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| **Symposium or Masterclass Title (max. 10 words):**  *The title should be as brief as possible and clearly indicate the nature of the session. If you wish to include a subtitle, it must be included in this field and included in the 10-word limit.* |
| Transforming T2DM management: the impact of CGM and technology |

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| **Presenters:**  *Please provide details of all proposed presenters including their name, email address, ADS or ADEA member number (if applicable) and their residential state. Please indicate the key contact person for this session with an asterisk.* |
| \*Victoria Silvestro, [Victoria.silvestro@health.nsw.gov.au](mailto:Victoria.silvestro@health.nsw.gov.au) NSW  Dr Rajini Jayaballa, [Rajini.jayaballa@health.nsw.gov.au](mailto:Rajini.jayaballa@health.nsw.gov.au) NSW  Anandhi Murugesan, [Anandhi.Murugesan@health.nsw.gov.au](mailto:Anandhi.Murugesan@health.nsw.gov.au) NSW  Permission to publish. |
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| **Session Chair(s):**  *Please provide details of the nominated session chair(s), including their name and email address.* |
| Professor Glen Maberly, [glen.maberly@health.nsw.gov.au](mailto:glen.maberly@health.nsw.gov.au) |

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| **Session description (max. 200 words):**  *Please provide an overview of the session, including key content each presenter intends to cover.* |
| Continuous Glucose Monitors (CGMs) have been a game-changer for both patients and clinicians in managing Type 2 Diabetes (T2D). Western Sydney Diabetes (WSD) has integrated CGM’s into its model of care, which has transformed T2DM management through personalized treatment adjustments. CGMs enable both patients and healthcare professionals (HCPs) to track blood glucose trends, offering valuable insights for effective diagnosis, education, and management of glycemic control.  The significance of CGMs in T2D management was further underscored by over 400 submissions to the Federal Diabetes Inquiry, advocating for subsidized access to CGMs for T2D patients. In response, the Committee recommended expanding CGM access to include insulin-dependent Type 3c diabetes, gestational diabetes, and insulin-requiring T2D. If implemented, WSD’s approach could serve as a scalable model.  This symposium will offer insights into the implementation of CGMs across a multidisciplinary team, highlighting the benefits and challenges of integrating this technology into diabetes care.  **Symposium Goals and Topics:**  **Speakers:**   * **Victoria Silvestro:**   + CGM’s impact on nutrition and exercise in T2D with case discussions. * **Dr. Rajini Jayaballa:**   + WSD’s virtual care model and CGM and technology integration. * **Anandhi Murugesan:**   + Empowering patients to flatten glucose curves with CGM with case discussions. |

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| **Evidence base (max. 100 words):**  *Where appropriate, please include a brief description and citations of the evidence that supports your session or will be presented and discussed during the session.* |
| CGM has revolutionized diabetes management, providing more personalized treatment than traditional glucose monitoring. A systematic review (Janapala et al., 2019) found CGM reduced HbA1c levels by -0.25% in T2D patients compared to self-monitoring. CGM data supports real-time medication adjustments, enabling informed lifestyle changes and improved glycemic control. In the WSD model of care where CGM is central we saw a HbA1C reduction of 1.4% and time in range improve from 40% to 70% over a 6 months engagement. |

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| **Key learning objectives (max. 100 words):**  *Please identify the key knowledge and/or skills that delegates will achieve by the conclusion of the session. Key learning objects can be presented in dot point form.* |
| * Define (or understand) CGM and explain its role in managing Type 2 diabetes * Interpretation of the AGP report * Analyse/explain how CGM can inform dietary choices and physical activity levels to optimise glucose control * Identify the key factors that HCP should consider when using CGM to guide medication changes * Explore how a diabetes app can help stabilize glucose levels effectively and deliver valuable out-of-clinic education. |

**References:**

1. Maberly G, Dick H, Lee B, Meyerowitz-Katz G. Hospital specialists join the gp team: virtual clinics to manage T2DM. Diabetes Management Journal. 2022;November 2022.
2. Janapala RN, Jayaraj JS, Fathima N, Kashif T, Usman N, Dasari A, et al. Continuous Glucose Monitoring Versus Self-monitoring of Blood Glucose in Type 2 Diabetes Mellitus: A Systematic Review with Meta-analysis. Cureus. 2019;11(9):e5634-e.
3. Rivera-Avila Et Al (2021), ‘The effects of professional continuous glucose monitoring as an adjuvant educational tool for improving glycemic control in patients with type 2 diabetes’, BMC Endocrine Disorders 21: 79 <https://bmcendocrdisord.biomedcentral.com/articles/10.1186/s12902-021-00742-5>
4. Mahfuza, U Et Al (2024). Digital Innovation and Integrated Care: Improving the Effectiveness of Type 2 Diabetes Care in Western Sydney, Australia. Awaiting publication-Journal of diabetes science and technology.