2025.Taipei APCB

2025 10th Asian Pacific Congress on Bronchology and Interventional Pulmonology and 2025 Summer Workshop of Taiwan Society of Pulmonary and Critical Care Medicine

Program Book

2025 . June. 20 Fri. — 22 Sun.

NTUH International Convention Center 1-4F

2025. Taipei APCB

2025 10th Asian Pacific Congress on Bronchology and Interventional Pulmonology and 2025 Summer Workshop of Taiwan Society of Pulmonary and Critical Care Medicine

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Welcome Message

Dear Colleagues,

It is with great pleasure and enthusiasm that we extend a warm welcome to all of you at the 2025 Asian Pacific Congress on Bronchology and Interventional Pulmonology (APCB), to be held from June 20th to 22nd, 2025, in the vibrant city of Taipei, Taiwan. Organized by the Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM), under the auspices of the Asian Pacific Association for Bronchology and Interventional Pulmonology (APAB) and the World Association for Bronchology and Interventional Pulmonology (WABIP), this congress promises to be a landmark gathering, uniting leading experts, clinicians, and researchers from across the Asia-Pacific region.

At APCB 2025, we will cover a broad spectrum of topics relevant to both adult and pediatric interventional pulmonology, including Peripheral Lung Nodule Diagnosis, Mediastinum Staging/Diagnosis (EBUS-TBNA), Interventional Procedures in COPD and Asthma, Central Airway Obstruction, Navigational Bronchoscopy, Pleural Disease (Pleuroscopy), and Pediatrics Bronchoscopy. As we move forward into the post-pandemic era, we have new opportunities to redefine the role of interventional pulmonologists and enhance our capacity to deliver high-quality care. Through keynote lectures, case-based discussions, hands-on workshops, and interactive presentations, we aim to foster knowledge exchange and collaboration.

As we prepare for APCB 2025, we wish to express our gratitude to the Organizing and Scientific Committees for their hard work and dedication in assembling an outstanding program. We are confident that this conference will be a memorable and enriching experience for all participants.

Prof. Yuh-Min Chen
Congress President of 10th APCB 2025
President of TSPCCM

My esteemed Colleagues,

On behalf of WABIP I am delighted to extend a warm welcome to all participants of the 10th Asian Pacific Congress on Bronchology and Interventional Pulmonology (APCB 2025) in Taipei, Taiwan.

As the Chair of WABIP and Asian, I call the dynamic Asia-Pacific region my home. On the world's stage, it is fast becoming a force in interventional pulmonology through innovative technologies, evolving techniques and collaborative research. Asia-Pacific region accounts for more than half of our 11,000 strong WABIP membership, which underscores the pivotal role these practitioners and researchers play in advancing and shaping the future of IP.

The organising committee of APCB 2025 has crafted an outstanding program, and the APCB 2025 provides an invaluable platform for knowledge exchange, skill enhancement, research and networking.The choice of Taipei as the host city is perfect and I am confident that the scientific program together with regional and international participation, unique venue, and embracing asian hospitality will create an enriching environment for the mind, body and soul. Mark the date on your calendar for the APCB 2025 in Taipei!

Warm regards,

Pyng Lee, MD, PhD,
Chair, World Association for Bronchology and Interventional Pulmonology (WABIP)
Professor, Yong Loo Lin School of Medicine, National University of SIngapore
Director of Interventional Pulmonology, Senior Consultant
Respiratory and Critical Care Medicine, National University Hospital

Welcome Message

Dear Colleagues,

The Asian Pacific Association for Bronchology and Interventional Pulmonology (APAB) was established in 2008 with the mission of advancing the art and science of bronchology and interventional pulmonology throughout the Asia-Pacific region. Since the first Asian Pacific Congress for Bronchology and Interventional Pulmonology (APCB) was held in Chiba, Japan, in 2005, we have successfully hosted the biennial congress nine times. Recently, the 9th APCB was held in Putrajaya, Malaysia, on 26th – 28th May 2023 with great success. This time, President Prof. Yuh-Min Chen and the Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM) would bring the 10th APCB to Taipei.

The theme of the congress was " Shaping the Future of Interventional Pulmonology and Precision Medicine" which aimed to inspire and equip healthcare professionals with the knowledge and tools to lead the future of interventional pulmonology and precision medicine including a variety of lectures, workshops, and hands-on courses on topics related to interventional pulmonology. This congress also will provide essential knowledge to learn from experts in the field of bronchology and interventional pulmonology and to gain insights into the latest techniques and indications.

Taipei is the center of the Asian Pacific region and flights to Taipei are short (about 3.5 hours from Tokyo, 4.5 hours from Singapore, and about 3-5 hours from other cities).

We look forward to seeing you there!

Kiyoshi Shibuya M.D. Ph.D.
President, Asian pacific association for bronchology and interventional pulmonology (APAB)

Committees

Congress Chairman

何肇基 Chao-Chi Ho

Department of Internal Medicine,
National Taiwan University Hospital

Congress Secretary General

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Secretary General

周昆達 Kun-Ta Chou

Head, Division of Clinical Respiratory Physiology, Department of Chest Medicine, Taipei Veterans General Hospital

Committees

Deputy Secretary General

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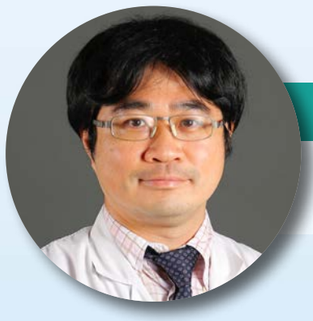
Department of Pulmonary Medicine,
Taipei Veterans General Hospital

林敬凱 Ching-Kai Lin

Department of Medicine,
National Taiwan University Cancer Center



趙恒勝 Heng-Sheng Chao

Department of Chest Medicine,
Taipei Veterans General Hospital

Organizing Committees

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Attending Physician, Department of Internal Medicine National Taiwan University Hospital

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Linkou Chang Gung Memorial Hospital

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Department of Thoracic Medicine; Department of Respiratory Care, New Taipei Municipal TuCheng Hospital (Built and Operated by Chang Gung Medical Foundation), School of Medicine, College of Medicine, Chang Gung University, Taoyuan, Taiwan.

General Information

Overview

Title	2025 10th Asian Pacific Congress on Bronchology and Interventional Pulmonology and 2025 Summer Workshop of Taiwan Society of Pulmonary and Critical Care Medicine
Theme	Asian Pacific Congress for Bronchology and Interventional Pulmonology (Asian Pacific Congress for Bronchology and Interventional Pulmonology)
Date	June 20-22
Location	NTUH International Convention Center (No. 2, Xuzhou Road, Zhongzheng District 100, Taipei City)
Organizer	Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM)
Co-Organizers	The World Association for Bronchology and Interventional Pulmonology (WABIP) The Asian acific Association for Bronchology and Interventional Pulmonology(APAB) Taiwan Association of Thoracic & Cardiovascular Surgery(TATCS) Taiwan Society of Thoracic Surgeons(TSTS) Taiwan Society of Pediatric Pulmonology and Critical Care Medicine(TAPPCC)
Event Overview	The Asian Pacific Congress for Bronchology and Interventional Pulmonology (APCB) is a prominent biennial conference. Since its inaugural event in Chiba, Japan, in 2005, APCB has been successfully held in several countries across the region, including Singapore, China, India, South Korea, Thailand, Indonesia, Australia, and Malaysia, totaling nine editions to date. Estimated Attendance: Approximately 1000 domestic and 100 international participants Event Duration: 3 days
Official Language	Chinese, English

Open Hour

Date	June 20	June 21	June 22
Registration	09:00-16:00	08:00-17:00	08:00-13:00
Poster Area		08:00-17:00	09:00-11:00
Exhibition		08:00-17:00	08:00-14:00
Info Desk	09:00-17:00	08:00-17:00	08:00-13:00

Agenda

2025. 06. 20 Fri.

APCB					
Time	402A	402B	402C	402D	403
	APCB workshop Advance in EBUS	APCB workshop Navigation	APCB workshop Central airway management	APCB workshop Tumor ablation	APCB workshop Pleural disease
09:40 10:10	**Ultrathin bronchoscopy with EBUS for peripheral pulumonary lesion sampling**	**Bronchial tracing**	**The role of rigid bronchoscopy for the management of central airway obstruction**	**Transbronchial microwave ablation: current updates**	**Patient Preparation, Selection, and Basic Techniques for Pleuroscopy**
	Speaker: Dr. Masahide Oki	Speaker: Dr. Noriaki Kurimoto	Speaker: Dr. Yei-San Hsieh	Speaker: Dr. Aliss TC Chang (Online)	Speaker: Dr. Chung-Shu Lee
10:10 10:40	**Advance in Convex probe EBUS procedure for mediastinal lesion diagnosis**	**VBN and Archimedes**	**The role of flexible bronchoscopy for the management of central airway obstruction**	**Transbronchial radiofrequency ablation: BroncAblate experience**	**Advanced Approaches in Pleuroscopy-Biopsy Site Selection, Biopsy Techniques, and Troubleshooting**
	Speaker: Dr. Bing-Chen Wu	Speaker: Dr. Hui-Hsuan Shih	Speaker: Dr. Chia-Hung Chen	Speaker: Dr. Thitiwat Sriprasart	Speaker: Dr. Ching-Yao Yang
10:40 11:00	Coffee Break				
11:00 11:30	**Diagnostic performance of thin convex probe**	**Electromagnetic navigational (EMN) bronchoscopy**	**Intralesional injection of PTS to treat malignant central airway obstruction**	**Percutaneous lung cryoablation**	**Thoracic ultrasound in pleura disease and ultrasound-guided biopsy**
	Speaker: Dr. Hao-Chun Chang	Speaker: Dr. Chung-Yu Chang	Speaker : Dr. Leong Swee Wei	Speaker: Dr. Wei-Chan Lin	Speaker: Dr. Yen-Lin Chen
11:30 12:00	**Application of simulator system for bronchoscopy training**	**Augmented fluoroscopy**	**Management of hemoptysis and foreign body remove**	**Percutanous lung microwave ablation**	**POCUS for intensivist: heart/lung/abdomen/deep vein thrombosis**
	Speaker: Dr. Yung-Yun Chang	Speaker: Dr. Sonali Sethi	Speaker: Dr. Chih-Bin Lin	Speaker: Dr. Ling-Kai Chang	Speaker: Dr. Nin-Chieh Hsu
12:00 13:20	Lunch				
13:20 15:30	APCB workshop Hands-on	APCB workshop Hands-on	APCB workshop Hands-on	APCB workshop Hands-on	APCB workshop Hands-on
15:30 16:00	Coffee Break				

2025. 06. 21 Sat.

TSPCCM summer summit			
Time	101	301	202
08:30 09:00	Registration		
09:00 09:40	**Neoadjuvant and Perioperative Treatment of stage II and III lung cancer** Moderator: Dr. Chin-Chou Wang Speaker: Dr. Po-Hao Feng	**The Diagnosis and Management of Drug-Induced Interstitial Lung Disease** Moderator: Dr. Wu-Huei Hsu Speaker: Dr. Kuo-Tung Huang	**Active drug safety monitoring in multidrug-resistant tuberculosis (MDRTB) management** Moderator: Dr Jiunn-Min Shieh Speaker: Dr. Chou-Jui Lin
09:40 10:20	**Personalized cancer vaccine** Moderator: Dr. Inn-Wen Chong Speaker: Dr. Sheng-Hsiung Yang	**Clinical Predictors and Biomarkers for Progression in ILD** Moderator: Dr. Chong-Jen Yu Speaker: Dr. Ching-Min Tseng	**Treating the Unfamiliar: How Do We Approach Less Common NTM Species** Moderator: Dr. Jann-Yuan Wang Speaker: Dr. Hung-Ling Huang
10:20 10:30	Coffee Break		
10:30 11:10	**Plenary Session_TSPCCM (101)** **Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine** Moderator: Dr. Pan-Chyr Yang Speaker: Dr. Hsing-Chen Tsai		
11:10 11:50	**Plenary Session_TSPCCM (101)** **Early diagnosis and management of COPD- Current update** Moderator: Dr. Ming-Shyan Huang Speaker: Dr. Kang-Cheng Su		
11:50 12:00	Break		
12:00 13:10	**Lunch Symposium** Boehringer Moderator: Dr. Chung-Kan Peng Speaker: Dr. Yu-Chi Chiu Moderator: Dr. Chin-Chou Wang Speaker: Dr. Chun-Yao Huang	**Lunch Symposium** Moderna Moderator: Dr. Chong-Jen Yu Speaker: Dr. Li-Min Huang Moderator: Dr. Inn-Wen Chong Speaker: Dr. Chia-Hung Chen	**Lunch Symposium** AZ Moderator: Shih-lung Cheng Speaker: Kang-Cheng Su Moderator: Dianh-Warng Perng Speaker: Pin-Kuei Fu
13:10 13:50	**Poster Presentation Discussion**		
14:00 14:40	**Identifying Super-responders - The Road to Asthma Remission** Moderator: Dr. Diahn-Warng Perng Speaker: Dr. Chun-Kai Huang	**Clincal applaincation of Obstructive sleep apnea endotype** Moderator: Dr. Liang-Wen Hang Speaker: Dr. Wei-Chun Huang	**My career path: explore ILD from Taiwan to the World** Moderator: Dr. Horng-Chyuan Lin Speaker: Dr. Pin-Kuei Fu
14:40 15:20	**Different Impacts of Air Pollution Exposure on Asthma Phenotypes: Analyzing the Asthma Cohort of a Medical Center in Northern Taiwan** Moderator: Dr. Chung-Kan Peng Speaker: Dr. Ting-Yu Lin	**The endotypes of obstructive sleep apnea with or without PLMS** Moderator: Dr. Li-Pang Chuang Speaker: Dr. Chuan-Yen Sun	**From friends to partners: how do I start my scientific research** Moderator: Dr. Meng-Chih Lin Speaker: Dr. Yu-Feng Wei
15:20 15:30	Coffee Break		
15:30 16:10	**Satellite Symposium** Boehringer Moderator: Dr. Diahn Warng Perng Speaker: Dr. Pin-Kuei Fu	**Satellite Symposium** AZ Moderator: Dr. Chao-Chi Ho Speaker: Dr. Jeng-Sen Tseng	**Satellite Symposium** Sanofi Moderator: Dr. Horng-Chyuan Lin Speaker: Dr. You-Yi Chen
16:20 16:50	**Plenary Session _APCB & TSPCCM (Bronchoscopy)** **Unmet Needs in Interventional Pulmonology + Future of Interventional Pulmonology (101)** Moderator: Dr. Yuh-Min Chen / Dr. Kiyoshi Shibuya Speaker: Dr. Felix Herth (DEU)		
18:50 17:20	**Plenary Session _APCB & TSPCCM (Bronchoscopy)** **Building a modern lung cancer program (101)** Moderator: Dr. Yuh-Min Chen / Dr. Kiyoshi Shibuya Speaker:Dr. Sebastian Fernandez-Bussy		
17:20 18:30	Break		
18:30 20:30	**Conference Dinner (THE GRAND HOTEL TAIPEI)**		

APCB			
Time	401	402AC	402BD
07:30 08:40	Registration		
08:40 09:00	Opening Ceremony (401)		
09:00 10:20	**EBUS for Diagnosing Peripheral Pulmonary Lesions** Moderator: Dr. Ming-Shyan Huang 09:00-09:25 Speaker: Dr. Noriaki Kurimoto (JPN) 09:25-09:50 Speaker: Dr. Yuji Matsumoto (JPN) 09:50-10:15 Speaker: Dr. Masahide Oki (JPN)	**Mediastinum staging/ diagnosis: EBUS-TBNA** Moderator: Dr. Chih-Yen Tu 09:00-09:25 Speaker: Dr. Bin Hwangbo (KOR) 09:25-09:50 Speaker: Dr. Sze Shyang Kho (MYS) 09:50-10:15 Speaker: Dr. Chia-Hung Chen (TW)	**A novel respiratory support before, during and after difficult interventional bronchoscopy** 09:00-09:40 Moderator: Dr. Be-Tau Hwang (TW) Speaker: Dr. Wen-Jue Soong (TW) **Pediatric airway interventions: Micro-laryngo-bronchoscopy, ventilation bronchoscopy and fibro bronchoscopy** 09:40-10:20 Moderator: Dr. Teh-Ming Wang (TW) Speaker: Dr. Kuo-Sheng Lee (TW)
10:20 10:40	Coffee Break		
10:40 12:00	**State-of-the-Art Image-Guided Bronchoscopic Technique** Moderator: Dr. Heng-Sheng Chao 10:40-11:05 Speaker: Dr. Sonali Sethi (USA) 11:05-11:30 Speaker: Dr. Sebastian Fernandez-Bussy (USA) 11:30-11:55 Speaker: Dr. Shih-Yueh Li (Online)	**Medical thoracoscopy** Moderator: Dr. Hao-Chien Wang 10:40-11:05 Speaker: Prof. Pyng Lee (SPG) 11:05-11:30 Speaker: Dr. Chia-Hung Chen (TW) 11:30-11:55 Speaker: Dr. Chung-Shu Lee (TW)	**The role of flexible bronchoscopy in pediatric diagnostic assistance** 10:40-11:20 Moderator: Dr. Yuh-Jyh Lin (TW) Speaker: Dr. Hung-Jen Yu (TW) **Implications of flexible bronchoscopy in pediatric ICU** 11:20-12:00 Moderator: Dr. Frank Leigh Lu (TW) Speaker: Dr. Ching-Chia Wang (TW)
12:00 13:00	Poster Presentation		
13:00 14:20	**Advanced bronchoscopic technique for peripheral pulmonary lesions** Moderator: Dr. Yuji Matsumoto 13:00-13:25 Speaker: Dr. Thitiwat Sriprasart (THA) 13:25-13:50 Speaker: Dr. Qiang Li (Online) 13:50-14:15 Speaker: Dr. Ye Gu (Online)	**Interventional Procedures in COPD And asthma** Moderator: Dr. Te-Chun Hsia 13:00-13:25 Speaker: Dr. Felix Herth (DEU) 13:25-13:50 Speaker: Dr. Lih-Yu Chang (TW) 13:50-14:15 Speaker: Dr. Hari Kishan Gonuguntla (IND)	**Bronchoscopy implications in pediatric cardiovascular diseases** 13:00-13:40 Moderator: Dr. Kuo-Chin Kao (TW) Speaker: Dr. Shen-Hao Lai (TW) **Post-intubation tracheal stenosis in children: Focus on bronchoscopic treatment** 13:40-14:20 Moderator: Dr. Shu-Chi Mu (TW) Speaker: Dr. Chien-Heng Lin(TW)
14:20 14:40	Coffee Break		
14:40 16:00	**Navigational Bronchoscopy** Moderator: Dr. Hari Kishan Gonuguntla 14:40-15:05 Speaker: Dr. Chi Chun TAM (HK) 15:05-15:30 Speaker: Dr. Ping-Tsung Yu (TW) 15:30-15:55 Speaker: Dr. Chung-Yu Chen (TW)	**Tumor ablation** Moderator: Dr. Han-Shui Hsu 14:40-15:05 Speaker: Dr. Leong Swee Wei (MYS) 15:05-15:30 Speaker: Dr. Yei-San Hsieh (TW) 15:30-15:55 Speaker: Dr. Daniel Sterman (USA)	**Bronchoscopy: management of tracheoesophageal fistula with esophageal stenosis** 14:20-15:10 Moderator: Dr. Mei-Jy Jeng (TW) Speaker: Dr. Pei-Chen Tsao (TW) 15:10-15:35 **Discussion**
16:00 16:20	Coffee Break		

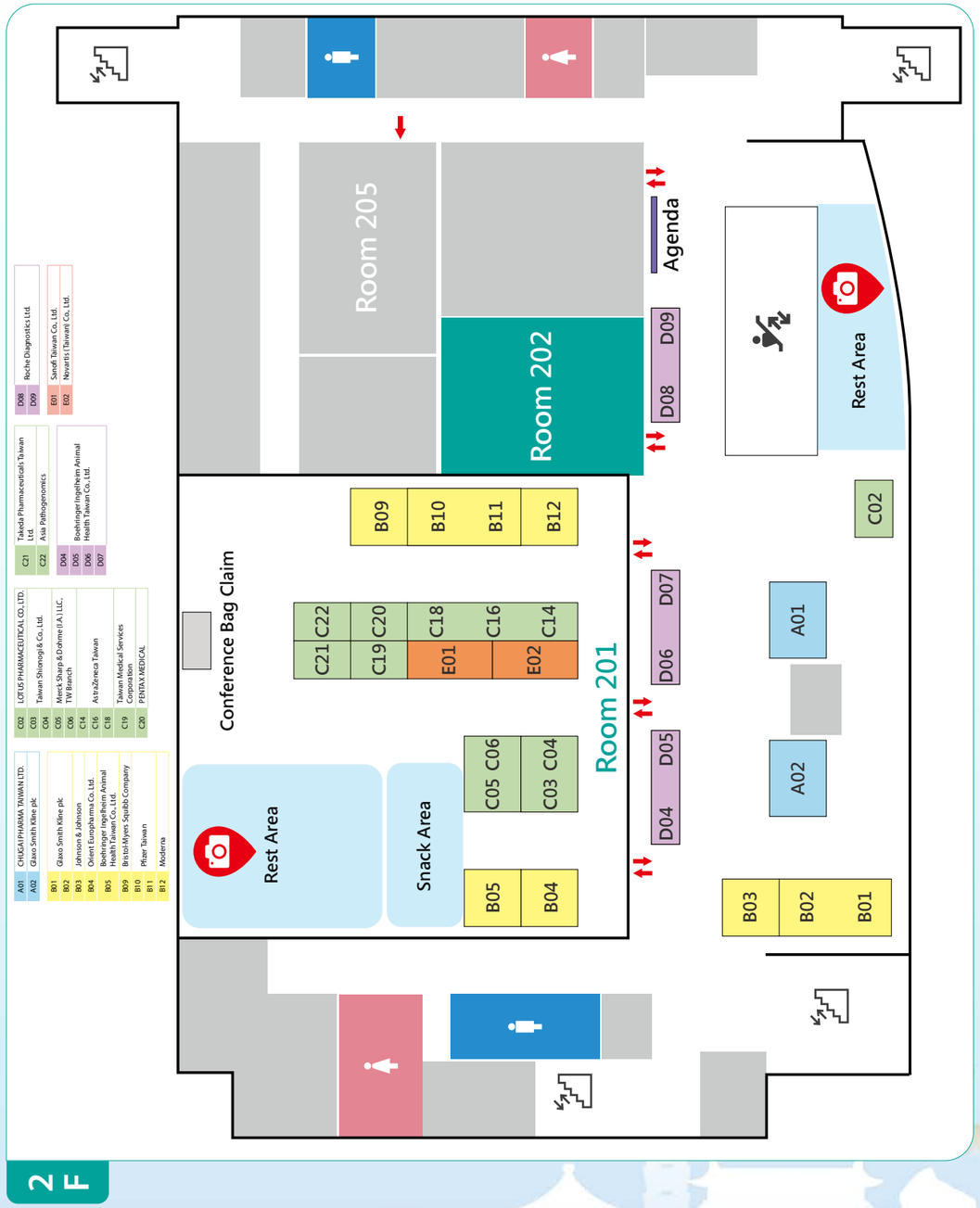
Agenda

2025. **06. 22** Sun.

TSPCCM summit				APCB			
Time	101	301	202	Time	401	402AC	402BD
08:20 08:50	**Plenary Session_TSPCCM (101)** **Endobronchial Intratumoral Immunotherapy** Moderator: Dr. Jin-Yuan Shih Speaker: Dr. Daniel Sterman (USA)						
09:00 09:40	**Navigating the maze of vasopressors: tailoring choices for septic shock management**	**Eosinophilic inflammation: a key player in COPD pathogenesis and progression**	**Enhancing Chronic Airway Disease Assessment: Integrating Oscillometry and Machine Learning**	09:00 10:20	**APCB session** **Central airway obstruction** Moderator: Dr. Chih-Yen Tu	**APCB session** **Malignant pleural effusion** Moderator: Dr. Jin-Yuan Shih	**Oral presentation** Moderator: Dr. Chao-Chi Ho Dr. Che-Chia Chang
	Moderator: Dr. Kuang-Yao Yang Speaker: Dr. Ming-Ju Tsai	Moderator: Dr. Hen-I Lin Speaker: Dr. Yi-Hung Pan	Moderator: Dr. Chun-Liang Lai Speaker: Dr. Yi-Luen Shen		09:00-09:25 Speaker:Dr. Noriaki Kurimoto(JPN)	09:00-09:25 Speaker: Dr. Shuenn-Wen Kuo (TW)	
09:40 10:20	**Corticosteroids in severe community-acquired pneumonia: a double-edged sword or a lifesaving choice?**	**Multidisciplinary Management of Patients With Chronic Obstructive Pulmonary Disease and Cardiovascular Disease**	**Digital Healthcare in COPD**		09:25-09:50 Speaker: Dr. Hsin-Yueh Fang (TW)	09:25-09:50 Speaker: Dr. Yung-Hung Luo(TW)	
	Moderator: Dr. Ming-Shyan Huang Speaker: Dr. Jia-Yih Feng	Moderator: Dr. Hao-Chien Wang Speaker: Dr. Wei-Chang Huang	Moderator: Dr. Te-Chun Hsia Speaker: Dr. Ching-Hsiung Lin (Online)		09:50-10:15 Speaker: Dr. Shuenn-Wen Kuo (TW)	09:50-10:15 Speaker: Dr. Yei-San Hsieh (TW)	
10:20 10:30	Coffee Break			10:20 10:30	Coffee Break		
10:30 11:10	**Therapeutic plasma exchange in sepsis: hope or hype in the battle against dysregulated inflammation?**	**Strategic Approach to Maximizing Overall Survival in Patients with EGFR-Mutated Non–Small Cell Lung Cancer**	**Etiology, Phenotypes and Endotypes of Bronchiectasis**	10:30 11:50	**APCB session** **Foreign Body Removal Using Flexible Bronchoscopy** Moderator: Dr. Chih-Bin Lin	**APCB session** **Chest Sonography** Moderator: Dr. Hao-Chien Wang	**Oral presentation** Moderator: Dr. Horng-Chyuan Lin Dr. Jeng-Shiuan Tsai
	Moderator: Dr. Chang-Wen Chen Speaker: Dr. Tao-Min Huang	Moderator: Dr. Cheng-Ta Yang Speaker: Dr. Chieh-Lung Chen	Moderator: Dr. Chi-Cheng Lin Speaker: Dr. Chia-Ling Chang		10:30-10:55 Speaker: Dr. Hari Kishan Gonuguntla (IND)	10:30-10:55 Speaker: Dr. Yen-Lin Chen (TW)	
11:00 11:50	**Guardians of the Gut: the role of microbiota in critical illness and recovery**	**Cardiotoxicity in Targeted Therapy for Oncogene-Addicted NSCLC**	**Advancements in Bronchiectasis Management and Emerging Therapeutic Strategies**		10:55-11:20 Speaker: Dr. Nai-Chien Huan (MYS)	10:55-11:20 Speaker: Dr. Kenneth Yung (TW)	
	Moderator: Dr. Chung-Chi Huang Speaker: Dr. Yen-Fu Chen	Moderator: Dr. Chao-Chi Ho Speaker: Dr. Chien-Yu Lin	Moderator: Dr. Kuang-Yao Yang Speaker: Dr. Wen-Chien Cheng		11:20-11:45 Speaker: Dr. Yuan-Ming Tsai (TW)	11:20-11:45 Speaker: Dr. Chun-Ying Chou (TW)	
11:50 12:00	Coffee Break						
12:00 13:10	**Satellite Symposium** Lotus Pharm Moderator: Dr. Yuh-Min Chen Speaker: Dr. Chi-Lu Chiang	**Satellite Symposium** Pfizer Moderator: Chau-Chyun Sheu Speaker: Po-Jui Chang Moderator: Kuang-Yao Yang Speaker: Pin-Kuei Fu	**Satellite Symposium** GSK Moderator: Dr. Ping-Hung Kuo Speaker: Dr. Chun-Kai Huang Speaker: Dr. Yen-Fu Chen	12:00 12:30	**Closing ceremony (401)**		

Floor Plan


1 F
Secretariat
Preview Room
Room 101
Registration Desk
Coffee Shop
1F Lobby
Agenda
報到登錄


2 F
Room 205
Room 202
Agenda
Rest Area
D08 Roche Diagnostics Ltd.
D09
E01 Sanofi Taiwan Co., Ltd.
E02 Novartis Taiwan Co., Ltd.
C21 Takeda Pharmaceuticals Taiwan Ltd.
C22 Asia Pathogenomics
D04 Boehringer Ingelheim Animal Health Taiwan Co., Ltd.
D05
D06
D07
C02 LOTUS PHARMACEUTICAL CO., LTD.
C03 Taiwan Shionogi & Co., Ltd.
C04
C05 Merck Sharp & Dohme (I.A.) LLC. TW Branch
C06
C14 AstraZeneca Taiwan
C16
C18 Taiwan Medical Services Corporation
C19 PENTAX MEDICAL
C20
A01 CHUGAI PHARMA TAIWAN LTD.
A02 Glaxo Smith Kline plc
B01 Glaxo Smith Kline plc
B02
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B05 Boehringer Ingelheim Animal Health Taiwan Co., Ltd.
B09 Bristol-Myers Squibb Company
B10 Pfizer Taiwan
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Rest Area
Snack Area
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C05 C06 C03 C04
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D04 D05 D06 D07
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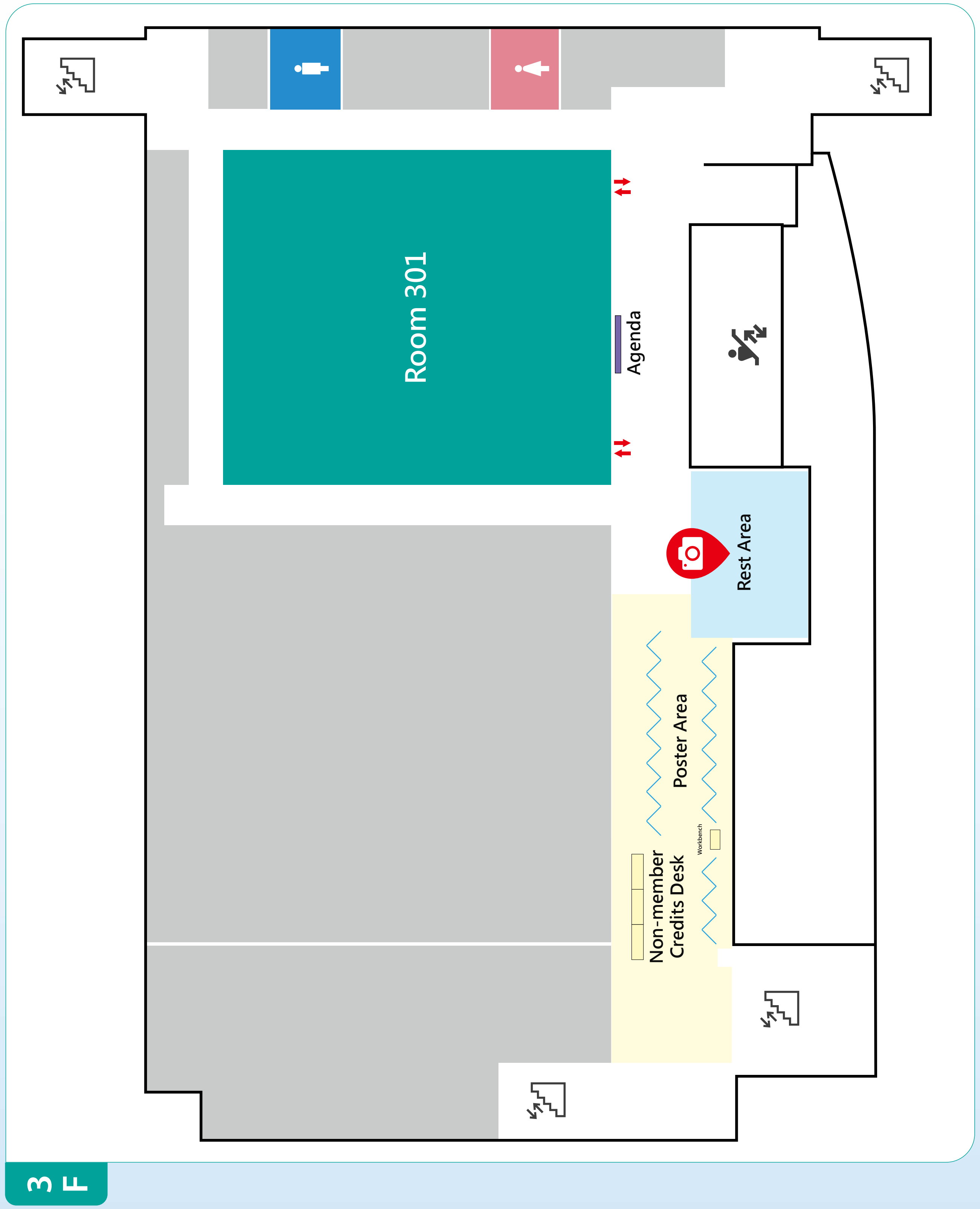
C02

Floor Plan


Room 301
Agenda
Rest Area
Poster Area
Workbench
Non-member Credits Desk
3F

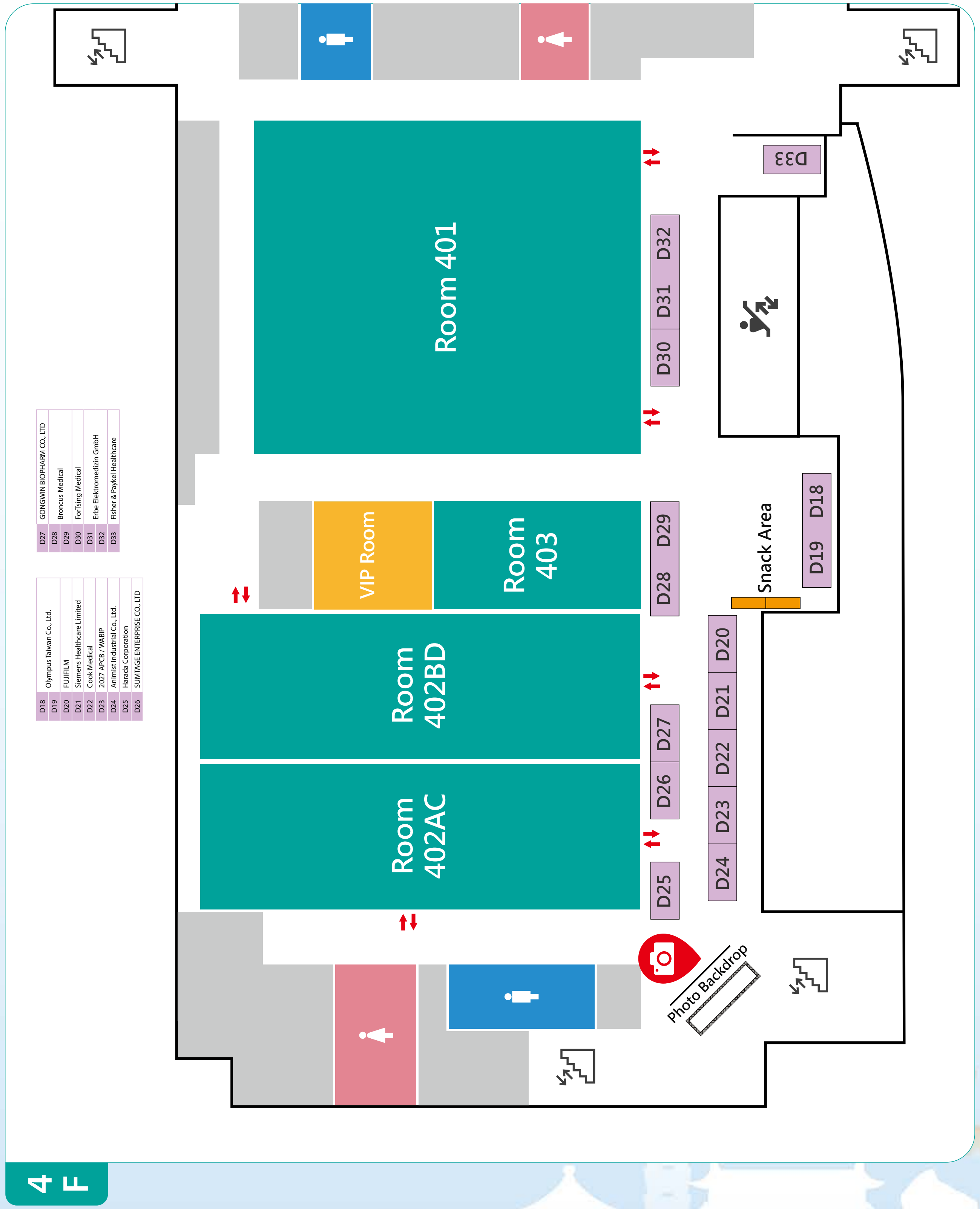

Room 401
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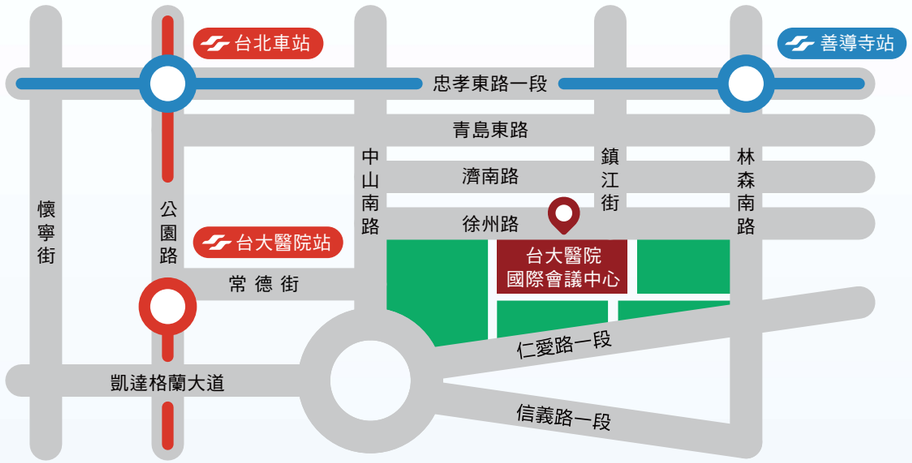
Photo Backdrop
D27 GONGWIN BIOPHARM CO., LTD
D28 D29 Broncus Medical
D30 ForTsing Medical
D31 D32 Erbe Elektromedizin GmbH
D33 Fisher & Paykel Healthcare
D18 D19 Olympus Taiwan Co., Ltd.
D20 FUJIFILM
D21 Siemens Healthcare Limited
D22 Cook Medical
D23 2027 APCB / WABIP
D24 Animist Industrial Co., Ltd.
D25 Harada Corporation
D26 SUMTAGE ENTERPRISE CO., LTD
4F

Transportation

路線圖



搭乘公車

台大醫院站：22 / 15 / 615 / 227 / 648 / 648綠 / 中山幹線 / 208 / 208直達車，步行約3分鐘即可抵達
開南商工站(近徐州路口)：0南 / 15 / 22 / 208 / 295 / 297 / 671，步行約3分鐘即可抵達
仁愛林森路口站(林森南路口)：295 / 297 / 15 / 22 / 671，步行約3分鐘即可抵達
仁愛林森路口站(仁愛路口)：245 / 261 / 37 / 249 / 270 / 263 / 621 / 651 / 630，步行約5分鐘即可抵達

搭乘捷運

淡水北投線(紅線)：台大醫院站2號出口
搭乘淡水信義線(紅線)至台大醫院站2號出口直走常德街，穿越中山南路後往左側直走後再右轉徐州路，步行大約6分鐘即可抵達

板南線(藍線)：善導寺站2號出口
搭乘板南線(藍線)至善導寺站2號出口，沿林森南路往南走經青島東路、濟南路，遇徐州路右轉，步行約7-10分鐘內即可抵達

自行開車

請沿林森南路往南過徐州路至台大醫院國際會議中心停車場入口進入。
請沿仁愛路一段往西過林森南路至台大醫院國際會議中心停車場入口進入。

Gala Information

Invited Speaker

6/20

APCB

Masahide Oki
National Hospital Organization Nagoya Medical Center, Japan

Bing-Chen, Wu
Linkou Chang Gung Memorial Hospital, Linkou, Taiwan

Hao-Chun Chang
National Taiwan University Hospital, Taipei, Taiwan

Yung-Yun Chang
Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Noriaki Kurimoto
Shimane University Faculty of Medicine, Japan

Hui-Hsuan Shih
MacKay Memorial Hospital, Taipei, Taiwan

Chung-Yu Chen
National Taiwan University, Taipei, Taiwan

Sonali Sethi
President-Elect AABIP

Yei-San Hsieh
Tao-Yuan General Hospital, Taoyuan, Taiwan

Chia-Hung Chen
China Medical University Hospital, Taichung, Taiwan

Leong Swee Wei
Serdang Hospital, Malaysia

Chih-Bin Lin
Hualien Tzu Chi Hospital, Tzu Chi Medical Foundation, Hualien, Taiwan

Aliss TC Chang
The Chinese University of Hong Kong, Prince of Wales Hospital, Sha Tin, Hong Kong, China

Thitiwat Sriprasart
Chulalongkorn University, Bangkok, Thailand

Wei-Chan Lin
Cathay General Hospital Sijhih, New Taipei, Taiwan

Ling-Kai Chang
National Taiwan University Hospital Cancer Center, Taipei, Taiwan

Chung-Shu Lee
Deputy Secretary-General of Taiwan Lung Cancer Society

Ching-Yao Yang
National Taiwan University Hospital

Nin-Chieh Hsu
National Taiwan University Hospital, Taipei, Taiwan

6/21

TSPCCM summer summit

Po-Hao, Feng
Shuang-Ho Hospital, Taipei Medical University, Taiwan

Sheng-Hsiung Yang
Division of Chest Medicine, Mackey Memorial Hospital, Taipei, Taiwan

Hsing-Chen Tsai
Associate Professor, Graduate Institute of Toxicology, National Taiwan University

Kang-Cheng Su
Taipei Veterans General Hospital, Taipei, Taiwan

Yu-Chi Chiu
Taoyuan General Hospital, Taoyuan,Taiwan

Chun-Yao Huang
Department of Chest Medicine, Taipei Tzu Chi Hospital, Taipei, Taiwan

Chun-Kai Huang
National Taiwan University Hospital, Taipei, Taiwan

Ting-Yu Lin
Chang-Gung Memorial Hospital, Linkou, Taiwan

Pin-Kuei Fu
Taichung Veterans General Hospital, Taichung, Taiwan

Felix Herth
Thoraxklinik, University of Heidelberg, Germany

Sebastian Fernandez-Bussy
Interventional Pulmonology, Division of Pulmonary Medicine, Department of Internal Medicine, Mayo Clinic, Jacksonville, Florida

Kuo-Tung Huang
Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan

Ching-Min Tseng
Cheng-Hsin General Hospital, Taipei, Taiwan

Li-Min Huang
National Taiwan University Hospital, Taipei, Taiwan

Chia-Hung Chen
China Medical University Hospital, Taichung, Taiwan

Wei-Chun Huang
China Medical University Hospital, Taichung, Taiwan

Chuan-Yen Sun
Taipei Veterans General Hospital, Taipei, Taiwan

Jeng-Sen Tseng
Taichung Veterans General Hospital, Taichung, Taiwan

Chou-Jui Lin
Director, Taiwan MDR-TB consortium, Northern Region

Hung-Ling Huang
Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Pin-Kuei Fu
Taichung Veterans General Hospital, Taichung, Taiwan

Yu-Feng Wei
Department of Internal Medicine, E-Da Cancer Hospital, Kaohsiung, Taiwan

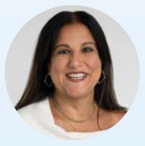
You-Yi Chen
National Taiwan University Hospital, Taipei, Taiwan

APCB

Noriaki Kurimoto
Shimane University Faculty of Medicine, Japan

Yuji Matsumoto
National Cancer Center Hospital, Tokyo, Japan

Masahide Oki
National Hospital Organization Nagoya Medical Center, Japan



Sonali Sethi
President-Elect AABIP

Sebastian Fernandez-Bussy
Interventional Pulmonology, Division of Pulmonary Medicine, Department of Internal Medicine, Mayo Clinic, Jacksonville, Florida

Shih-Yueh Li
The First Affiliated Hospital of Guangzhou Medical University, China

Thitiwat Sriprasart
Chulalongkorn University, Bangkok, Thailand

Qiang Li
Shanghai East Hospital, Tongji University, China

Ye Gu
Shanghai Pulmonary Hospital, China

Chi Chun TAM
THE UNIVERSITY OF HONG KONG, Hong Kong, China

Ping-Tsung Yu
Mackay Memorial Hospital, Taipei, Taiwan

Chung-Yu Chen
National Taiwan University, Taipei, Taiwan

Bin Hwangbo
National Cancer Center, Goyang, Korea

Sze-Shyang Kho
Sarawak General Hospital, Malaysia

Chia-Hung Chen
China Medical University Hospital, Taichung, Taiwan

Pyng Lee
National University of Singapore

Chung-Shu Lee
New Taipei Municial Tucheng Hospital, New Taipei, Taiwan

Felix Herth
Thoraxklinik, University of Heidelberg, Germany

Lih-Yu Chang
Head of pulmonary examination group

Hari Kishan Gonuguntla
Yashoda Hospitals, India

Leong Swee Wei
Serdang Hospital, Malaysia

Yei-San Hsieh
Tao-Yuan General Hospital, Taoyuan, Taiwan

Daniel Sterman
NYU Grossman School of Medicine, New York, USA

Wen-Ju Song
Vice President, Children's Hospital, China Medical University, Taichung, Taiwan

Kuo-Sheng Lee
Mackay Children Hospital, Taipei, Taiwan

Hung-Jen Yu
Chang Gung University, Taipei, Taiwan

Ching-Chia Wang
National Taiwan University Children's Hospital, Taipei, Taiwan

Shen-Hao Lai
Chang Gung Memorial Hospital, Linkou, Taiwan

Chien-Heng Lin
China Medical University Children's Hospital, Taichung, Taiwan

Pei-Jen Tsao
Taipei Veteran General Hospital, Taipei, Taiwan

6/22

TSPCCM summer summit

Daniel Sterman
NYU Grossman School of Medicine, New York, USA

Ming-Ju Tsai
Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Jia-Yih Feng
Taipei Veterans General Hospital, Taipei, Taiwan

Tao-Min Huang
National Taiwan University Hospital and College of Medicine, Taiwan

Yen-Fu Chen
NTUH Yunlin branch, Taiwan

Chi-Lu Chiang
Taipei Veterans General Hospital, Taipei, Taiwan

Yi-Hung Pan
Antai Tian-Sheng Memorial Hospital, Pingtung, Taiwan

Wei-Chang Huang
Taichung Veterans General Hospital, Taichung, Taiwan

Chieh-Lung Chen
China Medical University Hospital, Taichung, Taiwan

Chien-Yu Lin
National Cheng Kung University Hospital, Tainan, Taiwan

Po-Jui Chang
Chief of Division of Airway Diseases, Department of Thoracic Medicine, Linkou Chang Gung Memorial Hospital, Taoyuan, Taiwan

Pin-Kuei Fu
Taichung Veterans General Hospital, Taichung, Taiwan

Yi-Luen Shen
Asia University Hospital, Taichung, Taiwan

Ching-Hsiung Lin
Changhua Christian Hospital, Changhua, Taiwan

Chia-Ling Chang
Department of Internal Medicine, Shimane University Faculty of Medicine

Wen-Chien Cheng
China Medical University Hospital, Taichung, Taiwan

Chun-Kai Huang
National Taiwan University Hospital, Taipei, Taiwan

Yen-Fu Chen
NTUH Yunlin branch, Taiwan

APCB

Noriaki Kurimoto
Shimane University Faculty of Medicine, Japan

Hsin-Yueh Fang
Chang-Gung memorial hospital, Linkou, Taiwan

Shuenn-Wen Kuo
National Taiwan University Hospital, Taipei, Taiwan

Hari Kishan Gonuguntla
Yashoda Hospitals, India

Nai-Chien Huan
Queen Elizabeth Hospital Kota Kinabalu, Sabah, Malaysia

Yuan-Ming Tsai
Tri-Service General Hospital, Taipei, Taiwan

Shuenn-Wen Kuo
National Taiwan University Hospital, Taipei, Taiwan

Yung-Hung Luo
Taipei Veterans General Hospital, Taipei, Taiwan

Yei-San Hsieh
Tao-Yuan General Hospital, Taoyuan, Taiwan

Chun-Ying Chou
National Taiwan University Hospital, Yunlin Branch, Taiwan

Daily Program

06. 20 Fri. 402A

Time	Topic	Speaker
	APCB workshop Advance in EBUS	
09:40-10:10	Ultrathin bronchoscopy with EBUS for peripheral pulumonary lesion sampling	Dr. Masahide Oki
10:10-10:40	Advance in Convex probe EBUS procedure for mediastinal lesion diagnosis	Dr. Bing-Chen Wu
10:40-11:00	Coffee Break	
11:00-11:30	Diagnostic performance of thin convex probe	Dr. Hao-Chun Chang
11:30-12:00	Application of simulator system for bronchoscopy training	Dr. Yung-Yun Chang
12:00-13:20	Lunch	
13:20-15:30	APCB workshop Hands-on	
15:30-16:00	Coffee Break	

06. 20 Fri. 402B

Time	Topic	Speaker
	APCB workshop Navigation	
09:40-10:10	Bronchial tracing	Dr. Noriaki Kurimoto
10:10-10:40	VBN and Archimedes	Dr. Hui-Hsuan Shih
10:40-11:00	Coffee Break	
11:00-11:30	Electromagnetic navigational (EMN) bronchoscopy	Dr. Chung-Yu Chen
11:30-12:00	Augmented fluoroscopy	Dr. Sonali Sethi
12:00-13:20	Lunch	
13:20-15:30	APCB workshop Hands-on	
15:30-16:00	Coffee Break	

06. 20 Fri. 402C

Time	Topic	Speaker
	APCB workshop Central airway management	
09:40-10:10	The role of rigid bronchoscopy for the management of central airway obstruction	Dr. Yei-San Hsieh
10:10-10:40	The role of flexible bronchoscopy for the management of central airway obstruction	Dr. Chia-Hung Chen
10:40-11:00	Coffee Break	
11:00-11:30	Intralesional injection of PTS to treat malignant central airway obstruction	Dr. Leong Swee Wei
11:30-12:00	Management of hemoptysis and foreign body remove	Dr. Chih-Bin Lin
12:00-13:20	Lunch	
13:20-15:30	APCB workshop Hands-on	
15:30-16:00	Coffee Break	

06. 20 Fri. 402D

Time	Topic	Speaker
	APCB workshop Tumor ablation	
09:40-10:10	Transbronchial microwave ablation: current updates	Dr. Aliss TC Chang (Online)
10:10-10:40	Transbronchial radiofrequency ablation: BroncAblate experience	Dr. Thitiwat Sriprasart
10:40-11:00	Coffee Break	
11:00-11:30	Percutaneous lung cryoablation	Dr. Wei-Chan Lin
11:30-12:00	Percutanous lung microwave ablation	Dr. Ling-Kai Chang
12:00-13:20	Lunch	
13:20-15:30	APCB workshop Hands-on	
15:30-16:00	Coffee Break	

06. 20 Fri. 403

Time	Topic	Speaker
	APCB workshop Pleural disease	
09:40-10:10	Patient Preparation, Selection, and Basic Techniques for Pleuroscopy	Dr. Chung-Shu Lee
10:10-10:40	Advanced Approaches in Pleuroscopy-Biopsy Site Selection, Biopsy Techniques, and Troubleshooting	Dr. Ching-Yao Yang
10:40-11:00	Coffee Break	
11:00-11:30	Thoracic ultrasound in pleura disease and ultrasound-guided biopsy	Dr. Yen-Lin Chen
11:30-12:00	POCUS for intensivist: heart/lung/abdomen/deep vein thrombosis	Dr. Nin-Chieh Hsu
12:00-13:20	Lunch	
13:20-15:30	APCB workshop Hands-on	
15:30-16:00	Coffee Break	

Masahide Oki

Current Position
National Hospital Organization Nagoya Medical Center, Japan

Education
1992 Graduated from Fukui Medical School, Japan
1992 MD
2007 PhD from Nagoya University Graduate School of Medicine, Japan

Professional Experiences
1992 - 1994 Residency, Social Insurance Chukyo Hospital, Nagoya, Japan
1994 - 1997 Staff, Department of Respiratory Medicine, Social Insurance Chukyo Hospital, Nagoya, Japan
1997 - 2009 Staff, Department of Respiratory Medicine, National Hospital Organization Nagoya Medical Center, Nagoya, Japan
2009 - present Chief, Department of Respiratory Medicine, National Hospital Organization Nagoya Medical Center, Nagoya, Japan

Awards and Honours
2014 Ikeda Award from the Japan Society for Respiratory Endoscopy
2016 The WABIP-Dumon Award from WABIP
2024 Kumagai Award from the Japanese Respiratory Society

EBUS for PPLs diagnosis

Bronchoscopy has been widely used to diagnose peripheral lung cancer.
The diagnostic sensitivity of conventional bronchoscopy using only fluoroscopic guidance for cancers less than 20 mm in diameter is only 34%.However, since the early 2000s, several useful devices including radial probe endobronchial ultrasound (EBUS) instruments with/without guide-sheaths (GSs), navigation devices, and ultrathin bronchoscopes have been developed. The diagnostic yields afforded by virtual bronchoscopic navigation, EBUS with a GS rather than without a GS, and ultrathin (compared to thin) bronchoscopy have been proven in randomized studies. In addition, improved or new sampling instruments including transbronchial needles and cryoprobes are now clinically available. Bronchoscopic techniques have thus changed drastically, and the diagnostic sensitivity for peripheral lung cancers less than 20 mm in diameter is now 60–70%.Multi-modality and multi-instrumental bronchoscopy using new devices affords high diagnostic yields.

Bing-Chen Wu

Current Position
Attending Physician, Department of Chest Medicine, Linkou Chang Gung Memorial Hospital

Degree
M.D., Mackay Medical College

Professional Experience

2016.11-2017.10	Postgraduate Year Training – Keelung Chang Gung Memorial Hospital
2017.11-2021.07	Resident – Linkou Chang Gung Memorial Hospital
2021.07-2023.10	Research Physician – Department of Chest Medicine, Linkou Chang Gung Memorial Hospital
2023.11-Present	Attending Physician – Department of Chest Medicine, Linkou Chang Gung Memorial Hospital

Advance in EBUS Convex Probe Procedure for Mediastinal Lesion Diagnosis

Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) using a convex probe has significantly advanced the diagnosis and staging of mediastinal lesions by enabling real-time, minimally invasive sampling of lymph nodes and masses adjacent to the airways. Recent improvements in imaging resolution, needle design, and the integration of elastography have enhanced diagnostic accuracy, particularly in complex conditions such as sarcoidosis, lymphoma, and metastatic disease. This presentation will introduce the anatomy of mediastinal lymph nodes, including the specific nodal levels that can be accessed via EBUS, and will explore the latest technological and procedural advancements in the convex probe technique. Additionally, it will discuss the expanding role of EBUS-TBNA in mediastinal disease management, highlighting its growing importance as a safe and effective alternative to surgical biopsy.

Hao-Chun Chang

Current Position
Attending physician, division of pulmonology and critical care medicine, department of internal medicine, National Taiwan University Hospital
Clinical faculty, medical school, National Taiwan University

Education
Medical doctor, National Taiwan University

Professional Experiences
Internal medicine, pulmonology, critical care medicine, intervention pulmonology

Awards and Honours
2020 Taipei City Medical Association Young Physician Xinglin Award

Diagnostic performance of thin convex probe

Convex probe endobronchial ultrasound (CP-EBUS) is a minimally invasive imaging technique that combines ultrasound with bronchoscopy to provide real-time visualization of structures within the airways and surrounding tissues. CP-EBUS with transbronchial needle aspiration (TBNA) has become essential for evaluating and diagnosing various respiratory conditions, particularly in patients with lung cancer and mediastinal lymphadenopathy. However, CP-EBUS has limited reach in smaller bronchi due to its size. Thin convex probe EBUS (TCP-EBUS) is designed with a thinner, more flexible shaft that facilitates easier navigation through the bronchial airways. It can reach as deep as the fifth generation of bronchial branches in the lower lobes, and sometimes the third generation in the upper lobes. TCP-EBUS is a valuable tool for diagnosing and staging lung cancer, as well as for assessing other pulmonary conditions. With its smaller size and enhanced maneuverability, TCP-EBUS allows for greater precision, patient comfort, and a higher success rate in obtaining accurate tissue samples for diagnosis.

Yung-Yun Chang

Current Position
Attending Physician, Division of General Medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung,
Taiwan Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Education
Doctor of Medicine, Fatima Medical College, Philippines Master of Education in Adult Education, National Kaohsiung Normal University, Taiwan

Professional Experiences
Resident, Department of Internal Medicine, Kaohsiung Medical University Hospital(KMUH)
Research Fellow, Center for Geriatrics and Gerontology, Taipei Veterans General Hospital
Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, KMUH
Attending Physician, Division of General Medicine, Department of Internal Medicine, KMUH
Director, Division of Clinical Skills Center, Department of Clinical education and Training, KMUH (2013-2016)

Application of Simulator System for Bronchoscopy Training

The rising demand for precise endoscopic procedures—driven by recent advancements in therapeutic strategies for lung cancer and chronic airway diseases—has underscored the critical need to cultivate expertise in interventional pulmonology (IP). Traditional apprenticeship-based education models no longer meet the quantity and quality requirements of contemporary medical training. In response, competency-based medical education (CBME) has emerged as the global standard, emphasizing skill acquisition and procedural mastery over case volume or training duration. IP training frameworks now incorporate structured assessment tools—such as BSTAT, OBAT, EUBS-STAT, LEAP, and RIGID-TASC—to objectively evaluate clinical competence.

Simulation-based education plays a pivotal role throughout both foundational and advanced stages of IP training. It offers trainees a safe, structured environment to explore bronchial and mediastinal anatomy, acquire core skills, refine technical procedures, and rehearse rare but highstakes scenarios—all without compromising patient safety or privacy. Educators can track progress using performance metrics and simulation logs, while experienced clinicians may utilize simulation to ensure continued proficiency aligned with evolving standards. Moreover, simulation supports effective team-based training for emergency response in realistic clinical settings, reducing the likelihood of complications and promoting procedural safety.

Noriaki Kurimoto

Current Position
Project Professor, Division of Medical Oncology and Respiratory Medicine,
Department of Internal Medicine, Shimane University Faculty of Medicine

Education
from Hiroshima University School of Medicine

Professional Experiences
I started Endobronchial ultrasonography (EBUS) for central lesions and peripheral pulmonary lesions in 1994, and EBUS using a guide sheath (EBUS-GS) in 1996. I continue to teach "bronchial branch tracing" for bronchoscopists. Now I'm studying ultra-thin bronchoscopic procedures and narrow band imaging for peripheral pulmonary lesions, and so on.

Awards and Honours
Video festival third prize (Budapest, 1998) at the 10th World Congress for Bronchology
Ikeda Prize (Japan, 1999) in the Japan Society for Bronchology
Award for Best poster (Boston, 2002) at the 12th World Congress for Bronchology
Ohata Prize (Japan, 2006) in the Japan Society for Bronchology
Award for Best poster (Buenos Aires, 2006) at The 14th World Congress for Bronchology
Award for Best video (Buenos Aires, 2006) at The 14th World Congress for Bronchology

Bronchial Branch Tracin

I will clarify how to visually trace the bronchi leading to a peripheral pulmonary lesion using CT images. Although virtual bronchoscopic navigation has become widespread, it is important that we learn how to trace the bronchi leading to a peripheral pulmonary lesion from CT images without the help of navigation. Bronchial Branch Tracing can provide a diagram of the bronchial branches surrounding a specific target close to the pleura and has the advantage that the doctor can get more confidence. Compared "Bronchial Branch Tracing" with Navigation, in the proximal bronchus Navigation is more accurate than Bronchial Branch Tracing. But in the peripheral sub-pleural area, Bronchial Branch Tracing is more accurate than Navigation, because Navigation could not show the narrow bronchus in the sub-pleural area.

1. I will explain five steps of Bronchial Branch Tracing.
1st step: To reverse or rotate the CT images
2nd step: To differentiate between the vertical and horizontal branches of the bronchi
3rd step: To determine whether the patient's head is in front of or behind the screen
4th step: To determine the long axis of the most proximal horizontal branch
5th step: To place the point of view at the proximal site of the most proximal horizontal branch
The 1st and 2nd steps refer to the vertical bronchial branches.
The 1st, 2nd , 3rd , 4th , and 5th steps refer to the horizontal bronchial branches.
2. Tree-dimensional bronchial tree
I started to use tree-dimensional bronchial tree for teaching Bronchial Branch Tracing. On the screen of reversed or rotated CT images, a solid-line branch on 3-dementional bronchial tree advances parallel or closing to us, a broken-line branch on 3-dementional bronchial tree advances beyond the screen of CT images.

Hui-Hsuan Shih

Current Position

Senior Attending Physician; Division of Chest Medicine,
Dept. of Medicine, MacKay Memorial Hospital, Taipei, Taiwan

Education

1997-2005 Doctor of Medicine; School of Chinese Medicine, College of Chinese Medicine, China Medical University , Taichung, Taiwan

2005-2007 Master of Medical Science, Graduate Institute of Chinese Medical Science, College of Chinese Medicine, China Medical University, Taichung, Taiwan

Professional Experiences

2012-2021 Attending Physician; Division of Chest Medicine, Dept. of Medicine, MacKay Memorial Hospital, Taipei, Taiwan

2021-2023 Senior Attending Physician; Division of Chest Medicine, Dep. Of Medicine, MacKay Memorial Hospital, Taitung Branch, Taitung, Taiwan

2023-present Senior Attending Physician; Division of Chest Medicine, Dept. of Medicine, MacKay Memorial Hospital, Taipei, Taiwan

Awards and Honours

2014 Specialist of Pulmonary Medicine (No: 1292)
Taiwan Society of Pulmonary and Critical Care Medicine

2015 Specialist of Intensive Care Medicine (No: 2796),
Taiwan Society of Pulmonary and Critical Care Medicine

2017 Specialist of Lung Cancer (No: 228)
Taiwan Society of Lung cancer

2023 Academic Teaching Rank Accreditation Certificate Lecturer
(No: 153328) Minister of Education, Taiwan

VBN and Archimedes Navigation Bronchosocpy

Virtual bronchoscopic navigation (VBN) is a method for the guidance of a bronchoscope to peripheral lesions using virtual bronchoscopy (VB) images of the bronchial path. Archimedes Navigation system is one of the VBN. We can use the system to perform airway navigation by augmented reality, transbronchial needle aspiration and bronchoscopic transparenchymal nodule access (BTPNA) for lesions without bronchus sign. The application of the system includes tissue sampling, pre-operative lesion localization, and lesion ablation (including RFA or vapor ablation).

Chung-Yu Chen

Current Position

Clinical Associate Professor, College of Medicine, National Taiwan University
Director of Thoracic Medicine Center, National Taiwan University Hospital Yunlin Branch

Education

1992-1999	M.D., College of Medicine, China Medical University, Taiwan
2014-2017	Ph.D., Graduate Institute of Pathology, College of Medicine, National Taiwan University

Professional Experiences

2012	Medical Executive Assistant, Superintendent's Office
2021	Director of Clinical Trial Center, National Taiwan University Hospital Yunlin Branch
2021	Director of Precision Medicine Center, National Taiwan University Hospital Yunlin Branch
2023	Director of Human Biobank, National Taiwan University Hospital Yunlin Branch
2018-2023	Assistant Professor, College of Medicine, National Taiwan University

Safer, Smarter Surgery: The Role of ENB in Localizing Pulmonary Nodules

Increase the low dose computed tomography (CT) used for lung cancer screening, small nodule yielded more and more, and it take a challenge for surgical resection. Both electromagnetic navigation bronchoscopy (ENB)and CT-guided methods effectively localize pulmonary nodules with high accuracy. Notably, ENB-guided techniques significantly reduce pneumothorax risks compared to CT-guided methods. ENB localization, performed intraoperatively, minimizes patient discomfort and simplifies procedural logistics compared to preoperative CT-guided approaches. While both methods have similar success rates and localization times, ENB provides additional advantages, including fewer complications and the ability for multiple precise markings. In contrast, CT-guided methods may be complicated by pneumothorax and marker dislodgement. Therefore, ENBguided localization offers a safer, more patient-friendly alternative to CTguided techniques, particularly beneficial for intraoperative management of pulmonary nodules. Future randomized studies are needed to further establish clear clinical guidelines.

Sonali Sethi

Current Position

Interventional Pulmonary
Director, Lung Cancer Diagnosis and Staging Program
Program Director for Interventional Pulmonary Fellowship
President-Elect AABIP

Education

Interventional Pulmonary Fellowship- Cleveland Clinic
Pulmonary / Critical Care Fellowship - St. Vincent's Hospital, NY, NY

Professional Experiences

2012.07-2013.06	Cleveland Clinic, Cleveland, Ohio Interventional Pulmonary Fellow - Respiratory Institute
2024.08	President-Elect American Association of Bronchology and Interventional Pulmonology
2013.09-Present	Cleveland Clinic, Cleveland, Ohio Director, Lung Cancer Diagnosis and Staging Program Program Director for Interventional Pulmonary Fellowship

Awards and Honours

2018-2019	Respiratory Institute Teacher of the Year, Cleveland Clinic, Cleveland, Ohio
2019-2020	Respiratory Institute Teacher of the Year, Cleveland Clinic, Cleveland, Ohio
2020-2022	Distinguished CHEST Educator (DCE), American College of Chest Physicians
2022	Distinguished AABIP Service Award, AABIP
2023	Distinguished CHEST Educator (DCE), American College of Chest Physicians
2024	Distinguished CHEST Educator (DCE), American College of Chest Physicians

Advanced Bronchoscopic Techniques for Peripheral Pulmonary Lesions: A Hands-On Simulation

Background: The past five years have seen rapid advancements in bronchoscopy-guided biopsy techniques for the diagnosis of peripheral pulmonary lesions, driven by the adoption of technologies such as robotic-assisted bronchoscopy and electromagnetic navigation bronchoscopy (ENB) and real-time, intraoperative imaging. An increasing body of literature highlights the improved diagnostic yield and procedural efficacy of these technologies. As bronchoscopic approaches for lung nodule biopsy and localized lung cancer therapy delivery evolve, clinicians must continuously refine their skills to optimize patient outcomes.

Objective: This hands-on simulation session provides participants with an interactive platform to enhance their proficiency in bronchoscopic navigation, robotic-assisted bronchoscopy, real-time, intraoperative imaging and radial endobronchial ultrasound (EBUS) for the evaluation of peripheral lung nodules.

Methods: Expert faculty will deliver state-of-the-art updates on the indications, outcomes, and technical nuances of advanced bronchoscopic platforms. Participants will engage in interactive simulations, applying learned concepts to real-world scenarios. The session will focus on:
Selecting the appropriate bronchoscopic technologies based on nodule characteristics
Optimizing navigation techniques to maximize diagnostic yield
Recognizing and mitigating procedure-related complications
Performing key procedural steps for emerging bronchoscopic technologies

Expected Outcomes: Attendees will gain hands-on experience with cutting-edge bronchoscopic techniques, improving their ability to diagnose peripheral lung lesions effectively. By integrating these advanced technologies into clinical practice, participants will enhance patient outcomes and contribute to the continued evolution of minimally invasive pulmonary diagnostics.

Conclusion: As bronchoscopic technologies advance, structured training opportunities remain critical for procedural mastery. This interactive session at APCB 2025 will empower clinicians to implement novel diagnostic strategies, ensuring precision medicine for patients with suspected lung malignancies.

Yei-San Hsieh

Current Position
Chief of Thoracic Department
Tao-Yuan General Hospital, Taoyuan, Taiwan

Education
National Yang Ming Chiao Tung University

Professional Experiences
2002-2004 Thoracic Surgery Department, National Taiwan University Hospital
2004-2012 Chief of Thoracic Surgery Department, Shin Kong Wu Ho-Su Memorial Hospital
2009 Visiting Fellow, Thoracic Surgery Department, University of Pennsylvania
2012-2025 Chief of Tao-Yuan General Hospital.

The role of rigid bronchoscopy for the management of central airway obstruction

Before the invention of the flexible bronchoscope, the rigid bronchoscope was a crucial tool for treating tracheal diseases. Even after the flexible bronchoscope became widespread, the rigid bronchoscope still held value in treating central tracheal diseases, such as central tracheal tumor removal, stent placement, and foreign body removal. This workshop aims to provide participants with hands-on experience in operating the rigid bronchoscope and introducing several silicone tracheal stents.

Chia-Hung Chen

Education
Chia-Hung Chen, M.D., Ph.D., received his medical degree in 2008 and earned his Ph.D. from the Graduate Institute of Clinical Medical Science at China Medical University in 2017. He completed his residency in Internal Medicine and fellowship in Pulmonary and Critical Care Medicine at China Medical University Hospital between 2002 and 2007, subsequently becoming an attending physician in 2007.

Professional Experiences
Dr. Chen was appointed Assistant Professor in 2017 and promoted to Associate Professor at China Medical University in 2019. His research has been actively focused on interventional pulmonology, with particular interest in advanced bronchoscopic techniques.

Awards and Honours
Dr. Chen is a member of the Taiwan Society of Pulmonary and Critical Care Medicine and the World Association for Bronchology and Interventional Pulmonology. He has received multiple prestigious awards, including the APSR Young Investigator Award in 2006 and the Excellent Oral Presentation Award from the Taiwan Society of Pulmonary and Critical Care Medicine in 2015, 2016, and 2024.
He has authored over 110 peer-reviewed journal articles and contributed to six book chapters. His current research interests center on interventional pulmonology and airway diseases, with an ongoing commitment to advancing minimally invasive diagnostic and therapeutic techniques in pulmonary medicine.

The role of flexible bronchoscopy for the management of central airway obstruction

Central airway obstruction (CAO) is a potentially life-threatening condition resulting from benign or malignant processes that compromise the patency of the trachea or main bronchi. Timely diagnosis and intervention are crucial to relieve symptoms such as dyspnea, stridor, and respiratory failure. Flexible bronchoscopy has become an essential tool in the management of CAO, offering both diagnostic and therapeutic capabilities. It is less invasive than rigid bronchoscopy and can be performed under moderate sedation, making it suitable for critically ill or high-risk patients. Therapeutic interventions using flexible bronchoscopy include mechanical debulking, balloon dilation, stent placement, cryotherapy, and laser therapy. Among these, laser therapy—such as Nd:YAG or diode laser—plays a pivotal role in rapidly restoring airway patency by vaporizing obstructive lesions with precision and minimal bleeding. The combination of laser therapy with other bronchoscopic techniques enhances the efficacy of flexible bronchoscopy in managing complex airway obstructions. Despite certain limitations compared to rigid bronchoscopy in terms of airway control and larger lesion removal, flexible bronchoscopy remains a valuable, versatile option, particularly when rigid instrumentation is not feasible. This review highlights the evolving role of flexible bronchoscopy, including laser applications, in the multidisciplinary approach to CAO management, emphasizing individualized treatment planning to optimize clinical outcomes.

Leong Swee Wei

Current Position
Serdang Hospital, Malaysia

Education
MD (UKM), MRCP (UK), FRCP (Edingburgh), CCT Respiratory Medicine (Malaysia)
Fellowship in Lung Trasnplantation (UK)

Professional Experiences
Dr Leong completed her medical degree at Nasional University of Malaysia (Universiti Kebangsaan Malaysia, UKM) in 2007 and trained as a general physician before specialising in respiratory medicine.
Dr. Leong further pursued training in lung transplantation at Freeman Hospital, UK, from 2018 to 2021. Her clinical interests include lung transplantation and interventional pulmonology. Currently, she serves as the Head of Respiratory Medicine Physician for Selangor State and works as a consultant respiratory physician at Serdang Hospital, where she continues to care for patients and contributes to the field of respiratory medicine.

Awards and Honours
2023 Excellent Service Award for the state of Selangor by the Health Ministry of Malaysia

Intralesional injection of PTS to treat malignant central airway obstruction

Chih-Bin Lin

Current Position

Chief, Pulmonary Medicine, Hualien Tzu Chi Hospital, Tzu Chi Medical Foundation, Hualien, Taiwan Assistant Professor, Internal Medicine, Tzu Chi University, Hualien, Taiwan.

Education

University of Buenos Aires, Faculty of Medicine, Argentina.

Professional Experiences

Dr. Lin received training in pulmonary procedures at Hualien Tzu Chi Hospital and Taipei Veterans General Hospital (VGH) during his pulmonary fellowship. In November 2006, he expanded his expertise by attending an Interventional Bronchoscopy program at Chiba University Hospital in Japan. Currently, he serves as a pulmonologist at Hualien Tzu Chi Hospital in Eastern Taiwan. His clinical interests include chest and pulmonary interventions, lung cancer diagnosis and treatment, and pulmonary tuberculosis.

Bronchoscopic Management of hemoptysis and foreign body removal

Bronchoscopy plays a vital role in the evaluation and management of both hemoptysis and foreign body aspiration, two potentially life-threatening respiratory conditions. This presentation will highlight the bronchoscopic strategies used in the diagnosis, stabilization, and therapeutic intervention. Hemoptysis, especially when massive, requires rapid localization and control of the bleeding source. Bronchoscopy enables direct visualization of the airway, identification of bleeding sites, and allows for immediate therapeutic measures such as cold saline lavage, topical vasoconstrictors, and balloon tamponade. Similarly, foreign body aspiration, common in both pediatric and adult populations, requires prompt removal to prevent airway obstruction, infection, and long-term complications. Flexible bronchoscopy offers a valuable alternative in adults and in cases where the foreign body is distally located or less accessible. The integration of high-definition imaging, improved suction, and specialized retrieval tools has significantly improved procedural success and patient outcomes in both hemoptysis and foreign body cases. Selection of the appropriate bronchoscopic technique depends on the clinical situation, patient stability, and location of the pathology. This talk will provide a focused overview of bronchoscopic decision-making, procedural techniques, and the evolving role of technology in managing hemoptysis and foreign body aspiration.

Aliss TC Chang

Current Position
Surgical fellow

Education
Ordinary Membership – The College of Surgeons og Hong Kong
2017 MBChB – The Chinese University of Hong Kong
2020 MRCSEd – The Royal College of Surgeons of Edinburgh
2024 FRCSEd (CTh) – The Royal College of Surgeons of Edinburgh

Professional Experiences
2018-Present Surgical resident (Prince of Wales Hospital)

Awards and Honours
2023 ASCVTS Busan - Furuse Award
2023 AATS Foundation Travel Award
2024 Patrick Magee Gold Medallist - Joint Specialty Fellowship Examination in Cardiothoracic Surgery June 2024

Transbronchial Microwave Ablation – Current Updates

The landscape of lung cancer is undergoing a significant shift, moving from solitary tumors to small, multifocal tumors, largely due to the increased utilization of low-dose computed tomography screening. This change presents unique challenges in diagnosing and treating multifocal lung tumors, given their small size, subsolid characteristics, and multifocal nature. To address these issues, innovative technologies have been developed to improve precision in lesion localization and enhance treatment efficacy. A notable advancement is transbronchial microwave ablation, which has transformed the management of multifocal lung tumors. This technique, when used in conjunction with navigation bronchoscopy, allows for precise and minimally invasive treatment, yielding excellent clinical outcomes and maintaining a high safety standard. Further integration of technologies such as robotic-assisted bronchoscopy, hybrid operating rooms, and artificial intelligence aims to optimize these procedures by providing a comprehensive, one-stop solution for lung cancer management. With these advantages, ongoing innovation continues to focus on enhancing bronchoscopy systems and developing advanced ablative technologies. We will delve into the role of transbronchial microwave ablation in lung cancer management, highlight recent progress, and explore potential future advancements in this field.

Thitiwat Sriprasart

Current Position

Assistant Professor of Medicine
Director on Interventional Pulmonolgy Fellowship Program
Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Education

Doctor of Medicine: Faculty of Medicine, Chulalongkorn University, Thailand
Internal Medicine: Advocate Illinois Masonic Medical Center, Chicago, USA
Pulmonary and Critical Care: University of California San Francisco, USA
Interventional Pulmonology: University of Cincimati, Ohio, USA

Professional Experiences

Clinical Instructor and Telemedicine physician in Pulmonary disease and Critical care Medicine, Cincinnati VA Medical Center, Cincinnati, USA
Clinical Instructor in Interventional Pulmonology , Division of Pulmonary, Critical care and Sleep Medicine, Department of Medicine, University of Cincinnati, USA
Assistant Professor and director of Interventional Pulmonology Fellowship program, Division of Pulmonary and Critical Care, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
Awards committee WABIP
WABIP Board of Regents for Thailand
Administrative committee of Interventional Pulmonology assembly under Thoracic Society of Thailand
under Royal Patronage
Education and training committee of Interventional Pulmonology under Thoracic Society of Thailand
under Royal Patronage
Member of Asia Pacific Interventional Pulmonology Alliance (APIPA)

Awards and Honours

American Board of Internal Medicine, Pulmonary Disease, Critical Care Medicine- Certification
American Association for Bronchology and Interventional Pulmonology-Certification
Thai board of Internal Medicine, Pulmonary Disease, Critical Care Medicine
Thai Board of Interventional pulmonology

Wei-Chan Lin

Current Position
Radiologist at Department of Radiology, Cathay General Hospital Sijhih

Education
1998 MD: Taipei Medical College, Taipei, Taiwan
2012 Ph.D. National Yang-Ming University, Taipei, Taiwan

Professional Experiences
Residency, Department of Radiology Taipei Veterans General Hospital
Attending Radiologist:
2005-2008 VGH-HT IMAGING CENTER, Taipei Veterans General Hospital
2008-2011 National Yang Ming University Hospital
2011-Present Cathay General Hospital

Cryoablation for Lung Tumors: Tips and Tricks

In this session, we will begin by discussing the common complications associated with cryoablation. Next, we will review survival rates and tumor control outcomes, comparing them with data from large-scale trials conducted worldwide. In the third part of the talk, we will examine the advantages and limitations of cryoablation in comparison to radiofrequency ablation (RFA) and microwave ablation. Finally, we will present selected case studies to illustrate the clinical outcomes of cryoablation in well-chosen patients.

Ling-Kai Chang

Current Position
National Taiwan University Hospital Cancer Center, Taipei, Taiwan

Education
2008-2015 Chung Shan Medical University, College of Medicine, MD

Professional Experiences
2013-2014 Internship, Taichung Veterans General Hospital
2014-2015 Internship, Chung Shan Medical University Hospital
2015-2016 PGY, National Taiwan University Hospital
2016-2019 Resident, Internal Medicine, National Taiwan University Hospital
2019-2021 Fellow, Division of Pulmonary and Critical Care Medicine
Department of Internal Medicine
National Taiwan University Hospital
2021.08 Attending physician, National Taiwan University Hospital
Hsin-Chu BioMedical Park
Branch
2022.08 Instructor, National Taiwan University
2025.01 Attending physician, National Taiwan University Hospital

Awards and Honours
2020 Taiwan Society of Pulmonary and Critical Care Medicine Junior Research Award
2021 American Thoracic Society: Abstract Scholarship
2022 Taiwan Society of Pulmonary and Critical Care Medicine Young Investigator

Transthoracic Lung Tumor Ablation

With the advancement of medical technology, cancer treatment methods have gradually diversified.
In addition to traditional surgical tumor resection, various interventional ablation therapies have emerged as major treatment options, owing to the widespread availability of imaging technologies. These treatments are characterized by their ability to precisely focus energy on tumor tissue, thereby destroying the tumor while preserving most of the normal organ structure. For deep-seated lesions, ablation therapy can deliver energy to the lesion site through puncture techniques, thus maintaining the organ's shape and function. Compared to traditional surgical resection, ablation therapy is typically shorter in duration, involves less bleeding, and offers faster postoperative recovery.

Clinically, percutaneous ablation, which involves inserting an ablation probe into the lesion, is the most commonly used ablation method. This technique is widely applied to treat tumors in the liver, kidneys, thyroid, and lungs, and has been proven to be a safe and effective therapeutic option. (1–3)

Ablation therapy was initially used for patients who could not undergo traditional surgery—typically elderly patients with high surgical risks or those at risk of postoperative organ dysfunction. Although radiofrequency ablation (RFA) can effectively treat tumors in certain scenarios, it is limited in its ablation range and is affected by the heat sink effect, where surrounding blood flow dissipates the heat energy. (4) Therefore, RFA is generally suitable only for smaller tumors (less than 3 cm). However, with advancements in ablation technologies, the introduction of multi-pronged ablation devices has expanded the treatment range. In addition, microwave ablation (MWA), especially with the integration of water-cooling systems, can achieve higher ablation temperatures in a shorter time, expand the ablation zone, and is less affected by the heat sink effect near large blood vessels. As a result, percutaneous ablation is now also viable for larger tumors (3–5 cm). (5)

Besides RFA and MWA, cryotherapy is another common ablation method. Cryoablation uses argon gas to rapidly cool the tumor tissue to -160 to -180°C, forming an ice ball, followed by the introduction of helium gas to quickly raise the temperature to 25°C. This rapid freeze-thaw cycle damages tumor tissues and effectively lyses cancer cells. When tumors are located near critical organs or large blood vessels, cryoablation offers better protection to surrounding normal tissues due to its minimal collateral damage. Thus, this technique has further expanded the applicability of ablation therapy. (6)

Lung ablation often draws from the earlier and more developed experience of liver ablation. In patients with chronic hepatitis B or C, regular abdominal ultrasound screening has become a routine practice, enabling early detection of many small lesions. For such lesions, local thermal ablation has been recognized as a standard treatment for small hepatocellular carcinoma. In this context, precise imaging guidance is crucial for successful ablation. Ultrasound provides real-time imaging of the liver and allows observation of the ablation needle during insertion, enabling real-time adjustment of its direction. However, for deeper liver lesions or those obscured by bowel gas or lungs, ultrasound's limited penetration makes tumor localization difficult. In such cases, computed tomography (CT) guidance is required. Pre-ablation angiography may also be performed using Lipiodol embolization to help retain contrast medium in liver cancer cells, enabling accurate tumor localization with CT.

In contrast, ultrasound cannot be used to guide lung ablation, making CT guidance essential. For small lung nodules detected via low-dose computed tomography (LDCT) screening, image-guided ablation is increasingly replacing traditional surgical resection, especially when the lesions are deeply located, making safe resection challenging, or when postoperative lung function recovery is limited. In such cases, the precision of CT-guided ablation becomes particularly crucial. (7, 8)

Clinical Practice and Research Achievements in Pulmonary Tumor Ablation by Our Team

Based on our institutional experience, lung tumor ablation has been proven to be a safe and effective treatment option. This minimally invasive technique not only carries a low risk of complications but also provides a faster recovery than traditional surgery, making it an ideal choice for patients who are not surgical candidates. Specific types of complications are listed in the table below, showing that complication rates in our clinical practice are very low. With years of clinical application and continuous technological improvements, this method has achieved remarkable therapeutic outcomes while ensuring patient safety.

In our clinical operations, our team can perform both biopsy and ablation treatments in a hybrid operating room or imaging suite, combining general anesthesia with cone-beam computed tomography (CBCT) guidance. Real-time imaging support ensures each step is conducted with high precision, achieving complete tumor ablation while minimizing damage to surrounding lung tissue. These preliminary clinical experiences and research results have been published in the international journal European Radiology and recognized by peers. (9)

Chung-Shu Lee

Current Position

Visit staff in Department of Pulmonary and Critical Care Medicine, New Taipei Municial Tucheng Hospital
Deputy Secretary-General of Taiwan Lung Cancer Society

Education

2000-2007 School of Medicine, Chung Shan Medical University, Taiwan

Professional Experiences

ICU care with mechanical ventilation
Lung cancer
Pulmonary rehabilitation
Idiopathic pulmonary fibrosis
Interventional bronchoscopy

Awards and Honours

2017 Original Article Category 2nd place, Outstanding Paper Award of the Journal ofInternal Medicine, Taiwan Internal Medicine Society

Patient Preparation, Selection, and Basic Techniques for Pleuroscopy

Pleuroscopy have revolutionized the management of undiagnosed pleural effusion. Pleuroscopy was conducted by a non-surgical pulmonologist in the endoscopy suite, with patients under local anesthesia and conscious sedation. Pleural biopsy via pleuroscopy has been widely used due to the higher diagnostic yield when compared with conventional closed tube biopsy. In addition, pleuroscopy could provide larger sized specimens for pathological examination and tissue culture. In some circumstances with patients who were unable to receive general anesthesia, the pleuroscopy had played an important role in diagnosing pleural diseases.

We have provided the development, technical approach, indications, and risks of the pleuroscopy in the evaluation of pleural diseases. Accurate manipulation and well evaluation may bring precise diagnostic yield and patient safety and also decrease the risk of infection before and after pleuroscopy.

Ching-Yao Yang

Current Position
Attending physician, clinical associate professor
Division of Pulmonary Medicine
Department of Internal Medicine
National Taiwan University Hospital

Education
National Taiwan University Medical College, M.D.
PhD in pathology, College of Medicine, National Taiwan University Hospital

Professional Experiences
2012/7 Attending Physician, Department of Internal Medicine, National Taiwan University Hospital
2023/8 Clinical Associate Professor, National Taiwan University Hospital

Awards and Honours
2016 Young Investigator Award, Taiwan Society of Pulmonary and Critical Care Medicine.
2019 Young Investigator Award, Japan Respiratory Society
2019 First Place of Poster competition award, Taiwan Joint Cancer Conference
2020 Young Investigator Award, Taiwan Society of Pulmonary and Critical Care Medicine.

Advanced Approaches in Pleuroscopy-Biopsy Site Selection, Biopsy Techniques, and Troubleshooting

Medical pleuroscopy plays a crucial role in the diagnostic evaluation of pleural diseases, particularly in patients with undiagnosed pleural effusions. It allows for direct visualization and targeted biopsy of the pleura under local anesthesia and conscious sedation, making it a less invasive alternative to video-assisted thoracoscopic surgery (VATS). This approach is especially valuable in patients who are not candidates for one-lung ventilation due to comorbidities or limited pulmonary reserve.

Biopsy site selection is a key determinant of diagnostic yield. Areas of nodularity, thickening, or abnormal vascular patterns should be prioritized. Techniques include conventional forceps biopsy and cryoprobe biopsy, with the latter offering larger, more intact tissue samples for histopathological and molecular analysis. However, cryoprobe use requires careful control to avoid complications such as bleeding or pneumothorax.

Unlike VATS, medical pleuroscopy is limited in cases with minimal pleural effusion, extensive lung expansion, or dense adhesions, which can significantly impair visualization and maneuverability.

This session will explore advanced techniques in pleuroscopic biopsy, discuss decision-making in site selection, and provide practical solutions for common intra-procedural challenges.

Nin-Chieh Hsu

Current Position
Attending Physician and Ward Chief, Division of Hospital Medicine, Department of Internal Medicine, National Taiwan University Hospital

Education
MD, National Taiwan University College of Medicine
PhD, National Taiwan University College of Public Health

Professional Experiences
Pulmonology and Critical Care Medicine, National Taiwan University Hospital
Hospital Medicine, National Taiwan University Hospital
Chief, Division of Hospital Medicine, Taipei City Hospital
Secretary General, Taiwan Association of Hospital Medicine

POCUS for intensivist: heart/lung/abdomen/deep vein thrombosis

Point-of-care ultrasound (PoCUS) is a bedside imaging tool that has become integral to critical care practice. It provides real-time, non-invasive assessment across multiple organ systems, guiding diagnosis and management in unstable patients. Cardiac PoCUS evaluates ventricular function, pericardial effusion, and volume status, aiding in the differentiation of shock types. IVC assessment helps estimate fluid responsiveness, though interpretation must consider mechanical ventilation and right heart pressures.

Pulmonary PoCUS outperforms chest X-ray in detecting pneumothorax, pleural effusion, B-lines, and consolidation. It is valuable in identifying causes of respiratory failure and monitoring response to therapy. Abdominal PoCUS detects free fluid, hydronephrosis, gallbladder disease, and bladder volume. In undifferentiated shock, it can help identify intra-abdominal bleeding or obstruction. Vascular applications include ultrasound-guided line placement, DVT detection. PoCUS enhances procedural safety, diagnostic accuracy, and clinical decision-making in the ICU. When used appropriately, it improves outcomes and reduces reliance on more invasive or delayed diagnostics.

Daily Program

06. 21 Sat. 101

Time	Topic	Speaker	Moderator
	TSPCCM summit		
08:30-09:00	Registration		
09:00-09:40	Neoadjuvant and Perioperative Treatment of stage II and III lung cancer	Dr. Po-Hao Feng	Dr. Chin-Chou Wang
09:40-10:20	Personalized cancer vaccine	Dr. Sheng-Hsiung Yang	Dr. Inn-Wen Chong
10:20-10:30	Coffee Break		
10:30-11:10	Plenary Session _TSPCCM Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine	Dr. Hsing-Chen Tsai	Dr. Pan-Chyr Yang
11:10-11:50	Plenary Session _TSPCCM Early diagnosis and management of COPD- Current update	Dr. Kang-Cheng Su	Dr. Ming-Shyan Huang
11:50-12:00	Break		
12:00-13:10	Lunch Symposium (1) Boehringer	Dr. Yu-Chi Chiu Dr. Chun-Yao Huang	Dr. Chung-Kan Peng Dr. Chin-Chou Wang
13:10-13:50	Poster Presentation Discussion		
14:00-14:40	Identifying Super-responders - The Road to Asthma Remission	Dr. Chun-Kai Huang	Dr. Diahn-Warng Perng
14:40-15:20	Different Impacts of Air Pollution Exposure on Asthma Phenotypes: Analyzing the Asthma Cohort of a Medical Center in Northern Taiwan	Dr. Ting-Yu Lin	Dr. Chung-Kan Peng
15:20-15:30	Coffee Break		
15:30-16:10	Satellite Symposium Boehringer	Dr. Pin-Kuei Fu	Dr. Diahn-Warng Perng
16:20-16:50	Plenary Session_APCB & TSPCCM (Bronchoscopy) Unmet Needs in Interventional Pulmonology + Future of Interventional Pulmonology	Dr. Felix Herth (DEU)	Dr. Yuh-Min Chen Dr. Kiyoshi Shibuya
16:50-17:20	Plenary Session_APCB & TSPCCM (Bronchoscopy) Building a modern lung cancer program	Dr. Sebastian Fernandez-Bussy	
17:20-18:30	Break		
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

06. 21 Sat. 301

Time	Topic	Speaker	Moderator
	TSPCCM summit		
08:30-09:00	Registration		
09:00-09:40	The Diagnosis and Management of Drug-Induced Interstitial Lung Disease	Dr. Kuo-Tung Huang	Dr. Wu-Huei Hsu
09:40-10:20	Clinical Predictors and Biomarkers for Progression in ILD	Dr. Ching-Min Tseng	Dr. Chong-Jen Yu
10:20-10:30	Coffee Break		
10:30-11:10	Plenary Session_TSPCCM (101) Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine	Dr. Hsing-Chen Tsai	Dr. Pan-Chyr Yang
11:10-11:50	Plenary Session_TSPCCM (101) Early diagnosis and management of COPD- Current update	Dr. Kang-Cheng Su	Dr. Ming-Shyan Huang
11:50-12:00	Break		
12:00-13:10	Lunch Symposium (2) Moderna	Dr. Li-Min Huang Dr. Chia-Hung Chen	Dr. Chong-Jen Yu Dr. Inn-Wen Chong
13:10-13:50	Poster Presentation Discussion		
14:00-14:40	Clincal applaincation of Obstructive sleep apnea endotype	Dr. Wei-Chun Huang	Dr. Liang-Wen Hang
14:40-15:20	The endotypes of obstructive sleep apnea with or without PLMS	Dr. Chuan-Yen Sun	Dr. Li-Pang Chuang
15:20-15:30	Coffee Break		
15:30-16:10	Satellite Symposium AZ	Dr. Jeng-Sen Tseng	Dr. Chao-Chi Ho
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

06. 21 Sat. 202

Time	Topic	Speaker	Moderator
	TSPCCM summit		
08:30-09:00	Registration		
09:00-09:40	Active drug safety monitoring in multidrug-resistant tuberculosis (MDRTB) management	Dr. Chou-Jui Lin	Dr. Jiunn-Min Shieh
09:40-10:20	Treating the Unfamiliar: How Do We Approach Less Common NTM Species	Dr. Hung-Ling Huang	Dr. Jann-Yuan Wang
10:20-10:30	Coffee Break		
10:30-11:10	Plenary Session_TSPCCM (101) Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine	Dr. Hsing-Chen Tsai	Dr. Pan-Chyr Yang
11:10-11:50	Plenary Session_TSPCCM (101) Early diagnosis and management of COPD- Current update	Dr. Kang-Cheng Su	Dr. Ming-Shyan Huang
11:50-12:00	Break		
12:00-13:10	Lunch Symposium (3) AZ	Dr. Kang-Cheng Su Dr. Pin-Kuei Fu	Dr. Shih-lung Cheng Dr. Diahn-Warng Perng
13:10-13:50	Poster Presentation Discussion		
14:00-14:40	My career path: explore ILD from Taiwan to the World	Dr. Pin-Kuei Fu	Dr. Horng-Chyuan Lin
14:40-15:20	From friends to partners: how do I start my scientific research	Dr. Yu-Feng Wei	Dr. Meng-Chih Lin
15:20-15:30	Coffee Break		
15:30-16:10	Satellite Symposium Sanofi	Dr. You-Yi Chen	Dr. Horng-Chyuan Lin
17:20-18:30	Break		
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

Po-Hao Feng

Current Position

Director, Division of Pulmonary Medicine, Department of Internal Medicine, Shuang-Ho Hospital, Taipei Medical University
Director, Department of Internal Medicine, Shuang-Ho Hospital, Taipei Medical University

Education

1994-2001 Bachelor of Medicine, Chinese Medical University
2010-2015 Ph.D. of Graduate Institute of Clinical Medical Sciences, College of Medicine, Chang Gung University
2018-2019 Post-Doc Fellow, Johns Hopkins Hospital

Professional Experiences

I finished resident and fellow training in Chang Gung Memorial Hospital, and complete my PhD in Chang Gung University.
My research mainly focused on cancer immunology and lung cancer. My PhD study focus on myeloid derived suppressor cells (MDSCs) in lung cancer treatment. We identified a subset of myeloid-derived suppressor cells (MDSCs) correlated with poor chemotherapy response in WT NSCLC patients. Further studies revealed that MDSC levels could predict progression-free survival (PFS) in patients with epidermal growth factor receptor (EGFR) mutations undergoing EGFR-tyrosine kinase inhibitor (TKI) therapy. A positive correlation between MDSCs and TAMs was also observed, suggesting their combined potential as prognostic indicators. In recent years, we found that bevacizumab (Avastin) reduces circulating MDSC levels and increases cytotoxic T-cell counts, providing a mechanistic explanation for the enhanced efficacy of combined EGFR-TKI and bevacizumab therapy in extending PFS.
To further advance my research, I conducted postdoctoral studies in Johns Hopkins University Hospital in 2018 under the mentorship of Academician Wu Tzu-Chou. Upon returning to Taiwan, I published two articles on tumor treatment using NKG2D-Fc antibodies, contributing to the development of novel immunotherapeutic strategies.

Neoadjuvant Chemotherapy and Immunotherapy

Neoadjuvant Chemotherapy and Immunotherapy
Neoadjuvant chemotherapy has long been explored as a strategy to improve outcomes in resectable NSCLC. Meta-analyses of randomized controlled trials have demonstrated that neoadjuvant platinum-based doublet chemotherapy provides a modest but statistically significant improvement in overall survival (OS) and disease-free survival (DFS). However, the survival benefits remain limited, and the need for novel therapeutic modalities remains pressing.
Immunotherapy has demonstrated durable responses in advanced NSCLC, leading to the hypothesis that earlier intervention with ICIs may similarly improve long-term outcomes in resectable disease. Neoadjuvant immunotherapy offers potential benefits including immune system priming against an intact tumor antigen landscape, expansion of tumor-specific T-cell clones, and the establishment of systemic anti-tumor immunity that may mitigate recurrence.
The landmark CheckMate 816 trial marked a pivotal moment in the neoadjuvant immunotherapy landscape. This phase 3 randomized trial compared neoadjuvant chemotherapy plus nivolumab versus chemotherapy alone in patients with resectable stage IB–IIIA NSCLC. The addition of nivolumab significantly improved event-free survival (EFS) (31.6 months vs. 20.8 months) and pathologic complete response (pCR) rate (24% vs. 2.2%), without compromising surgical outcomes. These findings established a new standard of care and led to FDA approval of neoadjuvant chemo-immunotherapy for resectable NSCLC in this setting.

Perioperative Chemo-Immunotherapy
While neoadjuvant strategies offer promise, perioperative treatment approaches—integrating both pre- and post-operative therapy—are also being actively investigated. The rationale for this approach is to combine the benefits of neoadjuvant tumor downstaging and immune priming with adjuvant therapy to eliminate residual microscopic disease and sustain immune activation.
One such example is the ongoing AEGEAN trial, a phase 3 study evaluating durvalumab (an anti–PD-L1 antibody) combined with chemotherapy in the neoadjuvant setting followed by adjuvant durvalumab in patients with resectable stage II–III NSCLC. Preliminary results have indicated improved pCR and encouraging trends in EFS.
Similarly, the KEYNOTE-671 trial, investigating perioperative pembrolizumab plus platinum-based chemotherapy in resectable stage II–IIIB NSCLC, demonstrated a significant improvement in pCR (18.1% vs. 4.0%) and a favorable trend in EFS. These results underscore the evolving paradigm where immunotherapy is no longer reserved for advanced disease but is now poised to play a central role in curative-intent therapy.

Conclusion
Neoadjuvant and perioperative chemo-immunotherapy represent a significant advancement in the management of early-stage NSCLC, with robust data supporting improved pathologic and survival outcomes compared to chemotherapy alone. While the therapeutic landscape is rapidly evolving, key questions regarding patient selection, treatment optimization, and biomarker integration remain unresolved. Continued clinical investigation and real-world validation are essential to fully realize the potential of these strategies and to deliver personalized, curative-intent care to patients with early-stage lung cancer.
Neoadjuvant and perioperative chemo-immunotherapy represent a significant advancement in the management of early-stage NSCLC, with robust data supporting improved pathologic and survival outcomes compared to chemotherapy alone. While the therapeutic landscape is rapidly evolving, key questions regarding patient selection, treatment optimization, and biomarker integration remain unresolved. Continued clinical investigation and real-world validation are essential to fully realize the potential of these strategies and to deliver personalized, curative-intent care to patients with early-stage lung cancer.

Sheng-Hsiung Yang

Current Position

Senior Attending Physician; Division of Chest Medicine, Mackey Memorial Hospital, Taipei, Taiwan

Education

1999-2006	Graduated from Chung Shan Medical University, Department of Medicine
2004-2006	Internship; Rotation Intern, Mackey Memorial Hospital, Taipei, Taiwan
2006-2009	Clinical Resident doctor; Department of Medicine, Mackey on Memorial Hospital, Taipei, Taiwan
2009-2012	Clinical fellow of Chest Medicine & Chief resident doctor of Internal Medicine; Division of Chest Medicine, Dept. of Medicine, Mackey Memorial Hospital, Taipei, Taiwan
2021-Present	Ph.D. Program in Translational Medicine, National Taiwan University and Academia Sinica, Taipei, Taiwan

Professional Experiences

2012-2015.05	Attending physician, Division of pulmonary and critical care medicine & Respiratory care center, Mackey Memorial Hospital.
2015.06-2018.06	Attending physician, Division of pulmonary and critical care medicine, Taitung Mackey Memorial Hospital.
2018.07-Present	Senior Attending Physician; Division of Chest Medicine, Mackey Memorial Hospital, Taipei, Taiwan

Personalized cancer vaccine

Immune checkpoint inhibitors, such as anti-PD-1 and anti-CTLA-4 antibodies, have revolutionized cancer therapy by restoring T cell activity against tumors. However, despite durable responses in some patients, the overall efficacy of ICIs remains limited. A significant proportion of patients do not respond at all, while others initially respond but. later relapse.This limited benefit is often associated with low tumor immunogenicity, poor antigen presentation, and a suppressive tumor microenvironment that fails to support effective T cell priming and infiltration.

To overcome these limitations, therapeutic cancer vaccines have emerged as a promising strategy to enhance antitumor immunity. By introducing personalized neoantigens, these vaccines aim to activate professional antigen-presenting cells (APCs), particularly dendritic cells, which play a central role in initiating effective T cell responses. Once the antigens are taken up and processed, APCs present them on major histocompatibility complex molecules, leading to the activation of both CD8+ cytotoxic T cells and CD4+ helper T cells. This immune activation has the potential to convert immunologically "cold" tumors-characterized by minimal T cell infiltration -into "hot" tumors with robust immune engagement, thereby improving responsiveness to immune checkpoint inhibitors.

In this session, I'll delve deeper into these topics and share potential future developments in the field.

Hsing-Chen Tsai

Current Position
Associate Professor, Graduate Institute of Toxicology, National Taiwan University
Attending Physician, Dept. of Internal Medicine, National Taiwan University Hospital
Joint Appointment Associate Research Fellow, Institute of Biomedical Sciences, Academia Sinica

Education
M.D. National Taiwan University
Ph.D. Johns Hopkins University School of Medicine

Professional Experiences
2021-present Deputy Director, Center for Frontier Medine, National Taiwan University Hospital
2024-present Deputy Head, Cell and Molecular Biology Assembly, Asian Pacific Society of Respirology
Faculty representative, the College Affairs Meeting, National Taiwan University College of Medicine
Faculty representative, the University Council, National Taiwan University
Research Fellow, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
Fellow, Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital
Chief Resident, Department of Internal Medicine, National Taiwan University Hospital

Awards and Honours
The 18th National innovation award (國家新創獎)
The Ming Chai Medical and Education Foundation Interdisciplinary Research Award
The ITRI 2020 Janssen-Taiwan research award
Young Investigator Outstanding Research Award, National Taiwan University Hospital
Fellow of the Asian Pacific Society of Respirology(亞太呼吸學會會士)

Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine

Antitumor immunity is shaped by the intricate interplay between cancer cells and the immunemicroenvironment. Epigenetic modifications, including DNA methylation and histone changes, regulatethe functional states of both cancer and immune cells, influencing tumor progression and immuneresponse. We previously demonstrated that epigenetic therapy, distinct from traditional chemotherapy,can induce memory-like antitumor effects by reprogramming cancer cells' biological behavior. In addtion,we and others have shown that epigenetic drugs can enhance the immunogenicity of cancer cells byaltering the expression of major histocompatibility complexes (MHC), cancer-testis antigens, and immunecheckpoint molecules, thereby promoting MHC-dependent antitumor responses. Furthermormore, usingmulti-omics approaches, we discovered that epigenetic drugs can modulate the immune synaptic-cytoskeletal networks in cancer cells, thereby increasing their susceptibility to γδ T cell-mediatedcytotoxicity in an MHC-independent manner. Moreover, we found that targeting histone modiers canrejuvenate exhausted T cells by reprogramming their metabolic and functional states. Beyond the localltumor-immune interface, we also investigated systemic immune alterations in patients with localized early-stage lung cancer. Genome-wide DNA methylation profling of circulating cells revealed subtle yet distinct epigenetic sig cology, encompassing both therapeutic intervention and early diagnosis through the integration of epigenomic insights into clinicalpractice.

Kang-Cheng Su

Current Position
Attending physician, Department of Chest Medicine, Taipei Veterans General Hospital
Assistant Professor, School of Medicine, National Yang Ming Chiao Tung University

Education
Institute of Physiology, National Yang Ming Chiao Tung University; Degreee: PhD
Institute of Emergency and Critical Care Medicine, National Yang-Ming University; Degree: MS
Taipei Medical University; Degree: MD

Professional Experiences
Resident/Fellowship 2002-2008 Department of Chest Medicine, Taipei Veterans General Hospital
Attending Physician 2008-2009 Fenglin Branch, Taipei Veterans General Hospital
Attending Physician 2009- Department of Chest Medicine, Taipei Veterans General Hospital
Scholarship, Lung Transplant Program 2019: Toronto General Hospital

Awards and Honours
2015 Best teaching attending physician, Taipei Veterans General Hospital

Early diagnosis and management of COPD- Current update

Chronic Obstructive Pulmonary Disease (COPD) remains a leading cause of morbidity and mortality worldwide, placing a significant burden on healthcare systems, particularly in low- and middle-income countries. A definitive diagnosis of COPD relies on spirometry, specifically a post-bronchodilation FEV/FVC ratio of less than 0.7. Early diagnosis is critical but remains challenging, with a substantial proportion of underdiagnosed cases occurring in primary care settings. Recent advances highlight the importance of screening high-risk populations- particularly smokers and individuals with occupational exposures. Emerging evidence shows that various case-finding tools, including symptom-based questionnaires, handheld lung function devices, or their combinations, demonstrate high accuracy in identifying at-risk, undiagnosed individuals who may benefit from specialist care. Novel biomarkers, such as blood eosinophil count, and imaging modalities, like quantitative CT, are gaining prominence for refining diagnosis and phenotyping. Management has evolved toward a personalized approach, with the latest Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommending assessment based on symptom burden and exacerbation risk. Pharmacologic treatment prioritizes bronchodilators (LAMA/LABA) as first-line therapy, while inhaled corticosteroids are reserved for patients with frequent exacerbations and elevated eosinophil levels. Non-pharmacologic strategies- smoking cessation, pulmonary rehabilitation, and vaccination- are crucial for modifying disease progression. Recent studies support the efficacy of triple therapy (LAMA/LABA/ICS) in reducing exacerbation frequency, improving lung function, and enhancing the quality of life in high-risk groups, as well as reducing mortality in subsets of the COPD population. Furthermore, advances in biologics targeting eosinophilic inflammation offer promising avenues for altering the disease trajectory. Effective management also necessitates addressing comorbidities, particularly cardiovascular diseases, which significantly affect prognosis. In summary, early and accurate diagnosis, combined with a personalized, multifaceted management strategy, is essential for improving outcomes and alleviating the global burden of COPD.

Yu-Chi Chiu

Current Position
Visiting staff
Assistant professor

Education
Department of Medicine, National Defense University School
Master of Medical Administration Institute of Yang Ming University
PhD of Public Health of Yang Ming Chiao Tung University

Professional Experiences
Past:
Resident, Chief Physician, and Attending Physician of the Thoracic Department of Taipei Veterans General Hospital
Director of Intensive Care Unit, Taipei Veterans General Hospital Hsinchu BranchGeneral Secretary of Taiwan Tuberculosis and Lung Disease Medical Association

Current:
Attending Physician, Thoracic Physician, Taoyuan Hospital, Ministry of Health and Welfare
Assistant Professor of Department of Internal Medicine, National Defense University, Yuanpei University of Science and Technology

Awards and Honours
Awarded the Outstanding Paper Award at the Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine in December 2022.

COPD management and addressing its critical comorbidities

Effective COPD management must address critical comorbidities like Interstitial Lung Disease and cancer, as they significantly worsen patient outcomes. The overlap of COPD and ILD is complex, requiring integrated strategies including appropriate use of bronchodilators. COPD also heightens lung cancer risk, and optimizing bronchodilator-based therapy supports overall respiratory function and treatment tolerance. A holistic approach managing both COPD and its serious comorbidities is essential for better patient health.

Chun-Yao Huang

Current Position

Attending Physician, Department of Chest Medicine, Taipei Tzu Chi HospitalTeam Leader, Lung Cancer Team, Cancer Center, Taipei Tzu Chi Hospital
Director, Clinical Research Center, Department of Research, Taipei Tzu Chi Hospital

Education

1999 M.D., School of Medicine, Kaohsiung Medical University
2019 Ph.D., Institute of Medicine, Chung Shan Medical University

Professional Experiences

1999 .08 – 2002.07	Resident, Department of Internal Medicine, Chang Gung Memorial Hospital
2002 .08 – 2003 07	Chief Resident, Division of Pulmonary Medicine, Chang Gung Memorial Hospital
2003.08 – 2004.07	Research Physician, Division of Pulmonary Medicine, Chang Gung Memorial Hospital
2004.08 – 2006.08	Attending Physician, Division of Pulmonary Medicine, Chang Gung Memorial Hospital
2006.09 – Present	ttending Physician, Department of Chest Medicine, Taipei Tzu Chi Hospital
2006.09 – Present	Team Leader, Lung Cancer Team, Cancer Center, Taipei Tzu Chi Hospital
2019.01 – Present	Director, Clinical Research Center, Department of Research, Taipei Tzu Chi Hospital

GIANT Steps in NSCLC: The Precision Medicine Strategy to Maximize Patient Survival Outcome

The GIANT study evaluated real-world outcomes of first-line afatinib in Taiwanese patients with advanced EGFR-mutant non-small-cell lung cancer (NSCLC). A total of 1,105 patients with Del19 or L858R mutations were enrolled across seven major centers. First-line afatinib achieved a median overall survival (OS) of 39.7 months and a progression-free survival (PFS) of 13.6 months. Among patients who received second-line therapy, those treated with osimertinib had a median OS of 55.2 months, while those who received chemotherapy or other therapies still achieved a meaningful median OS of 34.1 months. These results indicate that first-line afatinib provides a strong foundation for long-term disease control, regardless of subsequent treatment. Sequential therapy with afatinib followed by osimertinib further improves outcomes, but even in patients transitioning to chemotherapy, survival remained favorable. This reinforces the value of afatinib as an effective first-line option for patients with advanced EGFR-mutant NSCLC in the real-world Taiwanese population.

Chun-Kai Huang

Current Position
Attending physician, Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital

Education
PhD, Institute of Epidemiology and Preventive Medicine, National Taiwan University
MD, National Taiwan University

Professional Experiences
2018 23rd Congress of Asia Pacific Society of Respirology - Invited Speaker
2021 Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM) Congress - Invited Speaker
2023 TSPCCM Summer Workshop - Invited Speaker
2023 Taiwan Society of Internal Medicine Congress - Invited Speaker
2024 Taiwan Society of Internal Medicine Congress - Invited Speaker
2024 TSPCCM Congress - Invited Speaker
Taiwan Guidelines for the Management of Pneumonia 2018 - Editor

Awards and Honours
2019 TSPCCM Congress - Academic Paper Award

Identifying Super-responders - The Road to Asthma Remission

Asthma remission, once seen as an unattainable goal, is now increasingly realistic with the advent of targeted therapies and personalized medicine. Recent advances have identified a subset of patients achieving profound disease control, described as achieving "remission" or exhibiting a "super-response." Clinical remission requires at least 12 months of symptom absence, no exacerbations, stable or normal lung function, and no need for maintenance oral corticosteroids (OCS).

In its 2024 update, the Global Initiative for Asthma aligned clinical remission with the long-term goals of asthma care and emphasized the need for both clinical and qualitative research to assess its impact on long-term outcomes.

Concurrently, the concept of "super-responders"—patients showing deep and sustained responses to biologics—has gained traction. Upham et al. (2020) proposed a consensus definition for severe asthma super-response, requiring improvements in three or more criteria, including at least two major criteria over a 12-month period. However, due to its complexity, simpler definitions focusing on OCS cessation and exacerbation reduction are more widely used in clinical practice. The definition of super-response is still evolving and future research should refine these criteria by incorporating biomarkers and functional outcomes.

This presentation will explore real-world data, remission criteria, and the evolving concept of disease modification, ultimately moving asthma care toward a remission-focused paradigm.

Ting-Yu Lin

Current Position
Attending physician of department of thoracic medicine, Chang-Gung Memorial Hospital, Linkou, Taiwan
Assistant professor of medicine, Chang-Gung Medical College

Education
Department of Medicine, Taipei medical college, Taipei, Taiwan
Visiting scientist, Meakins-Christies Laboratories, McGill University, Quebec, Canada

Professional Experiences
2015-2022 Director, Subacute Respiratory Care Ward, Linkou Chang Gung Memorial Hospital
2020-present Director, Thoracic examination room, Linkou Chang Gung Memorial Hospital
2024-present Consultant Physician, Department of Respiratory Therapy, Linkou Chang Gung Memorial Hospital
2024-present Committee Member, National Health Insurance and Medical Policy Task Force, Taiwan Society of Pulmonary and Critical Care Medicine
2024-present Board Member, Taiwan Association of Asthmatics

Different Impacts of Air Pollution Exposure on Asthma Phenotypes: Analyzing the Asthma Cohort of a Medical Center in Northern Taiwan

An analysis of the asthma cohort under our clinic's pay-for-performance program revealed that most patients had late-onset asthma (LOA), characterized by mild lung function impairment, with nearly half exhibiting atopy. We aimed to investigate how the urban environment and exposure patterns influence our patients' asthma phenotypes.

In our first study, we geolocated patients' residences in relation to high-traffic roads (HTRs) and found that LOA patients were more likely than early-onset asthma (EOA) patients to live within 900 meters of two or more HTRs. Furthermore, the proximity of LOA patients' residences to the nearest HTR was associated with earlier onset age, higher allergic sensitivity, increased mood disorders, and lower obesity rates. These findings highlight the interaction between traffic-related exposure, allergic sensitization, mood status, and obesity as key factors influencing LOA onset.

In our second study, we examined the relationship between air pollution and asthma outcomes in EOA and LOA patients, stratified by atopy status. Increased exposure to particulate matter (PM) was associated with younger onset age, lower blood eosinophil counts, and impaired lung function in atopic EOA patients. Exposure to NO_2 was linked to elevated blood eosinophil counts and reduced lung function in atopic EOA patients. In LOA patients without atopy, increased exposure to PM and O_3 was associated with poor asthma control and/or reduced lung function.

In our third study, we investigated the correlation between air pollutant exposure and transcriptional activity in blood eosinophils across asthma patients at different Global Initiative for Asthma (GINA) treatment steps. Notably, NO_2 exposure was correlated with upregulated **TGFB1** expression in IL-5-activated eosinophils of patients at GINA step 4 or 5. Similarly, O_3 exposure was associated with increased **CCR5, IL5RA, IL7R**, and **TGFB1** expression in IL-17-activated eosinophils of patients at GINA step 3.

These findings provide valuable insights into the complex interplay between environmental exposures and asthma phenotypes, shedding light on how modern urban environments shape asthma characteristics in our patient population.

Pin-Kuei Fu

Current Position
Director, Division of Clinical Research, TCVGH
Director, Technical Transfer Center, TCVGH
Director, Integrated Care Center for Interstitial Lung Disease, TCVGH
Attending Physician, Division of Chest Medicine, TCVGH
Professor, College of Medicine, National Chung Hsing University

Education
Institute of Health Policy and Management, National Taiwan University, Ph.D, Public health
Institute of Health Policy and Management,National Taiwan University, Master, Public health
Graduate Institute of Chinese Medical Science,China Medical University, Ph.D, Medicine
Graduate Institute of Chinese Medical Science,China Medical University, Master, Medicine
China Medical University, M.D, Medicine

Professional Experiences
2018-2022 Director of Respiratory Intensive Care Unit Department of Critical Care, Taichung Veterans General Hospital
2018-2022 Deputy Head Medical Administration Department, TCVGH
2021-2023 Director Smoking Cessation Treatment & Management Center (SCTMC), TCVGH
2015-2018 Attending physician of Respiratory intensive Care unit Department of Critical Care, Taichung Veterans General Hospital
2011-2015 Attending Physician of Critical Care & Respiratory Therapy Department of Internal Medicine, Taichung,Veterans General Hospital
2010-2011 Director of Chest Medicine Department of Internal Medicine, Chiayi Veterans Hospital
2008-2010 Research fellow of Chest Medicine,Taichung Veterans General Hospital
2004-2008 Resident of Internal Medicine Taichung Veterans General Hospital

Awards and Honours
2019: Issue: National Innovation Award
Project: Intelligent Care System for Respiratory Failure and Acute Respiratory Distress Syndrome

Novel Therapeutic Approaches for Idiopathic Pulmonary Fibrosis

Discuss the latest research and development in IPF treatment, including new drugs and emerging therapies, as well as sharing practical insights and best practice in the clinical management of IPF, showcasing some challenging patient case studies.

Felix Herth

Current Position
CEO and CMO, Thoraxklinik, University of Heidelberg, Germany

Education
Graduated in Freiburg
Education in Karslruhe, Heidelberg, Boston

Professional Experiences
I'm Head of the Department ofPulmonology and Critical Care Medicine at Thoraxklinik, Heidelberg, since 2004, and CEO and CMO of Thoraxklinik, University of Heidelberg, Heidelberg, since 2015.
My research interests include interventional pneumology, end-stage COPD and phenotyping of COPD.
Our group at Thoraxklinik is one of the world's leading centers for the development of new minimal invasive endoscopic techniques, and his team initiated several trials endobronchial ultrasound, navigation and on phenotyping of COPD for endoscopic lung volume reduction.

Awards and Honours
I'm Editor-in-Chief of Respiration and has served on many major committees, including the European Respiratory Society (ERS), the American College of Chest Physicians (ACCP) and the German Society of Pneumology (DGP).
I published more than 750 peer reviewed articles and several books and also received numerous awards, including Awards from ERS, CTS, ACCP and DGP.

Future of interventional Bronchoscopy

Interventional bronchoscopy plays a critical role in the management of various pulmonary conditions, particularly in the diagnosis and treatment of lung cancer, chronic obstructive pulmonary disease (COPD), and airway obstruction. While significant advances have been made in bronchoscopic technologies and therapeutic techniques, there remain substantial unmet needs that limit the effectiveness, accessibility, and overall outcomes of this approach.

One of the primary challenges is the inadequate availability and functionality of currentbronchoscopic tools, especially in complex cases. For instance, patients with central airway obstruction or extraluminal tumors often experience difficulty accessing treatment due to limitations in instrument size, maneuverability, and precision. Although technologies such as flexible bronchoscopy, endobronchial ultrasound (EBUS), and laser therapies have advanced, these interventions are not universally accessible, often due to their high costs and the specialized training required to use them effectively.

A significant unmet need exists in the accurate localization and targeted treatment of tumors and lesions within the lungs. While newer technologies such as robotic bronchoscopy and electromagnetic navigation have shown promise in improving accuracy, challenges remain in ensuring the precise targeting of tumors, especially those in difficult-to-reach or peripheral locations. Further, many bronchoscopic interventions lack real-time imaging capabilities, limiting their ability to adapt to dynamic anatomical changes during the procedure.

In addition, post-procedural care remains an area in need of improvement. Patients undergoing interventional bronchoscopy are at risk for complications such as bleeding, infection, or pneumothorax, and recovery can be slow and challenging. Enhanced postoperative monitoring, as well as strategies to optimize recovery, could significantly improve patient outcomes and reduce the incidence of adverse events.

Finally, there is a clear need for improved guidelines and standardized protocols to enhance the consistency and effectiveness of interventional bronchoscopy. The lack of a unified approach often leads to variations in clinical practices, which can affect treatment success rates and overall patient care.

Addressing these unmet needs through continued technological innovation, better training, and more standardized care pathways could significantly improve the utility and accessibility of interventional bronchoscopy, ultimately enhancing the quality of care for patients with respiratory diseases

Sebastian Fernandez-Bussy

Current Position

Director - Interventional Pulmonology, Division of Pulmonary Medicine, Department of Internal Medicine, Mayo Clinic, Jacksonville, Florida

Education

1990.03-1997.04	Salvador University School of Medicine Buenos Aires, ArgentinaInternal
1997.04-2000.03	Medicine Society of Buenos Aires, Buencs Argentina - Residencyniney
2000.04-2002.03	Universidad del Salvador, Buencs Aires, Argentina - Fellowship, Critical Care Medicine
2003.02-2004.06	University of Texas - Houston, Houston, Texas - Fellowship, HIV/AIDS Medicine Division of Infectious Diseases
2004.07-2007.06	University of Florida College of Medicine, Gainesville, Florida - Fellowship, Division of Pulmonary, Critical Care, and Sleep Medicine
2007.07-2007.09	University of Heidelberg, Heidelberg. Germany - Trainee, Interventionallila Pulmonclogy
2017.07-2017.08	Harvard School of Public Health, Boston, Massachusetts - Certificate, Program Clinical Effectiveness

Professional Experiences

2016-Present	PClinical EffectivenessAmerican Association of Bronchology and Interventional Pulmonology (AABIP) Interventional Pulmonology
2022-Present	American Board of Internal Medicine (ABIM) Internal Medicine
2001-Present	Educational Commission for Foreign Medical Graduates (ECFMG) ECFMG
2010-Present	Medical Board of Buenos Aires District 1, Argentina Critical Care Internal Medicine

Awards and Honours

2006-Present	Case Presentation Award - CHEST, American College of Chest Physicians
2006-Present	Minority Trainee Travel Award - American Thoracic Society
2010-Present	Poster Award - 14th World Congress for Bronchology and Interventional Pulmonology
2016-Present	Distinguish Doctors Award - The German Hospital of Santiago
2017-Present	American College of Physicians (FACP)
2017.12-Present	FACP: Fellow American College of Physicians

A New Era in Peripheral Pulmonary Nodule Biopsy : Shape Sensing Robotic Bronchoscopy

Dr. Fernandez-Bussy, a distinguished authority in interventional pulmonology, will deliver a comprehensive keynote address at the Asian Pacific Congress on Bronchology (APCB), focusing on the cutting-edge advancements and future directions in pulmonary care. His presentation will encompass two primary themes: the value of the Ion robotic bronchoscopy system and the future of pulmonology, particularly in the context of lung care programs and innovation.

In the first part of his talk, Dr. Fernandez-Bussy will introduce himself and his practice, setting the stage for a detailed exploration of why the Ion robotic bronchoscopy system represents a pivotal advancement in pulmonary medicine. He will elucidate the Shape-Sensing technology behind Ion robotic bronchoscopy, supported by engaging procedure videos and robust clinical evidence that highlight its precision and efficacy in navigating complex airways. Dr. Fernandez-Bussy will also address the future applications of this technology, emphasizing its potential in enhancing minimally invasive treatments and overall patient care.

Building on this foundation, Dr. Fernandez-Bussy will expand the discussion to include insights into endoluminal treatment, sharing technical details of the procedures and the value of advanced imaging in optimizing outcomes. He will discuss strategies for procedure optimization and team efficiency, demonstrating how these innovations contribute to superior clinical results.

The second part of Dr. Fernandez-Bussy's presentation will focus on the future of pulmonologists and the development of modern thoracic oncology programs. He will provide a roadmap for building such programs, highlighting the critical role of early screening, early detection, and the benefits of multidisciplinary care teams. Dr. Fernandez-Bussy will outline the operational components necessary for a comprehensive lung care program and discuss the role of robotic-assisted bronchoscopy (RAB) in creating optimized treatment pathways with precise tissue diagnosis.

Through this integrated presentation, Dr. Fernandez-Bussy aims to inspire and equip attendees with the knowledge and insights necessary to advance pulmonary care and embrace innovative practices that will shape the future of interventional pulmonology.

Kuo-Tung Huang

Current Position

Deputy Director of Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine Attending physician: Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine Vice Chairman of the Intensive Care Unit Committee of Kaohsiung Chang Gung Memorial Hospital Director of the Intensive Care Unit, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospit

Education

Bachelor of Medicine: School of Medicine, Chung Shan Medical University.
Master: Graduate Institute of Clinical Medical Sciences, College of Medicine, Chang Gung University.

Professional Experiences

Resident Physician, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung
Fellowship: Division of Pulmonary and Critical Care Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine

The Diagnosis and Management of Drug-Induced Interstitial Lung Disease

Drug-induced interstitial lung disease (DI-ILD) is a condition characterized by acute or chronic inflammation and/or scarring of the lung tissue as a result of exposure to certain medications including anti-cancer agents (chemotherapy, tyrosine kinase inhibitor, immune checkpoint inhibitors), antibiotics, antiarrhythmics, and immunosuppressants. Detail medical history review is crucial. Identifying a temporal relationship between drug exposure and the onset of symptoms can provide important clues. The early recognition, immediate discontinuation and systemic corticosteroids therapy are suggested. Permanent withdrawal of the causative agent should be warranted in patients with severe DI-ILD

Ching-Min Tseng

Current Position
Attending physician, Division of Chest Medicine, Department of Internal Medicine, Cheng-Hsin General Hospital, Taipei, Taiwan
School of Medicine, Yang Ming Chiao Tung University

Education
Medicine, Taipei Medical University, Taipei, Taiwan.

Professional Experiences
Research fellow, Department of Chest Medicine, Taipei Veterans General Hospital.
Research fellow, Interstitial Lung Disease Center, Kanagawa Cardiovascular and Respiratory Center, Japan.
Membership of Societies and contribution
Taiwan Society of Internal Medicine
Taiwan Society of Pulmonary and Critical Care Medicine
Editorial committee of Taiwan idiopathic pulmonary fibrosis guideline

Awards and Honours
Poster awards on 2017 TSPCCM annual meeting

Clinical predictors and biomarkers for progression in interstitial lung disease

Interstitial lung diseases (ILDs) represent a heterogeneous group of diffuse parenchymal lung disorders characterized by varying degrees of inflammation and fibrosis. Disease progression is highly variable among patients, ranging from stable conditions to rapid functional decline and early mortality. Identifying reliable clinical predictors and molecular biomarkers for ILD progression is critical for risk stratification, early therapeutic intervention, and optimizing patient outcomes.

Clinical predictors such as older age, male sex, smoking history, and comorbidities—particularly gastroesophageal reflux disease (GERD) and pulmonary hypertension—have been associated with worse prognosis in several ILD subtypes. Radiographic features on high-resolution computed tomography (HRCT), including the extent of fibrosis, presence of honeycombing, and traction bronchiectasis, serve as imaging correlates of disease severity and progression. Pulmonary function tests (PFTs), notably a declining forced vital capacity (FVC) and diffusing capacity for carbon monoxide (DLCO), remain essential clinical tools to monitor disease course over time.

In addition to traditional clinical measures, the identification of novel circulating biomarkers has emerged as a promising area of research. Serum biomarkers such as Krebs von den Lungen-6 (KL-6), surfactant proteins A and D (SP-A, SP-D), matrix metalloproteinase-7 (MMP-7), and chemokine ligand 18 (CCL18) have shown associations with disease activity, extent of fibrosis, and mortality risk. These markers reflect ongoing epithelial injury, extracellular matrix remodeling, and inflammation, which are central to ILD pathogenesis. Moreover, genetic and transcriptomic profiling, including telomere-related gene mutations and peripheral blood gene expression signatures, have provided further insight into individual susceptibility and disease behavior.
Despite significant advances, no single biomarker or clinical predictor is universally applicable across all ILD subtypes. Integrative approaches that combine clinical, radiographic, functional, and molecular data offer the most promise for accurately forecasting disease progression. Future efforts should focus on validating composite risk models and leveraging machine learning to refine personalized prognostic tools. Improved prediction of ILD progression will not only enhance patient care but also facilitate the development and targeting of emerging antifibrotic therapies.

Li-Min Huang

Current Position

Distinguished Professor, National Taiwan University
Professor, Department of Pediatrics, College of Medicine, National Taiwan University and Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University
Honorary President, Infectious Diseases Society, Taiwan
Vice President, Taiwan Pediatric Association
President, Taiwan Society of Virology and Vaccinology

Education

1975-1982 M.D., National Taiwan University College of Medicine, Taipei, Taiwan
1988-1994 Ph.D., National Taiwan University Graduate Institute of Clinical Medicine, Taipei, Taiwan

Professional Experiences

1988	Attending staff, Pediatrics, National Taiwan University Hospital
1989-1994	Instructor, Department of Pediatrics, College of Medicine, National Taiwan University
1994	Associate Professor, Department of Pediatrics, College of Medicine, National Taiwan University
2000-2001	Associate Professor, Graduate Institute of Epidemiology, College of Public Health, National Taiwan University
2001	Professor Institute of Epidemiology, College of Public Health, National Taiwan University
2001	Professor Department of Pediatrics, College of Medicine, National Taiwan University
2020-2022	Superintendent, Children's Hospital, National Taiwan University Hospital

Awards and Honours

2018-2020	The 2018 Award for Research Excellence, Ministry of Technology, Executive Yuan, Taiwan
2019	Award for Future Technology Breakthrough
2020	Distinguished Professor, National Taiwan University
2020	18th You-Hsiang Award of Distinguished Professor
2020	Annual Award of Taiwan Pediatric Association
2022	26th Yearly Award for Medical Contribution, Infectious Diseases Society of Taiwan
2022	29th Dong-Yuan Award Category Biomedicine/Agriculture

The Advancement of mRNA Science: From COVID-19 to Future Applications

The COVID-19 pandemic marked a pivotal moment in biomedical innovation, showcasing the transformative power of mRNA technology. Rapid development and deployment of mRNA vaccines demonstrated not only their efficacy but also the platform’s adaptability and scalability. Beyond infectious diseases, mRNA-based therapeutics are now being explored across various domains including oncology, rare genetic disorders, and personalized medicine. Advances in lipid nanoparticle delivery, stability, and immunogenicity modulation have further accelerated the potential of mRNA science. As the technology matures, ongoing research continues to expand its applications — from cancer vaccines to regenerative medicine — ushering in a new era of precision and speed in therapeutic development. This talk will highlight key breakthroughs in mRNA research, reflect on lessons learned from COVID-19, and explore future directions in clinical applications.

Chia-Hung Chen

Education

Chia-Hung Chen, M.D., Ph.D., received his medical degree in 2008 and earned his Ph.D. from the Graduate Institute of Clinical Medical Science at China Medical University in 2017. He completed his residency in Internal Medicine and fellowship in Pulmonary and Critical Care Medicine at China Medical University Hospital between 2002 and 2007, subsequently becoming an attending physician in 2007.

Professional Experiences

Dr. Chen was appointed Assistant Professor in 2017 and promoted to Associate Professor at China Medical University in 2019. His research has been actively focused on interventional pulmonology, with particular interest in advanced bronchoscopic techniques.

Awards and Honours

Dr. Chen is a member of the Taiwan Society of Pulmonary and Critical Care Medicine and the World Association for Bronchology and Interventional Pulmonology. He has received multiple prestigious awards, including the APSR Young Investigator Award in 2006 and the Excellent Oral Presentation Award from the Taiwan Society of Pulmonary and Critical Care Medicine in 2015, 2016, and 2024.

He has authored over 110 peer-reviewed journal articles and contributed to six book chapters. His current research interests center on interventional pulmonology and airway diseases, with an ongoing commitment to advancing minimally invasive diagnostic and therapeutic techniques in pulmonary medicine.

A New Era of RSV Protection: Innovation and Convenience Through mRNA

The emergence of mRNA technology has opened a new frontier in respiratory virus prevention, particularly for respiratory syncytial virus (RSV). Traditionally, RSV has posed a significant burden to infants, older adults, and high-risk populations, with limited preventive options. The application of mRNA vaccines introduces a groundbreaking approach that offers both scientific innovation and practical convenience. These vaccines can be rapidly developed and updated, allowing swift responses to evolving viral threats. Their ability to elicit strong, targeted immune responses enhances protection while reducing the need for complex manufacturing processes. This presentation will explore how mRNA platforms are redefining RSV prevention, highlighting clinical advances, safety profiles, and the real-world impact of this technology. As we enter a new era, mRNA-based RSV vaccines have the potential to shift the paradigm in respiratory disease management.

Wei-Chun Huang

Current Position
Attending physician of the division of pulmonary and critical care medicine, China Medical University Hospital

Education
2006- 2014 MD China Medical University School, Taiwan, Double Major in Medicine and Chinese. medicine

Professional Experiences
2020-2021 Attending Physician, Division of pulmonary and critical care medicine, China Medical. University Hospital
2021-2022 Attending Physician, Division of pulmonary and critical care medicine, China Medical University Beigang Hospital.
2023 Attending Physician, Division of pulmonary and critical care medicine, China Medical. University Hospital

Current research interests
Critical Care Medicine, Hyperbaric oxygen therapy (HBOT), respiratory disease, sleep medicine

Clinical application of endotype for obstructive sleep apnea

Traditionally, obstructive sleep apnea (OSA) has been assessed based on clinical symptoms and polysomnography (PSG) data, with the apnea-hypopnea index (AHI) serving as the primary metric for determining severity and guiding treatment decisions. However, AHI alone has limitations in predicting treatment efficacy, as it does not fully capture the complexity of disease severity in individual patients.

Endotypes refer to the physiological or pathophysiological mechanisms underlying OSA, which influence both disease severity and treatment response. Common OSA endotypes include: (1) compromised upper airway anatomy, (2) poor pharyngeal muscle responsiveness, (3) respiratory control instability (high loop gain), and (4) a low arousal threshold. Many OSA patients exhibit one or more of these endotypes simultaneously.

Current treatment options for OSA include positive airway pressure (PAP) therapy, surgical interventions, hypoglossal nerve stimulation, and pharmacological approaches. However, treatment responses vary among patients. Integrating endotype-based assessment into clinical decision-making enables a more personalized approach, potentially leading to improved treatment outcomes. By incorporating endotypic classification alongside conventional PSG data, clinicians can enhance diagnostic accuracy, optimize therapeutic strategies, and ultimately improve patient management and long-term outcomes in OSA care.

Chuan-Yen Sun

Current Position
Attending physician, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan

Education
National Defense Medical Center, Taipei

Professional Experiences
Critical care
Pulmonary physiology
Interventional pulmonology
Chest medicine
Sleep medicine

Awards and Honours
2021 Junior Research Award

The endotypes of obstructive sleep apnea with or without PLMS

Periodic limb movements during sleep (PLMS) are commonly observed in patients with obstructive sleep apnea (OSA) and may complicate disease management. However, the underlying mechanisms linking PLMS and OSA remain unclear. This study aimed to compare the endotypic traits of OSA in patients with comorbid PLMS (OSA-PLMS) versus those with OSA alone.

We prospectively recruited 1,008 adults with moderate-to-severe OSA who underwent full-night, in-laboratory polysomnography at a single sleep center. PLMS events were manually scored, and endotypic traits—including arousal threshold, loop gain, upper airway collapsibility, and compensation—were estimated from polysomnographic data. Linear regression models were used to assess associations between OSA-PLMS and these endotypes.

Compared to patients with OSA alone, those in the OSA-PLMS group were older, had lower body mass index, and had a higher prevalence of cardiovascular disease. They also exhibited less snoring, lower apnea-hypopnea index (AHI), a higher proportion of hypopneas, and shorter apnea durations. After adjusting for confounders, OSA-PLMS patients demonstrated a 16.2 %eupnea lower arousal threshold, 5.4 %eupnea higher Vpassive (indicating less collapsible airway), 6.0 %eupnea higher compensation, 2.6 seconds shorter apnea duration, and 24.6 min%/h lower hypoxic burden compared to those with OSA alone.

In conclusion, patients with OSA-PLMS exhibit a unique endotypic profile characterized by a less collapsible upper airway, stronger muscle compensation, and lower arousal threshold. These features suggest heightened sympathetic activity, which may contribute to both the occurrence of PLMS and the favorable upper airway compensation observed in this population.

Jeng-Sen Tseng

Current Position

Chief, Division of Thoracic Oncology, Department of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan.

Education

1996-2003 Graduated from College of Medicine , China Medical College, Taichung, Taiwan, M.B.
2010-2015 Graduated from Institute of Biomedical Sciences , National Chung Hsing University, Taichung, Taiwan, Ph.D.

Professional Experiences

2022-Present l Associate Professor, Department of Post-Baccalaureate Medicine, College of Medicine & Institute of Biomedical Sciences, National Chung Hsing University, Taichung, Taiwan.
2022-Present l Director, Lung Cancer Comprehensive Care and Research Center, Taichung Veterans General Hospital, Taichung, Taiwan.
2024-Present Chief, Division of Thoracic Oncology, Department of Chest Medicine, Taichung Veterans General Hospital, Taichung, Taiwan.

Resectable EGFR mutant lung cancer: Exploring the value of treatment around surgical intervention

Chou-Jui Lin

Current Position
Director, Taiwan MDR-TB consortium, Northern Region
Attending physician, Pulmonology, Taoyuan General Hospital, Ministry of Health and Welfare

Education
Department of Medicine, National Cheng Kung University, Tainan, Taiwan.

Professional Experiences
Faculty of the UNION's International Course on the Clinical Management of DRTB in Taipei, Taiwan since 2019
Faculty of National Course on the Clinical Management of DRTB for Vietnam and Myanmar
Consultant of the TREAT TB mission: technical assistance regarding the implementation of the nine-month regimen in the Philippines
Director of multidrug-resistant tuberculosis management program, Northern Region, Taiwan CDC

Awards and Honours
Member of Board of directors of Taiwan Society of Tuberculosis and Lung Disease

Active drug safety monitoring in multidrug-resistant tuberculosis (MDRTB) management

One of the key challenges of treating multidrug-resistant tuberculosis (MDRTB) is the detection and management of adverse events. As new and repurposed anti-tuberculosis drugs are being used increasingly in treating MDRTB patients, the World Health Organization (WHO) recommended active drug safety monitoring (aDSM) to better detect and manage adverse events, especially those that are uncommon or unfamiliar to the MDRTB programs. Taiwan implemented nationwide aDSM from May 2017 to February 2020 through Taiwan MDRTB consortium. With regular clinical and laboratory screening activities, majority of the patients were identified of having adverse events and a significant portion of them having severe adverse events. The anti tuberculosis drugs associated drug-related severe adverse events were kanamycin, bedaquiline, linezolid, pyrazinamide, and clofazimine. These findings highlighted the importance of having a systemic and comprehensive screening protocol and timely management of adverse events in the management of MDRTB.

Hung-Ling Huang

Current Position

Attending physician in Division of pulmonary and critical care medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
Associate Professor in School of Medicine, Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Education

2001-2004 National Chiao Tung University College of Biological Science and technology
2005-2010 Faculty of Medicine for Post-Baccalaureate M.D. Kaohsiung Medical University, Taiwan
2018-2023 PhD program in Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University

Professional Experiences

2010-2013 Residency training, Department of Internal, Medicine, Kaohsiung Medical University Hospital
2013-2015 Chief Resident, Department of Internal Medicine Kaohsiung Medical University Hospital
2015-2018 Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine. Kaohsiung Medical University Hospital
2019-present Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine. Kaohsiung Municipal Ta-Tung Hospital
2021-present Assistant professor, School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung

Awards and Honours

2024 吳大猷先生紀念獎
2023 王民寧先生紀念獎

Treating the Unfamiliar: How Do We Approach Less Common NTM Species

Nontuberculous mycobacteria (NTM) are increasingly recognized as significant pathogens in chronic pulmonary disease, particularly in immunocompromised and structurally compromised lungs. While Mycobacterium avium complex (MAC) and M. abscessus dominate clinical practice, a growing number of less common NTM species—such as M. xenopi, M. malmoense, and etc—pose unique diagnostic and therapeutic challenges. These species often exhibit variable pathogenicity, distinct radiological patterns, and unpredictable drug susceptibility profiles, complicating standardized treatment strategies.

We will synthesizes current evidence and expert consensus on the clinical relevance, diagnostic approach, and management principles for less common NTM species. We will also discuss the importance of multidisciplinary care involving pulmonologists, infectious disease specialists, and microbiologists to navigate complex cases.

Ultimately, treating less common NTM species requires a nuanced, individualized approach that balances microbiological, radiographic, and host factors. By enhancing awareness and strengthening diagnostic and therapeutic frameworks, clinicians can improve outcomes for this overlooked subset of patients.

Kang-Cheng Su

Current Position

Attending physician, Department of Chest Medicine,
Taipei Veterans General Hospital
Assistant Professor, School of Medicine,
National Yang Ming Chiao Tung University

Education

Institute of Physiology, National Yang Ming Chiao Tung University; Degreee: PhD
Institute of Emergency and Critical Care Medicine, National Yang-Ming University; Degree: MS
Taipei Medical University; Degree: MD

Professional Experiences

2002-2008	Department of Chest Medicine, Taipei Veterans General Hospital
2008-2009	Fenglin Branch, Taipei Veterans General Hospital
2009	Attending Physician: Department of Chest Medicine, Taipei Veterans General Hospital
2019	Scholarship, Lung Transplant Program: Toronto General Hospital

Awards and Honours

2015	Best teaching attending physician, Taipei Veterans General Hospital

Pin-Kuei Fu

Current Position

Director, Division of Clinical Research, TCVGH
Director, Technical Transfer Center, TCVGH
Director, Integrated Care Center for Interstitial Lung Disease, TCVGH
Attending Physician, Division of Chest Medicine, TCVGH
Professor, College of Medicine, National Chung Hsing University

Education

Institute of Health Policy and Management, National Taiwan University, Ph.D, Public health
Institute of Health Policy and Management,National Taiwan University, Master, Public health
Graduate Institute of Chinese Medical Science,China Medical University, Ph.D, Medicine
Graduate Institute of Chinese Medical Science,China Medical University, Master, Medicine
China Medical University, M.D, Medicine

Professional Experiences

2018-2022	Director of Respiratory Intensive Care Unit Department of Critical Care, Taichung Veterans General Hospital
2018-2022	Deputy Head Medical Administration Department, TCVGH
2021-2023	Director Smoking Cessation Treatment & Management Center (SCTMC), TCVGH
2015-2018	Attending physician of Respiratory intensive Care unit Department of Critical Care, Taichung Veterans General Hospital
2011-2015	Attending Physician of Critical Care & Respiratory Therapy Department of Internal Medicine, Taichung,Veterans General Hospital
2010-2011	Director of Chest Medicine Department of Internal Medicine, Chiayi Veterans Hospital
2008-2010	Research fellow of Chest Medicine,Taichung Veterans General Hospital
2004-2008	Resident of Internal Medicine Taichung Veterans General Hospital

Awards and Honours

2019: Issue: National Innovation Award
Project: Intelligent Care System for Respiratory Failure and Acute Respiratory Distress Syndrome

Implementing GINA 2025 for Optimized Asthma Control Across All Severities

Pin-Kuei Fu

Current Position
Director, Division of Clinical Research, TCVGH
Director, Technical Transfer Center, TCVGH
Director, Integrated Care Center for Interstitial Lung Disease, TCVGH
Attending Physician, Division of Chest Medicine, TCVGH
Professor, College of Medicine, National Chung Hsing University

Education
Institute of Health Policy and Management, National Taiwan University, Ph.D, Public health
Institute of Health Policy and Management,National Taiwan University, Master, Public health
Graduate Institute of Chinese Medical Science,China Medical University, Ph.D, Medicine
Graduate Institute of Chinese Medical Science,China Medical University, Master, Medicine
China Medical University, M.D, Medicine

Professional Experiences
2018-2022 Director of Respiratory Intensive Care Unit Department of Critical Care, Taichung Veterans General Hospital
2018-2022 Deputy Head Medical Administration Department, TCVGH
2021-2023 Director Smoking Cessation Treatment & Management Center (SCTMC), TCVGH
2015-2018 Attending physician of Respiratory intensive Care unit Department of Critical Care, Taichung Veterans General Hospital
2011-2015 Attending Physician of Critical Care & Respiratory Therapy Department of Internal Medicine, Taichung,Veterans General Hospital
2010-2011 Director of Chest Medicine Department of Internal Medicine, Chiayi Veterans Hospital
2008-2010 Research fellow of Chest Medicine,Taichung Veterans General Hospital
2004-2008 Resident of Internal Medicine Taichung Veterans General Hospital

Awards and Honours
2019: Issue: National Innovation Award
Project: Intelligent Care System for Respiratory Failure and Acute Respiratory Distress Syndrome

My Professional Journey: Exploring Interstitial Lung Disease from Taiwan to the World

In this talk, I will share my professional journey in the field of interstitial lung disease (ILD), beginning with my clinical and academic foundation in Taiwan and expanding toward international collaboration and research. Over the past decade, I have worked to improve ILD patient care through the establishment of a multidisciplinary integrated care center, development of a regional referral network in central Taiwan, and advancement of evidence-based treatment strategies. I will also highlight how cross-border research, smart health technologies, and participation in international studies have shaped both patient outcomes and policy discussions. This presentation will reflect on the challenges and rewards of bridging local practice with global perspectives, and the continued evolution of ILD care in an interconnected world.

Yu-Feng Wei

Current Position
Chief, Department of Internal Medicine,E-Da Cancer Hospital
Professor, College of Medicine, I-Shou University

Education
I-Shou University, Kaohsiung, Taiwan, Ph.D.
China Medical University, Taichung, Taiwan, M.D

Professional Experiences
Thoracic Oncology
Chronic Airway Disease
Obesity related Pulmonary Disease
Tuberculosis and Infectious Lung Disease
Interstitial Lung Disease

From friends to partners: how do I start my scientific research

Scientific research is a significant part of a medical professional’ s career, especially in the hospital setting in Taiwan. As a clinical physician, knowing how to initiate our journey into clinical or biomedical research is crucial. In the early stages of research development, identifying a relevant and feasible research question rooted in daily clinical practice is the key. Research partners in different hospitals can share values and commitment to scientific integrity. Brainstorming of partners can create meaningful research that leads to impactful findings. This talk aims to empower medical physicians to take the first confident steps toward becoming clinician-researchers, fostering a culture of inquiry, collaboration, and continuous improvement in healthcare.

You-Yi Chen

Current Position
Attending physician, Pulmonologist, National Taiwan University Hospital, Yun-Lin branch

Education
2006-2013 Chung Shan Medical University, M.D.
2015-2016 Resident, Internal Medicine, Linkou Chang Gung Memorial Hospital
2016-2017 Resident, Internal Medicine, National Taiwan University Hospital
2017-2019 Fellowship, Chest Medicine, National Taiwan University Hospital
2019-present Attending physician, Pulmonologist, National Taiwan University Hospital, Yun-Lin branch

Professional Experiences
National Medical License Examination
Taiwan Society of Internal Medicine, Board
Taiwan Society of Pulmonary and Critical Care Medicine, Board
臺灣大學醫學院兼任講師

Awards and Honours
第二十五屆台灣癌症聯合學術年會優良論文獎
第十八屆台灣胸腔暨重症加護醫學會原著論文優秀論文獎

Hope in Every Breath: Dupixent's Breakthrough in Type 2 Inflammation Across Asthma and COPD

Dupixent (dupilumab) has emerged as a transformative biologic therapy for managing Type 2 inflammation in multiple therapeutic areas, including asthma and chronic obstructive pulmonary disease (COPD).This presentation will explore Dupixent's pivotal role in managing these conditions, highlighting its efficacy in reducing exacerbations and improving lung function. Despite advancements, recent studies indicate that Taiwan's COPD diagnosis and treatment still lag behind other Asian countries, underscoring the need for enhanced clinical practices.

The BOREAS and NOTUS trials have provided compelling evidence of Dupixent's benefits, demonstrating significant improvements in lung function and reductions in COPD exacerbations. Evaluating mucus plugging through advanced imaging techniques offers valuable insights into patient management and prognosis.

Additionally, the latest data updates from the 2025 ATS and ADVENT will be discussed, showcasing novel therapeutic approaches and patient-reported outcomes that could revolutionize COPD treatment.

These findings highlight the potential for biologic therapies to enhance quality of life and reduce disease burden in COPD patients.

In conclusion, Dupixent represents a beacon of hope for patients across asthma and COPD, offering improved breathing and a better quality of life. This presentation aims to shed light on the clinical significance of these advancements and the urgent need for continued research and innovation in respiratory care.

Daily Program

06. 21 Sat. 401

Time	Topic	Speaker	Moderator
	APCB		
07:30-08:40	Registration		
08:40-09:00	Opening Ceremony		
09:00-09:25	EBUS for Diagnosing Peripheral Pulmonary Lesions	Dr. Noriaki Kurimoto (JPN)	Dr. Ming-Shyan Huang
09:25-09:50		Dr. Yuji Matsumoto (JPN)	
09:50-10:15		Dr. Masahide Oki (JPN)	
10:20-10:40	Coffee Break		
10:40-11:05	State-of-the-Art Image-Guided Bronchoscopic Technique	Dr. Sonali Sethi (USA)	Dr. Heng-Sheng Chao
11:05-11:30		Dr. Sebastian Fernandez-Bussy (USA)	
11:30-11:55		Dr. Shih-Yueh Li (Online)	
12:00-13:00	Poster Presentation		
13:00-13:25	Advanced bronchoscopic technique for peripheral pulmonary lesions	Dr. Thitiwat Sriprasart (THA)	Dr. Yuji Matsumoto
13:25-13:50		Dr. Qiang Li (Online)	
13:50-14:15		Dr. Ye Gu (Online)	
14:20-14:40	Coffee Break		
14:40-15:05	Navigational Bronchoscopy	Dr. Chi Chun TAM (HK)	Dr. Hari Kishan Gonuguntla
15:05-15:30		Dr. Ping-Tsung Yu (TW)	
15:30-15:55		Dr. Chung-Yu Chen (TW)	
16:00-16:20	Coffee Break		
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

06. 21 Sat. 402AC

Time	Topic	Speaker	Moderator
	APCB		
07:30-08:40	Registration		
08:40-09:00	Opening Ceremony (401)		
09:00-09:25	Mediastinum staging/diagnosis: EBUS-TBNA	Dr. Bin Hwangbo (KOR)	Dr. Chih-Yen Tu
09:25-09:50		Dr. Sze-Shyang Kho (MYS)	
09:50-10:15		Dr. Chia-Hung Chen (TW)	
10:20-10:40	Coffee Break		
10:40-11:05	Medical thoracoscopy	Dr. Pyng Lee (SPG)	Dr. Hao-Chien Wang
11:05-11:30		Dr. Chia-Hung Chen (TW)	
11:30-11:55		Dr. Chung-Shu Lee (TW)	
12:00-13:00	Poster Presentation		
13:00-13:25	Interventional Procedures in COPD And asthma	Dr. Felix Herth (DEU)	Dr. Te-Chun Hsia
13:25-13:50		Dr. Lih-Yu Chang (TW)	
13:50-14:15		Dr. Hari Kishan Gonuguntla (IND)	
14:20-14:40	Coffee Break		
14:40-15:05	Tumor ablation	Dr. Leong Swee Wei	Dr. Han-Shui Hsu
15:05-15:30		Dr. Yei-San Hsieh	
15:30-15:55		Dr. Daniel Sterman	
16:00-16:20	Break		
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

06. 21 Sat. 402BD

Time	Topic	Speaker	Moderator
	APCB		
07:30-08:40	Registration		
08:40-09:00	Opening Ceremony (401)		
09:00-09:40	A novel respiratory support before, during and after difficult interventional bronchoscopy	Dr. Wen-Jue Soong (TW)	Dr. Bi-Tau Hwang (TW)
09:40-10:20	Pediatric airway interventions: Micro-laryngo-bronchoscopy, ventilation bronchoscopy and fibro bronchoscopy	Dr. Kuo-Sheng Lee (TW)	Dr. Teh-Ming Wang (TW)
10:20-10:40	Coffee Break		
10:40-11:20	The role of flexible bronchoscopy in pediatric diagnostic assistance	Dr. Hung-Jen Yu (TW)	Dr. Yuh-Jyh Lin (TW)
11:20-12:00	Implications of flexible bronchoscopy in pediatric ICU	Dr. Ching-Chia Wang (TW)	Dr. Frank Leigh Lu TW)
12:00-13:00	Poster Presentation		
13:00-13:40	Bronchoscopy implications in pediatric cardiovascular diseases	Dr. Shen-Hao Lai (TW)	Dr. Kuo-Chin Kao(TW)
13:40-14:20	Post-intubation tracheal stenosis in children: Focus on bronchoscopic treatment	Dr. Chien-Heng Lin (TW)	Dr. Shu-Chi Mu (TW)
14:20-15:10	Bronchoscopy: management of tracheoesophageal fistula with esophageal stenosis	Dr. Pei-Chen Tsao (TW)	Dr. Mei-Jy Jeng (TW)
15:10-15:35	Discussion		
16:00-16:20	Coffee Break		
18:30-20:30	Conference Dinner (THE GRAND HOTEL TAIPEI)		

Noriaki Kurimoto

Current Position
Project Professor, Division of Medical Oncology and Respiratory Medicine,
Department of Internal Medicine, Shimane University Faculty of Medicine

Education
graduation from Hiroshima University School of Medicine

Professional Experiences
I started Endobronchial ultrasonography (EBUS) for central lesions and peripheral pulmonary lesions in 1994, and EBUS using a guide sheath (EBUS-GS) in 1996. I continue to teach “bronchial branch tracing” for bronchoscopists. Now I’m studying ultra-thin bronchoscopic procedures and narrow band imaging for peripheral pulmonary lesions, and so on

Awards and Honours
Video festival third prize (Budapest, 1998) at the 10th World Congress for Bronchology
Ikeda Prize (Japan, 1999) in the Japan Society for Bronchology
Award for Best poster (Boston, 2002) at the 12th World Congress for Bronchology
Ohata Prize (Japan, 2006) in the Japan Society for Bronchology
Award for Best poster (Buenos Aires, 2006) at The 14th World Congress for Bronchology
Award for Best video (Buenos Aires, 2006) at The 14th World Congress for Bronchology

Diagnosis of EBUS-GS for Peripheral Pulmonary Lesions

I will explain five steps of EBUS-GS for peripheral pulmonary lesions.
1st step: To perform Bronchial Branch Tracing.
Before performing bronchoscopy for peripheral pulmonary lesions, we read and draw the bronchial branches leading to the lesion on CT images.
2nd step: To advance the scope more periphery.
3rd step: To guide the probe to the lesion and to confirm the location of the tip of GS.
When the lesion is "invisible" on EBUS images, we should seek another (bronchial) branch under fluoroscopy.
When the lesion is "adjacent to" on EBUS images, we should seek another (bronchial) branch under EBUS images.
1) When the probe is adjacent to the lesion on EBUS image, we try to change the location of the probe covered by a GS (probe/GS) using the up & down angle lever of the bronchoscope and the rotation of the bronchoscope. Using the up & down angle lever and the rotation of the bronchoscope, when the probe/GS is close to the lesion, we pull back the probe/GS and try to push the probe/GS to the target lesion continuing to use the up & down angle lever. When there is a bronchial branch from proximal branch to the lesion, we could insert the probe/GS into this branch lead to the lesion.
2) While we are scanning and pulling back the probe into the GS and the part of the transducer still locates out of the GS, EBUS image is still bright. But the GS covers the total of the transducer, the EBUS image changes to be dark. We can confirm the proximal edge of the target and adjust the tip of the GS using this phenomenon.
4th step: To mark the location of the tip of the transducer.
Before pulling back the probe, we mark the distal tip of the transducer in the probe by a plastic triangle tape on the monitor of the fluoroscopy.
5th step: To get brushing and biopsy specimens.
We perform transbronchial biopsy around the area pointed by the plastic triangle tape.

Yuji Matsumoto

Current Position
Medical Chief in the Department of Endoscopy, Respiratory Endoscopy Division, National Cancer Center Hospital, Tokyo, Japan
Medical Staff in the Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo, Japan

Education
PhD: Juntendo University Graduate School of Medicine, Tokyo, Japan (2016)
MD: Kagoshima University School of Medicine, Kagoshima, Japan (2006)

Professional Experiences
2014-2024 Medical Staff in the Department of Endoscopy, Respiratory Endoscopy Division, National Cancer Center Hospital, Tokyo, Japan
2017-Present Medical Staff in the Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo, Japan
2024-Present Medical Chief in the Department of Endoscopy, Respiratory Endoscopy Division, National Cancer Center Hospital, Tokyo, Japan

Awards and Honours
APSR 2015 Travel Award
APCB 2017 Travel Award
APSR 2018 Young Investigator Award
The 43rd Annual Meeting of JSRE Excellent Abstract
APSR 2021 Assembly Education Award (Bronchoscopy and Interventional Techniques)

Transbronchial cryobiopsy in the diagnosis of peripheral pulmonary lesions

The diagnostic performance of bronchoscopy for peripheral pulmonary lesions (PPLs) has improved since applying radial endobronchial ultrasound (R-EBUS) and navigation. However, small and somewhat crushed specimens using conventional sampling devices (i.e., forceps and aspiration needles) have limited diagnostic capability as definitive diagnosis mainly depends on the histopathology. On the other hand, cryobiopsy has enabled the collection of larger and less crushed specimens. We pioneered the application of previous reusable cryoprobes for PPLs. We reported that its additional use enhanced the diagnostic yield over conventional sampling devices, especially in cases where R-EBUS is adjacent to the lesion.

Recently, new single-use cryoprobes with thinner diameters have been introduced, which have improved the maneuverability of guiding it into the peripheral airway. Our feasibility study using the 1.7-mm cryoprobe, as well as another study using the 1.1-mm cryoprobe with a guide sheath, reported promising results with high diagnostic yields for small PPLs. Subsequently, we conducted a multicenter, randomized controlled trial comparing cryobiopsy alone using single-use cryoprobes with conventional biopsy, and the results are currently pending analysis.
Furthermore, it has been reported that large, high-quality specimens obtained by cryobiopsy are superior in various aspects, not only for definitive diagnosis, but also for morphological evaluation, immunohistochemical assessment, genetic testing, and organoid establishment. This lecture will outline the technical aspects and utility of cryobiopsy for PPLs.

Masahide Oki

Current Position

Chief, Department of Respiratory Medicine, National Hospital Organization Nagoya Medical Center

Education

1992 Graduated from Fukui Medical School, Japan
1992 MD
2007 PhD from Nagoya University Graduate School of Medicine, Japan

Professional Experiences

1992-1994 Residency, Social Insurance Chukyo Hospital, Nagoya, Japan
1994-1997 Staff, Department of Respiratory Medicine, Social Insurance Chukyo Hospital, Nagoya, Japan
1997-2009 Staff, Department of Respiratory Medicine, National Hospital Organization Nagoya Medical Center, Nagoya, Japan
2009-present Chief, Department of Respiratory Medicine, National Hospital Organization Nagoya Medical Center, Nagoya, Japan

Awards and Honours

2014 Ikeda Award from the Japan Society for Respiratory Endoscopy
2016 The WABIP-Dumon Award from WABIP
2024 Kumagai Award from the Japanese Respiratory Society

Ultrathin bronchoscopy for PPLs diagnosis

Bronchoscopes are improving continuously and thinner bronchoscopes with larger working channels and greater imaging quality are available for clinical use. At the same time, useful ancillary devices have been developed, such as radial probe endobronchial ultrasound (EBUS) and navigation devices. Randomized studies have demonstrated the diagnostic superiority of ultrathin bronchoscopy over thin bronchoscopy under EBUS and virtual bronchoscopic navigation guidance for small peripheral pulmonary lesions. Furthermore, biopsy needles and cryoprobes have been miniaturized and adapted to the working channel of ultrathin bronchoscopes. Multi-modality and multi-instrumental ultrathin bronchoscopy using such new technologies affords high diagnostic yields.

Sonali Sethi

Current Position

Interventional Pulmonary
Director, Lung Cancer Diagnosis and Staging Program
Program Director for Interventional Pulmonary Fellowship
President-Elect AABIP

Education

Interventional Pulmonary Fellowship- Cleveland Clinic
Pulmonary / Critical Care Fellowship - St. Vincent's Hospital, NY, NY

Professional Experiences

2012-2013	Cleveland Clinic, Cleveland, Ohio Interventional Pulmonary Fellow - Respiratory Institute
2024	President-Elect American Association of Bronchology and Interventional Pulmonology
2013-Present	Cleveland Clinic, Cleveland, Ohio Director, Lung Cancer Diagnosis and Staging Program Program Director for Interventional Pulmonary Fellowship

Awards and Honours

2018-2019	Respiratory Institute Teacher of the Year, Cleveland Clinic, Cleveland, Ohio
2019-2020	Respiratory Institute Teacher of the Year, Cleveland Clinic, Cleveland, Ohio
2020-2022	Distinguished CHEST Educator (DCE), American College of Chest Physicians
2022	Distinguished AABIP Service Award, AABIP
2023	Distinguished CHEST Educator (DCE), American College of Chest Physicians
2024	Distinguished CHEST Educator (DCE), American College of Chest Physicians

Advanced Intraoperative Imaging to Maximize Your Diagnostic Yield

Dr. Sethi is an Interventional Pulmonologist at the Cleveland Clinic, Director for the Diagnosis and Lung Cancer Staging Program, and Program Director for the Interventional Pulmonary Fellowship and Procedural Training at the Cleveland Clinic in Cleveland, Ohio. She did formal Interventional Pulmonary fellowship training at the Cleveland Clinic and then stayed on as full-time faculty. Prior to that she did her Pulmonary/Critical Care fellowship at St. Vincent's Hospital in Manhattan and was a fulltime academic faculty member for 5 years prior to going into Interventional Pulmonary fellowship. Her research interests include lung cancer screening, lung nodule evaluation, and optimizing advanced diagnostic and therapeutic bronchoscopic techniques for diagnosing and treating both lung cancer and benign airway diseases. Dr. Sethi has delivered many invited lectures and presentations and has authored numerous articles in peer-reviewed journals. She is the appointed President-Elect for the American Association of Bronchoscopy and Interventional Pulmonary (AABIP), and a Founding member for the Women in Interventional Pulmonary Society.

Sebastian Fernandez-Bussy

Current Position

Director - Interventional Pulmonology, Division of Pulmonary Medicine, Department of Internal Medicine, Mayo Clinic, Jacksonville, Florida

Education

1990.03-1997.04	Salvador University School of Medicine Buenos Aires, ArgentinaInternal
1997.04-2000.03	Medicine Society of Buenos Aires, Buencs Argentina - Residencyniney
2000.04-2002.03	Universidad del Salvador, Buencs Aires, Argentina - Fellowship, Critical Care Medicine
2003.02-2004.06	University of Texas - Houston, Houston, Texas - Fellowship, HIV/AIDS Medicine Division of Infectious Diseases
2004.07-2007.06	University of Florida College of Medicine, Gainesville, Florida - Fellowship, Division of Pulmonary, Critical Care, and Sleep Medicine
2007.07-2007.09	University of Heidelberg, Heidelberg. Germany - Trainee, Interventionallila Pulmonclogy
2017.07-2017.08	Harvard School of Public Health, Boston, Massachusetts - Certificate, Program Clinical Effectiveness

Professional Experiences

2016-Present	PClinical EffectivenessAmerican Association of Bronchology and Interventional Pulmonology (AABIP) Interventional Pulmonology
2022-Present	American Board of Internal Medicine (ABIM) Internal Medicine
2001-Present	Educational Commission for Foreign Medical Graduates (ECFMG) ECFMG
2010-Present	Medical Board of Buenos Aires District 1, Argentina Critical Care Internal Medicine

Awards and Honours

2006-Present	Case Presentation Award - CHEST, American College of Chest Physicians
2006-Present	Minority Trainee Travel Award - American Thoracic Society
2010-Present	Poster Award - 14th World Congress for Bronchology and Interventional Pulmonology
2016-Present	Distinguish Doctors Award - The German Hospital of Santiago
2017-Present	American College of Physicians (FACP)
2017.12-Present	FACP: Fellow American College of Physicians

Building a Modern Lung Cancer Program

Dr. Fernandez-Bussy, a distinguished authority in interventional pulmonology, will deliver a comprehensive keynote address at the Asian Pacific Congress on Bronchology (APCB), focusing on the cutting-edge advancements and future directions in pulmonary care. His presentation will encompass two primary themes: the value of the Ion robotic bronchoscopy system and the future of pulmonology, particularly in the context of lung care programs and innovation.

In the first part of his talk, Dr. Fernandez-Bussy will introduce himself and his practice, setting the stage for a detailed exploration of why the Ion robotic bronchoscopy system represents a pivotal advancement in pulmonary medicine. He will elucidate the Shape-Sensing technology behind Ion robotic bronchoscopy, supported by engaging procedure videos and robust clinical evidence that highlight its precision and efficacy in navigating complex airways. Dr. Fernandez-Bussy will also address the future applications of this technology, emphasizing its potential in enhancing minimally invasive treatments and overall patient care.

Building on this foundation, Dr. Fernandez-Bussy will expand the discussion to include insights into endoluminal treatment, sharing technical details of the procedures and the value of advanced imaging in optimizing outcomes. He will discuss strategies for procedure optimization and team efficiency, demonstrating how these innovations contribute to superior clinical results.

The second part of Dr. Fernandez-Bussy's presentation will focus on the future of pulmonologists and the development of modern thoracic oncology programs. He will provide a roadmap for building such programs, highlighting the critical role of early screening, early detection, and the benefits of multidisciplinary care teams. Dr. Fernandez-Bussy will outline the operational components necessary for a comprehensive lung care program and discuss the role of robotic-assisted bronchoscopy (RAB) in creating optimized treatment pathways with precise tissue diagnosis.

Through this integrated presentation, Dr. Fernandez-Bussy aims to inspire and equip attendees with the knowledge and insights necessary to advance pulmonary care and embrace innovative practices that will shape the future of interventional pulmonology.

Shiyue Li

Current Position
Director of the Department of Respiratory and Critical Care Medicine, The First Affiliated Hospital of Guangzhou Medical University;
Deputy Director of Guangzhou Institute of Respiratory Health

Education
M.D.

Professional Experiences
Established China's largest and most technically advanced respiratory intervention center, pioneering nearly all international respiratory intervention techniques. Spearheaded 4 government-approved stem cell clinical programs and advanced translational research on airway injury and stem cell technology, driving multidisciplinary collaboration across academia, industry, and clinical practice to accelerate stem cell clinical translation.
Principal investigator for multiple national and provincial research initiatives, including the National Key R&D Program of the Ministry of Science and Technology, National Natural Science Foundation projects, and major National Health Commission grants. Led pioneering prospective multicenter clinical trials and foundational studies in respiratory intervention.
Authored over 100 SCI-indexed publications and holds 10+ invention patents and 30+ utility model patents.

Awards and Honours
2020 Core contributor to the National Innovation Medal
2020 Guangdong Outstanding Physician Award
2021 Special Prize for Guangdong Scientific and Technological Progress
2022 Second Prize, 3rd Guangdong Medical Science and Technology Award
Leading Medical Talent of Guangdong Province
Outstanding Respiratory Physician of China

Advances in Clinical Applications of Robotic Bronchoscopy

Since receiving FDA approval in 2018, robotic-assisted bronchoscopy systems have been clinically implemented in countries such as the United States, South Korea, and China. Notably, the U.S. has seen a significant increase in both device installations and procedure volumes over the past year.

Robotic bronchoscopy is an advanced minimally invasive diagnostic and therapeutic technology that integrates robotics with traditional bronchoscopy, primarily used for precise diagnosis and treatment of pulmonary diseases. Its core components include:(1)Robotic System: Comprising robotic arms, high-precision sensors, and a control console.(2)Flexible Bronchoscope: An ultra-thin catheter that accesses deep bronchial regions through natural orifices (e.g., mouth or nose). (3)RealTime Imaging: Combines multi-modal imaging (CT, electromagnetic navigation, or optical imaging) for 3D lung pathway planning.

Clinical Advances:(1)Significantly Improved Nodule Diagnosis Rates: Integration with intraoperative real-time imaging (e.g., CBCT) has recently reported diagnostic yields of up to 90%, comparable to CT-guided percutaneous biopsy.(2)Preoperative Nodule Localization: Precise marking of lesions for surgical resection.(3)Therapeutic Applications: Enables treatments such as ablation via the robotic bronchoscopy platform.(4)Telemedicine: Facilitates remote diagnostic and interventional procedures.

With ongoing technological refinements, the clinical applications of robotic bronchoscopy are expected to expand further

Thitiwat Sriprasart

Current Position

Assistant Professor of Medicine
Director on Interventional Pulmonolgy Fellowship Program
Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Education

Doctor of Medicine: Faculty of Medicine, Chulalongkorn University, Thailand
Internal Medicine: Advocate Illinois Masonic Medical Center, Chicago, USA
Pulmonary and Critical Care: University of California San Francisco, USA
Interventional Pulmonology: University of Cincinnati, Ohio, USA

Professional Experiences

Clinical Instructor and Telemedicine physician in Pulmonary disease and Critical care Medicine, Cincinnati VA Medical Center, Cincinnati, USA
Clinical Instructor in Interventional Pulmonology , Division of Pulmonary, Critical care and Sleep Medicine, Department of Medicine, University of Cincinnati, USA
Assistant Professor and director of Interventional Pulmonology Fellowship program, Division of Pulmonary and Critical Care, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
Awards committee WABIP
WABIP Board of Regents for Thailand
Administrative committee of Interventional Pulmonology assembly under Thoracic Society of Thailand under Royal Patronage
Education and training committee of Interventional Pulmonology under Thoracic Society of Thailand under Royal Patronage
Member of Asia Pacific Interventional Pulmonology Alliance (APIPA)

Awards and Honours

American Board of Internal Medicine, Pulmonary Disease, Critical Care Medicine- Certification
American Association for Bronchology and Interventional Pulmonology-Certification
Thai board of Internal Medicine, Pulmonary Disease, Critical Care Medicine
Thai Board of Interventional pulmonology

RFA for PPLs

Bronchoscopic radiofrequency ablation is the emerging technique to treat peripheral lung cancer and lung metastasis. The radiofrequency ablation provides treatment in patient that is not a candidate for surgery. The procedure can be done with preferably navigation guidance and fluoroscopy or cone beam CT. Complications are rare which include fever, hemoptysis and pneumonitis. The outcome of this technique is very favorable in many studies.

Qiang Li

Current Position

Professor and PhD Supervisor, Shanghai East Hospital, Tongji University
Director, Department of Respiratory and Critical Care Medicine
Director, Lung Cancer Center
Director, Department of Internal Medicine and Medical Teaching and Research Office

Education

1981.09-1984.07	Cadet, Nanjing Military Med Coll, Dept of Military Med
1989.09-1992.07	Master's Candidate, Grad Sch of 2nd Mil Med Univ
1997.02-1997.07	Trainee, Training Dept of Shanghai Int Studies Univ
2009.10-2010.05	Visiting Scholar, Jonh Hopkin Hosp, USA

Professional Experiences

Chairman of the Respiratory Intervention Pulmonology Working Committee, Chinese Medical Doctor Association
Deputy Leader of the Lung Cancer Study Group, Respiratory Disease Branch, Chinese Medical Association
Chief Scientist of the National Key Research and Development Program
Board Member, World Association for Bronchology and Interventional Pulmonology
Executive Board Member, Asia-Pacific Association of Interventional Pulmonology
Additionally, Li Qiang has participated in several national research projects, including the National Natural Science Foundation and key projects in Shanghai. Over 400 research papers have been published, with 200 indexed by SCI. Also holding over 20 patents, including 4 for inventions and 16 for utility models. Authored major publications such as Interventional Diagnosis and Treatment of Respiratory Diseases, Respiratory Medicine, Endobronchial Ultrasound – Illustrated Guidelines, Diagnosis and Treatment of Rare Respiratory Diseases, and Bronchoalveolar Carcinoma.

Awards and Honours

He has won one second - class award and three third - class awards for scientific and technological progress in the military; one third - class award of Shanghai Science and Technology Award; one second - class award and two third - class awards for military medical achievements. Currently, he/she is in charge of several scientific research projects, including those under the National Key R & D Program, the National Natural Science Foundation, and the Shanghai Science and Technology Commission, with a cumulative funding of over 80 million yuan.

Pleuroscopy-Assisted Early Lung Cancer Ablation, PAELCA

Recent data highlights two trends in lung cancer: younger onset and a surge in non-smoking patients, predominantly women and Asians with adenocarcinoma.

Despite CT-guided ablation being recommended by NCCN guidelines, its low clinical adoption stems from uncertain patient suitability and local anesthesia challenges.To tackle these issues, we introduce PleuroscopyAssisted Early Lung Cancer Ablation (PAELCA). PAELCA, performed under general anesthesia with double-lumen endotracheal intubation, integrates pleuroscopy-assisted closed thoracic drainage and diverse energy ablation.

Our approach innovates in several ways: precisely defining suitable candidates, enhancing safety and comfort by switching from local to general anesthesia, promptly managing pneumothorax and bleeding with pleuroscopy, adjusting lesion position via controlled ventilation, and combining multiple ablation methods for tailored, safer treatment. PAELCA offers a potential breakthrough for early lung cancer therapy, addressing existing treatment limitations

Ye Gu

Current Position
Chief physician, Shanghai Pulmonary Hospital

Education
1999–2004 Medical Doctor, Shanghai Second Medical University
2009–2013 Master's degree (Internal Medicine), School of Medicine, Tongji University
2016 - 2021 Doctor's degree (Internal Medicine), School of Medicine, Tongji University

Professional Experiences
2004-2008 Resident physician, Pulmonary medicine, Shanghai Pulmonary Hospital
2008-2012 Resident physician, emergency department, Shanghai Pulmonary Hospital
2012-2013 Resident physician, Endoscopic center, Shanghai Pulmonary Hospital
2013-2018 Attending physician, Endoscopic center, Shanghai Pulmonary Hospital
1999-2004 Medical Doctor, Shanghai Second Medical University
2009-2013 Master's degree (Internal Medicine), School of Medicine, Tongji University
2016-2021 Doctor's degree (Internal Medicine), School of Medicine Endoscopic center, Shanghai Pulmonary Hospital
2018-Present Associate chief physician, Shanghai Pulmonary Hospital

Awards and Honours
2024 Second-Class Award for Medical New Technology, Jiangsu Province

Innovative applications of contact laser in lung cancer treatment

This presentation explores the advancements and clinical applications of contact laser technology in the treatment of lung cancer, focusing on both central airway lesions and peripheral pulmonary nodules. Contact laser, a novel energy, converts light energy into thermal energy through specialized fiber tips, enabling precise ablation with minimal damage to surrounding tissues. Key advantages include high efficiency, safety (no electrical current), and suitability for beginners in airway procedures. In central airways, contact laser is effective for resecting malignant and benign tumors, dilating stenoses, and removing foreign bodies or stents. For peripheral lung ablation, the technology offers minimal invasiveness (e.g., 22G needle puncture) and diverse fiber options. Clinical cases and comparative studies (e.g., improved laser ablation vs. microwave ablation) demonstrate its efficacy in achieving complete tumor necrosis, particularly for early-stage lung denocarcinoma.

Chi Chun TAM

Current Position
Consultant, Private Practice
Honorary Clinical Assistant Professor, The University of Hong Kong

Education
MBBS (HK 2001), MRCP (UK), FRCP (Lond, Edin, Glasg), FHKCP, FHKAM (Medicine), FAPSR, FCCP
2014 Post-fellowship training in interventional pulmonology in Germany and Japan

Professional Experiences
Spearheaded / expand the interventional pulmonology services in QMH (2014 - 2024):
Central & radial endobronchial ultrasound
Navigational bronchoscopy (VBN, ENB, mini-BTPNA, CABT-guided bronchoscopy)
Intra-operative dye marking for nodule localization
Endobronchial Cryotherapy and cryobiopsy
Therapeutic bronchoscopy (APC, snares, spigot, EBV for PAL)
Bronchoscopic COPD treatment (EBV, BTVA), Bronchial Thermoplasty
Point-of-Care ultrasound procedure & USG-guided sampling
Medical Thoracoscopy, Indwelling Pleural Catheterization (IPC)

Mini-Bronchoscopic Trans-parenchymal Nodule Access (Mini-BTPNA)

Bronchoscopic Trans-Parenchymal Nodule Access (BTPNA) is a technique designed to sample solitary pulmonary nodules (SPNs) without direct airway access. It involves creating a tunnel through lung parenchyma to reach peripheral lesions, guided by advanced imaging technologies (e.g. Archimedes Virtual Bronchoscopy Navigation System). BTPNA offers a high diagnostic yield, particularly for nodules that are difficult to access.

Mini-BTPNA, an adaptation of BTPNA, aims to enhance user experience by providing improved maneuverability and simplifying the tunnel creation process. The development of the mini-BTPNA tool (BronThru) allow the procedure to be done with smaller scopes, which in turns results in a more precise and less invasive procedure.This approach leverages the benefits of BTPNA while minimizing the risks associated with larger scopes and more extensive tissue disruption.

In this session, we will delve into these topics in greater detail and explore what future developments we can expect to see.

Ping-Tsung Yu

Current Position
Attending Physician, Division of Chest Medicine,Department of Internal Medicine, Mackay Memorial Hospital

Education
Chung Shan Medical University
Poznan University of Medical Sciences, M.D.
The United States Medical Licensing Examination, USMLE Step 1&2 Certificated

Professional Experiences
Resident, Department of Internal Medicine, Mackay Memorial Hospital
Chief Resident, Division of Chest Medicine, Department of Internal Medicine, Mackay Memorial Hospital
Attending Physician, Division of Chest Medicine, Department of Internal Medicine, Mackay Memorial Hospital

Awards and Honours
2016 Outstanding Resident Physician
2017 Mackay Memorial Hospital Exemplary Courlesy Model
2021 Outstanding Teaching Attending Physician
2023 Mackay Memorial Hospital Model Employee
2023 Outstanding Teaching Attending Physician
2024 Mackay Memorial Hospital Exemplary Courtesy Model

Targeting the peripheral pulmonary nodules via Archimedes Navigation System

The widespread use of low-dose computed tomography (CT)screening has led to increased detection of solitary pulmonarynodules (SPNs). However, diagnosing SPNs with standardbronchoscopy is challenging, especially when nodules are small orlack a direct airway.

Bronchoscopic transparenchymal nodule access (BTPNA) is a noveltechnique that, guided by the Archimedes Virtual BronchoscopyNavigation (VBN) System and real-time fluoroscopy, enables thesampling of SPNs through a transparenchymal approach. Thismethod provides a safe and effective alternative for diagnosingSPNs, potentially reducing the need for more invasive transthoracic procedures.

Chung-Yu Chen

Current Position
Clinical Associate Professor, College of Medicine, National Taiwan University
Director of Thoracic Medicine Center, National Taiwan University Hospital Yunlin Branch

Education
1992-1999 M.D., College of Medicine, China Medical University, Taiwan
2014-2017 Ph.D., Graduate Institute of Pathology, College of Medicine, National Taiwan University

Professional Experiences
2012 Medical Executive Assistant, Superintendent's Office
2018-2023 Assistant Professor, College of Medicine, National Taiwan University
2021 Director of Clinical Trial Center, National Taiwan University Hospital Yunlin Branch
2021 Director of Precision Medicine Center, National Taiwan University Hospital Yunlin Branch
2023 Director of Human Biobank, National Taiwan University Hospital Yunlin Branch

Safer, Smarter Surgery: The Role of ENB in Localizing Pulmonary Nodules

Accurate preoperative localization of small pulmonary nodules is critical for successful video-assisted thoracoscopic surgery (VATS). While CT-guided percutaneous localization has been widely adopted, electromagnetic navigation bronchoscopy (ENB) has emerged as a less invasive alternative. Compare the efficacy and safety of ENB and CT-guided localization techniques, both ENB and CT-guided localization demonstrated high success rates (ENB: 86.7–100%; CT-guided: 94.3–100%). ENB showed a significantly lower pneumothorax incidence (<10%) compared to CT-guided methods (up to 25%). ENB offered advantages in multi-nodule marking and intraoperative workflow, allowing localization under general anesthesia without patient transfer. Limitations of ENB included technical complexity and higher equipment cost. In conclusion, ENB is a safe and effective alternative to CT-guided localization for small pulmonary nodules, particularly advantageous for patients with multiple lesions or at high risk of pneumothorax. Personalized selection based on lesion characteristics, institutional resources, and surgical workflow is essential for optimizing outcomes.

Bin Hwangbo

Current Position
Head, Division of Pulmonology, National Cancer Center, Goyang, Korea

Education
1989-1995 MD, College of Medicine, Seoul National University, Korea
1999-2001 MS, College of Medicine, Seoul National University, Korea
2001-2009 PhD, College of Medicine, Seoul National University, Korea

Professional Experiences
2002-Present Division of Pulmonology, National Cancer Center, Korea
2001-2002 Seoul Metropolitan Government-Seoul National University Boramae Medical Center
2010 Visiting Scholar at Essen University Ruhrland Clinic, Germany, etc.

Evolution of TBNA

Transbronchial needle aspiration (TBNA) has advanced significantly since its introduction. Endobronchial ultrasound-guided TBNA (EBUS-TBNA), which enables real-time sampling under ultrasound guidance, has greatly enhanced the accuracy and safety of TBNA. EBUS-TBNA is now the primary and most crucial method for mediastinal staging of lung cancer. Additionally, endoscopic ultrasound with bronchoscope-guided fine-needle aspiration (EUS-B-FNA) has emerged as a complementary technique, providing access through the esophagus. Various needles and forceps have been developed for EBUSTBNA, and EBUS-guided cryobiopsy is also being utilized. The thin convex probe-EBUS allows access to more distal regions, and its clinical application is expected to further expand the reach of EBUS-TBNA. Prediction models for mediastinal metastasis have been developed to aid in staging using EBUS-TBNA.Deep learning research is also being conducted on EBUS images. With the recent revision of lung cancer N stage classification and the increasing emphasis on N1 staging, the role of EBUS-TBNA is expected to become even more significant.

Sze-Shyang Kho

Current Position
Consultant Pulmonologist
Sarawak General Hospital, Malaysia

Education
M.D., MRCP (UK)
Fellowship in Respiratory Medicine (Malaysia)
Diploma in Adult Respiratory Medicine (ERS)

Professional Experiences
Consultant Physician & Pulmonologist
Clinical Fellow in Interstitial Lung Disease (Royal Brompton Hospital, UK)
Clinical Fellow in Advanced RespiratorVy Endoscopy (National Cancer Centre Tokyo)

Awards and Honours
European Society Society (ERS) Clinical Training Scholarship
Asian Pacific Society of Respirology (APSR) Training Scholarship
Various local and international congress presentation award

EBUS Guided Transbronchial Mediastinal Cryobiopsy - Real World Experience

Endobronchial ultrasound-guided transbronchial mediastinal cryobiopsy (EBUS-TBMC) has emerged as a promising tool for diagnosing hilar and mediastinal pathologies. While randomized controlled trials have demonstrated its superiority in diagnosing uncommon tumors and benign disorders, its real-world application remains limited, with most reports confined to case studies and small case series. In a multicenter study conducted in Malaysia, we described our initial experience with EBUS-TBMC in 129 patients. We examined the technical aspects of this procedure, focusing on determining the optimal number of cryo-passes and freezing time of the ultrathin cryoprobe to maximize specimen size and procedural diagnostic yield. Additionally, we evaluated its overall feasibility, diagnostic yield, and complication rates. This presentation shares key insights gained from our experience, including practical tips and techniques to optimize outcomes. By addressing the challenges and nuances of EBUS-TBMC, we aim to provide valuable guidance to clinicians incorporating this method into their practice.

Full details are available in our published study: https://www.nature.com/articles/s41598-024-69702-y.

Chia-Hung Chen

Education
Chia-Hung Chen, M.D., Ph.D., received his medical degree in 2008 and earned his Ph.D. from the Graduate Institute of Clinical Medical Science at China Medical University in 2017. He completed his residency in Internal Medicine and fellowship in Pulmonary and Critical Care Medicine at China Medical University Hospital between 2002 and 2007, subsequently becoming an attending physician in 2007.

Professional Experiences
Dr. Chen was appointed Assistant Professor in 2017 and promoted to Associate Professor at China Medical University in 2019. His research has been actively focused on interventional pulmonology, with particular interest in advanced bronchoscopic techniques.

Awards and Honours
Dr. Chen is a member of the Taiwan Society of Pulmonary and Critical Care Medicine and the World Association for Bronchology and Interventional Pulmonology. He has received multiple prestigious awards, including the APSR Young Investigator Award in 2006 and the Excellent Oral Presentation Award from the Taiwan Society of Pulmonary and Critical Care Medicine in 2015, 2016, and 2024.

He has authored over 110 peer-reviewed journal articles and contributed to six book chapters. His current research interests center on interventional pulmonology and airway diseases, with an ongoing commitment to advancing minimally invasive diagnostic and therapeutic techniques in pulmonary medicine.

Endobronchial Ultrasound-Guided Miniforceps Biopsy: A Revolutionary Approach for Diagnosing Mediastinal and Hilar Lesions

Accurate diagnosis of mediastinal and hilar lesions is essential for the staging and management of thoracic malignancies, particularly lung cancer. Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) has become the standard minimally invasive technique for sampling these lesions. However, its diagnostic yield can be limited, especially in cases of lymphoma, sarcoidosis, or necrotic tumors, where cytological material may be insufficient. Recently, the integration of EBUS-guided miniforceps biopsy (EBUS-MFB) has emerged as a novel technique that significantly enhances tissue acquisition. Through the same EBUS scope, a miniforceps can be introduced into the lesion after needle tract creation, allowing retrieval of larger, core-like tissue samples suitable for histopathological and molecular analysis. Studies have demonstrated that EBUS-MFB improves diagnostic sensitivity and provides superior sample quality without significantly increasing complication rates. This revolutionary approach offers substantial clinical advantages, especially in challenging diagnostic scenarios where traditional EBUS-TBNA falls short. This speech reviews the technique, clinical applications, benefits, and limitations of EBUS-guided miniforceps biopsy, underscoring its growing role in the diagnostic algorithm for mediastinal and hilar pathologies. As experience and technology continue to evolve, EBUS-MFB may redefine the standard of care for minimally invasive mediastinal diagnosis.

Pyng Lee

Current Position
Professor

Education
MD, PHD, MRCP (UK) MMED (Internal Medicine, Singapore)

Professional Experiences
respiratory medicine
critical care medicine
Interventional pulmonology
Lung Cancer
Pleural Disease, thoracoscopy
COPD/asthma bronchial thermoplasty

Awards and Honours
2014	Geoffrey McLenan Award AABIP
2018	IAB woman researcher award
2019	Pasquale Ciaglia award CHEST
2024-2026	WABIP Chair

Chia-Hung Chen

Education

Chia-Hung Chen, M.D., Ph.D., received his medical degree in 2008 and earned his Ph.D. from the Graduate Institute of Clinical Medical Science at China Medical University in 2017. He completed his residency in Internal Medicine and fellowship in Pulmonary and Critical Care Medicine at China Medical University Hospital between 2002 and 2007, subsequently becoming an attending physician in 2007.

Professional Experiences

Dr. Chen was appointed Assistant Professor in 2017 and promoted to Associate Professor at China Medical University in 2019. His research has been actively focused on interventional pulmonology, with particular interest in advanced bronchoscopic techniques.

Awards and Honours

Dr. Chen is a member of the Taiwan Society of Pulmonary and Critical Care Medicine and the World Association for Bronchology and Interventional Pulmonology. He has received multiple prestigious awards, including the APSR Young Investigator Award in 2006 and the Excellent Oral Presentation Award from the Taiwan Society of Pulmonary and Critical Care Medicine in 2015, 2016, and 2024.

He has authored over 110 peer-reviewed journal articles and contributed to six book chapters. His current research interests center on interventional pulmonology and airway diseases, with an ongoing commitment to advancing minimally invasive diagnostic and therapeutic techniques in pulmonary medicine.

Cryobiopsy and medical thoracoscopy

Medical thoracoscopy is a minimally invasive and highly effective procedure for diagnosing undiagnosed pleural effusions, particularly in cases of suspected malignancy or tuberculosis. Traditionally, pleural biopsies during thoracoscopy are obtained using rigid or semi-rigid forceps, which can sometimes yield limited tissue samples, especially in fibrotic or subtle lesions. Recently, the integration of cryobiopsy into medical thoracoscopy has emerged as a promising technique to enhance diagnostic yield. Cryoprobes, when applied to pleural tissue under direct visualization, can retrieve larger and better-preserved specimens with minimal crush artifact, enabling more accurate histopathological and molecular analysis. Several studies have demonstrated that thoracoscopic cryobiopsy provides superior tissue quality compared to conventional forceps, particularly in diagnosing pleural malignancies and differentiating between benign and malignant pleural disease. The procedure remains safe, with complication rates comparable to standard techniques. This abstract reviews the evolving role of cryobiopsy within the context of medical thoracoscopy, highlighting its technical considerations, diagnostic benefits, and clinical implications. As experience grows and equipment becomes more widely available, cryobiopsy-assisted medical thoracoscopy may become a new standard for pleural diagnostics, especially in cases requiring high-quality tissue for comprehensive analysis.

Chung-Shu Lee

Current Position
Visit staff in Department of Pulmonary and Critical Care Medicine, New Taipei Municial Tucheng Hospital
Deputy Secretary-General of Taiwan Lung Cancer Society

Education
2000-2007 School of Medicine, Chung Shan Medical University, Taiwan

Professional Experiences
ICU care with mechanical ventilation
Lung cancer
Pulmonary rehabilitation
Idiopathic pulmonary fibrosis
Interventional bronchoscopy

Awards and Honours
2017 Original Article Category 2nd place, Outstanding Paper Award of the Journal ofInternal Medicine, Taiwan Internal Medicine Society

Medical thoracosocpy in TB pleurisy

Medical pleuroscopy is an invasive diagnostic procedure used to visualize the pleural cavity in a bronchoscopy suite Instead of an operation room. It invoives the insertion of a pleuroscope through a small incision in the pleural cavity to directty visualize the pleura, allowing for the detection of diseases such as pleural effusion, lung cancer, infection and tuberculosis (TB). The procedure also enables the collection of blopsy samples, cultures of specimens and the drainage of fluid, which can be crucial for diagnosing pleural diseases.

Tuberculous pleurisy (TB pleurisy) is a form of pleural disease caused by the spread of Mycobacterium tuberculosis (M. tuberculosis) to the pleura. This infection can lead to inflammation of the pleura, resulting in pleuritic chest pain, dyspnea, and a pleural effusion, which is the accumulation of fluid in the pleural space. It is difficult to diagnose TB pleurisy because its symptoms often overlap with other types of pleural effusions, such as those caused by malignancy or other infections.

Pleuroscopy is particularly useful in cases of suspected TB pleurisy, as it allows direct visualization of the pleural surface, helping to confirm the presence of granulomatous inflammation. Moreover, pleuroscopy enables the collection of pleural fluid and tissue samples for microblogical analysis and histopathological examination, which are important for the definitive diagnosis of TB pleurisy. Early diagnosis and optimal management, including anti-tubercuberculosis therapy, are essential for preventing complications and improving patient outcomes in cases of TB pleurisy.

Felix Herth

Current Position
CEO and CMO, Thoraxklinik, University of Heidelberg, Germany

Education
Graduated in Freiburg Education in Karslruhe, Heidelberg, Boston

Professional Experiences
I'm Head of the Department ofPulmonology and Critical Care Medicine at Thoraxklinik, Heidelberg, since 2004, and CEO and CMO of Thoraxklinik, University of Heidelberg, Heidelberg, since 2015.
My research interests include interventional pneumology, end-stage COPD and phenotyping of COPD.
Our group at Thoraxklinik is one of the world's leading centers for the development of new minimal invasive endoscopic techniques, and his team initiated several trials endobronchial ultrasound, navigation and on phenotyping of COPD for endoscopic lung volume reduction.

Awards and Honours
I'm Editor-in-Chief of Respiration and has served on many major committees, including the European Respiratory Society (ERS), the American College of Chest Physicians (ACCP) and the German Society of Pneumology (DGP).
I published more than 750 peer reviewed articles and several books and also received numerous awards, including Awards from ERS, CTS, ACCP and DGP.

Future of Interventional Bronchoscopy

Interventional bronchoscopy plays a critical role in the management of various pulmonary conditions, particularly in the diagnosis and treatment of lung cancer, chronic obstructive pulmonary disease (COPD), and airway obstruction. While significant advances have been made in bronchoscopic technologies and therapeutic techniques, there remain substantial unmet needs that limit the effectiveness, accessibility, and overall outcomes of this approach.

One of the primary challenges is the inadequate availability and functionality of current bronchoscopic tools, especially in complex cases. For instance, patients with central airway obstruction or extraluminal tumors often experience difficulty accessing treatment due to limitations in instrument size, maneuverability, and precision. Although technologies such as flexible bronchoscopy, endobronchial ultrasound (EBUS), and laser therapies have advanced, these interventions are not universally accessible, often due to their high costs and the specialized training required to use them effectively.

A significant unmet need exists in the accurate localization and targeted treatment of tumors and lesions within the lungs. While newer technologies such as robotic bronchoscopy and electromagnetic navigation have shown promise in improving accuracy, challenges remain in ensuring the precise targeting of tumors, especially those in difficult-to-reach or peripheral locations. Further, many bronchoscopic interventions lack real-time imaging capabilities, limiting their ability to adapt to dynamic anatomical changes during the procedure.

In addition, post-procedural care remains an area in need of improvement. Patients undergoing interventional bronchoscopy are at risk for complications such as bleeding, infection, or pneumothorax, and recovery can be slow and challenging. Enhanced postoperative monitoring, as well as strategies to optimize recovery, could significantly improve patient outcomes and reduce the incidence of adverse events.

Finally, there is a clear need for improved guidelines and standardized protocols to enhance the consistency and effectiveness of interventional bronchoscopy. The lack of a unified approach often leads to variations in clinical practices, which can affect treatment success rates and overall patient care.
Addressing these unmet needs through continued technological innovation, better training, and more standardized care pathways could significantly improve the utility and accessibility of interventional bronchoscopy, ultimately enhancing the quality of care for patients with respiratory diseases.

Lih-Yu Chang

Current Position
Attending physician Head of pulmonary examination group

Education
Taipei medical university, M.D

Professional Experiences
Resident National Taiwan University Hospital, YunLin branch
Fellowship National Taiwan University Hospital
Attending physician National Taiwan University Hospital, HsinChu branch
Short-term training National Cancer Center, Japan
Thoraxklink Heidelberg

Bronchoscopic Thermal Vapor Ablation: Taiwan's Experience

Bronchoscopic thermal vapor ablation (BTVA) is one kind of bronchoscopic lung volume reduction to treat severe emphysema with limited response to conventional managements. However, the current available evidences were all performed in European/ American area.

In Taiwan, we started BTVA since 2021. Till now, the followed outcome are satisfied.
We will share our experience from our hospital to show the effect of BTVA in oriental group.

Hari Kishan Gonuguntla

Current Position
Lead Consultant and Division Head
Department of Interventional Pulmonology
Yashoda Hospitals, India

Education
MD.DM

Professional Experiences
Fellowship in Interventional Pulmonology, Mahidol University, Thailand
Visiting Fellow at NCC, Tokyo
Congress President - Bronchus
Founder - Academy of Bronchoscopy (AOB) - National Society

Awards and Honours
Invited Speaker at National and International Conferences
APSR, ERS, CHEST, ABIP
Best Innovative Ip Physician Award at ABIP 2024

Leong Swee Wei

Current Position
Consultant Pulmonologist, Serdang Hospital

Education
MD (UKM), MRCP (UK), FRCP (Edingburgh), CCT Respiratory Medicine (Malaysia)
Fellowship in Lung Trasnplantation (UK)

Professional Experiences
Dr Leong completed her medical degree at Nasional University of Malaysia (Universiti Kebangsaan Malaysia, UKM) in 2007 and trained as a general physician before specialising in respiratory medicine.
Dr. Leong further pursued training in lung transplantation at Freeman Hospital, UK, from 2018 to 2021. Her clinical interests include lung transplantation and interventional pulmonology. Currently, she serves as the Head of Respiratory Medicine Physician for Selangor State and works as a consultant respiratory physician at Serdang Hospital, where she continues to care for patients and contributes to the field of respiratory medicine.

Awards and Honours
2023 Excellent Service Award for the state of Selangor by the Health Ministry of Malaysia

Management of malignant CAO in Malaysia

Central airway obstruction (CAO) is a critical condition often caused by malignant tumors, necessitating rapid and effective intervention. While bronchoscopic techniques such as debulking, stenting, and thermal ablation remain standard, adjunctive therapies are increasingly explored for improved outcomes. Intratumoral injection of paratoluenesulfonamide (PTS), a novel antitumor agent with selective cytotoxic properties, which target lipid raft and CA9 in tumor cells, has shown promise in enhancing local tumor ablation. Incorporating intratumoral PTS injection into existing bronchoscopic strategies may offer a more durable and targeted approach to managing malignant CAO, with favorable safety and efficacy profiles.

Yei-San Hsieh

Current Position
Chief of Thoracic Department
Tao-Yuan General Hospital, Taoyuan, Taiwan

Education
National Yang Ming Chiao Tung University

Professional Experiences
2002-2004 Thoracic Surgery Department, National Taiwan University Hospital
2004-2012 Chief of Thoracic Surgery Department, Shin Kong Wu Ho-Su Memorial Hospital
2009 Visiting Fellow, Thoracic Surgery Department, University of Pennsylvania
2012-2025 Chief of Tao-Yuan General Hospital.

The role of rigid bronchoscopy for the management of central airway obstruction

Before the invention of the flexible bronchoscope, the rigid bronchoscope was a crucial tool for treating tracheal diseases. Even after the flexible bronchoscope became widespread, the rigid bronchoscope still held value in treating central tracheal diseases, such as central tracheal tumor removal, stent placement, and foreign body removal. This workshop aims to provide participants with hands-on experience in operating the rigid bronchoscope and introducing several silicone tracheal stents.

Daniel Sterman

Current Position

Division Director, Pulmonary, Critical Care and Sleep Medicine,
Director Multidisciplinary Pulmonary Oncology Program,
Professor of Medicine and Cardiothoracic Surgery,
NYU Grossman School of Medicine,
New York, New York. USAl

Education

A.B. Brown University, Providence, RI USA
M.D. Cornell University Medical College, NY USA

Professional Experiences

1997-2014	Chief,Section of Interventional Pulmonology and Thoracic Oncology Co-Director, Mesothelioma and Pleural Diseases Program University of Pennsylvania Medical Center, Philadelphia, PA USA
2015-Present	Thomas and Suzanne Murphy Professor of Pulmonary and Critical Care Medicine Director, Division of Pulmonary, Critical Care and Sleep Medicine NYU Langone Health, New York, NY USA

Awards and Honours

1992	Maurice F. Attie Outstanding Resident Award, Department of Medicine, Hospital of the University of Pennsylvania
2001	Gallo Award for Outstanding Cancer Research, The Cancer Institute of New Jersey
2004-2006	President, International Mesothelioma Interest Group
2011	Pasquale Ciaglia, MD Memorial Lectureship in Interventional Medicine, American College of Chest Physicians
2011-2013	President, American Association of Bronchology and Interventional Pulmonology

Navigational Bronchoscopy Ablation Therapy

Since the advent of novel navigational bronchoscopy techniques, there has been an impetus to develop technologies beyond that of biopsy of peripheral pulmonary lesions. Historically, interventional pulmonology has focused on palliative ablative technologies for endoluminal lesions such as obstructing airway tumors but has not previously had the capacity to definitively treat peripheral lung cancers. Currently, we have several modalities under exploration for the treatment of malignant lesions in the lung parenchyma, ranging from radiofrequency ablation and microwave technologies to pulsed electrical fields and novel photodynamic therapy techniques. The role of these new peripheral interventions in comparison to surgical resection, radiotherapy, and percutaneous ablation remains to be fully determined, but the potential for future development of these technologies is promising. This is particularly exciting with the advent of innovative robotic-assisted bronchoscopy platforms and their combination with real-time 3-dimensional intraprocedural imaging to confirm therapeutic tool-in-target lesion. The next phase of development of bronchoscopic ablation of peripheral lung cancers will be to move beyond pilot human studies to head-to-head comparison of novel technologies to standard of care measures in a randomized controlled fashion.

Wen-Jue Song

Current Position
Vice president, Children's Hospital, China Medical University, Taichung, Taiwan

Education
Medical professor

Professional Experiences
Soong' ventilation of "continuous PhO2 with Nose-closure (NC) and Abdomen-compression (AC)" provide effects of "apneic oxygenation" and PPV, respectively. We have more than 10,000 FB experience in the pas 35 years. Many studies have shown that this setting can significantly prolong periods of safe oxygen saturation and reduce the risk of hypoxemia in respiratory difficult children of apnea, under sedation, with muscle paralysis or difficult airways. PhO2-NC offers an oxygen PPV which allows for diagnostic and various therapeutic FB interventions such as laser ablation of vallecular cyst, laser laryngoplasty, balloon dilatation, stent implantation and repair, foreign body removal, and esophageal management. The levels of PIP had reached up to 50 cmH2O and more without complications.

This modality offers several advantages:

1. Easily execute with only a soft (nasopharyngeal) catheter and a continuous O2 flow. It is simple, feasible, and cost-effective in scenarios with limited resources.
2. Compared to other ventilation devices, such as facemasks or nasal prongs, the gas-exchange interface bypasses the dropped tongue, closes to the larynx, and less dead space.
3. During FB, the operator can easily perform the FB and providing oxygen-PPV simultaneously.
4. With longer NC durations, it offers a more wide lumen space for detailed evaluation of the airway, identifies more lesions, and more effective therpeutic interventions.
5. This ventilation technique can provide O2-PPV and benefit circulation before, during, and after FB airway interventions for subjects with hypoxia, apnea, compromised, or difficult airway.
6. It may serve as an alternate resuscitative ventilation.
   Soong's ventilation is very useful for both diagnostic and therapeutic airway interventions in pediatric field.

Kuo-Sheng Lee

Current Position

2003-2009	Senior Visiting Staff Doctor, Department of Otorhinolaryngology and H&N surgery, Mackay Memorial Hospital, Taiwan
2005	Clinical Professor, National Defense Medical Center
2014	Director, Pediatric otorhinolaryngology, Mackay Children Hospital

Education

1976-1983	China Medical University, Taichung, Taiwan M.D.

Professional Experiences

2001-2004	Director, Taiwan Society of Otorhinolaryngology Head and Neck Surgery
2003-2009	Chief doctor, Department of Otorhinolaryngology, Mackay Memorial Hospital, Taiwan
2004-2007	Deputy Chief Editor, The Journal of Taiwan Otolaryngology- Head and Neck Surgery
2008-2019	Director, Taiwan Voice Society
2011-	Board Members of Asian Pediatric ORL Group (APOG)
2014	Director, pediatric otorhinolaryngology, Mackay Memorial Hospital
2019-	Member of American Society of Pediatric Otolaryngology (ASPO)
2021-	Executive director of Taiwan Society of Pediatric Otolaryngology (TwSPO)
2022-	Executive director of Taiwan Society of Laryngology

Awards and Honours

2007	Excellence paper in Taiwan otolaryngological society
2008	Eddie Chou Memorial award in Taiwan Mucopolysaccharidosis society
2021	Excellent Doctor prize in Taiwan
2021	Excellent Doctor prize in Taiwan Child Medical care Award

Microlaryngobronchoscopy (MLB) in intervention of pediatric airway

For airway intervention we may have Fiberbronchscopy(FB), Ventilation bronchoscopy(VB) and Microlaryngobronchoscopy(MLB). Flexible endoscopes facilitate diagnosis and dynamic activity observation, but are less conductive to surgical intervention, could be operated under local anesthesia or general anesthesia. Rigid ventilation bronchoscopy can be used for diagnosis and airway intervention including dilatation with balloon, laser, bronchoalveolar lavage, removal of foreign body, tumor or granuloma and Intralesional steroid injection. VB could be maintained the breathing via the ventilation system and under general anesthesia with spontaneous breathing or paralysis of breathing. MLB was used a telescope and Linholm laryngoscope. Compare with VB, MLB has a larger surgical field of view, can use a larger endoscope and has better image. It could be operated the larynx and tracheal lesion under spontaneous breathing general anesthesia without endotracheal intubation, MLB can use cold knife, balloon, microdebrider, laser, grasp forceps and intralesional steroid injection. The cooperation and assistance of anesthesiologists is very important during surgery. They must keep the patient at a sufficient depth of anesthesia with breathing on his own. MLB now is widely used for laryngeal and tracheal endoscopic surgery.

Hung-Jen Yu

Current Position
Physician/Professor, Department ofPediatrics and Pediatric Pulmonology

Education
Ph.D., Institute of Clinical Medicine, Chang Gung University

Professional Experiences
Pediatrics
Allergy
Immunology
Pediatric pulmonology

Awards and Honours
2021/2022/2023 Top 2% of Scientists Worldwide in Stanford University

The Role of Pediatric Flexible Bronchoscopy in Diagnostic Assistance

Pediatric flexible bronchoscopy is an important diagnostic tool that allows for direct observation of the airways, aiding in the accurate diagnosis of conditions such as infections, foreign body aspiration, airway anomalies, and chronic cough. The flexibility of this minimally invasive technique and advancements in technology enable clinicians to safely perform examinations in infants and young children, particularly in cases where traditional imaging techniques may not provide clear diagnoses. While this procedure offers significant advantages, potential risks, such as respiratory complications and the need for sedation, must also be considered. As technology continues to advance and our understanding of pediatric respiratory diseases deepens, the role and applications of flexible bronchoscopy are continually evolving.

Ching-Chia Wang

Current Position
Clinical Associate Professor, Pediatrics - Pulmonary Medicine, National Taiwan University Children's Hospital, Taipei, Taiwan.
Visiting Staff, Division of Pediatric Pulmonology and Critical Care Medicine, Department of Pediatrics, National Taiwan University Children's Hospital, Taipei, Taiwan

Education
M.D. National Taiwan University, College of Medicine Taipei, Taiwan
Ph.D. National Taiwan University, Graduate Institute of Toxicology, College of Medicine, Taipei, Taiwan

Professional Experiences
Member of Taiwan Society of Pediatric Pulmonology
Taiwan Society of Critical Care Medicine
The Society of Pediatric Critical Care Medicine
The Society of Pediatric Cardiology
Taiwan Pediatric Association
American Thoracic Society
2011-2013 OSCE examiner, representative of College of Medicine, National Taiwan University
PALS instructor by American Heart Association
Focus on Pediatric intensive care General Pediatric pulmonology (inpatient and outpatient)
Pediatric bronchoscopy: Diagnosis and intervention therapy (ex: stent implantation, balloon dilation) ECMO use and management in pediatric resuscitation
2015-2016 Visiting Assistant Professor, Center for Excellence in Pulmonary Biology, Stanford University Medical School, Stanford, California

Awards and Honours
2020 Recipient of National Taiwan University Hospital's Outstanding Attending Physician Award
2020 Recipient of National Taiwan University's Outstanding Clinical Teacher Award
2020 Recipient of National Taiwan University Hospital's Excellence in Teaching Award
2022 National Innovation Award – Portable AED Emergency Rescue and CPR Assistance Device System
2023 National Innovation Excellence Award – Portable AED Emergency Rescue and CPR Assistance Device System

Implications of flexible bronchoscopy in pediatric ICU

Flexible bronchoscopy (FB) has become an essential procedure in the management of critically ill pediatric patients within intensive care units (ICUs). This minimally invasive technique facilitates real-time visualization of the airway, significantly aiding both diagnostic and therapeutic interventions. In the pediatric ICU, FB is crucial for identifying airway abnormalities, diagnosing infections, and managing conditions such as mucus plugging, atelectasis, and foreign body aspirations. Furthermore, it enhances procedural accuracy and patient safety by providing guidance during endotracheal intubation and tracheostomy. The implications of FB extend beyond immediate clinical benefits, as its routine application in pediatric ICUs has been linked to reduced ventilation days, shorter hospital stays, and improved outcomes in patients with respiratory compromise. However, the procedure necessitates careful consideration of associated risks, including complications related to sedation, hypoxemia, and potential procedure-related trauma. The integration of FB into routine practice in pediatric ICUs represents a significant advancement in the approach to managing complex respiratory conditions in critically ill children.

Shen-Hao Lai

Current Position
Attending doctor, Division of Pulmonology, Department of Pediatrics, Chang Gung Memorial Hospital, Linkou, Taiwan

Education
M.D., Department of Medcine, China Medical University

Professional Experiences
中華民國兒童胸腔醫學會 第五屆副秘書長
中華民國兒童胸腔醫學會 第六屆監事
中華民國兒童胸腔與重症醫學會 第七屆秘書長
中華民國兒童胸腔與重症醫學會 第八屆理事
中華民國兒童胸腔與重症醫學會 第九屆理事
中華民國兒童胸腔與重症醫學會 第十屆常務理事

Bronchoscopy Implication in Pediatric Cardiovascular Diseases

Tracheobronchial compression of cardiovascular origin is an uncommon and frequently unrecognised cause of respiratory distress in children.

The compression may be due to encircling vessels or dilated neighbouring cardiovascular structures. Bronchoscopy and detailed radiography, especially computed tomography and magnetic resonance imaging, are among the most powerful diagnostic tools.

Chien-Heng Lin

Current Position
Director, Attending Physician, Division of Pediatric Pulmonology, China Medical University Children's Hospital

Education
School of Medicine, China Medical University, Taichung
Master, Graduate Institute of Clinical Medical Science, China Medical University Resident, Department of Pediatrics, Chang-Gung Memorial Hospital
Clinical observer at UCSF Benioff Children's Hospital and Lucile Packard Children's Hospital at Stanford (LPCH)

Professional Experiences
General pediatric disease, Pulmonary medicine, Critical care, Gastroenterology , hepatology and Nutrition
Patient Safety and Medical ethics

Post-Intubation Tracheal Stenosis in Children: Focus on Bronchoscopic Treatment

Post-intubation tracheal stenosis (PITS) presents a substantial clinical dilemma in pediatric patients owing to the delicate and narrow nature of the pediatric airway following intubation. Children with PITS may manifest with various respiratory symptoms, ranging from stridor, wheezing, and shortness of breath to life-threatening airway compromise. We here discussed the pathophysiology of PITS, which is characterized by mucosal injury, thereby leading to inflammation, granulation tissue formation, and fibrosis. For optimal outcomes, early diagnosis and intervention are critical, and PITS in children frequently require a multidisciplinary approach. Furthermore, we focused on the procedures, advantages, and potential complications of balloon dilatation, laser therapy, cryotherapy, and stent placement in children. This review aimed to provide clinicians with evidence-based guidance on the effective management of PITS in pediatric populations, ultimately improving patient care and outcomes.

Keywords: bronchoscopy treatment, children, post-intubation tracheal stenosis

Pei-Jen Tsao

Current Position
Director of Pediatric Critical Care Center, Department of Pediatrics, Taipei Veteran General Hospital

Education
PhD, Department and Institute of Physiology, National YangMing University, Taiwan.
MSc, Institute of Emergency and Critical Care Medicine, National Yang-Ming University, Taiwan.
MD, School of Medicine, National Yang-Ming University, Taiwan.

Professional Experiences

2001-2004	Pediatric Residentship, Taipei Veterans General Hospital.
2004-2006	Research Fellowship, Neonatology, Taipei Veterans General Hospital.
2006-2008	Attending physician, Taipei Veteran General Hospital Su-Ao Branch .
2006-2011	Research Fellowship, Pediatric Pulmonology, Pediatric Emergency and Critical Care Medicine, Taipei Veterans General Hospital.
2011-2024	Attending physician, Director of NICU, Division of pediatric and neonatal critical care, Department of Pediatrics, Taipei Veteran General Hospital.
2014-2015	Visiting scholarship, Boston Children Hospital & Morgan-Stanley Children Hospital.
2022-Present	Supervisor of Taiwan Society of Pediatric Pulmonology.
2020-2023	Deputy Secretary-general of Taiwan Society of Neonatology.
2024-Present	Director of Pediatric Critical Care Center, Department of Pediatrics, Taipei Veteran General Hospital.

Bronchoscopy: management of tracheoesophageal fistula with esophageal stenosis

Esophageal atresia (EA) and tracheoesophageal fistula (TEF) are serious congenital anomalies with high morbidity and mortality.Diagnostic and therapeutic fiberoptic endoscopy has been used in children to evaluate and manage trachea-esophageal anomalies.This study aimed to evaluate the prognostic factors and the role of fiberoptic bronchoesophagoscopy (FB) in managing children with EA and TEF.

Majority were type C. In our hospital, FB was performed routinely before surgical correction to confirm diagnosis and to decompress gastric pressure via a gastric tube through the fistula. About 2-3 weeks later after surgery, FB will perform regularly to check the patency of trachea and esophagus and to treat the tracheomalacia and esophageal stenosis of anastomotic site if necessary. Esophageal anastomotic stricture was the most common postsurgical complication. Over two of third patients received postoperative FBguided interventions, including balloon dilatation, laser therapy, and stent implantation.

Delayed (>48-hour old) or no surgical reconstruction was significantly related to mortality in children with congenital EA and TEF. Preoperative and postoperative FB evaluations helped to facilitate diagnoses and nonsurgical managements and resolve the patients' tracheoesophageal problems.

Daily Program

06. 22 Sun. 101

Time	Topic	Speaker	Moderator
	TSPCCM summer summit		
08:20-08:50	Plenary Session_TSPCCM **Endobronchial Intratumoral Immunotherapy**	Dr. Daniel Sterman (USA)	Dr. Jin-Yuan Shih
09:00-09:40	**Navigating the maze of vasopressors: tailoring choices for septic shock management**	Dr. Ming-Ju Tsai	Dr. Kuang-Yao Yang
09:40-10:20	**Corticosteroids in severe community-acquired pneumonia: a double-edged sword or a lifesaving choice?**	Dr. Ming-Shyan Huang	Dr. Jia-Yih Feng
10:20-10:30	Coffee Break		
10:30-11:10	**Therapeutic plasma exchange in sepsis: hope or hype in the battle against dysregulated inflammation?**	Dr. Tao-Min Huang	Dr. Chang-Wen Chen
11:10-11:50	**Guardians of the Gut: the role of microbiota in critical illness and recovery**	Dr. Yen-Fu Chen	Dr. Chung-Chi Huang
11:50-12:00	Coffee Break		
12:00-13:10	Satellite Symposium Lotus Pharm	Dr. Chi-Lu Chiang	Dr. Yuh-Min Chen

06. 22 Sun. 301

Time	Topic	Speaker	Moderator
	TSPCCM summer summit		
09:00-09:40	**Eosinophilic inflammation: a key player in COPD pathogenesis and progression**	Dr. Yi-Hung Pan	Dr. Hen-I Lin
09:40-10:20	**Multidisciplinary Management of Patients With Chronic Obstructive Pulmonary Disease and Cardiovascular Disease**	Dr. Wei-Chang Huang	Dr. Hao-Chien Wang
10:20-10:30	Coffee Break		
10:30-11:10	**Strategic Approach to Maximizing Overall Survival in Patients with EGFR-Mutated Non–Small Cell Lung Cancer**	Dr. Chieh-Lung Chen	Dr. Cheng-Ta Yang
11:00-11:50	**Cardiotoxicity in Targeted Therapy for Oncogene-Addicted NSCLC**	Dr. Chien-Yu Lin	Dr. Chao-Chi Ho
11:50-12:00	Coffee Break		
12:00-13:10	Satellite Symposium Pfizer	Dr. Po-Jui Chang Dr. Pin-Kuei Fu	Dr. Chau-Chyun Sheu Dr. Kuang-Yao Yang

06. 22 Sun. 202

Time	Topic	Speaker	Moderator
	TSPCCM summer summit		
09:00-09:40	**Enhancing Chronic Airway Disease Assessment: Integrating Oscillometry and Machine Learning**	Dr. Yi-Luen Shen	Dr. Chun-Liang Lai
09:40-10:20	**Digital Healthcare in COPD**	Dr. Ching-Hsiung Lin (Online)	Dr. Te-Chun Hsia
10:20-10:30	Coffee Break		
10:30-11:10	**Etiology, Phenotypes and Endotypes of Bronchiectasis**	Dr. Chia-Ling Chang	Dr. Chi-Cheng Lin
11:00-11:50	**Advancements in Bronchiectasis Management and Emerging Therapeutic Strategies**	Dr. Wen-Chien Cheng	Dr. Kuang-Yao Yang
11:50-12:00	Coffee Break		
12:00-13:10	Satellite Symposium GSK	Dr. Chun-Kai Huang Dr. Yen-Fu Chen	Dr. Ping-Hung Kuo

Daniel Sterman

Current Position

Division Director, Pulmonary, Critical Care and Sleep Medicine,
Director Multidisciplinary Pulmonary Oncology Program,
Professor of Medicine and Cardiothoracic Surgery,
NYU Grossman School of Medicine,
New York, New York. USA

Education

A.B. Brown University, Providence, RI USA
M.D. Cornell University Medical College, NY USA

Professional Experiences

1997-2014	Chief,Section of Interventional Pulmonology and Thoracic Oncology Co-Director, Mesothelioma and Pleural Diseases Program University of Pennsylvania Medical Center, Philadelphia, PA USA
2015-Present	Thomas and Suzanne Murphy Professor of Pulmonary and Critical Care Medicine Director, Division of Pulmonary, Critical Care and Sleep Medicine NYU Langone Health, New York, NY USA

Awards and Honours

1992	Maurice F. Attie Outstanding Resident Award, Department of Medicine, Hospital of the University of Pennsylvania
2001	Gallo Award for Outstanding Cancer Research, The Cancer Institute of New Jersey
2004-2006	President, International Mesothelioma Interest Group
2011	Pasquale Ciaglia, MD Memorial Lectureship in Interventional Medicine, American College of Chest Physicians
2011-2013	President, American Association of Bronchology and Interventional Pulmonology

Ming-Ju Tsai

Current Position
Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine,Kaohsiung Medical University Hospital (KMUH)
Professor, School of Medicine, College of Medicine, Kaohsiung Medical University (KMU)
Associate Dean, College of Medicine, KMU Director, Department of Clinical Education and Training, KMUH
Secretary, Department of Superintendent, KMUH Executive Director, Taiwan Medical and Health Information Management Association (TMHIMA)

Education
M.D., School of Medicine, College of Medicine,Kaohsiung Medical University, Taiwan
M.D., Ph.D., Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Taiwan

Professional Experiences
2016.08-2024.07 Director, Department of Medical Records, KMUH
2017.08-2021.07 Secretary, Department of Superintendent, KMUH
2021.08-2024.07 Medical Secretary, Department of Superintendent, KMUH
Young Executive Leader, 2020 Young Executive Leaders' Initiative of the International Hospital Federation (IHF)

Awards and Honours
2013 American Thoracic Society 2013 International Trainee Development Scholarship
2014 Taiwan Society of Pulmonary and Critical Care Medicine
2014 Young Investigator Award
2015 Taiwan Society of Pulmonary and Critical Care Medicine
2015 Young Investigator Award
2016 APSR (Asian Pacific Society of Respirology)
Travel Awards to attend ATS (American Thoracic Society) International Conference
2019 Confucius Award, School of Medicine, KMU

Navigating the Maze of Vasopressors: Tailoring Choices for Septic Shock Management

Septic shock remains a leading cause of mortality in critical care, characterized by profound circulatory, cellular, and metabolic abnormalities. Vasopressor therapy is a cornerstone in its management, yet the optimal choice and timing of agents remain complex and patient-specific. This presentation aims to provide a comprehensive and practical overview of vasopressor use in septic shock, navigating the intricate landscape of available agents—including norepinephrine, vasopressin, epinephrine, dopamine, and emerging alternatives. Emphasis will be placed on recent clinical evidence, guideline updates, and hemodynamic principles that inform decision-making in different clinical contexts. We will explore individualized strategies based on patient phenotypes, comorbidities, and responsiveness to therapy, highlighting the importance of dynamic assessment tools such as arterial waveform analysis and lactate clearance. Additionally, controversies surrounding vasopressor sequencing, dosing thresholds, and combination therapies will be addressed. Through case-based discussions and evidence synthesis, this session will equip clinicians with a nuanced understanding of how to tailor vasopressor regimens to optimize perfusion, minimize adverse effects, and ultimately improve patient outcomes in septic shock.

Jia-Yih Feng

Current Position
Chief, Division of Respiratory Infection and Immunology, Department of Chest Medicine, Taipei Veterans General Hospital
Professor, School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan, R.O.C.

Education
PhD. Institution of Clinical Medicine, National Yang-Ming Chiao Tung University, Taipei, Taiwan, R.O.C.

Professional Experiences
Critical care medince Pulmoanry infection Tuberculosis
Non-tuberculous mycobacterium infection Airway diseases

Corticosteroids in severe community-acquired pneumonia: a double-edged sword or a lifesaving choice?

The use of corticosteroids in severe community-acquired pneumonia (CAP) is controversial due to conflicting evidence on their benefits and risks. Corticosteroids may reduce excessive inflammation, cytokine storm-related lung damage, and improve hemodynamic stability in severe CAP, potentially lowering mortality. Some randomized controlled trials and meta-analyses, including a 2017 JAMA study, suggest that adjunctive corticosteroids shorten time to clinical stability, reduce ICU stay, and decrease mechanical ventilation duration, particularly in patients with high inflammatory markers like elevated CRP or procalcitonin. However, several studies also emphasize risks such as hyperglycemia, secondary infections, and delayed pathogen clearance. The CAPE-COD trial in NEJM found no significant mortality benefit, raising doubts about their routine use. Variability in study designs, corticosteroid regimens (dose, duration, and timing), and patient populations contribute to inconsistent findings. While IDSA/ATS guidelines do not recommend corticosteroids in severe CAP except for refractory septic shock, they may be beneficial in select cases, such as patients with adrenal insufficiency. The challenge remains in identifying patients who will benefit most while minimizing harm. Further well-designed trials are needed to determine optimal patient selection and dosing strategies.

Tao-Min Huang

Current Position
Attending physician, National Taiwan University Hospital and College of Medicine.
Secretary-General, Taiwan Society of Critical Care and Emergency Medicine.

Education
M.D., National Taiwan University

Professional Experiences
Attending physician, National Taiwan University Hospital Yun-Lin Branch
Chief, Center for Quality Management, National Taiwan University Hospital Yun-Lin Branch
Chief, Center for Blood Purification, National Taiwan University Hospital Yun-Lin Branch
Lecturer, School of Medicine, College of Medicine, National Taiwan University

Awards and Honours
2009 Young Investigator Fellowship Award, Asian-Pacific Congress of Hypertension, Kuala Lumpur, Malaysia.
2010 Best Abstract Award, Asian-Pacific Congress of Nephrology, Soul, South Korea.
2011 Travel Grant Award, World Congress of Nephrology, Vancouver, Canada
2011 Best Poster Presentation, Annual Meeting of Society of Emergent and Critical Care Medicine, Taiwan.
2012 Research Award of the Taiwan Society of Nephrology (TSN)
2014 Excellence in Teaching Award, NTUH-YL
2020 Excellence in Clinical Performance, Department of Internal Medicine, NTUH.
2022 Excellence in Clinical Performance, Department of Internal Medicine, NTUH.

Therapeutic Plasma Exchange for Sepsis: Hope or Hype?

Sepsis continues to challenge clinicians worldwide, claiming millions of lives each year despite advances in antimicrobial therapy and critical care support. As we grapple with its complex and often unpredictable course, therapeutic plasma exchange—or TPE—has emerged as a potential adjunctive therapy. But is it truly a breakthrough, or just another experimental detour?

In this talk, we'll explore the science and controversy surrounding TPE in the treatment of sepsis. The premise is compelling: by removing inflammatory mediators, endotoxins, and dysfunctional plasma components, TPE may help restore immune balance and improve hemodynamics in critically ill patients. We'll dive into the physiological rationale, dissect the latest clinical evidence, and examine where hope meets hype.

Recent trials show promising signals—but also raise serious questions about efficacy, patient selection, and timing. Is there a specific subset of septic patients who might truly benefit? What are the risks and logistical hurdles in applying this technique at the bedside? And most importantly, are we ready to embrace TPE as a standard tool, or should we remain cautiously optimistic?

Join me as we cut through the complexity, weigh the evidence, and assess whether therapeutic plasma exchange has a real future in sepsis care—or if it's still a solution in search of a problem.

Yen-Fu Chen

Current Position

Director of Department of Outpatient, NTUH Yunlin branch, Taiwan
Visiting Staff Division of Pulmonary and Critical Care Medicine Department of Internal Medicine, NTUH Yunlin branch, Taiwan
Lecturer, College of Medicine, National Taiwan University

Education

1997-2004	M.D College of Medicine, Kaohsiung Medical University, Taiwan
2015-2024	PhD program, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University

Professional Experiences

Attending Physician, Department of Internal Medicine and Pulmonary and Critical Care Medicine
Clinical care in airway diseases (COPD, asthma, bronchiectasis, ILD)
Infectious disease management (TB, NTM)
Microbiome research in respiratory and critical care settings
Expertise in thoracic oncology, chest ultrasonography, and interventional pulmonology

Awards and Honours

2014	TSPCCM – Young Investigator Award
2016	TSPCCM – Young Investigator Award
2019	ATS International Conference – Poster Discussion, APSR/ATS Young Investigator Travel Award
2022-2023	TSPCCM – Best Oral Presentation Award
2024	TSPCCM – Oral Presentation Award
2023-2024	ATS – Abstract Scholarship Award

Guardians of the Gut: The Role of Microbiota in Critical Illness and Recovery

The human gut microbiome, a dynamic ecosystem of commensals and opportunistic pathogens, plays a pivotal role in maintaining host immune homeostasis and organ function. In critical illness, this delicate balance is profoundly disrupted—marked by rapid loss of microbial diversity, depletion of beneficial anaerobes, and expansion of pathobionts. These changes, termed "ICU dysbiosis," have been increasingly linked to adverse outcomes including nosocomial infections, sepsis, and multi-organ dysfunction.

This talk explores how critical care interventions—such as antibiotics, nutrition, acid suppressants, and mechanical ventilation—exacerbate gut dysbiosis and contribute to systemic inflammation and immune dysregulation. We highlight recent evidence implicating the gut as both a reservoir and potential source of invasive infections, with microbial translocation contributing to bloodstream infections and ventilator-associated pneumonia.
Additionally, the gut-lung and gut-brain axes are emerging as key pathways linking dysbiosis to respiratory failure and neurocognitive impairments.

Finally, we discuss current and emerging microbiome-targeted therapies, including probiotics, fermented foods, and selective digestive decontamination, and their role in modulating dysbiosis and improving outcomes. Understanding and protecting the microbiota in the ICU represents a promising frontier in precision critical care and recovery.

Chi-Lu Chiang

Current Position
Attending physician, Division of Thoracic Oncology,
Department of Chest Medicine,
Taipei Veterans General Hospital

Education
Doctor of Medicine, School of Medicine, National Yang Ming University
Doctor of Philosophy, Institute of Clinical Medicine, National Yang Ming Chiao Tung University

Professional Experiences
Department of Chest Medicine, Taipei Veterans General Hospital Attending Physician
National Yang Ming Chiao Tung University, Taipei, Taiwan Assistant Professor
National Cancer Center Japan Observation Fellow
National Cancer Institute, National Institute of Health, USA Special volunteer

Awards and Honours
Board-certified in Pulmonary and Critical Care Medicine, Republic of China (Taiwan)

Redefining First-Line Maintenance in ES-SCLC: Significant OS and PFS Gains with Lurbinectedin-Atezolizumab Combination

The positive results of the Phase 3 IMforte trial evaluating lurbinectedin (Zepzelca®) in combination with atezolizumab (Tecentriq®) as first-line maintenance therapy in extensive-stage small cell lung cancer (ES-SCLC) have been presented at ASCO 2025. The study demonstrated statistically significant improvements in overall survival and progression-free survival compared to atezolizumab alone, as confirmed by independent review.

Lurbinectedin, already approved by TFDA for second-line treatment of SCLC, has shown promising efficacy and a favorable safety profile in the Phase III BASKET trial. In IMforte study, the lurbinectedin and atezolizumab combination was well-tolerated, with safety data consistent with the known profiles of both agents and no new safety signals observed.

These findings support the use of lurbinectedin not only as a standard second-line therapy but also as a potential new standard in first-line maintenance. In conclusion, lurbinectedin offers therapeutic benefit for ES-SCLC patients across both first- and second-line treatment settings.

Yi-Hung Pan

Current Position
Attendant in Division of Chest Medicine, Antai Tian-Sheng Memorial Hospital

Education
2009 National Yang Ming University, Taipei, Taiwan Doctor of Medicine (MD)

Professional Experiences
Membership of the Taiwan Society of Pulmonary and Critical Care Medicine.
Membership of the Taiwan Lung Cancer Society

Eosinophilic inflammation: a key player in COPD pathogenesis and progression

Chronic Obstructive Pulmonary Disease (COPD) remains a significant public health challenge due to its high morbidity and mortality rates. Emerging research has identified eosinophilic inflammation as a crucial factor in the pathogenesis and exacerbation of COPD, warranting a detailed exploration of its underlying mechanisms and therapeutic implications. Eosinophils contribute to COPD progression by releasing cytotoxic proteins and cytokines that intensify the inflammatory response and airway alterations. Targeting specific eosinophil-related cytokines with monoclonal antibodies or receptor antagonists may potentially reduce eosinophil counts, mitigate exacerbations, and improve patient outcomes.

Wei-Chang Huang

Current Position
Chief of Division of Pulmonary Immunology & Infectious Diseases, Department of Chest Medicine, Taichung Veterans General Hospital

Education
Ph.D. Department of Life Sciences, National Chung Hsing University, Taichung, Taiwan
School of Medicine, Chung Shan Medical University, Taichung, Taiwan

Professional Experiences
COPD
Asthma
Mycobacterial disease

Awards and Honours
2022 Research Award of Excellence of Taichung Veterans General Hospital
2023 Research Award of Excellence of Taichung Veterans General Hospital

Multidisciplinary Management of Patients With Chronic Obstructive Pulmonary Disease and Cardiovascular Disease

Chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) coexist frequently, increasing impacts on symptoms and clinical outcomes of both entities. CVD should be suspected in patients with COPD and vice versa. Treatment of COPD in patients with CVD should include long-acting bronchodilators in non-exacerbators, and triple therapies (long-acting muscarinic receptor antagonists / long-acting beta-agonists / inhaled corticosteroids) in exacerbators who are not controlled with long-acting bronchodilators. Cardioselective beta-blockers, amiodarone and antiplatelet agents should be considered for CVD in patients with COPD. This presentation will share with you the association between COPD and CVD, focusing on the role of exacerbation of COPD in these two entities and how to manage patients concomitant with COPD and CVD. Hope that these information can advance holistic care for COPD patients and call attention to pulmonologists and cardiologists to take more positive actions for such population.

Chieh-Lung Chen

Current Position
Attending physician of division of pulmonary and critical care medicine,
China Medical University Hospital

Education
Medical Department of China Medical University, Bachelor
Department of Public Health of China Medical University, PhD Program (Currently Enrolled)

Professional Experiences
2016-2019 Resident, Department of Internal Medicine, China Medical University Hospital
2019-2021 Fellow, Division of Pulmonary Medicine, Department of Internal Medicine, China Medical University Hospital
2021-Present Attending Physician, Division of Pulmonary Medicine, Department of Internal Medicine, China Medical University Hospital

Strategic Approach to Maximizing Overall Survival in Patients with EGFR-Mutated Non–Small Cell Lung Cancer

The development of targeted therapy for patients with epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) has significantly changed the treatment landscape of late-stage NSCLC. The current standard first-line treatment for advanced disease is commonly considered to be the third-generation tyrosine kinase inhibitor (TKI), osimertinib. However, resistance inevitably impairs patient prognosis, underscoring the need for novel therapeutic strategies beyond third-generation TKIs.

Substantial heterogeneity has been observed in the duration of clinical benefit and patterns of disease progression, which may be attributed to molecular factors such as EGFR mutation subtypes and concomitant genetic alterations.

In this presentation, the speaker will provide an overview of the literature on molecular resistance mechanisms to first-line osimertinib from a clinical perspective and explore their relationship to emerging therapeutic approaches. The presentation will conclude by outlining a strategic approach to maximizing overall survival in patients with EGFR-mutated NSCLC.

Chien-Yu Lin

Current Position
Attending Physician, Department of Pulmonology, National Cheng Kung University Hospital

Education
M.D., China Medical University
PhD Candidate, Department of Clinical Medicine, National Cheng Kung University

Professional Experiences
Dr. Lin is a medical pulmonologist and clinical researcher at National Cheng Kung University Hospital. His clinical expertise lies in the treatment of lung cancer. His recent work has focused on evaluating the cardiovascular risksassociated with tyrosine kinase inhibitors (TKIs), particularly EGFR-TKIs, through real-world data analysis.

Awards and Honours
TSPCCM Junior Research Award

Cardiotoxicity in Targeted Therapy for Oncogene-Addicted NSCLC

Targeted therapies have revolutionized the treatment landscape of oncogene-addicted non-small cell lung cancer (NSCLC), significantly improving survival outcomes. However, increasing evidence indicates that these therapies may induce cardiovascular adverse events (CAEs), ranging from QTc prolongation and arrhythmias to heart failure and hypertension.

The incidence and spectrum of cardiotoxicity vary across drug classes, including EGFR, ALK, ROS1, BRAF/MEK, and RET inhibitors, and are often underreported in clinical trials due to the exclusion of patients with cardiovascular comorbidities. Real-world data highlight a broader and more clinically relevant picture, revealing higher rates of CAEs, particularly in older patients with pre-existing risk factors. Mechanisms of toxicity include both on-target and off-target effects involving mitochondrial dysfunction, ion channel blockade, and impaired cellular signaling.

Early detection and risk stratification—through baseline cardiac assessment, surveillance with ECG, echocardiography, and biomarkers—are essential for timely intervention. A multidisciplinary cardio-oncology approach is vital to balance treatment efficacy with cardiovascular safety, preserving long-term quality of life in NSCLC patients receiving targeted therapies.

Po-Jui Chang

Current Position
Chief of Division of Airway Diseases, Department of Thoracic Medicine, Linkou Chang Gung Memorial Hospital

Education
Ph.D., National Heart and Lung Institute, Imperial College London, UK
Assistant Professor and Attending Physician, Department of Thoracic Medicine, Linkou Chang Gung Memorial Hospital

Professional Experiences
Assistant Professor and Attending Physician, Department of Thoracic Medicine, Linkou Chang Gung Memorial Hospital

Optimizing Pneumococcal Disease Prevention with Next Generation PCV

Streptococcus pneumoniae is an important pathogen which can cause a deadly infectious disease, known as pneumococcal disease, which is more common among children, elderly, and those with chronic underlying diseases.

Streptococcus pneumoniae is encapsulated with polysaccharide, which can contribute to serotype determination and vaccine antigen designation.

After PCV13 was implemented into the National Immunization Program (NIP) for children in 2015, the overall invasive pneumococcal disease burden had decreased significantly, and herd immunity was observed in the adult population as well. However, serotype replacement was observed after NIP implementation, and non-PCV13 related serotypes began to be the main source of infection, including 15A, 35B, 11B, etc., and some of them could be covered by PCV20.

The current recommendation of US ACIP is one dose of PCV20, or PCV15 followed by one dose of PPSV23 for adults. A one-dose vaccination schedule appears more convenient for clinical implementation, and higher vaccination compliance could be expected. To protect the elderly population, the Taiwan government announced the extension of the public-funded pneumococcal vaccination program for the elderly population in 2023. Everyone over 65 years old can receive one PCV13 and one PPV23 at a one-year interval. Expansion of this NIP among the older adult population to reduce IPD disease burden and vaccine-preventable serotype incidence is expected in the future.

Pin-Kuei Fu

Current Position

Director, Division of Clinical Research, TCVGH
Director, Technical Transfer Center, TCVGH
Director, Integrated Care Center for Interstitial Lung Disease, TCVGH
Attending Physician, Division of Chest Medicine, TCVGH
Professor, College of Medicine, National Chung Hsing University

Education

Institute of Health Policy and Management, National Taiwan University, Ph.D, Public health
Institute of Health Policy and Management,National Taiwan University, Master, Public health
Graduate Institute of Chinese Medical Science,China Medical University, Ph.D, Medicine
Graduate Institute of Chinese Medical Science,China Medical University, Master, Medicine
China Medical University, M.D, Medicine

Professional Experiences

2018-2022	Director of Respiratory Intensive Care Unit Department of Critical Care, Taichung Veterans General Hospital
2018-2022	Deputy Head Medical Administration Department, TCVGH
2021-2023	Director Smoking Cessation Treatment & Management Center (SCTMC), TCVGH
2015-2018	Attending physician of Respiratory intensive Care unit Department of Critical Care, Taichung Veterans General Hospital
2011-2015	Attending Physician of Critical Care & Respiratory Therapy Department of Internal Medicine, Taichung,Veterans General Hospital
2010-2011	Director of Chest Medicine Department of Internal Medicine, Chiayi Veterans Hospital
2008-2010	Research fellow of Chest Medicine,Taichung Veterans General Hospital
2004-2008	Resident of Internal Medicine Taichung Veterans General Hospital

Awards and Honours

2019: Issue: National Innovation Award
Project: Intelligent Care System for Respiratory Failure and Acute Respiratory Distress Syndrome

The Leap of Science Helps Protect Adult from RSV-LRTI

Respiratory syncytial virus (RSV) causes infections of the lungs and respiratory tract. RSV can cause severe infection in some people, including babies 12 months and younger (infants), especially premature infants, older adults, people with heart and lung disease, or anyone with immunocompromised conditions. There was no specific treatment or prevention available, which resulted in higher hospitalization and mortality rate. The structure of RSV pre-fusion protein was stabilized in 2013, and it's found it can trigger much higher neutralizing antibody titer. RSVpreF protein is a bivalent, non-adjuvanted protein subunit vaccine. Currently it's licenced by TFDA for maternal immunization and adult over 60 y.o. In the phase 3 RCT of population over 60 y.o., which was called RENOIR, it shown comparable safety profile with placebo group. And the efficacy of RSV-LRTI was 88.9% for 1st season, 77.8% for 2nd season, and 81.5% for overall two seasons. Current Taiwan ACIP recommend RSVpreF protein for pregnant woman during 28th-36th gestational weeks, all adults over 75 y.o. and adult over 60 y.o. with risk conditions.

Yi-Luen Shen

Current Position
2021-Present Attending physician in Asia University Hospital, Division of Chest Medicine

Education
2006-2013 Medicine, Taipei Medical University.
2023-Present Ph.D Program in Translational Medicine, College of Life Science,National Chung Hsin University

Professional Experiences
2014-2018 Residentship at Taipei Veteran General Hospital, Department of Chest Medicine
2018-2021 Fellowship at Taipei Veteran General Hospital, Department of Chest Medicine

Awards and Honours
2024 TSPCCM Young Investigator Award

Enhancing Chronic Airway Disease Assessment: Integrating Oscillometry and Machine Learning

Respiratory oscillometry is a non-invasive technique that facilitates diagnosis and provides valuable information regarding disease severity by detecting subtle changes in airway mechanics. Compared to conventional pulmonary function tests, it is particularly advantageous for patients who have difficulty performing forced maneuvers.

Despite its potential, many oscillometric parameters remain underutilized in clinical settings. To address this, the integration of artificial intelligence (AI), including machine learning and large language models (LLMs), offers promising opportunities.
These tools can aid in the analysis of complex oscillometric data, enabling the development of predictive models and the identification of novel physiological patterns.

By combining oscillometry with AI-based approaches, we can enhance our understanding of respiratory pathophysiology and create more precise tools to support clinical decision-making in airway diseases.

Ching-Hsiung Lin

Current Position
Vice Superintendent, Changhua Christian Hospital

Expertise
COPD, Asthma, Lung Cancer, Pulmonary infections

Education
PhD, Graduate Institute of Medicine, Kaohsiung Medical University
Master's Degree, Institute of Environmental Health, China Medical University Intern of Kaohsiung Medical University

Professional Experiences
Superintendent, Hanming Christian Hospital
Chief of Division of Chest Medicine, Changhua Christian Hospital
Superintendent of Chunghua Road Campus, Changhua Christian Hospital
Chief of Artificial Intelligence Development Center, Changhua Christian Hospital
Chief of Big Data Center, Changhua Christian Hospital
Chief of Center for Sleep Medicine, Changhua Christian Hospital
Chief of Respiratory Care Center, Changhua Christian Hospital
Chief of Tuberculosis Management Team, Changhua Christian Hospital
Chief of Center for Sleep Medicine, Changhua Christian Hospital
Chief of Pulmonary Research center, Changhua Christian Hospital
Associate Professor, Institute of Genomics and Bioinformatics, National Chung Hsing University
Professor (joint appointment), Post-Baccalaureate Medical Program, National Chung Hsing University

Digital Healthcare in COPD

Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) is frequently delayed until disease progression reaches intermediate to advanced stages, resulting in missed opportunities for optimal therapeutic intervention. Traditional pulmonary function testing requires specialized equipment and personnel, limiting accessibility. Meanwhile, home care environments lack effective monitoring tools, preventing healthcare teams from timely intervention, consequently leading to frequent acute exacerbations and increased healthcare resource utilization. Digital health technologies have introduced breakthrough advancements in COPD management. Global research demonstrates widespread application of smart healthcare across various aspects of COPD care, including the deployment of wearable devices, artificial intelligence algorithms for detecting disease deterioration or predicting adverse outcome, and remote platforms delivering personalized disease management. These digital health solutions are fundamentally transforming the COPD care model, shifting from traditional reactive treatment approaches toward proactive preventive strategies. The integration of AI- based prediction, remote monitoring, and personalized interventions is expected to significantly reduce the incidence of acute exacerbations, comprehensively improve patient quality of life, and effectively decrease healthcare resource consumption. Future research will focus on expanding technological applicability, optimizing algorithmic accuracy, and evaluating long-term clinical efficacy—establishing a solid foundation for evidence-based integrated COPD care paradigms.

Chia-Ling Chang

Current Position
Attending Physician, Department of Pulmonary Medicine, National Taiwan University Hospital Hsin-Chu branch

Education
Bachelor's Degree, School of Medicine, National Cheng Kung University
Master's Degree, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University

Professional Experiences
Attending Physician, Department of Pulmonary Medicine, National Taiwan University Hospital Hsinchu Branch
Ministry-appointed Lecturer

Specialty
Airway disease and critical care

Etiology, Phenotypes and Endotypes of Bronchiectasis

Bronchiectasis is a chronic lung disease characterized by radiologically abnormal bronchial wall dilation and is considered heterogeneous with various etiologies. It is a global health problem with significant healthcare expenses due to exacerbations and hospitalizations. Notably, the characteristics of bronchiectasis differ geographically and can occur in all age groups. The patients show different clinical presentations, comorbidities, lung function patterns, and microbiological findings. This high degree of heterogeneity makes treatment more challenging. A deeper understanding of the disease's etiology, phenotypes, and endotypes is essential for developing more effective therapeutic approaches for bronchiectasis.

Wen-Chien Cheng

Current Position

Attending Physician; Division of pulmonary and Critical Care, Department of Internal Medicine, China Medical University Hospital
Assistant professor; Medicine; China Medical University, Taichung, Taiwan

Education

2001.09 - 2008.07 Medicine; China Medical University, Taichung, Taiwan
2020.09 - 2024.08 Ph.D. Program in Translational Medicine, Department of Life Science; National Chung Hsing University, Taichung, Taiwan

Professional Experiences

2009.09 - 2012.09 Resident; Department of Internal Medicine, China Medical University Hospital
2012.09 - 2014.09 Chief Resident, Division of pulmonary and Critical Care, Department of Internal Medicine, China Medical University Hospital
2014.09 - 2015.07 Attending Physician; Division of pulmonary and Critical Care, Department of Internal Medicine, China Medical University Hospital

Awards and Honours

Outstanding Research Award at the 2017 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine
Outstanding Research Award at the 2020 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine
Outstanding Research Award at the 2023 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine
Outstanding Research Award at the 2024 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine

Advancements in Bronchiectasis Management and Emerging Therapeutic Strategies

Bronchiectasis is increasingly recognized as a prevalent, heterogeneous chronic airway disease marked by cough, sputum production, and recurrent infections. Its management has evolved with growing insights into the underlying pathophysiology—a self-perpetuating "vicious vortex" of impaired mucociliary clearance, infection, and inflammation.

Current treatment strategies target these mechanisms using airway clearance techniques, long-term macrolides, and inhaled antibiotics. Pulmonary rehabilitation and mucoactive agents offer additional symptomatic relief. Despite these advances, patient response varies, underscoring the need for precision medicine.

Recent studies emphasize the importance of identifying "treatable traits." For instance, chronic Pseudomonas aeruginosa infection or eosinophilic inflammation represent phenotypes associated with worse outcomes but also potential therapeutic targets. Novel therapies under investigation include DPP1 inhibitors (e.g., brensocatib) and biologics targeting type 2 inflammation.

Clinical trials have yielded mixed results, largely due to the disease's heterogeneity. However, microbiome profiling, biomarker development, and post hoc analyses of trials are helping to refine patient selection and optimize individualized care.

In summary, bronchiectasis care is shifting from a uniform treatment model to a trait-based, personalized approach. This paradigm aims to reduce exacerbations, enhance quality of life, and slow disease progression—marking a hopeful future for patients through targeted, evidence-based strategies.

Chun-Kai Huang

Current Position
Attending physician, Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital

Education
PhD, Institute of Epidemiology and Preventive Medicine, National Taiwan University
MD, National Taiwan University

Professional Experiences
2018 23rd Congress of Asia Pacific Society of Respirology - Invited Speaker
2021 Taiwan Society of Pulmonary and Critical Care Medicine (TSPCCM) Congress - Invited Speaker
2023 TSPCCM Summer Workshop - Invited Speaker
2023 Taiwan Society of Internal Medicine Congress - Invited Speaker
2024 Taiwan Society of Internal Medicine Congress - Invited Speaker
2024 TSPCCM Congress - Invited Speaker
Taiwan Guidelines for the Management of Pneumonia 2018 - Editor

Awards and Honours
2019 TSPCCM Congress - Academic Paper Award

Identifying Super-responders - The Road to Asthma Remission

Asthma remission, once seen as an unattainable goal, is now increasingly realistic with the advent of targeted therapies and personalized medicine. Recent advances have identified a subset of patients achieving profound disease control, described as achieving "remission" or exhibiting a "super-response." Clinical remission requires at least 12 months of symptom absence, no exacerbations, stable or normal lung function, and no need for maintenance oral corticosteroids (OCS).

In its 2024 update, the Global Initiative for Asthma aligned clinical remission with the long-term goals of asthma care and emphasized the need for both clinical and qualitative research to assess its impact on long-term outcomes.

Concurrently, the concept of "super-responders"—patients showing deep and sustained responses to biologics—has gained traction. Upham et al. (2020) proposed a consensus definition for severe asthma super-response, requiring improvements in three or more criteria, including at least two major criteria over a 12-month period. However, due to its complexity, simpler definitions focusing on OCS cessation and exacerbation reduction are more widely used in clinical practice. The definition of super-response is still evolving and future research should refine these criteria by incorporating biomarkers and functional outcomes.

This presentation will explore real-world data, remission criteria, and the evolving concept of disease modification, ultimately moving asthma care toward a remission-focused paradigm.

Yen-Fu Chen

Current Position

Director of Department of Outpatient, NTUH Yunlin branch, Taiwan
Visiting Staff Division of Pulmonary and Critical Care Medicine Department of Internal Medicine,NTUH Yunlin branch, Taiwan
Lecturer, College of Medicine, National Taiwan University

Education

1997.07-2004.07	M.D College of Medicine, Kaohsiung Medical University, Taiwan
2015.09-2024.12	PhD program, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University

Professional Experiences

Attending Physician, Department of Internal Medicine and Pulmonary and Critical Care Medicine
Clinical care in airway diseases (COPD, asthma, bronchiectasis, ILD)
Infectious disease management (TB, NTM)
Microbiome research in respiratory and critical care settings
Expertise in thoracic oncology, chest ultrasonography, and interventional pulmonology

Awards and Honours

2014	TSPCCM – Young Investigator Award
2016	TSPCCM – Young Investigator Award
2019	ATS International Conference – Poster Discussion, APSR/ATS Young Investigator Travel Award
2022-2-2023	TSPCCM – Best Oral Presentation Award
2024	TSPCCM – Oral Presentation Award
2023-2024	ATS – Abstract Scholarship Award

Early Escalation of Triple Therapy in COPD: Understanding the Rationale and Evaluating Available Treatment Options

The human gut microbiome, a dynamic ecosystem of commensals and opportunistic pathogens, plays a pivotal role in maintaining host immune homeostasis and organ function. In critical illness, this delicate balance is profoundly disrupted—marked by rapid loss of microbial diversity, depletion of beneficial anaerobes, and expansion of pathobionts. These changes, termed "ICU dysbiosis," have been increasingly linked to adverse outcomes including nosocomial infections, sepsis, and multi-organ dysfunction.

This talk explores how critical care interventions—such as antibiotics, nutrition, acid suppressants, and mechanical ventilation—exacerbate gut dysbiosis and contribute to systemic inflammation and immune dysregulation. We highlight recent evidence implicating the gut as both a reservoir and potential source of invasive infections, with microbial translocation contributing to bloodstream infections and ventilator-associated pneumonia. Additionally, the gut-lung and gut-brain axes are emerging as key pathways linking dysbiosis to respiratory failure and neurocognitive impairments.

Finally, we discuss current and emerging microbiome-targeted therapies, including probiotics, fermented foods, and selective digestive decontamination, and their role in modulating dysbiosis and improving outcomes. Understanding and protecting the microbiota in the ICU represents a promising frontier in precision critical care and recovery.

Daily Program

06. 22 Sun. 401

Time	Topic	Speaker	Moderator
APCB			
09:00-09:25	**Central airway obstruction**	Dr. Noriaki Kurimoto (JPN)	Dr. Chih-Yen Tu
09:25-09:50		Dr. Hsin-Yueh Fang (TW)	
09:50-10:15		Dr. Shuenn-Wen Kuo (TW)	
10:20-10:30		Coffee Break	
10:30-10:55	**Foreign Body Removal Using Flexible Bronchoscopy**	Dr. Hari Kishan Gonuguntla (IND)	Dr. Chih-Bin Lin
10:55-11:20		Dr. Nai-Chien Huan (MYS)	
11:20-11:45		Dr. Yuan-Ming Tsai (TW)	
12:00-12:30		Closing Ceremony	

06. 22 Sun. 402AC

Time	Topic	Speaker	Moderator
APCB			
09:00-09:25	**Malignant pleural effusion**	Dr. Shuenn-Wen Kuo (TW)	Dr. Jin-Yuan Shih
09:25-09:50		Dr. Yung-Hung Luo(TW)	
09:50-10:15		Dr. Yei-San Hsieh (TW)	
10:20-10:30		Coffee Break	
10:30-10:55	**Chest Sonography**	Dr. Yen-Lin Chen (TW)	Dr. Hao-Chien Wang
10:55-11:20		Dr. Kenneth Yung (TW)	
11:20-11:45		Dr. Chun-Ying Chou (TW)	
12:00-12:30		Closing ceremony (401)	

06. 22 Sun. 402BD

Time	Topic	Speaker	Moderator
APCB			
09:00-10:20	**Oral presentation**		Dr. Chao-Chi Ho Dr. Che-Chia Chang
10:20-10:30	Coffee Break		
10:30-11:50	**Oral presentation**		Dr. Horng-Chyuan Lin Dr. Jeng-Shiuan Tsai

Noriaki Kurimoto

Current Position
Project Professor, Division of Medical Oncology and Respiratory Medicine, Department of Internal Medicine, Shimane University Faculty of Medicine

Education
Hiroshima University School of Medicine

Professional Experiences
I started Endobronchial ultrasonography (EBUS) for central lesions and peripheral pulmonary lesions in 1994, and EBUS using a guide sheath (EBUS-GS) in 1996. I continue to teach "bronchial branch tracing" for bronchoscopists. Now I'm studying ultra-thinbronchoscopic procedures and narrow band imaging for peripheral pulmonary lesions, and so on.

Awards and Honours
Video festival third prize (Budapest, 1998) at the 10th World Congress for Bronchology
Ikeda Prize (Japan, 1999) in the Japan Society for Bronchology
Award for Best poster (Boston, 2002) at the 12th World Congress for Bronchology
Ohata Prize (Japan, 2006) in the Japan Society for Bronchology
Award for Best poster (Buenos Aires, 2006) at The 14th World Congress for Bronchology
Award for Best video (Buenos Aires, 2006) at The 14th World Congress for Bronchology

Diagnosis of central airway obstruction

1. "Ten-Steps" for diagnose bronchial lesions

We evaluated the obstructed central airway lesion using white light, autofluorescent imaging, narrow band imaging, and endobronchial ultrasonography (EBUS). And we usually check "Ten-Steps" for diagnose bronchial lesions for differentiate malignant from benign lesions. I will explain "Ten-Steps" as follows:

1st step: location (extrapulmonary, intrapulmonary bronchus, cartilaginous portion, membranous portion)
2nd step: background epithelium and sub-epithelium (normal, thickened, or atrophy)
3rd step: size
4th step: shape (elevated, flat, or depressed lesion)
5th step: margin (demarcation line)
6th step: surface (regular, irregular)
7th step: color (reddish, yellow, whitish, etc.)
8th step: changes of normal anatomical structures (longitudinal fold, circular folds, and cartilage)
9th step: characterization of one vessel (dilatation, meanderings, and caliber change)
10th step: characterization of vessels (irregular shapes and irregular distribution)

I think that characterization of one vessel (9th step) and characterization of vessels (10th step) is useful to differentiate malignant from benign lesions.

2. Representative cases of central airway obstruction

Squamous cell carcinoma, carcinoid, pleomorphic adenoma, malignant lymphoma, lipoma, etc.

3. Direct biopsy vs. EBUS-GS

For squamous cell carcinomas, we experienced some difficulties diagnosing squamous cell carcinoma with direct biopsy, because the surface of the tumor is sometimes degenerated. I will explain representative cases of squamous cell carcinomas.

4. How to perform direct biopsy

I will show how to perform direct biopsy in representative cases. We usually push the scope to be close to the target and to attach the opened forceps to the target, and to close the forceps.

Hsin-Yueh Fang

Current Position
Thoracic surgeon, Chang-Gung memorial hospital, Linkou, Taiwan
Leader of CGMH iVATS center, Taiwan

Education
2004-2011 Department of Medicine, Chang Gung University, Taiwan

Professional Experiences
Thoracic surgery
Image-guided video-assisted thoracic surgery (iVATS)
Thoracic ablation therapy
Lung transplantation

Awards and Honours
2016 Taiwan Association of Thoracic and Cardiovascular Surgery, young investigator award.

Overview of applications of robotic bronchoscopy

Robotic bronchoscopy has not yet been introduced in Taiwan, and most physicians are still unfamiliar with it. Compared to traditional flexible bronchoscopes, the main differences lie in diameter and maneuverability. Traditional bronchoscopes are about 4–5 mm wide and can typically reach only the third-generation bronchi, covering just one-half to one-third of the lung. Deeper areas are hard to access due to limited flexibility. We've experienced these limitations firsthand in clinical studies on tumor localization.

In contrast, robotic bronchoscopes are only 2 mm in diameter and can reach the fifth-generation bronchi. With preoperative imaging and planning software, they can easily and precisely reach target areas. What was once challenging is now routine. The system also integrates endobronchial ultrasound (EBUS), C-arm fluoroscopy, traditional bronchoscopes, and anesthetic airway management. Despite appearing complex, the procedure is highly organized and efficient.

Beyond localization and biopsy, robotic bronchoscopy holds great potential in cancer treatment and may open a new chapter in lung cancer care.

Shuenn-Wen Kuo

Current Position
Assistant Professor of Thoracic surgery Attending physician

Education
1992-1999 Department of Medicine, Medical college, National Taiwan University, Taipei, Taiwan (including one year of internship at the National Taiwan University Hospital)

2005-2010 Graduate Institute of clinical medicine, Medical college, National Taiwan University, Taipei, Taiwan

Professional Experiences
1999-2004 Resident, Division of Thoracic surgery, Department of Surgery, National Taiwan University Hospital, Taipei, Taiwan

2004-2008 Surgeon, Department of Traumatology, National Taiwan University Hospital, Taipei, Taiwan

2008-2010 Research fellow, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, USA

2010-Present Attending physician, Thoracic surgery and Surgical intensive care unit, National Taiwan University Hospital, Taipei, Taiwan

Awards and Honours
2022 National Taiwan University outstanding teaching award

Treatment of Malignant Pleural Effusion: From Traditional to Innovative Strategies

Malignant pleural effusion (MPE) is a frequent and distressing complication in patients with advanced cancers, particularly lung and breast cancer. It causes significant respiratory symptoms and diminishes quality of life. Management aims to relieve dyspnea, prevent recurrence, and minimize hospitalizations, but optimal strategies must be tailored to individual patient needs and prognosis.

This presentation reviews the full spectrum of MPE treatment, from traditional approaches to emerging innovations. Conventional methods such as repeated thoracentesis and chemical pleurodesis (especially talc pleurodesis) remain widely used, but each has limitations in efficacy, durability, and patient convenience. Indwelling pleural catheters (IPCs) have transformed outpatient care, offering a minimally invasive, patient-centered option that allows for symptom control and, in some cases, spontaneous pleurodesis.

By integrating clinical trial data and real-world outcomes, this talk highlights current best practices and future directions in MPE management. Special focus is placed on personalized treatment strategies that balance symptom relief, procedural burden, and patient preference. Ultimately, a modern, multidisciplinary approach to MPE can improve both clinical outcomes and quality of life for patients facing this challenging condition.

Hari Kishan Gonuguntla

Current Position
Lead Consultant and Division Head
Department of Interventional Pulmonology
Yashoda Hospitals, India

Education
MD.DM

Professional Experiences
Fellowship in Interventional Pulmonology, Mahidol University, Thailand
Visiting Fellow at NCC, Tokyo
Congress President - Bronchus
Founder - Academy of Bronchoscopy (AOB) - National Society

Awards and Honours
Invited Speaker at National and International Conferences
APSR, ERS, CHEST, ABIP
Best Innovative Ip Physician Award at ABIP 2024

Foreign Body Extraction

Airway foreign body extraction typically involves using bronchoscopy, either rigid or flexible, to visualize and remove the obstruction.

Rigid bronchoscopy is generally preferred for larger or more difficult to reach objects, while flexible bronchoscopy is useful for smaller objects or those in more distal airways.

The use of flexible bronchoscopy allows better visulaization and allows the operator to reach distally lodged airway foreign bodies

Bronchoscopy in Extraction of Airway Foreign Bodies

Rigid Bronchoscopy:
Often preferred for larger, more centrally located objects, and can be performed under general anesthesia. Specialized forceps or other instruments are used to grasp and remove the object.
Flexible Bronchoscopy:

Useful for smaller objects or those in more distal airways, and can be performed with sedation or local anesthesia. Instruments like snare, forceps, or baskets may be used to retrieve the object.

FACTORS INFLUENCING THE EXTRACTION OF AIRWAY FORIEGN BODIES

Age: Children are more likely to aspirate foreign bodies, and rigid bronchoscopy is often the preferred method for them.
Location: The location of the foreign body will influence the choice of technique.
Object Size and Shape: The size and shape of the object will affect the type of instruments used.
Complications: Potential complications of bronchoscopy include airway trauma, bleeding, and pneumothorax.

The best approach to airway foreign body extraction depends on the individual case, including the age of the patient, the location and nature of the foreign body, and the available resources and expertise.
Bronchoscopy is the standard method for diagnosis and removal, but other techniques may be used in emergencies or for specific situations.

Nai-Chien Huan

Current Position
Consultant Respiratory & Internal Medicine Physian
Queen Elizabeth Hospital
Kota Kinabalu, Sabah, Malaysia

Education
MBBS(Hons)Monash FRCP(Glasg) FCCCP FAPSR

Professional Experiences
Dr Huan undertook his medical degree at Monash University, graduating with honours. He completed his internal medicine & respiratory medicine training under the Ministry of Health, Malaysia. With a passion for pleural medicine & interventional pulmonology, he worked at various renowned centres including Serdang Hospital, Malaysia & Sir Charles Gairdner Hospital, Australia.

Awards and Honours
Dr Huan received multiple awards from local & international societies such as travel awards, education assembly awards, and the best case poster award from Asia Pacific Society of Respirology (APSR) between 2019 - 2024. More recently, he received the Edith Cowan University (ECU) - Institute of Respiratory Health (IRH) Scholarship to pursue further research work in Perth, Australia.

Flexible Bronchoscopy with Multiple Modalities for Foreign Body Removal in Adults

Airway foreign body removal is a crowd attractor in the operating theatre.Throughout history, objects of all kinds have become lodged in the human airway- some successfully removed, some remaining quiescent, but importantly, some resulting in fatalities. This short lecture is about sharing experiences- how various techniques can effectively, and importantly, safely remove airway foreign bodies. Innovation is often required in this particular topic, but the bottom line is, that should not come in expensive of patient safety.

Yuan-Ming Tsai

Current Position

Attending Physician, Division of Thoracic Surgery and Surgical Intensive Care Unit, Tri-Service General Hospital,Taipei, Taiwan
Assistant Professor, National Defense Medical Center,Taipei, Taiwan

Education

2021	PhD School of Biomedical Sciences, University of Leeds, Leeds, United Kingdom
2007	MD National Defense Medical Center, Taipei, Taiwan

Professional Experiences

2013-2014	Chief Resident in Department of Surgery and Division of Thoracic Surgery, Tri-Service General Hospital, Taipei Taiwan
2014-2015	Fellow, Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, Taipei, Taiwan2016.10-2020.11 Postgraduate Researcher, School of Medicen and Biomedical Science, University of Leeds, Leeds, United Kingdom
2015-2016	Attending Physician, Division of Thoracic Surgery and Trauma & General Intensive Care Unit, Tri-Service General Hospital, Taipei, Taiwan
2020–Present	Attending Physician, Division of Thoracic Surgery and Surgical Intensive Care Unit, TriService General Hospital, Taipei, Taiwan

Awards and Honours

2021	Emerging Thoracic Surgical Oncologist Fellowship, American Association for Thoracic Surgery Foundation (AATS)
2021	Outstanding Research Paper Award: Taiwan Society of Pulmonary and Critical Care Medicine Congress, Taiwan
2023	Outstanding Research Paper Award: 2023 Annual Meeting of the Taiwan Surgical Association
2023	Outstanding Research Paper Award: The 20th Conference of Thoracic& Cardiovascular Surgery, Taiwan
2024	Merit Award: Taiwan Competency-based Medical Education (CBME) Week 2024

Flexible Bronchoscopy with Multiple Modalities for Foreign Body Removal in Adults

Aspiration of a foreign body into the tracheobronchial tree is a common emergency in the pediatric population. Although less frequent, foreign body aspiration in adults also occurs and often presents with nonspecific symptoms such as chronic cough and hemoptysis. In some cases, prolonged misdiagnosis or inappropriate treatment may result in delayed management, leading to increased morbidity and potential mortality.

Flexible fiberoptic bronchoscopy is widely regarded as the first-line modality for or both diagnosis and removal of foreign bodies in adults due to its rapidity, cost-effectiveness, and safety. However, the removal of large or impacted foreign bodies via flexible bronchoscopy can be particularly challenging. The procedure may be complicated by poor visualization, mucosal edema, bleeding, or a foreign body tightly lodged in the airway, increasing the risk of procedural failure and complications.

This presentation will review the current strategies for managing foreign body aspiration in cases where flexible bronchoscopy is unsuccessful. We highlight a case involving a large aspirated foreign body that underwent multiple failed attempts at endoscopic retrieval and ultimately required surgical intervention with lobectomy for successful removal. This case underscores the management of difficult airway foreign bodies should be individualized, considering the patient's clinical condition, the size and nature of the foreign body, and its location within the bronchial tree.

In conclusion, while flexible bronchoscopy remains a valuable first-line tool for foreign body removal, large or impacted airway foreign bodies may require alternative strategies. Each case presents unique challenges, and tailored management is key to achieving optimal patient outcomes.

Yung-Hung Luo

Current Position
Chief, Division of Thoracic Oncology,
Department of Chest Medicine,
Taipei Veterans General Hospital

Education
MD, School of Medicine, National Yang-Ming University
Ph.D., Institute of clinical medicine, National Yang Ming Chiao Tung University

Professional Experiences
2018-2019	Research fellow at Mayo Clinic in Rochester, Minnesota, USA
2023.08	Visiting scientist at Natinoal Cancer Institute of the National Institutes of Health
2015-Present	Attending physician, Department of Chest medicine, Taipei Veterans General Hospital.
2022.01-Present	Chief, Division of Thoracic Oncology, Department of Chest Medicine, Taipei Veterans General Hospital
2024.01-Present	Deputy convener, the Lung Tumor Committee of the Taiwan Society of Pulmonary and Critical Care Medicine

Awards and Honours
2022	Excellent Poster Presentation Award, 18th Taiwan Society of Pulmonary and Critical Care Medicine Academic Conference
2020	Excellent Poster Presentation Award, 18th Taiwan Society of Pulmonary and Critical Care Medicine Academic Conference
2022	Outstanding Physician Award, Veterans Affairs Council, R.O.C.
2024	Excellent Oral Presentation Award for Original Research, 19th Taiwan Society of Pulmonary and Critical Care Medicine Academic Conference

Medical apporach for the management of Malignant Pleural effusions

Malignant pleural effusion (MPE) is frequently encountered in individuals with cancer and usually indicates advanced disease. Most patients experience significant symptoms, with dyspnea and pain markedly reducing quality of life (QOL).

Effective management of MPE focuses on symptom relief, improvement of QOL, reduction of repeated pleural interventions, and minimizing hospital admissions. Common approaches to relieve MPE symptoms include thoracentesis, chemical (talc) pleurodesis, and indwelling pleural catheters (IPCs).

alc pleurodesis and IPCs are central to MPE treatment but differ significantly in strategy: talc pleurodesis typically involves inpatient care, while IPCs facilitate outpatient management. Given the comparable efficacy of these methods, treatment decisions often depend on additional factors, including clinical characteristics of the patient, individual treatment objectives, and patient preferences regarding hospital-based versus home-based care.

This review summarizes the evidence supporting various MPE treatment interventions. Additionally, it addresses challenging clinical scenarios and highlights key considerations that influence individualized treatment decisions to maximize patient benefit from interventions.

Yei-San Hsieh

Current Position
Chief of Thoracic Department
Tao-Yuan General Hospital

Education
National Yang Ming Chiao Tung University

Professional Experiences
2002 - 2004 Thoracic Surgery Department, National Taiwan University Hospital
2004 - 2012 Chief of Thoracic Surgery Department, Shin Kong Wu Ho-Su Memorial Hospital
2009 Visiting Fellow, Thoracic Surgery Department, University of Pennsylvania
2012 - 2025 Chief of Tao-Yuan General Hospital.

Hyperthermic intrapleural chemotherapy (HITHOC)

Hyperthermic intrathoracic chemotherapy (HITHOC) is used to treat pleural cancer (primary pleural mesothelioma and pleural metastases), enhancing local control and extending survival time. For malignant pleural effusion and difficult to-manage recurrent pleural effusion such as hepatic hydrothorax and chylothorax, early intervention with HITHOC can promote pleural adhesion, effectively control effusion, and improve quality of life.

Chun-Ying Chou

Current Position
Attending Physician, Division of Chest, Department of Internal Medicine, National Taiwan University Hospital, Yunlin Branch

Education
School of Medicine, National Yang Ming Chiao Tung University

Professional Experiences
2018-2022 Resident Doctor, Department of Internal Medicine, National Taiwan University Hospital
2022-2024 Fellow in Pulmonary Medicine, Department of Internal Medicine, National Taiwan University Hospital

Awards and Honours
Outstanding Poster Presentation Award, 2023 Annual Meeting of the Taiwan Society of Pulmonary and Critical Care Medicine

Thoracic ultrasound in the evaluation of pleura disease

Advances in imaging modalities have greatly improved the understanding and management of pleural diseases. Thoracic ultrasound (TUS) has emerged as a superior, cost-effective, portable, and radiation-free tool compared to traditional chest X-ray and CT imaging. Two-dimensional (2D) TUS allows real-time evaluation of pleural effusion, safe procedural planning, and image- guided biopsy of pleural masses or thickened pleura. However, its diagnostic yield is limited in patients without pleural nodules or with pleural thickening less than 5 mm.

Shear wave elastography (SWE) is an emerging ultrasound-based technique that non-invasively quantifies tissue stiffness. It has been successfully applied to distinguish malignant from benign lesions in various organs. In the context of pleural disease, SWE enhances the ability to detect malignant pleural lesions by identifying areas of abnormal stiffness not apparent on conventional ultrasound. Studies demonstrate that ultrasound elastography-guided pleural biopsy achieves high diagnostic yield—even in challenging cases lacking nodularity or significant thickening—while maintaining a favorable safety profile.

This presentation will review the practical application of 2D TUS and SWE in the evaluation of pleural diseases, highlighting their complementary roles in improving diagnostic precision and optimizing patient management.

PAPERS

- Central airway obstruction
- Pediatrics bronchoscopy
- Pleural disease
- Therapeutic bronchoscopy_Foreign body removal
- Others
- Mediastinum staging / diagnosis
- Peripheral pulmonary nodule
- Interventional Procedures in COPD And Asthma

Central airway obstruction

口頭報告 (Oral Presentation)

Central airway obstruction

OCD-0001

A case with extensive airway stenosis treated by triple Y-stenting

ATSUSHI TORII

Purpose: We previously reported the effectiveness of double Y-stent placement in patients with airway stenosis around both main carina and carina between bronchus to right upper lobe and bronchus intermedius (RC1) or carina between bronchus to lingular segment of left upper lobe and left lower lobe bronchus (LC2). Herein, we report a case of airway stenosis in a patient with esophageal cancer was treated by triple Y-stenting. Case: The patient was a 57-year-old man who received supportive care after chemotherapy. In 2024, he presented with difficulty breathing and wheezing. Chest computed tomography (CT) revealed severe airway stenosis of tracheal bifurcation, RC1, and LC. This caused severe hypoxia and hypercapnia. Therefore, the patient was intubated and transferred to our hospital with a ventilator for bronchoscopic intervention. We inserted a rigid bronchoscope under general anaesthesia and observed, severe invasive stenosis of the lower trachea, both main bronchi, left lower lobe bronchus, right bronchial intermedius, and right upper lobar bronchus. First, we ballooned each bronchus and placed 14 mm silicone Y stents in RC1 and LC2. Next, we placed a 15 mm silicone Y stent on trachea and both limbs were inserted into peripheral 14 mm Y stents. After the intervention, the patient was immediately extubated successfully, required an oxygen supply only 2 L via a nasal cannula, and expectorated sputum by himself.

Conflict of interest: none

口頭報告 (Oral Presentation)

Central airway obstruction

ORD-0001

The Light at the End of the Tunnel: Evaluating the Efficacy of Interventional Bronchoscopy in Managing High Post-Intubation Tracheal Stenosis

Manu Chopra

Introduction: Post-intubation tracheal stenosis (PITS) is a life-threatening complication of prolonged intubation or tracheostomy, often requiring surgical intervention. However, surgical resection and anastomosis pose significant risks, especially in 'high' PITS (stenosis within the upper 5 cm of the trachea). Videobronchoscopic interventions, including electrocautery, cryoablation, laser therapy, and controlled radial expansion (CRE) balloon dilatation, offer a minimally invasive alternative. We studied six high PITS cases successfully managed with video bronchoscopy under conscious sedation, demonstrating positive outcomes.

Materials and Methods: The retrospective record-based study included six patients (five males and one female, aged 25–65 years) diagnosed with high-grade PITS. All were deemed unsuitable for or had declined surgical intervention. Comprehensive clinical histories, contrast-enhanced CT scans, and virtual bronchoscopy reconstructions using the LungPoint navigation system were performed for diagnostic evaluation. Flexible bronchoscopy assessed stenosis severity. Interventions were performed under conscious sedation in a bronchoscopy suite. Patients underwent electrocautery, cryoablation, or laser therapy for granulation tissue, as and when required, combined with periodic CRE balloon dilatation. Sessions were repeated at 3–5-day intervals, averaging six procedures per patient. Follow-up ranged from six months to five years.

Results: Videobronchoscopic interventions successfully restored airway patency and alleviated symptoms in all six patients. Two patients required electrocautery and CRE balloon dilatation, two underwent repeated cryoablation with CRE balloon dilatation, one required laser therapy, cryoablation, and CRE balloon dilatation, while another received electrocautery and cryoablation before CRE balloon dilatation. No major complications were observed.

Conclusion: Minimally invasive video bronchoscopic techniques, particularly CRE balloon dilatation combined with thermal and cryotherapy, demonstrated safety and efficacy in managing high PITS. These findings support video bronchoscopy as a viable primary intervention, especially in resource-limited settings where access to specialised tracheal surgeries is limited and concerns over cost and surgical complications prevail. Further research is warranted to refine treatment protocols and establish standardised guidelines.

口頭報告 (Oral Presentation)

Central airway obstruction

ORD-0003

Safety and Efficacy of Interventional Pulmonology in Elderly Patients with Malignant Central Airway Obstruction: A Retrospective Study

Chia-Hung Chen

Purpose: Malignant central airway obstruction (CAO) often necessitates endobronchial intervention to alleviate symptoms, but the efficacy and safety of such interventions in elderly patients remain underexplored. This study aims to evaluate the safety, effectiveness, and survival outcomes of interventional pulmonology in elderly patients with malignant CAO.

Methods: A retrospective analysis was conducted at a university hospital, involving 261 elderly patients (age ≥ 70 years; 195 men, 56 women; mean age 77.1 years) diagnosed with malignant CAO. All patients underwent endobronchial interventions between 2005 and 2024. The Kaplan-Meier method was employed for survival analysis, with comparisons made using the log-rank test.

Results: The most common malignancies causing CAO in elderly patients were lung squamous cell carcinoma (126, 48.2%), lung adenocarcinoma (55, 21%), and small cell lung cancer (23, 8.8%). The interventional procedures included electrocautery (170, 65.1%), stent implantation (45, 17.2%), and a combination of electrocautery and stent implantation (47, 18%). Endoscopic success was achieved in 249 patients (95.4%). No patients died within 24 hours of the procedure. The major complication was iatrogenic pneumonia (n=15, 5.7%). Median survival post-procedure was 341 days for lung cancer patients, 1145 days for those with metastatic cancers, and 175 days for patients with esophageal cancer ($p<0.001$).

Conclusions: Interventional bronchoscopy is a safe and effective approach for managing central airway obstruction in elderly patients, demonstrating significant efficacy even in advanced age. Patients with metastatic lung cancer experience longer survival times compared to those with primary lung cancer or esophageal cancer.

海報展示 (Poster)

Central airway obstruction

PCD-0001

Endobronchial cryobiopsy with 7 seconds-freezing time with epinephrine solution for a patient with central airway lung tumor

Daisuke Jingu

Purpose: Standard procedures for transbronchial lung cryobiopsy has been established in lesions with peripheral lung lesions, but those in central airway called endobronchial cryobiopsy are currently under development. We investigated the details of cryobiopsy of the central airway in our cases.

Methods: We retrospectively reviewed medical records of central airway cryobiopsy cases performed at our hospital.

Results: A total of eight cases were confirmed. The technique was established in the fourth case, and biopsies were subsequently continued using the same technique, so details of the fourth case are described here.

Case #4
An 83-year-old man taking an anticoagulant was admitted to our hospital. He has suffered from hemoptysis and dyspnea for 7 days. The radiographic findings revealed a tumor in the right inferior lobe. Even after the cessation of the anticoagulant and administration of hemostatic agent, his hemoptysis and hypoxia worsened. For appropriate diagnosis and hemostasis, we performed bronchoscopy on day 2. Bronchoscopy confirmed the bleeding tumor at the bronchus intermedius. To stop bleeding, we first sprayed epinephrine solution (0.1mg/100ml), and then froze using apparatus for cryobiopsy with a couple of times of 7 seconds-freezing time; a part of tumor tissue detached easily without being pulled out abruptly. Five times of this procedure stopped bleeding. Patient's hemoptysis and hypoxia has gradually improved. Final diagnosis was right lung squamous cell carcinoma stage IIB. Following radiotherapy improved radiographic findings and clinical symptoms.

Conclusions: Although endobronchial cryobiopsy in central airway is developing, procedures varies among institutions and improvement is necessary. In addition, we have no consensus about the safety and utilities for lesions with easily-bleeding. Based on our experience, we propose that 7 seconds-freezing cryobiopsy with epinephrine solution can be a suitable choice for endobronchial cryobiopsy.

海報展示 (Poster)

Central airway obstruction

PCD-0002

Conservative Management of Lung Atelectasis Caused By Massive Hemoptysis

Ni Wayan Candrawati

Introduction: Following an episode of massive hemoptysis, a blood clot may form, which could lead to partial or complete lung atelectasis. Conservative management of lung atelectasis caused by massive hemoptysis primarily involves airway management, positioning to facilitate drainage, oxygen therapy, chest physiotherapy, bronchoscopy to clear blood clots, and medications like bronchodilators, while closely monitoring the patient's respiratory status and addressing any potential complications. in severe cases, interventional procedures like bronchial artery embolization may be necessary. We report a case of lung atelectasis caused by massive hemoptysis that treated conservatively.

Case presentation: A 48-year-old woman suffered massive hemoptysis resulting in complete left lung atelectasis. Patients also complaining of shortness of breath. Initially the patient was hospitalized because of coughing, nausea and vomiting, 3 days later the patient experienced a massive cough of blood. Due to limitations of bronchoscopy equipment, patient was then treated conservatively with oxygenation, bronchodilators, inhaled corticosteroid, chest physiotherapy, anti-fibrinolytics (tranexamic acid) and antibiotics (levofloxacin). Three days after the treatment the patients symptoms improved. An evaluation chest x-ray was performed and no further atelectasis was found.

Discussion: Endobronchial obstruction due to blood clot is especially worthy of consideration in a patient following an episode of massive hemoptysis, which had happened in this case as well. Treatment strategies can change according to the etiology, and the primary types of treatments include medical management, embolization, and surgery. The treatment of atelectasis varies depending on duration and severity of the causal disease from chest physiotherapy to postural drainage, bronchodilator and anti-inflammatory therapy.

海報展示 (Poster)

Central airway obstruction

PCD-0003

Title: A Case of Subglottic Stenosis Associated with Hashimoto's Thyroiditis

HIBIKI KANDA

Background: Hashimoto's thyroiditis is an autoimmune thyroid disease that can be associated with systemic immune reactions. While most adult-onset subglottic stenosis (SGS) cases result from intubation or laryngeal trauma, some are linked to autoimmune diseases or classified as idiopathic when no clear cause is identified. We report a case of SGS associated with Hashimoto's thyroiditis, in which bronchoscopy played a crucial role in diagnosis.

Case: A 48-year-old woman with a history of Hashimoto's thyroiditis presented with a five-year history of throat discomfort and progressive dyspnea over the past year. She was initially diagnosed with bronchial asthma, but treatment worsened her symptoms, leading to referral to our department. Stridor was noted near the glottis. Blood tests showed WBC 8,900/ μ L (neutrophils 74.1%), CRP 0.02 mg/dL, anti-Tg antibody 376 IU/mL, and negative results for anti-TPO antibody, MPO-ANCA, and PR3-ANCA. Chest CT suggested an irregular stenosis of the subglottic area. Bronchoscopy revealed anterior glottic synechia and approximately 70% fibrotic subglottic stenosis. An emergency tracheostomy was performed, and a biopsy showed fibrosis with dense lymphocytic infiltration, suggesting an autoimmune etiology. Immunohistochemistry ruled out IgG4-related disease and granulomatosis with polyangiitis, leading to the suspicion of Hashimoto's thyroiditis-related SGS.

Conclusion: SGS associated with Hashimoto's thyroiditis is extremely rare. Given the potential for misdiagnosis as bronchial asthma, early bronchoscopy is essential for evaluating the glottis in patients with progressive inspiratory stridor.

海報展示 (Poster)

Central airway obstruction

PCD-0005

Endobronchial resection of a near-glottic tracheal small cell carcinoma involving the thyrocricoid membrane using electrocautery wire snare and cryotherapy: a case report

Sheng-Yun Wu

A 78-year-old male with an active smoking history of over 30 pack-years and no significant past medical history presented to a local hospital with progressive dyspnea and hemoptysis for six months. Chest computed tomography (CT) revealed a 19 × 10 × 18 mm mass arising from the lateral wall of the upper trachea, located less than 2 cm below the glottis. Rigid bronchoscopy was attempted but aborted due to the proximity of the tumor to the glottis. The patient was subsequently referred to our institution for further management. Given the high risk of airway compromise and massive hemoptysis, we performed rigid bronchoscopy under light sedation in the operating room, with the thoracic surgery team on standby for potential emergent surgical intervention.

Bronchoscopic examination revealed a polypoid tumor with a stalk originating from the cricoid cartilage, with tumor extension involving the thyrocricoid membrane and near-total occlusion of the tracheal lumen. A 2.3 cm lesion was successfully debulked using electrocautery snare and cryotherapy. The procedure was uneventful, and the patient experienced complete resolution of dyspnea and hemoptysis. He was discharged on postoperative day 4. Histopathological analysis showed tumor cells positive for cytokeratin (dot-like pattern), thyroid transcription factor-1 (TTF-1), and synaptophysin. Ki-67 labeling index was markedly elevated, consistent with a diagnosis of small cell carcinoma. Brain magnetic resonance imaging (MRI) showed no evidence of intracranial metastasis, while bone scan revealed metastatic involvement of the right 6th and left 11th ribs. Positron emission tomography–computed tomography (PET-CT) additionally demonstrated metastatic lymphadenopathy in the right supraclavicular, right upper and lower paratracheal, and right prevascular mediastinal regions.

Systemic chemotherapy was indicated; however, the patient declined treatment. Consequently, management consisted of repeated bronchoscopic tumor debulking and localized radiotherapy to control the intratracheal tumor burden. The patient died one year later from progressive pulmonary, hepatic, and bone metastases.

海報展示 (Poster)

Central airway obstruction

PCD-0006

Endobronchial leiomyoma presenting with obstructive pneumonia diagnosed by bronchoscopy and EBUS

Wei Hung Chang

A rare endobronchial leiomyoma causing obstructive pneumonia was diagnosed via bronchoscopy and EBUS-guided biopsy. The tumor was successfully resected bronchoscopically, resolving airway obstruction and pneumonia without recurrence at 6-month follow-up.

海報展示 (Poster)

Central airway obstruction

PRD-0001

Bronchoscopy, Surgery and Radiation Therapy for Bronchial Adenoid Cystic Carcinoma

Handa Hiroshi

Purpose: Adenoid cystic carcinoma (ACC) of the bronchus is a rare malignancy, accounting for 1-2% of all respiratory tumors. It's slow growth often leads to delayed diagnosis. While surgical resection is the preferred treatment, ACC frequently exhibits local invasiveness, resulting in central airway obstruction that worsens respiratory symptoms and affects prognosis. As a result, bronchoscopic intervention and radiation therapy are often required for disease management.

Methods: A retrospective review of medical records was conducted for patients diagnosed with bronchial ACC who visited our institution between April 1, 2005, and December 31, 2024. Clinical data, including patient demographics, treatment modalities, and overall survival (OS), were collected and analyzed.

Results: Twelve patients with central airway lesions were included in the study. The mean age at diagnosis was 63 ±14 years, and the median OS was 67.5 months (range: 1-158 months). Bronchoscopic intervention under general anesthesia, including argon plasma coagulation, high-frequency snare, and airway stenting, was performed in ten patients. Among these, four subsequently underwent surgical resection, while one patient underwent surgical resection without prior bronchoscopic intervention. Three patients received radiation therapy following surgery, with or without bronchoscopic intervention.

Conclusion: These findings suggest that a multimodal approach combining bronchoscopy, surgery, and radiation therapy may improve prognosis in patients with bronchial ACC.

海報展示 (Poster)

Central airway obstruction

PRD-0003

The Impact of Lidocaine Combined with Budesonide/ Formoterol on FeNO Levels and Symptom Improvement in Asthma Patients

Sheng Fu

AObjective: To evaluate the effects of combining lidocaine with budesonide/formoterol on fractional exhaled nitric oxide (FeNO) levels, asthma symptoms, pulmonary function, and quality of life in asthma patients.

Methods: 80 asthma patients (January 2022–December 2023) were randomized into a treatment group (lidocaine 40 mg + budesonide/formoterol 320 μg/9 μg, n=40) and a control group (budesonide/formoterol alone, n=40). FeNO, Asthma Control Test (ACT), pulmonary function (FEV1, PEF), and Asthma Quality of Life Questionnaire (AQLQ) scores were assessed at baseline and after 12 weeks.

Results: Both groups showed significant improvements ($P<0.05$). The treatment group had greater reductions in FeNO (21 ppb vs 14 ppb, $P<0.01$), higher ACT score improvements (5 vs 3 points, $P<0.01$), and better pulmonary function (FEV1: 13% vs 8%; PEF: 16% vs 10%, $P<0.01$). AQLQ scores improved more in the treatment group (1.6 vs 0.8 points, $P<0.01$). No significant adverse effects were reported.

Conclusion: Lidocaine combined with budesonide/formoterol significantly improves asthma control, pulmonary function, and quality of life compared to budesonide/formoterol alone, offering a promising approach for asthma management.

海報展示 (Poster)

Central airway obstruction

PRD-0004

Dynamic X-Ray Assessment of Central Airway Stenosis Before and After Intervention

Hajime Tsuruoka

Objective: Dynamic X-ray imaging, which captures approximately 15 pulsed X-rays per second to generate motion images, offers a potential tool for functional evaluation in airway diseases. This study aimed to assess the utility of dynamic X-ray in evaluating central airway stenosis before and after airway intervention.

Methods: Patients who underwent airway intervention for central airway stenosis at our institution were included. Cases were classified into three categories: tracheal lesions, unilateral main bronchial lesions, and carinal lesions. Dynamic X-ray imaging during deep breathing in the supine position was performed both before and after the intervention. Changes in lung area and ventilatory movement were analyzed.

Results: In tracheal lesions, an increased difference in lung area between inspiration and expiration was observed after intervention. In cases of unilateral main bronchial or carinal lesions, asymmetry in ventilatory movement was noted preoperatively, which improved following intervention.

Conclusion: Dynamic X-ray allowed for the visualization of functional changes in the airways before and after treatment, suggesting its usefulness as a complementary tool for evaluating the effectiveness of airway intervention. Particularly in unilateral airway stenosis, where clinical judgment can be challenging, this method may offer valuable support. Its portability also indicates potential for intraoperative application. However, standardized methods for quantitative analysis remain undeveloped, and further studies are necessary to validate its clinical utility.

海報展示 (Poster)

Central airway obstruction

PRD-0005

Microbial Landscape of Post-Obstructive Pneumonia in Malignant Endobronchial Lesions: Insights from a 10-Year Retrospective Study

Chia-Hung Chen

Purpose: Post-obstructive pneumonia significantly contributes to morbidity and mortality in patients with cancer and endobronchial lesions. However, the microbiology of post-obstructive pneumonia remains poorly understood. This study aims to identify and describe the microbial pathogens associated with post-obstructive pneumonia in patients with malignant endobronchial lesions.

Methods: A total of 748 patients with malignant airway obstruction were studied at China Medical University Hospital between January 2011 and December 2020. Among them, 135 patients (18%) developed post-obstructive pneumonia. All patients underwent bronchoscopic tumor removal and bronchial cleaning. We retrospectively analyzed tumor pathology and cultured bronchial washings to identify microbial pathogens.

Results: The mean age of the cohort was 62.7 ± 11.8 years, with 601 (80.3%) male patients. The most common causes of endobronchial obstruction were squamous cell carcinoma (66, 48.9%), esophageal cancer (26, 19.3%), and lung adenocarcinoma (22, 16.3%). The most prevalent symptoms were dyspnea (89.7%, n=120), fever (59.8%, n=80), cough (47.1%, n=64), and hemoptysis (11.5%, n=4). Chronic obstructive pulmonary disease (COPD) was the most frequent underlying condition (37%, n=50). Among these patients, 87 (64.4%) underwent electrocautery, 30 (22.2%) received endobronchial stenting, and 16 (11.9%) had both procedures. Microbial pathogens were isolated in 69 (51.4%) of the 135 patients. The most frequently identified pathogens were Pseudomonas (n=27), Klebsiella pneumoniae (n=20), and Streptococci species (n=19).

Conclusion: Patients with post-obstructive pneumonia are often in advanced stages of disease, putting them at significant risk for high morbidity and mortality. Our study identifies the common pathogens associated with post-obstructive pneumonia, providing valuable insights for selecting appropriate empirical treatments for these patients.

海報展示 (Poster)

Central airway obstruction

PRD-0006

Efficacy and Safety of Short-Term SEMS Placement Versus Balloon Dilatation in Treating Benign Tracheobronchial Stenosis

Sheng-Fu Chen

Among 56 patients, short-term SEMS placement for tracheobronchial stenosis followed by balloon dilatation (n=32) demonstrated a significantly higher clinical improvement rate (84.3% vs. 41.7%, p=0.001) compared to balloon dilatation alone (n=24), supporting its safety and efficacy in managing benign tracheobronchial stenosis.

海報展示 (Poster)

Central airway obstruction

PRF-0002

Endobronchial Treatment for Benign Airway Tumors: Safety, Efficacy, and Long-Term Outcomes

Heng-sheng Chao

Purpose: Benign endobronchial tumors, although rare and often non-specific in presentation, can cause significant symptoms. This study evaluated the safety, efficacy, complications, long-term outcomes, and clinical and radiologic features of endobronchial treatment as a less invasive alternative to surgery.

Methods: We retrospectively reviewed 19 patients (15 males, 4 females; mean age, 59.6 years) with benign endobronchial neoplasms treated bronchoscopically at a tertiary center between April 2015 and February 2025. Data collected included clinical presentation, imaging findings, and treatment outcomes.

Results: Our study identified papilloma (26%) as the most common benign neoplasm, followed by hamartoma (21%), leiomyoma (15.8%), epithelial hyperplasia (10.5%), and others (each 5.2%: fibroepithelial polyp, lipoma, neurofibroma, schwannoma, sialolipoma). Common symptoms include cough (63%), shortness of breath (47%), hemoptysis (26%), and hoarseness (26%); notably, 26% of patients were asymptomatic. Tracheal location was most frequent (57.9%), with. Imaging typically revealed well-circumscribed soft tissue lesions with post-obstructive sequelae. Diode laser, with adjunctive argon plasma coagulation (2 cases) or electrocautery (5 cases), achieved regression in 94.7% (n=18). Recurrence occurred in 36.8% (4 out of 7 were papilloma) within 1 month to 3 years; all were successfully retreated with laser ablation, with local bevacizumab injection and/or cryotherapy applied in two cases. Mean procedure time was 31 minutes. Response was very good in 63.1% (n=12) and good in 31.6% (n=6) based on prior literature definitions. One hamartoma was unresectable but remained stable over a 5-year follow-up. Minor bleeding occurred in 47.3% (n=9). No treatment-related mortality was observed.

Conclusion: Endobronchial treatments utilizing diode laser, electrocautery, and argon plasma coagulation, with or without cryotherapy and/or local bevacizumab injection, demonstrate effectiveness and safety in managing benign endobronchial tumors.

Pediatrics bronchoscopy

口頭報告 (Oral Presentation)

Pediatrics bronchoscopy

OCH-0001

Three-year delayed management of foreign body aspiration in a child

RIfan Fauzie

Objective: Foreign body aspiration (FBA) in the airway is a life-threatening situation that need careful and prompt management. Delay in management can lead to undesirable complications and even fatal conditions. The incidence is higher in children due to their nature tendency of exploring the environment through their mouths, allows access to small objects, the inability to chew food, inadequately developed posterior dentition, immature neuromuscular mechanisms of airway protection and inadequate adults' supervision. Early recognition of symptoms in suspected cases of foreign body aspiration should be improved to obtain optimal result.

Case: A 9-year-old boy was referred to our hospital with suspected foreign body aspiration that occurred 3 years ago. The child claimed to have choked while playing with a toy syringe cap. He cough a lot then admitted to other hospital, with CXR revealed right lower lobe (RLL) atelectasis and treated as pneumonia. He also clinically diagnosed as tuberculosis and got anti-tuberculosis drugs up to two episodes. The cough was never completely relieved. He underwent thorax CT which revealed persistent RLL atelectasis. Flexible bronchoscopy finding was granulation tissue causing narrowing of the lumen of the right middle lobe (ML) and the lumen of the RLL is completely closed by granulation tissue. We did ML dilation with cryotherapy, but the foreign body was not there. We performed bronchoplasty using holmium laser and cryotherapy until the RLL lumen opened. A pink plastic foreign object was seen in the B7 branch. We successfully extracted a pink toy syringe cap using cryoprobe. Two weeks re evaluation the ML and RLL were normal.

Conclusion: A delay management of a foreign body aspiration can lead to severe complication such as in this case. A prompt treatment and the decision to referred to other hospital can avoid unnecessary management and produce a satisfactory result.

海報展示 (Poster)

Pediatrics bronchoscopy

PCH-0001

Early recognition and therapeutic bronchoscopy in pediatric inhalation injury with minimal cutaneous burns: a case report

Binh Bao Tinh Le

Background: Inhalation injury remains a leading cause of morbidity and mortality in pediatric burn patients, particularly in enclosed-space fires. Notably, the severity of airway damage may be disproportionate to the extent of cutaneous burns. Early recognition and timely bronchoscopic airway intervention are critical components in management.

Case Report: We report the case of a 15-year-old boy admitted six hours after a house fire, presenting with respiratory distress and wheezing. Remarkably, he sustained only superficial partial-thickness burns (~3% TBSA) on the feet, but exhibited intercostal retractions, bilateral crackles, and diffuse alveolar infiltrates on chest radiograph. Flexible bronchoscopy, performed four hours after admission, revealed grade 3–4 inhalation injury: inflamed, hemorrhagic bronchial mucosa, with dense carbonaceous debris obstructing both mainstem bronchi.

Therapeutic bronchoscopy with repeated warm saline bronchial lavage was performed under general anesthesia until the airway was visibly cleared. The patient received lung-protective ventilation and empiric antibiotics. His oxygenation improved significantly, with PaO_2/FiO_2 ratio rising from 150 to over 500 within 24 hours. He was extubated on day 4, weaned to low-flow oxygen by day 6, and discharged on day 10 without respiratory support.

Conclusion: This case highlights the lack of correlation between skin and airway injury in pediatric burns. Early bronchoscopic assessment and repeated bronchial lavage can be life-saving, even in the presence of minimal external burns.

Pleural disease

口頭報告 (Oral Presentation)

Pleural disease

OCG-0001

T-Lymphoblastic Lymphoma with Reccurent Pleural Effusion diagnosed by Medical Thoracoscopy : A Case Report

Ray Bryan Charles Rattu

Background: Lymphoblastic lymphoma (LBL) is a rare and aggressive neoplasm arising from lymphoblast precursors. It accounts for 1–2% of all non-Hodgkin lymphomas. T-cell lymphoblastic lymphoma (TLBL), which predominantly affects adolescents and young adults, comprises approximately 90% of all LBL cases.

Case Presentation: A 34-year-old female presented with progressive dyspnea and no superficial lymphadenopathy. Chest radiography revealed a right pleural effusion with pulmonary infiltrates. Multiple thoracocenteses showed an exudative effusion with normal ADA, negative Gen X-Pert, and negative pleural fluid cytology. CT imaging later identified a mediastinal mass infiltrating the pleura. To establish a definitive diagnosis, medical thoracoscopy was conducted, which revealed a massive pleural effusion, intrapleural mass, multiple pleural nodules, and caseating pleural components. Cryobiopsy and forceps biopsy were performed. Histopathology suggested a malignant round cell tumor, and immunohistochemistry confirmed TLBL (CD3+, TdT+, Ki-67 >90%) and CD 10,CD20, CD30, CD34 negative.

The patient was treated with radiotherapy and systemic chemotherapy, including HyperCVAD and dose-adjusted EPOCH. After six cycles of EPOCH (February 2024), complete response was achieved, with resolution of the mediastinal mass and pleural effusion. However, by March 2025, disease progression occurred, with lymphadenopathy and hepatosplenomegaly, though no further mediastinal mass progression was noted.

Discussion: Lymphoblastic lymphoma (LBL) is a rare, aggressive cancer, with T-cell subtype (TLBL) commonly affecting the mediastinum and causing pleural effusion. Given the diagnostic challenges associated with malignant pleural disease, medical thoracoscopy has emerged as a valuable tool, with a reported diagnostic sensitivity of 92.6% in detecting malignant pleural effusions. In this case, thoracoscopy facilitated direct visualization and tissue sampling, confirming TLBL. A similar case by Mehta et al. demonstrated thoracoscopy's role in diagnosing lymphoma in a 27-year-old male.

Conclusion: Medical thoracoscopy is a crucial diagnostic tool for malignant pleural effusions, providing high diagnostic accuracy and a well-established safety profile.

海報展示 (Poster)

Pleural disease

PCG-0001

Vascular embolis after procedure, a case of successful resuscitation and extubation

Kueihua Hsu

Vascular emboli often related to procedure, especially occured after penetrating tissue. Fortunately, she was recovered.Weaning and extubation after conservative treatment

海報展示 (Poster)

Pleural disease

PCG-0002

Vascular embolis after procedure, a case of successful resuscitation and extubation

Muhammad Alvis Kurniawan

Vascular emboli often related to procedure, especially occured after penetrating tissue. Fortunately, she was recovered. Weaning and extubation after conservative treatment.

Therapeutic bronchoscopy_ Foreign body removal

口頭報告 (Oral Presentation)

Therapeutic bronchoscopy_Foreign body removal

OCE-0001

A Linear Metallic Foreign Body Penetrating from the Esophagus into the Trachea Removed by Flexible Bronchoscopy

YUKA SHINOHARA

Background: The penetration of a foreign body from the esophagus into the trachea is a rare but critical event. Sharp objects, if not promptly detected and managed, can lead to complications such as mediastinitis, abscess formation, and tracheoesophageal fistula.

Case Report: A 72-year-old female presented to a local otolaryngology clinic with sudden pharyngeal pain after consuming a rice ball in late June 2024. Examination revealed swelling of the left arytenoid, and corticosteroids were administered, providing partial relief. Despite this, she experienced persistent chest pain while swallowing. In mid-July 2024, she developed a cough and bloody sputum, prompting a visit to her local doctor. Computed tomography revealed a linear metallic object approximately 3 cm in length, penetrating from the upper esophagus into the trachea. In late July 2024, the patient was referred to a secondary hospital, where upper gastrointestinal endoscopy and bronchoscopy confirmed the presence of a linear metallic object penetrating from the esophagus into the trachea. She was subsequently transferred to our hospital for removal of the foreign body. Flexible bronchoscopy was performed under local anesthesia with intubation. The linear metallic foreign body was visualized at the tracheal membranous wall. Using Raptor® forceps, the metallic object was carefully extracted. The symptoms, including cough and hemoptysis, resolved immediately after the procedures.

Conclusion: Early detection and careful removal of sharp foreign bodies are critical for preventing serious complications. Although some studies recommend the use of a rigid speculum under general anesthesia, flexible bronchoscopy, as in this case, can also be an effective and safe method for managing such complex cases.

海報展示 (Poster)

Therapeutic bronchoscopy_Foreign body removal

PCE-0001

RETRIEVAL OF A FOREIGN BODY USING FIBER OPTIC BRONCHOSCOPY IN A PATIENT WITH AUTISM: A CASE REPORT

MARIA CARMELLE JUANEZA

I am presenting this case of a 34-year-old female diagnosed with severe Autism and who has a history of pica. Four days before admission, the patient complained of easy fatigability and difficulty breathing. Due to progressive dyspnea, consulted with their attending physician, and a Chest X-ray was requested. The result showed a hook-like metallic density on the right hilar area. Hence, she was advised to undergo Bronchoscopy. A single paperclip was extracted from the right lower lobe.

海報展示 (Poster)

Therapeutic bronchoscopy_Foreign body removal

PCE-0002

Tracheobronchial cast formation after tracheostomy in AML

Wei Hung Chang

A rare tracheobronchial blood cast occurred after tracheostomy in an elderly patient with acute myeloid leukemia and ARDS, causing critical airway obstruction. Urgent bronchoscopic removal successfully restored oxygenation, highlighting the need for prompt recognition and intervention.

海報展示 (Poster)

Therapeutic bronchoscopy_Foreign body removal

PCE-0003

Carinal Posited Headscarf Pin Removal in Adolescent Patient: A Case Report

Nisrina Nasri

Introduction: Foreign body aspiration remains a significant cause of morbidity or mortality as the obstruction can lead to difficulties with ventilation and oxygenation [1]. Right main bronchus is the common location of foreign body, but in this case the foreign body was identified in carinal segment of trachea.

Case Report: A 13-years old girl was referred from peripheral hospital with cough and chest pain after accidental aspiration of headscarf pin 3 days prior. Patient denied a complain of shortness of breath, hemoptysis, nor fever. Physical examination showed no abnormalities. Chest x-ray showed a foreign body that lies at the terminal part of trachea (Figure 1). Flexible bronchoscopy under general anesthesia was performed as therapeutic measure to remove the foreign body, headscarf pin was identified at carina and then removed, measured approximately 4 cm. Further observation of surrounding structure revealed slight edema but no overt bleeding. There were no significant complaints reported after procedure and patient was discharged the next day.

Conclusion: Foreign body aspiration is a potential life-threatening health problem. The basics of the management of this condition are early diagnosis and rapid intervention to prevent potential complication. Bronchoscopy is the principal method in the diagnosis and management of this condition [2,3]. The incidence of foreign body aspiration is influenced by various factors, including social and cultural determinants. In Indonesia, the aspiration of headscarf pin is notably prevalent, particularly due to the widespread cultural practice of wearing the hijab among the majority of women.

海報展示 (Poster)

Therapeutic bronchoscopy_Foreign body removal

PCE-0004

Case Report: Endobronchial Paraganglioma Resected by Bronchoscopic Electrocautery Wire Snaring

Po Jui Chen

Paraganglioma is a rare, extra-adrenal, catecholamine-secreting tumor that can cause hyper-sympathetic symptoms such as hypertension, palpitations, and anxiety. Unlike adrenal pheochromocytomas, paragangliomas may also cause local mass effects depending on their location. Diagnosis is typically made through hormone testing or imaging studies, and surgical resection is the preferred treatment for symptomatic cases.

A middle-aged woman had a history of poorly controlled hypertension and asthma-like symptoms. She presented with dyspnea and wheezing, and imaging revealed a hyperdense mass near the right main bronchus. Bronchoscopy identified a pedunculated endobronchial tumor causing airway obstruction. The mass was successfully removed using bronchoscopic electrocautery wire snaring. Pathology confirmed paraganglioma. Postoperatively, the patient's respiratory symptoms resolved, and her blood pressure normalized without medication.

This rare case highlights a bronchial paraganglioma presenting as asthma and resistant hypertension, effectively treated with minimally invasive bronchoscopic resection.

Others

口頭報告 (Oral Presentation)

Others

OCI-0001

Therapeutic Flexible Bronchoscopy for Non-Malignant Endobronchial Lesions: A Safe Alternative to Surgery

Manu Chopra

Background: Therapeutic flexible video bronchoscopy has emerged as a valuable, minimally invasive alternative to surgical resection in managing non-malignant endobronchial tumours, including pulmonary hamartomas, leiomyomas, and carcinoid tumours. This technique offers significant advantages in preserving lung function, reducing perioperative morbidity, and avoiding the risks associated with major thoracic surgery and general anaesthesia.

Methods and Case Series: We present a series of four young, active-duty soldiers diagnosed with benign endobronchial tumours who were initially advised to undergo lobectomy or pneumonectomy by the institutional tumour board. All patients were instead successfully managed using flexible videobronchoscopic interventions under conscious sedation. Therapeutic modalities included cryotherapy (freeze-thaw cycles), argon plasma coagulation (APC), and electrocautery, administered via a flexible fiberoptic bronchoscope.

Case 1: A 34-year-old male presented with a soft tissue density in the superior segment of the right lower lobe. Endobronchial biopsy confirmed pulmonary hamartoma. Multiple cryotherapy sessions resulted in near-complete lesion resolution.
Case 2: A 29-year-old male with obstruction of the left main and upper lobar bronchus causing a near-total collapse of the left upper lobe was diagnosed with hamartoma via a novel tunnelled endobronchial biopsy technique. Electrocautery fulguration led to complete mass resolution.
Case 3: A rare case of endobronchial leiomyoma in the right upper lobe bronchus was managed using a combination of electrocautery and cryotherapy, substantially debulking the tumour and obviating the need for pneumonectomy.
Case 4: A patient with a typical carcinoid tumour in the right lower lobe underwent cryotherapy and electrocautery, resulting in near-total resolution of the endobronchial component.

Conclusion: Flexible videobronchoscopic interventions under conscious sedation offer a safe, lung-sparing, and effective alternative to surgical resection in select cases of benign endobronchial lesions. This approach is especially valuable for physically active individuals and in resource-limited settings where access to cardiothoracic surgery is constrained.

口頭報告 (Oral Presentation)

Others

ORI-0001

In-hospital mortality after bronchoscopy in patients receiving direct oral anticoagulants and those who were not: a matched-pair cohort study using a nationwide Japanese database

MNobuyasu Awano

Purpose: Recently, the number of patients who have been using direct oral anticoagulants (DOACs) has increased. However, the association between the use of DOACs and the safety of bronchoscopy (BS) has not been elucidated. This study examined the association between BS and the use and safety of DOAC.

Methods: Using data from the Japanese Diagnosis Procedure Combination database from July 1, 2010, to March 31, 2022, patients taking DOACs who underwent BS (n = 603, DOAC group) and those who were not (n = 187,827, non-DOAC group) were identified. Then, 1:4 matched-pair cohort analyses were performed based on institution, sex, age, and treatment year. The primary outcome was all-cause in-hospital mortality. The secondary outcomes were 28-day mortality after BS, mechanical ventilation use, pneumothorax, and bleeding within 2 days after BS, and thromboembolism after BS.

Results: In total, 603 and 2,320 patients taking and not taking DOAC, respectively, were identified via matching. The all-cause in-hospital mortality rates of the DOAC and non-DOAC groups were 12.1% and 5.8%, respectively. In multivariable logistic regression analysis, the DOAC group had a significantly higher all-cause in-hospital mortality rate than the non-DOAC group (odds ratio = 2.84, 95% confidence interval = 1.77–4.55). The secondary and composite outcome (mechanical ventilation, pneumothorax, bleeding, and thromboembolism after BS in combination) were more frequent in the DOAC group than in the non-DOAC group.

Conclusions: BS was strongly associated with mortality and complications in patients treated with DOACs. Moreover, patients taking DOACs might have a higher risk of BS-related bleeding.

口頭報告 (Oral Presentation)

Others

ORI-0002

Efficacy and safety analysis of Endobronchial Watanabe Spigot at a single institution

Miwa Kamatani

Purpose: The aim of this study was to evaluate the efficacy and safety of the Endobronchial Watanabe Spigot (EWS) in treating intractable pneumothorax, postoperative air leak, and hemoptysis, particularly in cases where surgical intervention was not feasible.

Methods: We retrospectively analyzed the procedure for inserting EWSs performed at our center between January 2017 and August 2024. Our analysis included patient characteristics, methods for identifying responsible bronchi, number of EWSs inserted, treatment outcomes, and complications.

Results: A total of 27 procedures were performed in 20 patients (21 cases of intractable pneumothorax, 4 cases of postoperative air leaks, and 2 cases of hemoptysis). The responsible bronchi were identified using techniques such as occlusion with balloon catheters, endobronchial contrast medium injection under fluoroscopic guidance, and intrathoracic infusion of indigo carmine via thoracic tubes. In all cases, curettes were inserted into the EWS to guide placement in the target bronchi. In 14 cases, the EWSs were cut to better conform to the bronchial anatomy. Clinical improvement was observed in 17 of 27 procedures (intractable pneumothorax: 14/21; postoperative air leak: 1/4; hemoptysis: 2/2). One patient developed mediastinal and intraperitoneal emphysema as a complication, which resolved with conservative treatment. No other serious complications developed.

Conclusion: EWS could be a valuable therapeutic option for treating intractable pneumothorax, postoperative air leaks, and hemoptysis.

口頭報告 (Oral Presentation)

Others

ORC-0002

Pathogen Characteristics and Mortality Factors in Elderly Patients with Community-Acquired Pneumonia Complicated by Acute Respiratory Distress Syndrome

Ling Zhang

Objective: To investigate predominant pathogens and risk factors influencing mortality in elderly patients with community-acquired pneumonia (CAP) complicated by acute respiratory distress syndrome (ARDS).

Methods: A retrospective study of 176 elderly CAP-ARDS patients treated at Yongchuan Hospital (July 2022–June 2024) categorized into survival (n=115) and mortality (n=61) groups. Demographic data, underlying diseases, pathogens, hypoxemia severity (PaO2/FiO2), biomarkers (PCT, CRP), and SOFA scores were analyzed using SPSS.

Results: Predominant pathogens included Streptococcus pneumoniae (30.4% vs 24.6%), Staphylococcus aureus (17.4% vs 29.5%), and Klebsiella pneumoniae (7.0% vs 18.0%), with significant differences for S. aureus and K. pneumoniae ($P<0.05$). Severe hypoxemia (PaO2/FiO2) was more common in the mortality group (55.7% vs 25.2%, $P<0.05$). Higher PCT (3.2 ± 1.5 vs 0.8 ± 0.3 ng/mL), CRP (52 ± 19 vs 25 ± 11 mg/L), and SOFA scores (7.8 ± 2.1 vs 3.5 ± 1.2) were observed in the mortality group ($P<0.05$). Risk factors for mortality included chronic bronchitis (OR=1.30, P=0.04), hypertension (OR=1.45, P=0.03), S. aureus (OR=1.45, P=0.03), K. pneumoniae (OR=1.45, P=0.01), severe hypoxemia (OR=2.15, P=0.03), elevated PCT (OR=1.52, P=0.01), CRP (OR=1.20, P=0.04), and SOFA score (OR=1.78, P=0.01).

Conclusion: Key risk factors for mortality in elderly CAP-ARDS patients include specific pathogens, severe hypoxemia, and elevated biomarkers. Clinicians should prioritize these factors for effective management.

口頭報告 (Oral Presentation)

Others

ORI-0004

Enhancing Microwave Ablation for Lung Lesions with Cone-beam CT Guidance and Intrapulmonary Fine Adjustment in a Hybrid Operating Room

Ling Kai Chang

Purpose: To review outcomes of the first 150 consecutive microwave ablation (MWA) cases at our institution to assess the safety and diagnostic performance of a new workflow for cone-beam computed tomography (CBCT)-guided percutaneous MWA performed under general anesthesia in a hybrid operating room (HOR).

Methods: This retrospective study included 150 consecutive patients who underwent microwave ablation in the CBCT-equipped HOR between July 2020 and January 2024. The procedural workflow involved general anesthesia with patient fixation, CBCT scanning, iGuide needle pathway planning, needle placement with a laser beam and augmented fluoroscopy guidance, and post-procedure ablation-zone assessment. Technical advancements included the use of a coaxial needle for synchronous biopsy and ablation and a fine adjustment tool.

Results: In total, 145 lesions in 127 patients (82 females and 45 males; mean age, 59.8 ± 13.1 years [standard deviation]; single nodule, 113 patients; multiple nodules, 14 patients) were analyzed. The median global operating-room time, procedure time, total dose area product, and postoperative stay were 110 minutes, 45 minutes, 19,701 μGym^2, and 2 days, respectively. CBCT-guided MWA improved diagnostic yield for subcentimeter lung lesions to 59.5% with intra-parenchymal fine adjustment, compared to 26.7% without. Pneumothorax rates decreased significantly to 6% with coaxial needles for biopsy and ablation, compared to 12.1% with prior methods. Post-procedure complications were mostly tolerable, with two fatal complications occurring in the early cohort.

Conclusion: The MWA technique is safe and feasible, with various technical strategies enhancing its efficacy. The intra-parenchymal fine adjustment method significantly improves small-nodule biopsy yield.

口頭報告 (Oral Presentation)

Others

ORI-0005

Intubated bronchoscopy under high-flow oxygenation and deep sedation without a ventilator or anesthesiologist: Interim results from a prospective multicenter study

Donghyun Lee

Purpose: Deep sedation during bronchoscopy improves patient comfort and procedural success but carries risks such as respiratory depression and airway compromise. To enhance safety, we implemented pre-emptive intubation and high-flow oxygenation during deep sedation. This study aimed to evaluate the safety and feasibility of this approach.

Methods: Patients undergoing advanced bronchoscopic procedures were prospectively enrolled at two centers. Under the direction of the bronchoscopist, deep sedation was achieved using fentanyl and remimazolam, targeting a Modified Observer's Assessment of Alertness/Sedation (MOAA/S) score of ≤2. After endotracheal intubation, patients received high-flow oxygen (initiated with FiO_2 50% and a flow rate 40 L/min) throughout the procedure. Hypoxia, the primary endpoint, was defined as an oxygen saturation (SpO_2) of <94% lasting more than 10 seconds. Secondary outcomes included severe hypoxia (SpO_2 <90% for over 60 seconds), procedure delay or early termination, complications, and patient satisfaction.

Results: A total of 26 patients (69.2% male; mean age 70.8 ± 8.3 years) were enrolled for this interim analysis. Procedures performed were radial EBUS (34.6%), convex EBUS (30.8%), combined (radial + convex) EBUS (23.1%), and cryobiopsy (11.5%). The mean total procedure time (from sedative administration to extubation) was 35.7 ± 11.5 minutes, and the mean time from sedative administration to endotracheal intubation was 7.7 ± 2.2 minutes. Hypoxia was observed in 26.9% (7/26) of cases, with severe hypoxia in 7.7% (2/26). No procedure delays or early terminations were observed. Bleeding complications occurred in 7.7% (2/26) of patients, with one requiring ICU admission. The satisfaction survey in 23 patients showed 91.3% (21/23) no distress or satisfaction, 4.3% (1/23) tolerable, and 4.3% (1/23) distress.

Conclusion: Proceduralist-directed deep sedation with pre-emptive intubation and high-flow oxygenation was safe and feasible for advanced bronchoscopy, with minimal procedure disruptions and high patient satisfaction.

海報展示 (Poster)

Others

ORI-0003

Improving genetic testing success for non-small cell lung cancer with revised endobronchial ultrasound-guided transbronchial needle aspiration specimen handling

LNAOFUMI SHINAGAWA

Background: Successful multi-gene testing for non-small cell lung cancer (NSCLC) requires proper specimen processing. In a retrospective review of AmoyDx® testing using specimens obtained via endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), we observed a high incidence of RNA failure. To address this, we revised specimen processing methods and submission criteria for AmoyDx® testing.

Objective and Methods: We compared test success rates, RNA failure rates, and gene mutation detection rates between two groups. The conventional group included cases tested with bronchoscopic specimens between April 2023 and February 2024. The new group comprised cases tested between March 2024 and October 2024 after implementing revised specimen processing methods and submission criteria.

Results: In the conventional group, Oncomine Dx® was performed on 29 cases, AmoyDx® on 36, and Compact Panel Dx® on 1. In the new group, Oncomine Dx® was performed on 18 cases, AmoyDx® on 10, and Compact Panel Dx® on 5. The test success rate was 100% for all methods in both groups. However, the RNA failure rate for AmoyDx® decreased from 42% in the conventional group to 20% in the new group. Among EBUS-TBNA specimens, RNA failure dropped significantly from 56% (5/9) to 0% (0/3). The gene mutation detection rate was 50% in the conventional group and 45% in the new group.

Conclusion: Revising the EBUS-TBNA specimen processing method and submission criteria for AmoyDx® was associated with a reduction in RNA failure in genetic testing using bronchoscopic specimen.

海報展示 (Poster)

Others

PCF-0003

Endobrochial tuberculosis presenting with hemoptysis recurrent: a bronchoscopic approach

Putri Rahmah Dhandi

Endobronchial tuberculosis (EBTB) is a rare but significant manifestation of tuberculosis that affects the tracheobronchial tree, often leading to complication such as recurrent hemoptysis. Diagnosis EBTB can challenging due to its nonspecific symptoms, which may mimic other respiratory disease. Bronchoscopy emerges as a critical diagnosis tool, enabling direct visualization of endobronchial lesions, collection of tissue samples and identification of rapid molecular test.

Case report: A 41-years old woman was admitted to hospital with hemoptysis of about 2 ml/day since two month and worsening since 8 day. Patient was also chest pain and cough since two week. No history of tuberculosis. Physical examination symmetrical, right upper lobe crackles were heard. Chest x-ray showed infiltrate on retrocardiac, increased bronchovascular and cardiomegaly. CT scan finding segmental bronchial narrowing, complete endobronchial obstruction in upper left lobe. Flexible bronchoscopy revealed oedematous hyperemic and mass infiltrative of the right and left main bronchus, lower left lobe. Mtb detected and rifampicin resistance not detected on the microbiological examination of bronchoalveolar lavage. We suggest patients to be treated with anti-tuberculosis drugs.

Conclusion: This case report highlight the role of bronchoscopy in diagnosing and managing patient with EBTB presenting with recurrent hemoptysis, emphasizing the importance of early intervention to prevent complications and improve outcomes. This case underscores the importance of a multidisciplinary approach, integrating bronchoscopic findings with clinical, radiological, and microbiological data, to optimize the management of EBTB. Increased awareness and further research are needed to improve diagnostic accuracy and therapeutic strategies, particularly in regions with a high tuberculosis burden.

海報展示 (Poster)

Others

PCI-0001

Tracheobronchial Aspergillosis Presenting as Right Recurrent Laryngeal Nerve Palsy

Hwan Jin Lee

Introduction: Severe fever with thrombocytopenia syndrome (SFTS) has been increasingly associated with invasive pulmonary aspergillosis (IPA) in immunocompromised hosts, occurring in 20–44% of cases. While tracheobronchial aspergillosis typically causes respiratory failure, it rarely manifests with neurologic deficits such as recurrent laryngeal nerve (RLN) palsy. This novel case of SFTS-associated tracheobronchial aspergillosis presenting as right RLN palsy underscores the critical need for early fungal screening, particularly in patients with prolonged immunosuppression or extended ICU stays.

Case Presentation: A 65-year-old diabetic male with a history of cerebral infarction presented with hoarseness and productive cough one month after recovering from SFTS-associated encephalopathy. During his initial SFTS hospitalization, he required mechanical ventilation for 14 days and underwent plasmapheresis for encephalopathy management.

Clinical and Radiologic Findings: Chest computed tomography (CT) revealed diffuse thickening of the distal trachea and right bronchus, accompanied by right middle lobe atelectasis (Figure 1). Flexible bronchoscopy demonstrated severe inflammation of the distal trachea, right main bronchus, and bronchus intermedius, with yellow necrotic debris and ulcerative lesions (Figure 2). Laryngoscopy identified right vocal cord paralysis with incomplete closure, consistent with RLN palsy.

Diagnostic Workup: Histopathology of bronchial biopsies revealed septate hyphae with acute-angle branching, confirming Aspergillus invasion. Serum galactomannan levels were elevated (index: 1.5; normal <0.5). Fungal culture identified Aspergillus fumigatus.

Management and Outcome: The patient received intravenous voriconazole (6 mg/kg loading dose, followed by 4 mg/kg twice daily). Within two weeks, hoarseness resolved, and repeat laryngoscopy showed restored vocal cord mobility. Follow-up bronchoscopy at three months revealed complete resolution of necrotic lesions and airway patency.

Conclusion: SFTS patients, particularly those with comorbidities or prolonged ICU stays, are at high risk for IPA. Unexplained respiratory or neurologic symptoms should prompt evaluation for tracheobronchial aspergillosis. Early diagnosis and antifungal treatment are essential, highlighting the need for routine fungal screening in SFTS management protocols.

海報展示 (Poster)

Others

PRA-0003

Applications of CT-based radiomics for the prediction of immune-related adverse events in non-small cell lung cancer

Ling Zhang

Purpose: The aim of this study was to construct and validate a radiomics model for predicting irAEs based on CT radiomics features of NSCLC.

Methods: Data were collected from 142 NSCLC patients received immune checkpoint inhibitors (ICIs) and analyzed retrospectively, and radiomics features were extracted from contrast-enhanced computed tomography (CECT) scans. A group of 42 patients were selected as the validation set. Univariable and multivariable analyses were used to analyze the risk factors for irAEs. The t-test, Max-Relevance and Min-Redundancy (mRMR) and the least absolute shrinkage and selection operator (LASSO) were used to select radiomics features. Subsequently, logistic regression (LR) was used to establish the predictive model, and the receiver operating characteristic curve (ROC) was employed to validate the model. The consistency index (C index) was used to assess the predictive performance of the model, while decision curve analysis (DCA) was conducted to compare the clinical performance of the model.

Results: A total of 2135 radiomic features were extracted, and 18 features were retained after feature screening. EOS% and IFN- γ are independent risk factors for iRAE. In the training group and test group, the AUC values of the radiomics-clinical comprehensive model were 0.864 and 0.825, respectively, and the C index values were 0.821 and 0.852, respectively. These values exceed clinical or radiomics models alone.

Conclusions: A machine learning-based radiomics-clinicopathological model could effectively predict iRAE in NSCLC and provides a powerful tool for precise risk stratification of patients with high-risk postoperative iRAE.

海報展示 (Poster)

Others

PRC-0007

Expression and prognostic value of serum exosome let-7a and miR-155 combined lung function indexes in children with acute asthma attack

Kunpeng Yao

Objective: To investigate the expression of serum exosome let-7a and miR-155 and lung function changes in children with acute bronchial asthma and evaluate their prognostic value.

Methods: Sixty children with acute bronchial asthma admitted from March 2021 to March 2023 were included as the observation group, while 60 healthy children undergoing physical examination were selected as the control group. Serum exosome let-7a and miR-155 levels were detected by ELISA and RT-PCR, and their correlations with lung function indexes were analyzed using Spearman correlation. Prognosis was assessed after one month, dividing patients into good and poor prognosis groups. Logistic regression analyzed prognostic factors, and ROC curves evaluated predictive value.

Results: Compared to the control group, let-7a levels were lower and miR-155 levels were higher in the observation group (P<0.05). let-7a was positively correlated with FEV1/FVC and FEV1, while miR-155 was negatively correlated (P<0.05). Poor prognosis was associated with respiratory infections, lower FEV1/FVC, FEV1, let-7a, and higher miR-155 levels (P<0.05). Logistic regression identified let-7a, miR-155, FEV1/FVC, and FEV1 as independent prognostic factors (P<0.05). ROC analysis showed the combined prediction model had the highest AUC (0.803, P<0.05).

Conclusion: Serum exosome let-7a and miR-155 levels are significantly correlated with lung function during acute asthma attacks in children. Their combined analysis improves prognostic prediction.

海報展示 (Poster)

Others

PRD-0002

Comparisons of atherogenic index of plasma and triglyceride-glucose-BMI index for predicting depression in older adults

Yi Zhang

Predicting depression in older adults

Background: Increasing evidence suggests that insulin resistance plays an important role in the pathogenesis of depression. The atherogenic index of plasma (AIP) and triglyceride-glucose index adjusted for body mass index (TyG-BMI) are novel indicators of insulin resistance. The current study aimed to investigate and compare the predictive capability of AIP and TyG-BMI for predicting depression in the older adults.

Methods: A total of 149 older adults with depression as confirmed by experienced psychiatrists were included in this single center study. Another 101 older adults without depression served as controls. The predictive capabilities of AIP and TyG-BMI for depression were evaluated and compared using receiver-operating characteristic (ROC) curves. Patients were divided into 3 groups based on the tertile of AIP or TyG-BMI. AIP was calculated as log (triglyceride [mmol/L]/ high-density lipoprotein cholesterol [mmol/L]) and TyG-BMI as Ln (triglyceride [mg/dl] × fasting blood glucose [mg/dL] × 0.5)/BMI.

Results: Multivariate logistic regression analysis indicated that the higher tertile of AIP (OR=2.92, 95% confidence interval 2.42-4.08) and TyG-BMI (OR=1.72, 95% confidence interval 1.32-2.31) were associated with increased likelihood of depression. The ROC curves showed that the area under the curve for predicting depression by AIP was 0.81 (0.74-0.88), which is significantly higher than that by TyG-BMI (0.69 [0.64-0.74], P<0.001). The sensitivity and specificity for predicting depression were 78% and 67%, respectively, for AIP, and 68% and 47%, respectively, for TyG-BMI.

Conclusion: Although both AIP and TyG-BMI are independent predictors of depression, the AIP is superior to TyG-BMI predicting depression in older adults.

海報展示 (Poster)

Others

PRF-0001

Clinical Application Value of mNGS Detection of BALF for Pathogen-oriented Diagnosis and Treatment of Elderly Patients with Severe Pneumonia

Xiaomin Wu

Objective: This study aims to evaluate the clinical application value of bronchoalveolar lavage fluid (BALF)-based metagenomic next-generation sequencing (mNGS) in the diagnosis and treatment of severe pneumonia in elderly patients.

Methods: This retrospective study involved elderly patients with severe pneumonia admitted to Chongqing Hechuan District People's Hospital from October 2022 to September 2024 was conducted. A total of 102 patients were selected and divided into mNGS group and conventional method group. The patients whose BALF samples detected by mNGS went to mNGS group, while the remaining patients comprised the conventional method group. The pathogenic diagnostic efficacy of the two groups was compared, and the characteristics of the pathogen and clinical manifestations were analyzed using SPSS.

Results: The pathogen identification rate in the mNGS group was significantly higher than that in the traditional method group 95.6% (43/45) vs 75.4%(43/57), and the average diagnostic time was significantly shorter than the traditional method group (1.5±0.5) vs (5.6±1.6) days, with all differences statistically significant (P<0.05). The rate of clinical improvement, length of stay (LOS) of intensive care unit (ICU), and mechanical ventilation (MV) time for the mNGS group and traditional method group were 86.7% (39/45) vs 71.9% (41/57), (8.5±1.2) vs (13.9±1.5) days, and (143.1±15.3) vs (261.6±20.7) hours, with all showing statistically significant differences (P<0.05). Among the 82 isolated microbes, Acinetobacter baumannii was the most frequently detected pathogen (13/82). Multidrug resistance (MDR) were observed in 74.4%(61/82) of the cases, which was higher than the rate of extensive drug resistance (XDR) at 23.2% (19/82), and pandrug resistance (PDR) was not observed.

Conclusion: This study highlights mNGS on BALF as highly effective for diagnosing and treating severe pneumonia in elderly patients, improving outcomes (higher recovery rates, shorter ICU stays, reduced ventilation time) and addressing multidrug-resistant infections.

海報展示 (Poster)

Others

PRH-0001

Clinical efficacy of Cangfu Daotan decoction combined with Xuebijing injection on severe pneumonia with phlegm-damp retention pulmonary: a prospective randomized clinical study

Lin Zhang

Methods: This was a prospective, randomized, controlled trial that included 80 adults aged 17-90 years with severe community-acquired pneumonia. The participants were randomly divided into the Combined group (n=40) or the Control group (n=40). The Control group received conventional medications, while the Combined group was treated with Xuebijing (intravenous infusion) in conjunction with Daotan decoction and reducing formula (oral/nasal feeding), in addition to the non-traditional Chinese medicine group.

Outcomes and Main Results: The two groups were observed for testing indicators, scoring indicators, efficacy related indicators, and adverse reactions. After traditional Chinese medicine treatment, RBC, WBC, NEUT%, PCT, CRP, IL-6 were significantly lower, and PaO2/FiO2 was significantly higher than the Control group (P<0.05). The CPIS and SOFA scores of the Chinese medicine group after treatment were significantly lower than the non-traditional Chinese medicine group (P<0.05). The 28-day mortality rate (5.00% vs 17.50%) and mechanical ventilation time (2.02 ± 0.46 vs 3.91 ± 0.82 days) of the Chinese medicine group were significantly lower than the non-traditional Chinese medicine group (P<0.05).

Conclusions: In patients with severe pneumonia and phlegm-damp retention pulmonary, Cangfu Daotan decoction combined with Xuebijing injection led to a statistically significant improvement in the primary endpoint of the pneumonia severity index as well a significant improvement in the secondary clinical outcomes of mortality, duration of mechanical ventilation and duration of ICU stay.

海報展示 (Poster)

Others

PRI-0001

Analysis of the impact of pneumoconiosis staging on anti-tuberculosis treatment and prognosis of patients with combined pulmonary tuberculosis

XLin Zhang

Objective: To investigate the impact of pneumoconiosis staging on anti-tuberculosis treatment efficacy and prognosis in patients with pneumoconiosis combined with tuberculosis.

Methods: A retrospective analysis of 80 patients (aged 36-57) with pneumoconiosis and tuberculosis admitted from February 2020 to February 2024 was conducted. Patients were categorized by pneumoconiosis stage (I, II, III), and their anti-tuberculosis treatment outcomes and prognosis were analyzed.

Results: Of 80 patients, 12 (15.0%) were stage I, 46 (57.5%) stage II, and 22 (27.5%) stage III. Anti-tuberculosis treatment success rates were 91.7% (stage I), 80.4% (stage II), and 45.5% (stage III), showing a significant decline with higher stages (P<0.05). Multivariate logistic regression identified pneumoconiosis stage (OR=1.521, 95% CI: 1.052-2.327), age (OR=1.232, 95% CI: 0.928-1.746), and number of tuberculosis foci (OR=1.824, 95% CI: 1.223-2.671) as significant prognostic factors (all P<0.05).

Conclusion: Higher pneumoconiosis stages, advanced age, and increased tuberculosis foci correlate with poorer anti-tuberculosis treatment outcomes and prognosis.

海報展示 (Poster)

Others

PRI-0002

Risk factors for postoperative pulmonary infection in laryngeal cancer patients: an analysis using lasso and logistic regression to develop a preliminary nomogram-based prediction model

Hang Fu

Objective: This study aims to identify risk factors for postoperative pulmonary infection in patients with laryngeal cancer and to establish a risk prediction model using a nomogram.

Methods: A retrospective analysis was conducted on patients with laryngeal cancer who were admitted to the otolaryngology department of our hospital from February 2019 to May 2024. Patients were divided into an infection group and a non-infection group based on the occurrence of postoperative pulmonary infection. Univariate analysis, the Least Absolute Shrinkage and Selection Operator (Lasso) algorithm, and multivariate Logistic regression were utilized to identify risk factors for postoperative pulmonary infection. Risk prediction was visualized using a nomogram developed with R software. Internal validation was performed using the Bootstrap method. Discrimination of the model was assessed by the concordance index (C-index), and calibration was evaluated using calibration plots.

Results: Univariate analysis, Lasso regression, and Logistic regression identified the following as significant predictors of postoperative pulmonary infection in patients with laryngeal cancer: age (OR=7.073, 95%CI: 2.002-24.987), diabetes (OR=9.317, 95%CI: 3.027-28.678), coronary artery disease (OR=21.182, 95%CI: 3.190-140.653), surgical method (OR=4.521, 95%CI: 1.331-15.349), duration of surgery (OR=25.167, 95%CI: 4.044-153.059), and postoperative administration of intravenous albumin (OR=32.32, 95%CI: 7.491-235.147). The predictive model demonstrated a C-index of 0.946 (95%CI: 0.912-0.979) with a specificity of 87.3% and a sensitivity of 92.6%. The model's Brier score was 0.062. After internal validation, the model's C-index was 0.938.Calibration plots showed high congruencebetween the predicted probabilities and actual outcomes.

Conclusion: The Nomogram-based risk prediction model for postoperative lunginfection in laryngeal cancer patients demonstrates excellent discrimination and calibration, providing valuable clinical insight for predicting postoperative lunginfections in these patients.

海報展示 (Poster)

Others

PRI-0003

Effects of oral probiotics combined with supplemental parenteral nutrition on nutritional status and prognosis in patients with severe pneumonia

Bin Sun

Objective: This study aimed to assess the effects of oral probiotics combined with SPN on the nutritional status and prognosis of patients with severe pneumonia.

Methods: A retrospective selection was conducted on patients with severe pneumonia admitted to Chongqing Liangjiang New Area Traditional Chinese Medicine Hospital from February 2023 to July 2024. A total of 53 patients receiving oral probiotics combined with SPN were designated as the study group, while 78 patients receiving TPN served as the control group. Statistical differences between the two groups were compared by SPSS, and risk factors were analyzed.

Results: After treatment, the levels of ALB, TP, CRP, AAD and ICU length of stay in the study group and the control group were (38.7±4.1) g/L vs (34.5±6.3) g/L, (65.3±6.9) g/L vs (58.6±7.4) g/L, (32.2±3.5) mg/L vs (38.9±4.2) mg/L, 28.3% vs 46.2%, and (8.4±2.1) days vs (10.2±3.5) days, respectively, with all differences being statistically significant (P<0.05). Binary Logistic regression analysis indicated that oral probiotics combined with SPN [OR=0.45 (95% CI, 0.26-0.76), P = 0.01] was an independent factor for improving patient prognosis.

Conclusion: The oral probiotics combined with SPN might have played an important role in enhancing the nutritional status and improving the prognosis of patients with severe pneumonia.

海報展示 (Poster)

Others

PRI-0004

Comparison of Sedation-Related Outcomes Between rEBUS-TBLB and rEBUS-TBNA Combined with EBUS-TBNA: A Nursing Perspective.

Goun Hwang

Purpose: The use of radial endobronchial ultrasound-guided transbronchial lung biopsy (rEBUS-TBLB) for diagnosing peripheral lung lesions is increasing in Korea. When lung cancer is suspected, endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is often added during the same session for staging. As procedures become more complex, the role of nursing staff during sedation recovery is increasingly important. This study aimed to compare sedation-related outcomes between rEBUS-TBLB alone and combined rEBUS-TBLB with EBUS-TBNA, from a nursing perspective.

Methods: We retrospectively analyzed patients who underwent either rEBUS-TBLB alone or combined rEBUS-TBLB with EBUS-TBNA at the National Cancer Center, Korea, between November 2024 and March 2025. Procedure time, total sedative dosage, recovery time in the post-procedure unit, and MOAA and PAR scores at discharge were compared.

Results: A total of 149 patients were included: 109 in the rEBUS-TBLB alone group and 40 in the combined group. The median ages were 69 and 66 years, respectively (p=0.815). Compared to the rEBUS-TBLB alone group, the procedure time was significantly longer in the combined group (34.7±11.6 minutes vs. 44.4±10.1 minutes, p<0.001). There were no significant differences in the total doses of fentanyl (76.1±16.8 vs. 78.1±15.2 mcg, p=0.515) or midazolam (3.9±1.0 mg vs. 4.2±0.8, p=0.128). Recovery time in the post-procedure unit was also similar between the two groups (33.4±7.7 vs. 33.3±7.3 minutes, p=0.928). The mean MOAA score at the time of recovery unit discharge was 5.0±0.1 in the rEBUS-TBLB alone group and 5.0±0.0 in the combined group (p=1.00). The PAR scores were 8.7±0.6 and 8.8±0.4, respectively, with no statistically significant difference (p=0.096).

Conclusion: Despite longer procedure time, combining EBUS-TBNA with rEBUS-TBLB did not significantly affect sedation-related outcomes. These findings suggest that the addition of EBUS-TBNA does not increase the sedation care burden in bronchoscopy nursing practice.

海報展示 (Poster)

Others

PRI-0005

Dynamic Observation of Immune Function in Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease Complicated by Invasive Pulmonary Aspergillosis

Chaoyuan Liu

Objective: This study aimed to investigate the changes in immune function in patients with AECOPD before and after the onset of IPA, as well as the relationship with prognosis.

Methods: A retrospective cohort study design was employed to screen patients with AECOPD admitted to Chongqing Songshan Hospital from October 2023 to September 2024. Patients with and without IPA were classified into the study group (n=41) and the control group (n=127). Clinical characteristics of the two groups were compared and logistic regression analysis was conducted to identify risk factors for IPA.

Results: The probability of comorbid diabetes in the study group was 48.8% compared to 11.0% in the control group, with a statistically significant difference (P<0.05). The levels of albumin, IgG, CD4+ T cells percentage, and IL-6 were (30.4±4.1) g/L vs (35.6±3.8) g/L, (7.6±1.5) g/L vs (9.5±1.7) g/L, (28.7±6.5)% vs (36.0±7.1)% and (47.3±15.8) pg/mL vs (29.7±11.1) pg/mL respectively, all showing statistically significant differences (P<0.05). Comorbid diabetes [OR=7.39 (95% CI, 3.70-14.76), P=0.01] was identified as an independent risk factor for invasive pulmonary aspergillosis in patients with AECOPD.

Conclusion: Albumin, IgG, CD4+ T cells percentage, and IL-6 were the primary observational indicators reflecting the presence of comorbid IPA in patients with AECOPD, and comorbid diabetes was identified as an independent risk factor influencing the occurrence of IPA in these patients.

海報展示 (Poster)

Others

PRI-0006

Respiratory syncytial virus infection in hospitalized Taiwanese adults ≥50 years of age with cardiovascular disease

Costello Medical

Purpose: To evaluate clinical characteristics and outcomes of hospitalized Taiwanese adults aged ≥50 years with respiratory syncytial virus (RSV) infection and underlying cardiovascular disease (CVD).

Methods: This retrospective cohort study was conducted in five Taiwan tertiary care hospitals. The analysis included 80 hospitalized adults aged ≥50 years with ≥1 documented chronic CVD and a positive RSV test between July-1-2014 and December-8-2023 (index date). Clinical outcomes and healthcare resource utilization were extracted through chart reviews using a standardized case report form.

Results: The mean age was 76.8 years (standard deviation: 11.9; 38.8% [n=31] aged ≥80 years), and 53.8% (n=43) of patients were male. Before the RSV episode, 87.5% (n=70) resided at home, while 10.0% (n=8) lived in nursing homes/assisted living facilities. The most common CVDs were arrhythmia (58.8%, n=47), coronary artery disease (48.8%, n=39), and heart failure (41.3%, n=33). The conditions most frequently associated with CVD were renal impairment (52.5%, n=42), diabetes mellitus (43.8%, n=35), and immunocompromised status (43.8%, n=35). 36 (45.0%) patients had a prior hospitalization within 3 months before RSV diagnosis.

The median (interquartile range [IQR]) hospital length of stay was 14.0 (10.0–26.5) days. Supplemental oxygen therapy was required in 88.8% (n=71) of patients, with 31.3% (n=25) and 27.5% (n=22) requiring non-invasive and invasive mechanical ventilation, respectively. 35 (43.8%) patients required intensive care unit (ICU) admission (median [IQR] ICU stay: 7.0 [4.0–12.5] days). In-hospital complications included decompensated heart failure (16.3%, n=13), myocardial infarction (5.0%, n=4), and pneumonia (72.5%, n=58). In-hospital mortality was 21.3% (n=17). Of 60 patients discharged alive, 24 (40.0%) had a discharge diagnosis of RSV-related pneumonia.

Conclusion: Hospitalized Taiwanese adults aged ≥50 years with underlying CVD and RSV infection had high rates of in-hospital complications and substantial healthcare resource utilization. RSV prevention strategies targeting this population may have important public health implications, warranting further investigation.

海報展示 (Poster)

Others

PRI-0007

linical Outcomes of Bedside Ultrasound-Guided Pericardiocentesis in Adults with Pericardial Effusions: A Retrospective Study

Yu-Chang Fu

Purpose: To evaluate the effectiveness, clinical outcomes, and technical success of bedside ultrasound-guided pericardiocentesis in the treatment of pericardial effusions in adults.

Methods: We retrospectively analyzed 80 pericardial drainage procedures performed under ultrasound guidance using the Seldinger technique between January 2018 and December 2024. All patients had sonographically confirmed pericardial effusions. The mean age was 58.7 ± 14.3 years, with 52 male and 18 female patients. Malignancy accounted for 82.5% of the nderlying etiologies.

Results: Catheter placement into the pericardial space was successful in 97.5% of cases (78/80), enabling effective drainage in all cases under ultrasound guidance. The most common cause of pericardial effusion was lung cancer (50/80, 62.5%), while tuberculosis (11/80, 13.8%) was the most frequent benign cause.

There were no procedure-related deaths. Regarding the nature of the effusion, 32% were hemorrhagic, 40% were serosanguinous, and 18% were serous. The type of effusion was not associated with patient outcomes. The overall 90-day mortality rate was 38%, with a higher mortality observed in patients with lung cancer compared to other etiologies. Ultrasound-guided pericardiocentesis was effective for pericardial fluid removal and/or tamponade relief in all cases, with no major complications reported.

Conclusions: Bedside ultrasound-guided pericardiocentesis is a safe, effective, and efficient method for managing pericardial effusions of various causes in adults. However, lung cancer-related pericardial effusion is associated with a high mortality rate despite successful procedural outcomes.

Mediastinum staging / diagnosis

口頭報告 (Oral Presentation)

Mediastinum staging/diagnosis

ORI-0004

Artificial Intelligence-Based Rapid-On-Site Cytological Assessment During Bronchoscopy Examinations

I-TING CHEN

Purpose: Rapid on-site evaluation (ROSE) enhances the diagnostic accuracy of bronchoscopy by confirming specimen adequacy in real time. However, ROSE requires the physical presence of a pathologist or cytotechnologist, limiting its availability due to time and personnel demands. This study evaluates an artificial intelligence (AI) model for classifying cytomorphology in endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) smears.

Methods: Cytology slides from EBUS-TBNA procedures were stained with Wright's stain and assessed on-site by an experienced cytotechnologist. Whole-slide images were digitized using an automated scanner. An image-processing algorithm filtered out blank fields of view (FOVs), and an AI-based lymphocyte model was developed to classify the remaining images based on the presence or absence of atypical cells. Randomized data augmentation was used to enhance model generalizability.

Results: A total of 201 ROSE slides were analyzed: 167 (83.1%) malignant and 34 (16.9%) benign. The AI model achieved a sensitivity of 97.60% and specificity of 100%. After augmenting 10,000 images for training and validation, the model maintained high performance with 97.52% sensitivity and 100% specificity.

Conclusions: The AI-based lymphocyte model demonstrated classification performance comparable to that of on-site cytologists, highlighting its potential as a supportive tool in evaluating respiratory lesions.

海報展示 (Poster)

Mediastinum staging/diagnosis

PCB-0001

Two cases of endoscopic ultrasound with bronchoscope-guided fine needle aspiration (EUS-B-FNA) of the left adrenal gland metastases

Fai Man Lam

Introduction: Experienced bronchoscopists can safely perform endoscopic ultrasound(EUS) using the endobronchial ultrasound(EBUS) bronchoscope to sample lung and mediastinal lesions along the esophagus and left adrenal gland(LAG) lesions from stomach. For patients who cannot tolerate transbronchial examination, the transesophageal route is an alternative as it causes less cough, less desaturation and requires less sedation.

EUS-B was adopted as a complementary examination in our EBUS sessions since 2017.We report 2 cases of EUS-B-FNA of LAG metastasis, which was performed in our centre without the availability of rapid on-site evaluation(ROSE).

Case Report:
Case 1: A 78-year-old lady has a small right lower lobe(RLL) tumor, mediastinal lymph nodes, bone, liver, bilateral adrenals, and brain metastases on PET-CT imaging.To confirm the histology and staging, EUS-B-FNA of the LAG, EBUS-FNA of subcarinal lymph node and RLL transbronchial biopsy were done sequentially under conscious sedation. All procedures were uneventfully completed within 1 hour. EUS-B-FNA to LAG showed non-small cell carcinoma and yielded adequate tissue for EGFR, ALK and PDL-1 studies. EBUS-TBNA of subcarinal LN also revealed non-small cell carcinoma while peripheral EBUS-guided RLL biopsy only yield atypical cells.

Case 2: A 69-year-old lady with impending right lung collapse by a right main bronchus tumor developed further desaturation during bronchoscopy.The procedure was switched to EUS-B which was better tolerated. EUS-B-FNA to LAG mass and her subcarinal LN were performed, both results confirmed adenocarcinoma of lung with adequate tissue for EGFR, ALK and PDL-1 studies.

Coclusion: Timely tissue diagnosis and staging are important in patients with advanced or rapidly progressive lung cancer. Bronchoscopists should maximize the yield of an examination session by including different safe and effective ways to get adequate tissue for further molecular testing or next generation sequencing. The skill of EUS-B-FNA is not difficult to acquire by experienced bronchoscopists. Its safety and complementary roles are well-recognized.

海報展示 (Poster)

Mediastinum staging/diagnosis

PRB-0001

Artificial Intelligence-Based Rapid-On-Site Cytological Assessment During Bronchoscopy Examinations

I-Hung Lin

Background: Endobronchial ultrasound (EBUS)-guided transbronchial needle aspiration (TBNA) has been widely accepted as a safe and minimally invasive approach for sampling mediastinal lesion, replacing the more invasive mediastinoscopy in most cases. The modified EBUS-guided intranodal forceps biopsy (IFB) technique, which allows the use of standard 1.9 mm bronchoscopic forceps instead of the 1.1 mm microforceps used in the original IFB, requires no additional specialized equipment and has been proven to be a feasible procedure. The aim of present study was to validate modified EBUS-IFB in Taiwan.

Methods: From December 2024 to March 2025, we enrolled patients who underwent both EBUS-TBNA and EBUS-IFB for the differential diagnosis of mediastinal lesions in Taichung Veterans General Hospital. We analyzed the diagnostic yield rate and the complication rates.

Results: Between December 2024 and March 2025, we performed 28 cases of EBUS-IFB. The median age was 61(32–83), and 60.7% patients were male. Among these patients, 4(14.3%) had undergone prior cancer treatment and required re-biopsy. The target lesions were primarily mediastinal or hilar lymph nodes, while the most common site being station 7(42.9%, n=12).

Definitive diagnoses were achieved in 27 cases (96.4%). For malignancies, the diagnostic yield rate was 95.45%, while for patients who had undergone previous treatment and required re-biopsy, the diagnostic yield rate was 75%. The proportion of cases in which a diagnosis was made exclusively by IFB rather than TBNA was 57.1% for benign lesions (n=7) and 10% for malignant lesions (n=20). Regarding complications, no major adverse events such as mediastinitis were observed following the modified EBUS-IFB. However, 2 (7.4%) of patients experienced minor complications, presenting as transient fever within 24 hours post-procedure.

Conclusion: Although our study is limited by the relatively small sample size, our findings suggest that modified EBUS-IFB is a safe, effective, and accessible technique for diagnosing mediastinal lesions.

海報展示 (Poster)

Mediastinum staging/diagnosis

PRB-0002

Tdefining Management Strategies for Mediastinal Bronchogenic Cysts: The Emerging Role of Endobronchial Ultrasound-guided Transbronchial Needle Aspiration

FYu Hua Su

Purpose: Surgical resection has traditionally been considered the treatment of choice for mediastinal bronchogenic cysts. However, recent systematic reviews suggest that endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) may play a role in the diagnosis and management of these cysts. This study aimed to report our experience with EBUS-TBNA in the diagnosis and management of mediastinal bronchogenic cysts.

Methods: We retrospectively reviewed the medical records of patients with evidence of mediastinal cysts who underwent EBUS-TBNA between 2008 and 2024.

Results: A total of 19 patients met the inclusion criteria. The median age was 41.5 ± 3.8 years, and the majority were male (n = 15). Most patients were asymptomatic at presentation (n = 17), and the majority of cysts were located in the paratracheal region (n = 15). Endosonographic evaluation revealed hypoechoic lesions in 14 patients and anechoic lesions in 5 patients. All patients underwent successful TBNA without any complications or procedure-related deaths. The median follow-up duration was 18 months, during which no recurrences were observed.

Conclusions: Bronchoscopy, particularly EBUS combined with TBNA, is a valuable tool for the diagnosis of mediastinal bronchogenic cysts. EBUS allows confirmation of the cystic nature of the lesion, while TBNA facilitates diagnostic sampling of cystic fluid. Therapeutic aspiration via EBUS-TBNA may offer a safe, minimally invasive alternative to surgery for selected adult patients with mediastinal bronchogenic cysts.

Central airway obstruction
Pediatrics bronchoscopy
Pleural disease
Therapeutic bronchoscopy_Foreign body removal
Others
Mediastinum staging / diagnosis
Peripheral pulmonary nodule
Interventional Procedures in COPD And Asthma

Peripheral pulmonary nodule

海報展示 (Poster)

Peripheral pulmonary nodule

PCF-0002

Left Lung Squamous Cell Carcinoma Confirmed by Bronchoscopic Forceps Biopsy: An Interesting Case Report

Muhammad Wirio Sudarmo

Introduction: Squamous cell carcinoma of the lung, also referred to as squamous cell lung cancer, is a subtype of non-small cell lung cancer (NSCLC). Approximately 85% of all lung cancers are NSCLCs. Establishing an accurate histologic diagnosis is becoming increasingly important as it can predict both treatment response and potential toxicity. A diagnosis of squamous cell carcinoma is confirmed through histologic examination when at least 10% of the tumor bulk in resected samples exhibits transformation features, such as keratinization or intercellular bridges. This case present a patient with confirmed diagnosis of squamous cell carcinoma with bronchoscopic forceps biopsy and TTNA USG guide.

Case Report: A 43-year-old male with a three-month history of chest pain, worsening in the past month, along with weight loss and a lump on the left side of the neck. the diagnosis of Squamous Cell Carcinoma was established through a histopathological examination using a forceps biopsy via bronchoscopy on the left upper lobe. Bronchoscopy showed partial narrowing and an infiltrative mass in the left upper lobe. A forceps biopsy was taken during the procedure for histopathological analysis, which also confirmed Squamous Cell Carcinoma.The patient has opted for outpatient treatment at the Pulmonary Oncology Clinic in preparation for chemotherapy with Carboplatin and Paclitaxel.

Conclusion: Various invasive techniques, including cryobiopsy, bronchoscopic forceps biopsy, bronchial washing, bronchial brushing, and transthoracic needle aspiration, are commonly used for the histopathological diagnosis of lung cancer, each with varying success rates. This case highlights the role of histopathological examination using forceps biopsy via bronchoscopy and TTNA USG guide in confirming the diagnosis. The patient's clinical presentation, imaging findings, and biopsy results collectively supported the diagnosis, emphasizing the importance of invasive diagnostic methods. Based on the examination results, the patient was diagnosed with left lung tumor, specifically Squamous Cell Carcinoma T4N2M1b stage IVA ECOG 2.

海報展示 (Poster)

Peripheral pulmonary nodule

PRA-0002

Evaluating Efficiency and Adherence in Asian Lung Cancer Screening: Comparing Self-paid and Clinical Study Approaches in Taiwan

吳輔榮 Wu

Rationale and Objectives: This study aimed to assess how different screening methods, specifically self-paid screening versus participation in clinical studies, affect screening efficiency and adherence in a real-world Asian lung cancer screening population.

Materials and Methods: This study collected 4166 participants from our hospital imaging database who underwent baseline low-dose computed tomography (LDCT) between January 2014 and August 2021. Adherence status was determined by counting CT scans, with one check indicating non-adherence and two or more checks indicating adherence. The primary objective was to investigate adherence to LDCT follow-up schedules among individuals with baseline pure ground-glass nodules (GGNs) based on different screening settings and to evaluate adherence status and CT follow-up clinical profiles.

Results: Of the 4166 participants in the study, 3619 in the self-paid group and 547 in the clinical study group were men, with an average follow-up period of 4.5 years. Significant differences were observed in the proportions of Lung-RADS 4 lesions, subsolid nodules, and pure GGN lesions between the self-paid and clinical trial groups. A significant difference was found in adherence rates between the self-paid screening group (60.5%) and the clinical study group (84.8%) ($p < 0.001$). Adherence status rates significantly increased with larger GGN sizes across categories ($p < 0.001$). Multivariate logistic regression revealed that age (odds ratio [OR], 1.025; $p = 0.012$), smoking habits (OR, 1.744; $p = 0.036$), and clinical study screening type (OR, 3.097; $p < 0.001$) significantly influenced the adherence status.

Conclusion: The disparities in Asian lung cancer screening emphasize the need for increased efficacy, public awareness, and culturally sensitive approaches to mitigate overdiagnosis and enhance adherence among self-paying groups.

海報展示 (Poster)

Peripheral pulmonary nodule

PRA-0004

Predicting Treatment Response to Immunotherapy in Advanced NSCLC Using Dynamic CT Changes Before and After Chemo-Radiotherapy

Ling Zhang

Introduction: Squamous cell carcinoma of the lung, also referred to as squamous cell lung cancer, is a subtype of non-small cell lung cancer (NSCLC). Approximately 85% of all lung cancers are NSCLCs. Establishing an accurate histologic diagnosis is becoming increasingly important as it can predict both treatment response and potential toxicity. A diagnosis of squamous cell carcinoma is confirmed through histologic examination when at least 10% of the tumor bulk in resected samples exhibits transformation features, such as keratinization or intercellular bridges. This case present a patient with confirmed diagnosis of squamous cell carcinoma with bronchoscopic forceps biopsy and TTNA USG guide.

Case Report: A 43-year-old male with a three-month history of chest pain, worsening in the past month, along with weight loss and a lump on the left side of the neck. the diagnosis of Squamous Cell Carcinoma was established through a histopathological examination using a forceps biopsy via bronchoscopy on the left upper lobe. Bronchoscopy showed partial narrowing and an infiltrative mass in the left upper lobe. A forceps biopsy was taken during the procedure for histopathological analysis, which also confirmed Squamous Cell Carcinoma.The patient has opted for outpatient treatment at the Pulmonary Oncology Clinic in preparation for chemotherapy with Carboplatin and Paclitaxel.

Conclusion: Various invasive techniques, including cryobiopsy, bronchoscopic forceps biopsy, bronchial washing, bronchial brushing, and transthoracic needle aspiration, are commonly used for the histopathological diagnosis of lung cancer, each with varying success rates. This case highlights the role of histopathological examination using forceps biopsy via bronchoscopy and TTNA USG guide in confirming the diagnosis. The patient's clinical presentation, imaging findings, and biopsy results collectively supported the diagnosis, emphasizing the importance of invasive diagnostic methods. Based on the examination results, the patient was diagnosed with left lung tumor, specifically Squamous Cell Carcinoma T4N2M1b stage IVA ECOG 2.

海報展示 (Poster)

Peripheral pulmonary nodule

PRA-0006

Single-Stage Virtual-Assisted Lung Mapping (VALMAP) with Post-Mapping Mobile Cone-Beam CT Confirmation Followed by Thoracoscopic Sublobar Resection

Geng-Ning HU

Purpose: Virtual-assisted lung mapping (VALMAP) is a multispot dye-marking technique that typically requires real-time fluoroscopic guidance and post-mapping computed tomography (CT) reconstruction. This study aimed to evaluate the feasibility and safety of performing VALMAP under general anesthesia with endotracheal intubation (ETGA), followed by post-mapping localization using a mobile cone-beam CT (CBCT), and subsequent thoracoscopic sublobar resection in a single operative session.

Methods: Transbronchial dye markings using Indigo Carmine were performed under ETGA with an ultrathin bronchoscope (BF-MP290F, Olympus) and a virtual bronchoscopy system (Synapse Vincent, Fujifilm). After mapping, mobile CBCT (Cios Spin, Siemens) was used to confirm the locations of the markings. Patient demographics, mapping details, and surgical outcomes were retrospectively collected. The surgeon assessed the clinical utility of VALMAP for each procedure.

Results: A total of 16 patients (11 females, 5 males) underwent pulmonary lesion localization followed by thoracoscopic resection. The mean age was 55.1 ± 14.4 years, and the mean BMI was 23.2 ± 2.8 kg/m^2. The median lesion size was 7.75 mm [interquartile range (IQR), 7.0–9.0 mm], with a median depth-to-size (D–S) ratio of 2.215 (IQR, 1.733–2.643). The median localization time was 25 minutes (IQR, 21–42 minutes), with a median radiation dose of 124.1 mGy (IQR, 110.1–169.3 mGy) and a median dose area product (DAP) of 1817.5 μGy·m^2 (IQR, 1649.0–2497.4 μGy·m^2).

All patients successfully underwent lesion localization and resection. The average hospital stay was 1.75 ± 1.0 days. Histopathological analysis revealed primary lung cancer in 13 cases (81.3%) and benign lesions in 3 cases (18.7%).

Conclusion: Single-stage VALMAP combined with post-mapping mobile CBCT under general anesthesia, followed by thoracoscopic sublobar resection, is a feasible and safe approach for precise pulmonary lesion localization and resection.

海報展示 (Poster)

Peripheral pulmonary nodule

PRA-0007

PAssessment of a Cost-effective and Easily Applicable Tungsten-Bismuth Radiation Shielding in Fluoroscopy-Guided Bronchoscopy: A Comparison with Conventional Lead-Acrylic Barriers

HEE YUN SEOL

Background: Fluoroscopy-guided bronchoscopy improves diagnostic accuracy for peripheral pulmonary lesions but increases scattered X-ray dose to proceduralists, emphasizing adherence to the "As Low As Reasonably Achievable" principle. The white paper on radiation protection in interventional pulmonology recommends additional shielding with personal protective equipment, such as glass screens and table skirts, to effectively reduce scattered dose. Conventional ceiling-mounted lead-acrylic shields are effective but are often impractical due to high cost and spatial limitations. This study aimed to evaluate whether a cost-effective, tungsten-bismuth radiation shielding sheet could provide comparable protection.

Methods: Scattered dose attenuation was assessed using a tungsten-bismuth shielding sheet (45 × 35 cm, 0.45 mm) in comparison with a ceiling-mounted lead-acrylic barrier (Pb 0.50 mm). A C-arm fluoroscope (65 kVp, 4.2 mA) irradiated an anthropomorphic chest and head phantom. Scattered dose was measured at four heights (50, 90, 130, 170 cm) representing the proceduralist's body levels using a gamma survey meter. Table skirts were applied in all conditions, while additional shielding configurations above the table varied by group. Five shielding scenarios were tested: (1) no shielding, (2) lead-acrylic barrier, and (3) One, two, or three layers of tungsten-bismuth shielding sheets were suspended on a movable clothing rack.

Results: Scattered dose was significantly reduced across all heights when using shielding compared to no shielding. At 130 cm, the mean dose was 708.25 ± 7.28 μSv/h without shielding, reduced to 20.90 ± 0.12 μSv/h with lead-acrylic, and 8.82 ± 0.10 μSv/h with triple-layer tungsten-bismuth shielding. At 90 cm, doses were 444.98 ± 5.12 (no shielding), 11.50 ± 0.50 (lead-acrylic), and 10.69 ± 0.14 μSv/h (3-layer). At 170 cm, values were 230.32 ± 2.63, 2.90 ± 0.04, and 3.28 ± 0.12 μSv/h respectively. Finally, at 50 cm, the dose dropped from 1.11 ± 0.09 μSv/h (no shielding) to 0.82 ± 0.06 (lead-acrylic) and

Central airway obstruction
Pediatrics bronchoscopy
Pleural disease
Therapeutic bronchoscopy_Foreign body removal
Others
Mediastinum staging / diagnosis
Peripheral pulmonary nodule
Interventional Procedures in COPD And Asthma

Interventional Procedures in COPD And Asthma

海報展示 (Poster)

Interventional Procedures in COPD And Asthma

PRC-0003

Study on the influencing factors of treatment compliance in patients with chronic obstructive pulmonary disease based on latent variable mixed growth model

Renhui Zou

Objective: To analyze the influencing factors of treatment compliance in patients with chronic obstructive pulmonary disease (COPD) based on latent variable mixed growth model (LGMM).

Methods: A total of 150 COPD patients who received treatment in hospitals from October 2022 to October 2023 were selected as the research subjects. Using LGMM to predict the trajectory of changes in treatment compliance in COPD patients, and analyzing the influencing factors of treatment compliance in COPD patients through multiple logistic regression analysis.

Results: The treatment compliance score of COPD patients was (5.74 ± 1.12) points. After fitting with LGMM, three potential profiles were selected. 42 patients (28.00%) had good compliance, 53 patients (35.33%) had moderate compliance, and 55 patients (36.67%) had poor compliance. The potential profile category attribution probability matrix for patients with good compliance is 97.29%, for patients with moderate compliance it is 95.24%, and for patients with poor compliance it is 98.31%. The proportion of patients with poor compliance who are aged 60-70 years old, have a high school education or below, have a monthly personal income of ≤ 4000 yuan, have not mastered the disease cognition level, have low social support status, and negative coping is higher than that of patients with good compliance and patients with moderate compliance, and the difference is statistically significant (P<0.05). Age>60 years old, education level of high school or below, personal monthly income ≤ 4000 yuan, lack of disease awareness, low social support status, and negative coping are factors that affect treatment compliance (P<0.05).

Conclusions: COPD patients have low treatment compliance and heterogeneity. The influencing factors of treatment compliance in COPD patients include age, personal monthly income, educational level, disease awareness level, social support, and coping strategies. Corresponding nursing strategies need to be developed in clinical practice to promote the improvement of treatment compliance.

海報展示 (Poster)

Interventional Procedures in COPD And Asthma

PRC-0004

Development of a Prediction Model for Chronic Obstructive Pulmonary Disease Complicated by Chronic Cor Pulmonale Based on Logistic Regression

Ling Zhang

Objective: This study aims to develop a prediction model based on logistic regression analysis to assess the risk factors for chronic cor pulmonale in patients with COPD.

Methods: A retrospective screening of patients with COPD admitted to the People's Hospital of Shapingba District, Chongqing, was conducted from October 2022 to September 2024. A total of 229 patients were included, with those who had concomitant chronic cor pulmonale designated as the study group and those without as control group. SPSS was utilized to perform analysis.

Results: The study group consisted of 76 patients and the control group consisted of 153 patients. The mMRC, FEV1/FVC, LVEF, and TRV for the two groups were 3.3±1.0 vs 1.4±0.7, (46.9±15.6)% vs (55.1±14.5)%, (52.9±9.7)% vs (65.3±6.8)%, and (3.5±0.8) m/s vs (3.2±0.5) m/s respectively, with all differences being statistically significant (P<0.05). Multivariate Logistic regression analysis revealed that mMRC [OR=2.51 (95% CI, 1.84-3.42), P=0.001], FEV1/FVC [OR=0.92 (95% CI, 0.88-0.96), P=0.004], LVEF [OR=0.74 (95% CI, 0.61-0.89), P=0.001], and TRV [OR=4.98 (95% CI, 2.58-9.61), P=0.001] were identified as major risk factors. The AUC was 0.91, with a cut-off value of 0.65, sensitivity of 84.5%, and specificity of 74.2%.

Conclusion: This model demonstrates good predictive power, facilitating early identification of the condition.

海報展示 (Poster)

Interventional Procedures in COPD And Asthma

PRC-0005

Clinical Characteristics and Biomarker Analysis in Patients with Stable Asthma COPD Overlap Syndrome

Ling Zhang

Objective: This study aimed to investigate the clinical characteristics and potential biomarkers of patients with stable ACOS. Methods A retrospective screening and analysis were conducted on newly diagnosed ACOS patients admitted to Chongqing Hechuan District People's Hospital between September 2021 and August 2024, and 85 patients were selected as the study group. Additionally, 85 asthma patients during the same period were selected as control group. SPSS software was used to analyze the FEV1/FVC, MMEF, and EOS in both groups. Logistic regression was employed to construct a model to assess diagnostic performance.

Results: The BMI, FEV1/FVC, MMEF and EOS in the two groups were (26.8±3.4) kg/m2vs (24.9±3.1) kg/m2, (62.8±5.9%) vs (66.5±6.2%), (52.3±10.4)% pred vs (58.7±12.1)% pred, (0.34±0.15)×109/L vs (0.39±0.17)×109/L, respectively, with all differences being statistically significant (P<0.05). Multivariate logistic regression analysis revealed that BMI [OR=1.19 (95% CI, 1.04-1.37), P=0.01], FEV1/FVC [OR=0.93 (95% CI, 0.88–0.96), P=0.04], MMEF [OR=0.94 (95% CI, 0.91-0.98), P=0.03], and EOS [OR=0.03 (95% CI, 0.01-0.23), P=0.01] were significant risk factors. The ROC curve analysis yielded an AUC of 0.86, a cut-off value of 0.66, sensitivity of 70.6%, and specificity of 88.2%. Conclusion BMI, FEV1/FVC, MMEF and EOS were key clinical indicators for the differential diagnosis of ACOS, and the model demonstrated good diagnostic performance.

海報展示 (Poster)

Interventional Procedures in COPD And Asthma

PRC-0006

Analysis of the Prognostic Impact of Sarcopenia on Acute Exacerbations in Elderly Patients with Chronic Obstructive Pulmonary Disease

Ling Zhang

Objective: This study aimed to systematically analyze the prognostic impact of sarcopenia on acute exacerbations in elderly patients with COPD.

Methods: A retrospective screening was conducted on elderly COPD patients admitted to Chongqing Rongchang District People's Hospital from March 2022 to August 2024. A total of 57 patients with concurrent sarcopenia were designated as the study group, while 114 patients without sarcopenia were designated as the control group. The differences were compared by using SPSS.

Results: The values of BMI, FEV1/FVC, mMRC and frequency of exacerbations in the two groups were as follows: (20.5±2.4) kg/m2 vs (23.1±2.5) kg/m2, (60.1±8.35)% vs (64.5±7.9)%, 2.5±0.7 vs 2.0±0.5, and (2.3±1.2) times vs (1.5±1.1) times, with all differences being statistically significant (P<0.05). Multivariable Logistic regression analysis revealed that BMI [OR=2.87 (95% CI, 1.22-6.78), P=0.03], FEV1/FVC [OR=2.94 (95% CI, 1.38-6.25), P=0.01], mMRC [OR=2.65 (95% CI, 1.01-6.96), P=0.04], and frequency of exacerbations in the past year [OR=3.25 (95% CI, 1.59-6.6), P=0.02] were all major risk factors. The AUC of the ROC curve for the model, along with the cut-off value, sensitivity, and specificity were 0.82, 0.55, 78.5% and 75.4%, respectively.

Conclusion: This model demonstrated significant diagnostic efficiency and effectively enhanced the accuracy of clinical identification of sarcopenia in elderly patients with COPD.

海報展示 (Poster)

Interventional Procedures in COPD And Asthma

PRC-0008

Glucocorticoids and montelukast sodium in elderly acute asthma exacerbations: effectiveness and safety

Ling Zhang

Background: Asthma prevalence is rising in China, particularly among the elderly. Acute asthma attacks cause severe symptoms like dyspnea and chest tightness, impacting emotional well-being and potentially leading to respiratory failure if untreated.

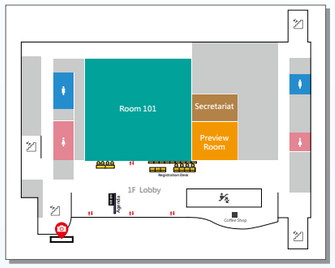
Aims: To evaluate the efficacy and safety of combining montelukast sodium with glucocorticoids for treating acute asthma attacks in elderly patients.

Methods: From March 2020 to March 2022, 72 patients with acute asthma attacks were divided into control (budesonide aerosol) and observation (budesonide + montelukast sodium) groups. Lung function (FEV1, FVC, PEF), inflammatory markers (IL-6, IL-17), and immunological levels (IgA, IgM) were compared.

Results: The observation group showed higher treatment efficacy ($P<0.001$). Lung function improved significantly: FEV1 (2.47±0.22 vs 1.92±0.43 L), FVC (3.47±0.54 vs 2.95±0.52), and PEF (4.78±0.65 vs 3.45±0.34). Inflammatory markers decreased: IL-6 (66.53±15.68 vs 88±13.44 ng/L) and IL-17 (28.45±2.48 vs 37.32±2.68 ng/L). Immunological levels increased: IgA (2.32±0.11 vs 1.78±0.22 g/L) and IgM (0.8±0.15 vs 1.1±0.9 g/L). No significant adverse reactions were observed.

Conclusion: Montelukast sodium combined with budesonide effectively improves lung function, reduces inflammation, and enhances immune response in elderly patients with acute asthma attacks, without additional adverse reactions.

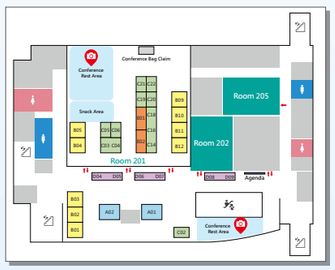
Conference Photography Guide
大會拍照攻略 - 4層樓路線指南



STEP 1

1F Outdoor 3D Spirit Fortune
1F 戶外立體精神堡壘

This prominent 3D structure serves as a symbolic centerpiece — an ideal location for capturing impact and memorable images.
立體堆疊的打卡拍照的超級焦點!



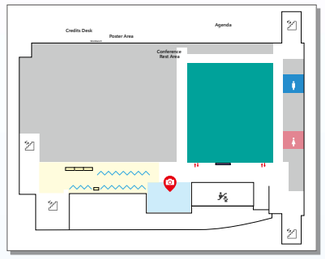
STEP 2

2F Rest Area – Amay Tea House
2F 兩大休息區 – 阿妹茶樓特色區

Featuring traditional architectural elements, the tea house offers a refined visual experience that reflects cultural elegance.
充滿古典韻味的茶樓設計，拍出文化與質感兼具的美照。

The design provides a stately backdrop, enhancing the compositional depth of photographs.
視覺搭配拱門造型拍出氣派感。

Participants are welcome to pause and refresh here
可在休息區稍作歇息，準備接下來的精彩旅程



STEP 3

3F Rest Area
3F 造型拱門休息區

Utilize the interplay of natural light, window - side scenery, and thoughtfully arranged furnishings to create images that convey tranquility and spatial harmony.
利用光影交錯的窗邊和自然擺設，營造輕鬆自在、靜謐且宜人的氛圍。

STEP 4

4F Feature Wall – Sky Lantern Display
4F 拍照牆 – 必拍地標

巨型「大天燈」爲主體，象徵祈願與希望，是全場最具代表性的打卡熱點!
The Sky Lantern installation stands as a symbol of collective hope and aspiration — a defining visual element of this event.

Enhance your experience with a selection of custom-designed handheld props, encouraging interactive and personalized photo moments.
搭配多款特色手拿拍照板，拍出專屬你的祈願風格與創意合照!

Thanks for completing the tour.
Be sure to capture your final and most significant moment at this signature location.
恭喜完成全攻略! 別忘了在拍照牆前留下最美的回憶

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黃金準則

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(給付申請相關內容請參照健保署公告條文)*

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具有 **EGFR Exon19 Del** 或 **Exon21 L858R** 基因突變之局部侵犯性或轉移性 (即為 Stage IIIB、IIIC 期或第 IV 期) 肺腺癌患者之第一線治療。

*Ref : 衛生福利部中央健康保險署-健保服務-健保藥品與特材-健保藥品-藥品相關法規與規範-藥物給付項目及支付標準共同擬訂會議及辦法-藥物給付項目及支付標準共同擬訂會議-1130815_全民健康保險藥物共同擬訂會議藥品部分第71次會議紀錄(113.9.9新增) https://www.nhi.gov.tw/ch/cp-15489-d0b9c-3623-1.html

泰格莎膜衣錠80毫克 TAGRISSO Film-coated Tablets 80 mg

【適應症】適用於腫瘤帶有表皮生長因子受體 (EGFR) 外顯子 19 缺失或外顯子 21 L858R 突變之非小細胞肺癌病人，作為腫瘤切除後的輔助治療。適用於腫瘤帶有表皮生長因子受體 (EGFR) 外顯子19缺失或外顯子21 L858R突變，且在含鉑化放療期間或之後疾病未惡化之局部晚期、無法手術切除 (第三期) 的非小細胞肺癌成人病人。適用於腫瘤帶有EGFR外顯子19缺失或外顯子21 L858R突變之局部侵犯性或轉移性非小細胞肺癌病人的第一線治療。併用 pemetrexed 和含鉑化療，適用於腫瘤帶有 EGFR 外顯子 19 缺失或外顯子 21 L858R 突變之局部晚期或轉移性非小細胞肺癌成人病人作為第一線治療。適用於治療具有EGFR T790M基因突變之局部侵犯性或轉移性非小細胞肺癌在EGFR TKI治療期間或之後疾病惡化的病人。【用法用量】TAGRISSO單一療法：TAGRISSO 的建議劑量為每日一次 80 毫克，可空腹或與食物併用。TAGRISSO合併療法：與pemetrexed和含鉑化療藥物併用，TAGRISSO 的建議劑量為每日一次80毫克，可空腹或與食物併用。TAGRISSO使用於含鉑化放療後，TAGRISSO 的建議劑量為每日一次80毫克，可空腹或與食物併用。對於吞嚥困難的病人或透過鼻胃管給藥，可以將錠劑泡在水中崩散。若錯過一劑 TAGRISSO，請勿補服錯過的劑量，按照服藥時間表服用下一劑。進行輔助治療的肺癌病人應持續治療，直到疾病復發、無法耐受毒性或最多達3年時間為止。局部晚期、無法手術切除 (第三期) 或轉移性的肺癌病人應持續治療，直到疾病惡化或無法耐受毒性為止。【禁忌】無。【警語及注意事項】若病人未接受近期根治性含鉑化放療的病人，出現惡化的呼吸道症狀 (如呼吸困難、咳嗽和發燒) 且該症狀可能為ILD 表徵，則應暫停TAGRISSO 並立即檢查是否發生ILD；若證實為ILD/非感染性肺炎，應永久停用TAGRISSO。若病人有接受近期根治性含鉑化放療的病人，出現惡化的呼吸道症狀 (如呼吸困難、咳嗽和發燒) 且該症狀可能為ILD 表徵，則應暫停TAGRISSO 並立即檢查是否發生ILD；若檢查為第一級，則根據臨床情況決定暫停或繼續使用 TAGRISSO；若為第二級以上，應永久停用TAGRISSO。發生QTc 間期延長伴有危及生命之心律不整表徵/ 症狀的病人，須永久停用TAGRISSO。對於有症狀的鬱血性心臟衰竭，應永久停用TAGRISSO。病人若出現疑似角膜炎的表徵及症狀 (如眼睛感染、流淚、對光敏感、視力模糊、眼睛疼痛、眼睛發紅等)，應立即轉介至眼科就醫。若有出現疑似嚴重多形性紅斑、Stevens-Johnson症候群或毒性表皮溶解症，則暫停服用TAGRISSO；若確認是嚴重多形性紅斑、Stevens-Johnson症候群或毒性表皮溶解症，則永久停用TAGRISSO。若疑似皮膚血管炎則應暫停TAGRISSO，評估全身性侵犯且考慮諮詢皮膚專科；若無法判定為其他原因，則依嚴重程度考慮永久停用TAGRISSO。若疑似再生不良性貧血，則暫停TAGRISSO並進行血液科諮詢；若確認為再生不良性貧血，則永久停用TAGRISSO。在開始TAGRISSO治療前，確認還有生產可能性之婦女其懷孕狀態。告知有生育能力的女性在TAGRISSO治療期間和服用末次劑量後6週內採取有效避孕措施。告知有生育能力女性伴侶的男性在服用末次劑量後4個月內採取有效避孕措施。上市後有接受TAGRISSO治療的病人發生 B型肝炎病毒再活化之通報案例，但尚未確立TAGRISSO與 B型肝炎病毒再活化之間的因果關係。【不良反應】接受TAGRISSO單一療法治療的病人：至少20%以上最常見的不良反應為腹瀉、皮疹、肌肉骨骼疼痛、指甲毒性、皮膚乾燥、口腔炎、疲勞；白血球減少症、淋巴球減少症、血小板減少症、貧血和嗜中性白血球減少症。ADAURA試驗中，接受 TAGRISSO 治療的病人中有16%出現嚴重不良反應。FLAURA 試驗中，接受TAGRISSO 治療的病人中有4%出現嚴重不良反應。AURA3 試驗中，接受TAGRISSO 治療的病人中有18%出現嚴重不良反應。接受TAGRISSO合併療法治療的病人：FLAURA2 試驗中，接受TAGRISSO併用pemetrexed和含鉑化療的病人中有38%出現嚴重不良反應。含鉑化放療後接受TAGRISSO 治療的病人：LAURA 試驗中，含鉑化放療後接受 TAGRISSO 的病人中有38%出現嚴重不良反應。【特殊族群使用】根據動物研究數據和其作用機轉，懷孕婦女使用TAGRISSO可能會導致胎兒傷害。告知懷孕婦女對胎兒的潛在風險。告知婦女在接受TAGRISSO 治療期間和末次劑量後2週內應停止哺乳。對於依照 Cockcroft-Gault公式估算肌酸酐清除率(CLcr) 為15-89 mL/min之病人，無須調整TAGRISSO劑量。對於末期腎病病人 (CLcr < 15 mL/min)，沒有TAGRISSO 建議劑量。輕度到中度肝功能不全的病人(Child Pugh A 和 B，或總膽紅素≤ULN且 AST>ULN，或總膽紅素介於 1到 3倍 ULN 且有任何 AST 數值)，不需調整劑量。對於重度肝功能不全病人 (總膽紅素介於3到10倍ULN且有任何AST數值)，沒有TAGRISSO建議劑量。

【使用前請詳閱說明書警語及注意事項，詳細仿單資料備索。】【僅限醫藥專業人員參考；處方藥物請參考衛生福利部核准仿單說明書。】

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