The COMISAIR Study\(^1\)
CGM for MDI patients? Yes, they can benefit, too.
Results from this year-long study showed that continuous glucose monitoring (CGM)—not the insulin delivery method—drives A1C reduction.

**Study Objectives and Methods**

**Objective:**
Compare efficacy of MDI* and pump insulin regimens augmented by CGM vs. SMBG\(^1\).

**Research Design/Methods:**
- 1-Year prospective clinical trial
- 65 participants with type 1 diabetes
- Adults (>18 years) with A1Cs ranging from 7%-10%
- Participants divided into four groups (see chart below)

---

### RESULTS

**GREATER A1C REDUCTION**
Patients on MDI + CGM saw greater improvement than those on Pump Therapy + SMBG.

**REDUCED HYPOGLYCEMIA**
25% reduction of time spent in hypoglycemia in CGM-augmented group compared to baseline.

**INCREASED TIME SPENT IN TARGET RANGE**
38% increase in time spent in range (72 mg/dL-180 mg/dL) in CGM-augmented group compared to baseline.

---

### CGM Use Drives A1C Reduction to Similar Levels in MDI and Pump Patients

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline A1C</th>
<th>52 Weeks</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDI + SMBG (n=18)</td>
<td>8.3</td>
<td>8.0</td>
<td>-0.3</td>
</tr>
<tr>
<td>Pump + SMBG (n=20)</td>
<td>8.4</td>
<td>7.9</td>
<td>-0.5</td>
</tr>
<tr>
<td>MDI + CGM (n=12)</td>
<td>8.5</td>
<td>7.2</td>
<td>-1.3</td>
</tr>
<tr>
<td>Pump + CGM (n=15)</td>
<td>8.2</td>
<td>7.1</td>
<td>-1.1</td>
</tr>
</tbody>
</table>

---

**CGM First™**
Recognized as the standard of care in diabetes management by ADA, AACE and the Endocrine Society\(^2-4\), 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, visit dexcom.com/cgmfirst
References

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.

©2017 Dexcom Inc. All rights reserved.