

香港乳癌基金會

2021年度「乳你同行」網上醫學講座

Hong Kong Breast Cancer Foundation
Live Symposium on
Breast Health Education 2021

15.05.2021

2:30pm - 4:45pm

22.05.2021

2:15pm - 4:55pm



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香港乳癌基金會

抱負 Vision

香港乳癌基金會成立於2005年，是本港首間專注乳健教育、患者支援、研究及倡議的非牟利慈善機構，致力減低乳癌在本地的威脅。

The Hong Kong Breast Cancer Foundation (HKBCF) was set up on 8 March 2005, as a non-profit charitable organisation dedicated to mitigating the threat of breast cancer to the local community through education, patient support, as well as research and advocacy. The HKBCF is operated by Hong Kong Breast Cancer Foundation Limited.

使命 Missions

- 提高公眾對乳癌的認識及推廣乳房健康的重要性
- 支援乳癌患者踏上康復之路
- 倡議改善本港乳健及乳癌防控和醫護方案

- Promotes public awareness of breast cancer and the importance of breast health
- Supports breast cancer patients on their roads to recovery
- Advocates better breast health and breast cancer care in Hong Kong

我們的服務 Our Services



✦ 專業的一站式乳健檢查服務
One-stop, professional breast screening services



✦ 研究更適合本地的乳癌治療方案及醫療政策
Developing treatment options and healthcare policies best suited to the local breast cancer situation



✦ 研究更適合本地的乳癌治療方案及醫療政策
Developing treatment options and healthcare policies best suited to the local breast cancer situation

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創會人的話

張淑儀醫生

香港乳癌基金會創會人



五月是一個充滿暖意的月份。早於2013年，香港乳癌基金會已將每年五月定名為「乳癌康復月」，以表揚乳癌康復者及其家人、照顧者和醫護人員在抗癌路上，表現積極、堅毅不屈、互相關懷的可貴精神。

乳癌是香港婦女頭號癌症。於最近廿五年間，乳癌的確診個案增加超過三倍，由1993年的1,152宗增至2018年4,618宗，平均每天有12名婦女確診罹患乳癌，令人堪憂。

罹患乳癌為康復者和其家人帶來身

心靈創傷，對於本港的醫療系統亦帶來一定的長遠負擔。

可幸的是，乳癌是可以預防和醫治的。本年度，香港乳癌基金會於五月籌辦「乳你同行」網上直播醫學講座2021，一方面為響應「乳癌康復月」，另一方面希望透過乳健教育，喚起大眾關注乳癌，培養良好生活習慣防微杜漸。

本年度的醫學講座得以順利舉行，我謹向所有講者及贊助商致以衷心謝意。

Founder's Message

Dr. Polly Cheung

Founder, Hong Kong Breast Cancer Foundation

May is a month brimming with warmth. Dating back to 2013, the Hong Kong Breast Cancer Foundation (HKBCF) designated May each year as the 'Breast Cancer Survivorship Month' to recognise and celebrate the determination, care and mutual support among breast cancer survivors, their families, caregivers and health professionals.

Breast cancer is the No. 1 cancer facing women in Hong Kong. Over the past 25 years, the number of diagnosed cases of breast cancer tripled, soaring from 1,152 in 1993 to 4,618 in 2018. On average 12 women are diagnosed with breast cancer every day.

The diagnosis of breast cancer brings

both physical and mental trauma to survivors and their families. It also poses a long-term burden on Hong Kong's medical system.

The good news is that breast cancer can be prevented and cured. This year, HKBCF host the Live Symposium on Breast Health Education 2021 in May to mark the 'Breast Cancer Survivorship Month' and at the same time encouraging the public to learn more about breast cancer and cultivate a healthier lifestyle to minimise the breast cancer risks.

Thanks to the strong support of our speakers and event sponsors, which made our Symposium could be made possible. I would like to extend my sincere thanks to all of them.

主席的話

霍何綺華女士 香港乳癌基金會主席



本人謹代表香港乳癌基金會，感謝大家參與「乳你同行」網上直播醫學講座 2021。本人亦藉此多謝各位講者及活動贊助商的鼎力支持，令是次講座得以順利舉行。

五月是「乳癌康復月」，本年度基金會特意在五月籌辦醫學講座，為乳癌康復者打氣、頌揚乳癌康復者的家人、照顧者和醫護人員徐徐相伴的精神，及鼓勵公眾提高乳房保健意識。

醫學講座共邀請了十三位乳癌醫生和專家，與大眾分享乳癌最新資訊，包括乳癌治療方案、乳健知識，同場更邀乳癌康復者分享抗癌經驗。

期望大眾透過本次講座，對乳癌有進一步認識，並多關心身邊患有乳癌的親友，共同為乳癌康復者注入正能量，令她們能帶着希望和笑容踏上康復之路。

Chairman's Message

Mrs. Eliza Fok Chairman, Hong Kong Breast Cancer Foundation

On behalf of the Hong Kong Breast Cancer Foundation (HKBCF), I would like to thank you for joining the Live Symposium on Breast Health Education 2021. My thanks specially go to our speakers and event sponsors who have helped bring this Symposium to life.

May is the 'Breast Cancer Survivorship Month'. This year, HKBCF has organised the Live Symposium on Breast Health Education 2021 in May to give our warm support to breast cancer survivors and recognise the positive spirits given by their family members, caregivers and medical staff. We are also dedicated to raising public awareness of

breast health care.

A total of 13 breast cancer medical doctors and professionals will present at the Symposium to share topics on the latest breast cancer issues, including breast cancer treatment strategies and useful tips for good breast health. Breast cancer survivors will also share their experiences in fighting their battles.

Through this Symposium, we hope the public will understand more about breast cancer. And by caring more about every breast cancer survivor around us, we can bring hope and laughter to them along their roads to recovery.

5月15日講座內容

Agenda, 15 May



主題

講者

第一節：

- ✦ 及早檢查和及早發現乳癌
- ✦ 進行基因測試 – 對象及原因
- ✦ 懷孕及懷孕期間的乳癌管理及康復者分享
- ✦ 問答環節

第二節：

- ✦ 前置化療 – 何時開始及治療詳解
- ✦ 整形式乳癌切除手術適合你嗎？
- ✦ 淋巴水腫預防與治療
- ✦ 問答環節

熊維嘉醫生

林德深醫生

梁澄宇醫生

郭子熹醫生

陳穎懷醫生

廖軒麟醫生

SESSION

SPEAKER

SESSION 1:

- ✦ Early detection and screening
- ✦ Genetic tests - who and why?
- ✦ Pregnancy and management of breast cancer during pregnancy & survivor sharing
- ✦ Q & A

Dr. Hung Wai Ka
Dr. Stephen Lam
Dr. Roland Leung

SESSION 2:

- ✦ Neoadjuvant chemotherapy - when and what?
- ✦ Oncoplastic surgery - is it suitable for you?
- ✦ Lymphoedema prevention and management
- ✦ Q & A

Dr. Carol Kwok
Dr. Sharon Chan
Dr. Lawrence Liu



熊維嘉醫生 Dr. Hung Wai Ka
香港乳癌基金會管治委員會成員
Management Committee member,
Hong Kong Breast Cancer Foundation



林德深醫生 Dr. Stephen Lam
賽和醫院醫學遺傳科主任
Director, Clinical Genetics Service,
Hong Kong Sanatorium & Hospital



梁澄宇醫生 Dr. Roland Leung
瑪麗醫院內科顧問醫生
Consultant,
Department of Medicine,
Queen Mary Hospital



郭子熹醫生 Dr. Carol Kwok
臨床腫瘤科專科醫生
Specialist Clinical Oncologist



陳穎懷醫生 Dr. Sharon Chan
九龍東醫院聯網乳癌中心臨床總監；
基督教聯合醫院外科顧問醫生
Clinical Director,
Kowloon East Cluster Breast Centre;
Consultant surgeon,
United Christian Hospital



廖軒麟醫生 Dr. Lawrence Liu
整形外科專科醫生；
香港淋巴水腫協會創辦人
Specialist in Plastic Surgery;
Founder of Hong Kong
Lymphedema Association



第一節： 及早檢查和及早發現乳癌



熊維嘉醫生

香港乳癌基金會管治委員會成員

講題摘要

及早發現乳癌，其存活率可超過八成，治療程序較為簡單，對於婦女身體上和社會心理上的影響亦較少。

隨著低劑量乳房X光造影機的發明，乳癌篩查成為可行的事。隨機對照試驗結果顯示定期乳房X光造影檢查，有助降低因乳癌死亡的機會和發現早期癌症。

過去三十年間，全球有多個國家已推行乳癌篩查計劃，有研究顯示檢測到早期癌症的比率上升，令乳癌死亡的機會因而下降。

香港於1990年首次引進低劑量乳房

X光造影機，為婦女提供伺機性篩檢。有數據顯示對比自我發現乳癌的患者和透過檢查發現乳癌的患者，她們的治療方案和預後都有所不同。過去三十年間，我們見證了政府政策上的變化，由2004年「不建議進行乳房X光造影檢查」，遞至2020年「以風險為本建議平均風險婦女進行乳房X光造影檢查」。

展望未來，我們期待全民篩查計劃能夠實施，減少乳癌對香港婦女生命的威脅。

SESSION 1 : Early Detection and Screening

Dr. Hung Wai Ka

Management Committee Member,
Hong Kong Breast Cancer Foundation

Abstract

When detected early, survival of breast cancer can reach over 80%, the treatment path will be simpler, and the physical and psychosocial impact on the woman will be smaller.

Breast cancer screening is made possible with the invention of low dose mammography machine. Randomized control trials have shown the benefit of regular mammography screening in reducing mortality and shift of earlier staging.

Throughout the last 30 years, countries world- wide have conducted government launched breast screening program resulting in earlier shift of breast cancer staging and mortality reduction.

In Hong Kong, the first introduction of low dose mammogram in 1990, has made opportunistic screening available. Data showed the difference in treatment and results of “self” versus “screen” detected breast cancer. Throughout these 30 years, we have witnessed the change in government policy from “not recommending mammogram screening” in 2004 to “risk-based population screening in average risk women” in 2020.

Looking forward, we hope that population wide screening programs will be implemented, and the threat of breast cancer to Hong Kong women's lives will be minimized.

第一節： 進行基因測試 －對象及原因

林德深醫生
養和醫院醫學遺傳科主任
講題摘要



乳癌可分自發性和遺傳性的，遺傳性乳癌個案佔整體個案的百分之五至百分之十。自發性乳癌與環境或其他因素有關；而遺傳性乳癌大多與BRCA1或BRCA2基因突變及其他因素有關。其他基因突變也有可能引致乳癌，但它們的影響相對較為次要。此外，BRCA1/BRCA2及其他基因突變有關的卵巢癌個案約佔整體個案的百分之十二。

上述兩項由基因突變引致的癌症稱為遺傳性乳癌與卵巢癌症候群(HBOC)，HBOC更可能包括前列腺癌、胰臟癌、皮膚癌(黑色素瘤)等其他癌症。有罹患這些

癌症風險的人士應該接受基因測試。這些人士包括有某些相關癌症家族病史；在異常常年輕時或身為男性被確診乳癌；帶有特殊特徵的乳癌例如三陰性乳癌；屬於特定的種族(例如猶太人)；同時患有乳癌及胰臟癌或前列腺癌的患者。這些人士應獲遺傳性輔導，在過程中會向有需要人士講解基因缺陷的潛在後果、基因遺傳與其可能會引致的狀況、及個人和家庭層面的管理。此過程的重點在於基因測試前和後的輔導及諮詢者的知情同意，而在遺傳性輔導期間談及的內容也會保密及符合醫學倫理道德要求。

SESSION 1 : Genetic tests – who and why?

Dr. Stephen Lam
Director, Clinical Genetics Service,
Hong Kong Sanatorium & Hospital

Abstract

Breast cancers have been found to be either spontaneous or hereditary in occurrence, with the latter group accounting for 5-10% of the whole. While the spontaneous group are related to environmental and other factors; in the hereditary group, most cases are caused by a mutation in BRCA1 or BRCA2 gene. Other gene mutations may also contribute, but they play a lesser role. In addition, mutations in BRCA1/BRCA2 and other genes are found in about 12% of ovarian cancer cases. The two cancers together are coined the Hereditary Breast and Ovarian Cancer Syndrome (HBOC), and the spectrum of cancers may include those involving prostate, pancreas, skin (melanoma) and others. Individuals at risk of these cancers should undergo genetic testing. They include those with a positive

family history of related cancers, or when a diagnosis is made at an exceptionally young age or of the uncommon sex (male), when a breast cancer with specific characteristic is found (such as triple negative), when one is of specific ethnicity (say, among Jews), or when breast cancer is found with pancreatic or prostate cancer. They should be offered genetic counselling which, by definition, is a process whereby the consequences of the disorder, the inheritance and probability of developing the condition, and management of the individual and other family members are introduced. Emphasis is laid on pre and post genetic testing counselling and informed consent. During genetic counselling, confidentiality issues and other ethical considerations are also addressed.

第一節： 懷孕及 懷孕期間的乳癌管理

梁澄宇醫生

瑪麗醫院內科顧問醫生

講題摘要

香港的乳癌發病率正在遞增，而且亞洲女性確診年齡分佈與西方國家不同。西方國家女性普遍在更年期後確診乳癌，但在本港，約有一半乳癌患者在五十歲前已確診，因這些乳癌患者大多

正值生育年齡，在她們的乳癌管理上別具挑戰。梁澄宇醫生將會介紹與懷孕相關的乳癌治療，以及對已成功治療乳癌且會考慮生育的育齡婦女，提出具體治療注意事項。



SESSION 1 :

Pregnancy and management of breast cancer during pregnancy

Dr. Roland Leung

Consultant, Department of Medicine, Queen Mary Hospital

Abstract

The incidence of breast cancer for HK is on the rise. There is also a different age distribution of breast cancer diagnosed in Asia compared to the western world. In the West, breast cancer is mainly a post menopausal disease but in HK nearly half the breast cancer diagnosed are below the age of 50. Amongst this group there is a substantial portion of women of child

bearing age. This group of patients poses a specific management challenge. Dr. Roland Leung will discuss the treatment of pregnancy related breast cancer and also the treatment considerations specific for women of childbearing age who have been successfully treated for breast cancer and may want to consider child bearing.

第二節： 前置化療 －何時開始及治療詳解

郭子熹醫生

臨床腫瘤科專科醫生

講題摘要

傳統上，前輔助化療是局部晚期和炎症性乳癌的標準治療方法。它越來越多地用於早期乳癌（手術可行）以保留乳房。病理完全反應（pCR，最合適定義為ypT0 / is ypN0）是前輔助治療中關鍵的預後指標。研究發現，pCR是重要的預後指標，因為達到pCR的患者比殘存疾病的患者具有更好的生存率。因此，已提出將pCR作為預測長期臨床結果（如無病生存率，無事件生存率和總生存率）的替代終點。pCR對乳癌預後的影響在亞型中有所不同，pCR對與三陰性，HER2陽性（非管腔）和管腔B / HER2陰性腫瘤具有重大的預後影響；但對管腔A和管腔B / HER2陽性腫瘤沒有預後影響。



新輔助藥物的選擇是由生物學亞型引導的，例如，蒽環類+紫杉烷用於荷爾蒙受體陽性腫瘤；化療+抗HER2藥物治療HER2陽性腫瘤；蒽環類+紫杉烷+/-鉑用於三陰性乳癌。對於前輔助治療後非pCR的患者，研究表明卡培他濱對三陰性乳癌，T-DM1對HER2陽性腫瘤具有改善無病生存率和總生存率的益處。

St Gallen和NCCN指南建議將前輔助治療作為II期或III期，HER2陽性或三陰性乳癌的女性的首選初始治療方法。它越來越能夠為HER2 + 和TNBC乳癌患者提供量身定制的治療方法，從而可以改善乳癌患者的長期結果。它使選定的女性避免進行腋窩淋巴結清除手術，從而避免女性喪失功能和淋巴水腫。

SESSION 2 : Neoadjuvant chemotherapy － when and what?

Dr. Carol Kwok

Specialist Clinical Oncologist

Abstract

Conventionally neoadjuvant chemotherapy is a standard treatment for locally advanced and inflammatory breast cancer. It has been increasingly used for early stages (operable) for the benefit of breast conserving surgery. Pathological complete response, best defined as ypT0/is ypN0, is a key outcome measure in the setting of neoadjuvant therapy. Data analysis found that pCR is an important prognostic marker, in that patients who achieved pCR are associated with better survival than patients with residual disease. Thus pCR has been proposed as a surrogate endpoint for prediction of long term clinical outcome, such as disease-free survival (DFS), event-free survival, and overall survival (OS). The prognostic impact of pCR differs among BC subtypes. pCR has significant prognostic impact on TN, HER2+ (nonluminal), and luminal B/HER2-tumours; but no prognostic impact on

luminal A and luminal B/HER2+ tumours.

The choice of neoadjuvant therapy is guided by biological subtypes, e.g. anthracycline + taxane for HR+ tumour; chemotherapy + anti-HER2 agents for HER2+ tumour; anthracycline + taxane +/-platinum for TNBC. For patients with non-pCR after NACT, studies have shown benefit of capecitabine for TNBC, T-DM1 for HER2+ breast cancer in improving DFS and OS.

St Gallen and NCCN guidelines recommend neoadjuvant therapy to be the preferred initial approach in women with stage II or III, HER2-overexpressing or TNBC. It increasingly enables tailored approaches to therapy in TNBC and HER2+ BC that can improve long-term outcomes for women with BC. It enables selected women to avoid axillary dissection surgery, sparing women loss of function and lymphedema.

第二節： 整形式 乳癌切除手術適合你嗎？

陳穎懷醫生

九龍東醫院聯網乳科中心臨床總監；
基督教聯合醫院外科顧問醫生



講題摘要

手術治療

手術是有效治療乳癌的最關鍵元素。隨著近年乳癌治療的發展趨向成熟，現今的乳癌手術的創傷性逐漸降低。現時可供選擇的治療包括全乳切除手術或乳房保留手術。接受乳房切除手術的婦女可考慮同時或稍後接受乳房重建手術。

整形式乳癌切除手術

隨著整形式乳癌切除手術的發展，局部整形技術可融合至乳房保留手術後的乳房形狀重塑當中。這些技術包括通過分開上層的皮膚包膜和下層的胸肌，使乳房腺體皮瓣升高，以填補已局部切除的乳房。這一發展更可應用於一些以

往因腫瘤尺寸或位置不利，而被認為不適合接受乳房保留手術的腫瘤。

如情況許可，患者可進行保留皮膚全乳切除術或保留乳頭全乳切除術，令皮膚及乳頭得以保留，讓乳房重建的效果更自然美觀。

我應如何選擇？

要在不同的手術選擇中作出決定時，患者須得到乳房外科醫生的專業評估。腫瘤的尺寸和位置，腫瘤生物學，乳房和身體的剖析都是重要的考慮因素。女士應該就個人情況和特殊需求討論，以便醫生為其量身定制最佳治療方案，在不會危害其存活或局部復發的情況下，令外觀上達至最佳效果。

SESSION 2 :

Oncoplastic surgery - is it suitable for you?

Dr. Sharon Chan

Clinical Director, Kowloon East Cluster Breast Centre
Consultant Surgeon, United Christian Hospital

Abstract

Surgical Treatment

Surgery is an important consideration in the effective treatment of breast cancer. With the continuing developments of breast cancer treatment, surgery today is less disfiguring. Options for local treatment include total mastectomy or breast-conserving surgery. Women who have a mastectomy may also decide to have breast reconstruction, either at the same time or at a later stage.

Oncoplastic Surgery

With the advance of oncoplastic surgery, local plastic surgery techniques are integrated into reshaping of the breast after breast conserving surgery. These include the raising of breast glandular flaps by undermining the overlying skin envelope and underlying pectoral muscles. This development has allowed the extended use of breast conserving surgery in tumours located in unfavourable areas, such as

medial or inferior tumours, and tumour size that might previously be thought not suitable for breast conserving surgery.

For suitable cases, skin sparing mastectomy or nipple areola-sparing mastectomy, which leaves the shell of skin or nipple areola complex in place, allows a more natural looking breast with reconstruction.

How do I choose?

When deciding between different surgical options, it is important the patient is consulted and evaluated carefully by a breast surgeon. Tumor size and location, tumor biology, anatomy of breast and body are all important considerations. Individual situation and special needs should be discussed so that the best treatment option is tailored to the woman to achieve cosmetically satisfactory breast shape without jeopardizing survival or local recurrence.

第二節： 淋巴水腫預防與治療

廖軒麟醫生

整形外科專科醫生；
香港淋巴水腫協會創會人



講題摘要

淋巴水腫的成因

淋巴水腫可以分為原發性和繼發性。

在香港，大部分患者都是繼發性淋巴水腫。而繼發性淋巴水腫最常見的成因，是癌症及其治療所引起。

乳癌，婦科癌(即子宮頸癌、子宮癌及卵巢癌等等)及其治療，分別可引致上肢和下肢淋巴水腫。

以乳癌為例，乳癌患者有機會需要接受全乳切除手術和腋下淋巴切除。手術之後還有需要接受電療。這些治療(手術和電療)都會破壞腋窩的淋巴組織，造成淋巴阻塞，引致水腫。由於淋巴組織不會再生，淋巴水腫這個病不會自行康復。

治療方向

淋巴水腫是一個慢性病，到目前為止這個病無法完全根治，患者需要學習與這個病共存。治療的方向是減少水腫肢體對患者身心健康和社交上的影響。水腫肢體除了為患者帶來身體負擔之

外，還會帶來一些併發症包括比較常見的是蜂窩組織炎(即細菌感染)、慢性傷口和淋巴液滲漏。

有效的治療能夠減少肢體的大小及併發症。

治療可以分為三個層面:基本的肢體護理、保守治療和手術治療。

手術治療

淋巴水腫手術近年發展得很快，主要原因是超級顯微外科手術技術越趨成熟。令以往因為技術侷限而做不到的重建性淋巴手術，成功率變得更高。

淋巴水腫手術可以分為1. 切除性 和 2. 重建性

常用的切除性的手術包括:抽脂手術、皮膚切除術和象皮腫切除手術。

重建性淋巴水腫手術例子有1. 淋巴管靜脈吻合術(lymphaticovenous anastomosis LVA) 和2. 淋巴移植手術(vascularised lymph node transfer VLNT)。

SESSION 2 : Lymphoedema prevention and management

Dr. Lawrence Liu

Specialist in Plastic Surgery;
Founder of Hong Kong Lymphedema Association

Abstract

In Hong Kong, the leading causes of lymphedema are cancer and its management. In breast cancer treatment, axillary dissection and radiotherapy can lead to lymphatic blockage at the axilla, which subsequently causes upper limb lymphedema.

Lymphedema can be treated conservatively and surgically. Conservative treatments mainly involve decongestive therapy and pressure therapy.

Thanks to the emergence of new surgical techniques, lymphedema surgery has become popular in the recent decade.

Lymphedema surgery can be classified into excisional and physiological.

Excisional operations are the more 'traditional' procedures which aim at removing thickened skin and/or subcutaneous tissue. Common examples include liposuction and Charles operation.

Recent advances of lymphedema surgery include lymphaticovenous anastomosis (LVA) and vascularised lymph node transfer (VLNT). These are the physiological operations which aim at restoring normal lymphatic flow and modifying the disease process.

患者支援 Patient Support

乳癌支援中心提供全方位患者支援服務，協助患者克服抗病過程中的困難，患者參加活動人次逾161,000。

The Breast Cancer Support Center (BCSC) provides a full range of patient support services to help patients overcome difficulties during their breast cancer journey. Over the years, more than 161,000 patients have participated in BCSC activities.

淋巴水腫護理服務 Lymphoedema Care Services

進行乳癌手術或放射治療後，會令淋巴結受損，導致上臂出現淋巴水腫

Breast surgery or radiotherapy can cause damage to the lymph nodes and cause lymphoedema.

- 專業淋巴水腫治療護理服務
Professional Lymphoedema Treatment and Care Service
- 淋巴水腫指數測量
Lymphoedema Measurement
- 淋巴引流班
Manual Drainage Class
- 淋巴水腫運動班
Lymphatic Exercise Class

康復者計劃 Survivorship Programme

興趣班、瑜珈班、易筋經班等
Interest Class, Yoga Class, Yijinjing Class, etc.

- 舒緩緊張肌肉及鬆弛身心靈
Relax and refresh body and mind
- 建立友誼
Build friendship

手工製作班
Therapeutic Workshop

- 治療性工作坊，舒緩緊張及壓力
Relieve stress

輔導及支援小組 Counselling and Support Group

為乳癌患者及其照顧者提供情緒、資訊及護理等方面的支援
Provides breast cancer patients and patients' families with emotional, informational and care support.

手術後自我形象小組
Post operative Self-image Group

- 緩解手術後身體對心理的影響
Relieve psychological impacts after surgery

病人及家人支援小組
Patient and Family Support Group

- 舒緩患者及其照顧者的心理壓力
Relieve patients and caregivers' stress
- 同路人支援
Provide support from survivors who have the similar breast cancer experience

乳癌錦囊
Breast Cancer Comfort Pack

- 提供正確乳癌資訊
Provide breast cancer correct and updated breast cancer information

資助計劃 Assistance Programme

為有需要的患者提供各種資助，減輕患者接受治療時的經濟壓力
Offers different kinds of assistance to patients in need to release patients' financial burden of breast cancer treatments.

乳癌藥物

Drug Assistance Programme

假髮

Wigs Assistance Programme

乳癌腫瘤基因表現檢測

Oncotype DX® Breast Recurrence Score test

義乳胸圍

Prosthesis and bra Assistance Programme

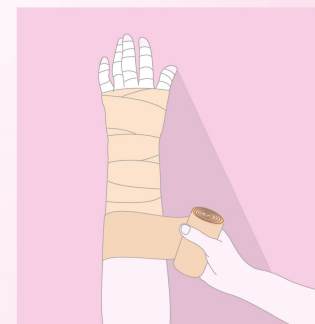
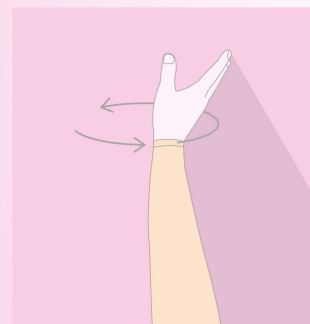
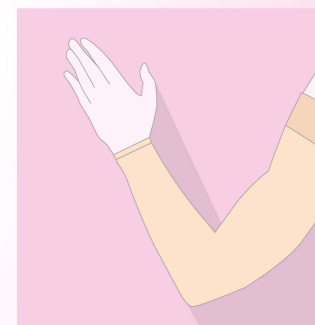
淋巴水腫量度及處理 Lymphoedema Measurement and Management

患者可透過定期量度淋巴水腫指數了解水腫程度，需要時可用以下幾項手法舒緩淋巴水腫情況：

Patient can monitor their lymphoedema through regular measurement. The following treatments can help reduce lymphoedema swelling:



淋巴水腫指數測量
Regular Lymphoedema Index Measurement



更多詳情
More Details

5月22日講座內容

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- ✦ 第二型人類上皮生長素受體(HER2)陽性乳癌治療的發展 趙穎欣醫生
- ✦ 三陰性乳癌患者何時該考慮進行免疫治療？ 甘冠明醫生
- ✦ 荷爾蒙受體陽性乳癌的治療新策略 張天怡醫生
- ✦ 如果屬荷爾蒙受體陽性的乳癌 – 誰需要化療？ 熊維嘉醫生
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- ✦ 乳癌後重建新生及康復者分享 張貝芝博士
- ✦ 乳癌與骨骼健康 吳廷英醫生
- ✦ 癌症治療的財政支援及健康經濟學 鄭志堅醫生
- ✦ 問答環節



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鄭志堅醫生 Dr. Ashley Cheng
臨床腫瘤科專科醫生
Specialist in Clinical Oncology

Agenda, 22 May

SESSION

SPEAKER

SESSION 1:

- ✦ Advances in HER2 positive cancers Dr. Joanne Chiu
- ✦ Immunotherapy in TNBC - when to consider? Dr. Michael Kam
- ✦ New strategies in hormonal positive breast cancer Dr. Amy Chang
- ✦ In the case of hormonal receptor positive breast cancer - who would need chemotherapy? Dr. Hung Wai Ka
- ✦ Q & A

SESSION 2:

- ✦ Surviving breast cancer & survivor sharing Dr. Ginette Cheung
- ✦ Bone health and breast cancer Dr. Ng Ting Ying
- ✦ Financial support in cancer treatment and health economics Dr. Ashley Cheng
- ✦ Q & A

第一節： 第二型人類上皮生長素受體 (HER2)陽性乳癌治療的發展

趙穎欣醫生

香港大學及港怡醫院臨床助理教授

講題摘要

HER2 陽性腫瘤治療最新進展

乳腺癌是香港女性發病率排名第一位的癌症。乳腺腫瘤主要有三大種類，分別為荷爾蒙受體陽性腫瘤、HER2 陽性腫瘤和三陰性腫瘤，當中HER2 陽性腫瘤佔所有乳腺癌三成，侵略性高。針對HER2的標靶治療在過去二十多年不斷更新，這次講座會集中討論這方面最新的藥物治療進展與趨勢。

對於前期（二至三期）但風險較高的病人，先打HER2雙標靶加化療，可以有效縮細腫瘤，有助手術切除；過往術後的標準輔助療法是一年的單標靶藥，新做法是加碼雙標靶或加上一年的口服

細份子標靶藥neratinib，或根據手術病理報告改用抗體藥物複合體TDM1，都可以減低復發，增加治癒機會。

至於第四期腫瘤，新一代的抗體藥物複合體DS8201對已經有抗藥性的HER2陽性腫瘤有令人鼓舞的效果，甚至只有少量HER2受體的病人也可能受惠；新的口服細份子標靶藥如tucatinib對腦轉移有更好的病情控制。三陽性的腫瘤病人也可考慮HER2標靶加荷爾蒙治療以減低對化療長期依賴。

近年的藥物發展迅速，最終希望可增加病人治癒機會同繼續享受有質素的生活。



SESSION 1 :

Advances in HER2 positive cancers

Dr. Joanne Chiu

Clinical assistant professor,
HKU & Gleneagles Hospital

Abstract

Update on progress of anti-HER2 targeted therapy in breast cancer

Breast cancer is the most common female cancer. According to the phenotype, it can be divided into 3 subtypes: hormone-receptor positive breast cancer, HER2-positive breast cancer, and triple negative breast cancer. HER2-positive breast cancer is an aggressive subtype, constituting about 1/3 of all breast cancer. Since the development of first anti-HER2 targeted therapy more than 20 years ago, there have been tremendous progress in drug development for this disease. This talk will focus on the latest progress and trend in anti-HER2 targeted therapy.

For stage 2 or 3 patients who are high risk for recurrence, we often recommend upfront double anti-HER2 agents trastuzumab/pertuzumab in combination with chemotherapy before surgery. This approach can effectively downstage the tumor, and improves the surgical outcome. The old standard adjuvant therapy was to complete 1 year of trastuzumab. However, new clinical data suggest that using double anti-HER2, or extended adjuvant therapy

with small molecule oral targeted therapy neratinib, can reduce future recurrence in selected patients. Adopting a response-guided approach based on surgical pathology by switching from trastuzumab to antibody-drug conjugate (ADC) TDM1 can also decrease recurrence and increase the chances of long-term cure.

For patients with metastatic disease, the new generation ADC DS8201 showed encouraging response even among patients with drug resistant to existing anti-HER2 therapy. It might even help those with low HER2 expression, a group of patients who are usually categorized as non-HER2 breast cancer. Small molecule targeted therapy such as tucatinib has been proven to be effective to treat brain metastasis. Patients with triple-positive disease, can now consider using chemotherapy-sparing regimen combining anti-HER2 targeted therapy and hormonal therapy.

With advance in drug development, patients can enjoy better quality of life and higher chances of long-term disease control.

第一節：

三陰性乳癌患者 何時該考慮進行免疫治療？

甘冠明醫生

養和醫院臨床腫瘤科專科醫生

講題摘要

三陰性乳癌(TNBC) 佔全部乳癌個案的百分之十五，TNBC具有較強的侵略性，包括較早出現復發和較易出現癌細胞轉移。由於缺乏荷爾蒙受體(雌激素受體、黃體素受體)及第二型人類上皮生長素受體，過去TNBC病人主要的治療為化療，但化療很多時的反應只屬短暫。TNBC當中包括不同基因表現亞型，例如BRCA基因變異亞型和免疫調

節亞型。而解開TNBC背後的致癌機制對研發療效顯著的新型治療非常重要。

近年，有研究發現免疫治療對TNBC效果顯著。目前最有效的免疫治療藥物是免疫檢查點抑制劑(ICIs)，其作用是藉堵塞免疫抑制受體，增加浸潤性淋巴細胞(TILs)的細胞毒性。是次演講將會介紹ICIs用於TNBC臨床治療的情況。



SESSION 1 :

Immunotherapy in TNBC - when to consider?

Dr. Michael Kam

Specialist in Clinical Oncology,
Hong Kong Sanatorium & Hospital

Abstract

"Triple-negative breast cancer (TNBC)" accounts for 15% of all breast cancers and typically displays aggressive behavior, including earlier recurrence and metastasis. Defined by the lack of estrogen and progesterone receptors and HER2, the predominant systemic therapy for TNBC in the past was chemotherapy, but responses were often short-lived. TNBC comprises heterogeneous molecular profiles, such as the BRCA mutation associated subgroup and immuno-modulatory subgroups. Understanding the underlying oncogenic

mechanism would be very important to explore novel therapies that can improve treatment outcome.

Recent research has shown that immunotherapy represents a promising treatment strategy for TNBC. The most successful immunotherapeutic agents consist of immune checkpoint inhibitors (ICIs), which block immunosuppressive receptors to improve the cytotoxicity of tumor-infiltrating lymphocytes (TILs). This talk will present the current clinical experience surrounding ICIs in TNBC."

第一節： 荷爾蒙受體陽性 乳癌的治療新策略

張天怡醫生

養和醫院臨床腫瘤科專科醫生

講題摘要

大部份的早期乳癌病人屬於雌激素荷爾蒙陽性(ER positive, HER2 negative)的類別，術後需要病理及分子分期去判斷復發風險，及需要做術後化療、電療。基因測試能額外判斷病人屬於低風險(low recurrence score)，免除做術後化療。術後的荷爾蒙治療傳統是用他莫昔分(tamoxifen)五年，針對停經前後的女士，能有效地降低復發和死亡風險至少三份一的機會。研究亦有針對延長到10年荷爾蒙治療的必要性，而研究顯示在停經前女性而屬於高危類別，10年的他莫昔分治療可以再降低復發和死亡風險。不過要留意10年治療存



在的副作用和風險，而選擇性使用。另外「五加五」(tamoxifen 五年加新一代的芳香環轉化酶抑制劑，aromatase inhibitor, AI五年)在停經後女士能有效再降低復發風險。新一代的標靶治療CDK4/6抑制劑配合荷爾蒙治療綜合使用，在第四期及復發性的荷爾蒙陽性乳癌，能延長無惡化存活率(progression free survival)和整體存活率(overall survival)。在第二線治療PI3K/AKT抑制劑配合荷爾蒙治療是新的治療方向。至於手術之後，如果屬於高危類別，近年研究顯示，CDK4/6抑制劑加上荷爾蒙治療能減少復發風險。

such testing can spare selected patients from chemotherapy. In addition, adjuvant endocrine therapy is unanimously indicated for this group of patients to reduce the chance of recurrence. Tamoxifen, a selective estrogen receptor modulator (SERM) for 5 years is the traditional choice for pre-menopausal or post-menopausal patients with significant reduction in odds of recurrence or death by at least one-third compared with placebo counterparts, regardless of whether adjuvant chemotherapy is indicated.

ATLAS and aTTom are two important

SESSION 1 :

New strategies in hormonal positive breast cancer

Dr. Amy Chang

Specialist in Clinical Oncology,
Hong Kong Sanatorium & Hospital

clinical trials to answer the question of whether extending tamoxifen to 10 years' duration is more effective than 5 years, and the results confirm significant reduction in recurrence by 10-15%, and breast cancer related mortality, the magnitude of risk reduction is also time-dependent with more significant benefit after 10 years. This has to balance against the increased toxicities, and therefore a discussion that is essential especially for premenopausal patients in higher risk of relapse to balance the pros and cons of extended tamoxifen therapy.

On the other hand, extended adjuvant endocrine therapy combining 5 years of tamoxifen followed by 5 additional years of aromatase inhibitors (AI) has been proven to confer additional benefit and is recommended as a preferred option for postmenopausal patients after completing 5 years of tamoxifen. Meanwhile, upfront aromatase inhibitors can further reduce recurrence compared with tamoxifen usage and is recommended for postmenopausal patients; whether to continue beyond 5 years is still a matter of clinical investigation.

Novel agents to further improve disease outcome is the combination of endocrine therapy with CDK4/6 inhibitors. Multiple randomized trials have demonstrated for stage 4 and metastatic breast cancer, there is improvement in progression-free

survival and overall survival compared with AI alone for postmenopausal patients and premenopausal with ovarian suppression and AI. Various CDK4/6 inhibitors have demonstrated significant PFS improvement of 9-10 months and better response rates, with different toxicity profiles, and are recommended first-line treatment, and combination with various endocrine backbone extend to fulvestrant in first or second line setting. The encouraging data prompts further ongoing clinical studies of using CDK4/6 inhibitor in adjuvant setting, as demonstrated in a study (monarchE) of high-risk early stage breast cancer patients, adjuvant CDK4/6 inhibitors for 2 years in addition to 5 years of endocrine therapy led to significant reduction in recurrence of death, while waiting for results from using other CDK4/6 inhibitors. PI3K(phosphatidylinositol-3-kinase)-AKT pathway is frequently found in ER positive breast cancer, and drugs targeting PI3K subunit p110alpha (PIK3CA) mutations is an emerging second-line option for recurrent and metastatic breast cancer patients. PIK3CA inhibitors upon disease progression on endocrine therapy with or without CDK4/6 inhibitor have been demonstrated in randomized clinical trial to extend progression-free survival of 6 months and subsequently led to FDA approval as a standard therapeutic option.



第一節：

如果屬荷爾蒙受體陽性的乳癌 － 誰需要化療？



熊維嘉醫生

香港乳癌基金會管治委員會成員

講題摘要

過去對荷爾蒙受體陽性的乳癌患者進行治療時多採用化療。但是，有研究指出大部分早期乳癌患者無法從術後輔助性化療中獲得額外益處，而且患者有機會需要承受化療帶來短期及長遠的副作用。因此，現代乳癌管理模式有所改變，可以透過評估確定患者能否從化療

中獲益，而不是假設患者能從化療中獲益。安可待乳癌腫瘤基因表現檢測使用基因檢測技術，將患者基於評估所得的化療效益，分為不同組別。是次演講將會比較安可待及傳統預後評估工具兩者評估化療效益的能力，相關測試結果有助引導進一步治療的選擇。

SESSION 1 :

In the case of hormonal receptor positive breast cancer, who would need chemotherapy?

Dr. Hung Wai Ka

Management Committee Member,
Hong Kong Breast Cancer Foundation

Abstract

In the past, chemotherapy is often given to breast cancer patients with positive hormone-receptor. However, it has been shown that the vast majority of these patients with early-stage breast cancer do not benefit from adjuvant chemotherapy and could be burdened by the short- and long-term side effects caused. Therefore, there is a change of paradigm in early breast cancer management in recent practice, considering proven chemotherapy

benefit instead of assumed chemotherapy benefit. Oncotype DX Breast Recurrence Score test can classify patients into groups based on the genomic assay that is predictive of chemotherapy benefit. This talk will show the ability of the Oncotype DX test in predicting chemotherapy benefit by comparing it with the traditional way of using prognostic-only tools. The informative results derived from the test could further guide treatment decisions.

第二節： 乳癌後重建新生



張貝芝博士
香港大學臨床心理學家
講題摘要

如何有效舒緩壓力？

乳癌是一種在本港女性中常見的癌症。無論在剛確診、治療過程中、以及在康復路上都會遇到不同的挑戰，而壓力亦會隨之而增加。懂得如何處理壓力對於乳癌病患者及康復者都是非常重要。如能有效地處理壓力，對身心健康起著正面的影響。

若要戰勝過度的壓力，當然是要知己知彼。在治療及康復路上，自己的身體狀況、面對的治療方案以及需處理的事情在各階段都不同，所以令自己感到壓力的原因也不同。有效處理壓力，首先需要了解現時面對的實際情況及壓力的主要來源，然後由調整內在的因素以及行為習慣來舒緩壓力。

個人的性格特質和處理事物的態度都影響著壓力處理的成效。常常過度緊張及擔憂、抱著無助的心態面對抗癌路，負面的情緒及壓力便會增加。所以調整過度緊張的特質及採用正面的心態是面對壓力是重要的一環。懂得從不同角度看待事情，除可改善負面情緒外，亦可提升情緒彈性及加強掌握壓力管理的能力。另外，保持自己的支援網絡，讓自己在身心上得到適切的支持。而在行為上建立規律的生活模式、發掘適合自己的嗜好、定時運動、練習呼吸放鬆法等也是在壓力管理中不可少的。

能懂得由調整內在心態至行為實踐方便配合，便可有效地舒緩因癌症而帶來的壓力，讓自己在抗癌路上保持良好的精神健康。

SESSION 2 : Surviving breast cancer

Dr. Ginette Cheung
Clinical psychologist,
The University of Hong Kong

Abstract

How to relieve stress effectively?

Breast cancer is a common cancer for women in Hong Kong. Cope with cancer may take several months or even years. Women with breast cancer face different challenges in different stages, the process of treating their illness is a stressful period for them. Therefore, effective strategies for managing stress is important for cancer patients and survivors.

Effective stress management would be beneficial in enhancing both mental and physical health. First of all, identify the key stressors is the essential step for managing stress. Sense of helplessness and hopelessness, and high level of neuroticism were related to distress. So, positive attitude and characters also are the elements that influence stress level.

Moreover, an open-minded approach

can let people view their situations from different perspectives, this is not only helpful for coping with negative emotion, also enhancing emotional resilience, as well as the flexibility to deal with various issues. Furthermore, establish and maintain supporting network, and develop a healthy lifestyle are necessary for stress management.

In conclusion, stress relief is an important topic for breast cancer patients, whether the people are newly diagnosed, in the process of cancer treatment, or survivors who are back to normal life. Effective strategies for managing stress, including make appropriate adjustment on attitude, characters, establish new perspectives and lifestyle, help cancer patients and survivors adapt well to adversity.

第二節： 乳癌與骨骼健康



吳廷英醫生

屯門醫院臨床腫瘤科專科醫生

講題摘要

患有乳腺癌的患者的骨骼健康很重要。

骨是轉移性乳腺癌患者最常見的轉移部位。在晚期乳腺癌中，65-75%的患者會發生骨轉移。

骨轉移引起的並發症包括疼痛，機能狀態和生活質量下降，以及骨骼相關事件（SRE），包括需要對骨骼進行放射和/或手術，病理性骨折，脊髓壓迫，和惡性高鈣血症。

對於大多數患有乳腺腫瘤骨轉移的患者，建議使用雙膦酸鹽類藥物以減少骨骼並發症的風險。

對於緩解期的低轉移性疾病患者，無限期繼續治療或在兩年後中斷雙膦酸鹽治療是可接受的選擇。

在早期乳腺癌中，諸如手術性卵巢切除術，促性腺激素釋放激素

（GnRH）激動劑，誘發卵巢衰竭的化學療法和芳香化酶抑制劑（AIs）等治療均會減少內源性雌激素，導致骨質流失，並且在某些女性中，這種作用會增加發生骨折的危險。

建議患者進行DEXA掃描和其他危險因素評估，以評估其骨骼健康狀況。

建議大多數罹患乳腺癌的婦女採取改變生活方式，不僅促進骨骼健康，還促進整體健康。唑來膦酸（ZA），口服雙膦酸鹽或denosumab是針對罹患顯著AI引起的骨質疏鬆甚至骨折的高風險女性的藥物治療。

鑑於雙膦酸鹽類藥物具有輕微但真正的頷骨壞死風險，因此應在整個治療過程中繼續進行口腔健康評估，並應盡可能避免進行侵入性牙科治療。

SESSION 2 : Bone health and breast cancer

Dr. Ng Ting Ying

Specialist in Clinical Oncology,
Tuen Mun Hospital

Abstract

Bone health in patients suffered from breast cancer is important.

In advanced breast cancer, 65-75% of patients would develop bone metastases.

Complications from bone metastases include pain, decreased performance status, and decreased quality of life, as well as skeletal-related events (SREs), which are defined as the need for radiation and/or surgery to bone, pathologic fractures, spinal cord compression, and hypercalcemia of malignancy.

A bisphosphonate (e.g. Zoledronic acid) or denosumab was recommended to reduce the risk of skeletal complications for most patients with bone metastases from breast tumors.

In early breast cancer, treatments, such as surgical oophorectomy, gonadotropin-releasing hormone (GnRH) agonists, chemotherapy that induces ovarian failure, and aromatase inhibitors

(AIs) all decrease endogenous estrogens, cause bone loss, and, in some women, increase the risk of fractures.

Patients were recommended to have a DEXA scan and other risk factors assessment to evaluate their bone health. Most women suffered from breast cancer were recommended to adopt lifestyle changes that promote not only bone health, but overall health as well. Zoledronic acid (ZA), oral bisphosphonate or denosumab are drug treatment for women who are of high risk of developed significant AI induced bone loss or even fractures.

Given the small but real risk of osteonecrosis of the jaw with both bisphosphonates and denosumab, assessments of oral health should continue throughout the course of therapy and invasive dental procedures should be avoided if at all possible.

第二節： 癌症治療的財政支援 及健康經濟學

鄭志堅醫生

臨床腫瘤科專科醫生

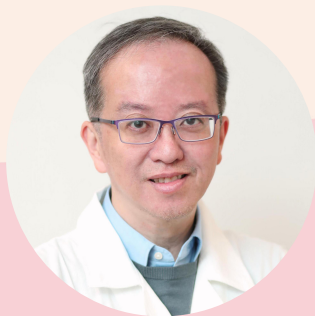
講題摘要

乳癌診斷、預後及治療的最新發展，讓我們為病人提供到個人化治療，以促進治療效果及提升病人生活質素。這包括透過乳癌篩查及早診斷乳癌、使用分子分析風險層、新的分子標靶及相關藥品、免疫治療藥物及新一代放射治療技術，然而這些新技術可能價格高昂，並超越很多病人的負擔能力。

為了確保適合的患者有接受這些新診斷及治療方式的途徑，以及在最有成本效益的情況下運用公眾資源，公立醫

院設有機制去審核、決定優先次序和是否採用新技術。社會上更有資助計劃向乳癌病人提供接受新治療方式的財政支援，例如：撒瑪利亞基金及關愛基金。另外，非政府組織，包括香港乳癌基金會也有向公營和私營醫療機構的乳癌病人提供支援。

是次演講將會解釋公營醫療機構提供資助的優先次序，並提出現存與乳癌篩查、分子分析及治療相關的資助計劃。



SESSION 2 : Financial Support in cancer treatment and health economics

Dr. Ashley Cheng

Specialist in Clinical Oncology

Abstract

With the recent advances in diagnosis, prognostication and treatment in breast cancer, we managed to provide personalised treatment to our patients and also greatly improved the outcome and their quality of life. These includes early diagnosis by breast cancer screening, molecular profiling for risk stratification, new molecular targets and related agents, immunotherapy drugs and advanced radiotherapy techniques. However these new technology can be expensive and may be out of the reach of many patients.

To ensure suitable patients to have access to these new diagnostic and treatment modalities in a fair and transparent way, and to ensure that the public resources are used in the most cost

effective way, the public hospitals have a framework and system to review, prioritise and adopt new technologies. There are also various sources of financial support to help breast cancer patients to have access to them in the public hospitals, e.g. Samaritan Fund and Community Care Fund. Supports are also available through non-government organisations, including Hong Kong Breast Cancer Foundation, to provide support to patients both in the public and private system.

This talk will explain how funding is prioritised in the public hospital system and also will highlight some of the available programs related to breast cancer screening, molecular profiling and treatment.

基因檢測 資助計劃

及早行動 進行檢測 認清乳癌的潛在真相

PIK3CA



乳癌患者如出現PIK3CA基因變異，對傳統治療的反應可能會未如理想^{1,2}。因此，進行基因檢測準確診斷基因變異狀況，可協助醫生與患者共同制定最適的個人化治療方案。

\$4000



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此資助計劃不需任何資產審查或經濟評估

- 被診斷患有晚期或轉移性乳癌，並符合以下兩項臨床條件：
 - (1) 荷爾蒙受體陽性 (HR+) 和
 - (2) 人類表皮生長因子受體2呈陰性 (HER2-)
- 經註冊的臨床腫瘤科專科醫生、內科腫瘤科專科醫生或外科專科醫生轉介，並持有由其核實簽署的轉介信

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患者支援熱線：(852) 2597 3251

資助機構：



參考資料：
1. Brown KK, Toker A. The phosphoinositide 3-kinase pathway and therapy resistance in cancer. F1000Prime Rep 2015;7:13.
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INDICATIONS: Extended adjuvant treatment of adult patients with early-stage hormone receptor positive HER2-overexpressed/amplified breast cancer and who completed adjuvant trastuzumab-based therapy less than one year ago. ADMINISTRATION: The recommended dose of Nerlynx is 240 mg (six 40 mg tablets) taken orally once daily, continuously for one year. Nerlynx should be taken with food, preferably in the morning. Patients should initiate treatment within 1 year after completion of trastuzumab therapy. See the Full Prescribing Information for dose modification information. CONTRAINDICATION: Co-administration with the following medical products that are strong inducers of the CYP3A4/P-gp isoform of cytochrome P450: carbamazepine, phenobarbital, phenytoin (antiepileptics), St. John's wort (Hypericum perforatum) (herbal product), rifampicin (antimycobacterial). Co-administration with moderate CYP3A4/P-gp inhibitors: fluconazole (antifungal), diltiazem, verapamil (calcium-channel blockers), erythromycin (antibiotic). Severe hepatic impairment (Child-Pugh C). SPECIAL WARNINGS AND PRECAUTIONS: •Diarrhea: The diarrhea may be severe and associated with dehydration. Diarrhea generally occurs early during the first or second week of treatment with Nerlynx and may be recurrent. •Elderly: Elderly patients (≥65 years of age) are at a higher risk of renal insufficiency and dehydration which may be a complication of diarrhea and these patients should be carefully monitored. •Patients with a significant chronic gastrointestinal disorder: Patients with a significant chronic gastrointestinal disorder with diarrhea as a major symptom were not included in the pivotal study, and should be carefully monitored. •Renal impairment: Patients with renal impairment are at a higher risk of complications of dehydration if they develop diarrhea, and these patients should be carefully monitored. •Hepatic impairment: In patients with severe hepatic impairment (Child-Pugh C) there is a 2.8-fold increase of exposure to neratinib. •Left ventricular function: Left ventricular dysfunction has been associated with HER2 inhibition. Nerlynx has not been studied in patients with less than lower limit of normal left ventricular ejection fraction (LVEF) or with significant cardiac history. In patients with known cardiac risk factors, conduct cardiac monitoring, including assessment of LVEF, as clinically indicated. •Proton pump inhibitors, H2-receptor antagonists and antacids: Co-administration with proton pump inhibitors (PPIs) and H2-receptor antagonists are not recommended. If an antacid is taken, separate the dosing of Nerlynx and the antacid by at least 2 hours. •Pregnancy: Neratinib may cause fetal harm when administered to pregnant women. •Skin and subcutaneous tissue disorders: Nerlynx is associated with skin and subcutaneous tissue disorders. Patients with symptomatic skin and subcutaneous tissue disorders should be carefully monitored. •Concomitant treatment with inhibitors of CYP3A4 and P-gp: Concomitant treatment with strong CYP3A4 and P-gp inhibitors should be avoided due to risk of increased exposure to neratinib. •Grapefruit juice should be avoided during treatment with Nerlynx. ADVERSE EFFECT: Most common adverse reactions (>20%) of any grade were diarrhea, nausea, fatigue, vomiting, abdominal pain. PREGNANCY LACTATION: Pregnancy: Nerlynx should not be used during pregnancy unless the clinical condition of the woman requires treatment with neratinib. Lactation: It is not known whether neratinib is excreted in human milk. A risk to the breastfed infant cannot be excluded.

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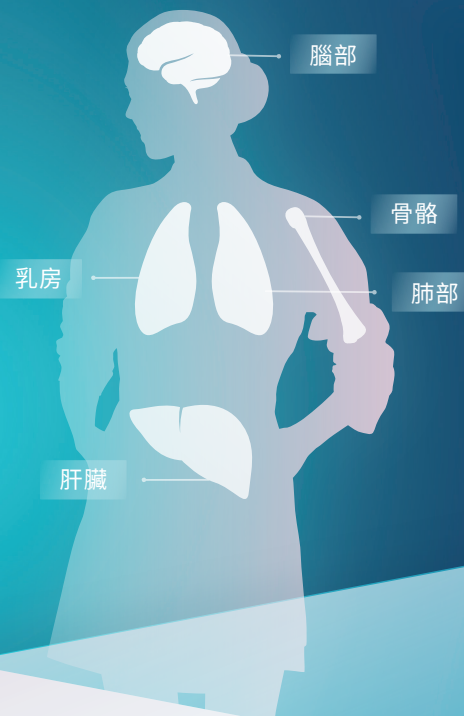


擴散性乳癌 小知識

晚期乳癌患者的癌細胞已經從乳房或腋下淋巴結轉移至其他身體部位。常見的擴散部位包括**骨骼、肝臟、肺部及腦部**等。¹

20-30%

患有早期乳癌的女性會
演化為擴散期乳癌。²



擴散性乳癌的治療

乳癌治療首要目標包括：^{3,4}



縮小腫瘤



處理症狀



預防癌細胞
進一步擴散

醫生與患者會考慮以下因素來選擇最合適的治療方法：⁵



乳癌細胞特性



癌細胞擴散位置



乳癌症狀



以往曾經接受
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致意

什麼是 術前治療？

術前治療是指手術前給予患者的治療，亦稱為前導性化療，再視乎腫瘤特性，可能加上標靶治療。近年越來越多人選擇術前治療，達至更佳的治疗效果。只要把握黃金治療時機，便可為治療帶來更多潛在益處，如**保留乳房、提高存活率**等。

傳統先接受手術的流程

手術

術後輔助治療

先接受術前治療的流程

術前治療

手術

術後輔助治療

我適合做
術前治療嗎？

先縮小腫瘤

術前治療能先縮小腫瘤，使醫生有機會進行局部切除手術，**增加保留乳房的機會**。

一般來說腫瘤太大不能夠做局部乳房切除手術或已經擴散到腋下淋巴，便可考慮術前治療。國際治療指引建議部分患者特別適合接受術前治療：

- HER2型或三陰性乳癌
- 腫瘤直徑大於2厘米或腋下淋巴受影響（主要為第II或第III期）

監察腫瘤反應

先接受術前治療，使醫生能監察腫瘤對藥物的反應。**部分患者的腫瘤能達至「病理完全緩解」。**

手術較易進行

術前治療**有助手術較容易進行**。對於有腋下淋巴擴散的患者，更有機會減少手術時需清除切除的腋下淋巴範圍。

幫助制定術後輔助治療方案

醫生可根據患者術前藥物治療的反應，**制定更精準及有效的術後輔助治療**，減低復發率。



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Reference:
1. Untch M, et al. Geburtsh Frauenheilk 2019; 79: 591-604
2. Early Breast Cancer: ESMO Clinical Practice Guidelines. Ann Oncol. 2019
3. NCCN Breast Cancer Guidelines. Version 4. 2020 (Accessed 2 Jul 2020)

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致意

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乳健檢查

不可不知的乳癌實況

- 乳癌由 1994 年起便成為本港女性的頭號癌症，每年有超過 3000 人確診，超過 500 人死於乳癌
- 九成乳癌發生在 40 歲或以上的婦女身上，40 歲後年紀愈大，患乳癌的風險愈高
- 經由例行乳房健康檢查發現的乳癌腫瘤一般較細，期數也較早



遠離乳癌威脅，關注妳的乳房健康



自我檢查



醫護人員
臨床檢查



乳房 X 光
造影檢查

定期進行乳房 X 光造影檢查，可以偵測未形成腫瘤及摸不到的早期乳癌。愈早發現，治療會愈簡單和有效。

香港乳癌基金會乳健中心提供專業可靠、便捷、收費相宜的乳健檢查服務，包括乳房 X 光造影檢查及乳房超聲波掃描。如檢查後結果有異常狀況，更會安排專科醫生進行檢測及診斷。

如符合資格更可參加「免費乳健檢查計劃」，若檢查後有異常，診斷費用亦將獲豁免。

務求達到「及早發現 治療關鍵」的重要。

詳情及細則請參閱小冊子或瀏覽本會網站

請注意：除非曾來電查詢、預約或申請服務，否則乳健中心不會以電話向市民推廣服務，亦不會透過電話收集地址和身分證號碼等個人資料。

愛錫自己、愛錫家人，立即檢查

 **3143 7333**
www.hkbcf.org



網上預約

Breast Screening

Breast cancer facts you should know

- Breast cancer is the most common cancer for women in Hong Kong since 1994. Over 3,000 people are diagnosed with breast cancer and about 500 die every year
- About 90% of cases are in women over 40 years old. The risk increases with age
- Tumours detected through regular screenings are smaller and at earlier stage



Be Breast Aware to Mitigate the Threat of Breast Cancer



Self-examination



Clinical examination



Mammogram

The mammogram can detect abnormalities which cannot be seen by the eye or felt by the hand. If detected early, breast cancer is curable and with more effective treatment options.

The Hong Kong Breast Cancer Foundation Breast Health Centre (BHC) provides professional, reliable and affordable breast cancer screening services, including mammography screening and ultrasound imaging. If abnormal result is found, doctor consultation and diagnostic tests will be arranged.

Breast screening services are provided free to eligible applicants. If the results show abnormalities, subsidies will be extended to cover follow-up consultation and diagnostic service.

Please remember **“Early Detection Saves Lives”**

For more details, please refer to BHC promotional pamphlets or our website

Please be assured that BHC strictly adheres to the requirements of privacy ordinance. We only make phone calls to those who have contacted us for enquiry, making appointment and applying for our services. We never promote services and collect information such as address and ID card number over the phone.

Love Yourself Love Your Family Start Your Breast Screening Programme Now

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Online Booking

乳癌康復月賣物會2021 壓力手袖套限時優惠活動

凡於2021年5月15日至22日期間

親臨本會香港中心及香港乳癌基金會賽馬會乳健中心(九龍)購買壓力手袖套，
可享有高達半價優惠及獲贈蕾絲手袖乙對。



活動詳情

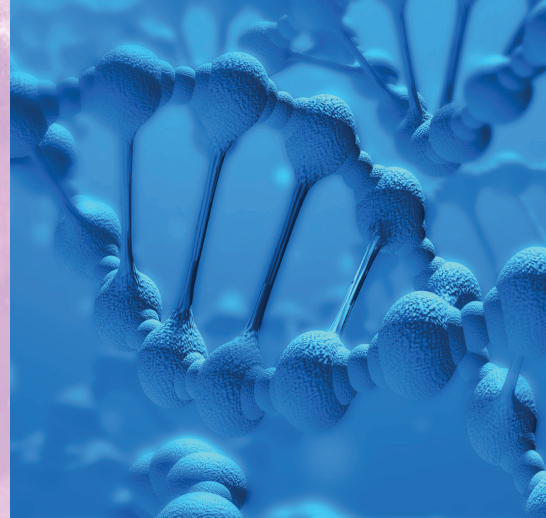
- 醫護人員會根據指引,建議合適的壓力手袖套類別, 然後再度尺碼, 尺碼量度費用\$100。
- 優惠只適用於壓力手袖套,不適用於其他貨品及服務

如有興趣,請致電個案護士報名
查詢電話: 25256033/25973251

名額有限, 先到先得, 額滿即止, 會員優先

如有任何爭議, 香港乳癌基金會保留最終決定權

香港中心：香港北角木星街9號永昇中心22樓(港鐵炮台山站A出口)
賽馬會乳健中心(九龍)：九龍牛池灣龍翔道28號1樓(港鐵彩虹站C2出口)



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主辦機構：



捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
同心 同步 同進 RIDING HIGH TOGETHER

賽馬會全方位乳健計劃

半額資助乳房X光造影檢查計劃

***乳癌**是香港女性頭號癌症，每**12**名婦女中就有**1**人有機會在一生中患上乳癌。



- ▶ 八成患者為**40歲**或以上女性
- ▶ 年紀愈大，**風險**愈高
- ▶ 乳癌非絕症，**及早發現**，是**治療**關鍵
- ▶ 合資格者，**可獲半額資助**
(原價:HK\$1,050，半額資助：HK\$525)

服務對象



及



及



及



40歲或以上女性

持有香港身份證

有中或高風險患上乳癌

通過簡單入息審查



香港乳癌基金會賽馬會乳健中心 (九龍)

九龍牛池灣龍翔道28號 (港鐵彩虹站C2出口步行約5分鐘)

☎ **2597 3200**

申請資格及詳情



www.hkbcf.org

With Compliments

**HEALTHCARE
CELLTRION**

致意

*資料來源：香港癌症資料統計中心2018年數據

捐款表格 Donation Form



網上捐款
Online Donation

我願意捐款 I wish to donate:

- ☐ HK\$2800 可為有需要的婦女提供粗針穿刺活組織檢查
Provides diagnostic needle biopsy for a woman in need
- ☐ HK\$1050 可為有需要的婦女提供免費乳房x光造影檢查
Gives free mammogram for a woman in need
- ☐ HK\$280 可為有需要的乳癌患者提供淋巴水腫指數測量服務
Provides a Lymphoedema Index Measurement for one breast cancer patient
- ☐ HK\$100 可為新確診乳癌患者提供護理錦囊
Provides comfort pack for one newly diagnosed breast cancer patient
- ☐ HK\$ _____

捐款者資料 Donor Information:

中文姓名 (先生/小姐/女士/太太) English Name (Mr./Miss/Ms./Mrs.)

手提電話 辦公室/住宅電話 電郵
Mobile Office/Home Tel Email

地址 收據抬頭
Address Name on Receipt
(若與上述捐款人不同方需填寫) (Specify if differ from donor name above)

您的個人資料將保密處理，並只會用作捐款處理、發出收據和通訊等用途。請在方格內以✓表示：
Your personal information will be treated as strictly confidential and used solely for processing donation, issuing receipts and communication purposes. Please ✓ one of the boxes:

本人 ☐ 同意 / ☐ 不同意 接收香港乳癌基金會的資訊。

☐ I wish / ☐ I don't wish to receive information from Hong Kong Breast Cancer Foundation.

通訊語言 (請選其一)

Language Preference (select one only)

☐ 英文 English ☐ 中文 Chinese

捐款方法 Donation Method:

☐ 每月捐款 Monthly Giving ☐ 單次捐款 One-off Giving

劃線支票 Crossed Cheque

(單次捐款適用 One-off Giving ONLY)

支票抬頭請寫「香港乳癌基金會有限公司」，並在支票背面寫上姓名及聯絡電話。
Please make the cheque payable to "Hong Kong Breast Cancer Foundation Limited". Please mark your name and contact number on the back of the cheque.

銀行入數 Bank Deposit

(單次捐款適用 One-off Giving ONLY)

請把善款直接存入香港乳癌基金會之滙豐銀行戶口：094-793650-838
請連同存款收據正本/自動櫃員機單據正本寄回。捐款者請保留收據副本。
Please make a deposit into the Hong Kong Breast Cancer Foundation's bank account (HSBC A/C: 094-793650-838), and send us the original bank payment slip/ATM slip with this form. Please keep a photocopy of the slip for your own record.

信用卡 Credit Card (單次或每月捐款適用 One-off and Monthly Giving) (*有效期不少於兩個月 minimum valid for 2 months)

☐ Visa ☐ MasterCard

信用卡號碼
Credit Card Number

簽發銀行
Card Issuing Bank

有效日期
Expiry Date 月 Month 年 Year

持卡人姓名
Cardholder's Name

持卡人簽署
Cardholder's Signature

*表格上如有任何塗改，請在旁簽署。港幣一百元或以上的捐款，可憑收據申請扣減稅項(稅局檔號91/7226)。
Please sign against any alterations you make on this form. All donations of HK\$100 or above are tax deductible (IRD File no. 91/7226)
請填妥本表格，並寄回香港乳癌基金會香港北角木星街9號昇昇中心22樓或傳真至本會2525 6233。
Please complete the form and return to us by post to Hong Kong Breast Cancer Foundation, 22/F, Jupiter Tower, 9 Jupiter Street, North Point or by fax 2525 6233.

oncotype DX®
Breast Recurrence Score

安可待®乳癌腫瘤基因表現檢測

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愛自己，了解適合您的治療計劃



美國復發指數™
乳癌腫瘤基因
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不需要？ 需要？

安可待乳癌腫瘤基因 表現檢測資助計劃

香港乳癌基金會現在推出
「安可待乳癌腫瘤基因表現檢測資助計劃」
詳情及申請資格可瀏覽 www.hkbcf.org



香港乳癌基金會
HK Breast Cancer
Foundation



查詢熱線 (852) 2596 1832

基因檢測先評估後決定化療需要

協助您制定適合的乳癌治療方案

References: 1. Sparano et al. N Engl J Med. 2015. 2. Sparano et al. N Engl J Med. 2018. 3. Paik et al. J Clin Oncol. 2006. 4. Geyer et al. npj Breast Cancer. 2018. 5. Albain et al. Lancet Oncol. 2010. 6. Nitz et al. Breast Cancer Res Treat. 2017.
本資訊僅作參考之用，並不取代醫生專業意見，如對診斷或治療計劃有疑問，請向您的醫生查詢。* 該檢測適合患有早期侵入性乳癌，並符合以下條件：荷爾蒙受體呈陽性(HR+)、人類表皮生長因子受體2呈陰性(HER2-)。

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總代理



Jacobson Medical (Hong Kong) Ltd.
雅各臣藥業(香港)有限公司

聯絡我們 Contact Us

香港乳癌基金會

Hong Kong Breast Cancer Foundation

一般查詢 General Enquiry: T: (852) 2525 6033

F: (852) 2525 6233

E: info@hkbcf.org

香港乳癌資料庫電郵查詢

Hong Kong Breast Cancer Registry Enquiry:

hkbcr@hkbcf.org

香港乳癌基金會 (香港中心)

Hong Kong Breast Cancer Foundation (Hong Kong Centre)

香港北角木星街9號永昇中心22樓 (炮台山港鐵站A出口)

22/F, Jupiter Tower, 9 Jupiter Street, North Point,
Hong Kong (Exit A, Fortress Hill MTR Station)

乳健檢查熱線 Breast Screening Hotline:

(852) 3143 7333

乳癌患者支援熱線 Patient Support Hotline:

(852) 2525 6033

香港乳癌基金會賽馬會乳健中心 (九龍)

Hong Kong Breast Cancer Foundation
Jockey Club Breast Health Centre (Kowloon)

香港九龍牛池灣龍翔道28號 (港鐵彩虹站C2出口)

28 Lung Cheung Road, Ngau Chi Wan,
Kowloong (Exit C2, Choi Hung MTR Station)

乳健檢查熱線 Breast Screening Hotline:

(852) 2597 3200

乳癌患者支援熱線 Patient Support Hotline:

(852) 2597 3251

