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

undiscovered taipei / TAIPEI 觀光傳播局 Department of Information and Tourism

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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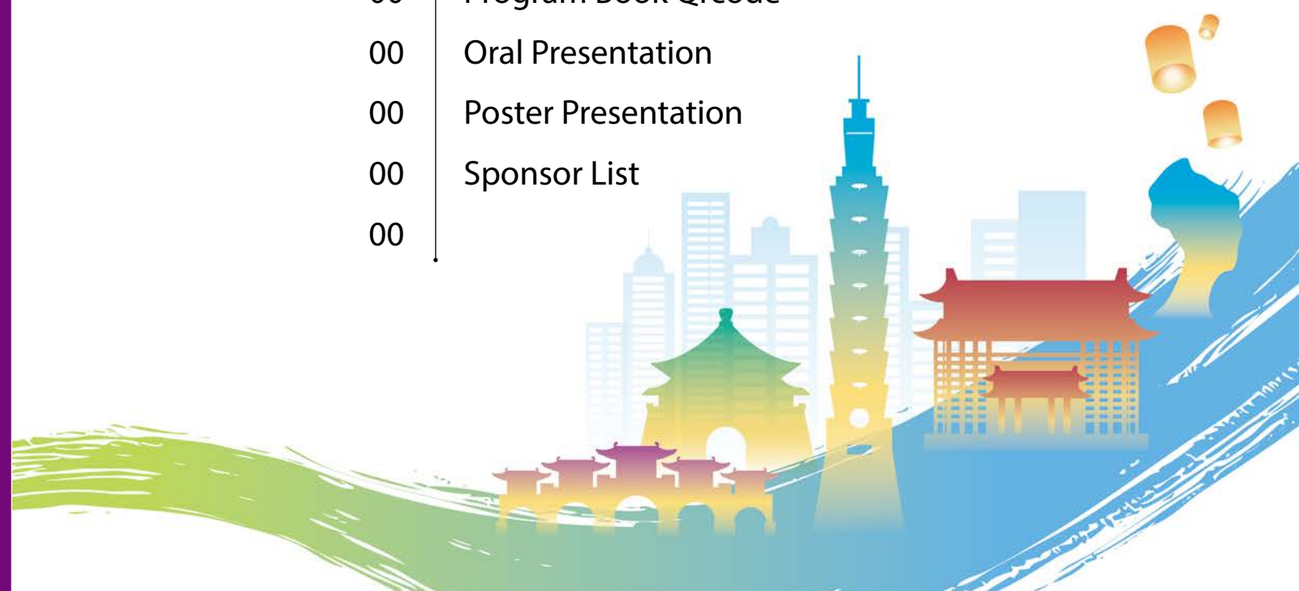


Welcome Message

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)

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
Congress CEO of 10th APCB 2025
President of TSPCCM

Committees

何肇基 Chao-Chi Ho

Department of Internal Medicine,
National Taiwan University Hospital

周崑達 Kun-Ta Chou

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

江起陸 Chi-Lu Chiang

Department of Pulmonary Medicine,
Taipei Veterans General Hospital

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 (APAB) —The Asian-Pacific Association for Bronchology and Interventional Pulmonology —Taiwan Association of Thoracic & Cardiovascular Surgery —Taiwan Society of Thoracic Surgeons(TSTS) —Taiwan Society of Pediatric Pulmonology and Critical Care Medicine
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 1200 domestic and 300 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 / Robotic Robotic Bronchoscopy	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	EMN	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. Shuenn-Wen Kuo	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.

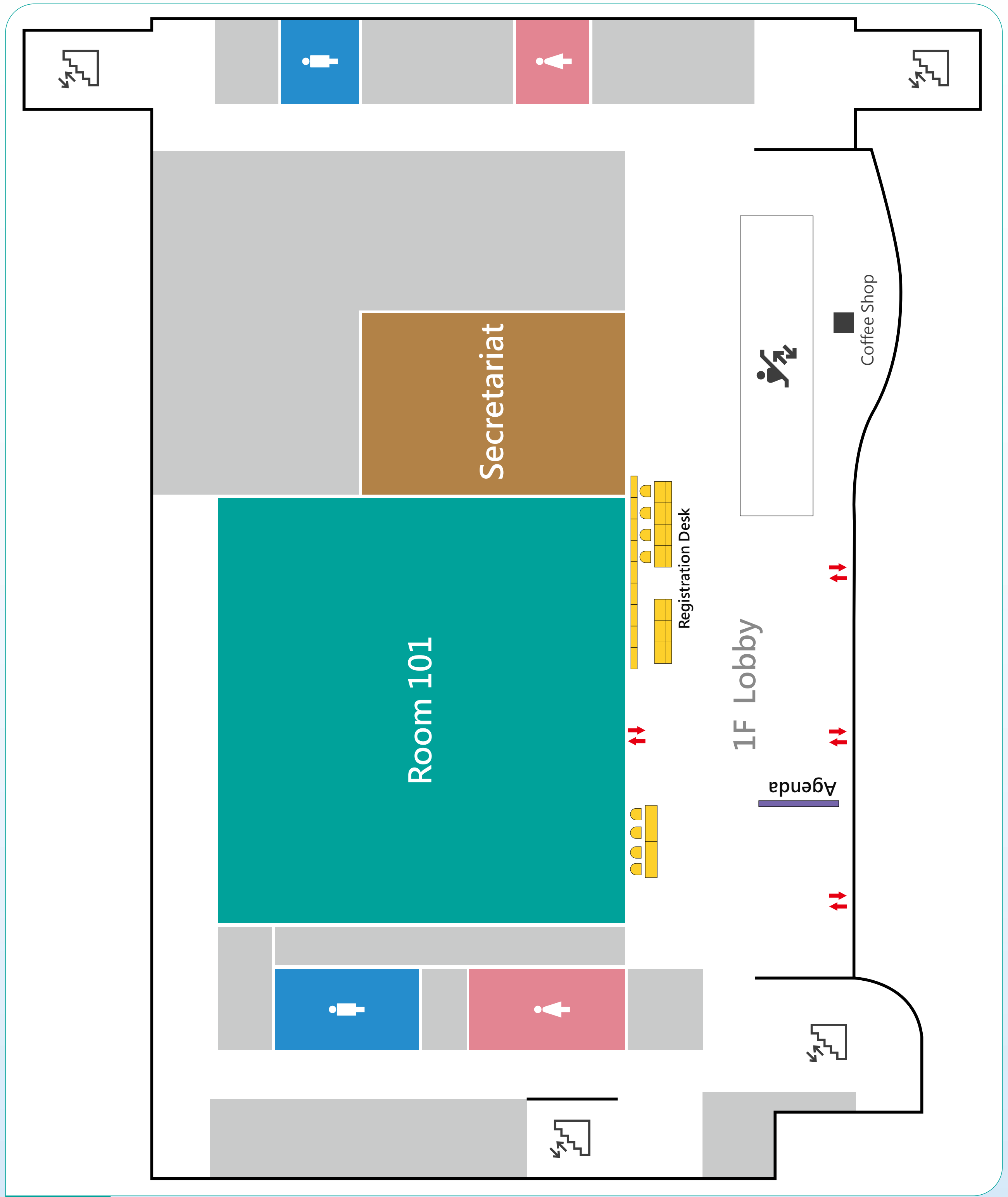
TSPCCM summit			
Time	101	301	202
08:30 09:00	Registration		
09:00 09:40	Neoadjuvant and Perioperative Treatment of stage II and III lung cancer	The Diagnosis and Management of Drug-Induced Interstitial Lung Disease	Active drug safety monitoring in multidrug-resistant tuberculosis (MDRTB) management
	Speaker: Dr. Po-Hao Feng Moderator: Dr. Chin-Chou Wang	Speaker: Dr. Kuo-Tung Huang Moderator: Dr. Wu-Huei Hsu	Speaker: Dr. Chou-Jui Lin Moderator: Dr. Ying-Huang Tsai
09:40 10:20	Personalized cancer vaccine	Clinical Predictors and Biomarkers for Progression in ILD	Treating the Unfamiliar: How Do We Approach Less Common NTM Species
	Speaker: Dr. Sheng-Hsiung Yang Moderator: Dr. Inn-Wen Chong	Speaker: Dr. Ching-Min Tseng Moderator: Dr. Chong-Jen Yu	Speaker: Dr. Hung-Ling Huang Moderator: Dr. Jann-Yuan Wang
10:20 10:30	Coffee Break		
10:30 11:10	Plenary Session 1_TSPCCM Epigenomics-Driven Cancer Therapy and Diagnosis: A New Era in Precision Medicine		
	Speaker: Dr. Hsing-Chen Tsai Moderator: Dr. Pan-Chyr Yang		
11:10 11:50	Plenary Session 2_TSPCCM Early diagnosis and management of COPD- Current update		
	Speaker: Dr. Kang-Cheng Su Moderator: Dr. Ming-Shyan Huang		
11:50 12:00	Break		
12:00 13:10	Lunch Symposium Boehringer	Lunch Symposium Moderna	Lunch Symposium AZ
	Speaker: Dr. 邱昱棋 Moderator: Dr. 彭忠衍 Speaker: Dr. 黃俊耀 Moderator: Dr. 王金洲	Speaker: Dr. Li-Min Huang Moderator: Dr. Chong-Jen Yu Speaker:Dr. Chia-Hung Chen Moderator:Dr. Inn-Wen Chong	Speaker: Moderator:
13:10 13:50	Poster Presentation Discussion		
14:00 14:40	Identifying Super-responders - The Road to Asthma Remission	Clincal applaincation of Obstructive sleep apnea endotype	My career path: explore ILD from Taiwan to the World
	Speaker: Dr. Chun-Kai Huang Moderator: Dr. Diahn-Warng Perng	Speaker: Dr. Wei-Chun Huang Moderator: Dr. Liang-Wen Hang	Speaker: Dr. Pin-Kuei Fu Moderator: Dr. Horng-Chyuan Lin
14:40 15:20	Different Impacts of Air Pollution Exposure on Asthma Phenotypes: Analyzing the Asthma Cohort of a Medical Center in Northern Taiwan	The endotypes of obstructive sleep apnea with or without PLMS	From friends to partners: how do I start my scientific research
	Speaker: Dr. Ting-Yu Lin Moderator: Dr. Chung-Kan Peng	Speaker: Dr. Chuan-Yen Sun Moderator: Dr. Li-Pang Chuang	Speaker: Dr. Yu-Feng Wei Moderator: Dr. Meng-Chih Lin
15:20 15:30	Coffee Break		
15:30 16:10	Satellite Symposium Boehringer	Satellite Symposium AZ	Satellite Symposium Sanofi
	Speaker: Dr. Pin-Kuei Fu Moderator:Dr.DiahnWarngPerng	Speaker: Dr. 曾政森 Moderator:Dr. 何肇基	Speaker: Dr. 陳祐易 Moderator:
16:20 17:00	Plenary Session_APCB(101) Unmet Needs in Interventional Pulmonology + Future of Interventional Pulmonology		
	Speaker: Dr. Felix Herth (DEU) Moderator: Dr. Yuh-Min Chen / Dr. Kiyoshi Shibuya		
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	Mediastinum staging/ diagnosis: EBUS-TBNA Moderator: Dr. Chih-Yen Tu	APCB session (pediatric)
	09:00-09:25 Speaker: Dr. Noriaki Kurimoto (JPN)	09:00-09:25 Speaker: Dr. Bin Hwangbo (KOR)	TBD
	09:25-09:50 Speaker: Dr. Yuji Matsumoto (JPN)	09:25-09:50 Speaker: Dr. Sze Shyang Kho (MYS)	TBD
	09:50-10:15 Speaker: Dr. Masahide Oki (JPN)	09:50-10:15 Speaker: Dr. Chia-Hung Chen (TW)	TBD
10:20 10:40	Coffee Break		
10:40 12:00	State-of-the-Art Image-Guided Bronchoscopic Technique Moderator: Dr. Cheng-Ta Yang	Medical thoracoscopy Moderator: Dr. Hao-Chien Wang	Pediatrics_ Basic bronchoscopy Moderator:
	10:40-11:05 Speaker: Dr. Sonali Sethi (USA)	10:40-11:05 Speaker: Dr. Pyng Lee (SPG)	10:40-11:05 Speaker: Dr. Rita Rogayah (IDN)
	11:05-11:30 Speaker: Dr. Sebastian Fernandez-Bussyi (USA)	11:05-11:30 Speaker: Dr. Chia-Hung Chen (TW)	11:05-11:30 Speaker: Dr. Wen-Chu Sung (TW)
	11:30-11:55 Speaker: Dr. Shiyue Li (Online) (Online)	11:30-11:55 Speaker: Dr. Chung-Shu Lee (TW)	11:30-11:55 Speaker: Dr. Kuo-Sheng Lee (TW)
12:00 13:00	Poster Presentation		
13:00 14:20	Advanced bronchoscopic technique for peripheral pulmonary lesions Moderator: Prof. Kiyoshi Shibuya	Oral presentation Moderator: Dr. Te-Chun Hsia	Pediatrics_ Airway Anomalies & Difficult Airway Moderator:
	13:00-13:25 Speaker: Dr. Thitiwat Sriprasart (THA)		13:00-13:25 Speaker: Dr. Ching-Chia Wang (TW)
	13:25-13:50 Speaker: Dr. Qiang Li (Online)		13:25-13:50 Speaker: Dr. Shen-Hao Lai (TW)
	13:50-14:15 Speaker: Dr. Ye Gu (Online)		13:50-14:15 Speaker: Dr. Pei-Jen Tsao (TW)
14:20 14:40	Coffee Break		
14:40 16:00	Navigational Bronchoscopy Moderator: Dr. Hari Kishan Gonuguntla	Tumor ablation Moderator: Dr. Yin-Kai Chao	APCB session (pediatric)
	14:40-15:05 Speaker: Dr. Chi Chun TAM (HK)	14:40-15:05 Speaker: Dr. Leong Swee Wei (MYS)	TBD
	15:05-15:30 Speaker: Dr. Ping-Tsung Yu (TW)	15:05-15:30 Speaker: Dr. Yei-San Hsieh (TW)	
	15:30-15:55 Speaker: Dr. Chung-Yu Chen (TW)	15:30-15:55 Speaker: Dr. Daniel Sterman (USA)	Speaker: Moderator:
16:00 16:20	Coffee Break		

2025. **06. 22** Sun.

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

Floor Plan



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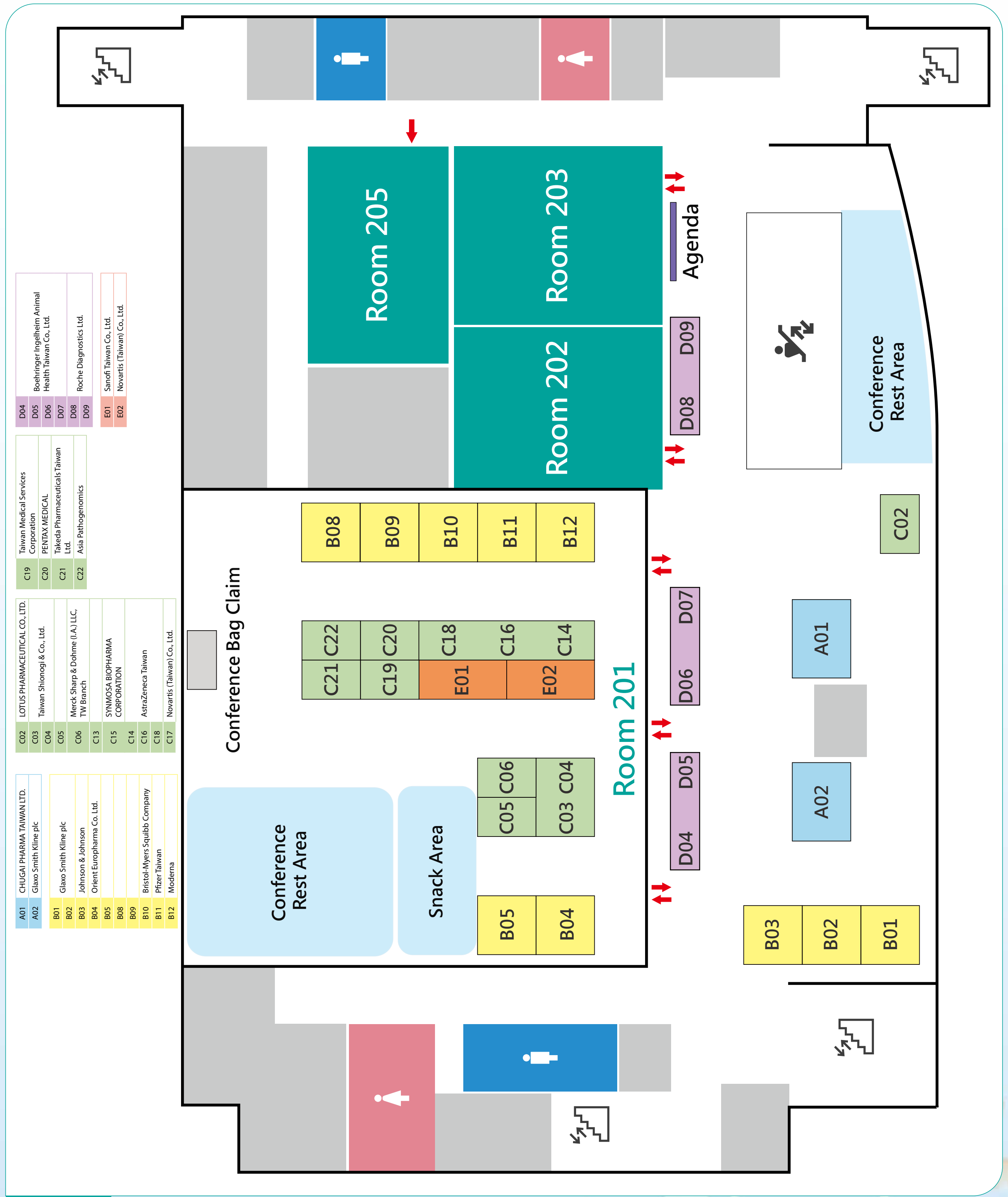

Booth	Exhibitor
A01	CHUGAI PHARMA TAIWAN LTD.
A02	Glaxo Smith Kline plc
B01	Glaxo Smith Kline plc
B02	
B03	Johnson & Johnson
B04	Orient Europharma Co. Ltd.
B05	
B08	
B09	
B10	Bristol-Myers Squibb Company
B11	Pfizer Taiwan
B12	Moderna
C02	LOTUS PHARMACEUTICAL CO., LTD.
C03	Taiwan Shionogi & Co., Ltd.
C04	
C05	
C06	Merck Sharp & Dohme (I.A.) LLC, TW Branch
C13	
C15	SYNMOSA BIOPHARMA CORPORATION
C14	
C16	AstraZeneca Taiwan
C18	
C17	Novartis (Taiwan) Co., Ltd.
C19	Taiwan Medical Services Corporation
C20	PENTAX MEDICAL
C21	Takeda Pharmaceuticals Taiwan Ltd.
C22	Asia Pathogenomics
D04	
D05	Boehringer Ingelheim Animal Health Taiwan Co., Ltd.
D06	
D07	
D08	Roche Diagnostics Ltd.
D09	
E01	Sanofi Taiwan Co., Ltd.
E02	Novartis (Taiwan) Co., Ltd.

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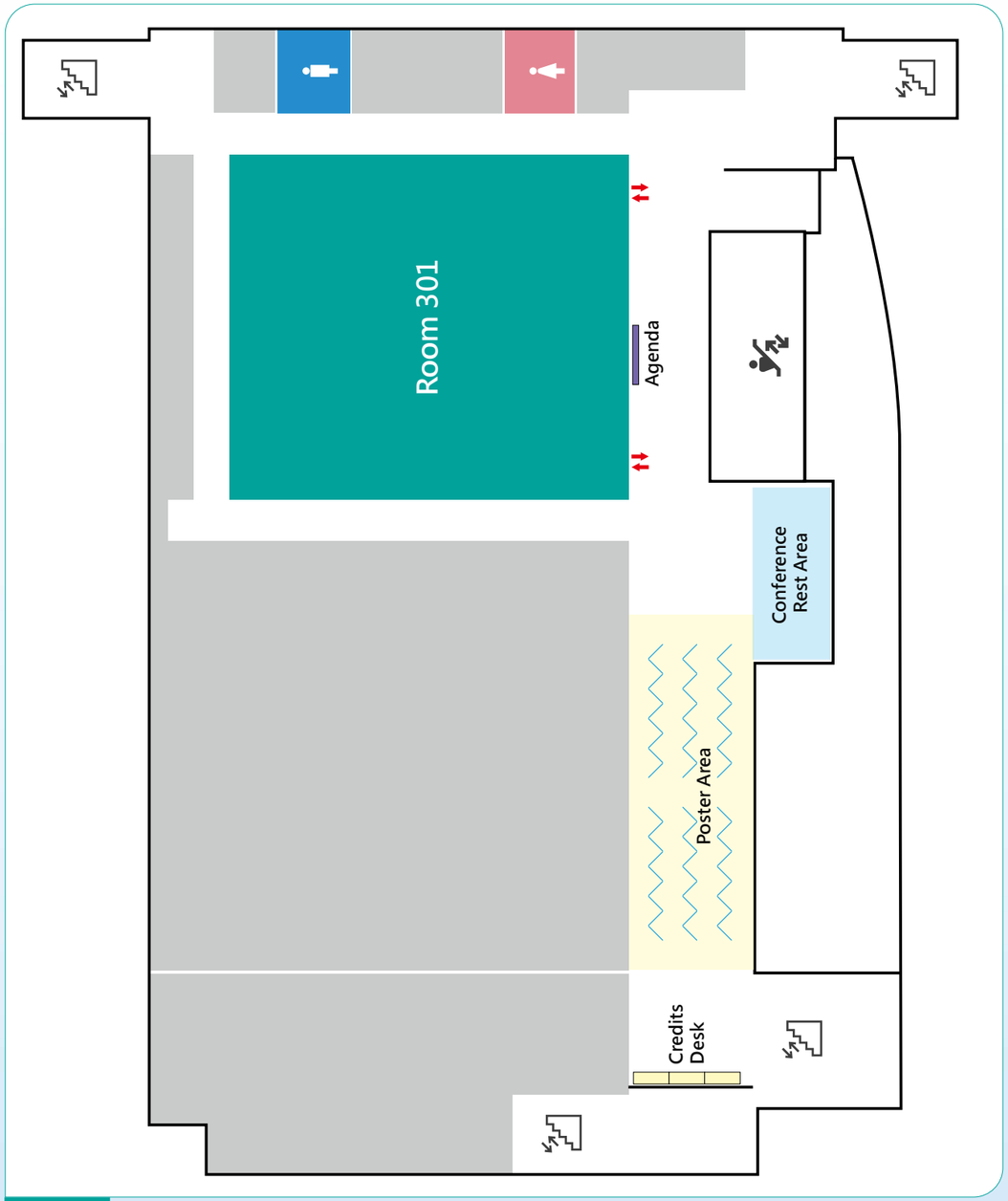
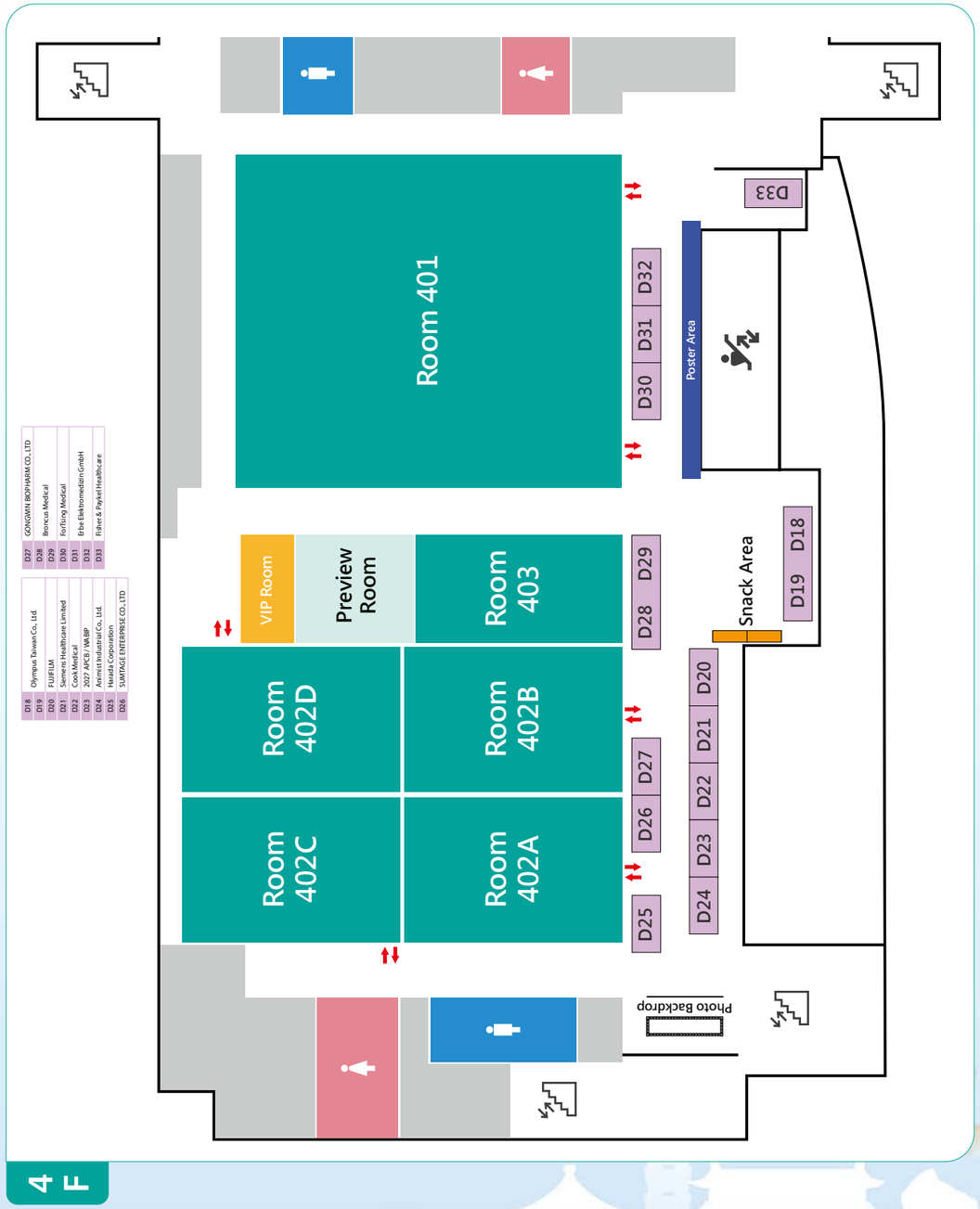
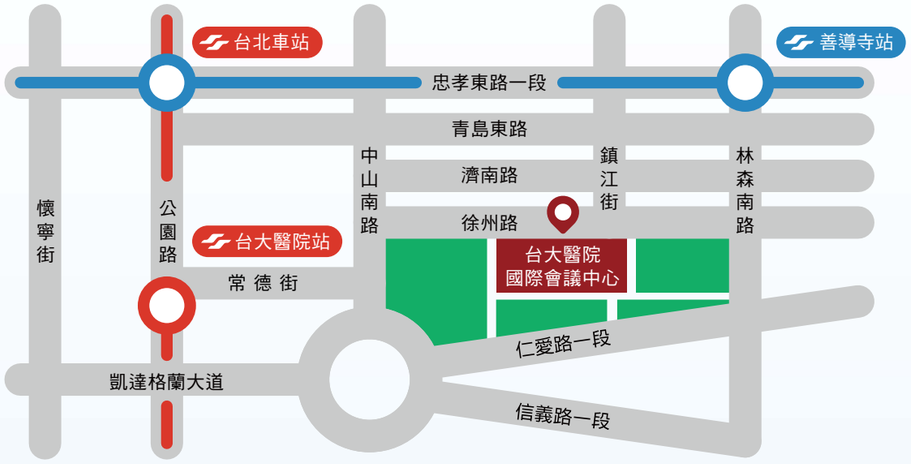
Floor Plan


Room 301
Agenda
Conference Rest Area
Poster Area
Credits Desk
3 F


Room 401
D33
D32
D31
D30
Poster Area
VIP Room
Preview Room
Room 403
D29
D28
Snack Area
D19
D18
Room 402D
Room 402B
D20
D21
D22
D23
D24
Room 402C
Room 402A
D27
D26
D25
Photo Backdrop
D18 Olympus Taiwan Co., Ltd.
D19 /
D20 FUJIFILM
D21 Siemens Healthcare Limited
D22 Cook Medical
D23 2027 APCB / IWBP
D24 Aerosol Industrial Co., Ltd.
D25 Hanada Corporation
D26 SUMTAGE ENTERPRISE CO., LTD
D27 GONGWIN BIOPHARM CO., LTD
D28 Broncus Medical
D29 /
D30 ForTsing Medical
D31 /
D32 Erbe Elektromedizin GmbH
D33 Fisher & Paykel Healthcare
4 F

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

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
TBC

Chung-Yu Chen
National Taiwan University, Taipei, Taiwan

Sonali Sethi
President-Elect AABIP

TBC

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

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

Shuenn-Wen Kuo

Chih-Bin Lin

TBC

Aliss TC Chang (Online)

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

Yen-Lin Chen

Nin-Chieh Hsu

6/21

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

邱昱棋
部立桃園

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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

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

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Taipei Veterans General Hospital, Taipei, Taiwan

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Yu-Feng Wei
China Medical University Hospital, Taichung, Taiwan

陳祐易
National Taiwan University Hospital, Taipei, Taiwan

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
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Sebastian Fernandez-Bussyi

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The First Affiliated Hospital of Guangzhou Medical University, China

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Ping-Tsung Yu
Mackay Memorial Hospital, Taipei, Taiwan

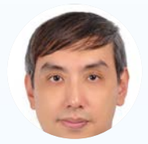
Chung-Yu Chen
National Taiwan University, Taipei, Taiwan

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
Chair, WABIP



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

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

TBC

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Mackay Children Hospital, Taipei, Taiwan

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National Taiwan University Children's Hospital, Taipei, Taiwan

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Pei-Jen Tsao

TBC

Ming-Ju Tsai

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National Cheng Kung University Hospital, Tainan, Taiwan

Ching-Hsiung Lin
Changhua Christian Hospital, Changhua, Taiwan

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

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

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

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

Yen-Fu Chen
NTUH Yunlin branch, Taiwan

Yi-Hung Pan
Current Position

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

Yi-Luen Shen
Asia University Hospital, Taichung, Taiwan

Chia-Ling Chang

Noriaki Kurimoto
Shimane University Faculty of Medicine, Japan

Shuenn-Wen Kuo
Current Position

Felix Herth
Thoraxklinik, University of Heidelberg, Germany

Lih-Yu Chang
Head of pulmonary examination group

Hari Kishan Gonuguntla
Yashoda Hospitals, India

Shun-Wen Kuo

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

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

Hari Kishan Gonuguntla
Yashoda Hospitals, India

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

Bee-Song Chang

Ching-Kai Lin

Kai-Lun Yu

Heng-Sheng Chao

Yen-Lin Chen

Kenneth Yung

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

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

Nov 2016-Oct 2017	Postgraduate Year Training – Keelung Chang Gung Memorial Hospital
Nov 2017-Jul 2021	Resident – Linkou Chang Gung Memorial Hospital
Jul 2021-Oct 2023	Research Physician – Department of Chest Medicine, Linkou Chang Gung Memorial Hospital
Nov 2023-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.

VBN and Archimedes / Robotic Robotic Bronchoscopy

Hui-Hsuan Shih

Current Position

Education

Professional Experiences

Awards and Honours

Chung-Yu Chang

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

07/2012-06/2013	Cleveland Clinic, Cleveland, Ohio Interventional Pulmonary Fellow - Respiratory Institute
09/2013-Present	Cleveland Clinic, Cleveland, Ohio Director, Lung Cancer Diagnosis and Staging Program Program Director for Interventional Pulmonary Fellowship
08/2024	President-Elect American Association of Bronchology and Interventional Pulmonology

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.

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

Current Position

Education

Professional Experiences

Awards and Honours

Shuenn-Wen Kuo

Current Position

Education

Professional Experiences

Awards and Honours

Chih-Bin Lin

Current Position

Education

Professional Experiences

Awards and Honours

Management of hemoptysis and foreign body remove

Transbronchial microwave ablation: current updates

Aliss TC Chang

Current Position
Education

Professional Experiences

Awards and Honours

Thitiwat Sriprasart

Transbronchial radiofrequency ablation: BroncAblate experience

Current Position

Chulalongkorn University, Bangkok, Thailand

Education

1998-2004 Faculty of Medicine, Chulalongkorn University
Bangkok, Thailand
Doctor of Medicine (Second Class Honors)\

2007-2010 Advocate Illinois Masonic Medical Center, Internal Medicine Residency Program
Chicago, Illinois
Internal Medicine resident

2010-2013 University of California San Francisco, Pulmonary Disease and
Critical Care Medicine Fellowship Program
Fresno, California
Pulmonary and Critical Care Fellow

2013-2014 University of Cincinnati, Interventional Pulmonology Fellowship
Cincinnati, Ohio
Interventional Pulmonology Fellow

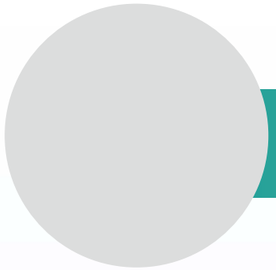
Professional Experiences

2016-Now Director of Interventional Pulmonology Fellowship Program
Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

2016-Now Director of Bronchoscopy Lab
King Chulalongkorn Memorial Hospital, Thai Red Cross Society, Bangkok, Thailand

Awards and Honours

2007-2010 Resident representative (3 terms)
Voted by residents to be their representative to meet and discuss concerns and suggestions with program director and faculty members



Wei-Chan Lin

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

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

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

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

Education

Professional Experiences

Awards and Honours

Patient Preparation, Selection, and Basic Techniques for Pleuroscopy

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

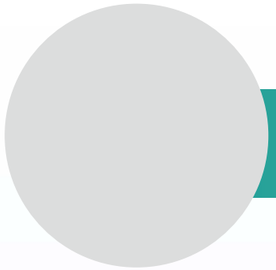
Ching-Yao Yang

Current Position

Education

Professional Experiences

Awards and Honours



Yen-Lin Chen

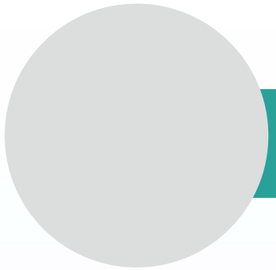
Current Position

Education

Professional Experiences

Awards and Honours

Thoracic ultrasound in pleura disease and ultrasound-guided biopsy



Nin-Chieh Hsu

Current Position

Education

Professional Experiences

Awards and Honours

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

Po-hao Feng

Current Position

2019-Now Director, Division of Pulmonary Medicine, Department of Internal Medicine, Shuang-Ho Hospital, Taipei Medical University

2022-Now 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 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.

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-now	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-now	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
Deputy Director, Center for Frontier Medine, National Taiwan University Hospital, 2021-present
Deputy Head, Cell and Molecular Biology Assembly, Asian Pacific Society of Respirology, 2024-present
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 adtion,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.

黃俊耀

Current Position

Education

Professional Experiences

Awards and Honours

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.

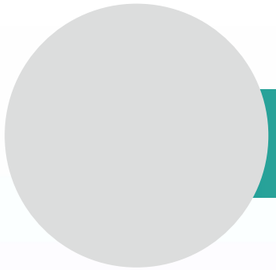
Type text here Interventional bronchoscopy plays a critical role in the management of various pulmonary conditions, particularly in the diagnosis and treatment of lung cancer, chronic obstructive pulmonary disease (COPD), and airway obstruction. While significant advances have been made in bronchoscopic 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



Kuo-Tung Huang

Current Position
Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan

Education

Professional Experiences

Awards and Honours

The Diagnosis and Management of Drug-Induced Interstitial Lung Disease

Clinical Predictors and Biomarkers for Progression in ILD

Ching-Min Tseng

Current Position
Cheng-Hsin General Hospital, Taipei, Taiwan

Education

Professional Experiences

Awards and Honours

Li-Min Huang

Current Position
National Taiwan University Hospital, Taipei, Taiwan

Education

Professional Experiences

Awards and Honours

Chia-Hung Chen

Current Position
National Taiwan University Hospital, Taipei, Taiwan

Education

Professional Experiences

Awards and Honours

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
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.

曾政森

Current Position
Taichung Veterans General Hospital, Taichung, Taiwan

Education

Professional Experiences

Awards and Honours

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.ultimately enhancing the quality of care for patients with respiratory diseases

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-now Attending Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine. Kaohsiung Municipal Ta-Tung Hospital
2021-now 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.

TBD

Current Position

Education

Professional Experiences

Awards and Honours

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

Education

Professional Experiences

Awards and Honours

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

陳祐易

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-now 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.

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-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
2024-Present Medical Chief 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
2014-2024 Medical Staff 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

09/2013-Present	Cleveland Clinic, Cleveland, Ohio Director, Lung Cancer Diagnosis and Staging Program Program Director for Interventional Pulmonary Fellowship
07/2012-06/2013	Cleveland Clinic, Cleveland, Ohio Interventional Pulmonary Fellow - Respiratory Institute
8/2024	President-Elect American Association of Bronchology and Interventional Pulmonology

Awards and Honours

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

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.

Sebastian Fernandez-Bussyi

Current Position

Education

Professional Experiences

Awards and Honours

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

Shih-Yueh Li

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

Education

Professional Experiences

Awards and Honours

Ye Gu

Current Position

Education

Professional Experiences

Awards and Honours

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
Post-fellowship training in interventional pulmonology in Germany and Japan 2014

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
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.

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.
Whiletumors and benign disorders, its real-world application remains limited, with mostreports confined to case studies and small case series. In a multicenter study conductedin Malaysia, we described our initial experience with EBUS-TBMC in 129 patients. Weexamined the technical aspects of this procedure, focusing on determining the optimalnumber of cryo-passes and freezing time of the ultrathin cryoprobe to maximizespecimen size and procedural diagnostic yield. Additionally, we evaluated its overallfeasibility, diagnostic yield, and complication rates. This presentation shares key insightsgained from our experience, including practical tips and techniques to optimizeoutcomes.
By addressing the challenges and nuances of EBUS-TBMC, we aim toprovide 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

Current Position

Education

Professional Experiences

Awards and Honours

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

T

Current Position

Education

Professional Experiences

Awards and Honours

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
2000/09-2007/06 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

Pleuroscopy and 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 todirectty visualize the pleura, allowing for the detion of diseases such as pleural effusion, lung cancer, infection andtuberculosis (TB). The procedure also enables the collion of blopsy samples, cultures of specimens and the drainageof fiuid, 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 lead to infarmation of the pleura, resuting in pleuritic chest pain, dyspnea. and a pleural effusion, which is the accumulation of fluid in the pleural space. It is difficult diagnose pleurisy because its symptoms often overfap with other types of pleural effusions, such as those caused by malignancy or or other infections.

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

Leong Swee Wei

Current Position
Consultant Pulmonologist

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
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 animpetus to develop technologies beyond that of biopsy of peripheral pulmonary lesions. Historically, interventional pulmonology has focused on palliative ablative technologies forendoluminal lesions such as obstructing airway tumors but has not previously had thecapacity to definitively treat peripheral lung cancers. Currently, we have severalmodalities under exploration for the treatment of malignant lesions in the lungparenchyma, ranging from radiofrequency ablation and microwave technologies tonew 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 Treal-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.

TBD

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Current Position

Education

Professional Experiences

Awards and Honours

Rita Rogayah

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Current Position

Education

Professional Experiences

Awards and Honours

Wen-Chu Sung

.

Current Position

Education

Professional Experiences

Awards and Honours

Kuo-Sen Lee

.

Current Position

Education

Professional Experiences

Awards and Honours

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
Visiting Assistant Professor, Center for Excellence in Pulmonary Biology, Stanford University Medical School, Stanford, California(2015-2016)
OSCE examiner, representative of College of Medicine, National Taiwan University PALS instructor by American Heart Association(2011-2013)
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

Awards and Honours
The 9th Taiwan Children's Medical Contribution Award (PICU team member)
The 6th "Medical Team Award" by the Credit Suisse Children's Medical Foundation
Host of National Taiwan University PALS Pediatric Advanced Life Support Training Program

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

Education

Professional Experiences

Awards and Honours

Pei-Jen Tsao

Current Position

Education

Professional Experiences

Awards and Honours

TBC

Current Position

Education

Professional Experiences

Awards and Honours

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 animpetus to develop technologies beyond that of biopsy of peripheral pulmonary lesions.
Historically, interventional pulmonology has focused on palliative ablative technologies forendoluminal lesions such as obstructing airway tumors but has not previously had thecapacity to definitively treat peripheral lung cancers. Currently, we have severalmodalities under exploration for the treatment of malignant lesions in the lungparenchyma, ranging from radiofrequency ablation and microwave technologies tonew 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 Treal-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.

Ming-Ju Tsai

Current Position

Education

Professional Experiences

Awards and Honours

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

Education

Professional Experiences

Awards and Honours

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

1997/7-2004/7	M.D College of Medicine, Kaohsiung Medical University, Taiwan
2015/9-2024/12	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

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

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

Education

Professional Experiences

Awards and Honours

Eosinophilic inflammation: a key player in COPD pathogenesis and progression

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
2016.09-2019.08 Resident, Department of Internal Medicine, China Medical University Hospital
2019.09-2021.08 Fellow, Division of Pulmonary Medicine, Department of Internal Medicine, China Medical University Hospital
2021.09-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.

TBD

Current Position

Education

Professional Experiences

Awards and Honours

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

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

Education

Professional Experiences

Awards and Honours

Wen-Chien Cheng

Current Position

2017/09- Attending Physician; Division of pulmonary and Critical Care, Department of Internal Medicine, China Medical University Hospital

2022/08- 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.

TBD

Current Position

Education

Professional Experiences

Awards and Honours

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 Feng

Current Position

Education

Professional Experiences

Awards and Honours

Shuenn-Wen Kuo

Current Position

Education

Professional Experiences

Awards and Honours

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.

Type text here 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

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

Education

Professional Experiences

Awards and Honours

Shun-Wen Kuo

Current Position

Education

Professional Experiences

Awards and Honours

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

2015-present	Attending physician, Department of Chest medicine, Taipei Veterans General Hospital.
2018-2019	Research fellow at Mayo Clinic in Rochester, Minnesota, USA
2022.1.19-present	Chief, Division of Thoracic Oncology, Department of Chest Medicine, Taipei Veterans General Hospital
2023.7-8	Visiting scientist at Natinoal Cancer Institute of the National Institutes of Health
2024.1-present	Deputy convener, the Lung Tumor Committee of the Taiwan Society of Pulmonary and Critical Care Medicine

Awards and Honours

2024	Excellent Oral Presentation Award for Original Research, 19th Taiwan Society of Pulmonary and Critical Care Medicine Academic Conference
2022	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.
2020	Excellent Poster Presentation Award, 18th 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). Talc 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
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.

Hari Kishan Gonuguntla

Current Position

Education

Professional Experiences

Awards and Honours

Nai-Chien Huan

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

Education
MBBS(Hons)Monash FRCP(Glasg) FCCP 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- howvarious 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.

Bee-Song Chang

Current Position

Education

Professional Experiences

Awards and Honours

Ching-Kai Lin

Current Position

Education

Professional Experiences

Awards and Honours

Kai-Lun Yu

Current Position

Education

Professional Experiences

Awards and Honours

Heng-Sheng Chao

Current Position

Education

Professional Experiences

Awards and Honours

Yen-Lin Chen

Current Position

Education

Professional Experiences

Awards and Honours

Kenneth Yung

Current Position

Education

Professional Experiences

Awards and Honours

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
2018/08-2022/07 Resident Doctor, Department of Internal Medicine, National Taiwan University Hospital
2022/08-2024/07 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.

Oral Presentation

Poster Presentation

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ACT GENOMICS
行動基因股份有限公司

SIEMENS Healthineers
西門子醫療公司

APG 亞洲準譯 ASIA PATHOGENOMICS
亞洲準譯股份有限公司

Takeda
武田藥品工業股份有限公司

Lotus 美時化學製藥股份有限公司
美時化學製藥股份有限公司

MSD
美商默沙東藥廠股份有限公司台灣分公

synmosa 健喬信元
健喬信元醫藥生技(股)公司

moderna 莫德納台灣
莫德納台灣股份有限公司

TMSC 博宣寧股份有限公司
博宣寧股份有限公司

Fisher&Paykel HEALTHCARE
費雪派克醫療器材有限公司

Janssen
嬌生股份有限公司

Pfizer
輝瑞大藥廠股份有限公司

sanofi
賽諾菲股份有限公司

Boston Scientific Advancing science for life™
波士頓科技有限公司

肺癌檢測方案
建議使用時機

ACT GENOMICS™

基因檢測最完整**行動**

廣泛型 到 **熱點型** 基因檢測

DNA+RNA-based NGS 平台

晚期或轉移性非小細胞肺癌

1 第一線治療

小套組（≤100 genes）→

ACTLung™
ACTLung™ 肺核克™癌症基因檢測

- 13 genes
- 12 SNV/InDel (DNA-Based)
- 8 fusion genes

2 第二線治療

小套組（≤100 genes）→

ACTDrug®+
ACTDrug®+ 癌核克®癌症基因檢測

- 40 genes > 3,800 hotspots
- 22 genes, copy number alterations

多線治療

大套組（>100 genes）→

ACTOnco®+
ACTOnco®+ 癌安克®癌症基因檢測

- 440 cancer- and immune-related genes (All coding exons)
- BRCA1/2 testing and HRR genes
- TMB analysis
- MSI analysis
  13 fusion genes (RNA-Based)

液態檢體檢測方案

ACTMonitor® Lung 11個肺癌相關基因
・癌症監控・協助找到抗藥機制

ACTCerebra™ 40個標靶用藥基因
・專為腦轉移病人設計・協助找到抗藥機制