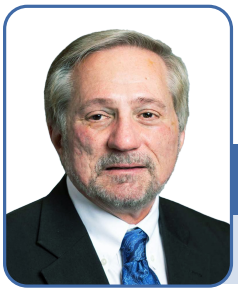
Luncheon Symposium 5

Chairperson

Seung Joon Oh
Kyung Hee University, Korea

Speaker

W. Timothy Garvey
University of Alabama at Birmingham, USA



W. Timothy Garvey

University of Alabama at Birmingham, USA

Education

Period	Affiliation	Position
– **1983-1984**	University of California, San Diego, School of Medicine	Clinical and Research Fellow
– **1982-1983**	University of Colorado Health Sciences Center	Clinical and Research Fellow
– **1974-1978**	St. Louis University School of Medicine, St. Louis, Missouri	M.D.
– **1970-1974**	Washington University, St. Louis	B.A.

Affiliations / Experience

Period	Affiliation	Position
– **2018-Present**	UAB Diabetes Research Center	Director/ PI
– **2018-Present**	University of Alabama at Birmingham	Professor
– **2003-Present**	Birmingham Veterans Affairs Medical Center Birmingham	Staff Physician and GRECC Investigator
– **2003-2018**	Medical University of South Carolina	Adjunct Professor of Medicine
– **1994-2003**	Ralph H. Johnson Veterans Affairs Medical Center, Charleston	Staff Physician

Committee Memberships

- National Board of Medical Examiners
- American Board of Internal Medicine
- Specialty Board in Endocrinology and Metabolism
- American Board of Obesity Medicine
- American Association of Clinical Endocrinology

Publications

- Everett AB, Garvey WT, Fernandez JR, Habegger K, Harper LM, Battarbee AN, Martin SL, Moore BA, Fouts AE, Bahorski J, Chandler-Laney PC. Leptin resistance in children with in utero exposure to maternal obesity and gestational diabetes. *Pediatr Obes* (12):e13081. doi: 10.1111/ijpo.13081. Epub. PMID: 37859518; PMCID: PMC10841866
- Hankosky ER, Wang H, Neff LM, Kan H, Wang F, Ahmad NN, Griffin R, Stefanski A, Garvey WT. Tirzepatide reduces the predicted risk of atherosclerotic cardiovascular disease and improves cardiometabolic risk factors in adults with obesity or overweight: SURMOUNT-1 post hoc analysis. *Diabetes Obes Metab*. 26(1):319-328. doi: 10.1111/dom.15318. Epub. PMID: 37932236
- Kirkman MS, Tripputi M, Krause-Steinrauf H, Bebu I, AbouAssi H, Burch H, Duran-Valdez E, Florez H, Garvey WT, Hsia DS, Salam M, Pop-Busui R; GRADE Research Group. Comparative Effects of Randomized Second-line Therapy for Type 2 Diabetes on a Composite Outcome Incorporating Glycemic Control, Body Weight, and Hypoglycemia: An Analysis of Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness Study (GRADE). Diabetes Care. dc231332. doi: 10.2337/dc23-1332. *Epub ahead of print*. PMID: 38194519
- Garvey WT, Cohen RM, Butera NM, Kazemi EJ, Younes N, Rosin SP, Suratt CE, Ahmann A, Hollander PA, Krakoff J, Martin CL, Seaquist E, Steffes MW, Lachin JM; GRADE Research Group. Association of Baseline Factors With Glycemic Outcomes in GRADE: A Comparative Effectiveness Randomized Clinical Trial. Diabetes Care. dc231782. doi: 10.2337/dc23-1782. *Epub ahead of print*. PMID: 38285957
- Howell CR, Zhang L, Mehta T, Wilkinson L, Carson AP, Levitan EB, Cherrington AL, Yi N, Garvey WT. Cardiometabolic Disease Staging and Major Adverse Cardiovascular Event Prediction in Two Prospective Cohorts. JACC Advances, In press

Luncheon Symposium 5

Semaglutide, a Second-Generation Obesity Medication for the Treatment and Prevention of Cardiovascular Disease

W. Timothy Garvey (University of Alabama at Birmingham, USA)

In 2021, semaglutide 2.4 mg/week became available for the treatment of obesity and since that time has been gaining regulatory approval in an increasing number of countries. Semaglutide 2.4 is the first second-generation medication for obesity defined as producing 15% weight loss on average or categorical weight loss where over half of patients lose 15% in clinical trials, in contrast to earlier first-generation medications where weight loss was 10%. Further, the unprecedented weight loss achieved by semaglutide 2.4 mg as a second-generation medication is now sufficient to treat or prevent a broad array of obesity complications and related diseases. In addition, semaglutide 2.4 mg also ameliorates CHF with preserved ejection fraction and provides secondary prevention for CVD events. In this light, semaglutide 2.4 mg can be seen as a medication for treating beyond weight loss. This emphasis on both weight loss and cardiovascular disease in phase 3 trials is consistent with a complications-centric approach to obesity care, and the treatment of obesity under the conceptual framework of the diagnostic term Adiposity-Based Chronic Disease (ABCD).