Developed independently by a team of experts, evidence-based, and vetted through a rigorous, multi-step peer review process, the Evaluation and Management of Adult Hypoglycemic Disorders Guideline addresses:

- The Workup for a Hypoglycemic Disorder
- Evaluation and Management of Hypoglycemia in Persons without Diabetes Mellitus
- Evaluation and Management of Hypoglycemia in Persons with Diabetes Mellitus

To purchase the available guidelines visit: www.endo-society.org/guidelines/Current-Clinical-Practice-Guidelines.cfm.

To view patient guides (companion pieces to the clinical guidelines), visit The Hormone Foundation’s Web site at www.hormone.org/public/patientguides.cfm.

Be among the best. Become a member of The Endocrine Society and align yourself with endocrine thought leaders from around the world. With more than 14,000 members in over 100 countries, The Endocrine Society represents the entire endocrine community—scientists, educators and physicians—offering an unparalleled forum for cross-discipline collaboration. Membership in the Society unlocks an array of professional benefits including exclusive networking and educational opportunities; immediate access to peer-reviewed scientific journals; proactive advocacy efforts; ENDO, the world’s premier endocrinology meeting; essential practice resources and much more. For those dedicated to superior endocrine research and clinical care, membership is essential.
Mark your calendar for

The Endocrine Society’s
Clinical Endocrinology Update
Atlanta, Georgia | October 8–11, 2009

Join colleagues for the premier professional educational conference on the current standard of care in endocrinology, diabetes and metabolism.
This is your opportunity to:
- Learn from nationally recognized faculty
- Explore common and evolving topics
- Connect with colleagues
- Earn up to 23.5 CME AMA PRA Category 1 Credits™

Make Your Reservation Today. Plan now to attend CEU 2009 at the Marriott Marquis, conveniently located in Downtown Atlanta.
To learn more, visit:
www.endo-society.org/meetings/CEU

Get Moving with The Hormone Foundation’s
ENDO Step Challenge!

Pick up your free pedometer on June 10th at the ENDO booth.
Track the number of steps you walk and compete for a grand prize.
By registering, you are also eligible to win prizes in daily raffles!

NEW! This year the Step Challenge is open to teams from academic institutions, trainees, corporations, and other organizations attending the Annual Meeting.
Please contact Anna Meenan at 901-951-2619 or ameenan@endo-society.org for more information.
(Team fee: $100; Trainee team fee: $20; limit 10 participants per team)

The Hormone Foundation was established in 1997 by The Endocrine Society to serve as a resource for the public by promoting the prevention, treatment and cure of hormone-related conditions through outreach and education.
The Endocrine Society’s 2009 Election

Time is running out to vote.

Electronic ballots were sent to members with voting privileges in early January 2009. Information for online voting can be accessed by visiting http://www.endo-society.org/membership/election.cfm.

Questions should be directed to Elizabeth Kan at 301.941.0206 or ekan@endo-society.org.

Electronic votes must be received by midnight EST on March 9, 2009.

Last Call. Vote.

Some Awards Hang on Walls. These Open Doors.

Each year, The Endocrine Society Awards recognize the outstanding career achievements of a select group of individuals working at the forefront of endocrinology. Worth more than $1.5 million in total, the awards recognize contributions in basic research, clinical research and clinical practice that are advancing the field of endocrinology.

Recipients include more than 750 members and non-members, from trainees in the early stages of their careers to senior endocrinologists at the pinnacle of the field. These individuals are collectively pushing back the frontiers of the field, and pointing the way to promising new insights and treatments.

Learn how The Endocrine Society Awards can open doors for you at http://www.endo-society.org/awards/index.cfm.
**Hypoglycemia**

In a randomized, double-blind, controlled study in healthy subjects, to reduce the risk of hypoglycemia associated with the oral administration of carbohydrate. To reduce the risk of hypoglycemia associated with the sulfonylurea. Therefore, patients receiving BYETTA in combination with a sulfonylurea may in combination with metformin, no increase in the incidence of hypoglycemia was reported without an accompanying blood glucose measurement. When BYETTA was used an episode was recorded as an adverse event if the patient reported symptoms associated with periodic blood glucose monitoring and HbA1c testing, recognition and management of as well as concomitant oral drugs, adherence to meal planning, regular physical activity, including nausea, vomiting, and/or diarrhea. Therefore, the use of BYETTA is not recommended in preclinical or clinical studies.

**ADVERSE ACTIONS**

* In three 30-week placebo-controlled clinical trials.

Table 1: Incidence (%) of Hypoglycemia* by Concomitant Antidiabetic Therapy

<table>
<thead>
<tr>
<th>Hypoglycemia</th>
<th>Placebo</th>
<th>BYETTA 5 mcg</th>
<th>BYETTA 10 mcg</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Metformin</td>
<td>4.5%</td>
<td>3.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>With Sulfonylurea</td>
<td>29%</td>
<td>39%</td>
<td>41%</td>
</tr>
<tr>
<td>With Met/SMU</td>
<td>22%</td>
<td>24%</td>
<td>24%</td>
</tr>
</tbody>
</table>

* In three 30-week placebo-controlled clinical trials.

BYETTA and placebo were administered before the morning and evening meals. Abbreviations: BD, twice daily; MET/SFU, metformin and a sulfonylurea.

Most episodes of hypoglycemia were mild to moderate in intensity, and all resolved with oral administration of carbohydrate. To reduce the risk of hypoglycemia associated with the use of a sulfonylurea, reduction in the dose of sulfonylurea may be considered (see DOSAGE AND ADMINISTRATION). When used as add-on to a thiazolidinedione, with or without metformin, the incidence of symptomatic mild to moderate hypoglycemia with BYETTA was 11% compared to 7% with placebo.

BYETTA did not alter the counter-regulatory hormone responses to insulin-induced hypoglycemia in a randomized, double-blind, controlled study in healthy subjects.

**Information for Patients**

* Patients should be informed of the potential risks of BYETTA.

**Drug Interactions**

- **Abbreviations:** BID, twice daily; MET/SFU, metformin and a sulfonylurea.

- **Adverse reactions** have been reported. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- **Potential immunogenicity**—Recent studies have suggested that treatment with BYETTA may result in a reduced ability of the immune system to mount an immune response to the peptide pharmaceuticals, patients may develop anti-exenatide antibodies following treatment.
BYETTA delivered powerful A1C reductions with weight loss,* giving patients a chance at success

When BYETTA 10 mcg BID was added to a patient’s type 2 diabetes treatment plan in a 30-week clinical trial (N = 147), there was a

- In phase 3, double-blind, placebo-controlled registration trials, patients taking BYETTA 10 mcg BID with metformin and/or a sulfonylurea experienced an average A1C reduction of 0.8% and an average weight loss of 4.2 pounds at 30 weeks (N = 483).4

*Open-label, active-controlled comparator trial.

BYETTA® is indicated as adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus who are taking metformin, a sulfonylurea, a thiazolidinedione, a combination of metformin and a sulfonylurea, or a combination of metformin and a thiazolidinedione, but have not achieved adequate glycemic control.

*BYETTA is not indicated for the management of obesity, and weight change was a secondary endpoint in clinical trials.

Important Safety Information

BYETTA is not a substitute for insulin in insulin-requiring patients, and should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

Patients should be observed for signs and symptoms of acute pancreatitis (persistent severe abdominal pain which may be accompanied by vomiting). If pancreatitis is suspected, BYETTA and other potentially suspect drugs should be discontinued.

Patients should be observed for signs and symptoms of hyperosmolality reactions. BYETTA is not recommended for use in patients with end-stage renal disease, severe renal impairment, or severe gastrointestinal disease.

Patients should be observed for signs of altered renal function, including those who are taking concomitant agents known to affect renal function/hydration status.

Patients receiving BYETTA concomitantly with a sulfonylurea have an increased risk of hypoglycemia. To reduce the risk of hypoglycemia, clinicians may consider reducing the sulfonylurea dose.

The most common adverse events associated with BYETTA were nausea, vomiting, diarrhea, feeling jittery, dizziness, headache, and dyspepsia.

For additional safety information and other important prescribing considerations, please see the following page for Brief Summary of Prescribing Information.


BYETTA HAS A

3.5 years on the market
7.5 million prescriptions written†
6 years of patient experience

PROVEN HISTORY

For patients with type 2 diabetes

8,000,000 AMERICANS WITH TYPE 2 DIABETES HAVE NOT REACHED THE ADA A1C TARGET1,2

13,000,000 ARE OVERWEIGHT1,3