

THE CROSS SYMPOSIUM, GOA

## 8<sup>th</sup>-10<sup>th</sup> April' 2 416

"THE CROSS SYMPOSIUM" was held at Canacona, Goa. It was organized by of Asian Society of Continuing Medical Education.

The objective of the CME was to provide an unique cross speciality scientific platform for consulting physicians focussing on Diabetes Disease/Diabetes Therapy, Hypertension, Dyslipidemia, Chronic Kidney Disease, Acute Mycocardial Infarction and its associated spectrum of complications.

The session was open with an introductory session by Asian Society of continuing Medical Education and followed by the scientific agenda.

<b>Total Participants</b>	:	199
Venue	:	The Lalit, Raj Baga, Cancona, Goa - 403702.
Date	<u>:</u>	8 <sup>th</sup> -10 <sup>th</sup> April 2016.

Scientific Program: -

#### 1) SYMPOSIUM 1- DIABETES DISEASE

- (a) Beta Cell.
- (b) What is important, HbA1c or glycemic Variability or both?
- (c) Why we fail to implement aggressive therapy in initial 6 years?
- (d) HbA1c, ABCD approach to glycaemia management in T2DM.
- (e) What was in 2015 diabetes research for physician's practice?

#### 2) SYMPOSIUM 2- HYPERTENSION

- (a) How long should we go in treating BP(New thoughts, Sprints, & others)
- (b) Diabetes and Hypertension-A deadly duo(Management issues)
- (c) Hypertension is a Renal disease.

#### 3) SYMPOSIUM 3- DYSLIPIDEMIA

- (a) Statins: Treat to Goals or Targets.
- (b) How to treat high triglyceride, Low HDL Syndromes in 2016?
- (c) Newer agents for Dyslipidemias (PCSK9 inhibitors, glitazzars and others).

#### 4) SYMPOSIUM 4- CHRONIC KIDNEY DISEASE

- (a) Impact of CKD: Early diagnosis, Why, When, and How?
- (b) Diabetic Kidney disease : A syndrome rather than a single disease
- (c) Cardiorenal Syndrome : Overview
  - (i) Cardiorenal Syndrome :Cardiologist's Perspective
  - (ii) Cardio renal Syndrome :Nephrologist's Perspective







#### 5) **SYMPOSIUM 5 - ACUTE MYOCARDIAL INFARCTION**

- Pragmatic management of Acute MI in a resource limited population (a)
- (b) Remaining Issues in Primary PCI for Acute STEMI.
- Choice of Antiplatelet in managing STEMI and Non-STEMI (c)

#### 6) **SYMPOSIUM 6 - DIABETES THERAPY / PRACTICE PEARLS**

- (a) Gliptin : A sensible choice for Indians
- How to initiate glucose lowering therapy in newly diagnosed patient at three (b) different levels of glycaemia & BMI?
- Which Combination of 3 oral drugs and Why? (c)
- GLP-1 agonist : A great strategic molecule to treat Type 2 Diabetes (d)



Chief of Cardiology, Holy Family Hospital, Mumbai



Professor & Head of Dept. of Cardiology, VMMC and Safdarjang Hospital, New Delhi





THE CR SS SYMPOSIUM

## **COURSE DIRECTORS AND FACULTIES**

HOD

**Biliary** 

&

&

Transplantation,



**Dr.Kaustik Pandit** MBBS, MD (Med.), DM (Endocrinology)

Lt. Gen. (Dr.) Prem P Varma

Consultant

**Institute** of Liver

Sceinces, New Delhi.

Sr.

Nephrology

Dr.Prasun Deb

MBBS, MD (Med.), DM (Nephrology)

&

Chief Consultant Endocrinologist, Belle Vue Clinic & Fortis, Kolkata



Dr. S. K. Singh MBBS, MD (Med.), DM (Endocrinology)

Former Head of Dept. of Endocrinology & Metabolism, IMS, Banaras Hindu University, Varanasi

Dr. S. Natarajan MBBS, MD (Med.), DM (Cardiology)

President of Indian College of Cardiology



Dr. Surendra Kumar MBBS, MD (Med), DM (Endocrinology)

Chairman, Dept. of Endocrinology, Shri Gangaram Hospital, New Delhi



Dr. Sanjay Agarwal MBBS, MD (Medicine)

**Dr. Sachin Soni** 

MGM

MBBS, MD (Medicine), DNB

Head of Department, Internal Medicine, Ruby Hall Clinic, Pune

Asst. Professor of Nephrology,

College

&



Head of Department, KIMS Secunderabad

MBBS, MD (Med), DM (Endocrinology)



Dr. Rajesh Rajput MBBS, MD (Med.), DM (Endocrinology)

Sr. Professor & Head of Dept. Endocrinology, PGIMS, Rohtak, Haryana



Dr. S. S. Iyengar MBBS, MD (Medicine), DM (Cardiology)

Consultant & Academic Head of Dept. Cardiology, Manipal Hospital, Bengaluru



Interventional Nephrologist, United Ciigma Hospital, Aurangabad

Medical

Dr. B C Kalmath MBBS, MD (Med.), DM (Cardiology), DNB

Associate Professor of Cardiology & Hon. Assoc. Cardiologist, Bombay Hospital Institute of Medical Sciences, Mumbai

Dr. Dhiman Kahali M.B.B.S , DM (Cardiology), FSCAI

Sr Consultant Interventional Cardiologist, B. M. Birla Hear Research Centre, Kolkata









Dr. Rishi Sethi MBBS, MD (Medicine), DM

Professor, Dept. of Cardiology, K.G's Medical University, Lucknow, India

#### SYMPOSIUM 1 - DIABETES DISEASE

- 1. Dr. Sanjiv Shah discussed about Beta Cells. His session was deliberated upon: -
  - Beta Cell dysfunction in type 2 diabetes
  - Beta cell stimulation Sulphonylurea or alternative pathway.
  - Stressors on the  $\beta$ -cell in the pathogenesis of T2D.
  - Factors for progressive loss of B- cell function & mass.
- **2.** Dr. Kaushik Pandit talked about what is important, HbA1c or Glycemic Variability or both?. emphasising on following :-
  - Inherent limitations of the HbA1c test.
  - Concept of Glycemic Gap.
  - Concept of variability.
  - Variability in metabolic disorders.
  - Components of dysglycemia in T2DM.
  - Mechanisms of Glycemic Variability induced Oxidative Stress.
  - Glycemic Pentad
  - Tools for Assessing Glycemic Variability.
  - Evaluation of Glycemic Variability in Well-Controlled T2DM.
- 3. **Dr. Surender kumar** discussed about why we fail to implement aggressive therapy in initial 6 years? His talk was based on:-
  - Barriers to effective glucose management Clinician factor.
  - Treatment barriers that patients with T2DM face.
  - Ten steps to get more type 2 diabetes patients to goal.
- 4. **Dr. Sanjiv Shah** discussed about HbA1c, ABCD approach to glycaemia management in T2DM.
- 5. **Dr. Rajesh Rajput** discussed about what was in 2015 diabetes research for physician's practice? He highlighted following: -
  - Screening for diabetes
  - T2DM management guidelines.
  - Goal for blood pressure in diabetic patients.







- New evidences on Medical management.
- Surgical management.
- Medical devices

#### **SYMPOSIUM 2- HYPERTENSION**

- 1. **Dr. Rishi Sethi** discussed about How long should we go in treating BP(New thoughts, Sprints, & others).
- 2. Dr. S. S. Iyengar discussed about Diabetes and Hypertension-A deadly duo (Management issues). During the session he specially focused on: -
  - Diabetes and Hypertension
  - Blood Pressure Control Study
  - Benefits of BP Lowering in DM
  - Blood Pressure Control in T2DM
  - Hypertension treatment for people with diabetes
  - The Heart Outcomes Prevention Evaluation (HOPE) 3 Trial
  - In Management- HTN Lifestyle modifications, Primordial prevention,
- 3. Dr. P P Varma discussed about Hypertension is a Renal disease deliberating on following: -
  - Pathogenesis of essential hypertension.
  - cross- transplantation.
  - Pre-Hypertensive changes in Renal Blood Flow.
  - Lack of prevention of ESRD in Primary hypertension.

#### SYMPOSIUM 3 – DYSLIPIDEMIA

- 1. Dr. Dhiman Kahali talked about Statins: Treat to Goals or Targets. His session was based on: -
  - Clinical trials for Cardiovascular prevention
  - Evaluation of Statin Development, Current Dyslipidemia Management Guideines
  - Statins- Infrequent Adverse Effects
- 2. Dr. S Natarajan talked about How to treat high triglyceride, Low HDL Syndromes in 2016? He highlighted following: -
  - Risk Factors for CVD
  - Residual CV risk
  - Prevalence of high TG /low HDL-C after Statin monotherapy.
  - Indian scenario: pattern of dyslipidemia.
  - The role of high Triglycerides / low HDL as a chd risk factor.
  - Elevated triglycerides increase CHD risk
  - Role of triglycerides in atherosclerosis causes of elevated tg/low HDL level.







- Management of Hypertriglyceridemia.
- Focused treatment for Hypertriglyceridemia.
- Management of low HDL
- Neither niacin, fibrates, nor CETP inhibitors, three highly effective agents for increasing high density lipoprotein levels, reduced CV events.
- **3.** Dr. Sandeep Bansal talked about Newer agents for Dyslipidemias (PCSK9 inhibitors, glitazzars and others). His session was based on: -
  - The basics Statins
  - Current status of PCSK9 inhibitors
  - Clinical uses of PCSK9 inhibitors
  - Simon broom criteria for HFHC
  - The role of Triglycerides and Saroglitazar
  - Triglycerides and cardiovascular disease- mechanism of action
  - Dual p-par agonists why Saroglitazaar is better when others have failed.

#### SYMPOSIUM 4- CHRONIC KIDNEY DISEASE

- **1. Dr. Vijay Kher** talked about Impact of CKD: Early diagnosis, Why, When, and How? He emphasized on : -
  - Consequences of Chronic Kidney Disease.
  - Influence of CKD on Cardiovascular Disease.
  - Cardiovascular Disease in CKD Multifactorial Pathogenesis.
  - Prevalence of Vascular Calcification in CKD.
  - Strategies for prevention of CKD.
- **2. Dr. Bharat Shah** talked about Diabetic Kidney disease: A syndrome rather than a single disease. He highlighted following: -
  - Diabetic kidney disease a syndrome.
  - Practical implication of albuminuria.
  - Diabetic kidney disease.
  - Variable behavior of GFR in progressive diabetic kidney disease.
  - Limitation of using S.cr to assess renal function Example to show importance of estimating CCR/GFR.
  - Characteristic of HTN in DKD.
- **3. Dr. Sachin Soni** Talked about Cardiorenal Syndrome : Overview. His talked was based on: -
  - Cardio renal Syndrome.
  - Reno cardiac Pathogenesis.
  - Increase awareness of the entity.
  - Primary defect/ Duration
  - Although there are guidelines for CHF or CKD, but no guidelines for CRS. Most of the trials will exclude pts with other organ defect CRS can be considered a single disease/Trials.







- **4. Dr. Upendra Kaul** talked about Cardiorenal Syndrome: Cardiologist's Perspective. His session highlighted following: -
  - Cardio Renal Syndrome
  - Classification
  - Pathophysiology of Type 1 CRS.
  - Role of Renal Hypo Perfusion and Congestion in Type I and II Cardio.
  - Renal syndrome
  - Management of CRS Type 1
  - Cardio Renal Syndrome Type 2
  - Risk Factors for Worsening Renal Function during Decompensated Heart Failure.
  - Diuretics: Advantages and Disadvantages
  - How to Overcome Diuretic Resistance?
  - Prognosis of Cardio Renal Syndrome type 1 and 2
- 5. Dr. Ajay Kher Takled about Cardiorenal Syndrome : Nephrologist's Perspective. He deliberated following: -
  - Classification
  - How to dose diuretics in acute decompensated heart failure.
  - Diuretics in Acute Heart Failure.
  - Ultrafiltration in Acute Decompensated Heart Failure.

#### SYMPOSIUM 5- ACUTE MYOCARDIAL INFARCTION

- 1. **Dr. Brian Pinto** talked about Pragmatic management of Acute MI in a resource limited population. His scientific session was based on: -
  - Reperfusion options available in STEMI
  - Importance of time to Thrombolysis.
  - Pharmacoinvasive Strategy
  - Proposed National STEMI Program
  - Kovai Erode Pilot STEMI Study.
  - STEPP-AMI Vs STREAM
  - STEMI Cluster- 5 Clusters
  - Barriers to STEMI Project
  - Hardware ECG Device, Monitoring Device
  - Management Protocols.
- 2. Dr. Upendra Kaul talked about Remaining Issues in Primary PCI for Acute STEMI. The session was focussed on : -
  - 2015 focussed Guidelines ACC/AHA
  - UFH or BIVALIRUDIN
  - Issues with initial antiplatelet therapy absorption issues, time between loading and efficacy.
  - Role of I/V ADP receptor blocker, Cangrelor.
  - BVS for Primary PCI.
  - Concept of Immediate PCI of Non Culprit Vessel/vessels.
  - PRAMI study







- Interventional Strategies for STEMI and Multivessel Coronary Artery Disease
- **3. Dr. B. C. Kalmadh** talked about Choice of Antipletelets in managing STEMI and Non-STEMI. He highlighted following: -
  - ACS : Pathophysiology
  - Need for Antithrombotic Drugs.
  - Antiplatelets in ACS Management.
  - The Most Plausible Mechanism Of Aspirin In Reducing Risks Of Cardiovascular Disease.
  - Importance of Aspirin in Cardiovascular Disease.
  - Newer Antiplatelets : Modest incremental benefit nullify by higher bleeding risk

#### SYMPOSIUM 6 - DIABETES THERAPY / PRACTICE PEARLS

- **1. Dr. S. K. Singh** talked about Gliptin: A sensible choice for Indians. The scientific session elaborated following: -
  - Low β-cell response (Insulin Secretory Capacity) in Asians.
  - Gene Theory.
  - Incretin as a Possible Link to  $\beta$  Cell Dysfunction in Asians..
  - Efficacy of Incretin-based therapy in Asians and non-Asians: Meta Analysis..
  - Why greater efficacy with DPP4i in Asians.
  - Indian T2DM & DPP4i
- 2 **Dr. Prasun Deb** talked about How to initiate glucose lowering therapy in newly diagnosed patient at three different levels of glycaemia & BMI?. The session was based on: -
  - Anti-Diabetics: Efficacy
  - ADA 2016 Guidelines
  - ADA-EASD Hyperglycemia Algorithm
  - Degree of Hyperglycemia.
  - Relationship between BMI and Risk of T2DM
  - Anti-Diabetic drugs and weight reduction.
  - Impact of current anti-diabetic agents on diabetes management..
  - Approaches to the treatment of type 2 diabetes mellitus (T2DM)
- **3. Dr. Neeta Deshpande** Talked about Which Combination of 3 oral drugs and Why?. She share her clinical experience emphasising on following areas: -
  - Parameters of selection
  - Met+DPP 4 + SGLT 2 Triple action.
  - Glycemic goal, co-morbidities and costs play important roles in decision making.
  - Metformin still remains as one of the drugs in any combination.
- **4. Dr. Sanjay Agarwal** talked about GLP-1 agonist : A great strategic molecule to treat Type 2 Diabetes. During the session he highlighted : -
  - Multi-Hormonal Regulation of Glucose Appearance and Disappearance.
  - Type 2 diabetes progression is a multifactorial challenge.
  - Postprandial GLP-1 Concentrations Are Lower in Subjects With IGT and Type 2 Diabetes.







- What is your greatest obstacle to initiating therapy with GLP-1 receptor agonists?
- Characterization of various GLP1-RA.,
- HbA1c Reduction With GLP-1RAs.
- GLP-1RAs vs. DPP-4 Inhibitor: Change in HbA1c, Body Weight.
- ELIXA: Study design.
- GLP1 –RAs –Effect on Renal Function.







# **SNAPSHOTS**



















## **SNAPSHOTS**











