

Governor's Newsletter for All ACP Members



Governor: Fumiaki Ueno
MD, MACP, MACG, AGAF

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Information Resources of ACP and Something Else We Need

Fumiaki Ueno, MD, MACP, MACG, AGAF
Governor for ACP Japan Chapter



Medical practice used to be experience-based. Also, it was expert-based, as experts had more experiences. Japanese people tend to obey authorities, and Japanese medicine has been professor-based or chief-based. Nothing is wrong about it, as far as experts have sound knowledge and good skills in medicine. Authoritative textbooks are often helpful. However, accumulation of newer information has become abundant recently, so that we are almost drifted away from the best information. Appropriate selection and update of information may be beyond the capability of physicians, even experts.

Evidence Based Medicine was introduced into our practice a few decades ago, and it was good news for physicians puzzled in ridiculous amount of information. EBM showed clear stepwise strategies of medical care by skillful clinicians, and was nothing apart from time-honored clinical approach essentially. Misfortune of EBM is an emphasis on data collection and selection (steps 2 and 3). Busy practitioners realized importance of EBM, but abandoned it as they could not spend enough time for literature search. Having fortune on the side of physicians nowadays, many secondary information resources are available today. Those who are good at clinical epidemiology provide useful information for us after conscientious systematic review of numerous literatures. We, ACP members, can access to DynaMed Plus, ACP JournalWise, Clinical Guidelines, Annals org, and many others as the membership benefits. Steps 2 and 3 of EBM is not a barrier any more. Members of ACP should take this advantage. Still, EBM is not a single solution for the best practice.

The evidence is obtained from studies in which target subjects are group of patients with the same disorder. Outcomes are measured for disorders, pathophysiology, or lesions. The goal of the care of your own patient may not be cure of the disorder. Before applying evidence to your patient, you have to appreciate what he is suffering, what he wants you to do, and individualized benefit and risk of intervention for him. Many patients we see today is elderly with multiple comorbidities and concomitant medications. We do not know whether interventions based on the evidence are beneficial for certain patients. In other words, steps 1 and 4 are critical to provide the best care of the patients.

Steps 1 and 4 of EBM cannot be left to others, certainly not to computers. We have to brush up skills of communication with the patients. Many skillful clinical practitioners are actively contributing to ACP. Just to see, to hear, and to feel those clinicians of excellence will furnish you true clinical expertise. This is another invisible benefit of ACP membership.

Japan Chapter Meeting June 9-10 2017 Kyoto Japan

Nitin S. Damle, MD, MS, MACP

Immediate Past President of American College of Physicians



The Japan chapter meeting was titled “General Internal Medicine practice in Japan, the growing roles of general specialists”. The meeting was attended by over 700 internists, residents and students over two days. There was excitement and enthusiasm for learning, exchanging ideas and dialogue among the attendees. Dr. Ueno and the program committee had a robust program with five to six talks simultaneously on topics ranging from internal medicine content such as managing diabetes and heart failure to leadership, getting published and use of bedside ultrasound. There were over 100 poster and oral presentations and a doctor’s dilemma competition.



I talked on high value care and gave an ACP update. Both were well received. There was good exchange amongst the audience around the demands of patients and parent institutions to order tests and procedures, some of which are not high value care. There was enthusiasm for incorporating the concept from medical school to practicing internists and subspecialists.

Japan faces a similar problem to us, in that there are not enough general internists and a geographic mal-distribution. The training leads most students and residents to declare a sub-specialty which leads to

many subspecialists doing general medicine. I spoke about the U.S. system and its similar issues. I suggested a paradigm shift in their educational system with a focus on general internal medicine and its value to the profession and patients. This is the long view and in the short term the ministry of health will need to incentivize more interest in primary care through other means.



Japan in addition has demographic problems with an aging population, decreasing work force and increasing costs. They currently spend half of the United States per capita on health care but they are aware of the risks of rising expenses.



I am pleased to report that the Japan chapter remains strong and is interested in growing and continuing to offer innovative educational programs and resources. They are committed to ACP and are looking for ideas to increase membership amongst internists in Japan.

In winning the Best Abstract Award at the ACP Japan Chapter 2017 Annual Meeting

Naoki Takamatsu, MD

Department of Neuropsychiatry, The University of Tokyo Hospital
Johns Hopkins University, Bloomberg School of Public Health



I am both excited and deeply humbled to be selected as the recipient of the Best Abstract Award at the ACP Japan chapter 2017 annual meeting. I wish to recognize all the people who have supported me throughout, and especially want to thank my mentor, Dr. Hideki Takizawa, whose instrumental insights have always provided the greatest wisdom, encouraged my accomplishments, and allowed me to indulge in what have become a success. This award will always have a place of honor in my heart.

After three years of residency starting at 2013, at Teine Keijinkai Hospital in Hokkaido, I had one year of training in the department of nephrology. Although I have currently started my career as a psychiatrist, which is what I have always wanted to be, my dedication in medical practice in the field of general internal medicine have motivated me in participating in the annual meeting of ACP Japan chapter since PGY-2. I have turned in case reports in the past, but submitting a clinical research was a new challenge for me this year.



Oftentimes when treating patients referred for requirement of special expertise, we ponder whether clinical course and prognosis would have changed, for the better, if the patient was initiated with proper and faster treatment. With such thought, I investigated

whether pre-hospital courses such as time-to-admission from disease onset and prescription of diuretics before treatment affects prognosis of minimal change nephrotic syndrome. I would be more than obliged if the obtained findings from my research would be, to an extent, meaningful



On a closing note, I would like to, once again, thank all my past and present colleagues, friends and family. Much gratitude to the committee and staff member of the ACP Japan chapter who have helped me prepare my presentation and made everything possible. ACP is an important impetus for me to continue my endeavors in clinical medicine and research. Thank you very much!

Prehospital Course Affecting Prognosis in Minimal Change Nephrotic Syndrome

Naoki Takamatsu, Hideki Takizawa
Department of Nephrology, Teine Keijinkai Hospital

Background

- ◇ Minimal change nephrotic syndrome (MCNS)
 - Patients often recall the acute onset of edema by the day
 - Complicates acute kidney injury (AKI) due to volume depletion
- Excellent prognosis with proper treatment

Methods

Objective

- Whether prehospital courses affect prognosis of MCNS
 - 1) Time to admission from onset of disease
 - 2) Prescription of diuretics before treatment

Study Design

- Retrospective observational study

Enrollment

- First-time adult-onset primary MCNS
- Single-center acute care hospital (2006/1/1 - 2016/12/31)

Outcomes/Measurements

- Incidence and clinical characteristics associated with AKI

2006/1/1 - 2016/12/31
Renal Biopsy patient
n=746

MCNS
n=80

MCNS
n=47

N=33 Excluded

- Onset < 20 y/o (n=10)
- LDL-Apheresis performed as FSGS*¹ (n=7)
- Relapsed cases (n=6)
- Insufficient biopsy material (n=3)
- IgA nephropathy complicated (n=3)
- MGUS*² (n=1)
- Spontaneous remission (n=1)
- Started treatment in outpatient setting (n=1)
- Up < 3.5 g/day at admission (n=1)

*¹ Focal segmental glomerulosclerosis

*² Monoclonal gammopathy of unknown significance

Results

Table 1. Patient characteristics

Variables	AKI (n=26)	No AKI (n=21)	P	HD* ¹ (n=8)	No HD (n=39)	P
Age, years	62 ± 17	49 ± 17	0.014	73 ± 14	52 ± 16	0.002
Male (%)	13 (50)	8 (38)	0.55	5 (62)	16 (41)	0.43
Hypertension (%)	10 (38)	4 (19)	0.20	5 (62)	9 (23)	0.040
Diuretics (%)	3 (11)	1 (4)	0.61	3 (37)	1 (2)	0.013
Days to admission	14 [9.5-27.7]	9 [6.0-15.0]	0.079	8 [6.0-16.2]	13 [7.5-23.5]	0.411
Days to CR* ²	15 [11.2-28.7]	9 [7.0-11.0]	<0.001	37 [26.0-43.0]	10 [8.0-13.5]	<0.001
Hb (g/dl)	14.2 [12.8-15.6]	15.4 [13.7-15.9]	0.154	13.2 [12.7-15.5]	14.3 [13.6-15.8]	0.148
Alb (g/dl)	1.8 [1.6-2.3]	2.0 [1.6-2.3]	0.74	2.3 [1.9-2.5]	1.8 [1.6-2.2]	0.076
Cr (mg/dl)	1.0 [0.8-1.5]	0.7 [0.5-0.8]	<0.001	1.8 [1.1-2.5]	0.8 [0.6-0.9]	0.001
UA (mg/dl)	6.6 [5.7-8.0]	5.0 [4.5-5.7]	<0.001	8.2 [6.6-9.6]	5.6 [4.7-6.5]	0.001
Up (g/day)* ³	11.7 [9.5-15.8]	10.7 [8.9-13.7]	0.49	11.6 [8.8-15.3]	11.0 [9.0-14.6]	0.87

*¹ Hemodialysis, *² Complete remission; Up < 0.3 g/day, *³ Urinary protein

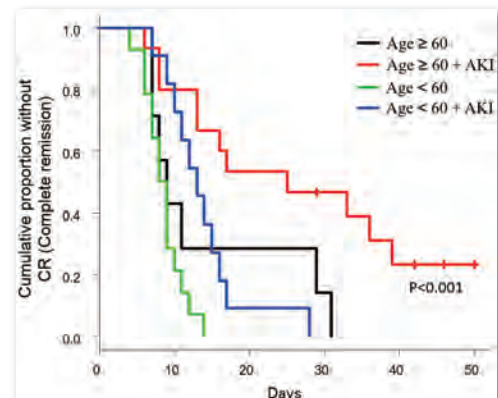


Figure 1. Cumulative proportion without complete remission classified by subgroups in relation to age and AKI incidence. Median time to complete remission was 9 days in Age ≥ 60 (Black), 15 days in Age ≥ 60 + AKI (Red), 8 days in Age < 60 (Green), 11 days in Age < 60 + AKI (Blue). AKI incidence resulted in longer hospital stay than the effect of age alone.

Table 2. Multivariate analysis

Variables*	Adjusted OR (95% CI)	P
AKI		
Creatinine ≥ 0.8	9.86 (1.47-66.2)	0.018
Uric acid ≥ 6.0	8.61 (1.45-51.1)	0.017
Urinary protein ≥ 10	9.75 (1.19-79.9)	0.033
HD		
Diuretics	22.8 (1.97-263.6)	0.012

*Definition of variables: Creatinine: Cr ≥ 0.8 mg/dl; Uric acid: UA ≥ 6.0 mg/dl; Urinary protein: Up ≥ 10 g/day.

Table 3. Characteristics of kidney injury episodes

	AKI	HD
Incidence	26/47 (55%)	8/47 (17%)
Days from onset	26 [15-37]	15 [10-32]
Days from admission	8 [5-13]	6 [4-15]

Discussion

Limitations

- Single-center study with limited cases
- Actual effect of diuretics uncertain in NS* with subnormal diuretic response
- Effects toward other NS remains elusive

Conclusion

- AKI is a frequent complication of MCNS, lengthening hospital stay
- Prescription of diuretics during prehospital course before treatment was independently associated with in-hospital AKI leading to dialysis
- One should be cautious with conservative measures given to patients potentially with nephrotic edema

*NS: Nephrotic syndrome

ACP Japan Chapter Annual Meeting 2017 Best Abstract Award: Recipient's Remarks

Hisashi Yoshimoto, MD

Associate Professor, Department of Primary Care and Medical Education,
Faculty of Medicine, University of Tsukuba



It is my privilege to receive this year's Best Abstract Award. I am happy that my work was given such an honorable recognition. The study described in the abstract materialized as I explored the less traveled areas of alcohol consumption and related problems.

Idea Conception

I was involved in the drafting of the Basic Act on Measures Against Alcohol Health Damage, enacted in December 2013, as well as subsequent development of national and local government implementation programs. Through this work, I obtained knowledge about alcohol control policies being implemented in Japan and many other countries. I realized that interventions should be made to prevent binge drinking, an important precursor to alcohol abuse, dependence, and other related problems. To draw national attention to alcohol overconsumption, I had to determine the degree of drinking pattern awareness among the general public. More specifically, I wanted to clarify whether people who overdrink recognize that their drinking is excessive, or do so without knowing it.

Search for Previous Literature

My literature search identified several studies that reported on self-perception of alcohol dependence or other related problems, or on the knowledge of the amount of alcohol contained in a mug of beer. Despite extensive effort, I could not find any previous research that investigated the degree of awareness of proper and excessive drinking. I was taught that 'if I cannot find a relevant previous study, I may be searching the wrong way.' Therefore, I asked my nurse and psychologist colleagues to help me out, but to no avail. Because I was not completely confident of the literature search

results, I tried again in preparation for this paper, using PubMed, Google, and other search engines. All these fruitless efforts finally convinced me that there was no relevant work preceding our study. I very much appreciate any input on this matter from the reader.

Study Implementation

When I designed this study, I was a practicing physician in Okayama, Japan. I also served as a medical advisor for several companies in that area. Therefore, I had no particular problem in obtaining support and participants for my research, as long as the confidentiality of the participating company was maintained in the publication. Although the study was implemented after detailed discussions of terms and conditions with the collaborating company, it still has several limitations with respect to generalizability and reproducibility.

Future Perspectives

This study included employees from a single company. Its results were comparable to those of our previous project on Japanese college students. I am interested to see whether similar results will be obtained across different social groups and geographical areas. I am also interested in discovering how people's awareness of their drinking patterns changes their behavior.

Association between excessive alcohol use and its self-recognition - A cross-sectional study

Hisashi Yoshimoto 1), Tsunetaka Kijima 2)

1) Department of Primary Care and Medical Education, Faculty of Medicine, University of Tsukuba

2) Department of General Medicine, Faculty of Medicine, Shimane University



Introduction

Excessive alcohol use is a major public health problem. However it takes much time and efforts on behavior changes. The purpose of this research is to clarify the association between excessive alcohol consumption and its self-recognition that leads to behavior changes.

Method

Study Design	<ul style="list-style-type: none"> • Cross-sectional study • Anonymous, self-administered questionnaire
Setting & Participants	<ul style="list-style-type: none"> • In August 2014 • Employees aged 20 years or older of a company in Okayama
Factor	<ul style="list-style-type: none"> • Excessive alcohol use; defined as excessive weekly drinking, binge drinking, or both. • Excessive weekly drinking: pure alcohol intake of ≥ 140 g/week for men and ≥ 70 g/week for women • Binge drinking: pure alcohol intake of ≥ 50 g for men and ≥ 40 g for women during 2 hours
Outcome	<ul style="list-style-type: none"> • Self-recognition of the amount of drinking (normal or abnormal) “Do you think that your amount of drinking is normal?”
Measurements	<ol style="list-style-type: none"> 1) Alcohol drinking frequency 2) Amount of drinking per day 3) Binge drinking in the past year 4) Self-recognition of the amount of drinking 5) Age 6) Gender
Analysis	<p>The t-test: comparison of the ages, drinking frequency and amount of drinking of men and women.</p> <p>The chi-squared test: comparison of the excessive alcohol use and self-recognition of men and women, and difference between normal and abnormal self-recognition.</p> <p>Multivariate logistic regression analysis: the relation with self-recognition.</p> <p>Stata/SE 13 for Windows.</p> <p>$p < 0.05$ was considered statistically significant.</p>

This research was approved by the medical ethics committee of Mie University.

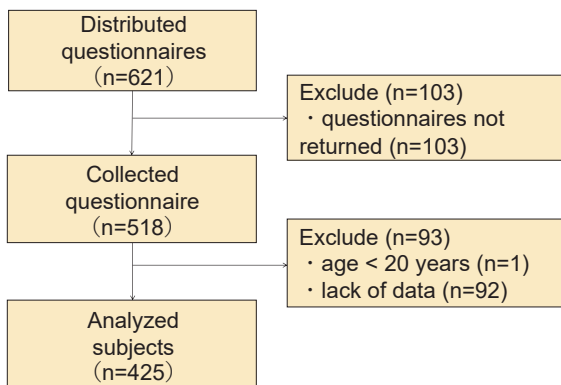


Figure 1. Study flow chart

Conflicts of Interest
No potential conflicts of interest were disclosed.

Results

Variable	Total (n=425)	Men (n=407)	Women (n=18)	p
Age (years), mean \pm SD	36.4 \pm 10.5	36.7 \pm 10.5	28.7 \pm 9.3	<u>0.002</u> ^a
Frequency of drinking (days/week), mean \pm SD	3.1 \pm 2.6	3.2 \pm 2.6	1.2 \pm 2.0	<u>0.002</u> ^a
Amount of drinking (g/day), mean \pm SD	38.6 \pm 27.6	38.9 \pm 27.7	33.3 \pm 25.0	0.405 ^a
Excessive weekly drinking, n (%)				
Yes	155 (36.5)	152 (37.3)	3 (16.7)	0.084 ^b
No	270 (63.5)	255 (62.7)	15 (83.3)	
Binge drinking, n (%)				
Yes	256 (60.2)	252 (61.9)	4 (22.2)	<u>0.001</u> ^b
No	169 (39.8)	155 (38.1)	14 (77.8)	
Self recognition of drinking amount, n (%)				
Abnormal	64 (15.1)	62 (15.2)	2 (11.1)	1.000 ^b
Normal	361 (84.9)	345 (84.8)	16 (88.9)	

Table 1. Participant characteristics. a: t-test, b: Fisher's exact test

Variable	Self-recognition		p
	Abnormal (n=64)	Normal (n=361)	
Excessive alcohol use, n (%)			
Yes	55 (19.4)	229 (80.6)	<u><0.001</u> ^a
No	9 (6.4)	132 (93.6)	
Excessive weekly drinking, n (%)			
Yes	41 (26.5)	114 (73.6)	<u><0.001</u> ^b
No	23 (8.5)	247 (91.5)	
Binge drinking, n (%)			
Yes	49 (19.1)	207 (80.9)	<u>0.004</u> ^b
No	15 (8.8)	154 (91.1)	

Table 2. Comparison between normal and abnormal self-recognition a: Fisher's exact test, b: chi-squared test

Variable (n=425)	Odds Ratio	95% Confidence Interval	p
Age	1.06	1.03 - 1.09	<u><0.001</u>
Sex			
Men	0.60	0.12 - 3.13	0.547
Women	Reference	—	—
Excessive weekly drinking			
Yes	2.65	1.45 - 4.85	<u>0.002</u>
No	Reference	—	—
Binge drinking			
Yes	1.54	0.78 - 3.04	0.209
No	Reference	—	—

Table 3. Independent factors related to abnormal self-recognition

Discussion

More than 80% of excessive drinkers did not recognize their drinking as a risky behavior. Only excessive weekly drinking was associated with self-recognition as abnormal. We cannot determine causation due to the cross-sectional study design. Since the study included employees of only one company, there is a possibility of sampling bias.

Conclusion

Many excessive drinkers did not recognize their drinking as risky behavior. Various interventions, such as education designed to facilitate appropriate recognition of the amount of drinking, may reduce the incidence of excessive alcohol use. Further study should be conducted on the generalizability of our result.

Acknowledgements

This study was supported by Mie University Hospital.

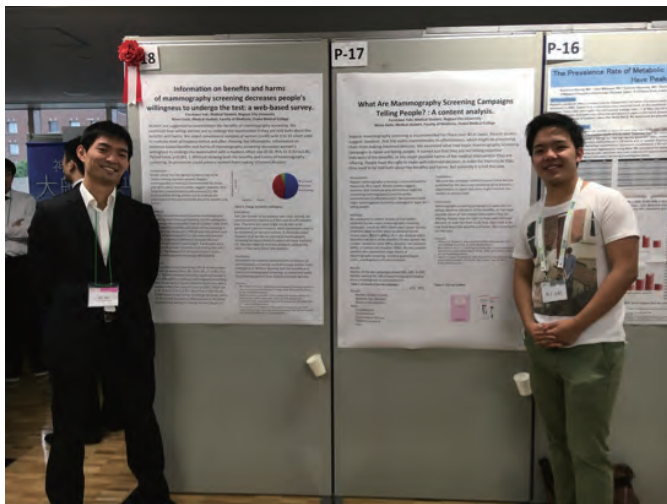


Very honored to receive the best abstract award (medical student section)

Furukawa Yuki, senior medical student
Nagoya City University



It was a great honor to receive the best abstract award (medical student section) at the annual conference of ACP Japan Chapter 2017. It was beyond our expectation to be awarded, as the title of our presentation sounded a little provocative: “Information on benefits and harms of mammography screening decreases people’s willingness to undergo the test.”



We first learned that the mortality reduction effect of cancer screening is not as much as we had expected during the literature review. Almost every time we talked about it with others, we got the same response --- “Still cancer screenings are good, aren’t they? Early detection saves lives.” Meta-analysis of randomized controlled trials of cancer screenings, however, is known to show no statistically significant decline in the all-cause mortality. Intriguingly, those randomized controlled trials are the evidence on which cancer-screening recommendations are based. A study suggests that the public overestimates the benefit of mammography screening. We wondered whether people would be willing to undergo screening tests if they had known the benefits and

harms in objective numbers. To our knowledge, this study is the first study to answer the question. This study still has a lot of limitations and cannot be directly generalized to other populations. Still we believe this can be a good starting point for future discussions.

We tried not to be biased against mammography too much. For instance, we did not state that mammography has never shown to reduce all-cause mortality, that in adequately randomized trials even breast cancer mortality is not statistically significant, or that Japanese women tend to have so-called “dense-breast” and breast cancer might not be able to be found as effectively as in the West where randomized controlled trials took place. Women might become even less willing to undergo the screening if they had been told these in addition.

We experienced some criticisms that showing the evidence-based information does not help women, but we wonder if women regard an intervention that has not shown to reduce all-cause mortality but has shown to increase the number of mastectomy as something helpful. People have the right to make informed decision and for them to do that, we believe, they need to be told not only benefits but also possible harms in advance.

This research was made possible by a lot of people. We are really grateful for all of their contributions. We specially appreciate ACP Japan Chapter members for the great opportunity to share and discuss our study with other professionals.

Information on benefits and harms of mammography screening decreases people's willingness to undergo the test: a web-based survey.

Furukawa Yuki, Medical Student, Nagoya City University
Mano Soshi, Medical student, Faculty of Medicine, Osaka Medical College

Women are suggested to overestimate the benefits of mammography screening. We examined how willing women are to undergo the examination if they are told both about the benefits and harms. We asked convenience samples of women (n=48) with 0 to 10 Likert scale to evaluate their willingness before and after showing the information. Information on evidence-based benefits and harms of mammography screening decreased women's willingness to undergo the examination with a medium effect size (0.59. 95% CI: 0.33 to 0.85). Without showing both the benefits and harms of mammography screening, its promotion could prevent women from making informed decision.

Introduction:

Breast cancer has the highest incidence rate of all cancers among Japanese women. Regular mammography screening is recommended for those over 40 in Japan. It is suggested, however, that the public overestimates its effectiveness [1]. We examined how willing women are to undergo the examination if they are told both about the benefits and harms.

Methods:

We first showed statements used by mammography screening promotions and asked to rate the willingness to undergo or recommend the examination with 0-10 Likert scale. Then we showed the benefits and harms of the screening in absolute risk reduction per 1,000 50-year-old women and asked the same question [2]. We examined whether there is a significant difference between the two answers with paired t-test using R. Participants were recruited via 3 mailing lists and 2 events. The Nagoya City University Centre's Ethics Committee approved the design (#60160126).

Results:

The number of participants was 79, 48 of whom were female. Women were extremely significantly less willing to undergo mammography screening after knowing the objective benefits and harms with a medium effect size (paired t-test; $p < 0.001$. Effect size 0.59. 95% CI: 0.33 to 0.85). More than a half (52.1%, 25/48) became less willing to undergo the exam, while 42.7% (20/48) showed no difference and 6.3% (3/48) became more willing to undergo the test (Figure 1).

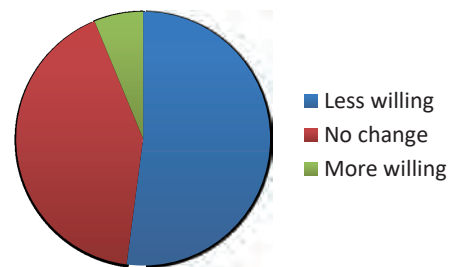


Figure 1. Change in women's willingness.

Limitations:

The number of participants was small. We used convenient samples and there can be self-selection bias. Therefore this study might not be able to be generalized. We did not state that mammography screening has never shown to reduce all-cause mortality [3]. Women might be even less willing to undergo the exam, were they shown the evidence.

Conclusion:

Information on evidence-based benefits and harms of mammography screening could discourage people from undergoing or recommending it. Without showing both the benefits and harms of mammography screening, its promotion could prevent people from making informed decision.

Reference:

1. Biller-Andorno N, Jüni P. Abolishing mammography screening programs? A view from the Swiss Medical Board. *N Engl J Med.* 2014;370(21):1965-7. doi:10.1056/NEJMp1401875.
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Doctor's Dilemma in ACP Japan Chapter 2017

Tomohiro Matsumoto, MD,DD, PhD

Nerima Hikarigaoka Hospital
PGY-2



First of all, I would like to thank the ACP Japan chapter for the honorable award. When I submitted the entry sheet of the competition, I did not think of being able to get through. It still feels like a dream.

I have always wanted to attend any clinical opportunity in English to broaden my medical knowledge. In last year, I gave up that I attended at this competition for the preparations for my national examination. When I noticed the registration of Dr's Dilemma, I asked all each resident. Only Dr. Hayato Mitaka who is my senior resident agreeably consented to my wishes. As my original plan, I borrowed power of Dr. Mitaka in this competition to win the championship three years later and thought to make a clue. Until the competition day before, I was chased in preparation for my poster presentation, and daily training life as a junior resident. Thus, I was not able to handle MKSAP questions as expected. I studied mainly on the issue of image after poster presentation as far as the time permitted it. When I arrived at the competition place, I have noticed that a lot of friends who worked together in competition in various study sessions for med school days are to have been. In the competition, Dr Mitaka showed a special feature, and, before anyone knew what was going on, we broke through the preliminaries. I was glad that I was able to contribute by these image questions. In the competition final, we were able to gain championship in the dead heat with the Okayama University team at the end. When I had the participation ticket of a competition in New Orleans in my hand with Dr. Mitaka and Dr. Yoshito Nishimura of Okayama University, I fell into an unbelievable state of mind. I changed my mind immediately. Then I will enjoy New Orleans well and intend to swallow pressure. There is the run-up for approximately six months

until next spring. I make every possible preparations and look forward to meeting a new friend in New Orleans.

In closing, receiving an honorable award changed my life. This experience gives me confidence for studying abroad and helps to keep my motivation high. I would like to thank all of the members of the ACP Japan chapter for giving us the opportunity to have this valuable experience. I appreciated the tremendous efforts of Dr. Hideaki Shimizu, Dr. Shunpei Yoshino and all of the other doctors for holding this competition. I extend my heartfelt gratitude to them all.



The road to an FACP



Hiroshi Ono, MD, PhD, FCCP, FACP

Physician-in-Chief of Div. Respiratory Medicine, National Hospital Organization Kumamoto Medical Center

According to the collaboration between the ACP and the JSIM from 12 years ago, Japanese physicians have been able to engage in the ACP as a member even if they have no experience in working in the US as a clinician. Also, when it is considered to make a significant contribution to clinical practice, education, and research, Japanese physicians are entitled to the FACP qualifications by meeting certain criteria. This could be the great light of hope for Japanese physicians who have been highly motivated to make contributions at the world level. Hence, I expressed my intention to participate in the ACP as one of such a Japanese physician.

In my humble opinion, “To be a member of the ACP” means;

1) Having opportunities to contribute to humankind through our duty.

What I consider as the definition of happiness of my life is to pursue continuous contributions to the welfare and prosperity of humankind with this given duty. This is my belief as a physician. Also, it is the same as that of Dr. Shiga (Kiyoshi Shiga) who discovered the *Shigella dysenteriae*. I would like to continue to apply myself for daily clinical practice, education and research while holding this belief.

2) Having opportunities to collaborate with the famous leading physicians.

3) Having the chance to be a physician having the global perspectives.

When working on the global scale, it is essential to have a large network across the border.

Participation in the ACP has a great significance as a step board for forming these domestic and foreign networks.

4) Having opportunities to be awarded the prestigious FACP from the historic ACP.

Whether or not the path (road) as a physician that we have traced so far is correct, it is challenging to be judged. However, as one attempt, being accepted as an FACP from the ACP could be the answer of itself.

For these reasons, I expressed my intention to participate and sent documents immediately, which was fortunately and finally accepted. It goes without saying that I was delighted.

As a member of the ACP, firstly I participated in the Health and Public Policy Committee (HPPC) immediately after being accepted as a member of the ACP. For, considering graduate / postgraduate medical education, it was very interested in the pursuit of doctor's professionalism for a long time. I have struggled to introduce and teach the professionalism as a part of core-competency in medical education at the university and teaching hospitals.

After getting the medical doctor's license in 2001, I participated in the residency program at St. Luke's International Hospital in Tokyo Japan, where Dr. Hinohara (Shigeaki Hinohara) who was the chief director at the time, and Dr. Furukawa (Keiichi Furukawa) who was the director of infectious diseases department taught me lots of things such as methods of medical treatment, the ethical aspect, professionalism, and codes of conduct as a doctor. Especially, honesty and morality, altruism, and the needs of the patient first principle. Therefore, I have

respected them and followed as my role-models of the physician.

Accordingly, I participated in the HPPC and have learned the professionalism myself, aiming at adapting to me and my workplace. In addition, we actively promoted committee activities and aimed to share the same awareness among the ACP members through our committee's annual sessions. The discussion that began with the problems of conflict of interest (COI) has found spread and breadth, leading to trial to a real adaptation of Jonathan Haidt's moral foundation model, consideration of High-Value Care (HVC), End-of-life care, and so on.

In such a period, I noticed it was a time when I could apply for the FACP, so I decided to try it. Although I was afraid from the beginning, even though I am not confident, I was interested in whether or not I could be accepted as an FACP from the ACP office. The huge amount of time taken to prepare the documents, however, it was really a wonderful and valuable opportunity to reaffirm me while reconsidering the way as a physician and future goals.

After a while, fortunately, I got an official acceptance email from the ACP office, my feeling encouraging myself enforcing discipline on the other side of happiness exceeded this. Although it is an honor to be officially recognized as an FACP, it is also nothing but being given heavy responsibility or mission as an FACP to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

At the convocation ceremony at IM 2017 held in San Diego, there were countless FACPs participating from the chapters of the whole world. The meeting started and proceeded solemnly, an oath was made, and the consciousness as an FACP recalled once again as "recognized by the ACP". It seemed that everyone in the gorgeous mood like the final graduation ceremony of the university recognized the tradition

of finding pride as FACPs and inheriting it.

After the ceremony, some famous leading physicians in the field of internal medicine around the world, centering on the US. came to the room of the Japan chapter, and I could have a short but fulfilling communications. These experiences made me consider that the stage which I was standing changed tremendously toward the world level.

Now, I am continuing activities as the vice chairman of the HPPC of the ACP Japan chapter. I was in charge of lecturer and facilitator on Jonathan Haidt's moral foundation model at this committee session at the ACP Japan chapter meetings in 2016 and 2017. We will aim for this productization in near future. In addition, we are trying to develop fields such as HVC, End-of-Life care etc., aiming to expand diplomatic committee.

Furthermore, I have been making the international contribution in another different way. The honorary director of our institute (National Hospital Organization Kumamoto Medical Center) is Dr. Isao Arita (born 1926). He is a Japanese physician, virologist, and vaccination specialist who headed and directed the World Health Organization (WHO) Smallpox Eradication Unit in 1977–85. During this period, smallpox became the first infectious disease of humans to be eradicated globally. After he left WHO in 1985, he directed our institution, a position he retained until his retirement in 1992. From his era, our institution has been made many international cooperation holding many training courses collaborating with the Japan International Cooperation Agency (JICA).

Fortunately, I was honorably in charge of the course of the Knowledge Co-Creation Program (KCCP) of JICA in 2017 entitled "Field epidemiology to strengthen the preparedness for the severe infectious diseases outbreaks (for managers)".

We designed and managed it, and the 14 participants applied from African countries and the Philippines who have been fighting with the life-threatening infectious diseases every day. Also, this training course was conducted with the cooperation of many institutions such as the National Institute of Infectious Diseases (NIID), the Research Institute of Tuberculosis, the Ministry of Health, Labor and Welfare and other research institutes.

Succeeding the Dr. Arita's will, we intend to continue the similar training courses relevant to the life-threat severe infectious diseases in the future and continue to contribute widely and internationally.

In the future, I would like to widely disseminate and expand the activities of the HPPC of the ACP Japan chapter. Also, I desire to devote everything I learned and experienced to clinical practice, education, and research at the current institution and I will do my best. Moreover, I would like to continuously and actively pursue the way of international worldwide contribution.

Lastly, I would like to express my deepest and immense gratitude to Dr. Maeda (Kenji Maeda, Secretary of the ACP Japan chapter), Dr. Ando (Soichiro Ando, Treasurer of the ACP Japan chapter) who recommended me to the FACP, and many staffs of the ACP Japan chapter office.

In conclusion, the continuing of the challenge to make the contribution to the welfare of humankind and prosperity by expanding the field where I can deal with is genuine pleasure for me, as a physician. I assume that this is itself the essence medical personnel are required for. As an FACP, I will continue to make contributions with effort as much as possible to become the light of the successor who has the same will.

"The Practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head." William Osler



Role, Responsibility and Current Condition of Public Relations Committee

Yasuo Oshima, MD, PhD, FACP

Medical Advisor Novartis K.K.

Visiting Scientist, The Institute of Medical Science, the University of Tokyo



Hello everyone. I am Dr. Yasuo Oshima; the chairman of the Public Relations Committee (PRC), ACP Japan Chapter. The role of PRC is to publicize activities of ACP Japan Chapter to ACP members. Currently ACP Japan Chapter consists of 10 groups including Credentials / Membership Committee, Local Nominations Committee, Scientific Program Committee, Finance Committee, Health and Public Policy Committee, Public Relations Committee, Young Physicians Committee, International Exchange Program Committee, Resident Fellow Committee, Student Committee. Please see the report from each committee for their activities. PRC has three main activities.

1. To introduce articles on Annals of Internal Medicine etc. on Facebook
2. To issue a Newsletter
3. Supervision of “In the clinic” Japanese translation

First of all, please see the following link on Facebook. Sometimes discussions may occur at the committee on the content of articles introduced on Facebook. We have been posted the discussions to Annals of Internal Medicine. This year one of the posts will be published in Annals of Internal Medicine.

<<https://www.facebook.com/ACP.Japan.Chapter/>>

Second, please see this newsletter. If you would like to see the back number, please visit the following link.

<<http://www.acpjapan.org/newsletter/>>

In the clinic project is currently under construction. You will be able to see the Japanese version on the next link.

<<http://annals.org/aim/in-the-clinic>>

If you are interested in PRC activities please contact the chair person. I am looking forward to you. Thank you.



Earn ACP Fellowship!

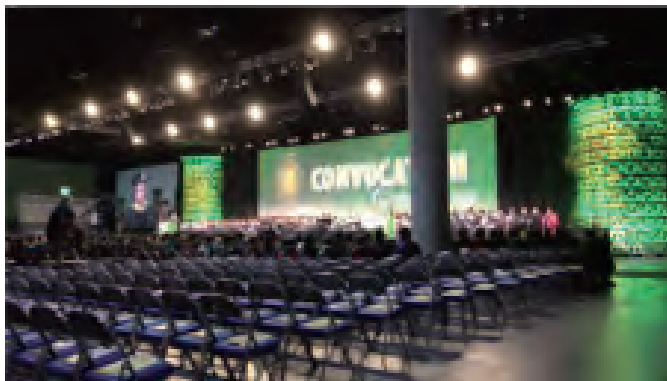
Eiji Shinya, MD, PhD, FACP, FRSM
Chair, Credentials/Membership committee
Microbiology and Immunology
Nippon Medical School, Tokyo, Japan.



“ACP Fellowship is an honor. Being an FACP is a distinction earned from colleagues who recognize your accomplishments and achievement over and above the practice of medicine. Fellows are authorized to use the letters FACP (Fellow of the American College of Physicians) in connection with their professional activities” .
(<https://www.acponline.org/membership/physician-membership/acp-fellowship>)

And our mission is to facilitate your promotion to Fellow of ACP!

Earn ACP Fellowship and let’ s attend the convocation ceremony together!



Charge

- Approve Fellowship candidates and recommend policies to facilitate advancement to Fellowship
- Establish and implement guidelines and procedures to ensure that the requirements of membership approved by the Board of Regents are met
- Supervise the description of guidelines and procedures described in ACP Japan chapter web site to facilitate advancement to Fellowship as well as recruitment of members in other categories

Composition (11)

Chair and ten members, who is ACP Fellow or Master

Terms

Two-year, renewable up to twice for a total of four years, unless additional time is approved by the Chair, Board of Regents.

Our Role and Mission (Scientific Program Committee)



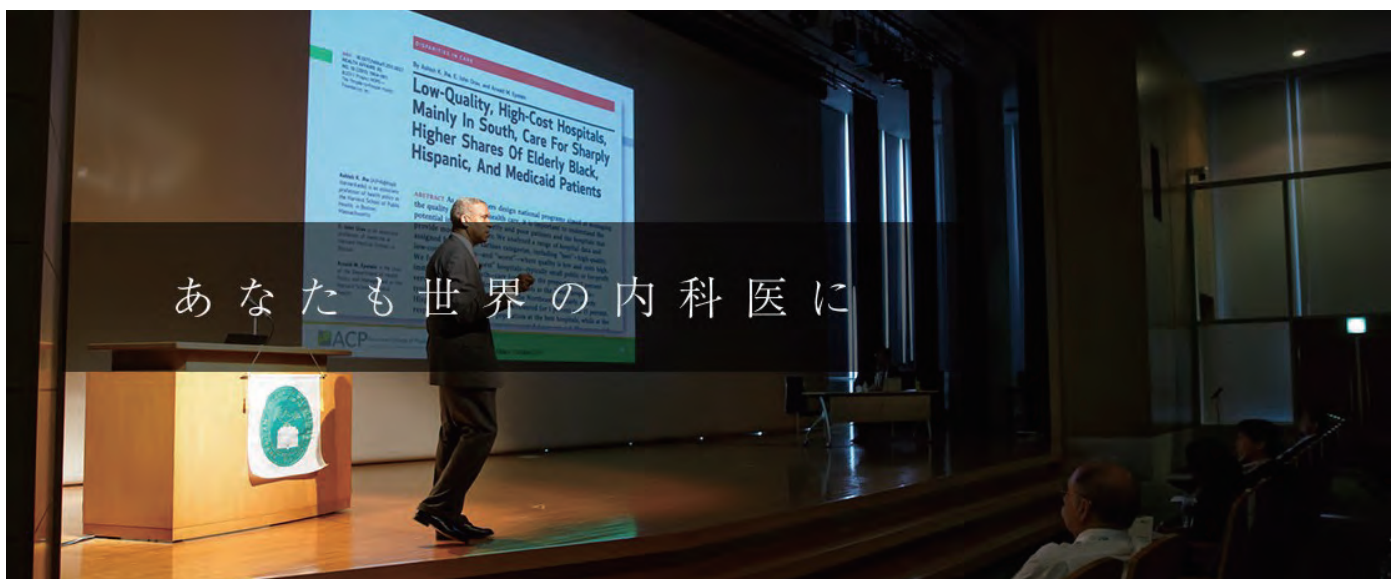
Yugo Shibagaki, MD, FACP
Professor of Medicine, St. Marianna University

Hello, members and fellows.

I am Yugo Shibagaki, MD, FACP, a chair of the Scientific Program Committee (SPC).

SPC consists of a chair, two vice chair (Teruhisa Azuma, MD and Sugihiko Hamaguchi, MD), and ten members. Our main role in ACP Japan Chapter is to organize, conduct and manage the Annual Meetings of ACP Japan Chapter. As you may already know, our Chapter Meeting is increasing in size year after year, now attracting almost 700 participants with approximately 40 sessions and 100 abstracts. Our mission is several folds. First, to provide participants who are busy but eager-to-learn clinicians rewarding, up-to-date and useful information, knowledge and skills through various fields of our disciplines. Second, we would like to form the community of true academia for the members and participants discussing without politics

or conflicts of interests, so we do not accept any support from industrial companies and organize the Meeting on our own. Thus, consequently, participation fee is relatively expensive compared to other medical meetings in Japan, however, we are confident that the contents of the Meeting should satisfy all the participants. Finally, we would like our members enjoy the member benefits of ACP, a world renowned society of medicine. For this purpose, in the Meeting, we hold several session in English, especially with native English speakers, and also have sessions introducing the benefits of ACP (ACP update, sessions utilizing the resources of ACP) or sessions advocating the initiative of ACP (high value care, end of life). I owe the success of SPC to all of our members who are also busy clinicians but try to spare time to contribute to the role and mission of SPC.



Sharing and learning international/ inter-cultural experiences in medical training

Harumi Gomi, MD, MPH, FACP
Chair, International Exchange Program Committee
American College of Physicians Japan Chapter
Mito Kyodo General Hospital, University of Tsukuba



International Exchange Program (IEP) Committee, American College of Physicians (ACP), Japan Chapter was founded initially as ad hoc committee in 2011. Our mission and goals are to promote and exchange international training and experiences, and to support students, residents, fellows, and physicians for the development of this purpose. Discussion with email exchanges have been very active and all the committee members are very enthusiastic to support younger generations or physicians in early-in-career.

In 2012, clinical observership at Olive View Medical Center, University of California, Los Angeles was initiated by the Former ACP Japan Chapter Governor and Former IEP Committee Chair

Dr. Shotai Kobayashi, and the California Governor Dr. Soma Wali. Drs. Kobayashi and Wali made significant efforts to make this happen. Through this program, a total of 16 individuals experienced observership at Olive View Medical Center, University of California, Los Angeles in the United States. Their experiences have been shared in the News Letters of the ACP Japan Chapter periodically. This valuable exchange program continued till August 2017. This academic year (2017 to 2018), two candidates will participate in clinical observership at University of Hawaii.

Below is the list of all clinical observers at Olive View Medical Center, University of California, Los Angeles, USA

Candidate No.	Last name	First name	日本語名	Specialty		Month	Year
2012-13				General Medicine Wards	Consultation service		
1	Uemura	Takeshi	植村 健司	Internal Medicine	No	September	2012
2	Shimamura	Shonosuke	嶋村昌之介	Internal Medicine	Infectious Diseases	February	2013
3	Minobe	Shoko	美濃部祥子	Internal Medicine	Hematology/Oncology	February	2013
4	Isobisa	Ai	磯久愛	Internal Medicine	Rheumatology	May	2013
5	Cho	Narihiro	張成浩	Internal Medicine	No	May	2013
2013-14							
1	Tsuda	Moe	津田 萌	Internal Medicine	Hematology/Oncology	January	2014
2	Muranaka	Emily	村中 絵美里	Internal Medicine	Infectious Diseases	May	2014
3	Soma	Shinko	相馬 真子	Internal Medicine	Cardiology	May	2014
4	Sato	Ryota	佐藤 良太	Internal Medicine	Critical care	June	2014
5	Tanaka	Takamasa	田中 孝正	Internal Medicine	Hematology/Oncology	June	2014
2014-15							
1	Kuriyama	Akira	栗山 明	Internal Medicine	Critical care	November	2014
2	Makiishi	Tetsuya	牧石 徹也	Internal Medicine	Nephrology	November	2014
2015-16							
1	Ishitobi	Natsuko	石飛 奈津子	Internal Medicine	Critical care/ Emergency medicine	May	2016
2016-17							
1	Shiroshita	Akihiro	城下 彰宏	Internal Medicine	Infectious Disease	November	2016
2	Yamamoto	Takeru	山本 たける	Internal Medicine	Infectious Disease	November	2016
3	Hiroki	Nishiwaki	西脇 宏樹	Internal Medicine	Nephrology	April	2017

Our committee will continue to promote and support international training in our members in the American College of Physicians, Japan Chapter. At the annual meeting, our committee have held a seminar to share the experiences and ask any questions on our international program.

Our committee welcome any questions or suggestions to promote international medical experiences/training for our members. We truly appreciate your participation and support.

A seminar at ACP Japan Chapter annual meeting on June 11, 2017



Group photos for the seminar speakers and committee members were taken in Kyoto.



Working behind the scene



Soichiro Ando, MD, PhD, FACP
CEO, Ando Clinic

Mission of Finance Committee is to oversee incomings and outgoings with great care, and properly fund the the activities of other committees at ACP Japan Chapter as quickly as possible.

Income of ACPJ is mainly the membership fee and expense is spent on education and training for members including medical students and physicians, which would eventually benefit our patients.

I, Soichiro Ando took over the position of Chair of FC from Dr Yukari Shirasugi in July 2017. Dr. Shirasugi tirelessly had worked for ACPJ and contributed to simplify the work flow for the committee. While ACPJ is a non-profit organization, as ACPJ is subject to taxation, FC works closely with the secretariat and a team of accountants to promote appropriate accounting and tax payment.

Members of Finance Committee are the following:

Chair: Soichiro Ando MD, PhD, FACP

Vice Chair: Yuko Takeda MD, PhD, FACP,
MSc

We welcome questions and request to the finance of ACPJ.

Recent activities of Health and public policy committee (HPPC)

Yuhta Oyama, MD, FACP

Chair of HPPC, ACP Japan chapter

Division of Nephrology and Rheumatology, Department of Internal Medicine
Nihonkai General Hospital



We, HPPC of ACP Japan chapter (ACP-JC), are required to manifest the position of ACP-JC in accordance with ethics and professionalism of physicians. In other words, one of our assigned tasks is providing an opportunity to recall “what physician should be” for members of ACP-JC.

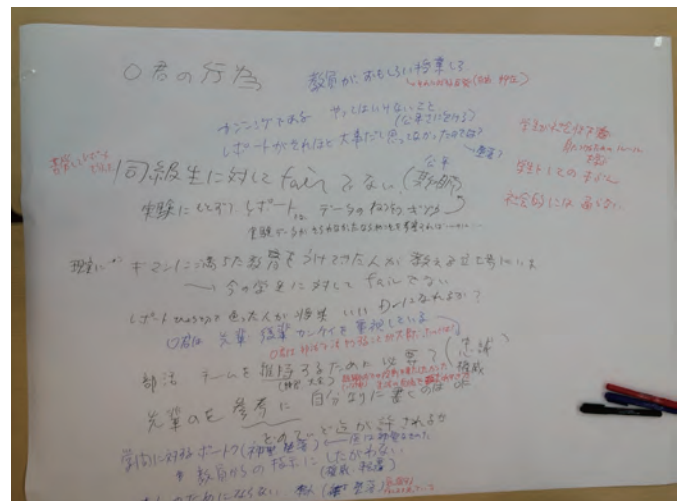
Our recent activities are as follows;

1) We had drawn up and proposed a tentative plan of Conflict of Interest (COI) policy of ACP-JC.

<https://pdfs.semanticscholar.org/58d2/01d503097ef86e0c56fde4ad117354d608c8.pdf>

2) We had used an article (Professional Medical Associations and Their Relationships With Industry. A Proposal for Controlling Conflict of Interest. Rothman DJ, et al. JAMA 301: 1367-1372, 2009) as reference to draw up the tentative plan of COI policy described as above, and introduced the concept of the article for members of the Japanese Society of Internal Medicine.

3) We had planned and conducted the workshop-style session entitled “How Professionals Act on COI, Academic Cheating, and Scientific Misconduct” at ACP-JC annual meeting 2016 and 2017, in reference to the book entitled “The Righteous mind ~Why good people are divided by politics and religion~” written by Jonathan Haidt.



One of our next activity plans is to define ACP-JC’s position about Choosing Wisely and provide useful information to members of ACP-JC. A private organization “Choosing Wisely Japan” was established in 2016, and this Choosing Wisely concept is expected to grow more and more important way of thinking in Japanese medical and healthcare setting in future. Choosing Wisely is considered as partly relevant concept to “high value care”, but the “high value care” concept itself seems to be partly unsuitable for Japanese medical setting. Thus, we think that HPPC is tasked with support to provide information of Choosing Wisely not with direct import but with modifying as Japanese version. The other plan of HPPC is, considering and proposing Japanese model in “End of Life Care”. Although there are many situations that are required to apply “End of Life Care” such as cancer therapy, dialysis therapy and so forth, unfortunately it is not always true that all of patients will receive optimum end of life care. To complete and service the Japanese model is too complicate, but we think it’s important to work on this issue.

Resident Fellow Committee Activity report: “You are the future!”

Tomohiro Kozuki, MD

Tama-Hokubu Medical Center, department of Rheumatology



This is a successful report about the reception party at ACPJC annual meeting at Kyoto and the 2nd seminar coordinated by RFC members.

On June 10th, 2017, we held the reception party at ACPJC annual meeting at Kyoto. This is the 1st party for 61 young physicians including Resident & Fellows-in-training members in ACPJC to facilitate interactive relationships among them. Dr. Ueno, Governor of ACPJC, Dr. Fukuhara, Vice governor of ACPJC and Dr. Damle, ACP chairman attended and encouraged all the members! Dr. Damle’s comment “You are the future!” was so impressive to us. We started with cheers and had a lot of fun through attractive clinical quiz competition. We enjoyed it and are willing to hold this party annually.



On October 22th, 2017, we also held the 2nd RFC seminar for all the “academic general physicians” at Grand Front Osaka tower B. This seminar focused on how to make and revise a research question based on clinical questions. The seminar consists of case conference, luncheon seminar and workshop. In the conference, we shared the case of Elderly Onset Rheumatoid Arthritis (EORA) initially mimicking Polymyalgia Rheumatica (PMR) and discussed mainly about the therapeutic plan. And then, in the workshop, we picked up and shared with one another some clinical questions

derived from the former case and presented research questions and the study design. In the luncheon seminar, Dr. Hashimoto, department of GIM, Hashimoto Municipal Hospital, presented his own perspective of Hospitalists and medical education in Japan.

All the sessions were attractive enough to meet the demand of residents and medical students. Fortunately, 6 of 24 participants in this seminar intended to admit to ACPJC!

In closing, I’ll thank for the greatest support by Dr. Ueno, Dr. Fukuhara, RFC members and the office of ACPJC. We will continue to make the best effort to attract additional residents & fellows-in-training members through more attractive events and contribute to better clinical skills of and relationship between young physicians in Japan.



ACP Japan Chapter, Local Nomination Committee (LNC)



Nobuhito Hirawa, MD, PhD, FACP
Director / Associate professor, Yokohama City University Medical Center

LNC is one of the committees of ACP Japan Chapter. The tasks of LNC are various. One of the most important tasks is to nominate and select the candidates of the governor-elect, once in four years. Furthermore, we recruit the candidates of awards, and we determine winners of the prizes. We have four awards now in ACP Japan Chapter. Essentially, the awards are given to the members of ACP Japan Chapter or the persons who contribute to the society as follows;

1. Laureate Award: The most honorable award of ACP Japan Chapter. The member of ACP Japan Chapter who contributed profoundly to development of the chapter for a long term will be conferred.
2. Volunteerism Award: The member of ACP Japan Chapter who contributed in the field of medicine, welfare or education as voluntary basis will be awarded.
3. Sakura Award: The award is given to the person who is not a member of ACP Japan Chapter, but contributed very much to the development and activities of our society.
4. ACP Japan Chapter Contribution Award (ACPJCCA): The awardees are persons who contribute to ACP Japan Chapter very much.

The Awardees of ACP Japan Chapter 2017 were the following people;

Laureate Award

Yukari Shirasugi MD, FACP
Shunichi Fukuhara MD, MACP

Volunteerism Award

Soichiro Ando MD, FACP

Sakura Award

George W Meyer, MD, MACP, MACG

Contribution Award

Takeshi Watanabe MD, MACP
Yuko Takeda MD, FACP
the late Akihiro Igata MD, FACP

○ Committee Members

Credentials/Membership Committee	Chairperson	Eiji Shinya	Public Relations Committee		Soichi Nakata
	Vice-chairperson	Koichiro Yuji			Masaya Hirano
		Katsuhisa Banno			Koichi Ono
		Hideto Watanabe			Yuko Morishima
		Hitoshi Sawaoka			Masatoshi Kawana
		Shunji Yasaki			Shuichi Kawata
		Minako Tojo			Katsunori Suzuki
		Jotaro Ohno			Masanobu Aramaki
		Yusaku Kajihara			Mitsushige Nishimura
		Satoru Joshita			Mayumi Miyaji
	Tsunenori Saito		Takashi Ohfuji		
Local Nominations Committee	Chairperson	Nobuhito Hirawa		Yuka Kitano	
	Vice-chairperson	Masao Nagayama	Adviser	Soichiro Ando	
		Toshihiko Hata	Chairperson	Harumi Gomi (Yano)	
		Takafumi Ito	Vice-chairperson	Tetsuya Makiishi	
		Masaya Yamato		Mamiko Ohara	
		Kazuhiro Yasuo		Toru Sasaki	
		Mamiko Ohara	International Exchange Program Committee		Naohiko Imai
		Takeshi Yanagawa			Takahiro Tsutsumi
		Mio Ebato			Mitsuyo Kinjo
					Hiroki Nishiwaki
				Yuji Yamada	
				Emily Muranaka	
		Chairperson		Tomohiro Kozuki	
		Vice-chairperson		Yuto Unoki	
				Yoshito Nishimura	
				Akiko Hanamoto	
Scientific Program Committee	Chairperson	Yugo Shibagaki	Resident Fellow Committee		Tomoki Tagaya
	Vice-chairperson	Teruhisa Azuma			Shoko Soeno
	Vice-chairperson	Sugihiro Hamaguchi			Hideaki Shimizu
		Noriaki Kurita		Adviser	Shumpei Yoshino
		Tsuguru Hatta		Adviser	Yuki Kataoka
		Yasuhiro Akai			Shunichi Fukuhara
		Masako Utsunomiya		Chairperson	Akihito Kawashima
		Hideaki Shimizu		Vice-chairperson	Masanori Mori
		Mikio Hayashi			Noboru Hagino
		Shumpei Yoshino		Early Career Physicians Committee	
	Atsuko Uehara		Katsuhiko Morimoto		
	Shungo Yamamoto		Nobuaki Mori		
			Kaede Yoshino		
			Shuhei Hattori		
		Chairperson	Noriko Yamamoto		
		Vice-chairperson	Noriko Kawashima		
			Yuko Morishima		
			Keiko Arai		
			Eri Kimura		
Finance Committee	Student	Natsumi Momoki	Women's Committee		
	Chairperson	Soichiro Ando			
	Vice-chairperson	Yuko Takeda			
Health and Public Policy Committee	Chairperson	Yuhta Oyama			
	Vice-chairperson	Hiroshi Ono			
		Hiroshi Yoshida			
		Hitomi Miyata			
		Yohei Goto			
		Iwao Gohma			
		Takashi Nishida			
		Yasuharu Tokuda			
Public Relations Committee		Masato Ito			
	Chairperson	Yasuo Oshima			
	Vice-chairperson	Masumi Hara			
	Hiroshi Bando				

○Credentials/Membership Committee

Chairperson



Eiji Shinya, MD, PhD, FACP
Associate Professor
Microbiology and Immunology
Nippon Medical School

Yes, we can!



Katsuhisa Banno, MD, PhD, FACP, FCCP
President & CEO
Banno Clinic

Change before you have to.



Hitoshi Sawaoka, MD, PhD, FACP
Director
Sawaoka Safety and Health Consultant Office & Clinic

Inspired care and inspiring science



Minako Yamaoka-Tojo, MD, PhD, FACP
Associate Professor
Kitasato University

The best way to predict the future is to create it.



Satoru Joshita, MD, PhD, FACP
Assistant professor
Department of Medicine/Division of Gastroenterology
Shinshu University School of Medicine

Become an internist with a subspecialty while engaging in scientific activity and education to improve medicine.

Vice-chairperson



Koichiro Yuji, MD, PhD, FACP, ACP member
Project Associate Professor
Project Division of International Advanced Medical Research
The Institute of Medical Science, The University Of Tokyo

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing.



Hideto Watanabe, MD, PhD, FACP
Clinical Laboratory
Internal Medicine
Toyama City Hospital

Time is money



Shunji Yasaki, MD, PhD, FACP, FJMS
Director
Department of Neurology
Shin-yurigaoka General Hospital

Because you are my passion.



Yusaku Kajihara, MD, FACP
Staff Physician
Department of Gastroenterology
Fuyoukai Murakami Hospital

Your affiliation doesn't necessarily ensure your ability as a physician. In any hospital or clinic, it is important to make unflagging efforts.



Tsunenori Saito, MD, PhD, FACP, FAHA
Assistant professor
Department of Internal Medicine and Cardiology
Nippon Medical School, Tama-Nagayama Hospital

I am telling you the truth.

○Local Nominations Committee

Chairperson



Nobuhito Hirawa, MD, PhD, FACP
Director / Associate professor
Nephrology and Hypertension / Hemodialysis and Apheresis
Yokohama City University Medical Center

Love the life you live. Live the life you love. (Bob Marley)
Stay hungry, stay foolish. (Steve Jobs)
Please recommend us candidates for Awards of ACP Japan Chapter !!

Vice-chairperson



Masao Nagayama, MD, PhD, FAAN
Professor
Department of Neurology
International University of Health and Welfare School of Medicine

Be humane, creative, professional, and passionate



Toshihiko Hata, MD, PhD, FACP
 Chief
 Department of Nephrology
 National Disaster Medical Center

I am looking for where the streets have no name.



Takafumi Ito, MD, PhD, FACP
 Medical professor
 Division of Nephrology
 Shonan University Hospital

Bloom where you're planted.



Masaya Yamato, MD, PhD, ACP member
 Director
 General Internal Medicine and Infectious Diseases
 Rinku General Medical Center

No pain, no gain.



Kazuhiro Yasuo, MD
 Chief
 General Internal Medicine
 National Health Organization Asahikawa Medical Center

Be cool and steady.



Mamiko Ohara, MD, PhD, FACP, FASN
 Chief
 Department of Nephrology
 Kameda Medical Center

My message to the doctors in early career. You can accomplish more than 80 percent of what you think you can't achieve, with your earnest effort.



Takeshi Yanagawa, MD, FACP, FAGG
 Director
 Yanagawa Clinic

Carpe diem, quam minimum credula postero



Mio Ebato, MD, PhD
 Professor
 Cardiology
 Showa University Fujigaoka Hospital

Adversity makes men wise

○Scientific Program Committee

Chairperson



Yugo Shibagaki, MD, FACP
 Professor of Medicine
 Division of Nephrology and Hypertension
 St. Marianna University

Life is a learning process

Vice-chairperson



Sugihiko Hamaguchi, MD, PhD, ACP member
 Professor
 Department of General Internal Medicine
 Fukushima Medical University

Everything is from bedside.

Vice-chairperson



Teruhisa Azuma, MD, ACP member
 Associate Professor
 Shirakawa Satellite for Teaching And Research in general medicine
 Fukushima Medical University

Where there's a will, there's a way.



Noriaki Kurita, MD, PhD, FACP
 Director & Associate Professor
 Department of Innovative Research and Education for Clinicians and Trainees (DiRECT)
 Fukushima Medical University Hospital

I am interested in nurturing research mind and presentation skills among young physicians.



Tsuguru Hatta, MD, PhD, ACP member
 Director
 Internal Medicine
 Hatta Medical Clinic

My favorite word are as follows: Never give up, For the patient
 Sometimes act as a generalist, sometimes act as a nephrologist like a chameleon. Not to be a specialist only, but to be a genespelist, Its my job in ACP, I hope.



Masako Utsunomiya, MD, PhD,
 ACP member
 Part-time doctor
 Rheumatology
 Musashino Red Cross Hospital

Stay hungry. Stay foolish. Sometimes I walk slowly, but I keep my face up and never walk backward.



Mikio Hayashi, MD, FACP
 PhD student
 International Research Center for Medical Education
 The University of Tokyo

Man cannot discover new oceans unless he has the courage to lose sight of the shore.



Atsuko Uehara, MD
 Staff Nephrologist
 Division of Nephrology and Hypertension
 St. Marianna University School of Medicine

It's easier to go down a hill than up it but the view is much better at the top.



Yasuhiro Akai, MD, PhD, FASN
 Chief, Professor
 Department of Community-based Medicine
 Nara Medical University

Promote and expand the expertise of General Medicine in Japan



Shumpei Yoshino, MD, ACP member
 Co-director
 General Internal Medicine
 Iizuka Hospital

Always Look on the Bright Side of Life



Shungo Yamamoto, MD, ACP member,
 DTM&H, DrPH
 Program-Specific Assistant Professor
 Kyoto University Hospital

Two men look out through the same bars:
 One sees the mud, and one the stars.

Student

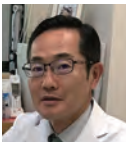


Natsumi Momoki,
 Student
 Kanazawa University

to feel brave, act as if we were brave

○Finance Committee

Chairperson



Soichiro Ando, MD, PhD, FACP
 CEO
 General Internal Medicine and Rheumatology
 Ando Clinic

Sound Finance and Transparency

Vice-chairperson



Yuko Takeda, MD, PhD, FACP, MSc
 Professor
 Dept of Medical Education
 Juntendo University School of Medicine

God has put the body together, giving greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. (II Corinthian 12)

○Health and Public Policy Committee

Chairperson



Yuhta Oyama, MD, PhD, FACP

Chief
Division of Nephrology and Rheumatology, Department of
Internal Medicine
Nihonkai General Hospital

- 1) Anytime things appear to be going better, you have overlooked something.
- 2) Life can only be understood backwards, but it must be lived forward.



Hiroshi Yoshida, MD, PhD, FACP,
ACP member

Professor
Department of Laboratory Medicine
Jikei University Kashiwa Hospital

Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.



Yohei Goto, MD

Department of cardiology
Hakodate Medical Association Hospital

Happiness depends upon ourselves



Takashi Nishida, MD, PhD

Director
Neurology
Hasegawa Hospital

I would like to devote my life to Neurology.



Masato Ito, MD, PhD, ACP member

Chief of a department of hematology and chemotherapy,
oncology Daido Hospital
Hematology and Chemotherapy, Oncology
Daido Hospital

My motto is "Medicine is a science of uncertainty and an art of probability." quoted from Dr Osler's words. What I always bear in mind are "be always conscious of Dr's professionalism" and "learn and do everything which could remedy patient's pain."

Vice-chairperson



Hiroshi Ono, MD, PhD, FACP, FCCP

Physician-in-Chief
Infectious Diseases and Pulmonary Med.
NHO Kumamoto Medical Center

The needs of the patient come first.



Hitomi Miyata, MD, PhD, ACP member

Head of Department
Department of Nephrology
Kyoto Katsura Hospital

Find Purpose, the means will follow (by Mahatma Gandhi)



Iwao Gohma, MD, ACP member, FCCP

Director of Center for Respiratory Diseases
Center for Respiratory Diseases
Sakai City Medical Center

I have ambitions for learning ethics, professionalism, and High Value Care from ACP's activities, to provide productive discussion among Japan Chapter members.



Yasuharu Tokuda, MD, PhD, FACP

Project Leader
General Medicine
Muribushi Okinawa Project for Teaching Hospitals

Choose Wisely

○Public Relations Committee

Chairperson



Yasuo Oshima, MD, PhD, FACP
Medical Advisor
Patient Safety
Novartis Pharma k.k.

To Cure Sometimes To Relieve Often To Comfort Always



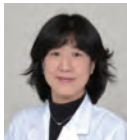
Hiroshi Bando, MD, PhD, FACP
Director
Internal Medicine
Medical Research/Tokushima University

best aging, music therapy, primary care, athletics, low carbohydrate diet



Masaya Hirano, MD, PhD, ACP member
CEO
Internal Medicine
Hirano clinic

Leading Internal Medicine, Improving Lives



Yuko Morishima, MD, PhD, FACP
Associate Professor
Department of Respiratory Medicine
Faculty of Medicine, University of Tsukuba

Challenge yourself and try various things in courageous manner.



Shuichi Kawata, MD, PhD, FACP
Director
Kawata Medical Clinic

I am trying to read literature without limiting fields of Internal Medicine.



Masanobu Aramaki, MD, PhD, ACP member
Director
Internal medicine
Aramaki Internal Clinic

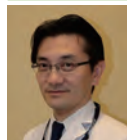
Knowing is not enough; we must apply. Willing is not enough; we must do.



Mayumi Miyaji, MD, PhD, ACP member
Chief
Internal medicine
Mami naika Clinic

Keep smiling!

Vice-chairperson



Masumi Hara, MD, PhD, ACP member
Professor and Chairman
Department of Internal Medicine
Mizonokuchi Hospital, Teikyo University School of Medicine

Action is eloquence. --- William Shakespeare



Soichi Nakata, MD, PhD, ACP member
Director
Internal medicine
Nakata Clinic

Without haste, but without rest.



Koichi Ono, MD, PhD, FACP, FJCC, FACC, FAHA, FESC, FJSM
Director
Department of Internal Medicine
Rikita Hospital

I'd like to do this work as much as possible in the reach of my ability.



Masatoshi Kawana, MD, PhD, FACP, ACP member
Professor/Chief
Department of General Medicine
Tokyo Women's Medical University

"Sincerity and Compassion"



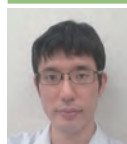
Katsunori Suzuki, MD, PhD
Deputy director
Division of Infection Control and Prevention
University of Occupational and Environmental Health, Japan

See one, Do one, Teach one



Mitsushige Nishimura, MD, ACP member
Member
GIM
Nishiizu-Kenikukai-hospital

a rolling stone gathers no moss



Takashi Ohfuji, MD, ACP member
Chief
Department of Respiratory Medicine
Fukujuji Hospital, Japan Anti-tuberculosis Association

Hope for the best and prepare for the worst.



Yuka Kitano, MD, ACP member, ABIM
 Assistant Professor
 Department of Emergency and Critical Care Medicine
 St. Marianna University Yokohama Seibu Hospital

I would like to contribute to implement the world standard practice of general internal medicine to Japan, which I believe will definitely benefit the patients.

○International Exchange Program Committee

Chairperson



Harumi Gomi, MD, FACP
 Professor of Medicine
 Center for Global Health , Mito Kyodo General Hospital
 University of Tsukuba

Listen to your heart. Follow your passion, and make your own niche.



Takahiko Tsutsumi, MD
 Chief Director
 Department of General Internal Medicine
 Aijinkai Takatsuki Hospital

" Keep on going" is my favorite motto. I am trying not to get satisfied with the current situation. We can go further.



Hiroki Nishiwaki, MD, PhD, FACP, MPH
 Assistant Professor
 Division of Nephrology, Department of Medicine
 Showa University Fujigaoka Hospital

Thank you for the opportunity to help the doctors who want to apply to the exchange program. I would like to help the participant's self-realization.



Emily Muranaka, MD
 Medical staff
 Internal Medicine
 Kurobe city hospital

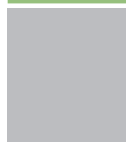
My motto is: 'If you believe, you can achieve'

Vice-chairperson



Tetsuya Makiishi, MD, FACP, FASN
 Chief
 Division of Nephrology
 Saiseikai Shiga Hospital

I'm thrilled to help you connect with valuable programs that ACP offers.



Naohiko Imai, MD
 Assistant Professor
 Department of Medicine/Division of Nephrology and Hypertension
 St. Marianna University

Life Is Short. Stay Awake For It.



Mitsuyo Kinjo, MD
 Chief
 Rheumatology
 Okinawa Chubu Hospital

Better late than never.



Yuji Yamada, MD
 Resident
 Department of Medicine
 Mount Sinai Beth Israel

Live as if you were to die tomorrow. Learn as if you were to live forever.

○Resident Fellow Committee

Chairperson



Tomohiro Kozuki, MD, ACP member
Senior Resident
Rheumatology
Tama-Hokubu Medical Center

Teaching is learning twice



Yoshito Nishimura, MD, ACP member
Doctor
General Medicine
Okayama University Hospital

I would like to let everyone know what ACP Japan Chapter and RFC are and how we contribute to the medical field.



Tomoki Tagaya, ACP member
Doctor
Nephrology
Chubu Rosai hospital

As a member of RFC, I would like to support the development of ACP.

Adviser



Hideaki Shimizu, MD, PhD, ACP member
Director
Department of Nephrology, Hypertension and Renal Replacement
Daido Hospital

Experience and knowledge builds great confidence.



Shunichi Fukuhara, MD, MACP
Professor
Department of Healthcare Epidemiology
Kyoto University

Take it for granted that things usually won't go well, and that you'll often be misunderstood.

○Early Career Physicians Committee

Chairperson



Akihito Kawashima, MD, ACP member
Director
Department of General Medicine
Shin-Yurigaoka General Hospital

With the clearance of the mind like the universe

Vice-chairperson



Yuto Unoki, ACP member
Chief Resident
General Internal Medicine
Iizuka Hospital

fairness



Akiko Hanamoto, MD, ACP member
Senior Resident
Department of General internal medicine
Fukuchiyama-City Hospital

Bloom where God has planted you.



Shoko Soeno, MD
Senior Resident
Public Onotown General Hospital

I will try to spread the concept of ACP and promote educational activities in Tohoku.

Adviser



Yuki Kataoka, MD, ACP member, MPH
Chief physician
Department of Respiratory Medicine
Hyogo Prefectural Amagasaki General Medical Center

Medicine is a science of uncertainty and an art of probability.

Vice-chairperson



Masanori Mori, MD
Team physician
Palliative Care Team
Seirei Mikatahara General Hospital

Supportive life



Noboru Hagino, MD, FACP

Lecturer
Division of Hematology and Rheumatology
Teikyo University Chiba Medical Center

“From one thing, know ten thousand things”
-- Miyamoto Musashi, Quoted from "The Book of Five Rings"



Takahiko Fukuchi, MD, PhD, DTM&H

Assistant Professor
Division of General Medicine
Jichi Medical University, Saitama Medical Center

Je pense, donc je suis



Katsuhiko Morimoto, MD, ACP member

Division Chief
Division of Nephrology, Department of Internal Medicine
Nara Prefecture General Medical Center

Life is like riding a bicycle. To keep your balance you must keep moving.



Nobuaki Mori, MD, PhD, ACP member

Staff
General internal medicine
National Hospital Organization Tokyo Medical Center

Saying is one thing and doing is another.



Kaede Yoshino, MD

Fellow
GIM
Tokyo Bay Urayasu Ichikawa Medical Center

The future depends on what we do in the present.



Shuheji Hattori, MD

Resident
Rheumatology Department
Teikyo University Chiba Medical Center

Study as if you were going to live forever, live as if you were going to die tomorrow.

○Women's Committee

Chairperson



Noriko Yamamoto, MD, FACP

President
Yamamoto Clinic

When one door closes, another opens. Seize the opportunity while the path remains lit.

Vice-chairperson



Noriko Kawashima, MD, FACP, FAAN

Director
Neurology
Kawashima Neurology Clinic

Open your mind, lead yourself and lead others



Eri Kimura, MD

Senior resident
Palliative Care
Aso Iizuka Hospital

It is not the length of life, but the depth.



Keiko Arai, MD, PhD, FACP

President
Arai Clinic

I would like to encourage every women's doctor including myself, as well as men's doctor.

Editor's Postscript

In Japan, a new board certification system will start from next spring. This new system is modeled on the system in the United States and emphasis is placed on having sufficient experience on general internal medicine before proceeding to specialized training.

It is true that there are criticisms and concerns that it does not match the actual situations in Japan. However, I hope that a good board certification system will take root in Japan. I also hope that members of Japan Chapter, and young doctors and students interested in ACP will contribute to the development of this new system. (MH)



Public Relations Committee

Chair: Yasuo Oshima

Vice- chair: Masumi Hara

Hiroshi Bando, Soichi Nakata, Masaya Hirano, Koichi Ono, Yuko Morishima,
Masatoshi Kawana, Shuichi Kawata, Katsunori Suzuki, Masanobu Aramaki,
Mitsunaga Nishimura, Mayumi Miyaji, Yuka Kitano, Takashi Ohfuji