



中西整合醫學會

Society For Integration of Chinese and Western Medicine R.O.C

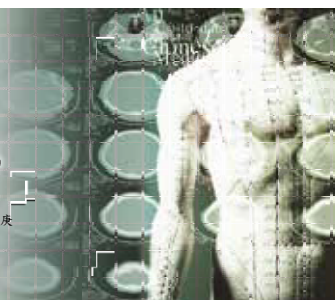
會訊

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Pink October –National Breast Cancer Awareness Month (NBCAM)

世界乳癌防治月

衛福部資料：105年國人十大癌症死因

排名	癌症死因
1	氣管、支氣管和肺癌
2	肝和肝內膽管癌
3	結腸、直腸和肛門癌
4	女性乳癌
5	口腔癌
6	前列腺（攝護腺）癌
7	胃癌
8	胰臟癌
9	食道癌
10	卵巢癌

世界乳癌防治月緣起與1985年10月，原為美國癌症協會(The American Cancer Society)與藥廠之間的合作，目的為推動Mammography乳房X光線攝影為對抗乳癌最有效的方式。後來逐漸與世界各國的公共服務機構，政府機構和專業醫療協會合作，共同提高社會大眾對乳癌的認識，分享疾病信息，並提供更多的篩查服務。

(資料來源:A Brief History of Breast Cancer Awareness Month;

<https://www.emaxhealth.com/1275/98/33967/brief-history-breast-cancer-awareness-month.html>)

乳癌是我國婦女癌症發生率最高者

乳癌為我國婦女癌症發生率第一位，死亡率第四位，每年約有1萬多名婦女罹患乳癌、約2千名婦女死於乳癌，對婦女健康威脅極大，故大家常聽聞身邊的女性朋友們為乳癌所苦。國民健康署提醒，「及早預防、及早發現、及早治療」，就是正面迎擊乳癌的最好方法，除要以切實遠離菸、酒、飲食均衡及規律運動的生活態度，來預防乳癌外，四十五歲後應定期乳房X光攝影檢查，有異狀者則切勿諱疾忌醫，面對、接受、處理，才能減少乳癌所導致的傷害。

(資料來源：衛生福利部國民健康署

<https://www.hpa.gov.tw/Pages/Detail.aspx?nodeid=1137&pid=6965>)

【History of the Pink Ribbon】節錄

From peach to pink

Charlotte Hayley, who had battled breast cancer, introduced the concept of a peach coloured breast cancer awareness ribbon. She attached them to cards saying, "The National Cancer Institute's annual budget is 1.8 billion US dollars, and only 5 percent goes to cancer prevention. Help us wake up our legislators and America by wearing this ribbon."

Haley was strictly grassroots, handing the cards out at the local supermarket and writing prominent women, everyone from former First Ladies to Dear Abby. Her message spread by word of mouth.

The peach colored ribbon of Hayley aroused interest from Alexandra Penney, editor in chief of *Self magazine*, who was working on *Self magazine's* 1992 National Breast Cancer Awareness Month issue. She saw the initiative to adapt to Hayley's idea by working with her. But Hayley rejected the offer saying that *Self's* initiative was too commercial.

Unable to use the Hayley's peach ribbon for legal reasons, *Self magazine* and other people interested on promoting the breast cancer awareness with a ribbon a symbol decided to go pink.

The first pink ribbons

The Susan G. Komen Breast Cancer Foundation had been handing out bright pink visors to breast cancer survivors running in its Race for the Cure since late 1990. In fall 1991, mere months after Irons' electrifying appearance, the foundation gave out pink ribbons to every participant in its New York City race.

A well-known symbol

The cosmetics industry got on board in 1991 to promote breast cancer awareness with the help of Evelyn Lauder of Estée Lauder Cosmetics and Alexander Penney, the editor-in-chief of *Self magazine*. When Evelyn Lauder and Alexander Penney were working on their breast cancer awareness promotion, they liked Charlotte Hayley's concept of giving ribbons to promote the support of breast cancer awareness. Lauder, Penney, and Hayley worked together to come up with the pink ribbon symbol for breast cancer awareness. Due to the publication of the magazine and the distribution of ribbons, the symbol became known over the country. The myth, that Evelyn Lauder is the creator of the Pink Ribbon, is still alive. Probably for commercial purposes in the very interest of Estee Lauder Companies. As breast cancer awareness started to grow, more and more organizations started to incorporate the pink ribbon as the symbol for breast cancer.

資料來源：<http://pinkribbon.org/about/history/>



台灣乳癌現況

資料來源:衛生福利部國民健康署

乳癌為台灣婦女發生率第1位之癌症，發生高峰約在45-69歲之間，約為每十萬名婦女188-194人。依據衛生福利部死因統計及國民健康署癌症登記資料顯示，女性乳癌標準化發生率及死亡率分別為69.1及12.0（每十萬人口），每年有逾萬位婦女罹患乳癌，逾2,000名婦女死於乳癌，相當於每天約31位婦女被診斷罹患乳癌、6位婦女因乳癌而失去寶貴性命。

◎乳癌篩檢政策

目前國際上最具醫學實證，可以有效提早發現並改善預後的乳癌篩檢方法是乳房X光攝影，乳房X光攝影檢查能偵測到乳房鈣化點或腫瘤，發現無症狀的0期乳癌。研究顯示，50歲以上婦女每1-3年接受1次乳房X光攝影檢查，可降低乳癌死亡率2-3成；鑒於45-69歲婦女為我國婦女罹患乳癌的高峰，因此，國民健康署提供45-69歲及40-44歲具乳癌家族史（指祖母、外婆、母親、女兒、姊妹曾有人罹患乳癌）婦女每2年1次乳房X光攝影檢查，請婦女朋友們定期接受檢查，以降低乳癌對您生命的威脅。

◎乳癌預防與存活率

乳癌如能早期發現，不僅可做乳房保留手術，5年存活率更可達90%以上。

乳癌分期是依照腫瘤大小，有無腋下淋巴腺轉移及遠處轉移來區分，

若能越早發現，存活率也比較高。

乳癌分期	5年存活率
第0期	97.7%
第1期	95.7%
第2期	89.1%
第3期	72.3%
第4期	25.7%

Five things everyone should know about breast cancer 節錄

By Shahla Masood , MD - professor and chair of the Department of Pathology and Laboratory Medicine at the University of Florida College of Medicine-Jacksonville and the medical director of the UF Health Jacksonville Breast Center. She has dedicated her entire professional life to advancing global breast health education and advocating for a better quality of care for breast cancer patients and their families

1. KNOW YOUR RISK AND KNOW YOUR BREASTS

Breast self-awareness is the key to recognizing changes that need attention. Breast lumps, nipple discharge, nipple retraction and changes in the skin of the breast need to be evaluated by your physician. Fortunately, most of these changes are benign. The majority of breast cancers are not associated with any risk factors, and those that are the result of genetic mutations are in the range of 5-10 percent of cases. In cases where the cancer is genetic, tests are available to assess your risk of developing breast cancer. This testing is particularly important for anyone with two or more immediate relatives who have had breast cancer, or a case of male breast cancer in the family. If you are found to carry the gene, you and your physician can discuss the best form of preventative care, which could range from increasing your frequency of check-ups to having surgery to remove your breasts and ovaries. Ethnicity can impact your breast cancer risk as well. African American women under the age of 45 are more likely to be diagnosed with and die from breast cancer. Age is another factor, with your risk increasing after age 40.

2. SEEK OUT A SECOND OPINION

Getting a second opinion of your breast cancer diagnosis is perhaps the most important step to consider in your treatment plan. The knowledge of a pathologist can play a very important role at this stage, in that a pathologist can look at the cancer from multiple perspectives, and ensure that your cancer was diagnosed correctly. Your doctor should understand your reasons for getting a second opinion, and encourage you to get as much information as possible about your disease. Most doctors work as part of a multidisciplinary team – meaning that they work in all different aspects of medical care such as oncology, radiology, pathology, surgery – and will welcome the second opinion.

3. UNDERSTAND THAT MOST BREAST CANCER CAN BE CURED

When detected early, breast cancer is highly curable. To that extent, breast cancer is often referred to as a chronic disease rather than a fatal one. There are a small number of breast cancers that are very aggressive, but these are in the minority. Due to all the advances in technology, screening and treatment options, each different type of breast cancer can be treated individually, and physicians are more able to select treatments that respond best to each type of cancer.

4. FIND PERSONALIZED CARE

Every woman is different – as are cases of breast cancer. When facing a diagnosis of breast cancer, it is very important that you recognize that breast cancer cannot be treated by a single physician. Appropriate management of breast cancer requires a team of knowledgeable physicians from different disciplines to collectively understand your cancer and design an individualized treatment plan. The right treatment plan often looks like putting the pieces of a puzzle together, and all aspects of each unique case should be considered.

5. EDUCATION IS KEY

The more information you have about your risk factors, treatment options, and the specifics of your disease, the better. The internet is a great resource, providing a great amount of education; however, it can be confusing and overwhelming. Your doctor will be able to connect you with community resources that provide access to breast health education, support groups and networks where you can interact with other patients, survivors, healthcare providers, and advocacy organizations.

資料來源:<http://jacksonville.com/news/health-and-fitness/2017-10-02/five-things-everyone-should-know-about-breast-cancer>



國際失智症協會(ADI, Alzheimer's, Disease International),於1994年發起9月為國際失智症月,更訂定9月21日為國際失智症日,另一方面衛生福利部日前公布105年國人十大死因,第一名為惡性腫瘤(癌症),本會於106年9月17日(週日)於中國醫藥大學立夫教學大樓討論室III舉辦學術研討會,邀請台中榮民總醫院及中國醫藥大學附設醫院的專家共同交流探討中、西醫對於癌症診治的經驗,更邀竹山秀傳醫院、臺北市立聯合醫院及中國醫藥大學附設醫院的專家,請提升大家對失智症之認識。

【失智症及癌症細胞免疫治療法中西結合】學術研討會

時 間：106年09月17日（星期日）上午8：40~17：00

地 點：中國醫藥大學立夫教學大樓101教室/台中市北區學士路91號

主辦單位：中華民國中西整合癌症醫學會、中華民國中西整合醫學會、
中華民國中國醫藥大學中醫學系校友會、中國醫藥大學附設醫院中醫部

時 間	研 討 主 題	主 講 者	座 長
08:40-08:50	報 到		
08:50-09:00	引言致詞	中西整合癌症醫學會 中西整合醫學會 高尚德 理事長	
09:00-09:50	癌症治療之革新-談"免疫抗癌"之原理與應用發展	中國醫藥大學附設醫院 血液腫瘤科 謝清昀主治醫師	中國醫藥大學附設醫院 內科部 夏德椿副主任
09:50-10:40	肺癌治療現況與回顧-繼標靶藥物後,免疫治療的突破	中國醫藥大學附設醫院 胸腔暨重症系 陳鴻仁主治醫師	中國醫藥大學附設醫院 內科部 夏德椿副主任
10:40-10:50	茶 敘		
10:50-11:40	中醫免疫學:當前中醫藥抗癌之基礎與臨床證據	中國醫藥大學 高尚德 教授	中西整合癌症醫學會 梁信杰秘書長
11:40-12:30	癌症中西醫結合治療:台中榮民總醫院之經驗	台中榮民總醫院 傳統醫學科 蔡嘉一主任	中西整合癌症醫學會 梁信杰秘書長
12:30-13:30	午 餐		
13:30-14:20	失智症現代醫學綜論探析	竹山秀傳醫院 神經內科 劉彥良主任	中國醫藥大學 高尚德教授
14:20-15:10	失智症中醫治療的角色與探討	臺北市立聯合醫院 仁愛院區中醫科 林舜毅主治醫師	中國醫藥大學 高尚德教授
15:10-15:20	茶 敘		
15:20-16:10	失智症現代醫學研究現況與發展	中國醫藥大學附設醫院 神經部 陳睿正主治醫師	中西整合醫學會 傅彬貴秘書長
16:10-17:00	失智症中醫藥基礎與臨床研究回顧與探析	中國醫藥大學 中西醫結合所 謝慶良所長	中西整合醫學會 傅彬貴秘書長

學會公告

親愛的會員:

本會為有效將相關活動訊息寄送予各位會員,秘書處近期將統整及更新會員通訊資料,懇請各位會員協助配合至學會官網下載「會員資料更新表」,以E-mail或傳真方式回覆,亦可填寫以下表單:<https://goo.gl/forms/SSkX9nzq6ciPhCXH3>



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中華民國中西整合醫學會、中華民國中西整合癌症醫學會、臺灣中西整合消化醫學會 秘書處 敬上



研討會集錦



高尚德理事長致詞



主持人:夏德椿副主任



謝清昀主治醫師演講



陳鴻仁主治醫師演講



主持人:梁信杰秘書長



高尚德教授演講



蔡嘉一主任演講



劉彥良主任演講



林舜毅主治醫師演講



主持人:傅彬貴秘書長



陳睿正主治醫師演講



謝慶良所長演講



與會者發問



研討會現場 ~ 聆聽演講



研討會現場 ~ 聆聽演講



乳癌患者福音！選這方式治療不再「傷心」

2017/09/19

資料來源／林口長庚醫院 <https://udn.com/news/story/7266/2710151>

乳癌是我國女性癌症發生率第一位，儘管治療成效佳，卻有不少女性憂心放療副作用，例如心肺傷害或皮膚紅腫等，約1成患者不願放療。林口長庚醫院發表質子治療乳癌的成效，因放療劑量只照癌細胞，受試的62名乳癌患者，均未出現心肺傷害，即使有皮膚紅腫現象，也能於半年至1年後消退，是不再「傷心」的治療新選擇。

林口長庚醫院副院長洪志宏表示，乳癌是我國女性癌症發生率成長速度最快的癌別，每年約有1萬多名女性罹患乳癌。雖然乳癌治療技術進步、存活率高，早期乳癌也可用前導性化療，盡量保留乳房不切除，但保留乳房需輔以放射治療，乳房全切除且合併有危險因子的晚期乳癌患者，也需放療幫忙。

但因乳房離心臟及肺臟太近，洪志宏指出，傳統X光放射治療乳房，放射劑量很可能照到癌細胞以外的心肺，過去研究顯示，患者每增加1單位的放射劑量，每年增加7.4%的冠狀動脈疾病風險，另可能引起肺部纖維化。雖會請病人以「深吸氣閉氣」方式，讓肺部體積變大來隔開心臟與乳房，仍無法有效避免。

洪志宏坦言，罹患乳癌，不少女性的情緒已經很傷心了，而乳癌常用的化療及標靶治療藥物小紅莓與賀癌平也具心臟毒性，若再接受放療還要承擔「傷心」副作用，還可能使乳房皮膚紅腫難看，約1成女性因懼怕而不願接受放療，很可能影響預後。

林口長庚醫院自前年11月啟用質子放射治療至今，共協助800名癌症病人放療，特別分析其中62名乳癌患者的概況。林口長庚醫院質子暨放射治療中心主治醫師黃意婷表示，每名患者均未出現心肺傷害，唯一缺點只有在治療後短期內有皮膚紅腫反應，但都能於半年到1年後恢復正常。

其中1名48歲女性，因洗澡意外摸到左乳有硬塊，就醫檢查是1.5公分大的腫瘤，確診為第二期乳腺癌。她選擇乳房保存治療，完成腫瘤切除、腋下淋巴結切除與化療後，醫師建議她放療，她因憂心副作用心肺傷害，決定接受質子放療。雖然治療後皮膚發炎紅腫，但追蹤一年後恢復，對於外觀保留非常滿意。

林口長庚醫院放射腫瘤科主任張東杰解釋，質子具「布拉格尖峰」特性，不像傳統X光會影響腫瘤範圍外的區域，換句話說，也就是質子射束能精準在癌細胞位置釋出能量，腫瘤之後的區域完全無輻射量，大幅降低心肺傷害。

不過，質子放射治療無健保給付，視療程多寡，需自費50到80萬元，要價不斐。張東杰建議，左側乳癌患者、腫瘤位於內側或下胸壁，或內乳淋巴結轉移者，或年輕的乳癌病患等，較適合接受質子治療，減少未來因治療引起的併發症，是乳癌患者放療的治療新選擇。

●目前適合接受質子治療的乳癌病患包括：

- 1.左側乳癌(特別適合靠近心臟一邊的乳癌)
- 2.腫瘤位於內側或下胸壁或內乳淋巴結轉移
- 3.乳房重建，內有永久植入物
- 4.年輕乳癌病患
- 5.心臟解剖構造在傳統放射治療下難以避免受到放射暴露者
- 6.心、肺臟功能差或使用心臟毒性藥物治療過之患者等高危險因子
- 7.局部晚期乳癌

圖／林口長庚醫院製表

◎各種乳癌放射線治療方式比較表

	乳房外觀維持	局部淋巴結照射	心臟冠狀動脈傷害的降低	肺部傷害減少	對側乳房罹癌風險的避免	醫療費用的優勢	短期皮膚傷害產生
質子放射線治療	★★★★	★★★★	★★★★	★★★★	★★★★	★	★
強度調控光子放射線治療(銳速刀或螺旋刀)	★★★★	★★	★	★	★	★★	★★
傳統光子對照	★★	★	★	★	★	★★★★	★★★★

★越多，代表對病患越有利。(滿分為★★★★)

《醫病》婦乳癌骨轉移痛不欲生 針灸配合嗎啡止痛有奇效

2017-08-24

59歲楊姓婦人罹患乳癌第4期，且轉移肝、肺和骨頭，尤其腰椎腫瘤壓迫神經，讓她痛不欲生，施打嗎啡效果有限且對止痛藥敏感，嚴重噁心、嘔吐，下半身一動就痛、無法入睡，中醫利用針灸疏通精氣阻滯和補氣、止痛的穴道，配合嗎啡止痛，疼痛指數從10分降為1分，婦人終於能活動自如、一覺好眠。

中國附醫中醫師黃明正表示，癌症疼痛在中醫來說大多為「不通則痛」，腫瘤造成經氣阻滯，利用針灸疏通阻塞的經絡止痛，並刺激穴位、活化神經，產生腦內啡止痛，以及抑制腦部疼痛訊號。

黃明正指出，這名婦人今年2月住院進行化放和荷爾蒙治療，由於腫瘤壓迫第3節腰椎神經，造成下肢嚴重疼痛，嗎啡止痛有限，非常痛苦，中醫介入治療時，發現她臀部到小腿外側疼痛的下肢神經，與膽經的路徑走向相符，且觸診有精氣阻塞造成節結。

黃明正在婦人小腿穴道「陽交」和「外丘」針灸，這能治療氣血深集處的急重症，針灸後疼痛好一半，已能起身活動，接著在手背「靈骨」穴針灸能補氣和治療下半身痛，利用針灸刺激、身體活動而改善經絡氣血循環，達到止痛效果，也減少嗎啡藥量，大幅緩解止痛藥的併發症。

婦人施打嗎啡後疼痛指數為5分，加上持續進行1個月、每週3次針灸治療再降至1分，住院期間能外出活動，出院後到7月回院治療至今都接受針灸止痛，生活品質改善許多。

黃明正說，臨床統計癌症患者疼痛以針灸合併止痛藥止痛，比單用止痛藥有效，健保也針對腫瘤患者住院期間做中醫輔助醫療，給予大部分補助，他在臨床患者有7、8成有效，但腫瘤位置或病情太嚴重仍會影響效果。

另外中醫針灸也能應用於手術後傷口疼痛、腸胃失調、化放療、賀爾蒙治療後噁心、嘔吐、疲倦、失眠、熱潮紅、多汗、心悸等。

資料來源：<http://news.ltn.com.tw/news/life/breakingnews/2172902>

Triple-negative breast cancer: Is a new treatment within reach?

Medical News Today /By Maria Cohut / Sept 18th,2017

Triple-negative breast cancer is a type of breast cancer wherein the tumors do not express estrogen receptor, progesterone receptor, or the genes that promote the production of a protein called HER2, which plays a role in the growth of some cancer cells. These receptors typically promote the growth of cancerous tumors, and most types of breast cancer test positive for one or more of these. By contrast, triple-negative breast cancer, as its name suggests, tests negative for these receptors. This type of cancer is especially aggressive and does not respond to the usual breast cancer therapies. Research suggests that triple-negative breast cancer mostly affects Hispanic and African-American women, and it accounts for 10 to 20 percent of invasive breast cancer diagnoses.

A new study from the University of Freiburg in Germany is testing potential new avenues for the treatment of this type of cancer. Dr. Jochen Maurer, from the Center for Translational Cell Research, and Dr. Roland Schüle, from the Center of Clinical Research - both based at the University of Freiburg - led groundbreaking research around cancer stem-like cells, which promote tumor growth and resilience. Their teams developed a novel inhibitor for the epigenetic regulator KDM4, which is an enzyme that regulates gene expression and is implicated in the development of triple-negative breast cancer.

They hope that this might be the first step in devising a better, more targeted treatment for this aggressive type of cancer. The study's findings were reported in the journal Cancer Research.

Promising results of novel inhibitor

Much research has been conducted in an effort to understand what scientists term "cancer stem-like cells," which are cells that are very similar to normal stem cells in the body yet which promote cancerous activity. Cancer stem-like cells are very adaptable, and they are often able to resist to the most invasive cancer therapies, thereby leading to the formation of new tumors and metastasis.

The researchers have now managed to isolate cancer stem-like cells from human breast cancer tumors. This allowed them to have a closer look at the mechanisms of these cells and how they promote cancerous growth. Dr. Maurer and his colleagues managed to develop an in vitro model of cancer stem-like cells that faithfully corresponded to the ones extracted from the original triple-negative breast cancer tumors. The teams of Drs. Maurer and Schüle then collaborated in testing the effectiveness of various epigenetic inhibitors using their new cancer stem cell model. Drs. Maurer and Schüle found that a newly developed inhibitor of the KDM4 enzyme exhibited promising effects in its action on cancer stem-like cells.

The researchers managed to stop several stem-like cell populations from proliferating, and, by using the KDM4 inhibitor, they also succeeded in determining the cells to modify their "stem" state, thus rendering them less prone to promoting cancer.

Additionally, the scientists tested the inhibitor on mice in which human breast cancer tumors had been grown. These experiments also yielded promising results, as the researchers were able to reduce the growth of the tumors in the animals.

If the scientists' further research continues to bring successful results, this will bode well for the future of triple-negative breast cancer treatment, which currently has poor long-term outcomes. 資料來源 <https://www.medicalnewstoday.com/articles/319445.php>



乳癌(Breast Cancer)中西醫整合及中醫藥方面重要的國際研究摘要選錄

KDM4 inhibition targets breast cancer stem-like cells

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Abstract

Traditional treatments for breast cancer fail to address therapy-resistant cancer stem-like cells that have been characterized by changes in epigenetic regulators such as the lysine demethylase KDM4. Here we describe an orally available, selective and potent KDM4 inhibitor (QC6352) with unique preclinical characteristics. To assess the anti-tumor properties of QC6352, we established a method to isolate and propagate breast cancer stem-like cells (BCSC) from individual triple-negative tumors resected from patients after neoadjuvant chemotherapy. Limiting-dilution orthotopic xenografts of these BCSC regenerated original patient tumor histology and gene expression. QC6352 blocked BCSC proliferation, sphere formation and xenograft tumor formation. QC6352 also abrogated expression of EGFR which drives the growth of therapy-resistant triple-negative breast cancer cells. Our findings validate a unique BCSC culture system for drug screening and offer preclinical proof of concept for KDM4 inhibition as a new strategy to treat triple-negative breast cancer

Triple-negative breast cancer: an unmet medical need.

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Abstract

Triple-negative breast cancer, characterized by tumors that do not express estrogen receptor (ER), progesterone receptor (PR), or HER-2 genes, represents an important clinical challenge because these cancers do not respond to endocrine therapy or other available targeted agents. The metastatic potential in triple-negative breast cancer is similar to that of other breast cancer subtypes, but these tumors are associated with a shorter median time to relapse and death. One important goal is therefore the identification of prognostic factors and markers to reliably select high and low risk subsets of patients with triple-negative disease for different treatment approaches of subtypes with differential responsiveness to specific agents. However, a reliable prognostic marker has been elusive, and markers have been inconsistently useful. For example, epidermal growth factor receptor (EGFR) has been studied, but there is still a lack of agreement on a standard assay or cutoff for EGFR expression levels with respect to prognosis. Similarly, because triple-negative status is sometimes used as a surrogate for basal-like breast cancer, specific basal markers have been explored. Indeed, trials designed to accrue patients with basal-like breast cancer using ER/PR and HER-2 negativity may provide only an approximation of the triple-negative population and are sometimes reanalyzed using more specific indicators like CK 5/6, EGFR status, and others, again marred by discordances. Chemotherapy remains the mainstay of treatment of triple-negative breast cancer, but important limitations still need to be overcome in the next few years if any significant clinical strides are to be made. Current treatment strategies for triple-negative disease include anthracyclines, taxanes, ixabepilone, platinum agents, and biologic agents. More recently, EGFR inhibition has been proposed as a therapeutic mechanism in triple-negative breast cancer, again with mixed results. Agents that target poly(ADP-ribose) polymerase and androgen receptors have also been proposed in these patients or subsets of them, and ongoing trials should result in definitive guidance with respect to the value of these agents in triple-negative disease. Triple-negative breast cancer is clearly a distinct clinical subtype, from the perspective of both ER and HER-2 expression, but further subclassification is needed. At present, there is not a clear, proven effective single agent that targets a defining vulnerability in triple-negative breast cancer. This article will review the clinical problem of triple-negative disease, potential prognostic factors, demonstrated efficacy of currently available therapeutic options, and new potential therapies.



乳癌(Breast Cancer)中西醫整合及中醫藥方面重要的國際研究摘要選錄

Nationwide Case-Control Study Examining the Association between Tamoxifen Use and Alzheimer's Disease in Aged Women with Breast

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Abstract

Background and Objectives: Little is known about the association between tamoxifen use and Alzheimer's disease in women with breast cancer. The study aimed to explore the association between tamoxifen use and Alzheimer's disease in aged women with breast cancer in Taiwan.

Methods: We conducted a retrospective nationwide case-control study using the database of the Taiwan National Health Insurance Program. Totally, 173 female subjects with breast cancer aged 65 years with newly diagnosed Alzheimer's disease from 2000 to 2011 were identified as the cases. Additionally, 684 female subjects with breast cancer aged 65 years without any type of dementia were selected as the matched controls. The cases and the matched controls were matched with age and comorbidities. Ever use of tamoxifen was defined as subjects who had at least a prescription for tamoxifen before the index date. Never use of tamoxifen was defined as subjects who never had a prescription for tamoxifen before the index date. We used the logistic regression model to calculate the odds ratio (OR) and 95% confidence interval (CI) of Alzheimer's disease associated with tamoxifen use.

Results: The OR of Alzheimer's disease was 3.09 for subjects with ever use of tamoxifen (95% CI 2.10, 4.55), compared with never use. The OR of Alzheimer's disease was 1.23 for subjects with increasing cumulative duration of tamoxifen use for every 1 year (95% CI 1.13, 1.34), compared with never use.

Conclusion: The increased odds of Alzheimer's disease associated with tamoxifen use may be due to the survival effect, not the toxic effect. That is, the longer the tamoxifen use, the longer the patients survive, and the greater the likelihood that she may have a chance to develop Alzheimer's disease

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