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.