

The **CONNECT** Clinical Trial

The first ever multi-center, randomized, controlled trial using Dexcom Continuous Glucose Monitoring (CGM) Systems as the intervention for type 2 non-insulin taking patients.

STUDY PURPOSE

To demonstrate the benefit of Dexcom CGM for glucose control in type 2 non-insulin taking populations.

STUDY OVERVIEW



283 randomized patients with type 2 diabetes not using insulin:

- Dexcom CGM (n=145)
- Control Group (n=138)



26 weeks



Over **22 primary care practices** throughout the US

- ⊕ All patients were provided diabetes education on diet and exercise
- ⊕ Continued pre-study glucose-lowering medications (40% of patients were on a GLP-1)
- ⊕ All patients were given a blood glucose meter (BGM)

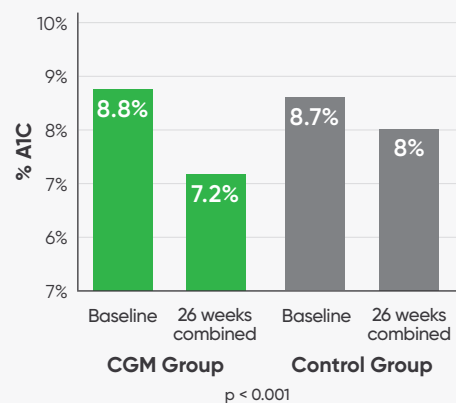
THE LARGEST A1C REDUCTION IN THE TYPE 2 NON-INSULIN TAKING POPULATION*

*Based on randomized control trials

OVERALL RESULTS

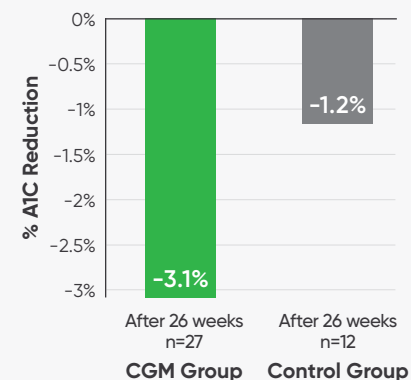
BASELINE MEAN A1C = 8.8%

1.6% A1C DECREASE USING DEXCOM CGM



RESULTS WITH BASELINE A1C ≥ 10%

3.1% A1C DECREASE USING DEXCOM CGM



Over 2/3 of Dexcom CGM patients reached **less than 7.5% A1C**.



Nearly **half** reached **less than 7.0% A1C**.



Improvement in A1C is associated with reduce risk of long term diabetes-related complications.¹



Consistent improvement in A1C observed with Dexcom CGM across all ages, gender, education level, BMI, insurance, income and across racial and ethnic groups.

SIGNIFICANTLY HIGHER A1C REDUCTION WITH DEXCOM & GLP-1 THAN WITH GLP-1 ALONE:

1.4% A1C REDUCTION

with Dexcom CGM & GLP-1

vs.

0.2% A1C REDUCTION

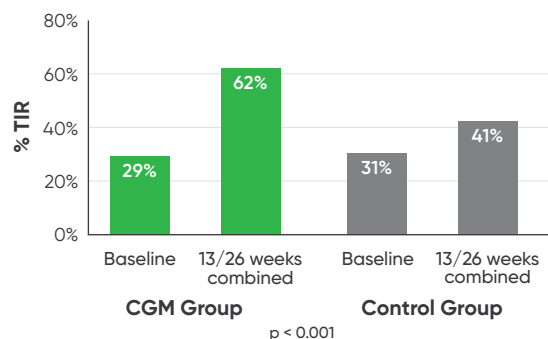
with GLP-1 alone

Treatment Group Difference: -1.3%

OVERALL, A SIGNIFICANT TIME IN RANGE (TIR) IMPROVEMENT AS EARLY AS WEEK 1 AND SUSTAINED OVER 26 WEEKS

CLINICAL AND STATISTICALLY SIGNIFICANT INCREASE IN TIR

On average, TIR doubled for patients using Dexcom:



5 hour TIR increase on average with Dexcom CGM.



21% TIR increase between group difference.

More TIR means fewer highs and lows and more stable glucose—which is associated with reduced risk of diabetes-related complications over time.¹⁻³

Martens, T. Presented at American Diabetes Association 2026 Scientific Sessions, June 6, 2026; New Orleans, LA; USA. 1 Beck R. Validation of Time in Range as an outcome measures for diabetes clinical trials. Diabetes Care 2019; 42:400–405. 2 Shah VN et al. Diabetes Technology & Therapeutics 2024;26 (4): 246–251. 3 Kovatchev BP. The Virtual DCCT: Adding Continuous Glucose Monitoring to a Landmark Clinical Trial for Prediction of Microvascular Complications. Diabetes Technology & Therapeutics 2025, Online First. Dexcom, Dexcom Clarity, Dexcom Follow, Dexcom One, Dexcom Share, Stelo, and any related logos and design marks are either registered trademarks or trademarks of Dexcom, Inc. in the United States and/or other countries. ©2026 Dexcom, Inc. All rights reserved. MAT-15138

OVER 2X MORE PATIENT ENGAGEMENT WITH DEXCOM CGM VS SMBG



97%

median daily Dexcom CGM usage throughout the 26 weeks vs 41% self-reported daily SMBG use in the control group

Patients using Dexcom CGM reported the following compared to SMBG:

- ✓ Greater satisfaction
- ✓ Reduced diabetes-related distress
- ✓ Reduced impact on diabetes quality of life



dexcom

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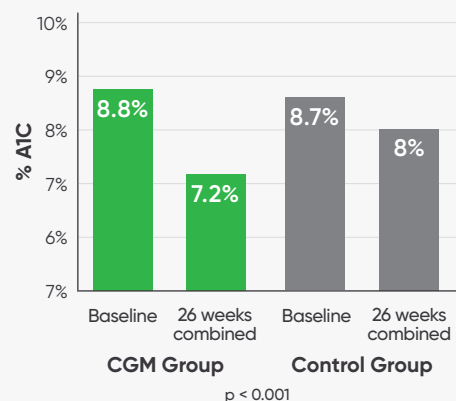
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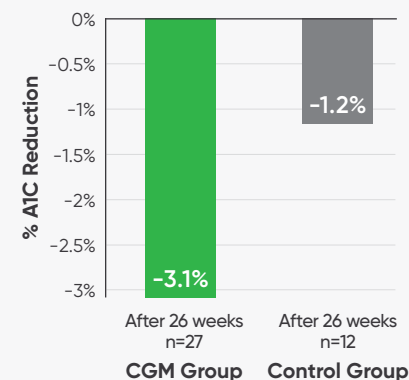
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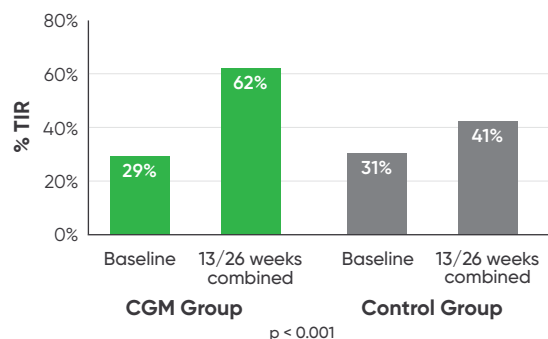
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