

# ADVANCE *Affaires*

Issue 24 | March 2006

## HUNGARIAN NATIONAL MEETING

Budapest, Saturday 21 January 2006

For the last two years we have been organising national autumn meetings in our region. The challenge was to provide study update sessions for each investigator centre within this vast region which is Continental Europe: To show everyone the worldwide progress of the trial and to give each centre its performance profile in the glucose control challenge. Starting from the performance data, the purpose of the meetings was to understand each local centre's situation, to share experiences (failings as well as successes) and to circulate potential solutions.

The series of 6 national meetings held between September and January was closed by the Hungarian meeting in Budapest on January 21st. We can really say that this meeting was a success, in spite of the fact that it was a Saturday and that the temperature was below freezing with a cold wind blowing over the whole region and bringing in snow.

All centres were represented by one, two, or even three members of the medical staff. The new timelines of the trial were presented setting forth the reasons for the extension to the study: the determining role of the separation between groups and the crucial question of the reporting of the study outcomes. A detailed presentation was made of the performance of each site in terms of blood glucose control. Emphasis



was placed on the use of fasting and post-prandial blood glucose values obtained from home blood glucose monitoring (a tool for remote monitoring and for motivating patients), and on the treatment of patients who are on insulin and do not have good glucose control.

All the initiatives to improve the blood glucose control of the intensive group patients were presented and discussed, and new paths to improvement suggested (definitely more strips for home blood glucose monitoring, funding travel expenses for patients attending additional visits, financing insulin analogues or anti-obesity medication, financing a book on diabetes and its complications for each patient, providing individual or group physical training equipment). The medical teams clearly wished to devote more time to their patients, to determine with them their targets for blood glucose and HbA1c, to educate them better, and manage them better by having them coached by a dietician, join physical training and education programs and by optimising their insulin regimens. All these initiatives have in common the intensification

of the treatment and of the management of blood glucose control on type 2 diabetic patients.

The meeting closed with an individual glucose consulting session during which difficult patients could be discussed. We wish to thank all the Hungarian investigators who came in large numbers and were very motivated, as well as Dr. Jozsef Fovenyi for his unabated support and his important contribution to this meeting. Our thanks also go to Drs Krahulec, Plackiewicz, and Tack (GCCs) and to the 98 investigators of the other CE region countries who, by contributing their experiences, ideas and questions, in Paris, Praha, Utrecht, Krakow and Bratislava, have mobilized themselves for the success of ADVANCE.

*If you would like to have a similar opportunity to meet to discuss glucose control in your country or would like assistance in organising a patient meeting for the intensive group patients at your site, please contact your monitor or glucose control consultant.*

### VALE MUDr PAVEL SEFARA

*Dr Sefara died suddenly on March 7 at the age of 57. Dr Sefara was the Principal Investigator at LCC 365, Fakultna nemocnica L. Pasteura, Kosice, Slovakia. Our deepest condolences go to his family and colleagues at this very sad time.*



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## THE TOP 10 QUESTIONS TO BE CONSIDERED WHEN DISCUSSING HYPOGLYCAEMIA WITH YOUR PATIENTS

*By Sharon Southern and Florence Travert, Glucose Control Consultants, Northern & Continental Europe regions*

### 1) Make sure that your patients have basic knowledge about features of hypoglycaemia

- Have you received training on hypo definition, detection prevention and treatment?
- What do you understand by the term hypo?
- What are the classical signs and symptoms of a hypo?
- Why do you think a hypo may occur?
- Could you give a lower limit glucose value for the normal blood glucose range?

### 2) Check whether your patients are able to recognize their own hypoglycaemic episodes

- Have you ever had a hypo?
- Do you experience hypo frequently?
- How did you feel when you were hypo?
- Is it possible that you have undetected hypos (prolonged headache, episodes of poor concentration, tiredness or extreme hunger)?
- Do you check your blood glucose systematically if you think you're having a hypo?

### 3) Check if your patients believe they have had hypoglycaemic episodes since the last visit

- Did you experience hypo(s) since our last visit? How many times (once a week, once a month, only once in total)?

### 4) Verify how far those hypoglycaemic episodes have been confirmed

- Did you perform a blood glucose test? If not, why not?
- Did you need help from someone else to manage your hypo?
- Did you feel better after taking sugar?

### 5) Explore if these hypoglycaemic episodes can be easily explained by an exceptional cause

- Why do you think this/these hypo(s) occurred?
- What were you doing at the time? For example, was it just before a meal, within an hour of injecting your insulin, overnight, whilst exercising, after drinking alcohol on an empty stomach, or had you missed a meal or a snack, had you been gardening or had you carried bags of shopping home?

### 6) Identify any prolonged cause that may cause further hypoglycaemic episodes

- Have you increased the dose of medication or insulin recently?
- Do you often skip or delay your meals?
- Did you increase your level of physical activity or change something important in your life?
- Have you lost weight recently?
- Did you give yourself an increased or extra dose of medication or insulin?
- If you have a higher blood glucose level, e.g. above 10mmol/L, do you cut back on food or increase your exercise in an attempt to bring the level down?

### 7) Remind your patients how to prevent hypoglycaemic episodes

- Can you list some situations that could put you at risk for hypos? How would you manage such situations?
- Do you have always your glucometer with you?
- How do you adjust your insulin doses according to diet, exercise, immediate glucose values, etc?

### 8) Remind your patients how to treat hypoglycaemic episodes

- How did you manage the hypo? What did you do?
- Do you carry dextrose/lucozade tablets around with you?
- Do you have glucagon in your fridge?
- Do you have a diabetic identification card?
- Who around you knows you may have a hypo?

### 9) Remind your patients how to document and report hypoglycaemic episodes

- Do you note hypos in a diary?
- Are your hypos recorded in your meter?

### 10) Deliver information about the link between mild hypoglycaemic episodes and tight glucose control

- Do you know that the better you are controlled the more often you may have mild hypos?
- Do you know the more often you check your blood glucose, the less you run a risk of a severe hypo?

**Don't forget to look at the patients.**

**Often hypoglycaemia goes unnoticed simply because patients do not report the 'classical' signs of hypoglycaemia.**

**Also remember that patients often report signs and symptoms as hypoglycaemia that are unrelated to diabetes and hypoglycaemia.**

## STUDY EXTENSION

By now most centres should have received the protocol amendment and been advised of what ethics committee procedures should be underway. The protocol amendment will also soon be available for download under the Study Documents page of the ADVANCE website.

Most centres should also have received their contract amendments for the study extension. Please sign and return these as soon as practicable, along with the signed protocol signature page.

If you have any questions regarding the study extension or contract amendments, please contact your study monitor.

## FASTING BLOOD GLUCOSE

Please make sure the fasting blood glucose (FBG) values that are entered into the HbA1c/FBG entry function are genuine fasting values, i.e. obtained first thing in the morning before the patient has consumed any food or drink.

If the patient attends the visit non-fasting, please obtain the next fasting value from their glucometer and enter that into the website.

## ADHERENCE TO GLUCOSE CONTROL INITIATIVES PLANS

As part of the contract amendment for glucose control initiatives, each site completed a Glucose Control Initiatives plan, listing what your centre was going to do to improve the glucose control of your intensive group patients. As per the contract amendment, the second payment is conditional on your site's adherence to its plan. If **additional visits** are part of your plan, please make sure that these are entered promptly on the website as this information will be used to assess your site's adherence to its plan.

We are in the process of assessing each site's adherence to its plan, in order to administer the next round of payments in the coming months.

## ENDPOINTS

Some things to remember:

- ▶ If a death has occurred, please remember that both the proximate and underlying causes of death need to be specified on a form X. If you are unsure of either the proximate or underlying cause, please enter "unknown". Do not leave blank, as this will raise a query.
- ▶ If a death has occurred, a death certificate alone is not sufficient documentation for adjudication. Please also provide any available clinical notes, a summary of the symptoms leading up to the death (even from family or GP), an autopsy report if available, or any other relevant documentation that supports the diagnoses of the proximate and underlying causes of death.
- ▶ If no further documentation is available for an event, the investigator should confirm this in a file note. The file note should include a summary of what information is known, as well as the steps that have been taken to obtain further information.

## 4-YEAR VISITS

- ▶ Please remember that all patients must have an eye examination as part of their 4-year assessment. If there is usually a long delay in getting results from your ophthalmologist, please book the patients in early to ensure that results are available in time for the scheduled visit. The eye exam can be performed up to 6 months prior to the 4-year visit.
- ▶ Please note that the eye exams can identify potential primary outcomes, and should be scheduled for all patients.
- ▶ If a patient has an albumin:creatinine ratio  $>300\mu\text{g}/\text{mg}$  (or  $>33.9\text{ mg}/\text{mmol}$ ) then it must be confirmed by two more positive results and reported as a primary outcome. This applies even if the patient had macroalbuminuria at baseline or at the 2-year visit.

## RECORDING PATIENT DEATHS IN THE CRF

When a patient has died, please complete a form X and also complete the next scheduled visit CRF stating that the patient is no longer alive (answer question 1 only). Further scheduled visits do not need to be completed for these patients, and they will not appear on the overdue forms reports.

Centre	Name	December % of IG Participants that have reached the HbA1c target of ≤6.5%	December % difference between IG and SG	March % of IG Participants that have reached the HbA1c target of ≤6.5%	March % difference between IG and SG
<b>ANZ/SEA</b>		<b>56.7</b>		<b>60.6</b>	<b>0.65</b>
<b>Australia</b>		<b>56.6</b>		<b>60.2</b>	<b>0.62</b>
★ 23	Wollongong	83.3	0.93	75.0	0.89
24	Mater (QLD)	59.4	0.79	37.5	0.59
28	Royal Prince Alfred	50.0	0.53	54.2	0.49
32	Austin and Repatriation	44.4	1.18	61.1	1.30
33	The Northern Hospital	30.0	1.21	45.0	1.48
42	Princess Alexandra	46.7	0.83	68.8	1.05
43	Gold Coast	44.4	0.25	48.1	0.34
48	Gosford	67.7	0.40	74.2	0.39
★ 50	Fremantle	48.4	1.01	71.0	1.12
55	Royal North Shore	79.2	-0.02	82.6	-0.11
★ 56	Prince of Wales	71.4	1.09	85.7	0.83
59	Liverpool Hospital	42.1	0.27	52.6	0.31
61	Launceston General	60.7	0.55	60.7	0.67
65	Dandenong Hospital	40.9	0.87	61.9	0.76
66	Lyell McEwin Health Service	71.8	0.51	66.7	0.53
73	Repatriation (Adelaide)	60.6	0.29	53.1	0.41
74	Redcliffe (QLD)	28.6	0.43	28.6	0.24
★ 76	Alfred (VIC)	69.6	1.12	73.9	1.16
78	Wentworth Diabetes Centre	66.7	0.43	81.8	0.37
80	Canberra Hospital	38.5	0.37	42.9	0.05
★ 109	Dept. of Rural Health	100.0	1.11	100.0	1.11
114	Townsville Mater Hospital	38.1	0.39	33.3	0.27
<b>India</b>		<b>65.4</b>		<b>65.9</b>	<b>0.52</b>
740	AllIMS, Delhi	66.7	0.38	71.7	0.23
741	Madras Diabetic Research Foundation	39.7	0.61	45.2	0.43
742	Government Medical College, Nagpur	100.0	0.39	100.0	0.19
★ 744	Care Hospital, Hyderabad	67.1	0.81	73.2	0.76
<b>Malaysia</b>		<b>39.3</b>		<b>51.9</b>	<b>1.02</b>
901	Penang Medical College	21.4	0.89	28.6	0.73
★ 902	University of Malaya Medical Centre (UMMC)	53.6	0.73	71.4	0.89
903	Hospital Ipoh	46.2	1.93	53.8	1.92
904	Universiti Sains Malaysia (USM)	35.7	0.85	55.6	1.03
905	Hospital Putrajaya	33.3	0.61	37.5	0.69
<b>New Zealand</b>		<b>59.2</b>		<b>60.5</b>	<b>0.56</b>
1	Wellington	58.6	1.15	65.5	1.27
2	Palmerston North	45.5	0.06	63.6	0.34
5	Hawkes Bay, Hastings	43.5	0.52	56.5	0.51
6	Waikato	58.3	0.36	60.9	0.40
11	Middlemore (Auck)	66.7	0.70	60.6	0.70
12	Christchurch	41.2	0.20	44.1	0.16
14	North Shore (Auck)	90.3	0.47	80.6	0.44
91	Timaru	44.4	0.46	40.0	0.68
<b>Philippines</b>		<b>64.6</b>		<b>62.5</b>	<b>1.05</b>
906	Philippine General Hospital	58.8	1.76	64.7	1.82
907	East Avenue Medical Centre	81.3	0.56	66.7	0.59
908	Institute for Studies in Diabetes Foundation	50.0	1.16	55.6	0.92
909	Makati Medical Centre	71.4	1.36	64.3	0.80
<b>Canada</b>		<b>50.0</b>		<b>47.6</b>	<b>0.38</b>
451	Sudbury Cardiac Research	20.0	0.12	40.0	0.20
452	Centre de recherche clinique de Laval	52.6	0.72	42.1	0.84
453	Centre Hospitalier de l'Universite de Montreal	48.1	0.60	48.1	0.55
454	University of British Columbia	78.6	0.77	57.1	0.92
456	Centre Hospitalier Le Gardeur	44.4	0.09	22.2	0.05
457	Centre Hospitalier Regional de Lanaudiere	38.1	0.57	38.1	0.38
459	University of Toronto	33.3	-0.11	50.0	-0.18
460	Centre Hospitalier de L'universitaire de Sherbrooke	52.6	-0.06	63.2	0.03
465	St. Joseph's Health Centre	46.2	0.02	53.8	-0.07
466	Centre de recherche d'endocrinologie	31.8	0.21	18.2	0.37
467	Queen Elizabeth II Health Science Centre	25.0	-0.96	25.0	-0.88
468	Calgary Metabolic Education and Research Centre	33.3	1.35	22.2	0.66
469	Dr Malvinder Parmar	50.0		50.0	
470	Hôpital Laval	80.6	0.48	87.1	0.46

\* centres highlighted are those with >70% of IG patients at target AND a separation of >0.7%.

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<b>Europe - Continental</b>		<b>61.1</b>		<b>57.6</b>	<b>0.68</b>
<b>Czech Republic</b>		<b>56.8</b>		<b>52.1</b>	<b>1.43</b>
369	Masarykova Nemocnice (Usti nad Labem)	54.5	1.16	63.6	
371	Batova Nemocnice (Zlin)	80.0	0.98	60.0	0.66
372	Fakultni Nemocnice (Ostrava)	57.1	0.37	64.3	0.60
435	IKEM (Praha)	27.3	-0.22	9.1	-0.54
437	Interni ambulance (Melnik)	75.0	0.85	53.3	0.59
438	Diabetologicka ambulance (Pisek)	60.0	0.84	65.0	1.03
439	Nemocnice Ceske Budejovice	38.5	0.61	38.5	0.59
<b>France</b>		<b>42.9</b>		<b>38.5</b>	<b>0.54</b>
304	CHU Hôpital Civil, Strasbourg	75.0	-0.05	25.0	-0.27
310	Hôpital Sud, Rennes	50.0	-0.10	50.0	-0.33
315	Hôpital Jean Bernard la Miletrie	37.5	-0.03	25.0	-0.06
320	CHU Angers	14.3	-0.46	28.6	-0.34
329	CHU Bichat, Paris	53.8	1.20	53.8	0.96
373	CHU Hôpital Caremeau	88.9	0.38	55.6	0.24
★ 374	CHU Hôpital Jeanne d' Arc	42.9	1.00	71.4	1.78
375	CH Nevers	5.6	1.36	5.6	0.95
376	CH Avignon - Hôpital Henri Duffaut	61.5	0.84	61.5	0.91
<b>Germany</b>		<b>66.9</b>		<b>64.2</b>	<b>0.13</b>
330	Preventive Cardiology Med Klinik, Munich	45.8	-1.75	41.7	0.06
377	Centre for Clinical Studies GWT, Dresden	84.1	0.24	82.8	0.17
<b>Hungary</b>		<b>48.0</b>		<b>42.2</b>	<b>0.63</b>
★ 331	Máv Kórház	68.4	1.39	78.9	1.53
332	Peterfy (Budapest)	40.7	0.30	22.2	0.05
333	Pándy Kálmán Megyei Kórház	52.9	0.83	43.8	0.66
334	Petz Hladár Megyei Kórház	16.7	0.37	16.7	0.37
335	Bajcsy Zsilinszky Kórház	0.0	-0.04	50.0	0.58
336	Heart Center Foundation-DRC Ltd.	48.1	0.89	25.9	0.56
337	Kaposi mór kórház	45.0	1.55	30.0	1.41
338	Szent György Hospital	22.2	-0.17	22.2	0.16
339	Sote II. Számú Belgyógyászati Klinika	66.7	0.55	40.0	0.38
340	BAZ Megyei Kórház / Borsod Couty Hospital	44.4	0.25	55.6	0.34
341	Zala Megyei Önkormányzat Kórháza	72.2	0.53	66.7	0.82
343	Szent István Kórház	43.8	0.66	50.0	0.70
<b>Italy</b>		<b>40.0</b>		<b>30.0</b>	<b>-0.45</b>
418	Ospedale San Gerardo, Milan	40.0	-0.44	30.0	-0.45
<b>Netherlands</b>		<b>63.7</b>		<b>56.8</b>	<b>0.46</b>
347	Martini Ziekenhuis, Groningen	53.3	0.83	35.7	0.75
351	ANDROMED Rotterdam	66.1	0.77	44.1	0.55
352	Diagnostisch Centrum Eindhoven	63.0	0.42	54.3	0.29
354	Stichting Huisarten Laboratorium	61.0	0.42	63.4	0.41
356	Tollenslaan/Zeist	96.8	0.48	90.3	0.49
357	Gemini Ziekenhuis, Den Helder	81.8	1.38	63.6	1.38
359	Atrium Brunssum	20.0	0.99	20.0	0.95
850	ANDROMED Groningen	60.0	0.62	85.7	0.68
851	ANDROMED Oost	53.3	0.27	40.0	0.29
852	ANDROMED Baarn	51.0	0.25	49.0	0.26
<b>Poland</b>		<b>70.6</b>		<b>72.6</b>	<b>0.73</b>
378	Klinika Nefrologii AM SPSK nr 2 (Poznan)	72.2	-0.03	72.2	0.07
379	Klinika Chorób Przemiany Materii AM (Łódź)	72.7	0.76	54.5	0.73
380	I Oddzia Chorob Wewnetrznych Szpital Miejski	65.4	0.00	38.5	0.49
381	I Klinika Kardiologii CM UJ (Kraków)	40.0	0.94	61.8	1.07
★ 382	PULS MED	71.4	0.94	71.4	0.71
383	Katedra i Klinika Chorób Metabolicznych AM (Kraków)	70.0	0.54	80.0	0.64
384	Katedra i Klinika Nadcinienia Ttniczego i Diabetologii AM	0.0	0.28	28.6	0.18
389	II Katedra Chorób Wewn trznych CM UJ (Kraków)	55.6	0.34	55.6	0.53
390	Klinika Choroby Wie cowej (Kraków)	57.1	0.21	57.1	0.21
392	Osrodek Diabetologii i Zaburzen Metabolizmu WSZ (Olsztyn)	57.1	0.21	57.1	0.10
394	Wojewódzki Szpital Specjalistyczny (Radom)	58.3	1.32	66.7	1.54
395	Poliklinika SPCSK	68.2	0.60	72.7	0.68
396	Klinika Nadcinienia Ttniczego i Chorób Naczy AM (Poznan)	100.0	0.53	100.0	0.50
397	Katedra Klinika Chorob Wewnetrznych I Geriatrii	0.0	-0.35	20.0	-0.50
★ 426	NZOZ Poradnia Endokrynologii i Nadcinienia Tetniczego (Elblg)	84.6	0.50	92.3	0.71
★ 427	Katedra i Klinika Nefrologii (Katowice)	100.0	1.40	100.0	1.40
★ 429	Klinika Kardiologii Ogólnej / Intytyw Kardiologii (Warsaw)	100.0	2.79	100.0	2.16
<b>Slovakia</b>		<b>63.7</b>		<b>59.8</b>	<b>1.16</b>
250	NsP-JIS (Dolny Kubin)	70.0	2.02	50.0	2.00
251	Nemocnica s poliklinikou (Nitra)	52.0	0.21	48.0	0.17
252	Nemocnica s poliklinikou (Levice)	25.0	0.78	29.2	0.85
253	Nemocnica S Poliklinikou (Lucenec)	94.1	0.83	76.5	0.27
254	Poliklinika Vychod (Kosice)	68.4	0.82	47.4	0.80
★ 362	Fakultna Nemocnica (Bratislava)	69.2	0.57	92.3	0.72
363	Fakultna Nemocnica (Martin)	55.6	4.67	100.0	
365	FNSP - I.Interna Klinika (Kosice)	50.0	0.17	58.3	0.23
★ 386	Kardiologicka Ambulancia (Rimavska Sobota)	84.2	0.88	78.9	1.38
387	Interne oddelenie A - NsP (Zilina)	58.3	1.66	30.0	1.64
★ 388	Klinika Geriatrie LFUK (Bratislava)	88.2	1.50	82.4	1.35

\* centres highlighted are those with >70% of IG patients at target AND a separation of >0.7%.

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<b>Europe - Northern</b>		<b>55.8</b>		<b>56.3</b>	0.76
<b>Estonia</b>		<b>54.3</b>		<b>60.0</b>	<b>1.11</b>
280	Tallinn Central	56.5	0.95	69.6	1.13
281	Dept. of Medicine, Tartu	53.2	1.13	55.3	1.07
<b>Ireland</b>		<b>50.7</b>		<b>52.9</b>	<b>0.41</b>
514	Beaumont Hospital	47.1	0.46	48.5	0.40
806	Tallaght	51.4	0.42	50.0	0.48
810	Mater, Dublin	54.5	0.71	63.6	0.87
817	St. James, Dublin	48.1	0.68	51.9	0.64
832	Ballinasloe	54.5	0.26	57.8	0.19
<b>Lithuania</b>		<b>84.5</b>		<b>82.5</b>	<b>0.62</b>
★ 270	Institute of Cardiology (Lithuania)	87.5	0.46	87.5	0.79
271	Private Cardiological Clinic (Kaunas)	87.5	0.70	62.5	0.46
273	Palanga Inst. of Psychophysiology & Rehabilitation	80.8	0.69	84.0	0.52
<b>Russia</b>		<b>64.4</b>		<b>57.5</b>	<b>0.70</b>
★ 419	Endocrinology Research Centre, Nephrology	75.0	2.43	75.0	2.43
420	Russian People's Friendship University	57.1	1.02	28.6	0.51
421	Pavlov's Medical University, St Petersburg	57.1	-1.28	71.4	-1.27
422	Endocrinology Research Centre, Cardiology	28.6	1.69	28.6	1.55
423	Research Centre, Moscow	66.7	1.97	66.7	1.81
★ 424	Research Institute, St Petersburg	92.9	0.82	85.7	0.74
425	Cardiology Research Complex, Moscow	62.5	0.93	37.5	1.03
<b>United Kingdom</b>		<b>53.9</b>		<b>54.3</b>	<b>0.86</b>
506	Sheffield Hallamshire	90.0	1.10	63.3	0.94
★ 511	Manchester Royal Infirmary	54.1	0.76	70.3	0.82
516	Derbyshire Royal Infirmary				
517	Aberdeen Royal Infirmary	44.4	0.84	53.7	0.94
533	Leicester Royal Infirmary	33.3	0.87	25.0	1.13
543	St. Mary's (London)	51.5	1.32	47.4	1.28
594	Glasgow Royal Infirmary	33.3	1.31	50.0	1.46
804	York District Hospital	50.0	0.15	50.0	0.28
809	Liverpool	41.7	0.90	41.7	0.37
812	Paisley	44.4	0.54	11.1	0.33
813	Monklands	42.1	0.69	44.4	0.97
815	City Hospital, Birmingham	47.1	0.52	43.9	0.57
816	Plymouth	55.8	0.49	48.1	0.51
★ 819	Royal United, Bath	70.6	0.92	70.6	0.91
820	Reading	25.0	0.64	41.7	0.78
821	West Byfleet	40.0	-0.15	40.0	-0.06
826	Isle of Wight	54.8	0.84	56.2	0.71
827	Sheffield Northern	58.3	0.94	50.0	0.97
★ 828	Central Middlesex	71.4	2.63	71.4	2.22
829	Northampton General	57.1	0.86	57.1	0.76
830	Nuneaton	66.7	1.37	50.0	1.36
★ 831	Warwick General Hospital	100.0	2.05	71.4	2.01

\* centres highlighted are those with >70% of IG patients at target AND a separation of >0.7%.

Centre	Name	December % of IG Participants that have reached the HbA1c target of ≤6.5%	December % difference between IG and SG	March % of IG Participants that have reached the HbA1c target of ≤6.5%	March % difference between IG and SG
<b>China</b>		<b>67.6</b>		<b>66.3</b>	<b>0.79</b>
600	Center Hospital of Aviation of China (Beijing 361 Hospital)	92.3	1.05	65.4	0.68
601	305 Hospital of Chinese P.L.A, Beijing	64.5		67.7	
602	Center of Endocrinology, Chinese PLA General Hospital	76.7	0.41	46.7	0.07
603	Shanghai Hypertension Institute	56.7	0.72	53.3	1.02
606	Clinical Trial Center, Shandong Academy of Med. Sciences	78.4	1.58	62.0	1.38
607	Bin Zhou City People's Hospital	62.5	0.98	65.2	1.16
608	Qingdao City Hospital	37.8	1.30	48.8	1.34
609	Xiang-ya Hospital, Hunan Medical University	92.9	1.61	92.6	1.49
★ 610	Affiliated 2nd Hospital of Dalian University	78.0	0.89	80.0	0.84
611	Dept. of Cardiology, Hua Tai Hospital (Shenyang City)	32.0	0.46	42.0	0.74
613	Cardiovascular Institute of Shanxi Province	79.4	1.76	90.9	0.45
614	1st Affiliated Hospital of Henan Medical University	63.6	1.51	69.7	0.34
616	Zhu Ma Dian City Center Hospital	87.2	0.48	84.6	0.52
★ 618	Hebei Academy of Medical Sciences	73.5	1.32	77.6	0.75
619	Cardio-Cerebrovascular Division, No.1 Hospital of Ningbo City	79.5	0.76	79.5	0.59
620	No.1 Municipal Hospital Chengdu	60.0	0.63	50.0	0.42
622	No.1 Hospital of Lian Yungang City	32.0	1.89	36.0	1.69
623	Dept. of Cardiology, Beijing 306 Hospital	76.7	0.49	83.3	0.60
★ 624	1st Aff. Hospital of Fu Jian Medical University	72.0	0.96	84.0	1.28
626	First Hospital of Peking University	72.7	0.55	54.5	0.24
627	Post-Telecommunication General Hospital	45.5	0.26	63.6	0.56
628	Capital Steel Hospital (Beijing)	36.1	0.40	30.6	0.21
629	Affi. Beijing Tongren Hospital	87.5	0.73	75.0	0.62
630	Beijing Hypertension League Institute	58.9	0.95	64.3	0.95
631	Jiuxianqiao Hospital, Beijing	73.1	0.52	72.0	0.54
632	Dept. of Endocrinology, Beijing 306 Hospital	83.3	0.69	70.8	0.53
★ 633	Cardiovascular Institute & Fu Wai Hospital	60.6	0.52	78.8	1.06
634	Beijing Anzhen Hospital of Capital Medical University	80.8	0.16	69.2	0.30
635	Aff. Ruijin Hospital of Shanghai 2nd Med. Univ	31.8	0.65	31.8	0.65
636	Chang Zheng Hospital of Shanghai	28.6	0.37	32.0	-0.01
637	5th Internal Medicine of Chinese Air Force General Hospital	83.3	0.82	44.4	0.28
638	No.6 Renmin Hospital of Shanghai City	66.7	0.51	63.0	0.61
639	Metabolic Disease Hospital of Tianjin Medical University	58.3	0.34	66.7	0.94
640	3rd Hospital of Tianjin City	88.9	0.76	61.1	0.65
★ 641	The Second Affiliated Hospital of Harbin Medical University	67.9	0.48	78.6	0.82
642	The Inst of the Aged Gerontology of Inner Mongolia	23.1	0.33	33.3	0.45
★ 643	2nd Aff. Hospital of Baotou Medical College	61.5	1.23	71.8	1.31
★ 644	Baotou Iron and Steel Corporation's Hospital	76.9	0.89	84.6	0.84
★ 645	Hospital of Kailuan Tangshan	69.2	1.65	73.1	1.78
★ 646	Aff. 2nd Hospital of Hebei Medical University	82.6	0.95	82.6	1.05
★ 647	Yang Quan City first Hospital	88.5	1.38	92.3	1.17
651	Jiangsu Institute of Geriatrics (Nanjing)	68.2	0.58	63.6	0.69
653	Aff. Hospital Of Anhui Medical University	77.1	0.81	68.8	0.97
★ 654	Aff. 3rd Hospital of Jiang Xi Medical University	86.2	0.96	89.7	0.99
655	Aff. 1st Hospital of Jiang Xi Medical College	68.0	1.10	56.0	0.78
657	First Hospital, West China University of Medical Sciences	64.0	0.34	64.0	0.20
658	Aff. Hospital of Guiyang Medical College.	50.0	1.50	20.0	1.10
★ 660	Inst of CV Disease, Shandong Academy of Med Sciences	72.7	0.94	76.4	0.87
★ 661	Institute of Gerontology of Benxi City	93.2	0.78	97.7	0.79

\* centres highlighted are those with >70% of IG patients at target AND a separation of >0.7%.