

approach for recently diagnosed type 1 patients. Those interested in being clinical investigators may go to www.clinicaltrials.gov for further contact information.

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2643-PO

The Effect of Repaglinide for Blood Glucose Fluctuations in Japanese

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mia at night or postprandial hyperglycemia has more important effect on outbreak or progression of diabetic complications than HbA1c. So we have to

litus patients. Repaglinide was launched to treat type2 diabetes mellitus (DM) patients in January 2014 in Japan. We used continuous glucose monitoring

with glimepiride or repaglinide in same patient. Subjects are the type 2 DM patients going to Kyoto Prefectural University of Medicine Hospital as outpatients treated with glimepiride alone or using biganide together. They are

of glimepiride. 2 months after starting to take repaglinide, they are performed second CGMS again.

in CGMS by changing glimepiride to repaglinide. Urinary 8-OHdG and 8-iso-prostane which are oxidative stress markers and serum IL-6 and hsCRP which

In this study, we showed that the treatment with repaglinide has some

WITHDRAWN

2644-PO

2646-PO
Pioglitazone and Risk for Bladder Cancer: Contemporary Insights and Evidence Based Perspectives

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Recent studies indicate a possible association between pioglitazone use and bladder cancer development. However, in parallel are reports that ques-

and variable risks due to different ethnicities. We searched electronic databases (Medline, Pubmed) upto September 2012 to identify and study literature including peer reviewed case studies, observational studies, case control and

cancer. Bibliographies of retrieved papers for additional references were hand searched and included for analysis. Total 36 papers published for relationship between Pioglitazone and bladder cancer. Only 7 Meta analysis, pooled data, retrospective cohort, review reports suggest association between pioglitazone and bladder cancer. However, no clinical trial been reported to claim such an association. No prospective evaluations have ever been conducted to justify or refute such an association. Propensity score matched cohort study

any incident bladder cancer case among 422 pioglitazone users for follow-up of up to 3 years. Observational studies may suffer from not only selection bias but also from information bias. Inadequate adjustment for confounders

interpreted with caution. Indication bias be addressed, especially when it is used at late stage. As pioglitazone is used as second or third line, users are characterized by older age, longer diabetes duration, poorer glycemic control, higher complication rates and comorbidities. Current evidence neither concludes nor excludes causal role of pioglitazone on bladder cancer. Our exploratory analysis suggests, level of evidence for association of bladder carcinoma and pioglitazone is low and biased with multiple confounding variables.

2647-PO

Alogliptin Can Be the First Treatment Choice in Patients With Untreated Severe Type 2 Diabetes Mellitus Who Require Inpatient Treatment

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Diabetes mellitus (DM) is asymptomatic, and patients may suddenly visit

diabetes specialists. Before the patients are referred to a diabetes-specialized hospital and treated, glycemic control deteriorates, resulting in increased risk for progression to metabolic disorders. Thus, initial treatment for such patients, unlike those with a mild condition, should ensure rapid and safe reduction in blood glucose to remove the risk of metabolic disorders. To explore treatment strategies, we examined those usually applied before admission. The subjects were 73 untreated type 2 diabetic patients with hemoglobin A1c (HbA1c) of at least 8.5% and casual blood glucose (BG) of at least 250 mg/dL. They were divided into 3 groups: the observation group not receiving treatment until admission (n=37), the group receiving sulfonylurea (SU group; n=9), and the group receiving dipeptidyl-peptidase 4 inhibitor (DPP4-I group; n=27).

WITHDRAWN

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