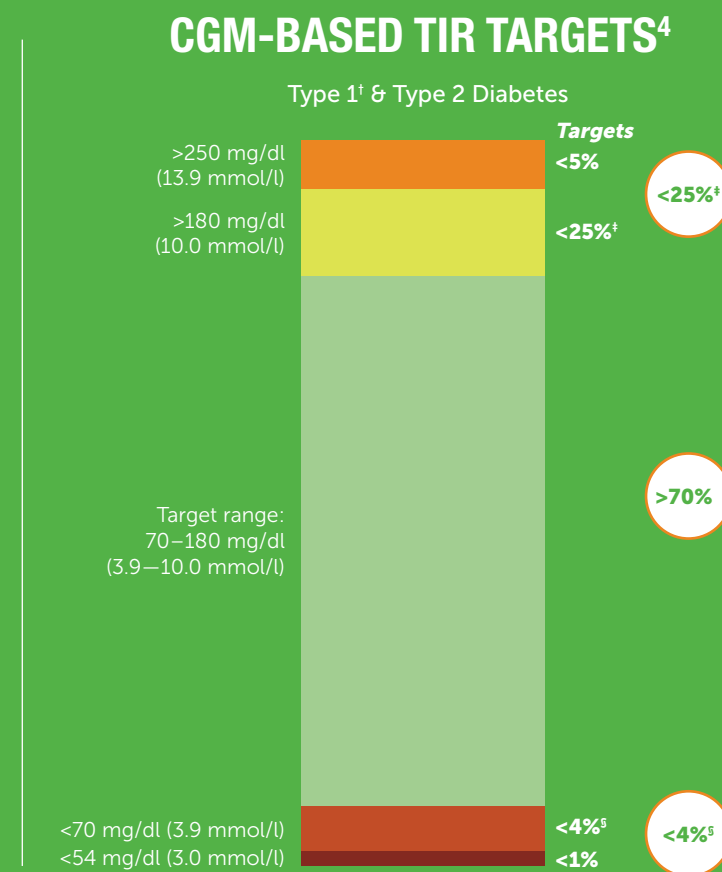
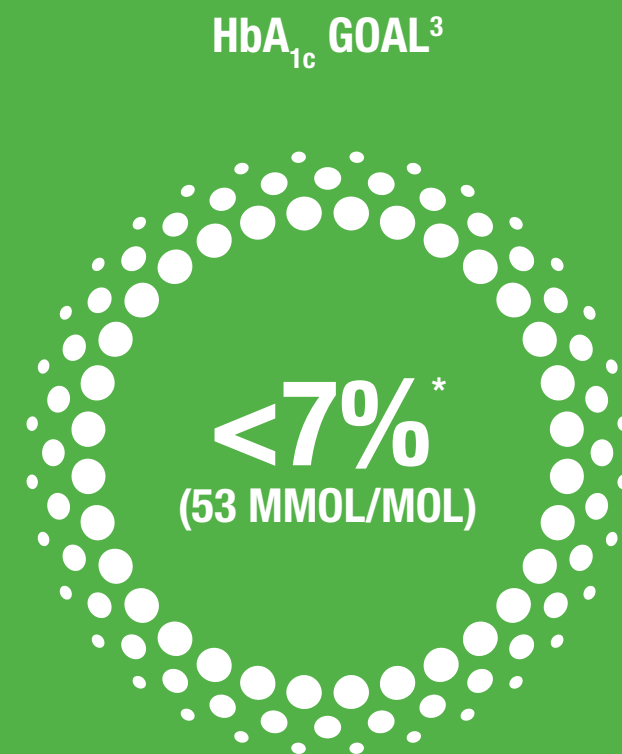


NEW DIABETES GUIDELINES RECOGNISE THE IMPORTANCE OF BOTH HbA_{1c} AND TIME IN RANGE (TIR) FOR SUSTAINED GLYCAEMIC CONTROL^{3,4}

HbA_{1c} is the key marker of glycaemic control used to assess the long-term risk of late complications in patients with type 1 diabetes. However, it does not provide a measure of glycaemic variability or hypoglycaemia. TIR is used as a metric of glycaemic control to help manage glucose fluctuations on a day-to-day basis in patients with type 1 and type 2 diabetes.^{3,4}

Recently-published ADA and ATTD consensus guidelines recommend using both HbA_{1c} and TIR as an integral part of CGM data analysis and treatment decision-making.^{3,4}



*For nonpregnant adults. †For age <25y, if the HbA_{1c} goal is 7.5%, then set TIR target to approximately 60%. ‡Includes percentage of values >250 mg/dl (13.9 mmol/l). §Includes percentage of values <54 mg/dl (3.0 mmol/l).

A DEXCOM CGM FIRST APPROACH CAN DELIVER CLINICALLY MEANINGFUL BENEFITS FOR PATIENTS^{1,5-8}

Based on five prospective studies:

GOLD – DIAMOND – COMISAIR – I HART CGM – HYPO DE



Reduction in HbA_{1c}
Increased time in range^{1,5,6}

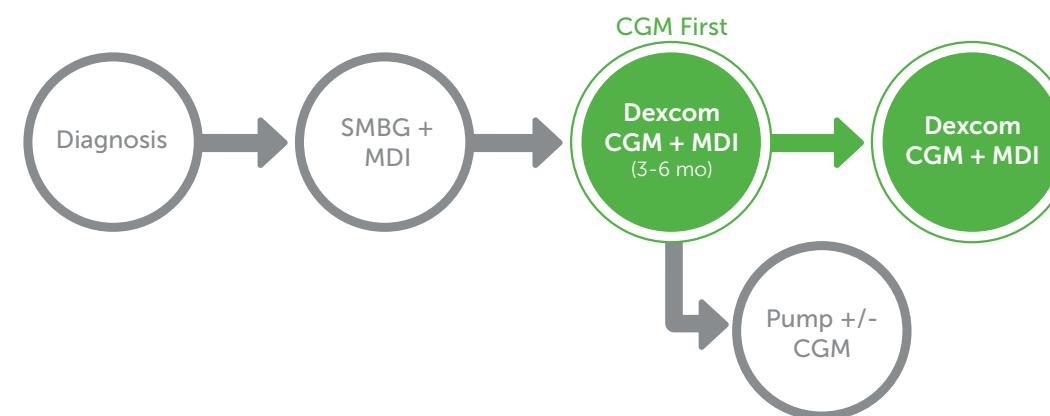


Reduction in risk
of hypoglycaemia^{7,8}



Improvements in quality
of life and well-being^{9,10}

DEXCOM CGM FIRST IN YOUR PATIENT PATHWAY



Dexcom CGM can help patients meet their HbA_{1c} and TIR targets, and achieve sustained glycaemic control.^{1,5,6}

References 1. Šoupal J, et al. COMISAIR-2. *Diabetes Care*. 2019;doi: 10.2337/dc19-0888. [Epub ahead of print]. 2. Šoupal J, et al. COMISAIR. *Diabetes Technol Ther*. 2016;18(9):532-538. 3. American Diabetes Association. *Diabetes Care*. 2019;42(Suppl 1):S61-S70. 4. Battelino T, et al. *Diabetes Care*. 2019;42(8):1593-1603. 5. Lind M, et al. *JAMA*. 2017;317(4):379-387. 6. Beck RW, et al. *JAMA*. 2017;317(4):371-378. 7. Heinemann L, et al. *Lancet*. 2018;391(10128):1367-1377. 8. Reddy M, et al. *Diabet Med*. 2018;35(4):483-490. 9. Polonsky WH, et al. *Diabetes Care*. 2017;40(6):736-741. 10. Ólafsdóttir AF, et al. *Diabetes Technol Ther*. 2018;20(4):274-284.

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ACHIEVING SUSTAINED GLYCAEMIC CONTROL WITH DEXCOM CGM

3-year data from the COMISAIR study and the implications for type 1 diabetes management¹

dexcom

COMISAIR IS THE FIRST LONG-TERM, PROSPECTIVE, REAL-WORLD STUDY TO COMPARE DIFFERENT TREATMENT MODALITIES FOR TYPE 1 DIABETES¹

The COMISAIR study assessed the efficacy of the following treatment modalities in adult patients with type 1 diabetes for one year:²

- Continuous Glucose Monitoring (CGM)* + Multiple Daily Insulin Injections (MDI)
- Sensor Augmented Pump (SAP): CGM† + Continuous Subcutaneous Insulin Infusion (CSII)
- Self Monitoring of Blood Glucose (SMBG) + MDI
- SMBG + CSII

At 12 months:
Both CGM-using groups saw significant and comparable reductions in HbA_{1c} and risk of hypoglycaemia vs SMBG groups?

- rtCGM+MDI (n=22)
- -▲- - rtCGM+CSII (n=26)
- SMBG+MDI (n=21)
- -▲- - SMBG+CSII (n=25)



-1.3%
Average HbA_{1c} decrease
for the rtCGM+MDI group vs baseline

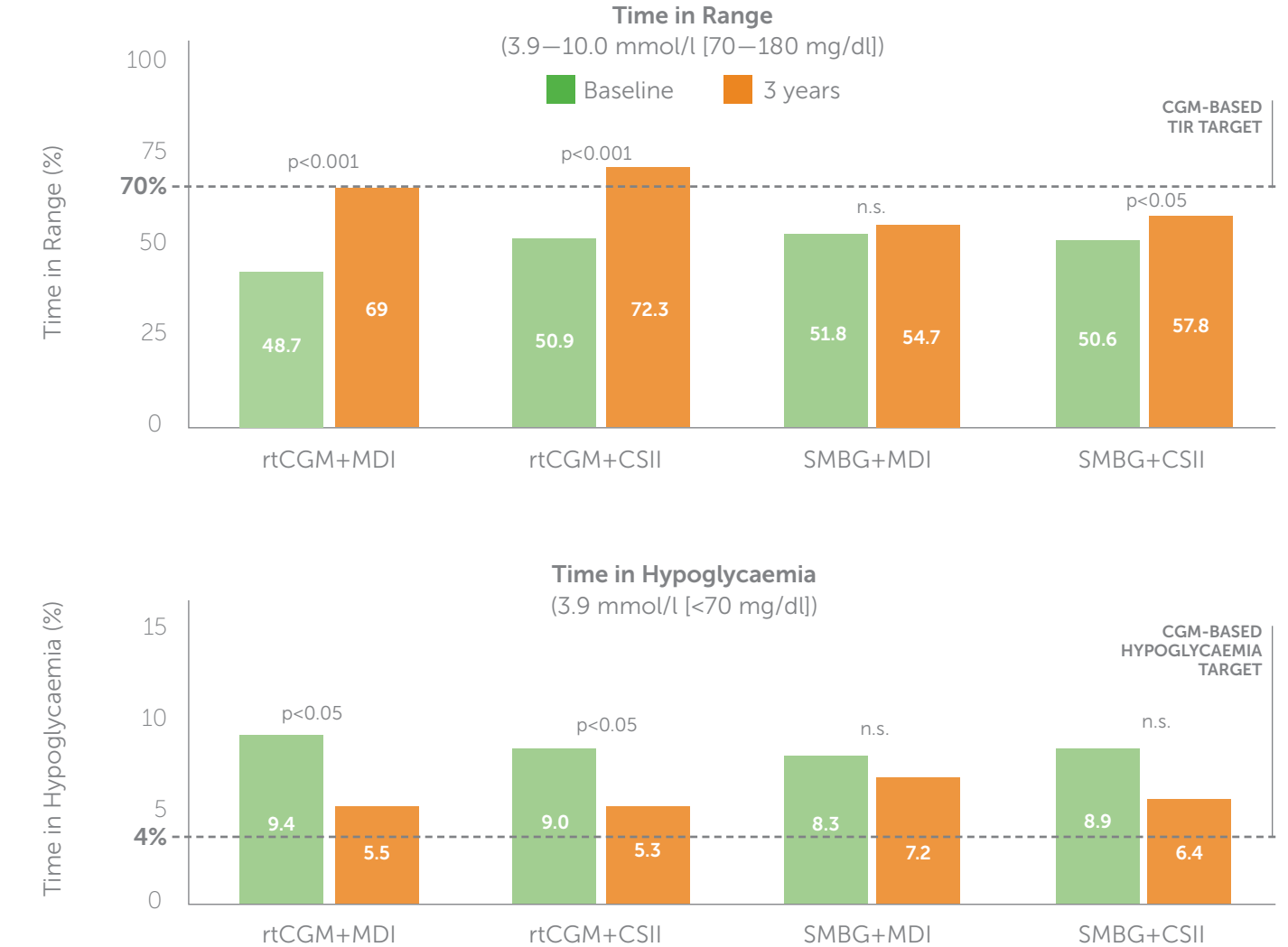
AT 3-YEAR FOLLOW-UP, CGM USE RESULTED IN SUSTAINED HbA_{1c} REDUCTION – REGARDLESS OF INSULIN DELIVERY METHOD¹

The 3-year follow-up to the COMISAIR study continued to evaluate the clinical impact of different regimens in an expanded study population (N=94):¹

At 36 months:
Use of CGM was superior to SMBG in reducing HbA_{1c}, hypoglycaemia and improving time in range, regardless of insulin delivery method¹

CGM USE HELPS PATIENTS WITH TYPE 1 DIABETES TO SPEND MORE TIME IN RANGE AND AVOID HYPOGLYCAEMIA¹

At 3 years, CGM users in the COMISAIR study had spent more time in range, and less time in hypoglycaemia, compared with self-monitoring patients:¹



For reference, 1% of 24 hours = ~ 14 minutes, 4% = ~ 58 minutes, 20% = ~ 4 hours 48 minutes.

*Study participants used a Dexcom G4 CGM system.
†SAPs were used with Dexcom G4 sensors or Medtronic Enlite sensors.