Hotlines in Cardiometabolic Disease

[台北場]
時間：114 年 1 月 12 日(星期日) 09:00-12:00
地點：台北張榮發會議中心 7 樓 703 會議室(台北市中山南路 11 號)

Time	Topic	Speaker	Chair
09:00~09:10 (10")	Opening Remarks	李貽恒	
09:10~09:40 (30")	Obesity, Diabetes and Cardiovascular Diseases	洪崇烈	王俊傑
09:40~10:10 (30")	Mechanism of Incretin-based Therapy including GLP-1 & GIP	吳卓鍇	王俊傑
10:10~10:20 (10")	Healthy Break		
10:20~10:50 (30)	Evidence of GLP-RA	宋思賢	林宗憲
10:50-11:20 (30")	Evidence of Dual GIP/GLP-1 RA	徐千彝	林宗憲
11:20~11:50 (30")	Panel Discussion	林宗憲	
11:50~12:00 (10")	Closing Remarks	謝宜璋	

洪崇烈 醫師

現職：
馬偕紀念醫院遠距暨居家照護中心主任
馬偕紀念醫院心血管中心 超音波影像學兼遠距醫療主任
馬偕紀念醫院心血管中心 心臟衰竭暨影像醫學科主任
馬偕紀念醫院心血管中心 資深主治醫師
教育部部定教授
馬偕生醫所教授
中華民國醫用超音波學會監事
台灣心臟超音波學會監事
台灣老人急重症醫學會副秘書長
中華民國心臟學會心臟影像委員會委員
中華民國心律學會植入性心臟儀器委員會委員
中華民國心臟學會(TSOC)、中華民國醫用超音波學會(JMU)、老人急重症(IJG)等雜誌編輯

主要學歷：
國立臺灣大學醫學院醫學系 醫學士
國立臺灣大學公共衛生學院 碩士
國立陽明大學臨床醫學研究所醫學博士
美國梅奧醫院(Mayo Clinic)心臟衰竭中心訪問學者
美國哈佛大學 Brigham and Woman's Hospital 研究員及訪問學者

主要經歷：
中華民國內科專科指導醫師
中華民國心臟內科專科指導醫師
中華民國醫用超音波學會指導醫師
台灣心臟超音波學會指導醫師
心臟電生理暨介入治療專科醫師
台灣心血管介入專科醫師
馬偕紀念醫院 心臟內科總醫師
馬偕紀念醫院 內科住院醫師
台灣大學附設醫院 實習醫師

主項目或專長：
心血管影像及功能評估、心臟超音波學、心衰竭、心肌病變、植入式心臟儀器監測、遠距醫療

履歷表

(1)主要學歷

畢業學校	主修學門系所	學位
國立臺灣大學	醫學系	學士 1995~2002
國立臺灣大學	臨床醫學研究所碩士	碩士 2005~2007
國立臺灣大學	臨床醫學研究所博士	博士 2009~2013
美國史丹佛大學	幹細胞中心	博士後研究 2018/12~2019/12

(2)現職

服務機關	服務部門／系所	職稱	
現職：臺大醫院	心臟內科	主治醫師	2007/7 迄今
臺大醫學院	內科部	臨床教授	2021/7 迄今
教育部		部定教授	2021/7 迄今
經歷			
美國史丹佛大學幹細胞中心	心血管中心	研究員	2018/12 至 2019/12
美國梅約診所	心臟科	訪問醫師	2019/9~2019/9
臺大醫院雲林分院	心臟內科	主治醫師	2007/7 至 2011/6
台灣大學醫學院	內科部	臨床副教授	2017/8 至 2021/7
台灣大學醫學院	內科部	臨床助理教授	2013/8 至 2017/7
台灣大學醫學院	內科部	兼任講師	2009/8 至 2010/7

以第一或通訊作者發表 SCI 論文 70 餘篇包括 Journal of the American College of Cardiology (JACC), JACC cardiovascular intervention, JACC Asia, European Journal of Heart Failure, Critical Care Medicine, Journal of Internal Medicine……等雜誌，研究領域專精於 Heart failure with preserved ejection fraction 之臨床及分子機制研究。

(宋思賢醫師) Shih-Hsien Sung, M.D., Ph.D.

Present position:
Professor, Institute of Emergency and Critical Care Medicine, National Yang Ming Chiao Tung University
Director of General Clinical Research Center, Department of Medical Research, Taipei Veterans General Hospital, Taiwan
Attending Physician, Division of Cardiology, Taipei Veterans General Hospital, Taiwan

Education:

	Postgraduate Research Training
2011-2015	Department of Public Health, National Yang-Ming University, Taipei, Taiwan
	Doctor of Medicine
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
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
2012-present	Member of Heart Failure Committee, Taiwan society of cardiology
2012-present	Member of Pulmonary Artery Hypertension Committee, Taiwan society of cardiology
2018-present	Member of Structural Heart Disease Committee, Taiwan society of cardiovascular intervention
2022-2024	Member of Structural Heart Disease Committee, Taiwan society of cardiology

姓名：徐 千 彝 **(Chien-Yi Hsu)**

學歷：

1. 國立陽明大學醫學士
2. 國立陽明大學臨床醫學研究所博士

現職：

1. 臺北醫學大學附設醫院心臟內科專任主治醫師
2. 臺北醫學大學附設醫院研究部副主任
3. 臺北醫學大學附設醫院心臟內科心臟衰竭組主任
4. 臺北醫學大學專任副教授
5. 教育部部定副教授 (副字第 151134 號)
6. 台灣高血壓學會 THS (第八屆、第九屆) 理事，教育委員會委員(第七屆、第八屆、第九屆)
7. 台灣心肌梗塞學會 TAMIS 副秘書長(第二屆)，國際委員會主任委員(第二屆)
8. 臺灣介入性心臟血管醫學會 TSCI 研究暨登錄委員會委員，公共醫療政策委員會委員 (第十屆)10. 內科專科醫師甄審委員會資格審查小組委員 (2021, 2022, 2023, 2024)
11. 歐洲心臟學會會士 (FESC, Fellow of European Society of Cardiology)
12. 亞太心臟學會會士 (FAPSC, Fellow of Asian Pacific Society of Cardiology)

經歷：

1. 台北榮民總醫院內科部住院醫師、住院總醫師、內科部主治醫師
2. 台北榮民總醫院玉里分院心臟內科主治醫師
3. 台北榮民總醫院心臟內科特約醫師
4. 國立陽明大學內科學系兼任講師
5. 美國加州大學聖地牙哥分校 (UCSD) 短期進修醫師
6. 史瓦帝尼王國 (Kingdom of Eswatini) 王室醫療團醫師
7. 臺北醫學大學附設醫院特等病房主任、君蔚國際病房主任
8. 中華民國心臟學會 TSOC (第二十八屆) 青年工作小組主任委員

Mechanism of Incretin-based Therapy including GLP-1 & GIP

吳卓鍇醫師

台大醫院心臟血管中心

Glucagon-like peptide-1 receptor agonists (GLP-1RAs) have emerged as promising therapeutic agents for heart failure (HF). These medications, initially developed for the treatment of type 2 diabetes, have been shown to exert cardioprotective effects beyond their glycemic control benefits. Today's speech will discuss the results of key clinical trials investigating the use of GLP-1RAs in HF.

FIGHT Trial

The the Functional Impact of GLP-1 for Heart Failure Treatment (FIGHT) trial was a large-scale, randomized controlled trial that evaluated the efficacy of liraglutide in patients with HF with reduced ejection fraction (HFrEF). The primary endpoint was the composite of cardiovascular death and hospitalization for HF. Liraglutide did not significantly reduce the risk of the primary endpoint, and it also did not improve several secondary outcomes, including quality of life, exercise capacity, and certain biomarkers of heart failure.

LIVE Trial

The Effect of Liraglutide on Left Ventricular Function in Stable Chronic Heart Failure Patients with and without Diabetes (LIVE) trial was another multicentre, dou ble-blind, randomised, placebo-controlled clinical trial to investigate the effects of liraglutide in patients with HFrEF. The primary endpoint was the change of LVEF after 24 weeks treatment of liraglutide. Similar to FIGHT trial, liraglutide failed to improve LVEF in patients with HFrEF.

Summary of Clinical Trial Results

Overall, the results of clinical trials investigating the use of GLP-1RAs in HF have been mixed. While some studies have shown benefits in terms of reducing cardiovascular events, improving quality of life, and enhancing exercise capacity, others have not. The reasons for these discrepancies may be related to differences in patient populations, study designs, and the specific GLP-1RA used.

Implications for Clinical Practice

Despite the mixed results, GLP-1RAs may still have a role to play in the management of HF. For obese patients with HFmrEF and HFpEF, semaglutide appears to be a promising therapeutic option. However, the optimal use of GLP-1RAs in HF remains to be determined.

Evidence of GLP-RA

宋思賢 醫師

台北榮民總醫院心臟血管內科

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) have become essential therapies for type 2 diabetes mellitus (T2DM) due to their multifaceted benefits. Beyond improving glycemic control via glucose-dependent insulin secretion, GLP-1 RAs offer significant cardiovascular and renal protection. Landmark trials such as LEADER, SUSTAIN-6, and REWIND demonstrated that agents like liraglutide, semaglutide, and dulaglutide reduce HbA1c levels while lowering the risk of major adverse cardiovascular events (MACE), including cardiovascular death, myocardial infarction, and stroke. These findings make GLP-1 RAs a preferred option for diabetic patients at high cardiovascular risk.

In chronic kidney disease (CKD), GLP-1 RAs effectively slow disease progression. Trials such as FLOW (semaglutide) and AMPLITUDE-O (efpeglenatide) showed reductions in albuminuria, slower GFR decline, and decreased risk of kidney failure. These benefits are mediated through glycemic control, blood pressure regulation, anti-inflammatory effects, and direct renal actions. Consequently, GLP-1 RAs are increasingly critical for managing diabetic kidney disease.

For obesity management, GLP-1 RAs have been transformative. They suppress appetite and enhance satiety, leading to significant weight loss. The STEP trials (semaglutide) demonstrated substantial weight reductions. These results position GLP-1 RAs as leading pharmacological options for obesity, with additional benefits of improved metabolic health and reduced cardiovascular risk.

Emerging evidence suggests a role for GLP-1 RAs in heart failure, particularly in reducing hospitalizations for preserved or reduced ejection fraction.

In summary, GLP-1 RAs have evolved from diabetes treatments to versatile agents addressing hyperglycemia, obesity, cardiovascular risk, and CKD. Their broad therapeutic applications underscore their importance in managing complex cardiometabolic conditions, with ongoing research likely to expand their potential further.