Luncheon Symposium 2

Chairperson

Kyung-Soo Kim
The Catholic University of Korea, Korea

Speaker

Joonyub Lee
The Catholic University of Korea, Korea

Joonyub Lee

The Catholic University of Korea, Korea

• Education

Period	Affiliation	Position
– **2017-2021**	Graduate School of Medical Science and Engineering (GSMSE), KAIST, Daejeon, Republic of Korea	Ph.D.
– **2015-2017**	Graduate School of Medicine, The Catholic University of Korea, Seoul, Korea	M.S.
– **2006-2012**	College of Medicine, The Catholic University of Korea, Seoul, Korea	M.D.

• Affiliations / Experience

Period	Affiliation	Position
– **2024-Present**	Seoul St. Mary's Hospital, Catholic Medical Center, Korea	Assistant Professor
– **2023-2024**	Seoul St. Mary's Hospital, Catholic Medical Center, Korea	Clinical Assistant Professor

• Committee Memberships

- Korean Society for the Study of Obesity Committee of Research
- Korean Endocrinology Society Committee of the Future Endocrinologist Sustainability

• Publications

- PRMT1 Is Required for the Maintenance of Mature β-Cell Identity. *Diabetes*. 2020;69(3):355-68
- Multiparity increases the risk of diabetes by impairing the proliferative capacity of pancreatic β cells. Experimental & Molecular Medicine (accepted)
- Risk of developing chronic kidney disease in young-onset Type 2 diabetes in Korea. Scientific Reports 2023;13:10100
- Risk of Cause-Specific Mortality across Glucose Spectrum in Elderly People: A Nationwide Population-Based Cohort Study. *Endocrinol Metab (Seoul)* 2023; doi: 10.3803/EnM.2023.1765
- Efficacy and Safety of Alogliptin-Pioglitazone Combination for Type 2 Diabetes Mellitus Poorly Controlled with Metformin: A Multicenter, Double-Blind Randomized Trial. *Diabetes Metab J* 2024; doi: 10.4093/dmj.2023.0259

Luncheon Symposium 2

Evogliptin : A New Era in Diabetes Treatment and Clinical Outcomes

Joonyub Lee (The Catholic University of Korea, Korea)

Type 2 diabetes mellitus (T2DM) is a complex chronic disorder characterized by pathophysiological changes across multiple organs, including pancreatic islets, adipose tissue, liver, muscle, kidney, and brain. These changes contribute to insulin resistance and decreased insulin secretion, which in turn contribute to the development and progression of T2DM. A number of oral hyperglycemic agents targeting different organs to treat patients with T2DM are currently available. DPP-IV inhibitors, for instance, enhance glucose-stimulated insulin secretion from pancreatic β-cells by increasing serum incretin levels. Similarly, SGLT2 inhibitors prevent glucose reabsorption in proximal renal tubules, thereby promoting renal glucose excretion. Combining different classes of oral hypoglycemic agents at the early stage of hyperglycemia may offer enhanced therapeutic opportunities for T2DM management. This is supported by several studies, including the VERIFY study, which demonstrated that an early combination of metformin with vildagliptin yields more durable long-term clinical benefits than metformin alone. The EDICT study showed that a regimen combining metformin, pioglitazone, and exenatide provides superior and sustained glycemic control compared to a sequential therapy that begins with metformin, followed by sulfonylurea and insulin glargine. This presentation will explore the advantages of using a combination of DPP-IV and SGLT2 inhibitors subsequent to metformin therapy in the management of T2DM.