



## ADVANCE PROGRAMME CALL FOR ABSTRACTS



[www.wdc2015.org](http://www.wdc2015.org)





**International  
Diabetes  
Federation**

## **The International Diabetes Federation**

The International Diabetes Federation is an umbrella organisation of over 230 national diabetes associations in 170 countries and territories. It represents the interests of the growing number of people with diabetes and those at risk. The federation has been leading the global diabetes community since 1950. IDF's mission is to promote diabetes care, prevention and a cure worldwide. For more information please visit [www.idf.org](http://www.idf.org)

**IDF | Promoting diabetes care, prevention and a cure worldwide**



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# WELCOME TO THE WORLD DIABETES CONGRESS 2015

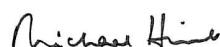
It gives me great pleasure to invite you to attend the World Diabetes Congress (WDC) 2015 in Vancouver, Canada.

I am delighted that the congress has returned to Canada, a country crucial in the fight against diabetes and home to one of the greatest medical discoveries in the world, insulin. That discovery has transformed the lives of many people. IDF, as the global voice of people with diabetes, will continue to explore how to make this life-saving medicine available to all who need it irrespective of country or socio-economic standing.

There are fewer more appropriate places for the only global diabetes congress. Vancouver, bridging IDF's North American and Western Pacific regions, will provide delegates with the perfect backdrop to exchange research and best practice in diabetes prevention, education and treatment as part of an unparalleled scientific programme. Building on the congress in Melbourne in 2013, WDC 2015 will continue to see political breakthroughs for diabetes. The congress will coincide with the expiration of the current Millennium Development Goals and the adoption of a new UN Development Framework. In the run-up to the new framework, IDF and partners will be making a major policy and grassroots push for expanded access to diabetes treatment and an increased emphasis on diabetes prevention. In Vancouver, I expect there to be high attendance from all sectors to discuss how we can make sure that policy changes positively impact people with diabetes and those at risk of developing it.

This will be my final congress as IDF President and as I hand over to Dr Shaukat Sadikot from India, I am convinced that the future of the global diabetes community is in good hands.

It is my hope that WDC 2015 will leave a lasting legacy well beyond 2015 and I look forward to seeing you all there.



Sir Michael Hirst  
*President, International Diabetes Federation*

On behalf of the Organising, Programme and National Advisory Committees, we are delighted to welcome you to IDF's World Diabetes Congress 2015 in Vancouver, Canada.

The IDF biennial congress is the most significant global diabetes event convening the international diabetes community via its scientific programme, satellite symposia, IDF Member Associations, global parliamentarians and policy makers.

# Welcome to Vancouver

creative and interactive sessions.

The scientific programme comprises six streams which will include inspiring forums, workshops, lectures and debates. From Basic and Clinical Science; Education and Integrated Care; Public Health and Epidemiology; Global Challenges in Health; Living with Diabetes; to Diabetes in Indigenous Peoples, the programme will provide a great opportunity for participants through

The congress is a unique opportunity for diabetes-related health professionals from around the world to share the latest scientific advances in the field, learn from each other's expertise and experience, and develop strategies for advancing all our efforts to treat and prevent diabetes.

This congress will enable us to advance towards our common goals of preventing diabetes and improving the quality of life for the millions of people already living with diabetes around the globe.

We are looking forward to welcoming you to an exceptional congress.



*Anne-Marie Felton  
Chair, Organising Committee*



*Bernard Zinman  
Chair, Programme Committee*



*Anne Belton  
Chair, National Advisory Committee*



## CONGRESS COMMITTEES

### Organising Committee

- |                     |                |              |
|---------------------|----------------|--------------|
| • Anne-Marie Felton | United Kingdom | Chair        |
| • Monira Al Arouj   | Kuwait         | Deputy Chair |
| • Gordon Bunyan     | Australia      | Member       |
| • John Grumitt      | United Kingdom | Member       |
| • Michael Jones     | Bermuda        | Member       |
| • Serge Langlois    | Canada         | Member       |
| • Anne Belton       | Canada         | Member       |
| • Bernard Zinman    | Canada         | Member       |
| • Petra Wilson      | Belgium        | Member       |

### National Advisory Committee

- |                         |        |        |
|-------------------------|--------|--------|
| • Anne Belton           | Canada | Chair  |
| • Anita Ducharme        | Canada | Member |
| • Serge Langlois        | Canada | Member |
| • Jovita Sundaramoorthy | Canada | Member |
| • Jill Wurflinger       | Canada | Member |
| • Bernard Zinman        | Canada | Member |

### Programme Committee

- |                  |        |              |
|------------------|--------|--------------|
| • Bernard Zinman | Canada | Chair        |
| • Nam Cho        | Korea  | Deputy Chair |

## Streams

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### Basic and Clinical Science

- |                     |                |        |
|---------------------|----------------|--------|
| • Steven Kahn       | USA            | Lead   |
| • Daniel Drucker    | Canada         | Deputy |
| • Bruce Verchere    | Canada         | Member |
| • Cliff Bailey      | United Kingdom | Member |
| • Juliana Chan      | China          | Member |
| • Mark Cooper       | Australia      | Member |
| • Miriam Cnop       | Belgium        | Member |
| • Viswanathan Mohan | India          | Member |
| • Stefano del Prato | Italy          | Member |
| • Yutaka Seino      | Japan          | Member |

### Diabetes in Indigenous Peoples

- |                    |             |        |
|--------------------|-------------|--------|
| • Malcolm King     | Canada      | Lead   |
| • Alex Brown       | Australia   | Deputy |
| • Chris Cunningham | New Zealand | Member |
| • Donald Warne     | USA         | Member |
| • May Okihiro      | USA         | Member |
| • Stewart Harris   | Canada      | Member |

### Education and Integrated Care

- |                       |           |        |
|-----------------------|-----------|--------|
| • Unn-Britt Johansson | Sweden    | Lead   |
| • Sue McLaughlin      | USA       | Deputy |
| • Alice Cheng         | Canada    | Member |
| • David Chaney        | Ireland   | Member |
| • Seyda Ozcan         | Turkey    | Member |
| • Trisha Dunning      | Australia | Member |

### Global Challenges in Health

- |                      |                |        |
|----------------------|----------------|--------|
| • James Gavin III    | USA            | Lead   |
| • Gojka Roglic       | Croatia        | Deputy |
| • David Cavan        | United Kingdom | Member |
| • Kaushik Ramaiya    | Tanzania       | Member |
| • Maria Ines Schmidt | Brazil         | Member |
| • Max de Courten     | Denmark        | Member |
| • Samir Assaad       | Egypt          | Member |

### Living with Diabetes

- |                              |              |        |
|------------------------------|--------------|--------|
| • Gordon Bunyan              | Australia    | Lead   |
| • Manny Hernandez            | USA          | Deputy |
| • Bennet Dunlap              | USA          | Member |
| • Keegan Hall                | South Africa | Member |
| • Sana Ajmal                 | Pakistan     | Member |
| • Susana Feria de Campanella | Uruguay      | Member |

### Public Health and Epidemiology

- |                  |        |        |
|------------------|--------|--------|
| • Edward Boyko   | USA    | Lead   |
| • Anthony Hanley | Canada | Deputy |
| • Anoop Misra    | India  | Member |
| • Beverly Balkau | France | Member |
| • Bruce Duncan   | Brazil | Member |
| • Naoko Tajima   | Japan  | Member |

## KEY DATES

### August 2014

- Launch of advance programme

### January 2015

- Online registration opens

### 2 February 2015

- Abstract submission module opens
- Grant application opens

### 17 April 2015

- Deadline abstract submission

### 24 April 2015

- Deadline grant application

### 12 June 2015

- Deadline early rate registration

### August 2015

- Scientific programme online

### 11 September 2015

- Deadline standard rate registration

### 30 November 2015

- World Diabetes Congress starts

### 4 December 2014

- World Diabetes Congress ends





## LEARNING OBJECTIVES

Over 3.5 days the scientific programme provides delegates with the opportunity to learn about:

- The latest advances in diabetes research and clinical practice
- Up-to-date prevention methods
- Trends in diabetes
- The newest treatments and management procedures

In addition delegates will broaden their knowledge by discovering:

- The latest education tools for healthcare practitioners
- Perspectives of people with diabetes
- Global issues arising from the diabetes epidemic

### WDC 2013 webcasts

The World Diabetes Congress 2013 scientific programme, abstracts and webcasts are available online at:  
[www.idf.org/final-programme-and-webcasts](http://www.idf.org/final-programme-and-webcasts)

# CONGRESS-AT-A-GLANCE

	Sat 28 Nov	Sun 29 Nov	Mon 30 Nov	Tue 1 Dec	Wed 2 Dec	Thu 3 Dec	Fri 4 Dec
08.00							
08.30		IDF Committee Meetings		Scientific Sessions	Scientific Sessions	Scientific Sessions	Scientific Sessions
10.30							
10.45	Board			Scientific Sessions	Scientific Sessions	Scientific Sessions	Scientific Sessions
12.45							
13.00		Regional Councils		Poster Discussions	Poster Discussions	Poster Discussions	
14.15							
14.30				Scientific Sessions	Scientific Sessions	Scientific Sessions	Board
16.30							
17.15				Satellite Symposia	Satellite Symposia	Satellite Symposia	
19.15			Opening Session				

# PROGRAMME COMMITTEE

## Programme Committee Chair



**Bernard Zinman** is Director of the Leadership Sinai Centre for Diabetes and holds the Sam and Judy Pencer Family Chair in Diabetes Research at Mount Sinai Hospital and the University of Toronto, Canada. He is Professor of Medicine at the University of Toronto and Senior Scientist at the Samuel Lunenfeld Research Institute, Mount Sinai Hospital.

## Stream Lead, Basic and Clinical Science



**Steven Kahn**, MB, ChB, is Professor of Medicine in the Division of Metabolism, Endocrinology and Nutrition at the VA Puget Sound Health Care System and University of Washington, Seattle. Additionally, he is Director of the Diabetes Research Centre at the University of Washington.

## Stream Lead, Diabetes in Indigenous Peoples



**Malcolm King**, a Member of the Mississaugas of the New Credit First Nation, is a health researcher at Simon Fraser University, joining the Faculty of Health Sciences in September 2012. In his role as Scientific Director of the CIHR Institute of Aboriginal Peoples' Health, he leads the development of a national health research agenda aimed at improving wellness and achieving health equity for First Nations, Inuit and Métis Peoples.

## Stream Lead, Education and Integrated Care



**Unn-Britt Johansson** is Professor in Nursing Science at Sophiahemmet University and at the Karolinska Institutet, Department of Clinical Science and Education, Stockholm, Sweden. Professor Johansson is also in the FEND Executive Committee and, since 2013, a member of the Diabetes Education Consultative Section (DECS) of the International Diabetes Federation.

### **Stream Lead, Global Challenges in Health**



**James Gavin III** is a former President of the Morehouse School of Medicine, beginning that position in 2002. Dr Gavin belongs to a number of organisations. He serves on the Board of Trustees for Baxter Healthcare International, Emory University, is a Trustee Emeritus of the Robert Wood Johnson Foundation, and is Chairman of the Board of the Partnership for a Healthier America.

### **Stream Lead, Living with Diabetes**



**Gordon Bunyan** is a Vice-President of the International Diabetes Federation (IDF). Mr Bunyan has been living with type 1 diabetes for nearly 40 years. His interests include translational research as part of the BRIDGES Executive Committee and providing advice from the perspective of those who live with diabetes every day.

### **Stream Lead, Public Health and Epidemiology**



**Edward Boyko**, MD, MPH, is Professor of Medicine and Adjunct Professor of Epidemiology at the University of Washington and Staff Physician at VA Puget Sound Health Care System in Seattle. Dr Boyko's research programme focuses on the epidemiology of type 2 diabetes and its complications, associated metabolic disorders, and obesity.

For more information about the programme committee, please visit:  
[www.idf.org/worlddiabetescongress/programme-committee-wdc15](http://www.idf.org/worlddiabetescongress/programme-committee-wdc15)



# PROGRAMME PREVIEW

## Streams

The overall programme will consist of an array of sessions in different formats separated into six major streams. These streams aim to answer the following questions.

Stream	Questions
Basic and Clinical Science	What are the latest advances in diabetes research and clinical practice in the real world?
Diabetes in Indigenous Peoples	Rates of diabetes in Indigenous peoples are amongst the highest in the world. What are the latest research advances and the existing care gaps?
Education and Integrated Care	How can people with diabetes effectively manage their own care and what is the role of healthcare professionals?
Global Challenges in Health	What are the global public health challenges today and how can we mitigate these to create a healthier future for all?
Living with Diabetes	How does a person with diabetes live the best life possible?
Public Health and Epidemiology	What are the new approaches to diabetes prevention and what are the latest diabetes trends and patterns across different populations?

## Programme Sessions

### Debates

Two opposing teams will defend and refute current topics to do with diabetes.

### Meet-the-Experts

Participants are given the opportunity to interact with one or more experts on a specific topic.

### Open Forums

An interactive session encouraging discussion between speakers and participants.

### Symposia

Symposia will showcase the latest findings in diabetes research and current issues in therapy and education.

### Teaching Lectures

Recognised experts will give educational lectures on specific topics. This format will combine a lecture with a question and answer section.

### Workshops

Specific topics will be discussed accompanied by practical demonstrations, problem-solving or hands-on training sessions.

### Poster Displays

A collection of selected abstracts will be displayed as posters.

### Poster Discussions

Poster authors discuss their findings with a small group.

## Topics per stream

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### Basic and Clinical Science

Debate	Bariatric surgery versus medications in the treatment of type 2 diabetes
	Diabetes prevention: Should we bother?
	Do we still need more outcome trials in diabetes?
	GLP-1 and bariatric surgery: Mediator or bystander?
	Glucolipotoxicity: A figment of our imagination?
	Incretin therapies and cancer
	Solving the type 2 diabetes dilemma: Where do we focus?
Meet-the-expert	Cystic fibrosis related diabetes
	New therapies for diabetes: Is the future really bright?
	Obesity and prediabetes in children: Pathogenesis, outcomes and approaches to intervention
Symposium	Basic biology of incretins: More thoughts and insights
	Cardiovascular outcome studies and glucose-lowering therapies
	Closed-loop devices for treating diabetes: What we have and what we need
	De-differentiation, re-differentiation and transdifferentiation mechanisms regulating beta-cell mass
	Diabetes and atherosclerosis: New insights from the bench to the clinic
	Diabetes and the liver
	Diabetic dyslipidaemia: New concepts
	Do we need new insulins for the management of diabetes?
	Epigenetics in diabetes and obesity: More than just new technology
	Epigenetics of beta-cell function
	Fat: The good and the bad
	Fibroblast growth factors: New insights, new targets
	Gene-lifestyle interactions in metabolic disease
	Genetics of type 2 diabetes
	Glucose intolerance in pregnancy: Pathophysiologic and clinical implications for mother and child
	Hypertension and diabetic complications
	Islet transplantation vs. embryonic stem cells: Where does the future lie?
	Islet-immune cell interactions
	Mechanisms for beta-cell dysfunction
	Mitochondria in diabetes
	New therapies for type 2 diabetes

	New views on incretins
	Non-type 1, non-type 2 diabetes
	Obesity: New concepts and treatment approaches
	Omics in 2015 for the clinician: What does the future hold?
	Paediatric obesity: Pathogenesis, complications and treatment
	SGLT2 inhibitors in treating diabetes
	The alpha cell: Learning from the past and building for the future
	The brain as a regulator of metabolism
	The endothelial cell: A forgotten partner in the pathogenesis of diabetes and its complications
	The microbiome and diabetes: Cause, consequence and therapeutic target
	Towards solving the inflammation puzzle in diabetes
	Type 1 diabetes: Avenues for new approaches to therapy
	Type 2 diabetes in youth: Pathophysiology and complications
	Viruses and type 1 diabetes
Teaching Lecture	Circadian rhythm and metabolism
	Genetics of type 2 diabetes
	Reflections on the islet: The past, present and future

## Diabetes in Indigenous Peoples

Open Forum	What is good practice in research with Indigenous communities involving genetics and tissue/blood sampling?
Symposium	Indigenous diabetic programme evaluation
	Indigenous community access to research and its benefits
Teaching Lecture	Historical and current trauma as a determinant of Indigenous diabetes
	Dealing with co-morbidities and compound risk factors
	Managing co-morbidities of diabetes in Indigenous communities
	Cultural safety in Indigenous diabetes care
	Food and nutrition security in Indigenous populations
Workshop	Best practices in primary and secondary prevention of diabetes in Indigenous peoples
	Implementation science approaches to diabetes in Indigenous populations

## Education and Integrated Care

Meet-the-Expert	Beliefs and attitudes
	Care for older people with diabetes
	Healthcare professional competencies and education
Symposium	Current education projects within IDF
	Diabetes education in children
	Health information technology to prevent, diagnose and manage diabetes
	Hypoglycemia and the fear of hypoglycemia
	Knowledge translation from clinical practice guidelines
	Peer leaders in diabetes self-management support
	Personalised diabetes care: What does person-centred care look like?
	The patient narrative
Workshop	Using technology for diabetes and online education
	Innovations and novel concepts
	Integrating diabetes education

## Global Challenges in Health

Debate	The roles of government, private sector and industry in diabetes care provision: Are they complimentary or conflicting?
	To screen or not to screen? Global considerations
Open Forum	Implementing diabetes care in vulnerable populations
Symposium	Diabetes in people of South Asian origin in developed countries
	Advocacy in a post-UN-Summit world
	Economic simulation modelling for diabetes
	Creating access to affordable medicines and technologies
	Social and economic impact of diabetes
	Can we regulate unhealthy food? The New York experience
	Twinning of diabetes programmes between developed and developing nations
	Meeting the challenge of diabetes in the ageing population
	Is globalisation driving diabetes?
	Implementing diabetes and clinical guidelines in the real world
	Contemporary issues in diabetes care in the developing world
Teaching Lecture	Economic analysis methods and concepts
	How IDF calculates diabetes prevalence by country and region

Workshop	Designing effective national surveillance systems for diabetes
	How to use new social media and other internet activities for advocacy
	Facilitating the implementation of diabetes prevention and control resources in organisations serving ethnic minority populations
	Contemporary issues in diabetic foot care

## Living with Diabetes

Debate	Increasing the effectiveness of Member Associations: Are regions necessary? Why does the IDF exist? Is there a better way?
	The pump is the answer, or is it? Cost vs benefits in developed and developing countries
Meet the Expert	A cure: How do we live while we wait?
	Avoiding isolation in type 2 diabetes: Achieving success through support
	Diagnosis as a child, a teenager or an adult: Does it change the complications outcomes?
	Does anyone really care? Research is not driven by the global needs of people living with diabetes
	Hypoglycemia as a complication of long term diabetes
	Identifying the universal advocacy issues and applying global solutions from inside and outside the diabetes community
	Impact on acceptance of diabetes, diabetes management and reduced complications of the online community
	Lobbying: How to move a bureaucracy and how to utilise a parliamentary group to influence change in government
	Partners and children of people with diabetes: Understanding their needs and the responsibilities they take
	Psychosocial aspects of diabetes: lessons for developing countries
	Supporting our peers on and off line
	The psychology of the hypo
Open Forum	Turning discrimination around: From victim to champion
	Extreme activities: Celebrities are not the only ones, ordinary people do extraordinary things living with diabetes
Symposium	Hypoglycaemia: No clinician or educator can understand the reality of a hypo
	Its all about communication: How people with diabetes can educate their loved ones
Workshop	Managing your healthcare team: New approaches to consultations - the global experience
	Improving the effectiveness of people with diabetes as advocates
	Overcoming the organisational issues reducing the quality of diabetes care in developing countries
	The role of people with diabetes in diabetes organisations in improving diabetes outcomes

## Public Health and Epidemiology

Debates	Long-term evaluation of diabetes screening
	Personalised medicine, is it more cost-effective than conventional/standard of care medicine?
	Sugar intake causes chronic diseases
	Why don't I have access to my big data?

Meet-the-Expert	Diabetes other than type 1 unrelated to obesity
	Should guidelines and diabetes testing and treatment differ for developing countries?
	Smart phone and internet-based screening and prevention
Open Forum	How can the internet help promote diabetes epidemiology and prevention research
	Mobile technologies and diabetes epidemiology research
Symposium	Diabetes: Impact on women in developing countries
	Diabetes and oral health
	Diabetes in youth
	New exposures and approaches in diabetes epidemiology
	Novel complications and associations
	Novel risk factors for type 1 diabetes
	Nutrition transition in the diabetes epidemic and public health responses
	Obesity paradox: Real or artefact?
	Trends in diabetes complication rates: An international comparison
	What we can learn about diabetes from big data
Teaching Lecture	Environmental risk factors for diabetes
	Better lifestyle measurement facilitated through technological advances
	Lifestyle, the built urban environment, and social engineering
	Public regulation of food
	Sex differences in diabetes risk, complications, prevention and treatment
	Update on health promotion and diabetes prevention
Workshop	Effective exercise interventions and goals in the face of cultural and environmental challenges
	Updated IDF Diabetes Atlas

## Session recording policy

- No session may be recorded or broadcast in any format by any attendee. The congress records some sessions itself with the presenter's consent for webcasting. Use of digital cameras to record individual slides is not allowed.
- The use of photographs of slides in any subsequent publication or presentation or any other distribution is a breach of copyright and may result in prosecution by the owner of the data or ideas.
- The use of flash is also forbidden.
- Please find the latest programme information online: [www.wdc2015.org](http://www.wdc2015.org).
- Please note that there is no need to sign up for individual sessions. Access is on a first-come, first-served basis.

# CALL FOR ABSTRACTS

## Abstract submission

The World Diabetes Congress welcomes original abstracts on subjects relevant to the following six streams:

Basic and Clinical Science
Diabetes in Indigenous Peoples
Education and Integrated Care
Global Challenges in Health
Living with Diabetes
Public Health and Epidemiology

## Guidelines

Abstract submission opens	2 February 2015
Abstract submission deadline	17 April 2015, 17.00 Greenwich Mean Time (GMT)

- **Submission mode:** Abstract submission is only possible online at [www.wdc2015.org](http://www.wdc2015.org). Abstracts submitted by post, fax or email will NOT be accepted. The online abstract submission module will NOT be available after **17 April 2015, 17.00 Greenwich Mean Time (GMT)**.
- **IDF congress profile:** In order to submit an abstract, a congress profile must be created giving access to the online abstract submission module. The submitter must ensure accurate contact details are entered. One or several abstracts can be submitted by logging into this congress profile.
- **Submitting author / Presenting author:** If the submitting author is not also the presenting author, the submitting author is responsible for informing the presenting author of all communications received regarding the abstract. The presenting author must be registered by 18 September 2015. If the presenting author is not registered by 18 September 2015 their abstract will be REMOVED from the programme.
- **Number of submissions:** There can only be ONE presenting author per abstract. The same abstract CANNOT be submitted multiple times by listing different presenting authors. An unlimited number of abstracts can be submitted and presented by an individual.

- **Language:** All abstracts must be submitted in English. Should English not be your first language, you may wish to have your abstract examined by a native English speaker prior to submission.
- **Accuracy of content:** Submitted abstracts may be edited online up to the abstract submission deadline of **17 April 2015, 17.00 (GMT)**. Abstracts CANNOT be edited or revised in any way after the deadline. All accepted abstracts will be published as submitted by the authors. The responsibility for the submission of an accurate and precise abstract lies solely with the authors.
- **Originality of abstracts:** Work published elsewhere before 29 November 2015 should NOT be submitted to the World Diabetes Congress. However, previously submitted work can be resubmitted provided there are new methods and/or findings.
- **Disclosure of interests:** Any financial relationships with commercial entities related to the products or processes described in the work must be correctly disclosed.
- **Regulatory approval:** The submitting author confirms that local regulatory approval has been obtained as required by local laws.
- **Author consent:** The submitting author declares all authors have read and approved the submitted work.
- **Copyright transfer:** Authors must attest that their submitted work does not infringe any copyright legislation. Copyright for the publication of abstracts is automatically transferred to the International Diabetes Federation upon submission and acceptance of the regulations within the online submission module. For rejected abstracts, the copyright reverts back to the authors.

## Instructions

- **Category & stream:** There are various categories that have been defined for the abstract programme within the six streams. Ensure that you select the MOST relevant stream and then place it in the category which BEST describes the content of your abstract. Categories are used for reviewing and indexing purposes.
- **Abstract title:** The title is limited to 120 characters excluding spaces and should be brief and relevant. Special characters should NOT be used in your title but spelt out instead (e.g.  $\alpha$  should be written as

alpha, β as beta). Only use standard abbreviations and generic drug names in the title.

- **Authors:** Only 12 authors and/or study groups can be listed. Only one institution can be entered per author.

- **Abstract body:**

- **Structure** the abstract, if applicable, to include aims, methods, results and discussion/conclusion.
- **Font size and style** will be automatically configured by the system.
- **Tables** will be accepted in the submission field and count towards the character limit. The character deduction for tables is not fixed and will be generated by the character count shown below the submission field. Graphs, figures and photographs are NOT allowed.
- **The length** of the abstract is limited to **2100 characters excluding spaces**. Only the abstract body and any inserted tables count towards this character limit. The character count displayed beneath the submission field is final and undisputable.
- Only commonly accepted **abbreviations** should be used (e.g. OGTT, IGT, ACEI). Treatment groups or drug names should NOT be abbreviated. Less widely recognised abbreviations may be used if introduced on first usage (e.g. ambulatory blood pressure monitoring, ABPM).
- Only approved and generic (non-proprietary) **drug names** should be used.
- Do NOT enter the title, authors, or grant information into the abstract body submission field but include any **references** in the abstract body.

## Selection and notification process

- **Selection:** All submitted abstracts undergo a peer-review process by an international panel of reviewers. Accepted abstracts are selected for poster discussion or poster display. The Programme Committee reserves the right to accept or reject any submitted abstract and re-categorise any accepted abstract. The decision of the Programme Committee is final and irrevocable.
- **Notification:** Notice of acceptance or rejection of submitted

abstracts will be sent to the submitting authors by mid-July 2015. It is the responsibility of the submitting author to inform all other authors of the status of the abstract. A submitting author may also check their congress profile to see the status of the abstract.

- **Author Registration:** Presenting authors of accepted abstracts MUST register for the World Diabetes Congress by **18 September 2015, 17.00 Greenwich Mean Time (GMT)**. If the entire registration fee is not paid by the deadline, the abstract will be automatically withdrawn and will NOT be presented or published. Presenting authors and submitting authors of all abstracts, accepted or rejected, are entitled to the early registration rate until 18 September 2015.
- **Presenting author changes:** Changes to the presenting author for an abstract need to be requested using the appropriate form which can be found on the congress website [www.wdc2015.org](http://www.wdc2015.org).

## Abstract publication

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- **Publications:** All accepted abstracts will be published on the World Diabetes Congress website.

## Posters

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Posters will be displayed every day near the catering area on the exhibition floor of the congress venue. We aim to provide all accepted abstracts with the ideal platform to gain maximum exposure.

### Note to presenting authors:

- All selected posters will be displayed. Authors should refer to specific instructions provided for dates and times when the posters should be put up and taken down as well as poster dimensions.
- Poster discussion sessions will take place from Tuesday 1 to Thursday 3 December from 13.00 - 14.00.
- Presenting authors selected for poster display should attend to their posters daily from 13.00 -14.00.

## Late-breaking abstract policy

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**Please note that the World Diabetes Congress 2015 will not be accepting late-breaking abstracts.** All abstracts must be submitted during the regular submission period starting on 2 February and ending on 17 April 2015 at 17.00 GMT

## Abstract streams

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- Clinical and Basic Science
- Diabetes in Indigenous Peoples
- Education and Integrated Care
- Global Challenges in Health
- Living with Diabetes
- Public Health and Epidemiology

## Abstract categories

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Authors must select the most appropriate of the six abstract streams. They must then select one category from the list below that best describes the content of their abstract. This category will be used for reviewing and indexing purposes.

- Bariatric surgery
- Blood pressure
- Care delivery
- Cognition, psychology and behaviour
- Comorbidities
- Complications
- Complications - cardiovascular disease
- Complications - eye
- Complications - foot
- Complications - kidney
- Complications - nerve
- Complimentary medicine
- Diabetes advocacy
- Diabetes and cancer
- Diabetes and infections
- Diabetes and the brain
- Diabetes associations

- Diabetes education
- Diabetes epidemiology
- Diabetes in childhood and adolescence
- Diabetes in Indigenous groups
- Diabetes in rural areas
- Diabetes in the elderly
- Diabetes management
- Diagnosis and classification
- Discrimination and diabetes
- Environment and lifestyles
- Epigenetics
- Genetics of type 1 diabetes
- Genetics of type 2 diabetes
- Glucagon
- Glucagon physiology and pathophysiology
- Guidelines, clinical care
- Health professional education and development
- Health services research
- Health workforce
- Healthcare financing
- Hypoglycaemia
- In utero environment
- Incretin physiology and pathophysiology
- Incretin therapies
- Inflammation
- Insulin action
- Insulin secretion, beta-cell function
- Insulin therapy and devices
- Islets - beta-cell biology
- Lipids and lipoproteins
- Living with diabetes
- Microbial flora
- Monogenic forms of diabetes
- Nutrition and diet
- Obesity
- Obesity - physiology and pathophysiology of weight regulation
- Obesity - prevention and management
- Oral glucose-lowering therapies
- Patient engagement and self-management
- Physical activity

- Pregnancy and gestational diabetes
- Primary and secondary prevention
- Psychosocial/behavioural interventions
- Quality assurance in diabetes care
- Rights and responsibilities of people with diabetes
- Screening and risk stratification
- Secondary diabetes
- Stem cell therapy
- Telecommunication, internet and social media
- Traditional healing/therapies
- Transplantation - islet and pancreas
- Type 1 diabetes
- Type 2 diabetes
- Type 2 diabetes in children

## **WDC Grant**

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The World Diabetes Congress grant aims to provide 100 people from around the world with the opportunity to attend the congress and present their work.

Grant applicants should:

- Be no more than 40 years of age at the time of the congress
- Submit an abstract to be approved by the Programme Committee
- Write a personal letter of motivation of maximum 250 words, clearly demonstrating the benefits and learning experience to be derived from attending the congress
- Submit a one-page curriculum vitae (CV)

Accepted grantees are offered free registration, 4-nights accommodation and an economy return flight to Vancouver, Canada.

**Online grant submission opens on 2 February and expires on  
24 April 2015, 17.00 GMT.**

## **Continuing Medical Education (CME)**

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Applications for Continuing Medical Education (CME) accreditation for physicians and other healthcare professionals will be presented to the national accreditation body and the European Accreditation Council for Continuing Medical Education (EACCME). EACCME credits are recognised by the American Medical Association towards the Physician's Recognition Award (PRA). It is expected that the World Diabetes Congress will be accredited with between 20 and 22 hours of CME credits. CME certificates will be available to print in the registration area and online as of Thursday 3 December 2015.



# REGISTRATION

## Individual registration

- Participants are required to register online at [www.wdc2015.org](http://www.wdc2015.org) as of January 2015. A valid email address will be required.
- Registration and corresponding payment should be received by 13 November 2015. After this date, the online registration system will no longer be available and registration will only be on site.
- Onsite registration at the late rate will be possible during the congress (30 November - 4 December 2015). Please note that day rates as well as a special rate for citizens of low-income countries will also be available on site.

### Registration opening hours on site

Days	Hours
Monday 30 November	07.00 – 17.00
Tuesday 1 December – Thursday 3 December	07.00 – 18.00
Friday 4 December	07.00 – 13.00

### Registration rate structure World Diabetes Congress Vancouver 2015

(all indicated amounts are in EUR)

Category	Early rate Payment received on or before 12 Jun 2015	Standard rate Payment received on or before 11 Sep 2015	Late rate Payment received from 12 Sep 2015 and on site	Day rate (on site only)
Regular rate	550	880	990	330
Reduced rate (1)	330	610	770	330
Student (2)	110	110	110	110
Low income economies (3)	220	330	440	165

- (1) This reduced rate is available for healthcare professionals other than medical doctors. This reduced rate is also available for medical doctors of 35 years or younger at the time of the congress. Applicants for this rate must send a copy of their ID/passport to the fax number +32 2 4030830.
- (2) This reduced rate is available for participants who are students at the time of the congress. This rate is not applicable to persons holding a post-doctorate degree. Applicants for the student rate must complete the application form and send it to the fax number: +32 2 4030830.
- (3) This reduced rate is available for participants who are citizens AND residents of a [low-income country as per World Bank classification](#).

## **Group registration**

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- Group registration is available for groups of at least 10 participants. One contact person should coordinate with the Congress Secretariat.
- The group rate is at the regular rate per person.
- All registration information will be sent to the group contact person, who will then be responsible for distribution to the group.
- A special module for group registration is accessible online at [www.wdc2015.org](http://www.wdc2015.org).
- The group contact person can collect the group's registration badges and vouchers from the registration desk at the Vancouver Convention Center at a pre-arranged time on Sunday 29 November 2015.

## **Payment**

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Payment should preferably be made by credit card (Eurocard/Mastercard, VISA or American Express). Please indicate the card owner's name (as shown on the card) and the expiry date.

Payments can also be done by direct bank transfer without charges to the beneficiary:

- Beneficiary name: IDF
- Account name: World Diabetes Congress Registration
- Account number / IBAN: BE67 6451 4103 3587
- Swift code / Routing: BIC JVBABE 22
- Bank name: Bank J. Van Breda & Co
- Bank address: Vlaanderenstraat 53, 9000 Gent, Belgium.

The name and address of the participant should be clearly stated on the bank transfer.

Please bear in mind that an international bank transfer can take up to 10 days to reach our account.

If payment is not received by the corresponding deadline (early or standard registration), the subsequent rate will automatically apply.

## **Name change/cancellation for individual registrants**

All name changes and cancellation requests must be done in writing by email. No changes or cancellations will be accepted by telephone.

Name change for a confirmed registration will be subject to an administrative fee of 50 EUR per participant.

Cancellation of a confirmed registration will be subject to an administrative fee of 100 EUR per participant. Please note that if you cancel after 13 November 2015, no refund will be possible.

## **Refunds**

Please note that any applicable refund will be reimbursed after the congress.



# WHY ATTEND THE WDC 2015?

## Learn

- 21h of CME credits
- 220h of scientific sessions
- Over 1,000 posters

## Discover

- Cutting-edge scientific programme
- 6 streams
- 80 international exhibitors

## Connect

- 12,000 delegates
- 230 diabetes associations
- 350 speakers



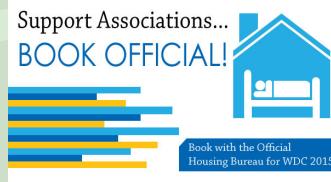
# ACCOMMODATION, TRAVEL AND VISA

## Accommodation

International Conference Services (ICS) is the official housing bureau for the World Diabetes Congress 2015 and will offer assistance with the coordination of housing requests. A wide variety of hotels have been secured in the heart of downtown Vancouver and within walking distance to the congress venue.

## Bookings

All sponsors, exhibitors and delegates are encouraged to book at the official WDC 2015 hotels to benefit from special rates.



World Diabetes Congress Housing Bureau Contact:  
T: +1 60 46812153  
Fax: +1 60 46811049  
Email: [WDC2015@icsevents.com](mailto:WDC2015@icsevents.com)  
Groups bookings (10 or more):  
[WDC2015-groups@icsevents.com](mailto:WDC2015-groups@icsevents.com)

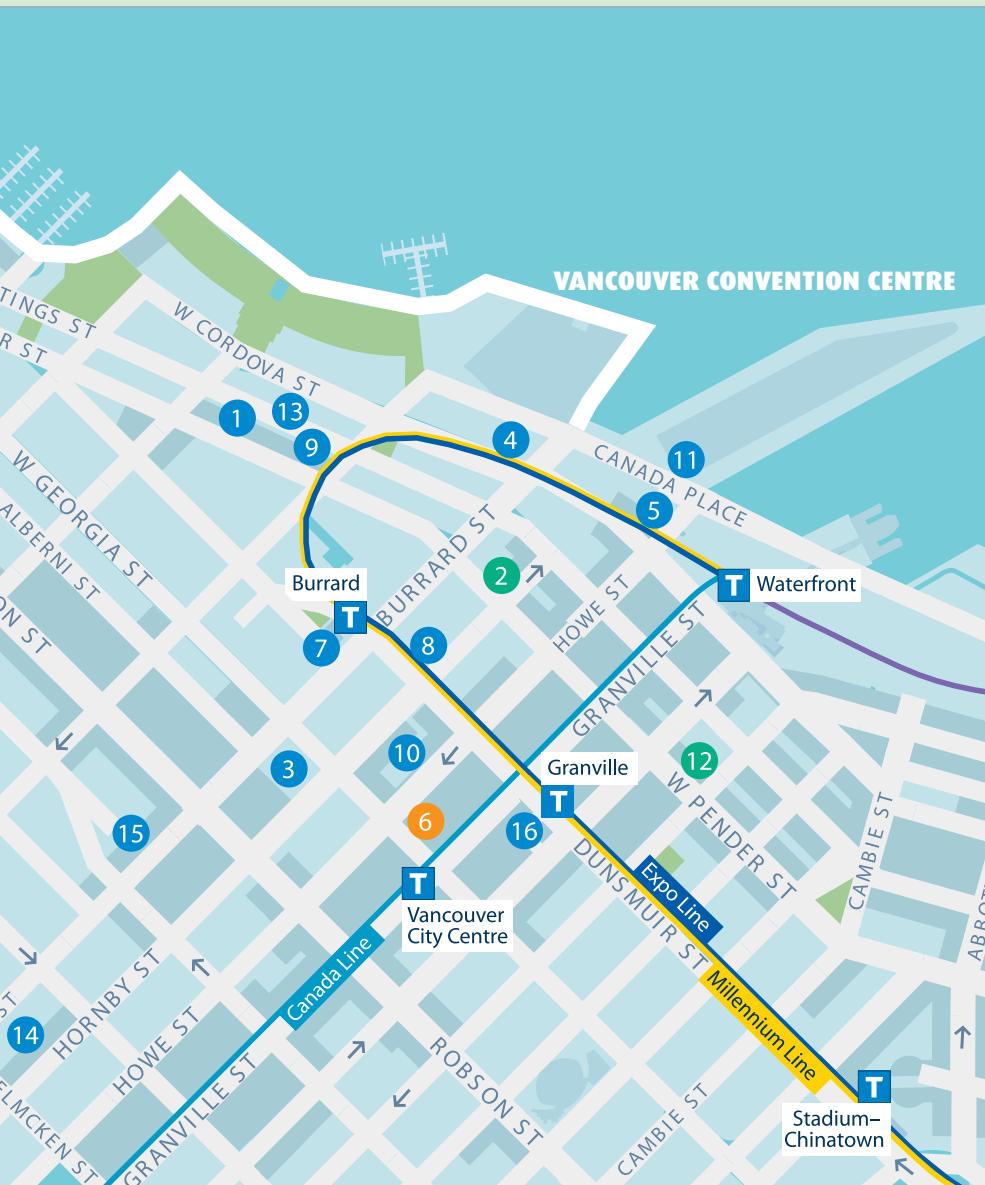
Room Rates are confirmed for 2015 and quoted in Canadian Dollars

Rates DO NOT include breakfast unless otherwise indicated. Breakfast rates are subject to change.

Hotels	Star rating	Rate including Internet & Taxes	"Breakfast Incl Taxes per person/day (Subject to Change)"
Four Seasons Hotel Vancouver	5	\$210	\$48
Coast Coal Harbour	4	\$185- \$220	\$20
Fairmont Hotel Vancouver	4	212	\$30
Fairmont Pacific Rim Vancouver	4	\$247 - \$270	\$35
Fairmont Waterfront Vancouver	4	\$224- \$243	\$31
Hyatt Regency Vancouver	4	\$220	\$32
Le Soleil Vancouver	4	\$169 - \$192	\$26
Marriott Vancouver Pinnacle Downtown	4	\$210	\$31
Metropolitan Hotel Vancouver	4	\$190 - \$213	\$29
Pan Pacific Vancouver	4	\$239 - \$262	\$36
Renaissance Vancouver Harbourside Hotel	4	\$210	\$31
Sheraton Vancouver Wall Centre	4	\$209	\$20
Sutton Place Vancouver	4	\$209 - \$260	\$28
St. Regis Hotel	4	\$185	includes hot breakfast
The Westin Bayshore Vancouver	4	\$212 - \$235	\$29
Days Inn Vancouver Downtown	3	\$139 - \$150	\$19
Ramada Limited Downtown Vancouver	2 1/2	\$127	includes hot continental breakfast



## Hotel Walking Distance to Vancouver Convention Centre



### 5 star hotels

- 6 Four Seasons Hotel Vancouver  
– 13 minute walk

### 4 star hotels

- 1 Coast Coal Harbour  
– 6 minute walk
- 3 Fairmont Hotel Vancouver  
– 10 minute walk
- 4 Fairmont Pacific Rim Vancouver  
– 1 minute walk
- 5 Fairmont Waterfront Vancouver  
– 3 minute walk
- 7 Hyatt Regency Vancouver  
– 10 minute walk
- 8 Le Soleil Vancouver  
– 5 minute walk
- 9 Marriott Vancouver Pinnacle Downtown  
– 5 minute walk
- 10 Metropolitan Hotel Vancouver  
– 7 minute walk
- 11 Pan Pacific Vancouver  
– 2 minute walk
- 13 Renaissance Vancouver Harbourside Hotel  
– 5 minute walk
- 14 Sheraton Vancouver Wall Centre  
– 15 minute walk
- 15 Sutton Place Vancouver  
– 11 minute walk
- 16 The St. Regis Hotel  
– 12 minute walk
- 17 The Westin Bayshore Vancouver  
– 15 minute walk

### 3 star hotels

- 2 Days Inn Vancouver Downtown  
– 6 minute walk

### 2 ½ Star Hotel

- 12 Ramada Limited Downtown Vancouver  
– 12 minute walk

## Travel

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Esser Travel is the official travel agency for the World Diabetes Congress 2015 and will offer assistance with the coordination of travel requests. World Diabetes Congress Travel Agency Contact:

T: +30 21 09632404  
F: +30 21 09632589  
Email: wdc2015@essertravel.com

## Visa

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Citizens of certain countries and territories need a visa to visit or transit Canada. Please consult the website of the Citizenship and Immigration Canada (CIC) department <http://www.cic.gc.ca> to find out if you need a visa.

To visit Canada, you must:

- Have a valid travel document, such as a passport
- Be in good health
- Convince an immigration officer that you have ties - such as a job, home, financial assets or family - that will take you back to your home country
- Convince an immigration officer that you will leave Canada at the end of your visit
- Have enough money for your stay (the amount of money needed can vary depending on factors like the length of stay and type of accommodation – hotel or with friends)

You may also need a:

- Temporary resident (visitor) visa (TRV), depending on your citizenship
- Medical exam
- Letter of invitation from someone living in Canada

## Submission of Applications

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Canada does not have a visa office in every country so it is important that you visit the website of the visa office responsible for processing your visa application. Here you can find information on how to submit an application for a TRV and the documentation required to support the application.

To view a list of visa offices and the countries they serve please go to: <http://www.cic.gc.ca/ENGLISH/information/offices/apply-where.asp>.

## Visa Application Centres

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In some countries Citizenship and Immigration Canada has engaged the services of a private service provider to assist individuals applying for CIC services.

Visa Application Centres (VACs) agents are available to help applicants fill out their forms and answer questions about the application process. They ensure applications are complete, which reduces the rate of returned applications and ultimately leads to faster processing. This low-cost service lessens the potential for people to fall victim of fraud.

The VAC sends applications to visa offices and transmits decisions to applicants in a confidential manner. VACs play no role in the decision-making process. The use of VAC services is completely optional. Applicants can continue to apply directly to the visa office if they prefer.

You should submit your visa application through a VAC if this service is available in your country of residence. Please check your office visa website (<http://www.cic.gc.ca/ENGLISH/information/offices/apply-where.asp>) for information on the services available at the VAC serving your area and the costs.

## Visa Applications Processing Times

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Processing time for TRVs vary depending on the office and the time of the year. **You should apply early for your visa, if one is required, and submit your complete application including all supporting documents.** July and August are normally the busiest months.

For your information, general processing times at the various visa offices are available at the following link <http://www.cic.gc.ca/english/information/times/temp/visitors.asp>. For more accurate processing times, you should consult the website of the visa office responsible for processing your application.

# VANCOUVER CONVENTION CENTRE

LEGEND  Parking  SkyTrain Station  Info Desk/Lobby  Coal Harbour Café







## **CONTACT DETAILS**

All enquiries and correspondence in relation to the congress should be directed to:

International Diabetes Federation  
Chaussée de La Hulpe 166  
B- 1170 Brussels  
Belgium  
T: +32 2 5431631  
F: +32 2 4030830  
[www.wdc2015.org](http://www.wdc2015.org)

**General enquiries**  
[wdc@idf.org](mailto:wdc@idf.org)

**Industry relations**  
[industry@idf.org](mailto:industry@idf.org)  
T: +32 2 5431633

**Programme and abstracts**  
[programme@idf.org](mailto:programme@idf.org)

**Registration**  
[registration@idf.org](mailto:registration@idf.org)

**Housing**  
[WDC2015@icsevents.com](mailto:WDC2015@icsevents.com)

**Media**  
[congressmedia@idf.org](mailto:congressmedia@idf.org)  
T: +32 2 5431639

**Join the conversation!**  
Find us on Facebook & Twitter  
<https://www.facebook.com/internationaldiabetesfederation>  
@IntDiabetesFed #WDC2015





02

February 2015

ABSTRACT SUBMISSION  
MODULE & GRANT  
APPLICATION OPEN

August

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2014

LAUNCH OF  
ADVANCE  
PROGRAMME

January

M	T	W	T	F	S	S
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January 2015

ONLINE  
REGISTRATION  
OPENS

February

M	T	W	T	F	S	S
				1		
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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April 2015  
DEADLINE  
ABSTRACT  
SUBMISSION

April

M	T	W	T	F	S	S
				1	2	3
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

24

April 2015  
DEADLINE  
GRANT  
APPLICATION

May

M	T	W	T	F	S	S
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

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June 2015  
DEADLINE  
EARLY RATE  
REGISTRATION

July

M	T	W	T	F	S	S
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2015  
SCIENTIFIC  
PROGRAMME  
ONLINE

August

M	T	W	T	F	S	S
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

11

September 2015  
DEADLINE  
STANDARD RATE  
REGISTRATION

September

M	T	W	T	F	S	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

M	T	W	T	F	S	S
1	2	3	4			
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

M	T	W	T	F	S	S
				1		
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

30

November 2015  
WORLD DIABETES  
CONGRESS STARTS

December

M	T	W	T	F	S	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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December 2015  
WORLD DIABETES  
CONGRESS ENDS



## no child should die of diabetes

The International Diabetes Federation's Life for a Child Programme is currently supporting over **14,000 children** with diabetes in **46 countries**.

**MANY MORE CHILDREN WITH DIABETES ARE IN NEED.  
YOU CAN HELP SAVE LIVES: DONATE NOW!**

[www.lifeforachild.org](http://www.lifeforachild.org)