SUPPLEMENT

FIGURES

Figure S1: Guidance on targets for assessment of glycemic control for adults with type 1 or type 2 diabetes (modified from Battelino et al. [1])

	TIR		TBR		TAR	
Diabetes group	% of readings; time per day	Target range	% of readings; time per day	Below target level	% of readings; time per day	Above target level
Type 1*/type 2	>70%; >16 h, 48 min	70–180 mg/dL (3.9–10.0 mmol/L)	<4%; <1 h <1%; <15 min	<70 mg/dL (<3.9 mmol/L) <54 mg/dL (<3.0 mmol/L)	<25%; <6 h <5%; <1 h, 12 min	>180 mg/dL (>10.0 mmol/L) >250 mg/dL (>13.9 mmol/L)

Each incremental 5% increase in TIR is associated with clinically significant benefits for individuals with type 1 or type 2 diabetes. *For age <25 years, if the A1C goal is 7.5%, set TIR target to approximately 60%.

TABLES

Table S1: Differences between randomised controlled trials (RCTs) and real-world evidence (RWE)

	RCTs	RWE
Purpose	Efficacy assessment for drug authorization purposes	Effectiveness assessment in actual clinical practice
Research Question	Does the drug work in experimental setting	In the real-world setting, how is the drug used? Is it effective?
Follow-up	Designed	In actual practice
Treatment	Fixed pattern	Variable pattern
Study group	Homogenous / selected	Heterogeneous / real world
Attending physician	Investigator	Many practitioners (e.g. endocrinologists, general physicians)
Comparator	Placebo / selected alternative interventions	Many alternative interventions
Patient monitoring	Continuous – as per protocol, conducted by the investigator	Changeable – conducted by many doctors

Legend: adapted from Wierzbicka & Jahnz-Różyk [2]

REFERENCES

1. Battelino T, Danne T, Bergenstal RM et al: Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes Care 2019, 42(8):1593-1603.
2. Wierzbicka N, Jahnz-Rozyk K: The evolving landscape for Real World Evidence in Poland: physicians' perspective. JHPOR 2015, 1:15-33.