

Curriculum Vitae

	Name (First Name / Middle Name / Last Name)	Hiroshi Nakase
	Title (Prof. Dr., etc.)	Vice Dean, Professor
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Educational Background

EDUCATION: 1990 M.D. Kobe University, Medical School, 1997-2001 Ph.D. Kyoto University Graduate School of Medicine

CLINICAL TRAINING: 1990-1992 Junior resident in Kobe Central City Hospital, 1992-1994 Senior resident in Takatsuki Hospital, 1994-1997 Gastroenterology staff in Nishi Kobe Medical Center

Professional Career

2000-2002: Research Fellowship of the Japan Society for the Promotion of Science for Young Scientists.

2001-2003: Postdoctoral Research Fellow, University of North Carolina, Division of Digestive Diseases.

2003-2005: Assistant Professor, Department of Gastroenterology and Hepatology, Division of Endoscopic Medicine, Kyoto University Hospital

2005-2008: Lecturer, Department of Gastroenterology and Hepatology, Graduate School of Medicine, Kyoto University

2008-2014: Lecturer, Department of Gastroenterology and Hepatology, Endoscopic Medicine, Kyoto University Hospital

2015-2016: Chief, Division of Endoscopy, Kyoto University Hospital.

2016-present: Professor and Chair, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Sapporo Medical University School of Medicine.

2022-present: Vice Dean, Sapporo Medical University School of Medicine.

Research Field

Prof. Nakase's research interests include the role of inflammasomes in mucosal inflammation and the development of new therapies for inflammatory bowel disease (IBD). He has been involved in numerous clinical trials for IBD in Japan. Prof. Nakase has made significant contributions to the medical literature on IBD. He is a reviewer for numerous scientific and clinical journals.

Main Scientific Publications

- Nakase H**, Wagatsuma K, Kobayashi T, Matsumoto T, Esaki M, Watanabe K, Kunisaki R, Takeda T, Arai K, Ibuka T, Ishikawa D, Matsuno Y, Sakuraba H, Ueno N, Yokoyama K, Saruta M, Ryota Hokari R, Yokoyama J, Shu Tamano S, Nojima M, Hisamatsu T (the MEFV-IBDU Group). Involvement of Mediterranean fever gene mutations in colchicine-responsive enterocolitis: a retrospective cohort study. *EBiomedicine*. 2024;110:105454.
- Yamada S, Honzawa Y, Yamamoto S, Matsuura M, Kitamoto H, Okabe M, Kakiuchi N, Toyonaga T, Kobayashi T, Hibi T, Seno H, **Nakase H**. Single nucleotide polymorphisms of the MEFV gene E148Q are highly associated with disease phenotype in Crohn's disease. *Inflamm Bowel Dis*. 2024; 30: 970-980.
- Vermeire S, Danese S, Zhou W, Ilo D, Klaff J, Levy G, Yao X, Chen S, Sanchez Gonzalez Y, Hébuterne X, Lindsay JO, Higgins PDR, Cao Q, **Nakase H**, Colombel JF, Loftus EV Jr, Panaccione R. Efficacy and safety of upadacitinib maintenance therapy for moderately to severely active ulcerative colitis in patients responding to 8 week induction therapy (U-ACHIEVE Maintenance): overall results from the randomised, placebo-controlled, double-blind, phase 3 maintenance study. *Lancet Gastroenterol Hepatol*. 2023; 8: 976-989.
- Nakase H**, Hayashi Y, Yokoyama Y, Matsumoto T, Matsuura M, Iijima H, Matsuoka K, Ohmiya N, Ishihara S, Hirai F, Abukawa D, Hisamatsu T. Final analysis of COVID-19 patients with inflammatory bowel disease in Japan (J-COSMOS): a multicenter registry study. *Gastro Hep Advances*. 2023; 2: 1056-1065.
- Loftus EV Jr, Panés J, Lacerda AP, Peyrin-Biroulet L, D'Haens G, Panaccione R, Reinisch W, Louis E, Chen M, **Nakase H**, Begun J, Boland BS, Phillips C, Mohamed MF, Liu J, Geng Z, Feng T, Dubcenco E, Colombel JF. Upadacitinib Induction and Maintenance Therapy for Crohn's Disease. *N Engl J Med*. 2023; 388:1966-1980.
- Nakase H**, Sato N, Mizuno N, Ikawa Y. The influence of cytokines on the complex pathology of ulcerative colitis. *Autoimmun Rev*. 2022; 21: 103017.
- Danese S, Vermeire S, Zhou W, Pangan AL, Siffladeen J, Greenbloom S, Hébuterne X, D'Haens G, **Nakase H**, Panés J, Higgins PDR, Juillerat P, Lindsay JO, Loftus EV Jr, Sandborn WJ, Reinisch W, Chen MH, Sanchez Gonzalez Y, Huang B, Xie W, Liu J, Weinreich MA, Panaccione R. Upadacitinib as induction and maintenance therapy for moderately to severely active ulcerative colitis: results from three phase 3, multicentre, double-blind, randomised trials. *Lancet*. 2022; 399(10341): 2113-2128.
- Kobayashi T, Motoya S, Nakamura S, Yamamoto T, Nagahori M, Tanaka S, Hisamatsu T, Hirai F, **Nakase H**, Watanabe K, Matsumoto T, Tanaka M, Abe T, Suzuki Y, Watanabe M, and Hibi T, on behalf of the HAYABUSA Study Group. Discontinuation of infliximab increases the 1-year relapse rate of ulcerative colitis in remission - a prospective, multicentre, randomised controlled trial. *Lancet Gastroenterol Hepatol*. 2021; 6: 429-437.
- Nakase H**, Hirano T, Wagatsuma K, Ichimiya T, Yamakawa T, Yokoyama Y, Hayashi Y, Hirayama D, Kazama T, Yoshii S, Yamano H. Artificial intelligence-assisted endoscopy changes the definition of mucosal healing in ulcerative colitis. *Dig Endosc*. 2021; 33: 903-911.