



CARDIOMETABOLIC HEALTH CONGRESS

March 4-5, 2016 • San Francisco, CA

Can We Slow Progression of Type 2 Diabetes?

Thomas A. Buchanan, MD

Keck School of Medicine, University of Southern California

Los Angeles, CA

Can We Slow Progression of Type 2 Diabetes?

Simple Answer

Yes, but it isn't easy!

Can We Slow Progression of Type 2 Diabetes?

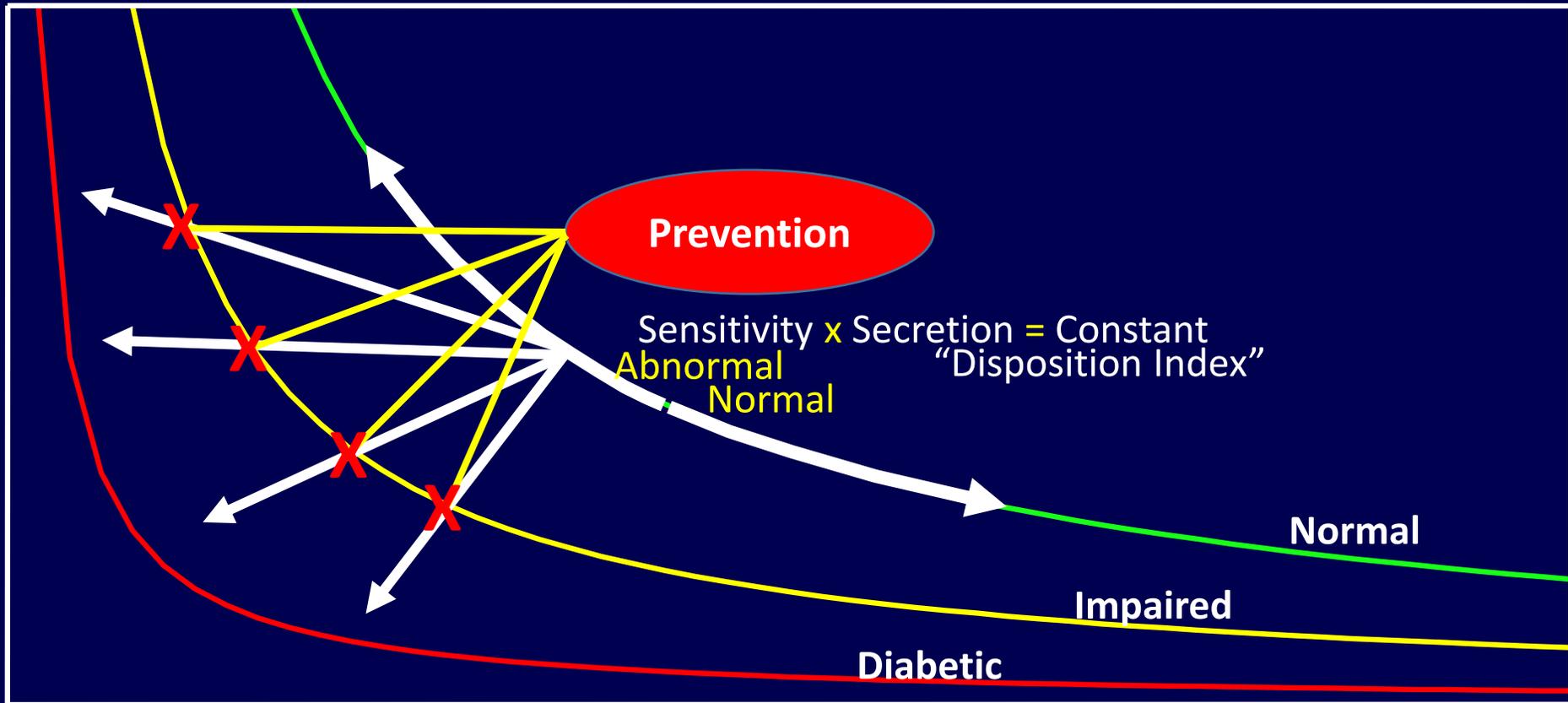
Three Contexts

- Glucose Regulation
- Clinical Prevention Studies
- Mechanistic Studies

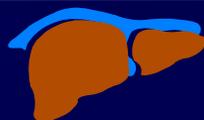
Regulation of Blood Glucose



Insulin Secretion



Resistant



Insulin Sensitivity

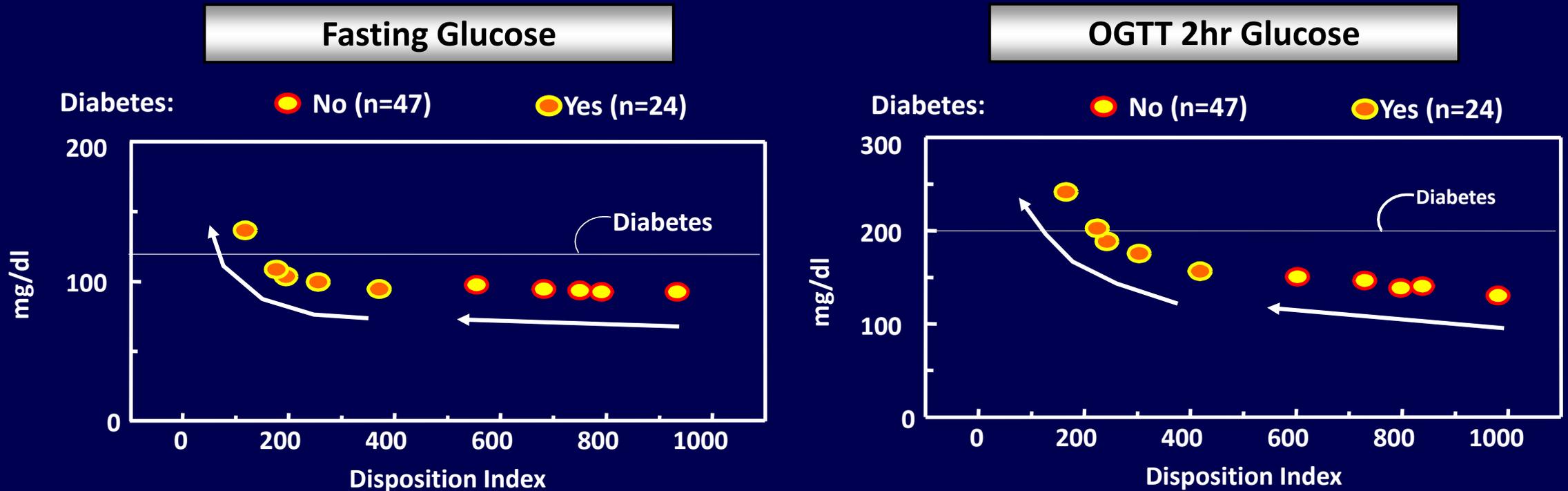


Sensitive

Bergman et al. *J Clin Invest* 1981;68:1457-67.

Evolution of Hyperglycemia

Relation to β -cell Compensation

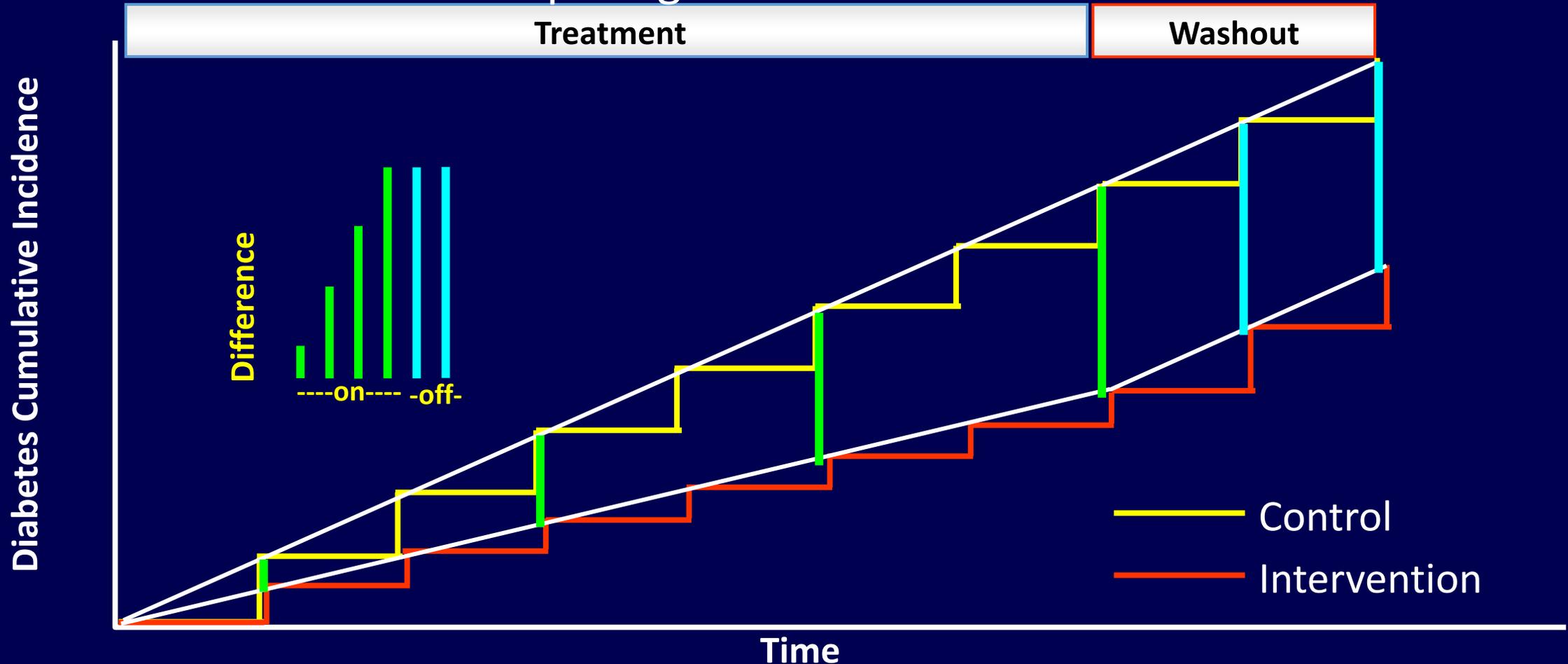


Prior GDMs (n=71): OGTTs and IVGTTs at 15, 30, 45, 60, 75 months postpartum

Xiang et al. 2006; *Diabetes* 55:1074-1079

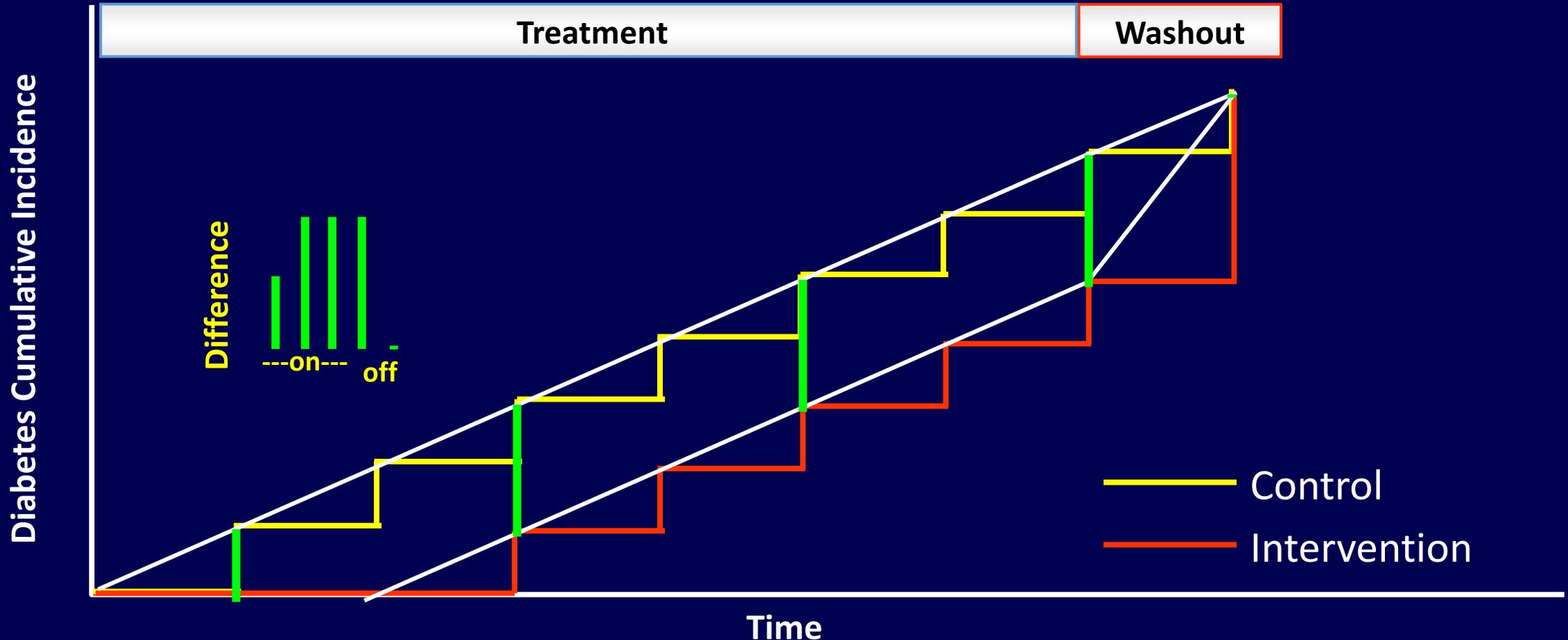
Real Disease Modification

Slow or Stop Progression in Treated Individuals



Masking Disease Progression

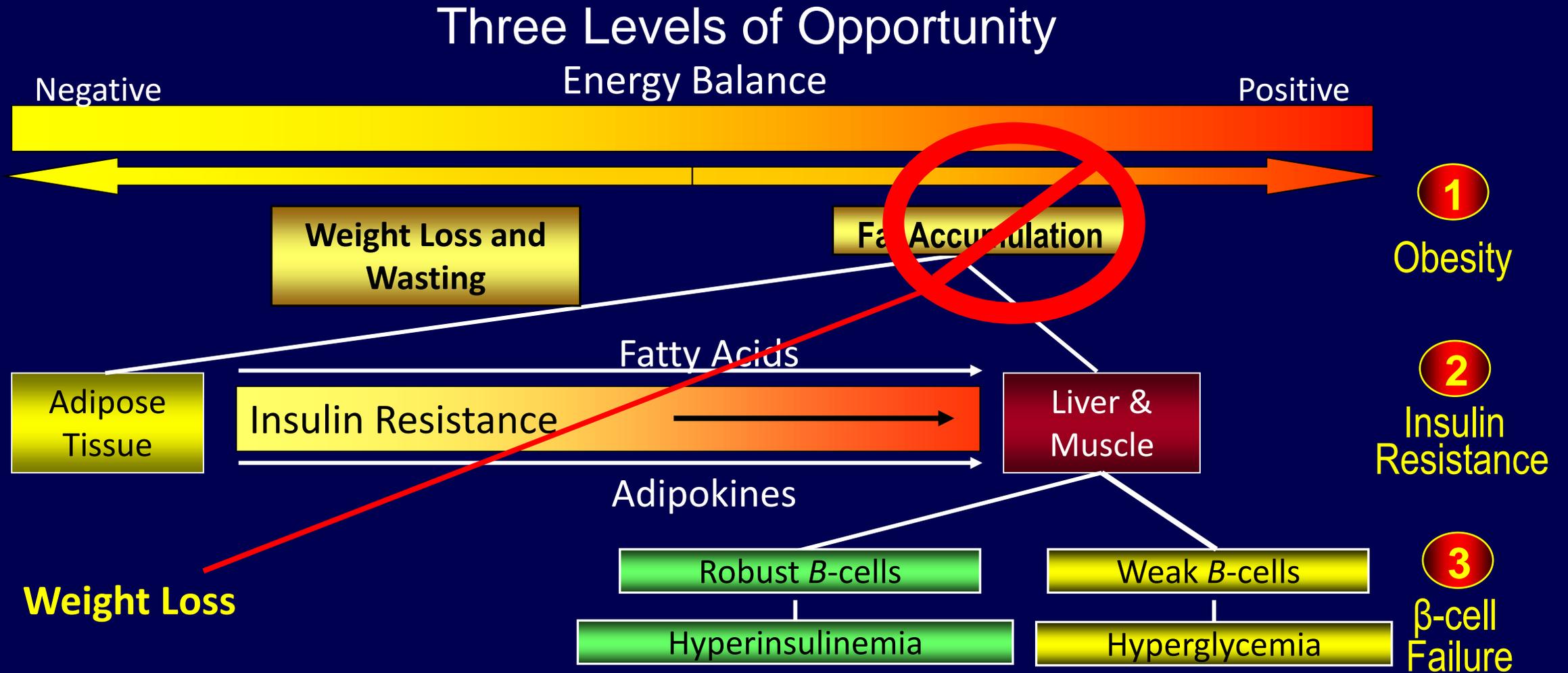
Change the Starting Point (Lower Glucose While on Drug)



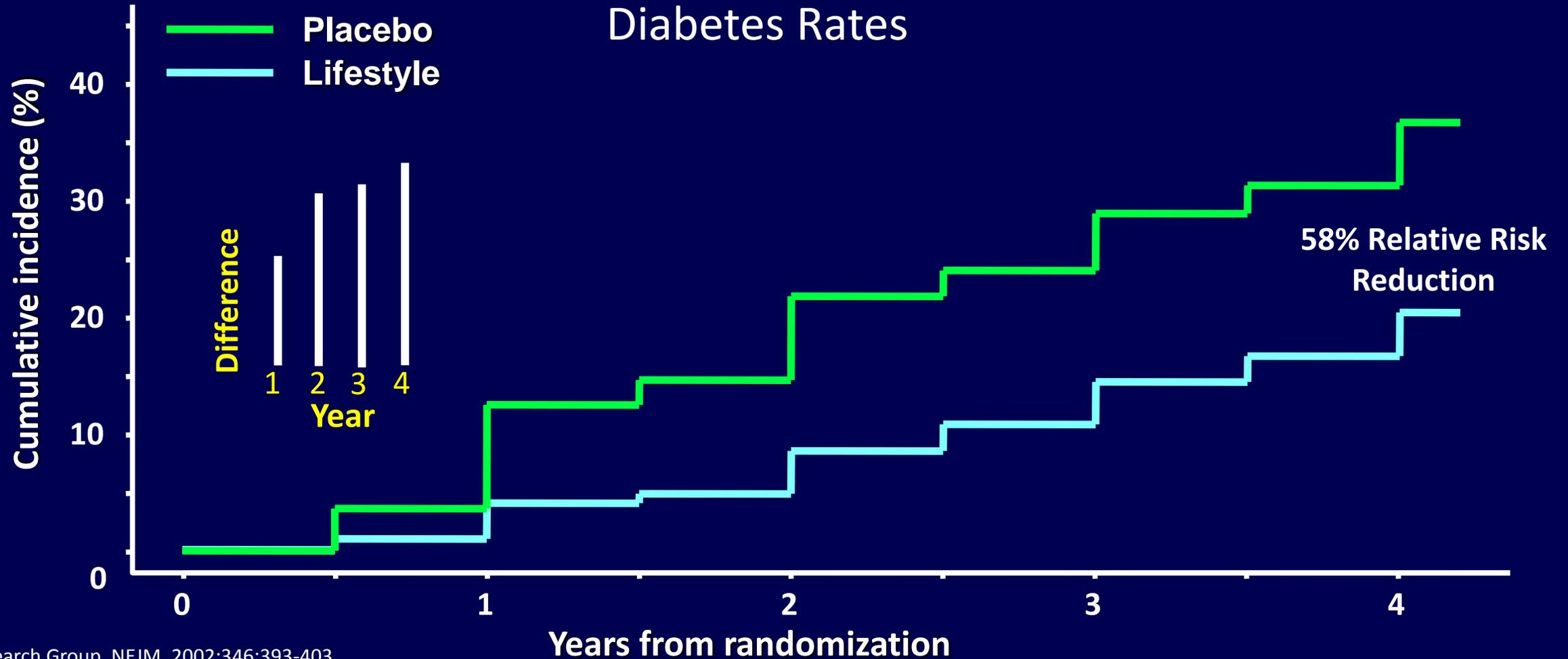
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Results of T2DM Prevention Studies

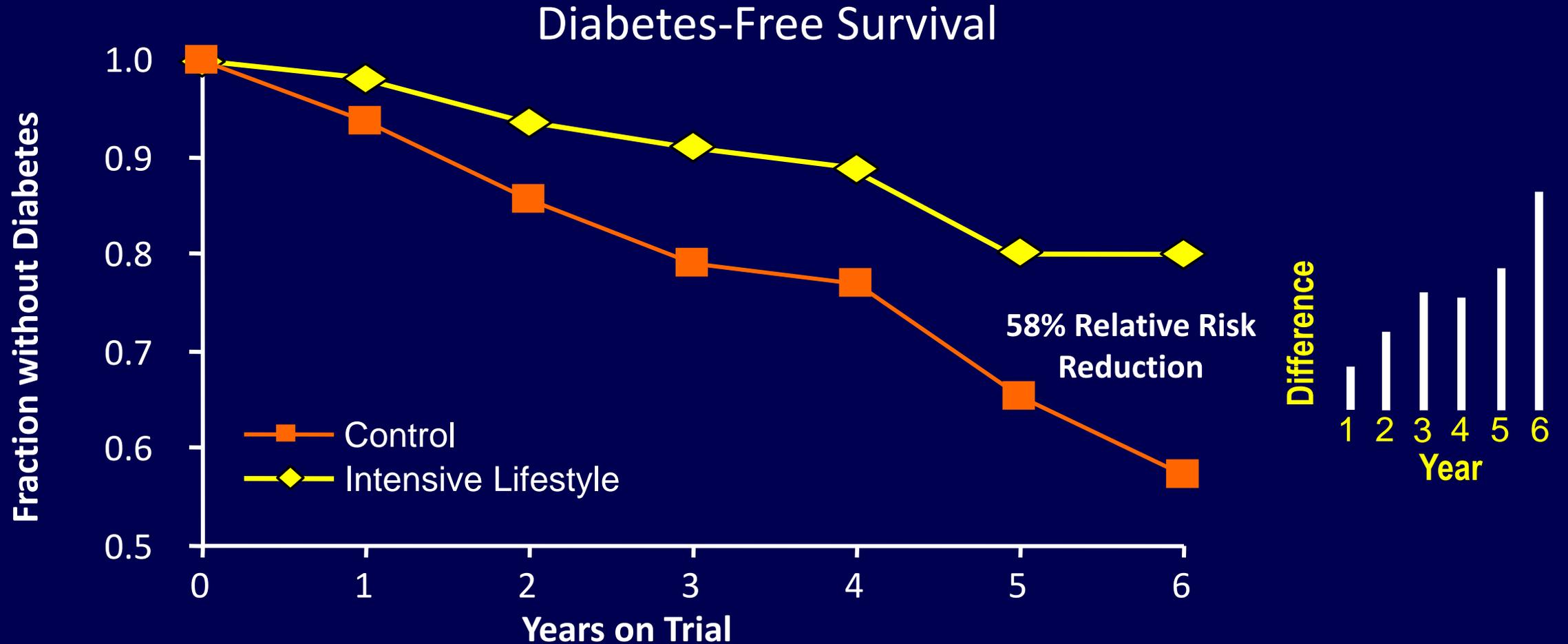
Etiology of Diabetes Prevention



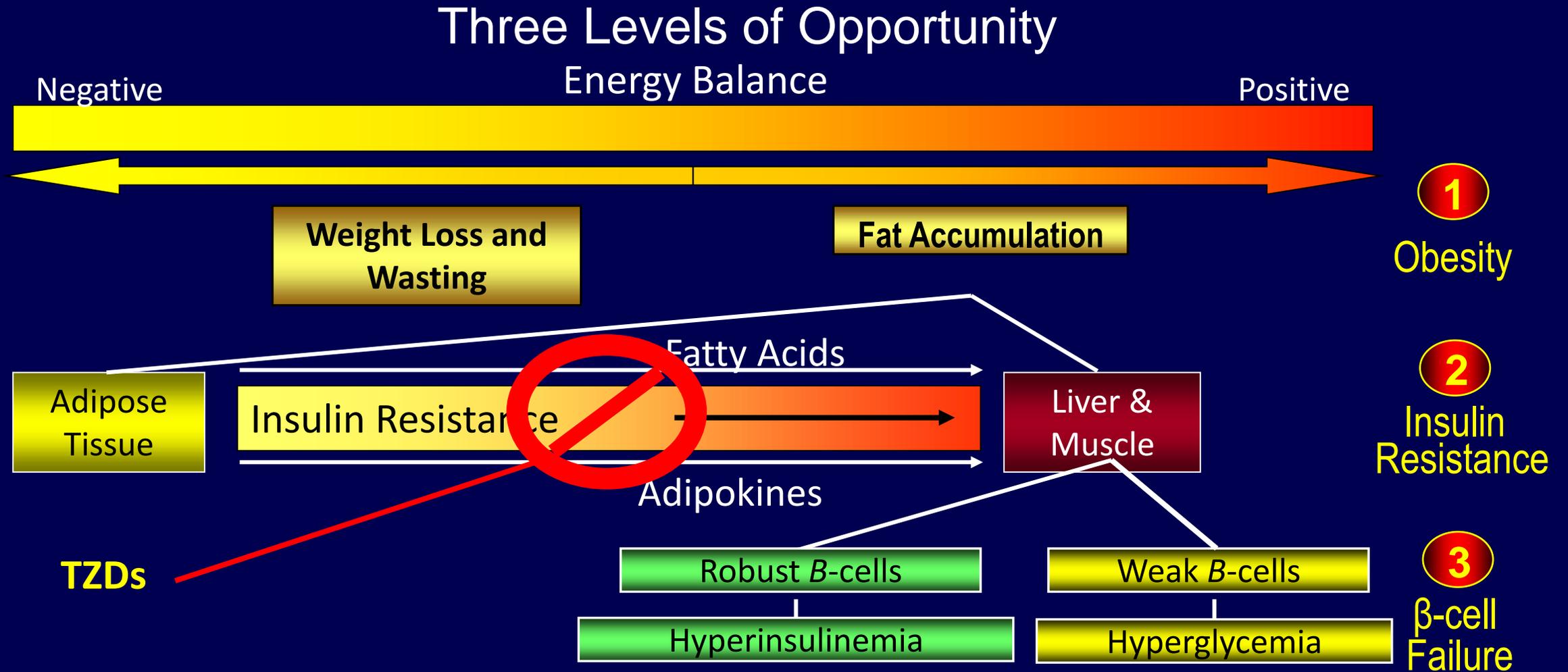
US Diabetes Prevention Program



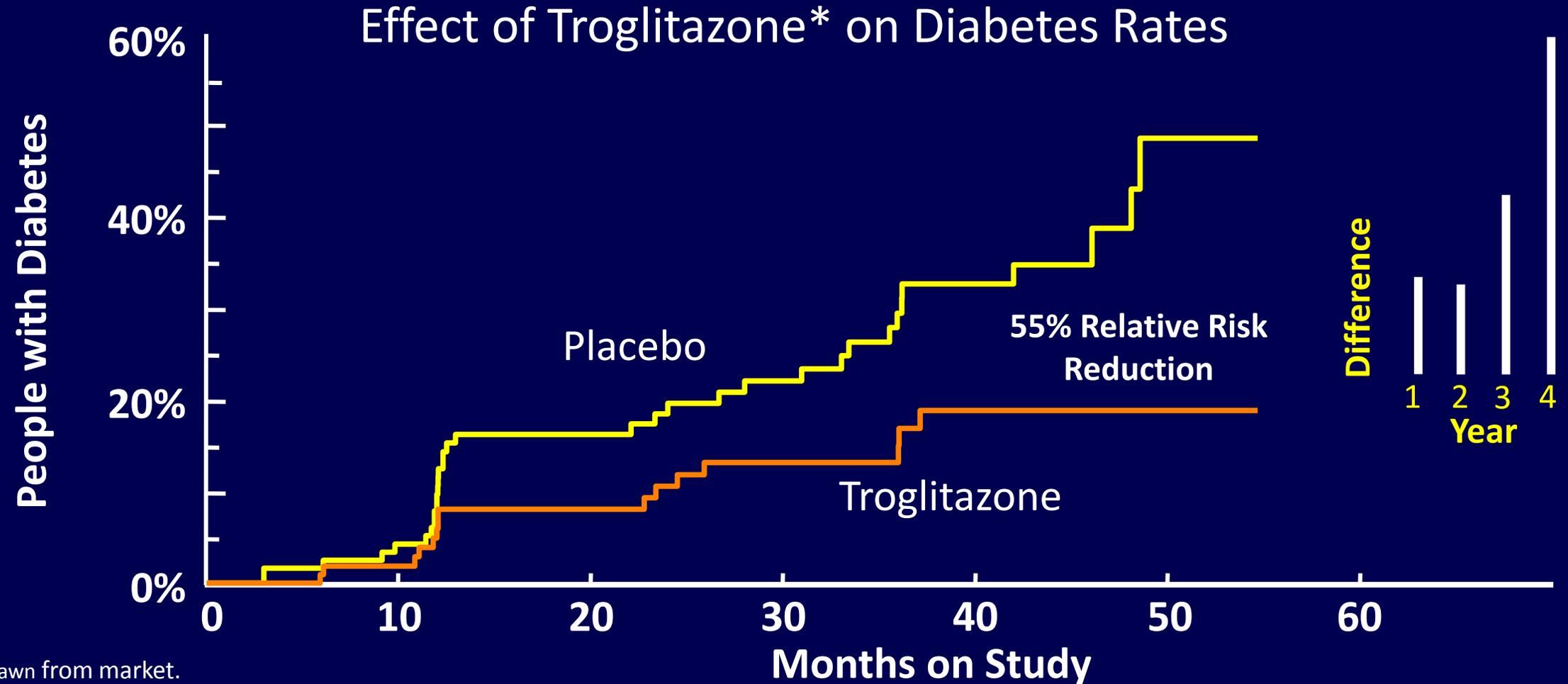
Finnish Diabetes Prevention Study



Preventing Type 2 Diabetes



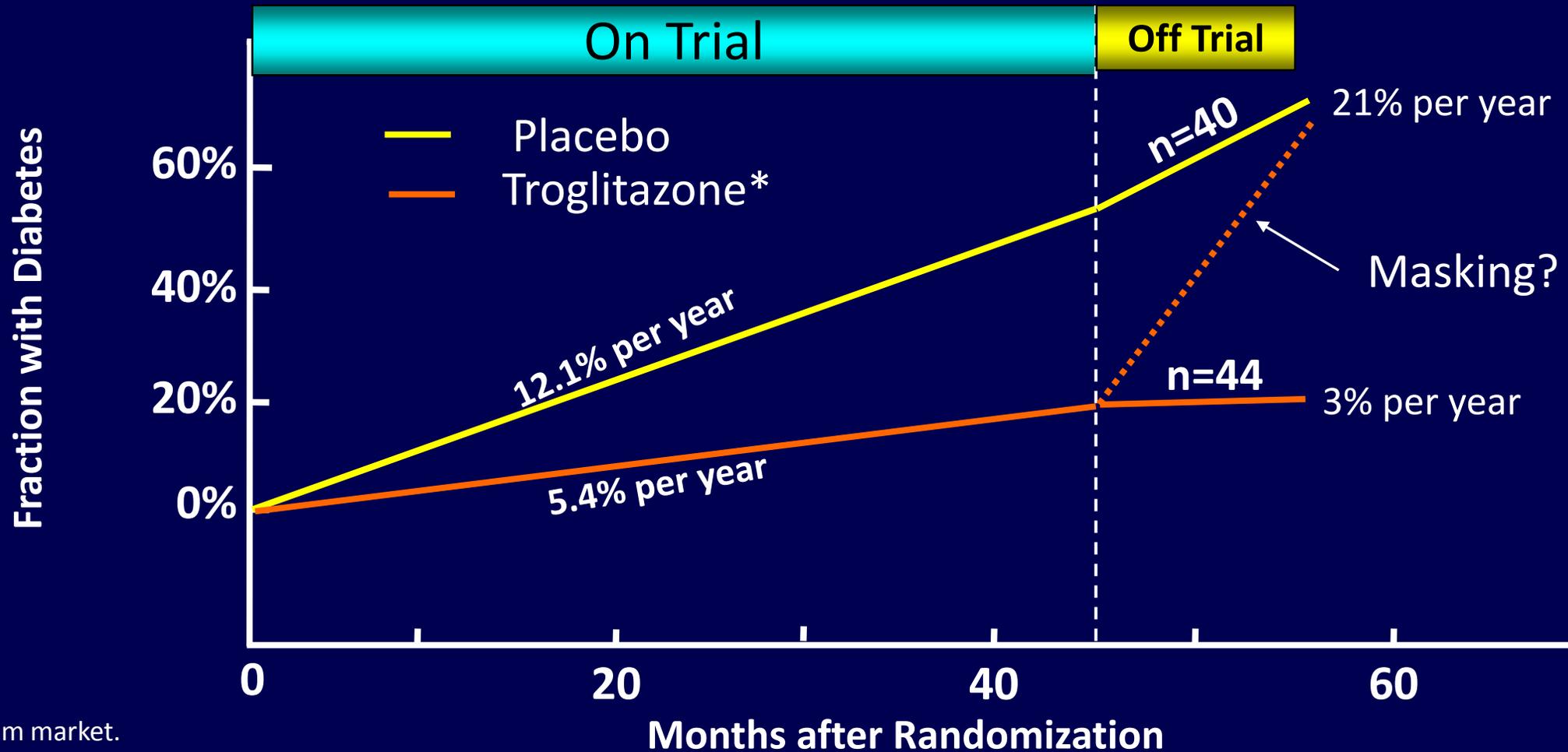
TRIPOD Study



*Withdrawn from market.

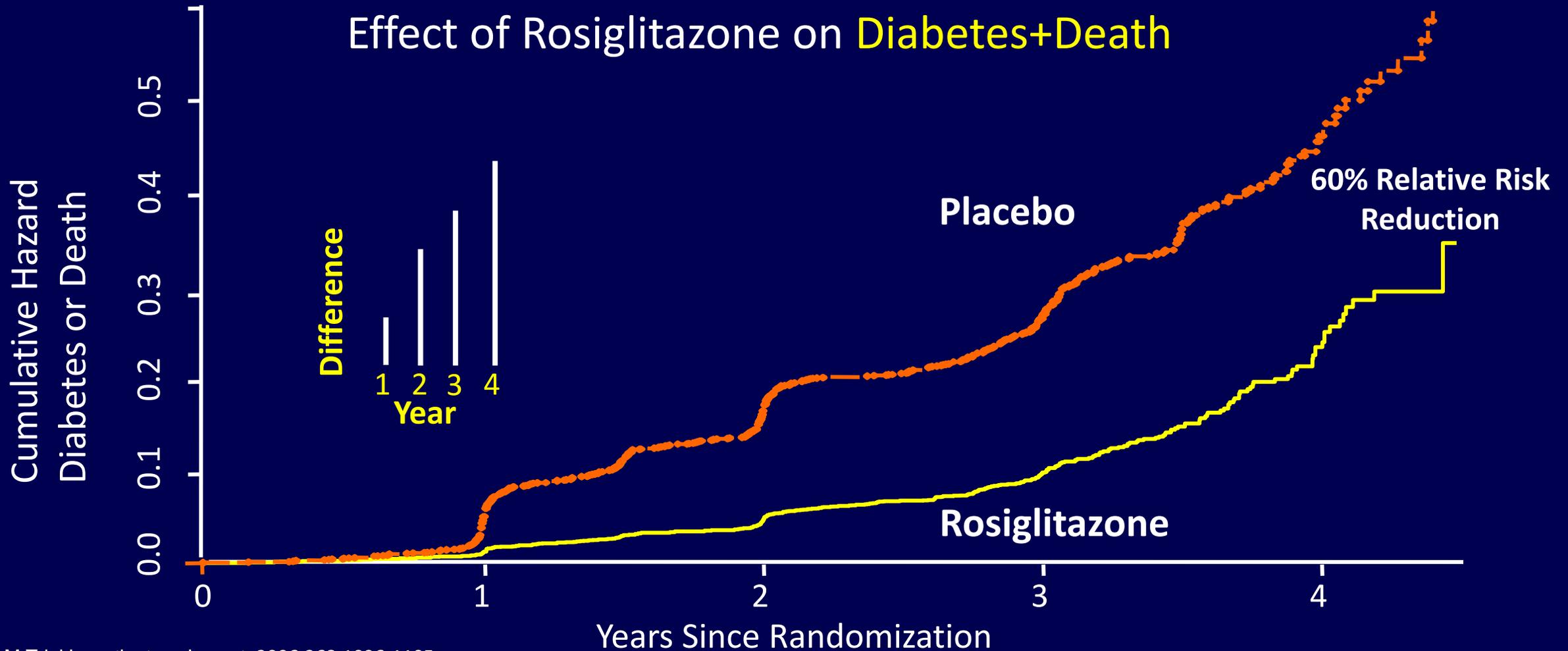
Buchanan et al. Diabetes. 2002;51:2796-2803.

TRIPOD Study: Diabetes Rates During Washout



*Withdrawn from market.
Buchanan et al. Diabetes. 2002;51:2796-2803.

DREAM Study

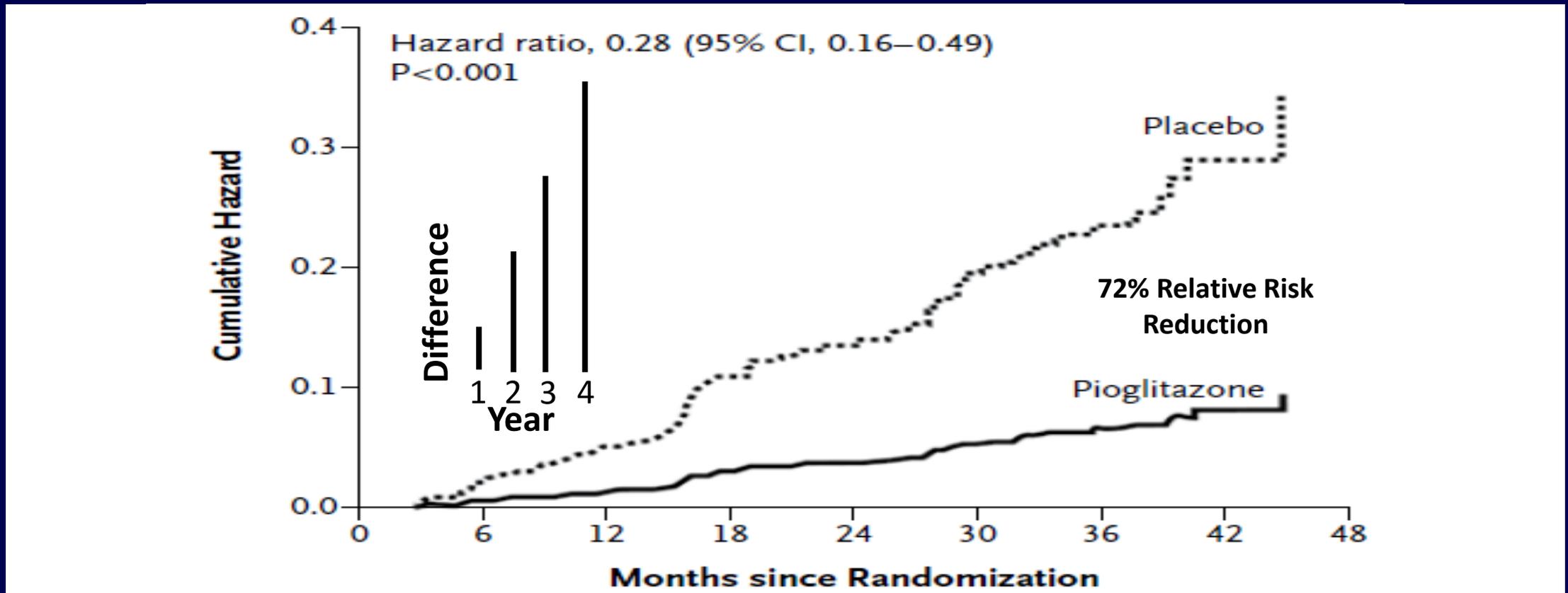


DREAM Trial Investigators. Lancet. 2006;368:1096-1105.

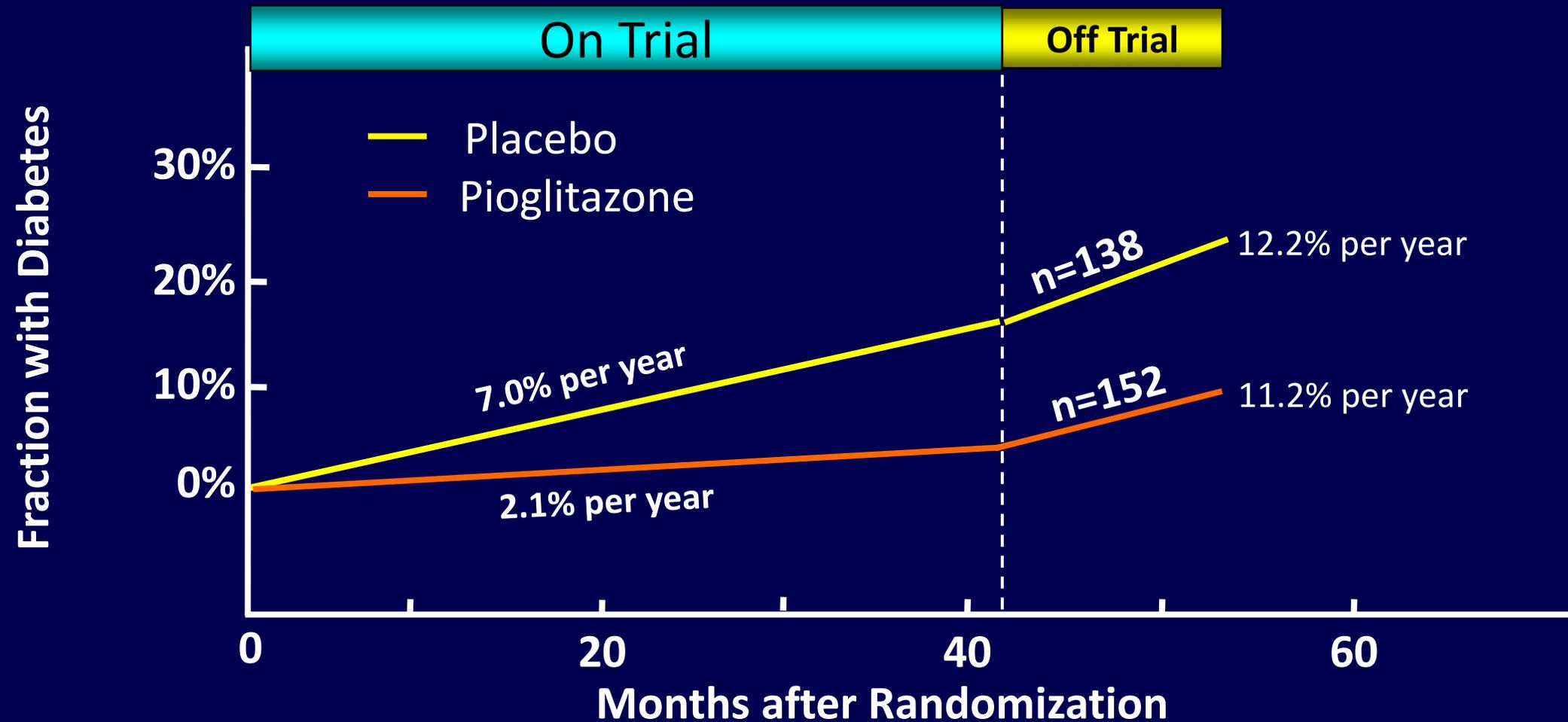
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ACT NOW Study

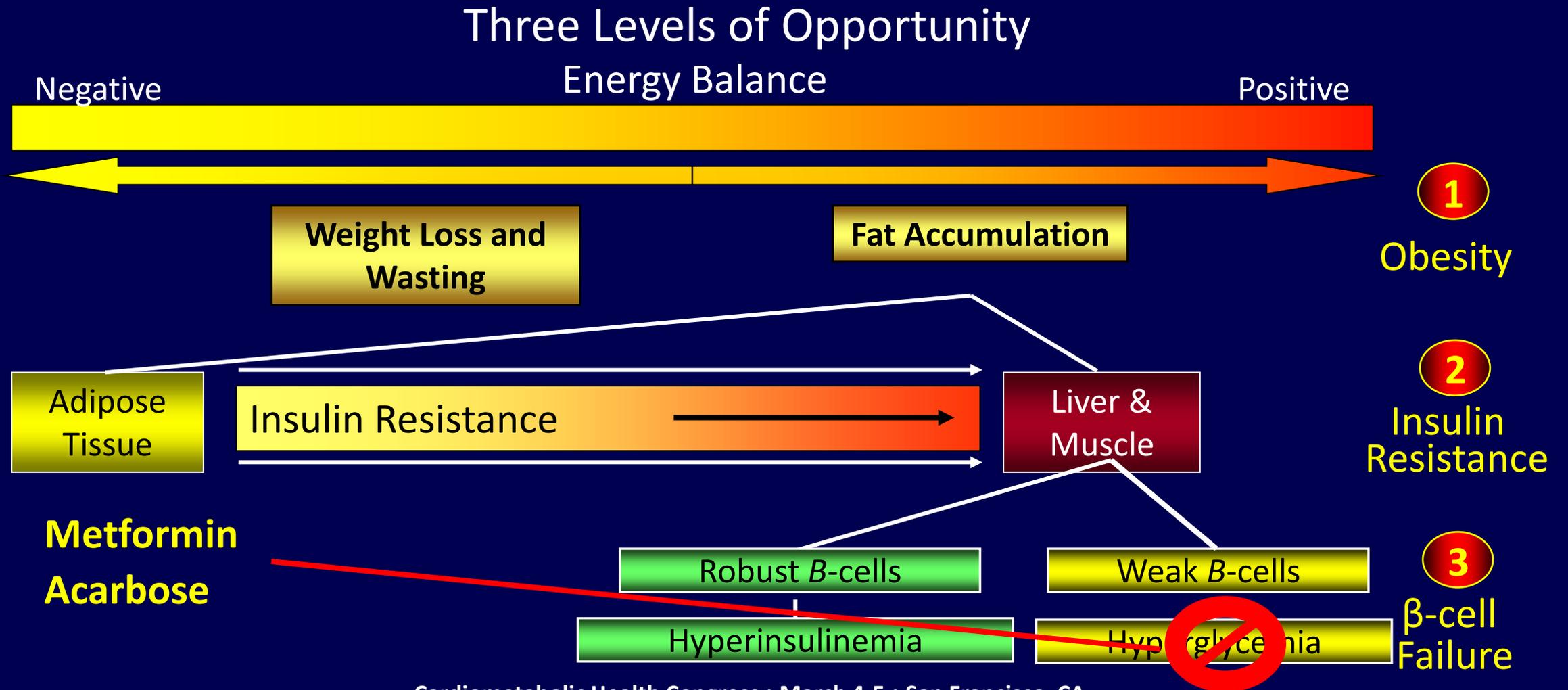
Effect of Pioglitazone on Diabetes Rates



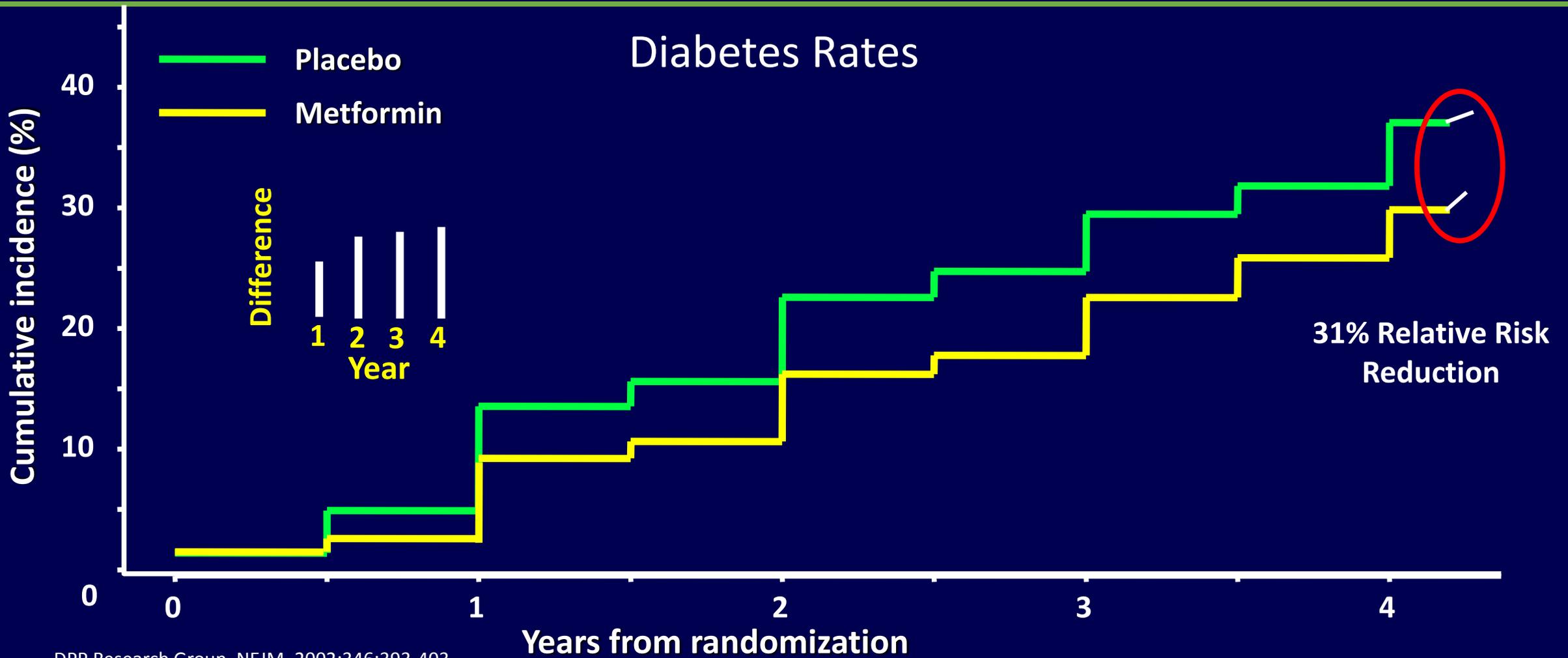
ACT NOW Study: Diabetes Rates During Washout



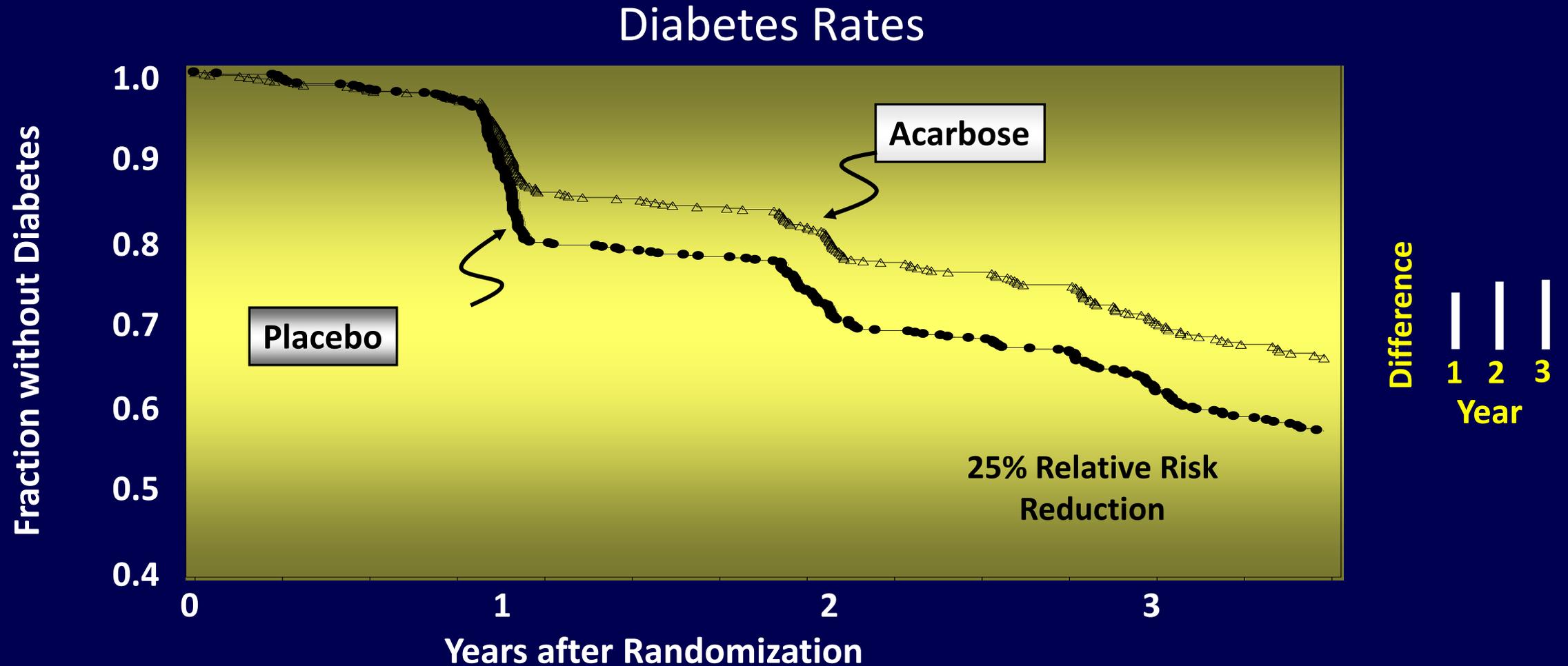
Etiology of Diabetes Prevention



US Diabetes Prevention Program

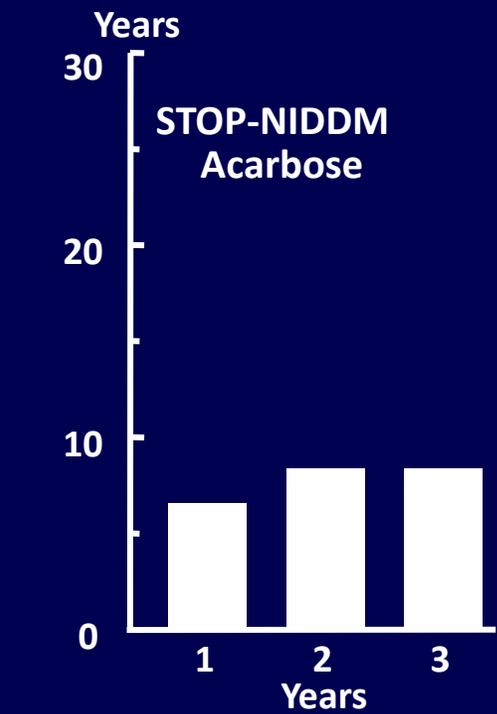
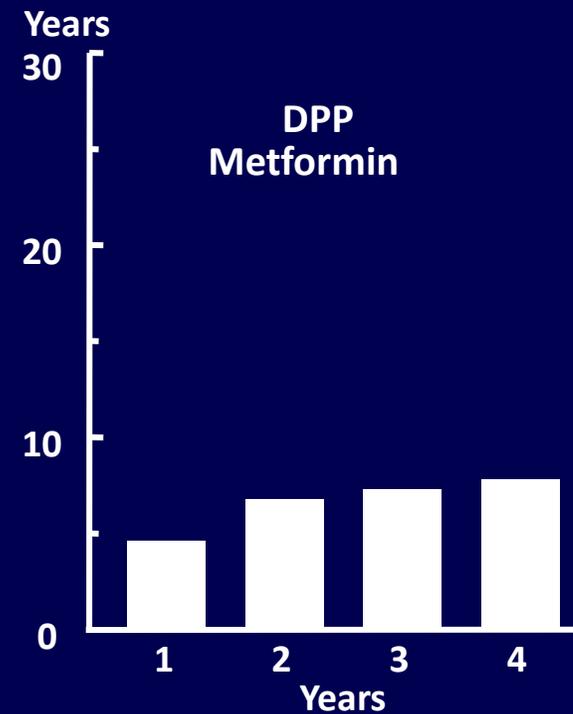
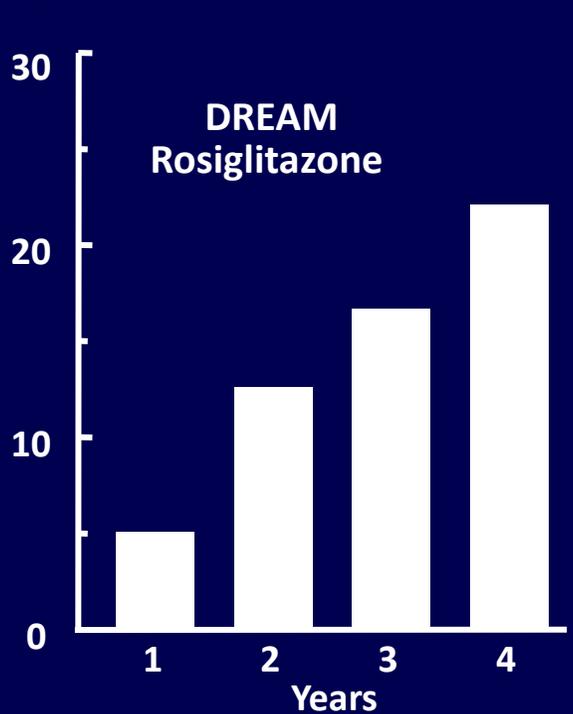
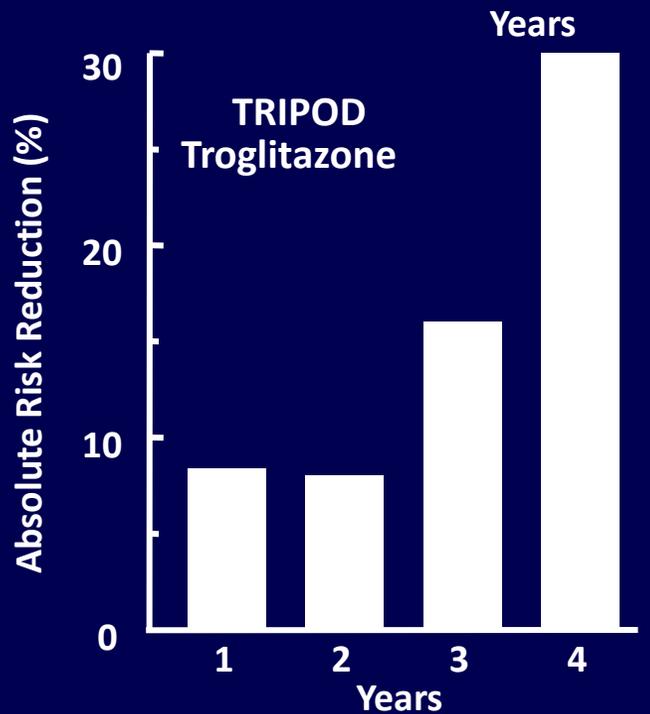
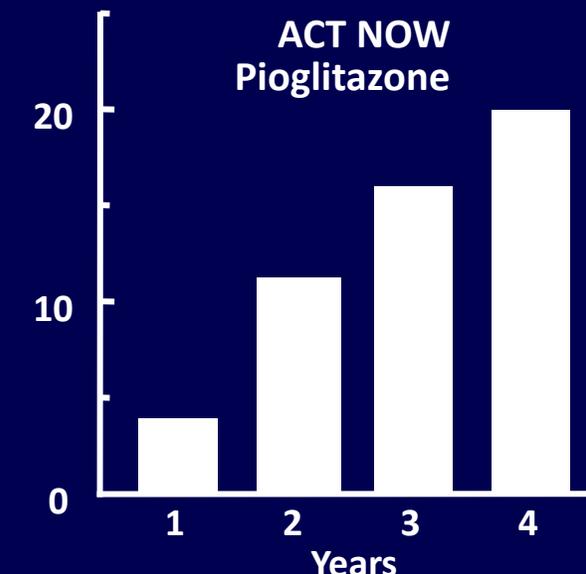
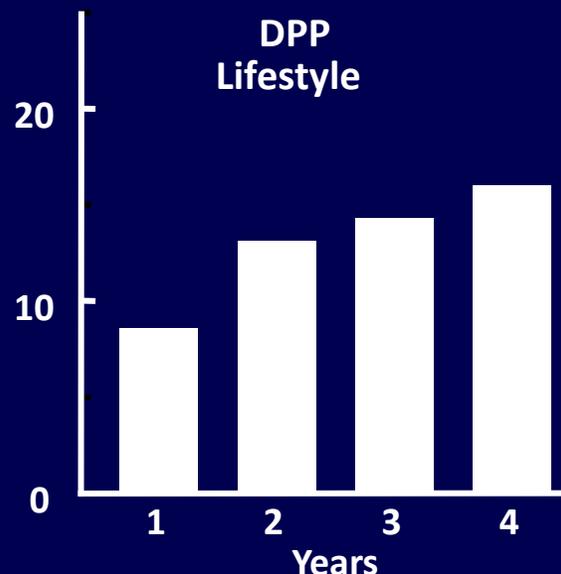
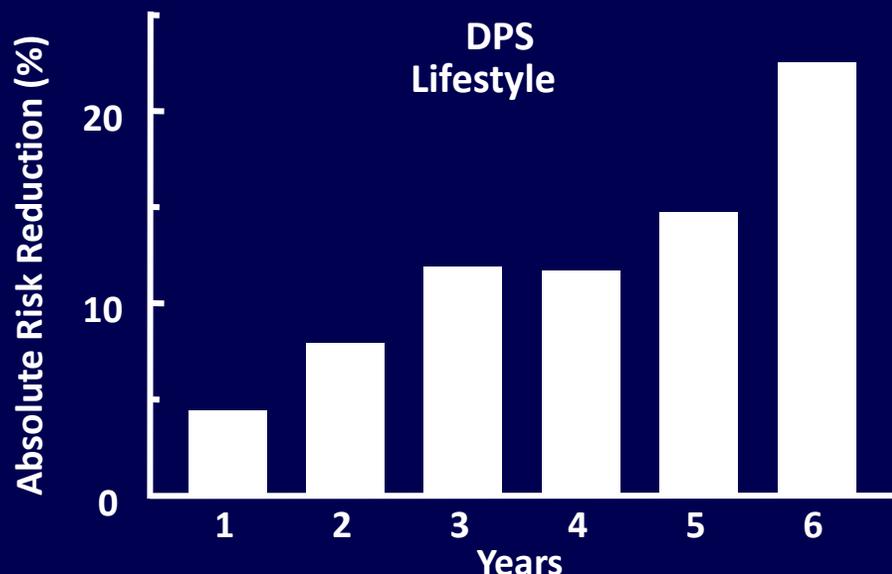


The STOP-NIDDM Study



Chiasson et al. Lancet. 2002;359:2072-2077

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Adapted from Buchanan, Diabetes 2007;56:1502-1507

Can We Slow Progression of Type 2 Diabetes?

Lesson from T2DM Prevention Studies

Interventions aimed at reducing body fat or its impact on insulin resistance provide the best evidence for slowing progression to T2DM.

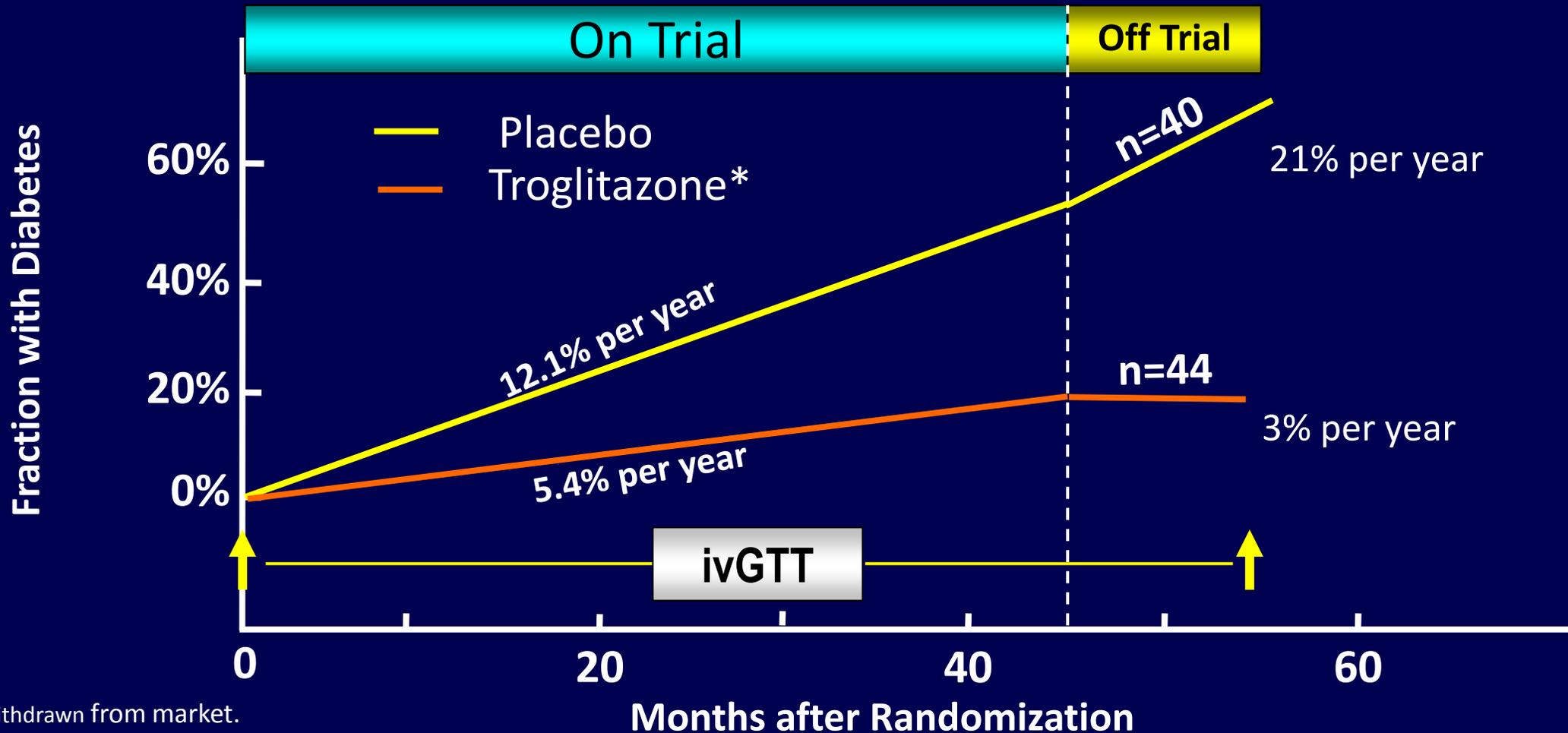
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Mechanistic Studies

- ✦ β -cell preservation

 - ✦ β -cell “rest”

TRIPOD Study: Was There β -cell Preservation?



*Withdrawn from market.

Buchanan et al. Diabetes. 2002;51:2796-2803.

TRIPOD: Preservation of β -cell Function

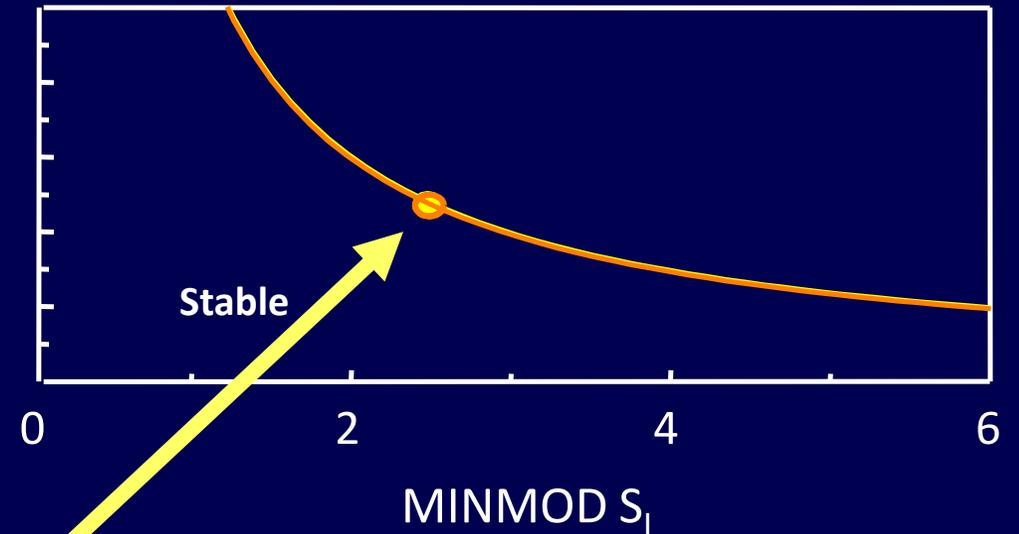
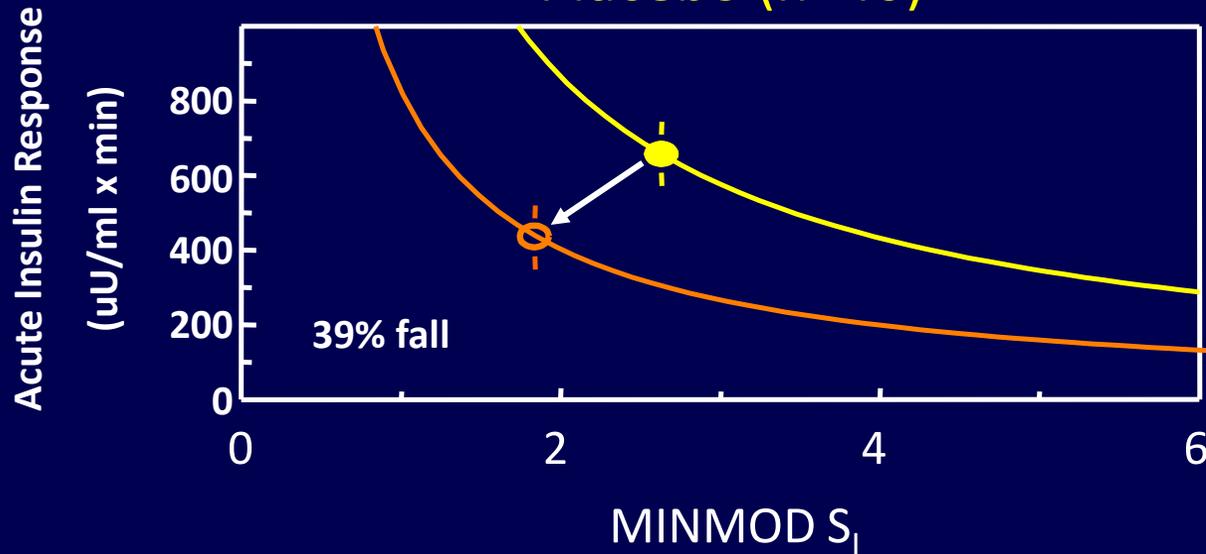
Women without diabetes during trial

● Baseline

○ 8 Months Post-trial

Placebo (n=40)

Troglitazone* (n=44)

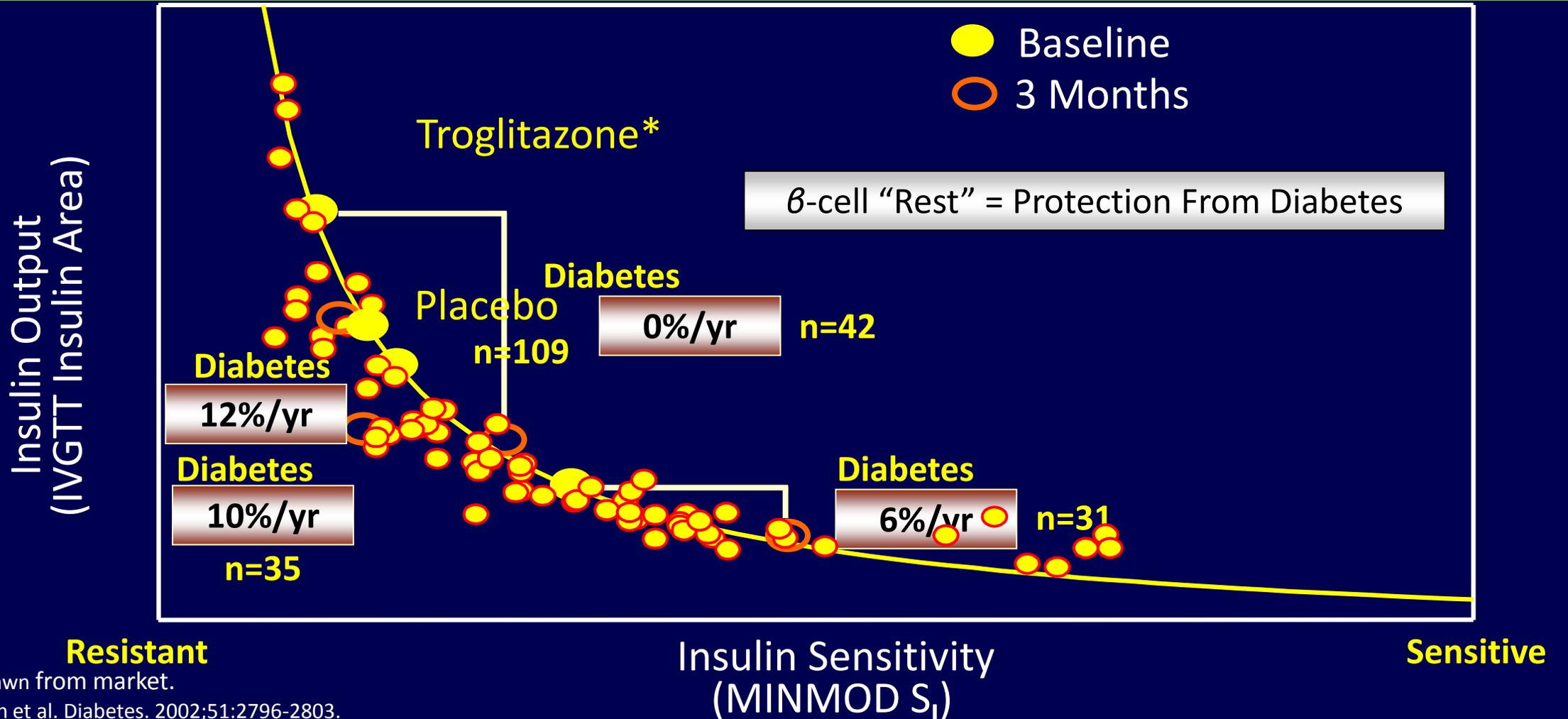


β -cell Preservation

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Buchanan et al. Diabetes. 2002;51:2796-2803.

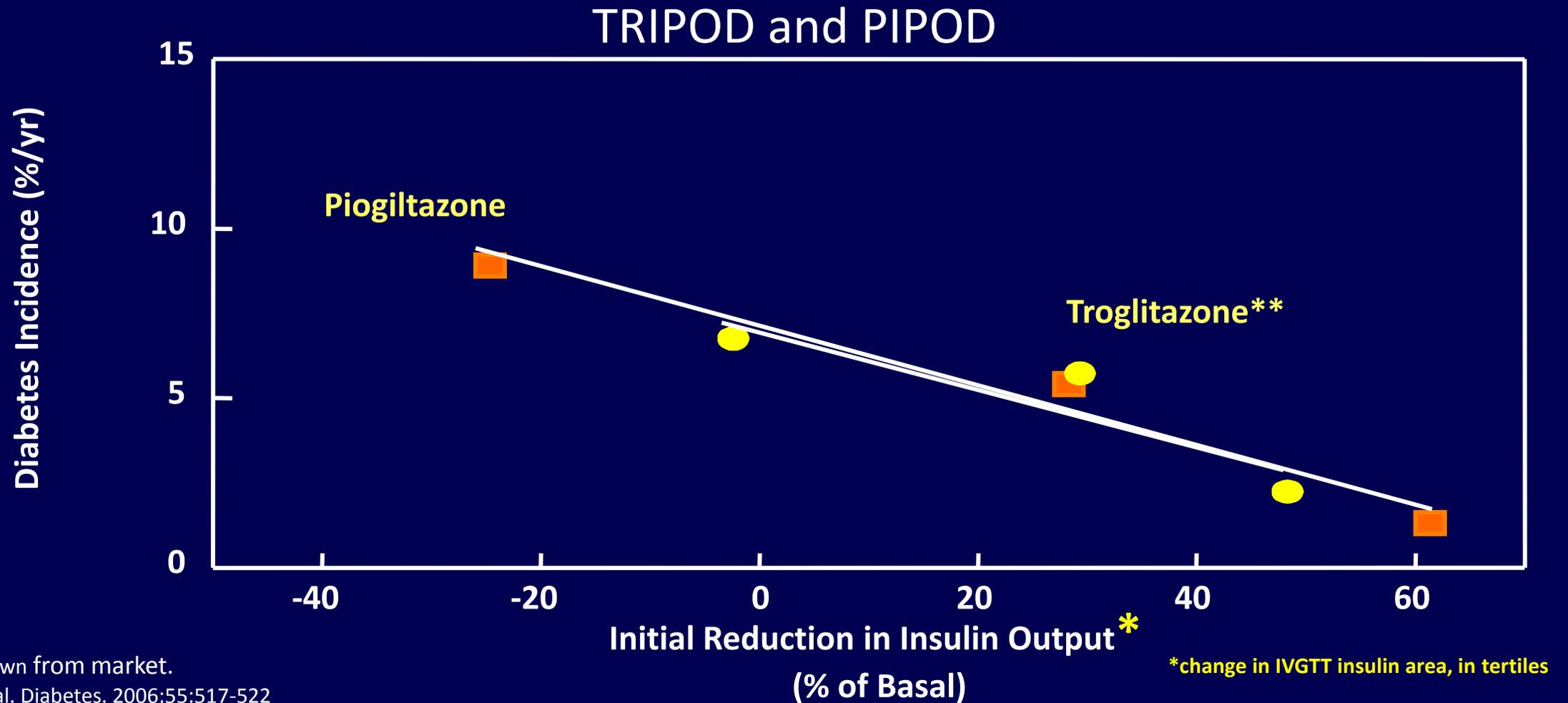
TRIPOD: β -cell "Rest" and Protection from Diabetes



*Withdrawn from market.

Buchanan et al. Diabetes. 2002;51:2796-2803.

β -cell "Rest" and Diabetes Rates

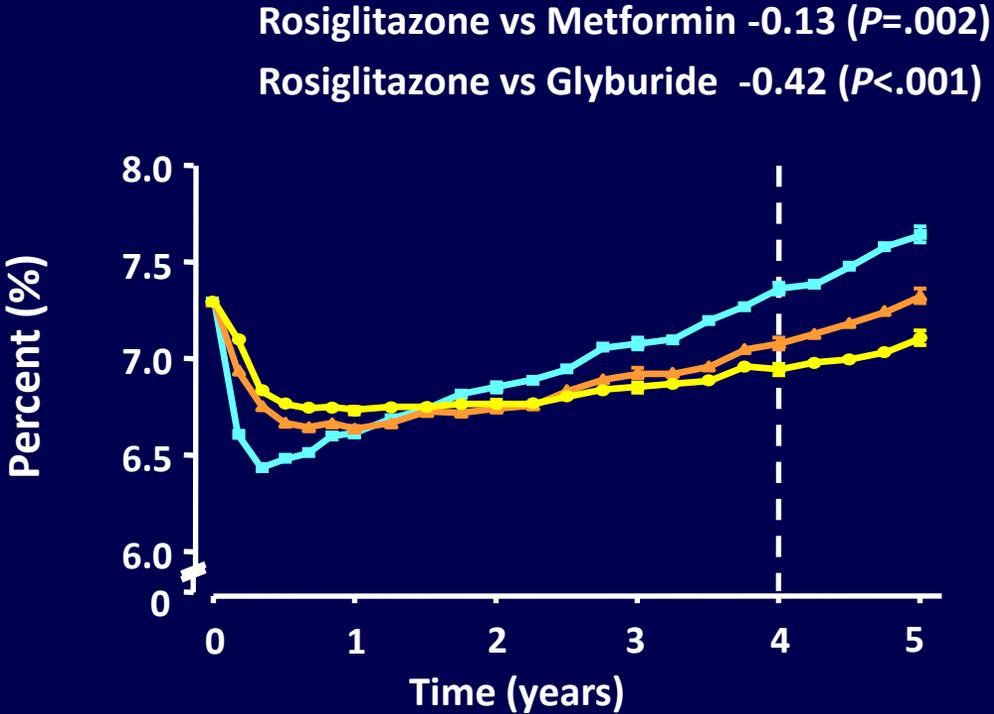
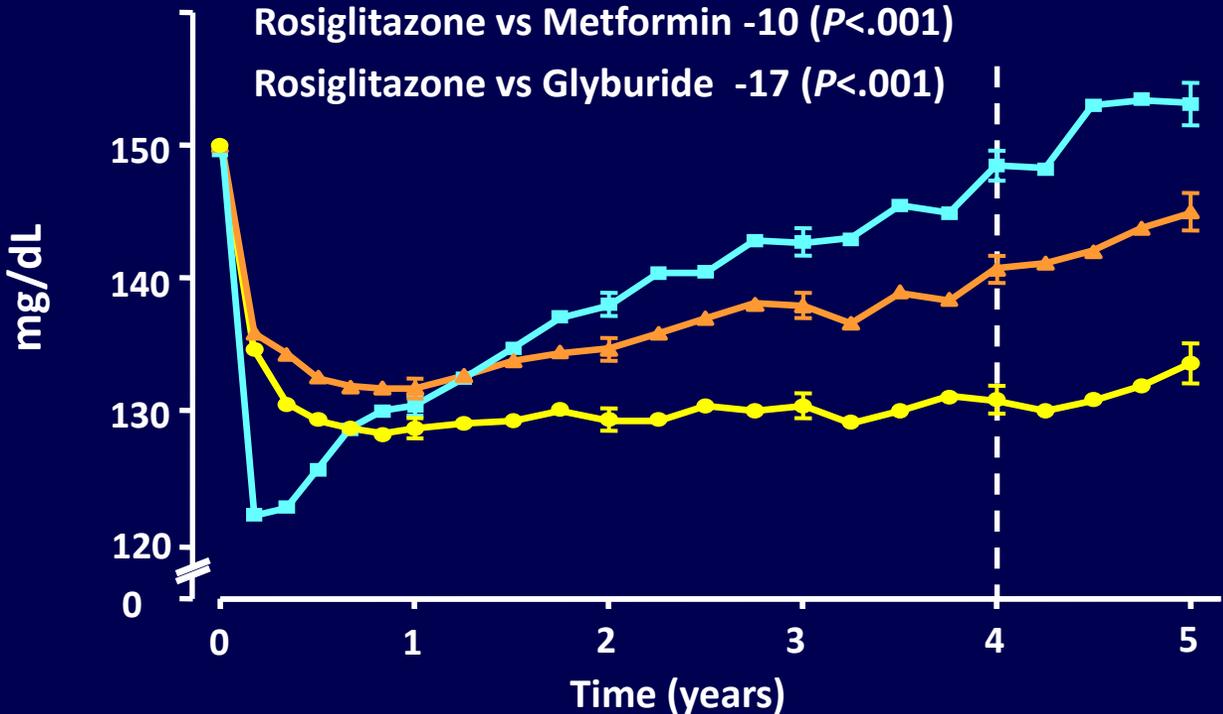


ADOPT: Fasting Plasma Glucose and A1c Over Time

■ Glyburide
 ■ Metformin
 ■ Rosiglitazone

Fasting Plasma Glucose

A1c



Kahn et al. NEJM. 2006;355:2427-2443

Can We Slow Progression of Type 2 Diabetes?

Take Home Messages

- ✦ Progression to T2DM can be slowed, even stopped in some people.
- ✦ Interventions aimed at reducing body fat or its impact on insulin resistance provide the best evidence for slowing progression.
- ✦ β -cell “rest” appears to be an important mechanism for protection.
- ✦ Lifestyle and medical interventions tested to date fail to slow or stop progression in many patients.

We need more effective/aggressive approaches to mitigating obesity and/or its metabolic effects to stop the epidemic of T2DM.

Thank You



CMHC
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