中華民國106年6月出刊 VOL.25

# 中西整合醫學會 會訊

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

◎ 發行所：中西醫整合醫學會
◎ 創刊日期：95年3月29日
◎ 發行日期：106年7月28日
◎ 劃撥帳號：21511322
◎ 內政部台內社字第8209883號
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◎ 創刊總編輯：高尚德
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◎中西醫整合醫學會理事長：高尚德
◎中西醫整合癌症醫學會理事長：高尚德
◎臺灣中西整合消化醫學會理事長：何明印

105年11月20日(週日) 本會分別於台北市立聯合醫院林森中醫昆明院區中醫中心及中國醫藥大學安康教學大樓同時舉辦學術研討會

台北場的「中西醫癌症全方位研討會」邀請新光醫療財團法人新光吳火獅紀念醫院、台北市立聯合醫院林森中醫昆明院區及中國醫藥大學附設醫院等醫療院所的專家共同探討中西醫結合治療肺癌、大腸癌之進展更進一步討論以中西醫聯合療護癌症病患之未來展望。

## 中西醫癌症全方位研討會

日　期：105年11月20日（星期日）上午08：20~下午17：00
地　點：台北市立聯合醫院林森中醫昆明院區中醫中心(台北市昆明街100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、
　　台北市立聯合醫院林森中醫昆明院區中醫中心
合辦單位:中華民國中醫內科醫學會、中國醫藥大學中醫學系校友會

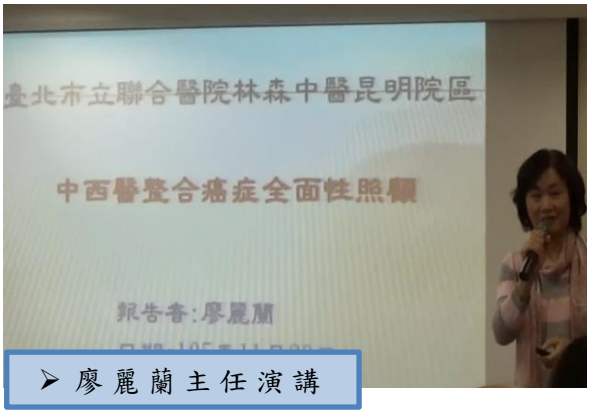
| 時間 | 研討主題 | 主講人 |
|---|---|---|
| 08:20~08:50 | 報到 | |
| 08:50~09:00 | 引言致詞 | 高尚德 理事長<br>許中華 院長 理事長 |
| 主持人：許中華 理事長 | | |
| 09:00~09:50 | 肺癌之臨床表現 診斷與治療新進展 | 高尚志 部主任/健康管理部<br>新光醫院 |
| 09:50~10:40 | 肺癌之中西醫結合治療探討 | 高尚德 教授/中醫內科<br>中國醫藥大學附設醫院 |
| 10:40~11:00 | 茶敘 | |
| 11:00~11:30 | 中西醫整合癌症全面性照顧 | 廖麗蘭 主任/婦科<br>台北市立聯合醫院林森中醫昆明院區 |
| 11:30~12:00 | 中醫癌症住院照護之經驗與展望 | 劉佳祐 主任/兒科<br>台北市立聯合醫院林森中醫昆明院區 |
| 12:00~13:30 | 午餐 | |
| 主持人：高尚德 理事長 | | |
| 13:30~14:20 | 大腸直腸癌臨床症狀及最新診斷趨勢 | 林裕民 主任/胃腸肝膽科<br>新光醫院 |
| 14:20~15:10 | 大腸直腸癌之中西醫結合治療探討 | 林宏任 主任/中醫內科<br>中國醫藥大學附設醫院 |
| 15:10~15:30 | 茶敘 | |
| 15:30~16:00 | 寬心飲於大腸癌自主神經功能失調之作用 | 簡采汝 醫師/血液腫瘤科<br>台北市立聯合醫院中興院區 |
| 16:00~16:30 | 中西醫整和安寧緩和療護之經驗與展望 | 陳建宏 主任/中西醫整合科<br>台北市立聯合醫院林森中醫昆明院區 |
| 16:30~17:00 | 綜合討論 | |

# 研討會集錦

➢ 高尚德理事長致詞

➢ 許中華院長致詞

➢ 高尚志部主任演講

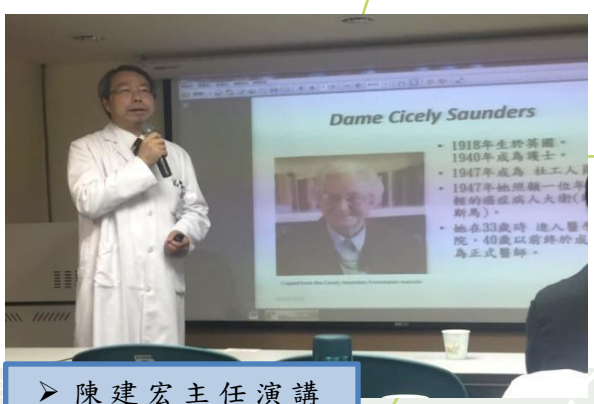



➢ 廖麗蘭主任演講

➢ 劉佳祐主任演講

➢ 林裕民主任演講


➢ 簡采汝醫師演講




➢ 陳建宏主任演講

中西整合醫學會 會訊
Society For Integration of Chinese and Western Medicine R.O.C

105年11月20日(週日) 台中場的「中西整合醫學呼吸系統學術研討會」邀請中國醫藥大學附設醫院、台中慈濟醫院及昀璟堂中醫診等醫療院所的專家主講慢性阻塞性肺疾病及氣喘是現代之療方法及中西醫結合治療等專題。

# 中西整合醫學呼吸系統學術研討會

日　期：105年11月20日（星期日）08：10~12：30
地　點：中國醫藥大學安康教學大樓205教室 (二樓)
主辦單位：中華民國中西整合醫學會、中華民國中西整合癌症醫學會
協辦單位：中國醫藥大學中醫學系校友會、中國醫藥大學中醫學院

| 時間 | 研討主題 | 主講人 |
|---|---|---|
| 08:10-08:50 | 報到 | |
| 08:50-09:00 | 開幕致詞 | |
| 主持人：王人澍 副院長 | | |
| 09:00-09:45 | COPD治療現代醫學update | 杭良文 主任/睡眠醫學中心<br>中國醫藥大學附設醫院 |
| 09:45-10:30 | 氣喘治療現代醫學update | 邱國樑 主任/胸腔內科部<br>台中慈濟醫院 |
| 10:30-10:45 | 茶敘 | |
| 主持人：黃國欽 主任 傅彬貴 秘書長 | | |
| 10:45-11:30 | 氣喘的中西醫結合治療 | 顏宏融 主任/中醫兒科<br>中國醫藥大學附設醫院 |
| 11:30-12:15 | 中藥自擬方-聖肺癒喘湯對小鼠急、慢性肺損傷模型之免疫調節研究 | 林佳宏 醫師/中醫科<br>昀璟堂中醫診所 |
| 12:15-12:30 | 黃國欽 主任 傅彬貴 秘書長　(綜合討論) | |

## 105年7月31日 台灣中西整合消化醫學會會員大會暨第三屆理、監事選舉

理　事　長：何明印
常務監事：葉欣榮
常務理事：王煌輝、林宏任、高尚德、黃仁杰
理 事:周仁偉(兼任秘書長)、林慶鐘、張宏州(兼任副祕書長)、陳光偉、陳雅吟、
　　黃進明、楊士樑、鄭庚申、廖光福、賴學州

監 事：余承儒、柯道維、趙翰林、賴東淵

# Bayer Uses Lessons From Past Trials To Beat Liver Cancer

**Clinical Leader/June 23, 2017 By Ed Miseta, Chief Editor, Clinical Leader**

It has been approximately 10 years since Bayer's medicine Nexavar was approved for the treatment of advanced hepatocellular (liver) cancer. Despite all of the research and money put into this effort since then, there has not been another drug approved for this disease. However, in April 2017, patients did finally see a new treatment (Stivarga) approved by FDA.

"Second-line liver cancer is a high, unmet clinical need," says Mark Rutstein, VP of Oncology Clinical Development for Bayer. Our new drug, Stivarga (regorafenib), will help to address that unmet need."

Over the 10 year period noted earlier, there were a number of failed clinical trials. In fact, a few candidates that initially appeared to have promise did not make it through to approval. According to Rutstein, one factor that stands out with liver cancer is heterogeneaty at the molecular level. With some cancers, there is a driver pathway or mutation that is a main driver of the disease state. With liver cancer, despite all of the work that has been done over the years, researchers have not been able to recognize a single predominant key driver, pathway, or mutation to pursue. This has resulted in researchers having to take a broad approach with treatment strategies.

Past Findings Aid Research

With the challenges faced in this type of cancer, Bayer carefully crafted the participant eligibility criteria based on what was known about the disease and the safety profile of the investigational drug. The company worked closely with physicians and investigators to determine which patient groups would exhibit the highest likelihood of benefiting from Stivarga.

"In this case, we were able to benefit from past experience," says Rutstein. "Bayer has invested a lot of time and effort into studying this disease. We were able to learn from past trials that failed, and also learn about better study design."

One example Rutstein cites is patient selection. For the Stivarga Phase 3 trial (RESORCE), patients were selected using the Child-Pugh score, which is used to assess the prognosis of the underlying chronic liver disease that may have led to the development of the hepatocellular cancer. Patients with Child-Pugh A liver function were selected for this trial. These patients have a better prognosis and are most likely to benefit from investigational therapy.

Rutstein notes that patients with a progression of liver disease to Child-Pugh B or Child-Pugh C may find it more difficult to stay in a study until completion of the trial given their more advanced liver disease and poorer prognosis. With liver cancer, there is the burden of the tumor but also of the underlying liver disease which resulted in the development of the tumor. That dual issue is something investigators would be required to contend with, and those investigators were instrumental in the recruitment process.

Tolerability And Baseline Prognostic Factors Play A Role

Another consideration in the trial design was related to the level of tolerability to the prior (Nexavar) treatment. For this study, patients were required to have disease progression on Nexavar in order to enter the trial and were not permitted to enter if they had discontinued use of Nexavar due to drug-related toxicity. There was also a provision in the eligibility criteria that would allow a patient to enter the trial as long as they had been receiving at least 400mg of Nexavar per day for 20 of the last 28 days prior to discontinuing its use.

"That was a key issue in the eligibility criteria," says Rutstein. "Nexavar has some overlap with Stivarga in terms of overall safety profile. While they are very different drugs, there is enough similarity in the safety profile that researchers felt patients who were not able to tolerate Nexavar would likely not be able to tolerate Stivarga. For that reason, those patients were excluded from the RESORCE study.

For the trial design, Bayer was again able to fall back on its knowledge of liver cancer trials that had been gained over time. Understanding prognostic factors for the disease was one of those areas. Patients brought into the study were randomized into one of two treatment arms, in this case Stivarga plus best supportive care or placebo plus best supportive care. Bayer stratified randomization based on important baseline prognostic factors.

"The knowledge we have gained includes understanding which key prognostic factors should be incorporated in the stratification process," states Rutstein. "That step was as crucial here as it is in any trial. If one fails to identify key prognostic factors and to make sure that patients with those factors are evenly distributed between treatment arms of the study, then there could be a confounding impact on the primary efficacy assessment."

In the RESORCE study, randomization was stratified by baseline prognostic factors including geographical region (Asia versus rest of world), macrovascular invasion (yes or no), extrahepatic disease (yes or no), α-fetoprotein concentration (<400 ng/mL or ≥400 ng/mL), and Eastern Cooperative Oncology Group (ECOG) performance status (0 or 1).

The global trial was conducted in North America, South America, Europe, Australia, and Asia. In fact, a significant number of patients were recruited from Asia where hepatocellular cancer has a high prevalence. Geography was chosen as a stratification factor given that the underlying etiology of liver disease and the management of patients may vary by region. Such differences may have prognostic significance and, therefore, have the potential to impact the study results.

"We have a steering committee of leading investigators, comprised of representatives from different regions of the world," adds Rutstein. "The committee members help Bayer to think through the decisions regarding which countries we should involve in the trial. Of course, a feasibility study was also performed which posed questions to investigational site personnel in different countries about the study protocol. This allowed Bayer to determine, before the start of the trial, what the projected accrual would be in Asia versus Europe versus the U.S."

資料來源:Clinical Leader
https://www.clinicalleader.com/doc/bayer-uses-lessons-from-past-trials-to-beat-liver-cancer-0001

醫藥新聞專區

# FDA Approves Bayer's Stivarga to Treat Most Common Liver Cancer

**REUTERS/HEALTH NEWS/Thu Apr 27, 2017**

The U.S. Food and Drug Administration said on Thursday it has approved Bayer AG's drug Stivarga to treat liver cancer, the first such approval in nearly a decade.

Stivarga is already approved to treat colorectal cancer in patients who have previously been treated with other therapies. Bayer may now also market it for patients with hepatocellular carcinoma (HCC), the most common form of liver cancer.

About 40,710 people will be diagnosed with liver cancers in 2017 and about 28,920 will die of the diseases, according to the National Cancer Institute.

"This is the first time patients with HCC have had an FDA-approved treatment that can be used if their cancer has stopped responding to initial treatment with sorafenib," Dr. Richard Pazdur, head of the FDA's cancer division, said in a statement.

Sorafenib, also made by Bayer, is sold under the brand name Nexavar. It was approved initially approved to treat kidney cancer and was approved to treat liver cancer in 2007.

The wholesale price of Stivarga, also known as regorafenib, is $14,881 for one course of treatment. Bayer said it has a number of assistance programs to provide free medication "to eligible Nexavar and Stivarga patients."
A clinical trial of 573 patients with HCC showed that the median overall survival for patients taking Stivarga was 10.6 months compared with 7.8 months for patients taking a placebo.

資料來源:Reuters News
http://www.reuters.com/article/us-bayer-cancer-liver-idUSKBN17T2PU

# 2016年國際傳統醫學SCI期刊

| | Journal Title (期刊) | ISSN | Impact Factor |
|---|---|---|---|
| 1 | Phytomedicine <<植物藥>> | 0944-7113 | 3.526 |
| 2 | American J. of Chinese Medicine <<美洲中醫雜誌>> | 0192-415X | 3.222 |
| 3 | J. of Ethnopharmacology <<民族藥理學期刊>> | 0378-8741 | 2.981 |
| 4 | BMC Complementary & Alternative Medicine <<生醫中心互補另類醫學>> | 1472-6882 | 2.288 |
| 5 | Acupuncture in Medicine <<針灸醫學>> | 0964-5284 | 2.156 |
| 6 | Complementary Therapies in Medicine <<互補治療醫學>> | 0965-2299 | 2.013 |
| 7 | Integrative Cancer Therapies <<癌症整合治療>> | 1534-7354 | 1.923 |
| 8 | Evidence-based Complementary & Alternative Medicine<<互補另類實證醫學>> | 1741-427X | 1.740 |
| 9 | J. of Alternative & Complementary Medicine<<另類互補醫學期刊>> | 1075-5535 | 1.622 |
| 10 | J. of Manipulative & Physiological Therapeutics<<手法及生理治療期刊>> | 0161-4754 | 1.592 |
| 11 | Chinese Medicine <<中醫藥>> | 1749-8546 | 1.580 |
| 12 | Explore: The J. of Science & Healing<<探索：科學及康復期刊>> | 1550-8307 | 1.363 |
| 13 | J. of Herbal Medicine<<藥草醫學期刊>> | 2210-8033 | 1.327 |
| 14 | Alternative Therapies in Health & Medicine <<另類治療在健康與醫學>> | 1078-6791 | 1.247 |
| 15 | Homeopathy <<順勢療法>> | 1475-4916 | 1.160 |
| 16 | Chinese J. of Integrative Medicine <<中國結合醫學雜誌>> | 1672-0415 | 1.116 |
| 17 | J. of Traditional Chinese Medicine <<傳統中醫期刊>> | 0255-2922 | 0.991 |
| 18 | Forschende Komplementarmedizin <<互補醫學研究>> | 1021-7096 | 0.865 |
| 19 | Acupuncture & Electro-therapeutics Research <<針灸與電療研究>> | 0360-1293 | 0.870 |
| 20 | European J. of Integrative Medicine <<歐洲结合醫學期刊>> | 1876-3820 | 0.801 |
| 22 | Holistic Nursing Practice <<全人護理實踐>> | 0887-9311 | 0.726 |
| 21 | Africa J. Traditional, Complementary & Alternative Medicine<<非洲傳統互補另類醫學期刊>> | 0189-6016 | N/A (2015 IF:0.553) |

# 肝癌(Hepatoma)中西醫整合及中醫藥方面重要的國際研究摘要選錄

## The Herbal Compound Songyou Yin (SYY) Inhibits Hepatocellular Carcinoma Growth and Improves Survival in Models of Chronic Fibrosis via Paracrine Inhibition of Activated Hepatic Stellate Cells.

Yang Bu *et al*
1.Hepatobiliary Surgery, General Hospital of Ningxia Medical University, Yinchuan, China
2.Liver Cancer Institute, Zhongshan Hospital, Fudan University, Key Laboratory of Carcinogenesis and Cancer Invasion,Ministry of Education, Shanghai, China
3.Cancer Center, Institutes of Biomedical Sciences, General Surgery, Huashan Hospital, Fudan University, Shanghai ,China
Oncotarget, Vol. 6, No. 37
Impact factor:5.168 , Rank Factor: 44/216(Oncology); Rank Factor:48/189(Cell Biology)

**Abstract**
Chronic fibrosis is a major risk factor for the development of hepatocellular carcinoma (HCC). The pathological progression of hepatic fibrosis has been linked to cellular processes that promote tumor growth and metastasis. Several recent studies have highlighted the cross-talk between tumor cells and activated hepatic stellate cells (aHSCs) in HCC. The herbal compound Songyou Yin (SYY) is known to attenuate hepatoma cell invasion and metastasis via down-regulation of cytokine secretion by aHSCs. However the underlying mechanism of SYY treatment in reversal of hepatic fibrosis and metastasis of liver cancers is not known. In the current study, a nude mouse model with liver fibrosis bearing orthotopic xenograft was established and we found that SYY could reduce associated fibrosis, inhibit tumor growth and improve survival. In the subcutaneous tumor model with fibrosis, we found that SYY could inhibit liver cancer. In vitro, hepatoma cells incubated with conditioned media (CM) from SYY treated aHSCs showed reduced proliferation, decrease in colony formation and invasive potential. SYY treated group showed altered gene expression, with 1205 genes up-regulated and 1323 genes down-regulated. Gene cluster analysis indicated that phosphatidylinositol-3-kinase (PI3K) was one of the key genes altered in the expression profiles. PI3K related markers were all significantly down-regulated. ELISA also indicated decreased secretion of cytokines which were regulated by PI3K/AKT signaling after SYY treatment in the hepatic stellate cell line, LX2. These data clearly demonstrate that SYY therapy inhibits HCC invasive and metastatic potential and improves survival in nude mice models with chronic fibrosis background via inhibition of cytokine secretion by activated hepatic stellate cells.

Review

## Immune-Mediated Therapies for Liver Cancer

Rajagopal N. Aravalli and Clifford J. Steer
1.Department of Electrical and Computer Engineering, University of Minnesota,
2.Departments of Medicine and Genetics, Cell Biology and Development, University of Minnesota
Genes 2017, 8, 76;
Impact Factor: 3.600, Rank Factor:56/166(Genetic & Heredity)

**Abstract:**
In recent years, immunotherapy has gained renewed interest as an alternative therapeutic approach for solid tumors. Its premise is based on harnessing the power of the host immune system to destroy tumor cells. Development of immune-mediated therapies, such as vaccines, adoptive transfer of autologous immune cells, and stimulation of host immunity by targeting tumor-evasive mechanisms have advanced cancer immunotherapy. In addition, studies on innate immunity and mechanisms of immune evasion have enhanced our understanding on the immunology of liver cancer. Preclinical and clinical studies with immune-mediated therapies have shown potential benefits in patients with liver cancer. In this review, we summarize current knowledge and recent developments in tumor immunology by focusing on two main primary liver cancers: hepatocellular carcinoma and cholangiocarcinoma.

Review

## Hepatoprotective Effects of Chinese Medicinal Herbs: A Focus on Anti-Inflammatory and Anti-Oxidative Activities

Puiyan Lam *et al*
1.School of Chinese Medicine, The University of Hong Kong, Hong Kong, China
2.Division of Gastroenterology and Hepatology, Queen Mary Hospital and Department of Medicine,Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China;

Int. J. Mol. Sci. 2016, 17, 465
IF: 3.226, Rank Factor:116/286 (Biochemistry & Molecular Biology); Rank Factor: 54/166(Chemistry ,Multidisciplinary)

**Abstract:**
The liver is intimately connected to inflammation, which is the innate defense system of the body for removing harmful stimuli and participates in the hepatic wound-healing response. Sustained inflammation and the corresponding regenerative wound-healing response can induce the development of fibrosis, cirrhosis and eventually hepatocellular carcinoma. Oxidative stress is associated with the activation of inflammatory pathways, while chronic inflammation is found associated with some human cancers. Inflammation and cancer may be connected by the effect of the inflammation-fibrosis-cancer (IFC) axis. Chinese medicinal herbs display abilities in protecting the liver compared to conventional therapies, as many herbal medicines have been shown as effective anti-inflammatory and anti-oxidative agents. We review the relationship between oxidative stress and inflammation, the development of hepatic diseases, and the hepatoprotective effects of Chinese medicinal herbs via anti-inflammatory and anti-oxidative mechanisms. Moreover, several Chinese medicinal herbs and composite formulae, which have been commonly used for preventing and treating hepatic diseases, including Andrographis Herba, Glycyrrhizae Radix et Rhizoma, Ginseng Radix et Rhizoma, Lycii Fructus, Coptidis Rhizoma, curcumin, xiao-cha-hu-tang and shi-quan-da-bu-tang,were selected for reviewing their hepatoprotective effects with focus on their anti-oxidative and ant-inflammatory activities.This review aims to provide new insight into how Chinese medicinal herbs work in therapeutic strategies for liver diseases.

## The Chinese Medicine Sini-San Inhibits HBx-induced Migration and Invasiveness of Human Hepatocellular Carcinoma Cells

Hung-Jen Lin, Shung-Te Kao, Yu–Miao Siao and Chia-Chou Yeh
1School of Post-baccalaureate Chinese Medicine, Tzu Chi University, Hualien,Taiwan.
2Department of Chinese Medicine, Buddhist Dalin Tzu Chi General Hospital,.Chia-Yi , Taiwan
3School ofChinese Medicine, China Medical University, Taichung, Taiwan.
4Division ofChinese Medicine, China Medical University Hospital, Taichung, Taiwan.
5Department of Traditional Chinese Medicine Diagnosis, China MedicalUniversity Hospital, Taichung, Taiwan.

BMC Complementary and Alternative Medicine (2015) 15:34
Impact Factor:2.288, Rank Factor:6/25(Integrative & Complementary Medicine)

**Abstract**
Background: Sini-San (SNS) is a formulation of four Traditional Chinese Drugs that exhibits beneficial therapeutic effects in liver injury and hepatitis. However, there are no reports describing its effects on the hepatitis B X-protein (HBx)-induced invasion and metastasis in hepatoma cells, and the detailed molecular mechanisms of its actions are still unclear.
Methods: In this study, we investigated the mechanisms underlying SNS-mediated inhibition of HBx-induced cell invasion and the inhibition of secreted and cytosolic MMP-9 production, using gelatin zymography and Western blot analysis in a human hepatoma cell line (HepG2). Relative luciferase activity was assessed for MMP-9, NF-κB, or AP-1 reporter plasmid-transfected cells.
Results: SNS suppressed MMP-9 transcription by inhibiting activator protein (AP)-1 and nuclear factor-κ B (NF-κB) activity. SNS suppressed HBx-induced AP-1 activity through inhibition of phosphorylation in the extracellular signal-related kinase (ERK) and c-Jun N-terminal kinase (JNK) signaling pathways. SNS also suppressed HBx-induced inhibition of NF-κB nuclear translocation through IκB and suppressed HBx-induced activation of ERK/phosphatidylinositol 3-kinase/Akt upstream of NF-κB and AP-1.
Conclusions: SNS suppresses the invasiveness and metastatic potential of hepatocellular carcinoma cells by inhibiting multiple signal transduction pathways.

# 活動訊息

## Past Events

| 活動名稱 | 時間 | 主辦單位/協辦單位 | 地點 |
|---|---|---|---|
| 中西醫老人醫學臨證論壇 | 106年6月18日(星期日)<br>8:40a.m~ 5:00p.m | 臺中市大臺中中醫師公會<br>協辦單位:中西醫整合醫學會 | 中國醫藥學互助大樓3A02教室 |
| 中西結合痹症虛證·癌症 | 106年6月25日(星期日)<br>8:40a.m~ 5:00p.m | 中華民國中西整合醫學會、中華民國中西整合癌症醫會<br>協辦單位：中國醫藥大學中醫學系 | 中國醫藥大學互助大樓1A01教室 |

## Upcoming Events

| 活動名稱 | 時間 | 主辦單位/協辦單位 | 地點 |
|---|---|---|---|
| 肝癌診治 中西對話 | 106年8月13日（星期日）<br>8:20a.m~16:20p.m | 臺灣中西整合消化醫學會<br><br>協辦單位：澄清綜合醫院中港分院、衛生福利部豐原醫院 | 澄清綜合醫院中港分院敬義樓1F會議廳 |
| 學術研討會 | 106年9月 | 中華民國中西整合醫學會、中華民國中西整合癌症醫會 | 中國醫藥大學 |

## 中西醫整合醫學會繳交會費通知

**親愛的會員您好:**
**在新的一年學會將全力推動各項學術研討會，感謝您對學會的參與及支持，使得會務得以順利進行並且蒸蒸日上。為了您的權益，並讓學會能順利作業，繼續服務所有的會員**

- **常年會費: $1,200/年**
- **永久會費:$20,000**

**郵政劃撥：21511322　戶名：中華民國中西整合醫學會**

**中華民國中西整合醫學會 秘書處 謹啟**

感謝您對學會的參與及支持!