SARCOIDOSIS VASCULITIS AND DIFFUSE LUNG DISEASES 2023; 40 (3): e2023025 DOI: 10.36141/svdld.v40i3.15024

In Memory of Professor Takateru Izumi

Professor Takateru Izumi passed away early in the morning of March 23, 2023, eighteen months after being diagnosed with myelodysplastic syndrome. He had been working towards the publication of his final book, while offering invaluable insights on the state of medical care for the aged and on his own experience as a patient. He was 87 years old.

Professor Izumi clearly recognized how Japan can improve and expand medical science and practice throughout the world. Two experiences studying abroad deeply influenced his career as an active international researcher and communicator, at Rockefeller University (USA) in 1967 and the Karolinska Institute (Sweden) in 1970.

He established the Sarcoidosis Outpatient Clinic at Kyoto University at the age of 32 and published the definitive book on sarcoidosis (in Japanese language) six years later, at 38.

In the ensuing years up to his retirement in 1999, Professor Izumi followed nearly 1,000 sarcoidosis patients. Long-term follow-ups gave him the opportunity to clarify the clinical courses of sarcoidosis and deepen our understanding of the disease in the academic research. Kyoto is an ideal place for this type of longitudinal clinical research.: as most the residents are traditional and conservative, they tend to maintain long and faithful relationships with those they have come to trust, including their physicians. tend to spend the city lives in Kyoto, patients can be followed longitudinally in the same clinic without escaping.

As a clinical researcher, Professor Izumi developed the spectrum from sarcoidosis to interstitial pneumonia, detailing and cataloging diseases such as IPF and collagen vascular diseases, based on the clinico-radiological-histological diagnosis.

From 1984 onward, Professor Izumi and his group presented their results at the ATS Annual Congress, WASOG Congress, and ERS Congress every year. He visited hospitals and institutes throughout the United States and Europe to collect essential information on disease entities, diagnosis, and treatment, during his many trips. Guided by the experience, he went on to introduce inhalation therapy (corticosteroid and bronchodilator) for asthma patients in Japan, at a time when the mainstream domestic therapy for asthma was antiallergic drugs.

For the treatment and study of COPD, he accumulated data on 300 cases over the period following a 5-year case conference in the Kansai area. He went on to propose that COPD was fundamentally a disease associated with tobacco smoking (chronic bronchitis and emphysema) in Japan. Japanese physicians had thus far viewed COPD as a sort of wastebasket disease encompassing entities such as bronchiectasis, bronchial asthma, and so on. Though diffuse panbronchiolitis (DPB) was initially recognized as a disease unique to Japan, his active field work in Japan and overseas put DPB on the map as a disease found on every continent.

He communicated with a great many clinicians and researchers in his long career, often inviting them to take part in a prominent clinico-radiological-pathological meeting in Japan (Kyoto Symposium from 1989 to 2000).

During his stint as the WASOG president in 1991 in Kyoto, he and colleagues comprehensively compared the clinical features of sarcoidosis around the world.

Professor Izumi was the first physician to present a series of cases of chronic beryllium lung diagnosed histologically and confirmed by metal measurements of biopsied samples. He also provided tremendous help to the patients by arranging financial support from the government for their care. He was bestowed the President Award at the international meeting of the Japanese Thoracic Society in 1986 in recognition of his extensive contributions and precise data.

We are honored to mention two very meaningful results he has achieved based on his long-term, histologically confirmed clinical research: 1) corticosteroid standard therapy, with its potential side effects, should be avoided in patients with BHL sarcoidosis, as some cases spontaneously regress and others stabilize over the long term. 2) The chronic stage of sarcoidosis can be defined as the 5-year period after detection, as the abnormality on chest radiographs regresses linearly for the first 5 years but fails to improve thereafter, from year 6 to year 10. This definition was applied to the classification of clinical phenotypes regarding prognosis in the WASOG Task Group in 1995.

Professor Izumi continued to work as a chest physician in Kyoto in close communication with the university for more than 25 years after his retirement at the age of 63. His clinic followed nearly 700 patients with sarcoidosis. His commitment to refining the guidelines for both common and special diseases brought about ongoing guideline updates throughout his post-retirement years.

Professor Izumi also published several books on the history of medicine in Japan over the modern years from 1860 to 2000. Looking back through the foundational work on which all research and works are based, he published a biographical dictionary detailing the lives and contributions of 4,662 physicians, researchers, nurses, pharmacists, and others in the medical field. The dictionary was awarded by the Japanese Society for the History of Medicine in 2012.

Here are the titles of his other books except the book mentioned above::

- The Comings and Goings of People between Japan and Europe during World War II,
- The Educational Role of Japanese Physicians in Occupied Areas in the Modern Period,
- Japanese Physicians in Manchuria (China) in the Modern Period

Though his final book, on Japanese physicians in Germany during the modern period, was unfinished when he died, we are working towards posthumous publication in the near future. For those of us who knew him, the upcoming work will be a resurrection of Professor Izumi and his many observations and insights.

To uphold his legacy and work towards his vision for the future, we at the Kyoto Health Management Research Foundation will continue awarding the Takateru Izumi Memorial Grant for the support of young physicians who are studying and conducting clinical research on incurable diseases (sarcoidosis, IPF, collagen vascular disease, etc.).

When Professor Izumi retired from Kyoto University as a professor emeritus in 1999, he planted a crape myrtle tree in the garden of the Chest Disease Research Institute. He used to tell us that the garden would be his final resting place, when the crimson flowers blossomed in late summer.

Arata Azuma
Kyoto Health Management Research Foundation