

Keynote Speech 01		
	Family Name (Last Name)	Won
	Given Name (First Name)	Tae-Bin
	Country	Korea Republic
	Position / Department	Professor / Otorhinolaryngology-HNS
	Institute / Organization	Seoul National University Hospital
Education Background	Seoul National University College of Medicine	
Professional Career	Visiting Scholar Stanford University, Skull Base and Sleep	
Research Field	Rhinology, Skull Base, OSA, Rhinoplasty	
Presentation Topic	A Comprehensive Approach to Obstructive Sleep Apnea: Integrating Nasal Surgery and DISE-Guided Multilevel Intervention	
Abstract	Background: Obstructive sleep apnea (OSA) is a complex, multi-factorial disorder characterized by dynamic upper airway collapse. Historically, single-level surgical interventions often yielded suboptimal success rates due to an incomplete assessment of the entire airway. To overcome these limitations, modern sleep surgery has shifted toward a personalized, comprehensive paradigm that addresses the upper airway as a single, contiguous conduit from the nose to the larynx. This lecture presents an integrated, multilevel surgical strategy that combines definitive nasal optimization with Drug-Induced Sleep Endoscopy (DISE)-guided pharyngoplasty. While nasal surgery rarely cures OSA in isolation, establishing a patent nasal airway is crucial to reducing negative inspiratory upper airway pressure and enhancing compliance with subsequent treatments. Simultaneously, DISE provides real-time, three-dimensional visualization of dynamic collapses at the velum, lateral pharyngeal walls, tongue base, and epiglottis under sedation. By incorporating precise preoperative DISE phenotypes—particularly distinguishing lateral wall collapse from epiglottic collapse—surgeons can accurately select candidate patients and tailor advanced palatal modifications, such as soft palatal webbing flap pharyngoplasty. Integrating systematic nasal clearance with DISE-guided, site-specific interventions significantly enhances surgical predictability and long-term success. Rather than relying on a conventional "one-size-fits-all" protocol, analyzing the patient's unique pan-airway dynamics allows for a highly targeted, multilevel approach. This holistic evaluation minimizes the risk of persistent downstream collapse and optimizes overall upper airway stability during sleep.	

Keynote Speech 02



Family Name (Last Name)	Lim
Given Name (First Name)	Chwee Ming
Country	Singapore
Position / Department	Head and Senior Consultant Dept of Otolaryngology-Head and Neck Surgery
Institute / Organization	Singapore General Hospital

Education Background

National University of Singapore
Royal College of Surgeons (Edinburgh)
University of Pittsburgh Cancer Center (Head and Neck Fellowship)
Stanford Biodesign Program

Professional Career

Otolaryngologist, Head and Neck Surgeon, Singapore General Hospital
ACP Surgery Program Duke-NUS Medical School
Adjunct Senior Principal Scientist (A*Star, SiGN and IMCB)

Research Field

Robotic surgery, Head and Neck Oncology, Cancer immunology/immunotherapy, real time tissue diagnostics

Presentation Topic

Artificial intelligence and robotics in Otolaryngology

Abstract

The integration of artificial intelligence (AI) and robotic technologies into otolaryngology–head and neck surgery is rapidly evolving. There is an emerging shift towards computer-assisted innovations to enhance clinical precision, automate workflows, and reduce inefficiency. In this lecture, I will discuss some of the potential applications of these developments in Otolaryngology such as deep learning approach in image segmentation for Nasopharyngeal Cancer (NPC); ultrasound thyroid AI risk stratification and integrating surgical planning/scene appreciation for transoral robotic surgery. Deep learning has emerged as a powerful tool in computer-aided screening for nasopharyngeal carcinoma (NPC), significantly enhancing the interpretation of endoscopic video streams. In the evaluation of thyroid nodules, AI-driven computer-aided diagnosis (CAD) platforms have transformed risk stratification with development of deep learning algorithms trained on large datasets map ultrasound images directly to standardized reporting networks, such as the American College of Radiology Thyroid Imaging Reporting and Data System (ACR-TIRADS). By automatically classifying acoustic features—including composition, margin irregularity, and echogenic foci—these AI systems achieve diagnostic accuracy and sensitivity exceeding 90%. This clinical application minimizes subjective interpretation and limits unnecessary fine-needle aspiration biopsies. Beyond diagnostics, AI acts as an active intraoperative collaborator. Preoperatively, machine learning algorithms process three-dimensional anatomical reconstructions to simulate precise surgical approaches. Intraoperatively, this data interfaces with automated navigation and advanced robotic platforms, such as Trans-Oral Robotic Surgery (TORS). AI-enhanced robotic systems provide active instrument tracking, tremor stabilization, and structural boundary mapping, allowing for safer, ultra-precise margin resections within constrained workspaces. Finally, in the field of laryngology, the development of robotic technology can facilitate minimally invasive procedures such as transoral/transnasal surgeries. I will present development of transoral tracheotomy which can overcome the current limitations of percutaneous tracheotomy. The future lies in the convergence of predictive AI, smart robotics, and real-time intraoperative guidance that can potentially transform our field in Otolaryngology.

Keynote Speech 03



Family Name (Last Name)	Watanabe
Given Name (First Name)	Akihito
Country	Japan
Position / Department	Vice President, Department of Otolaryngology-Head and Neck Surgery
Institute / Organization	Keiyukai Sapporo Hospital

Education Background	1985 Graduated from Asahikawa Medical College 1995 Director, Dept. of Otolaryngology, Keiyukai Sapporo Hospital 2010 Vice President, Keiyukai Sapporo Hospital
----------------------	--

Professional Career	Board Certified Supervisory Doctor, Japanese Society of Otorhinolaryngology Head and Neck Surgery Board Certified Head and Neck Surgeon & Supervisory Doctor, Japan Society for Head and Neck Surgery Certified Proctor, da Vinci Surgical System (Head and Neck), Japan Robotic Surgery Society
---------------------	--

Research Field	Minimally invasive head and neck surgery (ELPS, TORS)
----------------	---

Presentation Topic	Transoral Robotic Surgery for Hypopharyngeal Cancer
--------------------	---

Abstract	Introduction: Transoral Robotic Surgery (TORS) has been widely adopted as a minimally invasive treatment for pharyngeal cancer, valued for both therapeutic outcomes and quality of life (QOL) preservation. While HPV-related oropharyngeal cancer is increasing globally, alcohol-related hypopharyngeal cancer remains prevalent in Japan. Demonstrating favorable outcomes with TORS for hypopharyngeal cancer could significantly expand its indications. We reviewed our institutional experience with TORS for hypopharyngeal cancer. Materials and Methods: Between 2022 and 2025, we performed 348 transoral robotic procedures at our institution, including 192 cases of hypopharyngeal cancer. These cases were retrospectively analyzed for treatment outcomes with institutional review board approval. The surgical technique involved lesion identification, circumferential incision using endoscopic laryngo-pharyngeal surgery, and resection with the da Vinci Surgical System Xi. Results: Patient age ranged from 44 to 89 years (median 70). There were 171 males and 21 females. Subsites included the pyriform sinus (128), posterior wall (50), and postcricoid region (14). Pathological staging revealed Tis, T1, T2, T3, and T4 in 111, 41, 32, 8, and 0 cases, respectively; T1–T3 cases comprised 42% of the total. Positive deep margins were found in 2 cases, treated with adjuvant chemoradiotherapy; one patient died from distant metastasis and one remains disease-free. Among the remaining 190 cases, 5 died from other diseases, while all others remain alive without evidence of disease. All patients resumed oral intake postoperatively. Conclusion: Our institutional experience suggests that hypopharyngeal cancer can be a suitable indication for TORS with appropriate patient selection. We plan to continue this investigation with an increased number of cases.
----------	--

Keynote Speech 04



Family Name (Last Name)	Tsujikawa
Given Name (First Name)	Takahiro
Country	Japan
Position / Department	Associate Professor/ Otolaryngology-HNS
Institute / Organization	Kyoto Prefectural University of Medicine

Education Background

1998-2004 MD, Kyoto Prefectural University of Medicine, Kyoto, Japan
2009-2013 PhD, Graduate School, Kyoto Prefectural University of Medicine, Kyoto, Japan

Professional Career

2004 Resident, Kyoto Prefectural University of Medicine
2014 Postdoctoral Researcher, Department of Cell, Developmental & Cancer Biology, Oregon Health & Science University
2017 Adjunct Assistant Professor, Department of Cell, Developmental & Cancer Biology, Oregon Health & Science University
2017 Assistant Professor, Department of Otolaryngology-Head and Neck Surgery, Kyoto Prefectural University of Medicine
2026 Associate Professor, Department of Otolaryngology-Head and Neck Surgery, Kyoto Prefectural University of Medicine

Research Field

Tumor-immune microenvironment, Photoimmunotherapy

Presentation Topic

Navigating Laryngeal Preservation via Photoimmunotherapy: Approach, Shared Decision Making, and Immunological Expectations

Abstract

Photoimmunotherapy (PIT) has emerged as a groundbreaking, local therapeutic modality in head and neck oncology. While its efficacy in recurrent tumors is well documented, its precise role and strategic application in laryngeal preservation warrant deeper clinical and ethical exploration. Crucially, because laryngeal preservation profoundly impacts a patient's post-treatment quality of life, a robust framework of shared decision making (SDM) is essential. Furthermore, successful laryngeal preservation relies on light delivery techniques. Strategic laser delivery via possible technical approaches will be shared to optimize light illumination for anatomically complex laryngo-hypopharyngeal lesions. Finally, building upon our previous translational findings regarding the immune microenvironment, we discuss the systemic immunological expectations of PIT. The induction of immunogenic cell death by PIT holds potential for generating long-term, systemic anti-tumor immunity, potentially reshaping the future landscape of larynx-preserving strategies. By integrating practical delivery approaches, patient-centered SDM, and translational immuno-oncology, PIT can be optimized not merely as a local salvage option, but as a function-preserving precision therapy.

Meet the Professor 01

	Family Name (Last Name)	Fang
	Given Name (First Name)	Tuan-Jen
	Country	Taiwan
	Position / Department	Professor and Chair/ Department of Otorhinolaryngology Head & Neck Surgery
	Institute / Organization	Linkou Chang Gung Memorial Hospital
Education Background	1. Taipei Medical University 2. Voice and Swallowing Center, University of California San Francisco Medical Center, Fellow 3. Department of Otolaryngology, Louvine University, Belgium, Fellow Phonosurgery course, Keio University, Tokyo, Japan, Fellow	
Professional Career	1. Professor, Department of Otorhinolaryngology Head & Neck Surgery 2. Corresponding fellow, American Laryngological Association 3. President, The 5th Taiwan Voice Society 4. President, 12th East Asia conference on Phonosurgery 5. Director, Division of Laryngology, Department of Otolaryngology, ChangGung Memorial Hospital, Linkou and Taipei, Taiwan 6. Chairman, Keelung Chang Gung Memorial Hospital, Taiwan	
Research Field	1. Phonosurgery 2. Neurolaryngology 3. Head and neck cancer (Laryngopharyngeal cancer) 4. Laser surgery 5. Office based surgery	
Presentation Topic	Precision and preservation: Minimally invasive laser techniques in Laryngology	
Abstract	Introduction Minimally invasive laser laryngeal surgery is popularized because recent progressing in laser surgical techniques. In addition to oncologic concerns, to preserve the functioning outcomes is also a point to be achieved when considering excision. An ideal management for glottic larynx cancer, the pendulum of definitive treatment swings between an optimal oncological control and a better functional preservation, more specifically, the quality of voice. The presentation is aimed to evaluate the recovery kinetics of voice and quality of life (QoL) over time in patients after minimally invasive laryngeal laser procedures. Combining multi-laser system in clinical practice and the tip of complication prevention will also be emphasized.	

Meet the Professor 02



Family Name (Last Name)	Hsueh-Yu
Given Name (First Name)	Li
Country	Taiwan
Position / Department	Professor and Attending Physician, Department of Otolaryngology - Head and Neck Surgery
Institute / Organization	Linkou Chang Gung Memorial Hospital, Taiwan

Education Background

1977-1984
M.D., School of Medicine, China Medical University, Taiwan
2003-2004
Research Fellow, Sleep Medicine, Royal Infirmary of Edinburgh, UK

Professional Career

- Chairman, Department of Otolaryngology - Head and Neck Surgery, Linkou Chang Gung Memorial Hospital
- Chairman, International Exchange Committee / Vice Chair, International Medical Center, CGMH
- Spokesperson, Chang Gung Memorial Hospital
- Executive director, Taiwan Society of Otorhinolaryngology-Head Neck Surgery
- President, Taiwan Voice Society
- President, Taiwan Society Sleep Medicine

Research Field

- Snoring and Obstructive Sleep Apnea (OSA) Surgery
- Sleep Medicine, Sleep Surgery, and Sleep Technology
- Laryngology, Voice Surgery, and Laser Therapy
- Hoarseness and Swallowing Disorders

Presentation Topic

Journey of Sleep and Breathing: Proof of Concept and Technique

Abstract

Obstructive sleep apnea (OSA) has evolved from a disorder defined primarily by polysomnographic indices to a complex disease characterized by diverse anatomical and physiological phenotypes. Over the past two decades, advances in sleep medicine have transformed our understanding of upper airway collapse, revealing that successful treatment requires more than reducing the apnea-hypopnea index; it demands restoration of a stable and sustainable airway throughout sleep.

This lecture presents a personal journey through the development of contemporary sleep surgery, highlighting how clinical observations, physiological concepts, and technological innovations have converged to shape current practice. Beginning with the foundational principles of airway obstruction, the discussion explores the transition from static anatomical assessment to dynamic evaluation using drug-induced sleep endoscopy, and subsequently to phenotype-oriented management strategies. Particular emphasis will be placed on the proof-of-concept process that underlies innovation in sleep surgery, including the development and refinement of techniques targeting the nose, palate, tongue, multilevel, interdisciplinary and transdisciplinary surgery.

Emerging concepts such as precision medicine, whole-tongue remodeling, phenotype-guided treatment selection, and longitudinal postoperative monitoring will be discussed as examples of how translational research can bridge physiological understanding and clinical outcomes. The lecture will also examine how novel diagnostic tools—including ultrasound imaging and cardiopulmonary coupling analysis—may complement conventional polysomnography in defining disease mechanisms and treatment response.

By integrating scientific evidence with practical surgical experience, this presentation aims to illustrate how the journey of sleep and breathing continues to evolve from proof of concept to refined technique, ultimately advancing personalized care for patients with OSA.

Meet the Professor 03

	Family Name (Last Name)	Chung
	Given Name (First Name)	Chun Kit Joseph
	Country	Hong Kong
	Position / Department	Chief of Service, Department of ENT; Honorary Clinical Associate Professor, Li Ka Shing Faculty of Medicine
	Institute / Organization	Queen Mary Hospital; The University of Hong Kong
Education Background	MBBS (HK), MRCSEd, FRCSEd (ORL), FHKCORL, FHKAM (ORL)	
Professional Career	1. Chief of Service, Department of Ear, Nose and Throat, Queen Mary Hospital 2. Honorary Clinical Associate Professor, Li Ka Shing Faculty of Medicine, The University of Hong Kong 3. Censor in Chief, Hong Kong College of Otorhinolaryngologists 4. Immediate Past President, Hong Kong Society of Otorhinolaryngology, Head & Neck Surgery 5. Executive Board Member, Asian Society of Head & Neck Oncology 6. Vice President, Hong Kong Society of Sleep Medicine 7. Council Member, Hong Kong Society of Robotic Surgery	
Research Field	Head & Neck Minimal Invasive Surgery, Robotic Surgery	
Presentation Topic	Transoral Injection Laryngoplasty for Unilateral Vocal Cord Palsy	
Abstract	Unilateral vocal cord palsy is one of the common conditions in our practice. The etiologies can be malignant related, iatrogenic after head & neck of thoracic surgeries and idiopathic. It causes breathy voice and swallowing difficulties which significantly affects the quality of life. Injection laryngoplasty is an effective office-based procedure to medial the paralyzed cord for complete glottic closure during phonation. There are different approaches and techniques to address this. In Queen Mary Hospital, we adopted office-based single surgeon transoral injection laryngoplasty. In the presentation, it will describe the techniques in details, the advantages and our experience with results of this approach.	

Meet the Professor 04



Family Name (Last Name)	Lou
Given Name (First Name)	Pei-Jen
Country	Taiwan
Position / Department	Distinguished Professor/Otolaryngology
Institute / Organization	National Taiwan University

Education Background

M.D., Ph.D. National Taiwan University

Professional Career

Prof Lou has been in clinical practice since 1995, with extensive experience in Otolaryngology – Head & Neck Surgery. He was elected as the President of the Taiwan Head and Neck Society (THNS) (2018~2021) and Taiwan Society of Otorhinolaryngology-Head and Neck Surgery (TSOHNS) (2022~2025). Currently, he is a distinguished professor of the National Taiwan University and a consultant of the THNS and TSOHNS.

Research Field

Head and Neck Surgical Oncology, Cancer Cell Biology

Presentation Topic

The Role of Perioperative Immunotherapy in LA HNSCC from Surgeon's Point of View

Abstract

Standard of care treatment for HNSCC includes surgical resection followed by pathology dictated adjuvant therapy. Neoadjuvant immunotherapy is now an established standard of care prior to surgery in locoregionally advanced HNSCC. While immunotherapy may improve disease-free survival in the adjuvant setting after resected HNSCC, the use of immunotherapy in the neoadjuvant setting may be even more powerful, as the higher tumor antigen load may further enhance the systemic T-cell response and expand tumor-specific T cells within the tumor microenvironment. As perioperative immunotherapy is incorporated into the standard practice for HNSCC, there are still questions on the efficacy and practical surgical issues. In this talk, I will summarize current findings and discuss the role of perioperative immunotherapy from the surgeon's point of view.

Meet the Professor 05



Family Name (Last Name)	Chu
Given Name (First Name)	Pen-Yuan
Country	Taiwan
Position / Department	Attending Surgeon/Department of Otolaryngology-Head and Neck Surgery
Institute / Organization	Taipei Veterans General Hospital

Education Background

M.D. National Defense Medical Center

Professional Career

1. Chairman, Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital (2018-2024)
 2. Director, MDT of Head and Neck Cancer, Taipei VGH (2015-)
 3. Professor, Department of Otolaryngology, School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan (2013-)
- Past President, Taiwan Head and Neck Society (2021-2024)

Research Field

Head and neck oncology, Laryngology

Presentation Topic

Redefining Organ Preservation in Locally Advanced Laryngeal and Hypopharyngeal Cancer: Neoadjuvant Systemic Therapy Followed by Minimally Invasive Surgery

Abstract

Locally advanced laryngeal and hypopharyngeal squamous cell carcinoma remains a therapeutic challenge because conventional treatment often requires a trade-off between oncologic control and preservation of laryngeal function. While concurrent chemoradiotherapy has become the standard organ-preservation strategy, long-term functional impairment, including dysphagia, aspiration, and permanent tracheostomy or feeding tube dependence, continues to limit patient quality of life. Advances in minimally invasive transoral surgery have provided an alternative organ-preserving approach; however, its application has traditionally been restricted to early-stage disease because of limited surgical exposure and concerns regarding adequate resection margins.

Neoadjuvant systemic therapy has emerged as a response-guided strategy that may expand the indications for minimally invasive surgery in patients with locally advanced disease. By inducing substantial tumor regression, neoadjuvant treatment facilitates en bloc resection while preserving uninvolved laryngeal structures. Our clinical experience has demonstrated that this approach is associated with high rates of tumor downstaging, improved pathological risk profiles, reduced tracheostomy and feeding tube requirements, and excellent postoperative functional recovery. Furthermore, treatment with a modified low-toxicity regimen achieved favorable tumor responses with improved treatment tolerability and high compliance. Importantly, these functional and pathological benefits were achieved without compromising long-term oncologic outcomes or laryngeal preservation.

This lecture reviews the evolution of organ-preservation strategies for locally advanced laryngeal and hypopharyngeal cancer and highlights the rationale, surgical principles, and clinical outcomes of integrating neoadjuvant systemic therapy with transoral minimally invasive surgery. Current controversies, practical considerations, and future perspectives for implementing this treatment paradigm will also be discussed.

Special Lecture 01

	Family Name (Last Name)	Tseng
	Given Name (First Name)	Wen-Hsuan
	Country	Taiwan
	Position / Department	Assistant professor Otolaryngology- Head & Neck Surgery
	Institute / Organization	National Taiwan University Hospital
Education Background	MD, National Taiwan University College of Medicine PhD, Graduate Institute of Clinical Medicine, National Taiwan University	
Professional Career	Attending physician, Department of Otolaryngology, National Taiwan University Hospital Visiting scholar, Division of Otolaryngology-Head & Neck Surgery, Department of Surgery, University of Wisconsin- Madison, Madison, Wisconsin Director, Taiwan Association of Dysphagia Supervisor, Taiwan Voice Society Deputy Secretary-General, Taiwan Laryngological Association Member, American Broncho-esophageal Association	
Research Field	Laryngology, Voice science, Dysphagia	
Presentation Topic	Taiwan Consensus of Laryngopharyngeal Reflux Disease (LPRD): Definition, Diagnosis, Management and Treatment	
Abstract	Laryngopharyngeal reflux disease (LPR Disease) is a distinct clinical entity characterized by the retrograde flow of gastric contents beyond the upper esophageal sphincter, resulting in laryngeal and pharyngeal inflammation. Patients typically present with throat clearing, globus sensation, chronic cough, hoarseness, or dysphonia rather than typical heartburn symptoms. The global prevalence of LPR Disease is increasing, affecting up to 30% of patients presenting to otolaryngology clinics. Although international guidelines—such as the Dubai Definition and Diagnostic Criteria for LPR have updated diagnostic standards and proposed interdisciplinary management pathways, discrepancies remain between gastroenterology and otolaryngology approaches regarding diagnostic thresholds, empiric therapy, and objective testing. In Taiwan, the 2015 Taiwan Consensus of GERD provided national guidance for reflux disease management, yet no official interdisciplinary consensus for LPR disease currently exists. Clinical practice varies among specialties, and many institutions rely on individual physician experience or adapted international guidelines. Given the rising disease burden, heterogeneous clinical management, and the emergence of new international frameworks, the development of a Taiwan LPR disease Consensus is both timely and necessary. Establishing localized diagnostic criteria, stepwise treatment algorithms, and multidisciplinary collaboration will enhance clinical consistency, enable outcome benchmarking, and align Taiwan with global reflux management standards.	

Symposium 01-1



	Family Name (Last Name)	Chiu
	Given Name (First Name)	Feng-hsiang
	Country	Taiwan, R.O.C
	Position / Department	Department of otolaryngology head and neck surgery
	Institute / Organization	Tri-service General Hospital
Education Background	M.D	
Professional Career	Attending Physician	
Research Field	Sleep surgery	
Presentation Topic	Expiratory velopharyngeal obstruction: A potentially overlooked issue	
Abstract	Expiratory velopharyngeal obstruction (EVO) is a distinct upper airway collapse phenotype observed during drug-induced sleep endoscopy (DISE). Characterized by palatal obstruction during expiration, EVO triggers mouth breathing, which shifts the mandible posteriorly and exacerbates obstructive sleep apnea (OSA). This presentation covers the anatomical mechanism of EVO, its identification via DISE, and its critical role in personalizing OSA therapies. Recognizing EVO is essential to optimizing patient selection and treatment compliance.	

Symposium 01-2		
	Family Name (Last Name)	Tsai
	Given Name (First Name)	Ming-Shao
	Country	Taiwan
	Position / Department	Professor
	Institute / Organization	嘉義長庚醫院耳鼻喉系
Education Background	台大醫學院畢業	
Professional Career	長庚體系教授級主治醫師 台灣睡眠醫學學會秘書長 達文西睡眠手術台灣專家共識指引召集人 Intuitive Surgical 官方認證達文西手術指導醫師 嘉義長庚耳鼻喉部喉科主任暨耳鼻喉專科病房主任	
Research Field	打鼾及睡眠呼吸中止症 過敏性鼻炎 達文西手術	
Presentation Topic	狹縫中的精準醫療：達文西 SP 單孔機器人手術於 OSA 之臨床實踐與優勢 Navigating Narrow Spaces: The Clinical Advantages of SP Robotic Surgery in OSA Patients	
Abstract	阻塞型睡眠呼吸中止症（Obstructive Sleep Apnea, OSA）影響全球超過十億人口，不僅造成打鼾與日間嗜睡，更與高血壓、心血管疾病、腦中風及神經退化疾病等多重共病密切相關。經口達文西機器人手術（Transoral Robotic Surgery, TORS）已成為治療舌根阻塞的重要技術，而新一代達文西 SP（Single-Port）系統，以單孔平台、靈活器械與高解析三維視野，進一步提升狹窄上呼吸道手術的可操作性與精準度。本演講將分享嘉義長庚睡眠外科團隊於達文西睡眠手術的臨床經驗，比較 Xi 與 SP 系統在睡眠外科的特色、優勢與限制，並探討如何透過精準的病人選擇、Hybrid Surgery 整合式手術策略及完善的併發症預防與安全管理，兼顧手術療效與病人安全。同時展望 SP 平台在自然孔微創手術與睡眠醫學未來發展的臨床應用，提供睡眠外科精準治療的新方向。	

Symposium 01-3



Family Name (Last Name)	Lin
Given Name (First Name)	Cheng-Yu
Country	Taiwan
Position / Department	Otolaryngology
Institute / Organization	National Cheng Kung University Hospital

Education Background	1.PhD of Occupational and Environmental Medicine, National Cheng-Kung University, Tainan, Taiwan. 2.Doctor of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan.
Professional Career	1.Professor, Department of Otolaryngology; 2.Director, Department of Otolaryngology; 3.Director, Sleep Medicine Center, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University
Research Field	Sleep surgery, Sleep disorder and home sleep monitor
Presentation Topic	Safe Robotic Tongue Base Resection for OSA: Lessons from Bleeding, Synechia, and Taste Dysfunction
Abstract	Robotic tongue base resection is an emerging surgical option for selected patients with OSA when tongue base collapse is confirmed and conservative therapy is inadequate. Although TORS offers excellent exposure, 3D visualization, and precise tissue reduction, perioperative safety remains critical. This lecture reviews a safety-first strategy for robotic tongue base surgery, emphasizing patient selection, risk assessment, exposure, extent of resection, meticulous hemostasis, and preservation of functional mucosa. A special focus will be placed on real-time intraoperative ultrasound to identify the lingual artery, define an individualized safety zone, and enable adequate tongue base reduction while minimizing catastrophic bleeding. Prevention and management of postoperative hemorrhage, wound adhesion, dysphagia, foreign body sensation, and taste dysfunction will also be discussed.

Symposium 01-4



Family Name (Last Name)	Hsu
Given Name (First Name)	Ying-Shuo
Country	Taiwan
Position / Department	Attending Physician, Department of Otolaryngology
Institute / Organization	Shin Kong Wu Ho-Su Memorial Hospital

Education Background

Ph.D., Institute of Brain Science, National Yang Ming Chiao Tung University, Taiwan (2022-2025)
 M.D., College of Medicine, National Taiwan University (1998-2006)
 Fellowship: Mount Sinai Hospital & ENT and Allergy Associates, New York (2015.9-2015.12); Ospedale Pierantoni-Morgagni, Forli, Italy (2015.12-2016.3)

Professional Career

Attending Physician, Department of Otolaryngology, Shin Kong Wu Ho-Su Memorial Hospital
 Researcher, Institute of Brain Science, National Yang Ming Chiao Tung University
 Board-Certified Obesity Specialist, Chinese Taipei Society for the Study of Obesity
 Vice Chair, Sleep Surgery Committee, Taiwan Society of Sleep Medicine
 Recipient, Shin Kong Hospital Physician Research Paper Award (2020 & 2022)

Research Field

Surgery and treatment of obstructive sleep apnea; interventional drug-induced sleep endoscopy (TCI-DISE) for upper-airway phenotyping.

Presentation Topic

Interventional Drug-Induced Sleep Endoscopy

Abstract

Drug-induced sleep endoscopy (DISE), first proposed by Croft and Pringle in 1991 and refined by Kezirian's VOTE classification, has become a pivotal tool for personalised decision-making in obstructive sleep apnea (OSA). Yet conventional DISE - performed in a single supine, mouth-open, baseline state - captures only one point on a complex titration surface. We have developed interventional target-controlled-infusion DISE (TCI-DISE), in which BIS-monitored propofol provides stable light sedation while sequential intra-procedural manoeuvres are tested. Across our published cohorts (>300 OSA adults), each manoeuvre adds an actionable layer: head rotation reproduces lateral-sleep effects and resolves 60% of anteroposterior epiglottic collapse; mouth closure reveals expiratory velopharyngeal obstruction (EVO) in 46% of supine conditions; non-customised and titrated oral appliances simulate mandibular advancement device (MAD) response; intra-oral negative airway pressure and the palatal-suture velar anterior displacement (Vad) test predict downstream secondary collapse after palatoplasty or MAD. Convergent data show that MAD plus head rotation converts 80% of complete epiglottic obstruction to full patency, while aggressive MAD itself induces EVO in 64% of cases - findings missed by single-state DISE. We propose an All-Domain Improvement framework: patients responding across all four interventions are candidates for MAD or positional monotherapy, whereas those with persistent collapse, induced EVO, or Vad-unmasked downstream lesions require weight reduction, palatopharyngoplasty, epiglottopexy, or hypopharyngeal procedures. Interventional TCI-DISE thus transforms DISE from a static map of collapse into a dynamic test bench for individualised OSA treatment selection.

Symposium 02-1



Family Name (Last Name)	Chen
Given Name (First Name)	Yi-Jen
Country	Taiwan
Position / Department	Otorhinolaryngology
Institute / Organization	National Cheng Kung University Hospital

Education Background

Ph.D.

Professional Career

Voice, Swallowing, Speech Science

Research Field

Head & Neck Cancer

Presentation Topic

Speech Rehabilitation for Laryngectomy: Augmentative and Alternative Communication via Nose.

Abstract

Laryngectomees have many different indications, and patients undergoing the procedure need to adapt to a different way of speaking, where air is not used to produce speech through the vocal cords. Speaking is the most effective way to exchange information in all aspects of human life. This issue should not be ignored simply because laryngectomees cannot use their own voices, especially in expressing their needs, symptoms, emotions, and participating in decision-making regarding their treatment. In light of this, the TSVoice team proposed the "Smart Voice Wearable Nasal Communicator," integrating nasal resonance sound pickup technology with backend speech recognition technology. Its aim is to help laryngectomees regain their communication function, addressing their clinical communication difficulties and providing a versatile communication medical device applicable to various needs, thus pioneering a new type of smart voice transmitter market. The team constructed a program to design audio resonance waves, using a signal receiver to receive the sound waveform after resonance in the nasal and laryngeal cavities, obtaining a good resonance response. After processing the signal, it is then used to train a language model to facilitate subsequent artificial intelligence translation into more natural speech that is more intelligible to healthy individuals.

Symposium 02-2



Family Name (Last Name)	Chiang
Given Name (First Name)	Chen-Yu
Country	Taiwan
Position / Department	Supervisor, CieiD Associate Professor, Communication Engineering
Institute / Organization	National Taipei University, New Taipei City, Taiwan

Education Background

National Chiao Tung University, Communication Engineering, Ph.D., 2009
 National Chiao Tung University, Communication Engineering, M.S., 2004
 National Chiao Tung University, Communication Engineering, B.S., 2002

Professional Career

Associate Professor, Department of Communication Engineering, National Taipei University (*Jul. 2020 – Present*)
Supervisor, Center for Innovation, Entrepreneurship, and Industry Collaboration Development (CieiD), National Taipei University

Research Field

Speech and Audio Signal Processing, Neural Text-to-Speech (TTS), Automatic Speech Recognition (ASR), Speech Enhancement, AI for Speech Impairments

Presentation Topic

Lightweight Speech Enhancement for Mandarin Esophageal Speech

Abstract

Esophageal speech is one of the primary communication methods for individuals who have undergone total laryngectomy. However, the absence of vocal-fold vibration often results in reduced intelligibility, limited naturalness, low speaking intensity, and slower speaking rates, posing significant challenges for both human communication and automatic speech recognition (ASR) systems. This talk presents three lightweight speech enhancement approaches for Mandarin esophageal speech, including Frame Mask (FM), Ideal Ratio Mask (IRM), and Voice Conversion (VC). Instead of relying on parallel normal-speech corpora, the proposed methods are optimized using losses derived from end-to-end ASR models, enabling the enhancement network to improve speech quality directly from recognition feedback. The models are designed with causal architectures to support real-time, low-latency deployment on portable assistive devices.

Experiments were conducted using speech collected from three Mandarin esophageal speakers. Performance was evaluated using Transformer-based ASR, Whisper ASR, human listening tests, mean opinion score (MOS) prediction, and voicing analysis. Experimental results demonstrate that all proposed methods improve speech intelligibility compared with the original esophageal speech. Among them, the IRM-based approach achieves the most consistent improvements in recognition accuracy and speech naturalness, while the VC approach substantially increases harmonic structure and voiced segments. These findings indicate that lightweight ASR-guided speech enhancement provides a practical solution for improving Mandarin esophageal speech and represents a promising direction for future real-time speech rehabilitation and assistive communication technologies.

Symposium 02-3



Family Name (Last Name)	Chi-Te
Given Name (First Name)	Wang
Country	Taiwan
Position / Department	Director of voice center / Department of Otolaryngology Head and Neck Surgery
Institute / Organization	Far Eastern Memorial Hospital,

Education Background

National Taiwan University, School of medicine, MD.
 National Taiwan University, Institute of preventive medicine, MSc.
 National Taiwan University, Institute of epidemiology and preventive medicine, PhD.

Professional Career

Corresponding member: American Laryngological Society
 Board member: Taiwan Voice Society
 East Asian Association of Phonosurgery

Research Field

Laryngology and phonosurgery
 Machine learning and artificial intelligence

Presentation Topic

Transgender phonosurgery

Abstract

Transgenders or patients of gender dysphoria represents a special group in voice clinic, who frequently suffer from mismatch between the voice and appearance. Voice therapy is the mainstay to modify phonation frequency and characters. For those who denied or did not achieve satisfying voice pitch after voice therapy, phonosurgery can raise/lower pitch to the designated range matching their gender identity. This talk will introduce available approaches and discuss the potential benefit and side effects. (Could be provided before June 30)

Symposium 02-4

	Family Name (Last Name)	Tsai
	Given Name (First Name)	Yueh-Ju
	Country	Taiwan
	Position / Department	Speech-Language Pathologist/ Otorhinolaryngology-Head and Neck Surgery
	Institute / Organization	Taipei Veterans General Hospital
Education Background	National Taipei University of Nursing and Health Sciences (NTUNHS) Taipei, Taiwan Master of Science in Speech-Language Pathology	
Research Field	Voice therapy	
Presentation Topic	Voice therapy of transgendered patients	
Abstract	According to the American Psychological Association (APA), transgender are those people who have changed or are changing their bodies through medical interventions to better match their gender identify. Most of them are males wanting to be identified as females. In order to be identified as female, they need to change many things, including dressing, hairstyle, behaviors and voice...etc. Unlike the female-to-male people, the male-to-female people cannot change their voice through hormone treatment. They usually need to receive phonosurgery or voice therapy to make their voice sound more feminized. The more feminized voice need not only pitch elevating, but also changing the resonance and other paralanguage skills. Hence, speech-language pathologist plays an important role for male-to-female transgendered people to feminized their voice. This presentation will provide the voice outcomes of transgendered people after voice therapy.	

Symposium 02-5



Family Name (Last Name)	Chen
Given Name (First Name)	Chih-Hua
Country	Taiwan
Position / Department	Speech-Language Pathologist/ Otorhinolaryngology-Head and Neck Surgery
Institute / Organization	Changhua Christian Hospital

Education Background

Graduate Institute of Linguistics, Providence University

Research Field

Voice therapy

Presentation Topic

Sculpting the Resonance: Evaluating the Efficacy of Transgender Women's Voice Training via Multidimensional Acoustic Metrics

Abstract (up to 300 words)

This study evaluated the clinical efficacy of a systematic, gender-affirming voice training program integrating Vocal Function Exercises and Resonant Voice Therapy in optimizing social communication characteristics. Eight transgender women were enrolled to participate in a 10-session intervention program. Throughout the procedure, a Computerized Speech Lab (CSL) was utilized to collect sustained vowel, connected speech, and pitch-glide tasks, precisely extracting fundamental frequency (F0), the first two formant frequencies (F1 and F2), and Cepstral Peak Prominence-Smoothed (CPPS) for quantitative analysis. Acoustic analyses revealed a statistically significant post-intervention increase in the participants' F0, confirming feminizing adaptations in cricothyroid muscle regulation and vocal fold vibrational frequency. Furthermore, F1 and F2 demonstrated expected upward shifts, specifically reflecting the forward resonance characteristics shaped by the participants' shortening of their apparent vocal tract length. Regarding voice quality stability, CPPS extracted from connected speech exhibited a statistically significant increase following the intervention. This comprehensive filtering index, grounded in the cepstral domain, demonstrated high objective predictive validity in evaluating voice quality integrity during natural dialogue, tolerance to background noise, and aerodynamic coordination in continuous phonation. Compared to time-domain perturbation indices (such as Jitter and Shimmer), which are susceptible to fundamental frequency tracking errors and waveform boundary limitations, CPPS provides a more stable and clinically validated acoustic corroboration in dynamic speaking contexts. This robust measure contributes quantitative evidence possessing both scientific precision and biofeedback utility to speech science and forward-looking speech-language therapy practices.

Symposium 03-1



Family Name (Last Name)	SUN
Given Name (First Name)	Ho Yee Nikie
Country	Hong Kong
Position / Department	Associate Consultant, ENT, Queen Mary Hospital; Honorary Clinical Assistant Professor, HKU
Institute / Organization	Queen Mary Hospital University of Hong Kong

Education Background

2021 FHKCORL; 2021 FHKAM (ORL); 2021 FRCS(Edin); 2015 MHKICBSC; 2015 MRCSEd; 2013 MBChB (CUHK)

Professional Career

Dr. Sun graduated from the Chinese University of Hong Kong and is a Hong Kong-trained Ear, Nose, and Throat (ENT) surgeon. She has received international subspecialty training in laryngology and head and neck surgery. She currently serves as the laryngology team lead and a head and neck surgery trainer in the ENT Department at Queen Mary Hospital.

Research Field

Laryngology, head and neck surgery

Presentation Topic

Awake transnasal blue laser laryngeal surgery.

Abstract

Awake transnasal blue-laser laryngeal surgery is an emerging, minimally invasive approach for selected laryngeal lesions. Using a transnasal endoscopic route, a blue-wavelength laser enables targeted resection while preserving surrounding healthy tissue. This presentation reviews the use of blue LASER for laryngeal pathology, with a focus on potential indications, safety considerations, limitations, and the associated risks and possible complications.

Symposium 03-2



Family Name (Last Name)	Wang
Given Name (First Name)	Ching-Ping
Country	Taiwan
Position / Department	Surgical Attending
Institute / Organization	Taichung Veterans General Hospital

Education Background

M.D. National Yangming University

Professional Career

Chief of Laryngology, Head and Neck Surgery, Department of Otolaryngology, Head and Neck Surgery, Taichung Veterans General, Clinical Professor, National Defense University
Lecturer, National Yang Ming Chiao Tung University
Supervisor, Taiwan Head and Neck Society
Director, Taiwan Voice Society

Research Field

Head and Neck Cancer Surgery.

Presentation Topic

High-Resolution UGI Scope-Assisted ELM CO2 for Hypopharyngeal Cancer and High-Grade Dysplasia

Abstract

自 Dr. Strong and Dr. Jako 于 1972 年發表利用喉內視鏡顯微加上二氧化碳雷射來切除喉部腫塊後，耳鼻喉科醫師便不斷研究如何將經口喉顯微內視鏡雷射手術(TLM)來精準切除咽喉腫瘤。1975 年 Dr. Strong 便發表以 TLM 切除喉惡性腫瘤，1988 年起 Dr. Steiner 設計新的 laryngoscope 及器械增加咽喉部的 exposure。並引入了新的切除方式，證實在有系統計畫下將腫瘤分段切除即可達到 complete resection，將 TLM 的適應症推進到 T2 及 selective T3 的咽喉癌。在內視鏡影像系統科技的發展上，不僅解析度越來越高，局部變焦放大的能力提升，加上 NBI 影像系統導入後，將黏膜下微血管的變異清楚呈現出來，相較於傳統光源更能早期偵測出癌前病變及初期癌變。目前以高畫質 NBI 內視鏡診斷及切除初期食道癌及癌前病變已被廣泛運用。

由於頭頸癌患者併發第二原發部位癌症率約為每年 3%。隨著醫療觀念的進步，頭頸癌患者定期接受上消化道鏡檢已漸為常規，再加上一般大眾接受胃鏡檢查意願提升，因此在咽喉部發現 NBI 黏膜異常的病例數日漸增加。對於這類由 NBI 胃鏡偵測到的咽喉部病變，耳鼻喉科醫師所使用的 TLM 技術雖能 well expose 患部，但在傳統喉鏡光源下不容易精確定位及切除。我們建議與胃腸科醫師合作，由腸胃科以 NBI 內視鏡定位，配合 LUGOL solution 染色，以 TLM CO2 laser 切除咽喉病灶，依病理報告進行後續治療，大多數患者的早期咽喉部癌症及癌前病變均能以手術得到控制而暫不需要放射治療。以上經驗請各位先進指導。

Symposium 03-3



Family Name (Last Name)	Hsu
Given Name (First Name)	Yen-Bin
Country	Taiwan
Position / Department	Division Chief, Otolaryngology-Head and Neck Surgery
Institute / Organization	Taipei Veterans General Hospital

Education Background MD, PhD, National Yang-Ming University

Research Field Laryngology, head and neck surgery

Presentation Topic Transoral laser microsurgery for early glottic cancer

Abstract

Transoral laser microsurgery (TLM) utilizing the CO₂ laser is a standard-of-care intervention for early-stage (T1–T2) glottic cancer, offering a highly precise, minimally invasive alternative to radiotherapy and open surgery. This presentation reviews clinical outcomes and technical nuances essential for optimizing both oncological and functional results.

Key surgical strategies will be discussed, including securing adequate laryngeal exposure, utilizing narrow-band imaging (NBI) for mucosal margin definition, and tailoring the resection depth based on tumor invasion. Clinical data demonstrates that TLM achieves local control and laryngeal preservation rates comparable to definitive radiotherapy, while maintaining a low complication profile and allowing for repeatable interventions if necessary.

Symposium 03-4



Family Name (Last Name)	Tsou
Given Name (First Name)	Yung-An
Country	Taiwan
Position / Department	Director of Laryngology / Department of Otolaryngology-Head and Neck Surgery
Institute / Organization	China Medical University Hospital

Education Background

Graduate School of Medicine, China Medical University

Professional Career

President, Taiwan Voice Society. Director of Laryngology, China Medical University Hospital, Taichung, Taiwan. Professor, Department of Audiology and Speech-Language Pathology, Asia University, Taichung, Taiwan. Professor, School of Medicine, China Medical University, Taichung, Taiwan.

Research Field

Laryngology, phonosurgery, pharyngeal cancer & dysphagia

Presentation Topic

Management of Supra-Glottic stenosis experience sharing

Abstract

Background: Supraglottic stenosis (SPGS) represents a rare subset of laryngotracheal stenosis (3–4%) with heterogeneous etiology and no established treatment consensus. This study reviews our institutional experience and proposes a systematic management algorithm.

Methods: A retrospective review was conducted of all adult SPGS patients managed at China Medical University Hospital between January 2016 and December 2024. Demographics, etiology, stenosis location and severity, treatment modalities, and recurrence rates were analyzed by a single otolaryngologist–plastic surgeon team.

Results: Ten patients (mean age 44.2 years; 6 female) were included. Etiologies comprised corrosive injury (n=4), external beam radiotherapy (n=3), GERD (n=1), laryngeal tuberculosis (n=1), and iatrogenic injury (n=1). Seven patients (70%) presented with concurrent multi-level aerodigestive tract involvement, including esophageal or pharyngeal stricture. All patients required initial tracheostomy and experienced at least one episode of symptomatic restenosis. Treatment modalities included balloon dilatation, CO₂/KTP laser lysis, Montgomery T-tube stenting, and open laryngofissure with reconstruction. Isolated SPGS cases averaged 4.3 procedures; multi-level cases averaged 2.71. Successful decannulation was achieved in 8 of 10 patients, with concurrent improvement in swallowing observed.

Conclusions: Endoscopic laser lysis and balloon dilatation are effective for isolated mild-to-moderate SPGS. Multi-level involvement carries higher recurrence and procedural burden, warranting combined open surgical approaches. T-tube stenting serves as a valuable adjunct for concurrent subglottic stenosis. Prospective studies incorporating objective voice, airway, and swallowing assessments are needed to further optimize management.

Symposium 03-5		
	Family Name (Last Name)	Chen
	Given Name (First Name)	Tseng-Cheng
	Country	Taiwan
	Position / Department	Director of Laryngology
	Institute / Organization	National Taiwan University
Education Background	MD, PhD, Graduate Institute of Pathology, National Taiwan University	
Professional Career	Head & Neck Cancer Clinical Oncology	
Research Field	Head & Neck Oncology, Head & Neck Ultrasound, Head & Neck Pathology	
Presentation Topic	Transoral Laser Microsurgery for Hypopharyngeal Cancer: Principles, Patient Selection, and Functional Outcomes	
Abstract	Hypopharyngeal squamous cell carcinoma remains one of the most challenging head and neck malignancies, characterized by submucosal spread, early regional metastasis, and advanced-stage presentation. Traditional treatment with open laryngopharyngectomy or definitive chemoradiotherapy carries substantial functional cost. Transoral laser microsurgery (TLM) offers a minimally invasive, organ-preserving alternative, allowing precise endoscopic resection while avoiding external incisions, tracheostomy, and pharyngotomy in selected patients. This lecture reviews the principles of TLM, emphasizing patient selection, adequate transoral exposure, piecemeal resection, intraoperative margin assessment, and risk-adapted adjuvant therapy. Published series show that, in early-stage and selected intermediate-stage disease, TLM achieves oncologic outcomes comparable to open surgery or radiotherapy while better preserving swallowing function and reducing gastrostomy and tracheostomy rates. However, diffuse tumor growth, difficult margin control, and frequent synchronous second primaries demand rigorous case selection and long-term surveillance. TLM thus represents a valuable, function-sparing tool within multidisciplinary care.	

Symposium 04-1



Family Name (Last Name)

Lin

Given Name (First Name)

Che-Yi

Country

Taiwan

Position / Department

Clinical lecturer, College of Medicine

Institute / Organization

National Taiwan University

Education Background

2006 Medical Doctor, College of Medicine, National Taiwan University
 2017 Master of Medical Science, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University
 2023~ PhD student, Graduate Institute of Clinical Medicine, College of Medicine, National Taiwan University

Professional Career

2006-2011 resident, NTUH
 2012-2015 Visiting staff, National Taiwan University hospital, Yunlin branch
 2016~ Visiting staff, National Taiwan University hospital and Children Hospital
 2019~ Clinical lecturer, College of Medicine, National Taiwan University

Research Field

Pediatric otolaryngology, Head and neck ultrasound, Pediatric airway

Presentation Topic

Improving Breathing, Preserving Function: Voice and Swallowing After Pediatric Upper Airway Surgery — A Pediatric Otolaryngologist's Perspective

Abstract

Pediatric upper airway surgery is usually performed to improve breathing and create a safe, stable airway. However, the upper airway is not only a breathing passage. It also plays an important role in swallowing, airway protection, voice, and communication. Therefore, surgical success should not be judged only by airway size, extubation, tracheostomy avoidance, or decannulation.

This presentation discusses voice and swallowing after pediatric upper airway surgery from the perspective of an otolaryngologist. Common procedures, including laryngotracheal reconstruction, supraglottic surgery, tracheostomy and decannulation, and adenotonsillectomy, will be used to illustrate how improving breathing may also affect function. The talk will emphasize practical outcome assessment, including stable breathing, safe swallowing, secretion control, voice quality, communication ability, caregiver burden, and daily participation.

Through literature review and selected case-based discussion, this presentation aims to highlight a functional approach to pediatric airway surgery. The goal is not perfect breathing, swallowing, or voice, but a safe and reasonable balance for each child.

Symposium 04-2



	Family Name (Last Name)	Wang
	Given Name (First Name)	Sz-Ting
	Country	Taiwan
	Position / Department	Speech Therapist/Department of Physical Medicine and Rehabilitation
	Institute / Organization	National Taiwan University Hospital
Education Background	M.S., Graduate Institute of Clinical Medicine, National Taiwan University	
Professional Career	Speech-Language Pathologist, National Taiwan University Hospital, 2010–Present	
	Secretary-General, Taiwan Speech Language Pathologist Union, 2025–Present	
Research Field	Pediatric Dysphagia; Pediatric Airway Disorders; Voice and Speech Disorders; Airway Reconstruction; Feeding and Swallowing Rehabilitation	
Presentation Topic	Beyond Breathing: The Role of the Speech-Language Pathologist in Pediatric Airway Stenosis	
Abstract (up to 300 words)	Pediatric airway stenosis can affect not only breathing but also voice, speech, language, swallowing, and feeding. Children undergoing airway reconstruction may present with complex functional needs related to airway anatomy, prolonged intubation, tracheostomy, ventilator dependence, repeated hospitalization, and limited communication or feeding experiences. The role of the speech-language pathologist therefore extends across the entire perioperative course. Preoperative assessment establishes baseline function, identifies risks, and supports realistic expectations for families and the interdisciplinary team. During the perioperative period, speech-language pathologists collaborate with medical professionals to adapt communication, swallowing, and feeding management according to airway status and surgical restrictions. Postoperatively, ongoing assessment and intervention focus on voice, speech intelligibility, language development, airway protection, and return to oral feeding. This presentation will review the speech, language, and swallowing challenges encountered before, during, and after surgery, and highlight the speech-language pathologist's role in assessment, intervention, caregiver education, and long-term follow-up. The importance of supporting safe feeding, effective communication, functional recovery, and participation in daily life will also be emphasized.	

Symposium 05-1

	Family Name (Last Name)	Kai-Ping
	Given Name (First Name)	Chang
	Country	Taiwan
	Position / Department	Vice Chair & Professor
	Institute / Organization	Dept. of Otolaryngology - Head & Neck Surgery
Education Background	MD & PhD degree, Chang Gung University	
Professional Career	• Chief, Division of Head & Neck Surgery, Dept. of Otolaryngology • Deputy Director, Department of Medical Research & Development • Professor, College of Medicine, Chang Gung University • Associate Editor, Head & Neck • Convener of the Department of Life Sciences, National Science and Technology Commission (NSTC), Taiwan	
Research Field	oral cancer, nasopharyngeal cancer, salivary gland neoplasm	
Presentation Topic	Treatment and Survival Outcomes of Hypopharyngeal Squamous Cell Carcinoma: CGMH experience and meta-analyses	
Abstract	(C <u>Background:</u> This study evaluated the treatment outcomes of the primary surgery (PS) or concurrent chemoradiotherapy (CCRT) as the initial treatment for hypopharyngeal squamous cell carcinoma (HPSCC). Methods: This retrospective cohort study included patients with stages III–IV HPSCC from four tertiary referral centers consecutively enrolled from 2003 to 2012. The meta-analysis was conducted in strict accordance with the PRISMA guideline. The adjusted hazard ratio (aHR) with 95% confidence intervals (CIs) of different survival outcomes were extracted and pooled. <u>Results:</u> In patients undergoing PS and CCRT, OS rates were 45.0% and 33.1% ($p < 0.001$), respectively, and DFS rates were 36.2% and 28.9% ($p = 0.003$), respectively. In subgroup analysis, in patients with stage IVA HPSCC, PS was associated with higher OS rate ($p = 0.002$), particularly in those with T4 or N2 classification ($p = 0.021$ and 0.002, respectively). Multivariate analysis indicated that stage IVA HPSCC, stage IVB HPSCC, and CCRT were independent adverse prognostic factors for OS rate ($p = 0.004$, < 0.001, and 0.014, respectively). Furthermore, in patients with stage IVA HPSCC aged ≥ 65 years and with N2 classification, CCRT was significantly associated with lower OS rates than was PS ($p = 0.027$ and 0.010, respectively). Eight studies published between 2015 and 2023, with a pooled patient population of 1619, were included in this meta-analysis. The outcomes reveal that upfront surgery was notably linked with improved OS (aHR 0.66, 95% CI 0.57-0.78) and DFS (aHR 0.75, 95% CI 0.63-0.90). In patients with advanced HPSCC (stages III and IV), upfront surgery remained associated with better OS (aHR 0.65, 95% CI 0.56-0.77). Concerning the extent of surgery, both subgroups exhibited a superior OS outcome associated with upfront surgery (exclusive total laryngopharyngectomy group: aHR 0.54, 95% CI 0.39-0.75; total/partial laryngopharyngectomy group: aHR 0.71, 95% CI 0.59-0.84). <u>Conclusions:</u> In patients with advanced HPSCC, PS was significantly associated with better prognosis than CCRT. PS could be a favorable primary treatment modality for the management of patients with stage IVA HPSCC, particularly those aged ≥ 65 years and with T4 and N2 classification.	

Symposium 05-2



Family Name (Last Name)	Chu
Given Name (First Name)	Yueng-Hsiang
Country	Taiwan
Position / Department	Attending physician, Department of Otolaryngology-Head Neck Surgery
Institute / Organization	Tri-Service General Hospital

Education Background	MD (1995), PhD (2006), National Defense Medical University
----------------------	--

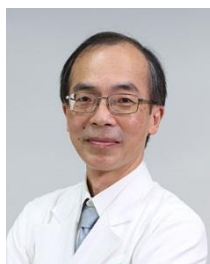
Professional Career	Attending physician, dept OTO/HNS, Hualien Armed Forced Hospital (2002) Attending physician, dept OTO/HNS, Tri-Service General Hospital (2001, 2006-2010) Visiting scholar, University of Iowa Hospital & Clinic (2010) Chief of head neck/laryngology division, OTO/HNS, TSGH (2012-2024) Chair of dept Otolaryngology-Head Neck surgery, TSGH (2011&2024-2025)
---------------------	---

Research Field	Application of microbubble in HN cancer drug delivery
----------------	---

Presentation Topic	Laryngopharyngectomy with regional flap reconstruction
--------------------	--

Abstract	Laryngopharyngectomy with flap reconstruction is a complex surgical procedure performed to treat advanced cancers of the larynx and hypopharynx. The operation involves removing the affected airway and digestive tracts, followed by surgery to rebuild the surgical defect using tissue taken from another part of the patient's body. Microvascular free tissue transfer is the standard in the complex head and neck reconstruction. Regional flap, however, is also good option in larynx/hypopharynx defect reconstruction with advantages of time-saving, high success rate. Here, we review our experience in larynx/hypopharynx cancer open surgery with regional flap reconstruction.
----------	---

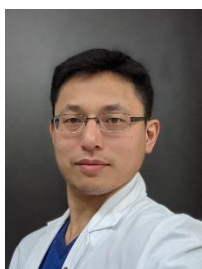
Symposium 05-3



Family Name (Last Name)	Shyh-Kuan
Given Name (First Name)	Tai
Country	Taiwan
Position / Department	Professor & Chief/ Department of Otolaryngology
Institute / Organization	National Yang Ming Chiao Tung University/Taipei Veterans General Hospital

Education Background	1986.6 – 1993.6 MD, National Yang-Ming University, School of Medicine 2004.9 – 2012.1 PhD, National Yang-Ming University, Institute of Clinical Medicine
Professional Career	Chief/Professor, Department of Otolaryngology, School of Medicine, National Yang Ming Chiao Tung University Division Chief/Staff physician, Division of Laryngology Head and Neck Surgery, Department of Otolaryngology, Taipei Veterans General Hospital
Research Field	Head and Neck Surgical Oncology
Presentation Topic	Laryngotracheal fissure approach and laryngotracheal flap reconstruction for hypopharyngeal cancer
Abstract	Hypopharyngeal squamous cell carcinoma (HPSCC) typically presents at an advanced stage, requiring radical ablative surgery that results in massive or circumferential pharyngoesophageal defects. Reconstructing these defects remains a formidable challenge. While traditional techniques, such as pectoralis major myocutaneous flap (PMMCF), free fasciocutaneous flaps, free jejunal transfer, and gastric pull-up, are widely utilized, they are often technically complex, time-consuming, and associated with significant donor-site morbidity and high postoperative complication rates. To simplify the process, we developed a laryngotracheal fissure (LF) approach combined with laryngotracheal flap (LTF) reconstruction. Unlike traditional pharyngotomy which inadvertently disrupts unaffected laryngeal tissue, the LF approach accesses the tumor directly via an anterior splitting of the larynx preserving the unaffected contralateral laryngotracheal tissue in its entirety. Through meticulous subperichondrial dissection, a pliable LTF is created and rotated to patch the pharyngeal defect. For massive circumferential defects, the LTF serves as a reliable reconstructive bed, significantly reducing the defect size so that only a simple patch-on PMMCF is required, avoiding the bulky tubed flap. Our institutional experience indicates that the LTF technique has fundamentally shifted our reconstructive paradigm. A comprehensive comparative analysis demonstrated a dramatic reduction in overall postoperative complications from 71% to 30%. The incidence of pharyngocutaneous fistula decreased from 32% to 6%, and surgical mortality dropped from 8% to 0%. Furthermore, oncologic safety is rigorously maintained, with 5-year overall survival (45% vs. 48%), disease-specific survival, and local control rates comparable to traditional resections. In conclusion, the LTF technique is a simplified, highly applicable, and oncologically sound method for reconstructing advanced HPSCC defects. It minimizes the need for microvascular tissue transfer or laparotomy, accelerates postoperative swallowing rehabilitation, and drastically reduces overall morbidity.

Symposium 05-4



Family Name (Last Name)	Tsai
Given Name (First Name)	Shu-Wei
Country	Taiwan
Position / Department	NCKUH ENT
Institute / Organization	NCKUH ENT

Education Background

National Cheng Kung University medicine

Professional Career

Otolaryngology

Research Field

1. ENT oncology surgical management, medical device development
2. Medical device development
3. Voice synthesis prosthesis

Presentation Topic

Office-based_Dysphagia management For Head and neck cancer patient

Abstract

Dysphagia is a prevalent and debilitating sequela in head and neck cancer (HNC) patients, typically arising from primary tumor invasion, extensive surgical resection, or chemoradiotherapy. In-office management plays a pivotal role in delivering timely, outpatient-centered care to minimize aspiration risks and preserve long-term quality of life.

Office-based evaluation relies on a dual-assessment approach. Flexible endoscopic evaluation of swallowing (FEES) enables direct outpatient visualization of pharyngeal mechanics, structural changes, and post-swallow residue. Integrating standardized metrics—such as the Penetration-Aspiration Scale (PAS) and residue scoring systems—allows clinicians to precisely stratify aspiration risks and track functional decline. Beyond diagnostic profiling, the office setting provides a vital hub for targeted interventions. In-office procedures, such as ambulatory laryngeal framework or injection laryngoplasty under local anesthesia, offer immediate functional restoration for glottic insufficiency and unilateral vocal fold paralysis. Furthermore, personalized swallowing therapy—encompassing targeted neuromuscular exercises, compensatory postures, and dietary texture modifications—can be initiated during routine follow-ups.

Ultimately, structured office-based dysphagia management bridges early clinical detection with practical bedside and ambulatory interventions. This comprehensive approach optimizes oral intake, prevents pulmonary complications, and improves functional recovery for HNC survivors.

Symposium 05-5



Family Name (Last Name)	Lin
Given Name (First Name)	Yu-Hua
Country	Taiwan
Position / Department	Otolaryngology-Head and Neck Surgery
Institute / Organization	Taipei Veterans General Hospital

Education Background M.D., National Yang-Ming University, Taipei, Taiwan

Professional Career Clinical Fellow, Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital, Taipei, Taiwan
Resident, Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital, Taipei, Taiwan

Research Field Laryngology, Head and Neck Oncology

Presentation Topic Transoral CO₂ Laser Debulking for Obstructive Laryngeal Malignancy: Clinical: Strategies and Safety Pearls

Abstract

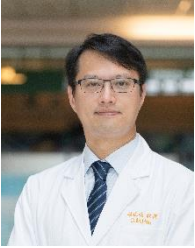
Advanced laryngeal and hypopharyngeal malignancies often present with acute or subacute upper airway obstruction. While emergency tracheostomy has traditionally been the standard intervention to secure the airway, it carries significant long-term morbidities, such as stomal recurrence, tumor seeding, and a permanent impact on the patient's quality of life. Transoral CO₂ laser debulking has emerged as a reliable, minimally invasive alternative. This procedure achieves immediate airway patency, allowing patients to safely bridge to definitive therapies, including chemoradiotherapy or scheduled organ-preservation surgery, without the need for a tracheostomy. This presentation reviews the clinical strategies, technical nuances, and safety protocols associated with CO₂ laser debulking in patients with obstructive laryngeal tumors. Key aspects of preoperative planning, anesthetic coordination and systematic approaches to piecemeal tumor resection will be discussed. Special emphasis will be placed on identifying critical anatomical boundaries, maintaining absolute hemostasis, and managing the thermal effects of the laser to protect adjacent healthy tissues. Ultimately, mastering these surgical principles and safety measures is essential for otolaryngologists to optimize patient outcomes and successfully avoid emergency tracheostomy in high-stakes clinical scenarios.

Symposium 06-1



Family Name (Last Name)	Ting-Shou
Given Name (First Name)	Chang
Country	Taiwan
Position / Department	Chief, Division of Laryngology, Department of Otolaryngology–Head and Neck Surgery
Institute / Organization	Kaohsiung Veterans General Hospital

Education Background	School of Medicine, National Defense Medical University
Professional Career	Attending Physician, Kaohsiung Veterans General Hospital Visiting Scholar, Voice Center, Vanderbilt University Medical Center, Tennessee, USA (Oct 2016 – Apr 2017) Board Member, Taiwan Voice Society Board Member, Taiwan Society of Pediatric Otolaryngology Board Member, Taiwan Laryngectomy Association
Research Field	Laryngology and Tracheal Disorders
Presentation Topic	Laser Reduction Glottoplasty: A Video Guide to Surgical Technique and Postoperative Care
Abstract	Laser reduction glottoplasty (LRG) is an effective and minimally invasive endoscopic phonosurgical technique for voice feminization, particularly for transgender women or individuals seeking a higher habitual speaking pitch. This video demonstration aims to demonstrate the step-by-step surgical technique of LRG and postoperative care.

Symposium 06-2		
	Family Name (Last Name)	Hsu
	Given Name (First Name)	Cheng-Ming
	Country	Taiwan
	Position / Department	Professor
	Institute / Organization	Chiayi Chang Gung Memorial Hospital
Education Background	PhD	
Research Field	Laryngology, Robotic surgery	
Presentation Topic	AI-Assisted Acoustic Quantification and Glottal Analysis	
Abstract	Voice disorders are prevalent health issues, yet traditional diagnosis heavily relies on specialized equipment like videostroboscopy (VS) and subjective clinician assessments (e.g., the GRBAS scale), which often lack consistency. Although machine and deep learning have advanced objective acoustic analysis—enabling multi-dimensional voice severity grading—analyzing glottal movement in VS data remains challenging. Specifically, extracting the glottal area waveform (GAW) traditionally requires tedious, frame-by-frame manual segmentation, which is highly time-consuming and error-prone. To address these limitations, we propose a real-time VS analysis system that automates glottal area segmentation and derives objective GAW feature parameters. By integrating automated image analysis with acoustic characterization, the system delivers immediate, objective diagnostic support. This framework significantly reduces clinical workload and enhances assessment reliability. Ultimately, this system facilitates early intervention for conditions like vocal fold paralysis, mitigating critical risks such as aspiration pneumonia while substantially improving overall patient quality of life.	

Symposium 06-3



Family Name (Last Name)	Chang
Given Name (First Name)	Chia-Fan
Country	Taiwan
Position / Department	Attending Physician, Otorhinolaryngology, Head and Neck Surgery
Institute / Organization	Taipei Veterans General Hospital

Education Background	M.D., National Defense Medical Center, Taiwan
Professional Career	Head and Neck Surgery, Sialendoscopy, Ultrasound
Research Field	Salivary gland, Ultrasound
Presentation Topic	Sialendoscopy in the Era of Gland Preservation: A Video-Based Review of Key Steps and Clinical Applications
Abstract	Sialendoscopy is a minimally invasive technique for the diagnosis and treatment of obstructive salivary gland diseases. In the era of gland preservation, it allows direct visualization of the ductal system and targeted management of intraductal pathology while reducing the need for major salivary gland excision. This video-based presentation will demonstrate the essential steps of sialendoscopy, including identification of the papilla, ductal dilation, endoscope insertion, intraductal irrigation, navigation of the ductal lumen, and recognition of common endoscopic findings. Representative surgical videos will highlight the management of sialolithiasis, ductal stenosis, and mucus plugs. Key technical pearls, case selection, and common pitfalls will be discussed, particularly in patients with difficult ductal access or impacted stones in the proximal Wharton duct. This presentation aims to provide a focused and practical overview of sialendoscopy as both a diagnostic and therapeutic tool in modern gland-preserving salivary gland surgery.

Symposium 06-4



Family Name (Last Name)	Hsin
Given Name (First Name)	Li-Jen
Country	Taiwan
Position	Attending physician
Department	Otolaryngology
Institute	Chang Gung Memorial Hospital, Linkou Medical Center

Education
Background

Chang Gung University

Work Experience

Department of Otolaryngology, Chang Gung Memorial Hospital, Linkou Medical Center
Department of Otolaryngology, Chang Gung Memorial Hospital, Keelung

Field of Research

Sialendoscopy, sleep surgery

Presentation Topic

整合生理參數同步紀錄之藥物誘導睡眠內視鏡影像示範
A comprehensive video demonstration of drug-induced sleep endoscopy with simultaneous physiological parameters

Abstract

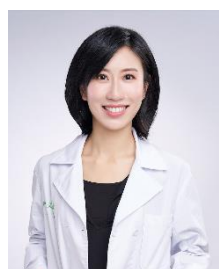
阻塞性睡眠呼吸中止症（obstructive sleep apnea, OSA）之診斷與治療策略，高度仰賴對上呼吸道塌陷部位與型態之精確評估。藥物誘導睡眠內視鏡（drug-induced sleep endoscopy, DISE）為目前廣泛應用於模擬自然睡眠狀態下，觀察上呼吸道動態塌陷情形之標準檢查方式，然而傳統 DISE 影像多僅呈現內視鏡畫面，缺乏與病人生理參數變化之即時對應，限制了臨床判讀與教學應用之完整性。

本研究旨在建立一套整合多重生理監測參數與內視鏡影像之同步錄影系統，完整呈現病人於 DISE 檢查過程中，上呼吸道各解剖層面（包括顎咽、口咽、舌根及會厭）之動態塌陷型態，並同步紀錄鼾聲音訊、心跳速率、血氧飽和度（SpO2）、心律變化、腦波麻醉深度指標（bispectral index, BIS）以及動態頻譜分析（density spectral array, DSA）等多項生理數據，以單一時間軸方式呈現。

透過此同步影像系統，臨床醫師與學員得以清楚觀察氣道塌陷事件與鼾聲強度、血氧下降、心跳心律變化及麻醉深度之時序關聯性，有助於更精準判讀塌陷嚴重度與其生理衝擊之因果關係，並可作為術式選擇（如上呼吸道手術部位選擇）及麻醉深度調控之參考依據。

本影像示範亦具高度教學價值，可作為住院醫師與相關醫療人員學習 DISE 判讀與 OSA 病理生理機轉之教材，未來期能應用於大規模病例資料庫，進一步分析各項生理參數與塌陷型態之相關性，以提升 DISE 檢查之標準化與臨床應用價值。

Symposium 06-5



Family Name (Last Name)	Tseng
Given Name (First Name)	Wen-Hsuan
Country	Taiwan
Position / Department	Assistant professor Otolaryngology- Head & Neck Surgery
Institute / Organization	National Taiwan University Hospital

Education Background

MD, National Taiwan University College of Medicine
PhD, Graduate Institute of Clinical Medicine, National Taiwan University

Professional Career

Attending physician, Department of Otolaryngology, National Taiwan University Hospital
Visiting scholar, Division of Otolaryngology-Head & Neck Surgery, Department of Surgery, University of Wisconsin- Madison, Madison, Wisconsin
Director, Taiwan Association of Dysphagia
Supervisor, Taiwan Voice Society
Deputy Secretary-General, Taiwan Laryngological Association
Member, American Broncho-esophageal Association

Research Field

Laryngology, Voice science, Dysphagia

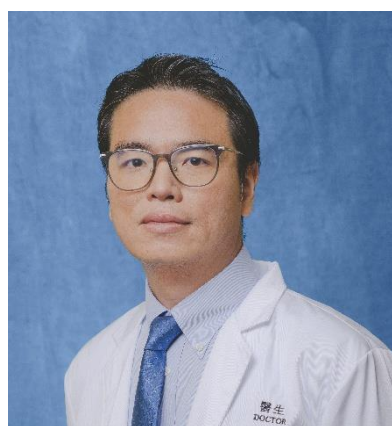
Presentation Topic

Contemporary Phonosurgery: Navigating Operating Room and In-Office Interventions

Abstract

The landscape of phonosurgery has evolved significantly, shifting from a traditional reliance on the operating room (OR) to an expanding repertoire of office-based interventions. This presentation explores the strategic navigation between these two modalities, focusing on the management of benign vocal fold lesions and vocal fold paralysis. While suspension microlaryngoscopy under general anesthesia in the OR remains the gold standard for complex excisions requiring precise, bimanual instrumentation, office-based procedures offer compelling alternatives. In-office techniques, such as awake injection laryngoplasty for vocal fold paralysis or targeted laser therapy for select benign lesions, eliminate the risks of general anesthesia, reduce healthcare costs, and offer immediate, real-time voice feedback. However, balancing these approaches requires a nuanced clinical decision-making framework. Factors such as patient comorbidity, lesion pathology, anatomical exposure, and patient preference must be carefully weighed. This session aims to guide clinicians in optimizing the balance between OR and office-based phonosurgery. Ultimately, tailoring the procedural setting to the individual patient ensures superior functional voice outcomes while maximizing clinical efficiency and patient comfort.

Symposium 07-1



	Family Name (Last Name)	Wong
	Given Name (First Name)	Wai Yeung
	Country	Hong Kong SAR
	Position / Department	Chief of service
	Institute / Organization	Department of ENT, Prince of Wales Hospital
Education Background	FRCSEd(ORL), FHKCORL, FJKAM(otorhinolaryngology)	
Research Field	Head and Neck	
Presentation Topic	Surgical management for advance thyroid cancer	
Abstract	Advanced thyroid cancer presents complex surgical challenges requiring individualized, multidisciplinary management. This presentation shares practical experience in the surgical treatment of locally advanced and recurrent disease, focusing on airway involvement, esophageal invasion, and major vessel encasement. Key topics include preoperative assessment, decision-making for radical resection versus functional preservation, techniques for tracheal reconstruction, and management of regional metastasis. Emphasis will be placed on balancing oncologic control with quality of life, complication prevention, and perioperative airway safety. Representative cases will highlight surgical strategies, outcomes, and lessons learned to optimize care in advanced thyroid malignancy.	

Symposium 07-2



Family Name (Last Name)	Chou
Given Name (First Name)	Yi-Fan
Country	Taiwan
Position / Department	Director, Otorhinolaryngology, Head and Neck Surgery
Institute / Organization	Taichung Tzu-Chi Hospital / Tzu-Chi University

Education Background

China Medical University, Graduate Institute of Biomedical Sciences, PhD
National Taiwan University, Master of Medical science, Taipei, Taiwan
Tzu-Chi University, Hualien, Taiwan, MD

Professional Career

Chief, Department of Otolaryngology–Head and Neck Surgery, Taichung Tzu Chi Hospital, Taiwan. Head and neck surgeon specializing in thyroid/parathyroid surgery, head and neck oncology, and minimally invasive scarless thyroid surgery

Research Field

Head and Neck cancer; Cisplatin Resistance; Cisplatin ototoxicity

Presentation Topic

Transoral Endoscopic Thyroidectomy Vestibular Approach: Beyond the Scarless Thyroidectomy

Abstract

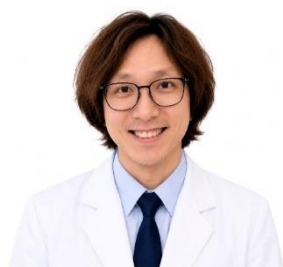
In the first part, I will review the development of the transoral endoscopic thyroidectomy vestibular approach (TOETVA) as a truly scarless option for selected thyroid patients. The key steps of the procedure, current indications and contraindications, and the main advantages and limitations of TOETVA will be discussed, including its midline access to the central neck, cosmetic benefit, working-space constraints, learning curve, and potential risks to the superior laryngeal nerve, recurrent laryngeal nerve, mental nerve and parathyroid

In the second part, I will compare TOETVA with other remote thyroidectomy approaches and share my personal experience using these techniques in daily practice. I will briefly review the bilateral axillo-breast approach (BABA) robotic thyroidectomy and video-assisted cervical thyroidectomy, and then compare these approaches in terms of nerve identification and monitoring, parathyroid preservation, postoperative voice and swallowing, surgical difficulty and patient expectations. Based on current data and my perspective as an otolaryngologist and head and neck surgeon, I will discuss when a remote approach is reasonable and when a small cervical incision is still a better and safer choice, with the overall goal of moving from purely “scarless thyroidectomy” towards a tailored, function-oriented thyroidectomy for each patient.

Symposium 07-3

	Family Name (Last Name)	Huang
	Given Name (First Name)	Tzu-Yen
	Country	Taiwan
	Position / Department	Assistant Professor / Otolaryngology-Head and Neck Surgery
	Institute / Organization	Kaohsiung Medical University
Education Background	- M.D., Graduate Institute of Medicine, National Taiwan University, Taipei, Taiwan - Ph.D., Department of Biological Science and Technology, National Yang Ming Chiao Tung University, Taiwan	
Professional Career	- Assistant professor, Department of Otorhinolaryngology, School of Post-Baccalaureate Medicine and School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan - Chief, Department of Otolaryngology-Head and Neck Surgery, Kaohsiung Medical University Gangshan Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan - Attending Physician, Otolaryngology – Head and Neck Surgery, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan	
Research Field	Laryngology, Head and Neck Surgery (including thyroid and parotid), Intraoperative Neuromonitoring Assisted Surgery, Head and Neck Ultrasonography	
Presentation Topic	Parathyroid Management During Thyroid Surgery and Beyond: Experience, Innovation, and Outcomes	
Abstract	Preservation of parathyroid function remains one of the most important goals in thyroid surgery. Successful management requires accurate identification of parathyroid glands, assessment of their vascular integrity, and appropriate intraoperative decision-making to minimize the risk of postoperative hypoparathyroidism. This session will review practical strategies for parathyroid preservation during thyroid surgery, including capsular dissection, preservation of parathyroid vascularization, application of the stabbing test to assess gland viability, and individualized management of compromised glands. Long-term functional outcomes from our institutional experience will be presented, highlighting factors associated with successful preservation of parathyroid function. Emerging technologies, particularly near-infrared autofluorescence (NIRAF), will also be discussed, with an emphasis on their current applications, limitations, and potential impact on endocrine surgery. In addition, evolving roles of NIRAF in parathyroid surgery and selected advances in localization and minimally invasive interventions will be introduced. Through a combination of clinical experience, recent innovations, and outcome-based evidence, this presentation aims to provide a practical overview of contemporary parathyroid management and future directions in the field.	

Symposium 07-4



Family Name (Last Name)	Yao
Given Name (First Name)	Shan-Fan
Country	Taiwan
Position / Department	Attending Physician/Nuclear medicine
Institute / Organization	Taipei Veteran General Hospital

Education Background

School of Medicine, Fu Jen Catholic University.

Professional Career

Attending Physician, Department of Nuclear Medicine, TVGH.
Committee Member, Isotope and Precision Therapy, Society of Nuclear Medicine of ROC(Taiwan.)
Committee Member, PET

Research Field

Thyroid cancer treatment, Molecular diagnostic imaging, Targeted radionuclide therapy.

Presentation Topic

Theranostic molecular imaging in thyroid cancer treatment.

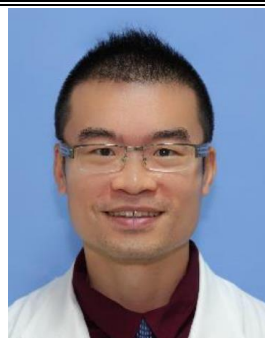
Abstract (up to 300 words)

Theranostic nuclear medicine may play an important role in direct cancer treatment. Now, it's an era of precision and personalized medicine; it's often found that the decision for treatment is difficult, or localized disease is challenging. It is a feature of nuclear medicine that molecular imaging can provide information, and then a subsequent treatment decision can be made. We will discuss a few images about PET and how different radio tracers may provide special information about treatment decisions, like treatment options, surgical approach, local non-surgical approach, radiation therapy targeting, and systemic treatment with targeted therapy.

PET imaging can provide detailed evaluation of the disease status over the whole body, so we may find extra target over neck region more than a sonogram; then a detailed surgical intervention approach can be undertaken. Also, we may find distant metastasis with different or variable aggressiveness. Different approaches can be made based on tumor heterogeneity from different patients. Treatment response evaluation can also decide whether the current method is effective enough or further strategy should be applied.

It's our honor to demonstrate the possibility of diagnostic or molecular imaging nowadays and the future trend. However, multidisciplinary teamwork is the core of cancer patient treatment; we are looking forward to having more cooperation and to future development.

Symposium 08-1



Family Name (Last Name)	Lee
Given Name (First Name)	Tsung-Lun
Country	Taiwan
Position / Department	Attending physician/ Otorhinolaryngology
Institute / Organization	Taipei Veterans General Hospital

Education Background	M.D., National Yang Ming Chiao Tung University
Professional Career	Assistant professor
Research Field	Head and neck oncology
Presentation Topic	From TLM to Single-Port TORS for Laryngopharyngeal Cancer: Technical Lessons and Practical Pitfalls
Abstract	While TLM remains a valuable organ-preserving approach for selected laryngopharyngeal cancers, its application in the hypopharynx is constrained by a deep and narrow surgical field, restricted line of sight, limited instrument angulation, and challenging bleeding control. The single-port robotic system provides a new transoral platform with a stable three-dimensional view, wristed instruments, and improved maneuverability through a narrow oral corridor—features particularly advantageous for tumors in deep or anatomically difficult areas. Transitioning from TLM to single-port TORS, however, is not simply a change of equipment; it demands a different strategy for exposure, docking, tumor orientation, margin control, hemostasis, and team coordination. In this presentation, I will share our early experience with single-port TORS for hypopharyngeal squamous cell carcinoma, focusing on practical lessons during the transition phase rather than oncologic conclusions. Particular attention will be given to docking and exposure strategies, as hypopharyngeal access is consistently more demanding than oropharyngeal access. Single-port TORS should be considered a complementary tool rather than a replacement for TLM, with its value depending on careful patient selection, adequate exposure, and a structured learning process.

Symposium 08-2

	Family Name (Last Name)	Wang
	Given Name (First Name)	Chih-Chun
	Country	Taiwan
	Position / Department	Chief / Otolaryngology-Head & Neck Surgery
	Institute / Organization	Department of Otolaryngology-Head and Neck Surgery, E-Da Hospital, Kaohsiung, Taiwan
Education Background	Master of Medical Science, Clinical Medicine, Kaohsiung Medical University, Taiwan/ Doctor of Medicine, China Medical University, Taiwan	
Professional Career	• Chief, Department of Otolaryngology–Head and Neck Surgery, E-Da Hospital • Deputy Director, Cancer Center, E-Da Hospital • Assistant Professor, College of Medicine, E-Da University • Convener, Head and Neck Cancer Multidisciplinary Team • Deputy Secretary-General, Taiwan Head and Neck Society • Standing Supervisor, Taiwan Laryngological Association • Deputy Secretary-General, Taiwan Society of Otolaryngology-Head and Neck Surgery	
Research Field	Head and Neck Cancer/ Thyroid Surgery/ Robotic Surgery	
Presentation Topic	Capturing Surgical Excellence: A Practical Guide to High-Quality Video Recording from Phonosurgery to Open Head and Neck Surgery	
Abstract	High-quality surgical video has become an essential tool for education, documentation, and academic exchange across laryngology and head-and-neck surgery, yet producing clear, instructive footage requires far more than pointing a camera at the operative field. This lecture presents a systematic, reproducible workflow, illustrated with cases spanning the full spectrum of practice—from Gore-Tex medialization thyroplasty and endoscopic phonosurgery to transoral robotic surgery (TORS) and open procedures such as supraclavicular artery island flap reconstruction and carotid body tumor resection using the LigaSure energy device. The presentation begins with a central principle: great surgical video starts with great surgical technique. When the operation is smooth, standardized, and gently executed—with clear exposure and steady movements—the camera simply documents excellence, and the footage becomes naturally educational. The talk then reviews the equipment that determines image quality, including DSLR camera bodies, interchangeable lenses (24–70 mm for general framing and macro lenses for delicate detail), stable L-shaped tripods and boom arms, adequate shadow-free lighting, and reliable audio through wireless microphones or post-recorded voice-over. For phonosurgical cases, integrating endoscopic recording of vocal fold movement alongside an external view of the surgical field is emphasized. A dedicated TORS video demonstration shows how to combine the robotic console endoscopic view with an external field view and synchronized narration. Additional intraoperative considerations include optimal camera angles, purposeful zooming on key steps, avoidance of shaking, and ergonomic positioning so the surgeon does not block the view. The lecture then covers post-production—selecting only essential steps (incision, exposure, dissection, closure), adding arrows, subtitles, and concise narration, using time-lapse for lengthy segments, and keeping the final video to five to ten minutes with title and closing slides. Finally, patient consent, privacy protection, and ethical compliance are highlighted as non-negotiable.	

Symposium 08-3



Family Name (Last Name)	Lin
Given Name (First Name)	Chien-Fu
Country	Taiwan
Position / Department	Head & Neck Surgeon, Department of Otorhinolaryngology - Head & Neck Surgery
Institute / Organization	MacKay Memorial Hospital

Education Background	Medical Doctor, National Yang-Ming Chiao-Tong University
Professional Career	Residency of Otolaryngology–Head and Neck Surgery — MacKay Memorial Hospital
Research Field	Head and neck cancer surgery; transoral robotic surgery; sleep surgery
Presentation Topic	Transoral Robotic Surgery for Oropharyngeal Cancer Resection: When Can We Safely De-escalate?

Abstract

Transoral robotic surgery (TORS) has become an important minimally invasive surgical approach for selected patients with oropharyngeal cancer. Compared with conventional open surgery, TORS may avoid mandibulotomy and lip-splitting approaches, reduce surgical morbidity, and provide improved exposure for selected tumors of the tonsil and tongue base. In addition, en bloc resection can provide detailed pathological information to guide postoperative adjuvant treatment.

This presentation reviews the current role of TORS in oropharyngeal cancer management, with a focus on literature evidence, patient selection, and preoperative evaluation. Key factors include tumor subsite, extent of invasion, feasibility of transoral exposure, airway protection, pulmonary reserve, and the expected functional impact of resection. Exploration under anesthesia is emphasized as an important step to define mucosal tumor extension and assess the feasibility of robotic exposure.

The presentation will also discuss how TORS may contribute to treatment de-escalation in carefully selected patients. By providing pathological risk stratification, TORS may help identify patients who can safely avoid or reduce adjuvant radiation or chemoradiation, while preserving oncologic safety and swallowing function. Overall, TORS should be considered not only as a surgical technique, but also as part of a multidisciplinary strategy for individualized treatment planning and functional preservation in oropharyngeal cancer.

Luncheon Seminar 01



Family Name (Last Name)	Chu
Given Name (First Name)	Pen-Yuan
Country	Taiwan
Position / Department	Attending Surgeon/Department of Otolaryngology-Head and Neck Surgery
Institute / Organization	Taipei Veterans General Hospital

Education Background	M.D. National Defense Medical Center
Professional Career	1. Chairman, Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital (2018-2024) 2. Director, MDT of Head and Neck Cancer, Taipei VGH (2015-) 3. Professor, Department of Otolaryngology, School of Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan (2013-) 4. Past President, Taiwan Head and Neck Society (2021-2024)
Research Field	Head and neck oncology, Laryngology
Presentation Topic	Improving Outcomes in Laryngeal and Pharyngeal Surgery: New Perspectives on Prevention and Management of Postoperative Complications
Abstract	Postoperative hemorrhage, tissue adhesion, and delayed recovery remain significant challenges following laryngeal and pharyngeal surgery. Optimal management of the surgical wound is essential to improve patient comfort and reduce postoperative morbidity. HaemoCer PLUS, a plant-based absorbable polysaccharide hemostatic powder, has demonstrated benefits beyond hemostasis through its unique physical properties after application to surgical wounds. Upon contact with blood or tissue fluids, HaemoCer PLUS rapidly absorbs moisture and forms a protective gel-like matrix over the wound surface. This temporary barrier can cover exposed nerve endings and vulnerable tissues within the pharyngeal surgical field, helping to shield them from mechanical irritation, saliva, food contact, and other external stimuli. By reducing direct stimulation of the wound bed, postoperative pain and discomfort may alleviate, facilitating improved oral intake and patient recovery. In addition, the protective coating may help minimize tissue-to-tissue contact during the early healing phase, potentially reducing postoperative adhesion formation and promoting favorable wound healing. Clinical observations at Taipei Veterans General Hospital (TVGH) suggest that the use of HaemoCer PLUS in the surgery is associated with improved postoperative comfort and a reduction in surgery-related complications. This presentation will review the latest clinical experience from TVGH and discuss the potential role of HaemoCer PLUS as an adjunctive tool for enhancing postoperative recovery, reducing adhesion formation, and improving patient outcomes following laryngeal and pharyngeal surgery.

Luncheon Seminar 02



Family Name (Last Name)	Hsu
Given Name (First Name)	Ya-Ching
Country	Taiwan
Position / Department	ENT
Institute / Organization	NTU Hospital Hsin-Chu Branch

Education Background	M.D., School of Medicine, Taipei Medical University
Professional Career	Director, Department of Otolaryngology, NTU Hospital Hsin-Chu Branch
Research Field	Rhinology, Head and Neck Ultrasonography, and Head and Neck Oncology
Presentation Topic	Novel Management of Oral Mucosal Defects after Oncologic Resection: Techniques and Practical Considerations
Abstract	Neoveil is a bioabsorbable nonwoven polyglycolic acid (PGA) sheet. It is soft, pliable, and can be trimmed to fit irregular defects. With fibrin glue, it can be secured to the wound surface and provide temporary coverage during early healing before gradual hydrolysis and absorption in vivo. PGA sheets have been applied to open mucosal wounds following tongue and oral cavity surgery. Management remains challenging because primary closure may cause tension, tissue deformation, or restricted tongue mobility, whereas skin grafting or flap reconstruction may increase operative complexity and donor-site morbidity. PGA sheet coverage may therefore offer a less invasive option when direct closure is undesirable but extensive reconstruction is unnecessary. <i>Takeuchi et al. 2013</i> reported that PGA sheet coverage with fibrin glue after partial glossectomy was useful for rapid relief of postoperative pain and prevention of scar contracture, while <i>Mochizuki et al. 2016</i> found that it was associated with shorter operative time, earlier oral intake, and shorter hospitalization compared with split-thickness skin grafting. <i>Udayakumar et al. 2023</i> reported favorable secondary healing of oral mucosal defects treated with Neoveil, without severe scar contracture or secondary deformity. This presentation will briefly review Neoveil and its clinical rationale, followed by cases from our practice involving mucosal defect coverage after tongue and oral cavity cancer surgery. Application techniques using fibrin glue, postoperative wound healing, patient selection, and wound-management considerations will be discussed.

