JUNE 2026 - ISSUE 11

GLYCEMIC ROOTS

KEEPING DIABETES EDUCATORS CONNECTED

Waterloo Wellington Diabetes Newsletter

The Changing GLP-1 Landscape

Updates

Canada recently made history as the first G7 nation to approve generic once-weekly semaglutide. This is welcomed news for individuals living with diabetes or obesity who previously have not been able to afford access to these evidenced-based therapies. This will open a path for some but not all. Generics are estimated to cost $88-150 per month compared to $300-400 previously. In Ontario, pharmacists cannot always automatically switch to generic semaglutide, it will depend on how the original prescription was written. People living with diabetes or obesity should ask their primary care provider for a new prescription authorizing the generic version. With additional generics currently being reviewed by Health Canada, the hope is that cost, coverage and access will continue to improve.

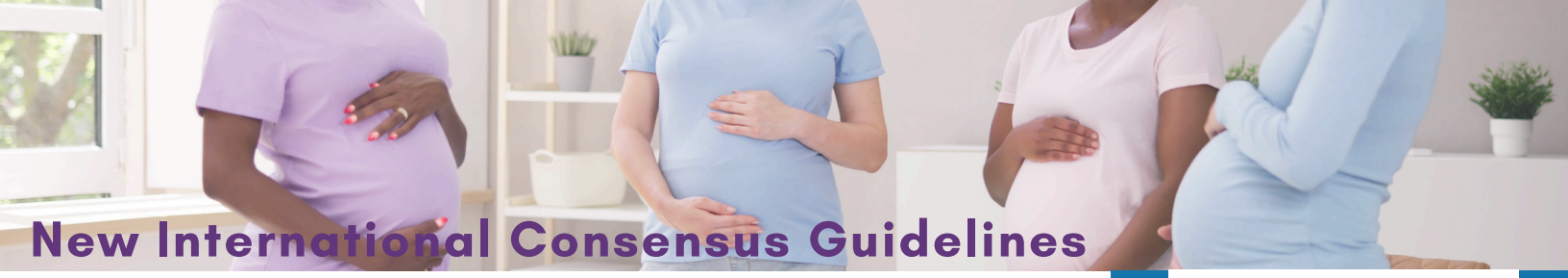
Novo Nordisk has recently released an updated Rybelsus tablet formulation in Canada. This new formulation provides the same established clinical profile as the previous version but at lower doses and smaller tablet sizes. This updated formulation has improved absorption efficiency which has allowed for a reduction in dosing with the same clinical effects. The new dosing options are 1.5 mg, 4 mg and 9 mg. Driven by positive data from the SOUL trial, Rybelsus was recently approved in Canada to lower the risk of major adverse cardiovascular events (MACE). Access the article here - **SOUL**.

Emerging Therapies

Retatrutide is new once-weekly triple hormone receptor agonist (GIP, GLP-1, and glucagon) under clinical development for type 2 diabetes, obesity and related complications. Recently a phase 3 study of Retatrutide was released in The Lancet journal. It described the 40 week randomized double-blind placebo-controlled trial, which enrolled patients with type 2 diabetes inadequately controlled by diet and exercise alone, with an A1c between 7.0-9.5% and a BMI of ≥23. Patients were randomly assigned to receive Retatrutide (4 mg, 9 mg or 12 mg) or placebo. Patients receiving Retatrutide showed significant improvements in glycemic control, body weight reductions as monotherapy in adults living with type 2 diabetes. In phase 3 trials, participants achieved 22-33% average weight loss while effectively protecting lean muscle and significantly lowering blood pressure and A1c. Access the full article **here**.

The next wave of GLP-1 therapies will see the development of once monthly injections with fewer gastrointestinal side effects and specifically designed multi-angonist therapies to protect lean muscle loss.

This Issue:



New International Consensus Guidelines

CGM and AID use in Pregnancy

Key takeaways:

- New international consensus statement, endorsed by 24 societies and groups but not currently by Diabetes Canada.
- Acknowledges the disparities in care and need for advocacy for access to these devices.

Recommendations for women living with T1D (pregnant or planning pregnancy):

- Utilize CGM in preconception and pregnancy to optimize glycemic control, aid in reducing pregnancy complications (reduce neonatal ICU admissions, large for gestational age infants, and neonatal hypoglycemia).
- Suggest CGM targets in T1D pregnancy (3.9-10 mmol/L), >70% TIR targeting A1c of <7.0%, <6.5% if feasible.
- CGM use during pregnancy results in cost savings or is cost neutral.
- AID use in women with pregestational type 1 diabetes to improve glycemic control during preconception and pregnancy, delivery, and post-partum period (increases TIRp, reduction in hypoglycemia, and less burden of care).
- Provide pregnant women living with T1D instructions of AID system management during labour and delivery, and post-partum period in the third trimester.

Recommendations for women living with T2D (pregnant or planning pregnancy):

- Capillary glucose testing is recommended, CGM can be used in preparation for pregnancy to help women reach glycemic targets.
- CGM can be offered during pregnancy, based on available resources and individual preferences. Currently, there is little evidence of improved outcomes with CGM during pregnancy for women living with T2D.
- Evidence to determine CGM metrics associated with optimal pregnancy outcomes is insufficient. CGM targets in T2D pregnancy (3.5-7.8 mmol/L), >80% TIR pregnancy, <4% below 3.5 mmol/L, <15% above 7.8 mmol/L, is suggested.

Recommendations for women with gestational diabetes:

- Capillary glucose testing is recommended.
- CGM can be offered during pregnancy, based on available resources and individual preferences. Currently, there is little evidence of improved outcomes with CGM during pregnancy for women with gestational diabetes.
- Evidence to determine CGM metrics associated with optimal pregnancy outcomes for GDM is insufficient. When using CGM in GDM, a target of >90% TIR pregnancy (3.5-7.8 mmol/L) might be suggested.

Click here to access the full article

COMING SOON

The Diabetes Canada Diabetes in Pregnancy chapter is currently being updated and is scheduled to be released late 2026 or early 2027!

DIABETES CANADA

Accredited Diabetes Clinical Pearls Modules for Pharmacists

A new **free** CCCEP-accrediatied, five module program created in partnership with Diabetes Canada for community pharmacists. Each module features a case study applying the current Diabetes Canada Clinical Practice Guidelines, along with videos featuring practice insights and clinical tips from CDE pharmacists.

Topics include:

- Basal insulin initiation and titration
- Diabetes and heart failure
- Interpreting CGM data
- A1c not at target
- Obesity and diabetes

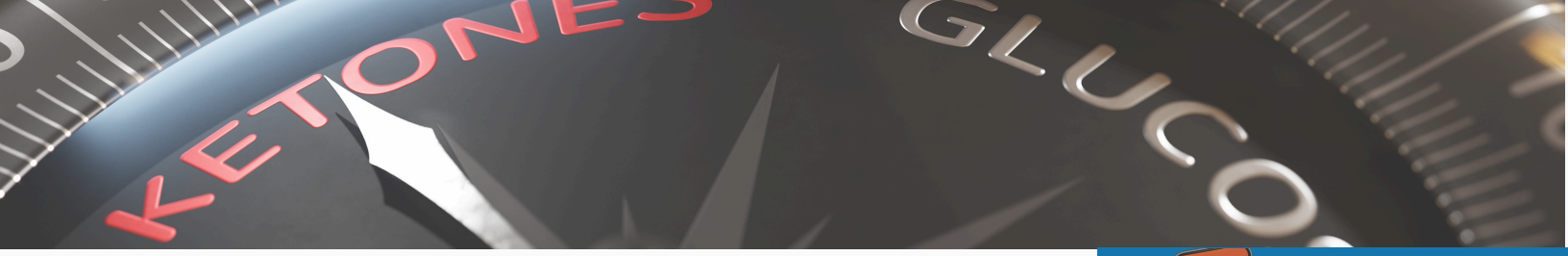
Click here to learn more
Click here to register

DISCONTINUED

Dexcom G6

Dexcom G6 will stop being manufactured as of July 1, 2026. People living with diabetes who are using Dexcom G6 should contact their primary care provider for a new prescription for either the Dexcom G7 or Dexcom G7-15 Day systems before July 2026 as supply of G6 can no longer be guaranteed and to ensure uninterrupted CGM access.
Please ensure AID pump users check their software version to ensure they have upgraded to a version that is compatible with Dexcom G7 systems.

Click here to learn more.



Abbott Libre Duo

One Sensor, Two Vital Biomarkers

The first of its kind bio-wearable that combines continuous glucose and ketone monitoring in a single sensor to support diabetes management and DKA prevention.

Two Libre Duo systems will be available:

1. **Libre Duo** - up to 15 days of wear for adults ages 18 and older.
2. **Libre Duo 10 day** - up to 10 days of wear for ages 2 and older.

Both sensor systems deliver consistent (by the minute) and accurate data. As we know, DKA can develop quickly and early signs can be hard to detect. Ketones can also rise independently of glucose levels which can delay detection. This marks a valuable step forward in helping people with diabetes gain crucial insights into the impact of illness, steroids, insulin delivery interruptions and other acute health situations.

Both systems will integrate with the Libre digital health platforms, allowing people with diabetes to share glucose and ketone data with their healthcare providers and access real-time metabolic data. It is also designed to be compatible with leading automated insulin delivery systems.

Approved in Europe as of May 27th, with an expected launch later this year. This is promising news. It is currently not available in the US or Canada as it is awaiting FDA and Health Canada approval.

PCOS is Getting a New Name!

Polycystic Ovarian Syndrome (PCOS) has been renamed ***Polyendocrine Metabolic Ovarian Syndrome (PMOS)***. The name change has been in development for more than a decade and has been chosen to more accurately reflect the disease process as a broader endocrine and metabolic condition.

The aim of renaming the condition is to help women and healthcare providers better understand and identify the disease process. The old terminology may have contributed to delays in diagnosis and fragmented care, as many women do not have pathological ovarian cysts, which is not a key component of the condition despite the previous longstanding terminology. Research now recognizes PMOS as a complex whole-body condition impacting:

- **hormone regulation**
- **insulin sensitivity and metabolism**
- **cardiovascular risk**
- **dermatological conditions** (acne, alopecia, hirsutism)
- **mental health** (depression, anxiety, poor quality of life, eating disorders)
- **reproductive health** (irregular menstrual cycles, infertilty, pregnnay complications)

This condition affects one in eight women, placing them at higher risk of developing: obesity, diabetes, cardiovascular disease, hypertension, dyslipidemia, endometrial cancer, sleep apnea, and MASLD. Not every woman will develop all of these health issues, but early identification and intervention is key to reducing risk.

The Lancet published this international expert consensus statement in May 2026.
Click here to read the article.

EVENT REMINDER

1.Streaming Evidence into Clinical Practice: T2D and Cardiovascular Disease
Virtual
June 18, 2026, 7:30 pm
Click here to learn more and register

2.Diabetes Simplified 2026
Virtual
August 15, 2024, 9am - 2pm
Click here to learn more and register

3.Diabetes Educator Collaborative Meeting
Coming Sept 2026- more details to come

4. 13 Grandmother Moon Training for Diabetes Healthcare Providers
Save the date: September 23-24, 2026 - more details to come

5.AFHTO 2026: The Power of Primary Care Summit
In-person - Hilton Toronto/ Markham Suites
October 15-16, 2026
Click here to learn more

6.Motivational Interviewing - Level Two
Virtual
October 22 and 29th 9am-noon
Click here to learn more and register

7.Diabetes Canada Professional Conference
In-Person - Vancouver Convention Centre
November 18-21, 2206
Click here to learn more

Community Partner Program Updates

Want to learn how the Self-Management Program can benefit you, your patients & program? Contact Kyla at kylap@langs.org or call 519-947-1000 ext. 265

Regional of Waterloo Paramedicine Program

The Region of Waterloo Community Paramedicine program is now offering extended services to people living with diabetes or at risk of developing diabetes who are ≥18 years old. Community Paramedics (CPs) now have medical directives to offer point-of-care A1c testing and administer insulin as needed.

CPs have many years of experience and have obtained advanced training in both emergency medical services and chronic health conditions, primary and preventative care, and social determinants of health. CPs will obtain an order from the patient's Physician or Nurse Practitioner to perform either of these new tasks during their remote monitoring visits.

CPs can be a valuable members of the diabetes healthcare team, engaging people living with diabetes and their caregivers in their home settings and can help identify barriers to optimal diabetes care, helping to communicate these barriers to the broader healthcare team and connecting people with clinical and community resources to help support their overall health.

The Region of Waterloo Paramedicine Services provides care to Kitchener, Waterloo, Cambridge and the townships of Woolwich, Wellesley, Wilmot and North Dumfries.

Click here to access a referral form to the Region of Waterloo Community Paramedicine program.

Indigenous Nurse-Led Footcare Clinic

A new **free** Indigenous nurse-led footcare clinic is being offered at Groves Memorial Community Hospital in Fergus, Ontario for people who identify as Indigenous. Proof of status is not required. Transportion supports are available, please inquire when booking an appointment.

Services offered:

- **General foot and nail care** - nail trimming, and corn/callus removal
- **Diabetes-related footcare** - specialized treatment to prevent complications
- **Self-care education** - stategies for body, mind, spirit care
- **Referral advocacy**: to specialist as needed, primary care providers, Indigenous-led healthcare services and traditional medicines

To book an appointment, call 519-505-2381 (Toe-Tally Footcare)

This clinic is being offered as a joint partnership with the Waterloo Wellington Older Adult Council, Diabetes with Indigenous Older Adults Working Group and the Canadian Mental Health Association of Waterloo Wellington.

Click here to learn more, access the footcare clinic flyer.

Wishing you a lovely warm summer,

Trina

Waterloo Wellington Self-Management Program

Bring Workshops to Your Clinic!

Looking to support your patients in building confidence and skills for managing their health?
The Waterloo Wellington Self-Management Program is available to clinics across the Waterloo Wellington area. We offer engaging, evidence-informed workshops that empower individuals to take an active role in their wellbeing. **All workshops are free!**
If you're interested in hosting a session at your clinic or learning more, please reach out to our Program Coordinator, Kyla, at kylap@langs.org.

We'd love to partner with you!

kidney FOUNDATION

The Kidney Foundation of Canada supports people living with diabetes and kidney disease through:

- Education and raising awareness
- Screening and early detection advocacy
- Patient support programs
- Research funding and policy work
- Nutrition and self-management guidance at **The Kidney Community Kitchen**

Click here to learn more and see patient resources.

Contact Information:
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