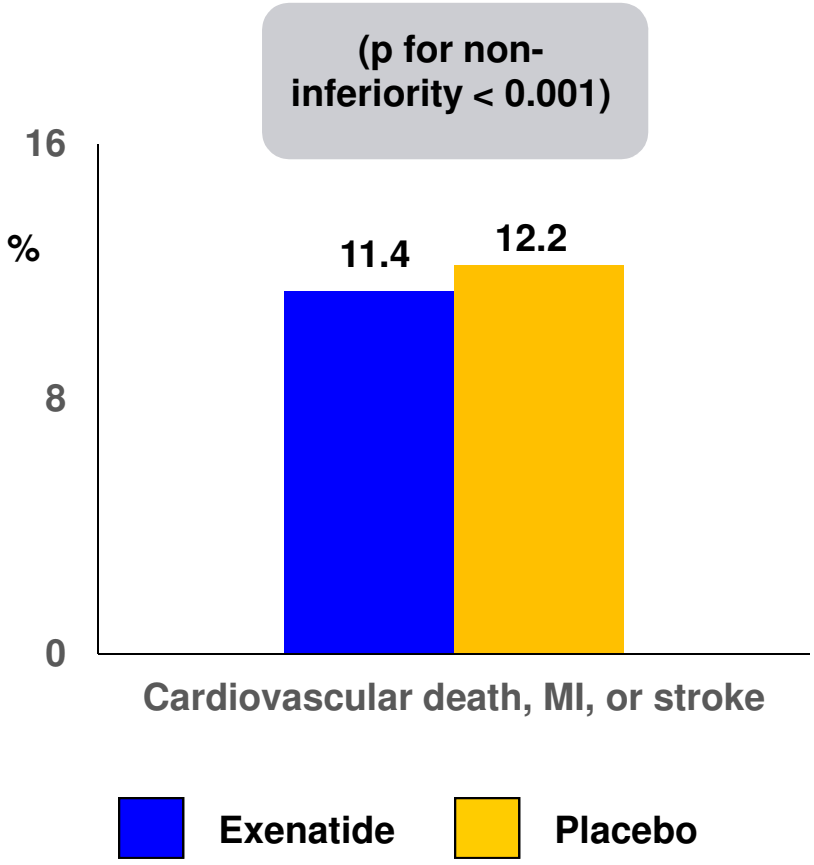
EXSCEL

Trial design: Patients with type 2 diabetes with or without cardiovascular disease were randomized to subcutaneous exenatide 2 mg once weekly (n = 7,356) vs. subcutaneous placebo once weekly (n = 7,396).



Results

- Cardiovascular death, MI, or stroke: 11.4% of the exenatide group vs. 12.2% of the placebo group ($p < 0.001$ for noninferiority; $p = 0.06$ for superiority)
- All-cause death: 6.9% for exenatide vs. 7.9% for placebo (hazard ratio 0.86, 95% confidence interval 0.77-0.98)
- Any serious adverse event: 16.8% for exenatide vs. 16.6% for placebo

Conclusions

- Among patients with type 2 diabetes, extended-release exenatide was noninferior to placebo at preventing adverse cardiovascular events. Exenatide failed to demonstrate superiority at preventing adverse cardiovascular events.

Holman RR, et al. N Engl J Med 2017;377:1228-39