論 文 審 査 の 結 果 の 要 旨

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（論文審査の結果の要旨）

In this study, we have reported the findings of a preliminary observational study that evaluated the effects of Boiogtio in combination with the standard treatment for chronic heart failure (CHF) in patients with CRS. We enrolled 26 patients (77±8.5 years, 18 males) with CHF: New York Heart Association (NYHA) functional class I-III, Stage B or Stage C heart failure, along with renal insufficiency (estimated glomerular filtration rate, eGFR < 65 $mL \cdot min^{-1} \cdot 1.73\ m^{-2}$). The conventional dose of Boiogito (2.5 g, 5.0 g, or 7.5 g per day), added on standard medications of each patient was determined according to the patient's acceptance and adherence to the treatment. To evaluate Boiogito's effects on renal function and heart failure status, laboratory parameters were averaged from 2-3 outpatient visits for each 3 points as follows: 1) before initiation of the treatment (baseline), and followed at mean intervals of 2) 3.5 and 3) 9.4 months after starting the treatment.

Results from our study:

1). Boiogito treatment significantly improved mean eGFR levels from 40.02±10.54 to 44.60±10.76 at 3.5 months (P=0.001), and to 45.93±11.57 at 9.4 months (P=0.0004); and sCr and BUN levels decreased significantly (P<0.05).

2). There were no significant interval changes observed in levels of serum sodium, chloride, or potassium in patients treated with Boiogito (P>0.05).

3). BNP levels (pg/mL) declined significantly with Boiogito treatment from 241.5±196.6 to 195.5±145.7 at 3.5 months (P=0.008), and to 163.3±130.2 at 9.4 months (P=0.007). Six out of 26 patients (23%) demonstrated improvement in NYHA functional class (P=0.019) from the baseline.

4). There were no significant correlations between the changes in eGFR and BNP levels after Boiogito treatment at both 3.5 and 9.4 months (P>0.05), suggesting that the decrease in BNP levels could be distinct from the increase in eGFR levels.

5). No significant changes in eGFR and BNP levels in the presence or absence of background treatment agents (angiotensin II receptor blockers, angiotensin-converting enzyme inhibitors, β-blockers, or diuretics) were observed at 3.5 and 9.4 months (P>0.05).

6). No significant adverse events were observed that resulted in discontinuation of Boiogito treatment at the end of the study.

主査、副査は一致して本論文を学位論文として価値があるものと認めた。