



臺北醫學大學 泌尿腎臟研究中心 會議記錄

時間：**111年11月10日(星期四) 13:00-14:00**

地點：視訊會議-(請以正式全名登入會議室，以利進行會議簽到)

使用 Google Meet (會議前 10 分鐘即開啟會議室)

會議室連結：<https://meet.google.com/ovf-svmp-egs>

(敬略稱位)

會議主席：吳麥斯

與會人員：

【附醫】劉明哲、葉劭德、吳建志、林孝友、吳政誠、張景欣、陳偉傑、顧芳瑜、羅詩修、方德昭、陳錫賢、林彥仲、吳岳霖、高治圻、陳靜怡、葉曙慶、戴定恩

【萬芳】溫玉清、李良明、林克勳、林雍偉、蕭志豪、許軒豪、賴宗豪、鄭仲益、陳作孝、蘇裕謀、劉崇德、楊韻紅、李明哲、鍾卓興

【雙和】吳佳璋、陳冠州、劉家宏、江怡德、林佳達、鄒凱亦、高偉棠、胡書維、魏汶玲、吳美儀、洪麗玉、鄭彩梅、邱怡仁、陳佑璋、廖家德、游博翰、陳正憲、邱惠雯

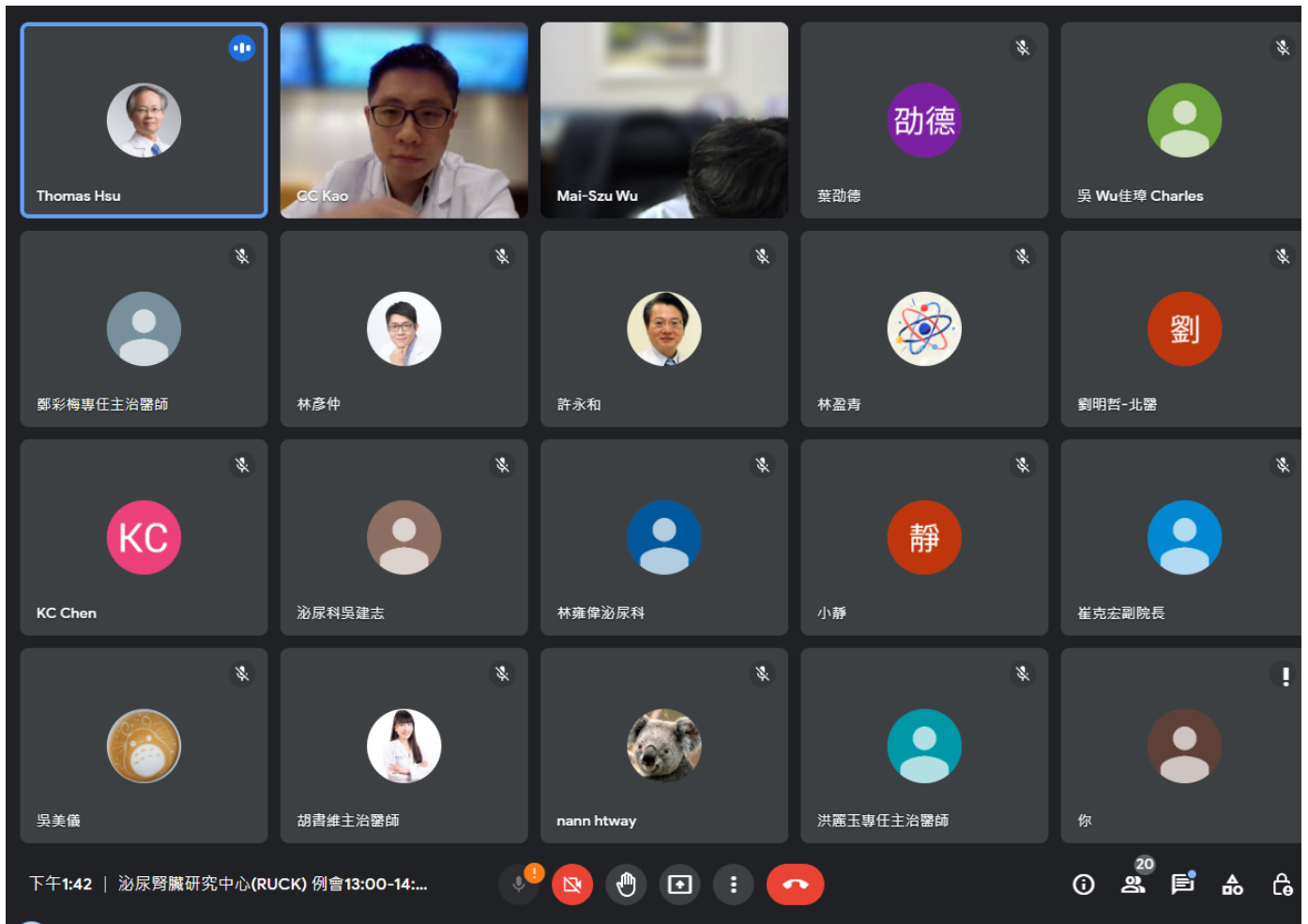
【新國民】許永和、鄒居霖

長官指導：

林建煌校長、李岡遠研發長、許志成教授、崔克宏副院長、陳瑞明所長

議程：

一、慢性腎病團隊、重症腎病團隊小組報告



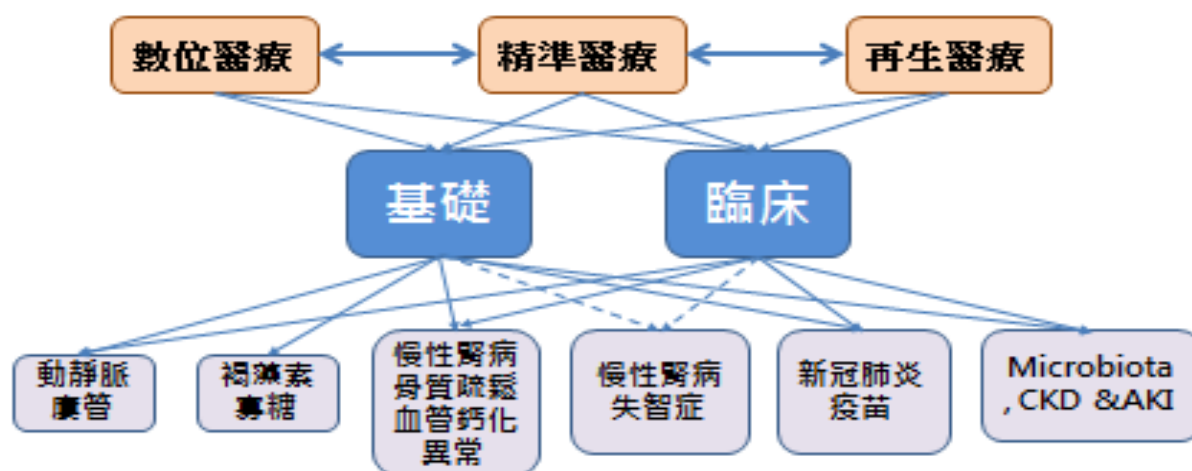
台北醫學大學-腎臟內科

TMU-RCUK慢性腎病團隊

鄭彩梅
2022-11-10

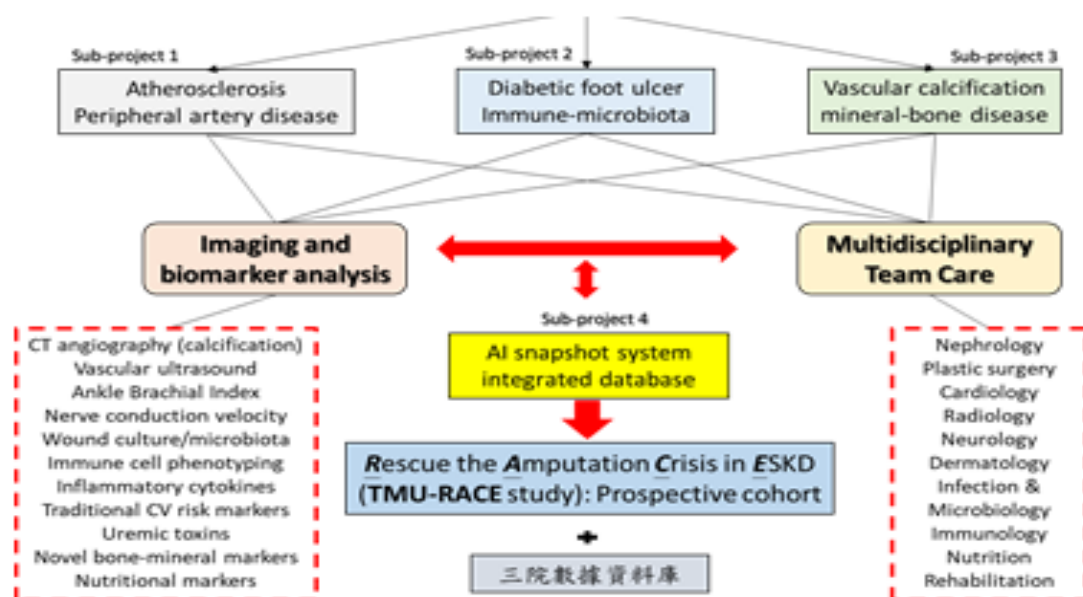
組長: 鄭仲益 (萬芳醫院)
組員: 萬芳: 蘇裕謀、吳欣怡
北醫: 林彥仲、葉曙慶
雙和: 鄭彩梅、廖家德、宋立勤
新國民: 許永和、鄧居霖

慢性腎病研究團隊發展架構

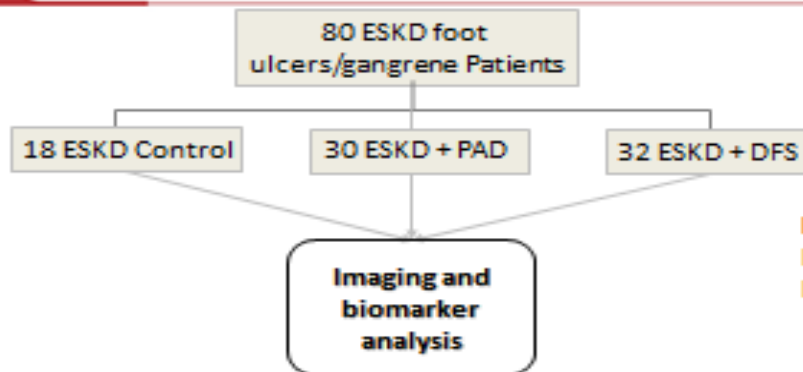


慢性腎臟病導致礦物質與骨骼代謝血管鈣化異常

**Tackling the challenging diabetic foot syndrome in CKD:
From integrated imaging and biomarker analysis to multidisciplinary care**



Clinical study: Preliminary Data



ESKD= end stage kidney disease
PAD= peripheral artery disease
DFS= diabetic foot syndrome

Noninvasive tests

- Ankle-brachial index (ABI)
- Vascular duplex
- Bone Mineral Density (BMD)

Invasive tests

- Computed tomography angiography

Biomarkers detection

- Vascular calcification markers: MGP, Ho-1, AHSG, ADMA, ADAMTS7
- Bone biomarkers: FGF 23, CTX-1, PINP

Future perspectives

三院臨床資料庫分析

- Clinical outcomes (hip fractures, CV & all cause mortality) in PAD patients with/without diabetes mellitus

Preliminary Data

- Etelcalcetide improves bone anabolism by a dual mechanism on bone cells, inhibiting osteoclast differentiation and increasing osteoblast maturation and differentiation
- The underlying novel pathways might be through regulation of the cellular energy metabolism, immunity and inflammatory pathways in CKD-MBD-related bone loss

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Undergoing clinical studies

計畫名稱：

- Melatonin 對透析患者骨代謝的影響：敏盛綜合醫院-臺北醫學大學 研究計畫 (共同主持人)
- 健康識能與智慧手環介入對於我國高齡洗腎病患身體活動量改善之重要因子及成效初探 (TMU-JIRB編號：N202111046) (臺北醫學大學醫學科技學院健康資訊科技國際研究中心黃芝瑋) (共同主持人)
- Melatonin 通過調控Nrf2/HO-1和NLRP3 inflammasome路徑抑制氧化壓力和發炎反應改善腎骨病(111-2314-B-282-001-) 國科會 2022/08/01~2023/07/31 (共同主持人)
- Etelcalcetide 經由調控DUSP4和TRAF3路徑於慢性腎臟疾病-礦物質骨病變可改善硫酸??酚引起的低骨轉換率(110-2314-B-038-075-MY3) 國科會 2021/08/01~2024/07/31 (主持人)

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台北醫藥大學
泌尿腎臟研究中心
TMU Research Center of
Urology and Kidney



臺北醫學大學
TAIPEI MEDICAL UNIVERSITY

重症腎病團隊

報告人：高治圻
111.11.10

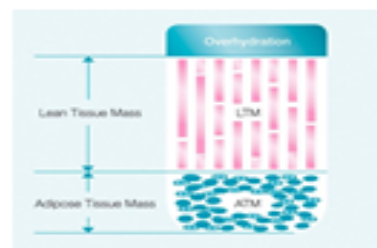
Unmet need in ICU



- Optimal fluid management during AKI ?
- Ultrafiltration amount in AKI-D ?



- BCM[®] (Body composition monitor)
 - Overhydration (OH 多餘水分)
 - **Lean tissue mass (LTM 瘦體組織)**
 - Adipose tissue mass (ATM 脂肪組織)



<https://www.freseniusmedicalcare.com>

Question



- High prevalence of muscle wasting (sarcopenia) in critical-ill patients; and it is associated with poor outcomes
- Is “sarcopenia change” a good predictor for renal outcomes in critical-ill AKI patients?

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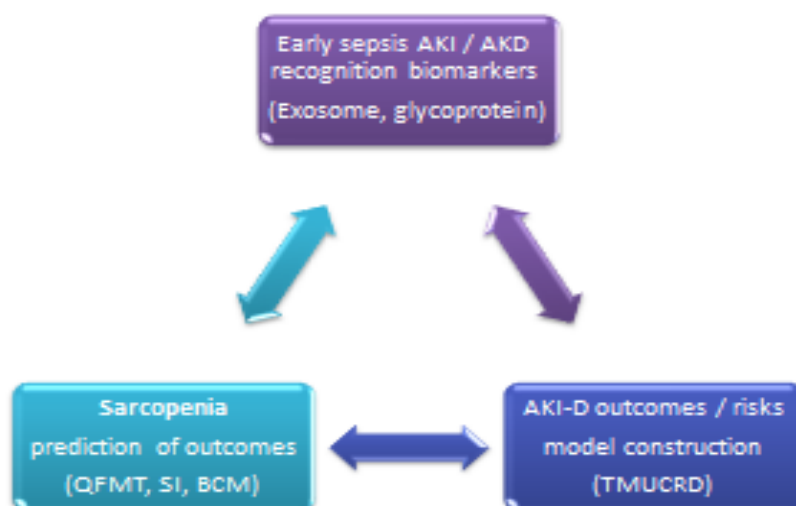
Proposal



- P: critical-ill AKI patients
- I: quadriceps femoris muscle thickness (QFMT) by sonography, serial follow-up (**D1, D8**)
- C: body composition monitoring (BCM) or sarcopenia index (Scr/CysC)
- O: kidney function recovery, MAKE (major adverse kidney events), ICU mortality

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Critical-ill AKI patients



* TMUCRD: TMU-Clinical Research Database

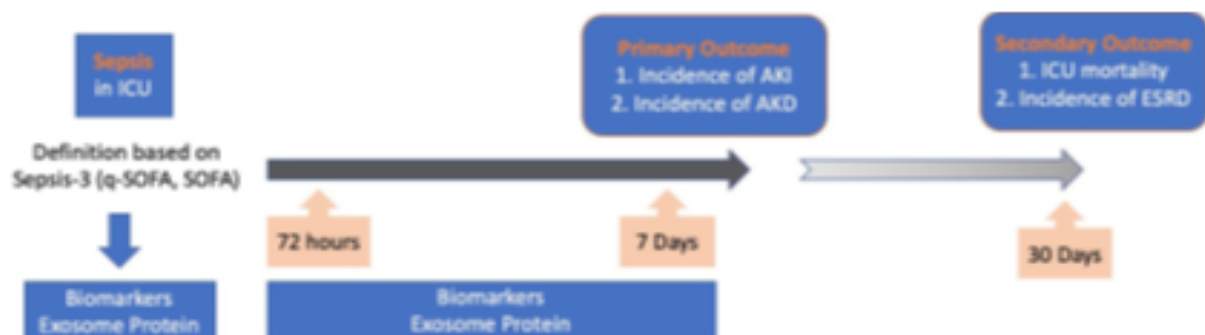
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Early AKI / AKD recognition biomarker



Patient enrollment IRB 110/8/20已通過→到111/11/08為止、已收案30個病人

We enroll critical-ill patients aged 20-80 years with the diagnosis of sepsis, without a history of malignancy, ESRD and organ transplantation. Sepsis is defined by 1. microbiological proof (cultures) or 2. suspicion of sepsis + >2 SOFA score. Patients will be divided into 2 groups, 1: septic AKI (n=100), 2: septic non-AKI (n=100)



Plasma and Urine samples are collected on Day 1, Day 4, and Day 8.

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