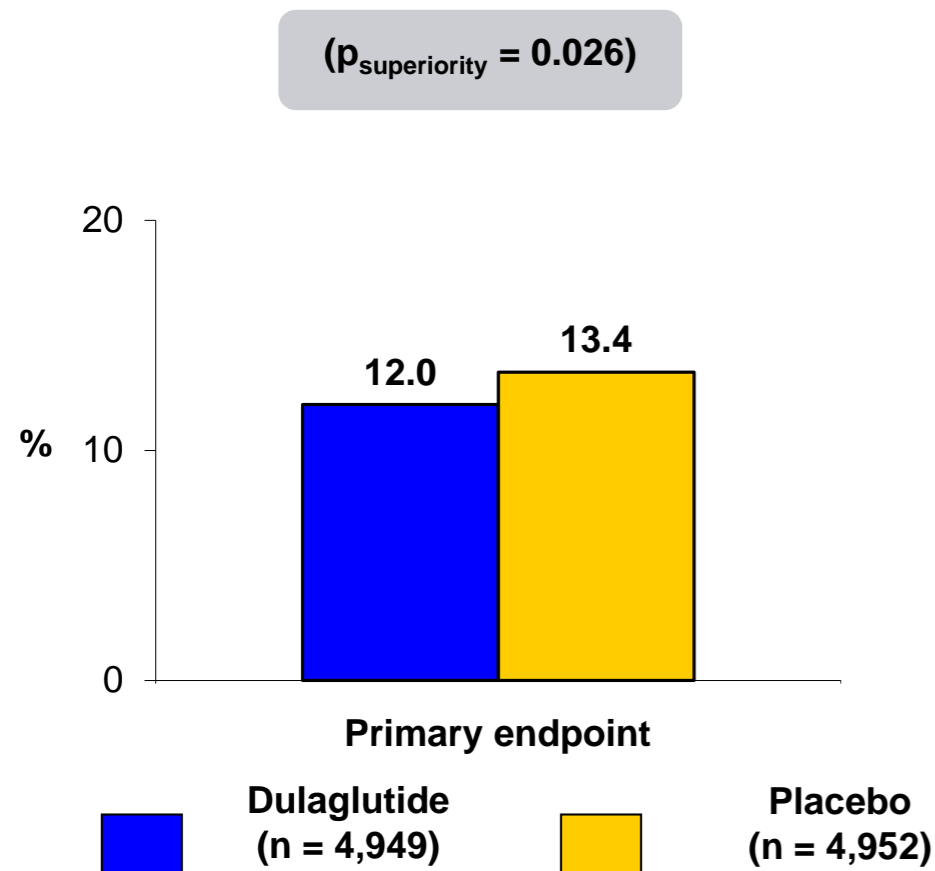


**Trial Description:** Patients with type 2 diabetes mellitus (DM2) and higher cardiovascular (CV) risk were randomized in a 1:1 fashion to either subcutaneous dulaglutide 1.5 mg once weekly or matching placebo. They were followed for 5.4 years.



## RESULTS

- Primary endpoint, CV death, MI, or stroke, for dulaglutide vs. placebo: 12.0% vs. 13.4%,  $p_{\text{superiority}} = 0.026$ ; CV death: 6.4% vs. 7.0% ( $p = 0.21$ ); nonfatal MI: 4.1% vs. 4.3% ( $p = 0.65$ ); nonfatal stroke: 2.7% vs. 3.5% ( $p = 0.017$ )
- CHF hospitalization/urgent visit: 4.3% vs. 4.6% ( $p = 0.46$ ); composite microvascular outcome (eye or kidney): 18.4% vs. 20.6% ( $p = 0.002$ )
- Composite renal outcome: 17.1% vs. 19.6% ( $p = 0.0004$ )

## CONCLUSIONS

- Dulaglutide (GLP-1 agonist) is superior to placebo in improving glycemic control and  $\downarrow$  CV events (particularly stroke) in patients with DM2 and higher CV risk
- These are really important findings and suggest that dulaglutide may need to be considered for the management of DM2 in similar high-risk patients going forward

Gerstein HC, et al. *Lancet* 2019;Jun 9:[Epub]