searched (May 2017) for national guidelines published in English that addressed HbA1c targets for treating type 2 diabetes in nonpregnant outpatient adults. The investigators also identified guidelines from the National Institute for Health and Care Excellence and the Institute for Clinical Systems Improvement. In addition, four commonly used guidelines were reviewed from the American Association of Clinical Endocrinologists and the American College of Endocrinology, the American Diabetes Association, the Scottish Intercollegiate Guidelines Network, and the U.S. Department of Veterans Affairs and Department of Defense. They found that the ideal target that optimally balances benefits and harms remains uncertain. Their four guidance statements emphasize the importance of personalizing the glycemic goals in patients with type 2 diabetes on the basis of the benefits/harms balance of pharmacotherapy, patient preference, and life expectancy. They suggest an HbA1c goal range of 7% to 8% for most patients. Thus, more stringent targets may be appropriate for patients who have a long life expectancy (> 15 years). Further, most of the guidelines noted that a target in the lower end of the range (7%) applied best to patients with newly diagnosed diabetes and those without substantial diabetes-related complications.