

Feasibility of Safety System within a Novel Personalised Decision Support Tool

The <u>Patient Empowerment Through Predictive Personalised</u>
Decision Support (PEPPER) Study

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Declaration of Interest

- No conflicts of interest
- Project Funding: European Union's Horizon 2020 (Grant No 689810)



Type 1 Diabetes

- Globally, 400 million people with diabetes; 5-10% with Type 1 diabetes
- Insulin treatment:
 - MDI (Basal-bolus regime) or
 - CSII (Insulin pump)
- In UK, structured education with CHO counting effective, but only ~27% achieve HbA1c <58mmol/mol
- Complex insulin dose calculation at mealtimes



Patient Empowerment Through Predictive Personalised Decision Support (PEPPER)

- Six European partners
- €3.8m European Union Horizon H2020 project
- Multidisciplinary (clinicians, nurses, engineers, computer scientists)





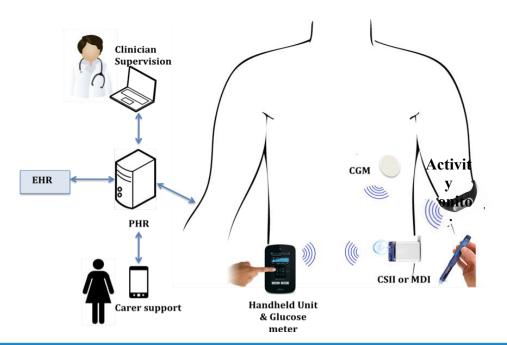






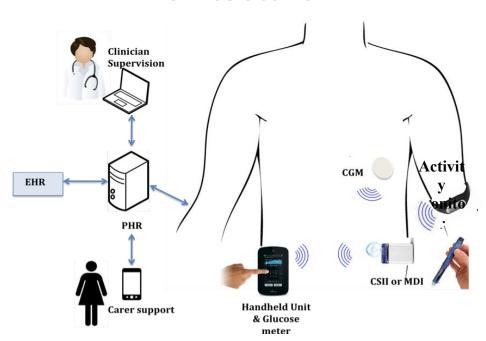
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PEPPER Architecture





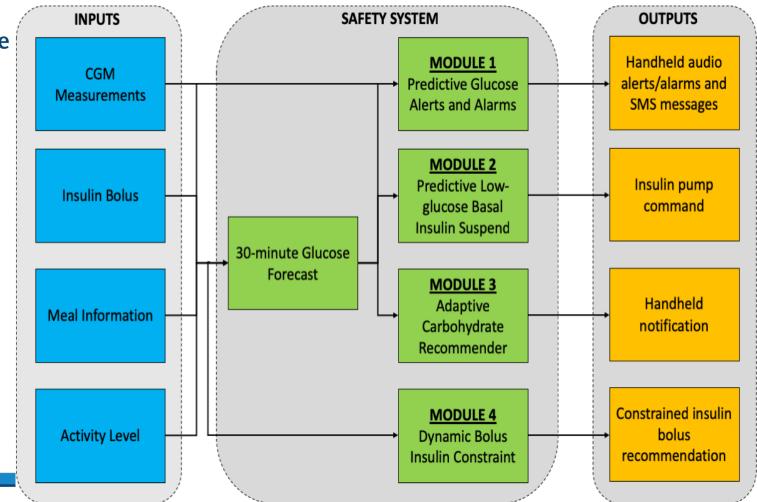
PEPPER Architecture

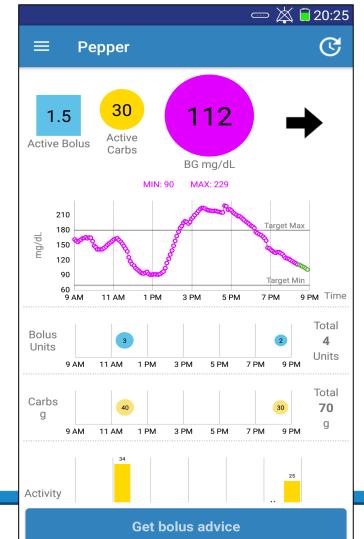


Two components:

- Safety system
- Intelligent insulin bolus calculator based on artificial intelligence

PEPPER: Safety System







PEPPER Clinical Platform





Study Design

Pre-clinical usability study

Clinical Study: Phase 1

8-week non-randomised single-arm study

Evaluation of PEPPER safety system

Clinical Study: Phase 2

8-week non-randomised single-arm study

Evaluation of the complete PEPPER system

Clinical Study: Phase 3

7-month randomised openlabel crossover study.

Evaluation of the PEPPER system versus standard therapy

Completed

Completed



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Recruited

Reporting end 2019...



Phase 1: Aims & Objectives

Non-randomised, open label study (8 weeks) n=15 pump and MDI (ICL & IDIBGI participants)

Aim: To assess the safety and usability of the PEPPER system.

Primary outcome: % time in hypoglycaemia (<3.9mmol/l)

Secondary outcomes:

Other glycaemic outcomes
Safety system outcomes
Quality of life (QoL) questionnaire scores

Inclusion Criteria

- >18 years of age
- Type 1 diabetes > 1 years
- On MDI or CSII > 6 months
- HbA1c: 48-86mmol/mol
- Structured education



Exclusion Criteria

- Severe hypoglycaemia in last 6 months
- DKA in last 6 months
- Use of regular acetaminophen
- Pregnant or planning pregnancy
- Breastfeeding
- Enrolled in other clinical trials
- Have active malignancy or under investigation for malignancy
- Severe visual impairment
- Reduced manual dexterity

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Methods





Feasibility data for Phase 1 in MDI participants



Baseline characteristics

Demographics	Median (IQR) (n=8)
Gender (male:female)	3:5
Age (years)	37.5 (31.8-53.3)
BMI (kg/m ²)	23.8 (23.2-27.5)
Duration of diabetes (years)	22.5 (18.0-26.5)
Gold score	2.0 (1.75-2.25)
HbA1c (mmol/mol)	63 (57-66)
Number of CBG measurements per day	3.5 (2-5)



Glycaemic outcomes

	Run-in (n=6) Weeks 1 & 2	Endpoint (n=6) Weeks 7 & 8	P-value
% time in hypoglycaemia			
<3.9mmol/l	3.7 (1.6 - 6.4)	2.7 (0.9 - 7.3)	0.15
<3.3mmol/l	1.8 (0.7 - 3.6)	0.8 (0.0 - 1.5)	0.05
<3.0mmol/l	0.8 (0.1 - 4.8)	0.3 (0.0 - 0.9)	0.02



Glycaemic outcomes

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<3.0mmol/l	0.8 (0.1 - 4.8)	0.3 (0.0 - 0.9)	0.02
% time in target 3.9-10.0mmol/l	52.8 (38.3 - 61.5)	61.3 (47.5 - 71.7)	0.03

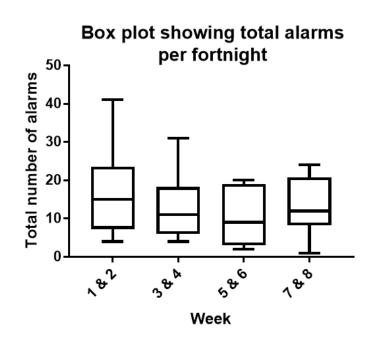


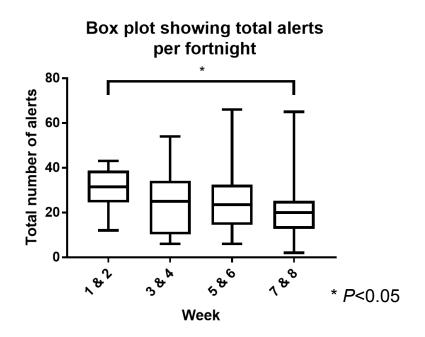
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<3.3mmol/l <3.0mmol/l	1.8 (0.7 - 3.6) 0.8 (0.1 - 4.8)	0.8 (0.0 - 1.5) 0.3 (0.0 - 0.9)	0.15 0.05 0.02
% time in target 3.9-10.0mmol/l	52.8 (38.3 - 61.5)	61.3 (47.5 - 71.7)	0.03
% time in hyperglycaemia >10.0mmol/l	44.3 (37.3 - 57.8)	33.8 (27.5 - 49.2)	0.09

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Safety System outcomes

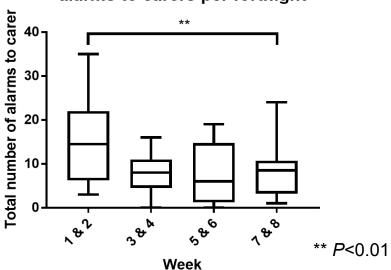




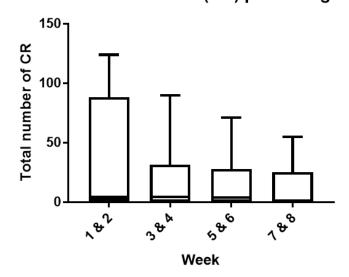


Safety System outcomes





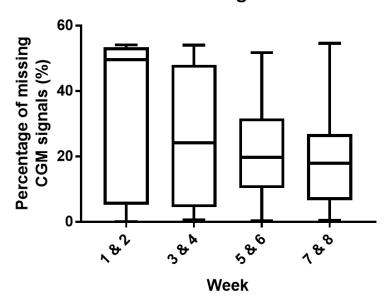
Box plot showing total number of carbohydrate recommendations(CR) per fortnight





Data loss

Box plot showing the %missing CGM signals







Quality of life questionnaire	Baseline score	Endpoint score	P-value
PAID	30.6 (22.8-50.0)	38.1 (25.0-52.3)	0.84
DQOL	34.1 (28.7-47.3)	33.3 (32.0-50.8)	0.20

PAID: Problem Area in Diabetes **DQOL:** Diabetes Quality of Life



Discussion

Glycaemic outcomes

Reduction % time in hypoglycaemia Significant increase in % time in target

Safety system

Significant reduction in number of alerts
Reduction in number of carbohydrate recommendations, alarms to carers
Reduction in % of missing CGM data

Quality of Life questionnaires

No significant change



Study Limitations

- Small participant numbers
- Selection bias
- Short follow up period
- CGM effect
- CGM data loss
- Alert thresholds changed during the study



Conclusion

- Proof of concept study
- Feasibility and safety of the PEPPER safety system in MDI participants
- Data suggests PEPPER safety system has the potential to enable improvements in hypoglycaemia and time in range.
- Future directions:
 - Phase 2: assess artificial intelligence component
 - Phase 3: assess PEPPER system vs. standard therapy



Acknowledgments

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Mercé Fernandez

Prof Des Johnston

Prof George Alberti

Dr Chukwuma Uduku

Dr Pantelis Georgiou

Sian Rilstone

Bedour Alshaigy

Alex Russell









Phase 1 Pump Glycaemic Outcomes

	Run-in Weeks 1 & 2	SS – Low Glucose Weeks 3 & 4	SS + Low Glucose Weeks 7 & 8	P-value
% time in hypoglycaemia <3.9mmol/l <3.3mmol/l <3.0mmol/l	3.8 (3.7 – 4.0) 0.9 (0.8 – 1.2) 0.5 (0.4 – 0.9)	1.4 (1.3 - 2.3) 0.5 (0.5 – 0.8) 0.4 (0.3 - 0.5)	0.6 (0.6 – 1.9) 0.4 (0.2 – 0.7) 0.3 (0.2 - 0.5)	0.04 0.08 0.15
% time in target 3.9-10.0mmol/l	77.3 (75.6 – 85.4)	74.3 (65.2 – 84.3)	76.1 (66.1 - 84.7)	1.00
% time in hyperglycaemia >10.0mmol/l	18.5 (11.0 – 20.0)	24.3 (14.4 – 32.5)	23.3 (14.7 - 32.0)	0.77

Glycaemic outcomes

Box plot showing %time in hypoglycaemia (<3.0mmol/l)

