Welcome message

The Korean Society of Lipid and Atherosclerosis (KSoLA) is proud to launch the 4th edition of the Dyslipidemia Fact Sheet, which we have been publishing since 2015.

The KSoLA is a nonprofit organization founded in 2001 by the merger of the Korean Society of Lipid and the Korean Association for the Study of Atherosclerosis. The mission of our society is to prevent and cure atherosclerosis, and to improve public awareness regarding the seriousness of atherosclerosis and its risk factors. To fulfill this mission, we have analyzed the current status of dyslipidemia based on data from the 2007-2020 Korea National Health and Nutrition Examination Survey (KNHANES).

We always find new and more accurate data and revise accordingly to indicate changes in the epidemiology of cardiovascular disease and its risk factors. As described in this edition of the fact sheet, more than 1 in 4 Korean adults are living with hypercholesterolemia. The prevalence of hypercholesterolemia in adults has more than doubled from 2007 to 2020. More than 2 in 5 adults in Korea have dyslipidemia, which is a serious cause of mortality and morbidity due to cardiovascular disease. It places a heavy burden on the affected individuals and our society. In this edition, the definition of hypo-HDL-cholesterolemia for women (less than 50 mg/dL) was added in the analysis of the prevalence of dyslipidemia.

We hope this Dyslipidemia Fact Sheet 2022 will help to enhance public awareness and encourage research to prevent atherosclerosis.

President, Myung-A Kim
Chairman, Donghoon Choi
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Data source and analysis

Data source
2007–2020 Korea National Health and Nutrition Examination Survey (KNHANES)

Definition
• Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.
• Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.
• Treatment: self-reported use of a lipid-lowering drug.
• Control: total cholesterol < 200 mg/dL.
• Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).
• Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).
• Hyper-LDL-cholesterolemia: LDL-cholesterol ≥160 mg/dL or taking a lipid-lowering drug.
• Hypertriglyceridemia: triglyceride ≥200 mg/dL.
• Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.
• Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.

Age-standardization
• The age-standardized prevalence was calculated using age- and sex-specific structures of the estimated population based on the 2005 Population Projections for Korea.
Lipid profile in Korean adults
Age-standardized mean concentration of blood lipid

Data source: KNHANES 2007-2020
Subjects: Adults aged 20+ years

Age-standardized to 2005 population

Total cholesterol
Non HDL-cholesterol
Triglyceride
LDL-cholesterol
HDL-cholesterol

2007–2020 trend
# Distribution of blood lipid concentration

## Mean and S.D. for Men and Women

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<thead>
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<th>Mean</th>
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<tr>
<td><strong>Total cholesterol</strong></td>
<td>190</td>
<td>38</td>
<td>129</td>
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<td>164</td>
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<td><strong>Non-HDL cholesterol</strong></td>
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<td>38</td>
<td>83</td>
<td>95</td>
<td>116</td>
<td>142</td>
<td>167</td>
<td>191</td>
<td>207</td>
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<tr>
<td><strong>Triglyceride</strong></td>
<td>157</td>
<td>129</td>
<td>52</td>
<td>62</td>
<td>86</td>
<td>125</td>
<td>186</td>
<td>273</td>
<td>358</td>
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<tr>
<td><strong>LDL-cholesterol</strong></td>
<td>114</td>
<td>33</td>
<td>60</td>
<td>71</td>
<td>91</td>
<td>113</td>
<td>136</td>
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<tr>
<td><strong>HDL-cholesterol</strong></td>
<td>47</td>
<td>11</td>
<td>32</td>
<td>34</td>
<td>39</td>
<td>46</td>
<td>54</td>
<td>62</td>
<td>68</td>
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</table>

## Data: 2016-2020 KNHANES; adults aged 20+ years
Prevalence and management of hypercholesterolemia in Korean adults
Age-standardized prevalence of hypercholesterolemia

The age-standardized prevalence of hypercholesterolemia more than doubled from 2007 to 2020.

Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population.
Hypercholesterolemia: total cholesterol \(\geq 240\) mg/dL or taking a lipid-lowering drug.
Crude prevalence of hypercholesterolemia

Hypercholesterolemia is steadily increasing. Nearly 1 out of 4 adults has hypercholesterolemia.

Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.
Crude prevalence of hypercholesterolemia by sex

The prevalence of hypercholesterolemia has steadily increased in both men and women.

Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.
Awareness rate of hypercholesterolemia

The awareness rate of hypercholesterolemia has steadily increased. More than 3 out of 10 adults with hypercholesterolemia are unaware of their conditions.

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.
Awareness rate of hypercholesterolemia by sex

Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia.

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia

2007-2009: Men (36.2%), Women (39.9%)
2010-2012: Men (42.7%), Women (47.6%)
2013-2015: Men (48.5%), Women (61.5%)
2016-2018: Men (53.7%), Women (61.0%)
2019-2020: Men (61.2%), Women (64.4%)

(%)
Treatment rate of hypercholesterolemia

The treatment rate of hypercholesterolemia has steadily increased. About half of adults with hypercholesterolemia take medications.

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Treatment: self-reported use of a lipid-lowering drug.
Treatment rate of hypercholesterolemia by sex

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Treatment: self-reported use of a lipid-lowering drug.
Control rate of hypercholesterolemia

The control rate of hypercholesterolemia has more than doubled. However, fewer than half of adults with hypercholesterolemia maintain blood cholesterol below 200 mg/dL.

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Control: total cholesterol <200 mg/dL
Control rate of hypercholesterolemia by sex

Data: 2007-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Control: total cholesterol <200 mg/dL.
Control rate among adults treated for hypercholesterolemia

The control rate among adults receiving treatment for hypercholesterolemia has slightly increased. 85% of lipid-lowering drug users maintain blood cholesterol levels below 200 mg/dL.

Data: 2007-2020 KNHANES; adults aged 20+ years who are treated for hypercholesterolemia
Control: total cholesterol < 200 mg/dL.
Control rate among adults treated for hypercholesterolemia by sex

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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>78.6</td>
<td>78.9</td>
<td>88.4</td>
<td>85.9</td>
<td>85.1</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>68.2</td>
<td>78.5</td>
<td>81.9</td>
<td>82.7</td>
<td>85.0</td>
</tr>
</tbody>
</table>

Data: 2007-2020 KNHANES; adults aged 20+ years who are receiving treatment for hypercholesterolemia
Control: total cholesterol <200 mg/dL.
Summary of management of hypercholesterolemia

Data: 2019-2020 KNHANES; adults aged 20+ years with hypercholesterolemia
Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.
Awareness: self-reported physician-diagnosed hypercholesterolemia or dyslipidemia
Treatment: self-reported use of a lipid-lowering drug.
Control: total cholesterol <200 mg/dL.
Prevalence of dyslipidemia in Korean adults
Age-standardized prevalence of dyslipidemia

Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population

Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).

Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).
Crude prevalence of dyslipidemia by sex and age

If hypo-HDL-cholesterolemia is defined as <40 mg/dL in both men and women, the prevalence of dyslipidemia is 40%. If hypo-HDL-cholesterolemia is defined as <40 mg/dL in men and <50 mg/dL in women, the prevalence of dyslipidemia is 48%.

Data: 2016-2020 KNHANES; adults aged 20+ years

Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).
Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).
Age-standardized prevalence of hyper-LDL-cholesterolemia

Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population
Hyper-LDL-cholesterolemia: LDL-cholesterol ≥160 mg/dL or taking a lipid-lowering drug
Crude prevalence of hyper-LDL-cholesterolemia by sex and age

Nearly 1 out of 5 adults has hyper-LDL-cholesterolemia, and this proportion increases with age. After age 50, women have a higher prevalence of hyper-LDL-cholesterolemia than men.

Data: 2016-2020 KNHANES; adults aged 20+ years
Hyper-LDL-cholesterolemia: LDL-cholesterol ≥160 mg/dL or taking a lipid-lowering drug
Age-standardized prevalence of hypertriglyceridemia

Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population
Hypertriglyceridemia: triglyceride ≥200 mg/dL.
Crude prevalence of hypertriglyceridemia by sex and age

More than 15% of Korean adults have hypertriglyceridemia. Men aged 40-49 have a 4x higher prevalence of hypertriglyceridemia than women.

Data: 2016-2020 KNHANES; adults aged 20+ years
Hypertriglyceridemia: triglyceride ≥200 mg/dL.
Age-standardized prevalence of hypo-HDL-cholesterolemia

Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population
Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.
Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.
Crude prevalence of hypo-HDL-cholesterolemia by sex and age

17% of Korean adults have hypo-HDL-cholesterolemia. This percentage increases to 29% when using the definition of <50 mg/dL for women. Women in their 50s have a 2x higher prevalence than women in their 20s.

Data: 2016-2020 KNHANES; adults aged 20+ years
Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in men and women.
Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.
Prevalence of dyslipidemia and its components

Data: 2016-2020 KNHANES; adults aged 20+ years

**Dyslipidemia 1**: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men and women).

**Dyslipidemia 2**: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women).

**Hypo-HDL-cholesterolemia 1**: HDL-cholesterol <40 mg/dL in men and women.

**Hypo-HDL-cholesterolemia 2**: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women.
Prevalence of dyslipidemia according to diabetes status

People with diabetes have much higher risk of dyslipidemia than those without diabetes. Almost 90% of people with diabetes have dyslipidemia if high LDL-cholesterol is defined as ≥100 mg/dL.

Data: 2016-2020 KNHANES; adults aged 20+ years
Prediabetes: fasting glucose 100-125 mg/dL or HbA1c 5.7-6.4%
Diabetes: fasting glucose ≥126 mg/dL, HbA1c ≥6.5%, previously diagnosed, or taking glucose-lowering drugs or insulin
Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
*Dyslipidemia: LDL-cholesterol ≥100mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
Distribution of LDL-cholesterol levels among adults with and without diabetes

Nearly half of people with diabetes have LDL-cholesterol levels higher than 100 mg/dL.

Data: 2016-2020 KNHANES; adults aged 20+ years
Diabetes: fasting glucose ≥126 mg/dL, HbA1c ≥6.5%, previously diagnosed, or taking glucose-lowering drugs or insulin
Prevalence of dyslipidemia according to hypertension status

People with hypertension have a much higher risk of dyslipidemia than those without hypertension. Almost 70% of people with hypertension have dyslipidemia if high LDL-cholesterol is defined as ≥130 mg/dL.

Data: 2016-2020 KNHANES; adults aged 20+ years
Prehypertension: SBP 120-139 mmHg or DBP 80-89 mmHg
Hypertension: SBP ≥140 mmHg, DBP ≥90 mmHg, or taking a BP-lowering drug
Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
*Dyslipidemia: LDL-cholesterol ≥130 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
Distribution of LDL-cholesterol levels among adults with and without hypertension

29% of people with hypertension have LDL-cholesterol levels higher than 130 mg/dL.

Data: 2016-2020 KNHANES; adults aged 20+ years
Hypertension: SBP ≥140 mmHg, DBP ≥90 mmHg, or taking a BP-lowering drug
Prevalence of Dyslipidemia according to Obesity status

People with obesity have a 2x higher risk of dyslipidemia than those with normal weight.

Data: 2016-2020 KNHANES; adults aged 20+ years
Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
Prevalence of dyslipidemia among adults with and without abdominal obesity

Data: 2016-2020 KNHANES; adults aged 20+ years
Abdominal obesity: waist circumference ≥90 cm in men; ≥85 cm in women.
Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug
Health behaviors among adults with dyslipidemia
Dietary intake of energy and macronutrients among adults with dyslipidemia

Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia
Proportion of Those Who Met the Criteria for Balanced Consumption among Adults with Dyslipidemia

About half of men and women with dyslipidemia meet the energy intake recommendations. Only 29% of men and 23% of women with dyslipidemia meet the carbohydrate intake recommendation.

- Balanced total energy intake (75-125% of requirement by sex and age): 49.7% for men, 48.7% for women
- Balanced carbohydrate intake (55-65% of total energy): 29.2% for men, 22.8% for women
- Balanced protein intake (7-20% of total energy): 85.5% for men, 91.0% for women
- Balanced fat intake (15-30% of total energy): 53.6% for men, 44.7% for women

Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia
Distribution of desirable dietary habits among adults with dyslipidemia

Only 27% of men and 20% of women with dyslipidemia eat enough vegetables. About 40% of men and 30% of women with dyslipidemia consume more saturated fat than recommended.

Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia
Distribution of physical inactivity, cigarette smoking, and alcohol drinking among adults with dyslipidemia

54% of men and 62% of women with dyslipidemia do not meet the recommendations for physical activity. 40% of men and 6% of women with dyslipidemia smoke cigarettes, and 72% of men and 32% of women with dyslipidemia drink alcohol.

Data: 2016-2018 KNHANES; adults aged 20+ years with dyslipidemia
Physical inactivity: moderate-intensity activity <150 minutes, vigorous-intensity activity for <75 minutes, and an equivalent combination of moderate-and vigorous-intensity activity over the past week
Current smoking: have smoked 100+ cigarettes during lifetime and currently smoking.
Alcohol drinking: consuming alcohol more than once a month in the past year.
Trends in health behaviors of Korean adults
Age-standardized Dietary intake among Koreans

Total energy intake increased from 2007 to 2015, but then decreased. The proportion of carbohydrate intake gradually decreased, while fat intake rose slowly.

Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population
Age-standardized Dietary intake among Koreans by sex

Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population
Age-standardized prevalence of cigarette smoking among Koreans

Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population
Cigarette smoking: have smoked 100+ cigarettes during lifetime and currently smoking.
Age-standardized prevalence of monthly alcohol drinking among Koreans

<table>
<thead>
<tr>
<th>Year</th>
<th>Total (%)</th>
<th>Men (%)</th>
<th>Women (%)</th>
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<tbody>
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<td>2007</td>
<td>73.5</td>
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<td>2008</td>
<td>74.7</td>
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<td>2020</td>
<td>70.2</td>
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</table>

Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population
Alcohol drinking: consuming alcohol more than once a month in the past year.
### Age-standardized prevalence of binge drinking among Koreans

#### 2007–2020 trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Total (%)</th>
<th>Men (%)</th>
<th>Women (%)</th>
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<tbody>
<tr>
<td>2007</td>
<td>21.3</td>
<td>24.5</td>
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<tr>
<td>2008</td>
<td>21.4</td>
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</tr>
<tr>
<td>2020</td>
<td>21.6</td>
<td>21.2</td>
<td>14.1</td>
</tr>
</tbody>
</table>

**Data:** 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population

**Binge drinking:** consuming excessive alcohol (≥7 glasses for men; ≥5 glasses for women) on the same occasion.
Age-standardized prevalence of walking among Koreans

Data: 2007-2020 KNHANES; adults aged 19+ years; standardized to 2005 Korean population
Walking: ≥10 minutes at a time and for ≥30 minutes per day and ≥5 days over the past one week.
Age-standardized prevalence of physical inactivity among Koreans

Data: 2014-2020 KNHANES; adults aged 19+ years; standardized to the 2005 Korean population
Physical inactivity: moderate-intensity activity <150 minutes, vigorous-intensity activity for <75 minutes, and an equivalent combination of moderate- and vigorous-intensity activity over the past week
Summary & Conclusion

- Currently, 1 out of 4 Korean adults has hypercholesterolemia, and 2 out of 5 Korean adults have dyslipidemia.

- Hypercholesterolemia continues to become increasingly common, and 23% of men and 25% of women have hypercholesterolemia.

- Although the awareness rate of hypercholesterolemia is improving, more than 3 out of 10 people with hypercholesterolemia are still unaware of their condition.

- The treatment rate of hypercholesterolemia has substantially improved, but about half of people with hypercholesterolemia still do not use lipid-lowering drugs.

- Currently, 48% of people with hypercholesterolemia and 85% of those taking lipid-lowering drugs maintain blood cholesterol levels below 200 mg/dL.

- The prevalence of dyslipidemia increased from 40.2 to 48.2%, when the definition of hypo-HDL-cholesterolemia in women changed from < 40 to < 50 mg/dL.

- Although the overall prevalence of dyslipidemia has not changed significantly, that of hyper-LDL-cholesterolemia is increasing and that of hypo-HDL cholesterol is decreasing.

- 87% of people with diabetes have dyslipidemia (hyper-LDL-C ≥ 100, hyper-TG ≥ 200, or hypo-HDL-C < 40 mg/dL). Also, about half of people with diabetes have LDL-cholesterol levels above 100 mg/dL.

- 72% of people with hypertension have dyslipidemia (hyper-LDL-C ≥ 130, hyper-TG ≥ 200, or hypo-HDL-C < 40 mg/dL). Also, about 20% of people with hypertension have LDL-cholesterol levels above 130 mg/dL.

- About half of people with dyslipidemia follow the energy intake recommendations, and approximately 25% follow the carbohydrate intake recommendation. Only 27% of men and 20% of women with dyslipidemia eat enough vegetables. About 40% of men and 30% of women with dyslipidemia consume more saturated fat than recommended.

- More than half of people with dyslipidemia do not meet the physical activity recommendations. About 40% of men and 6% of women with dyslipidemia smoke cigarettes, and 72% of men and 32% of women with dyslipidemia drink alcohol.
# Organization

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>University</th>
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<tbody>
<tr>
<td>Chairman</td>
<td>Donghoon Choi</td>
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<td>Secretary General</td>
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<td>Dae Jung Kim</td>
<td>Ajou University</td>
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<td>Director, Scientific Committee</td>
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<td>Director, Publication Committee</td>
<td>Jaetaek Kim</td>
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<td>Director, International Liaison Committee</td>
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<td>Director, Insurance and Legislation Committee</td>
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<td>Director, Education Committee</td>
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<td>Director, Clinical Practice Guideline Committee</td>
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<td>Director, Clinical Research Committee</td>
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<td>Director, Basic Research Committee</td>
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