



Increased time in range and sustained Auto Mode use in 670G hybrid closed-loop system users: real world experience in DIABETER

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Background (1): Hybrid Closed-Loop



- Current outcomes in type 1 diabetes require improved technology to:
 - improve glucose regulation
 - reduce complexity of treatment for patients: more automated systems
- Optimal time in Auto Mode is crucial for success Medtronic 670G hybrid closed-loop (HCL) system
- It's not just technology....
 - T1D Exchange¹





Background (2): Education & Implementation

Tech



- DIABETER, a T1D-focussed diabetes care clinic, introduced the 670G HCL system with:
 - comprehensive and structured education
 - an extended support and follow-up program



Background (3): Education & Implementation





Follow-up: multidisciplinary HCP team assessing patients' uploads together:

- learn from each other (also from patient): behaviour as key
- bring unequivocal information to patient in consultation room
- obligatory contacts from patient to team with high frequency

Aims



- Aims of this real-world data analysis are to assess:
 - if our structured introduction program helps patients to maintain appropriate amount of time spent in Auto Mode
 - glucometric data over a > 12-month period on the 670G system

Study design



- Included people with Type 1 Diabetes who:
 - switched to 670G HCl system, from MDI or pump with or without CGM between 1-10-2018 and 1-3-2020
 - provided consent for use of their pump and CGM data
 - had ≥ 10 days of (sensor)data available at any time point of the evaluation

• Calculated

- % time in Auto Mode (Time in Auto Mode/Total pump time)
- time below range (TBR: glucose <3.9 mmol/L)
- time in range (TIR: glucose 3.9 10 mmol/L)
- time above range (TAR: glucose >10 mmol/L)
- Glucose management indicator (GMI): estimated A1c from sensordata

CGM, continuous blood glucose monitoring; MDI, multiple daily injections.

Results (1): Time in Auto Mode



Percentage Time in Auto Mode remained stable over time (mean 83%)



Actual update(09/20) Diabeter (to be analysed): overall, 213 patients with 8000 data points (=days), mean (SD) % Auto Mode: 87 (20)

Results (2): Baseline and GMI



	At start Auto Mode
Ν	104
Age, years (SD)	21.2 (9.7)
Gender, n (%) male	50
Diabetes duration, years (SD)	8.3 (6.0)
HbA1c, in % (SD)	7.1 (0.7)
HbA1c, in mmol/mol (SD)	55 (8)
MDI + SMBG (%)	1
MDI + CGM/FGM (%)	0
Pump + SMBG (%)	16
Pump + CGM/FGM (%)	83



CGM, continuous glucose monitoring; FGM, flash glucose monitoring; MDI, multiple daily injection; SMBG, self-monitoring of blood glucose (strips). Error bars: SD.

Results (3): TBR, TIR and TAR



- Compared to the pre-Auto Mode phase:
 - TIR increased and remained stable
 - TBR and TAR decreased and remained stable



TAR, time above range; TBR, time below range; TIR, time in range. Error bars: SD.

Results (4): Daytime vs Nighttime

Diabeter



Conclusion & discussion



- 670G HCL system users performed well with consistenly high % time in Auto Mode that remained high in >12-month period
 - Not in previous studies: other start-up process and high intensity of follow -uo through remote care
- This results in a sustained improvement of glucose metrics vs pre-Auto Mode situation:
 - in line with ranges specified by international guidelines¹
- It's not only technology:
 - comprehensive education and extended support and follow-up program is facilitating optimal use of the 670G HCL system: patients are supported to stay in the Auto Mode, improving glycemic outcomes.

¹Battelino *et al.*, Diabetes Care. 2019 Aug; 42(8): 1593-1603.







- Due to data aqusition issues, only very recently data on more patients became available
- These data show that, overall, 213 patients with 8000 data points (=days) are in Auto Mode for a mean (SD) of 87% (20%)

