

Supplemental Materials

Title: LIVE INDIA: Effectiveness of Gla-100 in a Post hoc Pooled Analysis of FINE ASIA and GOAL Registries

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Supplementary Figure 1. Summary of FINE ASIA and GOAL registries

	FINE ASIA registry ^[20, 22]	GOAL registry ^[21]
Objective	Evaluated basal insulin initiation in Asian participants with T2DM inadequately controlled by oral antihyperglycemic agents.	Assessed predictive factors for achieving the target HbA1c at 6 months in adults with inadequately controlled T2DM who required initiation or modification of insulin regimens.
Design	Multinational (11 countries), prospective, observational registry, 6-month follow-up time.	Multinational (10 countries), prospective, observational registry, 12-month follow-up time.
Inclusion	Men or women aged ≥ 20 years with inadequately controlled ($\text{HbA1c} \geq 8\%$) T2DM by oral antidiabetic agents and who required the initiation of a basal insulin.	Men or women aged >18 years with inadequately controlled T2DM, initiated an adjunct therapy with basal insulin glargine or an adjustment of the current insulin therapy.
Exclusion	Participants on premixed insulin, who were prescribed insulin shortly before the start of the registry period, pregnant women/women of childbearing potential not using contraceptives.	Participants with history of hypersensitivity to insulin glargine and/or insulin glulisine, brittle diabetes, psychiatric or mental diseases, pregnant/breastfeeding women, inability to manage the BB regimen properly.
Population	2921 participants (mean age: 56.4 years, T2DM duration: 9.3 years) with uncontrolled glycemia.	2704 participants (mean age: 54.6 years, T2DM duration: 10.1 years) with poor glycemic control.
Hypoglycemia Definition	<i>Severe:</i> BG <70 mg/dL and requiring assistance. <i>Mild to moderate:</i> Episodes that were suggestive of hypoglycemia with no need for external assistance, with BG <70 mg/dL but asymptomatic, or symptomatic hypoglycemia with or without a BG measurement.	<i>Severe symptomatic:</i> An event with clinical symptoms resulted from hypoglycemia, needing third-party help with BG <36 mg/dL or countermeasure leading to recovery attributable to the restoration of PG to normal. <i>Serious:</i> Hypoglycemia with either loss of consciousness, seizure, patients undergoing emergency department, or symptoms that fulfilled serious adverse drug reaction criteria.
Treatment	Basal insulin was initiated with or without concomitant OHAs at the discretion of the treating physician.	Initiated basal or bolus insulin, or modified from basal or premixed to new insulin regimen containing insulin glargine and/or insulin glulisine as per treating physician.
Results	Significant difference by 6 months in HbA1c reduction and proportions of patients meeting HbA1c ($<7\%$) and FBG targets (<110 mg/dL); Increase in mean insulin dose over the 6-month period.	Caucasian ethnicity, shorter type 2 diabetes duration (>10 vs 1 year, $p<0.0001$), lower baseline HbA1c ($\geq 8.5\%$ vs $<7\%$, $p<0.0001$) and no intake of oral antidiabetic drug (none vs 2, $p=0.02$) were predictive factors for achieving glycemic goal.
Key insights	Earlier basal insulin initiation may afford better glycemic control in these participants.	Early insulin regimen treatment initiation and/or intensification allowed patients to achieve glycemic control.

BB, basal bolus; BG, blood glucose; FBG, fasting blood glucose; HbA1c, glycated hemoglobin; OHAs, oral hypoglycemic agents; T2DM, type 2 diabetes mellitus.