臺北醫學大學 泌尿腎臟研究中心 會議記錄

時間：**113 年 2 月 20 日(星期二) 14:00-15:00**

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/wez-ujng-nic

(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、高治圻、陳靜怡、葉曙慶、邵月珠、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、吳岳霖

【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

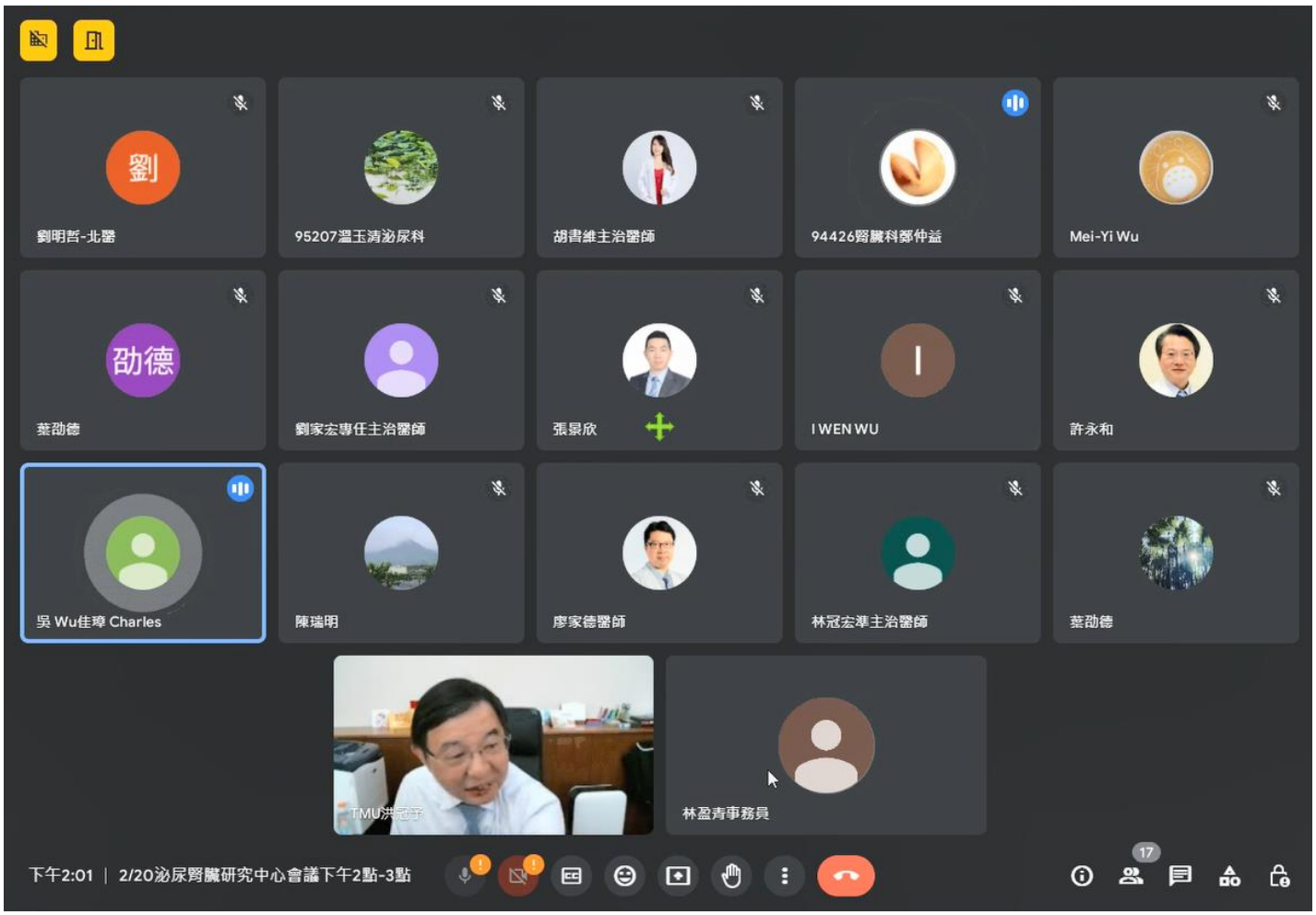
長官指導：

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、許永和院長

議程：

一、 慢性腎病團隊、泌尿創新技術與手術團隊小組報告

二、 議題討論:三院 PD 推廣狀況追蹤



臺北醫學大學
TAIPEI MEDICAL UNIVERSITY

慢性腎病團隊

Progress Report

報告人：鄭仲益醫師 (萬芳醫院)

113.02.20

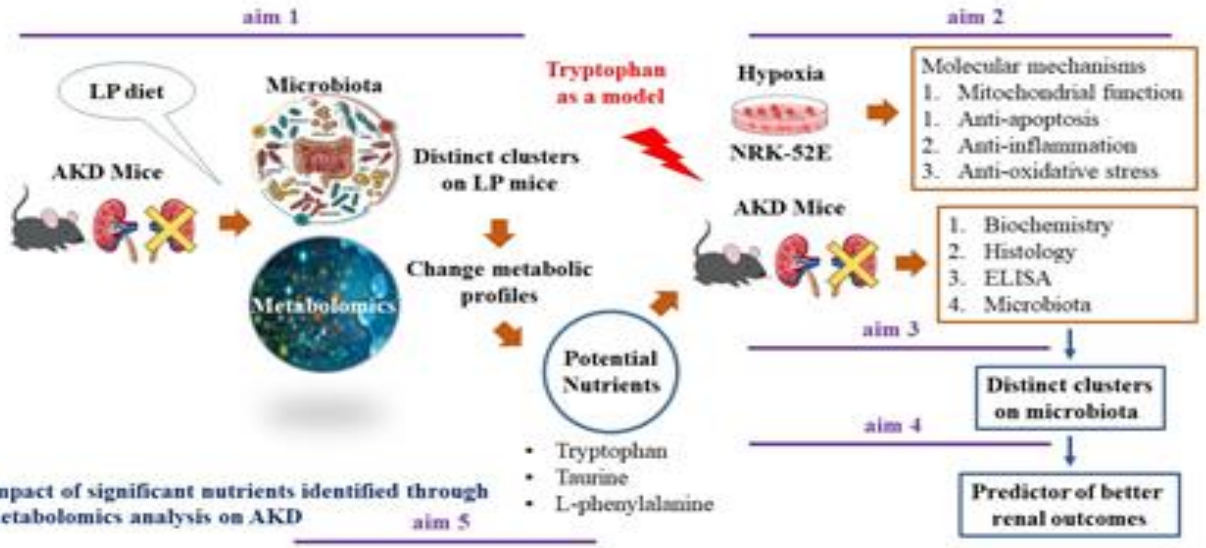
Progress report

- **Basic research:**
  - Metabolomics-Guided Nutritional Intervention Therapy: Unveiling Nutrients Halting Acute Kidney Injury-to-Acute Kidney Disease Transition with Tryptophan as a Model
- **Clinical research:**
  1. The Pivotal Role of Interferon-Gamma Release Assay (IGRA) in Uncovering Latent Tuberculosis Among Hemodialysis Patients.
  2. Unveiling the Intricacies: Exploring Stepwise Initiation of Peritoneal Dialysis in a Single-Center Setting
  3. Impact of COVID-19 on Renal-Limited Anti-Neutrophil Cytoplasmic Antibody (ANCA)-Associated Vasculitis: A Comparative Analysis Pre- and Post-Pandemic
  4. Exploring the Intriguing Spectrum of Glomerulonephritis in the Post-COVID-19 Era: Revealing the Dynamic Clinical Diversity

Basic Research

Metabolomics-Guided Nutritional Intervention Therapy: Unveiling Nutrients Halting Acute Kidney Injury-to-Acute Kidney Disease Transition with Tryptophan as a Model

Specific aims



Progress report

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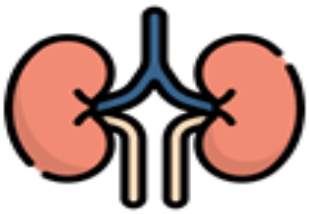
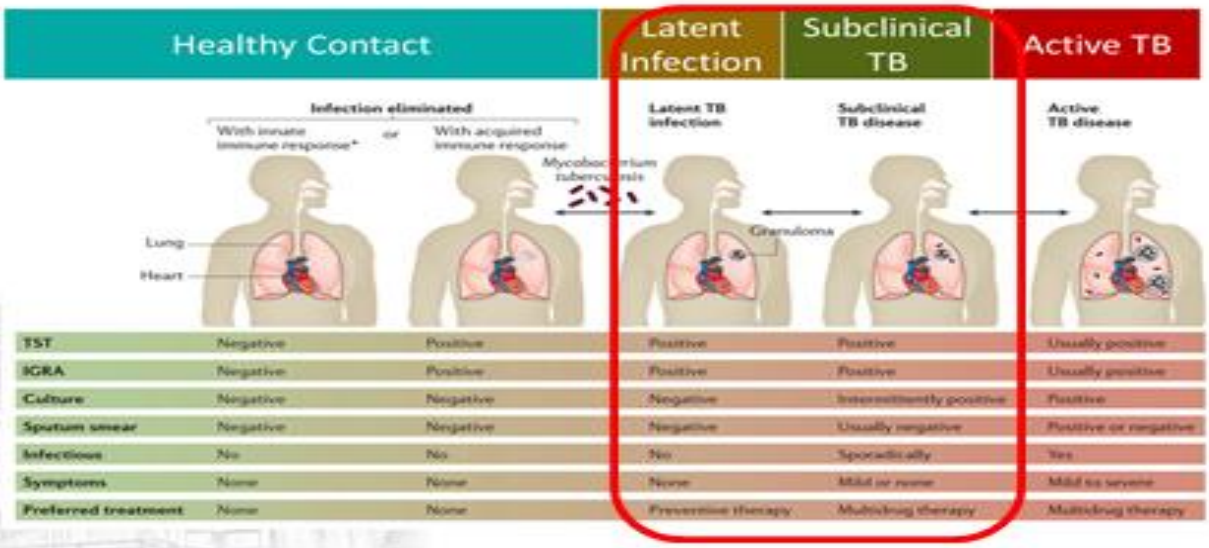
RCUK慢性腎病團隊 - 研究報告



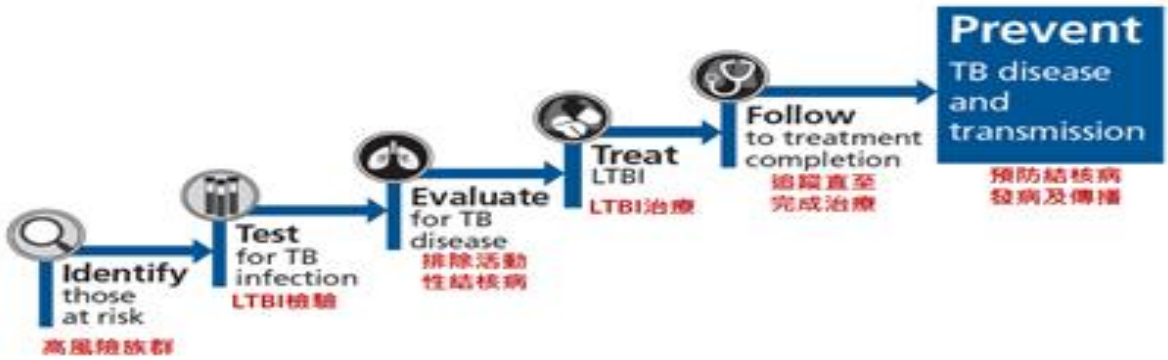
Presented by : R4 盧德恩

Supervisor VS 劉崇德 醫師

臺北市立萬芳醫院
Taipei Municipal Wan Fang Hospital



臺北市立萬芳醫院



堅持品質 共創價值 16

LTBI政策檢驗對象

接觸者-政策對象(以下其一條件)

- **高傳染力指標(塗片陽性且培養鑑定為MTBC)**
  - -全年齡層接觸者
- **中傳染力指標(塗片陰性但培養鑑定為MTBC)**
  - -未滿 13 歲接觸者
  - -13歲(含)以上之
    - ➢ 共同居住接觸者
    - ➢ 患有慢性病（如：糖尿病、腎臟病、使用免疫抑制劑、器官移植、愛滋感染者等）的接觸者

高風險族群-專案對象

- 長照機構住民與工作人員
- 山地原鄉住民
- 矯正機關收容人與工作人員
- 愛滋感染者或注射藥癮個案
- 接受抗腫瘤壞死因子(TNF-alpha blocker)治療
- 慢性腹膜或血液透析
- 將接受器官移植患者
- 糖尿病血糖控制不佳(糖化血色素>9.0%)
- 來自結核病高負擔國家之新住民
- 遊民
- 縣市自提高風險族群並經疾管署核備同意對象

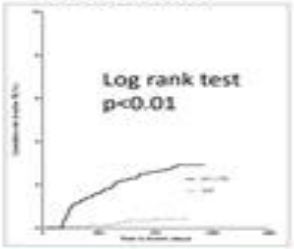
接受LTBI治療之保護效果

(科技計畫成果2016/1-2017/6 五歲及以上,N=11923)

	發生率 (人年)	RR	95%CI		發生率 (人年)	RR	95%CI
3HP	0.18	0.13	(0.07-0.27)	3HP	0.18	0.64	(0.27-1.52)
未曾接受治療	1.35			9H	0.28		

接觸者接受LTBI治療是最具效益的防治策略

LTBI 接觸者接受治療的保護力約87%

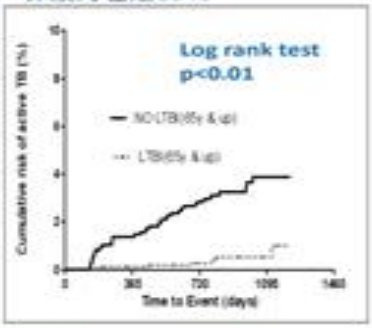


3HP vs. 未治療

LTBI 接觸者 (治療前已發病視為無治療) 接受治療的保護力約94%

3HP vs. 未治療

即使在65歲以上老年族群的保護力也達85%



洗腎室接觸者篩檢治療 (2019, 283人)

臺北市立萬芳醫院

研究目的

(1) 探討病人在有潛伏肺結核感染風險後於血液常規檢查與其他檢驗數值之變化與正常患者之差別，並利用三組（**positive**，**negative**，**undetermined**）分析其疾病之關聯性。

(2) 分析性別、年齡與其他潛在危險因子等因素對潛伏結核病發病率、疾病表現之影響。

(3) 統計萬芳醫院洗腎室患者患有潛伏結核病之比例，並透過此研究確認潛在性結核檢查是否應該納入常規篩檢。

臺北市立萬芳醫院

項目	是否完成，完成時間
同意書簽署	已完成 (133人簽署)，2023/12
IGRA 抽血	已完成(133人)
Raw data 收集	進行中...
追蹤回診治療進度	進行中...

泌尿創新技術與手術團隊

報告人：鍾卓興 醫師

113.02.20

"Large clinical need for an effective treatment … less invasive than surgery" – AUA[1]

"Since many men discontinue medical therapy, yet proportionately few seek surgery, there is a large clinical need for an effective treatment that is less invasive than surgery. *With this treatment class, perhaps a significant portion of men with BOO who have stopped medical therapy can be treated prior to impending bladder dysfunction."*

American Urological Association

The UroLift System

Indications of use

The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 50 years of age or older.

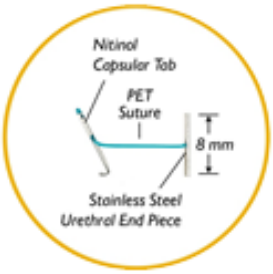
CONTRAINDICATIONS

- Prostate volume of >80 cc
- A urinary tract infection

GOAL

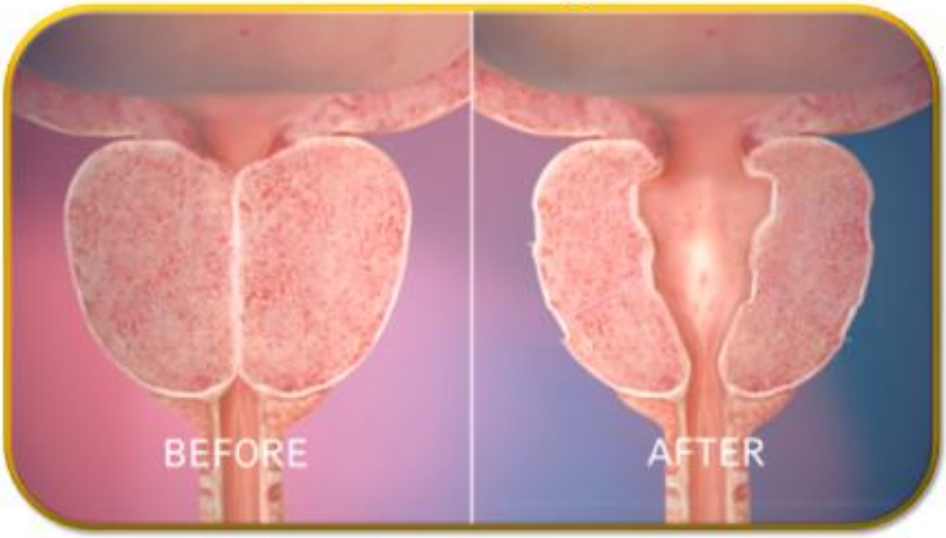
Increase the prostatic urethra caliber and retract the prostate lobes without incisions, resection or thermal damage to the prostate.

Permanent Implant



Delivery Device

The UroLift® System



Indications for Use

The UroLift® System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 45 years of age or older.

二、 適應症
本產品適用於治療 50 歲(含)以上因良性攝護腺側葉增生所引起尿流阻塞之男性。

Contraindications

The UroLift System should not be used if the patient has:

- Prostate volume of >100 cc
- A urinary tract infection
- Urethra conditions that may prevent insertion of delivery system into the bladder
- Urethra incontinence due to incompetent sphincter
- Current gross hematuria

禁忌症
如果患者有以下情況，則不應使用本產品：
•攝護腺體積> 80 cc
•尿路感染

The UroLift® System Is the Only Leading BPH Procedure Shown to Not Cause New and Lasting Sexual Dysfunction*

No (0%)
incidence of de novo sustained ejaculatory or erectile dysfunction in the L.I.F.T. pivotal study*

Sexual Dysfunction Rate		
	Erectile Dysfunction	Ejaculatory Dysfunction
UroLift® System[#1-5]	**0%**	**0%**
Drugs		
Alpha Blockers[6]	3%–5%	1%–10%
5-ARI[6]	8%	4%
Surgery		
TURP[6]	10%	65%
PVP Laser[6]	7%	42%
Aquablation[8,9,10,11]	1%–3.4%	10%–19%
Thermal Therapies		
TUMT[6]	<3%	5–16%
TUNA[6]	3%	4%
Rezum[7]	0%	3%

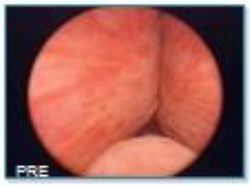
MAC02245-01 Rev A

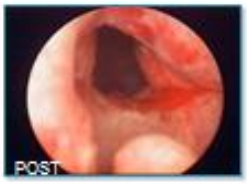
* No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study 1. Roehrborn, et al., J Urol 2013; 2. McVary, et al., J Sex Med 2014; 3. Sonksen, R. et al., Eur Urol 2012; 4. Woo, et al., J Sex Med 2012; 5. McNicholas, et al., Eur Urol 2012; 6. AUA Guidelines 2003; 7. McVary, J Sex Med 2019 June; 8. Gilling, Adv Ther 2018; WATER study 2 years, 9. Gilling, Can J Urol 2020; WATER study 5 years, 10. Bhojani, Urology 2019; WATER II 1 year, 11. Desai, Can J Urol 2020; WATER II 2 years

The UroLift System

UROLIFT® SYSTEM TREATMENT

Amir Saffarian, MD
Morgan Hill, CA





Individual results may vary

EAU LUTS/BPO Guideline Highlights

European Association of Urology

SUMMARY OF EVIDENCE

- Prostatic Urethral Lift improves IPSS, Qmax and QoL[1]
- Prostatic Urethral Lift has a low incidence of sexual side effects
- Patients should be informed that long-term effects including the risk of retreatment have not been evaluated

RECOMMENDATION

Offer Prostatic Urethral Lift (using the UroLift System) to men with LUTS interested in preserving ejaculatory function, with prostates < 70 mL and no middle lobe

Strength Rating: Strong

1. FastFacts, Can J Urol 2017, per protocol

Source: EAU Guidelines on Management of Non-Neurogenic Male Lower Urinary Track Symptoms (LUTS), incl. Benign Prostatic Obstruction (BPO). European Association of Urology 2019

Patient Selection for the UroLift System

BPH Patients who want…

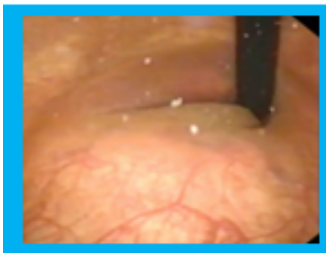
- A rapid recovery
- Durable symptom relief
- An alternative to medical therapy
- A less invasive solution
- To preserve sexual function*
- To avoid potential complications of surgery

✓ **The UroLift System is indicated for patients 50 years or older, with a prostate 80 cc in size**

*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study

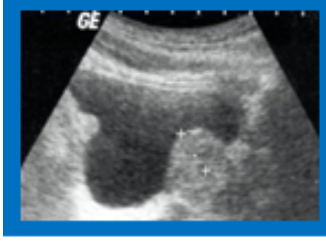
Roehrborn, Can J Urol 2017;
AUA BPH Guidelines 2003, 2020;
McVary, J Sex Med 2016

Patient Imaging for Procedural Planning



Flexible Cystoscopy allows for assessment of:

- Lateral lobe hypertrophy
- Intravesicular structures, including intravesicular extention of prostate (IVE)
- Median lobe classification
- Tolerance for in-office treatment



Ultrasound (TRUS or Transabdominal)

- Provides shape detail not available during DRE and/or cysto
- May allow for more accurate prostate sizing <80cc
- Median lobes significantly greater in height than width tend to be obstructive "ball valves"

臺北醫學大學
TAIPEI MEDICAL UNIVERSITY

三院PD現況review

高治圻 / 吳美儀

Feb 20, 2024

「鼓勵院所加強推動腹膜透析與提升照護品質計畫」

獎勵項目	醫令	院所	TMUH 支付點數	TMUH 目標設定	TMUH 預計年度額	WFH 支付點數	WFH 目標設定	WFH 預計年度額	SHH 支付點數	SHH 目標設定	SHH 預計年度額
(一) [illegible]											
1. [illegible]		[illegible]	600,000	0	0	600,000	0	0	600,000	0	0
2. [illegible]		[illegible]	400,000		0	400,000		0	400,000		0
3. [illegible]		TSN[illegible]	200,000	0	0	200,000	1	200,000	200,000	1	200,000
4. [illegible]											
(1) [illegible]		[illegible]	36,000	14	504,000	36,000	26	936,000	36,000	19	684,000
[illegible]		[illegible]	72,000		0	72,000		0	72,000		0
(2) [illegible]		[illegible]	10,000	11	660,000	10,000	26	1,560,000	10,000	[illegible]	630,000
[illegible]		[illegible]	20,000		0	20,000		0	20,000		0
(二) [illegible]											
[illegible] 成長率 3%		[illegible]	1,000		0	1,000		0	1,000		0
成長率 5%		[illegible]	2,000		0	2,000		0	2,000		0
成長率 10%		[illegible]	3,000	84	252,000	3,000	80	240,000	3,000	149	447,000
成長率 15%		[illegible]	4,000		0	4,000		0	4,000		0
(三) [illegible]											
[illegible]70分以上		[illegible]	5,000	84	420,000	5,000	80	400,000	5,000	138	690,000
(四) [illegible]	醫令										
[illegible] CKD Stage 5 [illegible] (SDM)	P8101C	[illegible]	600	20	12,000	600		0	600	73	43,800
[illegible] (SDM)	P8102C	[illegible]	600	10	6,000	600		0	600	213	127,800
[illegible] CKD Stage 5 [illegible]	P8103A	[illegible]	600	10	6,000	600		0	600	23	13,800
(SDM) [illegible]	P8104O	[illegible]	1,400		0	1,400		0	1,400		0
[illegible]	P8105A	[illegible]	600		0	600		0	600	2	1,200
[illegible] (SDM) [illegible]	P8106O	[illegible]	1,400		0	1,400		0	1,400		0
[illegible]	P8107C	[illegible]	1,200	20	24,000	1,200	12	14,400	1,200		0
[illegible]	P8108C	[illegible]	1,200		0	1,200		0	1,200		0
[illegible]	P8109B	[illegible]	10,000		0	10,000		0	10,000		0
[illegible]	P8110B	[illegible]	5,000		0	5,000		0	5,000		0
[illegible]	P8111O	[illegible]	10,000		0	10,000		0	10,000		0
[illegible]-CAPD	P8112C	[illegible]	868	27	164,052	868	40	243,040	868	[illegible]	347,614
[illegible]-APD	P8113C	[illegible]	868	27	164,052	868	40	243,040	868		346,510
[illegible]-APD daily fee	P8114C	[illegible]	7	27	39,690	7	40	58,800	7		85,645
獎勵計畫增加總收入			2,251,794			3,895,280			3,617,369		

2023 Patient Count Review

Hospital	2023 Active	2023 New
TMUH	84	27
WFH	79	26
SHH	150	40

2023 Drop Out Review

Hospital	Total Drop Out	HD	Death	Other	備註
TMUH	23	14	2	7	安寧1人 移植3人 腎功能回復1人 海外2人
WFH	16	8	3	5	安寧2人 移植2人 海外1人
SHH	34	12	12	10	安寧1人 移植7人 腎功能回復1人 海外1人

2024 Growth Rate Table

Hospital	Active	3%	5%	10%	15%
TMUH	84	87	89	93	97
WFH	79	82	83	87	91
SHH	150	155	158	165	173

2024/1 APD & Extraneal Patient %

Hospital	APD		Extraneal	
Taiwan (2023)	56.8%		64.4%	
TMUH	31	38.75%	37	46.25%
WFH	63	81.82%	51	66.23%
SHH	79	52.67%	86	57.33%