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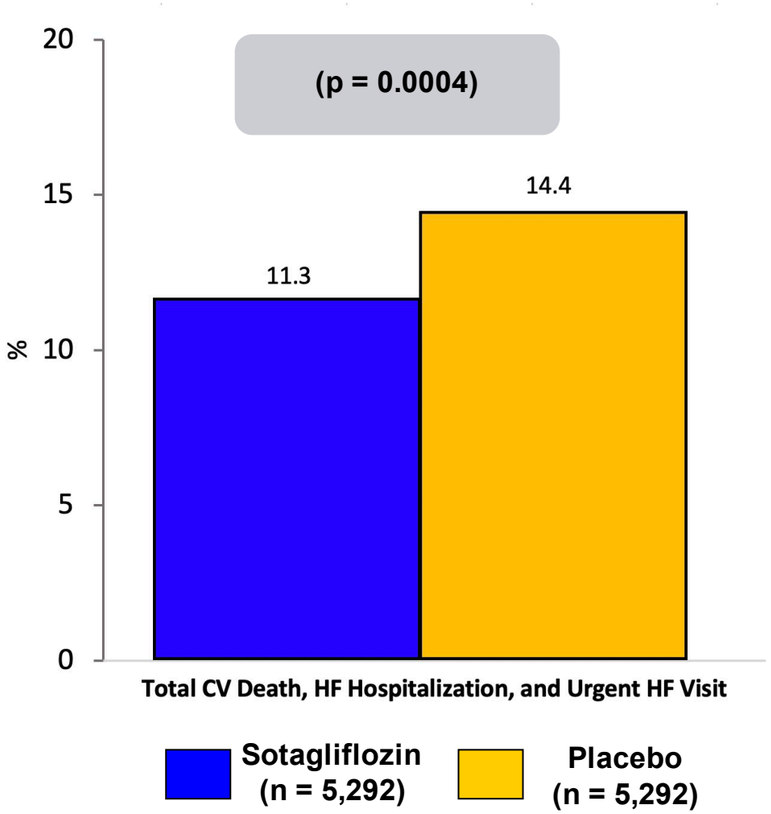
#AHA20

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Multicenter, double-blind trial in which 10,584 patients with T2DM, CKD, and risks for CVD were randomly assigned in a 1:1 ratio to receive either sotagliflozin 400 mg daily (n = 5292) or placebo (n = 5292).



RESULTS

- Primary endpoint, CV death, HF hospitalization, urgent visit for HF for sotagliflozin vs. placebo: 11.3% vs. 14.4% (HR 0.74, 95% CI 0.63-0.88, p = 0.0004)
- MACE (CV death, MI, stroke) for sotagliflozin vs. placebo: 8.4% vs. 8.9% (HR 0.84, 95% CI 0.72 – 0.99, p = 0.035)
- Secondary outcomes for sotagliflozin vs. placebo: CV death: 2.2% vs. 2.4% (p = 0.35); first sustained ≥50% decrease in eGFR, chronic dialysis, renal transplant, or sustained eGFR <15: 0.5% vs. 0.7% (p = 0.11)
- Volume depletion: 5.3% vs. 4.0% (p = 0.003)

CONCLUSIONS

- Sotagliflozin has salutary effects on CV outcomes among patients with DM2 and CKD. Primary benefit in HF, but also in MI. A reduction in renal events was not observed, likely due to early cessation of the trial due to loss of funding.
- Results are similar to other trials with SGLT2 inhibitors in patients with CKD. As a class, these agents will likely play a prominent role among patients with CKD and HF, likely even in the absence of DM2.

Bhatt DL, et al. N Engl J Med 2020;Nov 16:[Epub]

Developed in collaboration with ACC's Fellows-in-Training, Medical Student Leadership Group, and the *ACC.org* Editorial Board