Impressions from EASD 2019

Dr Caroline Day reports from the European Association for the Study of Diabetes 55th annual meeting in Barcelona, Spain, 16–20 September 2019

55th Annual Meeting of the European Association for the Study of Diabetes
Barcelona, Spain
16 - 20 September 2019

Introduction

The 2019 EASD meeting, held at the Fira de Barcelona, was located within a short walking distance of a large shopping mall with a cinema complex, whilst being almost equidistant (approximately 9 km) from the airport and the city centre with easy public transport links. Attendance at EASD 2019 (n=14,562) was slightly lower than at EASD 2018 (n=15,699), but less than when previously held in Barcelona (17,895 in 2013), nevertheless EASD 2019 maintained its popularity with UK delegates (n=988 in 2019 vs 899 in 2013).

Abstracts and access

This year, abstracts 1–264 were presented in 48 oral sessions, and abstracts 265–1195 were presented across six poster events. Abstracts and electronic posters can be viewed via the EASD virtual meeting, and abstracts can also be accessed via the meeting app (downloadable from Google play and the App store – if you can find it now) and USB stick (available from the EASD booth at the meeting) as well as a 600-page supplement of the EASD journal, Diabetologia.[1,2] Several topics at EASD were considered newsworthy and independent commentaries and interviews can be seen on YouTube. However, the proliferation of 'encore' material from the Americal Diabetes Association (ADA) in June 2019 makes it difficult to distinguish data novel to EASD.

The meeting programme is available as a 340-page flipbook – especially useful if wanting to check a particular issue via the virtual meeting (programme at a glance pages 24–29 or own webpage).[3,4] The industry-sponsored symposia took place prior to commencement of the scientific sessions programme (Monday 9am–5.30pm), before (7.30–8.15am) and after (6.45–8.15pm) the scientific sessions on Wednesday and Thursday. There were some non-commercial symposia on Monday, but most occurred before and after the scientific sessions on each full day of the meeting, whilst the industry-sponsored meet-the-expert events occurred during breaks between sessions.[3]

There were also organisations independent from EASD that piggy-backed the meeting, holding events designed to be of interest to EASD delegates. For example, Hacking Health's Artificial Pancreas Meet-up which offered an insight to the world of 'DIY loopers' – typically tech-savvy folks with type 1 diabetes who download open source algorithms to their smartphones so that their continuous glucose monitors (CGM) and insulin pumps can integrate to create a closed loop artificial pancreas – thus glucose measurements, insulin calculations and delivery occur almost automatically. For an alternative digital approach check the EASD poster sessions (eg, PS060 and PS061, Abstracts 795–814).

Table 1 Award lectures at EASD 2019

Prize	Lecturer	Title *(day of presentation and virtual session)*
51st Claude Bernard Lecture	Steven E Kahn, USA	Unravelling beta cell dysfunction in type 2 diabetes: from the predicted to the unknown (*Tuesday, S03*)
34th Camillo Golgi Lecture	Rayaz A Malik, Qatar	Diabetic neuropathy: a time to challenge the dogma (*Tuesday, S10*)
13th Albert Renold Lecture	Timo Otonkoski, Finland	Too much or too little insulin: solving the puzzle with stem cells (*Tuesday, S11*)
5th EASD-Novo Nordisk Foundation Diabetes Prize for Excellence	Daniel J Drucker, Canada	Alimentary antidotes for amelioration of metabolic maladies (*Wednesday, S25*)
54th Minkowski Lecture	Filip K Knop, Denmark	My gut feeling about glucagon (*Thursday, S43 Thursday, S43*)

Highlights

The prize lectures were again high points of the meeting, despite the lack of UK recipients this year (Table 1). The role of sodium glucose co-transporter 2 inhibitors (SGLT2i) in the treatment of type 1 diabetes remains controversial and was addressed in a morning session (see Virtual Meeting; session S14) and posters (eg, PS051, Abstracts 717–726). SGLT2i agents were the subject of oral presentations (OP) and poster events (PS) ranging from further trial analyses to novel observations, perhaps the most clinically relevant being further confirmation of cardio- and renal protection (eg, OP01, Abstracts 1–6; OP044, Abstracts 245–248; PS047, Abs 683–690; PS050, Abstracts 709–716; PS053 and PS054, Abstracts 736–751).

Intestinal peptides, their analogues and agents which target the incretin system continue to stimulate intense investigation (eg, S32; OP019, Abstracts 109–114; OP025, Abstracts 145–150; PS024, Abstracts 471–476; PS028, Abstracts 508–516; PS055–058, Abstracts 752–785), with the similarities and differences between semaglutide (notably PIONEER and SUSTAIN) administered orally or by injection generating specific attention (eg, S09; OP09, Abstracts 49–54).

New approaches to diabetes treatment were considered, including adaptations and refinements of current treatment modalities, use of dual receptor agonists and novel agents (eg, PS052, Abstracts 727–735). There was a session on imeglimin (S22) which is a new class of oral agent developed in Europe that is now in phase 3 trial (TIMES studies) in Japan.

Trials such as VERIFY (S23), DEFINE-HF (S61,S64), DECLARE (S20), REWIND (S39), CAROLINA (S41), CREDENCE (S04), CONCLUDE (S38) and RISE (S34) stimulated interest; however, several of these studies had presented headline results at ADA and new data at EASD were generally limited to subanalyses. The VERIFY trial, an inaugural report

Trial acronyms	
CAROLINA	**CAR**diovascular **O**utcome study of **LINA**gliptin versus glimepiride in patients with type 2 diabetes
CONCLUDE	Comparing the efficacy and safety of insulin degludec and insulin glargine 300 Units/mL in subjects with type 2 diabetes mellitus inadequately treated with basal insulin with or without oral antidiabetic drugs
CREDENCE	**C**anagliflozin and **R**enal **E**ndpoints in **D**iabetes with **E**stablished **N**ephropathy **C**linical **E**valuation
DAPA-HF	**DA**pagliflozin and **P**revention of **A**dverse outcomes in **H**eart **F**ailure
DECLARE	Multicenter trial to evaluate the effect of **D**apagliflozin on the incidence of cardiovascular events
DEFINE-HF	**D**apagliflozin **EF**fect on symptoms and biomarkers of **H**eart **F**ailure
PIONEER	Trials of **O**ral semaglutide in subjects with type 2 diabetes
REWIND	**RE**searching cardiovascular events with a **W**eekly **IN**cretin in **D**iabetes
RISE	**R**estoring **I**nsulin **SE**cretion
SUSTAIN	Trials of **S**ubcutaneous semaglutide (once weekly) in subjects with type 2 diabetes
TIMES	**T**rials of **IM**eglimin for **E**fficacy and **S**afety
VERIFY	**V**ildagliptin **E**fficacy in combination with metfo**R**mIn **F**or earl**Y** treatment of type 2 diabetes

at EASD, showed that commencing dual combination therapy of metformin and vildagliptin at diagnosis of type 2 diabetes led to better outcomes (including greater glycaemic durability) than sequential metformin monotherapy and add-on vildagliptin – supporting the concept of combination therapy at diagnosis.[5] Particular enthusiasm was generated by DEFINE-HF at its debut presentation to a diabetes audience, showing that dapagliflozin reduced the progression of heart failure in people with and without diabetes.[6]

Advocacy

A dedicated session (S21) marked the 30th anniversary of the launch of the St Vincent Declaration. This was an initiative to set targets at a national level to aid healthcare systems to improve outcomes for people with diabetes.[7] The Parliamentarians for Diabetes Global Network, which champions the cause of diabetes across the political spectrum, announced its 3-year strategic plan to enhance support for members to become champions for diabetes and its co-morbidities within their legislatures.[8,9]

Forward planning

On 21–25 September the Vienna Exhibition and Conference Centre (Messeplatz 1- near Prater Park with its iconic big wheel and other amusements) will host EASD 2020. When practising your Strictly Viennese waltz, remember to keep it smooth – like glycaemic control, avoid excess rises and falls.

References

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