

Supplemental Information S1

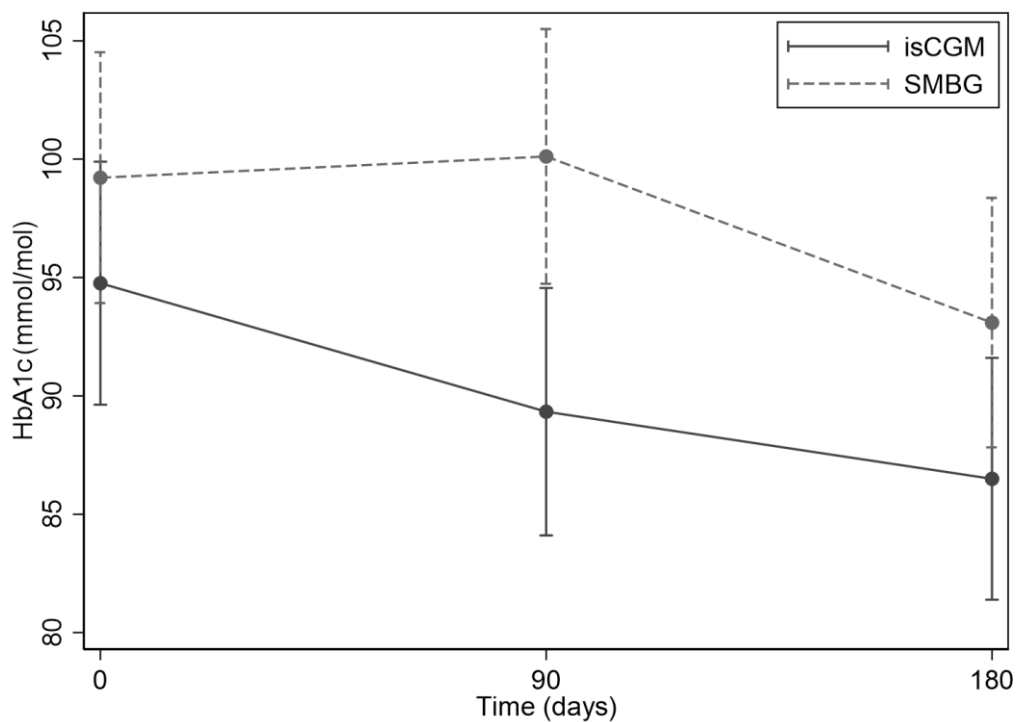
Study Protocol

The protocol has been previously peer reviewed and published.

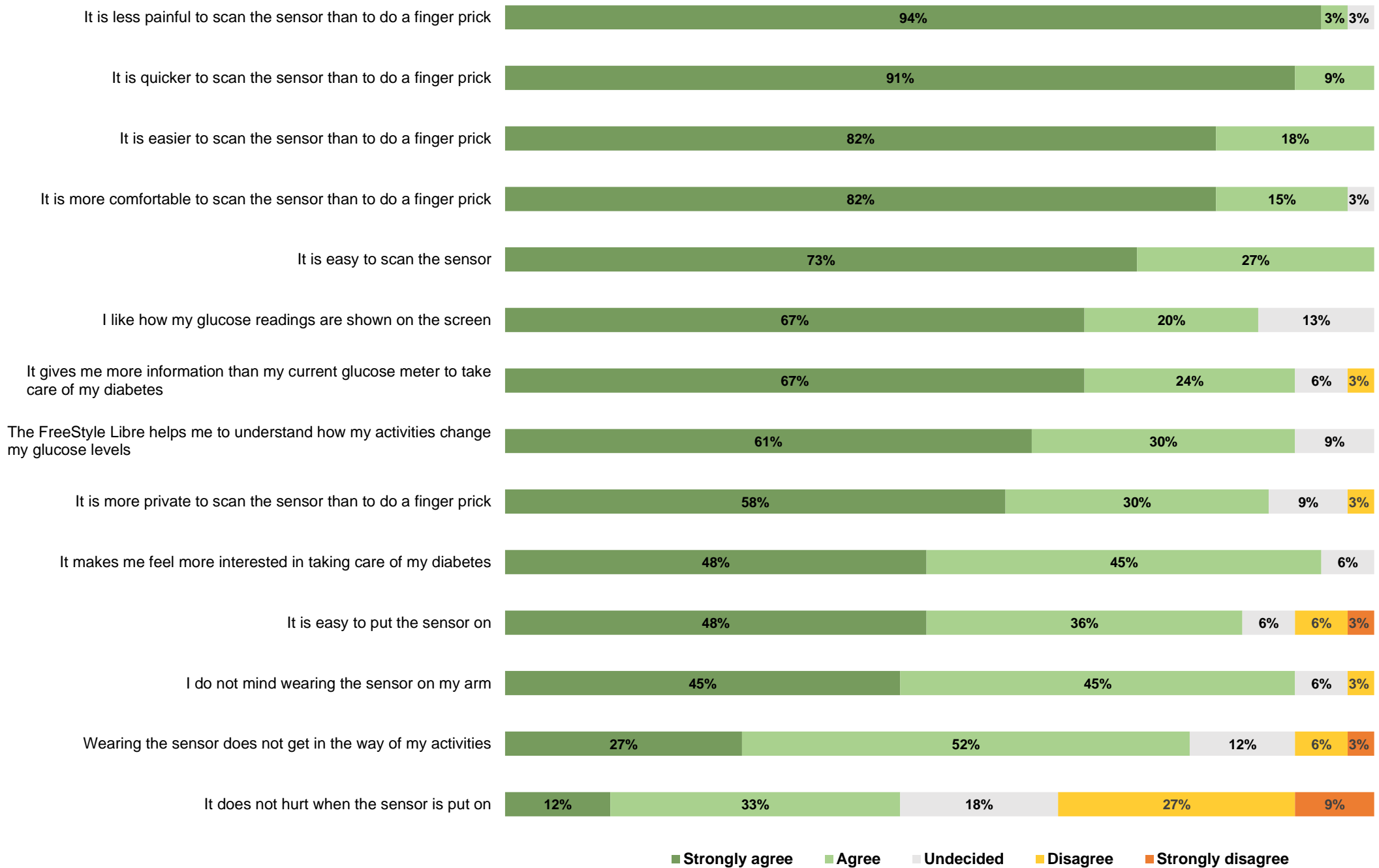
Boucher SE, Gray AR, de Bock M, Wiltshire EJ, Galland BC, Tomlinson PA, Rayns J, MacKenzie KE, Wheeler BJ. Effect of 6 months' flash glucose monitoring in adolescents and young adults with type 1 diabetes and suboptimal glycaemic control: managing diabetes in a 'flash' randomised controlled trial protocol. *BMC endocrine disorders*. 2019 Dec;19(1):50.

Link to published protocol: <https://doi.org/10.1186/s12902-019-0378-z>

No changes were made to the published protocol, but one change was made to the ANZCTR registration prior to publishing the protocol. This change broadened the recruitment inclusion eligibility by lowering the minimum entry HbA1c from 9.5% (80 mmol) to 9.0% (75 mmol) in response to shifting international glycemic targets in the years immediately prior to the start of the study (American Diabetes Association, International Society for Pediatric and Adolescent Diabetes, National Institute for Health and Care Excellence). This change occurred after only one participant was approached and enrolled (and not impacted by this change; i.e. HbA1c of this participant was 12.7% [115 mmol/mol]).”



Supplemental Figure S2. Changes in HbA1c between study groups over 6 month trial. Models adjusted for gender and baseline HbA1c (75-<100 mmol/mol, ≥ 100 mmol/mol) and incorporated baseline Hba1c as repeated measures. Marginal means and 95% CIs for HbA1c (mmol/mol). Note at neither time point did between-group differences in change meet statistical significance ($p < 0.05$).



Supplemental Figure S3. Acceptability of “flash” intermittently scanned continuous glucose monitoring system among adolescents and young adults with type 1 diabetes. n=33 for all responses except “I like how my glucose readings are shown on the screen” (n=3, missing data). Non-validated questionnaire used from previous research by Edge et al.