Association of British Clinical Diabetologists

NEWS

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From the desk of the chairman, Ketan Dhatariya

As I reflect mid-way through my term of office as chair of the Executive and ABCD Committee, I would like to thank my fellow committee members and all those working so hard behind the scenes to continue to build and strengthen the organisation to benefit the membership and, ultimately, the people we look after.

It is a privilege to be able to lead such an enthusiastic team, who are embracing change and supporting the organisation to deliver a programme of work and internal processes fit for today's world and the environment in which we work.

During this year we have continued to strengthen and streamline our internal processes, ensuring that we have equality, transparency and fairness in all the work we do.

And whilst we have been working hard internally, this has not slowed down our progress and outputs for members and those who are new to diabetes.

Our lifelong learning programme continues to thrive. Earlier this year we hosted our increasingly popular Diabetes Update programme for trainees. Attracting more than 120 delegates, this course has been so well received that we have had enquiries about running it in the Middle East and the Asian sub-continent. We are exploring options for how to do this in order to generate further funds for ABCD activities at home. The UK event will take place again next year at a larger venue, allowing us to support even more trainees.

We are working with 2 potential providers to see who can help us develop the best consultant development programme. We hope to launch it later this year, so watch this space.

The Diabetes Technology Network hosted two extremely successful educator days earlier this year and will be hosting its annual conference on 6th November. If you are planning to go, make sure to register early as places are limited. **https://abcd.care/events/abcd-dtn-uk-meeting-2025**.

ABCD supports many groups and programmes of work. Earlier this year we invested and delivered a joint meeting with the Renal Society. In June, through our financial support from ABCD and DUK, we were delighted that JBDS hosted an in-patient conference. Alongside our support for JBDS we also offer a home for the Obesity Management Collaborative. The Collaborative host regular educational webinars for healthcare professionals **(https://www.omc-uk.org/latest-news-and-events)** and are working to develop a database of Tier 3 obesity services across the country.

Our own ABCD events continue. We have two regional meetings planned this year plus our annual conference in Newcastle on 7 November, which promises to be our biggest yet. Last year's conference attracted more delegates than ever before so make sure you register early. Abstract submission is open and we encourage members to submit their work. **https://abcd.care/submit-abstract**

In collaboration with our parent charity, Diabetes Care Trust, ABCD continues to develop and strengthen its programme of audits. It is very sad news that Bob Ryder has let us know that he is stepping down as the ABCD audit lead. Bob has led this work for almost 20 years and the real-world data generated by the ABCD audits he has led have been instrumental in changing policy and practice around the world. The data that ABCD members have contributed to, and the analyses led by Bob and others, have led to numerous publications in the highest impact journals in our speciality. Bob's contribution has been immense, to say the least, and he will be very sorely missed. However, a large number of excellent candidates applied to be audit lead. In the end, it was a hard choice for us. Because of the quality of the applicants, we have three people taking over from him – Emma Wilmot, Davide Iacuaniello and David Hopkins. I know that you will join me in congratulating them and will continue to contribute to the audits they will lead, as you did for Bob.

The team at the *British Journal of Diabetes*, led by Marie-France Kong and Chris Walton, have been working tirelessly over the last few years to develop the journal and help it to grow. This year we have finally submitted our application for PubMed approval. We wait eagerly for their decision.

With more than 800 members, ABCD truly is the voice of diabetes healthcare and innovation. We provide a powerful voice representing diabetes specialists and the patients for whom we care. There is always room for growth, though, and it is important that we are welcoming and inclusive in our membership. I urge all members to act as ambassadors for the organisation and to welcome and encourage those who have yet to join to consider signing up. If you think that there is something that ABCD should be doing to advocate on your behalf, then please get in touch.

Examples of some of the work the ABCD is involved in include talking to the Royal College of Physicians, together with the Society for Endocrinology and GIRFT, on how our speciality can work with others to ensure that our resident doctors are not continually disadvantaged by the amount of general medicine they have to do. It is a long journey: we know it is a subject many are passionate about! Similarly, we hold

regular meetings with NHSE, Diabetes UK, the National Clinical Director and specialty advisors and have had input into the tirzepatide rollout and how to manage the withdrawal of Levemir in late 2026. ABCD is part of the team about to start the process of updating the JBS CVD prevention guideline. ABCD have also been invited to be part of the ADA global advisory group: this is a new initiative set up by the ADA to address how organisations around the world can work together to help improve the care of people with diabetes.

Please make sure you take advantage of your membership. We have many member programmes, including our educational webinar series, podcasts and events as well as the journal, audits and grants. If you have ideas on how we can support you more please contact me through **info@abcd.care**.

As chair of the ABCD Executive I would like to take this opportunity to thank all our corporate sponsors of both ABCD and DTN, without whom none of these programmes and supporting activities would be possible. Sponsors include AstraZeneca, Lilly, A Menarini Farmaceutica Internazionale SRL, Sanofi, Abbott Laboratories Ltd, Dexcom, Ypsomed Ltd, A Menarini Diagnostics, Advanced Therapeutics (UK) Ltd, Air Liquide Healthcare Ltd, Insulet International Ltd, Medtrum Ltd and Roche Diabetes Care.

I look forward to seeing as many of you as possible at this year's conference.

Professor Ketan Dhatariya
ABCD Chair, Norwich

From the desk of the News Editor, Umesh Dashora

News from the Joint British Diabetes Societies for Inpatient Care (JBDS-IP) group (Omar Mustafa)

Coming up soon, two new guidelines:

- The management of diabetes in people undergoing metabolic and bariatric surgery
- The management of diabetes in adults with psychiatric disorders in inpatient settings

Inpatient diabetes conference 2025 is going to be held at The Spine in Liverpool on June 13th, 2025. This is a fantastic opportunity to learn the latest in inpatient diabetes care and to network with colleagues. Submit abstracts and share your work at **https://abcd.care/events/jbds-ip-inpatient-diabetes-conference-2025**

Rowan Hillson Award 2025 (Umesh Dashora)

The Rowan Hillson Award for 2025 has been announced. The winning teams will be awarded a certificate and prize money (£ 350 for the winner and £ 150 for the runner-up) at the ABCD/DTN conference 2025. ABCD will support free conference registration, complimentary places at the conference dinner, accommodation for one night and travel expenses for two team members from the winning and runner-up teams. The winning entries will also get a chance to publish their work on our website and in our journal. The project is led by Professor Umesh Dashora. **The call for submissions for the 2025 award is already out.**

Some updates (Roy Taylor)

The results of the DiGEST study build upon our previous demonstration of the pathophysiology underlying the clinical benefit of weight loss following diagnosis of gestational diabetes (GDM). DiGEST demonstrates the major benefits of dietary weight loss as management of GDM pregnancy in a large population-based study: Kusinski L, Jones d, Atta N, *et al*. Reduced-energy diet in women with gestational diabetes: the dietary intervention in gestational diabetes DiGest randomized clinical trial. *Nature Medicine* 2025;**31**(2):514-23. https://doi.org/10.1038/s41591-024-03356-1

The write-up of the 2025 Claude Bernard Lecture will be published online in a few days: Taylor R. Aetiology of type 2 diabetes: an experimental medicine odyssey. *Diabetologia* 2025 online at https://doi.org/10.1007/s00125-025-06428-0

From the desk of Bob Ryder

If you have missed any of the recent output from ABCD audit, please look at the following announcements:
https://abcd.care/announcement/abcd-audits-recent-attd-meeting-amsterdam
https://abcd.care/announcement/abcd-audits-duk-glasgow
https://abcd.care/announcement/abcd-audits-easd-madrid
https://abcd.care/announcement/prize-winning-abcd-audits-recent-ada-meeting-orlando-florida
https://abcd.care/announcement/abcd-audits-win-prizes-and-found-newsworthy-recent-duk-meeting-london

Standardising Continuous Glucose Monitoring (Emma Wilmot)

Continuous Glucose Monitoring (CGM) has become standard of care for many living in the UK with insulin-treated diabetes. With an increasing number of devices coming to the market, it can be challenging to assess the accuracy and performance of each device. Mean Average Relative Difference (MARD) is often presented as a marker of accuracy. However, it is not always reliable: the quality and design of the studies underpinning MARD vary greatly and sometimes are not available for review. Professor Chantal Mathieu and colleagues from across Europe are calling for greater data transparency. This, alongside the creation of a minimum set of standards, will allow us to assess the performance of CGM devices more easily. In parallel with the rigour of the iCGM requirements mandated by the US FDA for CGM, such standards will ensure that people living with diabetes have access to devices with reliable performance and accuracy.
Published in Diabetes Obesity and Metabolism. https://dom-pubs.pericles-prod.literatumonline.com/doi/10.1111/dom.16153

Interesting recent research

Umesh Dashora, Muhammad Khan, Md Mizanour Rahman

A rapid-fire collection (extract) of interesting recent developments in diabetes

Authors, Journal	Type of Study	Main results
Mendoza *et al*, *Diabetologia*	Review article	**Targeting ultra-processed foods (UPF) for prevention of type 2 diabetes: state of the evidence and future directions** In this article, authors have reviewed the evidence suggesting that ideal diet quality is affected by consumption of high amounts of daily UPF and its association with an elevated risk of type 2 diabetes (T2DM). The influence of the various UPF subtypes on metabolic health is not uniform, according to emerging studies; nonetheless, little is known about the precise features of industrial foods that are causing the mechanisms that result in the development of T2DM. These knowledge gaps highlight the necessity of utilising both current and novel resources to comprehend the biological processes that connect UPF use to an elevated risk of T2DM. The authors emphasise that public health initiatives should not be postponed because of this uncertainty. They suggest that food quality will be enhanced and the risk of obesity and T2DM decreased by substituting UPFs with minimally processed alternatives whenever feasible. *Mendoza K, Barquera S, Tobias DK. Targeting ultra-processed foods for prevention of type 2 diabetes: state of the evidence and future directions. Diabetologia 2025;68(3):495-506. https://doi.org/ 10.1007/s00125-025-06358-x. Epub 2025 Jan 18. PMID: 39825911.*
Galderisi *et al*, *Diabetologia*	Analysis of TN10 data using OMM-derived indices	**Trajectory of beta cell function and insulin clearance in stage 2 type 1 diabetes: natural history and response to teplizumab** In this analysis, participants with stage 2 (pre-clinical) type 1 diabetes (T1DM) who are involved in the TN10 trial are monitored for disease development using the oral minimum model (OMM). The authors demonstrate that, independent of treatment arm, a loss of >25% of beta cell activity during a 3-month period is a robust predictor of rapid disease progression (<2 years). According to the authors, these results may be applied to identify early responders to disease-modifying therapies in T1DM prevention trials and to stratify risk for progression in stage 2 T1DM. Additionally, they discovered that during a 12-month period, insulin secretion increased in people receiving teplizumab treatment and decreased in those receiving a placebo. *Galderisi A, Sims EK, Evans-Molina C, et al. Trajectory of beta cell function and insulin clearance in stage 2 type 1 diabetes: natural history and response to teplizumab. Diabetologia 2025;68(3):646-61. https://doi.org/10.1007/s00125-024-06323-0. Epub 2024 Nov 19. PMID: 39560746; PMCID: PMC11832608.*
Hurtado *et al*, *Diabetologia*	Cohort study	**Association of glucagon like peptide 1 receptor agonists with suicidal ideation and self injury (SIS) in individuals with diabetes and obesity: a propensity weighted, population based cohort study** In this study authors assess the incidence of SIS in individuals with diabetes and obesity who started taking GLP-1RAs or the comparator medication class sodium–glucose cotransporter 2 inhibitors (SGLT-2i) in a 5 million-person southern European region between 2015 and 2021. In line with current regulatory reports, the authors did not find a greater incidence of SIS among GLP-1RA initiators across multiple analyses. However, the authors come to the conclusion that cautious administration and monitoring of GLP-1RAs are necessary because a causative link between GLP-1RAs and suicidality cannot be completely ruled out owing to the rarity and probable severity of SIS occurrences. *Hurtado I, Robles C, Peiró S, García-Sempere A, Sanfélix-Gimeno G. Association of glucagon-like peptide-1 receptor agonists with suicidal ideation and self-injury in individuals with diabetes and obesity: a propensity-weighted, population-based cohort study. Diabetologia 2024;67(11):2471-80. https://doi.org/ 10.1007/s00125-024-06243-z. Epub 2024 Aug 6. PMID: 39103719; PMCID: PMC11519213.*
Wang *et al*, *Diabetologia*	Study cohort, genotyping and association analyses	**The population-specific Thr44Met OCT3 coding variant affects metformin pharmacokinetics with subsequent effects on insulin sensitivity in C57Bl/6J mice** According to the authors, the SLC22A3 rs8187715 variant (p. Thr44Met) has a reasonably high minor allele frequency (MAF=15.4%), making it practically exclusive to Māori and Pacific peoples of Polynesia. The organic cation transporter 3 (OCT3) monoamine transporter, which carries a variety of medications, including metformin, is encoded by SLC22A3. The scientists showed that this variation improves insulin sensitivity immediately and promotes metformin absorption into tissues using an orthologous knock-in mouse model. However, metformin's ability to reduce blood glucose and aid in weight loss diminished with longer-term usage. These results, according to the authors, imply that this variant may be employed as a population-specific pharmacogenetic marker to direct the use of metformin in individuals with Pacific and Māori heritage. *Wilcox P, Murphy R, Merry TL, Shepherd PR. The population-specific Thr44Met OCT3 coding variant affects metformin pharmacokinetics with subsequent effects on insulin sensitivity in C57Bl/6J mice. Diabetologia 2025;68(3):537-48. https://doi.org/ 10.1007/s00125-024-06287-1. Epub 2024 Oct 18. PMID: 39422716; PMCID: PMC11832584.*

Authors, Journal	Type of Study	Main results
Trevisan *et al, Diabetologia*	Systematic review	**Once weekly insulins: a promising approach to reduce the treatment burden in people with diabetes** Insulin icodec and basal insulin Fc [insulin efsitora alpha], two novel basal insulin molecules that are given once a week, are now being researched for the treatment of T1DM and T2DM. The authors of this paper provide an overview of the data from RCTs on once-weekly insulins. The scientists point out that once-weekly insulins are just as effective as once-daily analogues in lowering blood glucose levels, if not more so. Furthermore, they have a similar risk of hypoglycaemia to daily insulins and there is no evidence of a longer recovery period during hypoglycaemic episodes, indicating a satisfactory safety profile in individuals with T2DM. Conversely, there may be a raised risk of hypoglycaemia in T1DM. The authors draw the conclusion that once-weekly insulin analogues might be a viable therapeutic strategy to boost adherence and enhance glycaemic control. *Trevisan R, Conti M, Ciardullo S. Once-weekly insulins: a promising approach to reduce the treatment burden in people with diabetes. Diabetologia 2024;67(8):1480-92. https://doi.org/10.1007/s00125-024-06158-9. Epub 2024 Apr 29. PMID: 38679644; PMCID: PMC11343872.*
Shapiro *et al, Diabetologia*	Review article	**Leveraging artificial intelligence and machine learning (AI/ML) to accelerate discovery of disease-modifying therapies in type 1 diabetes** A new era of T1DM knowledge discovery is about to dawn. In this article, authors have emphasized AI/ML-enabled analytics to speed up cohort selection, optimise therapy response prediction, aid in medication discovery and reassignment, and encourage the creation of more intelligent trial designs. AI/ML combined with traditional statistical techniques may make it possible to find surrogate endpoints and mechanistic biomarkers that drive earlier efficacy interrogation, shorten trial durations, and possibly eliminate the need for treatment control participants. *Shapiro MR, Tallon EM, Brown ME, Posgai AL, Clements MA, Brusko TM. Leveraging artificial intelligence and machine learning to accelerate discovery of disease-modifying therapies in type 1 diabetes. Diabetologia 2025;68(3):477-94. https://doi.org/ 10.1007/s00125-024-06339-6. Epub 2024 Dec 19. PMID: 39694914; PMCID: PMC11832708.*
Melis *et al, Diabetes, Obesity and Metabolism*	Pilot study	**Semaglutide may affect iron absorption in people with type 2 diabetes** In this study there was a median relative reduction of 13% in iron absorption following semaglutide initiation in people with T2DM. 17.6% participants experienced at least a 30% reduction in iron absorption with semaglutide compared to the period before drug administration. *Melis P, Lucijanic M, Kranjcec B, Cigrovski Berkovic M, Marusic S. The effect of semaglutide on intestinal iron absorption in patients with type 2 diabetes mellitus-a pilot study. Diabetes Obes Metab 2025; 27; 3542-5. https://doi.org/10.1111/dom.16368. Epub ahead of print. PMID: 40116342.*
Guan *et al, Diabetes, Obesity and Metabolism*	Meta-analysis	**Adverse offspring health outcomes in patients with gestational diabetes (GDM)** Offspring exposed to GDM had significantly higher risk of obesity and overweight (OR 1.57), diabetes (OR 4.50), autism spectrum disorder (OR 1.38) and intellectual disabilities (OR 1.70). Moreover, the offspring also had higher systolic blood pressure (mean difference 2.33 mmHg), diastolic blood pressure (mean difference 0.53 mmHg), body mass index (mean difference 0.62), triglyceride levels (0.04 mmol/L) and LDL cholesterol (0.02 mmol/L) compared to controls. *Guan J, Qiu J, Li L, et al. A meta-analysis of adverse offspring health outcomes in patients with gestational diabetes mellitus. Diabetes Obes Metab 2025 Mar 21. https:// doi.org/10.1111/dom.16341. Epub ahead of print. PMID: 40116186.*
Wu *et al, Diabetes, Obesity and Metabolism*	Real world study Multi-institutional propensity score-matched study	**Clinical outcomes with tirzepatide are superior to weight loss surgery** The incidence of all-cause mortality was 0.19 per 100 person-years in the tirzepatide group compared with 0.57 in the bariatric metabolic surgery (BMS) group. Tirzepatide was associated with a significantly lower risk of all-cause mortality compared with BMS (HR 0.311). The mortality benefits were consistent across age groups, gender and BMI categories. Tirzepatide also reduced the risk of major adverse cardiovascular events (HR 0.74) and major adverse kidney events (HR 0.375). *Wu JY, Chan SE, Hsu WH, et al. Comparing clinical outcomes of adults with obesity receiving tirzepatide versus bariatric metabolic surgery: a multi-institutional propensity score-matched study. Diabetes Obes Metab 2025; 27: 3357-66. https://do.org/: 10.1111/dom.16353. Epub ahead of print. PMID: 40109063.*
Lenters-Westra, *et al, Diabetic Medicine*	Literature review	**Managing discrepancies between HbA1c and glucose management indicator** The authors have searched the literature and identified factors which can underlie a discrepancy between HbA1c and glucose management indicator in people on a continuous glucose monitoring system. Discordance can arise due to various factors including CGM accuracy, sensor calibration, red blood cell turnover and other physiological conditions. *Lenters-Westra E, Fokkert M, Kilpatrick ES, et al. Managing discordance between HbA1c and glucose management indicator. Diabet Med 2025 Mar 23; 42(6):e70023. https://doi.org/10.1111/dme.70023. Epub ahead of print. PMID: 40123266.*

Authors, Journal	Type of Study	Main results
Lever, *et al,* *Diabetic Medicine*	26-week randomised one-way crossover study	**Real-time continuous glucose monitoring (rtCGM) in adults with type 2 diabetes (2GO-CGM trial)** In this study, baseline-adjusted mean time in range was 15% higher with rtCGM use vs. self-monitoring of blood glucose (SMBG). There was no evidence of a difference in HbA1c between the two groups. *Lever CS, Williman JA, Boucsein A, et al. Extended use of real-time continuous glucose monitoring in adults with insulin-requiring type 2 diabetes: results from the first 26 weeks of the 2GO-CGM trial. Diabet Med 2025 Mar 18:e70025. https://doi.org/ 10.1111/dme.70025. Epub ahead of print. PMID: 40102012.*
Knorr *et al,* *Diabetic Medicine*	Experimental study	**Clinical criteria do not reliably differentiate GDM from GCK-MODY** When the researcher applied clinical criteria of pre-pregnancy BMI of <25 kg/m2 and fasting glucose >5.5 to confirm the diagnosis of maturity onset diabetes of the young (MODY) by genetic testing, only one woman was identified with MODY out of 1,270 women meeting the clinical criteria. *Knorr S, Knudsen LL, Madsen AL, et al. Shortcut to the needle in the haystack? Screening for maturity onset diabetes of the young in a population of women with gestational diabetes. Diabet Med 2025 Mar 7:e70021. https://doi.org/10.1111/dme.70021. Epub ahead of print. PMID: 40051305.*
Nelson *et al,* *Diabetic Medicine*	RCT	**Swabs vs tissue sampling to inform diabetes foot ulcer management** In this trial, wound healing at 52 weeks was not different in the group guided by swab compared to the group guided by tissue sample. The trial was, however, underpowered to determine whether swab or tissue sample impacted the rate of healing. *Nelson EA, Brown ST, Everett CC, et al. CODIFI2: Randomised controlled trial to compare clinical and cost-effectiveness of swabs versus tissue sampling to inform management of infected diabetic foot ulcers. Diabet Med 2025 Mar 6:e70009. https://doi.org/ 10.1111/dme.70009. Epub ahead of print. PMID: 40051068.*
Pallin *et al,* *Diabetic Medicine*	Prospective case series	**Sonographic features of active Charcot neuro-osteoarthropathy** The authors have described ultrasound features of Charcot arthropathy, including subcutaneous oedema, intra-articular and peri-articular colour flow. The study also documented spectral wave morphology, peak systolic velocity and resistive index of the dorsalis pedis arteries of both feet. *Pallin JA, Lockhart M, O'Loughlin A, et al. Sonographic features of active Charcot neuro-osteoarthropathy: a case series. Diabet Med 2025 Jan 24:e15517. https://doi.orgC10.1111/dme.15517. Epub ahead of print. PMID: 39861935.*
Simonson *et al,* *Diabetes Care*	RCT	**Sustained weight loss and improved quality of life observed following bariatric surgery compared to medical therapy** 228 T2DM patients with obesity were randomly assigned for the study. The metabolic/bariatric surgery group showed sustained weight loss and improved HRQoL (health-related quality of life) when measured annually for 12 years, compared to medical/lifestyle intervention. *Simonson DC, Gourash WF, Arterburn DE, et al. Health-related quality of life and health utility after metabolic/bariatric surgery versus medical/lifestyle intervention in individuals with type 2 diabetes and obesity: the ARMMS-T2D study. Diabetes Care 2025;48(4):537-45. https://doi.org/10.2337/dc24-2046. PMID: 39903478; PMCID: PMC11932816.*
Olsen *et al,* *Diabetes Care*	RCT	**Continuous glucose monitoring (CGM) significantly increases time in range (TIR), reduces time above range (TAR), time below range (TBR), glycaemic variability, prolonged hypoglycaemic events, insulin usages and in-hospital complications in type 2 diabetes patients compared to point of care (POC) glucose testing.** 166 T2DM, non-intensive care unit patients were randomised in this prospective study. The CGM arm achieved higher median TIR of 77.6% vs 62.7% in the POC arm. Median TAR was 21.1% in the CGM arm vs. 36.5% in the POC arm. Total insulin requirement was lower at 24.1 unit/day in the CGM arm vs. 29.3 units/day in the POC arm. *Olsen MT, Klarskov CK, Jensen SH, et al. In-hospital diabetes management by a diabetes team and insulin titration algorithms based on continuous glucose monitoring or point-of-care glucose testing in patients with type 2 diabetes (DIATEC): a randomized controlled trial. Diabetes Care 2025;48(4):569-78. https://doi.org/10.2337/dc24-2222. PMID: 39887698.*
Hirsch *et al,* *Diabetes Care*	RCT	**Inhaled insulin is non-inferior to usual care (UC) e.g. automated insulin delivery (AID) or multiple daily insulin injections (MDI)** 62 adults were assigned to inhaled Technosphere insulin (TI) plus Degludec and 61 to continuation of either MDI (45%) or AID (48%) for 17 weeks. All of them were people with T1DM. HbA1c improved from baseline by >0.5% in 21% of patients in the TI group vs. 5% receiving UC (MDI/AID). HbA1c worsened in 26% patients in the TI group vs. 3% in the UC group. *Hirsch IB, Beck RW, Marak MC, et al; INHALE-3 Study Group. A randomized trial comparing inhaled insulin plus basal insulin versus usual care in adults with type 1 diabetes. Diabetes Care 2025;48(3):353-60. https://doi.org/10.2337/dc24-1832. PMID: 39641970; PMCID: PMC11870290.*

Authors, Journal	Type of Study	Main results
Ohkuma *et al*, *Diabetes Care*	RCT	**Intensive glycaemic control significantly lowers the risk of primary composite outcome of major macrovascular and microvascular events.** 11,138 participants from the ADVANCE trial were studied in two subgroups defined by age at diabetes diagnosis and diabetes duration (>10 years). Intensive metabolic control showed reduced risk of the primary composite outcome of major macrovascular and microvascular events (hazard ratio 0.90, 95% CI 0.82-0.98) across both subgroups. *Ohkuma T, Harris K, Woodward M, et al; ADVANCE Collaborative Group. Intensive glucose lowering and its effects on vascular events and death according to age at diagnosis and duration of diabetes: the ADVANCE trial. Diabetes Care 2025;48(2):279-84. https://doi.org/10.2337/dc24-1516. PMID: 39661106.*
Boeder *et al*, *Diabetes Care*	RCT	**Glucagon antagonist enhances glycaemic control and reduces ketogenesis when added to SGLT-2 inhibitors in type 1 diabetes patients.** 12 participants with T1DM were investigated after four weeks of insulin adjustive therapy using an SGLT-2 inhibitor (dapagliflozin 10mg) vs. a combination of SGLT-2 inhibitors + GRA (Volagidemab 70mg weekly). Combination of SGLT-2 inhibitor + GRA reduced average glucose by 19mg/dl (estimated HbA1c reduction -0.7%) and increased TIR by 16%. *Boeder SC, Thomas RL, Le Roux MJ, Giovannetti ER, Gregory JM, Pettus JH. Combination SGLT2 inhibitor and glucagon receptor antagonist therapy in type 1 diabetes: a randomized clinical trial. Diabetes Care 2025;48(1):52-60. https://doi:.org/10.2337/dc24-0212. PMID: 38776437; PMCID: PMC11664189.*

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YDEF NEWS

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The Young Diabetologists and Endocrinologists' Forum (YDEF) committee is a group of Diabetes and Endocrinology resident doctors which provides learning opportunities for, advocates for and supports fellow Diabetes and Endocrinology resident doctors.

The last six months have been busy, as usual, with much going on.

Our annual ABC of D&E course for new trainees in November, held in the usual Nottingham venue, was again a success. The course was booked up faster than the Glastonbury Festival! We received excellent feedback and aim to open out the course to more resident doctors next year to ensure that all new ST4 resident doctors have the opportunity to attend.

We hosted the annual YDEF Day prior to the Diabetes UK professional conference in Glasgow in February. The programme was highly varied, from sessions about neuroendocrine tumours to transition and adolescent care in type 2 diabetes (T2DM), with renowned speakers from all over the UK. We also had excellent presentations competing for our prestigious Marjorie Prize, which this year focused on the role of artificial intelligence in the future of diabetes and endocrinology care. Two winners were crowned; this year prizes were available for both D&E specialty training registrars and for undifferentiated resident doctors, extending this excellent opportunity to a wider range of colleagues.

February also saw the first YDEF UKINETS training afternoon, held virtually with more than 80 attendees tuning in to hear from our expert speakers. Feedback was overwhelmingly positive and we aim to continue collaborating with UKINETS in the future.

We have created a starter pack for new trainees which is available on our website:

https://www.youngdiabetologists.org.uk/library/

This is the go-to guide for all things Diabetes and Endocrinology from day 1 of the registrar's journey, from help with preparation for the early days of training, to understanding the curriculum and ARCP process. To support international graduates, we have also created a starter guide for international medical graduates (available on the same link). This guide gives invaluable advice to doctors who are new to the UK or NHS, including information on visa applications, registering with a GP and arranging accommodation.

We are grateful to have been able to provide several D&E registrars with financial support for Specialty Certificate Exam costs through our SCE fund once again. This fund is managed by our hosting organisation anonymously and provides partial reimbursement of the exam cost, which is otherwise not eligible for study budget reimbursement.

We are excited to be hosting several other courses in the next few months. This year, the Northern Europe Young Diabetologist (NEYD) conference, hosted annually and alternating between the UK, the Netherlands and Denmark, will be held in the Netherlands 21st-23rd May. This research-focused event provides 10 registrars with the opportunity to present their work internationally and provides them with a bursary for travel and accommodation. The second Diabetes Foot course will be held this month and looks to build upon the success of last year's course. Our biannual popular technology course will be held in July and December this year. Remember to look out for dates in our newsletter, X account or website if you are interested, as tickets sell rapidly!

Please ensure you stay up to date with our upcoming courses by following us on X @youngdiabendo and visiting our website https://www.youngdiabetologists.org.uk.

If you haven't done so already, be sure to sign up to our YDEF newsletter!

Amy Coulden E-mail: amy.coulden@nhs.net

YDEF is dedicated to all diabetes and endocrine trainees and is open for new members to register on our website. Take advantage of our regular newsletters and up-to-date advertising of a wide variety of courses and meetings to complement your training. As always, we are continuously looking to develop and propagate our specialty so do not hesitate to contact us if you have any suggestions or questions!

DTN-UK NEWS

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https://abcd.care/dtn/about-dtn-uk

The Diabetes Technology Network UK, is an organisation designed to support UK health care professionals who are involved in the delivery of technologies designed to improve the lives of people living with diabetes.

What a busy time it has been since our last update. The DTN committee are very grateful for all your hard work to improve access to hybrid closed-loop (HCL) technology for people with diabetes under NICE technology appraisal guidance TA943. At our educational events we are hearing about the challenges; but also about some of the collaborative working and new initiatives that teams have introduced to bring this life-changing technology to those who need it the most. NHS England (NHSE) have now written to all regional integrated care boards (ICBs) with funding allocations for 2025/2026. It is really important that all type 1 diabetes (T1DM) services have local discussions around allocation and make themselves aware of what funding is available to them. The DTN will continue to work with NHSE on education to support HCL roll-out, both for healthcare professionals and people living with T1DM.

Here is an update about what we have been doing but please get in touch if you have any suggestions for how we can support you in the future. Together we can do this!

- We held two successful DTN Educator events in March. The first was in London and the second in Manchester, where more than 150 delegates attended. Both days were a huge success and were really enjoyable to deliver. We all learned something new and it was great to hear the latest research and share best practice. The energy and passion in the room were brilliant! We want to thank all our speakers and sponsors for supporting the two days. We are looking at dates for 2026 and will be advertising these soon so that you can get them into your calendars.
- Our healthcare professionals (HCP) survey regarding training, education and confidence with HCL systems was presented at the ATTD meeting and should be published soon. We look forward to sharing the results with you and to working together on some of the findings and recommendations, following this valuable piece of work.
- The newest version of our Best practice guide for using diabetes technology in pregnancy is progressing well. Experts around the country, led by Dr Kate Hunt, are working hard to get this published soon.
- Work has also begun on two guidance documents for HCPs on Using hybrid closed loop systems for people living with Type 1 diabetes with disordered eating (TIDE) and How to support special populations to ensure a safe transition and access to all who need it.
- We hope to have a new HCL resource library on our website soon. This will house our DTN educational and service resources plus examples of best practice from other colleagues and teams around the country, endorsed by the DTN. If you have developed a resource which you would like to share with other services, please get in touch for us to review it.
- Our videos Expert views on HCL are now available on our website. These are a great resource to share with people who are new to HCL or who are at the end of a 4-year warranty and looking to move to a different system. The videos review the pros and cons of the different commercially available systems, providing informed choice when trying to make a decision. **https://abcd.care/dtn-education/expert-views-on-devices**
- Please have a look at our website for our newest statement titled: Principles for CGM Choice in HCL systems: clinical need, cost-effectiveness, and patient safety.
- The DAFNE "Closed loop essentials" online course continues to show great uptake. Please continue to make use of this excellent free resource. Teams in non-DAFNE centres who wish to offer this course can **contact the DAFNE central team via dafne@nhct.nhs.uk**

DATE FOR YOUR DIARY

The DTN Annual Meeting will be in Newcastle on 6 November 2025. Registration is about to open, and demand is expected to be high. Emails will be sent to all those who are members of the DTN. If you are not a member, it is not too late, details can be found here: Join the Diabetes Technology Network UK | The Association of British Clinical Diabetologists

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