出國報告

出國開會心得報告

服務機關：台中榮總放射腫瘤部
姓名職稱：林進清、部主任
派赴國家：西班牙 馬德里
出國期間：民國 106 年 9 月 8 日至 9 月 12 日
報告日期：民國 106 年 9 月 30 日

摘要

歐洲內科腫瘤學會(縮寫 ESMO)聯合學術年會，英文全名爲 European Society for Medical Oncology 是一個非營利性科學組織，目的在提升腫瘤學的合作，以及癌症的整合性治療，特別是化學抗癌藥、標靶藥、免疫藥…等臨床試驗，以改善病人的照護爲目標。ESMO 超過 8000 位全球會員，包含內科腫瘤科醫師、血液腫瘤科醫師、放射腫瘤科醫師、癌症研究者、腫瘤基礎醫學研究人員等，爲歐洲內科腫瘤學界最大最重要的一個學術交流平台，也是全球二大內科腫瘤學界學術組織(另一個爲美國放射腫瘤學會(ASCO，American Society for Medical Oncology)。本次大會內容包羅萬象，共收到了 3260 篇摘要投稿，其中有 1736 篇摘要被入選在大會上展示（口頭報告 82 篇，壁報討論 202 篇，壁報展示 1397 篇，共 1681 篇）。備受關注的 55 篇 late breaking 研究摘要將會在大會現場揭曉。其中 37 篇爲口頭報告（7 項口頭報告爲 Presidential），18 篇爲壁報討論…等新知識。

關鍵字：內科腫瘤學

目次

本文

一、 **目的：**參加國際學術會議，吸收最新研究知識與趨勢。

二、 **過程：**會議日期自 2017 年 9 月 8 日至 9 月 12 日。

三、 **心得：**

歐洲內科腫瘤學會(縮寫 ESMO)聯合學術年會，英文全名爲 European Society for Medical Oncology 是一個非營利性科學組織，目的在提升腫瘤學的合作，以及癌症的整合性治療，特別是化學抗癌藥、標靶藥、免疫藥…等臨床試驗，以改善病人的照護爲目標。ESMO 超過 8000 位全球會員，包含內科腫瘤科醫師、血液腫瘤科醫師、放射腫瘤科醫師、癌症研究者、腫瘤基礎醫學研究人員等，爲歐洲內科腫瘤學界最大最重要的一個學術交流平台，也是全球二大內科腫瘤學界學術組織(另一個爲美國放射腫瘤學會(ASCO，American Society for Medical Oncology)。本次大會內容包羅萬象，共收到了 3260 篇摘要投稿，其中有 1736 篇摘要被入選在大會上展示(口頭報告 82 篇，壁報討論 202 篇，壁報展示 1397 篇，共 1681 篇)。備受關注的 55 篇 late breaking 研究摘要將會在大會現場揭曉。其中 37 篇爲口頭報告（7 項口頭報告爲 Presidential），18 篇爲壁報討論…等新知識。值得一提的是，ESMO 2017 大會公布的一系列研究成果，將同期發布在《新英格蘭醫學雜誌》（NEJM）、《柳葉刀》（The Lancet）、《腫瘤學年鑑》（Annals of Oncology）三大國際頂級醫學期刊上。其中「最重要的研究」有(1)非小細胞肺癌：NSCLC：PACIFIC 研究和 IFCT-0802 研究；(2)黑色素瘤：BRIM8，COMBI-AD 和 CheckMate 238 研究;(3)乳腺癌：LORELEI 和 MONARCH 3 研究；(4)泌尿生殖系腫瘤：RANGE 研究；(5)卵巢癌：ARIEL3 研究…等最新臨床試驗結果報告。

本人和本院訓練出來的放射腫瘤年輕專科醫師林伯儒(現任職沙鹿童醫院)參加此次年會，共發表二篇本院治療過頭頸癌研究報告，獲得大會接受。我的論文題目爲「治療前血漿 EB 病毒定量危險分組以及化放療對第三期鼻咽癌之長期療效分析」，分析 356 例新診斷第三期鼻咽癌病人長期治療結果，並依治療前血漿 EB 病毒含量分組，可明確區分病人預後，將儘快謝成完整論文投稿 SCI 期刊。另一篇論文題目爲「血漿 Osteopontin 對鼻咽癌診斷和預後之影響」。

本次大會以「Integrating science and oncology for better patient outcome」爲主題，希望通過對癌症發生和惡化進展相關分子生物學機制的深入研究，轉化和推動癌症的治療選擇，同時強調了科學家和臨床醫生應該通力合作。目前，癌症已經成爲全球的重要疾病負擔，從 2012 年全球癌症統計數據來看，2012 年全球新發癌症患者 1410 萬，癌症相關死亡患者 820 萬。今年的 ESMO 會議上，肺癌、黑色素瘤、卵巢癌、乳腺癌和頭頸部腫瘤等獲得革命性的研究成果，這些研究結果將改變臨床治療指引。

四、 建議事項：

(1)本部多年來在頭頸癌的治療成績與歐洲先進國家相近，可能是英文寫作比歐美國家相對困難，加上台灣醫師臨床工作量遠多於歐美國家，因此發表於學術期刊的研究論文數目相對較少，實在可惜，未來會繼續多鼓勵年輕醫師多做研究及寫論文發表，提升本部及本院之研究成績；(2)感謝院方長官的支持，參加高水準的國際學術會議，對本院訓練出來的放射腫瘤年輕專科醫師國際視野的提升以及未來學術研究的動力有所助益。

五、 附錄

(1)本人發表壁報論文摘要及詳細內容

Long-term results of chemoradiotherapy for stage III nasopharyngeal carcinoma patients and risk grouping by pretreatment EBV viral load

Background

No previous study reported the treatment outcome of stage III nasopharyngeal carcinoma (NPC) patients. The aim of this study is to investigate the long-term clinical outcome of stage III NPC patients and do risk grouping by pretreatment plasma EBV DNA assay for future therapy improvement.

Methods

A total of 356 previously untreated, pathologically-proven NPC patients with stage III disease and available pretreatment plasma EBV DNA data were enrolled in this retrospective study. Initial definitive treatment consisted of concurrent chemoradiotherapy or induction chemotherapy plus radiotherapy. Eighty-four of 356 (23.6%) patients also received post-RT adjuvant chemotherapy. Patients with pretreatment EBV DNA > 1000 copies/mL were defined as a high-risk subgroup (n=106) and the remaining patients as a low-risk subgroup (n=250).

Results

After a median follow-up of 90 months, there were 66 recurrences (18.5%) and 57 deaths (16.0%). The 5-year overall survival (OS), progression-free survival (PFS), distant metastasis failure-free survival (DMFFS), and locoregional failure-free survival (LRFFS) for all 356 patients were 88.6%, 84.0%, 90.5%, and 90.5%, respectively. Thirty-five of 106 (33.0%) high-risk patients developed tumor relapse later, whereas only 12.4% (31/250) low-risk patients had tumor relapse (P<0.0001) Survival analysis revealed that the high-risk subgroup had significantly worse OS (5-year rate, 79.0% vs. 92.8%, P<0.0001), PFS (73.7% vs. 88.4%, P<0.0001), DMFFS (80.2% vs. 95.0%, P<0.0001), and LRFFS (85.6% vs. 92.6%, P=0.0045) than those of the low-risk subgroup.

Conclusions

Long-term treatment results for Stage III NPC patients were good. Risk grouping identified a subgroup of patients with high pretreatment EBV DNA had a significantly higher relapse rates and worse survivals. Future trial should strengthen treatment intensity for these high-risk patients.

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Long-term Results of Chemoradiotherapy for Stage III Nasopharyngeal Carcinoma Patients and Risk Grouping by Pretreatment Plasma EBV DNA Load

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Abbreviations: NPC, nasopharyngeal carcinoma; CCRT, concurrent chemoradiotherapy; IndCT, induction chemotherapy; AdjCT, adjuvant chemotherapy.

Background & Purpose

No previous study reported the treatment outcome of stage III nasopharyngeal carcinoma (NPC) patients. The aim of this study is to investigate the long-term clinical outcome of stage III NPC patients and do risk grouping by pretreatment plasma EBV DNA assay for future therapy improvement.

MATERIALS AND METHODS

Inclusion criteria

1. Previously untreated, Bx-proven stage III NPC
2. Finished combined chemoradiotherapy
3. Have pre-treatment pEBV DNA data

Initial definitive treatment

Post-RT AdjCT

84/356 patients also received oral tegafur-uracil (100 mg tegafur + 224 mg uracil) 2# bid for 12 months.

RESULTS

Median follow-up = 90 months
66 recurrences (18.5%) and 57 deaths (16.0%)
5-yr OS=88.6%,
5-yr progression-free survival=84.0%,
5-yr distant metastasis failure-free survival=90.5%
5-yr locoregional failure-free survival=90.5%,

Risk grouping by pEBV DNA

High-risk: ≧1000 copies/mL
Low-risk: <1000 copies/mL

Table 1. Treatment modality distribution

Characteristics	High-risk (n=106)		Low-risk (n=250)		P
	No.	%	No.	%	
Initial definitive Tx					0.1453
IndCT+RT	69	65.1	142	56.8	
CCRT	37	34.9	108	43.2	
Post-RT AdjCT					0.0064
Yes	35	33.0	49	19.6	
No	71	67.0	201	80.4	

Abbreviations: Tx = treatment; IndCT = induction chemotherapy; RT = radiotherapy; CCRT = concurrent chemoradiotherapy; AdjCT = adjuvant chemotherapy.

Table 2. Patient characteristics according to the risk grouping

Characteristics	High-risk (n=106)		Low-risk (n=250)		P
	No.	%	No.	%	
Median age, year	45		45		0.1964
95% CI	43-48		44-47		
Gender					0.9325
Male	75	70.8	178	71.2	
Female	31	29.2	72	28.8	
Karnofsky scale					0.9096
≧80%	103	97.2	242	96.8	
<80%	3	2.8	8	3.2	
Pathology (WHO)					0.7271
Type I	2	1.9	3	1.2	
Type II	78	73.6	179	71.6	
Type III	26	24.5	68	27.2	
T-classification					0.1505
T1-2	54	50.9	148	59.2	
T3	52	49.1	102	40.8	
N-classification					0.6256
N0-1	12	11.3	33	13.2	
N2	94	88.7	217	86.8	

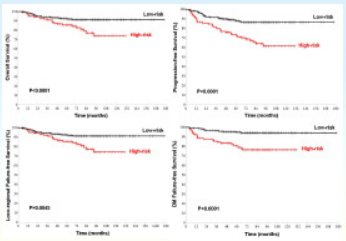
Abbreviations: WHO = world health organization.

Table 3. Patterns of Failure

Failure site(s)	High-risk (n=106)	Low- risk (n=250)	P
T	7	15	
N	3	2	
M	15	11	
T + N	2	1	
T + M	5	1	
N + M	2	1	
T + N + M	1	0	
Sum of any failures	35 (33.0%)	31 (12.4%)	<0.0001
Total failures in T	15 (14.2%)	17 (6.8%)	0.0266
Total failures in N	8 (7.6%)	4 (1.6%)	0.0080
Total failures in M	23 (22.8%)	13 (5.2%)	<0.0001

Abbreviations: T, nasopharynx; N, neck; M, distant metastasis

Survival analysis



CONCLUSION

Long-term treatment results for stage III NPC patients were good (5-y OS=88.6%). Risk grouping by pretreatment pEBV DNA assay identified a subgroup of high-risk patients who need strengthen treatment intensity in the design of future trials.