

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:



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



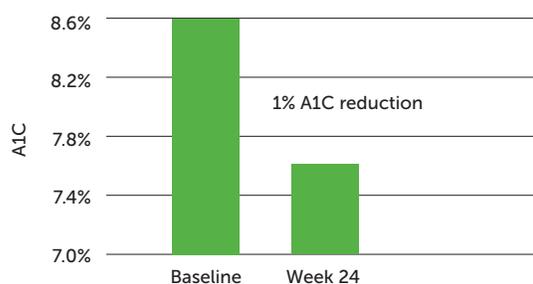
A1C Reduction

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.



*Study conducted using the Dexcom G4® PLATINUM CGM System, which uses the same software as the Dexcom G5® Mobile CGM System.

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Improvements of Glycemic Outcomes (cont.)

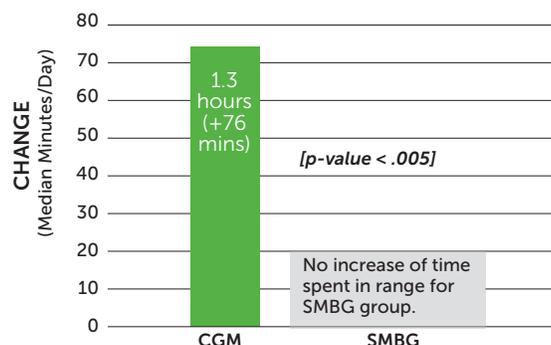


Increase of Time Spent in Range[†]

Dexcom CGM System significantly increased time spent in range from baseline (70 - 180 mg/dL):

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

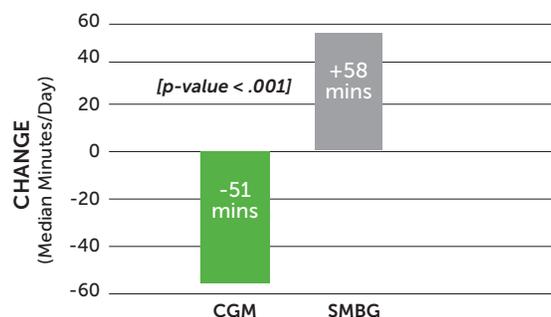
Dexcom CGM Increased Time in Range (70-180 mg/dL)



Reduction of Time in Hyperglycemia (>300 mg/dL)[†]

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

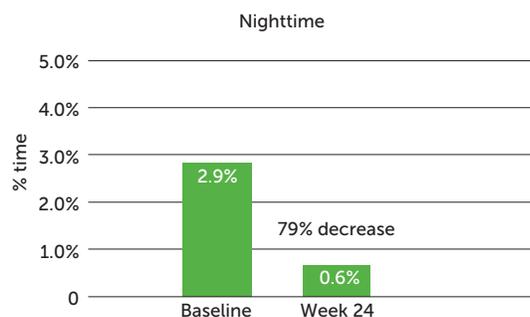
Dexcom CGM System Reduced Time Spent in Severe Hyperglycemia (>300 mg/dL)



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

- 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)



[†] 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' diabetes treatment plans and prescribe a Dexcom CGM System today.

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

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 Soupal 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.

BRIEF SAFETY STATEMENT

The Dexcom G5 Mobile Continuous Glucose Monitoring (CGM) System ("G5") is a glucose monitoring system indicated for the management of diabetes in persons age 2 years and older. The G5 is designed to replace fingerstick blood glucose testing for diabetes treatment decisions. The G5 also aids in the detection of episodes of hyperglycemia and hypoglycemia. The G5 is intended for single patient use and requires a prescription. CONTRAINDICATIONS Do not rely on the G5 CGM data if you have recently taken acetaminophen. Remove the G5 (sensor, transmitter, and receiver) before Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scan, or high-frequency electrical heat (diathermy) treatment. The G5 is MR Unsafe. Do not bring any portion of the G5 into the MRI environment. WARNING CGM-based diabetes treatment decisions are only approved with the G5, not previous generations of Dexcom CGM systems. Calibrate at least once every 12 hours using a fingerstick. If your G5 does not display a sensor glucose reading and an arrow, or if you are getting inaccurate or inconsistent readings, take a fingerstick. If your glucose readings and alerts do not match your symptoms or expectations, take a fingerstick to confirm. Failure to do so may lead to hyperglycemia or hypoglycemia. The G5 is not approved for use in pregnant women, persons on dialysis or critically ill persons. If a sensor breaks and no portion of it is visible above the skin, do not attempt to remove it. Seek professional medical help if you have infection or inflammation on or near the sensor insertion point. Report broken sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 2 years and older) or upper buttocks (ages 2-17 years). To "share" data, you need an internet connection and a separate compatible smart device running the Dexcom Follow App. Contact Dexcom Toll Free at 877-339-2664 or www.dexcom.com for detailed indications for use and safety information.

The DiaMonD Study¹

MDI Patients Demonstrate Persistent Use of Dexcom CGM System*

Dispelling the Myths of CGM Usage in MDI Patients

Some clinicians may assume patients on multiple daily injections (MDI) won't benefit from continuous glucose monitoring (CGM) while others think their patients will find it too complicated to use or they won't stay on it long enough to see the benefits. The outcomes from the Diamond study provide compelling evidence to challenge these common misperceptions.

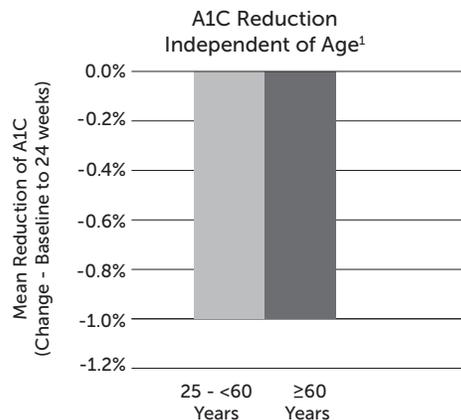
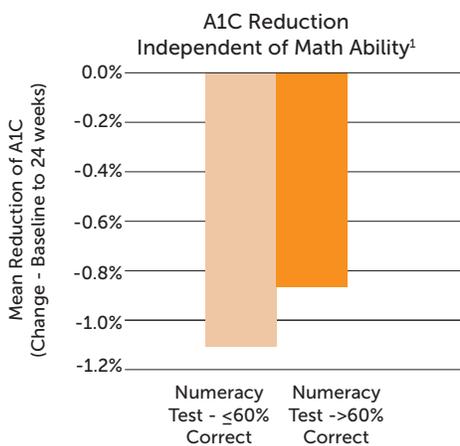
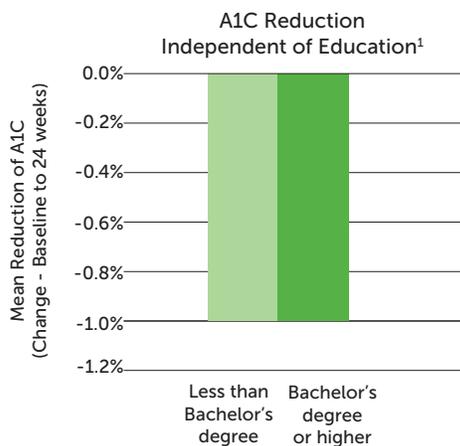
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Study Objective & Methods

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Myth: CGM is too complicated to use, especially for populations with less education and math ability, and for those who are older.

Results: Patients demonstrated significant A1C reductions, regardless of education level, math ability, and age.



Myth: MDI patients would be reluctant to use a wearable diabetes technology.

Results: MDI patients demonstrated a high rate of adherence at week 24.

93%

of patients were still using the Dexcom CGM System ≥ 6 days/week (at week 24³)

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Optimize your patients' diabetes treatment plans and prescribe a Dexcom CGM System today.

RESULTS



SIGNIFICANT A1C REDUCTIONS

regardless of patients' education level, math ability, and age



HIGH RATE OF ADHERENCE

at week 24, 93% of patients were still using the Dexcom CGM System ≥ 6 days/week.

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

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.
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