

# 簡穎秀

## L1

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## The role of gene therapy and the evolving landscape of spinal muscular atrophy (SMA)

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Gene therapy provides the opportunity to correct the underlying genetic defect by replacing a functional gene and offers therapeutic benefits to patients in need. The introduction of gene therapy makes neurodegenerative diseases that were once considered incurable now increasingly manageable.

Take the historically leading inherited cause of infant mortality, spinal muscular atrophy (SMA), as an example. SMA is an autosomal recessive disease characterized by degeneration of spinal cord motor neurons, leading to atrophy of skeletal muscle and overall weakness. Recently, novel therapies have ultimately change the disease course and showed significant clinical improvement compared with the historical cohort. Moreover, evidence from multiple studies has shown that “time is motor neuron” , which suggests that early therapeutic intervention correlated with a better outcome.

Gene therapy, along with other gene-targeting agents, is changing the treatment landscape of spinal muscular atrophy. Accurate genetic counseling and an appropriate screening approach are imperatives to optimize the management of patients with SMA.

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## Endometriosis: How to improve the integration between surgical and medical therapy

Endometriosis should be viewed as a chronic disease that requires a life-long management plan with the goal of maximizing the use of medical treatment and avoiding repeated surgical procedures. The decision to operate should be balanced against the potential damage upon the ovarian reserve. Pain recurrence after primary endometriosis surgery is common and this can result in repeated surgery. International guidelines now recognize the importance of post-surgical medical therapy to minimize disease recurrence.

Dienogest, the 4th generation progestin, has been proven to provide pain-relief and substantial improvement in endometriosis symptoms with no or minimal lesions detectable in more than 80% of the patients. Treatment with dienogest 2 mg resulted in sustained reduction in endometriosis pain over a total of 15 months in an extension of a 12-week placebo-controlled study. Long-term treatment with dienogest over five years reduced the recurrence of endometriomas after surgery very effectively. Another long-term study with dienogest 2 mg daily over 60 months showed effective reduction of endometriosis-associated pelvic pain and avoidance of pain recurrence after surgery.

This lecture will focus on how to improve the integration between surgical and medical therapy for endometriosis through discussing dienogest evidence as first line treatment or maintenance medical therapy post-surgery to prevent recurrence. With studies over 5 years now, the long-term safety evidence for dienogest will be addressed too. The speaker will also share his clinical experience in managing endometriosis via some case series presentation.

吳珮如

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## A pragmatic approach to the management of heavy menstrual bleeding

Heavy menstrual bleeding (HMB), also commonly called menorrhagia, is menstruation at regular cycle intervals but with excessive flow and duration, usually lasting for more than 7 days. HMB is a common cause of anemia in women of reproductive age and has significant negative impact on quality of life.

This lecture will provide a brief overview of the currently available treatment options for HMB and more importantly tailoring treatment options based on both clinical considerations and patient preferences and/or priorities. Through case series presentation, the speaker will share his clinical perspective on identifying the right patients for levonorgestrel-releasing intrauterine device as an effective treatment option for HMB that preserves fertility and provides contraception.

## 李中遠

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### Tdap in maternal immunization: the new approved safety indication in Taiwan

Maternal Tdap vaccination helps protect infants. Newborn babies are at the greatest risk for developing pertussis and its life-threatening complications. Tdap vaccination during pregnancy is safe and helps protect babies from pertussis for several months after birth. This is important because babies younger than 6 months of age are at the risk of window period. As the most valued and trusted source of health information for pregnant women, it's important that ob-gyns, midwives, and other healthcare professionals recommend maternal vaccines to their patients. CDC and a panel of experts who make vaccine recommendations (Advisory Committee on Immunization Practices) have studied the Tdap vaccine recommended for pregnant women. Evidences support the safety and vaccine effectiveness of Tdap vaccine during pregnancy for pregnant women and their babies. The available safety data was thoroughly reviewed before recommending that women get the vaccine during every pregnancy. This lecture will present the supportive evidence of new approved safety indication for maternal immunization.

**陳子和**

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## Vaccination in Women: A Fresh Look at the Evidence

Most vaccination programmes focus on discrete life stages such as childhood, but evidence supports a life-course approach, meaning vaccination given through all phases of life. Although some vaccines create long-term immunity, with others the immunity wanes over time, creating the risk of infectious diseases spreading. Immunity in the absence of vaccination is maintained through frequent exposure to infection throughout one's lifetime, which boosts waning immunity. In post-vaccine world, however, the prevalence of infection declines, resulting in less exposure and boosting. This can potentially lead to epidemic cycles where infection rates fall following vaccination and then rise as immunity wanes. Obstetrician and Gynecologist play important roles in women's whole life. To understand the vaccine effectiveness and benefits could be provided is essential in primary care practice.

**Prof. Georg Griesinger**  
**(Germany)**  
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- Professor at Lübeck University and Chair at the Department of Gynecological Endocrinology and Reproductive Medicine, University Hospital of Schleswig-Holstein, Lübeck, Germany.
  - Member of ESHRE guideline Development Group for Ovarian Stimulation, a past Coordinator of the ESHRE Special Interest Group for Reproductive Endocrinology, and a past member of the ESHRE Executive Committee.
  - Section Editor for Reproductive Biomedicine Online, previous Associate Editor for Human Reproduction, Fertility and Sterility, and the British Journal of Obstetrics and Gynaecology.
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**Luteal phase support in IVF: Have we got it right yet?**

Oral dydrogesterone has been used for luteal phase support (LPS) on an empirical basis since the early days of in vitro fertilization (IVF) treatment. Systematic comparisons of oral dydrogesterone with vaginal progesterone, so far considered to be the standard of care, started to appear in the middle 2000s. Recently, a phase III trial program on the use of daily 30 mg oral dydrogesterone versus micronized vaginal progesterone (MVP) for LPS in IVF was published (LOTUS trial program). A systematic review, individual participant data (IPD) meta-analysis and aggregate data meta-analysis was subsequently performed. In the meta-analysis of IPD, oral dydrogesterone was associated with a significantly higher chance of ongoing pregnancy at 12 weeks of gestation (odds ratio [OR], 1.32; 95% confidence interval [CI], 1.08 to 1.61; P = 0.0075) and live birth (OR, 1.28; 95% CI, 1.04 to 1.57; P = 0.0214) compared to MVP. Fetal and maternal safety parameters were similar between the two groups. Given the widespread preference of women for an oral compound, dydrogesterone may well become the new standard for luteal phase support in fresh embryo transfer IVF cycles.

盧佳文

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## Weight Management and The Role of GLP-1 RA

Taiwan Health Promotion Administration statics show one of two Taiwan adults overweight or obese. Many complications link obesity, such as type 2 diabetes, sleep apnoea, gallbladder diseases, osteoarthritis. Specially some gynaecologic abnormalities, abnormal menses, infertility, polycystic ovarian syndrome. Taiwan Medical Association for the Study of Obesity conduced survey showing almost all BMI>24 Taiwanese have intention to lose weight. Weight management is a common question bothering Taiwanese. Life-style change, diet control, exercise are common ways to deal with body weight. Some patients need further treatments. Pharmacotherapy is one of the options.

Very few prescription drugs receive approval for clinical use in obesity management in Taiwan. Liraglutide is one of the two. Liraglutide is Glucagon-like peptide-1(GLP-1) receptor agonist, 97% similarity to natural GLP-1. GLP-1 is secreted by neurons in hindbrain and L-cells of the gut. It is expressed in brain, heart, lung, pancreas, GI tract. The weight management effect comes from brain. Liraglutide is the only GLP-1 RA approved for weight management in Taiwan. Clinical trials show liraglutide is effective and tolerate. Patients achieved significant and sustained weight loss throughout 1-year and 3-year trials.

Weight management is common issue bothering patients. Pharmacotherapy can complement lifestyle therapy but can never be used alone. GLP-1 RA is effective for weight management and indicated product available in Taiwan.

## 劉文雄

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### Fighting against HPV with vaccination as the new norm

Human papillomavirus (HPV) is a very common virus that most people get at some time in their lives through sexual activity. HPV infections can lead to certain types of cancer and non-cancer diseases in both men and women. It has been shown that HPV can cause cancers of the cervix, vagina, and vulva in women, anus and genital warts in both women and men.

HPV infection is common among adults. Persistent HPV infection increases with age. The prevalence of HPV in women as we get older. In a US NHANES survey, prevalence rates in adult women are still quite high at about 35% in women over age 50. The prevalence of HPV in adult men was also evaluated in HIM (HPV Infection in Men) study and the prevalence rate of HPV in adult men are even higher than in women across all ages (around 65%) and do not decline with age. In addition, males rarely develop immunity following natural HPV infection and the antibodies acquired from natural HPV infection do not protect against subsequent infection or disease. Both males and females should be protected for HPV related diseases. HPV vaccine has been proven work efficiently against HPV infection and diseases in various anatomic sites in not only young age group but also in adult. Long-term follow up data also proven efficacy for adult population.

Gender Neutral Vaccination (GNV) has always been a goal that WHO and other countries are committed to promoting. As of 2020, 42 countries around the world have listed the co-vaccination of HPV vaccine for boys and girls as a government-funded vaccination program. Nevertheless, Taiwanese men have very low awareness of HPV diseases. Therefore, we are committed to raising the diseases awareness among men and jointly safeguarding the health of men and women in Taiwan!



## 施景中

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### High-Risk Pregnancies: Risk Factors, Prevention, and Management

高危險妊娠是指在妊娠期間，母親和胎兒有潛在的危險，導致胎兒或母體的健康甚至生命安全受到影響，也可能因此發生不良懷孕結果的狀況。根據目前的統計結果顯示，高危險妊娠佔所有懷孕比例約 15-20%，因素可能與母體本身有關，包含疾病史，年齡，體重，生活型態等等。也可能來自妊娠因子，包含多胞胎，胎兒異常，妊娠高壓，妊娠毒血，妊娠糖尿病，胎盤異常，早產，等等的因子。

藉由定期產檢，早期與中期判別高危險妊娠因子並加以掌握是必要的；因應高齡化生產與少子化的趨勢，政府也擬將增加補助未來產檢次數與檢測項目。經過多年醫界與學會的努力，高危險妊娠門診的建立，國內周產期照護網絡也逐漸完善，進一步減少了高危險妊娠可能帶來的不良生產結果。再者，已於民國 105 年實施至今的「生產事故救濟條例」，除了協助醫療人員精實通報與建立完整救濟制度以外，更保護醫療人員，減少因生產事故產生的各種糾紛。

在高危險妊娠的照護的過程裡，早產及產後出血是常見永久性傷害的其中原因，不管是對胎兒或母親。國內的早產率約佔 10%，而產後出血則是國內孕婦死亡或重大傷害的主因之一，兩者都對母胎本身健康或者是社會帶來許多醫療成本支出。無論是產婦與家人對高危險妊娠有足夠的認知，或者是醫療人員對於早產及產後出血即早一步預防，掌握與處置的訓練，都能夠大幅減少懷孕過程中的風險傷害還有衝擊，對於國內母胎安全與生育品質的提升，將有長足的影響是值得重視的議題。