台灣心肌梗塞學院 TAMIS academy 黑白心廚二十四道饗宴(第二十道-葛根養勢香滷鴨)

主題：Post-AHA Update Shaping the Course of Atherosclerosis: When Treatment Meets Timing

時間: 2025 年 12 月 18 日 星期四 19：00-20：45

主辦單位:台灣心肌梗塞學會

協辦單位:台灣醫療品質協會、臺北醫學大學附設醫院、國際血流動力學醫學學會

- 線上報名系統：https://us02web.zoom.us/webinar/register/4917617233080/WN_pUCM_5pjRMS_kVwMB94G3g#/registration
- 繼續教育積分簽到表： https://forms.gle/9DP9Z5ZtQzhMGMdh8
- 繼續教育積分簽退表暨滿意度調查表：
  https://forms.gle/tSEsEZdeSMaD1jdf7
  注意事項：課後需填寫滿意度調查表才給予積分

Time 時間	Content 主題	Speaker 演講人	Moderator 主持人
19:00-19:35	At the Heart of the Present: The Current Landscape of ASCVD in Taiwan	台灣心肌梗塞學會常務理事暨學術主委 臺北榮民總醫院重症醫學部重症加護內科主任 吳承學醫師 Dr. Cheng-Hsueh Wu	
19:35-20:10	Beyond Today's Targets: The Continuing Evolution of Lipid Management	台灣心肌梗塞學會副秘書長暨國際主委 臺北醫學大學附設醫院研究部副主任 徐千彝醫師 Dr. Chien-Yi Hsu	台灣心肌梗塞學會理事暨學術委員 臺北榮民總醫院心臟內科主治醫師 黃柏勳醫師 Dr. Po-Hsun Huang
20:10-20:45	Ahead of Tomorrow's Risk: Scientific Perspectives on Early Prevention	新光醫院心臟內科主治醫師 常敏之醫師 Dr. Min-Ji Charng	台灣心肌梗塞學會常務理事暨研究委員暨政策委員 林口長庚醫院心臟內科系主任 謝宜璋醫師 Dr. I-Chang Hsieh

Time	Speaker	Topic	English Abstract
19:00-19:35	吳成學	**At the Heart of the Present: The Current Landscape of ASCVD in Taiwan**	Atherosclerotic cardiovascular disease (ASCVD) remains a heavy burden in Taiwan. In 2024, heart disease was the second leading cause of death, and cerebrovascular disease ranked fourth, reflecting persistent arterial disease across the population. Despite universal coverage, LDL-C goal attainment is suboptimal. Historically, only ~54% of patients with established ASCVD achieved LDL-C <100 mg/dL. National guidance now targets <70 mg/dL for CAD/ACS and <55 mg/dL for very-high-risk subsets, yet real-world data from a Taiwanese AMI cohort show only 59.9% reached <70 mg/dL and 34.1% reached <55 mg/dL during follow-up, despite high statin use. Implementation is improving. A 2025 national clinical-pathway consensus promotes risk-stratified, goal-directed care, and Taiwan’ s NHI has expanded PCSK9 inhibitor reimbursement—lowering the initiation LDL-C threshold from 135 to 100 mg/dL and extending authorization to 12 months—potentially benefiting ~5,000 patients annually. Together, these data depict a system poised for progress: a high ASCVD burden, clear evidence-based targets, measurable treatment gaps, and newly enabling policies. Closing the gap will require earlier detection, systematic follow-up, and timely intensification—including combination therapy and PCSK9 use for non-attainers—to bend Taiwan’ s ASCVD curve.

19:35-20:10	徐千彝	**Beyond Today’s Targets: The Continuing Evolution of Lipid Management**	Contemporary management of lipid disorders in acute coronary syndrome (ACS) has entered a new era emphasizing both treatment intensity and timing. Despite widespread statin use, real-world data from Taiwan and other Asian cohorts indicate that over 60% of high-risk ASCVD patients fail to achieve the recommended LDL-C goal of <55 mg/dL, underscoring persistent therapeutic gaps. The 2025 ACC/AHA and ESC lipid guidelines advocate early addition of non-statin therapies, including PCSK9 inhibitors, when LDL-C remains ≥70 mg/dL on maximally tolerated statins, or between 55–69 mg/dL in very high-risk individuals. Clinical and mechanistic evidence supports early and intensive LDL-C lowering after ACS. Trials such as EVOPACS and EVACS demonstrated that initiating evolocumab within 24–72 hours of ACS achieves >60% LDL-C reduction, with over 90% of patients reaching guideline targets within 30 days, without compromising safety. Early PCSK9 inhibition also stabilizes vulnerable plaques, decreases necrotic core content, and mitigates inflammatory and platelet activation pathways. Complementary outcomes from FOURIER and registry data confirm sustained reductions in major adverse cardiovascular events with early and continued therapy. These findings collectively advocate a paradigm shift toward rapid and aggressive lipid lowering in post-ACS care. Implementing PCSK9 inhibitors such as evolocumab in the early hospitalization phase aligns with the principle of “strike early and strong”, offering the potential to improve both short-term

			stabilization and long-term cardiovascular outcomes through precision timing and therapy intensification
20:10-20:45	常敏之	**Ahead of Tomorrow’ s Risk: Scientific Perspectives on Early Prevention**	Atherosclerotic cardiovascular disease (ASCVD) develops silently over decades, with cumulative exposure to low-density lipoprotein cholesterol (LDL-C) driving progressive arterial injury. Genetic, epidemiologic, and clinical studies have established a log-linear relationship between LDL-C burden and ASCVD risk—both the magnitude and duration of exposure determine lifetime outcomes. The *PESA* and *PROSPECT* studies revealed that a substantial proportion of middle-aged adults harbor subclinical atherosclerosis or vulnerable plaques despite appearing clinically healthy, highlighting that atherosclerosis precedes overt myocardial infarction or stroke by many years. Yet, global real-world data, such as from the *DA VINCI* and *SANTORINI* studies, show that more than half of high-risk individuals fail to reach current LDL-C targets despite optimized therapy. The landmark *VESALIUS-CV* trial filled a critical evidence gap by demonstrating that evolocumab significantly reduced major adverse cardiovascular events in high-risk individuals without prior myocardial infarction or stroke—establishing the benefit of LDL-C lowering in primary prevention. Together, these findings underscore that many “event-free” individuals already exhibit atherosclerotic disease or early plaque vulnerability and would benefit from intensified lipid management. A paradigm shift is warranted—from reactive treatment after clinical events to proactive, time-sensitive intervention guided by early imaging and risk

			stratification. Initiating LDL-C lowering in patients with subclinical ASCVD or high-risk features (familial hypercholesterolemia, diabetes, chronic kidney disease, elevated Lp[a]) can mitigate cumulative LDL exposure and alter the natural course of atherosclerosis, reinforcing that *earlier control means greater protection*.