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Division of Cardiology

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General Summary

We have 6 research groups across the broad field of cardiology. In these study groups, we have been studying the problems that face us in clinical practice. Our research is based on clinical studies that use a large database we have been developing. Specifically, we have recently used covariance structure analysis as a new solution for action assignments. Basic research is also performed to solve clinical questions.

Research Activities

Ischemic Heart Disease Research Group

Through examination and treatment, we are creating a database of all patients and are researching the relationship of risk factors for ischemic heart disease, treatment, prognosis, and other factors and hope to publish our findings. In addition, transcatheter aortic valve implantation was started in 2015, and we are investigating for our own data. We are giving presentations at all conferences we attend, including those overseas.

We are focusing on performing physiological examinations to evaluate myocardial ischemia. In particular, we evaluate functional ischemia by measuring the fractional flow reserve, the instantaneous wave-free ratio, and the resting full-cycle ratio. We are researching a prognostic evaluation and the relationship with many factors through physiological results. In percutaneous coronary intervention, the placement of drug eluting stents (DESs) is now mainstream. Considering the long-term results of and research on each DES, we are selecting appropriate DESs. Through the use of imaging devices, such as intravascular ultrasound and optical coherence tomography/optical frequency domain imaging, we are improving treatment results and clarifying the pathogenesis of coronary artery disease. Optical coherence tomography, angiosynchronization, and instantaneous wave-free ratio angiosynchronization have recently been available, and they would be useful methods for further treatment improvement. We are also participating in ongoing multi-institutional research studies and are contributing to the creation of new evidence by participating in national-scale clinical research at our hospital.

Arrhythmia Research Group

We are conducting clinical research based on electrophysiological examination for all

supraventricular and ventricular arrhythmias. In clinical practice, atrial fibrillation (AF) accounts for the majority of arrhythmias; therefore, our main research focuses on AF. Although catheter ablation is now a curative therapy for AF, its safety and success rate are still insufficient; therefore, we provide new findings at home and abroad by conducting various clinical research studies.

With regard to paroxysmal AF, several balloon technologies, including the cryoballoon, hot balloon, and laser balloon, have been emerging, and a high success rate, equivalent to that of radiofrequency ablation, has been reported. However, the data regarding complications (such as pulmonary vein stenosis, phrenic nerve and esophagus injury, and asymptomatic cerebral infarction) and long-term outcomes after catheter ablation according to different ablation methods are still limited. In addition, we have investigated the clinical and procedural factors associated with AF recurrence and complications to clarify the optimal treatment for each patient. On the other hand, ablation therapy for persistent and chronic AF has not been established. We aim to clarify the mechanisms of AF with various mapping systems and to evaluate and compare the therapeutic effects by modifying AF substrates among various ablation strategies.

In our team, catheter ablation therapy for arrhythmias has been the main subject, and we always aim to provide patients with the best treatment by adopting the novel therapies and investigating various clinical data.

Heart Failure Research Group

1. Study group on heart failure

Since last year, we have constructed and updated a database of approximately 4,800 patients who have been hospitalized for cardiac catheterization and treatment. This database has been analyzed with structural equation modeling or covariance structure analysis by adjusting analysis of moment structures, a statistical analysis method that has previously been known but has been rarely reported to be used in cardiovascular medicine. In particular, we have analyzed the relationships of clinical factors that cannot be expressed by multivariate statistical analysis alone, focusing on statistical analysis research on clinical data, including plasma B-type (brain) natriuretic peptide. With a path diagram the visual understanding of the relationships among factors is simplified and the multiple regression analysis and path analysis (repetition of multiple regression analysis) with factors and confirmatory factor analysis are made easier. In addition, Bayesian structure equation modeling successfully describes these results and is expected to be a next-generation statistical procedure for large clinical trials. Subsequently, we performed a detailed data analysis of chronic heart failure and published various analytic results, such as anemia and heart failure and the relationship of uric acid levels and cardiac function. We will promote clinical research widely based on the experience acquired from daily clinical practice. With regard to the mechanism of these findings, they are being clarified with basic research.

Imaging Research Group

1. Study group on imaging

With the increasing number of cases involving transcatheter aortic valve replacement,

also vital as preoperative examinations for evaluating the aortic valve are cardiac computed tomography and echocardiography. From this valuable case information, we are seeking research agendas for clinical studies. Through other imaging methods, such as cardiac magnetic resonance imaging and myocardial isotope tests, we are continuing to seek research agendas for clinical studies and to analyze cardiomyopathy and arrhythmias. We have also been investigating cardiac function in patients with lysosome diseases, especially Fabry's disease, in collaboration with the Department of Pediatrics.

Molecular Biology Research Group

In addition to the various effects of natriuretic peptides (NPs) on cardiovascular systems, increasing attention is being paid to the possibility that NPs induce adipose tissue browning and activate thermogenic program. We established a direct intracellular temperature measurement system using a fluorescent thermoprobe and investigated the thermogenic effects of A-type (atrial) natriuretic peptide (ANP) on brown adipocytes. The thermoprobe was successfully introduced into rat brown adipocytes, and the temperature-dependent change in the fluorescence intensity ratio was significantly higher in ANP-treated adipocytes than in untreated controls. The ANP treatment increased levels of uncoupling protein 1 in a p38 mitogen-activated protein kinase-dependent manner. Intriguingly, these thermogenic actions of ANP were more prominent when brown adipocytes were incubated at 35°C than at 37°C. These findings reveal a previously underappreciated role for NPs in the compensatory thermogenic action when the core body temperature decreases owing to unfavorable hemodynamic conditions in a state of severe heart failure. We are now investigating whether ANP exerts significant effects on adipose tissues *in vivo*.

Although fatty acids are involved in the predominant metabolic pathway of the healthy adult heart, glucose becomes an important preferential substrate for metabolism under specific pathological conditions, such as ischemia-reperfusion injury. We have previously reported that sodium glucose co-transporter (SGLT) 1 is expressed at high levels in both human and murine hearts and have found in a murine Langendorff model that cardiac SGLT1 significantly contributes to cardioprotection against ischemia-reperfusion injury. We are now investing the regulation and functional significance of cardiac SGLTs under insulin-resistant conditions.

Cardiac Physiology Research Group

By examining human hearts obtained at autopsy, we have found, with an immunohistological method, the presence of thrombin, the final product of the coagulation cascade. Coagulability is increased in patients with dilated cardiomyopathy (DCM). In knock-in mice with a cardiac troponin T deletion mutation that causes human DCM (Δ K210 knock-in mouse (B6; 129-Tnnt2^{tm2Mmt0})), we assessed the effects of a direct thrombin inhibitor, dabigatran. Dabigatran significantly improved fractional shortening in echocardiographic findings and survival outcomes. From these results, we conclude that tissue thrombin is involved in the pathogenesis of DCM and that thrombin inhibition can be beneficial for the treatment of DCM. To investigate the hemodynamics of thrombin, HiLyteTM-thrombin (AnaSpec, Fremont, CA) was administered to mice so that whole *in-vivo* imaging could be performed. The HiLyteTM-thrombin was internalized to hearts and livers. Because we

did not detect messenger RNA of prothrombin in heart tissue by means of real-time polymerase chain reaction, we believe that the tissue thrombin is derived not from the heart (namely internal prothrombin) but from blood.

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