學術演講會

主辦單位：臺中市大臺中(GTMA)醫師公會

協辦單位：童綜合醫療社團法人童綜合醫院

日　　期：106 年 10 月 1 日(星期日)中午 13 時 30 分至下午 16 時 30 分

上課地點：童綜合醫院 梧棲院區（20 樓國際會議室）

　　　　　（臺中市梧棲區臺灣大道八段 699 號）

課 程 表

時　　間	題　　目	講　　師
13：15 至 13：25	報到	
13：25 至 13：30	主席致詞	藍毅生 理事長 許志全 監　事
13：30 至 14：30	預防性機械手臂根除性攝護腺切除術- 攝護腺疾病全人照護的先驅	童綜合醫院 歐宴泉 研發副院長
14：30 至 15：30	口服降血糖藥	童綜合醫院 許紋誠 主任
15：30 至 16：30	慢性阻塞性肺病	童綜合醫院 林彥甫 主任

※已申請學分－臺灣醫學會專業課程 3.6 分；內科 5 積分；

　　　　　　　家庭醫學科 3 點；外科 5 積分；

　　　　　　　臺灣護理學會專業課程 2.4 積分、專業品質 1.2 積分

※申請中學分－泌尿科醫學會

◎護理師參加者酌收費用 100 元(請於現場繳納)，惠請攜帶執業執照。

◎會後贈送精美餐點一盒。◎當天請自備水杯。

醫療機構名稱：_____　醫師姓名：要參加之醫師再行填入

專科：_____　身份證字號：_____

姓名：_____護理師　身份證字號：_____

姓名：_____護理師　身份證字號：_____

1、為確定上課人數及簽到單製作，請於 9 月 30 日中午前完成報名，謝謝您。

2、報名方式：①網路 gtma.org.tw ②傳真 04-25251648 ③電話 04-25222411

④「臺中市大臺中醫師公會」APP ⇨ 活動模組

第一堂　預防性機械手臂根除性攝護腺切除術- 攝護腺疾病全人照護的先驅

歐宴泉　研發副院長

Purpose: Expanded indications for preoperatively suspicious prostate cancer receiving Theranostic robotic-assisted laparoscopic radical prostatectomy (RARP) are previously reported. To analyze predictors of 153 cases of Theranostic RARP for preoperatively suspicious prostate cancer for final pathology proved prostate cancer.

Materials and Methods: This retrospective study reviewed data of a subset of 153 consecutive patients among 1450 patients who underwent RARP for preoperatively suspicious prostate cancer performed by the same surgeon from Dec. 2005 to Aug. 2017. Pathologic characteristics and outcomes of patients with suspected prostate cancer were analyzed and preoperative and intraoperative parameters were compared between three groups. Patients were stratified by final pathology reports of RARP specimens: Group I：Prostate cancer, N=69(45.1%); Group II: Abnormal (ASAP: atypical small acinar proliferation N=12; PIN: prostate intraepithelial neoplasia, N=35), N=47(30.7%); Group III: Benign (NH: nodular hyperplasia or inflammation), N=37(24.2%). Patients' recorded preoperative demographic and clinical characteristics included age, body mass index (BMI), American Society of Anesthesiologists anesthetic/surgical risks class (ASA),PSA levels, Free /total PSA ratio, prostate volume, PSA density, history of acute urinary retention, abnormal DRE of prostate, PI-RADS (Prostate Imaging Reporting and Data System) classification at 3-T multiparametric (mp) MRI, Pateints having family history of prostate cancer and patients are medical personnel.

Results: Mean preoperative prostate specific antigen (PSA) was 18.2±3.31ng/mL. Intraoperative parameters included console time 110.18±4.01 min, blood loss 92.18±10.32 ml and mean prostate volume 67.01±4.33 cm^3. No patients required blood transfusions. Predictive parameters of prostate cancer showed that PSA velocity (>0.75 vs. <0.75 ng/ml/yr), PI-RADS score 4/5, PSA density, Free/total PSA ratio and patient is medical personnel are good predictors for prostate cancer.

Conclusions:

Prophylactic RARP with bilateral neurovascular bundle preservation is a safe and viable option for preoperatively suspicious prostate cancer performed by experienced surgeons. Preoperative predictive parameters of prostate cancer can adopt to explain patients and his family the possibility of prostate cancer for their decision-making.

第二堂　口服降血糖藥

許紋誠　主任

Reduction in HbA₁c Reduced Diabetes-Related Complications[1]

This prospective observational study evaluated the relationship between exposure to hyperglycemia over time and the risk of diabetes-related complications among participants in the UKPDS. The analysis of incidence rates included 4585 patients, while the analysis of relative risk included 3642 patients.[1]

This study demonstrated that the risk of microvascular and macrovascular complications in type 2 diabetes is strongly associated with the degree of hyperglycemia.[1]

As shown in the graph on left, the incidence rates for any endpoint related to diabetes increased as the HbA₁c level increased.[1]

The lower the HbA₁c levels, the lower the risk of complications. No threshold level for any complications below which risk no longer decreased was observed.[1]

In the observational analysis of the UKPDS cohort, every 1% decrease in HbA₁c was associated with clinically important reductions in the risk of[1]:

Diabetes-related death (mean risk reduction 21%, $P<0.0001$)
Myocardial infarction (mean risk reduction 14%, $P<0.0001$)
Microvascular complications (mean risk reduction 37%, $P<0.0001$)
Peripheral vascular disease (mean risk reduction 43%, $P<0.0001$)

Data adjusted for age at diagnosis of diabetes, sex, ethnic group, smoking, presence of albuminuria, systolic blood pressure, high and low density lipoprotein cholesterol, and triglycerides.

第三堂　慢性阻塞性肺病

林彥甫　主任

1. COPD 的致病機轉、診斷方式、及嚴重度評估：
   COPD 的病理變化、COPD 的盛行率、COPD 的病態生理與常見症狀、診斷慢性阻塞性肺病（肺阻塞）、肺量計檢查、肺功能評估呼氣氣流受阻的嚴重度、肺功能與急性發作及死亡率相關、慢性阻塞性肺病的治療目標、肺 功能與症狀的關聯性不佳
2. COPD 評估病患症狀的工具：
   COPD Assessment Test、Clinical COPD Questionnaire、 mMRC Breathlessness scale 、St George's Respiratory Questionnaire
3. 評估病患的症狀及急性惡化的風險肺阻塞的藥物治療：肺阻塞急性發作的處置與共病照護、肺阻塞急性惡化定義、肺阻塞的急性惡化的影響、肺阻塞急性惡化肺功能恢復緩慢、頻繁急性惡化者肺功能退化較快、急性惡化增加死亡率、肺阻塞急性惡化的原因、肺阻塞急性惡化的鑑別診斷。
4. 肺阻塞的非藥物治療：肺阻塞的肺部復原治療