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H. 知的財産権の出願、登録状況

特になし。

厚生労働科学研究費補助金難治性疾患克服研究事業
研究課題：原発性高脂血症に関する調査研究
課題番号：H14-難治-11

研究目的

- 1) 高脂血症の診断指針と病態解析におけるゲノム解析の有用性の検討
- 2) ハイリスク高脂血症の診断と病態および発症要因に関する研究
- 3) 小児高脂血症におけるFCHLおよびFHの診断法の確立
- 4) 動脈硬化発症におけるHDLに関する研究
- 5) 高脂血症に関する各種検査法の実態調査

研究成果の概要

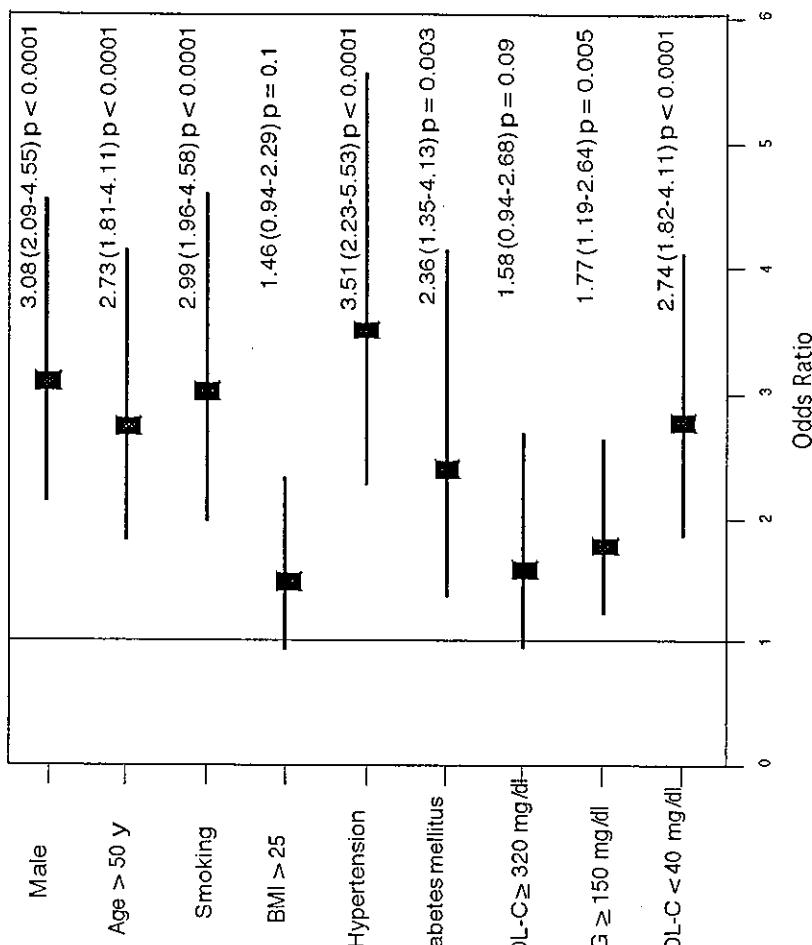
- 1) 日本人の高脂血症起因遺伝子異常、家族性高コレステロール血症（FH）、2000年調査解析のゲノムデータベースの作成を終了し公表した。一般住民のSNPs解析の中間解析を公表した。
 - 2) 家族性複合型高脂血症（FCHL）の診断基準に沿って実際に同定された症例の解析から、その有用性と今後検討する必要性のある項目が明確化された。
 - 3) 小児FHの診断基準(案)が作成された。小児のFCHLの診断基準が新たに必要なことが明らかになった。
 - 4) 低HDL血症の治療による心筋梗塞の予防効果のシミュレーションから、心筋梗塞の予防期待値はLDL低下を上回ることが明らかになった。
 - 5) LDL-コレステロール測定のための各々の直接法の比較から、標準化の問題点が明確になった。
- これらの研究成果の一部は、日本動脈硬化学会英文誌に発表され、遺伝子解析に関するデータベースは学会ホームページから閲覧可能となる。

高脂血症の診断指針と病態解析におけるゲノム解析の有用性の検討

—全国レベルの症例調査における家族性高コレステロール血症の集計—

- ・ 全国レベルの症例調査のデータベースから、家族性高コレステロール血症の病態が集計された。
- ・ 家族性高コレステロール血症本モニターリング接合体19症例、ヘテロ接合体641症例が登録された。
- ・ 原発性高脂血症起因遺伝子データベースが一般臨床現場からアクセス可能になり、家族性高コレステロール血症の診療における病態およびゲノム解析情報を組み入れることを可能にする。

図 FHにおける冠動脈疾患危険因子のオッズ比



高脂血症の診断指針と病態解析におけるゲノム解析の有用性の検討 —2000年調査解析—

- ・1960年より10年ごとに行われている西暦2000年の日本人の血清脂質調査の解析が集計された。約1万2千人の血清脂質調査のなかでイントフォームドコンセンントにより同意を得た2267名の遺伝子解析が行われ血清脂質との関連が解析された。

- ・脂質関連因子の変異である遺伝子多型と血中コレステロール、中性脂肪値との相関が明らかになった。
- ・日本動脈硬化学会英文誌に公表される (*J Atheroscler Thromb.* 2005 in press)。本データベースは学会ホームページにリンクされる。

	野生型	ヘテロ	ホモ
CETP 1452GA	99.5%	0.5%	0.0%
CETP D442G	92.6%	7.3%	0.1%
LPL S447X	78.0%	20.7%	1.3%
	B1/B1	B1/B2	B2/B2
CETP Taq1B	35.8%	48.4%	15.8%
	C/C	C/C	T/T
HTGL 514CT	24.9%	50.4%	24.7%
MTHFR	32.7%	49.0%	18.3%
C667T			
	C/C	C/G	C/G
ApoCIII Sst	42.0%	45.8%	12.2%

ハイリスク高脂血症の診断と病態および発症要因に関する研究 — 家族性複合型高脂血症(FCHL)の診断と病態 —

- ・家族性複合型高脂血症(FCHL)と診断された100症例の臨床像が解析された。

- ・異なった地区におけるFCHLの症例解析から、血清脂質、アポ蛋白の特徴が明らかになった。

- ・FCHLのアポB高値およびsmall dense LDLの存在の特異性を検討する必要がある。

- ・新FCHLの診断基準に沿った症例と家族歴から診断された症例の病態の比較が今後必要である。

- ・診断基準の普及により、冠動脈疾患の基礎疾患として最も頻度の高い高脂血症であるFCHLの治療体制の確立が可能になる。

表 1 FCHLの臨床像の比較

	千葉大学	金沢大学
年齢	60±8歳	52±2.8歳 (p<0.001)
BMI	24.9±3.3 kg/m ²	24.3±2.8 kg/m ² (ns)
TC	230±31mg/dl	235±35mg/dl (ns)
TG	255±131mg/dl	200±115mg/dl (<0.05)
LDL-C	138±31mg/dl	160±38mg/dl (<0.05)
HDL-C	46±12 mg/dl	44±14mg/dl (ns)
Apo A-I	133±22 mg/dl	122±29 mg/dl (<0.05)
Apo A-II	31±5.5 mg/dl	35±7.8 mg/dl (<0.05)
Apo B	136±23 mg/dl	135±30 mg/dl (ns)
Apo CII	5.7±2.2 mg/dl	6.7±2.9 mg/dl (<0.05)
Apo CIII	14±4.9 mg/dl	14±5.5 mg/dl (ns)
Apo E	6.5±2.1 mg/dl	5.7±1.8 mg/dl (<0.05)

小児高脂血症におけるFCHLおよびFHの診断法の確立

- ・幼児FHスクリーニング結果及び日本人学童の総コレステロール(TC)値から家族性高コレステロール血症(FH)の診断基準(案)を作成した。

1. 血清総コレステロール値220 mg/dl以上でIIaまたはIIbの表現型を示す。
2. 第1度近親者にFH確定診例がみられる。
3. LDL受容体の分析により受容体活性低下ないし異常が認められる。
1, 2を満たした場合FHと診断する。3は努力目標とする。

- ・この診断基準案の妥当性を全国アンケート調査により評価する必要がある。
- ・本診断基準の確定により、小児におけるFHの診断が可能になり早期からの動脈硬化性疾患の予防のためのフォローアップ体制が確立できる。

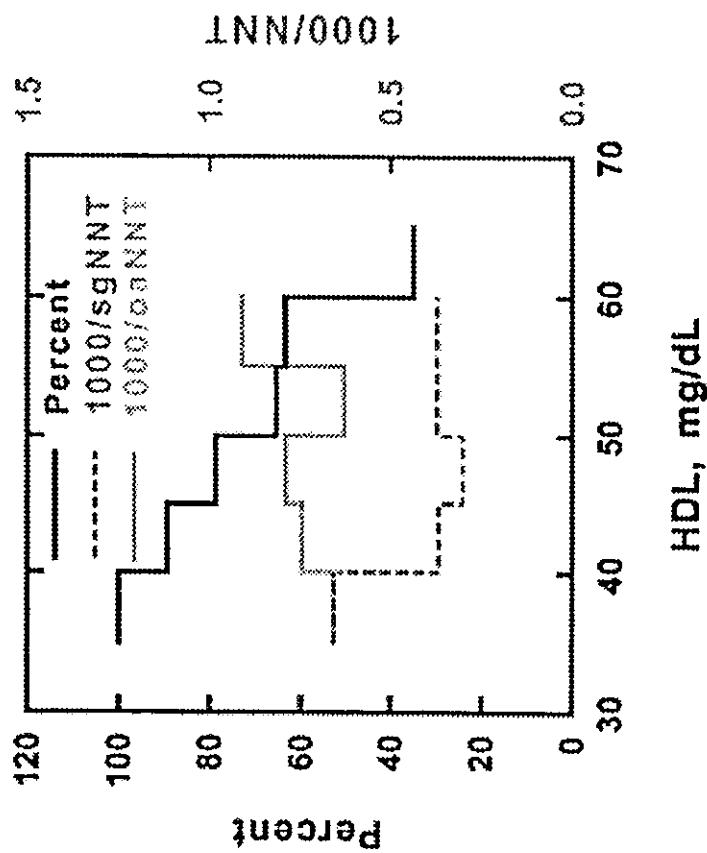
動脈硬化発症におけるHDLに関する研究

- 1990年の本研究による日本人の年齢別・性別のLDL、HDLの濃度分布と1995年の国勢調査による年齢・性別人口、及びJ-LITによる性別のLDL、HDL依存心筋梗塞発症率から、それぞれの低下・上昇による発症予防のNNNTを計算し、治療効率のシミュレーションを試みた。

• LDL低下による予防効率は目標が160 mg/dLより高ければHDLに勝るがそれ以下では急速に低下する。これに比べ、HDL上昇による予防効率は目標値に関わらず一定であった。その結果、LDL低下による心筋梗塞の最大達成率は40%、HDL上昇によるそれは65%と試算された。

• HDL増加をひき起こす治療は効果的であり今後の動脈硬化治療のターゲットとなる。

図 HDL低下による冠動脈疾患予防の治療効率



高脂血症に関する各種検査法の実態調査

我が国における動脈硬化学会による動脈硬化性疾患診療ガイドラインにおいてカテーテゴリー別にLDL-コレステロール治療目標値が設定され、日常臨床における測定の重要性が認識されている。

表1

対象血清の血清脂質

No.	T-CHO	TG	HDL	Midband	LDL	第一 計算式	第一 協和	和光
A-1	249	310	49	+	138	148	156.7	161.2
A-2	225	155	55	+	139	135	161.9	153.2
A-3	195	143	53	+	113.4	117	123.5	121.3
A-4	283	71	71	-	97.8	182	197.4	193.7
A-5	247	89	60	-	169.2	164	168.9	172.1
A-6	202	77	43	+	143.6	137	144.2	140.1
A-7	220	392	39	+	102.6	128	128.1	131.8
B-1	181	253	29	+	101.4	95	104	104.7
B-2	227	108	53	+	152.4	142	144.8	144.6
B-3	354	284	39	+	258.2	240	287.2	282.6
B-4	181	280	57	-	68	69	88.7	102.2
B-5	227	248	39	+	138.4	144	159.2	169.5
B-6	282	582	37	+	123.6	107	139.2	140.5
平均					142.35	140.6	154.14	155.19

LDL-C測定には、Friedewald式における計測に加え、直接法による測定が普及し、これらの標準化と有用性の検討が必要である。

同一脂質異常検体を、異なる直接法により測定した結果、各々、LDL-C値の差異のあることが明らかになった。測定方法によることが考えられ、LDL-C値に関する標準化が必要であることが明らかになった。

様々な症例の検体を用いた測定結果を比較検討することにより検討をすすめる必要がある。

II.研究成果の刊行に関する一覧表

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