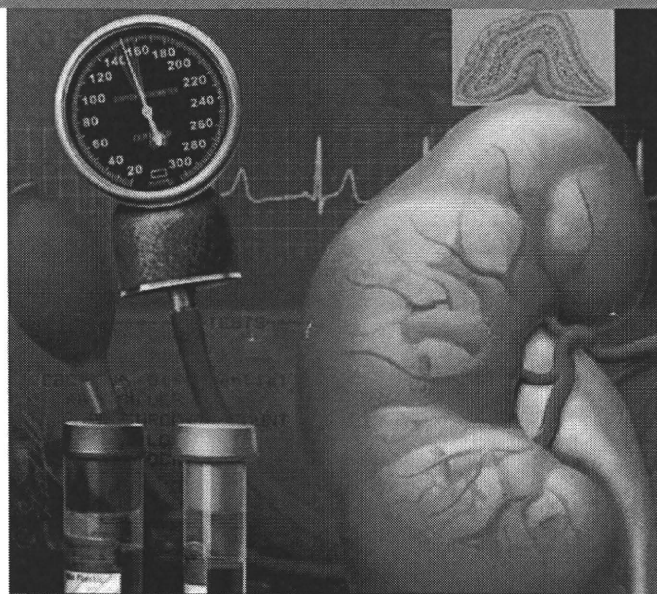


醛固酮與高血壓國際學術研討會

INTERNATIONAL SYMPOSIUM OF ALDOSTERONE AND HYPERTENSION



會議地點: 台大國際會議中心，205室

會議時間: 2011/3/27 (星期天)

主辦單位: 台大醫院內科部，台灣高血壓學會

協辦單位: 台灣腎臟醫學會，中華民國內分泌醫學會，台灣泌尿醫學會

贊助單位: 阿斯特捷利康藥廠/默沙東藥廠台灣分公司/

賽諾菲安萬特股份有限公司/台灣諾華藥廠/

台灣拜耳股份有限公司

醛固酮與高血壓國際學術研討會

Time	Topic	Speaker	Moderator
12:30-13:00	Reception		
13:00-13:10	Opening remarks		中華民國內分泌學會/張慶忠 理事長
13:10-14:00	Aldosterone and circadian clock: Link between biological rhythms and hypertension	Professor Hitoshi Okamura, Department of Systems Biology, School of Pharmaceutical Sciences, Kyoto University Kyoto, Japan	國立台灣大學醫學院附設醫院/ 腎臟科 吳寬墩教授
14:00-14:30	Common metabolic factors related to concomitant hypoadiponectinemia and hyperaldosteronism of metabolic syndrome	國立台灣大學醫學院臨床醫學研究所 國立台灣大學醫學院附設醫院 內分泌暨新陳代謝科 楊偉勛教授	國立台灣大學醫學院附設醫院/ 內分泌暨新陳代謝科 黃天祥教授
14:30-14:50	Coffee break		
14:50-15:20	Cardiac structure and texture change in primary aldosteronism- data from TAIPAI study group	國立台灣大學醫學院附設醫院/心臟科 林彥宏醫師	國立台灣大學醫學院附設醫院/ 心臟衰竭暨遠距醫療中心 何奕倫主任
15:20-15:50	Primary aldosteronism- the experience of Taiwan Primary Aldosteronism Investigator group (TAIPAI Group)	國立台灣大學醫學院附設醫院 雲林分院/腎臟科 郭錦輯醫師	國立台灣大學醫學院附設醫院/ 腎臟科 吳寬墩教授
15:50-16:20	Effect of renin inhibition on the renal disease progression in a mouse model of lupus nephritis	林口長庚紀念醫院/腎臟科 顏宗海醫師	林口長庚紀念醫院/腎臟科 洪振傑主任
16:20-16:50	Surgical treatment in primary aldosteronism: What methods do we have?	國立台灣大學醫學院附設醫院/泌尿科 王碩盟醫師	國立台灣大學醫學院附設醫院/ 泌尿科 余宏政教授
16:50-17:00	Closing remarks		中華民國內分泌學會/張慶忠 理事長

Curriculum Vitae

Hitoshi Okamura

Professor
Department of Systems Biology
School of Pharmaceutical Sciences
Kyoto University



Okamura's lab starts in 1995 in Kobe, when Hitoshi Okamura becomes a professor of the Department of Anatomy II in *Kobe University School of Medicine*. Thereafter, main theme is the molecular mechanisms of mammalian circadian clock. Before describing the achievements of the laboratory, its prehistory is described briefly.

In the Department of Anatomy II in *Kyoto Prefectural University of Medicine* (Professor *Yasuhiko Iwata*), Okamura encountered the dense cluster of vasopressin-intestinal peptide (VIP) producing neurons symmetrically located just dorsal to the optic chiasma, which strongly impressed the dignity of the suprachiasmatic nucleus (SCN) at 1883. At that time, we analyze SCN by histochemical and electron microscopic techniques. During these days, we had a great effort to establish two completely original methods which will be fruitful in later days. The first is the highly quantitative histochemistry (Brain Research, 1987; Mol Brain Res, 1995; J. Neurosci., 1997), and the second is the *in vitro* organotypic slice culture technique for the study of the SCN (Neuroscience, 1994; collaboration with Professor *Shizuchi Inoué*). At this time, we did not notice its powerfulness, but both two are flowered after 10 years when *mPer* genes are discovered.

In France in Lyon and Gif-sur-Yvette supported by INSERM and CNRS (1987-1989) (Professors *Michel Jourvet*, *Robert Naguel*), we found that virtually all SCN neurons are GABAergic.

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平成 22 年 11 月 16-21 米国腎臓学会総会 Renal Week 2010 (Denver, USA) 抄録資料, Okamura H, The molecular link between the circadian clock and hypertension.

SATURDAY, NOVEMBER 20, 2010

2:00 pm - 4:00 pm Basic and Clinical Science Symposium

Blood Purification in Sepsis
Room 110A

Recently our concept of renal replacement therapy has expanded and is now considered renal support therapy. Recent data suggests that removing proinflammatory mediators and toxins can exert a significant impact on the treatment of critically ill patients.

Upon completion of this symposium, the participant will be able to update the audience on recent technological advances in the treatment of critically ill patients.

Moderators:
 Richard A. Paganoni MD, FASN
 Lutz G. Chertow MD

2:30 pm - 2:50 pm **Endotoxin Removal Using Polymyxin B Hemoperfusion: Results of the EUPURAS Trial**
 Claudio Ronco MD

2:50 pm - 3:05 pm **Blood Purification as a Treatment for Sepsis: Can It Really Work?**
 John A. Kellum MD

3:05 pm - 3:20 pm **Bioartificial Kidney as a Treatment for Sepsis**
 David Holmes MD

3:20 pm - 4:00 pm **Polysulfone Membrane Hemofiltration**
 Patrick Heine

2:00 pm - 4:00 pm Basic and Clinical Science Symposium

Ciliary Dysfunction and Renal Disease
Room 117

Investigative studies highlight the growing recognition of cilia as fundamental to cilia cell function. In this symposium, some of the primary renal and systemic consequences of ciliary dysfunction will be discussed by leading experts in the field.

Upon completion of this symposium, the participant will be able to recognize and discuss the key role of cilia in the maintenance of cell functions.

Moderators:
 Gregory D. Gamba, MD
 Lutz P. Heine, MD, PhD

2:00 pm - 2:20 pm **Hepatorenal Fibrocystic Disease Phenotypes: Pathogenic Mechanisms and Changes in Cationic Ciliary Pathways**
 Lutz P. Heine, MD, PhD

2:20 pm - 2:30 pm **Developmental Abnormalities Related to Ciliary Dysfunction**
 Gregory J. Plonik, PhD

2:30 pm - 3:20 pm **Multi-system Disorders Caused by Ciliary Dysfunction**
 Nicholas Katsirili, PhD

3:20 pm - 4:00 pm **Acute Kidney Injury and Primary Apical Cilia**
 Victor Poser, MD

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SATURDAY, NOVEMBER 20, 2010

2:00 pm - 4:00 pm Basic and Clinical Science Symposium

Clock Genes and Blood Pressure Regulation
Room 112

Daily rhythms, mediated by a self-sustained intracellular clock, controls many specific physiological functions. Circadian variation in blood pressure is among the most recognized circadian rhythm in physiology. Reduction of circadian variation in blood pressure has been suggested to be a strong predictor of cardiovascular events. However, investigations do not fully understand whether or not circadian clock malfunction contributes to hypertension.

Upon completion of this symposium, the participant will be able to highlight the role of clock genes in the regulation of blood pressure and water and electrolyte transport in the kidney.

Moderators:
 Andrew S. Koza, PhD
 Charles H. Wang, MD

2:30 pm - 2:50 pm **Coordinate Regulation of Sodium Transport Genes by the Circadian Clock**
 Proteina Patel
 Michelle Kozma, PhD

2:50 pm - 3:05 pm **Wnt/PCP Signaling Regulation of Circadian Variations of Blood Pressure and Metabolism**
 Stephen Wang, MD

3:05 pm - 3:20 pm **Novel Molecular Link Between the Circadian Clock and Hypertension**
 Huijun Chen

3:20 pm - 4:00 pm **Regulation of Renal Functions by Clock Genes**
 David Franco

2:00 pm - 4:00 pm Basic and Clinical Science Symposium

ESRD: When and Who to Dialyze
Room 115

The "when" of End-stage Renal Disease is driven partly by expansion of the population for whom dialysis is offered. This includes initiating dialysis earlier in the progression of CKD, and initiating dialysis for crossing home care. The when of dialysis is also driven by the expansion of the population for whom dialysis is offered. The decision to offer renal replacement therapy to individuals with acute kidney injury is also highly subjective, with important medical resource implications. This symposium discusses practice variations with regard to treatment of ESRD, emerging data concerning initiation of dialysis at higher GFR, new information regarding outcomes of dialysis for residents of nursing facilities, and information about acute dialysis and medical facility.

Upon completion of this symposium, the participant will be able to learn about the appropriate GFR to start dialysis and appropriate groups in whom dialysis may be useful.

Moderators:
 Mark A. Paganoni MD, FASN
 Robert A. Young, MD

2:00 pm - 2:20 pm **Starting and Withdrawing Hemodialysis - Associations Between Nephrologists' Opinions, Patient Characteristics, and Practice Patterns**
 Shun-ji Hironaka, MD, FASN

2:20 pm - 2:30 pm **What is the Right GFR to Start Chronic Dialysis?**
 Charles H. Wang, MD

2:30 pm - 2:50 pm **Functional Status of Elderly Adults before and after Initiation of Dialysis**
 Merilee Pascale Tamura, MD

2:50 pm - 4:00 pm **Identifying Critically Ill Patients with Acute Kidney Injury for ESRD Renal Replacement Therapy in Hospice: An Exercise in Futility?**
 Zeph Gruneir, MD

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