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中西整合醫學會 會訊

Taiwan Society for Integration of Chinese and Western Medicine

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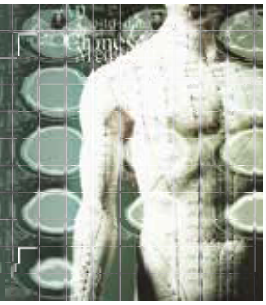


中西癌症合作-從臨床到學術研討會

台中慈醫院李典錕主任(左)、
中國醫藥大學附設醫院張東廸主任(中)
台中慈濟醫院莊佳穎主任(右)

佑生堂中醫診所黃進明院長(右)

台中慈濟醫院邱國樑醫務秘書（左）
中醫部黃仲諄主任

由台中慈濟醫院中醫腫瘤科莊佳穎主任與癌症中心李典錕主任統籌規劃、也是學會第一次辦理實體暨線上的學術活動，提供多元的上課方式，也讓海外人員可以有機會參與台灣的學術活動。

本次研討會由中、西醫師共同探中西整合治療癌症、精準醫療之發展及癌症最新的診斷及治療發展。

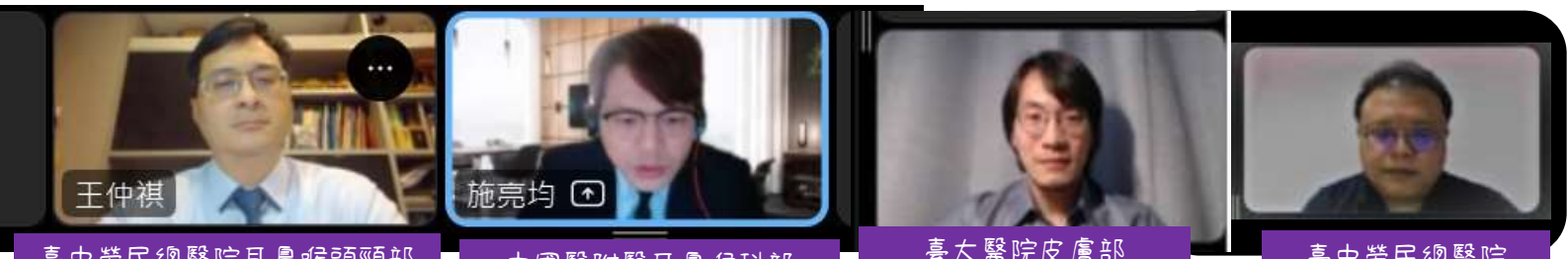
期望藉由本次的演講及對話推動中、西醫對治療癌症之交流探討，能更有效的提升癌症病患的生活品質。

現場視訊直播

曾敦仁醫師給予comment

線上視訊參與人員

慢性鼻竇炎、慢性蕁麻疹與肺纖維化疾病新知研討會



臺中榮民總醫院耳鼻喉頭頸部
王仲祺部主任

中國醫附醫耳鼻喉科部
施亮均醫師

臺大醫院皮膚部
卓雍哲醫師

臺中榮民總醫院
過敏免疫風濕科
曾智偉醫師

光妍皮膚科診所
蔡高頌院長

臺中榮民總醫院
間質性肺病整合照護中心
傅彬書主任

由本會呼吸道委員會規劃辦理之線上視訊會議，共有125名學員線上參加。

世界衛生組織(WHO)已將過敏性疾病列為 21世紀世界重點研究和預防的疾病。臨床上常見過敏性疾病包括：過敏性鼻炎、氣喘、異位性皮膚炎、蕁麻疹等。當免疫力強大到分辨不清細胞的好壞，直接攻擊自體細胞，就會引起自體免疫相關的疾病：自體免疫疾病無法完全治癒，將伴隨患者一生，而除了原本的疾病症狀之外，免疫系統還可能侵犯肺臟等器官，甚至引起發肺纖維化，增加病患的死亡率。而引發肺纖維化的自體免疫疾病，以硬皮病最常見，纖維化進展也是最快的。

本次研討會與邀請各專科醫師分享氣喘、鼻息肉和蕁麻疹的治療方法，並對肺部纖維化之治療與照護進行分享，強調跨領域團隊合作照護之重要性。

會務公告

1. 本月2位會員申請入會。

2. 學術活動:

☛高雄:6/18「失智之居家與社區整合醫學教育訓練坊」，議程於p3

☛台中:

預告:6/26「肺癌與氣喘精準治療與肺阻塞肌少症新知」

失智之居家與社區整合醫學教育訓練坊

06月18日(星期六)
13:00~17:00

高雄市前鎮區中山二路260號
和逸飯店·高雄中山館

指導單位：衛生福利部
主辦單位：屏東縣中醫師公會、臺灣中西整合醫學會、高雄長庚紀念醫院中醫部
協辦單位：中華民國中醫師公會全國聯合會、大高雄中醫師公會、高雄市中醫師公會、台灣中醫家庭醫學醫學會

時間	研討主題	主講者	座長
12:50 -13:10	報　到		
13:10 –13:30	引言與貴賓致詞		
13:00- 14:30	失智症的臨床診斷與分級	洪琪發 主任 高雄長庚紀念醫院 老年及復健社區精神科	蔡明諺 部主任 中西整合醫學會暨 高雄長庚紀念醫院中醫部
14:30-15:30	中醫失智實證照護建議與臨床經驗	林舜穀 醫師 臺北市立聯合醫院仁愛院區 中醫科	
15:30-15:50	Coffee Break		
15:50-16:50	失智照護員之長照經驗與衛教	蘇秋萍 個管師 高雄長庚紀念醫院	劉俊廷 醫師 中西整合醫學會暨 高雄長庚紀念醫院中醫部
16:50-17:00	總和討論	屏東縣中醫師公會　陳啟禎 理事長	

☛線上報名連結: https://forms.gle/4y4YQQiJxZRRRTAn8

➢ **繼續教育積分申請:**

✓ 中西整合醫學會教育積分費4點= 400元
✓ 中醫師繼續教育積分2點= 200元
✓ 受訓醫師基本訓練課程:實證醫學1小時

本課程免收報名費

➢ **報名注意事項:**

1. 報名截止日:111年05月25日(三)止。
2. 聯絡資訊:

➢屏東縣中醫師公會
電話:08-751-0096 傳真:08-751-8038

➢臺灣中西整合醫學會
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Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

Emmanuel B. Walter, M.D., Kawsar R. Talaat, M.D., Charu Sabharwal, M.D., M.P.H., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., Grant C. Paulsen, M.D., Elizabeth D. Barnett, M.D., Flor M. Muñoz, M.D., Yvonne Maldonado, M.D., Barbara A. Pahud, M.D., M.P.H., Joseph B. Domachowske, M.D., Eric A.F. Simões, M.B., B.S., D.C.H., M.D., et al., for the C4591007 Clinical Trial Group*

From Duke Human Vaccine Institute, Durham, NC (E.B.W.); Johns Hopkins University, Baltimore (K.R.T.); Vaccine Research and Development, Pfizer, Pearl River (C.S., A.G., B.A.P., U.N.S., I.M., K.A.S., K.K., T.J.B., D.C., P.R.D., K.U.J., W.C.G.), and SUNY Upstate Medical University, Syracuse (J.B.D.) — both in New York; Vaccine Research and Development, Pfizer, Hurley, United Kingdom (S.L., N.K., L.C.); the Department of Pediatrics, University of Cincinnati College of Medicine and the Division of Pediatric Infectious Diseases, Cincinnati Children's Hospital Medical Center, Cincinnati (G.C.P., R.W.F.); Boston Medical Center, Boston University School of Medicine, Boston (E.D.B.); Texas Children's Hospital, Baylor College of Medicine, Houston (F.M.M.); Stanford University School of Medicine, Palo Alto, CA (Y.M.); Children's Mercy Hospital, Kansas City, MO (B.A.P.); the University of Colorado School of Medicine and Children's Hospital Colorado, Aurora (E.A.F.S.); Hospital Universitario 12 de Octubre, Madrid (P.R.); Medical University of Warsaw, Warsaw, Poland (E.K.); Tampere University Vaccine Research Center, Tampere, and PEDEGO Research Unit, University of Oulu, Oulu — both in Finland (M.R.); Vaccine Research and Development (J.L.P., H.M., X.X.), and Worldwide Safety, Safety Surveillance and Risk Management (S.M.), Pfizer, Collegeville, PA; and BioNTech, Mainz, Germany (E.L., Ö.T., U.Ş.).

Dr. Gurtman can be contacted at Alejandra.Gurtman@pfizer.com or at Vaccine Research and Development, Pfizer, 401 N. Middletown Rd., Pearl River, NY 10965.

*A list of investigators in the C4591007 Clinical Trial Group is provided in the Supplementary Appendix, available at NEJM.org.

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https://www.nejm.org/doi/full/10.1056/NEJMoa2116298

Abstract

BACKGROUND

Safe, effective vaccines against coronavirus disease 2019 (Covid-19) are urgently needed in children younger than 12 years of age.

METHOD

A phase 1, dose-finding study and an ongoing phase 2–3 randomized trial are being conducted to investigate the safety, immunogenicity, and efficacy of two doses of the BNT162b2 vaccine administered 21 days apart in children 6 months to 11 years of age. We present results for 5-to-11-year-old children. In the phase 2–3 trial, participants were randomly assigned in a 2:1 ratio to receive two doses of either the BNT162b2 vaccine at the dose level identified during the open-label phase 1 study or placebo. Immune responses 1 month after the second dose of BNT162b2 were immunologically bridged to those in 16-to-25-year-olds from the pivotal trial of two 30-µg doses of BNT162b2. Vaccine efficacy against Covid-19 at 7 days or more after the second dose was assessed.

RESULTS

During the phase 1 study, a total of 48 children 5 to 11 years of age received 10 µg, 20 µg, or 30 µg of the BNT162b2 vaccine (16 children at each dose level). On the basis of reactogenicity and immunogenicity, a dose level of 10 µg was selected for further study. In the phase 2–3 trial, a total of 2268 children were randomly assigned to receive the BNT162b2 vaccine (1517 children) or placebo (751 children). At data cutoff, the median follow-up was 2.3 months. In the 5-to-11-year-olds, as in other age groups, the BNT162b2 vaccine had a favorable safety profile. No vaccine-related serious adverse events were noted. One month after the second dose, the geometric mean ratio of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) neutralizing titers in 5-to-11-year-olds to those in 16-to-25-year-olds was 1.04 (95% confidence interval [CI], 0.93 to 1.18), a ratio meeting the prespecified immunogenicity success criterion (lower bound of two-sided 95% CI, >0.67; geometric mean ratio point estimate, ≥0.8). Covid-19 with onset 7 days or more after the second dose was reported in three recipients of the BNT162b2 vaccine and in 16 placebo recipients (vaccine efficacy, 90.7%; 95% CI, 67.7 to 98.3).

CONCLUSIONS

A Covid-19 vaccination regimen consisting of two 10-µg doses of BNT162b2 administered 21 days apart was found to be safe, immunogenic, and efficacious in children 5 to 11 years of age. (Funded by BioNTech and Pfizer; ClinicalTrials.gov number, **NCT04816643. opens in new tab**.)

mRNA-1273 Vaccine-elicited Neutralization of SARS-CoV-2 Omicron in Adolescents and Children

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[1] Moderna, Inc., Cambridge, MA;
[2] Duke University Medical Center, Durham, NC

medRxiv. 2022 Jan 25;2022.01.24.22269666. doi: 10.1101/2022.01.24.22269666. **Preprint**

Abstract

Background: The highly transmissible severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) Omicron variant is a global concern. This study assessed the neutralization activity of two-dose regimens of mRNA-1273 vaccination against Omicron in adults, adolescents and children.

Methods: Neutralizing activity against the Omicron variant was evaluated in serum samples from adults (≥18 years) in the phase 3, Coronavirus Efficacy (COVE) and from adolescents (12-17 years) in the TeenCOVE trials following a two-dose regimen of 100 µg mRNA-1273 and from children (6-<12 years) in the KidCOVE trial administered two doses of 50 µg mRNA-1273. Neutralizing antibody geometric mean ID50 titers (GMT) were measured using a lentivirus-based pseudovirus neutralizing assay at day 1 and 4 weeks (day 57) following the second mRNA-1273 dose, compared with wild-type (D614G).

Results: At 4 weeks following a second dose of mRNA-1273 (100 µg), the GMT was reduced 28.8-fold compared with D614G in adults (≥18 years). In adolescents (12-17 years), the GMT was 11.8-fold lower than D614G, 4 weeks after a second dose of mRNA-1273 (100 µg), and compared with adults, were 1.5- and 3.8-fold higher for D614G and the Omicron variant, respectively. In children (6-<12 years), 4 weeks post-second dose of 50 µg mRNA-1273, Omicron GMTs were reduced 22.1-fold versus D614G and were 2.0-fold higher for D614G and 2.5-fold higher for Omicron compared with adults.

Conclusions: A two-dose regimen of 100 µg mRNA-1273 in adolescents and of 50 µg in children elicited neutralization responses against the Omicron variant that were reduced compared with the wild-type D614G, and numerically higher than those in adults.

Conflict of interest statement

Competing Interests

BG, WD, MM, HZ, AF, SSG, RD, RP are Moderna, Inc. employees and may hold stock/stock options in the company. JET is a Moderna, Inc. consultant and DCM discloses research funding from Moderna, Inc.