

The Future of Diabetes Care is Connected

Healthy Outcomes Conference 2024

Chris Goguen | Sarah Blunden

Dexcom Canada

dexcom



Diabetes | Epidemic

15%

Diagnosed & Undiagnosed



40-75%

Not Meeting Glucose Targets



65-95%

Experience Hypoglycemia ♦



22%

No primary care provider ▲



Every **3 minutes**, another Canadian is diagnosed with diabetes and the life-long continuous demands for self-management to be healthy, productive, and safe

Sources: Diabetes Canada, 2023; Weisman A et al, 2023; MAP Centre for Urban Health Solutions, 2024; R. Aronson et al. / Can J Diabetes 42 (2018) 11–17; Diabetes Canada <https://diabetes.ca/campaigns/diabetes-is-successful-and-it%E2%80%99s-not-slowing-down#:~:text=Every%203%20minutes%2C%20another%20Canadian,And%20it's%20not%20slowing%20down> ♦ Insulin users ▲ All Canadians..

Diabetes | Psychosocial Effects

46%

of people with
type 1 diabetes have
experienced distress

31%

of people with
type 2 diabetes have
experienced distress

Distress associated with **diabetes** results from the following challenges:

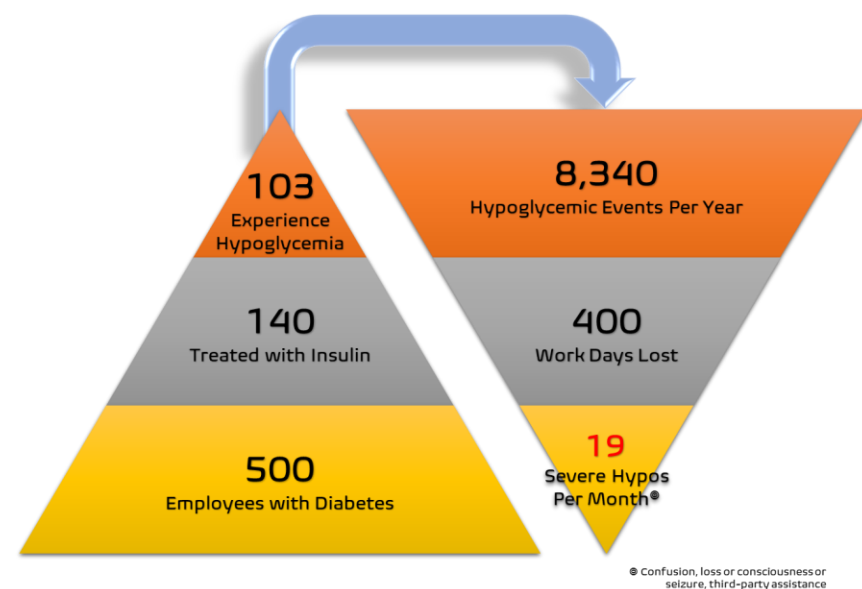
- Coping with complications of diabetes
- Diabetes taking up too much of your mental and physical energy every day
- Worrying about the future and the possibility of serious complications
- Feeling depressed when you think about living with diabetes
- Feeling scared when you think about living with diabetes



69% with type 2 and 86% type 1 diabetes have experienced blame or shame for having diabetes

Diabetes | At Risk Canadians

Inulin-Treated T1D & T2D Populations



* Confusion, loss or consciousness or seizure, third-party assistance

- 28% of Canadians with diabetes using insulin
- 75% not attaining A1C target
- 74% experiencing hypoglycemic (low glucose) episodes

Source: Adapted from Aronson et al findings on the prevalence and incidence of hypoglycemia among insulin-treated patients with diabetes in Canada - Can J Diabetes 42 (2018) 11-17; Weisman A et al, 2023.

SYMPTOMS OF LOW BLOOD SUGAR

Headache	Hunger
Anti-social behaviour	Impaired Vision
Difficulty in Concentration	Slurred speech
Fatigue and weakness	Sweating
Trembling	Anxiety
Fast Heartbeat	Unconscious
Nervous	Seizures

DIABETES, OBESITY AND METABOLISM
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

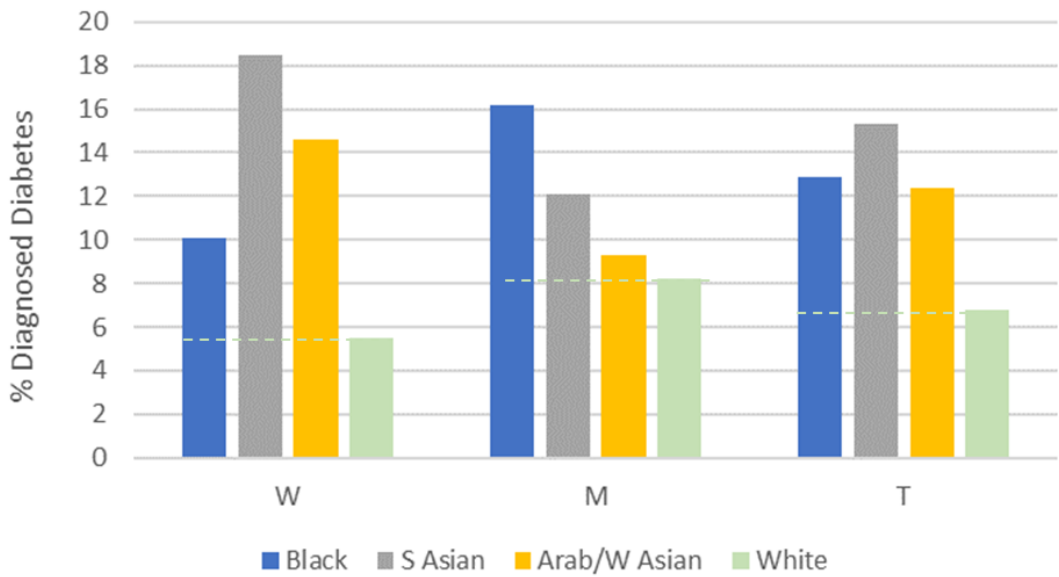
ORIGINAL ARTICLE

Risk of hypoglycaemia among people with type 2 diabetes not treated with insulin: A retrospective analysis of Medicare Advantage beneficiaries

[Katia Hannah PhD](#), [Poorva Nemlekar MS](#), [Jesse S. Bushman MA](#), [Gregory J. Norman PhD](#)
First published: 30 September 2024

Diabetes | At Risk Canadians

Diverse Multi-Ethnic Populations



- **28%** of the Canadian workforce
- **1.8 – 2.3X** the rate of diabetes, with poorer glycemic outcomes & higher rates of complications
- Distinct efficacy, safety factors with insulin including hypos

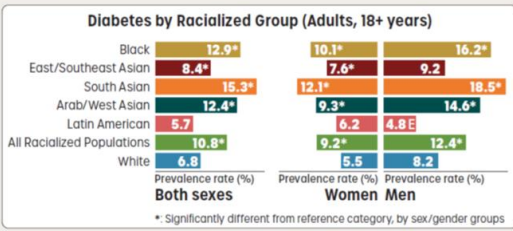
Managing diabetes in diverse workplaces: Time for DE&I-informed benefits strategy

The rising prevalence of type 2 diabetes in Canada places a significant burden on health-care systems, economies and employers. Every 3 minutes, another Canadian is diagnosed with diabetes¹ and faces life-long continuous demands for self-management to be healthy, productive and safe. But this burden is not spread evenly among Canadian populations.



Forty percent (40%) of the Canadian population is made up of immigrants and their Canadian-born children². Studies show that newcomer populations have a substantial decline in health in the years after migration to Canada, leading to a higher risk of diabetes³.

The highest prevalence of diabetes in Canada is reported in Indigenous, immigrant and susceptible ethnic populations⁴, some of the fastest growing populations in the country². According to the Public Health Agency of Canada⁵, the prevalence of diabetes across cultural and racial background populations in Canada is as follows:



Compared to the white Canadian adult population, the prevalence of diabetes is

- 2.3X** higher among South Asian adults;
- 1.9X** higher among Black adults;
- 1.8X** higher among Arab/West Asian adults; and
- 1.8X** among First Nations adults off-reserve⁵.

Along with having significantly higher diabetes prevalence, racial and ethnic minorities with type 2 diabetes have worse glycemic control and higher rates of diabetes complications⁶.

Numerous studies reveal disparities in the use of continuous glucose monitoring (CGM) technology within racially and ethnically diverse populations in the US. Restrictive insurance eligibility criteria, limited access to quality care and physician shortages are key contributing factors⁷. It is well established that racialized populations in Canada are among those least likely to have access to a regular primary care provider⁸.

Racialized groups now represent more than one-in-four (28%) Canadians in the workforce⁹. Given the diabetes-related health inequities, poorer outcomes and barriers to care that are disproportionately impacting these employees, employers should incorporate diabetes management into their diversity, equity and inclusion (DE&I) efforts. These efforts should include health benefits plan design strategies aimed

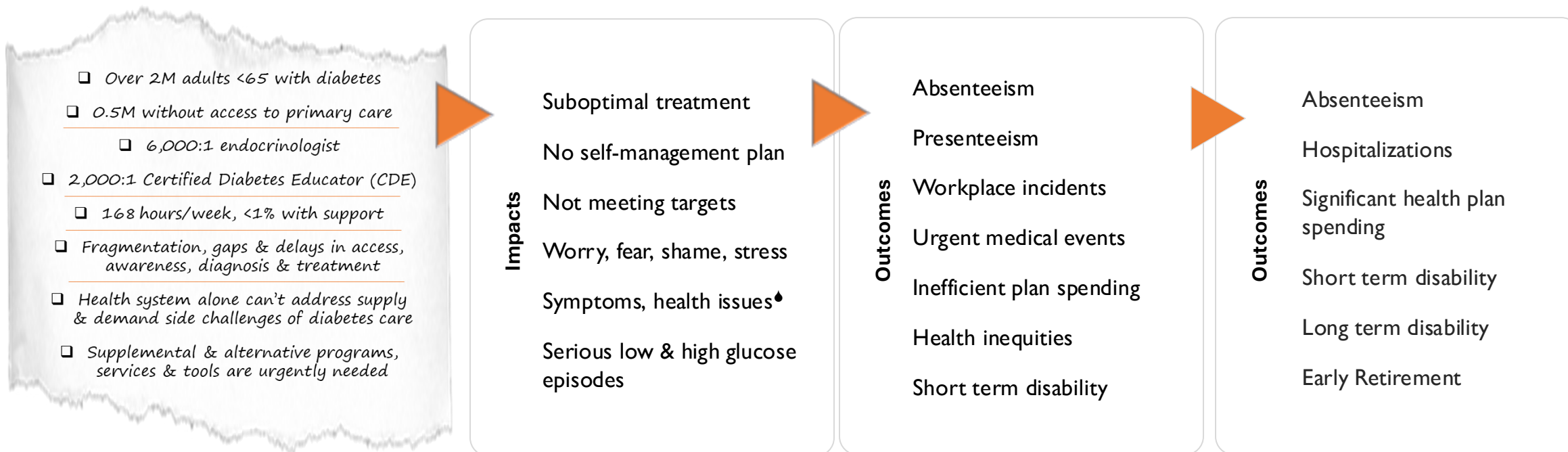
at providing diverse employee populations with type 2 diabetes expanded access to diabetes care services and supportive technologies, including continuous glucose monitoring (CGM) supplies.

Evidence indicates that improved glycemic control reduces the risk of both microvascular and cardiovascular complications¹⁰, making self-monitoring of glucose an essential component of diabetes management. Continuous glucose monitoring (CGM) is an important diabetes self-monitoring tool in this regard. This is particularly the case for marginalized populations with diabetes, who stand to benefit considerably from improved glucose management and simplified, automated approaches to daily diabetes self-care¹¹.

Increasing access and utilization of CGM, in conjunction with CGM data-guided virtual diabetes care, is the type of DE&I-informed health benefits strategy required to help reduce inequities in diabetes care and outcomes within ethnically diverse employee populations.

Sources: Statistics Canada - Canada in 2041; CMAJ, 182 (2010), pp. 781-789; Can J Diabetes 47 (2023) 618e624; ; Public Health Agency of Canada - Health Inequalities Data Tool; Diabetes Research and Clinical Practice, Volume 175, 108823; Diabet. Med. 35: 1707-1715 (2018).

Diabetes Care | Implications for Plan Members & Sponsors



Deployment of proven connected diabetes health technologies and virtual services is essential to the adoption of diabetes self-management behaviors & improving outcomes **at scale**

[♦] Frequent urination, repeat infections, excessive thirst, constant hunger, persistent fatigue and weakness, blurry vision, slow healing cuts and wounds, tingling or numbness

Diabetes | Future of Care is Connected...Now

- ❑ Over 2M adults <65 with diabetes
- ❑ 0.5M without access to primary care
 - ❑ 6,000:1 endocrinologist
- ❑ 2,000:1 Certified Diabetes Educator (CDE)
 - ❑ 168 hours/week, <1% with support
- ❑ Fragmentation, gaps & delays in access, awareness, diagnosis & treatment
- ❑ Health system alone can't address supply & demand side challenges of diabetes care
- ❑ Supplemental & alternative programs, services & tools are urgently needed

Call To Action

Broad-based deployment of proven connected diabetes health technologies and virtual services

Drive awareness, adoption & adherence to best-practice diabetes self-management behaviors at scale



Real-time Continuous Glucose Monitoring (rtCGM) technology proven to engage & empower patients and improve outcomes



rtCGM connected with patient apps & management platforms seamlessly flows & activates patient-generated glucose data

- Continuous health status monitoring & feedback
- Compare | Contextualize | Correlate
- Share & consult with virtual HCP | Coach
- Self-management plan, adherence & tracking
- Personalized advice
- Informed decisions about behavior & therapy modifications

Diabetes | Future of Care is Connected...Now

- ❑ Over 2M adults <65 with diabetes
- ❑ 0.5M without access to primary care
 - ❑ 6,000:1 endocrinologist
- ❑ 2,000:1 Certified Diabetes Educator (CDE)
 - ❑ 168 hours/week, <1% with support
- ❑ Fragmentation, gaps & delays in access, awareness, diagnosis & treatment
- ❑ Health system alone can't address supply & demand side challenges of diabetes care
- ❑ Supplemental & alternative programs, services & tools are urgently needed

Call To Action

Broad-based deployment of proven connected diabetes health technologies and virtual services

Drive awareness, adoption & adherence to best-practice diabetes self-management behaviors at scale



Real-time Continuous Glucose Monitoring (rtCGM) technology proven to engage & empower patients and improve outcomes



rtCGM connected with patient apps & management platforms seamlessly flows & activates patient-generated glucose data

- ✅ Increase access to care
- ✅ Reduce health inequities
- ✅ Improve diabetes outcomes
- ✅ Improve health & safety outcomes
- ✅ Increase employee productivity

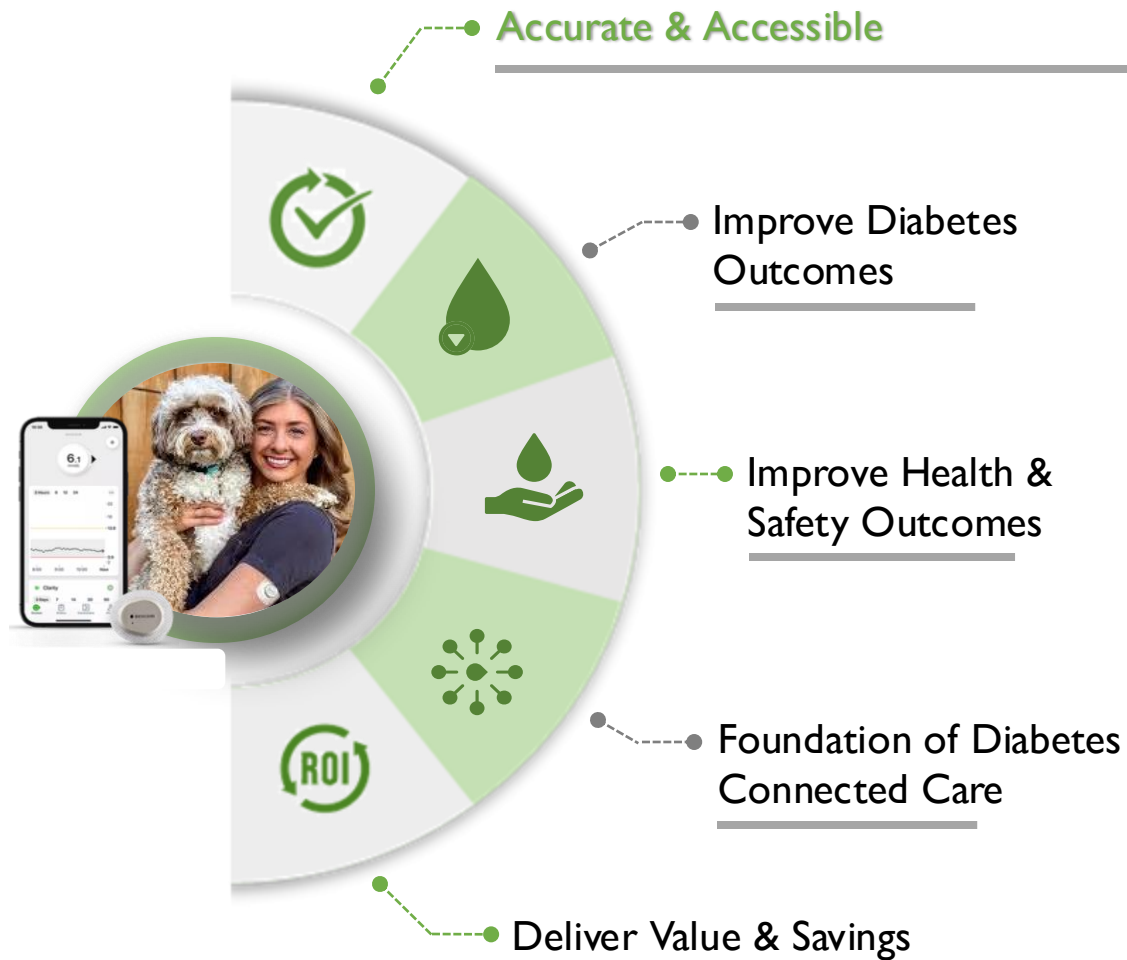
Real-Time Continuous Glucose Management (Eco)System

Comprehensive Diabetes Management Support for Plan Members



Real-Time Continuous Glucose Management (Eco)System

Comprehensive Diabetes Management Support for Plan Members



Health Canada approved

Most accurate glucose sensor | software system | API connect

Ages 2 years and older

Management of hypo and hyperglycemia

Type 1 Diabetes | Type 2 Diabetes | Gestational

Automated Insulin Delivery (AID) with Pumps

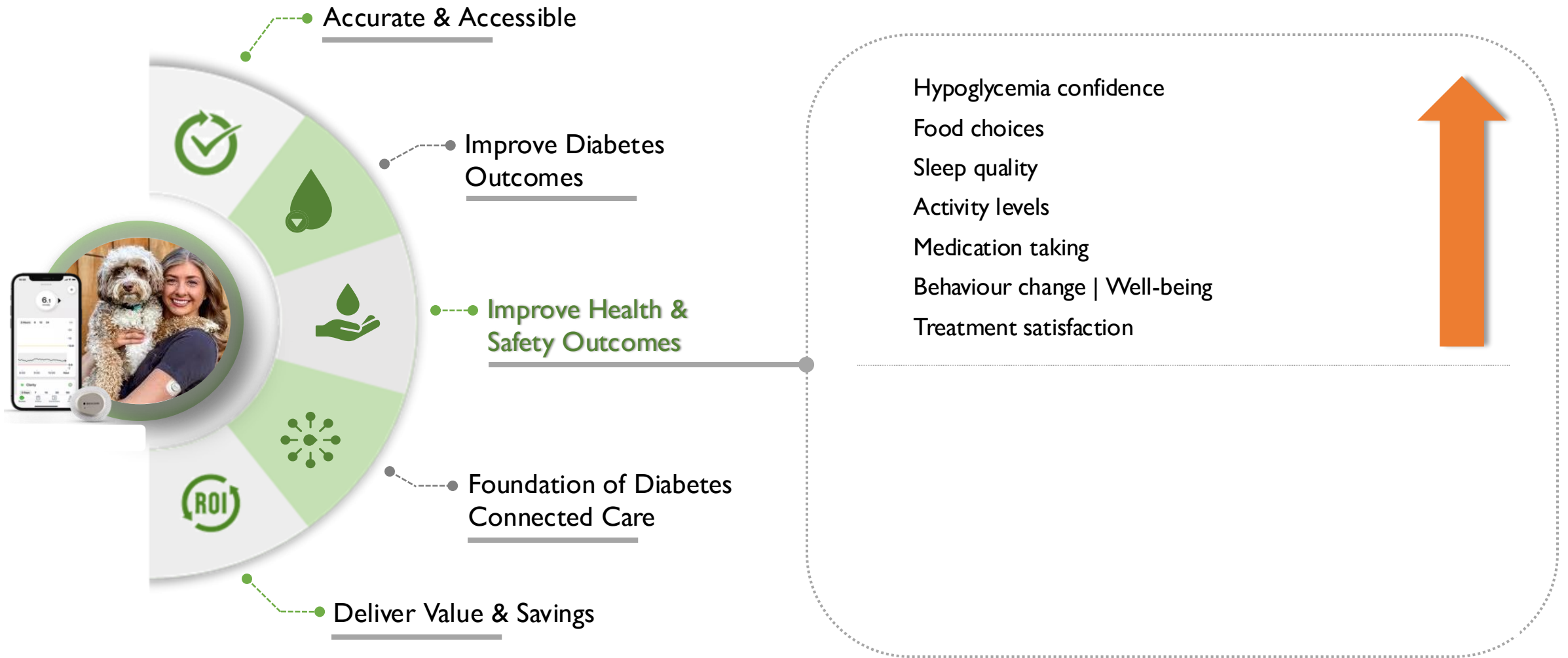
Real-Time Continuous Glucose Management (Eco)System

Comprehensive Diabetes Management Support for Plan Members



Real-Time Continuous Glucose Management (Eco)System

Comprehensive Diabetes Management Support for Plan Members



Real-Time Continuous Glucose Management (Eco)System

Comprehensive Diabetes Management Support for Plan Members



Diabetes Connected Care | Engage & Empower

Ecosystem of CGM-Connected Digital Apps | Programs | Tools | Devices



Real-Time CGM + Digital Management Tools:

- Continuous health status monitoring & feedback
- Compare, contextualize & correlate biometric data
- Share & consult with virtual care | coach
- Self-management plan, adherence & tracking
- Timely data-driven personalized advice
- Informed decisions about behavior modifications & therapy adjustments
- AI coaching and gamification!






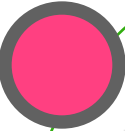
On-demand data-guided personalized diabetes self-management support systems 24/7

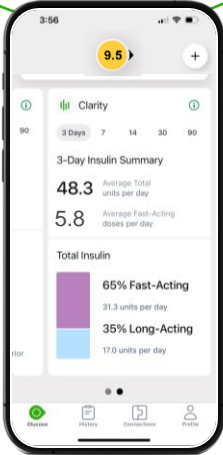
Diabetes Connected Care | Engage & Empower




Ecosystem of CGM-Connected Digital Apps | Programs | Tools | Devices

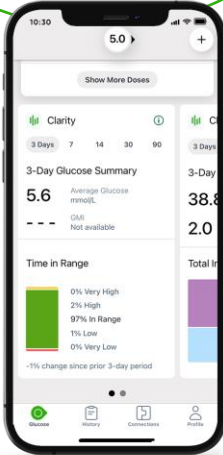





Diabetes Connected Care | Individualized Solutions

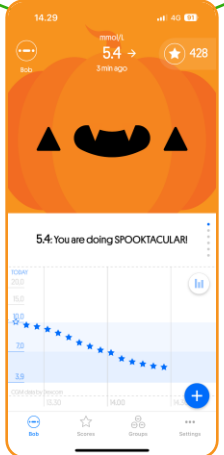












Diabetes Connected Care Programs | Health Outcomes



Real-time CGM + Virtual Diabetes Education Specialist

- ✓ Less depression, diabetes distress, and hypoglycemic fear
- ✓ Greater satisfaction with diabetes technology and confidence

Real-time CGM + Telehealth

- ✓ Reduction in A1C

Real-time CGM + Share / Follow App

- ✓ Reduction in diabetes distress & hypoglycemia
- ✓ Increase in Time in Range (TIR) and quality of sleep

Real-time CGM + Nutrition AI App

- ✓ Increase in TIR
- ✓ Decrease in Time above Range (TAR)

Real-time CGM + Digital Health App

- ✓ Increase in TIR
- ✓ Reduced stress

Real-time CGM + Digital Lifestyle Adjustment Health App

- ✓ Reduction in A1C and weight



- ✓ Increase access to care
- ✓ Reduce health inequities
- ✓ Improve diabetes outcomes
- ✓ Improve health & safety outcomes
- ✓ Increase employee productivity

Diabetes Connected Care Programs | Best Practices in Canada

Road Map for Plan Sponsors & Insurers



Prioritization + Limited Incremental Direct Plan Investment = ROI in Health, Productivity, Safety & Equity

Conclusion | Seven Things

1. Diabetes is increasing at unprecedented rate in Canada
2. A majority of Canadians with diabetes are not meeting targets
3. Affected employees are faced with short & long term physical & mental health effects, productivity impacts & safety challenges
4. Employers are faced with unprecedented cost burden and enterprise risk of poorly (un)managed diabetes
5. Access to traditional primary and specialized diabetes care in the health system is declining
6. Deployment of proven connected diabetes health technologies and virtual services is essential to scaling adoption of diabetes self-management behaviors & improving outcomes
7. Affordable, effective & innovative Diabetes Connected Care solutions are available to plan sponsors & members now



References

- 1. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of continuous glucose monitoring on glycemic control in adults with type 1 diabetes using insulin injections: The DIAMOND randomized clinical trial. *JAMA*. 2017; 317(4):371-8. doi:10.1001/jama.2016.19975
- 2. Pratley RE, Kanapka LG, Rickels MR, et al. Effect of continuous glucose monitoring on hypoglycemia in older adults with type 1 diabetes: A randomized clinical trial. *JAMA*. 2020; 323(23):2397-406. doi:10.1001/jama.2020.6928
- 3. Visser MM, Charleer S, Fieuws S, et al. Comparing real-time and intermittently scanned continuous glucose monitoring in adults with type 1 diabetes (ALERTT1): A 6-month, prospective, multicentre, randomised controlled trial. *Lancet*. 2021; 397(10291):2275-83. doi:10.1016/s0140-6736(21)00789-3
- 4. Visser MM, Charleer S, Fieuws S, et al. Effect of switching from intermittently scanned to real-time continuous glucose monitoring in adults with type 1 diabetes: 24-month results from the randomised ALERTT1 trial. *Lancet Diabetes Endocrinol*. 2023; 11(2):96-108. doi:10.1016/s2213-8587(22)00352-7
- 5. Karter AJ, Parker MM, Moffet HH, Gilliam LK, Dlott R. Association of real-time continuous glucose monitoring with glycemic control and acute metabolic events among patients with insulin-treated diabetes. *JAMA*. 2021; 325(22):2273-84. doi:10.1001/jama.2021.6530
- 6. Gilbert TR, Noar A, Blalock O, Polonsky WH. Change in hemoglobin A1c and quality of life with real-time continuous glucose monitoring use by people with insulin-treated diabetes in the Landmark Study. *Diabetes Technol Ther*. 2021; 23(S1):S35-S9. doi:10.1089/dia.2020.0666
- 7. Brown RE, Chu L, Norman GJ, Abitbol A. Real-world glycemic outcomes in adult patients with type 1 diabetes using a real-time continuous glucose monitor compared to an intermittently scanned glucose monitor: a retrospective observational study from the Canadian LMC Diabetes Registry (REAL-CGM-T1D). *Diabetic Med*. 2022; 39(11):e14937. doi:<https://doi.org/10.1111/dme.14937>
- 8. Soupal J, Petruzelkova L, Flekac M, et al. Comparison of different treatment modalities for type 1 diabetes, including sensor-augmented insulin regimens, in 52 weeks of follow-up: A COMISAIR study. *Diabetes Technol Ther*. 2016; 18(9):532-8. doi:10.1089/dia.2016.0171
- 9. Šoupal J, Petruželková L, Grunberger G, et al. Glycemic outcomes in adults with t1d are impacted more by continuous glucose monitoring than by insulin delivery method: 3 years of follow-up from the COMISAIR study. *Diabetes Care*. 2020; 43(1):37-43. doi:10.2337/dc19-0888
- 10. Thomas R, Layne JE, Harris-Shapiro J, Hines D, Shepherd ME. Improvements in glycemic control in people with diabetes in employer health initiative offering CGM as a pharmacy benefit. *J Manag Care Pharm*. 2024; 30(4a):S41.
- 11. Martens T, Beck RW, Bailey R, et al. Effect of continuous glucose monitoring on glycemic control in patients with type 2 diabetes treated with basal insulin: A randomized clinical trial. *JAMA*. 2021; 325(22):2262-72. doi:10.1001/jama.2021.7444
- 12. Lind N, Christensen MB, Hansen DL, Nørgaard K. Comparing continuous glucose monitoring and blood glucose monitoring in adults with inadequately controlled, insulin-treated type 2 diabetes (Steno2tech Study): A 12-month, single-center, randomized controlled trial. *Diabetes Care*. 2024; 47(5):881-9. doi:10.2337/dc23-2194
- 13. Aleppo G, Beck RW, Bailey R, et al. The effect of discontinuing continuous glucose monitoring in adults with type 2 diabetes treated with basal insulin. *Diabetes Care*. 2021; 44(12):2729-37. doi:10.2337/dc21-1304
- 14. Crawford MA, Hicks C, Zhou T, Kleinhanzl A, Singh H. 63-LB: Real-time continuous glucose monitoring (rtCGM) is associated with improved clinical and psychosocial health in people with type 2 diabetes on basal insulin (T2D-BI). *Diabetes*. 2023; 72(Suppl 1):63-LB. doi:10.2337/db23-63-LB
- 15. Layne JE, Jepson LH, Carite AM, Parkin CG, Bergenstal RM. Long-term improvements in glycemic control with Dexcom CGM use in adults with noninsulin-treated type 2 diabetes. *Diabetes Technol Ther*. 2024; doi:10.1089/dia.2024.0197
- 16. Grace TP, Edgington A, Reinhart L, et al. The Dexcom Community Glucose Monitoring Project: Six-month results using continuous glucose monitoring in type 2 diabetes. *Clin Diabetes*. 2024;cd240030. doi:10.2337/cd24-0030
- 17. Grace T, Layne JE, Hicks C, Green CR, Walker TC. 982-P: The Dexcom Community Glucose Monitoring Project for people with type 2 diabetes—one-year outcomes. *Diabetes*. 2024; 73(Suppl 1):982-P. doi:10.2337/db24-982-P
- 18. Reaven PD, Newell M, Rivas S, Zhou X, Norman GJ, Zhou JJ. Initiation of continuous glucose monitoring is linked to improved glycemic control and fewer clinical events in type 1 and type 2 diabetes in the Veterans Health Administration. *Diabetes Care*. 2023; 46(4):854-63. doi:10.2337/dc22-2189
- 19. Bergenstal RM, Layne JE, Zisser H, et al. Remote application and use of real-time continuous glucose monitoring by adults with type 2 diabetes in a virtual diabetes clinic. *Diabetes Technol Ther*. 2021; 23(2):128-32. doi:10.1089/dia.2020.0396
- 20. Soupal J. Leading the way with clinical outcomes—The 7-Year COMISAIR data. Presented at the 59th EASD Annual Meeting of the European Association for the Study of Diabetes; October 2-6, 2023; Hamburg, Germany.
- 21. Kim JY, Jin SM, Andrade SB, Chen B, Kim JH. Real-world continuous glucose monitoring data from a population with type 1 diabetes in South Korea: Nationwide single-system analysis. *Diabetes Technol Ther*. 2024; 26(6):394-402. doi:10.1089/dia.2023.0513
- 22. Reed J, Dong T, Eaton E, et al. Continuous glucose monitoring for glycaemic control and cardiovascular risk reduction in patients with type 2 diabetes not on insulin therapy: A clinical trial *Diabetes Obes Metab*. 2024; 26(7):2881-9. doi:10.1111/dom.15608
- 23. Shields S, Thomas R, Ciemins E. Continuous glucose monitors: Implementation in primary care for patients with type 2 diabetes. Poster presented at the AMGA 2024 Annual Conference; April 9-12, 2024; Orlando, FL.
- 24. Shields S, Norman GJ, Thomas R, Ciemins EL. HbA1c improvements after initiation of real-time continuous glucose monitoring in primary care patients with type 2 diabetes. *Diabetes Technol Ther*. 2023; 17(5):1423-4.
- 25. Grace T, Salyer J. Use of real-time continuous glucose monitoring improves glycemic control and other clinical outcomes in type 2 diabetes patients treated with less intensive therapy. *Diabetes Technol Ther*. 2022; 24(1):26-31. doi:10.1089/dia.2021.0212
- 26. Polsky S, Garcetti R, Pyle L, Joshee P, Demmitt JK, Snell-Bergeon JK. Continuous glucose monitor use with and without remote monitoring in pregnant women with type 1 diabetes: A pilot study *PLoS One*. 2020; 15(4):e0230476. doi:10.1371/journal.pone.0230476
- 27. Norman GJ, Fernandes J, Nemlekar P, Lupton L, Berk A. 143-OR: A1c change after initiating continuous glucose monitoring (CGM) for people with diabetes in a large U.S. managed health care plan. *Diabetes*. 2024; 73(Suppl 1):143-OR. doi:10.2337/db24-143-OR
- 28. Sklar J, Pyle L, Snell-Bergeon JK, et al. Glycemic variability and indices of glycemic control among pregnant women with type 1 diabetes (T1D) based on the use of continuous glucose monitoring share technology. *J Matern Fetal & Neonatal Med*. 2022; 35(25):8968-74. doi:10.1080/14767058.2021.2008895
- 29. Isaacson B, Kaufusi S, Sorensen J, et al. Demonstrating the clinical impact of continuous glucose monitoring within an integrated healthcare delivery system. *J Diabetes Sci Technol*. 2022; 16(2):383-9. doi:10.1177/1932296820955228
- 30. Weinstein JM, Urlick B, Pathak S, et al. Impact of continuous glucose monitoring initiation on emergency health services utilization. *Diabetes Care*. 2023; 46(8):e146-e7. doi:10.2337/dc23-0341

- 31. Hirsch IB, Roberts GJ, Joseph J, Nabutovsky Y, Virdi N, Miller E. 68-LB: Acute diabetes events and all-cause hospitalizations among continuous glucose monitoring device recipients with type 1 and type 2 diabetes: A comparison of FreeStyle Libre and Dexcom. *Diabetes*. 2021; 70(Suppl 1):68-LB. doi:10.2337/db21-68-LB
- 32. Norman G, Paudel ML, Parkin CG, Bancroft T, Lynch P. Association between real-time continuous glucose monitor use and diabetes-related medical costs for patients with type 2 diabetes. *Diabetes Technol Ther*. 2022; 27(4):520-4. doi:10.1089/dia.2021.0525
- 33. Hannah KL, Nemlekar PM, Green CR, Norman GJ. Reduction in diabetes-related hospitalizations and medical costs after Dexcom G6 continuous glucose monitor initiation in people with type 2 diabetes using intensive insulin therapy. *Adv Ther*. 2024; doi:10.1007/s12325-024-02851-8
- 34. Hannah KL, Nemlekar PM, Johnson ML, Chervavsky DR, Norman GJ. Continuous glucose monitors and reduced diabetes-related hospitalizations in patients with type 2 diabetes and chronic kidney disease. *Kidney360*. 2024; doi:10.34067/kid.000000000000396
- 35. Garg SK, Hirsch IB, Repetto E, et al. Impact of continuous glucose monitoring on hospitalizations and glucose control in people with type 2 diabetes: Real-world analysis. *Diabetes Obes Metab*. 2024; doi:10.1111/dom.15866
- 36. Polonsky WH, Hessler D, Ruedy KJ, Beck RW. The impact of continuous glucose monitoring on markers of quality of life in adults with type 1 diabetes: Further findings from the DIAMOND randomized clinical trial. *Diabetes Care*. 2017; 40(6):736-41. doi:10.2337/dc17-0133
- 37. Polonsky WH, Fortmann AL. Impact of real-time continuous glucose monitoring data sharing on quality of life and health outcomes in adults with type 1 diabetes. *Diabetes Technol Ther*. 2021; 23(3):195-202. doi:10.1089/dia.2020.0466
- 38. Polonsky WH, Soriano EC, Fortmann AL. The role of retrospective data review in the personal use of real-time continuous glucose monitoring: perceived impact on quality of life and health outcomes. *Diabetes Technol Ther*. 2022; 24(7):492-501. doi:10.1089/dia.2021.0526
- 39. Lind M, Ólafsdóttir AF, Hirsch IB, et al. Sustained intensive treatment and long-term effects on HbA(1c) reduction (SILVER study) by CGM in people with type 1 diabetes treated with MDI. *Diabetes Care*. 2021; 44(1):141-9. doi:10.2337/dc20-1468
- 40. Polonsky WH, Layne JE, Parkin CG, et al. Impact of participation in a virtual diabetes clinic on diabetes-related distress in individuals with type 2 diabetes. *Clin Diabetes*. 2020; 38(4):357-62. doi:10.2337/cd19-0105
- 41. Lind M, Polonsky W, Hirsch IB, et al. Continuous glucose monitoring vs conventional therapy for glycemic control in adults with type 1 diabetes treated with multiple daily insulin injections: The GOLD randomized clinical trial. *JAMA*. 2017; 317(4):379-87. doi:10.1001/jama.2016.19976
- 42. Olafsdottir AF, Polonsky W, Bolinder J, et al. A randomized clinical trial of the effect of continuous glucose monitoring on nocturnal hypoglycemia, daytime hypoglycemia, glycemic variability, and hypoglycemia confidence in persons with type 1 diabetes treated with multiple daily insulin injections (GOLD-3). *Diabetes Technol Ther*. 2018; 20(4):274-84. doi:10.1089/dia.2017.0363
- 43. Polonsky WH, Fortmann AL. Impact of real-time CGM data sharing on quality of life in the caregivers of adults and children with type 1 diabetes. *J Diabetes Sci Technol*. 2022; 16(1):97-105. doi:10.1177/1932296820978423
- 44. van Beers CA, DeVries JH, Kleijer SJ, et al. Continuous glucose monitoring for patients with type 1 diabetes and impaired awareness of hypoglycaemia (IN CONTROL): a randomised, open-label, crossover trial. *Lancet Diabetes Endocrinol*. 2016; 4(11):893-902. doi:10.1016/s2213-8587(16)30193-0
- 45. Reddy M, Jugnee N, El Laboudi A, Spanudakis E, Anantharaja S, Oliver N. A randomized controlled pilot study of continuous glucose monitoring and flash glucose monitoring in people with Type 1 diabetes and impaired awareness of hypoglycaemia. *Diabet Med*. 2018; 35(4):483-90. doi:10.1111/dme.13561
- 46. Burckhardt MA, Roberts A, Smith GJ, Abraham MB, Davis EA, Jones TW. The use of continuous glucose monitoring with remote monitoring improves psychosocial measures in parents of children with type 1 diabetes: A randomized crossover trial. *Diabetes Care*. 2018; 41(12):2641-3. doi:10.2337/dc18-0938
- 47. Reddy M, Jugnee N, Anantharaja S, Oliver N. Switching from flash glucose monitoring to continuous glucose monitoring on hypoglycemia in adults with type 1 diabetes at high hypoglycemia risk: the extension phase of the I HART CGM study. *Diabetes Technol Ther*. 2018; 20(11):751-7. doi:10.1089/dia.2018.0252
- 48. Allen NA, Litchman ML, Chamberlain J, Grigorian EG, Jacob E, Berg CA. Continuous glucose monitoring data sharing in older adults with type 1 diabetes: Pilot intervention study. *JMIR Diabetes*. 2022; 7(1):e35687. doi:10.2196/35687
- 49. Chesser H, Srinivasan S, Puckett C, Gitelman SE, Wong JC. Real-time continuous glucose monitoring in adolescents and young adults with type 2 diabetes can improve quality of life. *J Diabetes Sci Technol*. 2022; 19322968221139873. doi:10.1177/19322968221139873
- 50. Sergel-Stringer OT, Wheeler BJ, Styles SE, et al. Acceptability and experiences of real-time continuous glucose monitoring in adults with type 2 diabetes using insulin: a qualitative study. *J Diabetes Metab Disord*. 2024; 23(1):1163-71. doi:10.1007/s40200-024-01403-9
- 51. Heinemann L, Freckmann G, Ehrmann D, et al. Real-time continuous glucose monitoring in adults with type 1 diabetes and impaired hypoglycaemia awareness or severe hypoglycaemia treated with multiple daily insulin injections (HypoDE): A multicentre, randomised controlled trial. *Lancet*. 2018; 391(10128):1367-77. doi:10.1016/S0140-6736(18)30297-6
- 52. Laffel LM, Kanapka LG, Beck RW, et al. Effect of continuous glucose monitoring on glycemic control in adolescents and young adults with type 1 diabetes: A randomized clinical trial. *JAMA*. 2020; 323(23):2388-96. doi:10.1001/jama.2020.6940
- 53. Thabit H, Prabhu JN, Mubita W, et al. Use of factory-calibrated real-time continuous glucose monitoring improves time in target and HbA1c in a multiethnic cohort of adolescents and young adults with type 1 diabetes: The MILLENNIAL Study. *Diabetes Care*. 2020; 43(10):2537-43. doi:10.2337/dc20-0736
- 54. Reaven P, Norman G. Initiating continuous glucose monitoring (CGM) in adult-onset type 1 and type 2 diabetes reduces mortality. *Diabetes Technol Ther*. 2024; 26(Suppl 2):A-79-A-80.
- 55. Alshannaq H, Norman GJ, Lynch PM. 1035-P: Cost-effectiveness of real-time CGM vs. self-monitoring of blood glucose in people with insulin-treated type 2 diabetes from a U.S. payor perspective. *Diabetes*. 2024; 73(Suppl 1):1035-P. doi:10.2337/db24-1035-P
- 56. Eglinton H, Lever C, Williman J, et al. O19 Specialist nursing care and real-time continuous glucose monitoring in reducing cardiovascular risk in high-risk adults with insulin-requiring type 2 diabetes: A sub-analysis of the 2GO-CGM study. New Zealand Society for the Study of Diabetes; May 2-4, 2024; Christchurch, NZ.