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Sotagliflozin Significantly Reduces CV Death and Heart Failure-related Outcomes in Patients with Type 2 Diabetes, Chronic Kidney Disease, and History of Heart Failure

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Abstract

Background: Patients with a history of heart failure (HF) have an increased risk of hospitalization for HF (HHF) and mortality. Sotagliflozin (SOTA), a dual SGLT1 and SGLT2 inhibitor, reduced the risk of cardiovascular (CV) death, HHF, and urgent visits for heart failure (UVHF), in patients hospitalized with worsening heart failure (SOLOIST-WHF) and in patients with type 2 diabetes, chronic kidney disease, and CV risk factors (SCORED).

Methods: SCORED was a double-blind, randomized trial comparing SOTA or placebo for a median follow-up of 16 months. The primary endpoint was total occurrences of CV death, HHF, and UVHF regardless of HF history. This post hoc analysis evaluates the effects of SOTA on the primary endpoint and its components in the subgroup of patients with a reported history of HF across a range of ejection fraction.

Results: Of the 10,584 patients randomized, 31% (n = 3283) had a history of HF. SOTA significantly reduced the risk of the primary endpoint by 25% (HR (95% CI) = 0.75 (0.62, 0.92); p=0.004) in this HF subgroup. When evaluated by LVEF subgroups, SOTA reduced the risk by 22% in patients with baseline LVEF <50% and 27% with LVEF ≥50% (p<0.05 vs. placebo for both). All endpoints of the composite positively contributed to the findings with HHF being the predominant factor.

Conclusions: SCORED enrolled a large population of patients with a history of HF. In this subgroup including those with LVEF <50% or ≥50%, SOTA significantly reduced in the primary endpoint of CV death and HF-related events.