cortical hyperplasia. She was then subjected to a left adrenalectomy as she remained hypercortisolemic after the initial surgery. She went into remission after the bilateral adrenalectomy. At age 29, a surveillance scan showed a left solitary thyroid nodule and multiple bilateral breast lumps with a tissue biopsy suggestive of ductal adenoma. Excision of atrial myxoma was done at age 33 following the detection of cardiac myxoma from an echocardiogram when she complained of palpitations. Unfortunately, she was diagnosed with left breast carcinoma at age 38, requiring a left mastectomy. A recent tissue biopsy of a right breast lump showed intraductal papilloma.

CONCLUSION

The diagnosis of CNC is often delayed owing to its rarity and complexity. Clinical and biochemical screening are the gold standard for the diagnosis of CNC. This patient requires a lifelong follow-up for the recurrence of cardiac myxoma and other associated manifestations of CNC.

EP_A022

ASSESSING THE POTENTIAL OF DULAGLUTIDE IN DE-INTENSIFICATION OF BACKGROUND ORAL GLUCOSE-LOWERING DRUG (OGLD) AND INSULIN THERAPY IN MALAYSIANS WITH TYPE 2 DIABETES MELLITUS

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INTRODUCTION/BACKGROUND

Many Malaysian T2DM patients are on multiple glucose-lowering drugs (i.e. ≥2 OGLDs ± insulin). Dulaglutide, a once-weekly GLP-1RA, has been shown to significantly lower HbA1c levels in T2DM patients. However, there is a lack of real-world data to show the reduction of background treatment after patients start dulaglutide.

METHODOLOGY

This study aims to assess the potential of dulaglutide in de-intensifying background OGLDs and total daily dose (TDD) of insulin in T2DM patients in a real-world clinical setting. This is a retrospective study of 45 T2DM patients who initiated dulaglutide in 3 Ministry of Health (MOH) hospital-based endocrinologist-led diabetes clinics conducted in Hospital Putrajaya, Hospital Selayang and Hospital Tuanku Ja'afar. The primary outcome was a change in OGLDs and insulin therapy at 6 and 12 months of dulaglutide therapy.

RESULTS

At baseline, 91% (n = 41) of patients were on ≥2 OGLDs, while 82% (n = 37) were on insulin therapy with a mean baseline TDD of 64 units. After 6 months of dulaglutide therapy, 18% (n = 8) of the patients had at least one of their OGLD doses reduced, 38% (n = 17) of patients were able to stop one OGLD, and 4% (n = 2) of patients were even able to stop two OGLDs. At 12 months, 22% (n = 10) of patients had at least one of their OGLD doses reduced, 40% (n = 18) of patients were able to stop one OGLD, 9% (n = 4) of patients were able to stop two OGLDs from baseline, 56% (n = 25) of insulin-treated patients on dulaglutide had a TDD reduction of 23 units (-36%) at 6 months and 19 units (-30%) at 12 months.

CONCLUSION

Dulaglutide, with its once-weekly dosing, can effectively simplify patients' diabetes treatment by allowing the reduction of OGLDs and TDD of insulin. This de-intensification of medication could reduce the medication burden on patients and lessen the total drug cost for T2DM patients.

EP_A023

ASSESSING THE REAL-WORLD EFFICACY OF DULAGLUTIDE IN MALAYSIAN MOH PATIENTS WITH TYPE 2 DIABETES MELLITUS

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INTRODUCTION/BACKGROUND

An estimated 70% of Type 2 Diabetes Mellitus (T2DM) patients treated in Ministry of Health (MOH) hospital-based diabetes clinics are still unable to achieve HbA1c targets despite combination glucose-lowering drugs. Moreover, more than 80% of these patients are overweight or obese. In Malaysia, dulaglutide, a once-weekly GLP-1RA, was approved in 2018 for use in patients with T2DM. Accessibility to GLP-1RA therapy is much limited in MOH hospitals.

METHODOLOGY

This study aims to assess the glycaemic and weight-lowering efficacy of dulaglutide at 6 and 12 months in T2DM patients treated in a real-world clinical setting. We conducted a retrospective study of 69 T2DM patients who initiated dulaglutide in 4 MOH endocrinologist-led