

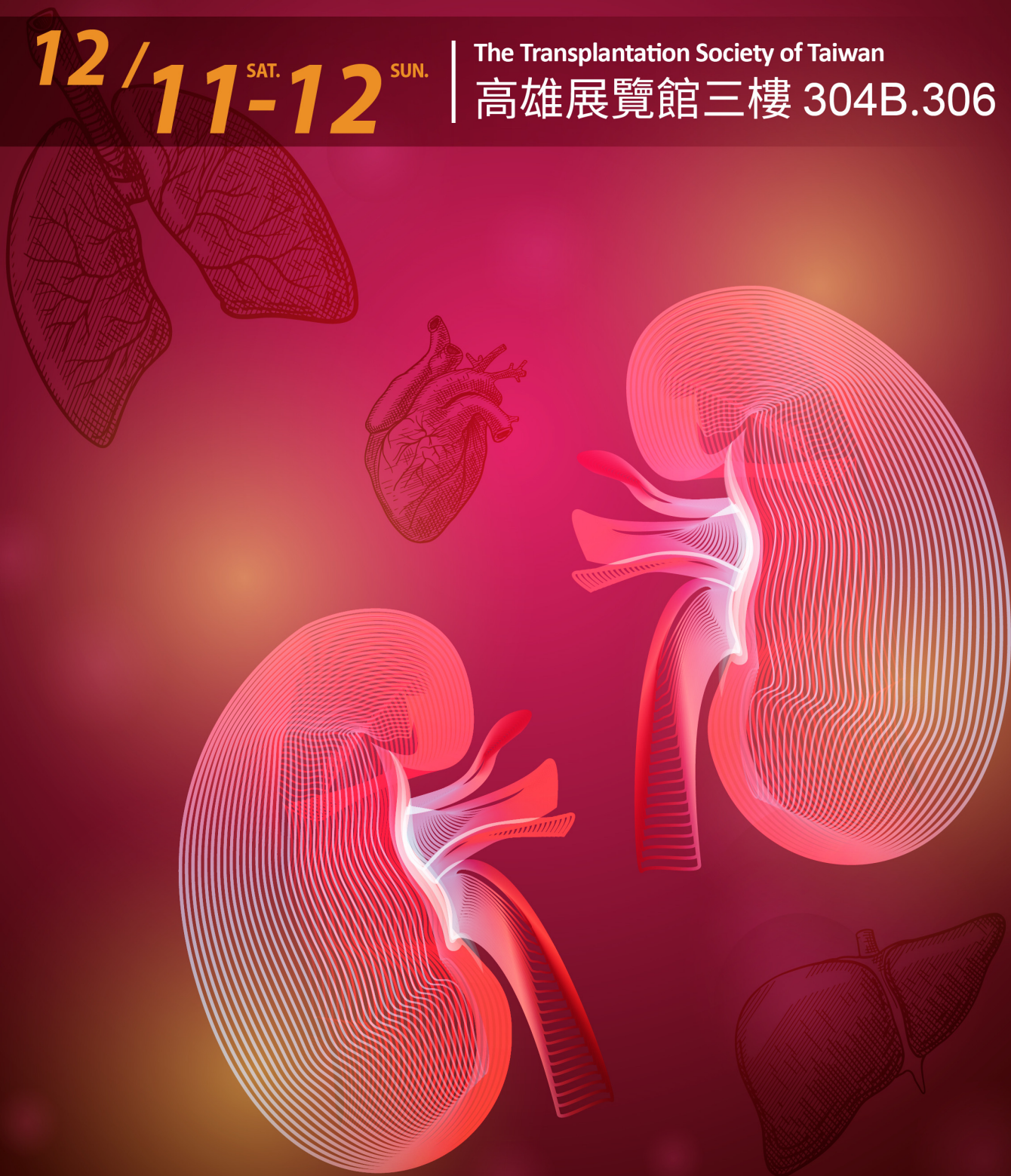
# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

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The Transplantation Society of Taiwan

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1. Mircera Product Package Insert (10/99-MR-01)
2. Nephrol Dial Transplant. 2011; 26: 3980-85
3. Hemodial Int. 2010 Apr; 14(2): 233-9

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# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### 目次

01 議程表.....	03
02 教育訓練課程.....	07
03 移植年會__特別演講.....	18
04 移植年會__論文發表.....	37
05 移植年會__會員大會.....	61

# 台灣移植醫學學會 教育訓練課程



2021/12/11(六)



高雄展覽館3樓 304B會議室

Time	Topic	Speaker	Moderator
13:30-13:45	報到		
13:45-14:15	【Polyomavirus BK infection in immunosuppressed patients】 Scening and Diagnosis of polyomavirus BK infection in kidney transplantation	陳呈旭 台中榮總	張宏榮
14:15-14:45	【Polyomavirus BK infection in immunosuppressed patients】 Management of polyomavirus BK-associated nephropathy	田亞中 林口長庚	賴彬卿
14:45-15:00	Coffee Break		
15:00-16:00	【COVID專題演講】 COVID-19 and Kidney Transplantation	張勝勛 成大醫院	吳麥斯
16:00-17:00	【COVID專題演講】 Managing immunosuppressants in liver transplantation – what have we learnt from COVID-19 pandemic?	陳登偉 三軍總醫院	胡瑞恒
17:00-18:00	第十三屆第五次理監事會議	王叙涵 林口長庚	吳麥斯



# 台灣移植醫學學會

# 2021 移植年會

 2021/12/12(日)  高雄展覽館3樓 304B會議室

Time	Topic	Speaker	Moderator
08:30-09:00	報到		
09:00-10:00	【特別演講】 Optimizing Immunosuppression: To prevent DSA/AMR and BKVN in Kidney Transplantation	Prof. Peter Nickerson University of Manitoba	王叙涵
10:00-10:30	【特別演講】 Sedative and Immunosuppressive Effects of Dexmedetomidine in Transplantation	李正方 林口長庚	李威震
10:30-11:00	Coffee Break		
11:00-11:30	【Kidney專題】 Long-term outcomes of living kidney donors: lessons learned from Taiwanese nationwide cohort	吳明儒 台中榮總	江仰仁
11:30-12:00	【Liver專題01】 Peri-transplant treatment strategies for HCC beyond UCSF criteria	李明哲 萬芳醫院	石宜銘 謝宗保
12:00-13:00	【Lunch Symposium】 Challenge the Past, A New Clinical Practice, A New Standard of care	Prof. Federico Oppenheimer Hospital University of Barcelona	吳明儒
13:00-13:30	會員大會	王叙涵 林口長庚	吳麥斯
13:30-14:00	【Liver專題02】 Liver transplantation for hepatocellular carcinoma: concern and perspective	詹昆明 林口長庚	何明志 林毅志
14:00-14:30	Coffee Break		
14:30-15:00	【Heart專題】 Organ care system in heart transplantation	林宜璋 三軍總醫院	蔡建松 羅傳堯
15:00-16:00	【特別演講】 ABOi Liver transplant management in AMC	Prof. Pgi-Won Song Asan Medical Center	李威震

# 台灣移植醫學學會 2021 移植年會



2021/12/12(日)



高雄展覽館3樓 306會議室

Time	Topic	Speaker	Moderator
08:30-09:15	報到		
09:15-09:30	心臟移植者接受阿斯利康COVID-19疫苗後產生移植後淋巴組織增生性疾病個案報告	湯文睿 成大醫院	陳芸 李芳艷 王水深
09:30-09:45	腸引流的胰臟移植:台北榮民總醫院之經驗	施沐嫻 台北榮總	
09:45-10:00	器官捐贈之性別差異	廖麗鳳 台北榮總	
10:00-10:15	Severe herpes zoster infection in patients with solid organ transplantation: a nationwide population-based cohort study with propensity score matching analysis	游棟閔 台中榮總	
10:15-10:30	病友手冊與個案管理電子化之整合性平台	林姿妤 台北榮總	
10:30-11:00	Coffee Break		
11:00-11:15	利用大隱靜脈植體之活體親屬腎臟移植：個案報告	陳韋辰 台中榮總	闕士傑 余家政
11:15-11:30	小兒雙側腎臟捐贈	楊涵中 台中榮總	
11:30-11:45	單一醫學中心高齡活體捐贈者腎臟移植之安全性與受贈者預後經驗	郭芳成 台北榮總	
11:45-12:00	單一醫學中心使用腦死小兒捐贈者腎臟移植之經驗	廖麗鳳 台北榮總	
12:00-13:00	【台灣腎臟醫學會】Lunch Symposium		
13:00-13:30	會員大會 304B會議室		
13:30-13:45	運用肝臟移植治療晚期肝癌的曙光乍現：以免疫療法做為移植前降期治療的策略	李明哲 萬芳醫院	李威震 陳登偉
13:45-14:00	單一醫學中心在活體肝臟移植中使用雙右肝門脈右肝植體之經驗	陳正彥 台北榮總	
14:00-14:15	右肝活肝移植使用人工血管重建靜脈的術後併發症：單一醫學中心病例系列報告	黃詩雲 彰基醫院	
14:15-14:30	Coffee Break		
14:30-14:45	腎移植患者感染新冠病毒後的死亡率，急性腎損傷及失去移植腎功能：縱論與統合分析研究	吳欣旭 林口長庚	尹文耀 張勝勛
14:45-15:00	心死捐贈之腎臟移植結果報告：台中榮總經驗分享	張家程 台中榮總	
15:00-15:15	C肝捐贈者心臟停止後死亡的腎臟捐贈	李宗穎 雙和醫院	
15:15-15:30	多瘤病毒腎病變患者泌尿道腫瘤的高發生率及早期發生的現象	田亞中 林口長庚	
15:30-15:45	腎移植病人BK病毒感染與腎病變的案例系列報告分享	詹秀珍 雙和醫院	
15:45-16:00	Monoclonal antibody use in kidney transplantation patient with Critical COVID 19 infection	游博翰 雙和醫院	





**台灣移植醫學學會**

**2021 教育訓練暨移植年會**

**教育訓練課程**



# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



陳呈旭

Chen ,Cheng-Hsu

### 現職

臺中榮民總醫院腎臟科主任

臺中榮民總醫院移植醫學委員會執行秘書

中興大學醫學院儲備處專任教授

東海大學生命科學系合聘教授

### 學歷

中國醫藥學院醫學系醫學士

東海大學生命科學系博士

### 經歷

臺中榮民總醫院基礎醫學研究科科主任

臺中榮民總醫院品質管理中心副主任

台中榮民總醫院嘉義分院內科部主任

中興大學轉譯醫學學程副教授

### 專科/專長/成就

國家衛生研究院醫師研究獎助 ( 2002-2007 )

美國移植醫學會(ATC)青年論文獎 ( 2004 )

台中榮民總醫院優良教學主治醫師 ( 2008, 2010 )

國際腎臟病學會(ISN)系統生物學和腎臟學前瞻性研討會論文獎 ( 2012 )

行政院退除役官兵輔導委員會優良醫師獎 ( 2017 )

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### Diagnosis of polyomavirus infection in

### kidney transplantation

### 腎移植中多瘤病毒感染的診斷

多腫瘤病毒BK病毒於1971年首次分離出來一直未被重視，直到是腎移植功能障礙和腎移植功能喪失的重要危險因素。自1995年匹茲堡大學Randhawa第一次發表多腫瘤病毒（BK病毒）造成腎臟腎炎才開始受到大家的注意。而腎移植受贈者BKVAN發生率約為2%至8%，經常導致移植腎功能喪失的重要原因。幾乎大多數情況下，BKV是多瘤病毒腎病的主因，但還是有少數病人可能檢測到是JC病毒造成，致病機轉和致病力尚需探討。到目前為止BK病毒感染的治療選擇仍然十分有限，並且沒有有效的預防措施。儘管過度免疫抑制仍然是移植後BK感染的主要危險因素，但男性、受贈者年齡較大、先前的排斥反應、人類白細胞抗原錯配程度、冷缺血時間延長、BK血清狀態和輸尿管支架置入都被認為是危險因素。BKV感染可能造成原因或許原發感染或由捐贈者帶入體內造成雙重感染（捐贈者傳播）或BKV再活化感染造成，因為大多數成年人是BKV血清陽性反應。而異體腎移植排斥，反覆的抗排斥藥物治療也是可能的一個重要的誘發因素。多瘤病毒腎病患者通常沒有發燒或其他感染症狀，僅表現為血清肌酸酐升高。BK的常規篩查已被證明可有效預防BK病毒尿或病毒血症病人的異體腎移植功能喪失的方法。減少免疫抑制依然是BK腎病治療的主要方法，也是研究得最好的介入措施。在無法執行BKV篩檢時，在尿液細胞學檢查出decoy cell常是一個重要線索，BKV活化後會在腎小管和尿路上皮細胞的細胞核內增殖，導致細胞核變大及出現核內包涵體，此包涵體內會有均質化的嗜鹼性顆粒存在，且包涵體外圍會有染色質沉積在周圍的現象，此種細胞稱為Decoy cell；以尿液細胞學中的Decoy cell作為檢測BKV感染和預警BKVAN在各項研究已經證實有很好的敏感度及不錯的特異性，是一項簡單敏感的檢驗方法；但尿液中的Decoy cell仍是屬於多變的型態，容易被誤認為異常或是惡性細胞。藉由血液中BKV的PCR診斷BKV或JCV及其定量PCR (quantitative PCR; qPCR)進行定量來強化診斷，且病毒載量越高，病毒相關之腎臟病的特異性就越高。然而，腎臟切片檢查仍是目前的標準診斷，可以明確診斷、疾病分期（對預後有影響），並用於鑑別可能相伴隨疾病(如急性排斥)過程。多瘤病毒在腎移植病人之發病率、危險因素、臨床相關聯因子和其預後，仍是一個移植腎功能喪失很值得重視和探討的的議題。



# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



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Chief of Department of Nephrology, Linkou Chang Gung Memorial Hospital, Linkou, Taiwan

Chief of Kidney Research Center, Linkou Chang Gung Memorial Hospital, Linkou, Taiwan

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第十三屆台灣腎臟醫學會理事

台灣腎臟醫學會第十三屆腎臟移植推廣委員會主任委員

台灣腎臟醫學會雜誌編輯委員會委員

### 學歷

高雄醫學院醫學士

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# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



田亞中  
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### Professional Activities

2003~2011 Member of internal medication education council

2003~2011 Vice head of postgraduate internal medicine training council

2010~2011 Head of postgraduate internal medicine training council

2004~2009 Chief of nephrology ward

2009~2014 Chief of clinical nephrology division, department of nephrology

2014~2016 Chief of renal transplantation division, department of nephrology

台灣腎臟醫學會第十一屆腎臟病理登錄委員會執行秘書

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台灣腎臟醫學會第十屆及第十一屆教育委員會委員

第十二屆台灣腎臟醫學會理事

第十一屆台灣移植醫學會財務長

第十二屆台灣移植醫學會理事

2018王民寧基金會學術審查委員



# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### 多瘤病毒腎病變的處置

An epidemiologic study demonstrated that 80-100% of the general population was infected by BK polyomavirus (BKV) in their childhood.

Following primary infection, BKV is persistently hidden in the renourinary tract, and when the immunity of the organ transplant recipients is suppressed, BKV rapidly replicates to cause renal inflammation, the occurrence of BK viruria and BK viremia, and sometimes BKV-associated nephropathy (BKVAN). Potent immunosuppressants reduce acute rejection episodes but increase the risk of BKVAN and its associated allograft loss. A reduction or modification of immunosuppressants may alleviate the progression of BKVAN. Recently, our study and other studies demonstrated a high incidence of urinary tract cancers in BKVAN patients, suggesting an association between BKV infection and urinary tract cancer development. Therefore, early intervention and management of BKV infection are critical for prevention of BKVAN development and subsequently allograft loss. In this lecture, the possible risk factors and triggers for BKVAN development will be discussed. In addition, targeting on these potential factors that may alleviate BKV infection will be introduced. Finally, the effectiveness of different strategies including modification or reduction of immunotherapy in management of BKVAN will be compared.

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



張勝勛

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國立成功大學醫學院附設醫院外科部住院醫師

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國立成功大學醫學院附設醫院主治外科部臨床講師

Osaka University Graduate School of Medicine, Japan

Advanced Technology for Transplantation, Visiting Scholar

Children's National Medical Center, Washington D.C., USA

Biomedical Research Institute, Research Scholar

### 專科/專長/成就

腎臟移植；一般外科；消化外科

移植免疫；腎臟移植；腎臟缺血再灌流損傷



# 台灣移植醫學學會

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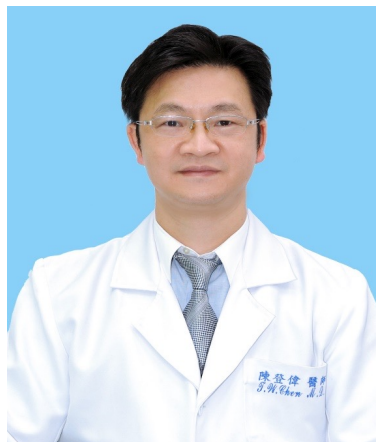
### COVID-19 and Kidney Transplantation

The COVID-19 pandemic has a great influence on organ donation and transplantation. This viral infection impacts more severely kidney transplant recipients than general population. COVID-19 vaccination remains the primary health strategy to prevent SARS-CoV-2 infection. The clinical trials that evaluated the safety and efficacy of the COVID-19 vaccines excluded solid organ transplant recipients. According to published data, seroconversion after mRNA SARS-CoV-2 vaccination might be unsatisfactory in kidney transplant recipients. The SARS-CoV-2 vaccine efficacy in this subgroup patients is reduced. The impaired humoral and cellular immunity may be caused by immunosuppression. Discordance between humoral and cellular response were also found, however, it is unknown if seronegative patients develop at least a cellular response that could offer a certain grade of protection against SARS-CoV-2. The severity of COVID-19 could potentially be affected by the type and the intensity of the immunosuppressive drugs. The management of immunosuppressive therapy in kidney transplant recipients affected by SARS-CoV-2 may require an individualized approach.

Adjustments to the immunosuppressive regimen are necessarily based upon disease severity, time posttransplant, and the risk of acute allograft rejection. COVID-19 poses challenges for kidney transplantation, this section reviews some issues related to kidney transplantation and aspects of COVID-19 care.

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



陳登偉  
Chen, Teng-Wei

### 現職

Director of the Surgical Department, Tri-Service General Hospital Chief, Division of General Surgery, Department of Surgery, Tri-Service General Hospital  
Associate professor in Surgery, Department of Surgery, National Defense Medical Center

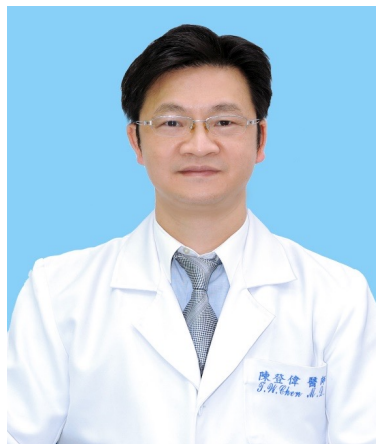
Leader of Liver Transplantation, Division of Transplantation, Department of Surgery, Tri-Service General Hospital, Taiwan

### 學歷

Visiting scholar in Clinical Multi-organ Transplantation, The Dumont-UCLA Transplant Center

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



陳登偉  
Chen, Teng-Wei

### 經歷

1998 – 1999 Chief Resident, Division of General Surgery, Tri-Service General Hospital,

1999 – 2000 Attending staff surgeon, Division of General Surgery, Tri-Service General Hospital

2000- 2001 Visiting scholar in Clinical Multi-organ Transplantation, The Dumont-UCLA Transplant Center

2003-2004 Director of Gastrointestinal Surgery Division, Armed Force Peng-Hu Hospital.

2004–2016 Attending staff surgeon, Division of General Surgery, Tri-Service General Hospital, Taiwan.

2016-Present Chief, Division of General Surgery, Tri-Service General Hospital, Taiwan

### 專科/專長/成就

Liver transplantation, Hepatobiliary surgery, Laparoscopic surgery



# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### **Managing immunosuppressants in liver transplantation – what have we learnt from COVID-19 pandemic?**

Transplant activity has decreased during the COVID-19 pandemic. Adapted guidelines on potential deceased organ donors will be briefly mentioned.

Impaired immunity is a risk factor for critical outcome in transplant patients

with COVID-19. Factors that affect COVID-19 mortality in liver transplant patients and considerations for managing COVID-19 specific for organ transplantation are discussed herein.

How can we manage immunosuppression in such patients, choices of immunosuppressants and the possible underlying rationale will be elaborated. As for transplant patients receiving regular follow-up in outpatient clinic, innovative measures can be tried to minimize epidemiological exposure to COVID-19.

At last, guidelines from the American Association for the Study of Liver Diseases (AASLD) for managing post-transplant patients will be introduced.

台灣移植醫學學會

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# 台灣移植醫學學會

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**Peter William Nickerson**

### **Present position**

Distinguished Professor of Internal Medicine and Immunology

### **Education**

University of Manitoba	BSc ( Med)	1986	Biochemistry
University of Manitoba	MD	1986	Medicine

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### **Optimizing Immunosuppression: To prevent DSA/AMR and BKVN in Kidney Transplantation**

Kidney transplantation induces an immune response to the graft that leads to rejection and graft loss. Over the last 60 years immunosuppression has evolved to the point where tacrolimus (Tac) and mycophenolic acid (MPA)-based therapy are considered the standard of care to effectively control the immune response and prevent rejection. However, while leading to prolonged graft survival the combination of Tac/MPA can result in off-target effects [i.e., GI toxicity, renal toxicity, and infections (e.g., BK virus nephropathy)] that leads to physician-guided drug minimization and/or patient non-adherence. This in turn results in increased rates of de novo donor specific antibody and biopsy proven acute rejection. The purpose of this lecture will be to review the data that supports Tac/MPA-based immunosuppression and discuss its optimal use to navigate the requirement to provide sufficient drug therapy to control the alloimmune response while avoiding overimmunosuppression, which leads to off-target effects.

# 台灣移植醫學學會

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免疫學

重症醫學



# 台灣移植醫學學會

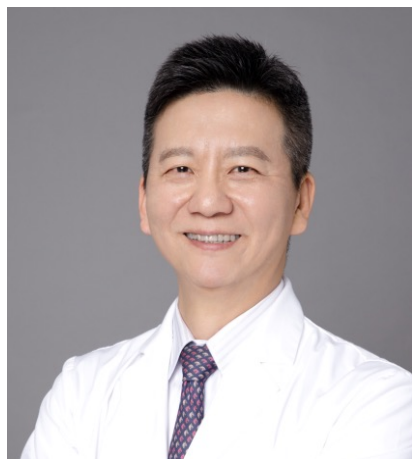
## 2021 教育訓練暨移植年會

### **Sedative and Immunosuppressive Effects of Dexmedetomidine in Transplantation**

Dexmedetomidine, an  $\alpha_2$ -adrenergic receptor agonist, is used as an anti-anxiety medication. It also exerts a cholinergic effect, thereby reducing the release of TNF- $\alpha$ . We examined our patients who underwent living donor liver transplantation. A trend toward the improvement of hepatocyte injury along with better liver function was observed in the dexmedetomidine-treated group during the first postoperative week. Subsequently, we generated a series of mouse models to investigate the effect of dexmedetomidine on sedation-based tolerance post-transplantation. Indeed, dexmedetomidine inhibited the proliferation of T cells and TNF- $\alpha$  production in a dose-dependent manner. We used dexmedetomidine to treat skin-transplanted mice and observed a significantly prolonged graft survival in mice that were administered a higher dose of dexmedetomidine. These results revealed that dexmedetomidine exerts a dual effect of sedation and immunosuppression. This light-sedation approach will not only make patients calmer in the intensive care unit but also protect allografts from injury. The link between sedation and immunity may be designed toward therapeutic manipulation of the immune response.

# 台灣移植醫學學會

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醫策會異業後一般醫學訓練執行輔導計畫專案小組委員暨二

年期任務小組委員

臺灣醫學會輔導臨床技能評估模式及師資培訓計畫工

作小組委員

醫院評鑑及教學醫院評鑑實地稽核及實地諮詢輔導委員

台灣醫學教育學會醫學臨床既能測驗(醫師OSCE國考)考官

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### **Long-Term Outcomes of Living Kidney Donors: Lessons Learned From Taiwanese Nationwide Cohort**

The prevalence and incidence of hemodialysis are still quite high in Taiwan. Kidney transplantation could provide better life quality and survival benefit for patients with end stage kidney disease. However, shortage of kidney donor is always a major issue. Beyond cadaveric kidney transplantation, living kidney transplantation donated from recipient's relatives is the alternative choice. Safety issue is most important concern for living kidney donor. It is very important to fully understand the risk for living kidney donor and share the information with all stakeholders, including nephrologists, transplant surgeons, transplant team members, potential donor, recipients and their families. In this talk, we will discuss the risk of end stage renal failure and death after kidney donation from literature review and the analysis of data of 1232 living kidney donor from Taiwan national health insurance research database.

# 台灣移植醫學學會

## 2021 教育訓練暨移植年會



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### **Education**

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Taiwan.



# 台灣移植醫學學會

## 2021 教育訓練暨移植年會

### Peri-transplant treatment strategies for HCC beyond UCSF criteria

According to 2020 update on the management consensus guideline for hepatocellular carcinoma (HCC) by the Taiwan Liver Cancer Association and Gastroenterological Society of Taiwan, HCC is one of the leading causes of cancer-related death in Taiwan. Curative treatment for HCC is limited and liver transplantation (LT), in theory, gives the best option for cure for patients with HCC with poor liver function not eligible for surgical resection or local ablation because it provides the widest tumor free margin while replacing diseased liver parenchyma with healthy liver tissue. Milan criteria has been served as the benchmark for patient selection in HCC undergoing LT, however, it restricted only to limited number of patients that fulfill the criteria for LT when they were diagnosed. Numerous modified less strict criterias, such as UCSF or up-to-seven criteria, have been speculated for patient selection that could achieve comparable outcomes to those consistently within the Milan criteria. For those HCCs beyond UCSF criteria, lots of peritransplant treatment strategies have been employed as a downstaging strategy to recruit more HCC patients for inclusion into the LT waiting list. These modalities include salvage liver resection, radiofrequency ablative therapy, trans-arterial chemo-embolization, radio-embolization, stereotactic body radiotherapy, or their combination. In the present talk, the last evidence of efficacy in those HCCs that beyond criteria who undergo different downstaging therapies will be reviewed.

For advanced stage HCCs, recent published cases on immune checkpoint inhibitor (ICI) for downstaging followed by LT have shown promising results. However, reports have also revealed immunotherapy to induce graft loss following LT. In this presentation, the first preliminary case reports illustrate ICI for downstaging therapy of advanced HCC before LT will also be introduced.

