

香港乳癌基金會十五週年呈獻  
「乳你同行」網上直播醫學講座  
HK Breast Cancer Foundation  
15<sup>th</sup> Anniversary Live Symposium on  
Breast Health Education 2020

2020.09.12 & 19 (Sat)  
2:30pm - 4:30pm



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## 創會人的話

### 張淑儀醫生

香港乳癌基金會創會人



乳癌為香港婦女頭號癌症。單在2017年，每天平均有 12 名女性被診斷患上乳癌。於 20 年間，女性乳癌的確診個案增加近 3 倍。要真正杜絕乳癌威脅，治本的方法是通過教育，讓一般婦女都了解預防乳癌的方法。即使患上乳癌，大家對乳癌的了解越深，抗癌的信心更大。

因為新冠肺炎的出現，全球都迎來前所未見的停擺。然而乳癌是不會因疫情而停下來，如果你已經出現徵兆，應該盡快安排接受乳健檢查，不要因為疫症而延誤診斷。

最後，我謹向所有講者及贊助商致以衷心謝意，令是次醫學講座得以舉行。

## Founder's Message

### Dr. Polly CHEUNG

Founder, Hong Kong Breast Cancer Foundation

Breast cancer is the most common cancer among women in Hong Kong. In 2017 alone, 12 women on average were diagnosed with breast cancer every day. The number of diagnosed cases of female breast cancer has tripled over the past 20 years. Education is the most effective solution to the disease – i.e. to equip women with the requisite knowledge of preventing breast cancer. Even when one is diagnosed with breast cancer, she will be more confident in battling against the disease in the days ahead.

We are all affected by COVID-19 in different ways. However, you are not immune from breast cancer just because there is a global shutdown. If you discover symptoms of breast cancer, you should undertake breast screening immediately and not be deterred by the pandemic situation.

Last but not least, I would like to thank all the speakers and event sponsors for making this symposium possible.



## 主席的話

### 霍何綺華女士 香港乳癌基金會主席



首先，本人謹代表香港乳癌基金會，感謝大家參與香港乳癌基金會15週年「乳你同行」網上直播醫學講座。本人亦藉此多謝各位嘉賓及活動贊助商的鼎力支持，令是次講座得以順利舉行。

基金會在2020年3月踏入15週年。我們本想藉此機會舉辦醫學講座，向大眾宣揚乳健訊息。然而，新冠肺炎驟然襲來，全球遭受前所未有的衝擊，基金會亦不能例外。為保障參加者的安全，我們只好暫時擱置醫學講座，在此艱難時刻專心提供服務。

雖然疫情下實體講座難以成事，但經多番努力，是次講座終可透過網上形式舉行，包括在Facebook及YouTube進行直播，讓大家即使安在家中，仍可收到最新乳健資訊。更重要是，雖然前路崎嶇，基金會一直守候在旁，陪伴你對抗乳癌。

## Chairman's Message

### Mrs. Eliza FOK Chairman, Hong Kong Breast Cancer Foundation

On behalf of the Hong Kong Breast Cancer Foundation, I would like to thank you for taking part in our 15<sup>th</sup> Anniversary Live Symposium on Breast Health Education 2020. My thanks especially go to our speakers and event sponsors who have helped make this event possible.

As you may probably be aware, the HKBCF is 15 years old in March 2020. We had helped to take this opportunity to promote breast cancer awareness, hence the idea of having a symposium in the same month. Little did we expect that COVID-19 hiccupped our plans – in less than a month, we witnessed a global shutdown. To ensure the safety of every participant, we shelved the symposium and tried hard to sustain our services in this difficult time.

Where there's a will there's a way. Through Facebook and YouTube, we have worked hard to remodel the symposium to a virtual base so that even when you are at home, you are still able to receive our first-hand breast cancer information. And above all, we'd like you to know that while the road may be bumpy at times, the HKBCF is here with you providing care and support you need to overcome difficulties – You are not alone on this road.



## 講座內容 9月12日 Agenda 12 Sep

主題	講者	SESSION	SPEAKER
<b>第一節：乳癌治療方案</b>			
♥ 如何認識及面對乳癌	張淑儀醫生	♥ What you need to know about breast cancer	Dr. Polly CHEUNG
♥ 乳癌手術方案及術後護理	熊維嘉醫生	♥ How to manage sequelae after breast cancer surgery	Dr. HUNG Wai Ka
♥ 如何應對化療的副作用	施俊健醫生	♥ How to tackle side effects of chemotherapy	Dr. Henry SZE
♥ 如何減少電療的副作用	關永康醫生	♥ How to minimize side effects from radiotherapy	Dr. KWAN Wing Hong
♥ 問答環節		♥ Q&A	
<b>第二節：乳癌治療方案</b>			
♥ 賀爾蒙受體陽性的乳癌治療方案	李沛基醫生	♥ Treatment of hormone receptor positive cancer	Dr. Lawrence LI
♥ HER2陽性的乳癌治療方案	宋 崧醫生	♥ Treatment of HER2 positive cancer	Dr. Inda SOONG
♥ 三陰性乳癌治療方案	邱振中醫士	♥ Treatment of triple negative cancer	Dr. YAU Chun Chung
♥ 擴散性乳癌治療方案	曾詠恆醫生	♥ Treatment of metastatic breast cancer	Dr. Janice TSANG
♥ 問答環節		♥ Q&A	

## 講座內容 9月19日 Agenda 19 Sep

主題	講者	SESSION	SPEAKER
<b>第一節：乳癌康復之路</b>			
♥ 處理乳癌賀爾蒙治療及免疫治療過程中的副作用	邱宗祥醫生	♥ Management of side effects from on-going hormonal therapy and immunotherapy	Dr. Thomas YAU
♥ 乳癌復發的監控	蔡浩強醫生	♥ Surveillance for recurrent cancer	Dr. Peter CHOI
♥ 淋巴水腫的預防及護理	張春好姑娘	♥ Lymphoedema prevention and treatment	Ms. Doris CHEUNG
♥ 問答環節		♥ Q&A	
<b>第二節</b>			
♥ 賀爾蒙受體陽性的乳癌，誰人需要做化療？	梁澄宇醫生	♥ In the case of hormone receptor positive breast cancer, who would need chemotherapy?	Dr. Roland LEUNG
♥ 問答環節		♥ Q&A	
<b>第三節：乳癌康復之路</b>			
♥ 乳癌引發的情緒管理	袁家慧博士	♥ Psychological advice	Dr. Rhoda YUEN
♥ 康復路上的飲食建議	余思行營養師	♥ Dietary advice	Ms. Flavia U
♥ 重建新生	麥懿活醫生	♥ Rebuilding a new life	Dr. Yvonne MAK
♥ 問答環節		♥ Q&A	

## 第一節：乳癌治療方案

### 如何認識及面對乳癌

#### 講者

張淑儀醫生  
香港乳癌基金會創會人



#### 講題摘要

乳癌的表現形式通常為乳房中出現腫塊，而且大多數時候並沒有伴隨痛楚。有見於過去的25年內，乳癌在香港婦女中的病發率長居首位，本地女士應當注意乳房的任何變化。為了能及早發現乳癌，年齡高於40歲的婦女應定期接受乳房X光造影檢查，目標是找出未有明顯徵狀的患者，以減輕後續治療對生命和生活質素的影響。

當患者被確診乳癌時，其內心大多擔憂「我是否將要面臨死亡」。面對癌症帶來的挑戰，患者需要瞭解其乳癌的期數和腫瘤的生物學特徵，從而明白到乳癌對其生命所帶來的威脅。

每個乳癌都有其獨特的腫瘤特性。因而治療手法亦因人而異，當中包括手術治療、化學治療、內分泌治療、靶向治療和放射性治療。在患者掌握了其乳癌的相關資訊後，就能和醫生商討得出一個個人化的治療方案，為求以最佳方法將癌症根治。

## SESSION 1: Therapy for Breast Cancer

What you need to know about breast cancer

#### SPEAKER

Dr. Polly CHEUNG  
Founder, Hong Kong Breast Cancer Foundation

#### ABSTRACT

Breast cancer usually present as a lump in the breast, most of the time, painless. As breast cancer is the number one cancer among HK women in the last quarter of a century, women should be aware of any changes in the breast. To be able to detect the presence of cancer early, women above the age of 40 should undergo regular mammogram screening in order to detect cancer before it becomes palpable.

When one is diagnosed with breast cancer, the natural reaction is whether “I will die”. In order to face the cancer challenge, one should try to get information on the staging and tumour biology of her cancer, in order to understand how the cancer threatens her life.

Not every breast cancer is the same. The treatment is multidisciplinary, including surgery, chemotherapy, hormone therapy, targeted therapy and radiotherapy. After a knowledge of her breast cancer, one should ask her doctor for a personalized treatment plan, in order to have the best way to eradicate her cancer.

## 第一節：乳癌治療方案

### 乳癌手術方案及術後護理

#### 講者

熊維嘉醫生

仁德醫務中心外科專科醫生；  
香港乳癌基金會管治委員會成員



#### 講題摘要

乳癌手術是完整地切除包括癌症患處和受其影響的腋下淋巴結在內的治療方式。

因應病況的不同程度，癌症患處的切除可以通過乳房保留手術或乳房切除手術來完成。而須進行乳房切除手術的患者，將需要考慮使用植入物或自體脂肪移植來完成緊隨的乳房重建。

當發現腋下淋巴結亦受到癌症影響時，患者則須接受腋下淋巴結切除手術。而在腋下淋巴結沒有被明顯波及的情況下，患者將通過前哨淋巴結切片檢查來確定癌症期數。

術後護理將包括手術傷口照料和引流處理。在患者康復期間，運動鍛練是其恢復肩膀活動能力的重要一環，也能以此預防淋巴水腫。

## SESSION 1: Therapy for Breast Cancer

How to manage sequelae after breast cancer surgery

#### SPEAKER

Dr. HUNG Wai Ka

Specialist in General Surgery, Pedder Clinic;  
Member of Management Committee,  
Hong Kong Breast Cancer Foundation

#### ABSTRACT

Breast cancer surgery includes the complete removal of the cancer with the affected axillary lymph nodes.

Removal of the cancer can be done through a lumpectomy or mastectomy depending on the extent of the disease. Patients who require mastectomy will need to consider an immediate breast reconstruction using either an implant or autologous fat.

Patients with known axillary lymph node involvement will require axillary dissection. In patients without obvious lymph node involvement will be staged by a sentinel node biopsy.

Post-operative care will include wound and drain care. Rehabilitation exercise is important to regain shoulder movement and also exercise to prevent lymphedema.



## 第一節：乳癌治療方案

### 如何應對化療的副作用

#### 講者

施俊健醫生  
希愈腫瘤中心臨床腫瘤科專科醫生



#### 講題摘要

多年來，化學治療一直是治療乳癌的一種重要方法。對於癌症期數較前的乳癌患者而言，化療可在手術前（前置性）或手術後（輔助性）進行，以優化手術的效果和減少復發的機會。

時至今日，化療已經歷過一段漫長的演變。從第一代的 Non-anthracycline regimen —— 六個週期的CMF（Cyclophosphamide, Methotrexate, 5-fluorouracil），又名小黃莓；到 Anthracycline-based regimens —— 四個週期的AC（Adriamycin, Cyclophosphamide），又名小紅莓，或六個週期的FAC/FEC（5-fluorouracil, Adriamycin/Epirubicin, Cyclophosphamide）；及後更發展到現時的第三代Taxane-based regimens，即以紫杉醇為主。

儘管化療在改善乳癌療效方面非常有效，但也衍生許多副作用。這些副作用包括噁心、嘔吐、脫髮、骨髓抑制和疲勞等。為讓患者能適時接受治療，採用輔助性的藥物和儀器，再配以生活方式的轉變，將有助於減輕化療的副作用。

本次講座將介紹最新式治療策略的應用，例如止吐藥、頭皮冷卻器、白血球增益劑，以及其他應對化療副作用的方法。

## SESSION 1: Therapy for Breast Cancer

How to tackle side effects of chemotherapy

#### SPEAKER

Dr. Henry SZE  
Specialist in Clinical Oncology, Heal Oncology Centre

#### ABSTRACT

Chemotherapy has been an important treatment for breast cancer for many years. For early stage breast cancer, chemotherapy can be given before (neoadjuvant) or after (adjuvant) surgery to improve the surgical outcome and reduce the chance of recurrence.

Chemotherapy has evolved a long way from the first generation non-anthracycline regimen of six cycles of CMF (Cyclophosphamide, Methotrexate, 5-fluorouracil) to anthracycline-based regimens of either four cycles of AC (Adriamycin, Cyclophosphamide) or six cycles of FAC/FEC (5-fluorouracil, Adriamycin/Epirubicin, Cyclophosphamide), and now to the third-generation taxane-based regimens.

Although chemotherapy is highly effective in improving the outcome, it is also associated with many side effects. They include nausea, vomiting, hair loss, myelosuppression, fatigue, etc. In order to maintain patients on scheduled treatment, supportive medications and equipment as well as lifestyle modifications can help to ameliorate the side effects of chemotherapy.

In this lecture, the use of latest strategies, for example anti-emetic drugs, scalp-cooling device, white cell boosters and other means to tackle the side effects of chemotherapy will be introduced.

## 第一節：乳癌治療方案

### 如何減少電療的副作用

#### 講者

關永康醫生

香港養和醫院放射治療部主任；

香港乳癌基金會香港乳癌資料庫督導委員會成員



#### 講題摘要

本地的乳癌患者經仔細分類後，特定的群組將可受惠於放射性治療以提高存活率，由此可見，放射性治療的確能改善本地乳癌患者的病情。然而，患處的周邊部位（如軟組織、神經組織、淋巴系統、心臟和肺部）可能會受到放射性治療的副作用影響。為能增進治療準確度，醫生需要仔細篩選患者，確定必需接受治療的部位（胸壁，或連同淋巴結），並使用最恰當的放射儀器。

一般而言，接受乳房保留手術的所有患者，以及接受乳房切除手術的高危患者（不論之後有否安排腋下淋巴結切除手術），都能受惠於手術後進行的放射性治療。

放射性治療由二十世紀 80 年代的二維平面治療模式，發展至 90 年代的三維立體治療模式；且由正向操作演變為運用強度可調節的射線的逆向操作。促成這些技術上的進步，就有賴於電腦斷層掃描儀器，可規劃放射性治療照射劑量的強大電腦系統和新型放射儀器的應用。在避開患處鄰近的重要部位同時，又能夠給予患處的指定的照射劑量（這在由胸部上方至下方的操作中難以達成）。放射性治療結合呼吸節奏的控制，可以進一步減少在心臟和肺部的承受的照射劑量，現今普遍用於左胸的腫瘤治療上。利用質子射線的放射性治療正接受臨床測試，來評估其在乳癌治療中，相較於傳統 X 射線的可取之處，而且測試早期就得出了鼓舞人心的成果。

## SESSION 1: Therapy for Breast Cancer

### How to minimize side effects from radiotherapy

#### SPEAKER

Dr. KWAN Wing Hong

Director, Department of Radiotherapy,

Hong Kong Sanatorium and Hospital;

Member of Hong Kong Breast Cancer Registry Steering Committee,

Hong Kong Breast Cancer Foundation

#### ABSTRACT

Radiotherapy will improve the local control of breast cancer giving rise to a survival benefit in carefully selected patient. However the nearby structures like the soft, tissue, nerves, lymphatics, heart and lung may be affected. In order to increase our therapeutic ratio, we need to select our patient carefully, treat the appropriate target (chest wall +/- different lymphatic drainage basins) and use the most appropriate radiation machine.

In general, all patients treated with breast conserving surgery and high risks patients post mastectomy +/- axillary surgery will benefit from post-operative radiation therapy.

Radiation treatment have moved from the era of 2D planning in the 1980's to 3D planning in the 1990's, and from forward planning to inverse planning using intensity modulated beams. This is made possible by our CT scanner, powerful RT planning computer and new radiation machines. This can give a more homogenous radiation dose conforming to our target (which is very irregular if we go from the upper to the lower chest) while avoiding neighbouring vital structures. Radiotherapy incorporating breathing control can further reduce the dose to the heart and lung and is currently commonly practiced for left sided tumour. Clinical trial is underway to evaluate the benefit of proton beam therapy versus conventional X rays in the treatment of breast cancer with encouraging early results.



# 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](http://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





## 第二節：乳癌治療方案

### 賀爾蒙受體陽性的乳癌治療方案

#### 講者

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臨床腫瘤科專科醫生；

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香港乳癌基金會管治委員會成員



#### 講題摘要

在大多數乳癌患者的癌細胞內，可發現到賀爾蒙受體（HR+）過度表現的現象，其中包括雌激素受體（ER）和黃體酮受體（PR）。因此，這類型的癌症患者就適合接受針對這些受體的賀爾蒙治療。而其藥物的治療原理包括：干擾賀爾蒙受體（如三苯氧胺（Tamoxifen））、減弱賀爾蒙受體的活性（如 Fulvestrant）、減少體內產生的雌激素（如芳香環轉化內抑制劑（Aromatase Inhibitor, AI），包括Anastrozole, Letrozole, Exemestane），以及抑制卵巢製造雌激素，即促黃體激素釋放激素（Luteinizing Hormone Releasing Hormone, LHRH）促進劑（如 Goserelin）。在術後治療中，分別讓收經前的患者和收經後患者服用三苯氧胺和芳香環轉化內抑制劑，均顯著提高了她們的存活機會。其中一部分特定的收經前患者，可進一步受惠於抑制卵巢製造雌激素的LHRH 促進劑，期間再配以三苯氧胺（Tamoxifen）或芳香環轉化內抑制劑（AI），以達到乃至更高的存活率。這些藥物亦能以多種不同組合的形式運用於擴散性乳癌的病例中。近年來，新型的靶向治療如CDK4 / 6 抑制劑（Palbociclib, Ribociclib, Abemaciclib），哺乳類動物雷帕黴素靶蛋白（mTOR）抑制劑（Everolimus）和PI3K 抑制劑（Alpelisib），讓賀爾蒙治療在癌症擴散階段的成效得以增幅。治療方法的選擇取決於患者的收經情況，臨床表現以及各種藥物的副作用強度。了解關於癌細胞的代謝途徑及繁殖增生過程的知識，是研發不同類型靶向治療藥物的基礎。

## SESSION 2: Therapy for Breast Cancer

Treatment of hormone receptor positive cancer

#### SPEAKER

Dr. Lawrence Li

Specialist in Clinical Oncology;

Director, Alpha Oncology Centre;

Member of Management Committee,

Hong Kong Breast Cancer Foundation

#### ABSTRACT

Most breast cancer patients have over expression of hormonal receptors (HR+) in their cancer cells, which include estrogen receptor (ER) and progesterone receptor (PR). These cancers are thereby amenable to hormonal therapy that targets such receptors. Therapeutic agents include drugs that modulate these receptors like tamoxifen, down regulate them like fulvestrant, or drugs that reduce the endogenous production of estrogen like aromatase inhibitors (anastrozole, letrozole, exemestane) or luteinizing hormone releasing hormone (LHRH) agonists like goserelin. In post operative setting as adjuvant therapy, the use of tamoxifen in premenopausal, and aromatase inhibitors in postmenopausal patients have significantly improved the survival of breast cancer patients. A selected group of premenopausal patients can further benefit from ovarian suppression using LHRH agonist plus tamoxifen or aromatase inhibitor for additional improvement in survival. These drugs are also used in various combinations in the metastatic setting. In recent years, new targeted agents like CDK4/6 inhibitors (palbociclib, ribociclib, abemaciclib), mTOR inhibitor (everolimus), and PI3K inhibitor (alpelisib) have enhanced the therapeutic effectiveness of these hormonal agents in the metastatic stage. The choice of therapies depends on the menopausal status of the patient, the clinical setting, and the different side effect profiles of the various drugs. The knowledge of the metabolic pathways and of the proliferation and replication process of the cancer cells forms the basis of the development of these different classes of drugs acting on different therapeutic targets in the pathways.

## 第二節：乳癌治療方案

### HER2陽性的乳癌治療方案

#### 講者

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#### 講題摘要

乳癌其實是可以定義為由多種的乳癌亞型組成的疾病。不同的乳癌亞型有各自的病理及臨床特徵。乳癌亞型之一是過度表達 HER2 蛋白或第二型人類上皮生長素受體（HER2）呈陽性。過往，HER2 陽性乳癌會被認為是比較 HER2 陰性乳癌更惡性及病情會較為惡劣。如今，最新的 HER2 靶向治療已能改善 HER2 陽性乳癌的疾病預後情況，使其具有很高的治愈性和可治療性。

#### 早期乳癌：

對於早期乳癌，HER2的陽性狀態，連同癌症疾病分期，腫瘤等級和雌激素受體的狀態，可以幫助制定根治性手術(有或沒有局部放療)之外的輔助藥物療法(手術前或之後進行)以根治癌病。曲妥珠單抗（Trastuzumab）是第一種獲準用於治療HER2陽性乳癌的抗HER2單克隆抗體藥物。根據長期跟蹤的研究結果，同時使用曲妥珠單抗（Trastuzumab）和標準化療可得出相當可觀的十年無病存活率\*，約為70%至75%；而整體存活率\*\*介於80%至85%之間。此外，現時在治療過程中更可施用其他新型的抗HER2藥物，例如帕妥珠單抗（Pertuzumab）、Neratinib，從而進一步提高存活率，使疾病預後情況更理想。

對於 I 期 HER2 陽性乳癌，組合 Taxane 為本的化療方案及 1 年期的曲妥珠單抗（Trastuzumab）進行輔助性（手術後進行）藥物治療，是標準的治療程序，其中七年無病存活率\*約為 93%，治療效果甚佳。對於大多數 II 至 III 期的 HER2 陽性乳癌患者，雙重抗 HER2 治療，例如以曲妥珠單抗（Trastuzumab）/帕妥珠單抗（Pertuzumab）為靶向治療的基礎配搭治療，已成為根治性手術之前或之後輔助藥物療法的新選擇。對於高危患者而言，在接受曲妥珠單抗（Trastuzumab）治療後，如未能接受帕妥珠單抗（Pertuzumab）治療，可以考慮使用Neratinib。

#### 晚期乳癌：

晚期乳癌意味著身體較多部位受到癌細胞入侵，包括在原患處擴散、寡轉移(即局部器官有轉移（至全身性的擴散。治療的目的是改善存活狀況和症狀控制。在疾病管理方面，通常要利用到不同的治療策略及組合。治療的重點是要針對由HER2受體驅動的致癌病變和疾病惡化，進行以抗 HER2 為基礎的全身性藥物治療。根據臨床情況，局部擴散影響的部位也可一併接受手術和放射性治療。至於全身性藥物治療，當前的標準是結合化療和抗 HER2 靶向藥物使用。抗 HER2 靶向藥物有多種，當中包括單克隆抗體藥物（例如曲妥珠單抗（Trastuzumab）、帕妥珠單抗（Pertuzumab）、Margetuximab），酪胺酸激酶抑制劑（Tyrosine kinase inhibitor）（例如拉帕替尼(Lapatinib)和Tucatinib），抗HER2藥物複合體（例如Trastuzumab emtansine（TDM-1）和 DS-8201(Trastuzumab deruxtecan)）。這就是一個大型「治療工具箱」，可以提供適切的治療藥物，延長無法治癒的疾病的生存期。我們期待未來會有更多的新藥物投入治療使用，現時免疫療法、哺乳類動物雷帕黴素靶蛋白（PI3K / mTOR）抑制劑，和 CDK4 / 6 抑制劑等現正在評估中。

隨著高效抗 HER2 靶向治療的成功，HER2 陽性的乳癌不再比 HER2 陰性的乳癌更可怕。大多數 HER2 陽性的早期乳癌患者在接受治療後，都可痊愈且未見復發。晚期癌症的患者則可以比以往任何時候，擁有更長的疾病受控期和生存期，享受更好的生活。

\*無病存活率：在患者完成治療後，對其跟蹤觀察一段時間，並計算存活而沒有出現轉移或復發情況的患者的比例。

\*\*存活率：跟蹤觀察患者一段時間，並計算存活病人的比例。



## SESSION 2: Therapy for Breast Cancer

### Treatment of HER2-positive Breast Cancer

#### SPEAKER

Dr. Inda SOONG

Specialist in Clinical Oncology;

Honorary Clinical Associate Professor, Faculty of Medicine,  
The Chinese University of Hong Kong;

Honorary Clinical Associate Professor, Li Ka Shing Faculty of Medicine,  
The University of Hong Kong



#### ABSTRACT

Breast cancer is actually a group of diseases which can be defined into different pathological subtypes. One of the subtypes is the HER2-positive breast cancer that overexpressed HER2 proteins, or receptors. In the past, HER2-positive breast cancer was known as a more aggressive disease with a worse prognosis than HER2-negative breast cancer. Nowadays, the availability of the latest HER2 targeted treatment has changed the disease prognosis to make it highly curable and treatable.

##### Early Stage:

For early stage disease, along with the cancer disease stage, tumor grade, and hormone receptors, the positive HER2 status can help determine the neoadjuvant and adjuvant therapy apart from the radical surgery (with or without local radiotherapy) for disease cure. Trastuzumab was the 1st anti-HER2 monoclonal antibody approved for HER2-positive breast cancer. The long-term follow-up of trastuzumab combined with standard chemotherapy shows an excellent disease-free survival rates of about 70% to 75% at 10 years and overall survival rates ranging from 80% to 85%, depending on the study. Further improvement in survival and disease prognosis can now be achieved by administering other novel anti-HER2 agents e.g. pertuzumab, neratinib in the treatment journey.

For patients with stage I HER2-positive breast cancer, adjuvant chemotherapy with taxane plus 1 year trastuzumab remains the standard of care, with an excellent 7-year disease-free survival rates of about 93%. For most stage II to III HER2-positive breast cancers, dual anti-HER2 therapy e.g. trastuzumab/pertuzumab-based therapy has become a standard option before or after the radical surgery. Neratinib may be 'considered' in high-risk patients, after trastuzumab-based treatment, for patients who did not receive pertuzumab.

##### Advanced Stage:

This is a wide spectrum of disease from locally advanced, oligometastases to disseminated metastases. The treatment aim is to improve survival and symptom control. The disease management is usually a combination of different strategies. The backbone is the anti-HER2 based systemic drug therapy combating against the HER2 receptor driven carcinogenesis and disease progression. Local surgery and radiation therapy to metastatic sites can be part of the treatment plan as depending on the clinical situation. The current standard systemic drug therapy is a combination of chemotherapy and anti-HER2 agents including monoclonal antibodies e.g. trastuzumab, pertuzumab, margetuximab, tyrosine kinase inhibitors e.g. lapatinib, tucatinib, or antibody-drug conjugates e.g. trastuzumab emtansine (TDM-1), DS-8201 (trastuzumab deruxtecan). This is a large tool box of treatments that can extend the survival of the incurable disease along the treatment landscape. More new drugs are expected as immunotherapy, PI3K/mTOR inhibitors, CDK4/6 inhibitors are currently under evaluation.

With the success of effective anti-HER2 targeted therapies, being HER2 positive is no longer any worse for patients than being HER2 negative. Most people treated for early stage HER2-positive breast cancer don't relapse and can get cured. People with advanced disease stage can enjoy a longer period of disease-free control and better survival than ever.



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## 第二節：乳癌治療方案

### 三陰性乳癌治療方案

#### 講者

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#### 講題摘要

治療乳癌，最重要的是根據癌細胞的生物學特徵來對腫瘤進行分類，這將會引導著治療的方向。其中癌細胞雌激素受體（ER）或黃體酮受體（PR）陽性的病人，或能通過控制賀爾蒙而獲益；而第二型人類上皮生長素受體（HER2）呈陽性的，則可能受惠於新一代的靶向治療。在近期更新的癌症分期中，這些生物學特徵已被納入參考範圍內，以確定癌症期數，並將作為日後治療的判斷基準。如果上述的生物學特徵（ER、PR 和 HER2）均呈陰性，通常被稱為三陰性乳癌（TNBC），預計病情相對較差，治療方法亦主要是化療。最近的研究指出，利用「免疫檢查點抑制劑」（Checkpoint Inhibitors）的免疫療法，不僅在前置性（手術前進行）和輔助性（手術後進行）治療中起到作用，也能針對復發乳癌的治療及在紓緩（已有遠端擴散）治療中有所幫助。

## SESSION 2: Therapy for Breast Cancer

Treatment of triple negative cancer

#### SPEAKER

Dr. YAU Chun Chung

Associate Director, Comprehensive Oncology Centre,  
Hong Kong Sanatorium and Hospital;  
Member of Management Committee,  
Hong Kong Breast Cancer Foundation

#### ABSTRACT

In modern management of breast cancer, it is important to classify the tumour according to their molecular and biological parameters which can guide treatment. Those cancer positive for estrogen receptor (ER) or progesterone receptor (PR) may benefit from hormonal manipulation, and those positive for cERB-B2 (HER2) may benefit from new generations of targeted treatment. In the recent update of cancer staging system, these marker statuses have been incorporated and determine the cancer stage, and helped to guide treatment decisions. For those negative for the above markers (ER PR and HER2), often called Triple Negative Breast Cancer (TNBC), has a relatively poor prognosis and treatment relies mainly on chemotherapy. Recent research suggests that immunotherapy using Checkpoint Inhibitors may have a role in neoadjuvant and adjuvant treatment, and also in those with relapse or metastatic disease.



## 第二節：乳癌治療方案

### 擴散性乳癌治療方案

#### -晚期及擴散性乳癌的最新治療方案

#### 講者

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#### 講題摘要

乳癌在本港、亞洲區或是全球都是女性最常見癌症。隨着標靶治療的出現，由「個人化治療」的誕生以致「精準治療」，乳癌治療在過去十年都有不斷突破，亦同時改善乳癌治療整體臨床結果，包括無惡化存活率及總體生存率。現今乳癌被認為「異質」之疾病，即縱然可分為不同臨床特質，例如荷爾蒙受體陽性、三重陰性或「HER2型」受體陽性的乳癌，可再分為個別不同特質，以應用不同的治療方針或方案。此外，「精準治療」方案如「次世代定序」（Next Generation Sequencing）或「液體活檢」，在個別病人或臨床實例裏可幫助優化乳癌的治療方案。這一次簡短的分享會讓大家鳥瞰晚期或擴散性乳癌於2020年的最新概況。

## SESSION 2: Therapy for Breast Cancer

Treatment of metastatic breast cancer

- Latest Update of Treatment of Metastatic Breast Cancer

#### SPEAKER

Dr. Janice TSANG

Specialist in Medical Oncology;

Honorary Clinical Assistant Professor, Li Ka Shing Faculty of Medicine, The University of Hong Kong;

Founding Convenor, Hong Kong Breast Oncology Group;

Member of Hong Kong Breast Cancer Registry Steering Committee, Hong Kong Breast Cancer Foundation;

#### ABSTRACT

Breast Cancer is the most common female cancer, locally, regionally and globally. Thanks to the advent of targeted therapy, from personalized medicine to precision medicine, there has been much advancement in the management of breast cancer with significant improvement in clinical outcome including progression free survival and overall survival in the past decade. Breast cancer is indeed a heterogeneous disease, and even within a clinical subtype, such as the hormone positive disease, the triple negative or the HER2 positive clinical subtype, there is further sub-classification with various treatment strategies and options. The added value of precision medicine with the increasing use of next generation sequencing and liquid biopsy is also becoming useful in clinically relevant and highly selected patients. This is a short bird's eye view of the latest development of treatment of metastatic breast cancer in the year of 2020.



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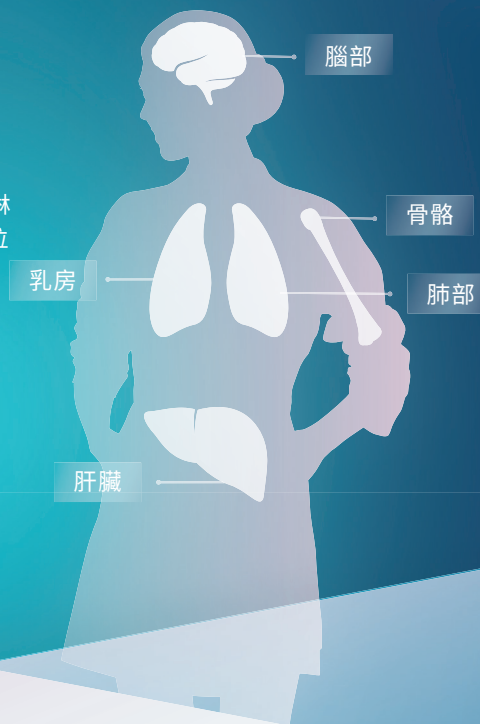
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## 擴散性乳癌 小知識

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。<sup>1</sup>

20-30%

患有早期乳癌的女性會  
演化為擴散期乳癌。<sup>2</sup>



## 擴散性乳癌的治療

乳癌治療首要目標包括：<sup>3,4</sup>



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：<sup>5</sup>



乳癌細胞特性



癌細胞擴散位置



乳癌症狀



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## 第一節：乳癌康復之路

處理乳癌賀爾蒙治療及免疫治療過程中的副作用

### 講者

邱宗祥醫生  
香港大學內科學系臨床副教授



### 講題要點

#### 賀爾蒙靶向治療

例如以 CDK4/6 抑制劑或 mTOR 抑制劑配合治療  
在維持治療期間，患者需要在哪些方面進行自我管理？

賀爾蒙治療副作用：

- a. 對採用三苯氧胺（Tamoxifen）對未收經患者而言  
——有機會子宮內膜增厚、潮熱、月經不規則；治療期間不可懷孕。
- b. 對採用芳香環轉化酶抑制劑（Aromatase Inhibitors，AI）對收經後患者而言  
——手指緊、關節痛、骨質密度低

處理方法：多做運動、打骨針等  
定期接受婦科檢查

#### 免疫治療

當免疫治療法沿用於維持治療中時，患者需要留意甚麼？

## SESSION 1: On Road to Recovery

Management of side effects from on-going hormonal therapy and immunotherapy

### SPEAKER

Dr. Thomas YAU  
Clinical Associate Professor, Department of Medicine,  
The University of Hong Kong

### OUTLINES

#### Targeted hormone therapy

For example, CDK4/6 inhibitor and mTOR inhibitor  
What patients need to monitor when on maintenance treatment?  
Side effects from hormonal therapy:

- a. As for premenopausal patients adopting Tamoxifen  
—— possibly endometrial hyperplasia, hot flushes and menstrual disorder; Pregnancy is avoided during treatment period.
- b. As for postmenopausal patients adopting Aromatase Inhibitors  
—— tension in hand muscles, joint pain and low bone density

Coping methods: physical exercise, bone injection to increase density and so on

Undergoing regular gynecological examination

#### Immunotherapy

What patient has to note if immunotherapy is continued as a maintenance treatment

## 第一節：乳癌康復之路

### 乳癌復發的監控

#### 講者

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#### 講題摘要

對乳癌患者的定期後續跟進和癌症防控

- (1) 後續跟進和癌症防控的目的：
  - a) 及早發現局部區域復發
  - b) 檢查擴散情況
  - c) 副作用的相關治療
- (2) 後續跟進的計劃：
  - a) 每 3-6 個月進行一次的定期病歷和身體檢查，視情況可在最初的 3-5 年內進行超聲波檢查
  - b) 每年進行乳房 X 光造影檢查和超聲波檢查
  - c) 特定患者需要進行磁力共振掃描
  - d) 每 6-12 個月做一次針對腫瘤特徵血液檢查(可能檢測出無症狀復發)
  - e) PET / CT 僅在特殊情況下使用
- (3) 最常見的受影響器官：
  - a) 骨
  - b) 淋巴結
  - c) 肺
  - d) 肝
  - e) 腦(尤其是第二型人類上皮生長素呈陽性或三陰性乳癌個案)
- (4) 復發的徵狀跡象：
  - a) 局部區域復發
    - 無徵狀
    - 乳房腫塊，皮膚有結節
  - b) 擴散性骨痛
    - 無症狀
    - 咳嗽，呼吸急促
    - 腹脹，上腹部疼痛或不適
    - 食慾不振或體重減輕

## SESSION 1: On Road to Recovery

### Surveillance for recurrent cancer

#### SPEAKER

Dr. Peter CHOI

Specialist in Clinical Oncology, Premier Medical Centre;

Member of Hong Kong Breast Cancer Registry Steering Committee, Hong Kong Breast Cancer Foundation

#### ABSTRACT

Regular follow up surveillance for breast cancer patient

- (1) Aim for follow up surveillance
  - a) Early detection of local regional recurrence
  - b) Screening for metastasis
  - c) Treatment related side effects
- (2) Scheme for follow up
  - a) Regular medical history and physical examination ever 3-6 months+/- Ultrasound examination for initial 3-5years
  - b) Mammography + Ultrasound examination annually
  - c) MRI for selected patients
  - d) Blood check for tumour markers, (may detect asymptomatic recurrence) every 6-12 months
  - e) PET/CT optional only when indicated
- (3) Most frequent involved organ
  - a) Bone
  - b) lymph nodes
  - c) Lung
  - d) Liver
  - e) Brain (especially HER2/TNC)
- (4) Symptoms and signs of recurrence
  - a) Local- regional regions
    - Asymptomatic
    - Breast lump, skin nodule
  - b) Metastasis bone pain
    - Asymptomatic
    - Cough, shortness of breath
    - Abdominal distension, upper abdominal pain or discomfort
    - Loss of appetite or weight loss



## 第一節：乳癌康復之路

### 淋巴水腫的預防及護理



#### 講者

張春好淋巴水腫治療師

香港乳癌基金會乳癌支援中心淋巴水腫治療師

#### 講題摘要

淋巴水腫是由於淋巴系統功能受損而導致皮下組織的慢性腫脹，通常會影響患者的上肢或下肢\*。如果淋巴水腫的情況沒有得到適當的治療，淋巴液會持續積聚於患肢，從而加劇腫脹程度而導致纖維化；更可能發展成為蜂窩組織炎。根據香港乳癌基金會乳癌支援中心的統計，有5,235名患者接受了淋巴水腫護理服務，當中大約35.4%的患者是在接受了乳癌治療後，出現淋巴水腫的狀況。

乳癌患者通常是由於接受了淋巴結切除手術、放射治療或因擴散性腫瘤而導致淋巴管阻塞而引致上肢淋巴水腫的出現。一旦出現淋巴水腫的情況，他們需要每天面對因上臂和手掌腫脹而帶來的外觀轉變、身體不適和活動能力的減低。通常，一般的服裝並不一定能掩蓋腫脹的患肢，更甚的是蜂窩組織炎會重覆出現，而患肢亦會不斷腫脹，這樣，患者除了身體不適外，更會增加其無助感。而嚴重的蜂窩組織炎更可能需要服用抗生素及需入院進行治療。

淋巴水腫是無法根治的。對於淋巴水腫高危的患者而言，提供關注、預防、及早測量淋巴水腫和適當的治療至為重要。為了預防淋巴水腫的出現，乳癌患者需要了解正確的日常護理，如認識良好的皮膚護理、避免皮膚受到創傷、適度地善用患肢、留意極端高溫和寒冷的環境、以及乘坐飛機時應採用適當的預防措施等等。透過無創傷性淋巴水腫監測儀來定期測量淋巴水腫的情況，可以及早發現早期的淋巴水腫的徵狀。

治療淋巴水腫的手術均被視為處理淋巴水腫的最後的方案。一般而言，淋巴水腫患者會被建議接受傳統的淋巴水腫治療。其目的是讓淋巴水腫的程度受控，並使上肢的形狀和大小均能保持在合理範圍內。現時上肢淋巴水腫的治療方法，包括有承高患肢、淋巴引流、淋巴運動、配戴壓力袖套、壓力手套和繃帶包紮。最後，為患者及其照顧者，提供心理輔導和正確的淋巴知訊亦是非常重要的。這樣，不單可以增加他們在家中每天進行自我淋巴水腫護理的能力，也可有效地紓緩淋巴水腫與控制患肢持續的腫脹。

#### \*參考資料：

Casley Smith International, [http://casleymithinternational.org/more\\_info.html](http://casleymithinternational.org/more_info.html)

## SESSION 1: On Road to Recovery

Lymphoedema prevention and treatment



### SPEAKER

Ms. Doris CHEUNG

Lymphoedema Therapist, Breast Cancer Support Centre,  
Hong Kong Breast Cancer Foundation

### ABSTRACT

Lymphoedema is a chronic swelling of the subcutaneous tissue resulting from impaired function of the lymphatic system and usually affects a limb (Casley Smith International). If lymphoedema is not treated properly, the protein fluid continues to accumulate which makes the affected limb more swelling, fibrotic and may develop cellulitis. According to statistics of Breast Cancer Support Centre of the Hong Kong Breast Cancer Foundation, 5,235 patients received Lymphoedema Care Services and approximately 35.4% of patients develop lymphoedema following breast cancer treatment.

Patients with breast cancer develop upper limb lymphoedema usually result from surgical resection of lymph nodes, radiation and the obstruction of lymphatics and lymph nodes by metastatic tumour. Once develop lymphoedema, they need to cope on a daily basis with disfigurement, discomfort, and disability associated with swelling arm and hand. The deformity may not be hidden with normal clothing. The worst is the physical discomfort and helplessness due to the enlargement and recurrent episodes of cellulitis. Severe cellulitis may need antibiotics and hospitalization for treatment.

With the absence of cure for lymphoedema, precautions, prevention, early detection and proper treatment are the most essential for all breast cancer patients with high risks of developing lymphoedema. Patient education with general care such as good skin care management, trauma avoiding, cautious of overusing the affected limb, careful with extremes of heat and cold, and taking precaution for air travel are emphasized for the prevention of lymphoedema.

Early detection of lymphoedema can be alert by taking regular lymphoedema measurement with noninvasive bioimpedance spectroscopy device.

Surgery for lymphoedema is regarded as a last resort and patients with lymphoedema are advised for traditional lymphoedema treatment. It aims at keeping lymphoedema under control and maintains the upper limb in a reasonable shape and size. Current lymphoedema treatment for upper limb includes elevation, manual lymphatic drainage, lymphatic exercise, compression garments such as compression sleeve and glove, and multi layered lymphoedema bandaging. Finally, providing of counselling and appropriate education to patients and their carers at home setting are important. They are empowered for daily participation in treatment in order to maintain the reduction of lymphoedema and prevent further swelling.

### \*References:

Casley Smith International, [http://casleymithinternational.org/more\\_info.html](http://casleymithinternational.org/more_info.html)



# 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

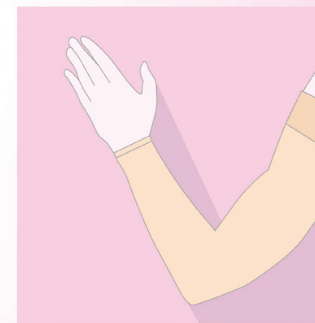
# 淋巴水腫量度及處理 Lymphoedema Measurement and Management

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：

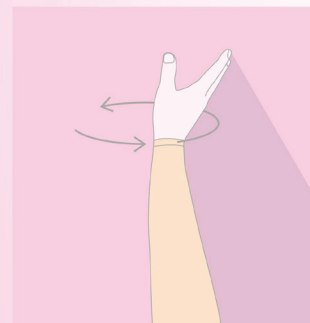
Patient can monitor their lymphoedema through regular measurement. The following treatments can help reduce lymphoedema swelling:



淋巴水腫指數測量  
Regular Lymphoedema Index Measurement



壓力袖套  
Compression Sleeve



淋巴引流及運動  
Manual Lymphatic Drainage & Exercise



繃帶包紮  
Bandaging



更多詳情  
More Details



## 第二節

賀爾蒙受體陽性的乳癌，  
誰人需要做化療？

### 講者

梁澄宇醫生

瑪麗醫院內科副顧問醫生



### 講題摘要

乳癌的死亡率歸根究底，是由其擴散至身體其他部位所致。在針對早期乳癌的治療當中，輔助性（手術後進行）治療概念的提出，成為了一個重大的里程碑。自二十世紀 70 年代以來，在進行乳房手術後施行成功建立的輔助性治療技術，極大程度地改善了乳癌患者的存活率。在所有的入侵性乳癌個案中，大約有三分之二屬於賀爾蒙受體呈陽性的個案。而針對這類型癌症的輔助性治療技術，在過去 40 年間不斷發展，乃至現時包括了賀爾蒙治療和化學治療。隨著分子基因組測試技術的面世，其能預測此特定患者群組的復發風險程度和化療的療，個人化醫療的時代亦因而到臨。本次演講將會討論分子基因組測試，在賀爾蒙受體呈陽性的早期乳癌中的應用情況和有關數據，進而探究其如何引導這類型的患者面對眾多可能性時，能採用最佳治療方案。

## SESSION 2

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

### SPEAKER

Dr. Roland LEUNG

Associate Consultant, Department of Medicine,  
Queen Mary Hospital

### ABSTRACT

The mortality of breast cancer is ultimately driven by the development of distant metastasis. In the treatment of early breast cancer, the concept of adjuvant therapy has been a major milestone. The successful development of adjuvant therapy after primary breast surgery since the 1970s has vastly improved the survival of patients with breast cancer. About two thirds of all invasive breast cancers are hormone receptor positive. The adjuvant therapy for these cancers evolved in the past 40 decades which now include anti-hormonal therapy and chemotherapy. With the availability of molecular genomic tests which can predict the risk of recurrence and the relative benefit of chemotherapy in this specific group of patients, the era of personalized medicine has arrived. In the lecture, the data for use of molecular genomic test in hormonal receptor positive early breast cancer will be discussed and how these can be used to direct the best possible treatment for this group of patients.

## 第三節：乳癌康復之路

### 乳癌引發的情緒管理

#### 講者

袁家慧博士  
輔導心理學家；  
香港中文大學榮譽副教授；  
香港乳癌基金會名譽顧問



#### 講題摘要

在初步確診和接受治療的早期，癌症患者會經歷許多因生命受疾病所威脅而衍生的負面情緒：其中包括拒絕接受、恐懼、情緒起伏等。經過治療後，很多由焦慮引致的狀況可能仍會持續，例如強烈的不安感，消極情緒和悲觀思想。

在治療以及康復過程中，給自己空間去梳理經常出現的負面情緒，並為自己制定一套「健康生活方程式」是十分重要的。正視及面對現實就是一個好的開始。患者可專注於自己能掌控的事情上，循序漸進地提升自己的身心健康，身體力行，建立積極正面的思維和平衡的生活模式，從而得以改善生活質素和達致長久的癒後人生。在戰勝乳癌患者中經常可見，為自己釐定出生命的意義、生存的目標，並提高善待自己的意識，緊隨其後的便是在運動鍛煉、飲食習慣、睡眠作息和紓緩壓力這四方面有持久而堅定的改變。此來，讓患者學會充實地生活就變得有可能了，而非苟活在一個定時炸彈的威脅下。

與乳癌共存的患者不得不面對其所帶來的各種挑戰，學會令自己的身心平靜會讓他們獲益良多。簡單易學的身心放鬆技巧，如數呼吸法、靜觀練習、身體掃描和感恩日誌等，都是緩解身心不適和鞏固心理素質的有效方法。

## SESSION 3: On Road to Recovery

### Psychological advice

#### SPEAKER

Dr. Rhoda YUEN  
Counselling Psychologist;  
Adjunct Associate Professor,  
The Chinese University of Hong Kong;  
Honorary Advisor, Hong Kong Breast Cancer Foundation

#### ABSTRACT

Upon initial diagnosis and during early phase of treatment, cancer patients experience a lot of negative emotions stemming from the life-threatening nature of the illness: non-acceptance, fear, emotional upheaval, etc. After going through treatment, many anxiety related reactions may still persist, such as strong sense of uncertainty, negativity and pessimism.

In going through the illness journey, it is important to give oneself enough time to sort out one's negative emotions and acquire health-promoting coping strategies. Acknowledging the reality of the situation is always a good starting point. To focus on what one can control and to take small steps toward healthy living will help build a positive mind-set and behavioral changes contributing to better quality of life and long term survival. Often, when meaningful purpose in living is identified and increased self-awareness is achieved, followed by persistent concrete changes in the 4 areas of exercise / diet / sleep and stress reduction, life changing transformation do take place. Learning to live life to its fullest instead of living under the threat of a ticking time bomb becomes possible.

Having to face various challenges posed by living with breast cancer, learning to calm your body and quiet your mind brings much benefit. Easy-to-learn mind-body relaxation techniques such as breath counting, body scan and gratitude journal are all effective measures for soothing physical and mental discomfort and building psychological resilience.



## 第三節：乳癌康復之路

### 康復路上的飲食建議

#### 講者

余思行營養師

養和醫院營養部統籌主任兼高級營養師



#### 講題摘要

與生活方式相關的因素無疑會影響到患上乳癌的風險。在本次講解中，我們將呈現通過飲食來預防癌症和改善癒後存活狀況的科學研究。

理據	預防因素	高危因素
得到充分證實的建議	足夠運動量	在整個成長期中超重或肥胖，或成年後明顯的體重增加(對收經後婦女而言)
	成年後較早出現超重或肥胖狀況(約18至30歲)	飲用酒精類飲品
	餵哺母乳	身高偏高
		偏重的出生體重(對收經前婦女而言)
可有限度採用的建議	食用非澱粉類蔬菜(對雌激素受體呈陰性的個案而言)	
	食用含類胡蘿蔔素的食物	
	食用奶類製品(對收經前婦女而言)	
	飲食含豐富鈣質	

#### 參考資料：

Continuous Update Project (CUP) from the World Cancer Research Fund

## SESSION 3: On Road to Recovery

### Dietary advice

#### SPEAKER

Ms. Flavia U

Senior Dietitian and Coordinator, Department of Dietetics, Hong Kong Sanatorium and Hospital

#### ABSTRACT

Lifestyle factors certainly affect the risk of developing breast cancer. In this talk, we are going to look at scientific research on cancer prevention and survivorship through diet.

Evidence	DECREASES risk	INCREASES risk
Strong	Vigorous physical activity	Being overweight or obese throughout adulthood and greater weight gain in adulthood (postmenopausal)
	Being overweight or obese in young adulthood (between the ages of about 18 and 30 years)	Consuming alcoholic drinks
	Breastfeeding	Being tall
		Greater birth weight (premenopausal)
Limited-suggestive	Consuming non-starchy vegetables (oestrogen-receptor-negative)	
	Consuming foods containing carotenoids	
	Consuming dairy product (premenopausal)	
	Diets high in calcium	

#### Reference:

Continuous Update Project (CUP) from the World Cancer Research Fund

## 第三節：乳癌康復之路 重建新生

### 講者

麥懿活醫生  
紓緩照護治療師；  
香港乳癌基金會名譽顧問



### 講題摘要

每位患者在初次被診斷乳癌的時候，都可能感受到威脅，甚至會在腦海中閃現「死亡」一詞。然而，隨著公眾對乳癌的認識愈發普及、定期檢測並及早發現，存活希望大大提升。與其將乳癌視為死刑，不如將其當成一種警醒：要冷靜地反思和重組生活事宜的優先次序，調整生活節奏並重塑思想，繼而重新定義新的自我。因此，癌症可以是讓我們學會如何活出真我的一個契機。

講者是一位紓緩科醫生，也是兩個孩子的母親。她自己早在2003年確診患有乳癌。她將分享她是如何在癌症的康復之路上，以積極的態度不斷努力來重建新生。她將會著重講解反思式訓練和體驗式學習的應用，這些方法幫助她學懂關顧自己，使她在生活方式、事業發展、家庭生活、個人性格、人際關係和信仰等方面上成就了正向轉變。

即使癌症真的成為了生命的終點，患者仍然可以擔當起一個重要的角色，就是為自己的至親樹立榜樣，繼續生活在愛與被愛中。成為一個掌握自己人生的勝利者，而不是一個無助的受害者。

## SESSION 3: On Road to Recovery

Rebuilding a new life

### SPEAKER

Dr. Yvonne MAK  
Palliative Care Physician;  
Honorary Advisor, Hong Kong Breast Cancer Foundation

### ABSTRACT

Every patient, when first diagnosed with breast cancer, could feel so threatened, and even the word “Death” might cross one’s mind. However, with increasing public awareness of this disease, prompt screening and earlier detection, there is hope. Rather than perceiving breast cancer as a death sentence, it can be seen as an awakening: to be still to reflect and reprioritise, to re-pace life and reframe the mind, and to redefine a new self. So cancer can be an opportunity to learn how to live more authentically and purposefully.

The speaker is a hospice doctor and a mother of two children. She was also diagnosed with breast cancer back in 2003. She will share her cancer journey in how she rebuilt a new life with a positive attitude despite such trying times. She will focus on the use of reflective practice and experiential learning, which has enabled her to learn to self-care and make transformations in her lifestyle, career, family life, personality, relationships and faith in God.

Even if cancer becomes terminal, patients still have a role to play, setting an example for their loved ones, continuing to love as well as to be loved. Be a victor and not a victim.



## 鳴謝 Acknowledgement

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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. 本資訊僅供參考之用，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：荷爾蒙受體陽性(HR+)、人類表皮生長因子受體2呈陰性(HER2-)。

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## 為乳癌治療 重新定義<sup>3</sup>



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