Evidence Synthesis Sample

Medical communications interpretation | diabetes technology

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Sample Type: Evidence synthesis table with medical writing interpretation

Focused question

For adults with type 2 diabetes, how should communications teams describe the potential role of CGM and related diabetes management tools while remaining accurate, balanced, and useful for patient and clinician audiences?

Evidence synthesis table

Source	Evidence or guidance point	Implication for content development
ClinicalTrials.gov/CenterWatch record for NCT07336329	A current study is comparing continuous versus periodic CGM wear in adults with type 2 diabetes who are not using insulin. The study uses device wear, app use, visits, blood tests, and patient feedback over about 6 months.	There is active research interest in lower-burden CGM wear patterns. Content should not imply that periodic use is proven equivalent unless and until results support that claim.
ADA Standards of Care public page	The ADA Standards include current clinical practice recommendations and are updated annually or more frequently online when evidence or regulatory changes warrant.	Medical communications should refer to the current Standards rather than relying on outdated diabetes-management statements.
MedlinePlus Type 2 Diabetes	Type 2 diabetes may be asymptomatic, develops gradually, and is managed through lifestyle, medicines, glucose monitoring, and attention to blood pressure and cholesterol.	Patient education should situate glucose monitoring within whole-person risk management, not as the only focus of diabetes care.
FDA Ozempic label	Common adverse reactions include nausea, vomiting, diarrhea, abdominal pain, and constipation; GI adverse reactions were more frequent than placebo in trials.	Safety tables should separate common expected adverse reactions from serious warnings and avoid implying rates transfer directly across settings.

Interpretive narrative

The current evidence environment supports careful, conditional language around CGM in non-insulin-treated type 2 diabetes. CGM can be described as a tool for identifying glucose patterns and supporting diabetes discussions, but communications should avoid stating that any specific wear schedule improves clinical outcomes unless supported by completed trial data. The existence of a comparative trial suggests that the field is still refining how much CGM exposure is needed for certain patients and outcomes.

A second communication issue is scope. Type 2 diabetes management includes glucose control, but also cardiovascular risk reduction, kidney protection, weight management, medication adherence, blood pressure control, lipid management, and screening for complications. A technology-centered message may be engaging, but a clinically credible message should make clear that CGM data is one input into a broader care plan.

Recommended claims language

Claim type	Stronger than supported	Balanced wording
CGM benefit	CGM improves diabetes outcomes in adults not taking insulin.	CGM may help some adults identify glucose patterns that can support discussions with their health care team.
Periodic use	Periodic CGM use is as good as continuous use.	Studies are evaluating whether periodic CGM use can provide useful information compared with continuous wear in selected adults.
Patient action	Use CGM results to adjust your treatment.	Review CGM patterns with your health care team before making medication changes.
Safety	Most people tolerate diabetes medicines well.	Side effects vary by medicine and patient. Safety language should be product-specific and source-based.

Quality standard demonstrated

- Accurately separates evidence, inference, and recommended messaging.
- Avoids overclaiming from ongoing research.
- Builds patient-friendly language from source-controlled scientific information.
- Identifies implications for medical affairs, patient education, and review committee alignment.

Selected Public Sources Used for Mock Sample

1. ClinicalTrials.gov. Continuous Glucose Monitoring in Non-Insulin Treated Type 2 Diabetes: Continuous vs. Periodic Use. NCT07336329. Accessed May 29, 2026.

2. U.S. Food and Drug Administration. Ozempic (semaglutide) injection prescribing information. Revised 2025.

3. American Diabetes Association. Standards of Care in Diabetes - 2026. Accessed May 29, 2026.

4. MedlinePlus. Type 2 Diabetes. Updated January 21, 2026.