DIABETES TECHNOLOGIES

How is technology helping improve outcomes?

Sophia Ebenezer, MD February 6, 2021





2021 Virtual Diabetes Management Conference for School Nurses

Provided by Texas Children's Hospital

NURSING CONTINUING PROFESSIONAL DEVELOPMENT (NCPD)

Texas Children's Hospital is approved with distinction as a provider of nursing continuing professional development (NCPD) by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive contact hours for this nursing continuing professional development activity, the participant must:

- Register for the continuing professional development activity
- Attend at least one session
- Complete a pre and post survey
- Complete a participant evaluation online

Print and sign your contact hour "Certificate of Successful Completion" once you have completed the online evaluation.

LEARNING OUTCOME

As a result of this professional development activity, 90% attendees will intend to integrate what they have learned into their professional practice and be able to name one concept learned on the post activity evaluation.

CONFLICTS OF INTEREST

Explanation: A conflict of interest occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a commercial interest or a potentially biasing relationship of a financial nature. All planners and presenters/authors/content reviewers must disclose the presence or absence of a conflict of interest relative to this activity. All potential conflicts are resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity. All activity planning committee members and presenters/authors/content reviewers have had their Conflict of Interest assessed, identified and resolved by the nurse planner.

The activity's Nurse Planner has determined that the following planning committee member(s) and/or presenter(s)/author(s)/content reviewer(s) have a conflict of interest. Those conflicts of interest have been appropriately resolved.

Planning Committee - Amber Smith – Ownership Interest in Tandem Diabetes Care

COMMERCIAL SUPPORT

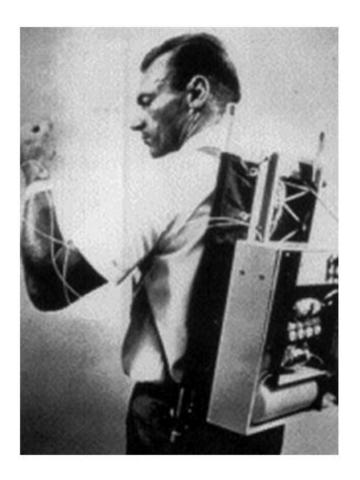
This NCPD activity has received no commercial support.

OBJECTIVES

- Upon completion, participant will be able to discuss:
 - Discuss how insulin pump therapy works
 - Discuss the current FDA-approved and commercially available CGM devices and insulin pumps
 - Discuss closed loop systems
 - Discuss future directions of diabetes devices



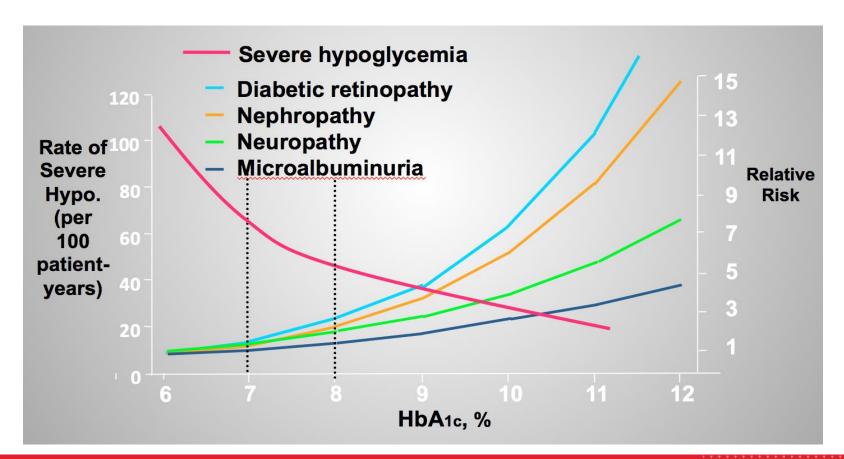






DCCT - BENEFITS OF TIGHT CONTROL

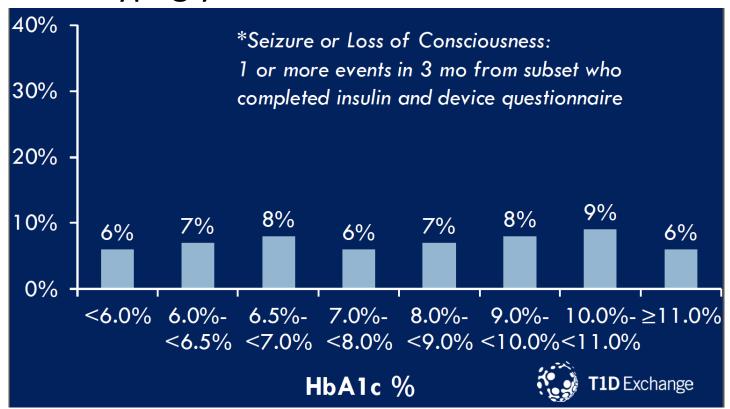
Lower A1c = lower risk of microvascular complications





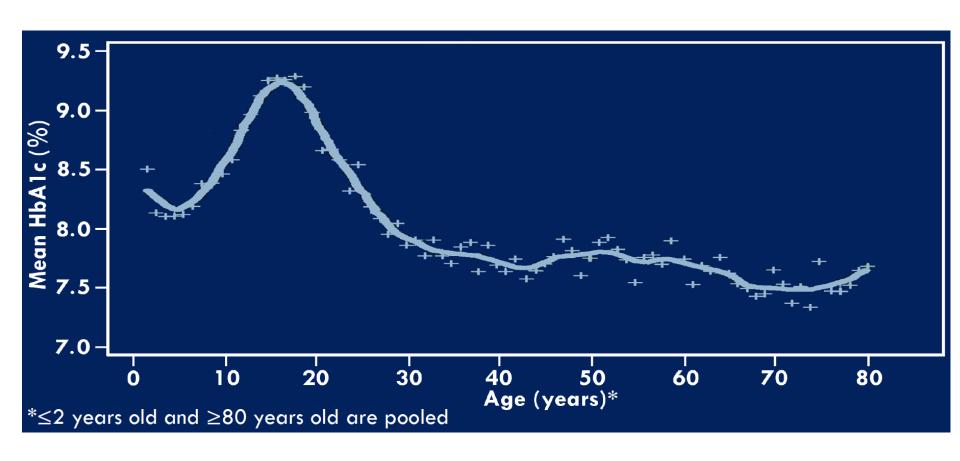
RELATIONSHIP OF A1C TO SEVERE HYPO RISK

In contrast to early DCCT data, no relationship between A1c and severe hypoglycemia



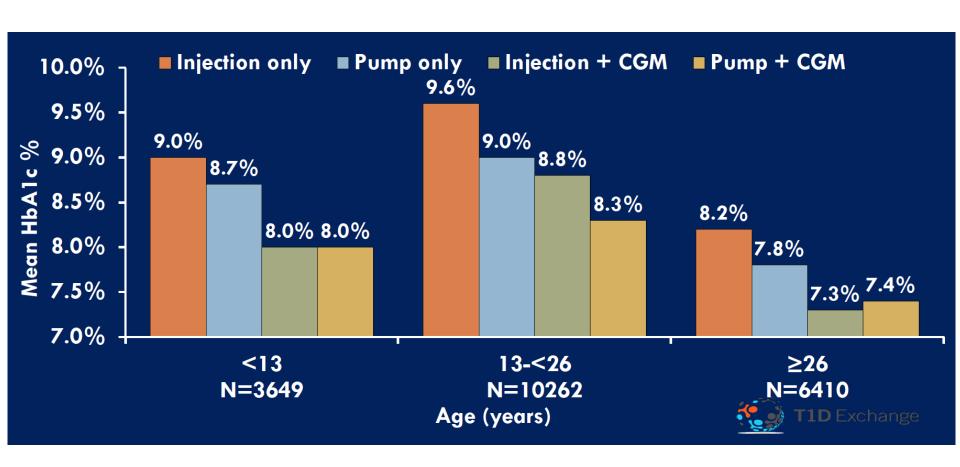


HOW ARE WE DOING IN DIABETES CARE?





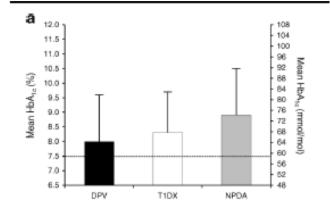
LOWER A1C WITH TECHNOLOGY

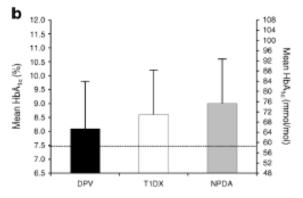


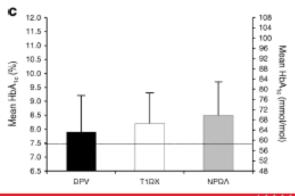


BENEFITS OF PUMP

HbA1c levels were on average 0.5% lower in participants receiving insulin pump vs injection therapy





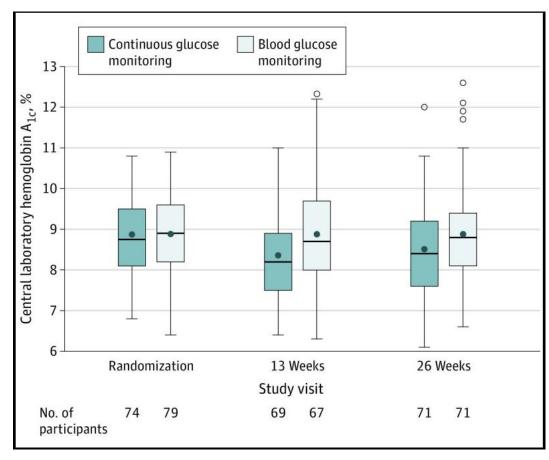


Sherr, J. L. et al. Use of insulin pump therapy in children and adolescents with type 1 diabetes and its impact on metabolic control: comparison of results from three large, transatlantic paediatric registries.



BENEFITS OF CGM

Small but statistically significant lowering of HbA1c over 26 weeks of CGM use compared with standard BGM

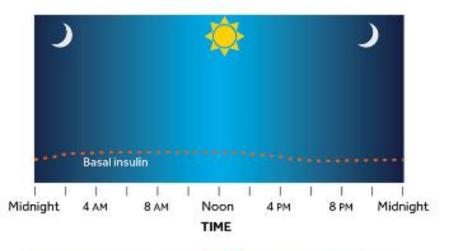


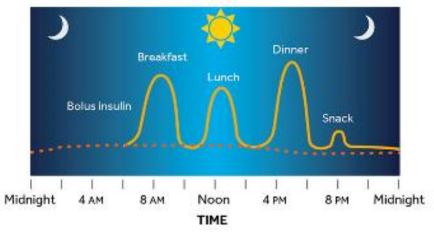
Laffel, Lori M et al. "Effect of Continuous Glucose Monitoring on Glycemic Control in Adolescents and Young Adults With Type 1 Diabetes: A Randomized Clinical Trial."



WHAT IS AN INSULIN PUMP?

- A device that delivers continuous rapid acting insulin 24 hours a day
- Basal insulin is released continuously
- Bolus insulin is delivered for meals or high blood sugars





www.medtronicdiabetes.com



HOW DOES AN INSULIN PUMP WORK?

 Insulin is delivered through a cannula in the skin

 May be delivered through tubing or an insulin filled pod









INDICATIONS FOR INSULIN PUMP THERAPY

AACE/ACE Consensus Statement – 2014

"The ideal CSII candidate is:

- A patient with T1DM or intensively managed insulin-dependent T2DM,
- Currently performing ≥4 insulin injections and ≥4 self-monitored blood glucose (SMBG) measurements daily,
- Motivated to achieve optimal blood glucose control,
- Willing and able to carry out the tasks that are required to use this complex and time-consuming therapy safely and effectively,
- Willing to maintain frequent contact with their health care team."

ADA Standards of Medical Care in Diabetes – 2020

- "Insulin pump therapy may be considered as an option for <u>all</u> adults, children, and adolescents with type 1 diabetes who are able to safely manage the device."
- "Certain patients with insulin deficiency, for instance those with long standing type 2 diabetes, those who have had a pancreatectomy, and/or individuals with cystic fibrosis may benefit from insulin pump therapy."

ADA Standards of Medical Care in Diabetes - 2020. Diabetes Care 2020;43(Suppl. 1):S163–S182

Grunberger et al. Endocr Pract. 2014; May; 20(5): 463-89



Hospital

WHAT ARE THE BENEFITS OF AN INSULIN PUMP?

- ✓ Less injections
- ✓ Convenience
- ✓ Accurate insulin delivery
- ✓ Customizable





REVIEW OF GLUCOSE MONITORING

Traditional "fingerstick" glucose testing



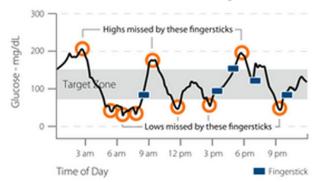
Fingersticks Alone 300 Target Zone Target Zone 3am 6am 9am 12 pm 3 pm 6 pm 9 pm Time of Day Fingerstick

Continuous glucose monitoring (CGM)



- A. Sensor
- B. Transmitter
- C. Display device

Continuous Glucose Monitoring





WHO SHOULD USE A CGM AND INTEGRATED SYSTEMS?

AACE/ACE Position Statement – 2018

- The AACE/ACE recommends that CGM be considered for all insulinusing patients, regardless of diabetes type.
- Integration of CGM and CSII may be considered in patients already on CSII or appropriate for initiating CSII.
- The ideal candidate for integration must be willing and able to carry out tasks associated with using the system, self-monitor and react to collected data, and maintain frequent contact with the healthcare team.



WHAT ARE THE BENEFITS OF A CGM?

- ✓ Improved quality of life
- ✓ Reduced risk of hypoglycemia and hyperglycemia
- ✓ Reduced glycemic variability



CURRENTLY AVAILABLE CGMS





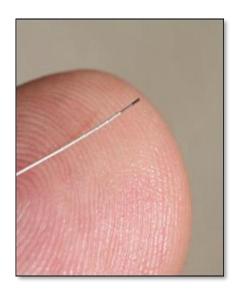




Slide courtesy of Daniel Desalvo, MD



DEXCOM G6



Sensor + Algorithm

Factory calibrated
10 Day Session
Acetaminophen blocking



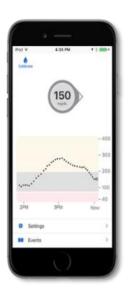
Applicator

Push Button Sensor Applicator



Transmitter

BLE - 20 Foot Range 3 Month Life







Dexcom G6 App
Urgent Low Soon Alert
Remote Monitoring
Clarity



MEDTRONIC GUARDIAN



670G and 770G Hybrid Closed-Loop system





ABBOTT FREESTYLE LIBRE

- Flash Glucose Monitor (FGM)
- Factory Calibrated
- 14-day wear following 12-hr warm-up









SENSEONICS EVERSENSE CGM

Implantable Sensor

- 1) Pill-sized sensor implanted in upper arm for 3 months
 - 5-8mm incision under local anesthesia
- 2) Rechargeable transmitter worn on skin above implanted sensor
- 3) Real-time glucose readings on smartphone app
 - Remote monitoring
- 4) Provides on-body vibration alerts



Senseonics.



CURRENTLY AVAILABLE CLOSED LOOP SYSTEMS, AUTOMATED INSULIN DOSING (AID) SYSTEM







Medtronic 670G and 770G

Tandem T:slim X2 with Control-IQ



MEDTRONIC 670G AND 770G SYSTEM

- Hybrid closed-loop with basal rate modulation via control algorithm (embedded in pump)
 - Treat-to-target: 120mg/dl, temp target 150mg/dl
 - Adaptive algorithm
- User still boluses for carbs, correction
- Auto mode vs. manual mode
- BG calibration at least 2-4x daily
- 770G same algorithm and CGM but has Bluetoom Connectivity







MEDTRONIC 780G – ADVANCED HYBRID CLOSED LOOP

- Autocorrections
- Adjustable target
- Same CGM

Expected launch: April 2021



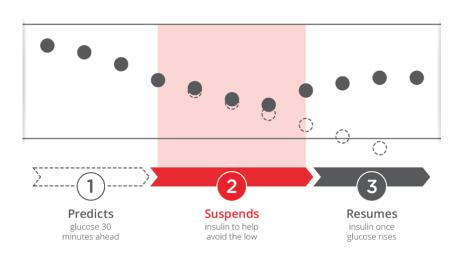




TANDEM DIABETES CARE

Basal-IQ - Predictive Low Glucose Suspend (PLGS)

- t:slim X2 + Dexcom G6
- Free software upgrade (T-Slim updater)
- *Pivotal Study: 30% reduction in hypoglycemia (<70 mg/dl)







TANDEM X2 CONTROL IQ

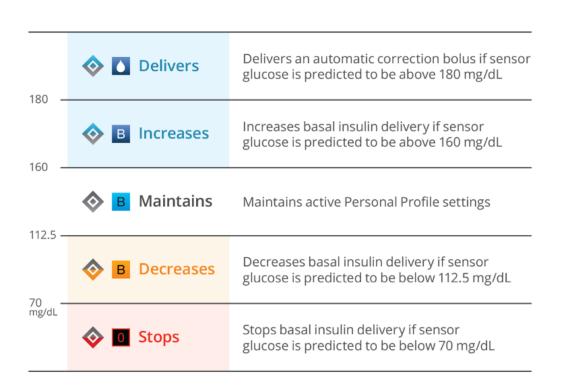
- Components
 - Tandem T-Slim X2 insulin pump
 - Dexcom G6 sensor



- Control-IQ = Hybrid Closed Loop (HCL) algorithm
- Rx & training required to upgrade software
- Same hardware as Basal IQ, different software

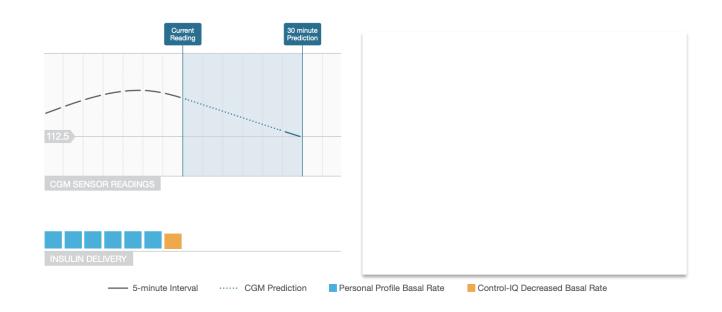
TANDEM X2 CONTROL IQ

The t:slim X2 insulin pump with Control-IQ technology is designed to help increase time in range (70-180 mg/dL)* using Dexcom G6 CGM values to predict glucose levels 30 minutes ahead and adjust insulin delivery accordingly.



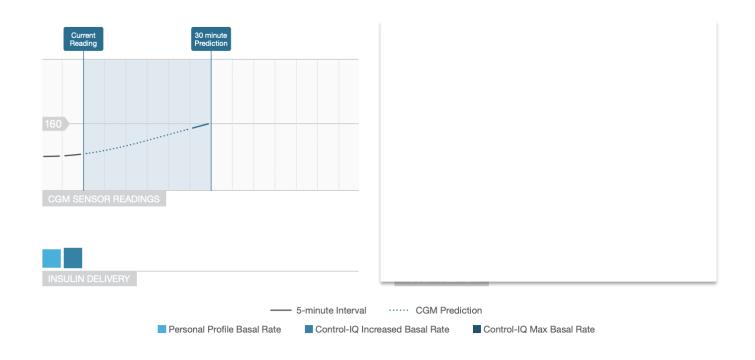


DECREASING BASAL INSULIN





INCREASING BASAL INSULIN





AUTOMATIC CORRECTION BOLUSES

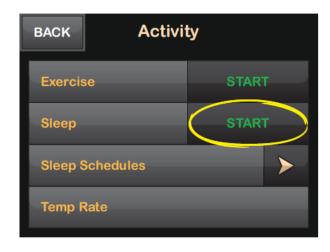
- Up to once per hour if projected glucose >180 mg/dL
- Delivers 60% of calculated correction dose to 110 mg/dL
- Delivers without user confirmation
- Beeps/vibrates like user-initiated boluses
- Factors into insulin on board

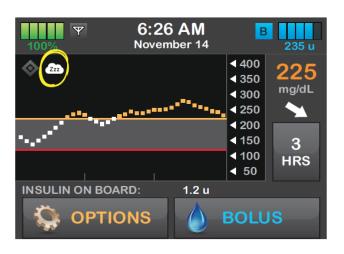




SLEEP MODE

- Narrower target range (112.5 120 mg/dL)
- No auto-boluses
- Can set 1-2 schedules (weekday vs. weekends)
- Can start, stop manually

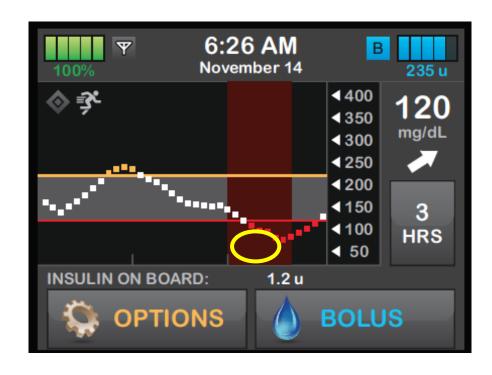






EXERCISE MODE

- "Temporary target range" of 140-160 mg/dL
- Clinical pearls
 - Use like a temp basal
 - Activate 30-60 mins prior to activity
 - Consume carbs if below "target range" prior to activity







WHAT IS TIDEPOOL LOOP?

- It is a DIY automated delivery app for iPhone that connects to an insulin pump and CGM using Bluetooth.
- It runs an algorithm every 5 minutes to adjust the basal rate for the next 30 min.
- Blood glucose targets can be set and can be temporarily changed (i.e. for exercise or before a meal)



TIDEPOOL LOOP

It has an Apple watch app where carbs can be entered, boluses given, temporary basal rates set.





THE QUEST FOR AN ARTIFICIAL PANCREAS

First Generation

Low threshold suspend

Very-Low-Glucose Insulin Off Pump Pump shuts off when user not responding to

low-glucose alarm

Predictive low glucose suspend

Hypoglycemia Minimizer Predictive hypoglycemia causes alarms, followed by reduction or cessation of insulin delivery before blood glucose gets low 3

Hypoglycemia/

Hyperglycemia Minimizer Same product as #2 but with added feature allowing insulin dosing above high threshold (e.g. 200 mg/dL) Hybrid Closed-Loop

Automated Basal/Hybrid Closed Loop Closed loop at all times with mealtime manual-assist bolusing Artificial

Pancreas

Second Generation

Fully Automated Insulin Closed Loop Manual meal-time

bolus eliminated

Third Generation



Fully Automated Multihormone Closed Loop







FUTURE DIRECTION





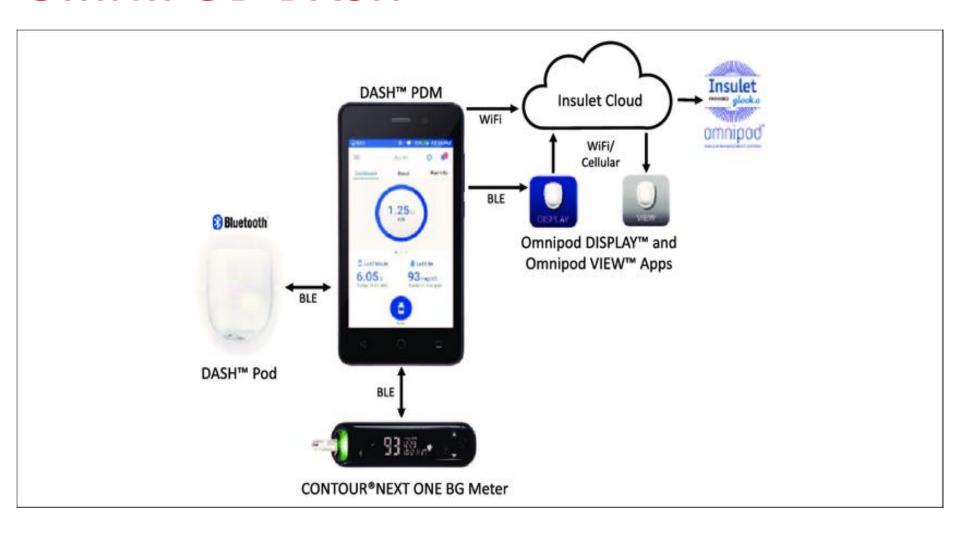








OMNIPOD DASH

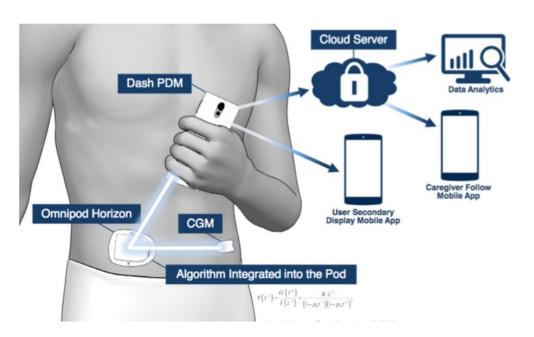


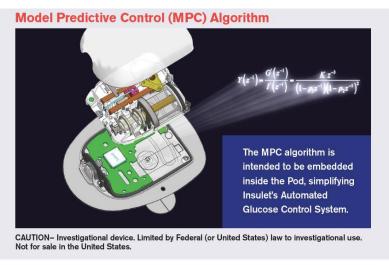


INSULET OMNIPOD HORIZON

Omnipod Horizon: tubeless pod w/integrated control algorithm

DASH PDM + Dexcom CGM





 Ann. N.Y. Acad. Sci. 1311 (2014) 102-123. The Artificial Pancreas: Current Status and Future Prospects in the Management of Diabetes. Thomas Peyser, Eyal Dassau, Marc Breton, Jay S. Skyter.

'The Pod has an IPX8 rating for up to 25 feet for 60 minutes. The PDM is not waterproof.



Slide courtesy of Daniel Desalvo, MD

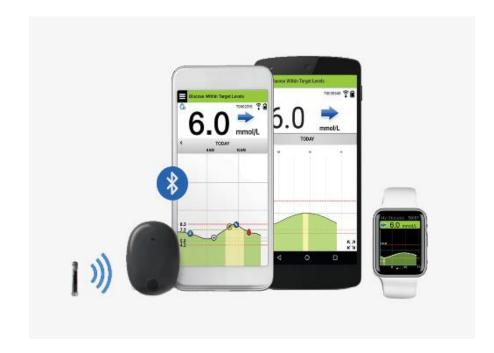




SENSEONICS

Senseonics Eversense XL

- 180 day sensor
- 365 day sensor





BETA BIONIC ILET

- Enter body weight
- System learns over time
- Bolus based on size of meal (not carb counting)





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- https://diatribe.org/continuous-glucose-monitors
- https://www.tidepool.org/blog/tidepool-loop-development-update



Thank you!

Questions?

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