blood glucose between 70 and 180 mg/dL, the risk of retinopathy progression decreased by 39% and nephropathy progression decreased by 29%.5

We also dispute the claim by Hernández-Núñez and colleagues that the burden of CGM is greater than that of BGM. In our study,1 adherence to and continued use of CGM remained high over 8 months. In addition, the CGM Satisfaction Scale (eTable 16 in Supplement 2) showed that the perceived benefits of CGM use far outweighed perceived burdens.

Thomas W. Martens, MD
Roy W. Beck, MD, PhD
Richard M. Bergenstal, MD

Author Affiliations: International Diabetes Center, Park Nicollet Internal Medicine, Minneapolis, Minnesota (Martens); Jaeb Center for Health Research Foundation Inc, Tampa, Florida (Beck); International Diabetes Center, HealthPartners Institute, Minneapolis, Minnesota (Bergenstal).

Corresponding Author: Roy W. Beck, MD, PhD, Jaeb Center for Health Research Foundation Inc, 15310 Amberly Dr, No. 350, Tampa, FL 33647 (rbeck@jaeb.org).

Conflict of Interest Disclosures: Dr Martens reported that his employer, the International Diabetes Center, participated in the study discussed in this letter as a study site and was reimbursed for that participation by grant funding (Dexcom sponsor). Additionally, Dr Martens’ employer has received funds on his behalf for research and speaking support from Dexcom, Abbott Diabetes Care, Medtronic, Insulet, and Novo Nordisk; funding for speaking support from Medscape, the American Diabetes Association, the American Medical Group Association, and the American College of Physicians; funding for publication support from the American College of Physicians and Eli Lilly; and consulting support from Bigfoot Biomedical. Dr Martens’ employer has a pending patent for Ambulatory Glucose Profile (issued to the International Diabetes Center).

Dr Beck reported that his institution has received grant funding and study supplies from Tandem Diabetes Care and Beta Bionics; study supplies from Medtronic, Ascencia, and Roche; consulting fees and study supplies from Eli Lilly and Novo Nordisk; and consulting fees from Insulet, Bigfoot Biomedical, vTv Therapeutics, and Diasome. Dr Bergenstal reported that his employer has received funds on his behalf for research support, consulting, or serving on the scientific advisory boards for Abbott Diabetes Care; Ascencia, Bigfoot Biomedical, Dexcom, Hygieia, Johnson & Johnson, Eli Lilly, Medscape, Medtronic, Novo Nordisk, Onduo, Roche, Sanofi Aventis, and UnitedHealthcare.


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