Reflections from EASD 2015

Dr Caroline Day reports from the European Association for the Study of Diabetes (EASD) conference in Stockholm, Sweden, 14–18th September, 2015

Introduction

The 51st annual meeting of the EASD saw 15,575 delegates from 134 countries (1,243 from the UK) attend the Congress Centre at Älvsjö, about 5 km from central Stockholm. There was the usual selection of EASD and industry-sponsored symposia offering interesting perspectives and updates prior to the start of the main conference programme. This comprised six parallel sessions of state of the art symposia, debates and oral presentations, with long lunch breaks providing ample opportunity to view 945 posters arranged in 123 separate sections.

The digital delegate has arrived. There wasn't an Abstract book in sight and small banks of printers supplied individual abstracts on request. Nevertheless, the 1,202 abstracts can still be accessed conventionally[1] as well as via the EASD virtual meeting website.[2] Abstract (#) and online session (/) numbers are included in this report to allow the interested reader to delve deeper.[2,3] Most of the oral presentations, highlight sessions, debates and posters can also be viewed via the virtual meeting site – the programme flipbook is a useful navigational aid.[4] The debates and highlight sessions are recommended viewing.

CV outcome trials

In August 2015 the media was awash with news that the empagliflozin CV outcomes trial had met its primary endpoint (3-point major adverse CV events [MACE]) and demonstrated superiority of the drug, but the detail would be presented at EASD. The results of the EMPA-REG OUTCOME™ study session on the penultimate day of the meeting did not disappoint, and raises the question of whether the benefits observed are an SGLT2 inhibitor class effect or are specific to empagliflozin (/2030).

The Trial to Evaluate Cardiovascular Outcomes after treatment with Sitagliptin (TECOS) session commenced with an abridged delivery of the results originally reported at the American Diabetes Association (ADA) annual meeting in June 2015 and described subsequent subanalyses which confirm that sitagliptin can be safely used in type 2 diabetes without concern for worsening heart failure or causing pancreatic cancer (/2045). The Evaluation of LIXisenatide in Acute coronary syndrome (ELIXA) session affirmed the safety of lixisenatide in type 2 diabetes as reported at ADA 2015 (/2046).

Post-hoc analysis of data from the Examination of cardiovascular outcomes: Alogliptin versus standard of care (EXAMINE) trial revealed no influence of ACE inhibition on the CV safety of alogliptin relative to placebo (#822). In Saxagliptin Assessment of Vascular Outcomes Recorded in patients with diabetes mellitus (SAVOR)-TIMI, health related quality of life (HRQoL) was decreased by CV events but saxagliptin (which increased hospitalisation for heart failure) did not alter HRQoL compared with other treatments (#1188).

Safety

A Bayesian meta-analysis of survival data suggested a higher risk of CV events with sulphonylureas than with other glucose-lowering agents (#128) and a Swedish database study has shown that second line treatment with a sulphonylurea compared to a DPP4 inhibitor increased CV risk (#129). A database study from the USA in type 2 diabetes patients with CV disease starting a DPP4 inhibitor or a sulphonylurea (27,259 in each cohort) showed no increase in hospitalisation for heart failure for either class of agent and specifically between saxagliptin and sitagliptin (#370).

According to meta-analyses, dulaglutide (#77), liraglutide (#1193) or the novel basal insulin peglispro (#132) did not increase MACE in type 2 diabetes. Analyses of pooled data showed that treatment with dapagliflozin did not increase CV events in elderly, hypertensive type 2 diabetes patients with coronary heart disease (#754) or heart failure (#765).

An overview of the DUAL I–V trials (DUAL VI and VII are ongoing) with a fixed-ratio combination injection (IDegLira; insulin degludec and liraglutide) showed no increase in pancreatitis (/2042). A nationwide database study in Denmark found no increased risk of pancreatic cancer with GLP-1RA and DPP4 inhibitors; however type 2 diabetes itself is a risk factor (#17). Special sessions considered the consequences of hypoglycaemia (/2019) and trending topics in SGLT2 inhibition (/2170), particularly with regard to diabetic ketoacidosis in type 1 diabetes.

Glucocentric

The Swedish National Diabetes Registry has shown that type 2 diabetes still carries excess risk of all-cause and CV mortality, particularly in younger patients and those with poorer glycaemic control (#271). Approaches to glucose lowering were discussed in the EASD/European Society of Cardiology Symposium (/2010) and the case made for early pathologically-guided intensive glycaemic control (/2025).

Diary date

EASD 2016 will be held at the ICM Messe in Munich, 12–16th September. Early booking is recommended, or reserve your seat on the sofa for the virtual meeting.

Acknowledgement

Nobody can be in two places at once, so thanks go to Dr Mike Gwilt for pointing me towards some of the content described above.

References

1. Abstract book, EASD 2015. *Diabetologia* 2015;**58**:S1-S607.
2. EASD virtual meeting website. www.easdvirtualmeeting.org
3. Whole sessions for online viewing can be accessed as follows: http://www.easdvirtualmeeting.org/contentsessions/ followed by the reference given above, e.g. http://www.easdvirtualmeeting.org/contentsessions/2030 takes you to the EMPA-REG OUTCOME™ session.
4. The EASD programme flipbook is available at http://www.easd.org/images/easdwebfiles/annualmeeting/51stmeeting/Flipbook/index.html

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