two, and three relapses, respectively). Overall mortality was 17% (22/131), with markedly higher mean HbA1c in deceased patients compared to survivors (16.0% vs 10.5%).

CONCLUSION

Poor glycemic control at TB diagnosis is associated with delayed sputum conversion, prolonged treatment duration, and increased mortality. These findings are consistent with regional evidence, including a South Asian systematic review (Gautam et al., 2021), demonstrating higher mortality and treatment failure in patients with TB and DM. Early and aggressive optimization of glycemic control, alongside standard anti-TB therapy, is essential to improve outcomes.

EP_A035

RISK STRATIFICATION AND REFERRAL PATTERNS FOR METABOLIC LIVER DISEASE IN TYPE 2 DIABETES: REAL-WORLD FIB-4 UTILIZATION

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INTRODUCTION

Metabolic dysfunction–associated steatotic liver disease (MASLD) is common among patients with type 2 diabetes (T2D) and increases the risk of cirrhosis, yet fibrosis often remains clinically silent until hepatic decompensation occurs. Current diabetes guidelines recommend non-invasive fibrosis risk stratification, such as the fibrosis-4 index (FIB-4), during routine diabetes care, but real-world adoption remains unclear. This study aimed to evaluate the implementation of FIB-4 as a risk stratification tool in patients with T2D.

METHODOLOGY

This was a retrospective study of consecutive patients with T2D who were seen in the Diabetes Clinic of University of Malaya Medical Centre in 2023. Patients were identified as having a higher risk of future cirrhosis based on elevated FIB-4 ≥1.3.

RESULTS

The data for 1,009 patients were analyzed, median age 62 (52–71) years, 40.7% male. Elevated FIB-4 was seen in 28.8% (291/1,009). Only 12.0% (35/291) with elevated FIB-4 were referred for further hepatology evaluation, whereas 3.3% (24/718) with low FIB-4 were referred. Among the patients with elevated FIB-4, those referred were more likely known to have hepatic steatosis, had higher alanine aminotransferase, aspartate aminotransferase, gamma-glutamyl transferase, and lower low-density lipoprotein cholesterol and platelet count. Over a median follow-up of 1.71 (0.99–1.95) years, totaling 1,440 person-years, two liver-related events (0.2%) occurred (one each in the elevated and low FIB-4 group, respectively). Sixteen patients (4.0%) experienced cardiovascular events, including one patient (0.6%) in the elevated FIB-4 group and 15 (2.9%) in the low FIB-4 group.

CONCLUSION

Despite automated FIB-4 reporting, this risk stratification tool was underutilized in T2D, resulting in missed opportunities for early identification and management of more severe liver disease. Integration of FIB-4 into diabetes care workflows, alongside structured referral pathways and clinician education, may improve early detection and reduce long-term hepatic complications in T2D.

EP_A036

REAL-WORLD CLINICAL EXPERIENCE OF SUBCUTANEOUS SEMAGLUTIDE IN PUBLIC HOSPITAL-BASED DIABETES CARE: A RETROSPECTIVE OBSERVATIONAL STUDY

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INTRODUCTION

Subcutaneous once-weekly semaglutide (Sema-OW) (0.5, 1.0 mg) has been available in Malaysia since 2020, but is currently not listed in the MOH Medicines Formulary. MOH clinicians prescribe Sema-OW for limited patient numbers, on a "named patient basis" following a closely regulated application process, permitting use once multilevel approval is obtained. Our study aims to report on the glycemic and weight-lowering outcomes of Sema-OW in a real-world MOH clinical setting.

METHODOLOGY

A retrospective, single-arm, observational study was conducted in Hospital Putrajaya and Hospital Kuala Lumpur. The study population comprised adults with type 2 diabetes mellitus (T2DM) treated with Sema-OW for at least 6 months with hemoglobin A1c (HbA1c) and weight parameters available in their medical records. The primary endpoint was HbA1c change at 6 months. The secondary endpoints were the changes in HbA1c and weight from baseline to 12 months, proportion of patients achieving HbA1c <7%, and different levels of HbA1c reduction in 6 and 12 months (<0.5, 0.5–<1.0, 1–<2, ≥2%). Changes in concomitant glucose-lowering medications were additionally observed.