## WEBVTT

NOTE duration: "00:20:03.6000000"

NOTE recognizability:0.904

NOTE language:en-us

NOTE Confidence: 0.58141196

00:00:00.000 --> 00:00:02.504 All right, everyone. We're going

NOTE Confidence: 0.58141196

 $00:00:02.504 \longrightarrow 00:00:04.160$  to go ahead and get started.

NOTE Confidence: 0.945132874

 $00:00:04.160 \longrightarrow 00:00:07.600$  And the next section of our workshop today

NOTE Confidence: 0.945132874

 $00:00:07.600 \longrightarrow 00:00:11.156$  is going to look at clinical Physiology.

NOTE Confidence: 0.945132874

 $00:00:11.160 \longrightarrow 00:00:12.518$  So those are the next two talks.

NOTE Confidence: 0.945132874

 $00:00:12.520 \longrightarrow 00:00:13.960$  So I think they're both

NOTE Confidence: 0.945132874

 $00:00:13.960 \longrightarrow 00:00:15.400$  going to be really exciting.

NOTE Confidence: 0.945132874

 $00:00:15.400 \longrightarrow 00:00:17.535$  And to kick us off with this

NOTE Confidence: 0.945132874

 $00:00:17.535 \longrightarrow 00:00:19.160$  section of the workshop,

NOTE Confidence: 0.945132874

 $00{:}00{:}19.160 --> 00{:}00{:}22.316$  we have Doctor Michelle Van Name.

NOTE Confidence: 0.945132874

 $00{:}00{:}22.320 \dashrightarrow 00{:}00{:}24.660$  So Doctor Van Name graduated from

NOTE Confidence: 0.945132874

 $00{:}00{:}24.660 \dashrightarrow 00{:}00{:}26.726$  Boston College and earned her

NOTE Confidence: 0.945132874

 $00:00:26.726 \longrightarrow 00:00:28.876$  medical degree from SUNY Downstate.

 $00:00:28.880 \longrightarrow 00:00:31.040$  She completed internship and residency

NOTE Confidence: 0.945132874

 $00:00:31.040 \longrightarrow 00:00:33.960$  programs in Pediatrics at Yale University,

NOTE Confidence: 0.945132874

 $00:00:33.960 \longrightarrow 00:00:36.600$  where she also did a fellowship

NOTE Confidence: 0.945132874

 $00:00:36.600 \longrightarrow 00:00:37.920$  in pediatric endocrinology.

NOTE Confidence: 0.945132874

 $00:00:37.920 \longrightarrow 00:00:39.872$  Her research investigates the

NOTE Confidence: 0.945132874

 $00:00:39.872 \longrightarrow 00:00:42.312$  intersection of diabetes and obesity

NOTE Confidence: 0.945132874

 $00:00:42.312 \longrightarrow 00:00:44.718$  in children and young adults,

NOTE Confidence: 0.945132874

 $00:00:44.720 \longrightarrow 00:00:46.460$  as well as treatment strategies

NOTE Confidence: 0.945132874

 $00:00:46.460 \longrightarrow 00:00:47.820$  for these diseases.

NOTE Confidence: 0.945132874

 $00:00:47.820 \longrightarrow 00:00:50.545$  So welcome to the stage Doctor Van Name

NOTE Confidence: 0.945132874

 $00:00:50.545 \longrightarrow 00:00:52.760$  and we're very excited for your talk.

NOTE Confidence: 0.97504076555555

 $00:00:58.680 \longrightarrow 00:01:01.155$  Thank you. And I'm excited to be here today.

NOTE Confidence: 0.97504076555555

 $00:01:01.160 \longrightarrow 00:01:03.144$  I'm going to be telling you just a

NOTE Confidence: 0.975040765555555

 $00:01:03.144 \longrightarrow 00:01:05.114$  little bit about some of the work

NOTE Confidence: 0.975040765555555

00:01:05.114 --> 00:01:06.800 done in pediatric obesity at Yale

NOTE Confidence: 0.975040765555555

 $00{:}01{:}06.800 \dashrightarrow 00{:}01{:}09.453$  as well as really focusing the talk

 $00:01:09.453 \longrightarrow 00:01:12.038$  on obesity and type one diabetes.

NOTE Confidence: 0.97504076555555

 $00{:}01{:}12.040 \dashrightarrow 00{:}01{:}15.066$  These are my disclosures and so

NOTE Confidence: 0.97504076555555

 $00{:}01{:}15.066 \dashrightarrow 00{:}01{:}16.478$  pediatric obesity research is

NOTE Confidence: 0.975040765555555

 $00:01:16.478 \longrightarrow 00:01:18.840$  not a new thing for our team.

NOTE Confidence: 0.975040765555555

00:01:18.840 --> 00:01:20.776 So many years ago,

NOTE Confidence: 0.97504076555555

00:01:20.776 --> 00:01:23.557 doctor Sonia Caprio Mary Savoy identified

NOTE Confidence: 0.97504076555555

 $00:01:23.557 \longrightarrow 00:01:26.056$  that there was a need for interventions

NOTE Confidence: 0.97504076555555

 $00:01:26.056 \longrightarrow 00:01:28.440$  for youth who are developing obesity.

NOTE Confidence: 0.975040765555555

 $00{:}01{:}28.440 \dashrightarrow 00{:}01{:}31.288$  And so they not only developed but then

NOTE Confidence: 0.97504076555555

 $00:01:31.288 \longrightarrow 00:01:33.347$  rigorously tested the Bright Bodies

NOTE Confidence: 0.975040765555555

 $00:01:33.347 \longrightarrow 00:01:35.897$  program which is an intensive behavioral

NOTE Confidence: 0.975040765555555

 $00:01:35.897 \longrightarrow 00:01:37.592$  lifestyle intervention program and

NOTE Confidence: 0.975040765555555

 $00{:}01{:}37.592 \dashrightarrow 00{:}01{:}39.992$  actually one of very few recommended

NOTE Confidence: 0.97504076555555

 $00:01:39.992 \longrightarrow 00:01:42.440$  by the American Academy of Pediatrics.

NOTE Confidence: 0.97504076555555

 $00:01:42.440 \longrightarrow 00:01:45.226$  And so we can see why the effectiveness

00:01:45.226 --> 00:01:47.734 of this program here in black,

NOTE Confidence: 0.97504076555555

 $00:01:47.734 \longrightarrow 00:01:50.830$  we can see circles for changes on the

NOTE Confidence: 0.97504076555555

 $00:01:50.915 \longrightarrow 00:01:53.747$  left in body mass index and on the

NOTE Confidence: 0.97504076555555

00:01:53.747 --> 00:01:56.436 right on body fat amongst youth who

NOTE Confidence: 0.97504076555555

 $00:01:56.436 \longrightarrow 00:01:58.908$  were randomized to the Bright Bodies

NOTE Confidence: 0.97504076555555

00:01:58.908 --> 00:02:01.380 weight management group compared to the

NOTE Confidence: 0.97504076555555

 $00:02:01.380 \longrightarrow 00:02:03.480$  control group who had increases in both

NOTE Confidence: 0.97504076555555

00:02:03.543 --> 00:02:05.838 of those measures at both 6 and 12 months.

NOTE Confidence: 0.97504076555555

 $00:02:05.840 \longrightarrow 00:02:07.840$  But just seeing the these

NOTE Confidence: 0.97504076555555

 $00:02:07.840 \longrightarrow 00:02:10.784$  outcomes was not enough.

NOTE Confidence: 0.975040765555555

00:02:10.784 --> 00:02:12.800 I'll tell you more about the Physiology

NOTE Confidence: 0.97504076555555

 $00:02:12.860 \longrightarrow 00:02:14.479$  as well as the fact that this

NOTE Confidence: 0.97504076555555

 $00{:}02{:}14.479 \dashrightarrow 00{:}02{:}16.274$  effectiveness has been evaluated as

NOTE Confidence: 0.975040765555555

 $00:02:16.274 \longrightarrow 00:02:19.096$  well by newer members of our team by

NOTE Confidence: 0.975040765555555

00:02:19.096 --> 00:02:20.746 Stephanie Samuels and Mona Sharifi

NOTE Confidence: 0.975040765555555

 $00:02:20.746 \longrightarrow 00:02:22.997$  looking at at the real world adaptation.

 $00{:}02{:}23.000 \dashrightarrow 00{:}02{:}24.752$  So we know that these programs

NOTE Confidence: 0.97504076555555

 $00:02:24.752 \longrightarrow 00:02:26.394$  are effective when used clinically

NOTE Confidence: 0.97504076555555

 $00:02:26.394 \longrightarrow 00:02:28.074$  and they're currently studying

NOTE Confidence: 0.97504076555555

 $00:02:28.074 \longrightarrow 00:02:29.754$  virtual adaptations as well.

NOTE Confidence: 0.97504076555555

 $00:02:29.760 \longrightarrow 00:02:31.158$  And now more about the background,

NOTE Confidence: 0.97504076555555

 $00:02:31.160 \longrightarrow 00:02:32.896$  we wanted to know why did they

NOTE Confidence: 0.97504076555555

 $00:02:32.896 \longrightarrow 00:02:34.555$  see these changes and what was

NOTE Confidence: 0.97504076555555

 $00:02:34.555 \longrightarrow 00:02:36.277$  happening in terms of the Physiology.

NOTE Confidence: 0.975040765555555

 $00:02:36.280 \longrightarrow 00:02:39.700$  So they studied these adolescents and

NOTE Confidence: 0.97504076555555

 $00:02:39.700 \longrightarrow 00:02:41.677$  children using oral glucose tolerance

NOTE Confidence: 0.975040765555555

00:02:41.677 --> 00:02:43.923 tests and you can see that data here

NOTE Confidence: 0.97504076555555

 $00:02:43.923 \longrightarrow 00:02:45.787$  with minutes along the X axis and we

NOTE Confidence: 0.975040765555555

 $00{:}02{:}45.787 \dashrightarrow 00{:}02{:}47.561$  can see that plasma glucose in the

NOTE Confidence: 0.97504076555555

00:02:47.561 --> 00:02:49.820 graph on the left in blue declined

NOTE Confidence: 0.97504076555555

 $00:02:49.820 \longrightarrow 00:02:52.340$  in the bright bodies cohort while

 $00:02:52.340 \longrightarrow 00:02:54.720$  insulin also declined very nicely.

NOTE Confidence: 0.97504076555555

 $00{:}02{:}54.720 \longrightarrow 00{:}02{:}57.387$  So they were able to understand some

NOTE Confidence: 0.97504076555555

 $00:02:57.387 \longrightarrow 00:03:00.251$  of the changes in in the glycemia

NOTE Confidence: 0.97504076555555

 $00:03:00.251 \longrightarrow 00:03:02.239$  seen in these kids.

NOTE Confidence: 0.97504076555555

 $00:03:02.240 \longrightarrow 00:03:04.480$  The research has not been limited to this.

NOTE Confidence: 0.97504076555555

00:03:04.480 --> 00:03:05.323 There's, you know,

NOTE Confidence: 0.97504076555555

 $00:03:05.323 \longrightarrow 00:03:07.009$  our teams have been asking questions

NOTE Confidence: 0.975040765555555

 $00:03:07.009 \longrightarrow 00:03:09.076$  about what is the Physiology that changes

NOTE Confidence: 0.97504076555555

 $00{:}03{:}09.076 \dashrightarrow 00{:}03{:}10.560$  that's promoting obesity in youth.

NOTE Confidence: 0.975040765555555

00:03:10.560 --> 00:03:12.760 And so with Sonia Caprio,

NOTE Confidence: 0.975040765555555

00:03:12.760 --> 00:03:13.994 Nikola Santoro,

NOTE Confidence: 0.97504076555555

00:03:13.994 --> 00:03:17.079 Anya Yasterboth and Alfonso Galderisi,

NOTE Confidence: 0.97504076555555

00:03:17.080 --> 00:03:18.795 you know, we have looked at ghrelin,

NOTE Confidence: 0.975040765555555

 $00:03:18.800 \longrightarrow 00:03:19.790$  the hunger hormone,

NOTE Confidence: 0.975040765555555

 $00:03:19.790 \longrightarrow 00:03:22.100$  and see how the response of that

NOTE Confidence: 0.975040765555555

 $00:03:22.167 \longrightarrow 00:03:23.119$  hormone varies,

00:03:23.120 --> 00:03:25.280 whether you're drinking glucose or fructose,

NOTE Confidence: 0.975040765555555

 $00:03:25.280 \longrightarrow 00:03:27.272$  whether you have a body type that is

NOTE Confidence: 0.97504076555555

 $00:03:27.272 \longrightarrow 00:03:29.694$  lean or in one of the obesity categories

NOTE Confidence: 0.97504076555555

 $00:03:29.694 \longrightarrow 00:03:31.934$  and whether that end of that child is

NOTE Confidence: 0.97504076555555

 $00:03:31.934 \longrightarrow 00:03:33.560$  insulin resistant or insulin sensitive.

NOTE Confidence: 0.97504076555555

 $00:03:33.560 \longrightarrow 00:03:35.305$  We've seen differences in the

NOTE Confidence: 0.975040765555555

00:03:35.305 --> 00:03:37.360 response of the hormone GLP One.

NOTE Confidence: 0.975040765555555

 $00{:}03{:}37.360 \dashrightarrow 00{:}03{:}39.544$  One of the main discussion points

NOTE Confidence: 0.975040765555555

 $00:03:39.544 \longrightarrow 00:03:42.652$  today is GLP one and that that varies

NOTE Confidence: 0.97504076555555

 $00:03:42.652 \longrightarrow 00:03:45.840$  by drink type and your BMI status.

NOTE Confidence: 0.975040765555555

 $00:03:45.840 \longrightarrow 00:03:49.032$  And additionally we've looked at a

NOTE Confidence: 0.975040765555555

00:03:49.032 --> 00:03:51.684 high omega-3 isocaloric diet and

NOTE Confidence: 0.975040765555555

 $00{:}03{:}51.684 \dashrightarrow 00{:}03{:}54.304$  seen that that decreases he patic

NOTE Confidence: 0.97504076555555

 $00:03:54.304 \longrightarrow 00:03:57.199$  fat fraction here over 12 weeks

NOTE Confidence: 0.97504076555555

 $00:03:57.200 \longrightarrow 00:03:59.375$  in kids with metabolic associated

 $00:03:59.375 \longrightarrow 00:04:00.680$  steatotic liver disease.

NOTE Confidence: 0.848810372142857

 $00{:}04{:}00.680 \dashrightarrow 00{:}04{:}03.024$  So that was a very nice change seen

NOTE Confidence: 0.848810372142857

 $00:04:03.024 \longrightarrow 00:04:05.376$  despite them not losing any weight and

NOTE Confidence: 0.848810372142857

 $00:04:05.376 \longrightarrow 00:04:08.704$  there was an common to decrease in their

NOTE Confidence: 0.848810372142857

 $00:04:08.704 \longrightarrow 00:04:12.520$  insulin over their tolerance study.

NOTE Confidence: 0.848810372142857

00:04:12.520 --> 00:04:13.752 We've additionally been looking

NOTE Confidence: 0.848810372142857

 $00:04:13.752 \longrightarrow 00:04:15.600$  at type 2 diabetes in youth.

NOTE Confidence: 0.848810372142857

00:04:15.600 --> 00:04:19.004 So this is data from the NIDDK Multi

NOTE Confidence: 0.848810372142857

00:04:19.004 --> 00:04:21.398 Center Today study of which Sonia Caprio

NOTE Confidence: 0.848810372142857

 $00:04:21.398 \longrightarrow 00:04:23.878$  was one of the founding investigators.

NOTE Confidence: 0.848810372142857

 $00{:}04{:}23.880 \dashrightarrow 00{:}04{:}26.540$  And I was fortunate to serve as

NOTE Confidence: 0.848810372142857

 $00{:}04{:}26.540 \dashrightarrow 00{:}04{:}28.543$  investigator during the extension phases

NOTE Confidence: 0.848810372142857

00:04:28.543 --> 00:04:30.955 years 6 through 15 here alongside

NOTE Confidence: 0.848810372142857

 $00:04:30.955 \longrightarrow 00:04:33.130$  Cindy Guanzolini and Paulina Rose

NOTE Confidence: 0.848810372142857

 $00:04:33.130 \longrightarrow 00:04:35.878$  who were also working on this study.

NOTE Confidence: 0.848810372142857

 $00:04:35.880 \longrightarrow 00:04:37.416$  And very importantly,

 $00:04:37.416 \longrightarrow 00:04:39.976$  these kids who were originally

NOTE Confidence: 0.848810372142857

 $00:04:39.976 \longrightarrow 00:04:41.000$  enrolled after,

NOTE Confidence: 0.848810372142857

 $00:04:41.000 \longrightarrow 00:04:43.920$  you know between ages 10 and 17 in

NOTE Confidence: 0.848810372142857

 $00:04:43.920 \longrightarrow 00:04:46.440$  longer term follow up after the trial.

NOTE Confidence: 0.848810372142857

00:04:46.440 --> 00:04:48.442 You know here you could see in

NOTE Confidence: 0.848810372142857

 $00:04:48.442 \longrightarrow 00:04:50.725$  yellow that a third to almost half

NOTE Confidence: 0.848810372142857

 $00:04:50.725 \longrightarrow 00:04:52.753$  had a hemoglobin A1C of greater

NOTE Confidence: 0.848810372142857

 $00{:}04{:}52.827 \dashrightarrow 00{:}04{:}55.172$  than 10 indicating chronic severe

NOTE Confidence: 0.848810372142857

 $00{:}04{:}55.172 \dashrightarrow 00{:}04{:}57.517$  hyperglycemia during that time period.

NOTE Confidence: 0.848810372142857

 $00{:}04{:}57.520 \dashrightarrow 00{:}05{:}00.400$  And unfortunately that has led to

NOTE Confidence: 0.848810372142857

 $00:05:00.400 \longrightarrow 00:05:01.840$  many microvascular complications.

NOTE Confidence: 0.848810372142857

 $00{:}05{:}01.840 \dashrightarrow 00{:}05{:}04.078$  So these are numbers of complications

NOTE Confidence: 0.848810372142857

 $00{:}05{:}04.078 \mathrel{--}{>} 00{:}05{:}05.892$  amongst the participants at a

NOTE Confidence: 0.848810372142857

00:05:05.892 --> 00:05:07.864 mean age of only 26 years.

NOTE Confidence: 0.848810372142857

 $00:05:07.864 \longrightarrow 00:05:10.200$  So it's a very severe disease and you

00:05:10.264 --> 00:05:12.434 know seeing this data and now knowing

NOTE Confidence: 0.848810372142857

 $00:05:12.434 \longrightarrow 00:05:14.874$  that in type one diabetes we are

NOTE Confidence: 0.848810372142857

 $00:05:14.874 \longrightarrow 00:05:17.034$  seeing the medical problem of obesity,

NOTE Confidence: 0.848810372142857

 $00:05:17.040 \longrightarrow 00:05:19.476$  we are seeing higher insulin needs,

NOTE Confidence: 0.848810372142857

 $00:05:19.480 \longrightarrow 00:05:22.028$  but we really don't know anything about

NOTE Confidence: 0.848810372142857

00:05:22.028 --> 00:05:24.299 how this adiposity will change the

NOTE Confidence: 0.848810372142857

 $00:05:24.299 \longrightarrow 00:05:26.519$  disease process in type one diabetes.

NOTE Confidence: 0.848810372142857

 $00:05:26.520 \longrightarrow 00:05:28.438$  And so for the purposes of today,

NOTE Confidence: 0.848810372142857

 $00:05:28.440 \longrightarrow 00:05:29.763$  we will focus the rest of the

NOTE Confidence: 0.848810372142857

 $00:05:29.763 \longrightarrow 00:05:30.760$  talk on on obesity,

NOTE Confidence: 0.848810372142857

 $00{:}05{:}30.760 \dashrightarrow 00{:}05{:}32.400$  complicating type one diabetes.

NOTE Confidence: 0.857952874545455

 $00:05:37.480 \longrightarrow 00:05:41.000$  So while I think some of the earlier

NOTE Confidence: 0.857952874545455

 $00:05:41.000 \longrightarrow 00:05:43.560$  slides showed you from I think Doctor

NOTE Confidence: 0.857952874545455

 $00:05:43.560 \longrightarrow 00:05:45.127$  Horvath's talk about insulin that

NOTE Confidence: 0.857952874545455

00:05:45.127 --> 00:05:46.609 individuals really used to not be

NOTE Confidence: 0.857952874545455

 $00{:}05{:}46.609 \dashrightarrow 00{:}05{:}48.595$  able to gain weight when they were

 $00:05:48.595 \longrightarrow 00:05:50.080$  diagnosed with type one diabetes.

NOTE Confidence: 0.857952874545455

 $00{:}05{:}50.080 \to 00{:}05{:}52.150$  But now we're seeing a completely

NOTE Confidence: 0.857952874545455

 $00:05:52.150 \longrightarrow 00:05:54.200$  different change to the landscape.

NOTE Confidence: 0.857952874545455

 $00:05:54.200 \longrightarrow 00:05:56.544$  So here we have data from the type

NOTE Confidence: 0.857952874545455

00:05:56.544 --> 00:05:58.758 one Diabetes Exchange Clinic registry,

NOTE Confidence: 0.857952874545455

 $00:05:58.760 \longrightarrow 00:06:00.272$  which we participated in,

NOTE Confidence: 0.857952874545455

 $00:06:00.272 \longrightarrow 00:06:01.784$  of over 20,000 individuals

NOTE Confidence: 0.857952874545455

 $00:06:01.784 \longrightarrow 00:06:03.400$  with type one diabetes.

NOTE Confidence: 0.857952874545455

 $00:06:03.400 \longrightarrow 00:06:06.248$  And here we can see by age on

NOTE Confidence: 0.857952874545455

 $00:06:06.248 \longrightarrow 00:06:09.208$  the X axis and on the Y axis,

NOTE Confidence: 0.857952874545455

 $00:06:09.208 \longrightarrow 00:06:11.632$  the percent of individuals within body mass

NOTE Confidence: 0.857952874545455

 $00:06:11.632 \longrightarrow 00:06:14.159$  index in the overweight or obesity range.

NOTE Confidence: 0.857952874545455

 $00{:}06{:}14.160 \dashrightarrow 00{:}06{:}14.904$  And they were.

NOTE Confidence: 0.857952874545455

 $00:06:14.904 \longrightarrow 00:06:16.392$  This data was collected at two

NOTE Confidence: 0.857952874545455

 $00:06:16.392 \longrightarrow 00:06:17.756$  time points and you could see

 $00:06:17.756 \longrightarrow 00:06:19.520$  that in the six to 18 year olds,

NOTE Confidence: 0.857952874545455

 $00:06:19.520 \longrightarrow 00:06:21.522$  at least a third of these young

NOTE Confidence: 0.857952874545455

 $00:06:21.522 \longrightarrow 00:06:23.109$  people with type one diabetes

NOTE Confidence: 0.857952874545455

00:06:23.109 --> 00:06:25.119 had an elevated body mass index,

NOTE Confidence: 0.857952874545455

 $00:06:25.120 \longrightarrow 00:06:27.982$  nearly half of the 18 to 26 year olds

NOTE Confidence: 0.857952874545455

 $00:06:27.982 \longrightarrow 00:06:30.718$  and 2/3 of those age 26 and above.

NOTE Confidence: 0.857952874545455

 $00:06:30.720 \longrightarrow 00:06:33.597$  So certainly this is a big problem

NOTE Confidence: 0.857952874545455

 $00:06:33.600 \longrightarrow 00:06:35.623$  and we know also that management of

NOTE Confidence: 0.857952874545455

00:06:35.623 --> 00:06:37.163 type one diabetes in adolescence

NOTE Confidence: 0.857952874545455

 $00:06:37.163 \longrightarrow 00:06:38.399$  is a big challenge.

NOTE Confidence: 0.857952874545455

 $00{:}06{:}38.400 \dashrightarrow 00{:}06{:}41.256$  One of the reasons for that was

NOTE Confidence: 0.857952874545455

00:06:41.256 --> 00:06:42.788 previously elucidated by doctors

NOTE Confidence: 0.857952874545455

 $00:06:42.788 \longrightarrow 00:06:44.912$  Timberlane and Sherwin here using some

NOTE Confidence: 0.857952874545455

00:06:44.912 --> 00:06:47.516 of the Sentinel studies and they did

NOTE Confidence: 0.857952874545455

 $00:06:47.520 \longrightarrow 00:06:49.120$  insulin stimulated clamp techniques.

NOTE Confidence: 0.857952874545455

 $00:06:49.120 \longrightarrow 00:06:52.044$  And so here we could see that

 $00:06:52.044 \longrightarrow 00:06:53.880$  the adolescents with diabetes,

NOTE Confidence: 0.857952874545455

 $00:06:53.880 \longrightarrow 00:06:55.854$  with type one diabetes are in

NOTE Confidence: 0.857952874545455

 $00:06:55.854 \longrightarrow 00:06:57.960$  the bars here on the right.

NOTE Confidence: 0.857952874545455

 $00:06:57.960 \longrightarrow 00:07:01.117$  Those without diabetes are on the left.

NOTE Confidence: 0.857952874545455

 $00:07:01.120 \dashrightarrow 00:07:03.170$  And we can see based on this X axis of

NOTE Confidence: 0.857952874545455

 $00:07:03.228 \longrightarrow 00:07:05.172$  glucose infusion rate that those with

NOTE Confidence: 0.857952874545455

00:07:05.172 --> 00:07:07.310 type one diabetes were more insulin

NOTE Confidence: 0.857952874545455

 $00{:}07{:}07.310 \longrightarrow 00{:}07{:}09.275$  resistant than the control population.

NOTE Confidence: 0.857952874545455

 $00:07:09.280 \longrightarrow 00:07:11.320$  And in particular those in the

NOTE Confidence: 0.857952874545455

 $00:07:11.320 \longrightarrow 00:07:13.539$  slashed lines that were in puberty

NOTE Confidence: 0.857952874545455

 $00:07:13.539 \longrightarrow 00:07:15.519$  had the worst insulin resistance,

NOTE Confidence: 0.85795287454545500:07:15.520 --> 00:07:15.790 right.

NOTE Confidence: 0.857952874545455

 $00{:}07{:}15.790 \dashrightarrow 00{:}07{:}17.680$  So now we're managing in these young

NOTE Confidence: 0.857952874545455

 $00{:}07{:}17.680 \to 00{:}07{:}19.406$  people often times the insulin resistance

NOTE Confidence: 0.857952874545455

 $00:07:19.406 \longrightarrow 00:07:21.600$  in general related to type one diabetes,

00:07:21.600 --> 00:07:23.044 insulin resistance of puberty,

NOTE Confidence: 0.857952874545455

 $00:07:23.044 \longrightarrow 00:07:25.720$  and we're throwing obesity on top of that.

NOTE Confidence: 0.857952874545455

 $00:07:25.720 \longrightarrow 00:07:28.198$  And so we asked the question,

NOTE Confidence: 0.857952874545455

 $00:07:28.200 \longrightarrow 00:07:30.552$  how does adiposity impact insulin resistance

NOTE Confidence: 0.857952874545455

 $00:07:30.552 \longrightarrow 00:07:32.919$  in adolescence with type one diabetes?

NOTE Confidence: 0.857952874545455

00:07:32.920 --> 00:07:35.937 And I was awarded AK 23 grant

NOTE Confidence: 0.857952874545455

 $00:07:35.937 \longrightarrow 00:07:38.066$  to address 2 main questions.

NOTE Confidence: 0.857952874545455

 $00:07:38.066 \longrightarrow 00:07:40.176$  So how does adiposity impact

NOTE Confidence: 0.857952874545455

 $00{:}07{:}40.176 \dashrightarrow 00{:}07{:}42.480$  the hepatic insulin resistance?

NOTE Confidence: 0.857952874545455

 $00:07:42.480 \longrightarrow 00:07:45.357$  Hepatic because we're very focused on that.

NOTE Confidence: 0.857952874545455

 $00{:}07{:}45.360 \dashrightarrow 00{:}07{:}48.184$  And type one diabetes because to

NOTE Confidence: 0.857952874545455

00:07:48.184 --> 00:07:50.680 suppress hepatic glucose production,

NOTE Confidence: 0.857952874545455

 $00:07:50.680 \longrightarrow 00:07:52.180$  you actually have to over insulinize

NOTE Confidence: 0.857952874545455

 $00{:}07{:}52.180 --> 00{:}07{:}52.680$  the periphery.

NOTE Confidence: 0.857952874545455

00:07:52.680 --> 00:07:54.731 But I can't get too much into

NOTE Confidence: 0.857952874545455

 $00:07:54.731 \longrightarrow 00:07:56.094$  that today and we're doing,

 $00:07:56.094 \longrightarrow 00:07:57.900$  we did that with the two step

NOTE Confidence: 0.857952874545455

 $00{:}07{:}57.956 \dashrightarrow 00{:}07{:}59.300$ euglycemic hyperinsulinemic clamp

NOTE Confidence: 0.857952874545455

 $00{:}07{:}59.300 \dashrightarrow 00{:}08{:}01.540$  technique with stable isotope infusion

NOTE Confidence: 0.857952874545455

 $00:08:01.540 \longrightarrow 00:08:03.895$  and our hypothesis there was that

NOTE Confidence: 0.857952874545455

 $00:08:03.895 \longrightarrow 00:08:05.640$  with elevated body mass index,

NOTE Confidence: 0.857952874545455

 $00:08:05.640 \longrightarrow 00:08:08.448$  insulin would be less effective at

NOTE Confidence: 0.857952874545455

 $00:08:08.448 \longrightarrow 00:08:10.320$  suppressing hepatic glucose production.

NOTE Confidence: 0.857952874545455

 $00:08:10.320 \longrightarrow 00:08:12.198$  The other aim was to examine

NOTE Confidence: 0.857952874545455

00:08:12.198 --> 00:08:14.024 how hepatic fat impacts insulin

NOTE Confidence: 0.857952874545455

 $00{:}08{:}14.024 \dashrightarrow 00{:}08{:}15.560$  resistance in a dolescence.

NOTE Confidence: 0.857952874545455

 $00:08:15.560 \longrightarrow 00:08:17.636$  And we expected that those with

NOTE Confidence: 0.857952874545455

00:08:17.636 --> 00:08:19.902 a higher body mass index would

NOTE Confidence: 0.857952874545455

 $00{:}08{:}19.902 \dashrightarrow 00{:}08{:}23.011$  have higher hepatic fat and we did

NOTE Confidence: 0.857952874545455

 $00:08:23.011 \longrightarrow 00:08:24.999$  that by measuring abdominal.

NOTE Confidence: 0.857952874545455

00:08:25.000 --> 00:08:27.664 We did abdominal MRI to look

 $00:08:27.664 \longrightarrow 00:08:29.440$  at hepatic fat fraction.

NOTE Confidence: 0.857952874545455

 $00:08:29.440 \longrightarrow 00:08:31.550$  So here is the characteristics

NOTE Confidence: 0.857952874545455

 $00:08:31.550 \longrightarrow 00:08:33.238$  of the cohort studied.

NOTE Confidence: 0.857952874545455

 $00:08:33.240 \longrightarrow 00:08:35.837$  So age 2 is 12 to 16.

NOTE Confidence: 0.857952874545455

 $00:08:35.840 \longrightarrow 00:08:37.190$  You could see they were

NOTE Confidence: 0.857952874545455

 $00{:}08{:}37.190 \dashrightarrow 00{:}08{:}38.540$  divided into lean BMI and

NOTE Confidence: 0.861078359285714

 $00:08:38.599 \longrightarrow 00:08:40.199$  overweight slash obesity BMI.

NOTE Confidence: 0.861078359285714

 $00:08:40.200 \longrightarrow 00:08:43.525$  And it's important to note that in

NOTE Confidence: 0.861078359285714

 $00{:}08{:}43.525 \to 00{:}08{:}45.688$  Pediatrics the 85th to 94 point

NOTE Confidence: 0.861078359285714

 $00:08:45.688 \longrightarrow 00:08:47.964$  9th percentile for age and sex is

NOTE Confidence: 0.861078359285714

 $00{:}08{:}47.964 \dashrightarrow 00{:}08{:}49.924$  considered overweight BMI and 95th

NOTE Confidence: 0.861078359285714

 $00:08:49.924 \longrightarrow 00:08:54.320$  and above is considered obesity, BMI.

NOTE Confidence: 0.861078359285714

 $00:08:54.320 \longrightarrow 00:08:57.770$  We can see that the hepatic fat

NOTE Confidence: 0.861078359285714

00:08:57.770 --> 00:08:59.600 fraction was actually nice and low,

NOTE Confidence: 0.861078359285714

 $00:08:59.600 \longrightarrow 00:09:01.520$  so one point O nine in the lean

NOTE Confidence: 0.861078359285714

 $00:09:01.520 \longrightarrow 00:09:03.008$  and 1.98 in the overweight.

 $00:09:03.008 \longrightarrow 00:09:05.546$  Obesity, the cut off for metabolic associated

NOTE Confidence: 0.861078359285714

 $00:09:05.546 \longrightarrow 00:09:07.797$  steatotic liver disease is 5 or 5 1/2%.

NOTE Confidence: 0.861078359285714

 $00:09:07.800 \longrightarrow 00:09:11.240$  So none of the cohort had hepatic steatosis,

NOTE Confidence: 0.861078359285714

 $00:09:11.240 \longrightarrow 00:09:14.702$  which was in a very reassuring

NOTE Confidence: 0.861078359285714

 $00:09:14.702 \longrightarrow 00:09:17.332$  finding looking at some of the clamp

NOTE Confidence: 0.861078359285714

 $00:09:17.332 \longrightarrow 00:09:19.186$  findings in which you know you raise

NOTE Confidence: 0.861078359285714

 $00:09:19.186 \longrightarrow 00:09:20.558$  the insulin infusion to suppress

NOTE Confidence: 0.861078359285714

 $00{:}09{:}20.558 \dashrightarrow 00{:}09{:}21.818$  endogenous glucose production and

NOTE Confidence: 0.861078359285714

 $00:09:21.818 \longrightarrow 00:09:23.840$  you see how well that happens.

NOTE Confidence: 0.861078359285714

 $00{:}09{:}23.840 \dashrightarrow 00{:}09{:}26.210$  And that's a measure of hepatic

NOTE Confidence: 0.861078359285714

 $00:09:26.210 \longrightarrow 00:09:27.000$  insulin resistance.

NOTE Confidence: 0.861078359285714

 $00:09:27.000 \longrightarrow 00:09:28.981$  And so that we're looking at that

NOTE Confidence: 0.861078359285714

 $00{:}09{:}28.981 \dashrightarrow 00{:}09{:}31.164$  suppression here on the Y axis and what we

NOTE Confidence: 0.861078359285714

00:09:31.164 --> 00:09:33.517 could see that in relation to BMI percentile,

NOTE Confidence: 0.861078359285714

 $00:09:33.520 \longrightarrow 00:09:36.320$  again the measure that we use in Pediatrics

 $00:09:36.320 \longrightarrow 00:09:38.120$  there was not any clear relationship.

NOTE Confidence: 0.861078359285714

 $00{:}09{:}38.120 \dashrightarrow 00{:}09{:}40.640$  And here in orange we have the lean purple,

NOTE Confidence: 0.861078359285714

 $00:09:40.640 \longrightarrow 00:09:43.008$  the obesity and blue,

NOTE Confidence: 0.861078359285714

00:09:43.008 --> 00:09:44.200 the OR sorry purple,

NOTE Confidence: 0.861078359285714

 $00:09:44.200 \longrightarrow 00:09:45.000$  the overweight and blue,

NOTE Confidence: 0.861078359285714

 $00:09:45.000 \longrightarrow 00:09:47.387$  the obesity BMI cut offs and then

NOTE Confidence: 0.861078359285714

 $00:09:47.387 \longrightarrow 00:09:49.878$  looking at body fat percent as well.

NOTE Confidence: 0.861078359285714

 $00:09:49.880 \longrightarrow 00:09:51.875$  There really was not any clear relationship.

NOTE Confidence: 0.861078359285714

 $00:09:51.880 \longrightarrow 00:09:54.070$  So we looked further at potential

NOTE Confidence: 0.861078359285714

 $00:09:54.070 \longrightarrow 00:09:56.202$  other measures of adiposity that might

NOTE Confidence: 0.861078359285714

 $00{:}09{:}56.202 \dashrightarrow 00{:}09{:}58.337$  provide more guidance and we use the

NOTE Confidence: 0.861078359285714

 $00:09:58.337 \longrightarrow 00:10:00.954$  VAT over the VAT set which is a measure

NOTE Confidence: 0.861078359285714

 $00:10:00.954 \longrightarrow 00:10:03.192$  of visceral adiposity as the visceral

NOTE Confidence: 0.861078359285714

 $00:10:03.192 \longrightarrow 00:10:05.282$  adipose tissue divided by visceral

NOTE Confidence: 0.861078359285714

 $00:10:05.282 \longrightarrow 00:10:07.632$  plus subcutaneous adipose tissue and

NOTE Confidence: 0.861078359285714

 $00:10:07.632 \dashrightarrow 00:10:09.957$  that's obtained on abdominal MRI.

 $00:10:09.960 \longrightarrow 00:10:12.344$  And there we were able to see that

NOTE Confidence: 0.861078359285714

 $00:10:12.344 \longrightarrow 00:10:13.747$  as visceral adiposity increased

NOTE Confidence: 0.861078359285714

 $00:10:13.747 \longrightarrow 00:10:15.597$  there on the X axis,

NOTE Confidence: 0.861078359285714

 $00:10:15.600 \longrightarrow 00:10:17.550$  there was a rise in hepatic

NOTE Confidence: 0.861078359285714

 $00:10:17.550 \longrightarrow 00:10:18.200$  glucose production.

NOTE Confidence: 0.861078359285714

00:10:18.200 --> 00:10:20.545 So it may be that visceral adiposity

NOTE Confidence: 0.861078359285714

00:10:20.545 --> 00:10:22.826 is something that we can be looking at

NOTE Confidence: 0.861078359285714

 $00:10:22.826 \longrightarrow 00:10:25.197$  in type one diabetes in young people.

NOTE Confidence: 0.861078359285714

 $00:10:25.200 \longrightarrow 00:10:27.736$  So here we have some of the metabolic

NOTE Confidence: 0.861078359285714

 $00:10:27.736 \longrightarrow 00:10:29.897$  factors that we're studying related

NOTE Confidence: 0.861078359285714

00:10:29.897 --> 00:10:31.355 to cardiovascular risk.

NOTE Confidence: 0.861078359285714

 $00:10:31.360 \longrightarrow 00:10:32.860$  These empty ones just represent

NOTE Confidence: 0.861078359285714

 $00{:}10{:}32.860 \dashrightarrow 00{:}10{:}34.360$  that there are many more.

NOTE Confidence: 0.861078359285714

 $00{:}10{:}34.360 \longrightarrow 00{:}10{:}35.758$  We cannot study all of them.

NOTE Confidence: 0.861078359285714

 $00:10:35.760 \longrightarrow 00:10:38.357$  So we had to limit it down.

 $00:10:38.360 \longrightarrow 00:10:40.754$  And why are we so interested in

NOTE Confidence: 0.861078359285714

 $00:10:40.754 \longrightarrow 00:10:42.871$  these factors and their potential

NOTE Confidence: 0.861078359285714

00:10:42.871 --> 00:10:44.915 role in cardiovascular risk.

NOTE Confidence: 0.861078359285714

 $00:10:44.920 \longrightarrow 00:10:47.279$  So we know that death from cardiovascular

NOTE Confidence: 0.861078359285714

 $00:10:47.279 \longrightarrow 00:10:49.389$  disease is the main cause of

NOTE Confidence: 0.861078359285714

 $00:10:49.389 \longrightarrow 00:10:51.119$  mortality and type one diabetes.

NOTE Confidence: 0.861078359285714

 $00:10:51.120 \longrightarrow 00:10:53.605$  This is data from the Swedish National

NOTE Confidence: 0.861078359285714

 $00:10:53.605 \longrightarrow 00:10:55.320$  Diabetes Register and you can see on

NOTE Confidence: 0.861078359285714

 $00:10:55.320 \longrightarrow 00:10:57.885$  the X axis from 1998 to 2013 and on

NOTE Confidence: 0.861078359285714

 $00{:}10{:}57.885 \dashrightarrow 00{:}11{:}00.280$  the Y death from cardiovascular disease.

NOTE Confidence: 0.861078359285714

 $00:11:00.280 \longrightarrow 00:11:01.900$  The blue represents the individuals

NOTE Confidence: 0.861078359285714

 $00:11:01.900 \longrightarrow 00:11:03.904$  with type one diabetes and while

NOTE Confidence: 0.861078359285714

00:11:03.904 --> 00:11:05.519 that curve is declining nicely,

NOTE Confidence: 0.861078359285714

 $00:11:05.520 \longrightarrow 00:11:08.432$  it is well above that of the matched

NOTE Confidence: 0.861078359285714

 $00:11:08.432 \longrightarrow 00:11:10.240$  controls and here it is by age.

NOTE Confidence: 0.861078359285714

00:11:10.240 --> 00:11:12.956 So the group that was diagnosed

 $00:11:12.956 \longrightarrow 00:11:14.840$  with diabetes at less than age 10,

NOTE Confidence: 0.861078359285714

 $00:11:14.840 \longrightarrow 00:11:17.216$  here in the bottom of the X axis,

NOTE Confidence: 0.861078359285714 00:11:17.216 --> 00:11:17.680 you know, NOTE Confidence: 0.861078359285714

 $00:11:17.680 \longrightarrow 00:11:19.880$  they had the smallest expected

NOTE Confidence: 0.861078359285714

 $00:11:19.880 \longrightarrow 00:11:20.760$  median survival.

NOTE Confidence: 0.861078359285714

 $00:11:20.760 \longrightarrow 00:11:23.520$  And in fact for individuals

NOTE Confidence: 0.861078359285714

 $00:11:23.520 \longrightarrow 00:11:26.280$  diagnosed less than age 10,

NOTE Confidence: 0.861078359285714

 $00{:}11{:}26.280 \dashrightarrow 00{:}11{:}28.590$  the expected life lost would be about

NOTE Confidence: 0.861078359285714

00:11:28.590 --> 00:11:31.436 18 years for women and 14 years for men.

NOTE Confidence: 0.861078359285714

00:11:31.440 --> 00:11:32.562 So you know,

NOTE Confidence: 0.861078359285714

 $00:11:32.562 \longrightarrow 00:11:33.684$  combining this information

NOTE Confidence: 0.861078359285714

 $00:11:33.684 \longrightarrow 00:11:35.180$  with knowing that obesity

NOTE Confidence: 0.949127479473684

 $00:11:35.246 \longrightarrow 00:11:37.322$  then is also a risk factor

NOTE Confidence: 0.949127479473684

 $00:11:37.322 \longrightarrow 00:11:38.360$  for cardiovascular disease.

NOTE Confidence: 0.949127479473684

 $00:11:38.360 \longrightarrow 00:11:40.792$  You know, we really want to understand how

00:11:40.792 --> 00:11:43.117 to improve health in these young people.

NOTE Confidence: 0.949127479473684

 $00:11:43.120 \longrightarrow 00:11:44.872$  And so we do know one of the

NOTE Confidence: 0.949127479473684

 $00:11:44.872 \longrightarrow 00:11:46.266$  tools that can help, right,

NOTE Confidence: 0.949127479473684

00:11:46.266 --> 00:11:48.196 the GLP one agonist medications,

NOTE Confidence: 0.949127479473684

 $00:11:48.200 \longrightarrow 00:11:49.955$  we know that those improved

NOTE Confidence: 0.949127479473684

 $00:11:49.955 \longrightarrow 00:11:51.359$  cardiovascular outcomes in adults

NOTE Confidence: 0.949127479473684

 $00:11:51.359 \longrightarrow 00:11:53.516$  with type 2 diabetes and with obesity.

NOTE Confidence: 0.949127479473684

 $00{:}11{:}53.520 \dashrightarrow 00{:}11{:}55.564$  So our current work is kind of

NOTE Confidence: 0.949127479473684

 $00:11:55.564 \longrightarrow 00:11:57.644$  looking at whether you know if we

NOTE Confidence: 0.949127479473684

 $00:11:57.644 \longrightarrow 00:11:59.360$  treat the disease of obesity with

NOTE Confidence: 0.949127479473684

 $00{:}11{:}59.421 \dashrightarrow 00{:}12{:}01.275$  GLP one agonists in these young

NOTE Confidence: 0.949127479473684

 $00:12:01.275 \longrightarrow 00:12:03.177$  people with type one diabetes,

NOTE Confidence: 0.949127479473684

 $00:12:03.177 \longrightarrow 00:12:05.805$  will it impact drivers

NOTE Confidence: 0.949127479473684

00:12:05.805 --> 00:12:08.720 of cardiovascular risk?

NOTE Confidence: 0.949127479473684

00:12:08.720 --> 00:12:11.320 And so to study this,

NOTE Confidence: 0.949127479473684

00:12:11.320 --> 00:12:13.696 I was awarded an RO one along

00:12:13.696 --> 00:12:15.200 with my wonderful colleagues,

NOTE Confidence: 0.949127479473684

 $00:12:15.200 \longrightarrow 00:12:17.560$  some of who are in the room today

NOTE Confidence: 0.949127479473684

00:12:17.560 --> 00:12:18.800 and we're asking the question,

NOTE Confidence: 0.949127479473684

00:12:18.800 --> 00:12:21.494 can GLP one agonist obesity treatment

NOTE Confidence: 0.949127479473684

00:12:21.494 --> 00:12:23.290 improve modifiable drivers of

NOTE Confidence: 0.949127479473684

 $00:12:23.366 \longrightarrow 00:12:25.446$  cardiometabolic risk in young adults

NOTE Confidence: 0.949127479473684

 $00:12:25.446 \longrightarrow 00:12:28.200$  with obesity and type one diabetes?

NOTE Confidence: 0.949127479473684

 $00:12:28.200 \longrightarrow 00:12:30.720$  And so we are doing Physiology

NOTE Confidence: 0.949127479473684

 $00:12:30.720 \longrightarrow 00:12:32.400$  based studies for this.

NOTE Confidence: 0.949127479473684

 $00:12:32.400 \longrightarrow 00:12:34.596$  The primary outcomes are all Physiology

NOTE Confidence: 0.949127479473684

 $00:12:34.596 \longrightarrow 00:12:36.815$  and we are studying young adults

NOTE Confidence: 0.949127479473684

 $00:12:36.815 \longrightarrow 00:12:38.867$  because the reviewers were not keen

NOTE Confidence: 0.949127479473684

 $00{:}12{:}38.867 \dashrightarrow 00{:}12{:}41.520$  on the adolescent population to plan

NOTE Confidence: 0.949127479473684

 $00{:}12{:}41.520 \dashrightarrow 00{:}12{:}43.320$  to study them in future iterations.

NOTE Confidence: 0.949127479473684

 $00:12:43.320 \longrightarrow 00:12:45.235$  And somagletite is FDA approved

 $00:12:45.235 \longrightarrow 00:12:47.150$  for treating the disease of

NOTE Confidence: 0.949127479473684

 $00{:}12{:}47.216 \dashrightarrow 00{:}12{:}48.836$  obesity in age 12 and up.

NOTE Confidence: 0.949127479473684

 $00:12:48.840 \longrightarrow 00:12:50.765$  So one of the things we wanted

NOTE Confidence: 0.949127479473684

 $00:12:50.765 \longrightarrow 00:12:52.960$  to see was could there be

NOTE Confidence: 0.949127479473684

00:12:52.960 --> 00:12:54.600 improvements in visceral adiposity?

NOTE Confidence: 0.949127479473684

 $00:12:54.600 \longrightarrow 00:12:57.596$  So we hypothesized that compared to placebo,

NOTE Confidence: 0.949127479473684

 $00:12:57.600 \longrightarrow 00:12:59.375$  GLP one agonist treatment of

NOTE Confidence: 0.949127479473684

00:12:59.375 --> 00:13:01.150 obesity will promote loss of

NOTE Confidence: 0.949127479473684

 $00{:}13{:}01.219 \dashrightarrow 00{:}13{:}02.663$  visceral adipose tissue measured

NOTE Confidence: 0.949127479473684

00:13:02.663 --> 00:13:05.399 by using the VAT over the VAT set.

NOTE Confidence: 0.949127479473684

 $00{:}13{:}05.400 \dashrightarrow 00{:}13{:}06.840$  We want it to look at

NOTE Confidence: 0.949127479473684

 $00:13:06.840 \longrightarrow 00:13:07.560$  hepatic insulin resistance.

NOTE Confidence: 0.949127479473684

 $00:13:07.560 \longrightarrow 00:13:09.450$  So we want to see whether

NOTE Confidence: 0.949127479473684

 $00:13:09.450 \longrightarrow 00:13:10.395$  compared to placebo,

NOTE Confidence: 0.949127479473684

 $00:13:10.400 \longrightarrow 00:13:11.984$  whether treatment with GLP

NOTE Confidence: 0.949127479473684

 $00:13:11.984 \longrightarrow 00:13:13.964$  one agonist for obesity will

00:13:13.964 --> 00:13:15.638 reduce hepatic acetyl COA,

NOTE Confidence: 0.949127479473684

 $00:13:15.640 \longrightarrow 00:13:18.279$  which is a key driver of gluconeogenesis.

NOTE Confidence: 0.949127479473684

 $00{:}13{:}18.280 \dashrightarrow 00{:}13{:}22.280$  And we're using a marker to measure that.

NOTE Confidence: 0.949127479473684

 $00:13:22.280 \longrightarrow 00:13:23.939$  And we also wanted to see you

NOTE Confidence: 0.949127479473684

 $00:13:23.939 \longrightarrow 00:13:26.685$  know what it would do in terms of

NOTE Confidence: 0.949127479473684

 $00:13:26.685 \longrightarrow 00:13:27.475$  atherogenic lipoproteinemia.

NOTE Confidence: 0.949127479473684

 $00:13:27.480 \longrightarrow 00:13:29.706$  And so we hypothesized that compared

NOTE Confidence: 0.949127479473684

 $00:13:29.706 \longrightarrow 00:13:31.659$  to place be those receiving obesity

NOTE Confidence: 0.949127479473684

 $00:13:31.659 \longrightarrow 00:13:33.263$  treatment with smegletide will

NOTE Confidence: 0.949127479473684

 $00:13:33.263 \longrightarrow 00:13:35.268$  have a greater improvement in

NOTE Confidence: 0.949127479473684

 $00:13:35.332 \longrightarrow 00:13:37.279$  their postprandial triglycerides.

NOTE Confidence: 0.950557556666667

 $00:13:40.040 \longrightarrow 00:13:42.836$  So here is our study design

NOTE Confidence: 0.950557556666667

 $00{:}13{:}42.840 \dashrightarrow 00{:}13{:}43.944$  at baseline participants.

NOTE Confidence: 0.9505575566666667

 $00:13:43.944 \longrightarrow 00:13:45.784$  This is for the randomized

NOTE Confidence: 0.950557556666667

 $00:13:45.784 \longrightarrow 00:13:47.000$  controlled trial portion.

 $00:13:47.000 \longrightarrow 00:13:48.920$  We have two, two parts of the study.

NOTE Confidence: 0.950557556666667

 $00:13:48.920 \longrightarrow 00:13:51.608$  So a baseline participants are doing the

NOTE Confidence: 0.950557556666667

00:13:51.608 --> 00:13:53.930 two step euglycemic hyperinsulinemic clamp

NOTE Confidence: 0.950557556666667

 $00:13:53.930 \longrightarrow 00:13:56.675$  technique with stable isotope tracers

NOTE Confidence: 0.950557556666667

 $00:13:56.680 \longrightarrow 00:13:58.756$  as a measure of insulin resistance.

NOTE Confidence: 0.950557556666667

00:13:58.760 --> 00:14:01.434 They are doing abdominal MRI as well,

NOTE Confidence: 0.950557556666667

 $00:14:01.440 \longrightarrow 00:14:03.065$  so we're looking at abdominal

NOTE Confidence: 0.950557556666667

 $00:14:03.065 \longrightarrow 00:14:03.715$  adipose distribution,

NOTE Confidence: 0.950557556666667

 $00:14:03.720 \longrightarrow 00:14:05.508$  but we will also have measures

NOTE Confidence: 0.950557556666667

 $00:14:05.508 \longrightarrow 00:14:07.285$  of hepatic fat fraction in case

NOTE Confidence: 0.950557556666667

00:14:07.285 --> 00:14:09.340 that does become something we find

NOTE Confidence: 0.950557556666667

 $00:14:09.340 \longrightarrow 00:14:11.440$  in this slightly older cohort.

NOTE Confidence: 0.950557556666667

00:14:11.440 --> 00:14:14.640 They are having a high fat mixed meal

NOTE Confidence: 0.950557556666667

 $00:14:14.640 \longrightarrow 00:14:16.960$  tolerance test to look for atherogenic

NOTE Confidence: 0.950557556666667

00:14:16.960 --> 00:14:19.240 lipoproteins and see how that changes

NOTE Confidence: 0.950557556666667

 $00:14:19.304 \longrightarrow 00:14:21.355$  over the time period of the test.

 $00:14:21.360 \longrightarrow 00:14:24.552$  And this shake that they are

NOTE Confidence: 0.950557556666667

 $00:14:24.552 \longrightarrow 00:14:26.680$  drinking apparently is delicious.

NOTE Confidence: 0.950557556666667

00:14:26.680 --> 00:14:28.108 They're making everybody jealous.

NOTE Confidence: 0.950557556666667

00:14:28.108 --> 00:14:30.880 And then this they're doing a DEXA scan,

NOTE Confidence: 0.950557556666666700:14:30.880 --> 00:14:31.123 right.

NOTE Confidence: 0.950557556666667

 $00{:}14{:}31.123 \dashrightarrow 00{:}14{:}33.067$  So we really want to get the full

NOTE Confidence: 0.950557556666667

00:14:33.067 --> 00:14:35.252 body composition to see, you know,

NOTE Confidence: 0.950557556666667

 $00{:}14{:}35.252 \dashrightarrow 00{:}14{:}37.464$  how that might impact these measures.

NOTE Confidence: 0.950557556666667

 $00:14:37.464 \longrightarrow 00:14:39.833$  And so we can do that with a with

NOTE Confidence: 0.950557556666667

 $00{:}14{:}39.833 \dashrightarrow 00{:}14{:}41.842$ a DEXA scan rather than just the

NOTE Confidence: 0.950557556666667

 $00:14:41.842 \longrightarrow 00:14:44.368$  abdomen with the MRI and let's see.

NOTE Confidence: 0.950557556666667

 $00:14:44.368 \longrightarrow 00:14:46.352$  So after they complete

NOTE Confidence: 0.950557556666667

00:14:46.352 --> 00:14:47.840 these baseline studies,

NOTE Confidence: 0.950557556666667

 $00:14:47.840 \longrightarrow 00:14:49.945$  participants are being randomized 2

NOTE Confidence: 0.950557556666667

 $00:14:49.945 \longrightarrow 00:14:53.694$  to one ratio to 52 weeks of double

 $00:14:53.694 \longrightarrow 00:14:56.304$  blinded treatment with either some

NOTE Confidence: 0.950557556666667

 $00:14:56.304 \longrightarrow 00:14:58.518$  maglitide weekly titrated up to

NOTE Confidence: 0.950557556666667

 $00:14:58.520 \longrightarrow 00:15:02.216$  2.44kg or or as high as tolerated

NOTE Confidence: 0.950557556666667

 $00:15:02.216 \longrightarrow 00:15:04.959$  or they're randomized to placebo.

NOTE Confidence: 0.950557556666667

00:15:04.960 --> 00:15:06.880 And then at 12 months while on treatment,

NOTE Confidence: 0.950557556666667

 $00:15:06.880 \longrightarrow 00:15:09.055$  we are repeating these initial

NOTE Confidence: 0.950557556666667

 $00:15:09.055 \longrightarrow 00:15:11.230$  baseline studies and looking to

NOTE Confidence: 0.950557556666667

 $00:15:11.309 \longrightarrow 00:15:13.760$  see you know the the differences

NOTE Confidence: 0.950557556666667

 $00:15:13.760 \longrightarrow 00:15:16.435$  between the place bo and the the

NOTE Confidence: 0.950557556666667

00:15:16.435 --> 00:15:19.045 treatment group in terms of of

NOTE Confidence: 0.950557556666667

 $00{:}15{:}19.045 \dashrightarrow 00{:}15{:}21.912$  how how these measures changed.

NOTE Confidence: 0.9505575566666667 00:15:21.912 --> 00:15:23.160 So so far,

NOTE Confidence: 0.950557556666667

 $00:15:23.160 \longrightarrow 00:15:25.720$  we have enrolled 5 participants in the study.

NOTE Confidence: 0.950557556666667

 $00:15:25.720 \longrightarrow 00:15:27.946$  We just got awarded this grant in

NOTE Confidence: 0.950557556666667

 $00:15:27.946 \longrightarrow 00:15:30.214$  September where I have a goal of 69

NOTE Confidence: 0.950557556666667

 $00:15:30.214 \longrightarrow 00:15:32.141$  and we look forward to sharing the

 $00:15:32.141 \longrightarrow 00:15:34.276$  results with you in a few years.

NOTE Confidence: 0.950557556666667

 $00:15:34.280 \longrightarrow 00:15:36.560$  So our path forward from here,

NOTE Confidence: 0.950557556666667

 $00{:}15{:}36.560 \dashrightarrow 00{:}15{:}38.996$  we are really looking to remedy the

NOTE Confidence: 0.950557556666667

00:15:38.996 --> 00:15:41.026 positive of research in obesity

NOTE Confidence: 0.950557556666667

 $00:15:41.026 \longrightarrow 00:15:42.998$  and type one diabetes.

NOTE Confidence: 0.950557556666667

 $00:15:43.000 \longrightarrow 00:15:45.200$  They're the medication studies

NOTE Confidence: 0.950557556666667

 $00:15:45.200 \longrightarrow 00:15:46.960$  In terms of GLP,

NOTE Confidence: 0.950557556666667

 $00:15:46.960 \longrightarrow 00:15:48.955$  one agonists are very focused on glycemia.

NOTE Confidence: 0.950557556666667

00:15:48.960 --> 00:15:50.760 But you know as we're hearing

NOTE Confidence: 0.950557556666667

 $00:15:50.760 \longrightarrow 00:15:51.846$  more about today,

NOTE Confidence: 0.950557556666667

 $00{:}15{:}51.846 \dashrightarrow 00{:}15{:}54.380$  there are so many other potential ways

NOTE Confidence: 0.950557556666667

 $00{:}15{:}54.447 \dashrightarrow 00{:}15{:}56.835$  that these medications may be helpful

NOTE Confidence: 0.950557556666667

 $00{:}15{:}56.840 \dashrightarrow 00{:}15{:}59.395$  in people with diabetes and with obesity.

NOTE Confidence: 0.950557556666667

 $00:15:59.400 \longrightarrow 00:16:00.680$  And we are doing Physiology,

NOTE Confidence: 0.950557556666667

 $00:16:00.680 \longrightarrow 00:16:02.210$  Physiology based studies of these

 $00:16:02.210 \longrightarrow 00:16:03.740$  anti obesity medications because we

NOTE Confidence: 0.950557556666667

 $00{:}16{:}03.789 \mathrel{--}{>} 00{:}16{:}05.199$  really do want to understand what

NOTE Confidence: 0.950557556666667

00:16:05.199 --> 00:16:06.719 what are the pieces that change,

NOTE Confidence: 0.950557556666667

 $00:16:06.720 \longrightarrow 00:16:08.205$  where are these medications acting

NOTE Confidence: 0.950557556666667

 $00:16:08.205 \longrightarrow 00:16:10.562$  and how can we use these as a

NOTE Confidence: 0.950557556666667

00:16:10.562 --> 00:16:12.176 probe to understand more and move

NOTE Confidence: 0.950557556666667

 $00:16:12.176 \longrightarrow 00:16:14.350$  the field forward and answer

NOTE Confidence: 0.950557556666667

 $00:16:14.350 \longrightarrow 00:16:16.200$  some of these knowledge gaps.

NOTE Confidence: 0.950557556666667

00:16:16.200 --> 00:16:18.034 And additionally I want to point out

NOTE Confidence: 0.950557556666667

 $00:16:18.034 \longrightarrow 00:16:20.160$  that we have a creative study design.

NOTE Confidence: 0.950557556666667

 $00{:}16{:}20.160 \dashrightarrow 00{:}16{:}21.516$  I I often struggle when we're

NOTE Confidence: 0.950557556666667

 $00:16:21.516 \longrightarrow 00:16:22.194$  doing clinical trials.

NOTE Confidence: 0.950557556666667

 $00:16:22.200 \longrightarrow 00:16:24.328$  I'm like we could be getting so

NOTE Confidence: 0.950557556666667

 $00:16:24.328 \longrightarrow 00:16:25.879$  much more information that can

NOTE Confidence: 0.950557556666667

 $00:16:25.879 \longrightarrow 00:16:27.601$  help us develop other studies and

NOTE Confidence: 0.950557556666667

 $00:16:27.601 \longrightarrow 00:16:29.558$  and and move the field forward.

 $00:16:29.560 \longrightarrow 00:16:31.912$  So we will be obtaining clinical data

NOTE Confidence: 0.950557556666667

 $00:16:31.912 \longrightarrow 00:16:34.519$  that is secondary and exploratory outcomes,

NOTE Confidence: 0.950557556666667

 $00:16:34.520 \longrightarrow 00:16:36.494$  but it can help us to understand

NOTE Confidence: 0.950557556666667

 $00:16:36.494 \longrightarrow 00:16:37.880$  what next steps to take.

NOTE Confidence: 0.950557556666667

 $00:16:37.880 \longrightarrow 00:16:41.394$  So with that I will thank our

NOTE Confidence: 0.922891775454545

 $00:16:41.400 \longrightarrow 00:16:42.926$  research team. It takes a lot of

NOTE Confidence: 0.922891775454545

00:16:42.926 --> 00:16:44.825 people to do this, this human work,

NOTE Confidence: 0.922891775454545

 $00{:}16{:}44.825 \dashrightarrow 00{:}16{:}46.400$  my mentorship team that has

NOTE Confidence: 0.922891775454545

 $00:16:46.400 \longrightarrow 00:16:48.482$  helped me over the years as well

NOTE Confidence: 0.922891775454545

 $00:16:48.482 \longrightarrow 00:16:49.920$  as our funders. And thank you.

NOTE Confidence: 0.7909633

00:16:56.640 --> 00:16:58.160 Wonderful, thank you Doctor Van

NOTE Confidence: 0.7909633

 $00{:}16{:}58.160 \dashrightarrow 00{:}17{:}00.800$  name questions from the audience.

NOTE Confidence: 0.786285068888889

 $00{:}17{:}05.160 \dashrightarrow 00{:}17{:}06.384$  Yeah this is great.

NOTE Confidence: 0.786285068888889

 $00{:}17{:}06.384 \dashrightarrow 00{:}17{:}08.745$  I was I was wondering for for the

NOTE Confidence: 0.786285068888889

 $00:17:08.745 \longrightarrow 00:17:10.395$  from the studies that Kevin Harrell

00:17:10.395 --> 00:17:12.830 has done here with with anti CD3

NOTE Confidence: 0.786285068888889

 $00{:}17{:}12.830 \dashrightarrow 00{:}17{:}15.080$  depletion and type one diabetes,

NOTE Confidence: 0.786285068888889

 $00:17:15.080 \longrightarrow 00:17:16.211$  those individuals obviously

NOTE Confidence: 0.786285068888889

 $00:17:16.211 \longrightarrow 00:17:17.719$  do not lose weight.

NOTE Confidence: 0.786285068888889

00:17:17.720 --> 00:17:20.800 I wonder whether a synergizing

NOTE Confidence: 0.786285068888889

 $00:17:20.800 \longrightarrow 00:17:24.480$  semaglottide in those individuals

NOTE Confidence: 0.786285068888889

 $00:17:24.480 \longrightarrow 00:17:26.478$  controls the the disease in a

NOTE Confidence: 0.786285068888889

00:17:26.478 --> 00:17:28.680 better fashion or or delays

NOTE Confidence: 0.786285068888889

 $00{:}17{:}28.680 \rightarrow 00{:}17{:}30.280$  the progression even more.

NOTE Confidence: 0.91065423

 $00:17:30.880 \longrightarrow 00:17:32.248$  Possibly there's a case report out

NOTE Confidence: 0.91065423

 $00{:}17{:}32.248 \dashrightarrow 00{:}17{:}33.919$  on that where it appears to work,

NOTE Confidence: 0.91065423

 $00:17:33.920 \longrightarrow 00:17:36.184$  but we have not seen that in any

NOTE Confidence: 0.91065423

 $00:17:36.184 \longrightarrow 00:17:38.240$  sort of robust study design.

NOTE Confidence: 0.91065423

 $00:17:38.240 \longrightarrow 00:17:40.640$  Think also important we'll be seeing

NOTE Confidence: 0.91065423

 $00:17:40.640 \longrightarrow 00:17:43.146$  how some of the other medications that

NOTE Confidence: 0.91065423

 $00:17:43.146 \longrightarrow 00:17:45.380$  Anya had mentioned like the Amylin

 $00:17:45.380 \longrightarrow 00:17:47.564$  analogs combined with GLP ones or

NOTE Confidence: 0.91065423

 $00:17:47.564 \longrightarrow 00:17:49.829$  Glucagon combined with GLP ones might

NOTE Confidence: 0.91065423

 $00:17:49.829 \longrightarrow 00:17:51.551$  impact just based on some of the other

NOTE Confidence: 0.91065423

00:17:51.551 --> 00:17:52.799 Physiology we didn't talk about today.

NOTE Confidence: 0.822480423333333

00:17:59.390 --> 00:18:00.150 Thanks, Michelle,

NOTE Confidence: 0.822480423333333

 $00:18:00.150 \longrightarrow 00:18:02.522$  that was really nice one question.

NOTE Confidence: 0.822480423333333

00:18:02.522 --> 00:18:05.102 Is there any data in people,

NOTE Confidence: 0.822480423333333

 $00{:}18{:}05.102 \dashrightarrow 00{:}18{:}07.706$  or or at least theoretically are

NOTE Confidence: 0.822480423333333

 $00{:}18{:}07.706 \dashrightarrow 00{:}18{:}10.700$  are the pathways of wanting to eat

NOTE Confidence: 0.822480423333333

 $00:18:10.700 \longrightarrow 00:18:12.920$  when you're hypoglycemic versus the

NOTE Confidence: 0.822480423333333

00:18:12.999 --> 00:18:15.450 pathways that are hit by the drugs?

NOTE Confidence: 0.822480423333333

 $00:18:15.450 \longrightarrow 00:18:17.275$  Do they commingle at all?

NOTE Confidence: 0.822480423333333

 $00{:}18{:}17.280 \dashrightarrow 00{:}18{:}20.190$  Is there an increased risk of

NOTE Confidence: 0.822480423333333

 $00:18:20.190 \longrightarrow 00:18:22.336$  hypoglycemia if you're trying to have

NOTE Confidence: 0.822480423333333

 $00:18:22.336 \longrightarrow 00:18:24.100$  tight control and also have people

 $00:18:24.156 \longrightarrow 00:18:25.760$  lose weight at the same time? As

NOTE Confidence: 0.910330812857143

 $00:18:26.720 \longrightarrow 00:18:27.552$  far as the pathways,

NOTE Confidence: 0.910330812857143

00:18:27.552 --> 00:18:29.917 I I do not have an answer for that one,

NOTE Confidence: 0.910330812857143

00:18:29.920 --> 00:18:31.636 but certainly there,

NOTE Confidence: 0.910330812857143

 $00:18:31.636 \longrightarrow 00:18:35.068$  you know the original studies of

NOTE Confidence: 0.910330812857143

00:18:35.068 --> 00:18:36.332 loraglitide looked specifically

NOTE Confidence: 0.910330812857143

 $00:18:36.332 \longrightarrow 00:18:38.408$  at glycemia and there was not

NOTE Confidence: 0.910330812857143

 $00:18:38.408 \longrightarrow 00:18:40.040$  enough of an improvement.

NOTE Confidence: 0.910330812857143

 $00:18:40.040 \longrightarrow 00:18:42.302$  There was the risk of hypoglycemia

NOTE Confidence: 0.910330812857143

 $00:18:42.302 \longrightarrow 00:18:43.990$  and also the side effects that

NOTE Confidence: 0.910330812857143

 $00{:}18{:}43.990 \dashrightarrow 00{:}18{:}45.038$  come with these medications.

NOTE Confidence: 0.910330812857143

00:18:45.040 --> 00:18:47.520 So that's part of why we're thinking about,

NOTE Confidence: 0.910330812857143

 $00:18:47.520 \longrightarrow 00:18:50.431$  well, what about besides glycemia and

NOTE Confidence: 0.910330812857143

 $00:18:50.431 \longrightarrow 00:18:52.599$  we've also learned more how to use these

NOTE Confidence: 0.910330812857143

 $00:18:52.599 \longrightarrow 00:18:54.517$  medications in people with type one diabetes,

NOTE Confidence: 0.910330812857143

 $00:18:54.520 \longrightarrow 00:18:56.200$  how much to decrease the insulin.

 $00:18:56.200 \longrightarrow 00:18:58.315$  We have more opportunities in

NOTE Confidence: 0.910330812857143

 $00:18:58.315 \longrightarrow 00:19:00.430$  terms safety monitoring with use

NOTE Confidence: 0.910330812857143

 $00:19:00.505 \longrightarrow 00:19:02.757$  of continuous glucose monitoring.

NOTE Confidence: 0.910330812857143

 $00:19:02.760 \longrightarrow 00:19:04.410$  So certainly we are always

NOTE Confidence: 0.910330812857143

00:19:04.410 --> 00:19:05.400 thinking about hypoglycemia,

NOTE Confidence: 0.910330812857143

 $00:19:05.400 \longrightarrow 00:19:06.876$  but we have participants on the

NOTE Confidence: 0.910330812857143

 $00:19:06.876 \longrightarrow 00:19:08.863$  lookout for that and we are proactively

NOTE Confidence: 0.910330812857143

 $00:19:08.863 \longrightarrow 00:19:10.448$  lowering doses and following them

NOTE Confidence: 0.910330812857143

 $00:19:10.448 \longrightarrow 00:19:12.500$  very carefully at the time of dose

NOTE Confidence: 0.910330812857143

 $00{:}19{:}12.500 \dashrightarrow 00{:}19{:}13.592$  escalations for the Simag matite.

NOTE Confidence: 0.89111686

 $00:19:17.440 \longrightarrow 00:19:18.840$  Wonderful. Other questions,

NOTE Confidence: 0.89111686

00:19:18.840 --> 00:19:19.878 Yes, Doctor Kimmy,

NOTE Confidence: 0.807983597272727

00:19:25.400 --> 00:19:26.102 great presentation.

NOTE Confidence: 0.807983597272727

 $00:19:26.102 \longrightarrow 00:19:29.715$  So we know GLP One works on the brain, right?

NOTE Confidence: 0.807983597272727

 $00:19:29.715 \longrightarrow 00:19:32.235$  But it also works on the beta cell.

 $00:19:32.240 \longrightarrow 00:19:35.438$  Do you have any sense of of how

NOTE Confidence: 0.807983597272727

00:19:35.438 --> 00:19:37.034 there's a difference between

NOTE Confidence: 0.807983597272727

 $00:19:37.034 \longrightarrow 00:19:39.066$  subjects with obesity but without

NOTE Confidence: 0.807983597272727

 $00:19:39.066 \longrightarrow 00:19:40.916$  beta cells and beta cells,

NOTE Confidence: 0.807983597272727

 $00:19:40.920 \longrightarrow 00:19:42.918$  if they have a different response?

NOTE Confidence: 0.807983597272727

 $00:19:42.920 \longrightarrow 00:19:44.816$  That is, how much can we

NOTE Confidence: 0.807983597272727

 $00:19:44.816 \longrightarrow 00:19:46.353$  attribute the response to the

NOTE Confidence: 0.807983597272727

 $00:19:46.353 \longrightarrow 00:19:47.718$  brain alone versus the eyelid?

NOTE Confidence: 0.874489486428571

00:19:48.480 --> 00:19:49.775 Because at this point, I don't think

NOTE Confidence: 0.874489486428571

 $00:19:49.775 \longrightarrow 00:19:51.277$  we have an answer for that either,

NOTE Confidence: 0.874489486428571

00:19:51.280 --> 00:19:53.000 but we should work on that, right.

NOTE Confidence: 0.967528561

00:19:54.600 --> 00:19:56.448 And that's why we're here today

NOTE Confidence: 0.967528561

 $00:19:56.448 \longrightarrow 00:19:57.680$  for collaboration and networking.

NOTE Confidence: 0.967528561

00:19:57.680 --> 00:19:59.198 So wonderful. Thank you so much,

NOTE Confidence: 0.967528561

 $00{:}19{:}59.200 \dashrightarrow 00{:}20{:}01.755$  Doctor Van Dame for a wonderful talk

NOTE Confidence: 0.967528561

 $00:20:01.760 \longrightarrow 00:20:03.594$  and we're going to keep moving along.