

### BACKGROUND

- Sodium Glucose Cotransporter 2 inhibitor (SGLT2i) is a class of drug originally intended for decreasing blood glucose in diabetes.
- Recent trials have shown promise that there are other beneficial effects.

### OBJECTIVE

Collate the clinical benefits from the most recent diabetes, heart failure, and kidney disease SGLT2i trials.

### METHODS

Literature review of major clinical trials involving SGLT2i medications from 2015 to 2022.

	DIABETES				CARDIOVASCULAR DISEASE				
Trial	EMPA-REG	CANVAS	DECLARE- TIMI 58	VERTIS CV	DAPA-HF	EMPEROR- REDUCED	EMPEROR- PRESERVED	SOLOIST-WHF	DELIVER
<b>Aedication</b>	empagliflozin 10 or 25 mg	canagliflozin 100 or 300 mg	dapagliflozin 10 mg	ertugliflozin 5 or 15 mg	dapagliflozin 10 mg	empagliflozin 10 mg	empagliflozin 10 mg	sotagliflozin 200 or 400 mg	dapagliflozin 10 mg
Major Outcome IR (95% CI) (P-value)	<ul> <li>↓ MACE,</li> <li>0.86 (0.74 –</li> <li>0.99) (P=0.04)</li> <li>↓ HHF</li> <li>↓ All cause death</li> </ul>	↓ MACE 0.86 (0.75 – 0.97) (P=0.02)	<ul> <li>↓ CV death or HHF</li> <li>0.83 (0.73 – 0.95)</li> <li>(P=0.005)</li> </ul>	MACE 0.97 (0.75 – 1.03) (P<0.001 for noninferiority)		of CV death and HHF	↓ CV death or HHF 0.79 (0.69 – 0.90) (P<0.001)	<ul> <li>↓ CV death and HHF</li> <li>0.67 (0.52 – 0.85)</li> <li>(P&lt;0.001)</li> </ul>	<ul> <li>↓ CV death or worsening HF</li> <li>0.82 (0.73 –</li> <li>0.92) (P&lt;0.001)</li> </ul>
Summary	This was the first SGLT2i trial showing reduction of CV events.	Canagliflozin reduced CV events and HHF.	Dapagliflozin lowers rate of CV death or HHF, but not MACE.	Ertugliflozin is non-inferior to placebo in reducing MACE.	Dapagliflozin lowered the risk of worsening HF or CV death in HFrEF patients, regardless of diabetic status	Empagliflozin shown to reduce CV death and HHF in HFrEF, regardless of diabetic status	reduced CV death or HHF in HFpEF	This was the first large trial of SGLT1/SGLT2 inhibitor in hospitalized patients	Patients with HF with mildly reduced or preserved ejection fraction. Dapagliflozin benefits extend to all HF patients across a whole spectrum of EF (Meta-analysis of DAPA-HF and DELIVER trials).

### Who benefits from SGLT2i therapy?

### SGLT2i Benefits a Wide Spectrum of Patients Jonathan C.H. Chan<sup>1,2</sup>, Michael C.Y. Chan<sup>1</sup>

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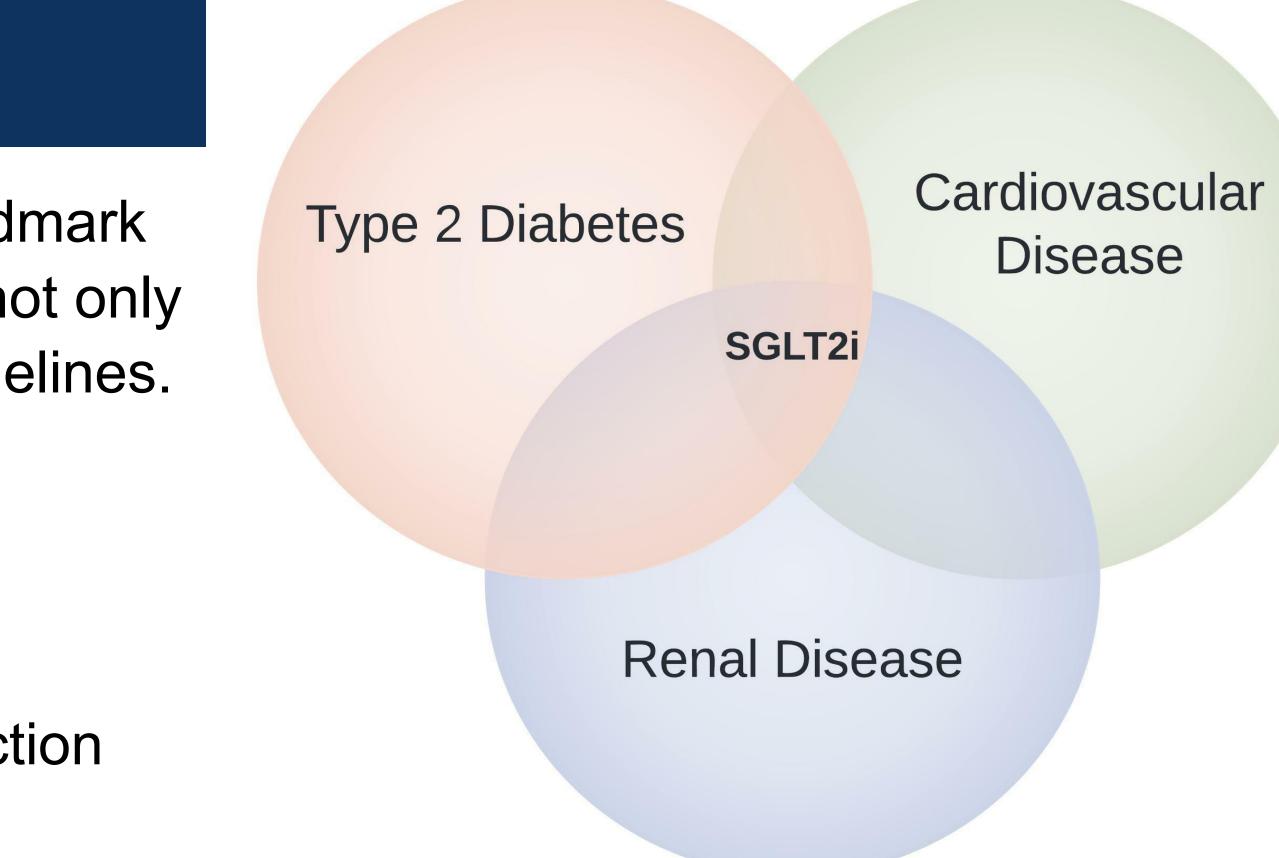
HFrEF = heart failure reduced ejection fraction; HFpEF = heart failure preserved ejection fraction; MACE = major adverse cardiovascular event (stroke, myocardial infarction, CV death); sCr = serum creatinine

### CONCLUSION

The consistent cardiorenal benefits observed in major landmark trials have led to the rapid adoption of SGLT2i therapy in not only diabetes guidelines but also cardiovascular and renal guidelines.

1. Patients with type 2 diabetes 2. Heart Failure patients with any left ventricular ejection fraction 3. Patients with Chronic Kidney Disease

### RESULTS





### **RENAL DISEASE** CREDENCE DAPA-CKD canagliflozin 100 mg dapagliflozin 10 mg $\downarrow$ ESRD, doubling of sCr, renal $\downarrow$ Decline in eGFR, new death, or CV death ESRD, renal death, or CV 0.70 (0.59 – 0.82) (P=0.00001) death 0.61(0.51 - 0.72)(P<0.001) CREDENCE was the first trial in Dapagliflozin reduced the risk of eGFR decline, ESRD, more than two decades in improving kidney endpoints. and renal or CV death in CKD patients, regardless of diabetic status.



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### BACKGROUND

- Sodium Glucose Cotransporter 2 inhibitor (SGLT2i) is a class of drug originally intended for decreasing blood glucose in diabetes.
- Recent trials have shown promise that there are other beneficial effects.

### SGLT2i Benefits a Wide Spectrum of Patients

# OBJECTIVE

• Collate the clinical benefits from the heart failure, and trials.

2015

Diabetes SGLT2i Trials

Heart Failure SGLT2i Trials

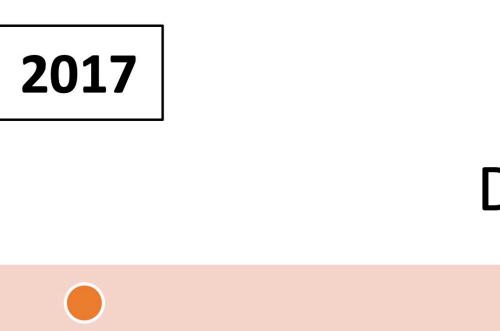
**Renal Disease** SGLT2i Trials



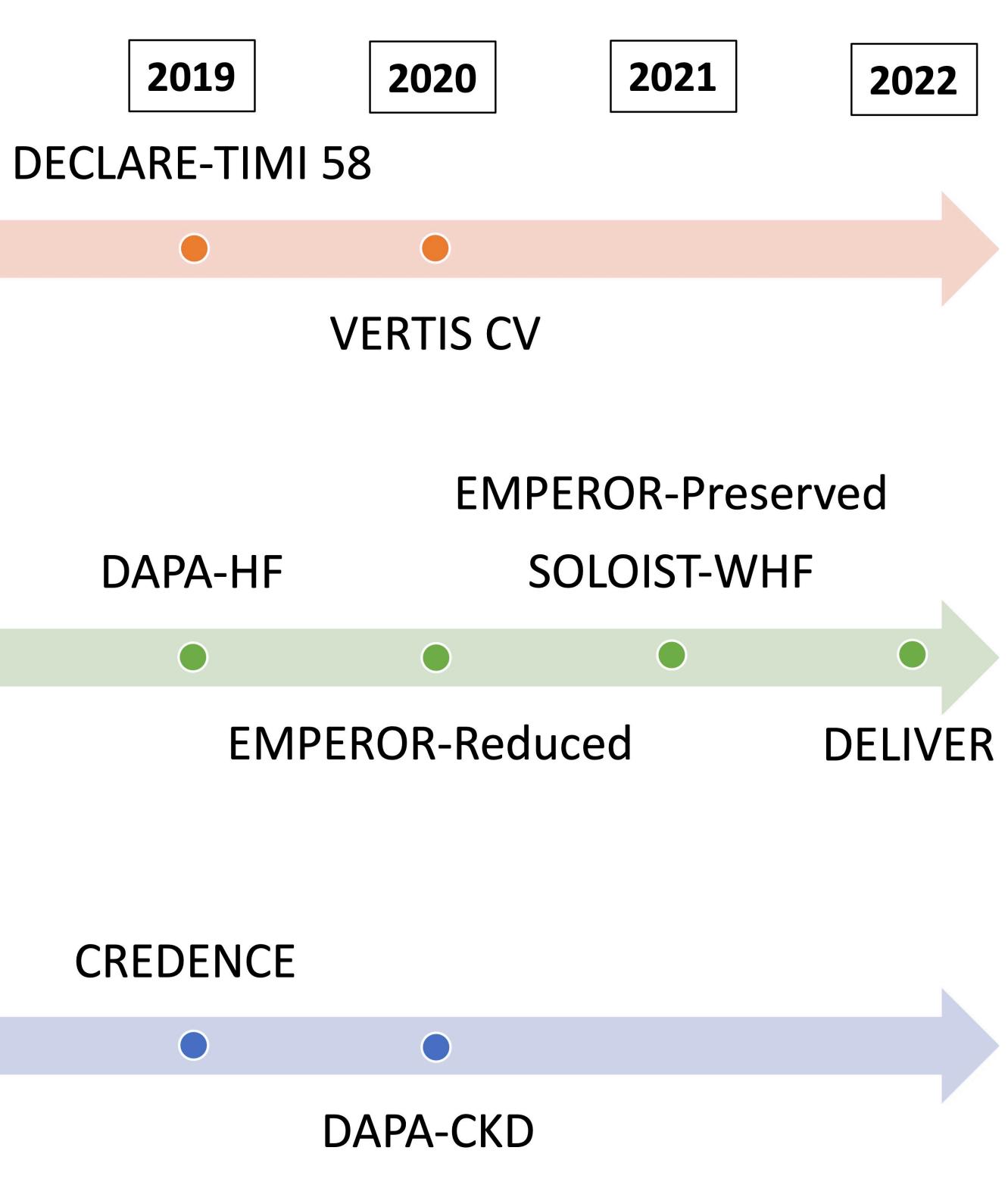


# most recent diabetes, kidney disease SGLT2i





### CANVAS



### METHODS

### Literature review of major clinical trials involving SGLT2i medications from 2015 to 2022.

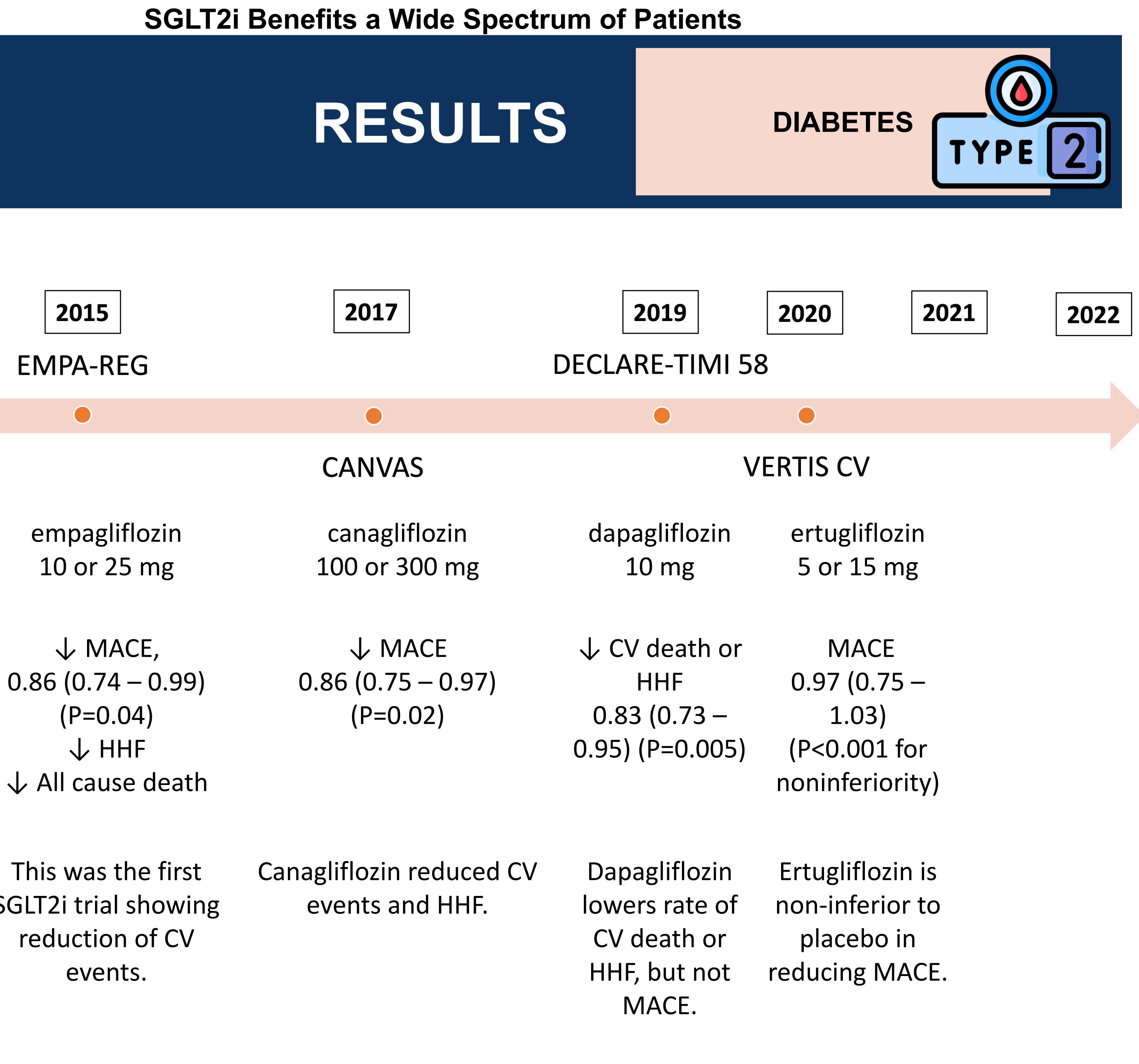


### Diabetes SGLT2i Trials

### Medication

Major Outcome HR (95% CI) (P-value)

Summary



This was the first SGLT2i trial showing reduction of CV

CV = cardiovascular; eGFR = estimated glomerular filtration rate; HHF = heart failure hospitalization; MACE = major adverse cardiovascular event (stroke, myocardial infarction, CV death)



### **Heart Failure SGLT2i Trials**

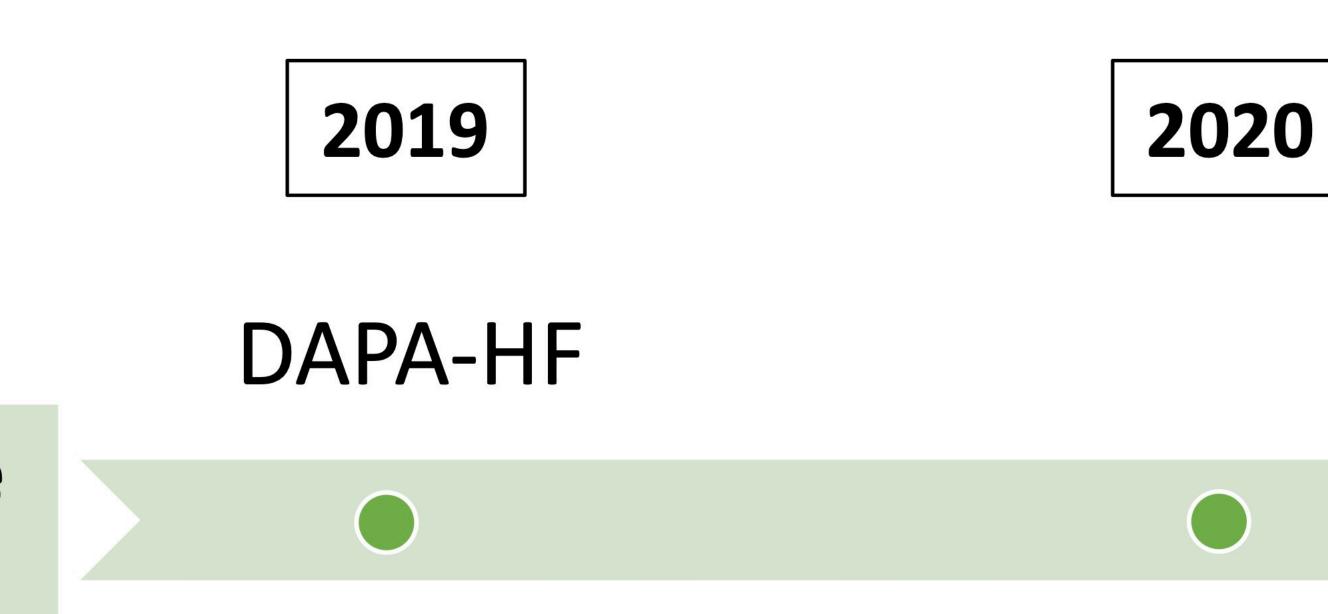
### Medication

Major Outcome HR (95% CI) (P-value)

Summary

### SGLT2i Benefits a Wide Spectrum of Patients

# RESULTS



dapagliflozin 10 mg

 $\downarrow$  composite of CV death and HHF 0.74(0.65 - 0.85)(P < 0.001)

Dapagliflozin lowered the risk of worsening HF or CV death in HFrEF patients, regardless of diabetic status

### **EMPEROR-Reduced**

empagliflozin 10

 $\downarrow$  composite of death and HHF 0.75 (0.65 – 0.86 (P<0.001)

**Empagliflozin show** to reduce CV dea and HHF in HFrE regardless of diabetic status

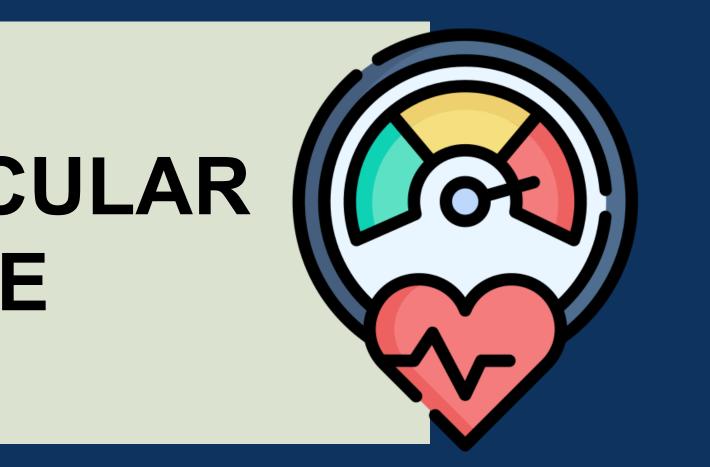
CV = cardiovascular; EF = ejection fraction; HF = heart failure; HHF = hospitalization heart failure; HFrEF = heart failure reduced ejection fraction (<40%); HFpEF = heart failure preserved ejection fraction (>40%)

### CARDIOVASCULAR DISEASE



### **EMPEROR-Preserved SOLOIST-WHF**

mg	empagliflozin 10 mg	sotagliflozin 200 or 400 mg
CV F 36)	<ul> <li>↓ CV death</li> <li>or HHF</li> <li>0.79 (0.69 –</li> <li>0.90)</li> <li>(P&lt;0.001)</li> </ul>	<ul> <li>↓ CV death and HHF</li> <li>0.67 (0.52 – 0.85)</li> <li>(P&lt;0.001)</li> </ul>
own ath EF,	Empagliflozin reduced CV death or HHF in HFpEF patients	This was the first large trial of SGLT1/SGLT2 inhibitor in hospitalized patients







### dapagliflozin 10 mg

### $\downarrow$ CV death or worsening HF 0.82(0.73 - 0.92)(P < 0.001)

Patients with HF with mildly reduced or preserved ejection fraction. Dapagliflozin benefits extend to all HF patients across a whole spectrum of EF (Meta-analysis of DAPA-HF and DELIVER trials).





### Renal Disease SGLT2i Trials

### SGLT2i Benefits a Wide Spectrum of Patients

## RESULTS

### 2019

### CREDENCE

Medication
Major Outcome HR (95% Cl) (P-value)

canagliflozin 100 mg

↓ ESRD,
 doubling of sCr,
 renal death, or
 CV death
 0.70 (0.59 – 0.82)
 (P=0.00001)

CREDENCE was the first trial in more than two decades in improving kidney endpoints.

CKD = chronic kidney disease; CV = cardiovascular; eGFR = estimated glomerular filtration rate; ESRD = end stage renal disease; GLD = glucose lowering drug; sCr = serum creatinine

### **RENAL DISEASE**

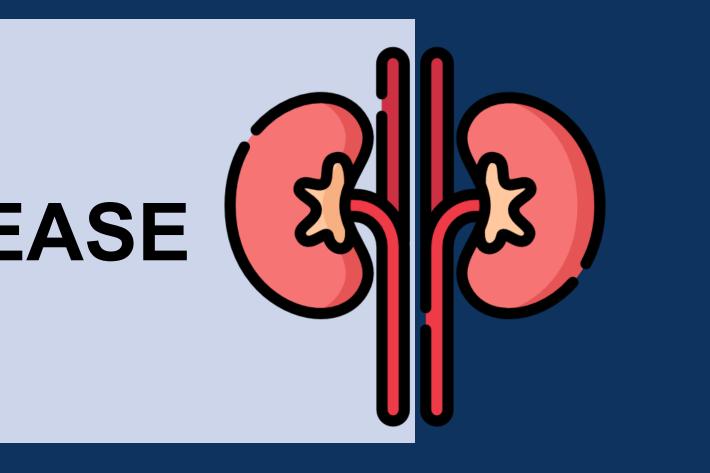
2020

### DAPA-CKD

dapagliflozin 10 mg

↓ Decline in eGFR, new
 ESRD, renal death, or CV
 death
 0.61 (0.51 – 0.72) (P<0.001)</li>

Dapagliflozin reduced the risk of eGFR decline, ESRD, and renal or CV death in CKD patients, regardless of diabetic status.





# ventricular ejection fraction

3. Patients with Chronic Kidney Disease

## CONCLUSION

guidelines but also cardiovascular and renal guidelines.

- Who benefits from SGLT2i therapy?
- 1. Patients with type 2 diabetes
- 2. Heart Failure patients with any left

# The consistent cardiorenal benefits observed in major landmark trials have led to the rapid adoption of SGLT2i therapy in not only diabetes

**Type 2 Diabetes** 

### Cardiovascular Disease

SGLT2i

### Renal Disease

