

(free) 1.5 hours CME/CPE/CEUs certified

DTR VII

Provider/PwD/Parent Perspectives on Proven AID Systems

Extension Results • Sustained Outcomes
Person-centered Impact

Thursday
September 15, 2022

7pm ET | 6pm CT | 5pm MT | 4pm PT



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Program Guide
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CO-CHAIRPERSON

Lori M. Laffel
MD, MPH

with special
engagement by
PwD and
Parent
Advocates



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Carol J. Levy
MD, CDCES

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This webconference is supported by an independent educational grant provided by Insulet Corporation.

INTENDED AUDIENCE

Diabetologists, Endocrinologists, Primary Care Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Certified Diabetes Care and Education Specialists and other Health Care Professionals interested in the management of diabetes.

EDUCATIONAL OBJECTIVES

At the conclusion of this program, learners will be better able to:

1. Differentiate among Automated Insulin Delivery (AID) systems, tubed and tubeless, including recently approved on-body devices.
2. Identify clinical trial results on extension studies, sustained outcomes and person-centered impact.
3. Define specific AID systems features that are simple to use and clinically impactful to both healthcare providers as well as pediatric and adult people with diabetes (PwD).
4. Recognize the ease and high satisfaction with which PwD utilize AID systems for the management of T1 and T2 diabetes.
5. Outline how AID systems enable PwD to dramatically improve outcomes, including ↑TIR, ↓hypo/hyperglycemia, ↑QoL.
6. Onboard, train, apply the newest AID system technology in the clinical setting, in person or via telemedicine.

ACCREDITATION AND DESIGNATION

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Carol J. Levy, MD, CDCES has had a financial agreement or affiliation during the past year with ineligible companies or organizations as follows: Consultant with Dexcom, Eli Lilly; and Grant/Research Support with Insulet, Tandem, Dexcom, Abbott Diabetes.

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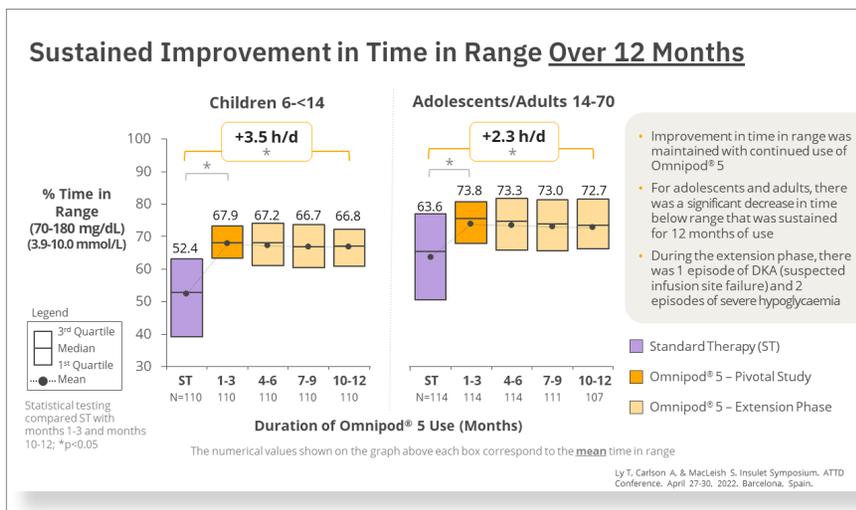
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Lori M. Laffel, MD, MPH

Chief, Pediatric, Adolescent and Young Adult Section
Senior Investigator, Head
Section on Clinical, Behavioral and Outcomes Research
Professor of Pediatrics
Harvard Medical School
Joslin Diabetes Center
Boston, Massachusetts

CO-CHAIRPERSON



Lori M. Laffel is Chief of the Pediatric, Adolescent and Young Adult Section at the Joslin Clinic, and a Senior Investigator, Head in the Section on Genetics and Epidemiology at the Joslin Diabetes Center, as well as a Professor of Pediatrics at Harvard Medical School.

Under Dr Laffel's leadership, the pediatric program at Joslin has quadrupled in size and is now recognized worldwide as a major pediatric diabetes center for clinical care and research. She is the Co-Principal Investigator and Program Director for the NIH-funded Joslin and Boston Children's Hospital Early Career Development training grant for pediatric endocrinologists entering the field of diabetes research.

She is actively involved with the American Diabetes Association (ADA), as a member of the Boston Leadership Board, a previous member of the National Board of Directors of the ADA and the National ADA Committee for Professional Practice Guidelines, Chair of the ADA's Working Group on Transitions in Care for Young Adults with Diabetes, and past Chair of ADA's Youth Strategies Committee. She has also been a member of the Advisory Board of the International Society of Pediatric and Adolescent Diabetes and a member on the Clinical Advisory Committee for the JDRF. She was the Co-editor on the recently published ADA-JDRF Sourcebook on Type 1 Diabetes through the Lifespan and a co-author of the ADA Position

Automated Insulin Delivery: Hybrid CL & More

AID Hybrid CL: Using CGM data, algorithm directs insulin pump to adjust for dropping/low glucose with less insulin & for rising/high glucose with more insulin while PwD needs to enter carbs & confirm meal bolus

Future steps: Closed-loop systems – single or dual hormone



Statement on Type 1 Diabetes across the Lifespan. Dr Laffel was named the ADA's 2015 Clinician of the Year, an honor bestowed annually upon a single diabetes clinician globally.

Dr Laffel lectures at undergraduate and graduate levels, and serves as an invited speaker at local, national, and international meetings, in areas of pediatric diabetes, childhood obesity, behavioral and outcomes research, and the assessment and translation of new technologies in diabetes. She is Principal Investigator on multiple clinical research projects, with grants from NIH, foundations, and industry. She also contributes to the peer-review process for journals and grant applications for national and international societies, and is an Associate Editor for Diabetic Medicine. Dr Laffel received her medical degree from the University of Miami School of Medicine, and her master's degree in Public Health from the Harvard School of Public Health. She completed her pediatric training at Boston Children's Hospital and her fellowship training at Boston Children's Hospital and the Joslin Diabetes Center.

Conclusions

+ The safety and improved glycemic outcomes observed in the pivotal 3-month Omnipod 5 study persisted over **12 months of home use** with no observed severe hypoglycemia or DKA

+ HbA1c reduction was maintained, with **49%** of participants achieving <7.0% HbA1c at 12 months

+ Sustained HbA1c reduction and improvement in time in range with minimal hypoglycemia supports the potential **long-term benefit of the Omnipod 5 System** in young children with T1D





CO-CHAIRPERSON

Carol J. Levy, MD, CDCES

Professor
 Department of Medicine
 Division of Endocrinology, Diabetes and Bone Disease
 Associate Professor
 Department of Obstetrics, Gynecology and Reproductive Science
 Director
 Mount Sinai Diabetes Center
 New York, New York

Benefits of HCL therapy as a management option for people with T1D

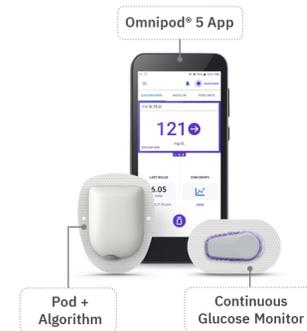
- All HCL systems all are designed to reduce both hypoglycemia and hyperglycemia and increase time in range.
- People with diabetes can improve glycemic outcomes with any of these systems.
- Differences in clinical trial design and data make it difficult to directly compare systems.
- Different features may lead some to perform better than others under different situations/circumstances.



Carol J. Levy, MD, CDCES is a Professor in the Department of Medicine, Division of Endocrinology, Diabetes and Bone Disease, and in the Department of Obstetrics, Gynecology and Reproductive Science. She is a board-certified Endocrinologist and Certified Diabetes Educator. Dr Levy is also the Director of the Mount Sinai Diabetes Center and Type 1 Diabetes Clinical Research. She is an expert in type 1 diabetes and diabetes in pregnancy as well as general endocrinology. She has over 20 years' experience managing patients with these conditions.

Dr Levy attended medical school with the goal of becoming a physician that she would want to see as a patient. She believes that Endocrinology is an area where physicians help guide patients on the right path to improve health but the 'ball' is really in the patient's court. For Dr Levy, the role of the physician to educate and support the patient is of key importance. During her training at Joslin Clinic, she developed an interest in taking care of pregnant women with diabetes and delighted in the challenge of caring for '2' patients. She finds general endocrinology both exciting and fascinating as well. Explaining the reason the thyroid works the way it does, hormonal fluctuations and the impact of this on an individual, and the reasons at times the pancreas (the gland that normally makes insulin) does not, is critical to help people take care of their illnesses. As a child, she was

Omnipod® 5 - Tubeless Automated Insulin Delivery System



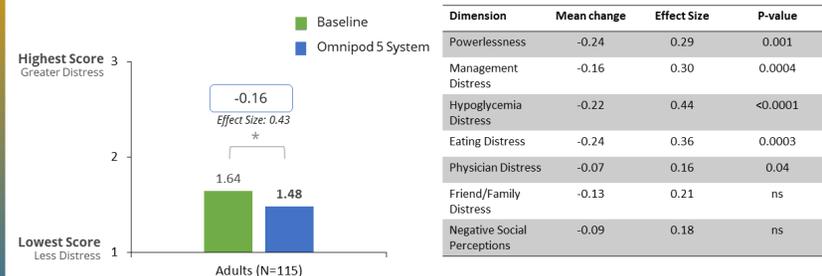
- **Wearable**, tubeless, waterproof (IP28), insulin-filled Pod communicates directly with Dexcom G6 continuous glucose monitor
- **SmartAdjust™ dosing algorithm built into the Pod** adjusts insulin delivery every 5 minutes based on current and predicted glucose values; automated insulin delivery can continue without the handheld controller nearby
- **Omnipod® 5 App** is used to start and stop Automated Mode, deliver boluses, view data, and change settings
- **SmartBolus Calculator** can automatically incorporate CGM value and trend
- **Customizable glucose targets**, from 110-150 mg/dL (6.1-8.3 mmol/L) in 10 mg/dL (0.55 mmol/L) increments, adjustable by time of day
- **Activity** feature for times of elevated hypoglycemic risk, such as exercise

diagnosed with type 1 diabetes and the patience and respect she received from clinicians along the way (including her obstetrician for her own pregnancies) reinforced her belief that a patient who understands the purpose of a treatment is one who is able to best able to manage his/her disease.

As the Director of the Artificial Pancreas Research Program, she and her team strive to continue to improve the lives and glucose control of people with diabetes by forwarding this technology through both research and clinical care. This pioneering clinical research program collaborates with multiple researchers both nationally and internationally and has the potential to revolutionize the management of patients with type 1 diabetes.

Type 1 Diabetes Distress Survey (T1DDS)

Used to measure seven critical dimensions of diabetes distress



Diabetes distress improved after 3 months of Omnipod 5 use. The majority of the domains for diabetes distress were significantly improved, with the **largest effect size on hypoglycemia distress**.

ADA poster session, 2021 8704-P

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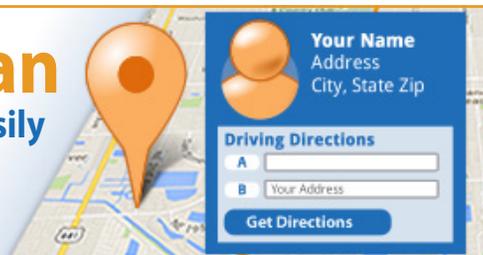
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