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2025 年 12 月 6-7 日
臺大醫院國際會議中心

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胸腔職業性疾病新資訊
New information of respiratory occupational disease

主持人：林基正 王金洲

0830	引言 Opening remarks	林基正(安泰醫院)
0835	氣喘照護與環境永續:前往更健康的生活與綠色星球的大道 Asthma Care and Environmental Sustainability: A Path to Healthier Lives and a Greener Planet	傅彬貴(台中榮總)
0900	人造石對肺部造成的危害 The respiratory health effects of artificial stone dust exposure	陳啟信(臺大醫院)
0925	職業性氣喘病 Occupational Asthma	潘奕宏(安泰醫院)
0950	討論與結語 Closing remarks	王金洲(高雄長庚醫院)

◆ 人造石對肺部造成的危害

人造石矽肺症近年在多國快速增加，多屬短期高暴露後出現的加速型矽肺症，部分病例進展極快甚至需肺移植。澳洲篩檢顯示盛行率高達 30%，台灣亦已有多起嚴重案例。本土研究指出，人造石暴露與肺功能呈劑量反應，每增加 1 mg/m³-year，FVC 與 FEV1 各下降約 0.5%。高暴露工人中，三至六成在低劑量 CT 可見圓形、毛玻璃或間質陰影，但胸 X 光多仍正常。臨床觀察亦發現毛玻璃狀中央小葉結節與胸膜下彎曲線可能為早期特徵，縱膈腔淋巴結腫大也常見。因人造石仍是熱門建材，工人暴露風險持續。未來宜採低劑量 CT 並追蹤肺活量與 DLCO 下降，以利早期診斷與預後評估。

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間質性肺病診斷和治療的當前挑戰
Current challenges in the diagnosis and management of interstitial lung diseases (ILD)

主持人：陳育民 林鴻銓

1020	引言 Opening remarks	陳育民(台北榮總)
1025	特發性肺纖維化診斷和治療的新進展 New Advances in the diagnosis and management of idiopathic pulmonary fibrosis (IPF)	謝孟亨(林口長庚醫院胸腔內科)
1055	漸進性肺纖維化診斷和治療的新進展 New Advances in the diagnosis and management of progressive pulmonary fibrosis (PPF)	陳世彬(中山醫學大學附設醫院)
1125	間質性肺病診斷和進展的臨床預測因子和生物標記 Clinical Predictors and Biomarkers for diagnosis and progression in interstitial lung diseases (ILD)	黃堂修(成功大學附設醫院胸腔內科)
1155	討論與結語 Closing remarks	林鴻銓(林口長庚醫院)

◆ 特發性肺纖維化診斷和治療的新進展

Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive, and irreversible lung disease associated with poor quality of life and reduced survival. Although the exact cause or causes of IPF remain unknown, our understanding of disease pathogenesis has improved substantially in the past 20 years. Recurrent alveolar epithelial injury triggered by various factors, including genetic predisposition, environmental exposures, and ageing-related changes, followed by abnormal activation of fibroblasts and their differentiation to myofibroblasts, leads to excessive extracellular matrix production and lung remodelling. Nintedanib, pirfenidone and, more recently, nerandomilast have been shown to slow the rate of functional decline and disease progression in patients with IPF. However, IPF remains incurable, with most patients continuing to decline despite aggressive treatment. More effort was needed to block or even reverse fibrosis to improve lung function, quality of life, and survival.

◆ 漸進性肺纖維化診斷和治療的新進展

Interstitial lung diseases (ILDs) are disorders characterized by inflammation, fibrosis, or both of the alveolar interstitium. The term progressive pulmonary fibrosis(PPF) is defined as at least two of the following three criteria occurring within the past year with no alternative explanation:

1 Worsening respiratory symptoms

2 Physiological evidence of disease progression (either of the following):

a. Absolute decline in FVC ≥ 5% predicted within 1 yr of follow-up

b. Absolute decline in DLco (corrected for Hb) ≥ 10% predicted within 1 yr of follow-up

3 Radiological evidence of disease progression (one or more of the following):

a. Increased extent or severity of traction bronchiectasis and bronchiolectasis

b. New ground-glass opacity with traction bronchiectasis
c. New fine reticulation
d. Increased extent or increased coarseness of reticular abnormality
e. New or increased honeycombing
f. Increased lobar volume loss

Nintedanib is approved for PPF by inhibiting tyrosine kinases, which are involved in the fibrotic process, to slow the rate of lung function decline. Besides, adding on nerandomilast lead to smaller decline in FVC than nintedanib alone. PPF now is a newly emerging disease which needs more studies and molecular investigation.

◆ 間質性肺病診斷和進展的臨床預測因子和生物標記

Interstitial lung diseases (ILDs) involve a large and heterogeneous group of pulmonary disorders. ILDs may arise idiopathically or secondarily due to autoimmune diseases, environmental exposures, or drug toxicity. Certain ILDs may cause progressive and extensive fibrotic destruction of the lungs. Despite advances in imaging and molecular biology, definitive diagnostic biomarkers remain elusive for most ILDs. Exceptions include lymphangioleiomyomatosis (LAM) and pulmonary sarcoidosis. In clinical practice, biomarkers are increasingly explored for their prognostic utility. Pulmonary functional parameters such as forced vital capacity (FVC) and diffusion capacity for carbon monoxide (DLCO), along with CT imaging-based assessments, remain central to disease monitoring. Certain blood-based biomarkers have shown potential correlations with disease activity and outcomes, yet their roles remain controversial. Quantitative imaging techniques may potentially assist with assessment of disease severity and progression, but standardization and integration into actual clinical practice are still lacking. Researches into genetic and proteomic signatures are ongoing but are not yet generalizable.

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睡眠科技應用在個人化睡眠呼吸中止的診斷及照護
From Detection and Endotyping to Phenotyping: How Sleep Technology Transforms Sleep Healthcare Implementation

主持人：杭良文 林嘉謨

1330	引言 Opening remarks	杭良文(中國附醫)
1335	從診間篩檢到居家診斷：人工智慧/機器學習 演算法如何改變呼吸中止症的偵測 From Screening at Clinic to Diagnosis at Home: How AI/ML/DL Algorithms Are Transforming Sleep Apnea Detection	李佩玲(台大醫院)
1400	以多項睡眠檢查訊號分析阻塞性睡眠呼吸中止症病理表現型 Endotyping with polysomnographic signals for obstructive sleep apnea	鄭婉汝(國衛院國家高齡中心)
1425	數位照護新視野：整合失眠與睡眠呼吸障礙 Digital sleep healthcare for Co-morbid insomnia and Sleep Apnea (COMISA)	劉文德(衛生福利部雙和醫院)
1450	討論與結語 Closing remarks	林嘉謨(新光醫院)

◆ 從診間篩檢到居家診斷：人工智慧/機器學習 演算法如何改變呼吸中止症的偵測

The realm of sleep medicine is experiencing a rapid evolution driven by advancements in sleep technologies. Emerging devices for obstructive sleep apnea (OSA) detection are becoming increasingly sophisticated and portable, due to the integration of innovative miniaturized sensor designs, advanced processing techniques, and artificial intelligence/machine learning/deep learning (AI/ML/DL) algorithms. AI models have become ubiquitous in sleep medicine, fundamentally altering the approach to OSA detection from screening at the clinic to at-home diagnosis utilizing cutting-edge sleep technologies. This chapter delves into ML models that leverage clinical features for OSA screening and illustrates their use with a case study. We also explore the current landscape of innovative AI/ML/DL models employing photoplethysmography and accelerometry for at-home OSA diagnosis. Finally, we offer insights on crucial considerations for model design, dataset selection, and performance evaluation and emphasize the importance of external testing using independent datasets. As the complexity of physiological signals increases with the data integration from various sensors, more advanced DL techniques might suite better for handling intricate data. This trend highlights a shift beyond traditional ML and basic DL models towards more advanced, customized, and powerful DL approaches.

◆ 以多項睡眠檢查訊號分析阻塞性睡眠呼吸中止症病理表現型

睡眠呼吸中止症是一種在睡眠期間上呼吸道反覆塌陷所引起的疾病，導致血氧下降與覺醒。臨床上主要透過多項睡眠檢查所計算的呼吸中止低通氣指數（AHI）進行診斷。然而，該疾病的

病理機轉不僅侷限於上呼吸道構造的塌陷，尚包括覺醒閾值、呼吸驅動(loop gain)、上呼吸道肌肉反應不足等生理因素。過去分析這些病理表現型（endotypic traits）需依賴侵入性導管與複雜的實驗室操作，限制了其臨床應用。近年來，已有研究發展出僅使用多項睡眠檢查中非侵入性訊號（如氣流與通氣量）即可估算各項病理表現型的方法。這些資訊有助於醫師更精準分類病人、連結臨床症狀群，並預測不同治療策略的效果。

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常見社區性細菌性感染之抗藥性現況與治療建議
Drug Resistance and Treatment Recommendation of Common Community-acquired Infections

主持人：湯宏仁 林邑璁

1520	引言 Opening remarks	湯宏仁(奇美醫院感染科)	
1525	性傳染病 Sexually Transmitted Diseases	林冠吟(台大醫院感染科)	湯宏仁(奇美醫院感染科)
1545	社區性肺炎 Community-acquired Pneumonia	廖俊星(亞東醫院感染科)	
1605	常見社區性細菌感染之抗藥性現況與治療建議 Drug Resistance and Treatment Recommendations of Common Community-acquired Infections	李欣蓉(高雄榮民總醫院感染科)	林邑璁(台北榮民總醫院感染科)
1625	社區性腹腔內感染 Community-acquired Intra-abdominal Infection	王竣令(成大醫院感染科)	
1650	總結 Closing remarks	林邑璁(台北榮民總醫院感染科)	

◆ 性傳染病

近年來性傳染病由於具風險性行為增加，因此有逐年上升趨勢。此外，性傳染病抗藥性問題也日益嚴重，對臨床治療構成重大挑戰。常見性傳染病包含披衣菌、淋病、梅毒等，隨著檢驗工具的進步，我們有更多機會進行診斷。治療上選擇的藥物隨著抗藥性問題也有所變革，需要與時俱進。以淋病為例，Neisseria gonorrhoeae 透過鏡檢培養的敏感度並不高，且對口服抗生素的抗藥性持續增加，因此需要了解如何積極診斷治療。梅毒目前仍仰賴血清學檢查作為診斷工具，因此如何正確判讀血清學檢查並配合梅毒期別，是治療的重點。另外，近期也有針對高風險族群使用預防性抗生素的有效策略，適當的使用將有助於緩解性傳染病的上升趨勢。此演講將提供性傳染病相關之最新治療與預防策略。

◆ 社區性肺炎

社區性肺炎一直是影響所有人的重要疾病,以往被關注的議題是抗藥性肺炎鏈球菌引起的肺炎,隨著疫苗的施打,肺炎鏈球菌引起的肺炎明顯減少,另一個被關注的焦點是抗藥性的黴漿菌肺炎,此外關於社區性肺炎最新變化反而是病毒性肺炎的診斷,隨著診斷工具的進步,許多社區性肺炎被發現是病毒引起的,及早診斷與使用抗病毒藥物的使用可以減少肺炎引起的死亡與併發症

◆ 常見社區性細菌感染之抗藥性現況與治療建議

近年台灣社區常見細菌性感染之抗藥性持續上升，尤以腸桿菌科產生 ESBL、AmpC 或對第三代頭孢菌素具抗藥性者為主。膀胱炎首選口服 cephalexin 及 trimethoprim-sulfamethoxazole (TMP-SMX)。急性腎盂腎炎(APN)之治療則以 cefazolin、cefuroxime 為首選；對疑有 ESBL 感染者則建議使用 ertapenem 或 piperacillin-tazobactam。因台灣 Enterobacterales 對 TMP-SMX 及 fluoroquinolone 抗藥率偏高，兩者不建議為 APN 一線治療，僅於 β-lactam 過

敏或依藥敏可用時考慮。治療多建議 5–7 天，重症或菌血症者可延長至 14 天，並依臨床反應調整。治療過程中應依培養與藥敏結果適時降階，並於病況改善可耐受口服時儘早由靜脈改為口服藥。合理用藥、縮短療程與監測抗藥趨勢為降低抗藥性與提升治療成效之核心策略。

◆ 社區性腹腔內感染

這幾年來，在社區腹腔感染中，E. coli、K. pneumoniae 等細菌對多重抗生素的抗藥性普遍偏高，且社區與院內感染差異已減弱。 建議各醫療機構與學會重新界定抗藥性容忍閾值，並依照疾病嚴重度與感染控制難度，設定不同疾病的「可接受抗藥率」標準。同時強化區域監測與個人移生抗藥性細菌資料應用 ，也建議推動抗菌管理，同時運用快速診斷技術，縮短決策時間並提高更準確性的治療。也建議避免過度依賴碳青黴烯，在低嚴重度病例，採取此藥限制性策略。希望醫療人員瞭解到，經驗性抗菌治療的適當性對死亡率影響有限，感染源控制成敗是生存關鍵。

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Oral presentation

主持人：盛望徽

時間	講題	報告者
0830	右心室心肌縱向形變在心室性功能性二尖瓣逆流中的預後價值：多中心研究	李忠諺(台大)
0842	台灣肺部組織胞漿菌病 27 年興起歷程與流行疆界再定義	高定瑋(台大)
0854	以多腔室應變分析評估系統性紅斑性狼瘡的預後及早期心臟功能不良：前瞻性世代研究	劉釋允(台大)
0906	臨床顯著門脈高壓和肝纖維化對膽管癌患者存活之綜合影響：台灣的一項隊列研究	陳膺帆(北榮)
0918	腸道賀爾蒙在肝硬化的角色	賴信樺(北榮)
0930	NALIRIFOX 或 naI-IRI/FL 做為胰腺癌二線治療-一個真實世界研究。	翁唯澤(北榮)
0942	代謝脂肪肝病對於年輕肝細胞癌患者之預後影響	何佳蓉(北榮)
0954	代謝功能障礙相關脂肪性肝病與小氣道功能障礙對阻塞性氣道疾病急性惡化風險之影響從代謝功能障礙相關脂肪性肝到小氣道——揭開阻塞性氣道疾病急性惡化的隱形推手	曾則皓(北榮)
1006	Anifrolumab 治療紅斑性狼瘡對臨床指標與干擾素標誌之變化:單一中心世代研究初探	朱純正(北榮)
1018	肝癌接受根治性切除後之復發模式與復發後存活分析	許彣澤(北榮)
1030	艱難梭菌與無害梭菌之共感染加重發炎性腸道疾病之預後：一項回溯性世代研究	謝清瑞(林口長庚)
1042	肝細胞癌中 ATG4B 失調與腫瘤侵襲性、復發及患者生存的相關性	林佳薇(高雄長庚)
1054	心房顫動導管燒灼術中不同抗凝策略之比較：warfarin 與 NOACs 之安全性與併發症分析	張仲銘(高雄長庚)
1106	「Bismuth/amoxicillin/vonoprazan 三合療法」之幽門螺旋桿菌除菌除菌率優於「Amoxicillin/vonoprazan 二合療法」與「clarithromycin/amoxicillin/rabeprazole 三合療法」－ 一多中心隨機試驗	鄭郁田(安南)
1118	亞洲中重度克隆氏症患者使用 Risankizumab 的真實世界治療經驗	陳健良(亞東)
1130	綜合討論	

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大腸癌的防治：內科醫師的積極角色
Colorectal cancer prevention: The active role of physicians

主持人：吳明賢 邱瀚模

1330	引言 Opening remarks	吳明賢(台大醫院胃腸肝膽科)	
1332	從大腸癌疾病負擔與篩檢參與重新思考醫師的積極角色 Rethinking colorectal cancer disease burden and screening participation: It does not only matter to GI doctors	葉彥伯(彰化衛生局)	邱瀚模(台大醫院胃腸肝膽科)
1352	醫師，做完腸鏡後我還可以做些什麼？：監測與生活管理的重要性 Doctor, what can I do after colonoscopy? : The importance of surveillance and health management	張為淵(台大醫院胃腸肝膽科)	
1412	年輕大腸癌：台灣迫切的危機 Young-onset colorectal cancer: Emerging threat for Taiwan	林裕民(新光醫院胃腸肝膽科)	吳明賢(台大醫院胃腸肝膽科)
1432	向前走：台灣大腸癌防治的未來 Moving forward: Future of colorectal cancer prevention in Taiwan	陳秀熙(台灣大學)	
1452	綜合討論 Panel Discussion	主持人及全體講師	
1458	結語 Closing remarks	邱瀚模(台大醫院胃腸肝膽科)	

◆ 從大腸癌疾病負擔與篩檢參與重新思考醫師的積極角色

Taiwan's organized colorectal cancer (CRC) screening program, launched in 2004, has substantially reduced CRC mortality among participants. Building on this success, eligibility was expanded in 2025 to adults aged 45–76 years, increasing the target population to more than 10 million.

This expansion is projected to generate approximately 250,000–300,000 positive fecal immunochemical test (FIT) results annually (positivity rate 5–6%), each requiring follow-up colonoscopy for confirmed diagnosis. Compared with the original target population of around 3.9 million in 2004, this represents a 2.5-fold increase in screening demand. Over the same period, however, the physician workforce increased by only 1.7-fold (from 33,036 to 56,823).

This widening gap between rapidly rising screening demand and modest growth in colonoscopy capacity, further compounded by workforce shortages in an aging society, poses a critical implementation challenge. Ensuring that the expanded screening strategy effectively contributes to the national goal of a one-third reduction in cancer mortality by 2030 will require innovative, cross-disciplinary solutions.

This presentation evaluates the current delivery architecture for CRC screening across

hospitals, primary care clinics, and community health centers, quantifying participation by care level. It further examines structural limitations within existing care pathways and proposes strategic, system-level approaches to enhance screening and diagnostic capacity through multidisciplinary engagement and integrated service models.

◆ 醫師，做完腸鏡後我還可以做些什麼？：監測與生活管理的重要性

Colorectal cancer (CRC) remains a major global health burden and a leading cause of cancer-related mortality. While population-based screening has effectively reduced CRC incidence through early detection and removal of precancerous lesions, growing evidence underscores the importance of primary prevention by addressing modifiable lifestyle and metabolic risk factors. Adverse lifestyle behaviors,including unhealthy diet, physical inactivity, obesity, alcohol consumption, and smoking, have been consistently linked to increased CRC risk through mechanisms involving chronic inflammation, insulin resistance, and gut microbiota dysbiosis. Furthermore, metabolic disorders such as obesity, type 2 diabetes mellitus, hypertension, and dyslipidemia—collectively referred to as metabolic syndrome—contribute to colorectal carcinogenesis via hyperinsulinemia, oxidative stress, and pro-inflammatory signaling.

Lifestyle modification remains the cornerstone of primary CRC prevention. Regular physical activity, weight control, and moderation of alcohol and tobacco use further strengthen preventive effects. Emerging evidence also highlights the role of metabolic disease management, including glycemic control, blood pressure regulation, and lipid optimization—in mitigating CRC development. Integrative prevention strategies combining lifestyle interventions with pharmacologic approaches, such as metformin or statins, may offer additional benefit.

In summary, targeting modifiable lifestyle and metabolic factors provides a sustainable, population-wide approach to primary CRC prevention, complementing current screening programs and contributing to long-term reduction in global CRC burden.

◆ 年輕大腸癌：台灣迫切的危機

近年來，年輕族群發生大腸癌的比例在台灣呈現明顯上升趨勢，已成為不容忽視的公共衛生議題。相較於傳統以高齡為主的大腸癌風險族群，年輕型大腸癌常具有診斷延遲、腫瘤生物學行為較具侵略性，以及家族史與遺傳因素相關性較高等特徵。

本演講將透過台灣流行病學資料 (年齡－世代－時期) 分析，說明上升趨勢，並討論年輕型大腸癌上升的可能原因，包括生活型態改變、肥胖、代謝異常與遺傳易感性。並進一步探討現行篩檢政策的侷限與調整方向，以及內科醫師在早期辨識、風險評估與轉介的關鍵角色。期望藉由臨床與跨專業合作，強化年輕族群大腸癌的早期偵測與預防。

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酒精相關肝病與代謝合併酒精相關肝病的新進展
New frontiers in alcohol-related liver disease (ALD) and metabolic dysfunction and alcohol-related steatotic liver disease (MetALD)

主持人：高嘉宏 蘇東弘

1520	引言 Opening remarks	高嘉宏(台大醫院胃腸肝膽科)
1525	定義、診斷與台灣現況 From alcohol-associated liver disease to metabolic and alcohol-associated liver disease: definition, diagnosis, and current status in Taiwan	洪俊銘(台大醫院胃腸肝膽科)
1545	風險分層、臨床預後及代謝功能異常的處理 Risk stratification, clinical outcome and management of metabolic dysfunction	王嘉齊(台北慈濟醫院胃腸肝膽科)
1605	戒酒的處理：醫療、心理、遠距醫療及人工智慧輔助方式 Management of alcohol abstinence: medical, psychological, telemedicine and artificial intelligence	林志文(義大醫院胃腸肝膽科)
1625	台灣面臨的挑戰與未來展望：教育、公共衛生與政策制定 The challenges and future perspectives in Taiwan: education, public health and policy making	陳亮妤(衛生福利部中央健康保險署)
1645	綜合討論 Panel Discussion	主持人及全體講師
1655	結語 Closing remarks	蘇東弘(台大醫院胃腸肝膽科)

◆ 定義、診斷與台灣現況

Alcohol-associated liver disease (ALD) is one of the leading causes of liver diseases globally. ALD encompasses asymptomatic steatosis, alcohol-associated hepatitis (AH), fibrosis, and liver cirrhosis. The actual prevalence of ALD is hard to determine especially when asymptomatic. In Taiwan, increase of young women's alcohol intake was noted recently. ALD is usually associated alcohol use disorder (AUD). However, little treatment options are currently available for ALD.

In 2023, the American Association for the Study of Liver Diseases (AASLD) introduced a new nomenclature system in which steatotic liver disease (SLD) replace fatty liver disease and nonalcoholic fatty liver disease (NAFLD) was substituted by metabolic dysfunction-associated steatotic liver disease (MASLD). Moreover, a new term, metabolic and alcohol related/associated liver disease (MetALD), was developed referring to patients with metabolic dysfunction with alcohol consumption between 140 and 350 g per week in women and 210–420 g per week in men. The difference between

MetALD and ALD rely on the amount of alcohol intake. The new nomenclature recognizes both metabolic dysfunction and alcohol disease drivers, which imply that the management of MetALD necessitates a comprehensive approach for both metabolic dysfunction and alcohol.
In summary, the clinical significance of the new nomenclature about the differentiation of MetALD and ALD has been unclear and more studies are needed.

◆ 風險分層、臨床預後及代謝功能異常的處理

The global burden of steatotic liver disease is rapidly evolving with the emergence of metabolic and alcohol-associated liver disease (MetALD), which reflects the coexistence of metabolic dysfunction and moderate alcohol consumption. This dual-hit phenotype significantly worsens the clinical trajectory, accelerating progression to fibrosis, cirrhosis, and hepatocellular carcinoma (HCC).
Accurate risk stratification of MetALD and alcohol-associated liver disease (ALD) is essential to guide prognosis and therapeutic decisions. Key tools include the FIB-4 index and transient elastography for fibrosis staging, while serum biomarkers such as GGT and the AST/ALT ratio (>2) aid in distinguishing alcohol-related injury. The coexistence of obesity, type 2 diabetes, and metabolic syndrome independently amplifies liver-related mortality. Clinical outcome is notably poor in MetALD patients with persistent alcohol intake and advanced fibrosis, especially among older adults and women. Longitudinal data also reveal a supra-additive effect of metabolic and alcohol-related factors on cardiovascular disease and cancer-related mortality.
Management of metabolic dysfunction in MetALD or metabolic dysfunction-associated steatotic liver disease (MASLD) extends beyond liver-specific interventions. Lifestyle modification—targeting weight loss, glycemic control, and lipid regulation—is foundational. Pharmacological agents such as GLP-1 receptor agonists, pioglitazone, and statins show promise in mitigating liver disease progression and improving cardiometabolic outcomes. Importantly, alcohol abstinence should be prioritized as it synergistically reduces the burden of both hepatic and extrahepatic complications. Early identification of high-risk individuals through non-invasive stratification tools and integrated management of metabolic dysfunction is essential to improve survival in MetALD. Further research is needed to develop tailored treatment algorithms for this growing population.

◆ 台灣面臨的挑戰與未來展望：教育、公共衛生與政策制定

世界衛生組織指出，酒精使用為全球公共衛生挑戰之一，酒精相關肝病常合併代謝、心血管與心理健康問題，形成多重疾病負擔。酒精使用與超過 200 種疾病與健康問題密切相關，包括肝病、心血管疾病、各類癌症及憂鬱與焦慮等精神疾患。2019 年全球約 4.4%癌症確診病例與超過 40 萬例癌症死亡可歸因於酒精攝取。
另根據國際癌症研究機構統計資料，酒精導致的癌症中有 13.9%由適量飲酒（即每天飲量小於 20 公克酒精）引起。台灣雖非高酒精消耗國，但高風險飲酒與社交飲酒模式，已使酒精性肝病與代謝共病逐年上升，威脅醫療體系永續與國家生產力。
健保署秉持總統府「健康台灣」政策，推動全人全程健康照護，已建置 B、C 肝篩檢與治療、代謝症候群防治、癌症藥品給付改革，並導入以價值為導向之支付制度，加強高風險族群追蹤

管理。未來將持續結合醫療、公共衛生與教育，並與 WHO 建議接軌，建立酒精防治網絡，落實「預防勝於治療、健康即是國力」，以打造更健康永續的台灣。

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代謝失調相關脂肪性肝病與糖尿病
Metabolic Dysfunction-Associated Steatotic Liver Disease and Diabetes

主持人：張恬君 陳榮福

0830	引言 Opening remarks	張恬君(台大醫院代謝內分泌科)
0835	MASLD 與糖尿病的雙向關聯 The Bidirectional Link Between MASLD and Diabetes	黃上秦(台大醫院北護分院肝膽腸胃科)
0900	代謝功能障礙相關脂肪性肝病（MASLD）的最新聯合指引 A New Joint Guideline for Metabolic Dysfunction-associated Steatotic Liver Diseases (MASLD)	范綱志(新竹台大分院代謝內分泌科)
0925	MASLD 合併糖尿病治療新進展：從生活型態介入到藥物治療 Therapeutic Advances in Managing MASLD with Diabetes: From Lifestyle to Pharmacotherapy	蔡明劼(陳顯明診所)
0950	綜合討論及結語 Panel discussion & Closing remarks	陳榮福(高雄長庚醫院新陳代謝科)

◆ MASLD 與糖尿病的雙向關聯

Metabolic dysfunction-associated steatotic liver disease (MASLD, also known as NAFLD or MAFLD) has a close, bidirectional relationship with diabetes mellitus (DM). The two conditions frequently coexist and share key pathophysiological mechanisms such as insulin resistance and chronic inflammation. Epidemiological studies indicate that more than half of patients with type 2 DM have coexisting MASLD, and conversely, MASLD significantly increases the risk of developing type 2 DM in the future. When present together, MASLD and DM tend to exacerbate each other's severity, leading to a higher likelihood of adverse outcomes like liver fibrosis/cirrhosis and cardiovascular complications. Accordingly, it is recommended in clinical practice to screen for fatty liver disease in patients with DM and to monitor glycemic/metabolic abnormalities in patients with MASLD. In recent years, multiple international guidelines and consensus statements have underscored the importance of this bidirectional link and advocate for collaborative management by endocrinologists and hepatologists. This talk will present the bidirectional pathophysiological mechanisms linking MASLD and DM, review relevant epidemiological and clinical evidence, discuss strategies for risk assessment and diagnosis, and summarize the latest clinical guidelines and consensus recommendations, highlighting the crucial role of endocrinologists and hepatologists in the multidisciplinary care.

◆ 代謝功能障礙相關脂肪性肝病（MASLD）的最新聯合指引

代謝功能障礙相關脂肪性肝病（MASLD），前稱非酒精性脂肪性肝病（NAFLD），是指肝臟脂

肪沉積發生在無有害酒精攝入的情況下發生，且病患存在一項或多項心血管代謝危險因子。MASLD 涵蓋了一系列病理狀況，包括脂肪肝、代謝功能障礙相關脂肪性肝炎（MASH，之前稱 NASH）、纖維化、肝硬化以及相關的肝細胞癌（HCC）。

國際及台灣本土最新指引，對 MASLD 的定義、預防、篩檢、診斷和治療進行了更新。該指引強調，針對具有心血管代謝危險因子、異常肝功能和/或影像學顯示脂肪肝特徵的患者，特別是存在 2 型糖尿病（T2D）或肥胖的患者，應採用非侵入性方式進行 MASLD 篩檢。建議採用逐步篩檢方法，首先使用血液檢測（如 FIB-4），然後結合影像學技術進一步確認纖維化程度。在 MASLD 的治療方面，建議生活方式的改變，包括減重、飲食調整、運動，以及戒酒。此外，針對存在合併症的患者，需進行最佳的全方位管理，使用適當的胰島素增敏藥物（如 *semaglutide*、*tirzepatide*）以治療 T2D 或肥胖。對於適應症合適且經過核准的患者，特別是非肝硬化 MASH 伴顯著肝纖維化（＞2 期）的患者，可考慮使用 *resmetirom* 進行治療。

這些指引提供了 MASLD 相關併發症的早期篩檢、風險分級和治療，並為全球醫療專業人員和政策制定者提供了相關實證。

◆ MASLD 合併糖尿病治療新進展：從生活型態介入到藥物治療

代謝功能障礙相關脂肪性肝病（MASLD）與第二型糖尿病、肥胖等共病緊密相關，易進展至代謝功能障礙相關脂肪性肝炎（MASH）與肝纖維化，增加肝癌與死亡風險。治療應以生活型態為基礎：建立熱量赤字，減重≥5%可改善肝內脂肪，減重≥7–10%則可促使 MASH 消退與纖維化改善。建議採地中海型飲食、限制游離糖與飽和脂肪攝取，並每週進行至少 150 分鐘以上之中等強度身體活動。藥物治療方面，GLP-1 受體促效劑（如 *semaglutide*）可同時改善血糖、體重與肝脂；THR-β 受體促效劑 *resmetirom* 則具組織學改善證據。對重度肥胖者，可評估代謝/減重手術或內視鏡減重治療。保健補充品則缺乏一致實證。總結而言，MASLD 合併糖尿病的管理應以生活型態介入為核心，搭配藥物與手術/內視鏡之整合策略，照護肝臟與代謝健康。

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糖尿病藥物總覽
Review of Antidiabetic Medications

主持人：楊偉勛 黃建寧

1020	引言 Opening remarks	楊偉勛(台大醫院內科部代謝內分泌科)
1025	現有糖尿病藥物全面更新：從 Metformin 到新興藥物 Comprehensive Update on Current Antidiabetic Medications: From Metformin to New Classes	呂介華(三軍總醫院新陳代謝科)
1055	超越血糖控制的代謝效益：現代糖尿病藥物對心臟、腎臟與體重的影響 Metabolic Benefits Beyond Glycemic Control: Heart, Kidney, and Weight Effects of Modern Diabetes Therapies	廖國盟(台北市立聯合醫院忠孝院區)
1125	未來趨勢：糖尿病治療的新興療法 Future Directions: Emerging Therapies in Diabetes Treatment	杜思德(彰化基督教醫院新陳代謝科)
1155	結語 Closing remarks	黃建寧(中山醫學大學附設醫院)

◆ 現有糖尿病藥物全面更新：從 Metformin 到新興藥物

2025 ADA 指引強調糖尿病治療的「個體化與以心腎保護為核心」原則。治療起始以生活型態介入與 Metformin 為基礎，但若患者合併 動脈粥樣硬化性心血管疾病 (ASCVD)、心衰竭 (HF) 或慢性腎病 (CKD)，應優先使用具預後改善證據之藥物。 對 ASCVD 風險者，推薦 GLP-1 受體促效劑（如 semaglutide、tirzepatide）；若以心衰或腎病為主，則建議 SGLT2 抑制劑（empagliflozin、dapagliflozin）。雙重 GIP/GLP-1 受體促效劑在體重控制與血糖改善上具優勢，已被列為具「超越降糖」效果的新選擇。 第二線與第三線藥物選擇應依 低血糖風險、體重變化、成本與病人偏好調整。胰島素仍適用於 HbA1c >10% 或有明顯症狀者，但應注意低血糖風險與體重增加。 整體趨勢為：「血糖控制 + 心腎保護 + 體重管理」三位一體策略。ADA 同時強調持續血糖監測（CGM）與多學科照護的重要性，期能達到個體化、長期安全且具成本效益的糖尿病管理。

◆ 超越血糖控制的代謝效益：現代糖尿病藥物對心臟、腎臟與體重的影響

Modern diabetes therapies have evolved far beyond glycemic control, offering substantial benefits to cardiovascular, renal, and metabolic health. Among these, glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and sodium–glucose cotransporter-2 inhibitors (SGLT2is) represent major therapeutic advances. GLP-1 RAs improve glycemic control through glucose-dependent insulin secretion and delayed gastric emptying, while also reducing body weight and exerting anti-atherosclerotic and anti-inflammatory effects that translate into significant reductions in major adverse cardiovascular events. SGLT2 inhibitors, through renal glucose excretion, provide durable glycemic control, promote modest weight loss, and lower blood pressure. More

importantly, they have demonstrated remarkable protection against heart failure and progression of chronic kidney disease, independent of glycemic effects. Together, these agents redefine diabetes management by addressing the multisystem complications of type 2 diabetes. Their complementary mechanisms of action and overlapping cardiorenal benefits support their use as foundational therapies in individuals with high cardiovascular or renal risk. Future research continues to explore optimal combination strategies and long-term outcomes.

◆ 未來趨勢：糖尿病治療的新興療法

近年糖尿病治療觀念已從單純的血糖控制，轉向「全方位代謝風險管理」。隨著 GLP-1 受體促效劑、SGLT2 抑制劑以及雙重腸泌素藥物（如 tirzepatide）的臨床證據累積，糖尿病治療進入兼顧心腎保護與體重管理的新時代。未來趨勢將聚焦於以病人為中心的「精準糖尿病醫療」，透過 AI 決策支持、CGM 資料整合、以及結合心腎代謝多重風險的臨床指標，實現個別化治療策略。本演講將從最新臨床試驗、國際指引與台灣實務經驗出發，探討糖尿病治療藥物的演進脈絡與未來發展方向，協助臨床醫師掌握治療新趨勢。

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Empower with Empagliflozin: Unlocking the Superpower in CRM Management

台灣百靈佳殷格翰股份有限公司贊助

主持人：李弘元(臺大醫院)

1215 Empower with Empagliflozin: Unlocking the Superpower in CRM Management 范綱志(新竹台大分院代謝內分泌科)

◆ Empower with Empagliflozin: Unlocking the Superpower in CRM Management

Empagliflozin 於心腎代謝（Cardio-Renal-Metabolic, CRM）整合照護中的臨床價值與治療策略意涵。隨著糖尿病患者的臨床樣貌日益複雜，心血管疾病、腎臟功能下降與代謝異常常同時並存，傳統以單一器官為導向的治療策略已無法滿足整體照護需求。近年研究顯示，empagliflozin 能透過促進葡萄糖與鈉的排泄，改善血糖控制的同時，降低腎小管壓力與負擔，達到心臟、腎臟與代謝三重保護的臨床效果。

多項關鍵臨床試驗如 EMPA-REG OUTCOME、EMPA-KIDNEY 與 EMPEROR 系列均證實 empagliflozin 可顯著降低心衰住院與心血管死亡風險，延緩腎功能惡化，並於不同基礎疾病族群（包括非糖尿病與老年病患）中皆展現一致效益。這些實證不僅改變了治療指引，也促使臨床思維從「血糖導向」轉向「器官保護導向」。

在臨床應用層面，empagliflozin 成為串聯心臟科、腎臟科與新陳代謝科的重要橋樑。透過 CRM 整合管理，醫師可更早辨識高風險患者、及時啟動保護性治療，實現跨專科協作與照護。此外，真實世界研究（RWE）進一步驗證 empagliflozin 在臨床實務中的一致效益，強化其在心腎代謝照護策略中的核心地位。

總結 empagliflozin 不僅是一種降糖藥物，更是啟動心腎代謝整合照護新時代的關鍵推手。它以科學實證為基礎，展現橫跨三大系統的臨床「超能力」，讓醫療團隊得以實現從疾病控制走向全人健康的轉變，真正釋放 CRM 管理的潛在力量。

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免疫治療相關不良事件之最新免疫機制與治療策略
Updated immunopathogenesis and management strategy of immunotherapy-related adverse events

主持人：賴振宏 謝松洲

1330	簡介 Introduction	賴振宏(台北長庚醫院)
1335	免疫治療相關不良事件之案例分享與現實世界證據 IRAEs: case sharing and real-world evidence	黃建中(中國醫大附醫)
1355	免疫治療相關不良事件之最新免疫機制與臨床表觀 Updated immunopathogenesis and clinical phenotypes of IRAEs	方耀凡(林口長庚醫院)
1425	免疫治療相關不良事件之最新治療策略 Updated management strategy of IRAEs	謝祖怡(台中榮總)
1455	結論與結語 Closing remarks	謝松洲(台大醫院)

◆ 免疫治療相關不良事件之案例分享與現實世界證據

Immune checkpoint inhibitors (ICIs) have revolutionized the management of advanced malignancies, yet their use is frequently complicated by immune-related adverse events (irAEs), which may mimic or unmask underlying autoimmune diseases. We report a 59-year-old male with stage IIIA EGFR wild-type lung adenocarcinoma of the right upper lobe, initially treated with neoadjuvant immunochemotherapy consisting of nivolumab, pemetrexed, and cisplatin. The patient achieved significant tumor regression; however, his clinical course was complicated by immune-related pneumonitis followed by progressive respiratory decline. Further evaluation disclosed proximal muscle weakness, interstitial lung disease with fibrotic NSIP pattern, and positivity for anti-PL-7 antibodies, consistent with anti-synthetase syndrome (ASS). Initial corticosteroid and immunosuppressant therapy led to partial improvement of myositis, but subsequent hospitalization was marked by acute hypoxemic respiratory failure, cytomegalovirus pneumonitis, and thrombotic microangiopathy requiring intensive interventions, including mechanical ventilation, plasma exchange, and hemodialysis. This complex case underscores the diagnostic challenge of differentiating ICI-related toxicities from newly revealed autoimmune syndromes, as overlapping clinical features may confound timely decision-making. Importantly, the recognition and application of myositis-specific autoantibodies were instrumental in establishing the diagnosis. Our experience highlights the necessity of multidisciplinary collaboration across oncology, pulmonology, rheumatology, and critical care teams to optimize both diagnostic accuracy and therapeutic outcomes. Furthermore, it emphasizes the importance of real-world evidence and case-based learning in advancing our understanding of irAEs. Continued vigilance and early recognition are vital for balancing the efficacy of immunotherapy with the risks of severe immune-mediated complications.

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◆ 免疫治療相關不良事件之最新免疫機制與臨床表觀

免疫檢查點抑制劑（ICIs）與細胞治療（如 CAR-T）應用於腫瘤與自體免疫疾病，但同時帶來免疫治療相關不良事件（immune-related adverse events, irAEs）。目前研究顯示，這些不良反應並非單一機轉免疫活化所致，而涉及多面相免疫失衡：包括 T 細胞過度活化、B 細胞引發自體抗體生成、以及細胞激素過度分泌；臨床表現更是多樣化，涵蓋皮膚、骨關節、內分泌、肝臟、心血管及神經系統；而近年特別被注意到的是心肌炎、神經炎與免疫疾病。精準診斷需結合血清生物標誌物和影像。治療策略已從傳統類固醇轉向階段性免疫調控（如 IL-6R inhibitor、JAK inhibitor）及病患個體化管理；未來研究將聚焦免疫耐受恢復機制、預測模型及早期預防治療，以期在維持疾病控制與減少 irAEs 間取得平衡。

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免疫相關發炎疾病之標靶藥物引發免疫缺乏與感染之治療策略
Management strategy for targeted therapeutics-induced immunodeficiency and infection in immune-mediated inflammatory diseases

主持人：陳得源 陳相成

1520	簡介 Introduction	陳得源(中國醫大附醫)
1525	標靶藥物引發免疫缺乏之案例分享與現實世界證據 Targeted therapeutics-induced immunodeficiency: case sharing and real-world evidence	張詩欣(中國醫大附醫)
1555	JAK 抑制藥物引發帶狀皰疹之防治策略 Preventive strategy for JAK inhibitors-induced herpes zoster	藍鼎淵(台大新竹分院)
1625	免疫抑制劑引發免疫缺乏與感染之診療策略 Diagnostic and treatment strategy for immunosuppressive agents-induced immunodeficiency and infection	曹彥博(台北榮總)
1655	結論與結語 Closing remarks	陳相成(三軍總醫院)

◆ 標靶藥物引發免疫缺乏之案例分享與現實世界證據

Biologic agents are widely used in rheumatic diseases and have significantly improved disease control and survival. However, secondary immunodeficiency has emerged as an important clinical challenge. We present a case of profound and persistent hypogammaglobulinemia following long-term rituximab therapy, complicated by recurrent infections after COVID-19, and complement this with real-world data from a tertiary medical center.

A 64-year-old woman with seropositive rheumatoid arthritis received rituximab for seven years and discontinued therapy in 2019 after achieving sustained remission. Despite cessation, she developed marked hypogammaglobulinemia following COVID-19 infection in 2022, subsequently experiencing recurrent bacterial pneumonia, Pneumocystis jirovecii infection, sepsis, and post-infectious inflammatory lung disease. Evaluation excluded hematologic malignancy, thymoma, HIV, and protein-losing conditions. Because of persistently low IgG and repeated infections, regular intravenous immunoglobulin (IVIG) replacement was initiated. Over the following months, she demonstrated substantial recovery: respiratory symptoms improved, post-infectious ILD gradually resolved, oxygen therapy was withdrawn, and functional capacity normalized.

To contextualize the case, we examined real-world data from our center, summarizing the frequency of hypogammaglobulinemia, serious infections, and the need for IVIG among patients treated with rituximab and other biologic DMARDs. Preliminary results indicate that a subset—particularly those exposed to prolonged B-cell depletion—develop sustained humoral immune impairment, sometimes persisting long after drug

discontinuation and triggered by viral infections such as COVID-19.
This case highlights the need for proactive immunoglobulin monitoring, vigilant infection surveillance, and timely IVIG use in patients receiving targeted immunotherapies.

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藥荒時代的生存之道：打造穩定供應新藍圖

衛生福利部食品藥物管理署

1130 藥荒時代的生存之道：打造穩定供應新藍圖 姜至剛(衛生福利部食品藥物管理署)

12/6(六) 202 演講廳

Sustained Low LDL-C for Protection: Live a Longer Lipid Management on Primary Prevention

台田藥品股份有限公司贊助

主持人：吳懿哲(馬偕醫院心臟血管內科)

1215 Sustained Low LDL-C for Protection: Live a Longer Lipid Management on Primary Prevention 張俊欽(臺北榮民總醫院心臟內科)

◆ Sustained Low LDL-C for Protection: Live a Longer Lipid Management on Primary Prevention

台灣 2025 年發布了「台灣血脂管理臨床路徑共識」，針對病患的風險分為「極高、非常高、高、中、低」五的類別，依據不同病患的風險分級也個別化設定 LDL-C 的治療目標，高血脂的治療除了 LDL-C 外，HDL-C 及 TG，也是治療上需要留意的指標，因此在 Statin 的治療上全面的血脂控制會對於病患未來的心血管風險有更好的加乘作用。Statin 治療上較為人擔心的是新生糖尿病(NODM)的風險，在需要長期控制的高血脂治療上，用藥的安全性也需要特別留意，不同的 Statin 目前在 NODM 上的證據看起來也有些許的差異性，其中 Pitavastatin 證實並未有明確造成糖尿病之徵兆，在臨床上確實是一個理想的選擇。

12/6(六) 202 演講廳

肥胖新視界：從疾病認知到腸泌素的臨床實證

台灣禮來股份有限公司贊助

主持人：楊偉勛 杜思德

1330	Opening	楊偉勛(臺大醫院內分泌新陳代謝科)	
1340	揭開肥胖的真相：慢性健康問題的新視角 Rethinking Obesity: Is It a Chronic Health Condition?	林姝含(新光醫院)	楊偉勛(臺大醫院內分泌新陳代謝科)
1425	健康從早開始: 體重管理與體態優化新策略 Shaping Health Early: Strategies for Weight Loss and Body Composition Optimization	蔡明劼(陳顯明診所)	楊偉勛(臺大醫院內分泌新陳代謝科)
1510	Healthy break		
1520	肥胖治療新視野: 腸促素的角色 From Science to Strategy: Decoding Incretin's Role in Obesity	嚴愛文(臺大醫院代謝內分泌科)	杜思德(彰化基督教醫院內分泌新陳代謝科)
1605	從科學證據看 Incretin 的臨床潛力 From Evidence to Impact: Exploring the Clinical Potential of Incretin	范綱志(新竹台大分院代謝內分泌科)	杜思德(彰化基督教醫院內分泌新陳代謝科)
1650	Closing	杜思德(彰化基督教醫院內分泌新陳代謝科)	

◆ 揭開肥胖的真相：慢性健康問題的新視角

肥胖不僅是外觀問題，更是一種複雜的慢性健康狀況。此演講將探討肥胖的病理生理機制，特別是內臟脂肪與異位脂肪在疾病進程中的角色，並深入分析肥胖相關併發症如心血管疾病與代謝異常。透過重新理解肥胖的本質，能更有效地制定預防與治療策略，提升臨床照護品質與個案的健康成果。

◆ 健康從早開始: 體重管理與體態優化新策略

健康管理應從早期開始，尤其在肥胖與代謝疾病日益普遍的背景下更顯重要。本演講將探討早期介入在體重管理中的關鍵角色，並分析減重過程中體態組成的變化，特別是脂肪與肌肉的平衡。強調健康減重不僅是減少體重，更要維持肌力與代謝功能，以達成長期穩定的健康成果。

◆ 肥胖治療新視野: 腸促素的角色

腸泌素（Incretin）在肥胖治療中扮演日益重要的角色，尤其在亞洲族群中更具臨床意義。本演講將解析 Incretin (GIP 與 GLP-1) 的科學基礎，並探討亞洲族群在第二型糖尿病或肥胖表型的特徵。透過深入了解 Incretin 在脂肪分布與代謝調控上的作用，我們將重新思考其在治療策略中的定位，並探索其作為疾病療法的潛力。

◆ 從科學證據看 Incretin 的臨床潛力

本演講將深入探討腸泌素（Incretin）在第二型糖尿病（T2D）與慢性體重管理（CWM）中的臨床潛力。透過一系列 Incretin 的臨床試驗結果、事後分析及相關研究，我們將呈現其在疾

病控制、代謝改善及長期健康管理上的實證基礎。此內容將協助臨床醫師重新定位 Incretin 在治療策略中的角色，並思考其未來應用的可能性。

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888 Program: Tackling the 'three highs'

台灣第一三共股份有限公司贊助

主持人：黃群耀(北醫附醫) 蘇竣弘(中山附醫)

0830	ACL inhibitor - New Mechanism, New mention in guidelines, New Option in Lipid Management	廖國盟(市忠孝醫院)
0930	Stroke Prevention in Atrial Fibrillation- From Diagnosis to Treatment	林柏霖(新竹馬偕)
1020	Hypertension Management from Global to Local: Guidelines Updates and Clinical Practice in Taiwan	李俊偉(馬偕醫院)
1110	Unmet Needs in Lipid-Lowering Therapy: From LDL-C reduction to Cardiovascular protection	林姝含(新光醫院)

- ACL inhibitor - New Mechanism, New mention in guidelines, New Option in Lipid Management

  本場演講將介紹 Bempedoic acid（Nilemdo） 作為首個口服 ATP-citrate lyase (ACL) 抑制劑，在臨床治療中的新機轉與最新定位。

  Bempedoic acid 透過抑制肝臟膽固醇合成，具專一性且不作用於肌肉，展現良好安全性。並更新最新的血脂異常治療指引： ESC 2024 指引 ，其中將 ACL 抑制劑納入治療建議，Bempedoic acid 為 statin 不耐受或控制不足患者提供全新治療選項。

- Stroke Prevention in Atrial Fibrillation- From Diagnosis to Treatment

  心房顫動為造成缺血性中風的重要原因之一，早期診斷與適當抗凝治療是預防中風的關鍵。講者將從臨床實務出發，探討心房顫動的偵測、風險評估及個別化治療策略，並分享最新指引與實證研究，協助神經內科醫師在中風預防中達到更佳的安全與療效平衡。

- Hypertension Management from Global to Local: Guidelines Updates and Clinical Practice in Taiwan

  高血壓是全球心血管疾病的主要危險因子之一，嚴格而安全的血壓控制對於降低中風、心肌梗塞及腎臟病變風險至關重要。根據最新 ESC/ESH 2024 及 AHA/ACC 2025 血壓治療指引中，一般成人患者的血壓治療目標為 <130/80 mmHg；而對於特殊共病的患者族群，則應依個人耐受度調整治療目標。本場次將由專家解析最新治療建議，說明不同族群的治療策略、合併共病的管理方式，以及如何在臨床實務中達成「個人化且安全」的降壓目標。

- Unmet Needs in Lipid-Lowering Therapy: From LDL-C reduction to Cardiovascular protection

  儘管 statin 為降脂治療基石，仍有部分患者因不耐受或療效不足而未達標。此講題將介紹 Bempedoic acid（Nilemdo） 以新機轉的口服 ACL 抑制劑展現顯著且持續 LDL-C 降幅的臨床證據，並於 CLEAR Outcomes 研究 中證實可降低 MACE 風險。其良好的安全性與可併用特性，使其成為臨床上滿足未被滿足降脂需求、兼顧心血管保護的新選擇。

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內科醫學會里程碑計劃推行經驗及未來展望【健康台灣深耕計畫論壇】

主持人：張上淳

1215 內科醫學會里程碑計劃推行經驗及未來展望 盛望徽(臺大醫院新竹分院)

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全人照護的慢性病共病管理 Part 1

台灣百靈佳殷格翰股份有限公司贊助

主持人：杜思德

1330	Opening remarks	杜思德(彰基)	
1335	Moving Beyond Glucose to Organ Protection	黃金洲(台北榮總)	杜思德(彰基)
1415	T2D Forward: E.A.S.E. in Patients Newly Treated for Type 2 Diabetes	王威傑(中山附醫)	黃建寧(中山附醫)
1455	From STEP to BPROAD, What Do We Know: Integrated Concept of BP Control in Asian and Clinical Practice Guidelines	蘇峻弘(中山附醫)	翁國昌(中山附醫)
1530	Break		

◆ Moving Beyond Glucose to Organ Protection

近年來糖尿病治療的觀念已從單純「降血糖」轉向「整體器官保護」。隨著 SGLT2 抑制劑（如 Empagliflozin）及 GLP-1 受體促效劑等新世代藥物的出現，臨床重點不再只在於達到 HbA1c 目標，而是如何同時預防及延緩糖尿病相關器官併發症的進展，包括心血管、腎臟等系統性損害。

SGLT2 抑制劑透過促進腎小管葡萄糖排泄，除了降低血糖外，亦可減少腎小球高壓、降低蛋白尿、延緩 eGFR 下降；在大型臨床試驗如 EMPA-REG OUTCOME、EMPA-KIDNEY 及 EMPEROR 系列中，均證實其對心臟衰竭與慢性腎臟病患者具有顯著的風險降低效果。

「Beyond glucose」的理念反映糖尿病不僅是一種代謝疾病，更是全身性小血管與大血管疾病的驅動者。臨床策略正朝向「cardio-renal-metabolic（CRM）」整合管理，強調早期辨識高風險族群（如已有微量蛋白尿或左心室肥厚者）、跨專科合作（內分泌科、心臟科、腎臟科）、以及個體化治療方案的制定。

未來治療目標不僅是達標 HbA1c，而是預防心衰、減緩腎功能惡化與提升整體生存品質。醫師需以「器官保護」為核心思維，從疾病早期即導入具實證效益的藥物，並透過持續的臨床監測與教育，實現從「控糖」到「護器官」的轉變，最終達成糖尿病的全程照護。

◆ T2D Forward:E.A.S.E. in Patients Newly Treated for Type 2 Diabetes

對於新診斷的第二型糖尿病(T2D)患者，及早介入治療至關重要。根據美國糖尿病協會(ADA)與歐洲糖尿病研究協會（EASD）的建議，早期控制血糖可顯著降低併發症風險並延長壽命。初期治療階段，患者通常更有動力進行生活型態改變，包括飲食與運動，並能更清楚地觀察血糖與行為之間的關聯。糖尿病的長期管理應以病人為中心，強調早期介入與個人化治療策略。台灣有超過五成 T2D 患者血糖控制未達標，常因治療惰性與血糖波動影響療效。除了 HbA1c，血糖穩定度與波動性也是關鍵指標。王醫師建議，臨床處方應考量病人生活型態與共病症，選擇具穩定控糖效果且副作用低的藥物，如 DPP4 抑制劑。個人化治療能提升病人依從性與生活品質，並有效延緩併發症進展。透過個案分析，他強調醫師應結合臨床經驗與指引，提供病人最適合的治療方案，達到長期穩定控糖與器官保護的目標。

◆ From STEP to BPROAD, What Do We Know: Integrated Concept of BP Control in Asian and Clinical Practice Guidelines

根據統計，臺灣高血壓盛行率超過 25%，在 65 歲以上老年族群的盛行率更是居高不下。換句話說，在臺灣的 18 歲以上成年人，每 4 人就有 1 人罹患高血壓，銀髮族更是有半數都罹患高

血壓。

近年新診斷的高血壓病患更出現年輕化趨勢，與高鹽、高糖、高油脂的飲食習慣、壓力大的生活型態有關，與糖尿病、慢性腎臟病等慢性病一同威脅國人的健康。

2022 年中華民國心臟學會發布了新的高血壓治療指引，隨後於 2024 年歐洲心臟學會也發表了新的高血壓指引，兩大指引皆針對病患的心血管疾病風險管控、血壓控制與血壓測量的方式等，提出新的建議與治療目標，同時近年來還有其他文獻更新，提出亞洲高風險族群血壓控制的策略。

本次課程將討論高血壓治療指引的變化，並提出針對亞洲人、現代高血壓治療的建議與用藥考量。

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全人照護的慢性病共病管理 Part 2

台灣百靈佳殷格翰股份有限公司贊助

主持人：彭忠衍 王俊傑

1540	Opening remarks	彭忠衍(國軍花蓮胸腔內科)	
1620	Beyond the Lungs： Cardiovascular Comorbidities in COPD and Their Impact on Outcomes	陳美音(部立桃園胸腔內科)	彭忠衍(國軍花蓮胸腔內科)
1545	Live Longer, Live Better: Stroke Prevention & Comorbidities Managements in Atrial Fibrillation	沃宏達(長庚醫院心臟內科)	王俊傑(長庚醫院心臟內科)
1655	Closing remarks	王俊傑(長庚醫院心臟內科)	

◆ Live Longer, Live Better:Stroke Prevention & Comorbidities Managements in Atrial Fibrillation

超高齡社會來臨，心房顫動的患者與日俱增，有更多患者暴露在腦中風的危險中。而高血壓、糖尿病、冠狀動脈疾病等的三高共病，是增加腦中風發生率的危險因子。

臨床上這群病患的特徵各異、需要更多共病共照的關注。

本次課程將結合國際治療指引、臨床案例與實務討論等，介紹整合性治療方針與藥物選擇，包括抗凝血策略、心律控制與三高共病治療等，在共病背景下的個別化調整重點。透過案例解析與真實世界數據，協助醫療專業人員提升臨床決策能力，並強化藥物治療推廣的核心訊息，目標在多病共存的挑戰中，改善患者全人照護與長期預後。

◆ Beyond the Lungs： Cardiovascular Comorbidities in COPD and Their Impact on Outcomes

慢性阻塞性肺病 (COPD) 不僅是呼吸道疾病，其對全身性的影響日益受到重視。COPD 是全球與台灣的主要死因之一 ，因此，治療目標不僅限於緩解症狀、改善運動耐受力，更著重於降低風險，如預防惡化和減少死亡率 。COPD 惡化常由呼吸道感染、吸菸和環境因素等誘發，表現為呼吸困難、咳嗽和痰液增加。

COPD 患者的預後與心血管共病症息息相關 。全身性發炎和氧化壓力是 COPD 與心血管疾病的共同致病機轉 。COPD 會增加心臟衰竭、缺血性心臟病和心律不整等風險 。因此，臨床上建議在急性惡化時，應常規監測心血管標記物 。COPD 的長期管理必須納入心血管共病症的全面評估，並根據患者的風險和共病症狀態來選擇最佳的吸入性藥物策略。

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感染與呼吸道疾病新篇章：診療與防治的未來藍圖

荷商葛蘭素史克藥廠股份有限公司台灣分公司贊助

主持人：蔡鎮良 王建淳 謝松洲

1330	引言 Opening Remarks	蔡鎮良(三軍總醫院胸腔內科)	
1335	從指南到實踐：氣喘與慢性阻塞性肺病治療策略的演進 From Guidelines to Practice: Evolving Treatment Strategies for Asthma and COPD	吳俊漢(三軍總醫院胸腔內科)	蔡鎮良(三軍總醫院胸腔內科)
1435	「病毒測不到= 傳不出去」: 愛滋病毒預防與治療趨勢 HIV & U=U Unveiled: Optimizing Prevention and Treatment Strategies	黃士澤(國立陽明交通大學附設醫院感染科)	王建淳(臺北市立聯合醫院昆明防治中心)
1535	中場休息 Break		
1555	解密嗜酸性球：EGPA 與 HES 治療的革新之路 Eosinophils Uncovered: Redefining Care in EGPA and HES	謝祖怡(臺中榮民總醫院過敏免疫風濕科)	謝松洲(台大醫院過敏免疫風濕科)
1655	結語 Closing Remarks	謝松洲(台大醫院過敏免疫風濕科)	

- From Guidelines to Practice: Evolving Treatment Strategies for Asthma and COPD
  氣喘以及 COPD 使用吸入劑作為治療的骨幹已經行之有年，但隨著新成分藥物的出現以及不同類型藥物的組合，將氣喘跟 COPD 的標準治療推向更優化、更具臨床效益的路上發展，隨著生物製劑的推出，也讓過去棘手的嚴重型氣喘跟反覆惡化型 COPD 治療出現新的曙光，與此同時也讓疾病照護可以追求更高的目標: 氣喘的臨床緩解跟 COPD 的疾病穩定。此演講旨在介紹最新的氣喘跟 COPD 治療趨勢，以及新的藥物，三合一吸入劑跟生物製劑其定位跟臨床效益。

- HIV & U=U Unveiled: Optimizing Prevention and Treatment Strategies
  隨著醫療進步，HIV 防治進入全新階段，而「U=U」（Undetectable = Untransmittable）理念已獲全球認可，證實病毒量降至不可測時，無法傳染他人，顯著降低污名並提升生活品質。預防方面，暴露前預防（PrEP）與暴露後預防（PEP）策略持續推廣，協助高風險族群降低感染機率；治療則以抗病毒療法（ART）為核心，確保患者達成病毒抑制並維持長期健康。
  近年更引入長效針劑療法，減少每日服藥負擔，提升依從性與便利性，甚至增進感染者的隱私與生活品質。本講題將探討 U=U 的科學基礎、預防策略的最新進展、治療標準，以及長效針劑如何改變 HIV 照護模式，促進患者自主與醫療可近性。

- Eosinophils Uncovered: Redefining Care in EGPA and HES
  嗜酸性粒細胞（Eosinophils）是免疫系統的重要組成部分，在多種炎症相關疾病中扮演核心角色。本次演講將聚焦於兩種罕見但具臨床重要性的嗜酸性粒細胞疾病: EGPA (Eosinophilic

Granulomatosis with Polyangiitis) 和 HES (Hypereosinophilic Syndrome) 。
我們將深入探討 EGPA 和 HES 的定義、病理生理特徵及臨床表現，並解析嗜酸性粒細胞在炎症及器官損傷中的作用。演講將進一步梳理這些疾病的診斷挑戰，協助醫師識別潛在的紅旗症狀，例如不明原因的嗜酸性粒細胞增多、氣喘、鼻竇炎以及多系統受累（如心臟、肺部或神經系統受損）。此外，將概述現行治療策略，包括傳統免疫抑制劑和生物製劑在此疾病的治療腳色。透過本次演講，參與者將能夠更全面地了解 EGPA 和 HES 的疾病特徵，掌握早期診斷的要點及相應的治療選擇，以支持患者的整體健康管理。

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肥胖治療新紀元：多元介入策略的臨床應用與未來展望
A New Era in Obesity Management: Multimodal Interventions in Clinical Practice and Future Perspectives

主持人：蔡世澤 李弘元

0830	引言 Opening remarks	蔡世澤(振興醫院新陳代謝科)
0835	綜觀肥胖藥物治療與近年革命性突破 Comprehensive Review of Anti-Obesity Pharmacotherapy and Recent Breakthroughs	嚴愛文(臺大醫院代謝內分泌科)
0900	肥胖之內視鏡介入治療：現況與未來展望 Endoscopic Interventions for Obesity: Current Status and Future Perspectives	周莒光(嘉義基督教醫院 腸胃科)
0925	代謝減重手術：適應症、成效與整合照護 Bariatric and Metabolic Surgery for Obesity: Indications, Outcomes, and Integrated Care	楊博仁(臺大醫院一般外科)
0950	結語 Closing remarks	李弘元(臺大醫院代謝內分泌科)

◆ 肥胖之內視鏡介入治療：現況與未來展望

肥胖治療進入多元介入的新時代，內視鏡減重(Endoscopic bariatric metabolic therapy)逐漸成為臨床關鍵選項。其中，內視鏡胃袖狀整型術（Endoscopic Sleeve Gastroplasty, ESG）經口縫合縮小胃腔，提供安全、且長效的減重；胃內水球則作為短期輔助工具，適合特定族群。對於外科手術後復胖患者，內視鏡救援治療可降低再次手術風險並提升體重控制成效。隨著藥物與內視鏡介入的結合，肥胖照護模式正逐步建立更完整的整合策略。本演講將分享上述治療的現況與臨床實證，並探討未來發展趨勢。

◆ 代謝減重手術：適應症、成效與整合照護

雖然近年來腸泌素相關藥物在肥胖治療上發展迅速，成效亦受到高度重視，但代謝減重手術仍是目前治療重度肥胖及其相關共病（如第二型糖尿病、高血壓、睡眠呼吸中止症、非酒精性脂肪肝等）最有效且具長期穩定效果的治療方式。

在台灣，依現行健保給付規定，20 至 65 歲的成年病患若經六個月藥物治療無效，且符合以下任一條件，即可接受減重手術：BMI ≥ 37.5 kg/m²，或 BMI ≥ 32.5 kg/m² 且合併重大共病。相較之下，美國代謝暨減重外科醫學會（ASMBS）與國際肥胖代謝手術聯盟（IFSO）針對亞洲族群建議採用更低的手術門檻：當病人合併肥胖相關疾病時，BMI ≥ 27.5 kg/m² 即可考慮接受手術，且不設嚴格年齡限制，在嚴格篩選下甚至可延伸至兒童與青少年族群。

目前國際認可的代謝減重手術方式包括：袖狀胃切除術、Y 型胃繞道術、單吻合胃繞道術、膽胰繞道術、單吻合十二指腸迴腸繞道合併袖狀胃切除術、及可調式胃束帶術。不同手術在體重減輕及代謝改善效果上各有優缺點，同時也伴隨不同程度的風險，例如出血、縫合口滲漏、營養不良、貧血、胃食道逆流、吻合口潰瘍、傾倒症候群與膽汁逆流等。

此外，手術後病人的飲食控制與生活型態調整是確保長期療效的關鍵。因此，術前術後皆需進行完整的跨專業整合評估與照護，包括外科、內科、精神科、營養師、個案管理師及體適能師等多方合作，才能達到理想的體重控制與代謝改善目標。

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王德宏教授國際特別演講
Professor Teh-Hong Wang International Special Lecture

主持人：吳明賢 盛望徽

1020	Opening remarks	吳明賢(台灣內科醫學會)
1025	Kidney Stones, Bone Health, and Metabolic Syndrome: Shared Pathogenic Mechanisms, Prevention, and Treatment Strategies	Prof. Virginia Hood(President, ISIM)
1110	Confusing diagnostics in infectious diseases	Dr. Michael J. Tan(Treasurer, ACP)
1155	Closing remarks	盛望徽(台灣內科醫學會)

◆ Kidney Stones, Bone Health, and Metabolic Syndrome: Shared Pathogenic Mechanisms, Prevention, and Treatment Strategies

Kidney stones, osteoporosis, and metabolic syndrome are highly prevalent conditions worldwide, each contributing significantly to individual morbidity and healthcare costs. These disorders share overlapping pathogenic mechanisms, modifiable risk factors, and responses to dietary and pharmacologic interventions. Key modifiable factors include maintaining appropriate—but not excessive—intake of dietary calcium, protein, sodium, and citrate-rich foods. Pharmacologic agents such as thiazide diuretics, SGLT2 inhibitors, bisphosphonates, allopurinol, and citrate supplements can help reduce risk, prevent recurrence, and slow disease progression. Regular monitoring through 24-hour urine collections, blood chemistries, and imaging of the kidneys and bones is essential for optimizing management and enhancing patient engagement. Preventive strategies targeting these shared pathways can significantly reduce disease burden and healthcare expenditures.

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T2D Forward: The journey of dialogue with experts

台灣百靈佳殷格翰股份有限公司贊助

主持人：楊偉勛(臺大醫院)

1215 T2D Forward: The journey of dialogue with experts 廖國盟(忠孝醫院)

◆ T2D Forward: The journey of dialogue with experts

積極早期即開始良好的血糖控制乃是長期器官保護根本，減少未來產生小血管病變與大血管病變等糖尿病之長期併發症。臨床常見病人控糖不佳，台灣依舊有超過五成的患者控制未達標，其中有許多複雜因子影響最終的成果。除了 HbA1c，隱含其中血糖控制過程中的穩定度、控糖維持度等等細節，醫師在處方時除考慮藥品特性以外，以病人為處方思考的核心，提供結合指引與臨床，提供病人最大的臨床助益。醫師應留意糖尿病病人個人化醫療的選擇。透過龐大的研究解析各類降糖藥物差異，以及盡早起始 DPP4，可以如何透過其獨特性，提供廣大 T2D 族群一致性、穩定控糖過程至持續達標；提供較不影響病友生活品質之控糖旅程、兼顧到長期延緩病程進展之治療策略，讓病人在控制血糖的進程中，兼顧降糖療效、順服性，以及極小化藥物副作用，以達到最大化的臨床效益。

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生活型態醫學在慢性病管理的運用【健康台灣深耕計畫論壇】
Applying Lifestyle Medicine in Chronic Disease Management

主持人：林宏榮 湯宏仁

1330	引言 Opening remarks	林宏榮(奇美醫院)
1335	健康照護的轉型：從生活型態醫學出發 Transforming Healthcare in Taiwan Through Lifestyle Medicine	蔡孟修(奇美醫院預防醫學科)
1355	有氧派比較健康？肌力派才是根本？醫師該怎麼看運動訓練 Stronger, Fitter, Healthier: Rethinking Strength and Cardio in Medicine	王靖宇(羅東博愛醫院復健醫學科)
1415	壓力與睡眠：慢性病管理的新視角 Stress and Sleep: A New Perspective in Chronic Disease Management	何詩君(奇美醫院預防醫學科)
1435	綜合討論與互動交流 Panel discussion	湯宏仁(奇美醫院)

◆ 有氧派比較健康？肌力派才是根本？醫師該怎麼看運動訓練

長久以來，有氧運動在臨床上被視為改善心肺功能與代謝健康的核心，但越來越多高品質文獻指出：肌力訓練與有氧運動的整合才是臨床介入的最佳解方。最新的美國運動醫學會（ACSM）、心臟學會（AHA）與糖尿病協會（ADA）指南一致指出：阻力訓練可有效改善血糖控制、提升肌力與身體機能，對第二型糖尿病與心血管疾病患者有獨立且明確的臨床效益。對於時間有限、體力退化或肌少症族群，更應將肌力訓練納入常規處方設計。本演講將由醫師觀點出發，釐清 physical activity、exercise、training、sport 間的定義差異，並強調從「促進活動」邁向「強化功能」的運動處方思維，幫助參與者打造更全面、個別化的運動醫學介入策略。

◆ 壓力與睡眠：慢性病管理的新視角

壓力與睡眠之間存在雙向作用，構成慢性病防治與健康老化的潛在隱性風險。長期壓力會活化下視丘–腦下垂體–腎上腺軸（HPA 軸）與交感神經系統，使皮質醇長期升高，導致代謝失衡、胰島素阻抗、血壓上升與心血管疾病風險增加；而睡眠品質不佳則進一步促進發炎反應、影響情緒穩定與認知功能，形成惡性循環。近年臨床與行為醫學研究指出，壓力管理介入與睡眠改善策略，如正念練習、認知行為治療與生活型態調整，能有效提升復原力並促進長期健康。本演講將聚焦於壓力與睡眠在臨床實務與生活型態醫學中的整合介入，並探討數位健康工具（如智慧穿戴與行為追蹤應用）如何作為輔助，以提升可近性、行為依從性與長期健康成效。

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類澱粉樣沉澱症診治進展
The diagnosis and treatment of amyloidosis: an update

主持人：黃聖懿 吳彥雯

1520	引言 Opening remarks	黃聖懿(台大醫院)
1525	類澱粉樣沉澱症的分類與致病機制 The diagnosis and treatment of amyloidosis: an update	魏兆宏(台大癌醫血液科)
1545	類澱粉樣沉澱症診斷方式的進展 The progress in diagnosing amyloidosis	莊名凱(台大醫院檢驗醫學部)
1605	類澱粉樣沉澱症的治療 How to treat amyloidosis	蔡淳光(台北榮總血液科)
1625	類澱粉樣沉澱症照護的跨專科合作 The multi-disciplinary approach to amyloidosis	劉嚴文(成大醫院心臟內科)
1650	總結 Closing remarks	吳彥雯(亞東醫院)

◆ 類澱粉樣沉澱症的分類與致病機制

Amyloidosis refers to a group of diseases caused by abnormal deposition of misfolded proteins in organs and tissues, leading to progressive dysfunction. Depending on the type of precursor protein involved, amyloidosis can be classified into several forms, including light chain (AL), serum amyloid A (AA), and transthyretin (ATTR) amyloidosis. Accurate typing is essential for diagnosis and management, as treatment strategies differ for each subtype. This lecture will provide an overview of the current classification system of amyloidosis and explain the basic mechanisms behind amyloid formation. Key topics include how proteins become unstable, aggregate into amyloid fibrils, and deposit in various organs such as the heart, kidney, and nervous system. Recent advances in diagnostic techniques and the clinical implications of understanding disease mechanisms will also be discussed to help physicians recognize and manage amyloidosis more effectively in daily practice.

◆ 類澱粉樣沉澱症診斷方式的進展

輕鏈型類澱粉沉積症(AL type amyloidosis)為最常見的類澱粉樣沉澱症類型，因此報告內容將以輕鏈型類澱粉沉積症的診斷為主。當病人臨床有懷疑有輕鏈型類澱粉沉積症，除了基礎的病史、理學檢查，並有病理切片證據在骨髓、皮下脂肪組織或直腸切片存在類澱粉樣沉澱外，最重要的是檢驗病人是否有單株免疫球蛋白增高血症(monoclonal gammopathy)，目前大多以抽血檢驗血漿蛋白電泳(serum protein eletrophoresis, SPEP)與免疫固定電泳分析(immunofixation electrophoresis, IFE)為主，近年來由梅約醫學中心團隊發展出使用質譜儀檢驗單株免疫球蛋白增高血症存在的方法，對於診斷及後續追蹤相較於傳統檢驗方式均存在優勢。報告中將完整介紹目前類澱粉樣沉澱症診斷方式、分型的檢驗方式、檢驗單株免疫球蛋白增高血症的傳統方法和利用質譜儀的新檢驗方式的優勢。

◆ 類澱粉樣沉澱症的治療

Amyloidosis represents a heterogeneous group of protein misfolding diseases characterized by extracellular deposition of insoluble amyloid fibrils that progressively impair organ function. Among systemic forms, immunoglobulin light-chain (AL) amyloidosis and transthyretin (ATTR) amyloidosis account for most clinical cases. Management requires early diagnosis, accurate amyloid typing, and organ assessment to guide therapy. In AL amyloidosis, treatment aims to rapidly eliminate the plasma cell clone producing pathogenic light chains. The current standard first-line regimen is Dara-CyBorD (daratumumab, cyclophosphamide, bortezomib, dexamethasone), which demonstrates deeper hematologic responses, improved organ recovery, and better survival compared with historical regimens. Autologous stem cell transplantation may be considered in selected patients with limited cardiac involvement and adequate performance status. In ATTR amyloidosis, therapy focuses on reducing transthyretin aggregation through TTR stabilization or reduction of its hepatic production. Tafamidis, a TTR stabilizer, has been shown to reduce mortality and hospitalization in ATTR cardiomyopathy. RNA-targeting therapies such as patisiran, vutrisiran, and inotersen reduce TTR synthesis and improve neurologic and cardiac outcomes in hereditary forms. Supportive care—including aggressive management of heart failure, nephrotic syndrome, peripheral neuropathy, and autonomic dysfunction—is essential and often determines quality of life. With earlier detection and subtype-specific therapy, amyloidosis has evolved from a frequently fatal disease to a treatable condition with increasing rates of organ recovery and long-term survival.

◆ 類澱粉樣沉澱症照護的跨專科合作

Amyloidosis is a complex, multisystem disease that often presents nonspecific symptoms, leading to delayed diagnosis and suboptimal management. Given its heterogeneous nature, an uncoordinated approach to patient care is no longer sufficient. By integrating perspectives from various specialties, we can ensure timely recognition of clinical patterns, appropriate use of diagnostic tools such as tissue biopsies and imaging, and coordinated therapeutic interventions. We aim to illustrate how collaborative care models lead to earlier detection, improved patient outcomes, and enhanced quality of life.

Amyloidosis represents a heterogeneous and multifaceted disorder characterized by the extracellular deposition of misfolded protein fibrils, often affecting multiple organ systems. Its clinical presentation is frequently insidious and nonspecific—ranging from fatigue and weight loss to organ-specific dysfunction—contributing to diagnostic delays and suboptimal therapeutic outcomes. Traditional, siloed approaches to healthcare delivery are insufficient for managing such a complex disease landscape. The variability in symptomatology and disease progression necessitates a multidisciplinary, integrated model of care. Collaborative input from hematology, cardiology, nephrology, neurology, pathology, and radiology, among others, is essential for accurate recognition of clinical patterns, strategic deployment of diagnostic modalities, including tissue biopsy, advanced imaging, and biomarker analysis, and the implementation of individualized treatment regimens. Such

coordination facilitates timely diagnosis, reduces the risk of organ damage, and enables more effective initiation of disease-modifying therapies. Herein, we aim to illustrate the critical role of interdisciplinary care models in improving diagnostic efficiency, therapeutic precision, and ultimately, patient survival and quality of life. Emphasizing collaborative care not only enhances clinical outcomes but also promotes a more holistic understanding of the disease process, supporting both patient-centered care and long-term disease management.

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2025 年 NSTEMI/STEMI 治療指引更新
2025 NSTEMI/STEMI Guidelines Updates

主持人：李貽恒 徐國基 黃啟宏 高憲立 謝宜璋 侯嘉殷

0830	引言 Opening remarks	李貽恒(成大醫院心臟血管科)	
0835	台灣急性冠心症最新臨床特徵：根據 T-FORMOSA 研究結果 Updated Clinical Profile of ACS in Taiwan—a Lesson from the T-FORMOSA Study	趙庭興(中山醫學大學附設醫院心臟內科)	徐國基(新光醫院心臟內科)
0855	「做還是不做」:針對 ST 波段上升心肌梗塞或非 ST 波段上升急性冠心症患者非病灶阻塞之血管介入治療策略 'To Do or Not To Do': Revascularization Strategy for Non-culprit Lesions in Patients with STEMI or NSTE-ACS	王怡智(台大醫院心臟內科)	黃啟宏(國泰醫院心臟內科)
0915	有關雙重抗血小版藥物治療期間以及降階治療策略之最新實證：「在精不在多」？ Updated Evidence Regarding Duration of DAPT and De-escalation Strategy: 'Less Is More'?	蘇峻弘(中山醫學大學附設醫院心臟內科)	高憲立(台大醫院心臟內科)
0935	秋水仙素、乙型阻斷劑以及 SGLT2 抑制劑在急性冠心症次級預防之角色：「事實或虛構」？ The Role of Colchicine, Beta-blockade, and SGLT2 Inhibitor for Secondary Prevention of ACS: Fact or Fiction?	王宇澄(亞洲大學附屬醫院心臟內科)	謝宜璋(林口長庚醫院心臟內科)
0955	結語 Closing remarks	侯嘉殷(馬偕醫院心臟內科)	

◆ 台灣急性冠心症最新臨床特徵：根據 T-FORMOSA 研究結果

Background: Successful implementation of practice guidelines has been challenging in the treatment of acute coronary syndrome (ACS), leaving rooms for improvement. Besides, the clinical profiles and cardiovascular outcomes between myocardial infarction with ST-segment elevation (STEMI) or ACS without ST-segment elevation (NSTE-ACS) might be different.

Aims: Primary aims of the main study were to determine the degree of guideline-directed medical therapy and to identify prognostic predictors associated with 1-year composite outcomes, including death, myocardial infarction, stroke, and unplanned coronary revascularization, in ACS patients. Besides, comparisons of the clinical profiles and the in-hospital/1-year outcomes between participants with STEMI and NSTE-ACS were also performed in the current study.

Methods: We conducted a prospective, nationwide, multi-center ACS full spectrum registry, the TSOC-Fully Organized Registry for the Management Of Symptomatic ACS Study (T-FORMOSA Study), involving patients admitted to hospitals within 24 hours of

onset of STEMI or NSTE-ACS. The entire cohort included 3,595 eligible patients, in which 1,740 was diagnosed as NSTE-ACS (37 with unstable angina) and 1,855 as STEMI. In total, 41 sites, including medical centers and regional hospitals, were selected across Taiwan. The data for each patient were collected at 3 time points for the main study: during hospitalization, 6 months, and 12 months after the discharge. The milestone for first site first patient in was achieved in January 2022, and the last participant was enrolled in June 2023. The last patient last visit was performed in August 2024. Completion of data verification and cleaning followed by final data locked were finalized in September to October 2025.

Results: The implementation of guideline-directed medical therapy was increasing. The clinical profiles and the 1-year outcomes between participants with STEMI and NSTE-ACS were different. The guideline-directed medical therapies were used less frequently in NSTE-ACS patients. Some clinical factors were identified to be associated with a higher risk of 1-year primary composite outcomes and 3-point major cardiovascular events.

Conclusion: The results of the current study brought new and important information regarding a broad spectrum of ACS in the contemporary era in order to drive both researchers and clinicians in exploring science and solving potential unmet clinical issues.

◆ 「做還是不做」: 針對 ST 波段上升心肌梗塞或非 ST 波段上升急性冠心症患者非病灶阻塞之血管介入治療策略

Complete revascularization has been recommended for selected patients with hemodynamically stable ACS and non-complex multivessel disease to improve long-term outcomes or angina-related quality of life. When considering multivessel stenting as a single or staged procedure in the situation of STEMI, a single procedure approach for multivessel PCI was preferred due to lower rates of recurrent MI and ischemia-driven revascularization shown in randomized trials and a network meta-analysis. When managing multivessel disease for NSTEACS, the MACE at 1 year if multivessel PCI performed in a single procedure was non-inferior to staged PCI in the BIOVASC trial (around 60% with NSTE-ACS) and the SMILE (Single Staged Versus Multistaged PCI in Multivessel NSTEMI Patients) trial. Physiology assessment of a non-culprit stenosis could be considered to guide revascularization decisions for NSTEACS with multivessel disease.

The decision to proceed with immediate multivessel stenting in ACS should not be extrapolated to patients with coronary anatomy or clinical comorbidities preferred for staged PCI or CABG.

◆ 有關雙重抗血小版藥物治療期間以及降階治療策略之最新實證:「在精不在多」?

Standard and Shortened DAPT Duration

- 12-month DAPT (aspirin + ticagrelor/prasugrel) remains standard for most STEMI patients. (Class I, Level A)
- 1–3-month DAPT followed by ticagrelor monotherapy is reasonable in high-bleeding-risk or event-free STEMI. (Class I, Level A)

- 1 month DAPT followed by low-dose prasugrel (5 mg) monotherapy is possible safe and effective choice in East Asian STEMI populations. (Class IIa, Level B)
- Avoid aspirin-free with 3.75mg prasugrel monotherapy immediately post-PCI in STEMI. (Class III, Level B)
- ≦1 month DAPT followed by early clopidogrel monotherapy should be avoided in STEMI. (Class III, Level B)

De-escalation Strategy

- De-escalation from ticagrelor to clopidogrel after one month is reasonable in stabilized STEMI. (Class IIa, Level B)
- De-escalation from potent (ticagrelor) to less potent (prasugrel 3.75 or 5mg) P2Y12 inhibitors after the first month may further mitigate bleeding risk in stabilized STEMI patients in Taiwan. (Class IIb, Level B)
- Pharmacogenetic-guided switching (e.g., to prasugrel in CYP2C19 loss-of-function carriers) may be considered to optimize therapy in Taiwanese patients. (Class IIb, Level C)

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2025 心腎症候群-中華民國心臟及腎臟學會共識
2025 Cardiorenal Syndrome TSOC-TSN Consensus

主持人：吳彥雯 洪冠予

1020	引言 Opening Remarks	吳彥雯(亞東醫院心臟內科)	
1025	心腎症候群的機轉與生物標記 What to Know about Cardiorenal Syndrome: Pathophysiology and Biomarkers	徐千彝(台北醫學大學附設醫院心臟內科)	吳彥雯(亞東醫院心臟內科)
1050	心腎症候群預防與風險控制策略 How to Mitigate Cardiorenal Syndrome: Risk Factor Control and Disease Prevention	劉冠宏(成大醫院腎臟科)	
1115	心腎症候群的治療與併發症管理 Cardiorenal Syndrome: Strategies for Treatment and Complication Management	洪崇烈(臺北馬偕醫院心臟內科)	洪冠予(台大醫院新竹分院)
1140	臨床情境案例討論 Clinical Scenarios: How to Treat My Patients with Cardiorenal Syndrome	吳哲熊(臺北慈濟醫院腎臟科)	
1155	結語 Closing Remarks	洪冠予(台大醫院新竹分院)	

◆ 心腎症候群的機轉與生物標記

Cardiorenal syndrome (CRS) represents a complex bidirectional dysfunction of the heart and kidneys, in which pathological changes in one organ precipitate injury in the other. The recently developed joint consensus of the Taiwan Society of Cardiology (TSOC) and Taiwan Society of Nephrology (TSN) summarizes current understanding of CRS pathophysiology, diagnostic approaches, and biomarker applications.

Four major mechanisms underlie CRS: unstable hemodynamics and fluid overload, neurohormonal activation involving the renin–angiotensin–aldosterone and sympathetic systems, systemic inflammation mediated by cytokines such as IL-1 β and TNF-α, and oxidative stress driven by reactive oxygen and nitrogen species. These interrelated processes contribute to myocardial remodeling, renal ischemia, and progressive fibrosis.

In parallel, emerging biomarkers provide valuable tools for early detection and risk stratification. Cardiac biomarkers, including natriuretic peptides, cardiac troponins, and CA-125, reflect hemodynamic stress and myocardial injury, while renal biomarkers such as cystatin C, NGAL, and the urinary TIMP-2 × IGFBP7 index enable earlier recognition of tubular stress and acute kidney injury. Integration of these parameters facilitates precision evaluation of CRS across its acute and chronic forms.

This talk will highlight the TSOC–TSN 2025 consensus on the mechanistic pathways and biomarker-guided management of CRS, emphasizing their clinical implications in both cardiovascular and renal practice. By combining physiological insight with evidence-based biomarker strategies, the consensus aims to improve timely diagnosis, individualized therapy, and long-term outcomes in patients with cardiorenal

interactions.

◆ 心腎症候群預防與風險控制策略

Cardiorenal syndrome (CRS) represents a complex, bidirectional interaction between the heart and kidneys, governed by intertwined hemodynamic, neurohormonal, and inflammatory mechanisms. In 2025, major advances have reshaped the management of heart–kidney–metabolic disorders across multiple organ systems. This presentation focuses on kidney-specific breakthroughs that redefine prevention, early intervention, and therapeutic strategies for CRS.

Emerging evidence underscores the central role of renal pathophysiology in cardiovascular outcomes. Two pivotal contributors—chronic kidney disease–mineral bone disorder (CKD-MBD) and cardiorenal anemia syndrome (CRAS)—are increasingly recognized as critical, inflammation-driven mediators linking CKD to vascular calcification, left ventricular hypertrophy, and progressive renal decline. Understanding these renal-specific pathways opens new opportunities for integrated cardio-renal protection.

Recent landmark randomized controlled trials—FLOW (semaglutide, GLP-1 RA), SCORED (sotagliflozin, SGLT1/2 inhibitor), and FINE-HEART (finerenone, non-steroidal MRA)—demonstrate significant reductions in kidney failure, atherosclerotic events, and new-onset atrial fibrillation. In parallel, emerging results from HIF-PH inhibitor trials (e.g., daprodustat, vadadustat) reveal novel potential in treating renal anemia by enhancing oxygen sensing, reducing inflammation, and overcoming erythropoietin resistance—addressing one of the longest-standing therapeutic gaps in CRS care.

The future of CRS management lies in personalized, multimodal approaches that target inflammation, fibrosis, hypoxia, and metabolic dysregulation across the heart–kidney axis—ushering in a new era of truly integrated and kidney-centered care.

◆ 臨床情境案例討論

Cardiorenal syndrome (CRS) represents a complex bidirectional interaction between the heart and kidneys, where dysfunction in one organ exacerbates pathology in the other. Effective management requires a nuanced understanding of hemodynamic, neurohormonal, and inflammatory mechanisms that perpetuate congestion and renal injury. In clinical practice, elevated venous pressures, diuretic resistance, and maladaptive activation of the renin–angiotensin–aldosterone and sympathetic nervous systems are central challenges. This session will explore practical strategies for managing CRS through real-world scenarios, emphasizing rapid and tailored decongestion while preserving renal perfusion. Evidence-based approaches include optimizing loop diuretic therapy with natriuresis-guided dosing, employing sequential nephron blockade, and considering adjunctive agents. For refractory cases, invasive hemodynamic assessment or ultrafiltration may be warranted. Beyond volume management, guideline-directed medical therapy—including β-blockers, RAAS/ARNI inhibitors, MRAs, and SGLT2 inhibitors—remains foundational to improving outcomes. Through case-based discussion, we will integrate current evidence into clinical decision-making, illustrating how individualized therapy, early detection of diuretic

resistance, and precise hemodynamic assessment can improve congestion control, reduce hospitalizations, and mitigate kidney function decline.

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疫苗策略新趨勢：COVID-19 與 RSV 的臨床挑戰與應用

莫德納台灣股份有限公司贊助

主持人：張峰義（三軍總醫院）

1215	開場致詞、介紹講者	張峰義（三軍總醫院）
1220	2025 秋冬新冠病毒趨勢與疫苗接種策略	盛望徽（台大醫學院）
1240	RSV 疫苗於高齡與高風險族群的臨床應用現況與挑戰	紀鑫（馬偕兒童醫院）
1300	綜合座談與 Q&A	主持人與全體講者
1310	結語與感謝	張峰義（三軍總醫院）

◆ 2025 秋冬新冠病毒趨勢與疫苗接種策略

2025 年秋冬，全球及國內 COVID-19 疫情持續受到新興變異株影響，病毒株由 JN.1 延伸至 NB.1.8.1 與 LP.8.1，其中 LP.8.1 在國際上占比上升，棘蛋白變異較 JN.1 增加 8–10 處，可能降低既有免疫的中和效果。國際機構如 WHO、FDA 與 EMA 均建議將 LP.8.1 作為主要疫苗株，以維持疫苗保護力。台灣疾管署依據國際建議與國內疫情監測，規劃以 LP.8.1 為 2025 年秋冬 COVID-19 疫苗主要接種株，並備有 JN.1 作為替代選項，以因應不同族群需求與疫苗供應時程。面對高齡者、慢性病患者與醫事人員等高風險族群，接種策略延續「左流右新」共同接種模式，透過合約醫療院所獎勵、社區設站、到宅服務及跨科別合作，提升可近性與接種意願。安全性監測顯示，COVID-19 與流感疫苗共同接種未出現異常不良反應聚集，心肌炎發生率接近背景值且病程輕微。透過疫苗更新與精準接種策略，可有效降低重症與死亡風險，維持公共衛生安全與醫療量能穩定。

◆ RSV 疫苗於高齡與高風險族群的臨床應用現況與挑戰

呼吸道融合病毒（RSV）是造成高齡者、嬰幼兒及免疫功能低下者下呼吸道感染與重症的重要病原，特別是在秋冬季節與流感、COVID-19 等病毒同時流行時，對醫療系統與公共衛生構成相當壓力。近年 RSV 疫苗研發進展快速，平台技術涵蓋 mRNA、蛋白次單位等，其中 mRNA 疫苗在免疫誘導速度、精準抗原設計與更新彈性上展現優勢。臨床試驗與真實世界數據顯示，RSV 疫苗可顯著降低相關下呼吸道疾病與住院風險，並減少對慢性病控制及生活品質的影響。然而，實際推行仍面臨挑戰，包括不同族群免疫反應差異、如何有效提升疫苗覆蓋率、與其他秋冬疫苗（如流感與 COVID-19 疫苗）接種時程的協調，以及成本效益與公衛政策納入可行性的評估。綜合現有證據與國際經驗，對高風險族群的 RSV 疫苗接種應結合流行病監測、臨床評估與健康教育，並與既有秋冬疫苗策略整合，建立更完整且可持續的呼吸道疾病防護網，降低秋冬季節呼吸道感染對醫療量能及公共衛生的衝擊。

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自體免疫風濕疾病對消化系統的影響
The Impact of Autoimmune Rheumatic Diseases on the Gut

主持人：陳明翰 林世昌

1330	引言 Opening remarks	陳明翰(臺北榮民總醫院)	
1335	結締組織疾病的胃腸道病變 Gastrointestinal involvement in connective tissue diseases	羅景全(臺北榮民總醫院)	陳明翰(臺北榮民總醫院)
1355	發炎性關節炎與胃腸道病變的關聯性 The link between inflammatory arthritis and gastrointestinal diseases	李克仁(臺大醫院)	
1415	血管炎疾病在胃腸道的臨床表徵 Gastrointestinal manifestations of vasculitis	吳建陞(亞東醫院)	林世昌(國泰醫院)
1435	自體免疫風濕疾病在肝臟問題的臨床評估與處置 Hepatic issues in autoimmune rheumatic diseases: evaluation and management	陳信華(臺中榮民總醫院)	
1455	結語 Closing remarks	林世昌(國泰醫院)	

◆ 結締組織疾病的胃腸道病變

Connective tissue diseases include systemic lupus erythematous (SLE), systemic sclerosis (SSc), rheumatoid disease (RA), Sjogren syndrome (SS), etc. About 50% SLE patients with GI involvement, abdominal pain due to serositis, peptic ulcers, pancreatitis, mesenteric vasculitis, thrombosis, and medications (NSAIDs, corticosteroids, and immunosuppressive medications) is often one of the most common symptoms. Presence of anti-Ro/SSA, anti-B2GPI (B2-glycoprotein I) autoantibodies were found in half of the SLE patients with GI involvement. Up to 90% of SSc patients have GI manifestations. The esophagus is involved in up to 90% of patients with symptoms of heartburn, dysphagia, odynophagia, and regurgitation. Esophageal pH monitoring is abnormal in more than 85% of patients. Fibrosis of esophageal smooth muscle leads to reduced distal two third peristalsis and decreased LES resting pressure. High-resolution esophageal manometry (HREM) findings include aperistalsis, low-amplitude contractions in the distal two-thirds of the esophageal body, and reduced LES pressure. Upper endoscopy may reveal severe erosive esophagitis, stricturing disease, Candida esophagitis, or Barrett's esophagus. Delayed gastric emptying, small intestinal dysmotibility, and small-intestinal bacterial overgrowth (SIBO) are often seen. Long term PPI is needed for their GERD symptoms; SIBO requires antibiotics. Novel therapeutics in SSc, such as the use of external and internal nerve stimulators for patients with intestinal and anal dysmotility are currently under study in randomized controlled trials. Temporomandibular joint involvement may cause pain and impair mastication in RA patients. Dysphagia due to esophageal dysmotility (particularly in coexisting SS, amyloidosis, or cranial nerve compression in atlantoaxial subluxation), pyrosis, and esophagitis are present in 1/3 RA patients. GI amyloidosis

may also occur in up to 13% of RA patients manifesting as abdominal pain, nausea, GERD, GI bleeding, jaundice, or malabsorptive features like diarrhea, weight loss, and protein losing enteropathy.

◆ 發炎性關節炎與胃腸道病變的關聯性

Inflammatory arthritis and gastrointestinal (GI) diseases are increasingly recognized as interconnected conditions sharing common immunopathogenic mechanisms. Disorders such as spondyloarthritis, rheumatoid arthritis, and psoriatic arthritis frequently coexist with intestinal inflammation, ranging from clinically evident inflammatory bowel disease (IBD) to subclinical mucosal immune activation. The gut–joint axis plays a pivotal role in this relationship. Alterations in the intestinal microbiota (dysbiosis) and increased mucosal permeability can disrupt immune tolerance, leading to systemic inflammation and joint involvement. Conversely, chronic systemic inflammation characteristic of arthritis may impair gut integrity and function. Environmental factors, genetic susceptibility (e.g., HLA-B27), and cytokine dysregulation—particularly involving TNF-α, IL-17, and IL-23 pathways—further link these two organ systems. Therapeutically, biologic and targeted synthetic disease-modifying antirheumatic drugs (DMARDs), including TNF inhibitors and JAK inhibitors, have shown efficacy in controlling both articular and intestinal inflammation, underscoring their shared inflammatory pathways. Ongoing research on the gut microbiome and mucosal immunology offers promising prospects for microbiota-directed and personalized interventions.

Understanding the bidirectional interaction between the gut and joints not only enhances our insight into disease mechanisms but also supports integrated therapeutic strategies for patients with inflammatory arthritis and associated gastrointestinal disorders.

◆ 血管炎疾病在胃腸道的臨床表徵

Gastrointestinal (GI) manifestations are not common in systemic vasculitides, which may present with nonspecific symptoms such as abdominal pain, nausea, and vomiting. However, GI involvement can progress to life-threatening conditions, including hemorrhage, perforation, and infarction, requiring timely diagnosis and intervention. The patterns and severity of gastrointestinal manifestations vary across different vasculitides. For example, polyarteritis nodosa (PAN) targeting medium-sized muscular arteries is rare. However, PAN may affect the mesenteric vasculature, finally resulting in ischemic bowel. ANCA-associated Vasculitis (AAV), including granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), and eosinophilic granulomatosis with polyangiitis (EGPA), primarily affects small and medium vessels, rarely causing ischemic and inflammatory damage to the GI tract. Immunoglobulin A vasculitis, also known as Henoch-Schönlein purpura, is common and sometimes involves the GI tract, manifesting as abdominal pain and bleeding, with the risk of intussusception in children. Takayasu Arteritis (TA), a large vessel vasculitis may present with mesenteric ischemia due to severe stenosis of the celiac or mesenteric arteries. Behçet's Disease (BD), while categorized as a vasculitis, is characterized by recurrent oral and genital

aphthae. BD can also mimic inflammatory bowel disease, often featuring deep, solitary ulcerations, particularly in the ileocecal region. Finally, lupus-associated intestinal vasculitis, can present with nausea, abdominal pain, and distension. In conclusion, diagnosis of gastrointestinal manifestations of vasculitis relies on a high index of suspicion, often supported by imaging, such as CT or angiography, demonstrating bowel wall thickening, mural edema, or vessel abnormalities. Immunosuppressants should be tailored according to the primary disease and specific gastrointestinal manifestation.

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癌症免疫治療的最新進展與未來趨勢
Cutting-Edge Advances and Future Directions in Cancer Immunotherapy

主持人：林永昌 李冠德

1520	引言 Opening remarks	林永昌(林口長庚醫院)
1525	先進細胞治療技術的發展與臨床應用 Advanced Cellular Therapies: Innovations and Clinical Translation	莊博雅(雙和醫院血液腫瘤科)
1555	免疫治療的歷史演進與機制探索 Evolution of Immunotherapy: Mechanistic Insights and Milestones	吳教恩(新北市立土城醫院血液腫瘤科)
1625	新興腫瘤免疫治療策略：整合式攻擊模式 Emerging Strategies in Cancer Immunotherapy: Towards a Multimodal Approach	陳天華(台北榮民總醫院腫瘤醫學部)
1655	結語 Closing remarks	李冠德(台中榮民總醫院腫瘤醫學部)

◆ 先進細胞治療技術的發展與臨床應用

近年來癌症被視為是一種基因疾病，腫瘤產生的免疫逃脫效應被認為是癌症治療突破的關鍵。從腫瘤疫苗、免疫檢查哨抑制劑治療開始，越來越多研究告訴我們各種免疫細胞在癌症治療之中扮演的角色究竟為何；同時各種細胞治療也隨之而生。目前臺灣已經有針對血液癌症可使用的 CAR-T 療法，也有特管辦法規範的許多細胞治療正在進行；此外，iPSC 技術也開拓了異體細胞治療的可能性，或許能夠降低治療成本與製備時間，幫助更多病人得到及時的治療。隨著再生醫療法的通過，此後必定有更多的細胞治療可以取得，如何選擇合適的治療及副作用的處理也是必須面對的課題。

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內科醫師須知：免疫檢查點抑制劑引發的內分泌問題與臨床處理
Endocrine Toxicities of Immune Checkpoint Inhibitors (ICI): Recognition and Management for Internists

主持人：施翔蓉 蘇聖強

0830	引言 Opening remarks	施翔蓉(台大醫院)
0835	免疫檢查點抑制劑引發之腦下垂體炎 Pituitary Disorders: ICI-Induced Hypophysitis	陳怡文(林口長庚醫院)
0900	免疫檢查點抑制劑引發之甲狀腺炎及甲狀腺功能異常 Thyroid Disorders: Thyroiditis and Hypothyroidism	林家宏(台大醫院)
0925	免疫檢查點抑制劑引發之腎上腺功能低下 Immune Checkpoint Inhibitors Induced Adrenal Insufficiency	王子源(中國附醫)
0950	結語 Closing remarks	蘇聖強(三總)

◆ 免疫檢查點抑制劑引發之腦下垂體炎

Immune checkpoint inhibitors (ICIs) have revolutionized cancer therapy but are increasingly associated with immune-related endocrine complications, among which hypophysitis is particularly significant. Clinical manifestations are often nonspecific—fatigue, nausea, hypotension, and weight loss—making early diagnosis challenging in oncology patients. Anti-CTLA-4 agents (e.g., ipilimumab) typically induce a lymphocytic hypophysitis-like syndrome with pituitary enlargement and multiple anterior pituitary hormone deficiencies. In contrast, anti-PD-1/PD-L1 therapies more often result in isolated ACTH deficiency with subtle or absent imaging changes. Proposed mechanisms include type II and IV hypersensitivity reactions, CTLA-4 or PD-1 expression on pituitary cells, and the presence of autoantibodies , with emerging evidence linking specific HLA genotypes to susceptibility. Diagnosis relies on a combination of hormonal evaluation and MRI, though radiographic findings may be absent. Management centers on hormone replacement therapy, particularly for glucocorticoid deficiency, with cautious use of high-dose corticosteroids in select cases. Timely recognition and multidisciplinary care are essential to mitigate potentially life-threatening adrenal insufficiency and preserve patients' quality of life during ongoing cancer therapy.

◆ 免疫檢查點抑制劑引發之腎上腺功能低下

Immune checkpoint inhibitors (ICIs) have revolutionized cancer therapy by restoring antitumor immune responses. However, they can also provoke immune-related adverse events (irAEs) involving multiple endocrine organs. Among these, adrenal insufficiency (AI) is rare but potentially life-threatening if unrecognized. ICI-induced AI may be

central (secondary) due to autoimmune hypophysitis or primary from adrenal cortical destruction. The incidence of central AI is approximately 3–8% with anti–CTLA-4 agents and 0.5–1.5% with anti–PD-1/PD-L1 therapy, whereas primary AI occurs in less than 1% of treated patients. Combination therapy markedly increases risk. Clinically, patients present with nonspecific symptoms such as fatigue, weight loss, anorexia, hypotension, nausea, or dizziness, which may progress to adrenal crisis. Laboratory findings typically include low morning cortisol with inappropriately low or high ACTH, depending on the level of dysfunction. Electrolyte abnormalities, particularly hyponatremia and hyperkalemia, suggest primary AI. Prompt recognition and initiation of corticosteroid replacement are essential. Acute adrenal crisis mandates intravenous hydrocortisone and fluid resuscitation, followed by long-term glucocorticoid (± mineralocorticoid) therapy. ICIs can often be resumed after stabilization under close endocrine monitoring. This lecture will review the clinical spectrum, diagnostic strategy, and management of ICI-induced adrenal insufficiency, emphasizing early recognition, interdisciplinary care, and long-term endocrine follow-up.

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住院期間甲狀腺功能異常：治療時機與觀察策略
Thyroid Function in the Inpatient Setting: When to Treat and When to Wait

主持人：張宏猷 張慶忠

1020	引言 Introduction	張宏猷(林口長庚)
1025	急性疾病時甲狀腺功能之判讀 Interpreting Thyroid Function Tests During Acute Illness	羅仕昌(中山附醫)
1055	甲狀腺急症之辨識與處置 Recognizing and Managing Thyroid Emergencies	黃君睿(台北榮總)
1125	藥物對甲狀腺功能之影響 Medication and Systemic Effects on Thyroid Function Tests	曾耀賢(童綜合醫院)
1155	結語 Closing remarks	張慶忠(中國附醫)

◆ 急性疾病時甲狀腺功能之判讀

急性疾病或重症住院患者常見甲狀腺功能異常，但多數情況並非原發性甲狀腺疾病，而是「非甲狀腺疾病症候群（Nonthyroidal illness syndrome, NTIS）」。本講題將回顧甲狀腺生理與各項檢驗意義，探討疾病、發炎與營養狀態對下視丘-腦下垂體-甲狀腺軸（HPT axis）的影響。NTIS 典型表現為血清 T3、TSH 下降而 FT4 正常或輕度降低，反映身體在急性應激下的能量節約機制。多數患者於病情恢復後甲狀腺功能可自動回復，不建議於急性期貿然診斷或治療。另將介紹臨床上其他住院常見的甲狀腺異常，如碘顯影劑誘發的甲狀腺功能變化（Wolff-Chaikoff 效應與 Jod-Basedow 現象）及 Amiodarone 所致甲狀腺功能低下或亢進，並討論其分型與治療策略。最後將透過臨床案例強調正確解讀檢驗結果與避免過度治療的重要性，協助臨床醫師於急性疾病情境下作出合理判讀與決策。

◆ 甲狀腺急症之辨識與處置

Thyroid emergencies, though rare, are life-threatening endocrine crises requiring prompt recognition and management. The two most critical conditions are thyroid storm and myxedema coma, representing extreme manifestations of thyrotoxicosis and hypothyroidism, respectively. This speech summarizes the pathophysiology, clinical presentation, diagnostic criteria, and management strategies for these emergencies. Early identification based on clinical suspicion is essential, as laboratory confirmation may be delayed. Treatment of thyroid storm focuses on rapid inhibition of thyroid hormone synthesis, blockade of peripheral effects, and management of precipitating factors. In contrast, myxedema coma demands urgent thyroid hormone replacement, supportive care, and correction of underlying triggers such as infection or cold exposure. Multidisciplinary collaboration and intensive monitoring are vital to reduce morbidity and mortality. Awareness and timely intervention remain the cornerstone of improving outcomes in patients with thyroid emergencies.

◆ 藥物對甲狀腺功能之影響

藥物干擾甲狀腺穩態極為常見且機制多樣，常使甲狀腺功能檢查判讀複雜化。需注意抑制 TSH 分泌的藥物（如類固醇、Dopamine 促效劑）及干擾吸收的藥物（如鐵劑、鈣片、PPI），後者需間隔服用。抗癲癇藥、Rifampin 加速肝臟代謝，常需調高 Levothyroxine 劑量；PTU、Propranolol 則抑制周邊 T4 轉 T3。臨床挑戰聚焦於 Amiodarone（可致亢進或低下）與鋰鹽（常致低下）。近年來，癌症治療副作用日益重要：酪胺酸激酶抑制劑(TKIs)常引發破壞性甲狀腺炎；免疫檢查點抑制劑(ICIs)則顯著增加自體免疫甲狀腺疾病（如 Graves' disease）及腦下垂體炎風險，需嚴密監測。

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ACL inhibitor- First in class oral lipid lowering therapy

台灣第一三共股份有限公司贊助

主持人：蘇河名(蘇河名診所)

1215 ACL inhibitor- First in class oral lipid lowering therapy 李文賢(禾芯診所)

◆ ACL inhibitor- First in class oral lipid lowering therapy

本場演講將介紹 Bempedoic acid（Nilemdo） 作為首個口服 ATP-citrate lyase (ACL) 抑制劑，在臨床治療中的新機轉與最新定位。

Bempedoic acid 透過抑制肝臟膽固醇合成，具專一性且不作用於肌肉，展現良好安全性。並更新最新的血脂異常治療指引： ESC 2024 指引 ，其中將 ACL 抑制劑納入治療建議，Bempedoic acid 為 statin 不耐受或控制不足患者提供全新治療選項。

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成人呼吸道感染疫苗接種建議
Vaccination for Adult Respiratory tract infection

主持人：張峰義 王振泰

1330	引言 Opening remarks	張峰義(三軍總醫院感染科)	
1335	成人疫苗接種建議 Adult immunization recommendation	林德宇(三軍總醫院感染科)	張峰義(三軍總醫院感染科)
1350	MF59 佐劑流感疫苗介紹及接種建議 MF59-adjuvanted influenza vaccine	胡婉妍(台大醫院感染科)	
1405	呼吸道融合病毒疫苗介紹及接種建議 RSV Vaccine	李禎祥(高雄長庚醫院感染科)	王振泰(台大醫院感染科)
1430	肺炎鏈球菌疫苗介紹及接種建議 Pneumococcal vaccine	洪健清(台大醫院感染科)	
1455	結語 Closing remarks	王振泰(台大醫院感染科)	

◆ 成人疫苗接種建議

隨著人口老化與慢性疾病盛行，成人族群對疫苗可預防疾病的易感性日益增加。成人免疫力會隨年齡下降，導致感染後之併發症與住院風險顯著上升。疫苗接種除可預防感染外，亦能減少慢性病惡化與醫療資源消耗。依據台灣疾病管制署建議，成人應定期接種流感疫苗、破傷風/白喉/百日咳疫苗及 COVID-19 疫苗；年長者與高風險族群則建議追加肺炎鏈球菌與帶狀皰疹疫苗。內科醫師在門診追蹤及慢性病管理過程中，扮演疫苗推廣的關鍵角色。本演講將概述最新成人疫苗建議、特殊族群接種策略與臨床實務應用，協助醫師於有限門診時間內有效評估與建議成人疫苗接種，以強化疾病預防與公共衛生效益。

◆ MF59 佐劑流感疫苗介紹及接種建議

As Taiwan rapidly transitions into an aging society, conventional influenza vaccination strategies warrant reevaluation and adaptation. All currently available influenza vaccines have been approved by regulatory authorities and are effective in preventing influenza; however, each vaccine platform, distinguished by its technological basis, manufacturing process, and target population, has unique characteristics and design considerations. Consequently, vaccination decisions should be guided by individualized clinical assessment, taking into account patient age, comorbidities, and overall risk profile. In this presentation, I will summarize current evidence on adjuvanted influenza vaccines, highlighting their immunogenicity, effectiveness, and clinical utility in older adults and individuals with chronic medical conditions, and discuss their role in optimizing influenza prevention strategies in Taiwan.

◆ 呼吸道融合病毒疫苗介紹及接種建議

呼吸道融合病毒（RSV）是嬰幼兒與高齡者重症下呼吸道感染的主要病原之一，可能導致肺炎與細支氣管炎，重症時需住院甚至致命。尤其對 60 歲以上患有慢性心肺疾病、糖尿病或免疫低下者影響更為嚴重。隨著人口老化，老年人 RSV 防治需求日益迫切。近年 RSV 疫苗研發取得重大突破，已有數款疫苗獲准用於高齡者與孕婦，以保護新生兒。RSV 疫苗主要包含重組蛋

白疫苗與單株抗體。台灣亦針對高風險族群規劃接種建議。疫苗安全性良好，常見副作用為注射部位反應與輕微全身症狀。本講座介紹 RSV 疫苗的作用機轉、臨床試驗結果與適用對象，並針對老年人族群提出接種建議，協助醫療人員與民眾認識 RSV 疫苗之重要性。，期望降低 RSV 相關重症與住院風險。

◆ 肺炎鏈球菌疫苗介紹及接種建議

肺炎鏈球菌（Streptococcus pneumoniae）是引發社區型肺炎、菌血症與腦膜炎的主要病原，尤其對 65 歲以上長者、慢性病患者與免疫低下者危害更鉅。根據世界衛生組織（WHO）資料，肺炎鏈球菌每年造成全球約 160 萬人死亡。台灣本地研究亦指出，自兒童納入疫苗後，兒童 IPD 發病率下降，但部分血清型（如 19A、22F）在成人中仍持續流行，且成人族群疫苗接種率偏低，整體疾病負擔仍不容忽視。

肺炎鏈球菌疫苗主要分為兩大類型：第一、多醣體疫苗（PPSV23），自 1983 年問世，涵蓋 23 種常見血清型，具短期免疫效果但無黏膜保護與記憶功能。第二、蛋白結合型疫苗（PCV），上市順序如下，PCV7（2000 年）→ PCV13（2010 年）→ PCV15（2021 年）→ PCV20（2022 年）→ 最新 PCV21（2024 年美國核准）。此類疫苗將多醣體與蛋白結合，可誘導 T 細胞依賴性免疫與記憶反應，具更長效之保護力，並能減少鼻咽帶菌與群體傳播。

臨床證據與真實世界成效顯示，PCV13 在 CAPiTA 臨床試驗中，對 ≥65 歲成人的疫苗涵蓋型侵襲性疾病保護力達 75%；PPSV23 的 IPD 預防效益約 60–70%；PCV15 與 PCV20 具相當或更佳免疫原性，均已獲美國 FDA 核准成人使用。美國 Medicare 資料顯示，PCV13 能減少約 73%因肺炎住院；PCV20 與 PCV21 預期可提供更高涵蓋與便利接種策略，正迅速成為全球先進國家接種主流。

成人肺炎鏈球菌疫苗接種，根據美國 CDC 與最新臨床建議，成人疫苗接種策略可分為以下兩大類：第一、使用 PCV20 或 PCV21 單劑接種（首選建議），適用對象為首次接種者或接種史不明者，特別是 ≥50 歲或高風險成人。優點是涵蓋血清型最多、免需再接 PPSV23，流程簡便。第二、組合接種（PCV13 或 PCV15 + PPSV23），適用對象：高風險成人（如免疫低下、器官移植、慢性疾病等）或需要進一步血清型擴充者；接種方式：先接種 PCV13 或 PCV15，間隔 ≥8 週（高風險）或 ≥1 年後接 PPSV23。曾接種 PCV13 或 PPSV23 者，若間隔 ≥5 年，可考慮補打一劑 PCV20/21。

肺炎鏈球菌疫苗接種為提升成人健康、預防重症與降低醫療資源耗費的關鍵策略。隨著疫苗價數與技術持續提升，建議根據個人年齡、接種史與健康風險採取最佳組合方式，並積極提升疫苗可近性與接種率，以實現更有效的公共衛生保護網。

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醫學倫理(法規、倫理、性別)

主持人：吳俊穎

1520	引言 Opening remarks	吳俊穎(國立陽明交通大學)
1525	職場不法侵害之識別與應對—以醫療職場為例	陳叡瑜(臺北醫學大學)
1545	醫美醫療糾紛之案例解析	黃品欽(大願法律事務所)
1610	性別醫學原理與國際發展	黃淑玲(國防醫學大學)

◆ 職場不法侵害之識別與應對—以醫療職場為例

在服務業日益興盛的產業趨勢下，職場人際生態日益複雜，工作場所內主管與下屬間、同事間或是工作者與服務對象或其他人員間之溝通協調時有衝突，處理不當即可能發生暴力事件。職場暴力形式包括言語、肢體動作、電子通訊、網際網路等不當言行，其中以權力不對等，且持續為之的霸凌行為，使受害者長期處於高壓處境下造成極大的心力創傷，最為嚴重。醫療院所由於工作特性，是職場暴力的高風險場域，本次演講將探討醫療職場暴力類型與盛行率及其防患措施，並特別介紹「職業安全衛生法」增訂之「職場霸凌防治專章」草案。

◆ 醫美醫療糾紛之案例解析

隨著醫美市場發展，相關醫療糾紛案件量亦逐年攀升。本次講座旨在系統性地分析醫美糾紛的成因，並透過相關案例，提供實務上的應對與預防策略。

內容將常見糾紛歸納為四大類型：一、期望值落差，為最常見的爭議，即術後效果與消費者預期不符；二、併發症與後遺症，如感染、疤痕增生或功能性損傷；三、知情同意不完整，醫師未充分告知療程風險與替代方案；四、廣告內容爭議，因誇大不實的宣傳引發誤解。

從相關判決深入探討，釐清醫師的「告知義務」、「醫療常規」等應注意事項，透過強化術前溝通與風險管理，從源頭降低糾紛，共創醫病雙贏。

◆ 簡介性別醫學的國際發展與台灣現況

1. 簡介性別醫學的國際發展與台灣現況
2. 醫學研究中的性別盲問題
3. 醫學研究進行性別分析的原理、創新性與重要性
4. 重要醫學期刊的性別分析指引
5. 性別醫學的案例資源

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糖尿病、肥胖、心腎及代謝疾病照護新篇章: 腸泌素的多重角色與胰島素的友善應用

台灣諾和諾德藥品股份有限公司贊助

主持人：許惠春 楊偉勛 杜思德 林慶齡

0830	Opening		
0835	糖尿病治療的基石 – 以簡單、友善方式迎接新型胰島素起始與強化治療	林怡君(榮陽安心診所)	許惠春(博新小兒科家庭醫學科診所)
0915	Q & A		
0925	從口服到針劑藥物: 心腎代謝疾病治療的第四本柱	廖國盟(臺北市立聯合醫院忠孝院區)	楊偉勛(臺大醫院)
1005	Q & A		
1015	以病患為中心的治療選擇：Semaglutide 在不同情境下的實戰經驗分享	杜柏村(瑞東診所)	杜思德(彰化基督教醫院)
1055	Q & A		
1105	超越減重，Semaglutide 的多重臨床效益分享	曹心怡(國泰綜合醫院)	林慶齡(國泰綜合醫院)
1145	Q & A		
1155	Closing		

◆ 糖尿病治療的基石 – 以簡單、友善方式迎接新型胰島素起始與強化治療

由於降糖藥物研發的不斷創新，加上針劑或口服新型降糖藥物的心血管結果研究(CVOT)陸續發表，ADA/EASD 等國際治療指引建議，二型糖尿病的降糖治療藥物的介入，新型降糖藥物先於胰島素療法。然而，二型糖尿病是一種漸進式的慢性疾病，除了急性高血糖期的患者，多數長期控糖成效不佳的患者，最終皆可能需要胰島素的治療。胰島素介入治療的困難，主要來自於注射障礙、患者對胰島素的迷思、以及對低血糖的恐懼，新一代超長效基礎胰島素具有平穩降糖的效果，減少低血糖發生風險，並具有改良式注射器，將幫助糖尿病患者跨出成功控糖的第一步。糖尿病治療需要同時兼顧空腹及餐後血糖，若餐後血糖沒有控制好，會增加血糖波動幅度，導致心血管風險及低血糖風險的增加。此外，糖尿病腎病變也是目前全世界導致慢性腎臟病 (CKD) 和末期腎衰竭 (ESRD) 的重要原因，因此理想的血糖控制及減少低血糖的發生對於糖尿病患者顯得相當重要。第二型糖尿病患者接受胰島素治療時，多以基礎胰島素作為起始，幫助全天血糖控制平穩。當餐後血糖也需要控制時，則可選擇加上速效胰島素控制餐後血糖，或是轉換為預混胰島素同時控制餐前及餐後血糖。亞洲地區因人種以及飲食習慣以米食為主的關係，餐後血糖對高血糖的貢獻度較西方人高，顯示餐後血糖的控制於亞洲族群更顯重要。然而隨著胰島素的持續創新，發展出超長效基礎胰島素 Insulin Degludec 及世界首款雙胰島素 Insulin Degludec/Aspart (IDegAsp)，IDegAsp 含有 70%的 Insulin Degludec 以及 30% Insulin Aspart，一天一針即可同時控制空腹及餐後血糖，減少血糖波動。本次會議將分享新一代胰島素用於第二型糖尿病治療的經驗。

◆ 從口服到針劑藥物: 心腎代謝疾病治療的第四本柱

在台灣，超過 1/4 的糖尿病人合併慢性腎臟病，而長期糖尿病控制不佳引起的慢性腎臟病已對健康經濟構成了重大負擔。慢性腎病的標準治療包括血壓控制和使用 ARB、SGLT-2i 與 MRA，但在減緩 CKD 進展至末期腎臟疾病方面的效力有限。此外，慢性腎並加重了糖尿病患者的心血管風險。

在糖尿病盛行率逐漸升高的情況下，糖尿病照護已成為跨專科治療的重要議題；GLP-1 受體

激動劑（GLP-1 RA）中的 semaglutide，因具有完整的臨床試驗證據與優異的療效，已經成為對抗糖尿病的關鍵角色。其強有力的臨床證據不僅限於血糖控制，還顯示出明顯的下降重大心血管事件風險和減少蛋白尿，幫助糖尿病患的心臟與腎臟等器官保護，對於周邊血管的保護效果值得期待。

應用 GLP-1 RA 幫助糖尿病患在控糖之外，提供體重控制以及心臟及腎臟等器官保護，對於內科及家醫科醫師管理糖尿病及其共病帶來極大的助益。

◆ 以病患為中心的治療選擇：Semaglutide 在不同情境下的實戰經驗分享

現代糖尿病治療強調以病患為中心的個人化策略，Semaglutide 作為新一代 GLP-1RA，提供口服與注射雙劑型選擇，為臨床實務帶來更大彈性。本演講將分享 Semaglutide 在多元臨床情境的實戰應用經驗，包括：新診斷糖尿病患者的起始治療、多重用藥患者的簡化策略、合併心血管疾病的高風險族群，以及肥胖併發代謝症候群的個案管理。透過真實案例討論，探討如何根據患者的生活型態、治療偏好、共病狀況與經濟考量，選擇最適合的 Semaglutide 劑型與劑量。分享口服劑型對懼針患者的優勢，以及每週一次注射對依從性的改善。同時討論實際臨床常見的挑戰，如腸胃道副作用管理、劑量調整時機，以及與其他藥物的併用策略。期望透過實務經驗交流，協助臨床醫師掌握 Semaglutide 的精準應用，提升患者治療滿意度與長期療效。

◆ 超越減重，Semaglutide 的多重臨床效益分享

Semaglutide 2.4mg（Wegovy®）開啟了肥胖治療的新視野，其價值已遠超越單純的體重管理。

本演講將深入剖析 Wegovy 的多重臨床效益。除了顯著的減重效果，更重要的是其在心血管保護的突破性證據。SELECT 研究證實，Wegovy 能降低 20%主要心血管不良事件（MACE），包括心肌梗塞、中風及心血管死亡風險，為肥胖合併心血管疾病患者帶來革命性治療選擇。演講將分享 Wegovy 對多重代謝指標的改善：降低血壓、改善血脂異常、減少內臟脂肪、降低發炎指標，以及延緩糖尿病前期患者進展至糖尿病。透過臨床案例與最新研究數據，展現 Wegovy 如何成為心腎代謝全方位管理的重要工具，重新定義肥胖治療的臨床目標與價值。

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蓓麗嘉國際股份有限公司贊助

主持人：林仲傑(伊萊診所院長/醫師)

1215	減重不減髮的臨床策略：從代謝平衡到毛囊營養與低能量雷射治療（LLLT）的整合應用—以猛健樂為例	鄭煜彬(國泰綜合醫院皮膚科主治醫師)
1245	從血管彈性到頭髮健康：β-谷甾醇與硒在更年期的關鍵角色	林鼎鈞(東妍診所減重諮詢營養師)

◆ 減重不減髮的臨床策略：從代謝平衡到毛囊營養與低能量雷射治療（LLLT）的整合應用—以猛健樂為例

GLP-1 類受體促效劑（如猛健樂）為近年減重治療的重要突破，但隨著體重快速下降，部分患者出現暫時性或持續性落髮問題。此演講將從臨床觀點探討「減重不減髮」的整合策略，涵蓋代謝調控對毛囊能量供應的影響、營養素（胺基酸、硒、鋅、生物素等）在毛髮週期中的角色，以及低能量雷射（LLLT）在促進頭皮微循環與細胞活化上的輔助應用。藉由病例分析與治療實證，建立兼顧代謝健康與毛囊穩定的臨床介入模式。

◆ 從血管彈性到頭髮健康：β-谷甾醇與硒在更年期的關鍵角色

更年期女性常伴隨血管彈性下降、荷爾蒙波動與頭髮稀疏問題，其核心關鍵在於抗氧化與內分泌平衡。β-谷甾醇作為植物固醇的一種，具調節膽固醇代謝與降低 DHT 生成的作用；硒則為多種抗氧化酵素（如 GPx、TrxR）的必要元素，可維持毛囊細胞防禦力並減少發炎反應。本場將從營養醫學角度說明二者如何協同改善微血管循環、支持毛囊營養輸送，並探討臨床應用於更年期女性整體健康與頭髮保養的策略。

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感染症前線：疫苗防護與治療革新的未來展望

荷商葛蘭素史克藥廠股份有限公司台灣分公司贊助

主持人：高嘉宏 張峰義 黃景泰

0830	引言 Opening Remarks	高嘉宏(臺大醫院)	
0835	B 型肝炎病毒表面抗原定量於功能性治癒與肝癌風險預測中的應用 Quantitative HBsAg to Predict Functional Cure and HCC Risk	曾岱宗 (台大醫院消化內科)	高嘉宏(臺大醫院)
0935	佐劑在現代疫苗中的關鍵角色 Key Roles of Adjuvants in Modern Vaccines	黃建賢 (新光醫院感染科)	張峰義 (三軍總醫院感染科)
1035	中場休息 Break		
1055	RSV 預防新知與全球疾病負擔 RSV Prevention: Recent Advances and Global Disease Burden	林冠吟 (台大醫院感染科)	黃景泰 (長庚紀念醫院林口醫學中心感染科)
1155	結語 Closing Remarks	黃景泰 (長庚紀念醫院林口醫學中心感染科)	

◆ B 型肝炎病毒表面抗原定量於功能性治癒與肝癌風險預測中的應用

Chronic hepatitis B (CHB) remains a major global cause of hepatocellular carcinoma (HCC). Current guidelines recommend indefinite HCC surveillance for many non-cirrhotic, HBeAg-negative patients with inactive CHB due to the absence of a simple biomarker that reliably identifies individuals at truly negligible risk. Refining risk stratification in this population therefore represents a critical unmet clinical need.

Quantitative hepatitis B surface antigen (HBsAg) reflects intrahepatic transcriptionally active cccDNA as well as integrated HBV DNA, thereby capturing both virologic activity and host immune control. Long-term community- and hospital-based cohort studies consistently demonstrate that HBsAg <100 IU/mL identifies individuals with annual HCC incidence well below 0.2%, the accepted cost-effectiveness threshold for surveillance. This extremely low-risk profile is reproducible across age and sex strata and has been validated in independent cohorts. Notably, HCC incidence and liver-related mortality in this subgroup are comparable to those in individuals without chronic viral hepatitis.

This cutoff refines the conventional definition of inactive CHB—traditionally characterized by HBeAg negativity, persistently normal ALT, and HBV DNA <2,000 IU/mL—by adding a quantitative virologic biomarker that more precisely captures immune-controlled infection. This phenotype aligns with the concept of partial HBV cure, marked by profound suppression of viral activity and minimal HCC risk.

Incorporating HBsAg <100 IU/mL into clinical practice may improve identification of true inactive carriers and enable evidence-based de-escalation of HCC surveillance, thereby optimizing resource allocation and patient management.

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◆ 佐劑在現代疫苗中的關鍵角色

安全、有效的疫苗的便利生產已成為醫學和科學領域最引人注目的挑戰之一，尤其在全球人口老化、高齡化趨勢下更顯關鍵。現今疫苗類型多元，包括核酸（DNA 和 RNA）、病毒顆粒、胜肽、病毒載體、重組蛋白、以及減毒、失活病毒等。免疫佐劑能增強針對抗原的免疫反應，提升疫苗效力並延長保護時間。佐劑的主要功能包括：增強高純度或重組抗原的免疫原性，減少獲得保護性免疫所需的抗原劑量或免疫接種次數，提高疫苗在新生兒、老年人或免疫功能低下人群中的有效性，作為抗原遞送系統，促進黏膜吸收抗原。

隨著高齡人口增加，老年人對疫苗的需求與免疫反應成為公共衛生重點，佐劑的應用有助於提升這一族群的疫苗保護力。本演講概述了佐劑在當前和未來疫苗中的潛在優勢，並闡述了佐劑配方和作用機制的重要性。此外，我們還強調了有效佐劑臨床開發中的安全性考慮和其他關鍵方面，這些佐劑將有助於促進下一代有效對抗毀滅性傳染病的疫苗的研發。

◆ RSV 預防新知與全球疾病負擔

本次會議聚焦於呼吸道融合病毒（RSV）對高齡族群與高風險病患的健康衝擊及預防策略。雖然 RSV 常被誤認為是嬰幼兒專屬疾病，但對 50 歲以上成人及具備慢性病史（如心肺疾病、糖尿病、慢性腎病、免疫不全）或居住於長照機構等高風險族群而言，RSV 感染同樣會誘發嚴重的下呼吸道疾病，導致住院率、加護病房使用率與死亡率顯著增加，並加劇原有慢性病的惡化，造成龐大的醫療資源負擔。因此，本演講旨在提升醫療專業人員對 RSV 在成人族群中潛在風險的認知與重視。

12/7(日) 203 演講廳

癌症篩檢講座【健康台灣深耕計畫論壇】

1215 45 is new 50 - 為何大腸癌篩檢要下修起始年齡 邱瀚模(臺大醫院健康管理中心)