Cardio-Renal-Metabolic Conclave

Harnessing Newer Therapies

for Cardio-Renal-Metabolic Benefits

12th APRIL 2025

Lucknow • Indore • Patna

ISP CONCLAVE REPORT

About Cardio-Renal-Metabolic Conclave

The Cardio-Renal-Metabolic conclave was held on 12th April 2025 and hosted virtually across India, curated to provide clinicians with practical strategies to navigate the complexities of managing diabetes and its cardio-renal-metabolic comorbidities. This event was steered by the CME Foundation of India and focused particularly on proceedings from three major cities – Lucknow, Patna, and Indore.

The central attraction was the keynote address by **Dr. Ralph Anthony DeFronzo**, internationally acclaimed for his work on insulin resistance, and the "Ominous Octet" continues to shape global diabetes management paradigms. His insights were complemented by the national moderator, Dr. Sanjay Agarwal, and regional moderators – Dr. Nirupam Prakash (Lucknow), Dr. Anshuman Kumar (Patna), and Dr. A. K. Pancholia (Indore). Their collective expertise enabled the seamless synthesis of global research findings with regional clinical realities, fostering a well-rounded educational experience for the attending physicians.

Event Details

Topic

Harnessing Newer Therapies for
Cardio-Renal-Metabolic Benefits

Speaker

Dr. Ralph Anthony DeFronzo

Date & Time

12th April 2025; 7:30 p.m. onwards

Lucknow Participants: XX
Patna Participants: XX
Indore Participants: XX

Total Online Webinar Attended: 1179

Agenda

12th April 2025 | 7:30 p.m. to 9:30 p.m.

Lucknow | Patna | Indore

Topics	Speakers	Timings
Registration		7:30 p.m.–7:45 p.m.
Welcome		7:45 p.m.–8:00 p.m.
Session on Harnessing Newer Therapies for Cardio-Renal-Metabolic Benefits	Dr. Ralph Anthony DeFronzo	8:00 p.m.–8:45 p.m.
Question and Answer	Dr. Ralph Anthony DeFronzo	8:45 p.m.–9:00 p.m.
Key Takeaways from the Session	Dr. Sanjay Agarwal Dr. Nirupam Prakash Dr. Anshuman Kumar Dr. A.K. Pancholia	9:00 p.m.–9:25 p.m.
Vote of Thanks		9:25 p.m.–9:30 p.m.

Summary of the Cardio-Renal-Metabolic Conclave

Dr. Ralph Anthony DeFronzo commenced his address by reintroducing the concept of the Ominous Octet, a seminal framework that redefined how T2DM is understood, not just as a condition of insulin deficiency or resistance but as a multisystem disorder requiring a comprehensive treatment approach. He emphasized that most traditional approaches fall short because they address only one or two aspects of this complex disease process.

Efficacy and Safety Profiles

Dr. Ralph Anthony DeFronzo discussed that both Empagliflozin and linagliptin have been shown to be effective and safe across a spectrum of patient profiles, including those with longstanding diabetes, varying levels of renal function, and cardiovascular disease. Empagliflozin was noted for its glucose-lowering effects coupled with weight reduction and blood pressure lowering, while linagliptin's hepatic elimination and negligible risk of hypoglycemia made it suitable for patients with renal impairment. The combination provides complementary effects with minimal drug-drug interactions and excellent tolerability.

Real-world Clinical Benefits

Dr. Ralph Anthony DeFronzo emphasized that dual therapy contributes to sustained HbA1c reduction and significant weight loss, especially through visceral fat reduction. He also highlighted that the combination leads to modest systolic BP reduction and contributes to the preservation of beta-cell function by reducing glucotoxicity and lipotoxicity. These benefits have been consistent in both trial data and observational real-world settings.

Cardiovascular and Renal Outcomes

Presenting data from landmark trials, he detailed the EMPA-REG OUTCOME study, where empagliflozin significantly reduced major adverse cardiovascular events (MACE), hospitalization for heart failure, and CV mortality. The EMPA-KIDNEY trial further demonstrated slowed progression of kidney disease and a reduction in the need for dialysis or renal replacement therapy, reinforcing its utility in high-risk patients with or without established CKD.

Mechanistic Insights from Biopsy Studies

Dr. Ralph Anthony DeFronzo showcased muscle biopsy research, where insulin clamp studies and transcriptomic profiling identified genetic and molecular signatures linked to insulin resistance. These included the downregulation of mitochondrial genes and impaired fatty acid oxidation pathways in skeletal muscle. He emphasized that the future of personalized diabetes care may lie in understanding such molecular drivers, and he encouraged Indian researchers to adopt similar protocols for population-specific insights.

National Moderator's Reflections

Dr. Sanjay Agarwal provided valuable commentary following Dr. Ralph Anthony DeFronzo keynote, offering an Indian perspective on the challenges and opportunities in applying these findings to real-world practice. He emphasized that while the science is compelling, implementation requires context-sensitive adjustments, including cost, accessibility, and patient adherence.

He appreciated the availability of generic versions of Empagliflozin and linagliptin, which he highlighted as a game-changer in extending combination therapy to a broader patient base. Dr. Sanjay Agarwal proposed that Indian endocrinologists and diabetologists adopt a more aggressive approach in initiating dual therapy upfront, especially in patients presenting with early signs of renal dysfunction or cardiovascular risk.

Regional Session Summaries

Lucknow Session

Dr. Nirupam Prakash set the tone for the Lucknow session with an interesting query on the side effects of the glucose-lowering medications, especially the combination therapy. He discussed whether it's essential to reinitiate the combination therapy after an infection, such as a urinary tract infection.

He reiterated the importance of reinitiating the combination therapy at diagnosis, citing patient compliance and faster target achievement as key benefits.

Patna Session

The Patna session, moderated by Dr. Anshuman Kumar, discussed which SGLT2i is better, either Dapagliflozin or Empagliflozin, for better cardiac and renal outcomes in diabetes patients.

Dr. Ralph Anthony DeFronzo responded that either of the two SGLT2i, i.e., Dapagliflozin or Empagliflozin, can be used for better cardiorenal outcomes. He also emphasized that newer agents like Empagliflozin and linagliptin can also be used for a better cardiorenal outcome.

Indore Session

The Indore session, moderated by Dr. A.K. Pancholia, brought a renal focus to the conversation. Dr. A. K. Pancholia began by stressing that while glycemic control remains central to diabetes care, addressing the reduction of eGFR is equally important and often overlooked.

He presented Indian data highlighting the prevalence of silent myocardial infarction and sudden cardiac death among diabetic patients. He reviewed landmark trials like EMPA-REG OUTCOME, demonstrating how SGLT2 inhibitors significantly reduce the progression to end-stage kidney disease. He also emphasized monitoring renal thresholds when initiating SGLT2 inhibitors and recommended close follow-up in patients with eGFR below 45 ml/min/1.73m^2.

Dr. Ralph Anthony Defronzo advocated for initiating SGLT2 inhibitors in patients with even mild heart failure symptoms or structural changes evident on echocardiogram, regardless of ejection fraction. He also provided guidance on dose adjustments, monitoring urinary glucose loss, and hydration in patients with pre-existing heart failure or borderline renal function.

Discussion on Strategies for Initiating Therapy in Patients with CKD Stage 3b and Beyond

This topic sparked detailed dialogue, especially considering the high burden of CKD among Indian diabetics. The moderators acknowledged that although eGFR <45 ml/min/1.73m^2 is used to limit SGLT2i use, emerging data support its initiation even in stage 3b CKD, provided patients are monitored closely. Empagliflozin, in particular, was highlighted for its cardiovascular and renal protective properties. The faculty recommended initiating therapy with careful dose adjustments, hydration monitoring, and lab evaluations for creatinine and potassium. Linagliptin was emphasized as a preferred agent due to its minimal renal excretion, making it safe and effective even in advanced CKD. Practical advice included delaying SGLT2i in acutely dehydrated or hypotensive patients and using dual therapy to delay insulin initiation.

Discussion on the Role of Empagliflozin in Elderly Diabetics with Orthostatic Hypotension

Elderly patients were recognized as a high-risk yet underserved group. Moderators advised clinicians to balance the cardio-renal benefits of Empagliflozin against the risks of postural hypotension. They recommended beginning with low doses and performing orthostatic BP measurements at baseline and during follow-up. Adequate hydration, avoidance of concurrent diuretics when possible, and patient education about standing up slowly were among the practical tips shared. It was also noted that Empagliflozin's weight-reduction and uric acid-lowering effects may particularly benefit elderly patients with frailty and gout.

Managing Therapy in Patients on Insulin with Variable Adherence

This discussion highlighted challenges in patient behavior, especially among those without structured follow-up. Faculty advised that simplifying regimens by incorporating oral agents like Empagliflozin and linagliptin can reduce the psychological and logistical burden of insulin therapy. Several clinicians shared successful anecdotes of switching from basal-bolus insulin to dual oral therapy, resulting in better control and patient satisfaction.

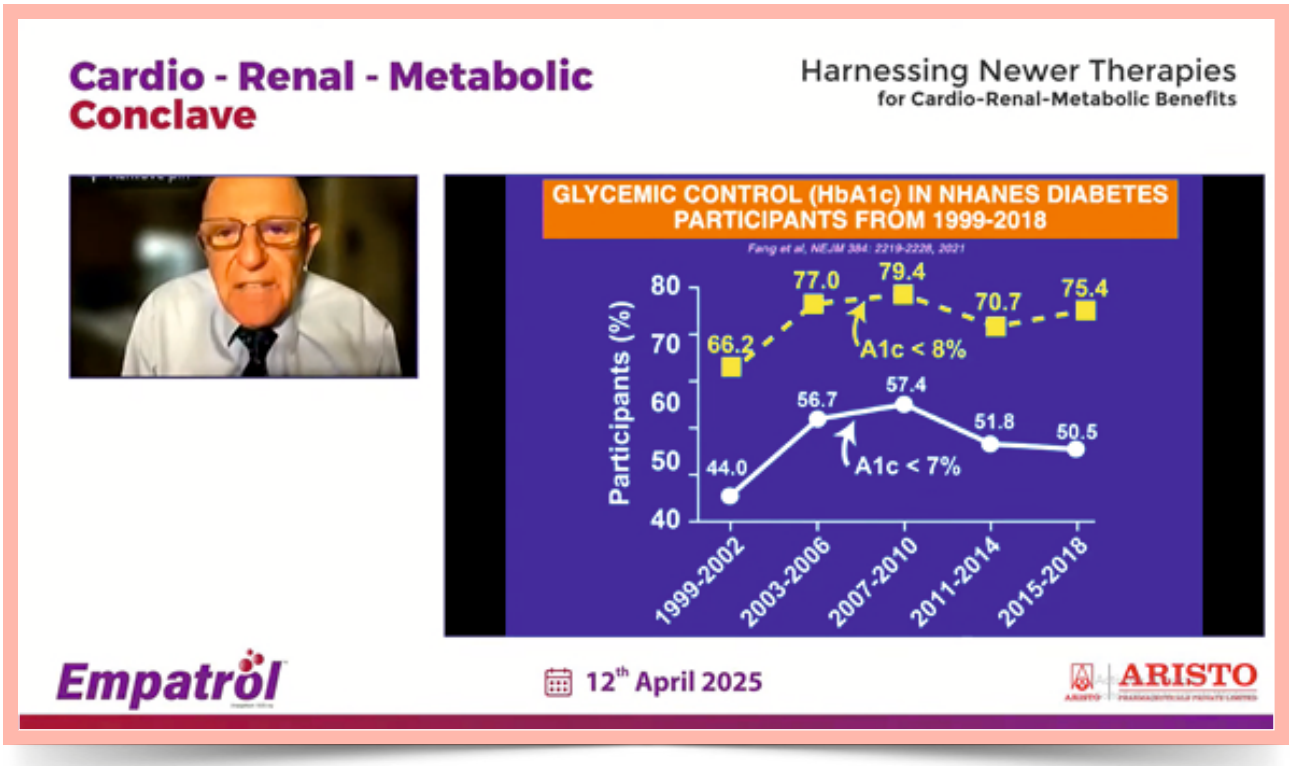
Moderators and the faculty addressed each of these clinical scenarios with scientific depth, practical wisdom, and cultural sensitivity. The range of questions showcased the commitment of Indian practitioners to enhance their therapeutic acumen and patient care outcomes. Each session evolved into a dynamic learning platform that validated everyday challenges and offered grounded adaptable solutions. Participants left with reinforced confidence in using newer therapies, enriched by shared experiences, and reaffirmed by international evidence.

At the end of the Conclave, the CME Foundation of India extended its sincere gratitude to Dr. Ralph Anthony DeFronzo, moderators and delegates for attending the conclave and acknowledged Aristo Pharmaceuticals Pvt. Ltd., the industry partner, for their valuable support and contribution to the success of this Conclave.

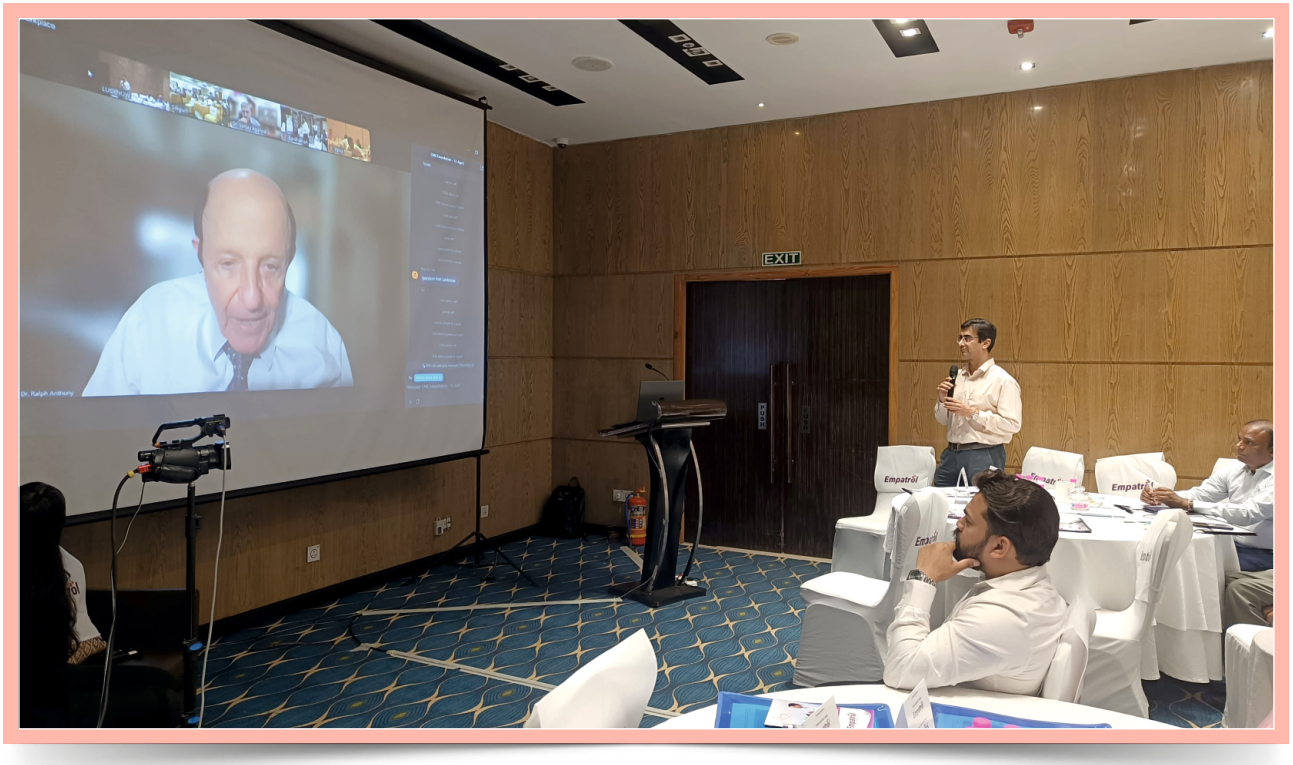
Snapshot of Success

Welcome Delegates

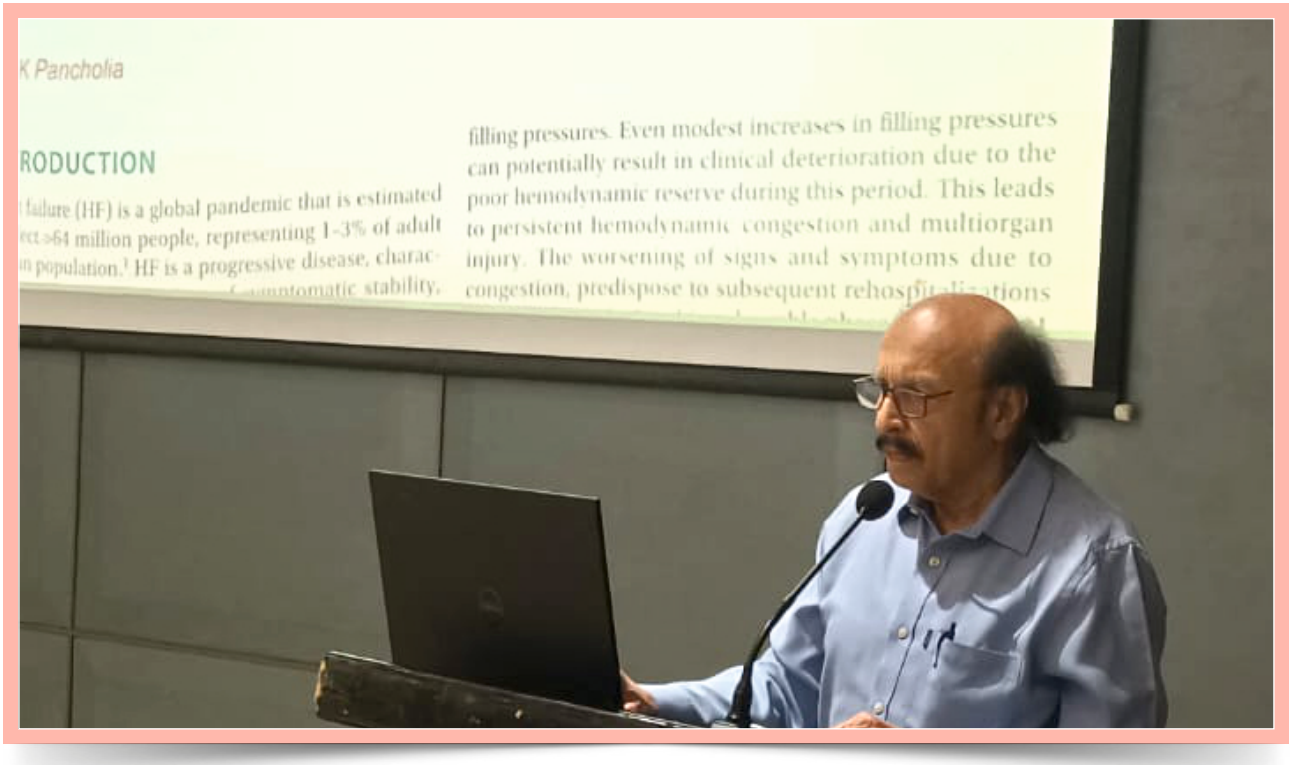
Session on Harnessing Newer Therapies for Cardio-Renal-Metabolic Benefits



Lucknow Session Highlights



Indore Session Highlights



Patna Session Highlights

Branding Opportunity

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