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TRANSCRIPT

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/peer-perspectives-collaboration-and-the-diabetes-care-team/10391/

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Peer Perspectives: Collaboration & the Diabetes Care Team

ReachMD Announcer:

Welcome to this medical industry feature, titled "Peer Perspectives: Collaboration and the Diabetes Care Team" sponsored by Novo Nordisk. This program is intended for U.S. physicians. Important safety information is provided throughout this transcript. To view the full prescribing information, including boxed warning, visit Victozapro.com.

Announcer:

INDICATIONS AND LIMITATIONS OF USE: Victoza® (liraglutide) injection 1.2 mg or 1.8 mg is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus, and to reduce the risk of major adverse cardiovascular, CV death, nonfatal myocardial infarction or nonfatal stroke in adults with type 2 diabetes mellitus and established CV disease. Victoza® is not a substitute for insulin and should not be used in patients with type 1 diabetes mellitus or diabetic ketoacidosis. Concurrent use with prandial insulin has not been studied.

IMPORTANT SAFETY INFORMATION:

WARNING: Risk of thyroid C-cell tumors. Liraglutide causes dose-dependent and treatment duration-dependent thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether Victoza® causes thyroid C-cell tumors, including thyroid medullary thyroid carcinoma, MTC, in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined. Victoza® is contraindicated in patients with a personal or family history of MTC, and in patients with multiple endocrine neoplasia syndrome type 2 (MEN-2). Counsel patients regarding the potential risk for MTC with the use of Victoza® and inform them of symptoms of thyroid tumors; for example, a mass in the neck, dysphagia, dyspnea, persistent hoarseness. Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Victoza®.

Dr. Baron:

We are seeing that it really takes a village, medically speaking, to care for the patient with diabetes. What I would love to be able to do is to take my associations and my affiliations with all of my medical colleagues from primary care, throughout the specialties; cardiology, nephrology, ophthalmology, etc. and we can really come together and have a solid discussion on the goals that we want to achieve for our patients, and they're no longer silos.

Dr. D'Agostino:

With a complex disease like type 2 diabetes, the treatment process is often a collaborative effort. As a cardiologist, some of my patients with diabetes are referred to me by another practitioner, while others come see me because someone who they know had a heart attack or stroke, and it makes them concerned about their own health. In many situations, I am often not the only healthcare provider that these patients will need to see.

Melissa Magwire:

I work as a nurse with cardiologists and endocrinologists, and I am also a certified diabetes educator. With over 25 years of experience in the diabetes space, I know how important it is for these patients with type 2 diabetes to receive comprehensive care that may include a number of different specialists.

Dr. Anderson:

My private practice is unique in that I focus on diabetes in addition to internal medicine, and I even served as the president of the

American Diabetes Association in 2013, but I still see the value in partnering with specialists to discuss total patient care.

Dr. Baron:
With type 2 diabetes, there is a layer of overlap that has existed between endocrinology and cardiology for awhile and, as treatments become available to address the link between type 2 diabetes and cardiovascular risk reduction, that connection between the specialties increases.[1]

Dr. Anderson:
Up until recently, I was working in a hospital setting, where it was easy to talk one-on-one with specialists about a certain patient, but in private practice it's a little different. The communication is often one way, with a specialist reporting back to me about a patient I sent over, and a lot of the information comes to me through written messages in our electronic medical records. Say, for example, a cardiologist wants to start a treatment, but isn't comfortable prescribing something new. With those kinds of decisions, communication is key, and nothing beats picking up the phone.

Dr. Baron:
I'm lucky to work in the same hospital as a number of other specialists, including cardiologists, and I know this isn't always the case. It helps tremendously to have conversations about patients with type 2 diabetes and cardiovascular disease where we can discuss utilizing treatments that address both diabetes and cardiovascular risk. We want to do the best for our patients, and we recognize that there is strength in numbers when approaching a medical condition from a multiplicity of angles.

Melissa Magwire:
So in the past, a lot of my collaboration was mostly with my endocrinologist, but now I find on a daily basis I'm collaborating with my primary care, with the cardiologist, or even the nephrologists are really wanting that more in-depth dive into diabetes because they're having to deal with it in all of their specialties now.

Dr. D'Agostino:
That's part of treating the patient completely. Patients come to me with cardiovascular disease and a lot of risk factors, and if you don't address the risks factors, you're only partly treating the patient. You can't just, you know, have the patient go for a procedure or a stent, and neglect their lipids or neglect their glucose, or their blood pressure. Really, you have to treat the underlying comorbidities and risk factors.

Melissa Magwire:
One thing that really helps is empowering and educating my patients. I like to talk to them specifically about that link between type 2 diabetes and cardiovascular disease, so when they go to see an endocrinologist or cardiologist, they can say, 'I heard about this medication, can you tell me more about it?[1]That way, if the physicians don't get a chance to connect, at least the patient can help facilitate the conversation.

Dr. Baron:
When someone comes to see me outside of our hospital network, that collaboration becomes more difficult. You try to pick up the phone to call but may not be able to connect for weeks. And, as for the electronic medical records, there's no template. You can write as much or as little as you want. Some write pages, and others provide little insight. That's why having the discussion like we had today can be so valuable. We're able to share our own insights about type 2 diabetes and see what other professionals in different fields are doing. Every conversation that we have can help steer us to the right treatment paths that are appropriate for our patients.

Announcer:

IMPORTANT SAFETY INFORMATION CONTINUED:

CONTRAINDICATIONS: Victoza® is contraindicated in patients with a personal or family history of MTC or in patients with MEN-2, and in patients with a prior serious hypersensitivity reaction to Victoza® or any of the product components. Serious hypersensitivity reactions, including anaphylactic reactions and angioedema have been reported with Victoza®.

WARNINGS AND PRECAUTIONS:

Risk of thyroid C-cell tumors: Patients should be referred to an endocrinologist for further evaluation if serum calcitonin is measured and found to be elevated, or thyroid nodules are noted on physical examination or neck imaging.

Pancreatitis: Acute pancreatitis, including fatal and nonfatal hemorrhagic or necrotizing pancreatitis has been observed in patients treated with Victoza® postmarketing. Observe patients carefully for signs and symptoms of pancreatitis; persistent severe abdominal

pain, sometimes radiating to the back with or without vomiting. If pancreatitis is suspected, discontinue Victoza® promptly. And if pancreatitis is confirmed, do not restart. Victoza® has been studied in a limited number of patients with a history of pancreatitis. It is unknown if patients with a history of pancreatitis are at a higher risk for development of pancreatitis on Victoza®.

Never share a Victoza® pen between patients, even if the needle is changed. Pen-sharing poses a risk for transmission of blood-borne pathogens.

Hypoglycemia: When Victoza® is used with an insulin secretagogue; for example, a sulfonylurea or insulin, serious hypoglycemia can occur. Consider lowering the dose of the insulin secretagogue or insulin to reduce the risk of hypoglycemia.

Renal Impairment: Acute renal failure and worsening of chronic renal failure, which may sometimes require hemodialysis, have been reported postmarketing, usually in association with nausea, vomiting, diarrhea, or dehydration. Use caution when initiating or escalating doses of Victoza® in patients with renal impairment.

Hypersensitivity Reactions: Serious hypersensitivity reactions; for example, anaphylaxis and angioedema, have been reported postmarketing. If symptoms of hypersensitivity reactions occur, patients must stop taking Victoza®. Treat promptly per standard of care and monitor until signs and symptoms resolve. Do not use in patients with a previous hypersensitivity reaction to Victoza®. Anaphylaxis and angioedema have been reported with other GLP-1 receptor agonists. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP receptor agonist because it is unknown whether such patients will be predisposed to these reactions with Victoza®.

Acute Gallbladder Disease: In the LEADER trial, 3.1% of Victoza® versus 1.9% of placebo-treated patients reported an acute event of gallbladder disease, such as cholelithiasis or cholecystitis. The majority of events required hospitalization or cholecystectomy. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated.

Adverse Reactions: The most common adverse reactions reported in greater than or equal to 5% of patients treated with Victoza®, and more commonly than in patients treated with placebo are nausea, diarrhea, headache, vomiting, decreased appetite, dyspepsia, and constipation. Immunogenicity-related events, including urticaria, were more common among Victoza®-treated patients 0.8% than among comparator-treated patients 0.4% in clinical trials.

Drug Interactions: Victoza® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly-administered oral medications. Caution should be exercised when oral medications are concomitantly administered with Victoza®.

Use in specific populations. Victoza® has not been studied in patients with type 2 diabetes below 18 years of age and is not recommended for use in pediatric patients. Victoza® slows gastric emptying. Victoza® has not been studied in patients with pre-existing gastroparesis. Victoza® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Please click here for full Prescribing Information including Boxed Warning.

ReachMD Announcer:
This program was sponsored by Novo Nordisk. To view the full prescribing information, including boxed warning, visit Victozapro.com. If you missed any part of this discussion, visit www.ReachMD.com/cvrisk. This is ReachMD. Be part of the knowledge.

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Reference:

1. Low Wang CC, Hess CN, Hiatt WR, Goldfine AB. Clinical update: cardiovascular disease in diabetes mellitus. Atherosclerotic cardiovascular disease and heart failure in type 2 diabetes mellitus-mechanisms, management, and clinical considerations. *Circulation*. 2016;133:2459-2502.