




Curriculum Vitae

* CV must be written in English

Personal Information		
Title (i.e. Pf., Dr., etc.)	Dr.	
Name (First Name/ Middle Name /Last Name)	Wen-Feng Hsu	
Degree (i.e. MD, MSc, PhD, etc.)	MD, PhD	
Country	Taiwan	
Affiliation	National Taiwan University Hospital	
E-mail	Wenfong.hsu@gmail.com	
Educational Background		
<ul style="list-style-type: none"> Bachelor of Medicine (2006) College of Medicine, Chung Shan Medical University, Taichung, Taiwan Master of Science (2015) Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University Doctor of Philosophy (2019) Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University 		
Professional Career		
<ul style="list-style-type: none"> Chief resident and fellowship, Division of Gastroenterology, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan (2009.07-2011.06) Attending physician, Department of Internal Medicine, National Taiwan University Hospital, Hsin-Chu branch, Hsinchu, Taiwan (2011.07~2017.07) Attending physician, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan (2017.08~2020.02) Attending physician, Department of Medicine, National Taiwan University Cancer Center, Taipei, Taiwan (2020.03~2021.07) Attending physician, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan (2021.08~present) 		
Research Field		
<ul style="list-style-type: none"> Colorectal cancer screening Early detection of colorectal cancer Natural history of colorectal cancer Cost-effectiveness analysis of colorectal cancer screening 		
Main Scientific Publications		
<p><i>Main Achievements (10 max)</i></p> <ul style="list-style-type: none"> Hsu WF, Su CW, Hsu CY, Yen AMF, Chen SLS, Chiu SYH, Lee YC, Hsu TH, Lin LJ, Chia SL, Wu MS, Chen HH, Chiu HM (2023, Aug). Double-contrast barium enema is no longer justified as a backup examination for colonoscopy in the population screening program: Population study in an organized fecal immunochemical test-based screening program. <i>Journal of Gastroenterology and Hepatology</i>. 38(8), 1299-1306. Hsu WF, Chang CY, Chang CC, Chang LC, Chen CH, Lin CC, Lin YM, Lee CL, Wu HY, Lee HC, Lee YC, 		



Su MY, Lin LJ, Chia SL, Wu MS, Chiu HM (2022, Mar). Risk of Colonoscopy-related Complications in a Fecal Immunochemical Test-based Population Colorectal Cancer Screening Program. *Endoscopy*, 54(3), 290-298.

- **Hsu WF**, Chiu HM (2022, May). Cost-effectiveness of colonoscopy and related procedures: population screening perspectives. *Mini-invasive Surgery*, 6:26.
- **Hsu WF**, Hsu CY, Yen AMF, Chen SLS, Chiu SYH, Fann JCY, Lee YC, Chiu HM, Chen HH (2021, Sep). Classifying interval cancers as false negatives or newly occurring in fecal immunochemical testing. *Journal of Medical Screening*, 28(3), 286-294.
- **Hsu WF**, Cheng SY, Shun CT, Chang LC, Tu CH, Wang HP, Wu MS, Chiu HM (2020, Oct). Higher risk of advanced histology in adenoma less than 10 mm in fecal immunochemical test screening: Implication for management. *Journal of Gastroenterology and Hepatology*, 35(10):1738-1745.
- Peng SM, **Hsu WF**, Wang YW, Lin LJ, Yen AM, Chen LS, Lee YC, Wu MS, Chen TH, Chiu HM (2021, Jul). Faecal immunochemical test after negative colonoscopy may reduce the risk of incident colorectal cancer in a population based screening programme. *Gut*, 70(7):1318-1324.

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