

Buddhist Dalin Tzu Chi Hospital Geriatric Oncology Symposium

時間：民國 106 年 11 月 25 日 (六) 14:30~18:00

地點：仁義湖岸大酒店高峰會議室 (嘉義縣番路鄉內甕村後坑仔35號)

主辦單位：佛教大林慈濟醫院胸腔內科

協辦單位：嘉義長庚醫院胸腔內科

嘉義基督教醫院胸腔內科

雲林台大醫院胸腔內科

教育積分：台灣胸腔暨重症加護醫學會(申請中)

中華民國重症醫學會(申請中)

台灣肺癌學會(申請中)

台灣臨床腫瘤醫學會(申請中)

台灣老年學暨老年醫學會(申請中)

Time	Topic	Speaker	Moderator
14:30-14:40	Opening		大林慈濟醫院 賴俊良副院長
14:40-15:40	Targeted therapy and immunotherapy in elderly patients with NSCLC	台大醫院 施金元教授	大林慈濟醫院 賴俊良副院長
15:40-15:50	Coffee Break		
15:50-16:50	General consideration in geriatric oncology	高醫大附設醫院 方姿蓉主任	義大癌治療醫院 黃明賢副院長

16:50-17:50	Chemotherapy in elderly patients with NSCLC	臺北榮民總醫院 陳育民教授	義大癌治療醫院 黃明賢副院長
17:50-18:00	Closing		大林慈濟醫院 賴俊良副院長

一、Speaker：

施金元教授 JIN-YUAN SHIH

現職：

台大醫院內科部主治醫師

台大醫院內科部教授

台大醫院內科部胸腔科主任

學歷：

國立台灣大學醫學系學士

國立台灣大學臨床醫學研究所博士

經歷：

台大醫院內科部臨床副教授 2006~2012

台大醫院內科部臨床助理教授 2002~ 2006

美國德州大學 M.D. Anderson Cancer Center 研究 2004/12~2005/11

國立台灣大學醫學院內科臨床講師 2000/7 ~ 2002/6

國立台灣大學醫學院內科兼任講師 1998/7 ~ 2000/7

台大醫院內科主治醫師 1999/7~

方姿蓉主任

現職：

高醫大附設醫院老年醫學科主治醫師

學歷：

高雄醫學大學醫學研究所碩士

高雄醫學大學醫學系學士

經歷：

高醫大附設醫院內科部住院醫師

高醫大附設醫院內科部總住院醫師
高醫大附設醫院一般醫學內科主任醫師

陳育民 Yuh-Min Chen MD, PhD

現職：

臺北榮民總醫院胸腔部 一般胸腔科主任
台灣肺癌學會理事長、國立陽明大學醫學系內科學科教授

學歷：

國立陽明大學臨床醫學研究所博士
國立陽明大學醫學士

經歷：

臺北榮民總醫院胸腔部呼吸感染免疫科主任醫師
美國約翰霍普金斯醫學中心分子微生物暨免疫學科

二、Moderator：

賴俊良副院長

現職：

大林慈濟醫院副院長兼胸腔內科主任

學歷：

台北醫學院醫學系

經歷：

嘉義榮民醫院胸腔科主任
埔里榮民醫院胸腔內科主任
埔里榮民總醫院胸腔內科主任醫師
台北榮總胸腔部研究醫師
台北榮總內科部住院醫師
部定教職講師資格

黃明賢教授

現職：

義大癌治療醫院副院長
義大癌治療醫院胸腔內科主任醫師

學歷：

高雄醫學院醫學系
日本東京醫科大學大學院博士班

經歷：

美國 Mayo Clinic 研究員

美國阿肯色州立大學研究員
高雄醫學大學附設醫院 副院長
衛生署疾病管制局結核病診療醫師
台灣臨床細胞學會理事長
國家衛生研究院肺癌研究委員會委員
高雄醫學大學醫學社會學系、呼吸照護學系主任
高雄醫學大學附設醫院內科主任、副院長、代理院長
高雄醫學大學附設醫院老年醫學科主任

三、Abstract

14:40-15:40

Targeted therapy and immunotherapy in elderly patients with NSCLC

台大醫院

施金元教授

Elderly patients was the majority of cancer diagnoses and deaths by age group. Target therapy has changed the outcome of various cancers with a new management approach. The similar efficacy but slightly increased toxicity between elderly and younger populations could lead to an elevated concentration of drugs for elderly people.

The ability of immunotherapy to evoke successful antitumor immune responses. Even though immunotherapy-associated immune-related adverse events are rare, they can be life-threatening. A meta-analysis that pooled data concluded that immune checkpoint inhibitors improve overall survival to a similar degree among patients aged 65 to 70 years and younger adults. FDA indicated that older patient may be a higher need for immunomodulatory therapy to manage clinically significant immune-related adverse events.

15:50-16:50

General consideration in geriatric oncology

高醫大附設醫院

方姿蓉主任

Cancer is the leading cause of death in women and men aged 60 to 79 years. The challenge of managing older patients with cancer is to assess whether the expected benefits of treatment are superior to the risk in a population with decreased life expectancy and decreased

tolerance to stress.

Nevertheless, advanced age alone should not be the only criterion to preclude effective treatment that could improve quality of life (QOL) or lead to a survival benefit in older patients. The available data suggest that older patients with good performance status are able to tolerate commonly used chemotherapy regimens as well as younger patients, particularly when adequate supportive care is provided.

However, there have been few studies that have addressed patients at the extremes of age or those with poor performance status. Treatment that diminishes QOL with no significant survival benefit should be avoided. The physiologic changes associated with aging may impact an older adult's ability to tolerate cancer therapy and should be considered in the treatment decision-making process.

16:50-17:50

Chemotherapy in elderly patients with NSCLC

臺北榮民總醫院

陳育民教授

An increasing proportion of cancer patients are aged >70 years. Treatment of the elderly with lung cancer has, therefore, become an important issue. All patients aged ≥ 70 years with NSCLC at one department were reviewed retrospectively. In total, 1059 patients (50.8% of all NSCLC patients). Of these patients, 243 (22.9%) received chemotherapy, 164 (70.4%) of whom were treated with a platinum doublet using carboplatin. Second- and third-line chemotherapy were given to 31.4% and 13.9% of patients, respectively. Median overall survival was 289 and 320 days for male and female patients, respectively. Patients with performance status (PS) 0 experienced significantly better survival than patients with PS1 or PS 2: 410, 314, and 204 days, respectively. Age was of less importance, with patients aged 70~79 years versus those aged ≥ 80 years. Treatment of elderly NSCLC patients with chemotherapy is feasible if they have a good PS and appears to prolong survival. No significant differences in survival either between age groups or genders.