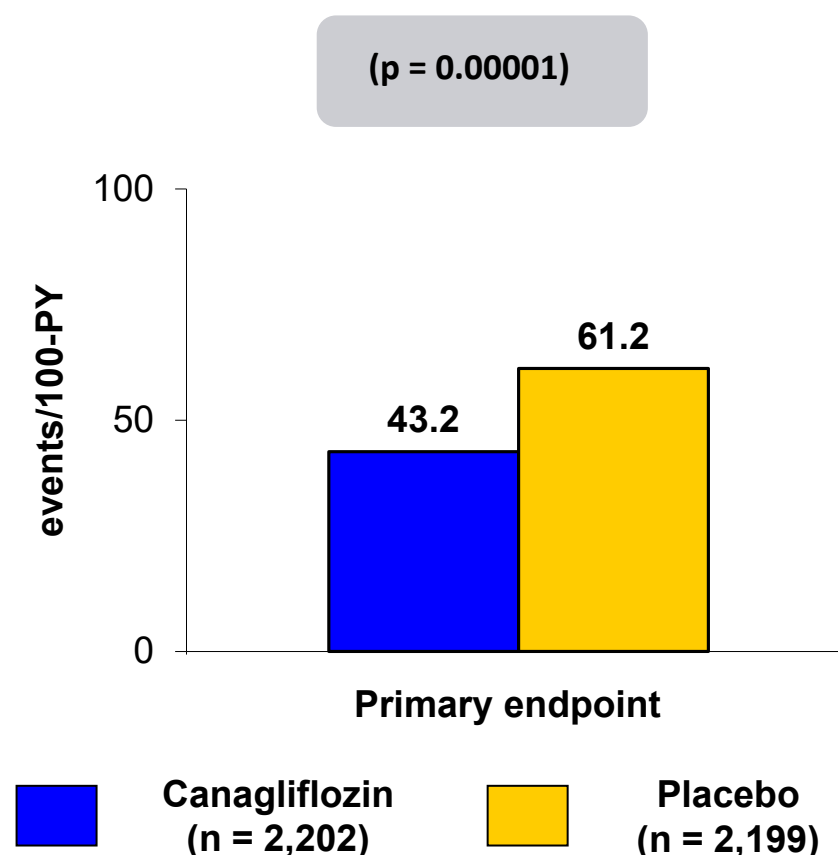


CREDENCE



AMERICAN
COLLEGE of
CARDIOLOGY

Trial Description: Patients with DM2 and CKD (baseline eGFR 56.2 ml/min/1.73 m²) were randomized in a 1:1 fashion to either canagliflozin 100 mg daily or matching placebo. Patients were followed for a median of 2.62 years.



RESULTS

- Trial stopped early due to overwhelming benefit. Primary endpoint, ESRD, doubling of serum creatinine, renal or CV death: canagliflozin vs. placebo: 43.2 vs. 61.2/1,000-PY (p = 0.00001); ESRD: 20.4 vs. 29.4/1,000 P-Y (p = 0.002)
- Reduction in HbA1c at 13 weeks: 0.31%
- CV death/MI/stroke/HF/unstable angina: 27.0 vs. 40.4/1,000 P-Y (p < 0.001)
- Amputation: 12.3 vs. 11.2/1,000 P-Y (p > 0.05)

CONCLUSIONS

- Canagliflozin is superior to placebo in improving glycemic control and reducing adverse renal events among patients with DM2 and established CKD; canagliflozin also reduced CV events in this patient population
- Important findings; suggest that canagliflozin (and perhaps the SGLT2i class of agents) may need to be considered routinely among similar patients already on RAS inhibitor