ARE YOUR PATIENTS ON THE OPTIMAL DIABETES THERAPY?

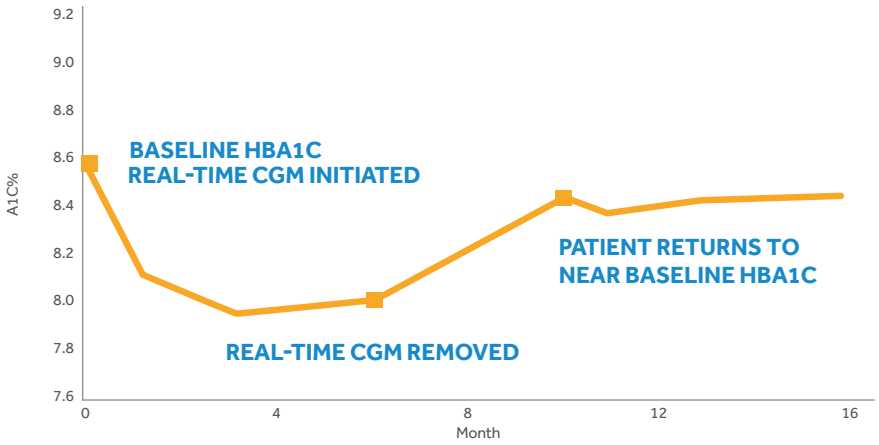
POOR GLYCAEMIC CONTROL* IS PREVALENT IN APPROXIMATELY

65-70%
of Adults with Type 1 Diabetes[1]

52%
of People with Type 2 diabetes, requiring insulin[2]

42%
of People with Type 2 diabetes, requiring oral medications[2]

USING REAL-TIME CGM FOR DIAGNOSTIC PURPOSES MAY NOT REFLECT THE PATIENTS' TRUE GLYCAEMIC PROFILE



Data from the GOLD Randomized Clinical trial aimed to evaluate the e ects of continuous glucose monitoring in 161 adults with type 1 diabetes treated with multiple daily insulin injections.

Patients change their behavior when they see their Real-Time CGM glucose values[3]

Improvement in glucose control is not sustained when Real-Time CGM is removed[4]

BLINDED CGM FACILITATES CHANGES IN TREATMENT DECISIONS WHICH LEADS TO IMPROVEMENT IN HBA1C AND TIME IN RANGE[5]**

1.3% ↓ HbA1c
p<0.0001

7% ↑ Time in Range
p<0.01

In a prospective, one year study with 90 patients with **insulin requiring Type 2 diabetes**, improvement in clinical outcomes was achieved by optimizing treatment after review of blinded CGM reports.. HbA1c was reduced at 4 months (p<0.0001) and sustained for 1 year (p<0.0001).

CGM BLINDED TO THE PATIENT
PROVIDES A BASELINE GLYCAEMIC PROFILE TO DETERMINE THE OPTIMAL THERAPY[6]**

* HbA1C >8.0%.
** Study was conducted using iPro™ 2 Professional CGM.

1. Key Findings from the T1 exchange registry. glu t1 diabetes exchange. https://myglu.org/articles/key-finding -from-the-t1dexchange-registry. Published 2013. Accessed February 26, 2019.
2. Harris MI, al. Racial and ethnic differences in glycaemic control of adults with type 2 diabetes. Diabetes Care. 1999;22(3):403-408.
3. Garg S and Jovanbovic L. Diabetes Care 2006;; 29(12):2644-2649.
4. Lind, M. et al. JAMA. 2017;317(4):379-387.
5. ADJUST: Impact of blinded continuous glucose monitoring use on clinical decision and glycaemic control of people with Type 2 diabetes undergoing insulin therapy Ribeiro R, et al. Diabetes Technol Ther. Feb. 2019, ahead of printing. http://doi.org/10.1089/dia.2019.2525. abstracts.
6. Vigersky R and, Shrivastav M. J. Diabetes Complications. 2017;31(1):280-287.

Medtronic
Further, Together

MEET ENVISION™ PRO:
YOUR KEY TO UNLOCK THE RIGHT THERAPY

OPTIMAL DATA

- Blinded to the Patient
- Comprehensive Event Tracking
- Easy to read reports

SUPERIOR DESIGN

- Zero Calibrations
- Fully Disposable
- Automatic Data Upload

1
Envision™ Recorder & Envision™ Sensor*

2
Envision™ Pro App
iOS and Android™ compatible

3
Carelink™ Software for Professional CGM Systems

ENVISION™ PRO COULD BE USED FOR INDIVIDUALS WITH DIABETES** THAT ARE NOT USING PERSONAL CGM AND BASED ON THE BELOW USE CASES

HCP OBJECTIVE

- Therapy optimization[1]
  - Intensify
  - De-intensify
  - Fine-tuning
- New Patient Evaluation
- Educational Tool
- Before / after bariatric surgery
- Clinical trials

PATIENT PROFILE

- Individuals with type 1 or type 2 diabetes** with any of the following attributes
  - Less tech-savvy
  - Non-intensive therapy
  - Overwhelmed by data, alarms
  - Want minimal intervention during the evaluation
  - Cannot a ord Personal CGM

FOR MORE INFORMATION VISIT: hcp.medtronic-diabetes.co.uk

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*Sensor is applied with One-Press Serter.

**Indicated for individuals with type 1 or type 2 diabetes ages 14 and above.

1. Vigersky R and, Shrivastav M. J. Diabetes Complications. 2017;31(1):280-287.

Important Safety Information

The Envision™ Pro CGM system is intended to record interstitial glucose levels in persons with diabetes mellitus. The data collected by the Envision™ recorder is uploaded to a computer and the reports are reviewed by healthcare professionals. The reports may allow identification of patterns of glucose excursions above and below a desired range, facilitating therapy adjustments, which may minimize these excursions. This information is intended to supplement, not replace, blood glucose information obtained using standard home glucose monitoring devices. For more details, please see https://hcp.medtronic-diabetes.co.uk/