Breakfast Symposium 4

Chairperson

Sung Ho Han
Dong-A University, Korea

Speaker

Chang Hee Jung
University of Ulsan, Korea

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University of Ulsan, Korea

• Education

Period	Affiliation	Position
– **2012-2014**	University of Ulsan College of Medicine	Ph.D.
– **2010-2012**	University of Ulsan College of Medicine	M.S
– **1996-2002**	Korea University	M.D

• Affiliations / Experience

Period	Affiliation	Position
– **2021-Present**	University of Ulsan College of Medicine, Asan Medical Center	Professor
– **2017-2021**	University of Ulsan College of Medicine, Asan Medical Center	Associate Professor
– **2018-2020**	University of Virginia, VA, USA	Visiting Scholar

• Committee Memberships

– Official Member of KSSO, KDA, KSoLA

• Publications

– Kim MJ, Cho YK, Kim EH, Lee MJ, Lee WJ, Kim HK, **Jung CH.** Association between metabolic dysfunction-associated steatotic liver disease and myosteatosis measured by computed tomography. **J Cachexia Sarcopenia Muscle.** 2024 Epub ahead of print

– Kim MJ, Cho YK, Kim EH, Lee MJ, Lee WJ, Kim HK, **Jung CH.** Association between estimated glucose disposal rate and subclinical atherosclerosis. ***Nutr Metab Cardiovasc Dis.*** 2024 Epub ahead of print

– Cho YK, Jung HN, Kim EH, Lee MJ, Park JY, Lee WJ, Kim HK, **Jung CH**: Association between. sarcopenic obesity and poor muscle quality based on muscle quality map and abdominal computed tomography. ***Obesity (Silver Spring)*** 2023.;31:1547-1557

– Kim HS, Lee J, Kim EH, Lee MJ, Bae IY, Lee WJ, Park JY, Kim HK, **Jung CH**: Association of Myosteatosis with Nonalcoholic Fatty Liver Disease, Severity, and Liver Fibrosis Using Visual Muscular Quality Map in Computed Tomography. ***Diabetes Metab J*** 2023;47:104-117

– Jung HN, Cho YK, Kim HS, Kim EH, Lee MJ, Lee WJ, Kim HK, **Jung CH**: Association between hypertension and myosteatosis evaluated by abdominal computed tomography. ***Hypertens Res*** 2023;46:845-855

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Latest Treatment Trend for Diabetic Kidney Disease

Chang Hee Jung (University of Ulsan, Korea)

A significant percentage of people with diabetes develop diabetic kidney disease (DKD), and diabetes is also a leading cause of end-stage kidney disease (ESKD) worldwide. In addition, DKD is associated with significant morbidity and mortality, which are predominantly related to cardiovascular complications and the progression to kidney disease that requires renal replacement therapy. Indeed, the development of kidney complications (increasing albuminuria or decline in GFR) is an indicator of significant cardiovascular morbidity.

The factors that have proven to be central to optimization and treatment of DKD include better glucose control, blood pressure control$_7$ and the use of inhibitors of the renin aldosterone angiotensin system (RAASi). These treatments have been augmented by the recent publications that have demonstrated the significant benefit that sodium glucose co-transporter 2 inhibitors (SGLT2i) have on progression of DKD and additionally their benefits in relation to prevention of heart failure progression. However, even taking the two primary kidney studies involving SGLT2i which include CREDENCE and DAPA CKD where SGLT2i was added onto standard of care which included the use of RAASi, blood pressure control and reasonable glycemic control, there remained significant residual risk of progression of DKD.

Finerenone, is a selective nonsteroidal MRA which is metabolized predominantly in the liver with minimal excretion via the kidneys. In phase 3 clinical trials called as FIDELIO and FIGARO, finerenone was able to reduce renal and cardiac endpoints compared to placebo with less hyperkalemia than non-selective MRA in people with DKD and proteinuria. In this session, let me deal with the benefits of finerenone against the progression of DKD and its potential clinical use.