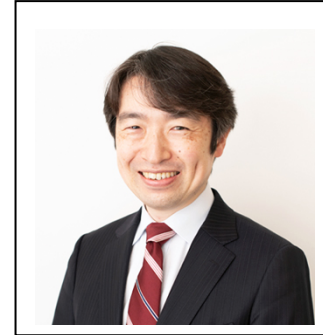


# CURRICULUM VITAE

## PERSONAL

### NAME

Ryo Suzuki, M.D., Ph.D.



## PROFESSIONAL APPOINTMENT

2020-present Professor and Chairperson, Department of Diabetes, Metabolism and Endocrinology, Tokyo Medical University

2021-present Director, Center for Health Surveillance and Preventive Medicine, Tokyo Medical University Hospital

2024-present Vice Director, Tokyo Medical University Hospital

## EDUCATION

The University of Tokyo M.D. 1996 Medicine

The University of Tokyo Ph.D. 2002 Internal Medicine, Diabetes

## WORKING EXPERIENCE

1996-1997 Medical Resident, Internal Medicine, The University of Tokyo Hospital

1997-1998 Medical Resident, Internal Medicine, The Social Insurance Central General Hospital

1998-2002 Graduate Student (Takashi Kadowaki Lab), Graduate School of Medicine, The University of Tokyo

2002-2004 Fellow, Department of Metabolic Diseases, The University of Tokyo Hospital

2004-2005 Associate, Department of Metabolic Diseases, The University of Tokyo Hospital

2005-2010 Post-doctoral Fellow, Section of Integrative Physiology and Metabolism (C. Ronald Kahn Lab), Joslin Diabetes Center, Harvard Medical School

2010-2011 Project Associate, Translational Systems Biology and Medicine Initiative, The University of Tokyo

2011-2014 Project Assistant Professor, Department of Diabetes and Metabolic Diseases, The University of Tokyo

2014-2018 Assistant Professor, Department of Diabetes and Metabolic Diseases, The University of Tokyo

2018-2019 Associate Professor, Department of Diabetes, Metabolism, Endocrinology, Rheumatology and Collagen Diseases, Tokyo Medical University

2019-2020 Professor, Department of Diabetes, Metabolism, Endocrinology,

Rheumatology and Collagen Diseases, Tokyo Medical University

### **MAJOR RESEARCH AREA**

Diabetes complications and comorbidities in older adults

Effects of diabetes on brain metabolism

Insulin action in organs including liver, muscle, adipose, endocrine cells, and brain

### **PUBLICATION(In the nearest 5 years)**

- Real-world characteristics and management approaches of older Japanese individuals with obesity disease
- Utilization patterns of erythropoiesis-stimulating agents for anemia in chronic kidney disease with diabetes
- Effect of switching from intermittently scanned continuous glucose monitoring to FreeStyle Libre 2 with real-time continuous glucose monitoring and alert functionality
- A Multicenter, Prospective, Observational, and Single-Arm Interventional Study of Mirogabalin in Diabetic Peripheral Neuropathic Pain: Rationale and Design of Dia-NeP
- Antidiabetic agents and dementia risk in type 2 diabetes: A systematic review and network meta-analysis
- Early Postoperative Hyperglycemia After Arthroplasty in Type 2 Diabetes: Insights from Continuous Glucose Monitoring and Identification of Predictive Glycemic Parameters
- Scoping Review of the Health Benefits of Stretching Exercises in Patients with Type 2 Diabetes Mellitus
- Efficacy of an advanced hybrid closed-loop system in a patient with type 1 diabetes and intellectual disability: a case report
- A multicenter, prospective, real-world study of oral semaglutide in adults with type 2 diabetes in Japanese clinical practice (PIONEER REAL Japan): Subgroup analyses

# Optimizing Diabetes Care in Older People: What We Expect from Continuous Glucose Monitoring

**Ryo Suzuki, M.D., Ph.D.**

*Department of Diabetes, Metabolism and Endocrinology,  
Tokyo Medical University*

Across Asia, the growing population of older adults with diabetes presents common clinical challenges, including increased vulnerability to hypoglycemia, greater glycemic variability, multiple comorbidities, and limitations of HbA1c in reflecting daily glucose risk. In this context, continuous glucose monitoring (CGM) is increasingly expected to support safer and more individualized diabetes care in older people.

Based on clinical experience in Asian populations, CGM is valued for its ability to reveal real-world glucose patterns, particularly unrecognized hypoglycemia, nocturnal fluctuations, and excessive variability associated with aging, polypharmacy, and functional decline.

Rather than pursuing strict glycemic targets, CGM is expected to help healthcare professionals better assess risk, tailor treatment intensity, and balance safety with quality of life in routine practice.

This presentation will share perspectives on what clinicians across Asia expect from CGM in optimizing diabetes care for older people, emphasizing practicality, safety, and patient-centered management.