Giovanni Bader MD, PhD

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PROFILE

Medical Doctor with more than 20 years of experience in Medical Affairs at country, regional and global level. Internal Medicine background with special focus on Cardiovascular and Metabolism and specialization in Endocrinology Metabolism-Diabetes. Passionate for Evidence Generation (RWE), statistics, analytics, visualization. Extracting insights from the data for decision making is a specific skill. Real World Data, Market Access and local value demonstration are key additional areas of expertise.
Excellent interpersonal skills with the ability to develop relationships with key opinion leaders and multiple stakeholders across diverse functional areas.

CAREER HISTORY

Novartis AG **Jan 2020 – present**
Global Medical Head, Cardiovascular and Metabolism
Global Medical Affairs

Purpose of the role: Global medical affairs leader for more than 10 established brands (including but not limited to top selling brands Galvus and Diovan). Accountable, as the leader of the Global Medical Affairs Team, for the design, and execution of the medical strategic plan. Working collaboratively with Development and Commercial teams to align overall objectives.

Accountabilities:

1. Leader of the Global Medical Team for the Hypertension and Diabetes portfolio of compounds on the market. Team composition: one Medical Director and one Scientific Communication Director plus, functionally, regional and country Medical Directors.
2. Provide clinical leadership and accountable for:
    a. global clinical strategy aligned with the Target Product Profile, individual protocols consistent with Integrated Development Plan; clinical components of regulatory documents/registration dossier; Brand Optimization Strategy Plan in close collaboration with Health Economic & Outcome Research (HE&OR) and Marketing; brand related medical information, clinical communication and publications; input to Value Dossier; brand-related input to Therapy Area (TA) strategy.
    b. Phase II-IV global and local clinical program designed to obtain registration and market access, and to optimize the brand value during the entire life cycle, in partnership with key Novartis stakeholders from both strategic and day-to-day operational perspective.
    c. final approval of clinical documents (e.g., Investigators' Brochure, protocol, study report, clinical components of regulatory submissions, safety related documents).
    d. safety of the drug, including the safety aspects of patients in clinical studies and signal detection from post-marketing surveillance, with the support from Integrated Medical Safety.
    e. medical/scientific training of all relevant Novartis stakeholders regarding the brand.
    f. delivery of all medical components needed for maintenance of product licenses (e.g., Core Data Sheet generation/revision; clinical benefit-risk assessments for license renewals, responses to Health Authority).
    g. resource planning and management (FTEs and budget) for the clinical program with support from resource managers.
    h. accountable for timely execution of clinical deliverables within approved budget.

3. Provide clinical leadership in interactions with external stakeholders (e.g., regulatory authorities, key opinion leaders, advisory boards, patient advocacy groups), internal stakeholders (e.g., Research, Exploratory Development, Marketing, HE&OR), and internal decision boards.
4. Accountable for talent and career development of direct reports including performance management. Contributes to the talent and career development of TA staff through active participation in on-boarding, training and mentoring activities.
5. Contribute to cross-functional initiatives (e.g., Co-Chair NIS Forum, GMA Vision design and implementation, Research Collaboration, RWE team consultant, Co-Chair Global Health ISRC).

Additional, for fun, activities:

Perform analytics (R), visualization (R + Spotfire), statistical analysis (SAS, R) (post-hoc) on specific studies or pools of studies to support abstract, manuscripts submission.

Novartis AG **Oct 2018 – Jan 2020**

Global Head Evidence Generation Excellence,
Medical & Scientific Excellence, Global Medical Affairs

Purpose of the role: To ensure an efficient, sustainable and ethical generation of fit for purpose studies to document benefits and safety of our medicines to patients and scientific community.
To lead projects to improve the efficiency of evidence generation through the adoption of innovative study designs.
To enable and enhance the strategic planning of studies along the life cycle of our drugs.
Accountabilities:

- To support the Global Brand Medical Directors and Chief Medical Officer decision making process across the evidence generation phases (along the life-cycle; including NVS and ITTs sponsored studies). Roughly 300-400 new studies every year across all the Franchises.
- To enable early strategic alignment between Brands Medical and HEOR Plans, Evidence Gaps and planning of local studies through:
    - standardized approach to frame evidence gaps across Brands and
    - efficient way to collect new study proposals from Countries and Brands
    - support the CMO planning and budgeting activities
- To measure and monitor approved Concept Sheets during the approval process through established and new KPIs.
- Generate standardized reports and discuss with Global Brand Medical Directors and Chief Medical Officer the approved CS to improve the scientific rigor, strategic focus and the efficiency of evidence generation.
- To ensure an independent review of all major global interventional protocols and assess cost optimization.

- Enable a consistent adoption of the “Secondary Use of Data (SUD) first” approach across the Brands and in Countries.
- Co-Chair NIS Governance Forum to improve the quality of NIS studies.

Novartis AG (Basel – CH) **2013 – oct 2018**

Global Head Medical Affairs Studies and Analytics (Executive Director),

Real World Evidence CoE, Global Medical Affairs

- Responsible for global evidence generation according to medical strategy in six Franchises.
- Responsible for global resources planning, allocation and execution of projects in-house and offshore.
- Team Leader of six senior statisticians deployed in the six franchises working with the franchise management to perform evidence gap analysis for products in development and marketed. Development of innovative projects for data mining and visualization. In house development of analytics, post-hoc analysis and meta-analysis (SAS, R and RStudio and Shiny, Spotfire….).
- Close collaboration and alignment with functions such Development, Medical, HE&OR, Patient Access and Regions to plan and execute evidence generation projects for local value demonstration.
- Oversight and support for all Phase IV studies developed at country level (concept sheet review for methodology and overall alignment with local/global strategy) in alignment with SOPs (Non Interventional Studies, IITs). Stat support to local studies development (sample size calculation). Chairman of NIS Governance Board.
- Development and coordination of cross divisional studies portfolio review to continuously improve studies quality and scientific value also through the adoption of innovative approaches like inclusion of RWD or pragmatic design (reporting to Head of GMA).
- Analytical support to Head of GMA for countries budget review.

Novartis AG (Basel – CH) **2010 - 2013**

Global Medical Director Diabetes, Global Medical Affairs

- Global Medical Leader for a Phase IV (45000 pts) worldwide real life (RWE) study in T2DM (EDGE). Coordination of protocol development, Steering Committee interaction, trial conduction and results communication.
- Global Medical Affairs Studies Team Leader. Coordination of a multidisciplinary team (regulatory, Market Access, HE&OR, etc) approving Phase IV local studies for diabetes franchise
- Global Medical Affairs Data Mining Leader. Coordination along with communication leader analyses plan and execution.

- Core member of Value & Access Team: this team has global responsibility for evidence generation for reimbursement
- Development of global medical strategy in a multifunctional and matrix environment (legal, HE&OR, Regions, Development etc)
- Scientific and medical expert for internal (e.g., Global Clinical Team, Scientific Re-view Committee, Franchise boards, Global Labeling Committee, local medical organizations and other line functions) and external customers (e.g., Health Authorities, Key Opinion Leaders).
- Support for medical marketing activities (e.g. speaker training, KOL management, advisory boards, launch support, international congresses scientific content set up).
- Training program for data mining and EBM to all Global Medical Scientific Experts for all NVS brands

GSK Italy **2007 - 2010**

CVM TA Head, Medical Affairs

- Coordination Medical Affairs activities related to the metabolic area (phase IV studies, KOLs management, interaction with Scientific Society, strategic support to Marketing department, scientific meeting content setup).
- Member of the European Metabolic Medical Network (Center of Excellence based in London UK). Contribution of brands scientific and communication strategy. Contribution to development of new drugs for the metabolic area in a matrix environment (Health Economics, R&D, regulatory, Marketing). Key contributor for evidence generation needs in Europe
- Medical support to mktg-sales projects and activities. Review and signoff promotional materials. Reps training.

Pfizer Italy **2000 - 2007**

Health Economy & Outcome Research Manager

- Planning and execution of health care databases analyses (NIS-SUD, claims, EMR) and insights presentation to Hospital General Managers and management. Strong exposure to local key decision makers and payers. Data management and analysis were initially done with STATA but later with SAS and R.
- Physicians training on pharmacoeconomis and DRG (MSL-like role)
- Training sessions on statistics and programming in several italian University

Laboratori Guidotti (Menarini Group) Italy **1998 - 2000**

Medical Manager Diabetes, Medical Affairs

- Coordination Medical Affairs activities related to the metabolic area (phase IV studies, KOLs management, interaction with Scientific Societies, strategic support to Marketing-sales department, content set up for scientific meetings, sign off promotional materials).
- Studies and report development for registration of a new formulation (Glibo5)
- Extensive collaboration with Menarini Diagnostics to develop an innovative Medical Device (GLUCODAY, glucose monitoring system allowing to track blood glucose up to 72 hours)

Medical Activity and Research

Fellow, **1995 - 1997**
Molecular Disease Branch of the National Heart,
Blood and Lung Institute at the National Institute of Health,
Bethesda, Maryland, USA

- Metabolic studies on Lp(a) metabolism and escretion (under the supervision of Dr Brewer and Prof Frederikson)

Fellow, **1993**
Institute of Medical Biochemistry of Graz University (Austria)

- Development of Lp(a) and ApoE assay methods including isoforms phenotyping (DELFIA, ELISA, isoelettrofocusing, agarose electrophoresis)

Internal Medicine Department , University of Ferrara, Italy **1987 - 1998**

- Responsible for outpatient clinic (Cardiovascular Diseases)
- Responsible for research projects on lipids metabolism

EDUCATION

PhD
University of Sassari **1994 - 1998**

Specialization in Endocrinology and Metabolism Diseases **1989 - 1994**
University of Ferrara Italy

Degree in Medicine and Surgery **1981 - 1987**
University of Ferrara Italy

SKILLS PROFILE

- Excellent expertise in scientific approach to evidence generation and EBM
- Wide experience from basic research (ELISA, Delphia, isoeletric focusing, electrophoresis), radio-labelling and metabolic studies, internal medicine, clinical research, statistics, programming, market access and pharmacoeconomics
- Easy interface with multiple stakeholder environment (internal and external to pharma)
- Marketing Sales and Market Access sensitiveness
- Proficiency in SAS, R, Stata, SPSS, NQuery, PASS (stat packages)
- Passionate for statistics used in the laboratory.
- People and resources management
- Scientific curiosity

PUBLICATIONS

Title	Publication	Volume	Number	Pages	Year
1055-p: the machine learning prediction model nashmap identifies higher insulin resistance in type 2 diabetes mellitus (t2dm) patients at risk for nonalcoholic steatohepatitis (nash)	Diabetes	70	Supplement_1		2021
beta cell activity modulates treatment response in treatment-naive patients: exploratory analysis from the verify study	DIABETOLOGIA	64	SUPPL 1	174-175	2021
insulin sensitivity and beta cell function in igt and treatment-naive patients with type 2 diabetes of different ethnicities: a pooled analysis from clinical studies	DIABETOLOGIA	64	SUPPL 1	191-192	2021
beta cell loss in treatment-naive patients with type 2 diabetes based on disease duration and hba1c levels: results from 15 clinical trials	DIABETOLOGIA	64	SUPPL 1	174-174	2021
comparison of a machine-learning prediction algorithm with clinical tools for the identification of diabetic patients at risk for nash	HEPATOLOGY	72		907A-908A	2020
a pre-specified statistical analysis plan for the verify study: vildagliptin efficacy in combination with metformin for early treatment of t2dm	Diabetes, obesity and metabolism	21	10	2240-2247	2019
effect of angiotensin receptor blockers on blood pressure and renal function in patients with concomitant hypertension and chronic kidney disease: a systematic review and meta-analysis	Blood pressure	28	6	358-374	2019
p2641 renal and cardiovascular benefits of treatment with angiotensin receptor blockers in patients with hypertension and chronic kidney disease: a systematic review and meta-analysis	European Heart Journal	40	Supplement_1	ehz748.0962	2019
renal and cardiovascular benefits of treatment with angiotensin receptor blockers in patients with hypertension and chronic kidney disease: a systematic review and meta-analysis	EUROPEAN HEART JOURNAL	40		1596-1596	2019
efficacy and effectiveness of valsartan/amlodipine and valsartan/amlodipine/hydrochlorothiazide in hypertension: randomized controlled versus observational studies	Current Medical Research and Opinion	34	3	501-515	2018

comparison of glycopyrronium versus tiotropium on the time to clinically important deteriorations in patients with copd: a post-hoc analysis of randomized trials	NPJ primary care respiratory medicine	28	1	01-Jul	2018
p3206 cardiovascular benefits of treatment with angiotensin receptor blockers in patients with hypertension and chronic kidney disease: a systematic review and meta-analysis	European Heart Journal	39	suppl_1	ehy563. P3206	2018
association between renal dysfunction and major adverse cardiac events after liver transplantation: evidence from an international randomized trial of everolimus-based immunosuppression	Annals of transplantation	23		751	2018
a2519 renoprotective effect of angiotensin receptor blockers beyond their bp lowering effect in patients with hypertension and chronic kidney disease: a systematic review and meta-analysis	Journal of Hypertension	36		e127	2018
cardiovascular benefits of treatment with angiotensin receptor blockers in patients with hypertension and chronic kidney disease: a systematic review and meta-analysis	EUROPEAN HEART JOURNAL	39		662-662	2018
under-reported hypoglycaemia: detection of burden and clinical interventions in a real-life setting using text mining and electronic health records	DIABETOLOGIA	60		S332-S332	2017
influence of donor-specific antibodies on renal function in kidney transplant recipients following early switch from calcineurin inhibitor to everolimus: subanalysis from the elevate study	AMERICAN JOURNAL OF TRANSPLANTATION	17		268-269	2017
detection of potentially under-reported real-world hypoglycemic burden with text mining and electronic health records	DIABETES	66		A585-A585	2017
lipid abnormalities and cardiovascular events after early conversion to everolimus in kidney transplant recipients with pretransplant diabetes: 24-month analysis from elevate study	AMERICAN JOURNAL OF TRANSPLANTATION	17		755-755	2017
indacaterol/glycopyrronium (ind/gly) reduces the risk of clinically important deterioration (cid) versus salmeterol/fluticasone (sfc): the flame study	RESPIROLOGY	22		178-178	2017
the physicians' choice: single pill or fixed-dose combination?	Diabetes	66		A323-A323	2017
evolution of lipid profile and major adverse cardiac events in kidney transplant recipients converted from calcineurin inhibitor to everolimus: 24-month subanalysis from elevate study	AMERICAN JOURNAL OF TRANSPLANTATION	17		331-331	2017
effect of everolimus-based regimen on graft outcomes in kidney transplant recipients with diabetes at baseline: post-hoc analysis from the elevate study	American Journal of Transplantation	17		738-738	2017
the effect of indacaterol/glycopyrronium versus tiotropium or salmeterol/fluticasone on the prevention of clinically important deterioration in copd	International Journal of Chronic Obstructive Pulmonary Disease	12		1325	2017
laba/lama combinations versus lama monotherapy or laba/ics in copd: a systematic review and meta-analysis	International journal of chronic obstructive pulmonary disease	12		907	2017

effect of everolimus-based immunosuppressive regimen on new onset of diabetes after kidney transplantation-a 24 month subanalysis from the elevate study	AMERICAN JOURNAL OF TRANSPLANTATION	17		251-251	2017
relationship between duration of type 2 diabetes and effectiveness of dpp-4 inhibitor versus sulfonylurea as add-on therapy: a post hoc analysis	Diabetes Therapy	8	4	829-836	2017
indacaterol/glycopyrronium (ind/gly) verzögert eine klinisch relevante verschlechterung im vergleich zu salmeterol/fluticason (sfc) bei symptomatischen copd patienten: zusammenfassende analyse der lantern/illuminate studien	Pneumologie	71	S 01	P93	2017
effect of hla-dq mismatch on efficacy outcomes and renal function in kidney transplant recipients: subanalysis from the elevate study	AMERICAN JOURNAL OF TRANSPLANTATION	17		733-733	2017
a 3-year post-hoc analysis of the randomized h2304 extension study evaluation of the major adverse cardiac events risk with everolimus-based calcineurin inhibitor reduction or withdrawal regimen in liver transplant recipients	TRANSPLANT INTERNATIONAL	29		21-21	2016
efetividade e segurança de vildagliptina comparativamente com outros antidiabéticos orais em doentes com diabetes tipo 2: estudo edge em portugal	Revista Portuguesa de Endocrinologia, Diabetes e Metabolismo	11	1	34-40	2016
loss of visual acuity due to diabetic macular edema arrives with hastened annual decline in renal function	DIABETES	65		A156-A156	2016
glycopyrronium significantly improves lung function, dyspnea and health status in copd patients in all gold groups	RESPIROLOGY	21		25-25	2016
indacaterol/glycopyrronium (ind/gly) reduces the risk of clinically important deterioration (cid) versus open-label tiotropium (tio) in copd patients: post hoc analysis from shine and spark studies					2016
xxiv world allergy congress 2015	World Allergy Organization Journal	9	1	1-206	2016
assessment of cardiovascular disease risk in liver transplant recipients with everolimus-based calcineurin inhibitor reduction or withdrawal regimen: a 3-year post-hoc analysis from the randomized h2304 extension study	TRANSPLANTATION	100		S81-S81	2016
correlation between symptoms pattern and future exacerbations: a post-hoc analysis from the spark study	C47. COPD: EXACERBATIONS			A5186-A5186	2016
loss of visual acuity due to diabetic macular oedema arrives with hastened annual decline in renal function	DIABETOLOGIA	59		S65-S66	2016
indacaterol/glycopyrronium (ind/gly) delays clinically important deterioration (cid) versus salmeterol/fluticasone (sfc) in symptomatic copd patients: lantern/illuminate pooled analysis					2016
glycopyrronium (gly) and tiotropium (tio) comparison: lung function, dyspnea and health status in copd patients in all gold groups	RESPIROLOGY	21		127-127	2016

immunotoxicological safety and observational studies of homeopathic preparations from candida albicans and candida parapsilosis	Planta Medica	82	S 01	P946	2016
differences in glycemic control across world regions: a post-hoc analysis in patients with type 2 diabetes mellitus on dual antidiabetes drug therapy	Nutrition & diabetes	6	7	e217-e217	2016
elderly latino patients with type 2 diabetes: a real-world perspective	DIABETES	65		A289-A289	2016
automated brain volumetrics in multiple sclerosis: a step closer to clinical application	Journal of Neurology, Neurosurgery & Psychiatry	87	7	754-757	2016
evaluation of the major adverse cardiac events risk with everolimus-based calcineurin inhibitor reduction or withdrawal regimen in liver transplant recipients: 3-year post-hoc analysis of the randomized h2304 extension study.	American Journal of Transplantation	16		234-234	2016
results from real-world evidence and randomized controlled clinical studies with the combination of amlodipine and valsartan	EUROPEAN HEART JOURNAL	37		64-64	2016
effectiveness and safety of vildagliptin compared to other oral antidiabetic drugs in patients with type 2 diabetes: edge study in portugal	REVISTA PORTUGUESA DE ENDOCRINOLOGIA DIABETES E METABOLISMO	11	1	34-40	2016
indacaterol/glycopyrronium in symptomatic patients with copd (gold b and gold d) versus salmeterol/fluticasone: illuminate/lantern pooled analysis	International Journal of Chronic Obstructive Pulmonary Disease	11		3189	2016
long-acting bronchodilators (labds) and major adverse cardiac events (mace) in patients with copd: a pooled analysis of 12 randomised trials					2016
reduced renal function increases risk of cardiovascular events in liver transplant recipients at 2-years post-liver transplant	Transplant International	28		90-90	2015
whole brain volume measurements in multiple sclerosis: cross-sectional data comparison between three methods (p6. 154)					2015
relationship between diabetes duration and real-world effectiveness of second-line dual oad therapy	Diabetes	64		A315-A316	2015
comparison of effect of indacaterol with salmeterol/fluticasone fixed dose combination on copd exacerbations based on baseline blood eosinophil counts: post-hoc analysis from the instead study	RESPIROLOGY	20		43-43	2015
effects of treatment withdrawal on brachial and central aortic pressure after direct renin inhibition or angiotensin receptor blockade	Journal of the Renin-Angiotensin-Aldosterone System	16	3	614-622	2015
comparison of glycopyrronium (gly) and tiotropium (tio) on lung function, dyspnoea and health status in copd patients in all gold groups	RESPIROLOGY	20		43-43	2015
glycopyrronium (gly) and tiotropium (tio) comparison: lung function, dyspnea and health status in copd patients in all gold groups					2015

effect of glycopyrronium on lung function, dyspnoea and health status in copd patients in all gold groups	RESPIROLOGY	20		42-42	2015
effectiveness and tolerability of second-line treatment with vildagliptin versus other oral drugs for type 2 diabetes in a real-world setting in the middle east: results from the edge study	Vascular Health and Risk Management	11		149	2015
omalizumab add-on therapy reduces exacerbations among responders: a pooled nnt analysis from 5 phase 3 studies	European Respiratory Journal	44	Suppl 58		2014
real life effectiveness and safety of vildagliptin compared with other oads in european type 2 diabetes mellitus patients: results from the edge study	Diabetologia	57		S366-S366	2014
real-life efficacy and safety of vildagliptin compared with sulfonylureas as add-on to metformin in patients with type 2 diabetes mellitus in germany	Current medical research and opinion	30	5	785-789	2014
real-life effectiveness and tolerability of vildagliptin and other oral glucose-lowering therapies in patients with type 2 diabetes in germany	Diabetes Therapy	5	1	183-191	2014
efficacy of vildagliptin versus sulfonylureas as add-on therapy to metformin: comparison of results from randomised controlled and observational studies	Diabetologia	57	7	1304-1307	2014
changes in body weight after 24 weeks of vildagliptin therapy as a function of fasting glucose levels in patients with type 2 diabetes	Vascular health and risk management	10		661	2014
effectiveness and safety of vildagliptin compared with other oads in t2dm patients: results from a 1-year observational study (edge) in europe	Diabetes	63		A611-A611	2014
incidence of and risk factors for severe hypoglycaemia in treated type 2 diabetes mellitus patients in the uk–a nested case–control analysis	Diabetes, obesity and metabolism	16	9	801-811	2014
2.1 change in body weight after 24 weeks of vildagliptin therapy as a function of baseline glucose levels in patients with type 2 diabetes (372-or)	Nederlands Tijdschrift voor Diabetologie	11	3	81-82	2013
therapiezielerreichung mit vildagliptin im vergleich zu sulfonylharnstoffen bei typ 2 diabetes patienten in deutschland: ergebnisse eine real-life kohorten-studie	Diabetologie und Stoffwechsel	8	S 01	FV4	2013
glycaemic control is not affected by age and gender: results from a large cohort study (edge)	DIABETOLOGIA	56		S120-S120	2013
treatment persistence, hypoglycaemia and clinical outcomes in type 2 diabetes patients with dipeptidyl peptidase-4 inhibitors and sulphonylureas: a primary care database analysis	Diabetes, Obesity and Metabolism	15	1	55-61	2013
change in body weight after 24 weeks of vildagliptin therapy as a function of baseline fasting plasma glucose levels in patients with type 2 diabetes	DIABETOLOGIA	56		S389-S390	2013
change in hba1c after 24 weeks as a function of baseline hba1c: comparison between vildagliptin and sulfonylureas in interventional clinical trials and real-life conditions	DIABETES	62		A302-A302	2013
glycemic control by age and gender: results from a large cohort study (edge)	DIABETES	62		A686-A686	2013

change in body weight after 24 weeks of vildagliptin therapy as a function of baseline fasting glucose levels in patients with type 2 diabetes	DIABETES	62		A95-A95	2013
effectiveness and tolerability of second-line therapy with vildagliptin vs. other oral agents in type 2 diabetes: a real-life worldwide observational study (edge)	International journal of clinical practice	67	10	947-956	2013
incidence of and risk factors for severe hypoglycemia in treated type 2 diabetes mellitus patients in the united kingdom	INTERNATIONAL JOURNAL OF CLINICAL PHARMACY	35	6	1333-1334	2013
real-life effectiveness of vildagliptin compared to sulfonylureas in type 2 diabetes patients in germany	DIABETES	62		A285-A285	2013
vildagliptin more effectively achieves a composite endpoint of hba1c< 7.0% without hypoglycaemia and weight gain compared with glimepiride after 2 years of treatment	diabetes research and clinical practice	100	3	e78-e81	2013
effectiveness and tolerability of vildagliptin in indian patients with type 2 diabetes mellitus: results from edge– a real-world observational study.					2013
inzidenz kardiovaskulärer ereignisse bei typ-2-diabetespatienten mit ddp-4-inhibitoren und sulfonylharnstoffen in primärärztlichen praxen in deutschland und uk: retrospektive datenbankanalyse	Diabetologie und Stoffwechsel	7	S 01	P_55	2012
prevalence of microvascular complications in european patients with type 2 diabetes mellitus with and without renal impairment: results of a large worldwide cohort study	DIABETOLOGIA	55		S452-S453	2012
persistence of treatment with dpp-4 inhibitors and sulphonylureas in primary care practices in germany and france: a retrospective analysis	DIABETOLOGIA	55		S352-S353	2012
persistenz bei ddp-4-inhibitoren und sulfonylharnstoffen in primärärztlichen praxen in deutschland und frankreich: retrospektive datenbankanalyse	Diabetologie und Stoffwechsel	7	S 01	P_64	2012
incidence of cardiovascular events in patients with type 2 diabetes mellitus treated with dpp-4 inhibitors and sulphonylureas in clinical practice in germany and the uk: a retrospective analysis	DIABETOLOGIA	55		S323-S323	2012
vildagliptin more effectively achieves a composite endpoint of hba (1c)< 7% without hypoglycaemia or weight gain compared with sus: a pooled analysis of clinical trials	Diabetologia	55		S356-S356	2012
demonstrating the burden of hypoglycemia on patients' quality of life in diabetes clinical trials: measurement considerations for hypoglycemia	Value in Health	15	8	1036-1041	2012
effectiveness of diabetes control with vildagliptin vs. other oads: baseline characteristics of patients enrolled in the edge study	Diabetes	61		A617-A617	2012
vildagliptin more effectively achieves a composite endpoint of reaching hba1c target without hypoglycemia or weight gain compared with sus: a pooled analysis of clinical trials	DIABETES	61		A595-A595	2012
regional differences in baseline characteristics of type 2 diabetes mellitus patients from the	Pharmacoepidemiology And Drug Safety	21		279-279	2012

effectiveness and safety of vildagliptin compared with other oral antidiabetic drugs in patients with type 2 diabetes: results from a large worldwide cohort study (edge)	DIABETOLOGIA	55		S356-S357	2012
pdb10 effectiveness of vildagliptin compared to sulfonylureas in type 2 diabetes patients in germany: results from a large real-life cohort study	Value in Health	15	7	A495	2012
efficacy and tolerability of vildagliptin as add-on therapy to metformin in chinese patients with type 2 diabetes mellitus	Diabetes, Obesity and Metabolism	14	8	737-744	2012
inzidenz von hypoglykämien bei typ-2-diabetespatienten mit ddp-4-inhibitoren und sulfonylharnstoffen in primärärztlichen praxen in deutschland: retrospektive datenbankanalyse	Diabetologie und Stoffwechsel	7	S 01	P_5	2012
co033. effectiveness and safety of vildagliptin compared with other oral antidiabetic drugs in patients with type 2 diabetes (edge): results from portugal	Revista Portuguesa de Endocrinologia, Diabetes e Metabolismo	7	2	75	2012
pdb54 hrqol and clinical impact of mild patient-reported hypoglycaemic episodes in five european countries: extent of agreement between physician-and patient-reported hypoglycaemic episodes	Value in Health	14	7	A481	2011
achieving the composite end point of hba (1c)< 7%, no hypos, and no weight gain: comparison between vildagliptin and glimepiride after 2 years of treatment	DIABETOLOGIA	54		S339-S340	2011
quality of diabetes care predicts the development of cardiovascular events: results of the amd-quasar study	Diabetes Care	34	2	347-352	2011
achieving the composite end point of hba (1c)< 7%, no hypos, and no weight gain: comparison between vildagliptin and glimepiride after 2 years of treatment	DIABETES	60		A279-A279	2011
process and intermediate outcome measures predict the incidence of long-term cardiovascular events in type 2 diabetes	DIABETES	59		A348-A348	2010
cardiovascular risk factors in friuli venezia giulia, 2005	GIORNALE ITALIANO DI CARDIOLOGIA	11	2	S53-S81	2010
cardireset: general medicine and monitoring of cardiovascular risk factors in a whole region	Giornale Italiano di Cardiologia (2006)	10	1	37-43	2009
clinical predictors and relationship between early and late atrial tachyarrhythmias after pulmonary vein antrum isolation	Heart Rhythm	5	5	679-685	2008
carotid intima media thickness and plaques can predict the occurrence of ischemic cerebrovascular events	Stroke	39	9	2470-2476	2008
distinct molecular patterns based on proximal and distal sporadic colorectal cancer: arguments for different mechanisms in the tumorigenesis	International journal of colorectal disease	22	2	115-126	2007
human lecithin: cholesterol acyltransferase deficiency: in vivo kinetics of low-density lipoprotein and lipoprotein-x	Arteriosclerosis, thrombosis, and vascular biology	26	6	1370-1375	2006

determinants of carotid plaque occurrence	Cerebrovascular Diseases	22	05-Jun	416-422	2006
number of lymph nodes examined and prognosis of tnm stage ii colorectal cancer	European Journal of Cancer	41	2	272-279	2005
evidence against the widespread use of angiography of noncoronary arteries during coronary artery angiography and cardiac catheterization	Cardiovascular Revascularization Medicine	6	2	48-51	2005
abnormal fhit protein expression and high frequency of microsatellite instability in sporadic colorectal cancer	European journal of cancer	40	10	1581-1588	2004
association between recurrence of sporadic colorectal cancer, high level of microsatellite instability, and loss of heterozygosity at chromosome 18q	Diseases of the colon & rectum	47	9	1467-1482	2004
in vivo metabolism of apolipoprotein e within the hdl subpopulations lpe, lpe: ai, lpe: a-ii and lpe: ai: a-ii	Atherosclerosis	165	2	205-220	2002
the in vivo metabolism of apolipoprotein e-containing high density lipoproteins	CIRCULATION	96	8	4053-4053	1997
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