臺北榮民總醫院

外科部住院醫師學術研討 暨

外科週 SURGICAL WEEK 2026

會議手冊

JAN. 26(一) - 31(六)

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]

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

外科週迎來了第四屆的盛大舉行，身為院長，我無比開心和期待。外科部的發展與進步，猶如涓滴匯成大海，凝聚了我們的心血與汗水，這不僅是外科部的驕傲，也是整個醫院共同努力的成果。

數十年來，我在開刀房度過無數日夜，見證了外科領域從傳統手術到精密微創，再到如今結合智慧醫療的巨大變革。這些技術不僅提升了病患的康復速度，也讓我們的醫療水平在世界舞台上佔有一席之地。在這些發展背後，是每一位外科同仁的默默奉獻與不懈追求，而每一次的突破，無不來自於我們的協作與團隊精神。

跨專科合作的需求日益增長，新興技術的應用愈加廣泛，甚至對醫學倫理與病人自主權的討論也愈加深入。但我相信，在這樣一個充滿挑戰的時代，外科部的同仁們必將依然堅守崗位，不斷突破自我，為患者提供更高品質的醫療服務。

這一次的外科週，不僅是一次外科知識和技術交流的盛宴，也是對未來發展方向的前瞻與展望。希望大家不忘初心，繼續努力，共創高峰。期待資深老師與新進同仁一同攜手，傳承外科的精髓，並在未來的醫療旅程中，繼續書寫屬於臺北榮總的輝煌篇章。

敬祝外科週活動圓滿成功，並衷心期盼與會同仁收穫滿滿！

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

緣起：

回朔新冠肺炎（COVID-19）疫情期間，醫療資源必須重整、臨床量能降載手術量縮減及感染風險升高，準外科醫師在臨床訓練、心理健康與職涯發展等層面皆受到顯著衝擊，其影響更延續至後疫情時代，呈現深遠且多面向的樣貌。有鑑於此，為建構新知交流與經驗傳承的平台，並提升新進醫師投入外科領域的意願與志向，令民自民國112年起在外科部時開辦「外科週」活動，迄今已邁入第四年。近兩年更進一步邀請國際學者參與，透過跨國交流拓展學術視野，深化外科教育的內涵與廣度。

身為臺北榮總外科部的一員，能夠見證並參與外科部一路走來的成長與進步，深感榮幸。回顧數十年的發展歷程，從傳統手術到微創技術、智慧醫療與精準醫療的應用，每一步突破皆凝聚了全體同仁的專業投入與無私奉獻。

外科週不僅是一場學術交流的盛會，更展現了外科部團隊合作與持續精進的精神。外科醫師在高度挑戰的臨床環境中，不斷學習新知、精進技術，並透過跨專科合作提升病患照護品質。今年的外科週同樣精彩可期，國際知名講者將分享最前沿的醫學發展，搭配跨領域討論與實作課程，期盼能為所有與會者帶來豐富而實用的收穫。

本次活動的順利舉辦，實有賴院方的全力支持與各科同仁的通力合作。在此謹致上誠摯的感謝，感謝陳威明院長及各級長官的支持，並向所有外科部同仁長期以來的努力與成就致敬。正因衆人齊心協力，方能使本院外科在國內外醫學界持續發光發熱。

最後，誠摯祝福本屆外科週圓滿成功，期盼每位參與者皆能在專業成長、團隊合作及病患關懷的實踐中，獲得啟發與收穫。

臺北榮民總醫院
外科部部主任引言

許瀚水 教授

臺北榮民總醫院 外科部部主任

臺北榮總外科週的舉辦，今年已經是第四年了，舉辦的原由是希望凝聚外科同仁的團結，回顧各科過去一年的努力成果及展望未來的新目標，當然也是為了讓年輕醫師有更多學習的內容，也更認識外科各科不同的最新發展，外科部，作為醫院的重要核心科別之一，也肩負著領航醫療發展的重任，未來也希望能一直引領外科的創新與突破。

今年的外科週，我們以“微創手術”為主題，各科的議程包括了學術討論與工作坊，讓外科年輕醫師可以在一週內沉浸在外科的氛圍，除了學習新知，也可以實際操作，週六上午的主場聚焦在機器手臂輔助之內視鏡手術，包含了胸腹各項手術的應用，今年臺北榮總將引進兩台最新的機器手臂輔助系統，各項的訓練課程也都持續在進行，希望未來能提供病患更好更優質的外科手術照護。這次會議匯聚了來自不同領域的醫學精英，也邀請了其他醫學中心的專家，分享他們的經驗與最新成果，整週的議程安排不僅是一場學術的盛會，更是外科醫師們在科技與智慧之間不斷探索、創新和合作的體現。正如我們所追求的，無論面對任何挑戰，我們始終堅信，正是這些挑戰，成就了我們不斷突破自我的力量。

北榮的外科週，對我們而言，不僅是過去努力的總結，是未來願景的起點，更代表了傳承，在這裡，我們為年輕醫師提供展翅高飛的機會，讓他們在這個充滿挑戰的時代中，汲取力量，為未來的醫學事業貢獻自己的智慧與創意。而對於資深醫師，外科週是展示經驗、分享智慧的寶貴平台，讓我們薪火相傳，繼續推動醫學發展與創新。我們深知，醫學領域的發展離不開人才的培育與合作。特別是在這些年的科技進步下，醫療服務的精準化和智慧化已經成為未來的主流。我們將繼續引領這股潮流，推動外科領域的創新，致力於為患者提供更卓越的照護，共譜醫療的新篇章。

最後，我很誠摯地感謝所有參與本次外科週的同仁、學者以及講者們，也要感謝一般外科王心儀主任帶領的團隊為今年外科週所做的一切努力與安排，期待大家能夠在這一週中獲得更多的啟發與收穫，並一起攜手邁向更加光輝的未來。謝謝大家。

許瀚水

Congress Chairman

曾令民 教授

臺北榮民總醫院
副院長

許瀚水 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

Program Committee Chairman

王心儀 主任

臺北榮民總醫院

一般外科主任

Program Committee

按照科別英文代碼排序

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臺北榮民總醫院

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張世慶 主任

臺北榮民總醫院

大腸直腸外科主任

徐博奎 主任

臺北榮民總醫院

胸腔外科主任

許喬博 主任

臺北榮民總醫院

實驗外科主任

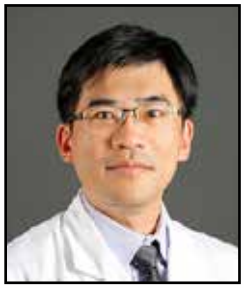
蔡昕霖 主任

臺北榮民總醫院

兒童外科主任

Program Committee

按照科別英文代碼排序



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

MEMO

平日議程

SURGICAL WEEK 2026

JAN. 26一 - 30五

JAN. 27 二 ▶ 08:30 - 16:00 大腸直腸外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
08:30-12:00	Live Demo of colorectal surgery	漳恩慈 / 張世慶	
13:30-16:00	腹腔鏡模擬機操作	漳恩慈	

Shih-Ching Chang
張世慶

Current position

Chief, Division of colorectal surgery, Department of Surgery, Taipei Veterans General Hospital, Taiwan
Professor, Dept of Surgery, Faculty of Medicine, School of Medicine, National Yang-Ming University

Education

PhD Institute of clinical medicine, National Yang-Ming University

Professional Training and Employment

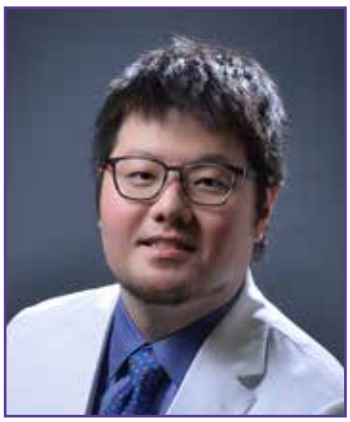
Staff physician, Division of colorectal surgery, Department of Surgery, Taipei Veterans General Hospital, Taiwan

JAN. 28 (三) 09:00 - 11:00

一般外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
09:00-10:00	Clinical Challenge: What Would You Do? Case 1: Frequent RUQ pain for months	臺北榮民總醫院 一般外科 石柏軒 醫師	臺北榮民總醫院 一般外科 王心儀 主任
10:00-11:00	Clinical Challenge: What Would You Do? Case 2: Distended abdominal pain with nausea and vomiting	臺北榮民總醫院 一般外科 江青樹 醫師	



Bor-Shiuan Shyr
石柏軒

Current position
Attending surgeon of General Surgery, Department of Surgery, Taipei Veterans General Hospital

Education
M.D., 2009 - 2016, Chung Shan Medical University (2009/09~2016/06)

Professional Training and Employment
2015 – 2016: Intern, Taipei Veterans General Hospital
2016 – 2017: PGY, Taipei Veterans General Hospital
2017 – 2021: Resident, Department of Surgery, Taipei Veterans General Hospital
2021 - 2022: Chief Resident of General Surgery, Department of Surgery, Taipei Veterans General Hospital
2022 – 2023: Fellow of General Surgery, Department of Surgery, Taipei Veterans General Hospital
2025 March 31~April 4: Pancreatic surgery academic visiting at Cancer Institute Hospital, Japanese Foundation for Cancer Research. (Prof. Yosuke Inoue, Yu Takahashi)

Topic of the Speech
Clinical Challenge: What Would You Do?
Case 1: Frequent RUQ pain for months

Ching-Shu Chiang
江青樹

Current position
Attending Physician of Division of General Surgery, Department of Surgery,
Taipei Veterans General Hospital

Education
國防醫學院畢業 (2013.6)
國防醫學院醫學科學研究所博士班 (2021.9~)

Professional Training and Employment
2014.8-2015.7 PGY of Department of Surgery, Taipei Veterans General Hospital
2015.8-2019.7 Resident of Department of Surgery, Taipei Veterans General Hospital
2019.7-2020.8 Chief Resident of Department of Surgery, Taipei Veterans General Hospital
2020.9-2022.8 Attending Physician of Division of General Surgery, Department of Surgery, Taipei Veterans General Hospital Taoyuan Branch
2022.9- Attending Physician of Division of General Surgery, Department of Surgery, Taipei Veterans General Hospital
2021-2024 中華民國解剖學學會 秘書長

Topic of the Speech
Clinical Challenge: What Would You Do?
Case 2: Distended abdominal pain with nausea and vomiting

JAN. 28 三 ▶ 13:30 - 16:30 一般外科

手術模擬創新中心

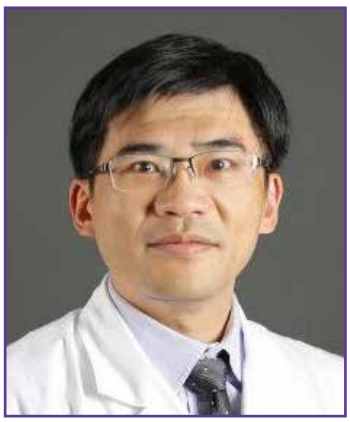
Time	Topic	Speaker	Moderator
13:30-16:30	Lapsim and Robotix simulator: hands-on course	臺北榮民總醫院 一般外科 蘇宣宇 醫師 宮慶雲 醫師	臺北榮民總醫院 一般外科 王心儀 主任

MEMO

JAN. 28 三 ▶ 08:30 - 10:40 重建整形外科

科技大樓一樓會議室

Time	Topic	Speaker	Moderator
08:30-08:35	Opening	臺北榮民總醫院整形外科 王天祥 主任	臺北榮民總醫院 整形外科 王天祥 主任
08:35-09:05	男變女性別重置手術	昕彤診所 整形外科 沈秉輝 院長	
09:05-09:35	女變男性別重置手術	臺北榮民總醫院整形外科 王天祥 主任	
09:35-10:05	臉部輪廓雕塑	嘉仕美整形外科診所 張格彰 副院長	
10:05-10:35	巧手賦能：肌腱轉移手術	亞東紀念醫院 張惇皓 主任	
10:35-10:40	合照	合照	



Tien-Hsiang Wang, MD, PhD
王天祥 主任

Current position
臺北榮民總醫院外科部重建整形外科科主任

Education
國立中央大學機械工程研究所博士
中國醫藥大學醫學系醫學士

Professional Training and Employment
臺灣整形外科專科醫師
臺灣美容外科醫學會會員
臺灣燒傷暨傷口照護學會會員
現任臺灣整形外科醫學會 監事
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
臺北榮民總醫院外科住院醫師 / 總醫師 / 主治醫師

Topic of the Speech
女變男性別重置手術

Abstract
本演講針對年輕醫師與醫學生，介紹女變男性別重置手術之評估原則、手術策略與分期治療概念，幫助學員建立跨性別手術的基礎臨床思維。

Ping-Hui Shen, MD
沈秉輝 院長

Current position
昕彤整形診所外科院長

Education
國立陽明大學醫學系

Professional Training and Employment
現任臺灣跨性別醫學學會 常務理事
臺北榮民總醫院主治醫師
臺北榮民總醫院美容中心主任醫師
國立國防醫學院醫學系臨床助理教授
美國洛杉磯南加州大學醫學中心進修
美國洛杉磯兒童醫院進修
美國比佛利山美容手術中心進修
美國坎丹美容手術中心進修
美國希望城市癌症中心進修

Topic of the Speech
男變女性別重置手術

Abstract
本演講以年輕醫師及醫學生為對象，介紹男變女性別重置手術（MTF GRS）的基本概念與臨床流程，說明術前評估、手術目標、主要步驟與術後照護重點，協助建立跨性別手術的入門認識。

Ko-Chang Chang, MD
張格彰 副院長

Current position
嘉仕美整形外科診所 副院長

Education
國立陽明大學醫學系士

Professional Training and Employment
台北榮民總醫院整形外科主治醫師
教育部訂陽明大學外科學講師
台灣外科醫學會專科醫師
陽明大學附設醫院整形外科主治醫師
韓國 Shimmian 整形醫院臨床研究員
韓國江南整形外科臨床研究員
韓國 Grand Hospital 顏面輪廓中心臨床研究員
韓國狎歐亭 YK clinic 削骨中心臨床研究員
韓國維德診所 WITH clinic 削骨中心臨床研究員
韓國美知診所 Image clinic 臨床研究員

Topic of the Speech
臉部輪廓雕塑

Abstract
本演講以年輕醫師與醫學生為對象，介紹臉部輪廓雕塑的美學概念、評估方式與常見手術策略，協助學員建立解剖與美學並重的臨床思考基礎。

Dun-Hao Chang, MD
張惇皓 主任

Current position
亞東紀念醫院整形美容外科主任
亞東醫院燒傷暨困難傷口中心主任
高壓氧中心主治醫師
佳思優整形醫美診所兼任醫師
衛生福利部台北醫院整形外科兼任醫師

Education
國立陽明大學醫學系畢業
元智大學資管系博士班畢業

Professional Training and Employment
陽明交通大學醫學系外科學兼任助理教授
桃園榮民醫院外科住院醫師
台北榮民總醫院整形外科住院醫師
台北榮民總醫院整形外科主治醫師
韓國首爾 BIO 診所眼整形手術研修
美國舊金山 The Buncke Clinic 手外科進修

Topic of the Speech
巧手賦能：肌腱轉移手術

Abstract
本演講介紹肌腱轉移手術的基本原理、適應症與手術設計概念，幫助年輕醫師與醫學生理解其在手部功能重建中的臨床應用。

JAN. 30 五 ▶ 13:30 - 17:00 移植外科

科技大樓一樓階梯會議室

Time	Topic	Speaker	Moderator
13:30-14:00	報到		
14:00-14:40	如何穩定進行肝臟移植手術全期過程: 以肝硬化生理學的觀點論述	陳正彥 主任	林釀呈 醫師
14:40-15:20	肝臟受贈者之加速康復: 手術全期麻醉照護的二三事	王審之 醫師	
	Coffee Break		
15:40-16:20	肝臟移植受贈者ERAS復健策略與 臨床實務	張詠荃 職能治療師	吳柏姍 主任
16:20-17:00	術後加速恢復療程(ERAS)營養照護 在活體肝臟移植的應用	楊子穎 營養師	

Cheng-Yen Chen
陳正彥 主任

Current position
臺北榮民總醫院外科部 移植外科 科主任
國立陽明交通大學 外科學系部定助理教授

Professional Training and Employment
臺北榮民總醫院外科部 移植外科 主治醫師

Topic of the Speech
許一個穩穩的肝移植手術全期過程：以肝硬化生理學的觀點論述
How to stabilize the liver transplant peri-operative course: from the aspect of cirrhosis physiology

Abstract
加速復健外科（ERAS）是一種多模式手術期護理途徑，期望實現大手術患者的早期復健。自 Kehlet 等人於 1997 年提出以來，ERAS 的概念最初旨在用於結直腸手術，後來在結直腸手術中得到確立，自此，ERAS 的概念得到了驗證，並已發展和實際運用到實體器官移植。儘管早在 1990 年，Kehlet 等人就在肝臟移植正式引入加速康復概念之前就以早期拔管的形式進行了探索，並取得了令人鼓舞的結果，重點關注並強調麻醉管理對這些患者的重要性。多年來，獨立研究已經驗證了其他經典 ERAS 參數的重要性和有效性，接受肝臟移植患者的術前營養、早期活動、早期餵食和最佳鎮痛。在針對肝臟移植患者的經典大規模 ERAS 方法中結合所有上述參數的考量，研究採用多模式方法評估肝臟移植中的 ERAS，並重點關注可測量的臨床主要終點，研究顯示，住院時間顯著縮短，術後恢復佳，加速復健治療可以安全地應用於選定的肝臟移植患者，其價值值得進一步發展。ERAS 運用於未來在選定的肝臟移移植患者中廣泛使用充滿著希望。

Shen-Chih Wang
王審之 醫師

Current position
臺北榮民總醫院麻醉部 主治醫師
國立陽明交通大學 外科學系部定助理教授

Education
國立交通大學 生物科技學院 理學博士
國立陽明交通大學 醫學系 醫學士

Professional Training and Employment
臺北榮民總醫院 總醫師

Topic of the Speech
肝臟受贈者之加速康復 : 手術全期麻醉照護的二三事
Enhanced recovery for liver recipient: what we do for perioperative care

Abstract
Considering the dramatic hemodynamic changes during liver transplant, liver recipients are vulnerable to organ damage. The challenge to improve quality of perioperative care is how to integrate what we already know into practice. The principles we followed for liver transplant perioperative care are
1. Adequate hydration: We use stroke volume variation derived from arterial blood pressure waveform to guide our isotonic crystalloid hydration.
2. Avoid unnecessary anesthetic agents use: We use BIS index and surgical pleth index to guide our anesthetic agents use.
3. Avoid unnecessary blood product use: After years of experience in TEG-guided transfusion strategy, we now transfuse our patient only for uncontrollable bleeding.
4. Avoid postoperative opioid use: We use rectus sheath catheter for local anesthetic infiltration after liver transplant. Our result indicates this is an effective and uncomplicated way to decrease postoperative opioid use.
To further individualize perioperative care for every liver recipient, we investigate the information hidden beneath arterial blood pressure waveform. Currently we are able to show that richer variation of arterial waveform morphology correlates to better outcomes. Such correlation cannot be explained by blood pressure read outs. Our finding may provide a potential way toward delicate hemodynamic management to each liver recipient.

張詠荃 職能治療師

Current position
臺北榮民總醫院 外科部 職能治療師

Education
國立臺灣大學 醫學工程學研究所 碩士

Professional Training and Employment
臺北榮民總醫院身障重建中心 職能治療師
臺大醫院神經部巴金森中心 職能治療師
新光吳火獅紀念醫院復健科 職能治療師

Topic of the Speech
肝臟移植術前術後復健
Rehabilitation for Liver Transplantation

Abstract
Liver transplant recipients may suffer from problems such as decreased cardiopulmonary endurance, insufficient muscle strength, limited mobility, bedridden, and dependence of daily life functions before and after the transplant operation.
The course will briefly introduce about assisting liver transplant recipients to safely transfer, progressively perform rehabilitation exercises, improve cardiopulmonary endurance, and appropriately select assistive devices to improve activity performance in pre-operative and postoperative stage. Additionally, improving the safety of home environment when discharged, and then rebuilding the independence of daily life functions to optimize the quality of life after transplantation.

楊子穎 營養師

Current position
臺北榮民總醫院 營養師

Education
台北醫學大學 保健營養學系

Topic of the Speech
術後加速恢復療程（ERAS）營養照護在活體肝臟移植的應用與成效
Effect of clinical application of Enhanced Recovery After Surgery Nutrition Protocol on recipients undergoing living donor liver transplantation

Abstract
營養在術後快速康復療程 (ERAS) 中扮演重要角色，因有 9 - 44% 的手術患者存在不同程度的營養不良。營養不良會延長手術傷口癒合時間、增加術後感染風險和住院天數。因此，術前需進行營養風險篩查和營養評估，針對營養不良者須於術前進行至少 7 天的營養支持；此外，建議進行術前碳水化合物治療，以改善胰島素阻抗；術中須保持體液平衡；術後即早於 24 小時內進食，並預防噁心嘔吐。若無法由口進食，建議以腸道灌食優先，其次考慮靜脈營養支持。根據個案研究，良好的 ERAS 營養照護流程可改善營養不良併肌少症活體肝臟移植患者的營養狀況，增加術前體重、縮短加護病房停留天數，維持術後體重、提升術後肌力及改善日常生活功能。.

JAN. 30 五 14:00 - 16:10 胸腔外科

手術模擬創新中心

Time	Topic	Speaker	Moderator
14:00-14:10	Opening	徐博奎 主任	
14:10-14:40	Perioperative Outcomes of Completion Lobectomy After Sublobar Resection: A Single-Institution Experience	游智皓	洪榮志 醫師
14:40-15:10	Outcomes of Endoscopic Management for Superficial Esophageal Squamous Cell Carcinoma: A Single-Institution Experience	關中昀	
15:10-15:40	2025短期國外見習分享	丁英哲	黃建勝 主任
15:40-16:00	Small but mighty	徐博奎	
16:00-16:10	Closing	許文虎 主任	

Po-Kuei Hsu
徐博奎 主任

Current position

Chief,
Division of Thoracic Surgery, Department of Surgery,
Taipei Veterans General Hospital, Taipei, Taiwan
Professor,
School of Medicine, National Yang Ming Chiao Tung University

Education

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

Professional Training and Employment

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

Topic of the Speech

Small but mighty

Abstract

過去一年，台北榮民總醫院胸腔外科在有限的人力下，持續以高效率與高品質推動臨床、教學與研究的多面向進展，展現「小而精、小而強」的團隊能量。
臨床技術方面，科內穩健擴展達文西機器手臂手術的應用、持續推動複合式手術房內定位與消融流程，並投入延展實境等進階影像技術於胸腔手術的開發。
更具里程碑意義的是，在跨團隊合作下完成兩例成功的肺移植手術，象徵重症胸腔醫療能力的重要躍進，並為後續制度化與團隊化發展奠定基礎。
學術與國際交流方面，今年多位同仁積極參與國際會議，發表研究成果、吸收前瞻觀點；亦有成員深度投入多場國際進階支氣管鏡與介入性胸腔醫學活動，將最新技術與臨床經驗帶回本院。
展望未來，胸腔外科將持續布局機器人支氣管鏡平台，壯大微創手術量能，並加速肺移植團隊上軌道，形成穩定且可持續的照護體系。同時，我們誠摯期待更多新血加入，與既有團隊並肩前行，在有限資源中創造更大的臨床價值，實踐「Small but Mighty」的精神，為病人帶來更安全、精準且具前瞻性的胸腔醫療。

游智皓

Current position

Resident,
Division of Thoracic Surgery, Department of Surgery,
Taipei Veterans General Hospital, Taipei

Education

College of Medicine, National Yang Ming Chiao Tung University

Professional Training and Employment

Resident, Division of Thoracic Surgery, Department of Surgery,
Taipei Veterans General Hospital, Taipei

游智皓

Topic of the Speech

Perioperative Outcomes of Completion Lobectomy After Sublobar Resection: A Single-Institution Experience

Abstract

Objective

Completion lobectomy (CL) is technically challenging and infrequently performed. With its growing clinical relevance, this study aimed to evaluate the perioperative outcomes of CL at our institution and to identify factors associated with surgical difficulty and postoperative recovery.
Patients and Methods
We retrospectively reviewed 36 patients who underwent completion lobectomy following prior sublobar resection at Taipei Veterans General Hospital between September 2011 and August 2025. Perioperative parameters, including operative time, blood loss, and postoperative recovery metrics, were collected. Patients were stratified by surgical side (left vs. right), lobe location (upper vs. non-upper), prior resection type (wedge vs. segmentectomy), pathology (primary lung cancer vs. metastasis), and indication (pathological upstaging vs. tumor recurrence).

Results

A total of 36 patients were included. The median operative time was 215 minutes (IQR: 157–276), and the median blood loss was 50 mL (IQR: 30–200). The median duration of chest drainage was 6 days (IQR: 4–8.8), and the median hospital stay was 7 days (IQR: 5–9.8). Postoperative air leak occurred in 27.8% (10/36) of patients, and ICU admission was required in 16.7% (6/36). Surgical outcomes did not differ by surgical side, lobe location, prior resection type, or pathology. However, CL performed for tumor recurrence was associated with a significantly longer hospital stay compared with CL for pathological upstaging (9.4 vs. 6.5 days, p = 0.034).

Conclusion

Completion lobectomy after prior sublobar resection can be performed with acceptable perioperative outcomes. Nonetheless, CL for tumor recurrence is associated with a longer length of hospital stay compared to CL for pathological upstaging.

Chung-Yun Kuan
關中昀

Current position

Fellowship,
Division of Thoracic Surgery, Department of Surgery,
Taipei Veterans General Hospital, Taipei, Taiwan

Education

School of Medicine, China Medical University

Professional Training and Employment

Resident, Chief Resident, Taipei Veterans General Hospital, Taipei, Taiwan

Chung-Yun Kuan
關中昀

Topic of the Speech

Outcomes of Endoscopic Management for Superficial Esophageal Squamous Cell Carcinoma: A Single-Institution Experience

Abstract

Introduction
Endoscopic approaches, including endoscopic submucosal dissection (ESD), endoscopic mucosal resection (EMR), and argon plasma coagulation (APC), have been applied to treat superficial esophageal squamous cell carcinoma (SESCC). However, pathological features such as lymphovascular invasion (LVI), pT1b stage, and positive vertical margins have been associated with an increased risk of recurrence. This study aimed to analyze oncologic outcomes after endoscopic management for SESCC.
Methods
Patients with SESCC who underwent endoscopic management between March 2010 and June 2025 at Taipei Veterans General Hospital were retrospectively reviewed. Patients were classified into three groups: Group 1, pT1a; Group 2, pT1a with LVI or pT1b; and Group 3, R1 resection. Event-free survival (EFS) was defined as the interval from endoscopic management to recurrence or development of a second primary tumor.
Results
A total of 67 patients underwent endoscopic management (ESD: 57; EMR: 6; APC: 4). There were 45, 14, and 8 patients in Groups 1, 2, and 3, respectively. Among Group 2 patients, 10 of 14 (71.4%) received additional treatment (surgery: 4; chemoradiotherapy: 6). All 8 patients in Group 3 (100%) underwent further therapy (esophagectomy: 4; chemoradiotherapy: 3; repeat ESD after APC: 1).
After a median follow-up of 74 months, 18 events occurred in Group 1, one in Group 2, and two in Group 3. The 3-year event-free rates were 75.6%, 90.0%, and 75.0% in Groups 1, 2, and 3, respectively ($p = 0.291$).
Conclusions
Recurrence or second primary tumors were observed in patients with pT1a SESCC following endoscopic treatment, highlighting the need for intensive surveillance. For patients with LVI, pT1b stage, or R1 resection, additional treatment is necessary, and esophagectomy may provide more favorable event-free outcomes.

Ying-Che Ting
丁英哲

Current position

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

Education

School of Medicine, China Medical University

Professional Training and Employment

Cheng Hsin General Hospital, Taipei, Taiwan
Resident, Chief Resident and Fellowship, Taipei Veterans General Hospital, Taipei, Taiwan

Topic of the Speech

2025 短期國外見習分享

MEMO

MEMO

週六議程

SURGICAL WEEK 2026

JAN. 31 六

JAN. 31 六 08:00 - 12:00 微創手術論壇

致德樓第二會議室

Time	Topic	Speaker	Moderator
08:00-08:20	報到		
08:20-08:40	致詞	陳威明 院長 曾令民 副院長 許瀚水 部主任	
08:40-09:10	From Scratch to SNQ	臺北榮民總醫院 一般外科 石宜銘 主任	臺北榮民總醫院 一般外科 王心儀 主任
09:10-09:40	Like face looking at face in water, so are the hearts of men to one another	馬偕紀念醫院 胸腔外科 黃文傑 副院長	臺北榮民總醫院 胸腔外科 徐博奎 主任
09:40-10:10	Robotic Pancreaticoduodenectomy for Pancreatic Cancer - Our Development and Lessons Learned from the TVGH Group	Teikyo university school of Medicine General Surgery Prof. Inoue	臺北榮民總醫院 一般外科 石宜銘 主任
10:10-10:30	Coffee Break		
10:30-11:00	State-of-the-art in MIS Liver Resection	彰濱秀傳紀念醫院 一般外科 林忠葦 副院長	臺北榮民總醫院 一般外科 雷浩然 醫師
11:00-11:30	Recent Studies and Updates on Esophagogastrojunction (EGJ) Cncer	臺大醫院 一般外科 李柏居 醫師	臺北榮民總醫院 一般外科 方文良 醫師
11:30-12:00	Protocolized Minimally Invasive Thyroid and Parathyroid Surgery: Enhancing Safety, Precision, and Reproducibility	臺大醫院 一般外科 吳明勳 醫師	臺北榮民總醫院 一般外科 陳瑞裕 醫師

Yi-Ming Shyr
石宜銘 主任

Current position
General Surgery, Taipei Veterans General Hospital, Taiwan

Education
M.D., 1977 – 1984, National Yang Ming Medical College

Professional Training and Employment
1986 – 1990: Resident, Department of Surgery, Taipei Veterans General Hospital
1990 – 1991: Chief Resident, Division of General Surgery, Department of Surgery, Taipei Veterans General Hospital
1992 – 1994: Surgical oncology fellow in Surgical Oncology Training Program of Academia - Taipei Veterans General Hospital, R.O.C., 1992 - 1994, including Visiting Professors: John E. Olson, Harold J. Wanebo, Blake Cady, Stanley R. Friesen, Rosemary B. Duda, Michael T. Lotze, Masatoshi Makuuchi, Frederick L.Greene, Benjamin Kim, Herbert C. Hoover, Jr., M. Bernadette Ryns, Alfred S. Ketcham, Monica Morrow, V. Craig Jordan, Robert M. Beazley
1995 Nov. -1996 Nov.:Surgical Fellow (GI Lab. and Clinical) University of Kansas Medical Center, U.S.A.
1999 Feb. - Aug.: Transplant Fellow in University of Wisconsin Hospital and Clinics (Prof. Sollinger), Madison, U.S.A.
2007 May - June: Transplant Fellow in University of Minnesota Medical Center, Fairview (Prof. Sutherland), Minneapolis, U.S.A.
2015 May 20 ~ 21: Laparoscopic surgery observer in Samsung Medical Center, Korea (Prof. Jin Seok Heo) and Asan Medical Center, Korea (Prof. Song Cheol Kim)
2015 Nov. 16 ~ 19: Robotic surgery observer in Ruijin Hospital Affiliated with Shanghai Jiao Tong University, Shanghai, China. (Prof. Peng CH)
2016 Dec. 10~17: Robotic surgery observer in Piza University Hospital, Italy (Prof. Ugo Boggi)
2017 Aug. 1 ~ 4: Laparoscopic surgery observer in Zhejuang Provincial People's Hospital, China (Prof. Yiping Mou)
2017 Oct. 26 ~ 28 Robotic pancreatic surgery observer inThe General Hospital of People's Liberation Army(301 hospital), China (Prof. Rong Liu)
2018 Oct. 2 ~ 5 "A-first in pancreaticoduodenectomy" observer in Wakayama Medical University Hospital, Japan (Prof. Hiroki Yamaue)

Yi-Ming Shyr
石宜銘 主任

Topic of the Speech

From Scratch to SNQ

Abstract

It is my honor to share three remarkable milestones, from “scratch to SNQ”, achieved at Taipei Veterans General Hospital. None of this would have been possible without the unwavering dedication of our pancreas team.

Pancreas transplantation at Taipei Veterans General Hospital was initiated on September 19th of 2003.So far, we have performed 189 cases of pancreas transplantation, including 42 simultaneous pancreas-kidney transplant (SPK), 23 pancreas after kidney transplant (PAK), 87 pancreas transplant alone (PTA), and 37 pancreas before kidney transplant (PBK). The overall surgical complication rate was 46.1%, with highest (62.5%) in PAK and lowest (32.0%) in PTA, P = 0.008. The late complications included 32.7% infection and 3.6% malignancy. Overall rejection of pancreas graft was 24.8% including 18.2% acute and 9.7% chronic rejection. Rejection was highest in PTA group (36.0%) and lowest in PBK (3.6%). There were 56 cases (33.9%) with graft loss in total, with highest graft loss rate in PTA (38.7%). The 1-year, 5-year and 10-year pancreas graft survivals for total patients were 98.0%, 87.7% and 70.9% respectively.

The first case of robotic pancreaticoduodenectomy (RPD) at Taipei Veterans General Hospital was done on July 15 of 2014. So far, we have performed 860 RPDs. The conversion rate was 8.8% overall and was significantly lower in the late group (5.6% vs. 12.0%; p = 0.012). The overall intraoperative blood loss was 130 mL. The overall surgical mortality after RPD was 1.3%. Chyle leakage was the most common complication after RPD (25.0%), followed by postoperative pancreatic fistula (POPF; 11.6%). The overall delayed gastric emptying rate was 3.5%. RPD is not only technically feasible without increasing surgical risks but also oncologically justified without compromising survival outcomes. Moreover, RPD could be associated with the benefits of deceased surgical mortality, blood loss, and delayed gastric emptying.

With the introduction of heavy iron radiotherapy or carbon iron radiotherapy (CIRT) at Taipei Veterans General Hospital, we have accomplished several cases of conversion surgery for patients with initially unresectable locally advanced pancreatic cancer, Therapeutic and Research Center of Pancreas Cancer (TRCPC) at Taipei Veterans General Hospital is currently the center with the highest patient number undergoing such “mission impossible” treatment.

We have been conducting the most complex and challenging 「da Vinci robotic pancreaticoduodenectomy」 to alleviate wound pain, accelerate postoperative recovery, and improve the survival rate of pancreatic cancer patients. Moreover, with multimodality therapy combining 「heavy iron radiotherapy or carbon iron radiotherapy (CIRT)」 and 「chemotherapy」, we pioneer the innovation in the treatment of pancreatic cancer.

Wen-Chien Huang
黃文傑　副院長

Current position

Vice Superintendent,
Mackay Memorial Hospital, Taipei, Taiwan
Chief,
Division of Thoracic Surgery, Department of Surgery,
Mackay Memorial Hospital, Taipei, Taiwan
Professor,
Department of Medicine,
MacKay Medicine College, Taipei, Taiwan

Education

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

Professional Training and Employment

2004.09-Present	Attending Physician, Division of Thoracic Surgery, Department of Surgery, Mackay Memorial Hospital, Taipei, Taiwan
2021.07-2023.07	Deputy Director, Department of Surgery, Mackay Memorial Hospital, Taipei, Taiwan
2018.09-2021.07	Chief, Division of Traumatology Surgery, Department of Surgery, Mackay Memorial Hospital, Taipei, Taiwan
2009.09-2009.10	Observer, Thoracic Cardiovascular Department, MD Anderson Cancer Center, Tx, USA
2007.09-2009.09	Visiting scientist, Molecular and Cellular Oncology Department, MD Anderson cancer center, Tx, USA
2003.07-2004.06	Chief Residency in Surgery, Taipei-Veterans General Hospital
1999.09-2003.06	Residency in Surgery, Taipei-Veterans General Hospital
1996.12-1997.06	Internship, Taipei-Veterans General Hospital

Wen-Chien Huang
黃文傑　副院長

Topic of the Speech
水中照臉，彼此相符；人與人，心也相對。

Abstract
近 20 年來肺癌治療的 5 大進展，包括肺癌藥物治療的進展、肺癌手術治療的新趨勢（微創胸腔鏡手術、影像導航技術及機器人輔助手術，是三大關鍵的突破性技術）、 次世代基因定序 NGS 在搜索肺癌突變基因的應用、精準治療中肺癌創新手術的運用，以及肺癌篩檢與低劑量電腦斷層的重要性。

建立胸腔微創（如 VATS ／ RATS）團隊的目標，是在確保病人安全的前提下，提升手術品質、縮短恢復時間並優化資源運用。其核心要素如下：
1. 團隊組成與角色分配
2. 教育訓練與能力培養
3. 設備與資源配置
4. 臨床流程與品質管理
5. 團隊文化與溝通

透過完善的人員配置、持續訓練、標準化流程與品質監測，胸腔微創團隊可穩定提升手術成效，並為病人提供安全、高品質的照護。

Yosuke Inoue

Current position

Professor, Department of Surgery, Teikyo university school of Medicine

Education

1994-2000 Medical School: The University of Tokyo, Tokyo, Japan
2005-2009 Graduate School: The University of Tokyo, Tokyo, Japan

Professional Training and Employment

2000-2001 Resident, Department of Surgery,the University of Tokyo Hospital, Tokyo, Japan
2001-2004 Department of Surgery, the Hitachi general Hospital, Hitachi, Japan
2004-2008 Hepato-Biliary-Pancreatic Surgery Division, Department of Surgery,the University of Tokyo Hospital, Tokyo, Japan (Prof. Masatoshi Makuuchi, Prof Norihiro Kokudo)
2008-2009 Department of Surgery, Tokyo metropolitan Bokutoh Hospital, Tokyo, Japan (Dr. Nobutara Umekita)
2009-2012 Hepato-Biliary-Pancreatic Surgery Division, Department of Surgery, the University of Tokyo Hospital (Prof. Norihiro Kokudo)
2012-2020 Division of Hepato-Biliary-Pancreatic Surgery, Cancer Institute Hospital (Prof. Akio Saiura)
2020- Vice director, Division of Hepato-Biliary-Pancreatic Surgery, Cancer Institute Hospital
2026- Professor, Department of Surgery, Teikyo university, school of Medicine

Yosuke Inoue

Topic of the Speech

Robotic Pancreaticoduodenectomy for Pancreatic Cancer - Our Development and Lessons Learned from the TVGH Group

Abstract

Background:
Pancreaticoduodenectomy (PD) for invasive pancreatic cancer (PC) is one of the most challenging procedures in both robotic and open surgery. Over the past two decades, the right-sided approach has become the predominant strategy for robotic pancreaticoduodenectomy (RPD). Based on our extensive experience with laparoscopic PD, we have implemented the left posterior superior mesenteric artery (SMA)-first approach (LPAA) for RPD in more than 200 cases. In this study, we present the technical details and rationale of our strategy to achieve R0 resection in patients with PC.
Methods:
Taking advantage of the flexible ergonomics of the da Vinci Xi system, the endoscope can be positioned on all four robotic arms. We utilize the scope transition method to optimize visualization during each phase of RPD, as originally proposed by Prof. Wang at Taipei Veterans General Hospital (TVGH). Adequate major retraction allows both robotic hands to be dedicated to meticulous dissection of critical vessels. Bipolar energy is used to facilitate precise and bloodless dissection. For pancreaticojejunostomy, we employ a modified TVGH technique, consisting of interrupted duct-to-mucosa anastomosis combined with Blumgart U-sutures. We retrospectively reviewed outcomes of 35 patients with pancreatic head cancer among 200 RPDs performed between 2021 and 2025.
Results:
The median blood loss and operative time were 105 mL and 560 minutes, respectively. Portal vein resection and reconstruction via a temporary small laparotomy were required in four patients. Postoperative pancreatic fistula (POPF) occurred in two patients (6%), and the rate of major complications (Clavien–Dindo grade ≥ IIIa) was 6%. The R0 resection rate, defined by the 0-mm rule, was 94%.
Conclusions:
The LPAA combined with modified TVGH reconstruction represents a reasonable and effective technical strategy that takes full advantage of robot-specific settings. We demonstrate detailed technical tips and favorable surgical outcomes from our RPD series.

Chung-Wei Lin
林忠葦 副院長

Current position
Vice Dean, IRCAD-Taiwan
Deputy Superintendent, Show Chwan Memorial Hospital, Taiwan

Education
M.D., National Yang-Ming University, School of Medicine, Taipei, Taiwan, June, 1999

Professional Training and Employment
Resident Training
1999-2004
Department of Surgery, Veterans General Hospital, Taipei, Taiwan
Koo Foundation Sun Yat-Sen Cancer Center, Taiwan
Clinical Research Fellow
2015 Mar-Aug, Hepato-Biliary Center, Paul Brousse Hospital, Paris, France
2015 Sep-Nov, L'Institut Mutualiste Montsouris, Paris, France
2015 Dec, Azienda Hospital, University Pisa, Italy
Positions and Appointments
2024
Expert Board Faculty, 3rd International Consensus Conference on Minimally Invasive Major Liver Resections
2019
Vice Dean, Visiting Professor, IRCAD-Taiwan
Deputy Superintendent, Show Chwan Memorial Cancer Center
Deputy Superintendent, Show Chwan Memorial Hospital, Taiwan

Chung-Wei Lin
林忠葦 副院長

Topic of the Speech
State-of-the-art in MIS Liver Resection

Abstract
Minimally invasive liver resection (MILR) has emerged as a safe and effective alternative to traditional open hepatectomy for selected patients with benign and malignant hepatic lesions. Advances in laparoscopic and robotic technologies, combined with improved anatomical understanding and surgical techniques, have expanded the indications for MILR from minor peripheral resections to complex major hepatectomies. The approach offers several advantages over open surgery, including reduced intraoperative blood loss, decreased postoperative pain, shorter hospital stay, and faster recovery, without compromising oncological outcomes. Careful patient selection, precise preoperative imaging, and adherence to oncological principles are critical for achieving optimal results. The learning curve remains a key challenge, emphasizing the need for structured training and experience in hepatobiliary surgery. Robotic-assisted liver resection further enhances dexterity and visualization, potentially overcoming limitations of conventional laparoscopy in complex cases. Current evidence supports MILR as a standard approach for minor resections and a feasible option for major hepatectomies in high-volume centers with experienced teams. Ongoing technological innovations, including image-guided navigation and augmented reality, are expected to further refine safety and expand indications. Continued prospective studies and multicenter registries are essential to validate long-term oncological and functional outcomes of minimally invasive liver surgery.

李柏居 醫師

Current position

臺大醫學院外科臨床副教授
臺大醫院外科部 一般外科病房主任
臺大醫院外科部消化外科 主治醫師

Education

2007 台灣大學醫學院臨床醫學研究所碩士班畢業
2020 台灣大學醫學院臨床醫學研究所博士班畢業

Professional Training and Employment

2009/10-2021/8 台大醫院創傷部主治醫師
2013/6-2021/7 台大醫學院外科臨床助理教授
2021/7- 台大醫學院外科臨床副教授
2013/12-2014/6 洛杉磯 希望之城醫學中心訪問學者
2014/6-2014/12 南加大暨洛杉磯郡醫學中心臨床研究員 (LAC+USC medical center)
2017/7- 台灣外傷醫學會 副秘書長
2018/6- 台灣代謝及減重外科醫學會 副秘書長
2018/9-2021/7 台大醫院創傷醫學部病房主任
2021/8- 台大醫院外科部一般外科病房主任

李柏居 醫師

Topic of the Speech

Recent Studies and Updates on Esophagogastrojunction (EGJ) Cncer

Abstract

Esophagogastric junction (EGJ) cancer is a rising and highly complex malignancy due to its transitional anatomy and heterogeneous histology. The increasing incidence of adenocarcinoma, driven by obesity and reflux-related disease, highlights the need for optimized treatment strategies. Recent evidence supports histology-specific multimodal therapy. The ESOPEC trial demonstrated superior survival with FLOT compared with CROSS in adenocarcinoma-predominant populations, while NeoRes-II showed that delaying surgery beyond 10–12 weeks after neoadjuvant treatment leads to poorer outcomes without improving pathological response, reinforcing a 4–6-week surgical interval.

Immunotherapy has become a key component of evolving systemic therapy. The MATTERHORN study suggests perioperative benefit from adding durvalumab, and biomarker-directed therapies—such as CLDN18.2, FGFR2b, HER2-targeted agents, and VEGFR inhibitors—are shaping personalized treatment approaches.

Surgical reconstruction after proximal gastrectomy continues to advance. The Double Flap Technique provides the most reliable reflux control, whereas the newly developed tunnel anastomosis offers technical simplicity with good nutritional preservation. Double Tract Reconstruction remains a function-preserving alternative with favorable postoperative quality of life.

Overall, emerging evidence supports a precision-based paradigm integrating optimized neoadjuvant strategies, immunotherapy, and tailored reconstruction to improve oncologic and functional outcomes in EGJ cancer.

Ming-Hsun Wu
吳明勳 醫師

Current position
National Taiwan University Hospital, Taiwan

Education
July 2005 – October 2011, Doctor of Philosophy (Ph.D.), Institute of Toxicology, National Taiwan University College of Medicine, Taiwan
September 1992 – June 1999, Doctor of Medicine (M.D.), Department of Medicine, Kaohsiung Medical University College of Medicine, Taiwan

Professional Training and Employment
2021 – Present, Clinical Associate Professor, National Taiwan University Hospital, Taiwan August
2014 – July 2021, Clinical Assistant Professor, National Taiwan University Hospital, Taiwan September
2011 – December 2012, Visiting Assistant Professor, University of California, San Francisco, USA December
2008 – August 2014, Clinical Teacher, National Taiwan University College of Medicine, Taiwan September
2004 – Present, Attending Surgeon, Department of Surgery, National Taiwan University Hospital, Taiwan September
September 2003 – September 2004, Fellow, Department of Surgery, National Taiwan University Hospital, Taiwan
1999 – September 2003, Resident, Department of Surgery, National Taiwan University Hospital, Taiwan July

Ming-Hsun Wu
吳明勳 醫師

Topic of the Speech

Protocolized Minimally Invasive Thyroid and Parathyroid Surgery: Enhancing Safety, Precision, and Reproducibility

Abstract

隨著患者對美容效果及功能保留的需求日益增加，甲狀腺手術已不再僅是單純的切除操作。傳統手術雖然成熟且安全，但高度依賴醫師的個人經驗；而創新微創手術若缺乏標準化的決策流程，反而可能增加併發症風險。為此，我們提出流程化微創手術（Protocolized Minimally Invasive Surgery, MIS）的概念，以決策為核心，透過術前風險分層、術中即時資訊整合以及術後品質控制，將手術安全性、精準度與可複製性最大化。

在臨床應用方面，經口腔甲狀腺內視鏡手術（TOETVA）提供了真正無疤痕的手術選擇，病人滿意度高，但其安全性依賴嚴謹的流程化 SOP；與傳統手術相比，TOETVA 在副甲狀腺保護及併發症發生率上具有可比甚至更佳的表現。射頻消融（RFA）則提供了非手術的精準治療選項，特別適合不願開刀的患者，但仍需注意術後影像變化與潛在再手術的風險。在副甲狀腺功能保護上，我們採用雙重確認策略，結合自體螢光（NIRAF）及術中 PTH 洗脫，並利用即時微循環評估（IDF 成像）確認腺體血流，臨床證據顯示此策略能有效降低永久性低鈣血症，提升術中決策品質。

流程化微創手術的價值在於，它將外科隱性經驗轉化為可量化、可標準化的決策，實現術前篩選、術中監測及術後品質控制的一體化管理。這不僅能保護患者的安全，也能保護手術技術本身，並為人工智慧整合與精準內分泌外科的未來發展奠定基礎。流程化微創手術代表了從技術創新邁向可複製、精準且科學化手術的新時代。

JAN. 31 六 08:30 - 16:30 大腸直腸外科

陽交大書田外科中心

Time	Topic	Speaker	Moderator
08:30-16:30	腹腔鏡腸切除及吻合手術(活體) (報名人數&資格:9名&直腸外科fix住院醫師)	黃聖捷 / 張世慶	
08:30-16:30	傳統剖腹探查、血管剝離及腸吻合(活體) (報名人數&資格:8名&外科部R2及外科組PGY2)		

MEMO

JAN. 31 六

13:30 - 17:00

一般外科

致德樓第二會議室

Time	Topic	Speaker	Moderator
13:30-14:00	The Experience of Neoadjuvant Therapy Followed with Resection for Advanced Hepatocellular Carcinoma	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	從Lapa到Robot：持續學習的外科生涯	安南醫院 一般外科 李兆人 主任	臺北榮民總醫院 一般外科 王心儀 主任
14:30-15:00	From Cosmetic Innovation to Oncologic Reliability: Transoral Thyroidectomy in Thyroid Cancer Management	基隆長庚醫院 一般外科 陳育賢 醫師	臺北榮民總醫院 一般外科 陳瑞裕 醫師
15:00-15:30	Redefining Perioperative Strategies in Gastric Cancer: The Next Era of Systemic Therapy	臺北榮民總醫院 腫瘤內科 陳明晃 主任	臺北榮民總醫院 一般外科 方文良 醫師
15:30-16:00	我離開北榮後的日子 - 和信醫院	和信醫院 一般外科 陳欽詠 醫師	臺北榮民總醫院 一般外科 王心儀 主任
16:00-17:00	Video Competition	臺北榮民總醫院 一般外科 醫師	臺北榮民總醫院 一般外科 石柏威 醫師

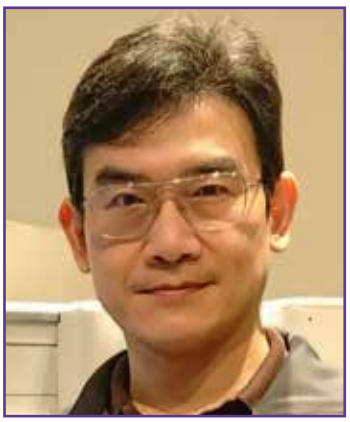
Shu-Cheng Chou
周書正 醫師

Current position
臺北榮民總醫院外科部一般外科主治醫師

Education
國防醫學院醫學系

Professional Training and Employment
臺北榮總外科部一般外科住院醫師、總醫師、臨床研究醫師

Topic of the Speech
The Experience of Neoadjuvant Therapy Followed with Resection for Advanced Hepatocellular Carcinoma



李兆人 主任

Current position
台南市立安南醫院達文西手術室主任

Education
台北醫學大學醫學系

Professional Training and Employment
2000 北醫醫學系畢業
2000~2005 馬偕外科住院醫師
2005~2006 北醫附醫 fellow
2006~2008 北醫外科主治醫師
2006.11~12 月 國合會中美洲醫療團
2008~2011 雙和外科主治醫師
2011~2021 台南新樓主治醫師，開啟新樓醫院腹腔鏡肝臟、膽道、大腸癌手術。
2016~2017 日本上尾中央總合病院進修腹腔鏡肝葉解剖性切除
2011　迄今台南市立安南醫院主治醫師，開啟安南醫院腹腔鏡肝臟、胃癌手術，完成第一台達文西手術
2024.10~12 月 台北榮總進修 RPD
2025.02 月 安南醫院第一台 RPD

Topic of the Speech
從 Lapa 到 Robot：持續學習的外科生涯

Abstract
- 走向自己的興趣
- 努力經營新職場
- 出國進修的經驗
- 罕見的巨大腫瘤
- 與醫院一起成長
- 完成指標性手術

Yu-Hsien Chen
陳育賢 醫師

Current position
Attending Surgeon, Department of Surgery, Keelung Chang Gung Memorial Hospital

Education
2000~2006, Chang Gung Medical University

Professional Training and Employment
2006~2007, Internship, Linkou Chang Gung Memorial hospital
2007~2008, Chinese medicine Internship, Taoyuan Chang Gung Memorial hospital
2009~2013, Surgical Resident, Department of Surgery, Linkou Chang Gung Memorial Hospital
2013~2014, Surgical Chief Resident, Department of Surgery, Linkou Chang Gung Memorial Hospital
2014~, Attending Surgeon, Department of Surgery, Keelung Chang Gung Memorial Hospital
2017, Fellowship, Police General Hospital, Bangkok, Thailand
2017, Observership, Korea University Anam Hospital, Korea. Center of Excellence, Korea

Topic of the Speech
From Cosmetic Innovation to Oncologic Reliability: Transoral Thyroidectomy in Thyroid Cancer Management

Ming-Huang Chen
陳明晃 主任

Current position
Director, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital

Education
2002, Bachelor of Medicine, China Medical University, Taiwan
2013, Ph.D., Institute of Clinical Medicine, National Yang-Ming University, Taiwan

Professional Training and Employment
2024-present, Chairman, Taiwan Neuroendocrine Tumor Society
2023-present, Director, Division of Medical Oncology, Department of Oncology, Taipei Veterans General Hospital
2023-present, Academic Chair, Taiwan Oncology Society
2021-2023, Secretary General, Taiwan Oncology Society
2020-2023, Director of Center for Immuno-Oncology, Department of Oncology, Taipei Veterans General Hospital
2017-2019, Attending physician, Department of Oncology, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)
2021, Professor, National Yang Ming Chiao Tung University, Taiwan
2017, Visitor, National Cancer Center, Tokyo, Japan
2011, Visitor, Cancer Therapy Evaluation Program, National Cancer Institute, Bethesda, Maryland (USA)
2005-2008 Fellowship in Division of Hematology & Oncology, Department of Internal Medicine, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)
2002-2005 Residency, Department of Internal Medicine
2001-2002 Internship, Taipei Veterans General Hospital, Taipei, Taiwan (R.O.C)

Ming-Huang Chen
陳明晃 主任

Topic of the Speech

Redefining Perioperative Strategies in Gastric Cancer: The Next Era of Systemic Therapy

Abstract

Perioperative systemic therapy for gastric cancer has undergone a profound transformation over the past decade, driven by advances in chemotherapy, molecular profiling, and immuno-oncology. The adoption of FLOT as the standard perioperative regimen has established a new benchmark for survival in fit patients, while ongoing efforts aim to refine patient selection and enhance treatment intensity. Increasing evidence supports the integration of immunotherapy into the perioperative setting, with multiple global and regional trials evaluating PD-1 blockade combined with chemotherapy, including emerging data from Asian populations.

In addition to immunochemotherapy, biomarker-driven strategies—such as HER2 amplification, MSI-H, and CLDN18.2 expression—are reshaping systemic therapy paradigms and enabling more personalized approaches. These developments have significant implications for treatment sequencing, surgical planning, and multidisciplinary coordination.

This presentation will discuss current standards, highlight key clinical trial updates, and review real-world experiences from Asia, including Taiwan. Future directions such as perioperative immunotherapy combinations, and adaptive treatment algorithms will also be explored. Together, these advances represent the next era in the perioperative management of gastric cancer, with the overarching goal of improving cure rates and long-term outcomes for patients.

陳欽詠　醫師

Current position
和信治癌中心醫院 一般外科 主治醫師

Education
臺北醫學大學 醫學系

Professional Training and Employment
高雄長庚紀念醫院 實習醫師
林口長庚紀念醫院 不分科住院醫師
臺北榮民總醫院 一般外科 住院醫師

Topic of the Speech
我離開北榮後的日子 - 和信醫院

JAN. 31 六 12:50 - 17:00 胸腔外科

致德樓第四會議室

Time	Topic	Speaker	Moderator
	Session 1		
12:50-13:00	Opening	臺北榮民總醫院 許瀚水 部主任 台灣胸腔及心臟血管外科學會 黃文傑 理事長	
13:00-13:20	Building a Lung Transplantation Program at Mackay Memorial Hospital: Strategy, Partnerships, and Early Implementation	馬偕紀念醫院 詹梅麟 主任	馬偕紀念醫院 黃文傑 副院長
13:20-13:40	從UCSF到台中榮總： 建立臺灣肺臟移植團隊之路	台中榮民總醫院 陳顥匀 醫師	台中榮民總醫院 林志鴻 主任
13:40-13:50	Discussion		
13:50-14:10	肺移植案例分享及未來發展	台北榮民總醫院 丁英哲 醫師	臺北榮民總醫院 王鑑瀛 部主任
14:10-14:30	多專科肺移植團隊在術後病人的照護角色及案例分享	林口長庚醫院 周品立 醫師	林口長庚醫院 陳維勳 主任
14:30-14:40	Discussion		
14:40-15:00	Break		

Session 2

15:00-15:30	[Master Lecture] 臺大醫院肺臟移植的發展簡介與未來展望	台大醫院 癌醫中心分院 徐紹勛 副院長	臺北榮民總醫院 徐博奎 主任
15:30-15:50	彰基肺移植 從零起跑	彰化基督教醫院 鄭雅夫 醫師	彰化基督教醫院 王秉彥 部主任
15:50-16:00	Discussion		
16:00-16:20	Preparation for Lung Transplantation and Sharing of Postoperative Complications - Shuang Ho Experience	雙和醫院 洪邦傑 醫師	雙和醫院 郭光泰 主任
16:20-16:40	三軍總醫院第一例肺臟移植經驗分享 【從零開始做】肺臟移植	三軍總醫院 郭彥劭 醫師	三軍總醫院 黃才旺 部主任
16:40-16:50	Discussion		
16:50-17:00	Closing	台灣胸腔外科醫學會 徐紹勛 秘書長 臺北榮民總醫院 許文虎 主任	

Mei-Lin Chan
詹梅麟 主任

Current position

Senior Visiting Staff,
Division of Thoracic Surgery, Department of Surgery,
Mackay Memorial Hospital, New Taipei City, Taiwan
Assistant Professor,
Mackay Medical University, New Taipei City, Taiwan

Education

2018-2025	Ph.D., Institute of Traditional Medicine, School of Medicine, National Yang Ming Chiao Tung University, Taiwan
1997-2004	Bachelor, School of Medicine, Kaohsiung Medical University, Taiwan

Professional Training and Employment

2012.07-Present	Senior Visiting Staff, Division of Thoracic Surgery, Department of Surgery, Mackay Memorial Hospital, New Taipei City, Taiwan
2016.08-2019.09	Research Fellow, Latner Thoracic Surgery Laboratories, Toronto General Hospital Research Institute, University Health Network, Toronto, Canada
2006.08-2011.09	Resident & Chief Resident & Visiting Staff, Taipei Veterans General Hospital, Taipei, Taiwan
2004.08-2006.07	Resident, Department of Surgery, Puli Branch, Taichung Veterans General Hospital, Nantou, Taiwan
2003.06-2004.07	Interns, National Taiwan University Hospital, Taipei, Taiwan

Topic of the Speech

Building a Lung Transplantation Program at Mackay Memorial Hospital: Strategy, Partnerships, and Early Implementation

Abstract

Mackay Memorial Hospital is establishing a lung transplantation program through a stepwise, partnership-driven approach. We benchmarked best practices via a 2024 observership at Toronto General Hospital (UHN) and translated them into MMH-specific, multidisciplinary pathways spanning candidate selection, peri-operative coordination, ICU care, and outpatient follow-up. Governance, SOPs, and quality metrics (readiness, safety, timeliness) guide implementation. Early innovations include ex vivo lung perfusion and controlled hypothermic (~10 °C) preservation to expand the donor pool and optimize graft function. We summarize the staffing and training plan, simulation/OR drills, interfaces with procurement networks, and near-term milestones toward initial cases. This roadmap illustrates how targeted partnerships and disciplined process design can accelerate launch and ensure durability within Taiwan's healthcare context.

Hao-Yun Chen
陳顥勻　醫師

Current position
Staff of Thoracic Surgery,
Taichung Veterans General Hospital, Taichung, Taiwan

Education
2007.09-2014.06 M.D. China Medical University, Taichung, Taiwan

Professional Training and Employment
2023.03-2023.08 Visiting research fellowship, The Division of Cardiothoracic Surgery, Department of Surgery, University of California, San Francisco Medical Center, California, U.S.A.
2020.09-2022.05 Thoracic Surgery Residency and fellowship, Taichung Veterans General Hospital, Taichung, Taiwan
2016.09-2020.08 Surgery Residencies, Taichung Veterans General Hospital, Taichung, Taiwan
2014.08-2015.07 Post Graduate Year program, Taichung Veterans General Hospital, Taichung, Taiwan

Topic of the Speech
From UCSF to Taichung VGH: Building a Lung Transplantation Program in Taiwan
從 UCSF 到台中榮總：建立臺灣肺臟移植團隊之路

Abstract
Lung transplantation in Taiwan has slowly increased, yet national volumes remain limited and unevenly distributed. Taichung Veterans General Hospital (TCVGH), once an active transplant center, has not performed a lung transplant since 2016. To rebuild the program, I completed a six-month observership at UCSF, a world-leading center with exceptional survival outcomes and highly structured evaluation, donor management, and multidisciplinary care systems.
Key practices learned at UCSF—such as standardized assessment pathways, donor allocation principles, HLA/DSA evaluation, and team-based coordination—are now being implemented at TCVGH. We have established referral criteria, unified workflow protocols, strengthened team training, and enrolled new candidates on the waiting list.
This presentation highlights Taiwan's current landscape, essential insights from UCSF, and TCVGH's roadmap for safely reactivating a modern lung transplant program.

Ying-Che Ting
丁英哲 醫師

Current position

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

Education

School of Medicine, China Medical University

Professional Training and Employment

Cheng Hsin General Hospital, Taipei, Taiwan
Resident, Chief Resident and Fellowship, Taipei Veterans General Hospital, Taipei, Taiwan

Topic of the Speech

肺移植案例分享及未來發展

Pin-Li Chou
周品立　醫師

Current position
林口長庚胸腔外科 主治醫師

Education
2016　長庚醫學院雙主修中醫學系

Professional Training and Employment
2024　比利時魯汶醫院 (UZ Leuven) 臨床觀察員
2023　林口長庚胸腔外科主治醫師
2020　林口長庚外科部行政總醫師
2019　林口長庚胸腔及心臟血管外科行政總醫師
2017　林口長庚外科住院醫師

Topic of the Speech
多專科肺移植團隊在術後病人的照護角色及案例分享

Abstract
Lung transplantation (LTx) has become an established therapy for patients with end-stage lung disease, offering prolonged survival and improved quality of life when optimal perioperative and long-term care are achieved. In Taiwan, the Linkou Chang Gung Memorial Hospital initiated its multidisciplinary lung transplantation program in 2016, and since then has performed the largest number of procedures nationwide. To date, nearly 100 patients have undergone LTx at our center, with the annual case volume steadily increasing to approximately 15 transplants, accounting for more than half of all procedures in the country. Despite being a relatively young program, early postoperative outcomes and one-year survival rates at our institution are comparable to those reported by leading international registries, underscoring the rapid establishment of surgical and medical expertise within our team.

While short-term survival after LTx has improved with advances in surgical techniques, perioperative care, and immunosuppressive regimens, the major challenges for emerging transplantation centers lie in addressing mid- to long-term complications. Among these, immune-mediated and oncologic disorders represent particularly complex and life-threatening conditions. In our experience, post-transplant lymphoproliferative disorder (PTLD) has emerged as a notable complication, reflecting both the intensity of immunosuppression and the susceptibility of the host immune system. Hemophagocytic lymphohistiocytosis (HLH), though less common, poses significant diagnostic and therapeutic difficulties, with high associated morbidity and mortality when not recognized early. In addition, transplant-associated thrombotic microangiopathy (TATMA) has been observed as a severe and often underdiagnosed complication, linked to

Pin-Li Chou
周品立　醫師

endothelial injury, calcineurin inhibitor toxicity, and infectious triggers. These entities exemplify the delicate balance required between preventing allograft rejection and avoiding immune dysregulation or malignancy.

Our center's longitudinal follow-up data highlight the importance of vigilant surveillance strategies, early recognition, and multidisciplinary management of these mid- to long-term complications. Routine monitoring with viral load testing, hematologic screening, and imaging surveillance has proven critical in identifying patients at risk of PTLD or HLH, while proactive adjustment of immunosuppressive regimens and timely intervention with targeted therapies such as rituximab or plasma exchange may improve clinical outcomes. Furthermore, collaborative care between transplant physicians, hematologists, oncologists, and infectious disease specialists has become indispensable in managing these complex conditions.

In conclusion, the experience of Linkou Chang Gung Memorial Hospital demonstrates that the successful development of a high-volume lung transplantation program in a newly established center is feasible, with survival outcomes on par with international benchmarks. However, the evolving landscape of mid- and long-term complications—particularly TATMA, HLH, and PTLD—represents the greatest challenge for sustaining long-term survival and quality of life after LTx. Future directions should prioritize refining immunosuppressive protocols, developing predictive biomarkers, and strengthening multidisciplinary collaboration to mitigate these complications. These strategies will be critical in ensuring the durability of transplant success and in shaping the next phase of lung transplantation care in Taiwan and beyond.

Hsao-Hsun Hsu
徐紹勛 副院長

Current position

Vice Superintendent,
National Taiwan University Cancer Center
Director,
General Affairs Office,
National Taiwan University Cancer Center
Professor,
Department of Surgery, College of Medicine,
National Taiwan University

Education

2022-2024	Master's Degree, College of Management Executive MBA (EMBA) Program, National Taiwan University
2001-2009	Ph.D., Graduate Institute of Physiology, College of Medicine, National Taiwan University
1989-1996	MD, College of Medicine, China Medical University

Professional Training and Employment

2025.08-Present
Director, General Affairs Office, National Taiwan University Cancer Center
2023.08-Present
Vice Superintendent, National Taiwan University Cancer Center
2023.08-Present
Professor, Department of Surgery, College of Medicine, National Taiwan University
2002.07-Present
Attending Thoracic Surgeon, Division of Thoracic Surgery, Department of Surgery, National Taiwan University Hospital
2024.08-2025.07
Director, Medical Services Department, National Taiwan University Cancer Center
2020.09-2024.07
Deputy Executive Officer, International Medical Service Center, National Taiwan University Hospital
2020.08-2023.07
Director, Division of Thoracic Surgery, Department of Surgery, National Taiwan University Hospital
2010.08-2023.07
Clinical Assistant Professor & Clinical Associate Professor & Clinical Professor, College of Medicine, National Taiwan University

Hsao-Hsun Hsu
徐紹勛 副院長

2013.02-2013.02
Visiting Scholar, Division of Thoracic Surgery, Department of Surgery, Toronto General Hospital, Ontario, Canada
2010.08-2011.07
Visiting Scholar, Division of Cardiothoracic Transplantation, Department of Cardiothoracic Surgery, University of Pittsburgh School of Medicine, Pittsburgh, PA, US
2004.01-2004.06
Visiting Fellow, Department of Cancer and Thoracic Surgery, Okayama University Graduate School of Medicine and Dentistry, Okayama, Japan

Topic of the Speech
臺大醫院肺臟移植的發展簡介與未來展望

Abstract
臺大醫院自 1995 年在李元麒教授的帶領下，開始進行人體的肺臟移植手術，爾後並順利完成人體臨床試驗，讓肺移植手術進入健保給付，也讓肺移植在台灣能逐漸蓬勃發展。迄今，臺大醫院已完成近 150 例的肺移植手術，至今存活最久之病患已超過 22 年，近四年來肺移植的手術成功率為 93%，手術成果與術後長期存活率皆與歐美國家相當。

器官捐贈來源可分為以下兩種方式：(1). 大愛器官捐贈 (deceased donor)，如腦死器官捐贈 (Donation after Brain Death，簡稱 DBD)，(2). 活體器官捐贈 (living donor)，如親屬間的活體器官捐贈。為了解決國內捐贈器官來源嚴重不足的問題，本人獲邀協助「財團法人器官捐贈移植登錄中心」推行「心死後器官捐贈 (Donation after Circulatory Death，簡稱 DCD) 」，也參與相關法案的制定。自 104 年度起迄今，已獲邀於全台演講超過 40 場次的 DCD 器官捐贈議題。近年來全台許多醫學中心相繼使用 DCD 器官來進行腎臟與肝臟的器官移植手術，本院的肺臟移植團隊也於 2020 年完成台灣首例使用 Type IV DCD 器官來執行肺臟移植的成功案例。

臺大醫院在 2005 年 7 月獲得衛生福利部核准執行「人體之活體肺葉移植」新醫療技術臨床試驗，由於活體肺葉移植需要 4 個手術團隊互相配合，同時為兩位親屬分別進行左下肺葉與右下肺葉的捐贈手術，將摘取出來的捐贈器官執行灌流處置後，才能將捐贈的左下肺葉與右下肺葉移植給受贈者，手術的困難度與複雜度都極高。在院方與團隊同仁的齊心努力下，本院在 2022 年 10 月成功完成全台首例的「親屬捐贈之活體肺葉移植手術」，病童及兩位捐贈家屬在術後都已順利回復正常生活，為台灣器官移植領域奠定了嶄新的里程碑。

為配合政府推動新南向政策的醫療交流，臺大醫院自 2018 年起協助越南越德醫院訓練該院的肺臟移植團隊，一共培訓了 11 位的醫事人員，其中包含 3 位種子醫師。該院團隊成員在受訓完成返國後，也在兩年內順利完成五例的肺移植手術，成為越南首屈一指且唯一能自行執行肺移植手術的醫學中心。有鑑於本院的精實訓練成果，111 年「印尼國立肺臟醫院」也與本院簽訂交流合約，邀請本院肺移植團隊至該院訪問，協助該院建構肺臟移植團隊及發展肺臟移植醫療計畫。本院日後將持續配合國家政策，代訓新南向國家的肺移植團隊，希冀建構長久、扎實、且平等互惠的國際醫療交流。

Ya-Fu Cheng
鄭雅夫 醫師

Current position

Attending Physician,
Division of Thoracic Surgery, Department of Surgery,
Changhua Christian Hospital

Education

2022.09-Present Ph.D. Program in Translational Medicine, National Chung-Hsing University
2008.09-2015.06 MD, National Yang-Ming University, Taipei, Taiwan

Professional Training and Employment

2024.02-2024.07 Observer of lung transplantation, Duke University hospital, North Carolina, US
2017-2022 Residency in surgery, Changhua Christian Hospital, Changhua, Taiwan

Topic of the Speech

彰基肺移植 從零起跑

Abstract

彰基的肺臟移植，是一段完全從零開始的旅程。在彰化地區，過去從未有過肺臟移植的案例，更沒有任何具備相關經驗或曾赴國外進修的胸腔外科醫師，因此這條道路注定充滿挑戰。自 2022 年底開始籌備以來，團隊一路篳路藍縷，從建立制度、培養人才、尋找資源，到團隊默契的培養，每一個步驟都需要投入大量心力與毅力。然而，過程中我們也幸運地獲得許多專家、先進及各界資源的支持，讓團隊能在困難中逐步突破。

經過三年的努力，我們終於在 2025 年 6 月正式取得肺臟移植醫院資格，這不僅是彰基的重要里程碑，更代表著彰化地區病患將有更多的治療希望。本次會議中，我們將分享這三年來的經驗與歷程，包括國內醫學中心的觀摩、美國與日本的進修課程，以及團隊籌備過程中的點滴。此外，也參與了奧地利與加拿大的專業工作坊，並安排手術室團隊赴日本參訪，實際學習國際一流團隊的經驗。更重要的是，我們透過多次大體試驗與動物實驗，不斷修正技術、模擬臨床情境，逐漸奠定團隊的信心與能力。

期望透過這些分享與交流，不僅讓我們回顧這一路走來的成長，也能與各位先進互相學習、彼此精進，讓肺臟移植團隊在未來的發展中更加穩健，並讓更多病人因此受惠。

Pang-Chieh Hung
洪邦傑 醫師

Current position
Attending Thoracic Surgeon, Shuang-Ho Hospital

Education
2008-2016 M.D. Chang Gung University

Professional Training and Employment
2022-present	Attending Thoracic Surgeon, Shuang-Ho Hospital
2022.06-2022.07	Research Fellow in Thoracic Surgery, Chang Gung Memorial Hospital
2016-2022	Thoracic Surgery Resident, Shuang-Ho Hospital

Topic of the Speech
Preparation for Lung Transplantation and Sharing of Postoperative Complications - Shuang Ho Experience

Pang-Chieh Hung
洪邦傑 醫師

Abstract

Introduction

1.Overview of Lung Transplantation:

1.Shuang Ho Hospital's Experience: Highlight Taipei Medical University Shuang Ho Hospital's advancements, including two successful double lung transplants in May 2023 for a 42-year-old patient and Aprail 2024 for a 55-year-old patient , one faliure one lung transplantation on June 2024 for a 74-year-old patient

2.Preoperative Preparation

1.Multidisciplinary Evaluation and establish transplant protocol
2.Patient Optimization and recruit transplant team member:
3.Logistics and Waiting List :

3.Perioperative Complications

1.First case (LAM):Focusing on Perioperative Bleeding , Bonchial stenosis and Acute rejection:
2.Second case (COPD): Focusing on Size unmatching and Recurrent Bronchial
3.Third case (COPD): Focusing on, Postoperative Pnuemonia with sepsis and Perioperative Bleeding

4.Shuang Ho's Key Takeaways and Conclusion

1.Success Factors: Multidisciplinary collaboration, patient compliance, and rigorous postoperative care are critical, as demonstrated in Shuang Ho's successful cases.
2.Outcomes: Both two lung transplantation are survive > 1 year with rehabilitation focusing on exercise, infection prevention, and medication adherence. Although the one lung transplantation was passed away perioperatively.

Yen-Shou Kuo
郭彥劭 醫師

Current position
Attending physician,
Division of Thoracic Surgery,
Tri-Service General Hospital, National Defense Medical Center
Physician of Lung Transplantation,
Ministry of Health and Welfare, Taiwan

Education
School of Medicine, China Medical University

Professional Training and Employment
2018.11-2019.10 Observership of Lung Transplant Program, Division of Thoracic Surgery, Toronto General Hospital, Ontario, Canada
2011.08-2016.07 Residency, Division of General Surgery, Tri-Service General Hospital, National Defense Medical Center
2008.07-2010.06 Internship, Tri-Service General Hospital

Topic of the Speech
三軍總醫院第一例肺臟移植經驗分享【從零開始做】肺臟移植

Abstract
肺臟移植為末期肺疾病患者的終極治療選項，但在台灣仍具高度挑戰。本院自籌組移植團隊以來，首次成功完成肺臟移植手術，標誌著重要里程碑。本報告回顧首例經驗，重點包括：病人篩選與多學科術前評估、供肺取得與保存技術、植入手術策略，以及術後重症照護、感染控制與免疫抑制調整。藉由胸腔外科、麻醉科、重症醫學、感染科與護理團隊的協作，病患順利脫離呼吸器並進入康復期。未來將持續優化臨床照護與研究，期能造福更多末期肺病患者。

JAN. 31 六

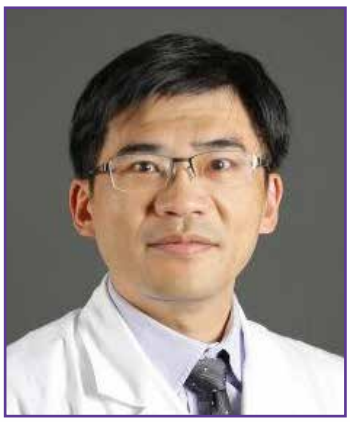
13:30 - 16:30

重建整形外科

致德樓第八/九會議室

顯微血管吻合手術訓練課程

Time	Topic	Speaker	Moderator
13:30-13:40	Opening	臺北榮總 重建整形外科 王天祥 主任	
13:40-14:10	Principles and techniques of microvascular surgery	臺北榮總 重建整形外科 邱宇任 醫師	臺北榮總 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	臺北榮總 重建整形外科 邱宇任 醫師	臺北榮總 重建整形外科 王天祥 主任
16:00-16:30	Hands-on 討論		



Tien-Hsiang Wang, MD, PhD
王天祥 主任

Current position
臺北榮民總醫院外科部重建整形外科科主任

Education
國立中央大學機械工程研究所博士
中國醫藥大學醫學系醫學士

Professional Training and Employment
臺灣整形外科專科醫師
臺灣美容外科醫學會會員
臺灣燒傷暨傷口照護學會會員
現任臺灣整形外科醫學會 監事
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
臺北榮民總醫院外科住院醫師 / 總醫師 / 主治醫師

Topic of the Speech
女變男性別重置手術

Abstract
本演講針對年輕醫師與醫學生，介紹女變男性別重置手術之評估原則、手術策略與分期治療概念，幫助學員建立跨性別手術的基礎臨床思維。

Yu-Jen Chiu, MD, PhD
邱宇任 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
中國醫藥大學 醫學系 醫學士
陽明交通大學 臨床醫學研究所 博士

Professional Training and Employment
國立陽明大學 醫學系 外科學科 助理教授
現任 SCI 期刊 Oncology Letters 編輯委員會成員
史隆凱特林醫院 整形外科暨精準醫療中心 進修
臺北榮民總醫院 外科部重建整形外科 住院醫師 / 總醫師

Topic of the Speech
顯微血管手術的基本原則與技術

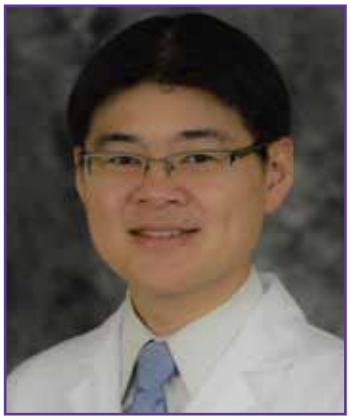
Abstract
本課程以年輕醫師與醫學生為主要對象，介紹顯微血管手術的基本概念、器械操作與吻合技巧，協助學員建立顯微外科訓練的基礎知識，並銜接後續實作課程。

JAN. 31 六 13:30 - 16:45 乳房外科

第三門診CIC創意谷

顯微血管吻合手術訓練課程

Time	Topic	Speaker	Moderator
13:30-13:35	Opening	曾令民副院長 台北榮民總醫院	
13:35-13:50	NGS 檢測技術的特性	彭昱璟醫師 台北榮民總醫院	曾令民副院長 台北榮民總醫院
13:50-14:10	Germline Testing- perform BRCA1/2 and genetic consenting in clinical practice (包含檢測報告範例)	林柏翰醫師 臺大醫院	陳芳銘理事長 台灣乳房醫學會 蔡宜芳醫師 台北榮民總醫院
14:10-14:30	Tissue Testing - Genetic biomarkers for treatment in breast cancer (包含檢測報告範例)	郭玟伶主任 長庚醫院	
14:30-14:50	Liquid Biopsy and its application for treatment in breast cancer (包含檢測報告範例)	黃其晟主任 台北榮民總醫院	
14:50-15:05	Q & A		
15:05-15:20	Coffee Break		
15:20-15:55	臨床應用 Case 1: (pt with BRCA1) [eBC, OlympiA] Case 2: (pt with somatic BRCA2) [aBC, OlympiAD, EMBRACA]		All attendees
15:55-16:40	臨床應用 Case 1: (pt with PIK3CA) [aBC, Truqap, Piqray, Itovebi] Case 2: (pt with PTEN) [aBC, Truqap] Case 3: (pt acquire ESR1 in 13 mo of using CDK4/6+AI) [aBC, camizestrant, imlunestrant]		
16:40-16:45	Closing	黃其晟主任 台北榮民總醫院	



Yu-Ching Peng, M.D., Ph.D.
彭昱璟 醫師

Current position

8/2019-Now **Attending Pathologist**
Taipei Veterans General Hospital
Department of Pathology and Laboratory Medicine
Taipei, Taiwan

8/2018-7/2019 **Attending Pathologist**
Koo Foundation Sun Yat-Sen Cancer Center
Department of Pathology and Laboratory Medicine
Taipei, Taiwan

Education

9/2008 – 6/2014 **Doctor of Philosophy (Ph.D.)**
Biochemistry, Cell, and Molecular Biology,
Weill Cornell Graduate School of Medical Sciences,
New York, NY
Dissertation Advisor: Alexandra L. Joyner, Ph.D.
Dissertation: Study of Hedgehog Signaling in Prostate Regeneration and Cancer

9/1999 – 6/2006 **Doctor of Medicine (M.D.)**
School of Medicine, National Taiwan University,
Taipei, Taiwan

Professional Training and Employment

10/2007– 5/2008 **Research Assistant**
Institute of Cellular and Organismic Biology,
Academia Sinica, Taipei, Taiwan

7/2006 – 9/2007 **Military Service**
Air Force, Taiwan

Dr. Po-Han Lin
林柏翰 醫師

Current position

2008-2010 Fellow, Department of Medical Oncology and Medical Genetics, National Taiwan University Hospital, Taipei, Taiwan
2010-2013 Attending Physician, Department of Medical Genetics and Internal Medicine (Division of Hematology/Oncology), China Medical University Hospital, Taichung, Taiwan
2013-now Attending Physician, Department of Medical Genetics, National Taiwan University Hospital, Taipei, Taiwan
2017-now Clinical Assistant Professor, Graduate Institute of Medical Genomics and Proteomics, College of Medicine, National Taiwan University, Taipei, Taiwan (https://www.mc.ntu.edu.tw/medgenpro/Vcard.action?q_type=A02&q_itemCode=742)

Education

1996-2003, MD, Department of Medicine, School of Medicine, Taipei Medical University
2011-2016, PhD, Graduate Institute of Clinical Medical Science, China Medical University, Taichung, Taiwan

Professional Training and Employment

2006-Certified Doctor of Internal Medicine, Taiwan
2008-Certified Doctor of Hematology, Taiwan
2010-Certified Doctor of Medical Oncology, Taiwan
2006-Membership, Taiwan Society of Internal Medicine
2010-Membership, Taiwan Oncology Society
2012-Membership, Taiwan Breast Cancer Society

Wen-Ling Kuo
郭玟伶 主任

Current position

2025.10~ Executive auditor of Society for International Microsurgery Club
2024.12~ Deputy chair of International Affairs, Taiwan Breast Cancer Conference(TCBS)
2024. 7~ Associate Professor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2022. 6~ Taiwan Breast Cancer Society Internation Exchange Committee
2022. 6~ Jointly appointed assistant professor, School of Medicine, National Tsing Hua. University/ Chang Gung University
2022. 1~ Director of Comprehensive Breast Cancer Center, Chang Gung Memorial Hospital Northern Medical Complex
2021. 5~ Committee of Biobank Ethics, Chang Gung Memorial Hospital , Linkou
2021. 3~ Expert in Taiwan Genetic Counselling Experts Network
2021. 2~ Tumor Committee, Chang Gung Memorial Hospital
2020.12~ Taiwanese delegate in ACROSS (Asian Consensus and Recommendations On genetic teSting and counSelling)
2020.11~ Committee of Social Service, Taiwan Oncology Society
2020. 3~ Medical export reviewer of National Health Insurance, Taiwan
2018. 7~ Assistant Professor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2017. 8~ Supervisor, Taiwan Oncoplastic Breast Surgery Society
2012. 7~ Instructor Physician, Surgical Oncologist Specialty Training Program
2008~2012 Breast Cancer Society of Taiwan. Deputy Secretary General
2012. 8~ Instructor, Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan
2007~ Attending Surgeon, Division of General Surgery and Breast Surgery, Department of Surgery, Chang Gung Medical Foundation, Linko and Taipei, Taiwan

Wen-Ling Kuo
郭玟伶 主任

Education

1994~2001 M.D. Department of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan
2007~2018 PhD , Graduate Institute of Clinical Medicine, College of Medicine, Chang Gung University, Taoyuan, Taiwan
2013~2016 Visiting Scientist, Department of Molecular and Cellular Oncology, UT MD Anderson Cancer Center, US

Professional Training and Employment

1999~2001 Clerkship and Internship, Veteran General Hospital, Taipei
2001~2006 Resident Doctor, Department of Surgery, Chang Gung Memorial Hospital, Linko, Taiwan
2021.10 Surgical training workshop with Intuitive Surgical Deutschland GmbH, Medizin im Gruenen, Wendisch-Rietz, Germany

Chi-Cheng Huang
黃其晟 主任

Current position

Director, Division of Breast Surgery, Department of Surgery, Taipei Veterans General Hospital, 2021-present
Attending Physician, Comprehensive Breast Health Center and Division of Breast Surgery, Taipei Veterans General Hospital, 2018-present
Professor, Institute of Epidemiology and Preventive Medicine, National Taiwan University, 2021-present
Secretary-General, Taiwan Breast Medicine Society, 2021-present
Board Member, Taiwan Hernia Society, 2015-present
Supervisor, Taiwan Oncoplastic Breast Surgery Society, 2019-present

Education

Ph.D. in Biomedical Electronics and Informatics, National Taiwan University, Taiwan, 2014
Master's in Preventive Medicine, National Taiwan University, Taiwan, 2006
Bachelor's in Medicine, Chang Gung University, Taiwan, 1999

Professional Training and Employment

- Deputy Secretary-General, Taiwan Society of Digestive Surgery, 2016-present
- Surgical Oncology Committee, Taiwan Surgical Association, 2024-present
- Academic Committee, HOPE (Cancer Hope Foundation), 2024-present
- Consultant Advisor, Financial Ombudsman Institution, 2025-present
- Professor, Department of Medicine, Fu Jen Catholic University, 2019-2019
- Director, General Surgery and Breast Surgery, Fu Jen Catholic University Hospital, 2017-2019
- Director, Breast Center, Cathay General Hospital, 2015-2017
- Deputy Director, Medical Research Department, Cathay General Hospital, 2015-2017

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