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# Time in Range: An Intuitive CGM Metric to Integrate in Your Clinical Practice

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Moderator:
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Clinical Education Team
Dexcom

# Polling question 1

- What is your current experience with CGM?
  A. I don’t know anything yet, but I saw the Nick Jonas commercial
  B. I know the basics of CGM but I don’t use with patients on a regular basis
  C. I’ve worked with CGM several times and feel pretty comfortable
  D. Expert – I use CGM often and I am able to interpret AGP reports

# Current Model of Care

Diabetes care that relies on quarterly visits with A1C checks neglects the reality of life with diabetes that is continuous[1]


Using A1C alone may not be very helpful for people to understand their diabetes[2]

The majority of diabetes care transpires between visits, outside of clinical encounters[1]

Self-monitoring of blood glucose (SMBG) has notable limitations[3]


Wearing CGM allows for personal discovery as patients engage in their own care

- Impact of lifestyle on glycemic management
- No visibility on their response to interventions
- May be reluctant to advance therapy if they don't understand their glycemic patterns

- Measures blood glucose (BG) at a single point in time
- Patient engagement and use is impacted by associated pain and social stigma

1. Corathers S et al. *Diabetes Spectrum*. 2020 Feb; 33(1):22-30. 2. AACE Consensus Guidelines. *Endocrine Practice.* Vol 26 No. 1 January 2020. 3 Adolfsson P et al. *Eur Endocrinol*. 2018;14(1):24-29..

# International Consensus on Time in Range Report

## A Team Effort

- American Diabetes Association
- American Association of Clinical Endocrinologists
- Association of Diabetes Care and Education Specialists
- European Association for the Study of Diabetes
- Foundation of European Nurses in Diabetes
- International Society for Pediatric and Adolescent Diabetes
- Juvenile Diabetes Research Foundation
- Pediatric Endocrine Society

Diabetes Care Volume 42, August 2019 1593

Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range

Diabetes Care 2019;42:1593–1603 | https://doi.org/10.2337/dci19-0028

Tadej Battelino,[1] Thomas Danne,[2] Richard M. Bergenstal,[3] Stephanie A. Amiel,[4] Roy Beck,[5] Torben Biester,[2] Emanuele Bosi,[6] Bruce A. Buckingham,[7] William T. Cefalu,[8] Kelly L. Close,[9] Claudio Cobelli,[10] Eyal Dassau,[11] J. Hans DeVries,[12,13] Kim C. Donaghue,[14] Klemen Dovc,[1] Francis J. Doyle III,[11] Satish Garg,[15] George Grunberger,[16] Simon Heller,[17] Lutz Heinemann,[18] Irl B. Hirsch,[19] Roman Hovorka,[20] Weiping Jia,[21] Olga Kordonouri,[2] Boris Kovatchev,[22] Aaron Kowalski,[23] Lori Laffel,[24] Brian Levine,[9] Alexander Mayorov,[25] Chantal Mathieu,[26] Helen R. Murphy,[27] Revital Nimri,[28] Kirsten Nørgaard,[29] Christopher G. Parkin,[30] Eric Renard,[31] David Rodbard,[32] Banshi Saboo,[33] Desmond Schatz,[34] Keaton Stoner,[35] Tatsuiko Urakami,[36] Stuart A. Weinzimer,[37] and Moshe Phillip[28,38]

Improvements in sensor accuracy, greater convenience and ease of use, and expanding reimbursement have led to growing adoption of continuous glucose monitoring (CGM). However, successful utilization of CGM technology in routine clinical practice remains relatively low. This may be due in part to the lack of clear and agreed-upon glycemic targets that both diabetes teams and people with diabetes can work toward. Although unified recommendations for use of key CGM metrics have been established in three separate peer-reviewed articles, formal adoption by diabetes professional organizations and guidance in the practical application of these metrics in clinical practice have been lacking. In February 2019, the Advanced Technologies & Treatments for Diabetes (ATTD) Congress convened an international panel of physicians, researchers, and individuals with diabetes who are expert in CGM technologies to address this issue. This article summarizes the ATTD consensus recommendations for relevant aspects of CGM data utilization and reporting among the various diabetes populations.

This international consensus report has been endorsed by the American Diabetes Association, American Association of Clinical Endocrinologists, American Association of Diabetes Educators, European Association for the Study of Diabetes, Foundation of European Nurses in Diabetes, International Society for Pediatric and Adolescent Diabetes, JDRF, and Pediatric Endocrine Society.

1. Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603. 2. American Diabetes Association. *Diabetes Care*. 2019.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
| 6 | 126 | (100-152) |
| 7 | 154 | (123-185) |
| 8 | 183 | (147-217) |
| 9 | 212 | (170-249) |
| 10 | 240 | (193-282) |
| 11 | 269 | (217-314) |
| 12 | 298 | (240-347) |

1

May underestimate or overestimate an individual's average glucose
*(example: A1C of 7% could represent a range between 123-185 mg/dL)*

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
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| 10 | 240 | (193-282) |
| 11 | 269 | (217-314) |
| 12 | 298 | (240-347) |

2

Does not indicate the extent or timing of hypoglycemia or hyperglycemia

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
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3

Does not reveal glycemic variability

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
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4

Limited utility for insulin dosing decisions

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
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5

Unreliable in patients with hemolytic anemia, hemoglobinopathies, or iron deficiency

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
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6

Underestimates in those with end stage kidney disease or during pregnancy

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

# Need For Metrics Beyond A1C

| A1C, % | mg/dL | 95% CI |
|---|---|---|
| 5 | 97 | (76-120) |
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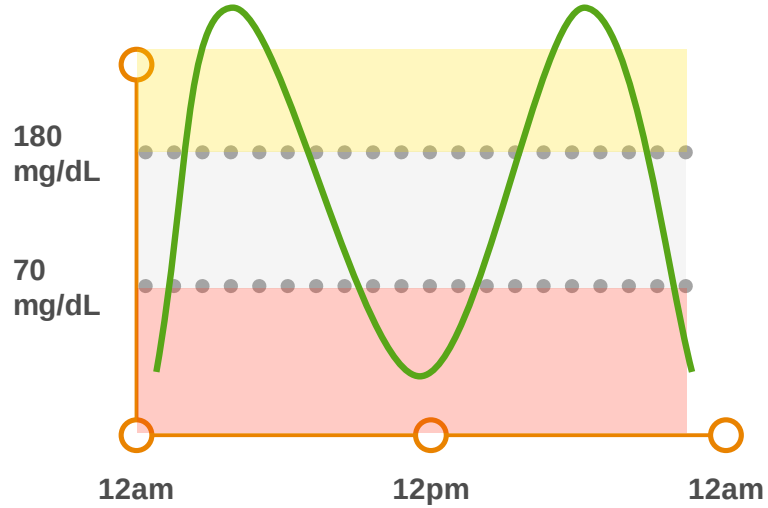
7

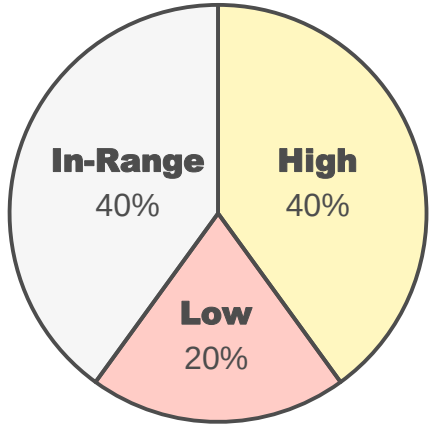
Correlation with mean glucose can vary among races

Nathan DM et al. *Diabetes Care*. 2008;31(8):1473-1478.

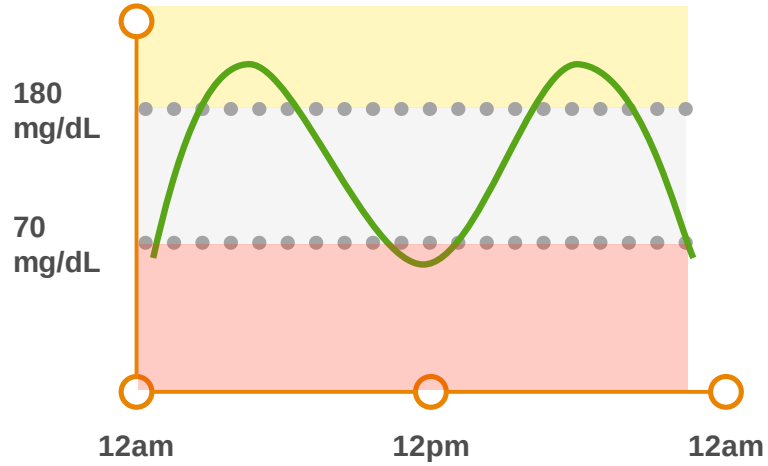
# Same A1C, but CGM Patterns Drive Different Treatment Plans

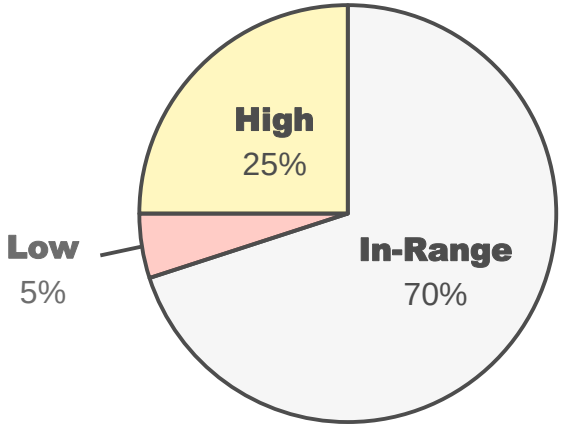
## A1C 7%



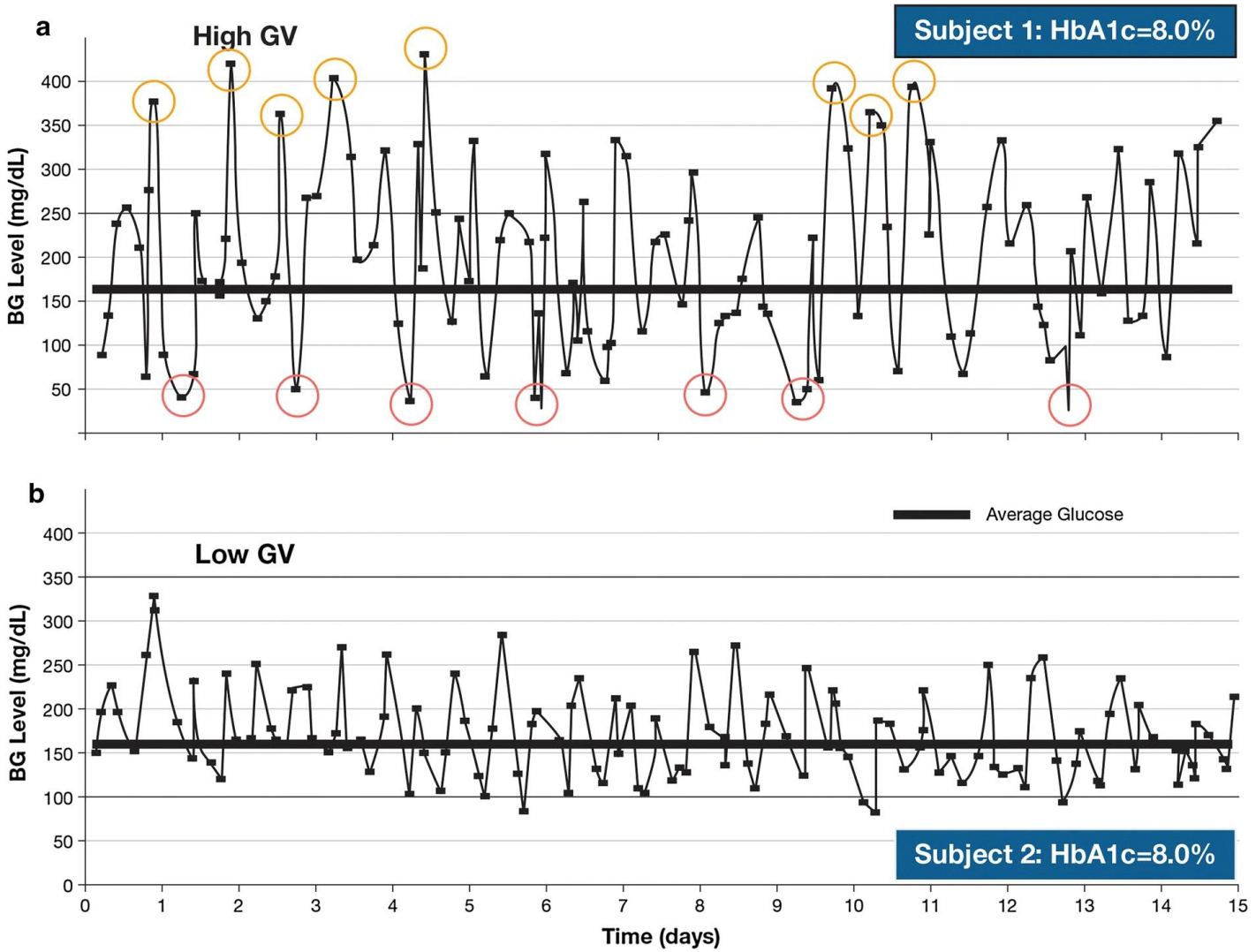

## A1C 7%




Adapted from https://diatribe.org/BeyondA1c, Assessed March 18, 2021

# Continuous Glucose Monitoring Shows Variability




Source: Ajjan,R, Slattery D, Wright E. Continuous glucose monitoring: a brief review for primary care practitioners. *Adv Ther.* 2019;36(3):579-596.

# Polling question 2

- What is the % TIR (time in range) goal and % TBR (Time below range) goal for most people with T1D and T2D
    A. > 70% TIR and < 8% TBR
    B. > 80% TIR and < 4% TBR
    C. > 65% TIR and < 5% TBR
    D. > 70% TIR and < 4% TBR

# Core CGM Metrics and Goals for Time in Range (TIR)[1,2]

## Key Metrics

**Number of Days with CGM Data**
14+ days recommended

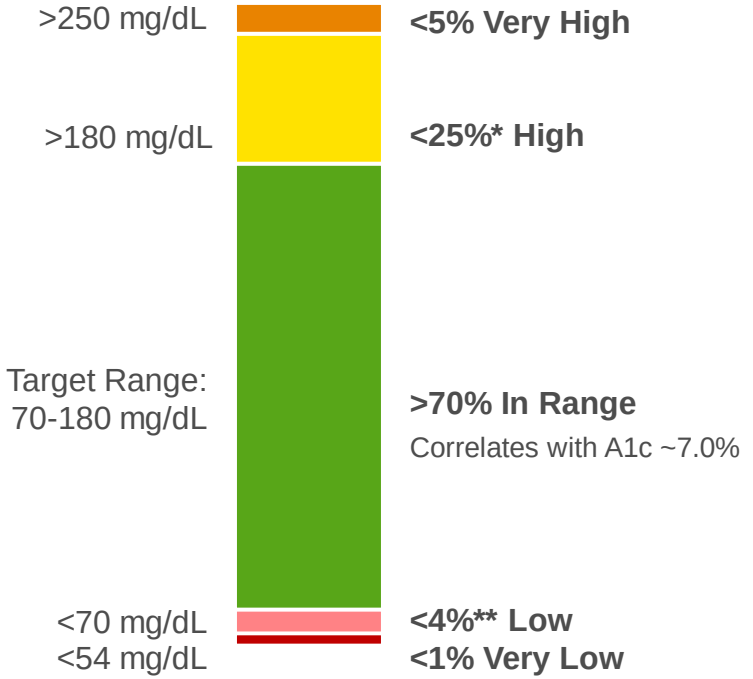
**Percentage of Time CGM is Active**
>70% of data recommended

**Mean Glucose**
The average glucose

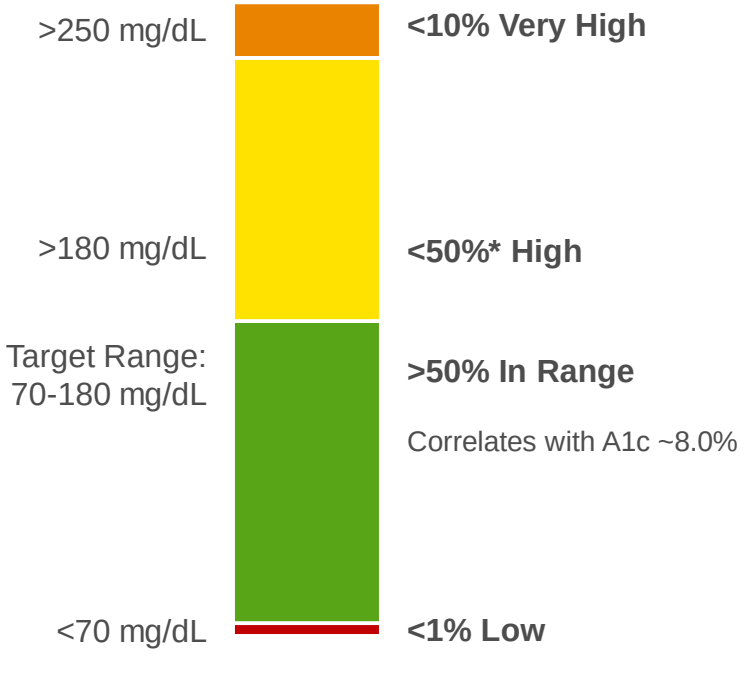
**Glucose Management Indicator (GMI)**
Approximate A1C levels based on average glucose measured using CGM values

**Coefficient of Variation (CV)**
Measure of glycemic variability (standard deviation/mean) ≤36% is recommended

### T1D & T2D



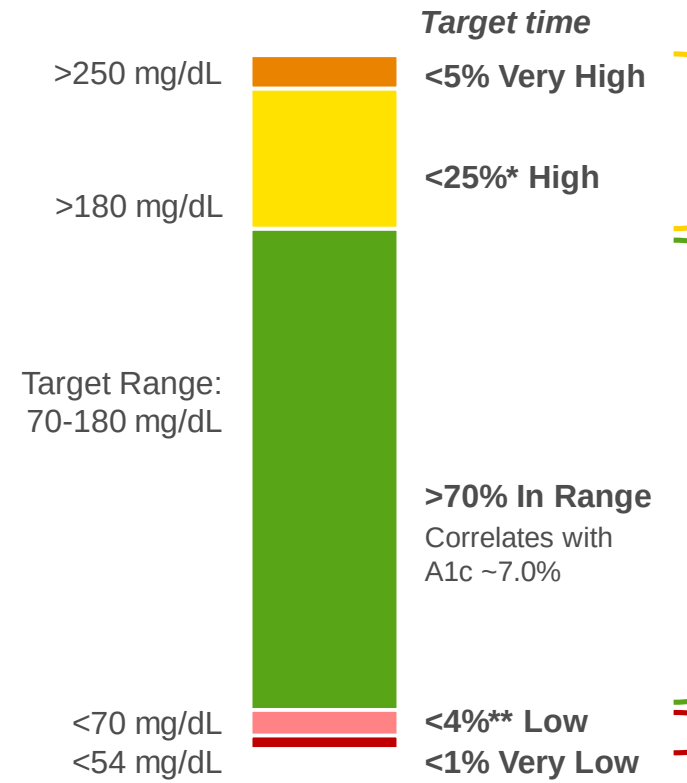

### Older/High Risk T1D & T2D




1. Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603. 2. American Diabetes Association. *Diabetes Care 2021;44(Suppl. 1):S73–S84 | https://doi.org/10.2337/dc21-S006*.
*Includes percentage of values >250 mg/dL **Includes percentage of values <54 mg/dL

# Time in Range Targets and Hours per Day[1,2]

## Recommended Time in Range for most people with T1D & T2D

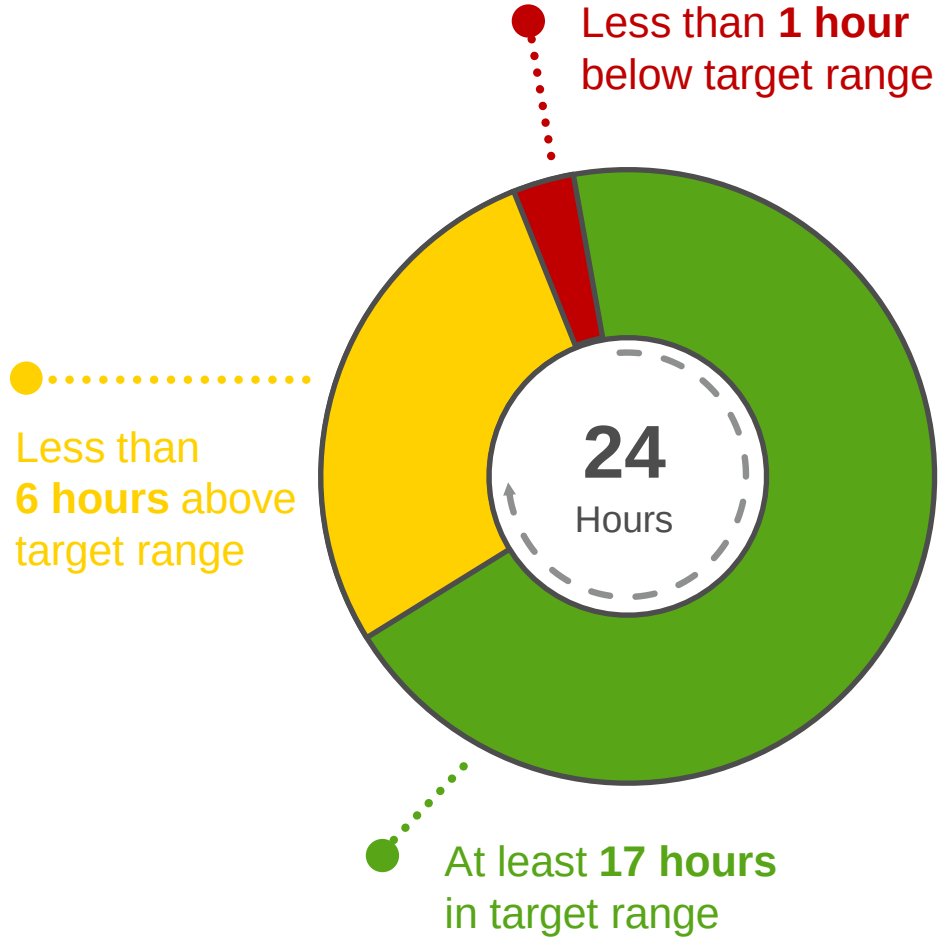



15 MINUTES = 1% OF THE DAY

**Time above range (TAR)**
< 1 hr, 12 min, > 250 mg/dL
< 6 hr, > 180 mg/dL

**Time in range (TIR)**
> 16 hr, 48 min

**Time below range (TBR)**
< 1hr < 70mg/dL
< 15 min < 54mg/dL




T1D=type 1 diabetes, T2D=type 2 diabetes


1. Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603. . 2. American Diabetes Association. *Diabetes Care 2021;44(Suppl. 1):S73–S84 | https://doi.org/10.2337/dc21-S006*.
2. *Includes percentage of values >250 mg/dL **Includes percentage of values <54 mg/dL

## GOAL

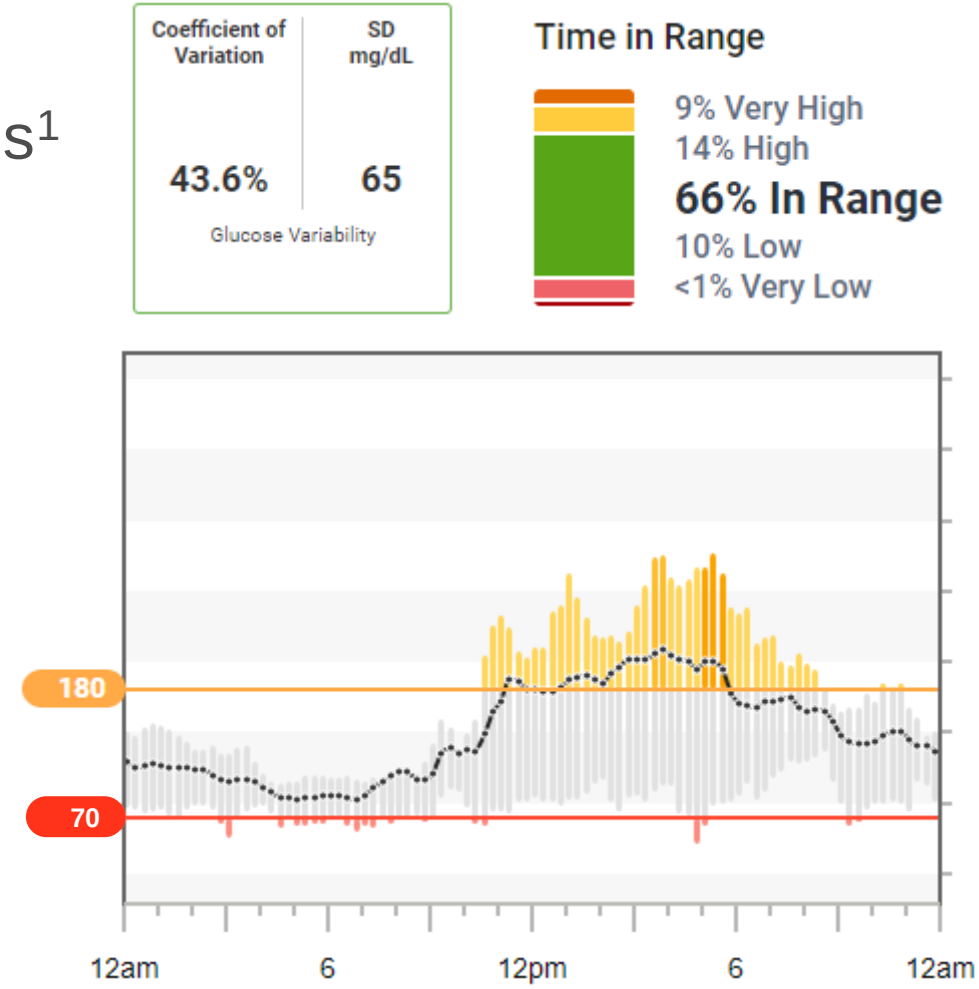
# Increase TIR while Decreasing TBR

See more **Green** and Less **Red** (**MGLR**) on the TIR bar

# Glycemic Variability

**GLYCEMIC VARIABILITY** is the amplitude, frequency and duration of glucose fluctuations[1]

- Measured by the Coefficient of Variationl (CV) Standard deviation/mean=CV
- Targets: CV < 36% for most people[1]
- <33% for people at high risk for hypoglycemia (insulin or sulfonylureas)[2]
- Predictor of hypoglycemia[1]




1. Danne et al., Diabetes Care, 2017;40:1631-1640. 2. Battelino T., et al. Diabetes Care. 2019;42:1593–1603

# Polling Question 3

- What is the % increase in Time in Range (TIR) that is considered clinically meaningful?
  - A. 1%
  - B. 3%
  - C. 5%
  - D. 10%

# Estimated A1C for a TIR level

## Each 5% increase in TIR is clinically significant.[1]

**Vigersky and McMahon[2]**
(n = 1,137 participants with type 1 and type 2 diabetes)

| TIR 70-180 mg/dL | A1C |
|---|---|
| 20% | 10.6% |
| 30% | 9.8% |
| 40% | 9.0% |
| 50% | 8.3% |
| 60% | 7.5% |
| 70% | 6.7% |
| 80% | 5.9% |
| 90% | 5.1% |

**For every 10% increase in TIR = ~0.8% A1C reduction.**

**Beck et al.[3]**
(n = 545 participants with type 1 diabetes)

| TIR 70-180 mg/dL | A1C |
|---|---|
| 20% | 9.4% |
| 30% | 8.9% |
| 40% | 8.4% |
| 50% | 7.9% |
| 60% | 7.4% |
| 70% | 7.0% |
| 80% | 6.5% |
| 90% | 6.0% |

**For every 10% increase in TIR = ~0.5% A1C reduction.**

1. Battelino T et al. *Diabetes Care*. 2019;42(8):1593-1603. 2. . Vigersky RA, McMahon C. Diabetes Technology Ther 2019;21:81-85 . 3. Beck et al, Diabetes Care Oct 2018, dc181444.

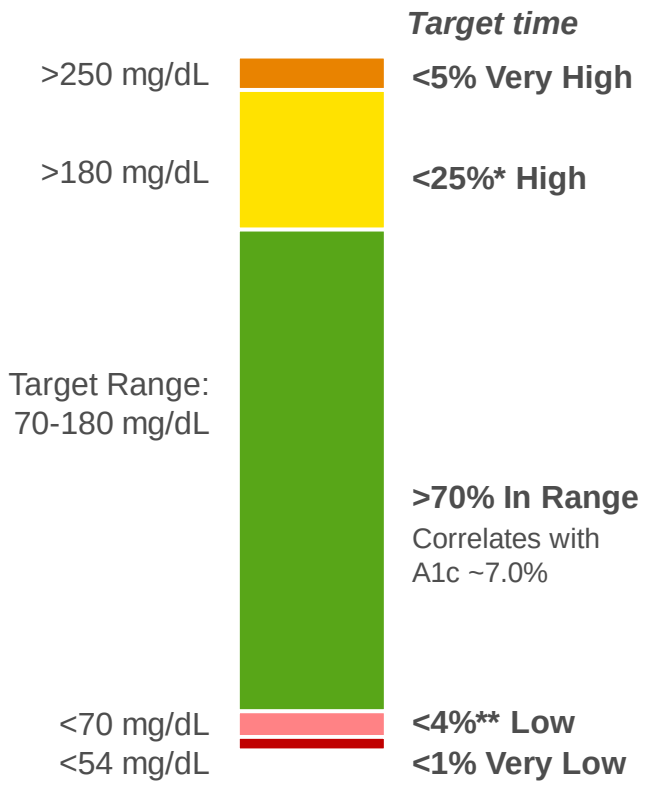
# Post-hoc analysis indicate an association between TIR & diabetes complications

- Post-hoc analysis of SMBG data indicate that each 10-percentage point decrease in TIR was associated with a 64% increase in retinopathy progression and 40% increase in microalbuminuria ($P < 0.001$ for each).[1]
- A 10% increase in TIR associated with 19% reduction in urinary albumin excretion.[2]
- TIR was significantly associated with prevalence of all stages of retinopathy in T2D even after adjusting for clinical risk factors, including A1C.[3]
- 10% decrease TIR associated with 5% increase in CVD-related mortality and 8% increase in all-cause mortality.[4]

1Beck et al, Diabetes Care 2019;42:400–405, 2Ranjan et al, Diabetes Care 2020;43:2882–2885, 3.Lu et al, Diabetes Care 2018;41:2370-2376, 4. Lu et al, Diabetes Care 2021;44:549-555

# Ambulatory Glucose Profile (AGP) Report and Time in Range (TIR) Inform Therapeutic Decisions

## Recommended Time in Range for most people with T1D & T2D[1]

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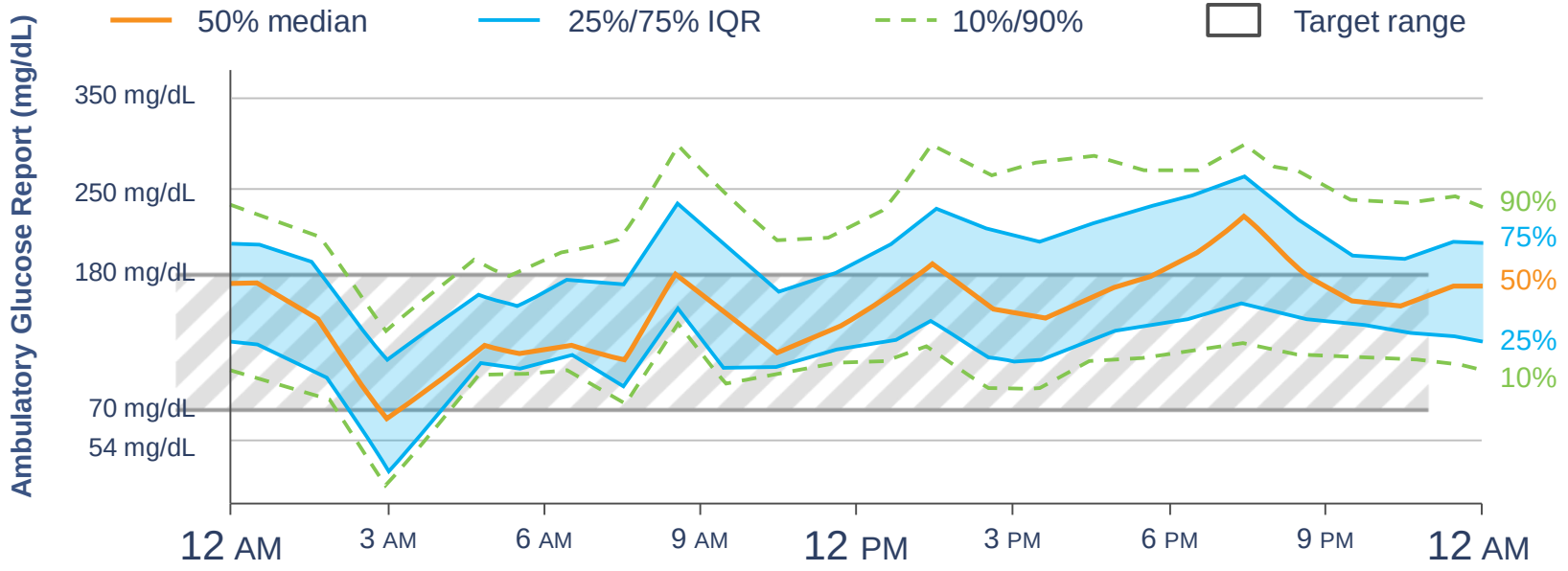
### GLUCOSE RANGES

| Very Low | Low | In Target Range | High | Very High |
|---|---|---|---|---|
| < 54 mg/dL | < 70 mg/dL | 70-180 mg/dL | > 180 mg/dL | > 250 mg/dL |
| **1%** | **4%** | **52%** | **44%** | **7%** |




**The y-axis scale and target range are the same as on the AGP graph above. AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if occurring in a single day.**
**Hypothetical patient and AGP report.** QR = interquartile range. 1.. Battelino T et al. Diabetes Care. 2019;42(8):1593-1603

# Strategies to Help People with Diabetes Increase TIR

**Strive for FNIR[1]**
(flat, narrow, in-range)

**Be curious**

**Discover**


**Ongoing Learning**

**"If ____, then _____." Approach**

**Use Patterns**

**Celebrate**

1. https://diatribe.org/BeyondA1c, Assessed March 18, 2021

# Using Strength-Based Language[1] While Talking About TIR

## Emotions tied to living with diabetes

## Numbers are data, not a judgement*[1]

- Not "good" vs "bad" numbers

## Develop SMART goals to move towards more TIR and less TBR

## Create an action plan together using shared decision-making

- What is one way you might move towards more TIR?
- Would you prefer to eat fewer carbs at breakfast or increase your insulin?

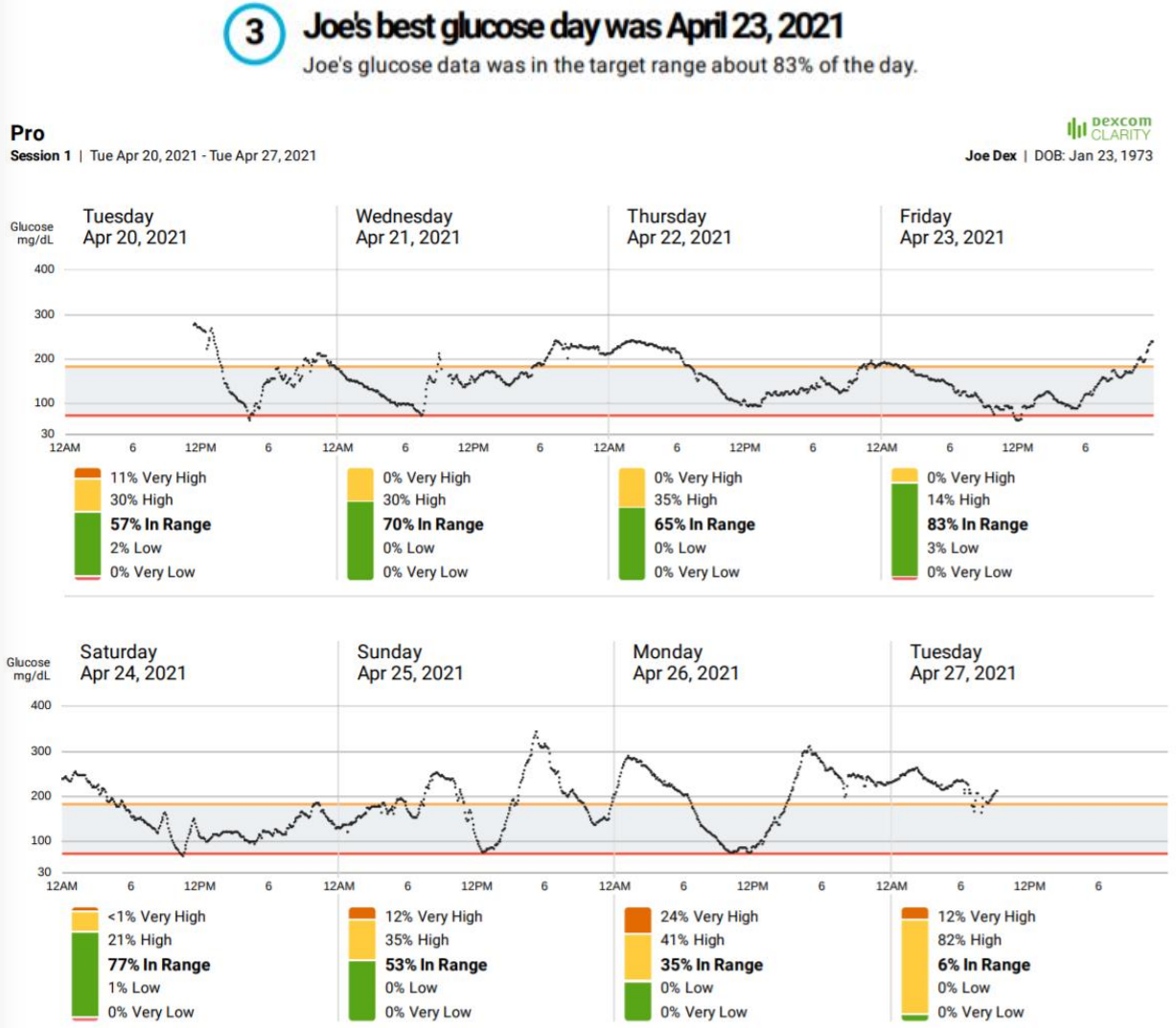
## Celebrate the success!

- Identify the positives

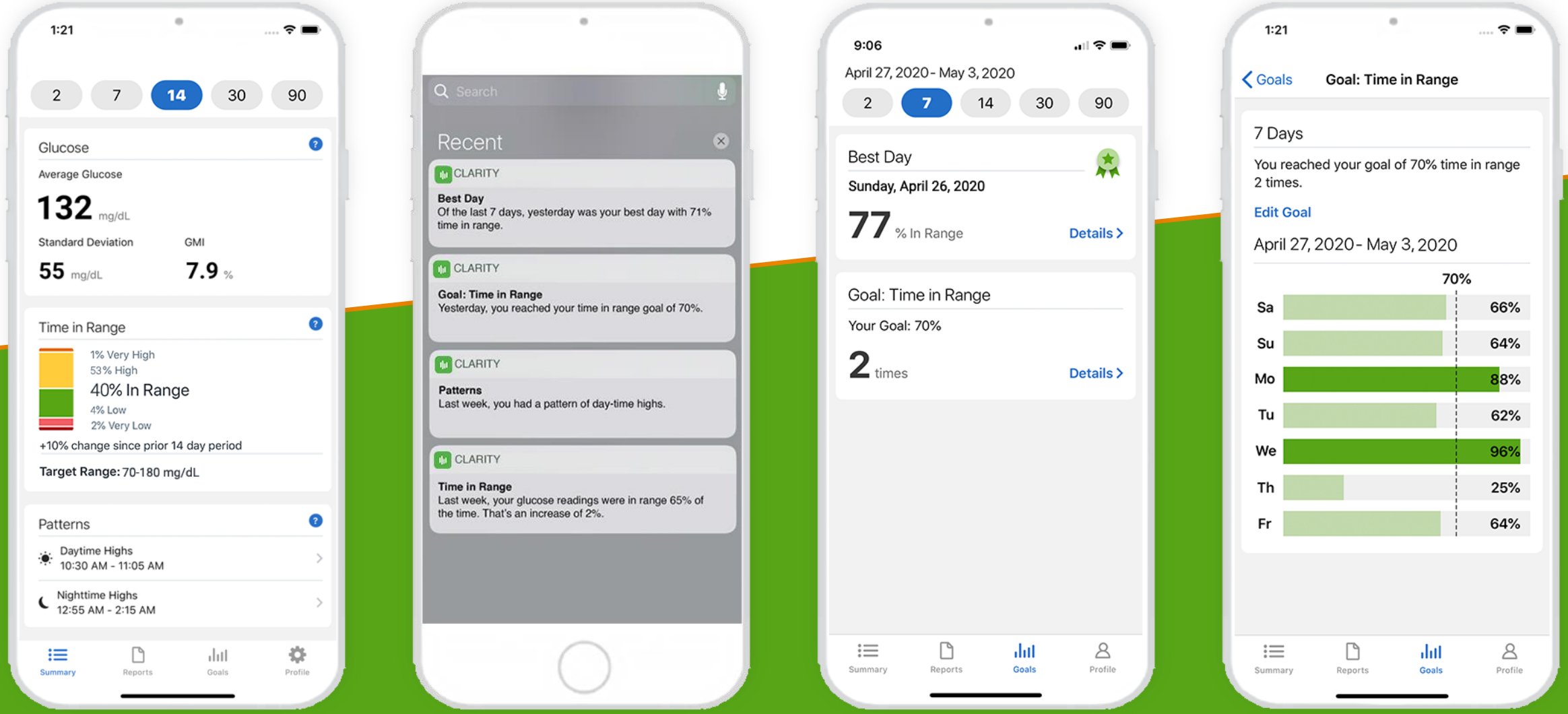
* extreme hyper- or hypo-gylcemic events warrant serious discussion between a HCP and patient

1. Dickinson, J.K. et al., *Diabetes Care* 2017 Dec; 40(12): 1790-1799.

## G6 Pro report shows a daily TIR bar



# Frequent* Dexcom CLARITY Views are Associated with up to 15% Increased TIR[1]




Frequent* Dexcom CLARITY viewers experience up to 15% increased time spent in range (70-180 mg/dL) as compared to non-users.1 *Frequent use is defined as four or more monthly log ins to Dexcom CLARITY.

1 Parker AS, Welsh J, Jimenez A, Walker T. Insights from big data (2): Benefits of self-guided retrospective review of continuous glucose monitoring reports. Diabetes Technol Ther. 2018;20(S1):A-27.

Dexcom

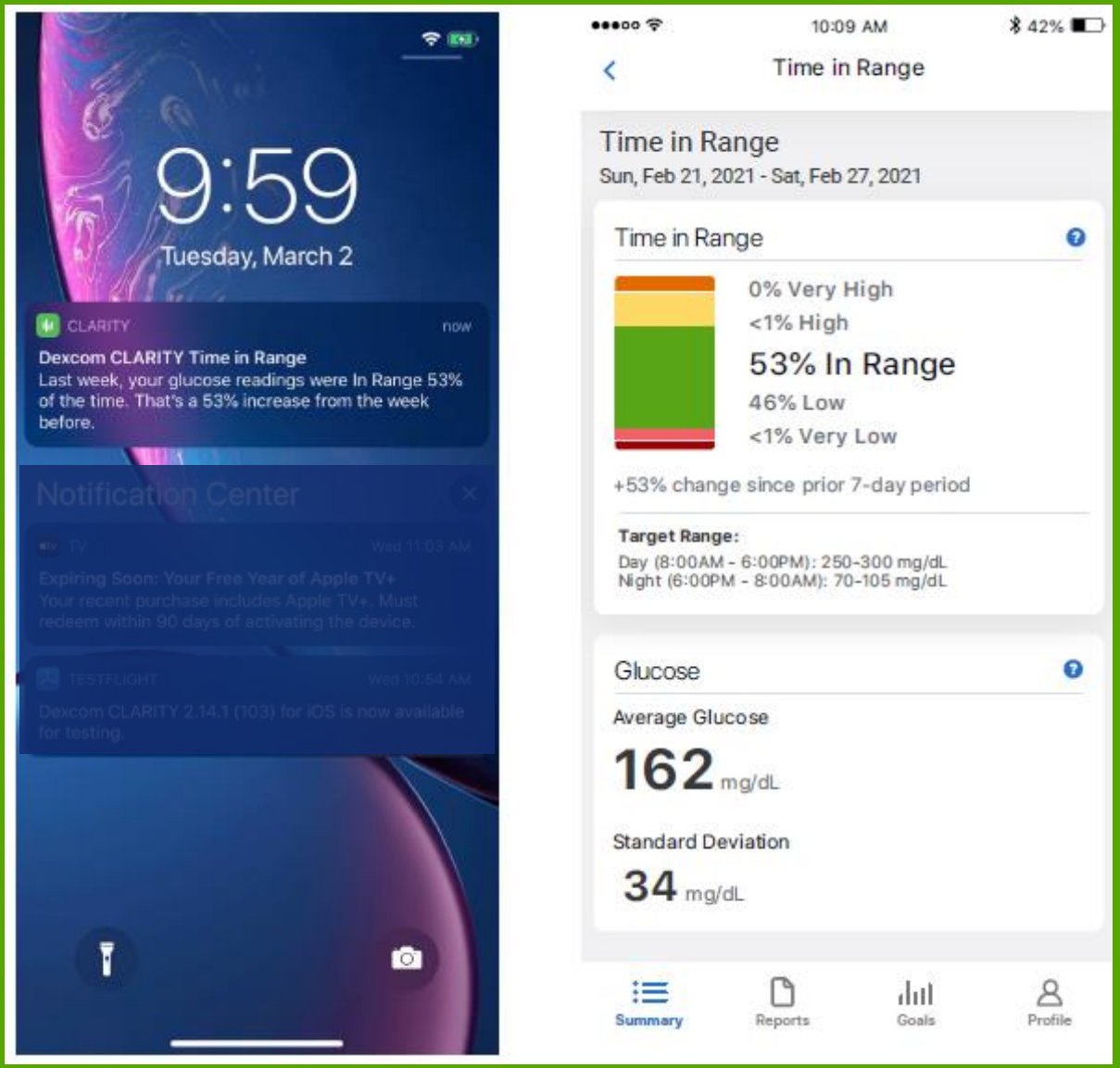
# Help Patients Use Dexcom G6 and CLARITY App Settings for More TIR[1-3]

## Dexcom features that may help move towards more GREEN

- Wear CGM daily
- Consider incorporating trend arrows into treatment decisions
- Share data with at least one follower[1]
- Customize Dexcom G6 high alert settings[2]
- Use CGM to understand the impact of food, daily activity, stress and medication[3]

## Dexcom features that can reduce RED

- Keep Urgent Low Soon Alert enabled to predict when glucose will be less than 55 md/dL within 20 minutes
- Customize Dexcom G6 low alert settings[2]





1.Welsh, J et al. Real-Time Sharing and Following of Continuous Glucose Monitoring Data in Youth. Diabetes Ther. https;//doi.org/10.1007//s13300-019-0571-0
2 Dexcom CGM: Integrating data science and clinical application to support patient glycemic management. ATTD (Advanced Technologies and Treatments in Diabetes) 2020. February 19-22, 2020. Madrid, Spain.
3Isaacson, B. et al., 2020, Sept 16 *JDST,* Demonstrating the clinical impact of continuous glucose monitoring within an integrated healthcare delivery system. DOI: 10.1177/1932296820955228 e-pub ahead of print

# Time in Range in Clinical Practice

# Incorporate Discovery Learning with a Shared-Decision Making Approach[1]

- Person centered care
- Shared sense of purpose

- Open dialogue based on clinical evidence and patient preference

- Encourages active engagement in learning process
- Empowers self-management

- Collaboration between people with diabetes and the care team
- Builds trust

1. https://www.healthit.gov/sites/default/files/nlc_shared_decision_making_fact_sheet.pdf, Accessed March 18, 2021

# Dexcom G6 RT-CGM System

# Dexcom G6 Overview

## The only CGM system **indicated for children aged 2 years and older**

Up to **288 continuous readings per day**

**Exceptional accuracy**
Class II device designation[1]

**Zero** fingersticks required,*

*If your glucose alerts and readings from the G6 do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions


Smart devices sold separately. *For a list of compatible devices visit www.Dexcom.com/compatibility

Customizable alerts and a fixed
ent Low alarm
dictive Urgent Low Soon alert

Data share features with up to **10 followers**†

Robust clinical evidence of **improved glycemic outcomes**[2,3]

Studies prove the clinical benefits of the differentiating attributes of Dexcom.[4,5]

†Separate Follow app required.

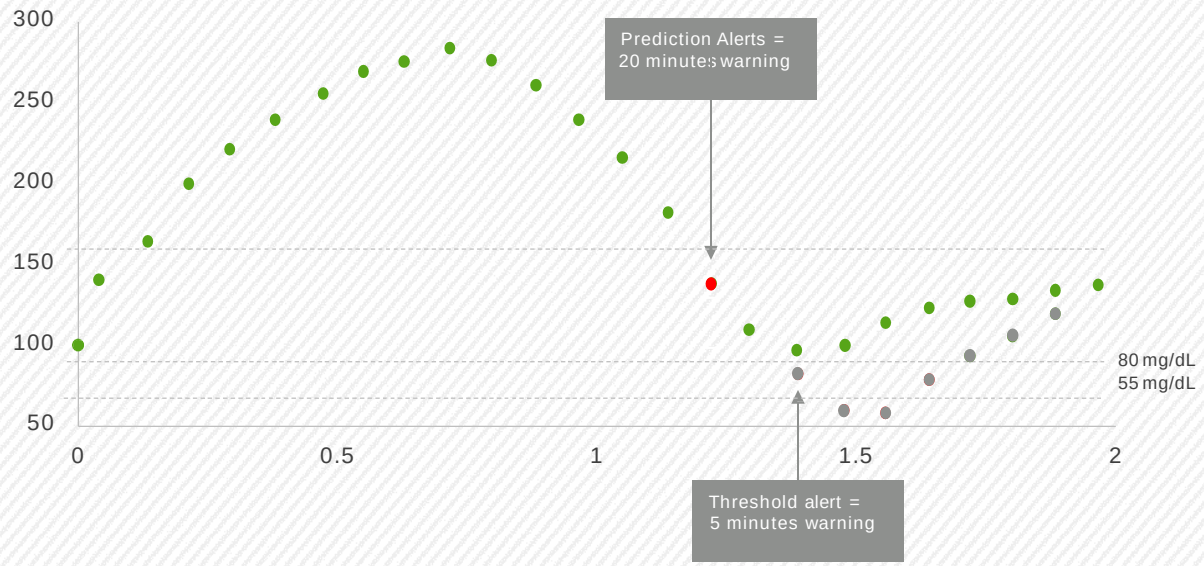
1. FDA. https://www.fda.gov/news-events/press-announcements/fda-authorizes-first-fully-interoperable-continuous-glucose-monitoring-system-streamlines-review. Accessed June 19, 2019. 2. Beck RW, et al. *JAMA*. 2017;317(4):371-378. 3 Welsh JB, et al. *Diabetes Technol Ther*. 2019;21(3):128-132. 4. Puhr S, et al. *J Diabetes Sci Technol*. 2020;14(1):83-86. 5. Welsh JB, et al. *Diabetes Ther*. 2019;10(2):751-755.

# Dexcom G6 Urgent Low Soon Alert Enhances Experience

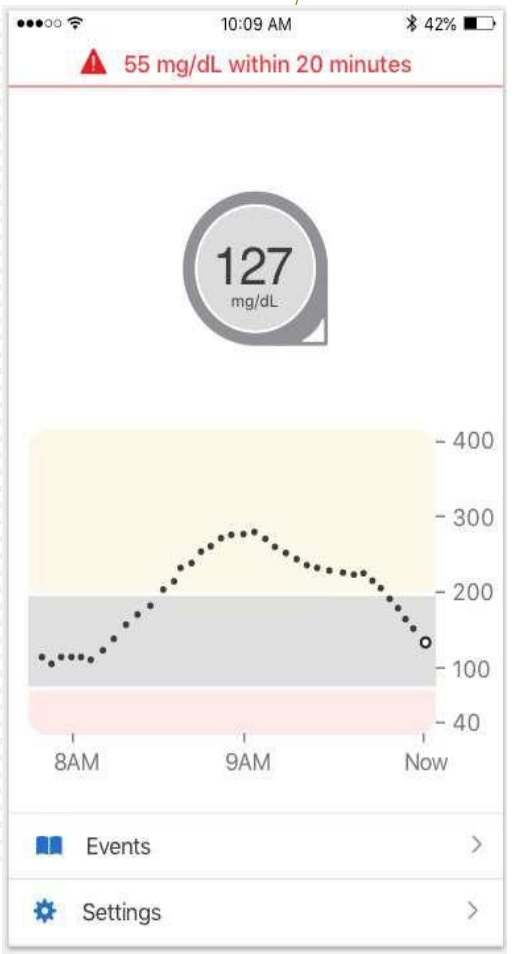
## Smarter Alerts

### Urgent Low Soon Alert

- Future-alert function
- Provides earlier actionable alert without increasing nuisance factor




Note: for illustrative purposes only.




CGM = continuous glucose monitoring.

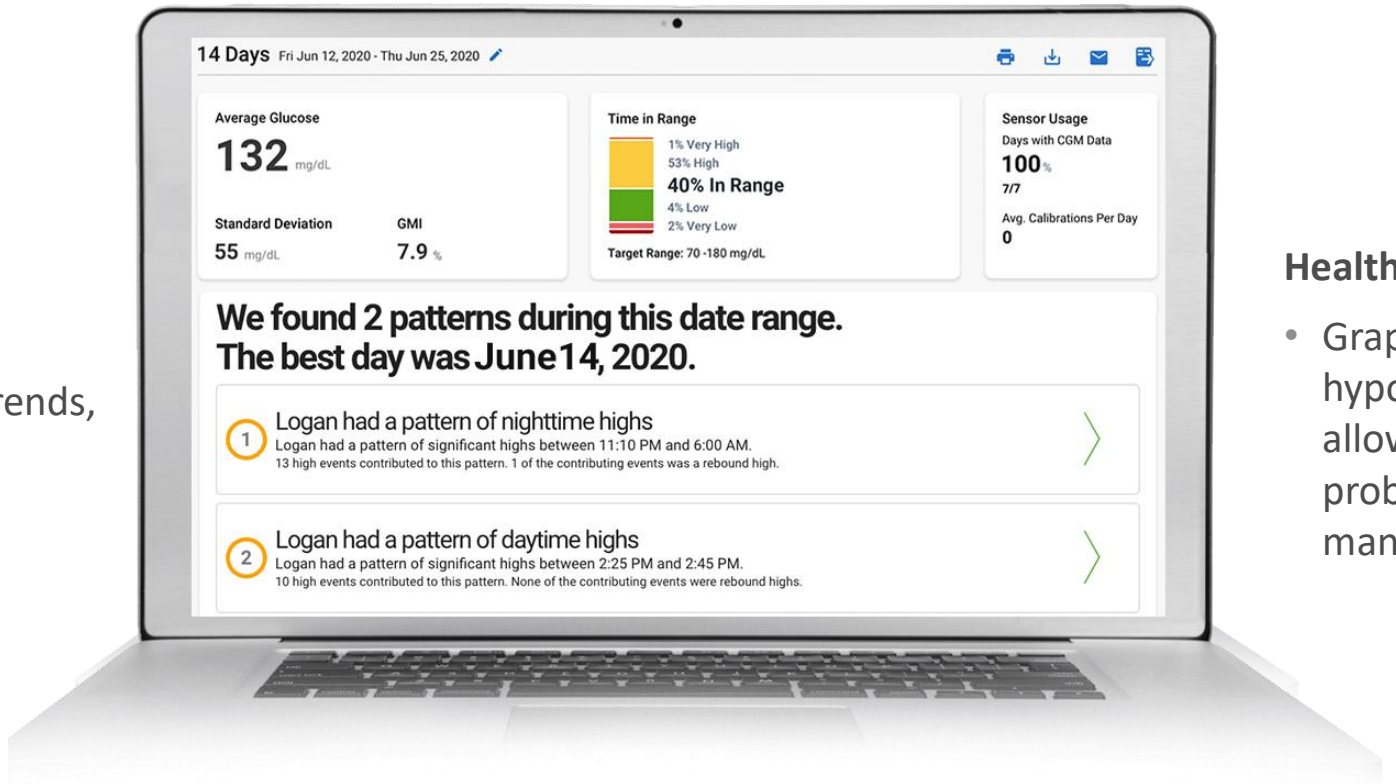
Dexcom CGM: Integrating data science and clinical application to support patient glycemic management. ATTD (Advanced Technologies and Treatments in Diabetes) 2020. February 19-22, 2020. Madrid Spain.

# Dexcom CLARITY Allows Patients to Share CGM Data with HCPs and Receive Daily or Weekly Progress Reports on Smartphone[1]

Dexcom CLARITY is a cloud-based diabetes management software that helps patients and providers understand and analyze glucose patterns[2]

**Home user[2]:**

- View glucose patterns, trends, and statistics



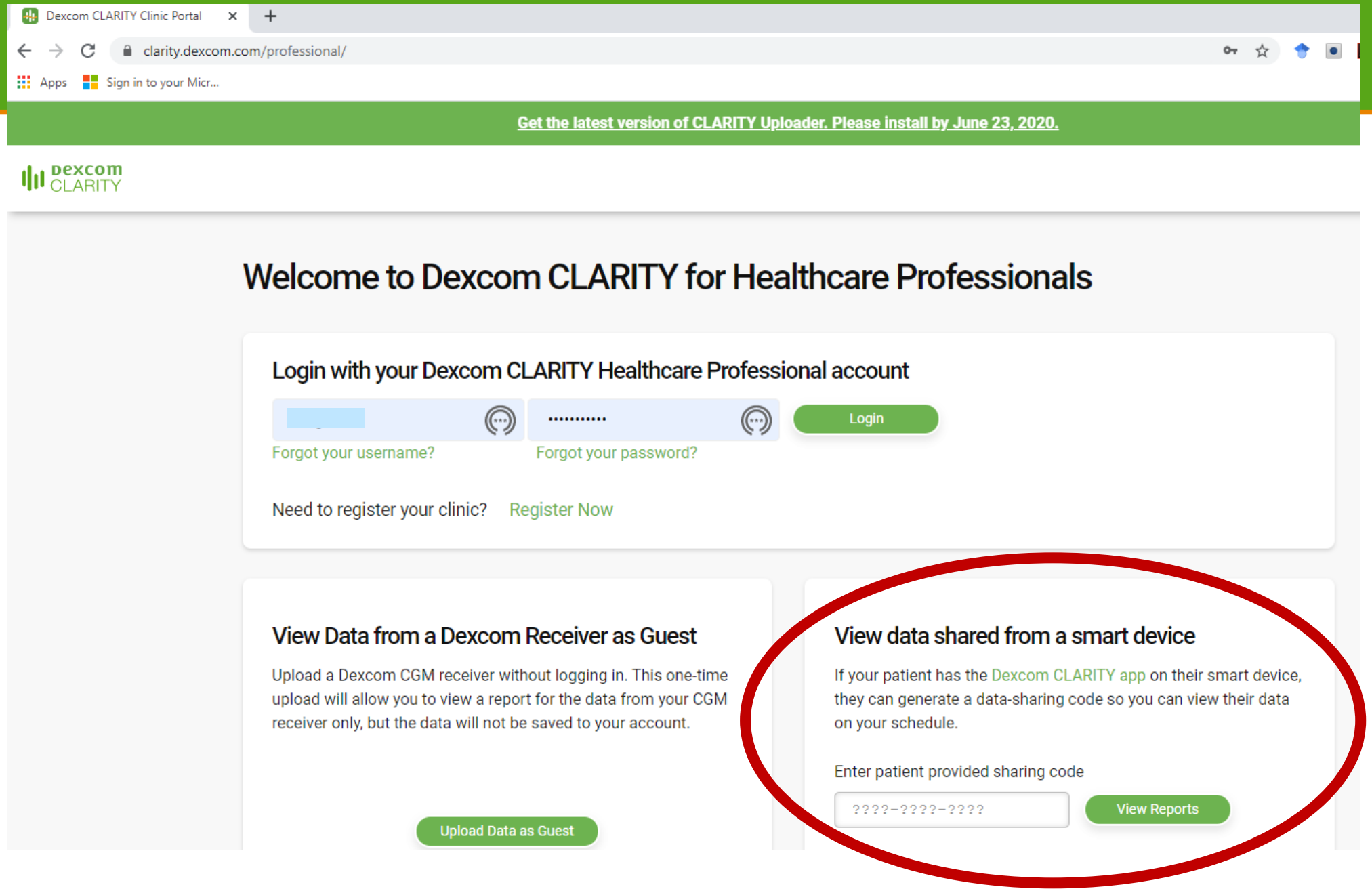

**Healthcare Professional[3]:**

- Graphs show patterns of hypoglycemia and hyperglycemia, allowing providers to prioritize problems and find diabetes management solutions

1. Smart devices sold separately. *For a list of compatible devices visit www.Dexcom.com/compatibility 2.Dexcom G6 CGM System User Guide, 2019. 3. Dexcom. https://www.dexcom.com/clarity. Accessed February, 2021.

# Dexcom CLARITY Clinic

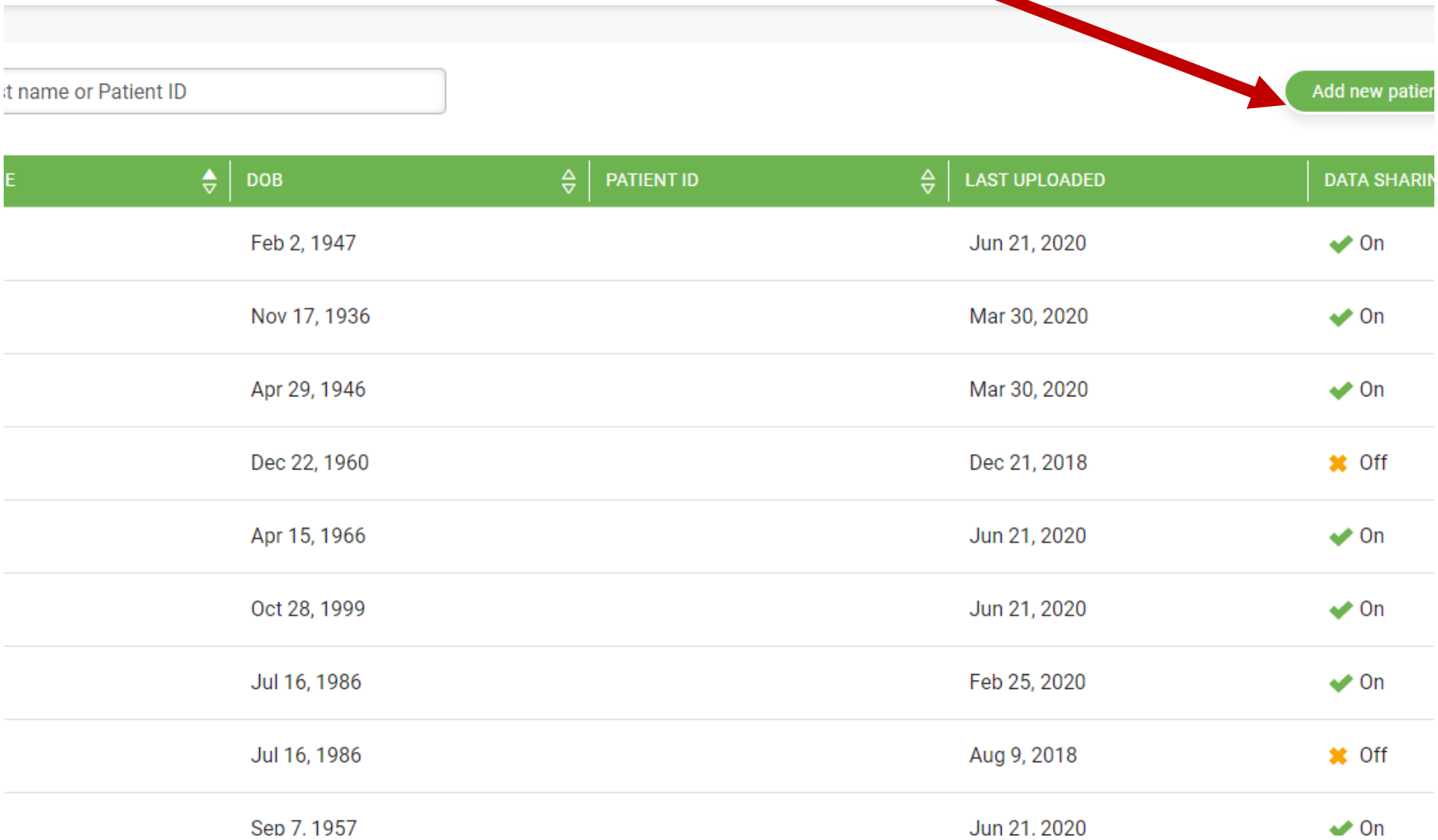
Simplified Access to Actionable RT-CGM Data



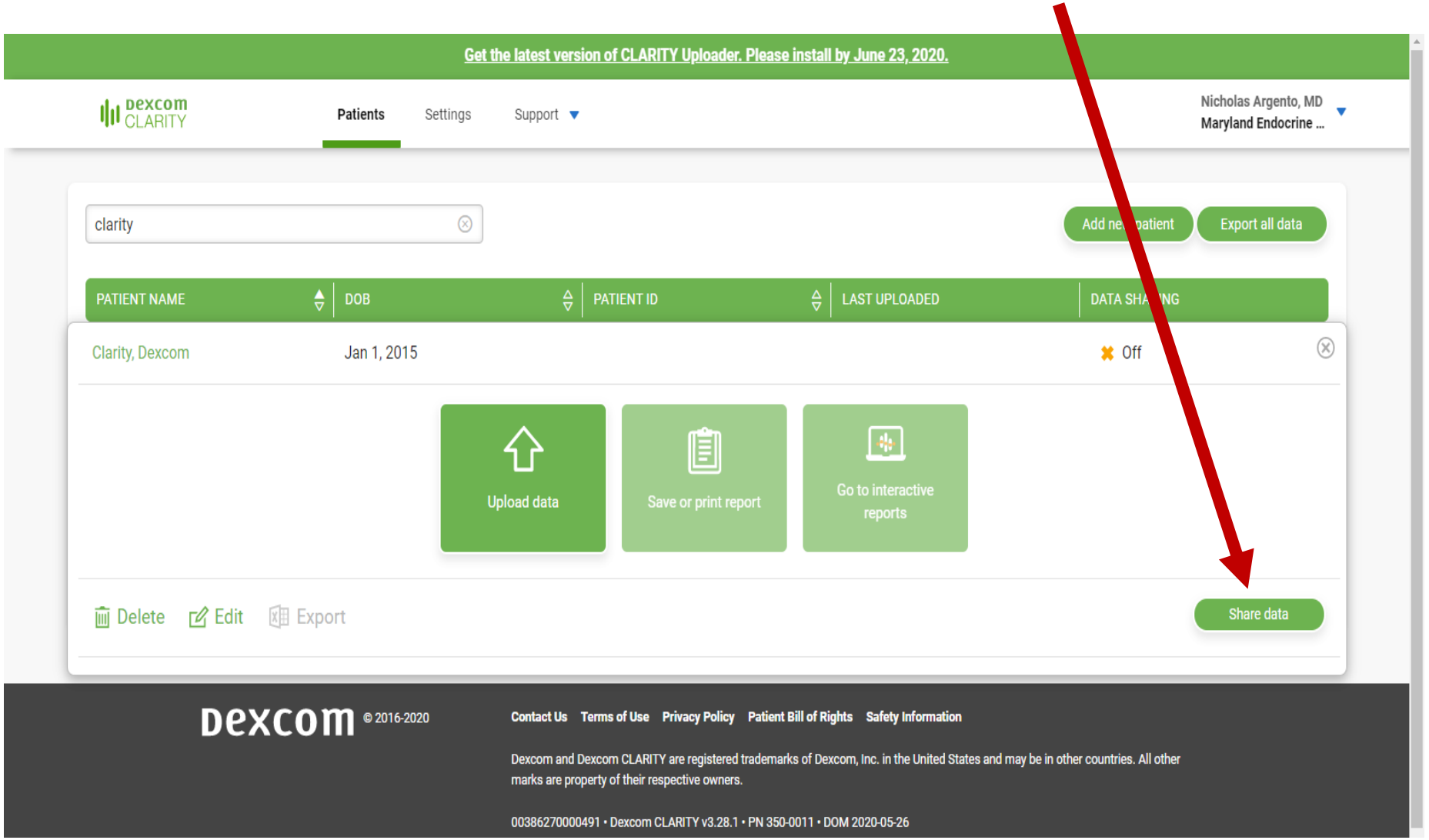

**Not the best way to set up your CLARITY clinic account!**

dexcom

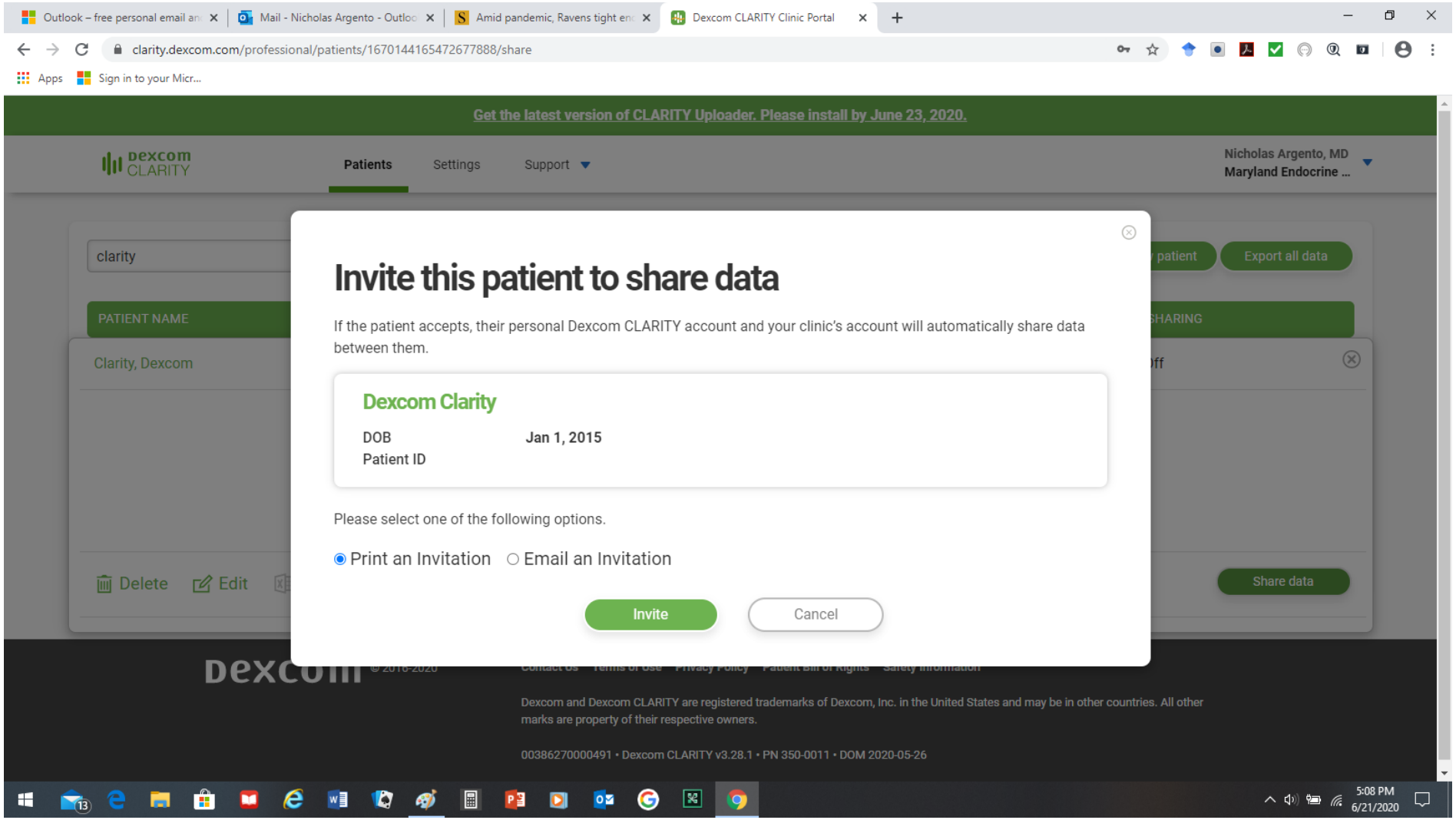
# Patient list- add new patients in < 1 minute, but do need DOB



# Our Patient Named "Dexcom Clarity," DOB 1-1-2015: Set up an Indefinite Share Quickly

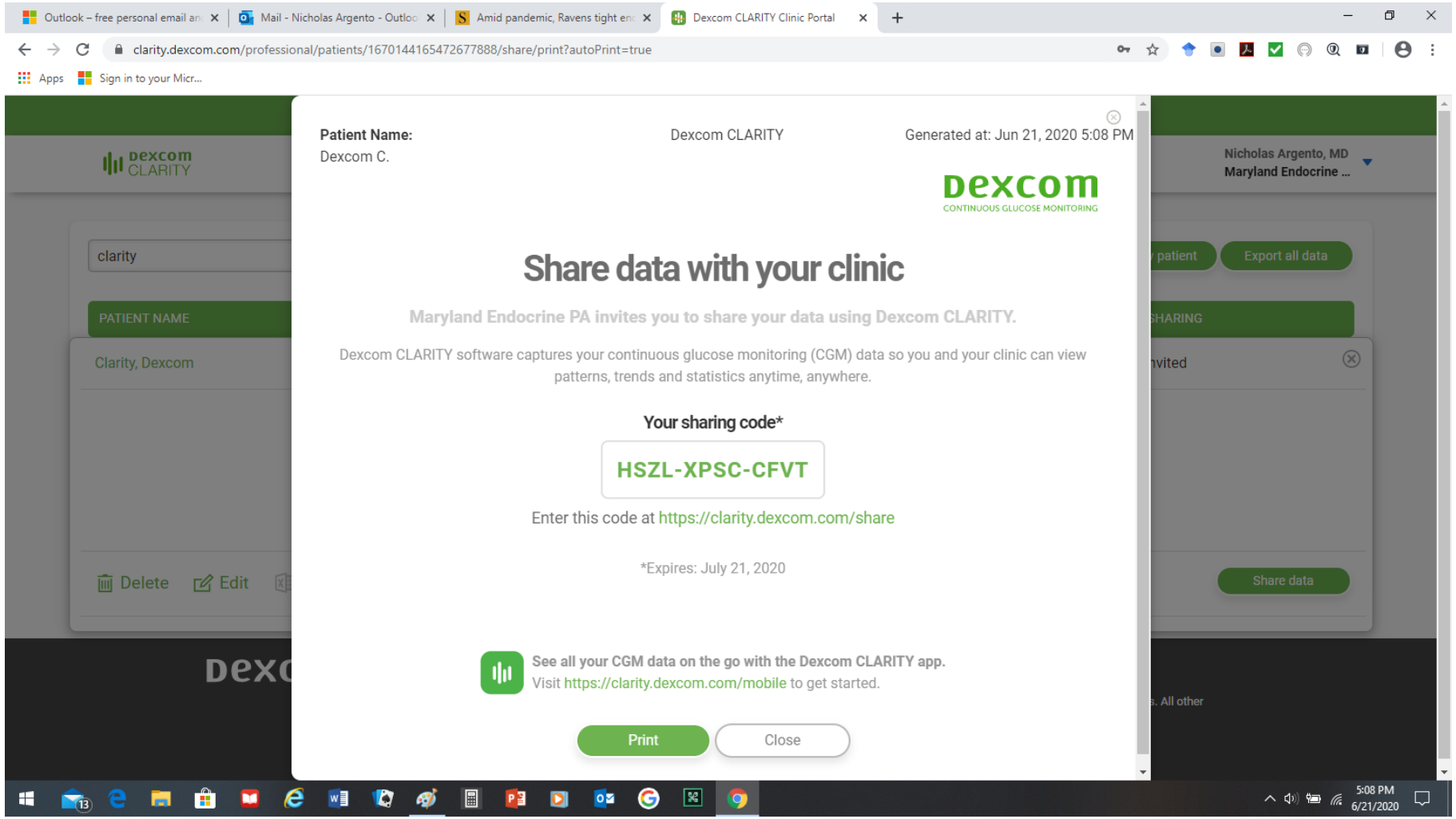


# Invite Patient to Share Data



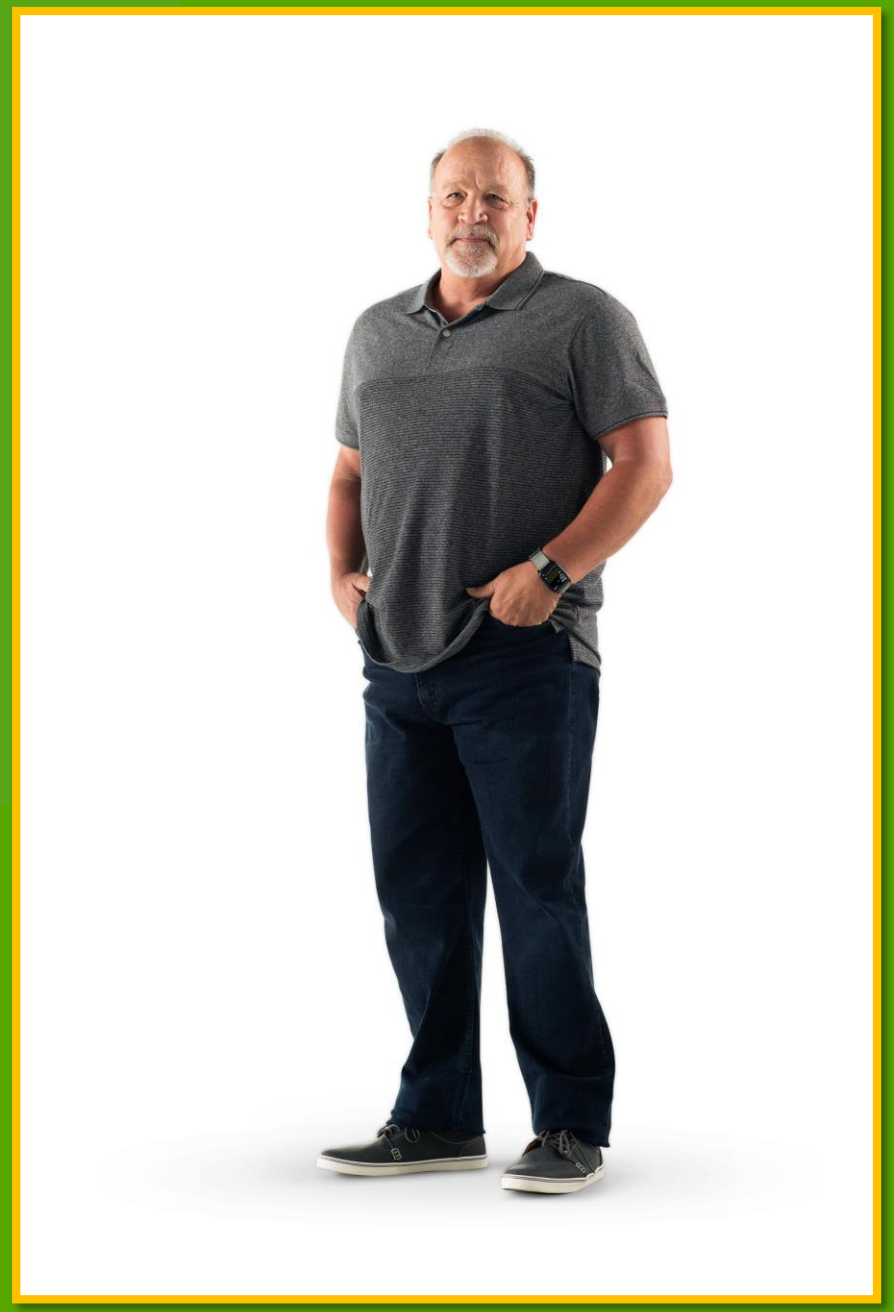

- After clicking Share data option, click invite, print or email
- Patient needs to have the Dexcom CLARITY app on their phone or computer to enter code.

# Share Data with Clinic




- Ask patient to enter code in their Dexcom CLARITY account under Profile
- Then authorize sharing, accept code
- (not generate code)

# Case Study



# Case Study #1

**53 yo man with long standing diabetes presents as a new patient to DM clinic. He does not check his FSBG on a regular basis.**

- MF 2000 mg qd
- Tresiba 10 units qd
- HbA1c 13.2 %

**No changes to medication, placed a Dexcom G6 during office apt.**

Case study provided by Dr. Karen Earle.

Dexcom | captureAGP

Mon Mar 1, 2021 - Thu

Glucose Statistics

| Avg Glucose mg/dL |
|---|
| 243 |
| Glucose Exposure |

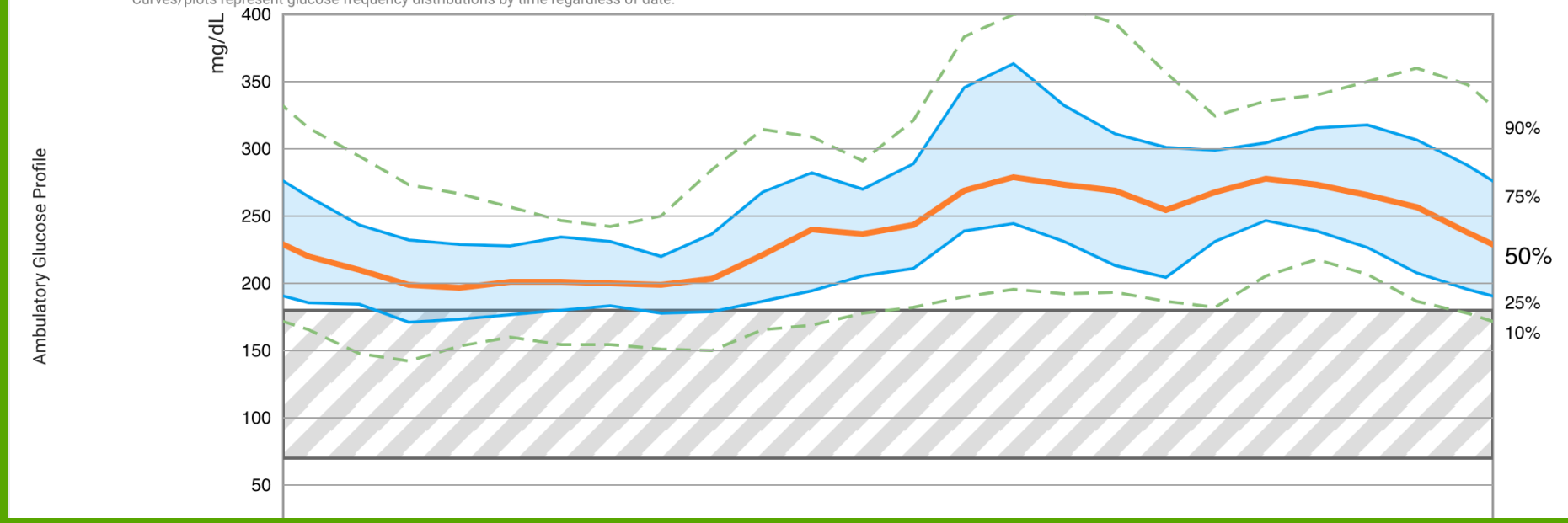
| Very Low | Low | In Target Range | High | Very High |
|---|---|---|---|---|
| < 54 mg/dL | < 70 mg/dL | 70 - 180 mg/dL | > 180 mg/dL | > 250 mg/dL |
| 0.0% | 0.0% | 15.0% | 85.0% | 39.3% |

Glucose Ranges

| Coefficient of Variation | SD mg/dL |
|---|---|
| 25.1% | 61 |
| Glucose Variability | |

CGM | 50% - Median | 25/75% - IQR | 10/90% | Target Range

Curves/plots represent glucose frequency distributions by time regardless of date.




Case study provided by Dr. Karen Earle.

# Case Study #1

## At follow up apt after 2 weeks meal time insulin Humalog started.

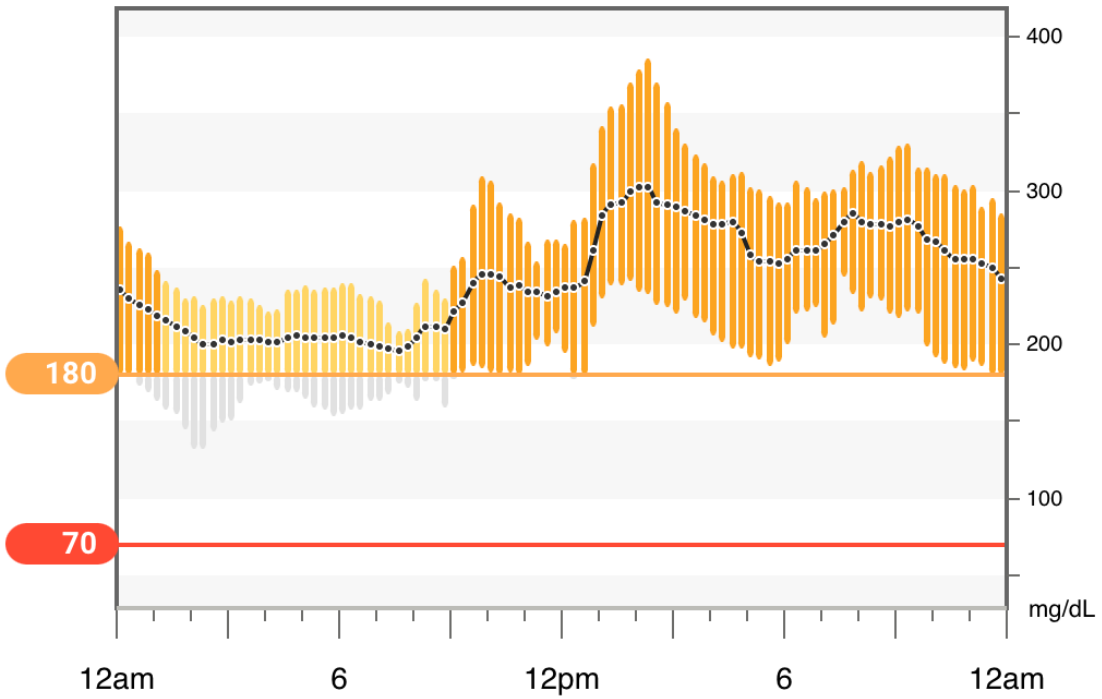
- Humalog 10 units TID with a 1:50 correction about 150 mg/dL

## Patient returns one month later for a follow up apt.

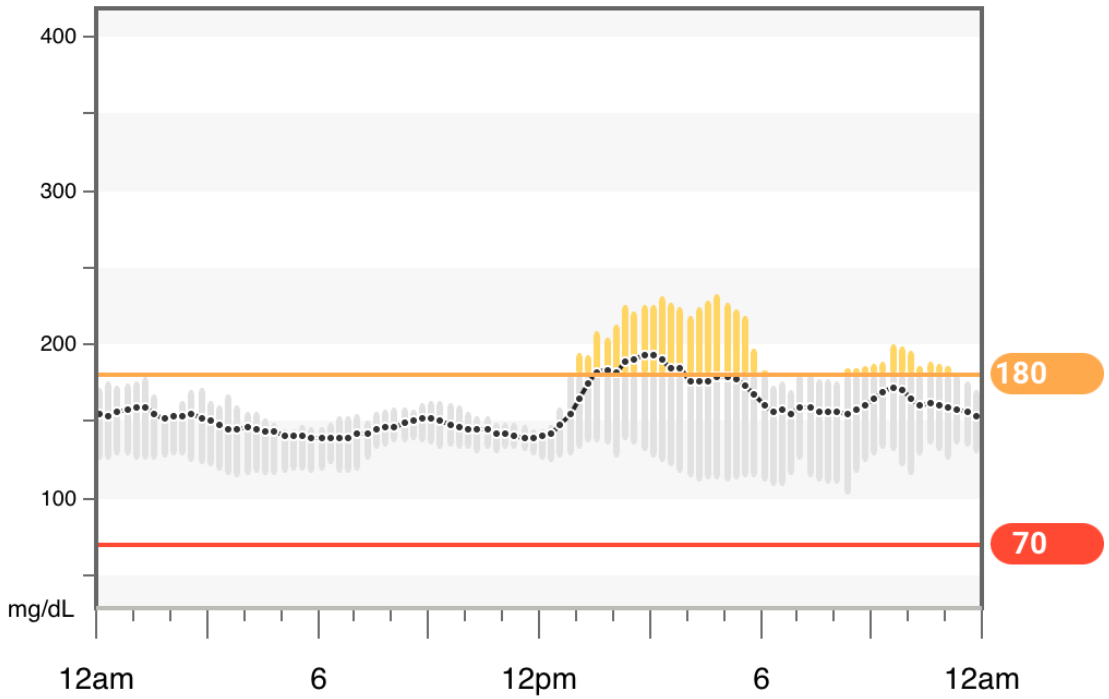
Case study provided by Dr. Karen Earle.

# Compare Report

## Baseline




## One Month Later




Case study provided by Dr. Karen Earle.

# Polling question 4

- Which patient do you think would be the best candidate for RT-CGM?
  - A. 30 y.o. man with type 1 diabetes and A1C 7.5%
  - B. 55 y.o. woman with type 2 diabetes, A1C 9% on basal insulin
  - C. 65 y.o. man with type 1 diabetes with frequent hypoglycemia
  - D. 40 y.o. woman with type 2 diabetes, A1C 9% on metformin and Sulfonylurea
  - E. All of the above

# Summary

## TAKEAWAY

- Metrics beyond A1C are needed to fully understand the variation in glucose values

## GOAL:

- The goal is to increase time in range (TIR) while decreasing time below range

## ACRONYMS TO REMEMBER:

- **MGLR** or more green, less red on the TIR bar
- **FNIR** or flat, narrow, in range on the trends graph

## ADDITIONAL

- TIR discussions can focus on strengths and making positive changes for health
- Avid Dexcom CLARITY users* on average, spend 15% more TIR (70-180 md/dL that non-users)[1]

*Avid users have 4 or more monthly long-ins to Dexcom CLARITY. 1 Parker AS, Welsh J, Jimenez A, Walker T. Insights from big data (2): Benefits of self-guided retrospective review of continuous glucose monitoring reports. Diabetes Technol Ther. 2018;20(S1):A-27.

# Polling question 5

- How likely are you to discuss RT-CGM with a patient tomorrow?
  A. Unlikely, I need more information
  B. I think I will, I'm unsure about the time it might take
  C. I definitely will, I believe in the value of RT-CGM
  D. I'm already discussing RT-CGM every day

dexcom

# Resources to Download

## Why Time in Range Matters?

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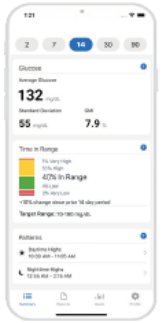
### WHAT IS TIME IN RANGE (TIR)?

**Time in Range or TIR is the percentage of time glucose levels are in target range. For most people with diabetes the target range is between 70 and 180 mg/dL.†**

The daily goal for most people with type 1 diabetes (T1D) and type 2 diabetes (T2D) is >70% TIR or approximately 16 hours, 48 min.[1]

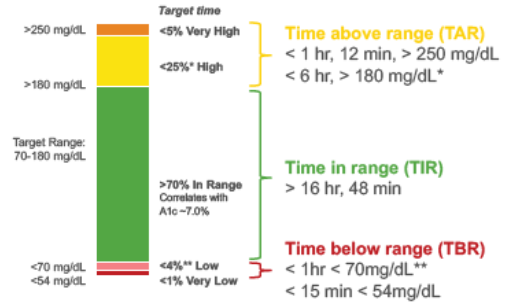
See the TIR bar for recommended targets.



### RECOMMENDED TIME IN RANGE

**Recommended Time in Range for most people with T1D & T2D[1†]**

15 MINUTES = 1% OF THE DAY




**Time above range (TAR)**
< 1 hr, 12 min, > 250 mg/dL
< 6 hr, > 180 mg/dL*

**Time in range (TIR)**
> 16 hr, 48 min

**Time below range (TBR)**
< 1hr < 70mg/dL**
< 15 min < 54mg/dL


**Goal: Increase TIR while decreasing TBR**

See More Green and Less Red (MGLR) on the TIR bar

Each 5% increase in TIR is considered clinically significant.[1]
For every 10% increase in TIR = ~0.8% A1C reduction.[2]

## Metrics Beyond A1C

dexcom

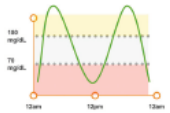
### THE VALUE OF METRICS BEYOND A1C

**A1C is the average glucose over the last 2-3 months but does not identify glycemic variability[1]**

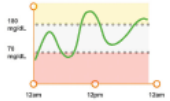
CGM data can identify patterns of hypo- and hyperglycemia, assess glycemic excursions and glucose variability to allow for therapy modification.[1]

### Same A1C but CGM Patterns Drive Different Treatment Plans[2]

A1C 7%



A1C 7%



Estimated A1C for a Time in Range (TIR) level[3]

| TIR 70-180 mg/dL | A1C |
|---|---|
| 20% | 10.6% |
| 30% | 9.8% |
| 40% | 9.0% |
| 50% | 8.3% |
| 60% | 7.5% |
| 70% | 6.7% |
| 80% | 5.9% |
| 90% | 5.1% |

Each 5% increase in TIR is considered clinically significant.[1]
For every 10% increase in TIR = ~0.8% A1C reduction.[3]

### KEY METRICS

**Number of days with CGM data**
14+ days recommended

**Percentage of time CGM is active**
>70% of data recommended

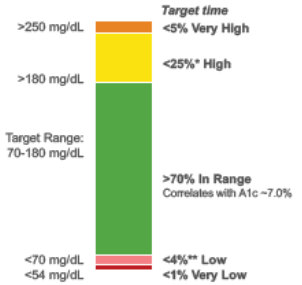
**Mean glucose**
The average glucose

**Glucose Management Indicator (GMI)**
Approximate A1C levels based on average glucose measured using CGM values

**Coefficient of Variation (CV)**
Measure of glycemic variability ≤36% is recommended[1]

### GOALS FOR TIR

**T1D & T2D[1***]**

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# OUR MISSION, TOGETHER

***Too many people with diabetes are still unaware of modern diabetes metrics, such as time in range.***

***We want to change that.***

**#WHENINRANGE**

THE GLOBAL MOVEMENT FOR
TIMEINRANGE

Dexcom

Beyond Type 1

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Children with Diabetes®
www.childrenwithdiabetes.com

TCOYD
TAKING CONTROL OF YOUR DIABETES

CDN
COLLEGE DIABETES NETWORK

# Dexcom is Here to Support YOU and Your Patients

## Customer Sales Support

Support with Dexcom orders and general customer questions

**1-888-738-3646**

[Place Your First Order]

[Need Pharmacy Information]

## Global Technical Support

Product troubleshooting or replacement inquiries

**1-844-607-8398**

Available 24 hours a day; 7 days a week

[Request a Call Back]

[Submit a Patient Support Request]

[Request Sensor Overpatches]

[Chat Live with Dexcom Tech Support]

## Dexcom CARE

Dexcom CGM training, software downloads, and tutorials

**1-877-339-2664**

See dexcom.com/contact for current contact hours

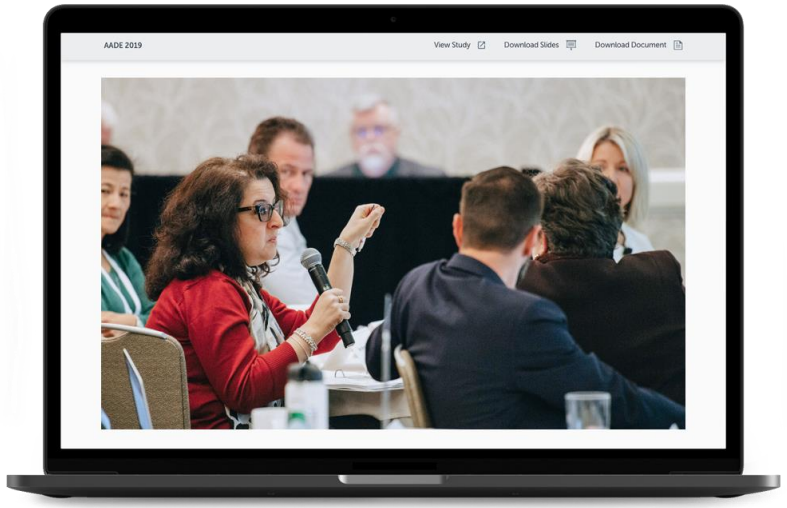
# Resources

## Connect with Global Thought Leaders to Advance Diabetes Technology

SIGMA | Study of Improved **Glucose Monitoring** and Assessment

Visit SIGMA to learn about:

- Expert Presentations
- Clinical Evidence
- Diabetes Technology Resources
- Coverage and Reimbursement
- Latest News




To request membership, scan the QR code

If you are not already a member, we invite you to learn more about SIGMA or request membership at www.cgmonitoring.net

# Dexcom G6 Safety Statement

Failure to use the Dexcom G6 Continuous Glucose Monitoring System (G6) and its components according to the instructions for use provided with your device and available at https://www.dexcom.com/safety-information and to properly consider all indications, contraindications, warnings. precautions, and cautions in those instructions for use may result in you missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your glucose alerts and readings from the G6 do not match symptoms or expectations or you're taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. Seek medical advice and attention when appropriate, including for any medical emergency.

The web-based Dexcom CLARITY software is intended for use by both home users and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis, and evaluation of historical CGM data to support effective diabetes management. It is intended for use as an accessory to Dexcom CGM devices with data interface capabilities. Caution: The software does not provide any medical advice and should not be used for that purpose. Home users must consult a healthcare professional before making any medical interpretation and therapy adjustments from the information in the software. Caution: Healthcare professionals should use information in the software in conjunction with other clinical information available to them. Caution: Federal (US) law restricts this device to sale by or on the order of a licensed healthcare professional.



Dexcom, Inc. I 6340 Sequence Drive I San Diego, CA 92121

Technical Support: 1-877-339-2664 I www.dexcom.com

# Dexcom G6 Pro Safety Statement

Failure to use the Dexcom G6 Pro Continuous Glucose Monitoring System (G6 Pro) and its components according to the instructions for use provided with your device and available at https://www.dexcom.com/safety-information and to properly consider all indications, contraindications, warnings, precautions, and cautions in those instructions for use may result in your patient missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your patient's glucose alerts and readings from the G6 Pro do not match symptoms or expectations or your patient is taking over the recommended maximum dosage amount of 1000mg of acetaminophen every 6 hours, use a blood glucose meter to make diabetes treatment decisions. Your patient will not receive alerts and alarms when the G6 Pro is on blinded mode. Seek medical advice and attention when appropriate, including for any medical emergency.

The web-based Dexcom CLARITY software is intended for use by both home users and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis, and evaluation of historical CGM data to support effective diabetes management. It is intended for use as an accessory to Dexcom CGM devices with data interface capabilities. Caution: The software does not provide any medical advice and should not be used for that purpose. Home users must consult a healthcare professional before making any medical interpretation and therapy adjustments from the information in the software. Caution: Healthcare professionals should use information in the software in conjunction with other clinical information available to them. Caution: Federal (US) law restricts this device to sale by or on the order of a licensed healthcare professional.



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Technical Support: 1-877-339-2664 I www.dexcom.com

# THANK YOU!!

## Questions?


Smart devices sold separately.