SANOFI-sponsored Symposium on the Occasion of the International Diabetes Federation Congress 2017, Abu Dhabi, United Arab Emirates

EVOLVING STRATEGIES FOR EARLY, EFFECTIVE GLYCEMIC CONTROL IN TYPE 2 DIABETES

Tuesday 5 December 2017
17:30 – 19:30

Conference Hall A
Abu Dhabi National Exhibition Centre
In patients with type 2 diabetes and established CV disease, \(^1\) \(^3\)*

**CV DEATH HAS A NEW OPPONENT**

![Image](image.jpg)

**mate** RRR IN CV DEATH ON TOP OF STANDARD OF CARE \(^1,\) \(^2,\) \(^4\)

**38%**

**HR=0.62**

(95% CI: 0.49, 0.77)

**P<0.001**

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Learn more about the JARDIANCE CV data at Booth K30

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**JARDIANCE**

(EMPA-REG OUTCOME)

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JARDIANCE is a prescription medicine indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy when metformin is considered inappropriate due to intolerance, in addition to other medicinal products for the treatment of diabetes. For EMPA-REG OUTCOME\(^*\) study results with respect to combinations, effects on glycemic control and cardiovascular events, and the populations studied only, JARDIANCE is not for people with type 1 diabetes or for people with diabetic ketoacidosis. For EMPA-REG OUTCOME\(^*\) study results with respect to combinations, effects on glycemic control and cardiovascular events, and the populations studied only, JARDIANCE is not for people with type 1 diabetes or for people with diabetic ketoacidosis. The recommended starting dose is 10 mg empagliflozin once daily for monotherapy and add-on combination therapy with other medicinal products for the treatment of diabetes. In patients tolerating empagliflozin 10 mg once daily who have an eGFR \(\geq\)60 ml/min/1.73 m\(^2\) and need tighter glycemic control, the dose can be increased to 25 mg once daily. The maximum daily dose is 25 mg. When empagliflozin is used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin may be considered to reduce the risk of hypoglycaemia. The tablets can be taken with or without food, swallowed whole with water. If a dose is missed, it should be taken as soon as the patient remembers. A double dose should not be taken on the same day. In patients tolerating empagliflozin whose eGFR falls persistently below 60 ml/min/1.73 m\(^2\) or CrCl below 60 ml/min, the dose of empagliflozin should be adjusted to or maintained at 10 mg once daily. Empagliflozin should be discontinued when eGFR is persistently below 45 ml/min/1.73 m\(^2\) or CrCl persistently below 45 ml/min. Empagliflozin should not be used in patients with end stage renal disease (ESRD) or in patients on dialysis as it is not expected to be effective in these patients. No dose adjustment is required for patients with hepatic impairment. Empagliflozin exposure is increased in patients with severe hepatic impairment. Therapeutic experience in patients with severe hepatic impairment is limited and therefore not recommended for use in this population. No dose adjustment is recommended based on age. In patients 75 years and older, an increased risk for volume depletion should be taken into account. In patients aged 85 years and older, initiation of empagliflozin therapy is not recommended due to the limited therapeutic experience. The safety and efficacy of empagliflozin in children and adolescents has not yet been established.

**Contraindications:** Hypersensitivity to the active substance or to any of the excipients.

**Special warnings and precautions for use:** General; Jardiance should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Diabetic ketoacidosis: Rare cases of diabetic ketoacidosis (DKA), including life-threatening and fatal cases, have been reported in patients treated with SGLT2 inhibitors, including empagliflozin. In a number of cases, the presentation of the condition was atypical with only moderately increased blood glucose values, below 14 mmol/l (250 mg/dl). It is not known if DKA is more likely to occur with higher doses of empagliflozin. The risk of diabetic ketoacidosis must be considered in the event of non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Patients should be assessed for ketoacidosis immediately if these symptoms occur, regardless of blood glucose level. In patients where DKA is suspected or diagnosed, treatment with empagliflozin should be discontinued immediately; restarting SGLT2 inhibitor treatment in patients with previous DKA while on SGLT2 inhibitor treatment is not recommended. Haematocrit increase was observed with empagliflozin treatment. The effect of empagliflozin on urinary glucose excretion is associated with osmotic diuresis, which could affect the hydration status. Patients aged 75 years and older may be at an increased risk of volume depletion. A higher number of these patients treated with empagliflozin had adverse reactions related to volume depletion as compared to placebo. Therefore, special attention should be given to their volume intake in case of co-administered medicinal products which may lead to volume depletion (e.g. diuretics, ACE-inhibitors). Urinary tract infections, in a pool of placebo-controlled double-blind trials of 18 to 24 weeks duration, the overall frequency of urinary tract infection reported as adverse event was similar in patients treated with empagliflozin 25 mg and placebo and higher in patients treated with empagliflozin 10 mg. Complicated urinary tract infections (including serious urinary tract infections, pyelonephritis or urosepsis) occurred at a similar frequency in patients treated with empagliflozin compared to placebo. Temporary interruption of empagliflozin should be considered in patients with complicated urinary tract infections. An increase in cases of lower limb amputation (primarily of the toe) has been observed in ongoing long-term clinical studies with another SGLT2 inhibitor. It is unknown whether this constitutes a class effect. Like for all diabetic patients it is important to counsel patients on routine preventative foot care. The tablets contain lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption should not take this medicinal product.

**Drug Interactions:** Empagliflozin may add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. Insulin and insulin secretagogues, such as sulphonylureas, may increase the risk of hypoglycaemia. Therefore, a lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycaemia when used in combination with empagliflozin.

**The most common side effects of JARDIANCE** include urinary tract infections and yeast infections in females.

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The content of this publication reflects the situation at the time of print and may be subject to change. The organiser cannot be held liable for any inconvenience resulting from these changes.
# CONGRESS-AT-A-GLANCE

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ACKNOWLEDGEMENTS

The Organising Committee of the IDF 2017 Congress expresses its appreciation and recognition to the following organisations for their support:

Abu Dhabi Convention Bureau
Abu Dhabi Department of Culture and Tourism
Abu Dhabi Department of Health
Abu Dhabi Department of Transport

SATELLITE SYMPOSIA OVERVIEW

MONDAY 4 DECEMBER

12:30 - 14:30 Conference Hall A
The transition to injectable therapies: Navigating clinical and emotional challenges in T2DM
Lilly Diabetes

15:30 - 17:30 Conference Hall A
Improving cardiovascular outcomes in patients with type 2 diabetes: Applying new evidence in practice
Boehringer Ingelheim

15:30 - 17:30 Conference Hall B
Shaping the future of type 2 diabetes management: What next?
Takeda
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<tr>
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<td>11:45 - 12:45</td>
<td>Conference Hall B</td>
<td>Shaping the future of integrated diabetes management solutions and clinical treatment for patients with type 2 diabetes</td>
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<tr>
<td>12:00 - 13:00</td>
<td>Diabetes Spotlight</td>
<td>Impact of influenza on people living with diabetes: A serious and under-appreciated threat</td>
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<td>17:30 - 19:30</td>
<td>ICC 1</td>
<td>Precision medicine for Type 2 diabetes</td>
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<td>17:30 - 19:30</td>
<td>ICC 4</td>
<td>10 years of DPP-4 inhibition: Understanding new science and clinical treatment for patients with type 2 diabetes</td>
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<tr>
<td>17:30 - 19:30</td>
<td>Conference Hall A</td>
<td>Evolving strategies for early, effective glycemic control in Type 2 diabetes</td>
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<tr>
<td>17:30 - 19:30</td>
<td>Conference Hall B</td>
<td>Next generation of ultra-long acting insulins in type 2 diabetes</td>
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<tr>
<td>17:30 - 19:30</td>
<td>Capital Suite 1</td>
<td>Advancing an integrated model of quality eye care, diabetes and NCDs</td>
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<tr>
<td>18:30 - 20:30</td>
<td>Hall 11</td>
<td>Cardiovascular outcome trials: closing a gap in management of type 2 diabetes?</td>
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<td>11:45 - 12:45</td>
<td>Conference Hall B</td>
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<td><strong>Fighting clinical inertia: When and how</strong></td>
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<td>12:00 - 13:00</td>
<td>Diabetes Spotlight</td>
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<td><strong>Let’s talk about basal insulin: Taking a three-dimensional approach</strong></td>
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<td>13:30 - 14:30</td>
<td>Diabetes Spotlight</td>
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<td><strong>Continuous glucose monitoring (CGM): The emerging global standard of care for glucose monitoring</strong></td>
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<td>17:30 - 19:30</td>
<td>Conference Hall A</td>
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<td><strong>Tackling unmet needs in type 2 diabetes: Evolving perspectives</strong></td>
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<td>17:30 - 19:30</td>
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<td><strong>The pursuit of ultra-fast insulins</strong></td>
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<td><strong>Diabetic complications: Challenges and opportunities, Hellmut Mehnert Award</strong></td>
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<td>D&amp;CVD EASD Study Group &amp; Forschergruppe Diabetes</td>
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<td><strong>THURSDAY 7 DECEMBER</strong></td>
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<td><strong>Fixed-ratio combinations: a practical approach to individualised care</strong></td>
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<td>13:30 - 14:30</td>
<td>Diabetes Spotlight</td>
<td>International Hypoglycaemia Study Group</td>
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<td><strong>Hypoglycaemia: a practical approach to a global problem</strong></td>
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<td><strong>Targeting weight and comorbidities via the GLP-1 receptor</strong></td>
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Legend Venue Map

- **Halls**
- **Capital Suites**
- **Conference Rooms**
- **Central Plaza**
- **Security Gates**
- **Concourse Entrance**
- **Security House**

- **Car Parking**
- **Lift**
- **Food Court**
- **Escalator**
- **Reception Desk**
- **Food & Beverage**
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Welcome to Abu Dhabi: the Host Destination of the IDF 2017 Congress Abu Dhabi, the capital of the United Arab Emirates (UAE) and the largest of the seven emirates, has seen four decades of remarkable growth and development. It is now the nexus between west and east, the developed and developing and the present and the future, and it is the meeting point between ancient and modern. In Abu Dhabi a futuristic city lives hand in hand with ancient treasures. This is a destination where the past is preserved, cherished and respected while the future is meticulously planned and considered. All of this comes together to provide a truly world class destination where you are able to easily gather while enjoying state of the art facilities, modern infrastructure, and top level service.

Acon Diabetes Care # N26

ACON Diabetes Care, a part of ACON Laboratories, Inc., is headquartered in San Diego, California, USA. For over 10 years, ACON Diabetes Care has been focused on providing accurate, painless, and easy to use blood glucose monitoring systems and other related test systems to people with diabetes all over the world. Our products are sold in more than 130 countries worldwide and are highly recommended by health care professionals and clinical institutes. ACON Diabetes Care is also committed to delivering diabetes care education to patients to help inform them of what they can do to live a healthier life.

Alere Inc. # N32

Alere believes that when diagnosing and monitoring health conditions, Knowing now matters™. Alere delivers on this vision by providing reliable and actionable information through rapid diagnostic tests, enhancing clinical and economic health outcomes globally. Headquartered in Waltham, Mass., Alere focuses on rapid diagnostics for infectious disease, cardiometabolic disease and toxicology. For more information on Alere, please visit www.alere.com.

American Association of Clinical Endocrinologists # L36

The American Association of Clinical Endocrinologists (AACE) represents more than 7,000 endocrinologists in the United States and abroad. AACE is the largest association of clinical endocrinologists in the world. A majority of AACE members are certified in endocrinology, diabetes and metabolism and concentrate on the treatment of patients with endocrine and metabolic disorders. The American College of Endocrinology (ACE) is the educational and scientific arm of the American Association of Clinical Endocrinologists (AACE). ACE is the leader in advancing the care and prevention of endocrine and metabolic disorders by: providing professional education and reliable public health information; recognizing excellence in education, research and service; promoting clinical research and defining the future of clinical endocrinology. Visit our web site at www.aace.com

Ascensia Diabetes Care # N10

Ascensia Diabetes Care is a global specialist diabetes care company, dedicated to helping people with diabetes. Our mission is to empower people living with diabetes through innovative solutions that simplify and improve their lives. Home to the world renowned CONTOURTM portfolio of blood glucose monitoring systems, our products combine advanced technology with user-friendly functionality that help people with diabetes manage their condition. Our products are sold in more than 125 countries. Ascensia Diabetes Care was established in 2016 through the sale of Bayer Diabetes Care to Panasonic Healthcare Holdings Co., Ltd. Ascensia Diabetes Care has around 1,700 employees and operations in 33 countries. For further information, please visit our website at: http://www.ascensia.com.
**AstraZeneca # K10**

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three main therapy areas - Oncology, Cardiovascular & Metabolic Disease and Respiratory. The Company also is selectively active in the areas of autoimmunity, neuroscience and infection. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide.

**BD #L10**

BD is a leading medical technology company that benefits countless lives worldwide. We advance health by improving the ways that discovery, diagnostics and delivery of care are conducted. With 45,000 employees at work in more than 50 countries, we work in close collaboration with customers and partners to develop innovative products and solutions that enhance outcomes, better manage healthcare delivery costs, increase efficiencies, improve healthcare safety, and expand access to health. Because we’ve been doing this for over 100 years, our portfolio, leadership and partnerships make a difference for global healthcare.

**Boehringer Ingelheim # K30**

Innovative medicines for people and animals have for more than 130 years been what the research-driven pharmaceutical company Boehringer Ingelheim stands for. Boehringer Ingelheim is one of the pharmaceutical industry’s top 20 companies and to this day remains family-owned. Day by day, some 50,000 employees create value through innovation for the three business areas human pharmaceuticals, animal health and biopharmaceutical contract manufacturing. In 2016, Boehringer Ingelheim achieved net sales of around 15.9 billion euros. With more than three billion euros, R&D expenditure corresponds to 19.6 per cent of net sales.

**Busan and Korea Tourism Organisation #E20**

**Korea, Beyond Meetings**

Korea is one of the most spirited and colorful countries in the world. In the short time following its impressive development, it has managed to maintain the delicate balance of its impressive history and tradition whilst embracing modernity. Designed to meet your business needs and leisure experiences, Korea is a top convention destination offering delegates a chance to enjoy an outstanding meeting infrastructure, safe meeting venues, a variety of unique sights and experiences, and much more.

A host of 1988 Olympics, 2002 World Cup, and 2005 APEC Summit, Korea offers a world of opportunities, knowledge, and business growth.

**Dynamic City Busan**

As Korea’s most popular coastal city, Busan is full of excitement and joy with festivals all year round. It is a world-class city where contemporary lifestyle meets long-standing history. Multilingual signage, sophisticated public transportation system, iconic skyscrapers, and ICT-based systems used throughout the city make Busan a comprehensive and convenient city.

Create an experience that is truly more than just business and discover the very best Korea has to offer for the 2019 International Diabetes Federation Congress!

**Cambridge Weight Plan # A20**

Cambridge Weight Plan, based in the East Midlands of the United Kingdom, manufactures formula food products (nutritionally complete shakes, soups and bars) that are used in total or partial diet replacement regimens providing energy intakes both under 800kcal/d and above 800kcal/d.

Cambridge Weight Plan has collaborated with research scientists to generate gold-standard evidence for effective weight loss and maintenance, safety, health benefits, improved nutritional status and improved cardiovascular risk status. Programmes are delivered by trained Cambridge Consultants working in a community setting or by health care professionals. Cambridge Weight Plan is available in over
40 countries and is the only programme proven to deliver average weight losses of over 10kg (about 10%) of body weight and weight maintenance for up to four years, with health benefits in pre-diabetes, osteoarthritis, psoriasis, obstructive sleep apnoea and coronary artery disease, and before bariatric surgery.

**Dasman Diabetes Institute # A24**

In pursuance to the wishes of H. H. Sheikh Jaber Al-Ahmed Al- Jaber Al-Sabah the late Amir of Kuwait (may he rest in peace) to present his people with a valuable and timeless gift that would ensure their health for generations to come, the Kuwait Foundation for the Advancement of Sciences (KFAS) financed Dasman Diabetes Institute aiming for it to become one of the leading centers in the field of research in the Middle East.

On June 6th , 2006, H. H. the Amir of Kuwait, Sheikh Sabah Al-Ahmed Al-Jaber Al-Sabah inaugurated the world class Institute. With our Research, Medical and Operational divisions, we strive to attain high-impact translational research and integrate its findings to basic medical practices.

Mission: To prevent, control and mitigate the impact of diabetes and related conditions in Kuwait, through effective programs of research, training, education and health promotion and thereby improve the quality of life.

Vision: To be the leading diabetes institute in the Middle East.

**Diabetik Foot Care India #A26**

Diabetik Foot Care India Pvt Ltd, Chennai(INDIA) is a leading manufacturer and exporter of medical devices for the management of diabetes and its complications since last 27 years. DFCI is an EN:ISO 13485:2012 certified company and ventured in this domain to spread awareness and to help physician world-over, in fighting diabetes, by supplying quality medical devices at an affordable cost. 34 Countries are using our products.

We distribute Non-Invasive Vascular Screening Devices, Neuropathy Screening Devices, Foot Pressure Measurement systems, Podiatry and Wound Care Therapy products which include Vascular Doppler for ABI/TBI, Digital Biothesiometer, Neuropathy Analyser with Vibration & Thermal, Cardiac Autonomic Neuropathy Dysfunction Analyser, Foot Imprinter, Podiascan, Electric Pedicure, LED IR Light Therapy, Neuropathy Therapy Stimulator and Podiatry Chair.

Please visit www.diabeticfootcareindia.com to understand more about us.

**Evia Medical Technologies # M30**

Evia Medical Technologies Limited established in 2000 is a leading manufacturer of innovative technologies in the field of diabetes. Innovation and cutting edge technology is the core of our business. We manufacture a CE certified non-invasive Glucose meter - egm1000TM that relies on three basic technologies: ultrasonic, electromagnetic and thermal technologies by using a special algorithm. We also manufacture an “Off the Shelf” refrigeration unit for insulin and other drugs requiring cooling: EviaCool and EviaCoolPro maintain temperatures in accordance with Insulin manufacturers’ specifications.

Evia is also a Master Distributor to the MENA region to other manufacturers, and we are proud to represent Wound Care Medical, the manufacturers of a Wound Healing Technology called SOZO.

Evia = Quality of Life

**Exevia # E28**

Exevia is a market research and consulting company specialized in the healthcare market. Drawing on the extensive experience of the managing partners and together with our skilled team of project managers and analysts we cover the following healthcare areas:

- Pharmaceuticals and biologics
- Medical technology and diagnostics
- Dentistry and oral health

Exevia provides consulting expertise for a range of pharmaceutical and healthcare companies supporting them in addressing issues throughout the product lifecycle. Our goal is to go beyond simply delivering results and help companies turn their insights into actions. Our services cover both qualitative and quantitative research needs
using our in-house expertise in complex and creative methodologies. With offices in the US, our headquarters in Germany and trusted partners worldwide, we serve the healthcare industry on an international and local level. Exevia – Explore to Exceed

**Gabric # J37**

Founded in 2006, Gabric is an Iranian NGO dedicated to improving the lives of people with diabetes. To achieve this goal, we provide nation-wide diabetes education and support via conventional, as well as modern “real-time” solutions to the diabetic society, families, HCPs and the public. Integrating advanced educational concepts e.g. “experiential learning” into a patient-specific education path, succeeded by follow-up sessions and peer support is what distinguishes Gabric’s education model. Our unique “Diabetes school model” reaching out to 100,000+ members across Iran, was recognized by WHO in 2016, presenting Gabric as a “world leader” in diabetes. Our latest innovation, Kids™ Online Course, has gained vast popularity throughout the country and is expanding by day. This unique program has managed to unite education, counselling and peer support, utilizing Skype™ as well as Telegram™ messenger (mobile app) to provide real-time education and long-term support for people with diabetes.

**Glenmark Pharmaceuticals Ltd # E26**

Glenmark is a leading player in the discovery of new molecules both NCEs and NBEs. Our branded generics business has a significant presence in markets across emerging economies including India. The generics business services the requirements of developed markets like US and Western Europe. Our API business sells products in over 80 countries including the US, various countries in the EU, South America and India. With 17 manufacturing facilities and 5 R&D centers we are committed in creating ‘A new way for a new world’.

**Hikma Pharmaceuticals #N34**

We develop, manufacture and market a broad range of branded and non-branded generic pharmaceutical products across the United States (US), the Middle East and North Africa (MENA) and Europe. Our operations span more than 50 countries and are conducted through three business segments. In the US, we have more than 2,000 employees. Our large state-of-the-art manufacturing facilities – one for sterile injectables and two for oral solids – supply a broad range of products in the US market. Hikma has nearly 5,000 employees in the MENA. We have local facilities in seven markets and sales and marketing teams detailing doctors and pharmacists across 17 markets. In Europe Hikma has nearly 700 employees in Europe – primarily in Portugal, Germany and Italy – where we have injectable manufacturing facilities. We are also a leading licensing partner in MENA. Recently Hikma had signed a new Licensing agreement with Takeda Pharmaceuticals that includes its primary care portfolio related to Cardiometabolic disease area. This new license will transform Hikma CVD unit into a major provider and partner for HCPs while addressing the CVD patient journey in all its stages.

**Imperial College London Diabetes Centre #K20**

Imperial College London Diabetes Centre (ICLDC), part of Mubadala’s network of world-class healthcare providers, is a state-of-the-art outpatient facility that specialises in diabetes treatment, research, training and public health awareness. In just over a decade, the Centre has gained international renown for its holistic approach to the treatment of diabetes and related complications that enables patients to receive the full spectrum of care they need in one place. With more than 70 diabetes professionals and endocrinologists under one roof, ICLDC offers best-in-class medical attention from first diagnosis to disease management across 11 specialist practice areas including adult and paediatric endocrinology, treatment of metabolic and electrolyte disorders, pre- and post-bariatric surgery care, heart disease prevention, nutritional advice, ophthalmology, nephrology and podiatry. For more information, please visit www.icldc.ae
InBody #A10

Established in 1996, InBody is the global leader in body composition analysis. By leading the field with cutting-edge technology and a commitment to improvement and innovation, InBody has become the most trusted name in BIA body composition analysis. All products are manufactured 100% in Korea and distributed to more than 60 countries in globe.

InBody is a premium body composition analyzer measuring muscles, fat and water with in 1 minute. By simply standing on and grabbing the handles, it directly accesses imbalance, deficits and health risks, making it easier for users to select the most effective solution for diagnosis and prevention.

Insulin For Life #A18

Insulin For Life (IFL) is a not-for-profit organisation that collects in-date unopened insulin and other diabetes supplies that are no longer needed, and donates them to clinics in disadvantaged countries to be given to children and adults with insulin requiring diabetes.

IFL also provides diabetes supplies in the setting of disasters and supports diabetes camps in several countries. Since 1984 people with diabetes in over 80 countries in all IDF regions have been served. The IFL network (IFL Global) includes collection and distribution centres in Australia, Austria, Canada, Croatia, Germany, Luxembourg, The Netherlands, the USA and the United Kingdom.

Contact: www.insulinforlife.org, which has links to all affiliates.

Julphar / Dexcom #L30

Established in 1980, Julphar is the largest generic pharmaceutical manufacturer in the Middle East and North Africa region.

In 2012 Julphar launched a 150 million-dollar Active Pharmaceutical Ingredient (API) manufacturing facility —Julphar Diabetes— dedicated to producing raw material needed for insulin formulation. This positions Julphar among the largest manufacturers of insulin in the world, and the only one of its kind in the Middle East. Founded in 1999, Dexcom is transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes. Since its inception, Dexcom has focused on better outcomes for patients, caregivers, and clinicians by delivering solutions that are best in class.

As part of both their dedication and commitment to diabetes, Julphar and Dexcom have teamed up since 2013 in the MENA region to deliver solutions—while empowering the community to take control of diabetes.

LG Chem # M20

Since its foundation in 1947, LG Chem has served as Korea’s representative chemical company, contributing to the development of the national economy and the enhancement of the quality of life through continuous technological development, new product introduction, and quality innovation based on its stable growth.

In the business area of life sciences which LG Chem has focused on nurturing as a new growth engine of the future, LG Chem has developed one of the novel molecules in DPP-IV inhibitor class, Gemigliptin, has obtained marketing approval by worldwide Ministry of Health since its launch in 2012.

LG Chem will continue to secure competitiveness in the global market through aggressive investment and enhancement of its R&D capabilities based on its technological prowess that has succeeded in commercializing the drugs.

Lilly Diabetes # J30

Lilly has been a global leader in diabetes care since 1923, when we introduced the world’s first commercial insulin.

Today, we are building upon this heritage by working to meet the diverse needs of people with diabetes and those who care for them. Through research and collaboration, a wide range of therapies, and a continued determination to provide real solutions—from medicines to support programs and more—we strive to make life better for all those affected by diabetes around the world. For more information, visit www.lillydiabetes.com
**Merck # L24**

Merck is a leading science and technology company in healthcare, life science and performance materials. Around 50,000 employees work to further develop technologies that improve and enhance life – from biopharmaceutical therapies to treat cancer or multiple sclerosis, cutting-edge systems for scientific research and production, to liquid crystals for smartphones and LCD televisions. In 2016, Merck generated sales of €15.0 billion in 66 countries. Founded in 1668, Merck is the world’s oldest pharmaceutical and chemical company. The founding family remains the majority owner of the publicly listed corporate group. Merck holds the global rights to the Merck name and brand. The only exceptions are the United States and Canada, where the company operates as EMD Serono, MilliporeSigma and EMD Performance Materials.

**NeoBiocon # D26**

NeoBiocon is one of the leading UAE’s pharmaceutical company focused on innovation to deliver affordable healthcare solutions to patients, partners and healthcare systems across the GCC. Established in the year 2009 as a joint venture of Biocon, a global biotechnology company based in India headed by Dr. Kiran Mazumdar Shaw & the NMC group, UAE headed by Dr. B R Shetty, focused on unmet medical needs and offers novel therapies. Today the company market more than 35 products in various therapeutic categories and ranked amongst top 20 Pharmaceutical companies of the UAE. With strong foot in cardiovascular segment, NeoBiocon is No.1 generic company in the cardiovascular market of the UAE. The company also has solid presence in other segments like Diabetes, Oncology, asthma & allergy management & gastric disorders to name a few. NeoBiocon demonstrates it’s commitment to increasing access to healthcare through far-reaching programs and partnerships.

**Neopharma # N30**

At Neopharma; The 1st Abu Dhabi based manufacturing company in UAE arena, innovation and quality blend to form world-class pharmaceuticals. Neopharma has established itself as one of the most reputed and respected pharmaceutical manufacturing company in the region and currently caters to several geographies across Middle East, Africa, CIS, Far East and South-East Asia with a presence in over 50 countries. At Neopharma, ‘quality’ is the basic foundation on which products are developed and produced. At every stage of the production cycle, quality stems from strict adherence to GLP/cGMP requirements. Providing support to the whole framework is the latest set of international quality systems incorporated from concept to commercial production. Neopharma is developing and manufacturing a wide range of branded generic and under-license products in different therapeutic areas and has a vibrant product development center that caters to both in-house and collaborative manufacturers’ need.

**Novartis # L34**

Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, cost-saving generic and biosimilar pharmaceuticals and eye care. Novartis has leading positions globally in each of these areas. In 2016, the Group achieved net sales of USD 48.5 billion, while R&D throughout the Group amounted to approximately USD 9.0 billion. Novartis Group companies employ approximately 119,000 full-time-equivalent associates. Novartis products are sold in approximately 155 countries around the world. For more information, please visit http://www.novartis.com.
Novo Nordisk A/S # J10/H10/H12/D16

Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given us experience and capabilities that also enable us to help people defeat other serious chronic conditions: haemophilia, growth disorders and obesity. Headquartered in Denmark, Novo Nordisk employs approximately 41,400 people in 77 countries and markets its products in more than 165 countries. For more information, visit novonordisk.com, Facebook, Twitter, LinkedIn, YouTube

Optomed Oy # J34

Optomed Oy (Ltd.) is a Finnish medical technology company that specializes in retinal imaging devices and solutions. Optomed’s mission is to make eye disease screenings available for everyone, wherever needed. We develop and manufacture modern, mobile and easy-to-use retinal imaging devices that are suitable for any clinic for screening of various eye diseases, such as diabetic retinopathy, glaucoma and AMD. Optomed’s hand-held fundus cameras fulfill international ISO 10940 fundus camera standard requirements and are being used by private clinics, public hospitals, non-government organizations and charities around the world. Optomed’s products are registered and marketed in all major markets: Europe, USA, China, Russia, Japan, Korea, India and Brazil.

Owen Mumford # L35

Owen Mumford is a major medical device manufacturer that develops pioneering medical devices for its own Owen Mumford brand and custom device solutions for the world’s major pharmaceutical and diagnostic companies. Owen Mumford’s goal is to improve quality of life, encourage adherence to treatment and reduce healthcare costs. Making a world of difference, to a world of people. Owen Mumford’s goal is to develop solutions that address today’s healthcare demands. Through advanced research involving end-users and health care professionals, and extensive design and manufacturing capabilities, Owen Mumford produces class-leading medical devices in the field of diabetes that are used globally - exporting over 85% of its products to more than 60 countries worldwide. Selected as one of The World Economic Forum’s Global Growth Companies, Owen Mumford is a trusted partner to many of the world’s biggest medical device diagnostic and pharmaceutical companies and works with international organisations to support customers at a local level and provide consistent and dedicated support.

Pic Solution # N20

Pic Solution is an international leading healthcare brand. Its diabetes portfolio includes the new Insupen 34Gx3,5mm pen needle within a complete range of sizes from 33G to 29G. Their Extr3me needle provides extra comfort while the High Flow TW enhances insulin flow. The range includes Insumed syringes, Digitest lancing devices and lancets, ReVita intensive treatment footcare range (sanitizer, lotion and cream) along with some patient’s accessories that complete the assortment.

Roche Diabetes Care # L20

Roche Diabetes Care has been a pioneer in providing innovation in diabetes technology and services for more than 40 years, helping people with diabetes to live their lives as active and unrestricted as possible. Being a global leader in diabetes management, more than 5,000 employees in over 150 markets worldwide work every day to support people with diabetes and those at risk, caregivers and healthcare providers to optimally manage the condition — and more importantly achieve more time in the target range so they can experience true relief. Under the brand Accu-Chek and in collaboration with partners, Roche Diabetes Care creates value by providing integrated diabetes management solutions to monitor glucose levels, deliver insulin and track relevant data points for successful glucose management. By establishing a leading open digital platform, connecting devices and digital solutions, Roche Diabetes Care will enable personalized diabetes care and thus improve therapy outcomes.
Sanofi #G10

Company Name: SANOFI
City: PARIS
Country: FRANCE
Website: www.sanofi.com

Building on our portfolio evolution, heritage and expertise, Sanofi has a focused business unit dedicated to delivering innovative, value-based medicines and integrated solutions in Diabetes and Cardiovascular. We are committed to a collaborative approach with the goal of advancing scientific knowledge, driving the convergence of science and technology, helping to improve outcomes and inspiring an evolution in care.

Servier # G20

Servier is an independent French pharmaceutical company with 21,000 employees in 148 countries. Servier’s commitment to innovative research underlines its mission to provide therapeutic innovation to health care professionals and to improve patient care in diabetes, cardiovascular, neurologic, and psychiatric diseases, and cancer. With Intarcia (USA and Japan), Servier is developing the first injection-free GLP-1 RA, which may change the management of type 2 diabetes.

Sunstar Suisse SA # M40

Sunstar, a globally recognized leader in the oral care industry, has been providing research-based products and services in 90 countries for over 80 years. The company is committed to partnering with dental professionals and scientists to enhance the health and well-being of people everywhere and has been promoting research on the relationship between periodontitis and systemic disease, such as diabetes, for more than 30 years. Today, under the motto “Always strive to help people everywhere achieve better health and enhance their quality of life,” Sunstar provides an extensive line of preventive and therapeutic products under the brands GUM® and GUIDOR®. GUM offers a complete range of oral care products designed to prevent and control oral and gum problems. GUIDOR portfolio* assists professionals achieve a return to health of diseased or damaged tissues that support the dentition, with products to diagnostically test, clinically treat and surgically correct.

*Region dependent
www.sunstar.com

The Diabetes Centre # A22

Established in 2011, The Diabetes Centre (TDC) is a registered not-for-profit corporation, licensed to establish and maintain hospitals and clinics all over Pakistan, particularly for diabetes and generally for other diseases. Nationally, TDC is certified by Pakistan Centre for Philanthropy; whereas internationally, it is registered as a tax exempted charity in UK and USA, and supported by the UAE Red Crescent in its mission. Our vision is to be recognised as a centre of excellence offering comprehensive and compassionate care to diabetics in Pakistan. We strive to achieve this vision by providing excellent clinical services to diabetic patients, irrespective of their ability to pay, with a focus on quality and sustainability of care that would result in better clinical outcomes and improved quality of life; through fostering and supporting education and training in diabetes management for the medical professionals; and by promoting public education and awareness of diabetes.

The European Association for the Study of Diabetes # J35

The European Association for the Study of Diabetes e.V. (EASD) is a non-profit, medical scientific association and one of the largest networks for diabetologists worldwide. It was founded in 1965 and its headquarters is based in Duesseldorf, Germany. Our mission is to promote excellence in diabetes care through research and education and the aims are to encourage and support research in the field of diabetes, the rapid diffusion of acquired knowledge and to facilitate its application.
The Searle Company Limited # J36

GD Searle started its operation in 1965 and divested its share to IBL group in 1993, today Searle is almost in all the therapeutic categories and now has evolved to the highly sophisticated biosimilars, IV solutions and Nutrition segments.

Today, Searle is one of the leading pharmaceutical companies in Pakistan with six state-of-the art cGMP compliant and purpose-built manufacturing facilities in Lahore and Karachi that manufacture and pack products that ranges from Cough Suppressant to biosimilars. With around 3000 knowledgeable, skilled And highly motivated work force, led by a team of very high quality, highly accomplished professionals.

Ranked as 4th largest on volumes, 6th largest on value and most importantly regarded as one of the Pakistan’s most prestigious and respectable organization. As of the IMS Q4 MAT 2015, Searle’s compound annual growth of last two years has been astonishing. First time in the history of Pakistan Pharma Industry Searle has managed to leave behind US giant Pfizer and French Drug Maker Sanofi Aventis not only on ranking but on Value, Volumes, Growth and Market Share.

info@searlecompany.com

The World Diabetes Foundation # A12

The World Diabetes Foundation is an independent trust dedicated to the prevention and treatment of diabetes in the developing world. Its aim is to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease. The Foundation supports sustainable partnerships and acts as a catalyst to help others do more.

From 2002 to March 2017, the World Diabetes Foundation provided 377 million USD in funding to 511 partnership projects in 115 countries, focusing on awareness, education and capacity building at the local, regional and global level. For every dollar spent, the Foundation is able to raise approximately 2 dollars in cash or as in-kind donations from other sources.

For more information, please visit www.worlddiabetesfoundation.org

Tonghua Dongbao Pharmaceutical Ltd # F20

Founded in 1985, Tonghua Dongbao Pharmaceutical Ltd. is a conglomerate industrial group, actively engaged in the field of pharmaceutical production and is now one of the pioneering manufacturers of recombinant biopharmaceuticals, especially recombinant human insulin.

Through research and innovation, we take an active part in pharmaceutical and biotech development to make valuable contribution to the world community. In Dongbao, innovative R&D programs, state-of-art technology facilities, rigorous quality control systems, effectual marketing strategies as well as satisfactory after-sales services have been integrated into a well organised business operation system.

Since its establishment, Dongbao Group has demonstrated its commitment to improving people’s life and adding good value to the society. Due to its achievements, Dongbao is enjoying a sound international recognition today and will endeavour to further its international collaboration.

Trividia Health # F10

Trividia Health is a global consumer health and Wellness Company based in Fort Lauderdale, Florida and a leading developer, manufacturer and marketer of advanced performance products for people with diabetes.

This includes a broad portfolio of blood glucose monitoring supplies and technologies. From meters and tests strips, sharps, nutrition and skin care, each TRUE solution complements the next, forming one powerful, and interconnected system to help people with diabetes keep the body in balance. With over 30 years of experience and dedication, Trividia Health, has become a leading supplier of co-branded blood glucose monitoring systems to retailers throughout North America and to a growing international audience. Our mission is to provide affordable, innovative and advanced-performance diabetes management systems for healthier lives.
Founded in 2000, WUWHS is the premier Wound care professional association and represents more than 90% of all practicing wound care specialists in the world. Our members are the wound care-related associations from every part of the world, more than 25,000 emailing contacts. The Association’s top priority is to raise and maintain the standard of the medical practice of wound care and improve its practice. WUWHS is working towards creation of the UAE edition of the World Congress as a highly innovative and valuable in contributing medical professions at all levels which includes physicians, nurses and all those who work in contact with skin wounds on a daily basis. It is crucial that the WUWHS 2020 be not just an opportunity for debate but also an important training opportunity for all. The 6th World Congress to be held in Abu Dhabi is from the March 8th to the 12th of March 2020.
Market leader in hand-held fundus imaging featuring Optomed Avenue, the new artificial intelligence for diabetic retinopathy screening
SATELLITE SYMPOSIUM

MONDAY 4 DECEMBER
BASAGLAR® is indicated for the treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above.1

Reference:
1. ABASAGLAR® [summary of product characteristics]. Eli Lilly Regional Operations GmbH., Kölbegasse 8-10, 1030, Vienna, Austria; 2014.

BASAGLAR® is indicated for the treatment of diabetes mellitus in adults, adolescents and children aged 2 years and above.1

Dosage and Administration:
The dose regimen (dose and timing) should be individually adjusted. BASAGLAR should be administered once a day at the same time every day. It should only be given by subcutaneous injection and should not be administered intravenously. Consult full SPC for more details.

Important Safety Information for BASAGLAR (insulin glargine injection) 100 Units/mL: BASAGLAR is not recommended for the treatment of diabetic ketoacidosis. Contraindications: BASAGLAR is contraindicated during episodes of hypoglycemia and in patients hypersensitive to insulin glargine or one of its excipients. Warnings and Precautions: Insulin pens, needles, or syringes must never be shared between patients. Do NOT reuse needles. Monitor blood glucose in all patients treated with insulin. Modify insulin regimen cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral antidiabetic treatment. Do not dilute or mix BASAGLAR with any other insulin or solution. Do not administer BASAGLAR via an insulin pump or intravenously because severe hypoglycemia can occur. Hypoglycemia is the most common adverse reaction of insulin therapy, including BASAGLAR, and may be life-threatening. Medication errors, such as accidental mix-ups between basal insulin products and other insulins, particularly rapid-acting insulins, have been reported. Patients should be instructed to always verify the insulin label before each injection. Severe life-threatening, generalized allergy, including anaphylaxis, can occur. Discontinue BASAGLAR, treat and monitor until symptoms resolve. A reduction in the BASAGLAR dose may be required in patients with renal or hepatic impairment. As with all insulins, BASAGLAR use can lead to life-threatening hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Closely monitor potassium levels in patients at risk of hypokalemia and treat if indicated. Cases of cardiac failure have been reported when pioglitazone was used in combination with insulin. If the combination is used, patients should be observed for signs and symptoms of heart failure and pioglitazone discontinued if any deterioration occurs. Pregnancy and Lactation: No clinical data from controlled studies are available. The use of BASAGLAR may be considered during pregnancy, if necessary. For full details, please consult full SPC. Overdose: Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. More severe episodes may be treated with intramuscular/subcutaneous glucagon or i.v. glucose infusion. For full details, please consult full SPC. Adverse Reactions: Adverse reactions commonly associated with BASAGLAR include hypoglycemia, allergic reactions, injection site reactions, lipodystrophy, pruritus, rash, edema and weight gain. Shelf life: 2 years. Before use: Store in a refrigerator (2°C – 8°C). Do not freeze. Do not store BASAGLAR next to the freezer compartment or a freezer pack. Shelf life after first use: The medicinal product may be stored for a maximum of 28 days up to 30°C and away from direct heat or direct light. For full details of these and other side effects, please see the Summary of Product Characteristics, Date of Preparation or Last Review April 2016. Full Prescribing Information is Available From Eli Lilly and Company Limited, UAE Bldg. 25 – 6th Floor, Dubai Health Care City, Dubai, UAE, P.O. Box: 25319 Tel: (+971 4) 453 7800 Fax: (+971 4) 436 2399 You are encouraged to report negative side effects of Lilly prescription drugs through our pharmacovigilance department on this email: PV-MEA@lilly.com

Lilly - The transition to injectable therapies: Navigating clinical and emotional challenges in T2DM

12:30
Welcome and introduction
Chair: M. Hassanein (United Arab Emirates)
Chair: A. Jabbar (United Arab Emirates)

12:40
Patient Case #1: The path to insulin treatment
Speaker: M. Hassanein (United Arab Emirates)
Speaker: W. Polonsky (USA)

13:30
Patient Case #2: Beyond oral therapy: GLP-1 receptor agonists as potential injectable options
Speaker: F. Giorgino (Italy)

14:20
Summary and close
Chair: M. Hassanein (United Arab Emirates)
Chair: A. Jabbar (United Arab Emirates)

This symposium has been partially sponsored by the Boehringer Ingelheim and Lilly Diabetes Alliance
Boehringer Ingelheim - Improving cardiovascular outcomes in patients with type 2 diabetes: Applying new evidence in practice

15:30
Welcome and introduction
Chair: S. Kahn (USA)
Chair: A. Alsheikh-Ali (United Arab Emirates)

15:40
Diabetes management in the era of cardiovascular outcomes trials
Speaker: S. Kahn (USA)

16:00
Heart failure and kidney disease in type 2 diabetes: where can new evidence lead us?
Speaker: S. Verma (Canada)

16:30
Navigating the complexity of type 2 diabetes in daily clinical practice
Speaker: K. Khunti (United Kingdom)

16:50
Experience with SGLT2 inhibitors: Insights from practice
All faculty

17:20
Chair’s summary
Chair: S. Kahn (USA)

This symposium has been partially sponsored by the Boehringer Ingelheim and Lilly Diabetes Alliance
15:30 - 17:30 Conference Hall B

**Takeda - Shaping the future of type 2 diabetes management: What next?**

15:30

**Welcome and introduction**
*Chair:* G. Schernthaner (Austria)

15:40

**What’s the benefit of combination therapy: Unique value of Alogliptin/Pioglitazone**
*Speaker:* G. Schernthaner (Austria)

16:00

**Overview of cardiovascular outcome trials of glucose-lowering agents**
*Speaker:* S. Rajagopalan (USA)

16:20

**Targeting insulin resistance: Pioglitazone 10 years data review**
*Speaker:* S. Genovese (Italy)

16:40

**What’s the role of Alogliptin on cardiovascular benefit in T2DM: Perspective for SPEAD-A study and EXAMINE**
*Speaker:* R. Chilton (USA)

17:00

**Panel discussion**

17:20

**Chairman’s close**
*Chair:* G. Schernthaner (Austria)
Control Today for a Better Tomorrow!

- **2in1 Meter**
  - Ketone & Glucose
  - 0.8μL
  - SS
  - 10-70% HCT

- **FAD-GDH**
  - 0.8μL
  - SS
  - 10-70% HCT

- **GOD**
  - 0.4μL
  - 4S
  - 25-60% HCT

- **PQQ-GDH**
  - 0.8μL
  - SS
  - 10-70% HCT

- **On-Call Plus**
  - 0.5μL
  - 10S
  - 25-60% HCT

- **On-Call A1c**
  - HbA1c Analysis System
SATELLITE SYMPOSIUM

TUESDAY 5 DECEMBER
# Roche Diabetes Care - Shaping the future of integrated diabetes management solutions

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<th>Time</th>
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<tr>
<td>11:45</td>
<td><strong>Introduction</strong></td>
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<tr>
<td></td>
<td>Chair: W. Kaplan (United Arab Emirates)</td>
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<td>Chair: R. Hinzmann (Germany)</td>
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<td>11:55</td>
<td><strong>Using a digital platform for connecting patients and healthcare professionals</strong></td>
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<td>Speaker: S. Jacob (Germany)</td>
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<td>12:10</td>
<td><strong>Personalized diabetes management (PDM) in patients with insulin-treated T2D: First experiences and lessons learned out of the PDM-ProValue study program</strong></td>
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<td>Speaker: L. Heinemann (Germany)</td>
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<td>12:25</td>
<td><strong>Features and performance of the new Eversense® implantable CGM system</strong></td>
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<td>Speaker: S. Russell (USA)</td>
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<tr>
<td>12:40</td>
<td><strong>Discussion and closing</strong></td>
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</table>
Be it pre-diabetes, its diagnosis or the everyday therapy management, Accu-Chek supports you with innovative solutions that offer true relief to your patients in their daily lives with diabetes.

VISIT US AT STAND NO. L.20
12:00 - 13:00 Diabetes Spotlight

**Sanofi Pasteur - Impact of influenza on people living with diabetes: A serious and under-appreciated threat**

12:00  
**Introduction**  
Chair:  
N. Kanumilli (United Kingdom)

12:10  
**Addressing influenza in people living with diabetes - Why should this matter?**  
Speaker:  
M. Akçay (Turkey)

12:25  
**Clinical management of influenza and diabetes: Where do we stand?**  
Speaker:  
N. Kanumilli (United Kingdom)

12:40  
**Protecting people living with diabetes against influenza - Lessons learned from Saudi Arabia**  
Speaker:  
F. Al Slail (Saudi Arabia)

12:55  
**Summary and close**
AstraZeneca - Precision medicine for Type 2 diabetes

17:30 - Arrivals and refreshments

17:45

Introducing precision medicine in Type 2 diabetes
	Chair: K. Khunti (United Kingdom)
	Chair: J. Vora (United Kingdom)

18:00

Should we offer early, tight and durable glycaemic control to patients with Type 2 diabetes?
	Speaker: M. Hassanein (United Arab Emirates)

18:15

What else is left to learn about the non-glycaemic effects of SGLT2 inhibitors?
	Speaker: F. Giorgino (Italy)

18:30

Optimising safety in practice with SGLT2 inhibitors
	Speaker: W. Hanif (United Kingdom)

18:45

What do we need to know when choosing a first injectable in Type 2 diabetes?
	Speaker: F. Knop (Denmark)

19:00

Glucose-lowering therapies and cardiovascular mortality: Where are we now?
	Speaker: N. Sattar (United Kingdom)

19:15

Panel discussion: Bringing precision to the choice of therapy in Type 2 diabetes
	Co-chairs and speakers

19:25

Summary and close
	Chair: J. Vora (United Kingdom)
MSD - 10 years of DPP-4 inhibition: Understanding new science and clinical treatment for patients with type 2 diabetes

17:30 Chair welcome and opening remarks
Chair: S. Kahn (USA)
Chair: T. Fiad (United Arab Emirates)

17:35 New science in the understanding of incretin activity at the cellular level: Is there more to learn?
Speaker: J. Campbell (USA)

17:50 Q&A

17:55 Microvascular and macrovascular complications: The importance of addressing both in our patients with type 2 diabetes
Speaker: C. Bailey (United Kingdom)
Speaker: A. Gitt (Germany)

18:25 Where do DPP-4 inhibitors fit within today’s treatment paradigm for patients with type 2 diabetes? The latest data and implications for our patients
Speaker: T. Fiad (United Arab Emirates)

18:50 Q&A

18:55 Clinical considerations in the individualized treatment of patients with type 2 diabetes: An interactive patient case discussion
Speaker: S. Kahn and Faculty

19:25 Final comments and summary
17:30 - 19:30 Conference Hall A

Sanofi - Evolving strategies for early, effective glycemic control in Type 2 diabetes

17:30  Welcome and introduction
Chair:  H. Ezzeddin (United Arab Emirates)

Innovations in basal insulin: insights from the real world

17:35  Looking across the evidence spectrum: from RCT to RWE
Speaker:  N. Freemantle (United Kingdom)

17:45  Need for earlier insulin initiation and continuous titration
Speaker:  D. Mauricio (Spain)

18:00  Basal insulin therapy with Gla-300: evidence from the real world
Speaker:  A. Cheng (Canada)

Fixed-ratio combination therapy: a new approach to T2DM management

18:20  Simultaneous vs. stepwise: the rationale for early combination therapy
Speaker:  J.P. Frías (USA)

18:30  Fixed-ratio combination therapy for early, effective control: the LixiLan-O and -L studies
Speaker:  P. Mora (USA)

18:45  A closer look at fixed-ratio combination therapy
Speaker:  J.P. Frías (USA)

Panel discussion

19:05  Breaking through the barriers to effective glycemic control
Facutly and Raconteur Lori Berard

19:25  Closing remarks
Chair:  H. Ezzeddin (United Arab Emirates)
17:30 - 19:30 Conference Hall B

**Novo Nordisk - Next generation of ultra-long acting insulins in type 2 diabetes**

*Chair: A. Ceriello (Italy)*

17:30  
**The evolution of insulin therapy**  
*Speaker: A. Ceriello (Italy)*

17:45  
**Starting point: The mode of action of next generation insulins**  
*Speaker: L. Landstedt-Hallin (Sweden)*

18:05  
**Evidence of reducing hypoglycemia risk with ultra-long acting insulin**  
*Speaker: S. Atkin (Qatar)*

18:30  
**Changing the insulin intensification paradigm**  
*Speaker: R. Mehta (Mexico)*

18:55  
**Insulin treatment before, during and after Ramadan**  
*Speaker: M. Hassanein (United Arab Emirates)*

19:15  
**Q&A**

19:25  
**Summary and closing remarks**  
*Chair: A. Ceriello (Italy)*
**Advancing an integrated model of quality eye care, diabetes and NCDs**

Chair:  J. Brumby (Australia)
Chair:  N. Cho (Korea)

17:40  Introduction  
Chair:  J. Brumby (Australia)

17:45  Diabetes, eye health and NCD care: The case for integration  
Speaker:  W. Mathenge (Rwanda)

18:15  Case study: Integrated models of care for DR in India  
Speaker:  G.V.S. Murthy (India)

18:30  Case study: Integrated models for DR care in China  
Speaker:  N. Congdon (USA)  
Speaker:  N. Fong (China)

18:45  Case study: Comprehensive model of eye care for vulnerable populations in the Occupied Palestinian Territory  
Speaker:  N. Mikki (Palestine)

19:00  Q&A
Novo Nordisk - Cardiovascular outcome trials: closing a gap in management of type 2 diabetes?

18:30 Welcome and introduction
  Chair: E. Montanya (Spain)

18:35 Cardiovascular risk management in type 2 diabetes: where are we in 2017?
  Speaker: L. Mellbin (Sweden)

18:55 Cardiovascular outcome trials in type 2 diabetes: a paradigm shift?
  Speaker: J. Deanfield (United Kingdom)

19:15 Long-term clinical and metabolic outcomes with GLP-1 receptor agonists
  Speaker: J. Mann (Germany)

19:35 GLP-1 receptor agonists and the cardiovascular system: effects beyond glycaemia
  Speaker: F. Knop (Denmark)

19:55 Bridging trial results to patient care: two perspectives
  Speaker: R. Réa (Brazil)
  Speaker: J. Deanfield (United Kingdom)

20:10 Panel discussion

20:25 Meeting close
  Chair: E. Montanya (Spain)
Come say hi.

It’s simple :) Come stop by and see what we are up to at booths K30 and J30.
60 years of clinical experience for a better tomorrow

Please refer to the locally approved PIL in the country of distribution before prescribing
Novartis - Fighting Clinical Inertia: When and how

11:45 Welcome & introduction
Chair: I. Ksseiry (United Arab Emirate)

11:50 Clinical inertia and how to overcome barriers to early treatment intensification
Speaker: J. Chan (Chin)

12:10 Addressing clinical inertia in type 2 diabetes
Speaker: D. Strain (United Kingdom)

12:30 Q&A
12:00 - 13:00  Diabetes Spotlight

**Sanofi - Let’s talk about basal insulin: taking a three-dimensional approach**

12:00  **Welcome and introduction**  
*Chair:*  A. Cheng (Canada)

12:05  **Basal insulin: an essential dialogue between evidence and clinical practice**  
*Speaker:*  A. Cheng (Canada)  
*Speaker:*  A. Philis-Tsimikas (USA)

12:30  **Characteristics and patterns of care for diabetes patients during Ramadan – a prospective study**  
*Speaker:*  M. Hassanein (United Arab Emirates)

12:50  **Q&A and closing remarks**  
*Chair:*  A. Philis-Tsimikas (USA)
13:30 - 14:30 Diabetes Spotlight

Dexcom/Julphar - Continuous glucose monitoring (CGM): The emerging global standard of care for glucose monitoring

Chair: A. Al Madani (United Arab Emirates)

13:30 A practical and clinical application of continuous glucose monitoring (CGM) with intensive insulin requiring patients

Speaker: S. Adi (USA)
Speaker: L. Krinelke (Switzerland)
17:30 - 19:10 Conference Hall A

Servier - Tackling unmet needs in type 2 diabetes: Evolving perspectives

Chair: A. Al Madani (United Arab Emirates)
Chair: R. Henry (USA)

17:30
Introduction
Speaker: A. Al Madani (United Arab Emirates)

17:35
Achieving better glycemic control: Unmet needs and main barriers
Speaker: K. Khunti (United Kingdom)

17:55
How does adherence impact treatment success?
Speaker: F. Snoek (The Netherlands)

18:15
A novel approach to improving adherence and patient outcomes in T2D
Speaker: R. Henry (USA)

18:45
Panel discussion

19:05
Conclusion
Speaker: R. Henry (USA)
**Novo Nordisk - The pursuit of ultra-fast insulins**

**17:30 - 19:30 Conference Hall B**

**Welcome and introduction**  
*Chair:* S.L. Atkin (Qatar)

**17:40**  
**Pharmacological performance of faster aspart**  
*Speaker:* T. Heise (Germany)

**18:05**  
**Physiological effect of faster aspart on endogenous glucose production**  
*Speaker:* T. Pieber (Austria)

**18:30**  
**onset programme: from clinical pharmacology to clinical benefits in type 1 and type 2 diabetes**  
*Speaker:* V. Woo (Canada)  
*Speaker:* H.W. Rodbard (USA)

**19:00**  
**Panel discussion**

**19:25**  
**Meeting close**  
*Chair:* S.L. Atkin (Qatar)
D&CVD EASD Study Group & Forschergruppe Diabetes - Diabetic complications: Challenges and opportunities, Hellmut Mehnert Award

**Hellmut Mehnert Award**

17:30
**Introduction to the award**
*Chair: R. Holman (United Kingdom)*

17:40
**Video message by Hellmut Mehnert**

17:45
**Laudation and presentation of awardee**
*Chair: R. Holman (United Kingdom)*

17:50
**Lecture of awardee: The renaissance of glycaemology**
*Speaker: A. Ceriello (Italy)*

**Diabetic complications: Challenges and opportunities**

18:30
**ACE-Trial: Results and implications**
*Speaker: E. Standl (Germany)*

18:50
**Discussion**

18:55
**Diabetes and heart failure: From unexpected results to treatment targets**
*Speaker: I. Raz (Israel)*

19:20
**Discussion**

19:25
**Summary and close**
*Chair: R. Holman (United Kingdom)*
*Chair: O. Schnell (Germany)*
SATELLITE SYMPOSIUM

THURSDAY 7 DECEMBER
12:00 - 13:00 Diabetes Spotlight

**Sanofi - Fixed-ratio combinations: a practical approach to individualised care**

12:00 Welcome and introduction  
*Chair: L. Berard (Canada)*

12:05 Individualizing care through titratable fixed-ratio combination treatment approaches  
*Speaker: J.P. Frías (USA)*

12:25 Case study: combination therapy in the clinic  
*Speaker: P. Mora (USA)*

12:45 Q&A  
*All*

12:55 Closing remarks  
*Chair: L. Berard (Canada)*
International Hypoglycaemia Study Group

We identify **new and emerging issues** and insights about **hypoglycaemia** from within the scientific community.

We formulate a **comprehensive scientific communications platform** with which to **enhance scientific understanding of hypoglycaemia**.

We strive to highlight the **significance of hypoglycaemia** as a barrier to optimal glycaemic control at the practitioner and patient levels.

Please join us to see four of the IHSG members present.

Hypoglycaemia: a practical approach to a global problem

Diabetes Spotlight - Exhibition Hall
7 December 2017 - 13.30-14.30

**Chair**

- Simon Heller
  BA, MB, BChir, DM, FRCP

- Kamlesh Khunti
  PhD, MD, FRCP, FRCGP

- Brian Frier
  MD, FRCPE

- Sophia Zoungas
  MBBS (Hon), FRACP, PhD

ihsgonline.com
13:30 - 14:30 Diabetes Spotlight

**International Hypoglycaemia Study Group - Hypoglycaemia: a practical approach to a global problem**

13:30

**Introduction**  
*Speaker: S. Heller (United Kingdom)*

13:35

**Global prevalence and impact**  
*Speaker: K. Khunti (United Kingdom)*

13:45

**Prevention and treatment**  
*Speaker: B. Frier (United Kingdom)*

13:55

**Classification and clinical implications**  
*Speaker: S. Zoungas (Australia)*

14:05

**Panel discussion**
17:30 - 19:30 Conference Hall B

**Novo Nordisk - Targeting weight and comorbidities via the GLP-1 receptor**

17:30  
**Welcome and introduction**  
*Chair:  S. Taheri (Qatar)*

17:40  
**Why should we treat obesity?**  
*Speaker:  D. Ryan (USA)*

18:05  
**Hormonal adaptations to weight loss**  
*Speaker:  J. Proietto (Australia)*

18:25  
**Targeting weight and comorbidities via the GLP-1 receptor**  
*Speaker:  C. le Roux (Ireland)*

19:05  
**Panel discussion**

19:25  
**Meeting close**  
*Chair:  S. Taheri (Qatar)*
IT CAN BE HARD FOR PEOPLE WITH DIABETES TO REACH AND STAY AT GOAL.

THAT’S WHY WE PROVIDE A WIDE RANGE OF THERAPIES.

AND CONSISTENT SUPPORT AT ANY MOMENT OF CARE.

Visit the Lilly Diabetes booth (J30) to learn more.