with CV19. Past influenza history was unknown. Forty one percent (14/34) of pts, 11 M 50–86 yrs (mean 66.0) and 3 F 49–66 yrs (mean 59.0) did not plan to take the fluv. They explained their decisions as never having taken fluv (12 pts) or having been ill despite having taken it (2 pts). Neither accessibility nor cost were issues. Two F, 62 and 66 yrs, who refused fluv also refused CVv. Six M aged 60–86 yrs (mean 70.5) and 1 F aged 73 yrs were planning to wait to access real life safety (6pts) or efficacy (1pt) data before accepting CVv. All pts claimed to be following PH guidelines including social distancing, hand washing, and mask recommendations; 91.2% (31/34) fully agreed with PH policies, 2 were in moderate agreement and 1 thought PH policy was not strict enough. Of the latter 3 pts none planned on taking the fluv. One planned taking the CVv, 1 planned not to, and the 3rd planned to wait before deciding. Despite a long history of use, recommendations by experts, and free and easy accessibility, T2D pts questioned after the 1st wave of CV19 are not convinced of the fluv's importance. Despite high case numbers and being themselves at high risk, not all T2Ds are willing to unequivocally accept a potential Health Canada sanctioned CVv. This study underlines the important work HCPs have ahead in educating and reassuring pts with regard to vaccination.

Diabetes Mellitus and Glucose Metabolism

COVID-19 AND DIABETES

Usefulness of the Continuous Glucose Monitoring (Freestyle Device) to Assess Glycemic Control of Diabetic Patients With and Without COVID 19 in a Hospital of Bogotá Colombia

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In the context of the COVID19 pandemic, diabetes mellitus constitutes a main risk factor that increases overall mortality (1). The continuous glucose monitoring system (CGM) is an alternative that allows strict glucose monitoring and reduces the contact of the healthcare providers with the patients in the pandemic era. We conducted a study using CGM in COVID vs non-COVID patients hospitalized at the San José Hospital in Bogotá Colombia. **Methods:** Single center, prospective study of glucose monitoring in patients with and without COVID19 using the Freestyle system. We included patients of 18 years and older, hospitalized at Hospital San José de Bogotá, with diagnosis of diabetes and treated with insulin. We used the T student distribution to analize the data. Primary outcomes were the usefulness of the device in inpatients, and the clinical outcomes according to glucometric measures in patients with and without COVID19 infection. **Results:** CGM devices were placed on 30 patients: 10 with, and 20 without COVID. The system was feasible with good nurse acceptance. The age of the patients was between 18 and 90 years. Of the COVID positive patients, 30% required ICU and 10% died, the mean HBA1C was 9.5% (CI 95% 7.5–10.09%) with a general variability of 35.6%, only 3 patients archieved goals of time in range. The general glycemic index was 7.04% (CI 0.66-0.100)Of the non COVID patients, 10% required ICU and 10% died, the average variability was 30.9% and hypoglycemic episodes predominated in 3 patients. The general glycemic index was 6.6% (CI 0.61–0.71)The patients who required ICU had an average HBA1C of 10.4%, 80% received corticosteroid management during the hospital stay. No patient had skin or soft tissue infection at the sensor insertion site. **Conclusions:** During the COVID-19 pandemic, CGM is a useful method for glucometric control that reduces the contact of healthcare providers and allows early interventions to improve metabolic control. Worse outcomes are seen in patients with higher variability and with COVID infection. **References:** 1. Apicella M. Campopiano MC. Mantuano M. Mazoni L. Coppelli A. Del Prato S. COVID-19 in people with diabetes: understanding the reasons for worse outcomes. Lancet Diabetes Endocrinol.2020: 8; 782–92.

Diabetes Mellitus and Glucose Metabolism

DIABETES AND METABOLIC DISEASE IN WOMEN

Do GLP-1 Receptor Agonists Increase the Risk of Breast Cancer? A Systematic Review and Meta-Analysis

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Background: Risk of cancer is a major concern in the development of drugs for the treatment of obesity and diabetes. In randomized controlled trials (RCTs) of the liraglutide development program, a glucagon-like peptide-1 receptor agonist (GLP-1RA), subjects treated with the active drug had a higher absolute number of breast cancer events. Aim: To assess whether patients treated with GLP-1RAs had a higher risk of breast neoplasms. **Methods:** We searched MEDLINE, Embase, Web of Science, and CENTRAL from inception to February 8, 2020. Three pairs of reviewers examined and retrieved abstractsand full-text articles for RCTs of GLP-1RAs versus non-GLP-1RA controls(active or placebo) in adults with overweight, obesity, prediabetes, or diabetes,with a minimum follow-up period of 24 weeks and which reported at least oneevent of breast cancer or benign breast neoplasm. Divergences were dealt withby consensus. Researchers extracted study-level data and assessed within-study risk of bias with the RoB 2.0 tool and quality of evidence with GRADE. This study follows PRISMA reporting guidelines. **Results:** We included 52 trials, of which 50 reported breast cancer events and 11 reported benign breast neoplasms. Overall methodological quality was high. Among 48267 subjects treated with GLP-1RAs, 130 developed breast cancer compared to 107 of 40755 controls (relative risk [RR], 0.98; 95% confidence