

## Supplementary Material

### Expanding the role of continuous glucose monitoring in modern diabetes care beyond type 1 disease

Tomasz Klupa<sup>1</sup>, Leszek Czupryniak<sup>2</sup>, Grzegorz Dzida<sup>3</sup>, Piotr Fichna<sup>4</sup>, Przemyslaw Jarosz-Chobot<sup>5</sup>, Janusz Gumprecht<sup>6</sup>, Malgorzata Mysliwiec<sup>7</sup>, Agnieszka Szadkowska<sup>8</sup>, Dorota Bomba-Opon<sup>9</sup>, Krzysztof Czajkowski<sup>10</sup>, Maciej T. Malecki<sup>1</sup>, Dorota A. Zozulinska-Ziolkiewicz<sup>11</sup>

#### Affiliations

1. Department of Metabolic Diseases, Jagiellonian University Medical College, Krakow, Poland
2. Department of Diabetology and Internal Medicine, Medical University of Warsaw, Poland
3. Department of Internal Diseases, Medical University of Lublin, Lublin, Poland
4. Department of Pediatric Diabetes and Obesity, Poznan University of Medical Sciences, Poznan, Poland
5. Department of Children's Diabetology, Medical University of Silesia, Katowice, Poland
6. Department of Internal Medicine, Diabetology and Nephrology, Medical University of Silesia, Katowice, Poland
7. Department of Pediatrics, Diabetology and Endocrinology, Medical University of Gdansk, Poland
8. Department of Pediatrics, Diabetology, Endocrinology and Nephrology, Medical University of Lodz, Poland
9. 1<sup>st</sup> Department of Obstetrics and Gynecology, Medical University of Warsaw, Poland
10. 2<sup>nd</sup> Department of Obstetrics and Gynecology, Medical University of Warsaw, Poland
11. Department of Internal Medicine and Diabetology, Poznan University of Medical Science, Poznan, Poland

**Corresponding author:** Tomasz Klupa, email: [tomasz.klupa@uj.edu.pl](mailto:tomasz.klupa@uj.edu.pl)

### **Supplementary Table 1.**

#### **Unmet needs for more-robust evidence in support of wider application of CGM in diabetes care.**

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- Cost-effectiveness data on using CGM in all forms of diabetes in people on distinct non-intensive and noninsulin therapies.
  - Evidence to support the clinical efficacy of management of people with diabetes using CGM in the primary care setting
  - Comparative use of daily versus intermittent (periodic) use of CGM in people with T2DM, with outcomes for key glycemic metrics and HbA1c
  - Evidence to investigate the use of CGM as a source of biofeedback and change in patient self-management behaviour
  - Use of CGM in women with pregestational T2DM during pregnancy and in women with gestational diabetes mellitus.
  - Use of CGM in frail, older people with T1DM or T2DM.
  - Efficacy of telemedicine for diabetes care in the primary care setting
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The table lists clinical needs for evidence in using CGM in diabetes care that can be addressed by prospective and retrospective studies. These may be randomized controlled trials (RCTs), real-world studies and those with patient-reported outcome measures (PROMs).