

# ATTD – Lilly Insulin Centennial Award

**We acknowledge the significance and value of ongoing innovation in diabetes.**

In honor of the 100th anniversary of insulin, ATTD will award a prize supported by Eli Lilly to a practice/innovative way of managing diabetes.

Submit your nominee in the form below by **1 February 2023**

[Nomination Form](#)

**There is a very high burden of diabetes in Europe, which keeps growing and despite the remarkable progress, diabetes is still on the rise and health outcomes for PwD have not improved.**

- Today, 61 million people live with diabetes in Europe. The number of PwD is expected to rise to 69 million by 2045, which means that, by then, **1 in 10 Europeans could be living with diabetes<sup>(1)</sup>.**
- **75% of these costs are related to diabetes complications** that are preventable with proper treatment<sup>(2)</sup>. Out of the total diabetes costs in the Big EU 5 in 2012, the percentage spent on insulin and anti-diabetic medicines ranged between 6% and 11%<sup>(3)</sup>.
- **Every 6 seconds, a PwD dies because of a diabetes-related complication<sup>(4)</sup>.**
- **Only 50% of PwD reach the appropriate blood sugar levels for the condition (HbA1C <7.0%).**

**Reasons for outcomes non improving are strong conservatism, clinical inertia and treat-to fail paradigm.**

- According to the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) consensus algorithm<sup>(5-6)</sup>, **30–60% of people with type 2 diabetes would qualify for more effective treatment<sup>(7)</sup>**. However, in clinical reality, **the percentage of PwD receiving more effective treatment remains very low, ranging between 1% and 10%<sup>(8)</sup>**.
- Inertia for HCP is the recurring failure to establish appropriate targets and escalate treatment to achieve treatment goals<sup>(9)</sup>, but also the behaviour to not setting clear goals or insufficient focus on goal attainment<sup>(10,11)</sup>, or inadequate time/personnel to teach injectable therapy<sup>(10,11)</sup>.

**We need to modernize diabetes care.**

*In recognition of outstanding activities to Overcome Inertia, Lilly is contributing 10,000 Euros to the winner of the ATTD-Lilly Insulin Centennial Award.*

### **Criteria for Application:**

Eligible for nomination are HCPs that have contributed to one or more of the following areas of diabetes care:

- **Innovative ways of managing diabetes aiming at early, tight, and safe glycemic and metabolic control**
- **A major contribution to prevention, care and quality of life of people with diabetes**
- **Early adoption of novel effective treatment tools, medicines, and schemes**
- **Leveraging on data registries to promote timely outcome improvements**
- **Promoting outcome-driven integration of diabetes care**
- **Leveraging on People with Diabetes self-empowerment and quality of life**

Nominations for the award should include a signed Nomination letter describing the contributions of the nominated awardee, preferably with some most important references proving these contributions, and a CV.

**Submit the following form and send your nomination by 1 February 2023: [Nomination Form](#)**

## References:

- [IDF Diabetes Atlas Tenth Edition, International Diabetes Federation 2021](#)
- [Epidemiology of complications and total treatment costs from diagnosis of Type 2 diabetes in Germany. Martin S, et al. Exp Clin Endocrinol Diabetes. 2007;115:495-501](#)
- [Diabetes expenditure, burden of disease and management in 5 EU countries. LSE Health, London School of Economics. January 2012](#)
- [IDF Diabetes Atlas Eighth Edition, International Diabetes Federation 2017](#)
- [2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD, European Heart Journal \(2020\) 41, 255323](#)
- [Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association \(ADA\) and the European Association for the Study of Diabetes \(EASD\). Diabetologia Volume 61, pages2461–2498 \(2018\)](#)
- [GLP-1 receptor agonists in the treatment of type 2 diabetes – state-of-the-art. Mol Metab. 2021 Apr;46:101102.](#)
- [Prescribing differences in family practice for diabetic patients in Germany according to statutory or private health insurance: the case of DPP-4-inhibitors and GLP-1-agonists. BMC Family Practice, 17 \(2016\), p. 146](#)
- [Khunti KH et al. Diabetes Care. 2013; 36\(11\):3411-3417](#)

- Ross SA. Am J Med. 2013; 126 (9suppl 1): S28-S48
- Joy SV. Diabetes Educ. 2008; 34 (suppl 3): 54S-59S.
- Grant R, et al. Diabetes care. 2007; 30:807-812
- Korytkowski M. Int J Obesity. 2002; 26 (suppl 3): S18-S24
- Karter AJ, et al. Diabetes Care. 2010; 33 (4):733-735