

**2021 Diabetes Forum 6/28/21**  
**Panel Discussion and Q&A**

1. Please comment on gestational diabetes for my granddaughter.  
Terry B

Gosh Terry ... we hope your granddaughter is doing as well as possible! LOTS of resources on gestational diabetes, that is for sure ... as a patient and mom of three, I so hope she is able to use CGM to help with her gestational diabetes. [diaTribe.org/TIR](http://diaTribe.org/TIR) is one of several great places to look.

Kelly Close

2. I'm a newbie and don't understand carbs. Does the amount of food, drink determine how many carbs to be ingested?  
Richard B

Read labels and learn what foods have carbs. If you have never seen a dietitian, that's a great place to start.

David Kruger

Read the labels on food. Different foods have different carbs. You have to look at the serving size to determine the carbs.

Sarah T

3. Are Conversation Maps trainings still available?  
Sue L

Absolutely, yes. Check online.

4. Comment on Insulin Resistance and drugs to help it.  
Barry H

Yes, please comment on insulin resistance drugs for the T1.

Mary R

Any drug that lowers weight will reduce insulin resistance, and those would include SGLT2s and GLP-1 RAs. Check out this article for more info:

<https://tcoyd.org/2021/04/weight-loss-with-glp-1-ras-the-battle-of-the-bulge/>

5. Why would someone on Jardiance have high blood sugars (250-260) 2hrs after a low carb meal? They have been on it for 6 wks.  
Vanessa T

You definitely need something in addition to Jardiance. This is not unusual.

6. What's the best way to get connected with forthcoming clinical trials? (T1, diagnosed at 57, 13 months ago).

Kari H

Ask your health care provider, call universities in your area, the NIH has a web site listing all of the ongoing clinical trials.

Dauida Kruger

7. Can diabetes be managed without medications?

Martha K

In certain circumstances, yes. Typically in the early stages of type 2 diabetes.

8. What is your opinion of the inPen?

Barbara C

It's excellent for people on multiple daily injections.

9. Please comment on effect of gastric bypass on glucose absorption. My blood sugar goes up into the 200-350 after only ingesting 15 g of carbs. But I go back in range quite quickly and have an A1C of 6.5 on metformin.

Klaasje J

When you get gastric bypass, they change the anatomy of your stomach, which affects the absorption. But the good news is you come back to normal quickly.

10. Insulin time on board confuses me. Is there a time on board with injection but not seen because its one shot?

Gabriella S

It simply it means the time left the insulin you have taken (meal time) has left to lower your insulin. If you wear an insulin pump it will tell you. If you inject, you can figure it out by knowing the onset and duration (how long it works) of the insulin.

Dauida Kruger

11. There are rumors that Apple Watch 7 will have a glucose monitor. Any info on this?

Karen K

No, they are tight lipped.

12. Is there a cure for diabetes 2?

Nylsa U

No.

13. How can type 1 diabetics safely lose weight? I have eaten less than 1000 calories a day for about 5 weeks, and have maybe lost 1 lb. And I'm exercising for 26 minutes 6 days a week. Very frustrating!

Aileen S

Join the club! I'm in the exact same situation. It comes down to caloric restriction and exercise, but the one thing you should do is lower your insulin dose first before you cut your calories so you do not have to treat episodes of hypoglycemia, which will retard your weight loss.

14. How about comments on what foods might raise or help to remove insulin resistance.

Stevie R

Low carbs, low carbs, low carbs.

15. Do you think Teplizumab gets approved soon? How long might a delay take?

Jeff Q

Hard to say what the FDA will do, but the data at the annual meeting (ADA) that we are all attending showed some great data. Let's hope we get to provide it to our patients soon.

David Kruger

16. I hear that a new fast acting (2 hour) insulin is approved and pending approval for pump use. Correct? Name?

Nathan F

Lyumjev.

17. At what point can metformin be discontinued in a type two diabetic?

Sunita R

When you reduce it and the blood sugars do not become elevated.

18. Advice re the constant need to pee while using Jardiance? is this more so a positive thing or neg, given the demands on one's kidneys?

Susan C

That is typical with this medication. It is taking glucose away from your kidneys. Typically after 6-8 weeks you should find this less of an issue. There are many good benefits to this medication.

David Kruger

19. What is type 1 brittle diabetes?

Barbara C

It's your average type 1 diabetes that is difficult to control.

20. Greetings from Toronto, Canada. T1 for 41 years. What's happening with stem cell implants?

Gordon M

It was discussed by Dr. Pettus and is in the recording.

21. What do you think of programs like Optavia for weight loss to help control BG?

Tracey L

Anything that works with any particular person to lose weight will help, but there are a lot of scams out there, so beware.

22. Wow with all of the millions of dollars spent and all these companies working on it why is there not a CURE???

Mari M

Oh Mari the field is investing on T1D cure for sure ... the panel will be talking about this for sure! Cell therapy is a new exciting area, and the field is talking lots about delay of diabetes, both T1D and T2D.

Kelly Close

23. T1, age: mid 50's, i'm a woman. been trying to lose wt for 3 yrs; dr said, just eat 1200 cal./ day. 5-6 days/wk, i consume 1200 cal. appx. 1-2 days/wk, i'll eat 1700cal. i exercise 1-4 hrs a day (i'm a professional movement specialist. i've lost 3 lbs. any tips what to do now? - Anne T

See the weight loss question and answer above.

24. I have diabetic neuropathy in both feet and legs. Over time, the neuropathy has gradually moved up my legs to where it is slightly above my knees. On the positive side, it is not painful, so I don't have to take medication to deal with the neuropathy. On the negative side, my balance continues to become worse over time. Are there any current or promising treatments for halting, lessening and/or reversing the neuropathy beyond simply managing my blood sugar? - Thomas H

Neuropathy typically can't be reversed but the pain can be controlled if it does occur. There's more information in chapter 15 of my TCOYD e-book, which you can get for free in the health fair at the TCOYD booth. Regarding your balance, that could be serious and you need to see your doctor.

25. Hello from San Diego, CA. T1 x 45 years. I was wondering what effect diabetes has on bone density?

Maria Z

Typically no effect on bone density.

26. There's so many nutrition options used to treat diabetes like Mediterranean, keto and plant- based. Will there eventually be a universal diet for diabetes treatment?

CJ

If you have not seen a dietitian, I highly recommend you do. They have wonderful insights and it's not so much a particular type of food - weight reduction often helps.

Dauida Kruger

27. Are there any new advancements coming to infusion set technology? Especially for minimizing absorption issues?

Cory S

Yes – check out the new infusion line that Medtronic is now advertising.

28. Do you have a pharmacist on your team?

Beth B

Yes we do.

29. I could really use information on how to interpret data from a CGM. My daughter uses the Freestyle Libre and I would like to dive into the data more than just knowing the basics. Any resources?

Terra P

Catching up and loving these Qs everyone! Terra that is SUCH a great question! The FDA will hopefully approve the next app very soon ... are you on social media by chance? Join the chorus ....There is a wonderful app called Libre Link that goes with FSL but the next FSL 2 we hope is coming soon!

Kelly Close

Have you gone to Libre View ? Be sure you are connected, set up an account, you will see data and then will help interpret as well

Dauida Kruger

30. Why do you think that innovation takes so long for things like a true bionic pancreas - glucose and insulin? How long do you think it will be until we get to that point?  
Aubray H

Part one of your question: FDA!

Part two of your question: Beta Bionics is studying the iLet right now, and Jeremy is an investigator. <https://www.betabionics.com>

31. Should T1D get the COVID vaccine?  
Barbara C

Duh!

32. Will there eventually be a universal diet plan for diabetes treatment. It seems to be so many options out there like Mediterranean, low-carb, keto and plant-based.  
CJ W

Because of the individual nature of people, no. Everyone is different.

33. If I have been on insulin for over 5 years would like to get off meds by controlling diet  
Mary T

It is possible, but it would depend on weight loss, exercise, and how long you've had diabetes.

34. How close are we to a CGM that I can leave on for longer than a week? I use the Guardian 3 CGM and it malfunctions frequently, and it's NOT human error.  
Marie O

Abbott's Libre is a 14 day sensor & Dexcom's G6 is a 10 days sensor.  
Davida Kruger

35. Virtual care is fine for those who have access. The reality is that this will magnify the most underserved population. -Michael S

You're absolutely right.

36. Why is it difficult for people with type 2 diabetes who are not insulin-dependent to obtain a CGM? You would think that this tool is beneficial for everyone.  
CJ W

Right now Insurance companies believe it only benefits those on Insulin. I agree with you and hopefully moving forward that will change.  
Davida Kruger

37. Should we be waiting for a certain percentage herd immunity before going out into the working world? i work in the movement industry, sweaty bodies, exercise breath, etc.  
Anne T

I'm not an expert, but if 70% of the folks have gotten at least one vaccine, and YOU are vaccinated, you should be pretty safe. If you're not vaccinated, I would be extremely cautious.

38. Vegan diabetic, so difficult  
Gabriella S

You are right on, Gabriella, I feel your pain on the vegan front! check this out <https://diatribe.org/low-carb-spring-vegetables-made-easy>. .... my go-to is carrots and hummus, I have to confess ... as long as I don't reach for the carbs, I'm good (some veggies of course are higher carb, doh ... I don't worry about that personally but we will be back with more from our entire diabetes community ... so many experts out there like Mila Clarke Buckley who is a major diabetes advocate and the founder of The Hangry Woman blog, iLOVE this one ... <https://hangrywoman.com/how-to-roast-garlic/>. TCOYD also has SO many great food articles like this one!!! <https://tcoyd.org/2020/12/what-foods-should-you-eat-to-protect-your-kidneys/>  
Kelly Close

39. Thoughts on the use of Jardiance in a T1 for kidney protection for protein spilling.  
Mary R

It's an excellent idea! But you have to be educated on recognizing euglycemia DKA.

40. have you made any new research about PMS and really high blood labels in type 1 women?  
Maria S

I did 23 years of research in my first marriage! Sorry that's all I can tell you.

41. I am type 2 for 18 years and take only NovoLog and Levemir to control my blood sugar, which works for me. How long should I wait to administer more NovoLog to bring my level down to target range after eating supper, 70-160? Furthermore, if I still am out of range, how long before I take more NovoLog?  
David K

2-3 hours after the first injection, but if you're wearing a CGM, it also depends on the trend arrow. There's more info about this in chapter 10 of the TCOYD book, which you can download for free from the TCOYD booth in the Exhibit Hall/Health Fair.

42. Several presentations at ADA reviewed data from RISE study and others on the challenges of management in children/youth with T2D. Very SCARY! This should be making national headlines. Why is it not?

Hope W

Hope, I totally agree with you. I guess it's not sexy enough....like you.

43. What is the compound called currently? And is it likely to be approved for T1s?

Bernard F

I think you're referring to Tirzepatide.

44. Steve, most of these aren't available for folks with T1s -- insurance won't cover them. When is this likely to change? What can we do to make this happen?

Bernard F

Well we will see with the renal data now for people without type 2 diabetes. Now that we have that data, they may allow approval for type 1s.

45. What happened to the SGLT1/SGLT2 study for Type 1's? I think it was called sotigloflozin? I did great on it in a Phase 3 study but FDA did not approve?

Carolyn B

The FDA was worried about diabetic ketoacidosis.

46. Where can we find the names of these new drugs for Type 2?

Katranker T

Check out this video in our video vault that goes into more detail: Making Type 2 Diabetes a Breeze

<https://tcoyd.org/video-vault/>

47. Which med(s)/class are used to prevent CHF and Renal Failure?

Susan S

SGLT2 Inhibitors.

48. Can fit type 1's use these new meds? My endo says no. Very disappointing.

Alyssa J

Absolutely yes. They're approved in Europe for type 1s.

49. When will Omnipod and Dexcom talk to each other?!

Elisa N

Keep your eyes open for the Omnipod 5, and check out our website and video vault for looping info.

50. Is there any progress in dual hormone pump therapy? (glucagon and insulin)?

Anita S

There are two companies working on this.

51. What about getting protein in vegan diet

Gabriella S

Here is an article that offers some ideas:

<https://www.healthline.com/nutrition/vegan-protein-sources-chart#vegan-meats-soy>

52. Would you recommend a patient to hold off on Tandem pump (for example) to wait for Beta bionics pump?

Jeanne S

DON'T WAIT!

53. What do You think about pancreas transplant?

Yolanda R

No way in hell, especially when we have hybrid closed loop systems.

54. What is Control IQ?

Denene W

@Denene Control-IQ is a feature of Tandem pumps that is closer to an artificial pancreas.

Bernard F

55. If there is time please share a little about increased TIR is helping people "feel better about their lives".

Paul M

Check out this recent publication by Dr.

Polonsky:<https://pubmed.ncbi.nlm.nih.gov/33077350/>

Also, keep your eye out for our July newsletter on July 19<sup>th</sup> - Dr. Polonsky wrote a great article about this topic.

56. How about glucose-responsive insulin, rather than devices?

Kelly R

It sounds great, but when will it be approved by the FDA? I predict a long time.

57. Will Dexcom ever link via bluetooth to an apple watch? I would love one that is waterproof

Andee L

That would be great – hope so.

58. How about periodic use of CGM in T2D?

Kelly R

Absolutely. Depending on individual needs it could work perfectly.

59. Why not use the Libre for TD2?

Denise P

We do mention this in the discussion which you can watch in the recording. You can also check out the video on CGM for Type 2 here: <https://tcoyd.org/2021/05/a-dose-of-dr-e-the-importance-of-cgm-in-type-2-diabetes/>

60. Will the semaglutide 2.0mg be made avail. for type 1 soon?

Cheri B

No. The company will have to do formal studies for approval by the FDA. But if your main problem is obesity and not type 1 diabetes, you may be able to get it.

61. After 62 yrs with Type1 diabetes and a granddaughter with 35 years really would like to hear about "stem cell transplant" status

Elaine M

Dr. Pettus did comment on this in the discussion.

62. When will SGLT2s be available to T1D for renal benefits?

David K

Great question. Now that the data for kidney protection is out, the FDA may change their mind about allowing it in type 1s.

63. ADA 2016- encapsulated beta cells are the future of diabetes, ADAs since... crickets...

Any panelist have any updates on this frontier?

Medtronic Rep - John G

Dr. Pettus did comment on ViaCyte and there has recently been more progress, but there are many hurdles to overcome.

64. Should SGLT2 be used in T1D to prevent complications?

Mark B

No. It's not to prevent complications, it's to improve glucose control, reduce the progression of kidney disease, and potentially have cardiovascular benefits.

65. Type 1's have a higher risk for Colon Cancer than non-diabetics?

Marie O

No.

66. What about the belief that pharmaceutical companies do not support preventing diabetes due to the money they make from the many diabetes meds?

Susan S

That's a conspiracy theory that I do not believe in.

67. Slow down T1DM drug?

I believe the drug Dr. Pettus was referring to was teplizumab. Interestingly, as part of project INNODIA, I also interacted with regulatory agencies (FDA & EMA) to answer the question of "how important" slowing down the progression of a T1D diagnosis was to me and also gave the personal example of being a new dad. And that even six months would make a big difference in delay! Glad to hear that we have been aligned in that messaging. New drugs like this really seem like they could be a game changer with regards to the autoimmunity we often forget as was just discussed. -Kyle (25 years with T1D as of yesterday!)

68. I have had type 1 for 51 years and my dr just had me take a GAD 65 autoantibody test. What does this test tell us? Mine was high 229.

Patricia P

That you most likely have autoimmune type 1 diabetes.

69. I have had Type1, 63 years, diagnosed at age 3, and have had Gastroparesis for most part of 35 years. Does anyone have advise for better management w this combo that so counteracts each other? I am on the Tslim w IQ /Dexcom CGM.

Cynthia B

First of all, congratulations for living 63 years with type 1. There's a very good chapter on gastroparesis in the TCOYD book, and the medication domperidone (available in Canada and Mexico) works extremely well, but it's not available in the U.S. You can download a copy of the TCOYD book for free in the TCOYD booth in the Exhibit Hall from the Forum conference.

70. With T1ds practically begging docs and insurance for Off-label use of GLP1/ SGLP2 but resistance of T2ds to embrace these same therapies - What can be done to help ALL people living with diabetes live a better life?

Julie H

With the advent of all the new data on cardio renal protection with these two classes of agents, the FDA may be more lenient in allowing them for people with type 1.

71. I agree, the large amount of scar tissue all over my abdomen is causing poor performance and errors from my CGM and infusion set installation. The other approved body locations are used but create too much bleeding. Can anything be done about scar tissue?

Marie O

Scar Tissue: Several of my patients have stopped using their pumps as they found that problems with scar tissue was making insertion of infusion sets more difficult and also interfering with more consistent absorption of their insulin. They have changed to insulin pens and a few of them are also using orally inhaled insulin. Consistently they are once again having better HbA1C and increased TIR post meals especially if they are using the orally inhaled insulin; Afrezza.

Paul Madden

72. insulin was supposed to be free for all if I loose my insurance how will I pay for these medicines

Mary T

There are several organizations that can help you get insulin. Check our website's resources page if you lose your insurance:

<https://tcoyd.org/2020/03/coronavirus-info-resources/>

diaTribe also has a lot of great resources like this one:

<https://diatribe.org/how-get-health-insurance-if-unemployed>

73. After 53 yrs of T1, I recently had a low GFR on blood work to look for anemia. My dr was not concerned, since it was normal in Jan. When should diabetics be concerned about kidney disease, and is there anything we can really do other than keep bg and bp down?

Aileen S

Those two things are extremely important. But now, the SGLT2s look very impressive, and there's a new drug by Bayer Pharmaceuticals called Finerenone.

74. Is there a way for an endocrinologist and a nutritionist work on the Asian Diet for diabetics? I asked for a nutritionist that was asian at my diabetes education class. It helped.

Celeste R

Addressing people's cultural and ethnic backgrounds is of extreme importance for success. We happen to have an article coming out in our July newsletter on this very topic, so keep your eyes open for it.

75. Hi! I want to know more about new treatments to save my pancreatic beta cells. I am a LADA type 1, and since I still have cells that are working, I am able to keep a pretty good handle on my diabetes, and I want to keep them going as long as I can!

Priscilla K

At the current time, the best thing you can do is to keep your blood sugars under extremely good control, which will rest your beta cells.

76. Is there a single pill with GLP1 and SGLT2?

Not at this time.

77. Is there a way to be in the trials if you are from a different country?

Maria C

Many trials span multiple countries. You will have to check out each individual trial.

78. Cardiovascular health with blood sugar levels, but please address nutritional plans and styles related to arterial health.

Steve R

Check out the chapter in the TCOYD book on this topic. You can download a free e-copy of the book in the Exhibit Hall of the Forum conference. It's really the basics which is blood pressure control, eating a low fat diet, being on an aspirin and potentially some of these new agents - SGLT2 inhibitors and GLP-1s.

79. if egfr below 40 can jardiance be given?

Abigail G

Yes absolutely. Farxiga can be given to people all the way down to below 25.

80. Is tirzepitide available now?

Not yet but very exciting trials going on - you can read at [tcoyd.org](http://tcoyd.org) and [diaTribe.org](http://diaTribe.org) TODAY!

81. Would it be a time where T1 research would be split depending on the gender? women hormones have a terrible impact in GM. so, I would love to know if maybe someday all of this new medicines or treatments could trigger this specific differences.

Maria C

That's a great thought – we are not at that stage yet, but perhaps someday.

82. What are non-blamey ways to “work on adherence and persistence”?

Kelly R

Give rewards that are meaningful and fun.

83. Please talk about implantable senseonics and if 180 day device available?

Abigail G

It comes down to patient choice, and many people like it. The 180 days has not been approved yet - the FDA has all the data and will most likely make a decision during the 4<sup>th</sup> quarter of this year. Please see the article on our website from PA and T1D Nalani Hunsicker on her experience using the Eversense:

<https://tcoyd.org/2019/02/my-life-changing-trial-of-the-eversense-cgm/>

84. It seems way more effort is being put into Type 2 diabetes than Type1! Just wonder if I am way off in my thoughts.

It's hard to say. There are a lot more people with type 2 diabetes but there is a large amount of research in both areas which is great news!

85. Any hope of implantable insulin pump. In the 1980s it was used with great effect

Abigail G

I used to study the implantable insulin pump and it had many advantages, but the disadvantages outweighed the advantages in terms of the size of the device, filling it, dealing with clogs, etc. Because of the current technology in pumps, there has not been a need for it.

86. I was on a Medtronic pump for over 10 years and switched to Afrezza when I wasn't getting insulin delivery. I would get error messages 2-3 days after a new infusion set, so I stopped. That was 3 years ago. I would like to try the Tandem pump with Control-IQ.

Would I still have scar tissue in the tummy area? Thoughts? - Denene W

Being on a Medtronic pump for 10 years is cruel and unusual punishment! You need to be flexible with your infusion line placement. There are many places on the body other than the areas where you have scar tissue that can work extremely well. The back of the arms, the lower back, the upper buttocks, the upper thigh...there's lots of good places. Anywhere where there's subcutaneous tissue.

87. The "be an advocate" is great advice. Yet, what about the "must try and fail sequential drug classes" that is part of so many insurance formularies?

Kelly R

It's total bullshit! Play their game and do anything you can to get the newer drugs. It's a total game.

88. Why are conferences like this mainly covering type 2 diabetes, while diabetes type 1 is mostly left out - or is just evaluated in the light of type 2...?

That's actually not true. We aim to make our conferences balanced for both, and in every full-day patient conference we have a type 1 track and a type 2 track with lectures dedicated to each condition. We also have a conference specifically designed for people with type 1 diabetes called "ONE" that will be held virtually this year on October 16<sup>th</sup>. Go to our video vault and you will find a plethora of videos and lectures all dedicated to type 1 diabetes.

89. What is GLP1?

Caren M

It's a natural hormone that's deficient in people with type 2 diabetes. Check out our video vault and the video we did on Making Type 2 Diabetes a Breeze. You can also find more info in our TCOYD e-book which you can download for free in the Exhibit Hall.

90. As we get older, are the targets set for the entire Diabetic population still relevant? Older metabolisms, body, physical makeup change a lot.

Ramola

There are different recommendations, and for people who are older, the goals are not as strict.

91. Which doctor is better for a diabetic- aPrimary Care or an Internist??  
emotional side of diabetes

In general, I would pick an internist, however, a primary care doctor interested in diabetes would also be fine.

92. Can any of these new drugs help protect beta cells for honeymooning Type Ones?  
Extend honeymoon?  
Anonymous Attendee

Potentially the GLP-1 RAs MAY protect beta cells based on some clinical data.

93. What kinds of improvements might we see in closed loop systems over the next couple of years? Will current closed loop systems look like dinosaurs soon or will the improvements be incremental?  
Mark W

The improvements will be exponential because there are several companies now working on it, and the competition is fierce.

94. Since you are an endocrinologist I would love to know if there might be a medicine or a treatment that avoids women hormones affect A1C, specially PMS.  
Maria C

Unfortunately there's no medication specifically for that, although I realize PMS can wreak havoc on your hormones (and your significant other!)

95. DIY solutions have much better functionality and especially analysis and reporting solutions than any commercial diabetes management solutions for insulin-based treatment. Research have shown DIY solutions getting much better results than commercial solutions. Still DIY solutions is not even mentioned in conferences like this...! Does this mean that conferences like this is only for T2D...?  
Anonymous Attendee

During the forum we had a nice discussion on hybrid closed loop systems, and I am on a DIY loop, and we have several lectures on it in our video vault:

<https://tcoyd.org/video-vault/>

Look for the lecture from Gary Scheiner:

<https://www.youtube.com/watch?v=rt4669nK3hQ>

96. I am 51yr T1. I am very proactive in my management and try to be up to date on all new therapies etc but I have always ignored the medications you are talking about and my doctor has never mentioned them. I am not understanding the names of these SGLT's. Can you give a basic definition of what these adjunctive therapies are. -Jattzi

Jeremy explains them in greater detail in this video:

[https://www.youtube.com/watch?v=DofnmH\\_3Dwk](https://www.youtube.com/watch?v=DofnmH_3Dwk)

And you can find other videos in our video vault in the type 1 section:

<https://tcoyd.org/video-vault/>

97. What is this stigma of euglycemic DKA? If we see ketones without an anion gap, do we truly see DKA or do we see a patient who shows symptoms of an electrolyte imbalance?  
Anonymous Attendee

It's true DKA. Because the glucose is normal it fools people, which delays therapy for DKA, and that is what the FDA is concerned about.

98. Question for the panel: the dialogue about CV benefit of T2D meds being unproven in T1D had me thinking. All insulin varieties have a T1D and T2D data in the FDA applications. Should we push FDA to consider the same for meds with CV benefits?  
Scott S

Yes they really should, and they probably are. Insulin's been around for 100 years and these other drugs have been around for about 15 – things take their time in medicine.

99. Do the SGL2 inhibitors cause acute kidney failure? Are they appropriate for T1's with CHF and kidney disease?  
Felise L

They do not cause acute kidney failure and yes they are appropriate. Have a conversation with your caregiver.

100. I have never measured ketones. how is this better than just watching sugars?  
Bodo

Measuring keytones is important, because with SGLT2s, you could have ketoacidosis and not have elevated blood sugar, so it helps you confirm what's happening.

101. What are your thoughts about the 20% adjustment upwards in eGFR calculation for African-Americans? I have read that is based on false assumption that blacks have more muscle mass than non-blacks. Another health inequity for blacks. Should we just ditch that adjustment?  
Gregory King

I understand the upward adjustment of eGFR based on AA ancestry is being reconsidered by kidney experts.

102. Can you all please define DKA? DKA is not the presence of ketones... By misidentifying DKA, you are preventing this medication from getting into the hands of PWT1D  
Anonymous Attendee

You should watch this video on DKA which explains it in great detail:  
<https://tcoyd.org/2019/04/everything-you-need-to-know-about-dka/>

103. Approximately what percent of type 2 diabetics can become non type2 diabetics by losing weight, following good dietary guidelines and exercising??  
emotional side of diabetes

Once a type 2, always a type 2, but if you're referring to totally normal blood sugars with lifestyle modification, approximately 20%. Even if someone loses weight and blood sugars are normal, the type 2 will come back if they gain weight, so it doesn't really go away, it's controlled.

104. How frequently do you recommend ketone testing for off label SGLT2i?  
Jeanne S

Infrequently, but the best times are when you're not feeling well.

105. I'm a T2 on insulin pump for over 20 years. My cardiologist had my endo put me on Jardiance. But insurance company made me take metformin first. I now take both and lost 40 pounds and halved my insulin usage. Would like to lose more weight, but not sure if additional drug would be safe or recommended. Will be discussing with my endo and would like your feedback.  
Anonymous Attendee

A GLP-1 RA like Ozempic will help tremendously with weight loss.

106. Any news on diabetes software integration with health software. I have to manually add my Libre 2 data into Diabetes:M or Apple Health. My Endo and other Dr.s review my glucose with my BP, etc. tracking. Thanks.  
Cassandra D

Unfortunately no. These companies do not seem to work together well in that regard.

107. I understand that DKA risk should be taken seriously, but doesn't it seem like there was a bit of an overreaction to the potential for "euglycemia DKA" as it relates to SGLT2 use?  
Kyle J

Absolutely! You are so correct in that. I totally agree with you.

108. What is being done to make sure people with diabetes in unserved and under resource have access to technology and newer drugs? We keep discussing coverage and access, but not discussing disparities or inequities.  
Cherise S

A ton is being ton by multiple organizations, including diaTribe and TCOYD who offer multiple resources. Agree that it's an important issue.

109. I would like to know more about the fully closed loop bihormonal insulin pumps...when will they become available? And who are the manufacturers at this point?  
Joye Smith

In the U.S., Betabionics is developing the iLet, but there are others in Europe. There is a search engine called Google!

110. If my body has already adjusted to the 1mg weekly Ozempic dosage, would there be more adverse gastrointestinal effects if my endo were to switch me to terzepatide when available?  
Jeanie Swan

Great question, but I do not have an answer for that. Theoretically, your body would be already somewhat adjusted to the GLP-1 portion of tirzepatide.

111. What are your opinions on the use of loop or openAPS vs commercial hybrid closed-looped systems?  
Anonymous Attendee

My personal opinion is that the algorithm in the loop is better than the commercial systems because there aren't FDA restrictions and oversight.

112. Isn't this supposed to be discussing scientific sessions highlights? There's been little mention of it at all.  
Anonymous Attendee

There was a lot to discuss, but we did discuss the GRADE study, the SURPASS studies, the STeP studies, hybrid closed-loop systems, the use of CGM in type 1 and type 2 diabetes, glucagon receptor antagonists, etc. We tried to discuss the most important studies.

113. I would like to know what is the best treatment for osteoporosis without taking bisphosphonates? - Joye Smith

There are a lot of variables that go into this answer, and it really deserves a conversation with your doctor.

114. Thank you for a great session. As you all mentioned, the improvements in AID technology / closed loop has been great but not all PWD are ready for complex systems.... especially most T2 on insulin / intensive insulin. Do any of you see such patients and how do you manage the challenges for such patients that don't need or want complex closed loop pumps?

Anonymous Attendee

You'd be surprised how easy these systems are once they are set up. However, in answer to your question, having a CGM is vital to any treatment plan, and having a pump that may not be connected would be another great option to reduce the complexity of it.

115. Is there actually discussion at a national level about getting rid of the requirement for 4x/day BG testing for CGM authorization? That would be amazing!

Anonymous Attendee

There has been partial success, do I don't have to tell my patients to make up the numbers as much as before.

116. According to all the trials, which treatment looks more likely to help T1 patients. Stem cells or artificial pancreas?

Maria C

Artificial pancreas for sure, and also the medication that Dr. Pettus discussed - glucagon receptor antagonists.

117. Who is doing the primary research for producing beta cells from stem cells? My son is a relatively new Type 1 and I have his cord blood stored? Thank you!

Dana G

The different research labs are using stem cells not from human sources right now, but look up Frank Boyle out of Boston who does a lot of work in this area.

118. I wonder why we use insulin instead of proinsulin?

Jooho K

It's been shown that proinsulin may accelerate atherosclerosis. See New England Journal article from over 20 years ago.

119. Feeling exceedingly depressed. Type 1 diabetes for 45 years. How is any of this helping me?

Anonymous Attendee

Getting on a hybrid closed-loop system will definitely help you maintain much better blood sugars, and that will help the mood, for sure. Dr. Polonsky also wrote an article about time in range and quality of life that will be in our July newsletter.

120. A smart pen was mentioned. What is this? Is it different than a regular insulin pen? Who makes these?

Sim

Please see this article for more detailed info on insulin pens:

<https://diatribe.org/injection-pens>

121. CGMs for me are often off significantly. So how do I confidently used closed looping?

ill S

There are now hundreds of thousands of people using it, including myself, who never double check the accuracy, and there have been no significant problems. The standard is that the finger stick tests should be within 20% of the CGM value, and the frequent measurements of the CGM (including the directional change in blood sugars) make up for the inaccuracies.