Supplementary Information – Online Resource 10

Evaluating cost-utility of continuous glucose monitoring in individuals with type 1 diabetes: a systematic review of methods and quality of studies using decision models and/or empirical data.

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Table 1. Study population of included studies.

Publication (author year, country)	Patient population	Source of baseline clinical characteristics	Age (years)	%men	Baseline HbA1C	Duration of disease (years)	BMI
Emamipour 2022, The Netherlands [1]	Adults with T1D	Observational study (FLARE-NL4 study, [2])	45.6	50.7%	7.8%	NR	NR
Ly 2014, Australia [3]	Children, adolescents and adults with T1D	Based on the RCT itself	18.6	42.9% (CSII); 56.5% (SAP)	7.4% (CSII); 7.6% (SAP)	11.0	NR
Wan 2018, US [4]	Adults with T1D who had elevated HbA1c levels while using MDI	RCT (DIAMOND trial, [5])	51.4 (control); 45.7 (CGM)	77.0% (control); 53.0% (CGM)	8.6% (control); 8.6% (CGM)	23.1 (control); 19.6 (CGM)	26.8 (control); 27.9 (CGM)
Bilir 2018, Sweden [6]	Adults with well-controlled T1D (HbA1c ≤7.5%) using MDI insulin therapy or CSII and testing glucose levels at least 10 times/week.	RCT (IMPACT trial, [7])	43.7	56.9%	6.8%	22.0	25.0
Chaugule 2017, Canada [8]	Adults with T1D who had elevated HbA1c levels while using MDI	RCT (DIAMOND trial, [5])	46.0	53.0%	8.6%	19.0	NR
Conget 2018, Spain [9]	Individuals with T1D at a high risk of hypoglycemia	Unclear	18.6	50.0%	7.5%	12.0	NR
Gomez 2016 , Colombia [10]	Individuals with T1D older than 11 years	Observational study (Gómez 2013, [11])	34.2	53.5%	9.0%	14.0	23.7
Isitt 2022, Australia [12]	Adults with T1D who had elevated HbA1c levels while using MDI	RCT (DIAMOND trial, [5])	47.6	56.0%	8.6%	20.3	27.5
Jendle 2017, Sweden [13]	Individuals with T1D: 1) with increased risk of hypoglycemia; 2) with uncontrolled HbA1c at baseline	1) RCT (Ly 2013, [14]); 2) register (Swedish National Diabetes Register[15]; supplemented by DCCT, [16])	1) 17.4 (SAP) & 19.7 (CSII); 2) 46.0	Cohort 1: SAP 56.5% & CSII 42.9% Cohort 2: 55.7%	1) 7.6% (SAP); 7.4% (CSII); 2) 7.9%	1) 9.8 (SAP); 12.1 (CSII); 2) 24.0	NR
Jendle 2019, Sweden [17]	Individuals with T1D aged 14–75 years who had been using CSII with or without CGM for >6 months.	Single-arm non-randomized trial (Bergenstal 2016, [18])	37.8	44.4%	7.4%	21.7	NR
Jendle 2021, Sweden [19]	Individuals with T1D for >3 months	RCT (FUTURE study, [20])	48.8	53.9%	7.8%	22.8	NR

Kamble 2012, US [21]	Adults with inadequately controlled T1D	RCT (STAR 3 study, [22])	41.2	56.8%	8.3%	20.2	27.9
Lambadiari 2022, Greece [23]	Individuals with T1D	AHCL vs SAP plus PLGM: RCT (MiniMed 780G US pivotal trial, [24]); AHCL vs MDI plus isCGM: observational study (FUTURE study, [20])	AHCL vs SAP plus PLGM: 38.3; AHCL vs MDI plus isCGM: 45.8	AHCL vs SAP plus PLGM: 45.2%; AHCL vs MDI plus isCGM: 53.9%	AHCL vs SAP plus PLGM: 7.5%; AHCL vs MDI plus isCGM: 7.8%	AHCL vs SAP plus PLGM: 23.0; AHCL vs MDI plus isCGM: 22.8	NR
Nicolucci 2018, Italy [25]	Individuals with T1D: 1) at increased risk of hypoglycemia; 2) with uncontrolled HbA1c	1) RCT (Ly 2013, [14]); 2) meta-analysis (Pickup 2011, [26])	1) 17.4 (control); 19.7 (intervention); 2) 27.0	1) 56.5% (control); 42.9% (intervention); 2) 48.5%	1) 7.6% (control); 7.4% (intervention); 2) 8.1%	1) 9.8 (control); 12.1 (intervention); 2) 13.2	NR
Riemsma 2016, UK [27]	Individuals with T1D who are eligible for an insulin pump	Single-arm non-randomized trial (Bergenstal 2016, [18]) supplemented by various sources.	41.6	38.0%	7.3%	27.1	27.6
Roze 2015, Sweden [28]	Individuals with T1D	Meta-analysis (Pickup 2011, [26])	27.0	45.5%	8.6%	13.0	23.8
Roze 2016, France [29]	Individuals with T1D: 1) with an elevated risk for hypoglycemia due to impaired awareness of hypoglycemia; 2) with uncontrolled HbA1c	1) RCT (Ly 2013, [14]); 2) RCT (Riveline 2012, [30])	36.0	53.0%	9.0%	17.0	25.0
Roze 2016, UK [31]	Individuals with T1D with poor glycemic control	Meta-analysis (Pickup 2011, [26])	27.0	48.5%	10.0%	13.0	NR
Roze 2017, Denmark [32]	Individuals with T1D: 1) with hyperglycemia at baseline; 2) with an increased risk for hypoglycemia	1) meta-analysis (Pickup 2011, [26]); 2) RCT (Ly 2013, [14])	1) 27; 2) 18.6	1) 48.5%; 2) 49.5%	1) 8.1%; 2) 7.5%	1) 13.2; 2) 11.0	NR
Roze 2019, The Netherlands [33]	Individuals with T1D: 1) with hyperglycemia at baseline; 2) with an increased risk for hypoglycemia	1) meta-analysis (Pickup 2011, [26] supplemented by DCCT, [16]); 2) RCT (Ly 2013, [14])	1) 27.0; 2) 18.6	1) 48.5%; 2) 49.5%	1) 8.0%; 2) 7.5%	1) 13.2; 2) 11.1	NR
Roze 2019, Turkey [34]	Individuals with T1D: 1) with poor glycemic control at baseline; 2) at increased risk for hypoglycemia	1) meta-analysis (Pickup JC 2011, [26]); 2) RCT (Ly 2013, [14])	1) 27.0; 2) 18.7	1) 48.5%; 2) 49.5%	1) 9.0%; 2) 7.5%	1) 13.2; 2) 11.2	NR

Roze 2020, UK [35]	Individuals with T1D: 1) reflecting the DIAMOND trial T1D population; 2) reflecting the DIAMOND trial T1D population with baseline HbA1c at least 8.5% (69 mmol/mol)	RCT (DIAMOND trial, [5])	1) 48.0; 2) 46.0	NR	1) 8.6%; 2) 9.1%	20.0	NR
Roze 2021, Canada [36]	Adults with T1D	RCT (DIAMOND trial, [5])	47.6	56.0%	8.6%	20.3	27.5
Roze 2021, UK [37]	Adults and adolescents with T1D	RCT (DIAMOND trial, [5])	47.6	56.0%	8.6%	20.3	27.5
Roze 2021, France [38]	Adults with T1D	Single-arm non-randomized trial (Garg 2017/Bergenstal 2016, [18,39])	37.8	44.4%	7.4%	21.7	NR
Serné 2022, The Netherlands [40]	Individuals with T1D	RCT (FUTURE study, [20])	45.8	54.0%	7.8%	22.8	NR
Zhao 2021, China [41]	Individuals with T1D and treated by insulin	Epidemiological studies (Zhou 2020 and Tang 2019, [42,43])	33.3	55.6%	10.3%	0.0	21.4
Garcia-Lorenzo 2018, Spain [44]	Individuals with T1D without complications at baseline.	Meta-analysis conducted for the purpose of the study	26.0	NR	NR	NR	NR
Health Quality Ontario 2018, Canada [45]	Individuals with T1D	RCT (DCCT, [16])	27.0	NR	8.8%	6.0	NR
Huang 2010, US [46]	Individuals with T1D with HbA1c level of ≤ 10.0% who are currently on CSII or MDI.	RCT (Juvenile Diabetes Research Foundation-CGM trials, [47])	HbA1C ≥7.0%: 44.7 (control) and 41.2 (CGM); HbA1C<7.0 %: 31.8 (control) and 29.4 (CGM)	HbA1C ≥7.0%: 74.0% (control) and 69.0% (CGM); HbA1C<7.0 %: 67.0% (control) and 64.0% (CGM)	HbA1C ≥7.0%: 7.6%(control) and 7.6% (CGM); HbA1C<7.0 %: 6.5% (control) and 6.4% (CGM)	HbA1C ≥7.0%: 21.8 (control) and 23.6 (CGM); HbA1C<7.0 %: 18.2 (control) and 16.3 (CGM)	NR
McQueen 2011, US [48]	Adults with T1D	RCT (Juvenile Diabetes Research Foundation-CGM trial, [47])	40.0	NR	7.6%	~20.0	NR
Pease 2020, Australia [49]	Adults with T1D	Register (Australian National Diabetes Audit, [50])	18.0	46.7%	8.5%	10.0	NR

Pease 2022, Australia [51]	Young people with T1D	RCT (Abraham 2021, [52])	12.0	45.0%	8.0% (age ≤21) or 8.5% (age >21)	7.0	NR
Rotondi 2022, Canada [53]	Adults with T1D aged 18–64 years	NR	NR	NR	8.1%	NR	NR

Abbreviations: BMI, body mass index; CGM, continuous glucose monitoring; CSII, continuous subcutaneous insulin infusion; DCCT, Diabetes Control and Complications Trial; isCGM, intermittently-scanned continuous glucose monitoring; MDI, multiple daily injections; NR, not reported; RCT, randomized controlled trial; rt-CGM, real-time continuous glucose monitoring; SAP, sensor-augmented pump; T1D, type 1 diabetes.

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