

# SCHEDULES

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12 November 2020 - 09:00

## Abbott Hosted Symposium

Session - [Industry Hosted Symposium](#) - 45.0 mins - Adelaide Room

“The New Era in T2D Management” How Flash Glucose Monitoring is Revolutionizing T2 Diabetes Management

09:00

[Introduction](#)

[Pascale Bridge](#)

09:02

[How Flash Glucose Monitoring is revolutionising T2 diabetes management](#)

[Eden Miller](#)

09:15

[The Clinical Evidence in Supporting the use of FreeStyle Libre in T2 diabetes management](#)

[Neale Cohen](#)

09:35

[Q&A](#)

[Neale Cohen, Pascale Bridge](#)

## Amgen Hosted Symposium

Session - [Industry Hosted Symposium](#) - 45.0 mins - Brisbane Room

09:00

[Lipid Management in the Diabetic Patient](#)

**Presenters:** Professor Richard O’Brien and Professor Alicia Jenkins

**Summary:** It is well documented that patients with type 2 diabetes have an increased risk of cardiovascular disease (CVD) that is two-to-three times higher than non-diabetic patients. Indeed, the presence of diabetes has been independently associated with substantially increased risk of CV morbidity and mortality. One of the most significant CVD risk factors among patients with type 2 diabetes is elevated low-density lipoprotein (LDL) cholesterol.<sup>1-3</sup>

**Professor Richard O’Brien** and **Professor Alicia Jenkins** will review CV risk in patients with diabetes and the importance of intensive LDL-C lowering in the current treatment landscape.

They will examine the effect of PCSK9 inhibitor evolocumab on reducing LDL cholesterol and cardiovascular events in the FOURIER trial, and more specifically discuss the results of the prespecified analysis of FOURIER, that investigated the efficacy and safety of evolocumab by diabetes status, and what this means for patients.

1. Nilssen, P. European Cardiology Review 2007;2(2):27-9
2. Sabatine MS, et al. Presented at European Association for the Study of Diabetes 53rd Annual Meeting, September 15, 2017, Lisbon, Portugal.
3. Sabatine M et al. Lancet Diabetes Endocrinol 2017 Dec;5(12):941-950.

## Lilly Hosted Symposium

Session - [Industry Hosted Symposium](#) - 45.0 mins - Melbourne Room

09:00

[Keeping pace with the dynamic world in managing adult patients with type 2 diabetes](#)

[Jonathan Shaw](#)

About 2 in 3 Australian adults with type 2 diabetes (T2D) also have cardiovascular disease (CVD) and/or chronic kidney disease (CKD).<sup>1,2</sup> Indeed, CVD accounts for almost 1 in 3 deaths for people with T2D, and overall life expectancy is shortened by up to 8-9 years. This burden of disease highlights the importance of selecting glucose-lowering therapies that minimise the risk of cardiovascular events. Additionally, recent updates to the ADA/EASD consensus statement emphasise the need to manage CV risks in patients with T2D.<sup>3</sup>

References: 1. Shaw JE, Thomas M, Magliano D. The dark heart of type 2 diabetes. Baker Heart and Diabetes Institute, 2018. Available at <https://www.baker.edu.au/-/media/documents/impact/Baker-Institute-The-dark-heart-of-type-2-diabetes.ashx?la=en>. Accessed 1 October, 2020. 2. International Diabetes Federation. IDF Diabetes Atlas. 9th ed. 2019. 3. Buse JB et al. Diabetes Care 2020;43:487-93

## **Novo Nordisk Hosted Symposium**

Session - [Industry Hosted Symposium](#) - 45.0 mins - Darwin Room

09:00

[Introducing Ozempic® \(semaglutide\) a new once-weekly GLP-1RA: Practical considerations and clinical case studies](#)

[Ramy Bishay, Irene Kopp](#)

Recent updates to both local and international treatment guidelines support the use of glucagon like peptide-1 receptor agonists (GLP-1RAs) as a second line option after metformin therapy in individuals with type 2 diabetes, highlighting the clinical utility of this class early in the treatment of this disease. Ozempic® (semaglutide) is a new addition to the GLP-1RA class now available here in Australia.

Join Dr Ramy Bishay (Endocrinologist) and Irene Kopp (Nurse Practitioner and Credentialed Diabetes Educator) as they discuss the data supporting the clinical use of Ozempic® (semaglutide) in adults with insufficiently controlled type 2 diabetes and share practical considerations for starting and managing patients with this new medicine. Real-life case studies from their respective practices will be discussed along with the type of patients Ozempic® may be suitable for.

References:®

1. Buse JB et al. Diabetologia 2020;63:221-228.
2. Davies MJ et al. Diabetologia 2018;61:2461-2498.
3. Australia Diabetes Society T2D guidelines - <http://t2d.diabetessociety.com.au/plan/>
4. Novo Nordisk. Ozempic® (semaglutide) prescribing information, 2020. Available: <https://www.novonordisk.com.au>

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12 November 2020 - 10:00

## **ADEA Indigenous Plenary Lecture - Alex Brown**

Session - [Plenary](#) - 60.0 mins - Canberra Room

10:00

[Introduction](#)

[Shannon Lin, Brett Fenton](#)

10:05

[Diabetes Inequalities in Australian Aboriginal Communities](#)

[Alex Brown](#)

## **ADS Clinical Oral Presentations - Type 2 Diabetes**

Session - [ADS Clinical](#) - 120.0 mins - Adelaide Room

10:00

[Introduction](#)

[Jonathan Shaw](#)

10:02

[Effect of Testosterone Treatment to Prevent or Revert Type 2 Diabetes in High-Risk Men Enrolled in a Lifestyle Program: A Two-Year Multicentre Randomized Placebo-Controlled Trial](#)

[Gary Wittert](#)

Abstract #160

10:14

[Not so sweet: Loss of sweet taste control of absorptive function in human type 2 diabetes](#)

[Denise Kreuch](#)

Abstract #91

10:26

[Increased subclinical focal and diffuse myocardial fibrosis by cardiac MRI in asymptomatic patients with T2DM and no established coronary arterial disease: the DiCOM study.](#)

[Sashie Howpage](#)

Abstract #258

10:38

[Projecting the Future Incidence of Type 2 Diabetes-Related End-Stage Kidney Disease: A Comparison between Diabetes Prevention and Treatment](#)

[Jedidiah Morton](#)

Abstract #224

10:50

[Differential Effects of a Low Volume High Intensity Interval Training and Progressive Resistance Training Protocol in Adults with Normal Glucose or Prediabetes](#)

[Callum Baker](#)

Abstract #237

11:02

[Fractures in T2DM independently predicted by insulin use and vascular complications \(FIELD study\)](#)

[Angela Sheu](#)

Abstract #113

11:14

[Challenges associated with initiating SGLT2 inhibitor therapy for diabetes: a qualitative study of General Practitioners](#)

[Tamara Milder](#)

Abstract #177

11:26

[Q&A](#)

## **ADS Pincus Taft Young Investigator Award**

Session - [ADS Basic](#) - 120.0 mins - Darwin Room

10:00

[Introduction](#)

[Mark Febbraio, Melkam Kebede](#)

10:02

[Pre-conception weight loss improves fertility and metabolic inflammation in obese mice and improves kidney outcomes for the offspring](#)

[Natassia Rodrigo](#)

Abstract #192

10:17

[The identification, characterisation and therapeutic potential of silencing PSMD9 in the liver and adipose tissue](#)

[Michael Keating](#)

Abstract #199

10:29

[Effects of hepatocyte specific CCN2 gene deletion on NASH fibrosis in a mouse model of high fat feeding and diabetes.](#)

[Sarah Parry](#)

Abstract #226

10:41

[An integrated microfluidic sensing platform for dissecting insulin secretion and extracellular Ca<sup>2+</sup> dynamics of pancreatic islets](#)

[Weikun Huang](#)

Abstract #157

10:53

[Mitochondrial therapy improves diabetic kidney disease markers including albuminuria and glomerular pathology but not cardiovascular outcomes in a mouse model of type 2 diabetes](#)

[Amelia Fotheringham](#)

Abstract #219

11:05

[Telomeres do not always shorten over 12-years in adults with Type 2 diabetes: A FIELD Substudy](#)

[Luke Carroll](#)

Abstract #217

11:17

[Optimising Methods to Quantify Diabetic Wound Healing in Murine Models](#)

[Sarah Fox](#)

Abstract #32

11:29

[Betaine supplementation augments the beneficial effects of exercise on glucose handling in a mouse model of diet-induced obesity](#)

[Josephine Yu](#)

Abstract #159

11:41

[Panel Q&A](#)

## **ADS/ADEA Joint Symposium: Adult Hybrid Closed Loop Systems**

Session - [Joint ADEA/ADS](#) - 120.0 mins - Melbourne Room

10:00

[Introduction](#)

[David O'Neal](#)

10:02

[The adult HCL Study: background and Protocol](#)

[Sybil McAuley](#)

10:09

[The Glycaemic Results and Discussion](#)

[David O'Neal](#)

10:16

[The Non Glycaemic Results and Discussion](#)

[Christel Hendrieckx](#)

10:23

[The Study Coordinator's perspective](#)

[Pamela Taylor](#)

10:28

[The Patient Perspective](#)

[Leanne Foster](#)

10:35

[Who is suitable/eligible and setting patient expectations](#)

[Jane Speight](#)

10:45

[Commencing HCL Pump: Patient Education, Initial Device Settings and initiating CL](#)

[Sue Wyatt](#)

11:00

[Dietician perspective of a CL device and practical application](#)

[Kerryn Roem](#)

11:10

[The routine follow up appointment and reviewing the CL Upload](#)

[Peter Colman](#)

11:25

[Troubleshooting alarms and sick-day management](#)

[Jane Holmes-Walker](#)

11:40

[Panel Q&A](#)

[Alicia Jenkins](#), [Sybil McAuley](#), [Sue Wyatt](#), [Peter Colman](#), [Pamela Taylor](#), [Neale Cohen](#), [Leanne Foster](#), [Kerryn Roem](#), [Jane Speight](#), [Jane Holmes-Walker](#), [David O'Neal](#), [Christel Hendrieckx](#)

## **Diabetes in Aged Care**

Session - [ADEA](#) - 120.0 mins - Hobart Room

10:00

[Introduction](#)

[Trisha Dunning](#), [Achamma Joseph](#)

10:05

[Diabetes, dementia, brain health and ageing](#)

[Katherine Samaras](#)

10:30

[Diabetes in Aged Care - COPE Program & other programs Nursing/CDE perspective](#)

[Michelle Hogan](#)

The presentation will include; setting the context of the aged care sector in Australia with helpful tips on what CDE's need to know to assist them to guide staff in providing optimal individualised diabetes management to residents living in residential aged care and clients living in their own homes. An overview of the Aged Care Standards and practical suggestions of further training opportunities for participants on programs available to provide information to improve the quality of life to the older person will be discussed.

10:45

[Diabetes Tasmania: Diabetes management in aged care project](#)

[Elisa Williams](#), [Anne Acheson](#)

Aims

Between 10-20% of Australians in residential aged care facilities (RACFs) have diabetes.

Primary Health Tasmania (PHT) funded Diabetes Tasmania (DT) to undertake a project to:

- assist RACFs evaluate their policies and procedures in diabetes management;
- recommend quality improvement activities to help meet current guidelines focusing on:

- o improved screening in all residents;
- o reduced preventable hospital and emergency department (ED) presentations; and
- increase staff understanding of diabetes management.

#### Methods

Purposive sampling was used to recruit 20 facilities across Tasmania. At baseline, screening and adverse event data was collected and each facility undertook an audit (providing supporting evidence) of diabetes policies and procedures.

Recommendations for system improvements were made based on audit results. Group staff education was delivered by a diabetes nurse educator (DNE) using newly developed, topic-specific resources Six-Minute Intensive Training (SMIT's).

The project was evaluated according to changes in quantitative and qualitative data over the six months.

11:00

[How to ease into aged and palliative care](#)

[Trisha Dunning](#)

Older age is a risk factor for diabetes. Twenty three percent of Australian older than age 65 have diabetes: 15-20% of people in residential age care have diabetes, Globally, one person with diabetes dies every six seconds Many older people with diabetes are self-caring and live in the community; some need comprehensive care but all require personalised care. These facts suggest proactively planning for older age and end of life are essential aspects of holistic care and is consistent with relevant care standards.

Many older people with diabetes would benefit from early palliative care to preserve quality of life and reduce suffering but clinicians are often reluctant to initiate advance care planning discussions various reasons, including lack relevant training to have such conversations, the challenges of uncertainty and prognostication, and concern they will distress people with diabetes and their families.

The presentation content will include general and diabetes-specific indicators of deterioration, some information to help clinicians recognise deterioration beyond vital signs, recognise relevant disease trajectories, interpret prognostic signs and help people document an advance care plan for living well considering what matters most to the individual and their families. Older age, deterioration, palliative, terminal and end of life care and advance care planning will be defined. The emphasis will be on a broad view of deterioration and advance care planning and making the most life for the individual and their family, rather than the usual focus on escalating/not escalating treatment and resuscitation. Some useful resources will be described.

11:25

[Nutritional considerations in ageing](#)

[Achamma Joseph](#)

Nutritional needs change over the lifespan with several factors affecting what and how we eat. Some factors which affect nutrition status in ageing include: economic, environmental, socio-cultural, psychological, genetic and biomedical influences. The effects of ageing therefore are very individual and a person-centred approach considering the person's needs and wishes should be at the core of care delivery. Whilst the aim of nutrition care delivery is to prevent and minimise any decline, provide condition specific individual treatment, maintain healthy weight, muscle strength, bone mass, sensory, brain and immune function. We should also challenge decline as part of normal ageing, since some changes could be due to inadequate or mal-nutrition. When it comes to diabetes management some of the cornerstones (including diet) in the younger years, might need re-thinking as it can cause harm in later years. Whilst diet and nutrition is critical in maintaining health and wellbeing, it is a balancing act between potential factors/problems/challenges and what needs to be done despite those. Thus with advancing age, it is important to continue to choose healthy foods in the right amounts for nourishment and enjoy eating as a social activity as it influences quality of life.

11:45

[Panel Q&A](#)

[Trisha Dunning](#), [Michelle Hogan](#), [Katherine Samaras](#), [Elisa Williams](#), [Anne Acheson](#), [Achamma Joseph](#)

## **NDSS Projects: National Diabetes Nursing Framework Project & Disability Project**

Session - [ADEA](#) - 120.0 mins - Sydney Room

10:00

[Introduction](#)

[Karen Jameson](#)

10:02

[National Diabetes Nursing Education Framework](#)

[Rebecca Munt](#), [Patricia Jones](#), [Jennifer Lewis](#)

10:38

[Diabetes and Intellectual Disability](#)

[Patricia Marshall](#)

The presentation will be presented by Patricia Marshall, the Expert Reference Group Chair, who will showcase

each of the resources developed through the project.

The presentation will cover the resources developed through the project:

- Resources for health professionals- a communication guide and online training module with case studies
- Resources for consumers - five short videos and two information sheets, including presentation of two of the videos

11:01

[Panel Q&A](#)

[Rebecca Munt](#), [Patricia Marshall](#), [Patricia Jones](#), [Jennifer Lewis](#)

## **Symposium: Fatty Liver - Bench to Bedside**

Session - [ADS Clinical](#) - 120.0 mins - Brisbane Room

10:00

[Introduction](#)

[Mark Gorrell](#)

10:05

[Prevalence of fatty liver disease](#)

[Elizabeth Powell](#)

10:30

[Towards the discovery of novel therapeutics for NASH-induced HCC](#)

[Benoit Smeuninx](#)

Non-alcoholic fatty liver disease (NAFLD) affects 25% of the global population and includes a spectrum of histological liver abnormalities ranging from bland steatosis to liver cirrhosis. Whilst bland steatosis itself is harmless, the addition of at least one other factor such as inflammation or hepatic endoplasmic reticulum stress will cause a liver necro-inflammatory response catalysing the development towards the more aggressive non-alcoholic steatohepatitis (NASH). How NASH then progresses to hepatocellular carcinoma (HCC) is unclear and hinders the development of successful treatments.

Here we present the novel MUP-uPA mouse model in combination with the liver biopsy technique without animal sacrifice to study NASH-induced HCC development. This transgenic mouse model closely mimics human disease progression and could, therefore, aid the development of successful disease treatments. As such the designer cytokine IC7Fc has been shown to positively alter body composition by lowering fat mass whilst maintaining lean mass and to improve glucose metabolism in a diet induced obesity mouse model. These results are promising and prove IC7Fc could be a next-generation biological agent to treat type 2 diabetes and muscle atrophy.

To further unravel the mechanisms underlying the progression from NASH to HCC, the effects of fructose on the gut microbiome and gut barrier function were examined in MUP-uPA mice. Excessive intake of fructose led to gut barrier deterioration and gut barrier dysfunction, which in turn, resulted in an increased liver tumour burden. However, when gp130 was overexpressed in the intestinal endothelial cells of MUP-uPA mice on a high-fructose diet, mucosal repair was initiated, and gut barrier deterioration prevented. This resulted in a lowered tumour burden.

These results provide important pieces to the complex HCC jigsaw, and bring us one step closer to finding a successful treatment in the fight against HCC.

10:55

[IL-22 hybrids as therapy for NAFLD/NASH](#)

[Sumaira Hasnain](#)

11:20

[Clinical trials and management of fatty liver disease](#)

[Alexander Thompson](#)

11:45

[Panel Q&A](#)

[Sumaira Hasnain](#), [Elizabeth Powell](#), [Benoit Smeuninx](#), [Alexander Thompson](#)

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12 November 2020 - 12:00

## **AstraZeneca Hosted Presentation - DECLARE-TIMI 58 Trial: Deep Dive**

Session - - 15.0 mins - Darwin Room

DECLARE-TIMI 58 Trial: Deep Dive

12:00

[DECLARE-TIMI 58 Trial: Deep Dive](#)

[Stephen Twigg](#)

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12 November 2020 - 12:00

## **Lunch / Visit the Exhibitors / Watch a wellness session**

Session - - 30.0 mins -

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12 November 2020 - 12:15

## **Sanofi Hosted Discussion Session**

Session - [Education Discussion Session](#) - 15.0 mins - Adelaide Room

Join us for this discussion around the updated RACGP guidelines, and practical considerations of glucose and lipid lowering therapies among very highrisk type 2 diabetes. Perspectives from inpatient and community care.

12:15

[Panel Discussion](#)

[Peter Fegan](#), [Gary Deed](#), [Roger Chen](#)

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12 November 2020 - 12:30

## **ADS Basic Oral Presentations**

Session - [ADS Basic](#) - 120.0 mins - Darwin Room

12:30

[Introduction](#)

[Linda Gallo](#)

12:32

[The effect of empagliflozin and sotagliflozin on functional recovery of hearts from T2D mice following global ischemia](#)

[Agi Sasidarakumaaran](#)

Abstract #222

12:44

[Characterisation of a novel murine model of gestational diabetes mellitus](#)

[Thomas Mullins](#)

Abstract #175

12:56

[A short-chain fatty acid producing resistant starch modifies the gut microbiota and is a potential therapy for type 1 diabetes](#)

[Emma Hamilton-Williams](#)

Abstract #194

13:08

[Multiomics reveals extensive mitochondrial remodeling in diabetic kidney disease](#)

[Cesare Granata](#)

Abstract #259

13:20

[Nox5 accelerates diabetic kidney disease independent of renox \(Nox4\)](#)

[Jay Jha](#)

Abstract #185

13:32

[Post-developmental deletion of SOD2 in skeletal muscle has minimal impact on whole body metabolism in mice](#)

[Aowen Zhuang](#)

Abstract #191

13:44

[The effect of GIP receptor knockout on lipid- and whole-body metabolism in HFD-fed mice.](#)

[Geke Aline Boer](#)

Abstract #208

13:56

[Investigating the potential of liver targeted silencing of PSMD9 to protect against fatty liver disease](#)  
[Simon Bond](#)

Abstract #245

14:08

[Panel Q&A](#)

## **ADS Kellion/Wikramanayake Award Lectures / ADS Plenary - Timo Otonkoski**

Session - [Plenary](#) - 120.0 mins - Brisbane Room

12:30

[ADS Kellion Award Lecture - Mechanism based treatment for type 1 diabetes](#)

[Thomas Kay](#)

Type 1 diabetes results from the killing of insulin-producing pancreatic beta cells by autoreactive CD8+ T cells. T1D has been treated as an end-stage hormone deficiency disease with insulin replacement for nearly 100 years but this appears set to change. Our aim is to identify safe and effective treatment based on disease mechanisms to maintain beta-cell number and function and reduce the need for insulin. Highlights of our team's research on type 1 diabetes have included identifying CD8+ T cells as mediators of beta-cell death, defining the pivotal role of proinsulin as the primary target antigen, and characterising the activity of cytokine activated pathways in disease progression. Extensive pre-clinical research by us and others shows that cytokines that signal by the JAK-STAT pathway are important for diabetes development. In this lecture I will describe our pre-clinical data showing that JAK1/JAK2 inhibitors prevent and reverse newly diagnosed diabetes and inhibit some of the cellular and immunological hallmarks of type 1 diabetes. The next step is to test whether this drug is effective in human clinical trials. I will introduce the BANDIT trial, a phase 2, randomized, placebo-controlled study to investigate the safety, tolerability and efficacy of the JAK1/JAK2 inhibitor baricitinib in individuals with new-onset type 1 diabetes.

13:10

[Ranji and Amara Wikramanayake Clinical Diabetes Research Award Lecture - Improving diabetes-related health outcomes with Aboriginal and Torres Strait Islander communities](#)

[Louise Maple-Brown](#)

First Nations people worldwide experience a high prevalence of type 2 diabetes and related conditions, with earlier age of onset than non-Indigenous populations. The disparity between First Nations and non-First Nations peoples for prevalence rates of youth-onset type 2 diabetes is particularly striking. Among Aboriginal and Torres Strait Islander youth, type 2 diabetes incidence is twenty-fold higher than that of non-Indigenous youth; with epidemiological trends showing increasing rates, and earlier age of onset in recent years. Similarly, rates of pre-existing type 2 diabetes in pregnancy are ten-fold higher among Aboriginal than non-Aboriginal Australian women, likely contributing to an intergenerational diabetes epidemic. After completing the majority of my physician and endocrinology training in Sydney, I moved to Darwin in 2002. Following completion of my PhD at Menzies School of Health Research, I established my own research group at Menzies and have developed and grown it over the last 14 years. In 2010, I established the Northern Territory Diabetes in Pregnancy Partnership, which has since grown in reach and content to now be the Diabetes across the Lifecourse: Northern Australian Partnership. Our Menzies diabetes team has now grown to be over 30 research staff, students and early-career researchers. Our Partnership across Northern Australia is between researchers, health care providers and policy organisations. Our vision is to work in partnership to address the issues of intergenerational diabetes and diabetes in pregnancy in the high-risk population of these regions. We are working with health service providers to optimise antenatal care and to develop strategies to improve maternal health pre-conception and between pregnancies, particularly among young women with type 2 diabetes themselves. The PANDORA Study (Pregnancy and neonatal diabetes outcomes in remote Australia), a longitudinal birth cohort, sits within our Diabetes Partnership, and involves over 1100 NT women and their babies.

13:30

[Modelling of beta-cell pathophysiology with islets derived from patient-specific stem cells](#)

[Timo Otonkoski](#)

The possibilities to generate pancreatic islet-like cells from human pluripotent stem cells have greatly advanced recently. This opens up new possibilities for not only cell therapies for diabetes, but also for the modelling of beta-cell pathophysiology behind various forms of diabetes. The use of patient-derived iPSCs provides the unique opportunity to study the impact of specific genotypes. Importantly, using CRISPR-Cas genome editing, it is possible to correct disease-causing or candidate mutations to gain exact information on their specific role. However, it may often be also beneficial to engineer the mutation of interest in a standard stem cell line that is known to differentiate well. Besides the iPSC and genome editing technologies, a third important methodological breakthrough is single cell RNA sequencing which makes it possible to study the transcriptional changes separately in specific cell types.

In my lecture I will illustrate how these approaches have been used to elucidate the pathogenic mechanisms in several monogenic forms of diabetes, including both developmental and functional defects,

and how the same approaches can be applied to elucidate polygenic diabetes forms. Furthermore, I will also describe how stem-cell derived islets can help in developing new therapeutic and diagnostic approaches for congenital hyperinsulinism.

## **Abbott Case Study Competition**

Session - [ADEA](#) - 120.0 mins - Hobart Room

12:30

[Introduction](#)

[Karen Crawford](#)

12:32

[The life-changing impact of a single sensor](#)

[Type 1 Diabetes Centre](#)

12:47

[Improving quality of life through flash glucose monitoring](#)

[Bunny Upathumpa](#)

13:02

[How Freestyle Libre can improve quality of life: a case study about KH](#)

[Susan Abraham](#)

13:17

[Writing a successful case study for 2021](#)

[Karen Crawford](#)

13:27

[Panel Q&A](#)

[Susan Abraham, Karen Crawford, Bunny Upathumpa, Type 1 Diabetes Centre](#)

## **Diabetes Care in a Post-COVID world**

Session - [ADEA](#) - 120.0 mins - Canberra Room

12:30

[Introduction](#)

[Lorena Akerman](#)

12:31

[Private Practice – how has it changed, what is envisaged for the future](#)

[Janet Yong](#)

12:51

[Changes to screening for gestational diabetes](#)

[Cheryl Steele](#)

13:01

[COVID19 response from the university perspective](#)

[Shannon Lin](#)

13:21

[Changes to existing programs/services](#)

[Amy Castelli](#)

13:41

[Changes to existing programs/services](#)

[Elise Hoyer](#)

14:01

[Private Practice – changes to practice and logistics of providing self-management supplies](#)

[Siobhan Barlow](#)

14:21

[Panel Q&A](#)

[Siobhan Barlow, Shannon Lin, Janet Yong, Elise Hoyer, Cheryl Steele, Amy Castelli](#)

## **Driving Motivation to Better Self-Manage Diabetes - Insights and Findings from Quantified Consumer Research**

Session - [ADEA](#) - 120.0 mins - Sydney Room

12:30

[Driving motivation to better self-manage diabetes – a consumer perspective.](#)

[Angela Blair, Patricia Egan](#)

Managing diabetes is a 24/7 proposition. With person-centred care in mind, we undertook this ground-breaking research to understand living with diabetes from the consumer's point of view. We wanted to better tailor services, influence motivation and provide greater emotional support.

This session will present the perspective of consumers diagnosed and living with type 2 diabetes, those who have experienced gestational diabetes and attitudes and behaviours towards diabetes prevention in the general population. The research was undertaken outside of the clinical setting and the session will discuss findings which enabled us to understand the emotional and behavioural approaches to diabetes prevention, managing diabetes once diagnosed, the barriers to successful diabetes self-management. The research also looked at specific areas of mindset, reaction to diagnosis, the seriousness and urgency applied, other priorities and stigma.

The presentation will confirm research objectives, discuss the Stages of Change model, outline research methodology, introduce The Diabetes Continuum©, describe different diabetes personas within the community, highlight barriers to better diabetes self-management, and identify packages of programmes which have the potential to motivate a person to better diabetes self-management.

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12 November 2020 - 13:30

## **ADS Clinical Oral Presentations - Inpatient care/Indigenous health**

Session - [ADS Clinical](#) - 60.0 mins - Melbourne Room

13:30

[Introduction](#)

[Michael d'Emden](#)

13:32

[In-patient hypoglycaemia as a reportable Hospital-Acquired Complication](#)

[Yuhan Goh](#)

Abstract #264

13:44

[Diabetes IN-hospital, Glucose & Outcomes \(DINGO\) Study: glucometric comparison with the RAPIDS study and US benchmark](#)

[Rahul Barmanray](#)

Abstract #131

13:56

[Diabetic ketoacidosis with hyperosmolality: a separate entity? A retrospective analysis of hyperglycaemic emergencies at Westmead Hospital 2015-2017](#)

[Tanya Sinha](#)

Abstract #139

14:08

[Diabetes Yarning: A diabetes education program delivered by the Aboriginal and Torres Strait Islander Health Workforce for community members. "For mob, by mob."](#)

[Fleur Kelly](#)

Abstract #79

14:20

[Panel Q&A](#)

## **Australian Diabetes Data Network (ADDN) Symposium**

Session - [ADS Clinical](#) - 60.0 mins - Adelaide Room

13:30

[The ADDN Registry](#)

[Maria Craig](#)

An overview of the background, governance, sites, clinical and program aspects of ADDN.

13:36

[International Collaborations](#)

[Maria Craig](#)

ADDN and international diabetes registries – similarities and differences, international collaborations and what they tell us, how ADDN has collaborated with other registries

13:42

[CGM Outcomes and Evaluation](#)

[Tim Jones](#)

Extended analyses on the CGM subsidy evaluation and how ADDN evaluated outcomes

13:48

[Benchmarking](#)

[Anthony Zimmermann](#)

The ADDN benchmarking report - what it takes to be part of ADDN and how using the report/data changed clinical care

13:54

[Risk Adjustment](#)

[Peter Colman](#)

Risk adjustments modelling on longitudinal data in the ADDN Registry - how this can be used in comparing outcomes

14:00

[Evidence-based research](#)

[Jennifer Couper](#)

How the data collected in ADDN has been a valuable part of research - cardiovascular determinants on T1D

14:06

[General Comments](#)

[Maria Craig](#)

Wrap up and general information about ADDN -dataset, quality of data, how to access data, how to contact, ethical and technical assistance

14:12

[Panel Q&A](#)

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12 November 2020 - 14:30

## **Afternoon Tea**

Session - - 30.0 mins -

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12 November 2020 - 15:00

## **ADEA Orals: Hot Topics in Type 1 Diabetes & Inpatient Care**

Session - [ADEA](#) - 120.0 mins - Hobart Room

15:00

[Introduction](#)

[Jodine Ball](#)

15:02

[Carbohydrate-counting education for older adults with type 1 diabetes starting hybrid closed-loop therapy](#)

[Kerryn Roem](#)

Abstract #50

15:14

[An online guided self-determination program to improve self-management in young adults with type 1 diabetes](#)

[Bodil Rasmussen](#)

Abstract #21

15:26

[Screening for Disordered Eating in Pediatric Type 1 Diabetes Clinics in Australia and New Zealand](#)

[Carmel Smart](#)

Abstract #4

15:38

[Implementing Closed Loop Technology: Training the Trainers](#)

[Catriona Sims](#)

Abstract #44

15:50

[Parents Using Unregulated Technology to Manage Type 1 Diabetes in Children](#)

[Renza Scibilia](#)

Abstract #17

16:02

[Glucose Control Team: A proactive hospital-based initiative to improve glycaemic control in surgical inpatients](#)

[Shejil Kumar](#)

Abstract #41

16:14

[The Diabetes Nurse Practitioner's role in reducing sternal wound infections in patients undergoing cardiac surgery](#)

[Margaret Loh](#)

Abstract #49

16:26

[Q&A](#)

[Shejil Kumar](#), [Renza Scibilia](#), [Margaret Loh](#), [Kerryn Roem](#), [Catriona Sims](#), [Carmel Smart](#), [Bodil Rasmussen](#)

## **ADS/ADEA Joint Indigenous Symposium**

Session - [Joint ADEA/ADS](#) - 120.0 mins - Melbourne Room

15:00

[Introduction](#)

[Chris Lee](#), [Ashim Sinha](#)

15:05

[Narrowing the health gap - the role of improvement science](#)

[Harry Burns](#)

15:30

[Opportunities for Reducing Diabetes Inequalities in Australian Aboriginal Communities](#)

[Alex Brown](#)

15:55

[Diabetes across the Lifecourse: implementing a translational partnership across Northern Australia](#)

[Sian Graham](#), [Louise Maple-Brown](#)

In the context of the escalating epidemic of chronic diseases among Indigenous Australians, it is vital that we reduce risk as early as possible in the life course of an individual. We have developed a partnership between researchers, health care providers and policy organisations across Northern Australia, to address the issues of intergenerational diabetes and diabetes in pregnancy in the high-risk population of these regions. The Diabetes across the Lifecourse: Northern Australian Partnership commenced in 2010 as the Northern Territory Diabetes in Pregnancy Partnership. Our work is now across the lifecourse, with a focus on youth and pregnancy; and we work across the Kimberley region of Western Australia, Northern Territory and Far North Queensland.

Our Partnership includes work with health service providers to optimise antenatal care and to develop strategies to improve maternal health pre-conception and between pregnancies, particularly among young women with type 2 diabetes.

The Partnership established working groups from commencement, including a Clinical Reference Group, a Steering Committee and an Investigators group. However, there was no Indigenous group representing urban or remote communities. In 2017, a strong need for an Indigenous Reference Group was identified by key partners and consequently, an Indigenous Reference Group (IRG) was established. The IRG role works towards providing strategic advice concerning all aspects of the Partnership and provides advice and Indigenous knowledge on the best ways to ensure the research is conducted in a culturally appropriate way.

As an Aboriginal Researcher (SG) with a strong passion for the IRG and working towards ensuring research is conducted appropriately, this was an opportunity to provide a platform for Indigenous people to provide direction into research.

16:20

[The Challenges and Opportunities in Delivering the Diabetes Message to First Nations Peoples](#)

[Grace Ward](#)

Diabetes is a major health problem currently facing Aboriginal people and Torres Strait Islander Peoples. The Australian Bureau of Statistics in their National Aboriginal and Torres Strait Islander Health Survey 2018-19 reported that Diabetes was the second leading cause of death for Aboriginal and Torres Strait Islander people in 2018.

The proportion of people who reported having diabetes remained steady at 8%, the same as in 2012-13. The high prevalence of diabetes and diabetes-related complications for Aboriginal and Torres Strait Islander Peoples demonstrates the need for improved access to culturally appropriate education, information, and support across Australia.

What can be done to address the challenges and take advantage of the opportunities to reduce the rate of diabetes in First Nations Peoples?

16:45

[Panel Q&A](#)

## **Diabetes in Pregnancy**

Session - [ADEA](#) - 120.0 mins - Canberra Room

15:00

[Introduction](#)

[Belinda Moore](#)

15:05

[Role of the placenta and reasons for blood glucose fluctuations in pregnancy](#)

[Claire Roberts](#)

15:35

[Relationship between diabetes in pregnancy, macrosomia and neonatal hypoglycaemia](#)

[Helen Murphy](#)

16:05

[Preparing women with diabetes for breastfeeding \(when to start the dialogue, antenatal hand expression, neonatal hypo, etc.\)](#)

[Heather Anderson](#)

16:35

[Panel Q&A](#)

[Helen Murphy](#), [Heather Anderson](#), [Claire Roberts](#)

## **Innovations in Clinical Practice**

Session - [ADEA](#) - 120.0 mins - Sydney Room

15:00

[Introduction](#)

[Rachel Freeman](#)

15:05

[Clinic setup and outreach in a regional area, working with communities to incorporate CVD management and prevention](#)

[Elizabeth Obersteller](#)

15:15

[GP surgery setup and interdisciplinary care including foot and eye screening in practice](#)

[Chantelle Grundy](#)

15:25

[Private Practice for Pharmacist CDEs](#)

[Sandra Abbott](#)

15:35

[Linking an NDSS service with an acute hospital](#)

[Sophie McGough](#)

15:45

[Incorporating self-determination](#)

[Evelyn Boyce](#)

15:55

[Diabetes management and review - in the Purple House](#)

[Penny Clough](#)

16:05

[Online program - group education](#)

[Sue Quirk](#)

16:15

[CDE Pathways Project](#)

[Rachel Freeman](#)

16:25

[Panel Discussion](#)

[Sue Quirk](#), [Sophie McGough](#), [Sandra Abbott](#), [Rachel Freeman](#), [Penny Clough](#), [Evelyn Boyce](#), [Elizabeth Obersteller](#), [Chantelle Grundy](#)

## **Symposium: Cardiovascular Risk Assessment and Management in Diabetes**

Session - [ADS Clinical](#) - 120.0 mins - Adelaide Room

15:00

[Introduction](#)

[Richard Maclsaac](#)

15:05

[Screening for coronary artery disease](#)

[Tony Stanton](#)

15:30

[The emergence of the new subspecialty "cardio-metabolic medicine"](#)

[Robert Eckel](#)

15:55

[Lipid management: an Update on the ADS position statement](#)

[Richard O'Brien](#)

16:20

[Aspirin and Anti-Coagulants](#)

[Sophia Zoungas](#)

16:45

[Panel Q&A](#)

[Tony Stanton](#), [Sophia Zoungas](#), [Robert Eckel](#), [Richard O'Brien](#)

## **Symposium: Diabetic Foot Disease - Foot Forward Steps Out. Resources for HCPs**

Session - [ADS Clinical](#) - 60.0 mins - Brisbane Room

15:00

[Introduction](#)

[Sof Andrikopoulos](#)

15:05

[Taking the first steps with Foot Forward – an update on the Foot Forward program](#)

[Stephen Twigg](#)

The Foot Forward Program is a federally funded initiative under the auspices of the NDSS and Diabetes Australia. The Australian Diabetes Society is providing the main health professional input into the Program. The aim of Foot Forward is to increase community awareness about foot disease in diabetes and to resource and upskill consumers and healthcare professionals in their applied knowledge base to help prevent and manage foot disease in an appropriate, timely manner. Foot Forward is directly aligned to the Australian Diabetes National Action plan roll-out. It has 8 main modules, which are being progressively realised. The genesis, aims, collaborative input and progress in Foot Forward will be the main focus of his keynote address, including itemising the outputs being launched such as the approved Clinical Pathways processes for Foot Assessment and Active Foot Ulcer treatment.

15:30

[The Australian Diabetes High-Risk Foot Service Database: Where are we up to?](#)

[Joel Lasschuit](#)

Routine collection of data is a challenge for most High-Risk Foot Services (HRFS), primarily due to the time and resources required. This became increasingly apparent following the introduction of service accreditation by the National Association of Diabetes Centres (NADC) in 2019. At the Australasian Diabetes Congress last year, the idea of a national collaborative database was presented and attracted significant interest.

The objective of this project is to develop a standardised central data repository, which will enable evaluation of service and clinical outcomes, provide local and national reports to participating services, and establish a platform for local and collaborative research.

To realise this vision a minimum dataset has been developed by the NADC Foot Network. The Foot Network comprises representatives from key national bodies and clinicians working in HRFS. The minimum dataset was based on the NADC Collaborative Interdisciplinary Diabetes HRFS Standards and Diabetic Foot Australia recommendations.

Electronic data collection is standardised using REDCap, an internationally available and secure web-based platform, which is already in use by many Australian public health services. Database setup is supported and free ensuring equitability. Further, services have the option to expand on the minimum dataset in order to meet their specific needs.

The Australian Diabetes HRFS Database has obtained national ethics approval (Northern Territory pending). An opt-out consent approach was approved enabling un-bias and more complete data capture. Project resources have been developed, including protocols, data agreements, user guides and auditing tools.

To date 25 HRFS have submitted formal expressions of interest, of which 15 have database access and 11 have ethics approval. Sites span all states and territories nationally.

With uptake of this project across Australia together we are building a database of international standing. Further, HRFS will have the means to evaluate service efficacy and resource allocation, and to direct service improvement.

15:45

[Taking the next steps with Foot Forward – what is planned next in the Foot Forward journey](#)

[Georgina Frank](#)

15:55

[Panel Q&A](#)

[Stephen Twigg](#), [Joel Lasschuit](#), [Georgina Frank](#)

## **Symposium: Endocrine hormone secretion from the pancreas - what's the latest?**

Session - [ADS Basic](#) - 120.0 mins - Darwin Room

15:00

[Introduction](#)

[Peter Thorn, Anand Hardikar](#)

15:05

[\$\alpha\$ -cell glucokinase suppresses glucose-regulated glucagon secretion](#)

[Bernard Thorens](#)

15:30

[Central Control of Counter-regulatory Hormone Secretion](#)

[Anthony Verberne](#)

15:55

[SGLT2 and glucagon secretion](#)

[Caroline Bonner](#)

According to the International Diabetes Federation, 463 million people are living with diabetes. Obesity contributes to 65-80% of new cases of type 2 diabetes (T2D). T2D is a complex metabolic disorder, the pathogenesis of which is not understood. Impaired insulin sensitivity, hyperglucagonemia, endogenous glucose production (EGP), and islet cell dysfunction are major traits of the disease, but the sequence of events leading to diabetes is much more complex than we expected. For decades, the mechanisms by which nutrients stimulate insulin secretion have been studied extensively, whilst the neighboring alpha cells (which secrete glucagon) have been somewhat ignored. A heightened interest in the regulation of glucagon secretion became apparent when T2D patients treated with Sodium-Glucose Co-Transporter-2 (SGLT2) inhibitors presented with increased plasma glucagon levels and EGP, a phenomenon that later attracted attention to the heterogeneous expression and function of SGLT2 in human alpha cells (Bonner et al., Nature Medicine 2015; Saponaro et al., Diabetes 2020). This concerning side effect, in a patient population already affected by hyperglucagonemia, prompted us to investigate whether the glucagon-lowering actions of the glucagon-like peptide 1 receptor agonist liraglutide could reduce the glucagon over-secretion induced by the SGLT2 inhibitor dapagliflozin. Indeed, we found that dual treatment with dapagliflozin and liraglutide produced a sustainable reduction of glycemia compared with each drug alone. Moreover, liraglutide reduced dapagliflozin-induced glucagon secretion via somatostatin release, without any significant change in insulin secretion from human beta cells in culture (Saponaro et al., Cell Reports, 2019). By contrast, native GLP1 induced insulin secretion at low picomolar concentrations under the same experimental conditions. Unexpectedly, we found in vivo in mice that the effects of liraglutide on insulin secretion were regulated by the central nervous system (unpublished data). Together these findings revealed that human islet cultures represent a valuable commodity to complement studies in vivo to obtain an overall view of the several potential mechanisms of these drugs.

16:20

[Insulin processing and secretion](#)

[Melkam Kebede](#)

[Panel Q&A](#)

[Melkam Kebede, Caroline Bonner, Bernard Thorens, Anthony Verberne](#)

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12 November 2020 - 16:00

## **Symposium: Diabetic Foot Australia - future guidelines, future research and the future management**

Session - [ADS Clinical](#) - 60.0 mins - Brisbane Room

16:00

[Introduction](#)

[Stephen Twigg, Byron Perrin](#)

16:05

[The future Australian diabetes-related foot disease management guidelines are coming soon](#)

[Peter Lazzarini](#)

16:20

[The future Australian diabetes-related foot disease research agenda is coming soon](#)

[Byron Perrin](#)

16:35

[The future of Australian diabetes-related foot disease management](#)

[Jonathan Golledge](#)

16:50

[Panel Q&A](#)

[Peter Lazzarini, Jonathan Golledge, Byron Perrin](#)

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12 November 2020 - 17:30

## **Virtual Happy Hour**

Session - - 60.0 mins -

Now more than ever, people need to connect. This Virtual Happy Hour is more than just a casual online get-together. It's an hour of nonstop entertainment hosted by renowned musician-MCs, who have worked with international music superstars. Hosted by SongDivision, they'll keep the energy going so you can focus on relaxing and having a great time.

Music will be the central point of this Virtual Happy Hour. In addition to sharing stories about first concerts, memorable songs and albums, you will take part in putting your music knowledge and talents to the test. Afterward, you'll be treated to a live performance of an original song — written by yourself and the musicians during the session — highlighting key moments and themes from the happy hour.

No musical experience is required, but if you have an instrument and want an audience, they are always happy to get you involved.

Hang out, have a drink (if you like), and network with other delegates, virtually!

**Date:** Thursday 12 November 2020

**Time:** 5:30pm to 6:30pm

**Theme:** 80's (come dressed to impress!)

**Host:** SongDisivion

**Cost:** Included with Full Registration

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