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Benefits of SGLT1/2 Inhibition with Sotagliflozin on Heart Failure, Ischemic, and Kidney Endpoints in Intent-to-Treat, On-Treatment, and Time-Varying Analyses

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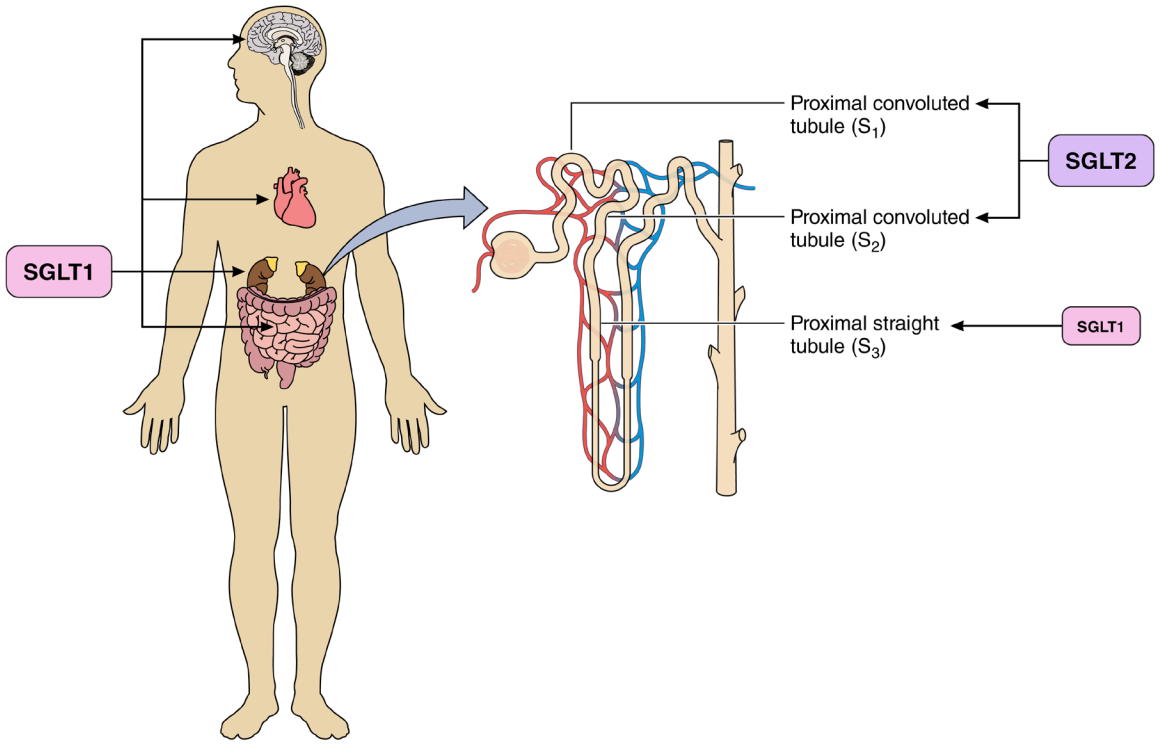
on Behalf of the **SOLOIST-WHF** and **SCORED** Investigators

Sotagliflozin: Dual SGLT1 and SGLT2 Inhibitor



- **SGLT1** is the primary transporter for absorption of glucose and galactose in the GI tract
- Pharmacologic inhibition by sotagliflozin is independent of insulin and does not depend on kidney function
- Potential reduction in atherosclerotic risks

- **SGLT2** is expressed in the kidney, where it reabsorbs 90% of filtered glucose
- Pharmacologic inhibition by sotagliflozin is independent of insulin but requires kidney function

Pitt B, Bhatt DL. *Circulation*. 2021.

Primary Efficacy: Total CV Death, HHF, and Urgent HF Visit

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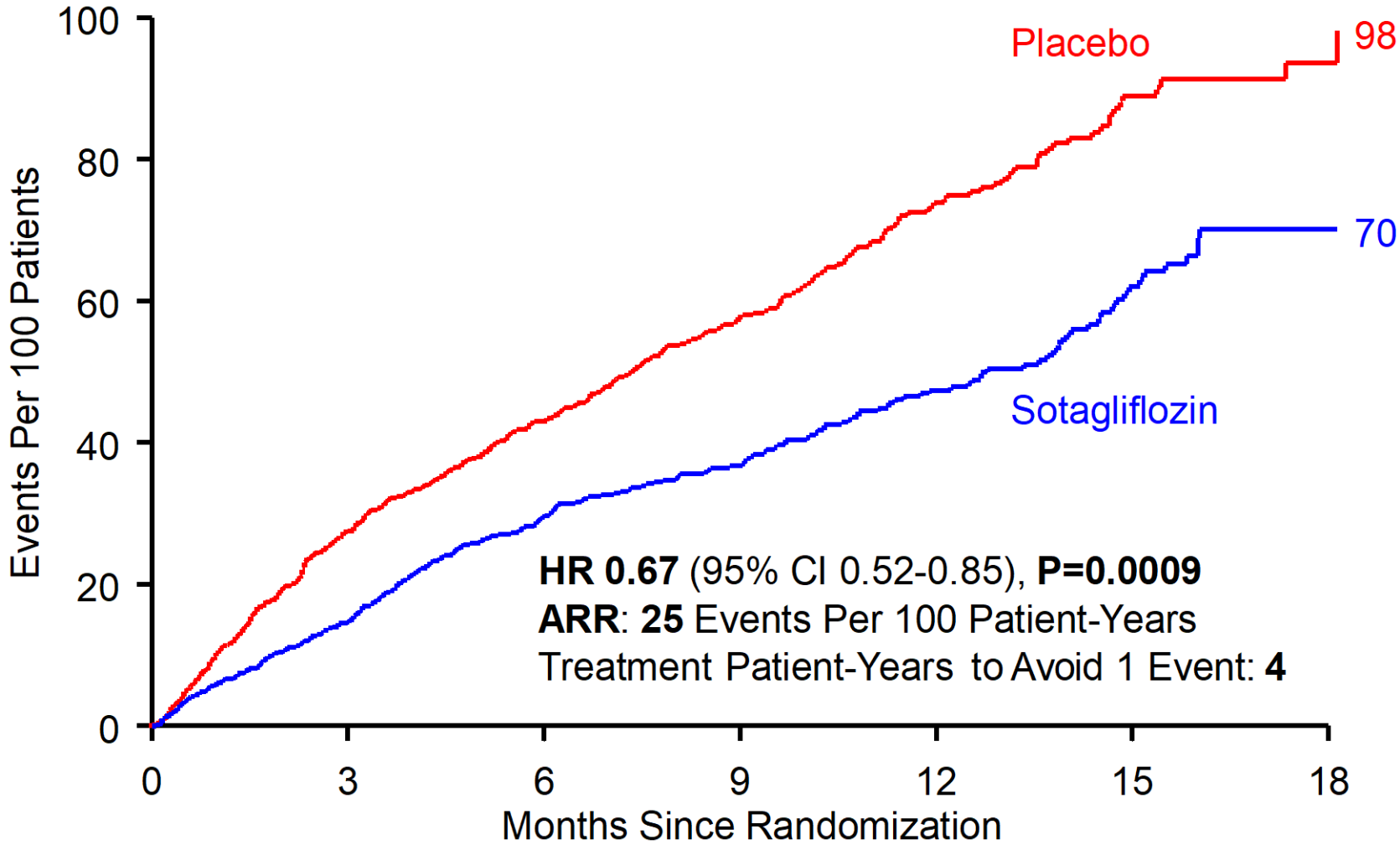

Bhatt DL, Szarek M, Steg PG, et al., and Pitt B. *N Engl J Med.* 2020. Bhatt DL. AHA 2020, virtual.

Primary Efficacy: Total CV Death, HHF, and Urgent HF Visit

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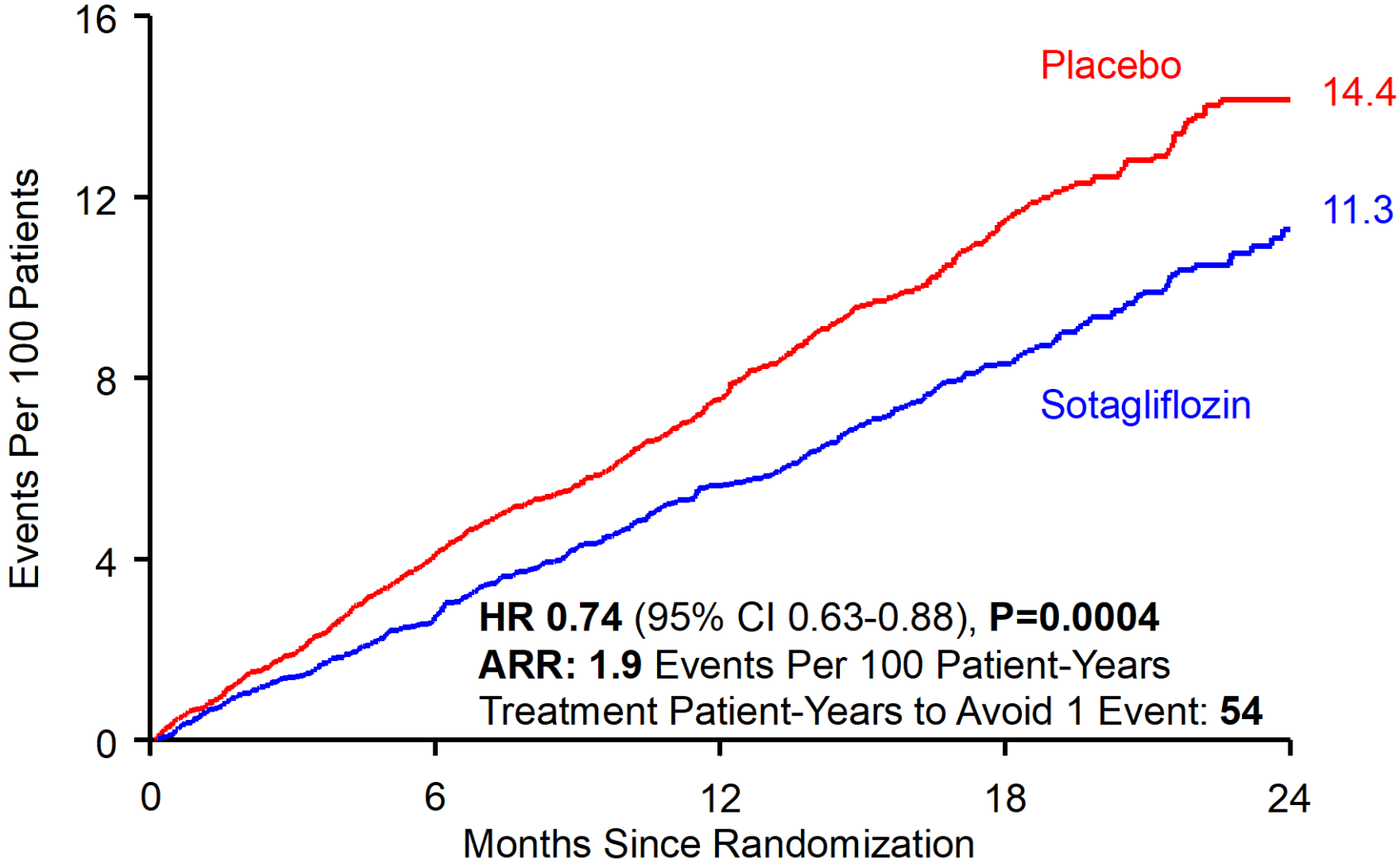

Bhatt DL, Szarek M, Pitt B, et al., and Steg PG. *N Engl J Med.* 2020. Bhatt DL. AHA 2020, virtual.

Titration from 200 mg to 400 mg and Drug Discontinuation Rates

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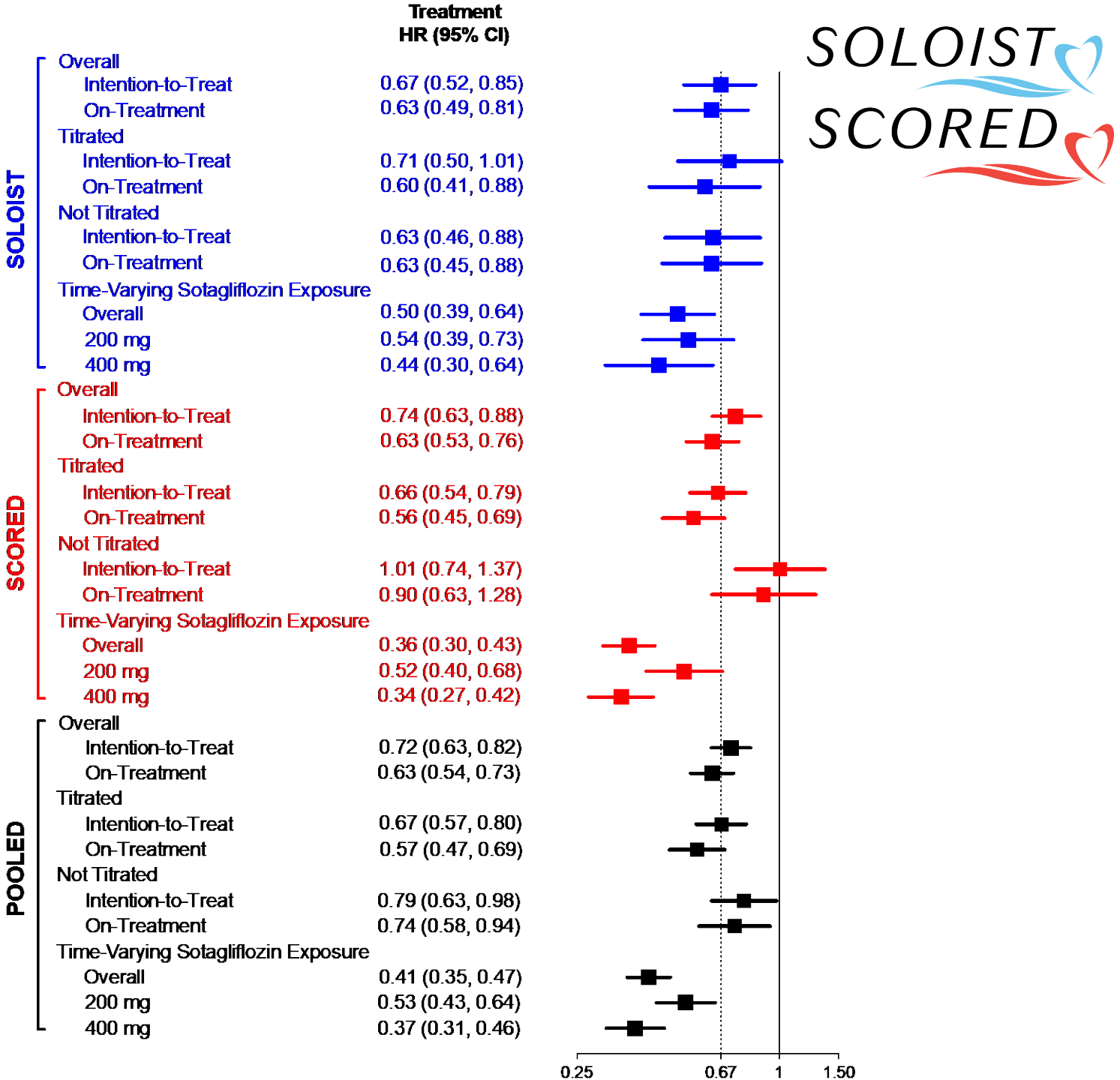
- 27% stayed at 200 mg initial dose (N=3188)
- 73% titrated to target 400 mg dose (N=8618)
- Rates of d/c overall, drug versus placebo: 11.1% vs 11.7%, P= 0.34
- Rates of d/c in patients not titrated: 19.0% vs 18.5%, P= 0.75
- Rates of d/c in patients titrated to 400 mg: 8.2% vs 9.2%, P= 0.09
- Sotagliflozin, including the target dose of 400 mg, was tolerated as well as placebo

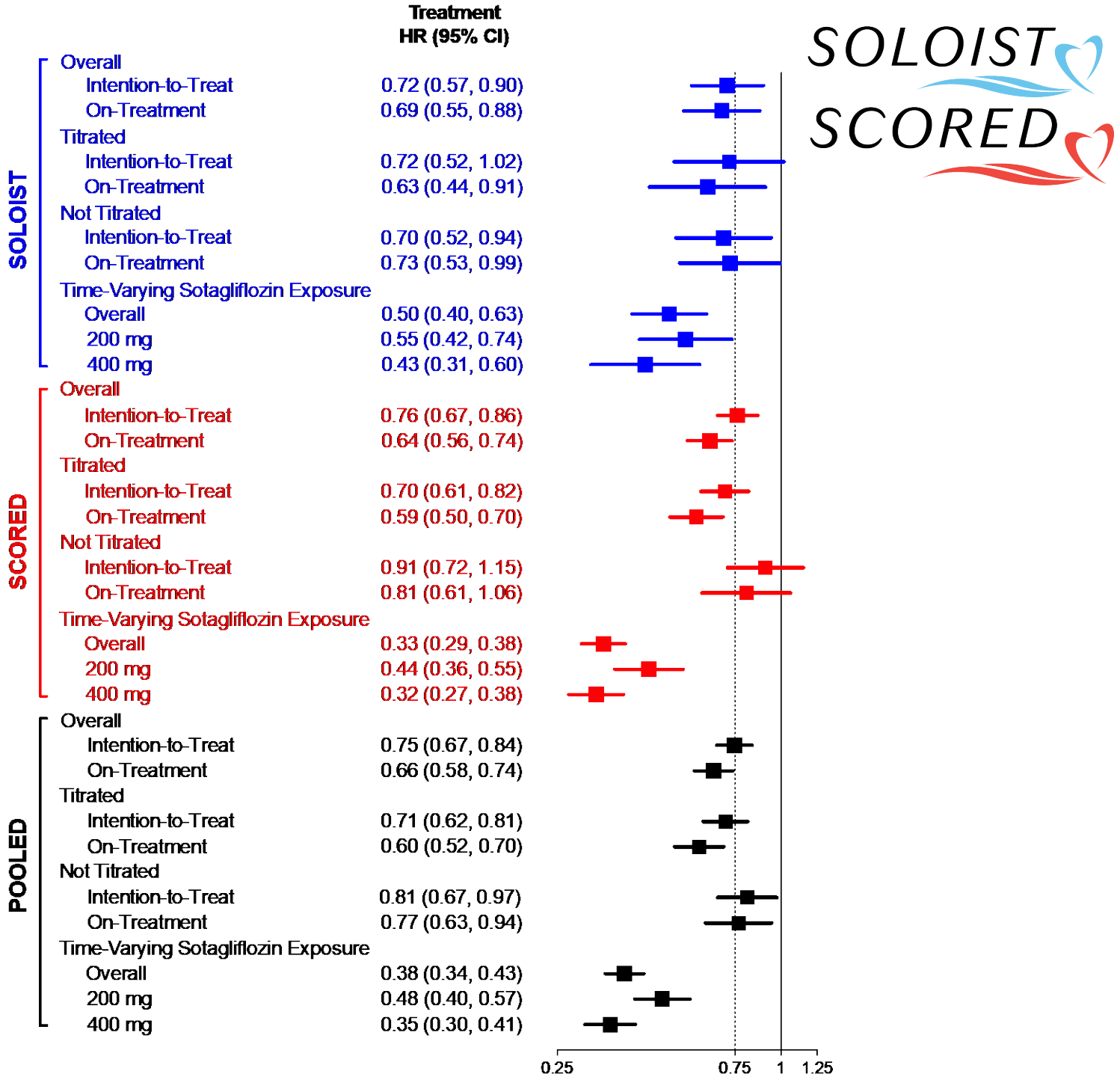
Bhatt DL. ESC 2021, virtual.

Primary Efficacy: Total CV Death, HHF, and Urgent HF Visit



Bhatt DL. ESC 2021, virtual.

Total CV Death, HHF, Urgent HF Visit, MI, Stroke, Kidney Endpoints



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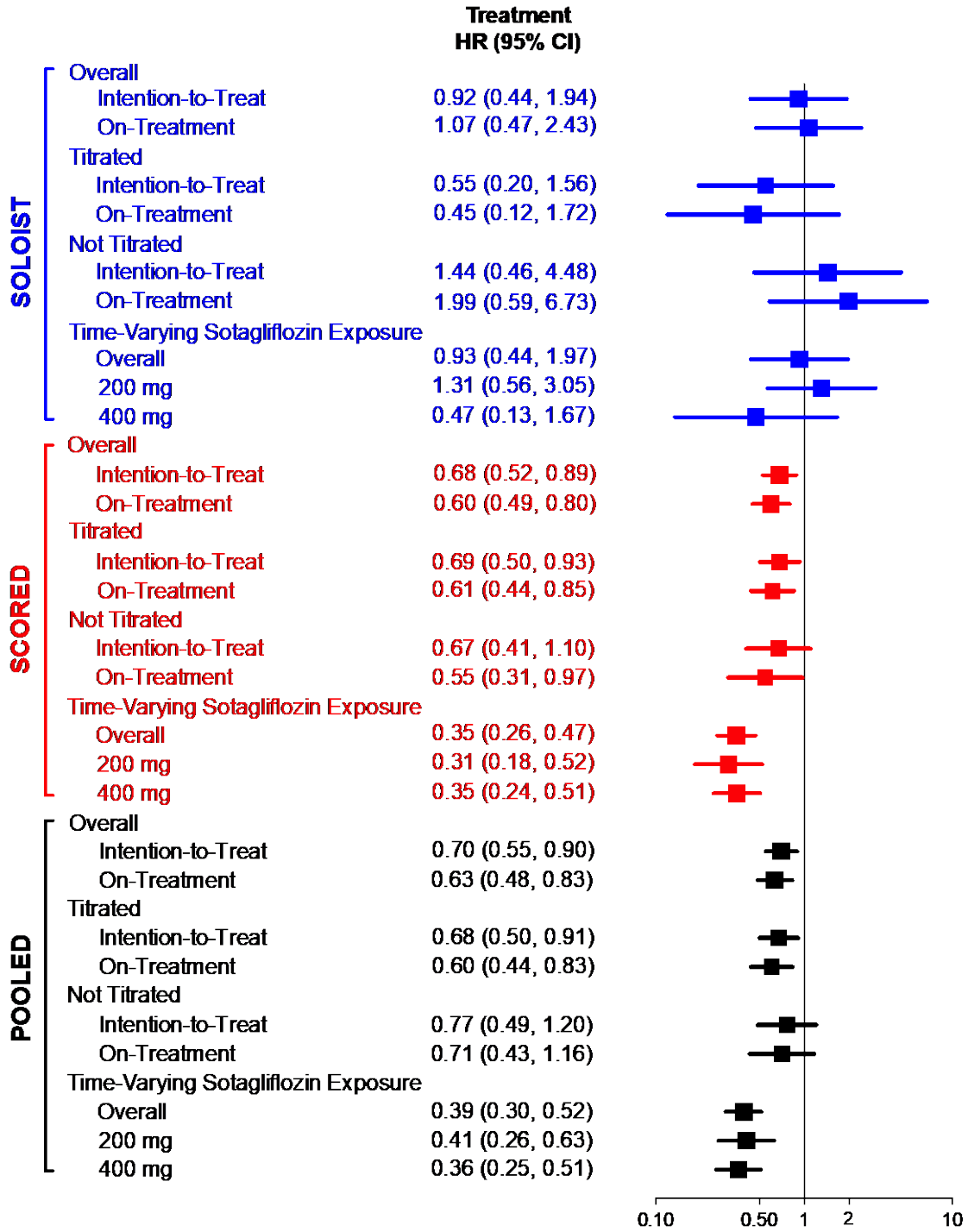
Bhatt DL. ESC 2021, virtual.

MI



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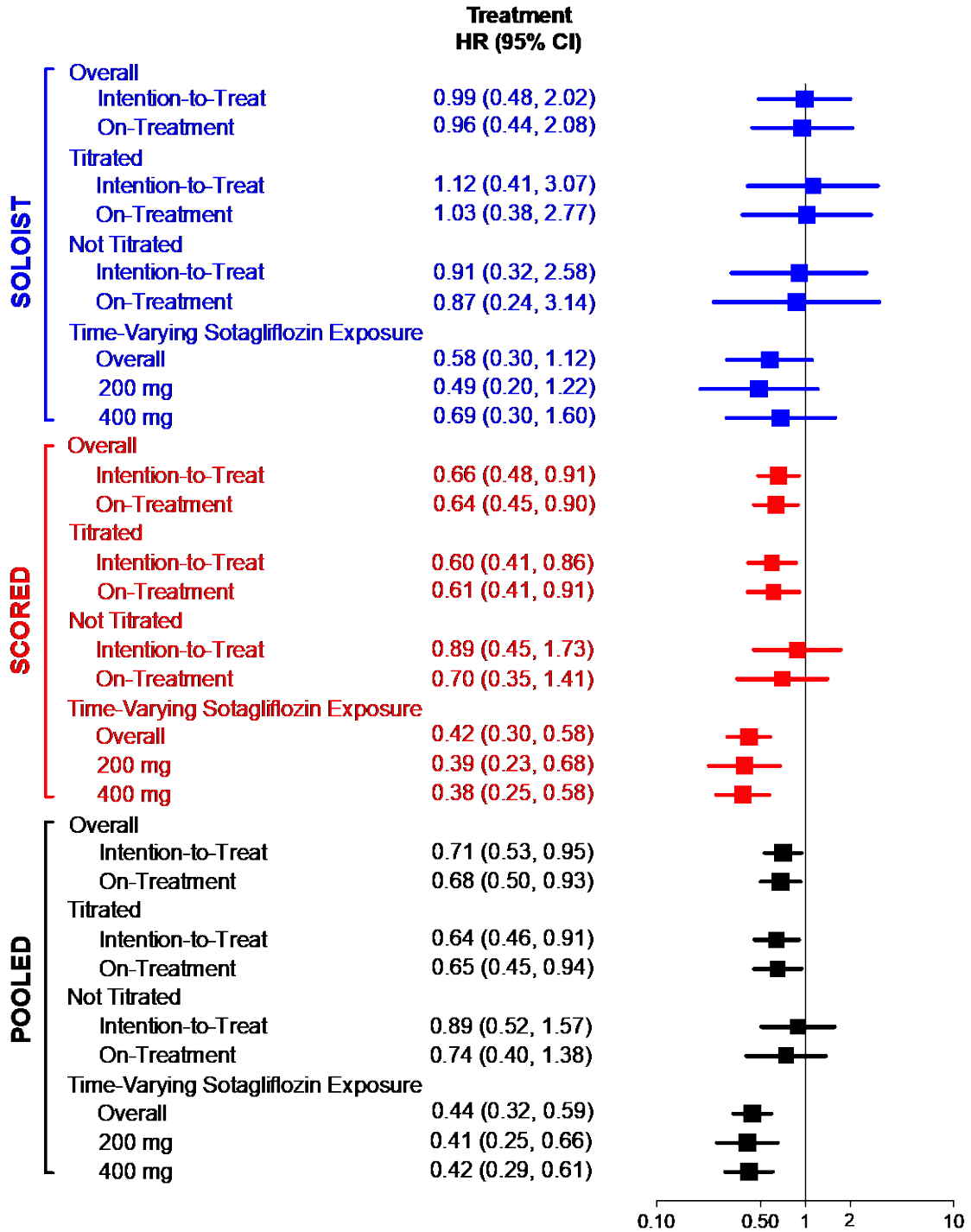
Bhatt DL. ESC 2021, virtual.

Stroke



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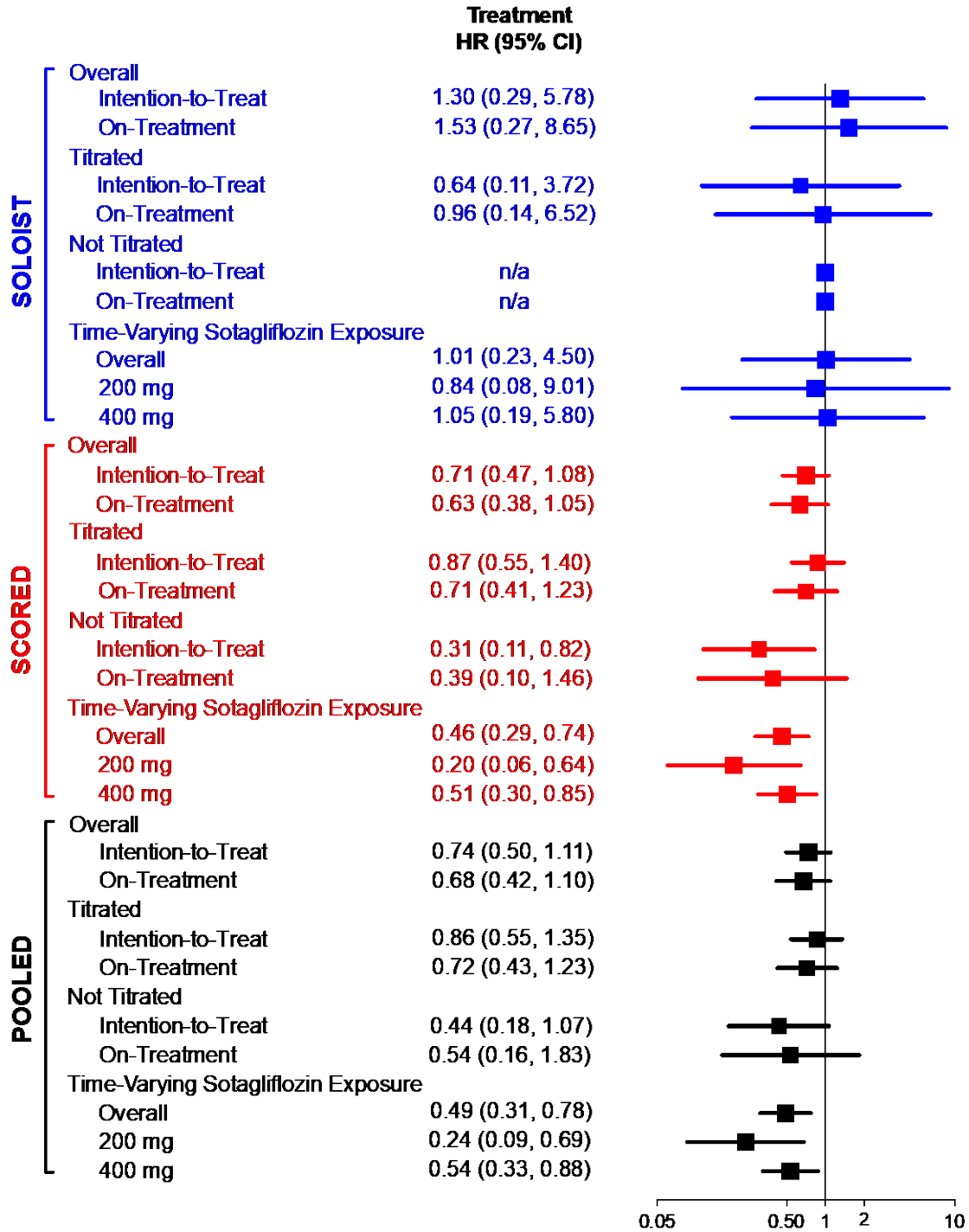
Kidney Endpoints



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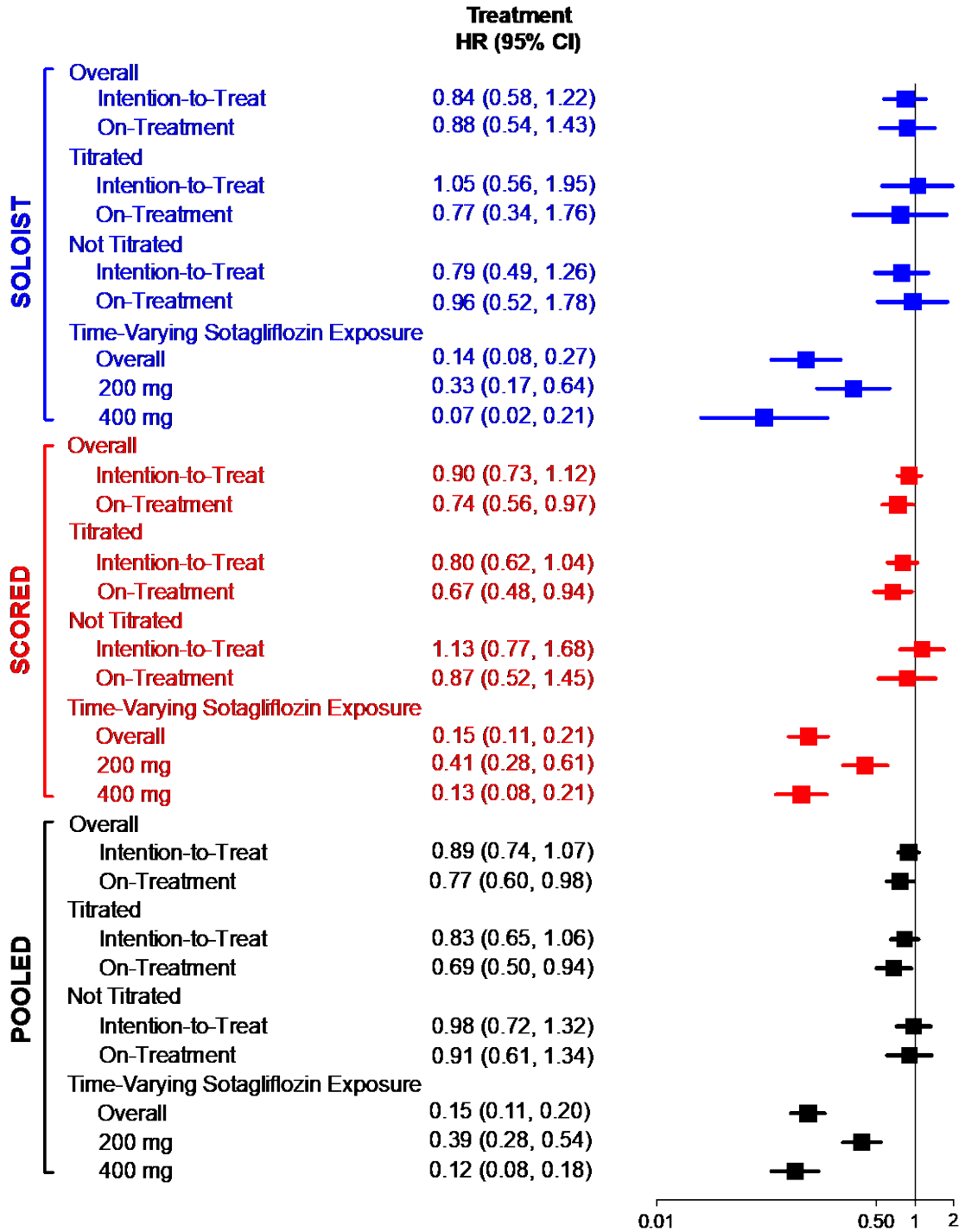
CV Mortality



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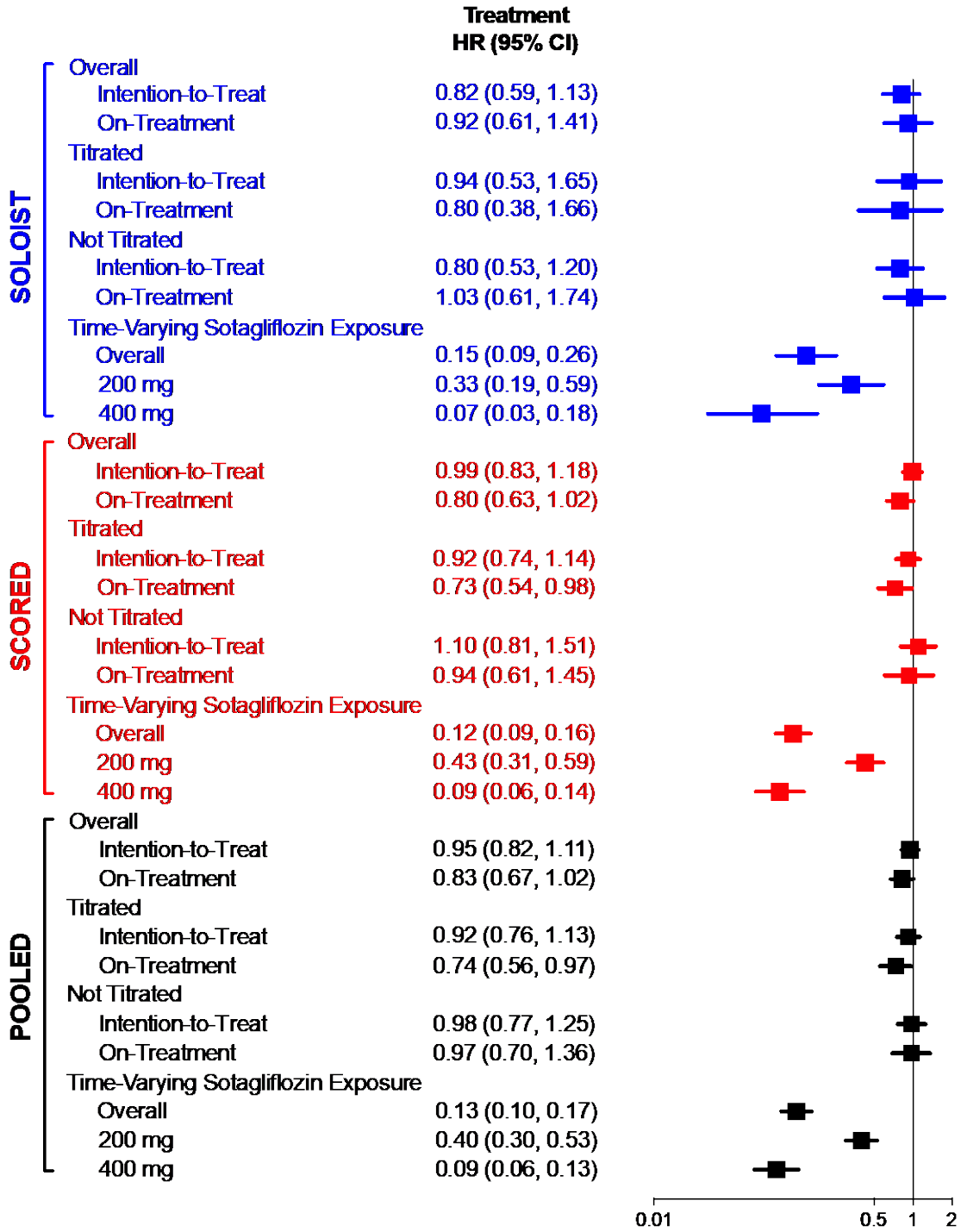
All-Cause Mortality



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Conclusions

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Sotagliflozin robustly and significantly reduced the primary endpoint of total cardiovascular deaths, hospitalizations for heart failure, and urgent visits for heart failure in both the SOLOIST and SCORED trials.

Overall, **sotagliflozin**, including the target dose of 400 mg, was tolerated as well as placebo.

In various analyses accounting for adherence to the study drug and desired target dose, **sotagliflozin** consistently reduced the primary endpoint, heart failure hospitalizations, myocardial infarction, stroke, kidney endpoints, cardiovascular death, and all-cause mortality.

The reductions in heart failure endpoints with the target dose of **sotagliflozin** were particularly pronounced.

Although there have not been direct comparisons, the reductions in MI and stroke with **sotagliflozin** appear greater than what has been seen in meta-analyses of SGLT2 inhibitors.

Bhatt DL. ESC 2021, virtual.