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CGM initiation within 6 months of T1D diagnosis associated with lower HbA1c at 3 years

Author Block: ELIZABETH A. MANN, SAKETH ROMPICHERLA, NUDRAT NOOR, BRIAN MIYAZAKI, LAUREN GOLDEN, JENNIFER SARHIS, HALIS K. AKTURK, JOYCE M. LEE, DANIEL DESALVO, PATRICIA GOMEZ, OSAGIE EBKOZIEN, PRIYA PRAHALAD, *Madison, WI, Boston, MA, Los Angeles, CA, New York, NY, Lake Success, NY, Aurora, CO, Ann Arbor, MI, Houston, TX, Miami, FL, Stanford, CA*

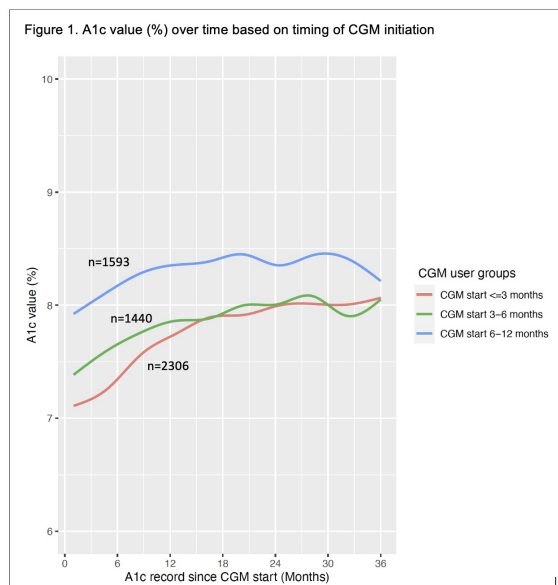
Abstract:

Background: Early initiation of CGM after T1D diagnosis has been associated with lower HbA1c in the years following diagnosis in single-institution studies. This multi-institution study evaluated the association between the timing of CGM initiation and HbA1c at 3 years post-diagnosis.

Methods: Data were obtained from the T1D Exchange QI Collaborative, representing 52 centers across the US. Of the 33,942 youth ≤ 18 years with T1D > 12 months in the Collaborative data set, those who started CGM within 12 months of diagnosis were included. LOESS plots evaluated the relationship between timing of CGM initiation and HbA1c.

Results: Of the 5,339 youth included in this analysis, median age was 9 (IQR 6) and 26% had public health insurance. Initiation of CGM occurred within 3-months of diagnosis for 43%, between 3-6 months for 27%, and 6-12 months for 30%. There was no significant difference in CGM initiation based on insurance or the social construct of self-identified race and ethnicity, used as an indicator of systemic racism. Median HbA1c at 3 years was lower for those who initiated CGM within 3 months and between 3-6 months of diagnosis compared to those starting CGM at 6-12 months (7.3 ± 1.7 and 7.5 ± 1.7 vs. 7.9 ± 1.7 ; Figure 1).

Conclusion: In summary, early initiation of CGM within the first 6 months of diagnosis is related to improved A1c outcomes at 3 years post-diagnosis.



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2451 Crystal Drive, Suite 900

Arlington, VA 22202

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