20 WIC-APAC 26 TSITC TOS

World Immunotherapy Council Asia-Pacific Conference
in conjunction with the TSITC Annual Meeting and the TOS Spring Summit

TAIPEI, TAIWAN

MARCH 28 — 29, 2026
SAT / SUN

CONTENT

Welcome Message

Distinguished guests, colleagues, and friends from around the world,

On behalf of the **Taiwan Society for Immunotherapy of Cancer (TSITC)** and the **Taiwan Oncology Society (TOS)**, it is my great honor and pleasure to welcome you all to **WIC-APAC 2026**, here in Taiwan.

This marks the very first time that the WIC-APAC regional meeting is being hosted in Taiwan, and we are thrilled to bring together leading experts, clinicians, researchers, and young investigators from across Asia and beyond to explore the latest advancements in cancer immunotherapy.

Jointly organized by TSITC and TOS, this meeting integrates international plenary sessions, a robust young physician training program, dedicated forums for nurses and pharmacists, and the annual academic sessions of both societies. It is a testament to our commitment to advancing Immune-Oncology through collaboration, innovation, and education.

We are especially grateful for the guidance and support from the **World Immunotherapy Council (WIC)**, the **Society for Immunotherapy of Cancer (SITC)**, and our partners throughout the Asia-Pacific region. Your participation enriches this meeting and strengthens our shared vision for the future of immuno-oncology.

We hope that this event will spark meaningful dialogue, cross-disciplinary collaboration, and new friendships. And while you're here, we warmly invite you to experience the vibrant culture, hospitality, and beauty of Taiwan.

Thank you once again for joining us. I wish you all a successful and inspiring conference.

Dr. John
Wen-Cheng Chang

Conference Chair,
WIC APAC 2026

Dr. Peter
Chiao-En Wu

President, Taiwan Society for Immunotherapy of Cancer (TSITC)

Dr. Jen-Shi Chen

President, Taiwan Oncology Society (TOS)

ORGANIZERS AND CO-ORGANIZERS

ORGANIZERS

sitc

WIC World Immunotherapy Council
Asia-Pacific Meeting

台灣免疫暨腫瘤學會
Taiwan Society for Immunotherapy of Cancer

中華民國癌症醫學會
Taiwan Oncology Society

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Organizing Committee

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Chair, World Immunotherapy Council
Ambassador, Society for Immunotherapy of Cancer (SITC)

James L. Gulley, MD, PhD
President, Society for Immunotherapy of Cancer (SITC)
National Cancer Institute

Michael T. Lotze, MD
Editor-in-Chief, Journal for ImmunoTherapy of Cancer
University of Pittsburgh

Joe Yeong, MBBS, PhD, FRCPath (UK)
WIC-APAC Co-Founder
Singapore General Hospital

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WIC-APAC 2026 Taiwan Chair
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Huey-En TZENG, MD, PhD
WIC-APAC 2026 Academic Co-Chair (Representing TSITC)
Taichung Veterans General Hospital

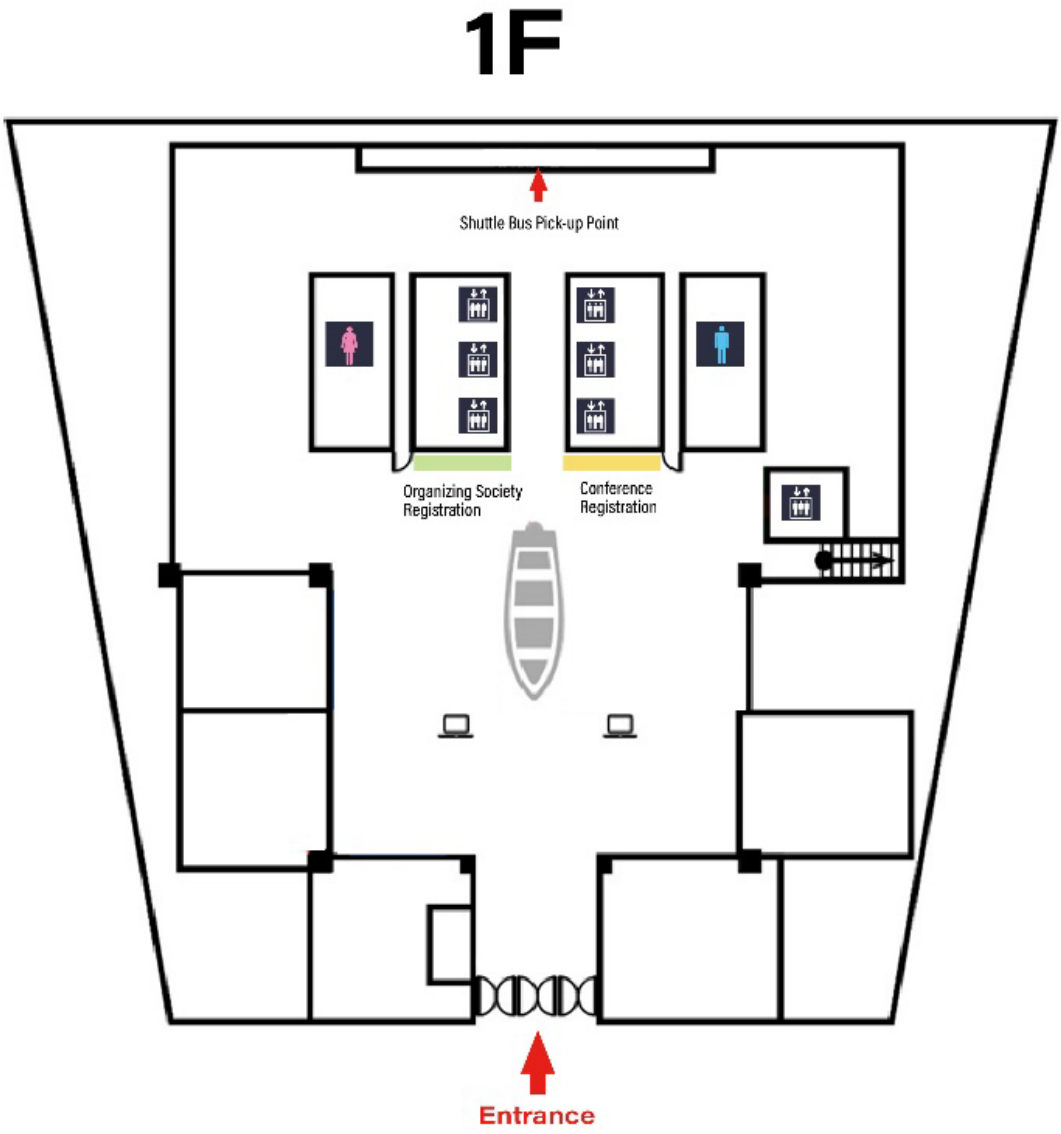
Ming-Huang CHEN, MD, PhD
WIC-APAC 2026 Academic Co-Chair (Representing TOS)
Taipei Veterans General Hospital

PROGRAM AT A GLANCE

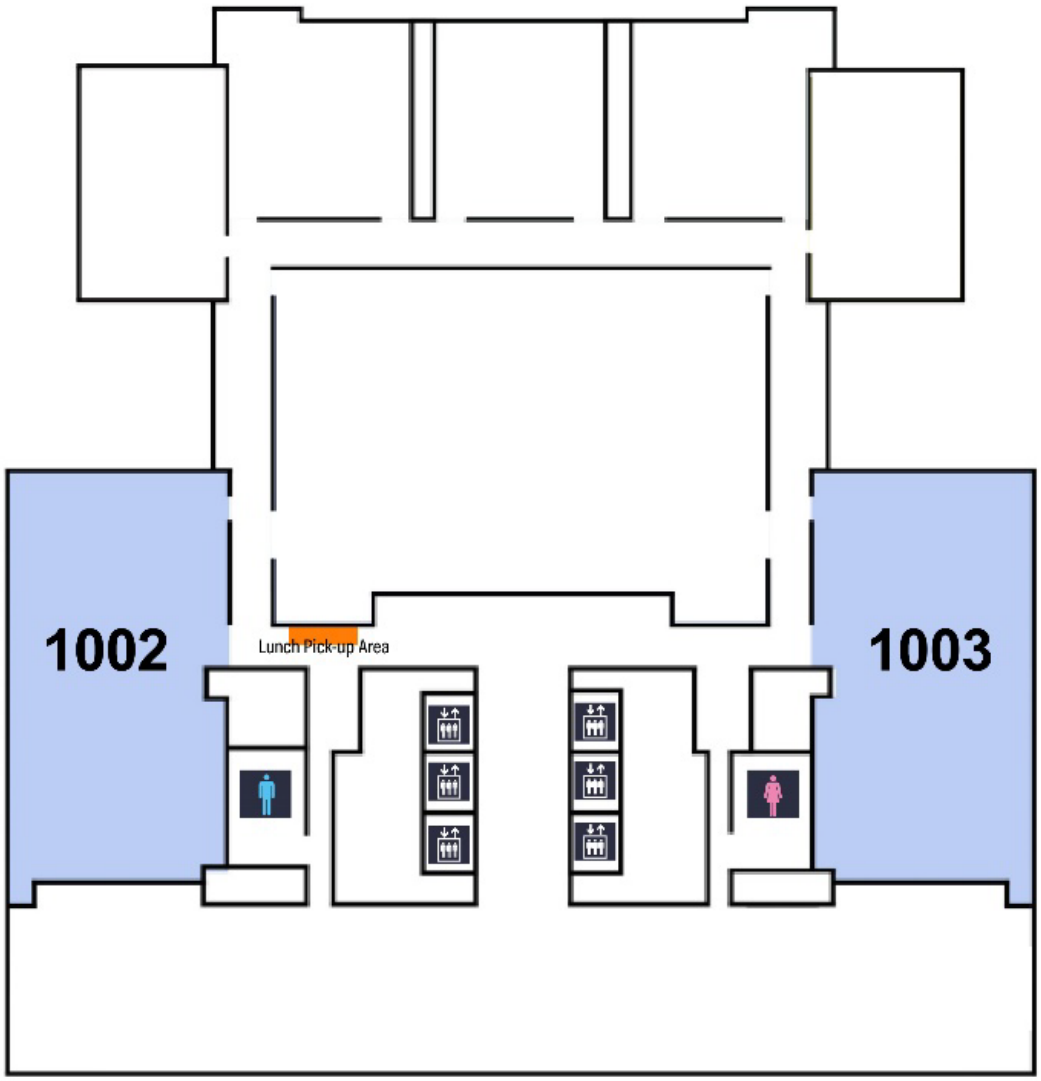
	March 28 (Saturday)	
	Room 1101	**Room 1002**
AM	WIC-APAC Plenary Session	
PM	Luncheon Symposium	
	TOS Spring Summit	TSITC 2026 General Assembly & Thematic Session
	Welcome Dinner	

	March 29 (Sunday)		
	Room 1101	**Room 1002**	**Room 1003**
AM	TOS Spring Summit	Oncology Nursing Session	Young Investigator Award (YIA) Session
PM	Luncheon Symposium		
	WIC-APAC Plenary Session	Cancer Patient Advocacy Group Session	

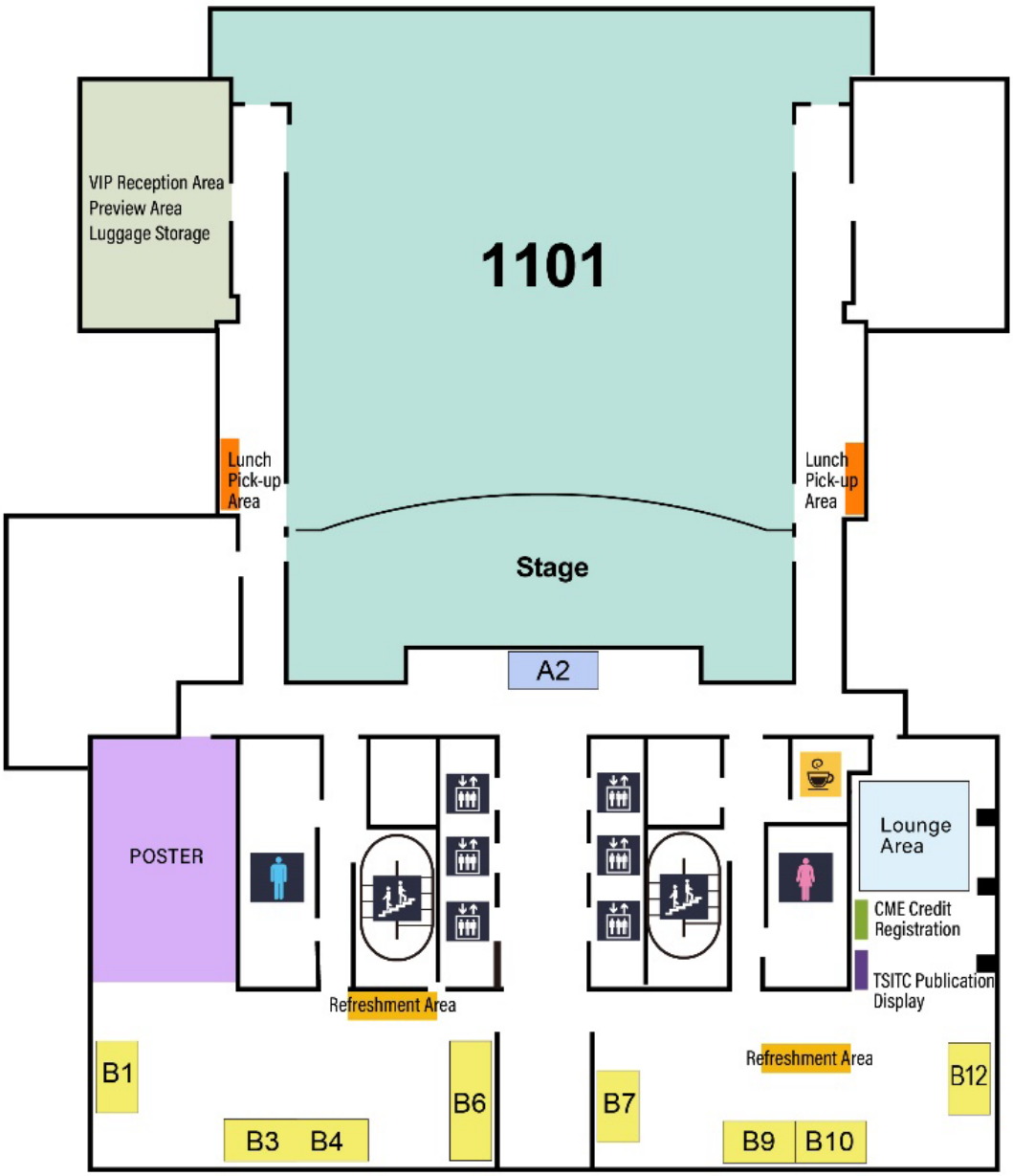
Floor Plan


1F
Shuttle Bus Pick-up Point
Organizing Society Registration
Conference Registration
Entrance

10F



11F



Exhibitors

A2 | MERCK Taiwan
B1 | Bristol Myers Squibb
B3 / **B4** | MSD Taiwan
B6 | Gilead Sciences Hong Kong Ltd. Taiwan Branch
B7 | CancerFree Biotech
B9 | BeOne Medicines Ltd.
B10 | Formosa Cancer Foundation
B12 | Thailand Hub of Talent for Cancer Immunotherapy

Conference Information

CONFERENCE WEBSITE

REGISTRATION

All participants and exhibitors are required to wear their badges at all times during the conference.

REGISTRATION COUNTER HOURS

1F Conference Registration Counter

Mar. 28 (Sat.) 07:30–16:30

Mar. 29 (Sun.) 08:00–15:00

RECEIPT AND CERTIFICATE OF ATTENDANCE

Online Registrants: Please download your receipt and certificate via the conference website.

Offline Registrants:

Please email the conference secretariat at wicapac2026@gmail.com.

INTERNET

Free public Wi-Fi is available:

Network: Chang_Yung_Fa_Foundation

LUGGAGE STORAGE

Mar. 28 (Sat.) 07:30–16:30

Mar. 29 (Sun.) 08:00–15:00

✱ Please ensure that all luggage is picked up by the end of the day. The secretariat will not be responsible for any lost or stolen items outside these hours.

LUNCH

Lunch boxes are available in rooms hosting Luncheon Symposiums. Please present your badge to collect your lunch. Special meals are provided only for pre-registered participants.

	March 28 (Sat.)	March 29 (Sun.)
1101	12:00–13:10	12:15–13:30
1002	12:25–13:05	11:55–13:15
1003		YI presenters & invited guests only

SPEAKER PREVIEW ROOM

All speakers are required to visit the preview room and upload their presentation files at least one hour prior to their scheduled presentation time. If you must use your own laptop, please go to your assigned conference room during a break to test your device in advance. Failure to upload your presentation slides or test your device in advance may result in a reduction of your allocated presentation time.

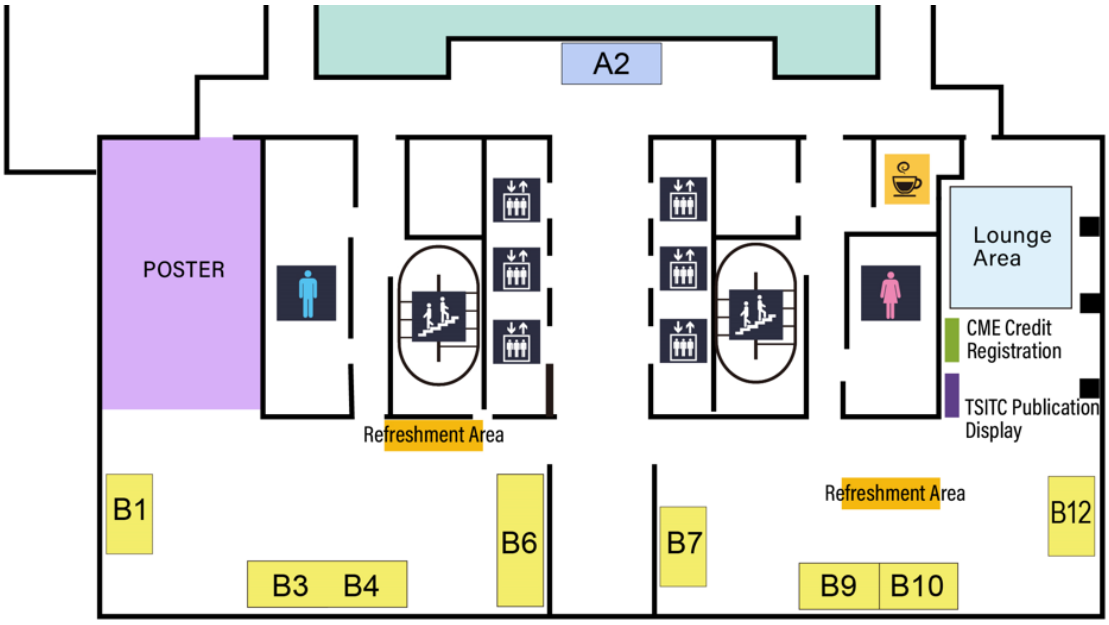
CME CREDITS

(*For Taiwanese Participants Only)

Credit Type	Credits
中華民國癌症醫學會	A 類 15 分 腫外學分：臨床、基礎、次專科
台灣內科醫學會	4 分
台灣外科醫學會	2 分
西醫師積分	3/28：(專業) 11.6 分
	3/29：(專業) 5.8 分
護理師積分*	(專業) 20 分
專科護理師積分*	(專業) 20 分
台灣腫瘤護理學會	3/28：6.5 分，按場次計分
	3/29：5 分，按場次計分
藥師/藥劑師積分*	(專業) 17.4 分

若您欲申請標註*之積分，請一併掃描下方 QR Code 完成滿意度調查表：

Booth Layout



Booth No.	Company Name
A2	MERCK Taiwan
B1	Bristol Myers Squibb
B3/B4	MSD Taiwan
B6	Gilead Sciences Hong Kong Ltd. Taiwan Branch
B7	CancerFree Biotech
B9	BeOne Medicines Ltd.
B10	Formosa Cancer Foundation
B12	Thailand Hub of Talent for Cancer Immunotherapy

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Scientific Program

Plenary Session

Mar. 28 (Sat.), 09:05–09:50, Room 1101

Bridging Tumor Immune Mechanisms to Clinical Immunotherapy: Emerging Insights and Translational Strategies

Barbara Seliger, PhD
Professor
Martin Luther University Halle-Wittenberg, Brandenburg Medical School Theodor Fontane, Germany

Mar. 28 (Sat.), 09:50–10:35, Room 1101

Guiding the Immune System: Leveraging Therapeutic Cancer Vaccines to Shape Responses in Combination Treatment Strategies

James L. Gulley, MD, PhD
National Cancer Institute, NIH, USA

Mar. 28 (Sat.), 10:58–11:43, Room 1101

The Science of Tumor Infiltrating Lymphocytes (TIL)

Michael T. Lotze, MD
University of Pittsburgh School of Medicine, USA

Mar. 29 (Sun.), 13:40–14:30, Room 1101

Latest Updates on CTLA-4 Blockade and Emerging Combination Strategies

Paolo Antonio Ascierto, MD
Oncology University of Napoli Federico II
Department of Melanoma, Cancer Immunotherapy and Development Therapeutics, National Tumor Institute Fondazione G. Pascale in Naples, Italy

Mar. 29 (Sun.), 14:30–15:10, Room 1101

AIDeN (Adaptive Immune Defensive Network): A large Model for Adaptive immunity

Jian Han, MD, PhD
Founder, CSO
HudsonAlpha Institute for Biotechnology, USA
iRepertoire & iCubate

Oral Presentation

Oral Presentation

Host immunity / Clinical IO

OP-01 **Immunotherapy in ERBB2-Mutant NSCLC: Efficacy and PD-L1 Association in a Real-World Cohort from Hong Kong**
Qijun Du, Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital

OP-02 **The Immune Modulation Effects of Ovarian Function Suppression in Premenopausal Patients with Hormone Receptor-Positive Breast Cancer**
Zola Chia-Chen Li, National Taiwan University Cancer Center

Cell therapy / Engagers / Vaccines

OP-03 **Novel Humanized Anti-CD20 CAR-T Cells with Improved Metabolic Fitness Show Superior in Vivo Efficacy in B-Cell Lymphoma: A Promising Candidate for CD19/CD20 Dual CAR-T Strategies**
Ambalika Chowdhury, Indian Institute of Technology Bombay

OP-04 **Enhancing Immune Surveillance in Head and Neck Cancer with DNA Vaccine**
Chai Phei Gan, Cancer Research Malaysia

OP-05 **Engineering Human iPSC-Derived NK Cells with CAR19 and IL-18 for Targeted Immunotherapy of ALL**
Son Hai Vu, Vinmec-VinUni Institute of Immunology, College of Health Sciences, VinUniversity

OP-06 **Generation of Dual Bispecific Protein Engagers Targeting Mesothelin and NECTIN2 for Activation of Cytotoxic T-Lymphocytes Against Colorectal Cancer Cells**
Suyanee Thongchot, Mahidol University

TME / Spatial / Ecosystem

OP-07 **Some Tumours Are 'Born Bad':**
Baseline TME Predicts Relapse in EGFR-Mutant Never-Smoker NSCLC
Komal Gupta, National Cancer Center Singapore

OP-08 **Spatial Multiomics Identifies EGFR Mutation-Associated Vasculogenic Mimicry Signatures and Distinct Immune Spatial Architectures in Lung Adenocarcinoma**
Chun-Hui Lee, National Cheng Kung University Hospital

OP-09 **Spatial Transcriptomic Analysis Reveals Spatially Organized Macrophage–Fibroblast Crosstalk Driving Immune Exclusion in Urothelial Carcinoma**
Tomohiro Iwasawa, Department of Urology, Keio University School of Medicine

OP-10 **Lactic Acid Bacteria Enhance Antitumor Immunity in Bladder Cancer via Modulation of the Tumor Microenvironment**
Hyun Jin Bang, Chonnam National University Hwasun Hospital

Poster Presentation

Poster Presentation

PP-01 **Randomized phase 2 trial of neoadjuvant gemcitabine-cisplatin (GemCis) with or without durvalumab (D) for localized biliary tract cancers (BTC): Final clinical and biomarker analysis of the DEBATE study**
Hyunseok Yoon, Asan Medical Center

PP-02 **Real-World Outcomes of Pembrolizumab-Based Chemo-Immunotherapy in Metastatic NSCLC in Vietnam: A Retrospective Analysis Across Squamous and Non-Squamous Histology**
Thai Le Hong, Vietnam National Cancer Hospital

PP-03 **A Retrospective Analysis Across Squamous and Non-Squamous Histology**
Kelvin Yan, The Chinese University of Hong Kong

PP-04 **Optimal delivery of piggyBac transposase for engineering chimeric antigen receptor T cells via in vitro transcribed mRNA**
Thanyavi Chinsuwan, Chulalongkorn University

PP-05 **Prediction of anti-PD1 Immunotherapy Efficacy in Head-Neck Squamous Cell Carcinoma Through Digital Pathology Artificial Intelligence**
Tien Hua Chen, Taipei Veterans General Hospital

PP-06 **H&E 3.0: An AI-Driven, Chemical-Free Virtual Histology Solution Enabling Worldwide Multiomics Profiling**
*Ruisi Li, Agency for Science, Technology and Research (A*STAR)*

PP-07 **A Mutant KRAS-Specific GM-CSF-Armed Oncolytic Adenovirus Exerts Tumoricidal Effects on Pancreatic Adenocarcinoma via a Favorable Antitumor Microenvironment**
Po-Shen Ko, Taipei Veterans General Hospital/National Yang Ming Chiao Tung University

PP-08 **Live FluoroSpot: Real-Time Visualization of CTL-Mediated Cytotoxicity at Single-Cell Resolution**
Zhuohao Yang, The University of Tokyo

Daily Program

DAILY PROGRAM March 28, 2026 (Saturday)

Room 1101

Plenary Session

08:45–09:05 **Welcome Remarks**
Bernard A. Fox, PhD,
Chair, World Immunotherapy Council
John Wen-Cheng Chang (張文震), MD,
WIC-APAC 2026 Taiwan Chair

09:05–09:50 **Bridging Tumor Immune Mechanisms to Clinical Immunotherapy: Emerging Insights and Translational Strategies**
Barbara Seliger, PhD, Martin Luther University Halle-Wittenberg, Germany

Chair *Alice Lin-Tsing Yu (陳鈴津), MD, PhD, Institute of Stem Cell and Translational Cancer Research, Chang Gung Memorial Hospital & Chang Gung University*

09:50–10:35 **Guiding the Immune System: Leveraging Therapeutic Cancer Vaccines to Shape Responses in Combination Treatment Strategies**
James L. Gulley, MD, PhD, National Cancer Institute(NCI), NIH, USA

Chair *Huey-Kang Sytwu (司徒惠康), MD, PhD, National Health Research Institutes*

10:35–10:58 **Coffee Break & Networking**

10:58–11:43 **The Science of Tumor Infiltrating Lymphocytes (TIL)**
Michael T. Lotze, MD, University of Pittsburgh School of Medicine, USA

Chair *Alex Y. Chang (張元吉), MD, Linkou Chang Gung Memorial Hospital*

11:43–11:45 **Group Photo**

12:00–12:35 Luncheon Symposium #MSD
Changing Clinical Practice in LA HNSCC: The Impact of Perioperative Immunotherapy from KEYNOTE-689
Hui-Ching Wang (王慧晶), MD, PhD, Kaohsiung Medical University Hospital

Chair *Hung-Ming Wang (王宏銘), MD, PhD*, Linkou Chang Gung Memorial Hospital

12:35–13:10 Luncheon Symposium #Astellas
From EV-302 to Taiwan Real-World: How EV+P Performs in Taiwanese LA/mUC Patients
Fu-Jen Hsueh (薛富仁), MD, PhD, National Taiwan University Hospital

Chair *Mu-Hsin Chang (張牧新), MD, PhD, Taipei Veterans General Hospital*

13:10–13:30 **Coffee Break & Networking**

TOS Spring Summit

13:30–13:35 **Session Opening**
Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital

13:35–14:15 **Redefining Outcomes in HCC: Clinical Impact of the STRIDE Regimen**
Yu-Yun Shao (邵幼雲), MD, PhD, National Taiwan University Hospital

Chair *Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital*

14:15–14:55 **Emerging Advances in Small Cell Lung Cancer Treatment**
Ming-Chun Kuo (郭明濬), MD, Kaohsiung Chang Gung Memorial Hospital

Chair *Peter Chiao-En Wu (吳教恩), MD, PhD, New Taipei Municipal TuCheng Hospital*

14:55–15:05 **Break & Networking**

15:05–15:45 **Redefining Adjuvant Therapy in Stage III Colon Cancer: The Emerging Role of Immunotherapy**
Ching-Tso Chen (陳敬左), MD, National Taiwan University Hospital Hsinchu Branch

Chair *Kun-Huei Yeh (葉坤輝), MD, PhD, National Taiwan University Hospital*

15:45–16:25 **Beyond TACE: Expanding IO in iHCC to Redefine Intermediate-Stage HCC Care**
Chien-Huai Chuang (莊建淮), MD, PhD, National Taiwan University Cancer Center Hospital

Chair *Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital*

16:25–16:30 **Session Closing**
Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital

Room 1002

TSITC 2026 General Assembly & Thematic Session

12:00–12:20 **TSITC 2026 General Assembly**

Co-Chairs *Peter Chiao-En Wu (吳教恩), MD, PhD,*
New Taipei Municipal TuCheng Hospital
San-Chi Chen (陳三奇), MD, PhD, Taipei Veterans General Hospital

12:25–13:05 Luncheon Symposium #GILEAD
Review of Sacituzumab Govetican in mTNBC and experience in VGHTPE
Jiun-I Lai (賴峻毅), MD, PhD, Taipei Veterans General Hospital

Chair *Ching-Hung Lin (林季宏), MD, PhD, National Taiwan University Cancer Center Hospital*

13:05–13:15 **Break & Networking**

13:15–13:20 **Session Opening**
Peter Chiao-En Wu (吳教恩), MD, PhD, New Taipei Municipal TuCheng Hospital

13:20–13:55 **Redefining SCLC with the First and Only DLL3 Targeting BiTE Therapy**
Chun-Hui Lee (李純慧), MD, PhD, National Cheng Kung University Hospital

Chair *John Wen-Cheng CHANG (張文震), MD,*
JEN-AI & Chang Gung Medical Hospital
Linkou Chang Gung Memorial Hospital

13:55–14:30 **Beyond EGFR: Targeting HER2 in NSCLC with Selective TKIs**
Shang-Gin Wu (吳尚俊), MD, PhD, National Taiwan University Hospital

Chair *John Wen-Cheng CHANG(張文震), MD,*
JEN-AI & Chang Gung Medical Hospital
Linkou Chang Gung Memorial Hospital

14:30–14:50 **Coffee Break & Networking**

14:50–15:25 **Redefining Immuno-Oncology in ESCC: Clinical Evidence for Tislelizumab's Efficacy Advantage**
Chih-Wen Chen (陳智文), MD, Koo Foundation Sun Yat-Sen Cancer Center

Chair *Muh-Hwa Yang (楊慕華), MD, PhD, Taipei Veterans General Hospital*

15:25–16:00 **Reframing Safety in IO-based Therapy for HCC: Clinical Decision-Making Beyond Guidelines**
Ying-Chun Shen (沈盈君), MD, PhD, National Taiwan University Cancer Center Hospital

Chair *Ann-Lii Cheng (鄭安理), MD, PhD, National Taiwan University Cancer Center Hospital*

16:00–16:35 **Perioperative Success vs Adjuvant Promise:**
Optimizing the Timing of Immunotherapy in HNSCC
Kuo-Wei Chen (陳國維), MD, Cheng Hsin General Hospital

Chair *Muh-Hwa Yang (楊慕華), MD, PhD, Taipei Veterans General Hospital*

16:35–16:40 **Session Closing**
Huey-En TZENG (曾慧恩), MD, PhD, Taichung Veterans General Hospital

11th Floor Poster Area

12:35–12:42
PP-01
KSMO

Randomized Phase 2 Trial of Neoadjuvant Gemcitabine-Cisplatin (GemCis) with or without Durvalumab (D) for Localized Biliary Tract Cancers (BTC): Final Clinical and Biomarker Analysis of The DEBATE Study

Hyunseok Yoon, Asan Medical Center

12:42–12:49
PP-02
TransMed-VN

Real-World Outcomes of Pembrolizumab-Based Chemo-Immunotherapy in Metastatic NSCLC in Vietnam: A Retrospective Analysis Across Squamous and Non-Squamous Histology

Thai Le Hong, Vietnam National Cancer Hospital

12:49–12:56
PP-03
HKCTS

Platelet-Lymphocyte Ratio Predicts Response to Combined Immune Checkpoint Inhibitor and Vascular Endothelial Growth Factor Inhibitor in Advanced Renal Cell Carcinoma

Kelvin Yan, The Chinese University of Hong Kong

12:56–13:03
PP-04
TTCI

Optimal Delivery of piggyBac Transposase for Engineering Chimeric Antigen Receptor T Cells Via in Vitro Transcribed mRNA

Thanyavi Chinsuwan, Chulalongkorn University

DAILY PROGRAM March 29, 2026 (Sunday)

Room 1101

TOS Spring Summit

09:20–09:25 **Session Opening**
Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital

09:25–10:00 **Introduction of the ATLAS Network**
Mitsumi Terada, MD, PhD, National Cancer Center Hospital

Chair *Tom Wei-Wu Chen (陳偉武), MD, PhD, National Taiwan University Hospital*

10:00–10:25 **Enhancing Academic Oncology Trials in Taiwan: Experiences Collaborating with TCOG**
Nai-Jung Chiang (姜乃榕), MD, PhD, Taipei Veterans General Hospital

Chair *Tai-Lung Cha (查岱龍), MD, PhD, Tri-Service General Hospital*

10:25–10:40 **Coffee Break & Networking**

10:40–11:15 **Oncology Capability Expanded Through Sponsored Clinicals in Malaysia**
Akhmal Yusof, MD, Clinical Research Malaysia

Chair *Ann-Lii Cheng (鄭安理), MD, PhD, National Taiwan University Cancer Center Hospital*

11:15–11:40 **Overview of Clinical Trials in Taiwan**
Shu-Han Chang (張淑涵), MD, Taiwan Food and Drug Administration

Chair *Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital*

11:40–12:00 **Panel Discussion (All Speakers)**

12:00–12:10 **Session Closing**
Jen-Shi Chen (陳仁熙), MD, Linkou Chang Gung Memorial Hospital

12:15–12:50 Luncheon Symposium #HanchorBio
Reprogramming the CD47–SIRPα Axis in Cancer Immunotherapy: Clinical Validation and Next-Generation Multi-Checkpoint Engineering
Alvin LUK (陸英明), PhD, HanchorBio Inc.

Chair *Peter Mu-Hsin Chang (張牧新), MD, PhD, Taipei Veterans General Hospital*

Plenary Session

13:35–13:40 **Session Opening**
John Wen-Cheng Chang (張文震), MD,
JEN-AI & Chang Gung Medical Hospital
Linkou Chang Gung Memorial Hospital

13:40–14:30 **Latest Updates on CTLA-4 Blockade and Emerging Combination Strategies**
Paolo Antonio Ascierto, MD, Oncology University of Napoli Federico II
Department of Melanoma, Cancer Immunotherapy and Development Therapeutics,
National Tumor Institute Fondazione G. Pascale in Naples, Italy

Chair *John Wen-Cheng Chang (張文震), MD,*
JEN-AI & Chang Gung Medical Hospital
Linkou Chang Gung Memorial Hospital

14:30–15:10 **AIDeN (Adaptive Immune Defensive Network): A large Model for Adaptive immunity**
Jian Han, MD, PhD, HudsonAlpha Institute for Biotechnology, USA; iRepertoire & iCubate

Chair *Chien-Feng Li (李健逢), MD, PhD, Department of Medical Research, Chi Mei Medical Center*

15:10–15:20 **WIC-APAC 2026 Closing Remarks**

Room 1002

Oncology Nursing Session

08:30–08:40 **Session Opening**
Hsiu-Ling Chou (周繡玲), PhD, RN, President, Taiwan Oncology Nursing Society
Su-Fen Cheng (鄭夙芬), Director and Professor, Department of Nursing, National Yang Ming Ciao Tung University

08:40–09:25 **Economic Toxicity in the Era of Lung Cancer Drug Development: Nursing Perspectives and Patient Care Implications**
Mary Duffy, AM, APN.Lung Cancer, Peter MacCallum Cancer Centre, Australia

Chair *Yeur-Hur Lai (賴裕和), Professor, Department of Nursing, MacKay Medical University*

09:25–10:00 **From Prevention to Intervention: Comprehensive Nursing Strategies for Amivantamab-Related Skin Adverse Events**
Chun-Wei Lu (盧俊瑋), MD, PhD, Chang Gung Memorial Hospital

Chair *Wen-Hung Chung (鐘文宏), MD, PhD, Chang Gung Memorial Hospital*

10:00–10:15 **Coffee Break & Networking**

10:15–11:00 **Case Management Strategies and Experiences for the Comprehensive Care of Hematologic Malignancy Patients Before, During, and After Chimeric Antigen Receptor (CAR) Cell therapies.**
Nicholas Szewczyk, APRN, MSN, ANP-C, University of Texas MD Anderson Cancer Center

Chair *Su-Fen Cheng (鄭夙芬), Director and Professor, Department of Nursing, National Yang Ming Ciao Tung University*

11:00–11:40 **Assessment and Nursing Management of Immune Toxicities After CAR-T Therapy in Pediatric**
Hsiu-Ling Yang (楊琇玲), RN, National Taiwan University Hospital

Chair *Hsiu-Ling Chou (周繡玲), PhD, RN, President, Taiwan Oncology Nursing Society*

11:40–11:50 **Discussion and Session Closing**

11:55–12:35 Luncheon Symposium #IPSEN
Multi-Target Inhibition and Its Expanding Role in Cancer Therapy: Lessons from HCC and Beyond
Ching-Tso Chen (陳敬左), MD, National Taiwan University Hospital Hsinchu Branch

Chair *Ming-Yang Lee (李明陽), MD, Chiayi Christian Hospital*

12:35–13:15 Luncheon Symposium #BMS
Establishing Best Practice for First-Line Immunotherapy in ESCC
Nai-Jung Chiang (姜乃榕), MD, PhD, Taipei Veterans General Hospital

Chair *Chih-Hung Hsu (徐志宏), MD, PhD, National Taiwan University Cancer Center Hospital*

Cancer Patient Advocacy Group Session

13:15–13:30 **Supporting Cancer Patient Survivors through their Journey: Experience Sharing**
Chia-Lun Chang (張家崙), MD, Vice CEO of Medical Affairs, Formosa Cancer Foundation

Chair *John Wen-Cheng Chang (張文震), MD, CEO, Formosa Cancer Foundation*

Room 1003

SITC-WIC Young Investigator Award (YIA) Session

Participating Societies
- Hong Kong Cancer Therapy Society (HKCTS)
- Immuno-Oncology Society of India (I-OSI)
- Japanese Association of Cancer Immunology (JACI)
- Korean Society of Medical Oncology (KSMO)
- Malaysian Society for Biochemistry & Molecular Biology (MSBMB)
- Singapore Society of Oncology - Cancer Immunotherapy Consortium (SSO-CIC)
- Taiwan Society for Immunotherapy of Cancer (TSITC)
- Taiwan Oncology Society (TOS)
- Thailand Hub of Talent for Cancer Immunotherapy (TTCI)
- TransMed-Vietnam

09:00–09:10 **Session Opening & Introduction**

Co-Chairs *Joe Yeong, MBBS, PhD, FRCPath, WIC-APAC Co-Founder*
Peter Chiao-En WU, MD, PhD

Mentors *James L. Gulley, MD, PhD*
Michael T. Lotze, MD
Paolo Antonio Ascierto, MD
Barbara Seliger, PhD
Jian Han, MD, PhD
Wen-Cheng Chang, MD

Host immunity / Clinical IO

09:10–09:23 **OP-01** **HKCTS** **(*Virtual)**
Immunotherapy in ERBB2-Mutant NSCLC: Efficacy and PD-L1 Association in a Real-World Cohort from Hong Kong
Qijun Du, Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital

09:23–09:36 **OP-02** **TOS**
The Immune Modulation Effects of Ovarian Function Suppression in Premenopausal Patients with Hormone Receptor-Positive Breast Cancer
Zola Chia-Chen Li, National Taiwan University Cancer Center

Cell therapy / Engagers / Vaccines

09:36–09:49 **OP-03** **I-OSI**
Novel Humanized Anti-CD20 CAR-T Cells with Improved Metabolic Fitness Show Superior in Vivo Efficacy in B-Cell Lymphoma: A Promising Candidate for CD19/CD20 Dual CAR-T Strategies
Ambalika Chowdhury, Indian Institute of Technology Bombay

09:49–10:02 **OP-04** **MSBMB**
Enhancing Immune Surveillance in Head and Neck Cancer with DNA Vaccine
Chai Phei Gan, Cancer Research Malaysia

10:02–10:15 **OP-05** **TransMed-VN**
Engineering Human iPSC-Derived NK Cells with CAR19 and IL-18 for Targeted Immunotherapy of ALL
Son Hai Vu, Vinmec-VinUni Institute of Immunology, College of Health Sciences, VinUniversity

10:15–10:28 **OP-06** **TTCI**
Generation of Dual Bispecific Protein Engagers Targeting Mesothelin and NECTIN2 for Activation of Cytotoxic T-Lymphocytes Against Colorectal Cancer Cells
Suyanee Thongchot, Mahidol University

10:28–10:50 **Coffee Break & Networking**

TME / Spatial / Ecosystem

10:50–11:03 **Some Tumours Are 'Born Bad': Baseline TME Predicts Relapse in EGFR-Mutant Never-Smoker NSCLC**
OP-07
SSO-CIC
Komal Gupta, National Cancer Center Singapore

11:03–11:16 **Spatial Multiomics Identifies EGFR Mutation-Associated Vasculogenic Mimicry Signatures and Distinct Immune Spatial Architectures in Lung Adenocarcinoma**
OP-08
TSITC
Chun-Hui Lee, National Cheng Kung University Hospital

11:16–11:29 **Spatial Transcriptomic Analysis Reveals Spatially Organized Macrophage–Fibroblast Crosstalk Driving Immune Exclusion in Urothelial Carcinoma**
OP-09
JACI
Tomohiro Iwasawa, Department of Urology, Keio University School of Medicine

11:29–11:42 **Lactic Acid Bacteria Enhance Antitumor Immunity in Bladder Cancer via Modulation of the Tumor Microenvironment**
OP-10
KSMO
Hyun Jin Bang, Chonnam National University Hwasun Hospital

11:42–11:55 **Session Closing & Group Photo**

11:55–12:35 **YI Networking Lunch**

11th Floor Poster Area

12:50–12:57 **Prediction of anti-PD1 Immunotherapy Efficacy in Head-Neck Squamous Cell Carcinoma Through Digital Pathology Artificial Intelligence**
PP-05
TOS
Tien Hua Chen, Taipei Veterans General Hospital

12:57–13:04 **H&E 3.0: An AI-Driven, Chemical-Free Virtual Histology Solution Enabling Worldwide Multiomics Profiling**
PP-06
SSO-CIC
*Ruisi Li, Agency for Science, Technology and Research (A*STAR)*

13:04–13:11 **A Mutant KRAS-Specific GM-CSF-Armed Oncolytic Adenovirus Exerts Tumoricidal Effects on Pancreatic Adenocarcinoma via a Favorable Antitumor Microenvironment**
PP-07
TSITC
Po-Shen Ko, Taipei Veterans General Hospital/National Yang Ming Chiao Tung University

13:11–13:18 **Live FluoroSpot: Real-Time Visualization of CTL-Mediated Cytotoxicity at Single-Cell Resolution**
PP-08
JACI
Zhuohao Yang, The University of Tokyo

Speaker Information

03/28 Room 1101

Barbara Seliger, PhD

Director of the Institute for Translational Immunology and Faculty of Health Sciences, Brandenburg Medical School "Theodor Fontane," Brandenburg an der Havel, Germany

Head of the Section Immunopathology at the Institute for Pathology in Halle (Saale)Institute of Pathology, University Hospital Halle (Saale), Martin Luther University Halle-Wittenberg, Germany

ORCID: 0000-0002-5544-4958

Professional Experiences

2025–	Head of the Section Immunopathology at the Institute of Pathology, Martin Luther University Halle-Wittenberg, Halle, Germany
2022–	Director of the Institute for Translational Immunology, Faculty of Health Sciences, Brandenburg Medical School "Theodor Fontane," Brandenburg an der Havel, Germany
	Director of the Institute for Translational Immunology, Faculty of Health Sciences, Brandenburg Medical School "Theodor Fontane," Brandenburg an der Havel, Germany
2003–2022	Director (C4) of the Institute for Medical Immunology, Martin Luther University Halle-Wittenberg, Halle (Saale), Germany
1993–2003	C3 Professor and Head of Research at the IIIrd Department of Internal Medicine, Johannes Gutenberg University, Mainz, Germany
1990–1993	Assistant Professor, Ludwig Institute for Cancer Research and Karolinska Institute, Stockholm, Sweden
1985–1990	Postdoctoral Researcher, Max Planck Institute, Göttingen

Awards & Honors

2016	Hugo Junkers Prize Saxony-Anhalt for the most innovative research project
2014	ARF2014 Award of the Qatar Research Foundation, Doha, Qatar
2011–	Director of the FOCIS Center of Excellence
2006–2024	Head of the Working Group "Tumor Immunology" of the German Society of Immunology
2001	WHO followship
1993	Venia Legendi, Christian Albrecht University of Kiel, Germany
1999	Eisenbach Fellowship Weizman Institute, Rehovot, Israel
1996	EMBO Fellowship at the ETH Zuerich, Zuerich, Switzerland

Educational Experiences

1980–1985	PhD, Max Planck Institute, Göttingen, Germany; Beatson Institute for Cancer Research Glasgow, Great Britain; Heinrich Pette Institute for Experimental Virology and Immunology, Hamburg, Germany
1974–1980	Biology Study, Georg August University, Göttingen, Germany

Bridging Tumor Immune Mechanisms to Clinical Immunotherapy: Emerging Insight and Translational Strategies

Over the last years, cancer immunotherapy has transformed treatment the landscape for a wide range of malignancies, providing durable responses and improved survival for selected patient populations. However, the clinical benefits of these therapies remain limited to a subset of individuals, which can be at least partially attributed to various immune escape strategies developed by tumors. The challenges posed by cancer immunotherapies are closely linked to the complexity of the interactions between tumor and immune cells and the overall composition of the tumor microenvironment, which can actively suppress immune responses and inhibit the efficacy of immunotherapeutics. The resistance to immunotherapies can be due to either intrinsic or features, such as alterations in the expression levels of classical and non-classical HLA molecules, an upregulation of coinhibitory immune checkpoint molecules, modifications of oncogenic as well as interferon signal transduction pathways. In this context, the knowledge about the molecular mechanisms related to immune activation, evasion and therapy resistance as well as the dynamic cross talk of immune and stroma cells within the tumor microenvironment is crucial for the optimization of immunotherapies and their clinical implementation and also plays a significant role in shaping therapeutic outcomes.

Therefore, my talk will highlight recent advances in understanding the immune escape strategies of tumors with focus on HLA and immune checkpoint molecules and their underlying molecular mechanisms, while addressing these features as ongoing challenges in the context of immunotherapy efficacy. Cellular and molecular pathways of immune evasion in cancer and novel immune modulatory strategies designed to restore anti-tumor immunity will be described. Furthermore, another focus is the characterization of the tumor microenvironment including immune cell composition, stromal components and signaling networks in shaping the therapeutic response. This knowledge will bridge basic research and clinical application in order to enhance immune responses, overcome resistances and broaden the therapeutic potential of various treatments across different cancer types. The integration of this information into clinical research will allow a deeper understanding of how we can optimize immunotherapies for better clinical outcomes and ultimately the development of novel cancer immunotherapies for improving patient outcomes.

James Gulley, MD, PhD, FACP

Clinical Director, National Cancer Institute, National Institutes of Health

Acting Co-Director, Center for Cancer Research, NCI, NIH

Co-Director, Center for Immuno-Oncology, NCI, NIH

Senior (Tenured) Investigator, Center for Cancer Research, NCI, NIH

President, Society for Immunotherapy of Cancer (SITC)

Clinical Director, National Cancer Institute, National Institutes of Health

Acting Co-Director, Center for Cancer Research, NCI, NIH

Co-Director, Center for Immuno-Oncology, NCI, NIH

Senior (Tenured) Investigator, Center for Cancer Research, NCI, NIH

President, Society for Immunotherapy of Cancer (SITC)

Professional Experiences

- Former Deputy Director, Center for Cancer Research, NCI, NIH
- Former Director, Medical Oncology Service, Center for Cancer Research, NCI, NIH
- Former Chief, Genitourinary Malignancies Branch, NCI, NIH
- Former Deputy Chief, Laboratory of Tumor Immunology and Biology, NCI, NIH

Awards & Honors

- Presidential Early Career Award for Scientists and Engineers (PECASE)
- Hubert H. Humphrey Service to America Award
- Fellow, American College of Physicians (FACP)
- Tenured Senior Investigator, National Cancer Institute
- NIH and NCI Director's Awards for Clinical and Translational Research
- Principal investigator on multiple first-in-human cancer immunotherapy trials
- Internationally recognized leader in cancer vaccine and combination immunotherapy development
- Invited plenary and keynote speaker at major global oncology meetings

Educational Experiences

- B.A. in Chemistry, magna cum laude, Southern Adventist University
- PhD in Microbiology (Tumor Immunology), Loma Linda University
- MD, Medical Scientist Training Program, Loma Linda University
- Residency in Internal Medicine, Emory University
- Fellowship in Medical Oncology, National Cancer Institute, NIH
- Senior Clinical Fellowship, Laboratory of Tumor Immunology and Biology, NCI, NIH

Guiding the Immune System: Leveraging Therapeutic Cancer Vaccines to Shape Responses in Combination Treatment Strategies

Despite transformative advances in immune checkpoint inhibition, durable responses remain limited to a subset of patients, underscoring the need for strategies that actively shape, rather than merely release, antitumor immunity. Therapeutic cancer vaccines represent a rational platform to guide immune specificity, breadth, and durability, particularly when integrated into combination treatment regimens. My work has focused on the clinical development of therapeutic vaccines as immune "directors" that establish antigen-specific T-cell responses capable of being amplified, diversified, and sustained by complementary immunomodulatory agents.

Early clinical studies demonstrated that vaccine priming can fundamentally alter the tumor immune microenvironment, increasing T-cell infiltration and functional immune engagement when combined with checkpoint blockade (PMID: 32269146). Subsequent trials incorporating additional immune-modulating agents further highlighted that combination strategies are not interchangeable and that antigen specificity remains a dominant determinant of response (PMID: 40550568). Most recently, in a multi-agent combination study integrating three distinct immunotherapeutic approaches (HPV16 vaccine, immunocytokine and immune checkpoint inhibitor), objective clinical responses were observed exclusively in patients with HPV16-positive tumors (ORR 30% vs. 0%), despite the inclusion of agents that, in principle, could have broadened responses to HPV16-negative disease (PMID: 39976981). These findings underscore that even highly active immune-modulating combinations may fail in the absence of appropriate antigenic targeting.

Collectively, these studies support a paradigm in which therapeutic vaccines serve as a foundational element of combination immunotherapy, providing immune directionality that enables subsequent agents to function effectively. Rational vaccine-centered combinations offer a path toward more predictable, biology-driven responses and highlight the importance of antigen selection in the design of next-generation immunotherapy regimens.

Michael T. Lotze, MD

Professor of Surgery, Immunology, and Bioengineering at the University of Pittsburgh School of Medicine, USA

Professional Experiences

2024–	Editor in Chief, Journal for Immunotherapy of Cancer
2020–2023	Chief Cellular Therapy Officer, Nurix Therapeutics (NRIX)
2018–	Senior Consultant, Immune Transplant and Therapy Center
2017	Senior Consultant, UPMC Enterprises Chief Scientific Officer, Iovance Biotherapeutics, Inc. (IOVA)
2016	Chief Scientific Officer, Lion Biotechnologies, Inc.
2012	Professor of Immunology, Department of Immunology
2011	Member, Pharmaceutical Collaboration Committee

Awards & Honors

2025	Inducted into the Faculty of the Academy of Immuno-Oncology
2019–2024	• Austin, TX 2023 and 2024 • Virtual 2021 and 2022 • Houston, TX Jan 13-17, 2020 • SITC Cancer ImmunoRx Winter School, Mesa AZ Feb. 18-22, 2019
2011–2024	Founder, Translational Research Mitochondria, Aging, & Disease TriMAD I-VIII
2004–2015	Faculty, AACR/ASCO Workshop on Methods in Clinical Cancer Research; Vail
1996–2015	VP, President, and Executive Council, Society for the Immunotherapy of Cancer (SITC/SBT)
2006–2010	Faculty, 6th-8th Annual Federation of Clinical Immunology Society [FOCiS] Meeting
2006–2010	Board of Directors, FOCiS and Director, FOCiS Centers of Excellence [50 sites worldwide]
2006–2009	Clinical Oncology Study Section, NIH

Educational Experiences

Postgraduate

2002	Mini-MBA Business Essentials, University of Pittsburgh, Pittsburgh, PA
1980–1982	Sr. & Chief Resident, Surgery, University of Rochester, Rochester, NY

1978–1980	Staff Fellow, Surgery Branch, National Cancer Institute, Bethesda, MD
1976–1977	Assistant Resident, Surgery, Strong Memorial Hospital, Rochester, NY
1975–1976	Intern/Resident, Surgery, Strong Memorial Hospital, Rochester, NY
1975	Jr Medical Fellow, Surgery, M. D. Anderson Tumor Institute Houston, TX
Graduate	
1971–1974	MD, Honors Program in Medical Education, Northwestern University Medical School, Chicago, IL
Undergraduate	
1969–1973	BS, Medical Sciences, Northwestern University, Evanston, IL

The Science of Tumor Infiltrating Lymphocytes (TIL)

Immunity to solid tumors is associated with the hallmarks of cancer-associated inflammation and the ability of immune mechanisms to limit tumor progression. Application of expanded tumor infiltrating lymphocyte adoptive T cell therapy (TIL ACT) in clinical trials is now practiced at many sites around the world. Prior to immune checkpoint blockade (ICB), an approximate 50% objective response rate was consistently observed across multiple institutions for patients with melanoma. This now approved strategy approaches 35% in recent studies from the US and 49% with more highly selected patients in Europe. Here I will focus on early TIL studies in non-melanoma epithelial neoplasms. Increased understanding of cancer immunology has allowed changes in the TIL expansion process to include: 1) initial generation of TIL from fragments, 2) use of specialized large-scale culture vessels, 3) use of the rapid expansion protocol (REP) to enable 'young' TIL prosecution, and 4) treatment regimens employing nonmyeloablative chemotherapy (NMA) followed by brief IL-2 administration. NMA leads to homeostatic proliferation of the transferred T-cells, engraftment, profound neutropenia and lymphopenia, and improved clinical outcome. A key success of TIL ACT relies on the quality, specificity, and number of pre-existing TIL. This, in turn, is highly influenced by the suppressive tumor microenvironment (TμE). Thus, any means to alter "cold tumor (non-T cell inflamed)" to "hot tumor (T cell inflamed)" is theoretically desirable to improve both the quality and quantity of TIL obtained before harvest. Combinations of other immunotherapies such as application of ICB, co-stimulatory molecule agonist antibodies, autophagy inhibition, inhibition of CBL-B, surrogates for CD28 activation (Signal 2) and dendritic cell support strategies could provide additional- improvements in TIL therapy and enable harnessing of the adaptive immune response to enhance the clinical outcome of TIL-ACT patients.

Hui-Ching Wang, MD, PhD

Attending Physician, Division of Hematology & Oncology, Department of Internal Medicine, Kaohsiung Medical University Hospital

Professional Experiences

2023–	Associate Professor, Department of Medicine, College of Medicine, Kaohsiung Medical University
2020–2023	Assistant Professor, Department of Medicine, College of Medicine, Kaohsiung Medical University
2014–	Attending Physician, Division of Hematology & Oncology, Department of Internal Medicine, Kaohsiung Medical University Hospital
2013–2014	Fellowship, Division of Hematology-Oncology, Kaohsiung Medical University Hospital
	Chief Resident, Department of Internal Medicine, Kaohsiung Medical University Hospital
2010–2013	Resident, Department of Internal Medicine, Kaohsiung Medical University Hospital
2009–2010	Internship, Kaohsiung Medical College

Awards & Honors

2016	Board of Medical Oncology
2015	Board of Hematology
2015	Board of Hematopoietic Transplantation
2013	Board of Internal Medicine, Taiwan, R.O.C.
	Clinical Research Member of Taiwan Head and Neck Society
	Member of Taiwan Oncology Society
	Member of The Hematology Society of Taiwan
	Member of Taiwan Society of Cancer Palliative Medicine

Educational Experiences

2017–2024	PhD, Graduate Institute of Clinical Medicine, Kaohsiung Medical University
2015–2017	MD, Graduate Institute of Clinical Medicine, Kaohsiung Medical University
2003–2010	School of Medicine, Kaohsiung Medical College

Changing Clinical Practice in LA HNSCC: The Impact of Perioperative Immunotherapy from KEYNOTE-689

The management of resectable locally advanced head and neck squamous cell carcinoma (LA HNSCC) is undergoing a paradigm shift driven by the integration of perioperative immunotherapy into curative-intent treatment strategies. Conventional standards of care, consisting of surgery followed by adjuvant radiotherapy or chemoradiotherapy, are associated with substantial morbidity and suboptimal long-term disease control in high-risk populations. These limitations have prompted the exploration of perioperative immune checkpoint inhibition as a means to enhance systemic immune response, prevent disease recurrence, and potentially enable treatment de-escalation.

KEYNOTE-689 is the first phase III study to demonstrate the clinical benefit of adding perioperative pembrolizumab to standard therapy in resectable LA HNSCC. Updated results show improvements in event free survival, distant metastasis free survival, favorable surgical outcomes without compromising resectability, and consistent benefits across key subgroups, including high-risk disease and Asian populations. Patient-reported outcomes further support the tolerability and functional preservation associated with this approach.

This presentation will discuss how these data are reshaping clinical practice in Taiwan, including concepts of comprehensive immune priming before surgery, risk-adapted de-escalation of adjuvant therapy to increase patients' quality of life, bridging strategies when logistical constraints delay timely surgery, and potential integration with neoadjuvant chemotherapy to achieve tumor downstaging. The implications for multidisciplinary decision-making and future research directions will also be highlighted.

Fu-Jen Hsueh, MD, PhD

Visiting staff of Department of Oncology, NTUH

Member of GU oncology MDT, NTUH

Professional Experiences

Jul. 2015–Jul. 2019	Visiting staff of Department of Oncology, NTUH, Yun-Lin Branch
Jul. 2012–Jun. 2015	Chief resident & fellow of Department of Oncology, NTUH
Jul. 2009–Jun. 2012	Resident of Department of Internal Medicine, NTUH

Educational Experiences

2019–	PhD, Graduate Institute of Oncology, National Taiwan University, College of Medicine, Taipei, Taiwan
2000–2007	MD, National Taiwan University School of Medicine, Taipei, Taiwan

Publications

1. Fu-Jen Hsueh, Po-Jung Su, Cheng Kuang Yang, Shih-Yu Huang, Yu-Chieh Tsai, Jian-Ri Li, Yu-Li Su, Wen-Kuan Huang, Chieh-Ying Chang. Real-World Outcomes of Enfortumab Vedotin Plus Pembrolizumab in Advanced Urothelial Carcinoma: First Multicenter Results from Taiwan. *Ann Oncol*. 2025;36(Suppl 4):S1968. Abstract 572P.
2. Fu-Jen Hsueh, Chung-Chieh Wang, Jhe-Cyuan Guo, Shih-Chieh Chueh, Yu-Chieh Tsai. Impact of Membranous Nectin-4 on Outcomes of Platinum-Based Chemotherapy in Metastatic Urothelial Carcinoma. Cancers. 2025 Jan; 17(3): 433.
3. Fu-Jen Hsueh, Yu-Chieh Tsai. Revolutionary breakthrough unveiled: The combination of antibody-drug conjugates and immune checkpoint blockade sheds new light on advanced urothelial carcinoma. J Formos Med Assoc. 2024 Dec; 123(12):1207-1209
4. Ming-Hsuan Wu, Chung-Chieh Wang, Fu-Jen Hsueh. Dramatic Response to Enfortumab Vedotin in Soft-tissue Metastases from Urothelial Carcinoma: A Case Report. J Cancer Res Prac. 2024 Dec;11 (4):151-154

From EV-302 to Taiwan Real-World: How EVP Performs in Taiwanese LA/mUC Patients

Background

Enfortumab vedotin plus pembrolizumab (EVP) has changed the treatment (tx) landscape of locally advanced/metastatic urothelial carcinoma (LA/mUC), leading to approval in Taiwan as first-line tx based on EV-302 trial in Nov 2024. This study presents efficacy results from patients (pts) with aUC treated with EVP at 4 medical centers in Taiwan, focusing on tx duration and effectiveness.

Methods

This retrospective study included pts diagnosed with LA/mUC between Sep 2021 to Dec 2024, who completed at least one cycle of EVP. The best response was evaluated locally and categorized into complete response (CR), partial response (PR), stable disease (SD) or progressive disease (PD). Duration of tx (DoT), progression-free survival (PFS) and overall survival (OS) were estimated with Kaplan-Meier method.

Results

We included 69 evaluable LA/mUC pts. The response rate was 59.4%, including 20.3% CR. Disease control rate was 79.7%. Median DoT was 4.5 months. The pts may stop tx due to further local tx, economic issues, intolerable adverse events, or PD. After a median follow-up of 9.9 months, median PFS was 14.8 months, while the median OS was not reached. We observed the association between DoT and Response Categories: CR patients had median time to CR of 3.2 months, with a median DoT of 10.5 months, suggest achieving CR is associated with longer DoT compared with non-CR groups as showed in table. Among 21 pts with PR and discontinued tx, 6 (28.6%) experienced PD within median time 3.7 months. Similarly, among 8 CR pts and discontinued tx, 2 (25%) developed PD, both occurring more than 4 months after tx cessation.

Conclusions

In this LA/mUC cohort treated with EVP, the efficacy aligns with clinical trial, with a notable association between CR and prolonged DoT. A substantial proportion of pts who discontinued tx after achieving response, then PD, reinforcing the importance of continuing tx to sustain clinical benefit.

Yu-Yun Shao, MD, PhD

Associate Professor, Graduate Institute of Oncology, National Taiwan University College of Medicine, Taiwan

Attending Physician, Medical Oncology, Department of Oncology, National Taiwan University Hospital, Taiwan

Professional Experiences

Jul. 2009–	Attending Physician, Medical Oncology, Department of
Jun. 2011	Oncology, National Taiwan University Hospital, Yun-Lin Branch
Jul. 2006–	Fellow, Medical Oncology, Department of Oncology, National
Jun. 2009	Taiwan University Hospital
Jul. 2003–	Resident, Internal Medicine, Department of Internal Medicine,
Jun. 2006	National Taiwan University Hospital

Awards & Honors

2018	Taiwan Oncology Society Young Investigator Award
2009	AACR Scholar-in-Training Award

Educational Experiences

2018	Ph.D, Graduate Institute of Oncology, National Taiwan University
2003	MD, College of Medicine, National Taiwan University Completion, Genomic Medicine Program, College of Medicine, National Taiwan University

Redefining Outcomes in HCC: Clinical Impact of the STRIDE Regimen

Immuno-oncology has revolutionized the management of hepatocellular carcinoma (HCC), with dual immune checkpoint inhibitor strategies now demonstrating deeper and more durable benefit compared to monotherapies or conventional IO/anti-VEGF combinations. This symposium explores the scientific and clinical foundation for the STRIDE regimen—single-dose tremelimumab in combination with durvalumab—utilizing a one-time high-dose CTLA-4 "priming" pulse to activate robust cytotoxic T-lymphocyte responses, followed by sustained PD-L1 inhibition to maintain anti-tumor immune pressure.

We will translate this unique mechanism into clinical value through four key attributes: long-term survival outcomes (including 6-year overall survival from the HIMALAYA trial and performance in Hong Kong/Taiwan subgroups), depth and durability of radiological response, preservation of liver function, and treatment scheduling flexibility enabled by the single high-dose CTLA-4 approach.

Clinical evidence will focus on the global HIMALAYA trial, with dedicated insights into Asia-Pacific, Hong Kong, and Taiwan populations. This will be further complemented by post-reimbursement practice data, demonstrating objective response rates approaching 30%, and illustrative case studies confirming persistence and depth of therapeutic benefit.

Expert perspectives—including Dr. Shao's experiences in both the HIMALAYA trial and real-world post-reimbursement practice—will provide pragmatic guidance on patient selection, sequencing, and combination strategies for integrating STRIDE into modern HCC management.

Ming-Chun Kuo, MD

Division of Hematology and Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung, Taiwan

Professional Experiences

2022–	Hospitalist, Hospital Medicine Ward, Kaohsiung Chang Gung Memorial Hospital
2021–	Medical oncologist, Division of Hematology and Oncology, Kaohsiung Chang Gung Memorial Hospital
2019–2021	Fellow, Division of Hematology and Oncology, Kaohsiung Chang Gung Memorial Hospital
2015–2019	Resident, Internal Medicine, Kaohsiung Chang Gung Memorial Hospital
2014	Physician, Taiwan Health Center, National Referral Hospital, Honiara Guadalcanal, Solomon Islands

Awards & Honors

2024	Abstract award (ASCO Breakthrough 2024)

Educational Experiences

2007–2014	MD, College of Medicine, Chang Gung University, Taiwan

Emerging Advances in Small Cell Lung Cancer Treatment

Small-cell lung cancer (SCLC) has long been characterized by limited therapeutic progress, with platinum-based chemotherapy defining treatment standards for decades. Recent advances, however, have begun to reshape the clinical landscape.

In limited-stage disease, consolidative durvalumab following concurrent chemoradiotherapy has introduced immunotherapy into curative-intent management and represents a meaningful step forward. Ongoing studies continue to refine the integration and timing of immunotherapy with radiation.

In extensive-stage SCLC, chemoimmunotherapy has become the first-line standard, providing consistent though incremental improvements in survival. Attention is increasingly shifting toward durability of disease control, with maintenance strategies such as lurbinectedin combined with atezolizumab. DLL3-targeted therapies, such as the bispecific T-cell engager tarlatamab, have shown activity in later-line settings and offer a mechanistically novel approach. Antibody–drug conjugates are also emerging as potential precision-directed options.

Concurrently, deeper molecular characterization reveals biologically distinct subtypes that may guide future therapeutic stratification. Although long-term survival gains remain modest, these clinical and translational advances collectively signal a gradual transition toward more individualized and strategically integrated care for SCLC.

Ching-Tso, Chen, MD

Medical oncologist, Department of Oncology, National Taiwan University Hospital Hsinchu Branch

Professional Experiences

2023–	Taiwan Liver Cancer Association (TLCA)
2018–	Taiwan Oncology Society (TOS)
2016–	Society of Internal Medicine of Taiwan (R.O.C.)
2018–2021	Fellowship, Department of Oncology, National Taiwan University Hospital
2016–2018	Resident, Department of Internal Medicine, National Taiwan University Hospital
2015–2016	Post-gradual year resident, National Taiwan University Hospital
2013–2014	Intern, National Taiwan University Hospital

Awards & Honors

2024	TJCC Poster Presentation Excellence Award
2019	ESMO Asia Poster Presentation Merit Award

Educational Experiences

2006–2013	Taipei Medical University, Department of Medicine

Redefining Adjuvant Therapy in Stage III Colon Cancer: The Emerging Role of Immunotherapy

The treatment paradigm for mismatch repair–deficient/microsatellite instability–high (dMMR/MSI-H) colorectal cancer (CRC) has evolved significantly, with immunotherapy emerging as a transformative approach across disease stages. Early evidence in advanced and metastatic disease demonstrated that single-agent PD-L1 blockade could deliver durable clinical benefit, which was subsequently enhanced through combination and dual immunotherapy approaches, collectively providing a strong biological rationale for earlier integration in treatment paradigms.

This development has now extended into the adjuvant treatment of Stage III colon cancer. The practice-changing ATOMIC trial addressed the long-recognized limited efficacy of fluoropyrimidine-based chemotherapy in dMMR tumors. As the first Phase III study to investigate immunotherapy in this setting, ATOMIC demonstrated that the addition of atezolizumab to standard mFOLFOX6 reduced the risk of recurrence or death by 50% (HR 0.50), achieving a 3-year disease-free survival rate of 86.4%. These results redefine the adjuvant standard of care for high-risk Stage III dMMR colon cancer.

More recently, results from the COMMIT trial in metastatic colon cancer further reinforced the clinical value of atezolizumab-based combinations, demonstrating benefit when added to chemotherapy and VEGF inhibition. Collectively, these findings reinforce a coherent treatment concept and highlight the consistency of atezolizumab activity across the disease continuum.

Conclusion

The successful integration of atezolizumab into the adjuvant setting represents a major milestone in the treatment of dMMR/MSI-H colon cancer. Together, evidence from adjuvant and metastatic studies highlights a coherent therapeutic strategy and signals a new era of biomarker-driven, stage-spanning precision oncology aimed at improving long-term patient outcomes.

Chien-Huai Chuang, MD, PhD

Attending physician, medical oncology, National Taiwan University Cancer Center(NTUCC)

Member of multidisciplinary conference for esophageal cancer

Professional Experiences

2022– Attending physician, medical oncology, NTUCC
Member of multidisciplinary conference for esophageal cancer

Educational Experiences

2024– PhD program of Graduate Institute of Oncology, College of Medicine, National Taiwan University

2008–2015 School of Medicine, National Taiwan University

Beyond TACE:
Expanding IO in iHCC to Redefine Intermediate-Stage HCC Care

Intermediate-stage hepatocellular carcinoma (iHCC) represents a heterogeneous population in which repeated locoregional therapy often leads to progressive deterioration of liver function with limited long-term benefit. Optimizing treatment sequencing has therefore become a key challenge. Increasing evidence supports earlier integration of systemic therapy in selected patients with high tumor burden and preserved liver function.

Upfront treatment with atezolizumab plus bevacizumab enables effective tumor control while maintaining hepatic reserve, thereby reducing the risks associated with repeated TACE. This strategy facilitates tumor downstaging and creates a therapeutic window for subsequent curative-intent interventions, including surgical resection, ablation, or selective locoregional therapy.

Beyond a TACE-centric paradigm, three IO-based treatment strategies can be considered in iHCC: (1) early combination of systemic immunotherapy with locoregional therapy to optimize tumor control while preserving liver function; (2) a systemic-first approach aiming for tumor regression and potential disease-free status through curative-intent treatment; and (3) upfront systemic therapy as a biological selection tool, with locoregional therapy reserved for resistant tumors. Together, these approaches shift treatment goals from repetitive disease control toward long-term disease modification in appropriately selected patients.

Speaker Information

03/28 Room 1002

Jiun-I Lai, MD, PhD

Attending Physician, Division of Medical Oncology, Department of Oncology, Veterans General Hospital, Taipei, Taiwan

Professional Experiences

Author Textbooks

2021 乳房外科學, chapter 20 乳房精準醫療, 主編: 張耀仁. 佛教慈濟醫療財團法人出版
乳房醫學與臨床應用, chapter 40 循環腫瘤細胞. 乳房醫學會出版

Advisory Board Member

May 29, 2021 JCAP TNBC Regional Expert Input Forum, MSD
Apr. 09, 2022 Astellas Metastatic Urothelial Carcinoma Advisory Board Meeting

Professional Board

台灣內科醫學會內科專科執照（No.8322）
中華民國癌症醫學會腫瘤內科專科醫師（No.1589）
美國醫師證書（ECFMG certificate）
2023–2025 台灣乳房醫學會 副秘書長

Awards & Honors

2021 Accepted Poster: San Antonio Breast Cancer Symposium (SABCS) AACR-KCA 2021 Best Poster Award
2019 Young Investigator Award, AACR-KCA 2019
2019 Accepted Poster, AACR 2019
2019 Travel Award, JSMO 2019, Japanese Society of Medical Oncology
2017 Travel Award, ESMO ASIA 2017, Taiwan Oncology Society
2014 Winner & Finalist, GEN TEN award, Graduate research abstract competition. *Genetic & Engineering news.* (News link: http://goo.gl/sdWIAQ)
2014 Recipient, MD Contact Program. *McKinsey & Co.*
2011–2015 Predoctoral fellowship. *Friedreich's ataxia research alliance (FARA)*
2004 Medical Student Fellowship, Travel Award to Duke University, *Andrew T. Huang Medical Education Promotion Fund*

Certifications
Board of Internal Medicine (Taiwan), USMLE

Educational Experiences

Aug. 2010–	PhD, Cellular and Molecular Biology
Feb. 2016	Advisor: Professor Joel M. Gottesfeld, PhD
	Thesis title: *Transcriptional profiling in isogenic iPSC derived Friedreich's ataxia neurons*
Aug. 1998–	MD, School of Medicine
Jun. 2005	

Review of Sacituzumab Govetican in mTNBC and experience in VGHTPE

Metastatic triple-negative breast cancer (mTNBC) remains a highly aggressive disease characterized by rapid progression, limited treatment options, and poor clinical outcomes. The development of Sacituzumab Govitecan (SG), a TROP2-directed antibody–drug conjugate, has introduced a significant therapeutic advancement in this challenging setting. By targeting the broadly expressed Trop-2 antigen, SG efficiently delivers the cytotoxic payload SN-38 to tumor cells and leverages a unique bystander effect, providing enhanced antitumor activity even within heterogeneous tumor microenvironments.

This presentation will review pivotal data from the landmark ASCENT trial, which established SG as a new standard of care for patients with previously treated mTNBC. The trial demonstrated that SG significantly prolongs progression-free survival and overall survival compared with standard chemotherapy, effectively reducing the risk of disease progression and mortality.

In addition to global evidence, real-world clinical experience from Taipei Veterans General Hospital (VGHTPE) will be highlighted. This includes SG's observed effectiveness in heavily pretreated patient populations, practical approaches to toxicity management—particularly neutropenia and diarrhea—and considerations for optimizing treatment sequencing. These local insights provide valuable perspectives that complement clinical trial findings and reflect treatment realities in routine practice.

By integrating robust international clinical evidence with real-world outcomes from VGHTPE, this session aims to equip clinicians with a comprehensive and practical framework for optimizing SG therapy and improving outcomes for patients with advanced mTNBC.

Chun-Hui Lee, MD, PhD

Clinical Assistant Professor, National Cheng Kung University

Attending Physician, Department of Oncology, National Cheng Kung University Hospital, Tainan, Taiwan

Professional Experiences

Aug. 2016–Jul. 2018	Fellowship, Division of Hematology/Oncology, Department of Internal Medicine, National Cheng Kung University Hospital, Tainan
Aug. 2013–Jul. 2016	Residency, Department of Internal Medicine, National Cheng Kung University Hospital, Tainan
Aug. 2011–Jul. 2012	Postgraduate Internship, Chi-Mei Medical Center Yong-Kang Branch, Tainan

Awards & Honors

	United States Medical Licensing Examination (USMLE) Step 1,2
2019	Board of Hematology (No. 109486), Taiwan
2018	Board of Medical Oncology (No. 107009), Taiwan
2016	Board of Internal Medicine (No. 010412), Taiwan

Educational Experiences

Dec. 2019–	Ph.D Candidate, National Cheng Kung University, College of Medicine, Institute of Clinical Medicine, Tainan
Aug. 2009	United States Medical Licensing Examination (USMLE) Step 1,2
Aug. 1999–Jul. 2004	MD, Medical College, University of the East Ramon Magsaysay Memorial Medical Center, Philippines

Redefining SCLC with the First and Only DLL3 Targeting BiTE Therapy

Small cell lung cancer (SCLC) remains a challenging malignancy with high mortality and limited therapeutic advancement. In Taiwan, the median overall survival (OS) for patients with extensive-stage SCLC (ES-SCLC) remains poor at just 7.2 months, highlighting the urgent need for more effective treatments. While first-line chemo-immunotherapy regimens such as atezolizumab or durvalumab combined with platinum-etoposide have modestly improved outcomes, durable responses remain limited, and the prognosis after relapse is dismal.

Tarlatamab, a novel DLL3-targeted bispecific T-cell engager (BiTE®), has emerged as a promising therapy in the post-platinum-based chemotherapy setting. DLL3 is expressed in the majority of SCLC tumors (85–96%) and serves as an ideal tumor-associated antigen. By engaging CD3 on T cells and DLL3 on tumor cells, tarlatamab mediates targeted cytotoxicity independent of MHC-I expression.

In the Phase 2 DeLLphi-301 study, tarlatamab demonstrated an objective response rate (ORR) of 40% and a median duration of response (DoR) of 9.7 months in heavily pretreated patients. Notably, 26% of patients achieved disease control beyond one year. Clinical benefit was observed regardless of DLL3 expression levels and included patients with brain metastases. Tarlatamab's safety profile was predictable and manageable, with cytokine release syndrome (CRS) being the most common treatment-related adverse event, occurring in 55% of patients (mostly Grade 1–2). Further supporting its potential, the Phase 3 DeLLphi-304 study compared tarlatamab versus standard-of-care chemotherapy in patients with SCLC who relapsed after first-line platinum-based treatment. Treatment with tarlatamab resulted in significantly longer overall survival than chemotherapy (median OS 13.6 vs. 8.3 months; stratified hazard ratio for death, 0.60; $P < 0.001$).

Based on these compelling data, the 2026 National Comprehensive Cancer Network (NCCN) Guidelines now recommend tarlatamab as the preferred Category 1 treatment option for second-line and beyond (2L+) ES-SCLC, regardless of chemotherapy-free interval. This paradigm shift underscores the importance of tumor-selective immunotherapy in the SCLC landscape. Tarlatamab represents a significant advancement with the potential to extend survival and improve outcomes in relapsed/refractory ES-SCLC.

Shang-Gin Wu, MD, PhD

Clinical Professor, Internal Medicine, NTUH

Vice Director/Attending Physician, Medicine-NTUCC

Professional Experiences

Aug. 2021–	Clinical Associate Professor, Department of Internal Medicine,
Jul. 2025	College of Medicine, National Taiwan University
Aug. 2017–	Clinical Assistant Professor, Department of Internal Medicine,
Jul. 2021	College of Medicine, National Taiwan University
Aug. 2016–	Attending Physician, Division of Chest, Department of Internal
Jul. 2020	Medicine, National Taiwan University Hospital
Aug. 2009–	Clinical Instructor, Department of Internal Medicine, College of
Jul. 2017	Medicine, National Taiwan University
Aug. 2008–	Attending Physician, Division of Chest, Department of Internal
Jul. 2016	Medicine, National Taiwan University Hospital Yun-Lin Branch
	Chief Resident, Department of Internal Medicine, National Taiwan University Hospital
	Resident, Department of Internal Medicine, National Taiwan University Hospital

Educational Experiences

PhD, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University

MD, School of Medicine, College of Medicine, Taipei Medical University

Beyond EGFR: Targeting HER2 in NSCLC with Selective TKIs

While the therapeutic landscape for Non-Small Cell Lung Cancer (NSCLC) has been revolutionized by the maturity of EGFR-targeted therapies, human epidermal growth factor receptor 2 (HER2) mutations have long represented an area of significant unmet medical need. Historically, HER2-mutant NSCLC lacked dedicated targeted options, often relying on conventional chemotherapy or off-label use of older generation pan-HER inhibitors with limited efficacy and high toxicity.

In recent years, the paradigm has shifted dramatically. The emergence of highly selective HER2 Tyrosine Kinase Inhibitors (TKIs) has opened a new chapter in precision oncology. Unlike traditional therapies, these novel TKIs are designed to specifically target the kinase domain of HER2, offering better potency and improved safety profiles. Notably, several selective TKIs have recently achieved regulatory milestones, securing drug approvals in the United States, Japan, and China, marking their transition from clinical investigation to standard-of-care options.

This presentation will provide a systematic review of the clinical evolution of HER2-targeted TKIs in NSCLC. We will analyze key clinical trial data, including efficacy (ORR, PFS) and safety profiles, of the most prominent selective TKIs currently approved or in late-stage development.

By synthesizing the latest evidence, this session aims to provide clinicians with a comprehensive reference for managing HER2-mutant NSCLC. We will discuss how these selective TKIs are reshaping treatment algorithms and what the future holds for this distinct molecular subset of lung cancer.

Chih-Wen, Chen, MD

Attending Physician, Koo Foundation Sun Yat-Sen Cancer Center (KFYSCC)

Professional Experiences

Sep. 2024–	Attending Physician, Koo Foundation Sun Yat-Sen Cancer Center (KFYSCC), Department of Medical Oncology
Sep. 2023– **Aug. 2024**	Fellow, Koo Foundation Sun Yat-Sen Cancer Center (KFYSCC), Department of Medical Oncology, Department of Stem Cell Transplantation and Cellular Therapy
Aug. 2021– **Aug. 2023**	Chief Resident, Taipei Veterans General Hospital (TVGH), Department of Internal Medicine, Division of Hematology, Department of Oncology
Sep. 2018– **Jul. 2021**	Resident, Taipei Veterans General Hospital (TVGH), Department of Internal Medicine
Aug. 2016– **Jul. 2017**	Post-Graduate Year (PGY) Resident, Taipei Veterans General Hospital (TVGH), General Medicine Training

Publications & Presentations

- Chen, C. W. et al. Anti-VEGF Therapy Possibly Extends Survival in Patients With Colorectal Brain Metastasis by Protecting Patients From Neurologic Disability. Clinical Colorectal Cancer, March 2023.
- Chen, C. W. et al. The Prognostic Factors in Myelofibrosis Patients Treated with Ruxolitinib - A Single Center Real World Experience. 2023 Joint Annual Congress of TBMT & HST.
- Chen, C. W. et al. Gastrinoma in a patient with chronic diarrhea, abdominal pain and refractory reflux esophagitis. Taiwan Society of Internal Medicine Annual Meeting, October 2020.
- Chen, C. W. et al. The update of treatment and diagnosis of mucosa associated lymphoid tissue [MALT] lymphoma. Clinical Med, Taipei Veteran General Hospital, June 2020.

Educational Experiences

Sep. 2009– **Jun. 2016**	MD, Taipei Medical University

Redefining Immuno-Oncology in ESCC: Clinical Evidence for Tislelizumab's Efficacy Advantage

Esophageal squamous cell carcinoma (ESCC) is an aggressive malignancy with poor prognosis, and conventional chemotherapy provides limited survival benefit. The advent of immune checkpoint inhibitors has markedly reshaped ESCC treatment, with Tislelizumab emerging as a differentiated PD-1 inhibitor due to its unique structural design. By engineering the Fc region to minimize binding to Fcγ receptors on macrophages, Tislelizumab avoids antibody-dependent T-cell depletion and enhances anti-tumor immune activity.

Robust evidence from global pivotal trials supports its clinical value. In the RATIONALE-302 study, Tislelizumab significantly improved overall survival versus chemotherapy in previously treated advanced ESCC, with a favorable safety profile. In the first-line setting, RATIONALE-306 demonstrated that Tislelizumab combined with chemotherapy significantly improved overall survival and progression-free survival, regardless of chemotherapy backbone.

With consistent efficacy, improved tolerability, and quality-of-life benefits, Tislelizumab is redefining the standard of care for ESCC in the immunotherapy era.

Ying-Chun Shen, MD, PhD

Associate professor, Graduate Institute of Oncology, National Taiwan University, Taiwan

Attending physician, Department of Medical Oncology, National Taiwan University Cancer Center, Taiwan

Executive secretary, Taiwan Liver Cancer Association (TLCA) Research Group, Taiwan

Professional Experiences

- Assistant professor, Graduate Institute of Oncology, National Taiwan University, Taiwan
- Attending physician , Department of Oncology, National Taiwan University Hospital, Taiwan
- Postdoctoral fellow, Department of Oncology, Cancer Immunology Program, Johns Hopkins Hospital, Maryland, USA
- Attending physician, National Center of Excellence for Clinical Trial and Research, Department of Medical Research, Department of Oncology, National Taiwan University Hospital, Taiwan

Educational Experiences

- PhD, Institute of Toxicology, College of Medicine, National Taiwan University
- MD, School of Chinese Medicine, China Medical University, Taiwan

Reframing Safety in IO-based Therapy for HCC: Clinical Decision-Making Beyond Guidelines

Anti–CTLA-4–containing dual immune checkpoint inhibitor (ICI) combinations have reshaped the therapeutic landscape of advanced hepatocellular carcinoma (HCC). However, their clinical adoption in real-world practice remains constrained by a substantially increased risk of severe immune-related adverse events (irAEs). Although irAE management guidelines emphasize early detection through close monitoring and education of patients, families, and healthcare providers and timely use of immunosuppressive therapy, these largely reactive strategies appear insufficient to fully mitigate the morbidity and adverse outcomes associated with high-grade or rare, unpredictable, and fulminant irAEs.

Emerging preclinical and clinical evidence suggests that antitumor immunity and irAE-associated autoimmunity exhibit differential sensitivity to corticosteroid exposure, providing a biological rationale for prophylactic rather than purely reactive corticosteroid use. Notably, prophylactic corticosteroids are already routinely incorporated into ICI-based chemo-immunotherapy regimens to prevent inflammatory toxicities without compromising the efficacy of ICIs, with the potential to reduce irAEs requiring systemic corticosteroids or leading to permanent ICI discontinuation, supporting the feasibility of this approach.

This talk will review the mechanistic and clinical evidence underpinning prophylactic corticosteroid strategies and discuss how they may be pragmatically integrated into risk-adapted clinical decision-making for patients receiving anti–CTLA-4–containing dual ICIs. By reframing safety beyond guideline-driven irAE management, this presentation aims to highlight a proactive, mechanism-informed framework to optimize the therapeutic index of IO-based therapy in HCC.

Kuo-Wei Chen, MD

Hematology and Oncology Physician, Head of Hospice and Palliative Care

Professional Experiences

Jun. 2006–	Internal Medicine Resident Training, Taipei Veterans General
Jul. 2009	Hospital
Aug. 2009–	Chief Resident Training, Hematology and Oncology
Jul. 2012	Department, Taipei Veterans General Hospital
Aug. 2012–	Contract Attending Physician, Department of Internal
Jul. 2013	Medicine, National Yang-Ming University Hospital
	Visiting Physician, Taipei Veterans General Hospital

Educational Experiences

National Yangming Medical College

Perioperative Success vs Adjuvant Promise: Optimizing the Timing of Immunotherapy in HNSCC

Despite multimodal treatment, patients with resectable, locally advanced head and neck squamous cell carcinoma (HNSCC) continue to experience high rates of recurrence. While immune checkpoint inhibitors (ICIs) have reshaped outcomes in recurrent or metastatic disease, their optimal timing in curative-intent settings has remained uncertain. Recent phase III data presented at ASCO 2025 provide important insights into this evolving paradigm.

KEYNOTE-689 and NIVOPOSTOP represent two distinct strategies for integrating PD-1 blockade in resectable HNSCC, differing primarily in the timing of immunotherapy relative to surgery. Perioperative immunotherapy introduces ICIs before tumor resection and continues postoperatively, enabling immune priming in the presence of intact tumor antigens and a functional tumor microenvironment. This approach may enhance systemic anti-tumor immunity and reduce the risk of distant recurrence. In contrast, adjuvant-only immunotherapy focuses on consolidating locoregional control following surgery and chemoradiotherapy, targeting minimal residual disease during a high-risk postoperative window.

Taken together, these data raise the possibility that perioperative and adjuvant immunotherapy may not be fully interchangeable, but instead could serve distinct and potentially complementary biological and clinical roles. Both approaches appear feasible when integrated with standard treatment paradigms, without clear evidence of compromising surgical or postoperative therapy delivery. However, important questions remain regarding optimal patient selection, sequencing, and duration of treatment. Future efforts to refine the timing of immunotherapy—guided by disease risk, tumor biology, and emerging biomarkers—may help balance potential gains in cure rates against the risk of overtreatment in resectable HNSCC.

Speaker Information

03/29 Room 1101

Mitsumi Terada, MD, PhD

Head, Asian Partnerships Section, Department of International Clinical Development

National Cancer Center Hospital

Professional Experiences

Oct. 2024–	Head, Asian Partnerships Section, Department of International Clinical Development, NCCH, Japan
Sep. 2021– **Mar. 2025**	General Manager, Asian Partnerships Office, Department of International Clinical Development, NCCH, Japan
Jun. 2019– **Mar. 2025**	Medical staff (international Trials Management Section), NCCH, Japan
Jun. 2017– **May. 2019**	Medical Research Fellow (Medical Department), EORTC HQ, and Clinical Research Fellow (International Trials Management Section), JCOG/NCCH Japan
Oct. 2016– **May. 2017**	Clinical Research Resident, Japan Clinical Oncology Group (JCOG)
Apr. 2014– **Sep. 2016**	Resident (Gastric surgery) National Cancer Center Hospital East, Chiba, Japan
Apr. 2011– **Mar. 2014**	Senior resident (Gastrointestinal and Hepatobiliary Surgery, Laparoscopic Surgery, Anesthesia), Kurashiki Central Hospital, Okayama, Japan
Apr. 2009– **Mar. 2011**	Junior resident (General Surgery, Emergency Medicine, Anesthesia, Medical Oncology, Cardiovascular Medicine, Gastroenterological Medicine), The Jikei University Kashiwa Hospital, Chiba, Japan

Educational Experiences

Mar. 2019	PhD in medicine, Juntendo University Graduate School of Medicine, Japan (Doctoral Degree No. K2122)
Mar. 2009	Graduated from The Jikei University school of Medicine, Japan

Introduction of the ATLAS Network

Cancer drug development has historically been led by Europe and the United States, resulting in major therapeutic advances in oncology. However, this global framework has insufficiently addressed cancers that are more prevalent, biologically distinct, or clinically challenging in Asian populations. Drug development for such cancers has often been deprioritized by global pharmaceutical companies, creating persistent unmet medical needs in Asia. Addressing these gaps requires Asian investigators to take a leading role in generating clinical evidence and advancing drug development strategies tailored to the region.

In contemporary oncology, conducting clinical trials within a single country is increasingly inefficient, particularly for rare cancers and molecularly defined subgroups with limited patient populations. Fragmented research infrastructures and heterogeneous regulatory environments across Asian countries further complicate multinational studies. To overcome these challenges, a coordinated and sustainable network for international collaborative clinical trials in Asia is essential, enabling efficient patient enrollment, harmonized research practices, and high-quality data generation.

The National Cancer Center Hospital (NCCH), Japan, launched the ATLAS (Asian Clinical Trials Network for Cancers) project in 2020 to establish such a framework. ATLAS was designed to provide an integrated infrastructure that supports investigator-initiated, multinational clinical trials across Asia, with an emphasis on scientific rigor, ethical conduct, and regulatory compliance. Since its establishment, ATLAS has expanded to include more than 40 institutions from 10 countries in East and Southeast Asia, forming a growing platform for cross-border collaboration.

ATLAS supports participating institutions by strengthening clinical trial infrastructure and promoting capacity building through education and training. By facilitating collaborative research, the network contributes to the enhancement of clinical trial capabilities across the region. A key feature of ATLAS is the development of cancer-specific study groups, including those focused on head and neck cancers, sarcoma and rare cancers, and hepatobiliary and pancreatic cancer where multinational collaboration is particularly critical. These groups enable disease-focused expertise, efficient study execution, and strategic clinical development in areas that have been historically underrepresented in global research.

In addition, ATLAS provides opportunities for early-career investigators in Asia to participate in international collaborative clinical trials, fostering the next generation of

leaders in global oncology research. Through its investigator-driven, network-based approach, ATLAS aims to accelerate the development of innovative cancer therapies and improve patient access to novel treatments in Asia, while contributing to a more balanced and inclusive global drug development ecosystem.

Nai-Jung Chiang, MD, PhD

Department of Oncology, Taipei Veterans General Hospital, Taiwan

Assistant Professor, School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan

Professional Experiences

1. Gastrointestinal cancers
2. Design and execution of investigator-initiated clinical trials
3. Participation in sponsor-initiated clinical trials and patient enrollment strategies
4. Development of biomarker-guided therapeutic approaches in precision oncology

Awards & Honors

2025	Third Place, Clinical Poster Competition, 29th Taiwan Joint Cancer Conference
2023	Outstanding Paper Award, 36th Professor Song Ruey-Low Academic Foundation
2022	First Place, Clinical Paper Competition, 26th Taiwan Joint Cancer Conference
2022	Distinguished Award, Paper Competition, Taiwan Society of Cancer and Oncology
2021	Fourth Place, Clinical Paper Competition, 25th Taiwan Joint Cancer Conference

Educational Experiences

Jul. 2020	PhD, Institute of Clinical Medicine, College of Medicine, National Cheng Kung University
Jul. 2005	MD, National Defense Medical University, Taipei, Taiwan

Enhancing Academic Oncology Trials in Taiwan: Experiences Collaborating with TCOGTOPIC

Academic investigator-initiated trials are essential for addressing clinically relevant questions that are often not fully explored in industry-sponsored oncology studies. Based on my experience working with the Taiwan Cooperative Oncology Group (TCOG), this presentation examines how a national cooperative group can meaningfully support the design, conduct, and overall quality of academic oncology trials. TCOG-supported investigator-initiated studies enabled single-institution ideas to evolve into multicenter collaborations, facilitated by centralized coordination, regulatory harmonization, and integrated data and statistical support. This structure has been particularly useful for pragmatic and translational trials that better reflect routine clinical practice. In this talk, I will share practical lessons learned, highlight common operational challenges encountered in investigator-driven trials, and describe approaches that helped address these barriers. The presentation will also consider how cooperative group models such as TCOG could be adapted across the Asia-Pacific region to strengthen academic oncology research.

Mohd Akhmal bin Mohd Yusof, MD

Chief Executive Officer, Clinical Research Malaysia (CRM), Malaysia

Professional Experiences

Dr Akhmal Yusof graduated from the Royal College of Surgeons in Ireland in 1992. He practiced medicine for nearly 10 years before ventured into the medical insurance industry with the AIA Malaysia as Medical Manager. Later in 2002, he led the Medical Department in AstraZeneca Malaysia, Singapore & Brunei for 13 years. His expertise is in clinical research management, regulatory affairs, medical & government affairs. Currently he leads Clinical Research Malaysia (CRM) as Chief Executive Officer since 2015. CRM is a Malaysia Ministry of Health owned GLC and now a Global Trusted Research Management in the region. CRM has completed clinical trial ecosystem through Phase 1 Realisation Project. Malaysia has successfully conducted at least 19 Phase 1 FIH Clinical Trials. Dr Akhmal Yusof is a member Board of Trustee, Chairman Nominating & Remuneration Committee and Chair Tender Board for the National Institute of Biotechnology Malaysia.

His other appointments are:

1. Board Member of ATLAS National Cancer Center Japan
2. Board Member National Heart Institute (IJN) Research
3. Advisory Board member for Institute Research, Development & Innovation (IRDI) IMU.
4. Advisory Member for Malaysian Palm Oil Board Research Grant review
5. Advisory Member University Malaysa Medical Center Phase 1 First in Human Advisory Committee.

Awards & Honors

2024	British-Malaysia Chamber Commerce 1st Prize Partnership Award AstraZeneca & CRM
2018	Appreciation award from Drug for Neglected Disease Initiatives (DNDi) for CRM involvement on Hep C clinical program
2017	Award from IQVIA Most Improved Prime Sites Award
2014	AZ Company President Awards National Nat Form Listing Brilinta AZ Company President Awards National Nat Form Listing Kombiglyze XR AZ Company President Awards National Nat Form Listing Zinforo

2014 AZ Company President Awards National Health Clinics Form Listing Onglyza

Certifications

Certificate of Leadership recognition from Johnson & Johnson Sdn Bhd for Clinical Research

Educational Experiences

2024 Harvard Business School Leadership for Sr Executive

2007 AstraZeneca & INSEAD Leadership Program Singapore

1992 ROYAL COLLEGE OF SURGEONS in IRELAND
Dublin, Ireland
MBCh, BAO (NUI), LRCP & LRCS (Ireland)

Oncology Capability Expanded Through Sponsored Clinicals in Malaysia

Decades ago, Malaysia committed to support Industry (Pharmaceutical & Medical Device) innovation through the delivery of Clinical Trials with Speed, Reliability & Quality. This is attributed by the formation of Clinical Research Malaysia (CRM) a research management organisation wholly owned by Ministry of Health Malaysia in 2012. Since then, Malaysia has conducted over 2500 industry sponsored research (ISR), all amounting USD400 mil of Gross National Income contributed through contract values of clinical trials agreements. The value proposition offered by Malaysia is delivery of clinical trials with speed, reliability and quality. At least a third of world genomics resides in the country and with dedicated investigators & clinical research sites Malaysia has attracted global clinical trials including Oncology.

The last 10 years observed constant increase of Oncology clinical trials in Malaysia. What started as only targeted therapy like EGFR TKi, has evolved with new monoclonal antibodies, immune checkpoint inhibitors, ADCs, and Radioligands. This development has given more opportunities for patients and oncologists to access innovation through clinical trials whether they are in urban, sub-urban or rural.

The delivery of Clinical Trials with Speed, Reliability & Quality. Malaysia has been recognized as a leader in ASEAN in terms of Sponsored Clinical Trials (SCT). As the ASEAN Chair, Malaysia through CRM works with the Ministry of Health drive Sponsor Clinical Trial for regional prosperity including Oncology. The Clinical trial industry needs to grow in the region to provide more options in access to innovation. Following CRM Vision 2033 to Build Malaysia as Asian Research Hub, the country molded to be a respectable Clinical Trial Oncology from First in Human Phase one to Phase 3 & 4. As eluded by the Hon Prime Minister at the CRM Trial Connect 2025 Launch: CRM need to drive Clinical Trials for the affordability & accessibility of innovation for the people in urban, rural in the country, ASEAN and Asia.

The presentation will share what are the pulling factor to maintain Malaysia as Oncology hub and what are the new opportunities to prosper together through oncology clinical trial.

Shu-Han Chang, MD

Section Chief, Section of Clinical Trial & BA/BE Review, Division of Medicinal Products, Food and Drug Administration, Taiwan

Professional Experiences

Sep. 2025–	Section Chief, Section of Clinical Trial & BA/BE Review, Division of Medicinal Products, Food and Drug Administration, Taiwan
2022–Sep. 2025	Section Chief, Section of Medicinal Devices and Cosmetics, Division of Research and Analysis, Food and Drug Administration, Taiwan
2021–2022	Section Chief, Section of Food Chemistry, Division of Research & Analysis, Food and Drug Administration, Taiwan

Awards & Honors

2025	Outstanding Mass Spectrometry Specialist, Taiwan Society for Mass Spectrometry

Educational Experiences

Master of Science in Pharmacy, National Taiwan University

Overview of Clinical Trials in Taiwan

Taiwan offers a highly attractive environment for clinical trials, supported by a population of over 23 million with more than 99% National Health Insurance coverage, enabling rapid patient recruitment. The country has strong clinical research infrastructure and streamlined regulatory processes, including fast-track and parallel TFDA–IRB review and a central IRB system that can complete multi-site approval within 30 days. Multi-regional and Phase 3 trials make up the majority of Taiwan's growing IND activity, and conducting trials in Taiwan provides key advantages such as patent term extensions, potential NHI price premiums, and reduced CPP requirements for NDA approval. TFDA has further strengthened trial quality and innovation through decentralized clinical trial and digital health guidelines, CRA competency training, GCP inspections, as well as the ongoing development of digital recruitment platforms, and the exploration of AI-assisted review tools, positioning Taiwan as a competitive and forward-looking hub for global clinical research.

Alvin LUK, PhD, MBA, CCRA

President & Chief Medical Officer (Group), HanchorBio Inc.

Chief Executive Officer (U.S.A.), HanchorBio (U.S. subsidiary)

漢康集團總裁 暨 醫療長 兼 美國漢康執行長

Professional Experiences

- President & Chief Medical Officer (Group); Chief Executive Officer (U.S.A.) HanchorBio (漢康生技)
- Broad of Directors Member, HanchorBio (漢康生技)
- Global Senior Clinical Advisor, HanchorBio/Hanchor Biopharma (漢康生物)
- Chairman of Scientific Advisory Board, Zhongmou Therapeutics (中眸醫療科技)
- Co-Founder, CEO, and Board of Directors Member, HuidaGene Therapeutics (輝大基因)
- CEO and Board of Directors Member, Neurophth Therapeutics (紐福斯生物)
- Chief Medical Officer and SVP, Shanghai Henlius Biotech (復宏漢霖) Head of Clinical Research and Operations (VP-Level), Spark Therapeutics (被羅氏收購)

Awards & Honors

2025	*TIME100* Health Honoree
2008	Bayer® Star Award
2004	American Society of Hematology Excellence Award

Educational Experiences

- Master of Business Administration (MBA), Harvard Business School
- Doctor of Philosophy (PhD), Neuroscience, University of California, San Francisco
- Master of Science (MS), Cell Development & Physiology, University of California, Berkeley
- Bachler of Science (BS), Biochemistry, University of California, Berkeley
- Certificate of Clinical Research Associate (CCRA), University of California San Francisco Medical School

Reprogramming the CD47–SIRPα Axis in Cancer Immunotherapy: Clinical Validation and Next-Generation Multi-Checkpoint Engineering

重塑 CD47–SIRPα 軸線於癌症免疫治療中的角色：臨床驗證與次世代多重免疫檢查點工程設計

The CD47–SIRPα axis has long been recognized as a central innate immune checkpoint in immuno-oncology. However, early clinical programs revealed fundamental safety-efficacy constraints that limited therapeutic potential. Rather than abandoning the pathway, recent efforts have focused on rational re-engineering strategies to preserve macrophage activation while mitigating hematologic toxicity.

This symposium will review translational lessons from first-generation CD47 approaches and present emerging clinical data supporting an AI-guided, differentiated SIRPα-Fc strategy with an improved safety margin and dose-dependent antitumor activity. In addition, the session will explore how clinical validation of innate checkpoint modulation informs next-generation multi-checkpoint engineering that integrates innate and adaptive immune pathways.

The discussion aims to provide mechanistic insights and clinical perspectives relevant to the evolving immunotherapy landscape.

Paolo Antonio Ascierto, MD

Full professor of oncology University of Naples Federico II

Head, Department of Melanoma, Cancer Immunotherapy and Development Therapeutics

Istituto Nazionale Tumori IRCCCS Fondazione 'G. Pascale', Street Mariano Semmola 52, 80131 Naples, Italy

Professional Experiences

- H-Index: 115 (Source Scopus)
- Impact Factor: 8536
- More than 700 Published Papers in Peer-Reviewed Journal
- Invited speaker to more than 500 national and international scientific meeting, courses and workshops

Awards & Honors

Dec. 22, 2025	"Premio UNAMSI"(Unione Nazionale Medico Scientifica Divulgazione)
Dec. 12, 2025	"Premio per sempre Scugnizzo". Centro Congressi Università Federico II
Nov. 29, 2025	"XX Premio alla Ricerca Scientifica in Campo Oncologico" in Ricordo di Amanda Bough"
Nov. 20, 2025	"Premio Saxifraga". Federico II Napoli
Sep. 2025	"Premio Giglio Gentile"- Brusciano
Jul. 2025	"Premio Speciale Ercole de Giffoni"
Jul. 2025	PREMIO RABULA-Bellizzi (SA)

Educational Experiences (Listing only the most recent ones)

Jul. 1994	Specialty Board Certificate in ONCOLOGY Summa Cum Laude University of Naples FEDERICO II Corso Umberto I, 40 Bis, 80138 Naples (Na), Italy
Jul. 1990	Medical Degree [MD] Summa cum Laude [Medicine and Surgery] University of Naples FEDERICO II Corso Umberto I, 40 Bis, 80138 Naples (Na), Italy
Jul. 1983	Scientific High School Diploma Liceo Scientifico Statale "A. Romita",86100 Campobasso (CB), Italy

Latest Updates on CTLA-4 Blockade and Emerging Combination Strategies

Background: CTLA-4 (Cytotoxic T-Lymphocyte Antigen 4) is an inhibitory receptor expressed by T-lymphocytes, that downregulates T-cells activation. Its blockade, hence, has a crucial role in activating T lymphocytes promoting their expansion and anti-tumor effect. Anti–CTLA-4 agents represent one of the earliest classes of cancer immunotherapies developed to enhance antitumor immune responses and have been used in many different cancers, particularly melanoma.

Monotherapy: Ipilimumab is the first anti–CTLA-4 monoclonal antibody approved for clinical use. It was initially used for melanoma, but its clinical application was soon extended to lung cancer, renal cancer and many other cancer types. Along with its clinical efficacy, anti CTLA4 drugs come with a discrete percentage of adverse events. Hence, clinical research is now shifted towars innovative agents aiming to reduce the possibility of severe toxicities.

Combination strategies: Combining anti CTLA-4 agents with other immunotherapic agents has improved patients overall survival in different types of cancers, particularly metastatic melanoma. The most frequent and used combination is of anti CTLA4 and anti PD1 agents, but other possibilities have been explored in clinical trials. Among them, the triple combination of anti CTLA4, anti PD1 and anti LAG3 agents has been tested in metastatic melanoma patiens and other solid tumors, with significant results. Interesting combinations, for example with radioligands in prostate cancer, are now tested in clinical trials.

Conclusions: although anti CTLA-4 agents represent one of the more ancient drug developed in the immunotherapic landscape, their history is far to end. Combination regimens, identifying predictive biomarkers of response, and developing novel therapeutic approaches to maximize efficacy while minimizing immune-mediated toxicity represent the future of cancer research.

Jian Han, MD, PhD

Adjunct faculty investigator, HudsonAlpha Institute for Biotechnology

Founder and CSO, iRepertoire Inc.

Professional Experiences

2007–2022	Faculty Investigator, HudsonAlpha Institute for Biotechnology Founder and Chairman of the board, iRepertoire and iCubate Co-founder and CSO, Diatherix (acquired by Eurofins in 2015) Founder and CEO, Genaco Biomedical Product (acquired by Qiagen in 2006) Assistant professor, lab director, clinical molecular genetics lab at UAB

Awards & Honors

2008	Nominated for National Medal for Technology Award
2007	Wall Street Journal Technology Innovation Award
2006	Frost Sullivan Technology Innovation Award

Educational Experiences (Listing only the most recent ones)

1993	Board certification, Clinical molecular genetics
1991	PhD, Medical Genetics, University of Alabama at Birmingham
1983	MD., Suzhou Medical College

AIDeN (Adaptive Immune Defensive Network): A large Model for Adaptive immunity

Just as large language models (LLMs) transform human language into computational understanding, nature has already encoded a deeper logic—an immune language composed of receptor sequences, co-occurrence patterns, and network structures shaped by evolution. This language does not predict words. It predicts survival.

We present AIDeN—the Adaptive Immune Defensive Network—a biologically trained model that functions as a consensus reference for the adaptive immune system, much like the reference genome transformed genomics. Built from population-scale immune repertoire data and designed with network-based AI logic, AIDeN captures the structural memory of immunity across individuals.

Instead of isolated biomarkers, AIDeN learns how receptor "nodetypes" co-occur in patterns—called "linklets"—that define immune grammar. Each repertoire becomes a network fingerprint; deviations from the consensus reveal early dysfunction—before disease is clinically evident.

For pharmaceutical development, AIDeN offers new tools to enhance trial design and accelerate drug discovery. It enables:

- Identification of responders based on immune network fitness,
- Discovery of new immunological targets through structural deviation mapping,
- Faster, quantitative endpoints by tracking immune rewiring over time.

AIDeN shifts the paradigm from symptom-based classification to network-informed precision. It supports diagnostics, monitoring, and therapy optimization by evaluating immune system integrity at scale.

Where LLMs decode culture, AIDeN decodes survival. It is the immune system's own model—built by nature, revealed by data, and ready to guide the future of precision immunology and immune-guided therapeutics.

Speaker Information

03/29 Room 1002

Mary Duffy, AM, APN.Lung Cancer

TBU

Economic Toxicity in the Era of Lung Cancer Drug Development: Nursing Perspectives and Patient Care Implications

TBU

Chun-Wei Lu, MD, PhD

Consultant of Taiwan Severe Cutaneous Drug Reaction Association

Assitant professor, Department of Dermatology, Chang Gung Memorial Hospital, Linkou, Taiwan

Professional Experiences

2022–	Assitant Professor, Department of Dermatology, Chang Gung Memorial Hospital, Linkou, Taiwan
2017–	Consultant of Taiwan Severe Cutaneous Drug Reaction Association
2017–2021	Deputy secretary general of Taiwan Evidence Based Medicine Association
2017–2021	Lecture Attending, Department of Dermatology, Chang Gung Memorial Hospital, Linkou, Taiwan
2016–2017	Attending, Department of Dermatology, Chang Gung Memorial Hospital, Linkou, Taiwan
2012–2016	Resident, Department of Dermatology, Chang Gung Memorial Hospital, Linkou, Taiwan

Awards & Honors

2021	2021 台灣創新技術博覽會金獎
2020	2020 林口長庚研究成果臨床應用獎勵第二名 WCD Rising Star Scholarship award of the Scholarship Committee of the 24th World Congress of Dermatology Feature poster award of the Free Communications Committee of the 23rd World Congress of Dermatology Scholarship award of the Scholarship Committee of the 23rd World Congress of Dermatology

Educational Experiences (Listing only the most recent ones)

2017	Candidate of PhD, Graduate Institute of Clinical Medical Science of Chang-Gung University
2004–2011	MD, School of Medicine, Medical School of Tzu Chi University

From Prevention to Intervention: Comprehensive Nursing Strategies for Amivantamab-Related Skin Adverse Events

Dermatologic adverse events are commonly encountered during targeted therapy and often affect patients' comfort, adherence to treatment, and overall quality of life. Based on insights from the COCOON study, we aim to share how early, structured skin care can play a meaningful role in preventing the progression of skin reactions and reducing treatment interruptions.

We focus on the importance of initiating skin care from the start of treatment, rather than after visible symptoms have developed. Drawing from dermatology practice and the principles highlighted in the COCOON study, we review the mechanisms and typical clinical features of EGFR-related skin reactions, and translate them into practical skin care measures that can be applied in daily nursing care, including gentle cleansing, appropriate moisturization, sun protection, and avoidance of common skin irritants.

We also highlight the pivotal role of nurses in early recognition of skin changes, patient education, and timely communication with the healthcare team. Through shared understanding and consistent skin care practices, we work together to support treatment tolerance and continuity of care.

Nicholas Szewczyk, APRN, MSN, ANP-C

Advanced Practice Registered Nurse at University of Texas MD Anderson Cancer Center; Department of Stem Cell Transplantation and Cellular Therapy, Houston, Texas USA.

Professional Experiences

- Over twenty years of Oncology, Stem Cell Transplantation, and Cellular Therapy experience including Multiple T-Cell therapies; including CAR-T, CTLs, NK Cell, and Mesenchymal Cell therapies.
- Initiated an Enhance Recovery Program with Stem Cell Transplant (ER-SCT) program addressing patients high risk for Non-relapse mortality due to frailty.
    - Co-Authored medical journal articles related ER-SCT including Transplant and Cellular Therapy, American Journal of Physical Medicine & Rehabilitation, JCO Oncology Practice, and Cancer Nursing.
- Serving as US Chair for Japan Team Oncology Program (JTOP) from 2022–2026: Addressing International Multidisciplinary Team dynamics to innovate and improve oncologic patient care
- Invited Nursing Mentor for Taiwan Team Oncology Program (TTOP) 2021–2025.
- Vice Co-chair Advanced Practice Provider Subcommittee for the International Society of Cellular Therapy (ISCT) 2017–2021

Awards & Honors

- Professional Development Model (PDM) (2021). Excellence Award, MD Anderson Cancer Center, Houston, TX.
- Daisy Foundation /Patrick Barnes Grants for Nursing Research and Evidenced-Based Practice Projects 2010–2013.

Educational Experiences (Listing only the most recent ones)

2004	Masters of Science Nursing, University of Texas Health Science Center Houston School of Nursing; Houston, TX, USA
1998	Bachelor of Science Nursing; University of Rochester School of Nursing, Rochester, NY, USA

Case Management Strategies and Experiences for the Comprehensive Care of Hematologic Malignancy Patients Before, During, and After Chimeric Antigen Receptor (CAR) Cell therapies.

The role of Chimeric Antigen Receptor (CAR) T Cell and cellular immunotherapies in 21st century has proven effective in treatment for many refractory hematologic malignancies. As these therapies become more widely available, it is vital that health care systems design effective multidisciplinary teams able to quickly recognize toxicities from these cellular infusions. Potential side effects of these therapies including Cytokine Release Syndrome (CRS) and Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS). Both complications requires quick intervention in order to minimize high rates of morbidity and mortality associated with advanced grades of these severe toxicities if not recognized and treated early. In addition, it is important for all members of the health care team to monitor early patients who may be at higher risk for severe toxicities from CAR T therapy as well as follow up on potential long-term complications associated with CAR T and cellular immunotherapies.

During this oncology nursing section of the WIC-APAC conference, will discuss experiences in managing patients undergoing CAR cell related therapies including CAR-T. From the time of Cell collection during apheresis, through chemotherapy preparative regimen and cellular therapy infusions, immediate post CAR cell Infusion, and long term post cell infusion monitoring, proper education of all team members along with patient and their families is essential. This discussion will help nurses and audience members in attendance to help improve patient outcomes undergoing these immunotherapies.

Hsiu-Ling Yang, RN

Oncology Nursing Quality Management Specialist, National Taiwan University Hospital, Taipei, Taiwan

Professional Experiences

- Oncology and Hematology Nursing
- Patient Safety and Risk Management
- Chemotherapy and Infusion Safety
- Cellular Therapy and CAR-T Nursing Care
- Symptom Management in Cancer Patients
- Clinical Education and Nursing Training
- Evidence-Based Nursing Practice

Awards & Honors

2025	Merit Award, Creative Work Competition, Taipei Nurses Association and National Nurses Association
2022	Merit Award, Educational Material Design Competition, Department of Nursing, National Taiwan University Hospital
2019	Recognized as an Outstanding Nurse, Oncology Nursing Society of Taiwan
2018	Outstanding Clinical Nursing Educator Award, Department of Nursing, National Taiwan University Hospital
2018	National Quality Award for the oncology case management team project *"Seamless, Comprehensive Care,"* with specific recognition for achievements in oral mucositis care outcomes
2016	Ciyue Team Award for Excellence in Oncology Case Management Nursing
2012	Bronze Award, Evidence-Based Nursing Seed Teacher Training Competition
2010	Recognized as a Distinguished Nurse, Taipei Nurses Association

Educational Experiences (Listing only the most recent ones)

Master of Science in Pediatric Nursing, National Taiwan University

Assessment and Nursing Management of Immune Toxicities After CAR-T Therapy in Pediatric

Chimeric antigen receptor T-cell (CAR-T) therapy has revolutionized the treatment landscape for pediatric patients with refractory or relapsed hematologic malignancies. Despite its curative potential, the emergence of unique immune-related toxicities—specifically **Cytokine Release Syndrome (CRS)** and **Immune Effector Cell–Associated Neurotoxicity Syndrome (ICANS)**—presents significant clinical hurdles that demand specialized nursing expertise.

Drawing on recent clinical insights and international standards, this presentation explores the comprehensive nursing framework for managing these toxicities in children. We prioritize **proactive surveillance** through structured assessment tools, including the **ASTCT grading system** and pediatric-specific neurological scales (e.g., **CAPD**). Key nursing responsibilities highlighted include the interpretation of rapid laboratory trends (such as ferritin and cytokine markers), continuous hemodynamic monitoring, and the nuanced detection of subtle behavioral changes in younger patients.

Effective management strategies will be discussed, with a focus on risk-based nursing interventions, timely use of tocilizumab or corticosteroids, and clear escalation-of-care protocols. This session also highlights the nurse's key role in family-centered care by addressing caregivers' psychosocial stress and supporting them as active partners in symptom observation and reporting. Through evidence-based practice and real clinical case examples, this presentation aims to strengthen pediatric nurses' ability to enhance patient safety, reduce complications, and improve quality of life for children receiving CAR-T therapy.

Ching-Tso Chen, MD

Medical Oncologist, Department of Oncology, National Taiwan University Hospital Hsin-Chu Branch

Professional Experiences

2021–	Medical Oncologist, Department of Oncology, National Taiwan University Hospital Hsin-Chu Branch
2018–2021	Fellowship, Department of Oncology, National Taiwan University Hospital
2016–2018	Resident, Department of Internal Medicine, National Taiwan University Hospital
2015–2016	Post-gradual year resident, National Taiwan University Hospital
2013–2014	Intern, National Taiwan University Hospital

Awards & Honors

2024	TJCC Poster Presentation Excellence Award
2019	ESMO Asia Poster Presentation Merit Award

Educational Experiences (Listing only the most recent ones)

2006–2013	MD, Department of Medicine, Taipei Medical University

Multi-Target Inhibition and Its Expanding Role in Cancer Therapy: Lessons from HCC and Beyond

The therapeutic landscape of oncology has evolved rapidly with the integration of molecular targeted agents, immunotherapies, and emerging novel treatments. In Hepatocellular Carcinoma (HCC), these advances have significantly reshaped clinical practice and improved patient outcomes. Nevertheless, primary and acquired resistance to immunotherapy (IO) remains a major unmet challenge, highlighting the need for effective post-IO treatment strategies.

This session focuses on the expanding role of multi-target inhibition as a rational approach to overcoming treatment resistance, using HCC as a key model while extending insights across tumor types. We will first explore the mechanistic rationale of multi-target Tyrosine Kinase Inhibitors (MKIs), emphasizing the biological significance of MET and AXL signaling. Beyond direct tumor cell inhibition, these pathways play critical roles in angiogenesis, tumor microenvironment remodeling, and immune evasion. Targeting MET/AXL-driven escape mechanisms may therefore help mitigate resistance and potentially restore immune sensitivity.

With the mechanistic foundation, we will examine current clinical evidence supporting the application of MKIs in HCC patients following IO failure. Updated evidence and real-world clinical experience will be discussed, highlighting practical considerations for treatment sequencing, dose optimization, and patient selection in daily practice. These insights aim to bridge the gap between clinical trial evidence and real-world decision-making.

Beyond HCC, we'll explore the cross-tumor relevance of multi-target inhibition, including the established efficacy in Renal Cell Carcinoma (RCC) and Differentiated Thyroid Cancer (DTC), and emerging data in Neuroendocrine Tumors (NETs). Collectively, it illustrates the versatility of MKIs and underscore their evolving role in modern oncology.

Nai-Jung Chiang, MD, PhD

Department of Oncology, Taipei Veterans General Hospital

Assistant Professor, School of Medicine, National Yang Ming Chiao Tung University

Adjunct National Institute of Cancer Research, National Health Research Institutes

Professional Experiences

Mar. 2022–	Attending Physician, Department of Oncology, Taipei Veterans General Hospital Adjunct Assistant Investigator & Attending physician, National Institute of Cancer Research, NHRI
Apr. 2020– Feb. 2022	Assistant Investigator & Attending physician, National Institute of Cancer Research, NHRI Attending physician, Department of Oncology, National Cheng Kung University Hospital

Awards & Honors

2011	Board of Hospice Palliative Medicine & Board of Hematology
2010	Board of Medical Oncology
2008	Board of Internal Medicine

Educational Experiences (Listing only the most recent ones)

Sep. 2014– Jul. 2020	PhD, Institute of Clinical Medicine, College of Medicine, National Cheng Kung University
Aug. 1998– Jul. 2005	MD, National Defense Medical University, Taipei, Taiwan

Establishing Best Practice for First-Line Immunotherapy in ESCC

The optimal first-line treatment strategy for advanced esophageal squamous cell carcinoma (ESCC) has evolved rapidly with the introduction of immune checkpoint inhibitors. Recent phase III trials have demonstrated that combining PD-1 inhibitors with platinum-based chemotherapy significantly improves overall survival and response rates compared with chemotherapy alone, particularly in patients with higher PD-L1 expression. Establishing best practice requires integrating clinical trial evidence, real-world experience, and individualized patient factors to optimize efficacy, safety, and long-term outcomes in frontline ESCC treatment.

Chia-Lun Chang, MD

TBU

Supporting Cancer Patient Survivors through their Journey: Experience Sharing

TBU

適應症：

- 適用於治療先前已接受兩次以上全身性治療無效(其中一次需為治療晚期疾病)之無法切除的局部晚期或轉移性的三陰性乳癌成年病人。
- 適用於治療患有無法切除的局部晚期或轉移性的荷爾蒙受體(HR)陽性、人類表皮生長因子受體2 (HER2)陰性(IHC 0、IHC 1+或IHC 2+/ISH-)乳癌，過去曾接受至少2次轉移性乳癌全身性治療的成年病人。

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NSCLC 2L

非小細胞肺癌 二線治療

作為單一療法，適用於接受含鉑化學治療後疾病惡化，且不具有 EGFR 或 ALK 腫瘤基因異常之局部晚期或轉移性非小細胞肺癌 (NSCLC) 成人病人。

ESCC 2L PD-L1 ≥1%

食道鱗狀細胞癌 二線治療

作為單一療法，適用於先前接受含鉑化學治療後疾病惡化，無法手術切除之局部晚期或轉移性食道鱗狀細胞癌 (ESCC)，且腫瘤表現 PD-L1 ≥1% 之成人病人。

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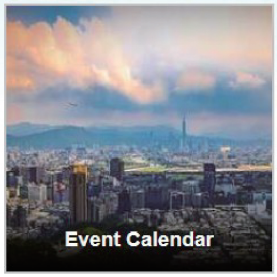

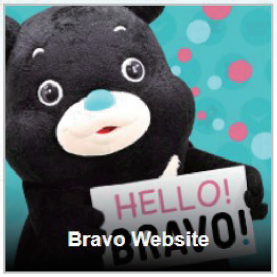

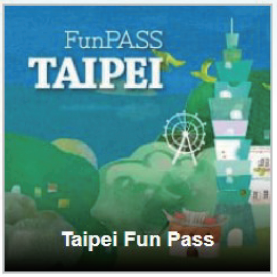


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