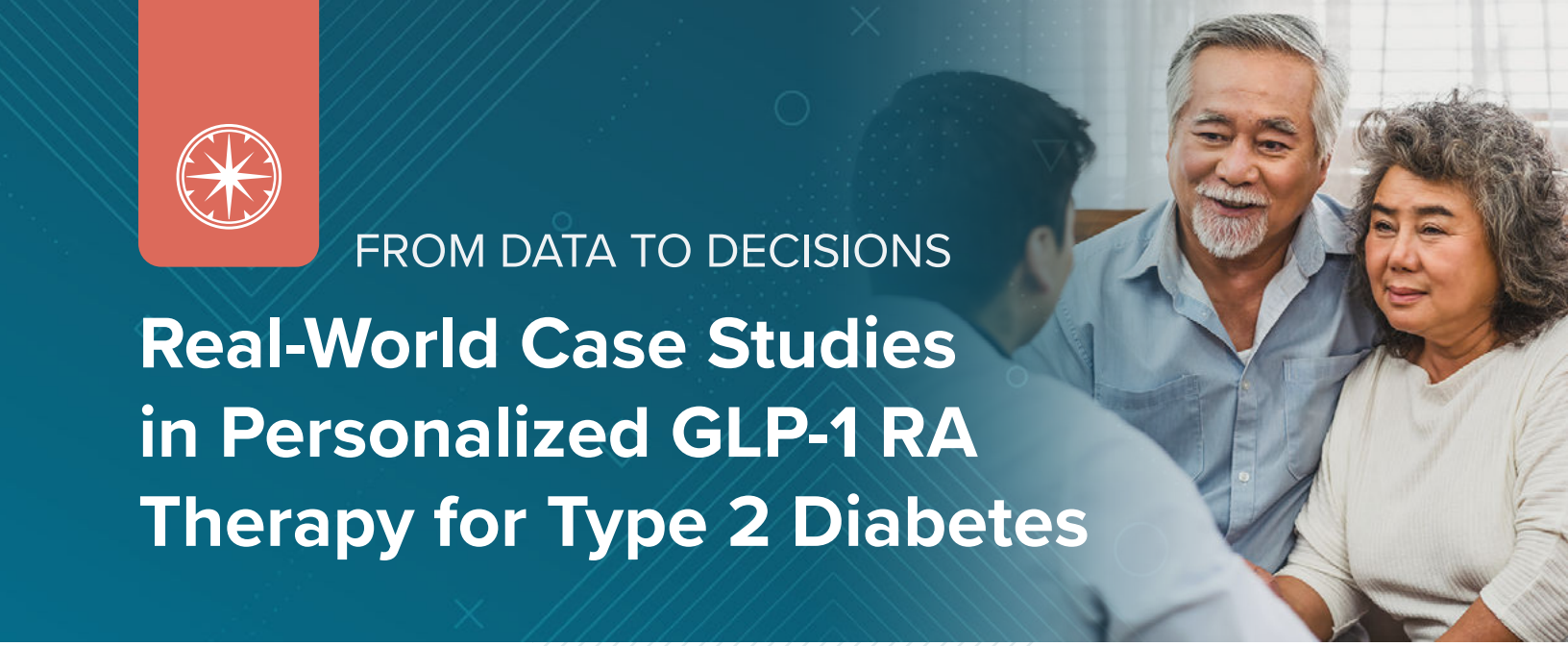

FROM DATA TO DECISIONS

Real-World Case Studies in Personalized GLP-1 RA Therapy for Type 2 Diabetes

Are you equipped to translate GLP-1 receptor agonist (RA) clinical trial data into actionable, individualized care for your patients with T2D? What about other comorbidities?

CASE CHALLENGE

A 62-year-old woman with T2D, hypertension, and moderate CKD has a friend who is taking a GLP-1 RA and asks if she should be taking one.

What clinical evidence should you factor into your decision-making and patient counseling for this patient?

COMPELLING INSIGHTS ON GLP-1 RAs TO SHARPEN CLINICAL CURIOSITY

- A1C reductions range from ~0.8% to 2.4% across different GLP-1 RAs – significant control with minimal hypoglycemia risk.
  - ➔ *How do you choose an agent for these patients?*
- Cardiovascular meta-analyses show 12%-14% reduction in MACE with dulaglutide, liraglutide, and semaglutide, with data emerging on tirzepatide.
  - ➔ *Should GLP-1 RAs be first-line in therapy decisions for T2D with CVD?*
- Improvements in HFpEF, exercise tolerance, and quality of life have been observed in patients with obesity using semaglutide and tirzepatide.
  - ➔ *Are you prepared for evolving standards of care in metabolic cardiology?*
- GLP-1 RAs enable sustained weight loss and reduced BMI and waist circumference – beneficial for T2D patients with overweight or obesity.
  - ➔ *Should patients with T2D and obesity be dosed according to diabetes or obesity guidance?*

- Kidney-protective effects, arising from improved intrarenal hemodynamics and systemic effects, have been demonstrated with semaglutide.
  - ➔ *How might GLP-1 RAs challenge the current CKD treatment paradigm?*
- GLP-1 RAs are emerging as tools against MASH (formerly NASH), reducing hepatic decompensation and improving liver outcomes.
  - ➔ *Will this be the next frontier for endocrinology/diabetology-hepatology collaboration?*
- Clinical use is not one size fits all! Formulations vary by indication (T2D vs weight loss), dosing frequency, and side effects and thus require personalized and informed selection.

What's your process for choosing the right GLP-1 RA?

WHY THIS MATTERS

Optimize Patient Outcomes Across Multiple Systems

Understanding the full scope of GLP-1 RA benefits – beyond glucose control – enables more comprehensive care for patients with T2D, obesity, cardiovascular disease, kidney disease, and metabolic liver disease.

Tailor Therapies With Greater Precision

A deeper dive reveals key distinctions between agents, enabling clinicians to match the right drug with the right patient based on individual goals, risks, and comorbidities.

Stay Ahead of Evolving Guidelines and Evidence

Emerging trial data is reshaping standards of care. Engaging with the latest findings equips you to lead, not lag, in practice transformation.

> *Watch CME Outfitters' 6-episode webcast series on CKM health and GLP-1 RAs to dive deeper into the evidence and what it means for your patients! Complete all 6 activities and claim your badge as a Patient-First Diabetes Management Champion!*

CKD = chronic kidney disease; MACE = major adverse cardiac events; CVD = cardiovascular disease; HFpEF = heart failure with preserved ejection fraction; MASH = metabolic dysfunction-associated steatohepatitis; CKM = cardiovascular-kidney-metabolic.

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