Closer Look

Cleveland Clinic Diabetes Day 2026

May 7, 2026; Cleveland, OH; Preview – Draft

Executive Highlights

- **The Cleveland Clinic Diabetes Day will take place at the InterContinental Hotel, directly connected to the hallowed Cleveland Clinic main campus, in Cleveland, Ohio.** The one-day meeting will feature fifteen-plus presentations on diabetes management strategies and complications plus a variety of workshops. The symposium aims to increase healthcare providers' clinical performance in the treatment of diabetes and related complications. We See the website, agenda, and register here.
- **On diabetes technologies,** Mr. Joshua Hamker (Cleveland Clinic) will review recent innovations in insulin pump therapy, while relatedly, Dr. Stacey Ehrenberg (Cleveland Clinic) will provide an update on the evolving role of diabetes technology including pumps and CGM (and AID, no doubt!) in pregnancy. Additionally, Dr. Oscar Vargaas (Cal Poly Humboldt) will examine the growing use of diabetes technology in hospital settings, particularly CGM. In an afternoon debate, Dr. Kevin Malloy (Cleveland Clinic) and Dr. Vinni Makin (Cleveland Clinic) will explore whether A1c or Time in Range (TIR) should serve as the primary metric for assessing glycemic outcomes and diabetes management.
    - As ever, rather than viewing either metric singularly, we view CGM metrics as a most valuable way to assess "quality of A1c" specifically and diabetes management more broadly speaking, both individually and at population levels.
- **Of very high interest will undoubtedly be Dr. Steven Nissen** (Cleveland Clinic) speaking on cardiovascular outcomes stemming from the use of Mounjaro (tirzepatide). Dr. Nissen is especially equipped to explore the implications of the phase 3 SURPASS-CVOT trial (n=13,299) as a co-author of its *NEJM* publication.
- **Also of interest on first-line therapies for diabetes management, the Cleveland Clinic's** Dr. Diana Isaacs, Dr. Adi Mehta, and Dr. Marwan Hamaty will discuss use of GLP-1 RAs, SGLT-2 inhibitors, and therapies with multi-agonism[1] as first-line treatments for diabetes.

We have so relished attending the Cleveland Clinic Diabetes Day over the last two decades, dating back to 2009. While in some years, it has alternated with the Cleveland Clinic Obesity Summit, this year, the two meetings will happen together[2]!

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Thursday, May 7th

- **(8 – 8:25 am) Technology updates in pregnancy.** Dr. Stacey Ehrenberg (Cleveland Clinic) will open the meeting by providing an update on the evolving role of diabetes technology in pregnancy. Evidence for AID use in T1D pregnancy has grown rapidly in recent years, including publications on CamAPS FX (AiDAPT) and MiniMed 780G (CRISTAL). Accordingly, we expect this session to cover recent data and practical clinical considerations regarding CGM and AID use in pregnant women with diabetes, an area of increasing interest. We are particularly excited to hear Dr. Ehrenberg's insights on the FDA clearance of Tandem Control-IQ+ for use during T1D pregnancy, the first commercially available AID system to receive this clearance, just last week.
- **(8:25 – 8:50 am) Tirzepatide: Cardiac outcomes - finally.** Dr. Steven Nissen (Cleveland Clinic) will discuss cardiovascular outcomes from tirzepatide. As a co-author on the *NEJM* publication, Dr. Nissen will

undoubtedly deliver a most valuable talk on implications of key trials, such as the phase 3 SURPASS-CVOT trial (n=13,299), which found Lilly's Mounjaro (tirzepatide) to confer a noninferior reduction (8%; p=0.086) in MACE and a significant reduction in all-cause mortality (16%; p=0.002) compared to Lilly's Trulicity (dulaglutide) in patients with T2D and established cardiovascular disease. In a secondary post-hoc analysis (n=13,165) by Dr. Nissen at ACC 2026, tirzepatide demonstrated a statistically superior reduction in a broad six-component composite cardiovascular and kidney endpoint (HR=0.84), leading to 16% risk reduction.

- **(9:40 – 10 am) Diabetes technology in the inpatient setting.** Dr. Oscar Vargaas (Cal Poly Humboldt) will examine the growing use of diabetes technology in hospital settings, where interest in safe and effective inpatient CGM, continuous insulin delivery, and automated insulin delivery (AID) use continues to grow. We anticipate discussion on clinical rationale and practical barriers to implementation, including workflow integration and current evidence for safety and efficacy. As hospitals increasingly explore inpatient technology adoption, this session should offer perspectives on where the field stands today, and what advancements remain for broader implementation and access.
- **(11 am – 12 pm) GLP-1 agonist vs SGLT-2 inhibitor vs multi-agonist therapy: first-line for the management of diabetes.** This Thursday afternoon panel promises rich discussion on therapies for the first-line management of diabetes, with remarks from Cleveland Clinic's Dr. Diana Isaacs, Dr. Adi Mehta, and Dr. Marwan Hamaty. With recent headlines of soaring GLP-1 RA uptake, an expanding landscape of available multiagonists, and evolving data around cardiorenal outcomes, this session will tackle how rapidly developing evidence should shape first-line clinical decisions in real-world practice.
- **(1:30 – 2 pm) Use of insulin pumps; innovations in the last year.** In this afternoon session, Mr. Joshua Hamker (Cleveland Clinic) will review recent innovations in insulin pump therapy, likely highlighting advancements in pump hardware, software, and algorithms over the past year. Given the rapid pace of development across insulin delivery systems, we expect this presentation to offer an overview of diabetes technology's evolution toward greater automation and reduced user burden. What, perchance, might the room learn about clinician burden in terms of choices available and differences in algorithms? We are excited to learn!
- **(3:45 – 4:15 pm) Debate - HbA1c vs Time in Range for assessing glycemic control.** In this debate, Dr. Kevin Malloy (Cleveland Clinic) and Dr. Vinni Makin (Cleveland Clinic) will discuss whether A1c or Time in Range (TIR) should serve as the *primary* metric for assessing glycemic outcomes and management. We are so looking forward to this. We imagine arguments for A1c will emphasize its long-standing place as the standard metric, as well as widespread accessibility of the test, and its place as an established marker related to long-term complications such as eye, heart, kidney, and other diseases. On the other hand, we expect TIR arguments might highlight that CGM-derived metrics can enable more specific and better advice from clinicians and can lead to better decisions by clinicians and patients related to glycemic variability specifically and ultimately, daily diabetes management. As CGM adoption continues to expand, particularly into T2D populations, we can say this debate will undoubtedly provide valuable perspectives on how clinicians are balancing traditional and emerging glycemic metrics in practice – we look so forward to reporting back!

-- by Riya Chatterjee, Elizabeth Rose, Kayla Mathieu, Jeremy Alkire, and Kelly Close

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[1] For more on this see "Peptide-based multi-agonists: a new paradigm in metabolic pharmacology" from the Journal of Internal Medicine by the famed Dr. Richard DiMarchi and colleagues.

[2] Our coverage from previous years can be viewed here: 2024 (obesity), 2024 (diabetes), 2023 (diabetes), 2018 (obesity), 2016 (obesity), 2015 (obesity), 2014 (obesity), and 2009 (diabetes).