# Emerging Technologies in Diabetes Management: The Who, What and When for Improving Control

Jodi Strong, DNP, CDE, BC-ADM, CPT Saturday, February 18, 2017 9:30 a.m. – 10:15 a.m.

There are many emerging technologies that will change the practice of diabetes management. They are demonstrating improved patient and clinician outcomes and provide patients with less disease burden. The quest for noninvasive monitoring and more comprehensive glucose data collection and insulin delivery systems has provided new monitoring and insulin delivery technologies to assist patients, caregivers, and health care professionals to improve diabetes management. Reducing glycemic excursions, hypoglycemia, diabetes related complications, and hospitalizations can lead to improved paid-for-performance measures and reimbursement opportunities for health care organizations and health systems.

This presentation will review some of the newest emerging technologies in diabetes and identify several products that have recently launched, are FDA approved and launching, as well as a few that are coming down the pipeline. This presentation will review several new insulin delivery devices including new or innovative technologies being created by: Tandem Diabetes, Medtronic Diabetes, LifeScan and Companion Medical Inc. Some of the latest products for glucose monitoring devices and software will also be discussed. In addition, a few pipeline products will be reviewed including technologies centered on closed-loop insulin delivery systems and the potential for a glucose sensing contact lens.

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# **Presenter Disclosure Information**

Jodi L. Strong, DNP, CDE, BC-ADM, CPT

Research Support: None

Employee: Ascension Health-Ministry Medical Group

Board Member/Advisory Panel: Ascensia Diabetes, Novo Nordisk, Sanofi

Stock/Shareholder: Medtronic Diabetes

Consultant: American Diabetes Association, Novo Nordisk, Sanofi

Authorship Support: Sanofi

**Objectives** 

Discuss new diabetes technologies on the horizon, including recently launched, preparing to launch and products in the pipeline including:



Identifying new insulin delivery devices,



Reviewing new glucose monitoring devices & Software/Applications,



**Discussing** who is appropriate candidates for such technologies based on ADA's Standards of Medial Care in Diabetes—2017.

**Breakdown of Discussion** 

Insulin & Other Injectable Delivery Devices Tandem's T:slim X2

Medtronic's 630G

- Pro Infusion Set

LifeScan's OneTouch Via

 Companion Medical's InPen Intarcia's GLP-1 mini- pump

· Future of Closed-Loop Insulin delivery systems

Glucose Monitoring Devices & Software Abbott's Libre Pro

One Drop Premium

mySugr/Roche integration

Dexcom's Touchscreen receiver

Sugar.IQ w/Watson

Google's Contact Lens

# LifeScan's OneTouch Via 2017



# Companion Medical's InPen - 2017

The first insulin pen with built-in Bluetooth, enabling dose data to be sent to a phone app automatically. It also calculates & recommends optimal dosing; tracks history & timing of doses; Monitors insulin temperature; Displays last dose and insulin-on-board; and reports can be sent to the health care provider.



Intarcia's GLP-1 mini-pump

- Intarcia recently submitted a New Drug Application to the US FDA for its implantable type 2 diabetes therapy, ITCA 650.
- The novel option continuously releases exenatide (a GLP-1 agonist) over the course of three to six months from a mini-pump about the size of a matchstick – inserted just under the skin by a healthcare provider in a quick procedure (a matter of minutes).
- Many look forward to having a low hassle, needle-free GLP-1 agonist for type 2 diabetes treatment, since the options currently available involve daily or weekly injections.
- An FDA decision is expected by late 2017.
- However, given the first-of-its-kind innovation behind it's delivery mechanism, the FDA may decide to seek opinions from an Advisory Committee prior to making its decision

**One Drop: Premium** 

One Drop Premium (Oct 2016) is a service providing:

- Unlimited test strips,
- Bluetooth-enabled meter (Chrome),
- 24/7 in-app diabetes coaching, and
- A personalized diabetes educational program.

Cost of subscription to the Premium Plan Meter: \$99.95 (\$20 off with new subscription) Unlimited Strips & Experts: Monthly: \$39.95 Annual Prepaid: \$33.33

MySugr Logbook /Accu-Chek Connect **Integration – Fall 2016** 

The MySugr mobile app benefits from multiple The MySugr mobile app benefits from multiple integration features, including the ability to sync data for export, and helps patients track their blood glucose throughout the day. It engages patients through gamification mechanics, activities & rewards, and by using a 'monster friend' to show their progress.

The app helps estimate A1c scores based on daily measurements of SMBG, focusing primarily on patients using insulin for diabetes management.

The partnership allows glucose readings from the Accu-Chek meter to be sent via Bluetooth straight into the world's most popular diabetes app



PR Newswire (2016, April 16). Roche Clabeles Care and mySugr enter into a co-promotion agreement to advance the potential benefits of digital health for people with diabetes. Retrieved from http://www.pmexessins.co.uk/news-releases/loc/pipid-health-for-people-with-diabetes-576/

Sugar.IQ Medtronic/Watson - Late 2016

Sugar.IQ. uses CGM and insulin information from Medtronic integrated pumps & sensors along with IBM Watson's cognitive computing power, combined with Medtronic's expertise in diabetes, to find hidden patterns in diabetes data.

The app provides immediate personalized awareness on a single platform that brings together important data, perspectives & insights.



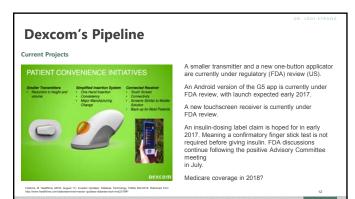


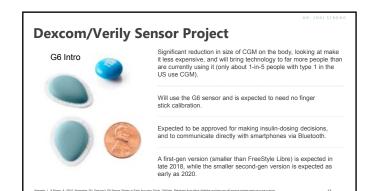
ADA Guidelines for pCGM Confirmed that more frequent CGM use is associated with lower A1C. Another study showed that children with 70% sensor use (i.e., ≥5 days per week) missed fewer school days. Small randomized controlled trials in adults and children with baseline A1C ,7.0–7.5% have confirmed favorable outcomes including a reduced frequency of hypoglycemia (defined as BG <70 mg/dL) and maintaining A1C <7% during the study period in groups using CGM, suggesting that CGM may provide further benefit for individuals with type 1 diabetes who already have good glycemic control

Abbott's FreeStyle Libre Pro and FreeStyle Libre (potentially in early 2017). The FreeStyle Libre Pro Provides reliable glucose data. system requires NO fingerstick



- calibration so patients do not need to be trained by their healthcare professional on calibration
- After the sensor is applied to the arm there is no requirement for the patient to interact with the system
- Provides reliable glucose data.
  Healthcare professionals
  receive up to 14 days of
  continuous glucose data based
  on uninterrupted, normal daily
  routines of their patients
- Reduced equipment costs, maintenance and time





Google's Role in the Diabetes Market

Google's Glucose Sensing Contact Lenses

The system would likely contain 2 or 3 parts: (i) the contact lens; (ii) a "reader" device, which would communicate and power the lens; and (iii) a user display, to see and review the data.

The patent specifically mentions the possibility of eyeglasses, jewelry (e.g., earrings, necklace), or clothing (e.g., a scarf, hat, headband) functioning as the reader. The device however must be close enough to the lens to make sure that the lens can communicate with the reader.

The device could be a smart phone or wearable computer. One example given is a display worn on the head or in front of the eyes, such as Google Glass (another project in the Google (x) division).







# Closing the Loop (or at least the backpack!) We've come along way...

This is a picture of the very first insulin pump from 1963 by Dr. Arnold Kadish.

It was worn on the back and was roughly the size of a Marine backpack.

Not commercially available due to its size. First wearable pump=1976

Had an insulin pump... Before it was cool



# Tandem T: Slim's X2 Insulin **Delivery System**

Oct-Dec 2016. The latest Tandem Oct-Dec 2015. The latest Landern pump added a new Bluetooth radio and enables software updates to add Dexcom G5 connectivity and automated insulin delivery algorithms. it has the potential to enable users to add new features in the future, independent of their insurance pump replacement cycle. The t:slim X2 Pump also incorporates familiar technology.



# **Tandem's Closed Loop Potential**



This trial will combine Tandem's t:slim X2 insulin pump. Dexcom's G5 Bluetooth-enabled transmitter and software, and Type Zero's in Control algorithm, into one device, controlled by a smartphone.

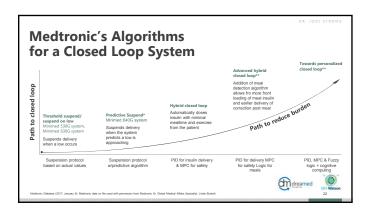
It will control the users' insulin by monitoring and adjusting basal rates, giving insulin based on predicted highs, and stepping back on insulin delivery if the user is predicted to go low. The user however will need to manually bolus for meals.

The NIH is funding the new, International Diabetes Closed Loop (IDCL) Trial

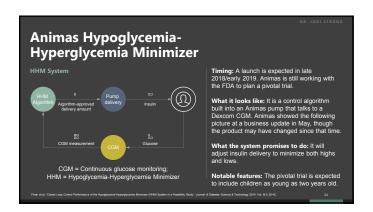
# Medtronic's 630G System

- Suspend on low feature pauses insulin delivery for up to two hours-so glucose levels can recover
- Exclusive to MiniMed systems
- BOLUS WIZARD® CALCULATOR
- Automatically calculates and recommends precise bolus doses
- Helps your patients avoid insulin stacking
- SMARTGUARD™ TECHNOLOGY
   PREDICTIVE ALERTS
- Takes action to reduce lows\* without raising A1C
   Suspend on low feature pauses
   Takes action sooner to prevent lows and keep them in range
  - Can be set in 5 minute increments up to 30 minutes
  - BUILT-IN CGM
  - Wirelessly sends glucose information to the pump every five minutes
  - Gives your patients real-time trends for making good treatment decisions

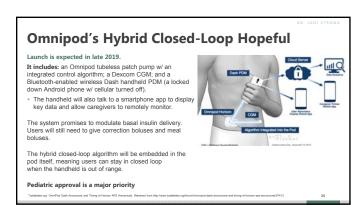




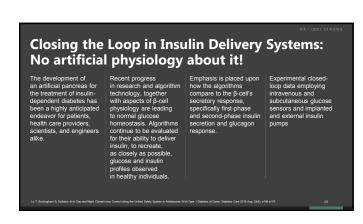


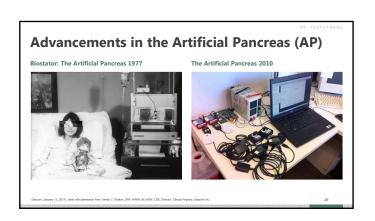


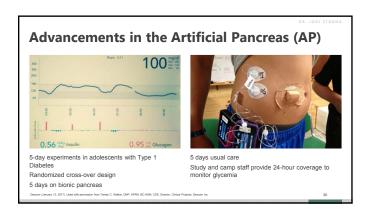


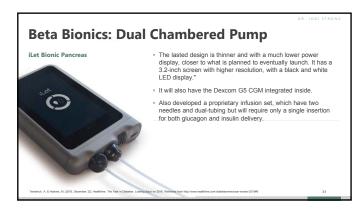












# Free Living Home Use of an Artificial Beta Cell Adults (AP@home04) Poster 987, EASD 2015 Three European centers; UK, Germany, Austria 33 Adults with T1DM with HbA1c between 7.5% and 10% on CSII Dedicated 4 week optimization period prior to randomization Day and night hybrid closed-loop for 3 months Children and adolescents (APCam08) Three UK centers, Cambridge, London, Leeds 25 children and adolescents with T1DM aged 6 to 18 years with HbA1c betow 10% on CSII 2-8 week run-in period and optimization Overnight closed-loop for 3 months







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