(29)

皮膚屏障的全面防護

Global Protection of Skin Integrity

時 間:113年6月23日(星期日)08:00~12:10 地 點:臺北榮民總醫院 致德樓第三會議室

| 08:00-08:25 | Opening Remarks | 張雲亭教授 Yun-Ting Chang |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| | 座長:張雲亭 教授 (Yun-Ting Chang) | |
| 08:30-09:00 | 從皮膚內與外之發炎建構化膿性汗腺炎患者的科學研究 Bridging the Science for Patients with Hidradenitis Suppurativa: Inflammation on, Below and Beyond the Skin | 朱家葆醫師 Chia-Bao Chu |
| 09:00-09:10 | Panel Discussion-Q & A | |
| | 座長:蔡呈芳 教授 (Tsen-Fang Tsai) | |
| 09:10-09:40 | 健保制度下的黑色素癌實際案例分享:現在與未來 Now and Future: Melanoma Real World Cases Sharing Under Current Reimbursement | 沈宜萱副教授 Yi-Shuan Sheen |
| 09:40-09:50 | Panel Discussion-Q & A | |
| 09:50-10:10 | Coffee Break | |
| | 座長:吳南霖 教授 (Nan-Lin Wu) | |
| 10:10-10:40 | 乾癬治療新選項:Otezla New Treatment Option for Psoriasis: Otezla | 林尚宏醫師 Shang-Hung Lin |
| 10:40-10:50 | Panel Discussion-Q & A | |
| | 座長:陳志強 副教授 (Chih-Chiang Chen) | |
| 10:50-11:20 | 引領健康未來:最佳化膿 疱型乾癬的病患旅程 Optimized Generalized Pustular Psoriasis Patient Journey and Lead Them to the Future | 陳俊賓醫師 Chun-Bing Chen |
| 11:20-11:30 | Panel Discussion-Q & A | |
| | 座長:洪誌聰 醫師 (Chih-Tsung Hung) | |
| 11:30-12:00 | 日光角化症的區域導向治療 Field Therapy of Actinic Keratosis | 王研人醫師 Yen-Jen Wang |
| 12:00-12:10 | Panel Discussion-Q & A | |

Bridging the science for patients with hidradenitis suppurativa: Inflammation on, below and beyond the skin

從皮膚內與外之發炎建構化膿性汗腺炎患者的科學研究

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Hidradenitis suppurativa (HS) is an underestimated serious skin disease, with debilitating consequences for the personal and professional lives of patients. The estimated prevalence of 1% is likely to be an undervaluation, since it is still often not recognized by physicians, despite increasing awareness for HS. In addition, there is a patient's delay in HS, as the patients hesitate to visit a physician, due to embarrassment for the disease, which can include lesions with foul smelling drainage. This often leads to a diagnostic delay of approximately seven years, in which the disease may progress. The exact pathophysiology of HS is not clarified yet and the clinical presentation is heterogeneous, which makes the treatment of HS challenging and the burden for patients tremendous.

Medical and surgical interventions are the two main therapeutic approaches for HS. Even though the latter is less well investigated, it remains one of the most effective treatment options for HS. However, surgery itself can add to the burden of patients, as the experience can be traumatizing, leaving the patients with conspicuous scars. Moreover, the clinical appearance of HS often does not correspond with the patient's own experience of her or his disease.

The chronic and unpredictable nature of HS can lead to fear, shame and inhibition of daily activities. Further increasing awareness and a better insight into the prevalence can help reduce the diagnostic delay and help initiate treatment earlier, decreasing the burden for the patient.

The aim of this lecture is to address different phenotype of hidradenitis suppurativa on, below and beyond the skin, and to describe how the cytokine elevated in hidradenitis suppurativa may affect the treatment decision and treatment expectation.

Now and future: Melanoma real world cases sharing under current reimbursement

健保制度下的黑色素癌實際案例分享:現在與未來

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This session examines the efficacy and management of side effects in targeted therapy for melanoma. Targeted treatments, particularly BRAF and MEK inhibitors, have demonstrated notable success in impeding specific molecular pathways implicated in melanoma progression. Despite their efficacy, these therapies can induce diverse side effects, spanning from cutaneous reactions to systemic complications. Effective management of these adverse events is paramount for treatment adherence and patient well-being.

Strategies such as dosage adjustments, combination therapies, and supportive care interventions are pivotal in mitigating side effects while preserving therapeutic efficacy. Ongoing research aims to develop novel targeted agents with improved safety profiles. By integrating comprehensive side effect management strategies into treatment protocols, clinicians can optimize the therapeutic benefits of targeted therapy and improve outcomes for melanoma patients.

New treatment option for psoriasis: Otezla

乾癬治療新選項:Otezla

Shang-Hung Lin

林尚宏

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There are more and more treatment options for patients with psoriasis (PsO) to control disease activity and improve quality of life. The traditional topical drugs, phototherapy, and oral systemic drugs could be used to treat patients with moderate to severe PsO before biologic agents. Recently, there is a new option as apremilast, which brand name is Otezla, to be available and reimbursed in Taiwan since Mar. 1st this year. Although the efficacy of Otezla is similar with methotrexate, cyclosporine or acitretin, its unique safety spectrum can help patients to reduce concern on hepatotoxicity, nephrotoxicity, adverse events on cardiovascular system, lung or other organs.

As Otezla has been one of four systemic oral drugs to treat patients with moderate to severe PsO, let's review its profile and discuss how it can be utilized to benefit our patients clinically.

Optimized generalized pustular psoriasis patient journey and lead them to the future

引領健康未來:最佳化膿疱型乾癬的病患旅程

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The understanding, treatment, and overall management of generalized pustular psoriasis (GPP) remain unique challenges. Recent studies emphasize the necessity for optimized treatment patterns and improved treatment goal strategies, as detailed in a comprehensive patient long journey for the GPP management. There is the importance of personalized treatment plans tailored to meet the specific needs of GPP patients. Furthermore, addressing the unmet needs within the GPP community involves enhancing clinical understanding and care approaches. Innovative educational initiatives, aim to leverage data to transform patient care by educating healthcare providers on the latest research and treatment strategies. The future of GPP patient care relies heavily on continuous research, patient-centered care models, and the integration of new therapies that promise more effective management of the disease. Through collective efforts, the journey towards optimized patient care looks promising, with the ultimate goal of significantly improving the quality of life for individuals affected by GPP.

Field therapy of actinic keratosis

日光角化症的區域導向治療

Yen-Jen Wang

王研人

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Actinic keratosis is the most frequent premalignant skin disease in the white population with a prevalence of 37.5% among \geq 50 years of age. In Taiwan, the prevalence was 0.056%-0.066% over 45 years old but may be under-estimated. If left untreated, actinic keratosis may develop into squamous cell carcinoma (SCC). Percentages reported in studies range from 0.025 to 16% per actinic keratosis lesion per year.

Field-directed therapies are preferred for not only therapeutically effective but have a prophylactic effect on preventing new lesions and development of SCC. Currently the treatment choices included 5% fluorouracil cream, 5% imiquimod cream, and photodynamic therapy (PDT).

The newly available medicament Tirbanibulin Ointment 1% has received FDA and TFDA approval in the treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis of the face or scalp in adults. The mode of action included microtubule inhibition and cell death by apoptosis. From 2 phase 3 trials, $\geq 75\%$ clearance rate was achieved 8 weeks after treatment starts. Adverse events are majorly local skin reactions including flaking and erythema.