



香港乳癌基金會

「乳你同行」網上直播醫學講座2022

Hong Kong Breast Cancer Foundation

Live Symposium on Breast Health Education 2022

28 May 2022 (Saturday)

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目錄 Contents

香港乳癌基金會 Hong Kong Breast Cancer Foundation	p.4
創會人的話 Founder's Message	p.5
主席的話 Chairman's Message	p.7
講座內容 Programme Agenda	p.9
講題摘要 Abstracts	p.11
鳴謝 Acknowledgements	p.25



香港乳癌基金會

抱負

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。

Vision

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

- 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

Missions

- 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

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✦ 全方位支援乳癌患者、康復者及照顧者
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✦ 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



創會人的話

張淑儀醫生
香港乳癌基金會創會人



乳癌是香港婦女頭號癌症。在2019年，本港每天平均有13位女性確診乳癌，另外每星期有16人因乳癌死亡。罹患乳癌為康復者及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。

今年在新冠肺炎的影響下，基金會可繼續以線上的形式，在五月「乳癌康復月」，籌辦「乳你同行」網上直播醫學講座2022。我們熱切希望透過乳健教育，喚起社會關注乳癌，了解預防和及早發現乳癌的重要性。

本年度的醫學講座得以順利舉行，我謹代表基金會向所有講者及贊助商致以衷心的謝意。

Founder's Message

Dr. Polly CHEUNG
Founder, Hong Kong Breast Cancer Foundation

Breast cancer is the No. 1 cancer facing women in Hong Kong. In 2019, on average 13 women were diagnosed with breast cancer every day, and 16 died every week. The diagnosis of breast cancer brings both physical and mental trauma to survivors and their families. It also causes a long-term burden on Hong Kong's medical system.

Under the impact of COVID-19, this year, the HKBCF continued to host the Live Symposium on Breast Health Education 2022 virtually in May to mark the "Breast Cancer Survivorship Month". At the same time, we earnestly hope that the Symposium will arouse public awareness of the significance of breast cancer prevention as well as early detection through breast health education.

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





主席的話



霍何綺華博士
香港乳癌基金會主席

乳癌在香港的威脅日趨嚴重，加上新冠肺炎的打擊下，乳癌患者或會感到更加徬徨無助。因此，今年的五月「乳癌康復月」基金會特意籌辦「乳你同行」網上直播醫學講座2022，為乳癌康復者打氣、宣揚乳癌康復者的家人、照顧者和醫護人員互相鼓勵、互相扶持的精神，及鼓勵公眾提高乳房保健意識。

醫學講座共邀請了六位對乳癌有鑽研的醫生和專家，跟大家分享乳癌的新趨勢和資訊，包括乳癌治療、新藥物及新冠肺炎對乳癌患者的影響，以及乳健知識。

我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2022。我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。

衷心祈望透過是次講座，公眾能增進乳癌方面的知識，並多關心身邊的乳癌患者，攜手支援乳癌康復者，令她們能帶着希望和笑容踏上康復之路。



Chairman's Message

Dr. Eliza Fok
Chairman, Hong Kong Breast Cancer Foundation

The threat of breast cancer is becoming more serious in Hong Kong. Breast cancer patients may feel doubly desperate under the effects of COVID-19. The HKBCF therefore organises the Live Symposium on Breast Health Education 2022 in May, the “Breast Cancer Survivorship Month”. The Symposium aims, aside from raising public awareness towards breast health, to extend our warm support to breast cancer survivors, recognise the inspiring and positive spirits given by their family members, caregivers and medical staff.

A total of 6 reputable breast cancer medical doctors and experts will present at the Symposium to share the latest trends and information on breast cancer issues, including breast cancer treatment strategies, medicines, impact of coronavirus and breast health information.

On behalf of the HKBCF, I would like to thank you for joining the Live Symposium on Breast Health Education 2022. My heartfelt thanks go especially to our speakers and event sponsors who bring this Symposium to life.

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



講座內容

主題

第一節：

- ✧ COVID-19 對乳癌治理的影響
- ✧ 如何在疫情中提升抗逆力
- ✧ 淋巴結呈陽性的乳癌患者可避免化療嗎？
- ✧ 問答環節

第二節：

- ✧ 高風險乳癌患者的治療新方案
- ✧ 治療HER2陽性腫瘤的最新進展
- ✧ 乳癌腦轉移的治療新發展
- ✧ 問答環節

講者

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張淑儀醫生 Dr. Polly Cheung
香港乳癌基金會創會人
Founder of Hong Kong
Breast Cancer Foundation



張貝芝博士 Dr. Ginette Cheung
臨床心理學家
Clinical Psychologist



熊維嘉醫生 Dr. Hung Wai Ka
香港乳癌基金會管治委員會成員
Member of HKBCF
Management Committee

Agenda

TOPICS

SESSION 1:

- ✧ Impact of COVID-19 on breast cancer care
- ✧ Be resilient during COVID-19
- ✧ Could node-positive breast cancer patients avoid chemotherapy?
- ✧ Q & A

SESSION 2:

- ✧ New options in adjuvant treatment for high risk breast cancer patients
- ✧ Developments in treatment in advanced HER2 positive breast cancer
- ✧ Management of brain metastasis in breast cancer
- ✧ Q & A

SPEAKERS

Dr. Polly Cheung
Dr. Ginette Cheung
Dr. Hung Wai Ka

Dr. Vicky Chan
Dr. Joanne Chiu
Dr. Yau Tsz Kok



陳冬青醫生 Dr. Vicky Chan
內科腫瘤專科醫生
Specialist in Medical Oncology



趙穎欣醫生 Dr. Joanne Chiu
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第一節： COVID-19 對乳癌治理的 影響



張淑儀醫生
香港乳癌基金會創會人

講題摘要

我們生活的每個部分都受到新型冠狀病毒肆虐所影響，對於癌症患者更是如此。乳癌護理由乳房檢查、確診、治療至康復護理皆受影響。

由於擔心接觸到新型冠狀病毒，不少婦女推遲定期乳房檢查的預約。而發現乳癌症狀的婦女亦會對進行醫療和診斷猶豫不決。至於乳癌患者，她們的治療更可能受到改變或延期。康復護理例如淋巴水腫治療亦會有所延誤。

然而，乳癌腫瘤的生長並不會因為疫情而停止。我們將討論如何在減低接觸到病毒或避免併發症的風險下，得到最適切的癌症護理。



SESSION 1 : Impact of COVID-19 on breast cancer care

Dr. Polly Cheung
Founder of Hong Kong Breast Cancer Foundation

Abstract

The COVID-19 pandemic has affected every aspect of our life, and is especially so for cancer patients. Breast cancer care from screening, diagnosis, treatment and followup care was affected.

With the worry of contracting COVID-19 virus, women often postponed their regular breast screening. Those with breast symptoms were hesitant about seeking medical advice for diagnosis. Patients with breast cancer may have their treatment changed or postponed. Followup care such as lymphoedema treatment was delayed.

Breast cancer growth will not stop because of COVID-19. How one should adjust to get the best possible cancer care while minimising the risk of contracting the virus or avoiding its complications will be discussed.





第一節： 如何在疫情中提升抗逆力



張貝芝博士
臨床心理學家

講題摘要

新型冠狀病毒肆虐，一波接一波，讓大家感到無所適從，對將來很多不確定的因素亦感到擔憂、迷惘。對於癌症病患者及康復者來說，疫情亦增加了他們在生活上的困難，例如：面對覆診日期的改變，讓他們感到徬徨、無助；亦可能因需要出入醫院覆診或治療，增加他們對被感染的擔心；也因社交距離措施，減少和家人朋友接觸，甚至減少外出做運動，令他們感到失落等。這些生活上的變化，不其然會為他們帶來更大的壓力、不安及擔憂等負面感受。

身心是互相連繫，如長期被壓力及負面情緒籠罩著，對生活的動力隨之而減低、睡眠質素也會受影響。若情況持續，不但對身體帶著負面的影響，亦會提高患上抑鬱症及焦慮症的風險。所以在面對疫情時，除了注重身體健康外，精神健康亦不可忽略。

在面對逆境時，提升抗逆力是一重要因素讓大家保持身心健康。是次活動將會為大家分享何為抗逆力、如何從不同方面作出調整而提升抗逆力，強化面對逆境的能力與心態。內容包括如何從思維及行為方面管理負面影響、改善睡眠質素的要點，亦會分享一些建立支援網絡的資訊。

SESSION 1 : Be resilient during COVID-19

Dr. Ginette Cheung
Clinical Psychologist

Abstract

In the current COVID-19 pandemic, we are facing various uncertainties and unexpected issues, this is a highly stressful situation that may cause psychological discomfort. This adversity is really a hard time for us, particularly for cancer patients. Cancer patients may encounter difficulties and problems, such as the medical appointments may be postponed because of the unexpected situation arise; due to the physical illness and the side effect of cancer treatment, the risk of being infected by viruses may increase; furthermore, because of the social distancing measure, patients get less support than usual. These changes will heighten the stress level, this may influence the sleeping quality and reduce the motivation to engage in daily activities, also, trigger negative emotions, such as sadness, worries, frustration and the sense of helplessness.

High level of stress associated with higher risk of depression and anxiety.

When we are facing challenges and adversity, resilience is important for us. Resilience refers to the ability for adapting the adversity well. Resilience empowers us to overcome difficult situations, even let us become stronger than before. Therefore, building our resilience can improve our mental health and wellbeing, especially in adversity. Elements for building resilience, including the strategies for managing negative emotions, tips for improving the quality of sleep and establishing supportive network will be shared in this event.



第一節： 淋巴結呈陽性的乳癌患者 可避免化療嗎？

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。是次講座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 :

Could node-positive breast cancer patients avoid chemotherapy?

Dr. Hung Wai Ka
Member of Hong Kong Breast Cancer Foundation Management Committee

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-term 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 group 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： 高風險乳癌患者的治療 新方案

陳冬青醫生
內科腫瘤專科醫生



講題摘要

乳癌是全世界女性最常見的癌症，大約有90%的乳癌是發現於早期。雖然輔助性治療一直有效減低乳癌患者復發的機會，但在減低高風險乳癌復發上，仍然有未能滿足的要求。國際腫瘤專家在這方面仍然一直致力研究新的治療方法，希望把復發風險減至最低，值得一提是近年有幾種乳癌亞型都出現一些突破，期望這些治療進一步幫助乳癌患者。

最常見的乳癌亞型為HR陽性HER2陰性。美國食品及藥物管理局已批准abemaciclib可與標準荷爾蒙治療聯合使用作為輔助治療。針對術後仍有高風險復發的乳癌，即HR陽性、HER2陰性、淋巴結陽性並細胞增值標誌物Ki67 \geq 20%的早期乳癌。臨床研究顯示，abemaciclib配合荷爾蒙治療可以減低大概30%復發風險。

至於HER2陽性HR陽性的早期乳癌，大部份患者在術後仍需要接受標準的輔

助治療，包括化療、荷爾蒙治療和一年的抗HER2標靶治療。研究數據顯示，大概有31%的HER2型乳癌患者即使接受標準的輔助治療後仍然出現復發或者擴散。美國食品及藥物管理局已批准奈拉替尼(neratinib)，一種口服標靶藥，作為曾接受曲妥珠單抗(trastuzumab)治療的早期乳癌患者的強化延伸輔助治療(extended adjuvant treatment)。臨床研究證實，奈拉替尼有效降低復發風險接近一半。

此外，三陰性乳癌大概佔乳癌患者15-20%，由於缺乏荷爾蒙受體和標靶受體，一直以來，只能選擇化療，可惜手術和化療後，患者仍然面對高復發率和腫瘤轉移。美國食品及藥物管理局已批准這類患者在手術前接受與化療合併pembrolizumab治療，並於手術後單獨接受pembrolizumab輔助治療。臨床數據顯示，相較只接受化療的病人，合併治療的癌症復發與死亡風險減低37%。

SESSION 2 :

New options in adjuvant treatment for high risk breast cancer patients

Dr. Vicky Chan
Specialist in Medical Oncology

Abstract

Breast cancer is the most common female cancer in the world. Early breast cancer accounts for around 90%. Adjuvant treatment is given in order to reduce risk of recurrence but in high risk breast cancer, there are still unmet needs. Breast cancer experts in worldwide are working hard to try different treatment to narrow these unmet needs. Recently, there are few breakthroughs in this area.

Luminal B type breast cancer with HR +ve and HER2 -ve is most common type of breast cancer. The US Food and Drug Administration (FDA) approved abemaciclib in combination with endocrine therapy for adjuvant treatment of breast cancer patient with HR +ve, HER2 -ve, node-positive, early breast cancer at high risk of recurrence and a Ki-67 score \geq 20%. Study showed that abemaciclib combination with endocrine therapy reduced risk of recurrence by around 30%.

For HER2 +ve and HR +ve early breast cancer, most of the patients will have post-operative adjuvant treatment

including chemotherapy, hormonal therapy and standard 1 year of anti-HER2 therapy. However, despite this, 31% of them still have recurrence and metastasis. FDA approved neratinib, an oral targeted therapy for the extended adjuvant treatment of patients with early stage HER2 +ve to follow adjuvant trastuzumab-based therapy. Clinical study showed that neratinib can reduce risk of recurrence by nearly 50%.

On the other hand, triple negative breast cancer (TNBC) accounts for 15-20%. Chemotherapy is the only treatment for this type of breast cancer because there is no HR or HER2 receptor. Despite the use of chemotherapy, TNBC patients are still facing high risk of recurrence and metastasis. FDA approved pembrolizumab for high-risk, early stage triple negative breast cancer in combination with chemotherapy as a neoadjuvant treatment and then continued as a single agent as adjuvant treatment after surgery. Data from clinically trial showed that combination treatment has 37% lower risk of recurrence.



第二節： 治療HER2陽性腫瘤的 最新進展

趙穎欣醫生

香港大學、瑪麗醫院及港怡醫院
臨床助理教授



講題摘要

乳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陽性腫瘤佔所有乳癌的三成，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，先接受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，現在高風險患者的標準是加碼雙標靶或加上一年的口服細分子標靶藥 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，最新數據顯示新一代的抗體藥物複合體TDXd比第一代藥物效果明顯更優勝，甚至只有少量HER2受體的病人或有腦轉移的病人也可能受惠；細分子標靶藥仍然是治療腦轉移的好選擇。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。

對定期需要靜脈注射標靶藥的患者，好消息是現在連雙標靶都有更舒適的皮下注射針劑代替打點滴；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 2 :

Developments in treatment in advanced HER2 positive breast cancer

Dr. Joanne Chiu

Clinical Assistant Professor, HKU, Queen Mary Hospital, & Gleneagles Hospital Hong Kong

Abstract

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. Instead of 1 year of adjuvant trastuzumab, the new standard for high risk patients is using double anti-HER2, or extended adjuvant therapy with small molecule oral targeted therapy neratinib. It 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 TDXd showed encouraging response surpassing the first-generation drug. It might even help those with low HER2 expression, a group of patients who are usually categorised as non-HER2 breast cancer, or patients with brain metastasis. Small molecule targeted therapy continues to be good candidate for treatment of brain metastasis. Patients with triple-positive disease, can consider using chemotherapy-sparing regimen combining anti-HER2 targeted therapy and hormonal therapy.

For patients who require regular intravenous infusion of targeted therapy, subcutaneous formation is a much more comfortable option and now we even have it for double anti-HER2 therapy. With advance in drug development, patients can enjoy better quality of life and higher chances of long-term disease control.



第二節： 乳癌腦轉移的治療 新發展

游子覺醫生
臨床腫瘤科專科醫生



講題摘要

約有25%的晚期乳癌病人會有腦轉移的風險，平均在初診後的兩至三年內發生。其中又以荷爾蒙受體呈陰性和HER2型的風險較高。整體來說，腦轉移的個案近年有增加趨勢，這是由於病情在身體其他部位都受到較好的藥物控制，而很多抗癌藥都不能有效滲透腦部，讓癌細胞有機會在腦組織生長，這情況尤以HER2型為甚。

乳癌腦轉移的治療方法有多種，選擇時要視乎腦轉移的大小、數量、位置、病人身體狀況和神經系統症狀、癌細胞類型和腦部以外的病情控制等，很多時會結合多於一種的治療方法。多年以來，手術切除和全腦放射治療（WBRT）都是腦轉移的主要治療方法，但全腦放療會令病人的腦功能逐漸下降。所以，如果腦轉移的數量不多和不太大的話，近年多使用立體定位放射技術（包括數碼導航刀等），因這精準的新技術可傳送更高的劑量，但同時避

開周圍的腦組織！這樣我們便能增強腦轉移的控制和減低腦力下降的後遺症，如此便可減少或推遲全腦放療的使用。

有些分佈太廣的腦轉移仍然要使用全腦放療的，但近年研究發現，如果應用先進的強度調控放療（IMRT），去避開海馬體，放療後腦力下降的風險可明顯減低，因這海馬體對記憶等功能很重要。此外，新研發的抗癌藥物，尤其針對HER2型乳癌的，更能滲透腦部組織，控制癌細胞。我們會詳細探討上述各種方案的利弊和臨床應用。



SESSION 2 : Management of brain metastasis in breast cancer

Dr. Yau Tsz Kok
Specialist in Clinical Oncology



Abstract

Up to 25% patients with advanced breast cancer may develop brain metastases, with a median time of occurrence two to three years after initial diagnosis of breast cancer. Hormonal receptor-negative and HER2 positive metastatic breast cancer patients have the highest risk. The incidence of these frequently lethal lesions is recently increasing, particularly following better systemic treatment in HER2 positive subtype.

The management depends on a number of factors, including the size, number and locations of brain metastases, patient's physical conditions and neurological symptoms, tumour subtypes and disease control in other parts of body. Surgical resection and/or whole brain radiotherapy (WBRT) have been the mainstay of treatment for years. However, the neurocognitive decline after WBRT would affect the quality of life of patients. With recent technological advance, stereotactic radiotherapy (including cyberknife) is increasingly popular, especially for patients with

limited amount of brain metastases. This technique can deliver highly conformal high-dose radiation to restricted areas with minimal damage to the surrounding normal tissues and better chance of local tumour control. Hence we can often minimise or defer the use of WBRT.

For patients who still require WBRT, the recent development of hippocampal avoidance WBRT, using intensity-modulated radiotherapy (IMRT) techniques, will have lower risk of cognitive decline. This technique helps to avoid radiation dose to hippocampal neural stem cells, which are essential for new memory formation. New breakthrough in drug development, especially in HER2 positive disease, also offer new effective option for these patients. The nature, advantages, limitations and choice of different approaches will be discussed.

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* 乳癌是香港女性頭號癌症，平均每日有13名婦女確診乳癌，八成患者為40歲或以上女性。
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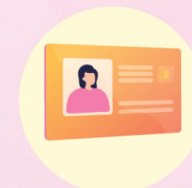
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*資料來源：香港癌症資料統計中心2019年數據

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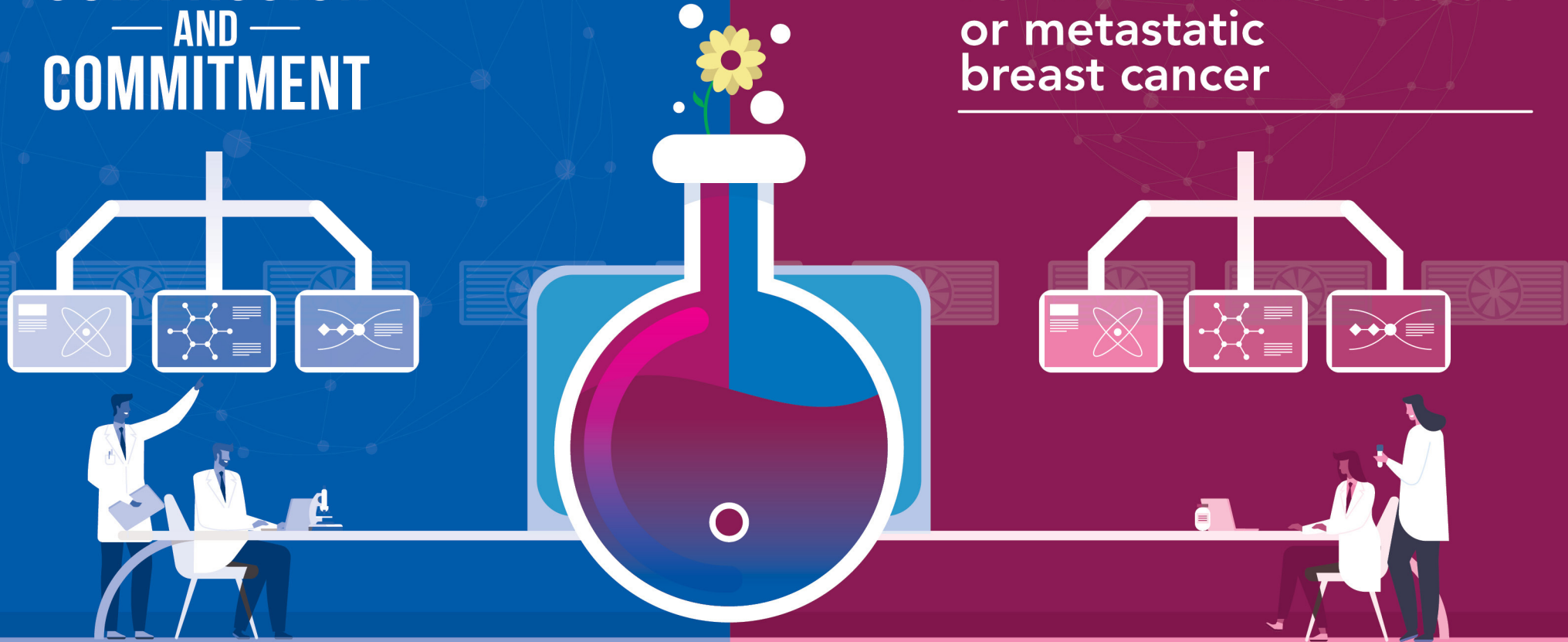


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References: 1. Sparano et al. *N Engl J Med.* 2015. 2. Sparano et al. *N Engl J Med.* 2018. 3. Paik et al. *J Clin Oncol.* 2006. 4. Geyer et al. *npj Breast Cancer.* 2018. 5. Albarin et al. *Lancet Oncol.* 2010. 6. Nitz et al. *Breast Cancer Res Treat.* 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+)、人表皮生長因子受體2呈陰性(HER2-)

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