2020-2021, National Information Society Agency (PI)
- **Graph-based deep neural network technology and model-independent analysis for diagnosing non-Alzheimer's dementia based on brain imaging**
  2020-2022, Ministry of Education (PI)
- **Development of a deep learning-based pattern fabric vision inspection system for anomaly detection**
  2020-2021, Small and Medium Business Technology Information Promotion Agency (PI)
- **Development of AI algorithm for evaluating inspection results of non-destructive testing systems**
  2020-2021, Small and Medium Business Technology Information Promotion Agency (PI)
- **Development of AI-based CT brain hemorrhage diagnostic technology**
  2018-2020, Ministry of Science and ICT (PI)
- **Development of AI-based coastal video analysis model for coastal wave analysis**
  2019-Present, KIOST/Ministry of Oceans and Fisheries (PI)
- **Machine learning-based pediatric brain development modeling and prediction technology**
  2016-2018, UNC-CH (Researcher)
- **Development and commercialization of ultrasound - pre-procedural image registration technology**
  2014-2016, Samsung Electronics (Researcher)

Initial experiences and evidence in breast ultrasound with AI

Ultrasound plays an indispensable role in diagnosing breast and thyroid cancers. Compared to other modalities, ultrasound stands out for its safety, as it eliminates the need for potentially harmful x-rays and contrast agents. Additionally, in contrast to mammography, ultrasound provides clues to differentiate between benign and malignant lesions by showing 3D sectional features of the lesion, which provides physicians with valuable evidence for further management decisions, including the need for biopsies. Despite these advantages, subjective interpretation and a tendency for high false positives are recognized as inherent limitations within ultrasound examinations. Artificial intelligence (AI) technology, the next generation of innovative technologies, can overcome the limitations of the current ultrasound diagnosis environment by using big data and total information not limited to specific properties.
CadAI-B for Breast and CadAI-T for Thryoid, developed based on over 4 years of ultrasound AI research in order to address the challenges. In current multicenter reader study, reader performances for detecting cancers measured by mean AUC for BI-RADS assessment increased 0.046 (95% confidence interval [CI]: 0.029, 0.063, P<0.001), from 0.891 to 0.937.

Figure 1. CadAI-B for Breast

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Associate Professor, Fu Jen Catholic University, school of Medicine

Membership in Medical and Scientific Society:

Committee member Taiwan Breast Cancer Society (TBCS)
Committee member Taiwan Oncoplastic Breast Surgery (TOPBS)
Committee member Taiwan Surgical Association (TSA)

臺北榮民總醫院

主辦單位 臺北榮民總醫院外科部

2025 SURGICAL WEEK 外科週

重建整形外科 1/18 13:30-16:30

主辦單位：外科部 重建整形外科　　地點：致德樓第八、九會議室

Time	Topic	Speaker	Moderator
	顯微血管吻合手術訓練課程		
13:30-13:40	Opening		臺北榮民總醫院 重建整形外科 王天祥 主任
13:40-14:10	Principles and techniques of microvascular surgery	教師群	臺北榮民總醫院 重建整形外科 王天祥 主任
14:10-14:30	Hands-on workshop說明		
14:30-14:40	Coffee Break		
14:40-16:00	Hands-on workshop實作	教師群	臺北榮民總醫院 重建整形外科 王天祥 主任
16:00-16:30	Hands-on 討論		

大腸直腸外科 1/18 13:30-16:30

主辦單位：外科部 大腸直腸外科　　地點：陽明交通大學書田外科訓練中心

Time	Topic	Speaker	Moderator
13:30-16:30	Animal Surgery	臺北榮民總醫院 大腸直腸外科 鄭厚軒 醫師	臺北榮民總醫院 大腸直腸外科 張世慶 主任

臺北榮民總醫院外科部