台灣內科醫學會　函

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受 文 者：中華民國心臟學會

發文日期：中華民國一〇九年十一月二日
發文字號：(109)內醫淳字第 1091123800 號
附 件 ：

主　　旨：本會 109 年「會員大會暨學術演講會」訂 11 月 28 日〔星期六〕～11 月 29 日(星期日)，假 台大醫院國際會議中心 舉辦，擬申請貴學會繼續教育學分，敬請惠予認定，並祈　週知貴學會會員踴躍參加為禱。

說　　明：

一、本會 109 年「會員大會暨學術演講會」訂 11 月 28 日至 11 月 29 日；假 台大醫院國際會議中心 舉行。

二、敬請　貴學會惠予認定繼續教育積分，並祈周知會員踴躍參加為禱

理事長
張上淳

台灣內科醫學會「109 年會員大會暨學術演講會」節目場地配置一覽表

台大醫院國際會議中心	十一月二十八日（星期六）				十一月二十九日（星期日）			
	上　午		下　午		上　午		下　午	
	8:30～10:00	10:20～12:00	1:30～3:00	3:20～5:00	8:30～10:00	10:20～12:00	1:30～3:00	3:20～5:00
301 （220 人）	心衰竭與其他內科共病 Heart failure & comorbidities 主持人：黃瑞仁、王俊傑	結構性心臟病新知 Update the knowledge of structural heart disease 主持人：黃瑞仁、謝宜璋	急性骨髓性白血病治療的最新進展 Recent advances of diagnosis and management in acute myeloid leukemia (AML) 主持人：周文堅、高志平	精準醫療－全癌基因篩檢的時代已經來了嗎？ Precision medicine: Genomic screening for every cancer patient? 主持人：陳立宗、許　駿	新型冠狀病毒瘟疫之下也談風濕性疾病 Talking about rheumatic diseases during COVID-19 pandemics 主持人：張德明、蔡長祐	外賓特別演講 Prof. John Kolbe, Dr. Jacqueline Winfield Fincher 主持人：張上淳、吳明賢 會員代表大會 【12:00 PM ~1:00 PM】	台灣尖端醫療：腎臟移植 New advances of kidney transplantation in Taiwan 主持人：黃尚志、吳麥斯	急性腎損傷的超前思維--台灣共識 Forward thinking of acute kidney injury-- Taiwan consensus 主持人：吳明儒、陳永昌
401 （220 人）	海報「Oral presentation」 【9:00 AM~12:30 PM】		COVID-19 的重症照護 Critical care in COVID-19 主持人：林孟志、林恒毅	篩檢及根除幽門螺旋桿菌預防胃癌之現有證據與待解決議題 Screening and eradication of *H. pylori* infection for gastric cancer prevention- Current evidence and unresolved issues 主持人：吳明賢、許博翔	非結核分枝桿菌肺部疾病：現況、診斷、治療 Nontuberculous mycobacterial lung disease: Epidemiology, diagnosis, management 主持人：黃伊文、鍾飲文	空氣污染和肺部疾病 Air pollution and lung diseases 主持人：余忠仁、徐武輝	免疫治療與免疫病理機轉的最新進展和見解 Recent advances in the immunopathogenesis and immunotherapy 主持人：劉扶東、顏正賢	新型冠狀病毒肺炎感染：以免疫反應的角度出發與探討 COVID-19 infection: The perspectives on immune responses 主持人：劉扶東、陳得源
402 （400 人）	糖尿病與心血管疾病 Diabetes mellitus and cardiovascular disease 主持人：黃建寧、陳榮福	糖尿病腎病變的治療新典範 New paradigm in the management of diabetes kidney disease 主持人：辛錫璋、陳永銘	住院病人常見內分泌疾病 The most common inpatient endocrine related disease 主持人：歐弘毅、林宏達	內分泌與營養 Endocrine and nutrition 主持人：李亭儀、簡銘男	面對感染症的宿主防禦 Host defense against infectious diseases 主持人：黃景泰、謝思民	COVID-19：百年來的人類新挑戰 COVID-19: A new challenge in recent 100 years 主持人：黃立民	慢性肝病與 COVID-19：處置與建議 Chronic liver disease and COVID-19: Management and recommendations 主持人：高嘉宏、林漢傑	醫學倫理、法規、品質、兩性議題 主持人：吳俊穎
會外會	【Luncheon Symposium】12:15PM～1:15PM 1. 台灣賽諾菲股份有限公司贊助(203 講堂) 2. 台灣禮來股份有限公司贊助(301 講堂) 3. 台灣諾和諾德藥品股份有限公司贊助(401 講堂) 4. 台灣安斯泰來製藥股份有限公司贊助(402 講堂)				【Luncheon Symposium】12:15PM～1:15PM 1. 台灣諾華股份有限公司贊助(202 講堂) 2. 台灣諾和諾德藥品股份有限公司贊助(203 講堂) 3. 台灣賽諾菲股份有限公司贊助贊助(401 講堂) 4. 台灣禮來股份有限公司贊助(402 講堂)			
201	二樓走廊：會員報到、「海報展示」、201 講堂：「藥品暨醫療器材展示」		二樓走廊：會員報到、「海報展示」201 講堂：「藥品暨醫療器材展示」		二樓走廊：會員報到、「海報展示」、201 講堂：「藥品暨醫療器材展示」		二樓走廊：會員報到、「海報展示」、201 講堂：「藥品暨醫療器材展示」	

【備註】：1.「Luncheon Symposium」額外認定內科 B 類學分。2. 加網底課程額外認定「糖尿病共同照護網」、「法規、感控、兩性」學分。

台大醫院國際會議中心	11 月 28 日（星期六）8:30 AM～10:00 AM	
301 講堂	心衰竭與其他內科共病 Heart failure & comorbidities 主持人：黃瑞仁、王俊傑	
	8:30 AM	引言 Opening remarks 黃瑞仁 臺大醫院心臟血管內科
	8:35 AM	心衰竭和慢性肺阻塞 Heart failure and chronic obstructive pulmonary disease 曾炳憲 亞東紀念醫院心臟血管內科
	8:55 AM	心衰竭和慢性腎疾病 Heart failure and chronic kidney disease 顏學偉 高雄醫學大學附設醫院心臟血管內科
	9:15 AM	心衰竭和糖尿病 Heart failure and diabetes mellitus 廖家德 奇美醫院心臟血管內科
	9:35 AM	心衰竭和甲狀腺疾病 Heart failure and thyroid diseases 徐千彝 臺北醫學大學附設醫院 心臟血管內科
	9:55 AM	結語 Closing remarks 王俊傑 林口長庚醫院心臟血管內科
	10:00 AM	Break

台大醫院國際會議中心	11 月 28 日(星期六) 10:20 AM～12:00 PM	
301 講堂	結構性心臟病新知 Update the knowledge of structural heart disease 主持人：黃瑞仁、謝宜璋	
	10:20 AM	引言 Opening remarks 黃瑞仁　臺大醫院心臟血管內科
	10:25 AM	經導管主動脈置換術 Transcatheter aortic valve replacement 殷偉賢 振興醫院心臟內科
	10:45 AM	經導管二尖瓣修補術 Transcatheter mitral valve repair 李慶威 臺北榮民總醫院心臟內科
	11:05 AM	經導管先天性心臟病修補術 Transcatheter repair in congenital heart disease 王玠能 成大醫院小兒胸腔科
	11:25AM	經導管肺動脈瓣置換術 Transcatheter pulmonary valve replacement 王主科 臺大醫院小兒心臟科
	11:45 PM	討論時間 Q & A 謝宜璋 林口長庚醫院心臟血管內科
	11:55 PM	結語 Closing remarks 謝宜璋 林口長庚醫院心臟血管內科

Curriculum Vitae

曾炳憲

Bing-Hsiean Tzeng, MD. PhD.

Birthday: June 3, 1966

Current position:

2015~Present	Director of Heart failure Center and Attending Physician, CVC, Far Eastern Memorial Hospital, Taiwan
2013~Present	Assistant professor, NDMC

Education:

2005~2012	PhD., Graduated Institute of Life Science, Academia Sinica, National Health Research Institutes, and National Defense Medical Center
1984~1991	M.D. National Defense Medical Center, Taipei, Taiwan (M84)
1981~1984	The Senior High School of National Taiwan Normal University, Taipei, Taiwan

Clinical Training:

2000~2001	Clinical research fellow, Yorkshire Heart Centre, Leeds General Infirmary, UK
1997~1998	Chief resident doctor, Department of Medicine and Division of Cardiology, Tri-Service General Hospital, Taipei, Taiwan
1996~1998	Cardiologic fellowship training, Division of Cardiology, Tri-Service General Hospital, Taipei, Taiwan
1993~1997	Resident doctor, Department of Medicine, Tri-Service General Hospital, Taipei,Taiwan
1991~1993	Medical officer, Fang-Chue Army Field Hospital, Kinmen

Past Position:

2009~2015	Director of Cardiac Intensive Care Unit, Tri-Service General Hospital, Taipei, Taiwan
1998~2015	Attending Physician, Cardiology, Tri-Service General Hospital, Taipei, Taiwan

Board Certifications:

2009~Present	Taiwan Society of Cardiovascular Interventions
2008~Present	Interventional cardiologist, Taiwan Society of Cardiology
2008~Present	Taiwan Society of Echocardiography
2002~Present	Critical Care Medicine, Taiwan
1998~Present	Board of Cardiology, Taiwan
1996~Present	Board of Internal Medicine, Taiwan
1991~Present	License of Physician, Taiwan

簡歷

姓名:顏學偉

學經歷: 1977- 1984 高雄醫學大學醫學系醫學士 ． 1990 - 高醫主治醫師 ．1996 - 1997 美國哈佛公共衛生學院心血管研究中心 ，2002 - 2011 心臟加護病房主任，2011 - 2014 心臟功能室主仟 ． 2015 - 2018 心臟內科主任

專科與學會

- 中華□國內科專科醫師
- 中華□國心臟內科專科醫師
- 中華□國心臟內科專科指導醫師
- 中華□國急救加護重症專科醫師
- 中華□國重症學會專科指導醫師
- 臺灣介入性心臟血管醫學會
- 臺灣醫學會
- 中華□國血脂及動脈硬化學會

履 歷 表 (Curriculum Vitae)

中文姓名 ： 王玠能

英文姓名 ： Jieh-Neng Wang

學　　歷 ： 臺北醫學院醫學系醫學士

成功大學臨床醫學研究所博士

現　　職 ： 成功大學醫學院附設醫院小兒部主治醫師

成功大學醫學院附設醫院一般小兒科主任

成功大學醫學院附設醫院兒童加護病房主任

成功大學醫學院醫學系小兒科副教授

經　　歷 ： 馬偕紀念醫院實習醫師

高雄海軍總醫院小兒科少尉醫官

烏坵海軍檢診所內兒科少尉醫官

成功大學醫學院附設醫院小兒科住院醫師

成功大學醫學院附設醫院小兒心臟科研究員

台灣大學醫學院附設醫院小兒心臟科研究員

成功大學醫學院附設醫院兒童急救加護科研究員

美國國立兒童醫院加護病房訪問醫師

成功大學醫學院醫學系小兒科講師

美國費城兒童醫院重症照護科研究員

成功大學醫學院醫學系小兒科助理教授

專門領域： 兒童心臟學、兒童胸腔學、兒童重症醫學、一般兒科學

CCURRICULUM VITAE

Jou-Kou Wang, MD, PhD 王主科

Address: No, 7 Chung-Shan South Road, Department of Pediatrics, National Taiwan University Hospital, Taipei, Taiwan 100
Date of birth: December 12, 1955
Place of birth: Tainan, Taiwan
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Education:

1973~1980 School of medicine, National Taiwan University,

1988~1992 Research Institute of Clinical Medicine, National Taiwan University

1999-2003 EMBA National Taiwan University

Post graduate training

1982~1985 Resident, Department of Pediatrics, National Taiwan University Hospital

1985~1986 Fellow, Department of Pediatrics, National Taiwan University Hospital

1991~1992 Clinical Fellow, Department of Pediatric Cardiology, Texas Children's Hospital, Texas, USA

Academic appointments:

1988~1994 Lecturer of Pediatrics, National Taiwan University

1994~2000 Associate professor of Pediatrics, National Taiwan University

2000~present Professor of Pediatrics, National Taiwan University

2012 ~2018President of Taiwan Society of Pediatric Cardiology,

Current position: Chief of Pediatric Cardiology section

National Taiwan University Hospital, Taipei, Taiwan

CEO Taiwan Cardiac Children's Foundation

Heart Failure and Chronic Obstructive Pulmonary Disease

Dr. Bing-Hsiean Tzeng

Division of Cardiology, Far Eastern Memorial Hospital

Chronic obstructive pulmonary disease (COPD) and heart disease have accounted for one of the top ten causes of death in Taiwan for many years, which has a great impact on the health of our people, especially in the aging society. The number of patients with COPD and heart failure (HF) is increasing year by year. COPD patients may also have HF, although the symptoms are similar (e.g. fatigue, frequent wheezing, chest tightness, dyspnea, etc.). The clinical diagnosis and treatment of this coexisting is more difficult, and the treatment strategy is different, but is worthy of special attention by clinicians. In view of this, the Taiwan Society of Pulmonary and Critical Care Medine and the Taiwan Society of Cardiology invited medical experts to co-publish the first edition of the "Manual of Taiwan Expert Consensus for the Diagnosis and Treatment of Coexisting HF and COPD" to provide clinicians and nursing staff as a first-line medical care reference. With the development of evidence-based medicine in the diagnosis and treatment of COPD and HF in recent years, the two societies worked together again this year to set up an editorial working group and hold several consensus meetings, which reviewed the latest international guidelines, evidence-based medical literature and combined clinical experience to build consensus on the identification diagnosis, clinical evaluation and drug treatment guidelines for coexisting HF and COPD. In the consensus, there were several important discussed issues, such as evaluations of COPD with comorbid HF, what kind of bronchodilators, steroids beta-blockers for coexisting HF and COPD, oxygen therapy for HF and COPD, and so on. In addition to an electrostatgram and chest X-rays, the blood N-terminal B-type natriuretic peptide (NT-proBNP) level should be checked when a COPD patient with suspecting HF. While suspecting a HF patient with comorbid COPD, pulmonary function test and follow-up treatments are recommended after the patient has reached a stable period (before discharge or within one month of discharge). Based on the available clinical evidence and the pharmacological characteristics of COPD and HF treatment drugs, the basic prescriptions for both diseases can be safely applied to patients with coexisting conditions without significant side effects. Inhaled long-acting bronchodilators and oral cardioselective beta-blockers have been shown to be safe and tolerated in patients with COPD and HF. High-flow oxygen therapy should not be used in patients with HF and COPD, and oxygen therapy is not beneficial for patients without hypoxemia or right HF. In order to enhance the diagnosis and management of COPD and HF, cooperation between cardiac and chest specialists is even more important.

心衰竭和慢性腎疾病

Heart failure and chronic kidney disease

顏學偉

高雄醫學大學附設醫院心臟血管內科

慢性腎病是心臟衰竭常見重要共病之一 。腎功能不良在慢性心衰竭發生率高達 30%，而急性心衰竭併發腎功能惡化更高達 45%。心臟衰竭病人患有中度以上腎功能不良者，增加 2 倍以上的死亡風險。開始血液透析前，已經發生心衰竭者，存活率低於沒有心衰竭病人。因此，心臟與腎臟功能互相的影響，也影響病人的預後。cardiorenal syndrome 代表心腎密切的關連。

心衰竭病人的腎功能惡化因素，包括心輸出量減少，中心靜脈壓上升，交感神經增強, ，RAAS 活化, ，內皮細胞功能不良，過氧化壓力及貧血等。心衰竭病人有高的中心靜脈壓及腎靜脈壓與腎功能變差有密切相關，當腹內靜脈壓達 20 毫米汞柱時，腎絲球過濾率(GFR)下降 28%。適當的使用利尿劑有可能會減少腎靜脈壓而改善腎絲球過濾率。改善右心室的功能同樣也可以減少中心靜脈壓而改善腎功能。

生物標識 BNP/pro-BNP 的代謝受到腎功能影響。使用生物標識來診斷或評估心衰竭，有其限制。而心臟超音波檢查對於慢性腎臟病的病人心臟功能評估非常重要。

可惜的是，多數臨床試驗，將腎功能 eGFR小於 30 ml/min/1.73 m^2的病人排除在外，以至於這一群病人缺少足夠的臨床治療資料。一般而言，GFR >30 的心衰竭病人，仍建議接受標準的治療。腎功能惡化常出現在開始使用ACEI/ARB劑量時。當Cr上升或eGFR下降超過 30%時，視狀況減量或停止使用ACEI/ARB及MRA。β-blocker的使用會減少慢性腎病的心衰竭病人心血管死亡率 34%，但增加了 5 倍的低血壓及心跳變慢的風險。Digoxin及MRA在GFR<30的心衰竭病人避免使用。對於急性心衰竭病人，移除身體多餘水分是控制症狀很有效的方式。通常以利尿劑為主。而Ultrafiltration建議只保留使用在急性心衰竭病人水分過多且對藥物反應不良時。

經導管先天性心臟病修補術

Transcatheter repair in patients with congenital heart disease

王玠能

成大醫學院附設醫院 小兒心臟科

The repair of congenital heart disease (CHD) has been transformed over the past decade by advances in cardiac catheterization. A minimally invasive approach to diagnosing and treating these anomalies is associated with less risk and easier recovery for patients of all ages. Catheter-based interventions are now considered the standard of care in treating newborns, children and adults with a variety of types of CHD.

Various new techniques or devices such as patent ductus arteriosus, atrial septal defect, ventricular septal defect, or some vascular abnormalities such as coronary arteriovenous fistula, complex technical challenges of paravalvular leak closure, or pulmonary valve implantation are now going to be popular. However, to perform safely and achieve good procedure success, real time imaging plays an important role in interventional procedures. Current imaging techniques such as three-dimensional (3D) rotational angiography, multi-modal image fusion, 3D printing, and holographic imaging have the potential to enhance our understanding of complex congenital heart lesions for diagnostic or interventional purposes. While fluoroscopy and standard angiography remain procedural cornerstones, improved equipment design has allowed for effective radiation exposure reduction strategies. Innovations in device design and implantation techniques have enabled the application of percutaneous therapies in a wider range of patients, especially those with prohibitive surgical risk.

In brief, current technologies increase application of percutaneous therapies to a broad range of patients. However, it is important to remember that long-term outcomes for many such novel interventions are lacking, and rigorous prospective studies and data surveillance are required to determine safety and efficacy profiles before these become standard of care. Future innovations and growing experience in this field, in addition to increased collaboration between surgeons and interventionists, will undoubtedly continue to expand transcatheter options in the management of congenital heart disease, further improving the quality of life for the child and adult with CHD.

經導管肺動脈瓣置換術

Transcatheter Pulmonary Valve Replacement

王主科 臺大醫院小兒心臟科

Pulmonary valve regurgitation is commonly present in patients with tetralogy of Fallot (TOF) after total correction. Because of this, progressive dilation of right ventricle may occur with time. Right ventricular dysfunction and heart failure secondary to right ventricular dilation may ensue. Pulmonary valve replacement should be performed in time to prevent irreversible changes in right ventricular function. The indications for pulmonary valve replacement are listed as following: 1. Symptoms 2. RVEDVi > 150~160 mL/m^2 , RVESVi > 80 mL/m^2 3. Pulmonary regurgitation fraction > 30 % 4. Right ventricular ejection fraction < 40 %. Recently, transcatheter pulmonary valve replacement has been increasing performed. In Taiwan, both balloon expandable valves (Melody valve) and self-expandable valves (Pulsta valve) are available for transcatheter pulmonary valve replacement. Melody valve implantation is limited to patients with a pulmonary valve annulus 16~22 mm and pre-stenting is required. Pulsta valve can be used in patients with a pulmonary valve annulus of 18~30 mm. Since transannular patch is frequently performed during TOF repair in Taiwan, the degree of pulmonary regurgitation is frequently more than moderate degree and pulmonary valve annulus is dilated. Self-expandable valve can be used in those with a dilated pulmonary valve annulus. However, many patients had a pulmonary valve annulus > 30 mm in whom surgical replacement is required. Transcatheter pulmonary valve replacement is safe and effective and can be an alternative to surgery.