June 2026 | Newsletter Vol. 48 | Issue 6

RSSDI NEWS

THE OFFICIAL BULLETIN OF RSSDI

MESSAGE FROM THE RSSDI PRESIDENT

Dr. Anuj Maheshwari

President's Message: RSSDI moving Rural to Global

Dear Colleagues,

RSSDI today stands at a unique crossroads — touching the rural pulse of India while extending its voice to the global stage.

Through our Rural Outreach Program, state chapters are adopting villages every month, and now individual members may also join this mission with their own resources. By following our protocols and SOPs, they will help strengthen primary diabetes care where it is needed most. In rural India, poor compliance, inadequate monitoring, and limited access remain serious barriers. Too often, patients stop medication once glucose levels normalize, unaware of the risks. And let us remember — nearly 1.5 times more people are in the prediabetes stage, progressing rapidly to diabetes unless we act.

RSSDI has recently published its **"Position Statement on Prediabetes & Type 2 Diabetes in India"** in IJDDC. Evidence shows that metabolic disturbances and complications often precede diagnosis, and prediabetes itself carries significant cardiovascular risk. Early identification, individualized management, and integration of cardiometabolic risk assessment into routine care are essential. Strengthening primary care, raising awareness, expanding preventive services, and leveraging digital and community-based approaches can substantially reduce India's future diabetes burden.

On the global front, RSSDI is committed to **international outreach.** While we learn from Western practices, many Asian and African nations look to us for pragmatic solutions suited to resource-limited settings. India, with the world's highest number of diabetes and prediabetes cases, has unparalleled experience in managing this epidemic under constraints. **It is time our guidelines flow outward, sharing our insights globally.**

We recently hosted an online program for Asian countries to disseminate learnings from the 86th ADA Conference in New Orleans. Our next international update is scheduled for **27th July 2026, from 4:30 PM to 6:30 PM IST.** I invite all members to join and contribute to shaping diabetes care across Asia.

Finally, I look forward to meeting you at our **National Conference in Bengaluru from 19–22 November 2026**, where innovations from rural India to global collaborations will be showcased.

Together, let us ensure that India not only addresses its own diabetes challenge but also leads the world in pragmatic, resource-sensitive solutions.

With warm regards,

Prof. Anuj Maheshwari
MD, MACP

MESSAGE FROM THE RSSDI TREASURER
Dr. Pratap Jethwani

Dear Colleagues and Esteemed Members,

It is an honor to connect with you through our monthly RSSDI e-newsletter. As National Treasurer, I extend my warmest greetings to each of you. Our collective dedication continues to drive RSSDI's mission of advancing diabetes care and research across the nation.

I strongly appeal to all members to visit the official RSSDI website regularly so as to stay connected and get regular updates about our organization. Website has been transformed into an excellent learning platform, offering a wealth of resources, clinical guidelines, and recent scientific updates right at your fingertips. Actively engaging with this portal is vital for our continuous professional growth.

Furthermore, I am very happy to invite you all to our highly anticipated **54th annual conference of RSSDI (RSSDI 2026)**, scheduled to take place in Bengaluru from **November 19–22, 2026.** This flagship event promises an extraordinary lineup of national- international experts, cutting-edge research presentations, and invaluable networking opportunities.

I earnestly encourage every member to register early and ensure your presence. Let us converge in Bengaluru to share knowledge, foster collaboration, and further elevate the standards of diabetes care in India.

Thank you for your unwavering support and commitment to RSSDI.

Dr. Pratap Jethwani, Treasurer, RSSDI

MESSAGE FROM THE
RSSDI Newsletter, Editorial Team

Dear RSSDI Members,

The month of June offers us an opportunity to pause, reflect, and appreciate the remarkable work being carried out by our members across the country. Every day, in clinics, hospitals, teaching institutions, research centres, and community programmes, RSSDI members continue to make a meaningful difference in the lives of people living with diabetes.

Our work often extends far beyond prescribing medicines or interpreting laboratory reports. It involves listening patiently, motivating families, guiding lifestyle changes, preventing complications, supporting young colleagues, and remaining available during some of the most difficult moments in a patient's life. These efforts may not always be visible, but their impact is profound and long-lasting.
June has also been a month of continued academic exchange, awareness initiatives, training programmes, and professional collaboration. Such activities remind us that the strength of RSSDI lies not only in scientific excellence, but also in the collective spirit of its members. By sharing knowledge, supporting research, and encouraging the next generation of physicians, we continue to strengthen diabetes care in India.

As we approach **National Doctors' Day**, I would like to extend my heartfelt greetings and sincere appreciation to every member of the RSSDI family. Being a doctor is both a privilege and a responsibility. It demands knowledge, compassion, resilience, and an unwavering commitment to patient welfare.

On this special occasion, let us also remember to care for our own health and well-being. A healthy, balanced, and emotionally supported physician is better equipped to provide thoughtful and compassionate care to others.
Wishing all our members a very **Happy Doctors' Day**. May we continue to serve with humility, learn with curiosity, lead with integrity, and bring hope to every patient who places their trust in us.

With warm regards,

Dr. Lotika Purohit
Editor
RSSDI Newsletter


Dr. Lotika Purohit


Dr. Anubha Verma


Dr. Aarathi Kannan


Dr. Bharat Kukreja


Dr. Ajay Singh


Dr. Shambo Samajdar


Dr. Vinay Dhandhania


Dr. Vipul Chavda

Dr Rajesh Kesari
National EC Member, RSSDI

Insider Info : Know Your EC Member

1. Your journey with diabetes care?

Early in my career, I saw many patients suffering from diabetes complications and realised medicines alone were not enough. I studied extensively, attended conferences, trained at Johns Hopkins and Cardiff, and developed a programme centred on education, diet, exercise, and adherence.

2. What's your go-to hobby?

I enjoy morning walks, photography, ghazals, qawwalis, and classic film songs. I also play the harmonium and sing.

3. Hidden talent?

Theatre—especially acting.

4. Professional Insights

1. Current role and passion project?

Serving on the RSSDI National Executive Committee excites me. I contribute to guidelines, the Diabetes Wheel, conferences, and the School Outreach Programme.

2. RSSDI's impact on your practice?

RSSDI has connected me with experts, discussions, and emerging therapies. I share this learning through lectures and programmes.

3. Achievement you're proud of?

Helping organise the Maha Kumbh diabetes camp in Prayagraj, where 40,000 people were screened and counselled, remains unforgettable.

5. Vision for RSSDI

1. How can we improve diabetes care in India?

Empowering family physicians and educating children and parents can shift diabetes care from treatment to prevention.

2. Your contribution to RSSDI's mission?

I contribute through guideline committees, expert panels, SOPs, state coordination, and prevention-focused outreach.

3. Message for RSSDI members?

Be your patient's friend. Listen, communicate, follow evidence, embrace technology, and never forget that medicine is about humanity, kindness, compassion, and empathy.

RSSDI Rural Outreach Village Adoption Program

- The Research Society for Study of Diabetes in India (RSSDI) Rural Outreach Village Adoption program aims to reduce the rising burden of diabetes, obesity, and hypertension in rural India by adopting 100+ villages for targeted screening, education, and, in collaboration with Rotary India, providing access to care. RSSDI doctors and state chapters conduct regular health screenings, train local healthcare staff, and promote healthy lifestyles to improve outcomes for undiagnosed or undertreated rural populations.
- **Village Adoption Goal:** RSSDI aimed to adopt 100 remote villages across India to provide, for example, diagnostic kits, glucometers, and BP apparatus to rural areas.
- **Targeted Screenings & Care:** Doctors conduct mass screenings, fill community-based assessment checklists (CBAC), and refer patients with non-communicable diseases (NCDs) to primary health centers.
- **Education and Prevention:** The program offers educational sessions to rural residents on dietary habits, exercise, and lifestyle changes to prevent complications.
- **Knowledge Transfer:** Acting as a knowledge partner, RSSDI trains local medical and paramedical staff to ensure sustainable, high-quality diabetes care in these villages.

Villages Adopted

- **Thamaraipakam Village near Chennai**
- **Vakkampatti Village, Dindukal District**
- **Vallimalai village, Vellore**
- **Safedabad, Kiwadi, Daniyalpur, Mubarakpur in Barabanki district, UP**
- **Bagsuma and Ratanpura villages in Dhanbad district of Jharkhand**
- **Izarhatta, Benipur, Darbhanga, Bihar**
- **Bazpatti, Sitamarhi, Bihar**
- **Village TEMRI Near FUNDAHAR Raipur Chattisgarh**
- **Village Gharbara, Mizoram**

RSSDI Rural Outreach Programme – Village Adoption Initiative – RSSDI UP Chapter

As part of its commitment to strengthening diabetes awareness and early detection in rural India, the Research Society for the Study of Diabetes in India (RSSDI), UP Chapter, adopted Ward No. 7 of Nagar Panchayat Budhanpur, Azamgarh, Uttar Pradesh, on 27 June 2026 under its Rural Outreach Programme.

The ward has an estimated population of approximately 500, with a male:female ratio of 2:1. During the initial community-based random blood sugar screening, more than 70 individuals were identified with elevated blood glucose levels suggestive of diabetes and were enrolled for further evaluation and follow-up.

The programme was conducted in the presence and with the support of Mr. Mahesh Sharma, Sabhasad of Ward No. 7. This initiative was led by Dr Narsingh Verma EC Member National RSSDI , Dr Ajoy Tewari Secretary UP Chapter of RSSDI and Dr. Gaurav Singh, District Leader (Azamgarh) and Lifetime Member of RSSDI, who has committed to ensuring regular diabetes screening, structured patient follow-up, and ongoing awareness camps to improve diabetes prevention and management within the community.

This initiative reflects RSSDI's vision of promoting early diagnosis, improving access to diabetes care, and empowering rural communities through sustained health education.

FOGSI-RSSDI COLLABORATION MEETING IN PUDDUCHERRY FOR DIABETES CARE IN PREGNANCY

Collaboration among medical specialities and professional organizations has become the need of the hour, particularly in the management of diabetes. This condition adversely affects nearly every system of the human body, and its impact is magnified during pregnancy.

When a mother with diabetes conceives, uncontrolled blood glucose poses serious risks to organogenesis, increasing the likelihood of congenital malformations. Beyond immediate pregnancy outcomes, poor glycemic control also raises the risk of diabetes in the next generation. Moreover, microvascular complications such as nephropathy, neuropathy, and retinopathy tend to worsen during pregnancy, making early screening and strict control essential.

To minimize risks, it is recommended to maintain HbA1c levels at:
≤6.5% in type 2 diabetes
≤7% in type 1 diabetes (given the higher risk of hypoglycemia)
Gestational diabetes is defined as hyperglycemia first detected during pregnancy, with a 2-hour post–75 g oral glucose tolerance test (OGTT) value exceeding 140 mg/dL.

This condition arises due to progressively increasing insulin resistance, which supports fetal growth and fat deposition. Women with a genetic predisposition to diabetes often struggle to meet this metabolic challenge, leading to hyperglycemia.

Management involves:

- Medical nutrition therapy as the first-line approach
- Insulin therapy if dietary measures are insufficient
- Metformin as an alternative for mothers unwilling to use insulin injections

Puducherry Consensus Initiative:

- Recognizing the urgency of unified guidelines, the Research Society for the Study of Diabetes in India (RSSDI) — the world's largest body of diabetes practitioners — joined hands with the Federation of Obstetric and Gynecological Societies of India (FOGSI).

FOGSI-RSSDI COLLABORATION MEETING IN PUDDUCHERRY FOR DIABETES CARE IN PREGNANCY

RSSDI: President Dr. Anuj Maheshwari, President-elect Dr. Sunil Gupta, Secretary General Dr. Rakesh Parikh.

FOGSI: President Dr. Bhaskar Pal, Vice President Dr. Priti Kumar, and Dr. Bharti Maheshwari (Chair of the Committee for Safe Abortion, and also an RSSDI member)

This collaboration marks an innovative beginning between two of India's largest professional organizations. The outcome will be a consensus document, expected soon, that will harmonize protocols for screening, treatment, and follow-up of hyperglycemia in pregnancy.

Key Takeaway

Diabetes in pregnancy is a multidisciplinary challenge that requires coordinated care between endocrinologists, obstetricians, neonatologists, and nutritionists. The Puducherry consensus initiative sets the stage for integrated, evidence-based management — protecting maternal health, ensuring safe fetal development, and reducing long-term generational risks.

Bridging the Gap in Diabetes Care: "Diabetes Distilled"

While diabetology is traditionally taught primarily within the Medicine department, the escalating prevalence of Diabetes Mellitus dictates a new reality: healthcare professionals across all medical and surgical specialties encounter it daily. Whether managing glycemic control during surgery or navigating gestational diabetes in obstetrics, a strong foundation in contemporary diabetes management is an absolute necessity for interns, residents, and faculty across every medical domain.

Recognizing this critical interdisciplinary need, an upcoming Continuing Medical Education (CME) program titled "Diabetes Distilled" is being organized under the aegis of the Research Society for Study of Diabetes in India (RSSDI) - Uttar Pradesh Chapter. This initiative is designed to democratize essential diabetes education and keep our broader medical community abreast of the latest evidence-based practices.

Program Highlights and Objectives The primary objective of "Diabetes Distilled" is to enhance clinical acumen and update the knowledge base of faculty, resident doctors, interns, final-year undergraduate students, and other interested healthcare professionals.

Bridging the Gap in Diabetes Care: "Diabetes Distilled"

To respect the demanding schedules of our clinicians while maximizing educational yield, the CME is structured as a focused, high-yield 2-hour academic event. The comprehensive yet concise curriculum will cover:

- Diagnostic Evolution: Recent updates in diagnostic criteria and modern screening protocols.
- Therapeutic Advancements: Newer pharmacological agents and evidence-based therapeutic strategies.
- Interdisciplinary Challenges: Management of diabetes in special situations, including pregnancy and surgical contexts.
- Complication Management: Practical approaches to the prevention and management of both microvascular and macrovascular complications.

The academic sessions will be delivered by distinguished faculty and subject-matter experts from across the state. Following the lectures, attendees will have the opportunity to engage in interdepartmental discussions and networking over an organized high tea. "Diabetes Distilled" represents a vital step toward ensuring that all future and current practitioners are fully equipped to combat the diabetes epidemic, regardless of their primary medical specialty.

Till now 10 such programs have been organised in different medical colleges of UP
The Naional RSSDI has approved this concept and our President Prof Anuj Maheshwari has initiated this and has conducted such program at national level.

RSSDI Karnataka Chapter Conducts Comprehensive Health Camp for Persons with Diabetes in Bengaluru was conducted on June 8th 2026

As part of its ongoing commitment to community outreach and preventive diabetes care, the RSSDI Karnataka Chapter successfully conducted a comprehensive health camp for persons with diabetes (PWD) in Bengaluru on 8 June 2026under the leadership of Dr. Syed Javaz, Chairman-Elect, RSSDI Karnataka Chapter.

The camp was organized with the objective of promoting early detection of diabetes-related complications and providing accessible health screening services to the community. Participants underwent a range of investigations, including:

- Blood Sugar Testing
- Lipid Profile
- Eye Scan
- Electrocardiography (ECG)
- Fibro Scan

The response to the camp was encouraging, with a total of 172 patients being screened during the one-day program. The screenings facilitated early identification of metabolic abnormalities and potential complications, enabling timely medical advice and appropriate referrals where necessary.

The RSSDI Karnataka Chapter continues to actively engage in community-based initiatives aimed at increasing awareness, improving early diagnosis, and strengthening diabetes care across the state. Such outreach programs reaffirm the Chapter's commitment to its mission of advancing diabetes prevention, education, and holistic patient care.

Dr. Karthik Munichoodappa
Hon. Secretary
RSSDI Karnataka Chapter

CME on Advances in Diabetes Management Held in Kolar District was conducted ion June 14th 2026

As part of its continued efforts to promote academic excellence and enhance diabetes care, a Continuing Medical Education (CME) programme was organized by Dr. Rajendra, Senior Member of RSSDI Karnataka Chapter, for doctors from Kolar and the surrounding districts.
The programme was well attended by family physicians and general practitioners, reflecting the keen interest among primary care physicians in updating their knowledge of diabetes management.

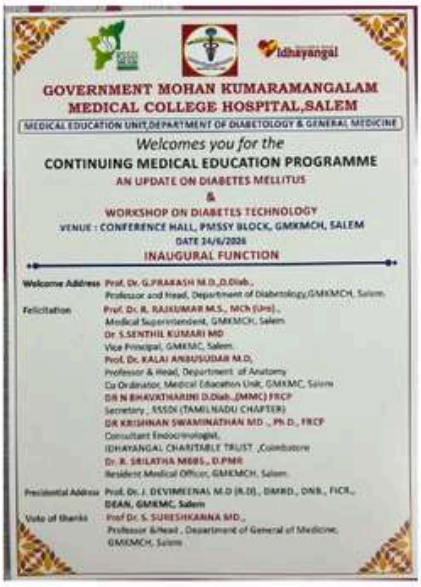
The CME focused on recent advances in diabetes care, including updates on current treatment guidelines, emerging therapies, individualized management strategies, and practical approaches to managing diabetes and its associated comorbidities. Interactive discussions on contemporary treatment modalities and evidence-based practices enriched the academic session.
The RSSDI Karnataka Chapter appreciates the efforts of Dr. Rajendra in organizing this educational initiative, which contributes significantly to enhancing the knowledge and skills of physicians involved in diabetes care and ultimately benefits patients across the region.

Dr. Karthik Munichoodappa
Hon. Secretary
RSSDI Karnataka Chapter

Activities Report :
RSSDI Tamil Nadu Chapter

ACTIVITY:1

Prof. Dr. G.Prakash, Governing Council Member of Tamilnadu RSSDI, conducted an Update on Diabetes Mellitus & Workshop on Diabetes Technology at Government Mohan Kumaramangalam Medical College Hospital, Salem. Dr. Bhavadharini, Secretary, Tamil Nadu RSSDI, also gave an awareness talk about Pregnancy and Diabetes Mellitus. Beneficiaries: 250


GOVERNMENT MOHAN KUMARAMANGALAM
MEDICAL COLLEGE HOSPITAL,SALEM
MEDICAL EDUCATION UNIT,DEPARTMENT OF DIABETOLOGY & GENERAL MEDICINE
Welcomes you for the
CONTINUING MEDICAL EDUCATION PROGRAMME
AN UPDATE ON DIABETES MELLITUS
&
WORKSHOP ON DIABETES TECHNOLOGY
VENUE : CONFERENCE HALL, PMSSY BLOCK, GMKMCH, SALEM
DATE 24/6/2026
INAUGURAL FUNCTION

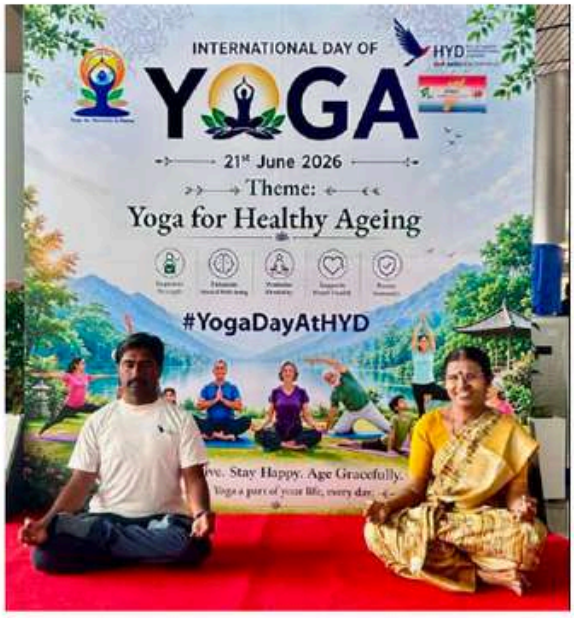

SCIENTIFIC PROGRAMME SCHEDULE

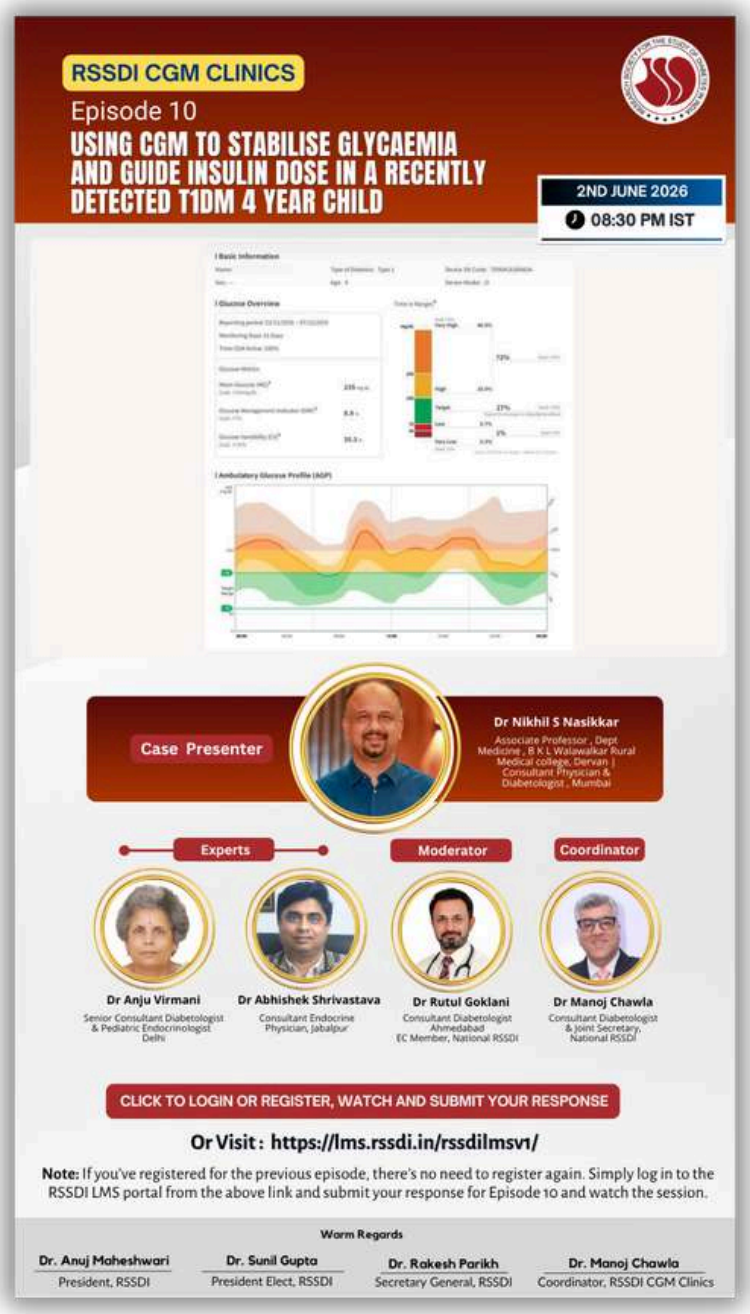
TIME	TOPIC	SPEAKER
10.00 TO 10.30 AM	APPROACH TO DIABETES MELLITUS	Prof Dr.G.PRAKASH M.D., D.Diab., Professor &Head , Department Of Diabetology, GMKMC, Salem.
10.30 TO 11.00 AM	INSULIN DEMYSTIFIED	Dr KRISHNAN SWAMINATHAN MD ., Ph.D., FRCP Consultant Endocrinologist, Idhayangal Charitable Trust Coimbatore
10.30 TO 11.00 A.M	INAUGURATION	
11.00 TO 11.30 AM	PREGNANCY AND DIABETES MELLITUS	DR N BHAVATHARINI D.Diab., (MMC) FRCP Secretary , RSSDI (Tamilnadu Chapter)
11.30 TO 12.00 PM	ORAL HYPOGLYCEMIC AGENTS, GOOD , BAD AND UGLY	Prof Dr.G.PRAKASH M.D., D.Diab., Professor &Head , Department Of Diabetology, GMKMC, Salem
12.00 To 12.30 PM	CLINICAL ERRORS IN THE MANAGEMENT OF DIABETES MELLITUS	Dr KRISHNAN SWAMINATHAN MD ., Ph.D., FRCP Consultant Endocrinologist, Idhayangal Charitable Trust Coimbatore
12.30 TO 1.00 PM	PANEL DISCUSSION	
1 PM TO 2 PM LUNCH BREAK		
2.00 TO 4.00 PM	WORSHOP ON DIABETES TECHNOLOGY HANDS ON WORKSHOP AMBULATORY GLUCOSE MONITORING AND INTERPRETATION INSULIN PUMP – WHEN ,WHAT , WHERE AND HOW ?	

Activities Report :
RSSDI Tamil Nadu Chapter

ACTIVITY:2

Dr. Bhavadharini, Secretary, Tamilnadu RSSDI, on occasion of International Yoga Day, Demonstrated yoga and explained its benefits for Public. Beneficiaries: 75





RSSDI CGM Clinics – Episode 10
RSSDI Case Files – Episode 37

During February, RSSDI conducted CGM Clinics Episode 10 on 02nd June, focusing on the topic **"Using CGM to stabilise glycaemia and guide insulin dose in a recently detected T1DM 4 year child"**. The session was presented by Dr Nikhil S Nasikkar and featured an expert panel comprising Dr Anju Virmani & Dr Abhishek Shrivastava, with Dr Manoj Chawla and Dr Rutul Goklani as the moderators. The episode generated meaningful discussions and provided practical CGM-guided remission strategies.

RSSDI also hosted Case Files Episode 37 on 17th June, titled **"Interesting case of drug induced Diabetes"** The case was presented by Dr Jimit Vadgama, with expert insights from Dr Dr V K Goyal, Dr DC Tirupathi Rao, Dr Sanjay Dash and Dr Rajesh Agravval, under the convenership of Dr Pratap Jethwani and Dr N. K. Singh.

RSSDI Virtual Journal Club

This month, RSSDI conducted its fourth Virtual Journal Club on 30th June, hosted by International Journal of Diabetes in Developing Countries (IJDDC) & International Journal of Clinical Metabolism and Diabetes (IJCMD).

Quiz

MCQ 1 — Detecting "silent" advanced fibrosis

Q1. A 58-year-old man has type 2 diabetes for 12 years, hypertension and a BMI of 31 kg/m². Ultrasonography shows hepatic steatosis. He consumes no alcohol. Laboratory results are:

- AST: 48 U/L
- ALT: 42 U/L
- Platelets: 150 × 10⁹/L
- Bilirubin and albumin: normal

What is the most appropriate next step?

a. Reassure him because liver synthetic function is normal and repeat liver enzymes after one year

b. Arrange liver biopsy immediately to diagnose MASH

c. Calculate FIB-4; because it is above 2.67, refer for hepatology assessment and advanced fibrosis evaluation

d. Repeat ultrasonography after six months to assess progression of steatosis

Case-based MCQ 2 — Integrating metabolic and liver-directed treatment

Q2. A 55-year-old woman has type 2 diabetes, a BMI of 35 kg/m² and biopsy-confirmed MASH with stage F2 fibrosis. She has no clinical, imaging or laboratory evidence of cirrhosis. Her HbA1c is 8.3% while taking metformin. Which management strategy is most appropriate?

a. Stop her statin and initiate vitamin E as sole treatment

b. Wait until cirrhosis develops before considering liver-directed pharmacotherapy

c. Consider resmetirom, subject to local approval and prescribing criteria, while intensifying lifestyle, weight and diabetes management with an incretin-based therapy when indicated

d. Start resmetirom and discontinue all glucose- and weight-lowering medications

Prepared by :
Dr. Shambo Samajdar

Please find the answers and explanations at the end of this newsletter.

RSSDI Charitable & Community Outreach Activities led by RSSDI Members

FREE CAMP

Date : 13 June 2026

Tambaram Medical Center and Hospital, under the banner of RSSDI, successfully organized a Free Eye and Dental Screening Camp on 13th June 2026, benefiting more than 100 participants from the community. The camp emphasized the importance of regular eye and oral health screening for early detection and prevention of diabetes-related complications, promoting better overall health and well-being.

HEALTH AWARENESS SCREENING CAMP

Date : 19 June 2026

Quest Diabetic Clinic & Diagnostic Centre successfully organized a Health Awareness Screening Camp on 19th June 2026, dedicated to the early detection and prevention of Diabetes and Hypertension. Conducted in association with the International Diabetes Federation (IDF) and RSSDI, the camp aimed to promote health awareness and encourage proactive health screening within the community.

Participants underwent basic health assessments, including blood sugar and blood pressure screening, and received guidance on healthy lifestyle practices, risk factor modification, and the importance of regular monitoring. The initiative witnessed enthusiastic community participation and reinforced the importance of early diagnosis in preventing long-term complications.

At Quest, we remain committed to bringing quality healthcare closer to the community through regular awareness programs, preventive screenings, and patient education initiatives.

Together, we are working towards a healthier tomorrow.
Quest Diabetic Clinic & Diagnostic Centre, Asansol
Leading You for a Healthy Tomorrow.

Introducing ROBot
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Launched as part of the RSSDI Member ReConnect Program, ROBot is designed to enhance member engagement and provide quick access to RSSDI services anytime, anywhere.

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54th RSSDI 2026

19-22 NOVEMBER Bengaluru

ANNUAL CONFERENCE OF THE RESEARCH SOCIETY FOR THE STUDY OF DIABETES IN INDIA (RSSDI)

Venue:
Clarks Exotica, Bengaluru

Call for Abstract Submission

Last Date: 31st July 2026

We are delighted to invite you to submit your abstract for the **54th Annual Conference of RSSDI 2026**, scheduled to be held in Bangalore, Karnataka, from **19th to 22nd November 2026** at Clarks Exotica Bengaluru.

Click here to submit your abstract

Or Scan the QR code
or visit the link below directly

www.rssdi.in/abstract2026/

Dr. Anuj Maheshwari
President
National RSSDI

Dr. Sunil Gupta
Scientific Chair, RSSDI 2026
National President Elect, RSSDI

Dr. Rakesh Parikh
Secretary General
National RSSDI

Dr. K M Prasanna Kumar
Org. Chairperson
RSSDI 2026

Dr. L Sreenivasa Murthy
Org. Secretary
RSSDI 2026

RESEARCH SOCIETY FOR THE STUDY OF DIABETES IN INDIA

RESEARCH SOCIETY FOR THE STUDY OF DIABETES IN INDIA
RSSDI Karnataka Chapter

54th RSSDI 2026

19-22 NOVEMBER Bengaluru

Venue:
Aldovia Resort & Convention
(formerly Clarks Exotica)

CALL FOR FELLOWSHIP

We are pleased to invite applications for the **RSSDI Fellowships for the year 2026**. Eligible members are encouraged to submit their applications and supporting documents for consideration

Applications may be submitted through the official RSSDI Fellowship portal :

Scan the QR code to apply for fellowship

or visit the link below directly

www.rssdi.in/rssdi-fellowships/

Dr. Anuj Maheshwari
President
National RSSDI

Dr. Sunil Gupta
Scientific Chair, RSSDI 2026
National President Elect, RSSDI

Dr. Rakesh Parikh
Secretary General
National RSSDI

Dr. K M Prasanna Kumar
Org. Chairperson
RSSDI 2026

Dr. L Sreenivasa Murthy
Org. Secretary
RSSDI 2026

Quiz Answer Key

MCQ 1 — Detecting "silent" advanced fibrosis

A 58-year-old man has type 2 diabetes for 12 years, hypertension and a BMI of 31 kg/m². Ultrasonography shows hepatic steatosis. He consumes no alcohol. Laboratory results are:

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What is the most appropriate next step?

A. Reassure him because liver synthetic function is normal and repeat liver enzymes after one year
B. Arrange liver biopsy immediately to diagnose MASH
C. Calculate FIB-4; because it is above 2.67, refer for hepatology assessment and advanced fibrosis evaluation
D. Repeat ultrasonography after six months to assess progression of steatosis

Correct Answer: C

Explanation: FIB-4=Age×ASTPlatelets×ALTFIB-4=Platelets×ALTAge×AST
=58×48150×42≈2.86=150×4258×48≈2.86

This patient has several reasons to undergo fibrosis case-finding: type 2 diabetes, obesity and radiological steatosis. A FIB-4 above 2.67 in a patient aged 65 years or younger indicates a high risk of advanced fibrosis and should prompt hepatology referral, with further assessment using vibration-controlled transient elastography, ELF testing, magnetic resonance elastography or another validated second-line test.

Normal bilirubin, albumin or mildly elevated aminotransferases do not exclude advanced fibrosis. Liver biopsy is not normally the first test in routine risk stratification. The uploaded guideline's Figure 2 recommends FIB-4 as the initial test and direct specialist referral when FIB-4 exceeds 2.67.

High-impact teaching point: In diabetes clinics, the liver-risk question is not "Is ALT elevated?" but "Has fibrosis risk been assessed?"

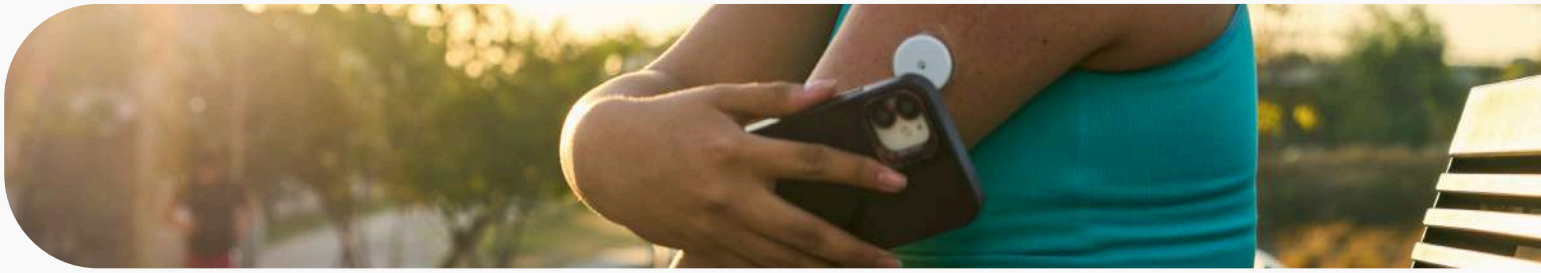
Case-based MCQ 2 — Integrating metabolic and liver-directed treatment

A 55-year-old woman has type 2 diabetes, a BMI of 35 kg/m² and biopsy-confirmed MASH with stage F2 fibrosis. She has no clinical, imaging or laboratory evidence of cirrhosis. Her HbA1c is 8.3% while taking metformin. Which management strategy is most appropriate?
A. Stop her statin and initiate vitamin E as sole treatment
B. Wait until cirrhosis develops before considering liver-directed pharmacotherapy
C. Consider resmetirom, subject to local approval and prescribing criteria, while intensifying lifestyle, weight and diabetes management with an incretin-based therapy when indicated
D. Start resmetirom and discontinue all glucose- and weight-lowering medications

Correct answer: C
Explanation: This patient has non-cirrhotic MASH with significant fibrosis, F2, which is the population in whom resmetirom may be considered according to the product label, local regulatory approval and specialist assessment.
Resmetirom does not replace comprehensive metabolic care. Management should also include:

- Clinically meaningful and sustained weight reduction
- Dietary and physical-activity intervention
- Optimization of glycaemia, blood pressure and lipids
- Consideration of semaglutide, tirzepatide or another incretin-based therapy when indicated for type 2 diabetes or obesity
- Continued cardiovascular-risk reduction, including statin therapy when indicated

The 2024 guideline does not recommend MASH-targeted pharmacotherapy for established cirrhosis. It also distinguishes metabolic treatments—used because of their diabetes and obesity indications—from specifically liver-directed treatment.
High-impact teaching point: In F2–F3 MASH, the therapeutic model is not "liver drug versus diabetes drug"; it is fibrosis-directed treatment combined with aggressive cardiometabolic risk reduction.



National Executive Committee 2026

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President

Dr. Vijay Viswanathan
Imm Past President

Dr. Sunil Gupta
President Elect

Dr. Rakesh Parikh
Secretary General

Dr. Pratap Jethwani
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Dr. Aravinda J.
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Dr. Narsingh Verma
EC Member (Central)

Dr. B K Singh
EC Member (East)

Dr. Sanjay K Bhadada
EC Member (North)

Dr. Dinesh Agarwal
EC Member (North-East)

Dr. KN Manohar
EC Member (South)

Dr. Lotika Purohit
EC Member (West)

Dr. Amit Gupta
Co-Opted

Dr. Jayanta Panda
Co-Opted

Dr. Rutul Gokalani
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Dr. Sanjay Agarwal
Co-Opted

GET FEATURED IN THE RSSDI NEWSLETTER

Showcase Your Charitable & Community Outreach Activities

RSSDI invites its members to submit details of their charitable and community outreach initiatives carried out during the month of **July**, for feature in the July issue of the RSSDI Newsletter.

Submit details by scanning the QR code **OR**

Click Here

WARM REGARDS

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