

Supplementary Information – Online Resource 12

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. Sources for (dis)utilities used in the included studies.

Publication (author year, country)	Baseline utility	Macro- and microvascular complications ^a	Hypoglycemic events ^b	Reduction in Fear of hypoglycemia benefit ^c	Ketoacidosis	Utility gain for reduction of finger pricks ^d	CGM-related benefit
Emamipour 2022, The Netherlands [1]	Measured in the trial itself: EQ-5D-3L	-	-	-	-	-	Measured in the trial itself: EQ-5D-3L
Huang 2010, US [2]	Measured in the trial itself: TTO in T1D	Measured in the trial itself: TTO in T1D	-	-	-	-	Measured in the trial itself: TTO in T1D
Ly 2014, Australia [3]	Measured in the trial itself: EQ-5D-3L and EQ-5D-Y	-	-	-	-	-	Measured in the trial itself: EQ-5D-3L and EQ-5D-Y
Wan 2018, US [4]	Measured in the trial itself: EQ-5D-5L	From 3 different studies: mainly EQ-5D and TTO from different countries for T1D and T2D	Harris et al. [5]	-	-	-	Measured in the trial itself: EQ-5D-5L
Bilir 2018, Sweden [6]	-	-	-	Currie et al. [7] Lauridsen et al. [8]	-	Matza et al. [9]	-
Chaugule 2017, Canada [10]	-	From 7 different studies: mainly EQ-5D, some TTO from different countries for T1D and T2D	-	-	-	-	-
Conget 2018, Spain [11]	-	Beaudet et al. [12]	-	Currie et al. [7]	-	-	-
Gomez 2016, Colombia [13]	-	Clark et al. [14] Tengs et al. [15]	-	Currie et al. [7]	-	-	-
Isitt 2022, Australia [16]	DIAMOND trial (Polonsky et al. [17])	Beaudet et al. [12] Solli et al. [18]	Evans et al. [19]	Currie et al. [7]	-	Matza et al. [9]	Pease et al. [20]

Jendle 2017, Sweden [21]	-	Beaudet et al. [12]	-	Currie et al. [7] McBride et al. [22]	-	-	-
Jendle 2019, Sweden [23]	-	Beaudet et al. [12]	Evans et al. [19]	Currie et al. [7]	-	-	-
Jendle 2021, Sweden [24]	-	From 6 different studies: a mix of EQ-5D and TTO from various countries for T1D and T2D.	Evans et al. [19] Marrett et al. [25] Lauridsen et al. [8]	Currie et al. [7]	-	-	-
Kamble 2012, US [26]	-	Clark et al. [14] Tengs et al. [15]	Evans et al. [19]	Currie et al. [7]	-	-	-
Lambadiari 2022, Greece [27]	-	Beaudet et al. [12]	Evans et al. [19] Marrett et al. [25] Lauridsen et al. [8]	Currie et al. [7]	-	-	-
Nicolucci 2018, Italy [28]	-	Beaudet et al. [12]	-	Currie et al. [7]	-	-	-
Riemsma 2016, UK [29]	-	Beaudet et al. [12] Clark et al. [14]	Currie et al. [7]	Currie et al. [7]	-	-	-
Roze 2015, Sweden [30]	-	Unclear, not referenced	-	Currie et al. [7]	-	-	-
Roze 2016, France [31]	-	Beaudet et al. [12]	TTO was used for direct elicitation, but unclear how because the authors also state: "Conservatively, no specific disutility for severe hypoglycemic events was applied in either arm."	Currie et al. [7]	-	-	-
Roze 2016, UK [32]	-	Beaudet et al. [12]	-	Currie et al. [7]	-	-	-

Roze 2017, Denmark [33]	-	Beaudet et al. [12]	-	Currie et al. [7]	-	-	-
Roze 2019, The Netherlands [34]	-	-	-	Currie et al. [7] McBride et al. [22]	-	-	-
Roze 2019, Turkey [35]	-	Beaudet et al. [12]	-	Currie et al. [7] McBride et al. [22]	-	-	-
Roze 2020, UK [36]	DIAMOND trial (Beck et al. [37])	Beaudet et al. [12]	Evans et al. [19]	Currie et al. [7]	-	Matza et al. [9]	-
Roze 2021, Canada [38]	DIAMOND trial (Beck et al. [37])	Beaudet et al. [12]	Evans et al. [19]	Currie et al. [7]	-	Matza et al. [9]	-
Roze 2021, UK [39]	-	Beaudet et al. [12]	Evans et al. [19] Marrett et al. [25]	Currie et al. [7]	-	-	-
Roze 2021, France [40]	DIAMOND trial (Beck et al. [37])	Beaudet et al. [12]	Evans et al. [19]	Currie et al. [7]	-	Matza et al. [9]	-
Serné 2022, The Netherlands [41]	-	Beaudet et al. [12]	-	Currie et al. [7]	-	-	-
Zhao 2021, China [42]	Incorrectly referenced	Incorrectly referenced	-	Charleer et al. [43]	Incorrectly referenced	-	-
Garcia-Lorenzo 2018, Spain [44]	-	Sullivan et al. [45] + own estimation	-	-	-	-	-
Health Quality Ontario 2018, Canada [46]	Clark et al. [14]	McQueen et al. [47] Palmer et al. 2004 [48]. Tengs et al. [15]	Currie et al. [7]	-	-	-	-
McQueen 2011, US [47]	-	Sullivan et al. [45] + own estimation	-	-	-	-	-
Pease 2020, Australia [49]	-	Colagiuri et al. [50]	Harris et al. [5]	-	-	-	-
Pease 2022, Australia [51]	Colagiuri et al. [50]	From 10 different studies studies: mainly EQ-5D and TTO from various countries for T1D and T2D	Harris et al. [5]	-	-	-	-

Rotondi 2022, Canada [52]	DIAMOND trial (Polonsky et al. [17])	Beaudet et al. [12] Solli et al. [18]	Pettus et al. [53] Unclear how this study was used to obtain utilities	-	Pettus et al. [53] Unclear how this study was used to obtain utilities	-	-
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Abbreviations: CGM, continuous glucose monitoring; EQ-5D, EuroQoL 5 dimension; NR, not reported; TTO, time trade-off; T1D, type 1 diabetes; T2D, type 2 diabetes; UK, United Kingdom; US, United States.

^a Beaudet et al. [12] is a review of UK NICE reference cases and has 13 studies included covering utilities for uncomplicated diabetes and 21 complications. 1 study was TTO, the others EQ-5D-3L, from various countries for T2D; Clark et al. [14] the EQ-5D-3L instrument was used to elucidate utilities for T2D patients from UKPDS database (UK); Solli et al. [18] the EQ-5D-3L instrument was used to elucidate utility values in T1D and T2D in Norway; Sullivan et al. [45] used the EQ-5D-3L instrument to elucidate utility values from general population in the US, covering 693 chronic conditions. Palmer et al. [47] refers to the original paper of the CORE model, which in turn sources utility weights from five different sources among which Clarck et al. and Tengs et al.; Tengs et al. [14] is a review of utility weights for a long list of diagnoses including studies using various methods, of which 51% used direct elicitation (standard gamble, TTO, or rating scale), 32% estimated QOL based on their own expertise or that of others, and 17% used health status instruments; DIAMOND trial (Polonsky/Beck [17,37]): EQ-5D-5L in T1D from the US.

^b Harris et al. [5] is a Canadian survey that used TTO to elucidate utility values for hypoglycemic events in T1D; Evans et al. [19] TTO was used to elucidate utility values for daytime and nocturnal hypoglycemic events in a mixed population of general population and T1D and T2D from Canada, Germany, Sweden, the United States and the United Kingdom, Currie et al. [7] used the Hypoglycemia Fear Survey and EQ-5D-3L instruments to elucidate utility values for fear of hypoglycemia in diabetes patients in Cardiff, UK; Marrett et al. [25] used the Hypoglycemia Fear Survey and EQ-5D-3L instruments to elucidate utility values for fear of hypoglycemia in self-reported T2D in the US; Lauridsen et al. [8] conducted a regression analysis on TTO disutility values from 5 countries to estimate the effect of the frequency of daytime and nocturnal hypoglycemic events on the disutilities.

^c Currie et al. [7] used the Hypoglycemia Fear Survey and EQ-5D-3L instruments to elucidate utility values for fear of hypoglycemia in diabetes patients in Cardiff, UK; McBride et al. [22] used the Hypoglycemia Fear Survey and EQ-5D-3L instruments to estimate utility values in individuals with T1D with impaired hypoglycemia awareness treated with CSII alone or CSII with CGM with low-glucose suspend, country unclear; Charleer et al. [43] is a 12-month prospective observational multicenter real-world study that estimated the quality of life in Belgian individuals with T1D using SF-36, PAID-SF, and HFS-Worry instruments.

^d Matza et al. [9] used TTO interviews to estimate the utility difference between picking the finger and flash glucose monitoring in general population in UK.

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