



臺北醫學大學 泌尿腎臟研究中心 會議記錄

時間：**112年12月26日(星期二) 11:00-12:00**

地點：視訊會議-(請以正式全名登入會議室，以利進行會議簽到)

使用 Google Meet (會議前 10 分鐘即開啟會議室)

會議室連結：<https://meet.google.com/dsz-cdre-qsp>

(敬略稱位)

會議主席：洪冠予

與會人員：

【附醫】劉明哲、葉劭德、吳建志、林孝友、吳政誠、張景欣、陳偉傑、羅詩修、
戴定恩、方德昭、陳錫賢、林彥仲、吳岳霖、高治圻、陳靜怡、葉曙慶、
邵明珠、周安琪

【萬芳】溫玉清、李良明、林克勳、林雍偉、蕭志豪、許軒豪、賴宗豪、鍾卓興、
鄭仲益、陳作孝、蘇裕謀、劉崇德、楊韻紅、李明哲、鍾卓興

【雙和】吳佳璋、陳冠州、劉家宏、江怡德、鄒凱亦、高偉棠、胡書維、魏汶玲、
吳美儀、洪麗玉、鄭彩梅、邱怡仁、陳佑瑋、廖家德、游博翰、陳正憲、
邱惠雯、吳逸文、高芷華、林冠宏、尹玉聰

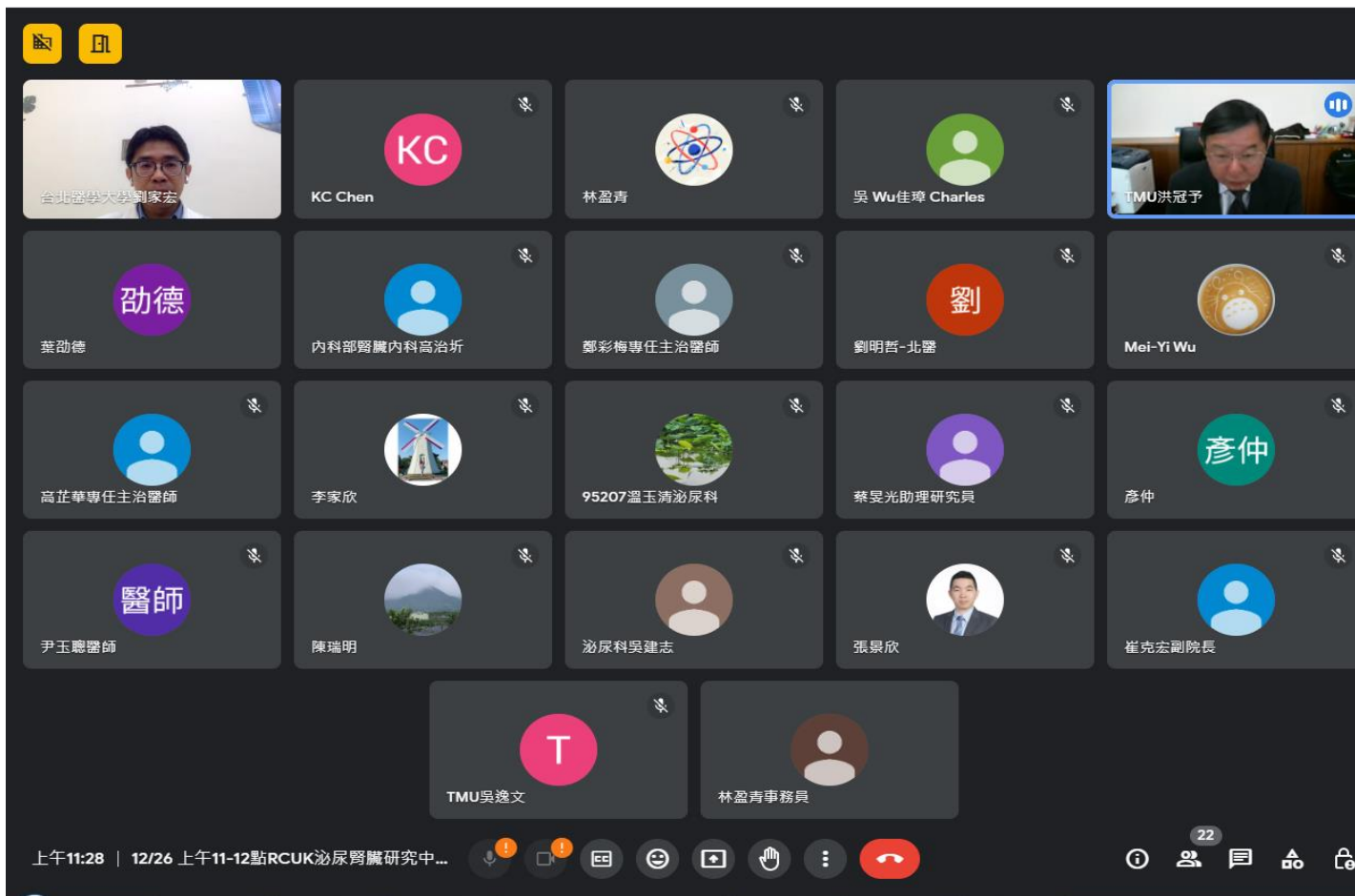
【新國民】許永和、鄒居霖

長官指導：

吳麥斯校長、許志成教授、崔克宏副院長、陳瑞明所長、盧星華副院長

議程：

一、泌尿腎臟癌症團隊、腎移植團隊小組報告



泌尿腎臟癌症團隊

主題: Allium URS(Ureteral Stent)
and experience sharing

報告人：劉家宏 醫師
112.12.26

泌尿腎臟癌症團隊成員



陳冠州



江怡德



溫玉清



劉明新



林震偉



劉家宏



江怡德



高偉志



錢映玲

團隊開會的照片



泌尿腎臟癌症團隊

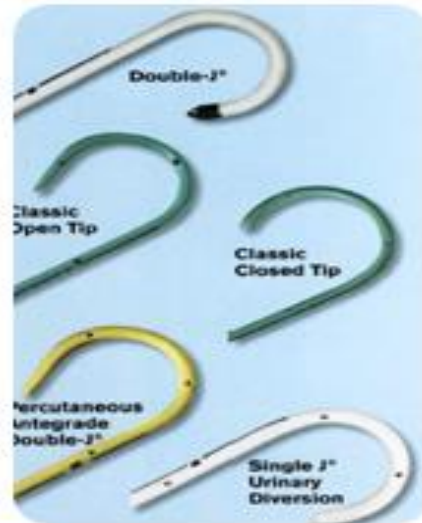
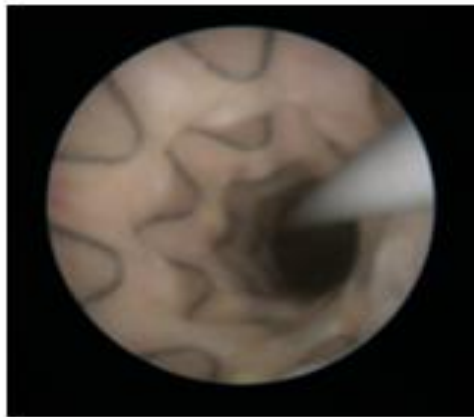
主題: Allium URS(Ureteral Stent)
and experience sharing

報告人：劉家宏 醫師
112.12.26





Allium URS(Ureteral Stent) vs. Double J



- Patency
- 24, 27 & 30Fr

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Brief at Ureteral Stents:



- Self-expand Metallic Stent with Nitinol
- Full cover with Co-polymer (Elast Eon[®])
- Radiopaque
- Anchor(URS-A & URS-R)
- MIT device

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Ureteral Stents(URS)



- Stent with Anchor



- Stent without Anchor



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Elast Eon®



- Biocompatibility & Biostability
- Silicone + Polyurethane
- Reduce stone formation & encrustation
- Long term implanted material- **FDA** approved



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Intended Use

- ***Indicated for use in malignant or benign ureteral occlusions necessitating long-term or chronic ureteral stenting***
- ***Uretero-intestinal anastomotic strictures***
- ***Iatrogenic benign strictures of the ureter***

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Contraindication

- under **18**
- Has an **active urinary tract infection** (increased WBC count, fever, chills etc)
- Has a **Hematuria** that has not been previously evaluated and treated
- **Cannot tolerate any form of antibiotic treatment**
- Is receiving any **anticoagulation therapy** - patients should stop it at least a week before stent insertion
- Has a history of **allergy to iodine** preparations

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Potential Adverse events

- Pain/discomfort, bleeding, urinary frequency or urgency, stent misplacement or migration, stent obstruction by tissue or stone, infection, sepsis, allergic reaction to the nickel-titanium alloy
- Mild Hematuria is possibly to occur and related to device insertion, particularly during the first few days after insertion

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RELATED STUDIES



JOURNAL OF ENDOUROLOGY
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Pp. 1523-1527
DOI: 10.1089/end.2012.0279

2022-2023 IF:2.619

A New Self-Expanding, Large-Caliber Ureteral Stent: Results of a Multicenter Experience

Boaz Moskovitz, M.D.,* Sarel Halachmi, M.D.,* and Ofer Nativ, M.D.

- The study aim was to evaluate the safety and the efficacy of a new self-expanding, large caliber ureteral stent (Allium).

RELATED STUDIES



New Technology and Techniques

Efficacy and Safety of Complete Intraureteral Stent Placement versus Conventional Stent Placement in Relieving Ureteral Stent Related Symptoms: A Randomized, Prospective, Single Blind, Multicenter Clinical Trial

Takashi Yoshida,* Takaaki Inoue, Makoto Taguchi, Tomoaki Matsuzaki, Takashi Murota, Hidefumi Kinoshita and Tadashi Matsuda

- The study compared the efficacy and safety of complete and conventional stent placement to relieve ureteralstent related symptoms.

RELATED STUDIES

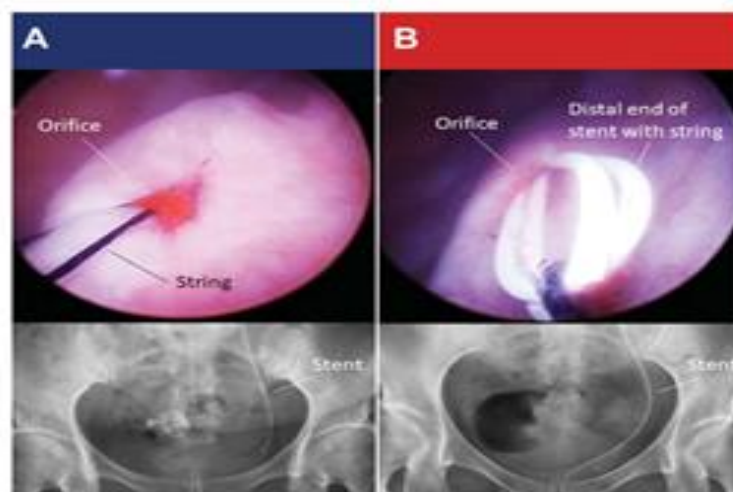
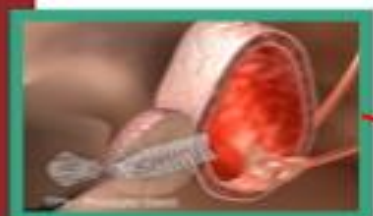


Fig. 1. Cystoscopy and plain radiography images of complete intraureteral (A) and conventional (B) stent placement.

Deployment position- demo graphics



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臺北醫學院
泌尿科研究中心
TMU Research Center of
Urology and Colon



臺北醫學大學
TAIPEI MEDICAL UNIVERSITY

腎移植團隊

報告人：尹玉聰醫師
指導老師：吳美儀主任

112.12.26

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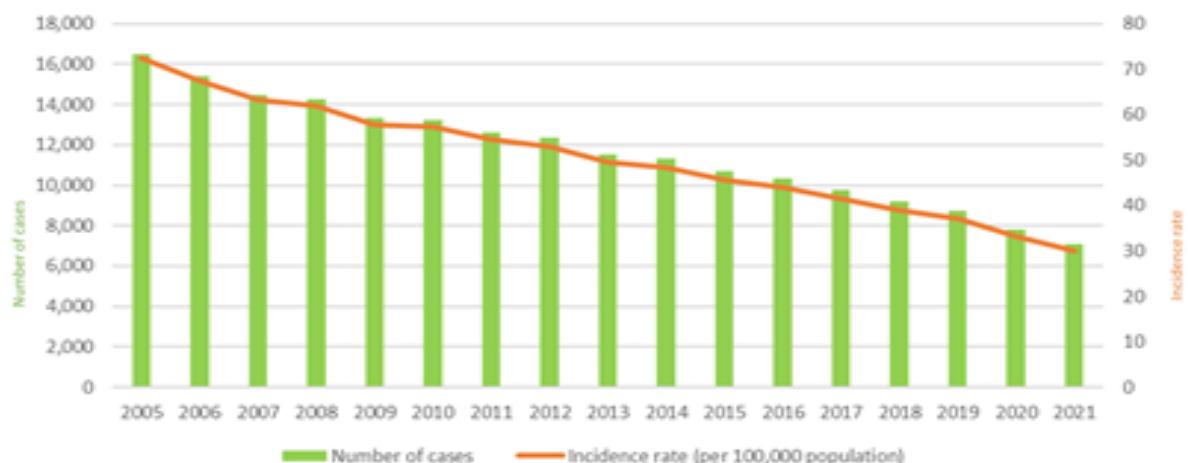
Background



- Individuals with solid organ transplantation are more prone to develop tuberculosis (TB) due to long-term immunocompromised status
- Overall incidence of Tuberculosis in transplant recipients is 20-74 times higher than in the general population
- high risk of atypical presentation, extrapulmonary disease (16%) and disseminated TB (33%)
- Drug-drug interaction between anti-TB treatment and immunosuppressive may associated with graft rejection
- Rate of TB in transplant recipients is highly linked to endemicity of *M. tuberculosis* infection

Bumbacca D et al. Eur Respir J 2012; 40: 990-1015 (a TENET consensus statement)
 Singh N, et al. Clin Infect Dis 1999; 27: 1266-77

Annual Tuberculosis incidence in Taiwan



Indicator	Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of cases		16,472	15,378	14,480	14,265	13,336	13,237	12,634	12,338	11,528	11,326	10,711	10,328	9,759	9,179	8,732	7,823	7,062
Incidence rate (per 100,000 population)		72.5	67.4	63.2	62	57.8	57.2	54.5	53	49.4	48.4	45.7	43.9	41.4	38.9	37	33.2	30

Taiwan Centers for Disease Control

Study Flow Chart



Patients who underwent organ transplantation were identified via the NHI dataset during 2009-2018 using procedure code as follows: heart transplant (68035A, 68035B), lung transplant (68037A, 68037B, 68047B), liver transplant (75020A, 75020B), kidney transplant (76020A, 76020B), pancreas transplant (75418B).



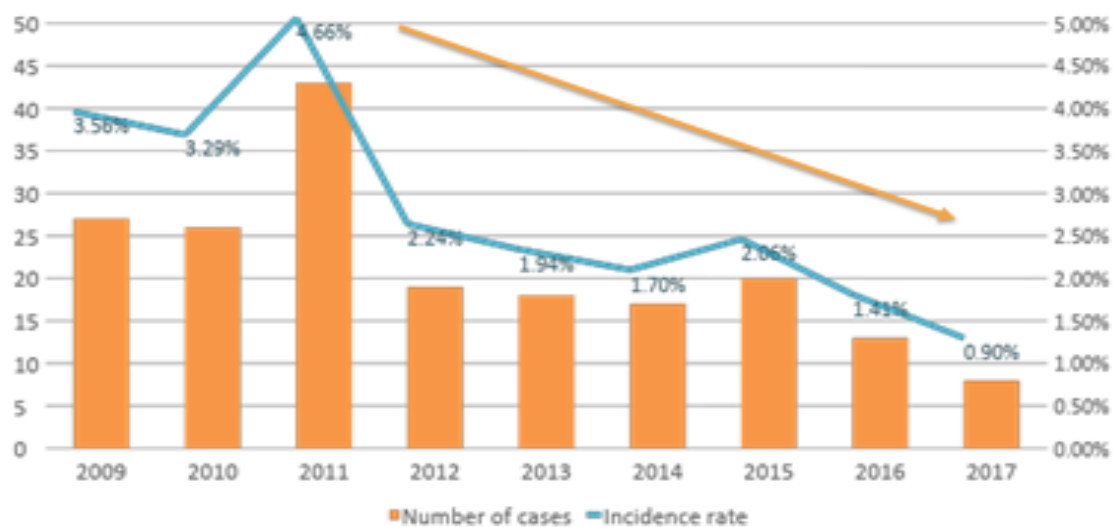
Subsequent TB infections cases were identified by medical orders with TB-related ICD-9 code (010-018) or ICD-10 code (A15-A19), All TB were newly infected and had no medical records with TB medical orders



Exclusion criteria
- patient infected with Tuberculosis before 2008 (n = 176)
- age < 18 yrs

End of follow = TB infection, death, end of the study

Incidence rate of TB among transplant recipients by year of transplantation





Variable	All Transplants (N=7685, death=1627)		
	HR	95% C.I.	p-value
TB, Time Dependent	2.529	(1.943, 3.291)	<.0001
Sex; Male	1.190	(1.067,1.327)	0.0018
Age Group; ref: 18-34			
35-49	1.347	(1.073, 1.690)	0.0102
50-64	1.860	(1.495, 2.314)	<.0001
64+	2.618	(2.003, 3.421)	<.0001
Comorbidities			
Stroke	1.280	(1.088, 1.506)	0.0029
Heart Failure	1.573	(1.372, 1.804)	<.0001
Hypertension	0.857	(0.768, 0.958)	0.0063
Diabetes	1.355	(1.218, 1.507)	<.0001
Dyslipids	0.871	(0.775, 0.979)	0.0205
Cirrhosis	1.277	(1.130, 1.444)	<.0001

HR= Hazard Ratio. 95% C.I. = 95% confidence intervals.

Conclusions



- Cumulative incidence of Tuberculosis in Taiwan organ recipients ~ 2.62% (higher than areas with low endemicity 0.5%)
- The rate of post-transplant TB varied by the organ transplanted (highest for lung transplant recipients)
- Low lipid profile have significant association with TB risk
- Other risk factors for post-transplant TB : male, Age > 65 years
- Risk of mortality higher in organ recipients with TB (HR = 2.53 ; 1.94~3.29)
- Routine pretransplant screening may help to facilitate optimal intervention