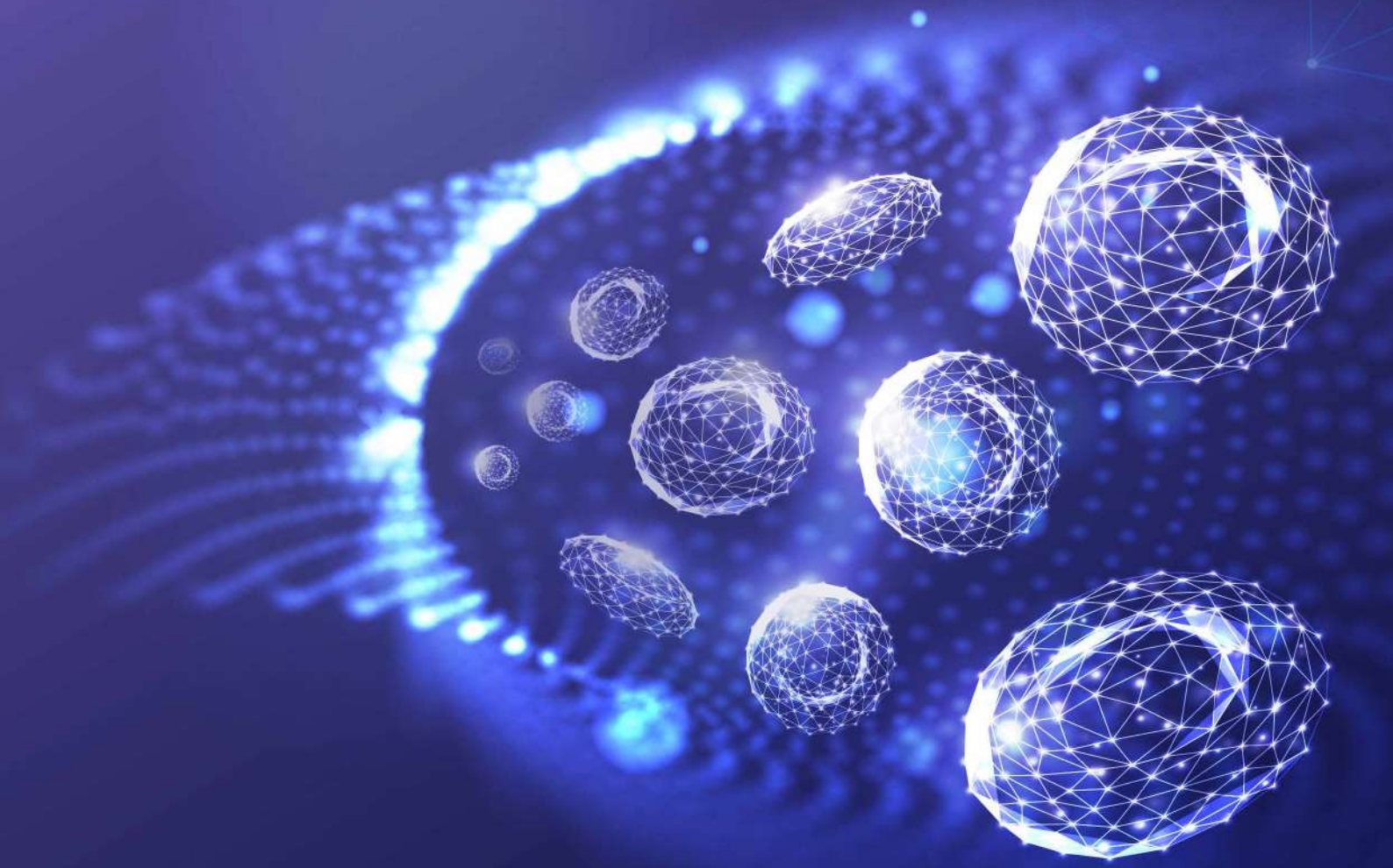
中華民國血脂及動脈硬化學會110年度會員大會暨
第二十屆台北國際血管分子生物學研討會

9/11–12, 2021 • 財團法人張榮發基金會

- Program Book -



The Annual Scientific Meeting of Taiwan Society of Lipids & Atherosclerosis 2021 and
The 20th Taipei International Vascular Biology Symposium

Table of Content

Taiwan Society of Lipids and Atherosclerosis

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Website / www.tas.org.tw

Welcome Message

Dear Colleagues and Friends,

On behalf of the of Taiwan Society of Lipids & Atherosclerosis, it gives us a great pleasure and honor to invite you to the 2021 Annul meeting of Taiwan Society of Lipids & Atherosclerosis.

Taiwan Society of Lipids & Atherosclerosis has been carefully analyzing the situation regarding the annual congress in September. As we stand united against the ongoing distress caused by COVID-19, we have decided to continue the planning to host the annual conference as a hybrid event from September 11-12. The COVID-19 has created one of the most challenging environments the modern world has ever experienced. We believe that now, more than ever, we all need to come together and see this challenge as an opportunity.

The two-day programme promises to feature a dynamic line-up of more than 40 distinguished overseas and local speakers to share on their teaching and learning perspectives. We look forward to welcoming physicians, nurses, and other healthcare providers to share & acquire knowledge and experience in the wide spectrum of topics presented and use this opportunity of networking with experts to learn more about the industry.

Finally, I would like to thank members of the Secretariat, Secretary General, all the organizing Committees, and Boards Directors and Supervisors of the Society. You are truly our greatest asset today and tomorrow, and we could not accomplish what we do without your support.

We look forward to welcoming you to the Hybrid Conference.

Yours sincerely,

Yi-Heng Li, M.D., Ph.D.

President, Taiwan Society of Lipids & Atherosclerosis

Program Overview

Saturday, September 11th, 2021

<table>
<tr><th></th><th>801 講堂</th><th>802 講堂</th><th>803 講堂</th></tr>
<tr><td>09:00-
12:00</td><td rowspan="2"></td><td rowspan="2"></td><td></td></tr>
<tr><td>12:00-
14:00</td><td>2021 高風險病人血脂達標及
促進方案競賽
12:50-14:00</td></tr>
<tr><td>14:00-
14:30</td><td rowspan="4">Plenary Session (I)
14:00-16:10</td><td>Plenary Session (III)
姜必寧得獎者演講
14:00-14:50</td><td rowspan="8"></td></tr>
<tr><td>14:30-
15:00</td><td rowspan="5">Plenary Session (IV)
科技部演講
Microbiota from the Gut, Brain, Kidney & the Heart
微菌相與腸、腦、腎、和心臟的故事
14:50-17:40</td></tr>
<tr><td>15:00-
15:30</td></tr>
<tr><td>15:30-
16:00</td></tr>
<tr><td rowspan="2">16:00-
16:30</td></tr>
<tr><td>Coffee Break
16:10-16:20</td></tr>
<tr><td>16:30-
17:00</td><td rowspan="3">Plenary Session (II)
16:20-17:50</td></tr>
<tr><td>17:00-
17:30</td></tr>
<tr><td>17:30
18:00</td></tr>
<tr><td>18:00
18:30</td><td>Dinner Symposium (I)
(Boehringer-Ingelheim)
17:50-18:40</td><td>Dinner Symposium (II)
(TSH Biopharm)
17:50-18:40</td></tr>
<tr><td>18:30
19:00</td><td></td><td></td><td></td></tr>
</table>

Sunday, September 12th, 2021

<table>
<tr><th></th><th>801 講堂</th><th>802 講堂</th><th>803 講堂</th></tr>
<tr><td>08:30-09:00</td><td></td><td></td><td rowspan="17">Symposium (III)
心血管疾病防治繼續教育課程
08:20-16:20</td></tr>
<tr><td>09:00-09:30</td><td rowspan="3">The 20th Taipei International Vascular Biology Symposium
Plenary Session (V)
09:00-11:00</td><td rowspan="2">Symposium (I)
DM Symposium
09:00-10:50</td></tr>
<tr><td>09:30-10:00</td></tr>
<tr><td>10:00-10:30</td></tr>
<tr><td>10:30-11:00</td><td rowspan="2"></td></tr>
<tr><td>11:00-11:30</td><td>Research Award
11:00-11:30</td><td rowspan="3">Symposium (II)
Nutrition and Diet
11:00-12:45</td></tr>
<tr><td>11:30-12:00</td><td>The Assembly Member Meeting of Taiwan Society of Lipids & Atherosclerosis
11:30-12:00</td></tr>
<tr><td>12:00-12:30</td><td rowspan="3">Lunch Symposium (I)
12:00-13:30</td></tr>
<tr><td>12:30-13:00</td><td rowspan="2">Lunch Symposium (II)
(Tanabe)
12:45-13:45</td></tr>
<tr><td>13:00-13:30</td></tr>
<tr><td>13:30-14:00</td><td rowspan="3">Joint Symposium (I)
(KSOLA)
13:30-15:00</td><td rowspan="5"></td></tr>
<tr><td>14:00-14:30</td></tr>
<tr><td>14:30-15:00</td></tr>
<tr><td>15:00-15:30</td><td rowspan="3">Joint Symposium (II)
(台灣血脂衛教協會)
15:00-16:20</td></tr>
<tr><td>15:30-16:00</td></tr>
<tr><td>16:00-16:30</td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td>16:30-17:00</td></tr>
</table>

September 11th (Saturday) Room 801

Plenary Session (I) 14:00-16:10

The Annual Scientific Meeting of Taiwan Society of Lipids & Atherosclerosis 2021

Time	S_No.	Topic & Speaker	Moderator
14:00-14:05		Opening Remarks	李貽恒 理事長
14:05-14:25	PL1-1	General Introduction and Comparison with International Guidelines (New LDL-C Target) 黃柏勳 秘書長	翁國昌 常務理事
14:25-14:35		Discussion	
14:35-14:55	PL1-2	Definition of Primary Prevention and Risk Assessment 吳彥雯 理事	謝宜璋 常務理事
14:55-15:05		Discussion	
15:05-15:25	PL1-3	Pharmacological Therapy 黃金洲 醫師	吳懿哲 常務理事
15:25-15:35		Discussion	
15:35-15:55	PL1-4	Current Status of Lipid Management 楊智宇 醫師	徐國基 常務理事
15:55-16:10		Panel Discussion & Closing Remarks	
16:10-16:20		Coffee Break	

Plenary Session (I)

黃柏勳 秘書長

Position Title

Professor, Institute Of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan; & Chief, Internal Medicine, Critical Care Medicine Department, Taipei Veterans General Hospital, Taipei, Taiwan.

Education

- M.D., National Yang-Ming University
- Ph.D., National Yang-Ming University

Fields of Specialty

Cardiology (Hypertension, Hyperlipidemia, Coronary And Peripheral Arteries, Intervention, Basic Research)

Research Interests

Dr. Huang is a cardiologist and interventionist in Taipei-Veterans General Hospital in Taiwan. In the past 15 years, he is interested in clinical and basic studies of vascular biology, including endothelial function, atherosclerosis, kidney disease, and endothelial progenitor cells (EPCs). Recently, he is taking advantage of various genetically modified mice to further elucidate the molecular mechanisms of EPCs in neovascularization in response to tissue ischemia. Dr. Huang has published more than 160 original articles in the international journals, including Circulation, JASN, Kidney International, Diabetes, ATVB, Chest, Heart, Int J Cardiology, et al.

PL1-1

GENERAL INTRODUCTION AND COMPARISON WITH INTERNATIONAL GUIDELINES (NEW LDL-C TARGET)

黃柏勳

臺北榮民總醫院

To be presented

Plenary Session (I)

吳彥雯 醫師

現職

- 亞東紀念醫院心臟血管醫學中心主任
  2020/07迄今
- 亞東紀念醫院心臟血管心臟血管內科主任
  2012/08迄今
- 亞東紀念醫院心臟血管心臟內科/核子醫學科主治醫師
  2012/03迄今
- 陽明大學醫學院醫學系兼任教授
  2018/08迄今
- 臺大醫院核子醫學部/心臟內科兼任主治醫師
  2012/03 迄今

學歷

- 國立臺灣大學醫學系學士 1990/09至1997/06
- 國立臺灣大學臨床醫學研究所碩士班碩士 2000/09 至2002/06
- 國立臺灣大學臨床醫學研究所博士班博士 2002/09至 2009/01

專長

- Cardiology
- Internal Medicine
- Nuclear Medicine
- Molecular Imaging

學術團體/職務

- 中華民國核醫學會常務理事 2018/11迄今
- 中華民國核醫學會 (核醫心臟委員會)主任委員 2018/11迄今
- 台灣動脈硬化暨血管病醫學會理事 2018/07迄今
- 中華民國血脂及動脈硬化學會理事 2018/10迄今
- 台灣高血壓學會理事 2019/01迄今
- 財團法人中華民國心臟基金會副執行長 2018/06迄今
- 台灣血脂衛教協會秘書長 2019/03迄今
- 台灣健康醫學協會理事 2020/06迄今

PL1-2

DEFINITION OF PRIMARY PREVENTION AND RISK ASSESSMENT

吳彥雯

亞東紀念醫院

In an effort to lower the high burden of coronary deaths in asymptomatic adults, numerous measurements of risk factors and risk markers, as well as stress tests, are often performed as screening investigations.

For primary prevention, risk scores or model to improve the ability to detect atherosclerosis at even earlier stage, such as the Framingham risk equations and the European Systematic Coronary Risk Evaluation (SCORE), use traditional risk factors to estimate global CVD risk in asymptomatic individuals. Since 2013, the American College of Cardiology (ACC) and the American Heart Association (AHA) Guideline recommends to use Global Risk Assessment, a new Pooled Cohort Equations, to estimate 10-year ASCVD risk for primary prevention, and suggest to estimate risk every 4 to 6 years. Later the international guidelines further recommends risk enhancers including biomarkers and noninvasive tests such as coronary artery calcium score, ankle brachial index, which have improved the identification of patients with obstructive CAD compared with age, sex, and symptoms alone. Women have unique risk factors for CVD for such as PCOS and pregnancy-associated conditions that increase future risk of CVD. Adverse pregnancy outcomes such as hypertensive disorders of pregnancy, preterm delivery, gestational diabetes, small-for-gestational-age delivery, placental abruption, and pregnancy loss also increase a woman's risk of developing CVD risk factors and of developing subsequent CVDs and worse outcomes

A personalized approach based on the detection of early atherosclerosis can trigger the necessary treatment to prevent plaque progression and hence plaque instability.

Plenary Session (I)

黃金洲 醫師

現職

- 台北榮民總醫院教學部主治醫師
- 台北榮民總醫院內科部心臟內科兼任主治醫師
- 國立陽明大學內科學科兼任助理教授

學位

- 國立陽明大學藥理研究所博士 (2010~2014)
- 國立陽明大學醫學系學士 (1994~2001)

教職

- 國立陽明大學內科學科兼任副教授

經歷

- 德國柏林心臟醫學中心 (2008/5~2008/6)
- 臺北榮總內科部心臟內科臨床研究員 (2007)
- 臺北榮總內科部心臟內科總醫師 (2005)
- 臺北榮總內科部住院醫師 (2002)

專長學科

- 成人心臟內科 Cardiology
- 高血壓 Hypertension
- 高血脂 Hyperlipidemia
- 心導管介入性治療 Invasive Treatment in Catheterization
- 醫學教育 Medical Education

PL1-3

PHARMACOLOGICAL THERAPY

黃金洲

臺北榮民總醫院

To be presented

Plenary Session (I)

楊智宇 醫師

現職

- - 迄今 國立陽明大學臨床醫學研究所專任副教授
- - 迄今 臺北榮民總醫院內科部腎臟科主治醫師

學歷

- 國立陽明大學醫學院醫學士
- 國立陽明大學臨床醫學研究所博士

經歷

- 美國加州大學聖地牙哥分校研究員

醫療專長

- 腎臟學
- 透析醫學
- 慢性腎臟病鈣磷異常與骨病變

PL1-4

CURRENT STATUS OF LIPID MANAGEMENT

楊智宇

臺北榮民總醫院

To be presented

September 11th (Saturday) *Room 801*

Plenary Session (II) *16:20-17:50*

The Annual Scientific Meeting of Taiwan Society of Lipids & Atherosclerosis 2021

Time	S_No.	Topic & Speaker	Moderator
16:20-17:00	PL2-1	Intensify Multifactorial Intervention and Enhance Medication Adherence in “LIPITENSION” 張健宏 主任	鄭建興 監事
17:00-17:40	PL2-2	The Impact of Statin Compliance and LDL-C Cumulative Exposure Risk to Dyslipidemia Patients CV Outcome 李俊偉 醫師	葉宏一 名譽理事
17:40-17:50		Panel Discussion & Closing Remarks	

Plenary Session (II)

張健宏 主任

現職

- 林口長庚紀念醫院腦血管科主任
- 林口長庚紀念醫院腦中風中心主任
- 林口長庚紀念醫院神經內科助理教授級主治醫師

學歷

- 1992/07 至 1997/07 中國醫學大學 醫學系 醫學士
- 1997/07-2010/01 長庚大學 醫學資訊管理研究所 碩士
- 2012/01-迄今 長庚大學 電機研究所 博士

經歷

- 林口長庚紀念醫院神經內科主治醫師
- 林口長庚紀念醫院神經內科住院醫師

研究領域:

- 心血管學
- 神經醫學
- 超音波醫學
- 醫學影像暨影像處理
- 醫學工程學

PL2-1

INTENSIFY MULTIFACTORIAL INTERVENTION AND ENHANCE MEDICATION ADHERENCE IN “LIPITENSION”

張健宏

林口長庚紀念醫院

The burden of cardiovascular disease (CVD) is increasing worldwide. The increase in the burden is a major concern in Taiwan. It is well-established that hypertension and dyslipidemia are the two major contributing risk factors for CVD. Various epidemiological studies have shown the prevalence of the co-existence of hypertension and dyslipidemia, in the range of 15 to 31%. The co-existence of the two risk factors has more than an additive adverse impact on the vascular endothelium, which results in enhanced atherosclerosis, leading to CVD. The co-existence and interplay of dyslipidemia and hypertension have termed the co-existence as, 'LIPITENSION'. The term “LIPITENSION” may help clinicians in easy identification and aggressive management of the two conditions together, ultimately preventing future cardiovascular events.

Plenary Session (II)

李俊偉 醫師

現職

- 淡水馬偕心臟內科主治醫師 2013 至今
- 馬偕醫學院兼任講師 2017 至今
- 馬偕醫護管理專科學校兼任講師 2017 至今

學歷

台北醫學大學醫學系

經歷

- 淡水馬偕醫院心臟內科主治醫師 2013~
- 馬偕醫院內科住院醫師 2008-2013

PL2-2

THE IMPACT OF STATIN COMPLIANCE AND LDL-C CUMULATIVE EXPOSURE RISK TO DYSLIPIDEMIA PATIENTS CV OUTCOME

李俊偉

淡水馬偕心臟內科

累積 LDL-C 暴露量增加將 Acute coronary syndromes 風險增加，在早期將血脂得到穩定長期控制將大幅降低病患罹患動脈粥狀硬化疾病風險，在近期血脂相關研究在大型的 Meta-analysis 中，統計每降低 1 mmol/L (39 mg/dL) LDL-C 降可降低 20% CV event，且未觀察到極低水平的 LDL-C 帶來顯著安全性風險增加，在 2019 ESC/EAS guideline 中建議以 Systematic Coronary Risk Estimation (SCORE) for 10-year risk of fatal CVD 評估病患，並依照病患個別化差異，治療目標亦有所不同，降膽固醇藥品中，statin 藥品 (例如 atorvastatin、rosuvastatin、simvastatin) 是最常被開處方的藥品。Statin 治療的臨床效益為降低 LDL (low density lipoprotein)、重大心血管事件 (major vascular events) 發生率以及死亡率，但值得注意的是其效益是建立在持續使用上。

September 11th (Saturday) Room 801

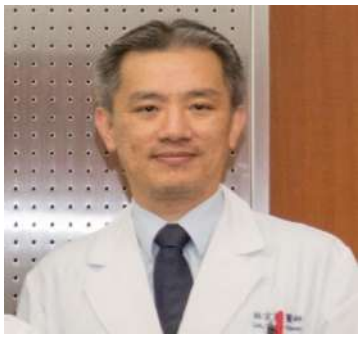
Dinner Symposium (I) - Boehringer-Ingelheim 17:50-18:40

Dinner Symposium (I) - Boehringer-Ingelheim

Time	S_No.	Topic & Speaker	Moderator
17:50-17:55		Opening Remarks	黃柏勳 秘書長
17:55-18:15	DS1-1	Where Are We Standing with Atrial Fibrillation? From Clinical Trial to Practice 林宗憲 醫師	
18:15-18:35	DS1-2	SGLT2 Inhibitors in The Failing Hear 張鴻猷 醫師	劉秉彥 理事
18:35-18:40		Panel Discussion & Closing Remarks	

Dinner Symposium (I)

林宗憲 醫師



Education

- September 1989 – June 1996
  Department Of Medicine, Kaohsiung Medical College, M.D. Degree
- September 1999 – June 2002
  Graduate Institute Of Clinical Medicine, Kaohsiung Medical University, Master Of Science Degree (Msc)
- September 2003 – June 2007
  Graduate Institute Of Clinical Medicine, Kaohsiung Medical University, Phd Degree

Current Position

- August 2013 – Present
  Professor, Department Of Internal Medicine, Faculty Of Medicine, College Of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan, R.O.C. (教字第 021006 號)
- August 2018-
  Chief, Division Of Cardiology, Department Of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, R.O.C.
- November 2018-
  Medical Secretary, Department Of Superintendent, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, R.O.C.
- August 2001 –
  Attending Physician, Division Of Cardiology, Department Of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, R.O.C.
- May 2020 ~ April 2022
  27th Executive (理事), Taiwan Society Of Cardiology (TSOC)
- Dec 2018 ~ Nov 2020
  7th Executive (理事), Taiwan Hypertension Society (THS)
- Jan 2015-
  Deputy Editor In Chief, Acta Cardiologica Sinca (SCI)

DS1-1

WHERE ARE WE STANDING WITH ATRIAL FIBRILLATION? FROM CLINICAL TRIAL TO PRACTICE

林宗憲

高雄醫學大學附設中和紀念醫院

To be presented

Dinner Symposium (I)

張鴻猷 醫師

現職

- 振興醫院心臟醫學中心心臟血管內科主治醫師
- 國立陽明大學助理教授

學歷

- 國立陽明大學醫學系畢業

經歷

- 振興醫院心臟內科總醫師
- 振興醫院內科部總醫師
- 振興醫院內科部住院醫師

專長

- 心臟衰竭之診治
- 介入性心導管治療手術(氣球擴張術、支架置放術)
- 心律不整、心臟電生理檢查及電氣燒灼術
- 心律調節器置放術

DS1-2

SGLT2 INHIBITORS IN THE FAILING HEAR

張鴻猷

振興醫院心臟醫學中心

To be presented

September 11th (Saturday) *Room 802*

Plenary Session (III) *14:00-14:50*

姜必寧得獎者演講

Time	S_No.	Topic & Speaker	Moderator
14:00-14:20	PL3-1	Artificial Intelligence Aids Cardiac Image Quality Assessment for Improving Precision in Strain Measurements 黃冠智 醫師	殷偉賢 名譽理事
14:20-14:40	PL3-2	交感應激與心臟炎症性損傷 肖晗 教授	
14:40-14:50		Panel Discussion	林彥璋 醫師

Plenary Session (III)

黃冠智 醫師

現職

- 臺大醫院新竹分院心臟血管內科主治醫師

學歷

- 台灣大學醫學系
- 台灣大學臨床醫學研究所博士班

經歷

- 台大金山分院主治醫師暨綜合事務室主任
- 振興醫院心臟內科主治醫師

專長

- 高血壓、高血脂、心臟衰竭、心導管介入治療、3D 心臟超音波、成人先天性心臟病、心臟瓣膜疾病、心肌病變.

PL3-1

ARTIFICIAL INTELLIGENCE AIDS CARDIAC IMAGE QUALITY ASSESSMENT FOR IMPROVING PRECISION IN STRAIN MEASUREMENTS

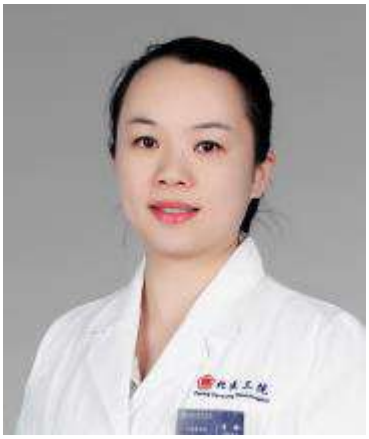
黃冠智

臺大醫院新竹分院心臟血管內科

To be presented

Plenary Session (III)

肖晗 教授



教育經歷

- 1998 年 9 月-2003 年 7 月北京大學醫學部臨床醫學學士
- 2003 年 9 月-2008 年 7 月北京大學醫學部病理生理學博士
- 2010 年 2 月- 2012 年 9 月 美國加州大學河濱分校生物醫學科學系博士後

工作經歷

- 2012 年 12 月- 2017 年 8 月 北京大學第三醫院血管醫學研究所 助理研究員
- 2017 年 8 月 至今 北京大學第三醫院血管醫學研究所 副研究員

研究方向

心血管重構的分子機制

主要學術兼職

現任中國病理生理學會心血管專業委員會青年委員，國際心臟研究會中國分會青年委員，中國藥理學會生化與分子藥理學專業委員會和心血管藥理專業委員會青年委員。

PL3-2

交感應激與心臟炎症性損傷

肖晗.

北京大學第三醫院血管醫學研究所

To be presented

September 11th (Saturday) Room 802

Plenary Session (IV) 14:50-17:40

科技部演講

Microbiota from the Gut, Brain, Kidney & the Heart

微菌相與腸、腦、腎、和心臟的故事

Time	S_No.	Topic & Speaker	Moderator
14:50-15:00		Opening Remarks	
15:00-15:25	PL4-1	Inhibition of TMAO attenuates Vascular Remodeling through Reduction of Inflammasome and ER Stress 台北榮總 黃柏勳 秘書長	心臟學門召集人 臺大醫院 蔡佳醍 教授
15:25-15:35		Discussion	臺大醫院 吳明賢 院長
15:35-16:10	PL4-2	Gut Microbiome and Atherosclerosis: From Gut-heart Axis to Gut systemic Axis. 臺大醫院 吳偉愷 醫師	
16:10-16:20		Coffee Break	
16:20-16:45	PL4-3	Synbiotics Alleviate the Gut Indole Load and Dysbiosis in Chronic Kidney Disease 台北榮總 楊智宇 教授	馬偕醫院 葉宏一 副院長
16:45-16:55		Discussion	
16:55-17:20	PL4-4	Microbiota Regulate Social behavior via Stress Response Neurons in the Brain. 成功大學 生理學科 吳偉立 助理教授	成大醫院 劉秉彥 理事
17:20-17:30		Panel Discussion	
17:30-17:40		Closing Remarks	李貽恒 理事長

Plenary Session (IV)

黃柏勳 秘書長

Position Title

Professor, Institute Of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan; & Chief, Internal Medicine, Critical Care Medicine Department, Taipei Veterans General Hospital, Taipei, Taiwan.

Education

- M.D., National Yang-Ming University
- Ph.D., National Yang-Ming University

Fields of Specialty

Cardiology (Hypertension, Hyperlipidemia, Coronary And Peripheral Arteries, Intervention, Basic Research)

Research Interests

Dr. Huang is a cardiologist and interventionist in Taipei-Veterans General Hospital in Taiwan. In the past 15 years, he is interested in clinical and basic studies of vascular biology, including endothelial function, atherosclerosis, kidney disease, and endothelial progenitor cells (EPCs). Recently, he is taking advantage of various genetically modified mice to further elucidate the molecular mechanisms of EPCs in neovascularization in response to tissue ischemia. Dr. Huang has published more than 160 original articles in the international journals, including Circulation, JASN, Kidney International, Diabetes, ATVB, Chest, Heart, Int J Cardiology, et al.

PL4-1

INHIBITION OF TMAO ATTENUATES VASCULAR REMODELING THROUGH REDUCTION OF INFLAMMASOME AND ER STRESS

黃柏勳

臺北榮民總醫院

To be presented

Plenary Session (IV)

吳偉愷 醫師

Current position and professional experiences

- 2020/12~ Research physician, Department of Medical Research, National Taiwan University Hospital
- 2016 ~ 2020 Attending physician, Department of Internal Medicine, National Taiwan University Hospital Bei-Hu branch
- 2019 Lecturer, Department of Plant Pathology and Microbiology National Taiwan University
- 2019 Lecturer, Institute of Emergency and Critical Care Medicine, National Yang-Ming University
- 2019 Visiting scholar of Microbiome Research, Taiwan MOST-NIH Bilateral Science and Technology Cooperation Meeting
- 2018 Visiting scholar, Jeffrey Gordon′ s Lab, Washington University, St. Louis, USA
- 2014 ~ 2016 Clinical gastroenterology fellowship, Department of Hepatology and Gastroenterology, National Taiwan University Hospital
- 2010 ~2013 Residency, Department of Internal Medicine, Hualien Tzu-Chi Medical Center

Education

- 2016 ~ 2019 Ph.D. Nutrition and Dietetics, Institute of Food Science and Technology, National Taiwan University
- 2013 ~ 2014 M.S. Program, Nutrition and Dietetics, Institute of Food Science and Technology, National Taiwan University
- 2002 ~ 2009 M.D. College of Medicine, Tzu-Chi University, Hualien, Taiwan

PL4-2

GUT MICROBIOME AND ATHEROSCLEROSIS: FROM GUT-HEART AXIS TO GUT SYSTEMIC AXIS.

吳偉愷

臺大醫院

Inflammation is the key for the initiation and progression of atherosclerosis. Accumulating evidence has revealed that an altered gut microbiome (dysbiosis) triggers both local and systemic inflammation to cause chronic inflammatory diseases, including atherosclerosis. There have been some microbiome-relevant pro-inflammatory mechanisms proposed to link the relationships between dysbiosis and atherosclerosis such as gut permeability disruption, trigger of innate immunity from lipopolysaccharide (LPS), and generation of proatherogenic metabolites, such as trimethylamine N-oxide (TMAO). Meanwhile, immune responses, such as inflammasome activation and cytokine production, could reshape both composition and function of the microbiota. In fact, the immune system delicately modulates the interplay between microbiota and atherogenesis. Recent clinical trials have suggested the potential of immunomodulation as a treatment strategy of atherosclerosis. Here we present current knowledge regarding to the roles of microbiota in contributing atherosclerotic pathogenesis and highlight translational perspectives by discussing the mutual interplay between microbiota and immune system on atherogenesis.

Plenary Session (IV)

楊智宇 醫師

現職

- - 迄今 國立陽明大學臨床醫學研究所專任副教授
- - 迄今 臺北榮民總醫院內科部腎臟科主治醫師

學歷

- 國立陽明大學醫學院醫學士
- 國立陽明大學臨床醫學研究所博士

經歷

- 美國加州大學聖地牙哥分校研究員

醫療專長

- 腎臟學
- 透析醫學
- 慢性腎臟病鈣磷異常與骨病變

PL4-3

SYNBIOTICS ALLEVIATE THE GUT INDOLE LOAD AND DYSBIOSIS IN CHRONIC KIDNEY DISEASE

楊智宇

臺北榮民總醫院

To be presented

Plenary Session (IV)

吳偉立 助理教授

EDUCATION

- 2005.09-2011.01 Ph.D., Graduate Institute of Life Sciences, National Defense Medical Center, Taipei, Taiwan
- 2001.09-2003.06 M.S., Institute of Marine Biology, National Sun Yat-sen University, Kaohsiung, Taiwan.
- 1997.09-2001.06 B.S., Department of Marine Resources, National Sun Yat-sen University, Kaohsiung, Taiwan

PROFESSIONAL EMPLOYMENT

- 2018.08-now Assistant Professor
  Department of Physiology, College of Medicine, National Cheng Kung University, Taiwan
- 2018.08-now Visiting Associate
  Division of Biology and Biological Engineering, California Institute of Technology, USA
- 2014.07-2018.07 Postdoctoral Scholar
  Division of Biology and Biological Engineering, California Institute of Technology, USA
- 2012.02-2014.06 Postdoctoral Scholar
  Division of Biology and Biological Engineering, California Institute of Technology, USA
- 2011.02-2012.01 Postdoctoral Fellow
  Institute of Biomedical Sciences, Academia Sinica, Taiwan
- 2003.08-2004.07 Research Assistant
  Division of Metabolism, Department of Internal Medicine, Chang-Gung Memorial Hospital, Taiwan

PL4-4

MICROBIOTA REGULATE SOCIAL BEHAVIOR VIA STRESS RESPONSE NEURONS IN THE BRAIN.

吳偉立 助理教授

成功大學 生理學科

Social interactions among animals mediate essential behaviours, including mating, nurturing, and defence. The gut microbiota contribute to social activity in mice, but the gut–brain connections that regulate this complex behaviour and its underlying neural basis are unclear. Here we show that the microbiome modulates neuronal activity in specific brain regions of male mice to regulate canonical stress responses and social behaviours. Social deviation in germ-free and antibiotic-treated mice is associated with elevated levels of the stress hormone corticosterone, which is primarily produced by activation of the hypothalamus–pituitary–adrenal (HPA) axis. Adrenalectomy, antagonism of glucocorticoid receptors, or pharmacological inhibition of corticosterone synthesis effectively corrects social deficits following microbiome depletion. Genetic ablation of glucocorticoid receptors in specific brain regions or chemogenetic inactivation of neurons in the paraventricular nucleus of the hypothalamus that produce corticotrophin-releasing hormone (CRH) reverse social impairments in antibiotic-treated mice. Conversely, specific activation of CRH-expressing neurons in the paraventricular nucleus induces social deficits in mice with a normal microbiome. Via microbiome profiling and in vivo selection, we identify a bacterial species, Enterococcus faecalis, that promotes social activity and reduces corticosterone levels in mice following social stress. These studies suggest that specific gut bacteria can restrain the activation of the HPA axis, and show that the microbiome can affect social behaviours through discrete neuronal circuits that mediate stress responses in the brain.

September 11th (Saturday) *Room 802*

Dinner Symposium (II) – TSH Biopharm *17:50-18:40*

Dinner Symposium (II) – 東生華

Time	S_No.	Topic & Speaker	Moderator
17:50-17:55		Opening Remarks	鄭書孟 醫師
17:55-18:25	DS2-1	Primary Prevention and Forgotten Lipid 吳彥雯 理事	
18:25-18:40		Panel Discussion & Closing Remarks	

Dinner Symposium (II)

吳彥雯 醫師

現職

- 亞東紀念醫院心臟血管醫學中心主任
  2020/07迄今
- 亞東紀念醫院心臟血管心臟血管內科主任
  2012/08迄今
- 亞東紀念醫院心臟血管心臟內科/核子醫學科主治醫師
  2012/03迄今
- 陽明大學醫學院醫學系兼任教授
  2018/08迄今
- 臺大醫院核子醫學部/心臟內科兼任主治醫師
  2012/03 迄今

學歷

- 國立臺灣大學醫學系學士 1990/09至1997/06
- 國立臺灣大學臨床醫學研究所碩士班碩士 2000/09 至2002/06
- 國立臺灣大學臨床醫學研究所博士班博士 2002/09至 2009/01

專長

- Cardiology
- Internal Medicine
- Nuclear Medicine
- Molecular Imaging

學術團體/職務

- 中華民國核醫學會常務理事 2018/11迄今
- 中華民國核醫學會 (核醫心臟委員會)主任委員 2018/11迄今
- 台灣動脈硬化暨血管病醫學會理事 2018/07迄今
- 中華民國血脂及動脈硬化學會理事 2018/10迄今
- 台灣高血壓學會理事 2019/01迄今
- 財團法人中華民國心臟基金會副執行長 2018/06迄今
- 台灣血脂衛教協會秘書長 2019/03迄今
- 台灣健康醫學協會理事 2020/06迄今

DS2-1

PRIMARY PREVENTION AND FORGOTTEN LIPID

吳彥雯

亞東紀念醫院

A personalized approach based on the necessary treatment to prevent plaque progression and hence plaque instability is needed, even in asymptomatic adults.

Most guidelines advocate that atherosclerotic cardiovascular disease (ASCVD) reduction is based on LDL-C reduction. Observational and genetic epidemiological data strongly support a causal role of triglycerides (TG) and the cholesterol content within triglyceride-rich lipoproteins and/or remnant cholesterol (RC) in the development of ASCVD. Highly elevated triglyceride (TG) could be harmful, especially because of the risk of pancreatitis. Elevation of TG is mainly due to metabolic disorders and diabetes, alcohol intake and overweight. Genetic factors have been clearly identified in the most severe cases. TG have been generally considered as bystanders for cardiovascular diseases (CVD). Both biological and basic research provide strong data suggesting that TG-rich lipoproteins could be involved in the pathophysiology of CVD. Although lifestyle modification remains the cornerstone for management of hypertriglyceridemia, some pharmacologic therapies have shown impressive efficacy in lowering TG levels, with potential impacts on ASCVD outcomes.

There is much current confusion regarding the role of HDL-C in ASCVD. It is an established fact that the concentration of HDL-C is an independent, inverse, but only weak predictor of the risk of having an ASCVD event. HDL-C has been believed to have pleotropic beneficial effects on the arterial vasculature and promote the removal of excess cholesterol from lipid laden macrophages, recent studies have questioned whether HDL-C protect against ASCVD. Attempts to raise HDL-C pharmacologically have not yielded the expected outcomes. Therefore, HDL function, not the levels, may be more important in prevention and risk reduction of ASCVD.

Currently statins are the mainstay of therapy to lower LDL-C, but statin monotherapy may not achieve all lipid treatment goals. A secondary lipid treatment target for patients at LDL-C goal, but with persistent TG elevations, includes achievement of non-high density lipoprotein cholesterol (non-HDL-C) goals. Accumulating evidence suggests that non-HDL-C might be superior to LDL-C in predicting ASCVD risk. This paves the way for new approaches in the management of patients both for primary and secondary prevention of ASCVD.

September 11th (Saturday) *Room 803*

2021 高風險病人血脂達標及促進方案競賽 *12:50-14:00*

2021 高風險病人血脂達標及促進方案競賽

Time	Topic
12:50-12:55	開場
12:55-13:00	長官致詞
13:00-13:35	ASCVD 高風險病人血脂照護品質成果發表 (分享金、銀、銅獎隊伍影片)
13:35-13:45	頒獎
13:45-13:55	金、銀、銅獎隊伍發表感言
13:55-14:00	結語與閉幕

September 12th (Sunday) Room 801

Plenary Session (V) 09:00-11:00

The 20th Taipei International Vascular Biology Symposium

Time	S_No.	Topic & Speaker	Moderator
09:00-09:05		Opening Remarks	李貽恒 理事長
09:05-09:35	PL5-1	The Role of Canagliflozin in Diabetic Kidney Disease Treatment Professor Masato Odawara	洪傳岳 名譽理事
09:35-09:40		Discussion	
09:40-10:10	PL5-2	Plasmid DNA-based Gene Therapy: From Regenerative Medicine to Vaccine for COVID-19 Professor Ryuichi Morishita	林幸榮 名譽理事
10:10-10:15		Discussion	
10:15-10:45	PL5-3	Stabilising Plaque: The Next Step in Secondary Prevention Professor Stephen Nicholls	葉宏一 名譽理事
10:45-10:50		Discussion	
10:50-11:00		Coffee Break	

Plenary Session (V)

Masato Odawara (小田原雅人)

Profile:

1980 Graduated School of Medicine and Faculty of Medicine, University of Tokyo
1990 Research Assistant, University of Tokyo Hospital
1992 Lecturer of Institute of Clinical Medicine, University of Tsukuba
1996 Clinical Lecturer of Medicine, Oxford University
2000 Director of the Department of Internal Medicine, Division of Endocrinology and Metabolism, Toranomon Hospital, Federation of National Public Service Personnel Mutual Aid Associations
2004 Director and Professor of the Third Department of Internal Medicine, Tokyo Medical University
2004 Guest Professor, Tokyo University of Pharmacy and Life Sciences
2009.9-2012.8 Executive Vice President of Tokyo Medical University Hospital

（Other posts）

Adjunct instructor of Kobe University School of Medicine
Adjunct instructor of Institute of Clinical Medicine The University of Tsukuba
Adjunct instructor of Yokohama City University School of Medicine
Adjunct instructor of Kagoshima University Faculty of Medicine
Councilor of The Japanese Society of Internal Medicine
Councilor of The Japan Society of Diabetic Complications
Councilor of The Japan Endocrine Society
Councilor of The Japan Society of Adult Diseases
Councilor of Japanese Society Molecular Medicine
Councilor of Japan Society of Metabolism & Clinical Nutrition
Certifying physician of Japan Society of Internal Medicine
Advising doctor of Japanese Society of Internal Medicine
Certified Diabetologist of Japan Diabetes Society
Advising doctor of Japan Diabetes Society
Doctor of Philosophy (Medical Science) (qualified by The University of Tokyo)

PL5-1

THE ROLE OF CANAGLIFLOZIN IN DIABETIC KIDNEY DISEASE TREATMENT

Masato Odawara

Tokyo Medical University

To be presented

Plenary Session (V)

Ryuichi Morishita

Carrier:

- 4/81-3/87 MD(3/87) Osaka University Medical School, Osaka, Japan
- 4/87-3/91 PhD(3/91) Osaka University Medical School, Osaka, Japan
- 4/91-8/91 Postdoctoral Fellow Osaka University Medical School
- 8/91-4/94 Postdoctoral Fellow Stanford University School of Medicine, Division of Cardiovascular Medicine
- 5/94-96/9 Senior Research Associate, Osaka University Medical School
- 5/94-96/8 Visiting Instructor Stanford University School of Medicine
- 4/95-96/9 Research Fellow of the J apan Society for the Promotion of Science
- 10/96-10/98 Assistant Professor, Department of Geriatric Medicine (T. Ogihara), Osaka University Medical School
- 5/94-present Chief, Section of Gene Therapy, Department of Geriatric Medicine (T. Ogihara), Osaka University Medical School
- 10/98-03/2004 Associate Professor, Department of Geriatric Medicine (T. Ogihara), Osaka University Medical School
- 10/98-03/2004 Associate Professor, Division of Gene Therapy Science (Y. Kaneda), Osaka University Medical School
- 10/98-03/2004 Chief, Section of Cardiovascular Medicine, Division of Gene Therapy Science (Y. Kaneda), Osaka University Medical School
- 01/2000-present Visiting Professor The University of Hong Kong
- 03/2003-present Professor, Department of Clinical Gene Therapy, Osaka University Medical School

PL5-2

PLASMID DNA-BASED GENE THERAPY: FROM REGENERATIVE MEDICINE TO VACCINE FOR COVID-19

Ryuichi Morishita

Department of Clinical Gene Therapy, Osaka University Graduate School of Medicine

Gene therapy has emerged as a novel therapy to promote angiogenesis in patients with critical limb ischemia (CLI) caused by peripheral artery disease. We focused on hepatocyte growth factor (HGF) as pro-angiogenic factors. In phase III clinical trial, naked plasmid DNA encoding HGF showed the safety and their potential for symptomatic improvement in CLI patients. Based on phase III data, HGF gene therapy drug, Collategene, has been approved by PMDA in Japan. Collategene was launched in Japan market as the first gene therapy drug at 2019. In this session, we would like to discuss about future application of HGF gene therapy.

In addition, we recently focused on the therapeutic vaccination which has extended its scope from infectious diseases to chronic diseases. We reported that angiotensin (Ang) II vaccine for hypertension successfully attenuated the high blood pressure in animal models (PLoS One 2013, Sci Rep 2017, Stroke 2017). Increasing the effectiveness of drug adherence interventions may have a great impact on the health of the population, because approximately 50% may not take medications. This poor adherence to medication leads to increased morbidity and death. As a result, the vaccine-induced anti-Ang II antibodies can efficiently ameliorate Ang II-induced high blood pressure and perivascular fibrosis in mice. Phase I/II clinical trial demonstrated good safety profile and the production of antibody against Ang II. In next step, we will start phase IIb study to test the anti-hypertensive efficacy.

Based on plasmid DNA platform technology, we have applied to develop DNA vaccine against COVID-19. Successfully, we have developed DNA vaccine against SARS-Cov2. Now, phase II/III clinical trial using our DNA vaccine was already started, from 4Q on 2020. As the safety profile of DNA vaccine was very well, in this lecture, I would like to discuss about DNA vaccine against COVID-19.

Plenary Session (V)

Stephen Nicholls

Education

- 1989-1994 MBBS, University of Adelaide
- 2001 FRACP, Royal Australasian College of Physicians
- 2001-2004 Ph.D. (Medical Biochemistry), University of Adelaide
- 2005 FACC, American College of Cardiology
- 2010 FESC, European Society of Cardiology
- 2011 FAHA, American Heart Association
- 2012 FCSANZ, Cardiac Society of Australia and New Zealand

Academic Appointments

- 2006 Associate Director, Intravascular Ultrasound Core Laboratory, Cleveland Clinic
- 2006-2012 Clinical Research Director, Center for Cardiovascular Diagnostics and Prevention, Cleveland Clinic
- 2007-2009 Associate Director, Cleveland Clinic Cardiovascular Coordinating Center, Cleveland Clinic
- 2007-2012 Director, Atherosclerosis Imaging Core Laboratory, Cleveland Clinic
- 2007-2011 Associate Staff, Department of Cardiovascular Medicine, Cleveland Clinic
- 2007-2012 Assistant Staff, Department of Cell Biology, Lerner Research Institute
- 2007-2009 Visiting Fellow, Heart Research Institute
- 2007-2012 Assistant Professor, Department of Molecular Medicine, Cleveland Clinic Lerner College of Medicine at Case Western Reserve University
- 2009-2012 Cardiovascular Director, Cleveland Clinic Coordinating Center for Clinical Research
- 2010-2012 Graduate Faculty, Cleveland State University
- 2011-2012 Staff, Department of Cardiovascular Medicine, Cleveland Clinic
- 2012-2018 Heart Health Theme Leader, SAHMRI
- 2012-2018 Professor of Cardiology, University of Adelaide
- 2013-2018 Consultant Cardiologist, Central Adelaide Local Health Network
- 2013-2018 Deputy Director, SAHMRI
- 2018-present Director of Cardiology, Monash Health
- 2018-present Professor of Cardiology, Monash University
- 2020-present Director, Victorian Heart Institute

PL5-3

STABILISING PLAQUE: THE NEXT STEP IN SECONDARY PREVENTION

Stephen Nicholls

Director, MonashHeart, Australia

Professor of Cardiology, Monash University, Australia

Medical therapies targeting risk factors for secondary prevention favourably modulate the progression of atherosclerotic plaque. The composition, in addition to the burden, of plaque is an important determinant of prospective cardiovascular risk. Early evidence suggests that statins, PCSK9 inhibitors and lipid lowering can modulate factors within plaque that confer a vulnerable state. Stabilising the vulnerable plaque may become a new target for secondary prevention.

September 12th (Sunday) Room 801

Research Award 11:00-11:30

Research Award & Poster Competition

Time	S_No.	Topic & Speaker	Moderator
11:00-11:15	A1-1	New Mechanism of Atrial Remodeling: Lipotoxicity From Very-Low-Density Lipoprotein In Metabolic Syndrome. 李香君 醫師	黃柏勳 秘書長
11:15-11:20	A1-2	Hyperuricemia Exacerbates Abdominal Aortic Aneurysm Formation Through the URAT1/ERK/MMP-9 Signaling Pathways 王仁君 醫師	
11:20-11:25	A1-3	Paradox of Trimethylamine-N-oxide: The Impact of Malnutrition on Microbiota-Derived Metabolites in Septic Patients 周睿信 醫師	
11:25-11:30	A1-4	Obesity Paradox Exists Only in the Women with ASCVD in Taiwan 蕭喻中 醫師	

Research Award

李香君醫師

Professional Education

- 1992/6 to 1999/6 School of Medicine, Kaohsiung Medical College. Medical doctor
- 2003/9 to 2005/6 Graduate Institute of Medicine, Kaohsiung Medical University. Master of Medical Science
- 2008/9 to 2016/6 Graduate Institute of Medicine, Kaohsiung Medical University. Ph.D.
- 2010/8 to 2012/7 Visiting scholar, Cardiac Bioelectricity and Arrhythmia Center, Biomedical Engineering Department, Washington University in St. Louis, USA

Employment Records

- 1999/8 to 2002/7 Resident, Department of Internal Medicine, Kaohsiung Medical University Hospital
- 2002/8 to 2004/7 Fellowship in Cardiology, Kaohsiung Medical University Hospital
- 2004/8 to 2006/6 Attending Physician, Municipal Hsiaokang Hospital, Kaohsiung, Taiwan
- 2006/7 to 2007/7 Attending Physician, Municipal Pingtung Hospital, Department of Health, Taiwan
- 2014/2 to 2019/7 Assistant Professor, College of Medicine, Kaohsiung Medical University
- 2004/8 to present Attending Cardiologist, Kaohsiung Medical University Hospital
- 2014/8 to present Jointly Appointed Assistant/Associate Professor, National Sun Yet-sen University
- 2018/11 to present Chief, Lipid Science and Aging Research Center (LSARC), Kaohsiung Medical University
- 2018/12 to present Director of Global Affairs, College of Medicine, Kaohsiung Medical University
- 2019/8 to present Associate professor, Department of Internal Medicine, College of Medicine, Kaohsiung Medical University
- 2020/8 to present Chief, Cardiac Function Room, Divison of Cardiology, Department of Internal Medicine, Kaohsiung Medical University Hospital

A1-1

NEW MECHANISM OF ATRIAL REMODELING: LIPOTOXICITY FROM VERY-LOW-DENSITY LIPOPROTEIN IN METABOLIC SYNDROME

李香君

高雄醫學大學附設中和紀念醫院心臟內科/高雄醫學大學醫學院醫學系內科學科

The metabolic syndrome (MetS) is a linkage of several cardiovascular risks, including hypertension, insulin resistance or type 2 diabetes mellitus, dyslipidemia, with elevated triglyceride and reduced high-density lipoprotein cholesterol level, and also central obesity. MetS carries a higher risk for both of the incidence and the comorbidities of atrial fibrillation (AF). We have conducted a series of studies on investigating the alliance of very-low-density lipoprotein (VLDL) and atrial remodeling/myopathy. Our clinical study data showed that post-prandial VLDL has strong impact on MetS-related atrial remodeling. An old proverb, “Illness enters by the mouth” truly implies us that excessive VLDL from unhealthy diet speeds up aging of the heart. Lipids-induced cardiac toxicity can contribute to the development of AF. Based on our study findings, we suggest VLDL as a therapeutic target for controlling atrial remodeling/myopathy in MetS.

September 12th (Sunday) Room 801

Lunch Symposium (I) 12:00-13:30

Lunch Symposium (I)

Time	S_No.	Topic & Speaker	Moderator
12:00-12:05		Opening Remarks	徐國基 理事
12:05-12:45	LS1-1	Myth or Reality from JUPITER & Hope-3 on Statin Prescribing for Primary Prevention 宋思賢 醫師	
12:45-13:25	LS1-2	How Do You Treat Dyslipidemia to Achieve LDL-C goals in ASCVD Patient? 劉嚴文 醫師	常敏之 理事
13:25-13:30		Panel Discussion & Closing Remarks	

Lunch Symposium (I)

宋思賢 醫師

Present position

- Attending Physician, Division of Cardiology, Taipei Veterans General Hospital, Taiwan
- Associate Professor, National Yang-Ming University

Education:

- 2011-2015 Department of Public Health, National Yang-Ming University, Taipei, Taiwan
- 1994-2001 National Yang-Ming University, Taipei, Taiwan

Clinical Interests:

Heart failure, Structural heart intervention, Coronary intervention, Echocardiography

Experience

- 1999-2001 Intern, Veterans General Hospital, Taipei, Taiwan
- 2002-2005 Resident Physician, Department of Medicine, Veterans General Hospital, Taipei, Taiwan
- 2005-2009 Fellow in Cardiology, Veterans General Hospital, Taipei, Taiwan
- 2007-2008 Chief Resident in Internal Medicine, Veterans General Hospital, Taipei, Taiwan
- 2008-2008 Researcher, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
- 2009-2010 Researcher, Graduate School of Medical Sciences, Chinese University of Hong Kong
- 2012-2018 Member of Heart Failure Committee, Taiwan society of cardiology
- 2012-2018 Member of Pulmonary artery hypertension working group, Taiwan society of cardiology
- 2014-2016 Deputy Secretary-General, Taiwan society of cardiovascular intervention
- 2015-2015 Trainee of structural heart intervention, Mainz University Medical Center, Germany
- 2018-2020 Deputy Secretary-General, Taiwan society of cardiology
- 2018-2020 Deputy Secretary-General, Taiwan society of cardiovascular intervention

LS1-1

MYTH OR REALITY FROM JUPITER & HOPE-3 ON STATIN PRESCRIBING FOR PRIMARY PREVENTION

宋思賢

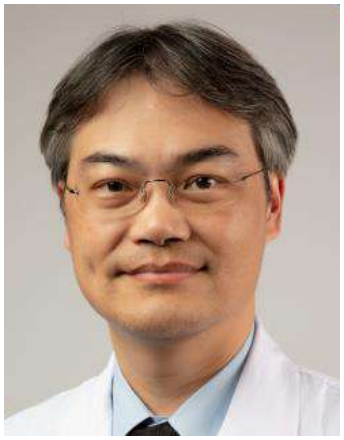
台北榮民總醫院

心臟疾病至今仍是全球以及我國在健康醫療領域一個需要持續關注的疾病，以最新公布的2020 年十大死因，心臟疾病仍高居第二，每年有超過 2 萬國民死於心臟相關疾病。當中血脂異常的治療，是預防心血管事件發生很重要的其中一環。而 Statin 是血脂異常的藥物中，擁有最多臨床實證的藥物選擇之一。

Statin 是目前血脂異常治療上第一線的首選藥物。針對已發生重大心血管事件的非常高風險病人，The Lower The Better 的治療方針是大多數醫療從業人員所認同的。而針對相對低風險或是中等風險的病人，醫療從業人員應該如何決定血脂的控制目標? 可以如何來選擇最適合病人的治療藥物? 透過 Jupiter 以及 Hope-3 的臨床試驗數據，我們可以更清楚的了解針對相對低風險或中等風險的血脂異常病人上，在選擇藥物應該考量與判斷的依據。

Lunch Symposium (I)

劉嚴文 醫師



現任

- 成大醫院心臟內科主治醫師 (2012.08~)
- 成大心臟內科副教授(2016.08~迄今)
- 成大醫學系副教授(2016.08~迄今)

學歷

- 國立成功大學臨床醫學研究所博士
- 國立成功大學醫學系

曾任

- 美國華盛頓大學(西雅圖)幹細胞暨再生醫學研究中心 博士後研究員 (2013.04~2015.07)
- 成大醫院斗六分院心臟內科暨急診主治醫師 (2010.08~2012.07)
- 成大醫院－般內科主治醫師 (2006~2010)
- 成大醫院斗六分院心臟內科主治醫師 (2007~2009)

專長

心臟血管疾病, 心臟超音波檢查, 心導管檢查及介入性治療, 幹細胞研究

LS1-2

HOW DO YOU TREAT DYSLIPIDEMIA TO ACHIEVE LDL-C GOALS IN ASCVD PATIENT?

劉嚴文

成大醫院

To be presented

September 12th (Sunday) Room 801

Joint Symposium (I) - KSOLA 13:30-15:00

Joint Symposium (I)- KSOLA

Time	S_No.	Topic & Speaker	Moderator
13:30-13:35		Opening Remarks	李貽恒 理事長
13:35-14:05	JS1-1	Role of Genetics in Diagnosis and Treatment of Patients with Dyslipidemia Professor Sang-Hak Lee	吳造中 名譽理事
14:05-14:15		Discussion	
14:15-14:45	JS1-2	Evidence for Association between Dyslipidemia and Vascular Risk in Korea: Large-Scale Analysis Professor In-Kyung Jeong	陳肇文 名譽理事
14:45-15:00		Panel Discussion & Closing Remarks	

Joint Symposium (I)

Sang-Hak Lee

Affiliation

Division of Cardiology, Department of Internal Medicine, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea

Education

- 1988 – 1994 Bachelor, Yonsei University College of Medicine (YUMC)
- 1997 – 1999 Master, Yonsei University Graduate School
- 2002 – 2005 PhD, Yonsei University Graduate School

Employment

- 1994 – 1999 Internship and Residency in Internal Medicine in Severance Hospital, YUMC
- 2002 – 2003 Fellow in Cardiology, Severance Hospital, YUMC
- 2003 – 2007 Instructor~Assistant professor in Cardiology, Hallym University College of Medicine, Korea
- 2007 Visiting Scholar, Department of Cardiovascular Medicine, University of Tokyo, Japan
- 2010 – 2012 Visiting Scholar and Postdoctoral fellow, Department of Medicine, UC San Diego, USA
- 2007 – present Assistant professor~Professor in Cardiology , Severance Hospital, YUMC
- 2016 – 2020 Director, Cardiovascular Genome Center, YUMC

Research Field

Lipoprotein metabolism; Preventive cardiology; Vascular biology; Cardiovascular genetics

Activities In Academic Societies

- Current Chair of academic program committee, Korean Society of Lipid and Atherosclerosis
- 2017 - 2020 Chair of education committee, Korean Society of Lipid and Atherosclerosis
- 2016 - 2017 Chair of academic program committee, Korean working group on basic cardiovascularscience, Korean Society of Cardiology

JS1-1

ROLE OF GENETICS IN DIAGNOSIS AND TREATMENT OF PATIENTS WITH DYSLIPIDEMIA

Sang-Hak Lee

Department of Internal Medicine, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea

To be presented

Joint Symposium (I)

In-Kyung Jeong

Education

- Mar. 1988 - Feb. 1994 Kyung Hee University College of Medicine (M.D.)
- Mar. 1995 - Feb. 1997 Postgraduate School, Kyung Hee University (Master of Medical Science)
- Mar. 1997 - Aug. 1999 Postgraduate School, Kyung Hee University (Ph.D. in Medical Science)

Brief Chronology of Employment

- Mar. 1994 - Feb. 1995 Internship, Kyung Hee University Hospital, Seoul, Korea
- Mar. 1995 - Feb. 1999 Residency in Internal Medicine, Kyung Hee University Hospital, Seoul, Korea
- Mar. 1999 - May. 2002 Fellowship in Endocrinology & Metabolism, Department of Internal Medicine, Samsung Medical Center, Seoul, Korea
- June. 2002 - Dec. 2005 Assistant Professor, Division of Endocrinology & Metabolism, Department of Internal Medicine, Hallym University College of Medicine, Seoul, Korea
- Jan. 2006 – Feb. 2010 Assistant Professor, Division of Endocrinology & Metabolism, Department of Internal Medicine, Kyung Hee University College of Medicine, Seoul, Korea
- Mar. 2008 - July. 2009 Visiting Researcher in Vascular biology and complication, Joslin Diabetes Center, Faculty of Medicine, Harvard University Medical School, Boston, MA, USA
- Mar. 2010 – Feb. 2015 Associate Professor, Division of Endocrinology & Metabolism, Department of Internal Medicine Kyung Hee University Hospital at Gangdong Kyung Hee University College of Medicine, Seoul, Korea
- Mar. 2015-present Professor, Division of Endocrinology & Metabolism, Department of Internal Medicine Kyung Hee University Hospital at Gangdong Kyung Hee University College of Medicine, Seoul, Korea

Research Interests

- hepatic insulin resistance and energy metabolism
- vascular biology and diabetic complication: NF-KB, stem cell therapy, EPC
- pathogenesis of atherosclerosis
- beta cell biology & islet transplantation

JS1-2

EVIDENCE FOR ASSOCIATION BETWEEN DYSLIPIDEMIA AND VASCULAR RISK IN KOREA: LARGE-SCALE ANALYSIS

In-Kyung Jeong

Division of Endocrinology & Metabolism, Department of Internal Medicine Kyung Hee University Hospital at Gangdong Kyung Hee University College of Medicine, Seoul, Korea

To be presented

Joint Symposium (II)-台灣血脂衛教協會 15:00-16:20

Joint Symposium (II) - 台灣血脂衛教協會

Time	S_No.	Topic & Speaker	Moderator
15:00-15:05		Opening Remarks	李貽恒 理事長
15:05-15:25	JS2-1	The Impact of CKD and Gut Dysbiosis on CVD 廖國盟 醫師	
15:25-15:30		Discussion	
15:30-15:50	JS2-2	The Role of Uremic Toxin in CVD and CKD 吳允升 醫師	
15:50-15:55		Discussion	
15:55-16:15	JS2-3	The Role of Prebiotics and Probiotics in CVD and CKD 吳彥雯 秘書長	吳造中 理事長
16:15-16:20		Panel Discussion & Closing Remarks	

Joint Symposium (II)

廖國盟 醫師

現職

台北市立聯合醫院忠孝院區內分泌暨新陳代謝科主治醫師

學歷

- 台大醫學系 (1987-1994)
- 台大公共衛生研究所預防醫學組碩士 (1994-1995)
- 台大流行病學研究所博士(1995-2002)
- 台大流行病學研究所博士後研究員(2002-2004)

經歷

- 中華民國內科專科醫師(2002-迄今)
- 中華民國內分泌暨新陳代謝科專科醫師(2004-迄今)
- 台大醫院新陳代謝暨內分泌科研究醫師(2002-2004)
- 台北市台北市立聯合醫院忠孝院區新陳代謝暨內分泌科主治醫師(2004-2017)
- 中醫師國家考試及格(2002)
- 臺北市立聯合醫院忠孝院區教研科主任 (2007-2011)
  擔任台北市衛生局糖尿病共同照護網暨心血管疾病防治網委員

JS2-1

THE IMPACT OF CKD AND GUT DYSBIOSIS ON CVD

廖國盟

台北市立聯合醫院忠孝院區內分泌暨新陳代謝科

To be presented

Joint Symposium (II)

吳允升 醫師

現職

台大醫院內科部主治醫師

學歷

台灣大學臨床醫學研究所博士

專長

- 慢性腎病
- 急性腎衰竭
- 電解質
- 高血壓
- 原發性皮質醛酮症
- 內科學
- 腎臟醫學

JS2-2

THE ROLE OF UREMIC TOXIN IN CVD AND CKD

吳允升

台大醫院內科部

To be presented

Joint Symposium (II)

吳彥雯 醫師

現職

- 亞東紀念醫院心臟血管醫學中心主任
  2020/07迄今
- 亞東紀念醫院心臟血管心臟血管內科主任
  2012/08迄今
- 亞東紀念醫院心臟血管心臟內科/核子醫學科主治醫師
  2012/03迄今
- 陽明大學醫學院醫學系兼任教授
  2018/08迄今
- 臺大醫院核子醫學部/心臟內科兼任主治醫師
  2012/03 迄今

學歷

- 國立臺灣大學醫學系學士 1990/09至1997/06
- 國立臺灣大學臨床醫學研究所碩士班碩士 2000/09 至2002/06
- 國立臺灣大學臨床醫學研究所博士班博士 2002/09至 2009/01

專長

- Cardiology
- Internal Medicine
- Nuclear Medicine
- Molecular Imaging

學術團體/職務

- 中華民國核醫學會常務理事 2018/11迄今
- 中華民國核醫學會 (核醫心臟委員會)主任委員 2018/11迄今
- 台灣動脈硬化暨血管病醫學會理事 2018/07迄今
- 中華民國血脂及動脈硬化學會理事 2018/10迄今
- 台灣高血壓學會理事 2019/01迄今
- 財團法人中華民國心臟基金會副執行長 2018/06迄今
- 台灣血脂衛教協會秘書長 2019/03迄今
- 台灣健康醫學協會理事 2020/06迄今

JS2-3

THE ROLE OF PREBIOTICS AND PROBIOTICS IN CVD AND CKD

吳彥雯

亞東紀念醫院

Probiotics and prebiotics are microbiota-management tools for improving host health. In the past decade, research on the gut microbiome has rapidly accumulated and has been accompanied by increased interest in probiotics and prebiotics as a means to modulate the gut microbiota. Recent evidence suggests that probiotics, prebiotics and synbiotics may serve as important dietary components in the prevention (especially) and treatment of cardiovascular diseases (CVD) and chronic kidney diseases (CKD), but the recommendations for their use are often based on brief reports and small clinical studies.

Here, we describe gut-derived effects in human, and review the current literature on the correlation between CVD, CKD and probiotics, prebiotics and synbiotics. Their mechanisms have not been clearly defined. It has been proposed that probiotics lower cholesterol levels, uremic toxins, and may protect against CVD and CKD, by increasing bile salt synthesis and bile acid deconjugation. Similar effects have also been observed for prebiotics and synbiotics; however, probiotics also appear to have anti-oxidative, anti-platelet and anti-inflammatory properties. Importantly, probiotics not only have demonstrated effects in vitro and in animal models, but also in humans, where supplementation with probiotics decreases the risk factors of CVD. Given the importance of these approaches for public health, it is timely to reiterate factual and supporting information on their clinical application and use. Further experimental research is needed before these substances can be used in the prevention and treatment of CVD and CKD.

September 12th (Sunday) Room 802

Symposium (I) 09:00-10:50

DM Symposium

Time	S_No.	Topic & Speaker	Moderator
09:00-09:05		Opening Remarks	許惠恒 理事
09:05-09:25	S1-1	Residual Risk of ASCVD in Diabetes 吳造中 名譽理事	
09:25-09:30		Discussion	
09:30-09:50	S1-2	Accumulated CV Data from GLP1 RA Outcome Trails 李弘元 醫師	
09:50-09:55		Discussion	
09:55-10:15	S1-3	Accumulated CV Data from SGLT2 inhibitors Outcome Trails 宋思賢 醫師	陳榮福 理事
10:15-10:20		Discussion	
10:20-10:40	S1-4	Management of Diabetes Dyslipidemia Update from Guideline 王俊興 醫師	
10:40-10:50		Panel Discussion & Closing Remarks	
10:50-11:00		Coffee Break	

Symposium (I)

吳造中 名譽理事

Education

- M.D., College of Medicine, National Taiwan University, Taipei, Taiwan
- Ph.D. (Clinical Medicine), College of Medicine, National Taiwan University, Taipei, Taiwan
- 1995-1996 Visiting Research Associate in Biomedical Engineering, Johns Hopkins University, Baltimore, USA

Appointments

- 1997, 8-2001, 7 Director, Echocardiographic Lab. National Taiwan University Hospital, Taipei, Taiwan
- 2001, 8-2003, 7 Director, Cardiovascular Functional Lab. National Taiwan University Hospital-Kong-Kuan, Taipei, Taiwan
- 2002, 8-2005, 6 Vice-Chairman, Department of General Medicine, National Taiwan University Hospital-Kong-Kuan, Taipei, Taiwan
- 2005, 7-2007, 6 Chairman, Department of Internal Medicine, E-Da Hospital/I-Shou University, Kaohsiung, Taiwan
- 2007, 9-2009, 8 Director, Intensive Care Unit, National Taiwan University Hospital-Kong-Kuan, Taipei, Taiwan
- 2009- Professor in Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
- 2009-2014 Professor in Primary Care Medicine, National Taiwan University College of Medicine, Taipei, Taiwan
- 2014- Professor in Department of Medical Education & Bioethics, and Graduate Institute of Medical Education & Bioethics, National Taiwan University College of Medicine, Taipei, Taiwan

Professional Specialty

- Cardiology
- Vascular and cellular biology
- Dyslipidemia
- Cardiovascular image
- Biomagnetism
- Nanotechnology

S1-1

RESIDUAL RISK OF ASCVD IN DIABETES

Chau-Chung Wu, M.D., Ph.D.
Department of Internal Medicine (Cardiology Section)
National Taiwan University Hospital
Taipei, Taiwan

Type 2 diabetes (T2D) is a growing health concern across both developed and developing countries. Cardiovascular disease (CVD) remains the major cause of increased mortality in this patient population. In recent years, effective low density lipoprotein lowering treatments and other risk reduction strategies have substantially reduced the risk of atherosclerotic CVD, yet patients with T2D continue to remain at increased risk for atherosclerotic CVD. We have run a prospective observational study was conducted to investigate the residual risk factors to predict recurrence of major adverse cardiovascular events (MACE) in atherosclerotic cardiovascular disease (ASCVD) patients with a high prevalence under lipid-lowering therapy, particularly in the subpopulations of diabetic and nondiabetic individuals. A total of 5,483 adults (with a mean age of 66.4 and 73.3% male) with established coronary heart disease, cerebrovascular disease, or peripheral artery disease were identified from the T-SPARCLE multi-center registry. Of them, 38.6% had diabetes. The residual risk factors for MACE are divergent in these atherosclerotic patients with and without diabetes. In diabetic subpopulation, the risk of MACE was significantly increased with heart failure (HF), chronic kidney disease (CKD) stage 4–5 (vs. stage 1–2), without beta blocker use, and higher non-HDL-C, after controlling for covariates including statin use and the intensity of therapy. Increased LDL-C and TG levels were also associated with increased risk, but to a much less extent. Among nondiabetic individuals, HF, CKD stage 4–5, and history of myocardial infarction were the significant independent predictors of MACE. It is suggested that ASCVD patients with concomitant diabetes need stricter control of lipid, particularly non-HDL-C levels, to reduce cardiovascular risk when on statin therapy.

Symposium (I)

李弘元 醫師

李弘元醫師畢業於台灣大學醫學院醫學系，畢業後在台大醫院接受住院醫師訓練，並在擔任新陳代謝暨內分泌科總醫師的同時，取得台灣大學臨床醫學研究所碩士的學位。升任主治醫師後，李醫師於台大醫院雲林分院服務兩年，並在調回總院之後，取得台灣大學臨床醫學研究所博士的學位。目前李醫師是台大醫院內科部的主治醫師與臨床教授。

李醫師自 2007 年至 2019 年擔任中華民國糖尿病學會的副秘書長，2019 年起擔任糖尿病學會的理事，協助學會舉辦各種活動。李醫師曾幫忙起草台灣糖尿病宣言，協助學會舉辦 101 大樓點燈活動，推出台灣糖尿病之歌，舉辦糖尿病日徵文活動，並參與糖尿病學會多本指引的撰寫與編輯。目前，李醫師是糖尿病學會與內分泌學會官方雜誌 Formosan Journal of Endocrinology and Metabolism 的主編，也是亞洲糖尿病學會 AASD 官方雜誌 Journal of Diabetes Investigation 的編輯。

在研究方面，李醫師的興趣是糖尿病與糖尿病併發症的流行病學與轉譯醫學。他在雲林收錄了一個大型社區世代，探討糖尿病的篩檢與診斷、致病機轉、危險因子、生物標記等，目前已發表 24 篇論文，其中篩檢與診斷糖尿病的方法已被糖尿病學會採用至糖尿病臨床照護指引中。他也利用全國孩童青少年糖尿病篩檢的資料，分析相關的危險因子，並提出篩檢的策略。此外，李醫師實驗室建立了肥胖、糖尿病與動脈硬化的細胞與動物模式，針對數個潛在標的進行研究，包括 vascular adhesion protein-1 (VAP-1)、ANGPTL6、melatonin、fibrinogen-like protein 等，並針對 VAP-1 進行了深入且全面的研究。他發現 VAP-1 可用於預測糖尿病併發症，也是心血管疾病的藥物治療標的，相關結果發表於 11 篇論文中，他也因此榮獲中華民國糖尿病學會暨中華民國內分泌學會 100 年度陳芳武教授傑出研究獎。近幾年，李醫師開始研究妊娠糖尿病，他建立了兩個懷孕世代來探討妊娠糖尿病的診斷標準，危險因子與致病機轉，相關結果發表於 10 幾篇論文中。其中比較兩種診斷標準的論文，已被引用至糖尿病學會、婦產科學會、周產期學會與糖尿病衛教學會共同出版的臨床照護指引中。因為上述成果，他也在 2014 與 2019 年受邀撰寫關於診斷妊娠糖尿病的回顧性文章。未來，他將利用已建立的動物與細胞模式，針對機轉方面進行更深入的探討。截至目前，李醫師參與編寫了 15 本書籍，並已經發表了 105 篇論文，其中數篇刊登在知名期刊，例如 Diabetes，Diabetes Care，Journal of Endocrinology and Metabolism，International Journal of Obesity，FASEB Journal、Obesity，Translational Research 等，並有多篇被高度引用的論文。

S1-2

ACCUMULATED CV DATA FROM GLP1 RA OUTCOME TRAILS

Hung-Yuan Li
Division of Endocrinology and Metabolism, Department of Internal Medicine,
National Taiwan University Hospital.

GLP-1 receptor agonists are incretin mimetic drugs that act on the GLP-1 receptor. It can stimulate pancreatic beta-cells to secrete insulin, inhibit pancreatic alpha cells for glucagon secretion, decrease appetite, and enhance satiety. Therefore, it is effective in lowering hyperglycemia and reducing body weight. In recent years, many cardiovascular safety studies have been published, such as The Liraglutide Effect and Action in Diabetes: Evaluation of Cardiovascular Outcome Results (LEADER) trial for liraglutide, The Harmony Outcome trial for albiglutide, The Researching Cardiovascular Events With a Weekly Incretin in Diabetes (REWIND) trial for dulaglutide, The Evaluation of Lixisenatide in Acute Coronary Syndrome (ELIXA) trial for lixisenatide, The Exenatide Study of Cardiovascular Event Lowering (EXSCEL) trial for one-weekly exenatide, The Trial to Evaluate Cardiovascular and Other Long-term Outcomes With Semaglutide in Subjects With Type 2 Diabetes (SUSTAIN-6) for semaglutide, and the Peptide Innovation for Early Diabetes Treatment (PIONEER) 6 for oral semaglutide. Among these trials, liraglutide, albiglutide, dulaglutide, and semaglutide have been shown to reduce cardiovascular events in subjects with type 2 diabetes significantly. In this talk, data from these cardiovascular safety trials will be reviewed.

Symposium (I)

宋思賢 醫師

Present position

- Attending Physician, Division of Cardiology, Taipei Veterans General Hospital, Taiwan
- Associate Professor, National Yang-Ming University

Education:

- 2011-2015 Department of Public Health, National Yang-Ming University, Taipei, Taiwan
- 1994-2001 National Yang-Ming University, Taipei, Taiwan

Clinical Interests:

Heart failure, Structural heart intervention, Coronary intervention, Echocardiography

Experience

- 1999-2001 Intern, Veterans General Hospital, Taipei, Taiwan
- 2002-2005 Resident Physician, Department of Medicine, Veterans General Hospital, Taipei, Taiwan
- 2005-2009 Fellow in Cardiology, Veterans General Hospital, Taipei, Taiwan
- 2007-2008 Chief Resident in Internal Medicine, Veterans General Hospital, Taipei, Taiwan
- 2008-2008 Researcher, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
- 2009-2010 Researcher, Graduate School of Medical Sciences, Chinese University of Hong Kong
- 2012-2018 Member of Heart Failure Committee, Taiwan society of cardiology
- 2012-2018 Member of Pulmonary artery hypertension working group, Taiwan society of cardiology
- 2014-2016 Deputy Secretary-General, Taiwan society of cardiovascular intervention
- 2015-2015 Trainee of structural heart intervention, Mainz University Medical Center, Germany
- 2018-2020 Deputy Secretary-General, Taiwan society of cardiology
- 2018-2020 Deputy Secretary-General, Taiwan society of cardiovascular intervention

S1-3

ACCUMULATED CV DATA FROM SGLT2 INHIBITORS OUTCOME TRAILS

宋思賢

台北榮民總醫院

To be presented

Symposium (I)

王俊興 醫師

現職

- 台中榮民總醫院新陳代謝科主治醫師　自 2009/5 迄今
- 國立陽明大學內科助理教授　自 2016/8 迄今
- 糖尿病學會副秘書長　自 2013/4 迄今

學歷

- 台北醫學院醫學系醫學士
  自 1994 / 09 至 2001 / 06
- 國立陽明大學臨床醫學研究所博士班　自 2011 / 09 至 2018 / 07

專科執照

- 中華民國內科專科醫師
- 中華民國內分泌暨新陳代謝科專科醫師
- 中華民國糖尿病衛教學會合格衛教人員

研究領域

- 糖尿病、肥胖與代謝症候群、心血管疾病

S1-4

MANAGEMENT OF DIABETES DYSLIPIDEMIA UPDATE FROM GUIDELINE

王俊興

台中榮民總醫院新陳代謝

To be presented

September 12th (Sunday) Room 802

Symposium (II) 11:00-12:45

Nutrition and Diet

Time	S_No.	Topic & Speaker	Moderator
11:00-11:05		Opening Remarks	I-Hsien Tsai
11:05-11:15	S2-1	Taiwan Dietary Guidelines and Recommendations for Reducing the Risk of Cardiovascular Diseases Wen-Harn Pan	
11:15-11:45	S2-2	Essence of US Dietary Guidelines and AHA/ACC Guidelines. Linda van Horn	Wen-Harn Pan
11:45-12:10	S2-3	Dietary Recommendations for Reducing the Risk of Cardiovascular Diseases in Thailand. Chanida Pachotikarn	Chwang Leh-Chii
12:10-12:35	S2-4	Dietary Recommendations for Reducing the Risk of Cardiovascular Diseases in Indonesia Miranti Gutawa Sumapradja	
12:35-12:45		Panel Discussion & Closing Remarks	I-Hsien Tsai Wen-Harn Pan Chwang Leh-Chii

Symposium (II)

潘文涵 理事

現職

- 中央研究院生物醫學科學研究所特聘研究員
  自 2017/09/21 至今
- 國家衛生研究院群體健康科學研究所醫療保健研究組合聘研究員
  自 2013/09 至今
- 臺灣大學公共衛生學院流行病學與預防醫學研究所合聘教授
  自 1995/02 至今
- 臺灣大學生命科學院生化科技學系合聘教授
  自 2010/08 至今

學歷

- 美國康乃爾大學營養科學科/營養流行病學博士　自 1980/01 至 1983/05
- 美國康乃爾大學營養科學科/營養生化碩士　自 1977/09 至 1979/12
- 國立台灣大學農業化學系學士　自 1972/09 至 1976/06

經歷

- 中央研究院生物醫學科學研究所研究員　自 1994/08 至 2017/09/20
- 國家衛生研究院(借調)群體健康科學研究所營養醫學研究群研究員兼群主任　自 2010/08 至 2013/08
- 群體健康科學研究所醫療保健研究組研究員兼組主任　自 2010/12 至 2013/08
- 中央研究院調查研究中心主任　自 1995 至 1996
- 臺灣大學公共衛生學院流行病學研究所副教授　自 1988/09 至 1995/02
- 中央研究院生物醫學科學研究所副研究員　自 1987/02 至 1994/07
- 西北大學社區健康與預防學系博士後研究員　自 1983/05 至 1987/01

專長

1.遺傳流行病學　2.營養流行病學　3.心臟血管流行病學

S2-1

TAIWAN DIETARY GUIDELINES AND RECOMMENDATIONS FOR REDUCING THE RISK OF CARDIOVASCULAR DISEASES

潘文涵

中央研究院生物醫學科學研究所

在心臟血管疾病之預防與管理中飲食改善是極其重要的。國民健康署於 106 年起到 109 年連續四年辦理心血管疾病防治人員認證計畫與提升心血管疾病品質訓練計畫。該計畫集結國內營養專家，達成共識，編撰心臟血管疾病危險因子控制飲食原則教材，簡述如下。

所謂的「心血管疾病管理與健康促進飲食」意指能確保供應恰好適量的各種身體所需營養素，同時兼備控制各種危險因子之飲食。因此飲食建議架構在台灣飲食指南之上，並且參考文獻與統合分析之結果，以「滿足各種身體營養素需求」，及「改善病人心臟血管疾病危險因子數值」為目標。本飲食建議之主軸在：依病人之危險因子狀況調整飲食指南之六大類食物建議比例、及各大類食物之選擇原則，供心臟血管疾病及危險因子管理之使用。主要著重危險因子為：肥胖、及以下臨床測量之異常：血壓、血糖、血膽固醇、三酸甘油酯、尿酸。

體重管理為心臟血管疾病及危險因子管理之本。降低體重，可以幫助血糖、血壓、三酸甘油酯、及尿酸之控制。台灣飲食指南，建議每個人依自己之身高、與身體活動量所規範之熱量階層攝食，應指導民眾，依照各人所需熱量之下，六大類食物之分配份數，及規範之食物品質進食。（http://healthybody.nhri.org.tw/Portal/foodsuggest.aspx）。追蹤時，若有危險因子改善仍不足者可進一步調整。本專家群建議以「得舒飲食」以及「得舒減鈉飲食」介入研究之實証資料為主要依據，其可顯著改善各種危險因子，因其實証等級高達到 1A，且有清楚的食物份量與食物內容的界定，此外台灣研究也已驗證得舒飲食之效果；實證資料亦顯示地中海飲食長期使用者，其心臟血管疾病風險較低，然地中海飲食多為質性描述，其各種食物種類建議（多蔬菜水果、堅果種子、豆類、全穀雜糧、魚、海鮮、少紅肉、適量奶類），和得舒飲食是一致的。此外，原得舒飲食研究顯著成效是在未減少熱量的情況下即已達成；由於得舒飲食熱量密度較低、體積較大，民眾使用此一飲食可能會因攝入熱量減小，而體重下降，使心血管疾病危險因子控制更佳。

Symposium (II)

Linda van Horn

Linda Van Horn, PhD, RDN is Professor and Chief, Nutrition Division, Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University in Chicago. She is a clinical nutrition epidemiologist whose research focuses on primary prevention of cardiometabolic and other chronic diseases beginning in utero and continuing throughout the life course. Her research experience includes the Multiple Risk Factor Intervention Trial (MRFIT), the study of Cardiovascular Risk Development in Young Adults (CARDIA), the Hispanic Community Health Study/Study of Latinos (SOL) and its ancillary SOL Youth Study. As Principal Investigator she served on several multi-center collaborative trials, including the Diet Intervention Study in Children (DISC), the Women's Health Initiative (WHI) and currently the International Study of Macro/Micro Nutrient Intake and Blood Pressure (INTERMAP). She is also studying DASH diet intervention among the offspring of mothers with overweight/obesity recruited from MOMFIT, a randomized clinical trial preventing excessive gestational weight gain. Dr Van Horn served as Editor of the Journal of the Academy of Nutrition and Dietetics from 2003-2013. She Chaired the 2010 US Dietary Guidelines Advisory Committee (DGAC) and recently served as a member of the 2020 US DGAC. She chaired /served on several NIH Task Forces and Workshops including the National Heart, Lung and Blood Institute's Workshop on Medical Nutrition Education. She served as a panelist regarding diet and cardiometabolic risk factors for the NIH-hosted "Precision Nutrition Workshop" held in January,2021. She is an active member of the American Heart Association's Council on Epidemiology and Lifestyle specifically serving on the Nutrition Committee. Dr Van Horn did her undergraduate training in Nutrition and Dietetics at Purdue, her master's degree in exercise physiology from the University of Pittsburgh and her doctoral work at the University of Illinois, Chicago involving adolescent blood pressure response to a sodium restricted diet

S2-2

ESSENCE OF US DIETARY GUIDELINES AND AHA/ACC GUIDELINES.

Linda van Horn

Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University in Chicago

The US Dietary Guidelines Advisory Committee is convened every 5 years to review the current literature related to diet and health. The Committee began its work in March , 2019 and despite complications due to the COVID-19 pandemic, the DGAC Report was submitted to the Secretaries of the United States Department of Agriculture and the Department of Health and Human Services on 6/30/20. The report is focused on two main themes: The importance of life stage beginning at birth and throughout longevity Dietary patterns across these life stages.

This presentation focuses specifically on aspects related to dietary patterns as they relate to cardiovascular disease and also dietary fats and seafood as being especially association with blood lipids, blood pressure and overall risk of chronic disease. Included are examples of the Nutrition Evidence Systematic Review (NESR) criteria applied to the review of literature and the specified inclusion and exclusion criteria incorporated. Ultimately these reviews yielded recommendations that the DHHS and USDA could then take into consideration in the process of developing the Dietary Guidelines for Americans.

Symposium (II)

Chanida Pachotikarn

Asst. Prof. Dr. Chanida Pachotikarn received her PhD., in Human Nutrition from Misssissippi State university in 1987 and her Master of Public Health from university of Alabama at Birmingham in 1990 USA.

She is a licensed dietitian in U.S.A. and used to work as a renal dietitian at Kidney Care Inc., for 10 years. Deputy Director for Education Institute of Nutrition Mahidol University from 2015-2017, Her research interests are in the field of modified diet for NCDs patients , the development of educational tools for chronic diseases patients, the use of information technology for nutrition and dietetic professions. She has several articles published in scientific journals, invited speaker at national and international conferences.

At present, Dr. Chanida is an advisory committee for Nutrition and Dietetics (International Program),,Institute of Nutrition, Mahidol University, a register and certified dietitian and certified diabetes educator, committee of Enteral and Parenteral Society of Thailand. She is currently president of Thai Dietetic Association.

S2-3

DIETARY RECOMMENDATIONS FOR REDUCING THE RISK OF CARDIOVASCULAR DISEASES IN THAILAND.

Chanida Pachotikarn

Thai Dietetic Association

According to the latest WHO data published in 2018, Thai people who have died from cardiovascular disease (CVD) reached 12.35% of total deaths. One of the main factor causing the disease is diet, as people have changed their eating behavior. They are eating fatty and greasy food as well as high consumption of simple carbohydrate and low fiber foods. Public awareness and patient education of risk factors regarding prevention of CVD is needed more improvement in aspect of achieving better outcomes. Dietitians serve as an essential role in health promotion and prevention of CVD through facilitates recommendations to adjust a diet plan, provide nutrition education and proper eating habit to population and individual client. Several programs have been launched to reduce risk of CVD, Thai Food Good Heart Logo is used to endorse industrial products that have been certified for their qualities by the Food and Drug Agency for 5 food groups, cereal grain and their products, sea foods meat and their products, milk and diary products, oils and fats, legume and leguminous products. Another program is modified traditional Thai diet using healthier ingredients to attribute positive health benefit. Thai cuisine is a type of Asian cuisine that is characterized by taste of spices, combined with sweet and sour. Traditional cooking methods including grilling, baking or stewing then became inspired by Chinese cooking, with frying, stir-frying and deep-frying which becoming alternative ways to cook. The modified healthy recipes from famous dishes such as Tom Yum Goong (hot and sour shrimp soup), Pad Thai (stir fried noodle), Red and Green Curry (Thai Chili paste) and khanom chin nam ya (curry-noodle dishes) will be present in this session.

Symposium (II)

Miranti Gutawa Sumapradja

Education

- Nutrition College Jakarta , Graduated : 1986
- Diploma in Clinical Nutrition, Faculty of Medicine University Indonesia , Graduated :1992
- Master in Clinical Nutrition Univ. of Roehampton London, Graduated : 2000

Experiences

- 1986-1987 Hospital catering of Pondok Indah Hospital Jakarta (Dietetic staf)
- 1987-2002 Nutrition Department . Hasan Sadikin Hospital Bandung (Dietetic staf)
- 2002-2012 Head of Nutrition Department Hasan Sadikin Hospital Bandung
- 2014-2019 Head of Sub-section planning and evaluation Hasan Sadikin Hospital
- 2019-Now Dietetic staff -Nutrition Dept. -Staff of Quality committee Hasan Sadikin Hospital
- 2017-2022 President of Indonesian Dietitian's Association

Teaching Experiences

- 2004-Now Bandung Health Polytechnic Nutrition Department
  Study program: Nutrition & Dietetic
- 2020-Now Institute of Health Science Immanuel Bandung
  Study Program: Nutrition

S2-4

DIETARY RECOMMENDATIONS FOR REDUCING THE RISK OF CARDIOVASCULAR DISEASES IN INDONESIA

Miranti Gutawa Sumapradja

Indonesian Dietitian's Association

Cardiovascular disease is the main non-communicable disease in Indonesia, causing high mortality rates. Some of the contributing factors include high obesity rates, high intake of saturated fatty acid, salt and sugar. The average of salt consumption is > 5 g/day and total fat intake is > 67 g/day, that is thought related to the way of processing Indonesian cuisine. In contrast, although Indonesia is a tropical country that produces variety of vegetables and fruits, most (95%) people do not consume enough fruits and vegetables as needed. As nautical country as well, the consumption of fish as a source of protein and unsaturated fat is low compared to its potential yields. There is also a sedentary life style and lack of physical activity that associated with increased cardiovascular disease.

Diet as part of a lifestyle plays an important role in preventing and managing modifiable risk factors for cardiovascular diseases, including consumption of food high in fiber, limiting saturated fat and reduce salt intake. Moreover, Indonesia has fermented foods such as tempeh and black sticky rice, which have the potential effect to reduce the incidence of the disease.

Many efforts has been done to prevent cardiovascular diseases, including a healthy diet campaign, namely ISI PIRINGKU (my plate). This guideline recommends consumption of high fiber from fruits and vegetables, limits foods high in cholesterol and saturated fatty acid and reduces intake of salt and sugar, both from salty/sugary foods and as an addition to food (seasoning). While the diet for people with heart disease is focused on providing adequate food without burdening the heart, losing weight for overweight patient, preventing or eliminating edema. Energy is calculated to meet the needs to achieve and maintain a normal body weight. Protein is 10 – 15 % and fat is 20-25 % of the total energy requirement, of which 10% comes from saturated fat and 10-15% unsaturated fat. If there is a condition of dyslipidemia, low cholesterol is given (< 200 mg/day), and low in salt (1.5 – < 2.3 gram/day) if there is a hypertension and edema. Food given should be easy to digest, small portions and frequent, and enough fiber. Culinary dietetic education and development is very important and needs to be improved in preventing and managing heart disease.

Key word: cardiovascular diseases, diet, my plate

September 12th (Sunday) Room 802

Lunch Symposium (II) – Tanabe 12:45-13:45

Lunch Symposium (II) - Tanabe

Time	S_No.	Topic & Speaker	Moderator
12:45-12:50		Opening Remarks	李貽恒 理事長
12:50-13:30	LS2-1	One Step Forward for Primary Prevention of CVD Professor Masato Odawara	黃建寧 教授
13:30-13:40		Panel Discussion & Closing Remarks	

Lunch Symposium (II)

Masato Odawara (小田原雅人)

Profile:

1980 Graduated School of Medicine and Faculty of Medicine, University of Tokyo
1990 Research Assistant, University of Tokyo Hospital
1992 Lecturer of Institute of Clinical Medicine, University of Tsukuba
1996 Clinical Lecturer of Medicine, Oxford University
2000 Director of the Department of Internal Medicine, Division of Endocrinology and Metabolism, Toranomon Hospital, Federation of National Public Service Personnel Mutual Aid Associations
2004 Director and Professor of the Third Department of Internal Medicine, Tokyo Medical University
2004 Guest Professor, Tokyo University of Pharmacy and Life Sciences
2009.9-2012.8 Executive Vice President of Tokyo Medical University Hospital

（Other posts）

Adjunct instructor of Kobe University School of Medicine
Adjunct instructor of Institute of Clinical Medicine The University of Tsukuba
Adjunct instructor of Yokohama City University School of Medicine
Adjunct instructor of Kagoshima University Faculty of Medicine
Councilor of The Japanese Society of Internal Medicine
Councilor of The Japan Society of Diabetic Complications
Councilor of The Japan Endocrine Society
Councilor of The Japan Society of Adult Diseases
Councilor of Japanese Society Molecular Medicine
Councilor of Japan Society of Metabolism & Clinical Nutrition
Certifying physician of Japan Society of Internal Medicine
Advising doctor of Japanese Society of Internal Medicine
Certified Diabetologist of Japan Diabetes Society
Advising doctor of Japan Diabetes Society
Doctor of Philosophy (Medical Science) (qualified by The University of Tokyo)

LS2-1

ONE STEP FORWARD FOR PRIMARY PREVENTION OF CVD

Masato Odawara

Tokyo Medical University

To be presented

September 12th (Sunday) Room 803

Symposium (III) 08:20-16:20

心血管疾病防治繼續教育課程

Time	S_No.	Topic	Speaker
08:20-08:30		Opening	李貽恒 理事長
08:30-09:20	S3-1	What is the Recommended Healthy Lifestyle for My Cardiovascular Disease Patients	吳彥雯 亞東醫院 心血管中心主任
09:20-09:30		Discussion	
09:30-10:20	S3-2	New Development of Dyslipidemia Treatment in 2021	陳柏升 成大醫院 心臟科主治醫師
10:20-10:30		Discussion	
10:30-11:20	S3-3	New Development of Hypertension Treatment in 2021	王宗道 台大醫學院 心臟內科教授
11:20-11:30		Discussion	
11:30-12:20	S3-4	New Development of Acute Coronary Syndrome Treatment in 2021	林肇鋒 馬偕醫院 心臟內科醫師
12:20-12:30		Discussion	
12:30-13:30		Lunch	
13:30-14:20	S3-5	New Development of Stroke Prevention For Atrial Fibrillation in 2021	趙子凡 台北榮總 心臟科主治醫師
14:20-14:30		Discussion	
14:30-15:20	S3-6	New Development of Peripheral Artery Disease Treatment in 2021	黃玄禮 台北慈濟醫院 心臟血管科主任
15:20-15:30		Discussion	
15:30-16:20	S3-7	New Development of Diabetes Treatment in 2021	王治元 臺大醫院 內科部副主任
16:20-		Discussion & Closing	

處方資訊摘要 **[本藥須由醫師處方使用]**

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2. 建議起始劑量: 每日兩次 100 毫克，依據患者耐受情況於 2-4 週後加倍劑量，達到每日兩次 200 毫克的目標維持劑量。
3. 未使用ACEI或ARB或使用低劑量前述藥物，建議之起始劑量為每日兩次 50 毫克，依據患者耐受情況，每 2-4 週加倍劑量，達到每日兩次 200 毫克的目標維持劑量。

腎功能不全：輕度或中度腎功能不全患者，不需要調整起始劑量。重度腎功能不全 (eGFR < 30 mL/min/1.73 m2) 患者之建議起始劑量，為每日兩次 50 毫克。依據患者耐受情況，每 2 至 4週加倍劑量，達到每日兩次 200 毫克的目標維持劑量。

肝功能不全：輕度肝功能不全患者 (Child-Pugh A)，不需要調整起始劑量，中度肝功能不全 (Child-Pugh B) 患者之建議起始劑量，為每日兩次 50 毫克，依據患者耐受情況，每 2 至 4 週加倍劑量，達到每日兩次 200 毫克的目標維持劑量。不建議重度肝功能不全患者(Child-Pugh C) 使用此藥物。

老年人：老年 (≥ 65 歲) 和極老年 (≥ 75 歲) 患者的藥物動力學並未觀察到相關差異。

懷孕及哺乳：用於懷孕女性會對胎兒造成傷害。不建議在哺乳期間接受本藥品治療。

禁忌症：對藥品中任何成份過敏的患者。過去使用 ACEI 或 ARB 治療曾有相關血管性水腫病史的患者。併用 ACEI；禁止在使用 ACEI 的36 小時內轉換至本藥物，或在使用本藥物的36 小時內轉換至ACEI。遺傳性血管性水腫。同時併用aliskiren 的糖尿病患者。

警語及副作用：胎兒毒性: 如果發現懷孕，應儘速停用本藥品，作用於腎素 - 血管收縮素系統的藥物會傷害發育中的胎兒，甚至導致胎兒死亡，不良反應包含血管性水腫、低血壓、腎功能不全以及高血鉀，血管性水腫: 若發生血管性水腫，請立即停用本藥品，提供適當治療，並監測呼吸道受阻的情形。日後不得再次給予。如果患者過去使用 ACEI 或 ARB 治療曾有相關血管性水腫病史或是有遺傳性血管性水腫，則不得使用本藥品。低血壓: 會使血壓下降，也可能造成有症狀的低血壓。腎素- 血管收縮素系統活化的患者，例如體液及/或鹽分流失 (如接受高劑量利尿劑治療) 的患者，其風險更高。腎功能不全:某些患者接受治療後，腎功能可能會下降，請密切監測血清肌酸酐，若患者發生具臨床意義的腎功能降低，應調降劑量或中斷 ENTRESTO®。本藥品用於雙側或單側腎動脈狹窄患者時，可能會增加血中尿素和血清肌酸酐濃度，應監測患者的腎功能。高血鉀: 本藥可能會發生高血鉀，應定期監測血清鉀離子濃度並適當治療，尤其是對於有重度腎功能不全、糖尿病、低醛固酮症或接受高鉀含量膳食等高血鉀風險因子的患者。

交互作用：禁止與 ACEI併用，避免併用ARB，糖尿病患者禁止併用aliskiren，腎功能不全(eGFR <60 mL/min/1.73 m2) 患者應避免併用 aliskiren，併用鉀離子保留利尿劑、鉀離子補充劑或含鉀的代鹽須留意血鉀升高。併用NSAIDs 以及COX-2 抑制劑需應定期監測腎功能，併用鋰鹽時，應監測血清鋰鹽濃度。

詳細資訊請參閱完整仿單以及衛生福利部核准之產品說明 (https://www.fda.gov.tw/mlms/H0001D.aspx?Type=Lic&LicId=52026670)

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第二十屆台北國際血管分子生物學研討會

The Annual Scientific Meeting of Taiwan Society of Lipids & Atherosclerosis 2021 and
The 20th Taipei International Vascular Biology Symposium