



The DiaMonD Study¹

The Dexcom CGM System* Demonstrates Improvement of Several Measures of Glycemic Control in MDI Patients

Multiple Daily Injections (MDI) and Continuous Glucose Monitoring (CGM) in Diabetes

In this first-of-its-kind clinical trial, the benefit of CGM use by patients on MDI insulin therapy was investigated. The evidence was resounding — patients on MDI demonstrated significant improvements across several measures of glycemic control and variability, including:



A1C Reduction



Increase of Time Spent in
Target Range



Reduction of Time in
Hypo- and Hyperglycemia

Study Objective & Methods

Objective:

Compare efficacy of MDI regimen augmented by CGM vs. self-monitoring of blood glucose (SMBG).
Primary endpoint was A1C reduction in each group.

Research Design/Methods:

24-week, randomized controlled trial of 158 adult patients with type 1 diabetes (≥ 25 years), split into 2 groups. Patient touchpoints reflective of common clinical practice (only one additional scheduled follow-up visit for CGM group, one week after CGM was initiated.)

Group 1: MDI+CGM (n=105)

Group 2: MDI+SMBG (n=53)

Results

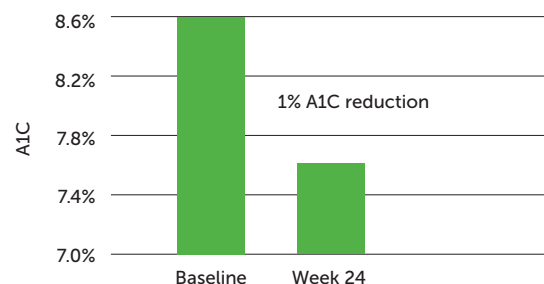


A1C Reduction Primary Outcome:

Dexcom CGM users on an MDI regimen showed an average A1C reduction of 1% after 24 weeks of regular use, compared to baseline (difference of 0.6% compared to SMBG group [p-value < .001]).

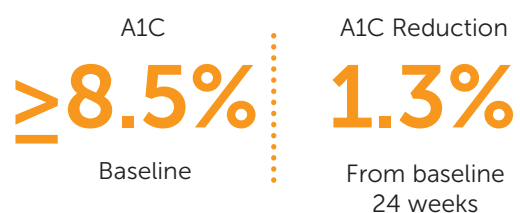
$\geq 1\%$ A1C reduction for 52% of patients

Significant A1C Reduction in MDI Patients with Dexcom CGM System



Secondary A1C Outcomes:

- Significant A1C reduction in Uncontrolled Patients
Participants with a baseline A1C of $\geq 8.5\%$ showed an average 1.3% reduction.



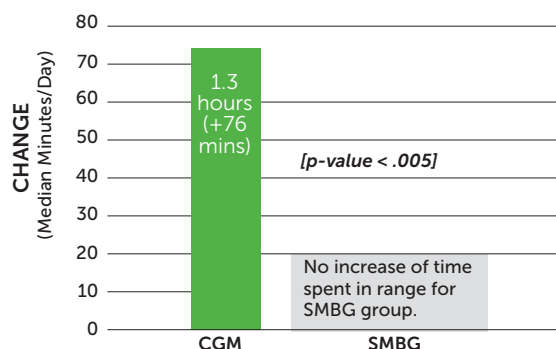
The DiaMonD Study¹ Improvements of Glycemic Outcomes (cont.)



Increase of Time Spent in Range[†]
Dexcom CGM System significantly increased time spent in range from baseline (70 - 180 mg/dL or 3.9-10.0 mmol/L):

- CGM Group: Median 1.3 additional hours (+76 mins) in range
- SMBG Group: No increase of time in range

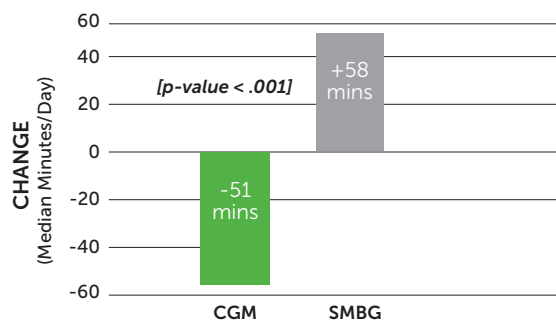
Dexcom CGM Increased Time in Range (70-180 mg/dL or 3.9-10.0 mmol/L)



Reduction of Time in Hyperglycemia (>300 mg/dL or >16.7 mmol/L)[†]

- CGM Group: Median 40% reduction of time spent in severe hyperglycemia (51 minutes)
- SMBG Group: Median increase of 58 minutes spent in severe hyperglycemia

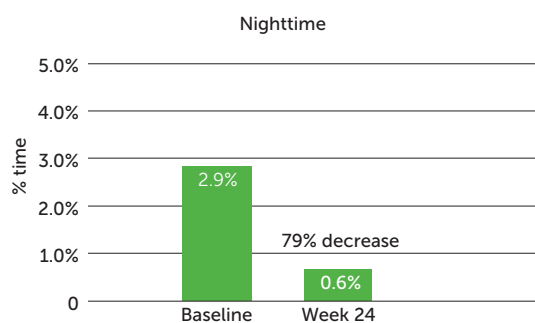
Dexcom CGM System Reduced Time Spent in Severe Hyperglycemia (>300 mg/dL or >16.7 mmol/L)



Reduction of Time in Hypoglycemia, Particularly at Night (<60 mg/dL or <3.3 mmol/L):

- CGM group
Nighttime: 79% reduction in the median time spent in hypoglycemia, from 2.9-0.6%

Dexcom CGM System Reduced Time Spent in Hypoglycemia (<60 mg/dL or <3.3 mmol/L)



[†] Investigators pooled data from weeks 12 and 24; Δ time (median minutes/day): [pooled data - baseline data]

CGM First™

Recognized as the standard of care in diabetes management by ADA, AACE and the Endocrine Society²⁻⁴, CGM use has been proven to **both reduce A1C and decrease risk of hypoglycemia regardless of delivery method.**^{1,5} When initiating or adjusting insulin regimens for your patients, CGM provides real-time insights for better glycemic outcomes. Optimize your patients' treatment plans and recommend a Dexcom CGM System today.

For more information about adding CGM to your patient's diabetes treatment plan, visit dexcom.com/global

References

1 Beck R, Riddlesworth, T, Ruedy, K, et al. Effect of Continuous Glucose Monitoring on Glycemic Control in Adults with Type 1 Diabetes Using Injections for Insulin Delivery: The DIAMOND Randomized Clinical Trial. [published online January, 24, 2017]. JAMA. 2 American Diabetes Association. (2016). Glycemic Targets. Standards of Medical Care. Diabetes Care, S39-S40. 3 Fonseca V, Grunberger G, Anhalt H et al. CONTINUOUS GLUCOSE MONITORING: A CONSENSUS CONFERENCE OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS AND AMERICAN COLLEGE OF ENDOCRINOLOGY. Endocr Pract. 2016;22(8):1008-1021.4 Peters A, Ahmann A, Battelino T et al. Diabetes Technology—Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology & Metabolism. 2016;jc.2016-2534. 5 Šoupal J, Petruželková L, Flekač 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 Technology & Therapeutics. 2016;18(9):532-538.