

actors Associated With Glycemic Control In People With Type 1 Diabetes (PWT1D) Switched To Once Daily (QD) Insulin Glargine (Gla) 300 U/mL (Gla-300): The European REALI Pooled Database

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Abstract:

Aim: To study potential factors associated with improved glycemic control in PWT1D switching from QD or twice-daily (BID) basal insulin (BI) to QD Gla-300.

Methods: Data from PWT1D in the European REALI pooled database who switched to Gla-300 were analyzed by multivariable ANCOVA to determine factors related to HbA<sub>1c</sub> change from baseline (BL) to 6 months (6 M) post-treatment. Variables with  $p < 0.10$  in the final model were retained.

Results: A total of 455 PWT1D (TOUJEO-NEO, N=397; OPTIMIZE, N=58) were pooled, of whom 436 received Gla-300. Mean age was  $50.0 \pm 14.7$  years and median (Q1, Q3) diabetes duration was 18.0 (10.0, 27.0) years. Almost half of PWT1D (47.3%) presented with  $\geq 1$  cardiovascular disease/risk factor and 16.7% with diabetes complications. Mean  $\pm$  SD BL HbA<sub>1c</sub> was  $8.3 \pm 0.84\%$ ; and change from BL to 6 M was  $-0.43 \pm 0.81\%$ . A total of 179/427 (41.9%) PWT1D received BID BI, 39.1% used Gla-100, and overall mean  $\pm$  SD BI dose was  $30.4 \pm 17.8$  U/day. High BL HbA<sub>1c</sub> ( $p < 0.0001$ ), prior non-insulin glucose-lowering agent ( $p = 0.027$ ), and absence of diabetes complications ( $p = 0.058$ ) were associated with greater reductions in HbA<sub>1c</sub>, but not prior BID BI regimen (Table).

Conclusion: Likelihood of achieving clinically important HbA<sub>1c</sub> reduction in PWT1D switched to QD Gla-300 was mostly dependent on BL HbA<sub>1c</sub>, and not on

previous BID BI regimen.

**Table. Analysis of covariance for the identification of factors associated with HbA<sub>1c</sub> change from baseline to Month 6**

Predictors	Analyzed population N=289	Estimate* (SE)	p-value
<b>Intercept</b>		1.89	<0.0001
<b>Study</b>			
OPTIMIZE	46 (16%)	(ref.)	(ref.)
TOUJEO-NEO	243 (84%)	-0.095 (0.13)	0.4671
<b>Baseline HbA<sub>1c</sub> (%)</b>		-0.29 (0.05)	<0.0001
<b>Previous non-insulin antihyperglycemic treatment</b>			
Yes	26 (9%)	(ref.)	(ref.)
No	263 (91%)	0.36 (0.16)	0.027
<b>At least one diabetes complication</b>			
Yes	60 (21%)	(ref.)	(ref.)
No	229 (79%)	-0.23 (0.12)	0.058

\*Estimates of the regression coefficients from ANCOVA model on change from baseline in HbA<sub>1c</sub>, including study, baseline HbA<sub>1c</sub>, previous non-insulin treatment, and diabetes complication as covariates.

Note: 289 observations were part of the final model, as a result of a stepwise selection with an entry p-value threshold less than 0.20 and a stay p-value threshold of less than 0.10.

SE, standard error; ref., reference variable.