



International
Oncology Symposium

4 November 2023

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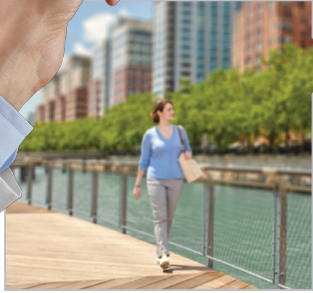




For Appropriate Patients With Breast or Gynecologic Cancer

A Key to More Possibilities for Treating Your Women's Cancer Patients

KEYTRUDA
(pembrolizumab) Injection 100 mg



TRIPLE-NEGATIVE BREAST CANCER



KEYTRUDA is indicated for the treatment of patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.

KEYTRUDA, in combination with chemotherapy, is indicated for the treatment of locally recurrent unresectable or metastatic TNBC in adults whose tumors express PD-L1 with a CPS ≥ 10 and who have not received prior chemotherapy for metastatic disease.

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KEYTRUDA, in combination with chemotherapy, with or without bevacizumab, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer whose tumors express PD-L1 (CPS ≥ 1) as determined by a validated test.



ENDOMETRIAL CANCER WITH MICROSATELLITE INSTABILITY-HIGH (MSI-H) OR MISMATCH REPAIR DEFICIENT (dMMR)



KEYTRUDA is indicated for the treatment of adult patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options.

PD-L1 = programmed death ligand 1; CPS = combined positive score.

Selected Safety Information (SSI) for KEYTRUDA (pembrolizumab): **Contraindications:** None. **Precautions:** • Immune-mediated pneumonitis • Immune-mediated colitis • Immune-mediated hepatitis and hepatotoxicity • Immune-mediated endocrinopathies • Immune-mediated nephritis and renal dysfunction • Immune-mediated Dermatologic Adverse Reactions • Other immune-mediated adverse reactions • Infusion-related reactions (including hypersensitivity and anaphylaxis) • Complications of allogeneic HSCT in patients after or prior to treatment with KEYTRUDA® treatment • Increased mortality in patients with multiple myeloma when KEYTRUDA® is added to a thalidomide analogue and dexamethasone • Embryo-fetal toxicity **Adverse Events:** Most common adverse reactions (reported in $\geq 20\%$ of patients) were: • KEYTRUDA® as a single agent: fatigue, musculoskeletal pain, rash, diarrhoea, pyrexia, cough, decreased appetite, pruritus, dyspnea, constipation, pain, abdominal pain, nausea and hypothyroidism, • KEYTRUDA® in combination with chemotherapy: fatigue/asthenia, nausea, constipation, diarrhoea, decreased appetite, rash, vomiting, cough, dyspnea, pyrexia, alopecia, peripheral neuropathy, mucosal inflammation, stomatitis, headache, weight loss, abdominal pain, arthralgia, myalgia, and insomnia, • KEYTRUDA® in combination with chemotherapy and bevacizumab: peripheral neuropathy, alopecia, anaemia, fatigue/asthenia, nausea, neutropenia, diarrhoea, hypertension, thrombocytopenia, constipation, arthralgia, vomiting, urinary tract infection, rash, leukopenia, hypothyroidism, and decreased appetite. • KEYTRUDA® in combination with axitinib: diarrhoea, fatigue/asthenia, hypertension, hepatotoxicity, hypothyroidism, decreased appetite, palmar-plantar erythrodysesthesia, nausea, stomatitis/mucosal inflammation, dysphonia, rash, cough, and constipation. • KEYTRUDA® in combination with lenvatinib: hypothyroidism, hypertension, fatigue, diarrhoea, vomiting, stomatitis, weight loss, abdominal pain, urinary tract infection, proteinuria, constipation, headache, hemorrhagic events, palmar-plantar erythrodysesthesia, musculoskeletal disorder, decreased appetite, nausea, dyspnea, rash, hepatotoxicity, and acute kidney injury.

To access the full SSI please scan the QR code below



For detailed precautions and adverse events, please consult the full prescribing information.

References: 1. KEYTRUDA® (pembrolizumab) [package insert], Hong Kong, MSD, 2023.



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HK-KEY-00711 OCT/2023

KEYTRUDA
(pembrolizumab) Injection 100 mg

Chairman of the Organizing
Committee, 10th HKIOS
Joseph Siu-Kie AU



President's Message

It is my great pleasure to welcome you all to the 10th annual Hong Kong International Oncology Symposium. This year, we are proud to feature international multidisciplinary participation from patient groups, Chinese medicine practitioners, clinicians, and scientists. Our symposium will focus on the integration of Chinese and Western medicine, engagement of patients, new potential applications of biomarkers, promising emerging new diagnostics and therapeutics, proton therapy, cancer screening, and updates in clinical management of common cancers.

Over the past decade, our symposium has been able to highlight all the important advances in oncology research, with the aim of accelerating the application of laboratory science to clinical practice. This year's symposium promises to be another exciting event, with an impressive lineup of speakers and thought-provoking discussions.

I look forward to engaging with all of you as we explore the latest developments in oncology research and clinical practice. Thank you for joining us and I wish you all a fruitful and enjoyable symposium.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph Siu-Kie AU', enclosed in a light blue rounded rectangular box.

Joseph Siu-Kie AU
Chairman, Organizing Committee
President of Hong Kong Precision Oncology Society
President of Hong Kong Lung Cancer Study Group

1:30pm - 2:00pm

Opening

Joseph Siu-Kie Au President, Hong Kong Precision Oncology Society and Hong Kong Lung Cancer Study Group

Ramesh Rengan Peter Wootton Professor and Chair
Department of Radiation Oncology | UW Medicine
Senior Vice President
Fred Hutchinson Cancer Center

Stephen Law Immediate Past President, Hong Kong College of Radiologists

Mitchell Liu Clinical Professor of Radiation Oncology, Vancouver Center, BC Cancer Agency

Feng-Ming Spring Kong Clinical Professor, University of Hong Kong
President, Global Collaborative Oncology Group

Ka-Kai Tong CEO, Hong Kong Integrated Oncology Centre

郭岳峰 香港註冊中醫學會腫瘤專業委員會主任委員

申維璽 深圳市抗癌協會，南方醫科大學深圳醫院

趙宗傑 香港中醫科學院

周海倫 廣東省人民醫院，廣東省醫學科學院，瀋江西省肺癌研究所所長

車旭 中國醫學科學院腫瘤醫院肝膽外科主任

徐舒 中國科學院大學深圳醫院腫瘤科主任

鄧光紅 香港天佑醫學研究院

鄺清友 南方醫科大學深圳醫院泌尿科主任

魏明輝 中國醫學科學院腫瘤醫院泌尿外科主任

Cancer survivorship sharing and patient engagement (Chair: Dr. Joseph Au)

2:00pm - 2:15pm

Global cancer survivors network

Mary Wong-Hemrajani Chairman of Global Chinese Breast Cancer Organizations Alliance

2:15pm - 2:30pm

綜合癌症病人自助組織服務

陳偉傑 同路人同盟主席

Plenary lectures (Chair: Dr Stephen Law, Dr William Cho)

2:30pm - 3:00pm

Proton Therapy and immunotherapy

Ramesh Rengan Peter Wootton Professor and Chair
Department of Radiation Oncology | UW Medicine
Senior Vice President
Fred Hutchinson Cancer Center

3:00pm - 3:20pm

Precision Oncology Guideline and Consensus in Greater Bay Areas

Aya Et Helali University of Hong Kong

3:20pm - 3:40pm

The promises and challenges of tumour-targeted replicating oncolytic viruses for treatment of human solid tumours

Professor Yaohe Wang Cancer Research UK Barts Centre, UK

3:40pm - 4:00pm **中醫在癌症治療中的地位和作用**

郭岳峰 香港註冊中醫學會腫瘤專業委員會主任委員

4:00pm - 4:10pm

Introduction to Blood-based colorectal cancer screening

Dr Suyog Jain Associated Medical director, Guardant Health

4:10pm - 4:30pm

Multicancer early detection (MCED) blood testing for Asia: achieving earlier detection

Min-Han Tan Founder, CEO and Medical Director of Lucence Group

Advances in clinical management 1 (Chair: Dr Joseph Siu-Kie Au, Dr. Peter So)

4:50pm - 5:20pm

Can cancers with oligo-metastases be cured?

Mitchell Liu Clinical Professor of Radiation Oncology, Vancouver Center, BC Cancer Agency

5:20pm - 5:35pm

Immunotherapy for metastatic non small cell lung cancer

Ashley Cheng Clinical Director of Oncology, CUHK Medical Centre

5:35pm - 5:50pm

Combination of Radiotherapy and Immunotherapy: Would Radiation Technology Help Improve Treatment Outcome in Solid Cancers?

Feng-Ming Spring Kong President, Global Collaborative Oncology Group

5:50pm - 6:05pm

癌症精準治療的最高境界

袁冰教授 香港註冊中醫學會腫瘤專業委員會副主任委員

Advances in clinical management 2 (Chair: Dr Inda Soong, Dr. Carol Kwok)

6:05pm - 6:20pm

Advances in HR Positive Breast Cancer Management.

Anna Tai Clinical Oncology Specialist, Heal Oncology

6:20pm - 6:35pm

Epigenetic landscape of breast cancer for identifying novel subtype-specific therapeutic paradigms.

Rebecca Chin Associate Professor, Department of Biomedical Sciences, City University of Hong Kong

6:35pm - 6:50pm

乳腺癌中醫治療

曹克儼博士 香港註冊中醫學會腫瘤專業委員會副主任委員

6:50pm - 7:05pm

Immunotherapy and targeted therapy for Renal Cell Carcinoma

Philip Kwong Consultant, Hong Kong Integrated Oncology Centre

7:05pm - 7:20pm

Advances in Prostate Cancer Management

Martin Lam Consultant, Hong Kong Integrated Oncology Centre



Ms. Mary Wong-Hemrajani

Chairman of Global Chinese Breast Cancer Organizations Alliance.



Biography

Mrs. Mary Wong-Hemrajani is the current Chairman of the Global Chinese Breast Cancer Organizations Alliance (GCBC). She is also a breast cancer survivor. She has over 30 years' experience in management and finance and served as Chief Executive Officer for several multinational companies before devoting her full time to volunteer work to support breast cancer patients. She was named "Survivor of the Year" and received the "Achieved Award" by Susan G. Komen, USA, for outstanding performance & service to promote education, patient support, and screening of Breast Cancer in 2017. In 2021, she was nominated to be a panelist for the Breast Cancer Imitative Working Group of the World Health Organization (WHO). 2022, she was invited to be council member of the Global Breast Cancer Council.

She was educated in Hong Kong and continued her university degree from USA. After becoming a volunteer, she completed the Courses on "Personal Psychology & Mental Health Counselling Skills" from the Chinese University of Hong Kong, Master Course on "Strengthening Capacity of Patients Group" and "Patients Engagement for Better Cancer Control, Multisectorial Approach" from the Union International Cancer Control, UICC, Switzerland.

In 2017, Mary initiated the Pink Angels service, a free service where "Pink Angel" breast cancer survivors accompany patients through treatment offering peer support and encouragement. During the COVID Pandemic, she developed a series of online support for breast cancer patients and promoted the "Pink Academy", an online workshop to raise breast cancer awareness and promote breast health and positive survivorship.

Abstract

Global cancer survivors network

Cancer survivorship is a unique journey for every patient. It refers to the period where one is living with or beyond cancer. It is a time when survivors may face various physical, emotional, and practical challenges and need support.

Global network in cancer survivorship plays a vital role in providing resources, knowledge, and support to survivors. It serves as a platform for survivors to connect with each other from different countries, cultures, and backgrounds, fostering a sense of community and understanding.

One of the key benefits of global network is the ability to share experiences, find comfort, gain insights and learn from others who have walked a similar path. Survivors can exchange information about treatment options, side effects, coping strategies, and support services that may be available in different regions. This sharing of knowledge can help survivors make more informed decisions about their own care and well-being.

Global cancer survivors network also opens up opportunities for collaboration and research. By connecting survivors, healthcare professionals, and researchers from various countries, valuable insights can be gained, leading to advancements in cancer prevention, treatment, and survivorship. Collaborative efforts can help identify patterns, trends, and best practices that can benefit survivors across the globe.

Through global networking, survivors can access a wider range of resources. Online platforms, forums, and social media communities enable survivors to connect with others, share stories, ask questions, and offer support. Many organizations also host international conferences, workshops, and events that bring survivors together to learn, inspire, and empower one another.

Furthermore, global network raises awareness and patients' voices. It plays a crucial role in advocating for the right and needs of cancer survivors on a global scale. It helps break down barriers, reduce stigma, and promote understanding and empathy. By connecting survivors from diverse backgrounds, it fosters a sense of unity and solidarity, reminding everyone that cancer does not discriminate and that everyone deserves support and compassion.

In conclusion, global cancer survivors' network is vital in providing support, information, advocacy, research opportunities, and empowerment to individuals who have battled cancer. It helps to improve the quality of life for survivors and contribute to advancements in cancer care globally.

陳偉傑

同路人同盟主席



個人簡歷

CHAN wai kit 陳偉傑 今年63歲

1998年尾確診急性骨髓白血病 AML，3個月內接受了3次化療療程。

1999年年頭出院。

1999年加入心血會。

2007年開始幫心血會做義工。

2008-2009年任心血會第十二屆幹事。

2008-2015年在威爾斯親王醫院任分享會義工、病房探訪義工和講座義工。

2008-2012年加入長期病患者關注醫療改革聯席。

2009-2010年任心血會第十三屆主席。

2010-2011年任心血會第十四屆主席。

2011-2012年任心血會第十五屆幹事。

2011-2015年開拓心血會瑪嘉烈醫院病房探訪服務、分享會和講座。

2013-2015年加入香港病人組織聯盟義工。

2013-2015年加入創域會義工。

2014年醫管局檢討公眾論壇爭取免費提供希克文導管袋和同路人病房探訪服務。

2015年成功爭取全港腫瘤科醫院免費提供希克文導管袋。

2016年成功爭取威爾斯親王醫院同路人病房探訪服務。

2016年加入威爾斯親王醫院同路人病房探訪義工。

2015-2017年任創域會幹事。

2015年展開創域會在威爾斯親王醫院任分享會服務。

2015-2017年任入香港病人組織聯盟外務副主席。

2015年再加入長期病患者關注醫療改革聯席。

2017年成立同路人同盟綜合癌症病人自助組織。

2017-2021任第一屆、第二屆主席。

2022-2023任第三屆秘書。

2023-2024第四屆主席。

摘要

同路人同盟主席陳偉傑。同路人同盟是一個綜合癌症病人自助組織。是由一群香港癌症病人及家屬組成之義工團隊，以同路人身份為協助香港癌症病患者及照顧者面對癌病的困擾，向香港癌症病患者及照顧者提供關顧分享服務，一切相關活動皆為非牟利性質。

本會的宗旨：

凝聚香港癌症病患者及其照顧者為病友分享及交流經驗；教育癌症病患者認識癌症和病人合理權益。

本會主要服務：

舉辦病科講座、病友分享會、醫院病房探訪、電話分享和反映意見。

就病人的視角，如何優化癌服務建議如下：

1. 對抗肺癌要「早發現早治療」，建議政府推出肺癌低劑量電腦斷層掃描 (LDCT) 篩查先導計劃。
2. 加快入藥，入藥CCP需求減至一張。
3. 容許藥廠預先引入尚未在香港註冊藥物作指定病人用藥計劃之用。讓急需藥病友可以盡快有藥用。
4. 設立「抗癌藥綠色通道」。
5. 成立「官商民眾籌基金」，成為撒瑪利亞基金及關愛基金之後，一個藥物資助基金，幫助有經濟需要的病友。
6. 爭取設立「大灣區抗癌藥綠色通道」。

The role of proton beam
radiotherapy in solid tumors

Ramesh Rengan, MD, PhD, FASTRO

Peter Wootton Professor and Chair

Department of Radiation Oncology | UW Medicine

Senior Vice President

Fred Hutchinson Cancer Center



Biography

Dr. Ramesh Rengan is currently Peter Wootton Professor and Chair in the Department of Radiation Oncology at the University of Washington School of Medicine and Professor as well as Senior Vice President at the Fred Hutchinson Cancer Center Division of Radiation Oncology. His clinical interests include thoracic malignancies, melanomas (including ocular melanoma), renal cell carcinoma, and prostate cancer. Additionally, he has clinical expertise in the use of proton beam therapy in the management of localized and locally advanced solid tumors. His current research focuses on approaches to improve the therapeutic ratio in solid tumors to ionizing photon or proton radiation. His active area of current research is in pre-clinical and clinical strategies to utilize radiation to trigger an anti-tumor immune response in patients with advanced solid malignancies. He also has an interest in healthcare disparities and expanded access to radiation treatment in low-resource environments.

Abstract

An area of intense scientific interest is in the exploration of the role of particle beam therapy to widen the therapeutic ratio for solid tumors. Multiple studies have demonstrated the importance of toxicity reduction in curative management of cancer and also demonstrated the feasibility of proton therapy to reduce toxicity in the combined modality setting. This presentation will focus on the utilization of proton therapy where our therapeutic window is most narrow with solid tumors. Finally, we will discuss future initiatives aimed at trying to determine the potential role of proton beam in this new era of cancer immunotherapy.

Precision Oncology Guideline and Consensus in Greater Bay Areas

Aya El Helali,

University of Hong Kong



Biography

Dr. Helali is a distinguished Clinical Assistant Professor at the Department of Clinical Oncology, Li-Ka Shing Faculty of Medicine, University of Hong Kong. She earned her Medical degree with first-class honors and gold medals in Surgery and Research from the National University of Ireland Galway in 2008.

Later, she was awarded the prestigious Sir Allen McClay Clinical Research Fellowship at the Stratified Medicine Group, leading to her Ph.D. from Queen's University Belfast in 2018. Dr. Helali's research primarily focuses on stress-activated kinases, biomarker development, and early drug development. Her expertise in translational research, cancer genomics, and biomarker development has made her a respected Medical Oncologist and Physician-Scientist.

She specializes in neuro-oncology, melanoma, and GI tract cancers, and she serves as the principal investigator for several groundbreaking biomarker-driven first-in-human and early-phase trials. In addition to her research contributions, Dr. Helali is the President of the Hong Kong Neuro-Oncology Society, where she actively promotes advancements in the field.

Her dedication to improving patient outcomes and exceptional leadership skills have solidified her reputation as a prominent figure in clinical oncology. Dr. Helali's exceptional academic background, commitment to research, and extensive experience make her a valuable asset to the medical community. Her contributions to biomarker development, cancer genomics, and translational research have established her as a clinician and researcher in her field.

Abstract

Precision oncology has become an essential part of cancer care, with next-generation sequencing comprehensive genomic panels (NGS CGPs) playing a crucial role. However, implementing NGS CGPs and delivering precision oncology in different geographical regions comes with significant challenges and limitations. To address this, a Precision Oncology Working Group (POWG) was established to formulate a strategy for implementing precision oncology in the China Greater Bay Area (GBA). The POWG identified key areas for the development and implementation of precision oncology in the region and reached a consensus in six key statements, which include harmonization of reporting and quality assurance of NGS, molecular tumor board, and clinical decision support systems for PO, education and training, research and real-world data collection, patient engagement, regulations, and financial reimbursement of PO treatment strategies, and clinical recommendations and implementation of PO in clinical practice. In summary, the POWG has formulated an evidence-based strategy for implementing precision oncology in the China GBA. Through their consensus statements, the POWG aims to standardize the clinical application of NGS CGPs, enhance the interpretation of genomic alterations, and align actionable mutations with targeted therapies. By doing so, they strive to deliver high-quality, evidence-based care to cancer patients, ultimately improving patient outcomes in the region.

The promises and challenges of tumour-targeted replicating oncolytic viruses for treatment of human solid tumours

Prof. Yaohe Wang

Queen Mary university of London University, UK



Biography

Dr. Yaohe Wang is a Professor of Cancer Cell and Gene Therapy and the Head of Cancer Viro-immunotherapy Laboratory at Barts Cancer Institute, Queen Mary University of London. He is also the chief founder and CSO of VacV Biotherapeutics Ltd, which is a recently established Queen Mary University of London-associated spinout Company. The major research interest in his Lab is to develop novel cancer therapeutic agents and regimens using their unique adenovirus and vaccinia virus vector platform and novel animal models. His lab has made several original contributions to the field of cancer viro-immuno-therapy and has been granted seven patents, with a substantial track record of more than 100 publications in prestigious scientific journals such as "Nature Biotechnology" etc.. He serves as Editorial Board Member for several pioneer-reviewed Journals and also as a referee for International Founding organizations and Journals. Professor Wang's long-term research aim is to develop more effective cancer cell and gene therapies based on the genetically engineered oncolytic virus platform, and the combination of oncolytic viruses with personalized cancer-vaccine and CAR-T therapy, for prevention and treatment of human cancer, and advance them into clinical testing.

Abstract

Following our better understanding of cancer biology and cancer immunity, vast array of immunotherapeutic agents for the treatment of cancer have been developed. Viruses that can selectively infect and destroy cancer cells, known as oncolytic viruses (OVs), are a promising new class of therapeutics for cancer, with having four OV's approved as new drugs for cancer treatment. However, current oncolytic virotherapy is unable to produce a long-term cure in patients, and the treatment has to be delivered directly into the tumour - a route that is not feasible for deeply embedded tumours, or tumours that have spread around the body. In this talk, the speaker will present how to develop next generation of oncolytic viruses to cure cancer, and the promising clinical application of the 4th generation of tumour-targeted replicating adenovirus in the treatment of human tumours. Furthermore, the speaker will present a novel intravenously deliverable oncolytic vaccinia virus to treat pancreatic cancer and colorectal cancer with liver metastasis. The speaker will also discuss some of the challenges associated with oncolytic virus therapies, and future perspectives in this evolving field.

中醫在癌症治療中的地位和作用

郭岳峰

香港註冊中醫學會腫瘤專業委員會主任委員

中醫臨床腫瘤學專家

香港中醫藥管理委員註冊中醫師(004998)



個人簡歷

自1987年7月以來，曾在河南省中醫研究院附屬醫院、河南中醫學院第二附屬醫院工作，歷任住院醫師、主治醫師、副主任醫師（副教授）、主任醫師（教授）。2003年2月至2005年8月作為訪問學者在香港大學專業進修學院中醫藥學部工作，擔任客座助理教授。2005年9月~2014年1月香港浸信會大學中醫藥學院一級講師(2005年9月~2012年9月)、高級講師(2012年9月~2014年1月)。2014年1月~香港仲景堂中醫綜合診療中心主任中醫師。發表學術論文30餘篇，出版專書10部(包括《腫瘤病診療全書》、《中西醫結合腫瘤診療大全》、《戰勝腫瘤—中醫調理與食療》、《戰勝哮喘與呼吸道疾病》、《戰勝結腸炎》《婦科病-中醫治療與調理》、《婦科病中西醫診治實戰速查》、《風濕病-治療與中醫調養》等。

摘要

中醫在癌症的治療過程當中具有重要的地位和作用，整體調理，適應性強，對人體有扶正培本的作用，副作用小不會對人體造成進一步的傷害，遠期療效較為滿意。與西醫的手術化療，放療標靶和免疫治療相配合，可以起到增效減毒的作用。概括的講：可以緩解症狀，減輕痛苦，提升患者的生活質量，延長存活時間。

Multicancer early detection (MCED) blood testing for Asia : achieving earlier detection

Min-Han TAN, MBBS, FRCP Edin, FAMS, PhD

*Chief Executive Officer and Medical Director
Lucence Group*



Biography

Dr. Tan Min-Han is the founding CEO and Medical Director of Lucence Health, a medical company that delivers liquid biopsy testing for earlier cancer detection in patients. Lucence operates twin CAP and CLIA laboratories in Singapore and Palo Alto, and is the first and only Asian-headquartered healthcare company to receive United States Medicare national insurance coverage for its technology services. Lucence has supported LIQUIK, a landmark study as the world's only head-to-head prospective multicenter study evaluating liquid biopsy in cancer care.

Dr Tan is a medical oncologist and clinical cancer geneticist who graduated from the National University of Singapore (1998), trained at the National Cancer Center Singapore and the Cleveland Clinic, and completed a PhD in molecular epidemiology and biostatistics at the Karolinska Institute and National University of Singapore. He led a research laboratory at the Agency of Science, Technology and Research (A*STAR) from 2011, focusing on liquid biopsies, eventually founding Lucence as a spin-off company in 2017.

Dr Tan has contributed over 100 publications in journals including Nature, Science Translational Medicine, and Cancer Cell. Highlights include the development of mirror barcode chemistry to achieve an accuracy beyond the error threshold of 1 in a million bases, to support multicancer early detection (MCED) blood tests

Abstract

Asia is facing a cancer tsunami in the next 30 years, with an aging population and lifestyle changes. Over 8 million new cancer cases occur in Asia annually, with the majority presenting in late stage. 78% of cancer-related deaths occur in cancers that lack effective screening methods. Compliance with traditional screening methods like mammograms are low, and availability of screening resources are limited, with limited resources to handle false positives. There is a need for accurate, accessible, and affordable approaches for earlier cancer detection, when it is most treatable. Multi-cancer early detection (MCED) blood tests are now commercially available for use in addition to traditional screening methods to address the gaps described above. This talk will discuss the development of Asia-based MCED testing to address the upcoming cancer challenges in Asia.

Can We Cure Oligometastatic Disease ?

Mitchell C.C. Liu, MDCM, FRCPC

*Clinical Professor of Radiation Oncology at
Vancouver Center, BC Cancer Agency*



Biography

Mitchell C.C. Liu, MDCM, FRCPC is a Clinical Professor of Radiation Oncology at Vancouver Center, BC Cancer Agency. Dr. Liu completed his radiation oncology residency at McGill University and a radiation oncology fellowship at Massachusetts General Hospital in Boston. He is currently the Lung Radiation Oncology Site Director and SABR Working Group Lead at Vancouver BC Cancer. Dr. Liu is an expert in multi-site SABR (Lung, GI, Spine/Bone , Oligomets , etc) and co-PIs in SABR-Comet, SABR-5, SC24, STOP, COMET-3 and other SABR related trials. Dr. Liu is also the provincial lead in SABR-OAR constraints and multiple SABR guidelines at BC.

Abstract

Oligometastases are early metastases which are limited in number and location. Recent studies show that with carefully selected patients, using Metastasis Directed Therapy (MDT) such as surgery or Stereotactic ablative radiotherapy (SBRT/SABR) or Radio Frequency Ablation / Cryotherapy could change their clinical outcome and a portion of these patients can achieve long term survival or even “cure”. In this talk, we will explore the theories behind treating Oligometastatic disease , and raise the question of whether we need to rethink the validity of some traditional oncology theories. Discussions will also be on different components of Oligometastases treatment strategies , including patient selection, use of sequential MDTs and incorporating new definitions of PFS in order to pick up the benefits of MDTs.

Immunotherapy for metastatic non-small cell lung cancer

Ashley Cheng

Clinical Director of Oncology, CUHK Medical Centre



Biography

Dr Ashley Cheng is currently the Clinical Director of Oncology at the Chinese University of Hong Kong Medical Centre. He is also the Professor of Practice in Clinical Oncology at the Faculty of Medicine in the Chinese University of Hong Kong and the Central Institutional Review Board Chairman and Honorary Consultant in Hospital Authority.

Dr Cheng's past positions include various prominent leadership roles within Hospital Authority, such as Cluster Chief of Service in Oncology in Kowloon West Cluster, Chairman of the Central Coordinating Committee (Cancer Service) and Chairman of the Co-ordinating Committee in Clinical Oncology. Apart from his professional commitments, Dr. Cheng demonstrates a strong dedication to public health and the community. He has also been involved in numerous committees and workgroups in Hong Kong, including the Cancer Coordinating Committee of the Food and Health Bureau and Honorary Consultant of Medical Devices and UMAO.

Dr. Cheng's continuous pursuit of excellence has earned him multiple Outstanding Team Awards in the Hospital Authority. One recent notable award he received is the KWC Outstanding Team Award - One Stop Diagnostic Service for Suspected Lung Cancer Patients in 2022.

He is also actively involved in both clinical and translational research. He has been the principal investigator for over 50 trials and has over 50 peer-reviewed publications.

Abstract

Metastatic non-small cell lung cancer (NSCLC) continues to pose significant challenges in terms of poor prognosis and low 5-year survival rate. This is particularly relevant for PD-L1 non-expressors, who traditionally exhibited poorer survival outcomes with conventional therapies. However, ~40% NSCLC patients in Hong Kong are PD-L1 non-expressors, which represents a large patient population with a high unmet need.

Pembrolizumab has shown remarkable efficacy and safety in multiple clinical trials. Recently, long-term follow-up data has emerged, demonstrating improved outcomes among patients with metastatic NSCLC, regardless of PD-L1 expression.

In this lecture, the strategies, optimal treatment options, relevant clinical trial data in metastatic NSCLC, in particular PD-L1 non-expressors, will be discussed.

Combination of Radiotherapy and Immunotherapy: Would Radiation Technology Help Improve Treatment Outcome in Solid Cancers?

Feng-Ming (Spring) Kong, MD, PhD

Master in Clinical Trial Design and Data Analysis, FACR, FAWR, FASTRO, The University of Hong Kong



Biography

American Board Certified Radiation Oncologist (2003-)

Tenured Professor of US Universities (2013-2018) Tenured Clinical Professor of Clinical Oncology, the University of Hong Kong (2018-)

Deputy Director of Medical Cancer Center/Director of Thoracic Oncology Center, Hong Kong University Shenzhen Hospital, The University of Hong Kong (2018-)

Leader of A Peacock Project on Innovative Clinical Trial Platform on Radiation and Immunotherapy (2019-)

President of WHOCC-China STAR Guideline assessment commission in Oncology (2022-) present

President of Global Collaborative Oncology Group (GCOG) (2019-present)

Expert leader on RT OAR contouring guideline, Advanced Radiation Technology (ART) International Association of Studies for Lung Cancer (IASLC) (2021-present)

Expert reviewer for ASTRO guideline on lung cancer (2020-present)

Served as expert panelist for NCCN guideline (most commonly worldwide) (2008-2013)

Served as expert panelist ACR Practice guidelines (2008-2015)

Served as NIH/NCI R21/P01/R01 funded principal investigator

Received numerous awards such as ASCO YIA and ASCO CDA260+publications (10000+ citations), the top 1% scholar for citation ranked by Clarivate Analytics in 2020

Reviewer of over 20+ Journals, served as editorial board member of many top Journals including Red Journal, clinical lung cancer, JCO (IF=50)

National PI of RTOG1106 on adaptive RT, translational research co-chair for RTOG SBRT trials RTOG618 and RTOG813.

Served as Chair of Radiation Oncology department and Associate Cancer Center Director at Medical College of Georgia (2013-2016)

Served as a co-leader of Thoracic Oncology Program at Indiana University School of Medicine and Cancer Center of Georgia (2013-2016)

Chair of National VA field Advisory Board (2010-2013)

President of AAWR (2015) President of AAWR Research and Foundation (2016)

Founding President of SANTRO (2008-2010) and Chair of SANTRO Board Directors (2006-2012)

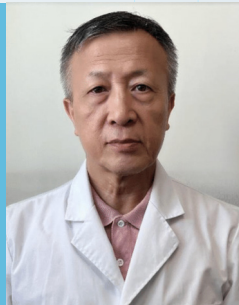
Abstract

Surgery, radiotherapy (RT), chemotherapy, target therapy, and immunotherapy are 5 major pillars of multi-modal treatment for all solid tumors. There are complicated interactions among different modalities of these treatment modalities, each of which will have a significant impact on the treatment outcome of the patient. RT as a mainstay local treatment for unresectable inoperable patients is needed in up to two-thirds of all cancer patients with solid tumors during the courses of their disease, immune therapy has been part of standard care of many cancers, is being explored for treating every stage and every type of solid cancer. My talk will focus on the combination and interactions of radiotherapy and immunotherapy. I will review what we learned from published evidence and our own lab on the effects of host immune system including immune functioning cells on the effect of the RT treatment outcome and the effects of RT on host immune environments, local and systemic, positives and negatives. I will then discuss possible strategies to maximize the RT positive effects and minimize the negative effects to improve treatment outcomes in each patient. I will also discuss how radiation technologies can be exploited in combined therapies to boost RT-induced positive effects, i.e. antitumor immune responses or to minimize the RT immune suppressive effect and counteract preexisting immunosuppressive status to improve local and systemic tumor control. Furthermore, I will review ongoing RT and immunotherapy combination trials that may provide new hope to those patients failed the first line therapy. Finally, I discuss how we, physicians and scientists, patients/families and industrial partners can all work together to improve treatment outcome of each patient.

癌症精准治療的最高境界

袁冰

香港現代中醫藥研究發展中心主任，
中醫研究員，香港註冊中醫師。



個人簡歷

14歲開始隨外祖父學習中醫，15歲開始獨立行醫。1983年畢業於北京中醫藥大學，曾就職於北京中醫藥大學及中國中醫科學院，2008以“優秀人才”身份移居香港。具有50年中醫臨床經驗，擅長中醫臨床各科疑難雜病以及多系統疾病的整合治療。主張將針對局部病灶的精准治療與針對個性化狀態的整體治療相結合治療癌症。

長期致力於用現代科學先進的理念、方法和技術，推進中醫學的科學化以及中西醫學的融合。研究領域涉及精准醫學、整合醫學、體質醫學、系統生物學以及中醫人工智慧等前沿領域。曾在國際SCI期刊和國內中文核心期刊發表論文多篇。他所創立的整體醫學是基於複雜性科學的理念，從理論和實踐上整合中西醫學的全新醫學體系。新作《走向整體醫學》一書已於2023年3月由科技出版社出版，英文版《Towards Holistic Medicine》將於2023年內由CRC PRESS出版發行。

摘要

精准醫學開啟了基於基因變異、蛋白異常等個性化因素，對癌症進行精准治療的時代，人們對它將帶來癌症治療上的巨大進步充滿期待。然而，僅僅靠針對癌症病灶局部的精准治療，能解決的問題是有限的。報告列舉癌症自愈以及中國傳統醫學整體療法治癒局部癌症的案例，在此基礎上，通過對目前精准醫學方法發展的前景瞻望以及將面臨問題的方法論分析，通過對基於不同層面（微觀、整體）個性化狀態描述體系對人體整體調控方面優劣的分析比較，基於嚴謹的分析論證得出結論：控制癌細胞的增殖與局部病灶的擴散並不是癌症治療的全部，人體免疫力的強弱、人體基本生理功能和代謝活動的正常維繫，併發症的消除等，都是與癌症病灶息息相關、關乎治療效果的重要方面。精准醫學目前通過基因、蛋白質、代謝物等組學研究的成果正在迅速從微觀層面構建起個性化的人體病理狀態描述體系；而在中國有兩千多年歷史的中醫學，則是一個成熟的從整體層面對人體狀態進行個性化描述和調控的醫學體系。未來癌醫學的精准治療，需要微觀層面的精准，也需要整體層面的個性化調控。因此，引進中國傳統醫學的辨證論治，將微觀層面精准治療，逐漸延伸到對患者整體狀態的個性化調控，將是癌症精准醫療的最高境界。

Advances in HR Positive Breast Cancer Management

Anna Tai

Clinical Oncology Specialist, Heal Oncology



Biography

Dr. Anna Tai is a specialist in clinical oncology. After graduating from the University of Hong Kong, she received specialist training at the Department of Clinical Oncology of Queen Elizabeth Hospital in Hong Kong. She obtained Fellowship of the Royal College of Radiologists and Hong Kong College of Radiologists, and received post-fellowship training in London. She also serves as an honorary clinical assistant professor at the Chinese University of Hong Kong and a guest lecturer at the Hong Kong Polytechnic University. She has participated in many international cancer studies, including breast, lung, hepatobiliary, pancreatic and urinary cancers.

Abstract

HR positive breast cancer is the most common breast cancer subtype. More than 10 years ago, treatment mainly consisted of hormonal treatment and chemotherapy. With the advances in diagnosis, molecular profiling and treatment development, various treatment options were added to the armamentarium against HR positive breast cancer, across the spectrum from early to metastatic settings. These treatments not only aim to improve the clinical outcome of the patients, but also their quality of life.

Epigenetic landscape of breast cancer for identifying novel subtype-specific therapeutic paradigms.

Rebecca Chin

Associate Professor, Department of Biomedical Sciences, City University of Hong Kong



Biography

Dr. Rebecca Chin is an Associate Professor of the Department of Biomedical Sciences at City University of Hong Kong. Dr. Chin received her Bachelor of Technology's degree from the University of Auckland in New Zealand. She completed her Ph.D. in Microbiology and Immunology at Albert Einstein College of Medicine in 2006. With a postdoctoral fellowship from Susan G. Komen for the Cure Breast Cancer Foundation, Dr. Chin studied the signal transduction events that drive breast cancer metastasis at Harvard Medical School (HMS). In 2013, she began her career as an Assistant Professor at HMS. Dr. Chin joined the City University of Hong Kong in 2016. She is a recipient of a 2015 V Scholar Award, and was named an Albert Wyrick Scholar, which recognizes young scientists who pioneer techniques to make breakthroughs in cancer research. Dr. Chin is also a Howard Temin Pathway to Independence Award (NIH K99) recipient. Dr. Chin's main research focuses on elucidating signaling pathways perturbed by epigenetic alterations in breast cancer stemness and metastasis. Her team is particularly interested in studying triple-negative breast cancer, an aggressive form of breast cancer with limited targeted therapeutic agents. Another major area of her investigation is to explore how PI3K/Akt pathway contributes to therapeutic resistance.

Abstract

Breast cancer is a heterogeneous disease, yet the functional role of cis-regulatory elements including super-enhancers in different breast cancer subtypes remains poorly characterized. Triple-negative breast cancer (TNBC) is an aggressive subtype of breast cancer with a poor prognosis. Here we apply integrated epigenomic and transcriptomic profiling to uncover super-enhancer heterogeneity between breast cancer subtypes, and provide clinically relevant biological insights towards TNBC. Using CRISPR/Cas9-mediated gene editing, we identify genes that are specifically regulated by TNBC-specific super-enhancers, including FOXC1 and MET, thereby unveiling a mechanism for specific overexpression of the key oncogenes in TNBC. Our network biology analysis further defines FOXC1 as the major node in regulating the expression of invasion and metastasis signature genes. In this presentation, I will discuss how we leverage the epigenetic landscape to identify multi-novel TNBC players and their roles in cancer stemness.

乳腺癌中醫治療

曹克儉博士

註冊中醫師, 香港大學中醫藥學院名譽首席講師,
香港大學SPACE 名譽副教授



個人簡歷

曹克儉博士, 註冊中醫師香港大學中醫藥學院名譽首席講師香港大學SPACE 名譽副教授 士 (1993-1996)師承黑龍江中醫藥大學孫偉正教授;博士(1996-1999)師承廣州中醫藥大學丘和明教授。2001年香港優才引進計畫受聘於香港大學中醫學院, 先後任助理教授、首席講師及香港大學深圳醫院顧問醫生;中醫內科 士課程主任。負責中醫內科學、溫病學、急重症診斷與鑒別診斷課程教學。2014至今於HKU SPACE 中醫部、香港中文大學中醫學院及香港大學中醫學院碩士課程講授中醫腫瘤學。先後多次主持參加香港中醫藥防治流感方案的制定及08年國家生部中醫局治療H1N1流感方案的制定。發表論文40餘篇, 撰寫著作4部。

摘要

乳腺癌的現代治療提倡“綜合治療”及“個體化”的原則。根據患者的腫瘤分期及病理狀況採用手術、化療、放療、內分泌及靶向治療等多種手段進行個體化治療;在現代醫學治療的不同階段、不同時期,可以聯合應用中醫藥以減輕抗腫瘤治療的不良反應,提高生活品質,延長生存時間。中醫藥在乳腺癌治療中的作用:①圍手術期、圍放化療期、內分泌治療期:中醫藥治療可以減輕手術、放化療、內分泌治療等的不良反應,改善患者臨床症狀。②乳腺癌術後鞏固期:中醫藥治療可以預防或延緩腫瘤的復發轉移。③晚期乳腺癌:對於無法耐受放化療、或無內分泌治療機會的乳腺癌患者,中醫藥治療可以緩慢控制腫瘤,減輕臨床症狀,提高生活品質,延長生存時間。中醫藥可應用於乳腺癌治療的各個時期,其中早期乳腺癌多以實邪為主,隨著病程進展,以及放化療手段的應用,患者正氣逐漸虧損,臨床多表現為虛證或虛實夾雜證。手術後多為氣血雙虧,放療中多有熱毒內侵,化療中常伴有脾胃失調,化療後期多為氣血虛損,而辨證施治,才能收到良好的治療效果。

Immunotherapy and targeted therapy for Renal Cell Carcinoma

Philip Kwong

Consultant, Hang Kong Integrated Oncology Centre



Biography

Dr. Philip Kwong concurrently holds the position of Consultant at the Hong Kong Integrated Oncology Centre.. Dr. Kwong's areas of interest include genitourinary oncology, gynecological oncology, central nervous system tumors, soft tissue and bone sarcomas as well as brachytherapy. A seasoned oncology specialist, Dr. Kwong has contributed to a number of consensus statements and recommendations for the Hong Kong Urological Association and the Hong Kong Society of Uro-Oncology in the management of prostate cancer and renal cell carcinoma. In addition, Dr. Kwong is the Founding President of the Hong Kong Society of Uro-Oncology, a member of the NCCN Asia Prostate Cancer Panel, the NCCN Asia Kidney Cancer Panel, and the NCCN Asia Bladder Cancer Panel, as well as a core committee member of the Asian Renal Cell Carcinoma Network.

Abstract

There has been a lot of advances in the treatment of metastatic clear cell renal cell carcinoma(RCC) since the approval of Sunitinbin 2006. PD-1 immune checkpoint inhibitor was first used in 2014 as Nivolumab was approved as second line treatment. Since then several IO-IO and IO-TKI combinations were studied and approved as first line treatment of metastatic RCC. The different options will be discussed in the presentation.

Use of PARPi in management of metastatic prostate cancer

Martin Ho Ching LAM

Consultant Clinical Oncologist

Hong Kong Integrated Oncology Centre



Biography

Dr Lam was graduated in the University of Hong Kong in 2008. He underwent his residency training in clinical oncology in Queen Elizabeth Hospital. During his training, he had an opportunity for overseas training in British Columbia Cancer Agency, Vancouver, University of Washington, Seattle and University College London, London focusing on new technology of radiotherapy, especially in stereotactic body radiation therapy (SBRT).

Before joining private sector, he was an associate consultant in United Christian Hospital actively participating in the development of oncology services in Kowloon East Cluster. He has a particular interest in genitourinary (GU) cancers, hepatobiliary pancreatic (HBP) cancers and breast cancers and was an active member in multidisciplinary meetings working in close collaborations with surgeons, radiologists and pathologists in managing cancer patients. He also has expertise on using SBRT in treating tumours in liver and lungs, spinal metastases and oligometastases. His publication titled 'Stereotactic Body Radiation Therapy for Hepatocellular Carcinoma: Review of a Local Hospital' was awarded the best original article of the Hong Kong Journal of Radiology in 2018.

He has great interest in clinical trials and research. He involved in various international phase III clinical trials in GU, HBP and breast cancers. He also obtained his master degree in medical sciences in 2022 with the dissertation titled 'Expression of splice variant AR-v7 of the androgen receptor gene in breast cancer'.

He served as an assistant editor in the Hong Kong Journal of Radiology in 2018-2020 and is now a council member of Hong Kong Society of Uro-Oncology, Hong Kong Breast Oncology group and Hong Kong SBRT Study Group.

Abstract

All males with a germline or somatic mutation in a gene associated with homologous recombination repair (HRR; including breast cancer susceptibility gene [BRCA] 1, BRCA2, checkpoint kinase 2 [CHEK2], ataxia telangiectasia mutated [ATM], partner and localizer of BRCA2 [PALB2], FANCA, RAD51B, among others), particularly those with a BRCA2 mutation, should be considered for treatment with a poly(ADP-ribose) polymerase (PARP) inhibitor at some point in their treatment. PARP inhibitors block the repair of DNA single-strand breaks, and for tumors associated with HRR deficiency they result in cell death due to inefficiencies in cell repair mechanisms. Several PARP inhibitors have been studied in males with metastatic CRPC and DNA repair mutations, and two (olaparib, rucaparib) are now approved for use in CRPC with HRR deficiency. Rucaparib received an accelerated approval for patients with BRCA1/2 germline or somatic defects after failure of an androgen receptor pathway inhibitor (ARPI) and a taxane. Olaparib is FDA approved for those after an ARPI alone or an ARPI plus a taxane for those with a broad spectrum of HRR deficiency mutations. Of all the HRR deficiencies involving DNA damage response pathways, males with BRCA2 mutations appear to benefit the most. However, there are still some challenges and limitations in using PARP inhibitors for prostate cancer. These include finding the best biomarker to identify patients who will benefit from them, understanding and overcoming the mechanisms of resistance, and exploring the potential of combination therapies with other agents. More research is needed to optimize the use of PARPi.



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